



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services
Developmental Disabilities Administration

STANDARD OPERATING PROTOCOL	
Subject: Protocol Service Authorization Upload to Quality Improvement Organization Web Portal	SOP Number:
Responsible Program or Office: DDA-Medicaid Waiver Unit	Effective Date: Month Day, 2014
	Number of Pages: 2
Cross References and Related Policies and Procedures, and Related Documents:	

I. Purpose

To ensure that all approved waiver services have been assigned electronic prior authorization numbers for timely Medicaid waiver reimbursement.

II. Scope

The scope of these instructions will include information and steps that will occur when DDA submits service authorizations to the Quality Improvement Organization (QIO) portal for purpose of generating prior authorization numbers that the HCBS waiver providers will utilize to submit Medicaid claims reimbursement for services rendered.

General

The following documents are required for this procedure:

- MCIS generated excel spreadsheet of approved, canceled or modified services
- QIO web portal

Procedure Steps

Service Authorizations granted to providers allows providers to deliver HBCS waiver services to individuals that they support.

Step 1: On a weekly basis, an excel spreadsheet of approved services is exported from MCIS.

Step 2: To export the file, follow these steps:

- a) Type in the individuals name
- b) Click on "POC Request" from the left hand menu
- c) Click on the radial button indicating the POC year required
- d) Click View POC
- e) Indicate the beginning and ending dates of the POC that are required in the section labeled "POC Approval Begin/End Date."
- f) Click on "Export to Excel."
- g) A new excel spreadsheet will be generated



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Step 3: Review the spreadsheet for completeness and accuracy; Ensuring that data i.e. units correspond to the proper rates, start and end dates are in order, Medicaid ID numbers are complete.

The required fields in the spreadsheet are:

- a) Individuals' names
- b) Medicaid ID number
- c) Provider Medical Number
- d) Service Number/Procedure Code
- e) Diagnosis Code
- f) Start and End Date
- g) Provider Name
- h) Approved Units
- i) Approved Rate
- j) Requested Units
- k) Approved Amount and;
- l) Action Date

Any incorrect or missing information should be edited.

Once the spreadsheet has been reviewed and edited, where necessary and save a copy of the file.

Step 4: Upload the spreadsheet onto the QIO Web Portal:
DDS designated staff must be granted authorization to access the portal; they are given username and passcode issued by the QIO.

Step 5: Once the spreadsheet is uploaded onto the QIO Web portal, the QIO will process the file. To process the file, the QIO will assign a PA number to each file line that will correspond to the MMIS. This process normally takes five (5) business days upon receipt of the file from DDS.

Step 6: When the processing the spreadsheet the QIO will repost the file to the web portal. An email confirmation is sent to the DDA Waiver Office designated staff member notifying that the file has been completed and is available for review on the portal.

Step 7: DDA Waiver Office designated staff member will retrieve the file form the portal for review. The review steps include:

- a) Research and adjust rejections when possible
- b) Any services that rejected and can be resolved by DDA should be corrected and reposted on the portal for reprocessing.