Provider Enrollment

Additional Service Location – Facility Application

Web Portal Training

gainwell

Helpful hints to assist in completing your application

NOTE: The screenshots used in this module are based on one example. Information contained in drop-down menus and panels will change depending on the selections made throughout the application process.

- The panel help icon displays an overall narrative, navigation information, field descriptions, and panel edits assigned to the panel. ?
- Field help (click on a label of a field) provides information specific to that field.
- The add button is used to create additional records for the panel. add
- Fields marked with an asterisk are always required.

Last Name*

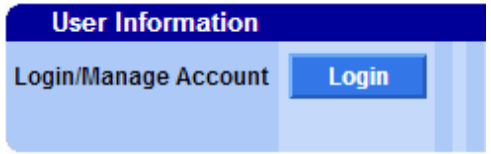
- Fields with [search] links allow users to easily search for related values.

Taxonomy 1 [Search]

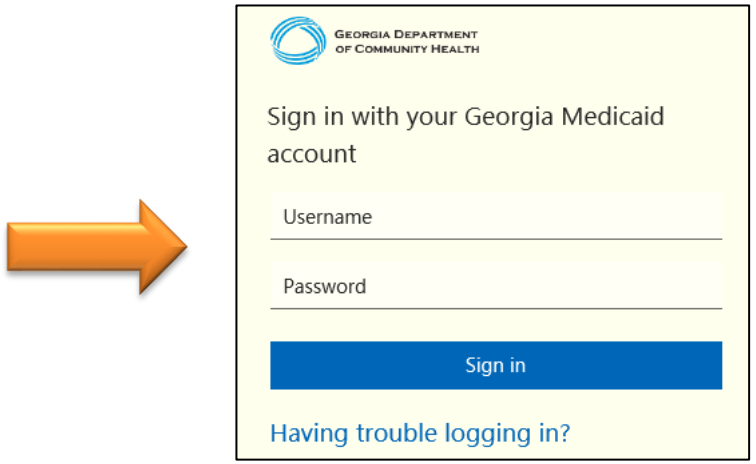
Logging into the secure Web Portal

To get started, login to the secure GAMMIS Web Portal at www.mmis.georgia.gov.

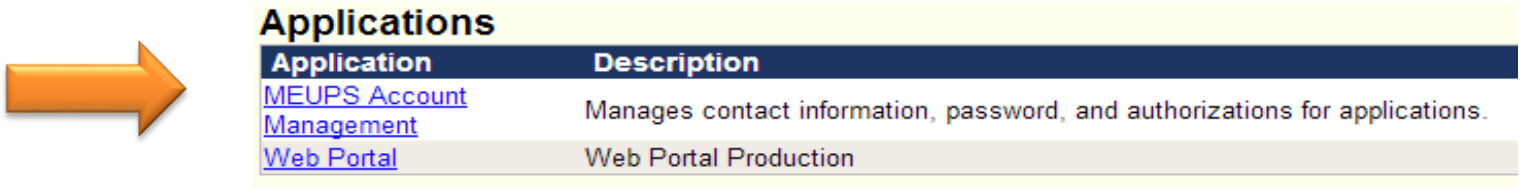
Click the Login button.



Enter your Username and Password and click the Sign In button.



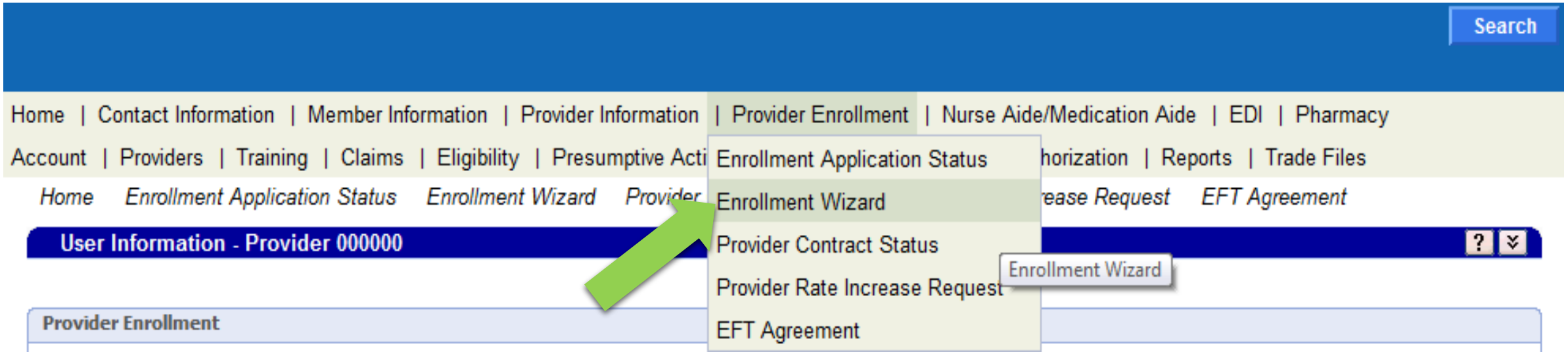
Click the Web Portal link.



NOTE: If acting as a billing agent, please select the appropriate provider ID from the Switch Provider panel to begin navigating on behalf of that provider.

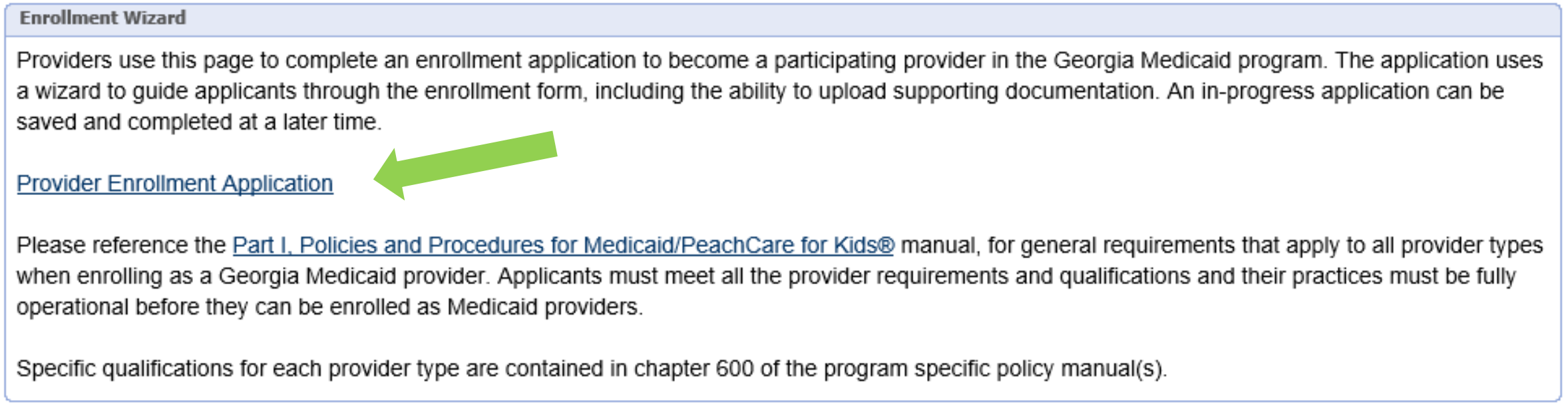
Navigating to the Application

Select Enrollment Wizard from the Provider Enrollment menu.



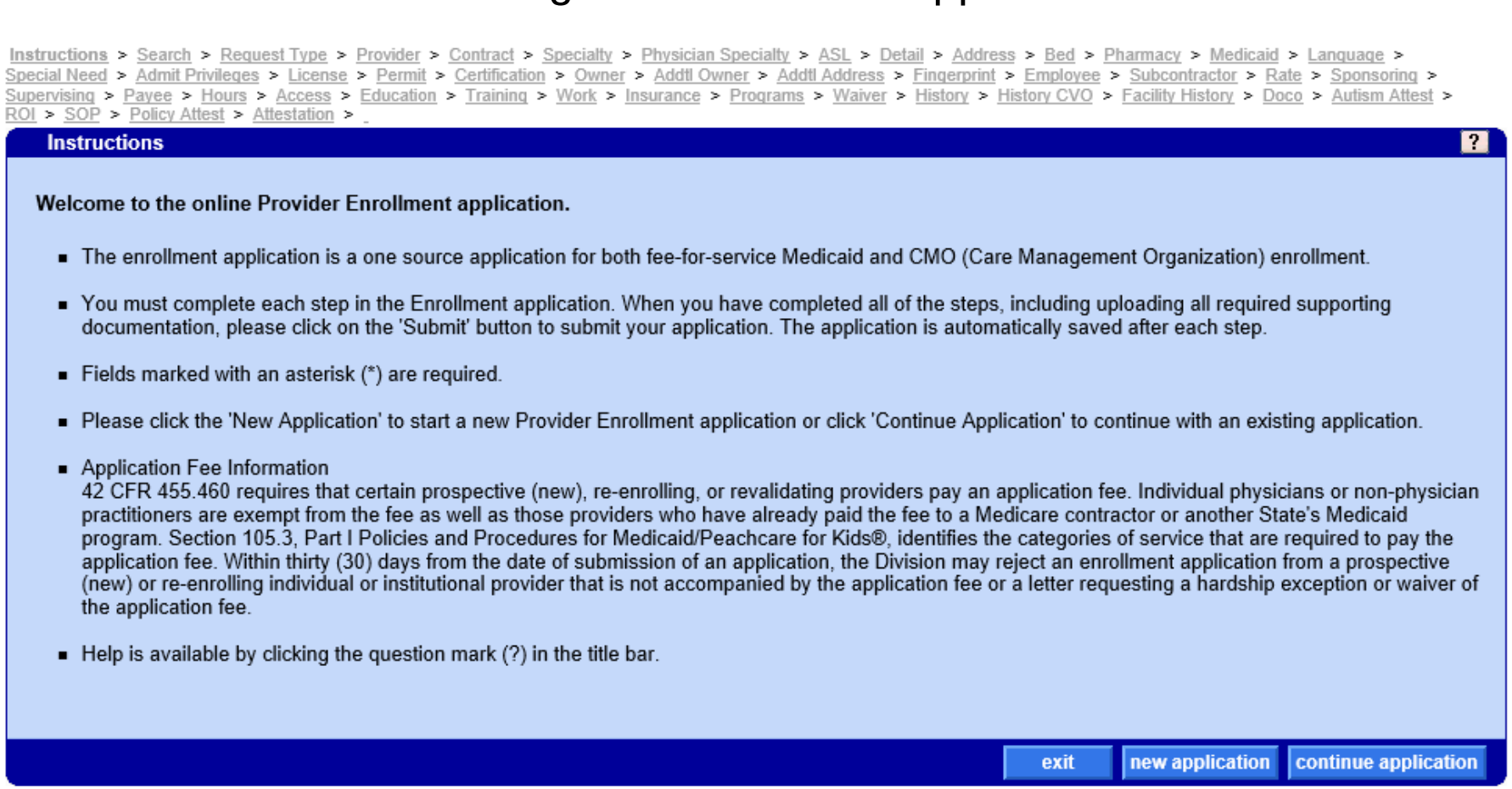
Navigating to the Application

In the middle of the Enrollment Wizard page, select the Provider Enrollment Application link.



Completing the Application

Above the instructions panel, breadcrumbs will be provided to guide you through the enrollment application.



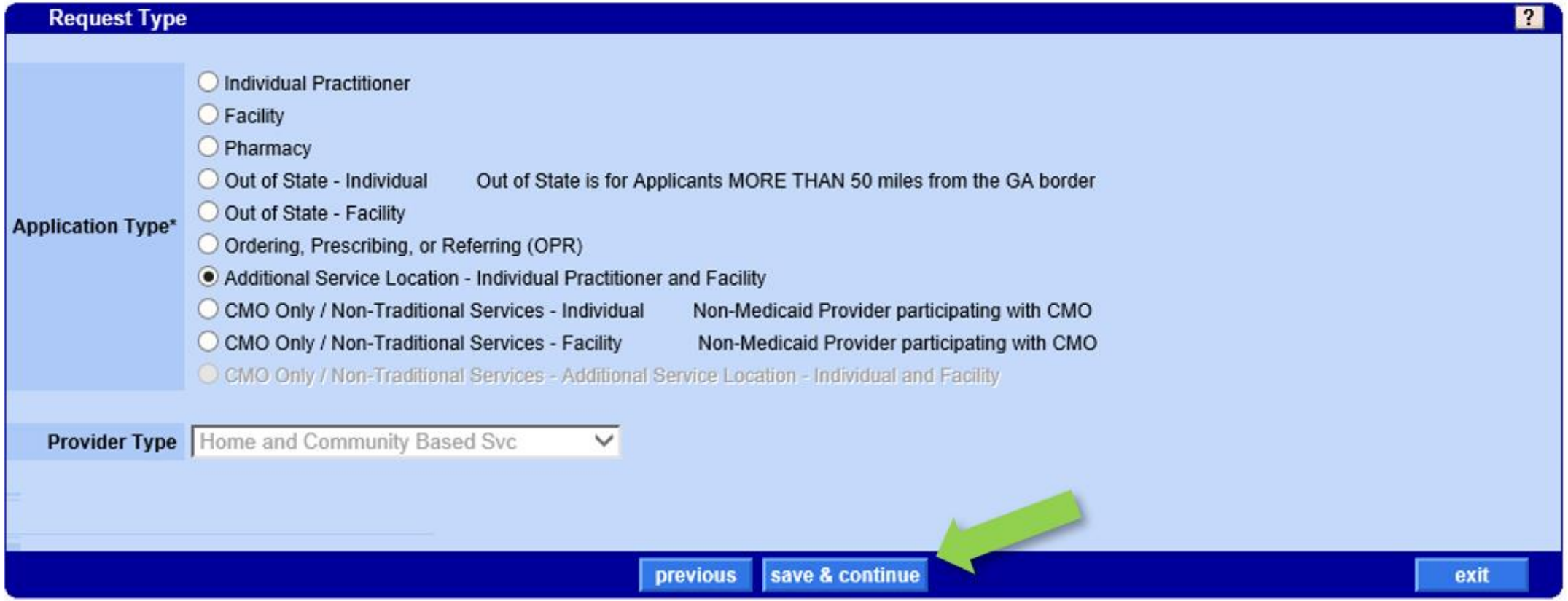
To begin a new application, select the new application button.

If you wish to continue to edit an existing application, select the continue application button.

New Application – Request Type

The following slides are an example of an additional service location - facility application.

