

Georgia Medicaid

Physician Services Presentation



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



Mission Statement

The Georgia Department of Community Health (DCH)

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

We are dedicated to A Healthy Georgia.

Agenda

Eligibility

Procedure Code Search

Common Claim Denials

Vaccine Administration Codes

Prior Authorization

Updates

Contact Us

Questions

Eligibility



Eligibility Verification

Eligibility verification is the **first and most important step** prior to billing Medicaid for service rendered.

Eligibility should be verified prior to each **office visit, facility visit, dispensing of any equipment, or prior to treating a Medicaid patient.**

Eligibility Verification

(continued)

Verifying eligibility allows you to determine:

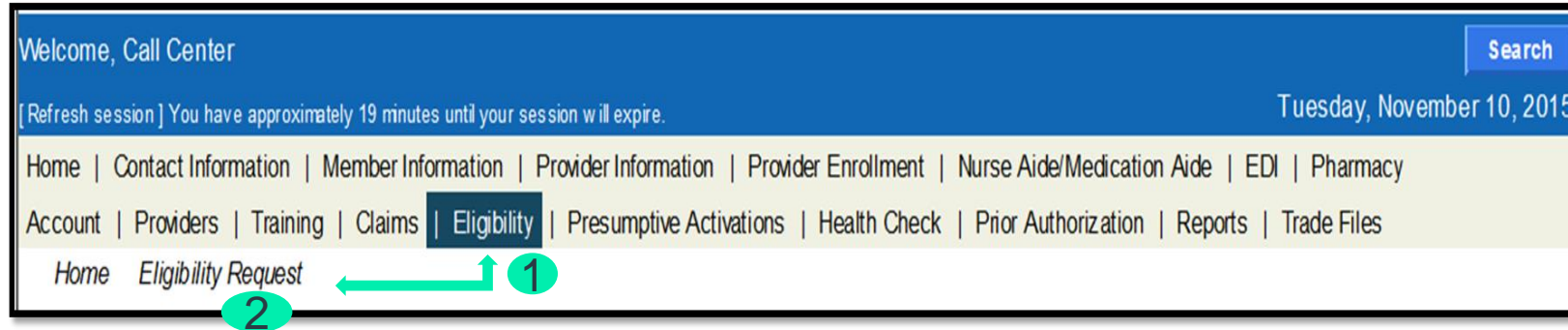
1. Member(s) **current Medicaid eligibility**?
2. Member **eligibility by service type**?
3. Has the member **reached coverage limitations**? (ex: Members are allowed **10 visits per calendar year**, regardless of the number of physicians rendering care and **one annual adult preventive visit per calendar year**. Requests for prior approval for more than 10 office or nursing home visits per calendar year for one member may be made if additional visits are **medically necessary**.)
4. Does the member have a **spend-down or patient liability** that will affect the claim?
5. Does the member have **other** insurance coverage? (Was Medicaid was informed?)

Eligibility Verification

(continued)

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

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



2. **Provider Services Contact Center (PSCC)** 1-800-766-4456 Mon-Fri (except state holidays) 7am-7pm
3. **Interactive Voice Response System (IVRS)** 1-800-766-4456
4. **GABBY (Virtual Agent)** 1-800-766-4456

(The GAMMIS website, IVRS, and GABBY are available 24/7)

Procedure Code Search



Procedure Code Search

Providers can conduct procedure code searches via the secure GAMMIS Web Portal.

The procedure search panel allows providers to determine if Medicaid covers a specific procedure code.

Some information provided on the procedure code panel includes:

- Procedure Code description
- Eligible category of service (COS)
- Claim Type Restrictions
- Allowed Modifiers (**See section 902.4 Accepted Modifiers in the Physician Services Manual**)
- Age Restrictions
- The effective date & end date of the procedure code
- Prior Authorization (PA) & Precertification requirement(s)

Procedure Code Search

(continued)

Welcome, caller center Search

[Refresh session] You have approximately 15 minutes until your session will expire. Monday, April 08, 2019

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

Recredential/Revalidation Change of Information

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

Enrolled Categories of Service for [redacted] ?

