

GA Web Portal FFS Medical Claims Appeals (DMA-520A) Web Entry Manual

Provider User Manual



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1.0 Overview

Providers must submit requests for medical claims provider inquiries/appeals requests via the webportal Medical Review Portal link under the Provider Information - Prior Authorization tabs. (www.mmis.georgia.gov). Supporting documentation is to be electronically attached to the inquiry/appeal. If documentation is not attached, the inquiry/appeal will be auto denied. Once the provider inquiries/appeals request is submitted the provider will be able to view the decision over the webportal and an electronic notification will be sent once a decision has been rendered.

*****Please note that submitting an appeal to bypass the claims submission process in the GAMMIS web portal is not allowed by DCH. The supporting medical documentation should first be attached to the claim in the claims system prior to submitting a DMA-520A/Appeal. A DMA-520A/Appeal may be submitted on a denied claim or a denied procedure code after it has first been reviewed for medical necessity/emergency in the claims system. If a claim has not been reviewed in the claims system first, the inquiry/appeal will be denied.*****

2.0 Appeals Request Web Entry

2.1 Appeal Request Guidelines

- Only one DMA-520A may be used per inquiry/ICN. All data fields must be completed.
- The *DMA-520A Provider Inquiry/Appeal* request must be electronically requested via the web portal/Medical Review Portal (www.mmis.georgia.gov).
- Providers are to electronically attach the supporting documentation at the time of the inquiry request.
- Once the electronic inquiry is submitted, providers will receive an **Inquiry Number**. This number starts with a "Q".
- Electronically attach the documentation to the inquiry submitted on the webportal.
 - In order to attach a document to a request, the document must be saved to one of the provider's system drives.
 - The following file types are acceptable for attachments: TXT, DOC, DOCX, PDF, TIF, TIFF, JPG, JPEG, and JPE.
 - Do not include the following symbols as part of the file name: \, /, #, &, >, <, ', ".
 - The name of the file to be attached cannot have the same name of a file that is already attached.

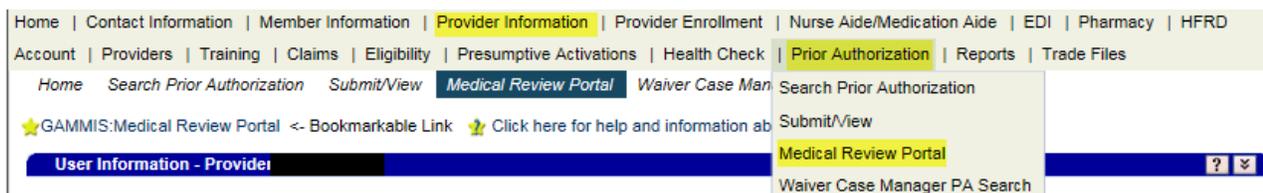
- The file size for an individual attachment MUST be less than 20 MB in size; so if a file is especially large, divide the file into two or more files.
- Multiple documents may be attached to one appeal/inquiry request. However, the documentation that is attached should only relate to the member associated with the appeal/inquiry, and not relate to any other members.
- Per the DCH Part 1 policy manual, Section 502.1: Effective July 22, 2016, as part of the GA Medicaid Paperless Initiative which went into effect May 1, 2015, faxes for DMA-520A provider Inquiry/Appeals requests are not accepted.
- This form is only to be used for ALLIANT Medical Claims Reviews. Claims inquiries (DMA-520) should be sent to DXC.
- Prior Authorizations (PA/UM) inquiries are to be electronically submitted directly to the PA/UM team via the Medical Review Portal under the PA Change and Reconsideration Requests.
- The inquiry should be submitted within 30 days of the denied claim.
- For further information, please refer to Part I, Policies & Procedures, Section 502.
- Paper or faxed DMA-520A provider inquiries/appeals will not be accepted and will be discarded.
- Alliant ALLIANT does not review: Medicare crossover appeal claims, timely filing, NDC, request for reprocessing of corrected claim, Health Check, duplicate claims, etc. If you have questions regarding these items please contact DXC at 1-800-766-4456.
- Medical Claims reviews include: sterilization, hysterectomies, abortion, psych > 30 days, out-of- state, EMA, modifiers, podiatry, Synagis, hospice (DMA-521 only), 30 day rolling period, ground ambulance transport (A0433 & A0434), POA/HAC, NCCI, Obs > 24 hours, intensity of service, unlisted procedures, cosmetic procedures, pre- & post-op care by non-operating provider, add-on procedure not allowed without primary code, visits/H&P/consultation included in surgery reimbursement, mammograms limited to one per rolling year, OB ultrasounds limited to three per pregnancy, UA/Cholesterol/Lipids, CBC limited to one per rolling month, chest x-ray diagnosis restriction, codes billed with global or delivery for same pregnancy, procedure allowed once per 280 days, visual field exam limited to certain diagnosis codes, procedure allowed once per year, twelve office visits allowed per year, non-covered procedures, procedure limited to one per member per calendar year, procedure limited to once every three months, procedure limited to one per calendar year or 90 days or 1 calendar month with diagnosis of 585 or 586, bilateral procedure duplicate, uni/bilateral procedure duplicate, bundling/rebundling history adjustment, etc.
- A list of the edits that ALLIANT reviews, are available on the webportal.