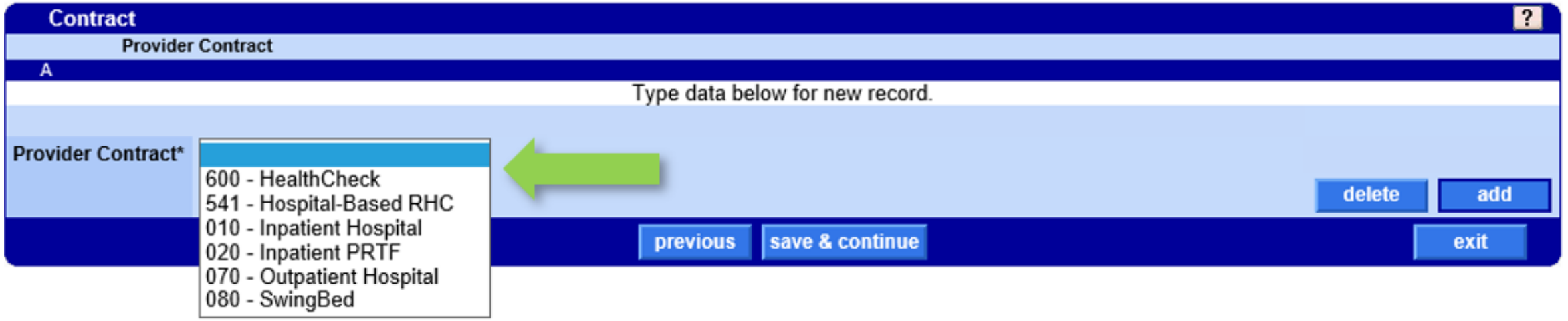
Select the application type “Additional Service Location – Individual Practitioner and Facility” and complete the remaining fields as they relate to your enrollment.



Click “save & continue” to proceed.

Provider Contracts

Select the Provider Contract from the drop-down menu.

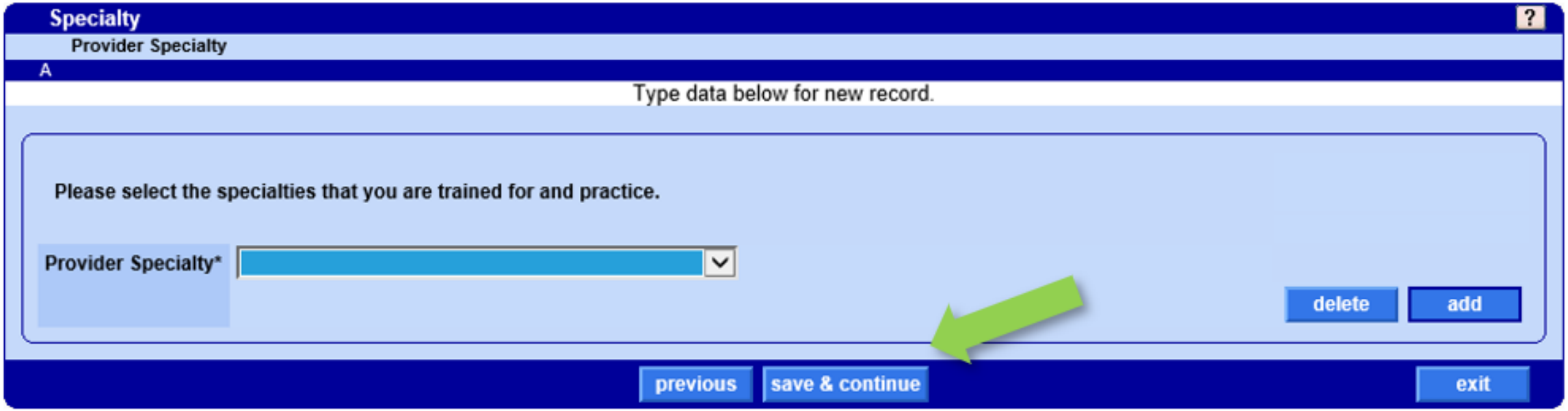


If you have more than one contract, click the add button to include an additional contract.

If there is only one contract, click save & continue.

Provider Specialty

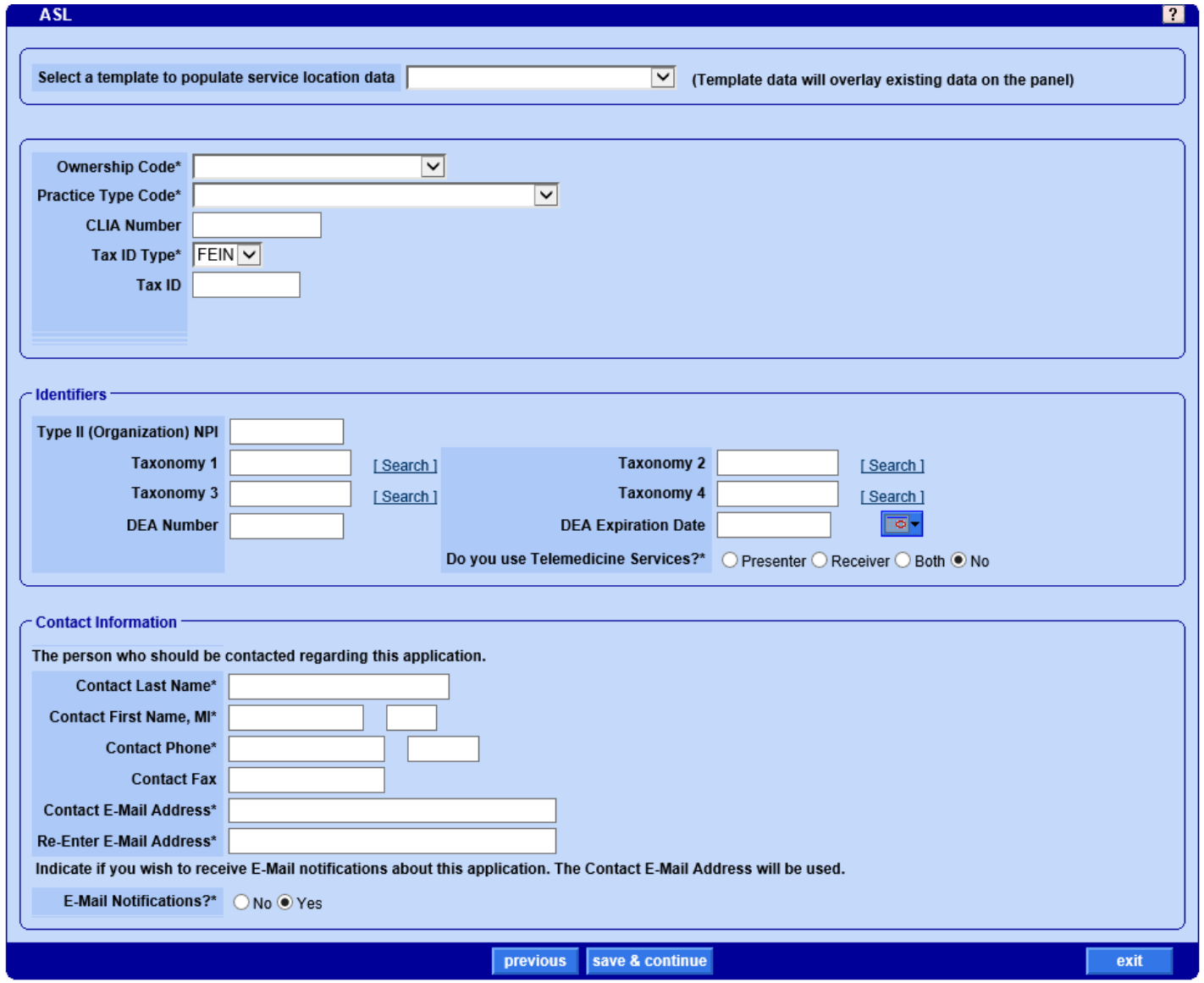
Next, select the Provider Specialty.
A minimum of one Specialty (Primary) is required.



If you have more than one specialty, click the add button to include an additional specialty.

If there is only one contract, click save & continue.

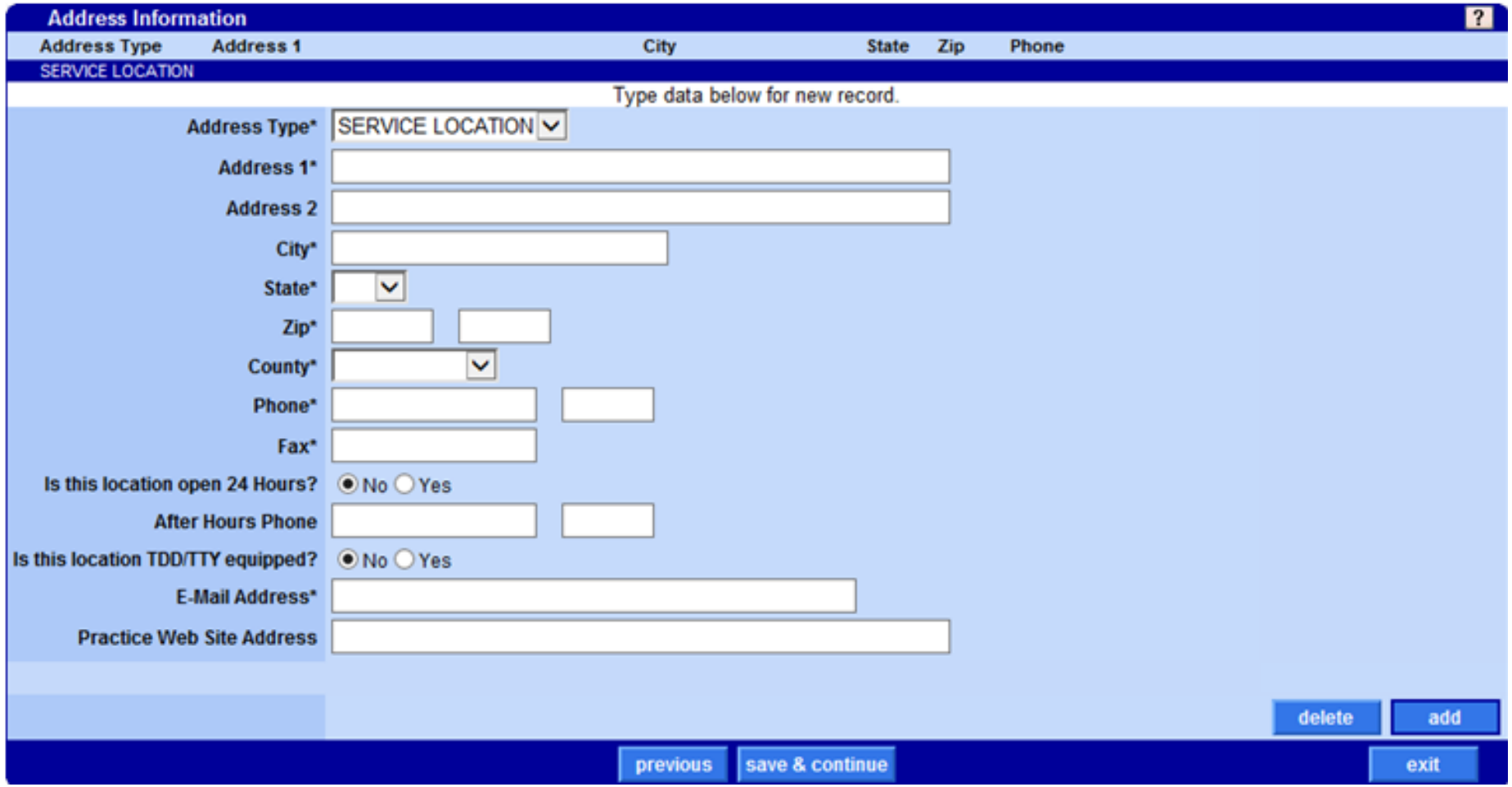
Additional Service Location



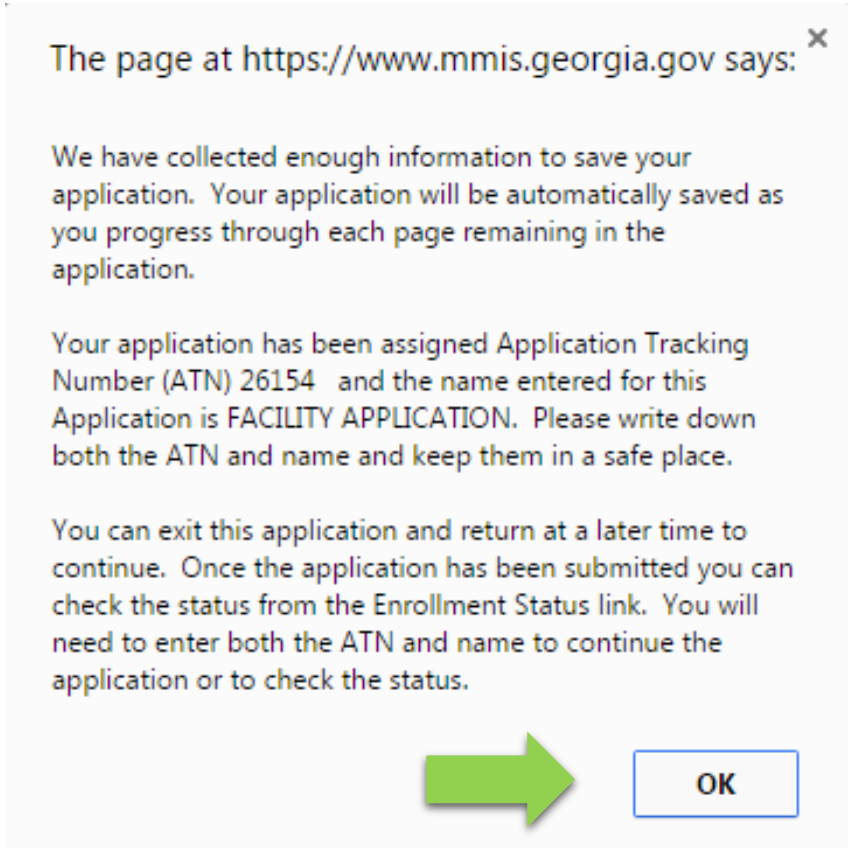
Complete the information requested in this panel as it applies to the additional service location.

Address Information

On the Address Information Panel, enter the additional service location address for the facility.



