

Georgia MMIS Group/Billing Provider Enrollment

For access to this presentation, please visit: www.mmis.georgia.gov -> Provider Information -> Provider Notices – “Presentation – Group/Billing Provider Enrollment Edition”

Agenda

- ☐ Overview
- ☐ Group/Billing Initial Enrollment Application – Steps
- ☐ Group Affiliation Page – Existing Providers – Steps
- ☐ Web Portal Account Administration
- ☐ Group Affiliation Requests Rules and Notification [Emails & Alert]
- ☐ Accessing Web Portal training Guides

Tentative Go Live Date: Tuesday, July 1, 2025

What's Changing and New

Today's Logic

- Group/Billing Providers are not enrolled.
- The Payee ID is determined through Rendering Provider ID.



New GAMMIS Enhancement

- Group/Billing Providers will now be enrolled.
- Billing Provider ID – Your Payee ID will now be determined through Billing Provider.
- Rendering Provider ID may be affiliated to the Group/Billing Provider.

What's Changing and New

(continued)

Group/Billing Provider Initial Enrollment

- New Application Type and Provider Types
- A minimum of 2 Individual Providers must be Affiliated within the Group Application
- Payee Required



What's Changing and New

(continued)

Individual Practitioner Provider Initial Enrollment

- Able to affiliate to existing Medicaid Group/Billing Providers
- Must either request an Affiliation to a group OR enter Payee information



Enrollment Enhancements

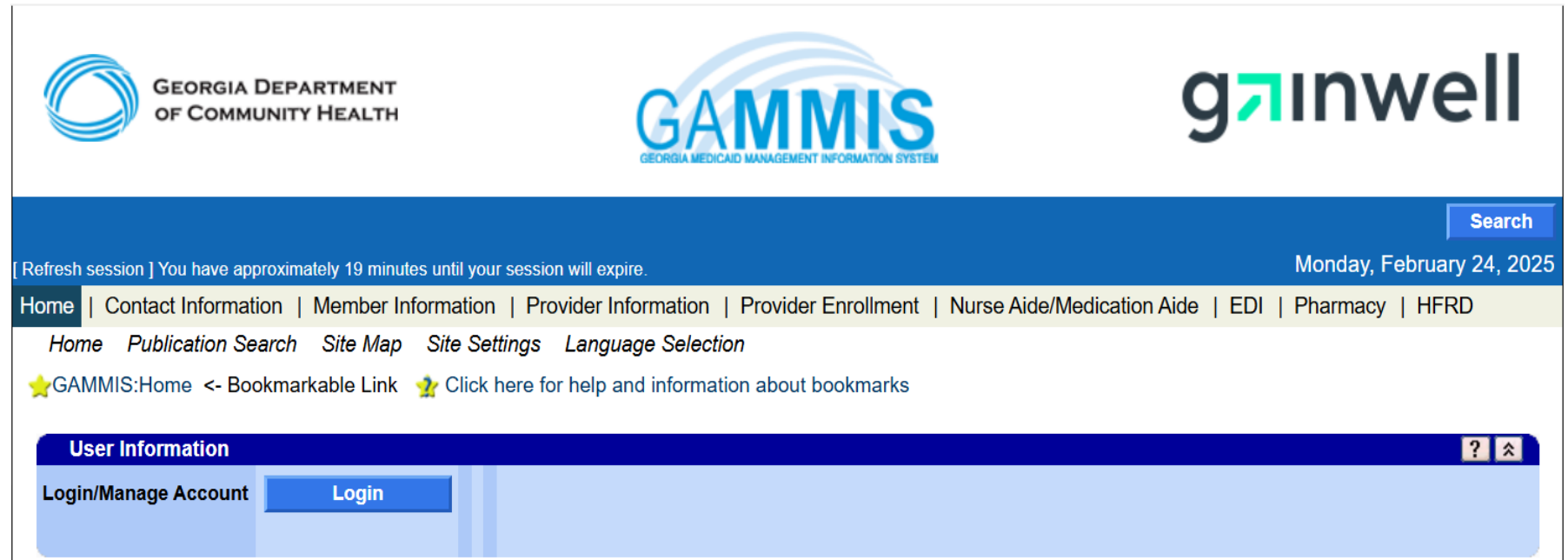


- Initial Group/Billing Enrollment Application
- Individual Provider Enrollment Application

Initial Group/Billing Enrollment Application

www.mmis.georgia.gov

Let's Get Started



The screenshot displays the GAMMIS (Georgia Medicaid Management Information System) website. At the top, there are three logos: the Georgia Department of Community Health, the GAMMIS logo with the subtitle 'GEORGIA MEDICAID MANAGEMENT INFORMATION SYSTEM', and the gainwell logo. Below the logos is a blue navigation bar containing a 'Search' button and a session status message: '[Refresh session] You have approximately 19 minutes until your session will expire.' The date 'Monday, February 24, 2025' is shown on the right. A yellow navigation bar lists various links: Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, and HFRD. Below this, there are links for Home, Publication Search, Site Map, Site Settings, and Language Selection. A yellow star icon is followed by the text 'GAMMIS:Home <- Bookmarkable Link' and a link to 'Click here for help and information about bookmarks'. At the bottom, there is a 'User Information' section with a 'Login/Manage Account' link and a 'Login' button. The section also includes a help icon (?) and an up arrow icon (^).

Initial Group/Billing Enrollment Application

(continued)

Initial Group Application

- Provider Enrollment
- Enrollment Wizard
- Scroll Down
- Provider Enrollment Application
- New Application



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 Enrollment Application Status Enrollment Wizard Provider Contract Status Provider Rate Increase Request EFT Agreement

CMO Credentialing Application New Specialty Application NEMT Disclosure of Ownership Enrollment Forms Enrollment Template Manager

Request Type ?

☒ Individual Practitioner

☐ Facility

☐ Group / Billing

☐ Pharmacy

☐ Out of State - Individual Out of State is for Applicants MORE THAN 50 miles from the GA border

☐ Out of State - Facility

☐ Ordering, Prescribing, or Referring (OPR)

☐ Additional Service Location - Individual Practitioner and Facility

☐ CMO Only / Non-Traditional Services - Individual Non-Medicaid Provider participating with CMO

☐ CMO Only / Non-Traditional Services - Facility Non-Medicaid Provider participating with CMO

☐ CMO Only / Non-Traditional Services - Additional Service Location - Individual and Facility

Application Type*

Provider Type*

Do you have delegated credentialing? ☒ No ☐ Yes

Would you like to also submit your application for CMO Credentialing? ☐ No ☒ Yes

Initial Group/Billing Enrollment Application

(continued)

Request Type

- Application Type = Group/Billing
- Provider Type (select the appropriate Provider Group type)
- Save and Continue

| Group Type Options |
|--------------------------------|
| Group - Behavioral Health |
| Group - Chiropractor |
| Group - Dental |
| Group - Mid Level |
| Group - Nutritionist/Dietician |
| Group - Physician |
| Group - Podiatrist |
| Group - Therapist |
| Group - Vision |

Initial Group/Billing Enrollment Application

(continued)

Logon to secure site to use enrollment template feature.

