

GA Web Portal FFS Outlier Web Entry Manual

Provider User Manual



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1.0 Overview

Providers must submit requests for Outlier, via the *Medical Review Portal* (www.mmis.georgia.gov). Supporting documentation must be electronically attached to the request. The system will let you know what documentation needs to be attached to the request. At a minimum, the itemized bill is to be attached. Once the provider Outlier request is submitted, the provider will be able to view the decision over the web portal.

2.0 Outlier Request Web Entry

2.1 Outlier Request Guidelines

- Claims qualifying for an outlier review, will have edit 4399 post to the RA.
- An Outlier review request must be electronically requested via the web portal/Medical Review Portal (www.mmis.georgia.gov).
- Providers must electronically attach all supporting documentation, and this can be done on submission of the request and any time thereafter while in pending status. Once a decision has been rendered, additional documentation cannot be attached to the request. A new request will need to be submitted.
- Once the electronic request is submitted, providers will receive a Case ID.
- The specific documentation will need to be attached will be indicated when the request is submitted and a case ID is assigned. At a minimum, the itemized bill must be submitted.
- The itemized bill must be submitted in an Excel file and the system will validate policy adherence. Specifics about the Excel file format are below.
- The Outlier review request must be submitted within three (3) months from the remittance advice (RA) date. Edit 4399 must be present on the RA.
- For further information, please refer to the DCH Part II, Hospital Policies & Procedures Manual, Appendix L, Reimbursement for Outlier Cases.
- Paper requests will **NOT** be accepted and will be discarded.

2.2 Outlier Submission Instructions

Initial Requests

1. Go to the Webportal/*Medical Review Portal*: www.mmis.georgia.gov
2. From the *Medical Review Portal*, scroll down to the *Outlier Review* section and select *Create/Search Provider Request*.

Outlier Review

Create/Search Provider Requests

Use this link to request an Outlier Review and to Search for Outlier Results.

Itemized Bill Template - Use this link to view the required itemized bill format in Excel. [More...](#)

- The worksheet should be named 'Sheet1'.
- The file should only contain data elements, no formatting ie., no page numbers, no blank rows, no headers.
- If the file is bigger than 20 MB, please attach multiple files.

* NOTE: The file formats could change.

3. The *Outlier Review Request/Search page* is displayed.

Outlier Provider Search

[Search Cases](#) [Create Request](#) [Return to Medical Review Portal](#)

Case Search

Provider ID:	<input type="text"/>	Provider Name:	<input type="text"/>
Member ID:	<input type="text"/>		
ICN:	<input type="text"/>	Case ID:	<input type="text"/>
Date of Service From:	<input type="text"/>	Date of Service To:	<input type="text"/>
Decision:	<input type="text"/>	Review Type	<input type="text"/>

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

4. The provider ID and provider name will auto populate.
5. Select *Create Request* to display the *Outlier Review Request Page*.
6. If your e-mail does not automatically populate, please enter the information. If your e-mail is not the default e-mail, please enter your e-mail in order to be notified of the review decision.

Outlier Provider Request

[Search Cases](#) [Create Request](#) [Return to Medical Review Portal](#)

Create a New Request

Provider ID:	<input type="text"/>	Provider Name:	<input type="text"/>
Member ID:	<input type="text"/>	ICN Number:	<input type="text"/>
Provider Email:	<input type="text"/>	Alternate Email:	<input type="text"/>

Provider Comments

[Submit](#)

7. Enter the member ID and the ICN Number and select [Submit](#).
8. The system will create a Case ID and return the the CASE ID along with the Case Details and Review History, if applicable.

Outlier Provider Request

[Search Cases](#) | [Create Request](#) | [Return to Medical Review Portal](#)

Case Details

Case ID: [REDACTED] Admit Date: [REDACTED] Provider ID: [REDACTED]
Provider Name: [REDACTED] Member ID: [REDACTED] Member Name: [REDACTED]
Current ICN: [REDACTED] DOS From: [REDACTED] DOS To: [REDACTED]
Provider Email: [REDACTED] Alternate Email: [REDACTED]

The outlier request has been received. Please attach the documentation listed below.

