

DD Provider Meetings

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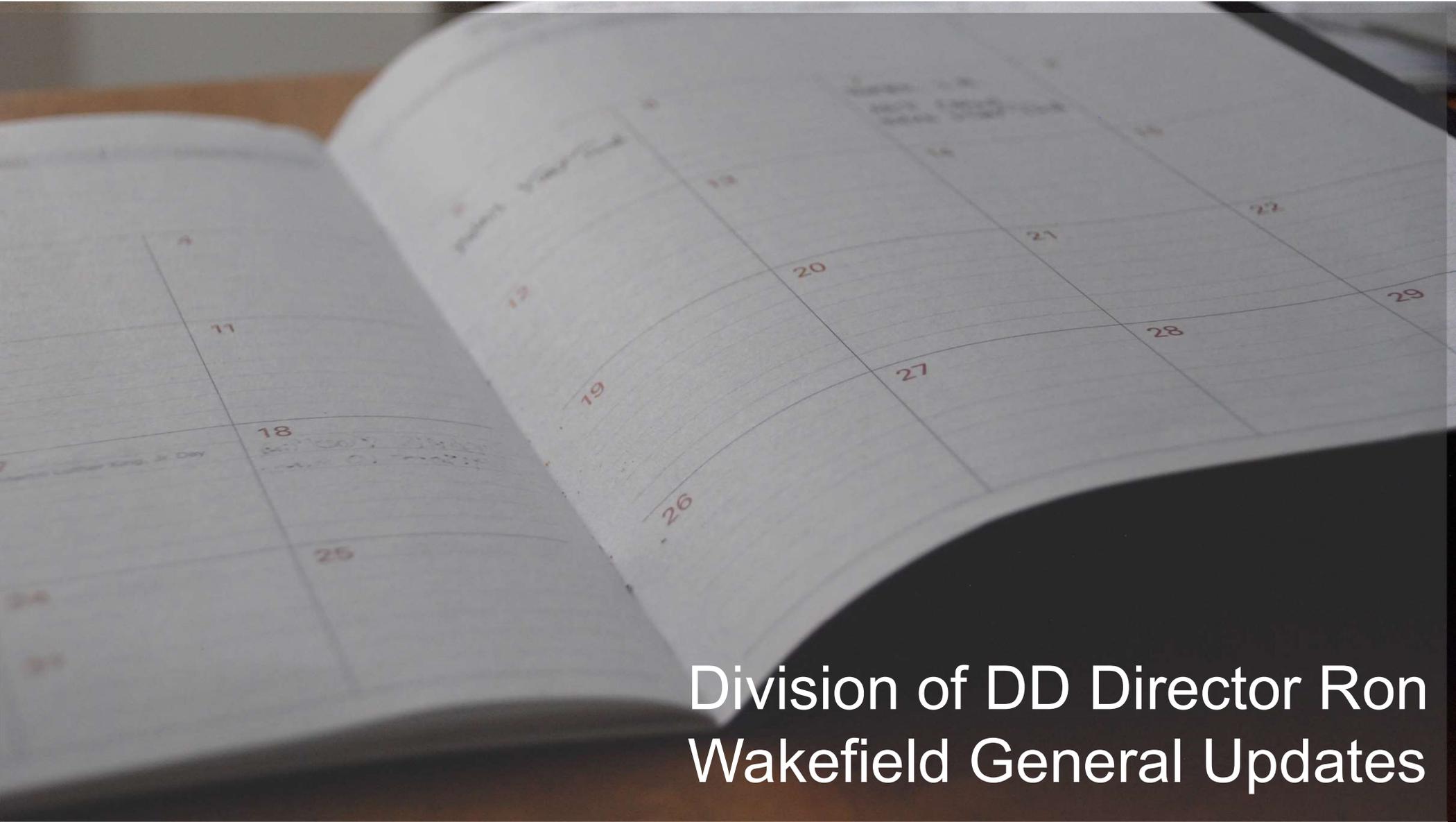
Georgia Department of Behavioral Health & Developmental Disabilities

Division of Developmental Disabilities
November 2019



Today's Agenda

Topic	Time- (End)	Documents (if applicable)
Welcome and Updates from DBHDD	9:00-9:15	Ron Wakefield, DBHDD Division Director
Waiver Manual Update	9:15-9:20	Ashleigh Henneberger, Director of Waiver Services
DXC Medical Billing Presentation	9:20-10:05	Department of Community Health
Stable Accounts	10:05-10:10	Jeff Thompson, Statewide Admission Services Manager
IDD Connects Provider Updates	10:10-12:15	Amy Riedesel, Director of Community Services & Beacon
Q&A and Wrap-up	12:15-1:00	Director Wakefield and DBHDD Central Office Staff



Division of DD Director Ron
Wakefield General Updates

NOW & COMP WAIVER MANUALS UPDATES

- October 1, 2019 COMP manual updates to reflect COMP waiver amendment
 - Interpreter services- projected enrollment for Spring 2020
 - Behavior Supports
 - Transportation- Supported Employment
 - Additional Staffing



New Biller/Remittance Advice Presentation



Agenda

- Objectives
- Overview of Georgia Medicaid Billing
- Claim Submission Basics
- Timely Filing & Policy Overview
- Accessing the Remittance Advice
- Contacting DXC Technology
- Overview of the Interactive Voice Response
- Session Review
- Closing, Questions, and Answers

Overview of Georgia Medicaid

Overview of Georgia Medicaid

- Medicaid is administered by the Georgia Department of Community Health (DCH) and pays medical bills with both state and federal money.
- Medicaid is a health insurance program that pays medical bills for eligible low-income families, including pregnant women and women with breast or cervical cancer, foster and adoptive children, and for eligible aged, blind, or those who have disabilities whose income is insufficient to meet the cost of necessary medical services.

Overview of Georgia Medicaid

(continued)

A Georgia Medicaid biller needs to understand the Medicaid program and the relationships between the various entities.

- Georgia Department of Community Health (DCH)
- Division of Family and Children Services (DFCS)
- DXC Technology (DXC)

Overview of Georgia Medicaid

(continued)

Department of Community Health

The Georgia Department of Community Health (DCH) is designated by the Official Code of Georgia (OCGA) as the single state agency to administer Medicaid.

DCH's Mission Statement:

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing, and oversight.

We are dedicated to ***A Healthy Georgia***

(Please always refer to your Policies and Procedures for Medicaid PeachCare for Kids® Part I Manual for additional information regarding GA Medicaid policy.)

Overview of Georgia Medicaid

(continued)

Division of Family and Children Services

The Division of Family and Children Services (DFCS) is part of The Department of Human Services (DHS) that:

- Is charged with determining and processing Medicaid eligibility through county DFCS offices statewide
- DCH contracts with DHS/DFCS for this function

Additionally, DFCS:

- Investigates child abuse cases and referrals
- Finds foster homes for abused and neglected children
- Helps low-income, out-of-work parents get back on their feet
- Assists with childcare costs for low-income parents who are working or in job training
- Provides numerous support services and innovative programs to help troubled families

Overview of Georgia Medicaid

(continued)

DXC Technology

DXC Technology is the fiscal agent for Georgia Medicaid and PeachCare for Kids®. The DCH contracted with DXC Technology to provide day-to-day services necessary for the Medicaid program to function. These day-to-day operations are managed by different departments within DXC Technology:

Member Enrollment
Provider Enrollment
Provider Relations
Financial
Data Capture
Systems
EDI

MAPIR
Contact Center
Web Portal
Written Correspondence
Resolutions
TPL
Publications

Georgia Medicaid Management Information System (GAMMIS)

- GAMMIS is the biller's 24-hour resource for Georgia Medicaid information.
- Non-secure information, such as policy manuals, provider alerts, forms, and training materials is available anywhere with Internet access. Secure information, such as claims, member eligibility, remittance advices, and prior authorizations are also available anywhere with Internet access, with a secure user identification number and password.

With the use of the secure log-in available to each Georgia Medicaid provider, a biller can also verify HIPAA-related data and perform various functions on behalf of that provider, such as:

- Procedure search
- Verifying member eligibility
- Submitting and reviewing prior authorizations
- Submitting, reviewing, adjusting, or resubmitting claims
- Reviewing remittance advice

Claim Submission Basics

Logging into the Secure Web Portal

To get started, login to the secure GAMMIS Web Portal at www.mmis.georgia.gov.

Click the Login button.



A blue header bar labeled "User Information" is shown. Below it, there is a link "Login/Manage Account" and a blue button labeled "Login".

1. Enter your Username and Password and click the Sign In button.



A form titled "Sign in to Georgia Medicaid" with a "Help" link. It contains two input fields: "Username" and "Password". Below the fields is a "Sign In" button. At the bottom, it says "Georgia Medicaid" and "Forgot your password?".

2. Click the Web Portal link.



Applications

Application	Description
MEUPS Account Management	Manages contact information, password, and authorizations for applications.
Web Portal	Web Portal Production

NOTE: If acting as a billing agent, please select the appropriate provider ID from the Switch Provider panel to begin navigating on behalf of that provider.

Procedure Search Panel

Please ensure you are active in a provider ID account

3. Select **Providers**

4. Select **Procedure Search**



The screenshot shows a navigation menu with the following items: Home | **Contact Information** | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD | Account | **Providers** | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files. Below this, there is a secondary row of links: Home, Secure Home, Demographic Maintenance, Direct Exchange Addresses, Provider Rates, Bed Registry, Procedure Search, and EOB Search. A third row contains: ★GAMMIS:Providers <- Bookmarkable Link and ★ Click here for help and information about bookmarks. At the bottom, there is an alert message box that says: (click to hide) Alert Message posted 2/24/2012. This site is for testing purposes only! This site is for testing purposes only. Any information provided on it is for demonstration purposes only.

1

2

Procedure Search

- Enter Procedure code (For Example, Procedure Code: 99212)
- Enter Date of Service
- Enter Place of Service (For Example, Place of service (POS): 11 indicates office)
- Select (**Search**)

Place of Service (POS)	Description
3	School
11	office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room

Procedure Search

(continued)

1. Enter the procedure code information you are inquiring about.
2. Enter Place of Service; ex: 21, 11, 22, etc.
3. Procedure Code Date – Enter the date the services will be rendered.
4. This is a brief snapshot of coverage information regarding the requested procedure code. This information does not indicate payment for a procedure code. Please review billing instructions for your specific program area as it relates to billing rules, age, gender and modifiers requirement.
5. Prior approval means approval of certain services or procedures performed by a specified provider or group of providers prior to the time the services are rendered.
6. Claim Type Definitions:
 - A. INPATIENT CROSSOVER CLAIMS
 - B. PROFESSIONAL CROSSOVER CLAIMS
 - C. OUTPATIENT CROSSOVER CLAIMS
 - D. DENTAL CLAIMS
 - I. INPATIENT CLAIMS
 - L. LONG TERM CARE CLAIMS
 - NP. PROFESSIONAL CLAIMS
 - O. OUTPATIENT CLAIMS
 - P. PHARMACY CLAIMS
 - G. COMPOUND DRUG CLAIMS
7. Refer to the Enrolled Categories of Service panel below to see the categories of service that the currently logged in provider has been assigned, their effective and end date [redacted] reason.

Enrolled Categories of Service for 007106015A					
COS	Description	Effective Date	End Date	Status	Status Reason
430	The Physician Services Program provides reimbursement for a broad range of medical service	01/01/2019	12/31/2299	Active	Active

Procedure Search			
Procedure Code*	99212	Procedure Code Date*	06/05/2019
Place of Service*	11	[Search]	
			[search]
			[clear]

Procedure Information	
Procedure Code	99212
Gender	
Minimum Age	
Maximum Age	
Description	OFFICE/OUTPATIENT VISIT EST
PA Required	The PA Required column will indicate whether the service requires either a Precertification or Prior Authorization. The possible values are: N - No PA is not required Y - Yes PA is required X - Yes PA is required Z - Yes Precert is required

Procedure Search

(continued)



Enrolled Categories of Service for						
COS	Description	Effective Date	End Date	Status	Status Reason	
430	The Physician Services Program provides reimbursement for a broad range of medical service	01/01/2011	01/01/2015	Active	Active	

Procedure Search

Procedure Information

Covered Categories of Service (29 rows returned)										
COS	Claim Type	Modifiers	Min Age	Max Age	Gender	From	Thru	PA Required		
010						01/01/2000	12/31/2299	Z - Yes Precert is required		
070						04/01/2003	12/31/2299	N - No PA is not required		
080						01/01/2000	12/31/2299	N - No PA is not required		
200	C					07/01/2000	12/31/2299	N - No PA is not required		
230	B,M	Including 0-4 from 24 25 52 57 AJ FP GT U1				01/01/2006	12/31/2299	N - No PA is not required		
270		Including 0-1 from U1 , Including 1-1 from FP				01/01/2013	12/31/2299	N - No PA is not required		
430	M	Including 0-4 from 24 25 27 57 58 59 78 79 91 E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA LC LD LM LT RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA , Including 0-1 from 52 AJ FP GT HA TM				01/01/2014	12/31/2299	N - No PA is not required		
430	B	Including 0-1 from 52 AJ AQ FP GT HA TM , Including 0-4 from 24 25 27 57 58 59 78 79 91 E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA LC LD LM LT RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA				01/01/2014	12/31/2299	N - No PA is not required		



Procedure Search

(continued)

- Your “**Enrolled Categories of Service**” “**Must**” be found on the list that shows “**Covered Categories of Service**”

If your Category of Service is not shown, that code is not covered and not reimburse to that provider type. If your Category is found, then your able to bill your procedure.

