Georgia Pediatric Program (GAPP) Presentation

For access to this presentation, please visit: www.mmis.georgia.gov > Provider Information > Provider Notices > “Presentation – GAPP Services– July 2023”

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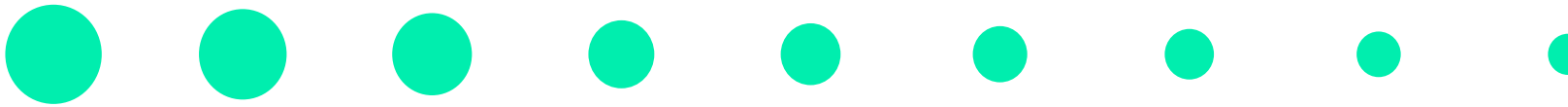
Agenda

- Georgia Pediatric Program (GAPP)
- Eligibility
- Prior Authorization
- Claims Submission
- Helpful Hints
- Common Denials
- Remittance Advice
- Policy Information and Updates
- Contacting Gainwell Technologies
- Session Review
- Closing, Questions and Answers

Georgia Pediatric Program

(GAPP)



Georgia Department of Community Health

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Georgia Pediatric Program (GAPP)…what is GAPP?

What is GAPP?

- The Georgia Pediatric Program (GAPP) was implemented in August 2002. Medicaid's In-Home Nursing program is designed to serve eligible members based on a medical necessity determination(s) for children under the age of 20 years 11 months.

- Members must require medically necessary nursing care and/or personal care support services to be considered for services in the GAPP.

Georgia Pediatric Program (GAPP)

(continued)

Goals of the Georgia Pediatric Program (GAPP) – In-Home Skilled Nursing

The Georgia Pediatric Program (GAPP) is a member-oriented program with the following goals:

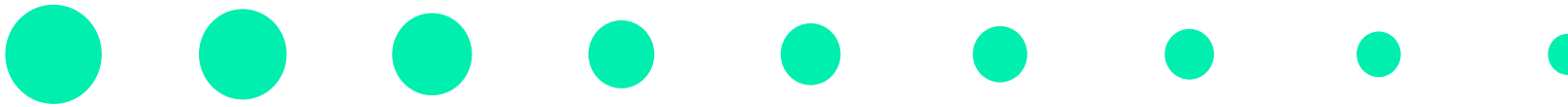
1. To provide skilled nursing care and / or personal care support based on medical necessity to medically fragile children under the age of twenty years 11 months. Caregivers must be knowledgeable and competent in the care of the child.
2. To provide quality services, consistent with the medically necessary needs of individual child. All services must be accompanied by a physician's order.
3. To involve the physician and child's caregiver(s) or representative(s) in the provision of the child's care.
4. To demonstrate compassion for the members by treating the children and caregivers with dignity and respect while providing quality services in the home setting.

Georgia Pediatric Program (GAPP) other Administrators

Services under **Georgia Pediatric Program (GAPP)** are provided with the cooperation of the following state and local public agencies and businesses:

- **The Department of Community Health (DCH) -** responsible for the overall coordination, administration, and quality assurance of the program. The department is responsible for the enrollment and reimbursement to providers for services provided to those eligible members who have applied and been approved for the GAPP.
- **Alliant Health Solutions -** The Alliant Health Solutions Medical Review team reviews prior approvals determines the appropriateness of services and makes approval or denial determinations. Review applications for admission and continued stay in the GAPP Program. Enrollment in the program is based on medical necessity and the need for skilled nursing and/or personal care support services.
- **The Department of Family and Children Services (DFCS) -** the Department of Human Services determines members Medicaid eligibility.

Member Eligibility



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GAPP Services Eligibility

General Member Eligibility Criteria

- The DCH reimburses providers enrolled in the Georgia Pediatric Program for services rendered to Medicaid eligible children who have been approved for GAPP services. Medicaid eligibility determinations are required prior to approval for services. If Medicaid eligibility is not established, contact should be made with the local County Department of Family and Children Services (DFCS).

- Medicaid eligibility is determined by the member's local county Department of Family and Children Services (DFCS) office. If the member is ineligible for Medicaid benefits, the Department will not reimburse a provider.

- Per Part I Policies and Procedures for Medicaid/PeachCare for Kids®, providers are required to check the Medicaid eligibility status prior to providing services for each member in the GAPP. Verification will include Medicaid eligibility for the month and type of Medicaid (CMO or fee-for-service).

How Can I Tell If a Member Is Eligible?

Eligibility Verification

- Eligibility verification is the **first and most important step** in billing any claim.

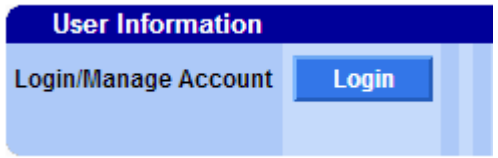
- Eligibility **should be verified prior to each visit** to the office or facility or **dispensing of any equipment or treatment.**

- Verifying eligibility **allows you to determine**:
  - Is the member **currently eligible**?
  - Is the member **eligible for *THIS* service**?
  - Does the member have ***OTHER* coverage**?
  - Has the member **reached coverage limitations**?
  - Does the member have a **spend-down or patient liability** that will affect the claim?

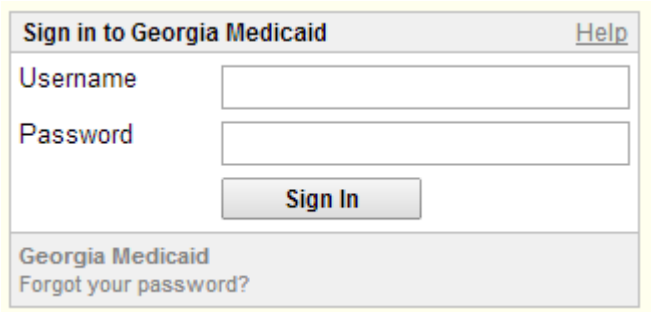
Logging into the Secure Web Portal

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

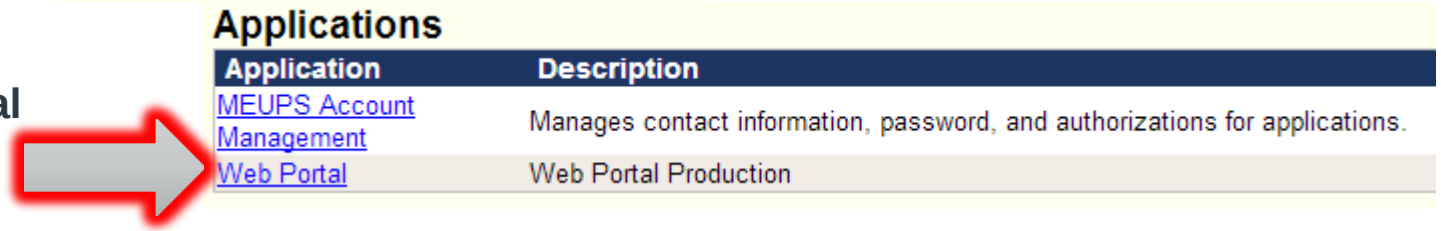
Click the **Login** button.



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



Click the **Web Portal** link.



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.

Eligibility Verification

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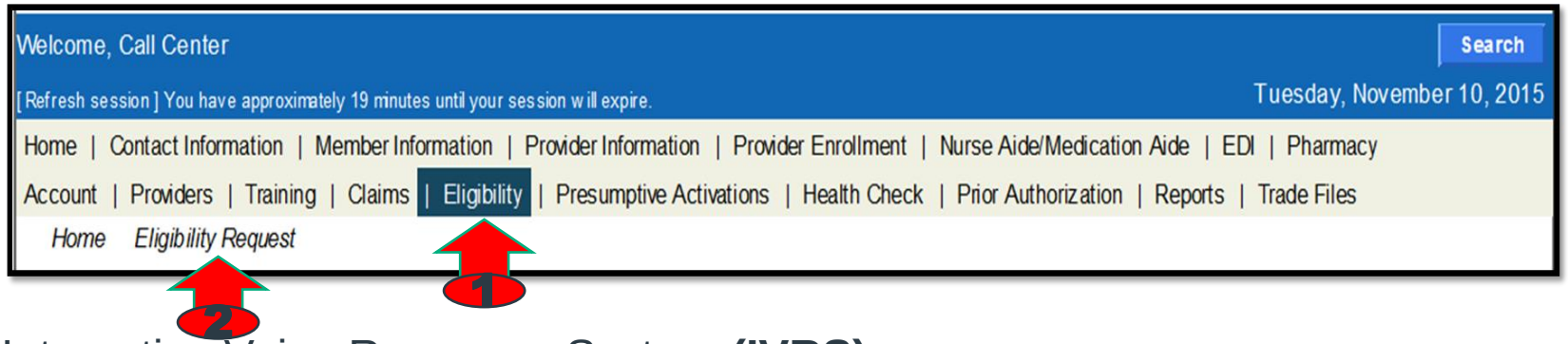
There are **three ways** Georgia Medicaid provides **verification of member eligibility**:

- **GAMMIS website** www.mmis.georgia.gov (**secure Web Portal** only)



- Interactive Voice Response System **(IVRS)**
- Provider Services Contact Center **(PSCC)**
- The IVRS and the GAMMIS website are **available 24 hours a day**.

