

Georgia Medicaid Home & Community Based Waiver Services (NOW & COMP)



To access this presentation, please visit our website: www.mmis.georgia.gov > Provider Information > Provider Notices – “Presentation – NOW/COMP – September 2023”



Agenda

- Georgia Medicaid Fiscal Agent Introduction and Roles
- Georgia Medicaid Waiver Programs
- Member Eligibility Navigation
- NOW & COMP Program Overview
- GAMMIS Prior Authorization Research
- Contacting Gainwell Technologies & Local Medicaid Field Service Representatives
- Questions & Answers

Gainwell Technologies

Gainwell Technologies is the fiscal agent for Georgia Medicaid. The DCH has contracted with Gainwell Technologies (formally DXC Technology) to provide the day-to-day services necessary for the Medicaid program to function.

The Georgia Medicaid webpage site address is: www.mmis.georgia.gov .

Georgia Medicaid Providers can access:

- Medicaid member eligibility to determine whether a person is active/inactive for Medicaid services
- Check Prior Authorization status and service unit availability
- Bill Medicaid claims
- Check your Remittance Advices (EOB)
- Reference each Waiver policy manual

Medicaid Waiver Programs

Waiver programs help people who are elderly or have disabilities and need help to live in their home or community instead of an institution such as a nursing home or intermediate care facility for people with intellectual or developmental disabilities.

FAQs for each program and other information is listed on the DCH website <https://medicaid.georgia.gov/programs/all-programs/waiver-programs>

Member Eligibility



Eligibility Verification

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

- GMMIS website www.mmis.georgia.gov (Username and Password is required)
- Interactive Voice Response System (IVRS)
- Provider Services Contact Center (PSCC)

Contact number is 1-800-766-4456

The IVRS and the GMMIS website are available 24 hours a day.

Eligibility Verification

(continued)

GAMMIS website www.mmis.georgia.gov (username and password is required)

Select the Web Portal option:

1. Eligibility
2. Eligibility Request

Welcome, Call Center Search

[Refresh session] You have approximately 19 minutes until your session will expire. Tuesday, November 10, 2015

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy

Account | Providers | Training | Claims | **Eligibility** | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files

Home *Eligibility Request*

Eligibility Verification

(continued)

Welcome, Call Center Search

[Refresh session] You have approximately 19 minutes until your session will expire. Tuesday, November 10, 2015

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy

Account | Providers | Training | Claims | **Eligibility** | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files

Home Eligibility Request

Eligibility Verification Request ?

Member ID	<input type="text"/>	Birth Date	<input type="text"/>	<input type="button" value="calendar"/>
Last Name	<input type="text"/>	SSN	<input type="text"/>	
First Name	<input type="text"/>	From/Thru Date of Service	<input type="text"/>	<input type="button" value="calendar"/> <input type="text"/>
Gender	<input type="text" value=""/>	Service Type	30 - Health Plan Benefit Coverage <input type="button" value="v"/>	

- [Medicaid ID and Date of Service Span], then search
- [Last Name/First Name, Gender, Birth Date, and Date of Service Span], then search
- [Birth Date, Social Security number, and Date of Service Span], then search
- [Last Name/First Name, Social Security number, Date of Service Span], then search

SSI Medicaid Benefits

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	11/01/2018	11/16/2018	MC - Medicaid	303 - SSI - Disabled	MEDICAID	

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	11/01/2018	11/16/2018	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.	

SLQ1 Medicare Premium Only “No” Medicaid Benefits

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	06/08/2018	06/08/2018	MC - Medicaid	661 - Spec. Low Income Mcre Benefic.	Provides payment of the monthly Medicare Part B premium only (SLMB-COE 466, 661 QI-COE 662)	

Eligibility by Service Type								?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes	
Inactive for Service Type Code selected.	1 - Medical Care	06/08/2018	06/08/2018					
Inactive for Service Type Code selected.	33 - Chiropractic	06/08/2018	06/08/2018					
Inactive for Service Type Code selected.	35 - Dental Care	06/08/2018	06/08/2018					
Inactive for Service Type Code selected.	47 - Hospital	06/08/2018	06/08/2018					
Inactive for Service Type Code selected.	48 - Hospital - Inpatient	06/08/2018	06/08/2018					