Select a template to populate detail provider data (Template data will overlay existing data on the panel)

Are you enrolled in Medicare? ☐ No ☐ Yes

Ownership Code*

Practice Type Code*

Medicare Effective Date

Business Location

National Provider Identifier (NPI) & Taxonomy

Type II (Organization) NPI*

Taxonomy 1* [Search] Taxonomy 2 [Search]

Taxonomy 3 [Search] Taxonomy 4 [Search]

Correspondence

Please select your preferred method for receiving letters from the Department.

Letter Medium ☒ E-Mail ☐ Paper

Application Access Code & Contact Information

Choose an Access Code that will be used to view application information after the application is submitted. The Access Code must be a minimum of six(6) characters in length. Please MAKE NOTE OF THE CODE. It will not be displayed on the submitted application PDF.

Application Access Code*

The person who should be contacted regarding this application.

Contact Last Name*

Contact First, MI*

Contact Phone, Ext.*

Contact E-Mail Address*

Re-Enter E-Mail Address*

Indicate if you wish to receive E-Mail notifications about this application. The Contact E-Mail Address will be used.

E-Mail Notifications?* ☐ No ☒ Yes

- Enter Group Legal Business Name and Doing Business as (D/B/A)
- Group Tax ID - save and continue
- **Provider Contract** - save and continue
- **Provider Specialty** - save and continue

Group Detail (complete all fields with an asterisk*)

- **NPI*** - Organization NPI for the Group
- **Taxonomy*** - Taxonomy for the Group
- Complete all remaining fields with an asterisk* - save and continue

Initial Group/Billing Enrollment Application

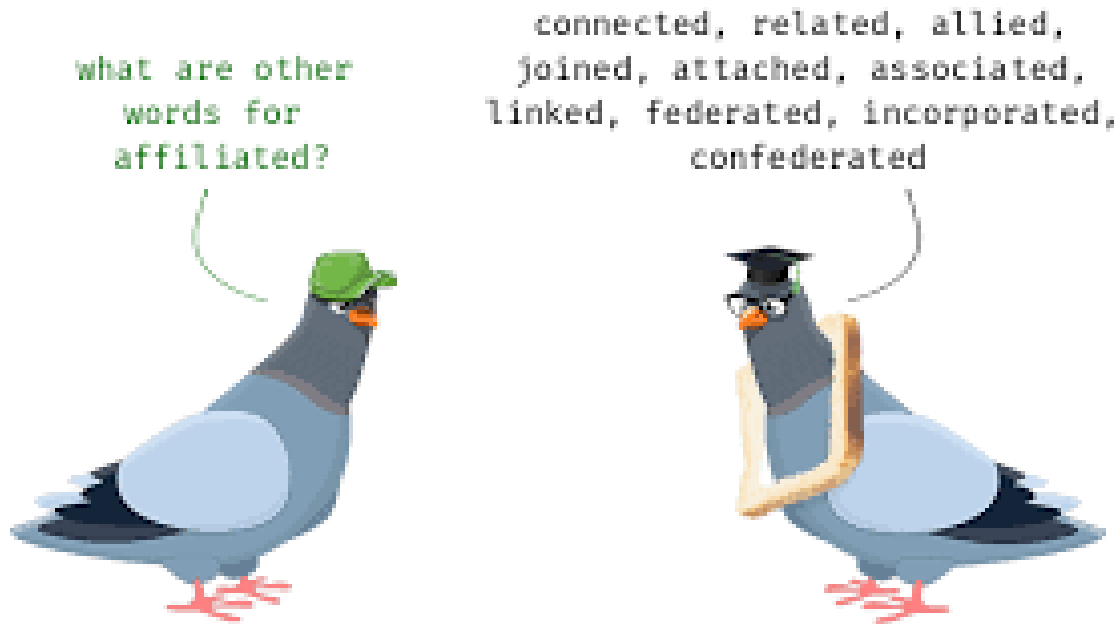
(continued)

- **Language** - save and continue
- **Special Need** - save and continue



Initial Group/Billing Enrollment Application

(continued)



Affiliations

- Add a minimum of two active Individual Medicaid Provider ID numbers.

Note: By adding providers to your group, you acknowledge that:

1. The provider works under your group.
 2. You understand that all disbursements for services performed by the individual provider will be made directly to your group.
 3. You further understand that these payments will be reported under group Tax ID and not the individual provider.
- Attestation - save and continue

Initial Group/Billing Enrollment Application

(continued)

New Group Affiliations - add your individual practitioners

Affiliations ?

| Provider ID | NPI | Provider Name | Provider Address | Attested |
|-------------|-----|---------------|------------------|----------|
|-------------|-----|---------------|------------------|----------|

A

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

MY GROUP: Add Existing Medicaid Providers to Your Group

Medicaid Provider ID [Search]

Provider Name

NPI

Provider Address

ATTESTATION STATEMENT:

- By adding providers to your group, you acknowledge that:
 - The provider works under your group.
 - You understand that all disbursements for services performed by the individual provider will be made directly to your group
 - You further understand that these payments will be reported to the Federal Government under the tax id on your group provider's file and not under the individual provider.

☐ I accept the terms of the Attestation Statement

delete add

previous save & continue exit

Initial Group/Billing Enrollment Application

(continued)



Group Ownership information (must disclose the owner(s) of their facility or business) – save and continue



Additional Addresses – save and continue



Managing Employee(s) – save and continue



Subcontractor – save and continue

Initial Group/Billing Enrollment Application

(continued)

Where did the money go?