Applying for Services

Applying for Services by Member & Member's Caregivers

- Caregivers of the medically fragile child interested in receiving services through the Georgia Pediatric Program (GAPP) must apply via a nursing agency participating in the children's program (See Appendix U). Members seeking services may also contact the GAPP Program Specialist at (404) 683-5113 or send a request to GAPP.inquiries@dch.ga.gov

Applying for Services by Providers & Hospitals

- Hospitals or physicians caring for the medically fragile child interested in receiving services through the GAPP should apply via the Discharge Planning department of the facility or the Social Service Department. Physicians may apply directly to a nursing agency participating in the GAPP.
- Application for GAPP services can be made through any GAPP approved nursing agency (see Appendix U). Member applications for services may take up to 30 days to review documents once a complete application packet has been submitted.

Prior Authorization

Prior Authorization and GAPP

Per Part I Policies and Procedures for Medicaid/Peach Care for Kids®, providers are required to check the Medicaid eligibility status prior to providing services for each member in the GAPP.

Verification will include Medicaid eligibility for the month and type of Medicaid (CMO or fee-for-service). All Medicaid members with CMO eligibility will require prior authorization through the CMO. All Medicaid members with fee-for- services eligibility type will require prior authorization by the Alliant Health Solutions.

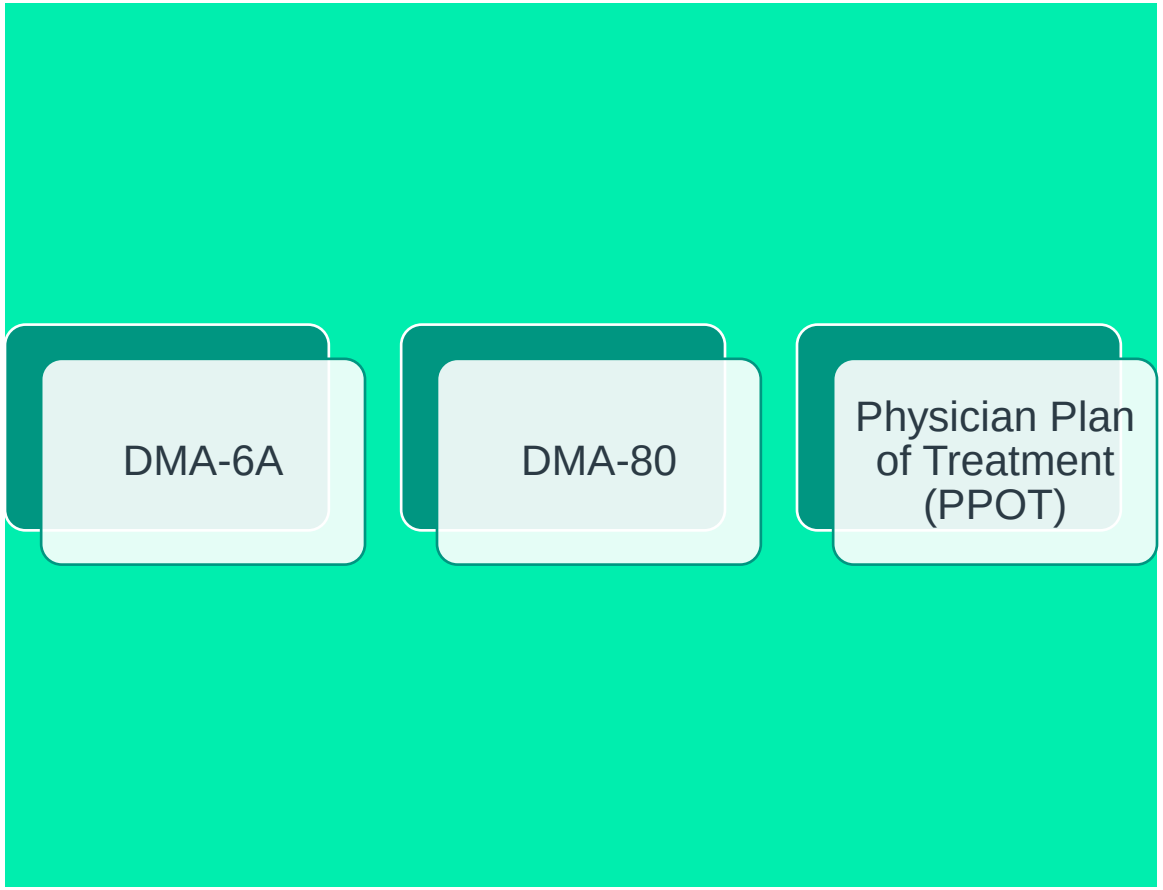
The Alliant Health Solutions Medical Review Team is responsible for reviewing applications for appropriateness of skilled nursing care and/or personal care support services. Alliant Health Solutions medical review team will approve or deny admission to the program utilizing the policies as established by the Department.

*All services under the Georgia Pediatric Program (GAPP) are subject to prior approval.

Prior Authorization Important Documents

Required Application Documents for a GAPP Request:

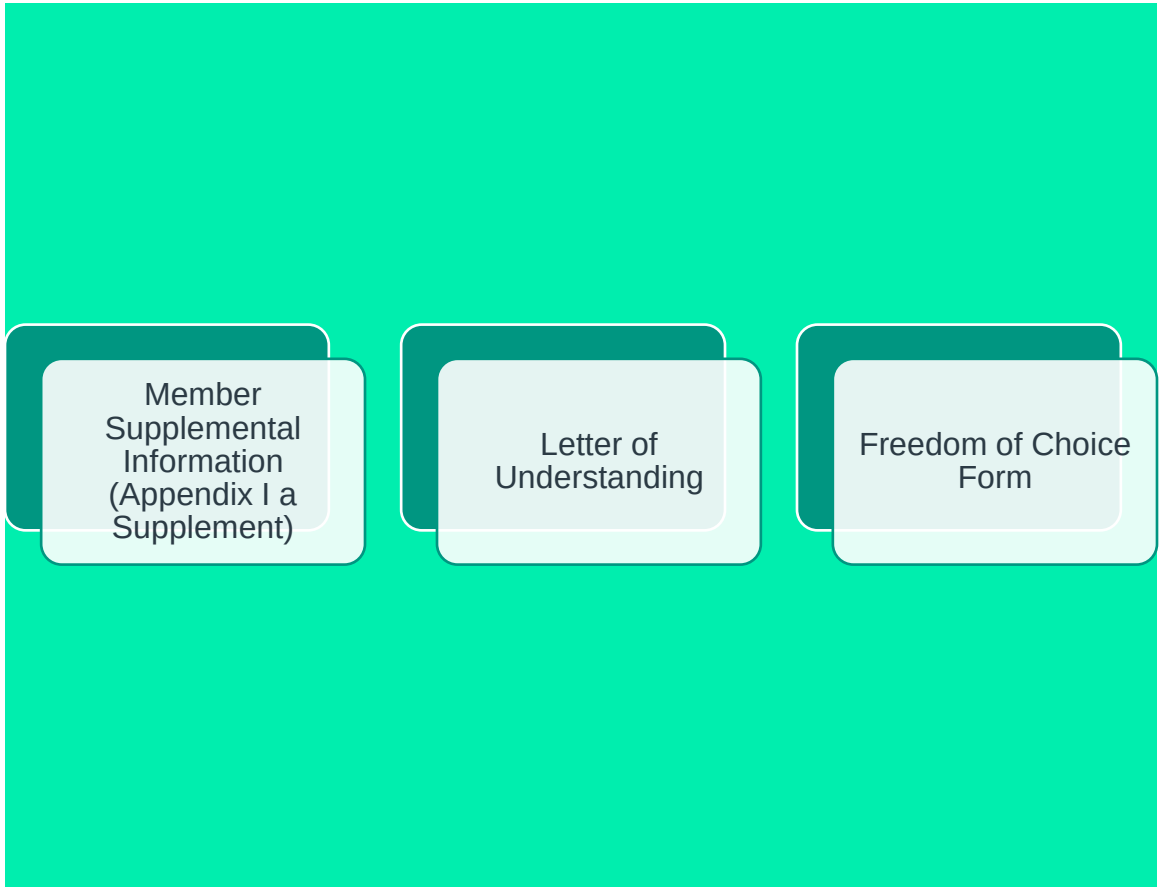
- **DMA-6A** form is submitted electronically through the Medical Review portal. The member's physician DOES NOT HAVE TO SIGN THE DMA-6A. DMA6s are valid for one year only and must be renewed 30–60 days before the expiration date.
- **DMA-80** forms are submitted electronically via the GAMMIS Medical Review Portal. (Refer to Appendix F for a copy of the DMA-80). The Alliant Medical Review team has discretion to amend the length of the DMA depending on documentation submitted for review.
- **The PPOT** must be developed, signed, and dated by the attending or primary care physician with the initial and all subsequent recertifications. The PPOT will show what skilled nursing and PSS hours that the physician is recommending and must be signed and dated within (30) calendar days of the completed PPOT. Effective 1/1/2023, providers must submit the Appendix Y as the PPOT. LOMN may also be submitted.



