CMO PA WEB SUBMISSION

Provider User Manual - Version 2.1

ALLIANT HEALTH SOLUTIONS

CMO PA WEB SUBMISSION

Peach State Health Plan extracted Section 2.0 from the CMO PA Web Submission Provider User Manual – Version 2.1

Click here for the manual in its entirety.
https://www.mmis.georgia.gov/portal/ResourceProxy.aspx?iCProxyTo=MC1BdHRhY2htZW50cy9UcmFpbmluZy9DTU8lMjBQQSUyMFdlYiUyMFBvcnRhbCUyMFN1Ym1pc3Npb252Mi5wZGY=

2.0 Pregnancy/Newborn Notifications

The Pregnancy Notification and the Newborn Delivery Notification are submitted via the *centralized* portal using an entry process similar to submitting a CMO or FFS Hospital Admissions request. The notification forms can only be submitted for female members who are between 9 and 55 years of age.

Pregnancy Notification

The Pregnancy Notification form is completed for all members, enrolled in a Medicaid Care Management Organization, who are being seen in a practice for prenatal services. The form identifies members who have high risk pregnancy conditions so that they can receive appropriate assistance and support. This form should only be used for reporting prenatal care and is not used for reporting delivery outcomes. The Care Management Organizations use the information from the Pregnancy Notification to generate a global OB PA. Additional documentation, such as the final antepartum flow sheet, may be attached to the Pregnancy Notification at any time without restriction.

Newborn Delivery Notification

The Newborn Delivery Notification is completed for all OB deliveries that are submitted for claims payments to the CMOs. The notification form is entered under the Mom's Medicaid ID and captures newborn information for single or multiple births. The form should not be used to request a future C-section surgery date. The Newborn Delivery Notification information is used by the CMOs to generate the maternal delivery authorization.

2.1 Initiate a Notification Form

Follow these instructions to initiate a Pregnancy or Newborn Delivery notification via the GA web portal.

1. Go to the GA Web Portal at www.mmis.georgia.gov.
2. Login with assigned user ID and password.
3. On the portal secure home page, click the **Prior Authorization** tab.

4. Click **Submit/View** (**or** select **Provider Workspace** to open the workspace and then click **Enter a New Authorization Request)**.

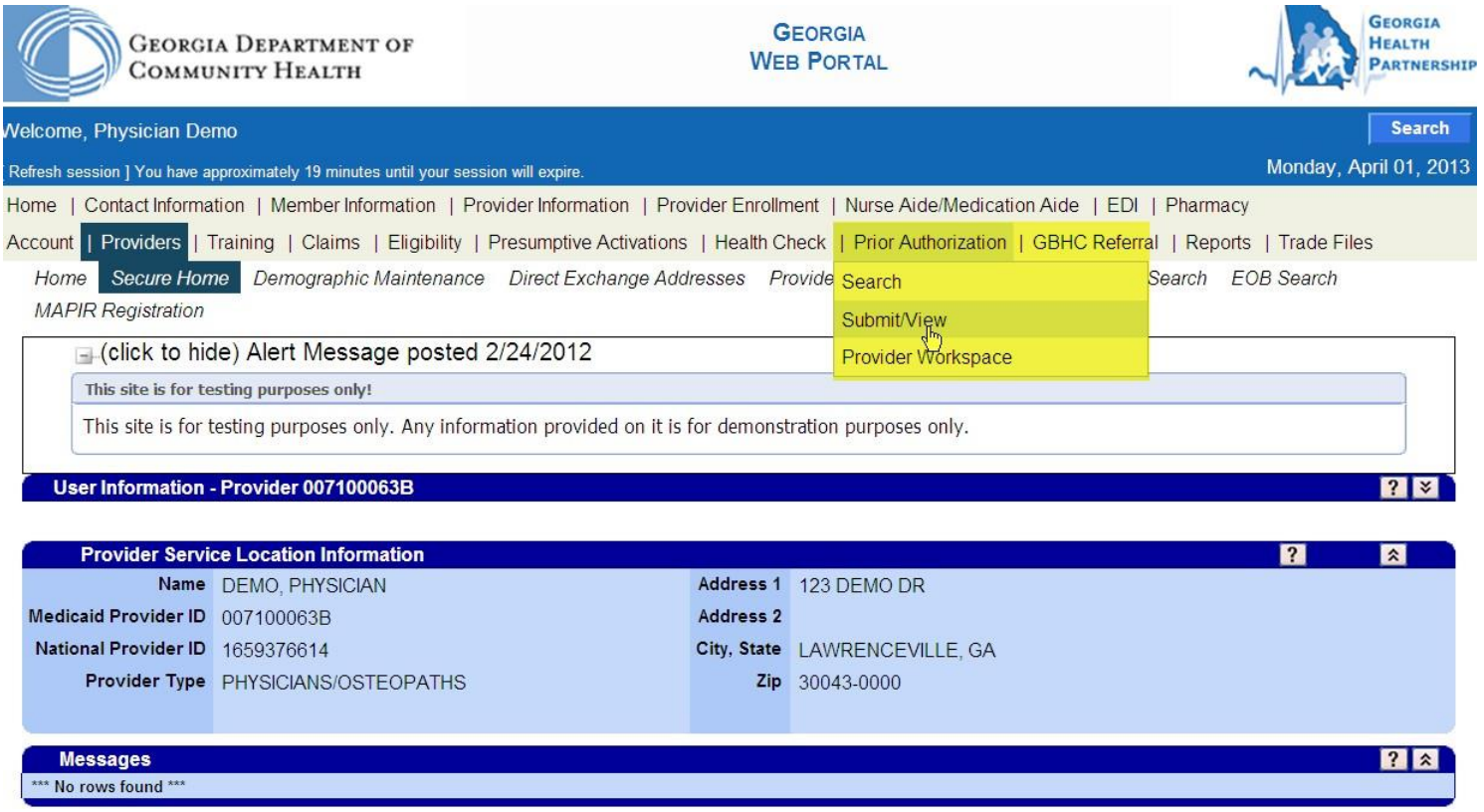


Figure 2

5. A request menu displays with the notification forms and request types applicable to the **requesting provider's category of service**.

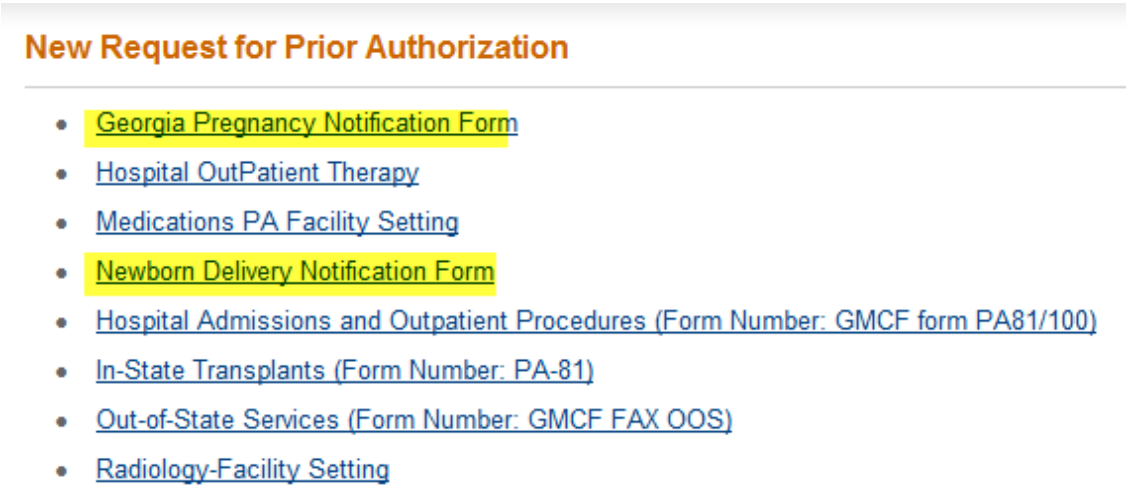


Figure 3

6. Select the *Pregnancy Notification Form* or *Newborn Delivery Notification Form.* These forms are available to physicians/medical practitioners and hospital/facilities.

