

DBHDD Provider Meeting

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Thursday, May 6, 2021



Agenda

Open and Welcome

Electronic Visit Verification

State-funded Services

COVID 19 Vaccination
Update

ASO Application Process &
LOA

Hospital Discharges and
Moves

Gainwell Technologies

Q&A

Electronic Visit Verification (EVV) Department of Community Health

DBHDD & State Funded Services

State-funded (SF) Services

- DBHDD will be moving to fee for service for SF services July 1, 2021
- Training to be offered by Georgia ASO June 2021 on billing practices
- Contracts will be zero-dollar contracts for FY22 for the services impacted
- SF Competitive Integrated Employment (formerly employment express) will be moved into IDD Connects for billing July 1, 2021

COVID-19 Vaccination
Updates
Office of Health and Wellness



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Georgia Department of Behavioral Health & Developmental Disabilities

Dana Scott

Director of Office of Health and Wellness
Division of Developmental Disabilities



D·B·H·D·D

April 2021

Office of Health and Wellness

Healthcare Plan Update

- Increased Provider Training Sessions
 - Web-based
 - Recorded for frequency of access
- Revisions for clarity
- Development of training with other audiences in mind (Support Coordination Agencies & Accountability/Audit entities)

Vaccination Update

- Successful conducted vaccination clinic in region 4
- Liaison between DBHDD and DPH for providers interested in conducting additional clinics
- Remain informed of the latest updates regarding available vaccines

LOA and ASO Application Process Office of IDD Provider Enrollment

IDD Existing Provider Applications and Requests

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Georgia Department of Behavioral Health & Developmental Disabilities

Genevieve McConico
Office of Provider Enrollment
Director of IDD Provider Enrollment
May 6, 2021



IDD Existing Provider Applications and Requests

Expansion, Staff Changes, Address Changes for Existing Providers

The expansion process for Existing Providers includes the completion of several forms regarding the expansion of services, changes regarding enrolled services and addresses, as well as staff changes. I will discuss some of the frequent errors regarding completion of these forms that may cause a delay in the processing of these requests.

Helpful Hints on Completion of Requests

- Existing Provider Application
- Change of Information (COI)
- Staff Updates
- DCH Application

Existing Agency Application

Email to: GAEnrollment@beaconhealthoptions.com

Mail to:

Georgia Collaborative ASO Credentialing
740 West Peachtree St NW
Atlanta, GA 30308

Application can be
mailed or emailed.
**Emailed is
preferred.**

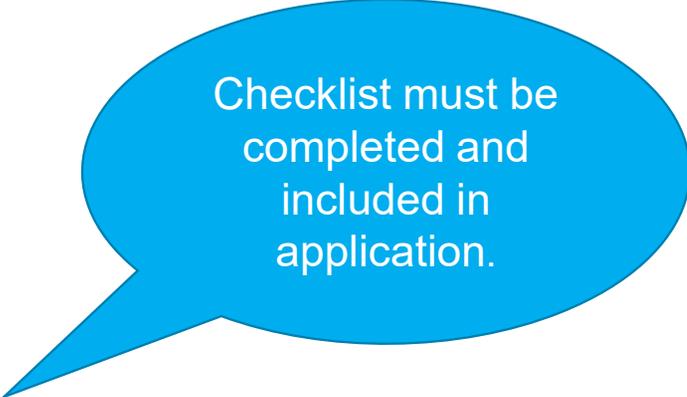
PLEASE NOTE

- Information must be typed with all fields completed. If a field does not apply, indicate "N/A"
- Handwritten documents will NOT be accepted
- There is an email size limit of 20MB or approximately 320 pages. If a submission exceeds the email size limit, we recommend it be sent through multiple emails
- Zip Files will not be accepted
- All documents must be in PDF format

Existing Agency Application Checklist – Page 1

Existing Agency Participation Application Checklist:

- Completed Existing Provider Checklist
- Completed and signed Application
- Host Home Study, *if applicable*
- Copy of County/City Business license or permit for each site. Documentation from municipality must be submitted if a Business license or permit is not required. This requirement does not apply to Private Home Care (PHC) or Community Living Arrangement (CLA) licensed sites.
- Private Home Care (PHC) Permit, *if applicable*
- Community Living Arrangement (CLA) Permit, *if applicable*
- Employment Attestations *if staff listed below have not been previously approved*
 - Clinical Services Supervisor (CSS)
 - Developmental Disabilities Professional (DDP)
 - Director of Developmental Disabilities Services
- Current resume *if staff listed below have not been previously approved*
 - Clinical Services Supervisor (CSS)
- Developmental Disabilities Professional (DDP)
- Director of Developmental Disabilities Services
- Copy of each individual practitioner's state license/certificate based upon services requested
- Current Certificate of Commercial or General Liability Insurance
- Current Accreditation Certificate and/or DBHDD Certificate of Compliance



Checklist must be completed and included in application.

Existing Agency Application –General Information – Page 3



Existing Agency Participation Application Developmental Disabilities

Agency _____

Select the description(s) from the following list that best describes this request.

- Current DBHDD Developmental Disabilities Agency Provider applying for New Service at a New Site
 Current DBHDD Developmental Disabilities Agency Provider applying for New Service at a Currently Established Site

I. GENERAL INFORMATION

A. Georgia Agency Information:

Agency Legal Name: _____
DBA/Trade Name: _____
Address: _____
City: _____ County: _____ State: _____ Zip Code (9 Digits): _____
Phone Number: _____ TAX ID Number: _____
DUNS Number, if applicable: _____ Fiscal Year End: _____
Mailing Address (if different): _____
City: _____ County: _____ State: _____ Zip Code (9 Digits): _____

B. Executive Leadership/Management:

Chief Executive Officer: _____
Phone Number: _____ Email: _____
Agency Contact: _____
Phone Number: _____ Email: _____
Clinical Services Supervisor (if applicable): _____
Phone Number: _____ Email: _____
Developmental Disabilities Services Director (if applicable): _____
Phone Number: _____ Email: _____
Developmental Disabilities Professional (if applicable): _____
Phone Number: _____ Email: _____
Person completing this application / Title: _____
Phone Number: _____ Email: _____

The Agency's legal name and Tax ID listed must be the same information on file with DBHDD.

The agency contact listed should be a staff member employed by your agency and not the agency consultant

If there are any changes to the staff listed, additional documentation needs to be submitted.

Existing Provider Application – Page 4

 **Existing Agency Participation Application
Developmental Disabilities**

Agency: _____

C. Corporate Information:
Is this agency part of a corporate system or chain affiliated? YES (complete information below) NO

Corporate Name: _____ TAX ID#: _____
Corporate Address: _____
City: _____ County: _____ State: _____ Zip Code (9 Digits): _____
Chief Executive Officer: _____
Phone Number: _____ Email: _____
Corporate Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code (9 Digits): _____

D. Business Classification:
Please check only one box for each category; one box for Ownership, one for Profit-Status and one for Business Type.

Ownership: Private Public Government Program
Profit Status: For-Profit Not-for-Profit
Business Type: Authority College/University Community Service Board Corporation
 County County Board of Health Limited Liability Company Municipality
 Partnership Non-Profit Corporation School Board/School District

E. Accreditation or Certification:

Accrediting Body		Certificate No:	Effective Date:	Expiration Date:
<input type="checkbox"/>	Council on Accreditation of Rehabilitation Facilities (CARF)			
<input type="checkbox"/>	The Joint Commission (TJC)			
<input type="checkbox"/>	Council on Quality & Leadership (CQL)			
<input type="checkbox"/>	Council on Accreditation (COA)			
<input type="checkbox"/>	Accreditation Commission for Health Care (ACHC) (Nursing Only)			
<input type="checkbox"/>	Community Health Accreditation Partner (CHAP) (Nursing Only)			
<input type="checkbox"/>	DBHDD Certificate of Compliance			

F. Commercial General or Comprehensive Liability Insurance:

Carrier: _____
Policy No: _____ Effective Date: _____ Expiration Date: _____

If the agency is not part of a corporate system, section C should be marked "N/A."

Section D should be completed and not left blank

Section E & F should be completed and not left blank.

Application Provider Profile Questions – Page 5

 **The Georgia Collaborative ASO**
 Existing Agency Participation Application
 Developmental Disabilities
 Agency _____

II. PROVIDER PROFILE QUESTIONS
 Answer the following questions regarding your organization's programs. PLEASE ATTACH A DETAILED EXPLANATION FOR ANY QUESTIONS BELOW THAT WERE ANSWERED "YES". Provide documentation describing the circumstances surrounding the events, settlements, and or resolutions of the issues in the State of Georgia or in any other state.

DEFINITIONS. As used in the following questions, the following terms have the definitions indicated below. The applicant organization must review these definitions and answer questions in accordance with the definitions.
Entity — For applicant organizations seeking to enroll for behavioral health services, the term "Entity" is defined in DBHDD policy "Recruitment and Application to become a Provider of Behavioral Health Services, 01-111."
 For applicant organizations seeking to enroll for intellectual/developmental disability services, the term "Entity" is defined in DBHDD policy "Recruitment and Application to Become a Providers of Developmental Disability Services, 02-701."
Managing Employee is defined in the Department of Community Health (DCH) Part I Policy and Procedures for Medicaid/Peachcare for Kids manual, which can be found at DCH's Georgia Medicaid Management Information System under "Provider Information," then under "Provider Manuals," **here**.
Owner is defined in the Department of Community Health (DCH) Part I Policy and Procedures for Medicaid/Peachcare for Kids manual, which can be found at DCH's Georgia Medicaid Management Information System under "Provider Information," then under "Provider Manuals," **here**. Note that, under that definition, "owner" also includes an owner of an "indirect ownership interest" in the applicant organization; the term "indirect ownership interest" is also defined in the Part I Policy and Procedures for Medicaid/Peachcare for Kids manual, and that definition should also be taken into consideration when answering the following questions.

Profile Questions	Yes	No
1. Has the organization or any other Provider Entity of which any owner or managing employee is or has been an owner or managing employee had its professional liability or malpractice insurance refused, revoked, declined or accepted on special terms in the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any government agency suspended, revoked or taken other action against the organization's license to practice or to conduct business in the past five years, or taken such an action in the past five years against any other Provider Entity of which any owners or managing employee is or has been an owner or managing employee? (To include Medicaid/Medicare)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have any accreditations or memberships in professional organizations been revoked, reduced, denied or suspended by others or voluntarily given up by the organization or any other Provider Entity of which any Owner or Managing Employee is or has been an Owner or Managing Employee, in the past five years, or are any actions now under way which may lead to such sanctions?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any Owner, Managing Employee, Officer, or shareholder of the organization ever been convicted of a crime, excluding minor traffic misdemeanors?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the organization, or any other Provider Entity of which any Owner or Managing Employee is or has been an Owner or Managing Employee ever been previously denied acceptance into, disenrolled from, or withdrawn from GA DBHDD or GA Collaborative ASO network participation?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the organization, or any other Provider Entity of which any Owner or Managing Employee is or has been Owner or Managing Employee, had any settled claims or judgements relating to sexual misconduct or civil rights violations in the past five years? If YES, enter the total number: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past five years, has the organization or any other Provider Entity of which any Owners or Managing Employee is or has been an Owner or Managing Employee, had any settled claims or judgements relating to any other matter not disclosed in the response to Question 6 above? If yes, enter the total number: _____	<input type="checkbox"/>	<input type="checkbox"/>

The information here requires a signed, written explanation of any "yes" response

Provider Application Service Location Addendum – Page 6

The Georgia Collaborative ASO
Existing Agency Participation Application
Developmental Disabilities

Agency: _____

8. Has the organization, or any other Provider Entity of which any Owner or Managing Employee is or has been an Owner or Managing Employee, been a defendant in five (5) or more lawsuits within the past five years ? If Yes, enter the total number: _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the organization hire, continue to employ, or contract with individuals (or contract with entities/ organizations who employ or contract with individuals) listed on the U.S. Department of Health and Human Services Office of the Inspector General's List of Excluded Individuals/Entities? ("Individuals" in this question includes, but is not limited to, owners, officers, employees, and independent contractors/subcontractors.)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the organization, or any other Provider Entity of which any Owner or Managing Employee is or has been an Owner or Managing Employee, filed for bankruptcy in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>

III. SERVICE LOCATION
 For additional site locations, complete one Service Location form per site (pages 2-6).

A. SERVICE LOCATION:

Site Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ NPI Number: _____

This location is:
 Yes No - Accessible by Public Transportation Yes No - Americans with Disabilities Act Compliant

Counties Requested:

Is this an Existing Approved site? Yes No
 If Yes, list Medicaid Provider Number(s) below.

