Web Portal Training

Provider Enrollment

Initial Application
Helpful hints to assist in completing your application

- 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.

- Fields marked with an asterisk are always required.

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

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.
Logging into the secure Web Portal

Go to: 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

At the bottom of the Enrollment Wizard page, select the Provider Enrollment Application link.

Providers use this page to complete an enrollment application to become a participating provider in the Georgia Medicaid program. The application uses a wizard to guide applicants through the enrollment form. An in-progress application can be saved and completed at a later time.

Please reference the Part I, Policies and Procedures for Medicaid/PeachCare for Kids® manual, for general requirements that apply to all provider types when enrolling as a Georgia Medicaid provider. Applicants must meet all the provider requirements and qualifications and their practices must be fully operational before they can be enrolled as Medicaid providers.

Specific qualifications for each provider type are contained in chapter 600 of the program specific policy manual(s).

The Enrollment Wizard will assist with the completion of an application. Required documents, as stipulated in the applicable policy manual sections, may be uploaded with the application.

A scanned or faxed copy of the Power of Attorney for Payee will be accepted providing that:

1. The submitted Power of Attorney for Payee reflects the raised notary seal and all signatures can clearly be seen via a scanned or faxed copy.
2. If the notary seal is an ink seal it can be clearly seen via a scanned or faxed copy.
3. If the notary seal and all signatures are unclear or illegible when the document is scanned or faxed, the faxed or scanned Power of Attorney for Payee will be returned to the sender and an original Power of Attorney for Payee will have to be submitted.

The Department reserves the right to reject a scanned or faxed copy of a Power of Attorney for Payee.

To begin, click on the Provider Enrollment Application link below and provide the information requested. If you have any questions regarding completion of the wizard or status of an application, you may contact the Provider Enrollment Unit for assistance.
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 and complete the remaining fields as they relate to your enrollment. Select Individual Practitioner

Click “save & continue” to proceed.
Provider Contracts

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

Click “save & continue” to proceed.
Provider Specialty

Select the Provider Contract from the drop down menu.

If you have more than one contract, click the **add** button to include additional information on that 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.

Click “save & continue” to proceed.
Detail Information

The information requested on the Detail Information panel will vary depending on the selections made on previous panels.
Address Information

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

The “mail to” and “pay to” address will automatically default to the address provided for the service location. To enter a unique “mail to” and/or “pay to” address, click add and complete the required fields.
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.

The page at https://www.mmis.georgia.gov says:

We have collected enough information to save your application. Your application will be automatically saved as you progress through each page remaining in the application.

Your application has been assigned Application Tracking Number (ATN) 26150 and the name entered for this application is demo. Please write down both the ATN and name and keep them in a safe place.

You can exit this application and return at a later time to continue. Once the application has been submitted you can check the status from the Enrollment Status link. You will need to enter both the ATN and name to continue the application or to check the status.

Click “OK” to exit the pop up window and return to the application.
Other State Medicaid Programs

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

```
<table>
<thead>
<tr>
<th>Medicaid ID</th>
<th>State</th>
<th>Type of Service</th>
<th>Current Status</th>
<th>Effective Date</th>
<th>End Date</th>
<th>End Date Reason</th>
</tr>
</thead>
</table>

Type data below for new record.
```
Complete the information requested in the Languages Panel. Note: At least one primary language is required.

<table>
<thead>
<tr>
<th>Language*</th>
<th>Primary Language</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
</tr>
</tbody>
</table>

Type data below for new record.

[Image of the Languages Panel interface]
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 applicant.
Hospital Admitting Privileges

Input all information relating to the Hospital Admitting Privileges of the applicant.
Input all information relating to the Licenses of the applicant
Certifications

Input all information relating to the Certifications of the applicant.
Electronic Claim Submission

Complete the information requested in this panel as it applies to the applicant.
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.
CMO Practice Hours and Status

Complete the information requested in this panel as it applies to the applicant.
CMO Accessibilities

Complete the information requested in this panel as it applies to the applicant.
CMO Education

Complete the information requested in this panel as it applies to the applicant.
CMO Training

Complete the information requested in this panel as it applies to the applicant.
CMO Work History

Complete the information requested in this panel as it applies to the applicant.
CMO Work History

If there is a gap in the work history, the provider will be required to attach the “Work History Gap Form” before submitting the application.

That form can also be accessed in the Web Portal under Provider Information, Forms.
CMO Professional Liability Insurance Carrier

Complete the information requested in this panel as it applies to the applicant.
CMO Pay To Address

Complete the information requested in this panel as it applies to the applicant.
Applicant History Medicaid & CMO

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

![](image_url)
Statement of Participation

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

VERIFICATION OF POLICY MANUALS

By signing below, I hereby certify and attest that my staff, agents, credentialing personnel, contractors, subcontractors, billing agent(s) and I have accessed and reviewed the Department of Community Health’s policies and procedures manuals including Part I, Policies and Procedures for Medicaid/PeachCare for Kids® and the applicable Part II and/or Part III manuals. I understand and acknowledge that the Department’s policies and procedures manuals outline the terms and conditions for receipt of medical assistance and participation in the Georgia Medicaid/PeachCare for Kids® program. I understand and acknowledge that my staff, agents, credentialing personnel, contractors, subcontractors, billing agent(s) and I are required to comply with the policies and procedures outlined in Part I, Policies and Procedures for Medicaid/PeachCare for Kids® and the applicable Part II and/or Part III policy manuals. I understand and acknowledge that the policies and procedures manuals are amended when the Department finds it necessary or appropriate to do so, and that it is my responsibility as well as the responsibility of my staff, agents, credentialing personnel, contractors, subcontractors, and billing agent(s) to check periodically for any revisions pertaining to the delivery of or reimbursement for services rendered to Medicaid members. I further understand that failure to abide by the Department’s policies and procedures will result in adverse actions including, but not limited to, the denial of claims, monetary recoupment, termination, suspension of payments, and reduction of reimbursement. I understand and acknowledge that all of the Department’s policies and procedures manuals are accessible through the Department’s Medicaid Management Information System (MMIS) web portal at www.mmis.georgia.gov. I certify and attest that I have reviewed the entire contents of the completed application and that the information provided is accurate and complete. I understand that inaccurate, incomplete or omitted data may lead to sanctions against me or my facility.

This is to certify that

Name of Provider (Last, First): 

Title: 

Date: 03/02/2015

☐ I accept the terms of the Policy Attestation Statement.
Medicaid Program Provider Attestation Statement

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

*NOTE: The submit button will NOT be available unless ALL required documents have been uploaded.
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.

The confirmation panel will then be visible:

Confirmation that your application has been successfully received.
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.

The confirmation panel will then be visible:
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.