

Katie Becket PA Submission Guide



Katie Beckett PA Entry

- Log onto the Georgia Web Portal
- On the Secure Home page, Click Prior Authorization.
- Select Submit/View from the drop list; OR
- Select Medical Review Portal and then Enter a New Authorization Request



Katie Beckett PA Entry



GEORGIA DEPARTMENT OF COMMUNITY HEALTH





? ×

Velcome, kbunit	Search
Refresh session] You have approximately 18 minutes until your session will expire.	Thursday, August 13, 2020
Home Contact Information Member Information Provider Information Provider Enrollment Nurse Aide/Medication Aide EDI P	harmacy HFRD
Account Providers Training Claims Eligibility Presumptive Activations Health Check Prior Authorization Reports Trade	Files
Home Search Prior Authorization Submit/View Medical Review Portal Waiver Case Manager PA Search	
👷 GAMMIS:Submit/View <- Bookmarkable Link 👷 Click here for help and information about bookmarks	

User Information - Provider 003133118A

New Request for Prior Authorization

TEFRA / Katie Beckett (Form DMA-6A)

Medical Review Portal



PA Entry

 On the next window, click the link TEFRA/Katie Beckett (Form DMA-6A) to open the PA request form

New Request for Prior Authorization

TEFRA / Katie Beckett (Form DMA-6A)

Medical Review Portal

Logout



Request Authorization

- On the next window, the Katie Beckett Provider ID is populated by the system based on portal login credentials.
- Enter the member's Medicaid ID or Social Security Number; do not enter both. Click Submit.

New Request for Prior Authorization
Please enter the Member's ID or the SSN. Do not enter both.
To find a Member or Provider click the $^{ extsf{Q}}$ next to the ID box
Member Medicaid ID:
Social Security Number :
Katie-Beckett Provider ID: 003133118A
Submit

Medical Review Portal



Member/Provider Information

- The Katie Beckett provider information is pulled into the PA request based on the Katie Beckett worker's portal credentials.
- If a Medicaid ID was entered as the participants identifier, then the member's information is pulled from MMIS and populated on the PA request.



Member Information

- If a SSN was entered and matches a Medicaid member, the member information is also pulled from MMIS.
- If the SSN does not match a Medicaid member, the member information will need to be entered manually.



Member Information

TEFRA / Katie Beckett (Form DMA-6A)

Please verify that the member name represents the correct member for this request. If not, please select under Prior Authorization the 'Submit/View' link to re-enter the correct information. If you need assistance please select under Contact Information the 'Contact Us' link, or call the Provider Contact Center at 1-800-766-4456.

Please provide the required information for this request. When you have completed entering data for this request, select the 'Review Request' link at the bottom of the page.

Prior authorization or pre-certification does not guarantee payment, approval of service or member benefit eligibility for the service.

Member Infor	mation		
Member ID :	First Name :	MI:	Last Name : Suffix :
Date of Birth :	Social Security Number :	Gender	:
Participant Ac	Idress		
Address Line 1	: Address Line	2:	
City :	State :	~	Zip:
Service Provid	er Information		
Provider ID	Name and Address	Phone	Taxonomy (Specialty)
003133118A	KATIE BECKETT CENTRALIZED PROCESSING UNIT	678-248-744	19 -
	5815 LIVE OAK PKWY, SUITE 2-F		
	NORCROSS, GA 30093		



Member Address

- For Medicaid participants, address information is pulled from MMIS.
- For Non-Medicaid participants, the KB Unit worker is required to enter the participants address information.

Member Inform	ation								
Member ID :	First Name : Sa	rah	MI:		L	last Name :	Test	Suffix :	
Date of Birth :	Social Security Number :		Gender :		~				
Participant Add	dress								
Address Line 1 :	156 Pecos Lane	Address Line 2 :							
City :	Marietta	State : G	Α 🕶	Zip: 3	0066				



Katie Beckett Unit Contact Information

- The Katie Beckett worker *Contact Information* is populated by the system. Enter any information that is missing or incorrect.
- *The Supervisor Name does not auto populate and must be entered manually.

Contact Information				
* Contact Name:	SARAH.REAMS	* Contact Email:		
Contact Phone:	Ext.	* Contact Fax:	678-248-7459	
Katie Beckett Unit I	nformation			
* Supervisor Name	: * Em	nail :		Phone :



PA Request Information

- Enter the diagnosis code for the participants primary diagnosis in the ICD-10 box.
- The ICD Search screen will appear. Click Search. A list of code descriptions will appear, click on the code description.



Diagnosis

ICD Search

ICD Code :	F84 Description :	Type : O Any O ICD-9 🔍 ICD-10 💽
ICD Code	Description	Туре
F84.0	AUTISTIC DISORDER	ICD-10
F84.2	RETTS SYNDROME	ICD-10
F84.3	OTHER CHILDHOOD DISINTEGRATIVE DISORDER	ICD-10
F84.5	ASPERGERS SYNDROME	ICD-10
F84.8	OTHER PERVASIVE DEVELOPMENTAL DISORDERS	ICD-10
F84.9	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	ICD-10

Close Window



Diagnosis

- Enter the diagnosis date.
- Click the 'Primary' checkbox.
- Click Add.

