



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

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”

gainwell

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 as 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)

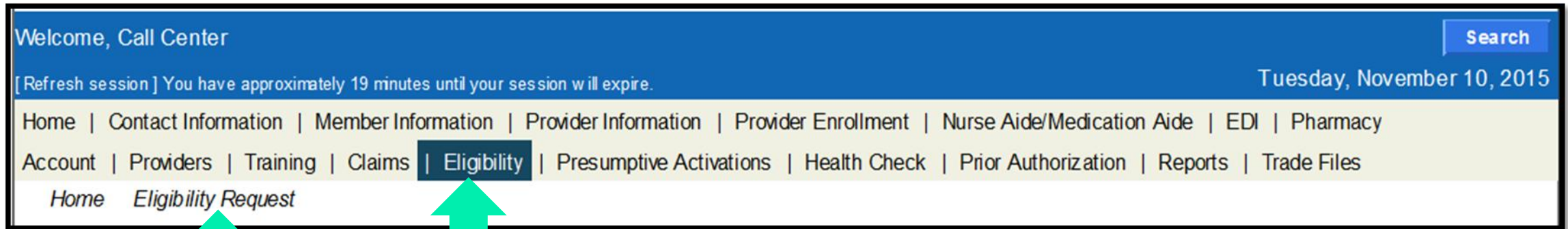
The IVRS and the GAMMIS website are available 24 hours a day.

Eligibility Verification

(continued)

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

1. Eligibility
2. Eligibility Request



(continued)

- Eligibility Verification Request**

Member ID	123456789012	Birth Date		
Last Name		SSN		
First Name		From/Thru Date of Service	05/01/2010	05/05/2010
Gender				

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 Code selected.	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

Retroactive Eligibility			?
Retroactive Begin Date	Retroactive End Date	Retroactive Eff (Update) Date	
06/08/2018	06/08/2018	08/11/2018	

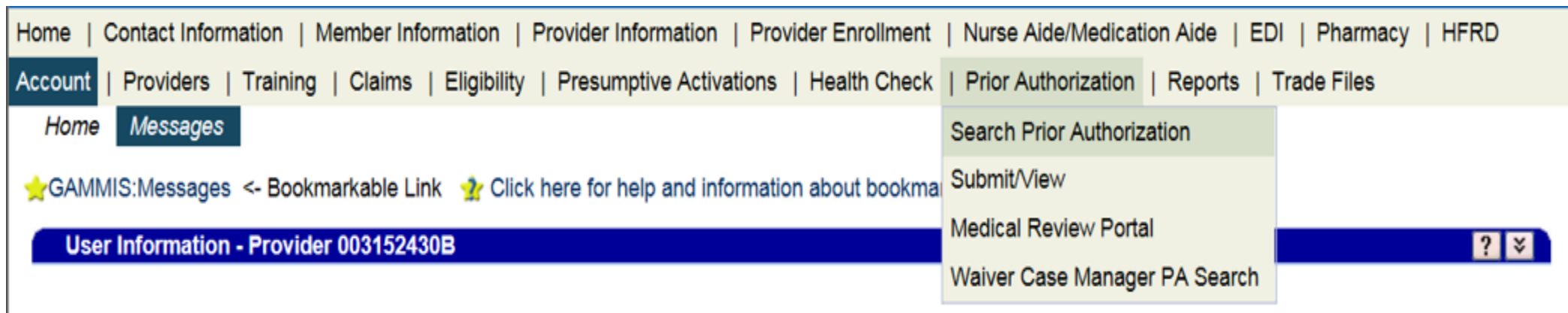
Claims must be received within six (6) months after the date in which the determination of retroactive eligibility was made at the address used for regular claims submission.

