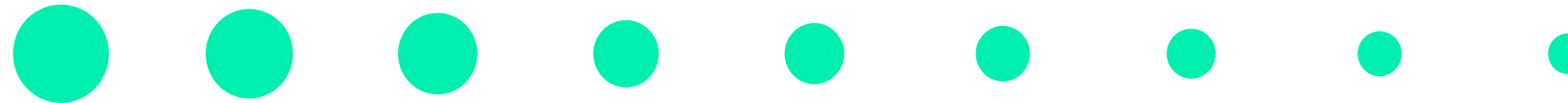


New Biller/Remittance Advice Presentation



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

Agenda

- Overview of Georgia Medicaid
- Claim Submission Basics
- Common Denials
- Claims History Search
- Timely Filing Guidelines
- Accessing the Remittance Advice
- Policy Information and Updates
- Contacting Gainwell Technologies
- Session Review
- Closing, Questions and Answers

Overview of Georgia Medicaid

Medicaid is administered by the Georgia Department of Community Health (DCH) and pays medical bills with both state and federal funds.

Medicaid is a health insurance program that pays medical bills for eligible low-income families, including pregnant women and women with breast or cervical cancer, foster and adoptive children, and for eligible aged, blind, or those who have disabilities whose income is insufficient to meet the cost of necessary medical services.

Overview of Georgia Medicaid

(continued)

A Georgia Medicaid biller needs to understand the Medicaid program and the relationships between the various entities.

- Georgia Department of Community Health (DCH)
- Division of Family and Children Services (DFCS)
- Gainwell Technologies

Overview of Georgia Medicaid

(continued)

The Georgia Department of Community Health (DCH):

Is designated by the Official Code of Georgia (OCGA) as the single state agency to administer Medicaid.

Mission:

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing and oversight.

Overview of Georgia Medicaid

(continued)

The Division of Family and Children Services (DFCS) is part of The Department of Human Services (DHS):

The DCH contracts with DHS/DFCS for determination and processing of Medicaid eligibility through county DFCS offices statewide

Additionally, DFCS:

- Investigates child abuse cases and referrals
- Finds foster homes for abused and neglected children
- Helps low-income, out-of-work parents get back on their feet
- Assists with childcare costs for low-income parents who are working or in job training
- Provides numerous support services and innovative programs to help troubled families

Overview of Georgia Medicaid

(continued)

Gainwell Technologies is the fiscal agent for Georgia Medicaid and PeachCare for Kids®.

The DCH contracted with Gainwell Technologies to provide day-to-day services necessary for the Medicaid program to function.

These day-to-day operations are managed by different departments within Gainwell Technologies:

Member Enrollment
Provider Enrollment
Provider Relations
Financial
Data Capture
Systems
EDI

Contact Center
Web Portal
Written Correspondence
Resolutions
TPL
Publications

Gaining Access

Georgia Medicaid Management Information System (GAMMIS) www.mmis.georgia.gov

- 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 is available anywhere with Internet access.

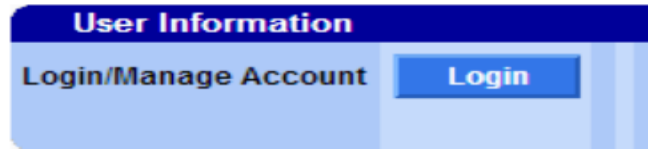
With the use of the secure log-in available to each Georgia Medicaid provider, a biller can also verify HIPAA-related data and perform various functions on behalf of that provider, such as:

- Procedure search
- Verifying member eligibility
- Submitting and reviewing prior authorizations
- Submitting, reviewing, adjusting, or resubmitting claims
- Reviewing remittance advice


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.



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

A screenshot of a login form titled "Sign in to Georgia Medicaid" with a "Help" link. It includes input fields for "Username" and "Password", a "Sign In" button, and a link for "Forgot your password?".

2. Click the Web Portal link.



Applications

Application	Description
MEUPS Account Management	Manages contact information, password, and authorizations for applications.
Web Portal	Web Portal Production

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.

GAMMIS Secure Web Portal

Now that you are logged in to the secure Web Portal, let's talk about some of the options.



GAMMIS Secure Web Portal



Welcome, callcenter

Search

[Refresh session] You have approximately 17 minutes until your session will expire.

Monday, November 15, 202

[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](#) [Publication Search](#) [Site Map](#) [Site Settings](#) [Language Selection](#)

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



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.
- The most common eligibility denials come from **NOT** checking the member's eligibility.

Eligibility Verification

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)

Welcome, Call Center Search

[Refresh session] You have approximately 19 minutes until your session will expire. Tuesday, November 10, 2015

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 Eligibility Request

Eligibility Verification Request ?

Member ID	<input type="text"/>	Birth Date	<input type="text"/>	<input type="button" value="calendar"/>
Last Name	<input type="text"/>	SSN	<input type="text"/>	
First Name	<input type="text"/>	From/Thru Date of Service	<input type="text"/>	<input type="button" value="calendar"/>
Gender	<input type="text" value=""/>	Service Type	30 - Health Plan Benefit Coverage <input type="button" value="v"/>	

- [Medicaid ID and Date of Service Span]
- [Last Name/First Name, Gender, Birth Date, and Date of Service Span]
- [Birth Date, Social Security number, and Date of Service Span]
- [Last Name/First Name, Social Security number, Date of Service Span]

Eligibility Verification

(continued)

Benefit Plan & Eligibility by Service Type must show “ACTIVE”

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	03/01/2016	03/31/2016	MC - Medicaid	135 - Newborn Child	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	03/01/2016	03/31/2016	MC - Medicaid	135 - Newborn Child	0.00	

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				

Eligibility Verification

(continued)

Member's status is Active.
Now What?

Verify what Aid Category is the member assigned to.



