

# Georgia Medicaid New Biller Web Portal Navigation Presentation



**For access to this presentation, please visit: [www.mmis.georgia.gov](http://www.mmis.georgia.gov) -> Provider Information -> Provider Notices –“New Biller/Web Portal Navigation Presentation”**



# Agenda

- Objectives
- Overview of Medicaid
- Public Access Information
- Secure Web Portal Access
- Eligibility and Procedure Search
- Prior Authorization
- Claims Submission
- Claim Search History
- Contact Us
- What's New
- Session Review
- Closing, Questions and Answers

# Objectives

## The information presented will enable all Web Portal users to:

- Navigate the Medicaid Web Portal and how to access key functions effectively.
- Differentiate between Secure and Unsecure Web Portal information.
- Access unsecure information such as – provider banner messages, provider notices, provider manuals, provider training tools, EOB search.
- Access secure information such – Demographic Maintenance, Procedure search.
- Claim Submissions (Dental, Institutional, Professional, and claims search).
- GAMMIS electronic second level review Enhancement via the Web Portal.

Medicaid is administered by the Georgia Department of Community Health (DCH) and pays medical bills with both state and federal funds.

Medicaid is a health insurance program that pays medical bills for eligible low-income families, including pregnant women and women with breast or cervical cancer, foster and adoptive children, and for eligible aged, blind, or those who have disabilities whose income is insufficient to meet the cost of necessary medical services.

# Overview of Georgia Medicaid

A Georgia Medicaid biller needs to understand the Medicaid program and the relationships between the various entities.

- Georgia Department of Community Health (DCH)
- Division of Family and Children Services (DFCS)
- Gainwell Technologies



# Mission

## The Georgia Department of Community Health

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

*We are dedicated to A Healthy Georgia.*



# Overview of Georgia Medicaid

*(continued)*

## **The Division of Family and Children Services (DFCS) is part of The Department of Human Services (DHS):**

The DCH contracts with DHS/DFCS for determination and processing of Medicaid eligibility through county DFCS offices statewide.

### **Additionally, DFCS:**

- Investigates child abuse cases and referrals
- Finds foster homes for abused and neglected children
- Helps low-income, out-of-work parents get back on their feet
- Assists with childcare costs for low-income parents who are working or in job training
- Provides numerous support services and innovative programs to help troubled families

# Overview of Georgia Medicaid

*(continued)*

**Gainwell Technologies** is the fiscal agent for Georgia Medicaid and PeachCare for Kids®.

The DCH contracted with Gainwell Technologies to provide day-to-day services necessary for the Medicaid program to function.

These day-to-day operations are managed by different departments within Gainwell Technologies:

Member Enrollment  
Provider Enrollment  
Provider Relations  
Financial  
Data Capture  
Systems  
EDI

Contact Center  
Web Portal  
Written Correspondence  
Resolutions  
TPL  
Publications

# Web Portal Home Public



Search

[ Refresh session ] You have approximately 8 minutes until your session will expire.

Wednesday, December 8, 2021

[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 hide) Alert Message posted 11/3/2021

## Announcing the Georgia Medicaid Chatbot!

In our effort to implement innovations that will benefit the overall productivity and quality of our provider and member call center experience, **we have implemented a Chatbot feature!**

- Where can I find it?
  - This feature is located at the bottom of the [home page](#).
- What are the benefits of the Chatbot?
  - This will make a positive impact to the provider/member community by reducing call volumes and wait times.

Highlights of the Chatbot include answers to questions like:

- For providers
  - How do I reset my GAMMIS Password?
  - How do I change my address?





# Web Portal Home Public

(continued)

Refresh session ] You have approximately 15 minutes until your session will expire.

Wednesday, December 8, 2021

Search

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

[Home](#) | [Provider Notices](#) | [Provider Manuals](#) | [Provider Messages](#) | [Fee Schedules](#) | [Forms for Providers](#) | [Reports for Public Access](#) | [FAQ for Providers](#)

[Web Portal Training](#) | [Provider Education](#)

★GAMMIS:Provider Notices <- Bookmarkable Link

🌟 Click here for help and information about bookmarks

ALL CATEGORIES

Provider Notices (more than 150 available)				
Title	File Type	Category	Size (KB)	Release Date
Presentation - Medicaid Autism Services - December 2021	PDF	SESSION MATERIALS	1264.1	12/01/2021
Presentation - Change of Information Form - November 2021	PDF	SESSION MATERIALS	607	11/23/2021
Presentation - Crossover Claims - November 2021	PDF	SESSION MATERIALS	2161.8	11/01/2021
Presentation - Appendix K - Fall Medicaid Fair 2021	PDF	SESSION MATERIALS	482.9	10/28/2021
Presentation - CMO Updates - Fall Medicaid Fair 2021	PDF	SESSION MATERIALS	2862.5	10/28/2021
Presentation - Common Denials - Fall Medicaid Fair 2021	PDF	SESSION MATERIALS	1389.5	10/28/2021
Presentation - COVID 19 - Fall Medicaid Fair 2021	PDF	SESSION MATERIALS	1304.2	10/28/2021
Presentation - COVID 19 - Fall Medicaid Fair 2021	PDF	SESSION MATERIALS	1273.9	10/28/2021
Presentation - DCH EVV - Fall Medicaid Fair 2021	PDF	SESSION MATERIALS	713.1	10/28/2021
Presentation - Opening Session - Fall Medicaid Fair 2021	PDF	SESSION MATERIALS	1213.1	10/28/2021
Presentation - Provider Appeals Process - Fall Medicaid Fair 2021	PDF	SESSION MATERIALS	4496.3	10/28/2021
Nurse Aide Registry Adverse Findings Letter and Quarterly Report - October 2021	PDF	NURSE AIDE	716.2	10/01/2021
Presentation - Community Behavioral Health Rehabilitation - September 2021	PDF	SESSION MATERIALS	1162.6	08/31/2021
Presentation - ICWP	PDF	SESSION MATERIALS	2586.1	08/17/2021
Presentation - Hospital Services - August 2021	PDF	SESSION MATERIALS	1826.7	08/01/2021

# Web Portal Home Public

(continued)

Search

Refresh session ] You have approximately 19 minutes until your session will expire.

Wednesday, December 8, 2021

[Home](#) | [Contact Information](#) | [Member Information](#) | [Provider Information](#) | [Provider Enrollment](#) | [Nurse Aide/Medication Aide](#) | [EDI](#) | [Pharmacy](#) | [HFRD](#)

[Home](#) [Provider Notices](#) [Provider Manuals](#) [Provider Messages](#) [Fee Schedules](#) [Forms for Providers](#) [Reports for Public Access](#) [FAQ for Providers](#)  
[Web Portal Training](#) [Provider Education](#)

★ [GAMMIS:Provider Manuals](#) <- Bookmarkable Link 🌟 [Click here for help and information about bookmarks](#)

ALL CATEGORIES



go

## Provider Manuals (more than 150 available)

Title	File Type	Category	Size (KB)	Release Date
Adult Protective Services Targeted Case Management	PDF	CURRENT POLICY MANUALS	764.8	10/01/2021
Adults with Aids Targeted Case Management	PDF	CURRENT POLICY MANUALS	610.6	10/01/2021
Advanced Nurse Practitioner Services	PDF	CURRENT POLICY MANUALS	2196.5	10/01/2021
Ambulatory Surgical and Birthing Center Services	PDF	CURRENT POLICY MANUALS	858.8	10/01/2021
At Risk of Incarceration Targeted Case Management	PDF	CURRENT POLICY MANUALS	540.4	10/01/2021
Autism Spectrum Disorder Services	PDF	CURRENT POLICY MANUALS	1256.3	10/01/2021
Childbirth Education Program	PDF	CURRENT POLICY MANUALS	942	10/01/2021
Children's Intervention School Services	PDF	CURRENT POLICY MANUALS	1168.9	10/01/2021
Children's Intervention Services	PDF	CURRENT POLICY MANUALS	2637.7	10/01/2021
Community Based Alternatives for Youth	PDF	CURRENT POLICY MANUALS	790.6	10/01/2020
Community Behavioral Health Rehabilitation Services	PDF	CURRENT POLICY MANUALS	2406.8	10/01/2021
Comprehensive Supports Waiver Program and New Options Waiver Program	PDF	CURRENT POLICY MANUALS	2455.3	10/01/2021
Comprehensive Supports Waiver Program Chapters 1300-3600	PDF	CURRENT POLICY MANUALS	1400.8	10/01/2021
Dental Services	PDF	CURRENT POLICY MANUALS	906.6	10/01/2021
Diagnostic Screening and Preventive Services	PDF	CURRENT POLICY MANUALS	863.1	10/01/2021
Dialysis Services	PDF	CURRENT POLICY MANUALS	1267	10/01/2021
Durable Medical Equipment	PDF	CURRENT POLICY MANUALS	3858.9	10/01/2021

# Web Portal Home Public

(continued)

Provider Messages panel includes the most up-to-date announcements and changes to the Medicaid Program.