COS	Description	Effective Date	End Date	Status	Status Reason
430	The Physician Services Program provides reimbursement for a broad range of medical service	10/01/2017	12/31/2299	Active	Active

Procedure Search ? ^

Procedure Code* Procedure Code Date*

Place of Service* [Search] search

clear

Procedure Code Search

(continued)

Enrolled Categories of Service for 00001757A						
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="09/22/2023"/>
Place of Service*	<input type="text" value="11"/> [Search]		
			<input type="button" value="search"/>
			<input type="button" value="clear"/>

Procedure Information	
Procedure Code	99213
Description	OFFICE O/P EST LOW 20-29 MIN
Gender	
Minimum Age	
Maximum Age	
PA Required	The PA Required column will indicate whether the service requires either a Precertification or Prior Authorization. The possible values are: 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 Inpatient Hospital						01/01/2000	12/31/2299	Z - Yes Precert is required
070 Outpatient Hospital		Including 0-4 from 24 25 27 33 52 73 74 76 77 78 79 91 95 GQ GT				07/01/2023	12/31/2299	N - No PA is not required
080 SwingBed						01/01/2000	12/31/2299	N - No PA is not required
200 HomeHealth	C					07/01/2000	12/31/2299	N - No PA is not required
230 IndepLab	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 Family Planning		Including 0-1 from U1 , Including 1-1 from FP				01/01/2013	12/31/2299	N - No PA is not required
430 Physician	M	Including 0-4 from 24 25 27 52 57 58 59 78 79 91 95 AJ E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA FP FQ FR FS FT GQ GT HA LC LD LM LT Q1 RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA TM				01/01/2022	12/31/2299	N - No PA is not required
430 Physician	B	Including 0-4 from 24 25 27 52 57 58 59 78 79 91 95 AJ AQ E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA FP FQ FR FS FT GQ GT HA LC LD LM LT Q1 RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA TM				01/01/2022	12/31/2299	N - No PA is not required
431 PhysAsst		Including 0-4 from 24 25 52 57 95 AJ FP FQ FR FS FT GQ GT Q1 U1				01/01/2022	12/31/2299	N - No PA is not required

Common Claim Denials

Non-Covered

Coding Errors

Timely Filing

Duplicate Claims

DENIED

Eligibility Inactive

Common Claim Denials

(continued)

Edit 2003 - Member Ineligible on Detail Date of Services

This edit is triggered when the claim detail dates of service do not fall within or are equal to the beginning and ending dates in any recipient eligibility segment.

Edit 2078 - Member has Partial Eligibility for Detail DOS

This edit is triggered when/ if only partial eligibility was found on detail DOS.

Edit 2017 - Member Services are Covered by CMO Plan

This edit is triggered when a member has a lock-in segment with one of the CMOs (WellCare, Amerigroup, Peach State, CareSource).

Method of Correction: Verify the member's eligibility by performing an eligibility request for the DOS in question.

Common Claim Denials

(continued)

**Edit 4242 – NO PAYMENT
DUE FROM MEDICAID -
DTL**

This edit is triggered when the Medicare co-insurance, deductible, and HMO Sub co-pay equal zero.

Method of Correction -
Review the Medicare EOB for the adjustment information. Correct the Medicare data and resubmit.

Common Claim Denials

(continued)

Edit 268 – SUBMITTED CHARGE IS MISSING - DTL

This edit is triggered when the billed amount equal to zero/missing

Method of Correction - Review the detail section of the claim and verify the amounts for each code is greater than zero. Correct and resubmit the claim.

Common Claim Denials

(continued)

Edit 2502 -MEMBER COVERED BY MEDICARE B - NO ATTACHMENT

- This edit is triggered when a member is enrolled in a Medicare Part B plan as primary, and the Medicaid claim is submitted without the primary EOB, or EOB information.
- **Method of correction-** Resubmit claim with Primary Medicare EOB information or attach EOB.

Edit 4314 – CLAIM TYPE RESTRICTION FOR COVERED DIAGNOSIS

- This edit is triggered when claim type is not within the claim type restriction of the billing rule for the diagnosis Code in GAMMIS.
- **Method of correction-** Review the billing rules for the code being billed on GAMMIS or Part 2 manual for possible diagnosis restriction rules.

Common Claim Denials

(continued)

Edit 4801 - Billing Rule Not Found for Billed Proc

This edit is triggered when there are no billing rules for the procedure under the provider contract for the date of service in GAMMIS.

Edit 4871 - Claim Type Restriction on Proc Billing Rule

This edit is triggered when claim type is not within the claim type restriction of the billing rule for the Procedure Code in GAMMIS.

Method of Correction - Review the Part 2 program specific manual to determine what codes are billable and also check the Procedure Search panel to determine the billing rules for the code. The procedure search results will show the applicable COSs, associated modifiers, claim types, age restrictions, and if a PA/Precert is required. Once reviewed, submit or resubmit the claim.

