

# SOURCE Services PA Web Entry



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**Presented by: Alliant/GA Medical Care Foundation**

**Presented to: SOURCE Program Providers**



# SOURCE PA Submission Information

- SOURCE Case Managers enter SOURCE requests for services using Alliant's PA system, which is accessed from the web portal.
- SOURCE services requests are considered 'pass through' PAs since the PAs are not reviewed by Alliant reviewers but rather are transmitted to MMIS as *Approved*.

# SOURCE PA Submission Information

- Case Managers must have a 930 category of service and a 030 Case Management specialty in order to enter services requests.
- Case Managers submit a single PA for up to one year date span to request case management services, and request other SOURCE services rendered by one or more SOURCE providers.

# SOURCE PA Submission Information

- SOURCE PAs may be submitted up to 45 days before the service start date (PA effective date). For example, a PA request entered in the PA system on 7/1/2014 could be entered with a procedure 'From Date' starting as far in the future as 8/15/2014.
- Retrospective PAs can be submitted up to 12 months after services occur.

# SOURCE PA Submission Information

- Case Managers are able to edit service lines on a PA to adjust units and dates. This may be necessary when a rendering service provider associated with a service line changes or when a member's status changes.
- System validation prevents duplicate service lines. Case Managers are alerted when attempting to add a service line that is a 'possible' duplicate when the 'new' service line dates of service conflict with an approved SOURCE PA for same member, provider, procedure code/modifier - for a given time period.

# Service Request Web Entry

- Log into the Web Portal.
- On the *Secure Home* page, click [Prior Authorization](#), then [Submit/View](#).

The screenshot displays the GAMMIS (Georgia Medicaid Management Information System) web portal. At the top left is the Georgia Department of Community Health logo. In the center is the GAMMIS logo with the tagline 'GEORGIA MEDICAID MANAGEMENT INFORMATION SYSTEM'. On the top right is the HP logo. Below the logos is a blue header bar containing a 'Welcome, [redacted]' message, a 'Search' button, and a session expiration notice: '[ Refresh session ] You have approximately 19 minutes until your session will expire.' The date 'Tuesday, September 02, 2014' is shown on the right. A navigation menu follows, with 'Prior Authorization' highlighted. A dropdown menu is open under 'Prior Authorization', showing 'Submit/View' as the selected option. Below the navigation is a 'User Information - Provider' section with a dropdown menu. The main content area is titled 'Provider Service Location Information' and contains a table of provider details.

Provider Service Location Information	
Name	[redacted]
Medicaid Provider ID	[redacted]
National Provider ID	[redacted]
Provider Type	HOME AND COMMUNITY BASED SVC
Address 1	[redacted]
Address 2	[redacted]
City, State	[redacted] GA
Zip	[redacted]

# Service Request Web Entry

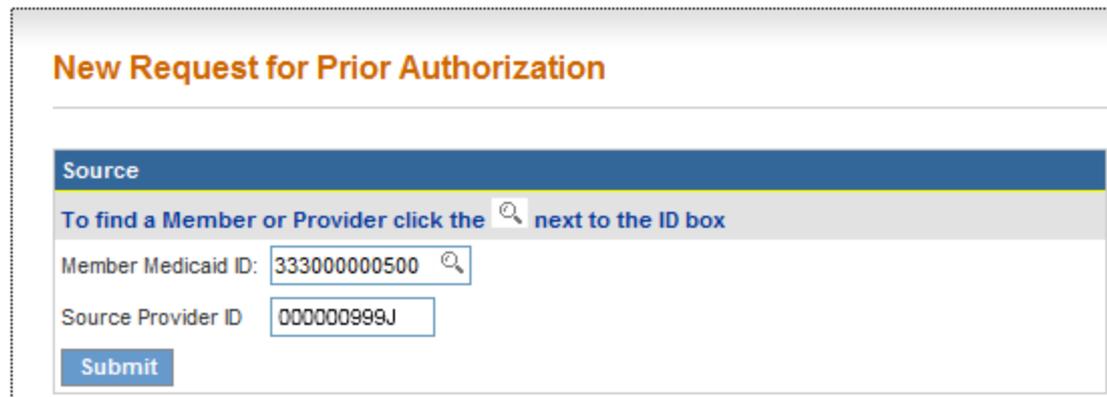
- OR - Select [Provider Workspace](#) and then [Enter a New Authorization Request](#).
- On the next window, click request type – [SOURCE Services](#).