- Filters are available by adding a Keyword, Year, or Provider Type to narrow search.

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

Home Provider Notices Provider Manuals **Provider Messages** Fee Schedules Forms PASRR Request Reports FAQ for Providers

Web Portal Training Provider Education

**User Information** ? ^

Login/Manage Account **Login**

**Banner Messages**

This page provides easy access to public banner messages. To access all banner messages, leave the search fields blank and click the search button.

**Messages Search Panel** Top ? ^

Keyword

Year

Provider Type

Records

**search**

**clear**

# Web Portal Home Public

(continued)

Search

Refresh session ] You have approximately 19 minutes until your session will expire.

Wednesday, December 8, 2021

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

Home Provider Notices Provider Manuals Provider Messages Fee Schedules Forms for Providers Reports for Public Access FAQ for Providers

Web Portal Training Provider Education

★GAMMIS:Web Portal Training <- Bookmarkable Link 🌟 Click here for help and information about bookmarks

User Information

Login/Manage Account Login

PDF Reader Required

**NOTE:** If you don't have a PDF reader already installed, Adobe Acrobat Reader is required to view these documents. Click here to obtain the latest version of the free Adobe Reader.

File Download Issues

Some users may have difficulty downloading files. Often this is caused by pop-up windows being blocked or by security settings in the browser. Click here for help with download issues.

Web Portal Training (12 rows returned)

Title	File Type	Duration	Size (KB)	Run Date
Claims - Completing an Institutional (UB04) Web Claim	PDF		888.7	03/04/2021
Claims - Completing a Crossover Web Claim	PDF		882.9	02/12/2021
Claims - Completing a Dental Web Claim	PDF		507.2	02/12/2021
Claims - Completing a Professional (1500) Web Claim	PDF		457.4	02/12/2021
Provider Enrollment - Initial Application	PDF		2722.5	02/12/2021
Provider Enrollment - Initial Facility Application	PDF		2567.7	02/12/2021
Provider Enrollment- Additional Service Location (Facility) Application	PDF		1913.1	02/12/2021
Presentation - Ordering, Prescribing, or Referring (OPR)	PDF		1229.7	11/02/2015
Online Enrollment for Behavioral Health COS 440 Providers - Step by Step	PDF		1206.8	09/15/2015
Provider Enrollment - Additional Service Location Application	EXE	20 Minutes	7637.3	12/13/2012
Billing Agent Account Registration and Maintenance	EXE	30 Minutes	7257.2	12/08/2010

# Web Portal Home Public

(continued)

Search

[ Refresh session ] You have approximately 19 minutes until your session will expire.

Wednesday, December 8, 2021

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

Home Provider Notices Provider Manuals Provider Messages Fee Schedules Forms for Providers Reports for Public Access FAQ for Providers

Web Portal Training Provider Education

★GAMMIS:Fee Schedules <- Bookmarkable Link 🌟 Click here for help and information about bookmarks

User Information

Login/Manage Account Login

PDF Reader Required

**NOTE:** If you don't have a PDF reader already installed, Adobe Acrobat Reader is required to view these documents. Click here to obtain the latest version of the free Adobe Reader.

File Download Issues

Some users may have difficulty downloading files. Often this is caused by pop-up windows being blocked or by security settings in the browser. Click here for help with download issues.

Fee Schedules (26 rows returned)

Title	File Type	Size (KB)	Release Date
Anesthesia & Base Units - Part II Schedule of Maximum Allowable Payment	PDF	310.4	10/01/2021
Anesthesia CPT & Base Units - Excel	XLSX	16.8	10/01/2021
Durable Medical Equipment Fee Schedule - Excel	XLSX	72.2	10/01/2021
Durable Medical Equipment Fee Schedule - PDF	PDF	587	10/01/2021
Lab Max Allowable - Fee Schedule	PDF	675.2	10/01/2021
Orthotic and Prosthetic Fee Schedule - Excel	XLSX	91.4	10/01/2021
Orthotic and Prosthetic Fee Schedule - PDF	PDF	789	10/01/2021
Outpatient - Site of Service - Maximum Allowable Payment	PDF	325.8	10/01/2021
Physician Fee Schedule - Excel	XLSX	316.5	10/01/2021
Physician Fee Schedule - PDF	PDF	1085.9	10/01/2021
Portable X-Rays and CT Scans Fee Schedule - Excel	XLSX	15	10/01/2021
Portable X-Rays and CT Scans Fee Schedule - PDF	PDF	117	10/01/2021



# Secure Web-Portal



# Web Portal Home

(continued)

## Georgia Medicaid Home

Jane Doe, Welcome to Georgia Medicaid

### Applications

Application	Description
<a href="#">MEUPS Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">Web Portal</a>	Web Portal

Refresh session | You have approximately 19 minutes until your session will expire.

Wednesday, December 8, 2021

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 | Trade Files

Home | Messages | Switch User

★GAMMIS:Messages <- Bookmarkable Link

★ Click here for help and information about bookmarks

# Provider Demographic Maintenance

[ Refresh session ] You have approximately 18 minutes until your session will expire.

Wednesday, December 8, 2021

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 | Trade Files

Home   Secure Home   **Demographic Maintenance**   Direct Exchange Addresses   Provider Rates   Bed Registry   Procedure Search   EOB Search   MAPIR Registration

Recredential/Revalidation   Patient Profile   Change of Information

★GAMMIS:Demographic Maintenance <- Bookmarkable Link   ★ Click here for help and information about bookmarks

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   Secure Home   **Demographic Maintenance**   Direct Exchange Addresses   Provider Rates   Bed Registry   Procedure Search   EOB Search   MAPIR Registration   Recredential/Revalidation   Patient Profile   Change of Information

★GAMMIS:Demographic Maintenance <- Bookmarkable Link   ★ Click here for help and information about bookmarks

Use Demographic Maintenance

Direct Exchange Addresses

Demographic Maintenance

Provider Rates

Bed Registry

Procedure Search

EOB Search

MAPIR Registration

Recredential/Revalidation

Patient Profile

PROVIDER ALERT APS Healthcare transition to Beacon Health Options

PROVIDER ALERT Nursing Facility (NF) Information regarding New Ve

PROVIDER ALERT PeachCare for Kids Premium Changes

PROVIDER ALERT Mandatory Fingerprinting of Providers and Owners o

	Sent Date	Effective Date	End Date	Remove
ANNER	10/09/2015	10/09/2015	12/31/2299	<input type="checkbox"/>
	10/07/2015	10/07/2015	10/07/2299	<input type="checkbox"/>
	09/09/2015	09/09/2015	09/09/2299	<input type="checkbox"/>
tings (PAM) - September 201	09/08/2015	09/08/2015	09/08/2299	<input type="checkbox"/>
YOU READY?	09/04/2015	09/04/2015	09/04/2299	<input type="checkbox"/>
YOU READY?	09/03/2015	09/03/2015	09/03/2299	<input type="checkbox"/>
	08/27/2015	06/15/2015	08/27/2299	<input type="checkbox"/>
	08/27/2015	07/01/2015	08/27/2299	<input type="checkbox"/>
	08/26/2015	08/26/2015	08/26/2299	<input type="checkbox"/>
	08/26/2015	07/30/2015	08/26/2299	<input type="checkbox"/>

