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Program of All-Inclusive Care for the Elderly (PACE) Level Of Care Form User Guide

For Georgia Department of Community Health

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Overview

PACE (Program of All-Inclusive Care for the Elderly) is a Medicare and Medicaid program designed to help older adults who require nursing home level care remain safely in their homes and communities through coordinated services and support.

Starting 11/1/2026, the PACE Level of Care Request form will be available in the Medical Review Portal for facilities to enter their request.

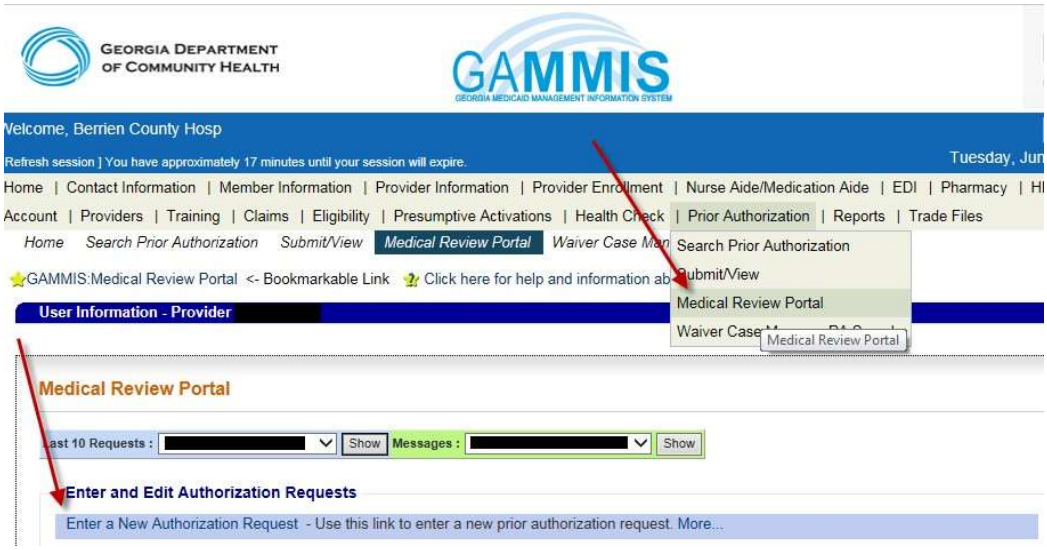
PACE Level of Care Request Guidelines and Restrictions

- The PA type for PACE Level of Care is PL6
- Rendering providers must have COS code of 860 AND a specialty code of 335
- Participants must:
    - Be 55 years of age or older
    - Meet nursing facility level of care
    - Reside within the approved PACE service area

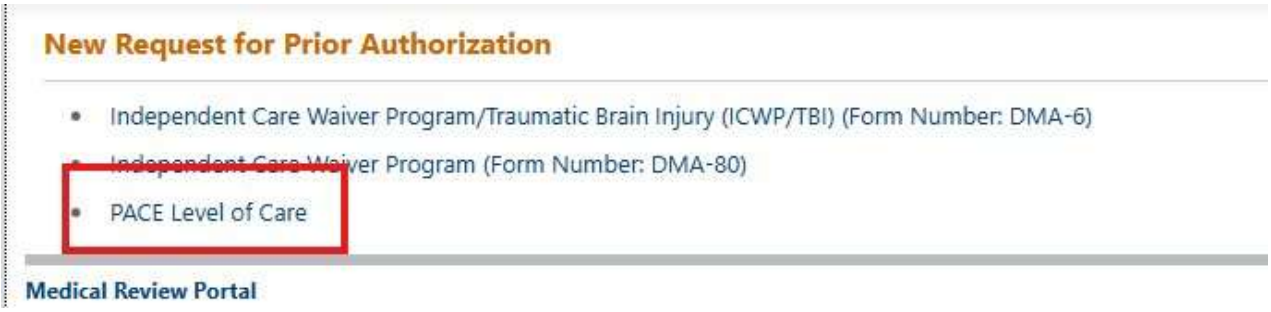
PACE Level of Care PA Submission Instructions

- Navigate to the Georgia MMIS Web Portal at www.mmis.georgia.gov and log in using your assigned username and password

- From the Secure Homepage, select Prior Authorization → Medical Review Portal; then Enter a New Authorization Request



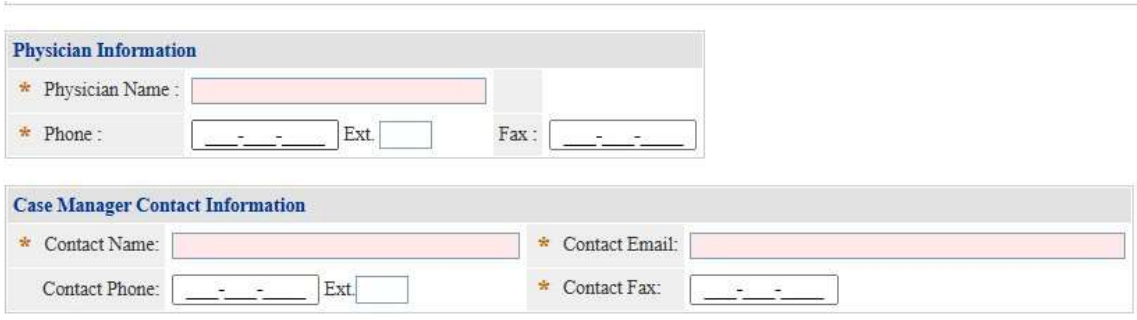
- Select **PACE Level of Care** from the list of review types