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	03/01/2016	03/31/2016	MC - Medicaid	135 - Newborn Child	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	03/01/2016	03/31/2016	MC - Medicaid	135 - Newborn Child	0.00		

Managed Care					?
Provider Name	Plan Name	Provider Phone	Effective Date	End Date	
WELLCARE HEALTH PLANS, INC - ATL	Georgia Families	(866)231-1821	01/01/2016	01/02/2016	

Common Medicaid Benefit Plans

Medicaid Benefit Plan	Plan Description
TXIX	Provides Medicaid Benefits for those persons with low or no income.
SSI	Provides Medicaid Benefits for those persons eligible for Supplemental Security Income benefits.
QMB	Provides payment for Medicare Part A premium. Co-insurance, deductible, and Medicare Part B premium only. QMB will not cover any medical services not covered by Medicare.
SLQI1	Provides Payment for Medicare Part B Premium ONLY. No Medical Benefit. Aid Categories are 446,661,662.
Manager Care/Georgia Families	Benefits are received from 1 of the 3 CMO's. Peach State, Amerigroup, CareSource
Institutional Hospice	Provides Palliative Care to terminally ill individuals.
Nursing Home	Provides coverage for Inpatient Nursing Home services.

Eligibility Verification

(continued)

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 months after the date in which the determination of retroactive eligibility was made.

Eligibility Verification

(continued)

COB Updates

Member ID Information		Member Transactions	
Member ID	22	First Name	BABY BOY
Birth Date		Last Name	D
Address 1	8372 DR	Middle Initial	
Address 2(County)	031 - CLAYTON	Name Suffix	
City	RIVERDALE	Gender	M
State	GA	Transaction Date/Time	01/17/2017 11:36:47
Zip	30296-1289	Confirmation #	17017

The DMA-410: EB-TPL form will need to be submitted via the GAMMIS Web Portal when updating a member's COB information.

To provide this information, upload a scanned image of the member's insurance card for COB updates to the GAMMIS Web Portal at www.mmis.georgia.gov. Perform an eligibility request for the member in question, select the new Member Transactions button, and follow the instructions provided on the member transactions page.

Note: Providers need to continue using the paper DMA-410-Form for Section I: Co-Payment Notification, and Section II: COB Non-Coverage Affidavit.

Eligibility Verification

(continued)

- Member Other Insurance Information Update

Member Other Insurance Information Forms

Forms are located at : www.mmis.georgia.gov – Provider Information – Forms for Providers:

TPL /COB Notification/Update Form : DMA - 410

Medicare Notification/Update Form : DMA - 460

Procedure Code Search

Providers can look up procedure codes on the GAMMIS Web Portal. The information contained on this screen includes:

- A short description of procedure code
- Effective date of procedure code
- Category of service
- Modifiers
- Prior Authorization (PA) requirement(s)



Procedure Code Search

(continued)

Welcome, call center Search

Refresh session: You have approximately 15 minutes until your session will expire. Monday, April 08, 2019

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 Secure Home Demographic Maintenance Direct Exchange Addresses Provider Rates Bed Registry **Procedure Search** EOB Search


Recredential/Revalidation Change of Information

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

Enrolled Categories of Service for 007106027A ?

COS	Description	Effective Date	End Date	Status	Status Reason
430	The Physician Services Program provides reimbursement for a broad range of medical service	10/01/2017	12/31/2299	Active	Active

Procedure Search ? ^

Procedure Code* Procedure Code Date* 


Place of Service* [\[Search \]](#)

Procedure Code Search

(continued)

COS	Description	Effective Date	End Date	Status	Status Reason
430	The Physician Services Program provides reimbursement for a broad range of medical service	12/01/1973	12/31/2299	Active	Medicare Only

Procedure Search

Procedure Code* Procedure Code Date* 

Place of Service* [\[Search \]](#)

Procedure Information

Procedure Code	Description
99213	OFFICE/OUTPATIENT VISIT EST
Gender	PA Required The PA Required column will indicate whether the service requires either a Precert or Prior Authorization. The possible values are: N - No PA is not required Y - Yes PA is required X - Yes PA is required Z - Yes Precert is required
Minimum Age	
Maximum Age	

Covered Categories of Service (29 rows returned)

COS	Claim Type	Modifiers	Min Age	Max Age	Gender	From	Thru	PA Required
010						01/01/2000	12/31/2299	Z - Yes Precert is required
070		Including 0-3 from 95 GQ GT				01/01/2017	12/31/2299	N - No PA is not required
080						01/01/2000	12/31/2299	N - No PA is not required
200	C					07/01/2000	12/31/2299	N - No PA is not required
230	B,M	Including 0-4 from 24 25 52 57 AJ FP GT U1				01/01/2006	12/31/2299	N - No PA is not required
270		Including 1-1 from FP , Including 0-1 from U1				01/01/2013	12/31/2299	N - No PA is not required
430	M	Including 0-1 from 52 AJ FP GT HA TM , Including 0-4 from 24 25 27 57 58 59 78 79 91 95 E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA GQ LC LD LM LT RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA				01/01/2017	12/31/2299	N - No PA is not required

Procedure Code Search

(continued)

- Your “Enrolled Categories of Service “**Must**” be found on the list that shows “Covered Categories of Service”. If your Category of Service is not shown, that code is not covered and non-reimbursable for that provider type.
- If your Category of Service is found, then the procedure code is billable.
- Modifiers: The modifier listed are the only allowed modifiers that can be used.
- Age: If an age range is listed, that age group is the only age group that is allowed.
- Gender: If a gender type is listed, that is the only gender that is covered.

Prior Authorization Search



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

Home | **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 ? ⌵

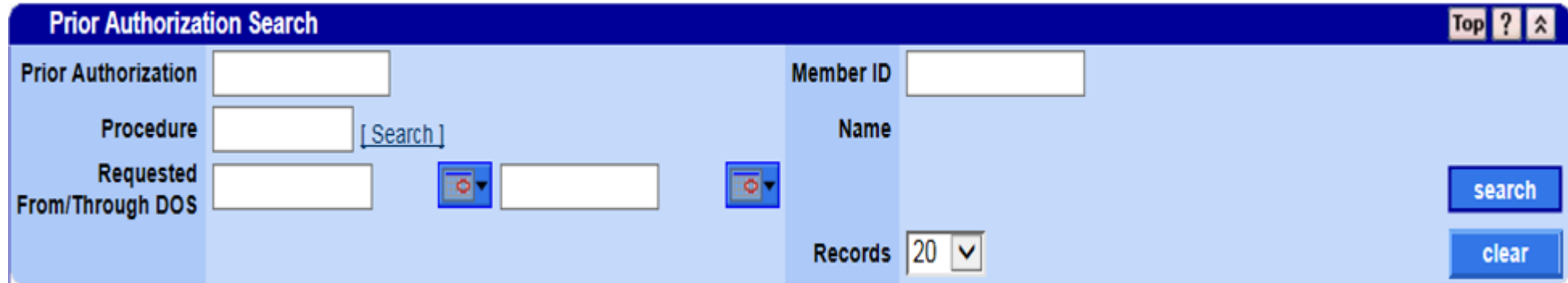
Please Note: When a Member ID is entered, please navigate from the field prior to entering additional search criteria or clicking search to allow the system to refresh and identify the member name on file.