Common Claim Denials

(continued)

- **Edit 3003** - PA PROCEDURE CODE REQUIRES PA/PRECERT

This edit is triggered when a claim is submitted using a code that requires prior authorization or precertification, based on the billing rules.

Method of Correction - Review the billing rules in GAMMIS or Part 2 manual and enter the PA number on the claim during resubmission.

Vaccine Administration Codes



Vaccine Administration Codes

(continued)

Physician Services (COS 430) **does not** reimburse vaccine administration fees for members **21 years and older** (ex. code 90471). The vaccine administration codes are bundled with the E/M office visit procedure codes.

For members, who are ages **newborn to 20 years old**, vaccine administration codes are reimbursed through the EPSDT Health Check Services Program. Please review the EPSDT Health Check Services Manual for more information regarding billing vaccine administration codes for members newborn to 20 years old.

Vaccine Administration Codes

(continued)

COVID-19 Vaccine Administration

All physicians, physician's assistants, nurse midwives and nurse practitioners that provide COVID-19 Vaccine Administrations and Monoclonal Antibodies must be enrolled Medicaid providers. For further clarification regarding COVID-19 vaccination and administration codes covered under the Physician Services program, in conjunction with Vaccines for Children (VFC), please refer to the **Provider Administered Drug List (PADL) Manual** for vaccination pricing information.

Prior Authorizations and Pre-Certifications



Prior Authorizations

Procedures for Obtaining Prior Approval

- The physician is responsible for obtaining prior authorizations before rendering the service. Requests for prior approvals may be submitted online via the Web portal at www.mmis.georgia.gov.

Prior Authorization > Submit/View.

- A request for prior approval must be submitted at least one week prior to the planned procedure. Procedures performed prior to receipt of an approved request may risk denial of reimbursement. **Failure to obtain required prior authorization shall result in denial of reimbursement.**
- **Obtaining a prior authorization is not a guarantee of payment.** Reimbursement is contingent on patient eligibility and contract billing rules at the time services are rendered. All approved requests are effective for ninety days from the date of approval unless an extension is requested and approved.

Pre-certifications

(continued)

Hospital Pre-certification

- All inpatient hospital admissions require pre-certification, except for routine deliveries. The admitting physician is responsible for obtaining the pre-certification of the hospital admission. **The physician's failure to obtain the pre-certification number shall result in denial of payment to all providers billing for services, including the hospital and the attending physician.**
- When a procedure requiring prior notification is performed in a hospital inpatient setting, hospital outpatient setting, or an ambulatory surgical center, the pre-certification number issued will be referred to as a pre-certification number not as a prior approval. **Procedures performed in the office setting do not require pre-certification.**

Prior Authorizations and Pre-Certifications

(continued)

The screenshot displays the GAMMIS (Georgia Medicaid Management Information System) web application. At the top, there are logos for the Georgia Department of Community Health, GAMMIS, and gainwell. A blue navigation bar contains the text "Welcome, callcenter" and a "Search" button. Below this, a status bar shows "[Refresh session] You have approximately 17 minutes until your session will expire." and the date "Monday, August 15, 2022". A main navigation menu includes links for 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 (highlighted), Reports, and Trade Files. A secondary menu includes Home, Search Prior Authorization, Submit/View (highlighted), Medical Review Portal, Waiver Case Manager, and PA Search. An alert message box is visible, titled "(click to hide) Alert Message posted 8/14/2022", with the text "MO Testing Site" and "This site is for testing purposes only. This is the Test Build test site. Information obtained from this site is intended solely for testing purposes and therefore may not reflect what production would show." Below the alert, a blue bar displays "User Information - Provider 00001757A". The main content area is titled "New Request for Prior Authorization" and lists several services:

- Genetic Testing
- Georgia Pregnancy Notification Form
- Medications PA Facility Setting
- Medications PA Physician Office
- Newborn Delivery Notification Form
- Oral Max (Form Number: DMA-81)
- Practitioners' Office Procedures (Form Number: GMCF form PA81/100)
- Hospital Admissions and Outpatient Procedures (Form Number: GMCF form PA81/100)
- In-State Transplants (Form Number: PA-81)
- Out-of-State Services (Form Number: GMCF FAX OOS)
- Additional Psychiatric Services (Form Number:GMCF PSY/PA)

Updates



End of Continuous Member Enrollment Notice

Beginning April 1, 2023, all Georgia Medicaid and PeachCare for Kids® members will undergo an eligibility redetermination. The purpose of the eligibility review is to determine if the member is still eligible for Medicaid or PeachCare for Kids® coverage. This process will take approximately 14 months to complete. A member's date for redetermination may be anytime between **April 2023 and March 2024**.