Application Tracking Number (ATN)

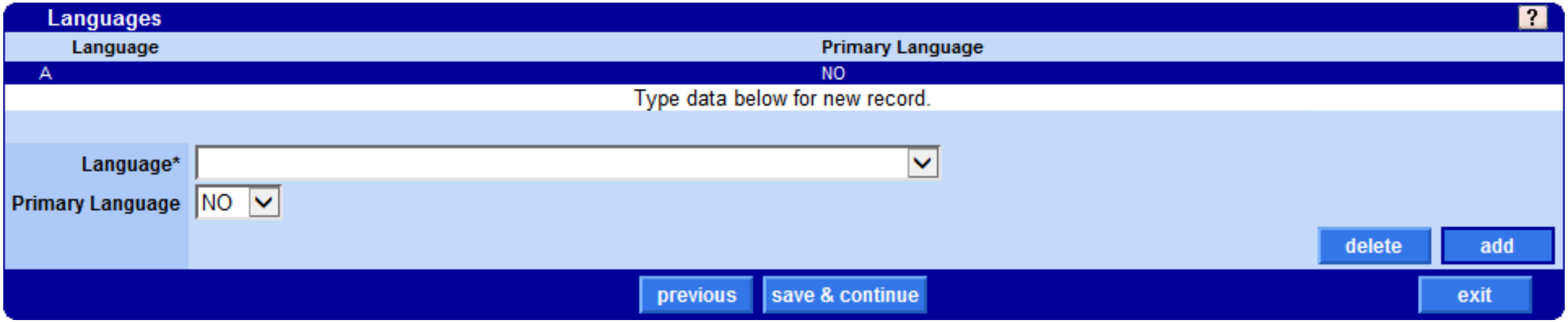


Midway through the enrollment process, you will receive a message with your assigned Application Tracking Number (ATN). Please make note of your ATN assignment and the name entered for the application. You will need this information to check on the status of your application, or to continue the application at a later date.

Click "OK" to exit the pop up window and return to the application.

Languages

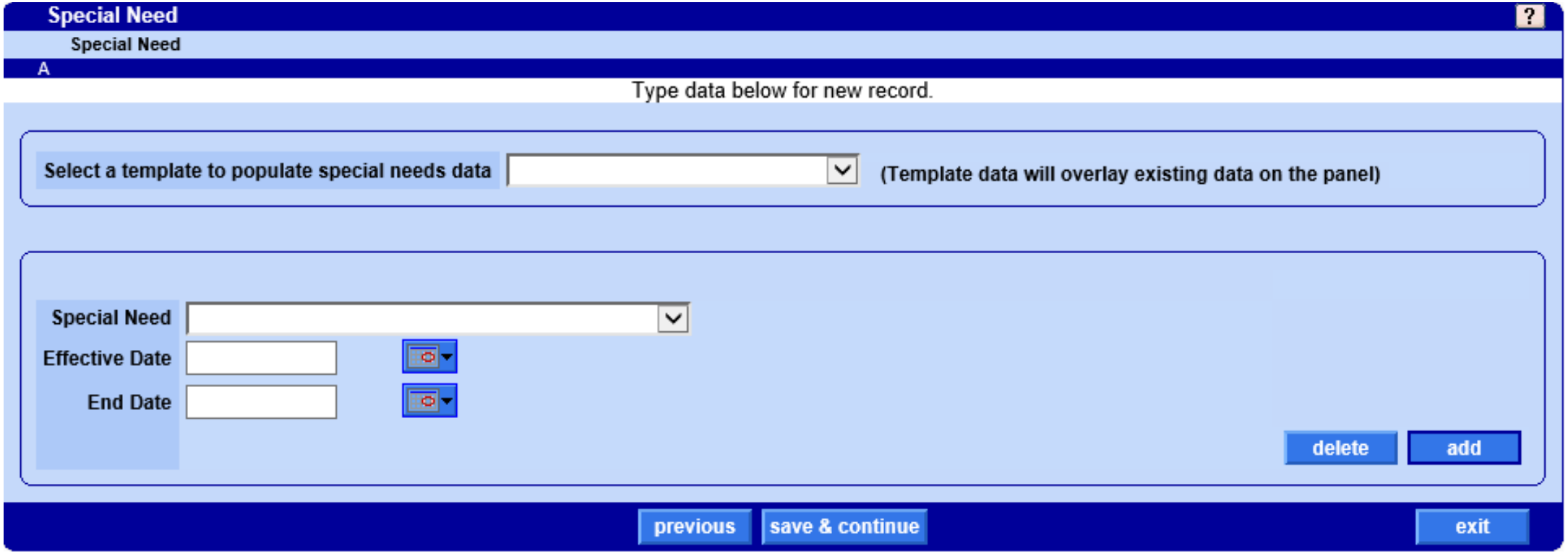
Complete the information requested in the Languages Panel.
Note: At least one primary language is required.



Special Needs

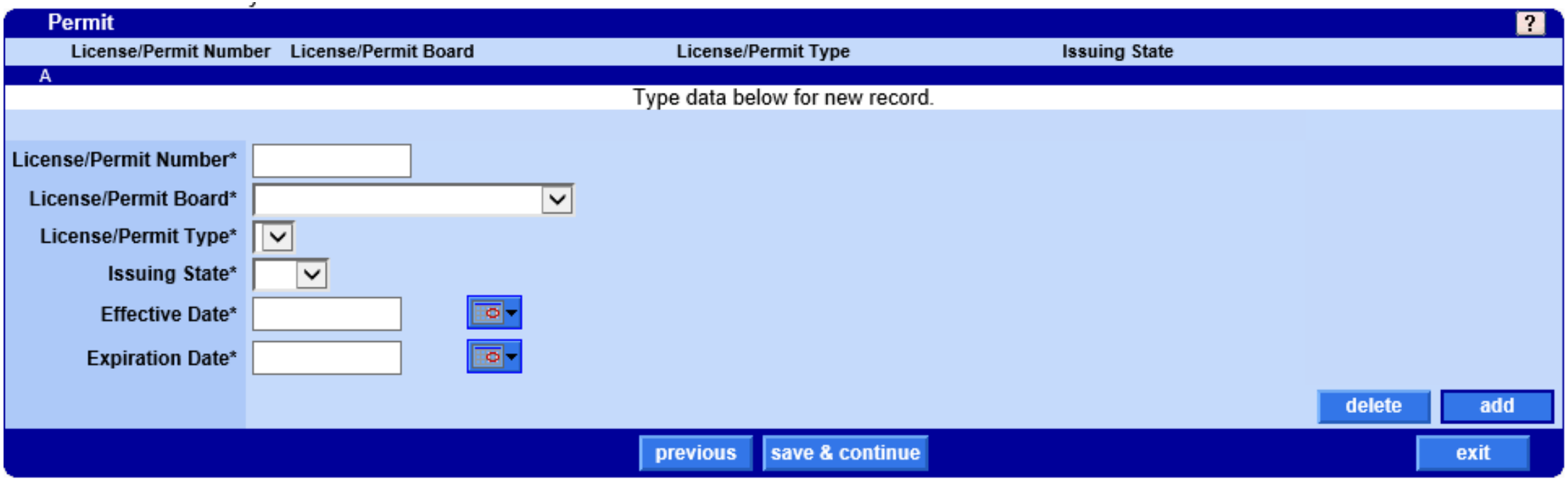
The information requested on the Special Needs panel will vary depending on the selections made on previous panels.

Complete the information requested in this panel as it applies to the facility.



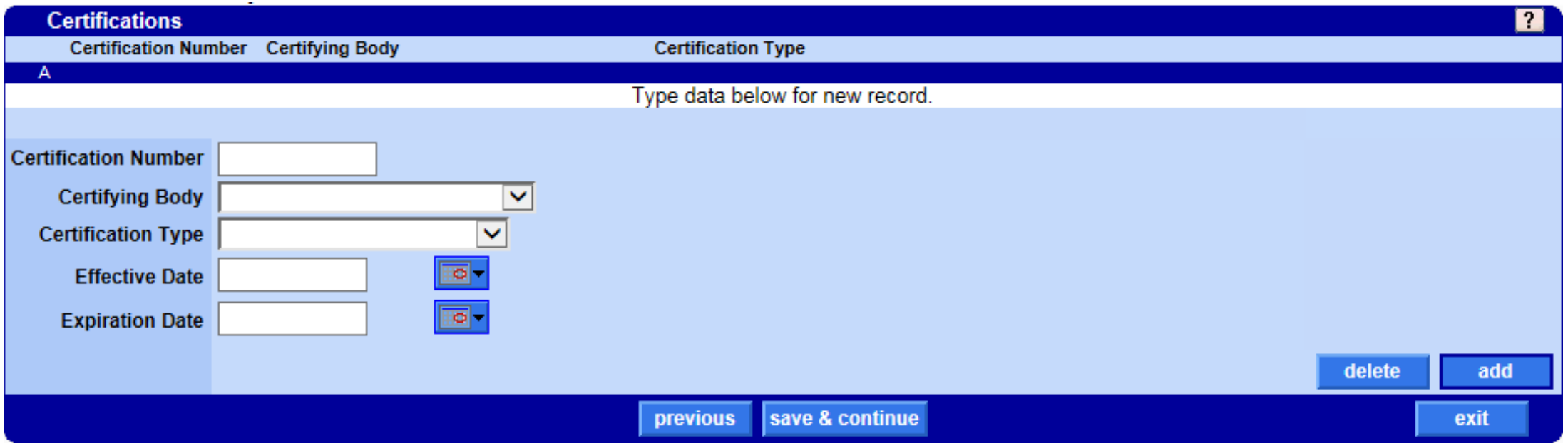
Permit

Complete the information requested in this panel as it applies to the facility.



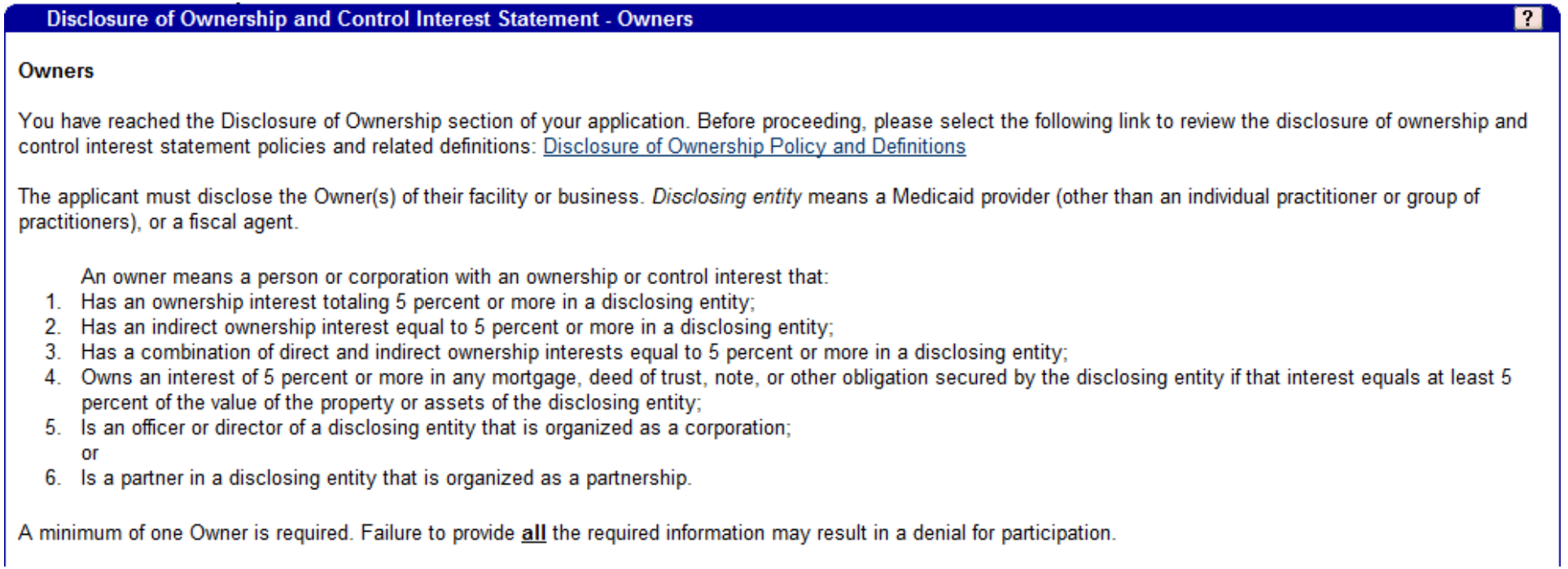
Certifications

Complete the information requested in this panel as it applies to the facility.



Introduction to Disclosure of Ownership

You have reached the Disclosure of Ownership section of the application. Before proceeding, please select the “Disclosure of Ownership Policy and Definitions” document as provided to you on the Owners panel.



Disclosure of Ownership and Control Interest Statement - Owners ?

Owners

You have reached the Disclosure of Ownership section of your application. Before proceeding, please select the following link to review the disclosure of ownership and control interest statement policies and related definitions: Disclosure of Ownership Policy and Definitions

The applicant must disclose the Owner(s) of their facility or business. *Disclosing entity* means a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent.

