

Katie Beckett Web Portal Submission

Presented by:
Alliant/Georgia Medical Care Foundation

Benefits

- Move from paper to electronic process
- Most up-to-date status info for the RSM Unit
- No more routing form required
- Only member's address/current ID info in MMIS is used for letters

Key Info

- Should you want to notify the county DFCS of the DMA6A decision, change the provider ID to the county DFCS Provider ID so they will receive the letter; and be able to view the DMA6A on the portal.
- Standard reports now optional

Process Overview

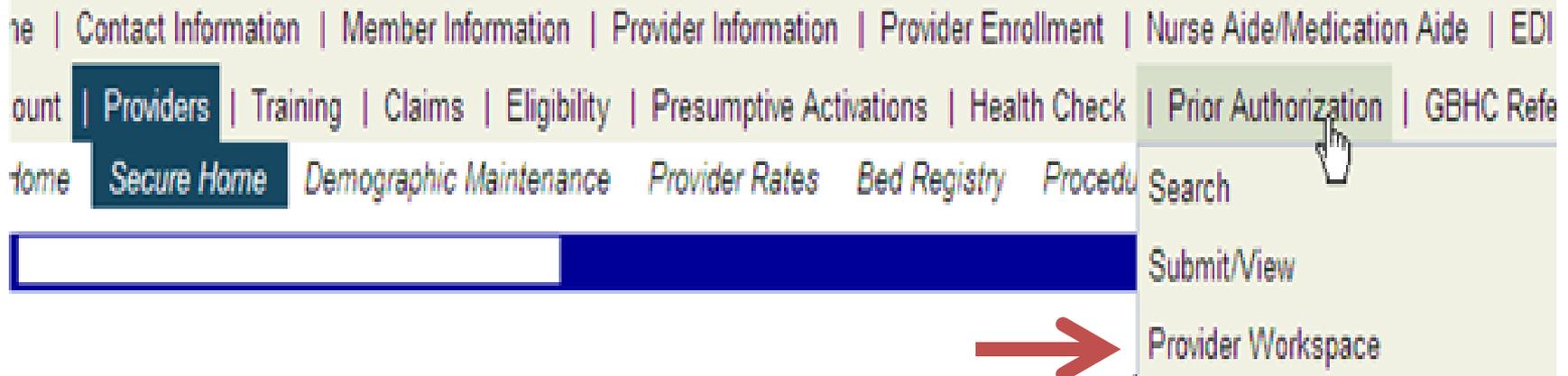
- KB participant packet information and DMA6As may be submitted via the Georgia Web portal.
- Access to the web portal submission functionality is limited to the RSM KB Medicaid team - provider ID 000043557A.
- Provider must log into the portal and access the *Provider Workspace* to submit packets/DMA6As.

Process Overview

- Submission process consists of three main components:
 - KB participant search
 - Participant/packet entry for new participants; OR continued placement packet entry for existing participants.
 - DMA6A request entry

Access Instructions

- Log into the portal
- On *Secure Home* page, click **Prior Authorization**
- Select **Provider Workspace**



Access Instructions

- Next, select **Katie Beckett Participant Search** on the workspace. This action opens the Participant Search page.

Katie Beckett Packet and DMA6A Submission

[Katie Beckett Participant Search](#)



Use this link to search for existing Katie Beckett participants, submit new packets, and view existing KB DMA6As.

[Modify Member Medicaid for an existing Katie Beckett](#)

Use this link to add a Member Medicaid ID to a Katie Beckett request when the request was initially entered for a patient without a Medicaid ID.

Submission Instructions

- First, try searching by Social Security Number only. Enter the SSN and click **Search**.

[Add New KB Participant](#) [Back to KB Search Results](#)

Search for a Katie-Beckett Participant

Chart Number:	<input type="text"/>	Social Security Number :	<input type="text" value="434-34-4445"/>		
Member ID:	<input type="text"/>	Last Name:	<input type="text"/>	Date of Birth:	<input type="text"/>

[Search](#) [Clear Search](#)

No Katie-Beckett Participant(s) found for entered search criteria. Please try again.

Submission - continued

- If no results, click **Clear Search** and try searching for the participant by 'Last Name' and 'Date of Birth'.
- If still no results, a new participant/initial placement packet may be entered.

Note: If a SSN search does not return the participant but a search by name and DOB does, be sure that the SSN, Name, and DOB entered, were entered correctly. If all information was entered correctly but discrepancies exist, do not enter a new participant but notify GMCF using 'Contact Us'.

New Participant/Packet

- On the search page, click **Add New KB Participant**.