For more information, please visit:

<https://staycovered.ga.gov>

<https://dhs.georgia.gov/medicaid-unwinding>

New Web Portal Functionality – Payee Selection/Delegations

Purpose: To allow a Payee provider (or someone who has been given Super Agent authority over the payee provider) to give users access to **ALL** providers actively affiliated to the Payee.

Examples of the new access for agents and billing agents acting on behalf of payees include:

- Eligibility
- Prior Authorization lookup and submission
- Claims Submission
- and more!

Why is this change significant?

It means that larger organizations that have many rendering providers can get the access they need just by granting the new access through the payee rather than having to grant access through each rendering provider. This can significantly reduce the effort in maintaining user accounts.

****For more information, please see Banner Message Payee Enhancement Alert posted on 4/10/2023.**

New Web Portal Functionality – Payee Selection/Delegations

(continued)

Welcome, [User Name] [Search](#)

[Refresh session] You have approximately 19 minutes until your session will expire. Wednesday, February 22, 2023

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

Account | Providers | Claims | Reports | Trade Files | **Payee Menu Items**

Home Messages Switch User **Switch Payee Servicing Provider**

★GAMMIS:Switch Payee Servicing Provider <- Bookmarkable Link ✨ Click **New Switch Payee Servicing Provider menu link**

(click to show) Alert Message posted 2/22/2023

User information: Acting Provider: 3[Redacted]K | Authorizing Provider: 3[Redacted]K | Billing Agent Account: P[Redacted]R

How to use the Switch Payee Servicing Provider panel

From this page you can do any of the following:

- Press the "Continue as Payee" button at the bottom of the page to act as the Payee who was selected from the Switch User page
- Select a servicing provider from the list of providers currently assigned to the payee to act as that servicing provider
- Search for a servicing provider that is currently assigned to the payee

Switch Payee Servicing Provider [Top](#) [?](#) [⌂](#)

Provider ID Address

Name City

Provider Type [search](#) [clear](#)

(4 rows returned)

National Provider ID	Medicaid Provider ID	Reference Provider ID	Provider Type	Name	Address	City	State	Zip	Zip + 4
1[Redacted]7	[Redacted]A	R[Redacted]2	Physicians/Osteopaths	[Redacted]	[Redacted]	[Redacted]	GA	[Redacted]	[Redacted]
1[Redacted]7	[Redacted]T	R[Redacted]0	Home and Community Based Svc	[Redacted]	[Redacted]	[Redacted]	GA	[Redacted]	[Redacted]
1[Redacted]7	[Redacted]AH		Home and Community Based Svc	[Redacted]	[Redacted]	[Redacted]	GA	[Redacted]	[Redacted]
1[Redacted]8	[Redacted]AI	R[Redacted]5	Home and Community Based Svc	[Redacted]	[Redacted]	[Redacted]	GA	[Redacted]	[Redacted]

Select row above to switch to the desired provider.

[Continue as Payee](#)

A new **Switch Payee Servicing Provider** page displays with a list of **ALL** the servicing providers actively affiliated to the Payee. Menu items for the Payee are displayed, if applicable.

From this page the user can:

- Continue to act as the Payee using the Menu items or by clicking the Continue as Payee button, which will take them to the Payee's Messages panel
- Search and/or select a servicing provider to act on behalf of.

Provider Enrollment Revalidation



Effective **December 31, 2023**, DCH will **suspend the enrollment** of those providers who have failed to revalidate their enrollment. As a result, suspended providers will not be able to participate in the Georgia Medicaid/PeachCare for Kids® programs. The suspension will apply to providers serving Traditional Fee-for-Service Medicaid members, PeachCare for Kids® members, and the Georgia Families and Georgia Families 360 managed care programs which are administered by Amerigroup, CareSource, and Peach State Health Plan. **Claims with dates of service on or after December 31, 2023, will not be paid if enrollment is suspended.**



Upon successfully completing the revalidation process, your suspension will be lifted. However, your effective date will be the date that you submit your revalidation application. **Retro-enrollment is NOT applicable in this instance.** Should you fail to revalidate your enrollment within thirty (30) days of receipt of the suspension letter, you will receive a notice of termination from DCH. The notice of termination will outline your appeal rights.



The Frequently Asked Questions (FAQs) regarding revalidation can be found on GAMMIS at www.mmis.georgia.gov. Click on the Provider Information tab at the top of the screen. Select FAQ from the drop-down menu. Providers may also contact Gainwell Technologies for assistance at **800-766-4456**.

