

Georgia Medicaid Home & Community Based Waiver Services



To access the PDF version of this presentation, please visit our website: www.mmis.georgia.gov ->
Provider Information -> Provider Notices – “Presentation – Waivers

Agenda

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



Gainwell Technologies

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

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

Georgia Medicaid Providers can access:

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



Medicaid Waiver Programs

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

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



Medicaid Waiver Programs

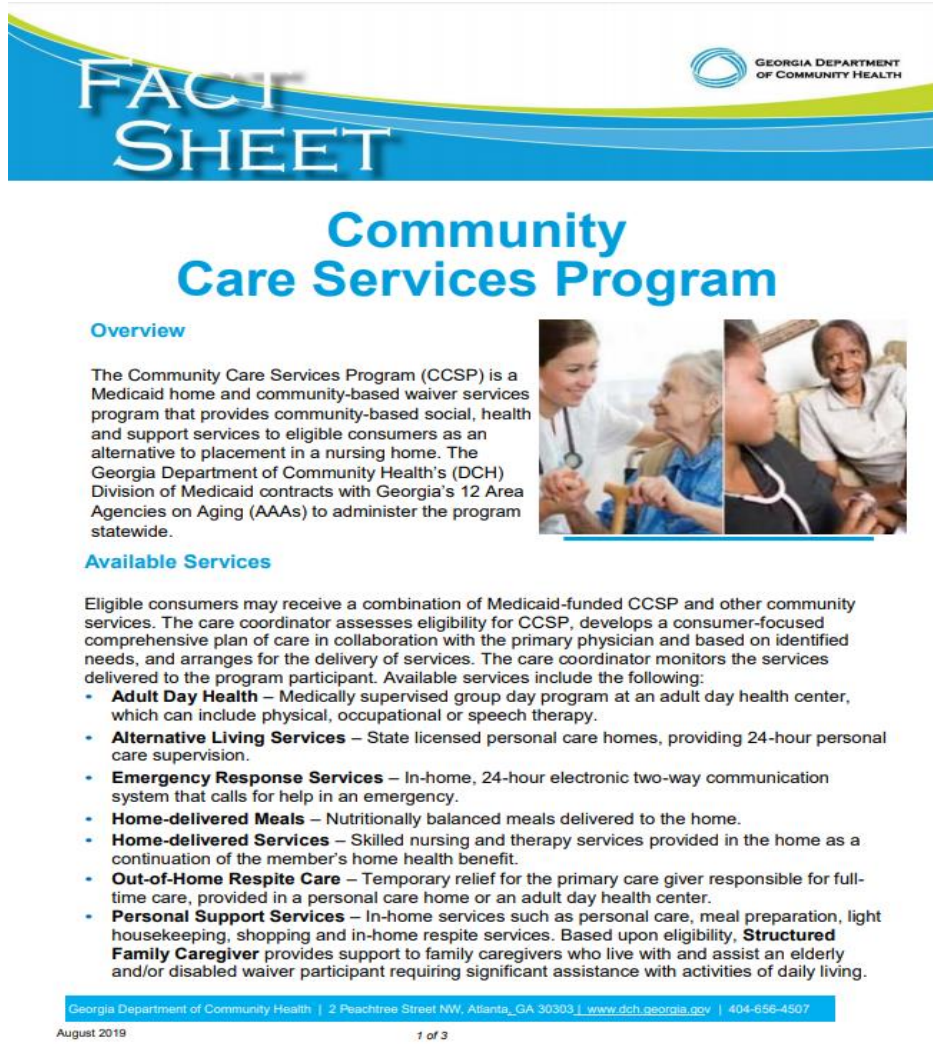
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Categories of Service	Program Acronym	Program Name
Elderly and Disabled Waiver Program *		
590	CCSP*	Community Care Service Program
930	SOURCE*	Service Options Using Resources in the Community Environments
660	ICWP	Independent Care Waiver Program
680	NOW	New Options Waiver Program
681	COMP	Comprehensive Supports Program



Medicaid Waiver Programs

(continued)



The image shows a fact sheet titled "Community Care Services Program" from the Georgia Department of Community Health. The header includes the text "FACT SHEET" and the department's logo. The main title is "Community Care Services Program". Below this is an "Overview" section with a paragraph describing the program and a photograph of a healthcare professional interacting with an elderly woman. An "Available Services" section follows, listing various services such as Adult Day Health, Alternative Living Services, Emergency Response Services, Home-delivered Meals, Home-delivered Services, Out-of-Home Respite Care, and Personal Support Services. At the bottom, there is contact information for the Georgia Department of Community Health and the date "August 2019".


FACT SHEET

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Community Care Services Program

Overview

The Community Care Services Program (CCSP) is a Medicaid home and community-based waiver services program that provides community-based social, health and support services to eligible consumers as an alternative to placement in a nursing home. The Georgia Department of Community Health's (DCH) Division of Medicaid contracts with Georgia's 12 Area Agencies on Aging (AAAs) to administer the program statewide.



Available Services

Eligible consumers may receive a combination of Medicaid-funded CCSP and other community services. The care coordinator assesses eligibility for CCSP, develops a consumer-focused comprehensive plan of care in collaboration with the primary physician and based on identified needs, and arranges for the delivery of services. The care coordinator monitors the services delivered to the program participant. Available services include the following:

- **Adult Day Health** – Medically supervised group day program at an adult day health center, which can include physical, occupational or speech therapy.
- **Alternative Living Services** – State licensed personal care homes, providing 24-hour personal care supervision.
- **Emergency Response Services** – In-home, 24-hour electronic two-way communication system that calls for help in an emergency.
- **Home-delivered Meals** – Nutritionally balanced meals delivered to the home.
- **Home-delivered Services** – Skilled nursing and therapy services provided in the home as a continuation of the member's home health benefit.
- **Out-of-Home Respite Care** – Temporary relief for the primary care giver responsible for full-time care, provided in a personal care home or an adult day health center.
- **Personal Support Services** – In-home services such as personal care, meal preparation, light housekeeping, shopping and in-home respite services. Based upon eligibility, **Structured Family Caregiver** provides support to family caregivers who live with and assist an elderly and/or disabled waiver participant requiring significant assistance with activities of daily living.