[Add New KB Participant](#) [Back to KB Search Results](#)

Search for a Katie-Beckett Participant

Chart Number: Social Security Number :

Member ID: Last Name: Date of Birth:

[Search](#) [Clear Search](#)

No Katie-Beckett Participant(s) found for entered search criteria. Please try again.

New Participant/Packet

- On Participant Entry page, enter:
 - Social Security Number
 - First name and Last name
 - Date of birth
 - Date packet received
 - Type of Recommendation – Initial
 - Comments - optional

Katie-Beckett Participant Entry

Katie-Beckett Participant Information

Chart Number :	<input type="text"/>	* Social Security Number :	<input type="text" value="434344445"/>	Member ID :	<input type="text"/>
* First Name :	<input type="text" value="Katie"/>	* Last Name :	<input type="text" value="Participant"/>	* Date of birth :	<input type="text" value="11/21/2004"/>

New Packet Information :

Date Received :	<input type="text" value="01/07/2013"/>	Type of Recommendation :	<input checked="" type="radio"/> Initial <input type="radio"/> Continued Placement	Complete Packet Date :	<input type="text"/>
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Comments

This box is optional but may be used to provide additional information regarding the participant and/or packet.



Click this Button to enter the Katie Beckett DMA6A

- Click **Submit**.

New Participant/Packet

- If submitted successfully, the packet information displays in the 'Previous Comments' table.

Katie Beckett Participant Information

Chart Number : 774107 * Social Security Number : 434344445 Member ID : 00903GMC

* First Name : Katie * Last Name : Participant * Date of birth : 11/21/2004

New Packet Information :

Date Received : Type of Recommendation : Initial Continued Placement Complete Packet Date :

Comments

Previous Comments					
Date Received	Type Recommendation	Complete Pkt Date	Comments	PA Number	
1/7/2013 12:00:00 AM	Initial		This box is optional but may be used to provide additional information regarding the participant and/or packet.		<input type="button" value="EDIT"/>

Click this Button to enter the Katie Beckett DMA6A

Continued Placement Packet

- Submission process is similar to submitting an initial placement packet.
- First, search for the participant.

Chart Number: Social Security Number:

Member ID: Last Name: Date of Birth:

Chart Number	Member ID	Member Last Name	Member First Name	Social Security number	DOB
774048	333000000700	WILLIAMS	JAMES	818181818	2/3/2004 12:00:00 AM



- The search returns the existing participant. Click the **Chart Number** to open the participant entry page.

Continued Placement Packet

- Participant information and the packets/DMA6As previously submitted are displayed.

Katie Beckett Participant Information

Chart Number : 774048 * Social Security Number : 818181818 Member ID : 333000000700

* First Name : JAMES * Last Name : WILLIAMS * Date of birth : 02/03/2004

New Packet Information :

Date Received : 03/26/2012 Type of Recommendation : Initial Continued Placement Complete Packet Date :

Comments

Optional

Previous Comments

Date Received	Type Recommendation	Complete Pkt Date	Comments	PA Number	
3/28/2011 12:00:00 AM	Initial			111032800002	<input type="button" value="EDIT"/>

- Enter the date received, type of recommendation and comments (optional) for the Continued Placement packet.

Continued Placement Packet

- Click **Submit** and the packet info is added to the 'Previous Comments' table.

Previous Comments					
Date Received	Type Recommendation	Complete Pkt Date	Comments	PA Number	
3/28/2011 12:00:00 AM	Initial			111032800002	EDIT
3/26/2012 12:00:00 AM	Continued Placement				EDIT

DMA6A

- Enter the DMA6A after adding packet information.
- On the *Participant Entry* page, click the button to enter a DMA6A.

Previous Comments					
Date Received	Type Recommendation	Complete Pkt Date	Comments	PA Number	
3/28/2011 12:00:00 AM	Initial			111032800002	EDIT
3/26/2012 12:00:00 AM	Continued Placement				EDIT

Click this Button to enter the Katie Beckett DMA6A



DMA6A

- On the next page that displays, select **TEFRA Katie Beckett Form (DMA-6A)**.
- The New Request for PA page opens with the member (SSN or Medicaid ID), and your provider ID auto-populated. The provider ID may be changed.

New Request for Prior Authorization

TEFRA / Katie Beckett (Form DMA-6A)

To find a member or provider ID click the  next to the ID box

Member Medicaid ID: 

Social Security Number :

Katie-Beckett Provider ID: 

- Click **Submit**.

DMA6A

- The next page lists the participant's available packets. 'Available' means that a DMA6A is not yet associated with the packet. **Select** the appropriate packet.

