

Accessing Medicaid's Change Of Information Form

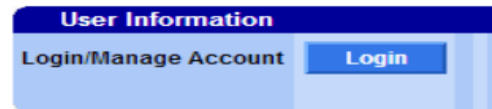


Logging Into the Secure GAMMIS Web Portal

Step 1: Logging into the Web Portal

To get started, login to the secure GAMMIS Web Portal at www.mmis.georgia.gov.

Click the Login button.



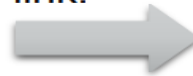
The screenshot shows a blue header with the text "User Information". Below the header, there is a link labeled "Login/Manage Account" and a blue button labeled "Login".

Enter your Username and Password and click the Sign In button.



The screenshot shows a form titled "Sign in to Georgia Medicaid" with a "Help" link. It contains two input fields: "Username" and "Password". Below the fields is a "Sign In" button. At the bottom, there is a link for "Georgia Medicaid" and a link for "Forgot your password?".

Click the Web Portal link.

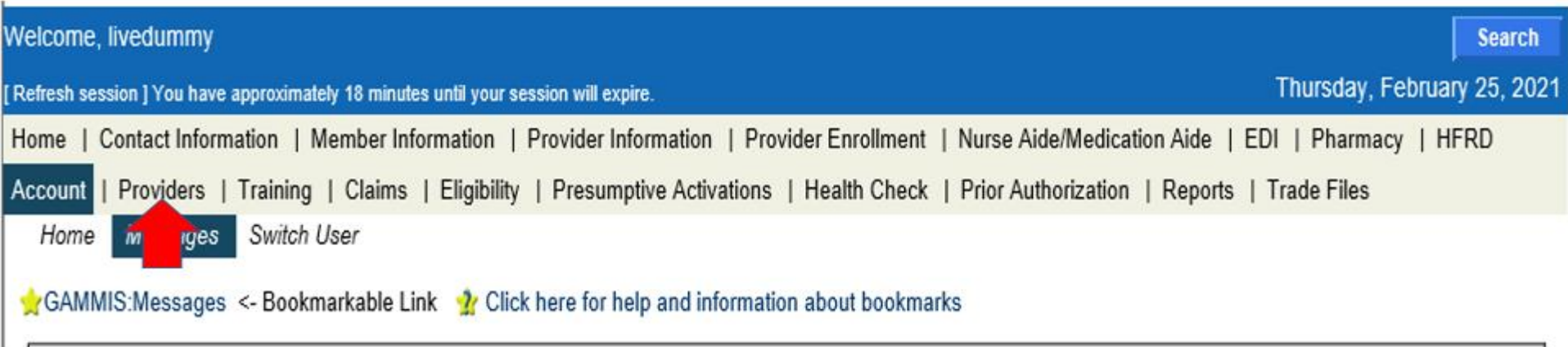


Applications	
Application	Description
MEUPS Account Management	Manages contact information, password, and authorizations for applications.
Web Portal	Web Portal Production

NOTE: If acting as a billing agent, please select the appropriate provider ID from the Switch Provider panel to begin navigating on behalf of that provider.

Locating the Change of Information Tab

Step 2: Select the Providers Tab



The screenshot shows a web application interface with a blue header bar. The header contains the text "Welcome, livedummy" on the left and a "Search" button on the right. Below the header, there is a session expiration message: "[Refresh session] You have approximately 18 minutes until your session will expire." and the date "Thursday, February 25, 2021". A navigation menu is displayed below the session message, with items: Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD. A second navigation menu is shown below, with items: Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files. The "Providers" item in this second menu is highlighted with a dark blue background, and a red arrow points to it. Below the navigation menu, there is a "Home" link, a "Messages" link (partially obscured by the red arrow), and a "Switch User" link. At the bottom of the screenshot, there is a star icon followed by the text "GAMMIS:Messages <- Bookmarkable Link" and a yellow star icon followed by the text "Click here for help and information about bookmarks".

Locating the Change of Information Tab

(continued)

Step 3: Change of Information Tab

The screenshot displays a web application interface with a blue header and a navigation menu. The header includes a welcome message "Welcome, livedummy", a search button, and a session expiration notice: "[Refresh session] You have approximately 16 minutes until your session will expire." The date "Thursday, February 25, 2021" is also visible. The navigation menu consists of several tabs: Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, HFRD, Account, Providers, Training, Claims, Eligibility, Presumptive Activations, Health Check, Prior Authorization, Reports, and Trade Files. The "Account" tab is currently selected, and a dropdown menu is open, listing various options: Home, Secure Home, Demographic Maintenance, Direct Exchange Addresses, Provider Rates, Bed Registry, Procedure Search, EOB Search, MAPIR Registration, Recredentialing/Revalidation, Patient Profile, and Change of Information. A red arrow points to the "Change of Information" option at the bottom of the dropdown menu.