Georgia Department of Community Health | 2 Peachtree Street NW, Atlanta, GA 30303 | www.dch.georgia.gov | 404-656-4507

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- **Elderly and Disabled** – elderly or has a disability (no age limit) and who meets an intermediate nursing home level of care (LOC) or receiving SSI or Public Law Medicaid.

- **Independent Care Waiver Program-Severely disabled or Traumatic Brain Injury (TBI)**, age 21-64, meets skilled nursing facility or hospital LOC.



Medicaid Waiver Programs – Member Point of Contact

- Each waiver has a distinct point of entry to access services.

EDWP services (CCSP/SOURCE), contact your Area Agency on Aging (AAA) for an assessment. The toll-free, statewide phone number is 866-55-AGING (866-552-4464).

Applying for:

ICWP, contact Alliant Health Solutions at 888-669-7195

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

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



Member Eligibility



Eligibility Verification

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

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

Contact number is 1-800-766-4456

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



Eligibility Verification

(continued)

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

Select the Web Portal option:

1. Eligibility
2. Eligibility Request

Welcome, Call Center Search

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

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

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

Home *Eligibility Request*



Eligibility Verification

(continued)

- Member Medicaid ID
- From date of services (FDOS) and To date of service (TDOS)
- Search

The screenshot shows a web form titled "Eligibility Verification Request" with a dark blue header. The form fields are arranged in two columns. The left column contains: Member ID (text box with "123456789012"), Last Name (text box), First Name (text box), and Gender (dropdown menu). The right column contains: Birth Date (text box), SSN (text box), and From/Thru Date of Service (two text boxes with "05/01/2010" and "05/05/2010" respectively). There are small gear icons next to the Birth Date and From/Thru Date of Service fields. At the bottom right are "search" and "clear" buttons. A red circle with the number "1" has an arrow pointing to the First Name field. Another red circle with the number "2" has an arrow pointing to the search button.

SSI Medicaid Benefits


Benefit Plans							?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations	
Active	30 - Health Plan Benefit Coverage	11/01/2018	11/16/2018	MC - Medicaid	303 - SSI - Disabled	MEDICAID	

Eligibility by Service Type								?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes	
Active	1 - Medical Care	11/01/2018	11/16/2018	MC - Medicaid	303 - SSI - Disabled	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.	



CCSP Member Eligibility

- CCSP Medicaid is available if client is not already on Medicaid - not QMB or SLMB/QI
- *CCSP Medicaid must be applied for if full Medicaid is not available



Benefit Plans							?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations	
Active	30 - Health Plan Benefit Coverage	06/08/2018	06/08/2018	MC - Medicaid	259 - Community Care Waiver	MEDICAID	
Active	30 - Health Plan Benefit Coverage	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	Provides payment of Medicare Part A premium for those individuals who must pay a premium for Part A, Medicare coinsurance, deductible and Medicare Part B premium only. QMB will not cover any medical service that is not covered by Medicare. (QMB- COE 460 or 660.)	



SLQ1 Medicare Premium Only “No” Medicaid Benefits

Benefit Plans							?
Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations	
Active	30 - Health Plan Benefit Coverage	06/08/2018	06/08/2018	MC - Medicaid	661 - Spec. Low Income Mcre Benefic.	Provides payment of the monthly Medicare Part B premium only (SLMB-COE 466, 661 QI-COE 662)	

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



Eligibility Verification

- Eligibility verification is the first and most important step in billing and claim.
- Eligibility should be verified prior to each visit to the office or facility or dispensing of any equipment or treatment.
- **Verifying eligibility allows you to determine:**
 - Is the member currently eligible?
 - Does the member have other coverage?
 - Has the member reached coverage limitations?
 - Does the member have spend-down or patient liability that will affect the claim?



No Medicaid Benefits

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

Elderly Disabled Waiver Program (EDWP)



Community Care Services Program & SOURCE Program

Services include:

- Adult Day Health
- Alternative Living Services
- Home Delivered Services
- Personal Support Services
- Out-of-Home Respite Care
- Emergency Response
- Home Delivered Meals
- Skilled Nursing Services By Private Home Care Providers
- Structured Family Care Services
- Consumer Direct Personal Support Services



Member Eligibility to EDWP Program

Financial and Functional

1. Financial eligibility by DFCS
2. Assessment of individual needs
 - Determination of Need Revised (DON-R) score. (screening tool)
 - Level of Impairment
 - (Medical, Cognitive, Functional)



Cost Sharing

- SOURCE clients will not have a cost share (at this time)
- Applicable CCSP clients will have a cost share if over the income limit
- Cost sharing is **ESTIMATED** by Case Management and finalized by the Department of Family and Children Services (DFCS)



Community Care Services Program (CCSP) Basic Eligibility

1. Serves the elderly (65 or older) or disabled
2. Provides services at home to avoid nursing home placement
3. Participant must have full Medicaid benefits or CCSP Medicaid class of assistance
4. Applicable members must share the cost of services
5. Requires a Prior Authorization (PA) or SAF Approval
6. CCSP Care Coordinator enters the Service Authorization Form (SAF)
7. SAF is loaded into GAMMIS as a PA

Aid Category	Special Notes or Limitations
259 - Community Care Waiver	MEDICAID

SOURCE Basic Eligibility

1. Must be eligible for full Medicaid (this excludes SLMB, QMB, and QI).
2. Must be physically, functionally impaired and in need of services to assist with the performance of the activities of daily living (ADLs).
3. Without waiver services, eligible SOURCE members would require placement in a nursing facility.
4. Targets individuals who are elderly and physically disabled.
5. SOURCE through its case management model, Enhanced Primary Care Case Management (EPCCM), links primary care to community services.
6. Provides services at home to avoid nursing home placement.
7. Requires a Prior Authorization (PA) or SAF Approval.



How does a provider obtain members?

Service providers can secure new members through the following methods:

- Advertisement/Promotions
- Referrals
- Word of Mouth

Freedom of Choice - A member is not obligated to select the provider that may have made the referral for services.



