



Georgia Medicaid EDI Trading Partner Agreement and Enrollment Form

The EDI Trading Partner Agreement and Enrollment form allows new providers, billing agents, clearing houses, and software vendors to enroll and receive a trading partner number to send and receive electronic documents from Gainwell Technologies.

Submit the completed Georgia Medicaid EDI Trading Partner Agreement and Enrollment Form to:

Gainwell Technologies

Attn: EDI Services

Fax: 866 483-1044

Section 1: Business / Practice Information

Please indicate your Business Type:

☐

Provider Billing Agent

☐

Clearinghouse

☐

Software Vendor

If you are a provider/provider administrator,
please indicate entity type:

☐

Individual Provider (solo provider)

☐

Group Provider (multiple providers)

If you are registering as a Billing Agent, Clearinghouse, or Software Vendor, you DO NOT have to provide a Medicaid Provider ID, Employer Identification Number or National Provider Identification.

All enrollment agreements must have a valid e-mail address listed to be processed successfully.

Provider / Business Name

| | | | |
|-------------------------|--|---|----------|
| Medicaid Provider ID: | Employer Identification Number (Tax ID): | National Provider Identification (NPI): | |
| | | | |
| Business Street Address | City | State | ZIP Code |
| | | | |

For assistance, please contact EDI Services: Help Desk hours are 8 a.m. to 5 p.m. EST

Phone: (Local) 770-325-9590 (Toll Free) 877-261-8785.

Website: www.mmis.georgia.gov

Revised: 11/2022

Section 2: Contact Information

| | | |
|-------------------------------|---------------------|-------------------|
| | | |
| Primary Contact Name | Phone Number | Fax Number |
| | () | () |
| E-mail address | | |
| | | |
| Alternate Contact Name | Phone Number | Fax Number |
| | () | () |
| E-mail address | | |
| | | |
| Alternate Contact Name | Phone Number | Fax Number |
| | () | () |
| E-mail address | | |
| | | |
| Alternate Contact Name | Phone Number | Fax Number |
| | () | () |
| E-mail address | | |
| | | |

Section 3: Submission Method

| | |
|--|--|
| | |
| Please select your method of transmission: | |
| <input type="checkbox"/> Web Portal | <input type="checkbox"/> WEBSERVICE [Healthcare Transaction Services (HTS) (Batch or Real-Time)] |
| <input type="checkbox"/> Secure File Transfer Protocol (SFTP) <i>(Requires encryption key)</i> | <input type="checkbox"/> **Value Added Network (VAN) <i>(Real-Time)</i> |

Section 4: Document Transaction Types

Please indicate the X12 transaction types you wish to send and/or receive:

- | | |
|--|--|
| <input type="checkbox"/> 837P Professional Claims | <input type="checkbox"/> 270/271 Eligibility Request/Response (HTS/WP/SFTP) |
| <input type="checkbox"/> 837I Institutional Claims | <input type="checkbox"/> 270/271 Eligibility Request/Response (NRM)** |
| <input type="checkbox"/> 837D Dental Claims | <input type="checkbox"/> 276/277 Claim Status Request/Response (HTS/WP/SFTP) |

**270/271 Eligibility Request/Response (Real-Time) Network Routing Module Service (NRM) requires a completed Business Associate & VAN agreement between Trading partners and Gainwell Technologies. Additional information can be found in GAMMIS 5010 270-271 Companion Guide (Section 4). Please contact the EDI Services Help Desk for more information.

Certification – Billing Agent / Clearinghouse / Software Vendor

The Software Vendor/Clearinghouse identified on this EDI Agreement understands and agrees to the following:

- Any entity that submits claims to Medicaid on behalf of an enrolled Medicaid provider must be enrolled in the Medicaid program as a billing agent with an active trading partner number.
- Claims must be paid in the name of the provider or provider group that renders the services, not in the name of the billing agent, software vendor or clearinghouse.
- If a claim is rejected as inaccurately filed, it cannot be resubmitted unless there has been a change made to the claim or the electronic submission itself.