7. On the next page that displays, select the CMO, in which the member is enrolled, by clicking the button next to the CMO name.

9. Enter the mother's Medicaid ID in the 'Member Medicaid ID' box. The member must be female and between 9 and 55 years of age. If the member ID entered is not for a female or falls outside the acceptable age range, a message displays informing the user of the discrepancy. The member ID must be changed in order to initiate the request.

10. The requesting provider ID is populated by the system based on the portal login. Enter the Reference ID for the **other provider** in the box provided. The reference number always starts with REF.

11. A medical practitioner (such as a physician) **AND** a facility provider **must be entered** to initiate a Pregnancy or Newborn Delivery Notification request. For example, in the figure below, the provider requesting the notification was the physician. **Consequently, the reference number for a facility must be entered.** This is the facility where it is anticipated that the delivery will occur.

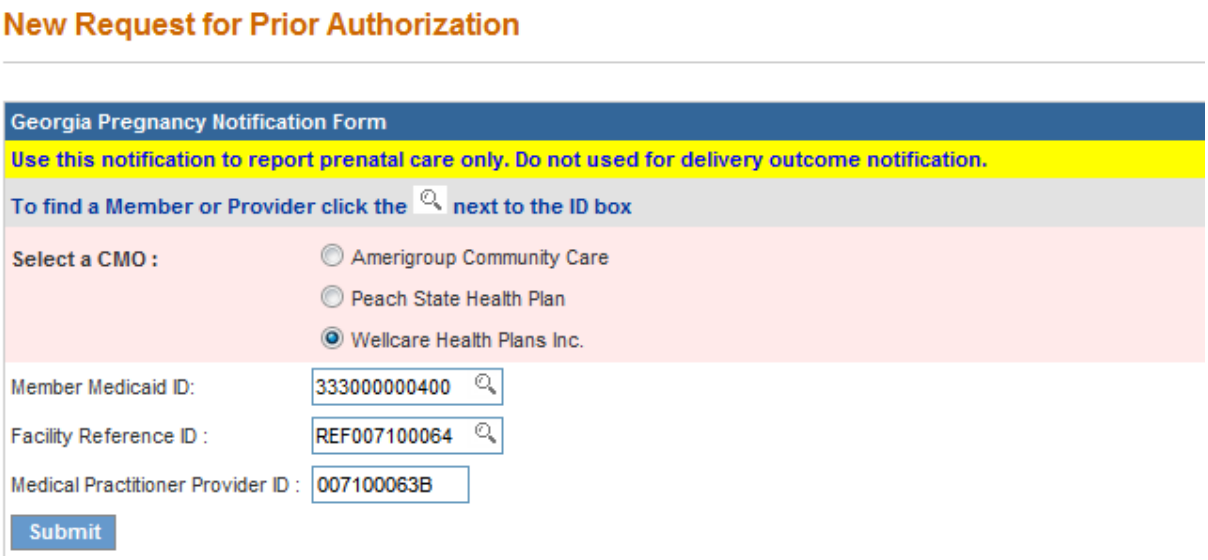


Figure 4

12. Click **Submit** to open the notification form.

2.2 Enter Pregnancy Notification Data

Member/Provider Information

When the notification form opens, the member and provider information is system populated at the top of the page based on the member ID and provider IDs entered.

Contact Information

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

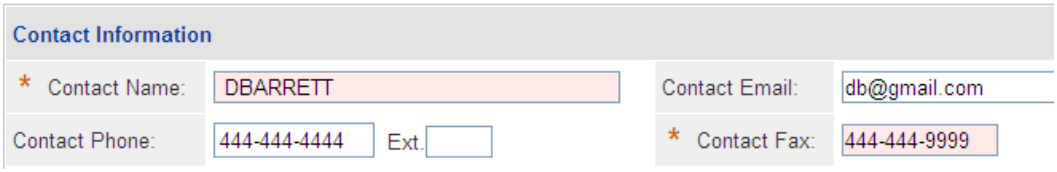


Figure 5

Member Details

This section captures information related to the expectant mother and pregnancy. Highlighted fields are required. However, all data should be entered if available or applicable.

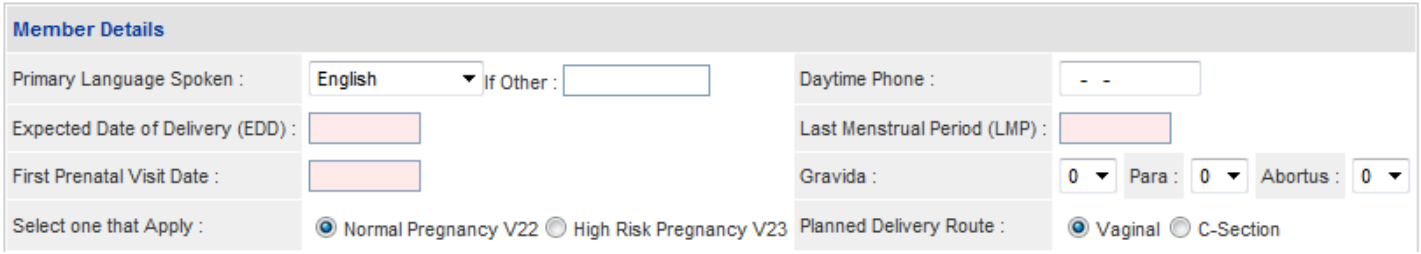


Figure 6

1. Select the Mom's primary language from the 'Primary Language Spoken' drop list. The default value is *English*. If the specific language is not in the drop list, select '*Other*' and enter the language in the 'Other' text box.

2. If known, enter the Mom's day time phone number in the box provided. This is not required.

3. Enter the anticipated delivery date in the 'Expected Date of Delivery' (EDD) box. This is required.

4. Enter the date of the 'Last Menstrual Period (LMP') in the box provided. This is required.

   Note: A message displays when the LMP date entered is thirty (30) weeks or less than the expected delivery date. The message alerts the user to check the LMP date and make sure it was entered correctly. This is a warning only and does not prevent submission of the notification.

5. Enter the date of the first prenatal visit in the 'First Prenatal Visit Date' box. This is required.

6. Gravida: The system defaults this item to zero. Select the expectant mother's number of pregnancies to include the current pregnancy from the 'Gravida' drop list.

7. Para: The system defaults this item to zero. Select the number of births including stillbirths from the 'Para' drop list. **Note:** Gravida should be equal to or greater than Para.

8. Abortus: The system defaults this item to zero. Select the number of pregnancies lost from the 'Abortus' drop list.

9. Indicate if the pregnancy is expected to be normal or high risk by selecting the applicable diagnosis code from the drop list. The diagnosis type (ICD9 or ICD10) selected should correspond to the 'First Prenatal Visit Date'. The choices include:

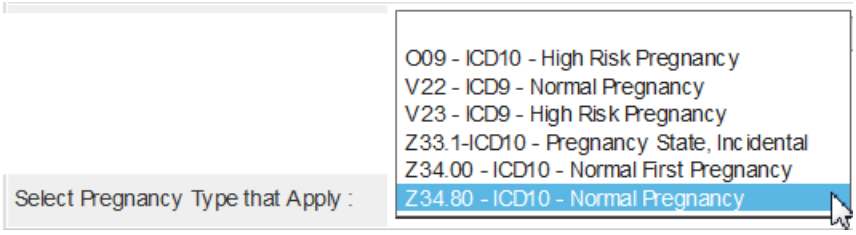


Figure 7

10. Finally, indicate the planned delivery method by clicking the appropriate button. The default value is *Vaginal*. Click *C-Section* if that is the planned delivery method.