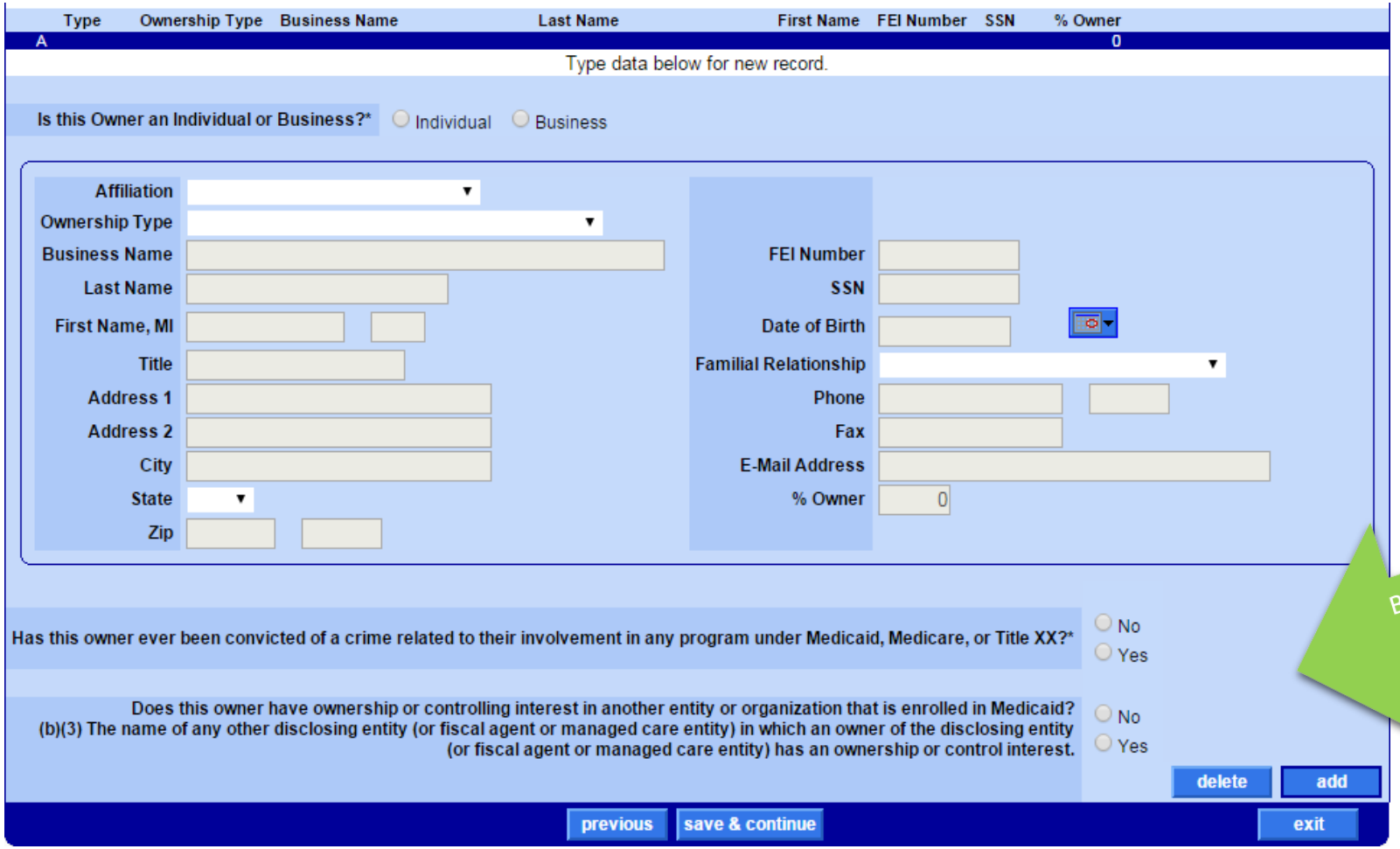
An owner means a person or corporation with an ownership or control interest that:

1. Has an ownership interest totaling 5 percent or more in a disclosing entity;
2. Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
3. Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
4. Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
5. Is an officer or director of a disclosing entity that is organized as a corporation;
   or
6. Is a partner in a disclosing entity that is organized as a partnership.

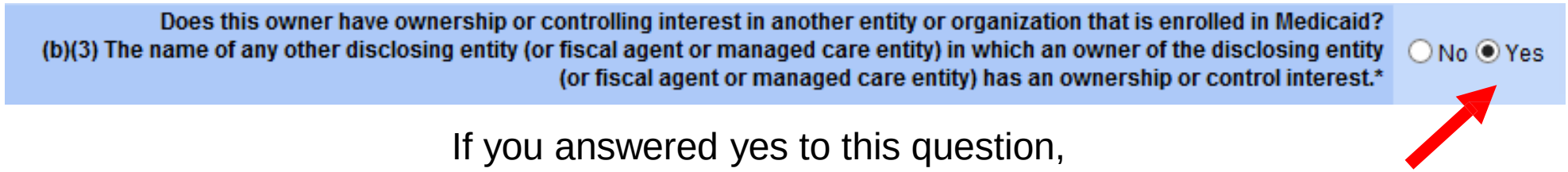
A minimum of one Owner is required. Failure to provide **all** the required information may result in a denial for participation.

Disclosure of Ownership

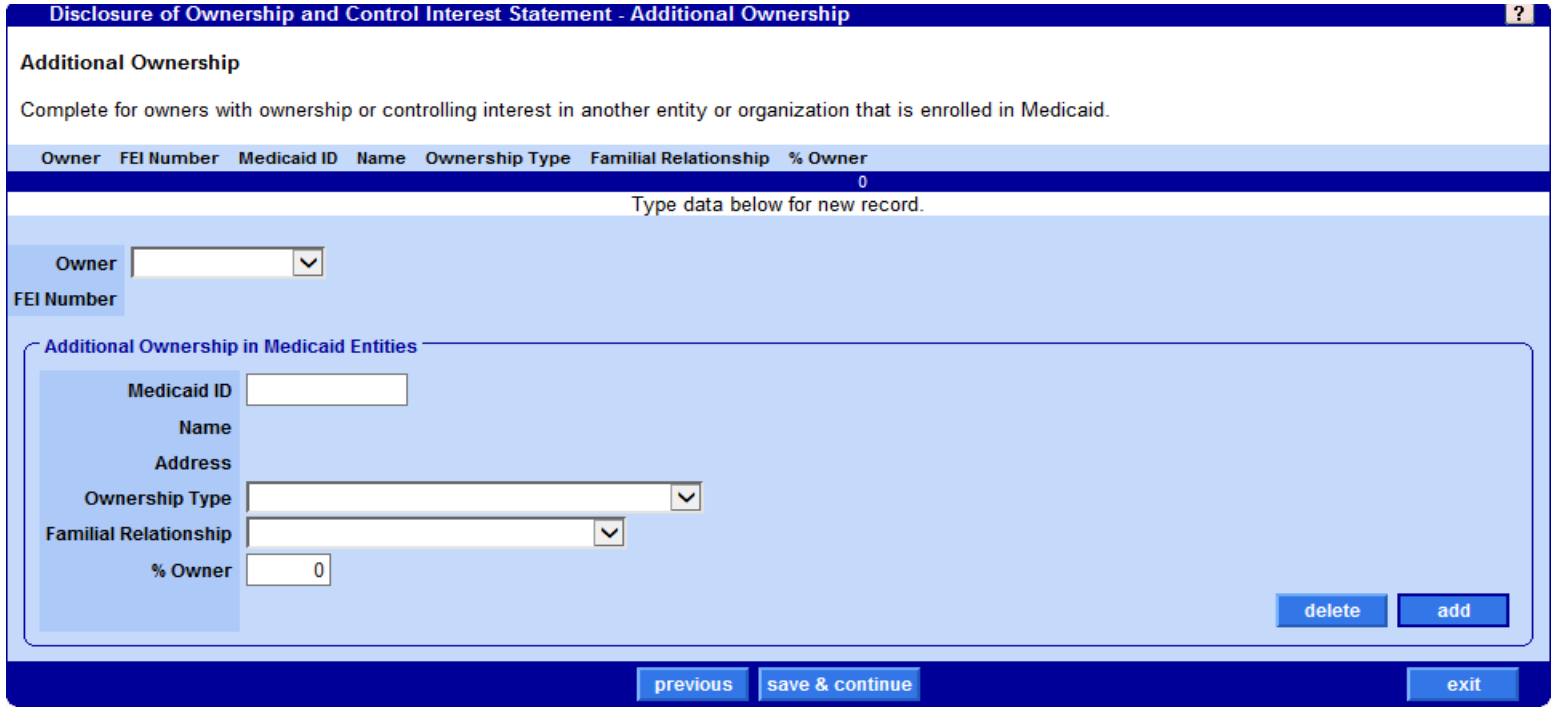
After reviewing the document, indicate if the Owner is a Business or Individual and complete the remaining fields as they relate to the owner(s) of the facility.



Disclosure of Ownership



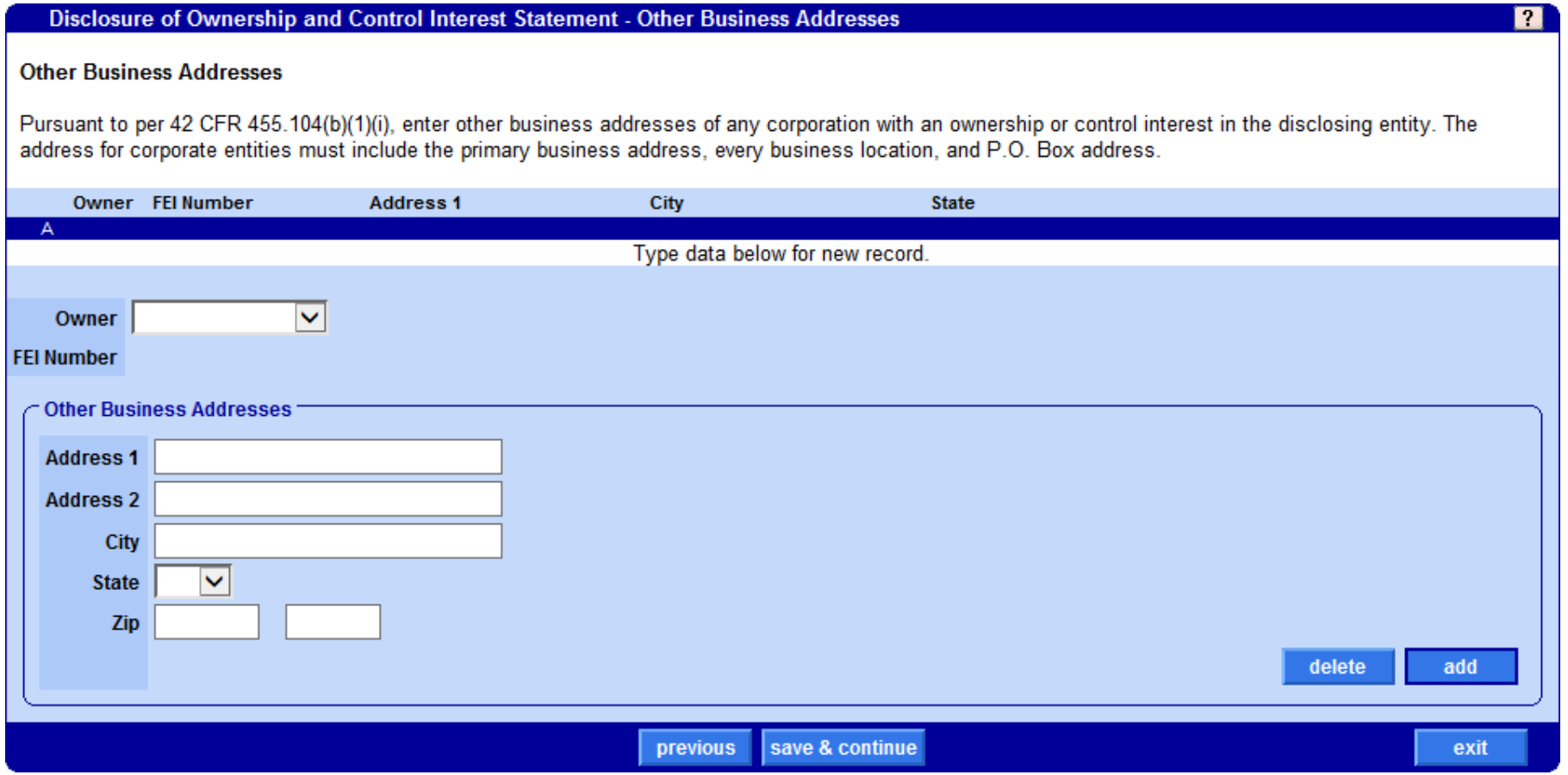
If you answered yes to this question, the following panel will display.



Complete the information requested in this panel as it applies to the owner.

Disclosure of Ownership

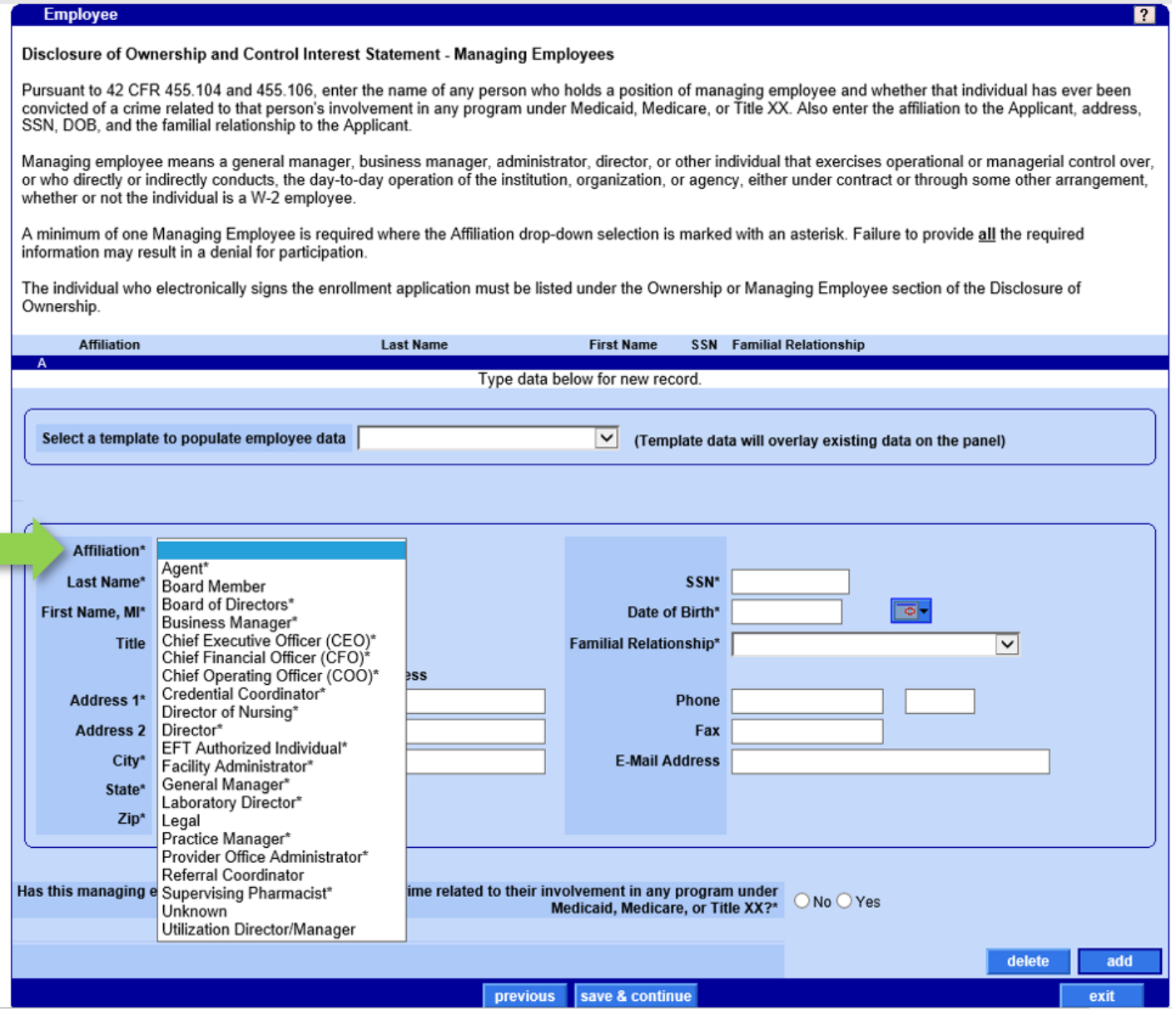
Complete the information requested in this panel as it applies to the business owner.