Prior Authorization Research

Prior Authorization Search

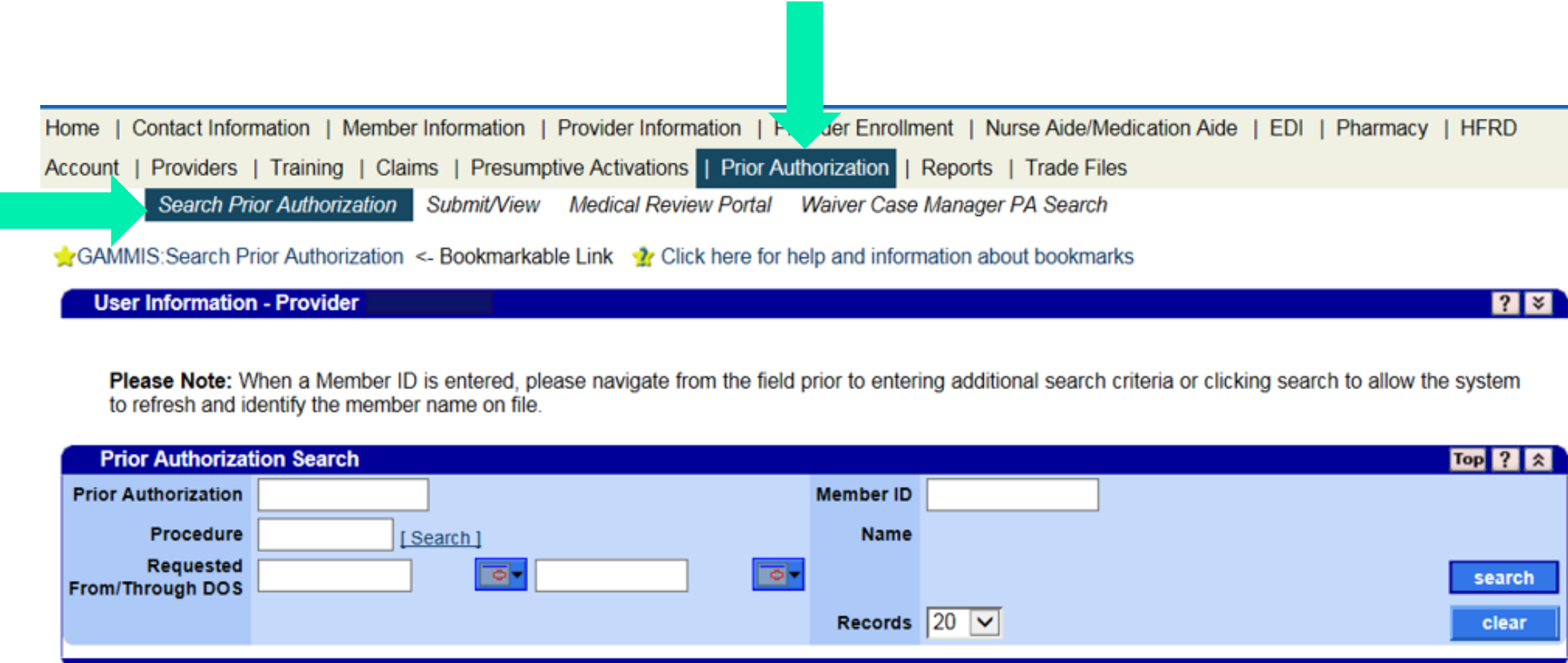
Visit: www.mmis.georgia.gov

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



Prior Authorization Search

(continued)



Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD Account | Providers | Training | Claims | Presumptive Activations | **Prior Authorization** | Reports | Trade Files

Search Prior Authorization Submit/View Medical Review Portal Waiver Case Manager PA Search

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

User Information - Provider ? ↕

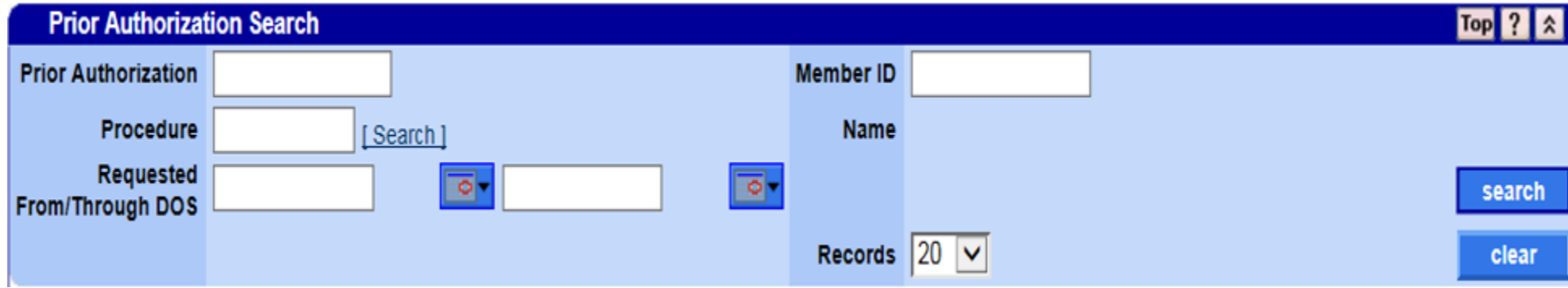
Please Note: When a Member ID is entered, please navigate from the field prior to entering additional search criteria or clicking search to allow the system to refresh and identify the member name on file.

Prior Authorization Search Top ? ↕

Prior Authorization		Member ID	
Procedure	[Search]	Name	
Requested From/Through DOS	 	Records	20 
			search clear

Prior Authorization Search

(continued)



The screenshot shows a web form titled "Prior Authorization Search" with a dark blue header bar containing "Top", "?", and an upward arrow icon. The form is divided into two main sections. The left section contains three input fields: "Prior Authorization" (a single text box), "Procedure" (a text box followed by a "[Search]" button), and "Requested From/Through DOS" (two text boxes separated by two calendar icons). The right section contains two input fields: "Member ID" (a single text box) and "Name" (a single text box). Below these is a "Records" dropdown menu currently 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



- 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	Hewlett Packard Enterprise	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 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



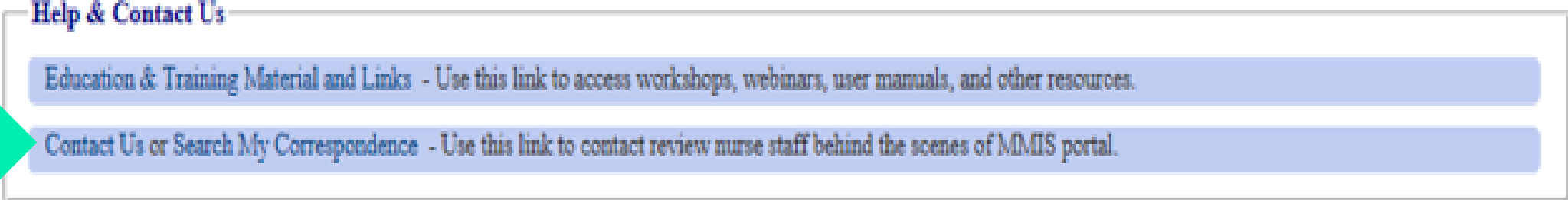
Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | **Prior Authorization** | Reports | Trade Files

Home Search Prior Authorization Submit/View **Medical Review Portal** Waiver Case Manager PA Search

★ GAMMIS:Medical Review Portal <- Bookmarkable Link ★ Click here for help and information about bookmarks

Arrows: Arrow 1 points to 'Prior Authorization' in the top bar. Arrow 2 points to 'Medical Review Portal' in the second row.