EDWP Referrals

- Referrals: 1-866-552-4465
- Online Referrals process: <https://fw1.harmonyis.net/ga-assessments/?WebIntake=2CBCF6CD-9412-4839-8EF8-5864FA6BA0F9>
- At the time of the referral, the Area Agency on Aging (AAA) needs basic information including client/caregiver contact information for follow up calls.
- Someone from AAA will call to ask questions about the client's health, finances, and care needs.
- Always provide your agency name at referral.
- Wait list clients are rescreened every 120 days.
- Financial/functional eligibility is determined initially at AAA.



Making EDWP Referrals or Basic Information

1- 866-552 - 4465

- FS/TANF/MDCD/DFCS/Child Support
- Aging & Disability Resource Connection (ADRC)
- Abuse Neglect Exploitation (ANE)
- GA Cares/MDCR/Fraud/SHIP
- Long Term Care (LTC) Ombudsman
- Senior Legal Hotline

<https://aging.georgia.gov/locations>

- Option 1
- Option 2
- Option 2
- Option 3
- Option 4
- Option 7



Contact Information for each Area Agency on Aging (AAA)

- ATLANTA - For Providers: ccspintake@atlantaregional.org
For members and caregivers: 404-463-3333.
- CSRA 888-922-4464
- Coastal 800-580-6860
- Georgia Mountains (Legacy Link) 855-266-4283
- Heart 888-367-9913
- Middle 888-548-1456
- NE 800-474-7540
- NW 800-759-2963
- River Valley (706) 256-2900
- Southern 888-732-4464
- SOWEGA 800-282-6612
- Three Rivers 866-854-5652



Initiate Contact with a Care Coordinator / Caseworker

- When a client is approved for CCSP or SOURCE services, they are given the choice of a service provider.
- The service provider will receive a packet which includes the level of care and assessments, care plans, diagnosis, and other relevant forms for care are sent to the chosen provider. This action is called brokering.
- The case manager and agency name will be listed on the paperwork provided when the services are brokered.



Referral Process from Area Agency on Aging (AAA) to EDWP

1. AAA completes telephone assessment
 - Funds availability and /DON-R score determine when case is sent to EDWP
2. Case Management Nurse performs initial assessment/Care Plan
3. Alliant Health Solutions (AHS) verifies Level of Care (LOC)
30-day standard of promptness plus time at the physician office
4. Primary MD signs Level of Care (LOC) and Plan of Care
5. Case Management initiates EDWP Services based on client choice
6. Case Management reviews Plan of Care at 30 days then every 90 days
7. RN/LPN reassess with AHS validation annually



Referral Process Simplified

Member/family/loved one or Provider
Aging) 866-55AGING.



will Call/Email/Online/Fax Referral to the AAA (Area Agency of



Depending on funds available and
a Case Management of their choice.



member financial and functional eligibility, applicant is sent to

In-home assessment by Case Management Nurse
Solutions Nurse for functional eligibility



is uploaded to Alliant Health
determination.

If approved by Alliant, the member's PCP or Case Management Medicaid Director
or deny entry into EDWP.



will approve



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Referral Process Simplified

(continued)

Case Management approves the Level of Care and brokers to the Medicaid approved providers chosen by the member.



Providers **MUST** receive members from an approved EDWP Case Management agency with the proper referral package.
Providers **do NOT** obtain referrals directly from hospitals, nursing homes or rehab facilities.



Case Management Role



Care Coordination Responsibilities

- Determine service needs and outcomes
- Brokering services with provider agencies
 - Planning, arranging, coordinating, and evaluating service delivery
- Identifying and arranging non-Medicaid resources/services
 - Transportation and medical equipment
- Communicating with client's physician regarding status changes and health issues/changes
- Completing Comprehensive Care Plan (CCP) reviews and annual eligibility determination
- Monitoring client care provided to assure that services are rendered by the service provider as ordered in the CCP
- Assuring that clients are free from abuse, neglect of care, and exploitation by provider's agents / make necessary referrals



Brokering Services

- Brokering Defined
 - The process of arranging for providers to deliver Medicaid waived services. Conducted when admitting new clients or changing services for active clients in accordance with established guidelines.
- Georgia Medicaid providers must be enrolled with a Medicaid Provider ID before receipt of clients.
- If a provider agency continuously fails to offer a service or declines a service for which it has been approved, the Area Agency on Aging (AAA) /Case Management notifies the Department of Community Health immediately.

***Medicaid Provider ID will suspend after 12 months with no activity and will terminate at 16 months.**



Brokering Services

(continued)

- The Provider Specialist adds new providers to the Harmony system
- When clients do not have a provider preference, they are provided a list based on the county of residence for the client. Clients will choose from that list.
- Once a provider is given an opportunity to accept a client and declines, the CC will move to the next provider that the client has chosen.



Prior Authorization (PA) / Service Authorization Forms (SAF) Submissions

Case Management is responsible for:

- Submitting Prior Authorization (PA) / Service Authorization Forms (SAF)
- Updating Prior Authorization (PA) / Service Authorization Forms (SAF)

All PA changes must be completed by the case managers. Providers must continue to follow-up with the caseworker relating to pending updates.



Prior Authorization (PA)/SAF Submissions

Prior Authorization - Case Management is responsible for the submission and updating of PA/SAF.

- SOURCE - one year
- CCSP - one month
 - Cannot span over hospital stays
 - Check client eligibility re Medicaid
 - Search by client Medicaid ID
 - If problems, send ICN # to the DCH

Providers should always reach out to local case management first if there are problems with PA/SAF.



Prior Authorization (PA)/SAF Submissions

(continued)

Referencing the approved Procedure Authorization for your member:

Visit www.mmis.georgia.gov access with your username and password, select Web Portal, then select:

- Prior Authorization Search
- Enter the member ID
- From and to date of service
- Search to locate your approved procedure code based on your date of service.



Locating Procedure Codes

A full list of all procedure codes and rates can be found in the CCSP General Manual and SOURCE Manual located at: <https://www.mmis.georgia.gov>

- Select: “Provider Information”
- Select: “Provider Manuals“

Move down and select the appropriate manual

CCSP and SOURCE General Services Manual

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



Submitting Provider Enrollment Changes

- CCSP & SOURCE providers must complete the change of information (COI) form via GAMMIS.
- The provider enrollment department will review and process the COI.