- **Modifiers:** The modifier listed are the only allowed modifiers that can be used
- **Age:** If an age range is listed, that age group is the only age group that is allowed
- **Gender:** If a gender type is listed, that is the only gender that is covered

Eligibility Verification

- Eligibility verification is the first and most important step in billing any claim.
- Eligibility should be verified prior to each visit to the office or facility, or dispensing of any equipment or treatment.
- Verifying eligibility allows you to determine:
 - Is the member currently eligible?
 - Is the member eligible for this service?
 - Does the member have other coverage?
 - Has the member reached coverage limitations?
 - Does the member have a spend-down or patient liability that will affect the claim?
 - Is the member in a CMO? If so, which CMO?

Eligibility Verification

(continued)

There are three ways Georgia Medicaid provides verification of member eligibility:

- GAMMIS website www.mmis.georgia.gov (secure Web Portal only)
- Interactive Voice Response System (IVRS)
- Provider Services Contact Center (PSCC)

The IVRS and the GAMMIS website are available 24 hours a day.

Eligibility Verification

(continued)

- GAMMIS website www.mmis.georgia.gov (secure Web Portal only)
- Eligibility
- Eligibility Request

The screenshot shows the top navigation bar of the GAMMIS website. The bar is blue with white text. On the left, it says "Welcome, Call Center". On the right, there is a "Search" button and the date "Tuesday, November 10, 2015". Below the blue bar, there is a white navigation menu with a blue highlight under "Eligibility". Two red arrows point to the "Eligibility" and "Eligibility Request" links. The "Eligibility Request" link is highlighted in blue.

Welcome, Call Center Search

[Refresh session] You have approximately 19 minutes until your session will expire. Tuesday, November 10, 2015

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy

Account | Providers | Training | Claims | **Eligibility** | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files

Home *Eligibility Request*

2 1

Eligibility Verification

(continued)

Eligibility Verification Request ? ▲

Member ID	<input type="text" value="123456789012"/>	Birth Date	<input type="text"/>	<input type="button" value="⊗"/>
Last Name	<input type="text"/>	SSN	<input type="text"/>	
First Name	<input type="text"/>	From/Thru Date of Service	<input type="text" value="05/01/2010"/>	<input type="button" value="⊗"/> <input type="text" value="05/05/2010"/> <input type="button" value="⊗"/>
Gender	<input type="button" value="v"/>			

1 → **2** →

Member ID Information		Member Transactions		First Name	TEST MEMBER
Member ID				Last Name	MEDICAID FAIR
Birth Date	04/14/1991			Middle Initial	
Address 1	2 PEACHTREE ST NW			Name Suffix	
Address 2(County)	080 - FULTON			Gender	F
City	ATLANTA			Transaction Date/Time	06/05/2019 09:27:45
State	GA			Confirmation #	1915000DEN
Zip	30303-3141				

Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations
Active	35 - Health Plan Benefit Coverage	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	MEDICAID

Provider Name	Plan Name	Provider Phone	Effective Date	End Date
PEACH STATE HEALTH PLAN - ATLANTA	Georgia Families	(888)974-0633	06/05/2019	06/05/2019

Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Co-pay Amount	Special Co-pay Notes
Active	1 - Medical Care	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for KIds Policy Manual for the exact co-payment amount.
Inactive for Service Type Code selected	33 - Chiropractic	06/05/2019	06/05/2019				
Active	35 - Dental Care	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	0.00	
Active	47 - Hospital	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for KIds Policy Manual for the exact co-payment amount.
Active	48 - Hospital - Inpatient	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for KIds Policy Manual for the exact co-payment amount.
Active	50 - Hospital - Outpatient	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	3.00	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for KIds Policy Manual for the exact co-payment amount.
Active	86 - Emergency Services	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	0.00	
Active	88 - Pharmacy	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	3.00	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for KIds Policy Manual for the exact co-payment amount.
Active	96 - Professional (Physician) Visit - Office	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	2.00	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for KIds Policy Manual for the exact co-payment amount.
Active	AL - Vision (Optometry)	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	1.00	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for KIds Policy Manual for the exact co-payment amount.
Active	MH - Mental Health	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	0.00	
Active	UC - Urgent Care	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	0.00	

Benefit Information	Procedure Code	Units/Amount Allowed	Units/Amount Used	Time Period
6259 CALENDAR YEAR OFFICE VISITS EXCEEDED			10	3 23 - 1 Calendar Years

Eligibility Verification

(continued)

Member's Eligibility is **Inactive** with no Medicaid Benefits.



Eligibility by Service Type								?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes	
Inactive for Service Type Code selected.		09/08/2018	09/08/2018					

Eligibility Verification

(continued)

Member's Eligibility is **Inactive** with no Medicaid Benefits
Member has Medicare Part B Premiums paid to Medicare only



Benefit Plans							?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations	
Active	30 - Health Plan Benefit Coverage	06/08/2018	06/08/2018	MC - Medicaid	661 - Spec. Low Income Mcre Benefic.	Provides payment of the monthly Medicare Part B premium only (SLMB-COE 466, 661 QI-COE 662)	

Eligibility by Service Type								?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes	
Inactive for Service Type Code selected	1 - Medical Care	06/08/2018	06/08/2018					
Inactive for Service Type Code selected	33 - Chiropractic	06/08/2018	06/08/2018					
Inactive for Service Type Code selected	35 - Dental Care	06/08/2018	06/08/2018					
Inactive for Service Type Code selected	47 - Hospital	06/08/2018	06/08/2018					
Inactive for Service Type Code selected	48 - Hospital - Inpatient	06/08/2018	06/08/2018					

Eligibility Verification

(continued)

- **This member has CCSP Medicaid – Payment for CCSP Services**
- **QMB Medicare Part A and Medicaid as secondary & covers coinsurance and deductible up to Medicaid allowed amount only.**

Benefit Plans							
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations	
Active	30 - Health Plan Benefit Coverage	06/08/2018	06/08/2018	MC - Medicaid	259 - Community Care Waiver	MEDICAID	
Active	30 - Health Plan Benefit Coverage	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	Provides payment of Medicare Part A premium for those individuals who must pay a premium for Part A, Medicare coinsurance, deductible and Medicare Part B premium only. QMB will not cover any medical service that is not covered by Medicare. (QMB- COE 460 or 660.)	
Eligibility by Service Type							
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes
Active	1 - Medical Care	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Inactive for Service Type Code selected.	33 - Chiropractic	06/08/2018	06/08/2018				
Active	35 - Dental Care	06/08/2018	06/08/2018	MC - Medicaid	259 - Community Care Waiver	0.00	
Active	47 - Hospital	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Active	48 - Hospital - Inpatient	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Active	50 - Hospital - Outpatient	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	3.00	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Active	86 - Emergency Services	06/08/2018	06/08/2018	MC - Medicaid	259 - Community Care Waiver	0.00	
Active	88 - Pharmacy	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	3.00	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.

Eligibility Verification

(continued)

Member has Active SSI Medicaid Benefits

Benefit Plans							?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations	
Active	30 - Health Plan Benefit Coverage	11/01/2018	11/16/2018	MC - Medicaid	303 - SSI - Disabled	MEDICAID	

Eligibility by Service Type								?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes	
Active	1 - Medical Care	11/01/2018	11/16/2018	MC - Medicaid	303 - SSI - Disabled	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.	

Eligibility Verification

(continued)

Retroactive eligibility claims must be received by the division within (six) months after the date in which the determination of retroactive eligibility was made.

Retroactive Eligibility			?
Retroactive Begin Date	Retroactive End Date	Retroactive Eff (Update) Date	
06/08/2018	06/08/2018	08/11/2018	

Member Other Insurance Information Update



The screenshot shows a window titled "Member ID Information" with a "Member Transactions" button. The member details are as follows:

Member ID Information	
Member ID	22
Birth Date	
Address 1	8372 DR
Address 2(County)	031 - CLAYTON
City	RIVERDALE
State	GA
Zip	30296-1289
First Name	BABY BOY
Last Name	D
Middle Initial	
Name Suffix	
Gender	M
Transaction Date/Time	01/17/2017 11:36:47
Confirmation #	17017

Effective February 23, 2017, the DMA-410: EB-TPL form will need to be submitted via the GAMMIS Web Portal when updating a members COB information.

To provide this information, upload a scanned image of the member's insurance card for COB updates to the GAMMIS Web Portal at www.mmis.georgia.gov. Perform an eligibility request for the member in question, select the new **Member Transactions** button and follow the instructions provided on the member transactions page.

Please note: Providers will need to continue using the paper DMA 410-Form for Section I: Co-Payment Notification and Section II: COB Non-Coverage Affidavit.

Member Other Insurance Information Forms

Forms are located at : www.mmis.georgia.gov – Provider Information – Forms for Providers:

TPL /COB Notification/Update Form : DMA - 410

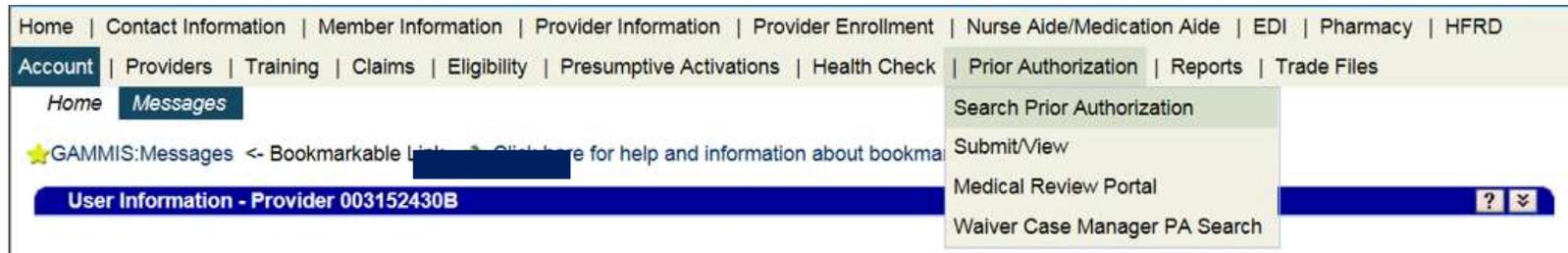
Medicare Notification/Update Form : DMA - 460

Prior Authorization Search

Prior Authorization Search

Visit: www.mmis.georgia.gov

- Log in with your username and password
- Select Web Portal
- Select Prior Authorization



The screenshot shows the top navigation bar of the MMIS website. The main navigation menu includes: Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD. A secondary menu below it includes: Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files. The 'Prior Authorization' menu is currently open, displaying a dropdown list with the following options: Search Prior Authorization, Submit/View, Medical Review Portal, and Waiver Case Manager PA Search. Below the navigation bar, there is a breadcrumb trail: Home > Messages. A blue banner at the bottom of the page displays 'User Information - Provider 003152430B' on the left and a help icon on the right.

Prior Authorization Search

(continued)

The screenshot shows the web application's navigation menu. A red arrow with the number '1' points to the 'Prior Authorization' link in the top navigation bar. A second red arrow with the number '2' points to the 'Search Prior Authorization' button in the sub-menu.

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD
Account | Providers | Training | Claims | Presumptive Activations | **Prior Authorization** | Reports | Trade Files

2 → Search Prior Authorization Submit/View Medical Review Portal Waiver Case Manager PA Search

★ GAMMIS: Search Prior Authorization <- Bookmarkable Link 🗨️ Click here for help and information about bookmarks

User Information - Provider ? ↕

Please Note: When a Member ID is entered, please navigate from the field prior to entering additional search criteria or clicking search to allow the system to refresh and identify the member name on file.

Prior Authorization Search Top ? ↕

Prior Authorization	<input type="text"/>	Member ID	<input type="text"/>
Procedure	<input type="text"/> [Search]	Name	<input type="text"/>
Requested From/Through DOS	<input type="text"/> <input type="button" value="↔"/> <input type="text"/> <input type="button" value="↔"/>	Records	20 <input type="button" value="v"/>
			<input type="button" value="search"/>
			<input type="button" value="clear"/>

Prior Authorization Search

(continued)



The screenshot shows a web form titled "Prior Authorization Search" with a blue header bar. The form is divided into two main sections. The left section contains three input fields: "Prior Authorization" (with a search button), "Procedure" (with a search button), and "Requested From/Through DOS" (with two date pickers). The right section contains two input fields: "Member ID" and "Name". Below these fields is a "Records" dropdown menu set to "20". At the bottom right of the form are two buttons: "search" and "clear".