➤ Payee Information

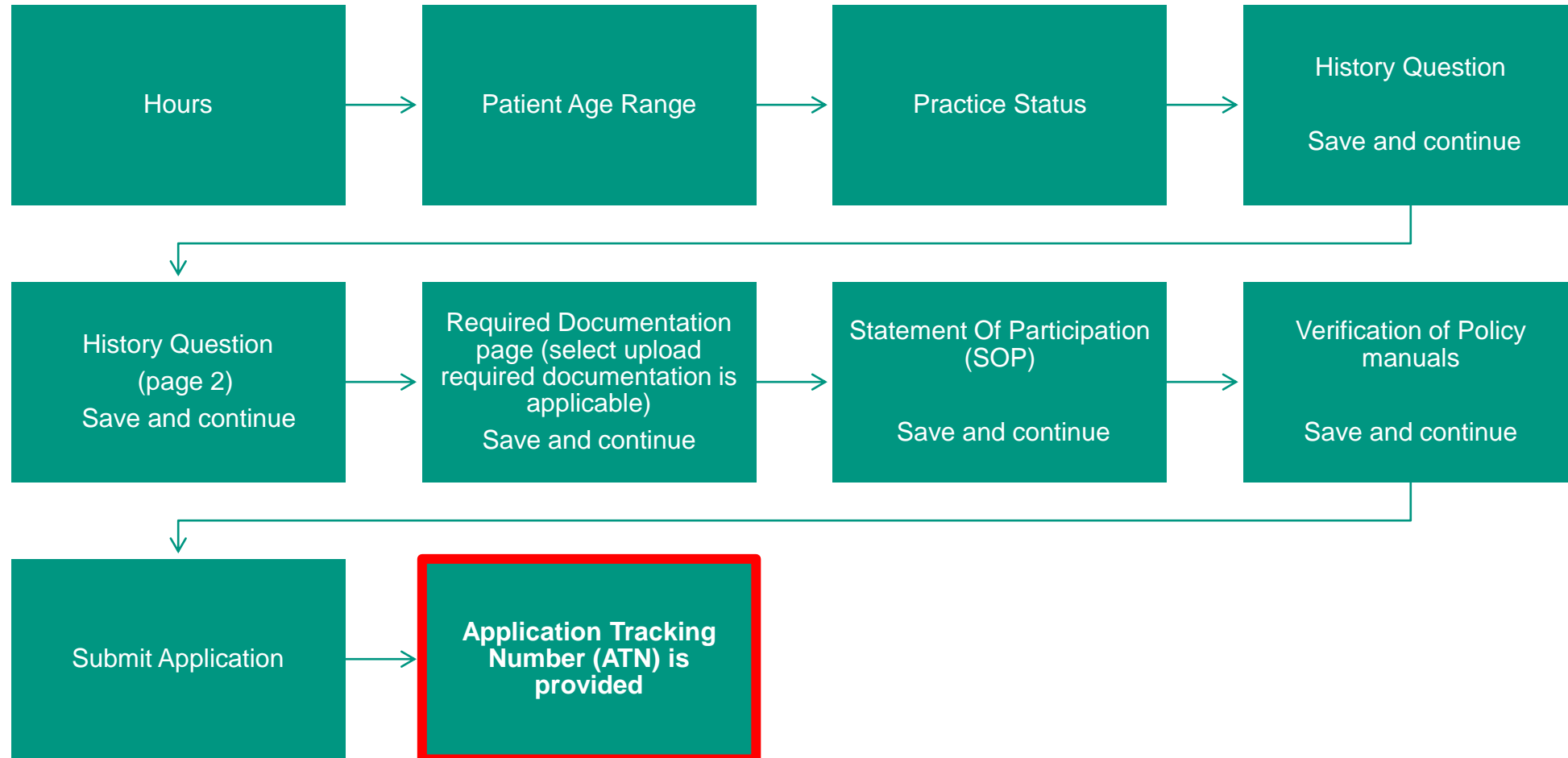
The Payee's Medicaid ID is used for money designation.

In addition, the following may be required.

- W9 - should reflect the address for provider payments and remittance advises.
- 147-C letter or tax coupon will be used to verify the legal name of the business or practice and Tax ID on W-9.
- EFT Agreement contains the Payee routing and account number for payments.
- The Power of Attorney (POA) form should list the enrolling providers name, the legal business or practice name and the Payee ID Number for proper affiliation.
- Bank letter dated within the past 180 days or a voided check.

Initial Group/Billing Enrollment Application

(continued)



Initial Individual Provider Enrollment Application

Initial Provider Application when joining a Group

Key all details of your Initial provider application and once you have made it to the affiliation section:

- Add existing Group/Billing Medicaid ID
- Accept and Attest

Note: The Group/Billing provider must be enrolled prior to affiliation.

*Visual on next slide



Initial Individual Provider Enrollment Application

Affiliations

Provider ID

NPI

Group Name

Group Address

Attested

A

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

GROUP MEMBERSHIP: Add Individual Provider to Existing Medicaid Groups

Medicaid Provider ID

Group Name

NPI

Group Address

Medicaid Provider ID

Search

Provider ID

Business OR Last Name

search

clear

ATTESTATION STATEMENT:

By adding yourself as a member of a group provider, you acknowledge that:

- You work under the group provider.
- You understand that by enrolling as a group member that all disbursements for services performed by you under the group will be made directly to the group on your behalf.
- You further understand that these payments will be reported to the Federal Government under the tax id on the group provider's file and not under your own.

I accept the terms of the Attestation Statement


delete

add


previous

save & continue

exit

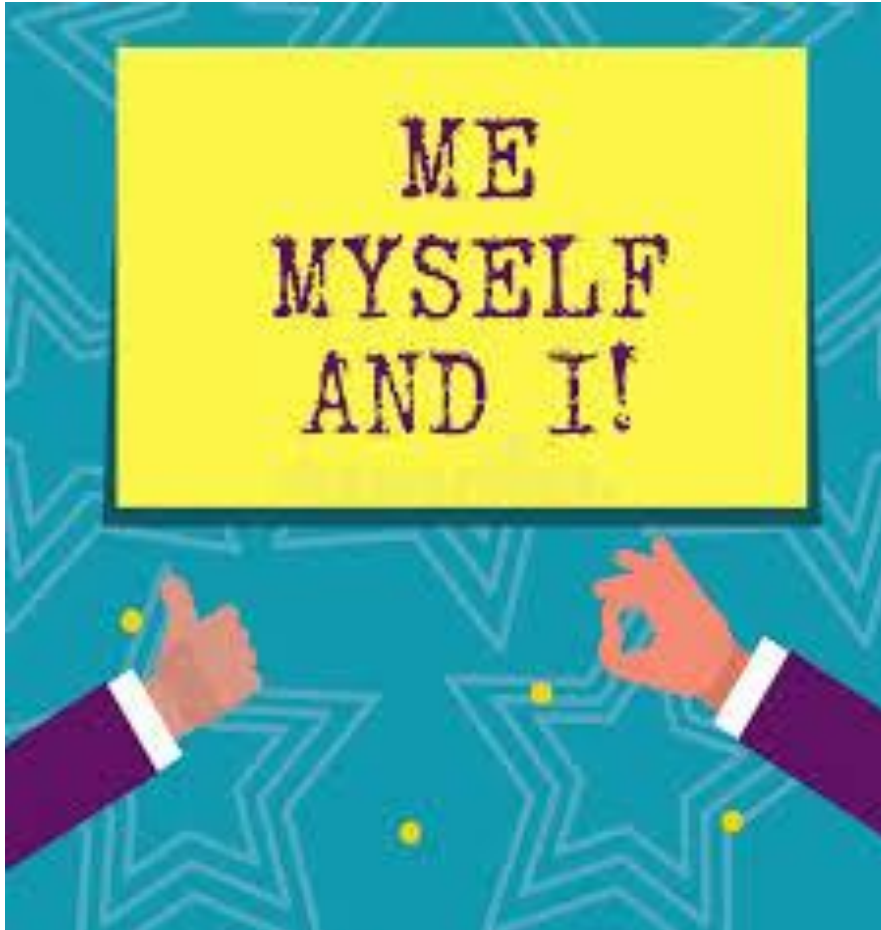
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Initial Individual Provider Enrollment Application

(continued)



- **IF there is NO** group affiliation, then payee information is required.
- Save and continue.
- Complete the application and submit any required documentation.