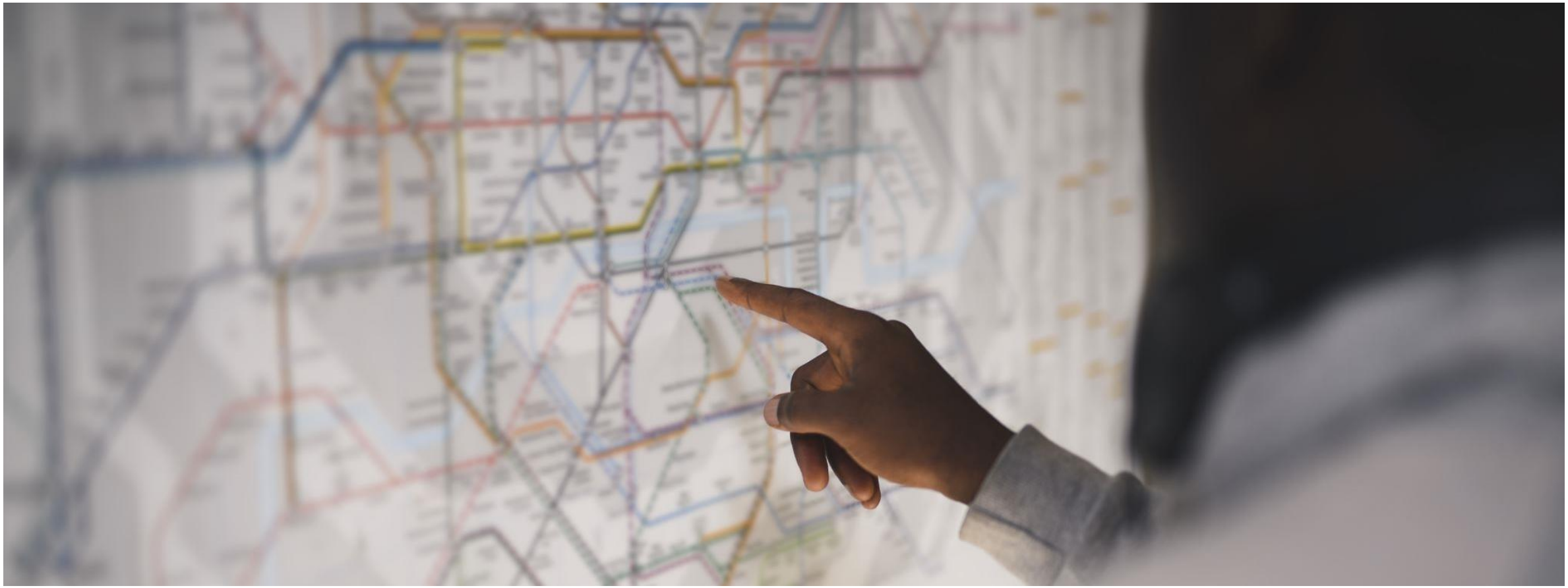
Prior Authorization Important Documents

Required Application Documents for a GAPP Request
(continued)

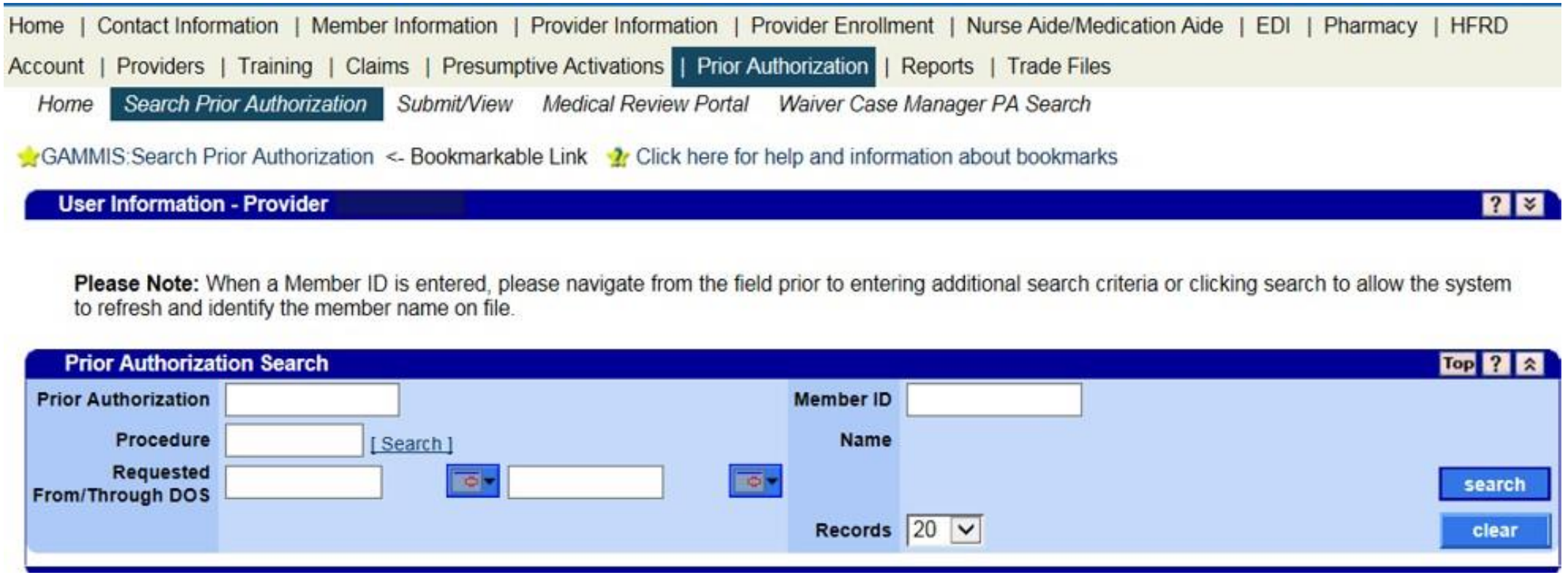
- **The Appendix I a Supplement** should be completed by the provider agency with additional information provided by the caregiver. Please note if the member is receiving other skilled or unskilled services from any Medicaid or other service program. The Appendix I a does not replace the PPOT. A Letter of Medical Necessity may also be submitted but is nor required
- **The Letter of Understanding** must be reviewed with the primary caregiver(s) during the initial planning team meeting, as well as, yearly. All areas must be discussed to ensure a thorough understanding of program requirements prior to completion of the admission approval paperwork. The primary caregiver(s)/DFCS must sign and date the Letter of Understanding (Appendix J). The Appendix J must be submitted yearly.
- **The Freedom of Choice Form** must be signed and dated by the member or the member's representative on a yearly basis (See Appendix G). Parents and/or legal guardians have a right to choose or transfer agencies without ramifications by the current agency. Agencies must render a minimum of (30) days of service if the parent/legal guardian wishes to change agencies, depending on the wishes of the parent/legal guardian. This process should be explained at the initiation of services and on a continuing basis to assure that parents/caregivers know their right to freedom of choice for a GAPP provider.



Prior Authorization
GAMMIS Portal Navigation



Prior Authorization Search



Prior Authorization Search

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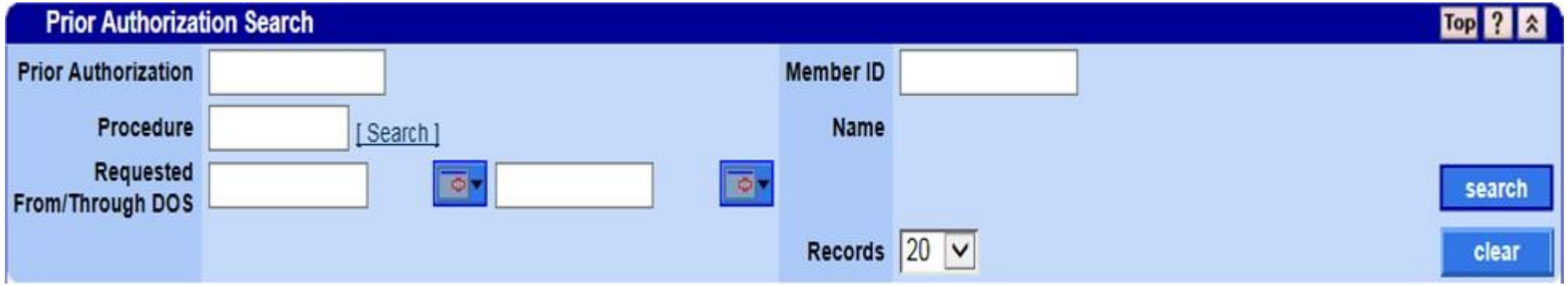


A Prior Authorization search can be done in **either of the following ways**:

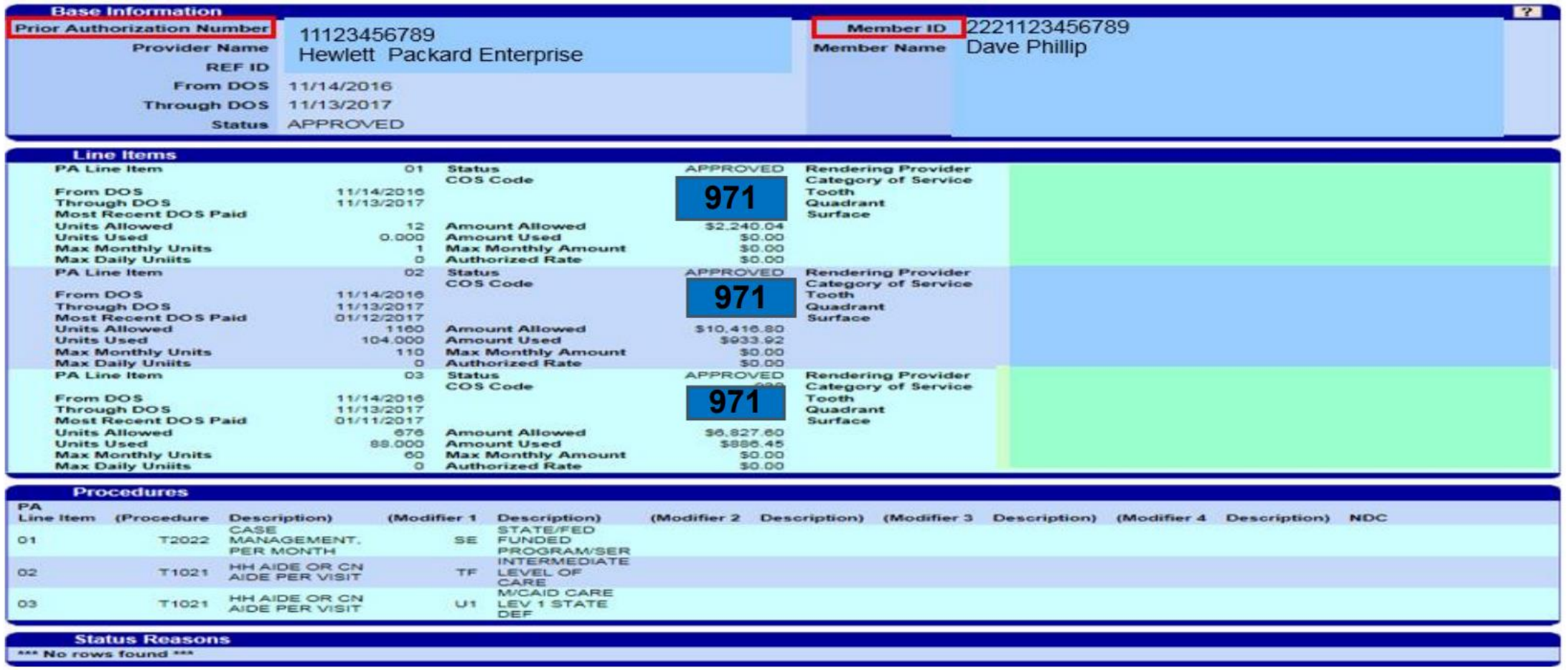
- Enter the member's **prior authorization number** and select **search**

Or

- Enter the **Member ID** and the requested **from/through date of service** and select search

Prior Authorization Search

Result Example



Base Information

Prior Authorization Number	11123456789	Member ID	2221123456789
Provider Name	Hewlett Packard Enterprise	Member Name	Dave Phillip
REF ID			
From DOS	11/14/2016		
Through DOS	11/13/2017		
Status	APPROVED		

Line Items

PA Line Item	01	Status	APPROVED	Rendering Provider	
		COS Code	971	Category of Service	
From DOS	11/14/2016			Tooth	
Through DOS	11/13/2017			Quadrant	
Most Recent DOS Paid				Surface	
Units Allowed	12	Amount Allowed	$2,240.04		
Units Used	0.000	Amount Used	$0.00		
Max Monthly Units	1	Max Monthly Amount	$0.00		
Max Daily Uniits	0	Authorized Rate	$0.00		
PA Line Item	02	Status	APPROVED	Rendering Provider	
		COS Code	971	Category of Service	
From DOS	11/14/2016			Tooth	
Through DOS	11/13/2017			Quadrant	
Most Recent DOS Paid	01/12/2017			Surface	
Units Allowed	1160	Amount Allowed	$10,416.80		
Units Used	104.000	Amount Used	$933.92		
Max Monthly Units	110	Max Monthly Amount	$0.00		
Max Daily Uniits	0	Authorized Rate	$0.00		
PA Line Item	03	Status	APPROVED	Rendering Provider	
		COS Code	971	Category of Service	
From DOS	11/14/2016			Tooth	
Through DOS	11/13/2017			Quadrant	
Most Recent DOS Paid	01/11/2017			Surface	
Units Allowed	676	Amount Allowed	$6,827.60		
Units Used	88.000	Amount Used	$888.45		
Max Monthly Units	60	Max Monthly Amount	$0.00		
Max Daily Uniits	0	Authorized Rate	$0.00		

Procedures

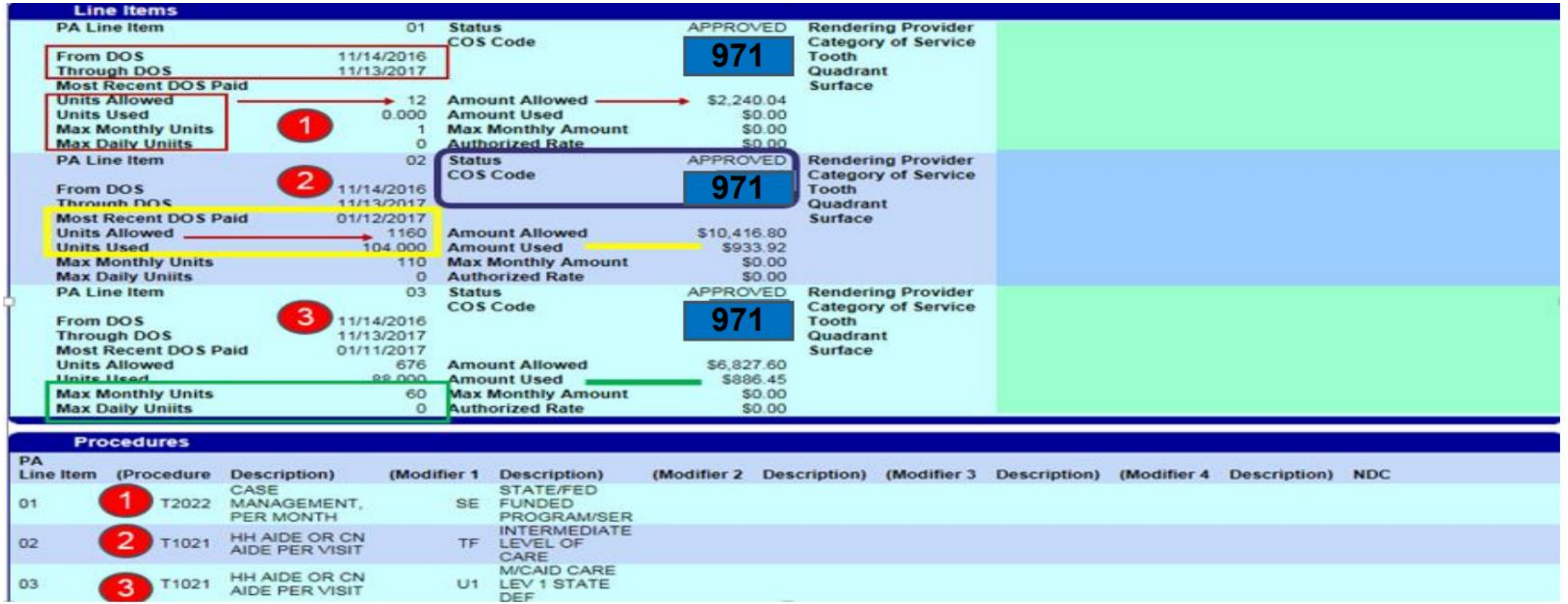
PA Line Item	(Procedure	Description)	(Modifier 1	Description)	(Modifier 2	Description)	(Modifier 3	Description)	(Modifier 4	Description)	NDC
01	T2022	CASE MANAGEMENT, PER MONTH	SE	STATE/FED FUNDED PROGRAM/SER							
02	T1021	HH AIDE OR CN AIDE PER VISIT	TF	INTERMEDIATE LEVEL OF CARE							
03	T1021	HH AIDE OR CN AIDE PER VISIT	U1	M/CAID CARE LEV 1 STATE DEF							

Status Reasons

*** No rows found ***

Prior Authorization Search

(continued)



Claims Submission

Ways to Submit a Claim

There are **two ways** to submit, adjust, and/ or resubmit a claim:

- Electronically through a clearinghouse **(EDI)**
- Through the Georgia Medicaid Management Information System **(GAMMIS)**