No Medicaid Benefits

Eligibility by Service Type							?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes
Inactive for Service Type Code selected.		09/08/2018	09/08/2018				

New Options and Comprehensive Waiver Program (NOW & COMP Waiver)



Medicaid Waiver Programs

680	NOW	New Options Waiver Program
681	COMP	Comprehensive Support Waiver Program

***Members may not participate in more than one waiver program at a time.**

DCH Waiver Programs NOW & COMP

- The **NOW waiver** program offers services and supports to individuals to enable them to remain living in their own or family home and participate or live independently in the community.
- The **COMP waiver** program, which serves individuals with more intensive needs, primarily provides residential care for individuals with I/DD. These individuals require comprehensive and intensive services and need out-of-home residential support and supervision or intensive levels of in-home services to remain in the community.

NOW & COMP Waiver Program

(continued)

The waiver requires diagnostic and functional evaluation to occur before age 22.

Diagnosis of an intellectual disability are defined by the following three criteria:

- Age of Onset
- Significantly Impaired Adaptive Functioning
- Significantly Sub-average General Intellectual Functioning

NOW & COMP Waiver Services

- Additional Staffing (COMP only)
- Adult Nutrition Services
- Community Access*
- Community Guide*
- Community Living Support*
- Community Residential Alternative (COMP only)
- Interpreter Service
- Nursing Services
- Prevocational Services
- Respite*
- Intensive Support Coordination
- Support Coordination
- Supported Employment*
- Transportation*
- Adult Physical Therapy*
- Adult Occupational Therapy*
- Adult Speech and Language Therapy*
- Behavioral Supports Consultation*
- Behavioral Supports Services (level I & II)*
- Environmental Accessibility Adaptation*
- Financial Support Services*
- Individual Directed Goods and Services*
- Natural Support Training*
- Specialized Medical Equipment*
- Specialized Medical Supplies*
- Vehicle Adaptation*

* These services are Self-Directed or Co-Employer options

* These services are Self-Directed only

Medicaid Waiver Programs – Member Point of Contact

Applying for:

NOW/COMP services contact your regional offices as indicated on their website at: dbhdd.georgia.gov/regional-field-offices



Georgia Department
of Behavioral Health
& Developmental
Disabilities

- BE DBHDD**
- BE COMPASSIONATE**
- BE PREPARED**
- BE RESPECTFUL**
- BE PROFESSIONAL**
- BE CARING**
- BE EXCEPTIONAL**
- BE INSPIRED**
- BE ENGAGED**
- BE ACCOUNTABLE**
- BE INFORMED**
- BE FLEXIBLE**
- BE HOPEFUL**
- BE CONNECTED**
- BE DBHDD**

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) provides day-to-day operations in these programs through six regional field offices.

***DCH and its partners use the No Wrong Door method to assist members in accessing services.**

Initiate contact with a Support Coordinator

- For COMP & NOW services, Caseworkers are referred to as Support Coordinators in the NOW and COMP waiver programs.
- A Support Coordinator (or Intensive Support Coordinator if the individual has increased support needs) is assigned based on choice of Support Coordinator agencies that serve the area where the individual lives to every individual receiving waiver services at admission. The chosen Support Coordinator agency is listed within the individual's service record. (Please see the Support Coordinator or ISC PA service line listing on the PA)
- For help accessing support coordination services in your area, please contact your regional field office:
<https://dbhdd.georgia.gov/regional-field-offices>
- The DBHDD Field Office will have a list of the Support Coordination Agencies and their contact information.