- On the next screen, the Provider ID is populated by the system based on portal login credentials
- There are two options to enter participant identifier
- Medicaid ID
- Social Security Number (only if participant is NOT enrolled in Medicaid at the time of request). Alliant Health Solutions will provide a temporary ID number for these participants

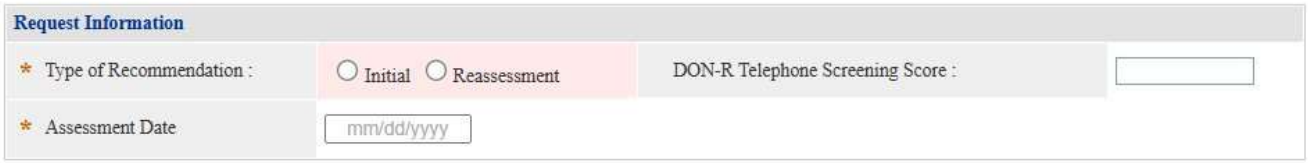


- Request Form:
- The Request Form is displayed with the provider information pulled into the PA request based on the provider's portal credentials. The member information is pulled from MMIS and populated on the request based on Medicaid ID entered on previous screen. For participants with no Medicaid ID, the user will be prompted to enter the participants information on the form.
- Enter physician and case manager contact information. The case manager information may populate based on the portal credentials. Please make sure this is correct as the email address on the PA form will be the contact that receives updates on this request.



- Enter Request Information
- If member is newly enrolled in the PACE program and this is the first request choose 'Initial' for the type of recommendation. Each approved PACE PA is good for 1 year. Any subsequent PAs entered will be a 'Reassessment'

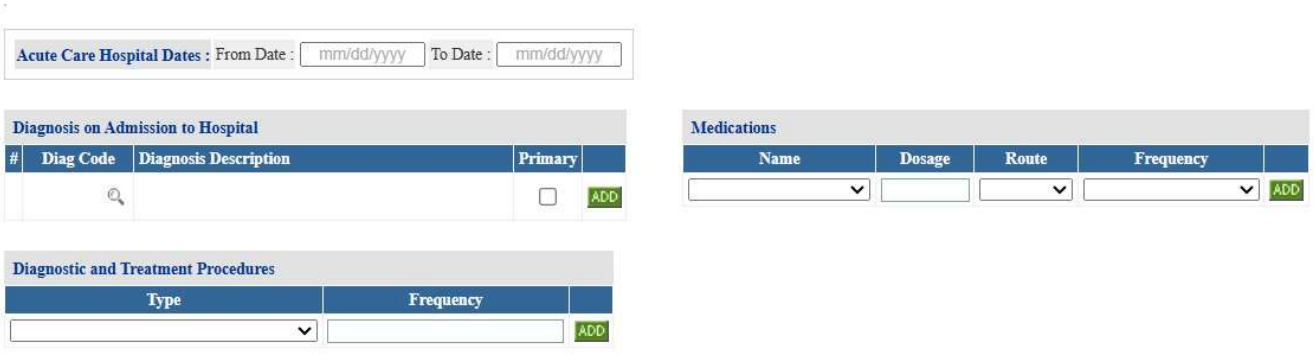
- The DON-R (Determination of Need – Revised) Score is required for initial requests only
- Enter the most recent assessment date



- **Diagnosis codes**: The Diagnosis table captures the diagnosis code, code descriptions (system populated), diagnosis date, diagnosis type (system populated), and primary diagnosis indicator for each diagnosis code entered (please note that for the PACE form the “Admission” checkbox does not need to be addressed and can be left blank).
- One primary diagnosis is required
- Click **ADD** to add the diagnosis code to the request
- After the diagnosis code has been entered, the provider may select **EDIT**, to modify or delete the code

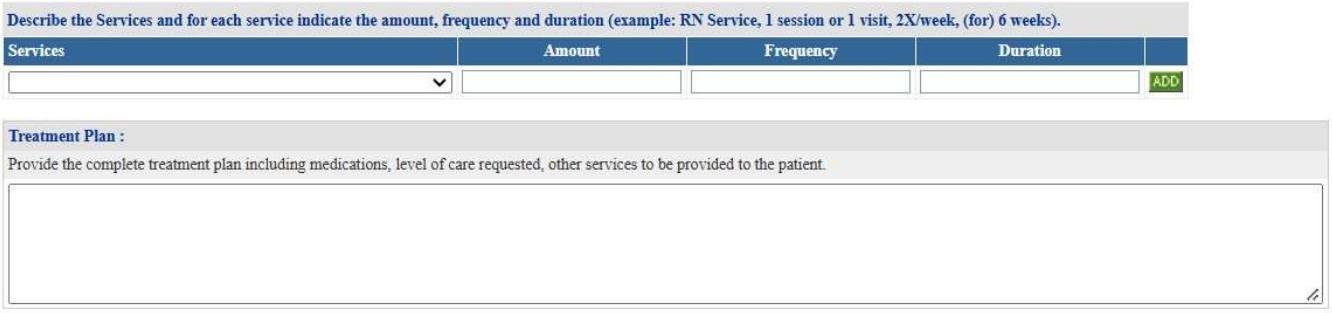


- Enter the most recent Acute Hospital Stay Information (if known), the related diagnosis, and any medicines, procedures, or services provided during the stay