Prior Authorization Search Top ? ⌵

Prior Authorization	<input type="text"/>	Member ID	<input type="text"/>
Procedure	<input type="text"/> [Search]	Name	<input type="text"/>
Requested From/Through DOS	<input type="text"/> ⌵ <input type="text"/> ⌵	Records	20 ⌵
			<input type="button" value="search"/>
			<input type="button" value="clear"/>

Prior Authorization Search

(continued)



The screenshot shows a web form titled "Prior Authorization Search" with a blue header bar. The form is divided into two main sections. The left section contains three input fields: "Prior Authorization" (a text box), "Procedure" (a text box with a "[Search]" button to its right), and "Requested From/Through DOS" (two date pickers). The right section contains two input fields: "Member ID" (a text box) and "Name" (a text box). Below these fields are two buttons: "search" and "clear". At the bottom right, there is a "Records" dropdown menu set to "20". In the top right corner of the header bar, there are links for "Top", "?", and an upward arrow.

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	[REDACTED]	Member Name	Dave Phillip	
REF ID	[REDACTED]			
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	Tooth				
Through DOS	11/13/2017			Quadrant	Surface				
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 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	Tooth				
Through DOS	11/13/2017			Quadrant	Surface				
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 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	Tooth				
Through DOS	11/13/2017			Quadrant	Surface				
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 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						

Medicaid Claim Submissions



Electronic Visit Verification (EVV)

As of January 1, 2022, provider(s) who provide Personal Support Services (PSS) or Community Living Supports (CLS) through SOURCE, CCSP, NOW, COMP, ICWP, and / or GAPP, all claims must be submitted via the Electronic Visit Verification System.

*****Please see the Banner Message published on 12/22/2021 for complete details.**

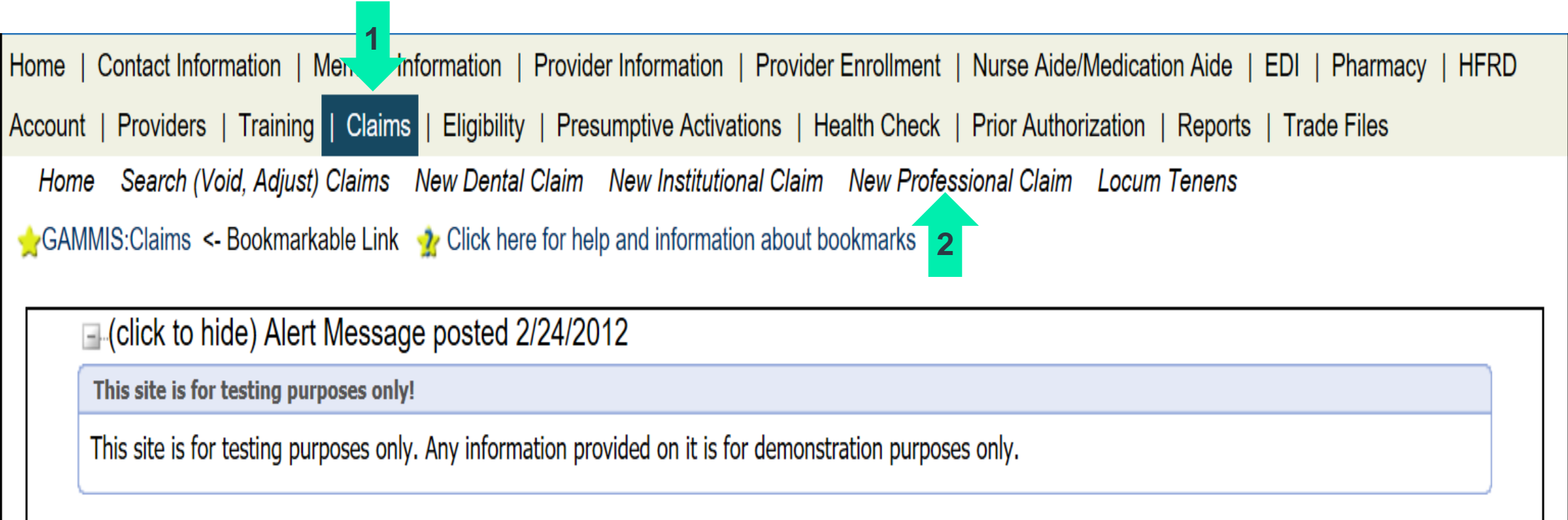
Link: [Provider Messages \(georgia.gov\)](https://www.georgia.gov/provider-messages)

How to Submit a Claim

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

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

Professional Billing Information



The screenshot shows a navigation menu with the following items: 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. A green arrow labeled '1' points to the 'Claims' link. Below the menu, there are links for Home, Search (Void, Adjust) Claims, New Dental Claim, New Institutional Claim, New Professional Claim, and Locum Tenens. A green arrow labeled '2' points to a bookmarkable link for 'GAMMIS:Claims'.

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

(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.

Professional Billing Information

Section 1

Enter the required information indicated with an asterisk and as much optional information as needed (some required fields are the Member ID, Name, DOB, and Release of Information).

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

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.

The screenshot shows a web application interface for entering diagnosis information. At the top, there is a blue header bar with the word "Diagnosis" in white. Below the header, there is a table with three columns: "Sequence", "Diagnosis", and "Description". The table has a header row with "A" in the "Sequence" column and "A" in the "Diagnosis" column. Below the header, there is a text input field for "Diagnosis" and a "[Search]" button. To the right of the input field, there are two buttons: "delete" and "add". Below the input field, there is a dropdown menu for "Sequence*" with a list of numbers from 1 to 7. The text "Type data below for new record." is displayed in the center of the form.