Timely Filing Rules

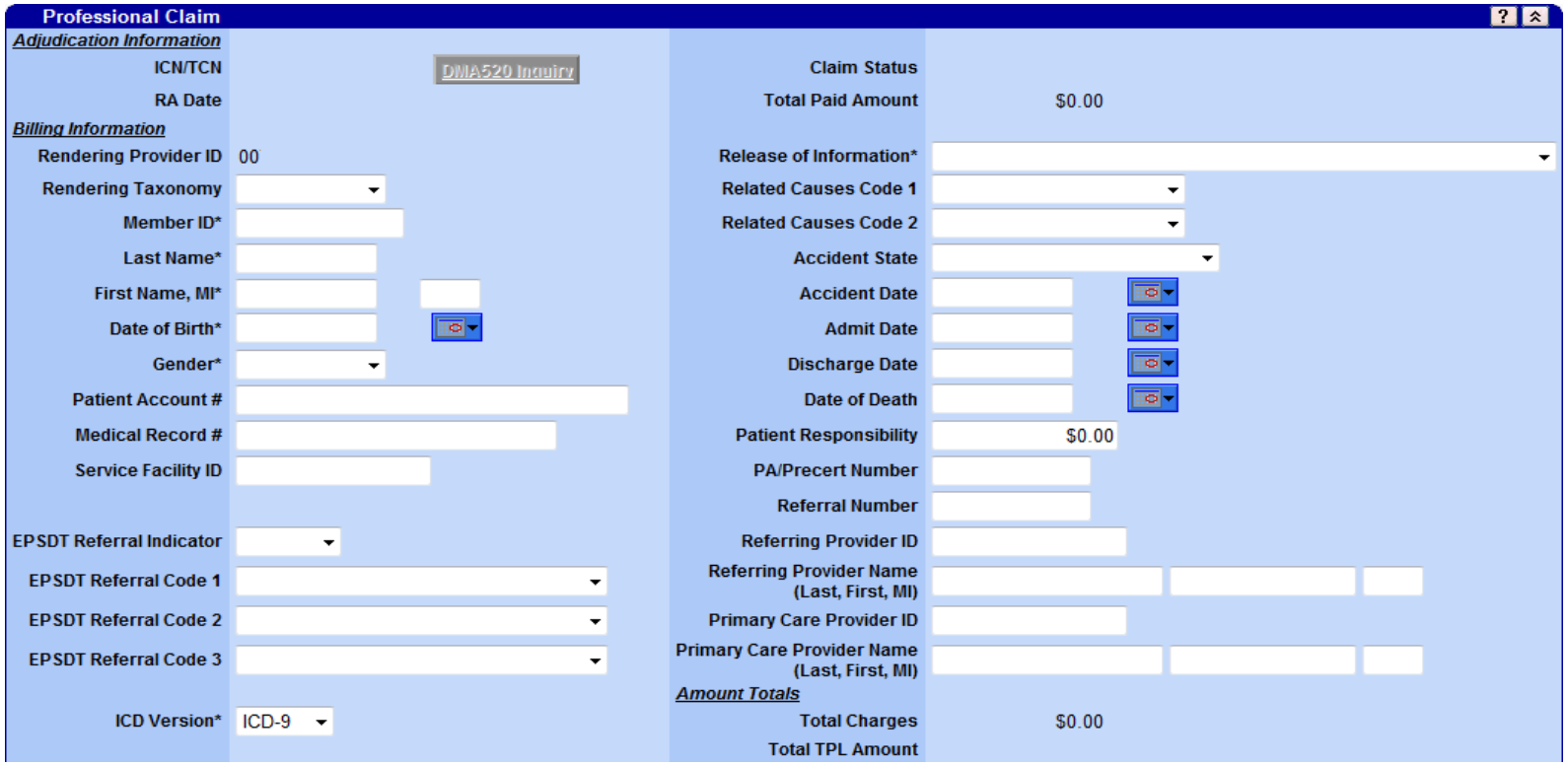
For most **providers**, timely filing is **six months** from the **month the service (MOS)** was rendered by the provider; however, there are **variations** which you should be aware:

- Claim **adjustment** – Within **three months** of the month of payment
- Claim **resubmission** – Within **three months** of the month the denial occurred

Professional Claim Submission

Header

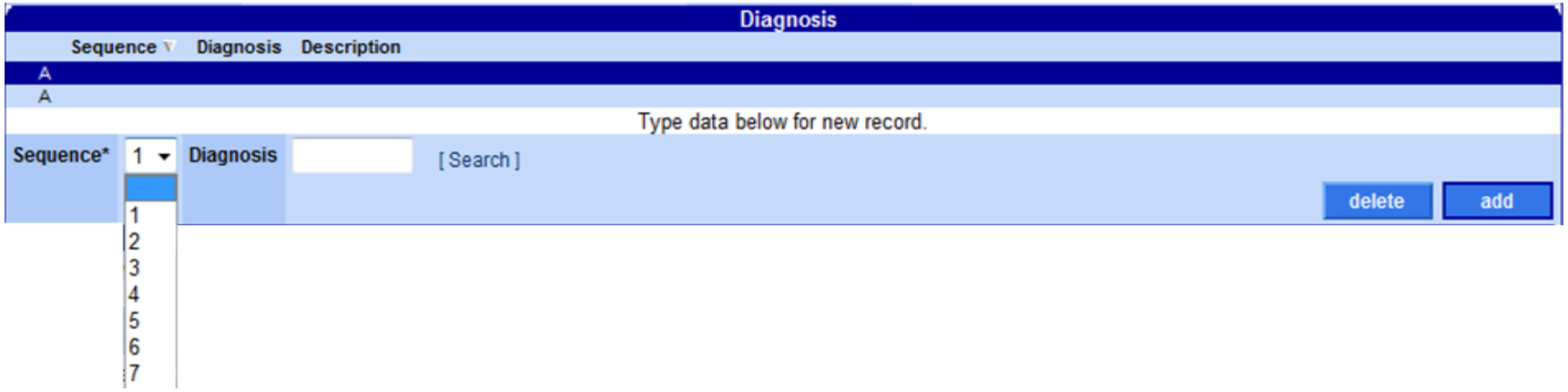
Enter the required information (*) and as much optional information as possible (some required fields are the Member ID, Last Name, First Name, and Middle Initial).



Diagnosis
Section 2

Allows entry of **up to 10** diagnoses

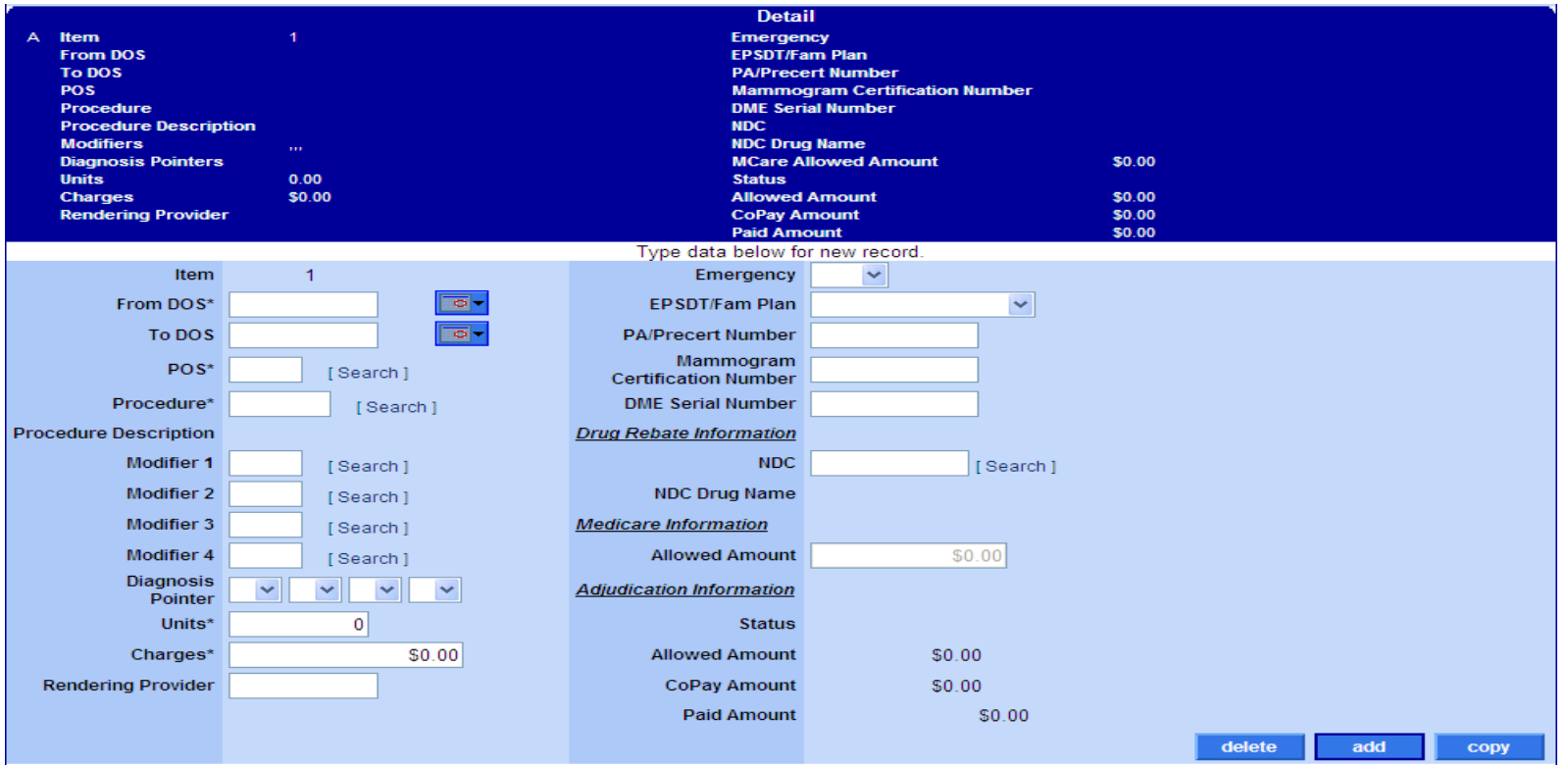
- Click **add** t**o activate** the diagnosis section for each additional diagnosis to be entered.
- **Enter the diagnosis** (to find a diagnosis code, use the [Search] feature).
- **Enter the sequence** (diagnosis code pointer) number.



Detail

Section 5

Click add to add **up to 50 lines**. > Click **copy** to duplicate information. > Click **delete** to delete the details entered. > Click **Submit.**



Internal Control Number

The **ICN** is a **13-digit number** that is unique to each claim, no matter the status.

22	12010	999	999
Region	**Julian Date**	**Batch**	**Sequence**
Claim Type	Year and Day	Internal Use Only	

******The region or claim type is determined by how the claim was submitted.******

Claims Status

Once a claim has been processed, its status will be:

- **Paid:** Some or all of the claim was reimbursable.
- **Suspended:** Further processing is needed. The final determination may be dependent upon further review or receipt of additional information.
- **Denied:** No part of the claim was found to be reimbursable.

