



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Department of Community Health Enrollment Frequently Asked Questions



**Presented by:** Leslie Austin

DCH Provider Enrollment  
Division of Medicaid



# Mission

## The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

*We are dedicated to A Healthy Georgia.*

# Presentation Points



- The Change of Ownership Process
- Requesting Retro Enrollment
- Online Change of Information form
- Demographic Maintenance Page
- Common Credentialing Denials
- Revalidation
- Provider Enrollment Updates
- How to Complete the Power of Attorney for Payee
- Questions & Answers

# Change of Ownership Process

## Three types of Change of Ownerships



- Facilities that have been purchased by another company.
- A practice that has been purchased by another company.
- Facilities that have been purchased by another company and no changes are made to the business.



# Change of Ownership Process

*continued...*

## **Facilities that have been purchased by another company**

The new provider/owner assumes the old provider/owner ID number. All payments, effective the date of the CMS approval date, will be paid to the new owner. The new owner must submit the facility enrollment application and appropriate support documentation. The new owner will assume all aspects of the business, including the provider ID number, NPI number and any liabilities that may have accrued.



# Change of Ownership Process

*continued...*

## **Facilities that have been purchased by another company**

*Per the Part I Policy Manual, Section 105.9 2) Change of Ownership or Legal Status*

To allow for continuity of care and timely filing of claims, the successor shall submit claims using the predecessor's provider number while the Change of Ownership enrollment application is being processed. Failure to submit claims in a timely manner pursuant to Chapter 200 of this Part may result in denial of claims. Until the Change of Ownership is completed, claims will be processed and payment will be made to the predecessor's payee number.

# Change of Ownership Process

*continued...*

## Facilities that have been purchased by another company

A new payee number will be created for the new owner and claims will be paid to the newly created payee number beginning on the effective date in the system. DCH Provider Enrollment reviews the Change of Ownership applications for all facilities except for CCSP, Now/Comp and Community Mental Health providers. In these cases, your enrollment documentation must be sent to Department of Behavioral Health and Developmental Disabilities (DBHDD) and Georgia Collaborative, [www.georgiacollaborative.com](http://www.georgiacollaborative.com) or DCH CCSP, [CCSPMessages@dch.ga.us](mailto:CCSPMessages@dch.ga.us). The enrollment process for Change of Ownership applications is contingent upon the receipt of the CMS Tie-In Notice, if applicable. Should the CMS Tie-In Notice not be required for your contract, the application is processed upon receipt of all enrollment documentation.

# Change of Ownership Process

*continued...*

## *A practice that has been purchased by another company*

To change a Tax ID for your individual practitioners resulting from a change of facility ownership, **all** of the following documents are required:

- Letter requesting and detailing the intended reason for the change.
- Power of Attorney for Payee for **all** Medicaid providers making the change.

# Change of Ownership Process

*continued...*

## ***A practice that has been purchased by another company***

- Electronic Funds Transfer Agreement (EFT) — The Electronic Funds Transfer Agreement (EFT) must ONLY reflect the Legal Business Name of the Payee and the relevant banking information. Include a voided check or letter from your bank verifying account information.
- Documentation from the Secretary of State reflecting the new name of the business.

# Change of Ownership Process

*continued...*

## ***A practice that has been purchased by another company***

- Confirmation from the IRS reflecting the legal name of the business and the tax ID number. The confirmation can be the Form 147-C, CP575-A, or Tax Coupon.
- Online Change of Information Form
- Form W-9 — Should reflect the Legal Business name of the Payee, *(exactly as shown on the IRS confirmation documentation)*, DBA *(if applicable)*, and the mailing address for Correspondence .

# Change of Ownership Process

*continued...*

***Facilities that have been purchased by another company and no changes are made to the business.***

If the new owner chooses to use the old owners FEIN, legal business name, staff, license or permit, the new owner will need to submit the online Disclosure of Ownership via the online change of information form to update the ownership information.

# Online Change of Information Form

## Retro Enrollment

### Part I Policy and Procedures Manual, Section 105.5

- Log onto the MMIS web portal using your username and password.
  - ⑩ *Select the applicable provider number, click on “switch user”. Click on the “Providers”, Change of Information link.*



# Requesting Retro Enrollment

*continued...*

## Retro Enrollment

### Part I Policy and Procedures Manual, Section 105.5

- Retro enrollment must be requested within sixty (60) days of the notification of the original enrollment date listed on the Georgia Medicaid/PeachCare for Kids Approval Notice.
- Ordering, Prescribing, and Referring practitioners shall follow the same retroactive enrollment process as described above; however, an enrollment application must be received by the Division's third-party administrator within 60 days of the date of service for services rendered to the member by the Fee-for-Service provider.
- Retroactive enrollment will be considered on an individual basis and will be approved only for situations that appear to be beyond the provider's control.