A Prior Authorization search can be done in either of the following ways:

- Enter the member's prior authorization number and select search

Or

- Enter the Member ID and the requested from/through date of service and select search

Prior Authorization Search

(result example)

Base Information			
Prior Authorization Number	[REDACTED]	Member ID	[REDACTED]
Provider Name	[REDACTED]	Member Name	[REDACTED]
REF ID	[REDACTED]		
From DOS	11/14/2016		
Through DOS	11/13/2017		
Status	APPROVED		

Prior Authorization Search

(continued)

Line Items											
PA Line Item	01	Status	APPROVED	Rendering Provider							
From DOS	11/14/2016	COS Code		Category of Service							
Through DOS	11/13/2017			Tooth							
Most Recent DOS Paid				Quadrant							
Units Allowed	12	Amount Allowed	\$2,240.04	Surface							
Units Used	0.000	Amount Used	\$0.00								
Max Monthly Units	1	Max Monthly Amount	\$0.00								
Max Daily Units	0	Authorized Rate	\$0.00								
PA Line Item	02	Status	APPROVED	Rendering Provider							
From DOS	11/14/2016	COS Code		Category of Service							
Through DOS	11/13/2017			Tooth							
Most Recent DOS Paid	01/12/2017			Quadrant							
Units Allowed	1160	Amount Allowed	\$10,416.80	Surface							
Units Used	104.000	Amount Used	\$933.92								
Max Monthly Units	110	Max Monthly Amount	\$0.00								
Max Daily Units	0	Authorized Rate	\$0.00								
PA Line Item	03	Status	APPROVED	Rendering Provider							
From DOS	11/14/2016	COS Code		Category of Service							
Through DOS	11/13/2017			Tooth							
Most Recent DOS Paid	01/11/2017			Quadrant							
Units Allowed	676	Amount Allowed	\$6,827.60	Surface							
Units Used	98.000	Amount Used	\$896.45								
Max Monthly Units	60	Max Monthly Amount	\$0.00								
Max Daily Units	0	Authorized Rate	\$0.00								
Procedures											
PA Line Item	(Procedure	Description)	(Modifier 1	Description)	(Modifier 2	Description)	(Modifier 3	Description)	(Modifier 4	Description)	NDC
01	1	T2022	CASE MANAGEMENT, PER MONTH	SE	STATE/FED FUNDED PROGRAM/SER						
02	2	T1021	HH AIDE OR CN AIDE PER VISIT	TF	INTERMEDIATE LEVEL OF CARE						
03	3	T1021	HH AIDE OR CN AIDE PER VISIT	U1	M/CAID CARE LEV 1 STATE DEF						

Acceptable Claim Types and Submissions

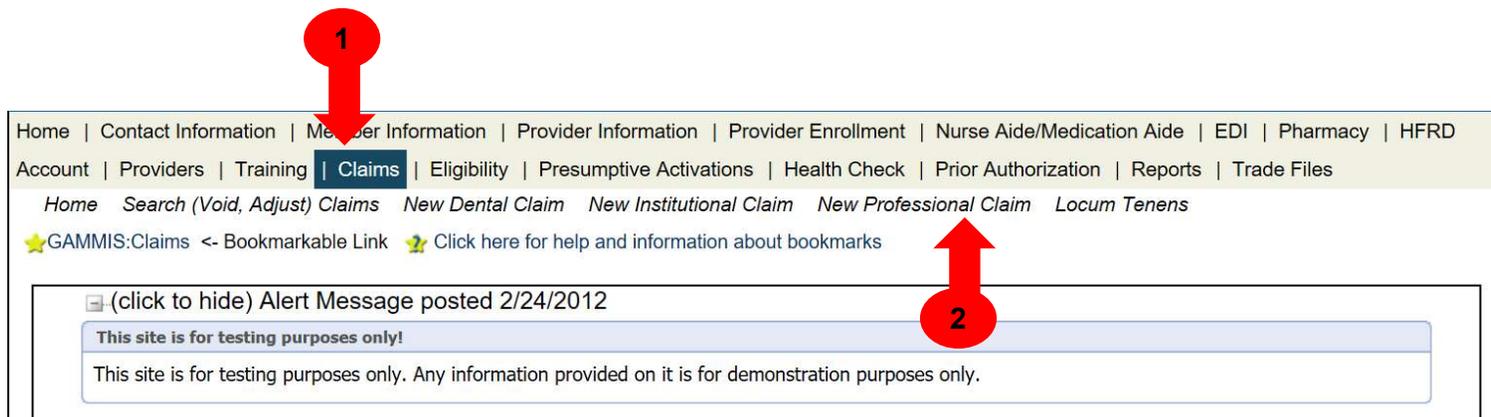
The provider can submit the following claim types:

- Professional – CMS 1500
- Institutional – UB 04
- Dental – 2006 ADA Dental claim

Claims, Claim adjustments, and Claim resubmissions can be submitted in two ways:

- Electronically through a clearinghouse
- Through the Georgia Medicaid Web Portal

Professional Billing Information



Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD
Account | Providers | Training | **Claims** | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files
Home Search (Void, Adjust) Claims New Dental Claim New Institutional Claim New Professional Claim Locum Tenens
★GAMMIS:Claims <- Bookmarkable Link 🚩 Click here for help and information about bookmarks

(click to hide) Alert Message posted 2/24/2012

This site is for testing purposes only!

This site is for testing purposes only. Any information provided on it is for demonstration purposes only.

The image shows a screenshot of a website's navigation menu. A red arrow labeled '1' points to the 'Claims' link in the top navigation bar. Below the navigation bar, there is a search bar and a list of links. A red arrow labeled '2' points to an alert message box that says 'This site is for testing purposes only!'. The alert message is displayed in a light blue box with a white border.

Professional Billing Information

Section 1

Enter the required information and as much optional information as possible (some required fields are the Member ID, Last Name, First Name, and Middle Initial).

The screenshot displays a 'Professional Claim' form with the following sections and fields:

- Adjudication Information:** ICN/TCN, RA Date, Claim Status, Total Paid Amount (\$0.00).
- Billing Information:** Rendering Provider ID, Rendering Taxonomy, Member ID, Last Name, First Name, MI, Date of Birth, Gender, Patient Account #, Medical Record #, Service Facility ID.
- EPSDT Referral:** Referral Indicator, Referral Code 1, 2, and 3.
- ICD Version:** ICD-10.
- Release of Information:** Related Causes Code 1 and 2.
- Accident:** Accident State, Accident Date, Admit Date, Discharge Date, Date of Death.
- Patient Responsibility:** PA/Precert Number (highlighted with a red box and a red arrow), Referral Number.
- Referring Provider:** Referring Provider ID, Referring Provider Name (Last, First, MI), Primary Care Provider ID, Primary Care Provider Name (Last, First, MI).
- Amount Totals:** Total Charges (\$0.00), Total TPL Amount.

Annotations include green arrows pointing to the Member ID, Last Name, First Name, MI, and Date of Birth fields, and a red box and arrow pointing to the PA/Precert Number field.

Diagnosis

Section 2

Allows entry of up to 10 diagnoses

- **Click add to activate the diagnosis section for each additional diagnosis to be entered.**
- Enter the diagnosis (to find a diagnosis code, use the [Search] feature).
- Enter the sequence (diagnosis code pointer) number.

The screenshot shows a software interface for entering diagnosis information. At the top, there is a header bar with the title "Diagnosis" and three tabs: "Sequence", "Diagnosis", and "Description". Below the header, there is a table with columns for "Sequence", "Diagnosis", and "Description". The "Sequence" column has a dropdown menu currently showing "1", with a list of numbers from 1 to 7 visible below it. The "Diagnosis" column has a text input field followed by a "[Search]" button. The "Description" column is currently empty. At the bottom right of the form, there are two buttons: "delete" and "add". The text "Type data below for new record." is displayed in the description area.

Detail

Detail

** No rows found **

Select row above to update -or- click Add button below.



Claims Detail

Click add to add up to 50 lines > Click copy to duplicate information > Click delete to delete the details entered

Item		Detail	
From DOS	1	Emergency	
To DOS		EPSDT/Fam Plan	
POS		PA/Precert Number	
Procedure Description		Mammogram Certification Number	
Modifiers	...	DME Serial Number	
Diagnosis Pointers		NDC	
Units	0.00	NDC Drug Name	
Charges	\$0.00	MCare Allowed Amount	\$0.00
Rendering Provider		Status	
		Allowed Amount	\$0.00
		CoPay Amount	\$0.00
		Paid Amount	\$0.00

Type data below for new record

Item	1	Emergency	
From DOS*		EPSDT/Fam Plan	
To DOS		PA/Precert Number	
POS*	[Search]	Mammogram Certification Number	
Procedure*	[Search]	DME Serial Number	
Procedure Description		<u>Drug Rebate Information</u>	
Modifier 1	[Search]	NDC	[Search]
Modifier 2	[Search]	NDC Drug Name	
Modifier 3	[Search]	<u>Medicare Information</u>	
Modifier 4	[Search]	Allowed Amount	\$0.00
Diagnosis Pointer		<u>Adjudication Information</u>	
Units*	0	Status	
Charges*	\$0.00	Allowed Amount	\$0.00
Rendering Provider		CoPay Amount	\$0.00
		Paid Amount	\$0.00

delete add copy

Submit

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy
Account | Providers | Training | **Claims** | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files
Home Search (Void, Adjust) New Dental Claim New Institutional Claim **New Professional Claim**

(click to hide) Alert Message posted 10/1/2015
ICD-10 Is Live
If your date of service requires you to submit ICD-9 codes, select ICD-9 from the ICD Version field prior to entering any ICD-9 codes.

User Information - Provider

Provider Billing Manuals

submit cancel

Professional Claim

Adjudication Information
ICN/TCN
RA Date

Billing Information
Rendering Provider ID
Rendering Taxonomy
Member ID*
Last Name*
First Name, MI*
Date of Birth*
Gender*
Patient Account #
Medical Record #
Service Facility ID

EPSDT Referral Indicator
EPSDT Referral Code 1
EPSDT Referral Code 2
EPSDT Referral Code 3

ICD Version* ICD-10

Claim Status
Total Paid Amount \$0.00

Release of Information*
Related Causes Code 1
Related Causes Code 2
Accident State
Accident Date
Admit Date
Discharge Date
Date of Death

Patient Responsibility \$0.00
PA/Precert Number
Referral Number
Referring Provider ID
Referring Provider Name (Last, First, MI)
Primary Care Provider ID
Primary Care Provider Name (Last, First, MI)

Amount Totals
Total Charges \$0.00
Total TPL Amount
Diagnosis

Claims Status

Once a claim has been processed, its status will be:

- **Paid:** Some or all of the claim was reimbursable.
- **Denied:** No part of the claim was found to be reimbursable.
- **Suspended:** Further processing is needed. The final determination may be dependent upon further review or receipt of additional information.

Internal Control Number (Claim Number)

- The ICN is a 13-digit number that is unique to each claim, no matter the status.

22	12010	999	999
Region	Julian Date	Batch	Sequence
<i>Claim Type</i>	<i>Year and Day</i>	Internal Use Only	

- The region or claim type is determined by how the claim was submitted.

New Claim, Not Submitted

- If the claim is new and has not been submitted, the submit and cancel buttons appear.



The screenshot shows a web interface for a 'Professional Claim'. At the top right, there is a link for 'Provider Billing Manuals'. Below it, a red arrow points to a box containing two buttons: 'submit' and 'cancel'. The main form area is titled 'Professional Claim' and contains several sections:

- Adjudication Information:** Includes fields for 'ICN/TCN' and 'RA Date'. A 'DMA520 Inquiry' button is located to the right of the 'RA Date' field.
- Billing Information:** Includes fields for 'Rendering Provider ID' and 'Rendering Taxonomy'.
- Claim Status:** Shows 'Total Paid Amount' as '\$0.00'.
- Release of Information*:** A dropdown menu showing 'Y - SIGNED STMT PERMITTING RELEASE'.
- Related Causes Code 1:** A dropdown menu.

Claim Status – Top of the Claim

Claim number – Internal Control Number (ICN)

Status – Paid, Denied or Suspended

Total Paid amount

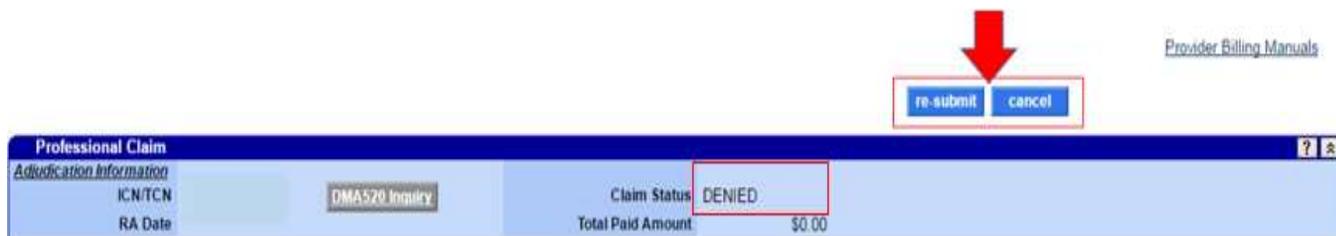
[Provider Billing Manuals](#)

Professional Claim	
<i>Adjudication Information</i>	
ICN/TCN	2019000000010 <input type="button" value="DMA520 Inquiry"/>
RA Date	
<i>Billing Information</i>	
Claim Status	Paid
Total Paid Amount	1000.00



Denied Claim

- If denied, the re-submit and cancel buttons appear.



