



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Provider Web Portal Navigational Manual

Georgia Medicaid Management Information System
Fiscal Agent Services Project

Version 6.2

Document Control

Modification Log

Version #	Date	Modified By	Change/Update Details
6.0		Gainwell Technologies	Section 5.1 “Accessing User Information” graphic added, content added, and Field and Description added. Section 9 “Provider Secure Web Portal Overview” content added, and Action and Result added. Section 10 “Account Menu Overview” content added and revised. Section 10.5 “Accessing Switch Payee Servicing Provider” title change to “Accessing Switch Servicing Provider”, and content updated, Action and Result updated, graphic replaced, Field and Description updated and added. Section 11.1 “Accessing Claims – Search (Void, Adjust)” content added and revised, and Action and Result added. Section 11.2 “Accessing Claims – Search Results” content added and revised. Section 11.3 “Accessing Claims – Dental Field and Description” content added and updated, graphic replaced, and Field and Description added and revised. Section 11.4 “Accessing Claims – Institutional” content added and revised, graphic replaced, and Field and Description added. Section 11.5 “Accessing Claims – Professional” content added and updated, graphics replaced, and Field and Description added. Sections 11.3.1, 11.4.1 and 11.5.1 Action and Result revised and added. Section 17.3 “Accessing Demographic Maintenance – Provider Information” Action and Result revised, and graphic replaced, and Field and Description added. Section 17.4 “Accessing Provider Demographic - Service Location” graphic replaced. Entire section 17.18 “Accessing Group Affiliation” added. Entire section 17.19 “Accessing Group Affiliation - Requests - Group Requests for Provider to be Added to Their Group” added. Entire section 17.19.1 “Adding a Group Provider Request” added. Entire section 17.19.2 “Updating a Group Provider Request” added. Entire section 17.19.3 “Deleting a Group Provider Request” added. Renumbered sections after section 17.19.3, starting at 17.20 and so on.

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6.2	09/01/2026		Section 8 “Provider Information Overview,” steps updated. Section 8.5 title change from “Accessing Forms” to “Accessing Forms for Providers,” and added “for Providers” throughout section. Section 8.6 title change from “Accessing Provider Reports” to “Accessing Provider Reports for Public Access” and added “for Public Access” throughout section. Section 11.3 “Accessing Claims – Dental” graphics replaced, and field descriptions added. Section 11.3.1 “Creating a New Dental Claim” field descriptions added and steps updated. Section 11.5 “Accessing Claims – Professional” graphic replaced, and field descriptions added. Section 11.5.1 “Creating a New Professional Claim” field description added. Section 16.19 “Accessing Group Affiliation” field description added and graphic replaced. New section 16.21 “Accessing PACE Affiliation” added. New section 16.22 “Accessing PACE Affiliations - Maintain PACE Affiliations” added. (Sections 16.22.1 – 16.22.3 added).
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1 Purpose

The purpose of the Provider Web Portal Navigational Manual is to provide Georgia Medicaid users with detailed descriptions of the Web Portal. This manual includes navigational paths, field descriptions, and panel functionality with graphical representations of the panels.

This manual is intended to support users in effectively executing their work-specific responsibilities in relation to the Web Portal. This manual is not intended to be a procedure or desk-level manual.

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2 Introduction

Georgia Medicaid's Web Portal solution provides communication, data exchange, and self-service tools to the provider and member community. The Web Portal consists of both public and secure areas. The public area contains general information, such as program awareness, notices, and forms, and allows users to respond to surveys.

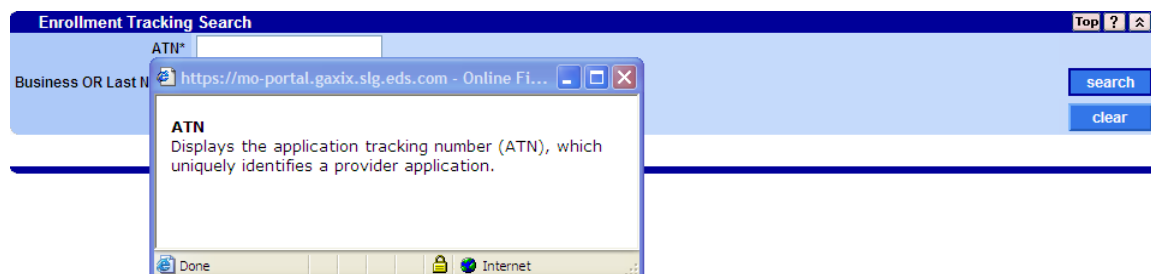
Access to the secure area of the Web Portal by providers and billing agents acting on their behalf requires a username and password. The secure area offers multiple features that will be available to registered users. Some of the features available on the secure area of the Web Portal for providers and their billing agents are noted below:

1. Request eligibility verifications
2. Track or submit health check appointments
3. Track or submit prior authorizations
4. Track or submit claims (including voids and adjustments)
5. Receive secured alerts and notices
6. Search and view assigned reports and letters
7. Search for explanation of benefit (EOB) and procedure code information

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3 Field Help

Field help is available for each field that requires input of some information. When you hover your mouse over the name of a field, a question mark will appear. If you click the name, the field description will appear.



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4 Panel Help

Panel help is available on panels that allow information to be entered. The question mark in the top right-hand corner of the panel will allow you to open the panel help page in a new browser. This page displays an overall narrative, navigation information, field descriptions, and panel edits assigned to the panel.



Online Panel Help

[Print](#)

Enrollment Tracking Search-Enrollment Tracking

The enrollment tracking search panel provides applicants the ability to search for and view the status of their enrollment application(s). This search criteria is provided to the applicant upon successfully saving an enrollment application and a save was successful message appears, including a notation that the name and ATN should be kept for future reference.

Navigation Path: [Provider Enrollment] - [Enrollment Status]

Field Descriptions:

Field	Description
clear	This button clears the search criteria fields.
search	This button is used to initiate the search.
ATN	Displays the application tracking number (ATN), which uniquely identifies a provider application.
Business OR Last Name	Displays the business or last name included on the enrollment application.

Field	Error Message	To Correct
ATN	ATN is required.	Enter the application tracking number (ATN).
Business OR Last Name	Business or Last Name is required.	Enter the business or last name.

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5 Web Portal Home Overview

The Web Portal home page is the main landing page for the public section of the Web Portal available to all users. General information related to the Georgia Medicaid Web Portal is listed in an effort to provide users an overall understanding of the public site. In addition, the contact and log on procedures for provider and member users are also listed. The public menus for all users are:

1. Home
2. Contact Information
3. Member information
4. Provider Information
5. Provider Enrollment
6. EDI
7. Pharmacy

The Home submenu includes:

1. Publication Search
2. Site Map
3. Site Settings
4. Language Selection

5.1 Accessing User Information

The User Information panel will display information about the current user. If the user has not yet logged in, the user information panel will display open and contain a button which will take the user to the security system to log in.

If the user has logged in, the panel will initially display closed so that only the panel title will show. Pressing the downward pointing chevrons on the panel will expand it to its open state.

All logged-in users will have a Manage Account button that will take the user back to the security system. Users who are able to act on behalf of providers or trading partners will also have a Switch Users button that takes them back to the Switch User page.

Navigation Path: All pages

Panel as it appears for users not logged in:



Panel as it appears for provider users:

User Information - Provider 0

User's Name	GA	Login		Type of User	Provider
Switch Acting User	Switch User	Acting ID	0	Acting Type of User	Provider
Login/Manage Account	Manage Account				

Panel as it appears for billing agent users (panel displays the Acting ID and Type of User fields if the user has selected an authorized provider or trading partner account to act as).

User Information - Billing Agent B

User's Name	S	Login	B	Type of User	Billing Agent
Switch Acting User	Switch User				
Login/Manage Account	Manage Account				

Panel as it displays for a billing agent that has selected a group or payee provider that has delegated service location roles

User Information: Acting Provider: | Authorizing Provider: | Billing Agent Account:

User's Name		Login		Type of User	Billing Agent
Switch Acting User	Switch User	Acting ID		Acting Type of User	Provider
Login/Manage Account	Manage Account				

Field Descriptions

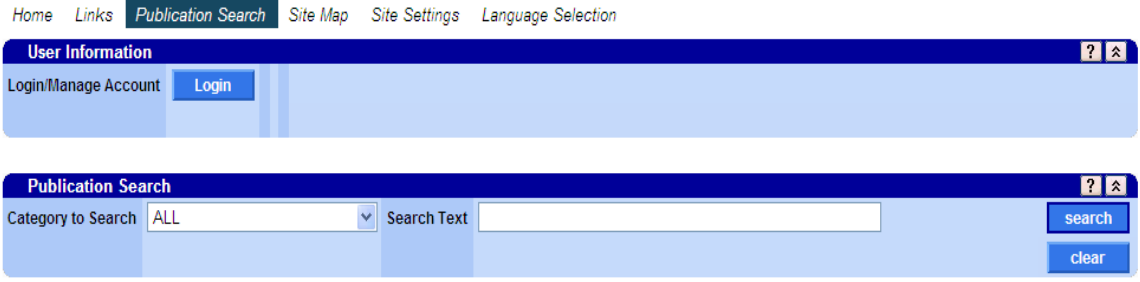
Field	Help Description
Acting ID	Displays the ID of under which the current user is acting. (Read-Only)
Acting Type of User	Displays the type of user under which the current user is acting. (Read-Only)
Authorizing Provider	Displays the Group or Payee ID under which the current user is authorized to select an Acting ID to act as. (Read-Only)
Login	Displays the user ID of the current user. (Read-Only)
Login/Manage Account	Displays the Security Page allowing the user to change the password or perform other account management functions.
Switch Acting User	Displays the Switch User page allowing Agents and Billing Agents to select on whose behalf they wish to act.
Type of User	Displays the type of user logged in. (Read-Only)
User's Name	Displays the name of the current user. (Read-Only)

5.2 Accessing Publication Search

The Publication Search page provides users with the opportunity to search for publications, containing references to specified texts that have been published on the public Web Portal.

Navigational Path: Home – Publication Search

Step	Action	Result
	Start from the Home menu.	
1	Select the Publication Search submenu.	The Publication Search page displays.



Field Descriptions

Field	Help Description
Category to Search	Displays a list of publication categories that may be searched.
clear	This button clears the search criteria.
search	This button is used to initiate the search.
Search Text	Displays the text that is to be searched for regarding the publications.

Publication Search Panel

Step	Action	Result
1	Select the Category to Search from the drop-down list.	
2	Enter the Search Text (or keyword) by which to search.	
3	Click search .	The appropriate search results are displayed based on the search criteria entered. Search results may be selected in order to view the appropriate publication.

5.3 Accessing Site Map

The Site Map page provides users with the ability to view the location of all available pages on the Web Portal to assist with site navigation.

Navigational Path: Home – Site Map

Step	Action	Result
	Start from the Home menu.	
1	Select the Site Map submenu.	The Site Map page displays.

5.4 Accessing Site Settings

The Site Settings page allows the user to customize the appearance of the site by checking or un-checking any of the options available and clicking update.

Navigational Path: Home - Site Settings

Step	Action	Result
	Start from the Home page menu.	

Step	Action	Result
1	Select the Site Settings submenu.	The Site Setting page displays.

Applying Personal Settings

Step	Action	Result
1	Select Activate Dropdown Menus.	When checked, allows a user to view sub menus listed in a drop-down list when a user hovers over the main menu.
2	Select Activate Popup Searches.	When checked, displays the [search] hyperlinks against reference and provider fields, such as the procedure code field, allowing the user to perform searches against the values stored in the Georgia Medicaid system without having to navigate away from the designated panel.
3	Select Activate Row Selection hyperlinks.	When checked, displays eyeglasses for each row returned on the search results panels. Further identifying the user can click the eyeglasses, instead of the row, to navigate to the page to view the data in detail.
4	Select Open Information Panel in Different Browser.	Enable this feature to Open Information Page in a new Browser.
5	Select Activate Keyboard Accessible Field Help.	When checked, allows users to tab to field names and press enter to retrieve the field help information instead of selecting the field help with their cursor.

Step	Action	Result
6	Select Activate Linearized Tables.	When checked, displays the fields in a single column instead of on multiple columns.
7	Select Activate Focus Return.	Displays a red border around the panel being used to help identify which panel is being used where multiple panels are displayed on a single page.
8	Select Activate Shortcut keys.	Shortcut Keys are one or more keys you press on the keyboard to complete a task. For example, you can press ALT+S to perform a save. If activated, the system will enable shortcut keys and display shortcut key indicators on buttons and menu hyperlinks.
9	Select Shortcut Key Display Mode.	[Underline] mode will highlight the shortcut key with an underline, [ADA Mode] will append the shortcut key to the text, which is useful for screen reader users, [None] mode will not highlight the shortcut key.
10	Click Update.	Last Update will be displayed, for example: Last Update: Wednesday, October 28, 2009 2:50:07 AM

5.5 Accessing Language Selection

The Language Selection page allows all users to choose the language in which they would like static text to be displayed. Making a selection on this page or from the language selection hyperlinks at the footer of all pages will set the display language for the menu and static text until the choice has expired or a new selection is made. English is the default option. If Español is selected, it will remain the choice for two weeks or until another option is selected.

This page also provides information and a hyperlink to download the Google Toolbar to enable full page translation in any language supported by the Google Toolbar translation feature.

Navigational Path: Home - Language Selection

Alternate Navigation Path: Select either English or Español from the footer at the bottom of any page.

6 Contact Information Overview

The Contact Information menu provides users with the ability to contact Georgia Medicaid through the public Web Portal.

The Contact Information submenu includes:

1. Contact Us
2. Phone Numbers & Links

6.1 Accessing Contact Us

The Contact Information panel provides users with the ability to contact Georgia Medicaid through the public and secure Web Portal. Users authenticated as a provider or trading partner will continue to have access to the page, which includes additional items in the selection list. The appearance of the panel changes based on the Select an Item and Contact Method selected.

Extra Features

If the selected call category is one of the complaint call categories, the Contact Method list will be changed to only include two options:

1. Formal, which includes all contact fields when a complaint category is selected
2. Anonymous/No Response Needed, which includes no contact fields

Navigational Path: Contact Information - Contact Us

Step	Action	Result
Start from the Contact Information menu.		
1	Select the Contact Us submenu.	The Contact Information panel displays.

The screenshot shows a web form titled "Contact Information" with a blue header bar. Below the header, there is a section "How can we help you?" with a dropdown menu labeled "Select an Item*" currently set to "Other". Below this is a section "Enter Category Details" with a large text area labeled "How can we help you?". Below that is a section "How do you want to be contacted?" with a dropdown menu labeled "Contact Method*" currently set to "Telephone". Below the dropdown are two rows of input fields: "Last Name, First Name" and "Phone Number, Ext". At the bottom of the form, there is a blue bar with the text "Press the submit button when you are done with all of your changes." and two buttons labeled "submit" and "cancel".

Field Descriptions

Field	Help Description
Address Line 1	Displays the first line of the address for the contact when the contact method is mail.
Address Line 2	Displays the second line of the address for the contact when the contact method is mail.
Attention To	Displays the attention to line of the address for the contact when the contact method is mail.
cancel	This button cancels the current operation and discards any data.
City	Displays the city of the address for the contact when the contact method is mail.
Confirm E-mail	Displays the retyping of the e-mail address for the contact when the contact method is e-mail.
Contact Method	Displays the method the contact wishes to be contacted by.
Describe the problem you encountered	Displays the description of the problem that the contact encountered when the selected item is having technical problems.
E-mail Address	Displays the e-mail address for the contact when the contact method is e-mail.
Fax Number	Displays the fax number for the contact when the contact method is fax.
How can we help you?	Displays the free form text for the help that the contact needs when the selected item is not a technical problem.
Last Name, First Name	Displays the first and last name for the contact when the contact method is telephone, fax, or e-mail.
Phone Number	Displays the phone number and extension for the contact when the contact method is telephone.
Select an Item	Displays the reason the contact is contacting Georgia Medicaid.
State, ZIP Code	Displays the state, ZIP code, and ZIP code extension of the address for the contact when the contact method is mail.
submit	This button saves and submits the request.

Field	Help Description
top of page	This button jumps the user to the top of the page.

Contact Information Panel

Step	Action	Result
1	Select the Select an Item from the drop-down list.	The appropriate free-form text field displays.
2	Enter the category details in the free-form text field displayed.	
3	Select the Contact Method from the drop-down list.	The appropriate contact fields display based on the selection.
4	Enter valid contact information in all of the contact fields displayed.	
5	Click submit.	Contact record request saves and a tracking number is displayed.

6.2 Accessing Phone Numbers & Links

The Phone Numbers & Links page provides users the ability to view contact information and hyperlinks to external agencies and Web sites.

Navigational Path: Contact Information – Phone Numbers & Links

Step	Action	Result
Start from the Contact Information menu.		
1	Select the <i>Phone Number & Links</i> submenu.	The Phone Number & Links page displays.

Georgia Medicaid				
Resource	Phone Number			
EDI Services	(770) 325-9590			
	(877) 261-8785			
Fraud and Abuse	(800) 533-0686			
Member Contact Center	(770) 325-2331			
	(866) 211-0950			
Nurse Aide Program	(770) 325-2320			
	(800) 414-4358			
Provider Contact Center	(770) 325-9600			
	(800) 766-4456			
Provider Financial Payments & Issues	(770) 325-9600			
	(800) 766-4456			

Other Resources		
Resource	Phone Number	Website
American Academy of Pediatrics	(404) 881-5020	www.aaaap.org
Certified Nurse Aide Association		www.nursingassistants.net
Georgia Childhood Lead Poisoning Prevention (DPH Chronic Disease Prevention)	(404) 463-6580	
Georgia Crisis & Access Line	(800) 715-4225	
Georgia Department of Community Health		www.dch.georgia.gov
Georgia Department of Human Services, Office of Regulatory Services		dfcs.dhs.georgia.gov/about-opm
Georgia Department of Public Health (DPH)	(404) 657-2700	dph.georgia.gov/
	(866) 782-4584	
Georgia Health Care Association	(678) 289-6555	www.ghca.info
Georgia Hospital Association		www.gha.org
Healthy Mothers, Healthy Babies	(770) 451-0020	www.hmhbgqa.org
	(800) 822-2539	
HIPAA Information	(877) 267-2323	www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/index.html
Medicare Fraud and Abuse Hotline	(404) 206-6453	
	(800) 533-0686	
NPPES External Website		nppes.cms.hhs.gov
OptumRx	Technical: (866) 525-5826	ga.providerportal.sxc.com
	Clinical PAs: (866) 525-5827	
PeachCare for Kids®	(877) GA-PEACH	www.peachcare.org
	(877) 427-3224	
Vaccines for Children	(404) 657-5013	
	(800) 848-3868	
WIC (Women, Infants, and Children program)	(404) 657-2890	

Partners		
Partner	Phone Number	Website
Alliant Health Solutions	(800) 766-4456 (Option: Prior Authorization)	www.allianthealth.org/georgia-medicaid
Beacon Health Options	(855) 606-2725	www.georgiacollaborative.com/contact.html

Managed Care Organizations				
Managed Care Organizations	Member Services Phone Number	Provider Services Phone Number	Member Website	Provider Website
Amerigroup Community Care	(800) 600-4441	(800) 454-3730	www.mvamerigroup.com/	providers.amerigroup.com/
CareSource	(855) 202-0729	(855) 202-1058	www.caresource.com/members/	www.caresource.com/qa/
Peach State Health Plan	(800) 704-1484	(866) 874-0633	www.pshpgeorgia.com/for-members/	pshpgeorgia.com/
	(800) 704-1463	(800) 704-1463		

7 Member Information Overview

7.1 Accessing Find a Provider

The Find a Provider panel allows users to perform searches for active Georgia Medicaid providers through the public Web Portal.

The minimum search criteria: Provider Type and ZIP or Provider Type, City, State, and Address 1.

Extra Features

Selecting the Provider Type will cause the dropdown for the Specialties to populate with specialties that are appropriate for the selected provider type. The Geographic Information fields (City, State, ZIP, Address 1, and Address 2) are all used to determine a center point for the search radius.

Navigational Path: Member Information – Find a Provider

Step	Action	Result
Start from the Member Information menu.		
1	Select the Find a Provider submenu.	The Find a Provider panel displays.

Find a Provider

Geographic Information

City*

State*

Zip*

Address 1*

Address 2

Max Distance

Provider Information

Provider Type*

Provider Reference ID

County

Health Check Providers Only ☐

Has Direct Exchange Address ☐

Special Needs

Allergic Disease ☐

Arthritis ☐

Asthma ☐

Health Plan Participation

Amerigroup ☐

CareSource ☐

Peach State ☐

Specialties

Business OR Last Name

Check if unsure of spelling ☐

Accepting New Patients ☐

Language Spoken

Sort Results By

Field Descriptions

Field	Help Description
Accepting New Patients	Displays if the provider is or is not accepting new patients.
Address 1	Displays the first line of the address to use as the center for the search radius.
Address 2	Displays the second line of the address to use as the center for the search radius.

Field	Help Description
AmeriGroup	Displays providers who participate in the AmeriGroup health plan when (checked) as part of the search criteria.
Business OR Last Name	Displays the business or last name of the provider to search by.
CareSource	Displays providers who participate in the CareSource health plan when (checked) as part of the search criteria.
Check if unsure of spelling	Displays whether a search using the provider's name should return the exact name entered (when unchecked) or names that begin with the same sounds as the name entered (checked).
City	Displays the city to use as the center for the search radius.
clear	This button clears the search criteria fields.
County	Displays the county of the provider to search by.
Has Direct Exchange Address	Displays if the provider does or does not have a direct exchange address.
Health Check Providers Only	Displays whether search results should only include providers who can perform Health Check services (checked) or include providers regardless of Health Check services provided (unchecked).
Health Plan Participation	Displays whether search results should only include providers who participate within a selected Health Plan (checked) or include providers regardless of Health Plan participation (all unchecked).
Language Spoken	Displays the language spoken by the provider to include in the search.
Max Distance	Displays the approximate number of miles from the search center to find providers who match the search criteria.
Peach State	Displays providers who participate in the Peach State health plan when (checked) as part of the search criteria.
Provider Reference ID	Displays the reference ID of the provider to search by.
Provider Type	Displays the type of provider to search by. When Provider type Medical Services is selected, all providers who meet the search criteria specified and who are not a type of Hospital, Physician, or Community Services are returned.
search	This button is used to initiate the search.

Field	Help Description
Sort Results By	Displays how the search results should be sorted.
Special Needs	Displays special needs requirements to search by. Multiple selections can be made by holding the CTRL key and left-clicking on the appropriate values. (Note: Macintosh users will hold the COMMAND key in place of the CTRL key.)
Specialties	Displays the provider specialty to search by.
State	Displays the state to use as the center for the search radius.
ZIP	Displays the ZIP Code to use as the center for the search radius.

Finding a Provider Panel

Note: Fields marked with an asterisk are required. Otherwise, the field is optional.

Step	Action	Result
Geographical Information		
1	Enter the City* where the member resides.	
2	Select the State* where the member resides from the drop-down list.	
3	Enter the ZIP* where the member resides.	
4	Enter the Address 1* where the member resides.	
5	Enter the Address 2 where the member resides.	
6	Select the Max Distance from the drop-down list.	
Provider Information		
7	Select the Provider Type* from the drop-down list.	The list of specialties is limited based on the provider type selected.
8	Enter the Provider Reference ID .	
9	Select the provider's County from the drop-down list.	

Step	Action	Result
10	Check Health Check Providers Only .	
11	Check Has Direct Exchange Address .	
12	Select the Special Needs accommodated.	
13	Select the Specialties from the drop-down list.	
14	Enter the Business or Last Name of the provider.	
15	For the provider name entered, select Check if unsure of spelling .	
16	Select Accepting New Patients from the drop-down list.	
17	Select the Language Spoken .	
18	Select Sort Results By from the drop-down list.	
19	Check Health Plan Participation from list of health plans to limit the search results.	If any box is checked, only providers participating in the selected health plan(s) will be returned in the results. If all boxes are unchecked, results will include providers regardless of Health Plan participation.
20	Click search .	The appropriate search results are displayed based on the search criteria entered. Please refer to section 7.2 and 7.3 for viewing the results.

7.2 Accessing Find a Provider Search Results

The Find a Provider Search Results panel allows users to view the search results based on the search criteria entered on the provider directory search panel on the public Web Portal. The search results list contains summary information about the provider, for which the user can view in detail by clicking the row on the search results panel.

Navigational Path: Member Information - Find a Provider - enter search criteria – click Search

Step	Action	Result
Start from the Member Information menu.		
1	Click the Find A Provider submenu.	The Find a Provider panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Find a Provider Search Results panel displays.

Find a Provider Search Results (more than 30 available)			
Distance	0000.17	Phone Number	7062912661
Provider Type	Physicians/Osteopaths	After Hours	
Provider Name	ROME-RADIOLOGY GROUP	Health Check	NO
Provider Address	901 NORTH BROAD STREET SUITE 220	Accepting New Patients	YES
City, State	ROME ,GA	Patient Age Range	
Zip	30161-5207	Direct Exchange	NO
		Address	
		Amerigroup Participation	YES
		CareSource Participation	YES
		Peach State Participation	NO
Distance	0000.52	Phone Number	7062923045
Provider Type	Physicians/Osteopaths	After Hours	
Provider Name	TUCKER, WILSON L	Health Check	NO
Provider Address	402 N 4TH AVE	Accepting New Patients	NO
City, State	ROME ,GA	Patient Age Range	
Zip	30165-2812	Direct Exchange	NO
		Address	
		Amerigroup Participation	YES
		CareSource Participation	NO
		Peach State Participation	NO
Distance	0000.52	Phone Number	7062923045
Provider Type	Physicians/Osteopaths	After Hours	
Provider Name	WASHINGTON, SYLVIA	Health Check	NO
Provider Address	402 N 4TH AVE	Accepting New Patients	NO
City, State	ROME ,GA	Patient Age Range	
Zip	30165-2812	Direct Exchange	NO
		Address	
		Amerigroup Participation	YES
		CareSource Participation	YES
		Peach State Participation	NO
Distance	0000.52	Phone Number	7062923045
Provider Type	Physicians/Osteopaths	After Hours	
Provider Name	SMITH, ELIZABETH A	Health Check	YES
Provider Address	402 N. 4TH AVE	Accepting New Patients	NO
City, State	ROME ,GA	Patient Age Range	
Zip	30165-2812	Direct Exchange	NO
		Address	
		Amerigroup Participation	YES
		CareSource Participation	NO
		Peach State Participation	NO

Field Descriptions

Field	Help Description
Accepting New Patients	Displays whether or not the provider is currently accepting new patients. (Read-Only)
After Hours	Displays the after-hours phone number for the provider. (Read-Only)
AmeriGroup Participation	Displays whether or not the provider participates in the health plan.
CareSource Participation	Displays whether or not the provider participates in the health plan.
City	Displays the city of the service location address for the provider. (Read-Only)

Field	Help Description
Direct Exchange Address	Displays if the provider does or does not have a direct exchange address. (Read-Only)
Distance	Displays the distance in miles between the search radius center point and the provider. (Read-Only)
Health Check	Displays whether or not the provider is able to provide Health Check services. (Read-Only)
Peach State Participation	Displays whether or not the provider participates in the health plan.
Phone Number	Displays the phone number for the provider. (Read-Only)
Provider Address	Displays the first line of the service location address for the provider. (Read-Only)
Provider Name	Displays the name for the provider. (Read-Only)
Provider Type	Displays the description of the type of provider. (Read-Only)
State	Displays the state of the service location address for the provider. (Read-Only)
ZIP	Displays the ZIP and ZIP extension of the service location address for the provider. (Read-Only)

7.3 Accessing Find a Provider Location Information

The Provider Service Location Information, Provider Service Location Accessibility and Hours, Provider Specialties, Languages Spoken, and Special Needs Accommodated panels allow users to view detailed information about the provider selected from the Find a Provider Search Results panel on the public Web Portal.

The Provider Service Location Information panel displays address and contact information directly related to the provider's location where services are provided.

The Provider Service Location Accessibility and Hours panel displays the business hours and accessibility options related to the provider's location where services are provided.

The Provider Specialties panel provides a list of all active specialties that the provider has enrolled in Georgia Medicaid.

The Languages Spoken panel provides a list of all languages, including the primary language spoken at the provider's location where services are provided.

The Special Needs Accommodated panel provides a list of all of the special needs the provider is able to accommodate.

Navigational Path: Member Information - Find a Provider - enter search criteria – click Search – select row from search results

Step	Action	Result
Start from the Member Information menu.		
1	Click the Find A Provider submenu.	The Find a Provider panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Find a Provider Search Results panel displays.
4	Select row from the Find a Provider Search Results panel.	The Provider Service Location panel(s) display.

Provider Service Location Information			
Distance	0001.50	Phone Number	(770)770-7706
Driving Direction	CLICK HERE	After Hours	(770)770-7706
Provider Type	Physicians/Osteopaths	Fax	(770)770-7706
Provider Name	HA, OK K	E-mail	an@aol.com
Provider Reference ID	REF0000	Website	
Address1	9 FORD DR	Health Check	NO
Address2		Accepting New Patients	YES
City, State	LAWRENCEVILLE, GA	Patient Age Range	12-99
Zip	30043-3725	Has Direct Exchange Address	NO
County	067-Gwinnett		

Provider Service Location Accessibility and Hours			
ADA Accessible	NO	Monday Hours	OPEN 24 HOURS
Public Transportation Accessible	NO	Tuesday Hours	11:00 - 22:00
Accessible By Bus	YES	Wednesday Hours	OPEN 24 HOURS
Accessible By Subway	YES	Thursday Hours	09:00 - 17:00
Accessible By Train	YES	Friday Hours	09:00 - 17:00
		Saturday Hours	CLOSED
		Sunday Hours	CLOSED

Provider Specialties	
Specialty	CASE MANAGEMENT FAMILY PRACTICE

Languages Spoken	
Language	Primary
ENGLISH	Y
SPANISH	N
HINDI	N

Special Needs Accommodated	
Special Needs	Family Planning Laboratory

Field Descriptions

Field	Help Description
Accepting New Patients	Displays whether or not the provider is currently accepting new patients. (Read-Only)
Accessible by Bus	Displays if this service location is accessible by bus. (Read-Only)

Field	Help Description
Accessible by Subway	Displays if this service location is accessible by subway. (Read-Only)
Accessible by Train	Displays if this service location is accessible by regional train. (Read-Only)
ADA Accessible	Displays if this service location meets ADA accessibility requirements. (Read-Only)
Address1	Displays the first line of the service location address for the provider. (Read-Only)
Address2	Displays the second line of the service location address for the provider. (Read-Only)
After Hours	Displays the after-hours phone number for the provider. (Read-Only)
City, State	Displays the city and state of the service location address for the provider. (Read-Only)
County	Displays the county of the service location address for the provider. (Read-Only)
Distance	Displays the distance in miles between the search radius center point and the provider. (Read-Only)
Driving Direction	Using the provider's address, a new browser window is opened to the MapQuest Web site showing a map of the provider's location.
E-mail	Displays the e-mail address for the provider. (Read-Only)
Fax	Displays the fax number for the provider. (Read-Only)
Friday Hours	Displays the opening and closing times for Friday. (Read-Only)
Has Direct Exchange Address	Displays if the provider does or does not have a direct exchange address. (Read-Only)
Health Check	Displays whether or not the provider is able to provide Health Check services. (Read-Only)
Language	Displays the languages spoken at the provider location. (Read-Only)
Monday Hours	Displays the opening and closing times for Monday. (Read-Only)
Patient Age Range	Displays the age range of patients that the provider serves at this location. (Read-Only)

Field	Help Description
Phone Number	Displays the phone number for the provider. (Read-Only)
Primary	Displays whether or not the language is the primary language for the service location. (Read-Only)
Provider Name	Displays the name for the provider. (Read-Only)
Provider Reference ID	Displays the reference ID of the provider. (Read-Only)
Provider Type	Displays the description of the type of provider. (Read-Only)
Public Transportation Accessible	Displays if this service location is accessible by public transportation. (Read-Only)
Saturday Hours	Displays the opening and closing times for Saturday. (Read-Only)
Special Needs	Displays the special needs accommodated at the service location. (Read-Only)
Specialty	Displays the provider specialties. (Read-Only)
Sunday Hours	Displays the opening and closing times for Sunday. (Read-Only)
Thursday Hours	Displays the opening and closing times for Thursday. (Read-Only)
Tuesday Hours	Displays the opening and closing times for Tuesday. (Read-Only)
Website	Displays the Web site information for the provider. (Read-Only)
Wednesday Hours	Displays the opening and closing times for Wednesday. (Read-Only)
ZIP	Displays the ZIP code and ZIP code extension of the service location address for the provider. (Read-Only)

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8 Provider Information Overview

The Provider Information page provides users with the ability to view Georgia Medicaid notices, manuals, public messages, fee schedules, forms, training, reports, Frequently Asked Questions, as well as the ability to add a PASRR (Pre-Admission Screening/Resident Review) request.

The Provider Information submenu includes:

1. Provider Notices
2. Provider Manuals
3. Provider Messages
4. Fee Schedules
5. Forms for Providers
6. Reports for Public Access
7. FAQ for Providers
8. Web Portal Training
9. Provider Education

8.1 Accessing Provider Notices

The Provider Notices panel provides users the ability to download and view provider related publications from the public Web Portal.

Users will be able to filter the provider notices based on specific categories by selecting a value from the category drop-down and pressing the go button. This will reduce the list of publications to those within the selected category. All lists will automatically be displayed when accessing the Provider Notices page.

Navigational Path: Provider Information - Provider Notices

Step	Action	Result
Start from the Provider Information menu.		
1	Select the Provider Notices submenu.	The Provider Notices panel displays.
2	Select the Provider Notice to view.	The selected notice displays.

NURSE AIDE

Provider Notices (4 rows returned)				
Title	File Type	Category	Size (KB)	Release Date
Transition Updates	PDF	NURSE AIDE	166.70	07/15/2011
Nurse Aide Adverse Findings Letter with Report- July 2011	PDF	NURSE AIDE	199.20	07/01/2011
Tobacco Cessation Services for Pregnant Women	PDF	NURSE AIDE	109.70	01/25/2011
ANESTHESIA BASE UNITS	PDF	NURSE AIDE	60.60	10/27/2010

Field Descriptions

Field	Help Description
Category	Displays the type of publication available for download. (Read-Only)
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication, which is clickable so the user may begin downloading the requested publication. (Read-Only)

8.2 Accessing Provider Manuals

The Provider Manuals panel provides users the ability to download and view provider billing and user manuals from the public Web Portal.

Users will be able to filter the provider manuals based on specific categories, by selecting a value from the category drop-down and pressing the go button. This will reduce the list of publications to those within the selected category. All lists will automatically be displayed when accessing the Provider Manuals page.

Navigational Path: Provider Information - Provider Manuals

Step	Action	Result
	Start from the Provider Information menu.	
1	Select the Provider Manuals submenu.	The Provider Manuals panel displays.
2	Select the Provider Manual to view.	The selected manual displays.

CURRENT POLICY MANUALS

Provider Manuals (4 rows returned)				
Title	File Type	Category	Size (KB)	Release Date
Dialysis Injectable Drug and Oral Medication List	PDF	CURRENT POLICY MANUALS	90.80	06/23/2011
Durable Medical Equipment Services	PDF	CURRENT POLICY MANUALS	1059	06/30/2011
Medicaid Secondary Claims User Guide	PDF	CURRENT POLICY MANUALS	889	06/23/2011
Psychological Services	PDF	CURRENT POLICY MANUALS	473.50	06/24/2011

Field Descriptions

Field	Help Description
Category	Displays the type of publication available for download. (Read-Only)
File Type	Displays the file type of the publication available for download. (Read-Only)

Field	Help Description
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication, which is clickable so the user may begin downloading the requested publication. (Read-Only)

8.3 Accessing Provider Messages

The Provider Messages page allows users the ability to search and view provider related alerts and banner messages from the public Web Portal. The search results list contains summary information about the message, for which the user can view in detail by clicking the row on the messages panel. To access all banner messages, leave the search fields blank and click the search button.

Minimum Search Criteria: None

Navigational Path: Provider Information - Provider Messages – Messages Search panel

Step	Action	Result
	Start from the Provider Information menu.	
1	Select the Provider Messages submenu.	The Messages Search panel displays.

Field Descriptions

Field	Help Description
clear	This button clears the search criteria fields.
Effective Date	Displays the effective date of the message being displayed. (Read-Only)
Keyword	Displays the text or a keyword found in the message subject or body to search by.
Message	Displays the body of the message being displayed. (Read-Only)
Provider Type	Displays the type of provider the message was sent to.

Field	Help Description
Records	Displays the number of search results to display per page.
search	This button is used to initiate the search.
Sent Date	Displays the sent date of the message being displayed. (Read-Only)
Subject	Displays the subject line of the message being displayed. (Read-Only)
Type	Displays the provider types that the message being displayed was sent to. (Read-Only)
Year	Displays the year found in the message effective date to search by.

Messages Search Panel

Step	Action	Result
1	Enter a Keyword .	
2	Select the Year the message was sent from the drop-down list.	
3	Select Provider Type from the drop-down list.	
4	Click search .	The Messages panel displays with the matching search results.

The screenshot displays the Messages Search Panel interface. At the top, a header indicates "Messages (11 rows returned)". Below this, a table lists search results with columns for Type, Sent Date, and Subject. The results show three entries, all with the Type "ALL PROVIDER TYPES" and Sent Date "11/02/2009". The Subject lines are "Additional web functions", "Subject", and "Welcome to the New Web Portal". Below the table, a "Message" section is expanded, showing a dropdown menu for "Type" with "ALL PROVIDER TYPES" selected. The "Subject" field displays "Subject". Below this, the "Message" content area shows "The message content.". At the bottom, the "Effective Date" is "06/13/2009" and the "Sent Date" is "11/02/2009".

8.4 Accessing Fee Schedules

The Fee Schedules panel provides users the ability to download and view fee schedules from the public Web Portal.

Navigational Path: Provider Information - Fee Schedules

Step	Action	Result
Start from the Provider Information menu.		
1	Select the Fee Schedules menu.	The Fee Schedules panel displays.
2	Select the fee schedule to view.	The selected fee schedule displays.

Fee Schedules (28 rows returned)			
Title	File Type	Size (KB)	Release Date
20120701-Anesthe-Protected-Excell-2003 14-08-2012 172003.xls	XLS	40	08/14/2012
20120701-Anesthe-Protected-Excell-2010 14-08-2012 172006.xlsx	XLSX	16	08/14/2012
July 2011 - Schedule of Max Allow Pmts CPT Anesthesia Codes with Base Units. Excel	XLS	33	07/01/2011

Field Descriptions

Field	Help Description
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication, which is clickable so the user may begin downloading the requested publication. (Read-Only)

8.5 Accessing Forms for Providers

The Forms for Providers page gives users the ability to download and view forms from the public Web Portal. Users will be able to filter forms based on specific groups by selecting a value and pressing the go button. This will reduce the list of available forms to those within the selected group. All forms will automatically be displayed when accessing the forms page.

Navigational Path: Provider Information – Forms for Providers

Step	Action	Result
Start from the Provider Information menu.		
1	Select the Forms for Providers submenu.	The Forms panel displays.

Step	Action	Result
2	Select the form to view.	The selected form displays.

CLAIMS

Forms (12 rows returned)				
Title	File Type	Category	Size (KB)	Release Date
Claim Attachment Coversheet	PDF	CLAIMS	58.80	10/27/2010
Dental Claim Form	PDF	CLAIMS	57.10	10/27/2010
DMA-285: Third Party Liability Questionnaire	PDF	CLAIMS	20.70	10/27/2010

Field Descriptions

Field	Help Description
Category	Displays the type of publication available for download. (Read-Only)
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication, which is clickable so the user may begin downloading the requested publication. (Read-Only)

8.6 Accessing Provider Reports for Public Access

The Provider Reports for Public Access panel provides users the ability to download and view provider listings from the public Web Portal.

Navigational Path: Provider Information - Reports

Step	Action	Result
Start from the Provider Information menu.		
1	Select the Reports for Public Access submenu.	The Provider Reports panel displays.
2	Select the report to view.	The selected report displays.

ALL CATEGORIES ▼ go

Provider Reports (11 rows returned)				
Title	File Type	Category	Size (KB)	Run Date
FFS OPR Provider Listing	CSV	FFS/OPR	2328.20	05/31/2013
FFS OPR PROVIDER LISTING	PDF	FFS/OPR	850.40	05/31/2013
OPR Only Provider Listing	CSV	FFS/OPR	0.20	05/31/2013
OPR ONLY PROVIDER LISTING	PDF	FFS/OPR	1.10	05/31/2013
FFS OPR Provider Listing	CSV	FFS/OPR	2335.50	05/20/2013
FFS OPR PROVIDER LISTING	PDF	FFS/OPR	852.80	05/20/2013
OPR Only Provider Listing	CSV	FFS/OPR	0.20	05/20/2013
OPR Only Provider Listing	CSV	FFS/OPR	0.20	05/20/2013
OPR ONLY PROVIDER LISTING	PDF	FFS/OPR	1.10	05/20/2013
05-06-2013 - TPL-0021-M - CARRIER MASTER FILE - ALPHA 06-05-2013 154737.pdf	PDF	TPL CARRIERS	1033.70	05/06/2013
05-06-2013 - TPL-0022-M - CARRIER MASTER FILE - NUMERIC 06-05-2013 154742.pdf	PDF	TPL CARRIERS	1055.60	05/06/2013

Field Descriptions

Field	Help Description
Category	Displays the type of publication available for download. (Read-Only)
File Type	Displays the file type of the publication available for download. (Read-Only)
Run Date	Displays the date that this publication was created. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication, which is clickable so the user may begin downloading the requested publication. (Read-Only)

8.7 Accessing Frequently Asked Questions (FAQ) for Providers

The FAQ for Providers panel provides users the ability to download and view Frequently Asked Questions (FAQs) and responses in relation to provider procedures and program services.

Navigational Path: Provider Information - FAQ for Providers

Step	Action	Result
	Start from the Provider Information menu.	
1	Click the FAQ for Provider submenu.	The FAQ for Providers page displays.

FAQ for Providers (3 rows returned)			
Title	File Type	Size (KB)	Release Date
Stander Modifications and Accessories	PDF	90.90	12/20/2010
Community Mental Health Medicare Auto-Crossover Claims	PDF	112.20	10/27/2010
EPSDT Medical Periodicity Schedule	PDF	118.70	10/06/2010

Field Descriptions

Field	Help Description
File Type	Displays the file type of the publication available for download. (Read-Only)

Field	Help Description
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication, which is clickable so the user may begin downloading the requested publication. (Read-Only)

8.8 Accessing Web Portal Training

The Web Portal Training panel allows users to download, view, or take training courses and materials.

When you click the Computer-Based Training (CBT) course, the following two options appear:

Run: When you select this option, the CBT will start and proceed through the lesson without downloading any files to your local drive.

Save: When you select this option, you can save the lesson to your local drive. You will then have the option to start the CBT immediately or take the lesson at a later time.

Navigational Path: Provider Information – Web Portal Training

Step	Action	Result
Start from the Provider Information menu.		
1	Click the Web Portal Training submenu.	The Web Portal Training panel displays.

Web Portal Training (8 rows returned)				
Title	File Type	Duration	Size (KB)	Run Date
Provider Enrollment - Initial Application	EXE	20 Minutes	8656.90	05/27/2011
Reading the Remittance Advice (RA)	EXE	10 Minutes	5733.10	05/27/2011
Provider Enrollment - Additional Service Location Application	EXE	20 Minutes	8280	02/03/2011
Provider Enrollment - GBHC Application	EXE	20 Minutes	7712	02/03/2011
Computer-Based Training (CBT) Instructions	PDF		41.80	12/09/2010

Field Descriptions

Field	Help Description
Duration	Displays the duration of the computer based training course. (Read-Only)
Run Date	Displays the date that this publication was created. (Read-Only)
Size (KB)	Displays the size of the publication. (Read-Only)
Title	Displays the title of the computer based training course. The title is clickable, which allows users to download the training course.

8.9 Accessing Provider Education

The Provider Education page offers educational and training materials to assist the Medicaid Provider community with the various aspects of submitting a request for Prior Authorization to GMCF (Georgia Medicare Care Foundation).

Navigational Path: Provider Information – Provider Education

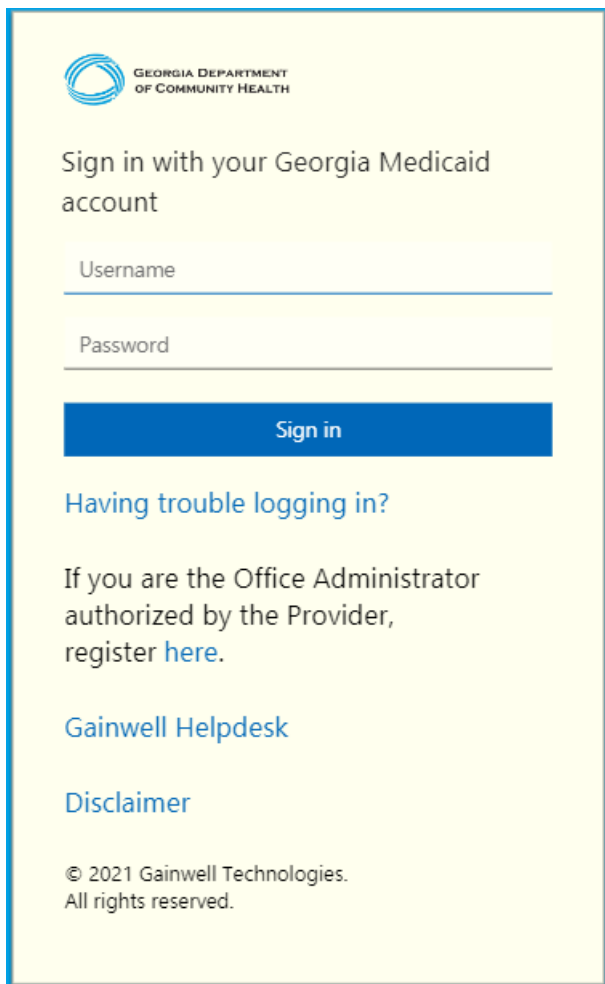
Step	Action	Result
Start from the Provider Information menu.		
1	Click the Provider Education submenu.	The Provider Education page displays.