Accessing the Change of Information Form (COI)

If you have been notified to revalidate and the provider is no longer with your organization, you will need to submit a COI request to deactivate the provider on the web portal.

- To do so, please log into the provider's account with the username and password on www.mmis.georgia.gov.
- Select Web Portal.
- Select the Providers Tab.
- From the drop-down menu, select Change of Information.
- Scroll down to the bottom left corner and select Change of Information Request.
- Select the requested change, enter the effective date of change and then Next.
- Complete all necessary fields and Submit.

Accessing the Change of Information Form (COI) (continued)

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 <input type="checkbox"/>	Credentials <input type="checkbox"/>	DEA Permit Number <input type="checkbox"/>	Doing Business As Name <input type="checkbox"/>
NPI <input type="checkbox"/>	Provider or Business Name <input type="checkbox"/>	Service Location Address <input type="checkbox"/>	Sponsoring Physician <input type="checkbox"/>
SSN <input type="checkbox"/>			

Contracts

Attestation of Compliance <input type="checkbox"/>	Deactivation of Participation <input type="checkbox"/>	Provider Contracts <input type="checkbox"/>	Reactivation of Participation <input type="checkbox"/>	Retroactive Enrollment <input type="checkbox"/>
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Payee Information

EFT Account <input type="checkbox"/>	FEIN <input type="checkbox"/> (Also requires EFT Account)	Payee Address <input type="checkbox"/>	Payee Affiliation <input type="checkbox"/>	Payee Name <input type="checkbox"/>
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Effective Date of Change*

Georgia Pathways to Coverage™

This program offers Medicaid coverage to eligible Georgians **ages 19-64** who have a household income of up to 100% of the Federal Poverty Level (FPL), are not otherwise eligible for traditional Medicaid, and meet the qualifying activities threshold.

Pathways covers many of the same medical services as traditional Medicaid, including:

- Doctor visits.
- Hospital stays.
- Emergency services.
- Prescriptions.
- Laboratory and x-rays.
- Family planning services.
- Mental health services.
- Preventive and wellness services.
- Chronic disease management services.

Pathways does not cover non-emergency medical transportation except for members ages 19-20.

All Pathways members will be enrolled with one of the Care Management Organizations.

****For more information about Pathways, visit dch.ga.gov/georgiapathways.com**

Contact Us



- **Need help?**
- **Have questions?**
- **Wondering who to call?**
- **Who is your Field Rep?**