Maintaining Group Affiliation for Existing Providers - Adding and Deleting

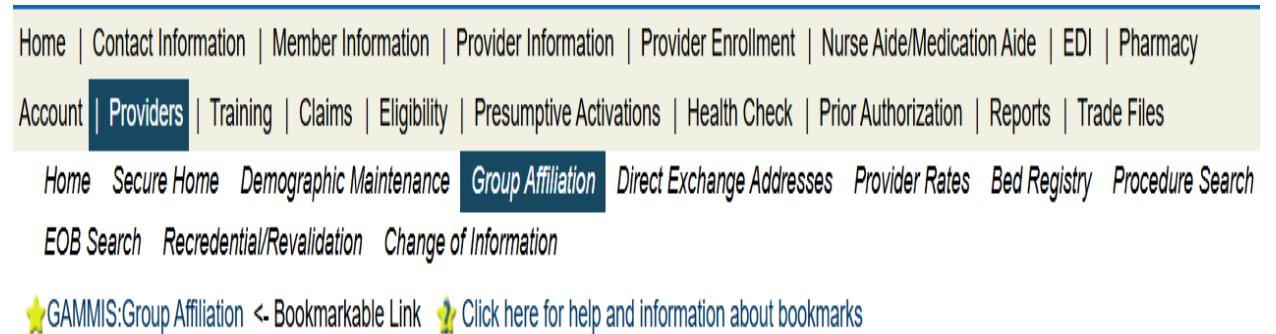


Maintaining Group Affiliation for Existing Providers

(continued)

Existing Providers Maintain Their Group Affiliations

- Log into GAMMIS with Billing Agent Account
- Select “Providers”
- Select “Group Affiliation”



Maintaining Group Affiliation for Existing Providers

(continued)

- Existing Providers Maintain Their Group Affiliations
- Two(2) Sections will display. Which will allow you to view all providers in your group and approve or deny pending request.
- Group Membership (Providers who are already assigned to the Group.)
- Request or Update Group Affiliation



Maintaining Group Affiliation for Existing Providers

(continued)

User Information: Acting Provider: 007206002A | Billing Agent Account: PRLIVEDUMMY

Group Membership

| Provider ID | NPI | Name | Effective Date | End Date |
|-------------|------------|------------|----------------|------------|
| 007770115A | 1893939391 | DEMO GROUP | 02/01/2025 | 12/31/2299 |

Select row above to update Group Affiliation End Date

Update Group Affiliation End Date

Requests - Group Requests for Provider to be Added to Their Group

| Provider ID | NPI | Group Name | Effective Date | Request Status | Request Date | Finalized Date |
|-------------|------------|------------|----------------|--------------------------|--------------|----------------|
| 007770115A | 1893939391 | DEMO GROUP | 02/01/2025 | Approved - Auto Approved | 02/18/2025 | 02/18/2025 |

Select row above to update -or- click add button below to request an affiliation.

Request or Update Group Affiliation

Remove Request: To remove PENDING group affiliation requests, select a row above and click the delete button, then click the save button

Approve or Deny Request: Select a row above to Approve or Deny the group affiliation request. Click the save button to submit the approval/denial

Add Request: To request the provider be added to an existing Medicaid group provider, click the add button, complete the fields, then click the save button

- Group affiliation requests will be processed nightly

Provider ID

NPI

Name

Address

Effective Date

Request Status

Request Date

Finalized Date

[Search]

ATTESTATION STATEMENT:

By adding yourself as a member of a group, you acknowledge that:

- You work under the group provider.
- You understand that by enrolling as a group member that all disbursements for services performed by you under the group will be made directly to the group on your behalf.
- You further understand that these payments will be reported to the Federal Government under the tax id on the group provider's file and not under your own.


☐ I accept the terms of the Attestation Statement

delete


add

save

cancel

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Maintaining Group Affiliation for Existing Providers

(continued)

- Select “Add”
- Enter the Medicaid ID Number, select “Tab” on your keyboard, and enter the effective date.
- Attest
- Save

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 **Group Affiliation** Direct Exchange Addresses Provider Rates Bed Registry Procedure Search

EOB Search Recredential/Revalidation Change of Information

★ GAMMIS: Group Affiliation <- Bookmarkable Link ★ Click here for help and information about bookmarks

User Information: Acting Provider: 007770117A | Billing Agent Account: PRLIVEDUMMY

Group Membership

*** No rows found ***

Select row above to update Group Affiliation End Date

Update Group Affiliation End Date

Requests - Group Requests for Provider to be Added to Their Group

| Provider ID | NPI | Group Name | Effective Date | Request Status | Request Date | Finalized Date |
|-------------|------------|------------|----------------|--------------------------------------|--------------|----------------|
| 007770115A | 1893939391 | DEMO GROUP | 02/01/2025 | Requested - Request Sent to Provider | 02/20/2025 | |

Select row above to update -or- click add button below to request an affiliation.

Request or Update Group Affiliation

- Remove Request: To remove PENDING group affiliation requests, select a row above and click the delete button, then click the save button
- Approve or Deny Request: Select a row above to Approve or Deny the group affiliation request. Click the save button to submit the approval/denial
- Add Request: To request the provider be added to an existing Medicaid group provider, click the add button, complete the fields, then click the save button
 - Group affiliation requests will be processed nightly

Provider ID [Search]

NPI

Name

Address

Effective Date

Request Status

Request Date

Finalized Date

ATTESTATION STATEMENT:

- By adding yourself as a member of a group, you acknowledge that:
 - You work under the group provider.
 - You understand that by enrolling as a group member that all disbursements for services performed by you under the group will be made directly to the group on your behalf.
 - You further understand that these payments will be reported to the Federal Government under the tax id on the group provider's file and not under your own.

☐ I accept the terms of the Attestation Statement

delete add

Maintaining Group Affiliation for Existing Providers

(continued)

Once request has been completed, the Provider will be listed under the header.

Requests- Group Requests for Providers to be Added to the Group.

User Information: Acting Provider: 007770115A | Authorizing Provider: 007770115A | Billing Agent Account: PRLIVEDUMMY

The following messages were generated:
Group Affiliation Requests successfully updated.

