NEW OPTIONS WAIVER (NOW) AND COMPREHENSIVE SUPPORT SERVICES (COMP) WEB PORTAL TRAINING

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ELIGIBLE MEMBERS

► Target population for NOW/COMP:

➢ Are categorically eligible Medicaid recipients; and

➢ Have a diagnosis of an intellectual disability and/ or closely related condition; and

➢ Are currently receiving or are likely to require the level of care provided in an ICF/ID which is reimbursable under the State Plan, and for whom home and community-based services are determined to be appropriate alternative.

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ALLIANT/GMCF'S SCOPE OF WORK

- ► Initial level of care (LOC) admission determinations
- ► (Reconsiderations) Second level of care (LOC) determinations
- ► Yearly re-certifications

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BACKGROUND INFORMATION

▶ 2 Review Nurses with ICF/ID experience
▶ 1 Review Nurse with NOW/COMP experience
▶ Peer Review Psychologist
▶ Clinical Systems Analyst (RN)
▶ Team Leader over NOW/COMP/GAPP/CIS/KB
▶ Deputy Director, Medical Review
▶ Medical Director (Pediatric Neurologist)

GENERAL INFORMATION

► All NOW/COMP regional offices will be required to submit LOC requests with the required documentation via the web portal *only.*

► Alliant will not accept the case for review until all required documents are attached.

► Services cannot start until the initial LOC approval is granted.

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GENERAL INFORMATION

► If the provider has questions about their submitted case they can use the "Contact Us" query section on the web portal.

► Information cannot be provided by phone in order to protect the historical integrity of correspondence.

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DOCUMENTS FOR INITIAL REVIEWS

▶ Psychological - required

▶ DMA6/ DMA6(A) (unsigned) - required

▶ Health Risk Assessment Tool (HRST) - optional

▶ Supports Intensity Scale (SIS) - optional

▶ Initial Assessments (Nursing, Social Work, and Behavioral Assessment) - optional

▶ Must be scanned in pdf format and uploaded. NO ZIPPED FILES OR PASSWORD PROTECTED FILES.

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EXCEPTIONS TO PSYCHOLOGICAL

► A psychological consultation report is acceptable when submitted with a copy of the referenced evaluation.

► Older adults for whom there are no validated tests available

► Accept affidavits or statements from family members, old medical records, etc.

► Refer to internal Alliant psychologist to review such files to assist with LOC determinations

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ALLIANT/GMCF'S LOC DECISIONS

► **Initial Tech Denial:**

  ➤ No documents are attached to the LOC request within 5 calendar days from the LOC submission date; OR when required documentation is incomplete upon the nurse's review. This is communicated through "Contact Us" only to the Regional Office.

► **Final Tech Denial:**

  ➤ Following an Initial Tech Denial, a Final Tech Denial is rendered for **Initial Applicants ONLY** when no documents are attached to the LOC request within 30 calendar days from the LOC submission date; OR when required documentation is incomplete within 30 calendar days from the LOC submission date.   This is communicated through "Contact Us" to the Regional Office. NO NOTICES OF TECH DENIALS GO TO THE NEW APPLICANT. They do not have hearing rights.

ALLIANT/GMCF'S LOC DECISIONS

► **Initial Decision/Approved:**

  ➢ Rendered when the LOC is complete and meets level of care criteria upon initial nurse LOC review.

► **Initial Decision/Nurse Denied:**

  ➢ Rendered when the LOC is complete, but does not meet the level of care/policy guidelines upon initial nurse LOC review. Member/Provider may request a reconsideration of this decision by sending additional medical information to the DBHDD office within thirty calendar (30) days of the date of the denial notification. DBHDD will then submit to Alliant via the web portal.

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ALLIANT/GMCF'S LOC DECISIONS

► **Second Level Nurse Review/Approved:**

  ➢ Rendered when a reconsideration of the Initial Nurse Denial has occurred, and based on the documentation submitted, the LOC now meets level of care/policy guidelines.

► **Second Level Nurse Review/Denied:**

  ➢ Rendered when a reconsideration of the Initial Nurse Denial has occurred, but the LOC still does not meet the level of care/policy guidelines.

► **Initial Decision/Withdrawn:**

  ➢ Used for duplicate requests. First submitted, first received.

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LOC DATE SPAN

► Initial assessments will be approved until the day before the member's birthday.

► Reassessments are approved from the date of the member's upcoming birthday and expire the day before the member's birthday for the following year.

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LOC DOCUMENTATION

▶ Decision of DBHDD with approval by DCH regarding LOC documentation:

– Regional RNs and PCPs are no longer required to sign the DMA-6 / 7 documents

– A printed copy of the approval notice from Alliant will accompany the DMA-6 or DMA-7 as proof of approval

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DECISION NOTIFICATIONS

► Contract turnaround time of 30 days.

► GMCF's decisions will be on the web portal the day the decision is made.

► When any decision is rendered, a 'No reply' email is sent to the provider notifying them of the decision. In addition, PA notifications and decision information display on the 'Provider Workspace.'

