

CMO PA WEB SUBMISSION

Provider User Manual - Version 2.1

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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.

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

The screenshot shows the Georgia Department of Community Health Web Portal. The header includes the Georgia Department of Community Health logo, the text 'GEORGIA WEB PORTAL', and the Georgia Health Partnership logo. A blue banner at the top says 'Welcome, Physician Demo' and 'Monday, April 01, 2013'. Below the banner is a navigation menu with links: 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, GBHC Referral, Reports, Trade Files, Home, Secure Home, Demographic Maintenance, Direct Exchange Addresses, Provide, Search, Search, EOB Search, and MAPIR Registration. A yellow box highlights the 'Submit/View' and 'Provider Workspace' options in the 'Prior Authorization' menu. Below the menu is an alert message: '(click to hide) Alert Message posted 2/24/2012'. The main content area shows 'User Information - Provider 007100063B' and a table of 'Provider Service Location Information'. The table has columns for Name, Address 1, Address 2, City, State, and Zip. The data row shows: Name: DEMO, PHYSICIAN; Address 1: 123 DEMO DR; Address 2: ; City, State: LAWRENCEVILLE, GA; Zip: 30043-0000. Below the table is a 'Messages' section with the text '*** No rows found ***'.

Provider Service Location Information					
Name	DEMO, PHYSICIAN	Address 1	123 DEMO DR		
Medicaid Provider ID	007100063B	Address 2			
National Provider ID	1659376614	City, State	LAWRENCEVILLE, GA		
Provider Type	PHYSICIANS/OSTEOPATHS	Zip	30043-0000		

Figure 2

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

New Request for Prior Authorization

- [Georgia Pregnancy Notification Form](#)
- [Hospital OutPatient Therapy](#)
- [Medications PA Facility Setting](#)
- [Newborn Delivery Notification Form](#)
- [Hospital Admissions and Outpatient Procedures \(Form Number: GMCF form PA81/100\)](#)
- [In-State Transplants \(Form Number: PA-81\)](#)
- [Out-of-State Services \(Form Number: GMCF FAX OOS\)](#)
- [Radiology-Facility Setting](#)

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.

New Request for Prior Authorization

Georgia Pregnancy Notification Form

Use this notification to report prenatal care only. Do not used for delivery outcome notification.

To find a Member or Provider click the next to the ID box

Select a CMO :

- ☐ Amerigroup Community Care
- ☐ Peach State Health Plan
- ☒ Wellcare Health Plans Inc.

Member Medicaid ID:

Facility Reference ID :

Medical Practitioner Provider ID :

[Submit](#)

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.

Contact Information					
* Contact Name:	DBARRETT		Contact Email:	db@gmail.com	
Contact Phone:	444-444-4444	Ext.		* Contact Fax:	444-444-9999

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.

Member Details					
Primary Language Spoken :	English ▼	If Other :		Daytime Phone :	- -
Expected Date of Delivery (EDD) :		Last Menstrual Period (LMP) :		Gravida :	0 ▼
First Prenatal Visit Date :		Para :	0 ▼	Abortus :	0 ▼
Select one that Apply :	☒ Normal Pregnancy V22 ☐ High Risk Pregnancy V23		Planned Delivery Route :	☒ Vaginal ☐ C-Section	

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:

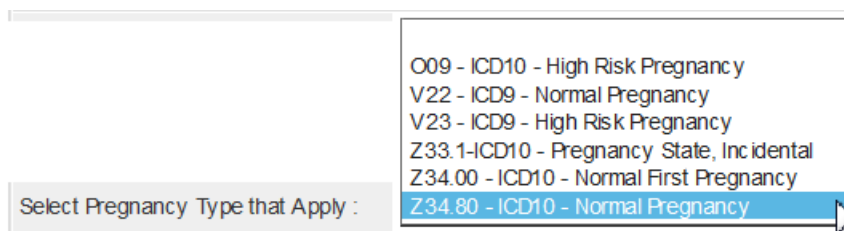


Figure 7

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.