Figure 8

Diagnosis Information

This section captures the mother's primary delivery diagnosis. On the first diagnosis line, the system defaults to these values:

- The first diagnosis code in the diagnosis drop list
- Date = the date when form submitted
- Primary Diagnosis indicator is checked
- Admission Diagnosis indicator is checked

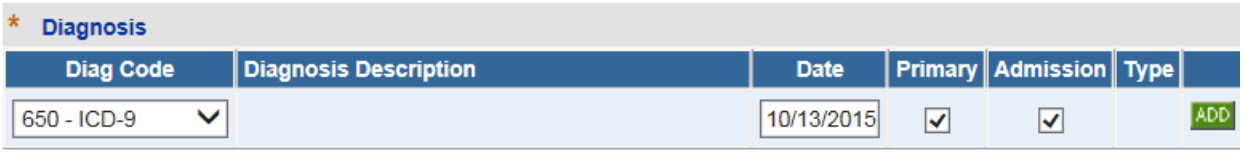


Figure 9

11. If 650 is not the correct primary diagnosis, select a different diagnosis from the drop list. One of the diagnoses from the drop list must be selected as the primary diagnosis**. Select the diagnosis type (ICD9 or ICD10) that was valid on the 'First Prenatal Visit Date'.**

    The choices are:

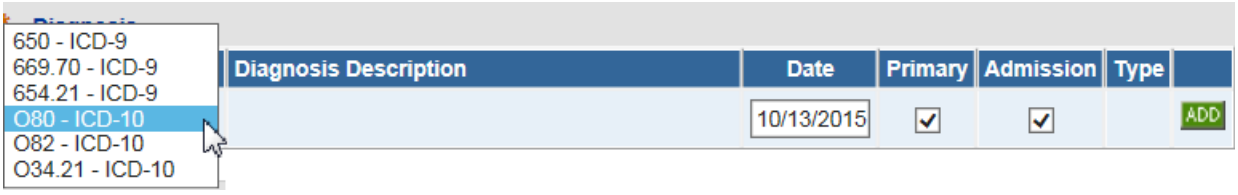


Figure 10

12. The diagnosis date is defaulted to the form request date. This date should be modified so that it corresponds to the diagnosis type selected (ICD9 or ICD10). For example, if an ICD9 is selected; then the diagnosis date should be before 10/1/15. If an ICD10 is selected, then the diagnosis date should be 10/1/15 or greater.

13. Click **Add** to add the diagnosis code information to the notification.

14. When **Add** is clicked, a blank diagnosis code line displays and the **Edit** button becomes available on the diagnosis line just entered.

15. If needed, enter another diagnosis code and diagnosis date.

16. Click **Add** to add the diagnosis code to the notification form.

Social Risk Factors

This section captures the mother's socioeconomic and family risk factors.

17. Check all known risk factors that apply to this pregnancy.

18. When certain boxes are checked, it may be necessary to provide additional information. For example, if *Unemployed or DSS greater than 1 year* is checked, enter the 'Date of Last Employment' or the 'Date of DSS Enrollment'.

19. If *Other Barriers to Receiving Care*, *Physical/Sexual Abuse* or *Other* (risk factor) are checked, provide explanations in the text boxes.

20. If there are no known social risk factors, check *No Significant Risk Factors Known*.

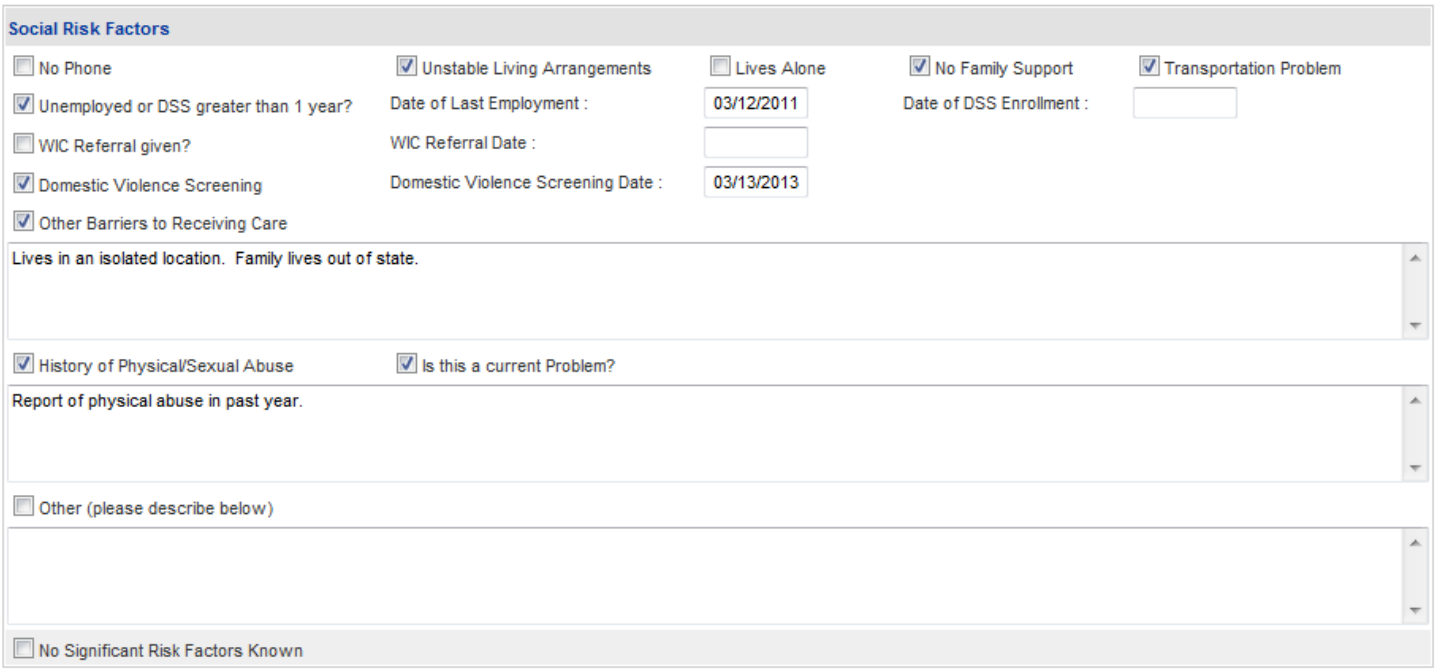


Figure 11

Maternal History

This section captures the mother's medical, psycho-neurological and obstetrical history.

21. Check all boxes that apply.

22. When certain boxes are checked, additional information may need to be checked or entered. For example, if *Current Cigarette Use* is checked, enter the number of cigarettes per day.