Locating the Change of Information Tab

(continued)

Step 4: Change of Information Tab

The screenshot shows the top navigation bar of the GAMMIS website. The 'Change of Information' tab is highlighted in a dark blue box. Below the navigation bar, there is a section titled 'User Information - Provider' with a dropdown menu. The main content area is titled 'Change of Information' and contains the following text:

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.

At the bottom of the content area, there is a link labeled 'Change of Information Request' with a red arrow pointing to it.

Take Action

Step 5: Select the requested change

Request Type ?

Check all that apply below to begin requesting changes to your Provider or Payee information. Please note, additional provider changes are available on the [Demographic Maintenance](#) page found under the Providers menu. Changes made on the [Demographic Maintenance](#) page are immediately applied to the Provider without the need for supporting documentation.

Provider Demographic


Add Owners <input type="checkbox"/>	Credentials <input type="checkbox"/>	DEA Permit Number <input type="checkbox"/>	Doing Business As Name <input type="checkbox"/>
NPI <input type="checkbox"/>	Provider or Business Name <input type="checkbox"/>	Service Location Address <input type="checkbox"/>	Sponsoring Physician <input type="checkbox"/>
SSN <input type="checkbox"/>			

Contracts

Attestation of Compliance <input type="checkbox"/>	Deactivation of Participation <input type="checkbox"/>	Provider Contracts <input type="checkbox"/>	Reactivation of Participation <input type="checkbox"/>	Retroactive Enrollment <input type="checkbox"/>
--	--	---	--	---

Payee Information

EFT Account <input type="checkbox"/>	FEIN <input type="checkbox"/> (Also requires EFT Account)	Payee Address <input type="checkbox"/>	Payee Affiliation <input type="checkbox"/>	Payee Name <input type="checkbox"/>
--------------------------------------	--	--	--	-------------------------------------

Effective Date of Change* 

next **exit**

Take Action

(continued)

Step 6: Enter the Effective Date for the Change

Request Type ?

Check all that apply below to begin requesting changes to your Provider or Payee information. Please note, additional provider changes are available on the [Demographic Maintenance](#) page found under the Providers menu. Changes made on the [Demographic Maintenance](#) page are immediately applied to the Provider without the need for supporting documentation.

Provider Demographic

Add Owners <input type="checkbox"/>	Credentials <input type="checkbox"/>	DEA Permit Number <input type="checkbox"/>	Doing Business As Name <input type="checkbox"/>
NPI <input type="checkbox"/>	Provider or Business Name <input type="checkbox"/>	Service Location Address <input type="checkbox"/>	Sponsoring Physician <input type="checkbox"/>
SSN <input type="checkbox"/>			

Contracts

Attestation of Compliance <input type="checkbox"/>	Deactivation of Participation <input type="checkbox"/>	Provider Contracts <input type="checkbox"/>	Reactivation of Participation <input type="checkbox"/>	Retroactive Enrollment <input type="checkbox"/>
--	--	---	--	---

Payee Information

EFT Account <input type="checkbox"/>	FEIN <input type="checkbox"/> (Also requires EFT Account)	Payee Address <input type="checkbox"/>	Payee Affiliation <input type="checkbox"/>	Payee Name <input type="checkbox"/>
--------------------------------------	--	--	--	-------------------------------------

Effective Date of Change*



Take Action

(continued)

Step 7: Select next

Request Type ?

Check all that apply below to begin requesting changes to your Provider or Payee information. Please note, additional provider changes are available on the [Demographic Maintenance](#) page found under the Providers menu. Changes made on the [Demographic Maintenance](#) page are immediately applied to the Provider without the need for supporting documentation.

Provider Demographic

Add Owners <input type="checkbox"/>	Credentials <input type="checkbox"/>	DEA Permit Number <input type="checkbox"/>	Doing Business As Name <input type="checkbox"/>
NPI <input type="checkbox"/>	Provider or Business Name <input type="checkbox"/>	Service Location Address <input type="checkbox"/>	Sponsoring Physician <input type="checkbox"/>
SSN <input type="checkbox"/>			


Contracts

Attestation of Compliance <input type="checkbox"/>	Deactivation of Participation <input type="checkbox"/>	Provider Contracts <input type="checkbox"/>	Reactivation of Participation <input type="checkbox"/>	Retroactive Enrollment <input type="checkbox"/>
--	--	---	--	---

Payee Information

EFT Account <input type="checkbox"/>	FEIN (Also requires EFT Account) <input type="checkbox"/>	Payee Address <input type="checkbox"/>	Payee Affiliation <input type="checkbox"/>	Payee Name <input type="checkbox"/>
--------------------------------------	---	--	--	-------------------------------------

Effective Date of Change*

next  **exit**

Final Steps

Complete all necessary fields and make sure to submit your Change of Information Form!

Questions and Answers

Thank you

Contact

brand@gainwelltechnologies.com
gainwelltechnologies.com

Gainwell Technologies

1775 Tysons Blvd.
McLean, VA 22102