Detail

Section 3

Detail

** No rows found **

Select row above to update -or- click Add button below.

delete

add

copy

Claim Detail

Section 3




(continued)

1. Click add to add up to 50 lines > Click copy to duplicate information > Click delete to delete the

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

Type data below for new record.

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

Submit Section 4

(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 [REDACTED]



[Provider Billing Manuals](#)



Professional Claim



Adjudication Information

ICN/TCN

[DMA520 Inquiry](#)

Claim Status

RA Date

Total Paid Amount

\$0.00

Billing Information

Rendering Provider ID

Rendering Taxonomy

Member ID*

Release of Information*

Related Causes Code 1

Related Causes Code 2

Claim Status

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

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



PAID

Internal Control Number (Claim Number)

The ICN is a 13-digit number that is unique to each claim, no matter the status.

22	12010	999	999
Region	Julian Date	Batch	Sequence
<i>Claim Type</i>	<i>Year and Day</i>	Internal Use	Only

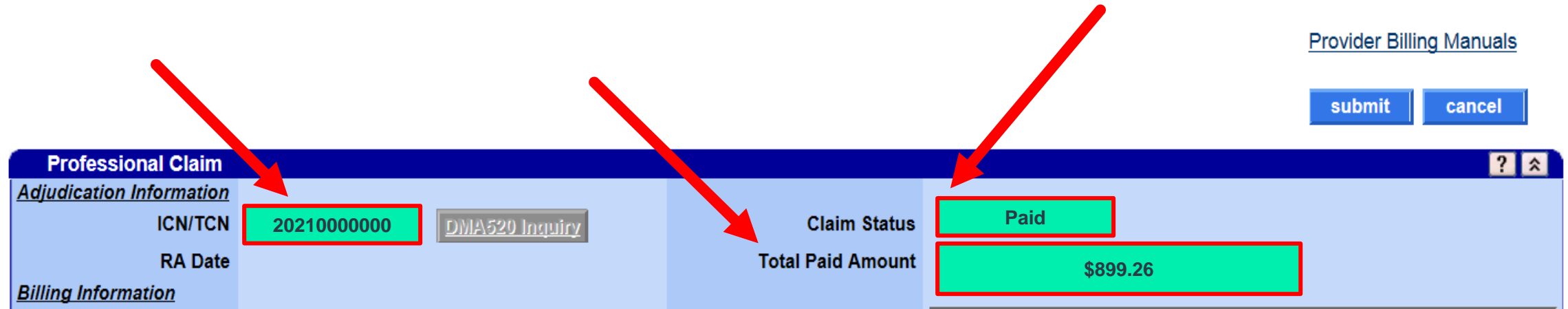
*The region or claim type is determined by how the claim was submitted.

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	20210000000 <input type="button" value="DMA520 Inquiry"/>
RA Date	
<u>Billing Information</u>	
Claim Status	Paid
Total Paid Amount	\$899.26



Claim Denial Reason

Claim is denied; move to the bottom of the claim for denial explanation.
Make correction to the claim and resubmit.

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 Options

- **Paid Claim:** Void, Copy, or Adjust. (Adjustments must be made within 90 days of paid date.)
- **Denied Claims:** Resubmit (once corrections have been made)
- **Suspended Claims:** No action can be taken

Claim History Search

Claims History Search

Ways to search for outstanding claims:

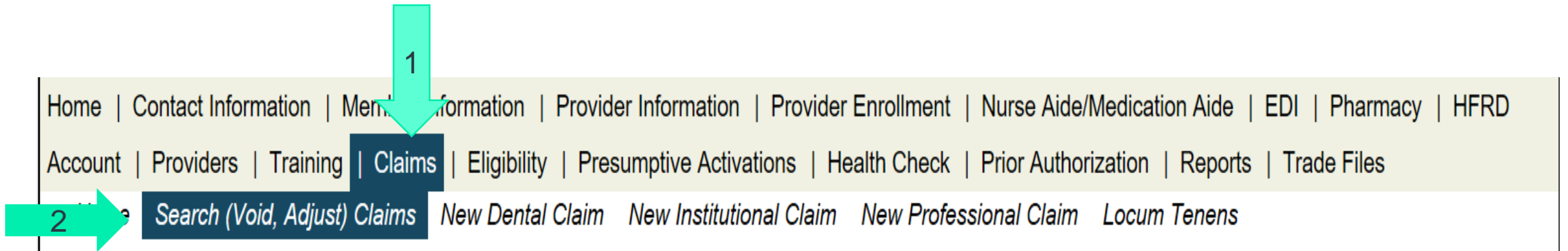
- ICN (Search)
- Member ID, FDOS -> TDOS, Claim Type (Search)
- Member ID, FDOS -> TDOS, Status Type (Search)
- Member ID, Claim Type, RA Date (Search)

Claim Type = Professional

Status Type Options = Paid, Denied, Suspended

Claims History Search

(continued)



Ways to search for outstanding claims

- ICN
- Member ID, FDOS – TDOS, Claim Type
- Member ID, FDOS – TDOS, Status Type
- Member ID, Claim Type, RA Date

Claims History Search

(continued)

Claim Search Top ? ↕

ICN/TCN

Member ID

Rendering Provider ID [Search]

Claim Type

From/Thru DOS

RA Date

Status ←

Records ←

English | Español | Accessibility




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



Claims History Search

(continued)


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 Guidelines



Timely Filing Guidelines

(continued)

For most providers, timely filing is 6 months from the month the service was rendered by the provider. However, there are variations which you should be aware of.

- Claim submission -Within six months of the DOS
- 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/TPL claim -Within 12 months of MOS
- One Year (365 Days) Claim Submission Edit

A claim is considered a new claim if there are any changes made to the claim after the initial submission (total charges, dates of service, revenue codes, etc.). Therefore, the six months for timely filing will apply to the claim that has been edited. Regardless if the prior submitted claims were kept timely in the system.