TEFRA / Katie Beckett (Form DMA-6A)

To find a member or provider ID click the  next to the ID box

Member Medicaid ID: 

Social Security Number :

Katie-Beckett Provider ID: 

select the Katie-Beckett packet for which you want to create a PA. If you don't see the packet you want, you a packet.

Available Katie-Beckett Packets

Date Received	Type Recommendation	Comments	
3/26/2012 12:00:00 AM	Continued Placement		Select 

DMA6A

- Once the packet is selected, the Katie Beckett online form opens. At the top of the form the participant and provider information displays. **The only sections of the form that are required are: Contact Information and Diagnosis Information.**

DMA6A

Contact Information:

- All contact information is required
- Most information is auto-populated but can be edited if not correct.
- An email is sent to the email address entered in this section when a decision is rendered for the DMA6A.

Contact Information			
* Contact Name:	<input type="text" value="Mary Smith"/>	Contact Email:	<input type="text" value="RSM@email.org"/>
Contact Phone:	<input type="text" value="404-999-8765"/> Ext. <input type="text"/>	* Contact Fax:	<input type="text" value="404-888-7654"/>

DMA6A

Diagnosis Information:

- Enter the ICD-9 code/ICD-9 Date, and check the primary box.

* Diagnosis					
ICD-9 Code	ICD-9 Description	ICD 9 Date	Primary	Admission	
344 		01/11/2013	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADD

- Click **Add** to add the diagnosis to the form.
- Other codes may be entered in the same way.

DMA6A

- After completing contact and diagnosis information, go to the bottom of the form and click **Review Request**.
- The next page displays an *Attestation Statement*. Review the statement and click **I Agree**.
- Then, click **Submit Request** to submit the DMA6A.
- The next page displays the pending 12 digit authorization tracking number; and provides attachment functionality.

DMA6A Attachments

- After the DMA6A is submitted, documents may be attached via **Create an Attachment**, which associates the file/files attached to document types.
- Check the document type boxes to ‘tell’ the system what documents are to be attached.
- Click **Browse**. Find the file saved to your directory. Open the file and the file name/path display in the box next to browse.

DMA6A Attachments

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

X:\Attachment Test Docs\KB Participant Packet Information.docx

Browse...

Attach File

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red need to be attached for faster review.)

Codes	Documents
DEVELOPMENTAL	<input checked="" type="checkbox"/> Developmental/Psychological Evaluation
DMA6A	<input checked="" type="checkbox"/> DMA6A
NURSING NOTES	<input checked="" type="checkbox"/> Nursing Notes
TEFRA	<input checked="" type="checkbox"/> TEFRA/Katie Beckett Medical Necessity/Level of Care Statement
THERAPY NOTES	<input checked="" type="checkbox"/> Therapy Notes

- Click **Attach File**.

*For more detailed info regarding attachments, please refer to the user guide – **Attach files to a PA Request** – located on the Provider Workspace/Education & Training/User Manuals.*

DMA6A Attachments

- Once attached, the file is associated with each document type selected and displays in the *Attached Files* table.

Attached Files

File	Type	Code	Document Name	Size	User	Date	
KB Participant Packet Information.docx	Attached By Nurse	DEVELOPMENTAL	Developmental/Psychological Evaluation	10 KB	DBARRETT	1/17/2013 1:26:36 PM	DELETE
KB Participant Packet Information.docx	Attached By Nurse	DMA6A	DMA6A	10 KB	DBARRETT	1/17/2013 1:26:36 PM	DELETE
KB Participant Packet Information.docx	Attached By Nurse	NURSING NOTES	Nursing Notes	10 KB	DBARRETT	1/17/2013 1:26:36 PM	DELETE
KB Participant Packet Information.docx	Attached By Nurse	TEFRA	TEFRA/Katie Beckett Medical Necessity/Level of Care Statement	10 KB	DBARRETT	1/17/2013 1:26:36 PM	DELETE
KB Participant Packet Information.docx	Attached By Nurse	THERAPY NOTES	Therapy Notes	10 KB	DBARRETT	1/17/2013 1:26:36 PM	DELETE

Update Member ID

- Participants may be added to the KB system before they have a Member Medicaid ID. The system assigns a temporary ID.
- The member ID has to be added to the existing packets/DMA6As in the system before a continued placement DMA6A can be submitted.
- Users are prompted to update the ID when they try to enter the continued placement DMA6A.