Member Details			
Primary Language Spoken :	English	If Other :	
Estimated Date of Confinement (EDC) :	05/01/2016	Last Menstrual Period (LMP) :	08/15/2015
First Prenatal Visit Date :	10/01/2015	Gravida :	1
Select one that Apply :	Z34.80 - ICD10 - Normal Pregnancy	Para :	0
		Abortus :	0
		Planned Delivery Route :	☒ Vaginal ☐ C-Section

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

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
650 - ICD-9		10/13/2015	☒	☒		ADD

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:

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
650 - ICD-9		10/13/2015	☒	☒		ADD
669.70 - ICD-9						
654.21 - ICD-9						
O80 - ICD-10						
O82 - ICD-10						
O34.21 - ICD-10						

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*.

Social Risk Factors				
☐ No Phone	☒ Unstable Living Arrangements	☐ Lives Alone	☒ No Family Support	☒ Transportation Problem
☒ Unemployed or DSS greater than 1 year?	Date of Last Employment :	03/12/2011	Date of DSS Enrollment :	
☐ WIC Referral given?	WIC Referral Date :			
☒ Domestic Violence Screening	Domestic Violence Screening Date :	03/13/2013		
☒ Other Barriers to Receiving Care				
Lives in an isolated location. Family lives out of state.				
☒ History of Physical/Sexual Abuse	☒ Is this a current Problem?			
Report of physical abuse in past year.				
☐ Other (please describe below)				
☐ 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.

Maternal Medical History			
☐ DVT/Pulmonary Embolism	☒ Current Cigarette Use	If checked, number per day : 10	☐ Diabetes Mellitus Type I or II
☐ Cardiac Condition	☐ Thyroid	☒ History of STI's	☐ History of Pyelonephritis
☐ Dental Condition Receiving Treatment	☐ Current Dental Problems	☐ Primary Hypertension	☒ Dental Care Within Last Year
☐ Seizure Disorder	On Seizure Medication	☐ Yes ☐ No	☐ Asthma/COPD
HIV/AIDS Tested ☐ Yes ☒ No	If No, Test Declined	☒ Yes ☐ No	☐ Lupus
☐ No significant maternal medical history known			

Psycho-Neurological History	
☐ Clinical/Post Partum Depression	☐ Suicide Attempt
☐ Takes Medication for Mental Illness	☐ Mentally/physically Challenged
☒ Previous Counseling, Evaluation or Treatment, For how long 6 months (year / month)	☒ Desires Counseling Referral
☐ Substance/Alcohol Abuse History	☐ Current Use
List Substance :	
☐ No significant psycho-neurological history known	

Maternal Obstetrical History			
☐ Current Preterm Labor	☐ History of Preterm Labor	☐ Placenta Previa	☐ Abruptio Placenta
☐ Pregnancy Induced Hypertension	☐ Pre-Eclampsia	☐ Hyperemesis	☐ RH Negative
☐ Previous Gestational Diabetes	☐ Tocolytics used @ weeks gestation		
☐ Eating Disorder	List :		
☐ Multiple Births ☐ Current ☐ Past	☐ Twins ☐ Triplets ☐ More than 3 ☐ Less than 12 months between births		
☐ Previous Uterine Surgery (please describe below)			
☒ No significant maternal obstetrical history known			

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*.

Previous Infant/Findings

☐ Stillbirth > 22 Weeks At what age ☐ Unknown	☐ Preterm Birth < 30 Weeks At what age ☐ Unknown	☐ Preterm Birth 30-36 Weeks At what age ☐ Unknown	☐ Birthweight < 2500 Grams At what age ☐ Unknown	☐ Birthweight > 4000 Grams At what age ☐ Unknown
---	--	---	--	--

☐ Other (please describe below)

☒ 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).