Disclosure of Ownership

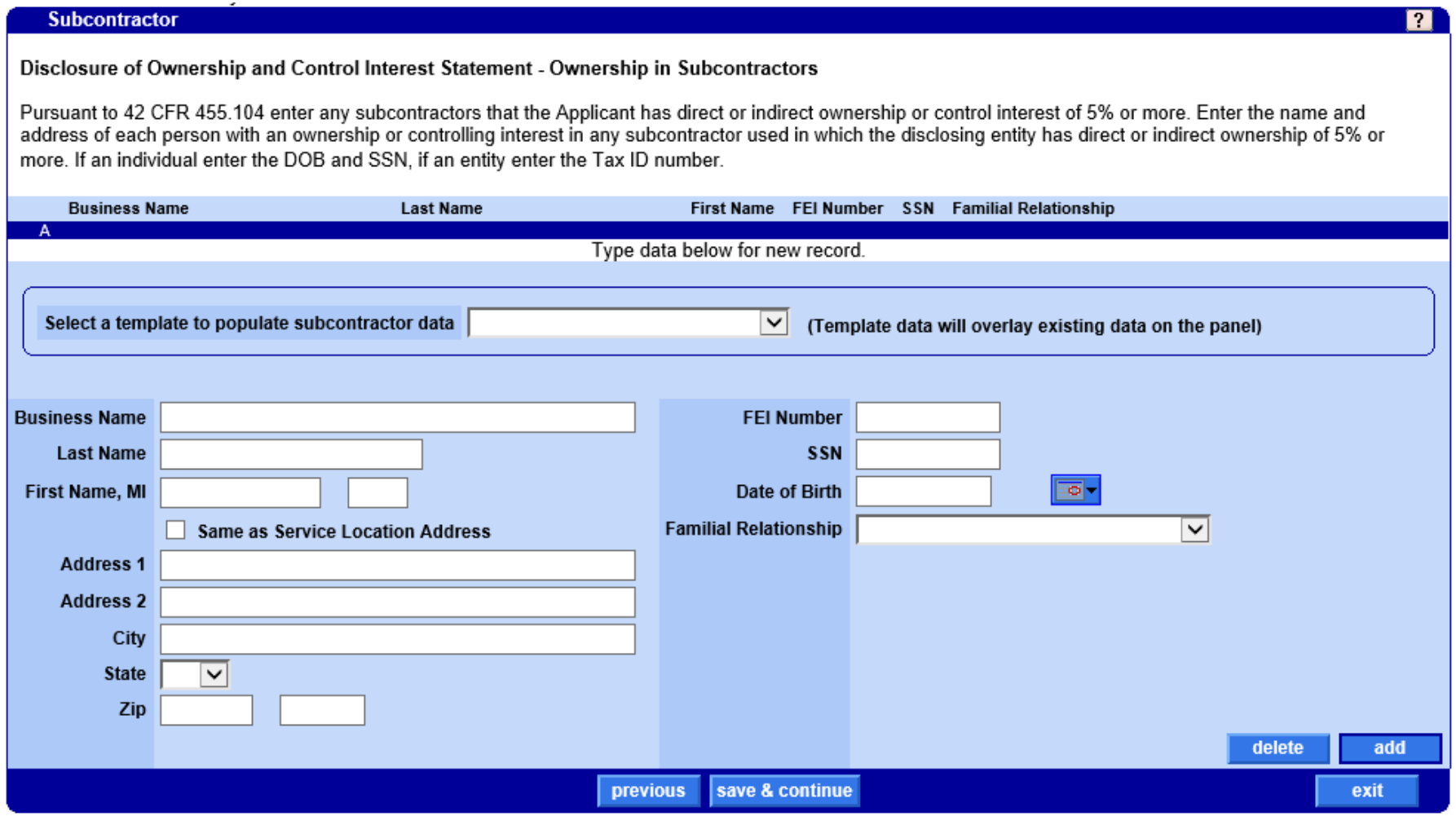
Complete the information requested in this panel as it applies to the facility.

Be sure to select at lest one 'Affiliation' from the drop-down menu that contains an asterisk.



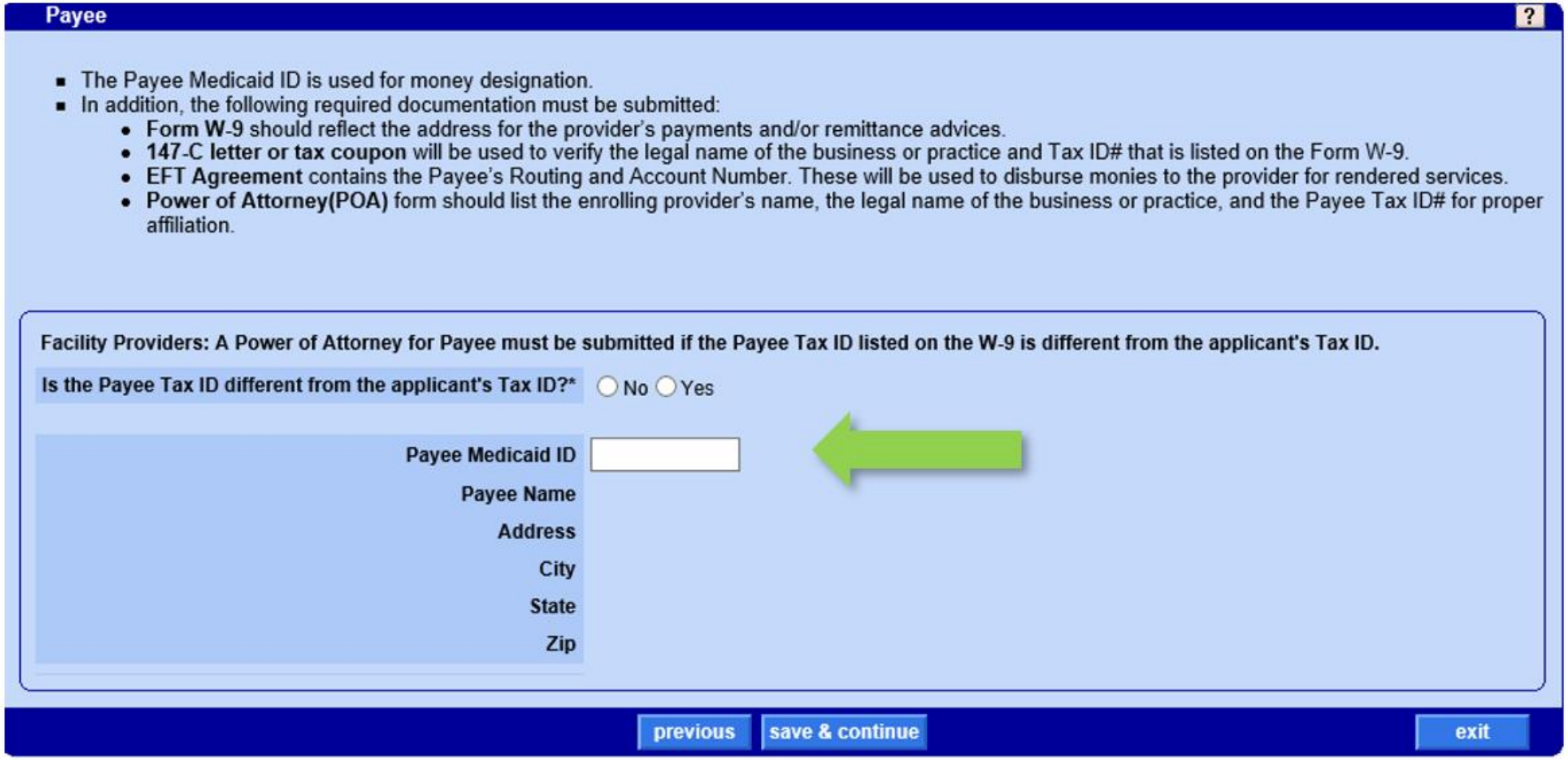
Disclosure of Ownership

Complete the information requested in this panel as it applies to the facility.

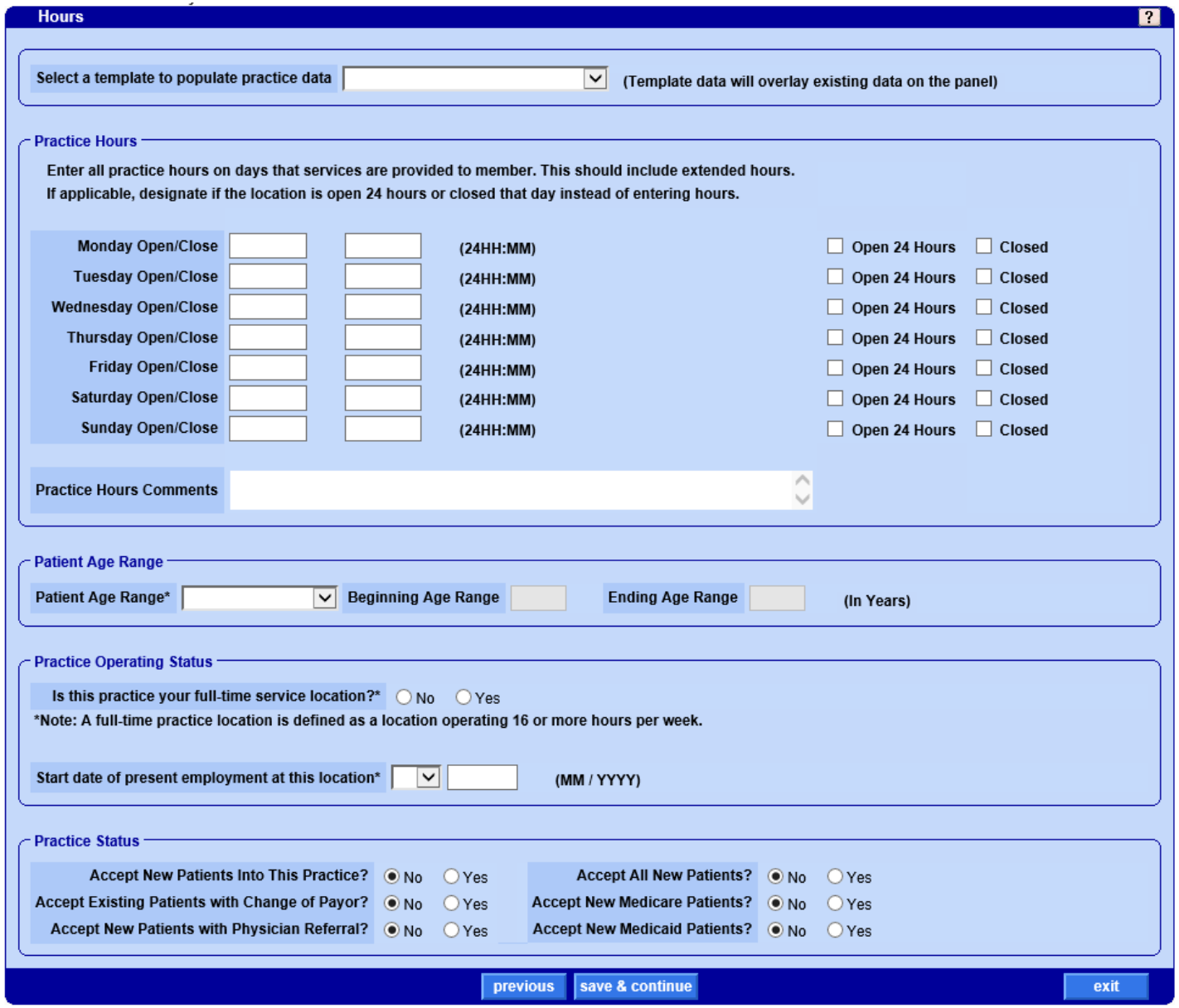


Payee Designation

If the payee is enrolled with Georgia Medicaid, enter their Georgia Medicaid Provider ID. This information can be found on past remittance advices.