Medicaid Provider Number(s)	
COMP Waiver Medicaid Provider Number:	
NOW Waiver Medicaid Provider Number:	

Revised February 2021 Page 6 of 14

If the site is licensed by HFR, the "Site Name" listed should be the same "Name of Facility" on the HFR permit issued

Counties Requested

CRA site - only the county of the site address should be listed

Private Home Care (PHC) site - the counties requested must be the counties approved by HFR and on the letter issued with the PHC permit

Provider Application Services Requested Grid – Page 8

 **Existing Agency Participation Application**
Developmental Disabilities
 Agency _____

C. Services Requested Grid:
 Select the service(s) and applicable waiver being requested.

Services	Waiver	Waiver
Adult Nutrition Services		
Adult Occupational Therapy (OT)		
Adult Physical Therapy (PT)		
Adult Speech/Language Therapy (SLT)		
Behavioral Supports Services		
Community Access – Group Services		
Community Access – Group Services – Co-Employer		
Community Access – Individual Services		
Community Access – Individual Co-Employer		
Community Living Support Services (CLS)		
Community Living Support Services – Co-Employer		
Community Residential Alternative Services (CRA) in a CLA <i>Complete Section D: CRA Site Information</i>		
Community Residential Alternative Services – Host Home <i>Complete Section D: CRA Site Information</i>		
Environmental Accessibility Adaptation		
Interpreter Services		
Natural Support Training Service		
Nursing Services – Registered Nurse (RN)		
Nursing Services – Licensed Practical Nurse (LPN)		
Prevocational Services		
Respite Services in Home: <i>(Requires PHC License and must also apply and be approved for CLS)</i>		
Respite Services Out of Home: <i>(Requires A CLA Permit). Agency must also apply and/or already be approved for CRA Services. Cannot be provided at a site approved for CRA.</i>		
Respite Services – Co-Employer		
Specialized Medical Equipment		
Specialized Medical Supplies		
Supported Employment Services – Group		
Supported Employment Services – Group - Co-Employer		
Supported Employment Services – Individual		
Supported Employment Services – Individual - Co-Employer		
Transportation – Encounter/Trip		
Transportation – Encounter/Trip - Co-Employer		
Transportation – Commercial Carrier - Multi-Pass		
Vehicle Adaptations		

Services Requested Grid must be submitted per site requested

When applying for services, consider applying in both the NOW and COMP Category of Service

CRA Services Information Grid Tips – Page 9



Existing Agency Participation Application Developmental Disabilities

Agency: _____

D. Community Residential Alternative (CRA) Site Information: Complete this section if requesting CRA services.

Select one and complete applicable information:

<input type="checkbox"/> Community Living Arrangement (CLA)		
CLA Name on HFR Permit	Permit Number	CLA Capacity

OR:

<input type="checkbox"/> Host Home (Complete Host Home Study, see Section IV)	
Host Home Provider Name: (Last, First)	Host Home Capacity (1 or 2 individuals)

Is this Host Home currently enrolled with another COMP approved agency? YES NO

If yes, please list agency name: _____

Note: Existing agency must submit Deactivation Request before approval of this request

If the Host Home site in this application is a Host Home currently enrolled with another COMP approved agency, the bottom section of page 9 **must** be answered and completed.

Additional Information to Note for HH Transfers

- In order to complete the HH transfer and be approved by DCH, a Deactivation/Termination request must be received from the current HH provider.
- If services are being coordinated by current HH provider and agency submitting this application, an effective date of services must be included so that there is no lapse in payment of HH provider for services being provided.

Staffing Form for BSS Services Tips - Page 13

 **Existing Agency Participation Application**
Developmental Disabilities
Agency _____

V. BEHAVIORAL SUPPORTS SERVICES (BSS) STAFFING FORM

Please Note: An existing provider of BSS services adding new BSS staff does not need to submit an Existing Provider Application, a Staff Update form should be submitted.

Submit the following for each staff applying for BSS services:
This information will be reviewed by the DBHDD Division of Developmental Disabilities to determine eligibility.

1. Current Resume
2. Evidence of specialized training and education
3. Professional License or Certificate (if applicable)

BSS Level 2:
At least one staff must meet the Level 2 requirements

Name	Phone	Email

BSS Level 1:

Name	Phone	Email

Note:

- This page should only be completed if the agency is requesting BSS Services
- The BSS Site Address should not be a residential address.
- If completing this form for BSS services, a current resume, evidence of specified training and education along with professional license or certificate for each staff should be submitted

Change of Information Form

The Change of Information Form is used to update the following information

- Service Location Address
- Agency Tradename/DBA
- Medicaid Payee ID Address
- Corporate Address

Change of Information Form

GEORGIA COLLABORATIVE ASO
Change of Information Form

Instructions: Select the type of change being requested and complete the corresponding sections for current information on file with DBHDD/ASO and new information. Refer to the Required Documentation table for additional information that must be submitted for each type of change. **Note, only one form can be used per Medicaid ID.** Duplicate this page as needed. This form CANNOT be used for a Change of Ownership.

Agency Information Changes
 Agency Legal Name/Individual Provider Legal Name Agency Tradename/DBA

Address Changes Select the appropriate type of address changes below. (Check All That Apply)

Medicaid Payee ID Information <input type="checkbox"/> Payee Provider ID Address Medicaid Payee Provider ID: _____	Corporate Location Information (If Corporate Location is Out of Georgia) <input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address	Georgia Corporate/ Main Location Information (If Corporate Location is in Georgia) <input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address *If this is also a service location, complete the corresponding sections for service location information.	Service Location Information <input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address Service Location Medicaid Provider ID: _____
---	---	---	--

1A. Current Provider Information on file with DBHDD/ASO (Required) Agency Legal Name/Individual Legal Name: _____ ASO Provider ID: GAC _____ Agency Tradename/DBA: _____ Taxpayer ID: _____	1B. New Provider Information Agency Legal Name/ Individual Legal Name: _____ Agency Tradename/DBA: _____
2A. Current Medicaid Payee ID Information Medicaid Payee ID Address: _____	2B. New Medicaid Payee ID Information Medicaid Payee ID Address: _____
3A. Current Corporate Location Information on file with DBHDD/ASO Corporate Physical Address: _____ Corporate Mailing Address (if different): _____ Corporate Phone#: _____	3B. New Corporate Location Information Corporate Physical Address: _____ Corporate Mailing Address (if different): _____ Corporate Phone#: _____
4A. Current Ga Corporate/Main Location Information on file with DBHDD/ASO GA Corporate Physical Address: _____ GA Corporate Mailing Address (if different): _____ GA Corporate Phone#: _____	4B. New Ga Corporate/Main Location Information GA Corporate Physical Address: _____ GA Corporate Mailing Address (if different): _____ GA Corporate Phone#: _____
5A. Current Service Location Information on file with DBHDD/ASO ASO Vendor ID: _____ Is this a Host Home Location? <input type="checkbox"/> Yes <input type="checkbox"/> No Host Home Provider Name (if applicable): _____ Service Location Name: _____ Service Location Physical Address: _____ Service Location Mailing Address (if different): _____ Service Location Phone#: _____	5B. New Service Location Information Host Home Provider Name (if applicable): _____ Service Location Name: _____ Service Location Physical Address: _____ Service Location Mailing Address (if different): _____ Service Location Phone#: _____ Select License Type: <input type="checkbox"/> Community Living Arrangement (CLA) <input type="checkbox"/> Personal Care Home (PCH) <input type="checkbox"/> Private Home Care (PHC) <input type="checkbox"/> Drug Abuse Treatment & Education Program (DATEP) <input type="checkbox"/> Narcotics Treatment Program (NTP)

GA Collaborative Change of Information Form - September 2018 Page 1 of 2

The following should be noted when submitting changes:

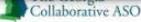
- Section 1A, 2A, 3A, 4A and 5A on the left side of form should include the current information on file with DBHDD and be completed as applicable for the change requested
- Section 1B, 2B, 3B, 4B and 5B on the right side of form should include the NEW information requested and be completed as applicable for the change requested
- One Medicaid ID per form completed
- A W 9 must be submitted when completing a request for your Payee ID address change
- Applicable permit for the new site must be included

Staff Update Form

The Staff Update Form is used to update the following information

- CEO
- Intellectual Developmental Disabilities Director (IDD)
- Developmental Disabilities Professional (DDP)
- BSS
- Agency Contact Person

Staff Update Form Tips

 **GEORGIA COLLABORATIVE ASO STAFF UPDATE FORM**
Only to be completed by approved DBHDD providers requesting a Staff Update

This form is used to make modifications to provider information maintained by the Georgia Collaborative ASO (Collaborative) for the Department of Behavioral Health and Developmental Disabilities (DBHDD) provider system. This form must be submitted along with the additional documentation listed below:

- Clinical Director:** Current resume and copy of professional license
- Developmental Disabilities Director (DD):** Current resume and [IDD Director Attestation](#) form which can be found on the GA Collaborative ASO website at www.georgiacollaborative.com under forms.
- Developmental Disabilities Professional (DDP):** Current resume and [IDD Professional Attestation](#) form which can be found on the GA Collaborative ASO website at www.georgiacollaborative.com under forms.
- Behavioral Support Consultant (BSC) and/or Behavioral Support Specialist (BSS):** Current resume, evidence of specialized training/education and professional license/certificate
- Registered Nurse (RN):** Copy of professional license
- Chief Executive Officer:** Copy of Secretary of State (SOS) registration that indicates current CEO name
- Clinical Services Supervisor:** Current resume

This form must be signed and dated by an authorized representative of the agency attesting to and authorizing the requested changes. Return this form with any necessary attachments via e-mail to GA_enrollment@beaconhealthoptions.com or mail to:

GA Collaborative Enrollment
P.O. Box 56324
Atlanta, GA 30343

Provider Information (Required)	
Agency Name:	Taxpayer ID#:
Address:	
Update Employee Information (Check the one that applies) Add <input type="checkbox"/> Delete <input type="checkbox"/> (Please complete additional form if requesting both changes)	
<input type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Georgia Owner <input type="checkbox"/> Corporate Owner <input type="checkbox"/> Site Contact Person
<input type="checkbox"/> Behavioral Health Clinical Director	<input type="checkbox"/> Clinical Services Supervisor <input type="checkbox"/> Developmental Disabilities Director <input type="checkbox"/> Developmental Disabilities Professional
<input type="checkbox"/> Developmental Disabilities Agency Nurse	<input type="checkbox"/> Agency Contact Person <input type="checkbox"/> Behavioral Support Consultant <input type="checkbox"/> Behavioral Support Specialist
New Name:	
Phone Number:	Email Address:
Attestation Statement (Required)	
I certify that I have examined the above information and that it is true, accurate and complete. I understand that any misrepresentation or concealment of material information may subject me to liability under civil and criminal law.	
Authorized Representative's Name (print):	Title:
Authorized Representative's Signature:	Date:
Phone Number:	Email Address:

Revised August 2019 *Page 1 of 1*

The following should be noted when submitting staff updates:

- The New CEO to be updated should be listed on the SOS under the agency's information(not applicable to CSBs)
- The new or updated Developmental Disabilities Professional (DDP) and Developmental Disabilities Director requires submission of a current resume and the staff must meet the requirements listed in DBHDD policy
- New or Additional BSS Staff approval is required before any new BSS staff can begin providing services. A current resume, evidence of specified training and education along with professional license or certificate for each staff must be submitted
- Agency Contact Person change requires submission of the staff update form

DCH Application Completion Common Errors

Missing / Incorrect:

- Business Name
- Tax ID
- Provider Contract (680/681)
- Specialty Information (Service selection)
- Address Type (Service Location)
- Name of practice, address and county
- Signature Page
- Managing Employees/Owner

DCH Application Review

State Of Georgia

PROVIDER ENROLLMENT APPLICATION

PROVIDER SUBMISSION INFORMATION	
Enrollment Type	Provider Type
Additional Service Location	Home and Community Based Svc
APPLICANT INFORMATION	
Name of Business or Individual	Current Rendering Provider Number
LEGAL NAME WITH DBHDD AND LISTED ON SOS	
PROVIDER CONTRACTS	
Provider Contract 681 or 680 CHSS	
SPECIALTY INFORMATION	
By signing this application, I do hereby certify that I have successfully completed the required post-graduate training in the specialty indicated below. The training was completed at an American Council on Graduate Medical Education or American Osteopathic Association approved program(s).	
Provider Contract SERVICE NAME	
ADDITIONAL SERVICE LOCATION	
Ownership Type	Practice Type
CLIA Number	Tax ID / Type
	AGENCY APPROVED FEI with DBHDD
NPI List IF YOU HAVE, HOWEVER MUST BE AGENCY'S OR INDIVIDUAL PROVIDER'S NPI #	
Taxonomy 1	Taxonomy 2
Taxonomy 3	Taxonomy 4
DEA Number	DEA Expiration Date
Do you use Telemedicine Services?	
Contact Information	
Contact Name	Contact Phone
	Contact Fax
Contact Email	Email Notifications?