Provider Inquiry Form (DMA-520A)

Inquiry Number :			
<input type="radio"/> Rendering Provider ID :	<input type="text"/>		
<input type="radio"/> Pay To Provider ID :	<input type="text"/>		
Email :	<input type="text"/>	Phone :	<input type="text" value="- -"/>
Review Type :	<input type="radio"/> EMA <input type="radio"/> Medical Claims <input type="radio"/> Dental <input type="radio"/> OOS	Is this an ER appeal for a paid flat rate of \$50 or \$52.94?	<input type="radio"/> Yes <input type="radio"/> No
ICN / Claim Number :	<input type="text"/>	Reprocessed ICN :	<input type="text"/>
View Edits Reviewed by GMCF			

2.2 Submission Instructions

1. Go to the Webportal/Medical Review Portal: www.mmis.georgia.gov
2. From the *Provider Information, Prior Authorization, Medical Review Portal*, select *Provider Inquiry Form (DMA-520A)*.



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

[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, Reconsideration and Recertification 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/View PA Recertification Requests](#) - Use this link to request a change to existing authorization requests. [More...](#)

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

Use this link to request a Admin Review to your existing authorization requests. Depending on the request type, there may be restrictions on whether a Admin Review can be submitted. Also, use this link to find Admin Review requests previously submitted and view the status of the Admin Review requests.

PASRR Level I Information

[Enter a New PASRR Request](#) - Use this link to enter a new request for PASRR Level I screening.

[PASRR Level I Search, Edit, and Member Medicaid ID Updates](#) - Use this link to Search, Edit, and modifying Member Medicaid IDs for PASRR Level I.

[Enter Change Request for a PASRR Level I](#) - Use this link to request a change to your existing PASRR Level I requests when you are [More...](#)

Provider Inquiry and Appeals Form (DMA-520A)

[Provider Inquiry Form \(DMA-520A\)](#) - Use this inquiry form to submit claim for services rendered and is denied.

[View Edits Reviewed by GMCF](#) - Click this link to view a list of claim edits that are reviewed by Alliant/GMCF.

Upload Documents and Submissions of non-PA Files

[Attach Files For Hospital Care UM Plans](#) - Use this link to submit information related to Hospital Care UM Plans.

[Requested SURS Records](#) - Use this link to submit SURS records requested by Alliant | GMCF.

Based on our records, you currently do not have an Open UCR review that matches the Provider ID associated with your web portal session. Please check and verify that you do not need to change the Provider ID associated with your current portal session.

Help & Contact Us

[Education & Training Material and Links](#) - Use this link to access workshops, webinars, user manuals, and other resources.

