ICWP
New Biller

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

Agenda

- Overview of Georgia Medicaid
- Member Eligibility Differences
- MMIS Prior Authorization Research
- Claim Submission Basics
- Claims History Search
- Common Denials
- EVV Claim Service Codes
- Policy Information and Updates
- Contacting Gainwell Technologies
- Interactive Voice Response System (IVRS)
- Session Review
- Closing, Questions and Answers

Gainwell Technologies

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

- Answering member and provider phone calls through the contact center
- Answering incoming correspondence
- Processing claims
- Resolving claim denials
- Issuing member ID cards
- Enrolling providers

Georgia Medicaid Management Information System (GAMMIS)

- GAMMIS is the biller's 24-hour resource for Georgia Medicaid information.

- Non-secure information, such as policy manuals, provider alerts, forms, and training materials (along with secure information, such a claim, member eligibility, remittance advices, and prior authorizations) is available anywhere with Internet access.

Eligibility Verification

Eligibility verification is the first and most important step in billing any 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?
- Is the member eligible for *this* service?
- Does the member have other coverage?
- Has the member reached coverage limitations?
- Does the member have a spend-down or patient liability that will affect the claim?

Eligibility Verification
(continued)

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

- Provider Services Contact Center (PSCC)
- GAMMIS website www.mmis.georgia.gov
- Interactive Voice Response System (IVRS)

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

Eligibility Verification

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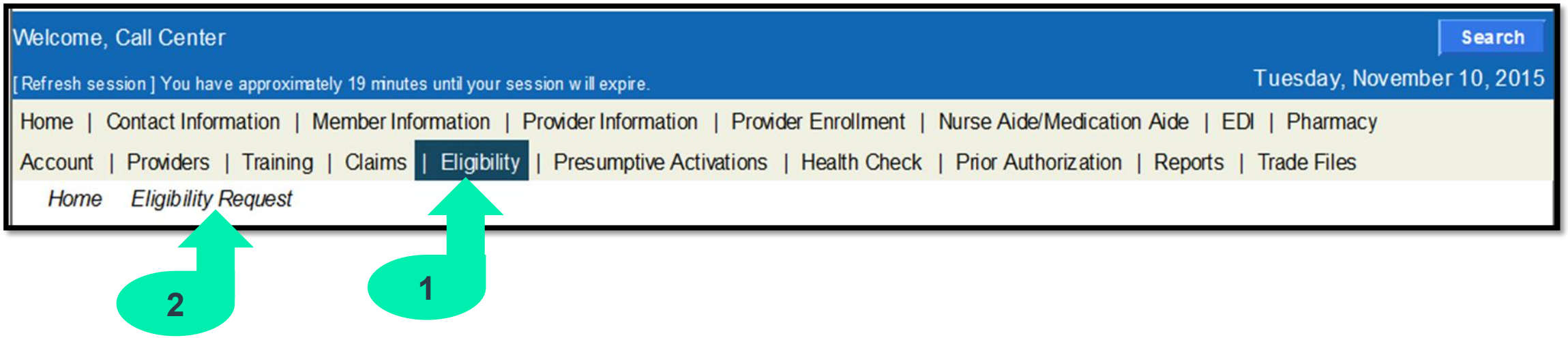
GAMMIS website www.mmis.georgia.gov (secure Web Portal only)

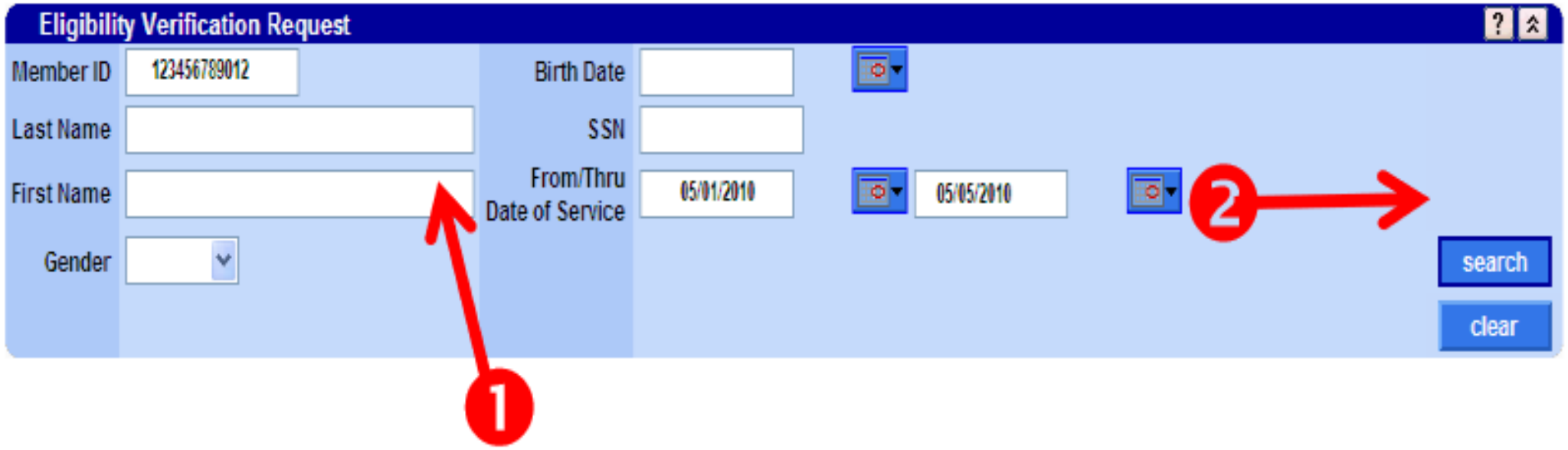
1. Eligibility
2. Eligibility Request



Eligibility Verification

(continued)

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



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				

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	48 - Hospital - Inpatient	06/08/2018	06/08/2018				

CCSP Medicaid & QMB Benefits

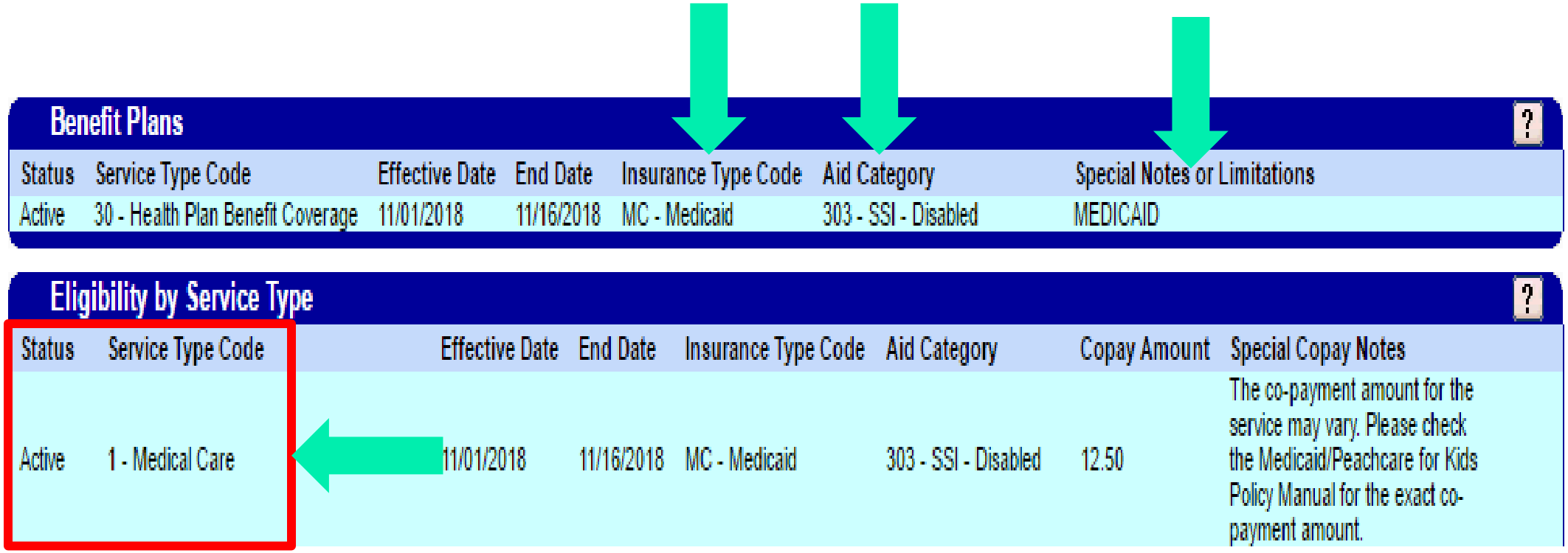
Benefit Plans

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	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.)

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	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	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.
Inactive for Service Type Code selected.	33 - Chiropractic	06/08/2018	06/08/2018				
Active	35 - Dental Care	06/08/2018	06/08/2018	MC - Medicaid	259 - Community Care Waiver	0.00	
Active	47 - Hospital	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	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.
Active	48 - Hospital - Inpatient	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	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.
Active	50 - Hospital - Outpatient	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	3.00	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Active	86 - Emergency Services	06/08/2018	06/08/2018	MC - Medicaid	259 - Community Care Waiver	0.00	
Active	88 - Pharmacy	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	3.00	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.

SSI Medicaid Benefits



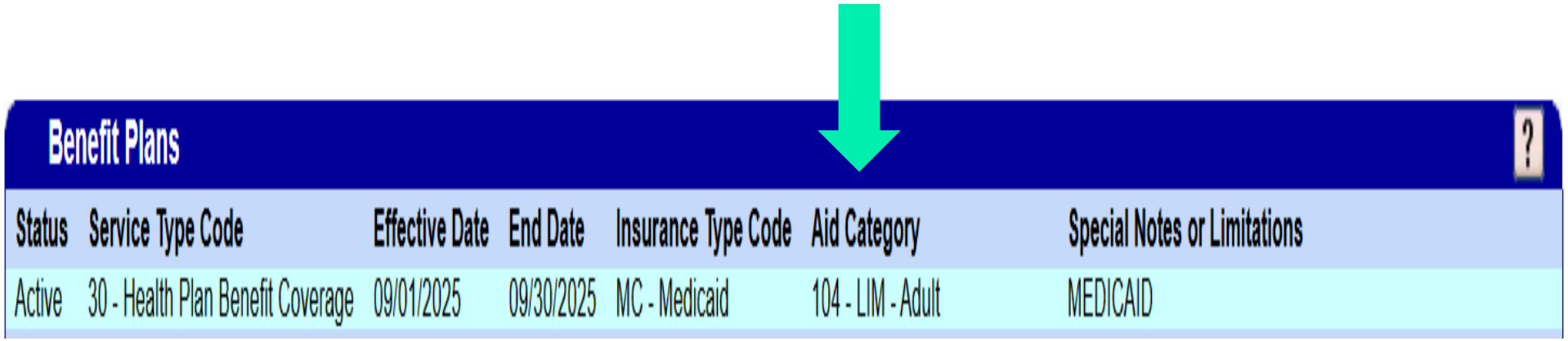
Benefit Plans

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.

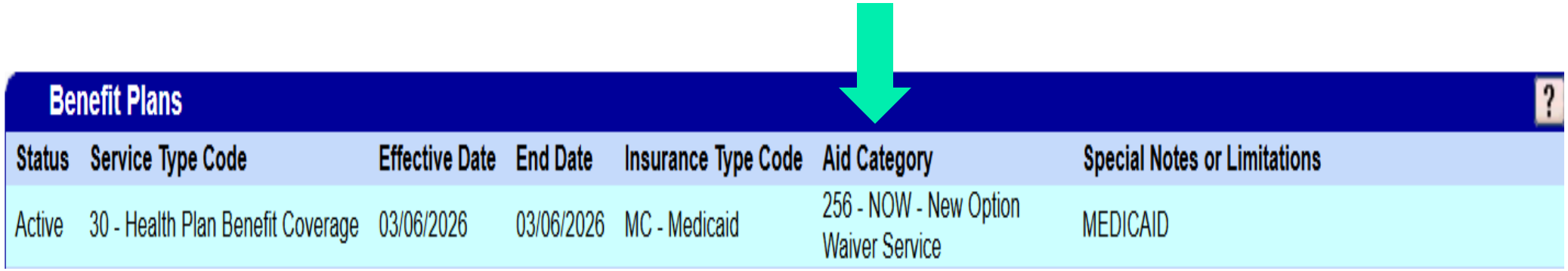
TXIX Medicaid Benefits



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	09/01/2025	09/30/2025	MC - Medicaid	104 - LIM - Adult	MEDICAID

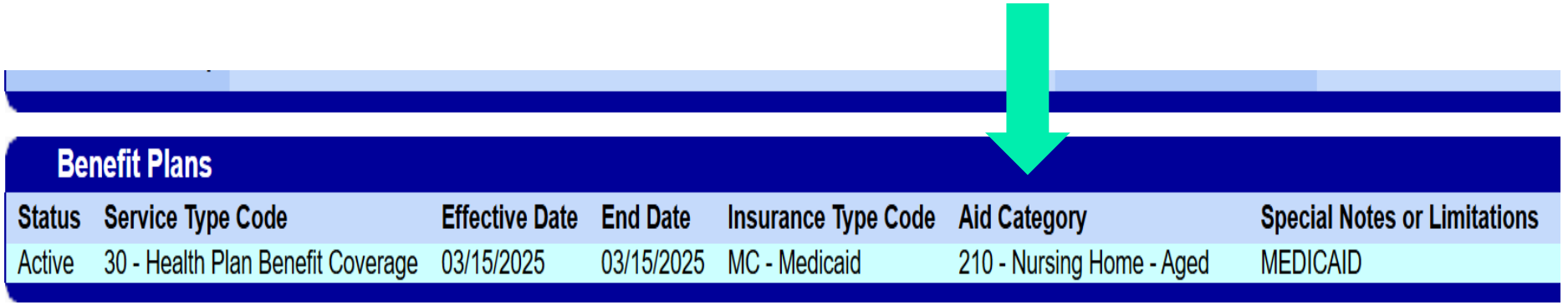
Now and COMP Medicaid Benefits



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	03/06/2026	03/06/2026	MC - Medicaid	256 - NOW - New Option Waiver Service	MEDICAID

Nursing Home 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	03/15/2025	03/15/2025	MC - Medicaid	210 - Nursing Home - Aged	MEDICAID

Retro Medicaid Benefits

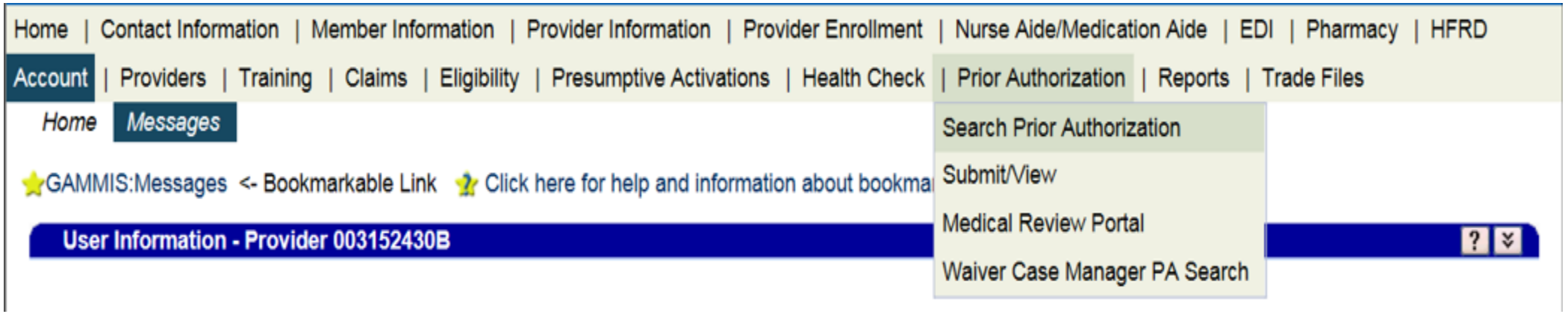
Claims must be received within six (6) months after the date in which the determination of retroactive eligibility was made at the address used for regular claims submission.