Providers can also submit change requests via e-mail to the DCH at: ccsp.messages@dch.ga.gov



Independent Care Waiver Program (ICWP)



Independent Care Waiver Program (ICWP)

An ICWP Member Eligibility Requirements:

1. Must have been determined disabled according to the Social Security Administration or the Department of Human Services, Division of Family and Children's Services, and are financially and resource eligible to participate in the ICWP.
2. Member must be between 21 and older .
3. Have a severe physical impairment and/or traumatic brain injury that substantially limit one or more activities of daily living and require the assistance of another individual.
4. Are ***cognitively alert*** and capable of ***directing their own services except in the case of members with Traumatic brain injury (TBI)***.
5. Do not have a primary diagnosis of a mental disorder (i.e., intellectual disability/mental illness).
6. Are medically stable but are at risk of hospital or nursing facility placement due to inadequate community-based support services.
7. Are certified for a level of care appropriate for placement in a hospital or nursing facility.
8. Have a Plan of Care within the cost limit of the waiver .
9. Can be safely placed in a home and community setting.
10. Currently in an institution or at risk of being placed in an institutional setting.



ICWP Services

- Case Management
- Personal Supports
- Specialized Medical Equipment
- Environmental Modifications
- Skilled Nursing
- Counseling
- Adult Day Services
- Behavioral Management
- Emergency Response System
- Adult Day Services
- Respite
- Alternate Living Services



New ICWP Members & ICWP Case Manager

- Physician should refer Medicaid member(s) to Alliant Health Solutions who assess and approve level of care for services.
- Once a member is approved by Alliant Health Solutions, the member must choose a case manager.
- The case manager provides the member with a list of all ICWP Medicaid Providers.
- The member should call service providers and screen or interview them before making their choice.
- The ICWP Medicaid Provider is chosen by the member.



New ICWP Members Application Process

- **New Member must contact Alliant Health Solutions to start the ICWP Application Process:**

702.2 Applying for Services

Individuals interested in receiving services through the ICWP/TBI must telephone or write Alliant Health at:

**Georgia Medical Care Foundation
P.O Box 105406
Atlanta, Georgia 30348**

Telephone numbers: (678) 527-3632, (678) 527-3619 or 1-800-982-0411.

Local Fax Line 678-527-3001

Toll Free Fax Line 1-800-716-5358



Prior Authorization (PA) / SAF Submissions

- The case manager enters the DMA-6 (Physicians' Recommendation concerning Nursing Facility Care or Intermediate Care Facility) PA, Alliant Health Solutions reviews, approves, or denies.
- If approved, the case manager gives the approved DMA-6 information to the service providers and then the service providers enter their own DMA-80 (Prior Authorization Request) for services, which will have the provider ID list.



Locating Procedure Codes and Diagnosis Codes

- Service providers enter their own PAs for approval by Alliant Health Solutions. The codes are in the ICWP manual but can also attend ICWP new provider training with Alliant Health Solutions.
- The provider manuals are available at: www.mmis.georgia.gov – provider information, provider manuals, and select “**INDEPENDENT CARE WAIVER SERVICES**” .
- For full list of all codes and rates please review Appendix O.



Submitting Provider Enrollment Changes

- ICWP providers must complete a change of information form via GAMMIS. The provider enrollment department will review and process the COI.



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



DCH Waiver Programs NOW & COMP



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

FACT SHEET

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

Overview

The New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP) offer home- and community-based services for people with intellectual disabilities (ID) or developmental disabilities (DD). The Department of Community Health (DCH) administers Medicaid which delegates the day-to-day operation of the NOW/COMP Programs to the Department of Behavioral Health and Developmental Disabilities (DBHDD), Division of Developmental Disabilities. DCH maintains administration over the NOW/COMP Program and oversees DBHDD's performance of operational functions. The DBHDD Central Office performs statewide waiver operational and daily administrative functions. The six DBHDD regional offices perform NOW/COMP waiver functions at the regional level, including intake and evaluation, preauthorization of NOW/COMP waiver services, utilization management, crisis resolution, quality management, and intervention in cases of service delivery problems or concerns. Individuals access the NOW/COMP Program through the DBHDD regional offices or the internet. The NOW/COMP waiver serves individuals with intellectual disabilities or other closely related conditions, such as cerebral palsy, epilepsy, autism or neurological problems. These disabilities require a level of care provided in an intermediate-care facility (ICF) for people diagnosed with I/DD. There are more than 12,000 people with developmental disabilities who are served by the NOW/COMP programs in Georgia.

NOW/COMP Waiver Program Services

- Adult Dental Services
- Adult Nursing Services
- Adult Occupational Therapy Services
- Adult Physical Therapy Services
- Adult Speech and Language Therapy Services
- Additional Staffing Services
- Behavioral Supports Services Level I
- Behavioral Supports Services Level II
- Community Access Services
- Community Guide Services
- Community Living Support Services
- Community Residential Alternative Services (COMP only)
- Environmental Accessibility
- Adaptation Services
- Financial Support Services
- Individual Directed Goods and Services
- Interpreter Services
- Natural Support Training Services
- Nutrition Services
- Pre-vocational Services
- Respite Services
- Respite Out-of-Home 15-minute Services
- Specialized Medical Equipment Services
- Specialized Medical Supplies Services
- Support Coordination Services
- Intensive Support Coordination Services
- Supported Employment Services
- Transportation Services
- Vehicle Adaptation Services

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D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

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

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

NOW & COMP Waiver Program

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

<https://dbhdd.georgia.gov/regional-field-offices>



NOW & COMP Waiver Program

(continued)

The NOW and COMP waivers offer home and community-based services to people who have intellectual disability or developmental disabilities. The waiver requires diagnostic and functional evaluation to occur before age 22.

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

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



NOW & COMP Waiver Services

- Additional Staffing (COMP only)
- Adult Nutrition Services
- Community Access*
- Community Guide*
- Community Living Support*
- Community Residential Alternative (COMP only)
- Interpreter Service
- Nursing Services
- Prevocational Services
- Respite*
- Intensive Support Coordination*
- Support Coordination
- Supported Employment*
- Transportation*

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

- Adult Physical Therapy*
- Adult Occupational Therapy*
- Adult Speech and Language Therapy*
- Behavioral Supports Services (level I & II)*
- Environmental Accessibility Adaptation*
- Financial Support Services*
- Individual Directed Goods and Services*
- Natural Support Training*
- Specialized Medical Equipment*
- Specialized Medical Supplies*
- Vehicle Adaptation*

* These services are Self-Directed only



New NOW & COMP Members

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



Initiate contact with a Support Coordinator

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

<https://dbhdd.georgia.gov/regional-field-offices>

* The DBHDD Field Office will have a list of the Support Coordination Agencies and their contact information.