Provider Contact Service Center

Our Provider Services Contact Center (PSCC)
can be reached at

1-800-766-4456

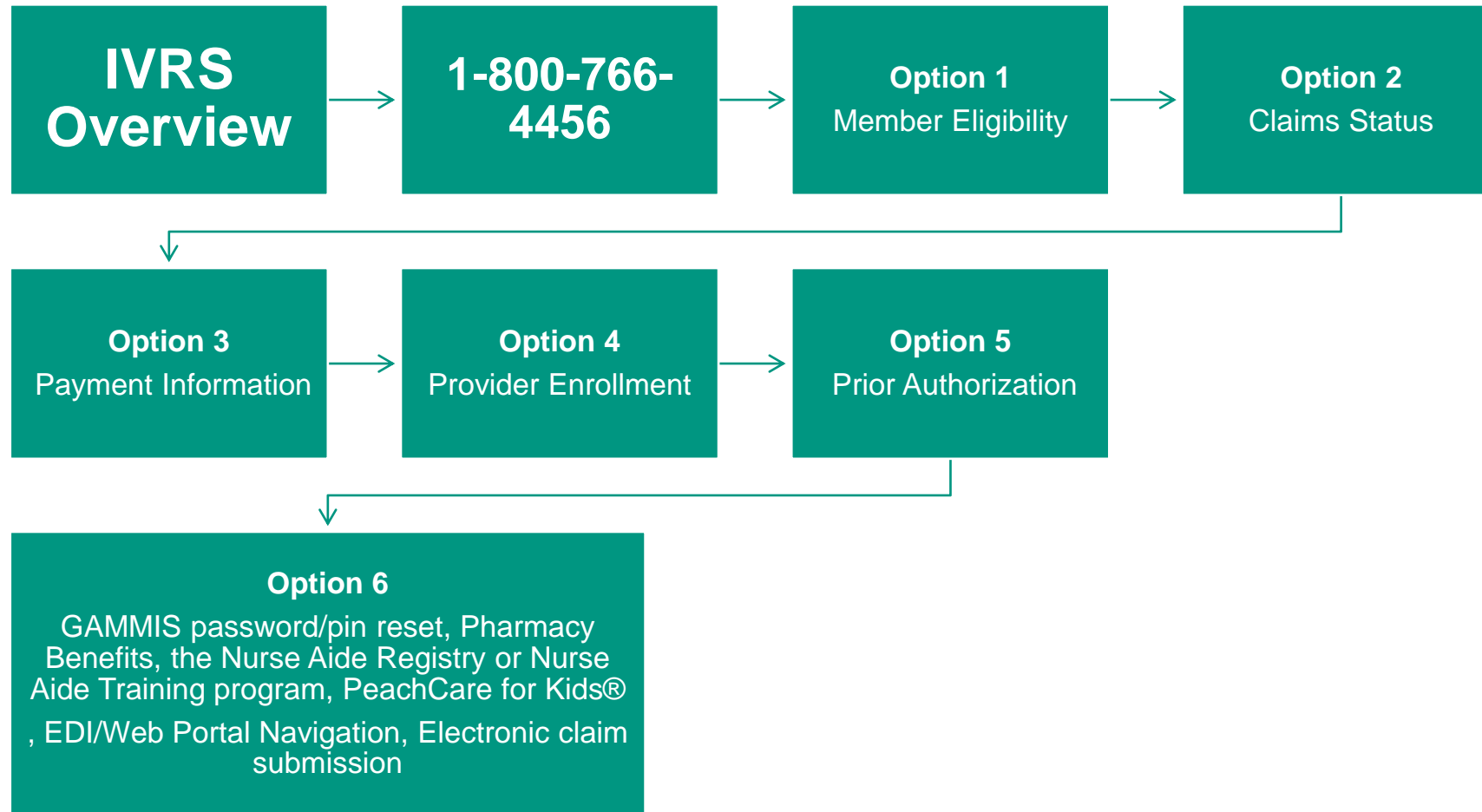
from 7 a.m. to 7 p.m. EST

Monday through Friday (except state holidays)

(IVRS and the GAMMIS website are available 24/7)