- In the next field, choose each service that will be provided to the member

- Enter the amount, frequency, and duration for each service, then click Add
- Enter any additional comments regarding treatment in the comment section

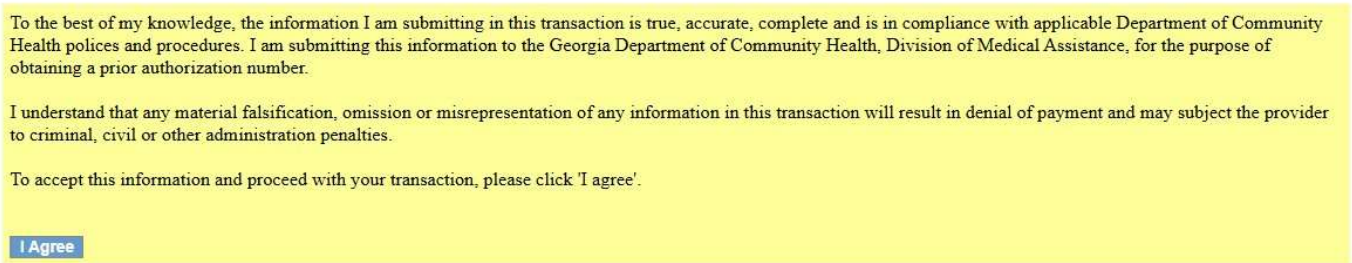


- When all data is entered on the request form, click **Review Request** to display the Attestation Statement. If the Attestation Statement does not display when Review Request is selected; or a message displays that 'information is missing or incorrect', scroll up the page to find what is missing or incorrect. There will be a red message at the top of the form indicating what it missing or invalid. Enter or correct the data, then click **Review Request** again

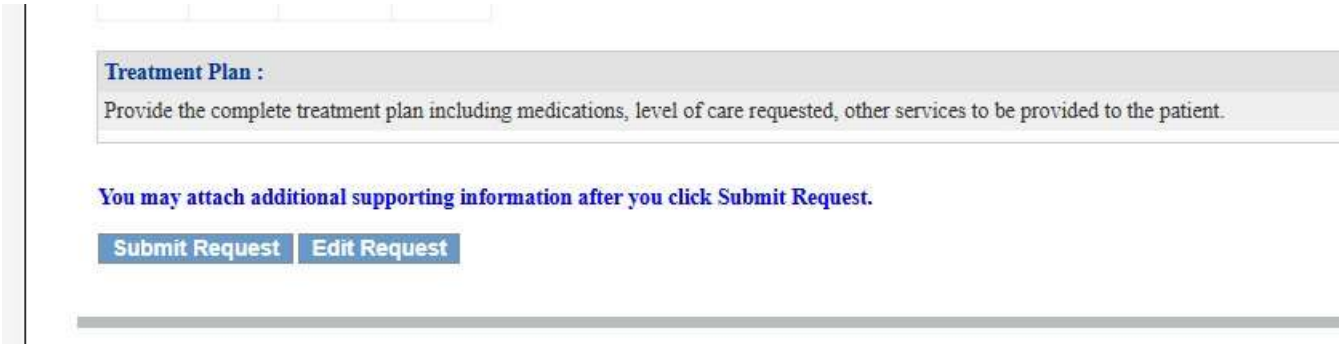




- Click **I Agree** in response to the Attestation Statement



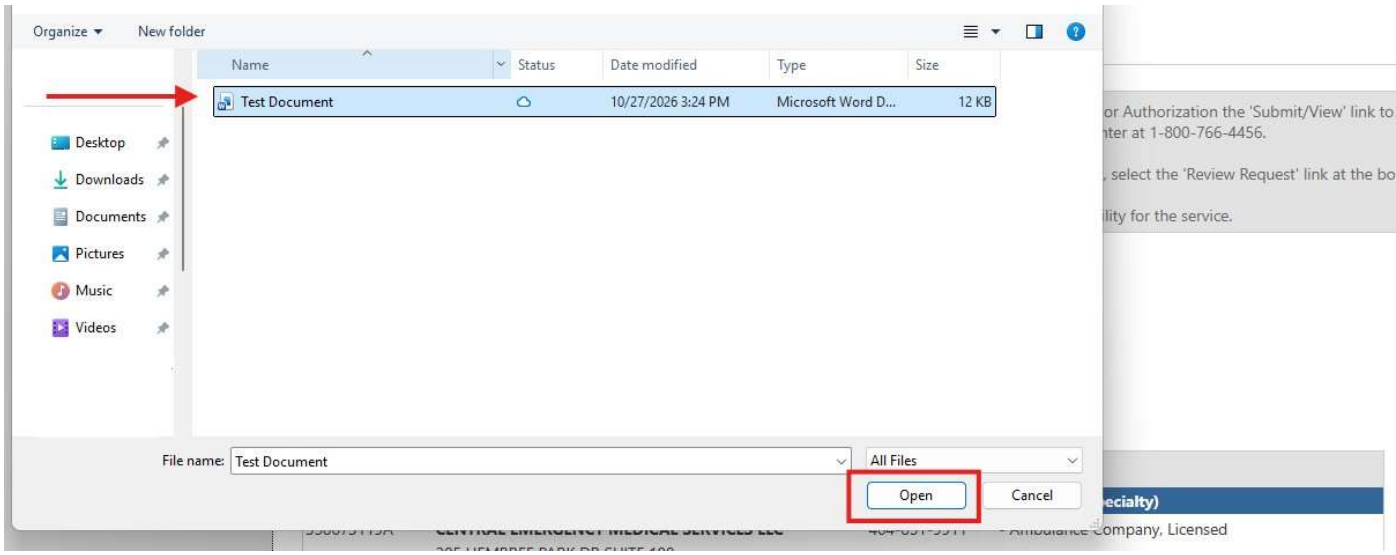
- Review the request. To change information entered, click **Edit Request**. Otherwise, click **Submit Request**