Prior Authorization Research

Prior Authorization Search

Visit: www.mmis.georgia.gov

- Log in with your username and password
- Select Web Portal
- Select Prior Authorization
- Search Prior Authorization



Prior Authorization Search

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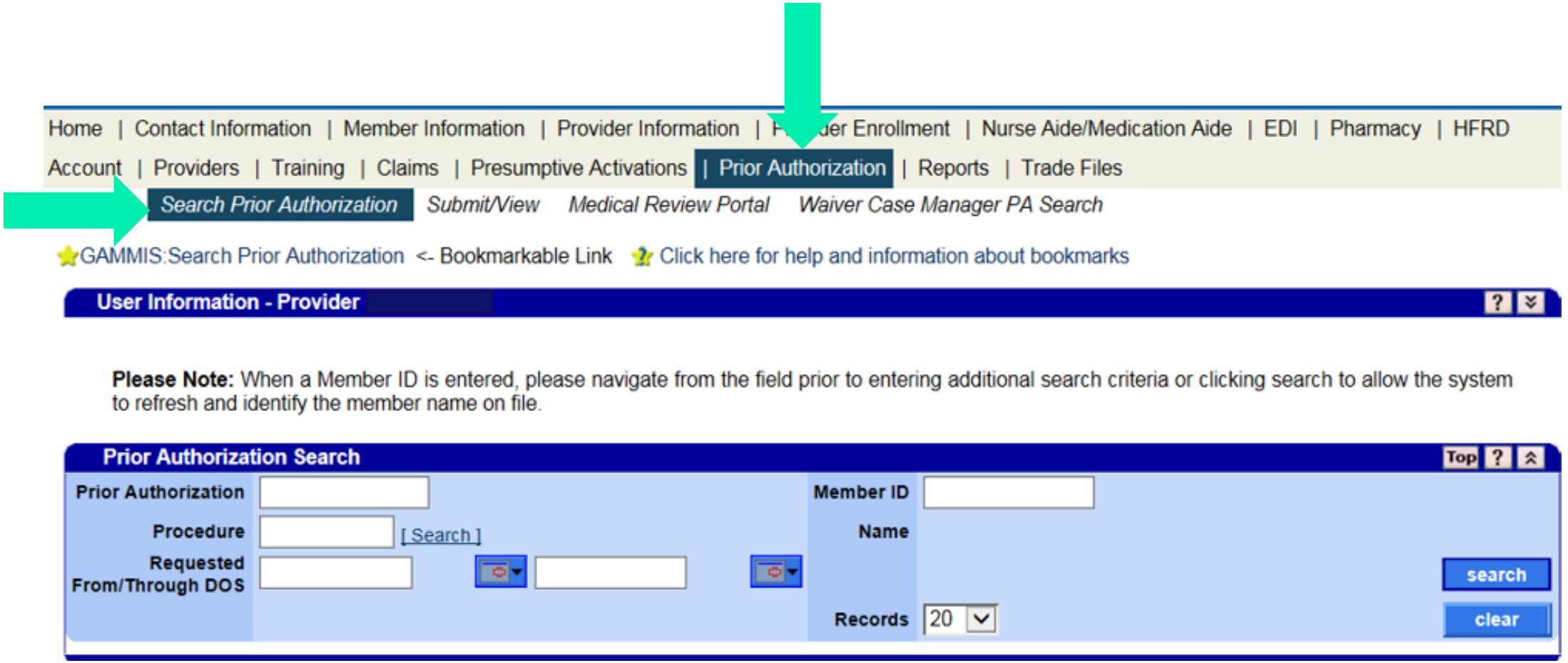

Prior Authorization Search

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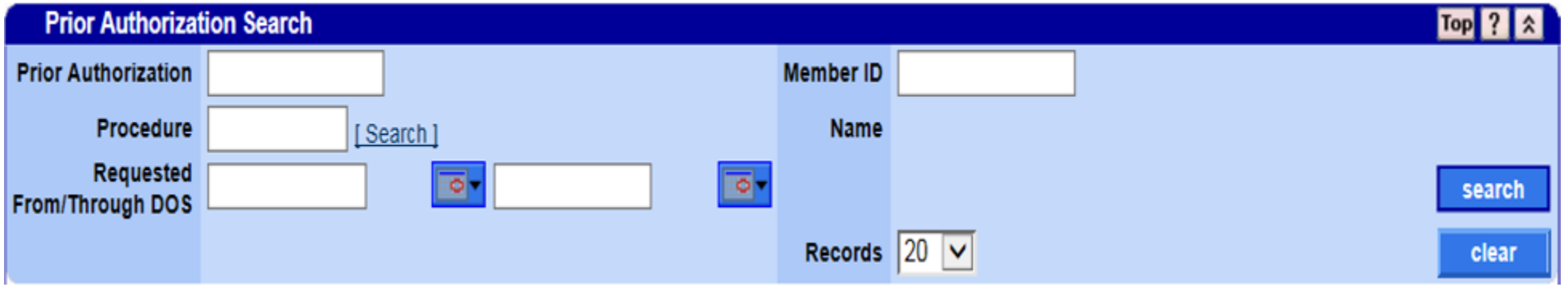


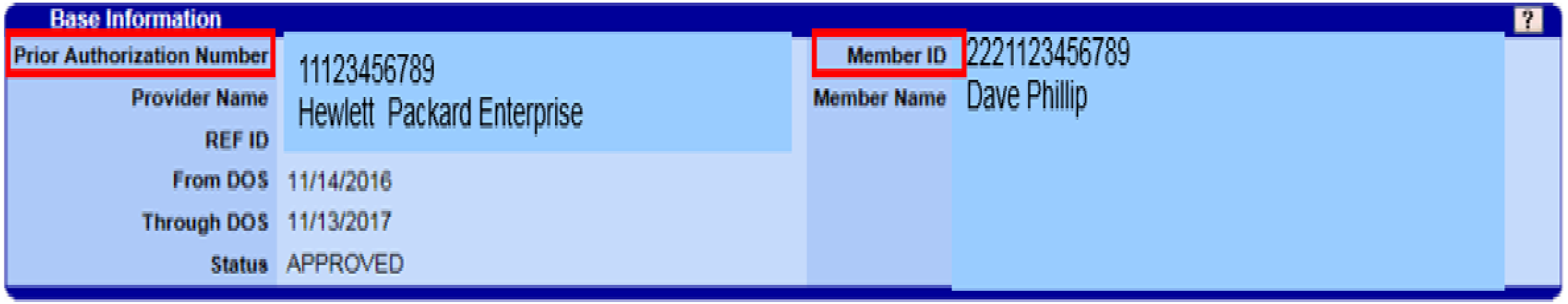
Prior Authorization search can be done in either of the following ways:

- Enter the member's prior authorization number and select search

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

Prior Authorization Search

(continued)



Prior Authorization Search

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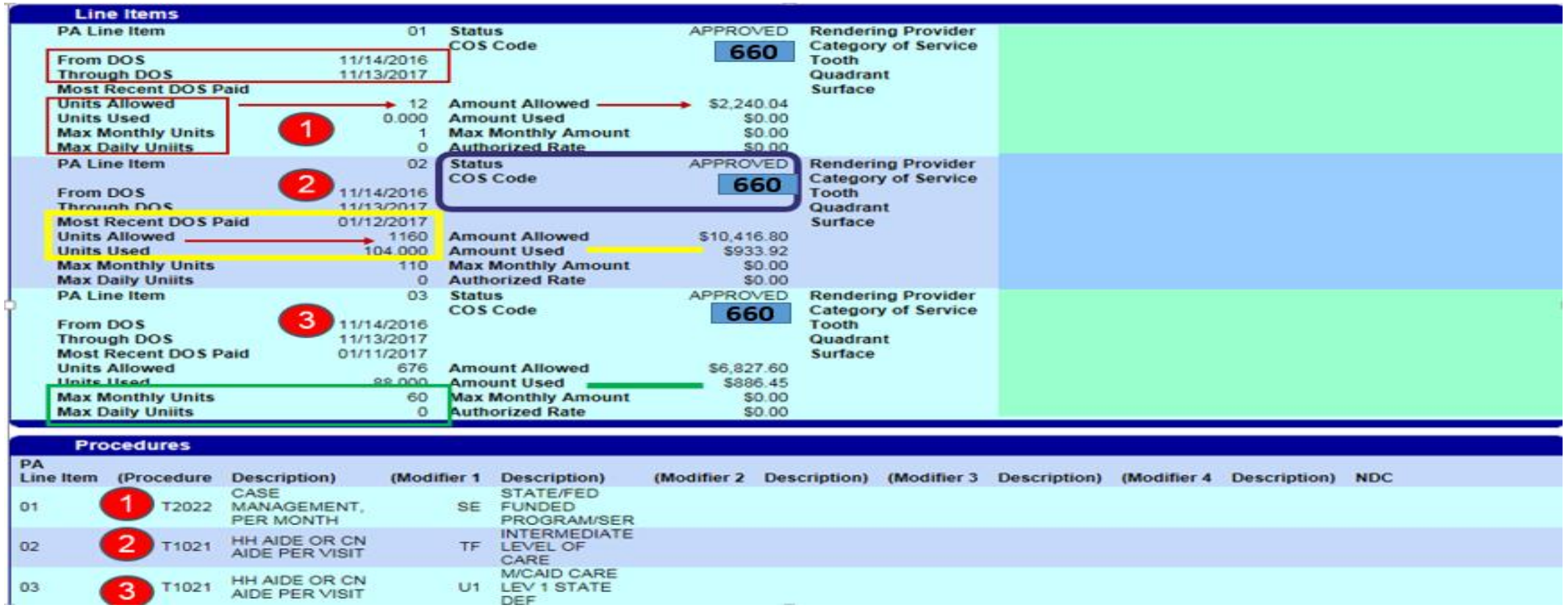


Line Items

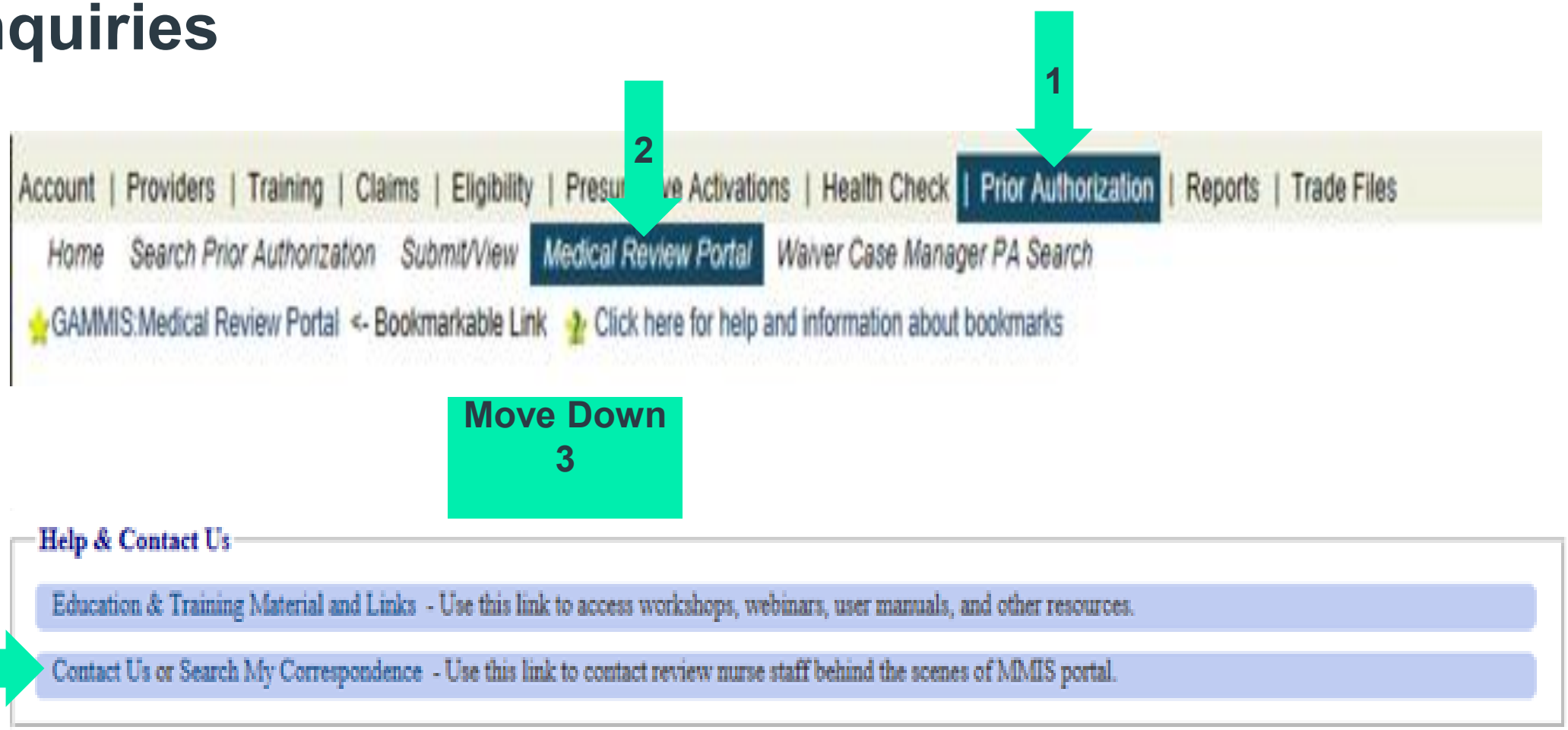
PA Line Item	01	Status	APPROVED	Rendering Provider
		COS Code	660	Category of Service
From DOS	11/14/2016			Tooth
Through DOS	11/13/2017			Quadrant
Most Recent DOS Paid				Surface
Units Allowed	12	Amount Allowed	$2,240.04	
Units Used	0.000	Amount Used	$0.00	
Max Monthly Units	1	Max Monthly Amount	$0.00	
Max Daily Uniits	0	Authorized Rate	$0.00	
PA Line Item	02	Status	APPROVED	Rendering Provider
		COS Code	660	Category of Service
From DOS	11/14/2016			Tooth
Through DOS	11/13/2017			Quadrant
Most Recent DOS Paid	01/12/2017			Surface
Units Allowed	1160	Amount Allowed	$10,416.80	
Units Used	104.000	Amount Used	$933.92	
Max Monthly Units	110	Max Monthly Amount	$0.00	
Max Daily Uniits	0	Authorized Rate	$0.00	
PA Line Item	03	Status	APPROVED	Rendering Provider
		COS Code	660	Category of Service
From DOS	11/14/2016			Tooth
Through DOS	11/13/2017			Quadrant
Most Recent DOS Paid	01/11/2017			Surface
Units Allowed	676	Amount Allowed	$6,827.60	
Units Used	88.000	Amount Used	$886.45	
Max Monthly Units	60	Max Monthly Amount	$0.00	
Max Daily Uniits	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	CASE MANAGEMENT, PER MONTH	SE	STATE/FED FUNDED PROGRAM/SER							
02	2 T1021	HH AIDE OR CN AIDE PER VISIT	TF	INTERMEDIATE LEVEL OF CARE							
03	3 T1021	HH AIDE OR CN AIDE PER VISIT	U1	M/CAID CARE LEV 1 STATE DEF							