Reviews

Review Type	Current ICN	Former ICN	Received From HP	Date Sent to HP	Decision Date	Decision
First Review	[REDACTED]	0000000000000	[REDACTED]	[REDACTED]		Pending

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".

- Itemized Bill
- Cover Letter
- Claim - UB Form
- Utilization Review (UR) Notes
- Physician Progress Notes
- Physician Discharge Summary
- Operative (OP/OR) Procedure Notes (if applicable)

[Browse...](#)

[Attach File](#)

Attached Files

File	Type	Size	User	Date

- The system will prompt you what documentation is required. At a minimum, the itemized bill in an Excel format should be attached. The provider can attach documentation upon submission and up to the time the case is under review.

9. Excel File Format:

- The Excel file can be named as you choose (ie. member name Itemized Bill, member initials Itemized Bill, etc).
- Excel Worksheet should be named **"Sheet1"**

ACCOUNT_ NUMBER	DATE_OF_ SERVICE	REVENUE_ CODE	ITEM_ NUMBER	DESCRIPTION	QUANTITY	AMT_ BILLED
123456789	1/12/2020	164	16000000	ISOLATION MED SURG	1	\$2,100.00
123456789	1/13/2020	164	16000000	ISOLATION MED SURG	1	\$2,100.00

The Excel Worksheet should be named: Sheet1

- The **column headers** should be as follows:
 - ACCOUNT_ NUMBER, DATE_OF_ SERVICE, REVENUE_ CODE, ITEM_ NUMBER, DESCRIPTION, QUANTITY, AMT_ BILLED
- Files should only contain data elements only (no formatting, ie. no blank rows, no page numbers, headers, footers, etc.)



Example:

ACCOUNT_ NUMBER	DATE_OF_ SERVICE	REVENUE_ CODE	ITEM_ NUMBER	DESCRIPTION	QUANTITY	AMT_ BILLED
123456789	1/12/2020	164	16000000	ISOLATION MED SURG	1	\$2,100.00
123456789	1/13/2020	164	16000000	ISOLATION MED SURG	1	\$2,100.00
123456789	1/12/2020	113	15000000	HCHB R&B PRIVATE	1	\$938.00
123456789	1/13/2020	113	15000000	HCHB R&B PRIVATE	1	\$938.00
123456789	1/12/2020	250	24000000	OMEPRAZOLE 40 MG CAP, DELAYED RELEASE	1	\$25.75
123456789	1/13/2020	250	24000000	OMEPRAZOLE 40 MG CAP, DELAYED RELEASE	1	\$25.75
123456789	1/13/2020	270	20000000	BIOPSY SET, LIVER	1	\$1,950.00
123456789	1/12/2020	301	30000000	COMPREHENSIVE METABOLIC PANEL	1	\$251.00
123456789	1/13/2020	301	30000000	COMPREHENSIVE METABOLIC PANEL	1	\$251.00
123456789	1/13/2020	360	36000000	BIOPSY LIVER NEEDLE PERC	1	\$1,600.00

10. Attaching supporting documentation for review:

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. The Itemized bill must be an Excel document
- 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 files.
- Click **Browse** to find the file to be attached.
- To select a file, highlight the file and click **Open**, or double click the file.
- The file name will appear in the box next to browse.
- 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.

Attached Files				
File	Type	Size	User	Date
UR Notes Test Case.pdf	Utilization Review (UR) Notes	19281232		2/24/2020 2:39:47 PM
Physician Notes Test Case.pdf	Physician Progress Notes	19281232		2/24/2020 2:41:06 PM
Discharge, Op Notes Test Case.pdf	Physician Discharge Summary	19281230		2/24/2020 2:41:20 PM
Itemized Bill Example 2-24-2020.xlsx	Itemized Bill	10220		2/24/2020 2:39:16 PM
Cover Page.pdf	Cover Letter	35329		2/24/2020 2:40:38 PM
UB-04 Claim.pdf	Claim - UB Form	35330		2/24/2020 2:40:47 PM

Second Requests

1. In order to submit a second Outlier request, please enter the Case ID # on the Outlier Provider Search Screen. Please note that you have 30 calendar days from the RA date to submit a second request.

