

Request Changes, Reconsiderations and CIS Administrative Reviews via the Web

Updated 8/11/2008

1. Overview

Providers may utilize the change request function on the Georgia Health Partnership (GHP) web portal to submit the following types of requests:

- Request to modify an existing prior authorization (change request)
- Request a reconsideration of a denied prior authorization (PA)
- Request an administrative review of a Children's Intervention Service (CIS) PA

Providers may also attach additional documentation to these requests. In order to attach a file to the request, the file must be saved to one of the Provider's system folders in one of the following standard formats: TIF, TIFF, DOC, TXT, and PDF. **Do not include these symbols as part of the document name: \, /, #, <, >, ', "** The documentation attached should only relate to the Member associated with the PA under consideration and not relate to any other Members. The following are the **approximate** file size limits for a single attachment: twenty (20) pages for change requests; twenty (20) pages for reconsideration requests; and forty (40) pages for CIS administrative review requests.

When change requests, reconsideration requests and CIS administrative review requests are submitted via the web, the requests are logged into the PA system in 'real time' and available for staff processing. Reviewers generally process the oldest requests first. Once the request is processed, providers receive a system-generated fax. When change requests are processed, the fax indicates if the change request was granted or not granted. For reconsiderations and administrative review requests, the fax indicates that the request was received and is waiting review.

Important Note:

There are some restrictions regarding the submission of change requests, reconsideration requests and administrative review requests. Refer to the submission guidelines listed before the entry instructions for each request type.

1.1 Submit a Change Request

1.1.1 Submission Guidelines

- Change requests are currently **not permitted** for: PASRR; Swingbeds; and DMA-6/6As.
- Change requests must be submitted within 30 calendar days of the PA request date or date of service whichever is greater with the exception of Children's Intervention Services PAs, Durable Medical Equipment PAs and Medications Prior Authorizations.

1.1.2 Instructions:

1. Log into the Web Portal; go to the *Claims* page and select [Request a Prior Authorization](#).
2. On the *Request Authorization* page, select the link, [Change an existing Prior Authorization](#).

Example

Request Authorization

The Provider Reference ID is a unique value assigned to identify a provider performing a service for a prior authorization. To find the provider, select a provider from the "Find a Provider Reference ID" link.

* Member Medicaid ID:

* Requesting Provider ID:

Provider Reference ID: [Find Provider Reference ID](#)

Submit

[Change an existing
Prior Authorization](#)



3. On the next page, enter the 'Member Medicaid ID', 'Prior authorization Tracking number' and your 'Provider ID'.

4. Then, select the *Change Request* button from the 'Request Type' list.

Example

Request to change an Existing Prior Authorization

In order to validate your change request, please enter the following information related to the Prior Authorization in question, and then click 'Submit'. If your information is valid, you will be prompted to enter the change request information.

* Member Medicaid ID : 111000000003

* Prior Authorization Tracking number : 108070803530

* Provider ID : 784347310A

* Request Type (Select One):

Change Request

Request for Reconsideration of a Denied PA

If you select Request for Reconsideration, please make sure that the information submitted addresses the reason for denial. Use 'Create An Attachment' on the request confirmation page to attach documents to this request. Document file size limit is approximately 20 pages.

CIS Administrative Review

If you select Administrative Review, please submit additional documentation to support the services requested. Use 'Create An Attachment' on the request confirmation page to attach documents to this request. Document file size limit is approximately 40 page

* denotes required field

Submit

5. Click **Submit** to open the *Change Request Information* page.

Example

Change Request Information

Please complete the following change request form. Please make your information as complete as possible, as this will be used for determining whether your change request is approved or denied. You may be contacted by a review staff member if there are any questions concerning your change request.

* Contact Name :

* Contact Phone: Ext:
aaa-xxx-xxxx

* Contact Fax:
aaa-xxx-xxxx

Describe what you want changed.

Provide your rationale for changing the Prior Authorization request.