My Group

| Provider ID | NPI | Name | Effective Date | End Date |
|-------------|------------|-----------------|----------------|------------|
| 007206002A | 1999999992 | DEMOLAST, FIRST | 02/01/2025 | 12/31/2299 |
| 007770114A | 1892334438 | MINNIE, DEMO | 02/01/2025 | 12/31/2299 |
| 007770113A | 1983334438 | MOUSE, DEMO | 02/01/2025 | 12/31/2299 |

Select row above to update Group Affiliation End Date

Update Group Affiliation End Date

Requests - Provider Requests to be Added to Your Group

| Provider ID | NPI | Provider Name | Effective Date | Request Status | Request Date | Finalized Date |
|-------------|------------|------------------|----------------|---|--------------|----------------|
| 007770117A | 1984334437 | MOUSE, TESTING | 02/01/2025 | Pending - Request FROM Group in Process | 02/20/2025 | |
| 007770118A | 1389999990 | TESTING, PETE | 02/01/2025 | Pending - Request FROM Group in Process | 02/20/2025 | |
| 007206002A | 1999999992 | DEMOLAST, FIRST | 02/01/2025 | Approved - Auto Approved | 02/18/2025 | 02/18/2025 |
| 007104210A | 1629032297 | TEST, PHYSICIAN1 | 02/14/2025 | Requested - Request Sent to Provider | 02/14/2025 | |
| 007104211A | 1548266729 | TEST, PHYSICIAN2 | 02/14/2025 | Requested - Request Sent to Provider | 02/14/2025 | |
| 007770113A | 1983334438 | MOUSE, DEMO | 02/14/2025 | Approved - Auto Approved | 02/14/2025 | 02/14/2025 |
| 007770114A | 1892334438 | MINNIE, DEMO | 02/14/2025 | Approved - Auto Approved | 02/14/2025 | 02/14/2025 |

Select row above to update -or- click add button below to request an affiliation.

Request Group Affiliation

Remove Request: To remove PENDING group affiliation requests, select a row above and click the delete button, then click the save button

Add Request: To request an existing Medicaid individual provider be added to your group, click the add button, complete the fields, then click the save button

Group affiliation requests will be processed nightly

Provider ID

NPI

Name

Address

Effective Date

Request Status

Request Date

Finalized Date

[Search]

ATTESTATION STATEMENT:

By adding providers to your group, you acknowledge that:

The provider works under your group.

You understand that all disbursements for services performed by the individual provider will be made directly to your group.

You further understand that these payments will be reported to the Federal Government under the tax id on your group provider's file and not under the individual provider.


I accept the terms of the Attestation Statement

delete

add


save

cancel

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Maintaining Group Affiliation for Existing Providers

(continued)

End Date a provider from your group

➤ Select the provider to be “ended dated” and **enter current or future date.**

➤ Save

User Information: Acting Provider: 007770115A | Authorizing Provider: 007770115A | Billing Agent Account: PRLIVEDUMMY

The following messages were generated:
End Date must be greater than or equal to today - Provider ID: 007770113A

| My Group | | | | | |
|--------------|------------|-----------------|----------------|------------|--|
| Provider ID | NPI | Name | Effective Date | End Date | |
| 007206002A | 1999999992 | DEMOLAST, FIRST | 02/01/2025 | 12/31/2299 | |
| 007770114A | 1892334438 | MINNIE, DEMO | 02/01/2025 | 12/31/2299 | |
| M 007770113A | 1983334438 | MOUSE, DEMO | 02/01/2025 | 02/14/2025 | |

Select row above to update Group Affiliation End Date

Update Group Affiliation End Date

Delink Group Affiliation: Update the End Date to delink/end the group affiliation. The End Date entered may not be in the past.

Provider ID: 007770113A Name: MOUSE, DEMO
NPI: 1983334438 Address: TESTING BROWN AVE, COLUMBUS, GA 30303
Effective Date: 02/01/2025
End Date*: 02/19/2025

| Requests - Provider Requests to be Added to Your Group | | | | | | |
|--|------------|------------------|----------------|--------------------------------------|--------------|----------------|
| Provider ID | NPI | Provider Name | Effective Date | Request Status | Request Date | Finalized Date |
| 007206002A | 1999999992 | DEMOLAST, FIRST | 02/01/2025 | Approved - Auto Approved | 02/18/2025 | 02/18/2025 |
| 007104210A | 1629032297 | TEST, PHYSICIAN1 | 02/14/2025 | Requested - Request Sent to Provider | 02/14/2025 | |
| 007104211A | 1548266729 | TEST, PHYSICIAN2 | 02/14/2025 | Requested - Request Sent to Provider | 02/14/2025 | |
| 007770113A | 1983334438 | MOUSE, DEMO | 02/14/2025 | Approved - Auto Approved | 02/14/2025 | 02/14/2025 |
| 007770114A | 1892334438 | MINNIE, DEMO | 02/14/2025 | Approved - Auto Approved | 02/14/2025 | 02/14/2025 |

Select row above to update -or- click add button below to request an affiliation.

Request Group Affiliation

- Remove Request: To remove PENDING group affiliation requests, select a row above and click the delete button, then click the save button
- Add Request: To request an existing Medicaid Individual provider be added to your group, click the add button, complete the fields, then click the save button
 - Group affiliation requests will be processed nightly

Provider ID: [] [Search]
NPI: []
Name: []
Address: []
Effective Date: []
Request Status: [v]
Request Date: []
Finalized Date: []

ATTESTATION STATEMENT:

- By adding providers to your group, you acknowledge that:
 - The provider works under your group.
 - You understand that all disbursements for services performed by the individual provider will be made directly to your group.
 - You further understand that these payments will be reported to the Federal Government under the tax id on your group provider's file and not under the individual provider.

☐ I accept the terms of the Attestation Statement

delete add

Disconnecting from the Group Affiliation



Individual Providers wanting to End Group Affiliation

- Update the End Date to end the group affiliation.
- The End Date entered may not be in the past.

Maintaining Group Affiliation for Existing Providers

(continued)

User Information: Acting Provider: 007770115A | Authorizing Provider: 007770115A | Billing Agent Account: PRLVEDUMMY

The following messages were generated:

- End Date must be greater than or equal to today - Provider ID: 007770113A

My Group

| Provider ID | NPI | Provider Name | Effective Date | End Date |
|--------------|------------|-----------------|----------------|------------|
| 007206002A | 1999999992 | DEMCLAST, FIRST | 02/01/2025 | 12/31/2299 |
| 007770114A | 1983334438 | MINNIE, DEMO | 02/01/2025 | 12/31/2299 |
| M 007770113A | 1983334438 | MOUSE, DEMO | 02/01/2025 | 02/19/2025 |

Select row above to update Group Affiliation End Date

Update Group Affiliation End Date

Detlink Group Affiliation: Update the End Date to detlink/end the group affiliation. The End Date entered may not be in the past.

Provider ID: 007770113A Name: MOUSE, DEMO
NPI: 1983334438 Address: TESTING BROWNAVE, COLUMBUS, GA 30303
Effective Date: 02/01/2025
End Date*: 02/19/2025

Requests - Provider Requests to be Added to Your Group

| Provider ID | NPI | Provider Name | Effective Date | Request Status | Request Date | Finalized Date |
|-------------|------------|------------------|----------------|--------------------------------------|--------------|----------------|
| 007206002A | 1999999992 | DEMCLAST, FIRST | 02/01/2025 | Approved - Auto Approved | 02/18/2025 | 02/18/2025 |
| 007104210A | 1629032297 | TEST, PHYSICIAN1 | 02/14/2025 | Requested - Request Sent to Provider | 02/14/2025 | |
| 007104211A | 1548266729 | TEST, PHYSICIAN2 | 02/14/2025 | Requested - Request Sent to Provider | 02/14/2025 | |
| 007770113A | 1983334438 | MOUSE, DEMO | 02/14/2025 | Approved - Auto Approved | 02/14/2025 | 02/14/2025 |
| 007770114A | 1983334438 | MINNIE, DEMO | 02/14/2025 | Approved - Auto Approved | 02/14/2025 | 02/14/2025 |

Select row above to update -or- click add button below to request an affiliation.