Outlier Provider Search

[Search Cases](#) | [Create Request](#) | [Return to Medical Review Portal](#)

Case Search

Provider ID: Provider Name:

Member ID:

ICN: **Case ID:**

Date of Service From: Date of Service To:

Decision: Review Type:

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

2. Next, click on the Case ID # under the Search Results.

Outlier Provider Search

[Search Cases](#) [Create Request](#) [Return to Medical Review Portal](#)

Case Search

Provider ID: [REDACTED] Provider Name: [REDACTED]
Member ID: [REDACTED]
ICN: [REDACTED] Case ID: [REDACTED]
Date of Service From: [REDACTED] Date of Service To: [REDACTED]
Decision: [REDACTED] Review Type: [REDACTED]

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

Search Results

Case	Provider	Member	Member Name	DOS From	DOS To	Current ICN
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

1 Rows returned.

- The next page that will be displayed is the Outlier Case Review Overview Page. From this page you can click on create Second Review.

Outlier Case Review Overview Page

[Search Cases](#) [Create Request](#) [Return to Medical Review Portal](#)

Case Details

Case ID: [REDACTED] Admit Date: [REDACTED] Provider ID: [REDACTED]
Provider Name: [REDACTED] Member ID: [REDACTED] Member Name: [REDACTED]
Current ICN: [REDACTED] DOS From: [REDACTED] DOS To: [REDACTED]
Provider Email: [REDACTED] Alternate Email: [REDACTED]

Reviews

Review Type	Current ICN	Former ICN	Received From HP	Date Sent to HP	Decision Date	Decision
First Review	[REDACTED]	0000000000000	[REDACTED]	[REDACTED]	[REDACTED]	Denied

[Create Second Review](#)

- Please select the ICN # that you are requesting a second review on from the ICN Selection box.
 - If the second review request is on an approved initial review, please select the **adjusted** ICN. This ICN will start with **52**....
- The system will enter the ICN # in the box. (See #1 below.)
- Next click on Submit. (See #2 below.)

Outlier Provider Search

[Search Cases](#) [Create Request](#) [Return to Medical Review Portal](#)

Case Details

Case ID: [REDACTED] Admit Date: [REDACTED] Provider ID: [REDACTED]
Provider Name: [REDACTED] Member ID: [REDACTED] Member Name: [REDACTED]
Current ICN: [REDACTED] DOS From: [REDACTED] DOS To: [REDACTED]
Provider Email: [REDACTED] Alternate Email: [REDACTED]

Reviews

Review Type	Current ICN	Former ICN	Received From HP	Date Sent to HP	Decision Date	Decision
First Review	[REDACTED]	000000000000	[REDACTED]	[REDACTED]	[REDACTED]	Denied

[Create Second Review](#)

Create a New Request

Provider ID: [REDACTED] Provider Name: [REDACTED]
Member ID: [REDACTED] ICN Number: [REDACTED]
Provider Email: [REDACTED] Alternate Email: [REDACTED]

Provider Comments: [REDACTED]

[Submit](#) ← 2

ICN Selection

Available ICNs	DOS From	DOS To
[REDACTED]	[REDACTED]	[REDACTED]

← 1

7. Please attach your supporting documentation for the second review request. This is the same process as indicate in the intial request.

Administrative Requests

1. In order to submit an administrative Outlier request, please enter the Case ID # on the Outlier Provider Search Screen. Please note that you have 30 calendar days from the RA date to submit an administrative request.

Outlier Provider Search

[Search Cases](#) [Create Request](#) [Return to Medical Review Portal](#)

Case Search

Provider ID:	<input type="text"/>	Provider Name:	<input type="text"/>
Member ID:	<input type="text"/>		
ICN:	<input type="text"/>	Case ID:	<input type="text"/>
Date of Service From:	<input type="text"/>	Date of Service To:	<input type="text"/>
Decision:	<input type="text"/>	Review Type:	<input type="text"/>
<input type="button" value="Search"/>		<input type="button" value="Clear Search"/>	

- Next, click on the Case # under the Search Results.