Prior Authorization
Alliant Health Solutions Nurse Contact Request

Contact Us - Alliant Heath Solutions - (GMCF) - ICWP PA Inquiries



Contact Us - Alliant Heath Solutions - (GMCF) - ICWP PA Inquiries

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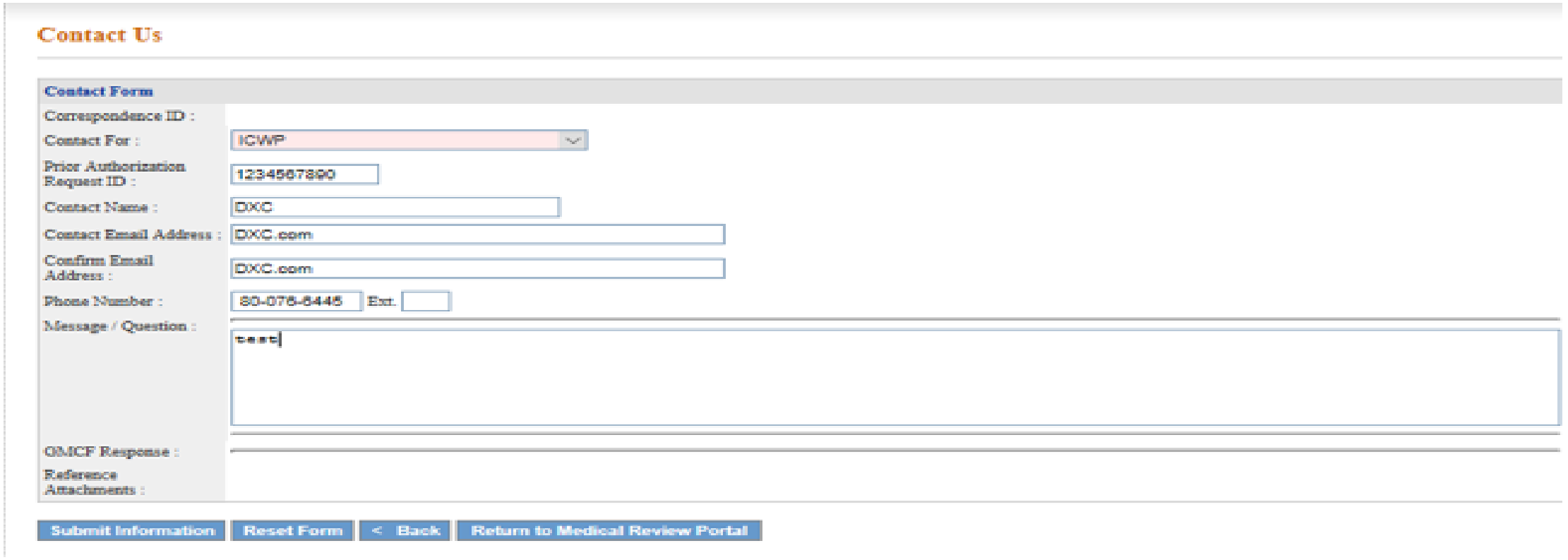

Contact Us - Alliant Heath Solutions - (GMCF) - ICWP PA Inquiries

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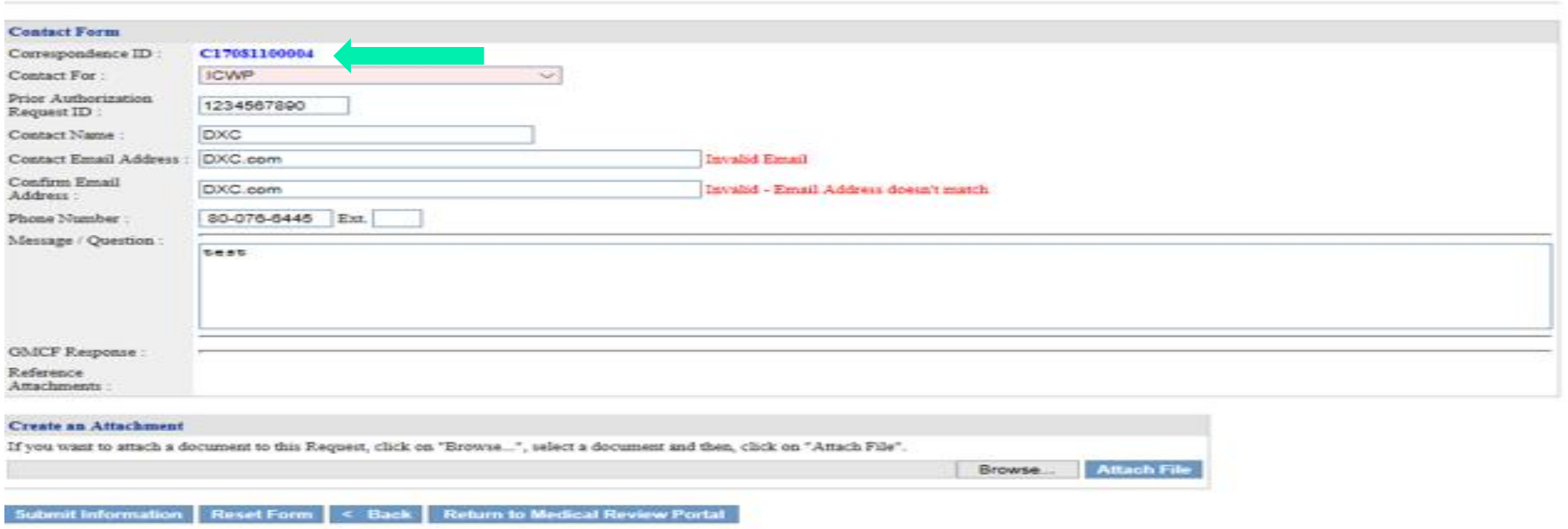


Medicaid Claim Submissions

Category of Service

When enrolled, providers are assigned a Category of Service (COS) or contract. Some common provider types are:

- 430 - Physician
- 590 - CCSP
- 660 - ICWP
- 680 - Now
- 681 - Comp
- 930 - Source

Claim Types

An ICWP/CCSP/Source/GAPP Providers will always submit a:

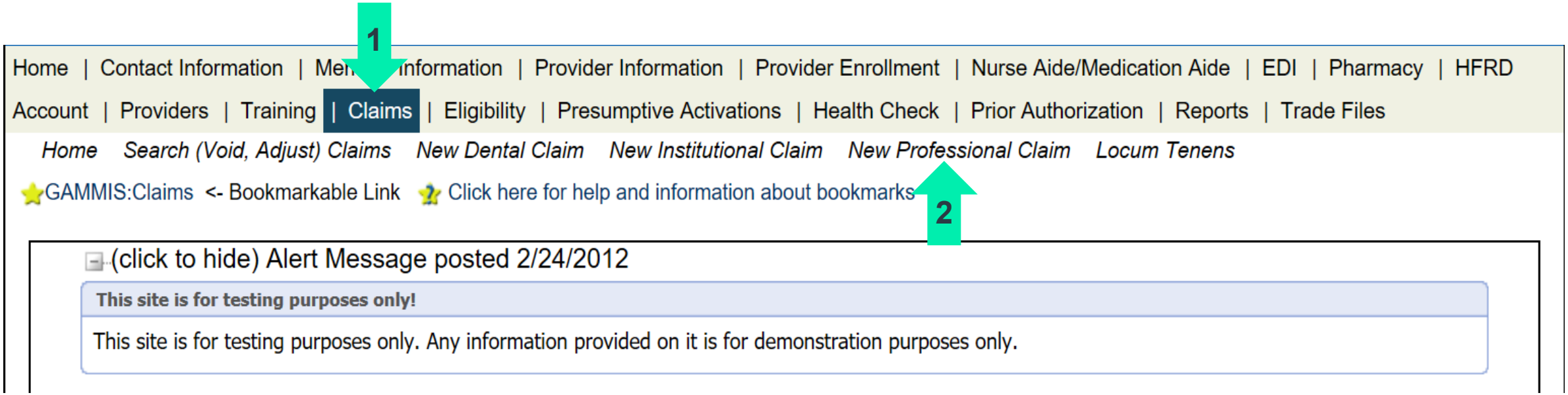
- Professional Claim – CMS 1500

How to Submit a Claim

Claims, claim adjustments, and claim resubmissions can be submitted in two ways:

- Electronically through a clearinghouse
- Through the Georgia Medicaid Web Portal

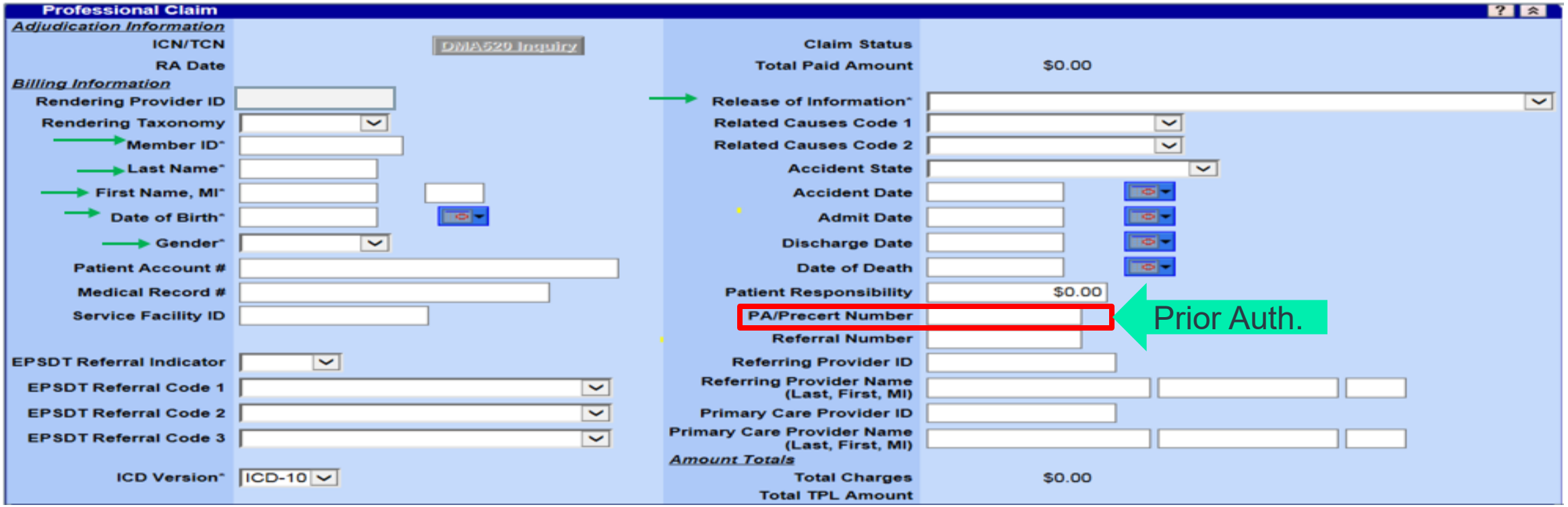
Professional Billing Information



Professional Billing Information

Section 1

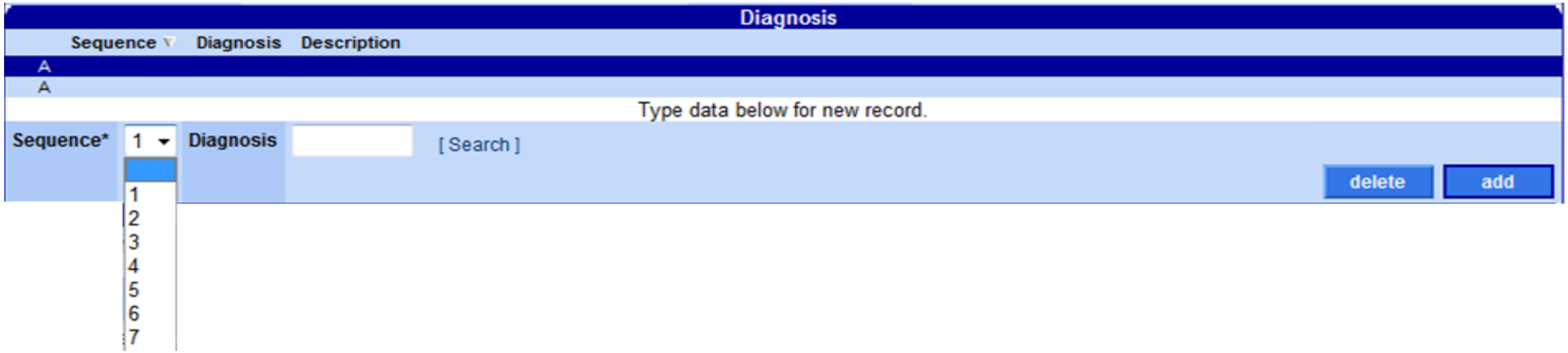
Enter the required information and as much optional information as possible (some required fields are the Member ID, Last Name, First Name, and Middle Initial).