One Year (365 Days) Claim Submission

Example:

	Original Submit Claim	1 st Resubmit	2 nd Adjustment
DOS	Denied Date:	Adjustment	(365 days)
July 1, 2021	December 30, 2021	March 31, 2022	June 30, 2022

- All claim submissions and adjustments to denied claims are to be completed according to policy by 365 days. Other timely submission and resubmission system edits will remain in GAMMIS according to policy (there is no time limit for adjusting a claim that reverses payment back to the Department of Community Health).
- Please refer to the Georgia Medicaid Part 1 - Policies and Procedures Manual, Chapter 200. The Timely Resubmission policy outlined in Section 204 will still be enforced to include this new one year or 365 days guideline.

*Banner Message posted April 12, 2018

Common Claim Denials



Common Denial Codes

- **535, 545, 516, 512:** 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
- **5115:** Service not allowed during hospital stay

Accessing and Understanding your Remittance Advice



Remittance Advice (RA)

The RA is comprised of several document types in this order:

- Banner Messages
- Claim Activity/Status
- Financial Transactions-Expenditures (system generated only) and Accounts Receivable
- EOB Descriptions
- Summary Page

The RA is generated each claims payment cycle. RAs are only received if there is activity during the claims cycle.

Accessing the Remittance Advice

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide | EDI | Pharmacy
Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | GBHC Referral | **Reports** | Trade Files

Home **Financial Reports** HS&R Reports Other Reports Letters

Reports ? ^

Report* Remittance Advice

From Date* 10/01/2009 To Date* 01/21/2010

Records 20 Clear Search

- Select **Report**, then **Financial Reports** from the menu. Next, select **Remittance Advice** from the Report drop down menu.
- Enter the date span
- Click Search

* For a full comprehensive remittance advice report including all pages, please login and access using your payee ID user information.*

Remittance Advice (RA)

REPORT: CRA-BANN-R
RA#: 8523480

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
BANNER MESSAGES

DATE: 11/13/2015
PAGE: 1

PRIMARY CARE GROUP OF WEST GEORGIA
100 PROFESSIONAL PL STE 204
CARROLLTON, GA 30117-3802

PAYEE ID: 300031957G
NPI ID:
PAYMENT NUMBER: 052262637
ISSUE DATE: 11/16/2015
RECEIVER ID: 300031957G

1

BANNER MESSAGE TO HCBS WAIVER COS PROVIDERS 590, 660, 680, 681 FINANCIAL MANAGEMENT, CASE MANAGEMENT AND SUPPORT COORDINATION PROVIDERS

THIS BANNER MESSAGE SHALL SERVE AS A SELF-DIRECTION (A.K.A. CONSUMER-DIRECTION, PARTICIPANT-DIRECTION) POLICY UPDATE TO HOME AND COMMUNITY-BASED WAIVER SERVICES FOR THE INDEPENDENT CARE WAIVER PROGRAM, COMMUNITY CARE SERVICES PROGRAM, NEW OPTIONS WAIVER, AND COMPREHENSIVE SUPPORTS WAIVER EFFECTIVE 11/1/15.

THIS COMMUNICATION IS AN UPDATE REGARDING THE U.S. DEPARTMENT OF LABOR FINAL HOME CARE RULE (EFFECTIVE JANUARY 1, 2015) EXTENDING THE MINIMUM WAGE AND OVERTIME PROTECTIONS OF THE FAIR LABOR STANDARDS ACT TO MOST HOME CARE WORKERS. THE FINAL HOME CARE RULE LABOR STANDARDS ACT WAS UPHELD BY THE U.S. COURT OF APPEALS ON AUGUST 21, 2015. AS A RESULT, GEORGIA MEDICAID WILL BE MOVING FORWARD IMMEDIATELY TO COMPLY WITH THE RULE EFFECTIVE 11/1/15.

EFFECTIVE NOVEMBER 1, 2015 ALL PERSONAL SUPPORT AIDES MUST BE PAID OVERTIME FOR ANY HOURS THEY WORK THAT ARE OVER 40 IN A WORK WEEK. CURRENTLY AN AIDE WHO WORKS MORE THAN 40 HOURS A WEEK IS BEING PAID THE SAME HOURLY PAY RATE FOR THE OVERTIME HOURS AS THEY ARE FOR THE REGULAR HOURS. SERVICES ARE AUTHORIZED WITHIN THE WAIVER BASED ON MEMBER NEED WITHOUT PROVISIONS FOR OVERTIME. IT IS THE MEMBER'S RESPONSIBILITY AS THE EMPLOYER TO MAKE SURE HE/SHE HAS ENOUGH AIDES HIRED AND SCHEDULED SO THAT NO AIDE WILL WORK OVER 40 HOURS IN A WORK WEEK.

IF A MEMBER'S AIDE WORKS MORE THAN 40 HOURS IN A WEEK AFTER THIS CHANGE IS EFFECTIVE, THEY WILL HAVE TO BE PAID OVERTIME AT 1.5 TIMES THE NORMAL RATE BY THE FISCAL AGENT. THIS WILL AFFECT THE AMOUNT OF MONEY LEFT IN THE MEMBER'S BUDGET. IF ALL THE MONEY IN THE MEMBER'S BUDGET IS USED TO PAY OVERTIME, THE CARE COORDINATOR OR CASE MANAGER WILL NOT BE AUTHORIZED TO INCREASE THE BUDGET. IT WILL BE THE MEMBER'S RESPONSIBILITY AS THE EMPLOYER FOR PAYING THE AIDE FOR ANY ADDITIONAL SERVICES NEEDED. IF THE MEMBER DEMONSTRATES THAT HE OR SHE CANNOT STAY WITHIN THEIR SELF-DIRECTED BUDGET DUE TO LARGE AMOUNTS OF OVERTIME PAID OUT, THE MEMBER WILL RISK THEIR SELF-DIRECTED STATUS AND MAY BE REMOVED FROM THE SELF-DIRECTED PROGRAM AND REQUIRED TO RECEIVE PERSONAL SUPPORT SERVICES THROUGH A TRADITIONAL AGENCY.