1 2 3 ... Next >

Select All   Deselect All   Save

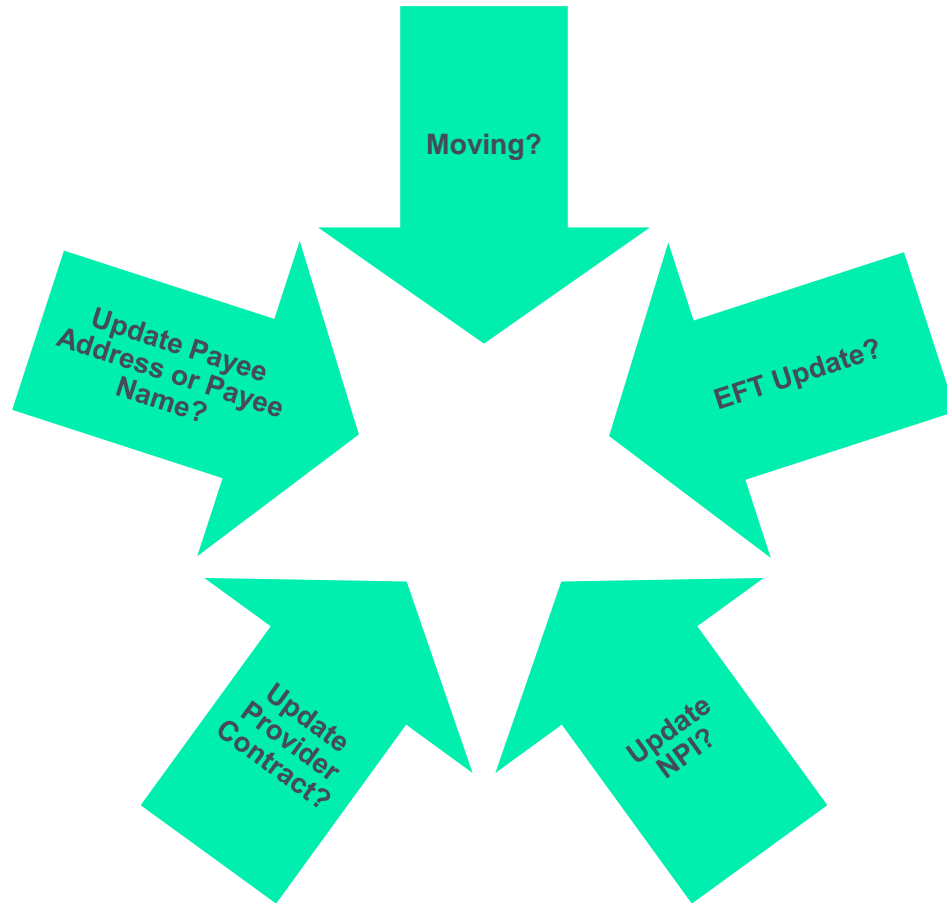


# Provider Demographic Maintenance

*(continued)*

- Taxonomies
- Service Languages.
- Mail To Values: Address 1, Address 2, City, State, Zip, E-Mail Address, Web Site Address, Phone, Fax, After Hours Phone, and Handicap Accessible.
- Service Location Values: Phone, Fax, After Hours Phone, Handicap Accessible, E-Mail Address, and Web Site Address.
- Pay to Values: Phone, Fax, After Hours Phone, Handicap Accessible, E-Mail Address, and Web Site Address.
- Revalidation Date (Note the same as revalidation).
- Manage and update owner and managing information.

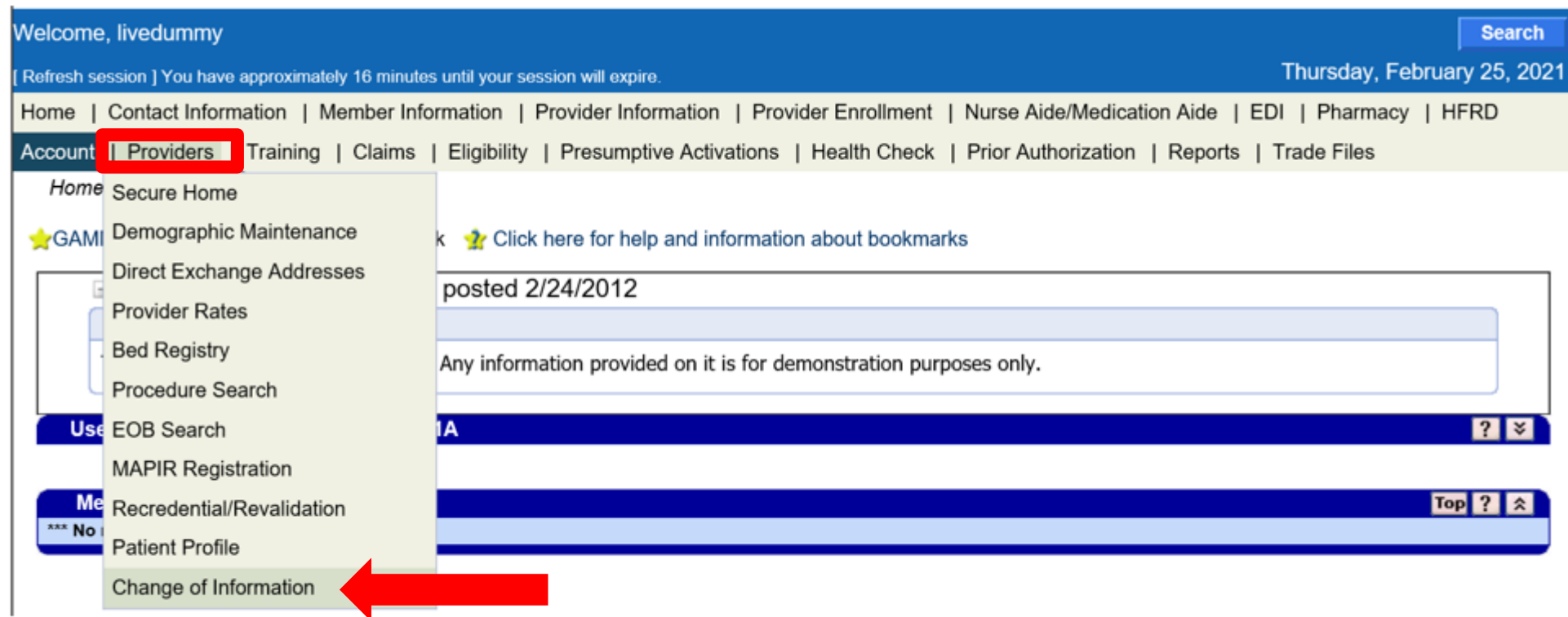
# Provider Change Of Information



Did you know that the Change of Information Form allows the provider to request updates to some of the information shown on the Demographic Maintenance page on the provider account?

# Locating the Change of Information Tab

## Change of Information Tab



# Locating the Change of Information Tab

(continued)

The screenshot displays the GAMMIS web application interface. At the top, a blue header bar contains the text "[ Refresh session ] You have approximately 19 minutes until your session will expire." on the left and "Thursday, February 25, 2021" on the right. Below this is a navigation menu with links: 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 | Trade Files. A secondary menu below includes: Home | Secure Home | Demographic Maintenance | Direct Exchange Addresses | Provider Rates | Bed Registry | Procedure Search | EOB Search | MAPIR Registration | Recredential/Revalidation | Patient Profile | **Change of Information**. Below the navigation menu, there is a bookmarkable link: "★GAMMIS:Change of Information <- Bookmarkable Link" and a help link: "🌟 Click here for help and information about bookmarks". A blue bar indicates the current user is "User Information - Provider". 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." Below this, it states: "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:" followed by a bulleted list: 

- 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 "[Change of Information Request](#)" which is highlighted by a large red arrow pointing to it from the left.

# Take Action

Select which item(s) you would like to have updated.

**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 ☐  
NPI ☐  
SSN ☐

Credentials ☐  
Provider or Business Name ☐

DEA Permit Number ☐  
Service Location Address ☐

Doing Business As Name ☐  
Sponsoring Physician ☐

**Contracts**

Attestation of Compliance ☐ Deactivation of Participation ☐ Provider Contracts ☐ Reactivation of Participation ☐ Retroactive Enrollment ☐

**Payee Information**

EFT Account ☐

FEIN ☐  
(Also requires EFT Account)

Payee Address ☐

Payee Affiliation ☐

Payee Name ☐

Effective Date of Change\*

nextexit

# Take Action

(continued)

## 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

☐

NPI

☐

SSN

☐

Credentials

☐

Provider or Business Name

☐

DEA Permit Number

☐

Service Location Address

☐

Doing Business As Name

☐

Sponsoring Physician

☐

Contracts

Attestation of Compliance

☐

Deactivation of Participation

☐

Provider Contracts

☐

Reactivation of Participation

☐

Retroactive Enrollment

☐

Payee Information

EFT Account

☐

FEIN

☐

(Also requires EFT Account)

Payee Address

☐

Payee Affiliation

☐

Payee Name

☐

Effective Date of Change\*

next

exit

# Take Action

(continued)

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 ☐

Credentials ☐

DEA Permit Number ☐

Doing Business As Name ☐

NPI ☐

Provider or Business Name ☐

Service Location Address ☐

Sponsoring Physician ☐

SSN ☐

Contracts

Attestation of Compliance ☐

Deactivation of Participation ☐

Provider Contracts ☐

Reactivation of Participation ☐

Retroactive Enrollment ☐

Payee Information

EFT Account ☐

FEIN ☐  
(Also requires EFT Account)

Payee Address ☐


Payee Affiliation ☐

Payee Name ☐


Effective Date of Change\*

next

exit

 GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

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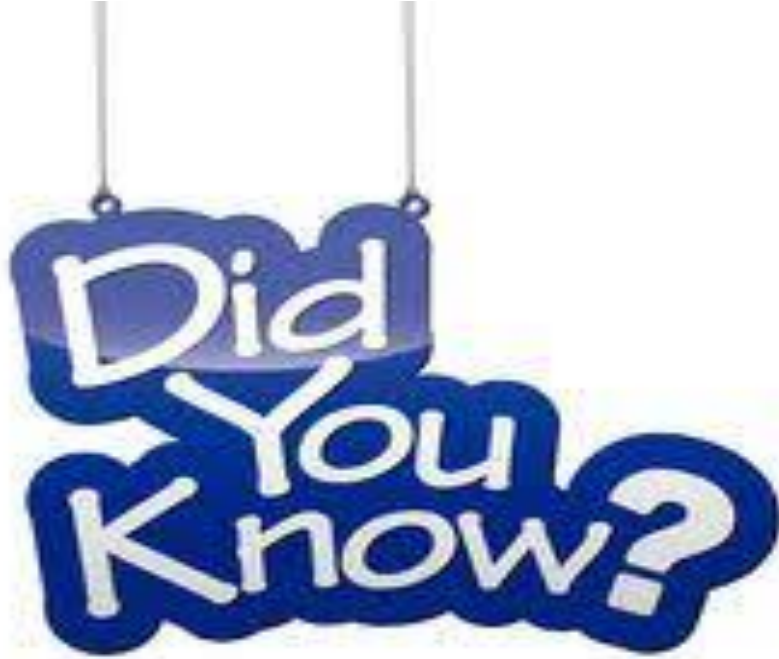
# Take Action

*(continued)*

Make sure to complete all necessary fields, upload any necessary documents then submit your Change of Information Form!