Suspended Claim

- If suspended, no buttons will appear. (Manual Review Required)

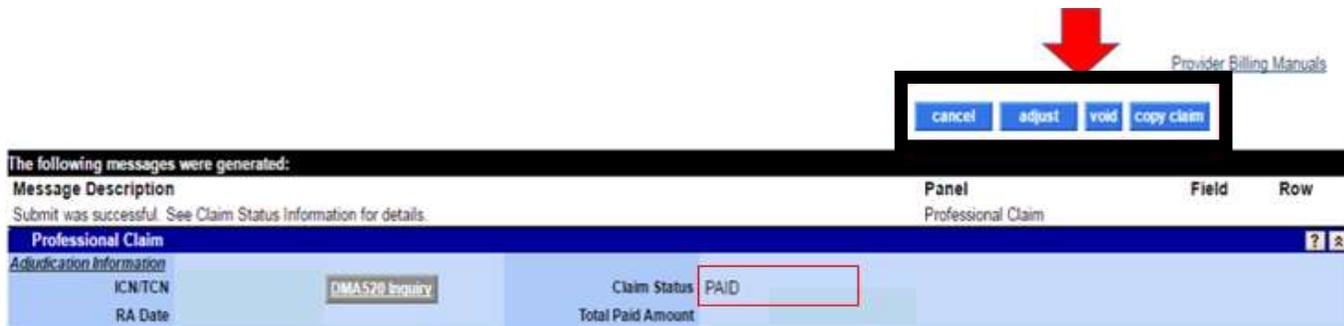


The following messages were generated:

Message Description	Panel	Field	Row
Submit was successful. See Claim Status Information for details.	Professional Claim		
Professional Claim ? *			
<u>Adjudication Information</u>			
ICN/TCN	DMA520 Inquiry	Claim Status	SUSPENDED
RA Date		Total Paid Amount	\$0.00

Paid Claim with the Adjust Option

- If paid, the adjust, void, copy claim, and cancel buttons appear. (If the paid claim has already been adjusted, the void and adjust buttons are no longer available). **This claim can be adjusted within 90 days of the paid date.**



The screenshot displays a software interface for managing claims. At the top right, there is a link for "Provider Billing Manuals". Below this, a toolbar contains four buttons: "cancel", "adjust", "void", and "copy claim". A red arrow points to the "adjust" button. The main area shows a message: "The following messages were generated: Message Description: Submit was successful. See Claim Status Information for details." Below this is a table with the following structure:

Professional Claim		Panel	Field	Row
Adjudication Information		Professional Claim		
ICN/TCN	DMAS20 Inquiry	Claim Status	PAID	
RA Date		Total Paid Amount		

Claim Corrections

Search and located your most current claim number (ICN) and select it

- Move down to your **detail** line and select the line that needs to be corrected
- Make your corrections to your detail line

Example 1: if you billed 20 units and it should be 40 units, correct to 40 units and total charge

Example 2: If you billed 40 units and it should have been 20 units, correct to 20 units and total charge

- Move to the top and select **Adjust**

Note: Adjustments must be made within 90 days of paid date

Common Denials

- 535: Adjustment exceeds timely filing period
- 3000: PA units exhausted or partially available
- 3011: DOS not within PA/Precert effective dates
- 4021: No Coverage for Billed Procedure
- 5035, 5037 or 5042: Exact Duplicate
- 5038 or 5043: Possible Duplicate
- 5044: Possible conflict (with another waiver)
- 5115: Service not allowed during hospital stay



Claims History Research

Claims History Search

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD
Account | Providers | Training | **Claims** | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files
Home | **Search (Void, Adjust) Claims** | *Local Claim* | *New Institutional Claim* | *New Professional Claim* | *Locum Tenens*
★GAMMIS:Search (Void, Adjust) Claims <- Bookmarkable Link 🌟 Click here for help and information about bookmarks

(click to hide) Alert Message posted 2/24/2012

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Claims History Search

(continued)

- ICN (Search)
- Member ID, FDOS -> TDOS, Claim Type (Search)
- Member ID, FDOS -> TDOS, Status Type (Search)
- Member ID, Claim Type, RA Date (Search)

Claim Type = Professional

Status Type Options = Paid, Denied, Suspended

Claims History Search

(continued)

Claim Search
Top ?

ICN/TCN

Member ID

Rendering Provider ID [Search]

Claim Type

From/Thru DOS

RA Date

Status

Records

English | Español | Accessibility

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Search Results (13 rows returned)									
ICN	TCN	Member ID	From DOS	To DOS	Claim Type	Status	RA Date	Amount Billed	Paid
4009	3090	111	01/05/2009	01/05/2009	PROFESSIONAL CLAIMS	PAID	01/12/2009	\$67.97	\$40.70
4009	2090	111	01/07/2009	01/07/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/19/2009	\$66.81	\$48.20
4009	2090	111	01/09/2009	01/09/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/02/2009	\$80.00	\$0.00
4009	2090	111	01/12/2009	01/12/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/26/2009	\$67.97	\$40.70
4009	2090	111	01/12/2009	01/12/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/26/2009	\$102.93	\$62.71
4009	8090	111	01/12/2009	01/12/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$420.00	\$107.31
4009	2090	111	01/13/2009	01/13/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/29/2009	\$66.81	\$48.20
4009	8090	111	01/14/2009	01/14/2009	PROFESSIONAL XOVER CLAIMS	PAID	04/13/2009	\$102.93	\$0.00
4009	2090	111	01/23/2009	01/23/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/09/2009	\$102.93	\$59.71
4009	2090	111	01/27/2009	01/27/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$105.93	\$0.00
4009	8090	111	01/27/2009	01/27/2009	PROFESSIONAL XOVER CLAIMS	PAID	04/13/2009	\$79.61	\$6.59
4009	2090	111	01/28/2009	01/28/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$144.01	\$85.12
4009	2090	111	01/29/2009	01/29/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$102.93	\$0.00

Sort Claims by DOS, RA Date, Billed, or Paid



Search Results (7 rows returned)						
From DOS ▲	To DOS	Claim Type	Status	RA Date	Amount Billed	Paid
09/06/2012	09/06/2012	PROFESSIONAL CLAIMS	DENIED	09/24/2012	\$235.00	\$0.00
09/10/2012	09/10/2012	PROFESSIONAL CLAIMS	DENIED	09/24/2012	\$235.00	\$0.00
10/01/2012	10/01/2012	PROFESSIONAL CLAIMS	DENIED	10/15/2012	\$235.00	\$0.00
10/08/2012	10/15/2012	PROFESSIONAL CLAIMS	DENIED	10/29/2012	\$470.00	\$0.00
10/22/2012	10/22/2012	PROFESSIONAL CLAIMS	DENIED	11/05/2012	\$235.00	\$0.00
10/29/2012	10/29/2012	PROFESSIONAL CLAIMS	DENIED	11/19/2012	\$235.00	\$0.00
11/12/2012	11/13/2012	PROFESSIONAL CLAIMS	DENIED	12/03/2012	\$359.00	\$0.00



Search Results (7 rows returned)						
From DOS	To DOS	Claim Type	Status	RA Date ▼	Amount Billed	Paid
11/12/2012	11/13/2012	PROFESSIONAL CLAIMS	DENIED	12/03/2012	\$359.00	\$0.00
10/29/2012	10/29/2012	PROFESSIONAL CLAIMS	DENIED	11/19/2012	\$235.00	\$0.00
10/22/2012	10/22/2012	PROFESSIONAL CLAIMS	DENIED	11/05/2012	\$235.00	\$0.00
10/08/2012	10/15/2012	PROFESSIONAL CLAIMS	DENIED	10/29/2012	\$470.00	\$0.00
10/01/2012	10/01/2012	PROFESSIONAL CLAIMS	DENIED	10/15/2012	\$235.00	\$0.00
09/06/2012	09/06/2012	PROFESSIONAL CLAIMS	DENIED	09/24/2012	\$235.00	\$0.00
09/10/2012	09/10/2012	PROFESSIONAL CLAIMS	DENIED	09/24/2012	\$235.00	\$0.00

Timely Filing Rules

For most providers, timely filing is six months from the month of service (MOS) –the month the service was rendered by the provider. However, there are variations which you should be aware:

- Claim adjustment – Within three months of the month of payment
- Claim resubmission – Within three months of the month the denial occurred
- Crossover claim – Within 12 months of MOS
- Secondary/TPL claim – Within 12 months of MOS
- One year (365 days) Claims Submission Edit (NEW)

One Year (365 Days) Claim Submission Edit

Example:

	Original Submit Claim	1 st Resubmit	2 nd Adjustment
DOS	Denied Date:	Adjustment	(365 days)
July 1, 2016	December 30, 2016	March 31, 2017	June 30, 2017

- All claim submissions and adjustments to denied claims are to be completed according to policy by 365 days. Other timely submission and resubmission system edits will remain in GAMMIS according to policy (there is no time limit for adjusting a claim that reverses payment back to the Department).
- Please refer to the Georgia Medicaid Part 1 - Policies and Procedures Manual, Chapter 200. The Timely Resubmission policy outlined in Section 204 will still be enforced to include this new one year or 365 days guideline.
 - *Banner Message posted June 14, 2017

Accessing
the
Remittance Advice

Accessing the Remittance Advice

The screenshot shows a web application interface with a navigation menu at the top. The menu items are: Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide | EDI | Pharmacy | Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | GBHC Referral | **Reports** | Trade Files. A green arrow points down to the 'Reports' link. Below the main menu, there is a sub-menu with the following items: Home | **Financial Reports** | HS&R Reports | Other Reports | Letters. A green arrow points up to the 'Financial Reports' link. Below the sub-menu, there is a 'Reports' form with the following fields: Report* (Remittance Advice), From Date* (10/01/2009), To Date* (01/21/2010), and Records (20). There are 'Clear' and 'Search' buttons at the bottom right of the form.

- Select **Report**, then **Financial Reports** from the menu. Next, select **Remittance Advice** from the Report drop down menu.
- Enter the date span
- Click Search

Remittance Advice (RA)

The RA is comprised of several document types in this order:

- Banner Messages (if applicable)
- Claims Activity/Status (if applicable)
- Financial Transactions – Expenditures (system generated only) and Accounts Receivable
- EOB Descriptions (if applicable)
- Summary Page

The RA is generated each claims payment cycle. RAs are only received if there is activity during the claims cycle.