Provider Type should always be Home and Community Based Services

Business name should be legal name approved with DBHDD and listed on SOS (SOS not applicable to CSBs)

Provider Contract under Provider Contract section should be 680 or 681 COS

Provider Contract under Specialty Information should be the services name(s)

Tax ID should be the same FEI # on file with DBHDD

NPI numbers listed should be that of the approved agency or individual

DCH Application Review

State Of Georgia

ADDRESS INFORMATION

Address Type SERVICE LOCATION	
Name of Practice IF LICENSED SITE, SHOULD BE NAME ON LICENSE OR HH PROVIDER NAME IF HH	Address
City	State, Zip
County	Phone
Fax	After Hour Phone
Open 24 Hours	TDD/TTY Equipped
Email Address	
Practice Web site Address	

Name of Practice under Service Location section should be the name of site listed on the license or HH provider if a HH application

LANGUAGES INFORMATION

Language	Primary Indicator
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SPECIAL NEEDS INFORMATION

LICENSES/PERMITS INFORMATION

License/Permit Number	License/Permit Board	License/Permit Type
Issuing State	Effective Date	Expiration Date

CERTIFICATIONS INFORMATION

OWNERS INFORMATION

Ownership Type		
Business Name	FEI Number	
Individual Name	SSN	
Date of Birth	Familial Relationship	Title
Address	City	

Owner's Information section must be completed in its entirety.

DCH Application Review

State		Zip	
Phone Number		Fax Number	
Email Address		Percentage of Ownership	
Additional Ownership		Conviction Indicator	
ADDITIONAL OWNERSHIP INFORMATION			
OTHER BUSINESS ADDRESSES			
MANAGING EMPLOYEES			
Affiliation			
Name of Managing Employee		Title	
Date of Birth	SSN	Familial Relationship	
Address		City	
State		Zip	
Phone Number		Fax Number	
Email Address		Conviction Indicator	
SUBCONTRACTORS			

Managing Employees section must be completed in its entirety.

DCH Application Review

understand that falsification, omission or misrepresentation of any information in this enrollment package will result in a denial of enrollment, the closure of current enrollment, and the denial of future enrollment requests, and may be punishable by criminal, civil or other administrative actions. I understand that my signature certifies that I have read the manuals, Parts I, II, and III (if applicable), for the Contract(s) indicated herein and I authorize Medicaid or its authorized representative to verify this information.

I accept the terms of the Attestation Statement

Name of Owner or Authorizing Agent		Title
NAME LISTED HERE SHOULD BE THE EXACT MATCH OF A NAME LISTED IN THE OWNERS INFORMATION SECTION OR MANAGING EMPLOYEE SECTION		
Signature - Provider		Date Signed - Provider
For Official Use Only - Application Tracking Number		

Individual who signs the application should be listed in either the Owner Information or Managing Employees section

Other Types of Requests

- Request to Add Counties

Submitted to add counties to an approved site. If licensed as PHC, the HFR Additional County approval letter should be submitted.

- Reactivations

Request to remove suspension from Medicaid ID number.

Cannot be processed if number is terminated.

- Deactivations

Request to terminate Medicaid ID if site is no longer in use.

Cannot be reversed.

Submission of Applications and Requests

Applications and Requests are available on the

[Georgia Collaborative ASO's website](#)

Completed Applications and Requests should be submitted via email to: GAEnrollment@beaconhealthoptions.com

or

Georgia Collaborative ASO Credentialing

740 West Peachtree St NW

Atlanta, GA 30308



BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



D·B·H·D·D

LOA and ASO Application Process Office of IDD Provider Enrollment

Letter of Agreement (LOA)-Helpful Hints

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Tomika Turner
Office of Procurement and Contracts
Associate Purchasing Manager
May 6, 2021



Letter of Agreement (LOA)– Helpful Hints

BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES
LETTER OF AGREEMENT
DBHDD IDD Provider
February 1, 2021 – January 31, 2022

STATE OF GEORGIA
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES
LETTER OF AGREEMENT

DBHDD AGREEMENT# 44100-261-9072100106

SECTION I GENERAL PROVISIONS

PARA#101 AGREEMENT BETWEEN

(101) 05/02/16

This Letter of Agreement (herein referred to as the “LOA”) is made and entered into by and between the Department of Behavioral Health and Developmental Disabilities (hereinafter referred to as DBHDD), an agency of the State of Georgia,

AND

DBHDD IDD Provider, LLC
2 Peachtree St
Atlanta, GA 30303

legally empowered to contract pursuant to the laws of the State of Georgia, and hereinafter referred to as the PROVIDER.

This LOA may not be assigned, in whole or in part, to any other person or entity, nor pledged as security or collateral for any obligation or debt of the Provider, without the express written permission of DBHDD executed by a principal of DBHDD authorized to execute contracts for DBHDD.

This LOA is deemed to be made under and shall be construed and enforced in every respect according to the laws of the State of Georgia. Any lawsuit or other action based on a claim arising from this LOA shall be brought in a court or other forum of competent jurisdiction within Fulton County, State of Georgia.

Nothing contained in this LOA shall be construed to constitute Provider or any of its employees, or agents, as a partner, employee, or agent of DBHDD, nor shall either party to this LOA have any authority to bind the other in any respect, it being intended that each shall remain an independent contractor.

**Start and End
Date of
Agreement**

**The legal name and
address of provider must
match what is listed on
the Georgia Secretary of
State’s website**

Letter of Agreement (LOA) Helpful Hints

PARA#102 PERIOD OF AGREEMENT:

(102) 12/03/18

This LOA has an effective beginning date of **February 1, 2021** and will terminate on **January 31, 2022** unless terminated earlier under other provisions of this LOA.

PARA#103 DBHDD AND PROVIDER CONTACT INFORMATION:

(103) 05/01/15

DBHDD's mailing address and telephone number for correspondence, reports, and other matters relative to this LOA are:

Contact: Office of Procurement and Contracts
Address: Department of Behavioral Health and Developmental Disabilities
2 Peachtree St. NW, 25th Floor
City, State, Zip: Atlanta, GA 30303
Email: DBHDDOffice.ProcurementContracts@dbhdd.ga.gov

**DBHDD Contact
Email Address**

The Provider's mailing address and telephone number for correspondence, reports, and other matters related to this LOA are:

Contact: **DBHDD Provider**
Provider: DBHDD IDD Provider, LLC
Address: 2 Peachtree St
City, State, Zip: Atlanta, GA 30303
FEIN#: 00-0000000
Telephone: **(123) 456-7890**
Email: provider@gmail.com

**Provider Contact
Information**

Provider must submit written notification of agency address and/or contact information changes within 5 days of such change to the DBHDD Office of Provider Enrollment or its official designee.

Letter of Agreement (LOA) Helpful Hints

BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES
LETTER OF AGREEMENT
DBHDD IDD Provider
February 1, 2021 – January 31, 2022

[NOW and COMP Waivers for Community Developmental Disability Services, 02-1202](#); however, the Provider has an independent duty to confirm which DCH manuals are applicable.

- D. Each Provider Manual is updated periodically (generally in January, April, July, and October of each year), and the Provider is responsible for complying with the Provider Manual as amended.
- E. Each Provider Manual contains definitions and descriptions of the various services which DBHDD may authorize Providers to deliver. Provider agrees to maintain a record of which of those services DBHDD has authorized Provider to deliver under this LOA, and Provider shall deliver those services in accordance with the service definitions and descriptions in the Provider Manual, as well as with the other requirements and standards set forth in the Provider Manual.

PARA #106 APPROVED SERVICES AND LOCATIONS:

(106) 05/02/16

- A. DBHDD's Office of Provider Enrollment approves Providers to deliver specific services at particular physical addresses and for specified counties of coverage. The only services that may be provided under this LOA are those for which Provider has received specific approval to deliver from DBHDD's Office of Provider Enrollment or its authorized representatives.
- B. Provider may request and will be provided a copy of the **Provider Approved Locations and Services (PALS)** document, which shows the Provider's approved services and locations, from the Office of Provider Enrollment at any time, and a copy is provided at the initiation or renewal of each LOA. DBHDD will provide written notification to Provider of subsequent changes to approved locations or services, as appropriate, throughout the term of this LOA.
- C. Provider agrees that the services covered by this LOA will be provided only in the counties and from the site locations at the physical addresses that are approved by the DBHDD Office of Provider Enrollment. Services the Provider is not approved to deliver and services delivered in unapproved locations are not covered by this LOA and are not reimbursable. Submission of claims for services delivered in unapproved locations may result in termination of this LOA.

**Approved Locations
and Services**

**The PALS is a
separate
document from
your Letter of
Agreement**

Letter of Agreement (LOA) Helpful Hints

Provider Approved Locations and Services

As of 4/28/2021

DBHDD IDD PROVIDER, LLC

Site Location: DBHDD IDD Provider, LLC 2 Peachtree St Atlanta GA, 30303

Fund Source: **NOW** Provider ID: 000000000A

Service: County:
Behavioral Supports Services Forsyth Fulton

Fund Source: **COMP** Provider ID: 000000000B

Service: County:
Behavioral Supports Services Forsyth Fulton

The Office Provider Enrollment can assist with any corrections required or direct you on how to make changes.

mhddad-serviceapps@dbhdd.ga.gov

Letter of Agreement (LOA) Helpful Hints

PARA #127 INSURANCE:

(125) 01/01/21

The following requirements shall be adhered to by Provider throughout the duration of the LOA, and as may otherwise be specified herein. Provider shall procure and maintain insurance that shall protect the Provider and DBHDD from any claims for bodily injury, property damage, or personal injury that may arise out of operations under the LOA. Provider shall procure the insurance policies at its own expense and shall furnish DBHDD an insurance certificate of the coverage required in this section listing DBHDD as certificate holder. In addition, the insurance certificate must provide the name and address of the insured, name, address, telephone number and signature of the authorized agent; the name of the insurance company (licensed to operate in Georgia); a description of the coverage in detailed standard terminology (including policy period, limits of liability, exclusions and endorsements); and, an acknowledgment that notice of cancellation is required to be given to DBHDD. Provider is required to obtain and maintain the following types of insurance coverage for the duration of the LOA:

- A. **Workers Compensation Insurance** (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia in Chapter 9 of Title 34 of the Official Code of Georgia Annotated. (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that Provider qualifies to pay its own workers compensation claims.) In addition, Provider shall require all subcontractors occupying the premises or performing work under this LOA to obtain an insurance certificate showing proof of Workers Compensation Coverage.
- B. **Commercial General Liability Policy** (Occurrence), to include contractual liability. The Commercial General Liability Policy shall have dollar limits sufficient to insure there is no gap in coverage between this policy and the Commercial Umbrella Policy described below.
- C. **Business Auto Policy** (Occurrence) to include but not be limited to liability coverage on any owned, non-owned and hired vehicle used by Provider or Provider's personnel in the performance of this LOA. The Business Automobile Policy shall have dollar limits sufficient to insure that there is no gap in coverage between this policy and the Commercial Umbrella Policy required in this Letter of Agreement.
- D. **Commercial Umbrella Policy** (Occurrence), which must provide the same or broader coverage than those provided for in the above Commercial General Liability and Business Auto Policies. Policy limits for the Commercial Umbrella Policy shall have an annual aggregate limit of \$3,000,000.00.
- E. If Provider is a natural person (i.e. not a corporation or other entity), Provider must maintain Malpractice/Professional Liability Policy (Claims Based) with EDP, Errors and Omissions Coverage which must provide liability limits of \$1,000,000.00 per occurrence.