Common Denials

- **535:** Adjustment Exceeds Timely Filing Period
- **3000:** PA Units Exhausted or Partially Available
- **3011:** DOS not Within PA/Precert Effective Dates
- **4021:** No Coverage for Billed Procedure
- **5035, 5037 or 5042:** Exact Duplicate
- **5038 or 5043:** Possible Duplicate
- **5044:** Possible Conflict (with another waiver)
- **5115:** Service not Allowed During Hospital Stay

Billing Tips and Helpful Hints

Helpful Hints

Sharing GAPP Hours - If the parent / caregiver desires, the GAPP hours can be shared by two GAPP approved agencies. The two GAPP agencies should coordinate this sharing of hours with the caregivers and the following process should be followed. Please note that if a current PA is going to be shared, it should be accomplished on the first of the month. Providers will have caregivers/legal guardian sign the Appendix Z which is the Notification of Ability To Transfer Hours and/or Share A Member's PA.

1. Each provider must have their own DMA 6A and DMA 80 for the number of hours that they want to provide and the number of hours for each agency should be shown on the same transfer request form.
2. One provider would put a request for S9123 while the other provider would submit for S9124 so the system will not see this as a duplicate PA request
3. Each provider will have their own paperwork as required by GAPP policy; however, providers should share all documents to ensure continuity of care.
4. Providers should share documentation and not have physicians/parents sign duplicate documents
5. Providers would not be able to provide services at the same time, unless there is a specified need for this type of care based on medical necessity
6. Please call the GAPP Program Specialist at (404) 657-7882 for any assistance or clarification
7. Personal care support hours (S9122) cannot be shared between two providers

NOTE: There will be only one PPOT with the total number of hours being requested for that member

Policy Information and Updates

Stay up to date on current and future program information by reviewing your GAPP policy Manual and Banner Messages.

Access program- specific policy information in the PART II GAPP policy manual.

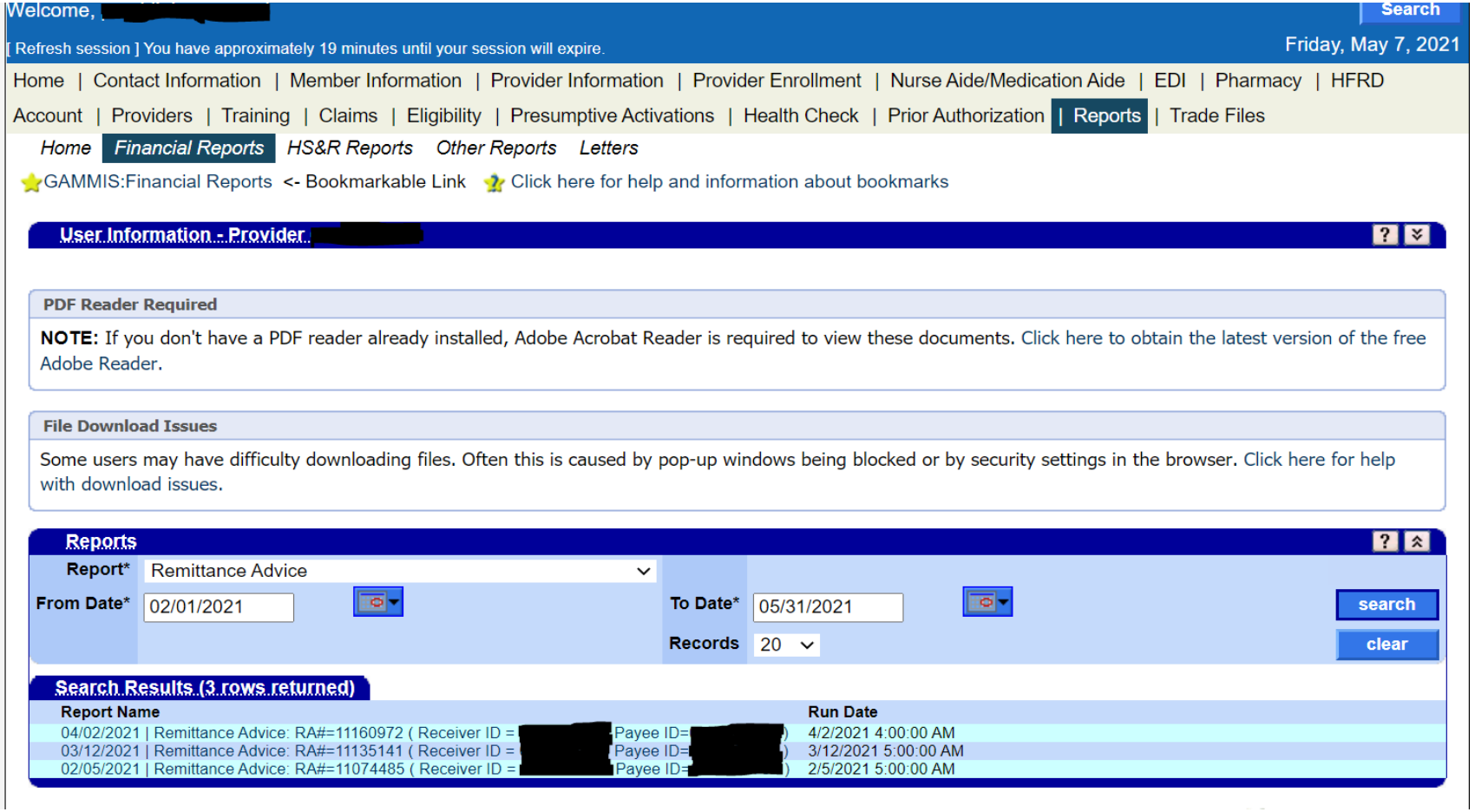
Access Banner Messages either on the GAMMIS portal or review them on the weekly Remittance Advice (RA) located in the reports section of the secure portal

Policy Information and Updates

- Access the most **up-to-date policy information** by retrieving the current **program-specific policy manual**.

- Manuals are located under the **Provider Information tab** on the home page of GAMMIS. It is not necessary to log into the secure area of GAMMIS to view this information.

Remittance Advice (RA)



Remittance Advice

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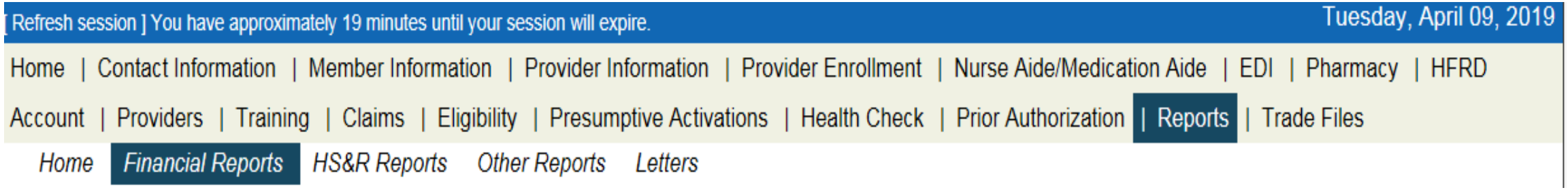

The Remittance Advice (RA) is comprised of several document types in this order:

- Banner **Messages** (if applicable)
- **Claims** Activity/Status (if applicable)
- **Financial Transactions** –Expenditures (system generated only) and Accounts Receivable
- **EOB Descriptions** (if applicable)
- **Summary** Page

The Remittance Advice is generated weekly if you have any claims activity within that week's cycle.

Remittance Advice

(continued)

REPORT: CRA-BANN-R
RA#: 12160931

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
BANNER MESSAGES

DATE: 06/23/2023
PAGE: 1

[redacted]

PAYEE ID: [redacted]
NPI ID:
PAYMENT NUMBER:
ISSUE DATE: 06/26/2023
RECEIVER ID: [redacted]

DEAR GEORGIA MEDICAID AND PEACHCARE FOR KIDS PROVIDERS:

DUE TO THE FEDERAL PUBLIC HEALTH EMERGENCY (PHE), THE DEPARTMENT OF COMMUNITY HEALTH HAS MAINTAINED ALL ENROLLED MEDICAID AND PEACHCARE FOR KIDS MEMBERS ON THE ROLLS SINCE MARCH 2020, WITH CERTAIN EXCEPTIONS (E.G., VOLUNTARY TERMINATION, RELOCATION OUT OF STATE, DECEASED, ETC.). AS A RESULT OF THE PHE, THE DEPARTMENT HAS NOT CONDUCTED ANY ELIGIBILITY DETERMINATIONS SINCE MARCH 2020. THIS IS CHANGING AS A RESULT OF THE 2023 CONSOLIDATED APPROPRIATIONS ACT, WHICH WAS SIGNED INTO LAW ON DECEMBER 29, 2022.

THE 2023 CONSOLIDATED APPROPRIATIONS ACT REQUIRES ALL STATE MEDICAID AGENCIES, INCLUDING THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH (DCH), TO BEGIN CONDUCTING ELIGIBILITY DETERMINATIONS FOR ALL MEMBERS. THEREFORE, BEGINNING APRIL 1, 2023, ALL GEORGIA MEDICAID AND PEACHCARE FOR KIDS MEMBERS WILL UNDERGO AN ELIGIBILITY REDETERMINATION. THE PURPOSE OF THE ELIGIBILITY REVIEW IS TO DETERMINE IF THE MEMBER IS STILL ELIGIBLE FOR MEDICAID OR PE ACHCARE FOR KIDS COVERAGE. THIS PROCESS WILL TAKE APPROXIMATELY FOURTEEN (14) MONTHS TO COMPLETE. A MEMBER?S DATE FOR REDETERMINATION MAY BE ANYTIME BETWEEN APRIL 2023 AND MARCH 2024.