# Procedure and Eligibility Search



The most common procedure and eligibility denials come from **NOT** checking before rendering service.

LET'S TALK ABOUT THEM....

# Common Medicaid Benefit Plans

Medicaid Benefit Plan	Plan Description
TXIX	Provides Medicaid Benefits for those persons with low or no income.
SSI	Provides Medicaid Benefits for those persons eligible for Supplemental Security Income benefits.
QMB	Provides payment for Medicare Part A premium. Co-insurance, deductible, and Medicare Part B premium only. QMB will not cover any medical services not covered by Medicare.
SLQI1	Provides Payment for Medicare Part B Premium ONLY. No Medical Benefit. Aid Categories are 446,661,662.
Manager Care/Georgia Families	Benefits are received from 1 of the 3 CMO's. Peach State, Amerigroup, CareSource
Institutional Hospice	Provides Palliative Care to terminally ill individuals.
Nursing Home	Provides coverage for Inpatient Nursing Home services.

# Eligibility Verification

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"/>	
Last Name	<input type="text"/>	SSN	<input type="text"/>	
First Name	<input type="text"/>	From/Thru Date of Service	<input type="text"/>	
Gender	<input type="text"/>	Service Type	30 - Health Plan Benefit Coverage	

search

clear

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

# Eligibility Verification

(continued)

Benefit Plan & Eligibility by Service Type must show “ACTIVE”

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	03/01/2016	03/31/2016	MC - Medicaid	135 - Newborn Child	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	03/01/2016	03/31/2016	MC - Medicaid	135 - Newborn Child	0.00		

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					

# Eligibility Verification

(continued)

## Retro Medicaid Benefits

Retroactive Eligibility		
Retroactive Begin Date	Retroactive End Date	Retroactive Eff (Update) Date
06/08/2018	06/08/2018	08/11/2018

Claims must be received within six months after the date in which the determination of retroactive eligibility was made.

# Updating Member COB Information

Member ID Information		Member Transactions		First Name		BABY BOY	
Member ID	22			Last Name	D		
Birth Date				Middle Initial			
Address 1	8372 DR			Name Suffix			
Address 2(County)	031 - CLAYTON			Gender	M		
City	RIVERDALE			Transaction Date/Time	01/17/2017 11:36:47		
State	GA			Confirmation #	17017		
Zip	30296-1289						

\*The Member Transaction button will navigate providers to the page where the provider can upload a copy of the member’s other insurance card.

Member Related Transactions	
This page lists transactions that can be performed for the currently selected member. Please select the transaction desired below. Clicking on a row below will begin submission of the selected transaction with the currently selected member’s information.	

Member ID Information		First Name		Last Name	
Member ID	111				
Birth Date					
Address 1	601 DR				
Address 2(County)	060 - FULTON				
City	DULUTH				
State	GA				
		Middle Initial			
		Name Suffix			
		Gender		F	
		Zip		30097-1400	

Member Information Transactions		
ID	Name	Description
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.

# Updating Member COB information

*(continued)*

Section III: COB Information Update of the DMA-410: EB-TPL form will need to be submitted via the GAMMIS Web Portal.

To provide this information, upload a scanned image of the member's insurance card for COB updates to the GAMMIS Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov). Perform an eligibility request for the member in question, select the new Member Transactions button and follow the instructions provided on the member transactions page.

Please note that Providers will need to continue using the paper DMA 410-Form for Section I: Co-Payment Notification and Section II: COB Non-Coverage Affidavit.



# Procedure Search Panel

[Refresh session](#) ] You have approximately 19 minutes until your session will expire.

Wednesday, December 8, 2021

[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](#) | [Trade Files](#)

[Home](#) [Secure Home](#) [Demographic Maintenance](#) [Direct Exchange Addresses](#) [Provider Rates](#) [Bed Registry](#) [Procedure Search](#) [EOB Search](#)

[MAPIR Registration](#) [Recredential/Revalidation](#) [Patient Profile](#) [Change of Information](#)

★GAMMIS:Procedure Search <- Bookmarkable Link    ★ Click here for help and information about bookmarks

User Information : Provider.007206002A

1. Enter the procedure code information you are inquiring about.

2. Enter Place of Service; ex: 21, 11, 22, etc.

3. Procedure Code Date – Enter the date the services will be rendered.

4. This is a brief snapshot of coverage information regarding the requested procedure code. This information does not indicate payment for a procedure code. Please review billing instructions for your specific program area as it relates to billing rules, age, gender and modifiers requirement.

5. Prior approval means approval of certain services or procedures performed by a specified provider or group of providers prior to the time the services are rendered.

6. Claim Type Definitions:

A

B

C

D

I

L

M

O

P

Q

INPATIENT CROSSOVER CLAIMS

PROFESSIONAL CROSSOVER CLAIMS

OUTPATIENT CROSSOVER CLAIMS

DENTAL CLAIMS

INPATIENT CLAIMS

LONG TERM CARE CLAIMS

PROFESSIONAL CLAIMS

OUTPATIENT CLAIMS

PHARMACY CLAIMS

COMPOUND DRUG CLAIMS

7. Refer to the Enrolled Categories of Service panel below to see the categories of service that the currently logged in provider has been assigned, their effective and end dates, status and status reason.

Enrolled Categories of Service for 007206002A

COS	Description	Effective Date	End Date	Status	Status Reason
430	The Physician Services Program provides reimbursement for a broad range of medical service	08/01/2021	12/31/2299	Active	Active
600	The Health Check program is Georgia's well child or preventive health care program for Med	08/01/2021	12/31/2299	Active	Active

Procedure Search

Procedure Code\*

Procedure Code Date\*

12/08/2021

search

clear

Place of Service\*

[ Search ]




# Procedure Search

(continued)

COS	Description	Effective Date	End Date	Status	Status Reason
430	The Physician Services Program provides reimbursement for a broad range of medical service	12/01/1973	12/31/2299	Active	Medicare Only

## Procedure Search

Procedure Code*	<input type="text" value="99213"/>	Procedure Code Date*	<input type="text" value="04/08/2019"/>	
Place of Service*	<input type="text" value="11"/>	<a href="#">[ Search ]</a>		

## 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 Precert
Minimum Age			Prior Authorization. The possible values are:
Maximum Age			N - No PA is not required
			Y - Yes PA is required
			X - Yes PA is required
			Z - Yes Precert is required