23. If there is no significant history in a specific category, check the no significant history known checkboxes.

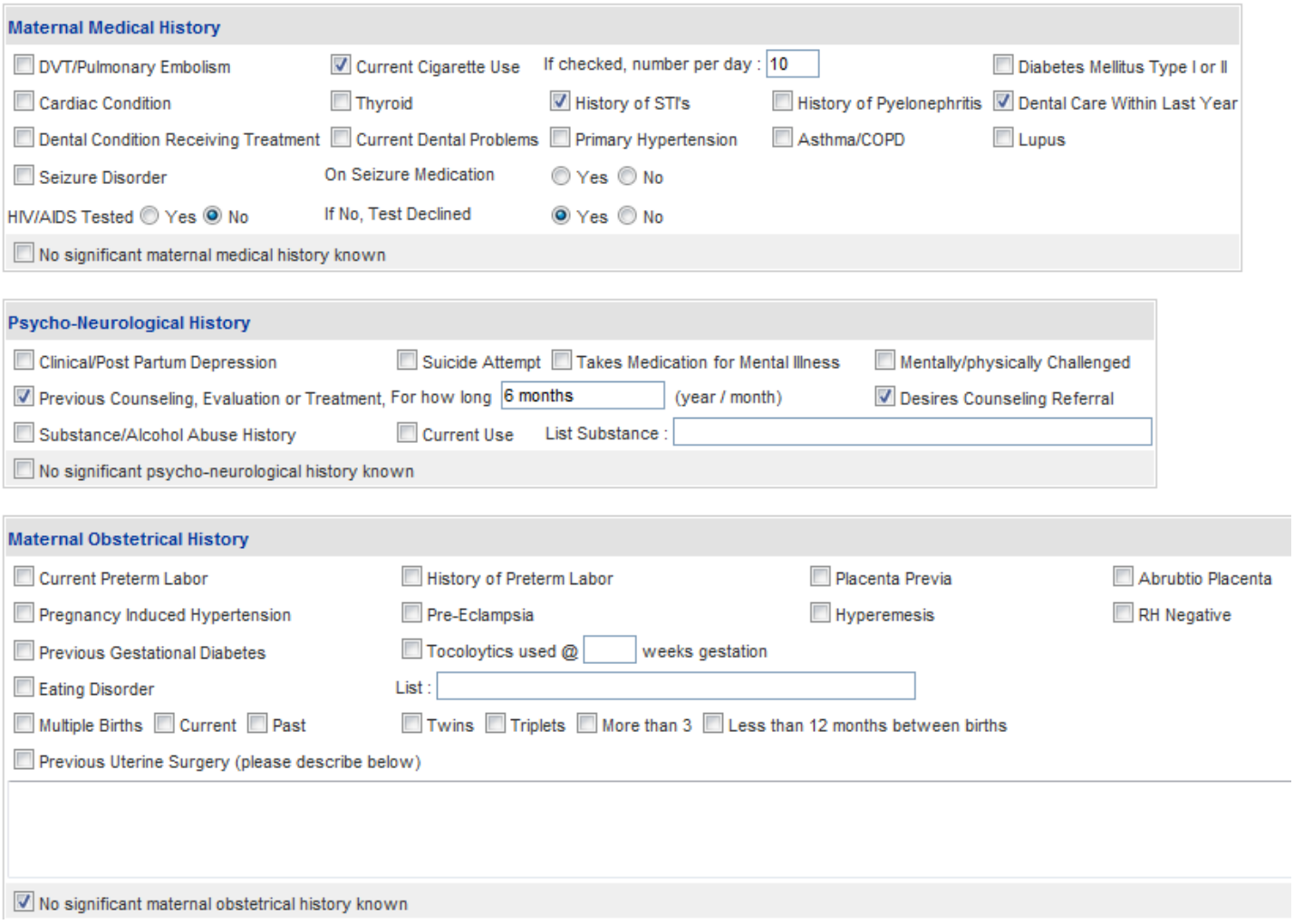


Figure 12

Previous Infant/Findings

24. Complete this section if the member had a previous birth with findings corresponding to one of the categories.

25. If no known significant findings, click *No Significant Previous Infant Findings Known*.

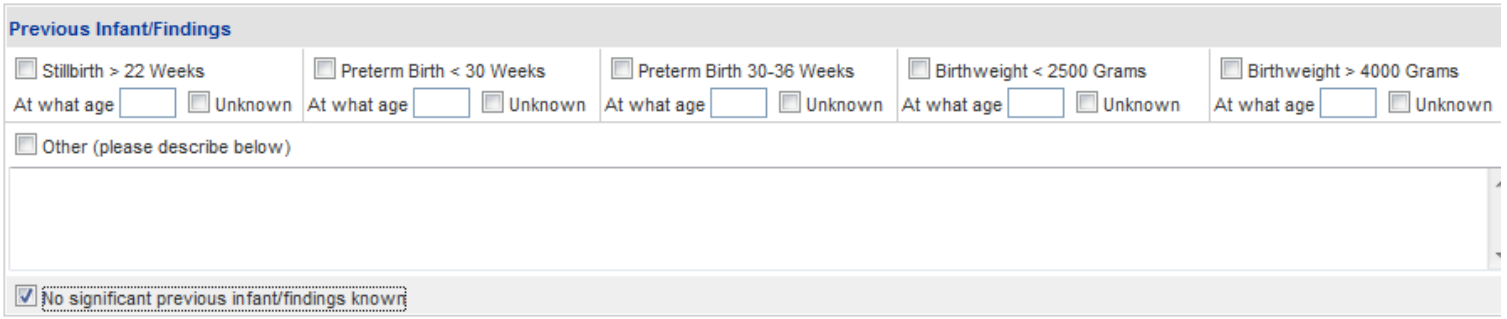


Figure 13

Additional Information

This section captures additional information not entered in other parts of the form; the community agencies involved in the pregnancy or mother's situation; the name of the person who signed the form; and the date signed.

26. Enter additional information in the textboxes provided, if applicable.

27. Under **Current Community Agencies Involved**, check all boxes that apply; or check the 'Other' checkbox and explain in the text box.

28. Enter the name of the authorized person who signed the notification form in the 'Name of authorized personnel signing form' box (required).