Remittance Advice (RA)

(continued)

Claims data lines includes:

- ICN, Member ID, Member Name, Billed Date, Prior Auth No, Patient account number (if provided on claim), COS, FDOS-TDOS, Billed Amount, Medicaid Allowed Amount, Copay, Pt Liability, COB, Total Paid

ICN	MEMBER ID	MEMBER NAME	BILLED DTE	P AUTH NO	PATIENT NUMBER				
COS	FROM DTE - THRU DTE		BILLED	MCD ALLOWED	COPAY	PT LIAB	COB	TOTAL PAID	

- Detail Line Number, FDOS-TDOS, POS, Provider Specialty, Procedure Code, Modifiers, Units Billed/Units Allowed, Billed Amount, Medicaid Allowed Amount, COB, Total Paid, Claim Status

LINE	FROM DTE-THRU DTE	POS	SPEC	PROC CD	M1	M2	M3	M4	UNITS BILLED/ALLWD	BILLED	MCD ALLOWED	COB	PAID	STATUS
------	-------------------	-----	------	---------	----	----	----	----	--------------------	--------	-------------	-----	------	--------

Remittance Advice (RA)

(continued)

REPORT: CRA-PHPD-R
RA#:

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
CLAIM TYPE M - CMS 1500 PAID

DATE: 11/13/2015
PAGE: 22

PAYEE ID:
NPI ID:
PAYMENT NUMBER:
ISSUE DATE: 11/16/2015
RECEIVER ID:

RENDERING PROVIDER: MCD

111111111A

ICN	MEMBER ID	MEMBER NAME	BILLED DTE	P AUTH NO	PATIENT NUMBER	COB	TOTAL PAID
COS	FROM DTE - THRU DTE	BILLED	ALLOWED	COPAY/DEDUCT	PT LIAB		
430	11102015 11102015	44.00	11132015 17.46	0.00	0.00	0.00	17.46 PAID

LNN	FROM DTE-THRU DTE	POS	SPEC	PROC CD	M1	M2	M3	M4	UNITS BILLED/ALLWD	BILLED	ALLOWED	COB	PAID	STATUS
1	11102015 11102015	11	072	99211					1.00 1.00	44.00	17.46	0.00	17.46	PAID
DETAIL EOBS: 9918 CO:45 26.54- 0351														
REMARK CODES: N59														

Financial Summary Page

This page is only accessible when logged into the Payee account.

Policy Information and Updates

How to stay informed



Policy Information and Updates

(continued)



- Provider Notices: Program Specific Presentations
- Provider Manuals: Program Specific Policy Manuals
- Provider Messages: Additional Policy and Program alerts

Contacting Gainwell Technologies

Contacting Gainwell Technologies

- Chatbot
- Interactive Voice Response System (IVRS)
- Provider Services Contact Center (PSCC)
- Provider Relations Representatives

What's New.... Chatbot

Some of the features will include:

Providers

- How do I change my address?
- How do I reset my GAMMIS password?
- How do I update owners NPI or SSN or Tax ID?

Members

- How do I reset my GAMMIS password?
- How do I apply for Medicaid?
- Where do I go to renew my Medicaid?

We look forward to this new enhancement!

What's New.... Chatbot

(continued)

The screenshot shows the top navigation bar of the GAMMIS website. On the left is the Georgia Department of Community Health logo. In the center is the GAMMIS logo (Georgia Medicaid Management Information System). On the right is the gainwell logo. Below the navigation bar is a blue search bar with a 'Search' button. A status bar below the search bar indicates the session will expire in 18 minutes and shows the date Monday, December 13, 2021. A main navigation menu includes links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, and HFRD. A secondary menu includes Home, Publication Search, Site Map, Site Settings, and Language Selection. Below the navigation is a bookmarkable link for 'GAMMIS:Home' and a help link. The main content area features an alert message titled '(click to hide) Alert Message posted 11/3/2021'. The alert message has a blue header 'Announcing the Georgia Medicaid Chatbot!' and contains the following text: 'In our effort to implement innovations that will benefit the overall productivity and quality of our provider and member call center experience, we have implemented a Chatbot feature!'. It lists two main questions: 'Where can I find it?' (with the answer 'This feature is located at the bottom of the home page.') and 'What are the benefits of the Chatbot?' (with the answer 'This will make a positive impact to the provider/member community by reducing call volumes and wait times.'). It also lists 'Highlights of the Chatbot include answers to questions like:' followed by a list of questions for providers (How do I reset my GAMMIS Password?, How do I change my address?, How do I update my owners NPI or SSN or Tax ID?) and for members. A large red arrow points from the alert message to a blue chatbot icon in the bottom right corner of the page.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GAMMIS
GEORGIA MEDICAID MANAGEMENT INFORMATION SYSTEM

gainwell

Search

[Refresh session] You have approximately 18 minutes until your session will expire. Monday, December 13, 2021

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD

Home Publication Search Site Map Site Settings Language Selection

★GAMMIS:Home <- Bookmarkable Link 🌟 Click here for help and information about bookmarks

(click to hide) Alert Message posted 11/3/2021

Announcing the Georgia Medicaid Chatbot!

In our effort to implement innovations that will benefit the overall productivity and quality of our provider and member call center experience, **we have implemented a Chatbot feature!**

- Where can I find it?
 - This feature is located at the bottom of the home page.
- What are the benefits of the Chatbot?
 - This will make a positive impact to the provider/member community by reducing call volumes and wait times.

Highlights of the Chatbot include answers to questions like:

- For providers
 - How do I reset my GAMMIS Password?
 - How do I change my address?
 - How do I update my owners NPI or SSN or Tax ID?
- For members

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.