Request Group Affiliation

- Remove Request: To remove PENDING group affiliation requests, select a row above and click the delete button, then click the save button
- Add Request: To request an existing Medicaid Individual provider be added to your group, click the add button, complete the fields, then click the save button
 - Group affiliation requests will be processed nightly

Provider ID [] [Search]
NPI []
Name []
Address []
Effective Date []
Request Status []
Request Date []
Finalized Date []

ATTESTATION STATEMENT:

- By adding providers to your group, you acknowledge that:
 - The provider works under your group.
 - You understand that all disbursements for services performed by the individual provider will be made directly to your group.
 - You further understand that these payments will be reported to the Federal Government under the tax id on your group provider's file and not under the individual provider.

☐ I accept the terms of the Attestation Statement

delete add

Note:
The End Date entered may not be in the past.



How This All Works Together



Group Affiliation Rules

- **Individual** Providers will automatically be affiliated to any Group they request.
(nightly cycle)
- **Groups** will automatically be affiliated to any Individual Provider they request IF the Payee and EFT account information MATCH. *(nightly cycle)*
- **Groups:** If the Payees do NOT MATCH, the Individual provider MUST approve the Group affiliation request on the Web Portal.
- **When an Individual provider must approve group affiliation:**
 - An e-mail sent and Web Portal Alert is displayed.
 - The affiliation request will expire after 30 days.

Georgia Medicaid E-mails & Alerts



Be on the look out.

Georgia Medicaid E-mails & Alerts

(3) Group Affiliation E-mails:

| | |
|----------|---|
| Request | Sent to Individual provider when Group requests affiliation and Payees are different |
| Approval | Sent to Group provider when Individual approves request |
| Denial | Sent to Group provider when Individual denies request |
| | Sent to Group provider when affiliation request has expired (<i>Denied by the system</i>) |

Group Affiliation Alert:

Alert created for Individual provider when they need to approve/deny affiliation request from Group provider

NOTE: Current process notifies provider when data is updated on their file, such as group affiliations

E-mail Notification - Request from Group



Group Affiliation Request

This message is to notify you of a request to affiliate your Provider ID: 006203840A with Provider Group: 006203855A - GROUP PSYCHOL AND THERAPY WEB.

Please approve or deny this affiliation by visiting the GAMMIS Web Portal at www.mmis.georgia.gov :

1. Log in to the secure web portal.
2. Navigate to the Providers => Group Affiliation menu option.
3. Approve or deny group affiliation.

If you have any questions regarding your affiliation to this provider group, please visit the GAMMIS Web Portal at www.mmis.georgia.gov and select Contact Us under the Contact Information tab, or call the Provider Enrollment Unit at 1-800-766-4456.

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY DIRECTLY TO THIS EMAIL.

CONFIDENTIALITY NOTICE

This email including any attachments may contain CONFIDENTIAL, LEGALLY PRIVILEGED or PROPRIETARY information.

E-mail Notification - Approval by Individual Provider



Group Affiliation Finalized (Approved)

This message is to confirm Provider ID: 006203840A has been successfully affiliated with Provider Group: 006203828A - GROUP PHYSICIANS CM.

If you would like to review your current affiliations, please visit the GAMMIS Web Portal at www.mmis.georgia.gov:

1. Log in to the secure web portal.
2. Navigate to the Providers => Group Affiliation menu option.

If you have any questions regarding your affiliation to this provider group, please visit the GAMMIS Web Portal at www.mmis.georgia.gov and select Contact Us under the Contact Information tab, or call the Provider Enrollment Unit at 1-800-766-4456.

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY DIRECTLY TO THIS EMAIL.

CONFIDENTIALITY NOTICE

This email including any attachments may contain CONFIDENTIAL, LEGALLY PRIVILEGED or PROPRIETARY information.

E-mail Notification - Individual Provider Denial



Group Affiliation Finalized (Denied)

This message is to confirm a request to affiliate Provider ID: 006203840A with Provider Group: 006203855A - GROUP PSYCHOL & THERAPY WEB has been denied by the provider.

If you would like to review or maintain your current group affiliations, please visit the GAMMIS Web Portal at www.mmis.georgia.gov:

1. Log in to the secure web portal.
2. Navigate to the Providers => Group Affiliation menu option.

If you have any questions regarding the denial of the affiliation to this provider group, please visit the GAMMIS Web Portal at www.mmis.georgia.gov and select Contact Us under the Contact Information tab, or call the Provider Enrollment Unit at 1-800-766-4456.

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY DIRECTLY TO THIS EMAIL.

CONFIDENTIALITY NOTICE

E-mail Notification - Denial – Expired by System



Group Affiliation Finalized (Denied)

This message is to confirm a request to affiliate Provider ID: 423738935C with Provider Group: 006203851A - GROUP BEHAVIOR WEB3 has been denied due to: approval time period has expired.

If you would like to review or maintain your current group affiliations, please visit the GAMMIS Web Portal at www.mmis.georgia.gov:

1. Log in to the secure web portal.
2. Navigate to the Providers => Group Affiliation menu option.

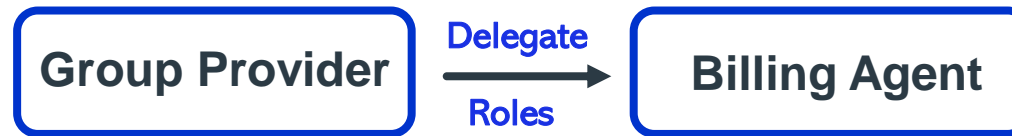
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Portal Account Administration

- Secure Web Portal Account Administration

Allow a Group provider to give a user access to ALL providers actively affiliated to the Group.



- Group Provider Roles
 - Service Location Roles – Rendering Provider / Individual Practitioner
- Group/Billing Provider Account Quick Reference Guide

Useful Web Portal Navigation Tabs



Useful Web Portal Tabs – Accounts -> Switch User

❖ Switch user: Allows a billing agent to move back and forth between different Provider IDs

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

Account

Messages

Switch User

Bookmarkable Link [Click here for help and information about bookmarks](#)

User Information: Billing Agent Account: PRLIVEDUMMY

Switch User or Switch Trading Partner Panel

To begin acting as a particular provider or trading partner, use the Switch Provider or Switch Trading Partner panel below. Once a selection has been made and confirmed, additional menu items will be displayed based on the roles delegated to you.