29. Enter the date signed/authorized in the 'Date Signed' box (required).

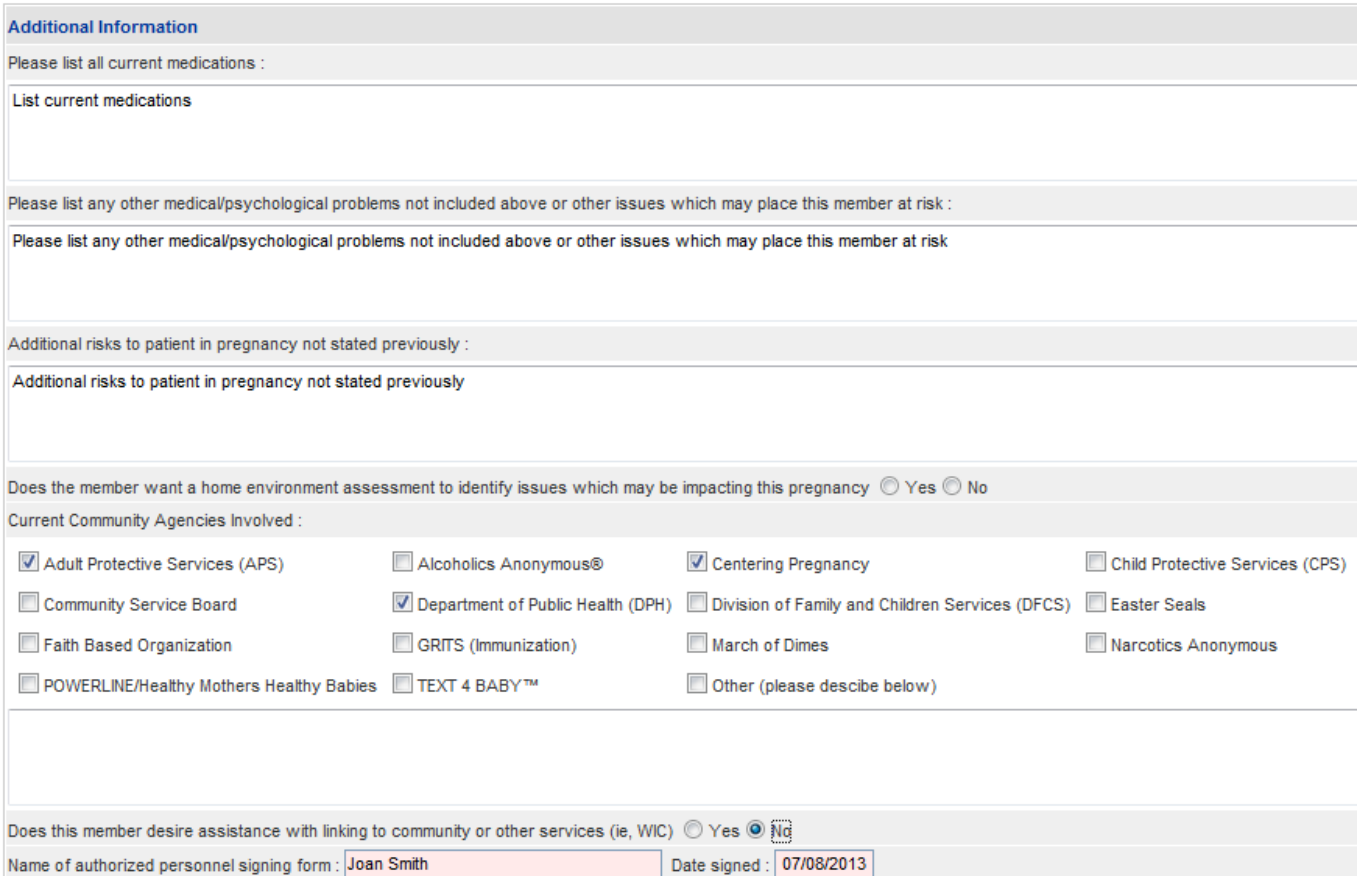


Figure 14

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

31. Review the *Attestation Statement* and, if in agreement, click **I Agree**. You must click agree to submit the notification form.

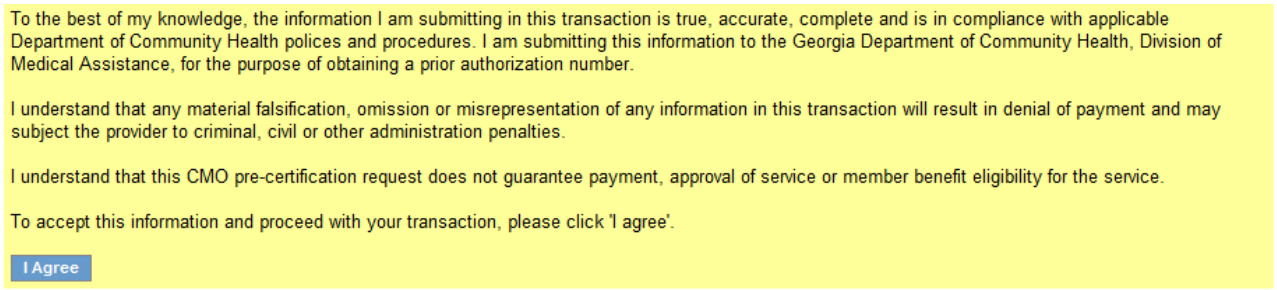


Figure 15

32. Review the information entered on the notification form. To change information entered, click **Edit Request**. **Once a notification form is submitted, it is not possible to return to the form and make changes.**

33. Click **Submit Request**. When the notification is successfully submitted, a twelve (12) digit Alliant tracking number starting with a '7', displays on the form. This number can be used to search for the PA via the *Provider Workspace*.

34. Additional documentation may be attached to the notification form at this point via **Create an Attachment**. Refer to the instructions in the following section (2.2.1) starting at step #7.

35. To enter another notification or a new request under the same Portal ID/provider, click **Enter a New PA Request**. The request type menu page re-displays.

2.2.1 Attach Documentation to Pregnancy Notification

Additional documentation may be attached to the Pregnancy Notification upon submission, or attached to a previously submitted form. There are no restrictions as to when documents may be attached. The following file types are acceptable for attachments: TXT, DOC, DOCX, PDF, TIF, TIFF, JPG/JPE/JPE and EXCEL; although the preferred file type is PDF. The file size for an individual attachment must be less than 20 MB in size. Multiple documents may be attached to one notification form, although each file must be attached individually. When naming files, the following symbols should not be included in the file name: **\, /, #, <, >, ', ".** In addition, the name of the file to be attached cannot have the same name of a file that is already attached.

The following instructions describe how to attach a document to a previously submitted notification form. The first step is to find the pregnancy notification to which the file is to be attached.

1. Open the *Provider Workspace*.

2. Go to the **CMO Authorization Requests** section and select **Search or Submit Clinical Notes/Attach Documentation** to open request search.

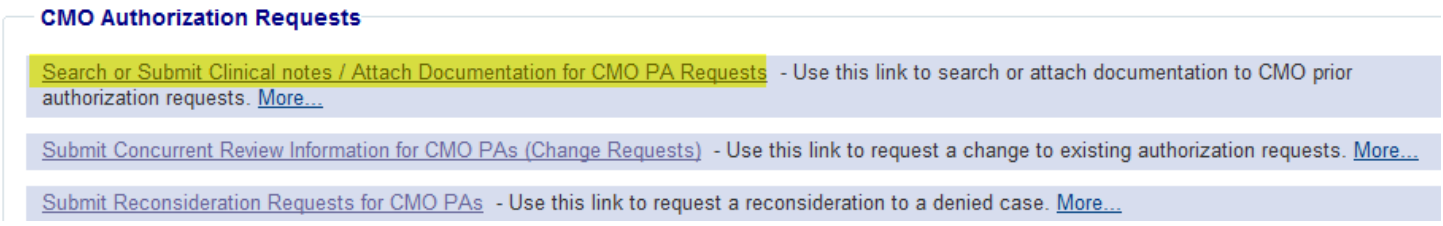


Figure 16

3. On the search page, the provider ID number is system populated and cannot be edited. The provider ID inserted by the system must match the provider ID on the notification form. Otherwise, the search will not return a result.