[Contact Us or Search My Correspondence](#) - Use this link to contact review nurse staff behind the scenes of MMIS portal.

3. The *Provider Inquiry Form (DMA-520A)* is displayed.
4. Enter either your rendering provider ID or pay to provider ID # if it is not auto populated. Click on the corresponding radio button.

Provider Inquiry Form (DMA-520A)

Inquiry Number :

Rendering Provider ID :

 Pay To Provider ID :

Email : Phone :

Review Type : EMA Medical Claims Dental OOS Administrative

Is this an ER appeal for a paid flat rate of \$50 or \$52.94? Yes No

ICN / Claim Number : Reprocessed ICN :

Inquiry/Appeal No. :

[View Edits Reviewed by GMCF](#)

Comments :

Reviewer Comments :

[Submit Inquiry](#) [Search for an Inquiry](#) [Contact Us](#)

5. If your e-mail and phone information does not automatically populate, please enter the information.
6. Click on the appropriate Review Type. There are four choices: EMA, Medical Claims, Dental and Out-of-State (OOS).

An Administrative Review can only be requested on a denied appeal. The appeal number "Q" must be included in addition to the ICN for an Administrative Review request.

Provider Inquiry Form (DMA-520A)

Inquiry Number :

Rendering Provider ID :

 Pay To Provider ID :

Email : Phone :

Review Type : EMA Medical Claims Dental OOS Administrative

Is this an ER appeal for a paid flat rate of \$50 or \$52.94? Yes No

ICN / Claim Number : Reprocessed ICN :

Inquiry/Appeal No. :

[View Edits Reviewed by GMCF](#)

Comments :

Reviewer Comments :

[Submit Inquiry](#) [Search for an Inquiry](#) [Contact Us](#)

The inquiry/appeal number "Q" should be entered here only for Administrative Requests.

7. Enter the ICN number. Also, indicate if this an appeal for a paid flat rate ER visit.

Provider Inquiry Form (DMA-520A)

Inquiry Number : []

Rendering Provider ID : []

Pay To Provider ID : []

Email : []

Review Type : EMA Medical Claims Dental OOS Administrative

ICN / Claim Number : []

Inquiry/Appeal No. : []

View Edits Reviewed by GMCF

Phone : []

Is this an ER appeal for a paid flat rate of \$50 or \$52.94? Yes No

Reprocessed ICN : []

Comments :

Reviewer Comments :

[Submit Inquiry](#) [Search for an Inquiry](#) [Contact Us](#)

8. Please enter any comments that you have pertaining to the provider inquiry/appeal.

Provider Inquiry Form (DMA-520A)

Inquiry Number : []

Rendering Provider ID : []

Pay To Provider ID : []

Email : []

Review Type : EMA Medical Claims Dental OOS Administrative

ICN / Claim Number : []

Inquiry/Appeal No. : []

View Edits Reviewed by GMCF

Phone : []

Is this an ER appeal for a paid flat rate of \$50 or \$52.94? Yes No

Reprocessed ICN : []

Comments :
Enter your comments here regarding the inquiry/appeal.

Reviewer Comments :

[Submit Inquiry](#) [Search for an Inquiry](#) [Contact Us](#)

9. Click on “[Submit Inquiry.](#)” Once you click on submit inquiry, the system will display your system created inquiry #, the attachment section, and a note indicating the record has been saved successfully.

Provider Inquiry Form (DMA-520A)

Inquiry Number :

Rendering Provider ID :

Pay To Provider ID :

Email :

Phone :

Review Type : EMA Medical Claims Dental OOS Administrative

Is this an ER appeal for a paid flat rate of \$50 or \$52.94? Yes No

ICN / Claim Number :

Reprocessed ICN :

Inquiry/Appeal No. :

View Edits Reviewed by GMCF

Comments :

Reviewer Comments :

[Submit Inquiry](#) [Search for an Inquiry](#) [Contact Us](#)

10. The provider inquiry/appeal system will indicate that the record has been **saved successfully** and the Inquiry Number will be displayed. The Inquiry Number starts with a “Q”.

