

CMO PA WEB SUBMISSION Psychiatric Residential Treatment Facility for CMO

Provider User Manual – Version 1.0

Revision History

Version	Date	Editor	Description
1.0	1/20/2023	Karen Brooks	Initial Draft

Contents

CMO PA Overview.....	4
<i>General Submission Requirements.....</i>	4
Member/Provider Validation.....	4
Tracking Authorization IDs	4
Medical Review Portal Functionality	5
Psychiatric Residential Treatment Facility for CMO PA Submission.....	6
Psychiatric Residential Treatment Facility for CMO form	6
<i>Initiate a New CMO PRTF Request</i>	6
<i>Enter Initial Psychiatric Residential Treatment Facility for CMO Data.....</i>	10
Member/Provider Information.....	10
Contact Information.....	10
Initial Request Information	10
Diagnosis	11
Comments	13
Supporting Information.....	14
Additional Information.....	14
DFCS Custody or DJJ Commitment Information	15
Clinical Intake for Initial Request	16
Current Treatment Plan	17
<i>Submitting the Psychiatric Residential Treatment Facility for CMO Request</i>	18
<i>Enter Concurrent Psychiatric Residential Treatment Facility for CMO Data.....</i>	20
Initial Request Information	20
Clinical Intake for Concurrent Request	20
Current Treatment Plan.....	21
<i>Submitting the Psychiatric Residential Treatment Facility for CMO Request</i>	23

CMO PA Overview

The Georgia Web Portal serves as the *centralized* portal for the submission of Fee-for-Service (FFS) authorization requests, and authorization requests for certain services provided to Medicaid members enrolled in a Care Management Organization (CMO). The *centralized* PA submission process for CMO PAs is being phased in over time. This means that different CMO authorization request types will be added during each phase. This document provides information specific to the Psychiatric Residential Treatment Facility authorization request.

General Submission Requirements

Member/Provider Validation

When a CMO PA request is initiated, the user is prompted to identify the specific CMO (Amerigroup, Caresource, or Peach State) in which the member is enrolled. The member ID is validated against CMO member eligibility. In addition, the provider ID(s) is/are validated against CMO provider affiliation. If the member ID or provider ID is not associated with the CMO selected, a warning message informs the user that the member and/or provider does not appear to be associated with the selected CMO. Member enrollment validation is a ‘hard edit’ which prevents the provider from entering the request. Provider validation is a ‘soft edit’, and the provider may bypass the warning message and enter the request.

Tracking Authorization IDs

CMO PAs submitted via the portal are assigned a 12-digit Alliant tracking ID that starts with “7”. The requests remain in ‘Pending’ status until a decision is rendered by the CMOs. The CMOs are responsible for processing the PAs and submitting back to Alliant the review determinations and CMO authorization numbers. The CMO assigned authorization number is loaded to the PA on the *Medical Review Portal* and displays in the ‘CMO PA Request ID’ field. The CMO authorization number is the number used for claims submission/adjudication.

Medical Review Portal Functionality

The *Medical Review Portal* has been customized with functions applicable to CMO PAs.

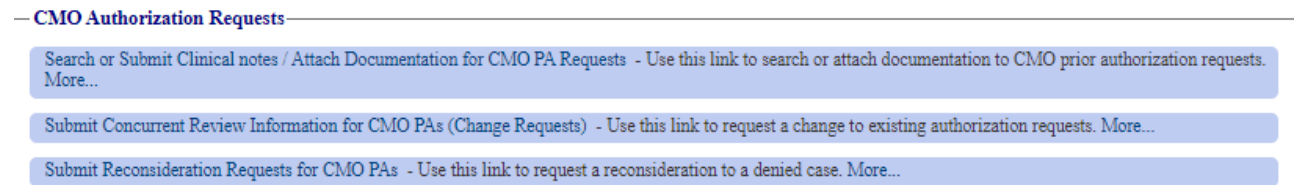


Figure 1

The following table provides a description of the functions available:

Action	Description
Search or Submit Clinical notes / Attach Documentation for CMO PA Requests	Search for existing PAs, view decisions, attach documentation.
Submit Concurrent Review Information for CMO PAs (Change Requests)	Submit a change request for any Pending CMO PA's.
Submit Reconsideration Requests for CMO PAs	Submit a reconsideration for a denied CMO PA.