Insurance Requirements

1. **Workers Comp Certificate of Insurance**
2. **General Liability Certificate of Insurance**

Letter of Agreement (LOA) Helpful Hints

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
04/29/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C No., Ext): (888) 123-2345 FAX (A/C, No): EMAIL: contact@.com ADDRESS:	INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company Inc NAIC # 10200 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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INSURED
 DBHDD IDD Provider, LLC
 2 Peachtree St
 Atlanta, GA 30303

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ITR	TYPE OF INSURANCE	ADDL SUBR	INSUR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> Loc OTHER:		Y	Y	ABC4473840-DEFG-20	04/30/2020	04/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg. COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB EXCESS LIAB \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB EXCESS LIAB \$ \$ <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ \$ OCCUR CLAIMS-MADE							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER
 State of Georgia Dept. of Behavioral Health and Developmental Disabilities
 Office of Provider Enrollment
 2 Peachtree St NW
 Ste 23-247
 Atlanta GA 30303

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
 AUTHORIZED REPRESENTATIVE

Must have Agency's name and address as listed on agreement

List all Non-Host Home sites

Must list DBHDD as the Certificate Holder

Letter of Agreement (LOA) Helpful Hints

PARA #302 NO AMENDMENT TO LOA:

(156) 12/03/18

This LOA is being presented to Provider for execution, and will be returned to DBHDD for the signature of authorized DBHDD personnel. Subsequent to the transmission of this LOA by DBHDD to Provider for Provider's execution, no amendment, addition, or alteration to this LOA made by Provider or by any other person shall be effective to amend the terms of this LOA unless such amendment, addition, or alteration is specifically and expressly accepted in writing by an authorized representative of DBHDD. The signature of this LOA by DBHDD, in itself, shall not constitute specific and express acceptance of any such amendment, addition, or alteration. By executing this LOA, Provider certifies that Provider has not made any amendment, addition, or alteration to this LOA, as further evidenced by Provider certification on **Annex E**.

PARA #303 ENTIRE UNDERSTANDING, CONDITIONS OF ACCEPTANCE, AND MISCELLANEOUS PROVISIONS: (404) 12/03/18

This LOA, together with the annexes and all other documents incorporated by reference, represents the complete and final understanding of the parties to this LOA. No other understanding, oral or written regarding the subject matter of this LOA, may be deemed to exist or to bind the parties at the time of execution.

Provider's acceptance of this LOA must be manifested by (i) execution of this LOA by Provider, and (ii) the return of this LOA to DBHDD along with documentation, as requested by DBHDD in correspondence accompanying DBHDD's offer of this LOA, evidencing Provider's compliance with insurance, licensing, credentialing, and other requirements as set forth in this LOA and in DBHDD policies and manuals. Prior to the execution of this LOA by DBHDD, DBHDD may revoke its offer of this LOA if Provider fails to timely execute and return this LOA, or if Provider returns this LOA without the requested documentation.

The section titles used in this LOA are for reference purposes only and shall not be deemed a part of this LOA. Time is of the essence of this LOA.

SECTION IV:

PARA #401 LOA ANNEX INCLUSION:

(401) 07/01/16

ANNEX A	Services Expectations and Outcomes
ANNEX B	Certification Regarding Debarment
ANNEX C	Certification Regarding Lobbying
ANNEX D	Georgia Security and Immigration Compliance Act Affidavit
ANNEX E	Provider Manual Verification Form

No Edits/Alterations to document are allowed.

PARA#103 DBHDD AND PROVIDER CONTACT INFORMATION:

(103) 05/01/15

DBHDD's mailing address and telephone number for correspondence, reports, and other matters relative to this LOA are:

Contact: Office of Procurement and Contracts
Address: Department of Behavioral Health and Developmental Disabilities
2 Peachtree St. NW, 25th Floor
City, State, Zip: Atlanta, GA 30303
Email: DBHDDOffice.ProcurementContracts@dbhdd.ga.gov

The Provider's mailing address and telephone number for correspondence, reports, and other matters related to this LOA are:

Contact: **DBHDD Provider** **New Provider NP**
Provider: DBHDD IDD Provider, LLC
Address: 2 Peachtree St
City, State, Zip: Atlanta, GA 30303
FEIN#: 00-0000000
Telephone: ~~(123) 456-7890~~ **(234) 456-8982**
Email: provider@gmail.com



Provider must submit written notification of agency address and/or contact information changes within 5 days of such change to the DBHDD Office of Provider Enrollment or its official designee.

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Letter of Agreement (LOA) Helpful Hints

11. To comply with all provisions of the [Part I Policies and Procedures for Medicaid/Peachcare for Kids](#) manual published by the Department of Community Health.
12. If the Provider is delivering services under the COMP waiver, to comply with all provisions of the [Part II Policies and Procedures for Comprehensive Supports Waiver Program \(COMP\) and New Options Waiver \(NOW\) Program](#) and the [Part III Policies and Procedures for Comprehensive Supports Waiver Program \(COMP\)](#) provider manuals published by the Department of Community Health.
13. If the Provider is delivering services under the NOW waiver, to comply with all provisions of the [Part II Policies and Procedures for Comprehensive Supports Waiver Program \(COMP\) and New Options Waiver \(NOW\) Program](#), the [Part III Policies and Procedures for New Options Waiver Program \(NOW\)](#) manuals published by the Department of Community Health.

Providers must comply with Medicaid policies

C. Access:

Provider in conjunction with the individual's Support Coordination Agency shall refer individuals to Intake and Evaluation for unmet service and support needs as indicated and/or requested by the individual.

D. Host Home Payment:

Administrative Cost and Payment to Host Home Provider

The following are requirements for administrative costs of the Community Residential Alternative (CRA) provider agency and the agency's payment to the Host Home provider:

Hyperlinks are available throughout the agreement that will direct you to active websites.

Letter of Agreement (LOA) Helpful Hints

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

Contractor Name: Enter Your Organization Name

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of **Georgia Department of Behavioral Health and Developmental Disabilities** has registered with, is authorized to use and uses the Federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the Federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its Federal work authorization user identification number and date of authorization are as follows:

Enter E-Verify/Company ID Number (4-7 Numeric Number)
Federal Work Authorization User Identification Number

To Enrollment: <https://e-verify.uscis.gov/enroll/StartPage.aspx?JS=YES>

To Access your E-verify Number - <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES>

Enter Date E-Verify/Company ID Number was assigned
Date of Authorization

Enter Your Organization Name
Name of Contractor

Enter either Behavioral Health Services OR Intellectual Developmental Disabilities Services
Name of Project

Enter DBHDD
Name of Public Employer

**E-Verify Number
Required
Do Not List Your
Tax ID number**

**Name of Project
should be IDD**

Letter of Agreement (LOA) Helpful Hints

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on **Enter Date Signing the Annex**, 20__ in **Enter City** (city), **Enter State** (state).

Sign Here

Signature of Authorized Officer or Agent

Print Name and Title of Person Signing

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

**Must
Notarize**

**All lines must be
completed, and
the annex must
be notarized.**

*any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent Federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603

**See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your EEV/E-Verify Identification Number.

Letter of Agreement (LOA) Helpful Hints

We are always here to help with any questions or concerns.
The best way to reach us is through the contract/procurement
mailbox

dbhddoffice.procurementcontracts@dbhdd.ga.gov



Hospital Discharges and
Moves
Office of Field Operations

Gainwell Technologies

New Biller/Remittance Advice Presentation



Agenda

- Objectives
- Overview of Georgia Medicaid Billing
- Claim Submission Basics
- Timely Filing & Policy Overview
- Accessing the Remittance Advice
- Contacting Gainwell Technologies
- Overview of the Interactive Voice Response
- Session Review
- Closing, Questions, and Answers

Overview of Georgia Medicaid

Overview of Georgia Medicaid

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

Gainwell Technologies

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	MAPIR
Provider Enrollment	Contact Center
Provider Relations	Web Portal
Financial	Written Correspondence
Data Capture	Resolutions
Systems	TPL
EDI	Publications

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 is available anywhere with Internet access. Secure information, such as claims, member eligibility, remittance advices, and prior authorizations are also available anywhere with Internet access, with a secure user identification number and password.

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

Claim Submission Basics

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.



A blue header bar labeled "User Information" is positioned above a light blue panel. Inside the panel, the text "Login/Manage Account" is on the left, and a blue button labeled "Login" is on the right.

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



A form titled "Sign in to Georgia Medicaid" with a "Help" link in the top right corner. It contains two input fields: "Username" and "Password". Below the fields is a "Sign In" button. At the bottom of the form, it says "Georgia Medicaid" and "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.

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?
 - Is the member in a CMO? If so, which CMO?

Eligibility Verification

(continued)

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

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

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)
- Eligibility
- Eligibility Request

The screenshot shows the top navigation bar of the GAMMIS website. The bar is blue with white text. On the right side, there is a 'Search' button. Below the search bar, there is a message: '[Refresh session] You have approximately 19 minutes until your session will expire.' and the date 'Tuesday, November 10, 2015'. The main navigation menu is a horizontal list of links: 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. The 'Eligibility' link is highlighted with a dark blue background. Below the navigation bar, there are two red circles with white numbers '2' and '1'. Red arrows point from these circles to the 'Eligibility Request' link (under 'Home') and the 'Eligibility' link, respectively.

Eligibility Verification

(continued)

Eligibility Verification Request ? ▲

Member ID	<input type="text" value="123456789012"/>	Birth Date	<input type="text"/>	
Last Name	<input type="text"/>	SSN	<input type="text"/>	
First Name	<input type="text"/>	From/Thru Date of Service	<input type="text" value="05/01/2010"/>	<input type="text" value="05/05/2010"/>
Gender	<input type="text" value="v"/>			

1 → **2** →

Member ID Information		Member Transactions		First Name	TEST MEMBER
Member ID				Last Name	MEDICAID FAIR
Birth Date	04/14/1991			Middle Initial	
Address 1	2 PEACHTREE ST NW			Name Suffix	
Address 2(County)	080 - FULTON			Gender	F
City	ATLANTA			Transaction Date/Time	06/05/2019 09:27:45
State	GA			Confirmation #	1915000DEN
Zip	30303-3141				

Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations
Active	35 - Health Plan Benefit Coverage	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	MEDICAID

Provider Name	Plan Name	Provider Phone	Effective Date	End Date
PEACH STATE HEALTH PLAN - ATLANTA	Georgia Families	(888)974-0633	06/05/2019	06/05/2019

Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Co-pay Amount	Special Co-pay Notes
Active	1 - Medical Care	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	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	06/05/2019	06/05/2019				
Active	35 - Dental Care	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	0.00	
Active	47 - Hospital	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	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	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	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	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	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	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	0.00	
Active	88 - Pharmacy	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	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	96 - Professional (Physician) Visit - Office	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	2.00	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	AL - Vision (Optometry)	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	1.00	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	MH - Mental Health	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	0.00	
Active	UC - Urgent Care	06/05/2019	06/05/2019	MC - Medicaid	104 - LIM - Adult	0.00	

Benefit Information	Procedure Code	Units/Amount Allowed	Units/Amount Used	Time Period
6259 CALENDAR YEAR OFFICE VISITS EXCEEDED			10	3 23 - 1 Calendar Years

Eligibility Verification

(continued)

Member's Eligibility is **Inactive** with 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				

Eligibility Verification

(continued)

Member's Eligibility is **Inactive** with no Medicaid Benefits
Member has Medicare Part B Premiums paid to Medicare only



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					

Eligibility Verification

(continued)

- This member has CCSP Medicaid – Payment for CCSP Services
- QMB Medicare Part A and Medicaid as secondary & covers coinsurance and deductible up to Medicaid allowed amount only.

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.)	
Summary 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.

Eligibility Verification

(continued)

Member has Active 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.	

Eligibility Verification

(continued)

Retroactive eligibility claims must be received by the division within (six) months after the date in which the determination of retroactive eligibility was made.