This page intentionally left blank.

9 Provider Secure Web Portal Overview

Registered rendering providers, groups and payees are able to access the secure Web Portal to view records assigned to their provider ID, perform eligibility, submit requests, and so on. For instructions on how to register, please refer to the Web Portal User Account Management Guide, which is available on the public Provider Manuals page from the Provider Information menu.

Provider, group and payee users are also able to grant access to their accounts to Billing Agent (Provider Office Administrators) users. The Web Portal User Account Management Guide provides detailed instructions and information on this process.



The screenshot shows the login interface for the Georgia Medicaid Provider Web Portal. At the top left is the Georgia Department of Community Health logo. The main heading is "Sign in with your Georgia Medicaid account". Below this are two input fields: "Username" and "Password". A blue "Sign in" button is positioned below the password field. Below the button, there is a link "Having trouble logging in?". Further down, a message states: "If you are the Office Administrator authorized by the Provider, register [here](#)." Below this message are two more links: "Gainwell Helpdesk" and "Disclaimer". At the bottom, the copyright notice reads: "© 2021 Gainwell Technologies. All rights reserved."

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

For security reasons, we require additional
information to verify your account

Enter the code generated by your authenticator app.

6-digit code **Enter six-digit code**

Submit

Log on Procedures:

Step	Action	Result
1	Access the Web Portal at www.mmis.georgia.gov .	The User Information panel displays.
2	Click Login .	The secure sign in page displays.
3	Enter the user's Georgia Medicaid Username .	
4	Enter the Password registered with the account.	
5	Click Sign In .	Multi-Factor panel displays.
6	Enter six-digit code and click Submit .	The secure home page displays.

Georgia Medicaid Home

Jane Doe , Welcome to Georgia Medicaid

Applications

Application	Description
MEUPS Account Management	Manages contact information, password, and authorizations for applications.
Web Portal	Web Portal

Step	Action	Result
7	Click the Web Portal hyperlink.	The secure Home page displays for provider, group and payee users. See section 17.1 for information related to this feature. The Switch User page displays for billing agent users. Refer to section 10.2 and 10.3 for information related to this feature.

10 Account Menu Overview

The account menu provides secure users with the ability to view their secure Web messages. Authorized billing agent users are also able to switch between users that have granted permissions to their account.

The Account submenu includes:

1. Messages
2. Actions Needed
3. Switch User – Switch Provider (billing agent users only)
4. Switch User - Switch Trading Partner (billing agent users only)
5. Switch Servicing provider (billing agent users only)

10.1 Accessing Messages

The Messages panel gives users the ability to view messages sent to the users account through the secure Web Portal. Users are also able to mark messages as read in order to remove them from the message list. The messages list contains summary information about the message, for which the user can view in detail by clicking the row on the messages panel.

For details related to the Actions Needed section, please refer to section 10.2.

For details related to the Provider Recredential/Revalidation Required for Service Location panel, please refer to section 17.2.

Navigational Path: Account - Messages

Step	Action	Result
	Start from the secured Account menu.	
1	Select the Messages submenu.	The Messages panel displays.

Messages Top ? ↗

Category	Subject	Sent Date	Effective Date	End Date	Remove
PROVIDER ALERT	Subject	11/02/2009	06/13/2009	06/09/2010	☐
PROVIDER ALERT	Additional web functions	11/02/2009	10/02/2009	10/02/2010	☐

Select All Save Deselect All

Message ? ↗

Category: PROVIDER ALERT
Subject: Subject

Message: The message content.

Effective Date: 06/13/2009
End Date: 06/09/2010
Sent Date: 11/02/2009

Field Descriptions

Field	Help Description
Category	Displays the category of the message being displayed. (Read-Only)
Deselect All	This button unselects all messages by removing a check in the remove checkbox that already have the check indicated.
Effective Date	Displays the effective date of the message being displayed. (Read-Only)
End Date	Displays the end date of the message being displayed. (Read-Only)
Message	Displays the body of the message being displayed. (Read-Only)
Remove	Displays if the message is to be removed from the message list.
Save	This button saves the removal of messages from the message list when a check mark is indicated on the remove field.
Select All	This button selects all messages by placing a check in the remove checkbox that don't already have the check indicated.
Sent Date	Displays the sent date of the message being displayed. (Read-Only)
Subject	Displays the subject line of the message being displayed. (Read-Only)

Messages Panel

Step	Action	Result
To remove messages.		
1	Insert a check in the remove box for the appropriate message(s) or click Select All to remove all messages.	
2	Click Save .	The selected message(s) is removed.

10.2 Accessing Actions Needed

The Actions Needed panel gives users the ability to view action items that require immediate attention. Only active Action Items are displayed under the Actions Needed section on the secure Web Portal.

Navigational Path: Account – Messages
OR
Providers – Secure Home

Step	Action	Result
Start from the secured Account menu.		
1	Select the Messages OR Secure Home submenu.	The Actions Needed and Messages panels display. (see section 10.1 for Messages)

Actions Needed	
Notification Date	Description
04/27/2023	PROVIDER REVALIDATION IS PAST DUE. PROVIDER NEEDS TO COMPLETE A REVALIDATION APPLICATION ON THE SECURE WEB PORTAL.
08/01/2023	2 TESTING SORT ORDER
08/01/2023	3 TESTING SORT ORDER
08/01/2023	4 TESTING SORT ORDER
08/01/2023	5 TESTING SORT ORDER
08/01/2023	6 TESTING SORT ORDER

Field Descriptions

Field	Help Description
Description	Displays the alert message that was generated.
Notification Date	Displays the date the alert was created.

10.3 Accessing Switch User – Switch Provider

The Switch Provider panel allows billing agents to search for and switch between authorized provider account locations. The user has the capability to select from a list of authorized providers in order to navigate on the secure Web Portal on that provider's behalf with the security restrictions set by the provider.

After logging in, the billing agent can switch provider accounts by selecting a row in a list of available providers. After confirming the selection, the billing agent will be redirected to the account messages page, where they can begin navigating on the secure Web Portal with the selected provider account.

Navigational Path: Account – Switch User

Step	Action	Result
Start from the secured Account menu.		
1	Select the Switch User submenu.	The Switch Provider panel displays.

Switch Provider

Provider ID

Name

Provider Type

Action Needed

Address

City

Zip

search

clear

(more than 30 available)

National Provider ID	Medicaid Provider ID	Reference Provider ID	Provider Type	Name	Address	City	State	Zip	Zip + 4	Action Needed
			Hospital			AMERICUS	GA			Y
			Hospital			ELLAVILLE	GA			
			Hospital			THOMASVILLE	GA			
			Hospital			ATHENS	GA			Y
			Hospital			ALMA	GA			Y
			Hospital			MILLEDGEVILLE	GA			
			Hospital			CLEVELAND	TN			
			Hospital			WAYNESBORO	GA			
			Hospital			METTER	GA			Y
			Hospital			SAVANNAH	GA			Y

1 2 3 ... Next >

Select row above to switch to the desired provider.

Field Descriptions

Field	Help Description
Actions Needed	Displays an indicator of 'Y' when the provider has an action item. User can filter for rows with a 'Y' indicator by checking the radial button.
Address	Displays the service location address for the provider.
City	Displays the city of the service location address for the provider.
clear	This button clears the search criteria fields.
Medicaid Provider ID	Displays the Georgia Medicaid identification number of the provider. (Read-Only)
Name	Displays the name of the provider.
National Provider ID	Displays the national provider identification number of the provider. (Read-Only)
Provider ID	Displays the provider ID by which to search. Users may search by Georgia Medicaid ID, REF ID or NPI (National Provider Identifier).
Provider Type	Displays the type of the provider by which to search.
search	This button is used to initiate the search.

Field	Help Description
State	Displays the state of the service location address for the provider. (Read-Only)
ZIP	Displays the ZIP Code of the service location address for the provider.
ZIP + 4	Displays the ZIP Code extension of the service location address for the provider. (Read-Only)

Switch Provider Panel

Step	Action	Result
1	Select the provider account you wish to navigate on the secure Web Portal as. Note: A user may enter search criteria and click search to quickly identify the authorized provider account if needed.	
2	Click OK on the browser pop-up that appears.	The Account Messages page displays along with the secure menu items authorized to the billing agent by the provider.

10.4 Accessing Switch User - Switch Trading Partner

The Switch Trading Partner panel allows Agents and Billing Agents to search for and select which trading partner they wish to submit data as.

If a trading partner has delegated any authority to the Agent or Billing agent, the trading partner will appear in the list and the Agent or Billing Agent can select that trading partner.

Navigational Path: Account - Switch User

Step	Action	Result
	Start from the secured Account menu.	
1	Select the Switch User submenu.	The Switch Trading Partner panel displays.

Switch Trading Partner

Trading Partner ID Address

Name City

Zip

(2 rows returned)

Trading Partner ID	Name	Address	City	State	Zip
1	K	123 Main Street	Atlanta	GA	30050
3	S	123 Elm Street	Atlanta	GA	30050

Select row above to switch to the desired trading partner.

Field Descriptions

Field	Help Description
Address	Displays the address for the trading partner.
City	Displays the city of the address for the trading partner.
clear	This button clears the search criteria fields.
Name	Displays the name of the trading partner.
search	This button is used to initiate the search.
State	Displays the state of the address for the trading partner. (Read-Only)
Trading Partner ID	Displays the identification number of the trading partner.
ZIP	Displays the ZIP Code of the address for the trading partner.

Switch Trading Partner Panel

Step	Action	Result
1	Select the trading partner account you wish to navigate on the secure Web Portal. Note: A user may enter search criteria and click search to quickly identify the authorized trading partner account if needed.	
2	Click OK on the browser pop-up that appears.	The Account Messages page displays along with the secure menu items authorized to the billing agent by the trading partner.

10.5 Accessing Switch Servicing Provider

The Switch Servicing Provider panel allows billing agents to search for and switch between

Group or payee authorized servicing provider account locations. The user has the capability to select from a list of servicing providers affiliated to the group or payee provider in order to navigate on the secure Web Portal on that provider's behalf with the security restrictions set by the group or payee provider.

After logging in, the billing agent can switch to a group or payee provider account by selecting a group or payee provider type from a list of available providers on the Switch Provider panel. After confirming the selection, the billing agent will be redirected to the Switch Servicing Provider panel.

The Switch Servicing Provider page displays with a list of all the servicing providers actively affiliated with the group or payee. Menu items for the group or payee are displayed, if applicable. From this page the user can:

- Continue to act as the group or payee using the Menu items or by clicking the Continue as Authorizing Provider button, which will take them to the group or payee's Messages panel
- Search and/or select a servicing provider to act on behalf of

Navigational Path: Account – Switch User/Switch Provider – Switch Servicing Provider

Step	Action	Result
Start from the secured Account menu.		
1	Select the Switch User submenu.	The Switch Provider panel displays.
2	Select a Group or Payee provider from the list of providers	The Switch Servicing Provider panel displays.

Switch Servicing Provider

Provider ID

Name

Provider Type

Action Needed

☐

As Of

04/05/2024

Address

City

Zip

search

clear

(more than 30 available)

National Provider ID	Medicaid Provider ID	Reference Provider ID	Provider Type	Name	Address	City	State	Zip	Zip + 4	Action Needed
			Physicians/Osteopaths				GA			
			Physicians/Osteopaths				GA			
			Physicians/Osteopaths				GA			
			Physicians/Osteopaths				GA			
			Physicians/Osteopaths				GA			
			Physicians/Osteopaths				GA			
			Nurse Practitioner/Physician Assistant				GA			Y
			Nurse Practitioner/Physician Assistant				GA			Y
			Nurse Practitioner/Physician Assistant				GA			Y
			Nurse Practitioner/Physician Assistant				GA			Y

1 2 3 ... Next >

Select row above to switch to the desired provider.

Continue as Authorizing Provider

Field Descriptions

Field	Help Description
Action Needed	Displays an indicator of 'Y' when the provider has an action item. User can filter for rows with a 'Y' indicator by checking the radial button.
Address	Displays the service location address for the provider.
As Of	Displays a specified As Of date to retrieve servicing providers no longer affiliated with the Authorizing Provider.
City	Displays the city of the service location address for the provider.
clear	This button clears the search criteria fields.
Continue As Authorizing Provider	This button allows the user to continue as the Group or Payee provider. Clicking the button redirects the user to the account messages page for the Group or Payee.
Medicaid Provider ID	Displays the Georgia Medicaid identification number of the provider. (Read-Only)
Name	Displays the name of the provider.
National Provider ID	Displays the national provider identification number of the provider. (Read-Only)
Provider ID	Displays the provider ID by which to search. Users may search by Georgia Medicaid ID, REF ID or NPI (National Provider Identifier).
Provider Type	Displays the type of the provider by which to search.
search	This button is used to initiate the search.
State	Displays the state of the service location address for the provider. (Read-Only)
ZIP	Displays the ZIP Code of the service location address for the provider.
ZIP + 4	Displays the ZIP Code extension of the service location address for the provider. (Read-Only)

Switch Servicing Provider Panel

The billing agent can switch to a servicing provider by selecting a provider from the list. After confirming the selection, the billing agent will be redirected to the account messages page, where they can begin navigating on the secure Web Portal as the selected servicing provider.

Step	Action	Result
1	Select the servicing provider account you wish to navigate on the secure Web Portal as. Note: A user may enter search criteria and click search to quickly identify the authorized provider account if needed.	
2	Click OK on the browser pop-up that appears.	The Account Messages page displays along with the secure menu items authorized to the billing agent by the Group or Payee provider.

This page intentionally left blank.

11 Claims Overview

The Claims menu provides registered providers and authorized billing agents the ability to submit, search, void, and adjust their assigned claims.

The Claims submenu includes:

1. Search (Void, Adjust)
2. New Dental Claim
3. New Institutional Claim
4. New Professional Claim

11.1 Accessing Claims – Search (Void, Adjust)

The Claims Search panel allows providers and billing agents to search for and view Georgia Medicaid claims. The search results panel will display a list of claim details found based on the search criteria. This list contains summary information about the claim, for which the user can view in detail by clicking the row on the search results panel.

Providers and billing agents will automatically be restricted to viewing claims that have been processed with their provider ID as the rendering, group, or payee provider. Billing agents may use the Switch Provider or Switch Servicing Provider pages to select and navigate on the Web Portal using a different provider ID account in order to view the appropriate claim.

The minimum search criteria:

1. ICN
2. (Claim Type OR Status) AND [a date of service (DOS) OR remittance advice (RA) date]

Navigational Path: Claims - Search (Void, Adjust)

Step	Action	Result
Start from the secured Claims menu.		
1	Select the Search (Void, Adjust) submenu.	The Claim Search panel displays.

The screenshot shows the 'Claim Search' interface. It features a blue header bar with the title 'Claim Search' and a help icon. Below the header, there are several input fields for search criteria: 'ICN/TCN', 'Member ID', 'Rendering Provider ID', 'Claim Type' (a dropdown menu), 'From/Thru DOS', 'RA Date', 'Status' (a dropdown menu), and 'Records' (a dropdown menu currently set to '20'). To the right of the 'Rendering Provider ID' field is a '[Search]' button. At the bottom right of the form are two buttons: 'search' and 'clear'. The entire form is enclosed in a blue border.

Field Descriptions

Field	Help Description
Claim Type	Displays the type of claim to search by.
clear	This button clears the search criteria fields.
From/Thru DOS	Displays the from and thru date of service on the claim by which to search.
ICN/TCN	Displays either the internal control number or the cross reference between claims from the old system (identified by a TCN (Transaction Control Number)) by which to search.
Member ID	Displays the Georgia Medicaid identification number of the member who received the service on the claim.
RA Date	Displays the date of the remittance advice where this claim was processed per the financial cycle.
Records	Displays the number of search results to display per page.
Rendering Provider ID	Displays the provider who performed the service on the claim. This field is automatically populated with the rendering provider ID that is being used to navigate on the claims search page by the provider or provider office administrator, unless the user is a payee provider who is able to manually enter a rendering provider ID.
search	This button is used to initiate the search.
Status	Displays the status of the claim by which to search.

Claim Search Panel

Step	Action	Result
1	Enter the ICN/TCN for the claim.	
2	Enter the Member ID for the claim.	
3	Enter the Rendering Provider ID . (Can only be entered by group or payee users, otherwise the field is pre-populated and read-only.)	
4	Select the Claim Type from the drop-down list.	
5	Enter the From DOS .	

Step	Action	Result
6	Enter the Thru DOS .	
7	Enter the RA Date .	
8	Select the Status from the drop-down list.	
9	Click search .	The appropriate search results are displayed based on the search criteria entered.

11.2 Accessing Claims – Search Results

The Search Results panel allows providers and billing agents to view search results based on the search criteria entered on the claim search panel. The search results list contains summary information about the claim, for which the user can view in detail by clicking the row on the search results panel.

Providers and billing agents will automatically be restricted to viewing claims that have been processed with their provider ID as the rendering, group or payee provider. Billing agents may use the Switch Provider or Switch Servicing Provider pages to select and navigate on the Web Portal using a different provider ID account in order to view the appropriate claim.

Navigation Path: Claims - Search (Void, Adjust) - enter search criteria – search

Step	Action	Result
	Start from the secured Claims menu.	
1	Select the Search (Void, Adjust) submenu.	The Claim Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.

Search Results (13 rows returned)									
ICN	TCN	Member ID	From DOS	To DOS	Claim Type	Status	RA Date	Amount Billed	Paid
4009	3090	111	01/05/2009	01/05/2009	PROFESSIONAL CLAIMS	PAID	01/12/2009	\$67.97	\$40.70
4009	2090	111	01/07/2009	01/07/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/19/2009	\$66.81	\$48.20
4009	2090	111	01/09/2009	01/09/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/02/2009	\$80.00	\$0.00
4009	2090	111	01/12/2009	01/12/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/26/2009	\$67.97	\$40.70
4009	2090	111	01/12/2009	01/12/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/26/2009	\$102.93	\$62.71
4009	8090	111	01/12/2009	01/12/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$420.00	\$107.31
4009	2090	111	01/13/2009	01/13/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/26/2009	\$66.81	\$48.20
4009	8090	111	01/14/2009	01/14/2009	PROFESSIONAL XOVER CLAIMS	PAID	04/13/2009	\$102.93	\$0.00
4009	2090	111	01/23/2009	01/23/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/09/2009	\$102.93	\$59.71
4009	2090	111	01/27/2009	01/27/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$105.93	\$0.00
4009	8090	111	01/27/2009	01/27/2009	PROFESSIONAL XOVER CLAIMS	PAID	04/13/2009	\$79.61	\$6.59
4009	2090	111	01/28/2009	01/28/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$144.01	\$85.12
4009	2090	111	01/29/2009	01/29/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$102.93	\$0.00

Field Descriptions

Field	Help Description
Amount Billed	Displays the total amount billed on the claim. (Read-Only)

Field	Help Description
Claim Type	Displays the type of claim. (Read-Only)
From DOS	Displays the from date of service on the claim. (Read-Only)
ICD	Displays the internal control number which uniquely identifies a claim. (Read-Only)
Member ID	Displays the Georgia Medicaid identification number of the member who received the service on the claim. (Read-Only)
Paid	Displays the total amount paid by Georgia Medicaid on the claim. Paid amount does not guarantee payment, as that is determined when the remittance advice is generated. (Read-Only)
RA Date	Displays the date of the remittance advice where this claim was processed per the financial cycle. (Read-Only)
Status	Displays the status of the claim. (Read-Only)
TCN	Displays the internal control number which uniquely identifies a claim. (Read-Only)
To DOS	Displays the to date of service on the claim. (Read-Only)

11.3 Accessing Claims – Dental

The Dental Claim page allows providers, groups, payees and billing agents to view dental claims that have processed with Georgia Medicaid. Rendering providers and billing agents acting as rendering providers may use the dental claim page to submit a claim and/or adjust or void a paid claim. This includes the ability to copy a paid claim or modify a denied claim that can be sent Georgia Medicaid and processed as a new claim. Group, payees, and billing agents acting as the group or payee will be restricted to read-only access.

Attachments can be included as part of the Web submission process. The ability to upload an electronic attachment is provided once the user submits the claim with a transmission type of electronic upload or file transfer. If the response indicates the claim will be suspended for attachments, the upload ability will be provided for the user to attach their electronic file with the claim.

Providers and billing agents will automatically be restricted to viewing claims that have been processed with their provider ID as the rendering, group or payee provider. Billing agents may use the Switch Provider or Switch Servicing Provider pages to select and navigate on the Web Portal using a different provider ID account to view the appropriate claim.

Navigational Path: Claims – New Dental Claim

Step	Action	Result
	Start from the secured Claims menu.	

Step	Action	Result
1	Select the New Dental Claim submenu.	The Dental page displays.

Dental Claim

Adjudication Information

ICN/TCN

RA Date

Billing Information

Billing Provider ID

Rendering Provider ID

Rendering Taxonomy

Member ID*

Last Name*

First Name, MI*

Date of Birth*

Gender*

Patient Account #

PA/Precert Number

Referral Number

Referring Provider ID

Referring Provider Name (Last, First, MI)

ICD Version*

DMA520 Inquiry

Claim Status

Total Paid Amount

Release of Information*

Related Causes Code 1

Related Causes Code 2

Accident State

Accident Date

EPSTD

POS*

Patient Responsibility

Primary Care Provider ID

Primary Care Provider Name (Last, First, MI)

Amount Totals

Total Charges

Total TPL Amount

Diagnosis

Seq Code

Diagnosis

ICD Version

Description

Type data below for new record.

Seq Code

Diagnosis

[Search]

delete

add

Claim Filing

Relationship

Other Insured Identifier

Last Name

First Name, MI Name

Payer Resp

Authorization Number

Other Payer Claims Data

Payer Identifier

Insurance Co Name

Group Name

Group or Policy #

Insurance Type Code

Paid Date

Paid Amount

Type data below for new record.

Claim Filing*

Relationship*

Other Insured Identifier*

Last Name*

First Name, MI*

Payer Resp*

Authorization Number

Payer Identifier*

Insurance Company Name*

Group Name

Group or Policy Number

Insurance Type Code

Paid Date

Paid Amount

delete

add

Other Payer Adjustment Information-

The data below is for the row selected above.

*** No rows found ***

Select row above to update -or- click Add button below.

Claim Adjustment Group Code

Adjustment Reason Code

Adjustment Amount

Adjustment Quantity

delete

add

Other Payer Adjustment Information Summary

Insurance

Claim Adjustment

Adjustment

Adjustment Amount

Adjustment Quantity

Payer ID

Company Name

Group Code

Reason Code

Adjustment Amount

Adjustment Quantity

Detail	
A	Item
Date of Service	1
POS	
Procedure	
Procedure Description	
Tooth Number	
Quadrant	
Surfaces	
Diagnosis Pointers	

PA/Precert Number	
Units	0
Charges	\$0.00
Modifiers	...
Rendering Provider ID	
Status	
Allowed Amount	\$0.00
Paid Amount	\$0.00

Type data below for new record.

Item	
A	Item
Date of Service*	1
POS	[Search]
Diagnosis Pointer*	
Procedure*	[Search]
Procedure Description	
Tooth Number	[Search]
Quadrant	[Search]
Surface 1	
Surface 2	
Surface 3	
Surface 4	
Surface 5	

PA/Precert Number	
Units*	0
Charges*	\$0.00
Drug Unit Count	
Modifier 1	[Search]
Modifier 2	[Search]
Modifier 3	[Search]
Modifier 4	[Search]
Rendering Provider ID	

Adjudication Information

Status	
Allowed Amount	\$0.00
Paid Amount	\$0.00

delete add copy

---Detail Other Payer Information--- The data below is for the row selected above.

Detail Item	Payer ID	Paid Amount	Paid Date	Bundled Service Line
A	1	\$0.00		

Type data below for new record.

Detail Item	
A	Item
Paid Amount*	\$0.00
Paid Date*	
Bundled Service Line	

delete add

---Detail Other Payer Adjustment Information--- The data below is for the Detail Other Payer row selected above.

Detail Item	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
A	1		\$0.00	0.00

Type data below for new record.

Detail Item	
A	Item
Claim Adjustment Group Code*	
Adjustment Reason Code*	[Search]
Adjustment Amount	\$0.00
Adjustment Quantity	0

delete add

Detail Other Payer Information Summary				
Detail Item	Payer ID	Paid Amount	Paid Date	Bundled Service Line
1		\$0.00		

Detail Other Payer Adjustment Information Summary				
Detail Item	Payer ID	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount
1				\$0.00

Hard Copy Attachments		
Control Number	Transmission	Report Type
A		

Type data below for new record.

Hard Copy Attachments		
Control Number	Transmission*	Report Type*

delete add

Claim Status Information	
Claim Status	Not Submitted yet

top of page top of page top of page

Claim Status Information	
Claim Status	Paid
Claim ICN	2288114330223
RA Paid Date	04/23/2008
Paid Amount	\$14.55

EOB Information		
Detail Number	Code	Description
1	0296	PAY TO PROVIDER INELIGIBLE FOR DATE(S) OF SERVICE
2	0001	THIS IS A TEST MESSAGE

Adjustment Information	
ICN	Date Adjusted
2333442223333	05/01/2008
3333334444444	05/01/2008

Field Descriptions

Field	Help Description
Accident Date	Displays the date the accident occurred.
Accident State	Displays the state where the accident occurred.
add	This button is used to add data to a panel.
adjust	This button submits adjustments for a paid claim.
Adjustment Amount	Displays the adjustment amount.
Adjustment Quantity	Displays the adjustment quantity.
Adjustment Reason Code	Displays the adjustment reason code. For a complete listing of HIPAA Adjustment Reason codes, navigate to www.wpc-edi.com .
Allowed Amount	Displays the amount Georgia Medicaid approved to pay for services provided to a member. (Read-Only)
Authorization Number	Displays the prior authorization number issued by the third party.
Billing Provider ID	Header: Displays the Georgia Medicaid identification number of the billing provider, which is automatically captured when the billing provider Web account is used to create the claim or in a drop-down list when the rendering providers' account is used to create the claim.
Bundled Service Line	Displays the detail to be bundled together.
cancel	This button cancels the current operation and discards any changes.
Charges	Displays the usual and customary charge for the service provided.
Claim Adjustment Group Code	Displays the claim adjustment group code.
Claim Filing	Displays the type of claim filing for the other insurance.
Claim ICN	Displays the internal control number which uniquely identifies a claim. (Read-Only)
Claim Status	Displays the status of the claim. (Read-Only)
Code	Displays the explanation of benefits code. (Read-Only)

Field	Help Description
Control Number	Displays the number assigned by the user to the attachment or paperwork for identification purposes.
copy	This button creates a new detail from the selected detail.
copy claim	This button creates a new claim from the current claim.
Date Adjusted	Displays the date the claim was adjusted. (Read-Only)
Date of Birth	Displays the date of birth of the member.
Date of Service	Displays the date the service occurred.
delete	This button is used to delete data from a panel.
Denied Date	Displays the date the claim was denied. A zero date indicates that the claim has been adjudicated but has not been processed against a remittance advice. (Read-Only)
Description	Displays the explanation of benefits description. (Read-Only)
Detail Item	Displays the Detail number. (Read-Only)
Detail Number	Displays the line item detail number of the claim. (Read-Only)
Diagnosis	Displays the diagnosis code that identifies the medical classification of a disease or condition
Diagnosis Pointer	Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, select the matching sequence number as seen on the Diagnosis panel to indicate which diagnosis the procedure is a result of.
DMA520 Inquiry	This button is used to create or view a DMA520 Inquiry for the ICN. This button is enabled once the ICN has an RA Date.
EPSDT	Displays if the service is related to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.
First Name, MI	Displays the first name and middle initial of the member. Middle Initial is an optional field.
First Name, MI [TPL]	Displays the first name and middle initial of the subscriber.
Gender	Displays the gender of the member.

Field	Help Description
Group Name	Displays the group name for the other insurance by which the member is assigned.
Group or Policy Number	Displays the group or policy number that uniquely identifies the member's assignment to the other insurance.
ICN	Displays the internal control number which uniquely identifies a claim. Clicking the ICN from the adjustment information panel will allow authorized providers to view the claim in detail. (Read-Only)
ICN/TCN	Displays either the internal control number or the cross reference between claims from the old system to the new system, identified by a TCN. (Read-Only)
Insurance Company Name	Displays the name of the other insurance plan or the name of the company issuing the insurance, including Medicare, by which the member is assigned.
Insurance Type Code	Displays the code identifying the type of insurance policy for the other insurance.
Item	Displays the detail line number. (Read-Only)
Last Name	Displays the last name of the member.
Last Name [TPL]	Displays the last name of the subscriber for the insurance plan.
Member ID	Displays the Georgia Medicaid identification number of the member who received the service on the claim.
Modifier 1	Displays the primary code used in combination with a procedure code to further define the service provided.
Modifier 2	Displays the secondary code used in combination with a procedure code to further define the service provided.
Modifier 3	Displays the tertiary code used in combination with a procedure code to further define the service provided.
Modifier 4	Displays the fourth code used in combination with a procedure code to further define the service provided.
Note	Displays the medical review notes which determined how the claim was adjudicated. This panel only displays when the claim has gone through medical review.
Other Insured Identifier	Displays the subscriber's identification number as assigned by the payer.

Field	Help Description
PA/Precert Number	Displays the prior authorization/precertification number that authorized the rendered service(s). Information entered at the header will indicate the number should be applied against all details where the service requires prior authorization/precertification.
Paid Amount	Detail: Displays the amount paid for the service. Paid amount does guarantee payment, as that is determined when the remittance advice is generated. (Read-Only) Other Payer: Displays the amount paid for the service.
Paid Date	Displays the Other Payer Paid Date.
Patient Account #	Displays the identification number for a member assigned by a provider and used in their system.
Patient Responsibility	Displays the amount the provider feels the patient is responsible for paying.
Payer ID	Displays the carrier code that identifies the insurance plan for the detail.
Payer Identifier	Displays the carrier code that identifies the insurance plan for the member.
Payer Resp	Displays the payer's level of responsibility for adjudicating the claim.
POS	Displays the place where the service was rendered.
Primary Care Provider ID	Displays the NPI or Georgia Medicaid identification number of the primary care provider, also known as the second referring provider.
Primary Care Provider Name (Last, First, MI)	Displays the last, first name and middle initial of the referring provider.
Procedure	Displays the code used to uniquely identify a procedure.
Procedure Description	Displays the short description of the procedure code, which is automatically populated based on the description on file for the procedure code entered. (Read-Only)
Quadrant	Displays the quadrant of the mouth where the dental procedure was performed.
RA Date	Displays the date of the remittance advice where this claim was processed per the financial cycle. A zero date indicates that the claim has been adjudicated but has not been processed against a remittance advice. (Read-Only)
RA Paid Amount	Displays the amount paid for the service(s). Paid amount does guarantee payment, as that is determined when the remittance advice is generated.

Field	Help Description
RA Paid Date	Displays the date of the remittance advice where this claim was processed per the financial cycle. A zero date indicates that the claim has been adjudicated but has not been processed against a remittance advice. Field appears in place of the Denied Date when the header claim status has been paid. (Read-Only)
Referral Number	Displays the referral number issued as a result of a referral from the primary provider.
Referring Provider ID	Displays the NPI or Georgia Medicaid identification number of the referring provider.
Referring Provider name (Last, First, MI)	Displays the last, first name and middle initial of the referring provider.
Related Causes Code 1	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.
Related Causes Code 2	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.
Relationship	Displays the relationship of the member to the subscriber of the insurance.
Release of Information	Displays the release of information permission.
Rendering Provider ID	Header: Displays the Georgia Medicaid identification number of the rendering provider, which is automatically captured based on the provider Web account used to create the claim. (Read-Only) Detail: Displays the NPI of the provider that rendered the service.
Rendering Taxonomy	Displays the rendering taxonomy of the rendering provider.
Report Type	Displays the type of document, report, or supporting item.
re-submit	This button submits modifications made to a denied claim for adjudication.
Status	Displays the status of the claim detail line. (Read-Only)
submit	This button submits a claim for adjudication.
Surface 1	Displays the surface of a tooth on which a dental service was performed.
Surface 2	Displays the surface of a tooth on which a dental service was performed.
Surface 3	Displays the surface of a tooth on which a dental service was performed.

Field	Help Description
Surface 4	Displays the surface of a tooth on which a dental service was performed.
Surface 5	Displays the surface of a tooth on which a dental service was performed.
Tooth Number	Displays the number that identifies the tooth on which a dental service was performed. An alpha value indicates temporary teeth and a numeric value indicates permanent teeth.
top of page	This button jumps the user to the top of the page.
Total Charges	Displays the total amount charged for the claim, which is automatically calculated from the detail charges. (Read-Only)
Total Paid Amount	Displays the total amount paid for the claim. The paid amount does guarantee payment, as that is determined when the remittance advice is generated. (Read-Only)
Total TPL Amount	Displays the total amount paid by a third party liability plan(s) for the service(s) provided, which is automatically calculated from the TPL amounts on the TPL panel. (Read-Only)
Transmission	Displays the transmission method by which the attachments are to be sent. The upload capability will be made available when the transmission type is electronic.
Units	Displays the number of units billed for the service.
void	This button submits a void request for a paid claim.

11.3.1 Creating a New Dental Claim

Note: Fields marked with an asterisk are required. Otherwise, the field is optional.

Step	Action	Result
I. Dental Claim		
1	Select Billing Provider ID* from the drop-down list.	Note: If the claim was accessed through the Billing Provider account, the field will be pre-populated and non-editable.
2	Select Rendering Taxonomy* from the drop-down list.	Note: If only one taxonomy is available, the field will be pre-populated and non-editable.
3	Enter the Member ID* .	

Step	Action	Result
4	Enter the Member's Last Name* .	
5	Enter the Member's First Name* . Note: MI (middle initial) is an optional field.	
6	Enter the Date of Birth* .	
7	Select a Gender from the drop-down list*.	
8	Enter the Patient Account # .	
9	Enter the PA/Pre-cert Number .	
10	Enter the Referral Number .	
11	Enter the Referring Provider ID .	
12	Enter the Referring Provider Name (Last, First, MI)	
13	Select Release of Information from the drop-down list*.	
14	Select Related Causes Code 1 accident related cause indicator from the drop-down list.	
15	Select Related Causes Code 2 accident related cause indicator from the drop-down list.	
16	Select an Accident State from the drop-down list.	
17	Enter the Accident Date .	
18	Select EPSDT from the drop-down list.	
19	Enter the POS or click [search] to select from list*.	Clicking [Search] activates the Place of Service Search panel.
20	Enter the Patient Responsibility .	
21	Enter the Primary Care Provider ID .	

Step	Action	Result
22	Enter the Primary Care Provider Name (Last, First, MI)	

II. Diagnosis Section

Must click “add” to activate the panel before anything can be entered or selected.

1	Select the Sequence* from the drop-down list.	
2	Enter the Diagnosis* or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel.

III. Other Payer Claims Data

Optional unless third party liability (TPL) information needs to be indicated against the claim. Must click add to activate the panel before anything can be entered or selected

1	Select Claim Filing from the drop-down list*.	
2	Select Relationship to Insured from the drop-down list*.	
3	Enter the Other Insured Identifier* .	
4	Enter the policy holder Last Name* .	
5	Enter the policy holder First Name* . Note: MI (middle initial) is an optional field.	
6	Select Payer Resp* from the drop-down list.	
7	Enter the Authorization Number .	
8	Enter the Payer Identifier* .	
9	Enter the Insurance Company Name* .	
10	Enter the Group Name .	
11	Enter the Group or Policy Number .	

12	Select Insurance Type Code from the drop-down list.	
13	Enter the Paid Date .	
14	Enter the Paid Amount .	

IV. Other Payer Adjustment Information Section

Optional unless third party liability (TPL) coinsurance, deductibles, and so forth, need to be indicated against the claim. Must click add to activate the panel before anything can be entered or selected

1	Select a Claim Adjustment Group Code from the drop-down list*.	
2	Enter the Adjustment Reason Code or click [Search] to select from list*.	Clicking [Search] activates the Adjustment Reason Code search panel.
3	Enter the Adjustment Amount .	
4	Enter the Adjustment Quantity .	

V. Detail Panel

Must click add to activate the panel before anything can be entered or selected

1	Enter the Date of Service *.	
2	Enter the POS .	
3	Select a Diagnosis Code Pointer(s) * from the drop-down list, based on the diagnosis sequence association that was entered on the Diagnosis panel.	
4	Enter the Procedure or click [Search] to select from list*.	Clicking [Search] activates the Procedure Search panel.
5	Enter the Tooth Number or click [Search] to select from list.	Clicking [Search] activates the Tooth Number Search panel.
6	Enter a Quadrant or click [Search] to select from list.	Clicking [Search] activates the Quadrant Search panel.
7	Select Surface 1 from the drop-down list.	
8	Select Surface 2 from the drop-down list.	

9	Select Surface 3 from the drop-down list.	
10	Select Surface 4 from the drop-down list.	
11	Select Surface 5 from the drop-down list.	
12	Enter the PA/Pre-cert Number .	
13	Enter the Units* .	
14	Enter the Charges* .	
15	Enter the Modifier 1 .	
16	Enter the Modifier 2 .	
17	Enter the Modifier 3 .	
18	Enter the Modifier 4 .	
19	Enter the Rendering Provider ID .	
20	Click add in Detail section to add another service line and repeat the steps in Section IV.	Activates fields for entry of data or selection from lists.

VI. Detail Other Payer Information Section

Optional unless third party liability (TPL) information needs to be indicated against the claim detail. Must click add to activate the panel before anything can be entered or selected

1	Select the Payer ID from the drop-down list*. (This relates to the Payer Identifier entered on the Other Payer Claims Data panel.)	
2	Enter the Paid Amount* .	
3	Enter the Paid Date* .	
4	Select the Bundled Service Line .	

VII. Detail Other Payer Adjustment Information Section

Optional unless third party liability (TPL) coinsurance, deductibles, and so forth, need to be indicated against the claim detail. Must click add to activate the panel before anything can be entered or selected

1	Select the <i>Claim Adjustment Group Code</i> from the drop-down list*.	
2	Enter an <i>Adjustment Amount</i> .	
3	Enter an <i>Adjustment Reason Code</i> or click [<i>Search</i>] to select from list*.	Clicking [Search] activates the Adjustment Reason Code search panel.
4	Enter an <i>Adjustment Quantity</i> .	
5	Click <i>add</i> in Detail section to add another service line and repeat the steps in Section IV and the steps in Sections V and VI (if TPL related).	Activates fields for entry of data or selection from lists.

VIII. Hard Copy Attachments

Optional unless attachment information needs to be included against the claim. Must click add to activate the panel before anything can be entered or selected

1	Enter the Control number*.	
2	Select Transmission from the drop-down list*. Note: Submitting a claim with a transmission type of Electronic Upload or File Transfer allows the claim to suspend for needing an attachment if all other edits are bypassed. Once suspended for needing an attachment, the upload button is available on the Hard-Copy Attachments panel to begin attaching the appropriate .jpg, .jpeg, .pdf or .tiff file against the assigned ICN.	
3	Select the Report Type from the drop-down list*.	
4	Click submit.	The dental claim is submitted and an ICN is assigned.

11.3.2 Adjusting a Dental Claim

Step	Action	Result
	Start from the secured Claims menu.	
1	Select the Search (Void, Adjust) submenu.	The Claim Search panel displays.
2	Enter the appropriate search criteria.	

Step	Action	Result
3	Click search.	The Search Results panel displays.
4	Select the dental ICN to be adjusted.	The dental claim is displayed in detail.
5	Click in the field(s) to update and perform update.	
6	Click adjust.	A confirmation pop-up window appears.
7	Click OK to confirm the request.	The adjustment is submitted and the new daughter claim ICN and information is displayed. Note: If the adjustment is rejected, a new ICN beginning with "20" will appear with the appropriate denial reasons displayed on the EOB Information panel.

11.3.3 Voiding a Dental Claim

Step	Action	Result
Start from the secured Claims menu.		
1	Select the Search (Void, Adjust) submenu.	The Claim Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search.	The Search Results panel displays.
4	Select the dental ICN to be adjusted.	The dental claim is displayed in detail.
5	Click void.	A confirmation pop-up window appears.
6	Click OK to confirm the request.	The void is submitted and the new daughter claim ICN and information is displayed. Note: If the void request is rejected, a new ICN beginning with "20" will appear with the appropriate denial reasons displayed on the EOB Information panel.

11.4 Accessing Claims - Institutional

The Institutional Claim page allows providers, payees and billing agents to view institutional claims that have processed with Georgia Medicaid. Rendering providers and billing agents acting as rendering providers may

use the institutional claim page to submit a claim and/or adjust or void a paid claim. This includes the ability to copy a paid claim or modify a denied claim that can be sent to Georgia Medicaid and reprocessed as a new claim. Payees and billing agents acting as payees will be restricted to read-only access.

Attachments can be included as part of the Web submission process. The ability to upload an electronic attachment is provided once the user submits the claim with a transmission type of electronic upload or file transfer. If the response indicates the claim will be suspended for attachments, the upload ability will be provided for the user to attach their electronic file with the claim.

Providers and billing agents will automatically be restricted to viewing claims that have been processed with their provider ID as the rendering or payee provider. Billing agents may use the Switch Provider page to select and navigate on the Web Portal using a different provider ID account to view the appropriate claim.

Navigational Path: Claims – New Institutional Claim

Step	Action	Result
	Start from the secured Claims menu.	
1	Select the New Institutional Claim submenu.	The Institutional Claim page displays.

Institutional Claim

Adjudication Information

ICN/TCN DMA520 Inquiry

RA Date

Billing Information

Billing Provider ID

Billing Taxonomy 282N00000X

Rendering Provider ID

Rendering Taxonomy 282N00000X

Member ID*

Last Name*

First Name, MI*

Date of Birth*

Gender*

Patient Account #

Medical Record #

Attending Physician

Operating Physician

Other Operating Physician

Service Facility ID

Type of Bill*

Type of Bill Frequency*

ICD Version* ICD-10

Claim Status

Total Paid Amount \$0.00

Release of Information*

From Date*

To Date*

Admission Date

Admission Hour

Admission Type*

Admit Source [Search]

Discharge Hour

Patient Status* [Search]

PA/Pre-cert Number

Referral Number

Referring Provider ID

Referring Provider Name (Last, First, MI)

Patient Responsibility \$0.00

Amount Totals

Total Charges \$0.00

CoPay Amount \$0.00

Total TPL Amount

Condition			
Sequence	Value	Description	
Type data below for new record.			
Sequence*		Condition* [Search]	delete add

Diagnosis				
Seq Code	Diagnosis	ICD Version	Description	POA
Type data below for new record.				
Seq Code*		Diagnosis* [Search]		
POA				
delete add				

ICD Procedure				
Sequence	ICD Procedure	ICD Version	Description	ICD Date
Type data below for new record.				
Sequence*		ICD Procedure* [Search]	ICD Date*	Calendar
ICD Description				
delete add				

Occurrence/Span				
Sequence	Occurrence Code	Description	From Date	To Date
Type data below for new record.				
Sequence*		From Date*	Calendar	
Occurrence Code*	[Search]	To Date	Calendar	
delete add				

Value			
Sequence	Value	Description	Amount
Type data below for new record.			
Sequence*		Value* [Search]	Amount* 0
delete add			

Other Payer Claims Data	
A Claim Filing Relationship Other Insured Identifier Last Name First Name, MI Name Payer Resp Authorization Number	Payer Identifier Insurance Co Name Group Name Group or Policy # Paid Date Paid Amount
Type data below for new record.	
Claim Filing* Relationship* Other Insured Identifier* Last Name* First Name, MI* Payer Resp* Authorization Number	Payer Identifier* Insurance Company Name* Group Name Group or Policy Number Paid Date Calendar Paid Amount
delete add	

Other Payer Adjustment Information.	
The data below is for the row selected above.	
*** No rows found ***	
Select row above to update -or- click Add button below.	
Claim Adjustment Group Code Adjustment Amount	Adjustment Reason Code [Search] Adjustment Quantity
delete add	

Other Payer Adjustment Information Summary					
Insurance Payer ID	Company Name	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
				\$0.00	0.00

Detail		Detail	
A	Item 1	Non Covered Charges	\$0.00
	From DOS	Charges	\$0.00
	To DOS	Referring Provider ID	
	Revenue Code	Referring Provider Name	
	Revenue Code Desc	Status	
	Procedure	NDC	
	Procedure Desc	Drug Name	
	Modifiers	Drug Unit Count	
	Units	Drug Unit of Measure	
	Units Of Measurement UN	Allowed Amount	\$0.00
		CoPay Amount	\$0.00
		Paid Amount	\$0.00

Type data below for new record.