Provider Inquiry Form (DMA-520A)

Inquiry Number : **Q1**

Rendering Provider ID :

Pay To Provider ID :

Email :

Phone :

Review Type : EMA Medical Claims Dental OOS Administrative

Is this an ER appeal for a paid flat rate of \$50 or \$52.94? Yes No

ICN / Claim Number :

Reprocessed ICN :

Inquiry/Appeal No. :

View Edits Reviewed by GMCF

Comments :

Enter your comments here regarding the provider inquiry/appeal.

Reviewer Comments :

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".
filenames should not include \, #, >, <, and " etc

[Browse...](#) [Attach File](#)

[Submit Inquiry](#) [Search for an Inquiry](#) [Contact Us](#)

Record saved successfully.

11. Next, attach the supporting documentation for review:

12. Click **Browse** to find the file to be attached.

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".
filenames should not include \, #, >, <, and " etc

[Browse...](#) [Attach File](#)

[Submit Inquiry](#) [Search for an Inquiry](#) [Contact Us](#)

Record saved successfully.

13. To select a file, highlight the file and click **Open**, or double click the file.

14. The file name will appear in the box next to browse.

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".
filenames should not include \/, #,>,<,' and " etc

X:\Temp 2\Test Document.pdf

Record saved successfully.

15. Click **Attach File**. If the file is uploaded, the 'File uploaded successfully' message displays, and a link to the attachment will display in the **Attached Files** table.

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".
filenames should not include \/, #,>,<,' and " etc

File uploaded successfully.

Attached Files

Attached File	Attached By	Attached On
Test Document.pdf	[REDACTED]	5/2/2018 11:20:27 AM

Record saved successfully.

3.0 Appeals Request Search

Search Instructions

Follow these instructions to search for a provider inquiry/appeal decision.

1. From the *Medical Review Portal*, select [Provider Inquiry Form \(DMA-520A\)](#).
2. Click on the "Search for an Inquiry" button.

Provider Inquiry Form (DMA-520A)

Inquiry Number :

Rendering Provider ID :
 Pay To Provider ID :

Email :

Review Type : EMA Medical Claims Dental OOS Administrative

ICN / Claim Number :

Inquiry/Appeal No. :

Phone :

Is this an ER appeal for a paid flat rate? Yes No

Reprocessed ICN :

[View Edits Reviewed by AHS](#)

Comments :

Reviewer Comments :

[Submit Inquiry](#) [Search for an Inquiry](#) [Contact Us](#)

3. The Search inquiry screen will appear. The Provider ID will auto populate, and the system will only display Inquiries submitted by the Provider ID displayed on the search screen.

Provider Inquiry Search

Inquiry Number :

Provider ID :

Member ID :

Review Type : EMA Medical Claims Dental OOS Administrative

ICN / Claim Number :

Reprocessed ICN :

Date Entered From :

To :

Date of Service From :

To :

[Search](#) [Clear](#)

[New Inquiry](#) [Contact Us](#)

4. To narrow your search, you may search for an appeal inquiry by:
- Inquiry number (number starts with a “Q”)
 - Review type
 - ICN Number and Reprocessed ICN number
 - Date the appeal was Entered
 - Date of Service

4.0 Notification of Decisions

Providers will be notified when an appeal has been received in the **Inquiry and Appeals** system, and also when a decision has been rendered on the appeal. To ensure secure transfer of information and compliance with HIPPA regulations, provider notifications will consist of a combination of *No-Reply Emails* and *Contact-Us (Correspondence)* messages. A denial, discrepancy or RTP letter detailing the decision and related information will also be provided. Approved appeals will be sent to DXC for reprocessing.

