Georgia Department of Community Health

—Banner Message—

TO: **Providers of Behavioral Health Services**

SUBJECT: **Centralized Prior Authorization Portal**

DATE: **May 25, 2017**

This is an update to guidance issued in the banner messages posted on March 1, 2017 and April 28, 2017, related to submission of outpatient behavioral health treatment requests for prior authorization through the Centralized Medicaid Managed Care prior authorization portal. The Department of Community Health (DCH) has seen successful utilization of the portal for outpatient behavioral health requests as evidenced by the growing numbers of prior authorizations processed through the portal during this SOFT LAUNCH period. Therefore, the DCH is providing a thirty (30) day notice to providers for the close of the soft launch period. Effective June 24, 2017 all providers will be required to submit prior authorization requests to the Centralized Prior Authorization Portal. As a reminder, the centralized portal is to be used for the submission of prior authorizations (PAs) for members enrolled in Care Management Organizations only. PA requests for non-CMO/Fee-for-Service members should continue to be submitted through the Georgia Collaborative ASO/Beacon Health Options portal.

Several enhancements have already been incorporated into the portal design based on provider feedback and additional modifications are being considered for future enhancements. The DCH is aware of providers experiencing “missing” PAs or PAs that remain in suspended status for extended periods of time. Typically, the issue stems from the submitted PA having an error that keeps it from being accepted by the CMO. Because a solution requires Alliant/GMCF and the CMOs to collaborate, a process for identifying and resolving the root cause of these issues is being instituted immediately to assure readiness by June 24.

Providers who encounter such issues which remain in suspended status over seven (7) days may report them with a description and screen shots as applicable to FAX: 770-344-3896. The DCH, Alliant/GMCF, and the CMOs will endeavor to provide resolution within 3-4 business days.

Please consider the following in regards to continued success with submissions:

1. Providers must complete the online form fields to the extent possible. Sufficient information indicating the need and justification for services must be captured through data entry.
2. It is not required to attach documents to the PA request, however attaching the treatment plan/plan of care is often helpful to the CMO utilization review team and can reduce the time it takes for a determination to be rendered. Remember, attaching a scanned “hard copy” version of the online form in its entirety as an alternative to data entry is not optional.

Prior authorization requests where a paper copy of the online form has been completed and attached in a scanned version will be denied.

3. Several fields on the online form have been set to "optional." The comments box will be set to optional as well by June 2, 2017.
4. Each service line on the PA request (where the procedure codes being requested are listed) must be added to the PA request by selecting the "Add" button at the end of each service line. This is true of the Diagnosis lines, too.
5. PAs will be automatically end-dated based on the length of time for each CMO (90 days for WellCare, Peach State, and CareSource and 180 days for Amerigroup). Providers will not have an option to select the end date.
6. PAs once submitted are sent to the CMOs every 20 minutes.
7. There is not an option to edit a PA. However, the last ten (10) PAs submitted will be listed on the provider's screen. If the PAs have not yet been sent, the provider may select from the list of ten PAs, open it, and make changes before submitting it again. Keep in mind the PAs may be sent to the CMOs at any point – the 20 minute cycle might end 5 minutes after the provider has submitted the last of the 10 PAs.
8. In exceptional circumstances where a retroactive PA is needed (e.g. retro eligibility determination), there is a check box on the online form to indicate the PA request includes a request for retroactive consideration. Be sure to include information in the Comments box to explain the circumstances of the retro request, why it's needed, the requested effective date, etc. Checking the box and providing these comments will not guarantee approval, but it will facilitate consideration of your request.

All alternative methods for submission of CMO PAs (such as faxing and utilizing CMO portals) will cease to exist as of June 24, 2017. Please continue to review banner messages and information as well as instructions and Frequently Asked Questions at: https://www.mmis.georgia.gov/portal/PubAccess. The DCH appreciates your continued enrollment and service to Medicaid members.