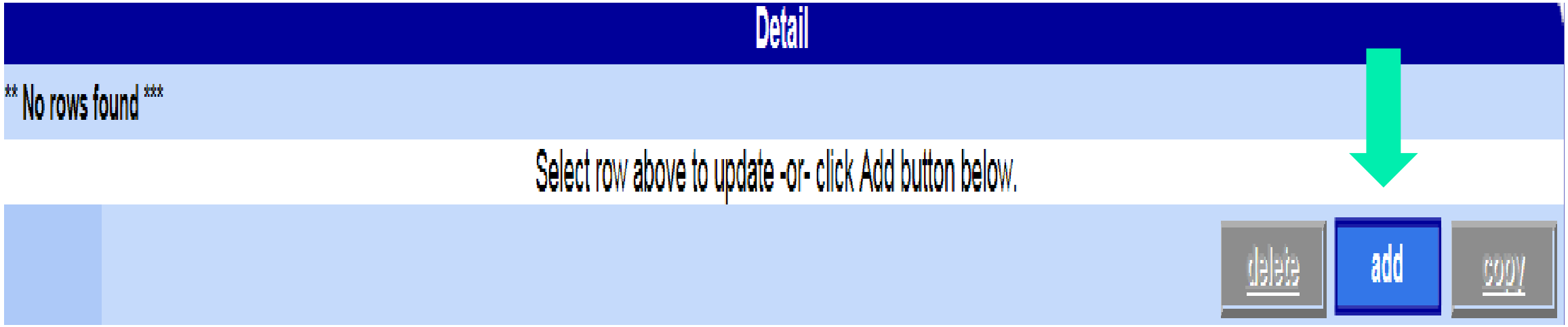
Diagnosis
Section 2

Allows entry of up to 10 diagnoses

- Click add to activate the diagnosis section for each additional diagnosis to be entered.
- Enter the diagnosis (to find a diagnosis code, use the [Search] feature).
- Enter the sequence (diagnosis code pointer) number.



Detail
Section 3



Claim Detail

Section 3

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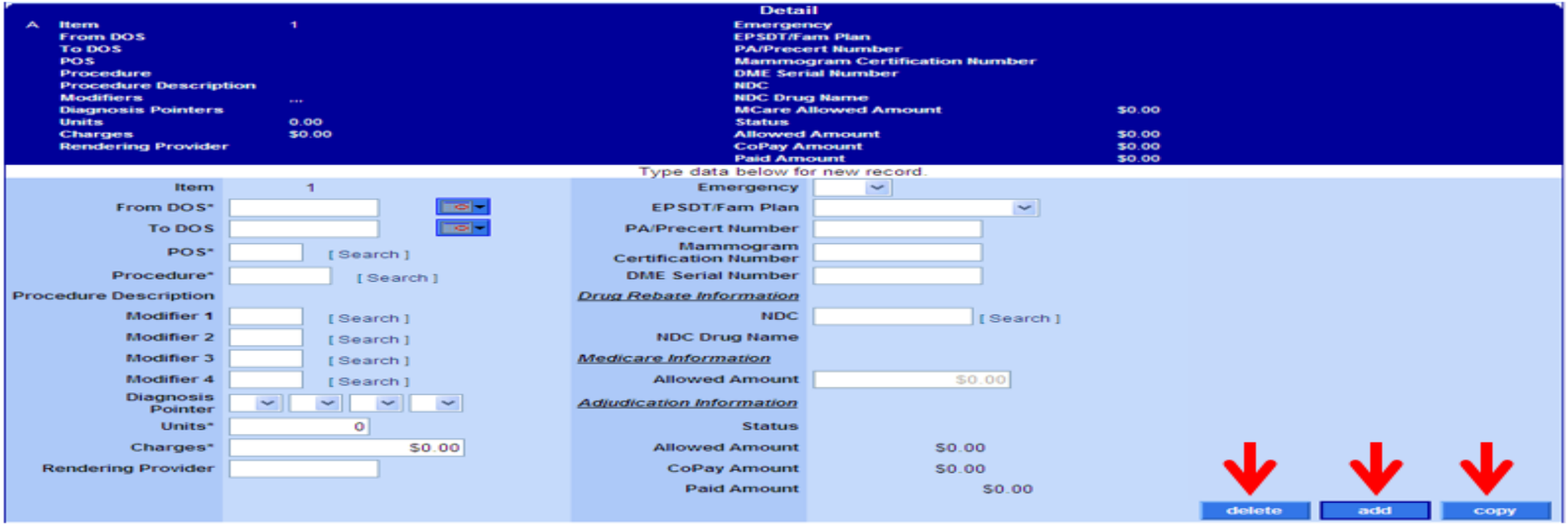
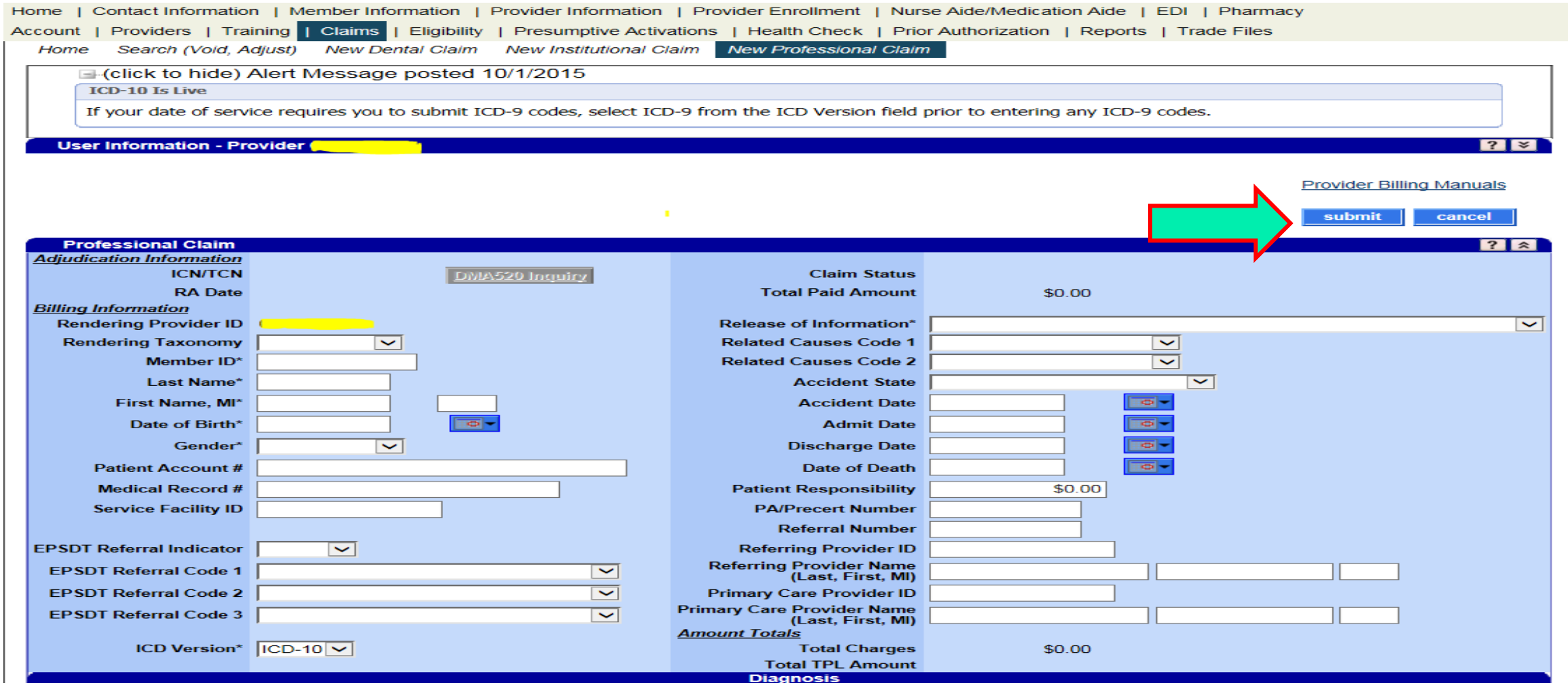
Click add to add up to 50 lines > Click copy to duplicate information > Click delete to delete the details entered



Submit
Section 4



New Claim, Not Submitted

If the claim is new and has not been submitted, the submit and cancel buttons appear.

Claim Status

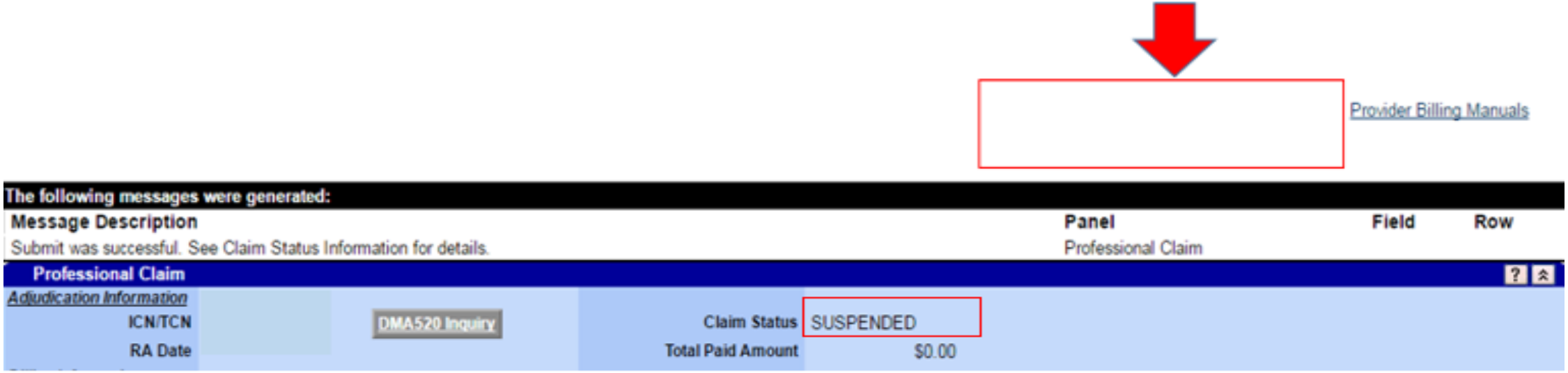
Once a claim has been processed, its status could be:

- **Suspended:** Further processing is needed. The final determination may be dependent upon further review or receipt of additional information.
- **Denied:** No part of the claim was found to be reimbursable.
- **Paid:** Some or all of the claim was reimbursable.

- **Claims Adjustment**

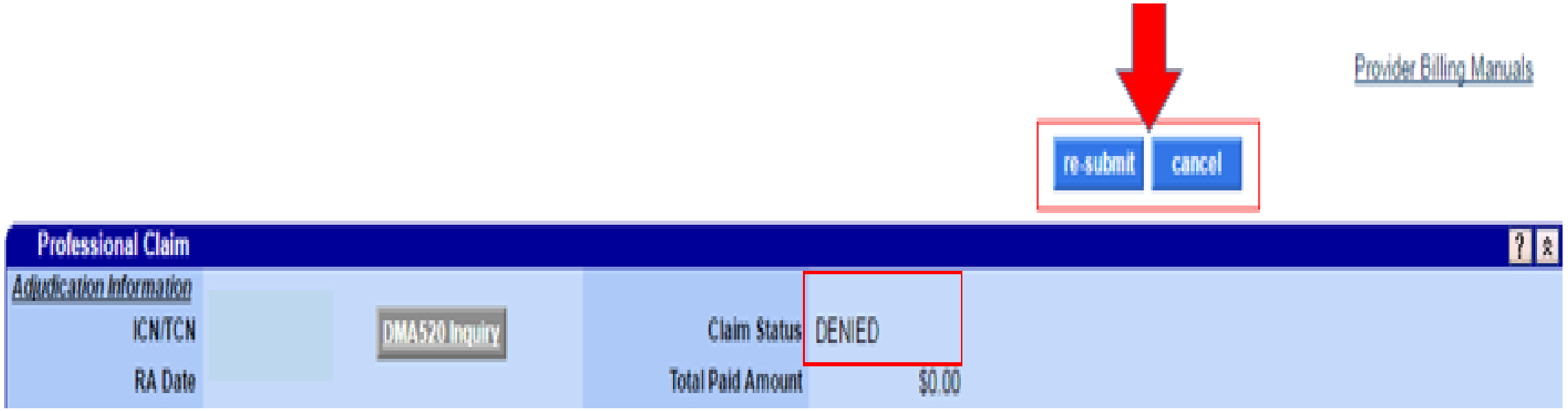
Suspended Claim

- If suspended, no buttons will appear. (Manual Review Required)
- Check with the call center or your field rep for more information



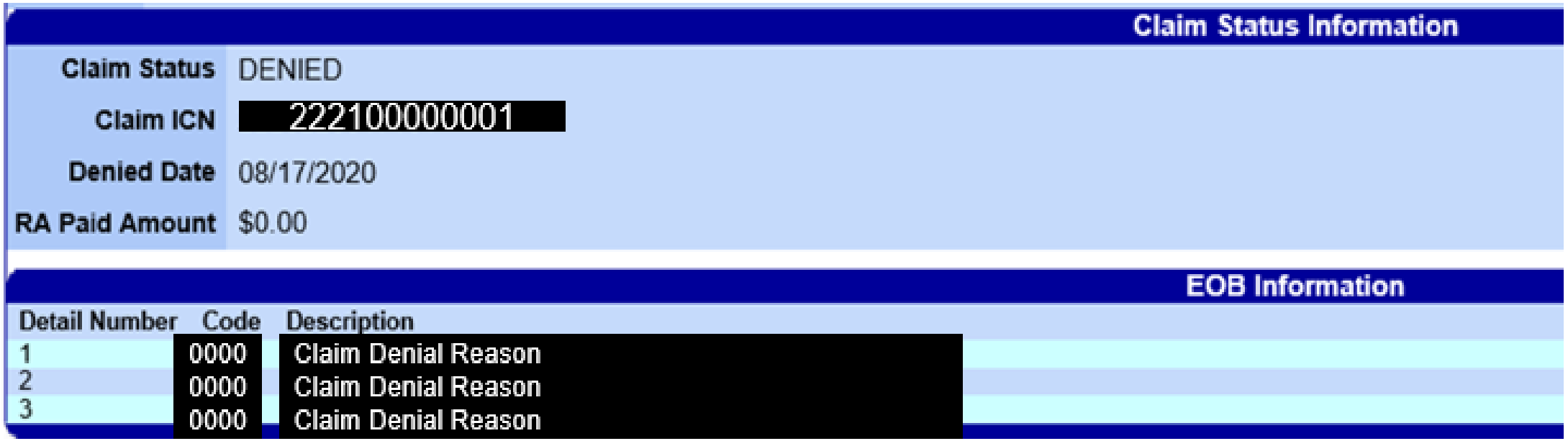
Denied Claim

- **If denied, the re-submit and cancel buttons appear.**



Claim Denial Reason

- **Claim is denied, move to the bottom of the claim to see why it has denied. Try to correct and then resubmit your claim.**