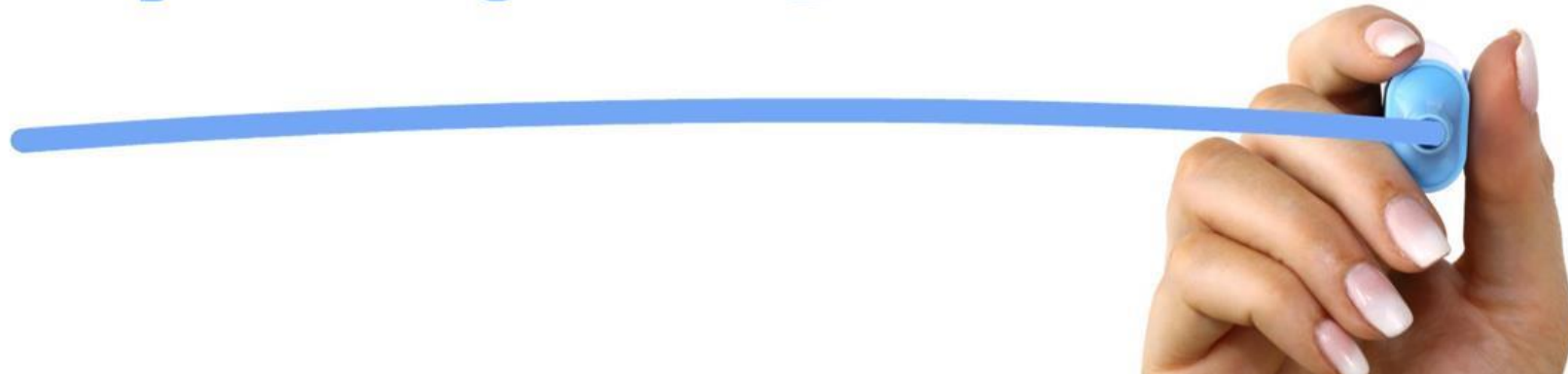
New NOW & COMP Members

- A provider can secure new patients through referrals. It's based on each member's individual choice.



Prior Authorization Request

APPROVAL
PROCESS



This Photo by Unknown Author is licensed under CC BY-SA

NOW & COMP Prior Authorization Submissions

1. The IDD Connects portal (DBHDD's case management information system) generates the PA entered via the Support Coordinator and Regional Field Office.
 2. The Prior Authorization (PA) is processed based on the Individual Service Plan (ISP). The ISP details each member plan of care or necessary services that should be provided to the member.
 3. Once the Prior Authorization is approved, it is then auto electronically transmitted to the GAMMIS system for claims processing readiness.
- Each provider gets their PA from the IDD Connects portal.
 - Each provider has access to the IDD Connect portal if listed as an approved Provider on the PA.
 - A record cannot be accessed if an ISP has expired.

Please Note: Prior to billing, please ensure that the Prior Authorization is visible in the GAMMIS system for claims processing.

Locating Procedure Codes and Diagnosis Codes

- Providers access IDD Connects through the Provider Connects portal.
- Each provider agency should have a designated 'super user' who has administrative function to add or remove staff user accounts to access the system.
- The provider logs into the IDD Connect Portal to obtain the individual's Prior Authorizations (PA).
- Prior Authorizations can be downloaded and printed from the IDD Connect Portal within the individual's record.
- The provider obtains the appropriate procedure from the prior authorization that is generated in the DBHDD IDD Connect case management system.
- Diagnosis can be viewed via the IDD Connect Portal under the Evaluation tab.

Note: Providers can only access an individual's record in IDD Connects once an ISP and PA are finalized and approved in GAMMIS and the provider is named on the PA. IDD Connects is read only access for providers. Training on IDD Connects can be found on the Georgia ASO website.

Prior Authorization Search

The screenshot shows a web interface titled "Prior Authorization Search". It features several input fields and buttons. On the left side, there are three rows of input fields: "Prior Authorization" with a text box, "Procedure" with a text box and a "[Search]" button, and "Requested From/Through DOS" with two date pickers. On the right side, there are two rows: "Member ID" with a text box and "Name" with a text box. Below these is a "Records" dropdown menu set to "20". At the bottom right, there are two buttons: "search" and "clear". In the top right corner of the interface, there are links for "Top", a question mark, and an upward arrow.

