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Secure Web Access

How can I register for secure Web access?

Providers: A personal identification number (PIN) is uniquely assigned for every service location active with Georgia Medicaid. To register your account, follow the instructions in section 2.1 within the "[Web Portal User Account Management Guide](#)" from the Provider Information >> [Provider Manuals](#) page. PIN letters are sent to your mailing address within 5-7 business days of your provider enrollment application being approved.

Billing Agents: Follow the instructions in section 3.1 within the "[Web Portal User Account Management Guide](#)" from the Provider Information >> [Provider Manuals](#) page. Once your account is created, your provider(s) will need to delegate you specific roles to act on their behalf as documented in section 3.2 of the guide. Secure features will be unavailable until this action has been completed.

Trading Partners: Complete the "[EDI Trading Partner Enrollment Agreement](#)" form as provided on the EDI >> [Registrations Forms](#) page and send in as directed in the agreement for processing. Once your EDI enrollment has been received and processed, the EDI Services Team will reach out to you regarding testing requirements before logon credentials can be provided. For additional information, refer to the pages available from the EDI menu.

Where is my provider PIN letter being sent?

PIN letters are sent to the provider's mailing address on file. If the mailing address shown on file is incorrect, providers must submit the "[Medicaid PeachCare for Kids® Provider Information Change Form](#)" from the Provider Information >> [Forms](#) page to ensure the address is up-to-date before the PIN letter reissue request can be processed.

Why don't I see the Web Portal options when I log into the web page?

For provider accounts recently registered, wait an hour or until you receive a "registration successful" e-mail confirmation prior to logging in. Check your junk or spam e-mail folders for your e-mail confirmation if not found in your inbox.

For billing agent accounts, your provider(s) will need to delegate you access to act on their behalf. Have your provider follow the instructions in section 3.2 within the "[Web Portal User Account Management Guide](#)" from the Provider Information >> [Provider Manuals](#) page.

Can I link multiple provider accounts to a single logon?

Yes. This capability is available as a billing agent user. To create a billing agent account, follow the instructions in section 3.1 within the "[Web Portal User Account Management Guide](#)" from the Provider Information >> [Provider Manuals](#) page. Once completed, follow the instructions in section 3.2 to delegate provider access.

If I use a billing agent account for all my providers, do I still need to maintain the passwords for each provider account?

No. Password expirations for a provider account will not impact billing agent account access. However, prior to these expirations, it is highly recommended that the “super agent” role be delegated by the provider to the billing agent account in the event future delegations need to occur on behalf of that provider account.

Can a billing agent user assign another billing agent account the super agent role?

No. A super agent account can only be delegated by the provider’s account.

How can I identify the type of account I am logged in as?

The User Information panel will appear on every Web Portal page.

- If not authenticated, a Login button will appear.
- If authenticated, select the  button to expand the panel and view the “Type of User”.

Prior Authorization**Where can I find instructions on how to submit or view a Prior Authorization?**

Select the User Manuals link from the Provider Information >> [Provider Education](#) page. Click to open the desired user manual.

Claims**Where can I find instructions on how to submit, view, adjust, or void a claim on the GMMIS Web Portal?**

Follow the instructions in section 11 within the “[Web Portal Navigational Manual for Providers](#)” from the Provider Information >> [Provider Manuals](#) page.

When are electronic attachments required for my claim to successfully process?

Please refer to Georgia Medicaid’s Part II policy in relation to the service provided. Policy manuals are available from the Provider Information >> [Provider Manuals](#) page.

Can I submit, void, or adjust claims as a Payee on the GMMIS Web Portal?

No. These actions are limited to rendering provider users only.

How can I submit attachments against a claim on the GMMIS Web Portal?

Include the appropriate attachment indicators on your claim then submit for processing.

- For EDI claims, this information is submitted in the PWK segment.

- For Web Portal claims, this information is submitted on the Hard-Copy Attachments panel.

If your claim is suspended for EOB - Waiting for Attachments, the upload button will be available on your claim from the Hard-Copy Attachments panel. Click upload and select the attachment record from the Attachment Upload panel to begin browsing and uploading your attachment against your claim. Multiple attachments can be submitted when multiple attachment indicators were provided on the claim.

Note: Each attachment must be in a .pdf, .jpeg, .jpg or .tiff format and less than 20 megabytes.

How can I submit a crossover claim on the GAMMIS Web Portal?

Step by step instructions are available within the [“Claims Crossover eLearning Tutorial”](#) from the Provider Information >> [Web Portal Training](#) page.

How can I submit a DMA520 Inquiry?