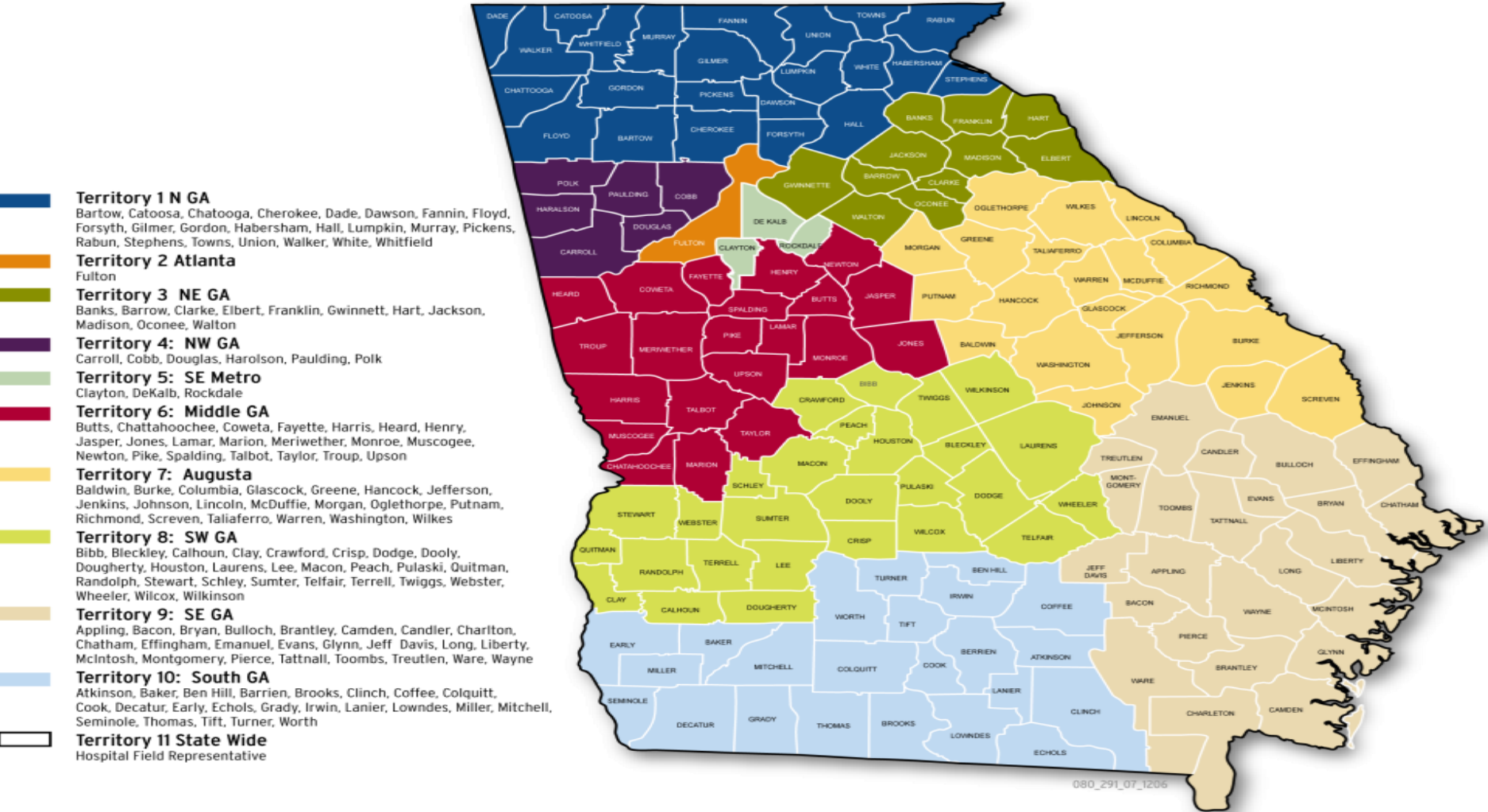
800-766-4456	
Option 1	Member Eligibility
Option 2	Claims Status
Option 3	Payment Information
Option 4	Provider Enrollment
Option 5	Prior Authorization
Option 6	GAMMIS website password reset, Pharmacy Benefits, the Nurse Aide Registry or Nurse Aide Training program, PeachCare for Kids® EDI submission or electronic claim submission, or a system overview

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

Georgia Field Territories



Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Mercedes Liddell
2	Fulton	Deandre Murray
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Vacant
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	Anitrus Johnson
North	Hospital Rep	Sherida Banks
South	Hospital Rep	Janey Griffin