Move Down
3



Help & Contact Us

Education & Training Material and Links - Use this link to access workshops, webinars, user manuals, and other resources.

4 Contact Us or Search My Correspondence - Use this link to contact review nurse staff behind the scenes of MMIS portal.

Arrow 4 points to the 'Contact Us or Search My Correspondence' link.

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

(continued)

Contact Us

Contact Form

Correspondence ID :

Contact For :

ICWP

Prior Authorization Request ID :

1234567890

Contact Name :

DXC

Contact Email Address :

DXC.com

Confirm Email Address :

DXC.com

Phone Number :

80-076-8445

Ext.

Message / Question :

test

GMCF Response :

Reference

Attachments :

Submit Information

Reset Form

< Back

Return to Medical Review Portal

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

(continued)

Contact Form

Correspondence ID :
Contact For :
Prior Authorization
Request ID :
Contact Name :
Contact Email Address :
Confirm Email
Address :
Phone Number :
Message / Question :

GMCF Response :
Reference
Attachments :

C170S1160004

ICWP

1234567890

DXC

DXC.com

DXC.com

80-076-6445

Ext.

test

Invalid Email

Invalid - Email Address doesn't match

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Browse...

Attach File

Submit Information

Reset Form

< Back

Return to Medical Review Portal

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

1

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](#) [Search \(Void, Adjust\) Claims](#) [New Dental Claim](#) [New Institutional Claim](#) [New Professional Claim](#) [Locum Tenens](#)

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

2

 (click to hide) Alert Message posted 2/24/2012

This site is for testing purposes only!

This site is for testing purposes only. Any information provided on it is for demonstration purposes only.

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).

Professional Claim		Claim Status	
<u>Adjudication Information</u>		Total Paid Amount \$0.00	
ICN/TCN	DMA529 Inquiry		
RA Date			
<u>Billing Information</u>		Release of Information*	
Rendering Provider ID		Related Causes Code 1	
Rendering Taxonomy		Related Causes Code 2	
Member ID*		Accident State	
Last Name*		Accident Date	
First Name, MI*		Admit Date	
Date of Birth*		Discharge Date	
Gender*		Date of Death	
Patient Account #		Patient Responsibility	\$0.00
Medical Record #		PA/Precert Number	
Service Facility ID		Referral Number	
EPSDT Referral Indicator		Referring Provider ID	
EPSDT Referral Code 1		Referring Provider Name (Last, First, MI)	
EPSDT Referral Code 2		Primary Care Provider ID	
EPSDT Referral Code 3		Primary Care Provider Name (Last, First, MI)	
ICD Version*	ICD-10	<u>Amount Totals</u>	
		Total Charges	\$0.00
		Total TPL Amount	

Diagnosis

Section 2

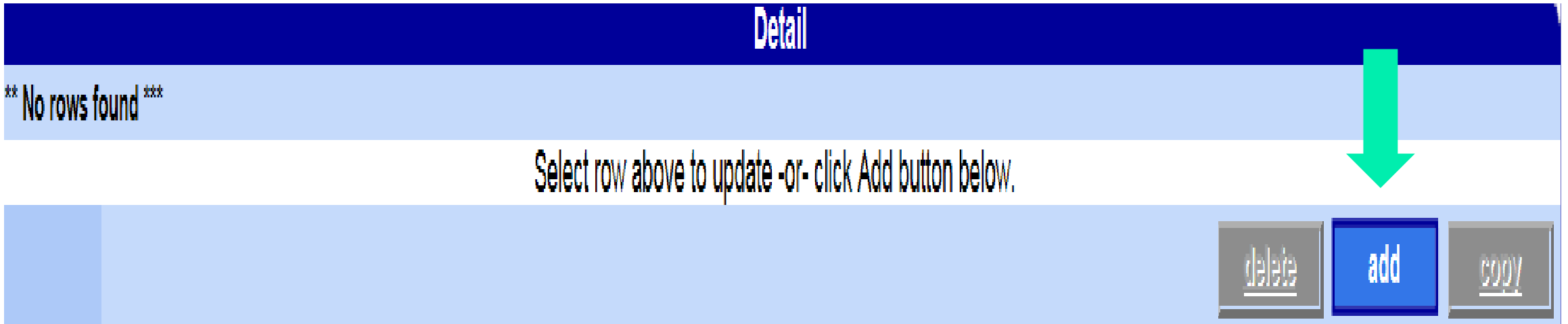
Allows entry of up to 10 diagnoses

- 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.

Diagnosis		
Sequence ▾	Diagnosis	Description
A		
A		
Type data below for new record.		
Sequence*	1 ▾	Diagnosis [Search]
	1	
	2	
	3	
	4	
	5	
	6	
	7	

Detail

Section 3



Claim Detail

Section 3

(continued)

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

A		Item		1		Detail	
From DOS				Emergency			
To DOS				EPSDT/Fam Plan			
POS				PA/Precert Number			
Procedure				Mammogram Certification Number			
Procedure Description				DME Serial Number			
Modifiers			---	NDC			
Diagnosis Pointers				NDC Drug Name			
Units			0.00	MCare Allowed Amount			\$0.00
Charges			\$0.00	Status			
Rendering Provider				Allowed Amount			\$0.00
				CoPay Amount			\$0.00
				Paid Amount			\$0.00

Type data below for new record.