Authorized Acknowledgement Statement

As an Authorized Agent for the above stated company, I understand that I must safeguard the Georgia Medicaid program against abuse in the use of electronic submission. All claims information submitted will be accurate and certified as transmitted. This corporation must abide by all Federal and State statutes, rules, regulations and manuals governing the Georgia Medicaid Program.

Authorized Signature _____
(Original signature only. No copies)

Date _____

**Certification – Provider(s) submitting Electronic Claims directly to Georgia Medicaid**

1. Payment of claims will be from federal and state funds and that any falsification or concealment of material fact may be prosecuted under Federal and State Laws.
2. Providers must safeguard the Medicaid program against abuse in the use of electronic claims submission.
3. Providers must correctly enter the claims data, monitor the data and certify that the data entered is correct.
4. Providers must assure that the transmission of claims data is restricted to authorized personnel to prevent erroneous payments by the Agency's fiscal agent that might result from carelessness or fraud.
5. Providers must have on file the applicable source data to substantiate the claim submitted to the Medicaid program.
6. Providers must allow the Agency or any of its designees and representatives of the office of the Auditor General or the Attorney General to review and copy all records, including source documents and data related information entered through electronic claims submissions.
7. Providers must abide by all Federal and State statutes, rules, regulations, and manuals governing the Georgia Medicaid program.
8. Providers must sign and adhere to all conditions of the Medicaid Provider Agreement and be officially enrolled in the Medicaid program to participate in electronic claims submission.
9. Providers must agree to indemnify and hold harmless State and State agent representatives from any and all violations of this certification.

Authorized Signature _____
(Original signature only. No copies)

Date _____

EDI Services Unit Use Only

| Receipt Date: | EDI Analyst | Completion Date | Status |
|---------------|-------------|-----------------|--------|
| | | | |

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Important Information for completing this form (Please detach this page and retain for your records).

| | |
|-------------|--|
| Date Faxed: | |
|-------------|--|

Any incomplete EDI Trading Partner Agreement and Enrollment applications received will be returned to the provider. If provider is not actively enrolled in the Georgia Medicaid Program, this application will not be processed.

You must complete the EDI Trading Partner Agreement and Enrollment form if:

- You are a new billing agent, software vendor or clearinghouse that would like to send files electronically to Georgia Medicaid.

You do not have to complete the EDI Trading Partner Agreement and Enrollment form if:

- You are a provider using an actively enrolled billing agent, software vendor or clearinghouse.
- You were an active submitter with ACS on or before October 1, 2010.
- You are an active submitter that would like to change transmission methods or file format.

Additional Information:

- Successful EDI compliancy testing is required for all entities that will submit files electronically to Georgia Medicaid. To test, visit: <https://sites.edifecs.com/index.jsp?qamedicaid>
- Failure to test your transactions may result in the inability to send files successfully.
- If you are submitting or retrieving transactions on the behalf of providers/payees, please contact the provider to ensure they have added you as their agent or delegate to submit/retrieve electronic submissions on their behalf.
- No enrollment paperwork is needed for a provider to add a delegate. Each provider must access the Secure Web Portal Medicaid Enterprise User Provisioning System (MEUPS) in order to add agents or remove agents.
- Instructions for adding agents can be found at www.mmis.georgia.gov. Navigate to Provider Information > Provider Manuals and download a copy of the Web Portal User Account Management Guide.
- Failure to delegate file download rights to billing agents, software vendors or clearinghouses will prevent these agents from downloading files on the providers' behalf.
- If you will continue to submit claims on paper or use Direct Data Entry on the Web Portal, but would like to download electronic Remittance Advices - 835 X12 formats using the secure Web Portal, please complete and submit the EDI Submitter Update form.
- If you are an active trading partner and need to make changes to your file transmission methods or types, please complete and submit the EDI Submitter Update form.
- EDI Services will notify submitters when the EDI agreement has been approved.

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