SOURCE SERVICES PA
WEB SUBMISSION USER GUIDE

1 DESCRIPTION

SOURCE Case Managers enter SOURCE requests for services using Alliant's Prior Authorization (PA) system, which is accessed from the Georgia Web Portal. SOURCE services requests are considered 'pass through' PAs since the PAs are not reviewed by Alliant reviewers but rather are transmitted to MMIS as 'Approved'. Case Managers must have a 930 category of service and a 030 Case Management specialty in order to enter services requests. The member associated with the services request must have an approved SOURCE Level of Care and Placement in the PA system before the request for services can be entered.

Case Managers submit a single PA for up to one year date span to request case management services, and request other SOURCE services rendered by one or more SOURCE providers. SOURCE PAs may be submitted up to 45 days before the service start date (PA effective date). For example, a PA request entered in the PA system on 7/1/2014 could be entered with a procedure 'From Date' starting as far in the future as 8/15/2014. Retrospective PAs can be submitted up to 12 months after services occur.

2 WEB SUBMISSION INSTRUCTIONS

1. Log into the GA Web Portal.

2. On the *Secure Home* page, click **Prior Authorization**, then **Submit/View**.
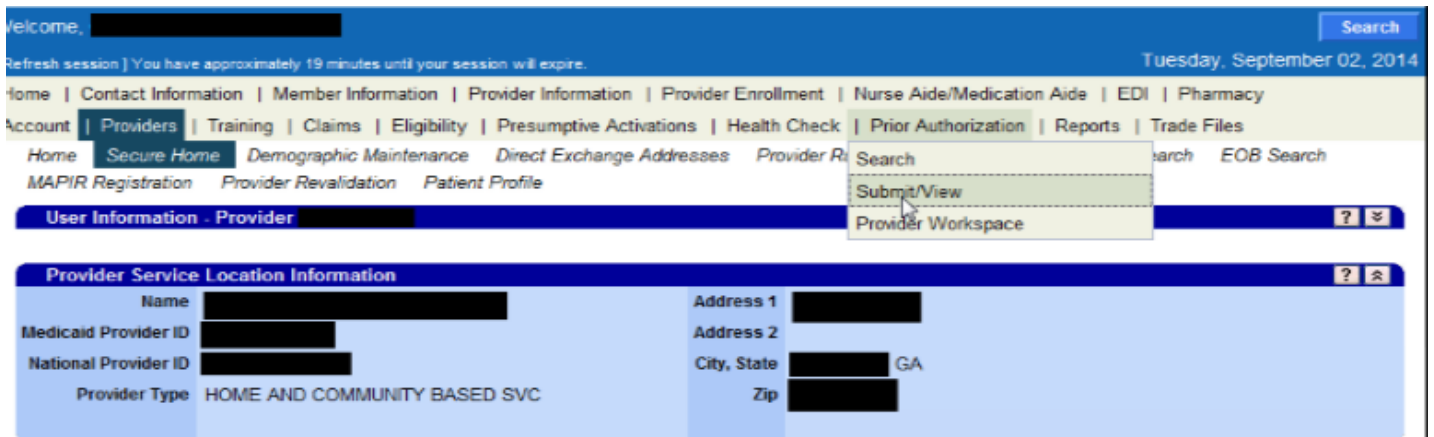

Figure 1

3. **OR** – Select **Medical Review Portal**; and on the workspace page, click **Enter a New Authorization Request**.

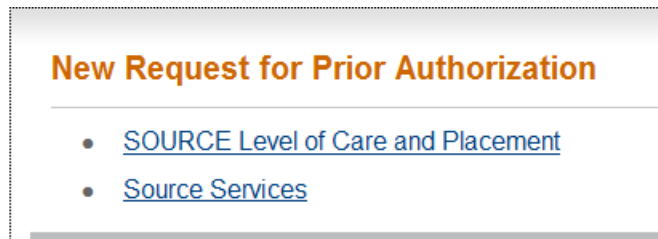4. On the next window, click the **SOURCE Services** option.

New Request for Prior Authorization

- SOURCE Level of Care and Placement
- Source Services

Figure 2

5. On the next screen, the case manager's provider ID is prepopulated based on portal login credentials. Enter the member's Medicaid ID and click **Submit**.

