

Provider Correspondence ***SOURCE***

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Provider Correspondence

Provider Correspondence is the process used on the web portal to submit SOURCE LOC questions and messages to Alliant/GMCF reviewers.

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

Last 10 Requests : [Redacted] - Pending [v] [Show] Messages : [Redacted] - Unprocessed [v] [Show] PA Notifications : [Redacted] - Denied [v] [Show]

Enter and Edit Authorization Requests

[Enter a New Authorization Request](#) - Use this link to enter a r

[Search, Edit or Attach Documentation to Requests](#) - Use this

[Member Medicaid ID Updates](#) - Use this link to Search, Edit,

- Unprocessed [v]
- Unprocessed
- Processed
- Unprocessed
- Unprocessed
- Unprocessed
- Processed
- Processed
- Processed
- Unprocessed
- Processed

[More...](#)

ocumentation to authorization requests. [More...](#)

id IDs for SwingBed or Katie-Beckett requests.

PA Change and Reconsideration Requests

[Submit/View PA Change Requests](#) - Use this link to request a change to existing authorization requests. [More...](#)

[Submit Reconsideration Requests](#) - Use this link to request a reconsideration to a denied case except CIS request. [More...](#)

[Submit CIS Reconsideration Review Requests](#) - Use this link to request a reconsideration to CIS requests. [More...](#)

Contact Us

- Use 'Contact Us' to submit a question or message.
- The link for 'Contact Us' is available in the following *Provider Workspace* locations:
 - Help and Contact Us section
 - *PA Review Request* page
- When you click **Contact Us**, the contact form opens.

'Contact Us' 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](#)

Contact Us - Continued

- Select SOURCE as the Contact type.

Contact Us

Contact Form

Correspondence ID :

Contact For :

Contact Name :

Contact Email Address :

Confirm Email Address :

Phone Number :

Message / Question :

GMCF Response :

Reference Attachments :

CIS
DME
Dental & Oral Max
GAPP
HEDIS
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, NursingHome Vent
Retrospective Review
SOURCE
Transport, Medication, Hearing & Vision Services
Utilization Review Plan

Contact Us - continued

- Enter the SOURCE LOC request ID.
- Enter your contact name.
- Enter and confirm your email address.
- Then enter, the question or message.
- Click **Submit**.

(Screen contains test data)

Contact Form

Correspondence ID :

Contact For :

SOURCE

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](#)

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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.

- '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 Sent: Wed 7/13/2011 2:17 PM
To: Darlene Barrett
Cc:
Subject: Message from GA MMIS Portal

*** 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"/>	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
C11071300024	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 GMCF response displays.

GMCF 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](#)

Making Health Care Better



**END OF
PRESENTATION**