- When the request is successfully submitted, the system displays the pending PA tracking number



- At this point, attachments can be uploaded to the request under *Create an Attachment* section. To attach a document, click **Browse** and select your file from your local system, the file name will appear in the text field. After verifying the correct file was selected, click **Open.**

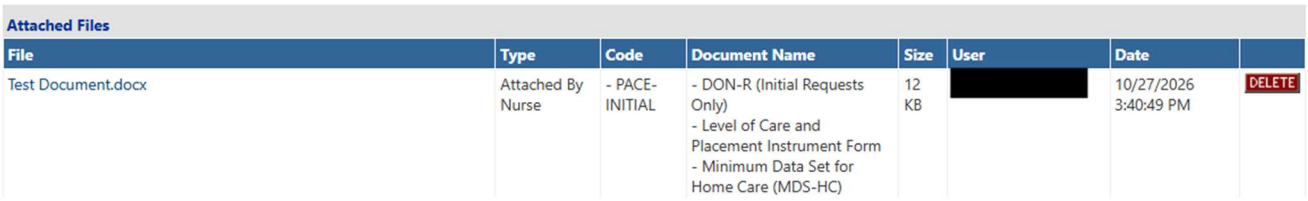


- The file box will then close and the attachment will show on the PA form. Prior to clicking "Attach File" select the box next to the type of document that is being attached. One

attachment may include more than one document type. Once the appropriate check box(es) are selected, click “Attach File”



- After attaching file, the page will reload and you will see your attachment on the form itself. This is your confirmation that the attachment was successfully added to the request.
- Once all attachments are added, you are finished with the request form.



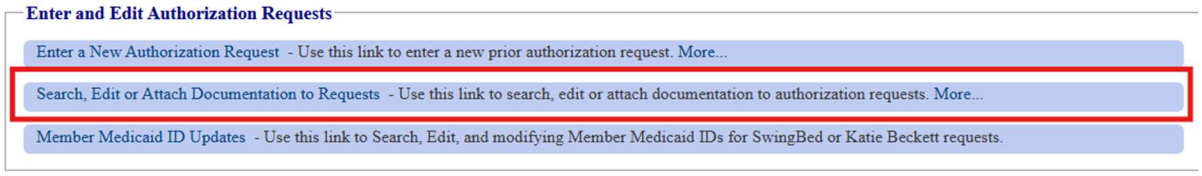
Provider Notifications

- Case Status Notifications
    - When a decision is made on a PACE request, the case manager whose email address is on the PA form will receive a no-reply email from noreply@allianthealth.org. You are encouraged to add this email as a valid address so these notifications do not end up in your spam folder

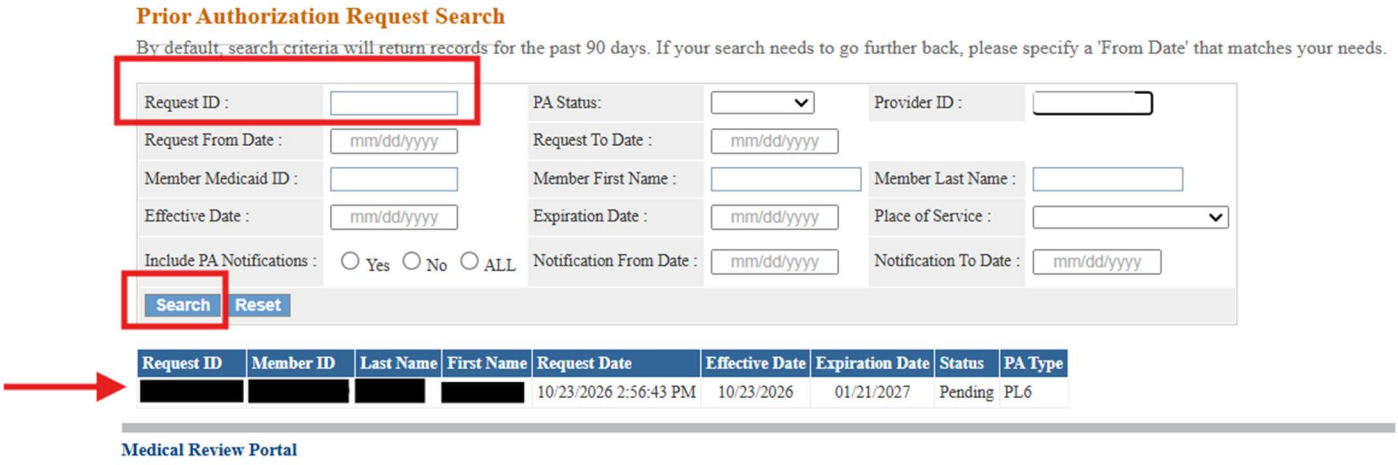
Check Prior Authorization Status

- To view decision details:

- Navigate to the *Medical Review Portal* and click **Search, Edit or Attach Documentation to Requests**

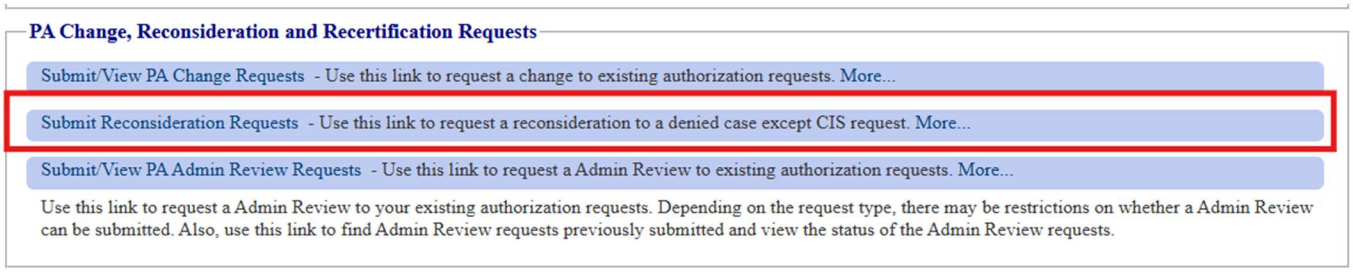


- Search for the PACE Level of Care request by entering the 'Request ID' and clicking **Search**. Then click the PA that displays in the search results.