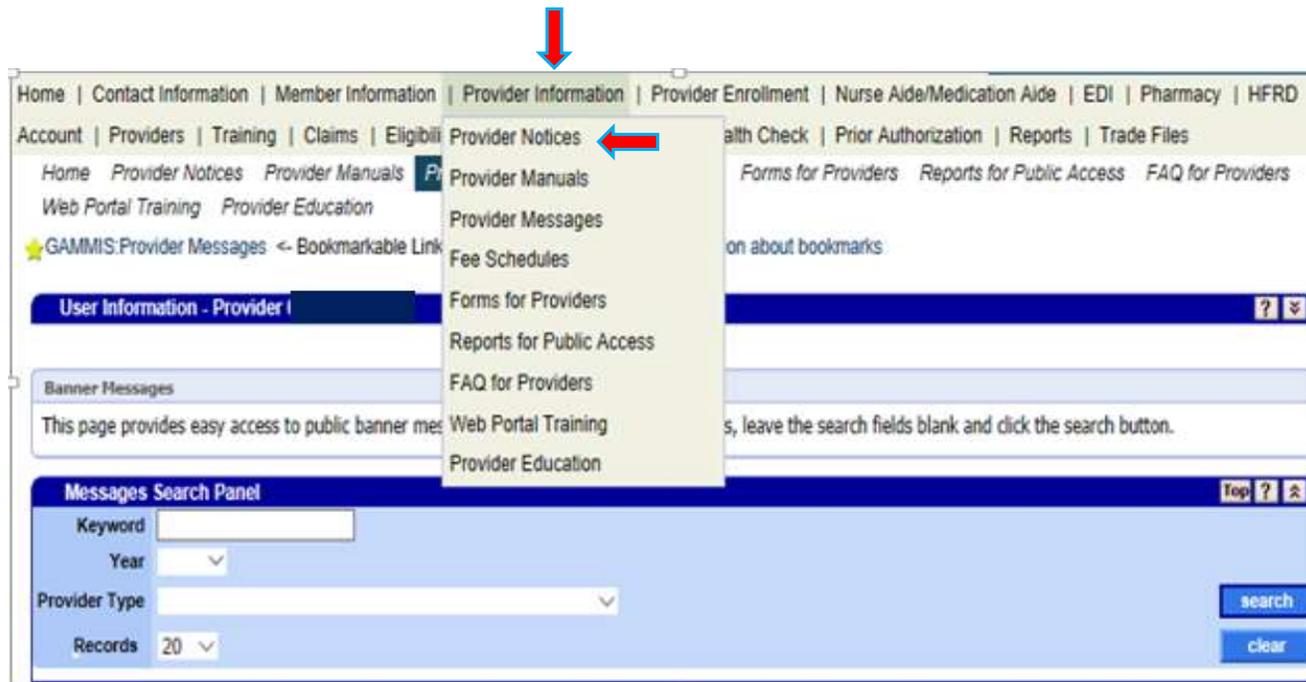
Policy Information

Policy Information and Updates

Home | Contact Information | Member Information | **Provider Information** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD
Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files
Home Provider Notices Provider Manuals Provider Messages Fee Schedules Forms for Providers Reports for Public Access FAQ for Providers
Web Portal Training Provider Education
★GAMMIS:Provider Information <- Bookmarkable Link ★Click here for help and information about bookmarks



Provider Information and Provider Notices



The screenshot shows a web portal navigation menu. A red arrow points to the 'Provider Information' link in the top navigation bar. A dropdown menu is open under 'Provider Information', with a red arrow pointing to the 'Provider Notices' link. The dropdown menu contains the following items: Provider Notices, Provider Manuals, Provider Messages, Fee Schedules, Forms for Providers, Reports for Public Access, FAQ for Providers, Web Portal Training, and Provider Education. Below the navigation menu, there are sections for 'User Information - Provider', 'Banner Messages', and a 'Messages Search Panel' with search fields for Keyword, Year, Provider Type, and Records, along with search and clear buttons.

Home | Contact Information | Member Information | **Provider Information** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD

Account | Providers | Training | Claims | Eligibility | Health Check | Prior Authorization | Reports | Trade Files

Home | Provider Notices | Provider Manuals | Provider Messages | Forms for Providers | Reports for Public Access | FAQ for Providers

Web Portal Training | Provider Education

GAMMIS:Provider Messages <- Bookmarkable Link

on about bookmarks

User Information - Provider

Banner Messages

This page provides easy access to public banner messages.

Messages Search Panel

Keyword

Year

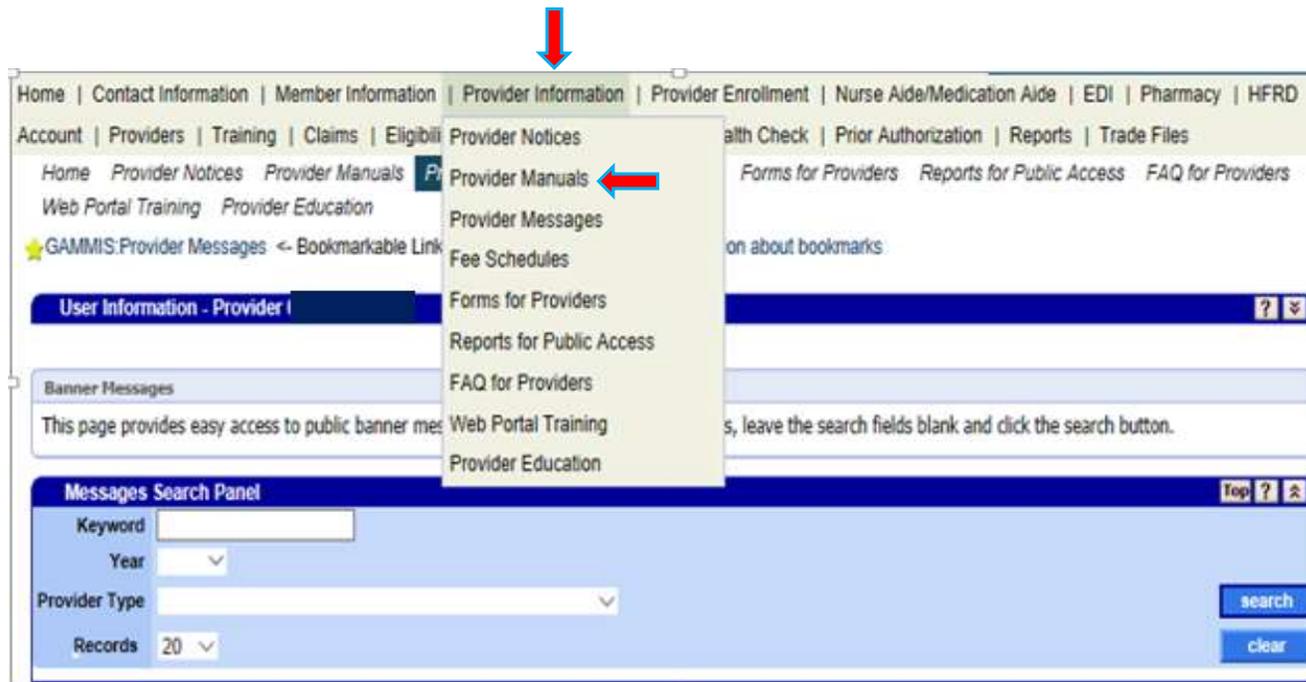
Provider Type

Records 20

search

clear

Provider Information and Provider Manuals



The screenshot shows a web portal navigation menu. A red arrow points to the 'Provider Information' link in the top navigation bar. A dropdown menu is open under 'Provider Information', with a red arrow pointing to the 'Provider Manuals' link. The dropdown menu contains the following items: Provider Notices, Provider Manuals, Provider Messages, Fee Schedules, Forms for Providers, Reports for Public Access, FAQ for Providers, Web Portal Training, and Provider Education. The background of the page shows various sections like 'User Information - Provider', 'Banner Messages', and a 'Messages Search Panel' with search fields for Keyword, Year, Provider Type, and Records.

Provider Information and Provider Messages

The screenshot shows a web portal navigation menu. The main menu items are: Home | Contact Information | Member Information | **Provider Information** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD. A dropdown menu is open under "Provider Information", listing: Provider Notices, Provider Manuals, **Provider Messages**, Fee Schedules, Forms for Providers, Reports for Public Access, FAQ for Providers, Web Portal Training, and Provider Education. A red arrow points to the "Provider Messages" item in the dropdown. Below the navigation menu, there are sections for "User Information - Provider i", "Banner Messages" (with text: "This page provides easy access to public banner mes"), and a "Messages Search Panel" with fields for Keyword, Year, Provider Type, and Records (set to 20), and search/clear buttons.

Provider Information and Provider Messages

(continued)

Messages Search Panel Top ? ↕

Keyword

Year

Provider Type

Records 20



Messages (more than 60 available)

Type	Sent Date	Subject
ALL PROVIDER TYPES	08/01/2017	Upcoming Changes to Member Eligibility Inquiries
ALL PROVIDER TYPES	08/01/2017	Autism Screenings - CPT 96110 EP UA
ALL PROVIDER TYPES	08/01/2017	Georgia Families Pharmacy Quick Reference Guide
ALL PROVIDER TYPES	07/28/2017	Physician and Mid-Level Workshops in August 2017
ALL PROVIDER TYPES	07/28/2017	Centralized PA Process Inbox to be shut down 8/1/2017
ALL PROVIDER TYPES	07/28/2017	Ending of 45 Day Prior Authorization Period
ALL PROVIDER TYPES	07/20/2017	Gwinnett/Lawrenceville Meaningful Use Workshop
ALL PROVIDER TYPES	07/20/2017	Hyaluronan Derivatives Products ? Change of Coverage
ALL PROVIDER TYPES	07/20/2017	Hyaluronan Derivatives Products - Change of Coverage
AMBULATORY, EMERGENCY MEDICAL SERVICE PROV, TRANSPORTATION	07/07/2017	Reimbursement Change in the Adult Air Emergency Transportation Medicare Crossover Claims
AMBULATORY, EMERGENCY MEDICAL SERVICE PROV, TRANSPORTATION	07/07/2017	Reimbursement Change in the Adult Air Emergency Transportation Medicare Crossover Claims
ALL PROVIDER TYPES	07/06/2017	DME Claim Denials June 9, 2017-June 22, 2017
ALL PROVIDER TYPES	07/06/2017	Change in Process for Hepatitis C
ALL PROVIDER TYPES	07/03/2017	Georgia Families Additional Provider Resources
ALL PROVIDER TYPES	07/03/2017	ICWP PSS CARE LEVELS REVISION
ALL PROVIDER TYPES	07/03/2017	Georgia Families Additional Provider Resources
ALL PROVIDER TYPES	06/30/2017	Georgia Families Additional Provider Resources
ALL PROVIDER TYPES	06/30/2017	Georgia Families Public Open Forum - Cordele, GA
ALL PROVIDER TYPES	06/30/2017	CMO Meet and Greet in Alma, GA
ALL PROVIDER TYPES	06/28/2017	New Biller Workshops in July 2017

1 2 3 ... Next >

IVRS Overview

The Interactive Voice Response System (IVRS) allows users to call and conduct inquiries or transactions on the Georgia Medicaid Management Information System (GAMMIS) using a touch-tone telephone.

1-800-766-4456	
Option 1	Member Eligibility
Option 2	Claims Status
Option 3	Payment Information
Option 4	Provider Enrollment
Option 5	Prior Authorization
Option 6	GAMMIS password reset, Pharmacy Benefits, the Nurse Aide Registry or Nurse Aide Training program, PeachCare for Kids®, EDI or electronic claim submission, or a system overview

Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Deandre Murray
2	Fulton	Adrian Hogan
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Danny Williams
5	SE Metro	Ebony Hill
6	Middle Georgia	Shawnteel Bradshaw(interim)
7	Augusta	Sharon Dewdney
8	SW Georgia	Jill McCrary
9	SE Georgia	Kara Ward
10	South Georgia	Anitrus Johnson
North	Hospital Rep	Sherida Banks
South	Hospital Rep	Janey Griffin

Provider Relations Field Services

(continued)

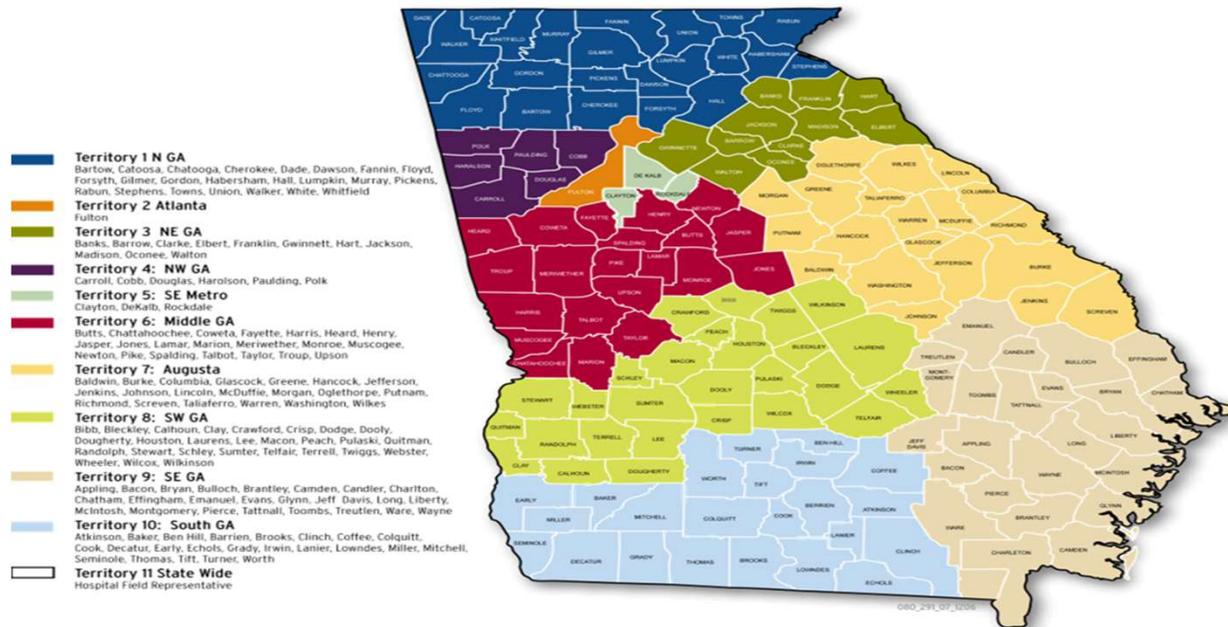
State-Wide Consultants

Brenda Hulette

Anita Hester

Sharée C. Daniels

Georgia Field Territories



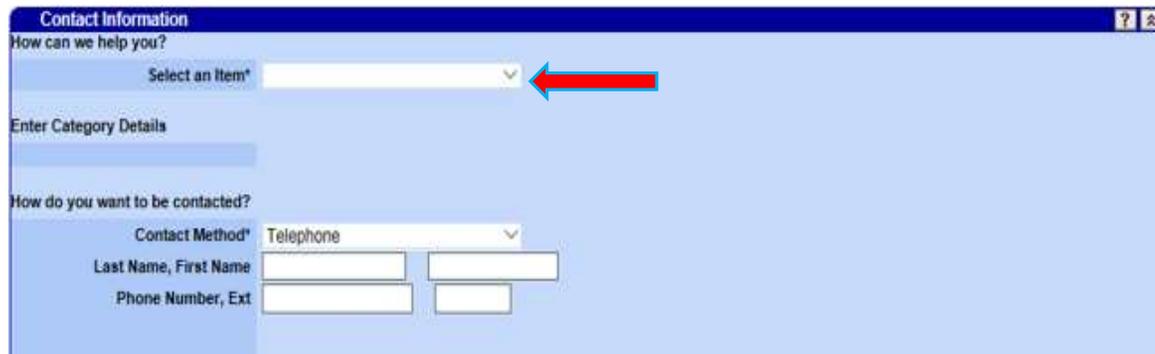
Contact My Provider Rep Directly

Login to the MMIS system with your username and password



Contact My Provider Rep Directly

(continued)



The screenshot shows a web form titled "Contact Information" with a blue header bar. The form contains the following elements:

- How can we help you?**: A dropdown menu labeled "Select an Item*" with a red arrow pointing to it.
- Enter Category Details**: A section with a light blue background, currently empty.
- How do you want to be contacted?**: A section with a light blue background containing:
 - Contact Method***: A dropdown menu with "Telephone" selected.
 - Last Name, First Name**: Two adjacent text input fields.
 - Phone Number, Ext**: Two adjacent text input fields.