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Туре	V
F84.0 🔍	AUTISTIC DISORDER	11/01/2018	~			ADD



Diagnosis

- When add is clicked, EDIT and DELETE links appear.
- At this point, the code may be deleted if entered incorrectly. However, once the DMA6A is submitted, the diagnosis code cannot be deleted.
- Other ICD-10 diagnosis codes may be entered, following the same process just described.

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Туре	
F84.0	AUTISTIC DISORDER	11/01/2018	Yes	No	ICD-10	EDIT DELETE
୍						ADD



Submit PA 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.



Attach Documents

- When the PA 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

Create an Attachmer	nt							
If you want to attach a	a document to	o this Re	quest, click on "Browse'	, select	a document and	then, click on "Attach Fi	le".	
Choose File No fil	e chosen							Attach File
File uploaded success	fully.							
Please Check the na	me of the do	cumen	ts included in the Attach	ment b	efore you attac	h. (All the files colored	in red ne	ed to be attached for faster review.)
Codes	Documents							
	DMA-6A	Form *F	Required	sychol	ogical/Developr	nental Evaluation	Therapy N	lotes
КВ	Level of (Care St	atement *Required 🗍 I	lursing	Notes		MD Order	s
Attached Files				1				
File	Туре	Code	Document Name	Size	User	Date		
TEST Document.docx	Web Upload	KB	DMA-6A Form *Required	12 KB	SARAH.REAMS	12/1/2020 6:14:45 PM	DELETE	

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Decision Notifications

- The KB Unit worker will receive a 'no reply' email when a PA is approved or denied.
- The email notification directs the KB worker to check the Medical Review Portal for decision details.

Nurse Reviewer Team.
Regards,
You can visit Medical Review Portal section of Georgia MMIS portal: https://www.mmis.georgia.gov to check the PA status details
The TEFRA / Katie Beckett (Form DMA-6A) (PA#:120120200001) PA submitted by you, has been Approved.
Dear Provider,
*** DO NOT RESPOND TO THIS E-MAIL ***



Decision Details

- All Decision Details are displayed on the Medical Review Portal.
- View the details by searching for the PA using Search Prior Authorization or, Submit/View or, 'Show' Last 10 Requests*.



Decision Details

me Contact Information	Member Information Provider Information Provider Enrollment Nurse Aide/Medication Aide EDI Pharmacy
ount Providers Trai	ing Claims Eligibility Presumptive Activations Health Check Prior Authorization Reports Trade Files
forne Search Prior Au	horization Submit/View Medical Review Portal Waiver Case Manager PA Search
AMMIS:Medical Review	Portal <- Bookmarkable Link 👷 Click here for help and information about bookmarks
G (click to hide)	lert Message posted 2/24/2012
This site is for testin	purposes only!
This site is for testin	n purposes only. Any information provided on it is for demonstration purposes only.
Hear Information Pro	vider 000000748
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Medical Review P	ortal
1	
Last 10 Requests : 1201	3000012 - Pending V Show Messages : C2011300003 - Unprocessed V Show
Enter and Edit A	thorization Requests
Enter a New Autho	ization Request - Use this link to enter a new prior authorization request. More
Search, Edit or Atta	ch Documentation to Requests - Use this link to search, edit or attach documentation to authorization requests. More
Member Medicaid	Undates - Use this link to Search Erlit and modifying Member Medicaid IDs for SwingRed or Katle Reckett requests



Decision Details

MMIS:Medical Review	Portal <- Bookman	rkable Link 👷 Click here for	help and inform	nation about bookn	arks		
(click to hide)	lert Message po	osted 2/24/2012					
This site is for testin	purposes only!						
This site is for testi	g purposes only. An	ny information provided on it i	s for demonstra	ation purposes only			
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ser Information - Pr	vider 000000074A						
ser Information - Pr	vider 000000074A	rch					
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ser Information - Pr rior Authorizatio	vider 00000074A n Request Sear	rch PA Status:	~	Provider ID :	00000074A	1	
ser Information - Pr rior Authorizatio Request ID : Request From Date :	n Request Sea	PA Status:		Provider ID :	00000074A	1	
rior Authorization rior Authorization lequest ID : lequest From Date : fember Medicaid ID :	n Request Seal	PA Status:	>	Provider ID : Member Last Name :	00000074A		
ser Information - Pr rior Authorizatio tequest ID : tequest From Date : fember Medicaid ID : :ffective Date :	n Request Sear	PA Status: Request To Date : Member First Name : Expiration Date :	>	Provider ID : Member Last Name :	00000074A		