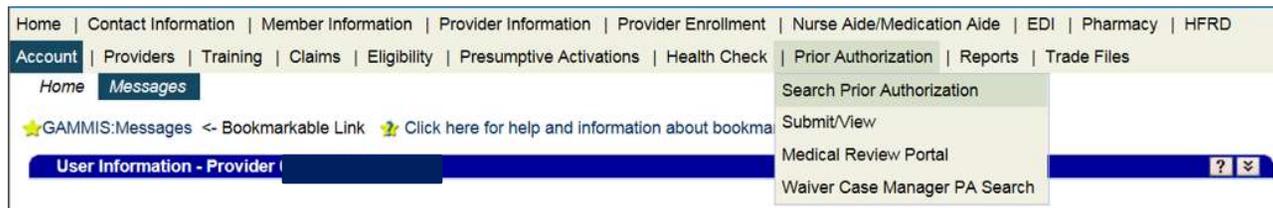
Retroactive Eligibility		
Retroactive Begin Date	Retroactive End Date	Retroactive Eff (Update) Date
06/08/2018	06/08/2018	08/11/2018

Prior Authorization Search

Prior Authorization Search

Visit: www.mmis.georgia.gov

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



Prior Authorization Search

(continued)

The screenshot shows a web application interface for Prior Authorization Search. At the top, a navigation menu includes links for 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, and Trade Files. A red arrow labeled '1' points to the 'Prior Authorization' link. Below the navigation menu, there are buttons for 'Search Prior Authorization', 'Submit/View', 'Medical Review Portal', and 'Waiver Case Manager PA Search'. A red arrow labeled '2' points to the 'Search Prior Authorization' button. Below these buttons, there is a link: 'GAMMIS: Search Prior Authorization <- Bookmarkable Link' and a help link: 'Click here for help and information about bookmarks'. A blue header bar reads 'User Information - Provider'. Below this, a 'Please Note' section states: '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.' The main search area is titled 'Prior Authorization Search' and contains several input fields: 'Prior Authorization', 'Member ID', 'Procedure' (with a '[Search]' button), 'Requested From/Through DOS' (with two date pickers), and 'Name'. There are also 'search' and 'clear' buttons. A 'Records' dropdown menu is set to '20'. The interface also includes 'Top', '?', and a magnifying glass icon in the top right corner of the search area.

Prior Authorization Search

(continued)

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

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

Or

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

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

Prior Authorization Search

(result example)

Base Information	
Prior Authorization Number	[REDACTED]
Member ID	[REDACTED]
Provider Name	[REDACTED]
Member Name	[REDACTED]
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	Category of Service	Tooth	Quadrant	Surface			
From DOS	11/14/2016	COS Code									
Through DOS	11/13/2017										
Most Recent DOS Paid											
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	Category of Service	Tooth	Quadrant	Surface			
From DOS	11/14/2016	COS Code									
Through DOS	11/13/2017										
Most Recent DOS Paid	01/12/2017										
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	Category of Service	Tooth	Quadrant	Surface			
From DOS	11/14/2016	COS Code									
Through DOS	11/13/2017										
Most Recent DOS Paid	01/11/2017										
Units Allowed	676	Amount Allowed	\$6,827.60								
Units Used	98.000	Amount Used	\$896.45								
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	SE	CASE MANAGEMENT, PER MONTH	STATE/FED FUNDED PROGRAM/SER						
02	2	T1021	TF	HH AIDE OR CN AIDE PER VISIT	INTERMEDIATE LEVEL OF CARE						
03	3	T1021	U1	HH AIDE OR CN AIDE PER VISIT	M/CAID CARE LEV 1 STATE DEF						

Acceptable Claim Types and Submissions

The provider can submit the following claim types:

- Professional – CMS 1500
- Institutional – UB 04
- Dental – 2006 ADA Dental claim

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

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

Rate and Unit References

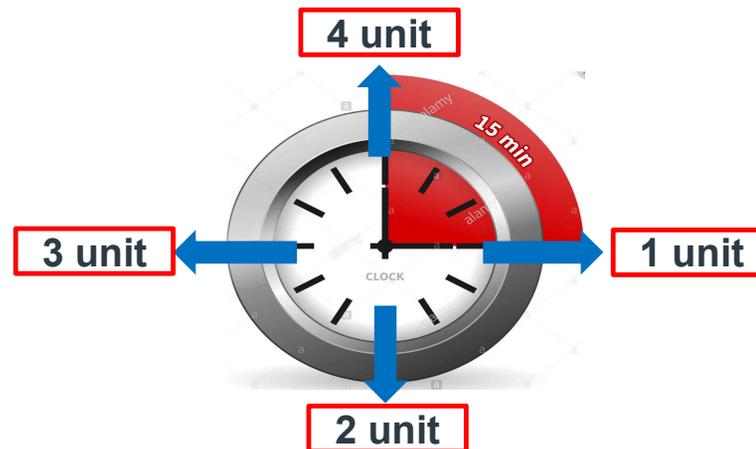
- Comprehensive Support Waiver Program Manual Chapters 1300 – 3600
Appendix A – Reimbursement Rates for “COMP” Services

- New Options Waiver Program Manual Chapters 1300 – 3400
Appendix A – Reimbursement Rates for “NOW” Services

Billing and Unit Calculation Example

- NOW/COMP Example:

Description	Procedure Code	Modifier	Rate
Community Living Support	T2025	U5	\$6.35 per 15 minutes
Community Access	T2025	HQ	\$3.10 per 15 minutes Daily limit is 24 units, Monthly 504 units Annual Limit 5760 units



Billing and Unit Calculation Example

Prevocational Services:

Prevocational Services (T2015)

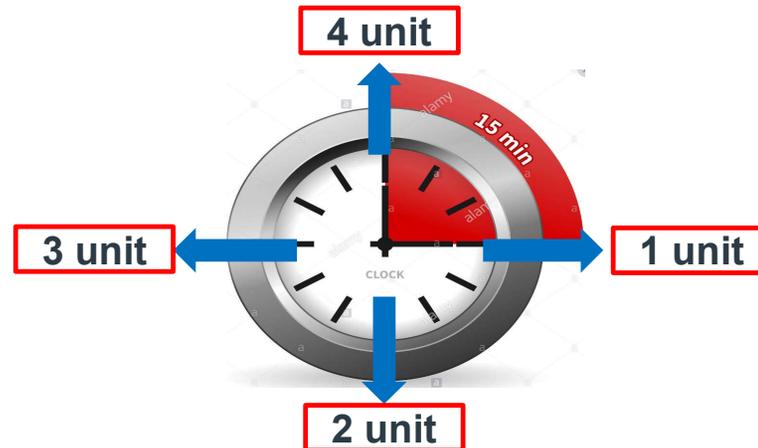
Unit = 15 minutes

Daily Limit = 24 units

Monthly Limit = 504 units

Annual Limit = 5760 units

Maximum rate per unit = \$3.10



Professional Claim

Header Panel 1

Enter the required information indicated by an asterisk (*) on each panel and as much optional information as possible.

Professional Claim		Claim Status	
Adjudication Information		Total Paid Amount	\$0.00
ICN/TCN	DMA520 Inquiry	Release of Information*	
RA Date		Related Causes Code 1	
Billing Information		Related Causes Code 2	
Rendering Provider ID	00	Accident State	
Rendering Taxonomy		Accident Date	
Member ID*		Admit Date	
Last Name*		Discharge Date	
First Name, MI*		Date of Death	
Date of Birth*		Patient Responsibility	\$0.00
Gender*		PA/Precert Number	
Patient Account #		Referral Number	
Medical Record #		Referring Provider ID	
Service Facility ID		Referring Provider Name (Last, First, MI)	
EPSDT Referral Indicator		Primary Care Provider ID	
EPSDT Referral Code 1		Primary Care Provider Name (Last, First, MI)	
EPSD1 ICD Version*	ICD-10	Amount Totals	
EPSDT Referral Code 3	ICD-9	Total Charges	\$0.00
ICD Version*	ICD-9	Total TPL Amount	

Professional Billing Information

The screenshot shows a website 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. 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 star icon is next to 'GAMMIS:Claims <- Bookmarkable Link' and a question mark icon is next to 'Click here for help and information about bookmarks'. A red arrow labeled '1' points to the 'Claims' menu item. Below the menu, there is an alert message box with a close icon and the text '(click to hide) Alert Message posted 2/24/2012'. The alert message content is: 'This site is for testing purposes only!' and 'This site is for testing purposes only. Any information provided on it is for demonstration purposes only.' A red arrow labeled '2' points to the alert message box.

Professional Billing Information

Section 1

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

The screenshot displays a 'Professional Claim' form with the following sections and fields:

- Adjudication Information:** ICN/TCN, RA Date, Claim Status, Total Paid Amount (\$0.00).
- 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:** Referral Indicator, Referral Code 1, 2, and 3, ICD Version (ICD-10).
- Claim Details:** Release of Information, Related Causes Code 1 and 2, Accident State, Accident Date, Admit Date, Discharge Date, Date of Death.
- Patient Responsibility:** PA/Precert Number (highlighted with a red box and a red arrow), Referral Number.
- Referring Provider:** 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 (\$0.00).

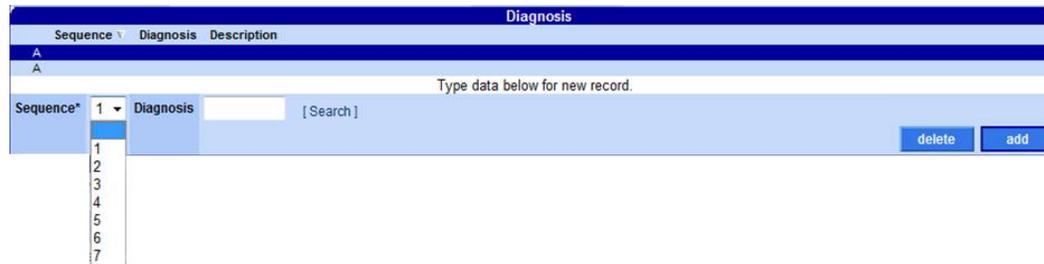
Annotations include green arrows pointing to the Member ID, Last Name, First Name, MI, and Date of Birth fields, and a red arrow pointing to the PA/Precert Number field.

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-based form titled "Diagnosis". At the top, there are three columns: "Sequence", "Diagnosis", and "Description". Below the header, there is a text input field for "Diagnosis" and a "[Search]" button. To the left of the "Diagnosis" field is a "Sequence" dropdown menu currently set to "1", with a list of numbers 1 through 7 visible. At the bottom right of the form, there are two buttons: "delete" and "add". The text "Type data below for new record." is displayed above the input fields.

Detail

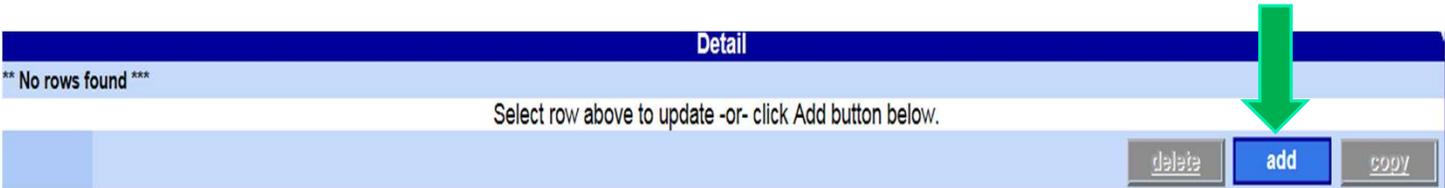
Section 3

Detail

** No rows found **

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

delete add copy

A screenshot of a software interface. At the top, a dark blue header bar contains the word "Detail" in white. Below this, a light blue bar contains the text "** No rows found **". Underneath, a white bar contains the instruction "Select row above to update -or- click Add button below.". At the bottom, a light blue bar contains three buttons: "delete", "add", and "copy". The "add" button is highlighted in blue. A large green arrow points downwards from the top of the interface towards the "add" button.

Claims Detail

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

The screenshot shows a software interface for entering claim details. It is divided into two main sections: 'Item' and 'Detail'. The 'Item' section on the left contains fields for 'From DOS', 'To DOS', 'POS', 'Procedure Description', 'Modifier 1-4', 'Diagnosis Pointer', 'Units', 'Charges', and 'Rendering Provider'. The 'Detail' section on the right contains fields for 'Emergency', 'EPSDT/Fam Plan', 'PA/Precert Number', 'Mammogram Certification Number', 'DME Serial Number', 'NDC', 'NDC Drug Name', 'Medicare Allowed Amount', 'Status', 'Allowed Amount', 'CoPay Amount', and 'Paid Amount'. At the bottom right, there are three buttons: 'delete', 'add', and 'copy'. Red arrows point to the 'add' button, the 'From DOS' field, the 'POS' field, the 'Procedure Description' field, the 'Modifier 1' field, the 'Diagnosis Pointer' field, the 'Units' field, the 'Charges' field, and the 'delete', 'add', and 'copy' buttons.