## **New Request for Prior Authorization**

- [SOURCE Level of Care and Placement](#)
- [Source Services](#)

# Service Request Web Entry

- On the next window, the case manager's provider ID is prepopulated based on portal login credentials.
- Enter the member's Medicaid ID

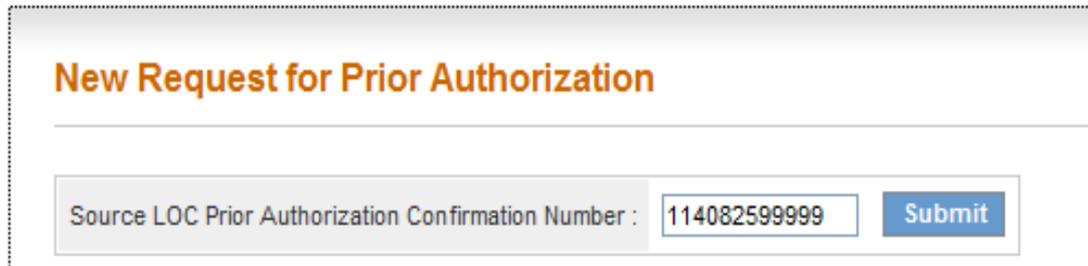


The screenshot shows a web form titled "New Request for Prior Authorization". The form has a blue header bar with the word "Source". Below the header, there is a grey instruction bar that says "To find a Member or Provider click the [magnifying glass icon] next to the ID box". There are two input fields: "Member Medicaid ID" with the value "333000000500" and a magnifying glass icon to its right, and "Source Provider ID" with the value "000000999J". At the bottom left of the form is a blue "Submit" button.

- Click **Submit**.

# Service Request Web Entry

- On the next screen, enter the approved SOURCE Level of Care and Placement PA ID.



The screenshot shows a web form with a title bar that reads "New Request for Prior Authorization" in orange text. Below the title bar is a horizontal line. Underneath the line is a form field with the label "Source LOC Prior Authorization Confirmation Number :". To the right of the label is a text input box containing the number "114082599999". To the right of the input box is a blue button with the text "Submit" in white.

- Click **Submit**. The system validates that the LOC is approved and is associated with the Member ID.

# Service Request Web Entry

- ▶ If the LOC PA ID passes validation, the SOURCE PA template opens with the case manager and member information prepopulated on the form.
- ▶ Check the *Contact Information*. If any information is missing or incorrect, enter or correct the information.

Contact Information			
* Contact Name:	<input type="text" value="GMCF99"/>	* Contact Email:	<input type="text" value="srinithya.ranganathan@gmcf.org"/>
Contact Phone:	<input type="text" value="229-888-7777"/> Ext. <input type="text"/>	* Contact Fax:	<input type="text" value="229-555-2222"/>

# Service Request Web Entry

## Request Information

- *Place of Service* defaults to **Home**.
- Click *Yes* if the member is consumer directed; otherwise leave as *No*.

Request Information	
* Place of Service :	<input checked="" type="radio"/> Home
* Is this Member consumer directed ?	<input type="radio"/> Yes <input checked="" type="radio"/> No

# Service Request Web Entry Diagnosis

- Enter the diagnosis code for the member's primary diagnosis related to SOURCE services.
- The system populates the DX description.
- Enter the date that the diagnosis was established; if not known, enter the date that the member started in SOURCE.
- Click the 'Primary' button and then click [Add](#).

# Service Request Web Entry Diagnosis

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Type		
344.00	QUADRIPLEGIA, UNSPECIFD	01/01/2010	Yes	ICD-9	<a href="#">EDIT</a>	<a href="#">DELETE</a>
<input type="text"/>	<input type="text"/>	<input type="text"/>			<a href="#">ADD</a>	

- When [Add](#) is clicked, the diagnosis is added to the request and a new blank diagnosis line becomes available if other diagnoses need to be added.