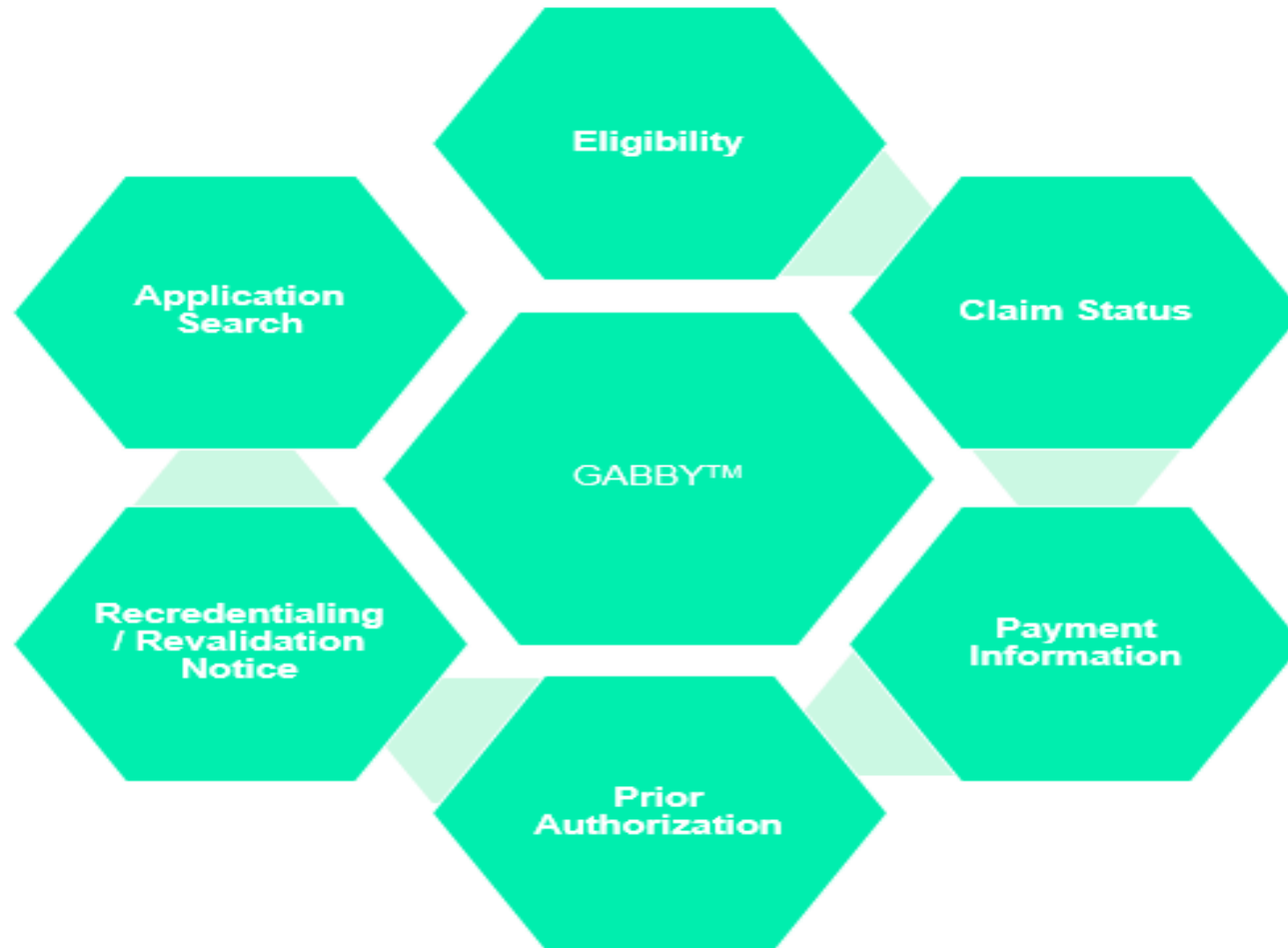


Interactive Voice Response System (IVRS)



GABBY (Virtual Agent)