Update Member ID

New Request for Prior Authorization

TEFRA / Katie Beckett (Form DMA-6A)

To find a member or provider ID click the  next to the ID box

Member Medicaid ID:

Social Security Number :

712-31-2345

ERROR: Multiple Member IDs associated with this Medicaid SSN

Katie-Beckett Provider ID:

Submit

WARNING: Multiple member IDs associated with the SSN. You must add the Medicaid ID to this participant/packet. Please click the following button Update Multiple Member ID to add the member's Medicaid ID before entering the DMA6A.

Update Multiple Member ID

- If you see these messages, click **Update Multiple Member ID**.

Update Member ID

- On the next page that displays, click **Submit**.

Update Member Medicaid Data

Request ID : OR Member Social Security Number :

Request Type : Katie-Beckett

Update Member ID

- On the next page, the previous DMA6A request ID associated with the participant's temporary ID is shown.

Update Member Medicaid Data

Request ID :	<input type="text"/>	OR	Member Social Security Number :	<input type="text" value="712-31-2345"/>
Request Type :	<input checked="" type="radio"/> Katie-Beckett			
<input type="button" value="Submit"/>	<input type="button" value="Reset"/>	<input type="button" value="Click this Button to enter the Katie Beckett DMA6A"/>		

Request ID	Member ID	Last Name	First Name	SSN	Status
 [REDACTED]	00612GMC	NELSON	NELSON	712312345	Denied

- Click the **Request ID**.

Update Member ID

- On the next page, enter the participant's Medicaid ID in the box next to the temporary ID. Click **Update Member Medicaid ID**.

Prior Authorization - Review Request

Request Information

Request ID : [REDACTED] Case Status : **Denied** Case Status Date : 01/14/2013

Member ID : 00612GMC

Provider ID : [REDACTED]

Effective Date : 01/14/2013 Expiration Date : 01/13/2014

Denial Reason :



Type of Recommendation : Initial

Decision Type : Nurse Denied, Denial Reason: DOES NOT MEET PLCY GUIDELINES. Decision Date: 1/14/2013

Diagnosis

ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
344	OTH PARALYTIC SYNDROMES	01/14/2013	Yes

Update Member ID

- The request is updated with the member ID. Click [Return to Auth Request Page](#) to resume entering the DMA6A.

Request Information

Request ID : [REDACTED] Case Status : **Denied** Case Status Date : 01/14/2013
Member ID : **334000000700**
Provider ID : [REDACTED]
Effective Date : 01/14/2013 Expiration Date : 01/13/2014
Denial Reason :

Type of Recommendation : Initial
Decision Type : Nurse Denied, Denial Reason: DOES NOT MEET PLCY GUIDELINES. Decision Date: 1/14/2013

Diagnosis

ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
344	OTH PARALYTIC SYNDROMES	01/14/2013	Yes

[Attach File](#) [Return To Search Results](#) [Return to Provider Workspace](#) [Contact Us](#)
[Return to the Auth Request Page](#) 

PA Search

- Use PA search to review DMA6As and view decisions rendered.
- On the Provider Workspace, click: **Search, Edit or Attach Documentation to Requests.**
- On the search page, enter the DMA6A 'Request ID' and click **Search.**
- Click the Request ID to open the DMA6A.

PA Search

Request ID :	<input type="text" value="113010400003"/>	PA Status:	<input type="text" value="v"/>	Provider ID :	<input type="text" value=""/>
Request From Date :	<input type="text"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
Effective Date :	<input type="text"/>	Expiration Date :	<input type="text"/>	Include PA Notifications :	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ALL
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status
113010400003	334000000400	LOUISE	MARY	1/4/2013 12:51:34 PM	01/04/2013	01/03/2014	Denied



Review Request

- The DMA6A opens on the Review Request page.

Prior Authorization - Review Request

Warning: You cannot submit a change request for this PA Type.

Request Information

Request ID : 113010400003 Case Status : Denied Case Status Date : 01/04/2013
Member ID : 334000000400
Provider ID : [REDACTED]
Effective Date : 01/04/2013 Expiration Date : 01/03/2014
Denial Reason :

Type of Recommendation : Continued Placement
Decision Type : Physician Denied. Decision Date: 1/4/2013

Diagnosis

ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
344	OTH PARALYTIC SYNDROMES	01/04/2013	Yes

[Attach File](#)

[Return To Search Results](#)

[Return to Provider Workspace](#)

[Contact Us](#)

[Return to the Auth Request Page](#)

Review Request

- The following decision data is displayed on Review Request:
 - Effective/Expiration Date
 - Decision type
 - Decision Date
 - Type of Recommendation
 - Length of Stay (approvals)
 - Level of Care (approvals)

END OF PRESENTATION

Questions?