# Service Request Web Entry Services

- In the 'Service Code' box, enter the procedure code for one of the services requested. The system inserts the description.
- Enter the first date of service in the 'From Date' box and the end date  the 'To Date' box. The date span cannot exceed one year.
- Enter the total units requested for the service for the date span entered.
- Enter the units of service requested per month.

# Service Request Web Entry Services

- Enter the total dollar amount requested in the 'Amount' box. Do not enter a dollar sign.
- Enter the 'Cost Sharing' amount, if applicable.
- Enter the provider ID of the provider who is rendering the service. You can search  for the provider ID or enter the ID manually.
- If applicable to the procedure code, enter the first procedure modifier in the 'Mod 1' box. If there is a second modifier, enter in the 'Mod 2' box.

# Service Request Web Entry Services

- Click **Add**. The service is added to the PA and another blank service line becomes available to enter another service.

Procedures												
Service Code	Service Description	From Date	To Date	Units	Req Units / Month	Amount	Cost Sharing Amount	Rendering Provider ID	Mod 1	Mod 2	Mod 3	
T2022	CASE MANAGEMENT, PER MONTH	08/04/2014	08/04/2015	12	1	1,800.00	0.00	000000000J	SE			<b>EDIT</b> <b>DELETE</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>ADD</b> <b>CANCEL</b>						

# Services

Procedures												
Service Code	Service Description	From Date	To Date	Units	Req Units / Month	Amount	Cost Sharing Amount	Rendering Provider ID	Mod 1	Mod 2	Mod 3	
T2022	CASE MANAGEMENT, PER MONTH	08/04/2014	08/04/2015	12	1	1,800.00	0.00	██████████	SE			<a href="#">EDIT</a> <a href="#">DELETE</a>
T1021	HH AIDE OR CN AIDE PER VISIT	09/01/2014	08/04/2015	5,700	480	3,000.00	0.00	██████████	TF			<a href="#">EDIT</a> <a href="#">DELETE</a>
S5170	HOMEDELIVERED PREPARED MEAL	09/15/2014	03/15/2015	672	56	2,210.00	0.00	██████████				<a href="#">EDIT</a> <a href="#">DELETE</a>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">ADD</a> <a href="#">CANCEL</a>

# Service Request Web Entry

## Program Information

- Under *Program Information*, enter the date that the member was admitted to SOURCE, and click 'Initial Admission' or 'Renewal'. If Renewal is selected, enter the 'Date Last Certified'

Program Information :

\* Program Admit Date :  Program Discharge Date :

Initial Admission  Renewal Date Last Certified :

# Service Request Web Entry

## Supporting Information

- The next section of the web request form consists of 9 textboxes which may be used to capture supporting information and member social history. Although the textboxes are currently required, the plan is to make these boxes **optional as of 10/1/14**. However, you can always bypass by entering an X in each box; or by entering a short phrase, such as ‘see member packet’.

# Service Request Web Entry

## Appendix F Confirmation

- In the last section, indicate if there is a signed Level of Care (Appendix F) by clicking Yes; and enter the date that the LOC was signed.

Is there a signed Level of Care and Placement tool (Appendix F) ?

Yes  No

Date Signed :

08/01/2014

# Service Request Submission

- Once all required data has been entered on the request form, click [Review Request](#).
- Click [I Agree](#) to the *Attestation Statement*. By agreeing, you are confirming that all information provided is accurate.
- Review the information entered. If OK, click [Submit Request](#). The next page displays the Request ID.

# Editing PAs

- Existing SOURCE PAs may need to be edited (units and dates adjusted) by case managers when a rendering provider associated with a service line changes or when a member's status changes. The case manager may need to cutback an existing service line for a given Provider, and then add a second line **to the same PA** for a new provider for the same service but for different dates of service.

# Editing PAs

- Existing SOURCE PAs may also need to be modified if there is a PA Edit attached to the PA. When a PA is sent to MMIS, the data is validated against certain criteria and an edit 'error' may be triggered. It may be necessary to modify the request information in order to remove the edit and allow the PA to transmit to MMIS.
- Case managers are notified by email when a PA has an edit.