Table 1

Psychiatric Residential Treatment Facility for CMO PA Submission

The Psychiatric Residential Treatment Facility for CMO form is submitted via the *centralized* portal using an entry process similar to submitting a CMO or FFS Hospital Admissions request.

Psychiatric Residential Treatment Facility for CMO form

Psychiatric Residential Treatment Facility for CMO form is completed for all members, enrolled in a Medicaid Care Management Organization, who request services in a Psychiatric Residential Treatment Facility. This form should only be used for Psychiatric Residential Treatment Facility services and not used for Psychiatric Testing services. During completion of the form, the provider will indicate if this is an Initial Request or a Concurrent Request.

Additional documentation, such as treatment plan, reauthorization clinical information, psychological testing information, integrated services, and case manager referral, may be attached to the Psychiatric Residential Treatment Facility request at any time based on the PA status.

Providers can submit PA requests for members enrolled in a Medicaid Care Management Organization via the GA Web Portal utilizing an entry/submission process similar to submitting PAs for FFS Medicaid members. It is important to note that only providers with an 020 Inpatient Mental Health Category of Service will be able to submit PRTF PAs at this time.

Initiate a New CMO PRTF Request

Follow these instructions to initiate a new CMO PRTF request.

1. Go to the GA Web Portal at www.mmis.georgia.gov.
2. Login with assigned user ID and password.
3. On the portal secure home page, click the **Prior Authorization** tab.
4. Then, click **Submit/View**; or click **Medical Review Portal** and, on the workspace page, select **Enter a New Authorization Request**.

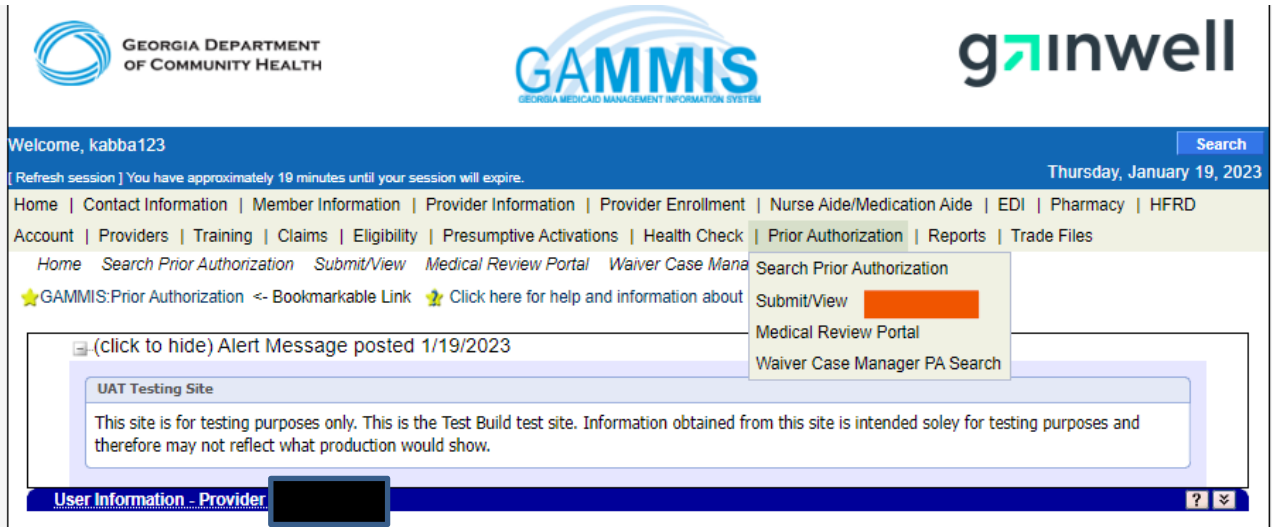


Figure 2

5. A list displays with request types applicable to the requesting provider's category of service. For example, the following list displays when a physician provider is logged into the portal. The following links display for the provider logged in as PRTF provider.