Claim Status Information

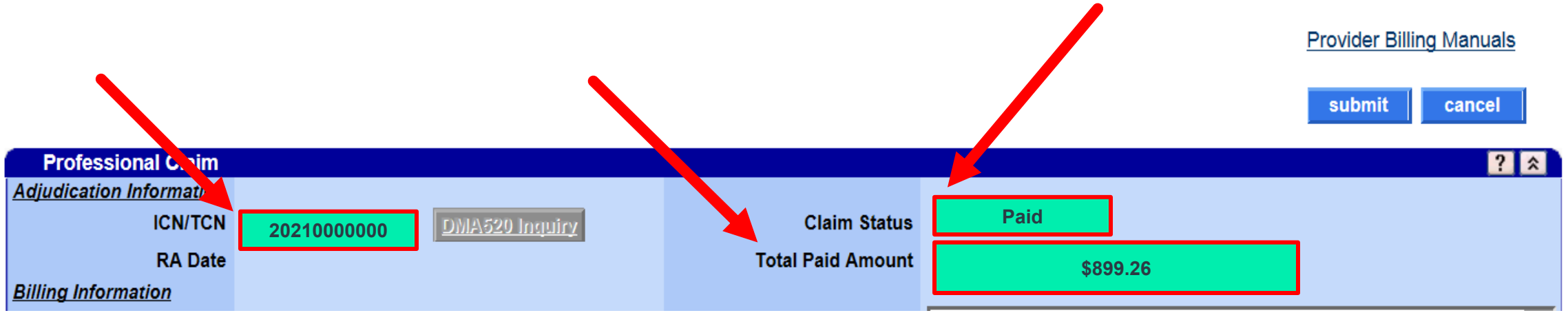
Claim Status	DENIED
Claim ICN	222100000001
Denied Date	08/17/2020
RA Paid Amount	$0.00

EOB Information

Detail Number	Code	Description
1	0000	Claim Denial Reason
2	0000	Claim Denial Reason
3	0000	Claim Denial Reason

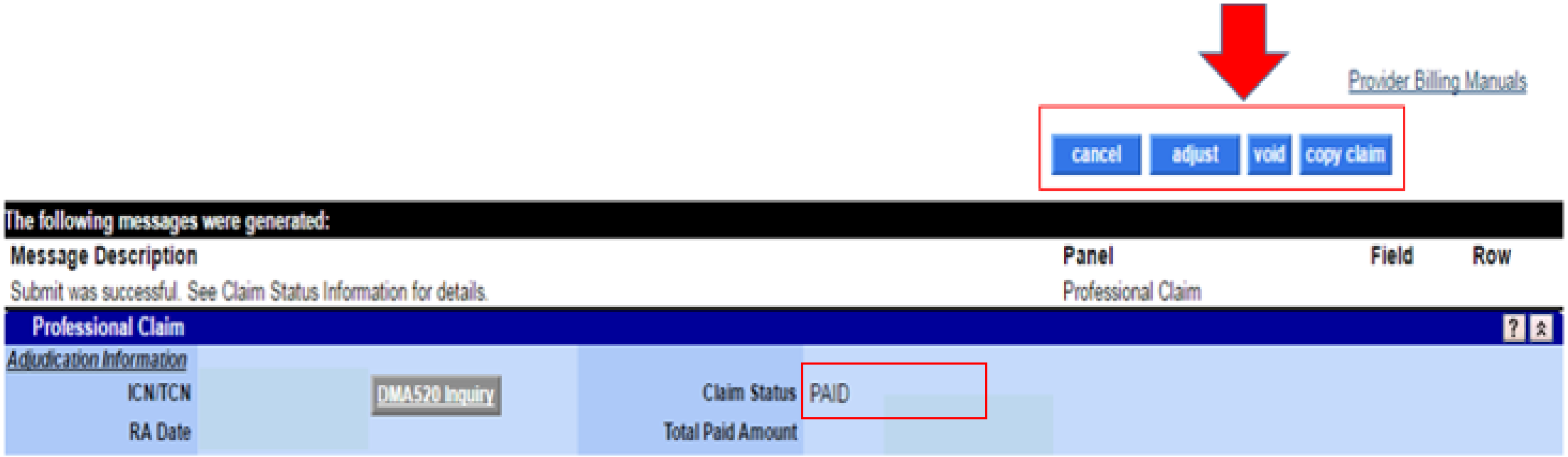
Claim Status – Top of the Claim

- ✓ **Claim number** – Internal Control Number (ICN)
- ✓ **Status** – Paid, Denied or Suspended
- ✓ **Total Paid amount**



Paid Claim with the Adjust Option

- If paid, the adjust, void, copy claim and cancel buttons appear. (If the paid claim has already been adjusted, the void and adjust buttons are no longer available). **This claim can be adjusted within 90 days of the paid date**.



Claims History Research

Claims History Search

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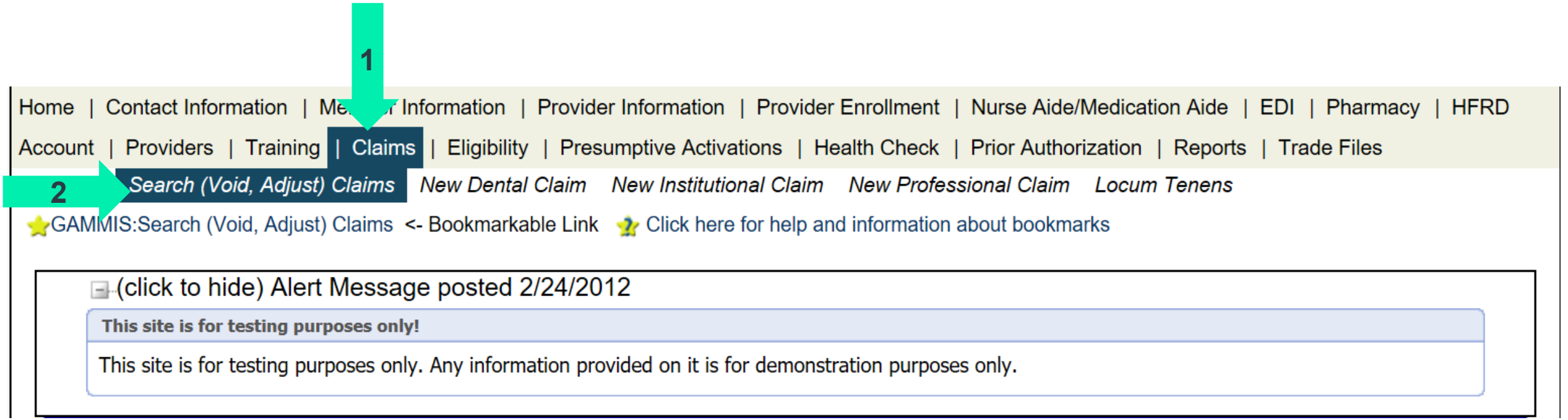

Claims History Search

Ways to search for outstanding claims:

- ICN (Search)
- Member ID, FDOS -> TDOS, Claim Type (Search)
- Member ID, FDOS -> TDOS, Status Type (Search)
- Member ID, Claim Type, RA Date (Search)

Claim Type = Professional

Status Type Options = Paid, Denied, Suspended

Claims History Search

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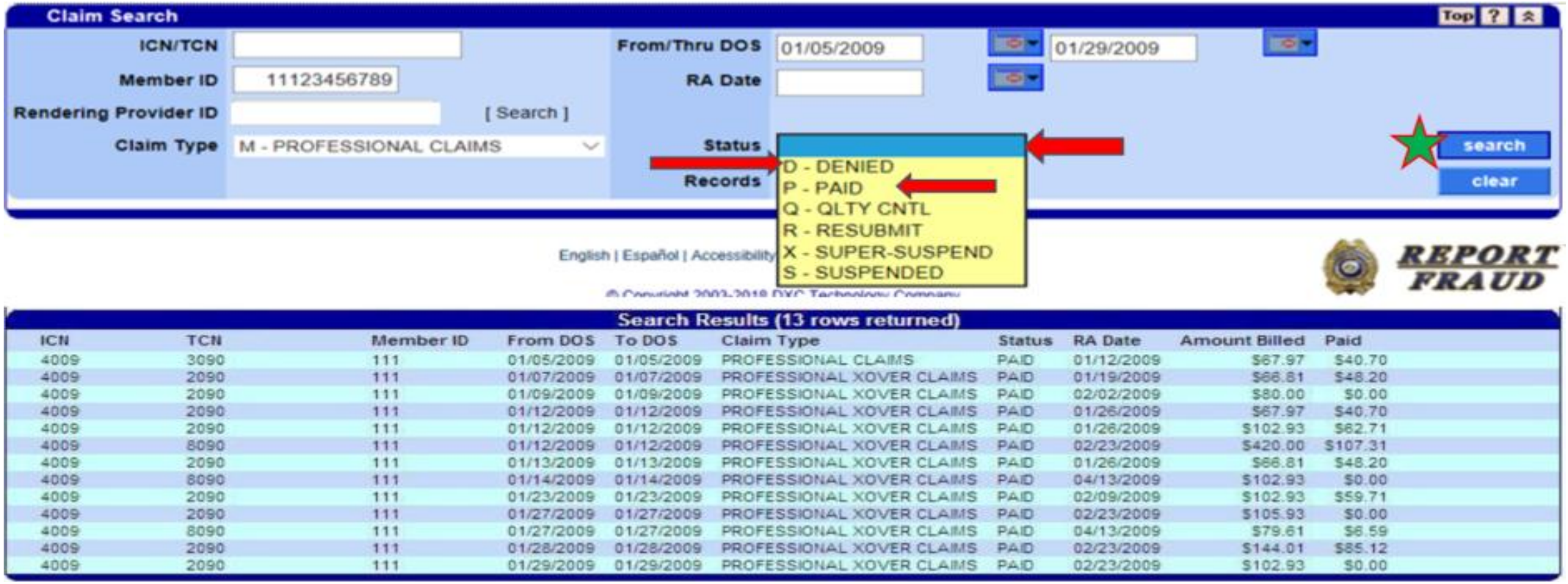
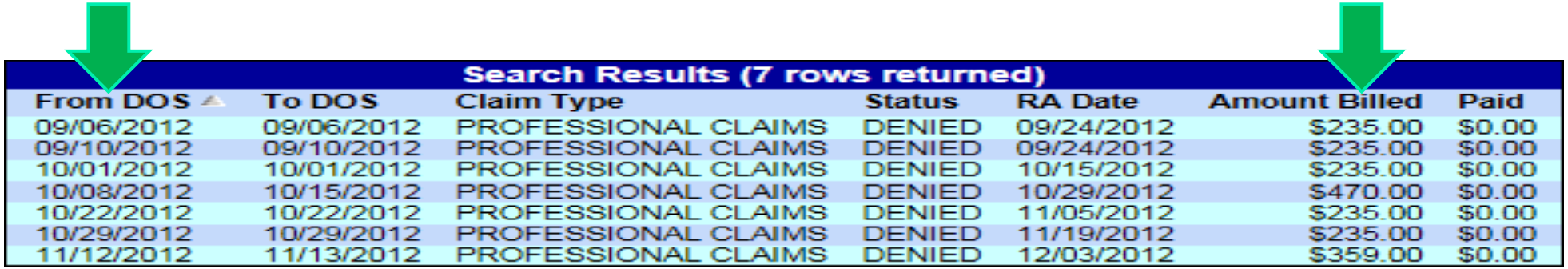


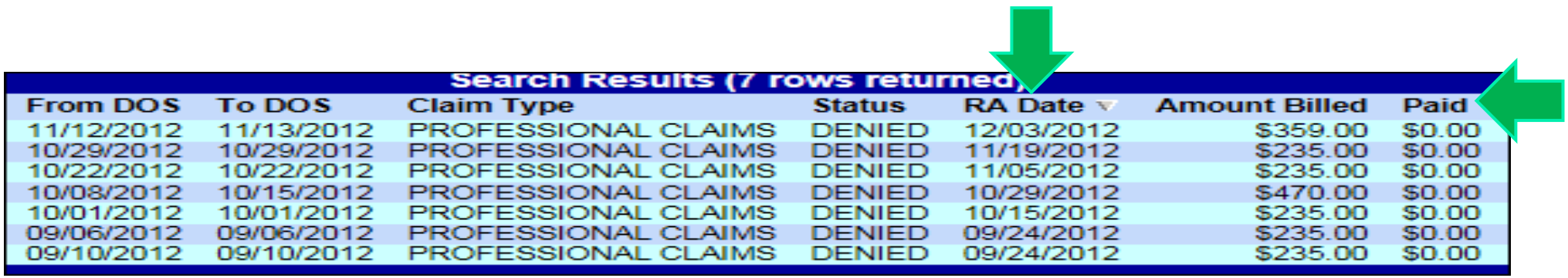
ICN	TCN	Member ID	From DOS	To DOS	Claim Type	Status	RA Date	Amount Billed	Paid
4009	3090	111	01/05/2009	01/05/2009	PROFESSIONAL CLAIMS	PAID	01/12/2009	$67.97	$40.70
4009	2090	111	01/07/2009	01/07/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/19/2009	$66.81	$48.20
4009	2090	111	01/09/2009	01/09/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/02/2009	$80.00	$0.00
4009	2090	111	01/12/2009	01/12/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/26/2009	$67.97	$40.70
4009	2090	111	01/12/2009	01/12/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/26/2009	$102.93	$62.71
4009	8090	111	01/12/2009	01/12/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	$420.00	$107.31
4009	2090	111	01/13/2009	01/13/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/26/2009	$66.81	$48.20
4009	8090	111	01/14/2009	01/14/2009	PROFESSIONAL XOVER CLAIMS	PAID	04/13/2009	$102.93	$0.00
4009	2090	111	01/23/2009	01/23/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/09/2009	$102.93	$59.71
4009	2090	111	01/27/2009	01/27/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	$105.93	$0.00
4009	8090	111	01/27/2009	01/27/2009	PROFESSIONAL XOVER CLAIMS	PAID	04/13/2009	$79.61	$6.59
4009	2090	111	01/28/2009	01/28/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	$144.01	$85.12
4009	2090	111	01/29/2009	01/29/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	$102.93	$0.00