Switch Provider

Provider ID

Name

Provider Type

Action Needed

Address

City

Zip


search

clear


(4 rows returned)

| National Provider ID | Medicaid Provider ID | Reference Provider ID | Provider Type | Name | Address | City | State | Zip | Zip + 4 | Action Needed |
|----------------------|----------------------|-----------------------|-----------------------|------------------|--------------------------------------|----------|-------|-------|---------|---------------|
| 1999999992 | 007206002A | REF007770105 | Physicians/Osteopaths | DEMOLAST , FIRST | 25 PEACHTREE ST NW | ATLANTA | GA | 30303 | 3104 | |
| 1984334437 | 007770117A | REF007770124 | Physicians/Osteopaths | MOUSE , TESTING | TESTING DRIVE SUITE 303 | COLUMBUS | GA | 30303 | | Y |
| 1389999990 | 007770118A | REF007770125 | Physicians/Osteopaths | TESTING , PETE | 1000 TESTING AVENUE | COLUMBUS | GA | 30303 | | Y |
| 1893939391 | 007770115A | REF007770122 | Group - Physician | DEMO GROUP | 1234 TESTING CLAIRMEADE VALLEY RD NE | ATLANTA | GA | 30103 | | |

Select row above to switch to the desired provider.

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

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Useful Web Portal Tabs – Accounts -> Switch User

(continued)

❖ Switch User page:

➤ See Action Needed Notifications – Select the Provider ID to see what action is needed.

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

Account

Messages

Switch User

Bookmarkable Link Click here for help and information about bookmarks

User Information: Billing Agent Account: PRLIVEDUMMY

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Switch Provider

Provider ID

Name

Provider Type

Action Needed ☐

Address

City

Zip

search

clear

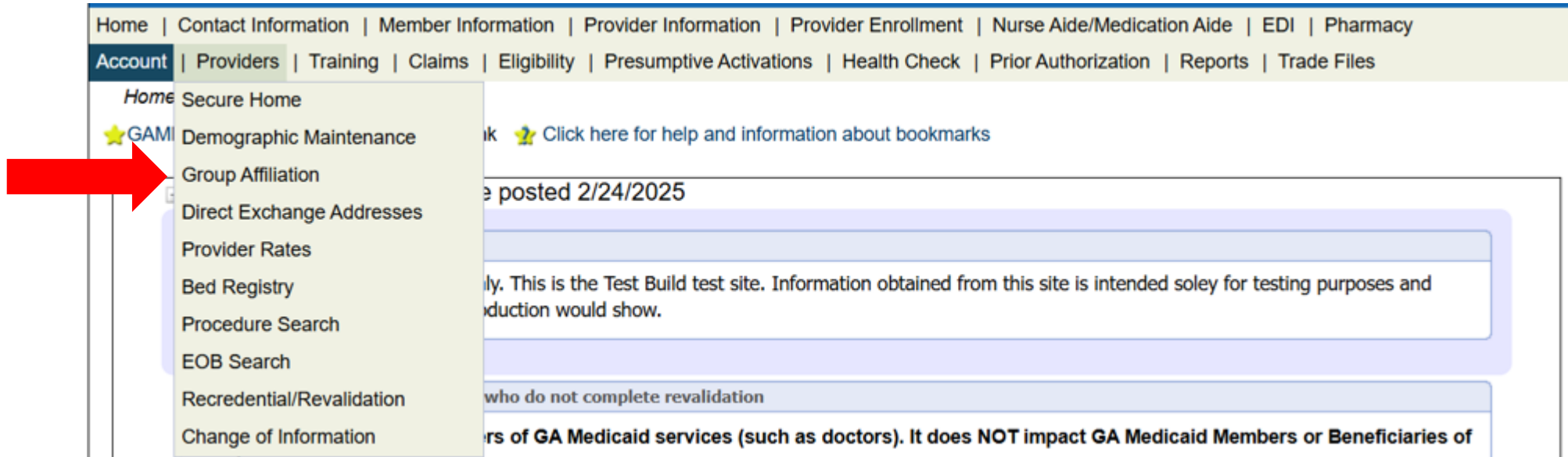
(4 rows returned)

| National Provider ID | Medicaid Provider ID | Reference Provider ID | Provider Type | Name | Address | City | State | Zip | Zip + 4 | Action Needed |
|----------------------|----------------------|-----------------------|-----------------------|------------------|--------------------------------------|----------|-------|-------|---------|---------------|
| 1999999992 | 007206002A | REF007770105 | Physicians/Osteopaths | DEMOLAST , FIRST | 25 PEACHTREE ST NW | ATLANTA | GA | 30303 | 1104 | |
| 1984334437 | 007770117A | REF007770124 | Physicians/Osteopaths | MOUSE , TESTING | TESTING DRIVE SUITE 303 | COLUMBUS | GA | 30303 | | Y |
| 1389999990 | 007770118A | REF007770125 | Physicians/Osteopaths | TESTING , PETE | 1000 TESTING AVENUE | COLUMBUS | GA | 30303 | | Y |
| 1893939391 | 007770115A | REF007770122 | Group - Physician | DEMO GROUP | 1234 TESTING CLAIRMEADE VALLEY RD NE | ATLANTA | GA | 30103 | | |

Select row above to switch to the desired provider.

Useful Web Portal Tabs – Provider -> Group Affiliation

- ❖ Group Affiliation: Allows a billing agent to view all providers associated with group, any requests and updates



Useful Web Portal Tabs – Providers -> Demographic Maintenance


❖ Provider Demographic Information: Allows a billing agent to view all details pertaining to the Individual Provider ID – Example: Individual Provider

Account | **Providers** | Training | Claims | Reports

Home Secure Home **Demographic Maintenance** Group Affiliation Direct Exchange Addresses Procedure Search EOB Search Recredential/Revalidation Change of Information

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

Provider Information

| | |
|--|---|
| Medicaid Provider ID | 007206002A |
| National Provider ID | 1999999992 |
| Practice Type | OTHER |
| Provider Type | 20 - PHYSICIANS/OSTEOPATHS |
| Ownership | NO |
| DBA Name | FIRST DEMOLAST |
| SSN (Last 4) | 5555 |
| Date of Birth | 08/08/1980  Calculated Age: 44 |
| Payee Name | |
| Payee Provider ID | |
| UPIN | |
| Facility Type | OTHER |
| Newborn Eligibility | NO |
| Georgia Registry of Immunization Transactions and Services | NO |
| 340B Program | NO |
| Federal Vaccines for Children Participation | NO |
| Profit Indicator | NO |
| <u>Bed Data</u> | |
| Hospital | |
| Nursing Facility | |
| PRTF | |

| | |
|------------------------------|-------------------------------------|
| Address Type | SERVICE LOCATION |
| Address 1 | 25 PEACHTREE ST NW |
| Address 2 | |
| City/State | ATLANTA, GA |
| Zip | 30303-3104 |
| County | FULTON |
| Phone | 484-848-4484 |
| DEA Permit Number | |
| CDS Number | |
| FEIN Effective Date | 11/01/2024 |
| Payee FEIN (Last 4) | 3333 |
| Tax ID (Last 4) | 3333 |
| Chain ID | |
| NCPDP Number | |
| Billing Code | UNRESTRICTED - CAN BILL AND SERVICE |
| Liability Insurance Amount | \$0.00 |
| Last Revalidation Date | 11/08/2024 |
| Next Revalidation Date | 11/08/2027 |
| CVO Recredentialing Required | NO |
| ICF/MR | |
| Swing Bed | |