## Covered Categories of Service (29 rows returned)

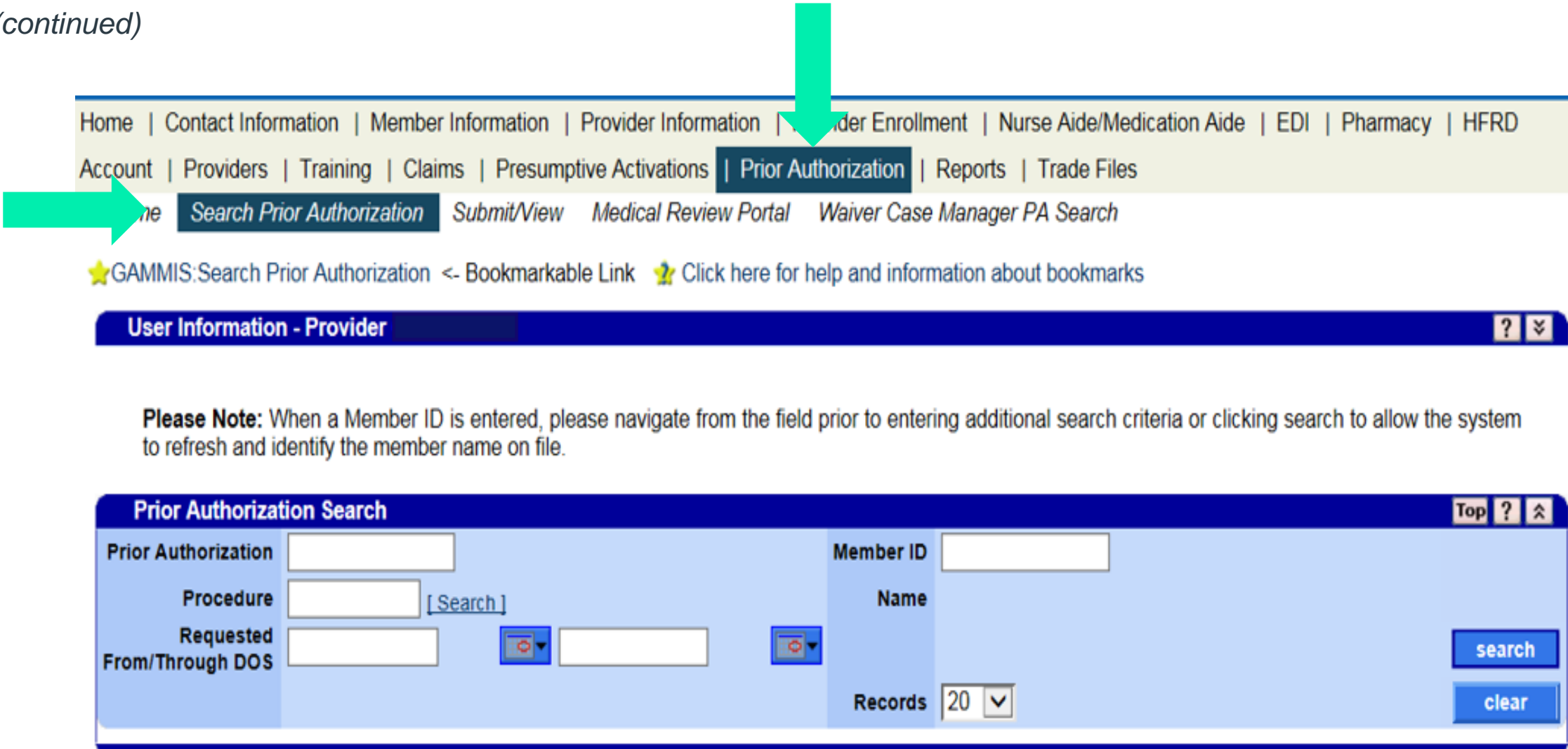
COS	Claim Type	Modifiers	Min Age	Max Age	Gender	From	Thru	PA Required
010						01/01/2000	12/31/2299	Z - Yes Precert is required
070		Including 0-3 from 95 GQ GT				01/01/2017	12/31/2299	N - No PA is not required
080						01/01/2000	12/31/2299	N - No PA is not required
200	C					07/01/2000	12/31/2299	N - No PA is not required
230	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		Including 1-1 from FP , Including 0-1 from U1				01/01/2013	12/31/2299	N - No PA is not required
430	M	Including 0-1 from 52 AJ FP GT HA TM , Including 0-4 from 24 25 27 57 58 59 78 79 91 95 E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA GQ LC LD LM LT RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA				01/01/2017	12/31/2299	N - No PA is not required

# Prior Authorization Search



# Prior Authorization Search

(continued)



Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD  
Account | Providers | Training | Claims | Presumptive Activations | **Prior Authorization** | Reports | Trade Files

[Home](#) [Search Prior Authorization](#) [Submit/View](#) [Medical Review Portal](#) [Waiver Case Manager PA Search](#)

★GAMMIS:Search Prior Authorization <- Bookmarkable Link    🌟 Click here for help and information about bookmarks

**User Information - Provider** [?] [v]

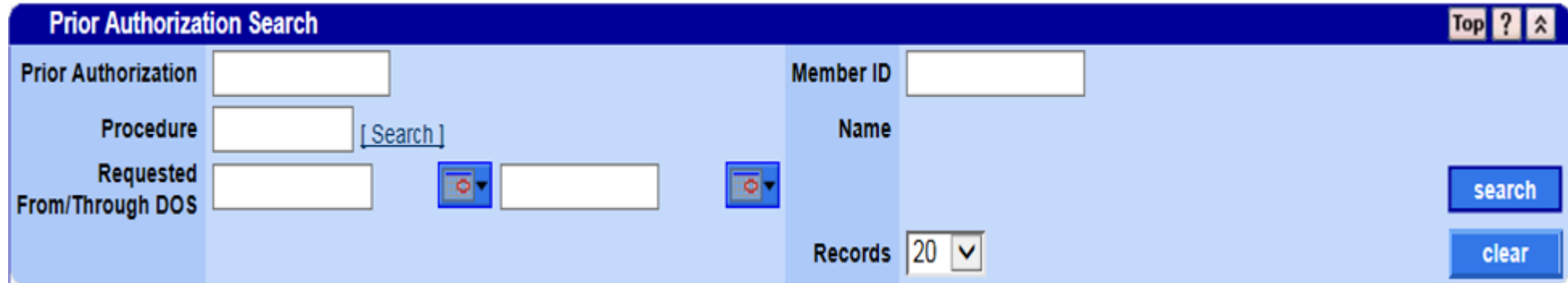
**Please Note:** When a Member ID is entered, please navigate from the field prior to entering additional search criteria or clicking search to allow the system to refresh and identify the member name on file.

**Prior Authorization Search** [Top] [?] [^]

Prior Authorization	<input type="text"/>	Member ID	<input type="text"/>
Procedure	<input type="text"/> [Search]	Name	<input type="text"/>
Requested From/Through DOS	<input type="text"/> [calendar] <input type="text"/> [calendar]	Records	20 [v]
		<input type="button" value="search"/> <input type="button" value="clear"/>	

# Prior Authorization Search

(continued)



The screenshot shows a web form titled "Prior Authorization Search" with a blue header bar. In the top right corner of the header are links for "Top", a question mark, and an upward arrow. The form is divided into two main sections. The left section contains three input fields: "Prior Authorization" (a single text box), "Procedure" (a text box with a "[ Search ]" button to its right), and "Requested From/Through DOS" (two date pickers with calendar icons). The right section contains two input fields: "Member ID" (a single text box) and "Name" (a larger text box). Below these is a "Records" dropdown menu currently set to "20". At the bottom right of the form are two buttons: "search" and "clear".

**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)

Prior Authorization Information			
PA Number	9000	Member ID	
Reviewer	VND_ASO	Last Name	
Review Date	08/31/2022	First Name	
PA Type	COMMUNITY MENTAL HEA	DOB	03/21/1985
Date Mailed		Status	APPROVED
PA Notice	NO PRINT	Begin Date	08/09/2022
Vendor PA Number		End Date	05/10/2023
Retro Reason		Used Units	
Update Reviewed	08/31/2022	PA Source	ASO
Internal Text	<input type="checkbox"/>	Version	
External Text	<input type="checkbox"/>		

# 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					
Through DOS	11/13/2017			Tooth					
Most Recent DOS Paid				Quadrant					
Units Allowed	12	Amount Allowed	\$2,240.04	Surface					
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					
Through DOS	11/13/2017			Tooth					
Most Recent DOS Paid	01/12/2017			Quadrant					
Units Allowed	1160	Amount Allowed	\$10,416.80	Surface					
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					
Through DOS	11/13/2017			Tooth					
Most Recent DOS Paid	01/11/2017			Quadrant					
Units Allowed	676	Amount Allowed	\$6,827.60	Surface					
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 CASE MANAGEMENT, PER MONTH	SE	STATE/FED FUNDED PROGRAM/SER							
02	2	T1021 HH AIDE OR CN AIDE PER VISIT	TF	INTERMEDIATE LEVEL OF CARE							
03	3	T1021 HH AIDE OR CN AIDE PER VISIT	U1	M/CAID CARE LEV 1 STATE DEF							



# Medicaid Claims Submission



# How to Submit a Claim

**Claims submission, claim adjustments, and claim resubmissions can be done in two ways:**

- Electronically through a clearinghouse
- Through the Georgia Medicaid Web Portal



# Professional Billing Information

1

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 | Trade Files

[Home](#) [Search \(Void, Adjust\) Claims](#) [New Dental Claim](#) [New Institutional Claim](#) [New Professional Claim](#) [Locum Tenens](#)

[★GAMMIS:Claims](#) <- Bookmarkable Link [? Click here for help and information about bookmarks](#)

(click to hide) Alert Message posted 2/24/2012

This site is for testing purposes only!

This site is for testing purposes only. Any information provided on it is for demonstration purposes only.