NOW & COMP Procedure Codes Listing

- All procedure codes and rates can be found in the NOW and COMP manuals Part III located at: <https://www.mmis.georgia.gov/portal/>
 - Select: “Provider Information”
 - Select: “Provider Manuals”
- Move Down and Select
- Comprehensive Support Waiver Program Manual for COMP Services
- Or
- New Options Waiver Program Manual for NOW Services
- See **Appendix A (Reimbursement Rates)** of codes and rates



Submitting Provider Enrollment Changes

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

Additional Forms

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

Workflow

- Under construction

Medicaid Forms

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



Submitting Provider Enrollment Changes

(continued)

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

Additional Forms

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

Workflow

- [Under construction](#)

Medicaid Forms

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

Prior Authorization Research



Prior Authorization Search

The screenshot shows a web application interface for searching prior authorizations. The title bar reads "Prior Authorization Search" and includes "Top", "?", and "↑" icons. The form is divided into two main sections. The left section contains three input fields: "Prior Authorization" (a text box), "Procedure" (a text box with a "[Search]" button to its right), and "Requested From/Through DOS" (two date pickers with arrows). The right section contains two input fields: "Member ID" (a text box) and "Name" (a text box). Below these is a "Records" dropdown menu 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

Or

- Enter the Member ID and the requested from/through date of service and select search



Prior Authorization Search

(continued)

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



Prior Authorization Search

(continued)

Line Items									
PA Line Item	01	Status	APPROVED	Rendering Provider					
From DOS	11/14/2016	COS Code	660	Category of Service					
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	SE	CASE MANAGEMENT, PER MONTH	STATE/FED FUNDED PROGRAM/SER INTERMEDIATE LEVEL OF CARE						
02	2	T1021	TF	HH AIDE OR CN AIDE PER VISIT	M/CAID CARE						
03	3	T1021	U1	HH AIDE OR CN AIDE PER VISIT	LEV 1 STATE DEF						



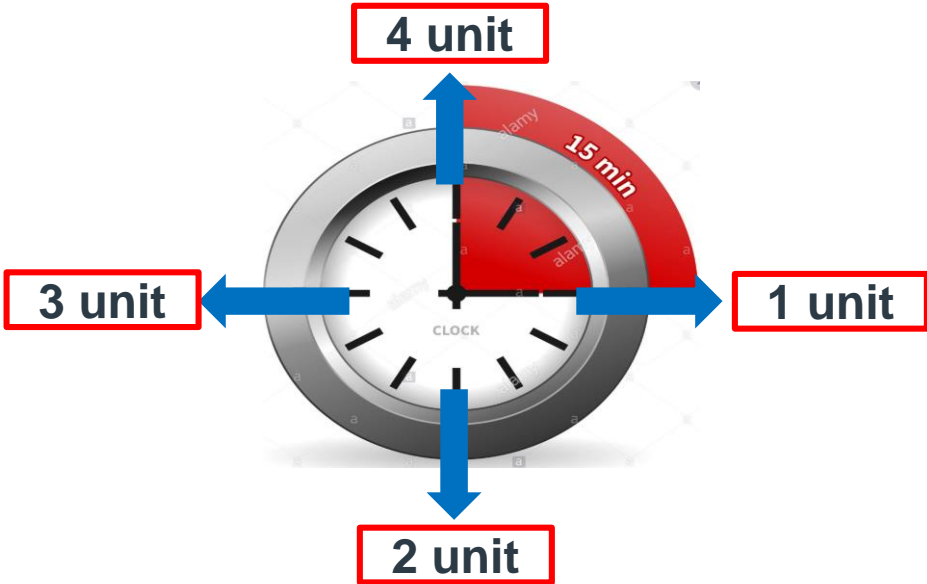
Billing & Provider Information



Billing and Unit Calculation Example

- CCSP/Source Example:

Description	Procedure Code	Modifier	Rate
Extended Personal Support	T1019	TF	\$4.51 per 15 minute unit for a minimum of 12 units, or 3 hours)
Personal Support Service	T1019		\$5.07 per 15 minute unit (not to exceed 10 units, or 2.5 hours)



Timely Filing Rules

For most providers, timely filing is six months from the month the service (MOS) was rendered by the provider. However, there are variations which you should be aware:

- Claim adjustment – Within three months of the month of payment
- Claim resubmission – Within three months of the month the denial occurred
- Crossover claim – Within 12 months of MOS
- Secondary claim – Within 12 months of MOS



Policy Information and Updates

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 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 Information <- Bookmarkable Link ★Click here for help and information about bookmarks

1 2 3

Policy Information and Updates

(continued)

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



Provider Information and Provider Notices

The screenshot shows a web portal navigation menu. The main menu items are: Home | Contact Information | Member Information | **Provider Information** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD | Account | Providers | Training | Claims | Eligibility. A dropdown menu is open under 'Provider Information', listing: **Provider Notices** (highlighted with a red arrow), Provider Manuals, Provider Messages, Fee Schedules, Forms for Providers, Reports for Public Access, FAQ for Providers, Web Portal Training, and Provider Education. Below the menu is a 'User Information - Provider' section, a 'Banner Messages' section with the text 'This page provides easy access to public banner messages', and a 'Messages Search Panel' with fields for Keyword, Year, Provider Type, and Records (set to 20), and search/clear buttons.

Provider Information and Provider Manuals

The image shows a screenshot of a web portal's navigation menu. At the top, there is a horizontal menu with the following items: Home | Contact Information | Member Information | **Provider Information** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD. Below this, a secondary menu is visible with items: Account | Providers | Training | Claims | Eligibility. A dropdown menu is open under 'Provider Information', listing: Provider Notices, **Provider Manuals**, Provider Messages, Fee Schedules, Forms for Providers, Reports for Public Access, FAQ for Providers, Web Portal Training, and Provider Education. Two red arrows are present: one pointing down to the 'Provider Information' menu item, and another pointing left to the 'Provider Manuals' item in the dropdown. The background of the page shows various sections like 'User Information - Provider Information', 'Banner Messages', and a 'Messages Search Panel' with search filters for Keyword, Year, Provider Type, and Records.