Item	1			Emergency			
From DOS*				EPSDT/Fam Plan			
To DOS				PA/Precert Number			
POS*			[Search]	Mammogram Certification Number			
Procedure*			[Search]	DME Serial Number			
Procedure Description				<u>Drug Rebate Information</u>			
Modifier 1			[Search]	NDC			[Search]
Modifier 2			[Search]	NDC Drug Name			
Modifier 3			[Search]	<u>Medicare Information</u>			
Modifier 4			[Search]	Allowed Amount			\$0.00
Diagnosis Pointer				<u>Adjudication Information</u>			
Units*			0	Status			
Charges*			\$0.00	Allowed Amount			\$0.00
Rendering Provider				CoPay Amount			\$0.00
				Paid Amount			\$0.00

delete

add

copy

Submit

Section 4

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 Search (Void, Adjust) New Dental Claim New Institutional Claim **New Professional Claim**

(click to hide) Alert Message posted 10/1/2015

ICD-10 Is Live

If your date of service requires you to submit ICD-9 codes, select ICD-9 from the ICD Version field prior to entering any ICD-9 codes.

User Information - Provider

[Provider Billing Manuals](#)

submit

cancel

Professional Claim

Adjudication Information

ICN/TCN

RA Date

DMA520 Inquiry

Billing Information

Rendering Provider ID

Rendering Taxonomy

Member ID*

Last Name*

First Name, MI*

Date of Birth*

Gender*

Patient Account #

Medical Record #

Service Facility ID

EPSDT Referral Indicator

EPSDT Referral Code 1

EPSDT Referral Code 2

EPSDT Referral Code 3

ICD Version*

ICD-10

Claim Status

Total Paid Amount

\$0.00

Release of Information*

Related Causes Code 1

Related Causes Code 2

Accident State

Accident Date

Admit Date

Discharge Date

Date of Death

Patient Responsibility

\$0.00

PA/Precert Number

Referral Number

Referring Provider ID

Referring Provider Name

(Last, First, MI)

Primary Care Provider ID

Primary Care Provider Name

(Last, First, MI)

Amount Totals

Total Charges

\$0.00

Total TPL Amount

Diagnosis

New Claim, Not Submitted

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

[Provider Billing Manuals](#)



Professional Claim			
<u>Adjudication Information</u>			
ICN/TCN	DMA520 Inquiry	Claim Status	
RA Date		Total Paid Amount	\$0.00
<u>Billing Information</u>			
Rendering Provider ID		Release of Information*	Y - SIGNED STMT PERMITTING RELEASE
Rendering Taxonomy		Related Causes Code 1	

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

[Provider Billing Manuals](#)

The following messages were generated:

Message Description	Panel	Field	Row
Submit was successful. See Claim Status Information for details.	Professional Claim		

Professional Claim				?	▲
--------------------	--	--	--	---	---

Adjudication Information				
ICN/TCN		DMA520 Inquiry	Claim Status	SUSPENDED
RA Date			Total Paid Amount	\$0.00

Denied Claim

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

[Provider Billing Manuals](#)

re-submitcancel

Professional Claim

Adjudication Information

ICN/TCN

RA Date

DMA520 Inquiry

Claim Status

DENIED

Total Paid Amount

\$0.00

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.

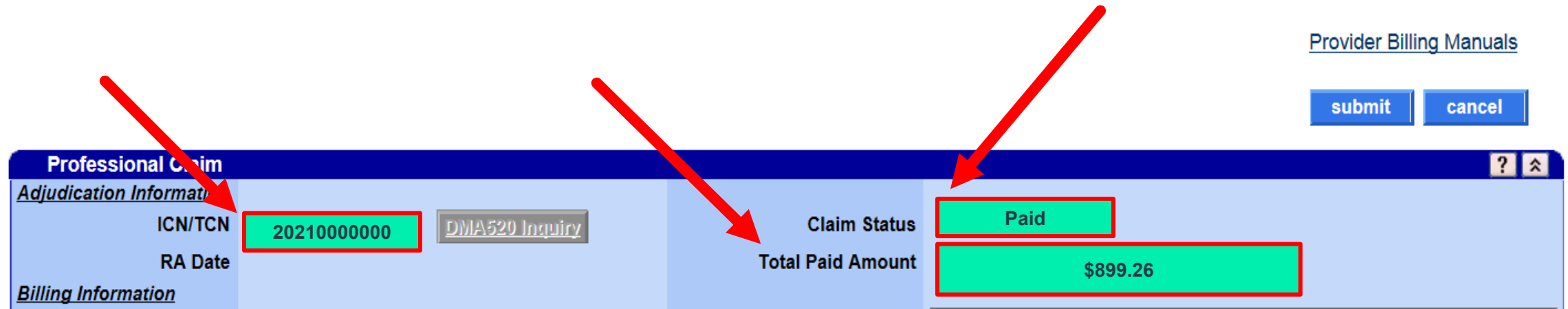
Claim Status Information		
Claim Status	DENIED	
Claim ICN	222100000001	
Denied Date	08/17/2020	
RA Paid Amount	\$0.00	
EOB Information		
Detail Number	Code	Description
1	0000	Claim Denial Reason
2	0000	Claim Denial Reason
3	0000	Claim Denial Reason