# Section 1

**Enter the required information indicated with an asterisk and as much optional information as needed (some required fields are the Member ID, Name, DOB, and Release of Information).**

Professional Claim		Claim Status	
<u>Adjudication Information</u>		Total Paid Amount	
ICN/TCN	DMA529 Inquiry	\$0.00	
RA Date			
<u>Billing Information</u>			
Rendering Provider ID		Release of Information*	
Rendering Taxonomy		Related Causes Code 1	
Member ID*		Related Causes Code 2	
Last Name*		Accident State	
First Name, MI*		Accident Date	
Date of Birth*		Admit Date	
Gender*		Discharge Date	
Patient Account #		Date of Death	
Medical Record #		Patient Responsibility	\$0.00
Service Facility ID		PA/Precert Number	
		Referral Number	
EPSTD Referral Indicator		Referring Provider ID	
EPSTD Referral Code 1		Referring Provider Name (Last, First, MI)	
EPSTD Referral Code 2		Primary Care Provider ID	
EPSTD Referral Code 3		Primary Care Provider Name (Last, First, MI)	
ICD Version*	ICD-10	<u>Amount Totals</u>	
		Total Charges	\$0.00
		Total TPL Amount	

# Institutional Claim



## Adjudication Information

ICN/TCN

DMA520 Inquiry

RA Date

## Billing Information

Rendering Provider ID

Rendering Taxonomy

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/Precert 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



# Diagnosis

## Section 2

### Allows entry of up to 10 diagnoses

Click add to 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.

Diagnosis		
Sequence ▾	Diagnosis	Description
A		
A		
Type data below for new record.		
Sequence*	1 ▾	Diagnosis <input type="text"/> [ Search ]
	1	
	2	
	3	
	4	
	5	
	6	
	7	

# Detail

## Section 3

Detail

\*\* No rows found \*\*

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

delete

add

copy

# Claim Detail

## Section 3

(continued)

- 1. Click add to add up to 50 lines > Click copy to duplicate information > Click delete to delete the

Item

1

From DOS

To DOS

POS

[ Search ]

Procedure

[ Search ]

Procedure Description

Modifier 1

[ Search ]

Modifier 2

[ Search ]

Modifier 3

[ Search ]

Modifier 4

[ Search ]

Diagnosis Pointer

Units

Charges

Rendering Provider

Detail

Emergency

EPSDT/Fam Plan

PA/Precert Number

Mammogram Certification Number

DME Serial Number

NDC

NDC Drug Name

MCare Allowed Amount

Status

Allowed Amount

CoPay Amount

Paid Amount

Type data below for new record.

Emergency

EPSDT/Fam Plan

PA/Precert Number

Mammogram Certification Number

DME Serial Number

Drug Rebate Information

NDC

NDC Drug Name

Medicare Information

Allowed Amount

Adjudication Information

Status

Allowed Amount

CoPay Amount

Paid Amount

delete

add

copy

# Submit Section 4

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 Search (Void, Adjust) New Dental Claim New Institutional Claim **New Professional Claim**

(click to hide) Alert Message posted 10/1/2015

ICD-10 Is Live

If your date of service requires you to submit ICD-9 codes, select ICD-9 from the ICD Version field prior to entering any ICD-9 codes.

User Information - Provider [REDACTED]

? [icon]

[Provider Billing Manuals](#)

**submit**

**cancel**

## Professional Claim

? [icon]

### Adjudication Information

ICN/TCN

RA Date

[DMA520 Inquiry](#)

Claim Status

Total Paid Amount

\$0.00

### Billing Information

Rendering Provider ID

Rendering Taxonomy

Member ID\*

Release of Information\*

Related Causes Code 1

Related Causes Code 2



# Claim Status

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

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



# Internal Control Number (Claim 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
<i>Claim Type</i>	<i>Year and Day</i>	Internal Use	Only

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

# Claim Status – Top of the Claim

- ✓ **Claim number** – Internal Control Number (ICN)
- ✓ **Status** – Paid, Denied or Suspended
- ✓ **Total Paid amount**

[Provider Billing Manuals](#)

Professional Claim	
<u>Adjudication Information</u>	
ICN/TCN	20210000000 <input type="button" value="DMA520 Inquiry"/>
RA Date	
<u>Billing Information</u>	
Claim Status	Paid
Total Paid Amount	\$899.26

# Claim Denial Reason

Claim is denied; move to the bottom of the claim for denial explanation.  
Make correction to the claim and resubmit.

Claim Status Information	
Claim Status	DENIED
Claim ICN	222100000001
Denied Date	08/17/2020
RA Paid Amount	\$0.00

EOB Information		
Detail Number	Code	Description
1	0000	Claim Denial Reason
2	0000	Claim Denial Reason
3	0000	Claim Denial Reason

# Claim Status Options

- **Paid Claim:** Void, Copy, or Adjust. (Adjustments must be made within 90 days of paid date.)
- **Denied Claims:** Resubmit (once corrections have been made)
- **Suspended Claims:** No action can be taken

# Institutional Claim

Welcome, inhouerep05

Search

[ Refresh session ] You have approximately 15 minutes until your session will expire.

Monday, December 13, 2021

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 | Trade Files

Home   Search (Void, Adjust) Claims   New Dental Claim   **New Institutional Claim**   New Professional Claim   Locum Tenens

★ [GAMMIS:New Institutional Claim](#) <- Bookmarkable Link   ★ [Click here for help and information about bookmarks](#)

# Remittance Advice



How to read and understand your remittance advice.




# Remittance Advice (RA)

The RA is comprised of several document types in this order:

- Banner Messages
- Claim Activity/Status
- Financial Transactions-Expenditures (system generated only) and Accounts Receivable
- EOB Descriptions
- Summary Page

The RA is generated each claims payment cycle. RAs are only received if there is activity during the claims cycle.

# Accessing the Remittance Advice



Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide | EDI | Pharmacy | Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | GBHC Referral | **Reports** | Trade Files

Home **Financial Reports** HS&R Reports Other Reports Letters

**Reports** ? ^

Report\* Remittance Advice

From Date\* 10/01/2009 To Date\* 01/21/2010

Records 20

Clear Search

- Select **Report**, then **Financial Reports** from the menu. Next, select **Remittance Advice** from the Report drop down menu.
- Enter the date span
- Click Search

\* For a full comprehensive remittance advice report including all pages, please login and access using your payee ID user information.\*

# Remittance Advice (RA)

REPORT: CRA-BANN-R  
RA#: [REDACTED]

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

DATE: 11/13/2015  
PAGE: 1

PRIMARY CARE GROUP OF WEST GEORGIA  
100 PROFESSIONAL PL STE 204  
CARROLLTON, GA 30117-3802

PAYEE ID: [REDACTED]  
NPI ID: [REDACTED]  
PAYMENT NUMBER: [REDACTED]  
ISSUE DATE: 11/16/2015  
RECEIVER ID: [REDACTED]

1

\*\*\*\*\*  
\*\*\*\*\*

BANNER MESSAGE TO HCBS WAIVER COS PROVIDERS 590, 660, 680, 681 FINANCIAL MANAGEMENT, CASE MANAGEMENT AND SUPPORT COORDINATION PROVIDERS

THIS BANNER MESSAGE SHALL SERVE AS A SELF-DIRECTION (A.K.A. CONSUMER-DIRECTION, PARTICIPANT-DIRECTION) POLICY UPDATE TO HOME AND COMMUNITY-BASED WAIVER SERVICES FOR THE INDEPENDENT CARE WAIVER PROGRAM, COMMUNITY CARE SERVICES PROGRAM, NEW OPTIONS WAIVER, AND COMPREHENSIVE SUPPORTS WAIVER EFFECTIVE 11/1/15.

THIS COMMUNICATION IS AN UPDATE REGARDING THE U.S. DEPARTMENT OF LABOR FINAL HOME CARE RULE (EFFECTIVE JANUARY 1, 2015) EXTENDING THE MINIMUM WAGE AND OVERTIME PROTECTIONS OF THE FAIR LABOR STANDARDS ACT TO MOST HOME CARE WORKERS. THE FINAL HOME CARE RULE LABOR STANDARDS ACT WAS UPHELD BY THE U.S. COURT OF APPEALS ON AUGUST 21, 2015. AS A RESULT, GEORGIA MEDICAID WILL BE MOVING FORWARD IMMEDIATELY TO COMPLY WITH THE RULE EFFECTIVE 11/1/15.

EFFECTIVE NOVEMBER 1, 2015 ALL PERSONAL SUPPORT AIDES MUST BE PAID OVERTIME FOR ANY HOURS THEY WORK THAT ARE OVER 40 IN A WORK WEEK. CURRENTLY AN AIDE WHO WORKS MORE THAN 40 HOURS A WEEK IS BEING PAID THE SAME HOURLY PAY RATE FOR THE OVERTIME HOURS AS THEY ARE FOR THE REGULAR HOURS. SERVICES ARE AUTHORIZED WITHIN THE WAIVER BASED ON MEMBER NEED WITHOUT PROVISIONS FOR OVERTIME. IT IS THE MEMBER'S RESPONSIBILITY AS THE EMPLOYER TO MAKE SURE HE/SHE HAS ENOUGH AIDES HIRED AND SCHEDULED SO THAT NO AIDE WILL WORK OVER 40 HOURS IN A WORK WEEK.