Sort Claims by DOS, RA Date, Billed, or Paid



Search Results (7 rows returned)

From DOS	To DOS	Claim Type	Status	RA Date	Amount Billed	Paid
09/06/2012	09/06/2012	PROFESSIONAL CLAIMS	DENIED	09/24/2012	$235.00	$0.00
09/10/2012	09/10/2012	PROFESSIONAL CLAIMS	DENIED	09/24/2012	$235.00	$0.00
10/01/2012	10/01/2012	PROFESSIONAL CLAIMS	DENIED	10/15/2012	$235.00	$0.00
10/08/2012	10/15/2012	PROFESSIONAL CLAIMS	DENIED	10/29/2012	$470.00	$0.00
10/22/2012	10/22/2012	PROFESSIONAL CLAIMS	DENIED	11/05/2012	$235.00	$0.00
10/29/2012	10/29/2012	PROFESSIONAL CLAIMS	DENIED	11/19/2012	$235.00	$0.00
11/12/2012	11/13/2012	PROFESSIONAL CLAIMS	DENIED	12/03/2012	$359.00	$0.00



Search Results (7 rows returned)

From DOS	To DOS	Claim Type	Status	RA Date	Amount Billed	Paid
11/12/2012	11/13/2012	PROFESSIONAL CLAIMS	DENIED	12/03/2012	$359.00	$0.00
10/29/2012	10/29/2012	PROFESSIONAL CLAIMS	DENIED	11/19/2012	$235.00	$0.00
10/22/2012	10/22/2012	PROFESSIONAL CLAIMS	DENIED	11/05/2012	$235.00	$0.00
10/08/2012	10/15/2012	PROFESSIONAL CLAIMS	DENIED	10/29/2012	$470.00	$0.00
10/01/2012	10/01/2012	PROFESSIONAL CLAIMS	DENIED	10/15/2012	$235.00	$0.00
09/06/2012	09/06/2012	PROFESSIONAL CLAIMS	DENIED	09/24/2012	$235.00	$0.00
09/10/2012	09/10/2012	PROFESSIONAL CLAIMS	DENIED	09/24/2012	$235.00	$0.00

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

Common Denials

- 535: Adjustment exceeds timely filing period
- 3000: PA units exhausted or partially available
- 3011: DOS not within PA/Precert effective dates
- 4021: No Coverage for Billed Procedure
- 5035, 5037 or 5042: Exact Duplicate
- 5038 or 5043: Possible Duplicate
- 5044: Possible conflict (with another waiver)
- 5115: Service not allowed during hospital stay

Procedure Codes and Reimbursement Rates

A full list of all ICWP Procedure Codes can be found in the Independent Care Waiver Services(ICWP) manual, section “Appendix O” – Procedure Codes and Reimbursement

Some Examples:

Description	HIPAA Codes	Modifier	Description	Billing Changes
Personal Support Level I	T2025	U5 TF	*Attendant care services per hour	Max = 24 hours a day and 744 hours a month $25.53 per hour (eff 7/1/2024)
Personal Support Level II	T2025	U5 TG	*Attendant care services per hour	Max = 24 hours a day and 744 hours a month $27.54 per hour (eff 7/1/2024)
Adult Day Services	S5102		Day care services, adult; per diem	Max days = 31 $100.72 per day (eff 7/1/2024)
Adult Day Services	S5102	U1	Day care services, adult; per diem	Max days = 31 $100.72 per day (eff 7/1/2024)

ICWP
Electronic Visit Verification (EVV)
Service Codes

Procedure Codes Requiring EVV Claim Submission

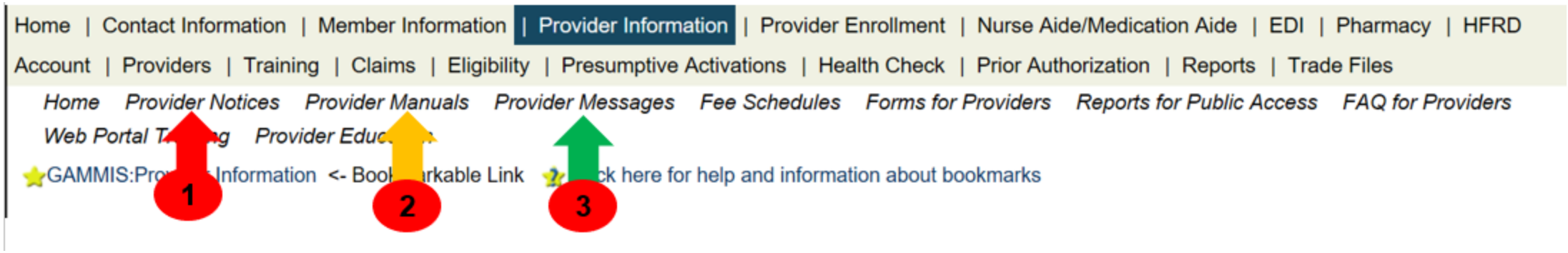
ICWP Personal Support Services

Procedure	Mod1	Mod2	Mod3	Description
T2025	U5	TF		Personal Support Level 1
T2025	U5	TG		Personal Support II
T2025	U5	UC		Personal Support Consumer Directed
T2025	U5	U1	TF	TBI Personal Support Level 1
T2025	U5	U1	TG	TBI Personal Support Level II

Georgia EVV Support

New Georgia EVV Call Center – Netsmart
Operation Hours: Monday – Friday 8 AM – 6 PM EST
Primary Number: (833) 483-5587
Website support: www.NetsmartConnect.com

Policy Information and Updates

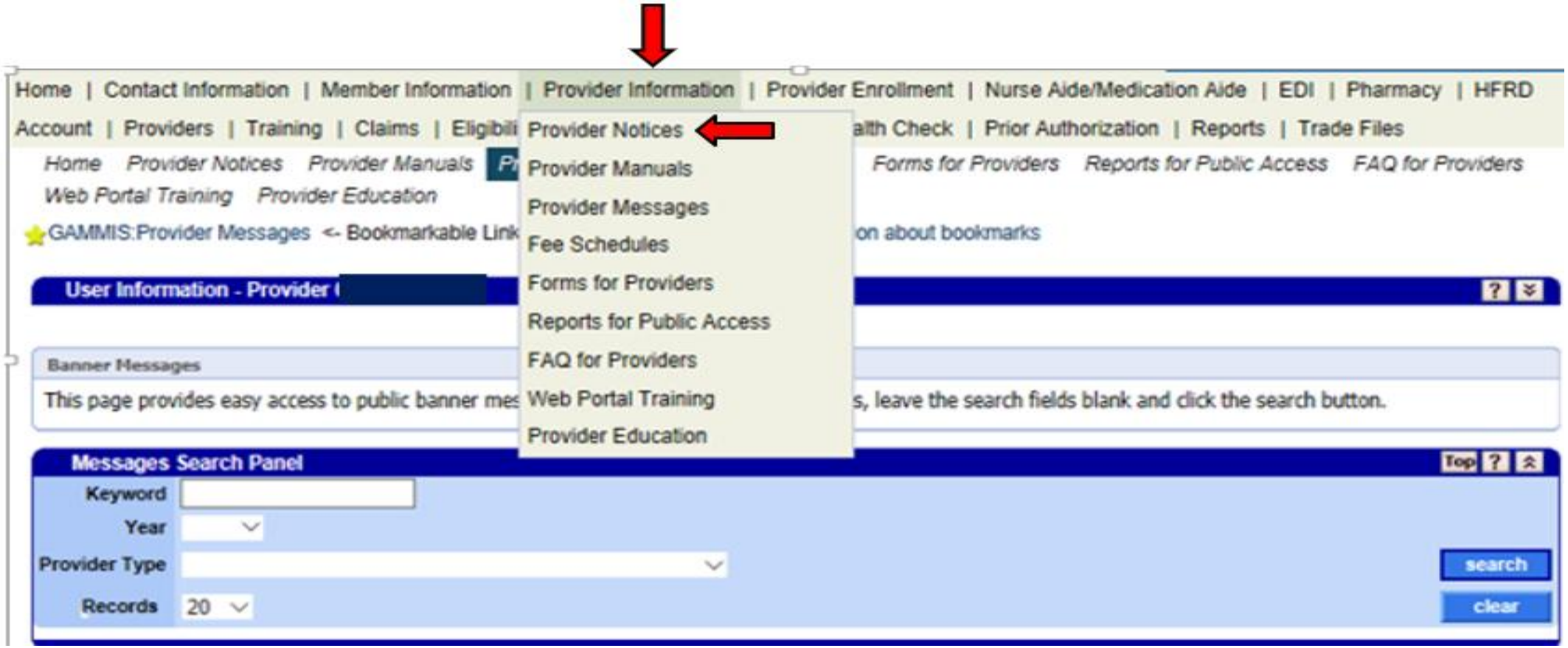


Policy Information and Updates

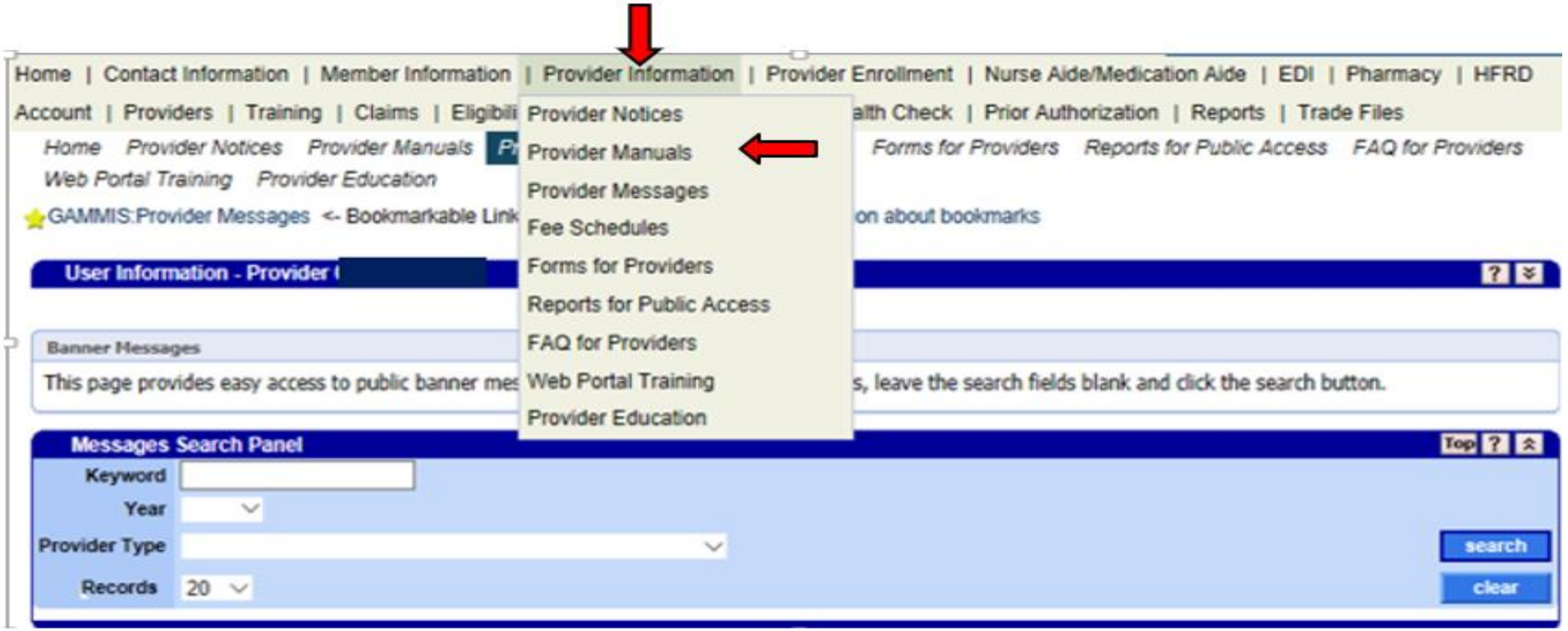
(continued)

- **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



Provider Information and Provider Manuals



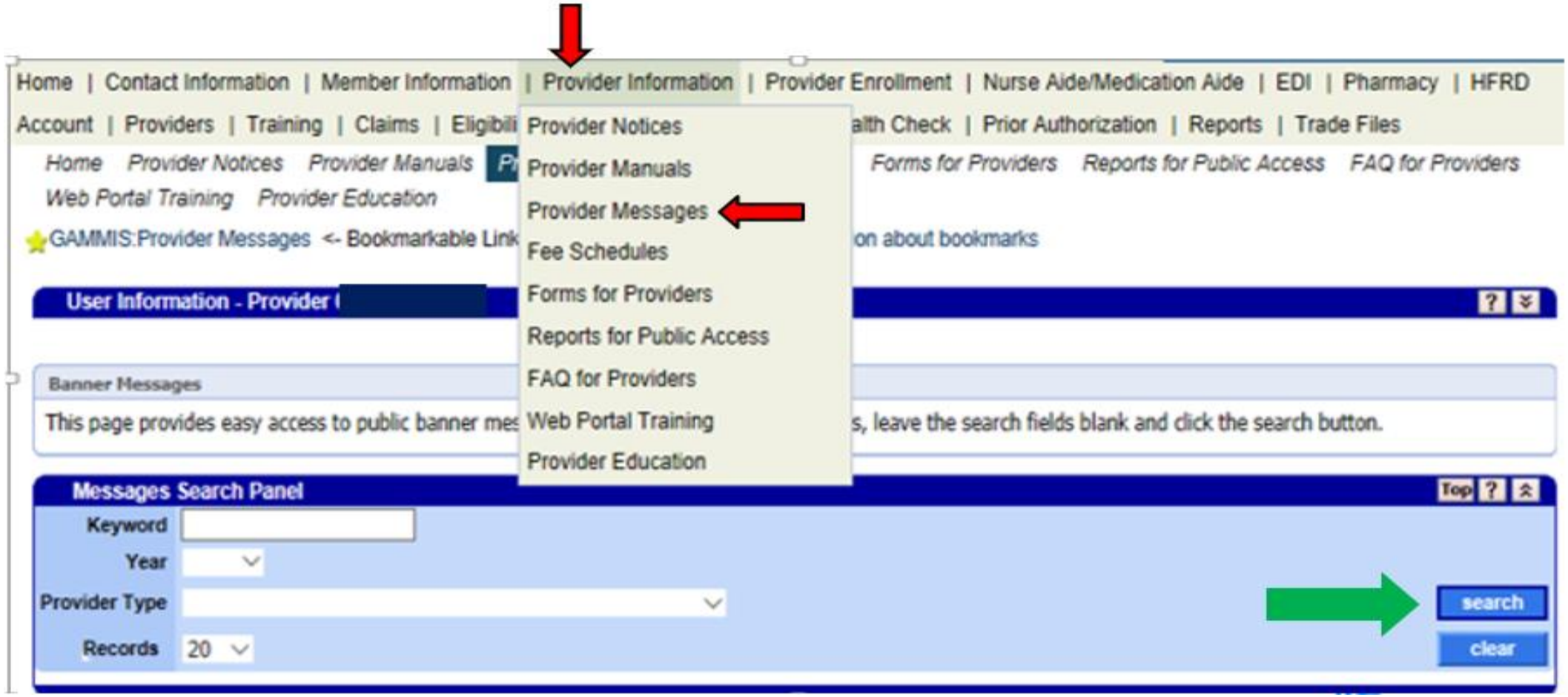
Provider Information and Provider Manuals

