

Provider Correspondence

Georgia Medicaid Provider Fair

May 8, 2012

Correspondence Overview

- Quick and efficient way to submit questions to Alliant reviewers.
- Your question goes to the 'correct' team.
- No need to wait on the phone.
- There is a permanent written record of your correspondence.
- Use for questions/messages. Do not use for change requests or reconsideration requests.

Correspondence Overview

- Provider Correspondence includes:
 - Current Message list
 - Contact Us
 - Search My Correspondence

Provider Messages

- **Last 10** processed/unprocessed messages display.
- To view, highlight and click **Show**

Provider Workspace

(Screen contains test data)

Last 10 Requests :

111050307826 - Denied

Show

Provider Messages :

C11071300024 - Unprocessed

Show

C11071300024 - Unprocessed

[Enter a New Authorization Request](#)

Use this link to enter an authorization request. Select from the list of request types and you will be prompted to enter the Member ID; and, for some request types, you may be prompted to enter another provider ID. In order to submit a request, all required fields must be completed. If additional documentation is required for the request that you are submitting, you may attach the documentation at the time of submission. For some request types, required documentation will be represented as 'checklist' type items that can be associated with one or more documents.

[Search for Authorization Requests and Edit Requests](#)

Use this link to find requests that you previously submitted, and to edit requests previously submitted.

- Use the comprehensive search function to find your authorization requests. You will be able to review requests associated with your provider ID including the current status and any decision comments entered by the reviewer.
- If the request is still in **pending** status and has not been referred to a peer reviewer; you will be able to edit the request.

Contact Us

- Use 'Contact Us' to submit a correspondence.
- 'Contact Us' is available in the following *Provider Workspace* locations:
 - *Help and Contact Us*
 - *Provider Inquiry Form (DMA-520A)* submission & search page
 - *PA Review Request* page

- Click **Contact Us** to open the contact form.

Contact Us

Contact Form

Correspondence ID :

Contact For :

Contact Name :

Contact Email Address :

Confirm Email Address :

Phone Number :

 - - Ext.

Message / Question :

GMCF Response :

Reference Attachments :

[Submit Information](#)


[Reset Form](#)

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[Return to Provider Workspace](#)

- Select the Contact type:

Contact For



A screenshot of a web form's dropdown menu. The label 'Contact For' is positioned to the left of the dropdown. The dropdown is open, showing a list of service categories. A mouse cursor is pointing at the top of the list. The categories listed are: CIS, DME, Dental & Oral Max, GAPP, Hospital Admissions, Office Procedures, PSY office, Hospital Outpatient Therapy, ICWP, Katie Beckett, Medical Claims Review / DMA-520A, O & P, Radiology & Additional Office Visits, Out-of-State & Transplants, Outlier, PASRR, Swingbed & ICFMR, and Transport, Medication, Hearing & Vision Services.

- CIS
- DME
- Dental & Oral Max
- GAPP
- Hospital Admissions, Office Procedures, PSY office
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- Katie Beckett
- Medical Claims Review / DMA-520A
- O & P, Radiology & Additional Office Visits
- Out-of-State & Transplants
- Outlier
- PASRR, Swingbed & ICFMR
- Transport, Medication, Hearing & Vision Services

- Enter the request ID or inquiry ID, as applicable
- Enter contact name
- Enter & confirm provider email address
- Enter question/message and **Submit**

(Screen contains test data)

Contact Form

Correspondence ID :

Contact For :

Hospital Admissions, Office Procedures, PSY office ▼

Prior Authorization Request ID :

111050307826

Contact Name :

D. Brown

Contact Email Address :

Dbrown@email address.org

Confirm Email Address :

Dbrown@email address.org

Phone Number :

444-444-4444

Ext.

Message / Question :

This PA was denied for untimeliness but the member has retro eligibility for the PA date of service. What do I need to do to get this corrected?

GMCF Response :

Reference Attachments :

Submit Information

Reset Form

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Return to Provider Workspace

Record saved successfully. Notification Email has been sent on 7/13/2011 2:17:05 PM to email address provided above. Confirmation Number is : C11071300024.

Making Health Care Better

 **ALLIANT**
HEALTH SOLUTIONS

- 'No reply' email notification with correspondence ID is sent to the provider email address.

This message was sent with High importance.

From: no-reply@gmcf.org
To: Darlene Barrett
Cc:
Subject: Message from GA MMIS Portal

Sent: Wed 7/13/2011 2:17 PM

*** DO NOT RESPOND TO THIS E-MAIL ***

Dear Provider,

Thank you for contacting Alliant Health Solutions | Georgia Medical Care Foundation. We have received your message successfully. Your confirmation number is "C11071300024".

Once we process this message, we will again send you a notification email about that will be available on Provider Workspace section of Georgia MMIS portal: <https://www.mmis.georgia.gov>

Regards,
Nurse Reviewer Team.

*** Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message. ***

Search My Correspondence

- Located in *Help and Contact Us* at the bottom of the *Workspace* page.
- Allows providers to search for all correspondence they submitted or submitted to them by a reviewer.
- Provider ID is system populated on the search page.
- Enter the 'Correspondence ID' and then click **Search**.

- Click the Corr ID underlined in blue to open the contact form.

(Screen contains test data)

Search Provider Inquiry / Correspondence

Provider ID :	<input type="text" value="007100074A"/>	Contact Name :	<input type="text"/>
Contact For :	<input type="text" value="v"/>	Contact For ID :	<input type="text"/>
Correspondence ID :	<input type="text" value="C11071300024"/>	Phone Number :	<input type="text" value="- -"/>
Entered Between :	<input type="text"/> And <input type="text"/>	Processed by GMCF :	<input type="radio"/> Yes <input type="radio"/> No
<input type="button" value="Search"/> <input type="button" value="Clear Search"/> <input type="button" value="Create New"/>			

Corr ID	ID	Contact Name	Contact Email	Phone	Date Entered	Processed	Processed Date
<u>C11071300024</u>	111050307826	D. Brown	darlene.barrett@gmcf.org	444-444-4444	7/13/2011 2:17:05 PM	Yes	7/14/2011 3:47:57 PM



- If the correspondence has been *processed*, the Alliant response displays.

Alliant Response

- A document may be attached in 'Reference Attachments'.
Click the file name to open the attachment.

Contact Us

(Screen contains test data)

Contact Form

Correspondence ID :	C11071300024
Contact For :	Hospital Admissions, Office Procedures, PSY office ▾
Prior Authorization Request ID :	111050307826
Contact Name :	D. Brown
Contact Email Address :	darlene.barrett@gmcf.org
Confirm Email Address :	darlene.barrett@gmcf.org
Phone Number :	444-444-4444 Ext. <input type="text"/>
Message / Question :	<p>This PA was denied for untimeliness but the member has retro eligibility for the PA date of service. What do I need to do to get this corrected?</p> <p>- Submitted on : 7/13/2011 2:17:05 PM</p>
GMCF Response :	<p>Dear Provider</p> <p>Member file does not show retro eligibility for PA dates of service. If you have documents to support retro eligibility, please submit a reconsideration of the denial and attach the documents.</p> <p>- GMCF Nurse Reviewer (7/14/2011 3:47:57 PM)</p>
Reference Attachments :	

[Reset Form](#)

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[Return to Provider Workspace](#)