► All denial letters will be attached to the web portal under 'Provider Workspace' and will be sent via certified mail to the member with hearing rights.

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HEARING PROCESS

▶ Collaborative process

▶ DBHDD Legal Services handle hearing process

▶ Notification of hearing through *"Contact Us"*

▶ Extension of PA by 4 months one time

▶ "This member is in hearing status and the LOC is being extended for 4 months. In the interim, should the case be withdrawn or adjudicated, you will be notified by DCH."

▶ Hearing outcomes loaded to *"Contact Us"*

Inter-rator Reliability (IRR)

▶ Random audit

▶ Performed quarterly

▶ We use inter-rater reliability to ensure that people making subjective assessments are all in tune with one another.

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NOW/COMP WEB ENTRY

▶ Log into the *Georgia Web Portal*.

▶ On the *Secure Home* page, click Prior Authorization.

▶ Select Submit/View from the drop list;
                                    OR

▶ Select *Provider Workspace* and then Enter a New Request for PA.

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WEB ENTRY

WEB ENTRY

► On the next window, click the link NOW Level of Care and Placement or COMP Level of Care and Placement to open the LOC request form.

New Request for Prior Authorization

- NOW Level of Care and Placement

New Request for Prior Authorization

- COMP Level of Care and Placement

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REQUEST AUTHORIZATION

► On the next window, the NOW/COMP Provider ID is populated by the system based on portal login credentials.

► Enter the member's Medicaid ID; OR enter a Social Security Number. Click Submit.

New Request for Prior Authorization

COMP Level of Care and Placement
Please enter the Member's ID or the SSN. Do not enter both.
To find a Member or Provider click the 🔍 next to the ID box

Member Medicaid ID: 🔍

Social Security Number : ___-__-____

COMP Provider ID : 🔍

Submit

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LOC Request
Member/Provider Information

▶ The NOW/COMP provider information is pulled into the LOC request based on the provider's portal credentials.

▶ If a Medicaid ID was entered as the participant identifier, then the member's information is pulled from MMIS and populated on the request.

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LOC Request – Member Information

► If a SSN was entered and the SSN matches a Medicaid member, the member information is also pulled from MMIS.

► If the SSN does not match a Medicaid member, the provider must enter the member information manually.

Member Information

Member ID :		First Name :	Mary	MI :		Last Name :	Test	Suffix :
Date of Birth :	07/12/1990	Social Security Number :	232-33-4454	Gender :	Female			

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PARTICIPANT ADDRESS

► For Medicaid participants, address information is pulled from MMIS.

► For Non-Medicaid participants, provider is required to enter the participant's address information.

Participant Address

| Address Line 1 : | 222 Test Drive | | Address Line 2 : | Apt 6A | x |
| City : | Tucker | State : GA | Zip : | 30084 | |

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DBHDD Regional Office Contact Information

► DBHDD Regional Office information is populated by the system. Enter any information that is missing or incorrect.

DBHDD Regional Office Contact Information			
* Contact Name:	DBarrett	* Contact Email:	dbarrett@email.com
Contact Phone:	444-444-4444 Ext.	* Contact Fax:	555-555-5555

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REQUEST INFORMATION

► Select *Initial* or *Reassessment* as the Recommendation Type.

► Enter the date of assessment.

► If known, select Yes or No for MFP. Optional

Request Information

* Recommendation Type :	◉ Initial ○ Reassessment			
* Assessment Date	07/28/2015	* Approved for Money Follows the Person?	◉ Yes ○ No	

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DIAGNOSIS

▶ Enter the diagnosis code for the participant's primary diagnosis in the ICD-9 box. System populates the description.

▶ Enter the diagnosis date.

▶ Click the 'Primary' checkbox.

▶ Click Add.

DIAGNOSIS

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SUBMIT REQUEST

▶ Click Review Request to display the *Attestation Statement*.

▶ Click I Agree in response to the *Attestation Statement.*

▶ Click Submit Request. The **pending** *Request ID* displays at the top of the page.

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ATTACH DOCUMENTS

► When the request is submitted, required documents may be attached.

► Go to **Create an Attachment.** This section includes checkboxes for each required document type.

► Click a checkbox or checkboxes; click Browse; find the file; and then click Attach File.

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ATTACH DOCUMENTS

Example – Initial Placement

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".

[_____] [Browse...] [**Attach File**]

File uploaded successfully.

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		
NOW-INITIAL	☐ DMA6/6A (Physician's Recommendation Concerning Nursing Facility Care or Intermediate Care for the Mentally Retarded)	☐ Nursing Assessment	☐ Psychological Evaluation/ Consultation
	☐ Health Risk Screening Tool (HRST)	☐ Social Work Assessment	☐ Behavioral Assessment
	☐ Support Intensity Scale (SIS)		

Attached Files

File	Type	Code	Document Name	Size	User	Date	
NOW or COMP attachments.docx	Web Upload	NOW-INITIAL	DMA6/6A (Physician's Recommendation Concerning Nursing Facility Care or Intermediate Care for the Mentally Retarded)	14 KB	LUMA1	7/13/2015 7:22:54 AM	DELETE
NOW or COMP attachments.docx	Web Upload	NOW-INITIAL	Psychological Evaluation/Consultation	14 KB	LUMA1	7/13/2015 7:22:54 AM	DELETE

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SYSTEM DECISION NOTIFICATIONS

▶ Provider receives a 'no reply' email when NOW/COMP LOC is approved or denied. If the decision is an initial tech denial for missing information, the email will specify what information was missing.