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

- Enter the member's prior authorization number and select search
- Enter the Member ID and the requested from/through date of service and select search

Prior Authorization Search

(continued)

Base Information				?
Prior Authorization Number	11123456789	Member ID	2221123456789	
Provider Name	Test Member	Member Name	Dave Phillip	
REF ID				
From DOS	11/14/2016			
Through DOS	11/13/2017			
Status	APPROVED			

Prior Authorization Search

(continued)

Line Items											
PA Line Item	01	Status	APPROVED	Rendering Provider							
From DOS	11/14/2016	COS Code	660	Category of Service	Tooth						
Through DOS	11/13/2017			Quadrant	Surface						
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 Units	0	Authorized Rate	\$0.00								
PA Line Item	02	Status	APPROVED	Rendering Provider							
From DOS	11/14/2016	COS Code	660	Category of Service	Tooth						
Through DOS	11/13/2017			Quadrant	Surface						
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 Units	0	Authorized Rate	\$0.00								
PA Line Item	03	Status	APPROVED	Rendering Provider							
From DOS	11/14/2016	COS Code	660	Category of Service	Tooth						
Through DOS	11/13/2017			Quadrant	Surface						
Most Recent DOS Paid	01/11/2017			Surface							
Units Allowed	676	Amount Allowed	\$6,827.60								
Units Used	88.000	Amount Used	\$886.45								
Max Monthly Units	60	Max Monthly Amount	\$0.00								
Max Daily Units	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	1	T2022	SE	CASE MANAGEMENT, PER MONTH	STATE/FED FUNDED PROGRAM/SER						
02	2	T1021	TF	HH AIDE OR CN AIDE PER VISIT	INTERMEDIATE LEVEL OF CARE						
03	3	T1021	U1	HH AIDE OR CN AIDE PER VISIT	M/CAID CARE LEV 1 STATE DEF						

Policy Reminders and Updates



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
- Crossover claim – Within 12 months of MOS
- Secondary claim – Within 12 months of MOS

Submitting Provider Enrollment Changes

- All provider update requests should be submitted to the GA Collaborative via e-mail by completing the Change of Information (COI) form located under the Forms section on the GA Collaborative website at:
 - <https://www.georgiacollaborative.com/>
 - Select “Providers”
 - From the drop down
 - Select “Forms”
 - Move down to locate Additional Forms
 - Select “Change of Information”

Additional Forms

- [Staff Update Form](#)
- [Change of Information](#)
- [Request for Conversion](#)
- [Request to Add Counties](#)

Workflow

- [Under construction](#)

Medicaid Forms

- [GA Medicaid Termination Request Form](#)
- [GA Medicaid Reactivation Request Form](#)

Submitting Provider Enrollment Changes

(continued)

- Once the Change of Information (COI) form is completed, it should be submitted via e-mail to the GA Collaborative to GAEnrollment@beaconhealthoptions.com along with all applicable documents requested via the COI form.
- For any questions regarding this process or updates needed, e-mail the GA Collaborative at: GACollaborative@beaconhealthoptions.com
- ***Note that for termination or reactivation of provider numbers, the COI does not need to be completed, just complete the form also located on the GA Collaborative website previously mentioned under the Medicaid Forms tab. Once completed, send to the GA Collaborative at GAEnrollment@beaconhealthoptions.com***

Policy Information and Updates

- **Provider Notices** - Most up-to-date program-specific presentations.
- **Provider Manuals** - Program Specific Policy Manuals
- **Provider Messages** - Additional Information and alerts are posted under provider messages.

Provider Information and Provider Notices

The screenshot shows a web portal navigation menu. The 'Provider Information' tab is selected, and its dropdown menu is open. The dropdown menu contains the following items: Provider Notices, Provider Manuals, Provider Messages, Fee Schedules, Forms for Providers, Reports for Public Access, FAQ for Providers, Web Portal Training, and Provider Education. Three red arrows point to 'Provider Notices', 'Provider Manuals', and 'Provider Messages'. A red arrow also points to the 'Provider Information' tab. The background shows a navigation bar with links like Home, Contact Information, Member Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, HFRD, Account, Providers, Training, Claims, Eligibility, Health Check, Prior Authorization, Reports, Trade Files, Forms for Providers, Reports for Public Access, and FAQ for Providers. Below the navigation bar is a 'User Information - Provider' section, a 'Banner Messages' section with the text 'This page provides easy access to public banner messages', and a 'Messages Search Panel' with fields for Keyword, Year, Provider Type, and Records, and buttons for search and clear.