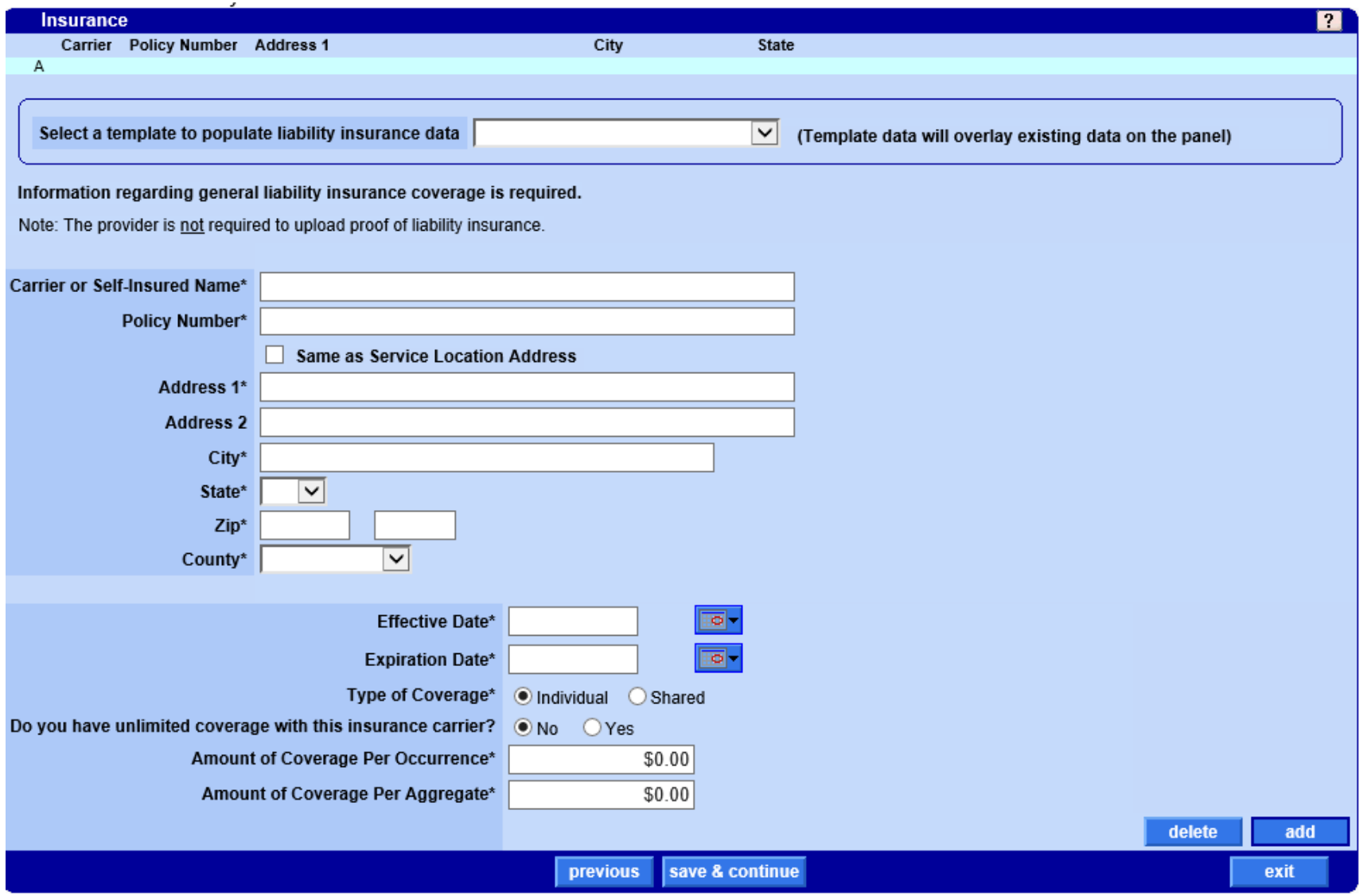


Hours



Complete the information requested in this panel as it is required for credentialing and provider directory search.

Insurance

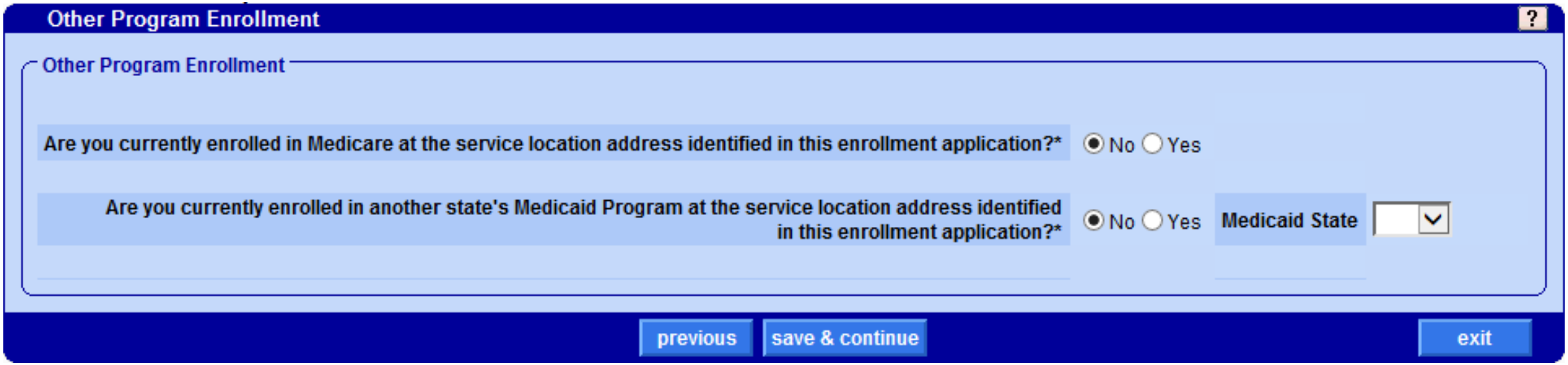


Complete the information requested in this panel as it is required for credentialing.

Other Program Enrollment

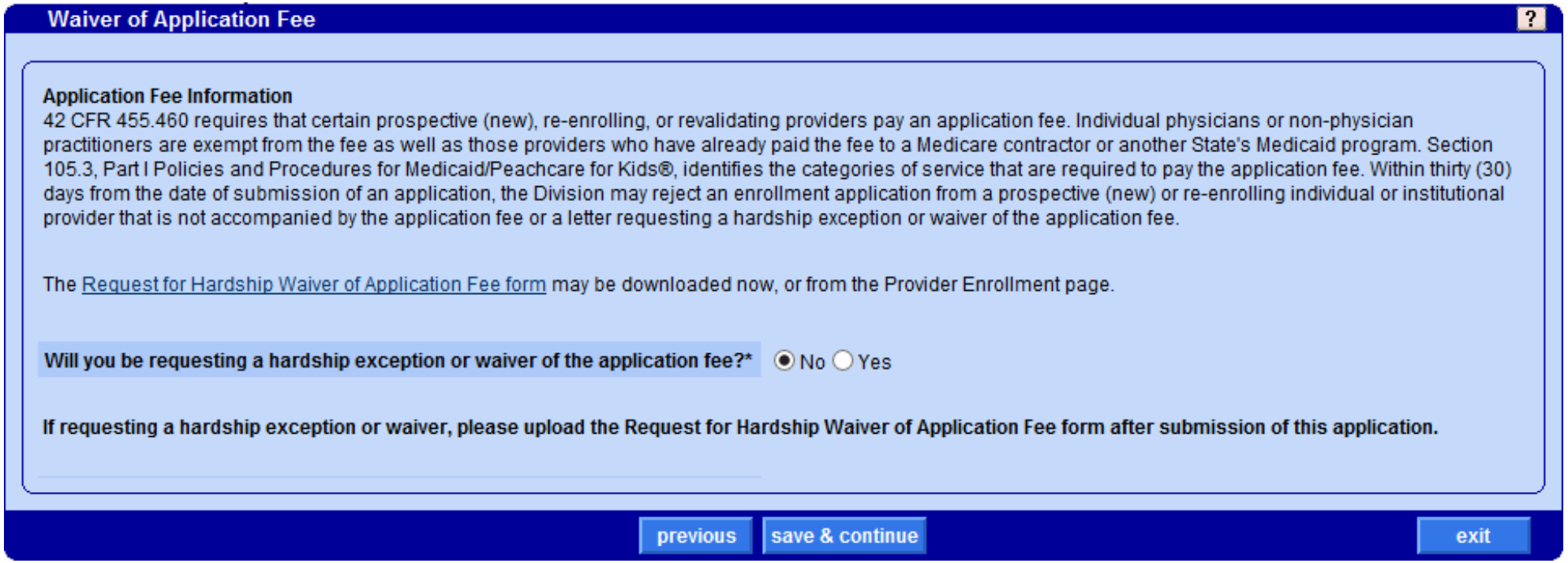
Answer the questions below to identify if the facility is enrolled in Medicare or another states Medicaid program for the service location specified.

This panel only appears if a fee is required for your application.



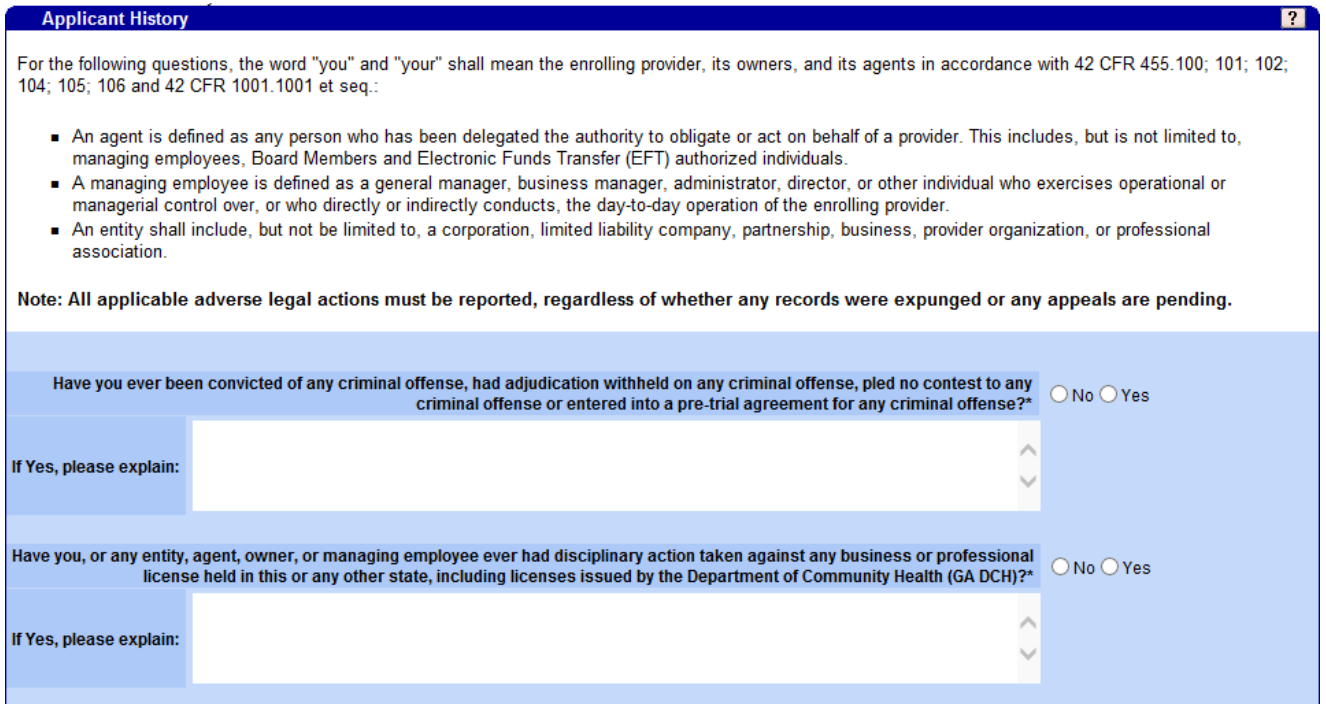
Waiver of Application Fee

This panel only appears if a fee is required and the applicant answered “No” to the other program enrollment questions.

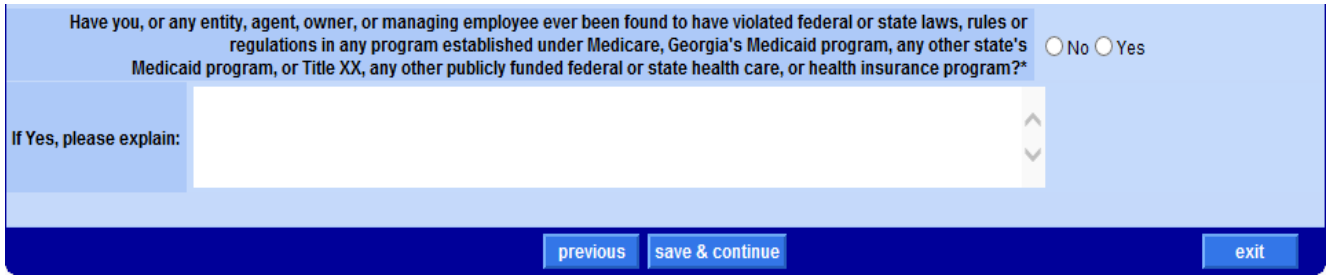


If requesting a waiver for the application fee, download and complete the Request for Hardship Waiver of Application Fee form.

Applicant History



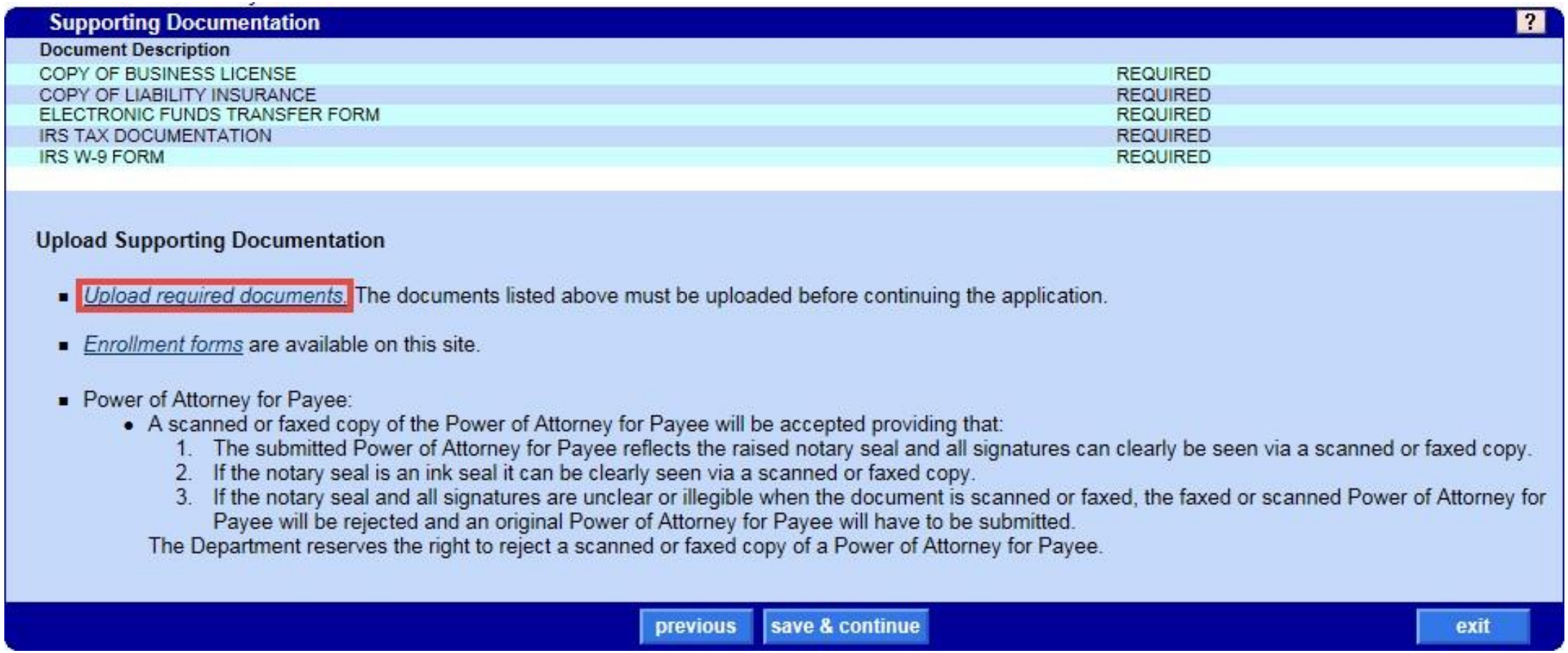
Additional questions…



Complete the information requested in this panel as it applies to the facility.