New Request for Prior Authorization


- Genetic Testing
- Georgia Pregnancy Notification Form
- Medications PA Facility Setting
- Medications PA Physician Office
- Newborn Delivery Notification Form
- Oral Max (Form Number: DMA-81)
- Practitioners' Office Procedures (Form Number: GMCF form PA81/100)
- Hospital Admissions and Outpatient Procedures (Form Number: GMCF form PA81/100)
- In-State Transplants (Form Number: PA-81)
- Out-of-State Services (Form Number: GMCF FAX OOS)
- **Psychiatric Residential Treatment Facility for CMO**
- Additional Psychiatric Services (Form Number: GMCF PSY/PA)
- Radiology-Facility Setting
- Radiology-Physician Office

Figure 3

6. Select the Psychiatric Residential Treatment Facility for CMO Form.
7. On the next page, select the CMO.

New Request for Prior Authorization

Psychiatric Residential Treatment Facility for CMO

To find a Member or Provider click the  next to the ID box

Select a CMO :

- ☒ Amerigroup Community Care
- ☐ CareSource Georgia Co.
- ☐ Peach State Health Plan

Member Medicaid ID:

Submit

Figure 4

8. Enter the Member ID. The member ID can be searched using the Search Icon and entering the data on the following page.

Prior Authorization : Member Search

Member Last Name : Member SSN : Date of Birth :

Search **Clear Search**

Figure 5

9. Click Submit.
10. If the member is associated with the selected CMO, the Click Submit to open the Psychiatric Residential Treatment Facility for CMO.
11. If the member ID is not associated with the selected CMO based on member file data, a message displays indicating that '**Member is not enrolled in selected CMO**'. A similar message displays if a provider is not affiliated with the selected CMO.

New Request for Prior Authorization

The screenshot shows a web form titled "Psychiatric Residential Treatment Facility for CMO". Below the title is a yellow bar. Underneath is a grey bar with the text "To find a Member or Provider click the [magnifying glass icon] next to the ID box". The main form area has a pink background for the "Select a CMO" section, which contains three radio button options: "Amerigroup Community Care" (selected), "CareSource Georgia Co.", and "Peach State Health Plan". Below this is a white section for "Member Medicaid ID:" with a blacked-out input field. A red error message "ERROR: Member is not enrolled in selected CMO." is displayed below the ID field. At the bottom left is a blue "Submit" button.

Figure 6

12. **Member Validation Message:** Be sure the correct CMO was selected, and the member ID was entered correctly. If not entered correctly, fix the data, and re-submit. If the data was entered correctly, but the message persists, check with the specific Care Management Organization to verify CMO enrollment.
13. **Provider Validation Message:** A warning message also displays if the provider is not affiliated with the selected CMO. However, this message may be bypassed by clicking **Continue**, and the request can be entered. After entering the request, check with the CMO to confirm affiliation status.
14. Click **Submit** again once all corrections have been made. The Psychiatric Residential Treatment Facility for CMO opens.

Enter *Initial* Psychiatric Residential Treatment Facility for CMO Data

Member/Provider Information

When the form opens, the member and provider information is system auto populated at the top of the page based on the member ID and provider ID entered. These sections cannot be edited and are read only fields.

Psychiatric Residential Treatment Facility Services

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 Information

Member ID	Last Name	First Name	MI	Suffix	DOB	Gender

Georgia Provider Information

Provider ID	Name and Address	Phone	Taxonomy (Specialty)
			- General Surgery

Figure 7

Contact Information

The system also populates the requesting provider's contact information in the **Contact Information** section. The 'Contact Name', 'Contact Phone', and 'Contact Fax' are required. If any of this information is missing, enter the information in the boxes provided. All contact information may be edited if incorrect.

Contact Information			
* Contact Name:		Contact Email:	
Contact Phone:	444-444-4444	Ext.:	
		* Contact Fax:	444-444-9999

Figure 8

Initial Request Information

This section captures the Admit Date, Admission Type, Place of Service, Review Type, Days Requested for Review, Parent/Guardian Name, and Primary Language Spoken.

1. The "Admit Date" can be either entered or selected from the drop-down calendar.

2. The “Admission Type” is selected from the drop-down list.
3. The “Place of Service” is selected from the radio buttons for Inpatient or Outpatient. Only one can be selected.
4. “Review Type” is selected from the radio buttons for Initial or Concurrent. Only one can be selected. Select INITIAL
5. “Days Requested for Review” is entered as the number of days.
6. “Parent/Guardian Name” is entered as simple text.
7. “Primary Language Spoken” is also entered as text.