Outlier Provider Search

[Search Cases](#) [Create Request](#) [Return to Medical Review Portal](#)

Case Search

Provider ID:	<input type="text"/>	Provider Name:	<input type="text"/>
Member ID:	<input type="text"/>		
ICN:	<input type="text"/>	Case ID:	<input type="text"/>
Date of Service From:	<input type="text"/>	Date of Service To:	<input type="text"/>
Decision:	<input type="text"/>	Review Type:	<input type="text"/>
<input type="button" value="Search"/>		<input type="button" value="Clear Search"/>	

Search Results

Case	Provider	Member	Member Name	DOS From	DOS To	Current ICN

1 Rows returned.

- The next page that will be displayed is the Outlier Case Review Overview Page. From this page you can click on create Administrative Review.

Outlier Case Review Overview Page

[Search Cases](#) [Create Request](#) [Return to Medical Review Portal](#)

Case Details

Case ID: [REDACTED] Admit Date: [REDACTED] Provider ID: [REDACTED]
Provider Name: [REDACTED] Member ID: [REDACTED] Member Name: [REDACTED]
Current ICN: [REDACTED] DOS From: [REDACTED] DOS To: [REDACTED]
Provider Email: [REDACTED] Alternate Email: [REDACTED]

Reviews

Review Type	Current ICN	Former ICN	Received From HP	Date Sent to HP	Decision Date	Decision
First Review	[REDACTED]	0000000000000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Second Review	[REDACTED]	0000000000000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[Create Admin Review](#)

4. Please select the ICN # that you are requesting a second review on from the ICN Selection box.
 - a. If the administrative review request is on an approved initial or second review, please select the **adjusted** ICN. This ICN will start with **52**....

8. The system will enter the ICN # in the box. (See #1 below.)

9. Next click on Submit. (See #2 below.)

Outlier Provider Search

[Search Cases](#) [Create Request](#) [Return to Medical Review Portal](#)

Case Details

Case ID:	[REDACTED]	Admit Date:	[REDACTED]	Provider ID:	[REDACTED]
Provider Name:	[REDACTED]	Member ID:	[REDACTED]	Member Name:	[REDACTED]
Current ICN:	[REDACTED]	DOS From:	[REDACTED]	DOS To:	[REDACTED]
Provider Email:	[REDACTED]	Alternate Email:	[REDACTED]		

Reviews

Review Type	Current ICN	Former ICN	Received From HP	Date Sent to HP	Decision Date	Decision
First Review	[REDACTED]	0000000000000	[REDACTED]	[REDACTED]	[REDACTED]	Denied

[Create Second Review](#)

Create a New Request

Provider ID:	[REDACTED]	Provider Name:	[REDACTED]
Member ID:	<input type="text"/>	ICN Number:	<input type="text"/>
Provider Email:	<input type="text"/>	Alternate Email:	[REDACTED]
Provider Comments:	<input type="text"/>		
Submit	← 2		

ICN Selection

Avialable ICNs	DOS From	DOS To
[REDACTED]	[REDACTED]	[REDACTED]

← 1

5. Please attach your supporting documentation for the administrative review request. It is the same process as indicate in the intial request.

3.0 Outlier Request Search

3.1 Search Instructions

Follow these instructions to search for a provider Outlier decision.

1. From the *Medical Review Portal*, scroll down to the *Outlier Review* section and select [Create/Search Provider Request](#) to display the Outlier Search screen.

Outlier Review

[Create/Search Provider Requests](#)

Use this link to request an Outlier Review and to Search for Outlier Results.

[Itemized Bill Template](#) - Use this link to view the required itemized bill format in Excel. [More...](#)

- The worksheet should be named 'Sheet1'.
- The file should only contain data elements, no formatting ie., no page numbers, no blank rows, no headers.
- If the file is bigger than 20 MB, please attach multiple files.

* NOTE: The file formats could change.

2. Select [Search Cases](#) to display all the Cases submitted by the provider.

Outlier Provider Search

[Search Cases](#) [Create Request](#) [Return to Medical Review Portal](#)

Case Search

Provider ID:	<input type="text"/>	Provider Name:	<input type="text"/>
Member ID:	<input type="text"/>		
ICN:	<input type="text"/>	Case ID:	<input type="text"/>
Date of Service From:	<input type="text"/>	Date of Service To:	<input type="text"/>
Decision:	<input type="text"/>	Review Type	<input type="text"/>

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

3. To narrow your search, you may search for an Outlier Review Case by:
 - Member ID
 - ICN
 - Case ID
 - Date of Service

- Decision
- Review Type

4. The system will display the search results. Next, click on the **Case Number (ie 12345)** indicated to view the case details.

