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



Presented by:

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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.



ALLIANT/GMCF'S SCOPE OF WORK

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



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.



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.



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.



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



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.



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.



LOC DATE SPAN

- Initial assessments will be approved until the daybefore themember'sbirthday.
- Reassessments are approved from the date of themember'supcoming birthdayandexpirethe day before themember'sbirthdayforthe following year.



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



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.



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.



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.

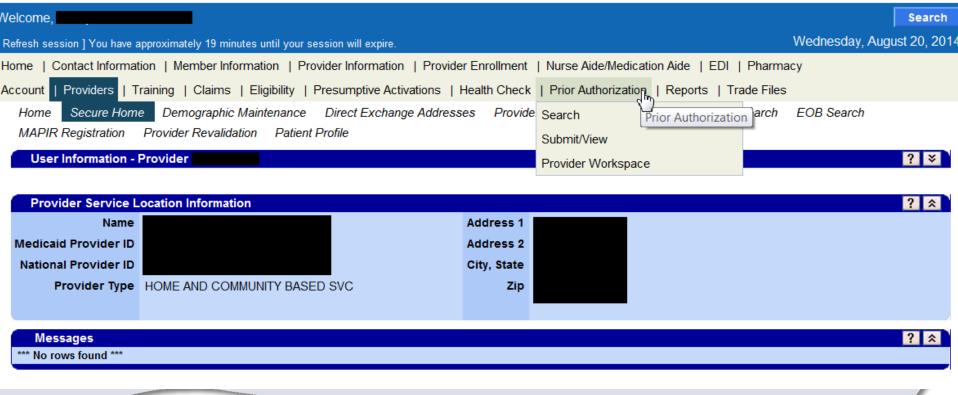


WEB ENTRY











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



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

	The Addionage
COMP Level of Care and	d Placement
Please enter the Member	er's ID or the SSN. Do not enter both.
To find a Member or Pro	ovider click the 🔍 next to the ID box
Member Medicaid ID:	Q.
Social Security Number :	
COMP Provider ID :	Q.
Submit	



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.



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

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 Add	ress				
Address Line 1 :	222 Test Drive		Address Line 2 :	Apt 6A	(
City:	Tucker	State : GA 🗸	Zip:	30084	



DBHDD Regional Office Contact Information

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

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



REQUEST INFORMATION

- Select *Initial* or *Reassessment* as the Recommendation Type.
- ▶ Enter the date of assessment.
- ▶ If known, select Yes or No for MFP. Optional



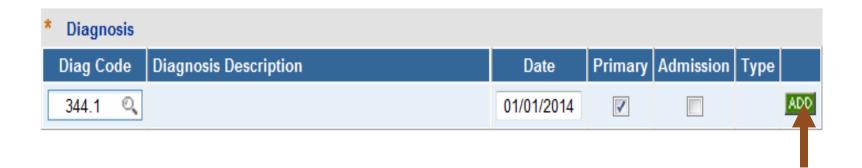


DIAGNOSIS

- ► 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







SUBMIT REQUEST

- Click Review Request to display the Attestation Statement.
- Click | Agree in response to the Attestation Statement.
- Click Submit Request. The pending Request ID displays at the top of the page.



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.



ATTACH DOCUMENTS

Example – Initial Placement

NOW-

INITIAL

NOW-

INITIAL

Care for the Mentally Retarded)

Psychological Evaluation/Consultation

Web

Upload Web

Upload

Create an Attachment

NOW or COMP

NOW or COMP

attachments.docx

attachments.docx

If you w ant to atta	ch a document to this Request, click on "Brow se", select a docume	ent and then, click on "A	Attach File". Brow se	Attach File		
File uploaded succ Please Check the Codes	essfully. name of the documents included in the Attachment before you attach Documents	n. (All the files colored	in red need to be attache	d for faster review.)	
NOW-INITIAL	□ DMA6/6A(Physician's Recommendation Concerning Nursing Facility Care or Intermediate Care for the Mentally Retarded) □ Health Risk Screening Tool (HRST) □ Support Intensity Scale (SIS)	☐ Nursing Assessment ☐ Soc ial Work Assessment	Psychological Ev Consultation Behavioral Asses			
Attached Files						
File	Type Code Document Name			Size	User	Date

7/13/2015 7:22:54 AM

7:22:54 AM

DELETE

DELETE

LUMA1

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14

ΚB

DMA6/6A(Physician's Recommendation Concerning Nursing Facility Care or Intermediate 14

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.



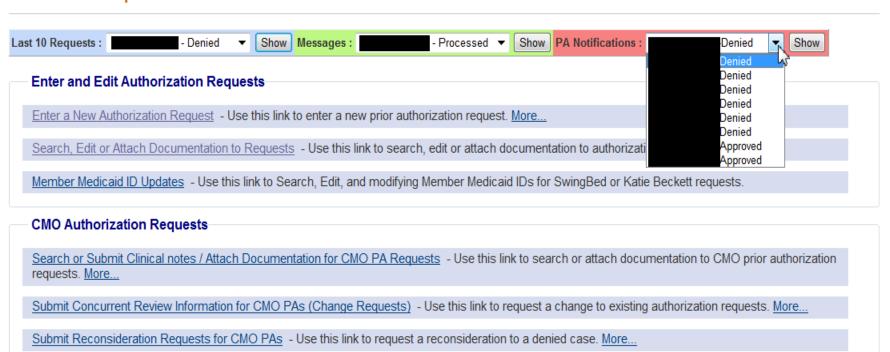
DECISION DETAILS

- 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



PA Change and Reconsideration Requests



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.



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					



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	

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



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	Туре
315.8	DEVELOPMENT DELAYS NEC	02/01/2005	Yes	ICD-9



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.



SUBMIT RECONSIDERATIONS

Reconsideration Request Information

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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, lf not correct, edit the information.

Contact Name : DBARRETT Phone: 666-666-6666 Ext: Fax: 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	



SUBMIT RECONSIDERATIONS

- Click Submit.
- Attach additional documentation.

Reconsideration Request Information