Item	1	Non Covered Charges	\$0.00
From DOS		Charges*	\$0.00
To DOS		Referring Provider ID	
Revenue Code*	[Search]	Referring Provider Name (Last, First, MI)	
Revenue Code Description		<u>Drug Rebate Information</u>	
Procedure	[Search]	NDC	[Search]
Procedure Description		Drug Name	
Modifier 1	[Search]	Drug Unit Count	
Modifier 2	[Search]	Drug Unit of Measure	
Modifier 3	[Search]	<u>Adjudication Information</u>	
Modifier 4	[Search]	Status	
Units*	0	Allowed Amount	\$0.00
Units of Measurement*	UN - Unit	CoPay Amount	\$0.00
		Paid Amount	\$0.00

delete add copy

-Detail Other Payer Information- The data below is for the row selected above.

Detail Item	Payer ID	Paid Amount	Paid Date	Bundled Service Line
A 1		\$0.00		

Type data below for new record.

Detail Item	1	Payer ID*	
Paid Amount*	\$0.00	Paid Date*	
Bundled Service Line			

delete add

---Detail Other Payer Adjustment Information- The data below is for the Detail Other Payer row selected above.

Detail Item	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
A 1			\$0.00	0.00

Type data below for new record.

Detail Item	1	Claim Adjustment Group Code*		Adjustment Reason Code*	[Search]
Adjustment Amount	\$0.00	Adjustment Quantity	0		

delete add

Detail Other Payer Information Summary

Detail Item	Payer ID	Paid Amount	Paid Date	Bundled Service Line
1		\$0.00		

Detail Other Payer Adjustment Information Summary

Detail Item	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
1			\$0.00	0.00

Hard-Copy Attachments

Control Number	Transmission	Report Type
A		

Type data below for new record.

Control Number	
Transmission*	
Report Type*	

delete add

Claim Status Information

Claim Status	Not Submitted yet
--------------	-------------------

Claim Status Information		
Claim Status	Paid	
Claim ICN	2	
RA Paid Date	04/23/2008	
Paid Amount	\$14.55	
EOB Information		
Detail Number	Code	Description
1	0290	PAY TO PROVIDER INELIGIBLE FOR DATE(S) OF SERVICE
2	0001	THIS IS A TEST MESSAGE
Claim Review Notes		
Note Denied. Medical record documentation to support the claim was inadequate. Per the DCH Part 1 Manual, Section 208.1 "Claims must include documentation that supports the emergent nature of the services provided. Records should be submitted in distinct sections and in chronological order beginning with the admit date through the date of discharge. Only the following should be submitted to GCMF for review: 1) History and Physical 2) Admission Summary 3) Discharge Summary 4) Operative Report, if applicable 5) Physician Progress Notes 6) Deliveries or C-section claims only: L&D report or C-section Op report. 7) Anesthesia claims only: Anesthesia report and L&D or C-section Op reports." Records received out of order will have the associated claim denied. Please submit: NEED SUMMARY of ER STAY/ D/C SUMMARY. Documentation reports no fetal movement but there is no further documentation of addressing this issue. Verify if member has other insurance as primary		
Adjustment Information		
ICN	Date Adjusted	
2	05/01/2008	
3	06/01/2008	

Field Descriptions

Field	Help Description
add	This button is used to add data to a panel.
adjust	This button submits adjustments for a paid claim.
Adjustment Amount	Displays the adjustment amount.
Adjustment Quantity	Displays the adjustment quantity.
Adjustment Reason Code	Displays the adjustment reason code. The following values are used in relation to Medicare crossovers: 1 = Deductible Amount, 2 = Coinsurance Amount, 3 = HMO Subcopay Amount, 66 = Blood Deductible, 122 = Psychiatric Amount. For a complete listing of HIPAA Adjustment Reason codes, navigate to www.wpc-edi.com .
Admission Date	Displays the date on which the member was admitted to the hospital for which services are being billed.
Admission Hour	Displays the hour during which the member was admitted for care, in military time.
Admission Type	Displays the code which indicates the priority of the admission for inpatient or outpatient care.
Admit Source	Displays the code that indicates why the member was admitted for care.
Allowed Amount	Displays the amount Georgia Medicaid approved to pay for services provided to a member. (Read-Only)
Amount	Displays the dollar or unit amount for the corresponding value code. Will also be used to capture lifetime reserve days.
Attending Physician	Displays the Georgia Medicaid identification number of the physician who would be expected to certify and recertify the medical necessity of the services

Field	Help Description
	rendered and/or who has primary responsibility for the member's medical care and treatment.
Authorization Number	Displays the prior authorization number issued by the third party.
Billing Provider ID	Header: Displays the Georgia Medicaid identification number of the billing provider, which is automatically captured when the billing provider Web account is used to create the claim or in a drop-down list when the rendering providers' account is used to create the claim.
Billing Taxonomy	Displays the Billing Taxonomy code for the provider. Field is pre-populated and non-editable when only one taxonomy is on file. A drop-down list displays if multiple taxonomies are available.
Bundled Service Line	Displays the detail to be bundled together.
cancel	This button cancels the current operation and discards any changes.
Charges	Displays the usual and customary charge for the service provided.
Claim Adjustment Group Code	Displays the claim adjustment group code. For Medicare Coinsurance and Deductible information, ensure the value selected reflects "Patient Responsibility".
Claim Filing	Displays the type claim filing for the other insurance.
Claim ICN	Displays the internal control number which uniquely identifies a claim. (Read-Only)
Claim Status	Displays the status of the claim. (Read-Only)
Code	Displays the explanation of benefits code. (Read-Only)
Condition	Displays the code used to identify a condition relating to the institutional claim that may affect payer processing.
Control Number	Displays the number assigned by the user to the attachment or paperwork for identification purposes.
CoPay Amount	Header: Displays the copay amount for service(s) provided. This is calculated by adding up the detail copay amounts. (Read-Only). Detail: Displays the copay amount for service(s) provided. (Read-Only).
copy	This button creates a new detail from the selected detail.
copy claim	This button creates a new claim from the current claim.

Field	Help Description
Date Adjusted	Displays the date the claim was adjusted. (Read-Only)
Date of Birth	Displays the date of birth of the member.
delete	This button is used to delete data from a panel.
Denied Date	Displays the date the claim was denied. A zero date indicates that the claim has been adjudicated but has not been processed against a remittance advice. (Read-Only)
Description	Displays the explanation of benefits description. (Read-Only)
Detail Item	Displays the Detail number. (Read-Only)
Detail Number	Displays the line item detail number of the claim. (Read-Only)
Diagnosis	Displays the diagnosis code that identifies the medical classification of a disease or condition.
Discharge Hour	Displays the hour during which the member was discharged for care.
DMA520 Inquiry	This button is used to create or view a DMA520 Inquiry for the ICN. This button is enabled once the ICN has an RA Date.
Drug Name	Displays the name for the NDC (National Drug Code). (Read-Only)
Drug Unit Count	Displays the number of drug units billed for the service.
Drug Unit of Measure	Displays the code that indicates the type of measurement for the drug units indicated.
First Name, MI	Displays the first name and middle initial of the member. Middle Initial is an optional field.
First Name, MI [TPL]	Displays the first name and middle initial of the subscriber for the insurance plan.
From Date	Header: Displays the date on which the statement period on the claim began. Occurrence: Displays the date when the occurrence code began.
From DOS	Displays the beginning date on which service was provided.
Gender	Displays the gender of the member.

Field	Help Description
Group Name	Displays the group name for the other insurance by which the member is assigned.
Group or Policy Number	Displays the group or policy number that uniquely identifies the member's assignment to the other insurance.
ICD Procedure	Displays the code that identifies a specific, surgical, or diagnostic procedure, which is performed for the express purpose of identification or treatment of the member's condition.
ICD Date	Display the date on which the surgical procedure code was performed.
ICD Description	Displays the short description of the ICD code, which is automatically populated based on the description on file for the ICD code entered. (Read-Only)
ICD Version	Displays the version of the ICD value.
ICN	Displays the internal control number which uniquely identifies a claim. Clicking the ICN from the adjustment information panel will allow authorized providers to view the claim in detail. (Read-Only)
ICN/TCN	Displays either the internal control number or the cross reference between claims from the old system to the new system, identified by a TCN. (Read-Only)
Insurance Company Name	Displays the name of the other insurance plan or the name of the company issuing the insurance, including Medicare, by which the member is assigned.
Item	Displays the detail line number. (Read-Only)
Last Name	Displays the recipient's last name.
Last Name [TPL]	Displays the last name of the Third Party Liability's insured.
Medical Record Number	Displays the medical record number assigned to the member by the provider for the service(s) provided.
Member ID	Displays the Georgia Medicaid identification number of the member who received the service on the claim.
Modifier 1	Displays the primary code used in combination with a procedure code to further define the service provided.
Modifier 2	Displays the secondary code used in combination with a procedure code to further define the service provided.

Field	Help Description
Modifier 3	Displays the tertiary code used in combination with a procedure code to further define the service provided.
Modifier 4	Displays the fourth code used in combination with a procedure code to further define the service provided.
Modifiers [List]	Displays the code(s) used in combination with a procedure code to further define the service provided.
NDC	Displays the national drug code used to identify a specific drug.
Non Covered Charges	Displays the amount not covered by insurance.
Note	Displays the medical review notes which determined how the claim was adjudicated. This panel only displays when the claim has gone through medical review.
Occurrence Code	Displays the code identifying a significant event relating to this bill that may affect payer processing.
Operating Physician	Displays the Georgia Medicaid identification number of the operating physician who performed the service(s).
Other Insured Identifier	Displays the subscriber's identification number as assigned by the payer.
Other Operating Physician	Displays the Georgia Medicaid identification number of the person who rendered the service for the principal procedure if that provider was not indicated as the operating physician on the claim.
PA/Precert Number	Displays the prior authorization/precertification number that authorized the rendered service(s).
Paid Amount	Displays the dollar paid by Medicare or the other insurance for the service provided.
Paid Date	Displays the date that Medicare or the other insurance paid for the service.
Patient Account Number	Displays the identification number for a member assigned by a provider and used in their system.
Patient Responsibility	Displays the amount the provider feels the patient is responsible for paying.
Patient Status	Displays the code that indicates the status of the patient as of the ending service date for the period covered by the institutional claim.

Field	Help Description
Payer ID	Displays the carrier code that identifies the insurance plan for the detail.
Payer Identifier	Displays the other payer's Payer ID Number. For Medicare crossovers, enter payer ID#. For other health insurance, enter the Carrier ID# as listed in the TPL carrier listing on the Provider Information > Reports page.
Payer Resp	Displays the payer's level of responsibility for adjudicating the claim.
POA	Displays the present on admission code.
Procedure	Displays the code used to uniquely identify a procedure.
Procedure Description	Displays the short description of the procedure code, which is automatically populated based on the description on file for the procedure code entered. (Read-Only)
RA Date	Displays the date of the remittance advice where this claim was processed per the financial cycle. A zero date indicates that the claim has been adjudicated but has not been processed against a remittance advice. (Read-Only)
RA Paid Amount	Displays the amount paid for the service(s). Paid amount does guarantee payment, as that is determined when the remittance advice is generated. (Read-Only)
RA Paid Date	Displays the date of the remittance advice where this claim was processed per the financial cycle. A zero date indicates that the claim has been adjudicated but has not been processed against a remittance advice. Field appears in place of the Denied Date when the header claim status has been paid. (Read-Only)
Referral Number	Displays the referral number issued as a result of a referral from the primary provider.
Referring Provider ID	Displays the NPI or Georgia Medicaid identification number of the referring provider.
Referring Provider Name (Last, First, MI)	Displays the last, first name and middle initial of the referring provider.
Relationship	Displays the relationship of the member to the subscriber of the insurance.
Release of Information	Displays the release of information permission.
Rendering Provider ID	Displays the Georgia Medicaid identification number of the rendering provider, which is automatically captured based on the provider Web account used to create the claim. (Read-Only)

Field	Help Description
Rendering Taxonomy	Displays the Rendering Taxonomy code for the provider.
Report Type	Displays the type of document, report, or supporting item.
re-submit	This button submits modifications made to a denied claim for adjudication.
Revenue Code	Displays the code that identifies a specific accommodation, ancillary service, or billing calculation.
Revenue Code Description	Displays the description of the revenue code, which is automatically populated based on the description on file for the revenue code entered. (Read-Only)
Service Facility ID	Displays the NPI or Georgia Medicaid identification number of the organization who rendered the care for outpatient and home health claims.
Sequence	Displays the sequence number that indicates the position that the information is to appear on the claim. Also used to indicate the position that the diagnosis is to appear on the claim such as admitting, patient reason, principal, secondary, tertiary, and so on.
Status	Displays the status of the claim detail line. (Read-Only)
submit	This button submits a claim for adjudication.
To Date	Header: Displays the date on which the statement period on the claim ended. Occurrence: Displays the date when the occurrence code ended.
To DOS	Displays the ending date on which service was provided.
top of page	This button jumps the user to the top of the page.
Total Charges	Displays the total amount charged for the claim, which is automatically calculated from the detail charges. (Read-Only)
Total Paid Amount	Displays the total amount paid for the claim. The paid amount does guarantee payment, as that is determined when the remittance advice is generated. (Read-Only)
Total TPL Amount	Displays the total amount paid by a third party liability plan(s) for the service(s) provided, which is automatically calculated from the TPL amounts on the TPL panel. (Read-Only)
Transmission	Displays the transmission method by which the attachments are to be sent. The upload capability will be made available when the transmission type is electronic.

Field	Help Description
Type Of Bill	Displays the type of facility rendering treatment to a member.
Type of Bill Frequency	Displays the type of bill that the claim represents.
Units	Displays the number of units billed for the service.
Units of Measurement	Displays the code that indicates the type of measurement for the units indicated, such as days, drug dosage, amount, or unit. [Detail]
Value	Displays the code used to relate values to identified data elements necessary to process an institutional claim. 08 - Lifetime Reserve Amount First Calendar Year, 09 - Coinsurance Amount First Calendar Year, 10 - Lifetime Reserve Amount Second Calendar Year, 11 - Coinsurance Amount Second Calendar Year, 80 - Covered Days, 81 - Non-Covered Days.
void	This button submits a void request for a paid claim.

11.4.1 Creating a New Institutional Claim

Note: Fields marked with an asterisk are required. Otherwise, the field is optional.

Step	Action	Result
I. Institutional Claim		
1	Select Billing Provider ID* from the drop-down list.	Note: If the claim was accessed through the Billing Provider account, the field will be pre-populated and non-editable.
2	Select Billing Taxonomy* from the drop-down list.	Note: Field is pre-populated and non-editable when only one taxonomy is on file.
3	Select Rendering Taxonomy* from the drop-down list.	Note: Field is pre-populated and non-editable when only one taxonomy is on file.
4	Enter the Member ID* .	
5	Enter the Member's Last Name* .	
6	Enter the Member's First Name* . Note: MI (middle initial) is an optional field.	
7	Enter the Date of Birth* .	
8	Select a Gender from the drop-down list*.	

Step	Action	Result
9	Enter the Patient Account # .	
10	Enter the Medical Record # .	
11	Enter the Attending Physician .	
12	Enter the Operating Physician .	
13	Enter the Other Operating Physician .	
14	Enter the Service Facility ID .	
15	Select a Type Of Bill from the drop-down list*.	
16	Select a Type Of Bill frequency from the drop-down list.	
17	Select the ICD Version *.	
18	Select the Release of Information * from the drop-down list.	
19	Enter the From Date *.	
20	Enter the To Date *.	
21	Enter the Admission Date .	
22	Enter the Admission Hour .	
23	Select an Admission Type from the drop-down list.	
24	Enter the Admit Source or click [Search] to select from the list.	Clicking [Search] activates the Admit Source Search panel.
25	Enter the Discharge Hour .	
26	Enter the Patient Status or click [Search] to select from the list.	Clicking [Search] activates the Patient Status Search panel.
27	Enter the PA/Pre-cert Number .	

Step	Action	Result
28	Enter the Referral Number .	
29	Enter the Referring Provider ID .	
30	Enter the Referring Provider Name (Last, First, MI)	
31	Enter the Patient Responsibility .	

II. Condition Section

Optional unless condition information needs to be included against the claim. Must click add to activate the panel before anything can be entered or selected

1	Enter the Sequence* .	
2	Enter the Condition or click [Search] to select from list*.	Clicking [Search] activates the Condition Search panel.

III. Diagnosis Section

Must click add to activate the panel before anything can be entered or selected.

1	Select a Seq Code from the drop-down list*.	
2	Select a POA from the drop-down list.	
3	Enter the Diagnosis* or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel.

IV. ICD Procedure Section

Optional unless ICD procedure information needs to be included against the claim. Must click add to activate the panel before anything can be entered or selected

1	Enter the Sequence* .	
2	Enter the ICD Procedure or click [Search] to select from list*.	Clicking [Search] activates the ICD Procedure Search panel.
3	Enter the ICD Date* .	

V. Occurrence/Span Section

Optional unless occurrence information needs to be included against the claim. Must click add to activate the panel before anything can be entered or selected

Step	Action	Result
1	Enter the Sequence* .	
2	Enter the Occurrence Code or click [Search] to select from list*.	Clicking [Search] activates the Occurrence Code Search panel.
3	Enter the From Date* .	
4	Enter the To Date .	

VI. Value Section

Optional unless value information, such as covered and non-covered days, needs to be included against the claim. Must click add to activate the panel before anything can be entered or selected

1	Enter the Sequence* .	
2	Enter the Value* or click [Search] to select from list.	Clicking [Search] activates the Value Search panel.
3	Enter the Amount .	

VII. Other Payer Claims Data Section

Optional unless third party liability (TPL) and/or Medicare information need to be indicated against the claim. Must click add to activate the panel before anything can be entered or selected

1	Select the Claim Filing* from the drop-down list.	
2	Select a Relationship to Insured* from the drop-down list.	
3	Enter the Other Insured Identifier* .	
4	Enter the policy holder Last Name* .	
5	Enter the policy holder First Name* . Note: MI (middle initial) is an optional field.	
6	Select a Payer Resp* from the drop-down list.	
7	Enter the Authorization Number .	
8	Enter the Payer Identifier* .	

Step	Action	Result
9	Enter the Insurance Company Name .	
10	Enter the Group Name .	
11	Enter the Group or Policy Number .	
12	Enter the Paid Date .	
13	Enter the Paid Amount .	

VIII. Other Payer Adjustment Information Section

Optional unless third party liability (TPL) and/or Medicare coinsurance, deductibles, and so forth, need to be indicated against the claim. When the Payer ID selected is Medicare Part A for an inpatient type of bill, select the row(s) that appear to enter the appropriate Medicare Coinsurance or Deductible amounts if applicable. Otherwise, click add to activate the panel before anything can be entered or selected.

1	Select a Claim Adjustment Group* code from the drop down list.	
2	Enter the Adjustment Reason Code* or click [Search] to select from list.	Clicking [Search] activates the Adjustment Reason Code search panel.
3	Enter the Adjustment Amount .	
4	Enter the Adjustment Quantity .	

IX. Detail Section

1	Enter the From DOS .	
2	Enter the To DOS .	
3	Enter the Revenue Code* or click [Search] to select from list.	Clicking [Search] activates the Revenue Code Search panel.
4	Enter the Procedure or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel.
5	Enter Modifier 1 or click [Search] to select from list.	Clicking [Search] activates the Modifiers Search panel.
6	Enter Modifier 2 or click [Search] to select from list.	Clicking [Search] activates the Modifiers Search panel.

Step	Action	Result
7	Enter Modifier 3 or click [Search] to select from list.	Clicking [Search] activates the Modifiers Search panel.
8	Enter Modifier 4 or click [Search] to select from list.	Clicking [Search] activates the Modifiers Search panel.
9	Enter the Units* .	
10	Select the Units Of Measurement* from the drop-down list.	
11	Enter the Non Covered Charges .	
12	Enter the Charges* .	
13	Enter the Referring Provider ID .	
14	Enter the Referring Provider Name (Last, First, MI) .	
15	Enter the NDC or click [Search] to select from list.	Clicking [Search] activates the NDC Search panel.
16	Enter the Drug Unit Count .	
17	Select the Drug Unit of Measure* from the drop-down list.	

X. Detail Other Payer Information Section

Optional unless third party liability (TPL) and/or Medicare information need to be indicated against the claim detail. Must click add to activate the panel before anything can be entered or selected

1	Select the Payer ID* from the drop-down list. (This relates to the Payer Identifier entered on the Other Payer Claims Data panel.)	
2	Enter the Paid Amount* .	
3	Enter the Paid Date* .	
4	Select the Bundled Service Line .	

Step	Action	Result
XI. Detail Other Payer Adjustment Information Section		
Optional unless third party liability (TPL) and/or Medicare coinsurance, deductibles, and so forth, need to be indicated against the claim detail. When the Payer ID selected is Medicare Part B for an outpatient type of bill, select the row(s) that appear to enter the appropriate Medicare Coinsurance or Deductible amounts if applicable. Otherwise, click add to activate the panel before anything can be entered or selected.		
1	Select the Claim Adjustment Group Code* from the drop-down list.	
2	Enter an Adjustment Amount .	
3	Enter an Adjustment Reason Code* or click [Search] to select from list.	Clicking [Search] activates the Adjustment Reason Code search panel.
4	Enter an Adjustment Quantity .	
5	Click add in Detail section to add another service line and repeat the steps in Section IX and the steps in Sections X and XI (if Medicare or TPL related).	Activates fields for entry of data or selection from lists.
XII. Hard Copy Attachments Section		
Optional unless attachment information needs to be included against the claim. Must click add to activate the panel before anything can be entered or selected		
1	Enter the Control Number* .	
2	Select a Transmission from the drop-down list. Note: Submitting a claim with a transmission type of Electronic Upload or File Transfer allows the claim to suspend for needing an attachment if all other edits are bypassed. Once suspended for needing an attachment, the upload button is available on the Hard-Copy Attachments panel to begin attaching the appropriate .jpg, .jpeg, .pdf or .tiff file against the assigned ICN.	
3	Select a Report Type* from the drop-down list.	
4	Click submit .	The institutional claim is submitted and an ICN is assigned.

11.4.2 Adjusting an Institutional claim

Step	Action	Result
Start from the secured Claims menu.		
1	Select the Search (Void, Adjust) submenu.	The Claim Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.
4	Select the institutional ICN to be adjusted.	The institutional claim is displayed in detail.
5	Click the field(s) to update and perform update.	
6	Click adjust .	A confirmation pop-up window appears.
7	Click OK to confirm the request.	The adjustment is submitted and the new daughter claim ICN and information is displayed. Note: If the adjustment is rejected, a new ICN beginning with "20" will appear with the appropriate denial reasons displayed on the EOB Information panel.

11.4.3 Voiding an Institutional Claim

Step	Action	Result
Start from the secured Claims menu.		
1	Select the Search (Void, Adjust) submenu.	The Claim Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.
4	Select the institutional ICN to be adjusted.	The institutional claim is displayed in detail.
5	Click void .	A confirmation pop-up window appears.
6	Click OK to confirm the request.	The void is submitted and the new daughter claim ICN and information is displayed. Note: If the void request is rejected, a new ICN beginning with "20" will appear with the

Step	Action	Result
		appropriate denial reasons displayed on the EOB Information panel.

11.5 Accessing Claims - Professional

The Professional Claim page allows providers, groups, payees and billing agents to view professional claims which have processed with Georgia Medicaid. Rendering providers and billing agents acting as rendering providers may use the professional claim page to submit a claim and/or adjust or void a paid claim. This includes the ability to copy a paid claim or modify a denied claim that can be sent to Georgia Medicaid and reprocessed as a new claim. Groups, payees and billing agents acting as a group or payee will be restricted to read-only access.

Attachments can be included as part of the Web submission process. The ability to upload an electronic attachment is provided once the user submits the claim with a transmission type of electronic upload or file transfer. If the response indicates the claim will be suspended for attachments, the upload ability will be provided for the user to attach their electronic file with the claim.

Providers and billing agents will automatically be restricted to viewing claims that have been processed with their provider ID as the rendering, group or payee provider. Billing agents may use the Switch Provider or Switch Servicing Provider pages to select and navigate on the Web Portal using a different provider ID account to view the appropriate claim.

Navigational Path: Claims – New Professional Claim

Step	Action	Result
	Start from the secured Claims menu.	
1	Select the New Professional Claim submenu.	The Professional Claim page displays.

Professional Claim			
Adjudication Information		Claim Status	
ICN/TCN	DMA520 Inquiry	Total Paid Amount	\$0.00
RA Date		Release of Information*	
Billing Information		Related Causes Code 1	
Billing Provider ID		Related Causes Code 2	
Billing Taxonomy*		Accident State	
Rendering Provider ID		Accident Date	
Rendering Taxonomy*		Admit Date	
Member ID*		Discharge Date	
Last Name*		Date of Death	
First Name, MI*		Patient Responsibility	\$0.00
Date of Birth*		PA/Precert Number	
Gender*		Referral Number	
Patient Account #		Referring Provider ID	
Medical Record #		Referring Provider Name (Last, First, MI)	
Service Facility ID		Primary Care Provider ID	
EPSDT Referral Indicator		Primary Care Provider Name (Last, First, MI)	
EPSDT Referral Code 1		Amount Totals	
EPSDT Referral Code 2		Total Charges	\$0.00
EPSDT Referral Code 3		Total TPL Amount	
ICD Version*	ICD-10		
Diagnosis			
Seq Code	Diagnosis	Version	Description
Type data below for new record.			
Seq Code*	Diagnosis*	[Search]	
		delete	add
Other Payer Claims Data			
Claim Filing	Relationship	Payer Identifier	Insurance Co Name
Other Insured Identifier		Group Name	Group or Policy #
Last Name		Insurance Type Code	Paid Date
First Name, MI Name		Paid Amount	
Payer Resp		Type data below for new record.	
Authorization Number		Payer Identifier*	
		Insurance Company Name*	
		Group Name	
		Group or Policy Number	
		Insurance Type Code	
		Paid Date	
		Paid Amount	
		delete	add
Other Payer Adjustment Information-			
The data below is for the row selected above.			
*** No rows found ***			
Select row above to update -or- click Add button below.			
Claim Adjustment Group Code	Adjustment Reason Code	[Search]	
Adjustment Amount	Adjustment Quantity		
		delete	add
Other Payer Adjustment Information Summary			
Payer ID	Insurance Company Name	Claim Adjustment Group Code	Adjustment Reason Code
		Adjustment Amount	Adjustment Quantity
		\$0.00	0.00

Detail	
A	Item
From DOS	1
To DOS	
POS	
Procedure	
Procedure Description	
Modifiers	
Diagnosis Pointers	
Units	0.00
Charges	\$0.00
Rendering Provider ID	
Referring Provider ID	
Referring Provider Name	
Primary Care Provider ID	
Primary Care Provider Name	
Emergency	Emergency
EP/SDT/Fam Plan	
PA/Precent Number	
Mammogram Certification Number	
DME Serial Number	
Ordering Provider ID	
Ordering Provider Name	
NDC	
Drug Name	
NRC	
NRC Name	
UPC	
UPC Name	
Drug Unit Count	
Drug Unit of Measure	
Status	
Allowed Amount	\$0.00
CoPay Amount	\$0.00
Paid Amount	\$0.00

Type data below for new record.

Item	Emergency
From DOS	1
To DOS	
POS	
Procedure	
Procedure Description	
Modifier 1	
Modifier 2	
Modifier 3	
Modifier 4	
Diagnosis Pointer	
Units	0
Charges	\$0.00
Rendering Provider ID	
Referring Provider ID	
Referring Provider Name (Last, First, MI)	
Primary Care Provider ID	
Primary Care Provider Name (Last, First, MI)	
Emergency	Emergency
EP/SDT/Fam Plan	
PA/Precent Number	
Mammogram Certification Number	
DME Serial Number	
Ordering Provider ID	
Ordering Provider Name (Last, First, MI)	
Drug Rebate Information	
NDC	
Drug Name	
NRC	
NRC Name	
UPC	
UPC Name	
Drug Unit Count	
Drug Unit of Measure	
Adjudication Information	
Status	
Allowed Amount	\$0.00
CoPay Amount	\$0.00
Paid Amount	\$0.00

delete add copy

Detail Other Payer Information. The data below is for the row selected above.

Detail Item	Payer ID	Paid Amount	Paid Date	Bundled Service Line
A	1	\$0.00		

Type data below for new record.

Detail Item	Payer ID	Paid Amount	Paid Date
A	1	\$0.00	

delete add

Detail Other Payer Adjustment Information. The data below is for the Detail Other Payer row selected above.

Detail Item	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
A	1		\$0.00	0.00

Type data below for new record.

Detail Item	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
A	1		\$0.00	0

delete add

Detail Other Payer Information Summary

Detail Item	Payer ID	Paid Amount	Paid Date	Bundled Service Line
A	1	\$0.00		

Detail Other Payer Adjustment Information Summary

Detail Item	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
A	1		\$0.00	0.00

Hard-Copy Attachments

Control Number	Transmission	Report Type
A		

Type data below for new record.

Control Number	Transmission	Report Type
A		

delete add

Claim Status Information

Claim Status
Not Submitted yet

top of page top of page top of page

Claim Status Information		
Claim Status	Paid	
Claim ICN	2	
RA Paid Date	04/23/2008	
Paid Amount	\$14.55	
EOB Information		
Detail Number	Code	Description
1	0295	PAY TO PROVIDER INELIGIBLE FOR DATE(S) OF SERVICE
2	0001	THIS IS A TEST MESSAGE
Claim Review Notes		
Note Denied. Medical record documentation to support the claim was inadequate. Per the DCH Part 1 Manual, Section 208.1 "Claims must include documentation that supports the emergent nature of the services provided. Records should be submitted in distinct sections and in chronological order beginning with the admit date through the date of discharge. Only the following should be submitted to GMCF for review: 1) History and Physical 2) Admission Notes 3) Discharge Summary 4) Operative Report, if applicable 5) Physician Progress Notes 6) Deliveries or C-section claims only; L&D report or C-section Op report. 7) Anesthesia claims only: Anesthesia report and L&D or C-section Op reports." Records received out of order will have the associated claim denied. Please submit: NEED SUMMARY of ER STAY/ D/C SUMMARY. Documentation reports no fetal movement but there is no further documentation of addressing this issue. Verify if member has other insurance as primary		
Adjustment Information		
ICN	Date Adjusted	
2	05/01/2008	
3	06/01/2008	

Field Descriptions

Field	Help Description
Accident Date	Displays the date the accident occurred.
Accident State	Displays the state where the accident occurred.
add	This button is used to add data to a panel.
adjust	This button submits adjustments for a paid claim.
Adjustment Amount	Displays the adjustment amount.
Adjustment Quantity	Displays the adjustment quantity.
Adjustment Reason Code	Displays the adjustment reason code. The following values are used in relation to Medicare crossovers: 1 = Deductible Amount, 2 = Coinsurance Amount, 3 = HMO Subcopay Amount, 66 = Blood Deductible, 122 = Psychiatric Amount. For a complete listing of HIPAA Adjustment Reason codes, navigate to www.wpc-edi.com .
Admit Date	Displays the date on which the member was admitted to the inpatient hospital for which services are being billed.
Allowed Amount	Displays the amount Georgia Medicaid approved to pay for services provided to a member. (Read-Only)
Authorization Number	Displays the prior authorization number issued by the third party.
Billing Provider ID	Header: Displays the Georgia Medicaid identification number of the billing provider, which is automatically captured when the billing provider Web account is used to create the claim or in a drop-down list when the rendering providers' account is used to create the claim.

Field	Help Description
Billing Taxonomy	Displays the Billing Taxonomy code for the provider. Field is pre-populated and non-editable when only one taxonomy is on file. A drop-down list displays if multiple taxonomies are available.
Bundled Service Line	Displays the detail to be bundled together.
cancel	This button cancels the current operation and discards any changes.
Charges	Displays the usual and customary charge for the service provided.
Claim Adjustment Group Code	Displays the claim adjustment group code. For Medicare Coinsurance and Deductible information, ensure the value selected reflects "Patient Responsibility".
Claim Filing	Displays the type claim filing for the other insurance.
Claim ICN	Displays the internal control number which uniquely identifies a claim. (Read-Only)
Claim Status	Displays the status of the claim. (Read-Only)
Code	Displays the explanation of benefits code. (Read-Only)
Control Number	Displays the number assigned by the user to the attachment or paperwork for identification purposes.
CoPay Amount	Displays the copay amount for service provided. (Read-Only)
copy	This button creates a new detail from the selected detail.
copy claim	This button creates a new claim from the current claim.
Date Adjusted	Displays the date the claim was adjusted. (Read-Only)
Date of Birth	Displays the date of birth of the member.
Date of Death	Displays the date of death of the member.
delete	This button is used to delete data from a panel.
Denied Date	Displays the date the claim was denied. A zero date indicates that the claim has been adjudicated but has not been processed against a remittance advice. (Read-Only)

Field	Help Description
Description	Displays the explanation of benefits description. (Read-Only)
Detail Item	Displays the Detail number. (Read-Only)
Detail Number	Displays the line item detail number of the claim. (Read-Only)
Diagnosis	Displays the diagnosis code that identifies the medical classification of a disease or condition.
Diagnosis Pointer	Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, select the matching sequence number as seen on the diagnosis panel to indicate which diagnosis the procedure is a result of.
Discharge Date	Displays the date on which the member was discharged from the inpatient hospital for which services are being billed.
DMA520 Inquiry	This button is used to create or view a DMA520 Inquiry for the ICN. This button is enabled once the ICN has an RA Date.
DME Serial Number	Displays the durable medical equipment serial number.
Drug Name	Displays the name for the NDC.
Drug Unit Count	Displays the number of drug units billed for the service.
Drug Unit of Measure	Displays the code that indicates the type of measurement for the drug units indicated.
Emergency	Displays whether service was provided as a result of an emergency situation.
EPSDT Referral Code 1	Displays the primary condition code related to the EPSDT (Health Check) Referral.
EPSDT Referral Code 2	Displays the secondary condition code related to the EPSDT (Health Check) Referral.
EPSDT Referral Code 3	Displays the tertiary condition code related to the EPSDT (Health Check) Referral.
EPSDT Referral Indicator	Displays whether the service is related to an EPSDT (Health Check) Referral.
EPSDT/Fam Plan	Displays if claim is related to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) or family planning services.

Field	Help Description
First Name, MI	Displays the first name and middle initial of the member. Middle Initial is an optional field.
First Name, MI [TPL]	Displays the first name and middle initial of the subscriber for the insurance plan.
From DOS	Displays the beginning date on which service was provided.
Gender	Displays the gender of the member.
Group Name	Displays the group name for the other insurance by which the member is assigned.
Group or Policy Number	Displays the group or policy number that uniquely identifies the member's assignment to the other insurance.
ICD Version	Displays the version of the ICD value.
ICN	Displays the internal control number which uniquely identifies a claim. Clicking the ICN from the adjustment information panel will allow authorized providers to view the claim in detail. (Read-Only)
ICN/TCN	Displays either the internal control number or the cross reference between claims from the old system to the new system, identified by a TCN. (Read-Only)
Insurance Company Name	Displays the name of the other insurance plan or the name of the company issuing the insurance, including Medicare, by which the member is assigned.
Insurance Type Code	Displays the code identifying the type of insurance policy for the other insurance.
Item	Displays the detail line number. (Read-Only)
Last Name	Displays the last name of the member.
Last Name [TPL]	Displays the last name of the subscriber for the insurance plan.
Mammogram Certification Number	Displays the mammogram certification number.
Medical Record #	Displays the medical record number assigned to the member by the provider for the service(s) provided.

Field	Help Description
Member ID	Displays the Georgia Medicaid identification number of the member who received the service on the claim.
Modifier 1	Displays the primary code used in combination with a procedure code to further define the service provided.
Modifier 2	Displays the secondary code used in combination with a procedure code to further define the service provided.
Modifier 3	Displays the tertiary code used in combination with a procedure code to further define the service provided.
Modifier 4	Displays the fourth code used in combination with a procedure code to further define the service provided.
Modifiers [List]	Displays the code(s) used in combination with a procedure code to further define the service provided.
NDC	Displays the national drug code used to identify a specific drug.
NRC	National Rebate Code for continuous glucose monitor.
NRC Name	Name of continuous glucose monitor device.
Note	Displays the medical review notes which determined how the claim was adjudicated. This panel only displays when the claim has gone through medical review.
Ordering Provider ID	Displays the NPI or Georgia Medicaid identification number of the ordering provider.
Ordering Provider Name (Last, First, MI)	Displays the last, first name and middle initial of the ordering provider.
Other Insured Identifier	Displays the subscriber's identification number as assigned by the payer.
PA/Precert Number	Displays the prior authorization/precertification number that authorized the rendered service(s). Information entered at the header will indicate the number should be applied against all details where the service requires prior authorization/precertification.
Paid Amount	Displays the dollar paid by Medicare or the other insurance for the service provided.
Paid Date	Displays the date that Medicare or the other insurance paid for the service.

Field	Help Description
Patient Account Number	Displays the identification number for a member assigned by a provider and used in their system.
Patient Responsibility	Displays the amount the provider feels the patient is responsible for paying.
Payer ID	Displays the carrier code that identifies the insurance plan for the detail.
Payer Identifier	Displays the other payer's Payer ID Number. For Medicare crossovers, enter payer ID#. For other health insurance, enter the Carrier ID# as listed in the TPL carrier listing on the Provider Information > Reports page.
Payer Resp	Displays the payer's level of responsibility for adjudicating the claim.
POS	Displays the place where the service was rendered.
Primary Care Provider	Displays the NPI or Georgia Medicaid identification number of the primary care provider, also known as the second referring provider.
Primary Care Provider (Last, First, MI)	Displays the last, first name and middle initial of the referring provider.
Procedure	Displays the code used to uniquely identify a procedure.
Procedure Description	Displays the short description of the procedure code, which is automatically populated based on the description on file for the procedure code entered. (Read-Only)
RA Date	Displays the date of the remittance advice where this claim was processed per the financial cycle. A zero date indicates that the claim has been adjudicated but has not been processed against a remittance advice. (Read-Only)
RA Paid Amount	Displays the amount paid for the service(s). Paid amount does guarantee payment, as that is determined when the remittance advice is generated.
RA Paid Date	Displays the date of the remittance advice where this claim was processed per the financial cycle. A zero date indicates that the claim has been adjudicated but has not been processed against a remittance advice. Field appears in place of the Denied Date when the header claim status has been paid. (Read-Only)
Referral Number	Displays the referral number issued as a result of a referral from the primary provider.
Referring Provider ID	Displays the NPI or Georgia Medicaid identification number of the referring provider.

Field	Help Description
Referring Provider Name (Last, First, MI)	Displays the last, first name and middle initial of the referring provider.
Related Causes Code 1	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.
Related Causes Code 2	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.
Relationship	Displays the relationship of the member to the subscriber of the insurance.
Release of Information	Displays the release of information permission.
Rendering Provider ID	Displays the Georgia Medicaid identification number of the substitute rendering provider for the service provided.
Rendering Provider ID	Displays the Georgia Medicaid identification number of the rendering provider, which is automatically captured based on the provider Web account used to create the claim. (Read-Only)
Rendering Taxonomy	Displays the Rendering Taxonomy code for the provider. Field is pre-populated and non-editable when only one taxonomy is on file. A drop-down list displays if multiple taxonomies are available.
Report Type	Displays the type of document, report, or supporting item.
re-submit	This button submits modifications made to a denied claim for adjudication.
Service Facility ID	Displays the NPI or Georgia Medicaid identification number of the service facility.
Sequence	Displays the sequence number that indicates the position that the diagnosis is to appear on the claim such as principal, secondary, tertiary, and so on.
Status	Displays the status of the claim detail line. (Read-Only)
submit	This button submits a claim for adjudication.
To DOS	Displays the ending date on which service was provided.
top of page	This button jumps the user to the top of the page.
Total Charges	Displays the total amount charged for the claim, which is automatically calculated from the detail charges. (Read-Only)

Field	Help Description
Total Paid Amount	Displays the total amount paid for the claim. The paid amount does guarantee payment, as that is determined when the remittance advice is generated. (Read-Only)
Total TPL Amount	Displays the total amount paid by a third party liability plan(s) for the service(s) provided, which is automatically calculated from the Other Payer amounts on the Other Payer panel. (Read-Only)
Transmission	Displays the transmission method by which the attachments are to be sent. The upload capability will be made available when the transmission type is electronic.
UPC	Universal Product Code of continuous glucose monitor.
UPC Name	Name of continuous glucose monitor device.
Units	Displays the number of units billed for the service.
void	This button submits a void request for a paid claim.

11.5.1 Creating a New Professional Claim

Note: Fields marked with an asterisk are required. Otherwise, the field is optional.

Step	Action	Result
I. Professional Claim Section		
1	Select Billing Provider ID* from the drop-down list.	Note: If the claim was accessed through the Billing Provider account, the field will be pre-populated and non-editable.
2	Select Billing Taxonomy* from the drop-down list.	Note: Field is pre-populated and non-editable when only one taxonomy is on file.
3	Select Rendering Taxonomy* from the drop-down list.	Note: Field is pre-populated and non-editable when only one taxonomy is on file.
4	Enter the Member ID* .	
5	Enter the Member's Last Name* .	
6	Enter the Member's First Name* . Note: MI (middle initial) is an optional field.	
7	Enter the member's Date of Birth* .	

Step	Action	Result
8	Select the member's Gender* .	
9	Enter the Patient Account # .	
10	Enter the Medical Record # .	
11	Enter the Service Facility ID .	
12	Select an EPSDT Referral Indicator from the drop-down list.	
13	Select an EPSDT Referral Code1 from the drop-down list.	
14	Select an EPSDT Referral Code2 from the drop-down list.	
15	Select an EPSDT Referral Code3 from the drop-down list.	
16	Select the ICD Version* .	
17	Select a Release of Information* from the drop-down list.	
18	Select a Related Causes Code 1 accident related cause indicator from the drop-down list.	
19	Select a Related Causes Code 2 accident related cause indicator from the drop-down list.	
20	Select an Accident State from the drop-down list.	
21	Enter the Accident Date .	
22	Enter the Admit Date .	
23	Enter the Discharge Date .	
24	Enter the Date of Death .	
25	Enter the Patient Responsibility .	

Step	Action	Result
26	Enter the PA/Pre-cert Number .	
27	Enter the Referral Number .	
28	Enter the Referring Provider ID .	
29	Enter the Referring Provider Name (Last, First, MI) .	
30	Enter the Primary Care Provider ID .	
31	Enter the Primary Care Provider Name (Last, First, MI)	

II. Diagnosis Section

Must click add to activate the panel before anything can be entered or selected

1	Select the Sequence* from the drop-down list.	
2	Enter the Diagnosis* or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel.

III. Other Payer Claims Data Section

Optional unless third party liability (TPL) and/or Medicare information need to be indicated against the claim. Must click add to activate the panel before anything can be entered or selected

1	Select a Claims Filing* from the drop-down list.	
2	Select a Relationship to Insured from the drop-down list.	
3	Enter the Other Insured Identifier* .	
4	Enter the policy holder Last Name* .	
5	Enter the policy holder First Name* . Note: MI (middle initial) is an optional field.	
6	Select a Payer Resp* .	
7	Enter an Authorization Number .	

Step	Action	Result
8	Enter the Payer Identifier* .	
9	Enter the Insurance Company Name .	
10	Enter the Group Name .	
11	Enter the Group or Policy Number .	
12	Select the Insurance Type Code from the drop-down list.	
13	Enter the Paid Date .	
14	Enter the Paid Amount .	

IV. Other Payer Adjustment Information Section

Optional unless third party liability (TPL) and/or Medicare coinsurance, deductibles, and so forth, need to be indicated against the claim. Must click add to activate the panel before anything can be entered or selected

1	Select a Claim Adjustment Group Code* from the drop-down list.	
2	Enter the Adjustment Amount .	
3	Enter the Adjustment Reason Code* or click [Search] to select from list.	Clicking [Search] activates the Adjustment Reason Code search panel.
4	Enter the Adjustment Quantity .	

V. Detail Panel

Must click add to activate the panel before anything can be entered or selected

1	Enter the From DOS* .	
2	Enter the To DOS .	
3	Enter the POS* .	
4	Enter the Procedure* or click [Search] to select from list.	Clicking [Search] activates the Search panel.

Step	Action	Result
5	Enter Modifier 1 or click [Search] to select from list.	Clicking [Search] activates the Search panel.
6	Enter Modifier 2 or click [Search] to select from list.	Clicking [Search] activates the Search panel.
7	Enter Modifier 3 or click [Search] to select from list.	Clicking [Search] activates the Search panel.
8	Enter Modifier 4 or click [Search] to select from down list.	Clicking [Search] activates the Search panel.
9	Select a Diagnosis Code Pointer(s)* from the drop-down list, based on the diagnosis sequence association that was entered on the Diagnosis Panel.	
10	Enter the Units* .	
11	Enter the Charges* .	
12	Enter the Rendering Provider ID .	
13	Enter the Referring Provider ID .	
14	Enter the Referring Provider Name (Last, First, MI) .	
15	Enter the Primary Care Provider ID .	
16	Enter the Primary Care Provider Name (Last, First, MI)	
17	Select an Emergency indicator from the drop-down list.	
18	Select an EPSDT Family Planning from the drop-down list.	
19	Enter the PA/Pre-cert Number .	
20	Enter the Mammogram Certification Number .	
21	Enter the DME Serial Number .	