# Requesting Retro Enrollment

*continued...*

## Retro Enrollment

### Part I Policy and Procedures Manual, Section 105.5(A)

- ***Additional or New Specialties for Individual Practitioners***
- In those instances wherein an enrolled individual practitioner subsequently adds a new category of service or specialty to an existing provider number, the effective date of the added/new category of service or specialty will be the first day of the month in which the request is received by the Division

# Online Change of Information Form

*continued...*

## Request Types

- **Provider Demographic**
  - Add Owners Sponsoring Physician
  - NPI
  - SSN
  - Credentials
  - Provider or Business Name
  - DEA Permit Number
  - Service Location Address



# Online Change of Information Form

*continued...*

## Request Types

- **Contracts**
  - Attestation of Compliance
  - Deactivation of Participation
  - Provider Contracts
  - Reactivation of Participation
  - Retroactive Enrollment



# Online Change of Information Form

*continued...*

## Request Types

- **Payee Information**
  - EFT Account
  - FEIN
  - Payee Address
  - Payee Affiliation
  - Payee Name



# Demographic Maintenance Page

## Provider updates through the Demographic Maintenance Panel

- Date of Birth
- Patient Demographics
- Miscellaneous
- Correspondence
- Practice Hours and Accessibility
- Taxonomies
- Service Language
- Location Name and/or Address



# Demographic Maintenance Page *continued...*

## Provider updates through the Demographic Maintenance Panel

- Owners
- Managing Employees

# Common Credentialing Denials



Adverse action not disclosed.



Education/Training not completed in the requested specialty.



Work History not disclosed or gaps in work history.



DEA not held in practicing state.



# Revalidation

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- In April 2014, The Department of Community Health implemented two requirements of the Affordable Care Act (ACA), revalidation of enrollment and application fees.
- Revalidation is applicable to all providers at all service locations
- Application fees impact only certain facility types, not individual practitioners.
- The list of facilities that need to pay the application fee are listed in the Part I Policy manual section 105.3 Application Fee.

# Revalidation

- Revalidation notices are emailed to the service location email address six (6) months prior to the revalidation date.
- The Department of Community Health issued additional revalidation notices in June 14th and July 1st, 2019, to the enrollment files listed mailing address.
- Robo reminder calls were also made on June 14th, 2019 and October 1<sup>st</sup>, 2019.



# Revalidation

- Another revalidation reminder letter and the revalidation banner message were sent out On October 1<sup>st</sup>, 2019.
- The list of providers who have failed to revalidate is on the MMIS web portal under the Provider Information, reports for public access tab. The list is entitled, “ Provider Revalidation Past Due”.



# Revalidation

- Log onto the secure Portal account or create a secure Portal account if the provider does not already have one.
- Once logged in to a secure Portal account, please go to the Provider Revalidation page found under the Providers menu option.
- Enter the provider's identifying information to access the correct enrollment.
- Complete the revalidation panels.



# Revalidation

- Providers who have yet to revalidate will be suspended.
- A suspension letter will be mailed to all impacted providers.
- It is critical that providers ensure that their mail-to-address is correct in the Georgia Medicaid Management Information System (GAMMIS). Providers can review or update their mail-to address information by logging into GAMMIS and clicking on Demographic Maintenance page.

# Revalidation

- The suspension will apply to providers enrolled in Traditional Fee-for-Service Medicaid and PeachCare for Kids and the Georgia Families and Georgia Families 360° managed care programs which are currently administered by WellCare, Peach State Health Plan, CareSource and Amerigroup. Claims for services to members enrolled in Traditional Fee-for-Service Medicaid and PeachCare for Kids and the Georgia Families and Georgia Families 360° managed care programs for dates of service on or after **the suspension date** will not be paid.



# Revalidation

- Upon successfully revalidating, your suspension will be lifted. However, your effective date will be the date that you revalidated. **Retro-enrollment is not applicable in this instance.** Should you fail to revalidate your enrollment within thirty days of receipt of the suspension letter, you will receive a notice of termination from DCH. The notice of termination will outline your appeal rights.



# Provider Enrollment Updates

## Updates

- Provider Enrollment Template Manager
- PLI/GLI Attestation
- Updating Ownership Information for High Risk Providers

# Provider Enrollment Updates

## Provider Enrollment Template Manager

- Effective May 30, 2019, DCH and DXC will implemented an Enrollment Template Manager that will increase effectiveness and efficiency and will help reduce the administrative burden for the provider community when submitting enrollment applications for multiple providers. To access the Enrollment Template Manager, you must log into the Georgia Medicaid Management Information System (MMIS) web portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) using your username and password. The Enrollment Template Manager will be located under the Provider Enrollment link.