4.1 No-Reply Emails

When providers submits an appeal, or when a decision is rendered on an appeal, a *No-Reply Email* will be sent to the email address noted on the appeal. For security purposes, the message will only contain the last 4 digits of the system generated Inquiry Number. If the *No-Reply Email* is informing the provider of a decision, it will also contain a correspondence ID, that can be used to obtain the complete system generated Inquiry Number and the decision letter if applicable. The email is also posted to the **Inquiry Details** Page for future reference.

Example – Receipt of Appeal Request

*** DO NOT RESPOND TO THIS E-MAIL *** Dear Provider - [REDACTED] Thank you for [REDACTED] 1/20/2020 [REDACTED] Pending
contacting Alliant Health Solutions. Your DMA-520A/Appeal request, "***** [REDACTED] ", 8:47:24 - Ready
has been received and placed in the queue to be reviewed. Please allow us time to review AM to
your appeal. Please visit Medical Review Portal section of Georgia MMIS portal: Review
<https://www.mmis.georgia.gov> to view any details. 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. ***

Example – Notification of Decision

*** DO NOT RESPOND TO THIS E-MAIL *** Dear Provider - [REDACTED] [REDACTED] 2/12/2020 [REDACTED] Denial
[REDACTED] Your DMA-520A/Appeal on ***** [REDACTED] has been reviewed. 2:41:26
You can visit the Medical Review Portal section of the [Georgia MMIS Web Portal](#), PM
[REDACTED] for the review decision. Regards, Medical Claims Review 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. ***

4.2 “Contact Us” Message

The Correspondence ID found in the *No-Reply Email* references a *Contact Us* message posted to **Provider Workspace** and the **Inquiry Details Page**. The provider will find the system generated *Inquiry Number*, as well as an attached decision letter in this message, if applicable. The provider can search on the *Inquiry Number* to view the details of the Inquiry and the submitted attachments. The letter informs the provider of the decision and associated information. As mentioned previously, all No-Reply Emails will be sent to the email address noted on the appeal.

Contact Us

Contact Form

Correspondence ID : C20 [REDACTED]

Provider ID : [REDACTED]

Contact For : Medical Claims Review / DMA-520A

DMA-520A Inquiry Number : Q20 [REDACTED]

Contact Name : [REDACTED]

Contact Email Address : [REDACTED]

Phone Number : [REDACTED] Ext. [REDACTED]

Message / Question :

- Submitted on : 2/12/2020 2:41:21 PM

AHS Auto Response :

AHS Response : Your DMA-520A/Appeal has been reviewed, *****[REDACTED] Please review the attached decision letter.

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".

[REDACTED]

Letter	Created By	Created On
Q20 [REDACTED]	[REDACTED]	2/12/2020 2:41:26 PM

4.3 Accessing Provider Notifications

Viewing Notifications from **Provider Workspace**

1. **“Contact Us”** correspondence messages will be posted to the Web Portal

Under *Medical Review Portal* → *Help & Contact Us* → *Search My Correspondence*.

Help & Contact Us

[Education & Training Material and Links](#) - Use this link to access workshops, webinars, user manuals, and other resources.

[Contact Us or Search My Correspondence](#) - Use this link to contact review nurse staff behind the scenes of MMIS portal.

2. Select *Search My Correspondence* and a list of provider messages will be displayed.

Corr ID	ID	Contact Name	Contact Email	Phone	Date Entered	Processed	Processed Date
C20 [REDACTED]	Q20 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2/12/2020	Yes	02/12/2020
C20 [REDACTED]	Q20 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2/12/2020	Yes	02/12/2020

3. Select the Correspondence ID sent with the No-Reply email to view the message.

4. The **“Contact Us”** message is displayed with the decision letter attached to the bottom of the message.

Contact Us

Contact Form

Correspondence ID : C20 [REDACTED]

Contact For : Medical Claims Review / DMA-520A

DMA-520A Inquiry Number : Q20 [REDACTED]

Contact Name : [REDACTED]

Contact Email Address : [REDACTED]

Confirm Email Address : [REDACTED]

Phone Number : [REDACTED] Ext. [REDACTED]

Message / Question :

- Submitted on : 2/12/2020 6:00:07 AM

AHS Response : Your DMA-520A/Appeal has been reviewed, ***** [REDACTED] Please review the attached decision letter.