1-800-766-4456

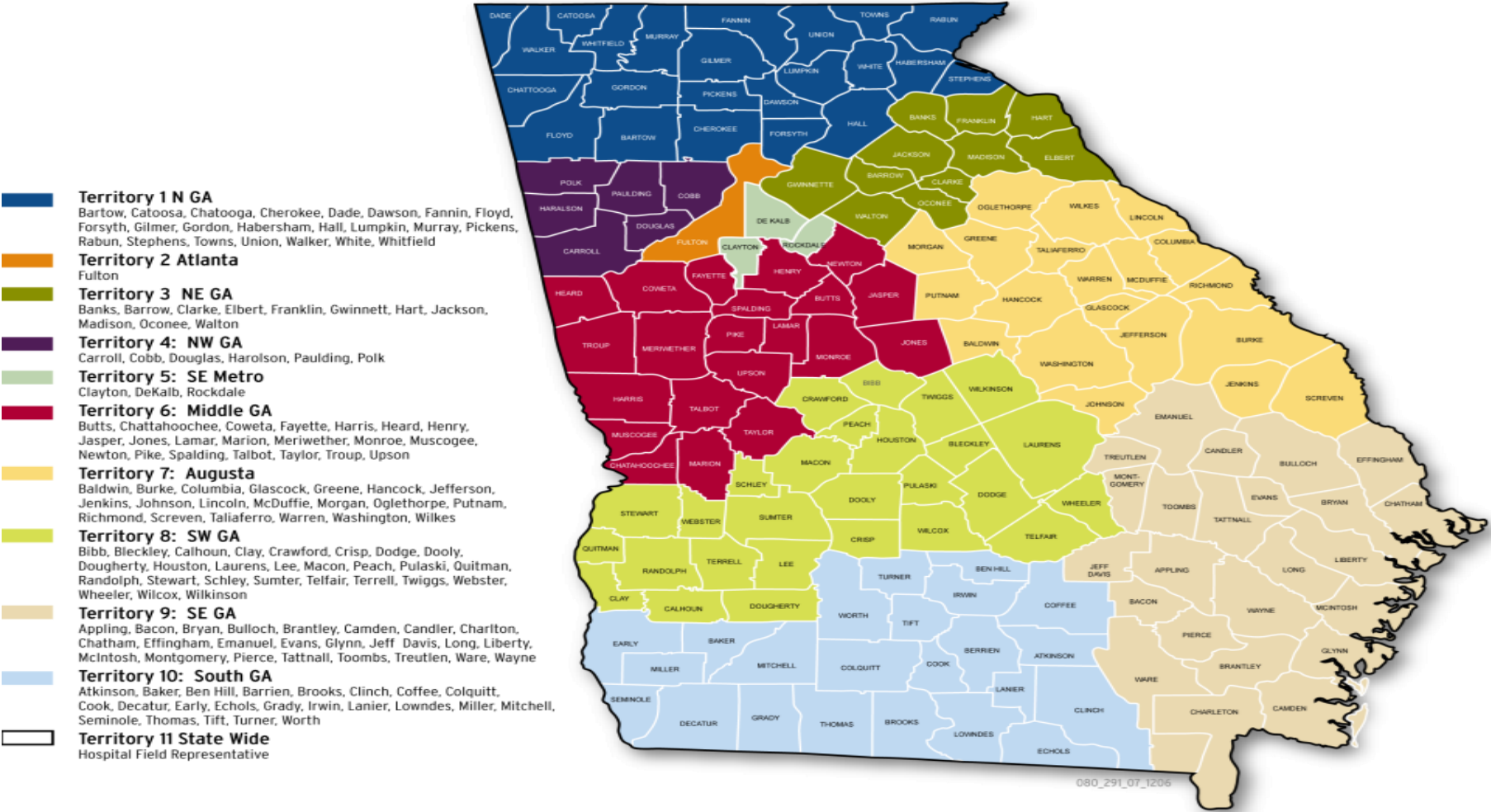


Electronic Data Interchange (EDI) and Web Portal

1-877-261-8785

- Web Portal Password Resets
- Provider Pin Activations
- Electronic claim file submissions
- Claim Rejects
- Web Portal Navigation/Registration
- Identifying and troubleshooting technical issues
- Enrollment of trading partners

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 Bentley
South	Hospital Rep	Janey Griffin

Provider Relations Consultants

State-Wide Consultants

Sharée C. Daniels
Brenda Hulette
Danny Williams

Contacting your Provider Relations Field Services Representative:

Visit our website:

www.mmis.georgia.gov

Contact My Provider Rep Directly

Login to the MMIS Web Portal with your username and password.

The screenshot displays the top navigation bar of the GAMMIS web portal. It includes the Georgia Department of Community Health logo, the GAMMIS logo (Georgia Medicaid Management Information System), and the Gainwell logo. A search bar is located on the right. Below the navigation bar, a session expiration message states: "[Refresh session] You have approximately 19 minutes until your session will expire." The date "Friday, August 11, 2023" is shown on the right. A main menu contains links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, and HFRD. A secondary menu includes Home, Publication Search, Site Map, Site Settings, and Language Selection. A bookmarked link for "GAMMIS:Home" is also present. An alert message box titled "(click to hide) Alert Message posted 8/11/2023" contains a "Planned System Maintenance Event" notification: "Due to planned system maintenance, the Georgia Web Portal, IVR and SFTP sites will be unavailable from Sunday, August 13, 2023, between the hours of 12:01 a.m. and 7:00 a.m. Eastern Time." Below the alert is a "User Information" section with a "Login/Manage Account" tab and a "Login" button, which is highlighted with a green arrow. The "Members" section lists "Register for Secure Access" and "Member Information". The "Latest News..." section provides information for members and providers regarding the latest information sources.

Contact My Provider Rep Directly

Select the Web Portal Option.

(continued)

Applications

Application	Description
MEUPS Account Management	Manages contact information, password, and authorizations for applications.
Web Portal	Web Portal Production



Contact My Provider Rep Directly

Select Contact Information and then Contact Us from the drop-down menu.

(continued)



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

Home **Contact Us** Phone Numbers & Links

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


Contact My Provider Rep Directly

Select a Type of Inquiry item. > Enter Details> Select a Contact Method and Enter details > Submit.

(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.




Contact Information	
How can we help you?	<ul style="list-style-type: none">Claim Status InquiryEligibility InquiryContact My Provider Service RepProvider EnrollmentRequest a Provider Rep VisitICD-10 InquiryFavors Review InquiryMAPIR InquiryWeb RegistrationMember ID CardsMember PCP AssignmentsCustomer ServiceComplaint about a ProviderComplaint about a MemberOther ComplaintHaving a Technical ProblemOtherEDI Submission ProblemProvider PIN Issue
Select an Item*	
Enter Category Details	
How can we help you?	
How do you want to be contacted?	
Contact Method*	
Last Name, First Name	
Phone Number, Ext	

Contact My Provider Rep Directly

Once submitted, a tracking number/reference will generate. Please keep the tracking number for your records.

(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) 325-9600 or toll-free at (800) 766-4456. Members may call the Member Contact Center at (770) 325-2331 or toll-free at (866) 211-0950.

Contact Information ? ▲

How can we help you?

Select an Item* ▼

Enter Category Details

How can we help you?

How do you want to be contacted?

Contact Method* ▼

Last Name, First Name

Phone Number, Ext

Session Review

You should now understand:

- Eligibility Verification
- Procedure Search Panel
- Prior Authorizations
- Common Claim Denials
- Aware of Updates
- Contacting Gainwell Technologies

Questions?



Thank You



gainwell