Submit

6. On the *Change Request Information* page, enter your first and last name, a contact phone number and extension (if applicable), and a contact fax number.
7. **What you want changed:** In the first text box, clearly describe what needs to be changed. The change request should only apply to the PA tracking number that you entered.
8. **Rationale:** In the second text box, explain why this change is needed.

Example

Change Request Information

Please complete the following change request form. Please make your information as complete as possible, as this will be used for determining whether your change request is approved or denied. You may be contacted by a review staff member if there are any questions concerning your change request.

* Contact Name :

*Contact Phone: Ext:
aaa-nnn-nnnn

*Contact Fax:
aaa-nnn-nnnn

***Describe what you want changed.**

PA request was for date of service of 10/4/05 but patient cancelled appointment. Test re-scheduled for 1/15/06. Please change date of service to 1/15/06.

***Provide your rationale for changing the Prior Authorization request.**

Patient cancelled and re-scheduled appointment.

9. Then, click **Submit**.

10. Once submit is selected, the change request is submitted, and a *Change Request Confirmation* page displays. **You may attach documents to this page.**
11. To attach a document, click **Browse** and search for the file that you saved to one of your system folders.

Example

Change Request Confirmation

Your Change request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted. To attach documents, use Create An Attachment. Click Browse and locate the file. Select the file and it will display in the box; then click Attach File. You may attach files that are no more than approximately 20 pages.

Create an Attachment

If you want to attach any document to your request, please select a document by browsing and then, click on "Attach File".

[Change another Prior Authorization Request](#)

[Request a Prior Authorization](#)

12. Select the file and it will display in the *Create an Attachment* box.

Example

Change Request Confirmation

Your Change request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted. To attach documents, use Create An Attachment. Click Browse and locate the file. Select the file and it will display in the box; then click Attach File. You may attach files that are no more than approximately 20 pages.

Create an Attachment

If you want to attach any document to your request, please select a document by browsing and then, click on "Attach File".

[Change another Prior Authorization Request](#)

[Request a Prior Authorization](#)

13. Click **Attach File**. The file name no longer displays in the box and the message **Attachment Successful** displays.

Example

Create an Attachment

If you want to attach any document to your request, please select a document by browsing and then, click on "Attach File".

Browse...

Attach File

Attachment Successful!

[Change another Prior Authorization Request](#)

[Request a Prior Authorization](#)

14. Click [Change another Prior Authorization Request](#) to enter another change request; or [Request a Prior Authorization](#) to enter a PA.
15. **Notification:** Once staff processes the change request, an automatic fax notification is sent to the contact name and fax number entered on the change request. The notification indicates that the change request was granted or was not granted. If not granted, an explanation is provided.

1.2 **Submit a Request for Reconsideration of a Denied PA**

1.2.1 **Submission Guidelines**

- Applies to all PA types with the following exceptions: Children’s Intervention Services, TEFRA Katie Beckett (Deeming) Waiver, Georgia Pediatric Program, Independent Care Waiver, PASRR and Swingbeds.
- The PA case status must be denied or at least one procedure line is denied.
- A request for reconsideration may be submitted after a Nurse Denial, first Tech Denial, or first Physician Denial has been rendered.
- Requests must be submitted within 33 calendar days of the denial decision date.

1.2.2 **Instructions:**

1. Log into the Web Portal; go to the *Claims* page and select [Request a Prior Authorization](#)
2. On the *Request Authorization* page, select the link, [Change an existing Prior Authorization](#).

Example

Request Authorization

The Provider Reference ID is a unique value assigned to identify a provider performing a service for a prior authorization. To find the provider, select a provider from the "Find a Provider Reference ID" link.

^ Member Medicaid ID:

^ Requesting Provider ID:

Provider Reference ID: [Find Provider Reference ID](#)

Submit

[Change an existing
Prior Authorization](#)



3. On the next page, enter the 'Member Medicaid ID', 'Prior authorization Tracking number' and your 'Provider ID'.
4. Then, select the *Request for Reconsideration of a Denied PA* button from the 'Request Type' list.