Supporting Documentation

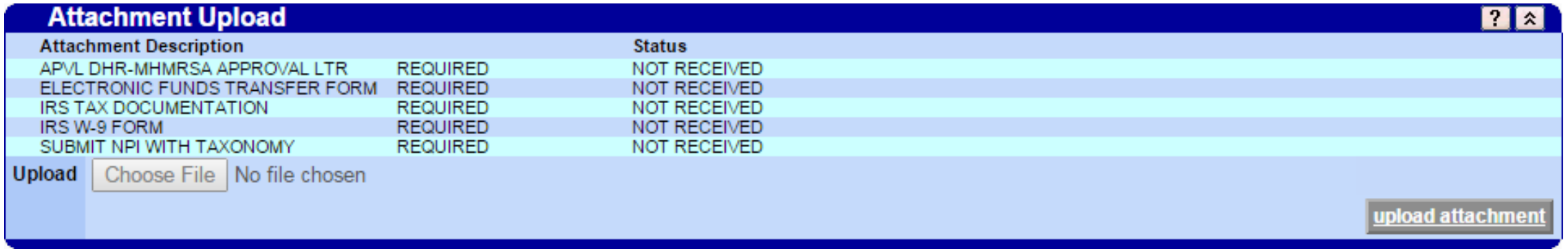
Click on “Upload required documents” to continue with the application process.
In order to submit the application, all required items must be attached.



Attachment Upload

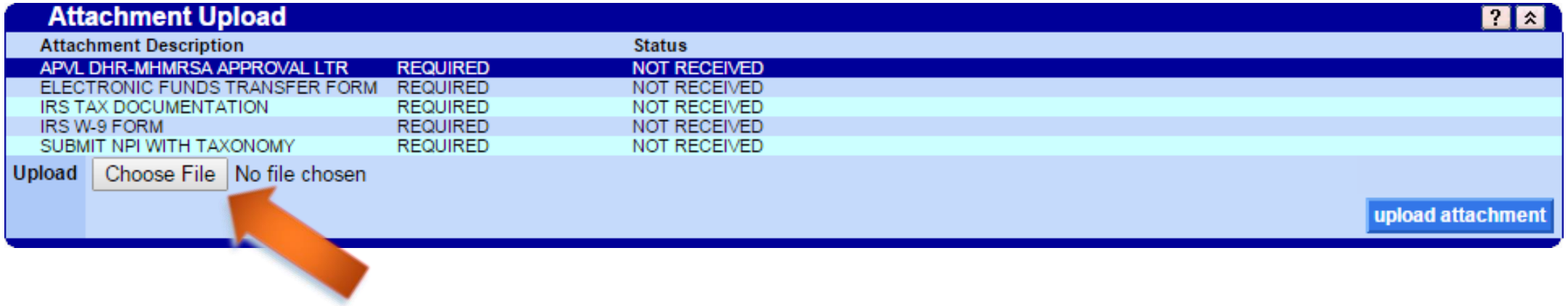
All supporting documentation must be uploaded by the applicant if it is listed as “REQUIRED”. The applicant will not be able to submit the application without the required documentation.

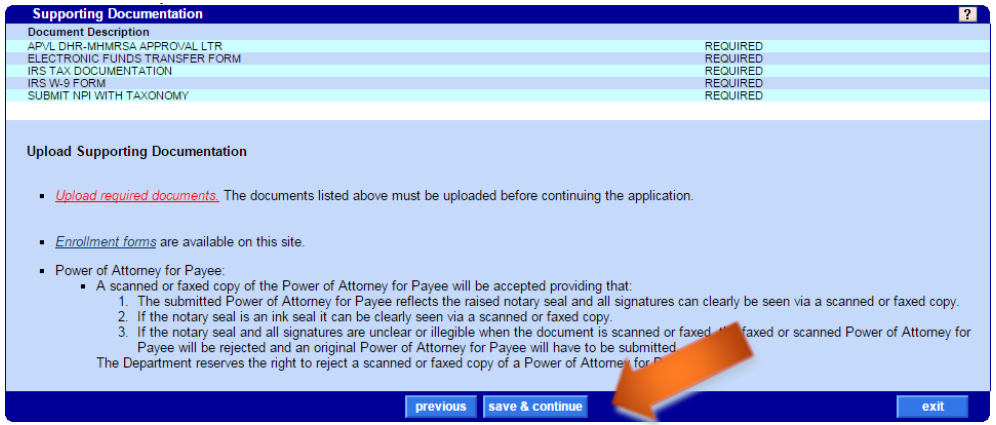
- *Upload required documents.* The documents listed above must be uploaded before continuing the application.



Attachment Upload (continued)

Once the applicant selects an attachment, the “upload attachment” button will activate and attachments may be selected and uploaded by using the Choose File button.

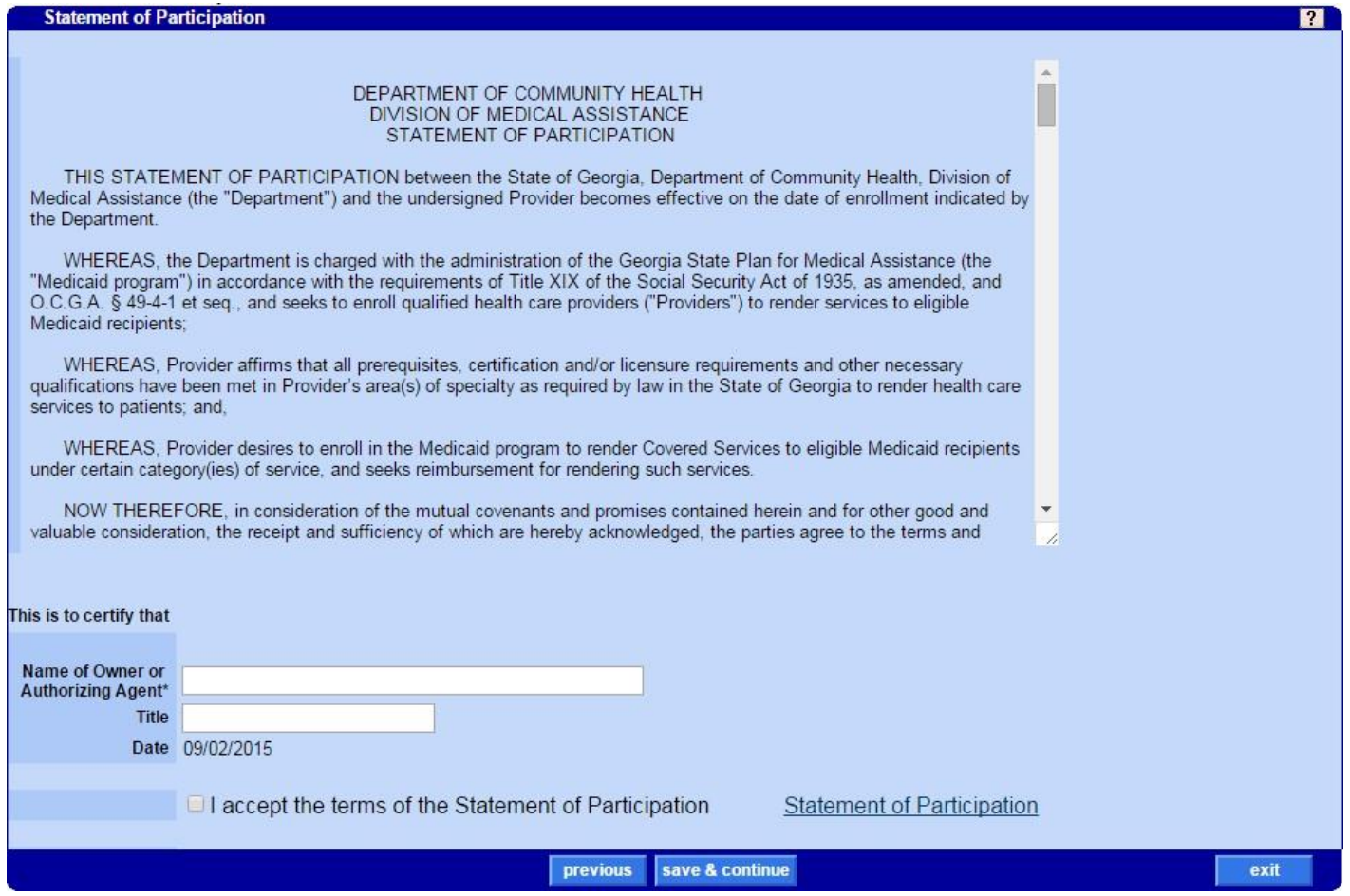




After all of the attachments have been uploaded, return to the main window and select save & continue.

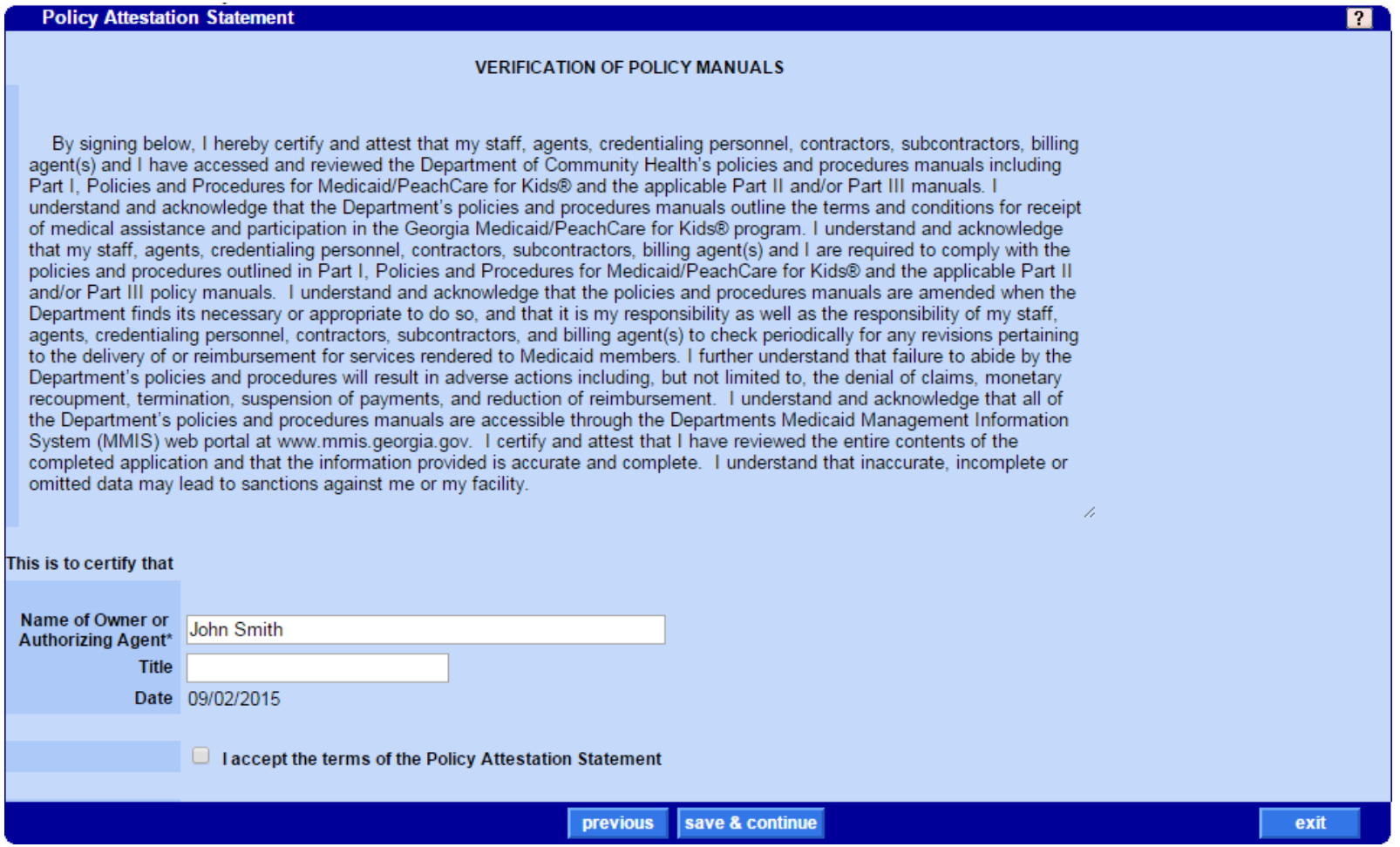
Statement of Participation

Complete the information requested in this panel as it applies to the facility.
Read and accept the terms of the Statement of Participation to continue.