Contact My Provider Rep Directly

(continued)

Requests Requiring PHI

NOTE: If the response to your inquiry contains protected health information (PHI) such as member or claims information, you must log into the secure web portal to submit your question and receive the response. Upon login, additional contact options related to PHI will be available.

submit cancel

Contact Information

How can we help you?

Select an Item*

Enter Category Details

How do you want to be contacted?

Contact Method*

Last Name, First Name

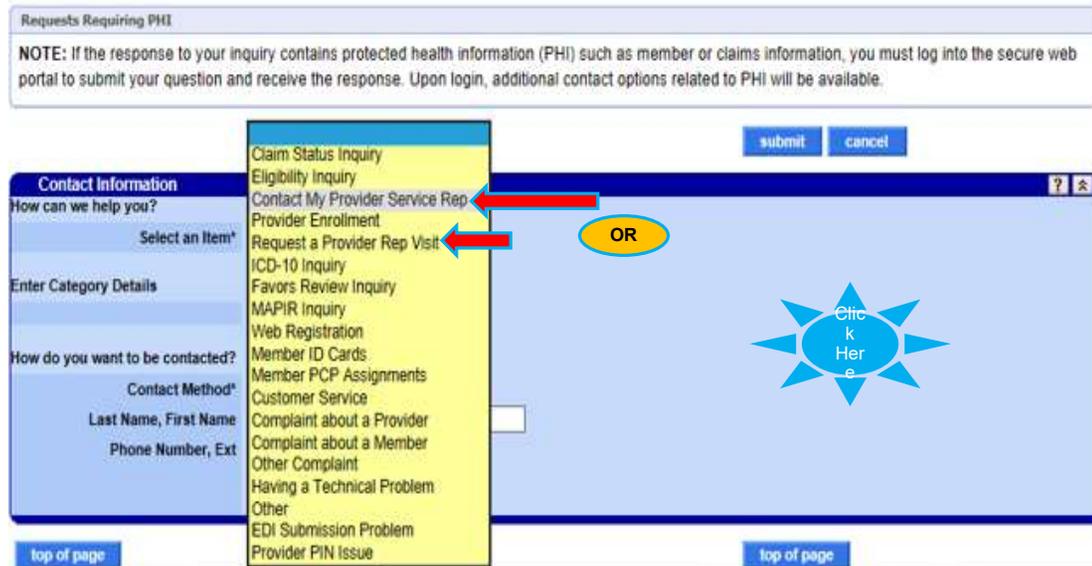
Phone Number, Ext

- Claim Status Inquiry
- Eligibility Inquiry
- Contact My Provider Service Rep
- Provider Enrollment
- Request a Provider Rep Visit
- ICD-10 Inquiry
- Favors Review Inquiry
- MAPIR Inquiry
- Web Registration
- Member ID Cards
- Member PCP Assignments
- Customer Service
- Complaint about a Provider
- Complaint about a Member
- Other Complaint
- Having a Technical Problem
- Other
- EDI Submission Problem
- Provider PIN Issue

OR

Click Here

top of page top of page



Contact My Provider Rep Directly

(continued)

Requests Requiring PHI

NOTE: If the response to your inquiry contains protected health information (PHI) such as member or claims information, you must log into the secure web portal to submit your question and receive the response. Upon login, additional contact options related to PHI will be available.

Contact Information

How can we help you?

Select an Item* Contact My Provider Service Rep ▾

Enter Category Details

How can we help you?

How do you want to be contacted?

Contact Method* Telephone ▾

Last Name, First Name

Phone Number, Ext

Contact My Provider Rep Directly

(continued)

Contact Information ? ✖

How can we help you?
Select an Item* Contact My Provider Service Rep ▾

Enter Category Details

How can we help you?

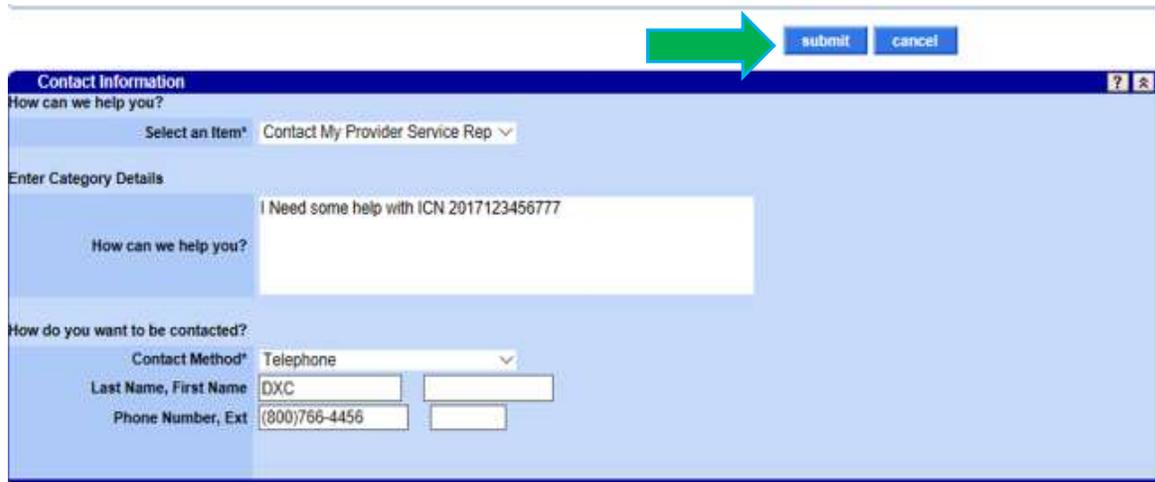
How do you want to be contacted?
Contact Method*
E-Mail
Fax
Mail
Anonymous/No response needed
Telephone

Last Name, First Name

Phone Number, Ext

Contact my Provider Rep Directly

(continued)



The screenshot shows a web form titled "Contact Information" with a blue header bar. A green arrow points to the "submit" button in the top right corner. The form contains the following fields:

- How can we help you?**: A dropdown menu with "Contact My Provider Service Rep" selected.
- Enter Category Details**: A text area containing "I Need some help with ICN 2017123456777".
- How do you want to be contacted?**: A section with three rows of input fields:
 - Contact Method***: A dropdown menu with "Telephone" selected.
 - Last Name, First Name**: Two text input fields, the first containing "DXC".
 - Phone Number, Ext**: Two text input fields, the first containing "(800)766-4456".

Session Review

You should now be able to:

- Understand the various organizations that affect Medicaid billing
- Understand how to access GAMMIS
- Understand timely filing policy
- Understand how to access the Remittance Advice
- Understand how to obtain Policy Information and Updates
- Contact DXC Technology about information concerning Georgia Medicaid

Closing

Questions & Answers

Georgia STABLE Accounts

Tax-Free Earnings

The earnings you make on your STABLE Account are not subject to federal or state of Georgia income taxes, so long as you spend the earnings on Qualified Disability Expenses.

Keep Your Public Benefits

One of the primary reasons that the federal ABLE Act was passed was to protect individuals with disabilities from losing certain benefits such as SSI or Medicaid.

No Impact on Medicaid Benefits

The money in your STABLE Account will not affect your eligibility for Medicaid benefits.

Limited Impact on SSI Benefits

<https://www.georgiastable.com>



GA Council on Developmental Disabilities Facebook Live Recording Link

- To view the saved presentation about STABLE accounts please click the following link provided by the Georgia Council on Developmental Disabilities
- <https://www.facebook.com/georgiaddcouncil/videos/vb.110812264182/2596432700419584/?type=2&theater>

A hand holding a blue pen is shown writing on a spiral notebook. The notebook is open, and the pen is positioned over a line of text. The background is a soft, out-of-focus blue and white.

BE INFORMED

IDD CONNECTS
UPDATE



BE D·B·H·D·D

IDD Connects- DBHDD Updates

- DBHDD met with DCH ✓
- DMA 7s ✓
- Legacy files ✓
- Support Notes ✓



BE CAPABLE

“New ISP”

“New ISP” in IDD Connects

- Version Change replaces addendum
- ISP generates the PA
- Clinical Review
- Individual 360
- Individual access to IDD Connects Portal (grant/revoke)

ISP Goals

HCBS Requirements:

42 CFR 441.301 Requirements

(2) 10. Includes individually identified goals, desired outcomes and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others

DBHDD Policy 02-438 speaks to goals (found in DBHDD PolicyStat)

In IDD Connects we identified “best practice” of one objective (1 or more goals) per service in the ‘big 5’

1. CRA
2. CLS
3. SEI/SEG
4. CAG/CAI
5. PreVoc

Individual 360

The screenshot displays the 'Individual 360' interface. At the top, a navigation bar includes tabs for Demographics, Eligibility, Evaluation, ISP, Prior Authorization, Documents, Outcomes & Support Notes, Services, Individual 360 (selected), Appeals, and Letters. A red arrow points to the 'Individual 360' tab. On the left, a sidebar menu has 'Status History' selected, indicated by a green arrow. The main content area is titled 'Individual Status History' and contains a table with the following data:

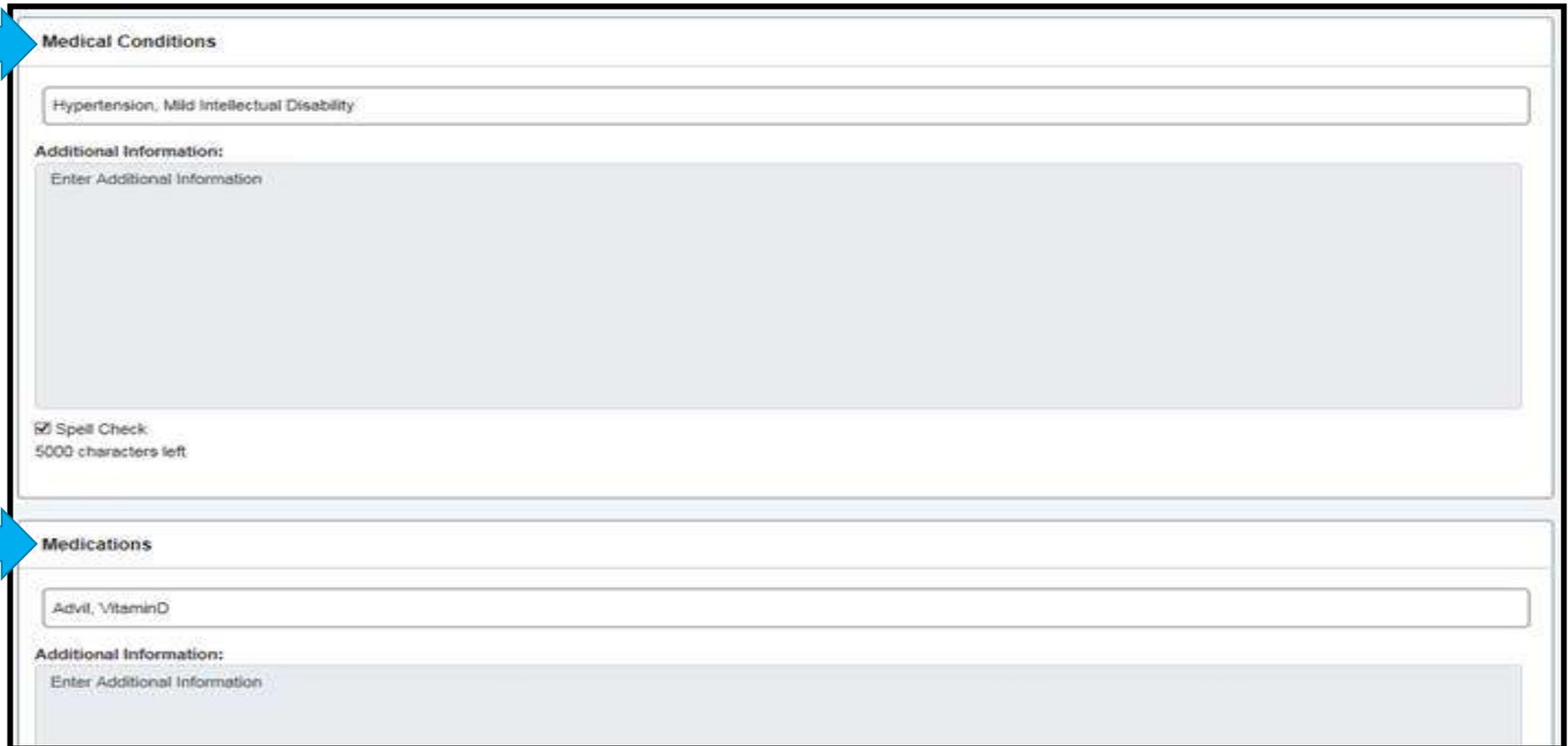
	Status	Active Subcategory	Inactive Reason	Discharge Reason	Updated By	Place in Process	Edit
▶	Active	Active	NA	NA	Lisa Morrell	NA	

Below the table are three buttons: 'Update Status', 'Status Change Requests', and 'Request Status Change'.