Reference Attachments :

[Reset Form](#) [< Back](#) [Return to Medical Review Portal](#)

Letter	Created By	Created On
Q20 [REDACTED]	[REDACTED]	2/12/2020 6:00:07 AM

Viewing Notifications from Form (DMA-520A) – Appeal Detail

1. Provider notifications can also be found within at the bottom of the inquiry details page. From Medical Review Portal, search for an inquiry as instructed in the [Inquiry Search Section](#). The Inquiry Appeal Detail page is displayed. See Notification information at the bottom of the page.

Provider Inquiry Form (DMA-520A)

Contact Us Correspondence					
Corr ID	Contact Name	Contact Email	Phone	Date Entered	Processed
C20 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1/28/2020 2:44:13 PM	Yes
C20 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2/12/2020 6:00:07 AM	Yes

Notifications				
Notification Desc	Email Sent To	Sent On	Sent By	Status
*** DO NOT RESPOND TO THIS E-MAIL *** Dear Provider - [REDACTED] Thank you for contacting Alliant Health Solutions. Your DMA-520A/Appeal request, "***** [REDACTED] has been received and placed in the queue to be reviewed. Please allow us time to review your appeal. Please visit Medical Review Portal section of Georgia MMIS portal: https://www.mmis.georgia.gov to view any details. 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. ***	[REDACTED]	1/28/2020 2:44:14 PM	[REDACTED]	Pending - Ready to Review
*** DO NOT RESPOND TO THIS E-MAIL *** Dear Provider - . Your DMA-520A/Appeal on ***** [REDACTED] has been reviewed. You can visit the Medical Review Portal section of the Georgia MMIS Web Portal [REDACTED] for the review decision. Please visit Provider Workspace section of Georgia MMIS portal: https://www.mmis.georgia.gov to view any details. Regards, Medical Claims Review 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. ***	[REDACTED]	2/12/2020 6:00:07 AM	[REDACTED]	Denial

[Search for an Inquiry](#)

[Contact Us](#)

Note :The approved appeal has been reprocessed by HP claims. If you have any questions regarding the reprocessed ICN, please contact the HP Provider Contact Center at 1-800-766-4456 or use the Contact Us on the [Georgia WebPortal](#) .

Letter	Created By	Created On
Q20 [REDACTED]	[REDACTED]	2/12/2020 6:00:07 AM

5.0 Contacting Alliant/ALLIANT

Purpose

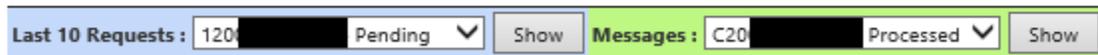
Provider Correspondence functionality allows Providers to submit questions to Georgia Medical Care Foundation (ALLIANT) reviewers via the *Provider Workspace*. The workspace includes the following features to accommodate this type of correspondence.

- **Contact Us:** This link is used to submit a correspondence and is found in the following workspace locations:
 - o Bottom of the *Provider Workspace* page
 - o Provider Inquiry Form (DMA-520A) submission page and search page

o *Review Request* page for a PA request. Search for a PA, open the *Review Request* page, and click [Contact Us](#).