(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	789	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	1418.9	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	758.2	10/01/2020
CCSP and SOURCE Emergency Response Services	PDF	CURRENT POLICY MANUALS	226.2	10/01/2020
CCSP and SOURCE General Services	PDF	CURRENT POLICY MANUALS	3659.1	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	2883.6	10/01/2020
CCSP Case Management Documents	PDF	CURRENT POLICY MANUALS	8438	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	2843.9	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 1300-3600	PDF	CURRENT POLICY MANUALS	1857	10/01/2020
Dental Services	PDF	CURRENT POLICY MANUALS	1176.9	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
Durable Medical Equipment	PDF	CURRENT POLICY MANUALS	3836.3	10/01/2020
Early Intervention Case Management	PDF	CURRENT POLICY MANUALS	754.1	10/01/2020
Emergency Ambulance	PDF	CURRENT POLICY MANUALS	1009.3	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	1165.4	10/01/2020
Federally Qualified Health Center Services (FQHC) and Rural Health Clinic Services (RHC)	PDF	CURRENT POLICY MANUALS	1203.7	10/01/2020
GAPP Manual	PDF	CURRENT POLICY MANUALS	2459.3	10/01/2020
Home Health Services	PDF	CURRENT POLICY MANUALS	1232.8	10/01/2020
Hospice Services	PDF	CURRENT POLICY MANUALS	1441.7	10/01/2020
Hospital Presumptive Eligibility Manual	PDF	CURRENT POLICY MANUALS	15580.2	10/01/2020
Hospital Services	PDF	CURRENT POLICY MANUALS	3500.3	10/01/2020
Independent Care Waiver Services	PDF	CURRENT POLICY MANUALS	2738.2	10/01/2020
Independent Care Waiver Services ALS	PDF	CURRENT POLICY MANUALS	926.4	10/01/2020
Independent Lab Services	PDF	CURRENT POLICY MANUALS	996.4	10/01/2020
Interactive Voice Response (IVR) System User's Guide	PDF	ALL CATEGORIES	1015.1	01/24/2012

Provider Information and Provider Messages



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

Territory 1 N GA
Bartow, Catoosa, Chatooga, Cherokee, Dade, Dawson, Fannin, Floyd, Forsyth, Gilmer, Gordon, Habersham, Hall, Lumpkin, Murray, Pickens, Rabun, Stephens, Towns, Union, Walker, White, Whitfield

Territory 2 Atlanta
Fulton

Territory 3 NE GA
Banks, Barrow, Clarke, Elbert, Franklin, Gwinnett, Hart, Jackson, Madison, Oconee, Walton

Territory 4: NW GA
Carroll, Cobb, Douglas, Haroldson, Paulding, Polk

Territory 5: SE Metro
Clayton, DeKalb, Rockdale

Territory 6: Middle GA
Butts, Chattahoochee, Coweta, Fayette, Harris, Heard, Henry, Jasper, Jones, Lamar, Marion, Meriwether, Monroe, Muscogee, Newton, Pike, Spalding, Talbot, Taylor, Troup, Upson

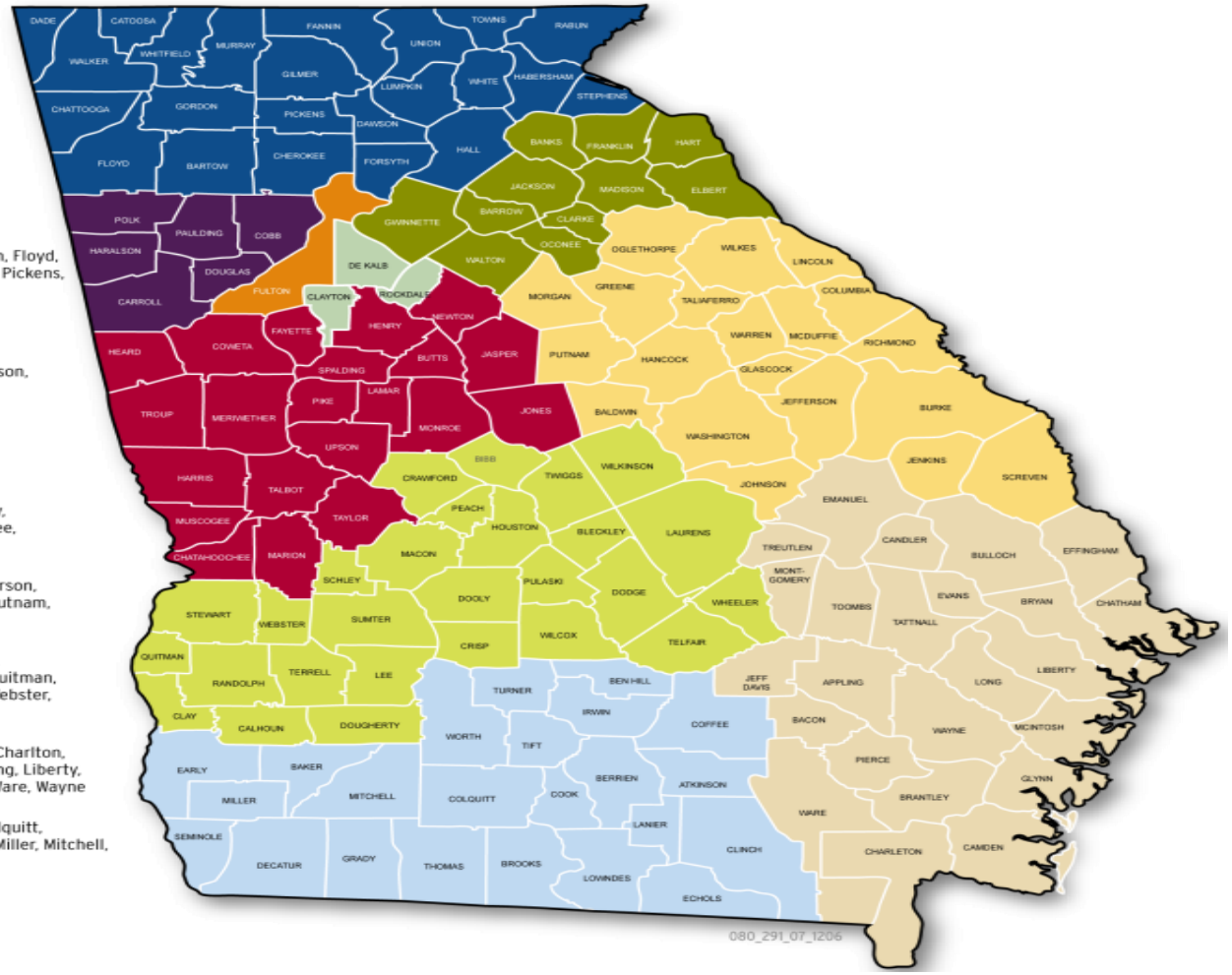
Territory 7: Augusta
Baldwin, Burke, Columbia, Glascock, Greene, Hancock, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Morgan, Oglethorpe, Putnam, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes

Territory 8: SW GA
Bibb, Bleckley, Calhoun, Clay, Crawford, Crisp, Dodge, Dooly, Dougherty, Houston, Laurens, Lee, Macon, Peach, Pulaski, Quitman, Randolph, Stewart, Schley, Sumter, Telfair, Terrell, Twiggs, Webster, Wheeler, Wilcox, Wilkinson

Territory 9: SE GA
Appling, Bacon, Bryan, Bulloch, Brantley, Camden, Candler, Charlton, Chatham, Effingham, Emanuel, Evans, Glynn, Jeff Davis, Long, Liberty, McIntosh, Montgomery, Pierce, Tattnall, Toombs, Treutlen, Ware, Wayne

Territory 10: South GA
Atkinson, Baker, Ben Hill, Barrien, Brooks, Clinch, Coffee, Colquitt, Cook, Decatur, Early, Echols, Grady, Irwin, Lanier, Lowndes, Miller, Mitchell, Seminole, Thomas, Tift, Turner, Worth

Territory 11 State Wide
Hospital Field Representative

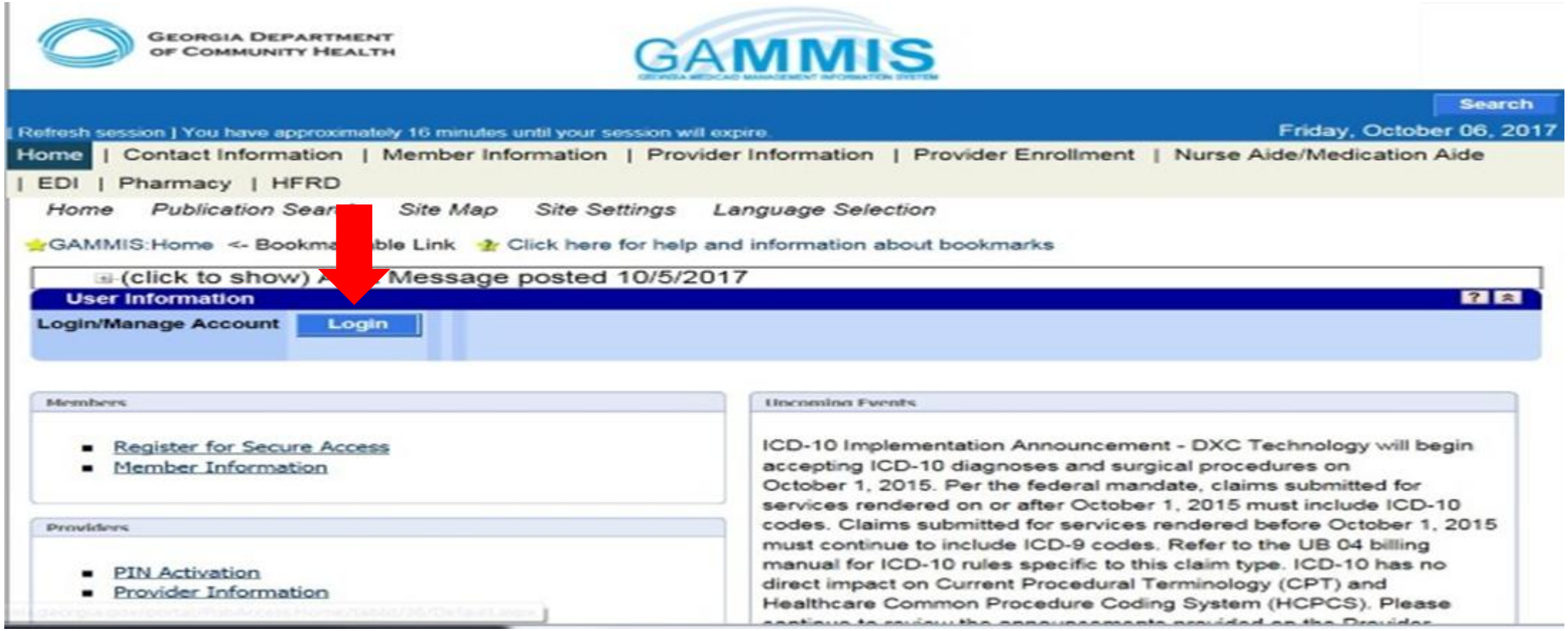


Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Mercedes Liddell
2	Fulton	Deandre Murray
3	NE Georgia	Carolyn Samuel
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	Haley Guyton
North	Hospital Rep	Sherida Banks
South	Hospital Rep	Vacant

Contact My Provider Rep Directly

Login to the MMIS system with your username and password



Contact My Provider Rep Directly

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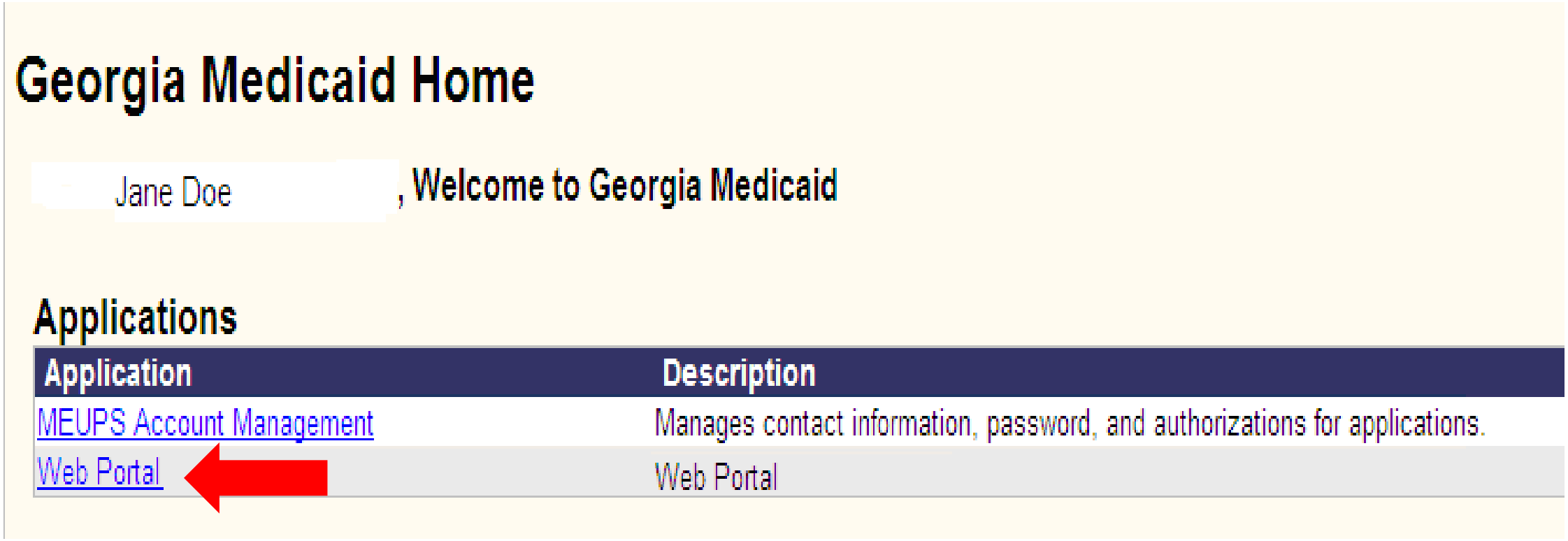
Select The Web Portal Option