NOW & COMP Procedure Codes Listing

- All procedure codes and rates can be found in the NOW and COMP manuals Part III located at:
<https://www.mmis.georgia.gov/portal/>

➤ Select: “Provider Information”

➤ Select: “Provider Manuals“

Move Down and Select

Comprehensive Support Waiver Program Manual for Comp Services

Or

New Options Waiver Program Manual for Now Services

- See **Appendix A (Reimbursement Rates)** of codes and rates

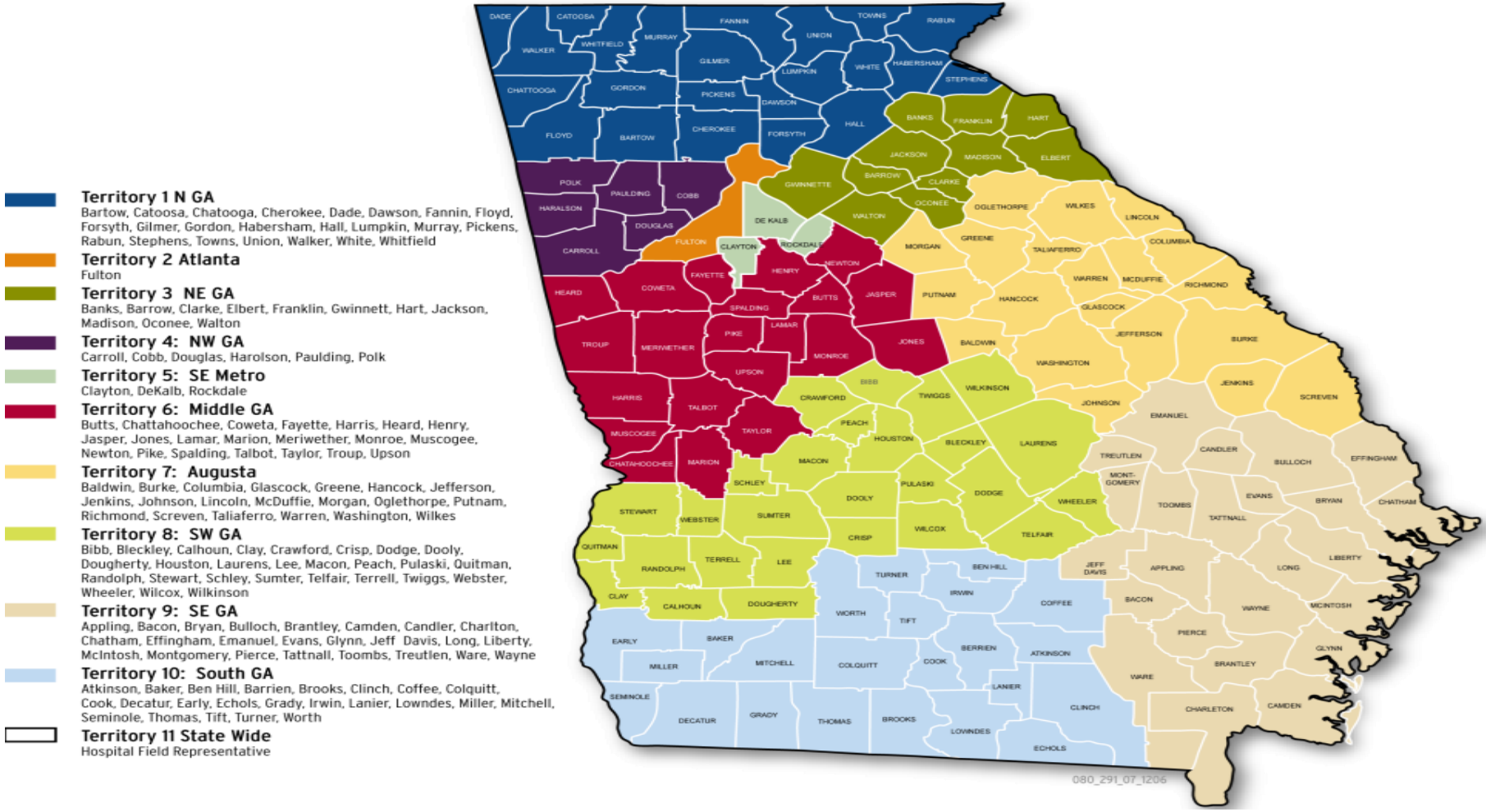
Provider Information and Provider Manuals

(continued)