NOTICES AND/OR EMAILS WILL BE SENT TO ALL MEMBERS APPROXIMATELY 45 DAYS BEFORE THEIR COVERAGE IS SCHEDULED TO END. THE NOTICE WILL EXPLAIN THAT THE MEMBER?S REDETERMINATION PROCESS HAS BEGUN, AND THAT THEY MAY HAVE TO SUBMIT DOCUMENTS LIKE PAY STUBS OR OTHER MATERIALS TO COMPLETE THEIR REDET ERMINATION. PLEASE NOTE THE STATE WILL UTILIZE EXTERNAL THIRD PARTY SOURCES TO OBTAIN AS MUCH INFORMATION AS POSSIBLE IN ORDER TO REDUCE THE NEED TO REQUEST INFORMATION FROM THE MEMBER. THE NOTICES WILL INFORM THE MEMBER HOW TO COMPLETE THEIR RENEWAL/REDETERMINATION. MEMBERS MAY COMPLETE THEIR RENEWALS ONLINE, BY PHONE, OR IN-PERSON AT A LOCAL DFCS OFFICE. ONLINE RENEWALS MAY BE COMPLETED BY LOGGING ONTO HTTPS://GATEWAY.GA.GOV. MEMBERS MAY ALSO COMPLETE THEIR RENEWALS BY CALLING 1-877-423-4746. ADDITIONALLY, A MEMBER MAY COMPLETE THEIR RENEWAL IN-PERSON BY VISITING THEIR LOCAL DFCS OFFICE. THE HOURS AND LOCATIONS FOR ALL DFCS OFFICES ARE POSTED ON THE FOLLOWING WEBSITE: HTTPS://DFCS.GEORGIA.GOV/LOCATIONS.

IF THE STATE FINDS THAT A MEMBER IS STILL ELIGIBLE, THE MEMBER WILL BE NOTIFIED IN WRITING OR VIA EMAIL, AND COVERAGE WILL BE RENEWED AND CONTINUED FOR ANOTHER YEAR. IF A MEMBER IS DEEMED NO LONGER ELIGIBLE AND IS DENIED COVERAGE, HE/SHE WILL BE NOTIFIED OF THE DECISION IN WRITING OR VIA EMAIL, AND PROVIDED AN EXPLANATION OF THE REASON FOR THE DENIAL. IF THE REASON IS THAT THE MEMBER ?FAILED TO SUBMIT? THEIR DOCUMENTS, THEY CAN STILL SUBMIT THEIR DOCUMENTS WITHIN 90 DAYS OF THEIR REDETERMINATION DATE. IF A MEMBER HAS AGED OUT OF PEACHCARE FOR KIDS OR IS NO LONGER ELIGIBLE FOR MEDICAID, THE MEMBER WILL BE REFERRED TO THE FEDERALLY FACILITATED MARKETPLACE FOR ALTERNATIVE HEALTHCARE OPTIONS. IF A MEMBER DISAGREES WITH THE DENIAL DECISION, HE/SHE HAS THE RIGHT TO APPEAL THE DECISION. INSTRUCTIONS ON HOW TO APPEAL A DENIAL DECISION WILL BE INCLUDED IN THE NOTICE.

FOR MORE INFORMATION, PLEASE VISIT HTTPS://STAYCOVERED.GA.GOV OR HTTPS://DHS.GEORGIA.GOV/MEDICAID-UNWINDING.

HOW CAN PROVIDERS HELP:

PROVIDERS CAN ASSIST BY NOTIFYING YOUR PATIENTS AND MEMBERS THAT REDETERMINATIONS WILL BEGIN ON APRIL 1, 2023 AND THAT IT IS VERY IMPORTANT FOR ALL MEMBERS TO UPDATE THEIR CONTACT INFORMATION. AS NOTED ABOVE, MEMBERS MAY UPDATE THEIR CONTACT INFORMATION ONLINE, BY PHONE, OR IN-PERSON AT A LOCAL DFCS OFFICE.
PLEASE STAY TUNED FOR ADDITIONAL UPDATES. SHOULD YOU HAVE ADDITIONAL QUESTIONS OR CONCERNS, PLEASE CONTACT THE GAINWELL TECHNOLOGIES CALL CENTER AT 770-325-9600 OR 1-800-766-4456 OR CONTACT US AT WWW.MMIS.GEORGIA.GOV.

THANK YOU FOR YOUR CONTINUED PARTICIPATION IN THE GEORGIA MEDICAID AND PEACHCARE FOR KIDS? PROGRAMS.

****
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Contacting Gainwell Technologies

- Interactive Voice Response System (**IVRS**)
- Provider Services Contact Center (**PSCC**)
- Georgia Medicaid Management Information System (**GAMMIS**)
- Provider Relations Representatives (**PR Reps**)

Contact Us

Our **Provider Services Contact Center** (PSCC) can be reached at
800-766-4456
and is available **7 a.m. to 7 p.m.** EST
Monday through Friday (except state holidays) to service inquiries.
Or
through the **Contact Us** function on the
Georgia Medicaid Management Information System (GAMMIS)

at www.mmis.georgia.gov

IVRS Overview

800-766-4456	
• Option 1	Member Eligibility
• Option 2	Claims Status
• Option 3	Payment Information
• Option 4	Provider Enrollment
• Option 5	Prior Authorization
• Option 6	GAMMIS website password reset, Pharmacy Benefits, the Nurse Aide Registry or Nurse Aide Training program, PeachCare for Kids®, EDI submission or electronic claim submission, or a system overview

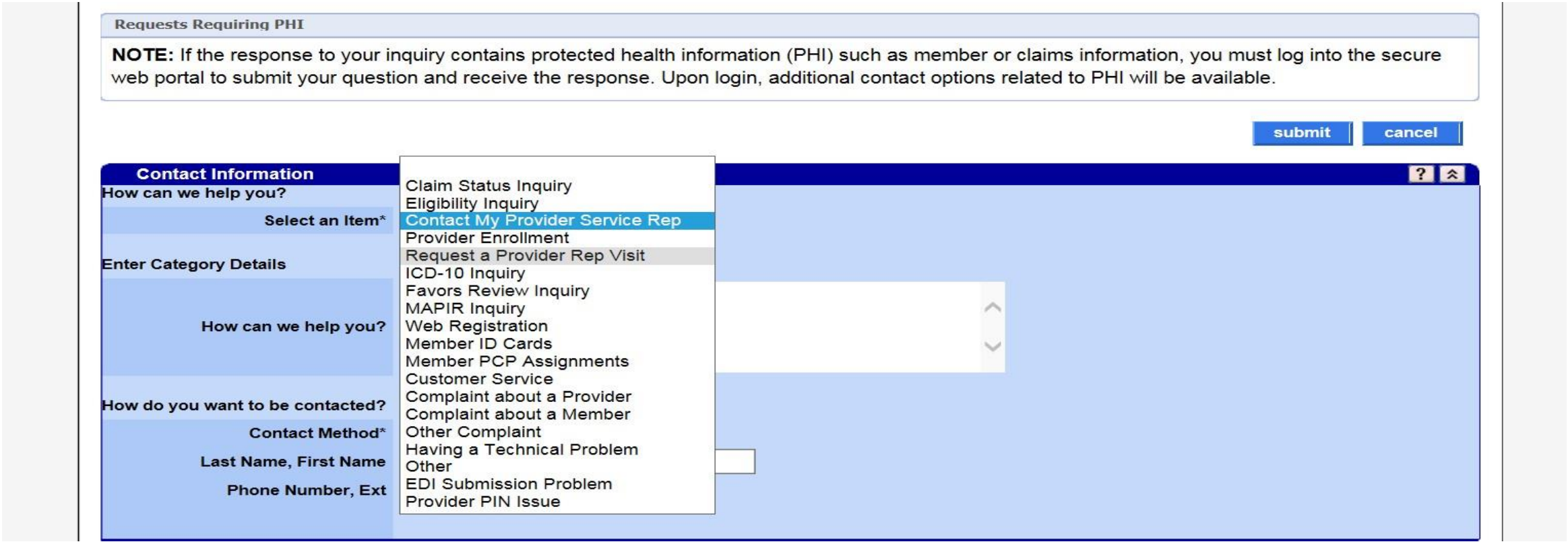
Contact Us (Secure Area - GAMMIS)

Select a Type of Inquiry item. > Select a Contact Method. > Choose **submit**.

Contact Us (Secure Area)

(continued)

Select a Type of Inquiry item. > Select a Contact Method. > Choose **submit**.



