



Georgia Pediatric Program



Welcome to GAPP Training 101

- State plan
- For children up to age 20 years, 11 months
- Allows for the provision of skilled services and personal care support services
- Recommend ALL providers read the GAPP manual thoroughly

Common Abbreviations

- GAPP- Georgia Pediatric Program
- PA- Prior Authorization
- CU- Contact Us Message
- PPOT- Physician Plan of Treatment
- NCP- Nursing Care Plan
- CMO- Care Management Organizations
- MRT- Medical Review Team
- SN- Skilled Nursing
- PSS- Personal Support Services
- FFS- Fee for Service

Prior Authorization- DMA6

- Electronic- no paper required
- GAPP lock-in required to keep the member out of a CMO
- Approval period is 1 year. (Ex. 3/1/20-2/28/21)
- Generates a DMA6 number. Keep track of it. You will need it to enter a DMA80.

Checkpoint- DMA6

True or False

1. The DMA6 is approved for one year.
2. The DMA6 is a service PA used for billing.
3. You do not need to keep track of your DMA6 number.

Prior Authorization- DMA80

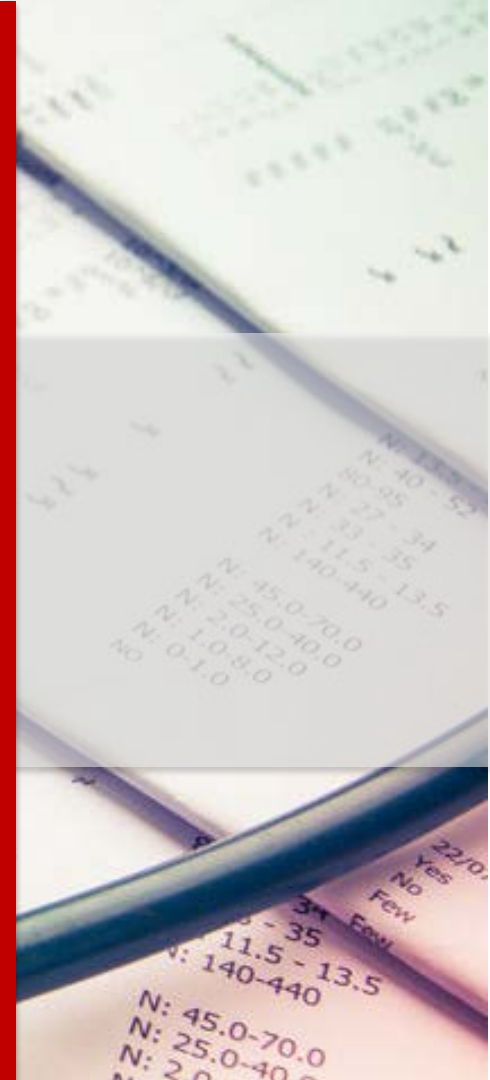
- Service PA used for billing
- Initial Request
- Renewal Request
- Typically approved for 3,6,12 months
- Attach ALL required paperwork HERE.

Checkpoint- DMA80

True or False

1. A DMA80 is used for billing.
2. No documents are attached to the DMA80.
3. A DMA80 is approved for 3, 6, or 12 months.

What do I need to submit?





Submitting a Complete Packet

Start by referring to the Appendix S.

1. Physician Plan of Treatment (PPOT)
2. Nurse Care Plan (NCP)
3. Caregiver Skills Checklist
4. Appendix Ia, J, G, S
5. 3 months of most recent notes (if applicable)
6. Most recent MD office visit note
7. Member's current weight (App Ia)
8. IEP (upon request)



Incomplete Packets

- A contact us message will be sent to the provider
- Please remain in compliance with GAPP policy by responding to the contact messages within 48 hours.
- Complete forms entirely and accurately.

Checkpoint- Complete Packets

1. The _____ is used as a checklist for the required documents attached to the DMA80.
2. **True or False:** A provider does not need to submit a complete packet for approval.
3. **True or False:** All forms need to be filled out entirely and accurately.

Approval/Denial of Services



Approval of Services

- A Letter of Notification (LON) will be attached to the DMA80
- LON lists the approved hours and duration of the PA
- Providers should not begin providing services to members until they have received the LON

Denial of Services

- A LON will be attached to the DMA80.
- A determination letter is sent to the caregiver and MD.
- Common reason for a denial- insufficient documentation to support request
- Reconsiderations

Checkpoint- Approvals/Denials

- The _____ lists the approved hours and duration of the PA.
- **True of False:** A provider can begin providing services to a member without an approved LON.



Contact Us Messages



Contact Us Messages

- Correspondence between Alliant and providers should occur via contact us (CU) messages.
- No documents should be attached to the CU message unless requested by the MRT.
- Must be answered within 48 hours



Contact Us Messages

- Please do not hesitate to contact us. Examples include:
 - Questions regarding the PA
 - Some billing issues related to the PA
 - To update us on the status of PA
- Contact us is located in *Provider Workspace*



Checkpoint- Contact Us Messages

- A provider is required per GAPP Policy to respond to a Contact Us message within _____ hours of receiving the message.

Change Requests





Change Requests

- Should be entered when there is a change in member condition
- If requesting to increase, a MD order is required
- Enter in the portal

controlled by member

Primary Member (with Area 1)

Secondary Member (with Area 2)

Member	Area	Area 1	Area 2
1	1	<input type="checkbox"/> Eye treatment	<input type="checkbox"/> Dental
2	2	<input type="checkbox"/> Hospital	<input type="checkbox"/> Surgery
3	3	<input type="checkbox"/> Prescription	<input type="checkbox"/> Physical
4	4	<input type="checkbox"/> Radiology	<input type="checkbox"/> High cholesterol
5	5	<input type="checkbox"/> Blood condition	<input type="checkbox"/> Urinary condition
6	6	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Thyroid condition

taken regularly

prescriptions that you want to keep on file for shipment at a later date

Information — physician to complete this form

Patient Name: _____

Enter prescription your office press

Rx

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Refills: Dispense:

ed order form to

HIPAA

Health Insurance Portability and Accountability Act, a 1996 Federal law that restricts access to individuals' private medical information

Form with fields for Name, Address, and other personal information.

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Refills: Dispense:

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Transfers

Form with fields for Name, Address, and other personal information.



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Transfers

- Initiated by the caregiver's request
- Processed to start on the 1st of each month
- Must have a signed Appendix W – only form required
- Must notify the MRT via Contact Us
- Only a transfer of current approved hours
- Agencies NEED to coordinate with each other



Checkpoint Change Requests/Transfers

True or False

1. Providers are required to send a Contact Us to the GAPP Review team that a DMA80 has been submitted for transfer.
2. The only form required for a transfer is the App W.



GAPP Success Tips





GAPP Success Tips

- Read the GAPP manual and stay updated with changes
- Use the Appendix S
- Provide complete and accurate information
- Check and respond to contact messages promptly and frequently

GAPP Success Tips continued

- Ensure that the hours requested on the PPOT are present and accurate.
- Check Medicaid eligibility often
- Send paperwork out early that requires MD signature.



Questions???



THANK YOU!!!!