Figure 9

Diagnosis

The Diagnosis table captures the diagnosis code, code description, diagnosis date, primary diagnosis indicator, admission diagnosis indicator, and diagnosis type (ICD9 or ICD10). If the date of service is 10/1/2015 or greater, an ICD-10 diagnosis code should be entered. Only one primary diagnosis may be entered.

1. **The primary diagnosis must be entered on the first diagnosis line.** Enter the diagnosis code in the ‘Diag Code’ box. If the code includes a decimal point, enter the code with the decimal point.
2. It is also possible to search for a code by the diagnosis description. Click the spy glass symbol in the code box; enter the description; select ICD9 or ICD10; and click **Search**. Select the code and the system populates the diagnosis code in the code box.

Figure 10

- Enter the date that the primary diagnosis was established in the 'Date' box.

Primary, Secondary and all co-morbid and co-occurring Diagnosis

Diag Code	Diagnosis Description	Date	Primary	Secondary	Type	
F06.0		12/26/2016	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		ADD

Either Primary or Secondary Diagnosis has to be selected, not both at one time.

Figure 11

- The system pre-populates the 'Primary' diagnosis checkbox and the 'Admission' checkbox on the first diagnosis line.
- Click [Add](#) to add the primary diagnosis code information to the request.
- Follow the same process to add other diagnosis codes, as applicable. Remember to click [Add](#) after each line of diagnosis information is entered.
- If the Diagnosis code needs to be edited or deleted before the PA submission, then this can be achieved by clicking on the "Edit" or "Delete" button.

Primary, Secondary and all co-morbid and co-occurring Diagnosis

Diag Code	Diagnosis Description	Date	Primary	Secondary	Type	
F06.0	PSYCHOTIC DISORDER W HALLUCIN DUE TO KNOWN PHYSIOL CONDITION	12/26/2016	Yes	No	ICD-10	EDIT DELETE
			<input type="checkbox"/>	<input type="checkbox"/>		ADD

Click to edit this diagnosis

Figure 12

- Once the Diagnosis line is edited, click on "Save" to save the changes or "Cancel" to revert the changes.

Primary, Secondary and all co-morbid and co-occurring Diagnosis

Diag Code	Diagnosis Description	Date	Primary	Secondary	Type	
F06.0	PSYCHOTIC DISORDER W HALLUCIN DUE TO KNOWN PHYSIOL CONDITION	12/26/2016	Yes	No	ICD-10	EDIT DELETE
F06.0	PSYCHOTIC DISORDER W HALLUCIN DUE TO K	12/26/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>		SAVE CANCEL

Figure 13

- If the diagnosis code entered is not 5010 compliant (meaning that the code is unspecified or not specific enough), this warning message displays: **Invalid or unspecified code and/or has a more specific ICD code value. Please check your input.** When this message displays, the diagnosis code must be changed in order to proceed with the request.
- There is no restriction for the number of Diagnosis lines that can be entered.

Comments

1. The Comments section is a field to add any additional comments the Provider may have regarding the PA.

A screenshot of a web interface showing a text input field. The field is titled 'Comments / Message' in a small, blue, sans-serif font. The input area is a large, empty rectangular box with a thin grey border. On the right side of the box, there is a vertical scrollbar with a light grey track and a darker grey handle.

Figure 14

2. The comments section does not allow any special characters and displays “Invalid Characters” if they are entered.
3. There is a text limit for the comments; no more than 4000 characters are allowed.

Supporting Information

1. The Supporting Information section contains fields for entering Clinical Data to Support Request and Admitting Treatment Plan. Both fields are required and accept up to 4000 characters.
2. Like other descriptive text fields, these fields do not allow special characters. Therefore, it is suggested to avoid “copy and paste” directly from other sources of data.
3. If there is a large amount of information, it is suggested to attach the file instead of a “copy and paste.”

The screenshot shows a form titled "Supporting Information" with a light gray header. Below the header, there are two sections, each with a title in bold and a description in a smaller font, followed by a large pink text input area.