Additional Information

Please list all current medications :

List current medications

Please list any other medical/psychological problems not included above or other issues which may place this member at risk :

Please list any other medical/psychological problems not included above or other issues which may place this member at risk

Additional risks to patient in pregnancy not stated previously :

Additional risks to patient in pregnancy not stated previously

Does the member want a home environment assessment to identify issues which may be impacting this pregnancy ☐ Yes ☒ No

Current Community Agencies Involved :

☒ Adult Protective Services (APS)	☐ Alcoholics Anonymous®	☒ Centering Pregnancy	☐ Child Protective Services (CPS)
☐ Community Service Board	☒ Department of Public Health (DPH)	☐ Division of Family and Children Services (DFCS)	☐ Easter Seals
☐ Faith Based Organization	☐ GRITS (Immunization)	☐ March of Dimes	☐ Narcotics Anonymous
☐ POWERLINE/Healthy Mothers Healthy Babies	☐ TEXT 4 BABY™	☐ Other (please describe below)	

Does this member desire assistance with linking to community or other services (ie, WIC) ☐ Yes ☒ No

Name of authorized personnel signing form : Date signed :

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.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

I understand that this CMO pre-certification request does not guarantee payment, approval of service or member benefit eligibility for the service.

To accept this information and proceed with your transaction, please click 'I agree'.

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.

CMO Authorization Requests

Search or Submit Clinical notes / Attach Documentation for CMO PA Requests - Use this link to search or attach documentation to CMO prior authorization requests. [More...](#)

Submit Concurrent Review Information for CMO PAs (Change Requests) - Use this link to request a change to existing authorization requests. [More...](#)

Submit Reconsideration Requests for CMO PAs - Use this link to request a reconsideration to a denied case. [More...](#)

Figure 16

- 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.
- Enter the 'Alliant Tracking Number' in the 'Request ID' box (no other data is needed) and then, click [Search](#).

CMO Prior Authorization Request Search

Request ID :	713092550001	PA Status :		Provider ID :	007100063B
Select CMO :	-ALL-	CMO PA Request ID :			
Request From Date :		Request To Date :			
Member Medicaid ID :		Member First Name :		Member Last Name :	
Search		Reset			

Fictitious provider/member information

Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status	CMO	CMO Request ID
713092550001	333000000400	TEST	JOANNE	9/25/2013 8:34:23 AM	09/25/2013	12/24/2013	Pending	AMERIGRP	

Figure 17

- Click on the [Request ID](#) to open the *Review Request* page.
- Click the [Attach File](#) button at the bottom of the page.

Request Information

Request ID :	713092550001	Case Status :	Pending	Case Status Date :	09/25/2013
Member ID :	333000000400				
Provider ID :	REF007100064 - GMCf Hospital	CMO PA Request ID :			
Reference Provider ID :	007100063B - Physician Demo				
Admission Date :		Discharge Date :			
Effective Date :	09/25/2013	Expiration Date :	12/24/2013		
Denial Reason :					

Diagnosis

ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
650	NORMAL DELIVERY	09/25/2013	Yes
V22	NORMAL PREGNANCY	03/12/2014	No



Figure 18

7. On the page that displays, go to the **Create an Attachment** section.
8. Click **Browse** to open the file directory.

Reference Provider Information			
Physician ID	Name and Address	Phone	Taxonomy (Specialty)
007100063B	Physician Demo 120 Demo Lane Tucker, 30084	555-555-5555	-

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

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**.