Submit

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

<p>Adjudication Information</p> <p>ICN/TCN DIPAS20 Inquiry</p> <p>RA Date</p> <p>Billing Information</p> <p>Rendering Provider ID <input type="text"/></p> <p>Rendering Taxonomy <input type="text"/></p> <p>Member ID* <input type="text"/></p> <p>Last Name* <input type="text"/></p> <p>First Name, MI* <input type="text"/></p> <p>Date of Birth* <input type="text"/> ICD</p> <p>Gender* <input type="text"/></p> <p>Patient Account # <input type="text"/></p> <p>Medical Record # <input type="text"/></p> <p>Service Facility ID <input type="text"/></p> <p>EPSDT Referral Indicator <input type="text"/></p> <p>EPSDT Referral Code 1 <input type="text"/></p> <p>EPSDT Referral Code 2 <input type="text"/></p> <p>EPSDT Referral Code 3 <input type="text"/></p> <p>ICD Version* <input type="text" value="ICD-10"/></p>	<p>Claim Status</p> <p>Total Paid Amount \$0.00</p> <p>Release of Information* <input type="text"/></p> <p>Related Causes Code 1 <input type="text"/></p> <p>Related Causes Code 2 <input type="text"/></p> <p>Accident State <input type="text"/></p> <p>Accident Date <input type="text"/> ICD</p> <p>Admit Date <input type="text"/> ICD</p> <p>Discharge Date <input type="text"/> ICD</p> <p>Date of Death <input type="text"/> ICD</p> <p>Patient Responsibility \$0.00</p> <p>PA/Precert Number <input type="text"/></p> <p>Referral Number <input type="text"/></p> <p>Referring Provider ID <input type="text"/></p> <p>Referring Provider Name (Last, First, MI) <input type="text"/></p> <p>Primary Care Provider ID <input type="text"/></p> <p>Primary Care Provider Name (Last, First, MI) <input type="text"/></p> <p>Amount Totals</p> <p>Total Charges \$0.00</p> <p>Total TPL Amount <input type="text"/></p> <p>Diagnosis</p>
--	---

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.

Claims Status

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

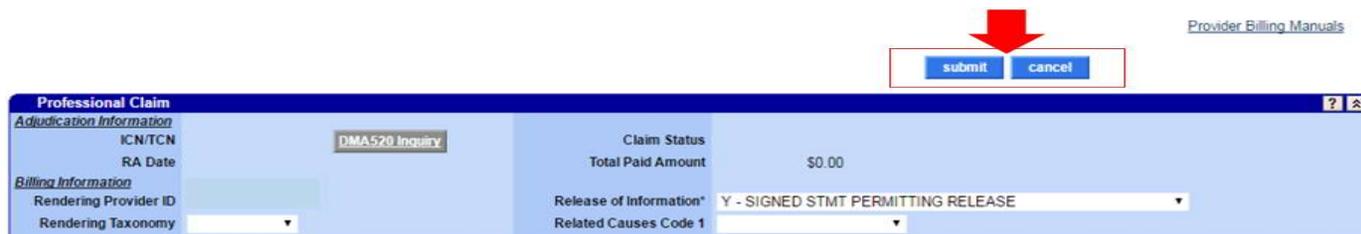
- **Paid:** Some or all services may be reimbursable.
- **Denied:** No part of the claim was found to be reimbursable.
- **Suspended:** Further processing is needed. The final determination may be dependent upon further review or receipt of additional information.

Common Denials

- 535: Adjustment exceeds timely filing period
- 3000: PA units exhausted or partially available
- 3011: DOS not within PA/Pre-cert 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

New Claim, Not Submitted

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



The screenshot shows a web interface for a 'Professional Claim'. At the top right, there is a link for 'Provider Billing Manuals'. Below it, a red arrow points to a box containing 'submit' and 'cancel' buttons. The main form area is titled 'Professional Claim' and contains several sections:

- Adjudication Information:** Includes fields for 'ICN/TCN' (with a 'DMA520 Inquiry' button), 'RA Date', 'Claim Status', and 'Total Paid Amount' (displayed as '\$0.00').
- Billing Information:** Includes 'Rendering Provider ID', 'Rendering Taxonomy' (with a dropdown arrow), 'Release of Information*' (with a dropdown menu showing 'Y - SIGNED STMT PERMITTING RELEASE'), and 'Related Causes Code 1' (with a dropdown arrow).

Claim Status – Top of the Claim

Claim number – Internal Control Number (ICN)

Status – Paid, Denied or Suspended

Total Paid amount

The screenshot shows a web interface for a Professional Claim. At the top right, there is a link for "Provider Billing Manuals" and two buttons: "submit" and "cancel". The main content area is divided into sections: "Adjudication Information" and "Billing Information". Under "Adjudication Information", the "ICN/TCN" field contains the value "2019000000010" and there is a "DMA520 Inquiry" button. The "Claim Status" is "Paid" and the "Total Paid Amount" is "1000.00". Red arrows point from the text above to these specific fields: one to the ICN/TCN, one to the Claim Status, and one to the Total Paid Amount.

Professional Claim	
<i>Adjudication Information</i>	
ICN/TCN	2019000000010
RA Date	
<i>Billing Information</i>	
Claim Status	Paid
Total Paid Amount	1000.00

Denied Claim

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



Suspended Claim

- If suspended, no buttons will appear. (Manual Review Required)



The following messages were generated:

Message Description	Panel	Field	Row
Submit was successful. See Claim Status Information for details.	Professional Claim		
Professional Claim ? *			
<u>Adjudication Information</u>			
ICN/TCN	DMA520 Inquiry	Claim Status	SUSPENDED
RA Date		Total Paid Amount	\$0.00

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.**

The screenshot displays a web application interface for a 'Professional Claim'. At the top right, there is a link for 'Provider Billing Manuals'. Below this, a button bar contains four buttons: 'cancel', 'adjust', 'void', and 'copy claim'. A red arrow points to the 'adjust' button. Below the button bar, a message states 'The following messages were generated: Message Description: Submit was successful. See Claim Status Information for details.' Below this is a table with columns for 'Panel', 'Field', and 'Row'. The table contains one row for 'Professional Claim'. Below the table, there is a section for 'Adjudication Information' with fields for 'ICN/TCN', 'RA Date', 'DMAS20 Inquiry', 'Claim Status' (PAID), and 'Total Paid Amount'. The 'Claim Status' field is highlighted with a red box.

Claims History Research

Claims History Search

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** | *Initial Claim* | *New Institutional Claim* | *New Professional Claim* | *Locum Tenens*
★GAMMIS:Search (Void, Adjust) 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.

Claims History Search

(continued)

- 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

D - DENIED

P - PAID

Q - QLTY CNTL

R - RESUBMIT

X - SUPER-SUSPEND

S - SUSPENDED

English | Español | Accessibility

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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	\$66.61	\$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	\$66.61	\$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	\$65.12
4009	2090	111	01/29/2009	01/29/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$102.93	\$0.00

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



Search Results (7 rows returned)						
From DOS ▲	To DOS	Claim Type	Status	RA Date	Amount Billed	Paid
09/06/2012	09/06/2012	PROFESSIONAL CLAIMS	DENIED	09/24/2012	\$235.00	\$0.00
09/10/2012	09/10/2012	PROFESSIONAL CLAIMS	DENIED	09/24/2012	\$235.00	\$0.00
10/01/2012	10/01/2012	PROFESSIONAL CLAIMS	DENIED	10/15/2012	\$235.00	\$0.00
10/08/2012	10/15/2012	PROFESSIONAL CLAIMS	DENIED	10/29/2012	\$470.00	\$0.00
10/22/2012	10/22/2012	PROFESSIONAL CLAIMS	DENIED	11/05/2012	\$235.00	\$0.00
10/29/2012	10/29/2012	PROFESSIONAL CLAIMS	DENIED	11/19/2012	\$235.00	\$0.00
11/12/2012	11/13/2012	PROFESSIONAL CLAIMS	DENIED	12/03/2012	\$359.00	\$0.00



Search Results (7 rows returned)						
From DOS	To DOS	Claim Type	Status	RA Date ▼	Amount Billed	Paid
11/12/2012	11/13/2012	PROFESSIONAL CLAIMS	DENIED	12/03/2012	\$359.00	\$0.00
10/29/2012	10/29/2012	PROFESSIONAL CLAIMS	DENIED	11/19/2012	\$235.00	\$0.00
10/22/2012	10/22/2012	PROFESSIONAL CLAIMS	DENIED	11/05/2012	\$235.00	\$0.00
10/08/2012	10/15/2012	PROFESSIONAL CLAIMS	DENIED	10/29/2012	\$470.00	\$0.00
10/01/2012	10/01/2012	PROFESSIONAL CLAIMS	DENIED	10/15/2012	\$235.00	\$0.00
09/06/2012	09/06/2012	PROFESSIONAL CLAIMS	DENIED	09/24/2012	\$235.00	\$0.00
09/10/2012	09/10/2012	PROFESSIONAL CLAIMS	DENIED	09/24/2012	\$235.00	\$0.00



Claim Corrections

Search and locate your most current claim number (ICN) and select it

- Move down to your **detail** line and select the line that needs to be corrected
- Make your corrections to your detail line

Example 1: if you billed 20 units and it should be 40 units, correct to 40 units and total charge

Example 2: If you billed 40 units and it should have been 20 units, correct to 20 units and total charge

- Move to the top and select **Adjust**

Note: Adjustments must be made within 90 days of paid date

Timely Filing Rules

For most providers, timely filing is six months from the month of service (MOS) – the month the service 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/TPL claim – Within 12 months of MOS
- One year (365 days) Claims Submission Edit (**NEW**)

One Year (365 Days) Claim Submission Edit

Example:

	Original Submit Claim	1 st Resubmit	2 nd Adjustment
DOS	Denied Date:	Adjustment	(365 days)
July 1, 2016	December 30, 2016	March 31, 2017	June 30, 2017

- 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).
- 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 June 14, 2017

Accessing the Remittance Advice

Accessing the Remittance Advice

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



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

Remittance Advice (RA)

- The RA is comprised of several document types in this order:
 - Banner Messages (if applicable)
 - Claims Activity/Status (if applicable)
 - Financial Transactions – Expenditures (system generated only) and Accounts Receivable
 - EOB Descriptions (if applicable)
 - Summary Page

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

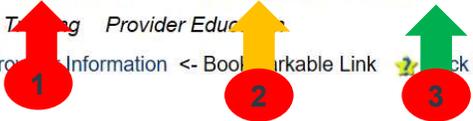
Policy Information

Policy Information and Updates

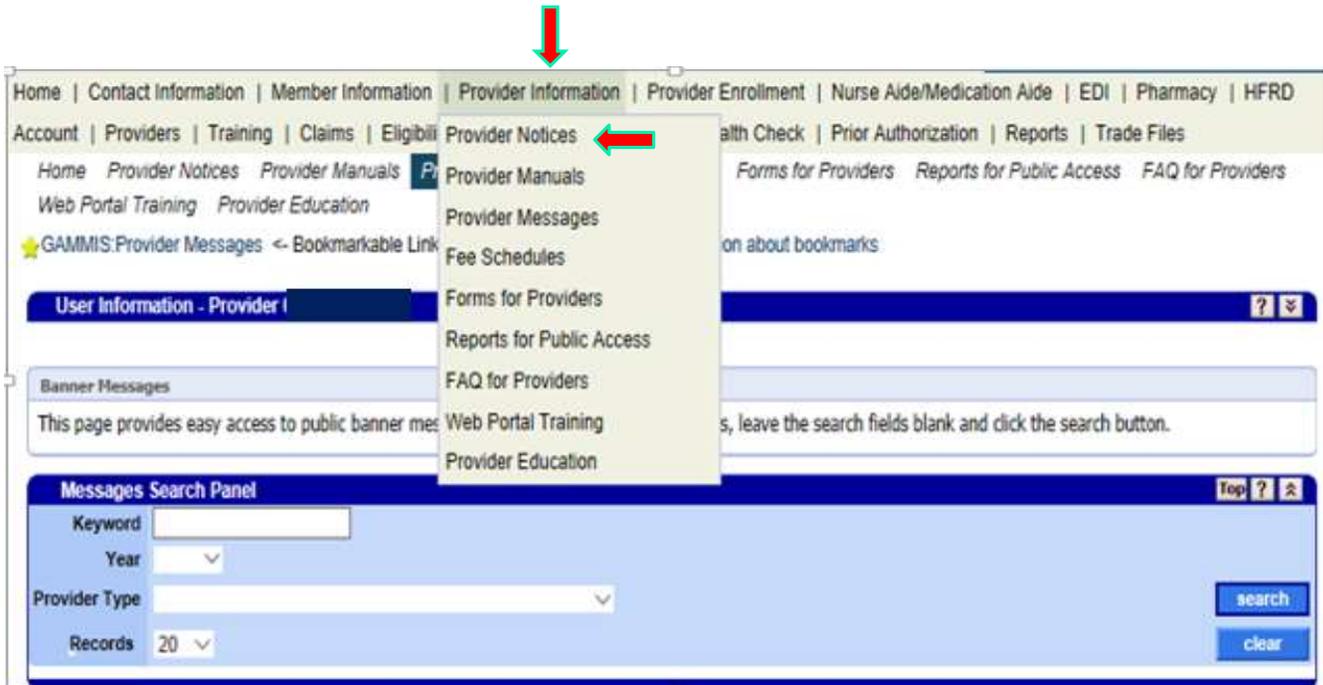
Home | Contact Information | Member Information | **Provider Information** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD
Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files