*** Clinical Data to Support Request :**
Include vital signs, history and physical, lab reports, X-rays, signs/symptoms, whether the patient was treated on an outpatient basis for 48 hours prior to admission

*** Admitting Treatment Plan :**
Describe the services to be provided, i.e., IV fluids, medications, complex wound care and other treatments.

Figure 15

Additional Information

1. The Additional Information section is where information about the member’s current location and residence, and whether they can return to their place of residence after their treatment has ended.
2. There are two required text fields that accept up to 4000 characters. Like other descriptive text fields, these fields do not allow special characters. Therefore, it is suggested to avoid “copy and paste” directly from other sources of data. If there is a large amount of information, it is suggested to attach the file instead of a “copy and paste”.
3. Then select Yes or No to the “Can Member return to place of residence” question.

Additional Information

★ Member's Current Location :

★ Where does the member currently reside :

★ Can Member return to place of residence? ☐ Yes ☐ No

Figure 16

DFCS Custody or DJJ Commitment Information

This section collects data related to DFCS and/or DJJ commitment.

1. Select the radio button to indicate whether the case is DFCS, DJJ, or both.
2. Select the County of Custody from the drop-down box.
3. Enter the corresponding Case Manager Name as simple text.
4. Enter the phone into the field—it will auto-format
5. Enter the email for the selected entity. An error will display if the formatting is invalid.
6. If “Both” is selected, enter the fields for the other entity.
7. Next, enter into the text field the “List of Information reviewed to determine need for PRTF level of care (historical and current clinical documents, admission screening forms, assessments, etc.)”. Again, this is a required text field that accepts up to 4000 characters and does not allow special characters.

DFCS Custody or DJJ Commitment Information

Is this for DFCS, DJJ, or Both? ☐ DFCS ☐ DJJ ☒ Both

County of Custody

DFCS Case Manager Name DFCS Case Manager Phone DFCS Case Manager Email

DJJ Case Manager Name DJJ Case Manager Phone DJJ Case Manager Email

★ List of Information reviewed to determine need for PRTF level of care (historical and current clinical documents, admission screening forms, assessments, etc):

Figure 17

Clinical Intake for Initial Request

1. The Clinical Intake for Initial Request section is where more information about the member's circumstances and history is collected; also, whether the member has had a psychological evaluation, and if so, the date, is recorded here.
2. There are seven required text fields that accept up to 4000 characters. Like other descriptive text fields, these fields do not allow special characters. Therefore, it is suggested to avoid "copy and paste" directly from other sources of data. If there is a large amount of information, it is suggested to attach the file instead of a "copy and paste".
3. Then select Yes or No to the "Has this member had a psychological evaluation" question. If the answer is Yes, the date of the evaluation is required. The date can be entered in mm/dd/yyyy format or selected from the drop-down calendar. If Yes is selected, a date is required; an error will display if the date is missing.

Clinical Intake for Initial Request

★ Precipitant to Admission

★ Social History

★ Support System

★ Medical History

★ Current Legal Issues

★ Substance Abuse or Dependence

★ Previous Treatment

★ Has this member had a psychological evaluation? ☐ Yes ☐ No

★ If so, date of psychological evaluation?

Figure 18

The screenshot shows a web form with a validation error. A modal dialog box is centered on the screen, displaying the message: "uat-gapa2016.gmcf.org says Following values are missing or invalid. - Date of psychological evaluation". Below the message is a blue "OK" button. The background form is partially visible and has a light red background. It includes a "Managed bookmarks" section, a "Substance Abuse or Dependence" section with a text field containing "dfasfasd", a "Previous Treatment" section with a text field containing "fasfsdafaf", and a bottom section with two questions: "Has this member had a psychological evaluation?" with "Yes" (selected) and "No" radio buttons, and "If so, date of psychological evaluation?" with an empty text field and a "Required" label.

Figure 19

Current Treatment Plan

1. The Current Treatment Plan section collects the member's planned treatment while in the PRTF.
2. There are five required text fields that accept up to 4000 characters. Like other descriptive text fields, these fields do not allow special characters. Therefore, it is suggested to avoid "copy and paste" directly from other sources of data. If there is a large amount of information, it is suggested to attach the file instead of a "copy and paste".
3. Enter the details related to the member's medications, interventions, and discharge plan.