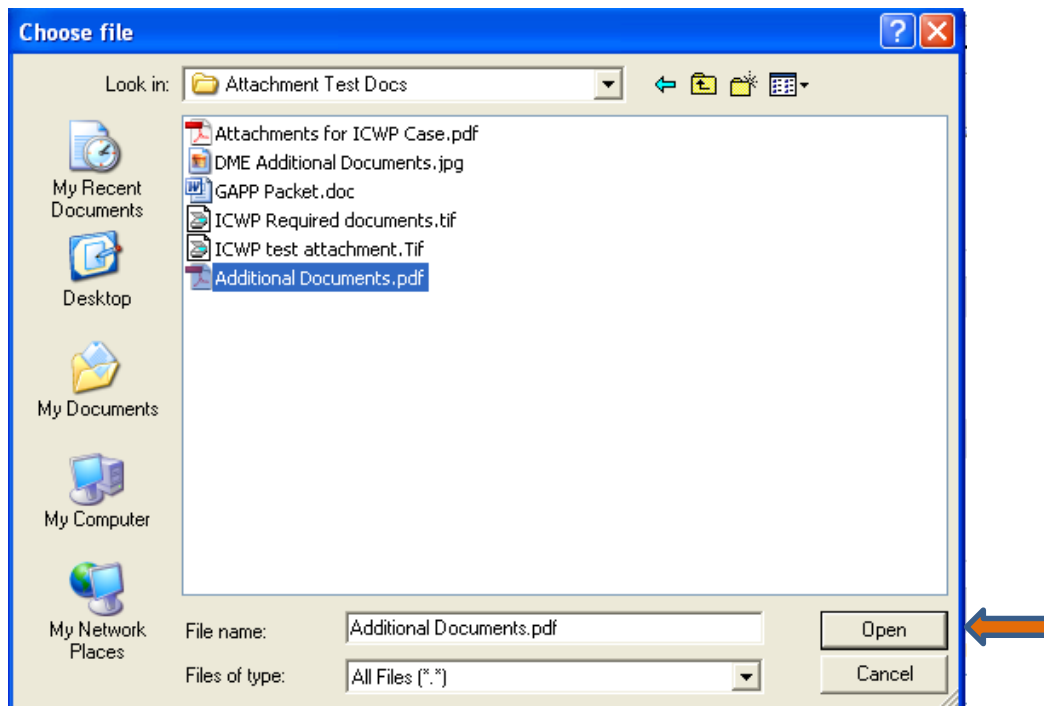


Figure 20

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



Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

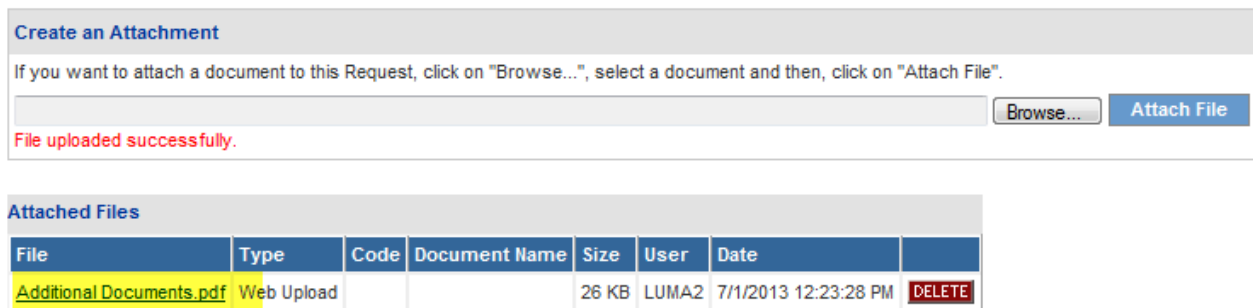
\\ahsshareserver\lbarrett\Attachment Test Docs\Additional Documents.pdf

Browse... Attach File

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.



Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

File uploaded successfully.

Browse... Attach File

Attached Files

File	Type	Code	Document Name	Size	User	Date	
Additional Documents.pdf	Web Upload			26 KB	LUMA2	7/1/2013 12:23:28 PM	DELETE

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.