Example

Request to change an Existing Prior Authorization

In order to validate your change request, please enter the following information related to the Prior Authorization in question, and then click 'Submit'. If your information is valid, you will be prompted to enter the change request information.

* Member Medicaid ID :	111000000003
* Prior Authorization Tracking number :	108070803530
* Provider ID :	784347310A

***Request Type (Select One):**

- Change Request
- Request for Reconsideration of a Denied PA 

If you select Request for Reconsideration, please make sure that the information submitted addresses the reason for denial. Use 'Create An Attachment' on the request confirmation page to attach documents to this request. Document file size limit is approximately 20 pages.

- CIS Administrative Review

If you select Administrative Review, please submit additional documentation to support the services requested. Use 'Create An Attachment' on the request confirmation page to attach documents to this request. Document file size limit is approximately 40 pages.

* denotes required field

Submit

[Return to Request Authorization](#)

5. Click **Submit** to open the *Reconsideration Request Information* page.

6. On the *Reconsideration Request Information* page, enter your first and last name, a contact phone number and extension (if applicable), and a contact fax number.
7. **What you want changed:** In the first text box, clearly describe what you want changed as a result of the reconsideration review. The reconsideration request should only apply to the PA tracking number that you entered.
8. **Rationale:** In the second text box, provide additional clinical information that supports the request for reconsideration and **specifically addresses** the reason for denial.

Example

Reconsideration Request Information

For Reconsideration requests, please make sure that the information submitted addresses the reason for denial. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents.

* Contact Name :

*Contact Phone: Ext:
aaa-xxx-xxxx

*Contact Fax:
aaa-xxx-xxxx

***Describe what you want changed.**

Requesting Reconsideration of denied PA #108070803530.

***Provide your rationale for changing the Prior Authorization request.**

In this box, provide specific information to support your reconsideration request. Information that directly addresses the reason for denial.

* denotes required field

9. Then, click **Submit**.

10. Once submit is selected, the reconsideration request is submitted, and a *Reconsideration Request Confirmation* page displays. **You may attach documents to this page.**
11. To attach a document, click **Browse** and search for the file that you saved to one of your system folders.

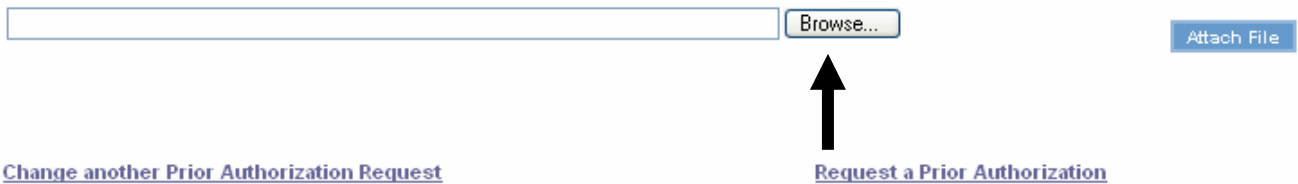
Example

Reconsideration Request Confirmation

Your Reconsideration request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted. To attach documents, use Create An Attachment. Click Browse and locate the file. Select the file and it will display in the box; then click Attach File. You may attach files that are no more than approximately 20 pages.

Create an Attachment

If you want to attach any document to your request, please select a document by browsing and then, click on "Attach File".



12. Select the file and it will display in the *Create an Attachment* box.

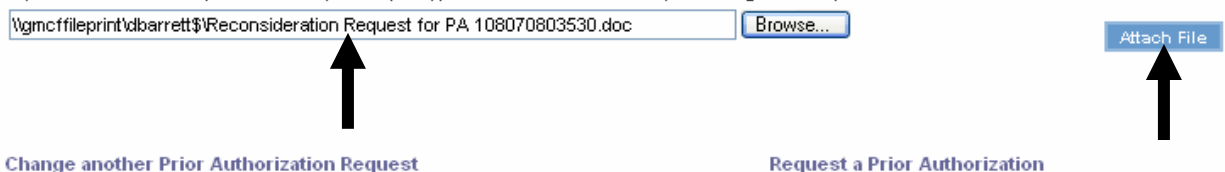
Example

Reconsideration Request Confirmation

Your Reconsideration request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted. To attach documents, use Create An Attachment. Click Browse and locate the file. Select the file and it will display in the box; then click Attach File. You may attach files that are no more than approximately 20 pages.