Useful Web Portal Tabs – Providers -> Demographic Maintenance

❖Group Demographic Information: Allows a billing agent to view all details relating to the Group Provider ID – Example: Group Profile

Account | **Providers** | Training | Claims | Reports

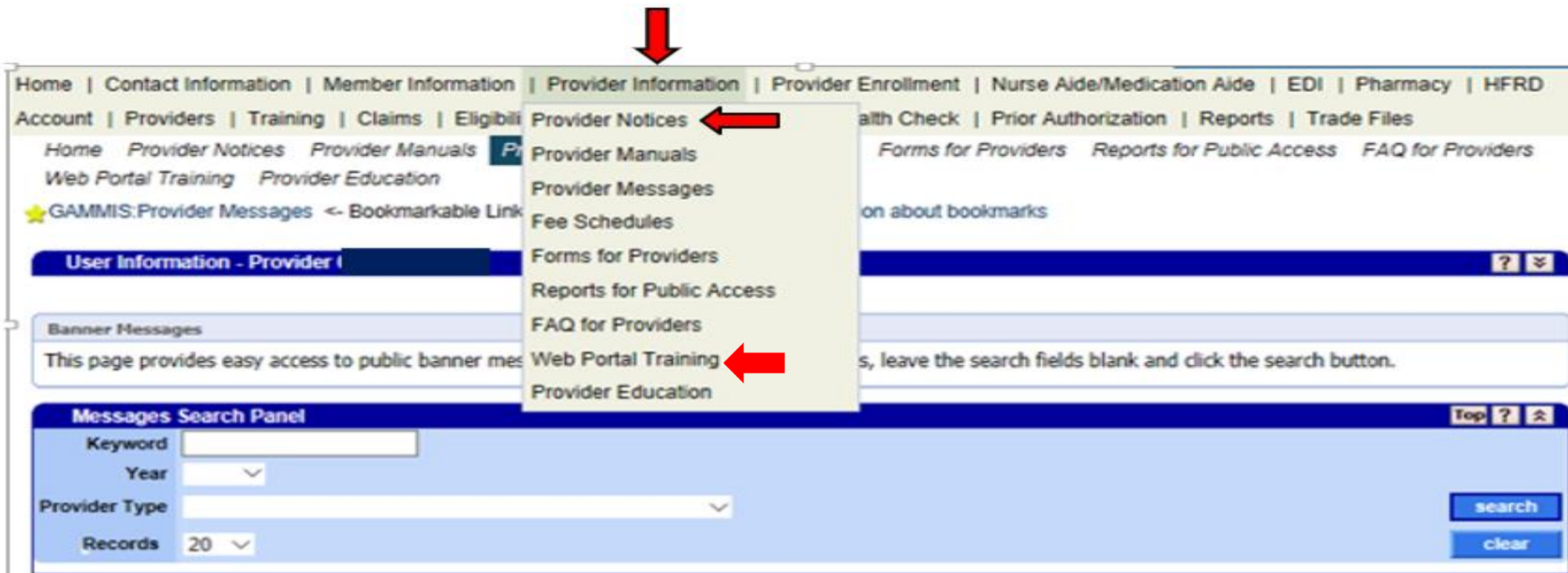
Home | Secure Home | **Demographic Maintenance** | Group Affiliation | Direct Exchange Addresses | Procedure Search | EOB Search | Recredential/Revalidation Change of Information

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

| Provider Information | |
|--|--------------------------------|
| Medicaid Provider ID | 007770115A |
| National Provider ID | 1893939391 |
| Practice Type | GROUP PRACTICE (PRIVATE) |
| Provider Type | 60 - GROUP - PHYSICIAN |
| Ownership | NO |
| DBA Name | DEMO GROUP |
| Payee Name | DEMO PAYEE UAT |
| Payee Provider ID | 007770111A |
| UPIN | |
| Facility Type | NOT APPLICABLE |
| Newborn Eligibility | NO |
| Georgia Registry of Immunization Transactions and Services | NO |
| 340B Program | NO |
| Federal Vaccines for Children Participation | NO |
| Profit Indicator | NO |
| Bed Data | |
| Hospital | |
| Nursing Facility | |
| PRTF | |
| Address Type | SERVICE LOCATION |
| Address 1 | 1234 TESTING CLAIRMEADE VALLEY |
| Address 2 | |
| City/State | ATLANTA, GA |
| Zip | 30103 |
| County | FULTON |
| Phone | 709-808-0800 |
| CDS Number | |
| FEIN Effective Date | 02/01/2025 |
| Payee FEIN (Last 4) | 4221 |
| Tax ID (Last 4) | 4221 |
| Chain ID | |
| NCPDP Number | |
| Billing Code | BILLING ONLY - CAN'T SERVICE |
| Last Revalidation Date | 02/14/2025 |
| Next Revalidation Date | 02/14/2028 |
| CVO Recredentialing Required | NO |
| ICF/MR | |
| Swing Bed | |

Accessing Presentations and Web Portal Training Guides

- To access this presentation, visit www.mmis.georgia.gov, Provider Information, Provider Notices.
- To access other web portal enrollment presentations, select Web Portal Training.



Accessing Presentations and Web Portal Training Guides

➤ To access other web portal enrollment presentations, select Web Portal Training.

| Web Portal Training (18 rows returned) | | | | |
|--|-----------|------------|-----------|------------|
| Title | File Type | Duration | Size (KB) | Run Date |
| Group_Billing Enrollment FAQs | PDF | | 159.8 | 04/16/2025 |
| Group-Billing Delegation Quick Reference Guide | PDF | | 532.3 | 04/01/2025 |
| Payee Selection Quick Reference Guide | PDF | | 601.7 | 04/10/2023 |
| MFA Troubleshooting - FAQ | PDF | | 188.7 | 12/02/2022 |
| GAMMIS MFA Navigation | PDF | | 235.4 | 11/04/2022 |
| FAQ - Multi-factor Authentication (MFA) for GAMMIS | PDF | | 254.2 | 10/21/2022 |
| 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 |
| Provider Web Registration and Maintenance | EXE | 30 Minutes | 6460.4 | 12/08/2010 |

How Does Group Affiliation Affect Billing Claims?



New Requirements for Claim Billing

STAY TUNED
FOR PART 2
...coming soon

Make sure to have your billers available for what's to come!