Current Treatment Plan

★ **Standing Medications**

★ **As-needed (PRN) Medications Administered (not ordered)**

★ **Other Treatment and/or Interventions Planned and Emergency Safety Interventions**

★ **Barriers to Treatment Progress in Current Level of Care**

★ **Projected Discharge Plan**

Figure 20

Submitting the Psychiatric Residential Treatment Facility for CMO Request

When all data has been entered on the notification form, click **Review Request** at the bottom of the page to display the *Attestation Statement*. If a message displays that ‘information is missing or incorrect’, scroll up the page to find what is missing or incorrect. ‘**Required**’ displays next to a data box when information is missing. Enter or correct the data, and then click **Review Request** again. Review the *Attestation Statement* and, if in agreement, click **I Agree**. You must click agree to submit the notification form.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

I understand that this CMO pre-certification request does not guarantee payment, approval of service or member benefit eligibility for the service.

To accept this information and proceed with your transaction, please click 'I agree'.

I Agree

Figure 21

1. Review the information entered on the form. To change information entered,

click [Edit Request](#). Once a form is submitted, it is not possible to return to the form and make changes.

2. Click [Submit Request](#). When the form is successfully submitted, the system displays a 12-digit Alliant tracking number that starts with a '7'. This number can be used to search for the PA via the *Medical Review Portal*.



AHS Tracking ID : [REDACTED] Amerigroup Community Care Authorization ID : Not Available Status : Pending

Record saved successfully. If you need to make any changes, please go to Prior Authorization Request Search and click on 'Edit Request' button.

Figure 22

3. To enter a new request or notification form under the same Portal ID/provider, click [Enter a New PA Request](#). The request type menu page re-displays.

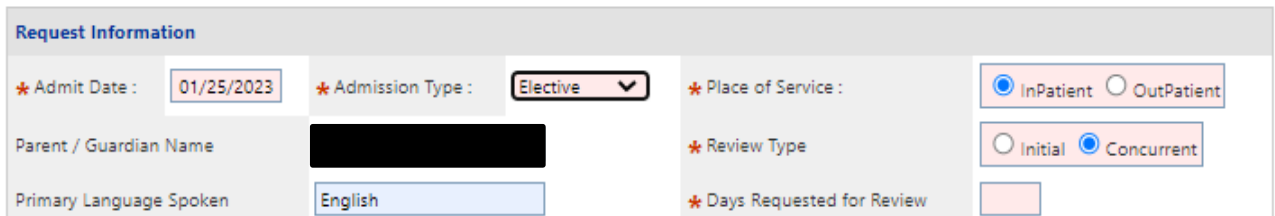
Enter *Concurrent* Psychiatric Residential Treatment Facility for CMO Data

Most portions of the request are the same for the Initial and Concurrent PRTF requests. Only the portions where the Concurrent request differs from the Initial request will be documented in this part of the guide.

Initial Request Information

This section captures the Admit Date, Admission Type, Place of Service, Review Type, Days Requested for Review, Parent/Guardian Name, and Primary Language Spoken.

1. The “Admit Date” can be either entered or selected from the drop-down calendar.
2. The “Admission Type” is selected from the drop-down list.
3. The “Place of Service” is selected from the radio buttons for Inpatient or Outpatient. Only one can be selected.
4. “Review Type” is selected from the radio buttons for Initial or Concurrent. Only one can be selected. Select CONCURRENT
5. “Days Requested for Review” is entered as the number of days.
6. “Parent/Guardian Name” is entered as simple text.
7. “Primary Language Spoken” is also entered as text.



The screenshot displays a form titled "Request Information" with the following fields and values:

Field	Value
* Admit Date :	01/25/2023
* Admission Type :	Elective
* Place of Service :	<input checked="" type="radio"/> InPatient <input type="radio"/> OutPatient
Parent / Guardian Name	[Redacted]
* Review Type	<input type="radio"/> Initial <input checked="" type="radio"/> Concurrent
Primary Language Spoken	English
* Days Requested for Review	[Empty]

Figure 23

Clinical Intake for Concurrent Request

1. The Clinical Intake for Concurrent Request section is where additional information about the member’s circumstances and history is collected; this data is different from that collected on the Initial PRTF form.
2. There are seven required text fields that accept up to 4000 characters. Like other

descriptive text fields, these fields do not allow special characters. Therefore, it is suggested to avoid “copy and paste” directly from other sources of data. If there is a large amount of information, it is suggested to attach the file instead of a “copy and paste”.