Create an Attachment

If you want to attach any document to your request, please select a document by browsing and then, click on "Attach File".



13. Click **Attach File**. The file name no longer displays in the box and the message **Attachment Successful** displays.

Example

Create an Attachment

If you want to attach any document to your request, please select a document by browsing and then, click on "Attach File".

Browse...

Attach File

Attachment Successful!

[Change another Prior Authorization Request](#)

[Request a Prior Authorization](#)

14. Click [Change another Prior Authorization Request](#) to enter another change request; or [Request a Prior Authorization](#) to enter a PA.
15. **Notification:** Once staff accepts the reconsideration request, an automatic notification indicating that the *request has been received and is waiting review* is sent to the contact person and fax number entered on the reconsideration request. **This notification does not mean that the reconsideration request has been reviewed only that it has been received.**

1.3 *Submit CIS Administrative Review Request*

1.3.1 Submission Guidelines

- Applies to Children’s Intervention Services PAs **only**.
- A Peer Consultant review decision must be rendered for one or more procedure lines; or a nurse decision of approved rendered for one or more procedure lines.
- An administrative review cannot be requested if all the lines on the PA are tech denied or withdrawn; or if some lines are tech denied and others withdrawn.
- An administrative review cannot be requested if the CIS PA has already undergone an Administrative Review.
- Requests must be submitted within 33 calendar days of the nurse approval decision or Peer consultant review decision.

1.3.2 Instructions:

1. Log into the Web Portal; go to the *Claims* page and select [Request a Prior Authorization](#)
2. On the *Request Authorization* page, select the link, [Change an existing Prior Authorization](#).

Example

Request Authorization

The Provider Reference ID is a unique value assigned to identify a provider performing a service for a prior authorization. To find the provider, select a provider from the "Find a Provider Reference ID" link.

* Member Medicaid ID:

* Requesting Provider ID:

Provider Reference ID: [Find Provider Reference ID](#)

Submit

[Change an existing
Prior Authorization](#)



3. On the next page, enter the 'Member Medicaid ID', 'Prior authorization Tracking number' and your 'Provider ID'.
4. Then, select the *CIS Administrative Review* button from the 'Request Type' list.

Example

Request to change an Existing Prior Authorization

In order to validate your change request, please enter the following information related to the Prior Authorization in question, and then click 'Submit'. If your information is valid, you will be prompted to enter the change request information.


* Member Medicaid ID :	111000000003
* Prior Authorization Tracking number :	108062303451
* Provider ID :	784347310A

***Request Type (Select One):**

Change Request

Request for Reconsideration of a Denied PA

If you select Request for Reconsideration, please make sure that the information submitted addresses the reason for denial. Use 'Create An Attachment' on the request confirmation page to attach documents to this request. Document file size limit is approximately 20 pages.

CIS Administrative Review 

If you select Administrative Review, please submit additional documentation to support the services requested. Use 'Create An Attachment' on the request confirmation page to attach documents to this request. Document file size limit is approximately 40 pages.

*** denotes required field**

5. Click **Submit** to open the *Administrative Review Request Information* page.

Example

PA Number : 108062303451

Administrative Review Request Information

For Administrative Review requests, please submit additional documentation to support the services required. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents.

* Contact Name :

* Contact Phone:

aaa-nnn-xxxx

Ext:

* Contact Fax:

aaa-nnn-xxxx

***Describe what you want changed.**

***Provide your rationale for changing the Prior Authorization request.**

Submit

* denotes required field

6. On the *Administrative Review Request Information* page, enter your first and last name as the 'Contact Name', a contact phone number and extension (if applicable), and a contact fax number.
7. **What you want changed:** In the first text box, clearly describe what you wanted changed as a result of the administrative review: indicate the codes; dates of service and the units required. The request should only apply to the PA tracking number that you entered.
8. **Rationale:** In the second text box, provide additional clinical information that supports the request for administrative review and **specifically addresses** the need for the services requested.