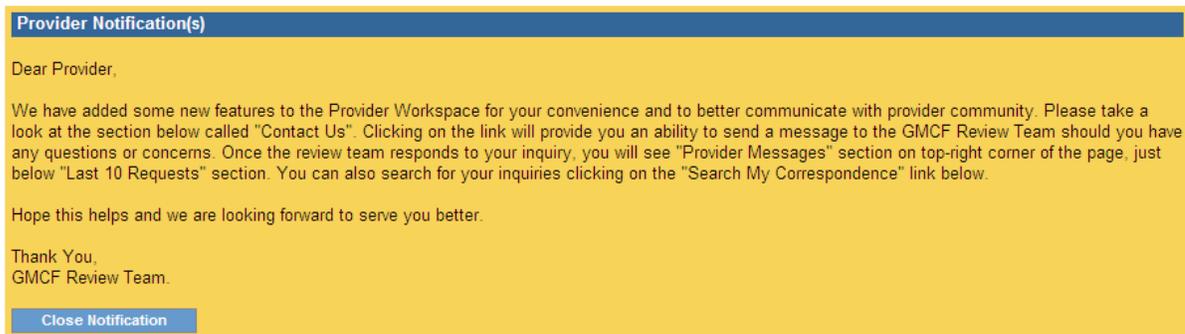
- **Search My Correspondence:** A correspondence search link is available at the bottom of the workspace page and may be used to search for all correspondence associated with a provider's ID number.
- **Provider Messages:** A 'Provider Messages' drop list has been added to the top of the workspace. This list displays the **last 10** processed and unprocessed correspondences submitted by the provider, or created and submitted to the provider by ALLIANT staff. Unprocessed correspondences are correspondences for which ALLIANT has not yet submitted a 'ALLIANT Response'; while processed correspondences are correspondences for which a 'ALLIANT Response' has been submitted.

Medical Review Portal



The screenshot shows two filter sections. The first section, 'Last 10 Requests', has a text input field containing '120', a dropdown menu set to 'Pending', and a 'Show' button. The second section, 'Messages', has a text input field containing 'C20', a dropdown menu set to 'Processed', and a 'Show' button.

- **Notification Alert:** The following alert notification has been posted to the top of the workspace page announcing the new correspondence functionality. Providers can remove by clicking [Close Notification](#).



Provider Notification(s)

Dear Provider,

We have added some new features to the Provider Workspace for your convenience and to better communicate with provider community. Please take a look at the section below called "Contact Us". Clicking on the link will provide you an ability to send a message to the GMCF Review Team should you have any questions or concerns. Once the review team responds to your inquiry, you will see "Provider Messages" section on top-right corner of the page, just below "Last 10 Requests" section. You can also search for your inquiries clicking on the "Search My Correspondence" link below.

Hope this helps and we are looking forward to serve you better.

Thank You,
GMCF Review Team.

[Close Notification](#)

5.1 Instructions

Submit a Correspondence

Follow this procedure to submit a correspondence to ALLIANT:

1. Click **Contact Us** on the workspace to open the correspondence contact form.

Contact Us

The screenshot shows a web form titled "Contact Form" with the following fields and controls:

- Correspondence ID : (empty)
- Contact For : (dropdown menu)
- Contact Name : (text input)
- Contact Email Address : (text input)
- Confirm Email Address : (text input)
- Phone Number : (text input with dashes) Ext. (text input)
- Message / Question : (large text area)
- AHS Response : (text input)
- Reference Attachments : (text input)

At the bottom of the form are four buttons: "Submit Information", "Reset Form", "< Back", and "Return to Medical Review Portal".

2. Select a 'Contact For' category:

The screenshot shows the "Contact For" dropdown menu open, displaying a list of categories. The categories are:

- Additional Office Visits
- CCSP
- CIS
- COMP
- DME
- Dental & Oral Max
- GAPP
- HEDIS
- Hearing
- Hospital Admissions
- Hospital Outpatient Therapy
- ICWP
- Katie Beckett
- Medical Claims Review / DMA-520A (highlighted in yellow)
- Medication
- NOW

3. If the 'Contact For' category selected is for Medical Claims, a box will display for the Inquiry Number as shown below.

Contact Form	
Correspondence ID :	
Provider ID :	<input type="text"/>
Contact For :	Medical Claims Review / DMA-520A ▼
DMA-520A Inquiry Number :	<input type="text"/>
Contact Name :	<input type="text"/>
Contact Email Address :	<input type="text"/>

NOTE: If the contact form is opened from the *Review Request* page for a specific appeal inquiry, then the 'Contact For' type Inquiry ID will be populated by the system. Otherwise, the 'Contact For' type Inquiry Number should be entered.