# Provider Enrollment Updates

## Provider Enrollment Template Manager *continued...*

- The Enrollment Template Manager can be used on an existing, initial or additional location application. You will be able to list detail information such as the practice contact person, location and mail to address, pharmacy information, practice special needs, admitting privileges, ownership and insurance information.
- Please visit the DCH YouTube Channel to view the video on how to complete the Provider Enrollment Template Manager at website <https://www.youtube.com/user/gacommunityhealth>

# Provider Enrollment Updates

## PLI/GLI Attestation

- Effective September 1, 2019, providers are no longer required to upload the Certificate of Insurance document as proof of either General or Professional liability insurance coverage. Providers will continue to enter the insurance coverage information on the online enrollment application. Providers will be required to attest to both the accuracy of the data entered and that insurance coverage will be maintained while the provider is participating as a Georgia Medicaid enrolled provider.”

# Provider Enrollment Updates

## Updating Ownership Information for High Risk Providers

- Effective August 1, 2019, providers who are considered “high risk” (DME, Mobile X-Ray, Home Health, Orthotics and Prosthetics) are now required to submit the online Change of Information form in lieu of updating their ownership information via the Demographic Maintenance page on the MMIS web portal. The new owner will now be required to go through the background check process and fingerprinting.

# How to Complete the Power of Attorney for Payee

Click on paper clip to view information about each field

**POWER OF ATTORNEY FOR PAYEE**

KNOW ALL MEN BY THESE PRESENTS, THAT:

Provider, Printed Provider Name hereby appoints

Legal Business Name Tax ID

(Print Provider's Name) (Taxpayer Identification Number)

as attorney-in-fact for the benefit of Provider and in Provider's name, place, and stead, the following purpose:

To receive, as Payee, any reimbursement from the Department of Community Health, Division of Medical Assistance to which Provider may be entitled as an enrolled provider.

Provider agrees that Payee is not an individual or organization, such as a collection agency or service bureau, that advances money based on future Medicaid payments (accounts receivable) due to Provider after agreeing to sell, transfer or assign such rights to payment to the individual or organization for an added fee or a percentage of the accounts received.

Provider understands that the granting of this Power of Attorney in no way limits or discharges the ultimate responsibility and liability of Provider for the truthfulness, completeness and accuracy of any and all medical assistance claims submitted, and in no way excuses the application of penalties that may be assessed under the False Claims Act and other applicable federal and state laws.

IN WITNESS WHEREOF, Provider has affixed Provider's seal by the hand of one authorized to act on Provider's behalf.

This Day day of Month, in the year Year

Printed Provider Name  
Printed Name of Provider

By: Provider Signature  
Signature of Provider or Authorized Representative

This Field May be Left Blank  
Title of Authorized Representative

Sworn to and subscribed before me  
this Day day of Month  
in the year Year  
Notary Public Signature  
(Notary Public)

My Commission expires: Commission Expiration Date

Rev. 04/03

**Provider Name & Signature Example**

STATE OF GEORGIA  
GEORGIA COMBINED MEDICAL BOARD  
PROVIDER

LICENSE NO. 12345  
JOHN DOE  
123 MAIN STREET  
HEALTHVILLE, GA 12345

EXP DATE: 06/30/2020

**Tax ID Number Example (147-C form)**

147-C FORM  
TAXPAYER IDENTIFICATION NUMBER (TIN) INFORMATION

**Legal Business Name Example (147-C form)**

147-C FORM  
LEGAL BUSINESS NAME INFORMATION

**Provider Name & Signature Example**

STATE OF GEORGIA  
GEORGIA COMBINED MEDICAL BOARD  
PROVIDER

LICENSE NO. 12345  
JOHN DOE  
123 MAIN STREET  
HEALTHVILLE, GA 12345

EXP DATE: 06/30/2020

# Questions about Provider Enrollment ?

**If you have questions regarding Georgia Medicaid  
Provider Enrollment please email:**

**[enrollment@dch.ga.gov](mailto:enrollment@dch.ga.gov)**



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Thank  
YOU

A 3D rendered graphic featuring the words "Thank YOU" in a bold, blue, sans-serif font. The word "Thank" is on the top line, and "YOU" is on the bottom line. An orange, jointed mannequin figure is standing on the top edge of the letters "YOU". The mannequin has its right arm raised and its left hand resting on the top of the letter "U". The entire scene is set against a plain white background.