Provider Information and Provider Manuals

(continued)

Provider Manuals (more than 150 available)					
Title	File Type	Category	Size (KB)	Release Date	
Adult Protective Services Targeted Case Management	PDF	CURRENT POLICY MANUALS	584.9	10/01/2020	
Adults with Aids Targeted Case Management	PDF	CURRENT POLICY MANUALS	605.3	10/01/2020	
Advanced Nurse Practitioner Services	PDF	CURRENT POLICY MANUALS	2584.3	10/01/2020	
Ambulatory Surgical and Birthing Center Services	PDF	CURRENT POLICY MANUALS	739	10/01/2020	
At Risk of Incarceration Targeted Case Management	PDF	CURRENT POLICY MANUALS	494.3	10/01/2020	
Autism Spectrum Disorder Services	PDF	CURRENT POLICY MANUALS	1415.9	10/01/2020	
CCSP and SOURCE Adult Day Health Services	PDF	CURRENT POLICY MANUALS	620.1	10/01/2020	
CCSP and SOURCE Alternative Living Services	PDF	CURRENT POLICY MANUALS	755.2	10/01/2020	
CCSP and SOURCE Emergency Response Services	PDF	CURRENT POLICY MANUALS	225.2	10/01/2020	
CCSP and SOURCE General Services	PDF	CURRENT POLICY MANUALS	3559.1	10/01/2020	
CCSP and SOURCE Home Delivered Meals	PDF	CURRENT POLICY MANUALS	402.5	10/01/2020	
CCSP and SOURCE Home Delivered Services	PDF	CURRENT POLICY MANUALS	233.7	10/01/2020	
CCSP and SOURCE Out of Home Respite	PDF	CURRENT POLICY MANUALS	469.6	10/01/2020	
CCSP and SOURCE Personal Support Services	PDF	CURRENT POLICY MANUALS	484.7	10/01/2020	
CCSP and SOURCE Skilled Nursing Services by Private Home Care Providers	PDF	CURRENT POLICY MANUALS	227	10/01/2020	
CCSP Case Management	PDF	CURRENT POLICY MANUALS	2563.6	10/01/2020	
CCSP Case Management Documents	PDF	CURRENT POLICY MANUALS	843.6	10/01/2020	
Childbirth Education Program	PDF	CURRENT POLICY MANUALS	1059.3	10/01/2020	
Children's Intervention School Services	PDF	CURRENT POLICY MANUALS	972.2	10/01/2020	
Children's Intervention Services	PDF	CURRENT POLICY MANUALS	2543.9	10/01/2020	
Community Based Alternatives for Youth	PDF	CURRENT POLICY MANUALS	790.6	10/01/2020	
Community Behavioral Health Rehabilitation Services	PDF	CURRENT POLICY MANUALS	2243.4	10/01/2020	
Comprehensive Supports Waiver Program and New Options Waiver Program	PDF	CURRENT POLICY MANUALS	2934.9	10/01/2020	
Comprehensive Supports Waiver Program Chapters 1300-3500	PDF	CURRENT POLICY MANUALS	1657	10/01/2020	
Dental Services	PDF	CURRENT POLICY MANUALS	1175.9	10/01/2020	
Diagnostic Screening and Preventive Services	PDF	CURRENT POLICY MANUALS	1066.2	10/01/2020	
Dialysis Services	PDF	CURRENT POLICY MANUALS	1207.6	10/01/2020	
Disable Medical Equipment	PDF	CURRENT POLICY MANUALS	3436.3	10/01/2020	
Early Intervention Case Management	PDF	CURRENT POLICY MANUALS	754.1	10/01/2020	
Emergency Ambulance	PDF	CURRENT POLICY MANUALS	1099.3	10/01/2020	
EPSDT Services - Health Check Program Manual	PDF	CURRENT POLICY MANUALS	4335.2	10/01/2020	
Exceptional Transportation Services	PDF	CURRENT POLICY MANUALS	4261.9	10/01/2020	
Family Planning Services	PDF	CURRENT POLICY MANUALS	1185.4	10/01/2020	
Federally Qualified Health Center Services (FQHC) and Rural Health Clinic Services (RHC)	PDF	CURRENT POLICY MANUALS	1203.7	10/01/2020	
GAIPP Manual	PDF	CURRENT POLICY MANUALS	2459.3	10/01/2020	
Home Health Services	PDF	CURRENT POLICY MANUALS	1232.6	10/01/2020	
Hospice Services	PDF	CURRENT POLICY MANUALS	1441.7	10/01/2020	
Hospital Presumptive Eligibility Manual	PDF	CURRENT POLICY MANUALS	15560.2	10/01/2020	
Hospital Services	PDF	CURRENT POLICY MANUALS	3500.3	10/01/2020	
Independent Care Waiver Services	PDF	CURRENT POLICY MANUALS	2735.2	10/01/2020	
Independent Care Waiver Services ALS	PDF	CURRENT POLICY MANUALS	925.4	10/01/2020	
Independent Lab Services	PDF	CURRENT POLICY MANUALS	995.4	10/01/2020	
Interactive Voice Response (IVR) System User's Guide	PDF	ALL CATEGORIES	1015.1	01/24/2012	



Provider Information and Provider Messages

The screenshot shows a web portal navigation menu. A red arrow points to the 'Provider Information' link in the top navigation bar. A second red arrow points to the 'Provider Messages' link in the dropdown menu that appears below 'Provider Information'. At the bottom of the page, a 'Messages Search Panel' is visible, featuring a search box, a 'Year' dropdown, a 'Provider Type' dropdown, and a 'Records' dropdown set to '20'. A green arrow points to the 'search' button in this panel. The page also includes a 'Banner Messages' section with a message about public banner messages and a 'User Information - Provider' section.