Step	Action	Result
22	Enter the Ordering Provider ID .	
23	Enter the Ordering Provider Name (Last, First, MI) .	
18	Enter the NDC or click [Search] to select from down list.	Clicking [Search] activates the Search panel.
19	Enter the NRC or click [Search] to select from down list.	Clicking [Search] activates the Search panel.
20	Enter the UPC or click [Search] to select from down list.	Clicking [Search] activates the Search panel.
21	Enter the Drug Unit Count .	
22	Select the Drug Unit of Measure* from the drop-down list.	

VI. Detail Other Payer Information Section

Optional unless third party liability (TPL) and/or Medicare information need to be indicated against the claim detail. Must click add to activate the panel before anything can be entered or selected

1	Select the Payer ID* from the drop-down list. (This relates to the Payer Identifier entered on the Other Payer Claims Data panel.)	
2	Enter the Paid Amount* .	
3	Enter the Paid Date* .	
4	Select the Bundled Service Line .	

VII. Detail Other Payer Adjustment Information Section

Optional unless third party liability (TPL) and/or Medicare coinsurance, deductibles, and so forth, need to be indicated against the claim. When the Payer ID selected is Medicare Part B, select the row(s) that appear to enter the appropriate Medicare Coinsurance or Deductible amounts, if applicable. Otherwise, click add to activate the panel before anything can be entered or selected.

1	Select the Claim Adjustment Group Code* from the drop-down list.	
2	Enter an Adjustment Amount .	

Step	Action	Result
3	Enter an Adjustment Reason Code* or click [Search] to select from list.	Clicking [Search] activates the Adjustment Reason Code search panel.
4	Enter an Adjustment Quantity .	
5	Click add in Detail section to add another service line and repeat steps 48 thru 66 and steps 67 thru 73 (if Medicare or TPL related).	Activates fields for entry of data or selection from lists.

VIII. Hard-Copy Attachments

Optional unless attachment information needs to be included against the claim. Must click add to activate the panel before anything can be entered or selected

1	Enter the Control Number*	
2	Select the Transmission* indicator from the drop-down list. Note: Submitting a claim with a transmission type of Electronic Upload or File Transfer allows the claim to suspend for needing an attachment if all other edits are bypassed. Once suspended for needing an attachment, the upload button is available on the Hard-Copy Attachments panel to begin attaching the appropriate .jpg, .jpeg, .pdf or .tiff file against the assigned ICN.	
3	Select a Report Type* indicator from the drop-down list.	
4	Click submit .	The professional claim is submitted and an ICN is assigned.

11.5.2 Adjusting a Professional Claim

Step	Action	Result
Start from the secured Claims menu.		
1	Select the Search (Void, Adjust) submenu.	The Claim Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.
4	Select the professional ICN to be adjusted.	The professional claim is displayed in detail.

Step	Action	Result
5	Click in the field(s) to update and perform update.	
6	Click adjust .	A confirmation pop-up window appears.
7	Click OK to confirm the request.	The adjustment is submitted and the new daughter claim ICN and information is displayed. Note: If the adjustment is rejected, a new ICN beginning with "20" will appear with the appropriate denial reasons displayed on the EOB Information panel.

11.5.3 Voiding a Professional Claim

Step	Action	Result
Start from the <i>secured Claims</i> menu.		
1	Select the Search (Void, Adjust) submenu.	The Claim Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.
4	Select the professional ICN to be adjusted.	The professional claim is displayed in detail.
5	Click void and OK to confirm the request.	A confirmation pop-up window appears.
6	Click OK to confirm the request.	The void is submitted and the new daughter claim ICN and information is displayed. Note: If the void request is rejected, a new ICN beginning with "20" will appear with the appropriate denial reasons displayed on the EOB Information panel.

11.6 Accessing Claims – DMA520 Inquiry

The DMA Claim Inquiry Form panel allows providers and billing agents to view or submit a DMA520 Claim Inquiry and its related attachments. New inquiries are restricted to claims with a remittance advice less than or equal to 30 calendar days within the current date.

Call Tracking Information and the ability to upload/view attachments are available once the DMA520 Inquiry is successfully submitted.

Navigational Path: Claims – Search (Void, Adjust) – view an adjudicated claim – DMA520 Inquiry

Step	Action	Result
Start from the secured Claims menu.		
1	Select the Search (Void, Adjust) submenu.	The Claim Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.
4	Select an ICN .	The selected claim is displayed.
5	Click DMA520 Inquiry .	The DMA520 Inquiry form is displayed.

DMA Claim Inquiry Form

Call Tracking Information

CTN 17

CTN Status CLOSED

Attachments [Click here](#) to see a list of submitted attachments.

Status Date 11/23/2015

To view the decision of your inquiry, please go to the [Letters page](#) found under the Reports menu and search for/select your assigned CTM-1934-O letter.

Administrative Review

An Administrative Review has been submitted for this record. Click on the Administrative Review button to view that information.

Provider Demographic Information

Name MEDICAL CENTER

Address 1 7 ST NE

Medicaid Provider ID 000000

Address 2

Reference Provider ID REF00

City, State GAINESVILLE, GA

Zip 30501-3715

Contact Information

The person who should be contacted regarding this inquiry.

Contact Name (Last, First)

Contact Phone, Ext

Contact E-Mail Address

Claim Information

See the submitted claim values below and the adjudication results.

ICN 2215

Member ID 42

Claim Type INPATIENT CLAIMS

Member Name (Last, First) JO

From DOS 11/10/2015

RA Date 11/23/2015

To DOS 11/10/2015

Claim Status DENIED

Inquiry Request

Please select the claim inquiry reason and enter a written explanation that supports your inquiry. Once the request is successfully submitted, the ability to upload attachments to further support your inquiry will become available.

Claim Inquiry Reason No Payment

Written Explanation

Date of Inquiry 11/23/2015

Field Descriptions

Field	Help Description
Address 1	Displays the first line of the service location address for the rendering provider. (Read-Only)
Address 2	Displays the second line of the service location address for the rendering provider. (Read-Only)
Administrative Review	This button is used to create or view an Administrative Review for the ICN. This button is enabled once the DMA520 Inquiry has been closed.
Attachments	Displays the link to upload or view attachments associated with DMA520 Claim Inquiry. (Read Only)
City, State	Displays the city and state of the service location address for the rendering provider. (Read-Only)
Claim Inquiry Reason	Displays the claim inquiry reason code description.
Claim Status	Displays the status of the claim. (Read-Only)
Claim Type	Displays the claim type description. (Read-Only)
clear	This button clears the fields.
Contact E-Mail Address	Displays the e-mail address for the contact person.
Contact Name (Last, First)	Displays the first and last name of the contact person.
Contact Phone, Ext	Displays the phone number and the phone number extension for the contact person.
CTN	Displays the call tracking number for the DMA520 Claim Inquiry. (Read-Only)
CTN Status	Displays the call tracking number status for the DMA520 Claim Inquiry. (Read-Only)
Date of Inquiry	Displays the date of the inquiry. Defaulted to the current date for new inquiries. (Read-Only)
From DOS	Displays the header from date of service of the claim. (Read-Only)
ICN	Displays the internal control number of the claim. (Read-Only)

Field	Help Description
Medicaid Provider ID	Displays the Georgia Medicaid identification number of the rendering provider on the claim. (Read-Only)
Member ID	Displays the Georgia Medicaid identification number of the member who received the service on the claim. (Read-Only)
Member Name (Last, First)	Displays the first and last name of the member on the claim. (Read-Only)
Name	Displays the name of the rendering provider on the claim. (Read-Only)
RA Date	Displays the remittance advice date on the claim. (Read-Only)
Reference Provider ID	Displays the reference identification number of the rendering provider on the claim. (Read-Only)
Submit	This button saves and submits the request.
To DOS	Displays the header to date of service of the claim. (Read-Only)
Written Explanation	Displays the written explanation for the DMA520 Claim Inquiry.
ZIP	Displays the ZIP and ZIP code extension of the service location address for the rendering provider. (Read-Only)

Creating a DMA520 Inquiry

Note: Fields marked with an asterisk are required. Otherwise, the field is optional.

Step	Action	Result
1	Enter Contact Name (Last, First)* .	
2	Enter Contact Phone, Ext* .	
3	Enter Contact E-Mail Address* .	
4	Select the Claim Inquiry Reason* .	
5	Enter the Written Explanation* .	
6	Click submit .	The DMA520 Inquiry is submitted, a CTN is assigned and the ability to upload attachments is available.

11.7 Accessing Claims – Administrative Review Form

The Administrative Review Form panel allows providers and billing agents to view or submit a DMA520 Administrative Review request and its related attachments. New inquiries are restricted to DMA520 Inquiries that have been closed less than or equal to 30 calendar days within the current date.

Call Tracking Information and the ability to upload/view attachments are available once the Administrative Review is successfully submitted.

Navigational Path: Claims – Search (Void, Adjust) – view an adjudicated claim – DMA520 Inquiry – Administrative Review

Step	Action	Result
Start from the secured Claims menu.		
1	Select the Search (Void, Adjust) submenu.	The Claim Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.
4	Select an ICN .	The selected claim is displayed.
5	Click DMA520 Inquiry .	The DMA520 Inquiry form is displayed.
6	Click Administrative Review .	The Administrative Review form is displayed.

Administrative Review Form

Call Tracking Information

CTN 17

CTN Status OPEN

Attachments [Click here](#) to upload attachments.

Status Date 11/24/2015

Provider Demographic Information

Name MEDICAL CENTER

Medicaid Provider ID 000000

Reference Provider ID REF00

Address 1 7 ST NE

Address 2

City, State GAINESVILLE, GA

Zip 30501-3715

Contact Information

The person who should be contacted regarding this inquiry.

Contact Name (Last, First)

Contact Phone, Ext

Contact E-Mail Address

Claim Information

See the submitted claim values below and the adjudication results.

ICN 2215

Claim Type INPATIENT CLAIMS

From DOS 11/10/2015

To DOS 11/10/2015

Member ID 42

Member Name (Last, First) JO

RA Date 11/23/2015

Claim Status DENIED

Inquiry Request

Once the request is successfully submitted, the ability to upload attachments to further support your inquiry will become available.

Written Explanation

Date of Inquiry 11/24/2015

Field Descriptions

Field	Help Description
Address 1	Displays the first line of the service location address for the rendering provider. (Read-Only)
Address 2	Displays the second line of the service location address for the rendering provider. (Read-Only)
Attachments	Displays the link to upload or view attachments associated with Administrative Review. (Read Only)
CTN	Displays the call tracking number for the Administrative Review. (Read-Only)
CTN Status	Displays the call tracking number status for the Administrative Review. (Read-Only)
City, State	Displays the city and state of the service location address for the rendering provider. (Read-Only)
Claim Status	Displays the status of the claim. (Read-Only)

Field	Help Description
Claim Type	Displays the claim type description. (Read-Only)
Contact E-Mail Address	Displays the e-mail address for the contact person.
Contact Name (Last, First)	Displays the first and last name of the contact person.
Contact Phone, Ext	Displays the phone number and the phone number extension for the contact person.
Date of Inquiry	Displays the date of the inquiry. Defaulted to the current date for new inquiries. (Read-Only)
From DOS	Displays the header from date of service of the claim. (Read-Only)
ICN	Displays the internal control number of the claim. (Read-Only)
Medicaid Provider ID	Displays the Georgia Medicaid identification number of the rendering provider on the claim. (Read-Only)
Member ID	Displays the Georgia Medicaid identification number of the member who received the service on the claim. (Read-Only)
Member Name (Last, First)	Displays the first and last name of the member on the claim. (Read-Only)
Name	Displays the name of the rendering provider on the claim. (Read-Only)
RA Date	Displays the remittance advice date on the claim. (Read-Only)
Reference Provider ID	Displays the reference identification number of the rendering provider on the claim. (Read-Only)
Status Date	Displays the status date of the call tracking record for the Administrative Review. (Read-Only)
To DOS	Displays the header to date of service of the claim. (Read-Only)
Written Explanation	Displays the written explanation for the Administrative Review.
ZIP	Displays the ZIP and ZIP code extension of the service location address for the rendering provider. (Read-Only)

Creating an Administrative Review

Note: Fields marked with an asterisk are required. Otherwise, the field is optional.

Step	Action	Result
1	Enter Contact Name (Last, First)* .	
2	Enter Contact Phone, Ext*.	
3	Enter Contact E-Mail Address* .	
4	Enter the Written Explanation* .	
5	Click submit .	The Administrative Review is submitted, a CTN is assigned and the ability to upload attachments is available.

11.8 Accessing Claims – Locum Tenens

The locum tenens page allows authorized providers and billing agents to add or view locum tenens records linked to their provider ID.

Navigational Path: Claims – Locum Tenens

Step	Action	Result
	Start from the secured Claims menu.	
1	Select the Locum Tenens submenu.	The Locum Tenens panel displays.

Locum Tenens			
Effective Date	End Date	Reason	NPI
01/01/2018	03/01/2018	Other	127
Type changes below.			
Effective Date	Reason		
01/01/2018	Other		
End Date	NPI		
03/01/2018	127		
			add

Field Descriptions

Field	Help Description
add	This button is used to add data to a panel.
cancel	This button cancels the current operation and discards any changes.
Effective Date	Displays the effective date for the locum tenens record.
End Date	Displays the end date for the locum tenens record.

Field	Help Description
NPI	Displays the NPI for the locum tenens provider.
Reason	Displays the reason for the locum tenens record/affiliation.
save	This button is used to save the record.
top of page	This button jumps the user to the top of the page.

11.8.1 Creating a Locum Tenens Record

Note: Fields marked with an asterisk are required. Otherwise, the field is optional.

Step	Action	Result
1	Click the add button.	A new blank entry appears.
2	Enter the Effective Date* .	
3	Enter the End Date .	(This field is only optional for Active Duty reasons.)
4	Select the Reason* .	
5	Enter the NPI* .	
6	Click save .	The appropriate response appears at the top of the page.

11.8.2 Updating a Locum Tenens Record

Note: Only the End Date can be updated where the reason is Active Duty and the End Date is currently blank.

Step	Action	Result
1	Select the record that requires an update.	
2	Enter the End Date* .	
3	Click save .	The appropriate response appears at the top of the page.

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12 Prior Authorization Overview

The Prior Authorization menu provides secure rendering provider and member users with the ability to view their prior authorization/pre-certification records. Authorized rendering provider users are also able to submit requests and access the medical review portal.

The Prior Authorization submenu includes:

1. Search
2. Submit/View (rendering provider users only)
3. Medical Review Portal (rendering provider users only)
4. Waiver Case Manager PA Search (case manager rendering provider users only)

For information related to the Submit/View and Medical Review Portal submenus, please refer to the user manuals available on the Provider Education page from the Provider Information menu.

12.1 Accessing Prior Authorization (PA) Search

The Prior Authorization Search panel allows providers and billing agents to search for prior authorizations/pre-certifications within the Georgia Medicaid system. The search results panel will display a list of prior authorizations/pre-certifications details found based on the search criteria. This list contains summary information about the prior authorization/pre-certification, for which the user can view in detail by clicking the row on the search results panel.

Providers and billing agents will automatically be restricted to viewing prior authorizations/pre-certifications that have been assigned to their provider ID as either the rendering or requesting provider. Billing agents may use the switch provider page to select and navigate on the Web Portal using a different provider ID account in order to view the appropriate prior authorization/pre-certification record.

The minimum search criteria:

1. PA Number
2. Member ID and Requested From/Through DOS
3. Member ID and Procedure Code.

Navigational Path: Prior Authorization - Search

Step	Action	Result
	Start from the secured Prior Authorization menu.	
1	Select the Search submenu.	The Prior Authorization Search panel displays.

Field Descriptions

Field	Help Description
clear	This button clears the search criteria fields.
Member ID	Displays the Georgia Medicaid identification number of the member by which to search.
Name	Displays the first and last name of the member. (Read-Only)
Prior Authorization	Displays the prior authorization number by which to search.
Procedure	Displays the procedure code, saved on the prior authorization, by which to search.
Records	Displays the number of search results to display per page.
Requested From/Through DOS	Displays the requested from and through dates of service on the prior authorization.
search	This button is used to initiate the search.

Prior Authorization Search Panel

Step	Action	Result
1	Enter the Prior Authorization number .	
2	Enter the Procedure .	
3	Enter the Requested From DOS .	
4	Enter the Requested Thru DOS .	
5	Enter the Member ID . Note: This field is automatically populated for a secure member user.	
6	Click search .	The appropriate search results are displayed based on the search criteria entered.

12.2 Accessing Prior Authorization Search Results

The Search Results panel allows providers and billing agents to view prior authorization/pre-certification search results based on the search criteria entered on the prior authorization search panel. The search results list contains summary information about the prior authorization/pre-certification, for which the user can view in detail by clicking the row on the search results panel.

Providers and billing agents will automatically be restricted to viewing prior authorizations/pre-certifications that have been assigned to their provider ID as either the rendering or requesting provider. Billing agents may use the switch provider page to select and navigate on the Web Portal using a different provider ID account in order to view the appropriate prior authorization/pre-certification record.

Navigational Path: Prior Authorization – Search – enter search criteria - search

Step	Action	Result
Start from the secured Prior Authorization menu.		
1	Select the <i>Search</i> submenu.	The Prior Authorization Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.

Search Results (6 rows returned)					
From DOS	Through DOS	Status	Member Name	Member ID	Prior Authorization
01/01/2009	12/31/2009	APPROVED	P	7	9
01/02/2009	03/30/2009	APPROVED	P	7	9
06/28/2009	06/30/2009	DENIED	P	7	7
10/01/2007	10/10/2007	APPROVED	P	7	9
03/16/2009	09/30/2009	APPROVED	P	7	9
03/01/2009	12/01/2009	APPROVED	P	7	9

Field Descriptions

Field	Help Description
From DOS	Displays the requested from date of service on the prior authorization. (Read-Only)
Member ID	Displays the Georgia Medicaid identification number of the member. (Read-Only)
Member Name	Displays the name of the member. (Read-Only)
Prior Auth Number	Displays the prior authorization number. (Read-Only)
Status	Displays the status on the prior authorization line item. (Read-Only)
Through DOS	Displays the requested thru date of service on the prior authorization. (Read-Only)

12.3 Viewing a Prior Authorization/Pre-certification

The Prior Authorization Information page allows providers and billing agents to view prior authorization information as stored in the Medicaid Management Information System (MMIS). The full details button will be enabled for providers and billing agents when displaying a prior authorization record that was submitted through the Web Portal.

Extra Features: The Full Details button is only enabled when the user is a provider or a billing agent and the Displayed Prior Authorization request is one submitted through this Web site and processed by GMCF.

Navigational Path: Prior Authorization – Search – enter search criteria – search – select row in search results

Step	Action	Result
Start from the secured Prior Authorization menu.		
1	Select the Search submenu.	The Prior Authorization Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.
4	Select a prior authorization from the search results panel.	The prior authorization is displayed in detail.

Base Information										?
Prior Authorization Number				111		Member ID		11		
Provider Name				HOSPITAL		Member Name		W		C G
REF ID				REF000000						
From DOS				04/26/2011						
Through DOS				07/25/2011						
Status				DENIED						

Line Items									
PA Line Item		02	Status		APPROVED		Rendering Provider		
			COS Code		430		Category of Service		Physician
From DOS		04/26/2011							
Through DOS		07/25/2011							
Most Recent DOS Paid									
Units Allowed		1234567	Amount Allowed		\$383,334.55		Tooth		Quadrant
Units Used		0.000	Amount Used		\$0.00		Surface		
Max Monthly Units		0	Max Monthly Amount		\$0.00				
Max Daily Units		0	Authorized Rate		\$8,883,332.44				
PA Line Item		03	Status		APPROVED		Rendering Provider		HOSPITAL
			COS Code		070		Category of Service		Outpatient Hospital
From DOS		04/26/2011							
Through DOS		07/25/2011							
Most Recent DOS Paid									
Units Allowed		1234567	Amount Allowed		\$383,334.55		Tooth		
Units Used		0.000	Amount Used		\$0.00		Quadrant		
Max Monthly Units		0	Max Monthly Amount		\$0.00		Surface		
Max Daily Units		0	Authorized Rate		\$8,883,332.44				

Procedures									
PA Line Item	(Procedure Description)	(Modifier 1 Description)	(Modifier 2 Description)	(Modifier 3 Description)	(Modifier 4 Description)	HDC			
01	D8900 ORTHODONTIC EXAM AND TREATMENT								
02	D8110 REMOVABLE APPLIANCE THERAPY								
03	90000 OFFICE VISIT; BRIRF; NEW PAT								
04	90000 OFFICE VISIT; BRIRF; NEW PAT	21 MOD-21							
05	90010 OFFICE VISIT; LIMITED; NEW P								
06	90060 OFFICE VISIT; INTERMED; ESTA	22 MOD-22	21 MOD-21						

Status Reasons									
PA Line Item	(Reason Code)	Description							
02	546	SPECIFIC GOALS/OBJECTIVES HAVE BEEN MET							
02	INC	REQUEST INCOMPLETE							
02	DOM	INAEDQUATE DOC OP MGMT							

Field Descriptions

Field	Help Description
Amount Allowed	Displays the dollar amount for which the request has been authorized. (Read-Only)
Amount Used	Displays the dollar amount used against the request. (Read-Only)
Authorized Rate	Displays the rate for which the request is authorized. (Read-Only)
Category of Service	Displays the Category of Service description for the line item. (Read-Only)
COS	Displays the Category of Service Code for the request. (Read-Only)
From DOS	Displays the earliest date of service on the Prior Authorization/Pre-Certification request. (Read-Only)

Field	Help Description
From DOS [Line Item]	The from DOS the request has been authorized for. (Read-Only)
Full Details	Press to access the full Prior Authorization submission and processing details. This button is only enabled for Providers and Provider Office Administrators when viewing a Prior Authorization/Pre-Certification request that was submitted through this Web site.
Max Daily Units	Displays the maximum units per day that can be used. (Read-Only)
Max Monthly Amount	Displays the maximum dollar amount per month that can be used. (Read-Only)
Max Monthly Units	Displays the maximum units per month that can be used. (Read-Only)
Member ID	Displays the member's Medicaid ID. (Read-Only)
Member Name	Displays the member's name. (Read-Only)
Modifier 1	Displays the modifier code. (Read-Only)
Modifier 1 Description	Displays the modifier description. (Read-Only)
Modifier 2	Displays the modifier code. (Read-Only)
Modifier 2 Description	Displays the modifier description. (Read-Only)
Modifier 3	Displays the modifier code. (Read-Only)
Modifier 3 Description	Displays the modifier description. (Read-Only)
Modifier 4	Displays the modifier code. (Read-Only)
Modifier 4 Description	Displays the modifier description. (Read-Only)
NDC	Displays the NDC. (Read-Only)
PA Line Item	Displays the line item number of the Prior Authorization/Pre-Certification request to which the row relates. (Read-Only)
Prior Authorization Number	Displays the Prior Authorization Number assigned to the request. (Read-Only)
Procedure	Displays the procedure code. (Read-Only)

Field	Help Description
Procedure Description	Displays the procedure description. (Read-Only)
Provider Name	Displays the name of the provider who requested the Prior Authorization/Pre-Certification. (Read-Only)
Quadrant	Displays the tooth quadrant used in combination with a tooth number and procedure code to provide more information concerning the service. (Read-Only)
Reason Code	Displays the status reason code. (Read-Only)
Reason Code Description	Displays the description for the status reason code. (Read-Only)
REF ID	Displays the provider ID of the provider who requested the Prior Authorization/Pre-Certification request. (Read-Only)
Rendering Provider	Displays the name of the rendering provider for whom the Prior Authorization/Pre-Certification was requested. (Read-Only)
Requesting Provider Name	Displays the name of the provider who created the Prior Authorization/Pre-Certification request. (Read-Only)
Status	Displays the status of the Prior Authorization/Pre-Certification request. The request is considered approved if any of the line items are approved. (Read-Only)
Status [Line Item]	Displays the status of the line item. (Read-Only)
Surface	Displays the tooth surface used in combination with a tooth number, quadrant and procedure code to provide more information concerning the service. (Read-Only)
Through DOS	Displays the latest date of service on the Prior Authorization/Pre-Certification request. (Read-Only)
Through DOS [Line Item]	The through date of service for which the request has been authorized. (Read-Only)
Tooth	Displays the tooth number used in combination with a procedure code to provide more information concerning the service. (Read-Only)
Units Allowed	Displays the number of units approved for the request. (Read-Only)
Units Used	Displays the number of units that have been used on the request. (Read-Only)

12.4 Accessing Waiver Case Manager PA Search

The waiver case manager PA search panel allows case manager providers to search for case management prior authorizations within the Georgia Medicaid system. The search results panel will display a list of case management prior authorizations along with contact information pertaining to the requesting provider based on the search criteria. The minimum search criteria:

Member ID and Requested From/Through DOS

Navigational Path: Prior Authorization – Waiver Case Manager PA Search

Step	Action	Result
Start from the secured Prior Authorization menu.		
1	Select the Waiver Case Manager PA Search submenu.	The Waiver Case Manager Prior Authorization Search panel displays.

Field Descriptions

Field	Help Description
clear	This button clears the search criteria fields.
Member ID	Displays the Georgia Medicaid identification number of the member by which to search.
Name	Displays the first and last name of the member. (Read-Only)
Requested From/Through DOS	Displays the requested from and through dates of service on the prior authorization.
search	This button is used to initiate the search.

Waiver Case Manager Prior Authorization Search Panel

Step	Action	Result
1	Enter the Requested From DOS .	
2	Enter the Requested Thru DOS .	
3	Enter the Member ID .	The Member Name is displayed.

Step	Action	Result
6	Click search .	The appropriate search results are displayed based on the search criteria entered.

12.5 Accessing Waiver Case Manager Search Results

The search results panel allows case manager providers to view case management prior authorizations based on the search criteria entered on the search panel. The search results list contains information about the prior authorizations and contact information for the requesting providers

Navigational Path: Prior Authorization – Waiver Case Manager PA Search – enter search criteria - search

Step	Action	Result
Start from the secured Prior Authorization menu.		
1	Select the Waiver Case Manager PA Search submenu.	The Waiver Case Manager Prior Authorization Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.

Search Results (1 rows returned)				
From/Through DOS	12/05/2014 - 12/04/2015	PA Status - Type	APPROVED - SOURCE	
Requesting Provider				
Address 1	ST			
Address 2	E-Mail Address			
City, State	GAINESVILLE, GA	Phone, Ext.	(770)555-2015	
Zip	30501 - 3576	Fax	(770)555-2015	

Field Descriptions

Field	Help Description
Address 1	Displays the first line of the address for the provider. (Read-Only)
Address 2	Displays the second line of the address for the provider. (Read-Only)
City, State	Displays the city and state of the address for the provider. (Read-Only)
E-Mail Address	Displays the e-mail address of the provider. (Read-Only)
Fax	Displays the fax number for the provider. (Read-Only)
From/Through DOS	Displays the requested from/through dates of service on the prior authorization. (Read-Only)

Field	Help Description
PA Status – Type	Displays the status of the prior authorization along with its description. (Read-Only)
Phone, Ext	Displays the phone number and the phone number extension for the provider. (Read-Only)
Requesting Provider	Displays the name of the provider requesting the case management prior authorization. (Read-Only)
Zip	Displays the ZIP code and the ZIP code extension of the address for the provider. (Read-Only)

13 Provider Enrollment Overview

The Provider Enrollment menu provides applicants the ability to enroll, check application and contract status, and download and view enrollment related publications from the public Web Portal.

The Enrollment submenu includes:

1. Enrollment Application Status
2. Enrollment Wizard
3. Provider Contract Status
4. EFT Agreement
5. Enrollment Forms
6. CMO Credentialing Application
7. New Specialty Application
8. NEMT Disclosure of Ownership
9. Enrollment Template Manager

To access enrollment forms and contact information, select the Provider Enrollment menu to open the page.

13.1 Accessing Enrollment Application Status - Search

The Enrollment Tracking Search panel provides applicants the ability to search for and view the status of their enrollment application(s). This search criteria is provided to the applicant upon successfully saving an enrollment application and a save was successful message appears, including a notation that the name and application tracking number (ATN) should be kept for future reference.

Minimum search combinations:

1. ATN and Business OR Last Name
2. ATN and Provider ID

Navigational Path: Provider Enrollment – Enrollment Application Status

Step	Action	Result
Start from the Provider Enrollment menu.		
1	Select the Enrollment Application Status submenu.	The Enrollment Tracking Search panel displays.

Field Descriptions

Field	Help Description
ATN	Displays the application tracking number (ATN), which uniquely identifies a provider application.
Business OR Last Name	Displays the business or last name included on the enrollment application.
clear	This button clears the search criteria fields.
Provider ID	Displays the provider ID by which to search. Users may search by Georgia Medicaid ID, REF ID or NPI (National Provider Identifier).
Search	This button is used to initiate the search.

Enrollment Application Tracking Search Panel

Step	Action	Result
1	Enter the ATN .	
2	Enter the Business or Last Name on the application.	
3	Enter the Provider ID on the application.	
4	Click search .	The appropriate search results are displayed based on the search criteria entered.

13.1.1 Accessing Enrollment Application Status – Search Results

The Search Results panel provides applicants the ability to view the status of their enrollment application(s) based on the search criteria entered on the enrollment tracking search panel.

Extra Features:

1. The pay required application fee hyperlink appears if a fee is required for your application. Select the hyperlink to pay the appropriate fee for your application.
2. The print application hyperlink only appears for applications that originated from the Web Portal and only after the application has been submitted.
3. The enrollment forms hyperlink will allow the applicant to view a list of enrollment forms that can be downloaded from the public Web Portal.

4. The upload required documents hyperlink will allow the applicant to upload documents required based on the outstanding documentation needed to complete the select application type.

Navigational Path: Provider Enrollment - Enrollment Application Status – enter search criteria - search

Step	Action	Result
Start from the Provider Enrollment menu.		
1	Select the Enrollment Application Status submenu.	The Enrollment Tracking Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.

Search Results (9 rows returned)

Document	Date Received	Status	Status Date
ONLINE ENROLLMENT APPLICATION	05/14/2021	IN PROCESS - RECEIVED DOCUMENTS REQUIRING REVIEW	
ADVANCE DIRECTIVE AGREEMENT LTR		RECEIVED, NOT VERIFIED	
CMS APPROVAL LETTER		RECEIVED, NOT VERIFIED	
COPY OF BANK LETTER OR VOIDED CHECK		RECEIVED, NOT VERIFIED	
ELECTRONIC FUNDS TRANSFER FORM		RECEIVED, NOT VERIFIED	
IRS TAX DOCUMENTATION		RECEIVED, NOT VERIFIED	
IRS W-9 FORM		RECEIVED, NOT VERIFIED	
NURSING HOME PERMIT		RECEIVED, NOT VERIFIED	
PROJECT COST TO CAL PER DIEM		RECEIVED, NOT VERIFIED	

Credentialing Status (1 rows returned)

Check Point	Status	Status Date
APPLICATION CVO STATUS	CVO NOT SUBMITTED	

Pay Required Application Fee

- Clicking this link will navigate you away from this page.
- Application Fee Information: Within thirty (30) days from the date of submission of an application, the Division may reject an enrollment application from a prospective (new) or re-enrolling individual or institutional provider that is not accompanied by the application fee or a letter requesting a hardship exception or waiver of the application fee.
- Print a copy of the application for your records. [Print Application](#)
- Required documents must be uploaded:
 - Enrollment forms are available on this site.
 - Upload Additional Supporting Documentation as requested by the application review process.
 - Please allow 15 business (not calendar) days for attachments to be reviewed.
- Provider Enrollment/Credentialing Application Status Questions and Contacts**
For more information related to the Provider Enrollment process including contact information, please refer to the Provider Enrollment FAQs on the FAQ for Providers page.

To view letters related to this application, please enter the Access Code entered on the application.

Application Access Code

view application letters

NOTE: If the application has been denied for CVO Administrative reasons (CVO Denial Reasons will display on the page), please reference the CVO Denial Reconsideration guide on the Web Portal Training page.

Field Descriptions

Field	Help Description
Application Access Code	Displays the application access code defined by the applicant during the completion of an initial application.

Field	Help Description
Check Point	Displays the list of credentialing events. (Read-Only)
Date Received	Displays the date the enrollment application was received. (Read-Only)
Document	Displays the list of required documents for the application. (Read-Only)
Status	Displays the status of the enrollment application. (Read-Only)
Status Date	Displays the date the status was changed. (Read-Only)
view application letters	This button is used to initiate the initial application letters search.

13.1.2 Accessing Application Letters - Search

The Application Letters panel provides applicants the ability to search for and view letters associated to their initial application(s). The Access Code is defined by the applicant during the application enrollment process. The applicant accesses the Application Access Code search by successfully submitting an Enrollment Application Status search. The Search Results panel from the Enrollment Application Status Search displays the Application Access Code and view applications button.

Navigational Path: Provider Enrollment - Enrollment Application Status – enter search criteria - search

Step	Action	Result
Start from the Provider Enrollment menu.		
1	Select the Enrollment Application Status submenu.	The Enrollment Tracking Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.
4	Enter the Application Access Code and navigate off the box.	View application letters button becomes active.

Search Results (9 rows returned)			
Document	Date Received	Status	Status Date
ONLINE ENROLLMENT APPLICATION	11/01/2019	IN PROCESS - RECEIVED DOCUMENTS REQUIRING REVIEW	
CVO REQUESTED OR OPTIONAL DOCUMENTS		RECEIVED	11/11/2019
COPY OF BANK LETTER OR VOIDED CHECK	11/01/2019	RECEIVED, NOT VERIFIED	
COPY OF PHYSICIANS LICENSE	11/01/2019	RECEIVED, NOT VERIFIED	
CVO-CURRICULUM VITAE	11/01/2019	RECEIVED, NOT VERIFIED	
ELECTRONIC FUNDS TRANSFER FORM	11/01/2019	RECEIVED, NOT VERIFIED	
IRS TAX DOCUMENTATION	11/01/2019	RECEIVED, NOT VERIFIED	
IRS W-9 FORM	11/01/2019	RECEIVED, NOT VERIFIED	
POWER OF ATTORNEY FOR PAYEE	11/01/2019	RECEIVED, NOT VERIFIED	

Credentialing Status (3 rows returned)		
Check Point	Status	Status Date
APPLICATION CVO STATUS	CVO IN PROCESS	
START WORK FILE CREATED FOR CVO	COMPLETED	11/11/2019
APPLICATION IMAGES TRANSFERRED TO CVO	COMPLETED	11/13/2019

■ Print a copy of the application for your records: [Print Application](#)
 ■ Required documents must be uploaded:

- [Enrollment forms](#) are available on this site.
- [Upload Additional Supporting Documentation](#) as requested by the application review process.
 - Please allow 15 business (not calendar) days for attachments to be reviewed.

■ **Provider Enrollment/Credentialing Application Status Questions and Contacts**
 For more information related to the Provider Enrollment process including contact information, please refer to the Provider Enrollment FAQs on the [FAQ for Providers page](#).

To view letters related to this application, please enter the Access Code entered on the application.

Application Access Code
[view application letters](#)

Field Descriptions

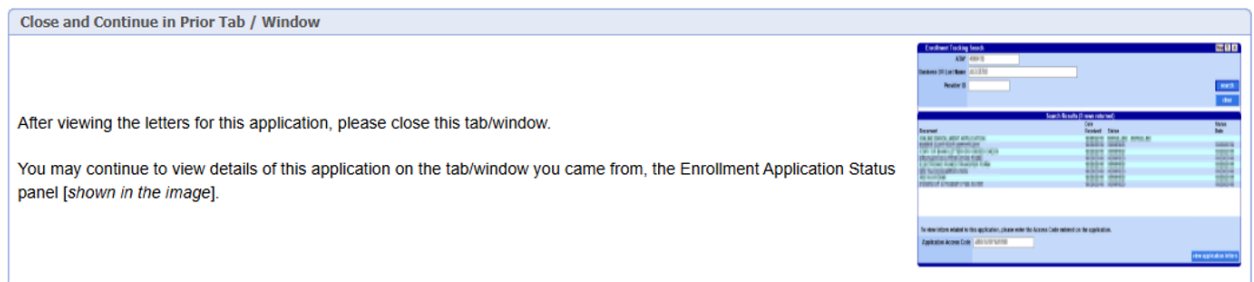
Field	Help Description
Application Access Code	Displays the application access code defined by the applicant during the completion of an initial application.
Check Point	Displays the list of credentialing events. (Read-Only)
Date Received	Displays the date the enrollment application was received. (Read-Only)
Document	Displays the list of required documents for the application. (Read-Only)
Status	Displays the status of the enrollment application. (Read-Only)
Status Date	Displays the date the status was changed. (Read-Only)
view application letters	This button is used to initiate the initial application letters search.

13.1.3 Accessing Application Letters – Search Results

The Application Letters panel allows an applicant to select the initial application letter type they want to review.

Navigational Path: Provider Enrollment - Enrollment Application Status – enter search criteria – search – enter Application Access Code – view application letters

Step	Action	Result
The Application Letters panel displays.		
1	Select the Application Letters type from the drop-down menu or leave with the default selection of *Search all in list*.	
2	Click search .	The Search Results panel displays with a list of letters or the specific letter requested.



Application Letters

ATN 123456

Application Letter*

* Search all in this list

search

clear

Application Letters Search Results

Application Letters

ATN 123456

Application Letter*

Application Letters

search

clear

Search Results (1 rows returned)

Application Letter Name	Letter Date
11/06/2019 - PRV-9081-R - Provider Welcome Letter P001 - Doc Key#= 22600106	11/6/2019 5:00:00 AM

Field Descriptions

Field	Help Description
ATN	Displays the ATN (application tracking number) for the applicant performing the search. (Read-Only)
Application Letter	Displays the dropdown list of application letter types. Default selection is *Search all in list*.
Application Letter Name	Displays the title of the letter(s), which is clickable so the user may begin downloading the requested letter. (Read-Only)

Field	Help Description
clear	This button clears the search criteria fields.
Letter Date	Displays the date the letter was created. (Read-Only)
search	This button is used to initiate the search.

13.2 Accessing Enrollment Wizard

The Enrollment Wizard page provides applicant information regarding the Georgia Medicaid enrollment applications available, as well as a hyperlink to access the provider enrollment application wizard through the public Web Portal.

Note: In order to complete an Additional Service Location or Georgia Better Health Care (GBHC) application, users must log in to the secure Web Portal.

Navigational Path: Provider Enrollment – Enrollment Wizard

Step	Action	Result
Start from the Provider Enrollment menu.		
1	Select the Enrollment Wizard submenu.	The Enrollment Wizard page displays.
2	Click the Provider Enrollment Application hyperlink to begin.	The Instructions panel displays.

Enrollment Wizard

Providers use this page to complete an enrollment application to become a participating provider in the Georgia Medicaid program. The application uses a wizard to guide applicants through the enrollment form, including the ability to upload supporting documentation. An in-progress application can be saved and completed at a later time.

Provider Enrollment Application

Please reference the [Part I, Policies and Procedures for Medicaid/PeachCare for Kids®](#) manual, for general requirements that apply to all provider types when enrolling as a Georgia Medicaid provider. Applicants must meet all the provider requirements and qualifications and their practices must be fully operational before they can be enrolled as Medicaid providers.

Specific qualifications for each provider type are contained in chapter 600 of the program specific policy manual(s).

13.3 Accessing Provider Contract Status - Search

The Provider Contract Status search panel allows users to search for and view provider contract statuses. The search results panel will display a list of provider details found based on the search criteria. This list contains summary information about the provider, for which the user can view in detail by clicking the row on the search results panel.

Minimum search combinations:

1. ATN and Provider Name
2. Provider ID

Navigational Path: Provider Enrollment – Provider Contract Status

Step	Action	Result
Start from the Provider Enrollment menu.		
1	Select the Provider Contract Status submenu.	The Provider Contract Status search panel displays.

Field Descriptions

Field	Help Description
ATN	Displays the application tracking number by which to search.
Clear	This button clears the search criteria fields.
Provider ID	Displays the provider ID by which to search. Users may search by Georgia Medicaid ID, REF ID or NPI (National Provider Identifier).
Provider Name (from the application)	Displays the provider name on the application by which to search.
Search	This button is used to initiate the search.

Provider Contract Status Search Panel:

Step	Action	Result
1	Enter the ATN .	
2	Enter the Business or Last Name on the application.	
3	Enter the Provider ID .	
4	Click search .	The appropriate search results are displayed based on the search criteria entered.

13.3.1 Accessing Provider Contract Status – Search Results

The Search Results panel provides users the ability to search and view provider contract status based on the search criteria entered on the provider contract search panel.

Navigational Path: Provider Enrollment – Provider Contract Status – enter search criteria - search

Step	Action	Result
Start from the Provider Enrollment menu.		
1	Select the Provider Contract Status submenu.	The Provider Contract Status search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.

(3 rows returned)							
Provider REF ID	Provider Type	Name	Address	City	State	Zip	Zip + 4
REF0	Physicians/Osteopaths	W	2344 STATE ST	LAWRENCEVILLE	GA	30043	
REF0	Physicians/Osteopaths	EL	1 FREEWAY DR	CONYERS	GA	30094	5965
REF0	Physicians/Osteopaths	W	101 PLACE DR	LAWRENCEVILLE	GA	30043	

Field Descriptions

Field	Help Description
Address	Displays the first line of the provider's service location address. (Read-Only)
City	Displays the city of the provider's service location address. (Read-Only)
Name	Displays the name of the provider. (Read-Only)
Provider REF ID	Displays the reference ID for the provider. (Read-Only)
Provider Type	Displays the description of the type of provider. (Read-Only)
State	Displays the state of the provider's service location address. (Read-Only)
ZIP	Displays the ZIP code of the provider's service location address. (Read-Only)
ZIP +4	Displays the ZIP code extension of the provider's service location address. (Read-Only)

13.3.2 Accessing Provider Contract Status – Information

The Provider Contract Status Information and Contracts panels provide users the ability to view basic provider service location information and current contract status.

Navigational Path: Provider Enrollment – Provider Contract Status – enter search criteria – search – select search results

Step	Action	Result
Start from the Provider Enrollment menu.		
1	Select the Provider Contract Status submenu.	The Provider Contract Status search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Search Results panel displays.
4	Select a provider or application from the search results panel.	The provider contract information is displayed in detail.

Provider Contract Status Information			
Name	WA, ANYA	Address 1	1 PLACE DR
Provider Reference ID	REF0	Address 2	
Provider Type	PHYSICIANS/OSTEOPATHS	City, State	LAWRENCEVILLE, GA
Email Address		Zip	30043
Phone Number	(000) 000-0000	Fax Number	(000) 000-0000

Contracts			
Contract	Status	Status Reason Code	Effective Date
430 - Physician	PENDING	INACTIVE	04/27/2011

Field Descriptions

Field	Help Description
Address 1	Displays the first line of the provider's service location address. (Read-Only)
Address 2	Displays the second line of the provider's service location address. (Read-Only)
City, State	Displays the city and state of the provider's service location address. (Read-Only)
Contract	Displays the contract description in which the provider is enrolled. (Read-Only)
Effective Date	Displays the effective date for the contract. (Read-Only)
Email Address	Displays the e-mail address for the provider. (Read-Only)
Fax Number	Displays the fax number for the provider.

Field	Help Description
Name	Displays the name of the provider. (Read-Only)
Phone Number	Displays the phone number for the provider. (Read-Only)
Provider Reference ID	Displays the reference ID of the provider. (Read-Only)
Provider Type	Displays the description of the type of provider. (Read-Only)
Status	Displays the status of the contract. (Read-Only)
Status Reason Code	Displays the reason for the contract status. (Read-Only)
ZIP	Displays the ZIP code and ZIP code extension of the provider's service location address. (Read-Only)

13.4 Accessing EFT Agreement

The EFT (Electronic Funds Transfer) Agreement panel allows users to create a PDF request for EFT changes or additions. The user may print or save the document, after which, they must follow the instructions and return the completed form and required attachment(s) to the address indicated.

Navigational Path: Provider Enrollment – EFT Agreement

Step	Action	Result
Start from the Provider Enrollment menu.		
1	Select the EFT Agreement submenu.	The Electronic Funds Transfer Agreement panel displays.

Electronic Funds Transfer Agreement	
<u>Payee Provider Information</u>	
Payee Provider Name*	
Pay To Provider Address	
Street*	
City*	
<u>Payee Provider Identifiers</u>	
Payee Medicaid ID	
Payee Provider Federal TIN or EIN*	
<u>Payee Provider Contact Information</u>	
Name*	
E-Mail Address	
<u>Financial Institution Information</u>	
Name*	
Routing Number*	
<u>Reason for Submission</u>	
Select One Reason*	☐ Cancel Enrollment ☐ Change Enrollment ☐ New Enrollment
<u>Authorized Signature</u>	
Note: This information will appear on the form that gets created; however, the signature field will be empty within the form and must therefore be signed before sending in the EFT Agreement.	
Name of Signer*	
Title of Signer*	
State*	
Zip*	
Payee Provider NPI	
Telephone Number*	
Fax Number	
Type of Account*	☐ Checking ☐ Saving
Account Number*	
<u>Include with Submission</u>	
Select One Document*	☐ Bank Letter ☐ Cancelled Check
Signing Date*	
Requested EFT Start/Change/Cancel Date*	

Field Descriptions

Field	Help Description
Account Number	Displays the account number for the EFT.
Authorized Signature	This section of the panel contains information about the authorized signature for the EFT agreement.
City	Displays the city of the address for the payee provider.
clear	This button clears the search criteria fields.
Contact Name	Displays the contact name for the payee provider associated with this EFT.
create	This button creates the PDF for the EFT request.
E-Mail Address	Displays the contact's E-Mail Address for the payee provider.
Fax Number	Displays the contact's fax number for the payee provider.
Financial Institution Information	This section of the panel contains information about the financial institution to be used in the EFT transaction.
Financial Institution Name	Displays the name of the financial institution associated with this EFT.
Include with Submission	This section of the panel displays the reason for submitting an EFT Agreement.