New Request for Prior Authorization

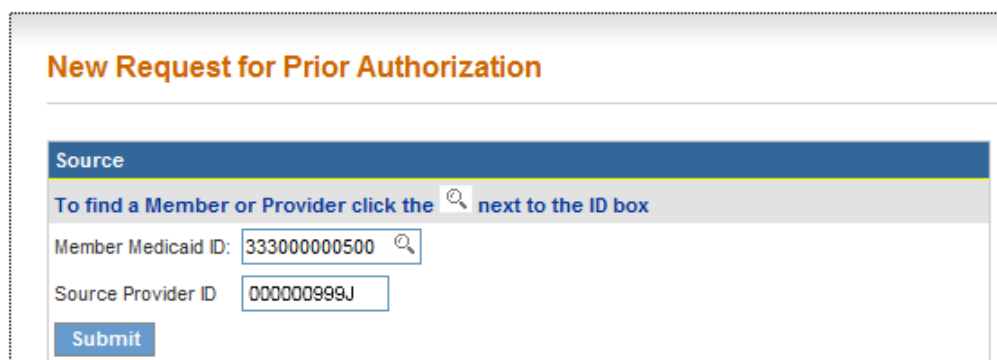| Source |
| --- |
| To find a Member or Provider click the 🔍 next to the ID box |
| Member Medicaid ID: 333000000500 🔍 |
| Source Provider ID   000000999J |
| Submit |

Figure 3

6. On the next page, enter the authorization number for the SOURCE Level Care and Placement associated with the SOURCE Services request in the 'SOURCE LOC PA Confirmation Number' box.
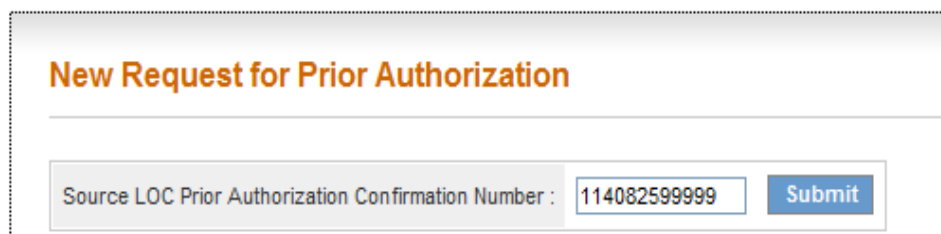
New Request for Prior Authorization

Source LOC Prior Authorization Confirmation Number : 114082599999   Submit

Figure 4

7. Click **Submit**. The system validates that the LOC is approved, has not expired, and is for the same member associated with the Services request.

Provider/Member Information:

8. If the LOC PA ID passes validation, the SOURCE PA template opens with the case manager and member information prepopulated on the form.

Contact Information:

9. The requesting provider contact information is populated by the system. Check the information for accuracy. If any information is missing or incorrect, enter or correct the information. All fields are required.

Figure 5

Request Information:

10. The 'Place of Service' defaults to *Home*.

11. Click 'Yes' if the member is consumer directed; otherwise leave as 'No'.

Figure 6

Diagnosis:

12. Enter the diagnosis code for the member's primary diagnosis related to SOURCE services in the 'Diag Code' box. The system populates the diagnosis description when the diagnosis is added to the request.

13. Enter the date that the diagnosis was established; if not known, enter the date that the member started in SOURCE.

14. Click the 'Primary' diagnosis button. If only one diagnosis is added to the request, the system will designate that diagnosis as primary. If more than one diagnosis is added, the user must select one of the diagnoses as primary.

15. Click **Add** to add the diagnosis information to the request. When **Add** is selected, a blank diagnosis line becomes available for adding another diagnosis.

Diag Code	Diagnosis Description	Date	Primary	Type	
344.00	QUADRIPLEGIA, UNSPECIFD	01/01/2010	Yes	ICD-9	EDIT DELETE
					ADD

Figure 7

SOURCE Services:

16. In the 'Service Code' box, enter the procedure code for one of the services requested. The system inserts the description. **Suggestion**: If case management services are to be requested for the year date span, enter that service line first.

17. Enter the first date of service in the 'From Date' box and the end date of service in the 'To Date' box. The date span cannot exceed one year.

18. Enter the total units requested for the service and for the date span in the 'Units' box.

19. Enter the units of service requested per month in the 'ReqUnits/Month' box.

20. Enter the total dollar amount requested in the 'Amount' box. Do not enter a dollar sign.

21. If applicable, enter the amount of cost sharing for the service in the 'Cost Sharing Amount' box.

22. Enter the provider ID for the provider who is rendering the service. The provider ID may be entered manually, or have the system auto-insert the provider ID by using search.

23. Click the search icon 🔍 in the 'Rendering Provider ID' box to open a search page. Enter the provider ID or provider name and click **Search**. Select the correct provider in the search results, and the system inserts the provider ID in the 'Rendering Provider ID' box on the service line.