The image shows a web form titled "Clinical Intake for Concurrent Request". It contains seven text input fields, each preceded by a red star icon and a label. The labels are: "Updated / Current Clinical", "Risk Assessment", "Response to Treatment", "Updated / Current Medications", "Vitals", "Behavioral Issues", and "Family Session Information". Each text field is a light pink rectangle with a thin blue border and a small blue icon in the bottom right corner.

Figure 24

Current Treatment Plan

1. The Current Treatment Plan section collects the member’s planned treatment while in the PRTF.
2. There are five required text fields that accept up to 4000 characters. Like other descriptive text fields, these fields do not allow special characters. Therefore, it is suggested to avoid “copy and paste” directly from other sources of data. If there is a large amount of information, it is suggested to attach the file instead of a “copy and paste”. Note that the last two fields differ from those on the Initial Request form.

3. Enter the details related to the member's medications, interventions, and discharge plan.

Current Treatment Plan	
★ Standing Medications	<div></div>
★ As-needed (PRN) Medications Administered (not ordered)	<div></div>
★ Other Treatment and/or Interventions Planned and Emergency Safety Interventions	<div></div>
★ Discharge Plan	<div></div>
★ Estimated Length of Stay (Note: Estimated Length of Stay is not asking for requested LOS)	<div></div>

Figure 25

Submitting the Psychiatric Residential Treatment Facility for CMO Request

When all data has been entered on the notification form, click **Review Request** at the bottom of the page to display the *Attestation Statement*. If a message displays that 'information is missing or incorrect,' scroll up the page to find what is missing or incorrect. '**Required**' displays next to a data box when information is missing. Enter or correct the data, and then click **Review Request** again. Review the *Attestation Statement* and, if in agreement, click **I Agree**. You must click agree to submit the notification form.

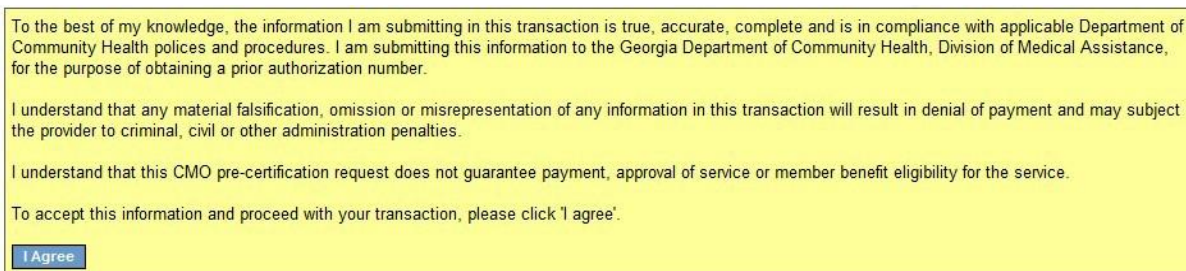
A screenshot of a yellow-bordered box containing an attestation statement. The text inside reads: 'To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number. I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties. I understand that this CMO pre-certification request does not guarantee payment, approval of service or member benefit eligibility for the service. To accept this information and proceed with your transaction, please click 'I agree'.' At the bottom left of the box is a blue button with the text 'I Agree'.

Figure 26

1. Review the information entered on the form. To change information entered, click **Edit Request**. **Once a form is submitted, it is not possible to return to the form and make changes.**
2. Click **Submit Request**. When the form is successfully submitted, the system displays a 12-digit Alliant tracking number that starts with a '7'. This number can be used to search for the PA via the *Medical Review Portal*.
3. To enter a new request or notification form under the same Portal ID/provider, click **Enter a New PA Request**. The request type menu page re-displays.

A screenshot of a confirmation message. It shows a table with four columns: 'AHS Tracking ID :', 'Amerigroup Community Care Authorization ID :', 'Status :', and 'Pending'. The first two columns have blacked-out values. Below the table, a red message states: 'Record saved successfully. If you need to make any changes, please go to Prior Authorization Request Search and click on 'Edit Request' button.'

Figure 27