Home *Provider Notices* *Provider Manuals* *Provider Messages* *Fee Schedules* *Forms for Providers* *Reports for Public Access* *FAQ for Providers*
Web Portal Training *Provider Education*

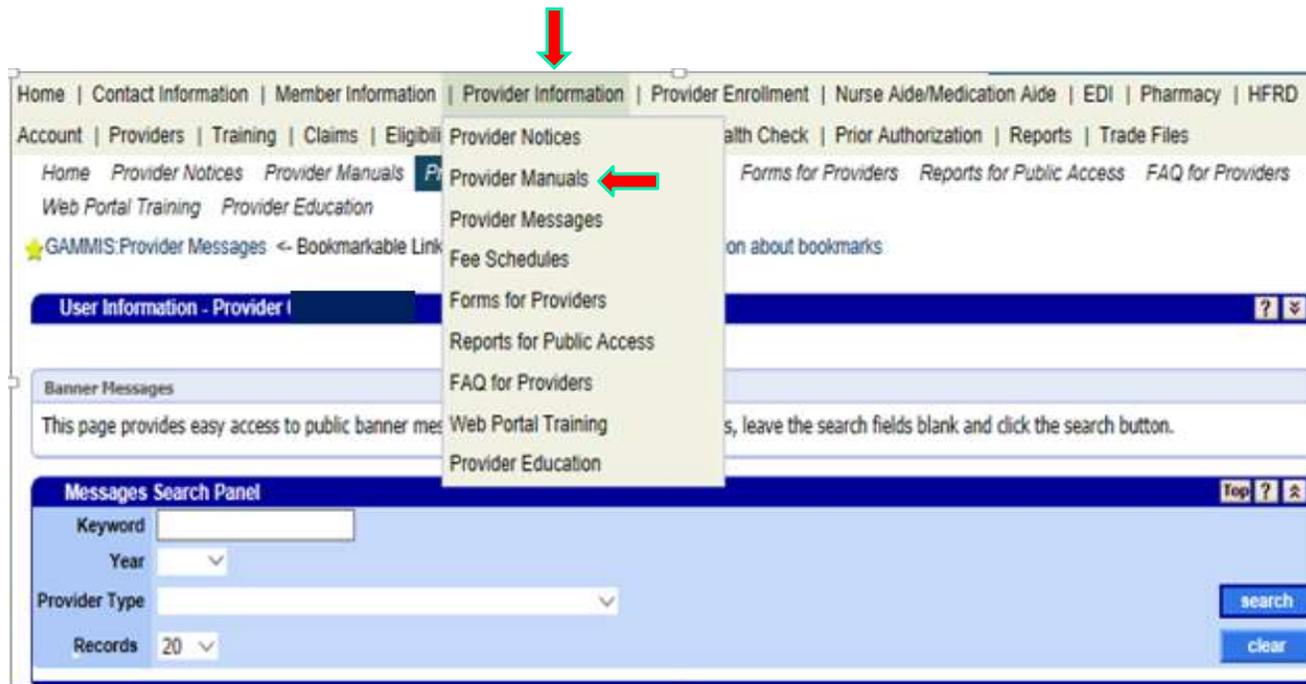
★GAMMIS:Provider Information <- Bookmarkable Link ★Click here for help and information about bookmarks



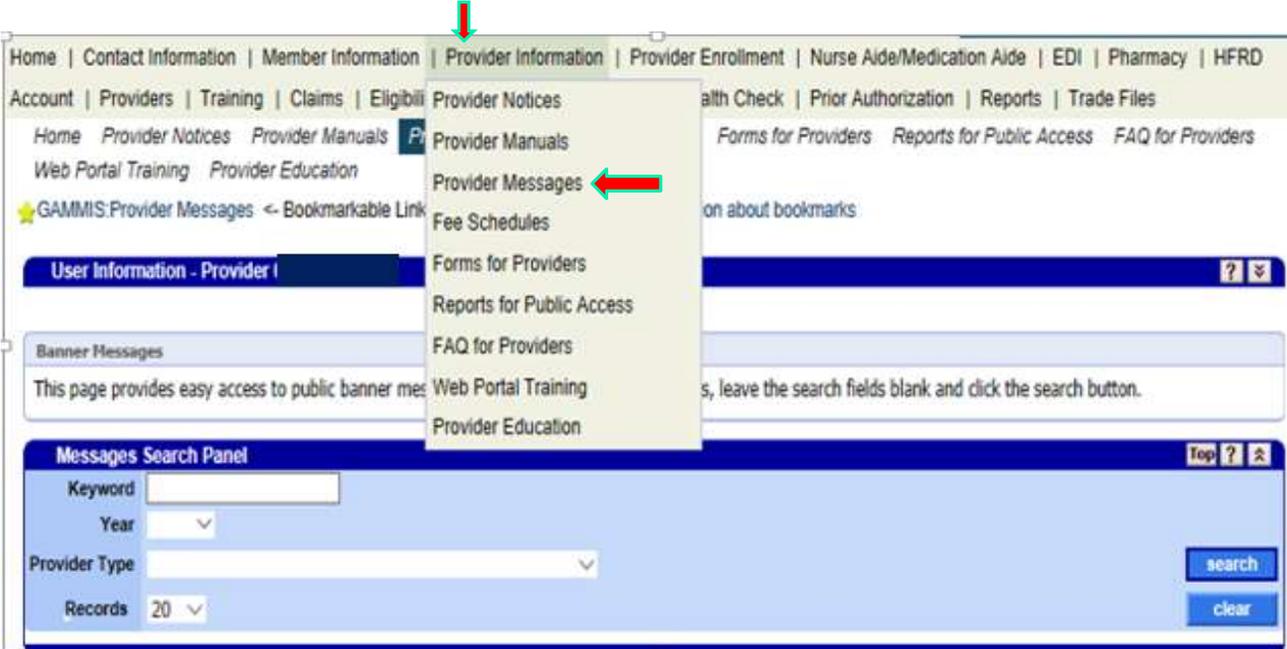
Provider Information and Provider Notices



Provider Information and Provider Manuals



Provider Information and Provider Messages



Provider Information and Provider Messages

(continued)

Messages Search Panel Top ?

Keyword

Year

Provider Type

Records 20



Messages (more than 60 available)

Type	Sent Date	Subject
ALL PROVIDER TYPES	08/01/2017	Upcoming Changes to Member Eligibility Inquiries
ALL PROVIDER TYPES	08/01/2017	Autism Screenings - CPT 98110 EP UA
ALL PROVIDER TYPES	08/01/2017	Georgia Families Pharmacy Quick Reference Guide
ALL PROVIDER TYPES	07/28/2017	Physician and Mid-Level Workshops in August 2017
ALL PROVIDER TYPES	07/28/2017	Centralized PA Process Inbox to be shut down 8/1/2017
ALL PROVIDER TYPES	07/28/2017	Ending of 45 Day Prior Authorization Period
ALL PROVIDER TYPES	07/20/2017	Gwinnett/Lawrenceville Meaningful Use Workshop
ALL PROVIDER TYPES	07/20/2017	Hyaluronan Derivatives Products ? Change of Coverage
ALL PROVIDER TYPES	07/20/2017	Hyaluronan Derivatives Products - Change of Coverage
AMBULATORY, EMERGENCY MEDICAL SERVICE PROV, TRANSPORTATION	07/07/2017	Reimbursement Change in the Adult Air Emergency Transportation Medicare Crossover Claims
AMBULATORY, EMERGENCY MEDICAL SERVICE PROV, TRANSPORTATION	07/07/2017	Reimbursement Change in the Adult Air Emergency Transportation Medicare Crossover Claims
ALL PROVIDER TYPES	07/09/2017	DME Claim Denials June 9, 2017-June 22, 2017
ALL PROVIDER TYPES	07/06/2017	Change in Process for Hepatitis C
ALL PROVIDER TYPES	07/03/2017	Georgia Families Additional Provider Resources
ALL PROVIDER TYPES	07/03/2017	ICWP PSS CARE LEVELS REVISION
ALL PROVIDER TYPES	07/03/2017	Georgia Families Additional Provider Resources
ALL PROVIDER TYPES	06/30/2017	Georgia Families Additional Provider Resources
ALL PROVIDER TYPES	06/30/2017	Georgia Families Public Open Forum - Cordele, GA
ALL PROVIDER TYPES	06/30/2017	CMO Meet and Greet in Alma, GA
ALL PROVIDER TYPES	06/28/2017	New Biller Workshops in July 2017

1 2 3 ... Next >

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.

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

Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Deandre Murray
2	Fulton	Adrian Hogan
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Danny Williams
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 Field Services

(continued)

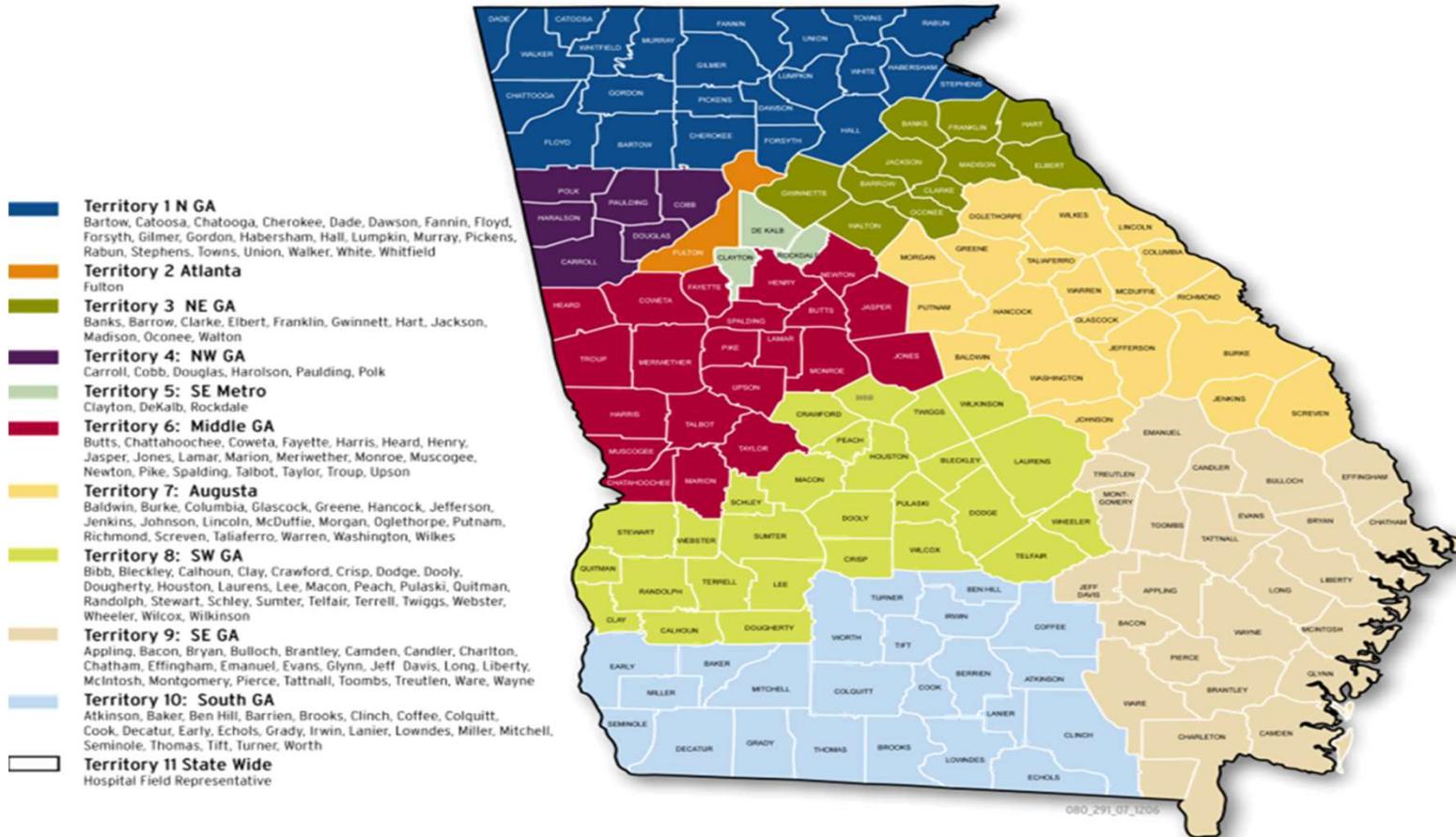
State-Wide Consultants

Brenda Hulette

Anita Hester

Sharée C. Daniels

Georgia Field Territories



Contact My Provider Rep Directly

Login to the MMIS system with your username and password



Contact My Provider Rep Directly

(continued)