Contact Us (Secure Area)

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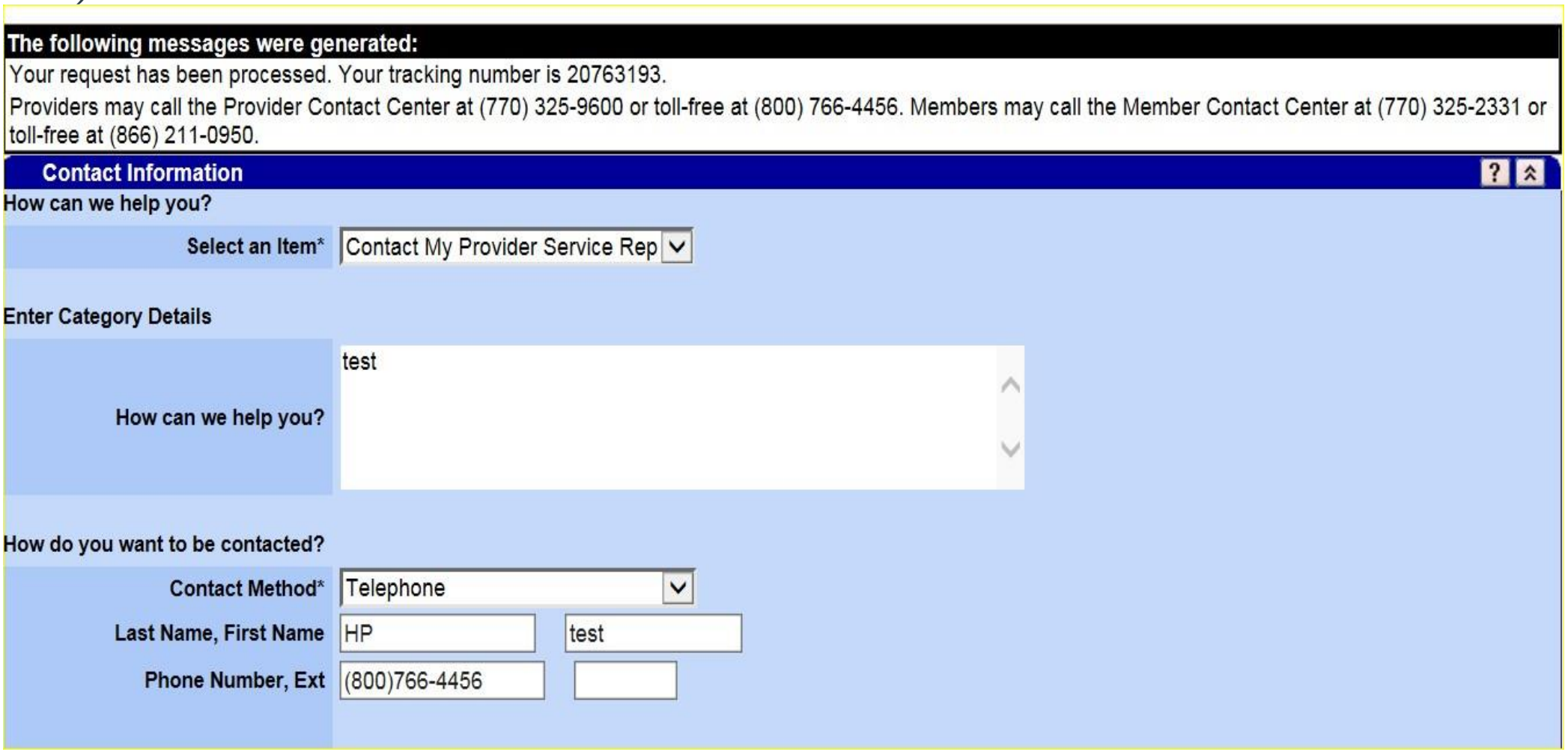


Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Mercedes Liddell
2	Fulton	Deandre Murray
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Tierra Johnson
5	SE Metro	Ebony Hill
6	Middle Georgia	Shawnteel Bradshaw
7	Augusta	Jessica Bowen
8	SW Georgia	Jill McCrary
9	SE Georgia	Kendall Telfair
10	South Georgia	Anitrus Johnson
North	Hospital Rep	Sherida Bentley
South	Hospital Rep	Janey Griffin

Georgia Field Territories

Territory 1 N GA
Bartow, Catoosa, Chatooga, Cherokee, Dade, Dawson, Fannin, Floyd, Forsyth, Gilmer, Gordon, Habersham, Hall, Lumpkin, Murray, Pickens, Rabun, Stephens, Towns, Union, Walker, White, Whitfield

Territory 2 Atlanta
Fulton

Territory 3 NE GA
Banks, Barrow, Clarke, Elbert, Franklin, Gwinnett, Hart, Jackson, Madison, Oconee, Walton

Territory 4: NW GA
Carroll, Cobb, Douglas, Haralson, Paulding, Polk

Territory 5: SE Metro
Clayton, DeKalb, Rockdale

Territory 6: Middle GA
Butts, Chattahoochee, Coweta, Fayette, Harris, Heard, Henry, Jasper, Jones, Lamar, Marion, Meriwether, Monroe, Muscogee, Newton, Pike, Spalding, Talbot, Taylor, Troup, Upson

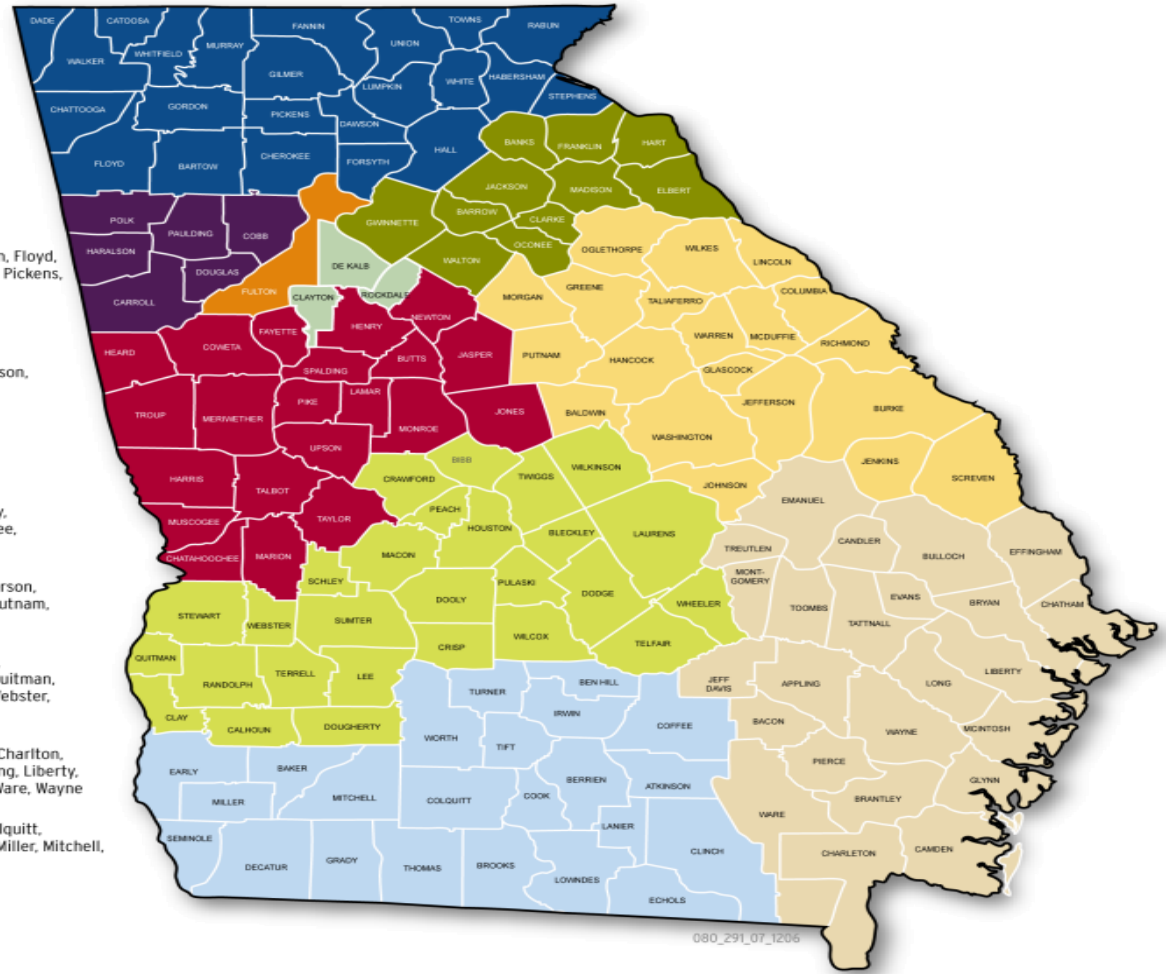
Territory 7: Augusta
Baldwin, Burke, Columbia, Glascock, Greene, Hancock, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Morgan, Oglethorpe, Putnam, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes

Territory 8: SW GA
Bibb, Bleckley, Calhoun, Clay, Crawford, Crisp, Dodge, Dooly, Dougherty, Houston, Laurens, Lee, Macon, Peach, Pulaski, Quitman, Randolph, Stewart, Schley, Sumter, Telfair, Terrell, Twiggs, Webster, Wheeler, Wilcox, Wilkinson

Territory 9: SE GA
Appling, Bacon, Bryan, Bulloch, Brantley, Camden, Candler, Charlton, Chatham, Effingham, Emanuel, Evans, Glynn, Jeff Davis, Long, Liberty, McIntosh, Montgomery, Pierce, Tattnall, Toombs, Treutlen, Ware, Wayne

Territory 10: South GA
Atkinson, Baker, Ben Hill, Barrien, Brooks, Clinch, Coffee, Colquitt, Cook, Decatur, Early, Echols, Grady, Irwin, Lanier, Lowndes, Miller, Mitchell, Seminole, Thomas, Tift, Turner, Worth

Territory 11 State Wide
Hospital Field Representative



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Session Review

You should now be able to:

- **Verify** Georgia Medicaid member **eligibility.**
- **Understand** GAPP PA submissions and required documentation
- **Submit** claims on the GAMMIS portal, as well as view responses on weekly RAs.
- **Contact Gainwell Technologies** about information concerning Georgia Medicaid.

Closing
Questions and Answers

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