IF A MEMBER'S AIDE WORKS MORE THAN 40 HOURS IN A WEEK AFTER THIS CHANGE IS EFFECTIVE, THEY WILL HAVE TO BE PAID OVERTIME AT 1? TIMES THE NORMAL RATE BY THE FISCAL AGENT. THIS WILL AFFECT THE AMOUNT OF MONEY LEFT IN THE MEMBER'S BUDGET. IF ALL THE MONEY IN THE MEMBER'S BUDGET IS USED TO PAY OVERTIME, THE CARE COORDINATOR OR CASE MANAGER WILL NOT BE AUTHORIZED TO INCREASE THE BUDGET. IT WILL BE THE MEMBER'S RESPONSIBILITY AS THE EMPLOYER FOR PAYING THE AIDE FOR ANY ADDITIONAL SERVICES NEEDED. IF THE MEMBER DEMONSTRATES THAT HE OR SHE CANNOT STAY WITHIN THEIR SELF-DIRECTED BUDGET DUE TO LARGE AMOUNTS OF OVERTIME PAID OUT, THE MEMBER WILL RISK THEIR SELF-DIRECTED STATUS AND MAY BE REMOVED FROM THE SELF-DIRECTED PROGRAM AND REQUIRED TO RECEIVE PERSONAL SUPPORT SERVICES THROUGH A TRADITIONAL AGENCY.

# Remittance Advice (RA)

(continued)

REPORT: CRA-PHPD-R  
RA#:

GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
CLAIM TYPE M - CMS 1500 PAID

DATE: 11/13/2015  
PAGE: 22

PAYEE ID:  
NPI ID:  
PAYMENT NUMBER:  
ISSUE DATE: 11/16/2015  
RECEIVER ID:

RENDERING PROVIDER: MCD		111111111A											
ICN	22211111	MEMBER ID	MEMBER NAME	BILLED DTE	P AUTH NO	PATIENT NUMBER							
COS	FROM DTE - THRU DTE		BILLED	ALLOWED	COPAY/DEDUCT	PT LIAB	COB	TOTAL PAID					
430	11102015 11102015		44.00	11132015 17.46	0.00	0.00	0.00	17.46					PAID
LNN	FROM DTE-THRU DTE	POS	SPEC	PROC CD	M1 M2 M3 M4	UNITS BILLED/ALLWD	BILLED	ALLOWED	COB	PAID	STATUS		
1	11102015 11102015	11	072	99211		1.00 1.00	44.00	17.46	0.00	17.46	PAID		
DETAIL EOBS: 9918 CO:45 26.54- 0351													
REMARK CODES: N59													

# Financial Summary Page

This page is only accessible when logged into the Payee account.

# RA Account Receivable Financial Transactions

REPORT: CRA-TRAN-R  
RA#:

GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER REMITTANCE ADVICE  
FINANCIAL TRANSACTIONS

DATE: 08/26/2016  
PAGE: 29

PAYEE ID:  
NPI ID:  
PAYMENT NUMBER:  
ISSUE DATE: 08/29/2016  
RECEIVER ID:

-----ACCOUNTS RECEIVABLE-----						
CURRENT CYCLE ARS	↓	↓	↓	↓	↓	↓
AR NUMBER	SETUP DTR	RECOUPED THIS CYCLE	ORIGINAL	TOTAL RECOUPED	BALANCE	RSN CODE

RELATED ICN(S)/AMT:

TOTAL CURRENT BALANCE

PREVIOUS CYCLE ARS

AR NUMBER	SETUP DTE	RECOUPED THIS CYCLE	ORIGINAL	TOTAL RECOUPED	BALANCE	RSN CODE
-----------	-----------	---------------------	----------	----------------	---------	----------

NO PREVIOUS OUTSTANDING ACCOUNTS RECEIVABLE

TOTAL PREVIOUS BALANCE

TOTAL OUTSTANDING BALANCE



# GAMMIS Enhancements

Multi-Factor  
Authentication  
(MFA)

Claim Notes

GABBY™



# Multi-factor Authentication

Georgia Medicaid has started the implementation of Multi-Factor Authentication for all Provider, Agent, Billing Agent, and Trading Partner Web Portal user accounts.

Week of	Last Name Field on Accounts Beginning With
11/29/2022	A-B
12/4/2022	B-C
12/11/2022	C-F
12/18/2022	<Holidays>
12/25/2022	<Holidays>
1/3/2023	F-G
1/8/2023	G-J
1/17/2023	J-L
1/22/2023	L-N
1/29/2023	N-R
2/5/2023	R-S
2/12/2023	S-W
2/19/2023-2/28/2023	W-Z
3/1/2023	All provider accounts will be required to use MFA

# Who Is GABBY™?



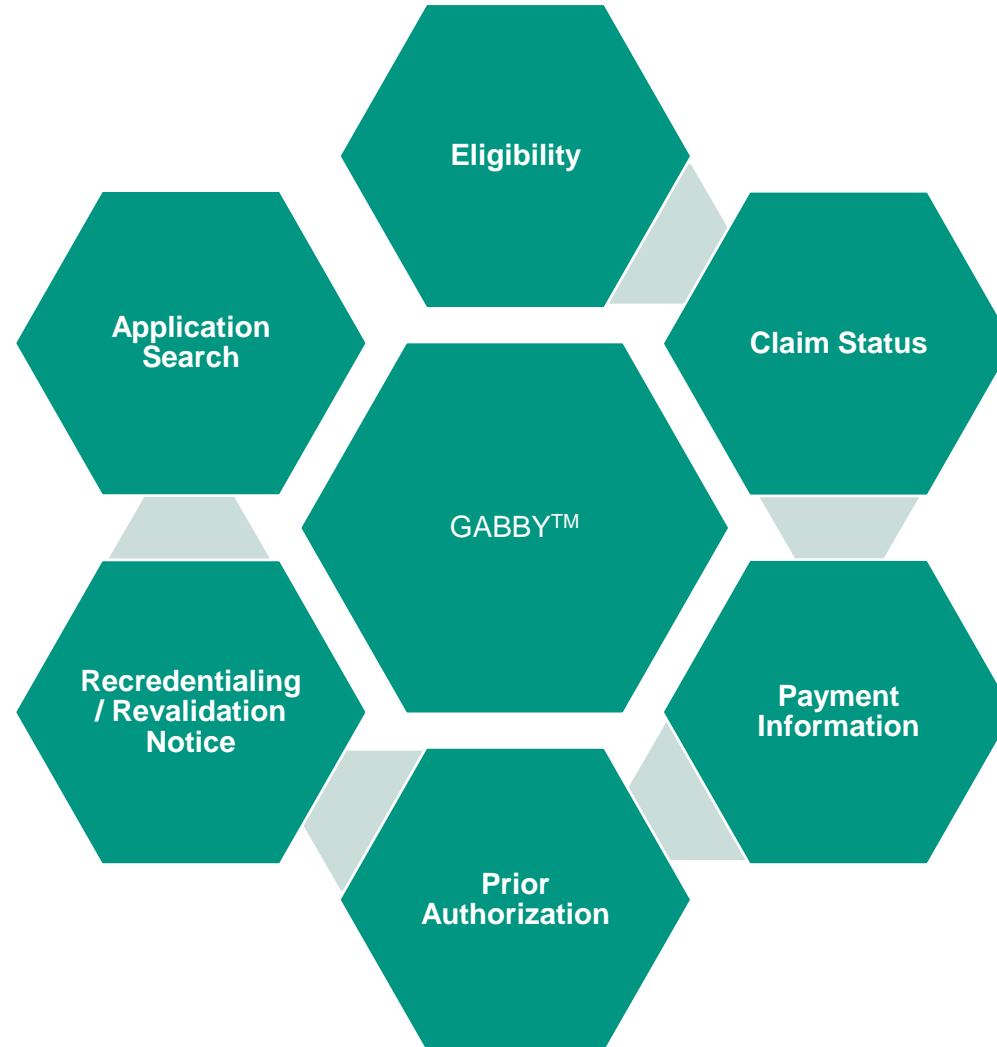
- Virtual Agent (VA)
- Self-Service Provider Application
- Natural-Language
- Conversational
- Artificial Intelligence (AI)
- Listens and Learns

# Why GABBY™

## *Why transfer to GABBY™?*

- Using conversational AI, **GABBY™ lets callers lead the conversation** by simply asking what you need, listening to your response, and then processing your request.
- With GABBY™, **callers can simply speak their Provider ID – numbers and letters**. If GABBY™ ever has trouble understanding the caller, i.e., GABBY™ hears the letter ‘M’ instead of the letter ‘N’, GABBY™ will prompt the caller to speak a word (*any* word) that starts with the correct, desired letter (say “Nancy” or “Nifty”) – and off you go.
- GABBY™ **gives callers the opportunity to complete the same self-service transactions available in the Provider IVR**, using state-of-the-art, intelligent, natural-language voice recognition instead – all while maintaining the option to still transfer to a Call Center agent, if need be.