Field	Help Description
Name of Signer	Displays the name of the person signing the EFT agreement.
Note	Displays important information about the fields in the Authorized Signature section and how to process the signature field on the form that is created.
Pay To Provider Address	This section of the panel contains the address information about the payee provider.
Payee Medicaid ID	Displays the Georgia Medicaid ID for the payee provider.
Payee Provider Contact Information	This section of the panel contains contact information for the payee provider.
Payee Provider Federal TIN or EIN	Displays the tax identification number (TIN) or federal employer identification (FEI) number of the payee provider.
Payee Provider Identifiers	This section of the panel contains identifiers for the payee provider.
Payee Provider Information	This section of the panel contains name and address information about the payee provider.
Payee Provider NPI	Displays the national provider identifier (NPI) of the payee provider.
Payee Provider Name	Displays the name of the payee provider to whom EFT payment will be made.
Reason for Submission	This section of the panel displays the reason for submitting an EFT agreement.
Requested EFT Start/Change/Cancel Date	Displays the date the EFT request was made.
Routing Number	Displays the routing number of the financial institution to be associated with this EFT.
Select One Document	Displays the type of document that will be submitted with the EFT agreement.
Select One Reason	Displays the selected reason for submitting an EFT Agreement.
Signing Date	Displays the date the EFT agreement is signed.
State	Displays the state of the address for the payee provider.
Street	Displays the street of the address for the payee provider.

Field	Help Description
Telephone Number	Displays the contact's telephone number for the payee provider.
top of page	This button jumps the user to the top of the page.
Title of Signer	Displays the title of the person who will be signing the EFT agreement.
Type of Account	Displays the account type to be used in this EFT.
ZIP	Displays the ZIP of the address for the payee provider.

Electronic Funds Transfer Agreement Panel:

Note: Fields marked with an asterisk are required. Otherwise, the field is optional.

Step	Action	Result
1	Enter Payee Provider Name* .	
2	Enter pay to Street* .	
3	Enter pay to City* .	
4	Select pay to State* .	
5	Enter pay to ZIP* .	
6	Enter Payee Medicaid ID .	
7	Enter Payee Provider Federal TIN or EIN* .	
8	Enter Payee Provider NPI .	
9	Enter contact Name* .	
10	Enter contact Telephone Number* .	
11	Enter contact E-Mail Address .	
12	Enter contact Fax Number .	
13	Enter financial institution Name* .	
14	Enter financial institution Routing Number* .	

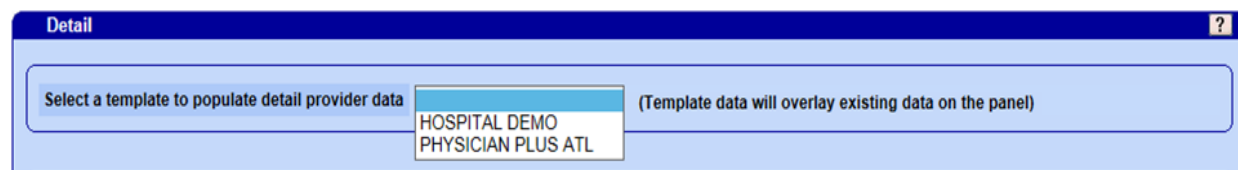
Step	Action	Result
15	Select financial institution Type of Account* .	
16	Enter financial institution Account Number* .	
17	Select One Reason for submission.	
18	Select One Document* with submission.	
19	Enter Name of Signer* .	
20	Enter Title of Signer* .	
21	Enter Signing Date* .	
22	Enter Requested EFT Start/Change/Cancel Date* .	
23	Select create .	The PDF for the EFT Agreement is created and available to be saved or printed and sent to the appropriate mailing address.

13.5 Accessing Enrollment Template Manager

The enrollment template manager page allows users to manage their enrollment templates on the secure Web Portal.

The ability to apply a template to a provider enrollment application is provided upon logging in with the same credentials used to create the template. Within the provider enrollment application, the template featured is displayed (at the top of the panel). Select a template from the drop-down menu. Once selected, the panel will be populated with the template data.

Example:



Navigational Path: Provider Enrollment – Enrollment Template Manager

Step	Action	Result
	Start from the Provider Enrollment menu.	
1	Select the Enrollment Template Manager submenu.	The Enrollment Template Manager panel displays.

Enrollment Template Manager

Manage your enrollment templates:

- Create - Create a new template by selecting the add button
- Update - Update an existing template by selecting a template name in the list below
- Copy or Delete - A template may be copied or deleted after selecting it from the list below

Template Name

search clear add

(18 rows returned)

Template Name
Atlanta Office XYZ
Bakersfield Office
Collins Office
Tucker Physician

Field Descriptions

Field	Help Description
add	This button is used to create a new enrollment template.
clear	This button clears the search criteria fields.
search	This button is used to initiate the search.
Template Name	Displays the template name.

Enrollment Template Manager Panel - Search:

Step	Action	Result
1	Enter Template Name .	
2	Click search .	The Search Results panel displays. Select the record to view, update or delete.

Enrollment Template Manager Panel - Add:

Step	Action	Result
1	Click add .	The Template panel displays. Continue to the section 13.9.

13.6 Accessing Template

The template panel allows users to add a new template, update a template, copy a template, or delete a template.

Navigational Path: Provider Enrollment – Enrollment Template Manager

Template Panel - Add:

Step	Action	Result
Start from the Provider Enrollment menu.		
1	Select the Enrollment Template Manager submenu.	The Enrollment Template Manager panel displays.
2	Click add .	The Template panel displays.

Template ?

New Enrollment Template

- The enrollment template wizard contains all possible fields that may be included in a template.
- As you navigate to each panel in the enrollment template wizard, only complete the fields that you want to be included in the template.
- To assist in the creation of a template, you may copy the data from an existing application.
 - To copy from an existing application, the Application Tracking Number(ATN) and application name are required.
 - The application name is the Business OR Last Name on the application.
 - The application must have been recently finalized (enrolled, denied, or withdrawn).
 - The data from that application will be copied into the new template. You may then update the fields where necessary.

Template Name*

To copy application data from an existing application, enter the ATN and Application Name

Existing ATN

Existing Application Name

[continue](#) [exit](#) [template manager](#)

Field Descriptions

Field	Help Description
ATN	Displays the application tracking number (ATN), which uniquely identifies a provider application.
Application Name	Displays the business or last name for the enrollment application.
exit	This button is used to exit the template and return to the Enrollment Template Manager.
Existing ATN	Displays the existing application tracking number (ATN), which uniquely identifies a provider application.
Existing Application Name	Displays the business or last name for the existing enrollment application.
template manager	This button is used to exit the template and return to the Enrollment Template Manager.
Template Name	Displays the name of the template.

Template Panel - Add:

Step	Action	Result
1	Enter Template Name .	If copying from an existing application, enter the Existing ATN and Existing Application Name .
2	Click continue .	The next panel in the template displays. Complete each panel as desired and click save & continue. Upon reaching the end, click save. If an existing application is found, a pop-up will appear that the application was copied to the template. Update the values as desired and click save & continue. Upon reaching the end, click save.

Template Panel – Update, Delete, or Copy Template:

Step	Action	Result
Start from the Provider Enrollment menu.		
1	Select the Enrollment Template Manager submenu.	The Enrollment Template Manager panel displays.
2	Click an existing template in the list.	The Template panel displays.

Field Descriptions

Field	Help Description
copy template	This button is used to copy the existing template to a new template.
delete template	This button is used to delete the template.
exit	This button is used to exit the template and return to the Enrollment Template Manager.

Field	Help Description
template manager	This button is used to exit the template and return to the Enrollment Template Manager.
Template Name	Displays the name of the template.
update template	This button directs the user to the next panel in the template.

Template Panel – Update, Delete, or Copy Template:

Step	Action	Result
To Delete	Click <i>delete template.</i>	A pop-up displays confirming the deletion. Click ok to continue or cancel.
To Copy	Click <i>copy template.</i>	Enter the <i>New Template Name</i> and click <i>continue copy.</i> Update the values as desired and click save & continue. Upon reaching the end, click save.
To Update	Click <i>update template.</i>	The next panel in the template displays. Update the values as desired and click save & continue. Upon reaching the end, click save.

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14 Electronic Data Interchange (EDI) Overview

The EDI menu supplies trading partners and providers information related to Health Insurance Portability and Accountability Act (HIPAA). This includes the availability of EDI enrollment forms, contact information, vendor information, and more.

The EDI submenu includes:

1. Submitter Information
2. Companion Guides and Manuals
3. Vendor List
4. Registration Forms
5. FAQ

14.1 Accessing Submitter Information

The Submitter Information panel provides users to download and view information related to submitting electronically to Georgia Medicaid.

Navigational Path: EDI – Submitter Information

Step	Action	Result
	Start from the EDI menu.	
1	Select the Submitter Information submenu.	The Submitter Information page displays.

Submitter Information for EDI (3 rows returned)				
Title	File Type	Size (KB)	Release Date	
FAQ for Submitters 05-08-2014 142046.docx	DOCX	24.80	08/05/2014	
How to Submit a Claim	PDF	41.10	08/04/2014	
How to Upload Claim Attachments 05-08-2014 142048.pdf	PDF	41.10	08/05/2014	

Field Descriptions

Field	Help Description
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication or application, which is clickable so the user may begin downloading the requested file. (Read-Only)

14.2 Accessing Companion Guides and Manuals

The Companion Guides and Manuals page provides users the ability to download and view companion guides related to HIPAA and submission guides from the public Web Portal.

Navigational Path: EDI – Companion Guides and Manuals

Step	Action	Result
	Start from the EDI menu.	
1	Select the Companion Guides and Manuals submenu.	The Companion Guide and Manuals page displays.

Companion Guides (25 rows returned)			
Title	File Type	Size (KB)	Release Date
GAMMIS 824 5010 Companion Guide v1.1	PDF	358	06/07/2011
GAMMIS 834 4010 Companion Guide v1.23	PDF	663.30	05/03/2011
GAMMIS 834 5010 Companion Guide v1.1	PDF	620.90	06/01/2011
GAMMIS 835 4010 Companion Guide v1.7	PDF	303.40	05/04/2011

Field Descriptions

Field	Help Description
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication or application, which is clickable so the user may begin downloading the requested file. (Read-Only)

14.3 Accessing Vendor List

The Vendor List panel provides users the ability to download and view vendor lists with names and contact information for available trading partners that have signed an agreement with Georgia Medicaid.

Navigational Path: EDI – Vendor List

Step	Action	Result
	Start from the EDI menu.	
1	Select the Vendor List submenu.	The Vendor List page displays.

Vendor List (2 rows returned)			
Title	File Type	Size (KB)	Release Date
Vendor List - 01/01/2011	PDF	1052	11/11/2011
Vendor List - 02/01/2011	PDF	1029.60	11/11/2011

Field Descriptions

Field	Help Description
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication or application, which is clickable so the user may begin downloading the requested file. (Read-Only)

14.4 Accessing Registration Forms

The Registration Forms panel provides users the ability to download and view EDI registration forms from the public Web Portal.

Navigational Path: EDI – Registration Forms

Step	Action	Result
	Start from the EDI menu.	
1	Select the Registration Forms submenu.	The Registration Forms page displays.

Registration Forms (6 rows returned)			
Title	File Type	Size (KB)	Release Date
5010 Implementation Announcement	PDF	55.60	07/05/2011
EDI Trading Partner Enrollment Agreement (Providers)	PDF	213.80	06/21/2011
EDI Trading Partner Enrollment Agreement (Third Party Vendor)	PDF	215.20	06/21/2011

Field Descriptions

Field	Help Description
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication or application, which is clickable so the user may begin downloading the requested file. (Read-Only)

14.5 Accessing Electronic Data Interchange Frequently Asked Questions

The EDI FAQ panels provide users the ability to download and view frequently asked questions and responses in relation to EDI processing and procedures.

Navigational Path: EDI – FAQ

Step	Action	Result
	Start from the EDI menu.	
1	Select the FAQ submenu.	The EDI FAQ page displays.

FAQ for EDI (3 rows returned)			
Title	File Type	Size (KB)	Release Date
FAQ for EDI	PDF	41.10	08/05/2014
How to Download EDI Software	DOCX	17.20	08/05/2014
How to Download EDI Software	PDF	15.40	08/05/2014

Field Descriptions

Field	Help Description
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication or application, which is clickable so the user may begin downloading the requested file. (Read-Only)

15 Pharmacy Menu Overview

The Pharmacy menu provides users information related to the pharmacy program, such as drug pricing, forms, Medicare information, and the pharmacy prior approval process.

The Pharmacy submenu includes:

1. Pharmacy Notices
2. GMAC List
3. Medicare Updates
4. Other Documents
5. Prior Approval Process

15.1 Accessing Pharmacy Notices

The Pharmacy Notices page provides users the ability to download and view pharmacy related publications, such as pharmacy banner messages, from the public Web Portal.

Navigational Path: Pharmacy – Pharmacy Notices

Step	Action	Result
	Start from the Pharmacy menu.	
1	Select the Pharmacy Notices submenu.	The Pharmacy Notices panel displays.

Pharmacy Notices (33 rows returned)			
Title	File Type	Size (KB)	Release Date
Phar Banner Message - week of 07/11/11	PDF	171.50	07/11/2011
Phar Banner Message - week of 07/04/11	PDF	171.90	07/04/2011
Phar Banner Message - week of 6/27/11	PDF	174.90	06/27/2011
Phar Banner Message - week of 06/20/11	PDF	111.90	06/20/2011

Field Descriptions

Field	Help Description
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication, which is clickable so the user may begin downloading the requested publication. (Read-Only)

15.2 Accessing the Pricing List

The Pricing List panel provides users the ability to download and view listings which identify the maximum reimbursement for each multiple source product from the public Web Portal. Users will be able to filter the Georgia Maximum Allowable Cost (GMAC) and Select Specialty Pharmacy Rates (SSPR) lists based on specific groups, by selecting a value and pressing the go button. This will reduce the list of available pricing lists to those within the selected group. All lists will automatically be displayed when accessing the Pricing List page.

Navigational Path: Pharmacy – Pricing List

Step	Action	Result
	Start from the Pharmacy menu.	
1	Select the Pricing List submenu.	The Pricing List panel displays.

ALL CATEGORIES

Pricing List (28 rows returned)				
Title	File Type	Category	Size (KB)	Release Date
GMAC Suspension - 6.24.11	PDF	GMAC SUSPENSIONS	11.10	05/24/2011
GMAC Additions - May 2011	PDF	GMAC ADDITIONS	11.40	05/23/2011
GMAC Increases - May 2011	PDF	GMAC INCREASES	11.80	05/03/2011
2011 Q2 GMAC List	PDF	GMAC LIST	461.90	04/15/2011
GMAC Increases - April 2011	PDF	GMAC INCREASES	16.10	04/15/2011

Field Descriptions

Field	Help Description
Category	Displays the type of publication available for download. (Read-Only)
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication, which is clickable so the user may begin downloading the requested publication. (Read-Only)

15.3 Accessing Medicare Updates

The Medicare Pharmacy Updates panel provides users the ability to download and view drug coverage information for dual eligible (members with active Medicare and Medicaid coverage) from the public Web Portal.

Navigational Path: Pharmacy – Medicare Updates

Step	Action	Result
Start from the Pharmacy menu.		
1	Select the Medicare Updates submenu.	The Medicare Pharmacy Updates panel displays.

Medicare Pharmacy Updates (1 rows returned)			
Title	File Type	Size (KB)	Release Date
Medicare Coverage - Part B vs Part D Coverage Descriptions	PDF	27.60	10/27/2010

Field Descriptions

Field	Help Description
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication, which is clickable so the user may begin downloading the requested publication. (Read-Only)

15.4 Accessing Other Documents

The Other Pharmacy Updates panel provides users the ability to download and view additional documents related to the pharmacy program from the public Web Portal.

Navigational Path: Pharmacy – Other Documents

Step	Action	Result
Start from the Pharmacy menu.		
1	Select the Other Documents submenu.	The Other Pharmacy Documents panel displays.

Other Pharmacy Updates (43 rows returned)			
Title	File Type	Size (KB)	Release Date
Phar Banner Message - week of 7/18/11	PDF	178.80	07/18/2011
DESI 5 & 6 Drug 3Q11	PDF	82.70	07/15/2011
Cough and Cold PDL July 2011	PDF	17.60	07/01/2011
PDL for July 2011 - alphabetical by drug name	PDF	355.90	07/01/2011

Field Descriptions

Field	Help Description
File Type	Displays the file type of the publication available for download. (Read-Only)

Field	Help Description
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication, which is clickable so the user may begin downloading the requested publication. (Read-Only)

15.5 Accessing Prior Approval Process

The Prior Approval Process panel provides users the ability to download and view prior approval information related to the pharmacy program from the public Web Portal.

Navigational Path: Pharmacy – Prior Approval Process

Step	Action	Result
	Start from the Pharmacy menu.	
1	Select the Prior Approval Process submenu.	The Prior Approval Process panel displays.

Prior Approval Process (6 rows returned)			
Title	File Type	Size (KB)	Release Date
Compound Drug Authorization Form	PDF	93.80	10/27/2010
Prior Approval Process	PDF	14.80	10/27/2010
Prior Authorization for Atypical Antipsychotic Drugs	PDF	110.80	10/27/2010

Field Descriptions

Field	Help Description
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication, which is clickable so the user may begin downloading the requested publication. (Read-Only)

16 Providers Menu Overview

The Providers menu furnishes registered providers and authorized billing agent Web users with the ability to view their rates and bed registry information, update their demographic information, and search for procedure and EOB information.

The Providers submenu includes:

1. Secure Home
2. Demographic Maintenance
3. Direct Exchange Address
4. Rate Information
5. Bed Registry
6. Procedure Search
7. EOB Search
8. Provider Recredential/Revalidation
9. Patient Profile
10. Change of Information

16.1 Accessing Provider Secure Home

The Secure Home page is the landing page for providers on the secure portion of the Web Portal. From this page, a provider can view IDs, Actions Needed, service location information, and the list of unread messages.

Navigational Path: Providers - Secure Home

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Secure Home submenu.	The Secure Home page displays.

Actions Needed

Notification Date	Description
09/21/2023	TESTING ACTIONS NEEDED PANEL

Provider Service Location Information

Name	Address 1
Medicaid Provider ID	Address 2
National Provider ID	City, State
Provider Type	Zip

Messages

Category	Subject	Sent Date	Effective Date	End Date	Remove
PROVIDER ALERT	testing	01/25/2019	01/25/2019	12/31/2299	☐

Deselect All
Save
Select All

Message

Category	Subject
Message	
Effective Date	Sent Date
End Date	

Field Descriptions – Actions Needed Panel

Field	Help Description
Notification Date	Displays the date the Action Needed notification was sent to the provider. (Read Only)
Description	Displays the description of the Action Needed notification.

Field Descriptions - Provider Service Location Information Panel

Field	Help Description
Address 1	Displays the first line of the service location address for the provider. (Read-Only)
Address 2	Displays the second line of the service location address for the provider. (Read-Only)
City, State	Displays the city and state of the service location address for the provider. (Read-Only)
Medicaid Provider ID	Displays the Georgia Medicaid identification number for the service location of the provider. (Read-Only)
Name	Displays the name of the provider. (Read-Only)

Field	Help Description
National Provider ID	Displays the national provider identification number of the provider. (Read-Only)
Provider Type	Displays the provider type code and description for which the provider has been enrolled. (Read-Only)
ZIP	Displays the ZIP code and ZIP code extension of the service location address for the provider. (Read-Only)

Field Descriptions - Message(s) Panel

Field	Help Description
Category	Displays the category of the message. (Read-Only)
Deselect All	This button un-check's all the Remove check boxes on this page.
Effective Date	Displays the effective date of the message. (Read-Only)
End Date	Displays the end date of the message. (Read-Only)
Message	Displays the body of the message being displayed. (Read-Only)
Remove	Displays if the message is to be removed from the message list.
Save	This button saves the removal of messages from the message list when a check mark is indicated on the remove field.
Select All	This button will check all the Remove check boxes on this page.
Sent Date	Displays the sent date of the message. (Read-Only)
Subject	Displays the subject line of the message. (Read-Only)

Messages Panel

Step	Action	Result
To remove messages.		
1	Insert a check in the remove box for the appropriate message(s) or click Select All to remove all messages.	
2	Click Save .	The selected message(s) is removed.

16.2 Accessing Provider Recredential/Revalidation Required for Service Location

The provider recredential/revalidation required for service location panel allows providers to view an alert notifying that they are required to start and submit a recredential/revalidation application. This alert appears when the suspension date is six months or less in the future and a recredential/revalidation application has not yet been completed and approved.

Navigational Path: Providers - Secure Home

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Secure Home submenu.	The Provider Recredential/Revalidation Required for Service Location panel displays.

Provider Recredential/Revalidation Required for Service Location

Recredentialing and revalidation is required for the provider identified below. Recredentialing for the Georgia Families and Georgia Families 360° programs and revalidation as a Medicaid provider must be completed by the Recredential Deadline shown below for the provider to maintain in-network status with the Georgia Care Management Organizations (CMOs).

To complete the recredential/revalidation application, please go to the [Recredential/Revalidation](#) page found under the Providers menu option.

NOTE: Facilities with multiple locations are required to recredential each facility individually. For individual providers, recredentialing using their **primary** service location satisfies the recredentialing requirement for **all** service locations and the requirement to revalidate at their primary service location; however, individual providers are required to revalidate **every** active service location.

To verify the status of a submitted application, go to the [Enrollment Application Status](#) page under the Provider Enrollment menu option.

If the application has already been submitted, please be aware this warning will display until the application has been approved.

To pay the required application fee, go to the [Enrollment Application Status](#) page under the Provider Enrollment menu option, enter the ATN and exact provider business name, click on Search, and select the "Pay Required Application Fee" link.

Recredential/Revalidation Due Date 05/11/2014

Name EL, H S

Medicaid Provider ID 000

National Provider ID 000

Provider Type PHYSICIANS/OSTEOPATHS

Address 1 1 DR SE

Address 2

City, State CONYERS, GA

Zip 30094-5965

Provider Recredential/Revalidation Required for Service Location

This provider currently requires recredential/revalidation. The recredential/revalidation must be completed by the Suspension Date listed below to avoid suspension from the Medicaid/PeachCare® for Kids programs.

To complete the recredential/revalidation application, please go to the [Recredential/Revalidation](#) page found under the Providers menu option.

To verify the status of a submitted application, go to the [Enrollment Application Status](#) page under the Provider Enrollment menu option.

If the application has already been submitted, please be aware this warning will display until the application has been approved.

To pay the required application fee, go to the [Enrollment Application Status](#) page under the Provider Enrollment menu option, enter the ATN and exact provider business name, click on Search, and select the "Pay Required Application Fee" link.

Suspension Date 11/01/2015

Name EL, H S

Medicaid Provider ID 000

National Provider ID 000

Provider Type PHYSICIANS/OSTEOPATHS

Address 1 1 DR SE

Address 2

City, State CONYERS, GA

Zip 30094-5965

Field Descriptions - Provider Recredential/Revalidation Required for Service Location Panel

Field	Help Description
Address 1	Displays the first line of the service location address for the provider. (Read-Only)
Address 2	Displays the second line of the service location address for the provider. (Read-Only)
City, State	Displays the city and state of the service location address for the provider. (Read-Only)
Medicaid Provider ID	Displays the Georgia Medicaid identification number for the service location of the provider. (Read-Only)
Message	Displays the body of the message being displayed. (Read-Only)
Name	Displays the name of the provider. (Read-Only)
National Provider ID	Displays the national provider identification number of the provider. (Read-Only)
Provider Type	Displays the provider type code and description for which the provider has been enrolled. (Read-Only)
Recredential/Revalidation Due Date	Displays the date the provider is required to recredential/revalidate. (Read-Only)
Suspension Date	Displays the date the provider is required to recredential/revalidate for the Medicaid/PeachCare for Kids® programs. (Read-Only)
ZIP	Displays the ZIP code and ZIP code extension of the service location address for the provider. (Read-Only)

16.3 Accessing Demographic Maintenance – Provider Information

The Demographic Maintenance panel allows providers and billing agents to view and update demographic information related to the provider account that has logged onto the secure Web Portal.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
	Start from the secured Providers menu.	

Step	Action	Result
1	Select the <i>Demographic Maintenance</i> submenu.	The Provider Information panel displays.

Provider Information	
Medicaid Provider ID	Address Type: SERVICE LOCATION
National Provider ID	Address 1
Practice Type: INDIVIDUAL PRACTITIONER	Address 2
Provider Type: 20 - PHYSICIANS/OSTEOPATHS	City/State
Ownership: NO	Zip
DBA Name	County: BRYAN
SSN (Last 4)	Phone
Date of Birth	DEA Permit Number
Calculated Age: 45	CDS Number
Payee Name	FEIN Effective Date: 07/01/2012
Payee Provider ID	Payee FEIN (Last 4)
UPIN	Tax ID (Last 4)
Facility Type: OTHER	Chain ID
Newborn Eligibility: NO	NCPDP Number
Georgia Registry of Immunization Transactions and Services: NO	Billing Code: UNRESTRICTED - CAN BILL AND SERVICE
340B Program: NO	Liability Insurance Amount: \$0.00
Federal Vaccines for Children Participation: NO	Last Revalidation Date: 08/15/2014
Profit Indicator: NO	Next Revalidation Date: 08/14/2019
	Last CVO Recredential Date: 09/03/2021
	Next CVO Recredential Date: 09/30/2024
<u>Bed Data</u>	ICF/MR
Hospital	Swing Bed
Nursing Facility	
PRTF	

Field Descriptions

Field	Help Description
340B Program	Indicates if a Pharmacy is a 340B Pharmacy. Values are 'Y' and 'N'. (Read-Only)
Address 1	Displays the first line of the service location address. (Read-Only)
Address 2	Displays the second line of the service location address. (Read-Only)
Address Type	Displays the type of address being shown. (Read-Only)
Billing Code	Displays the description of the code indicating the type of billing, if any, that can occur at this service location. (Read-Only)
CDS Number	Displays the Controlled Dangerous Substances (CDS) number. (Read-Only)
Chain ID	Displays the ID of the pharmacy or other chain this provider belongs to. (Read-Only)

Field	Help Description
City/State	Displays the city and state of the service location address. (Read-Only)
County	Displays the county of the service location address. (Read-Only)
CVO Recredentialing Required	Displays whether or not the provider is due for CVO recredentialing. (Read-Only)
Date of Birth	Displays the date of birth for the provider.
DBA Name	Displays the doing business as name. (Read-Only)
DEA Permit Number	Displays the drug enforcement agency permit number. (Read-Only)
Facility Type	Displays the ownership (public or private) of the provider. (Read-only)
Federal Vaccines for Children Participation	Indicates if this service location participates in the Vaccine for Children program. (Read-Only)
FEIN Effective Date	Displays the effective date that the payee provider's federal employee identification number was tied to the provider. (Read-Only)
Georgia Registry of Immunization Transactions and Services	Indicates if this service location participates in GRITS. (Read-Only)
Hospital	Displays the total number of hospital beds for the provider. (Read-Only)
ICF/MR	Displays the total number of Intermediate Care Facility/Mental Retardation beds for the provider. (Read-Only)
Last CVO Recredential Date	Displays the last date the provider credentialed. (Read-Only)
Last Revalidation Date	Displays the last date the provider revalidated. (Read-Only)
Liability Insurance Amount	Displays the amount of liability insurance purchased for this service location. (Read-Only)
Medicaid Provider ID	Displays the Georgia Medicaid provider identification number for the provider. (Read-Only)
National Provider ID	The national provider identification number for the provider. (Read-Only)

Field	Help Description
NCPDP Number	Displays the National Council for Prescription Drug Programs (NCPDP) number for the provider. (Read-Only)
Newborn Eligibility	Indicates whether the provider is eligible to treat newborns. (Read-Only)
Next CVO Recredential Date	Displays the next date the provider is scheduled to credential. (Read-Only)
Next Revalidation Date	Displays the next date the provider is scheduled to revalidate. (Read-Only)
Nursing Facility	Displays the total number of nursing home care beds for the provider. (Read-Only)
Ownership	Indicates whether provider account has an ownership interest in another provider or organization. (Read-Only.)
Payee FEIN (Last 4)	Displays only the last four of the payee provider's federal employee identification number that was tied to the provider. (Read-Only)
Payee Name	Displays the name of the payee provider that is affiliated with the provider. (Read-Only)
Payee Provider ID	Displays the Georgia Medicaid ID of the payee provider that is affiliated with the provider. (Read-Only)
Phone	Displays the phone number for the provider. (Read-Only)
Practice Type	Displays the type of practice for the provider. (Read-Only)
Profit Indicator	Displays if the provider receives profit for the services provided. (Read-Only)
Provider Type	Displays the code and description of the provider type. (Read-Only)
PRTF	Displays the total number of Psychiatric Residential Treatment Facility beds for the provider. (Read-Only)
SSN (Last 4)	Displays only the last four digits of the Social Security number (SSN) for the provider. (Read-Only)
Swing Bed	Displays the total number of swing care beds for the provider. (Read-Only)
Tax ID (Last 4)	Displays the last four digits of the provider's Tax ID number. (Read-Only)
UPIN	Displays the unique physician identification number for the provider. (Read-Only)

Field	Help Description
ZIP	Displays the ZIP code and ZIP code extension of the service location address. (Read-Only)

Updating Provider Information

Step	Action	Result
1	Enter the date of birth.	
2	Click Save .	The appropriate response appears at the top of the page.

16.4 Accessing Provider Demographic - Service Location

The Service Location panel allows providers and billing agents to view and update their patient demographics, correspondence indicators, practice hours and accessibility information.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Demographic Maintenance submenu.	The Service Location panel displays.

Service Location

?

Patient Demographics and Services

Accepting New Patients?

NO

Patient Age Range/Other Range

Age 0 - 99 years

Beginning Age Range

0

Ending Age Range

99

(In Years)

Do you use Telemedicine Services?

No

Miscellaneous

Are you enrolled in Medicare?

NO

Are you Board Certified?

NO

Board Certified Effective Date

Board Certified Expiration Date

Are you a Community Service Board (CSB)?

NO

Are you a Primary Care Provider (PCP)?*

NO

Are you enrolling under a FQHC, Rural Health Clinic, Hospital-Based Rural Health Clinic or Community Mental Health facility?

Enrolling under Facility?*

NO

Correspondence

Correspondence Preference

E - EMAIL LINK

Receive Bulletins by Mail?

Electronic

Practice Hours and Accessibility

Monday Open/Close

08:00

17:00

(24HH:MM)

Open 24 Hours

Closed

Tuesday Open/Close

08:00

17:00

(24HH:MM)

Open 24 Hours

Closed

Wednesday Open/Close

08:00

17:00

(24HH:MM)

Open 24 Hours

Closed

Thursday Open/Close

08:00

17:00

(24HH:MM)

Open 24 Hours

Closed

Friday Open/Close

08:00

17:00

(24HH:MM)

Open 24 Hours

Closed

Saturday Open/Close

(24HH:MM)

Open 24 Hours

Closed

Sunday Open/Close

(24HH:MM)

Open 24 Hours

Closed

Open 24 Hours?

NO

TDD/TTY?

NO

Office Meets ADA Accessibility?

Accessible by Public Transport?

Accessible by Bus?

Accessible by Subway?

Accessible by Regional Train?

Field Descriptions

Field	Help Description
Accepting New Patients?	Displays if the provider's service location is or is not accepting new patients.
Accessible by Bus?	Displays whether or not the service location is accessible by bus.
Accessible by Public Transport?	Displays whether or not the service location is accessible by public transportation.
Accessible by Regional Train?	Displays whether or not the service location is accessible by regional train.
Accessible by Subway?	Displays whether or not the service location is accessible by subway.
Are you a Community Service Board (CSB)?	Displays whether or not the service location is enrolled as a Community Service Board (CSB).
Are you Board Certified?	Displays whether or not the provider is board certified.

Field	Help Description
Board Certified Effective Date	Displays the Effective Date of the board certification.
Board Certified Expiration Date	Displays the Expiration Date of the board certification.
Are you a Primary Care Provider (PCP)?	Displays if the provider's service location is or is not a Primary Care Provider.
Are you enrolled in Medicare?	Displays if the provider is or is not currently enrolled in Medicare.
Beginning Age Range	Displays the beginning age that the provider serves at the location.
Closed	Displays if the provider location is closed on this day.
Correspondence Preference	Displays which medium the applicant prefers to receive their letters from Georgia Medicaid.
Do you use Telemedicine Services?	Displays if the provider's service location is or is not providing telemedicine services
Ending Age Range	Displays the ending age that the provider serves at the location.
Enrolling under a Facility?	Displays if the provider's service location is enrolled under a facility.
Friday Open/Close	Displays the opening and closing times for Friday.
Medicare Effective Date	Displays the effective date the provider was enrolled with Medicare.
Monday Open/Close	Displays the opening and closing times for Monday.
Office Meets ADA Accessibility?	Displays whether or not the service location meets ADA accessibility requirements.
Open 24 Hours?	Displays if the provider location is open 24 hours.
Patient Age Range/Other Range	Displays the age range of patients that the provider serves at the location.
Receive Bulletins by Mail?	Displays if the provider has elected to receive bulletins through the United States Postal Service (USPS). The field will be disabled so changes cannot be made when the value has been saved as none.

Field	Help Description
Saturday Open/Close	Displays the opening and closing times for Saturday.
Sunday Open/Close	Displays the opening and closing times for Sunday.
TDD/TYY?	Displays if the location has TDD/TYY capabilities.
Thursday Open/Close	Displays the opening and closing times for Thursday.
Tuesday Open/Close	Displays the opening and closing times for Tuesday.
Wednesday Open/Close	Displays the opening and closing times for Wednesday.

Updating Service Location Information

Step	Action	Result
1	Select the drop-down in the field(s) to update and perform update. (Board Certified change to 'Yes', the Effective/Expiration Date fields are activated.)	Board Certified = Yes; Effective and Expiration Dates must be entered.
2	Click Save .	The appropriate response appears at the top of the page.

16.5 Accessing Demographic Maintenance - Credentials

The Credentials panel allows providers and billing agents to view license, certification, and permit information for the provider that has logged onto the secure Web Portal.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Demographic Maintenance submenu.	The Credentials panel displays.

Credentials ?						
Credential Number	Effective Date	End Date	Board Order Indicator	Licensing Board/Certifying Body	Credential Type	State
03	08/05/1993	12/31/2299		Medical Board	License	GA

Field Descriptions

Field	Help Description
Board Order Indicator	Displays the Board Order Indicator of the credential associated with the provider. (Read-Only)
Credential Number	Displays the identifying number of the credential associated with the provider. (Read-Only)
Credential Type	Displays the credential type (License, Permit, Certification) of the credential associated with the provider. (Read-Only)
Effective Date	Displays the effective date for the credential segment. (Read-Only)
End Date	Displays the end date for the credential segment. (Read-Only)
Licensing Board/Certifying Body	Displays the Licensing Board or Certifying Body that issued the credential associated with the provider. (Read-Only)
State	Displays the state that issued the credential associated with the provider. (Read-Only)

16.6 Accessing Demographic Maintenance - Categories of Service

The Categories of Service panel allows providers and billing agents to view the categories of service related to the provider account that has logged onto the secure Web Portal. The Categories of Service indicates which services the provider may render and bill claims against.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the Demographic Maintenance submenu.	The Categories of Service panel displays.

Categories of Service					
COS	Description	Effective Date	End Date	Status	Status Reason
541	Hospital-Based RHC services ar	04/01/1997	12/31/2299	Active	Active
541	Hospital-Based RHC services ar	01/01/1997	01/17/1997	Denied	Requested Documentat
541	Hospital-Based RHC services ar	02/13/1997	02/28/1997	Denied	Sponsoring Physicia
541	Hospital-Based RHC services ar	06/01/1996	06/15/1996	Terminated	Turn Around Document
541	Hospital-Based RHC services ar	07/01/1996	07/30/1996	Denied	Application Withdraw
541	Hospital-Based RHC services ar	08/01/1996	08/31/1996	Pending	APPLICATION CURRENTL
541	Hospital-Based RHC services ar	10/04/1996	10/31/1996	Pending	WEB RECEIVED APPLICA
600	The Health Check program is Ge	03/01/1997	03/31/1997	Pending	APPLICATION CURRENTL
600	The Health Check program is Ge	11/01/1996	11/30/1996	Terminated	Per provider request
600	The Health Check program is Ge	12/21/1996	12/31/1996	Suspended	Action by SURS or Fr
1 2 Next >					

Field Descriptions

Field	Help Description
COS	Displays the category of service code in which the provider is or has been enrolled. (Read-Only)
Description	Displays the category of service description in which the provider is or has been enrolled. (Read-Only)
Effective Date	Displays the effective date for the category of service segment. (Read-Only)
End Date	Displays the end date for the category of service segment. (Read-Only)
Status	Displays the status for the category of service segment. (Read-Only)
Status Reason	Displays the reason for the status for the category of service segment. (Read-Only)

16.7 Accessing Demographic Maintenance – Specialties

The Specialties panel allows providers and billing agents to view the specialties related to the provider account that has logged onto the secure Web Portal. The specialties indicate which services the provider may render and bill claims against.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the Demographic Maintenance submenu.	The Specialties panel displays.

Specialties ?			
Specialty	Description	Effective Date	End Date
072	FAMILY PRACTICE	02/01/2006	12/31/2299

Field Descriptions

Field	Help Description
Description	Displays the description representing the specialized area of practice for a provider. (Read-Only)
Effective Date	Displays the effective date for the specialty segment. (Read-Only)
End Date	Displays the end date for the specialty segment. (Read-Only)

Field	Help Description
Specialty	Displays the code representing the specialized area of practice for a provider. (Read-Only)

16.8 Accessing Demographic Maintenance - Taxonomies

The Taxonomies panel allows providers and billing agents to add, view, update, and delete the taxonomies related to the provider account that has logged onto the secure Web Portal. The taxonomies can be used by the provider when filing claims.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
	Start from the <i>secured Providers</i> menu.	
1	Select the Demographic Maintenance submenu.	The Taxonomies panel displays.

Field Descriptions

Field	Help Description
add	This button is used to add data to a panel.
delete	This button is used to delete data from a panel.
Description	Displays the description of the taxonomy code for the provider. (Read-Only)
Effective Date	Displays the effective date for the taxonomy segment.
Primary Indicator	Indicates this is the primary taxonomy of the provider.
Taxonomy	Displays the taxonomy code for the provider.

16.8.1 Adding a Taxonomy

Step	Action	Result
1	Click <i>add</i> .	A new row appears.

Step	Action	Result
2	Select the Primary Indicator* from the drop-down list.	
3	Enter the Taxonomy * or click [Search] to select from down list.	Clicking [Search] activates the Search panel.
4	Enter the Effective Date *.	
5	Click Save .	The appropriate response appears at the top of the page.

16.8.2 Updating a Taxonomy

Step	Action	Result
1	Select the field(s) to update and perform update.	
2	Click Save .	The appropriate response appears at the top of the page.

16.8.3 Deleting a Taxonomy

Step	Action	Result
1	Select the taxonomy line to delete.	
2	Click delete .	A confirmation pop-up window appears.
3	Click OK to confirm selection.	
4	Click Save .	The appropriate response appears at the top of the page.

16.9 Accessing Demographic Maintenance - Service Language

The Service Language panel allows providers and billing agents to view, add, or update languages spoken by the provider which is logged onto the secure Web Portal.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
	Start from the secured Providers menu.	

1	Select the Demographic Maintenance submenu.	The Service Language panel displays.
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Field Descriptions

Field	Help Description
add	This button is used to add data to a panel.
delete	This button is used to delete data from a panel.
Language	Displays the description of the language that the provider speaks.
Primary Indicator	Indicates this is the primary language spoken by the provider. Only one language may (and must) be marked as the primary language.

16.9.1 Adding a Service Language

Step	Action	Result
1	Click add .	A new row appears.
2	Select the Primary Indicator* from the drop-down list.	
3	Select the Language* from the drop-down list.	
4	Click Save .	The appropriate response appears at the top of the page.

16.9.2 Updating a Service Language

Step	Action	Result
1	Select the field(s) to update and perform update.	
2	Click Save .	The appropriate response appears at the top of the page.

16.9.3 Deleting a Service Language

Step	Action	Result
1	Select the service language line to delete.	
2	Click delete and OK to confirm selection.	
3	Click Save .	The appropriate response appears at the top of the page.

16.10 Accessing Demographic Maintenance - Location Name Address Panel

The Location Name Address panel allows providers and billing agents to view detailed information related to each of the four address types displayed for the provider account that has logged onto the secure Web Portal.

Providers may only update their mail to address, e-mail, phone, after hours and fax numbers, handicap accessibility, and Web site address information through the secure Web Portal. Otherwise, providers may select the change address help button to receive additional information regarding how to update their location name and address information.

Extra Features: Users may select the change address help button to view additional information regarding how to update their location name and address information with Georgia Medicaid.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Demographic Maintenance submenu.	The Location Name Address panel displays.

Location Name Address							
Address Type	Name	Address 1	City	State	Zip	Zip + 4	Phone
MAIL TO/CORRESPOND	LAST, FIRST C	PO BOX 370363	ATLANTA	GA	30303	9939	(444)388-9383
PAY TO ADDRESS	LAST, FIRST C	PO BOX 370363	ATLANTA	GA	30303	9939	(444)388-9383
SVC LOCATION	LAST, FIRST C	PO BOX 370363	ATLANTA	GA	30303	9939	(444)388-9383

Type changes below.

Name Type ☐ Business Name ☒ Personal Name

Name

Title

Address Type

Address 1

Address 2

City

State

Zip

County

Latitude

E-Mail

Web Site Address

Phone*

Fax

After Hours Phone*

Handicap Accessible?

Longitude

[change address help](#)

Field Descriptions

Field	Help Description
Address 1	Displays the first line of the selected address. (Read-Only unless address type is mail to)
Address 2	Displays the second line of the selected address. (Read-Only unless address type is mail to)
Address Type	Displays the type of address being shown. (Read-Only)
After Hours Phone	Displays the after-hours phone number and extension for the provider.
change address help	This button displays additional information regarding how the provider can update their location name and address information.
City	Displays the city of the selected address. (Read-Only unless address type is mail to)
County	Displays the county of the selected address. (Read-Only unless address type is mail to)
E-mail	Displays the e-mail address for the provider.
Fax	Displays the fax number for the provider.
Handicap Accessible?	Displays if the location is handicap accessible.
Latitude	Displays the calculated latitude of the address. (Read-Only)

Field	Help Description
Longitude	Displays the calculated longitude of the address. (Read-Only)
Name	Displays the name of the provider. (Read-Only)
Name Type	Displays if the provider name is their business or personal name. (Read-Only)
Phone	Displays the phone number and extension for the provider.
State	Displays the state of the selected address. (Read-Only unless address type is mail to)
Title	Displays the official title of the provider's name. (Read-Only)
Web Site Address	Displays the Web site address for the provider.
ZIP	Displays the ZIP code and ZIP code extension of the selected address. (Read-Only unless address type is mail to)
ZIP + 4 [List]	Displays the ZIP Code extension of the selected address for the provider. (Read-Only)

Updating the Panel

Step	Action	Result
1	Select the field(s) to update and perform update.	
2	Click Save .	The appropriate response appears at the top of the page.

16.11 Accessing Demographic Maintenance - Electronic Funds Transfer (EFT) Account

The EFT Account panel allows providers and billing agents to view electronic funds transfer account information related to the provider account that has logged onto the secure Web Portal.

Providers may select the change bank help button to receive additional information regarding how to update their EFT account information.

Extra Features: Users may select the change bank help button to view additional information regarding how to update their bank account information with Georgia Medicaid.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the Demographic Maintenance submenu.	The EFT Account panel displays.

EFT Account

Financial Institution	EFT Status	ABA Number	EFT Account Number (Last 4)	Effective Date	End Date	Last Change Date
MILITARY AND CIVILIAN FEDERAL C.U.		325	4992			05/28/2008

Type changes below.

ABA Number	325	Name On Account	
EFT Account Number (Last 4)	4992	Signee Name 1	
Effective Date		Signee Name 2	
End Date		Signee Name 3	
Account Type	CHECKING	Signee Name 4	
Financial Institution	MILITARY AND CIVILIAN FEDE	EFT Status	

[change bank help](#)

Field Descriptions

Field	Help Description
ABA Number	Displays the bank routing number to which the funds are transferred to. (Read-Only)
Account Type	Displays the bank account type. (Read-Only)
change bank help	This button displays additional information regarding how the provider can update their electronic funds transfer account information.
Effective Date	Displays the effective date of the EFT account. (Read-Only)
EFT Account Number (Last 4)	Displays only the last four digits of the bank account number. (Read-Only)
EFT Status	Displays the status of the EFT account. (Read-Only)
End Date	Displays the end date of the EFT account. (Read-Only)
Financial Institution	Displays the name of the financial institution. (Read-Only)
Last Change Date	Displays the last change date of the EFT account. (Read-Only)
Name On Account	Displays the name of the owner of the EFT account. (Read-Only)
Signee Name 1	Displays the first authorized signer name on the EFT bank account. (Read-Only)

Field	Help Description
Signee Name 2	Displays the second authorized signer name on the EFT bank account. (Read Only)
Signee Name 3	Displays the third authorized signer name on the EFT bank account. (Read Only)
Signee Name 4	Displays the fourth authorized signer name on the EFT bank account. (Read Only)

16.12 Accessing Demographic Maintenance - Owners

The Owners panel allows providers and billing agents to view, add, or update owners of the practice or institution for the provider account that has logged onto the secure Web Portal.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the Demographic Maintenance submenu.	The Owners panel displays.