On the GAMMIS Web Portal while acting as the rendering provider assigned to the claim:

1. Navigate to Claims >> Search (Void, Adjust).
2. Search and view the claim in question.
3. If the remittance advice date is 30 days or less from the current date, select the DMA520 Inquiry button.
4. Complete the form and submit for processing.

Note: Attachments are permitted once the inquiry is successfully submitted and the CTN Status is “Open”. Click the link provided on the DMA520 Inquiry form to begin submitting each attachment in a .pdf, .jpeg, .jpg or .tiff format and less than 20 megabytes.

How can I view the status of an electronic DMA520 Inquiry?

On the GAMMIS Web Portal while acting as the rendering provider account assigned to the claim:

1. Navigate to Claims >> Search (Void, Adjust).
2. Search and view the claim in question.
3. From the claim, select the DMA520 Inquiry button to view the CTN Status.
4. If the CTN is “closed”, select the letters link or navigate to Reports >> Letters to search and view the CTM-1934-O decision letter.

When are attachments required for a DMA520 Inquiry or DMA520A form when requesting a medical inquiry?

Generally a DMA-520 Form for provider inquiry (level 1 request and/or review) to DXC Technology will not require any attachments. Whereas any medical or clinical review request or reconsideration of a determination made previously by GMCF will require attachments (medical records, operative summary, emergency room record, history and physical notes, nurses and physician documentation, medication orders, etc.). Providers are to adhere to the applicable Part II policies and procedures manuals regarding the required attachments for the scope of services being billed. Examples of some required forms according to GA Medicaid are:

- COB (Coordination of Benefits) claims—electronic auto-crossover claims via Medicare filing;
- Paper Crossover with EOMBs (Explanation of Member Benefits);
- Certain clinical modifiers (22, 24, 25, 52, 54, 55, 58, 59, 62, 78) pending for medical review by GMCF. Medical records are always required. Submit a DMA- 520A form;
- Any straight Medicaid claim with TPL/COB - DMA 460 form;
- Per Part II Medicaid policy – required forms (sterilizations – DMA 69, hysterectomy, abortions (DMA-311); hospice – DMA 521. etc.
- Newborn Medicaid certification (Temporary) – DMA 550

Remittance Advice

How can I view my remittance advice on the GAMMIS Web Portal?

Logon to the secure GAMMIS Web Portal and authenticate as the rendering or payee account associated to the RA in question.

1. Navigate to Reports >> Financial Reports.
2. Select “Remittance Advice” from the Report drop-down.
3. Enter the date range for the RA in question.
4. Click search.
5. Select to open and view the RA.

Note: Payee or self-payee providers are able to access the full RA which includes the claims summary page. Rendering provider users not identified as a self-payee are limited to the summary RA for their provider service location.

Are there any materials to help me better understand my hardcopy remittance advice?

Yes. Refer to the “[Reading the Remittance Advice \(RA\)](#)” tutorial from the Provider Information >> [Web Portal Training](#) page.

How long is a remittance advice available on the GAMMIS Web Portal?

PDF Remittance Advices are currently available for an unlimited time.

Provider File Changes

Can I update my provider information on the GAMMIS Web Portal?

Yes. Updates are available for authenticated provider users on the secure Web Portal by navigating to Provider Information >> Demographic Maintenance. These updates are immediately applied to your provider location. Updates not permitted on the GAMMIS Web Portal must be submitting on the “[Medicaid PeachCare for Kids® Provider Information Change Form](#)” found on the Provider Information >> [Forms](#) page.

Provider participation with a Trading Partner

What are the requirements for my submitter (i.e. Clearinghouse, Billing Agent, or Software Vendor) to send claims electronically to Georgia Medicaid on behalf of my provider ID?

Any active Trading Partner can send claims electronically for any Georgia Medicaid provider. No additional enrollment is required.

If I choose to use a Trading Partner will my provider account still have online access to Remittance Advices or the 835-ERA and for how long?

Yes. PDF RAs and the 835-ERAs will always be available for providers to access via the web portal.

- PDF Remittance Advices are currently available for an unlimited time.
- 835-ERAs are available up to six weeks after the date of creation. Providers and trading partners are encouraged to download these files as soon as they are available.

As a provider, if I want the Clearinghouse to send my claims but want to retrieve RAs or 835-ERAs myself what is required?

No action is required. Providers do not need to delegate Trade Files downloaded to the submitter.

General Web Questions

What can I do to resolve any technical issues experienced on the GAMMIS Web Portal?

Web edits are non-technical issues. If an error is displayed above your panel such as “Last Name is required”, correct the error and reattempt your transaction.

For all issues outside of basic Web functionality, such as not authorized alerts or navigational issues, **close all** browser sessions. Open a new browser session and repeat your transaction.