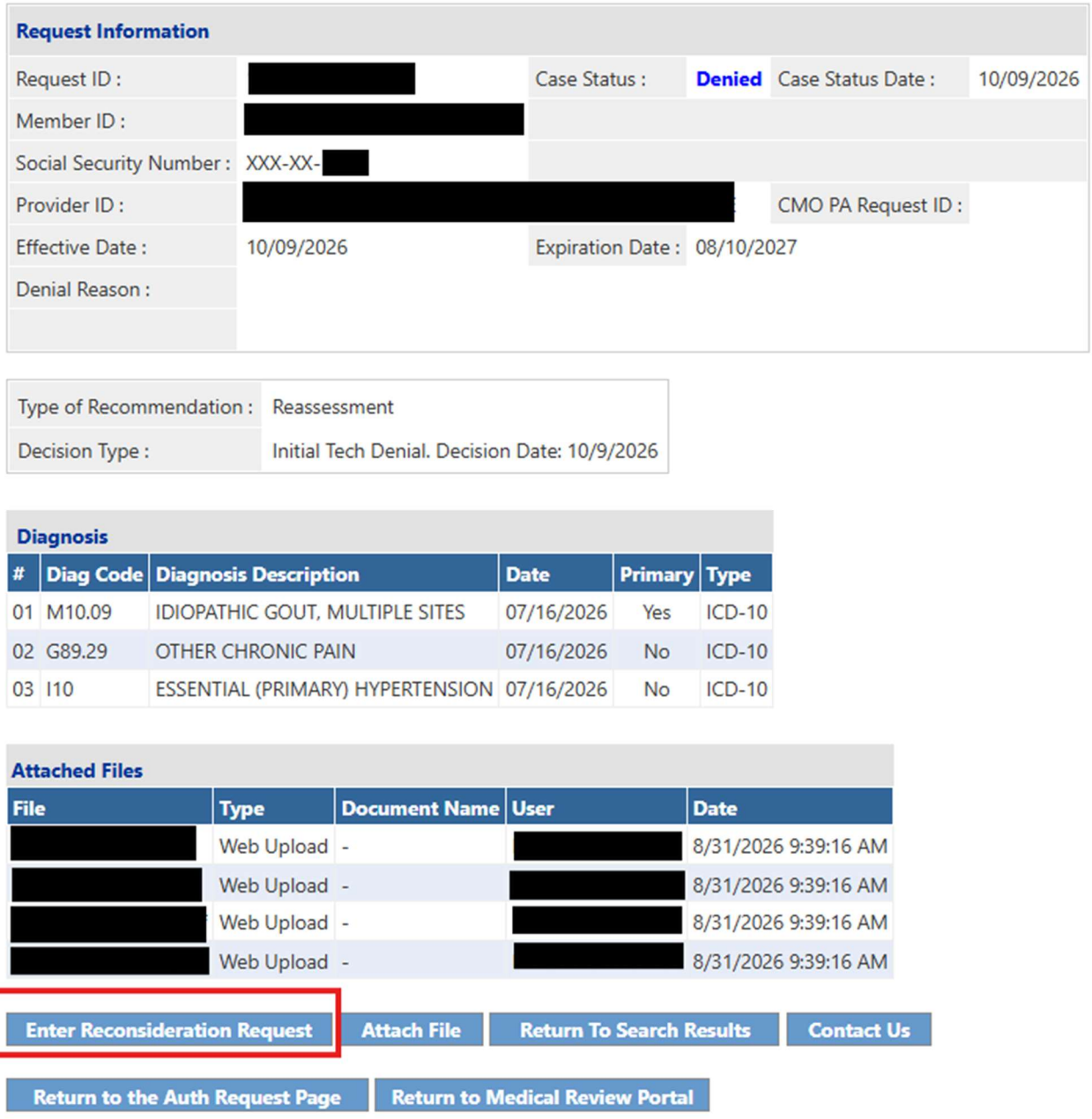
Reconsideration Requests

From the *Medical Review Portal*, providers may submit a request for reconsideration of a nurse denied decision. When a Reconsideration Request is processed, a no-reply email and a **Contact Us** message is sent to the provider. The notifications inform the provider that the reconsideration was processed and to check the *Medical Review Portal* for details.



- Reconsideration Requests must be submitted within thirty (30) calendar days of the decision date.
- **Reconsideration Submission Instructions:**
- Open the Medical Review Portal and select Submit Reconsideration Requests

- On the search page, enter the PA number in the Request ID box
- Click **Search**
- Click the Request ID on the search results list to open the Review Request page
- Click **Enter Reconsideration Request** as the bottom of the Review Request page (note that if the reconsideration request is untimely this button will not be available and a red message will appear at the top of the Review Request page)



Request Information

Request ID :	[redacted]	Case Status :	**Denied**	Case Status Date :	10/09/2026
Member ID :	[redacted]				
Social Security Number :	XXX-XX-[redacted]				
Provider ID :	[redacted]			CMO PA Request ID :	
Effective Date :	10/09/2026	Expiration Date :	08/10/2027		
Denial Reason :					

Type of Recommendation :	Reassessment
Decision Type :	Initial Tech Denial. Decision Date: 10/9/2026

Diagnosis

#	Diag Code	Diagnosis Description	Date	Primary	Type
01	M10.09	IDIOPATHIC GOUT, MULTIPLE SITES	07/16/2026	Yes	ICD-10
02	G89.29	OTHER CHRONIC PAIN	07/16/2026	No	ICD-10
03	I10	ESSENTIAL (PRIMARY) HYPERTENSION	07/16/2026	No	ICD-10

Attached Files

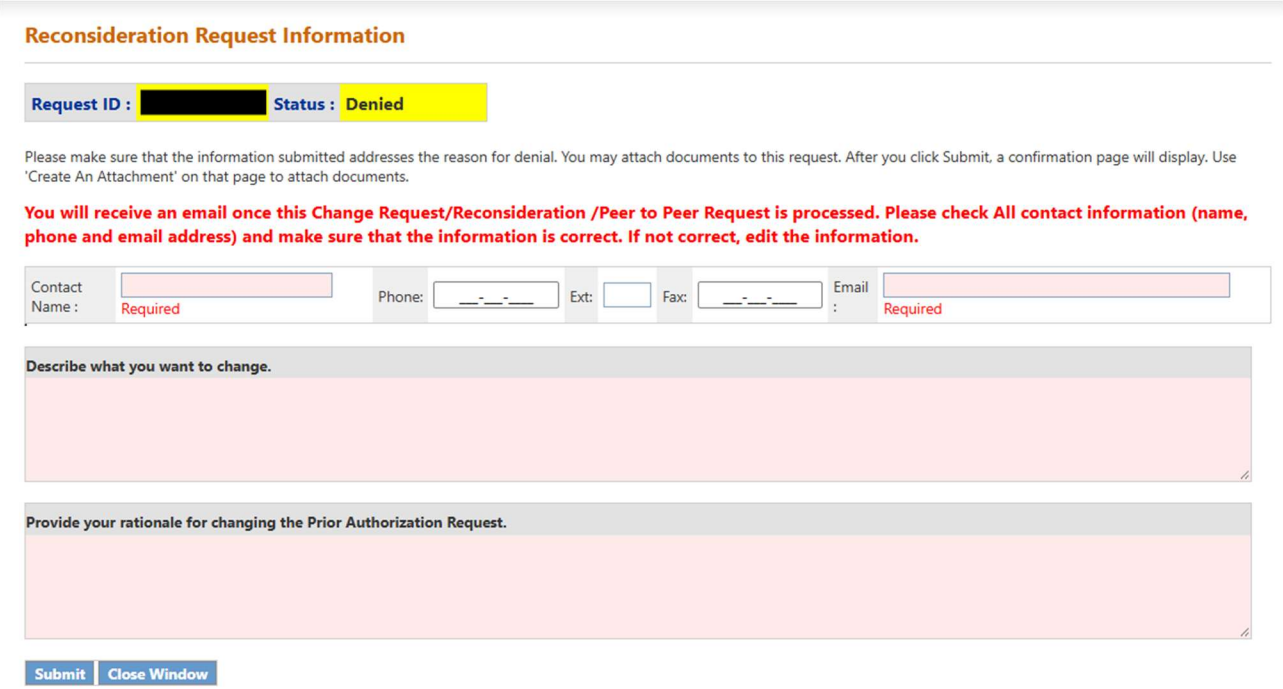
File	Type	Document Name	User	Date
[redacted]	Web Upload	-	[redacted]	8/31/2026 9:39:16 AM
[redacted]	Web Upload	-	[redacted]	8/31/2026 9:39:16 AM
[redacted]	Web Upload	-	[redacted]	8/31/2026 9:39:16 AM
[redacted]	Web Upload	-	[redacted]	8/31/2026 9:39:16 AM