24. If a modifier or modifiers are applicable to the service procedure code, enter the first modifier in the 'Mod 1' box. If there is a second modifier, enter in the 'Mod 2' box.

25. Click **Add**. The service procedure code is added to the PA and another blank service line becomes available to enter another procedure code and service information to the request.

Procedures

Service Code	Service Description	From Date	To Date	Units	Req Units / Month	Amount	Cost Sharing Amount	Rendering Provider ID	Mod 1	Mod 2	Mod 3	
T2022	CASE MANAGEMENT, PER MONTH	08/04/2014	08/04/2015	12	1	1,800.00	0.00	██████	SE			EDIT DELETE
T1021	HH AIDE OR CN AIDE PER VISIT	09/01/2014	08/04/2015	5,700	480	3,000.00	0.00	██████	TF			EDIT DELETE
S5170	HOMEDELIVERED PREPARED MEAL	09/15/2014	03/15/2015	672	56	2,210.00	0.00	██████				EDIT DELETE
🔍								🔍				ADD CANCEL

Figure 8

Note: When procedure lines are entered, system validation prevents the addition of duplicate service lines. Case Managers are alerted when attempting to add a service line that is a 'possible' duplicate if the 'new' service line dates of service conflict with an approved SOURCE PA for same member, provider, procedure code/modifier - for a given time period

Program Information:

26. Enter the date that the member was initially admitted to SOURCE in the 'Program Admit Date' box.

26. Click 'Initial Admission' (initial admission to SOURCE) or 'Renewal' (Reassessment). If Renewal is selected, enter the date that the member was last assessed in the 'Date Last Certified' box. **Note**: 'Program Discharge Date' is not required.

Figure 9

27. The next section of the web request form consists of 9 textboxes which may be used to capture supporting information and member social history. These textboxes are optional, however, so they may be left blank.

Appendix F Confirmation:

28. In the last section, indicate if there is a signed Level of Care (Appendix F) by clicking 'Yes'.

29. Lastly, enter the date that the Level of Care was signed.

Figure 10

30. Once all required data has been entered on the request form, click **Review Request**. An *Attestation Statement* displays.

31. Read the statement and confirm agreement by clicking **I Agree**. **This is required to submit the request.**

32. Next, review the request information entered to be sure it is correct. Information may be corrected by clicking **Edit Request**.

33. When all information entered is correct, click **Submit Request**. The next page displays the 'Request ID' at the top of the page, which is the authorization number when the request is in Approved status

3 EDIT SERVICES PAs

Existing SOURCE PAs may need to be edited (units and dates adjusted) by case managers when a rendering provider associated with a service line changes or when a member's status changes. The case manager may need to cutback an existing service line for a given Provider who is rendering a specific service, and then add a second line **to the same PA** for a new provider for the **same service but for different dates of service**. SOURCE PAs may also need to be modified if there is a PA Edit attached to the PA. When a PA is sent to MMIS, the data is validated against certain criteria and an edit 'error' may be triggered. It may be necessary to modify the request information in order to remove the edit and allow the PA to transmit to MMIS. Case managers are notified by email when a SOURCE PA entered by the case manager has an edit.

1. To edit a PA, the first step is to find the PA using the PA search option on the *Medical Review Portal*. Open the *Medical Review Portal* and click **Search, Edit or Attach Documentation to Requests**.

2. On the Search page, the requesting provider ID is populated by the system. Enter the 12 digit PA ID (Request ID) in the 'Request ID' box. **No other information needs to be entered.** Click **Search**.

Prior Authorization Request Search

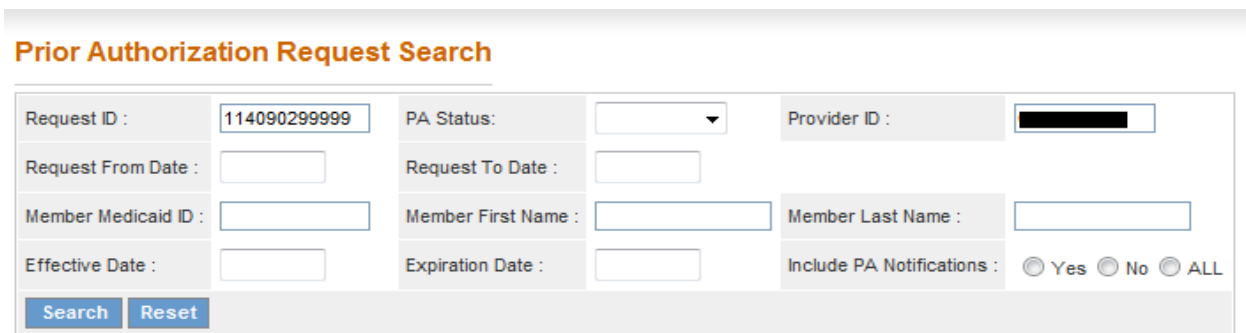|					
Request ID :	114090299999	PA Status:	▼	Provider ID :	▉▉▉▉▉▉
Request From Date :		Request To Date :			
Member Medicaid ID :		Member First Name :		Member Last Name :	
Effective Date :		Expiration Date :		Include PA Notifications :	◉ Yes ◯ No ◯ ALL