4. Enter the 'Alliant Tracking Number' in the 'Request ID' box (no other data is needed) and then, click **Search**.

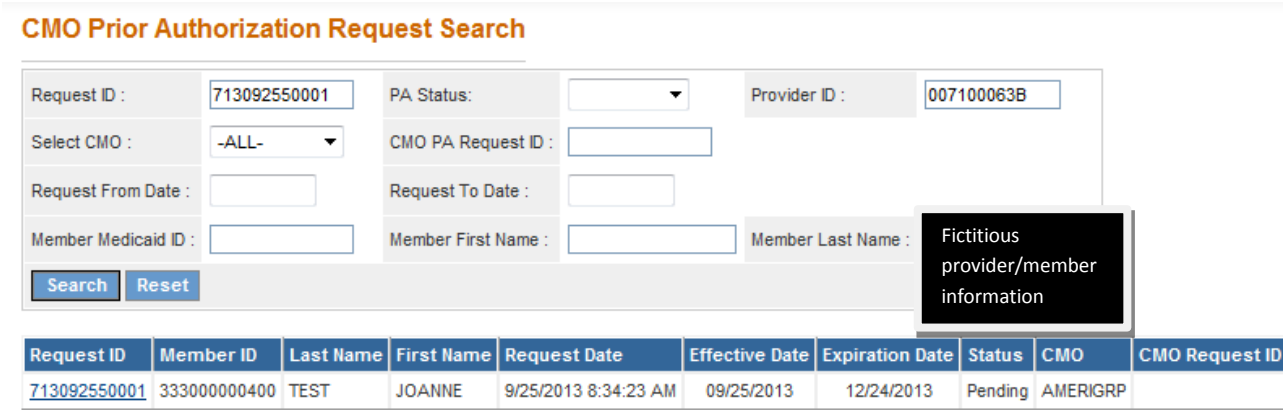


Figure 17

5. Click on the **Request ID** to open the *Review Request* page.

6. Click the **Attach File** button at the bottom of the page.

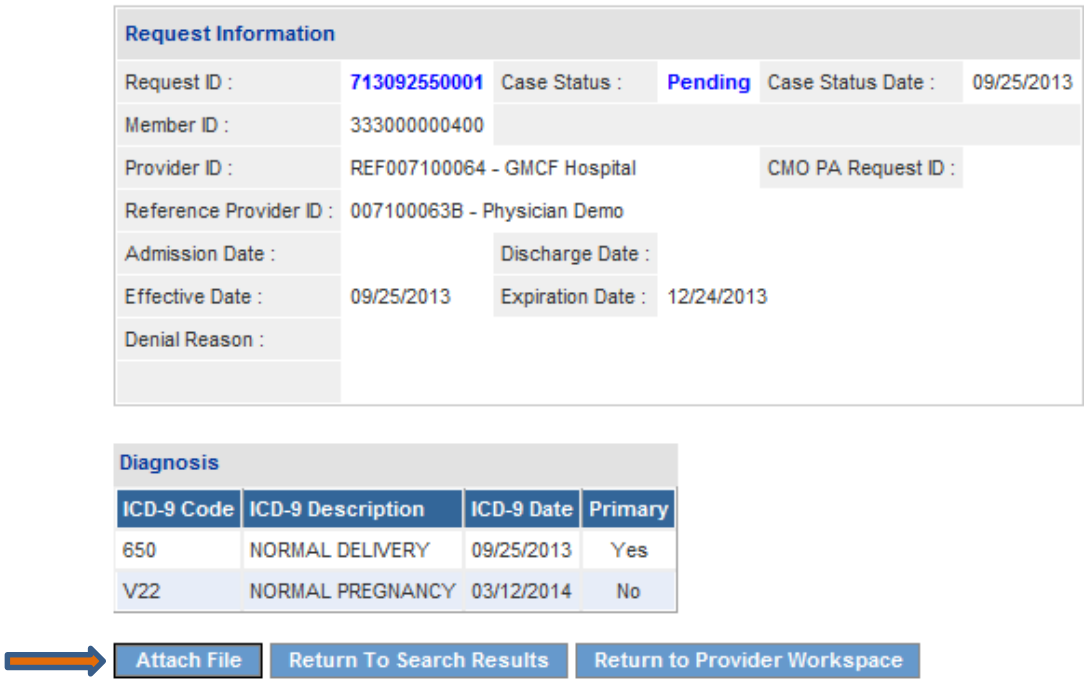


Figure 18

7. On the page that displays, go to the **Create an Attachment** section.

8. Click **Browse** to open the file directory.

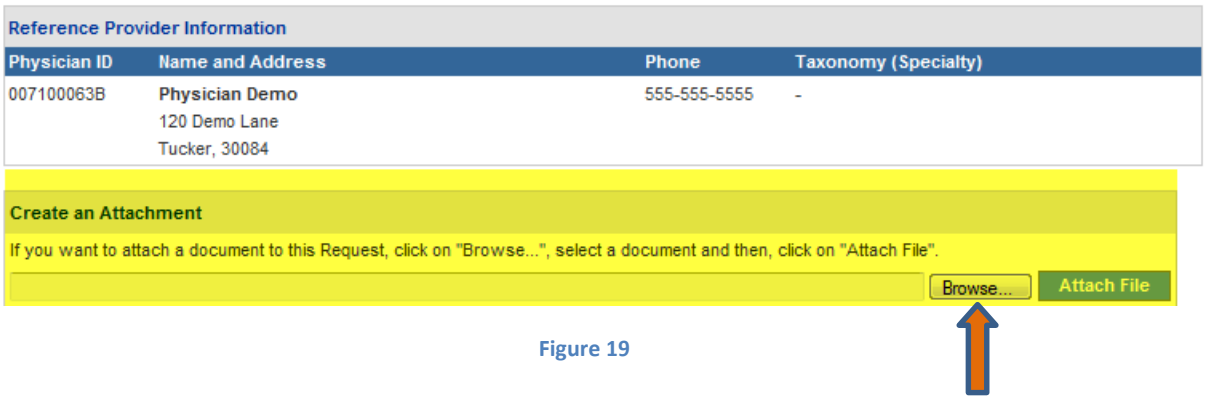


Figure 19

9. Find the file to be attached.

10. Then, select the file by double clicking the file; or by highlighting the file and clicking **Open**.

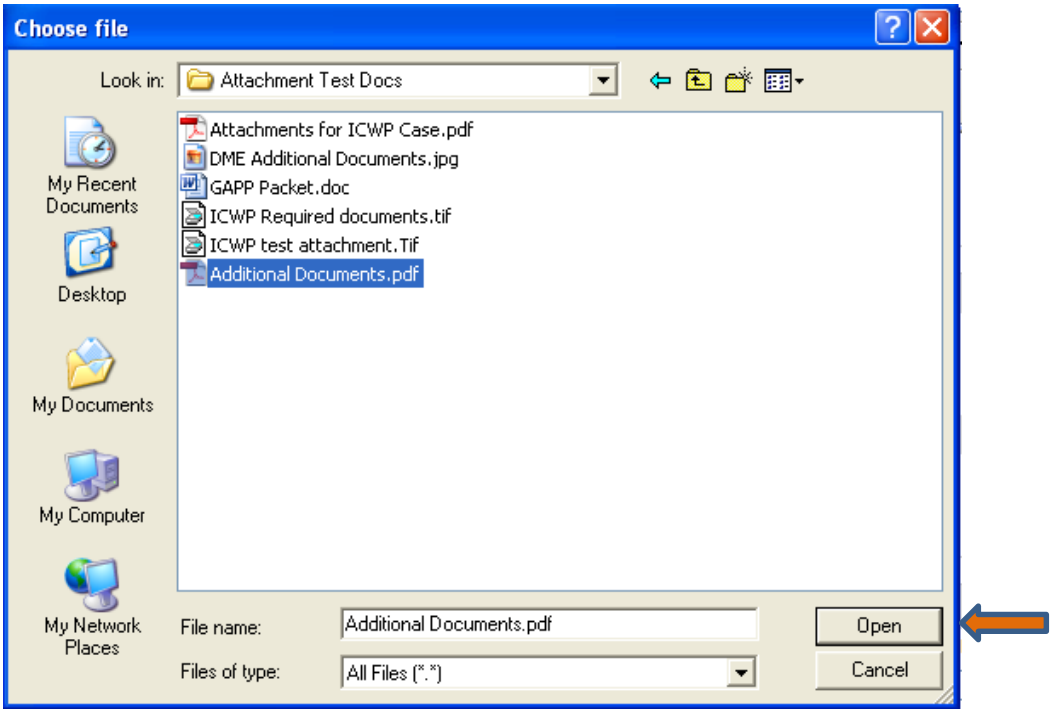


Figure 20

11. Once the file is selected, it displays in the attachment panel.

Figure 21

12. Click the **Attach File** button.

13. If the file is uploaded, the 'File uploaded successfully' message displays, and a link to the attachment displays in the **Attached Files** table.

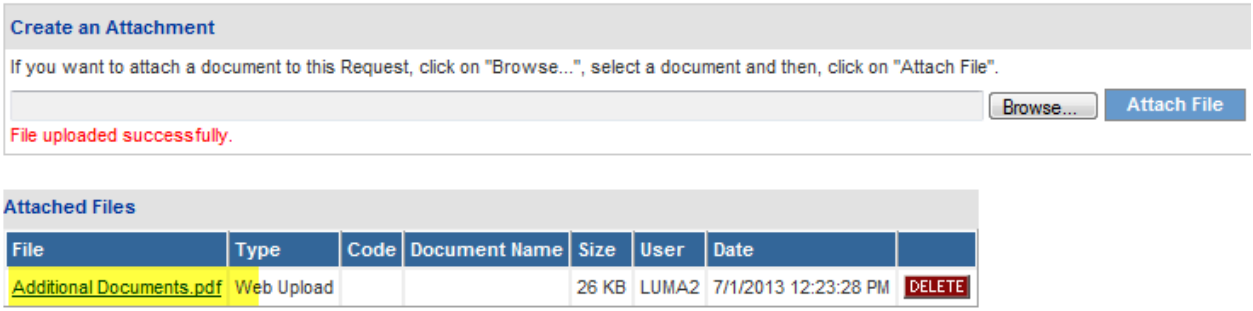


Figure 22

14. If necessary, follow the same process to attach another file.

15. To return to the main *Review Request* page, click the **Back** link at the bottom of the page.

2.3 Enter Newborn Delivery Notification Data

Member/Provider Information

When the notification form opens, the member and provider information is system populated at the top of the page based on the member ID and provider IDs entered.