Claim Status – Top of the Claim

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

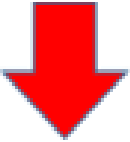
[Provider Billing Manuals](#)

Professional Claim	
<u>Adjudication Information</u>	
ICN/TCN	202100000000 DMA520 Inquiry
RA Date	
<u>Billing Information</u>	
Claim Status	Paid
Total Paid Amount	\$899.26



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.**



[Provider Billing Manuals](#)

cancel adjust void copy claim

The following messages were generated:

Message Description	Panel	Field	Row
Submit was successful. See Claim Status Information for details.	Professional Claim		

Professional Claim

Adjudication Information

ICN/TCN	DMA520 Inquiry	Claim Status	PAID
RA Date		Total Paid Amount	

Claims History Research

(continued)

2

[Search \(Void, Adjust\) Claims](#)
[New Dental Claim](#)
[New Institutional Claim](#)
[New Professional Claim](#)
[Locum Tenens](#)

 (click to hide) Alert Message posted 2/24/2012

This site is for testing purposes only. Any information provided on it is for demonstration purposes only.

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

(continued)

Claim Search Top ?

ICN/TCN

Member ID

Rendering Provider ID [Search]

Claim Type

From/Thru DOS

RA Date

Status **Records**

D - DENIED
P - PAID
Q - QLTY CNTL
R - RESUBMIT
X - SUPER-SUSPEND
S - SUSPENDED



English | Español | Accessibility

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**REPORT
FRAUD**

Search Results (13 rows returned)										
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



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



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

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

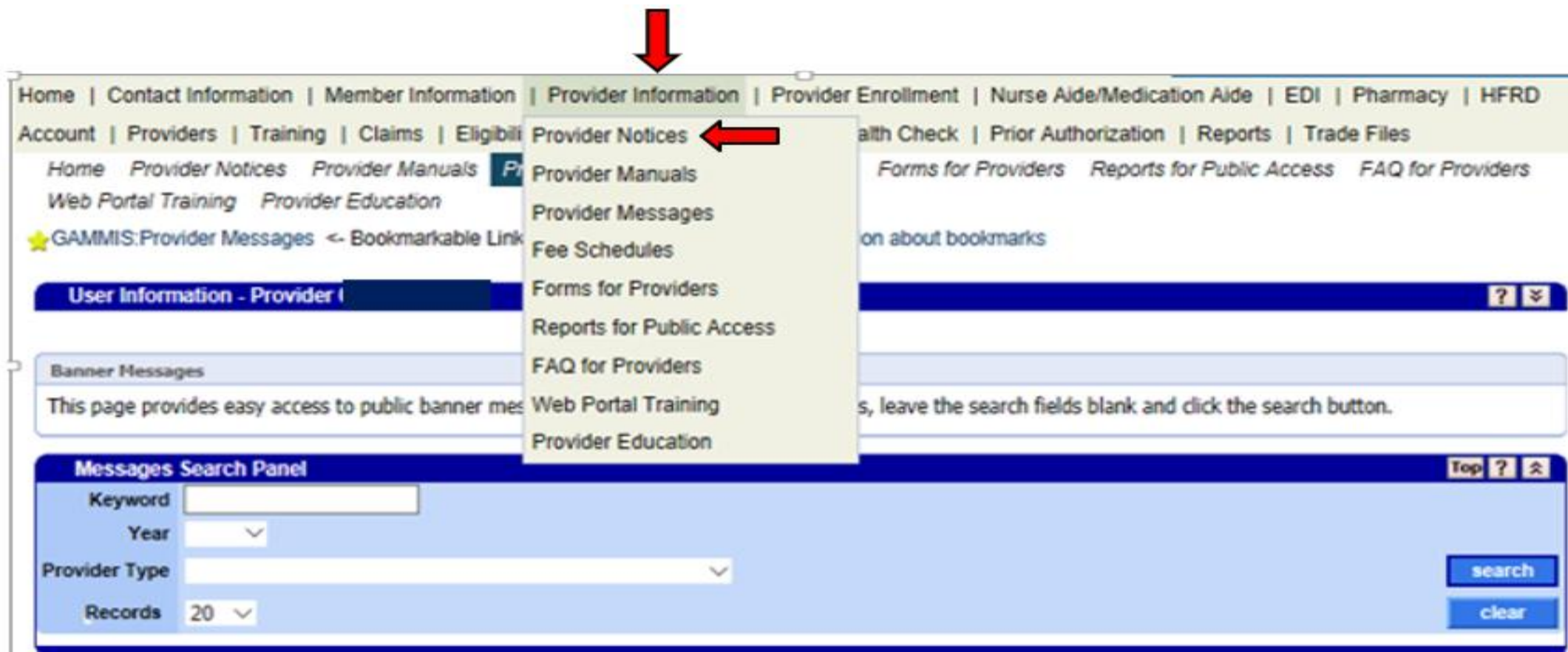
3

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 displays a web portal interface. At the top, a navigation bar contains links: Home | Contact Information | Member Information | **Provider Information** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD. Below this, a secondary navigation bar includes: Account | Providers | Training | Claims | Eligibility | Health Check | Prior Authorization | Reports | Trade Files. A red arrow points down to the 'Provider Information' link in the top bar. Another red arrow points to the 'Provider Notices' link in a dropdown menu that is open under 'Provider Information'. The dropdown menu also lists: Provider Manuals, Provider Messages, Fee Schedules, Forms for Providers, Reports for Public Access, FAQ for Providers, Web Portal Training, and Provider Education. On the left side of the page, there is a 'Banner Messages' section with the text: 'This page provides easy access to public banner messages'. Below that is a 'Messages Search Panel' with fields for Keyword, Year, Provider Type, and Records (set to 20), along with 'search' and 'clear' buttons. The top right of the page features links for 'Forms for Providers', 'Reports for Public Access', and 'FAQ for Providers'.