Search **Reset**

Figure 11

3. Click the 'Request ID' that displays in the search results. The PA *Review Request* page opens which provides a summary of the PA information.

Prior Authorization - Source Review Request

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

Request Information

Request ID :	███████	Case Status :	**Approved**	Case Status Date :	09/03/2014
Member ID :	333000000400				
Social Security Number :	132549678				
Provider ID :	████████████████			CMO PA Request ID :	
Admission Date :		Discharge Date :			
Effective Date :	09/01/2014	Expiration Date :	09/01/2015		

Diagnosis

Diag Code	Diagnosis Description	Date	Primary	Type
344.00	QUADRIPLEGIA, UNSPECIFD	09/03/2014	Yes	ICD-9

Procedures

CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
S5170	HOMEDELIVERED PREPARED MEAL	09/01/2014	09/01/2015	672	672	2210.00	Approved		No
T1021	HH AIDE OR CN AIDE PER VISIT	09/01/2014	09/01/2015	850	850	2800.00	Approved		No
T2022	CASE MANAGEMENT, PER MONTH	09/01/2014	09/01/2015	12	12	1800.00	Approved		No

Edit Request   Attach File   Return To Search Results   Return to Provider Workspace   Contact Us

Return to the Auth Request Page

Figure 12

4. To edit the PA, click **Edit Request** at the bottom of the page.

5. On the next page, go to the **Procedures** table and click Edit at the end of the procedure line that needs to be modified.

Procedures

Service Code	Service Description	From Date	To Date	Units	Req Units / Month	Amount	Cost Sharing Amount	Rendering Provider ID	Mod 1	Mod 2	Mod 3	
S5170	HOMEDELIVERED PREPARED MEAL	09/01/2014	09/01/2015	672	56	2,210.00	0.00	██████				EDIT
T1021	HH AIDE OR CN AIDE PER VISIT	09/01/2014	09/01/2015	850	200	2,800.00	0.00	██████	TF			EDIT
T2022	CASE MANAGEMENT, PER MONTH	09/01/2014	09/01/2015	12	1	1,800.00	0.00	██████	SE			EDIT
🔍												CANCEL

Figure 13

6. The following data may be modified:
   ➢ Procedure start and end dates
   ➢ Units
   ➢ Units per Month
   ➢ Amount
   ➢ Cost Sharing

7. After modifying data, click **Save** at the end of the procedure line.

8. When a procedure line for a 'new' provider needs to be added, enter the service information on the open (blank) procedure line. Click **Add** after all the required information is entered.

   In the figure below, the first highlighted service line is the original service line for T1021 which was 'cut back' and end dated to 12/1/14. A new service line for the new provider (second highlighted line) was added for the same procedure, different provider, and a start date of 12/2/14 – a day after the end of the other service line.

Procedures

Service Code	Service Description	From Date	To Date	Units	Req Units / Month	Amount	Cost Sharing Amount	Rendering Provider ID	Mod 1	Mod 2	Mod 3	
T1021	HH AIDE OR CN AIDE PER VISIT	09/01/2014	12/01/2014	400	100	1,400.00	0.00	▓▓▓▓	TF			EDIT
S5170	HOMEDELIVERED PREPARED MEAL	09/01/2014	09/01/2015	672	56	2,210.00	0.00	▓▓▓▓				EDIT
T2022	CASE MANAGEMENT, PER MONTH	09/01/2014	09/01/2015	12	1	1,800.00	0.00	▓▓▓▓	SE			EDIT
T1021	HH AIDE OR CN AIDE PER VISIT	12/02/2014	09/01/2015	180	60	1,000.00	0.00	▓▓▓▓	TF			EDIT
												ADD CANCEL

Figure 14

9. To submit the changes made to the PA, go to the bottom of the page and click **Review Request**.

10. Then click **I Agree** to the Attestation Statement again, and then **Submit Request**. **The PA is modified but the authorization ID remains the same.**