Contact Information

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

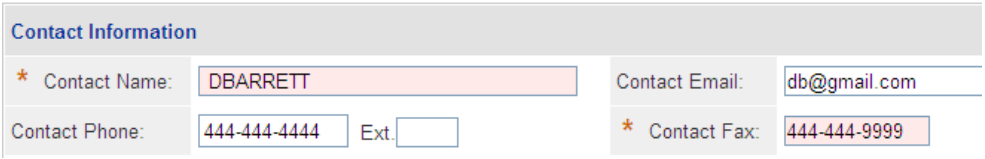


Figure 23

Request Information

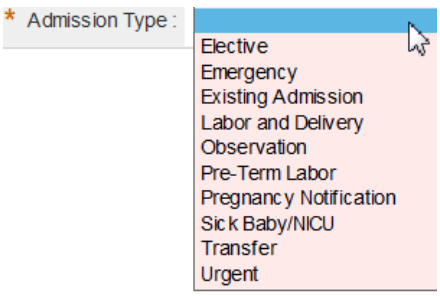
This section captures information specific to the admission for delivery.

1. In the 'Maternal Admit Date' box, enter the mother's admit date. **Admit dates in the future are not allowed** since the submission of the Newborn Delivery notification indicates that a delivery is occurring or has occurred.

2. If the mother was already discharged, enter the 'Discharge Date'; **or** if the mother is still in the facility, check 'Still in Facility'.

3. Select the applicable 'Admission Type' from the drop list (drop lists are different based on the CMO selected). The admission type should pertain to the delivery admission.

Wellcare/Amerigroup



Peachstate

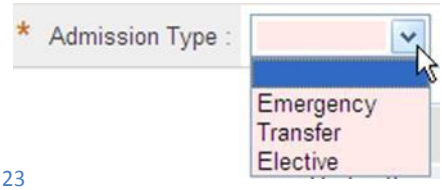


Figure 23

4. Select the applicable 'Place of Service' from the drop list. The place of service should relate to the facility where the delivery occurred.

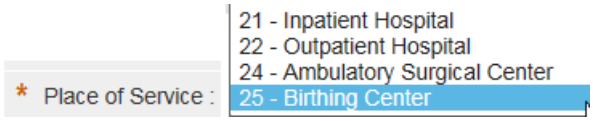


Figure 24

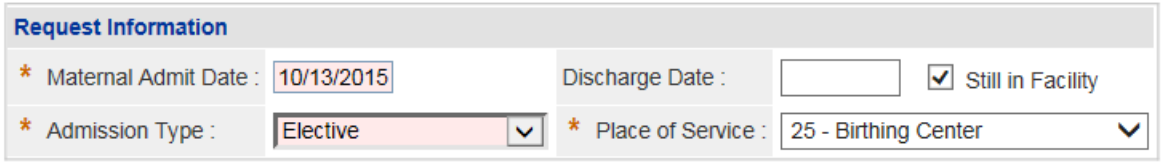


Figure 25

Diagnosis

This section captures the mother's primary delivery diagnosis. On the first diagnosis line, the system defaults to these values:

- The first diagnosis code in the diagnosis drop list
- Date = the date when form submitted
- Primary Diagnosis indicator is checked
- Admission Diagnosis indicator is checked

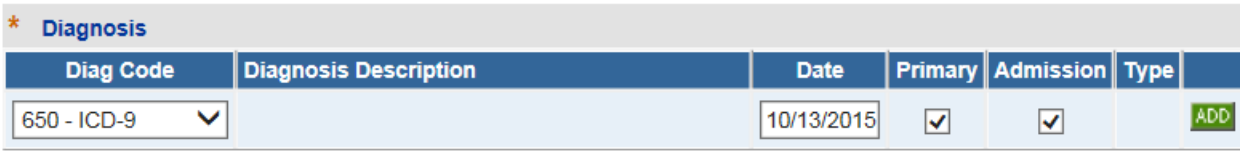


Figure 26

5. If 650 is not the correct primary diagnosis, select a different diagnosis from the drop list. One of the diagnoses from the drop list must be selected as the primary diagnosis. **Select the diagnosis type (ICD9 or ICD10) that was valid on the 'Maternal Admit Date'.**

   The choices are:

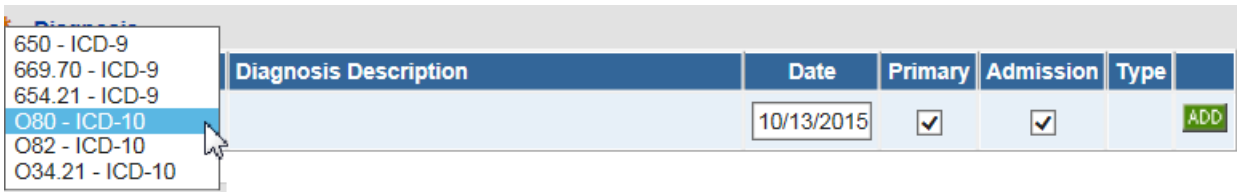


Figure 27

6. The diagnosis date is defaulted to the form request date. This date should be modified so that it corresponds to the diagnosis type selected (ICD9 or ICD10). For example, if an ICD9 is selected; then the diagnosis date should be before 10/1/15. If an ICD10 is selected, then the diagnosis date should be 10/1/15 or greater.

7. Click **Add** to add the diagnosis code information to the notification.

8. When **Add** is clicked, a blank diagnosis code line displays and the **Edit** button becomes available on the diagnosis line just entered.

9. If needed, enter another diagnosis code and diagnosis date.

10. Click **Add** to add the diagnosis code to the notification form.

Mother/Baby Details

The next two sections capture details regarding the mother, delivery, and newborn. Highlighted fields are required; although other data should be entered if available or applicable.

Member (Mother) Details:

11. Enter the estimated date of delivery in the 'EDC Date' box. This is required. Enter the estimated date of delivery in the 'EDC Date' box. This is required. EDC information should be based on ultrasound dating or a combination of LMP and ultrasound dating. LMP dates are **NOT** allowed in this field. The gestational age should be between 23 and 45 weeks.

12. Indicate the delivery method by clicking the appropriate button. The default value is *Vaginal*. Click *C-Section* if that is the correct delivery method.

13. **Gravida**: Select the number of times that the mother has been pregnant from the 'Gravida' drop list (required). The available values are 0-9.
14. **Para**: Select the number of births including stillbirths from the 'Para' drop list (required). The available values are 0-9. **Note:** Gravida should be equal to or greater than Para.

15. **Abortus**: Select the number of pregnancies lost from the 'Abortus' drop list (required). The available values are 0-9.