# What All Can GABBY™ Do?



# Claim Notes Enhancement

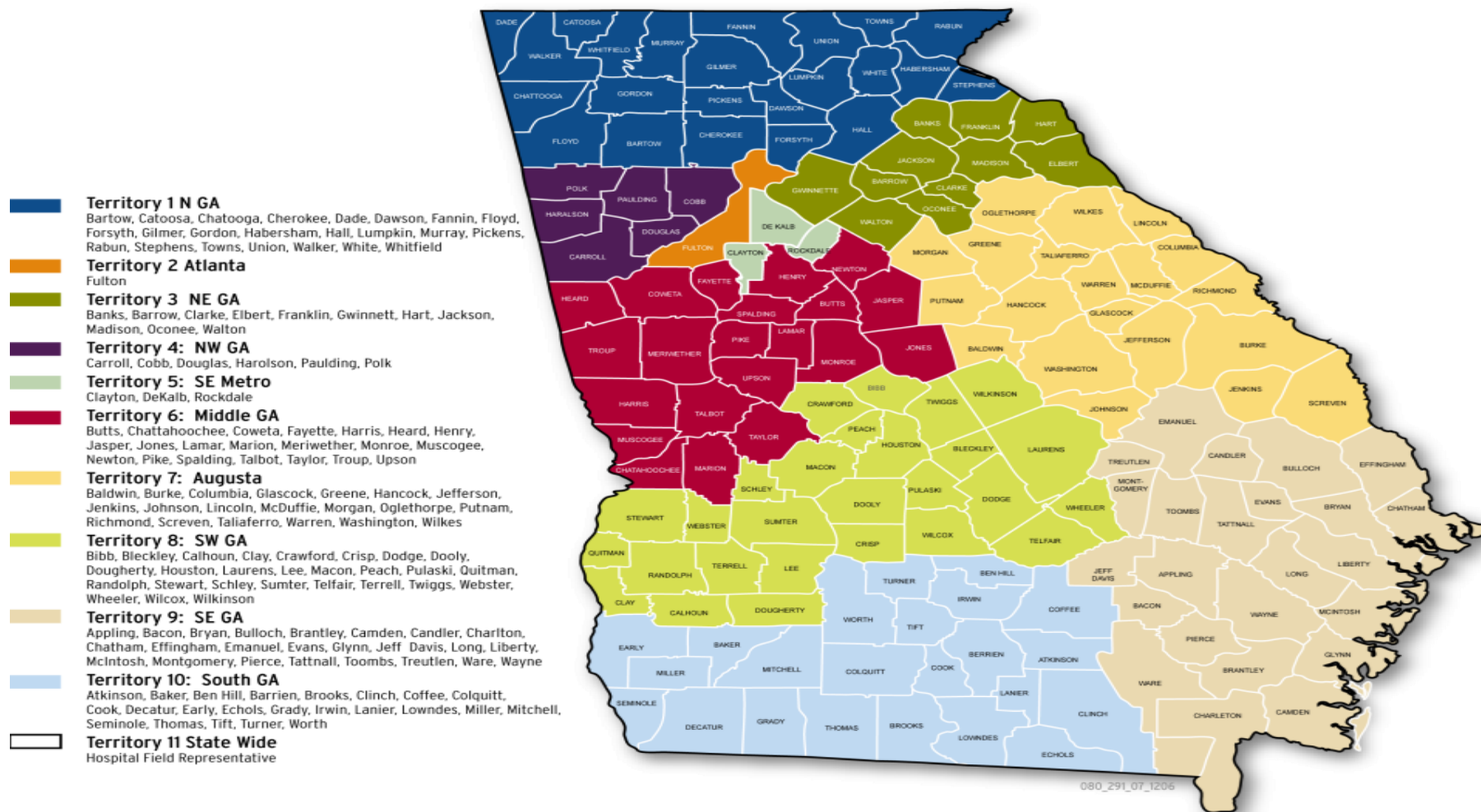
Effective Dec. 1, 2022, when appealing a claim to Alliant Health the decision notes will be visible to the provider.

Claim Notes		
User ID	Date	Note
GMCF486	12/1/2022	Denied, the submitted documentation does not include the gestational age.

# Contacting Gainwell Technologies



# Georgia Field Territories





# 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 Banks
South	Hospital Rep	Janey Griffin

# Provider Relations Field Services Representatives

## State-Wide Consultants

**Sharée C. Daniels**  
**Brenda Hulette**  
**Danny Williams**

# 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

# 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) for service inquiries.

**Please note the Web Portal is available 24/7**



# Contact My Provider Rep Directly

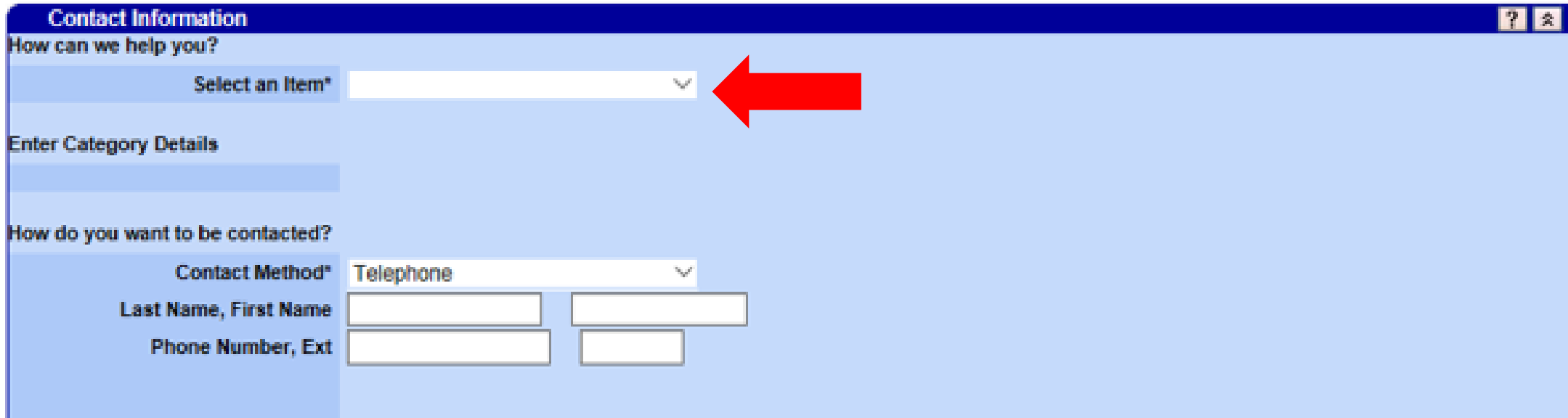
After logging into the GAMMIS System, select Contact Information then Contact Us



# Contact My Provider Rep Directly

(continued)

## Select an Item



The screenshot shows a web form titled "Contact Information" with a blue header bar. Below the header, the form is divided into sections. The first section, "How can we help you?", contains a dropdown menu labeled "Select an Item\*" with a red arrow pointing to it. Below this is a section titled "Enter Category Details" with a text input field. The next section, "How do you want to be contacted?", contains a dropdown menu labeled "Contact Method\*" with "Telephone" selected. Below this are two rows of text input fields: "Last Name, First Name" and "Phone Number, Ext".

Contact Information

How can we help you?

Select an Item\*

Enter Category Details

How do you want to be contacted?

Contact Method\* Telephone

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

top of page

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

# Contact My Provider Rep Directly

(continued)

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



submit cancel

Contact Information

How can we help you?

Select an Item\* Contact My Provider Service Rep

Enter Category Details

How can we help you?  
I Need some help with ICN 2017123456777

How do you want to be contacted?

Contact Method\* Telephone

Last Name, First Name DXC

Phone Number, Ext (800)766-4456



# 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) 325-5666 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\*

Contact My Provider Service Rep

Enter Category Details

How can we help you?

test

How do you want to be contacted?

Contact Method\*

Telephone

Last Name, First Name

HPtest

Phone Number, Ext

(800)766-4456

# You should now know...

- How to access GAMMIS Home Unsecure/Secure
- Submitting Claims
- Reading the Remittance Advice
- Enhancements
- How to contact your Gainwell Field Representative

# Questions



# Thank you

**Contact**

[brand@gainwelltechnologies.com](mailto:brand@gainwelltechnologies.com)  
gainwelltechnologies.com

**Gainwell Technologies**

1775 Tysons Blvd.  
McLean, VA 22102