▶ The email notification directs the provider to check the web portal *Provider Workspace* for decision details.

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DECISION DETAILS

► All decision details are displayed on the portal *Provider Workspace*.

► View details by searching for the LOC using Search, Edit or Attach Documentation to Requests.
   -OR-

► Access the LOC via **PA Notifications** drop menu. Select the PA number and click Show.

DECISION DETAILS

Provider Workspace

Last 10 Requests : [████████] - Denied ▼ [Show] **Messages :** [████████] - Processed ▼ [Show] **PA Notifications :** [████████] Denied ▼ [Show]

Denied
Denied
Denied
Denied
Denied
Denied
Approved
Approved

Enter and Edit Authorization Requests

Enter a New Authorization Request - Use this link to enter a new prior authorization request. More...

Search, Edit or Attach Documentation to Requests - Use this link to search, edit or attach documentation to authorizati

Member Medicaid ID Updates - Use this link to Search, Edit, and modifying Member Medicaid IDs for SwingBed or Katie Beckett requests.

CMO Authorization Requests

Search or Submit Clinical notes / Attach Documentation for CMO PA Requests - Use this link to search or attach documentation to CMO prior authorization requests. More...

Submit Concurrent Review Information for CMO PAs (Change Requests) - Use this link to request a change to existing authorization requests. More...

Submit Reconsideration Requests for CMO PAs - Use this link to request a reconsideration to a denied case. More...

PA Change and Reconsideration Requests

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Decision Details

▶ Another way to view decision details or attach documents to an existing LOC is via PA Search.

▶ Click Search, Edit or Attach Documentation to Requests on the *Provider Workspace*.

▶ On the search page, enter the LOC Request ID and click Search.

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Decision Details

Prior Authorization Request Search

Request ID :	115072799999	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	Notification From Date :		Notification To Date :	

Search **Reset**

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Notification(s) for this PA

Date	Status	Notification
04/21/2015		The NOW PA # 115042100009 submitted by you, has been Denied.

Denial Notification(s)

Denial Decision Date	Letter Type	Reason for Denial
4/21/2015 12:00:00 AM	Standard Approval/Denial Notification	

Request Information

Request ID :	**115042100009**	Case Status :	**Denied**	Case Status Date :	04/21/2015
Member ID :	0001315GMC				
Social Security Number :	776543432				
Provider ID :	████████████████			CMO PA Request ID :	
Effective Date :	04/21/2015	Expiration Date :	04/20/2016		
Denial Reason :					

Type of Recommendation :	Initial
Decision Type :	Initial Review Nurse Denied, Denial Reason: DOES NOT MEET PLCY GUIDELINES. Decision Date: 4/21/2015

Diagnosis

Diag Code	Diagnosis Description	Date	Primary	Type
315.8	DEVELOPMENT DELAYS NEC	02/01/2005	Yes	ICD-9

The LOC opens to the Review Request page and shows the decision details.

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SUBMIT RECONSIDERATIONS

▶ To submit a request for reconsideration of an initial nurse denial, open *the Provider Workspace* and click Submit Reconsideration Requests.

▶ Search for and open the LOC.

▶ Click Enter Reconsideration Request at bottom of page to open the reconsideration request form.

▶ Provide the required information.

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SUBMIT RECONSIDERATIONS

Reconsideration Request Information

Request ID : 115042100009 **CMO Request ID :**

Please make sure that the information submitted addresses the reason for denial. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents.

You will receive an email once this Change Request/Reconsideration Request is processed. Please check All contact information (name, phone and email address) and make sure that the information is correct. If not correct, edit the information.

Contact Name : DBARRETT   Phone: 666-666-6666   Ext: Fax: 444-444-4444   Email : dbarrett@gmcf.org

Describe what you want changed.

Requesting a reconsideration of denied LOC.

Provide your rationale for changing the Prior Authorization Request.

see attached

[Submit] [Close Window]

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SUBMIT RECONSIDERATIONS

▶ Click Submit.

▶ Attach additional documentation.

Reconsideration Request Information

| Request ID : | 115042100009 | Contact Name : | DBARRETT | Phone : | 666-666-6666 | Ext : | Fax : | 444-444-4444 | CMO Request ID : | Email : | dbarrett@gmcf.org |

Describe what you want changed.
Requesting a reconsideration of denied LOC.

Provide your rationale for changing the Prior Authorization Request.
see attached

Your Reconsideration Request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted.

To attach documents, use Create an Attachment below. You may attach files that are no more than approximately 20 pages.

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".

[Browse...] [**Attach File**]

[**Back**]

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