4. Enter the name of the person submitting the correspondence in the 'Contact Name' box.
5. Enter the contact person's email address in the 'Contact Email Address' box, and then enter again in 'Confirm Email Address' box to verify (required).
6. Enter the contact person's phone number in the 'Phone Number' box.
7. Enter the message or question in the 'Message/Question' box.
(*ALLIANT Response and Reference Attachments*: Once ALLIANT submits a response; this section displays the ALLIANT response and any documents attached by staff.)
8. Click **Submit Information**. If the submission is successful, a message displays in red below the contact form. The message includes the correspondence ID. Providers can use the correspondence ID to later search for the correspondence and view the ALLIANT response.

Contact Us

Contact Form

Correspondence ID : C20 [REDACTED]

Contact For : Medical Claims Review / DMA-520A ▼

DMA-520A Inquiry Number : C20 [REDACTED]

Contact Name : Test Case

Contact Email Address : test.case@allianthealth.org

Confirm Email Address : test.case@allianthealth.org

Phone Number : 000-000-0000 Ext. [REDACTED]

Message / Question :
Please enter your message here that you wish to convey to the Medical Claims review team.

AHS Response :
Reference Attachments :

[Submit Information](#) [Reset Form](#) [< Back](#) [Return to Medical Review Portal](#)

Record saved successfully. Notification Email has been sent on 2/12/2020 3:17:52 PM to email address provided above. Confirmation Number is : C20 [REDACTED].

9. The message also indicates that an email has been sent to the contact email address. The email notifies the provider that the question has been received. This email is strictly a notification. Do not respond to the email.

Here is a sample of the email:

From: no-reply@gmcf.org [mailto:no-reply@gmcf.org]
Sent: Wednesday, February 12, 2020 3:30 PM
To: <>
Subject: Message from GA MMIS Portal (TEST)
Importance: High

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

Dear Provider - ,

Thank you for contacting Alliant Health Solutions. We have received your message successfully. Your confirmation number is "C20XXXXXXXX".

Once we process this message, we will again send you a notification email about that will be available on Medical Review Portal 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. ***

5.2 Search for Correspondence and Alliant Responses

Follow this procedure to find correspondences and view ALLIANT responses:

1. If the correspondence was submitted recently, first check the 'Provider Messages' drop list at the top of the workspace page. Find the 'Correspondence ID'; highlight the ID; and click **Show** to open the contact form.
- OR-**
2. Click **Search My Correspondence** at the bottom of the workspace to open the *Search Provider Inquiry/Correspondence* page. The provider ID is inserted by the system.

Search Provider Inquiry / Correspondence

By default, search criteria will return records for the past 90 days. If your search needs to go further back, please specify a 'From Date'.

Provider ID :	<input type="text" value="C20-████████"/>	Contact Name :	<input type="text"/>
Contact For :	<input type="text" value="▼"/>	Contact For ID :	<input type="text"/>
Correspondence ID :	<input type="text"/>	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"/>			

3. Although you may search using any of the search values, the best way is to use the correspondence ID provided in the email notification. Enter the correspondence ID in the 'Correspondence ID' box.
4. Click **Search**. The correspondence will display in the search results table.

Search Provider Inquiry / Correspondence

By default, search criteria will return records for the past 90 days. If your search needs to go further back, please specify a 'From Date'.

Provider ID :	<input type="text" value="C20-████████"/>	Contact Name :	<input type="text"/>
Contact For :	<input type="text" value="▼"/>	Contact For ID :	<input type="text"/>
Correspondence ID :	<input type="text"/>	Phone Number :	<input type="text" value="--"/>
Entered Between :	<input type="text" value="01/01/2020"/> And <input type="text"/>	Processed by Alliant Health Solutions :	<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
C20-████████	C20-████████	Test Case	test.case@allianthealth.org	000-000-0000	2/12/2020	No	