Individual 360 – Health & Wellness

The screenshot displays the 'Individual 360' interface. At the top, a blue navigation bar contains the following tabs: Demographics, Eligibility, Evaluation, ISP, Prior Authorization, Documents, Outcomes & Support Notes, Services, Individual 360, Appeals, and Letters. A red arrow points to the 'Individual 360' tab. On the left side, a dark grey sidebar contains three menu items: 'Status History', 'Health & Wellness →', and 'Person Centered'. A green arrow points to the 'Health & Wellness' menu item. The main content area is titled 'Health and Wellness' and features a blue header for the 'Medical' section. Below this header, there are three fields: 'DNR Status:', 'Medical Power of Attorney:', and 'Guardianship:'. A 'Medical Conditions' section contains a text input field with the value 'Unknown'. At the bottom, an 'Additional Information:' section has a large text area with the placeholder text 'Enter Additional Information'.

Health & Wellness



Medical Conditions

Hypertension, Mild intellectual Disability

Additional Information:
Enter Additional Information

Spell Check
5000 characters left

Medications

Advil, VitaminD

Additional Information:
Enter Additional Information



Health & Wellness

Physician/Specialist Info

Physician Name	Physician Type	Physician Address	Physician Phone
Physician One	Primary Physician	229 Peachtree St Atlanta GA 30303	1234567890
Physician Two	Psychologist	221 Peachtree Center Ave Atlanta GA 30303	1234567891

Additional Information:

Enter Additional Information

Spell Check
5000 characters left

Person Centered

Georgia Department of Behavioral Health and Developmental Disabilities

DBHDD

Search an Individual | Case Load | Document Templates

Logout

CID: 300536182 First Name: WHITNEY Last Name: RONE Gender: Female
Race: Unknown/Refused Region: Region3 Funding Source: NOW Priority: N/A
Address: 321 Defoors Ferry Rd NW, Atlanta, Georgia, Fulton, 30318 Last Updated By: approviewer1

Demographics | Eligibility | Evaluation | ISP | Prior Authorization | Letters

Status History
Health & Wellness
Person Centered →

! This section is under development for future release

Home | Site Map | Accessibility | Privacy / Security | Non-Discrimination Notice | Need Help?

HRST & SIS

- HRST- log- in through IDD Connects
- Evaluation Tab
 - HRST/SIS
 - Ability to view the assessments in their entirety



BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



D·B·H·D·D



IDD Provider Meeting November 2019

Agenda Collaborative ASO

- | | |
|-----------|---|
| 01 | Welcome |
| 02 | Overview of ASO, PC / IDD Portal Access, Provider File Maintenance, and Provider Enrollment |
| 03 | ISP Process |
| 04 | PA Process |
| 05 | New Goal Requirements |
| 06 | Issues under review |
| 07 | Role of Command Service |
| 08 | Q&A |

Introductions

- Glenn Stanton, Chief Executive Officer
- Jessica Willhite, AVP, Operations
- Sheyla Duvilaire, Director, Intellectual and Developmental Disabilities (IDD)
- Brian Erdoes, Business System Analyst (BSA)
- Jenny DeLoach, Director, Provider Relations
- Byanka Tucker, Provider Relations Manager / Trainer
- Jenn Hunt-Manchester, Provider Relations Manager / Trainer



Provider

Overview of ASO, Provider
Connect / IDD Portal Access,
Provider File Maintenance, and
Provider Enrollment

The Georgia Collaborative ASO

Administrative Services Organization (ASO) contracted with DBHDD for:



Provider Credentialing

Provider File Maintenance

Access to Provider Connect and IDD Portal

Maintains IDD Portal

Extracts Authorizations to Medicaid Portal

Pays State Funded claims

Completes Quality Review's

Authorizes Crisis Services, if applicable

Provider Connect Access

An online tool where providers can:	
• Verify eligibility for an Individual	• Register an Individual for funds*
• Submit Updates to State-funded Individual Demographic Information	• Submit Claims and View Status
• Submit Customer Service Inquiries	• Access ProviderConnect Message Center
• Access Provider Summary Vouchers (PSVs)	* Limited to Family Support Services

Account Request Form

- Needs to be completed in order to obtain log in credentials to access Provider Connect to link to IDD Connect.
- Possible that agency has access to Provider Connect, check with IT, Business Office, and UM teams to gain access.
- You will need to check IDD Portal User to activate the link in Provider Connect.

Linking to the IDD Portal (SSO)

Specific Individual Search
Register Individual
Authorization Listing
Enter an Authorization/Notification Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Manage Users
Enter Bed Tracking Information
EDI Homepage
Open IDD Portal
Enter Individual Reminders
Reports
Print Spectrum Release of Information Form
ABA Availability Survey
My Online Profile
My Practice Information
Provider Credentialing Application
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us

Welcome BRIAN ERDOES . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER

Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▶ [Eligibility and Benefits](#)
 - ▶ [Find a Specific Individual](#)
 - ▶ [Register a Individual](#)
- ▶ [Enter or Review Authorization Requests](#)
 - ▶ [Prior Authorization Listing for Concurrent Review, Step/Transfer Review, or Discharge](#)
 - ▶ [Enter an Authorization/Notification Request](#)
 - ▶ [Review an Authorization](#)
 - ▶ [View Clinical Drafts](#)
- ▶ [Enter Individual Reminders](#)

- ▶ [Enter or Review Claims](#)
 - ▶ [Enter a Claim](#)
 - ▶ [Enter EAP CAF](#)
 - ▶ [View EAP CAF](#)
 - ▶ [Review a Claim](#)
 - ▶ [View My Recent Provider Summary Vouchers](#)
 - ▶ [PaySpan](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)

EXTERNAL SYSTEMS

- ▶ [Open IDD Portal](#)

Register for IDD Portal

Georgia Department of Behavioral Health and Developmental Disabilities
DBHDD

Register Provider

User Name *

Password * **Confirm Password ***

Show Password

Password verified for at least:

- ✗ One uppercase
- ✗ One lowercase
- ✗ One numeric character
- ✗ One special character

First Name
BRIAN

Last Name
ERDOES

Provider File Maintenance

- Communication: Provider File Maintenance in Provider Connect
 - Active Provider File Excel document
 - Attestation verifying the following items are adequate or inadequate
 - ❖ Beacon Provider ID (GAC Number – GAC000012)
 - ❖ Provider Legal Name (Name used when completing application)
 - ❖ Georgia Agency Mailing Address (Where you receive mail)
 - ❖ Vendor Name/Vendor Number (ID number specific to site location – GA000222)
 - ❖ Service Address/Vendor Address (Location where services are provided)
 - ❖ Approved Service(s) (Services approved by DBHDD and DCH)
 - ❖ Medicaid Number (Assigned by DCH)
 - ❖ Fund Source (Comp/Now)

Provider File Maintenance

- Inaccurate or incomplete information can impact successful transmission of your agency's authorizations and timely payment of both Medicaid and State Funded Claims
- Complete review and return attestation as soon as possible to GACollaborativePR@beaconhealthoptions.com
- If your agency has not received a communication, please email GACollaborativePR@beaconhealthoptions.com immediately. Include the legal name of the agency, primary point of contact name, correct email address and phone number.

Provider Enrollment

Existing Provider	Change of Information (COI)	Staff Updates
DBHDD/GA Collaborative ASO Application: Agency ; Individual	DBHDD/GA Collaborative ASO Change of Information (COI) Form	DBHDD/GA Collaborative ASO Staff Update Form
Site Visit (CRA services in Host Homes only) *CLA sites do not require site visit from Enrollment	Select Change	ASO Review
Department of Community Health (DCH) Application	Site Visit (CRA and Host Homes only)	Notification by DBHDD of Approval or Denial by DCH, if applicable
Notification by DBHDD of Approval or Denial by DCH	Department of Community Health (DCH) Application (If applicable)	
	Notification by DBHDD of Approval or Denial by DCH	

- [Request for Conversion](#), [Request to Add Counties](#), [Reactivation](#), [Termination](#)



Provider

Individual's Record

Individual Service Plan (ISP)

Provider ISP View

- Individual Service Plans (ISPs) is a comprehensive plan developed by the Support Coordinator along with a team. The ISP includes a number of sections.
- Providers are able to view Legacy ISPs migrated from CIS that have been approved. In the Future State View, Providers can only view an individual's ISP, in which they have been selected to provide a service with an approved Prior Authorization (PA).
- ISP – Provider View
 - Legacy View
 - Future State View

Provider ISP View

- ISP – Provider View (continued)
 - ISP Content
 - Current Needs
 - Clinical Recommendations
 - Goals
 - Service Summary
 - Informed Choice
 - Signature
 - ISP Clinical Reviewer
 - Legacy PA Information
 - Prior Authorization – Provider Selection

Accessing the ISP

Demographics Eligibility Evaluation **ISP** Prior Authorization Documents Outcomes & Support Notes Services Individual 360 Appeals Letters

[← Future State View](#)

Filter

ISP Date
Select ▼

Legacy ISP

DHR Funding Source	ISP Start Date	ISP End Date
Comp	04/30/2019	04/29/2020
Comp	04/30/2018	04/29/2019

Accessing the ISP

Demographics Eligibility Evaluation ISP Prior Authorization Documents Outcomes & Support Notes Services Individual 360 Appeals

Letters

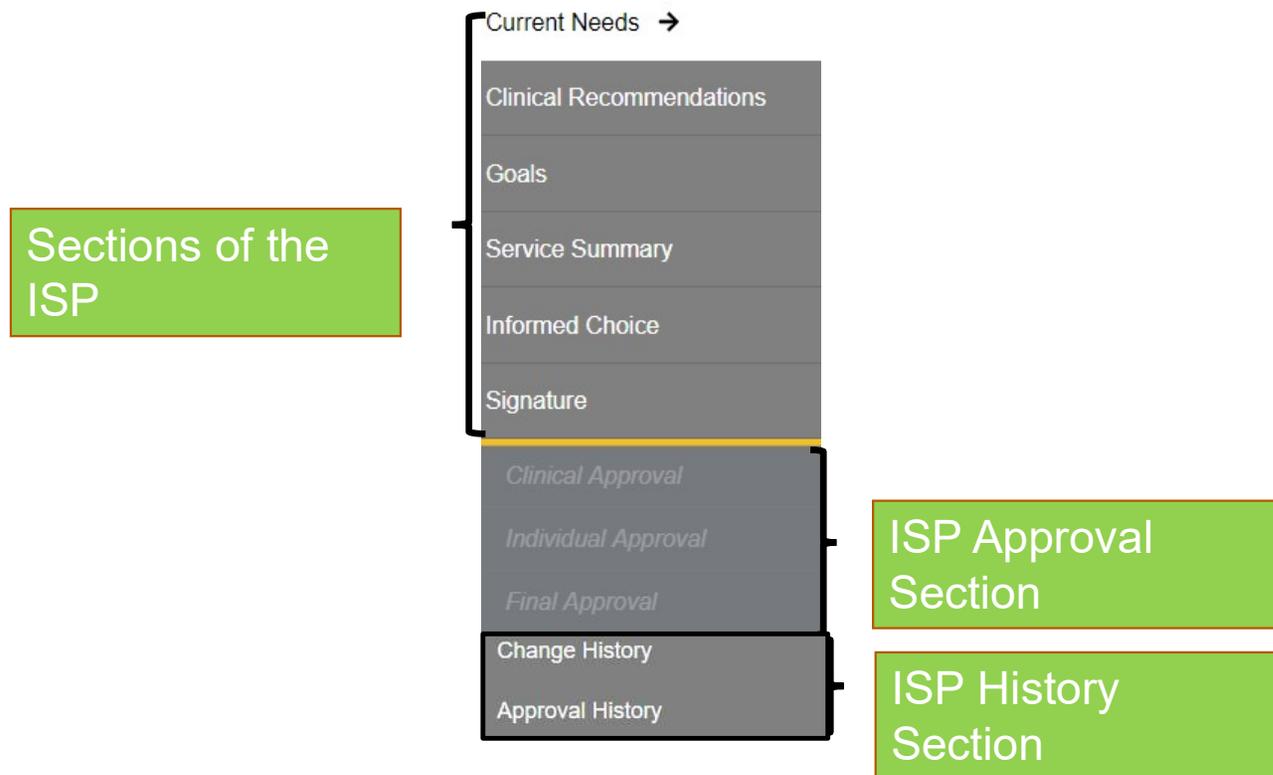
Create New ISP [Legacy View](#)