Provider Manuals (more than 150 available)				
Title	File Type	Category	Size (KB)	Release Date
Adult Protective Services Targeted Case Management	PDF	CURRENT POLICY MANUALS	757.5	07/01/2023
Adults with Aids Targeted Case Management	PDF	CURRENT POLICY MANUALS	606.3	07/01/2023
Advanced Nurse Practitioner Services	PDF	CURRENT POLICY MANUALS	2102.1	07/01/2023
Ambulatory Surgical and Birthing Center Services	PDF	CURRENT POLICY MANUALS	965.8	07/01/2023
At Risk of Incarceration Targeted Case Management	PDF	CURRENT POLICY MANUALS	525.9	07/01/2023
Autism Spectrum Disorder Services	PDF	CURRENT POLICY MANUALS	1270.3	07/01/2023
Childbirth Education Program	PDF	CURRENT POLICY MANUALS	976.7	07/01/2023
Children's Intervention School Services	PDF	CURRENT POLICY MANUALS	1181.5	07/01/2023
Children's Intervention Services	PDF	CURRENT POLICY MANUALS	2796.3	07/01/2023
Community Behavioral Health Rehabilitation Services	PDF	CURRENT POLICY MANUALS	2368.1	07/01/2023
Comprehensive Supports Waiver Program and New Options Waiver Program	PDF	CURRENT POLICY MANUALS	3030.4	07/01/2023
Comprehensive Supports Waiver Program Chapters 1300-3700	PDF	CURRENT POLICY MANUALS	1778.4	07/01/2023
Dental Services	PDF	CURRENT POLICY MANUALS	909.8	07/01/2023
Diagnostic Screening and Preventive Services	PDF	CURRENT POLICY MANUALS	1110.6	07/01/2023
Dialysis Services	PDF	CURRENT POLICY MANUALS	1264.4	07/01/2023
Durable Medical Equipment	PDF	CURRENT POLICY MANUALS	9923.3	07/01/2023
Early Intervention Case Management	PDF	CURRENT POLICY MANUALS	736.4	07/01/2023
EDWP - CCSP and SOURCE Adult Day Health Services	PDF	CURRENT POLICY MANUALS	622	07/01/2023
EDWP - CCSP and SOURCE Alternative Living Services	PDF	CURRENT POLICY MANUALS	798.4	07/01/2023
EDWP - CCSP and SOURCE Emergency Response Services	PDF	CURRENT POLICY MANUALS	227.6	07/01/2023
EDWP - CCSP and SOURCE General Services	PDF	CURRENT POLICY MANUALS	3620.1	07/01/2023
EDWP - CCSP and SOURCE Home Delivered Meals	PDF	CURRENT POLICY MANUALS	406.5	07/01/2023
EDWP - CCSP and SOURCE Home Delivered Services	PDF	CURRENT POLICY MANUALS	234.4	07/01/2023
EDWP - CCSP and SOURCE Out of Home Respite	PDF	CURRENT POLICY MANUALS	470.7	07/01/2023
EDWP - CCSP and SOURCE Personal Support Services	PDF	CURRENT POLICY MANUALS	755.5	07/01/2023
EDWP - CCSP and SOURCE Skilled Nursing Services by Private Home Care Providers	PDF	CURRENT POLICY MANUALS	243.5	07/01/2023
EDWP - CCSP Case Management	PDF	CURRENT POLICY MANUALS	2648.1	07/01/2023
EDWP SOURCE Manual	PDF	CURRENT POLICY MANUALS	1244.2	07/01/2023
Emergency Ambulance	PDF	CURRENT POLICY MANUALS	973	07/01/2023
EPSDT Services - Health Check Program Manual	PDF	CURRENT POLICY MANUALS	5124.4	07/01/2023
Exceptional Transportation Services	PDF	CURRENT POLICY MANUALS	4237.1	07/01/2023
Family Planning Services	PDF	CURRENT POLICY MANUALS	977.1	07/01/2023
Federally Qualified Health Center Services (FQHC) and Rural Health Clinic Services	PDF	CURRENT POLICY MANUALS	1185.7	07/01/2023



Georgia Field Territories



080_291_07_1206

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

Contact My Provider Rep Directly

Login to the GAMMIS system with your username and password

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GAMMIS
GEORGIA MEDICARE MANAGEMENT INFORMATION SYSTEM

Search

Refresh session | You have approximately 16 minutes until your session will expire. Friday, October 06, 2017