Figure 28

Baby Information:

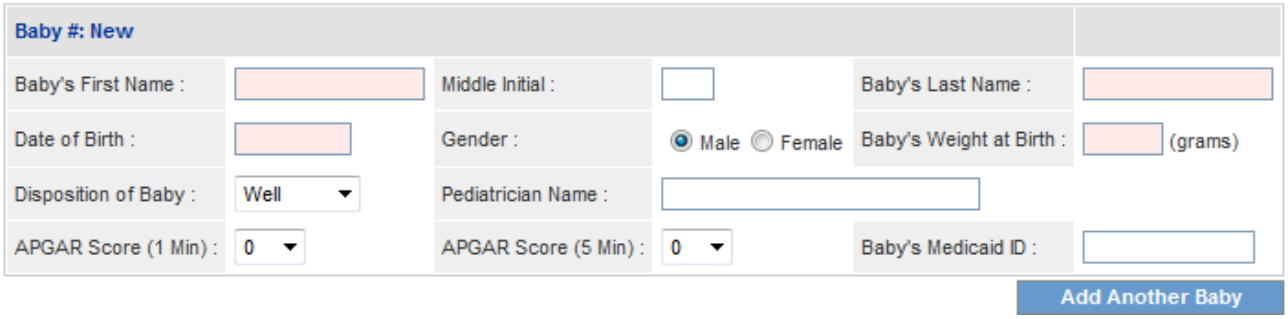


Figure 29

16. Enter the baby's first name and the last name (required). Middle initial is optional.

17. Enter the baby's date of birth (required).

18. Gender defaults to Male. Select Female if that is the appropriate gender.

19. Enter the baby's birth weight in grams (required). Gram weights outside of 300 - 10,000 grams are not acceptable.

20. Select the disposition of the baby from the drop list. '*Well*' is the default value. Other values include: *Stillborn, NICU, SCH, Adopted, and Detained.*

21. From the 'APGAR Score' drop lists, select the 1 minute Apgar score, and the 5 minute Apgar score. Both drop lists contain values from 0-10.

22. Enter the pediatrician's name. This is optional.

23. Finally, enter the baby's Medicaid ID **if this is known.** Otherwise, leave blank.

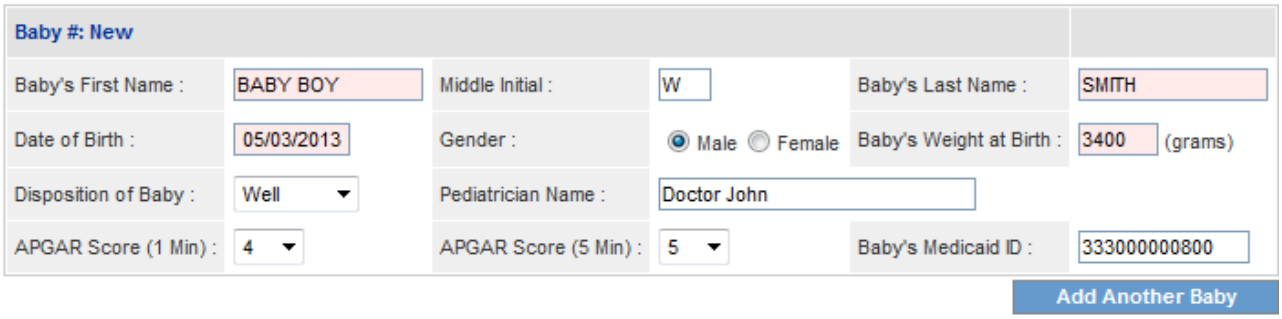


Figure 30

24. If there was more than one birth, click **Add Another Baby** to open another new baby section. (If clicked in error, the additional section can be removed by clicking **Remove**).

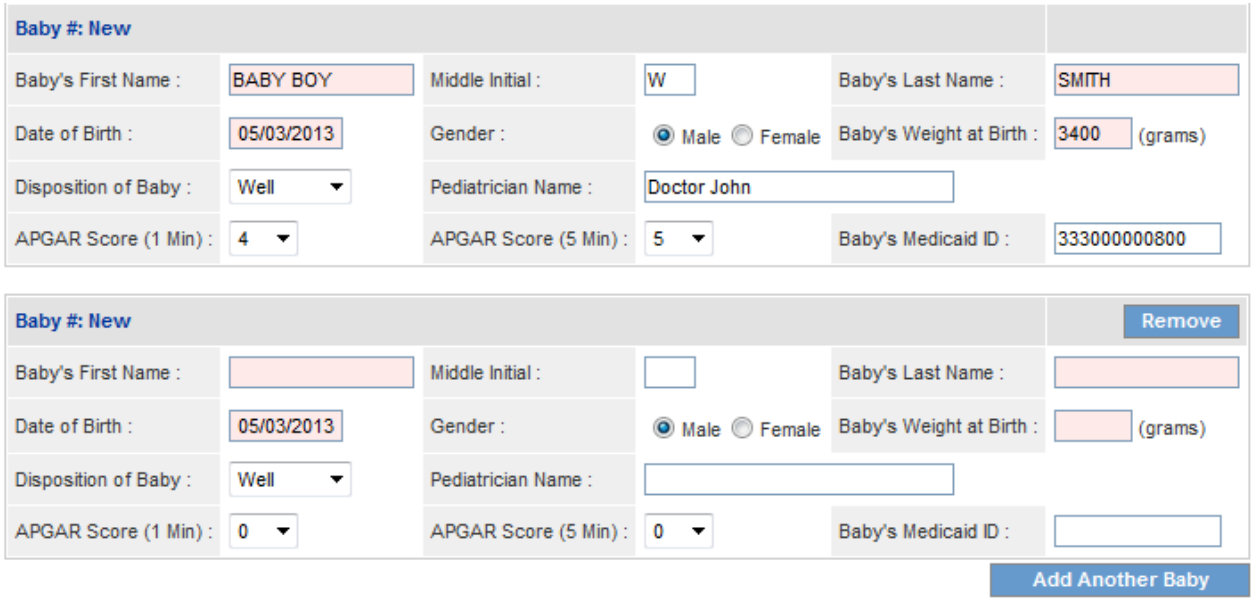


Figure 31

25. Enter the required information for the second birth.

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

27. Review the *Attestation Statement* and, if in agreement, click **I Agree**. You must click agree to submit the notification form.

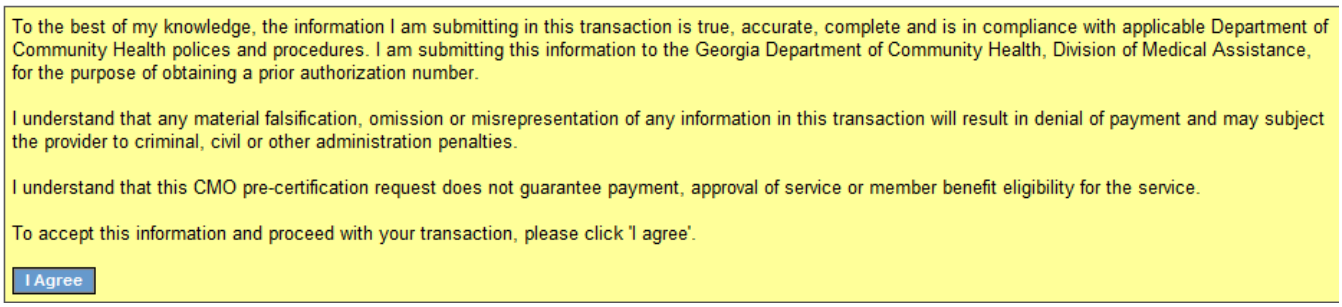


Figure 32

28. Review the information entered on the notification form. To change information entered, click **Edit Request**. **Once a notification form is submitted, it is not possible to return to the form and make changes.**

29. Click **Submit Request.** When the notification form is successfully submitted, the system displays a 12 digit Alliant tracking number that starts with a '7'. This number can be used to search for the PA via the *Provider Workspace.*

30. To enter a new request or notification form under the same Portal ID/provider, click **Enter a New PA Request**. The request type menu page re-displays.