Search Results						
Case	Provider	Member	Member Name	DOS From	DOS To	Current ICN
[Redacted]						

1 Rows returned.

5. The page will display the list of reviews performed. Click on the specific review type (*first review, second review, administrative review*) to view the case details.

Reviews						
Review Type	Current ICN	Former ICN	Received From HP	Date Sent to HP	Decision Date	Decision
First Review	[Redacted]					
Second Review	[Redacted]					
Admin Review	[Redacted]					

6. The review decision and decision letter will be displayed.

Outlier Case Details Page

[Search Cases](#)
[Create Request](#)
[Return to Medical Review Portal](#)

Case Details		
Case ID:		Admit Date: [REDACTED] Provider ID: [REDACTED]
Provider Name:	[REDACTED]	Member ID: [REDACTED] Member Name: [REDACTED]
Current ICN:	[REDACTED]	DOS From: [REDACTED] DOS To: [REDACTED]
Provider Email:	Alternate Email: [REDACTED]	

Reviews						
Review Type	Current ICN	Former ICN	Received From HP	Date Sent to HP	Decision Date	Decision
First Review	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Second Review	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Admin Review	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

First Review Details

External review Comments:
2/24/2020: Initial Review. Denied. Test case.
Provider Comments:
Test Case.

[Save Provider Comments](#)

Letters				
Letter Description	Letter Type	Modified By	Date Modified	Comments
Acknowledgement of Receipt	ACK-RCPT	[REDACTED]	2/24/2020 2:15:01 PM	
Initial Denial	DEN-INIT	[REDACTED]	2/25/2020 1:53:07 PM	2/24/2020: Initial Review. Denied. Test case.

7. For approved reviews, the disallowed charges will be viewable.
8. Click on the “[display disallowed charges](#)” to view the details.

Disallowed Charges								
Line Sequence	Line #	Revenue Code	Line Summary	Charge Details				
				Item Sequence	Disallowed Item	Reason_Desc	Amount	
134513	3	0250	44621.65	122692	Test case	Not Covered	1750.00	
				122693	Test case	Not Itemized	250.00	
				122694	Test case	No Order	75.00	
							Total:	2075.00
134519	9	0301	8721.00	Item Sequence	Disallowed Item	Reason_Desc	Amount	
				122695	Test case	Staff Time	750.00	
							Total:	750.00
				134537	27	0450	2113.00	Item Sequence
122696	Test case	Staff Time	250.00					
			Total:					250.00
			Total:					3075

4.0 Notification of Decisions

Providers will receive a *No-Reply Email* when an Outlier Request has been received in the **Outlier** system, and also when a decision has been rendered on the outlier request. A **decision letter** detailing the decision and related information will also be **provided**. Approved outlier cases will be sent to HPE for reprocessing.

4.1 No-Reply Emails

- When providers submit a request for an Outlier review, or when a decision is rendered on a review, a *No-Reply Email* will be sent to the email address noted on the request. The message will contain the Case ID that can be used to search for the request and decision letter if applicable. The email is also posted to the **Review Details Page** for future reference.

Example – Receipt of Outlier Request

Notification Desc	Email Sent To	Sent On	Sent By	Status
<p>*** DO NOT RESPOND TO THIS E-MAIL *** Dear Provider - Thank you for contacting Alliant Health Solutions Georgia Medical Care Foundation. Your Outlier request, "case ID #," has been received and placed in the queue to be reviewed. Please allow us time to review your request. Please visit Provider Workspace section of Georgia MMIS portal: https://www.mmis.georgia.gov to view any details. Regards, Nurse Reviewer Team.</p> <p>*** 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. ***</p>	Test.Case@gmcf.org	8/1/2016 10:10	Test Case	Pending

Example – Notification of Decision

Notification Desc	Email Sent To	Sent On	Sent By	Status
*** DO NOT RESPOND TO THIS E-MAIL *** Dear Provider - Your Outlier request on "Case ID #" has been reviewed. Please check the Provider Workspace section of the Georgia MMIS Web Portal for the review decision. The decision letter will be available on the Provider Workspace. Regards, Outlier 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. ***	Test.Case@gmcf.org	8/12/2016 8:48	Outlier Nurse	Approval

4.1 Response Letters

- The decision letters for the Outlier case will be posted under the attached files section. The letter is a viewable PDF document.