Owners ?

Type	Ownership Type	Business Name	Last Name	First Name	FEI Number	SSN	Percentage Owner
A	Business	CORPORATION	BUSINESS NAME				0%
							5%

Type data below for new record.

Is this Owner an Individual or Business?* ☐ Individual ☐ Business

Ownership Type

Business Name

Last Name

First Name, MI

Address 1

Address 2

City

State

Zip

FEI Number

SSN

Date of Birth

Familial Relationship

Phone

Fax

E-Mail Address

% Owner

Has this owner ever been convicted of a crime related to their involvement in any program under Medicaid, Medicare, or Title XX? ☐ No ☐ Yes

[delete](#) [add](#)

Field Descriptions

Field	Help Description
add	This button is used to add data to a panel.

Field	Help Description
% Owner	Displays the percentage ownership that the owner controls for the practice or institution.
Address 1	Displays the first line of the address of the owner.
Address 2	Displays the second line of the address of the owner.
Business Name	Displays the name of the organization or business that is involved in the ownership (Business only).
City	Displays the city of the address for the owner.
Conviction Indicator	Indicates if the owner or operator has been convicted of a crime related to their involvement in any program under Medicaid, Medicare or Title XX.
Date of Birth	Displays the date of birth of the owner (Individual only).
delete	This button is used to delete data from a panel.
E-Mail Address	Displays the e-mail address for the owner.
FEI Number	Displays the federal employer identification (FEI) number of the owner.
Familial Relationship	Displays the familial relationship (if any) between the owner and provider (Individual only).
Fax	Displays the fax number for the owner.
First Name, MI	Displays the first name of the individual that is involved in the ownership (Individual only).
Is this Owner an Individual or Business?	Displays if this is an Individual or Business.
Last Name	Displays the last name of the individual that is involved in the ownership (Individual only).
Ownership Type	Displays the ownership type of the owner.
Phone	Displays the phone number and the phone number extension for the owner.

Field	Help Description
SSN	Displays the social security number (SSN) of the owner (Individual only).
State	Displays the state of the address for the owner.
ZIP	Displays the ZIP code and the ZIP code extension of the address for the owner.

16.12.1 Adding an Owner

Step	Action	Result
1	Click <i>add</i> .	A new row appears.
2	Select <i>Is this Owner an Individual or Business?</i>	The fields pertaining to the selection of the Individual or Business are displayed.
3	Select the <i>Ownership Type*</i> from the drop-down list.	
4	Enter the <i>Business Name*</i> or Individual <i>Last and First Name*</i> (Middle Initial is optional) of the owner.	
5	Enter the <i>Address 1*</i> .	
6	Enter the <i>Address 2</i> .	
7	Enter the <i>City*</i> .	
8	Select the <i>State*</i> from the drop-down list.	
9	Enter the <i>ZIP*</i> .	
10	Enter the <i>FEI Number*</i> . (Optional for individuals)	
11	Enter the <i>SSN*</i> .	Displayed for individuals only.
12	Enter the <i>Date of Birth*</i> .	Displayed for Individuals only.
13	Select the <i>Familial Relationship*</i> from the drop-down list.	Displayed for Individuals only.

Step	Action	Result
14	Enter the Phone number .	
15	Enter the Fax number.	
16	Enter the E-Mail Address .	
17	Enter the % Owner .	
18	Answer the conviction question* .	
19	Click Save .	The appropriate response appears at the top of the page.

16.12.2 Updating an Owner

Step	Action	Result
1	Select the field(s) to update and perform update.	
2	Click Save .	The appropriate response appears at the top of the page.

16.12.3 Deleting an Owner

Step	Action	Result
1	Select the owner line to delete.	
2	Click delete .	A confirmation pop-up window appears.
3	Click OK to confirm selection.	
4	Click Save .	The appropriate response appears at the top of the page.

16.13 Accessing Demographic Maintenance – Managing Employees

The Managing Employees panel allows providers and billing agents to view, add, or update managing employees of the practice or institution for the provider account that has logged onto the secure Web Portal.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
Start from the secured Providers menu.		
1	Select the <i>Demographic Maintenance</i> submenu.	The Managing Employees panel displays.

Field Descriptions

Field	Help Description
add	This button is used to add data to a panel.
Address 1	Displays the first line of the address of the managing employee.
Address 2	Displays the second line of the address of the managing employee.
Affiliation	Displays the affiliation of the managing employee.
City	Displays the city of the address for the managing employee.
Conviction Indicator	Indicates if the managing employee has been convicted of a crime related to Medicaid, Medicare or Title XX.
Date of Birth	Displays the date of birth of the managing employee.
delete	This button is used to delete data from a panel.
E-Mail Address	Displays the e-mail address for the managing employee.

Field	Help Description
Familial Relationship	Displays the familial relationship (if any) between the managing employee and provider.
Fax	Displays the fax number for the managing employee.
First Name, MI	Displays the first name and middle initial of the managing employee.
Last Name	Displays the last name of the managing employee.
Phone	Displays the phone number and the phone number extension for the managing employee.
SSN	Displays the social security number (SSN) of the managing employee.
State	Displays the state of the address for the managing employee.
ZIP	Displays the ZIP code and the ZIP code extension of the address for the managing employee.

16.13.1 Adding a Managing Employee

Step	Action	Result
1	Click add .	A new row appears.
2	Select the Affiliation* from the drop-down list.	
3	Enter the Last Name* .	
4	Enter the First Name* . (Middle Initial is optional.)	
5	Enter the Address 1* .	
6	Enter the Address 2 .	
7	Enter the City* .	
8	Select the State* from the drop-down list.	
9	Enter the ZIP* .	

Step	Action	Result
10	Enter the SSN* .	
11	Enter the Date of Birth* .	
12	Select the Familial Relationship* from the drop-down list.	
13	Enter the Phone number .	
14	Enter the Fax number .	
15	Enter the E-Mail Address .	
16	Answer the conviction question* .	
17	Click Save .	The appropriate response appears at the top of the page.

16.13.2 Updating a Managing Employee

Step	Action	Result
1	Select the field(s) to update and perform update.	
2	Click Save .	The appropriate response appears at the top of the page.

16.13.3 Deleting a Managing Employee

Step	Action	Result
1	Select the managing employee line to delete.	
2	Click delete .	A confirmation pop-up window appears.
3	Click OK to confirm selection.	
4	Click Save .	The appropriate response appears at the top of the page.

16.14 Accessing Demographic Maintenance – Staff

The staff panel allows providers to view the staff of the institution for the provider account that has logged onto the secure Web Portal.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Demographic Maintenance submenu.	The Staff panel displays.

Field Descriptions

Field	Help Description
Credential Effective Date	Displays the effective date of the credential.
Credential Expiration Date	Displays the expiration date of the credential.
Credential Number	Displays the Credential number of the staff.
Credential Type	Displays the type of credential.
Date of Birth	Displays the Date of birth of the staff.
First Name, MI	Displays the First name and middle initial of the staff.
Issuing State	Displays the issuing state of the credential.
Last Name	Displays the Last name of the staff.
Level / Role	Displays the description of the staff's level or role.
SSN	Displays the Social Security Number (SSN) of the staff.
Type I (Individual) NPI	Displays the NPI of the staff.

16.15 Accessing Demographic Maintenance – CMO Associations

The CMO (Care Management Organization) Associations panel allows providers and billing agents to view CMO association information for the provider that has logged onto the secure Web Portal.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Demographic Maintenance submenu.	The CMO Associations panel displays.

CMO Associations			
Name	Effective Date	End Date	Delegated
PEACH STATE HEALTH PLAN - ATLANTA	11/01/2015	12/31/2299	NO
AMERIGROUP COMMUNITY CARE FC- ATLANTA	11/01/2015	12/31/2299	YES

Field Descriptions

Field	Help Description
Delegated	Displays if the credentialing activities have been delegated to an outside party. (Read-Only)
Effective Date	Displays the effective date of the CMO relationship. (Read-Only)
End Date	Displays the end date of the CMO relationship. (Read-Only)
Name	Displays the name of the CMO this provider belongs to. (Read Only)

16.16 Accessing Demographic Maintenance – Supervisors

The Supervisors panel allows providers and billing agents to view supervisor association information for the provider that has logged onto the secure Web Portal.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Demographic Maintenance submenu.	The Supervisors panel displays.

Supervisors			
Provider ID	Name	Effective Date	End Date
0001	EL, HOW	04/01/2012	12/31/2299
0000	ALP, HE	02/01/2012	12/31/2299
0000	CO, ROB	04/11/2012	12/31/2299

Field Descriptions

Field	Help Description
Effective Date	Displays the effective date of the supervisor relationship. (Read-Only)

End Date	Displays the end date of the supervisor relationship. (Read-Only)
Name	Displays the name of supervisor assigned to the provider. (Read-Only)
Provider ID	Displays the Medicaid provider ID of the supervisor assigned to this provider. (Read-Only)

16.17 Accessing Demographic Maintenance – Assistants

The Assistant panel allows providers and billing agents to view assistant association information for the provider that has logged onto the secure Web Portal.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the Demographic Maintenance submenu.	The Assistants panel displays.

Assistants			
Provider ID	Name	Effective Date	End Date
011	HU, PA M	09/01/2009	12/31/2299
011	HU, PA M	09/01/2009	12/31/2299

Field Descriptions

Field	Help Description
Effective Date	Displays the effective date of the assistant relationship. (Read-Only)
End Date	Displays the end date of the assistant relationship. (Read-Only)
Name	Displays the name of the assistant assigned to this provider. (Read-Only)
Provider ID	Displays the Medicaid provider ID of the assistant assigned to this provider. (Read-Only)

16.18 Accessing Demographic Maintenance – Laboratory Classifications

The Laboratory Classifications panel allows providers and billing agents to view laboratory classification information for the provider that has logged onto the secure Web Portal.

Navigational Path: Providers – Demographic Maintenance

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the Demographic Maintenance submenu.	The Laboratory Classifications panel displays.

Laboratory Classifications				
CLIA ID	Lab Name	Effective Date	End Date	FEIN (Last 4)
11D	HOW S ELL MD	06/30/1993	12/23/2012	8735

Field Descriptions

Field	Help Description
FEIN (Last 4)	Displays the last four of the federal employee identification number assigned to the lab. (Read-Only)
CLIA ID	Displays the Clinical Laboratory Improvement Amendments number assigned to this provider. (Read-Only)
Effective Date	Displays the effective date of this provider's CLIA relationship. (Read-Only)
End Date	Displays the end date of this provider's CLIA relationship. (Read-Only)
Lab Name	Displays the name of the lab. (Read-Only)

16.19 Accessing Group Affiliation

The group affiliation page allows providers and billing agents to view and update group affiliation information related to the provider account that has logged onto the secure Web Portal.

Navigational Path: Providers – Group Affiliation

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the Group Affiliation submenu.	The Search for Providers in my Group, My Group or Group Membership and Update Group Affiliation End Date panels display.

Search for Provider in My Group ?

Provider ID

Provider Last Name

search

clear

My Group

Provider ID	NPI	Name	Effective Date	End Date
			01/01/2025	02/01/2298
			01/02/2026	12/31/2298
			10/01/2025	12/31/2299
			10/01/2025	12/31/2299
			10/01/2025	12/31/2299
			10/01/2025	12/31/2299
			10/01/2025	12/31/2299
			10/01/2025	12/31/2299
			10/01/2025	12/31/2299
			10/01/2025	12/31/2299

Select row above to update Group Affiliation End Date

Update Group Affiliation End Date ?

Delink Group Affiliation: Update the End Date to delink/end the group affiliation. The End Date entered may not be in the past.

Provider ID Name

NPI Address

Effective Date 10/01/2025

End Date*

Field Descriptions

Field	Help Description
Address	Displays the provider address. (Read-only)
Effective Date	Displays the effective date of the group affiliation. (Read-only)
End Date	Displays the end date of the group affiliation.
Name	Displays the effective date of the group affiliation. (Read-only)
NPI	Displays the provider NPI for the group affiliation. (Read-only)
Provider ID	Displays the Medicaid provider ID for the group affiliation. (Read-only)

Updating Group Affiliation End Date

Step	Action	Result
1	Click a row from the My Group or Group Membership panel.	Update Group Affiliation End Date expands.
2	Update End Date .	
3	Click Save .	The appropriate response appears at the top of the page.

16.20 Accessing Group Affiliation - Requests - Group Requests for Provider to be Added to Their Group

The Group Affiliations Request panel allows providers and billing agents to view, update, and add group affiliation requests for the provider account that has logged onto the secure Web Portal.

Navigational Path: Providers – Group Affiliation

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the Group Affiliation submenu.	The Requests – Group Requests for Provider to be Added to Their Group and Request or Update Group Affiliation panels display.

The screenshot displays two panels from the Gainwell Provider Web Portal. The top panel, titled "Requests - Group Requests for Provider to be Added to Their Group", contains a table with the following data:

Provider ID	NPI	Group Name	Effective Date	Request Status	Request Date	Finalized Date
123456789	1234567890	ABC Health Services	12/02/2024	Approved - Auto Approved	03/19/2024	03/20/2024
987654321	9876543210	XYZ Medical Group	03/15/2024	Pending - Request from Group in Process	03/15/2024	
555555555	5555555550	DEF Healthcare	03/01/2024	Requested - Request Sent to Provider	03/13/2024	
111111111	1111111110	GHI Wellness	03/01/2024	Denied - Denied by Provider	03/01/2024	03/13/2024

Below the table is a note: "Select row above to update -or- click add button below to request an affiliation."

The bottom panel, titled "Request or Update Group Affiliation", contains instructions and a form:

- Remove Request: To remove PENDING group affiliation requests, select a row above and click the delete button, then click the save button
- Approve or Deny Request: Select a row above to Approve or Deny the group affiliation request. Click the save button to submit the approval/denial
- Add Request: To request the provider be added to an existing Medicaid group provider, click the add button, complete the fields, then click the save button
 - Group affiliation requests will be processed nightly

The form includes the following fields:

- Provider ID: [Text Input]
- NPI: [Text Input]
- Name: [Text Input]
- Address: [Text Input]
- Effective Date: [Text Input]
- Request Status: [Dropdown Menu]
- Request Date: [Text Input]
- Finalized Date: [Text Input]

Below the form is an "ATTESTATION STATEMENT:" section with a bulleted list of terms and a checkbox labeled "I accept the terms of the Attestation Statement". At the bottom right are "delete" and "add" buttons.

Field Descriptions

Field	Help Description
add	This button is used to add a new group affiliation request.
Address	Displays the provider address. (Read-only)

Field	Help Description
delete	This button is used to delete a new group affiliation request that is in a 'Pending' status. Only the provider or billing agent acting on their behalf who made the affiliation request can delete the request.
Effective Date	Displays the effective date of the group affiliation.
Finalized Date	Displays the finalized date of the group affiliation request. (Read-Only)
I accept the terms of the Attestation Statement	The provider selects this check box to indicate acceptance of the attestation statement.
NPI	Displays the provider NPI for the group affiliation. (Read-only)
Name	Displays the effective date of the group affiliation. (Read-only)
Provider ID	Displays the Medicaid provider ID for the group affiliation. (Read-only)
Request Date	Displays the request date of the group affiliation request. (Read-only)
Request Status	Displays the status reason of the group affiliation request. Dropdown menu

16.20.1 Adding a Group Provider Request

Step	Action	Result
1	Click add .	Provider ID and Effective Date
2	Enter the Provider ID* or click [Search] to select a provider.	Clicking [Search] activates the Search panel.
3	Enter the Effective Date* .	
4	Check the I accept the terms of the Attestation Statement* .	
5	Click Save .	The appropriate response appears at the top of the page.

16.20.2 Updating a Group Provider Request

Step	Action	Result
1	Select the row under Requests - Group Requests for Provider to be Added to Their Group to be updated.	
2	Select Approved by Provider or Denied by Provider from Request Status dropdown menu.	Note: Only individual providers or Billing Agents acting on their behalf can approve/deny affiliation requests.
3	Check the I accept the terms of the Attestation Statement* .	
4	Click Save .	The appropriate response appears at the top of the page.

16.20.3 Deleting a Group Provider Request

Step	Action	Result
1	As the Acting Provider ID, select a row under the Requests - Group Requests for Provider to be Added to Their Group that is a ' Pending ' status.	Note: Only the Provider or Billing Agent acting on behalf of the provider can delete an affiliation request submitted by them.
2	Click delete .	A confirmation pop-up window appears.
3	Click OK to confirm selection.	Row is marked for 'D' for deletion.
4	Click Save .	The appropriate response appears at the top of the page.

16.21 Accessing PACE Affiliation

The PACE Affiliation page allows PACE facilities and billing agents to view and update PACE affiliation information related to the PACE Facility account that has logged onto the secure Web Portal.

Navigational Path: Providers – PACE Affiliations

Step	Action	Result
Start from the secured Providers menu.		
1	Select the PACE Affiliations submenu.	The Search for Provider in My PACE Affiliations or My PACE Affiliations and Maintain PACE Affiliation panels display.

Search for Provider in My PACE Affiliations

Provider ID

Business OR Last Name

Provider Type

Active From

06/16/2026

Active Through

06/16/2026

Active Entire Date Range

☐

search

clear

My PACE Affiliations

Provider ID	NPI	Name	Provider Type	Effective Date	End Date
			DENTIST SERVICE PROVIDERS	08/01/2025	12/31/2299
			TRANSPORTATION	06/01/2026	12/31/2299

Select row above to update PACE Affiliation End Date

Maintain PACE Affiliation

Add an Affiliation:

Select the Add button in the panel below, enter the required affiliation details, and select Save.

Terminate an Affiliation:

Select the appropriate affiliate from the list above, enter today's date or a future date in the End Date field in the panel below, and select Save.

Provider ID

[Search]

Name

NPI

Address

Effective Date

08/01/2025

End Date*

12/31/2299

delete

add

Field Descriptions

Field	Help Description
Active From	User enters the beginning date of the range to search.
Active Through	User enters the ending date of the range to search.
Active Entire Date Range	When checked, only records that were active for the entire Active From and Active Through date range will be returned in the search results. When not checked, records that were active at any point within the Active From and Active Through date range will be returned in the search results.
Address	Displays the provider address. (Read-only)
Business OR Last Name	Displays the name of the PACE affiliate provider.
Effective Date	Displays the effective date of the PACE affiliation. (Read-only)
End Date	Displays the end date of the PACE affiliation.
NPI	Displays the provider NPI for the PACE affiliation. (Read-only)
Provider ID	Displays the Medicaid provider ID for the group affiliation. (Read-only)

Field	Help Description
Provider Type	Displays the type of the PACE affiliate provider.

16.22 Accessing PACE Affiliations - Maintain PACE Affiliations

The PACE Affiliations >> Maintain PACE Affiliations panel allows providers and billing agents to view, update, and add PACE affiliation requests for the provider account that has logged onto the secure Web Portal.

Navigational Path: Providers – PACE Affiliation

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the PACE Affiliations submenu.	The Maintain PACE Affiliation panel expands.

My PACE Affiliations

Provider ID	NPI	Name	Provider Type	Effective Date	End Date
			PHYSICIANS/OSTEOPATHS	05/01/2026	12/31/2299
			TRANSPORTATION	06/01/2026	12/31/2299

Select row above to update PACE Affiliation End Date

Maintain PACE Affiliation

- Add an Affiliation:** Select the Add button in the panel below, enter the required affiliation details, and select **Save**.
- Terminate an Affiliation:** Select the appropriate affiliate from the list above, enter today's date or a future date in the **End Date** field in the panel below, and select **Save**.

Provider ID [Search]

Name

NPI

Address

Effective Date

End Date

Field Descriptions

Field	Help Description
add	This button is used to add a new PACE affiliation.
Address	Displays the provider address. (Read-only)
delete	This button is used to delete a new PACE affiliation. A record can only be deleted when entered and before it is saved to the PACE Affiliations.
Effective Date	Displays the effective date of the PACE affiliation.
End Date	Displays the end date of the PACE affiliation. (Read-only)

Field	Help Description
NPI	Displays the provider NPI for the group affiliation. (Read-only)
Name	Displays the effective date of the group affiliation. (Read-only)
Provider ID	Displays the Medicaid provider ID for the group affiliation. (Read-only)

16.22.1 Adding a PACE Affiliation

Step	Action	Result
1	Click add .	Provider ID, Effective Date, and End Date are enabled.
2	Enter the Provider ID* or click [Search] to select a provider.	Clicking [Search] activates the Search panel.
3	Enter the Effective Date* .	
4	Enter the End Date* .	
5	Click Save .	The appropriate response appears at the top of the page.

16.22.2 Updating a PACE Provider

Step	Action	Result
1	Select the row under My PACE Affiliations to be updated.	Maintain PACE Affiliation activated and End Date will be enabled.
2	Enter the End Date of the affiliation.	
3	Click Save .	The appropriate response appears at the top of the page.

16.22.3 Deleting a PACE Provider

Step	Action	Result
1	Click add .	Provider ID, Effective Date, and End Date are enabled.
2	Enter the Provider ID* or click [Search] to select a provider.	Clicking [Search] activates the Search panel.

Step	Action	Result
3	Enter the Effective Date* .	
4	Enter the End Date* .	
5	Click Delete button.	Record deleted. NOTE: Deletes can only happen before the record has been saved.

16.23 Accessing Request Contact for Direct Exchange Address

The Request Contact for Direct Exchange Address panel allows providers and billing agents to submit requests to be contacted by the Direct Exchange vendor in order to establish a Direct Exchange Address.

Navigational Path: Providers – Direct Exchange Address

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the Direct Exchange Address submenu.	The Request Contact for Direct Exchange Address panel displays.

Field Descriptions

Field	Help Description
Contact Name	Displays the contact name of the person to be contacted in the request.
Phone Number, Ext	Displays the phone number and extension of the person to be contacted about establishing the Direct Exchange Address.

Adding Request Contact for Direct Exchange Address Information

Step	Action	Result
1	Enter Contact Name* .	
2	Enter Phone Number, Ext* .	

Step	Action	Result
3	Click Submit .	The appropriate response appears at the top of the page.

16.24 Accessing Contact Requests for Direct Exchange Address

The Contact Requests for Direct Exchange Address panel allows providers and billing agents to view their pending contact requests that have not yet been assigned a Direct Exchange Address.

Extra Features

The Contact Request for Direct Exchange Address panel will only display if there is one or more rows to display.

Navigational Path: Providers – Direct Exchange Address

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the Direct Exchange submenu.	The Contact Requests for Direct Exchange Address panel displays.

Contact Requests for Direct Exchange Address			
Request Date	Contact Name	Phone Number	Phone Extension
10/20/2012	CHUCK SWIFT	(123)346-7890	12356

Field Descriptions

Field	Help Description
Contact Name	Displays the contact name of the person to be contacted in the request. (Read-Only)
Phone Extension	Displays the phone extension submitted in the request. (Read-Only)
Phone Number	Displays the phone number submitted in the request. (Read-Only)
Request Date	Displays the date that the request was entered. (Read-Only)

16.25 Accessing Direct Exchange Addresses

The Direct Exchange Addresses Panel allows providers and billing agents to view their existing Direct Exchange Addresses on file.

Navigational Path: Providers – Direct Exchange Address

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Direct Exchange submenu.	The Direct Exchange Addresses panel displays.

Direct Exchange Addresses		
Direct Exchange Address	Effective Date	End Date
PROVIDER@CLINIC.COM	05/01/2012	12/31/2299
PROVIDER@HOSPITAL.COM	05/01/2012	12/31/2299
PROVIDER@OTHERCLINIC.COM	06/01/2012	12/31/2299
PROVIDER@OTHERHOSPITAL.COM	09/01/2012	12/31/2299

Field Descriptions

Field	Help Description
Direct Exchange Address	Displays the Direct Exchange Address for the provider. (Read-Only)
Effective Date	Displays the date that the address became available to GA Medicaid. (Read-Only)
End Date	Displays the date that the address information is no longer valid. (Read-Only)

16.26 Accessing Provider Rates

The Provider Rates Lists page allows providers and billing agents to view contracted rates for the provider service location.

Navigation: Providers – Rate Information

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Rate Information submenu.	The Provider Rate information panels display.

Provider Rates - Diagnosis Related Group										
Rate Type	DRG	DRG Description	Base Rate Multiplier	Cost to Charge Ratio	Outlier Percent	Semi-Private Room Rate	Capital Amount	GME Amount	Effective Date	End Date
DRG	000	ALL DRG	\$4,879.72	50.90%	89.30%	\$367.00	\$561.59	\$0.00	01/01/2008	12/31/2299
DRG	000	ALL DRG	\$3,737.81	67.50%	89.30%	\$367.00	\$838.25	\$0.00	07/01/2006	12/31/2007
DRG	000	ALL DRG	\$3,737.81	67.50%	89.30%	\$367.00	\$838.25	\$0.00	07/01/2005	06/30/2006
DRG	000	ALL DRG	\$3,737.81	67.50%	90.00%	\$320.00	\$838.25	\$0.00	07/01/2003	06/30/2005
DRG	000	ALL DRG	\$3,737.81	67.50%	90.00%	\$290.00	\$116.87	\$0.00	07/01/2002	06/30/2003

1 2 Next >

Provider Rates - Outpatient Percentage			
Rate Type	Percentage Amount	Effective Date	End Date
OUTP PERCENT	27.90%	11/01/2008	12/31/2299
OUTP PERCENT	25.60%	07/01/2007	10/31/2008
OUTP PERCENT	26.70%	07/01/2006	06/30/2007
OUTP PERCENT	37.45%	07/01/2005	06/30/2006
OUTP PERCENT	42.91%	07/01/2004	06/30/2005

1 2 3 ... Next >

Provider Rates - Revenue Codes			
Rate Type	Rate Amount	Effective Date	End Date
REVENUE CD 521	\$22.00	09/15/2009	12/31/2009
REVENUE CD 656	\$19.00	08/14/2009	12/31/2009
REVENUE CD 659	\$22.00	08/14/2009	12/31/2009
REVENUE CD 521	\$21.00	08/14/2009	09/14/2009

Provider Rates - Inpatient Flat Amount			
Rate Type	Rate Amount	Effective Date	End Date
INP FLAT AMOUNT	\$35.00	01/01/2009	08/25/2009
INP FLAT AMOUNT	\$40.00	08/14/2008	08/30/2008

Provider Rates - LTC Per Diem					
Rate Type	Rate Amount	Effective Date	End Date	LTC Certification Date	ORS Inspect Date
LTC NURSING HM	\$145.00	10/01/2001	12/31/2299		
LTC INTER CARE	\$25.00	01/01/2010	12/31/2010		
LTC INTER CARE	\$20.00	09/02/2009	12/31/2009		
LTC MEN RETARD	\$15.00	08/14/2009	12/31/2009		
LTC SKILLED	\$20.00	08/14/2009	12/31/2009		

1 2 3 Next >

Provider Rates - Inpatient Non-Enrolled				
Rate Type	Percentage Amount	Effective Date	End Date	Inactive Date
INP NON ENROLLED	27.90%	11/01/2008	12/31/2299	12/31/2299

Provider Rates - Procedure Pricing									
Procedure Code		Search							
		search							
		clear							
Rate Type	Procedure Code	Description	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Rate Amount	Effective Date	End Date
COS 440	H0004	ALCOHOL AND/OR DRUG SERVICES	HQ	HR	U2	U7	\$10.39	07/01/2009	12/31/2299
COS 440	H0004	ALCOHOL AND/OR DRUG SERVICES	HQ	HS	U4	U7	\$5.41	07/01/2009	12/31/2299
COS 440	H0004	ALCOHOL AND/OR DRUG SERVICES	HQ	HR	U3	U7	\$8.25	07/01/2009	12/31/2299
COS 440	H2014	SKILLS TRAIN AND DEV, 15 MIN	HQ	HR	U5	U7	\$4.03	07/01/2009	12/31/2299
COS 440	H0004	ALCOHOL AND/OR DRUG SERVICES	HQ	HR	U4	U7	\$5.41	07/01/2009	12/31/2299
COS 440	H2014	SKILLS TRAIN AND DEV, 15 MIN	HQ	HS	U4	U7	\$5.41	07/01/2009	12/31/2299
COS 440	H0004	ALCOHOL AND/OR DRUG SERVICES	HQ	HR	U5	U7	\$4.03	07/01/2009	12/31/2299
COS 440	H2014	SKILLS TRAIN AND DEV, 15 MIN	HQ	HS	U5	U7	\$4.03	07/01/2009	12/31/2299
COS 440	H0004	ALCOHOL AND/OR DRUG SERVICES	HQ	HS	U2	U7	\$10.39	07/01/2009	12/31/2299
COS 440	H2014	SKILLS TRAIN AND DEV, 15 MIN	HQ	HR	U4	U7	\$5.41	07/01/2009	12/31/2299

1 2 3 ... Next >

Field Descriptions

Field	Help Description
Base Rate Multiplier	Displays the base amount payable for the DRG (Drug Resource Group). (Read-Only)
Capital Amount	Displays the capital amount utilized to calculate the DRG base rate specific for a provider. (Read-Only)

Field	Help Description
clear	This button clears the search criteria fields.
Cost to Charge Ratio	Displays a percentage of charges providers have made over a base period of time. (Read-Only)
DRG	Displays the DRG code identifying the classification of diagnoses in which patients demonstrate similar resource consumption and length of stay patterns. (Read-Only)
DRG Description	Displays the name of the DRG identifying the classification of diagnoses in which patients demonstrate similar resource consumption and length of stay patterns. (Read-Only)
Effective Date	Displays the effective date of the per diem rate. (Read-Only)
End Date	Displays the end date of the per diem rate. (Read-Only)
GME Amount	Displays the medical educational amount utilized to calculate the DRG base rate specific for a provider. (Read-Only)
Inactive Date	Displays the date the rate is no longer considered for pricing a claim, regardless of the date of service. (Read-Only)
LTC Certification Date	Displays the date that the facility has been certified for long term care by the state. (Read-Only)
Modifier 1	Displays the primary code used in combination with a procedure code to further define the service. (Read-Only)
Modifier 2	Displays the secondary code used in combination with a procedure code to further define the service. (Read-Only)
Modifier 3	Displays the tertiary code used in combination with a procedure code to further define the service. (Read-Only)
Modifier 4	Displays the fourth code used in combination with a procedure code to further define the service. (Read-Only)
ORS Inspect Date	Displays the date the facility was inspected by the Office of Regulatory Services. (Read-Only)
Outlier Percent	Displays the marginal cost percentage used to calculate price for cost outlier pricing. (Read-Only)
Percentage Amount	Displays the percentage rate for the rate type. (Read-Only)

Field	Help Description
Procedure Code	Displays the procedure code for the rate that is specific for a provider.
Rate Amount	Displays the dollar amount rate for the rate type. (Read-Only)
Rate Type	Displays the reimbursement rate type. (Read-Only)
search	This button is used to initiate the search.
Semi-Private Room Rate	Displays the rate for a semi-private room. (Read-Only)

Provider Rates – Procedure Pricing Panel

Step	Action	Result
1	Enter a Procedure Code or click [Search] to select from list.	Clicking [Search] activates the Search panel.
2	Click search .	The procedure pricing list is reduced by on the procedure code searched by.

16.27 Accessing Bed Registry

The Bed Registry panel allows providers and billing agents to view or update their bed count information.

Navigational Path: Providers - Bed Registry

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Bed Registry submenu.	The Bed Registry panel displays.

Bed Registry

Bed Type	Effective Date	EndDate	Licensed Total Beds	Available Male Beds	Available Female Beds	Available Either Beds	Available Total Beds
ICF/MR	01/01/2000	12/31/2299	15	0	0	0	10
HOSPITAL	01/01/1900	12/31/2299	30	0	0	0	27
SWING BED	01/01/1900	12/31/2299	3	0	0	0	2
NURSING FACILITY	01/01/1900	12/31/2299	11	0	0	0	3
PRTF	01/01/1900	12/31/2299	23	0	0	0	16

Type changes below.

Bed Type

ICF/MR

Available Total Beds

10

Available Male Beds

0

Available Female Beds

0

Available Either Beds

0

End Date

12/31/2299

Licensed Total Beds

15

Field Descriptions

Field	Help Description
Available Either Beds	Displays the number of available either beds.
Available Female Beds	Displays the number of available female beds.
Available Male Beds	Displays the number of available male beds.
Available Total Beds	Displays the total number of available beds, which is automatically calculated based on the values in the available male, female, and either bed fields. (Read-Only)
Bed Type	Displays the type of bed for which counts may be collected. (Read-Only)
cancel	This button cancels the current operation and discards any changes.
Effective Date	Displays the effective date of the licensing information for the corresponding bed type. Updates made to the available counts will not impact the effective date. (Read-Only)
End Date	Displays the end date of the licensing information for the corresponding bed type. Updates made to the available counts will not impact the end date. (Read-Only)
Licensed Total Beds	Displays the total number of licensed beds. (Read-Only)
save	This button saves the modified data to the panel.

Updating Bed Registry Information

Step	Action	Result
1	Select the field(s) to update and perform update.	
2	Click Save .	The appropriate response appears at the top of the page.

16.28 Accessing Procedure Search

The Procedure Code Search panel allows providers and billing agents to perform searches for procedure code information in relation to Georgia Medicaid.

Navigational Path: Providers - Procedure Search

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Procedure Search submenu.	The Procedure Search panel displays.

Field Descriptions

Field	Help Description
clear	This button clears the search criteria fields.
Place of Service	Displays the procedure's place of service to search by.
Procedure Code	Displays the procedure code to search by.
Procedure Code Date	Displays the procedure date to search by. The procedure date is automatically populated with the current date which can be modified if needed.
search	This button is used to initiate the search.

Procedure Search Panel

Step	Action	Result
1	Enter a Procedure Code* .	
2	Enter a Place of Service* or click [Search] to select from list.	Clicking [Search] activates the Search panel.
3	Enter a Procedure Code Date* .	
4	Click search .	The appropriate search result is displayed based on the search criteria entered.

16.29 Accessing Procedure Search – Enrolled Categories of Service

The enrolled categories of service panel allows providers and billing agents to view their enrolled active categories of service, regardless of their effective and end date period.

Navigational Path: Providers - Procedure Search

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Procedure Search submenu.	The Enrolled Categories of Service panel displays.

Enrolled Categories of Service for 0000000					
COS	Description	Effective Date	End Date	Status	Status Reason
010	The Hospital Program provides reimbursement for medical services rendered in an inpatient	09/01/1975	12/31/2299	Active	Active
070	The Hospital Program provides reimbursement for medical services rendered in an outpatient	09/01/1975	12/31/2299	Active	Active

Field Descriptions

Field	Help Description
COS	Displays the category of service code in which the provider is or has been actively enrolled. (Read-Only)
Description	Displays the category of service description in which the provider is or has been actively enrolled. (Read-Only)
Effective Date	Displays the effective date for the category of service segment. (Read-Only)
End Date	Displays the end date for the category of service segment. (Read-Only)
Status	Displays the status for the category of service segment. (Read-Only)
Status Reason	Displays the reason for the status for the category of service segment. (Read-Only)

16.30 Accessing Procedure Search - Procedure Information

The Procedure Information panel allows providers and billing agents to view the procedure code summary information based on the search criteria entered on the procedure code search panel. An exact match must be identified before displaying results on the panel. The summary information includes restrictions related to all providers, regardless of their assigned category of service.

Navigational Path: Providers - Procedure Search – enter search criteria - search

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Procedure Search submenu.	The Procedure Search panel displays.
2	Enter the appropriate search criteria.	

Step	Action	Result
3	Click search .	The Procedure Information panel displays.

Procedure Information		?	⌵
Procedure Code	99213	Description	OFFICE/OUTPATIENT VISIT, EST
Gender		PA Required	The PA Required column will indicate whether the service requires either a Precertification or Prior Authorization. The possible values are:
Minimum Age			N - No PA is not required
Maximum Age			Y - Yes PA is required
			X - Yes PA is required
			Z - Yes Precert is required

Field Descriptions

Field	Help Description
Description	Displays the detailed description of the procedure code. (Read-Only)
Gender	Displays the gender that is permitted for the procedure code. (Read-Only)
Maximum Age	Displays the maximum age that is permitted for the procedure code. (Read-Only)
Minimum Age	Displays the minimum age that is permitted for the procedure code. (Read-Only)
PA Required	Displays a message indicating the PA requirement is restricted to the provider's category of service as seen in the next panel. (Read-Only)
Procedure Code	Displays the procedure code. (Read-Only)

16.31 Accessing Procedure Search – National Correct Coding Information (Medically Unlikely Edits) – Inpatient Only Procedure

The national correct coding information (Medically Unlikely Edits) - Inpatient only procedure panel allows providers and billing agents to identify when the procedure is limited to inpatient only settings for the timeframe requested. If the procedure is not limited to inpatient settings, the panel will not be displayed.

Navigational Path: Providers - Procedure Search – enter search criteria - search

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the Procedure Search submenu.	The Procedure Search panel displays.
2	Enter the appropriate search criteria.	

Step	Action	Result
3	Click search .	The NCCI panel displays.

National Correct Coding Information (Medically Unlikely Edits) - Inpatient Only Procedure		
Effective Date	04/01/2013	Note This service is only payable under inpatient settings.
End Date	12/31/2299	

Field Descriptions

Field	Help Description
Effective Date	Displays the effective date for the procedure code inpatient setting only restrictions. (Read-Only)
End Date	Displays the end date for the procedure code inpatient setting only restrictions. (Read-Only)
Note	Displays the message that the procedure is only payable under inpatient settings. (Read-Only)

16.32 Accessing Procedure Search – Covered Categories of Service

The Covered Categories of Service panel allows providers and billing agents to view detailed restrictions for the procedure code based on the search criteria entered on the procedure code search panel. An exact match must be identified before displaying results on the panel. The detailed information includes restrictions based on a provider's category of service.

Navigational Path: Providers - Procedure Search – enter search criteria - search

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Procedure Search submenu.	The Procedure Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Covered Categories of Service panel displays.

Covered Categories of Service (29 rows returned)								
COS	Claim Type	Modifiers	Min Age	Max Age	Gender	From	Thru	PA Required
010 Inpatient Hospital						01/01/2000	12/31/2299	Z - Yes Precert is required
070 Outpatient Hospital		Including 0-4 from 24 25 27 33 52 73 74 76 77 78 79 91 95 GQ GT				07/01/2023	12/31/2299	N - No PA is not required
080 SwingBed						01/01/2000	12/31/2299	N - No PA is not required
200 HomeHealth	C					07/01/2000	12/31/2299	N - No PA is not required
230 IndepLab	B,M	Including 0-4 from 24 25 52 57 AJ FP GT U1				01/01/2006	12/31/2299	N - No PA is not required
270 Family Planning		Including 0-1 from U1 , Including 1-1 from FP				01/01/2013	12/31/2299	N - No PA is not required
430 Physician	M	Including 0-4 from 24 25 27 52 57 58 59 78 79 91 95 AJ E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA FP FQ FR FS FT GQ GT HA LC LD LM LT Q1 RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA TM				01/01/2022	12/31/2299	N - No PA is not required
430 Physician	B	Including 0-4 from 24 25 27 52 57 58 59 78 79 91 95 AJ AQ E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA FP FQ FR FS FT GQ GT HA LC LD LM LT Q1 RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA TM				01/01/2022	12/31/2299	N - No PA is not required

Field Descriptions

Field	Help Description
Claim Type	Displays the claim type(s) for the procedure code coverage restrictions. (Read Only)
COS	Displays the category of service code and description for the procedure code detailed coverage restrictions. (Read-Only)
From	Displays the effective date for the procedure code coverage restrictions. (Read-Only)
Gender	Displays the gender required for the procedure code, based on category of service. (Read-Only)
Max Age	Displays the maximum age permitted for the procedure code, based on category of service. (Read-Only)
Min Age	Displays the minimum age permitted for the procedure code, based on category of service. (Read-Only)
Modifiers	Displays the modifier combination(s) for the procedure code detailed coverage restrictions. (Read-Only)
PA Required	Displays the indicator and description if the procedure requires a prior authorization based on category of service. (Read-Only)
Thru	Displays the end date for the procedure code coverage restrictions. (Read-Only)

16.33 Accessing Explanation of Benefits (EOB) Search

The EOB Code Search panel allows providers and billing agents to perform searches for EOB code descriptions.

Navigational Path: Providers - EOB Search

Step	Action	Result
Start from the secured Providers menu.		
1	Select the EOB Search submenu.	The EOB Code Search panel displays.

Field Descriptions

Field	Help Description
clear	This button clears the search criteria fields.
EOB Code	Displays the explanation of benefit code to search by.
search	This button is used to initiate the search.

EOB Code Search Panel

Step	Action	Result
1	Enter an EOB Code* .	
2	Click search .	The appropriate search result is displayed based on the search criteria entered.

16.34 Accessing EOB Search - EOB Information

The EOB Information panel allows providers and billing agents to view an EOB code description based on the search criteria entered on the EOB code search panel. An exact match must be identified before displaying results on the panel.

Navigational Path: Providers - EOB Search – enter search criteria - search

Step	Action	Result
Start from the secured Providers menu.		
1	Select the EOB Search submenu.	The EOB Search Panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The EOB Information panel displays.

EOB Information	
EOB Code	1033
Description	FIRST SURGERY DATE (FIELD 80) NOT WITHIN (STATEMENT COVERS PERIOD) DATE SPAN (FIELD 6)

Field Descriptions

Field	Help Description
Description	Displays the full description of the explanation of benefits code. (Read-Only)
EOB Code	Displays the explanation of benefit code. (Read-Only)

16.35 Accessing Patient Profile (GaHIN Agreements)

The agreement list panel allows providers and billing agents to view all current GaHIN agreement documents. The date viewed is populated with the current date and time when the provider selected and viewed the agreement. Once all agreements have been viewed, the ability to complete the agreement acceptance panel is available. These actions must be completed by the provider user, not the billing agent acting on their behalf, before access to the GaHIN link is available.

Navigational Path: Providers – Patient Profile

Step	Action	Result
	Start from the secured Providers menu.	
1	Select the Patient Profile submenu.	The agreement list and agreement acceptance panels display.

Agreement List (7 rows returned)	
Date Viewed	Agreement Title
07/01/2016 10:04:23	DCH Medicaid Provider User Agreement
06/09/2016 17:40:17	DCH Member Affiliate Agreement
07/01/2016 10:04:27	DCH Amended BAA with Truven for Member Affiliates
07/01/2016 10:04:32	Clinical Viewer Policy
07/01/2016 10:04:37	Georgia ConnectedCare Policies
06/24/2016 12:43:25	GaHIN DCH Member Agreement
07/01/2016 10:04:49	GaHIN DCH Subscription Agreement

Agreement Acceptance	
Signor's Name	John J. John
Date	7/1/2016 10:05:34 AM
☒ I agree to the GaHIN Terms and Conditions	

Field Descriptions

Field	Help Description
Agreement Title	Displays the title of the agreement. (Read-Only)
Date	Date and time the provider signed and clicked the checkbox to indicate agreement to the GaHIN Agreements.

Date Viewed	Displays the date and time the provider viewed the agreement. (Read-Only)
I agree to the GaHIN Terms and Conditions	Displays if the provider has indicated their agreement of the GaHIN terms and conditions.
Signor's Name	Name of individual signing acceptance of the GaHIN agreement documents for the provider.

Completing the GaHIN Agreements Process

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Patient Profile submenu.	The agreement list and agreement acceptance panels display.
2	Select the GaHIN agreement from the agreement list panel.	The agreement displays and the date viewed populated with the current date and time.
3	Once all agreements have been selected, enter the signor's name on the agreement acceptance panel.	
4	Check to agree to GaHIN Terms and Conditions.	The agreement acceptance panel is restricted to read-only view and the access GaHIN panel is displayed.

16.36 Accessing Patient Profile (Access GaHIN)

The access GaHIN (Georgia Health Information Network) panel allows providers and billing agents access to the GaHIN Patient Profile application by clicking the hyperlink displayed.

Navigational Path: Providers – Patient Profile

Step	Action	Result
Start from the secured Providers menu.		
1	Select the Patient Profile submenu.	The access GaHIN panel displays.



Field Descriptions

Field	Help Description
Access GaHIN	Displays a link that opens a new window to access the GaHIN Patient Profile application.

16.37 Accessing Change of Information

The change of information page allows providers and billing agents to request changes that require manual review and are related to the provider account that has logged onto the secure Web Portal. The application uses a wizard to guide the applicant through the change of information process, which may differ for an individual versus a facility.

Navigational Path: Providers – Change of Information

Step	Action	Result
	Start from the Providers menu.	
1	Select the Change of Information submenu.	The Change of Information page displays.
2	Click the Change of Information Request hyperlink to begin.	The Request Type panel displays.