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide

EDI | Pharmacy | HFRD

Home Publication Search Site Map Site Settings Language Selection

GAMMIS:Home <- Bookmarkable Link Click here for help and information about bookmarks

(click to show) Message posted 10/5/2017

User Information

Login/Manage Account Login

Members

- Register for Secure Access
- Member Information

Providers

- PIN Activation
- Provider Information

Upcoming Events

ICD-10 Implementation Announcement - DXC Technology will begin accepting ICD-10 diagnoses and surgical procedures on October 1, 2015. Per the federal mandate, claims submitted for services rendered on or after October 1, 2015 must include ICD-10 codes. Claims submitted for services rendered before October 1, 2015 must continue to include ICD-9 codes. Refer to the UB 04 billing manual for ICD-10 rules specific to this claim type. ICD-10 has no direct impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS). Please continue to review the announcements provided on the Provider

Contact My Provider Rep Directly

(continued)

Select the Web Portal option

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



Contact My Provider Rep Directly

(continued)

Select Contact Information, Contact Us



The screenshot shows a horizontal navigation menu with the following items: Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, and a partially visible 'E' item. A red arrow labeled '1' points to 'Contact Information'. Below the main menu, a sub-menu is visible with 'Contact Us' highlighted, and a red arrow labeled '2' points to it. Other sub-menu items include 'Phone Numbers & Links' and '& Links'. At the bottom of the screenshot, there is a bookmarked link: '★ GAMMIS: Contact Information <- Bookmarkable Link' followed by a help link: '★ Click here for help and information about bookmarks'.


Contact My Provider Rep Directly

(continued)

Select an Item

Contact Information ? ⌂

How can we help you?

Select an Item* 

Enter Category Details

How do you want to be contacted?

Contact Method*

Last Name, First Name

Phone Number, Ext

Contact My Provider Rep Directly

(continued)

Requests Requiring PHI

NOTE: If the response to your inquiry contains protected health information (PHI) such as member or claims information, you must log into the secure web portal to submit your question and receive the response. Upon login, additional contact options related to PHI will be available.

submit cancel

Contact Information

How can we help you?

Select an Item*

Enter Category Details

How do you want to be contacted?

Contact Method*

Last Name, First Name

Phone Number, Ext

Claim Status Inquiry
Eligibility Inquiry
Contact My Provider Service Rep
Provider Enrollment
Request a Provider Rep Visit
ICD-10 Inquiry
Favors Review Inquiry
MAPIR Inquiry
Web Registration
Member ID Cards
Member PCP Assignments
Customer Service
Complaint about a Provider
Complaint about a Member
Other Complaint
Having a Technical Problem
Other
EDI Submission Problem
Provider PIN Issue