Provider Information and Provider Messages

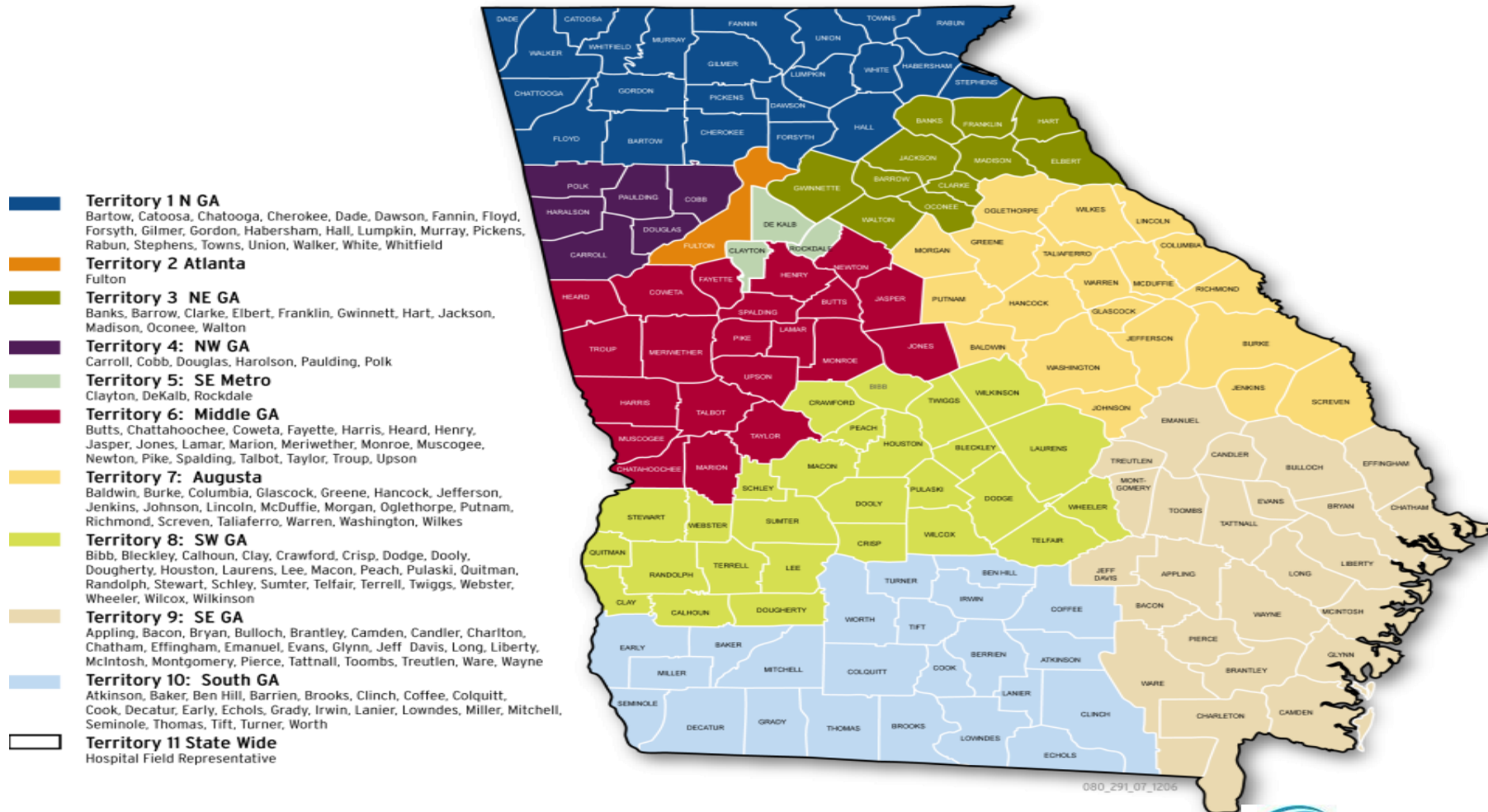
(continued)

Messages (more than 60 available)		
Type	Sent Date	Subject
ALL PROVIDER TYPES	09/23/2020	Impact Bulletin 36739
ALL PROVIDER TYPES	09/18/2020	DXC MAPIR - Promoting Interoperability Stage 3 Webinar
ALL PROVIDER TYPES	09/16/2020	ICWP Webinars
ALL PROVIDER TYPES	08/31/2020	Provider Relief Fund - Third Extension of Deadline to Apply
ALL PROVIDER TYPES	08/31/2020	(CISS) Quarterly Billing Requirement for Administrative Claiming Policy Change
ALL PROVIDER TYPES	08/28/2020	DXC MAPIR - Promoting Interoperability Stage 3 Webinar
ALL PROVIDER TYPES	08/27/2020	Georgia Medicaid Payment Date Change for Labor Day Holiday
ALL PROVIDER TYPES	08/13/2020	Autism Services Webinars
ALL PROVIDER TYPES	08/06/2020	Provider Relief Fund - Second Extension of Deadline to Apply
ALL PROVIDER TYPES	08/05/2020	Appendix K Amendment - Retainer Payment Extension Webinar
ALL PROVIDER TYPES	07/31/2020	Provider Relief Fund Update - Deadline to Apply Extended
ALL PROVIDER TYPES	07/27/2020	Appendix K Amendment: Retainer Payment Extension
ALL PROVIDER TYPES	07/23/2020	Provider Relief Fund - Deadline to Apply Has Been Extended
ALL PROVIDER TYPES	07/17/2020	HHS Provider Relief Fund
ALL PROVIDER TYPES	07/17/2020	DXC MAPIR - Promoting Interoperability Stage 3 Webinar
ALL PROVIDER TYPES	07/10/2020	Webinar: Additional Information Regarding Waiver Retainer
ALL PROVIDER TYPES	07/08/2020	Webinar: Additional Information Regarding Waiver Retainer
ALL PROVIDER TYPES	07/07/2020	CARES Act Provider Relief Fund Distribution Webinar
ALL PROVIDER TYPES	07/01/2020	Hospital Services Webinars
ALL PROVIDER TYPES	07/01/2020	Update to Provider Match Criteria for Autism Prior Authorizations

1 2 3 ... Next >



Georgia Field Territories



080_291_07_1206



Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Deandre Murray
2	Fulton	Adrian Hogan
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Danny Williams
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