Change of Information

This page is used to submit a Change of Information (COI) request in order to manage changes to Provider and Payee information maintained in the Georgia Medicaid/PeachCare for Kids® provider system. This form cannot be used for a Change of Ownership. A Change of Ownership requires that a new application for enrollment be submitted. To submit a new application for enrollment, please go to the [Enrollment Wizard](#) page from the Provider Enrollment menu.

This online change of information request also requires users to upload supporting documentation as part of the request. To begin, click on the Change of Information Request link below. For questions on this process, the Provider Enrollment Unit can be reached at the following:

- Fill out the [Contact Us](#) form.
- Call the local number (770) 325-9600.
- Call the toll-free number (800) 766-4456.

[Change of Information Request](#)

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17 Training Overview

The Training menu will allow users to view training schedules and download training publications and CBTs (Computer-Based Training) files.

The Training submenu includes:

1. Training Schedules
2. Online Training

17.1 Accessing Training Schedules

The Training Schedules panel allows providers and billing agents to download and view training information and class availability for Georgia Medicaid.

Navigational Path: Training – Training Schedules

Step	Action	Result
Start from the secured Training menu.		
1	Select the Training Schedules submenu.	The Training Schedules panel displays.

Training Schedules (3 rows returned)			
Title	File Type	Size (KB)	Release Date
Pediatric Immunization Schedule	DOCX	24.80	08/06/2014
Pediatric Immunization Schedule	PDF	41.10	08/06/2014
Professional Prior Authorization Requirements	PDF	15.40	08/06/2014

Field Descriptions

Field	Help Description
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Size (KB)	Displays the size of the publication available for download. (Read-Only)
Title	Displays the title of the publication, which is clickable so the user may begin downloading the requested publication. (Read-Only)

17.2 Accessing Online Training

The Online Training page allows providers and billing agents to download, view, and participate in computer-based training courses for Georgia Medicaid or view Web related user manuals.

When you click the CBT, the following two options appear:

Run: When you select this option, the CBT will start and proceed through the lesson without downloading any files to your local drive.

Save: When you select this option, you can save the lesson to your local drive. You will then have the option to start the CBT immediately, or take the lesson at a later time.

Navigational Path: Training - Online Training

Step	Action	Result
Start from the secured Training menu.		
1	Select the Online Training submenu.	The Web Portal Training and Provider Manuals panels display.

Web Portal Training (8 rows returned)				
Title	File Type	Duration	Size (KB)	Run Date
Provider Enrollment - Initial Application	EXE	20 Minutes	8656.90	05/27/2011
Reading the Remittance Advice (RA)	EXE	10 Minutes	5733.10	05/27/2011
Provider Enrollment - Additional Service Location Application	EXE	20 Minutes	8280	02/03/2011
Provider Enrollment - GBHC Application	EXE	20 Minutes	7712	02/03/2011
Computer-Based Training (CBT) Instructions	PDF		41.80	12/09/2010
Billing Agent Account Registration and Maintenance	EXE	30 Minutes	7257.20	12/08/2010
Provider Web Registration and Maintenance	EXE	30 Minutes	6460.40	12/08/2010
New GHP Web Portal CBT	EXE	1 hour	13248	10/13/2010

Provider Manuals (4 rows returned)			
Title	File Type	Size (KB)	Release Date
Adult Dental Services	DOCX	17.20	08/06/2014
Adult Dental Services	PDF	15.40	08/06/2014
Childrens Dental Services	DOCX	24.80	08/06/2014
Childrens Dental Services	PDF	41.10	08/06/2014

Field Descriptions

Field	Help Description
Duration	Displays the duration of the computer based training course. (Read-Only)
File Type	Displays the file type of the publication available for download. (Read-Only)
Release Date	Displays the date that this publication was updated or became available. (Read-Only)
Run Date	Displays the effective date of the computer based training course. (Read-Only)
Size (KB)	Displays the size of the computer based training course in kilobytes. (Read-Only)
Title	Displays the title of the computer based training course. The title is clickable, which allows users to download the training course.

18 Eligibility Overview

The Eligibility menu will allow providers and authorized billing agents to request and view eligibility information for Georgia Medicaid members.

The Eligibility submenu includes: Eligibility Request

18.1 Accessing Eligibility Request

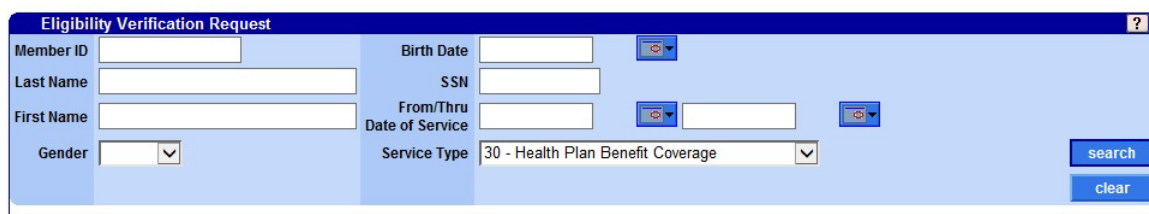
The member Eligibility Verification Request panel allows providers and billing agents to request eligibility verification information for Georgia Medicaid members.

Minimum Search Criteria:

- Member ID, Service Type and From Date of Service
- Last Name, First Name, social security number (SSN), Service Type, and From Date of Service
- SSN, Date of Birth (DOB), Service Type, and From Date of Service
- Last Name, First Name, DOB, Gender, Service Type, From Date of Service and SSN (*SSN is optional but is used when provided*)

Navigational Path: Eligibility – Eligibility Request

Step	Action	Result
Start from the secured Eligibility menu.		
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.



Field Descriptions

Field	Help Description
Birth Date	Displays the date of birth of the member to search by.
clear	This button clears the search criteria fields.
First Name	Displays the first name of the member to search by.
From/Thru Date Of Service	Displays the date of service requested to receive member eligibility information against.

Field	Help Description
Gender	Displays the gender of the member to search by.
Last Name	Displays the last name of the member to search by.
Member ID	Displays the Georgia Medicaid identification number of the member to search by.
search	This button is used to initiate the search.
Service Type	Displays the service type of the member to search by.
SSN	Displays the Social Security number of the member to search by.

Creating Eligibility Verification Request

Step	Action	Result
1	Enter a Member ID .	
2	Enter a Last Name .	
3	Enter a First Name .	
4	Select a Gender from the drop-down list.	
5	Enter a Birth Date .	
6	Enter a SSN .	
7	Enter a From Date of Service .	
8	Enter a Thru Date of Service .	
9	Select a Service Type .	
10	Click search .	The appropriate eligibility response panels are displayed.

18.2 Accessing Member ID Information

The Member ID Information panel allows providers and billing agents to view basic eligibility information for the Georgia Medicaid member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria - search

Step	Action	Result
Start from the secured Eligibility menu.		
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Member ID Information panel displays.

Member ID Information		Member Transactions	
Member ID	11	First Name	ARI
Birth Date	06/09/1991	Last Name	HOI
Address 1	818	Middle Initial	S
Address 2(County)	020 - CAMDEN	Name Suffix	
City	KINGSLAND	Gender	F
State	GA	Redetermination Date	03/09/2018
Zip	31548-5104	Transaction Date/Time	07/13/2023 10:25:08
		Confirmation #	231940000T

Field Descriptions

Field	Help Description
Address 1	Displays the first line of the address for the member. (Read-Only)
Address 2 (County)	Displays the county of the address for the member. (Read-Only)
Birth Date	Displays the date of birth of the member. (Read-Only)
City	Displays the city of the address for the member. (Read-Only)
Confirmation #	Displays the confirmation number of the transaction. (Read-Only)
First Name	Displays the first name of the member. (Read-Only)
Gender	Displays the gender of the member. (Read-Only)
Last Name	Displays the last name of the member. (Read-Only)
Member ID	Displays the Georgia Medicaid identification number of the member. (Read-Only)
Member Transactions	This button navigates to the page where providers can upload information to support Georgia Medicaid members.
Middle Initial	Displays the middle initial of the member. (Read-Only)

Field	Help Description
Name Suffix	Displays suffix of the member's name. (Read-Only)
State	Displays the state of the address for the member. (Read-Only)
Redetermination Date	Displays the date the member eligibility was redetermined.
Transaction Date/Time	Displays the date and time of the transaction. (Read-Only)
ZIP	Displays the ZIP code and ZIP code extension of the address for the member. (Read-Only)

18.3 Accessing Benefit Plans

The eligibility Benefit Plans panel allows providers and billing agents to view all active benefit information for the Georgia Medicaid member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria - search

Step	Action	Result
	Start from the secured Eligibility menu.	
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Benefit Plans panel displays.

Benefit Plans							?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations	
Active	30 - Health Plan Benefit Coverage	03/01/2013	02/28/2014	MC - Medicaid	259 - Community Care Waiver	MEDICAID Provides payment of Medicare Part A premium for those individuals who must pay a premium for Part A, Medicare coinsurance, deductible and Medicare Part B premium only. QMB will not cover any medical service that is not covered by Medicare. (QMB- COE 460 or 660.)	
Active	30 - Health Plan Benefit Coverage	03/01/2013	02/28/2014	MC - Medicaid	660 - Qualified Medicare Beneficiary		

Field Descriptions

Field	Help Description
Aid Category	Displays the aid category code and description used to determine member benefits. (Read-Only)
Effective Date	Displays the requested date that falls within each aid category segment for the member. (Read-Only)

Field	Help Description
End Date	Displays the requested date that falls within each aid category segment for the member. (Read-Only)
Insurance Type Code	Displays the description which identifies the program that the member belongs to, such as Medicaid. If the program is PeachCare for Kids®, then PeachCare will be displayed. (Read-Only)
Service Type Code	Displays the service type code and description of the service inquired upon. (Read-Only)
Special Notes or Limitations	Displays any special notes or limitations of each aid category for the member. (Read-Only)
Status	Displays the status of each aid category for the member. (Read-Only)

18.4 Accessing Managed Care

The Managed Care panel allows providers and billing agents to view specific managed care coverage for the Georgia Medicaid member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria - search

Step	Action	Result
	Start from the secured Eligibility menu.	
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Managed Care panel displays if applicable.

Managed Care				
Provider Name	Plan Name	Provider Phone	Effective Date	End Date
AMERIGROUP	Georgia Families	(557)3	01/01/2008	03/31/2008

Field Descriptions

Field	Help Description
Effective Date	Displays the requested date that falls within the managed care segment. (Read-Only)
End Date	Displays the requested date that falls within the managed care segment. (Read-Only)

Field	Help Description
Plan Name	Displays the name of the health plan for the managed care segment. (Read-Only)
Provider Name	Displays the name of the primary care physician for the managed care segment. (Read-Only)
Provider Phone	Displays the phone number of the primary care physician for the managed care segment. (Read-Only)

18.5 Accessing Eligibility by Service Type

The Eligibility by Service Type panel allows providers and billing agents to view specific program and benefit information for the Georgia Medicaid member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria - search

Step	Action	Result
	Start from the secured Eligibility menu.	
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Eligibility by Service Type panel displays.

Eligibility by Service Type							
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes
Active	1 - Medical Care	05/01/1996	12/31/1996	MC - Medicaid	104 - LIM - Adult	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Active	1 - Medical Care	01/01/1997	04/30/1997	MC - Medicaid	303 - SSI - Disabled	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.

Field Descriptions

Field	Help Description
Aid Category	Displays the aid category code and description used to determine member benefits. (Read-Only)
Copay Information	Displays the copay amount for the service type code in relation to the member and service type inquired upon. (Read-Only)
Effective Date	Displays the requested date that falls within each aid category segment for the member. (Read-Only)

Field	Help Description
End Date	Displays the requested date that falls within each aid category segment for the member. (Read-Only)
Insurance Type Code	Displays the description which identifies the program that the member belongs to, such as Medicaid. If the program is PeachCare for Kids®, then PeachCare will be displayed. (Read-Only)
Service Type Code	Displays the service type code and description of the service inquired upon. (Read-Only)
Special Copay Notes	Displays the copay notes for the service type code inquired upon. (Read-Only)
Status	Displays the status of each aid category for the member. (Read-Only)

18.6 Accessing Retroactive Eligibility

The Retroactive Eligibility panel allows providers and billing agents to view specific retroactive eligibility coverage for the Georgia Medicaid member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria - search

Step	Action	Result
Start from the secured Eligibility menu.		
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Retroactive Eligibility panel displays if applicable.

Retroactive Eligibility		
Retroactive Begin Date	Retroactive End Date	Retroactive Eff (Update) Date
01/01/2008	03/31/2008	05/02/2009

Field Descriptions

Field	Help Description
Retroactive Begin Date	Displays the retroactive effective date of each aid category for the member. (Read-Only)
Retroactive End Date	Displays the retroactive end date of each aid category for the member. (Read-Only)

Field	Help Description
Retroactive Eff (Update) Date	Displays the date the retroactive eligibility segment was added to each aid category for the member. Providers will have up to six months from this date to bill for this eligibility period. (Read-Only)

18.7 Accessing Lock-In

The Lock-In panel allows providers and billing agents to view specific lock-in coverage for the Georgia Medicaid member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria - search

Step	Action	Result
Start from the secured Eligibility menu.		
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Lock-In panel displays if applicable.

Lock-In					
Lock-In type	Provider Reference ID	Provider Name	Provider Phone	Effective Date	End Date
TA90 - Hospice - 1st 90 Days	REF0000	UNITED	(404)	8/25/2009	09/02/2009

Field Descriptions

Field	Help Description
Effective Date	Displays the requested date that falls within the lock-in period. (Read-Only)
End Date	Displays the requested date that falls within the lock-in period. (Read-Only)
Lock-In Type	Displays the restricted service the member is locked in to. (Read-Only)
Provider Name	Displays the name of the lock-in provider. (Read-Only)
Provider Phone	Displays the phone number of the lock-in provider. (Read-Only)
Provider Reference ID	Displays the reference ID of the provider. (Read-Only)

18.8 Accessing Managed Care Special Conditions

The Managed Care Special Conditions panel allows providers and billing agents to view specific managed care special condition coverage information for the Georgia Medicaid member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria - search

Step	Action	Result
Start from the secured Eligibility menu.		
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Managed Care Special Conditions panel displays if applicable.

Managed Care Special Conditions		
Special Condition Code	Effective Date	End Date
CMS - CHILDREN MEDICAL SERVICE	01/01/2010	07/31/2010

Field Descriptions

Field	Help Description
Effective Date	Displays the requested date that falls within the managed care special condition segment. (Read-Only)
End Date	Displays the requested date that falls within the managed care special condition segment. (Read-Only)
Special Condition Code	Displays the special condition code and description. (Read-Only)

18.9 Accessing Long Term Care (LTC)

The Long Term Care panel allows providers and billing agents to view specific LTC coverage for the Georgia Medicaid member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria - search

Step	Action	Result
Start from the secured Eligibility menu.		
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Long Term Care panel displays if applicable.

Long Term Care				?
Provider Name	Provider Phone	Effective Date	End Date	
ROM	(507)1	01/01/2009	02/01/2009	

Field Descriptions

Field	Help Description
Effective Date	Displays the requested date that falls within the LTC segment. (Read-Only)
End Date	Displays the requested date that falls within the LTC segment. (Read-Only)
Provider Name	Displays the name of the LTC provider. (Read-Only)
Provider Phone	Displays the phone number of the LTC provider. (Read-Only)

18.10 Accessing Service Limits

The Service Limits panel allows providers and billing agents to view services allowed and used for the requested year against the Georgia Medicaid member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria - search

Step	Action	Result
	Start from the secured Eligibility menu.	
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Service Limits panel displays if applicable.

Service Limits					?
Benefit Information	Procedure Code	Units/Amount Allowed	Units/Amount Used	Time Period	
TOOTH 02 LIMITED TO ONE SEALANT PER FOUR YEARS		1	5	23 - 4 Calendar Years	
TOTAL AMT PD EXCEEDS MEMBER STATE FISCAL YR LIMIT		\$6273.28	\$6120.02	22 - 1 Fiscal Years 23 - 1 Calendar Years	

Field Descriptions

Field	Help Description
Benefit Information	Displays the service description. (Read-Only)
Procedure Code	Displays the procedure code and description which applied towards the service limitation segment. (Read-Only)
Time Period	Displays the time period in which the services can be performed, such as yearly, weekly, or once in a lifetime. (Read-Only)

Field	Help Description
Units/Amount Allowed	Displays the number of units (services) or dollar amount that can be performed within the year. (Read-Only)
Units/Amount Used	Displays the number of units (services) or dollar amount that has been paid within the year. (Read-Only)

18.11 Accessing Medicare

The Medicare panel allows providers and billing agents to view Medicare Part A, Part B, Part C, and Part D coverage for the Georgia Medicaid member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria - search

Step	Action	Result
	Start from the secured Eligibility menu.	
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Medicare panel displays if applicable.

Medicare					
Medicare ID Number	Medicare Type	Medicare Plan Name	Effective Date	End Date	Message
7529	A	Medicare Part A	01/01/2010	03/31/2010	
7529	B	Medicare Part B	01/01/2010	03/31/2010	

Field Descriptions

Field	Help Description
Effective Date	Displays the requested date that falls within the Medicare segment. (Read-Only)
End Date	Displays the requested date that falls within the Medicare segment. (Read-Only)
Medicare ID Number	Displays the Medicare identification number of the member. (Read-Only)
Medicare Plan Name	Displays the plan name for the Medicare Part C and Part D segment. (Read-Only)
Medicare Type	Displays the type of coverage provided by Medicare for the corresponding segment. (Read-Only)

Field	Help Description
Message	Displays the message that applies to the Medicare information. (Read-Only)

18.12 Accessing Coordination of Benefits (COB)

The COB panel allows providers and billing agents to view third party insurers who provide additional policy coverage for the Georgia Medicaid member.

Navigational Path for providers and billing agents: Eligibility – Eligibility Request – enter search criteria - search

Step	Action	Result
	Start from the secured Eligibility menu.	
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The COB panel displays if applicable.

COB							?
Coverage Type	Payer Identifier	Carrier Name	Carrier Address	Policy Number	Effective Date	End Date	
Major Medical	00090082	UNIT TEST CARR MIGRATION TO CARRIER	TEST ADDRESS 1, REDMOND, WVA, 98053	0009	01/01/2008	03/31/2008	
Major Medical	00090082	UNIT TEST CARR MIGRATION FROM CARRIER P100009	TEST ADDRESS 1, REDMONE, WVA, 98053	0009	01/01/2008	03/31/2008	

Field Descriptions

Field	Help Description
Carrier Address	Displays the address of the third party liability carrier. (Read-Only)
Carrier Name	Displays the name of the third party liability carrier. (Read-Only)
Coverage Type	Displays the type of coverage provided by the third party liability carrier for the member. (Read-Only)
Effective Date	Displays the requested date that falls within each third party liability insurance carrier for the member. (Read-Only)
End Date	Displays the requested date that falls within each third party liability insurance carrier for the member. (Read-Only)
Payer Identifier	Displays the unique identifier used to determine the type of carrier as well as to identify correspondence sent from the carrier. (Read-Only)

Policy Number	Displays the member's policy number for the third party liability carrier. (Read-Only)
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18.13 Accessing Patient Liability

The Patient Liability panel allows providers and billing agents to view patient liability coverage for the Georgia Medicaid member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria - search

Step	Action	Result
Start from the secured Eligibility menu.		
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Patient Liability panel displays if applicable.

Patient Liability							
Patient Liability Type	Amount	Provider Reference ID	Provider Name	Amount Used	Amount Remaining	Effective Date	End Date
Patient Liability	\$1,430.00	REF0000		\$0.00	\$1,430.00	08/25/2009	09/02/2009

Field Descriptions

Field	Help Description
Amount	Displays the amount of coverage for the patient liability segment. (Read-Only)
Amount Remaining	Displays the amount remaining. (Read-Only)
Amount Used	Displays the amount used. (Read-Only)
Effective Date	Displays the requested date that falls within the patient liability segment. (Read-Only)
End Date	Displays the requested date that falls within the patient liability segment. (Read-Only)
Patient Liability Type	Displays the type of patient liability for the corresponding segment. (Read-Only)
Provider Name	Displays the name of the provider. (Read-Only)
Provider Reference ID	Displays the reference ID of the provider. (Read-Only)

18.14 Accessing Member Transactions

The member information transactions page allows providers to upload information to support the Georgia Medicaid member displayed on the member ID information panel.

1. Add a DMA-312 record – provider casualty liability information
2. Add a DMA-312 Extension – request a claim filing extension due to casualty liability
3. Upload DMA-410 information
4. Update Member Address

Navigational Path: Eligibility – Eligibility Request – enter search criteria – search – Member Transactions

Step	Action	Result
Start from the secured Eligibility menu.		
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Patient Liability panel displays if applicable.
4.	Click Member Transactions	The Member Transactions page displays.

Member ID Information	
Member ID	111
Birth Date	
Address 1	
Address 2(County)	033 - COBB
City	ACWORTH
State	GA
First Name	
Last Name	
Middle Initial	
Name Suffix	
Gender	M
Zip	30102-5409

Member Information Transactions		
ID	Name	Description
DMA-312 (Casualty Extension)	Coordination of Benefits/Third Party Liability Accident Information Casualty Extension Request	This transaction is used to request a claim filing extension due to casualty liability.
DMA-312 (Information Only)	Coordination of Benefits/Third Party Liability Accident Information Only	This transaction is used to provide casualty liability information.
DMA-410	Member COB Information	This transaction is used to provide new or updated Coordination of Benefits (Other Insurance) information for the selected member. Please submit a scan of the member's insurance ID card.
Update Member Address	Update Member Mailing Address	This transaction is used to provide updated address information for the selected member.

Field Descriptions

Field	Help Description
Address 1	Displays the first line of the address for the member. (Read-Only)
Address 2(County)	Displays the county of the address for the member. (Read-Only)

Field	Help Description
Birth Date	Displays the date of birth of the member. (Read-Only)
City	Displays the city of the address for the member. (Read-Only)
Description	Displays the description of the transaction type. (Read-Only)
First Name	Displays the first name of the member. (Read-Only)
Gender	Displays the gender of the member. (Read-Only)
ID	Displays the ID that identifies the transaction type. (Read-Only)
Last Name	Displays the last name of the member. (Read-Only)
Member ID	Displays the Georgia Medicaid identification number of the member. (Read-Only)
Middle Initial	Displays the middle initial of the member. (Read-Only)
Name	Displays the name of the transaction type. (Read-Only)
Name Suffix	Displays suffix of the member's name. (Read-Only)
State	Displays the state of the address for the member. (Read-Only)
Zip	Displays the ZIP code and ZIP code extension of the address for the member. (Read-Only)

18.14.1 Accessing DMA-312 Information Only

The DMA-312 Information Only form/panels allows providers and billing agents to submit a DMA-312 Information Only form to provide casualty liability information for a member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria – search – Member Transactions – DMA-312 (Information Only)

Step	Action	Result
Start from the secured Eligibility menu.		
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	

Step	Action	Result
3	Click search .	The Patient Liability panel displays if applicable.
4.	Click Member Transactions	The Member Transactions page displays.
5.	Select DMA-312 (Information Only)	The DMA-312 Information Only page displays.

DMA-312 Information Only		Top ? <
Member Information		
Member ID	111	Member Name
Contact Information		
Contact Last Name*		Contact Phone, Ext*
Contact First Name*		Contact E-Mail*
Accident Information		
Accident Date*		Accident Type*
Policy Number		
Last Name of Responsible Party		
First Name of Responsible Party		
Attorney Last Name		Attorney Address 1
Attorney First Name		Attorney Address 2
Attorney Phone		Attorney City
		Attorney State
		Attorney Zip
Insurance Information		
Primary Insurance Information		
Policy Number		Accident Claim Number
Insurance Company Name*		Insurance Company Address 1
Insurance Company Phone		Insurance Company Address 2
Last Name of Agent		Insurance Company City
First Name of Agent		Insurance Company State
Agent Phone		Insurance Company Zip
Last Name of Attorney		Attorney Address 1
First Name of Attorney		Attorney Address 2
Attorney Phone		Attorney City
		Attorney State
		Attorney Zip
Secondary Insurance Information		
Policy Number		Accident Claim Number
Insurance Company Name		Insurance Company Address 1
Insurance Company Phone		Insurance Company Address 2
Last Name of Agent		Insurance Company City
First Name of Agent		Insurance Company State
Agent Phone		Insurance Company Zip
Last Name of Attorney		Attorney Address 1
First Name of Attorney		Attorney Address 2
Attorney Phone		Attorney City
		Attorney State
		Attorney Zip

DMA-312 Information Only Form Field Descriptions

Field	Help Description
Accident Claim Number	Displays the accident claim number for the insurance company.
Accident Date	Displays the date of the accident.

Field	Help Description
Accident Type	Displays the type of accident.
Agent Phone	Displays the phone number for the insurance agent.
Attorney Address 1	Displays the first line of the address for the attorney.
Attorney Address 2	Displays the second line of the address for the attorney.
Attorney City	Displays the city for the attorney.
Attorney First Name	Displays the first name of the attorney.
Attorney Last Name	Displays the last name of the attorney.
Attorney Phone	Displays the phone number for the attorney.
Attorney State	Displays the state for the attorney.
Attorney Zip	Displays the ZIP and ZIP code extension of the attorney.
Contact E-Mail	Displays the e-mail address for the contact person.
Contact First Name	Displays the first name of the contact person.
Contact Last Name	Displays the last name of the contact person.
Contact Phone, Ext	Displays the phone number and the phone number extension for the contact person.
First Name of Agent	Displays the first name of the insurance agent.
First Name of Attorney	Displays the first name of the attorney for the insurance company.
First Name of Responsible Party	Displays the first name of the responsible party.
From Date of Service	Displays the date on which services were first performed for a member. (Read-Only)
Insurance Company Address 1	Displays the first line of the address for the insurance company.

Field	Help Description
Insurance Company Address 2	Displays the second line of the address for the insurance company.
Insurance Company City	Displays the city for the insurance company.
Insurance Company Name	Displays the name of the insurance company.
Insurance Company Phone	Displays the phone number for the insurance company.
Insurance Company State	Displays the state for the insurance company.
Insurance Company Zip	Displays the ZIP and ZIP code extension of the insurance company.
Last Name of Agent	Displays the last name of the insurance agent.
Last Name of Attorney	Displays the last name of the attorney for the insurance company.
Last Name of Responsible Party	Displays the last name of the responsible party.
Member ID	Displays the Georgia Medicaid identification number of the member. (Read-Only)
Member Name	Displays the name of the member. (Read-Only)
Policy Number	Displays the policy number for the accident or insurance company.
save	This button is used to save the record.
Through Date of Service	Displays the date on which services were last performed for a member. (Read-Only)

Adding a DMA-312 Information Only

Step	Action	Result
Contact Information		
1	Enter the Contact Last Name* .	

Step	Action	Result
2	Enter the Contact First Name* .	
3	Enter the Contact Phone, Ext* .	
4	Enter the Contact E-Mail* .	
Insurance Information – Primary Insurance Information		
5	Enter the Policy Number .	
6	Enter the Last Name of Responsible Party .	
7	Enter the First Name of Responsible Party .	
8	Enter the Attorney Last Name .	
9	Enter the Attorney First Name .	
10	Enter the Attorney Phone .	
11	Enter the Attorney Address 1 .	
12	Enter the Attorney Address 2 .	
13	Enter the Attorney City .	
14	Select the Attorney State .	
15	Enter the Attorney Zip .	
Insurance Information – Secondary Insurance Information		
16	Enter the Policy Number .	
17	Enter the Insurance Company Name .	
18	Enter the Insurance Company Phone .	
19	Enter the Insurance Company Address 1 .	
20	Enter the Insurance Company Address 2 .	

Step	Action	Result
21	Enter the Insurance Company City.	
22	Select the Insurance Company State.	
23	Enter the Insurance Company Zip.	
24	Enter the Last Name of Agent.	
25	Enter the First Name of Agent.	
26	Enter the Agent Phone.	
27	Enter the Attorney Address 1.	
28	Enter the Attorney Address 2.	
29	Enter the Attorney City.	
30	Select the Attorney State.	
31	Enter the Attorney Zip.	
32	Enter the Policy Number.	
33	Enter the Insurance Company Name.	
34	Enter the Insurance Company Phone.	
35	Enter the Insurance Company Address 1.	
36	Enter the Insurance Company Address 2.	
37	Enter the Insurance Company City.	
38	Select the Insurance Company State.	
39	Enter the Insurance Company Zip.	
40	Enter the Last Name of Agent.	
41	Enter the First Name of Agent.	

Step	Action	Result
42	Enter the Agent Phone .	
43	Enter the Attorney Address 1 .	
44	Enter the Attorney Address 2 .	
45	Enter the Attorney City .	
46	Select the Attorney State .	
47	Enter the Attorney Zip .	
48	Click Save .	The appropriate response appears at the top of the page.

18.14.2 Accessing DMA-312 Casualty Extension Search

The DMA-312 Casualty Extension Search panel allows providers and billing agents to search for and view casualty extension records for the same member and dates of service. If no records are found, the add button is enabled if the date of service is within 6 months of the current date.

The minimum search criteria:

1. Tracking Number
2. From/Thru Date of Service

The DMA-312 Casualty Extension form/panels allows providers and billing agents to submit/view a DMA-312 Casualty Extension form for a member.

Navigational Path: Eligibility – Eligibility Request – enter search criteria – search – Member Transactions – DMA-312 (Casualty Extension)

Step	Action	Result
Start from the secured Eligibility menu.		
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Patient Liability panel displays if applicable.
4.	Click Member Transactions	The Member Transactions page displays.

Step	Action	Result
5.	Select DMA-312 (Casualty Extension)	The DMA-312 Casualty Extension search page displays.

Member ID Information

Member ID

111

Birth Date

Address 1

601 DR

Address 2(County)

060 - FULTON

City

DULUTH

State

GA

First Name

Last Name

Middle Initial

Name Suffix

Gender

F

Zip

30097-1400

From/Thru Date of Service

12/16/2017

12/16/2017

Tracking Number

Records

20

search

add

(9 rows returned)

From DOS	Through DOS	Tracking #	Submitted	Status
12/16/2017	12/16/2017	39	03/12/2018	Denied
12/16/2017	12/16/2017	45	03/15/2018	Denied
12/16/2017	12/16/2017	46	03/15/2018	Denied
12/16/2017	12/16/2017	47	03/15/2018	Denied
12/16/2017	12/16/2017	48	03/15/2018	Denied
12/16/2017	12/16/2017	49	03/15/2018	Denied
12/16/2017	12/16/2017	57	03/16/2018	Denied
12/16/2017	12/16/2017	64	03/20/2018	In Process
12/16/2017	12/16/2017	66	03/20/2018	In Process

Casualty Extension Search Field Descriptions

Field	Help Description
add	This button is used to add a new casualty extension record.
Address 1	Displays the first line of the address for the member. (Read-Only)
Address 2(County)	Displays the county of the address for the member. (Read-Only)
Birth Date	Displays the date of birth of the member. (Read-Only)
City	Displays the city of the address for the member. (Read-Only)
First Name	Displays the first name of the member. (Read-Only)
From/Thru Date of Service	Displays the from and through dates of service for which a casualty extension is needed.
Gender	Displays the gender of the member. (Read-Only)
Last Name	Displays the last name of the member. (Read-Only)
Member ID	Displays the Georgia Medicaid identification number of the member. (Read-Only)
Middle Initial	Displays the middle initial of the member. (Read-Only)

Field	Help Description
add	This button is used to add a new casualty extension record.
Name Suffix	Displays suffix of the member's name. (Read-Only)
Records	Displays the number of search results to display per page.
search	This button is used to initiate the search.
State	Displays the state of the address for the member. (Read-Only)
Status	Displays the status for the casualty extension.
Submitted	Displays the date the casualty extension was submitted. (Read-Only)
Tracking Number	Displays the tracking number for the casualty extension previously submitted.
Zip	Displays the ZIP code and ZIP code extension of the address for the member. (Read-Only)

DMA-312 Casualty Extension Search Panel

Step	Action	Result
1	Enter the <i>From/Thru Date of Service</i> for the casualty extension.	
2	Enter the <i>Tracking Number</i> for the casualty extension.	
3	Click <i>search</i> .	The appropriate search results are displayed based on the search criteria entered. If no rows are returned and the dates are within the timeframe allowed, the add button is enabled.

DMA-312 Casualty Extension Form Field Descriptions

Field	Help Description
Accident Claim Number	Displays the accident claim number for the insurance company.
Accident Date	Displays the date of the accident.
Accident Type	Displays the type of accident.
Agent Phone	Displays the phone number for the insurance agent.
Attorney Address 1	Displays the first line of the address for the attorney.
Attorney Address 2	Displays the second line of the address for the attorney.
Attorney City	Displays the city for the attorney.
Attorney First Name	Displays the first name of the attorney.
Attorney Last Name	Displays the last name of the attorney.
Attorney Phone	Displays the phone number for the attorney.
Attorney State	Displays the state for the attorney.
Attorney Zip	Displays the ZIP and ZIP code extension of the attorney.
Contact E-Mail	Displays the e-mail address for the contact person.
Contact First Name	Displays the first name of the contact person.
Contact Last Name	Displays the last name of the contact person.
Contact Phone, Ext	Displays the phone number and the phone number extension for the contact person.
First Name of Agent	Displays the first name of the insurance agent.
First Name of Attorney	Displays the first name of the attorney for the insurance company.
First Name of Responsible Party	Displays the first name of the responsible party.

Field	Help Description
From Date of Service	Displays the date on which services were first performed for a member. (Read-Only)
Insurance Company Address 1	Displays the first line of the address for the insurance company.
Insurance Company Address 2	Displays the second line of the address for the insurance company.
Insurance Company City	Displays the city for the insurance company.
Insurance Company Name	Displays the name of the insurance company.
Insurance Company Phone	Displays the phone number for the insurance company.
Insurance Company State	Displays the state for the insurance company.
Insurance Company Zip	Displays the ZIP and ZIP code extension of the insurance company.
Last Name of Agent	Displays the last name of the insurance agent.
Last Name of Attorney	Displays the last name of the attorney for the insurance company.
Last Name of Responsible Party	Displays the last name of the responsible party.
Member ID	Displays the Georgia Medicaid identification number of the member. (Read-Only)
Member Name	Displays the name of the member. (Read-Only)
Policy Number	Displays the policy number for the accident or insurance company.
Primary or Secondary Procedure	Displays the code used to identify a medical, dental, or DME surgical procedure code performed for the accident treatment.
Related Accident Diagnosis	Displays the diagnosis code for the member's condition.
Resubmission of Tracking Number	Displays the original denied tracking number for the casualty extension. (Read-Only)

Field	Help Description
Start Resubmission	This button is used to start the resubmission of the record being viewed.
save	This button is used to save the record.
Status	Displays the current status for the casualty extension. (Read-Only)
Status Date	Displays the date the current status was assigned to the casualty extension.
Submission Date	Displays the date the casualty extension was submitted. (Read-Only)
Through Date of Service	Displays the date on which services were last performed for a member. (Read-Only)
Tracking Number	Displays the tracking number for the casualty extension. (Read-Only)

Adding a DMA-312 Casualty Extension

Step	Action	Result
1	Click <i>add</i> from the DMA-312 Casualty Extension search page.	The DMA-312 Casualty Extension form appears.
Contact Information		
2	Enter the Contact Last Name* .	
3	Enter the Contact First Name* .	
4	Enter the Contact Phone, Ext* .	
5	Enter the Contact E-Mail* .	
Hospital Claim Information		
6	Enter the Related Accident Diagnosis or click [search] to select from list*.	Clicking [Search] activates the Diagnosis search panel.
7	Enter the Primary or Secondary Procedure or click [search] to select from list*.	Clicking [Search] activates the Procedure search panel.

Step	Action	Result
Accident Information		
8	Enter the <i>Accident Date*</i> .	
9	Select the <i>Accident Type*</i> .	
Insurance Information – Primary Insurance Information		
10	Enter the <i>Policy Number.</i>	
11	Enter the <i>Last Name of Responsible Party.</i>	
12	Enter the <i>First Name of Responsible Party.</i>	
13	Enter the <i>Attorney Last Name.</i>	
14	Enter the <i>Attorney First Name.</i>	
15	Enter the <i>Attorney Phone.</i>	
16	Enter the <i>Attorney Address 1.</i>	
17	Enter the <i>Attorney Address 2.</i>	
18	Enter the <i>Attorney City.</i>	
19	Select the <i>Attorney State.</i>	
20	Enter the <i>Attorney Zip.</i>	
Insurance Information – Secondary Insurance Information		
21	Enter the <i>Policy Number.</i>	
22	Enter the <i>Insurance Company Name.</i>	
23	Enter the <i>Insurance Company Phone.</i>	
24	Enter the <i>Insurance Company Address 1.</i>	
25	Enter the <i>Insurance Company Address 2.</i>	

Step	Action	Result
26	Enter the Insurance Company City .	
27	Select the Insurance Company State .	
28	Enter the Insurance Company Zip .	
29	Enter the Last Name of Agent .	
30	Enter the First Name of Agent .	
31	Enter the Agent Phone .	
32	Enter the Attorney Address 1 .	
33	Enter the Attorney Address 2 .	
34	Enter the Attorney City .	
35	Select the Attorney State .	
36	Enter the Attorney Zip .	
37	Enter the Policy Number .	
38	Enter the Insurance Company Name .	
39	Enter the Insurance Company Phone .	
40	Enter the Insurance Company Address 1 .	
41	Enter the Insurance Company Address 2 .	
42	Enter the Insurance Company City .	
43	Select the Insurance Company State .	
44	Enter the Insurance Company Zip .	
45	Enter the Last Name of Agent .	
46	Enter the First Name of Agent .	

Step	Action	Result
47	Enter the Agent Phone .	
48	Enter the Attorney Address 1 .	
49	Enter the Attorney Address 2 .	
50	Enter the Attorney City .	
51	Select the Attorney State .	
52	Enter the Attorney Zip .	
53	Click Save .	The appropriate response appears at the top of the page.

18.14.3 Accessing DMA-410

The DMA-410 transaction is used to provide new or updated Coordination of Benefits (Other Insurance) information for the selected member. Submit a scan of the member's insurance card.

Navigational Path: Eligibility – Eligibility Request – enter search criteria – search – Member Transactions – DMA-410

Step	Action	Result
Start from the secured Eligibility menu.		
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Patient Liability panel displays if applicable.
4.	Click Member Transactions	The Member Transactions page displays.
5.	Select DMA-410	The Attachment Upload panel displays.

Member Other Insurance / Coordination of Benefits (COB) information

Please select the row below to upload a scanned image of the member's other insurance ID card.

Attachment Upload			
Upload Document	Member ID	Member Last Name	Member First Name
Member COB Card	111	JO	SHO

Upload No file chosen

Attachment Upload Field Descriptions

Field	Help Description
Choose File	This button is used to select a file to upload as an attachment.
Member First Name	Displays the member's first name. (Read-Only)
Member ID	Displays the Georgia Medicaid identification number of the member. (Read-Only)
Member Last Name	Displays the member's last name. (Read-Only)
upload attachment	This button uploads the selected attachment.
Upload Document	Displays the document type to be uploaded – Member COB Card.

18.14.4 Accessing Update Member Address

The Update Member Address panel allows providers and billing agents to update a member's mailing address and/or e-mail address. The panel displays with the members current full name, address line 1, City, State, ZIP Code and County on file.

Navigational Path: Eligibility – Eligibility Request – enter search criteria – search – Member Transactions – Update Member Address

Step	Action	Result
Start from the secured Eligibility menu.		
1	Select the Eligibility Request submenu.	The Eligibility Verification Request panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Patient Liability panel displays if applicable.
4.	Click Member Transactions	The Member Transactions page displays.
5.	Select Update Member Address	The Update Member Address panel displays.

Update Member Address

Member ID 222
Name SAM TESTING

Current Member Mailing Address:

Street

123 TESTING DRIVE

City

TUCKER

State

GA

Zip Code

30084-0000

County

044 - DEKALB

Please enter the Updated Member Mailing Address:

Street 1*

123 TESTING DRIVE

Street 2

City*

TUCKER

State*

GA

Zip Code*

30084 0000

Email Address

cancel

submit address update

Update Member Address Field Descriptions

Field	Help Description
cancel	This button cancels the current operation and discards any data.
City* (required)	Displays the updated city for the member.
Email Address	Displays the updated email address for the member.
State* (required)	Displays the updated state for the member.
Street 1* (required)	Displays the updated first line of the address for the member.
Street 2	Displays the updated second line of the address for the member.
submit address update	This button saves and submits the request.
Zip Code* (required)	Displays the updated ZIP code and ZIP code extension of the address for the member.

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19 Presumptive Activations Overview

The Presumptive Activations menu will allow providers and authorized billing agents to add presumptive eligibility for members or link their household members.

The Presumptive Activations submenu includes:

1. Newborn Activations
2. Pregnant Woman Activations
3. Women's Health Activations
4. Hospital Activations

19.1 Accessing Newborn Activations

The Newborn Activations page allows providers and billing agents to search, add, and update newborn presumptive eligibility entered within the same day. Completing this request indicates the user believes the newborn is not currently a Georgia Medicaid member.

Navigational Path: Presumptive Activations - Newborn Activations

Step	Action	Result
Start from the secured Presumptive Activations menu.		
1	Select the Newborn Activations submenu.	The Presumptive Eligibility for Newborn panel displays.



Presumptive Eligibility for Newborn Panel

Step	Action	Result
1	Enter the Newborn's Birth Date .	
2	Enter the Mother's Medicaid Number .	
3	Click Enroll / Modify .	The Presumptive Eligibility for Newborn request panel displays.

19.1.1 Adding a Newborn Record

Note: Fields marked with an asterisk are required. Otherwise, the field is optional.

Step	Action	Result
4	Enter the Newborn's First Name* .	
5	Enter the Newborn's Last Name* .	
6	Enter the Newborn's Middle Name .	
7	Select the Newborn's Suffix from the drop-down list.	
8	Enter the Newborn's SSN .	
9	Select the Newborn's Gender from the drop-down list*.	
10	Select the Newborn's Race* from the drop-down list.	
11	Click Save .	The Presumptive Eligibility for Newborn request is sent for processing and the appropriate response appears at the top of the page. Newborn is added to the Newborn Members list.

19.1.2 Updating a Newborn Record

Newborn records can only be updated on the same day they were entered.

Step	Action	Result
1	Select the record from the Newborn Members list.	Presumptive Eligibility for Newborn Request panel is activated with the newborns information.
2	Modify the appropriate field(s).	
3	Click update .	The updated newborn record is added to the Newborn Members list. The Presumptive Eligibility for Newborn request is sent for processing and the appropriate response appears at the top of the page.

Presumptive Eligibility for Newborn

Newborn's Birth Date: 10/10/2025 Mother's Medicaid Number: 111000043958 **Enroll / Modify**

If the newborn you were attempting to add is not listed below, please contact us.
Providers may call the Provider Contact Center at (770) 325-9600 or toll-free at (800) 766-4456.

Newborn Members (3 rows returned)

Newborn Member ID	Newborn Name	DOB
111000043958	111000043958	10/10/2025
111000043958	111000043958	10/10/2025
111000043958	111000043958	10/10/2025

Presumptive Eligibility for Newborn request

Mother's Medicaid Number: 111000043958 Mother's Name: CARTER, JOSHUA

Newborn's Info

Newborn's Medicaid Number: 111000043958

First Name*: [Text Field] Birth Date: 10/10/2025

Last Name*: [Text Field] SSN: [Text Field]

Middle Name: [Text Field] Gender*: Male

Suffix: [Dropdown] Race*: Other

New **Update**

Field Descriptions

Field	Help Description
Birth Date	Displays the date of birth for the newborn. Auto populated based on the date of birth entered on the presumptive search panel for newborns.
DOB	Displays the newborn's date of birth.
Enroll / Modify	This button is disabled when a user is in the Update mode.
First Name	Displays the first name of the newborn.
Gender	Displays the gender of the newborn.
Last Name	Displays the last name of the newborn.

Field	Help Description
Middle Name	Displays the middle name of the newborn.
Mother's Medicaid Number	Displays the Georgia Medicaid identification number of the mother. Auto populated on the request panel based on the Medicaid ID entered on the presumptive search panel for newborns. (Read-Only)
Mother's Name	Displays the name of the mother, which is tied to the ID entered on the presumptive search panel for newborns. (Read-Only)
New	This button will clear the Presumptive Eligibility for Newborn Request panel so that an additional newborn record can be added.
Newborn's Medicaid Number	Displays the Georgia Medicaid identification number of the newborn. (Read-Only)
Newborn Member ID	Displays the newborn's member ID.
Newborn Name	Displays the newborn's name.
Newborn's Birth Date	Displays the date of birth of the newborn.
Race	Displays the race of the newborn.
SSN	Displays the Social Security number of the newborn. This will default to 000000000.
Suffix	Displays the suffix of the newborn.
Update	This button submits an update.

19.2 Accessing Pregnant Women Activations

The Pregnant Women Activations panel allows providers and billing agents to add presumptive eligibility for pregnant women. Completing this request indicates the user believes the pregnant woman is not currently a Georgia Medicaid member.

Navigational Path: Presumptive Activations – Pregnant Women Activations

Step	Action	Result
Start from the secured Presumptive Activations menu.		
1	Select the Pregnant Women Activations submenu.	The Presumptive Eligibility for Pregnant Women Request panel displays.