OR

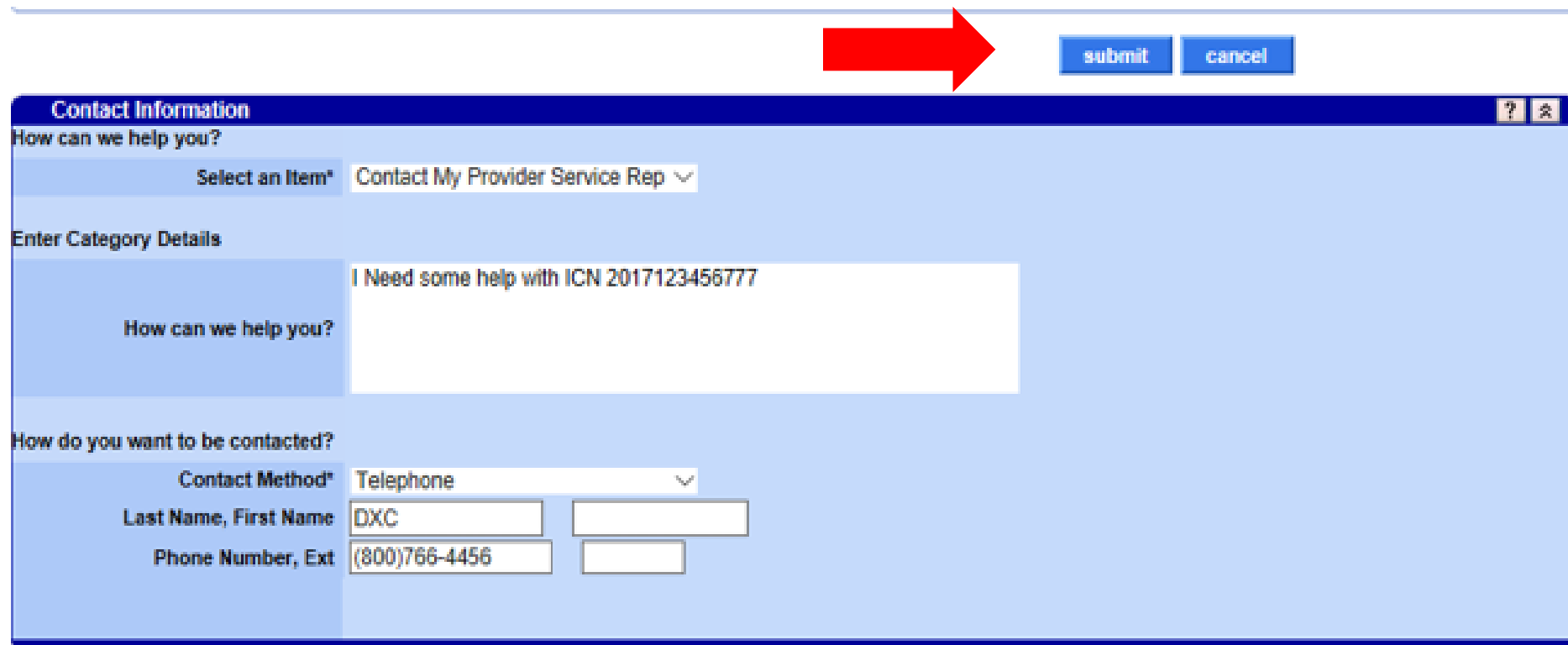
Click Here

top of page top of page

Contact My Provider Rep Directly

(continued)

Please provide all details pertaining to your issue, including ICN, member ID, etc.



The screenshot shows a web form titled "Contact Information" with a blue header and a light blue body. A red arrow points from the top right towards the "submit" button. The form contains the following fields:

- How can we help you?**
 - Select an Item*: Contact My Provider Service Rep (dropdown menu)
- Enter Category Details**
 - How can we help you?: I Need some help with ICN 2017123456777 (text input)
- How do you want to be contacted?**
 - Contact Method*: Telephone (dropdown menu)
 - Last Name, First Name: DXC (text input)
 - Phone Number, Ext: (800)766-4456 (text input)

Contact My Provider Rep Directly

(continued)

The following messages were generated:

Your request has been processed. Your tracking number is 20763193.

Providers may call the Provider Contact Center at (770) 325-3666 or toll-free at (800) 766-4456. Members may call the Member Contact Center at (770) 325-2331 or toll-free at (866) 211-0950.

Contact Information



How can we help you?

Select an Item*

Enter Category Details

How can we help you?

test

How do you want to be contacted?

Contact Method*

Last Name, First Name

Phone Number, Ext

Provider Services Contact Center

PSCC assists providers with inquiries regarding claims status, eligibility coverage, prior authorization, remittance advice, demographic changes, and other Medicaid questions. PSCC is available:

- 1-800-766-4456
- Monday through Friday (excluding state holidays)
- 7 a.m. to 7 p.m. Eastern Standard Time
- Providers can also use the “Contact Us” link on GAMMIS

Contacting Gainwell Technologies

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

IVRS Overview

The Interactive Voice Response System (IVRS) allows users to call and conduct inquiries or transactions on the Georgia Medicaid Management Information System (GAMMIS) using a touch-tone telephone.

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

Session Review

You should now be able to:

- Navigate the Member Eligibility Panel
- Navigate NOW & COMP Services
- Navigate the GAMMIS Prior Authorization Panel
- Timely Filing Policy
- Contact your local Provider Relations Field Services Rep as well as the PSCC

Closing

Questions and Answers

Thank you

Contact

brand@gainwelltechnologies.com
gainwelltechnologies.com

Gainwell Technologies

1775 Tysons Blvd.
McLean, VA 22102