Provider Information and Provider Manuals

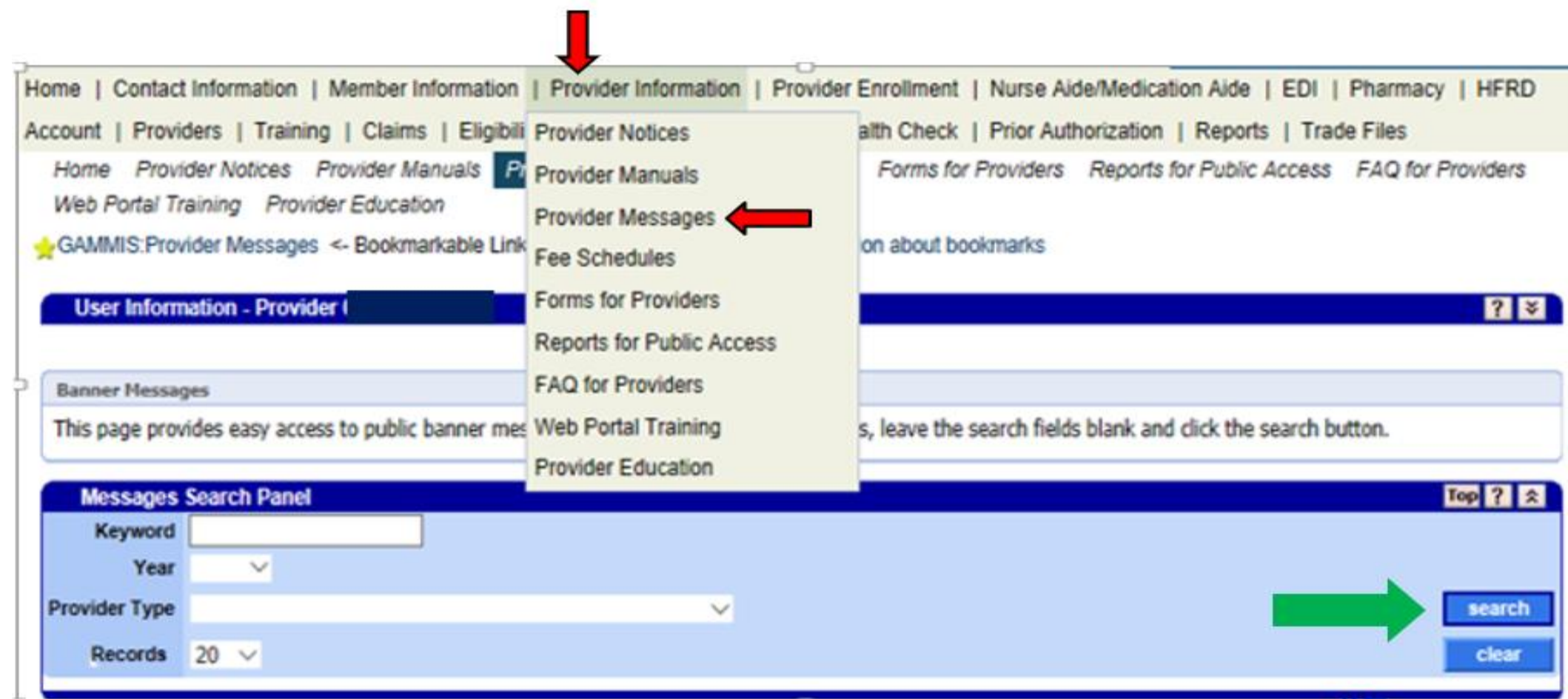
The screenshot displays a web portal interface. At the top, a navigation bar contains links: Home | Contact Information | Member Information | **Provider Information** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD. Below this, a secondary bar includes: Account | Providers | Training | Claims | Eligibility | Health Check | Prior Authorization | Reports | Trade Files. A third bar features: Home | Provider Notices | **Provider Manuals** | Provider Messages | Fee Schedules | Forms for Providers | Reports for Public Access | FAQ for Providers. A red arrow points to the 'Provider Information' link in the top bar, and another red arrow points to the 'Provider Manuals' link in the third bar. Below the navigation bars, there is a 'Banner Messages' section with the text: 'This page provides easy access to public banner messages'. At the bottom, there is a 'Messages Search Panel' with fields for Keyword, Year, Provider Type, and Records (set to 20). It includes 'search' and 'clear' buttons. The 'Provider Manuals' link in the navigation bar is highlighted with a blue background.