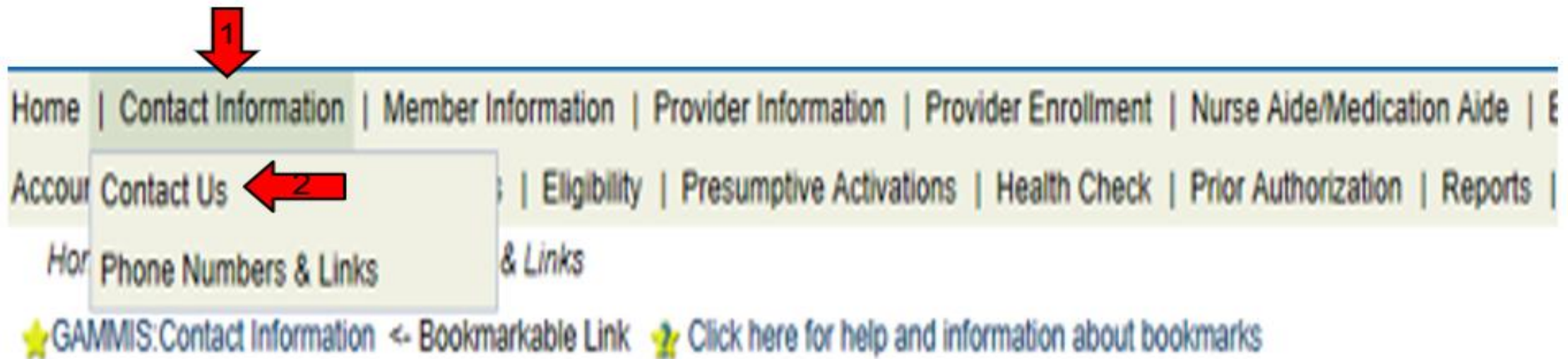
Provider Relations Representatives

State-Wide Consultants

Sharée C. Daniels
Brenda Hulette
Danny Williams

Contact My Provider Rep Directly

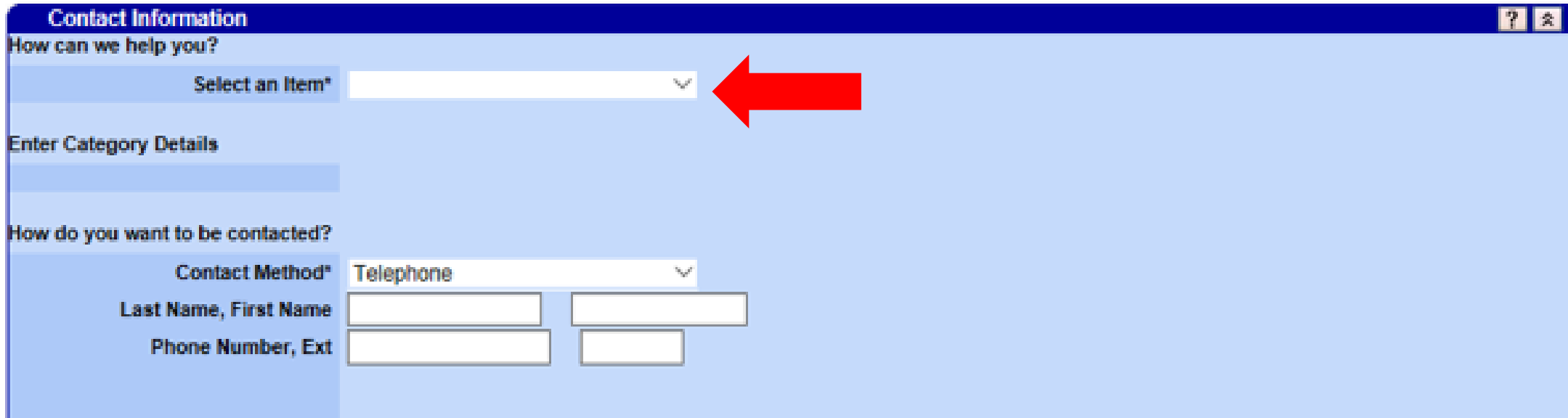
After logging into the GAMMIS System, select Contact Information then Contact Us



Contact My Provider Rep Directly

(continued)

Select an Item



The screenshot shows a web form titled "Contact Information" with a blue header bar. The form is divided into three sections: "How can we help you?", "Enter Category Details", and "How do you want to be contacted?". In the first section, there is a dropdown menu labeled "Select an Item*" with a red arrow pointing to it. The second section is currently empty. The third section contains a "Contact Method*" dropdown menu set to "Telephone", and two rows of input fields for "Last Name, First Name" and "Phone Number, Ext".

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

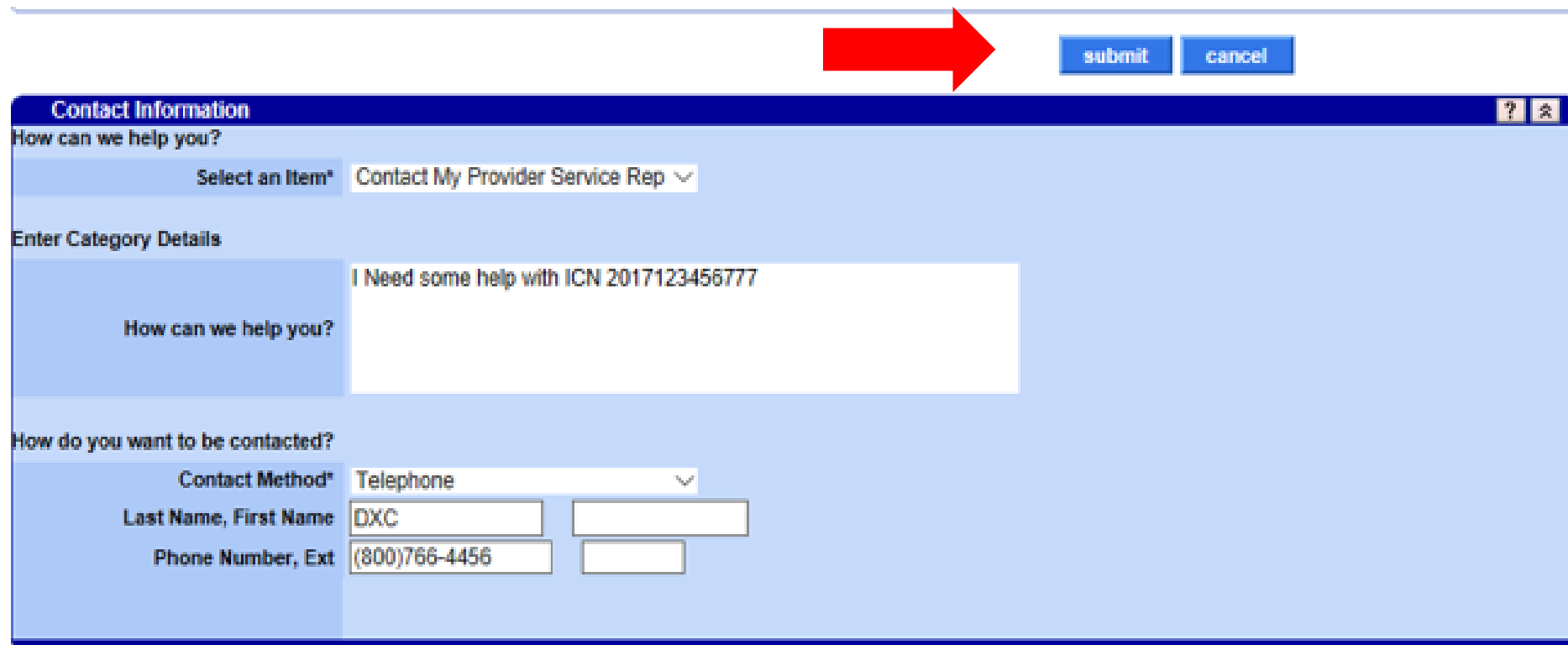
Click Here

top of page

Contact My Provider Rep Directly

(continued)

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



The screenshot shows a web form titled "Contact Information" with a blue header and a light blue body. A red arrow points from the top right towards the "submit" button. 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 input)
- 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) 325-9888 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

Session Review

You should now be able to:

- Identify general billing information and policy changes
- Explain how to submit claims
- Resolve common concerns relating to claim denials
- Perform functions using the IVRS and Web Portal

Closing

Questions and Answers

Thank you

Contact

brand@gainwelltechnologies.com
gainwelltechnologies.com

Gainwell Technologies

1775 Tysons Blvd.
McLean, VA 22102