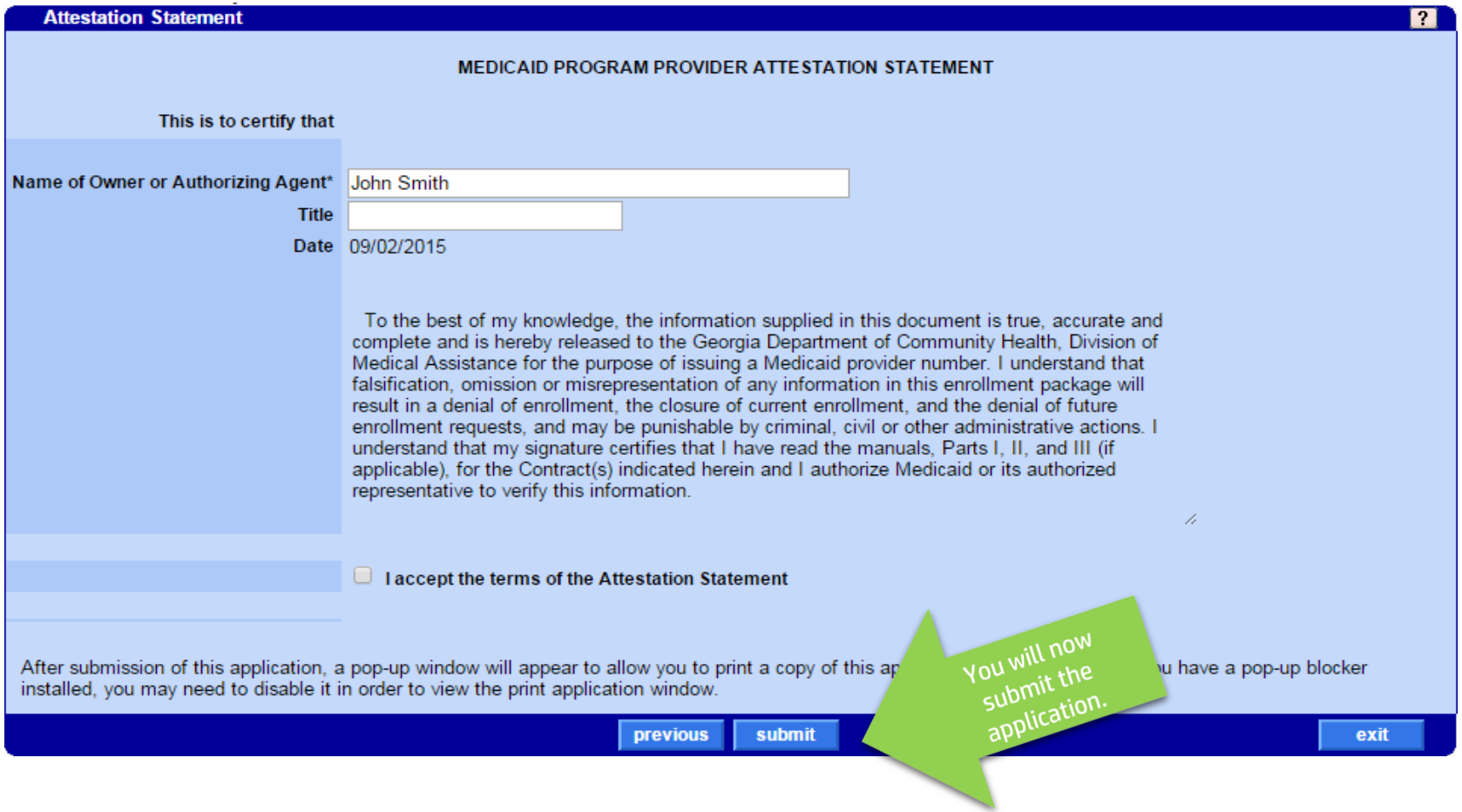
Policy Attestation Statement

Complete the information requested in this panel as it applies to the facility.
Read and accept the terms of the Policy Attestation Statement to continue.



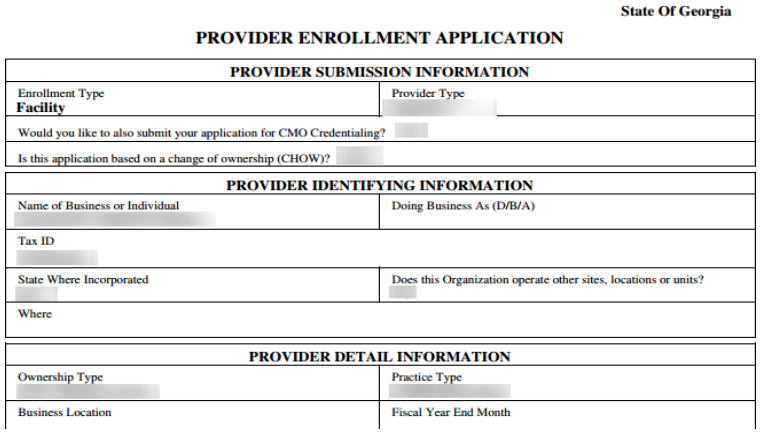
Medicaid Program Provider Attestation Statement

Complete the information requested in this panel as it applies to the facility.
Read and accept the terms of the Medicaid Program Provider Attestation Statement to submit your application.



Application Tracking and Documentation

Once the application is submitted, a pop up window will open with a PDF version of your application which may be saved for future reference.

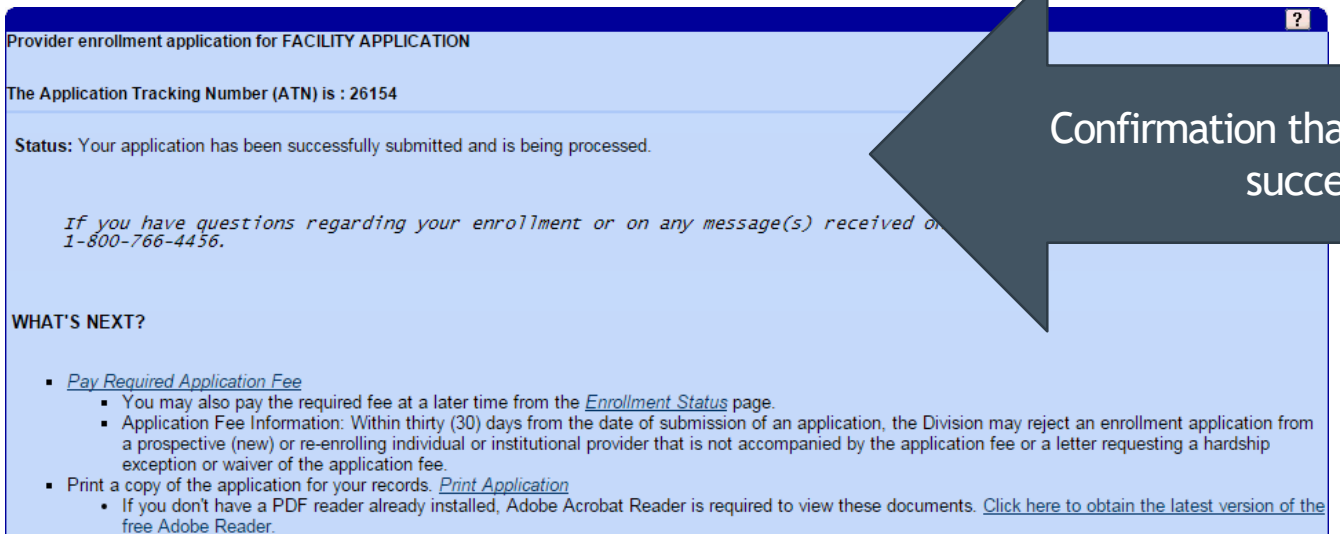


State Of Georgia

PROVIDER ENROLLMENT APPLICATION

PROVIDER SUBMISSION INFORMATION	
Enrollment Type **Facility**	Provider Type
Would you like to also submit your application for CMO Credentialing?	
Is this application based on a change of ownership (CHOW)?	
PROVIDER IDENTIFYING INFORMATION	
Name of Business or Individual	Doing Business As (D/B/A)
Tax ID	
State Where Incorporated	Does this Organization operate other sites, locations or units?
Where	
PROVIDER DETAIL INFORMATION	
Ownership Type	Practice Type
Business Location	Fiscal Year End Month

The confirmation panel will then be visible:



Provider enrollment application for FACILITY APPLICATION

The Application Tracking Number (ATN) is : 26154

Status: Your application has been successfully submitted and is being processed.

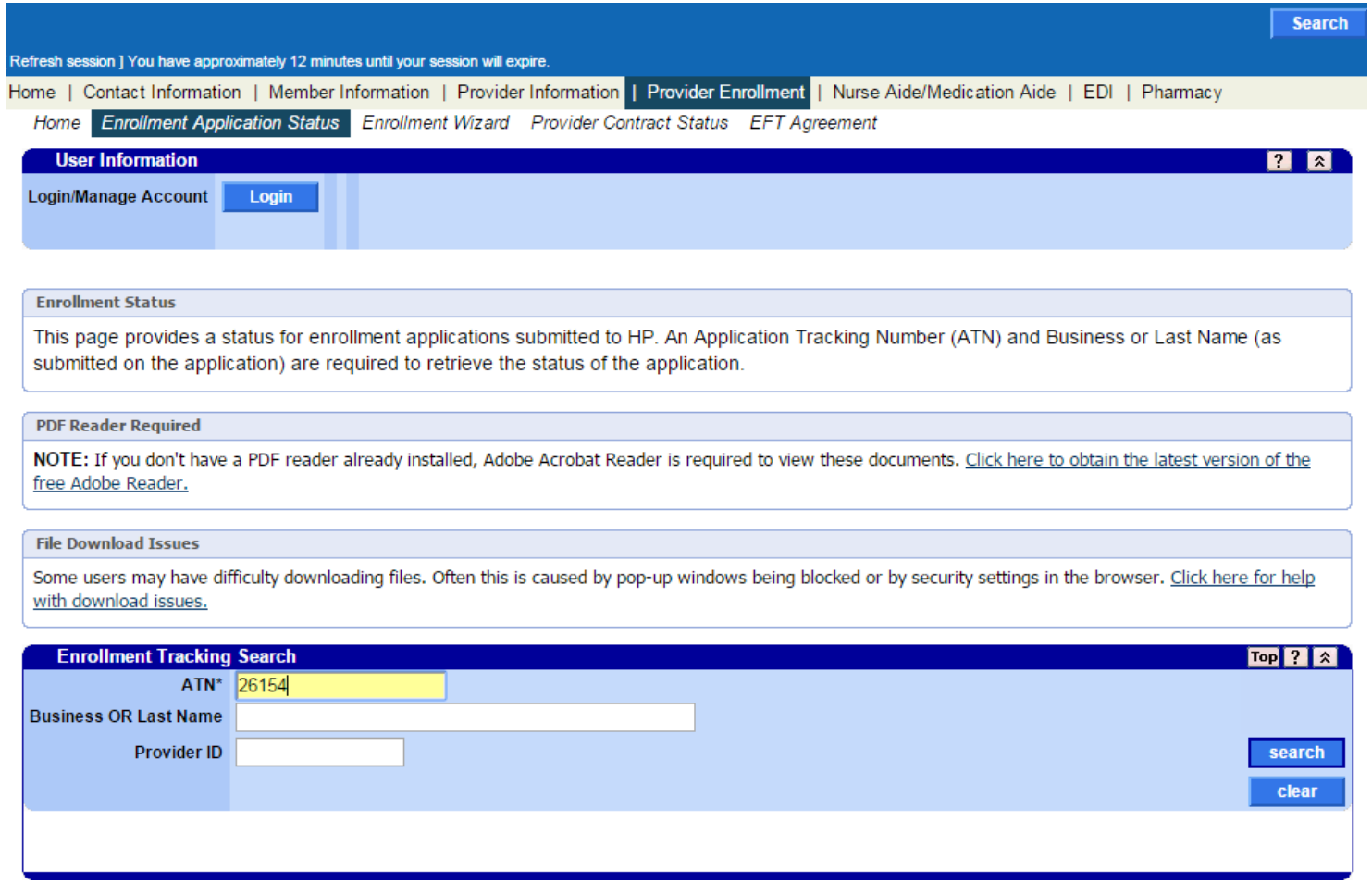
If you have questions regarding your enrollment or on any message(s) received o
1-800-766-4456.

WHAT'S NEXT?

- *Pay Required Application Fee*
  - You may also pay the required fee at a later time from the *Enrollment Status* page.
  - Application Fee Information: Within thirty (30) days from the date of submission of an application, the Division may reject an enrollment application from a prospective (new) or re-enrolling individual or institutional provider that is not accompanied by the application fee or a letter requesting a hardship exception or waiver of the application fee.
- Print a copy of the application for your records. *Print Application*
  - If you don't have a PDF reader already installed, Adobe Acrobat Reader is required to view these documents. Click here to obtain the latest version of the free Adobe Reader.

Confirmation that your application has been successfully received.

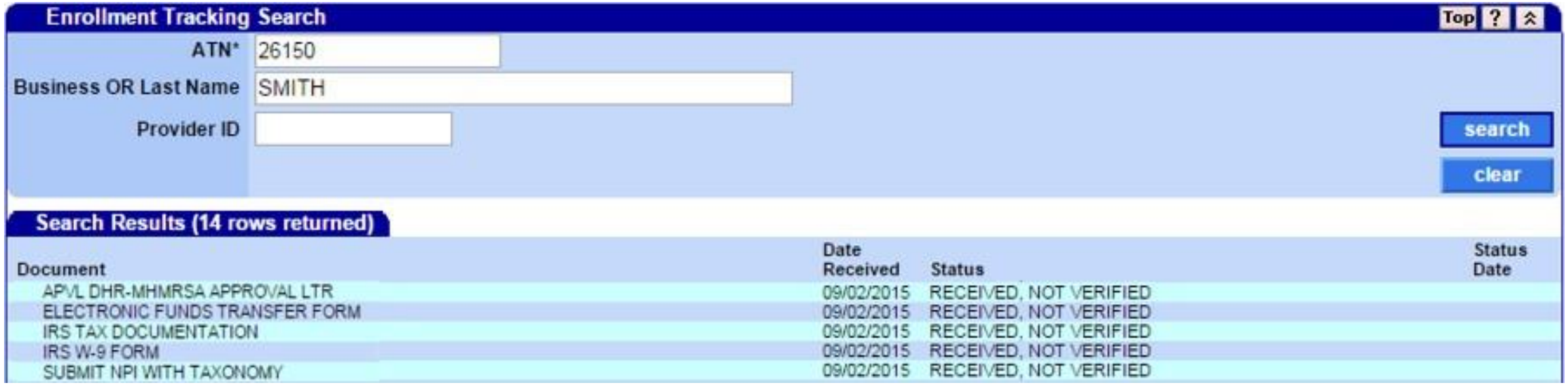
Application Tracking and Documentation



To check the status of your enrollment, navigate to Enrollment Application Status page from the Provider Enrollment menu.

Enter the ATN and Business or Last Name and click search.

Application Tracking and Documentation



Information about the application will be provided on this panel.
The status of documents will be updated as they are reviewed and verified.

Provider Enrollment Materials

- For Enrollment forms, select the Forms page from the Provider Information menu.
  - On the forms page, choose enrollment from the drop-down menu and click go to filter and view only enrollment related forms.
- Additional materials can be found by selecting Provider Enrollment and scrolling down.
- To access Frequently Asked Questions (such as materials pertaining to fee payments), select FAQ for Providers from the Provider Information page.

Thank you

Contact
brand@gainwelltechnologies.com
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McLean, VA 22102