Search

Date Range From: From Date Range To: To ISP Type: Select

ISP Type	ISP Effective Date	ISP Expiration Date	ISP Created By	Title	SC Agency	ISP Submission D
	09/17/2019	09/16/2020	Alisha Roberson	ISP Clinical Reviewer	COLUMBUS MEDICAL S	09/25/2019

View the Individual Service Plan (ISP)



Current Needs: HRST/SIS Information

ISP Content Completed ▼

- ✓ Current Needs →
- ✓ Clinical Recommendations
- ✓ Goals
- ✓ Service Summary
- ⚠ Informed Choice
- ✓ Signature

Clinical Approval

- ⊘ Individual Approval
- ⊘ Final Approval

Change History

Approval History

All fields marked * are required

Current Needs Refresh Download Print

Status: Completed Date Assigned: 09/08/2019

Date Scheduled: 09/08/2019 Date Completed: 09/11/2019

HRST

HRST Date: Jun 12, 2019	Entered By: Infosys Test	HRST Score: 47	HRST Level: Level 5	HRST Level Indicators:
<ul style="list-style-type: none"> ● Level 1 to 2 ● Level 3 to 4 ● Level 5 to 6 				

SIS

SIS Date: [09/11/2019](#) Entered By: James Gandhi

		SIS Domain	Service Type	Service Status
+	C	Life Long Learning Percentile - 19	Choose ▼	select ▼
+	A	Home Living Percentile - 19	Choose ▼	select ▼
+	F	Social Percentile - 9	Choose ▼	select ▼
+	B	Community Living Percentile - 5	Choose ▼	select ▼

115

ISP Clinical Recommendations

Clinical Recommendations [Refresh](#)

Status: In-Progress Date Assigned: 02/21/2019 Date Scheduled: 02/21/2019 Date Completed:

[Expand All](#)

Nursing Assessment Clinical Recommendation ⌵

ID	Clinical Recommendation	Service Description	Identified Date	Follow-Up Owner	Status	High Priority
No records found						

Behavior Support Needs Assessment Clinical Recommendation ⌵

ID	Clinical Recommendation	Service Description	Identified Date	Follow-Up Owner	Status	High Priority
552	VAS	Vehicle Adaptation Services	02/20/2019	Specialist	Ongoing	

Social Work Assessment Clinical Recommendation ⌵

ID	Clinical Recommendation	Service Description	Identified Date	Follow-Up Owner	Status	High Priority
No records found						

Accept and Acknowledge Clinical Evaluation Recommendation

Clinical Recommendations populate from the Clinical Assessments completed under the Evaluation tab.

ISP Goals

Goals	Objectives	Target Close Date	Status
how to maintain my physical health and wellness.	Objective(s) With supports from staff as needed, Joann will participate in physical activities of her choice to include dancing, ,WII activities, walking, etc. at least 1x weekly.,This goal will be achieved when Joann is able to participate in physical activities of her choice to include dancing, ,WII activities, walking, etc. at least 1x weekly within the next 12 months.	09/16/2020	

ISP Goals

Discuss the outcomes of prior goals/action plans and what barriers existed :

Goal A) Joann will participate in activities with her peers over the next 12 months.

Objective: Joann will complete an arts and crafts project with a peer of her choice, including but not limited to bird houses, candles, or soap, with verbal prompts fading to independence.

This goal was met and will be discontinued.

Include team discussion around justification for final selection of action plans and decision about number of action plans for this ISP :

Team discussed justification for final selection (1) CAG goal. Team discussed justification for Joann to continue receiving CAG services in order for Joann to foster new relationships with peers, participate and participate in community integration activities of her choice.

ISP Service Summary

ISP Content Completed

- ✓ Current Needs
- ✓ Clinical Recommendations
- ✓ Goals
- ✓ Service Summary →
- ✓ Informed Choice
- ✓ Signature

*All fields marked * are required*

Service Summary

Refresh Download Print

Status: Date Completed:

<input type="checkbox"/>	Service Description	Detailed Service Description
<input type="checkbox"/>	Support Coordination	Support Coordination
<input type="checkbox"/>	Community Access	Community Access - Group

ISP Service Summary

The system populates all the services from the clinical recommendations into the service summary page.

Review services

ISP Effective Date: 09/03/2018 | ISP Expiration Date: 09/03/2019

Status: Completed | Date Completed: []

Service Description	Detailed Service Description	Recommendation From/Date	Amount	Unit
Support Coordination	Support Coordination		1.00	Unit(s)
Vehicle Adaptation Services	Vehicle Adaptation Services - Self-Directed	EVAL - Social Work - 09/02/2018	10.00	Dollar(s)

Buttons: Remove Service, Add New Service, Save, Submit

Frequency of Quality Outcome Measures: Monthly

Footer: © 2018 All Rights Reserved Department of Behavioral Health and Developmental Disabilities (D-B-H-D-D) | Individual | Provider

ISP Clinical Reviewer Approval

Georgia D·B·H·D·D

CID: 400041434 First Name: preeligtest Last Name: preeligtest DOB: 08/05/1998 Age: 20 Gender: Male

Date Submitted: 08/23/2018 Approval Type: Clinical

ISP Submitted By: UserOne SC Decision Date:

Approval Status *
 Approved Rejected Approver: Clinical ReviewerOne

Medical Director Comments:

Additional Screenings/Evaluations Needed: Choose

Screening/Evaluation	Screening/Evaluation Due Date
No records found	

Regional Office Clinical Reviewer

ISP Clinical Reviewer: Clinical ReviewerOne Title: ISP Clinical Reviewer

Region #: Region1:

Buttons: Cancel, Save, Submit

ISP Clinical Reviewer selects to approve or reject ISP.

<https://web1.georgiacollaborative.com/IDDPortal/dbhdd/individualsearch>



Provider

Prior Authorizations

Legacy PA Information

The screenshot displays a web application interface for 'Legacy PA Information'. At the top, a navigation bar includes tabs for Demographics, Eligibility, Evaluation, ISP, Prior Authorization, Documents, Outcomes & Support Notes, **Services**, Individual 360, Appeals, and Letters. The 'Services' tab is highlighted with a red box. On the left, a sidebar menu lists 'Service Authorizations & Utilizations' (with a right-pointing arrow), 'Claims', 'GCAL', and 'Hospitalization Admissions & Discharges'. The main content area is titled 'Service Authorizations & Utilizations' and features a 'Legacy View' button in the top right corner. Below the title, there are 'Export to Excel' and 'Print' icons. A dropdown menu for 'Views of prior authorization/utilization' is set to 'All'. A 'Filter' section is expanded, showing three dropdown menus: 'Funding Source' (set to 'Select'), 'Service Description' (set to 'Select'), and 'Provider Name' (set to 'Select'). Below these are two date range filters: 'Authorized Start Date' and 'Authorized End Date', each with 'From' and 'To' date pickers. At the bottom right of the filter section are 'Reset' and 'Filter' buttons.

Legacy PA Information

Service Authorizations & Utilizations

Current view

Export to Excel Print

Claims

Service Authorizations & Utilizations

Filter

Funding Source	PA Number	Service Code	Service Description	Provider Name	Provider Medicaid ID	Authorized Start Date	Auth
NOW	508112900016	T2025				12/01/2007	12/0
NOW	508112900016	T2025				12/01/2007	06/31
NOW	509051410080	T2025-U1				07/01/2008	10/3
NOW	509051410080	T2025-U5	Community Living Support - 15 Minutes			10/02/2008	10/3
COMP	509100700013	T2025-U6	Community Living Support Services-Daily			11/01/2008	03/11

Click on PA Number hyperlink to view the Legacy PA Information

Prior Authorization (PA) – Provider Selection

Prior Authorizations Summary

Filter

IDD PA Number: Enter IDD PA number

PA Status: Select PA Status

Funding Source: Select Funding Source

Effective Date Range From: Select

Effective Date Range To: Select

Expiration Date Range From: Select

Expiration Date Range To: Select

Authorized Amount From: \$

Authorized Amount To: \$

Reset Filter

Print

IDD PA Number	PA Status	Funding Source	Effective Date	Expiration Date	% of Providers Identified	Authorized Amount
975	Approved	NOW	09/17/2019	09/16/2020	100	\$ 19690.56

Prior Authorization – Provider Selection

PA Information ⌵

IDD PA Number 975	Funding Source NOW	Effective Date 09/17/2019	Expiration Date 09/16/2020	IDD PA Status Approved
PA Created By Khadijah Chappell	Last Changed By SYSTEM GENERATED	Last Changed Date 09/26/2019		
# of Services 2	# of Providers Identified 2	# of Providers Awaiting Identification 0	% of Providers Identified 100	Total Authorized Amount \$ 19690.56

[View Field Office Information](#)

Services

Copy	Client Auth #	Line #	Service Code ⌵	Detailed Service Description ⌵	Procedure Code	Units ⌵	Start
	900009646160	2	CAG	Community Access - Group	T2025-HQ	5760	09/17/20

georgiacollaborative.com/IDDPortal/dbhdd/dbhdduserdashboard



Provider

Questions

Questions

- 1.) Are BSS services transmitting to GAMMIS? **Yes, as of 11/1/2019 this service is transmitting to Gammis Portal.**
- 2.) I am unable to locate ISP's in the IDD Connects Portal for August and September, who do I contact? **Contact the Command Center and report the issue. They will be able to direct you on next steps.**
- 4.) I have access to IDD Connects Portal, our role is view only, and we are unable to rate the HRST, what do I do? **This issue has been resolved. You should now receive a "task" for items that you need to address. If this is still an issue for you, please contact the Command Center.**
- 5.) When I print a PA, demographic information is missing? Is this being addressed? **Unfortunately, this is an issue. We are working diligently to correct this defect. This will be a future enhancement.**
- 6.) Should I be able to link to HRST through IDD Connects Portal? **Yes, the HRST link is available within the IDD Connects Portal.**

Questions

7.) I have been told by OA's that my provider information is missing? How is this being addressed? OA's and SC's are compiling list of providers who are missing in the IDD Connects Portal and sending them to the ASO daily. The ASO will review and update as appropriate.

8.) Is there a way to know which OA works on an individual's PA? You may access history of PA to see changes/updates made to PA in IDD Connects Portal.

9.) Most of the issues we identify are global, why should we keep reporting them to Helpdesk? We recognize this is a tedious request, however it is imperative that we track all questions and issues to ensure the IDD Connects Portal is an efficient application. We truly appreciate your support with this request.

10.) Are there a list of known issues that can be shared with provider group? There is a running list of issues that are addressed daily. They are not all provider specific. We will list provider facing issues in this deck bi – weekly.

Questions

11.) Are we able to print any documents from IDD Connects Portal?

Yes, this feature is working.

12.) Providers will continually have people disappear (“go dark” in Beacon language) in IDD portal if the PA is not processed in IDD portal prior to the expiration of the old PA. Is there a work – around for this issue? If a PA is expired, you will not see it until updated. This is working as designed, currently there is not a work – around.

13.) Is there a hand-out / guide that lists the steps in getting an ISP and then a PA processed in IDD? You can access individual User Guides for each section of the IDD Connects Portal [here](#).



Provider

Resources

Contact Information

Questions/Concerns	Contact
Provider File Maintenance, Provider Connect / IDD Portal Access, Communication Access, Training	Georgiacollaborativepr@beaconhealthoptions.com
Credentialing	GACollaborative@beaconhealthoptions.com
IDD Portal, Prior Authorization (PA), Individual Service Plan (ISP)	IDDportalsupport@beaconhealthoptions.com 855.606.2725



BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Q&A and Wrap Up