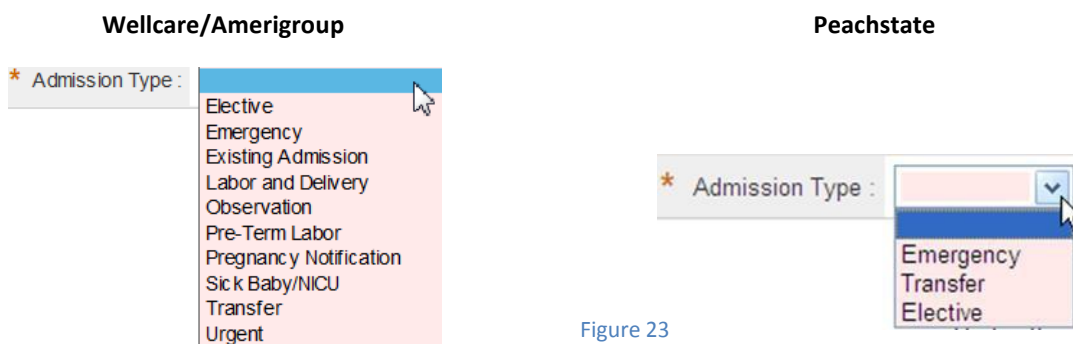
The screenshot shows a form titled "Contact Information". It contains four input fields: "Contact Name" with the value "DBARRETT", "Contact Email" with the value "db@gmail.com", "Contact Phone" with the value "444-444-4444" and an "Ext." field, and "Contact Fax" with the value "444-444-9999".

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.



The image compares two "Admission Type" drop-down lists. On the left, under the heading "Wellcare/Amerigroup", the list includes: Elective, Emergency, Existing Admission, Labor and Delivery, Observation, Pre-Term Labor, Pregnancy Notification, Sick Baby/NICU, Transfer, and Urgent. On the right, under the heading "Peachstate", the list includes: Emergency, Transfer, and Elective.

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

Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
650 - ICD-9		10/13/2015	☒	☒		ADD

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.

Member Details					
EDC Date :	04/30/2013	Delivery Type :	☒ Vaginal ☐ C-Section	Gravida :	3
				Para :	2
				Abortus :	1

Figure 28

Baby Information:

Baby #: New			
Baby's First Name :		Middle Initial :	
Date of Birth :		Gender :	☒ Male ☐ Female
Disposition of Baby :	Well	Pediatrician Name :	
APGAR Score (1 Min) :	0	APGAR Score (5 Min) :	0
		Baby's Last Name :	
		Baby's Weight at Birth :	(grams)
		Baby's Medicaid ID :	
Add Another Baby			

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.

Baby #: New			
Baby's First Name :	BABY BOY	Middle Initial :	W
Date of Birth :	05/03/2013	Gender :	☒ Male ☐ Female
Disposition of Baby :	Well	Pediatrician Name :	Doctor John
APGAR Score (1 Min) :	4	APGAR Score (5 Min) :	5
		Baby's Last Name :	SMITH
		Baby's Weight at Birth :	3400 (grams)
		Baby's Medicaid ID :	333000000800
Add Another Baby			

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**).

Baby #: New					
Baby's First Name :	BABY BOY	Middle Initial :	W	Baby's Last Name :	SMITH
Date of Birth :	05/03/2013	Gender :	☒ Male ☐ Female	Baby's Weight at Birth :	3400 (grams)
Disposition of Baby :	Well	Pediatrician Name :	Doctor John		
APGAR Score (1 Min) :	4	APGAR Score (5 Min) :	5	Baby's Medicaid ID :	333000000800

Baby #: New						Remove
Baby's First Name :		Middle Initial :		Baby's Last Name :		
Date of Birth :	05/03/2013	Gender :	☒ Male ☐ Female	Baby's Weight at Birth :		(grams)
Disposition of Baby :	Well	Pediatrician Name :				
APGAR Score (1 Min) :	0	APGAR Score (5 Min) :	0	Baby's Medicaid ID :		

Add Another Baby

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.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

I understand that this CMO pre-certification request does not guarantee payment, approval of service or member benefit eligibility for the service.

To accept this information and proceed with your transaction, please click 'I agree'.

I Agree

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.