Presumptive Eligibility for Pregnant Women Request

Household Information

Net/Taxable Income*

Member Information

Member ID

First Name*

Last Name*

Middle Name

Suffix

Race*

Citizenship*

Mailing Address

Address*

Address 2

City*

Zip*

Residential Address

Same as Mailing Address ☐

Address*

Address 2

City*

Zip*

Eligibility Information

Medicaid Application Submitted?*

Application Date*

Determination/Eligibility Begin Date 03/27/2025

Birth Date*

SSN

Home Phone

Other Phone

Ethnicity*

Primary Household Language*

State* GA

County*

State* GA

County*

Pregnancy Due Date*

Number of Expected Births

Field Descriptions

Field	Help Description
Address	Displays the first line of the address for the member.
Address 2	Displays the second line of the address for the member.
Application Date	Displays the application date for the member.
Birth Date	Displays the date of birth of the member.
cancel	This button cancels the current operation and discards any changes.
Citizenship	Displays the citizenship of the member.
City	Displays the city of the address for the member.
County	Displays the county of the address for the member.
Determination/Eligibility Begin Date	Displays the eligibility begin date for the member. This will be auto-populated with the current date. (Read-Only)

Field	Help Description
Ethnicity	Displays the ethnicity of the member.
First Name	Displays the first name of the member.
Home Phone	Displays the member's phone number.
Last Name	Displays the last name of the member.
Mailing Address	Displays the mailing address for the member.
Medicaid Application Submitted?	Displays if the application has been submitted for the member.
Member ID	Displays the member's Georgia Medicaid ID.
Middle Name	Displays the middle name of the member.
Net/Taxable Income	Displays the net taxable income for the member.
Number of Expected Births	Displays the number of births that are expected. This will default to 1.
Other Phone	Displays the other phone number for the member.
Pregnancy Due Date	Displays the pregnancy due date for the member.
Primary Household Language	Displays the primary household language for the member.
Race	Displays the race of the member.
Residential Address	Displays the residential address for the member.
Same as Mailing Address	When checked, the residential address of the member will be made the same as the mailing address on the presumptive eligibility request. On the page, the residential address fields will be blanked out and disabled.
SSN	Displays the Social Security number of the member.
State	Displays the state of the address for the member.
submit	This button submits the request.

Field	Help Description
Suffix	Displays the suffix of the member.
ZIP	Displays the ZIP code and ZIP code extension of the address for the member.

Presumptive Eligibility for Pregnant Women Request Panel

Note: Fields marked with an asterisk are required. Otherwise, the field is optional.

Step	Action	Result
1	Enter the Member's ID for Georgia Medicaid.	The member's information is populated in the fields below when the ID entered is valid.
2	Enter the Net/Taxable Income* .	
3	Enter the Member's First Name* .	
4	Enter the Member's Last Name* .	
5	Enter the Member's Middle Name .	
6	Select the Member's Suffix from the drop-down list.	
7	Select the Member's Race* from the drop-down list.	
8	Select the Member's Citizenship* from the drop-down list.	
9	Enter the Member's Mailing Address* .	
10	Enter the Member's Mailing Address 2 .	
11	Enter the Member's Mailing City* .	
12	Enter the Member's Mailing ZIP* .	
13	Check Same as Mailing Address .	The residential fields are disabled and the mailing address used as the residential address.
14	Enter the Member's Residential Address* .	
15	Enter the Member's Residential Address 2 .	

Step	Action	Result
16	Enter the Member's Residential City* .	
17	Enter the Member's Residential ZIP* .	
18	Select the Medicaid Application Submitted?*	
19	Enter the Application Date* .	
19	Enter the Member's Birth Date* .	
20	Enter the Member's SSN .	
21	Enter the Member's Home Phone .	
22	Enter the Member's Other Phone .	
23	Select the Member's Ethnicity from the drop-down list*.	
24	Select the Member's Primary Household Language from the drop-down list*.	
25	Select the Member's Mailing State from the drop-down list*.	
26	Select the Member's Mailing County from the drop-down list*.	
27	Select the Member's Residential State from the drop-down list*.	
28	Select the Member's Residential County from the drop-down list*.	
29	Enter the Member's Pregnancy Due Date* .	
30	Enter the Member's Number of Expected Births .	
31	Click submit .	The Presumptive Eligibility for Pregnant Women request is sent for processing and the appropriate response appears at the top of the page.

19.3 Accessing Women's Health Activations

The Presumptive Eligibility for Women's Health Medicaid Request panel allows providers and billing agents to add presumptive eligibility for breast and cervical cancer women. Completing this request indicates the user believes the woman is not currently a Georgia Medicaid member.

Navigational Path: Presumptive Activations – Women's Health Activations

Step	Action	Result
Start from the secured Presumptive Activations menu.		
1	Select the Women's Health Activations submenu.	The Presumptive Eligibility for Women's Health Medicaid Request panel displays.

Field Descriptions

Field	Help Description
Address	Displays the first line of the address for the member.
Address 2	Displays the second line of the address for the member.
Application Date	Displays the application date for the member.
Birth Date	Displays the date of birth of the member.

Field	Help Description
cancel	This button cancels the current operation and discards any changes.
Citizenship	Displays the citizenship of the member.
City	Displays the city of the address for the member.
County	Displays the county of the address for the member.
Determination/Eligibility Begin Date	Displays the eligibility begin date for the member. This will be auto-populated with the current date. (Read-Only)
Ethnicity	Displays the ethnicity of the member.
First Name	Displays the first name of the member.
Home Phone	Displays the home phone number for the member.
Last Name	Displays the last name of the member.
Mailing Address	Displays the mailing address for the member.
Medicaid Application Submitted?	Displays if the application has been submitted for the member.
Member ID	Displays the member's Georgia Medicaid ID.
Middle Name	Displays the middle name of the member.
Net Income	Displays the net income for the member.
Other Phone	Displays the other phone number for the member.
Primary Household Language	Displays the primary household language for the member.
Race	Displays the race of the member.
Residential Address	Displays the residential address for the member.
Same as Mailing Address	When checked, the residential address of the member will be made the same as the mailing address on the presumptive eligibility request. On the page, the residential address fields will be blanked out and disabled.

Field	Help Description
SSN	Displays the Social Security number of the member.
State	Displays the state of the address for the member.
submit	This button submits the request.
Suffix	Displays the suffix of the member.
ZIP	Displays the ZIP code and ZIP code extension of the address for the member.

Presumptive Eligibility for Women's Health Medicaid Request Panel

Note: Fields marked with an asterisk are required. Otherwise, the field is optional.

Step	Action	Result
1	Enter the Member's ID for Georgia Medicaid.	The member's information is populated in the fields below when the ID entered is valid.
2	Enter the Net Income* .	
3	Enter the Member's First Name* .	
4	Enter the Member's Last Name* .	
5	Enter the Member's Middle Name .	
6	Select the Member's Suffix from the drop-down list.	
7	Select the Member's Race from the drop-down list*.	
8	Select the Member's Citizenship* from the drop-down list.	
9	Enter the Member's Mailing Address* .	
10	Enter the Member's Mailing Address 2 .	
11	Enter the Member's Mailing City* .	
12	Enter the Member's Mailing ZIP* .	

Step	Action	Result
13	Check Same as Mailing Address .	The residential fields are disabled and the mailing address used as the residential address.
14	Enter the Member's Residential Address* .	
15	Enter the Member's Residential Address 2 .	
16	Enter the Member's Residential City* .	
17	Enter the Member's Residential ZIP* .	
18	Select the Medicaid Application Submitted?*	
19	Enter the Member's Birth Date* .	
20	Enter the Member's SSN .	
21	Enter the Member's Home Phone .	
22	Enter the Member's Other Phone .	
23	Select the Member's Ethnicity* from the drop-down list.	
24	Select the Member's Primary Household Language from the drop-down list*.	
25	Select the Member's Mailing State* from the drop-down list.	
26	Select the Member's Mailing County* from the drop-down list.	
27	Select the Member's Residential State* from the drop-down list.	
28	Select the Member's Residential County* from the drop-down list.	
29	Enter the Application Date* .	
30	Click submit .	The Presumptive Eligibility for Women's Health Care request is sent for processing and the

Step	Action	Result
		appropriate response appears at the top of the page.

19.4 Accessing Hospital Activations

The Presumptive Eligibility for Hospital Request panel allows providers and billing agents to add presumptive eligibility for members and their household members. Completing this request indicates the user believes the pregnant woman is not currently a Georgia Medicaid member.

Navigational Path: Presumptive Activations – Hospital Activations

Step	Action	Result
	Start from the secured Presumptive Activations menu.	
1	Select the Hospitals Activations submenu.	The Presumptive Eligibility for Hospital Request panel displays.

Presumptive Eligibility for Hospital Request

Household Information

Qualifying Member ID

Net/Taxable Income*

Member Information

Member ID

First Name*

Last Name*

Middle Name

Suffix

Race*

Citizenship*

Mailing Address

Address*

Address 2

City*

Zip*

Residential Address

Same as Mailing Address ☐

Address*

Address 2

City*

Zip*

Eligibility Information

Medicaid Application Submitted?*

Is Member Pregnant?

Number of Expected Births

Denial Reason

Aid Category

Number of Adults*

Number of Children*

Gender*

Birth Date*

SSN

Home Phone

Other Phone

Ethnicity*

Primary Household Language*

State*

County*

State*

County*

Application Date*

Pregnancy Due Date

Determination/Eligibility Begin Date 03/27/2025

Field Descriptions

Field	Help Description
Address	Displays the first line of the address for the member.
Address 2	Displays the second line of the address for the member.
Aid Category	Displays the aid category of the member.
Application Date	Displays the application date for the member.
Birth Date	Displays the date of birth of the member.
cancel	This button cancels the current operation and discards any changes.
Citizenship	Displays the citizenship of the member.
City	Displays the city of the address for the member.
County	Displays the county of the address for the member.
Denial Reason	Displays the reason the member was denied. Can be submitted when a valid qualified member ID is entered.
Determination/Eligibility Begin Date	Displays the eligibility begin date for the member. This will be auto-populated with the current date. (Read-Only)
Ethnicity	Displays the ethnicity of the member.
First Name	Displays the first name of the member.
Gender	Displays the gender of the member.
Home Phone	Displays the member's phone number.
Is Member Pregnant?	Displays if the member is pregnant.
Last Name	Displays the last name of the member.
Mailing Address	Displays the mailing address for the member.
Medicaid Application Submitted?	Displays if the application has been submitted for the member.

Field	Help Description
Member ID	Displays the member's Georgia Medicaid ID.
Middle Name	Displays the middle name of the member.
Net/Taxable Income	Displays the net taxable income for the member.
Number of Adults	Displays the number of adults in the household.
Number of Children	Displays the number of children in the household.
Number of Expected Births	Displays the number of expected unborn children of the pregnant women.
Other Phone	Displays the other phone number for the member.
Pregnancy Due Date	Displays the pregnancy due date for the member.
Primary Household Language	Displays the primary household language for the member.
Qualifying Member ID	Displays the qualifying member's Georgia Medicaid ID.
Race	Displays the race of the member.
Residential Address	Displays the residential address for the member.
Same as Mailing Address	When checked, the residential address of the member will be made the same as the mailing address on the presumptive eligibility request. On the page, the residential address fields will be blanked out and disabled.
SSN	Displays the Social Security number of the member.
State	Displays the state of the address for the member.
submit	This button submits the request.
Suffix	Displays the suffix of the member.
ZIP	Displays the ZIP code and ZIP code extension of the address for the member.

Presumptive Eligibility for Presumptive Eligibility for Hospital Request Panel

Note: Fields marked with an asterisk are required. Otherwise, the field is optional.

Step	Action	Result
1	Enter the Member's ID for Georgia Medicaid.	The member's information is populated in the fields below when the ID entered is valid.
2	Enter the Qualifying Member ID .	The qualifying member's household information is populated in the fields below when a valid qualifying member ID is entered.
3	Enter the Net/Taxable Income* .	
4	Enter the Member's First Name* .	
5	Enter the Member's Last Name* .	
6	Enter the Member's Middle Name .	
7	Select the Member's Suffix from the drop-down list.	
8	Select the Member's Race* from the drop-down list.	
9	Select the Member's Citizenship* from the drop-down list.	
10	Enter the Member's Mailing Address* .	
11	Enter the Member's Mailing Address 2 .	
12	Enter the Member's Mailing City* .	
13	Enter the Member's Mailing ZIP* .	
14	Check Same as Mailing Address .	The residential fields are disabled and the mailing address used as the residential address.
15	Enter the Member's Residential Address* .	
16	Enter the Member's Residential Address 2 .	
17	Enter the Member's Residential City* .	
18	Enter the Member's Residential ZIP* .	

Step	Action	Result
19	Select the Medicaid Application Submitted?*	
20	For female member's, select the Is Member Pregnant?*	
21	Enter the Member's Number of Expected Births.	
22	Select the Denial Reason.	
23	Select an Aid Category.	
24	Enter the Number of Adults*.	
25	Enter the Number of Children*.	
26	Select the Member's Gender*.	
27	Enter the Member's Birth Date*.	
28	Enter the Member's SSN.	
29	Enter the Member's Home Phone.	
30	Enter the Member's Other Phone.	
31	Select the Member's Ethnicity* from the drop-down list.	
32	Select the Member's Primary Household Language* from the drop-down list.	
33	Select the Member's Mailing State* from the drop-down list.	
34	Select the Member's Mailing County* from the drop-down list.	
35	Select the Member's Residential State* from the drop-down list.	
36	Select the Member's Residential County* from the drop-down list.	

Step	Action	Result
37	Enter the <i>Application Date*</i> .	
38	Enter the <i>Member's Pregnancy Due Date.</i>	
39	Click <i>submit.</i>	The Presumptive Eligibility for Hospital request is sent for processing and the appropriate response appears at the top of the page.

20 Health Check Overview

The Health Check page allows providers and billing agents to search, add and view health check appointments as well as screenings, dental, lead and immunization information for Georgia Medicaid members.

The Health Check submenu includes: Search

20.1 Accessing Health Check Search

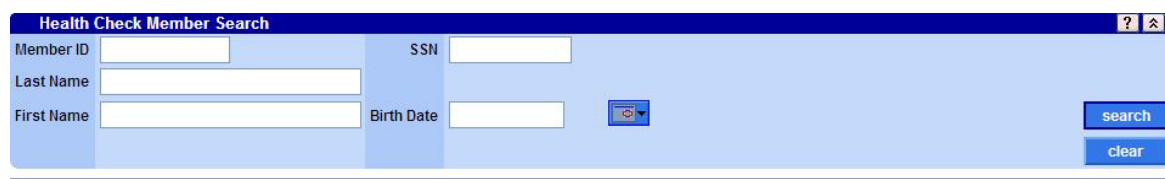
The Health Check Member Search panel allows providers and billing agents to search for health check related data against Georgia Medicaid members.

Minimum search combinations:

1. Member ID
2. SSN and DOB
3. Last Name, First Name, and DOB
4. Last Name, First Name, and SSN

Navigational Path: Health Check - Search

Step	Action	Result
Start from the secured Health Check menu.		
1	Select the search submenu.	The Health Check Member Search panel displays.



Field Descriptions

Field	Help Description
Birth Date	Displays the date of birth of the member.
clear	This button clears the search criteria fields.
First Name	Displays the first name of the member.
Last Name	Displays the last name of the member.

Field	Help Description
Member ID	Displays the Georgia Medicaid identification number of the member.
search	This button is used to initiate the search.
SSN	Displays the Social Security number of the member.

Health Check Member Search

Step	Action	Result
1	Enter the Member ID .	
2	Enter the member's Last Name .	
3	Enter the member's First Name .	
4	Enter the member's SSN .	
5	Enter the member's DOB .	
6	Click search .	The appropriate Health Check panels appear based on the search criteria.

20.2 Accessing Health Check Information

The Health Check Information panel allows providers and billing agents to view the health check screening dates for the Georgia Medicaid member.

Navigational Path: Health Check - Search

Step	Action	Result
Start from the secured Health Check menu.		
1	Select the search submenu.	The Health Check Member Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Health Check Information panel displays.

Health Check Information	
Member ID	111
Member Name	JA J CLA
Gender	Male
Member Birth Date	01/14/2000
Member County	070-Hancock
Member Age	4Y
Foster Care	NO
Peach Care	NO
Plan	NET
PCP Name	SOUTH
Inter Hearing Screen Date	06/02/2008
Inter Vision Screen Date	06/02/2008
Dental Screen Date	07/16/2008
Medical Screen Date	07/28/2009
Blood Lead Level Date	04/16/2009
Next Medical Screen Date	07/28/2010
Next Dental Screen Date	07/16/2009
Missed Blood Lead Level	24
Missed Medical Screening Sequence	11

Field Descriptions

Field	Help Description
Blood Lead Level Date	Displays the date of service of the last blood lead level for the member. (Read-Only)
Dental Screen Date	Displays the date of service of the last dental screen for the member. (Read-Only)
Foster Care	Displays if the member is in foster care. Valid values for this field are 'Yes' and 'No'. (Read-Only)
Gender	Displays the gender of the member. (Read-Only)
Inter Hearing Screen Date	Displays the date of service of the last hearing interperiodic screen for the member. (Read-Only)
Inter Vision Screen Date	Displays the date of service of the last interperiodic vision screen for the member. (Read-Only)
Medical Screen Date	Displays the date of service of the last Health Check screen for the member. (Read-Only)
Member Age	Displays the age of the member. If the age was less than one month, the age will be displayed in days with a 'D' indicator. If the age was greater than one month and less than three years, the age will be displayed in months with an M indicator. If the age was three years or greater, the age will be displayed in years with a 'Y' indicator. (Read-Only)
Member Birth Date	Displays the date of birth of the member. (Read-Only)
Member County	Displays the county of the address of the member. (Read-Only)
Member ID	Displays the Georgia Medicaid identification number of the member. (Read-Only)
Member Name	Displays the last name, first name, and middle initial of the member. (Read-Only)

Field	Help Description
Missed Blood Lead Level	Displays the member's missed blood lead level. Displays either the twelve (12M) or twenty-four (24M) month missed blood lead level. (Read-Only)
Missed Medical Screening Sequence	Displays the missed medical screening sequence number for the member. (Read-Only)
Next Dental Screen Date	Displays the next dental screening due date for the member. (Read-Only)
Next Medical Screen Date	Displays the next health check screening due date for the member. (Read-Only)
PCP Name	Displays the name of the active primary medical provider for the member. (Read-Only)
Peach Care	Displays if the member is a PeachCare for Kids® member. Valid values for this field are 'Yes' and 'No'. (Read-Only)
Plan	Displays the assignment and benefit plan for the member. (Read-Only)

20.3 Accessing Health Check Details

The health check Details panel provides members, providers, and billing agents the ability to view health check screenings, dentals, lead, immunization, and tuberculosis (TB) claim information for Medicaid eligible members under the age of 21 and Peach Care for Kids® eligible members under the age of 19.

Navigational Path: Health Check - Search

Step	Action	Result
Start from the secured Health Check menu.		
1	Select the search submenu.	The Health Check Member Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Details panel displays.

Details									
Seq Num	Age	DOS	Provider Name	Procedure	Modifiers	Diagnosis	ICD Version	HC Referral Code	Description
02	5D	09/13/2011	ROB R. OL, MD	99381	EP	774.6	ICD-9	Y, S2	INIT PM E/M NEW PAT INFANT

Field Descriptions

Field	Help Description
Age	Displays the age of the member at the time of the screening. If the age was less than one month, the age will be displayed in days with a D indicator. If the

Field	Help Description
	age was greater than one month and less than three years, the age will be displayed in months with an M indicator. If the age was three years or greater, the age will be displayed in years with a 'Y' indicator. (Read-Only)
Description	Displays the medical or dental description of the procedure code. (Read-Only)
Diagnosis	Displays the diagnosis billed on the claim/encounter. (Read-Only)
DOS	Displays the date of service. (Read-Only)
HC Referral Code	Displays the health check referral code billed on the claim/encounter. If an EPSDT is indicated a Y is displayed to indicate yes, otherwise an 'N' is displayed to indicate no which includes the valid referral codes of 'AV', 'ST', 'S2', 'NU'. (Read-Only)
ICD Version	Displays the version of the ICD value. (Read-Only)
Modifiers	Displays the modifier codes used to further describe a procedure. Multiple modifiers for one procedure will be separated by spaces. (Read-Only)
Procedure	Displays the code used to identify a medical and dental procedure. (Read-Only)
Provider Name	Displays the name of the provider who rendered the service. (Read-Only)
Seq Num	Displays the health check screening sequence number (only on medical screens). (Read-Only)

20.4 Accessing Health Check Critical Health Information

The Critical Health Information panel allows providers and billing agents to add or view notes which may be useful to another health care professional in the delivery of care to the member. Notes cannot be updated to ensure historic information is available to providers through the secure Web Portal.

Navigational Path: Health Check - Search

Step	Action	Result
Start from the secured Health Check menu.		
1	Select the search submenu.	The Health Check Member Search panel displays.
2	Enter the appropriate search criteria.	

Step	Action	Result
3	Click search .	The Critical Health Information panel displays.

Field Descriptions

Field	Help Description
add	This button is used to add data to the panel.
Note	Displays the notes added by authorized users which may be useful to another health care professional in the delivery of care to the member.
Note Date	Displays the date the note was added. Date is automatically populated. (Read-Only)
Note Time	Displays the time the note was added. Time is automatically populated and formatted as HH:MM:SS. (Read-Only)
Provider Name	Displays the name of the provider entering the health related note. The provider name is automatically populated based on the provider ID being used to navigate on the page through the secure Web Portal. (Read-Only)
Subject Line	Displays the subject line for the note. If left blank, the first 20 characters of the note text are automatically added in the field.

Adding Critical Health Information

Step	Action	Result
1	Click add .	A new row is added.
2	Enter the Subject Line .	
3	Enter the Note* .	

Step	Action	Result
4	Click submit .	The appropriate response appears at the top of the page.

20.5 Accessing Health Check GRITS Immunization History

The GRITS Immunization History panel is used to view the immunization history for a member based on information received from Georgia Registry of Immunization Transactions and Services (GRITS).

A hyperlink is also provided to users to allow easy access to the GRITS site.

Navigational Path: Health Check - Search

Step	Action	Result
Start from the secured Health Check menu.		
1	Select the search submenu.	The Health Check Member Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The GRITS Immunization History panel displays.

GRITS Immunization History ?									
Please click the following link to access the GRITS web site https://www.grits.state.ga.us									
Date of Service	CPT Code	Age	Vaccine	Trade Name	Manuf Code	Provider Name	Site Name	Sending Org	Reaction Code
01/25/2008	90647	24M	HIB VACCINE, PRP-OMP, IM			SCHU		7060	
01/25/2008	90669	24M	PNEUMOCOCCAL VACC, PED <5			SCHU		7060	
01/25/2008	90723	24M	DTAP-HEP B-IPV VACCINE, I			SCHU		7060	
01/25/2008	90680	24M	ROTOVIRUS VACC 3 DOSE, OR			SCHU		7060	
02/13/2008	90723	24M	DTAP-HEP B-IPV VACCINE, I	TRADENAME TE		HEARD		7060	17
02/13/2008	90647	24M	HIB VACCINE, PRP-OMP, IM			HEARD		7060	
02/13/2008	90669	24M	PNEUMOCOCCAL VACC, PED <5			HEARD		7060	
02/13/2008	90680	24M	ROTOVIRUS VACC 3 DOSE, OR			HEARD		7060	
03/24/2009	90716	24M	CHICKEN POX VACCINE, SC			HEARD		7060	
Select row above to view transaction details below.									
Member ID	111	Date of Service	01/25/2008						
Member Name	JON	CPT Code	90647						
DOB	12/06/2007	Vaccine	HIB VACCINE, PRP-OMP, IM						
Age	24M	Trade Name							
Gender	Male	Manufacturer Code							
County	HEARD	Provider Name	SCHU						
Reaction Code		Site Name							
CMO Name		Sending Organization	7060						

Field Descriptions

Field	Help Description
Age	Displays the age of the member on the date the vaccine was administered. If the age was less than one month, the age will be displayed in days with a D indicator. If the age was greater than one month and less than three years, the

Field	Help Description
	age will be displayed in months with an M indicator. If the age was three years or greater, the age will be displayed in years with a 'Y' indicator. (Read-Only)
CMO Name	Displays the name of the member's care management organization. (Read-Only)
County	Displays the county that the member's address is in. (Read-Only)
CPT Code	Displays the immunization CPT code. (Read-Only)
Date Of Service	Displays the date the vaccine was administered. (Read-Only)
DOB	Displays the date of birth for the member. (Read-Only)
Gender	Displays the gender of the member. (Read-Only)
Manufacturer Code	Displays the code that identifies the company which makes the drug. (Read-Only)
Member ID	Displays the Georgia Medicaid identification number of the member. (Read-Only)
Member Name	Displays the name of the member. (Read-Only)
Provider Name	Displays the name of the provider administering the vaccine. (Read-Only)
Reaction Code	Displays an adverse reaction to the vaccine which was administered to the member. (Read-Only)
Sending Organization	Displays the sending organization of the clinic administering the vaccine. (Read-Only)
Site Name	Displays the site name of the provider administering the vaccine. (Read-Only)
Trade Name	Displays the vaccine manufacturer. (Read-Only)
Vaccine	Displays the description of the vaccine CPT code. (Read-Only)

20.6 Accessing Health Check Notification Information

The Notification Information panel allows providers to add or view screening responses to medical, dental, and blood lead screening notifications that have been sent to health check eligible members. Notification information cannot be updated to ensure historic information is available to providers through the secure Web Portal.

Navigational Path: Health Check - Search

Step	Action	Result
Start from the secured Health Check menu.		
1	Select the search submenu.	The Health Check Member Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Notification Information panel displays.

Notification Information

Notice Type	Notice Date	Response Type	Response Date	Referred to Provider Name	Appointment Date
Set Appointment for Member without a Notice	03/24/2010				
HC FFS Annual Notification Letter	09/16/2009				
Health Check Annual Immunization	11/18/2009	Set Appointment (Health Check Exam)			12/31/2009
HC FFS Dental Notification Letter	11/18/2009	Set Appointment (Dental)			11/18/2010
EPSDT Blood Lead Screen Letter	11/18/2009	Set Appointment (Blood Lead)			11/17/2009
HC FFS Periodic Screen Letter	01/12/2008				
HC FFS Periodic Screen Letter	11/18/2009	Screen Completed and Referred for Treatment		Joe Rosen	11/18/2009

Select a row above to view -or- click Add button below.

Notice Type: Set Appointment for Member without a Notice
 Notice Date: 03/24/2010
 Response Type*:
 Referred to Provider Name:
 Appointment Date*:

add

Field Descriptions

Field	Help Description
add	This button is used to add data to a panel.
Appointment Date	Displays the appointment date. This field will only be visible when the response type is "Set Appointment (Health Check Exam)", "Set Appointment (Dental)", "Set Appointment (Blood Lead)" or "Screen Completed and Referred for Treatment".
Notice Date	Displays the date letter was mailed to the member. (Read-Only)
Notice Type	Displays the type of letter sent to member such as annual, dental, lead, periodic, newly eligible, unborn, overdue, and so on. The full technical name will be displayed in this field. (Read-Only)
Referred to Provider Name	Displays the name of referred to provider. This field will only be visible when the response type is "Set Appointment (Health Check Exam)", "Set Appointment (Dental)", "Set Appointment (Blood Lead)" or "Screen Completed and Referred for Treatment".
Response Date	Displays the health check screening response date, which is not applicable to CMO health check notification information. (Read-Only)
Response Type	Displays the health check screening response type, which is not applicable to CMO health check notification information.

Adding Appointment Information

Step	Action	Result
1	Click add .	A new row is added.
2	Select the Response Type from the drop-down list*.	
3	Enter the Referred to Provider Name .	
4	Enter the Appointment Date *.	
5	Click submit .	The appropriate response appears at the top of the page.

20.7 Accessing Health Check Referral to Diagnostic and Treatment from Screening

The Referral to Diagnostic and Treatment from Screening panel allows providers and billing agents to view or update the diagnostic and treatment history for the Georgia Medicaid member. New records cannot be added to the panel as it is restricted to updates against existing records only. Only the provider who is assigned as the rendering provider on the associated claim will be able to make updates to the corresponding row(s).

Navigational Path: Health Check - Search

Step	Action	Result
Start from the secured Health Check menu.		
1	Select the search submenu.	The Health Check Member Search panel displays.
2	Enter the appropriate search criteria.	
3	Click search .	The Referral to Diagnostic and Treatment from Screening panel displays.

Referral to Diagnostic and Treatment from Screening							
Dx	ICD	Screening	Screening	HC Referral	Treatment	Treatment	
Diagnosis1	Description1	Version	Date	Provider	Code	Type	Specialty
A02.0	SALMONELLA ENTERITIS	ICD-10	09/09/2011	MA SU	Y, S2		
Type changes below.							
Diagnosis Code1 / Version	A02.0 / ICD-10			Dx Description1 SALMONELLA ENTERITIS			
Diagnosis Code2 / Version	A36.81 / ICD-10			Dx Description2 DIPHTHERITIC CARDIOMYOPATHY			
Diagnosis Code3 / Version	B35.9 / ICD-10			Dx Description3 DERMATOPHYTOSIS, UNSPECIFIED			
Diagnosis Code4 / Version	B42.7 / ICD-10			Dx Description4 DISSEMINATED SPOROTRICHOSIS			
Screening Date	09/09/2011			Treatment Date			
Screening Provider Name	MA, SU			Treatment Provider Name			
HC Referral Code	Y, S2			Type of Tx Provider			
Note Date	09/24/2011 12:00 AM			Specialty of Tx Provider			
Note							

Field Descriptions

Field	Help Description
Diagnosis Code1 / Version	Displays the diagnosis billed on the health check screening claim/encounter. Displays the version of the ICD value. (Read-Only)
Diagnosis Code2 / Version	Displays the diagnosis billed on the health check screening claim/encounter. Displays the version of the ICD value. (Read-Only)
Diagnosis Code3 / Version	Displays the diagnosis billed on the health check screening claim/encounter. Displays the version of the ICD value. (Read-Only)
Diagnosis Code4 / Version	Displays the diagnosis billed on the health check screening claim/encounter. Displays the version of the ICD value. (Read-Only)
Dx Description1	Displays the description of the screening diagnosis code. (Read-Only)
Dx Description2	Displays the description of the screening diagnosis code. (Read-Only)
Dx Description3	Displays the description of the screening diagnosis code. (Read-Only)
Dx Description4	Displays the description of the screening diagnosis code. (Read-Only)
HC Referral Code	Displays the referral code billed on the health check screening claim/encounter. If an EPSDT is indicated a 'Y' is displayed to indicate yes, otherwise an 'N' is displayed to indicate no which includes the valid referral codes of 'AV', 'ST', 'S2', 'NU'. (Read-Only)
ICD Version	Displays the version of the ICD value. (Read-Only)
Note	Displays the note related to the diagnostic and treatment for the member.
Note Date	Displays the date the note was added. Date is automatically populated with the current date when the note text changes from blank to non-blank and updated to the current date when the note text is updated when already non-

Field	Help Description
	blank. Date and time will be stored in this DATE domain field on the database. (Read-Only)
Screening Date	Displays the date of service on the health check screening claim/encounter. (Read-Only)
Screening Provider Name	Displays the name of the screening provider on the health check screening claim/encounter. (Read-Only)
Specialty of Tx Provider	Displays the provider specialty description. (Read-Only)
Treatment Date	Displays the first date of service for the diagnostic or treatment claim. (Read-Only)
Treatment Provider Name	Displays the name of the treatment provider on the diagnostic and treatment claim/encounter. (Read-Only)
Type of Tx Provider	Displays the provider type description of the treatment provider on the health check screening claim/encounter. (Read-Only)

Adding or Updating a Note

Step	Action	Result
1	Select the row to add or update a note against.	The note field becomes available for entry.
2	Enter the Note* .	
3	Click submit .	The appropriate response appears at the top of the page.

21 Reports Overview

The Reports menu allows providers and provider office administrators to search for assigned letters and reports, such as a remittance advice.

The Reports submenu includes:

1. Financial Reports
2. Hospital Statistical and Reimbursement (HS&R) Reports
3. Other Reports
4. Letters

21.1 Accessing Reports Search

The Reports pages allow providers and billing agents to view and/or download assigned reports, such as a remittance advice. Reports are broken into three pages to allow providers to delegate to which report the office administrator should or should not have access: Financial Reports, Hospital Statistical and Reimbursement (HS&R) Reports, and Other Reports.

Minimum search combinations: Report, From Date and To Date.

Navigational Path: Reports – select designated reports page

Step	Action	Result
	Start from the secured Reports menu.	
1	Select the Financial Reports or HS&R Reports or Other Reports submenu.	The Reports panel displays.

Field Descriptions

Field	Help Description
Clear	This button clears the search criteria fields.
From Date	Displays the from date to search by, which is automatically populated three months prior to the first of the current month. The date range will be included as search criteria to identify reports with a creation date on or within the specified date range.
Records	Displays the number of search results to display per page.

Field	Help Description
Report	Displays the title of the available reports for the logged in user.
Search	This button is used to initiate the search.
To Date	Displays the through date to search by, which is automatically populated with the current date. The date range will be included as search criteria to identify reports with a creation date on or within the specified date range.

Reports Panel

Navigational Path: Reports – select designated reports page

Step	Action	Result
1	Select the Report from the drop-down list*.	
2	Enter the From Date *.	
3	Enter the To Date *.	
4	Click search.	The appropriate search results are displayed based on the search criteria entered.

21.2 Accessing Reports Search Results

The Search Results panel allows providers and billing agents to download and view assigned reports, based on the search criteria entered on the reports panel. Click the row to begin downloading the requested report.

Navigational Path: Reports – select designated reports page – enter search criteria - search

Step	Action	Result
Start from the secured Reports menu.		
1	Select the Financial Reports or HS&R Reports or Other Reports submenu.	The Reports panel displays.
2	Enter the appropriate search criteria.	
3	Click search.	The Search Results panel displays.

Search Results	
Report Name	Run Date
12/01/2009 Remittance Advice	12/1/2009 12:00:00 AM
12/01/2009 Remittance Advice	12/1/2009 12:00:00 AM
11/24/2009 Remittance Advice	11/24/2009 12:00:00 AM
11/24/2009 Remittance Advice	11/24/2009 12:00:00 AM
11/23/2009 Remittance Advice	11/23/2009 12:00:00 AM
1 2 3 ... Next >	

Field Descriptions

Field	Help Description
Report Name	Displays the title of the report. (Read-Only)
Run Date	Displays the creation date of the report. (Read-Only)

21.3 Accessing Letter Search

The Letter panel allows providers and billing agents to search for assigned letters.

Minimum search combinations: Letter, From Date, and To Date.

Navigational Path: Reports - Letters

Step	Action	Result
	Start from the secured Reports menu.	
1	Select the Letters submenu.	The Letter panel displays.

Field Descriptions

Field	Help Description
Clear	This button clears the search criteria fields.
From Date	Displays the From date to search by, which is automatically populated three months prior to the first of the current month. The date range will be included as search criteria to identify letters with a creation date on or within the specified date range.
Letter	Displays the title of the available letter for the logged in user.
Records	Displays the number of search results to display per page.
Search	This button is used to initiate the search.
To Date	Displays the through date to search by, which is automatically populated with the current date. The date range will be included as search criteria to identify letters with a creation date on or within the specified date range.

Letter Panel**Navigational Path:** Reports - Letters

Step	Action	Result
1	Select the Letter from the drop-down list*.	
2	Enter the From Date *.	
3	Enter the To Date *.	
4	Click search .	The appropriate search results are displayed based on the search criteria entered.

21.4 Accessing Letters Search Results

The Search Results panel allows providers and billing agents to download and view assigned letters, based on the search criteria entered on the letters panel. Click the row to begin downloading the requested letter.

Navigational Path: Reports - Letters - enter search criteria – search

Step	Action	Result
	Start from the secured Reports menu.	
1	Select the Letters submenu.	The Letter panel displays.
2	Enter the appropriate search criteria.	
3	Click search.	The Search Results panel displays.

Search Results	
Report Name	Run Date
10/19/2009 - PRV-9009-R: Provider Change Notification Letter	10/19/2009 12:00:00 AM
10/05/2009 - PRV-9009-R: Provider Change Notification Letter	10/05/2009 12:00:00 AM
10/01/2009 - PRV-9009-R: Provider Change Notification Letter	10/01/2009 12:00:00 AM
09/29/2009 - PRV-9009-R: Provider Change Notification Letter	9/29/2009 12:00:00 AM
09/18/2009 - PRV-9009-R: Provider Change Notification Letter	9/18/2009 12:00:00 AM

Field Descriptions

Field	Help Description
Report Name	Displays the type of letter. (Read-Only)
Run Date	Displays the creation date of the letter. (Read-Only)

22 Trade Files Download Overview

The download page allows authorized submitters, providers and billing agents to download their assigned batch response files. The files are ordered by the date they become available, beginning with the most recent.

For providers, the Trade Files submenu includes: Download

22.1 Accessing Download - Search

The File Download Search panel allows authorized providers and billing agents to search for their assigned batch response files.

Minimum Search Criteria: Document Type and Date Available

Navigational Path: Trade Files - Download

Step	Action	Result
	Start from the secured Trade Files menu.	
1	Select the Download submenu.	The File Download Search panel displays.



Field Descriptions

Field	Help Description
clear	This button clears the search criteria fields.
Date Available	Displays the date the file became available for download. When the date available is blank, the search results will display all files that are available to be downloaded.
Document Type	Displays the type of response file to search by.
Exclude files previously downloaded	Displays if the search results should exclude files that have previously been downloaded by inserting a check into the appropriate field.
Records	Displays the number of search results to display per page.
search	This button is used to initiate the search.

File Download Search**Navigational Path:** Trade Files – Download

Step	Action	Result
1	Select the Document Type* from the drop-down list.	
2	Enter the Date Available .	
3	Check Exclude files previously downloaded.	
4	Click search .	The appropriate search results are displayed based on the search criteria entered.

22.2 Accessing Download – Files Available for Download

The Files Available for Download panel allows authorized providers and billing agents to download their assigned response files based on the search criteria entered on the file download search panel.

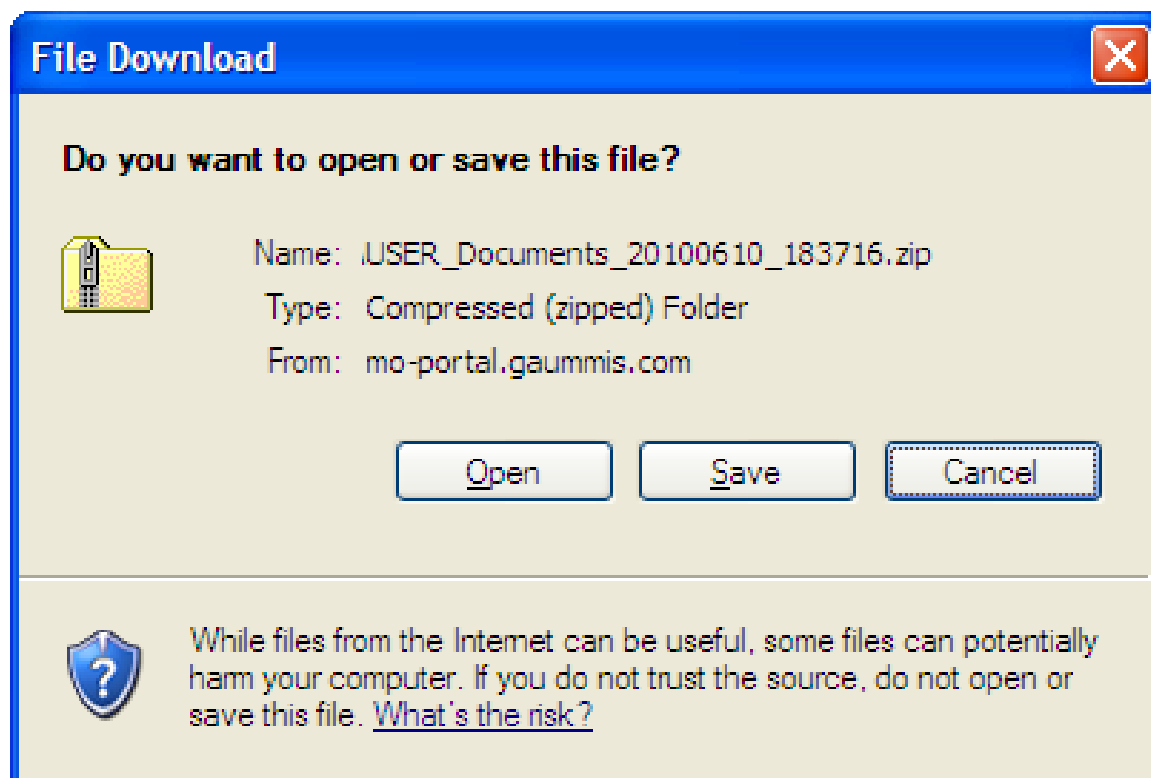
Navigational Path: Trade Files – Download – enter search criteria - search

Step	Action	Result
	Start from the secured Trade Files menu.	
1	Select the Download submenu.	The File Download Search panel displays.
2	Enter the appropriate search criteria.	
	Click search .	The Files Available for Download panel displays.

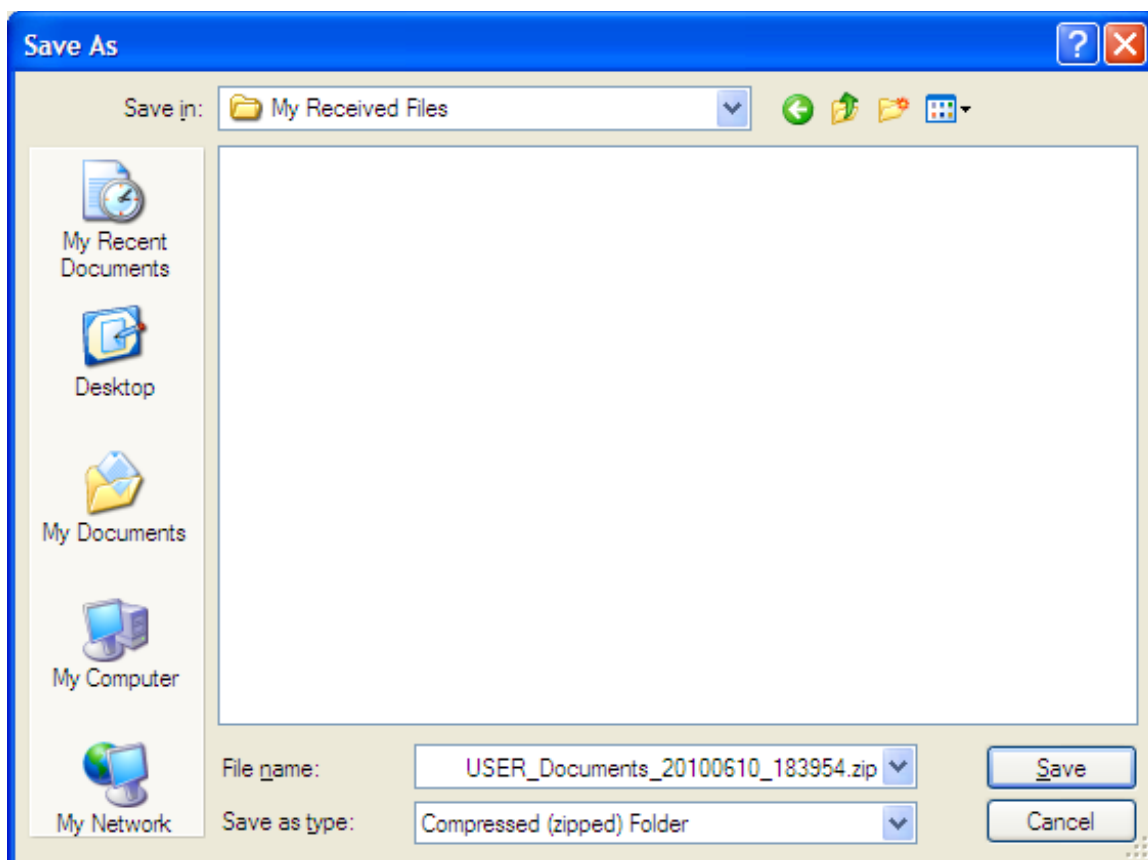
Files Available for Download (15 rows returned)					
File Name	Description	Document Type	Date Available	Date Downloaded	Download
3953_3952_270X12BATCH_X12_997.dat		997	11/30/2009	01/01/1900	☐
3947_3946_270X12BATCH_X12_997.dat		997	11/30/2009	01/01/1900	☐
3942_3941_270X12BATCH_X12_997.dat		997	11/30/2009	01/01/1900	☐
3940_3939_270X12BATCH_X12_997.dat		997	11/30/2009	01/01/1900	☐
3922_3921_270X12BATCH_X12_997.dat		997	11/30/2009	01/01/1900	☐
1 2 3 Next >					
clear all select all download					

Downloading Files

Step	Action	Result
1	Insert a check in the Download box for the appropriate batch response files or click Select All to download all files.	
2	Click download.	The prompt to save the files is provided.



Step	Action	Result
3	Select whether to Open or Save the file.	If open is selected, the files are downloaded and displayed for viewing. If save is selected, continue to the next step.



Step	Action	Result
4	Select the location for where the file should be saved from the Save in: window and click Save .	The file(s) is downloaded in the location specified and available for viewing.