Example

PA Number : 108062303451

Administrative Review Request Information

For Administrative Review requests, please submit additional documentation to support the services required. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents.

* Contact Name :

*Contact Phone:
aaa-nnn-nnnn

Ext:

*Contact Fax:
aaa-nnn-nnnn

***Describe what you want changed.**

Requesting Administrative Review for PA 10806230345. 12 units were approved for code 97530 for July and August 2008. Requesting 4 more units for July and August 2008.

***Provide your rationale for changing the Prior Authorization request.**

Provide specific documentation to support your request for administrative review and the additional services needed.

* denotes required field

9. Then, click **Submit** to open the *Administrative Review Request Confirmation* page.

- Once submit is selected, the administrative review request is submitted, and an *Administrative Review Request Confirmation* page displays. **You may attach documents to this page.**
- To attach a document, click **Browse** and search for the file that you saved to one of your system folders.

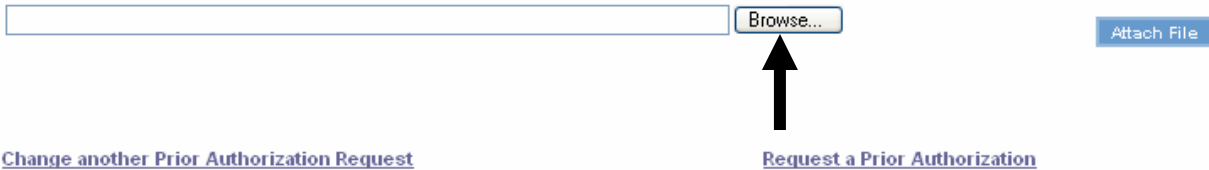
Example

Administrative Review Request Confirmation

Your Administrative Review request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted. To attach documents, use Create An Attachment. Click Browse and locate the file. Select the file and it will display in the box; then click Attach File. You may attach files that are no more than approximately 40 pages.

Create an Attachment

If you want to attach any document to your request, please select a document by browsing and then, click on "Attach File".



- Select the file and it will display in the *Create an Attachment* box.

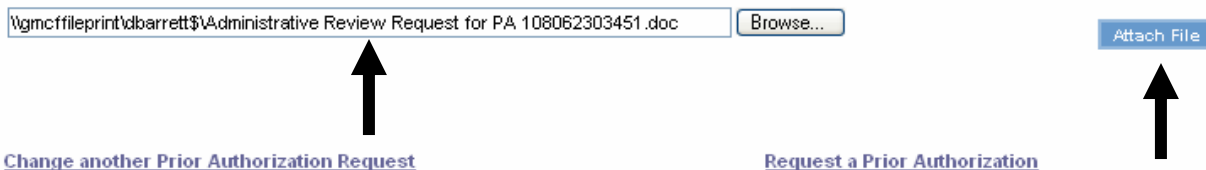
Example

Administrative Review Request Confirmation

Your Administrative Review request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted. To attach documents, use Create An Attachment. Click Browse and locate the file. Select the file and it will display in the box; then click Attach File. You may attach files that are no more than approximately 40 pages.

Create an Attachment

If you want to attach any document to your request, please select a document by browsing and then, click on "Attach File".



- Click **Attach File**. The file name no longer displays in the box and the message **Attachment Successful** displays.

Example

Create an Attachment

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Browse...

Attach File

Attachment Successful!

[Change another Prior Authorization Request](#)

[Request a Prior Authorization](#)

14. Click [Change another Prior Authorization Request](#) to enter another change request; or [Request a Prior Authorization](#) to enter a PA.
15. **Notification:** Once staff accepts the administrative review request, an automatic notification indicating that the *request has been received and is waiting review* is sent to the contact person and fax number entered on the administrative review request. **This notification does not mean that the administrative review request has been reviewed only that it has been received.**