Attached Files				
File	Type	Size	User	Date
██████████-DEN-INIT_██████████.pdf		50	██████████	2/25/2020 1:53:08 PM

5.0 Contacting Alliant/ALLIANT

Purpose

Provider Correspondence functionality allows Providers to submit questions to Alliant reviewers via the *Medical Review Portal*. The medical review portal 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 review portal locations:
 - o Bottom of the *Medical Review Portal* page, under the Help & Contact Us section.
 - 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**.

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.

- **Search My Correspondence:** A correspondence search link is available at the bottom of the medical review portal page and may be used to search for all correspondence associated with a provider's ID number.

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.

- **Provider Messages:** A 'Provider Messages' drop list has been added to the top of the medical review portal. 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

Last 10 Requests : [dropdown] - Approved [Show] Messages : [dropdown] - Unprocessed [Show]

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...](#)

- **Notification Alert:** The following alert notification has been posted to the top of the medical review portal 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 Medical Review Portal to open the correspondence contact 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](#) [< Back](#) [Return to Provider Workspace](#)

2. Select a 'Contact For' category:

Contact Form	
Correspondence ID :	
Contact For :	<ul style="list-style-type: none"> CCSP CIS COMP DME Dental & Oral Max GAPP HEDIS Hearing Hospital Admissions Hospital Outpatient Therapy ICWP Katie Beckett Medical Claims Review / DMA-520A Medication NOW Nursing Home Vent O & P Office Procedures Out of State Outlier PASRR PSY office
Contact Name :	
Contact Email Address :	
Confirm Email Address :	
Phone Number :	
Message / Question :	
GMCF Response :	
Reference Attachments :	

- 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 :	
Contact For :	Outlier
ICN Number :	
Contact Name :	
Contact Email Address :	
Confirm Email Address :	

- Enter the name of the person submitting the correspondence in the 'Contact Name' box.
- 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).
- Enter the contact person's phone number in the 'Phone Number' box.
- 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.*)
- 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 : [REDACTED]

Contact For : ▼

ICN Number :

Contact Name :

Contact Email Address :

Confirm Email Address :

Phone Number : Ext.

Message / Question :

AHS Response : _____

Reference Attachments : _____

Record saved successfully. Notification Email has been sent on 4/10/2020 1:43:59 PM to email address provided above. Confirmation Number is : [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:

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 [REDACTED].

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. *****

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 medical review portal 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 medical review portal 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' th

Provider ID :	<input type="text" value="████████"/>	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 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"/>			

3. 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="████████"/>	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 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
<u>████████</u>		Test Case	test.case@gmcf.org		4/10/2020	Yes	04/10/2020

4. Click the **Corr ID** number underlined in blue font to open the contact form and view the ALLIANT response.

Contact Us

Contact Form	
Correspondence ID :	[REDACTED]
Contact For :	Outlier <input type="button" value="v"/>
ICN Number :	[REDACTED]
Contact Name :	Test Case
Contact Email Address :	test.case@gmcf.org
Confirm Email Address :	test.case@gmcf.org
Phone Number :	__-__-__ Ext. <input type="text"/>
Message / Question :	<p>Please enter your message here that you wish to convey to the Outlier review team.</p> <p>- Submitted on : 4/10/2020 1:43:58 PM</p>
AHS Response :	<p>Dear Provider</p> <p>Your Outlier request has been reviewed and approved.</p> <p>- AHS Nurse Reviewer (4/10/2020 1:47:03 PM)</p>
Reference Attachments :	

5. If staff attaches documents to the response, the files will be listed next to 'Reference Attachments'. Click the file name to open the attachment.
6. Click [Back](#) to return to correspondence search, or click [Return to Medical Review Portal](#) to return to the workspace page.

[Reset Form](#)

[< Back](#)

[Return to Medical Review Portal](#)

[Medical Review Portal](#)