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	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	2553.6	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	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	
Durable 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	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	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	1232.8	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	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

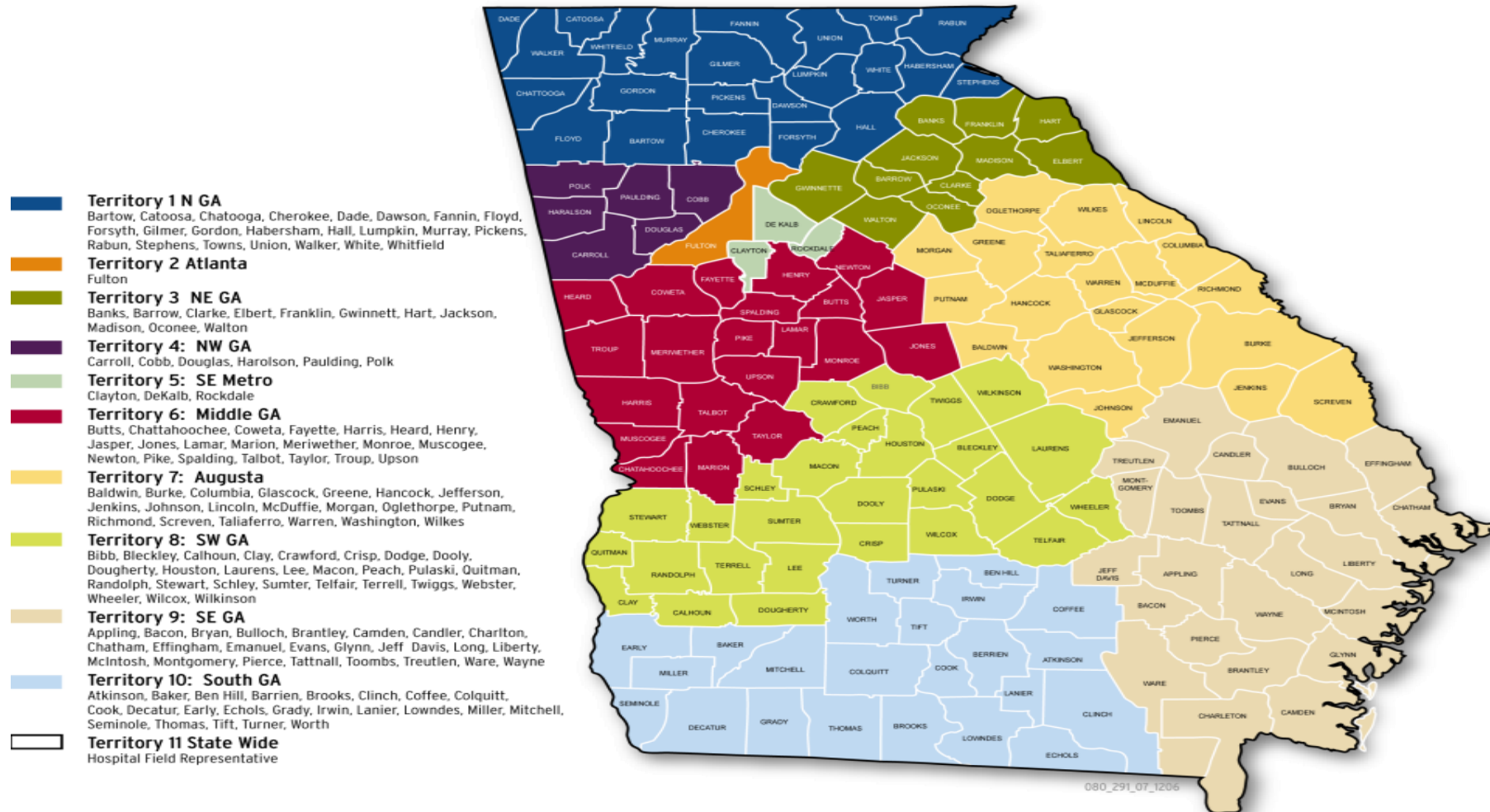


Provider Information and Provider Messages

(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	08/08/2020	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



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

The screenshot displays the GAMMIS website interface. At the top, there is a header with the Georgia Department of Community Health logo and the GAMMIS logo. Below the header, a blue navigation bar contains links: Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, and HFRD. A search bar is located on the right side of the navigation bar. Below the navigation bar, a message bar indicates a session refresh and the current date, Friday, October 06, 2017. A red arrow points to the 'Login' button in the 'User Information' section. The 'User Information' section also includes a 'Login/Manage Account' link. Below the 'User Information' section, there are two main content areas: 'Members' and 'Providers'. The 'Members' section contains links for 'Register for Secure Access' and 'Member Information'. The 'Providers' section contains links for 'PIN Activation' and 'Provider Information'. On the right side, there is a 'Upcoming Events' section with a detailed announcement about ICD-10 implementation.

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)

