

Group/Billing Provider Enrollment & Claims Processing

Frequently Asked Questions (FAQs)

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1. Why is Georgia Medicaid enrolling Group/Billing Providers?

CMS¹ requires the billing provider's NPI to be captured on the claim. Currently in Georgia, when the rendering provider enrolls, only some Payee information is collected, such as the Tax ID. The Payee's NPI is not collected during a rendering provider's enrollment. By enrolling Group/Billing Providers, the billing provider's NPI and Payee will be collected, and rendering providers will be affiliated to their Group/Billing providers.

Note: For Group/Billing provider enrollment, most groups will already have an active Payee Medicaid ID. The Payee Medicaid ID may be found on the remittance advice on the top right corner listed as the PAYEE ID.

2. Who needs to enroll as a Group/Billing Provider? Is it Optional?

It is NOT optional for Providers that:

- I. Submit professional claims
- II. Are part of a clinic or group practice
- III. Submit claims where the Rendering Provider NPI is different than the Billing Provider NPI

The claim must be submitted with a Billing Provider's NPI that is enrolled in Georgia Medicaid.

3. Do DBHDD Facility Providers or FQHC Providers need to enroll a group?

No. DBHDD Facility Providers and FQHC Providers do NOT need to enroll a group. There is no change for their enrollment OR claims submission.

4. If a group has multiple service locations, do they need to enroll each one separately?

Yes. A Group/Billing provider Medicaid ID must be enrolled for each service location address.

Exception: for large entities, such as hospital associations, with hundreds of locations that have one billing provider NPI, they may create **one corporate Billing Group account** and affiliate all rendering provider's service locations to that account.

¹ Per CMS, 42 CFR § 431.107 Required provider agreement Section (5)(ii) states: Include its NPI on all claims submitted under the Medicaid program.

Please note for Corporate accounts: If more than one account is created for each Billing NPI, then every location will need to create a Billing Group service location account, and the Corporate Location option will no longer be available.

5. What if my group has multiple types and/or specialties? Do I need to enroll each Group/Billing Provider Type/Specialty?

NO: If all the types/specialties have the same Payee and same Billing NPI, enroll the group under ONE Medicaid ID and choose the highest level (i.e., Physician) Group Type and Specialty when enrolling.

YES: If each type/specialty **has their own** Payee and/or Billing NPI, enroll each type/specialty.

- For group enrollment, only the Primary specialties as defined by ABMS are listed on the specialty panel. The Billing provider specialty is informational only and not used for claims adjudication.
- Services on a claim are adjudicated based upon the **rendering** providers specialty. (A claim will not be denied because of a billing provider's type or specialty.)
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6. May a Rendering Provider be affiliated to more than one Group/Billing provider?

Yes. A rendering provider may be affiliated with multiple Group/Billing Providers. The claim will be submitted with the appropriate Group/Billing provider's NPI to reflect the correct Payee and service location address.

7. Will Group/Billing Providers need to revalidate?

Yes. Group/Billing providers will need to revalidate.

8. Will a Rendering Provider automatically be removed from a group when they terminate their participation in Medicaid?

No. The Group/Billing providers will need to end-date the affiliation to the terminated provider.

9. *Are any accommodations being made for large groups that have hundreds of rendering providers?*

Yes. Within the Group/Billing enrollment application, on the Group Affiliation panel, there is an option to request auto-affiliation. The Group/Billing provider confirms they are a large entity. Instead of entering their members manually, the group authorizes the system to auto-affiliate their members/individual providers based upon payee and recent claims activity.

The existing Payee Medicaid ID must be entered on the application to request auto-affiliation. The Payee Medicaid ID may be found on the remittance advice on the top right corner listed as the PAYEE ID.

10. *How do I ensure my claims process accurately?*

For accurate claim processing, verify that the following values on your claim match the intended service location:

- a. NPI (National Provider Identifier)
 - b. Taxonomy
 - c. Tax ID
 - d. Servicing/Service Location Address
- Billing and Rendering provider taxonomy codes are required to be current on the provider's MMIS record to support accurate processing.
 - The Billing provider taxonomy code on the claim must match the taxonomy code on the billing provider file. Generally, for groups this will be the 193200000X (Group - Multi-Specialty).
 - For EDI claims, on the Billing Provider 85 Loop, submit the REF*G2 Billing Provider Medicaid ID (not the NPI or invalid IDs).
 - For EDI claims, on the Rendering Provider 82 Loop, submit the REF*G2 Rendering Provider Medicaid ID (not the NPI or invalid IDs).

11. *What happens if the Billing Provider ID is enrolled, but not selected or indicated when billing a claim?*

Georgia Medicaid will pay the based claim on the Rendering Provider ID, Tax ID and Payee information.

12. *When will claims start to deny?*

Once the group is enrolled and their billing NPI is specified on the claim, claims will deny if the claim's Rendering provider is NOT affiliated to the group.

The deadline to enroll groups has been extended until late spring 2026.

13. *When is enrollment for individual practitioners impacted?*

Providers should continue to enroll at each service locations as before. The only impact is now the individual will specify either a group affiliation or payee on the application.

Please note: if you are practicing under a group, you must affiliate to the group.