Contact My Provider Rep Directly

Login to the GAMMIS system with your username and password

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GAMMIS
GEORGIA MEDICARE MANAGEMENT INFORMATION SYSTEM

Search

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

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

EDI | Pharmacy | HFRD

Home Publication Search Site Map Site Settings Language Selection

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

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

User Information

Login/Manage Account Login

Members

- Register for Secure Access
- Member Information

Providers

- PIN Activation
- Provider Information

Upcoming Events

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



Contact My Provider Rep Directly

(continued)

Select the Web Portal option

Georgia Medicaid Home

Jane Doe, Welcome to Georgia Medicaid

Applications

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



Contact My Provider Rep Directly

(continued)

Select Contact Information, Contact Us



The screenshot shows a horizontal navigation menu with the following items: Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, Eligibility, Presumptive Activations, Health Check, Prior Authorization, Reports, and Phone Numbers & Links. A red arrow labeled '1' points to 'Contact Information'. A second red arrow labeled '2' points to 'Contact Us' in a dropdown menu that is open under 'Contact Information'. Below the menu, there is a bookmarked link: '★ GAMMIS: Contact Information <- Bookmarkable Link' and a help link: '★ Click here for help and information about bookmarks'.




Contact My Provider Rep Directly

(continued)

Select an Item

Contact Information ? ⌂

How can we help you?

Select an Item* 

Enter Category Details

How do you want to be contacted?

Contact Method*

Last Name, First Name

Phone Number, Ext



Contact My Provider Rep Directly

(continued)

Requests Requiring PHI

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

submit cancel

Contact Information

How can we help you?

Select an Item*

Enter Category Details

How do you want to be contacted?

Contact Method*

Last Name, First Name

Phone Number, Ext

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

OR

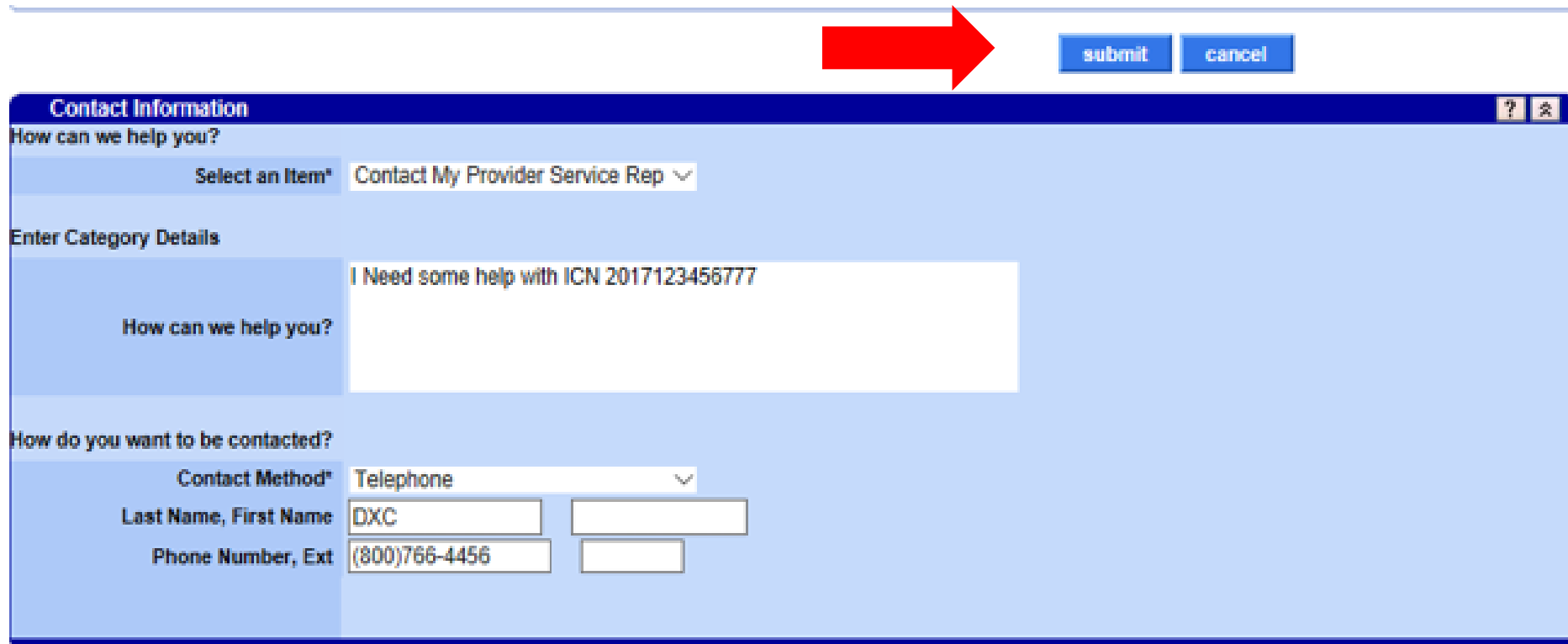
Click Here

top of page top of page

Contact My Provider Rep Directly

(continued)

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



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

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

Contact My Provider Rep Directly

(continued)

The following messages were generated:

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

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

Contact Information



How can we help you?

Select an Item* 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 HP test

Phone Number, Ext (800)766-4456



Provider Services Contact Center

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

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



Contacting Gainwell Technologies

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



IVRS Overview

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

800-766-4456	
Option 1	Member Eligibility
Option 2	Claims Status
Option 3	Payment Information
Option 4	Provider Enrollment
Option 5	Prior Authorization
Option 6	GAMMIS website password reset, Pharmacy Benefits, the Nurse Aide Registry or Nurse Aide Training program, PeachCare for Kids® EDI submission or electronic claim submission, or a system overview



Session Review

You should now be able to:

- Tell the differences between each Home and Community Based Waiver Program
- Navigate the Member Eligibility Panel
- Navigate each Individual Waiver
- Navigate the GAMMIS Prior Authorization Panel
- Timely Filing Policy
- Contact your local Provider Relations Field Services Rep as well as the PSCC



Closing

Questions and Answers

Thank you

Contact

brand@gainwelltechnologies.com
gainwelltechnologies.com

Gainwell Technologies

1775 Tysons Blvd.
McLean, VA 22102