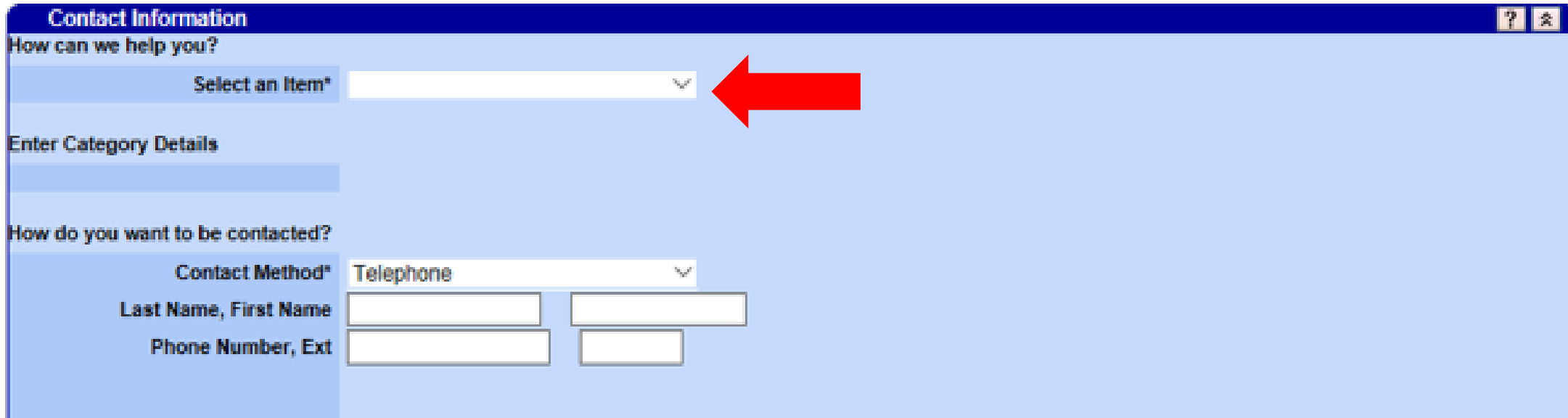
Select Contact Information, Contact Us



Contact My Provider Rep Directly

(continued)

Select an Item



The screenshot shows a web form titled "Contact Information" with a dark blue header bar containing a question mark icon and a user icon. The form is divided into several sections:

- How can we help you?**: This section contains a dropdown menu labeled "Select an Item*" with a downward arrow. A large red arrow points to this dropdown menu.
- Enter Category Details**: This section is currently empty.
- How do you want to be contacted?**: This section contains a dropdown menu labeled "Contact Method*" with "Telephone" selected and a downward arrow.
- Last Name, First Name**: This section contains two text input fields for the user's name.
- Phone Number, Ext**: This section contains two text input fields for the phone number and extension.

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

top of page

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

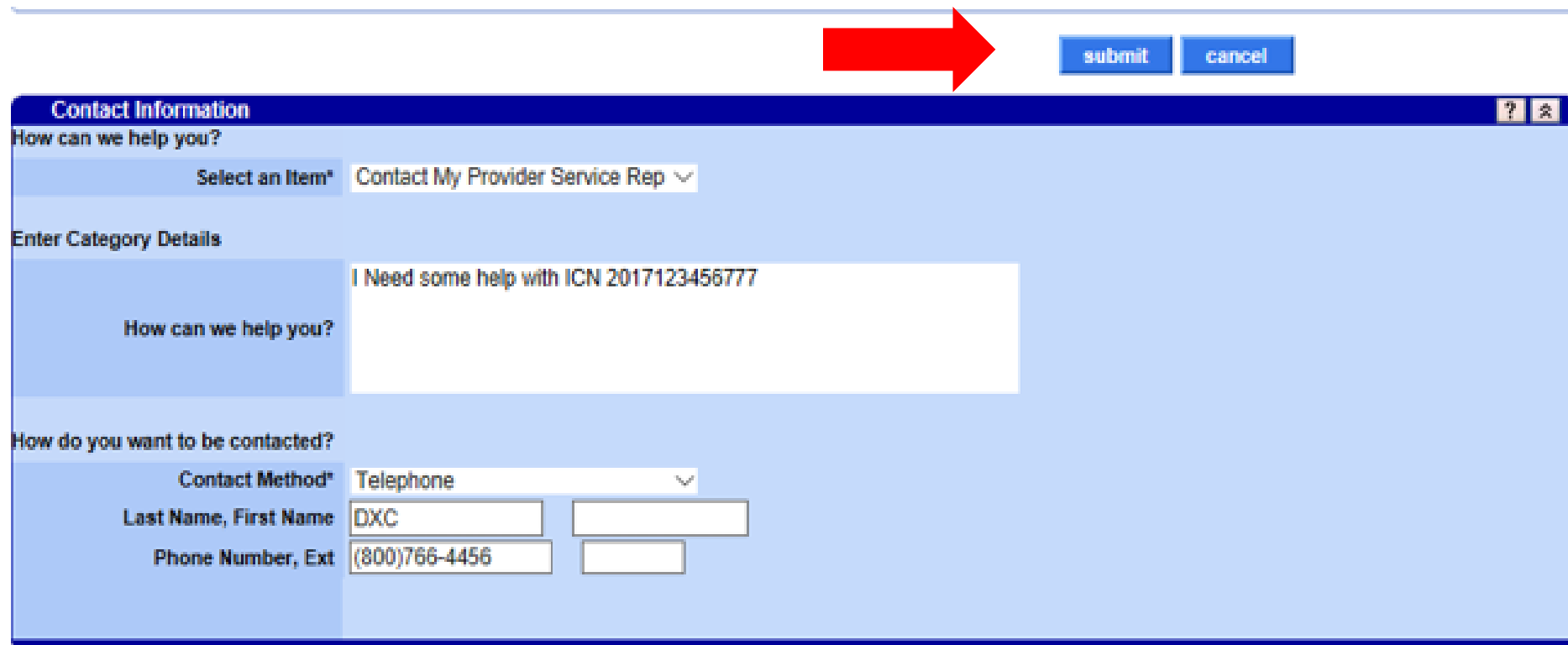
Click Here

top of page

Contact My Provider Rep Directly

(continued)

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



The image shows a web form titled "Contact Information" with a blue header bar. A red arrow points from the top of the form to a "submit" button located above the form. 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 area)
- 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) 325-5666 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:

- 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