Contact My Provider Rep Directly

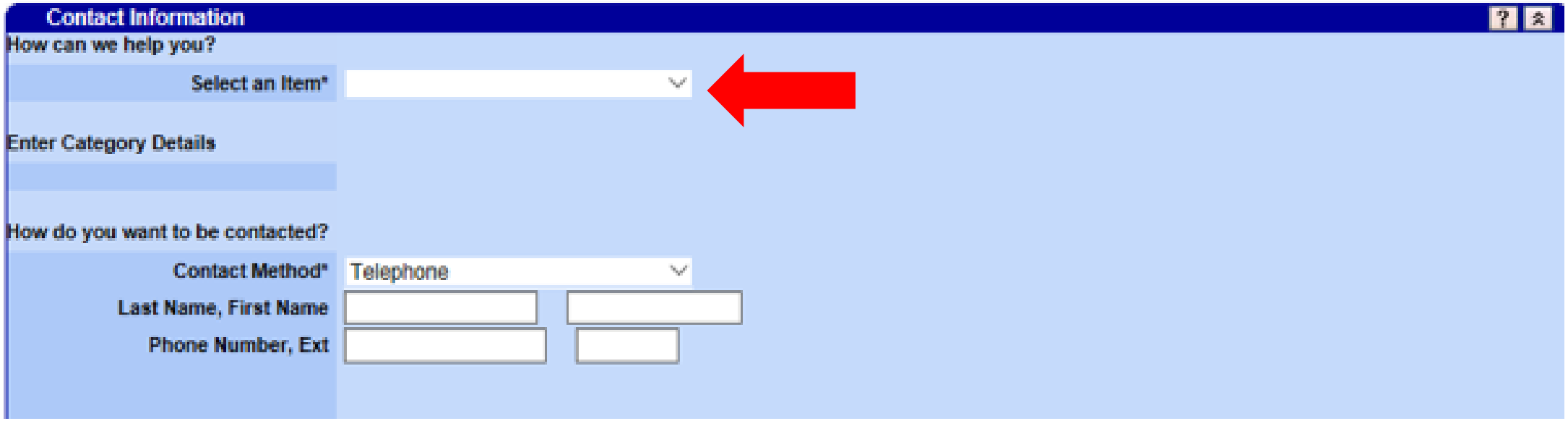
(continued)

Select Contact Information, Contact Us

Contact My Provider Rep Directly

(continued)

Select an Item



Contact My Provider Rep Directly

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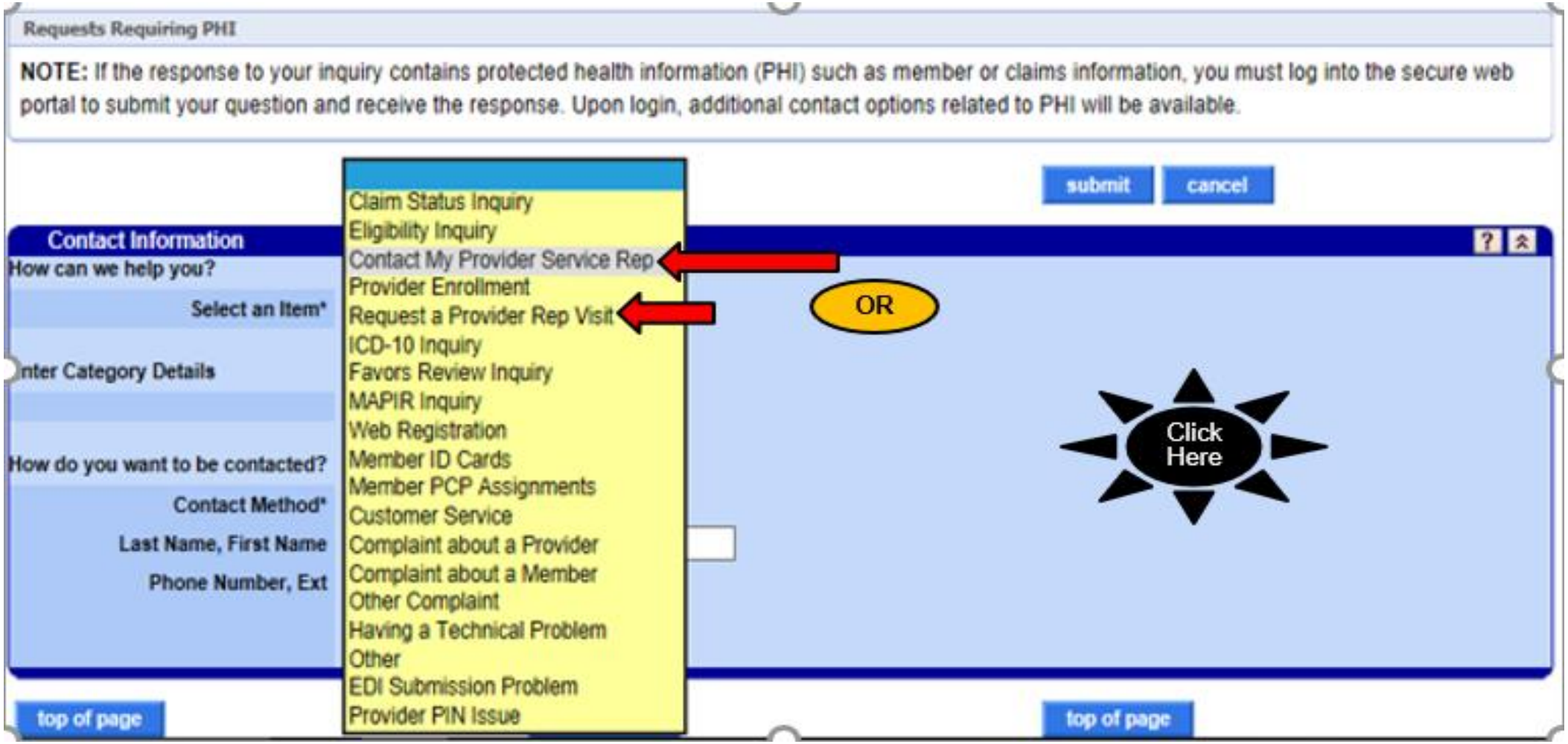

Contact My Provider Rep Directly

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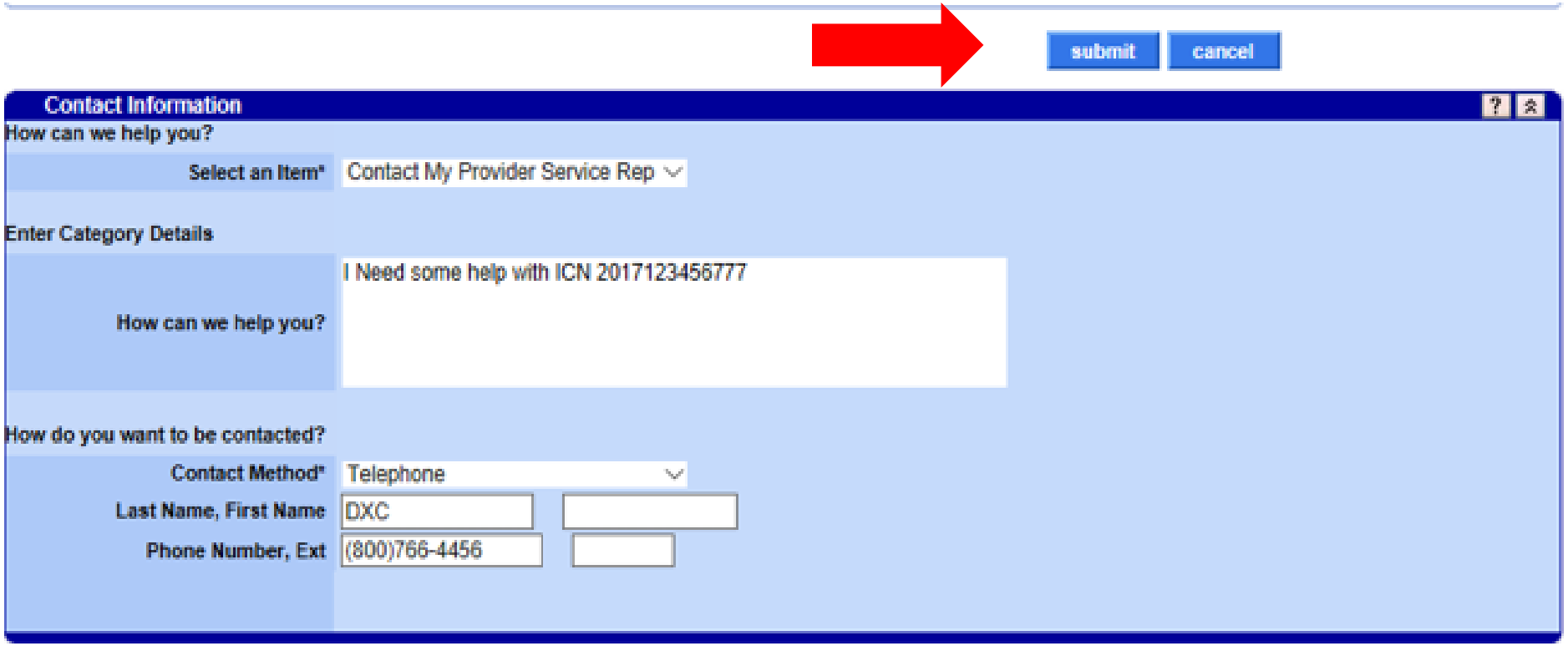
Please provide all details pertaining to your issue, including ICN, member id etc.



Contact My Provider Rep Directly

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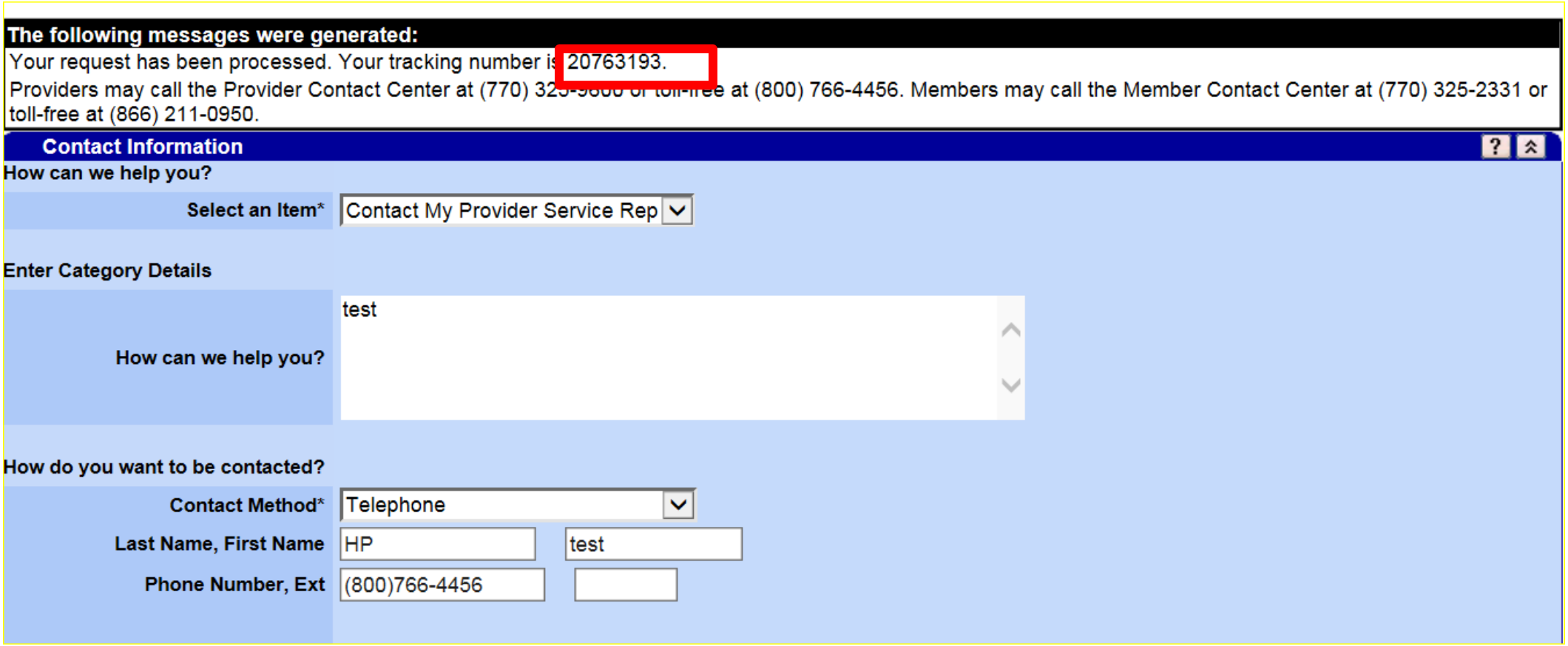

Provider Services Contact Center

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:

- Verify Georgia Medicaid member eligibility
- Claims Submissions
- Claims History Search
- Claim Adjustments
- Timely Filing
- Contact about information concerning Georgia Medicaid
- Identify the Gainwell Technologies Field Services Representative responsible for your Georgia Medicaid territory.

Closing

Questions and Answers