# Editing PAs

- To edit a PA, the first step is to find the PA using the PA search option on the Provider Workspace.
- Open the Provider Workspace and click [Search, Edit or Attach Documentation to Requests](#).
- On the Search page, your provider ID is populated by the system. Enter the 12 digit PA ID in the 'Request ID' box. **No other information needs to be entered.**

# Editing PAs

## Prior Authorization Request Search

Request ID :	<input type="text" value="114090299999"/>	PA Status:	<input type="text"/>	Provider ID :	<input type="text" value="████████"/>
Request From Date :	<input type="text"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
Effective Date :	<input type="text"/>	Expiration Date :	<input type="text"/>	Include PA Notifications :	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ALL
<input type="button" value="Search"/>		<input type="button" value="Reset"/>			

- Click [Search](#).
- Click the 'Request ID' that displays in the search results.
- The *PA Review Request* page opens and displays the PA data.

# Editing PAs

## Prior Authorization - Source Review Request

Warning: You cannot submit a change request for this PA Type.

Request Information					
Request ID :	██████████	Case Status :	Approved	Case Status Date :	09/03/2014
Member ID :	333000000400				
Social Security Number :	132549678				
Provider ID :	████████████████████	CMO PA Request ID :			
Admission Date :		Discharge Date :			
Effective Date :	09/01/2014	Expiration Date :	09/01/2015		

Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
344.00	QUADRIPLEGIA, UNSPECIFD	09/03/2014	Yes	ICD-9

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
S5170	HOMEDELIVERED PREPARED MEAL	09/01/2014	09/01/2015	672	672	2210.00	Approved		No
T1021	HH AIDE OR CN AIDE PER VISIT	09/01/2014	09/01/2015	850	850	2800.00	Approved		No
T2022	CASE MANAGEMENT, PER MONTH	09/01/2014	09/01/2015	12	12	1800.00	Approved		No

[Edit Request](#) [Attach File](#) [Return To Search Results](#) [Return to Provider Workspace](#) [Contact Us](#)

[Return to the Auth Request Page](#)

# Editing PAs

- To edit the PA, click [Edit Request](#) at the bottom of the page.
- On the next page, go to the Procedures table and click [Edit](#) at the end of the procedure line that needs to be modified.

Procedures												
Service Code	Service Description	From Date	To Date	Units	Req Units / Month	Amount	Cost Sharing Amount	Rendering Provider ID	Mod 1	Mod 2	Mod 3	
S5170	HOMEDELIVERED PREPARED MEAL	09/01/2014	09/01/2015	672	56	2,210.00	0.00	[REDACTED]				<a href="#">EDIT</a>
T1021	HH AIDE OR CN AIDE PER VISIT	09/01/2014	09/01/2015	850	200	2,800.00	0.00	[REDACTED]	TF			<a href="#">EDIT</a>
T2022	CASE MANAGEMENT, PER MONTH	09/01/2014	09/01/2015	12	1	1,800.00	0.00	[REDACTED]	SE			<a href="#">EDIT</a>
<input type="text"/>												

# Editing PAs

- The following data may be modified:
  - Procedure start and end dates
  - Units/Units per Month/Amount/Cost Sharing
- Once the data is modified, click [Save](#) at the end of the procedure line.
- If a procedure line for the ‘new’ provider needs to be added, enter the new information on the blank procedure line and click [Add](#).

# Editing PAs

Procedures												
Service Code	Service Description	From Date	To Date	Units	Req Units / Month	Amount	Cost Sharing Amount	Rendering Provider ID	Mod 1	Mod 2	Mod 3	
T1021	HH AIDE OR CN AIDE PER VISIT	09/01/2014	12/01/2014	400	100	1,400.00	0.00		TF			EDIT
S5170	HOMEDELIVERED PREPARED MEAL	09/01/2014	09/01/2015	672	56	2,210.00	0.00					EDIT
T2022	CASE MANAGEMENT, PER MONTH	09/01/2014	09/01/2015	12	1	1,800.00	0.00		SE			EDIT
T1021	HH AIDE OR CN AIDE PER VISIT	12/02/2014	09/01/2015	180	60	1,000.00	0.00		TF			EDIT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADD CANCEL

# Editing PAs

- Then, click Review Request/I Agree/Submit Request.
- The PA is modified but the authorization ID remains the same.

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