The screenshot shows a web form titled "Contact Information" with a blue header bar. The form contains the following fields and sections:

- How can we help you?**: A dropdown menu labeled "Select an Item*" with a red arrow pointing to it.
- Enter Category Details**: A section with a blue header and a text input field.
- How do you want to be contacted?**: A section with a blue header and a dropdown menu labeled "Contact Method*" set to "Telephone".
- Last Name, First Name**: Two text input fields.
- Phone Number, Ext**: Two text input fields.

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

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

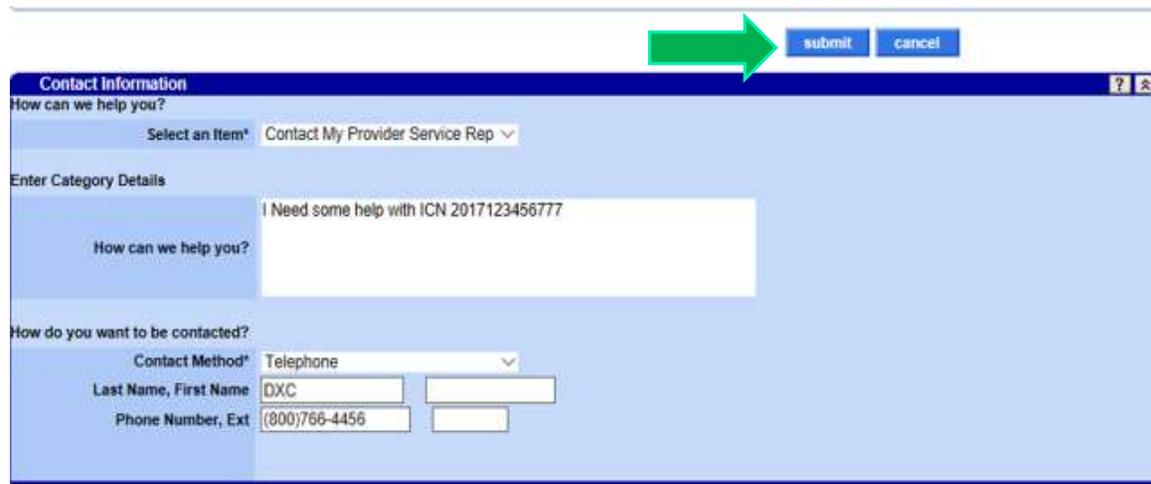
OR

Click Here

top of page top of page

Contact my Provider Rep Directly

(continued)



The screenshot shows a web form titled "Contact Information" with a blue header bar. A green arrow points to the "submit" button in the top right corner. The form contains the following fields:

- How can we help you?**: A dropdown menu labeled "Select an Item*" with the selected option "Contact My Provider Service Rep".
- Enter Category Details**: A text input field containing "I Need some help with ICN 2017123456777".
- How do you want to be contacted?**: A dropdown menu labeled "Contact Method*" with the selected option "Telephone".
- Last Name, First Name**: Two text input fields, the first containing "DXC".
- Phone Number, Ext**: Two text input fields, the first containing "(800)766-4456".

Session Review

You should now be able to:

- Understand the various organizations that affect Medicaid billing
- Understand how to access GAMMIS
- Understand timely filing policy
- Understand how to access the Remittance Advice
- Understand how to obtain Policy Information and Updates
- Contact Gainwell Technologies about information concerning Georgia Medicaid

Closing

Questions & Answers

Contact

brand@gainwelltechnologies.com
gainwelltechnologies.com

Gainwell Technologies

1775 Tysons Blvd.
McLean, VA 22102

PIMS

Office of Provider Relations

Office of Provider Relations Provider Issue Management System (PIMS)

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Sharon Pyles, Provider Relations Manager
May 6, 2021



What is PIMS?

“PIMS is a web-based application designed to capture, track, resolve and identify issues or common themes submitted by our network of providers”

What types of questions can you submit to PIMS?

Systemic
Process &
Procedures

Policies

Community
Standards

IMPORTANT NOTE: Questions related to specific Individuals regarding funding and approved services should be directed to the appropriate Regional Field Office.

How do you access PIMS?

From the [DBHDD website](#), hover over the “For Providers” tab.



An official website of the State of Georgia. [How you know](#) ✓

Language: English Organizations: A-Z

  **GEORGIA DEPARTMENT of**
BEHAVIORAL HEALTH and DEVELOPMENTAL DISABILITIES

Search

DBHDD Services **For Providers** Forensics & Law Enforcement Our Hospitals DBHDD Agency Information Find Services & Contacts

 **NOTICE: Georgia Crisis & Access Line**
For access to services and immediate crisis help, call the [Georgia Crisis & Access Line \(GCAL\)](#) at 1-800-715-4225, available 24/7.

Be Supported
Recovery is nurtured by relationships and environments that provide hope, empowerment, choices and opportunities.



GEORGIA COVID-19 EMOTIONAL SUPPORT LINE

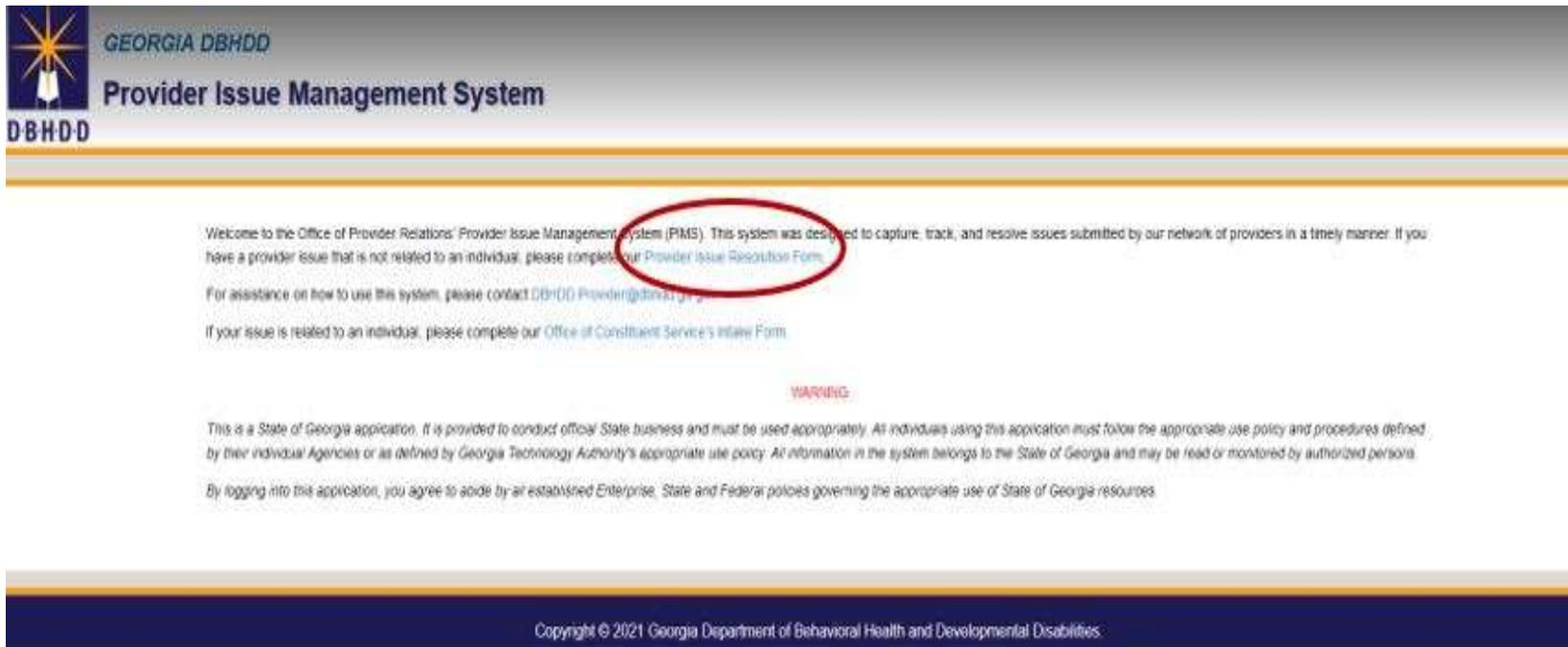
How do you access PIMS?

Click on “Questions for Your Provider Relations Team”.

The screenshot displays the website for the Georgia Department of Behavioral Health and Developmental Disabilities. The main navigation bar includes the following items: DBHDD Services, For Providers, For Workforce, Enforcement, Our Hospitals, DBHDD Agency Information, and Find Services & Contacts. A red circle highlights the 'For Providers' menu item, which has opened a dropdown menu. The dropdown menu contains the following links: Questions for Your Provider Relations Team, PIMS, Community Provider Manuals, Training, Applications for New & Existing Providers, Connect to DBHDD Applications, Provider Toolkit, Provider FAQs, Background Policy & Gemalto Information, DJJ Intervention Program, Improving Health Outcomes Initiative Collaborative Learning Center, Filling the GAP: Georgia Access Point, Transition Manual, and HIV Early Intervention Services. A search bar is located in the top right corner. Below the navigation bar, there is a banner with the text 'Be Supported' and 'Recovery is nurtured by relationships and environments that provide hope, empowerment, choices and opportunities.' The banner also features an image of hands being held together.

How do you access PIMS?

Once on the PIMS site, click on “Provider Issue Resolution Form”.



GEORGIA DBHDD
Provider Issue Management System
DBHDD

Welcome to the Office of Provider Relations' Provider Issue Management System (PIMS). This system was designed to capture, track, and resolve issues submitted by our network of providers in a timely manner. If you have a provider issue that is not related to an individual, please complete [our Provider Issue Resolution Form](#).

For assistance on how to use this system, please contact DBHDD Provider@dbhdd.ga.gov.

If your issue is related to an individual, please complete our Office of Constituent Service's Intake Form.

WARNING:

This is a State of Georgia application. It is provided to conduct official State business and must be used appropriately. All individuals using this application must follow the appropriate use policy and procedures defined by their individual Agencies or as defined by Georgia Technology Authority's appropriate use policy. All information in the system belongs to the State of Georgia and may be read or monitored by authorized persons.

By logging into this application, you agree to abide by all established Enterprise, State and Federal policies governing the appropriate use of State of Georgia resources.

Copyright © 2021 Georgia Department of Behavioral Health and Developmental Disabilities.

What happens after you submit your question?

Case number is
assigned

Provider Relations
Manager
is assigned

Contact no later
than 2 business
days

Office of Provider Relations Communications

Network News

- 1st business day of the Month

Learning Corner

- 15th business day of the month

Special Bulletins

- Periodically throughout the month

Contact Provider Relations at

DBHDD.Provider@dbhdd.ga.gov



Question & Answer