Enter Reconsideration Request | Attach File | Return To Search Results | Contact Us

Return to the Auth Request Page | Return to Medical Review Portal

- On the *Reconsideration Request* Information form, verify the contact information that is automatically populated. If this information is not correct, please correct. This is important since

a no-reply email is sent to the email listed on the reconsideration form when the reconsideration is processed.



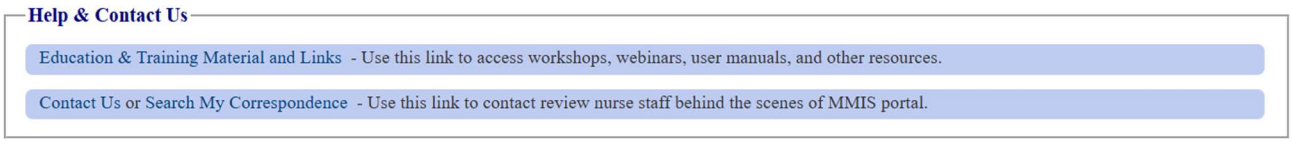
- In the first text box, clearly describe what you wanted changed as a result of the reconsideration review, such as: the codes, dates of service, or the units requested.
- In the second text box, summarize additional clinical information that supports the request for reconsideration review and specifically addresses the need for the services requested. Since supporting documentation must be attached to the reconsideration, it is permissible to enter “See Attached” in this box.
- Click **Submit**
- If the submission is successful, a page displays that confirms that the reconsideration has been entered successfully; and the attachment panel is available

Provider Correspondence

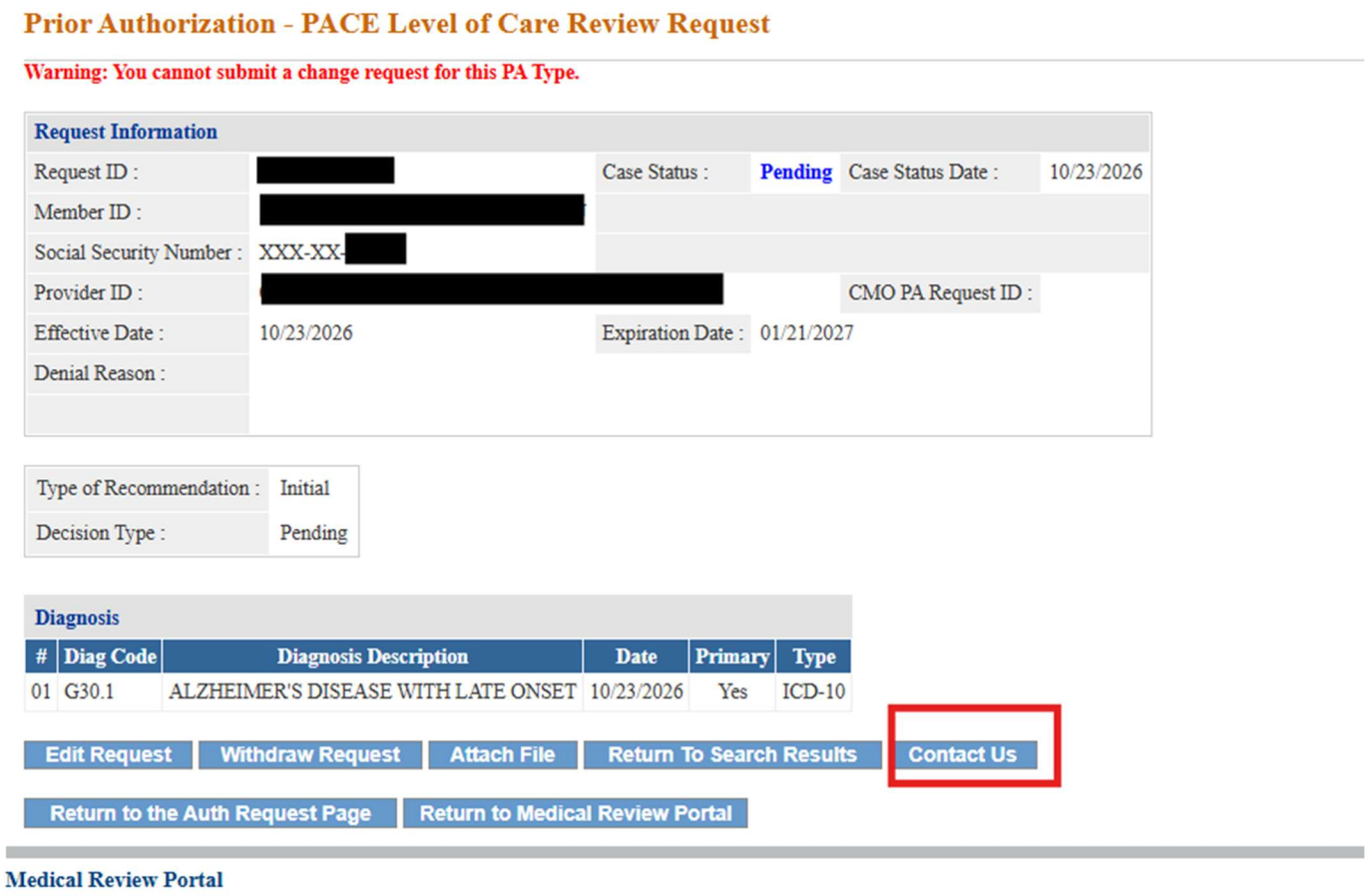
Provider Correspondence functionality allows providers to submit questions to Alliant Health Solutions (AHS) reviewers via the *Medical Review Portal*. The workspace includes the following features to accommodate this type of correspondence:

- Contact Us

- Search My Correspondence

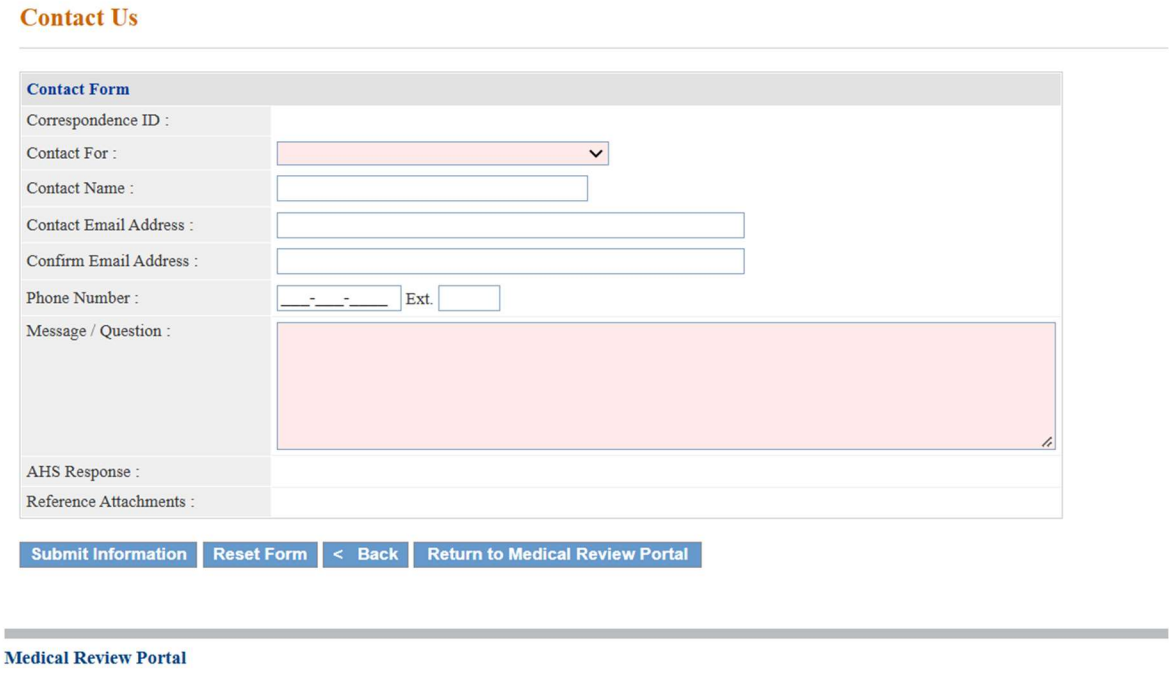


A *Contact Us* can also be sent from the Review Request Page (through Search, Edit or Attach Documentation to Request Link)



- **Entering a Contact Us**:
- Select PACE from the dropdown menu for ‘Contact For”.
- Note: If the Contact Us form is opened from the Review Request page for a specific PA, then the ‘Contact For’ type and ‘Prior Authorization Request ID’ fields will be populated by the system.
- Enter Contact Name, Contact Email and Phone Number.
- Enter the message or question in the ‘Message/Question’ box

- When complete, click **Submit Information**
- Once Contact Us is submitted, user will then have the opportunity to upload attachments if needed
- User will receive a no-reply email when Contact Us has been submitted successfully
- Staff at Alliant Health Solutions will review Contact Us and respond in a timely manner
- Once the Contact Us has been processed by Alliant Health Solutions, the user will receive a no-reply email alerting them that a response is available in the *Medical Review Portal*.



- Click **Enter Change Request** at the bottom of the page
- On the Change Request Information form confirm that contact information is correct. This information should be edited if not correct since the no reply email notification and Contact Us are sent to the email address note on the form.
- In the first box, clearly describe what needs to be changed
- In the next box, provide justification for the requested change(s)
- Next, select one or more checkboxes from the 'Rationale List' corresponding to the change(s) requested. If none applies to the change requested, select 'other'.
- Click **Submit**

Revision History

Version	Date	Description
1.0	10/30/2026	Initial Draft