

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

A background image showing several hands of different skin tones being held together in a supportive gesture. The hands are positioned in the center and right side of the frame, with fingers interlaced or overlapping. The lighting is soft and warm, creating a sense of care and connection.

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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: _____

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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:
<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	
	Effective Date:
	Expiration Date:

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

Agency _____

Existing Agency Participation Application
Developmental Disabilities

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:	

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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:

☐ Community Living Arrangement (CLA)

CLA Name on HFR Permit	Permit Number	CLA Capacity

OR:

☐ 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
☐ Payee Provider ID Address
Medicaid Payee Provider ID: _____
Corporate Location Information
 (If Corporate Location is Out of Georgia)
☐ Physical Address
☐ Mailing Address
Georgia Corporate/ Main Location Information
 (If Corporate Location is in Georgia)
☐ Physical Address
☐ Mailing Address
 *If this is also a service location, complete the corresponding sections for service location information.
Service Location Information
☐ Physical Address
☐ 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? ☐ Yes ☐ 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: ☐ Community Living Arrangement (CLA)
☐ Personal Care Home (PCH)
☐ Private Home Care (PHC)
 License Type: ☐ Drug Abuse Treatment & Education Program (DATEP)
☐ Narcotics Treatment Program (NTP)

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

The following should be noted when submitting changes:

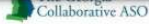
- Section 1A, 2A, 3A, 4A and 5A on the left side of form should include the current information on file with DBHDD and be completed as applicable for the change requested
- Section 1B, 2B, 3B, 4B and 5B on the right side of form should include the NEW information requested and be completed as applicable 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	Additional Service Location	Provider Type Home and Community Based Svc
APPLICANT INFORMATION		
Name of Business or Individual LEGAL NAME WITH DBHDD AND LISTED ON SOS		Current Rendering Provider Number
PROVIDER CONTRACTS		
Provider Contract 681 or 680 CHSS		
SPECIALTY INFORMATION		
<small>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).</small>		
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
----------	-------------------

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

A close-up, soft-focus photograph of several hands of different skin tones being held together in a supportive grip. The lighting is warm and natural, creating a sense of care and connection.

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities



LOA and ASO Application Process Office of IDD Provider Enrollment

Letter of Agreement (LOA)-Helpful Hints

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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:

Behavioral Supports Services

County:

Forsyth Fulton

Fund Source: **COMP**

Provider ID: 000000000B

Service:

Behavioral Supports Services

County:

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**

**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

Individuals Support Coordinator or State Services Coordinator.

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 \(NOW\)](#)Part III Policies and Procedures for New Options Waiver Program (NOW) manuals published by the Department of Community Health.

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:

Providers must comply with Medicaid policies

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



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

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gainwell

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:

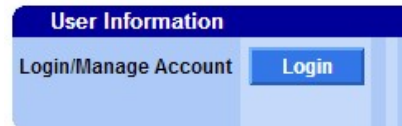
- Procedure search
- Verifying member eligibility
- Submitting and reviewing prior authorizations
- Submitting, reviewing, adjusting, or resubmitting claims
- Reviewing remittance advice

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 shown. Below it, on the left, is the text "Login/Manage Account". To the right of this text is a blue button with the word "Login" in white.

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 these 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:

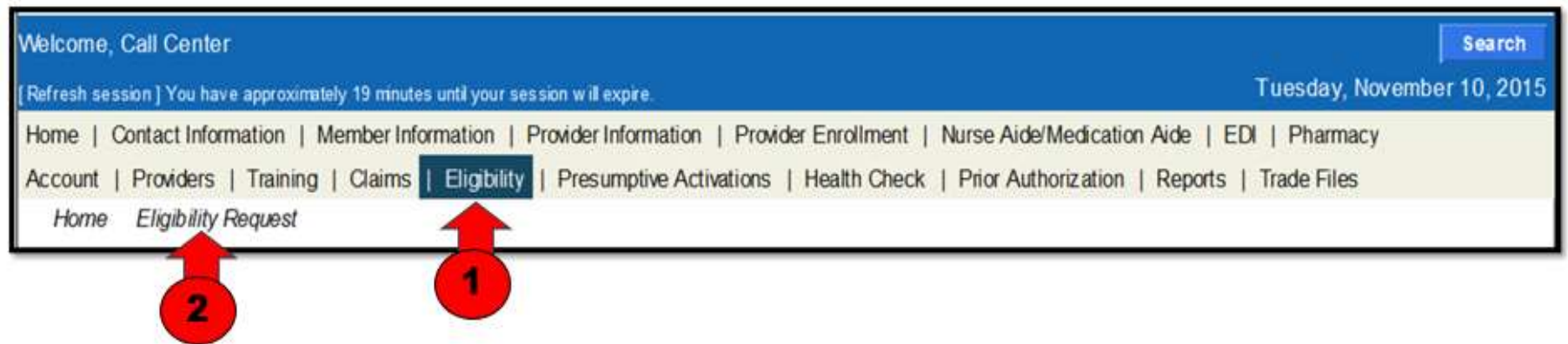
- GAMMIS website www.mmis.georgia.gov (secure Web Portal only)
- Interactive Voice Response System (IVRS)
- Provider Services Contact Center (PSCC)

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



Eligibility Verification

(continued)

The screenshot shows a web form titled "Eligibility Verification Request" with a blue header bar. The form contains several input fields: "Member ID" (pre-filled with 123456789012), "Last Name", "First Name", "Gender" (a dropdown menu), "Birth Date", "SSN", "From/Thru Date of Service" (pre-filled with 05/01/2010), and another date field (pre-filled with 05/05/2010). Each date field has a small calendar icon to its right. At the bottom right are "search" and "clear" buttons. A red arrow labeled "1" points to the "First Name" field. A red arrow labeled "2" points from the second date field to the "search" button.

Eligibility Verification Request			
Member ID	123456789012	Birth Date	
Last Name		SSN	
First Name		From/Thru Date of Service	05/01/2010
Gender			05/05/2010
		search	
		clear	

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

Benefit Plans						
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

Managed Care				
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

Eligibility by Service Type							
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	

Service Limits			
Benefit Information	Procedure Code	Units/Amount Allowed	Units/Amount Used
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 inactive for Service Type Code selected inactive for Service Type Code selected inactive for Service Type Code selected inactive for Service Type Code selected inactive for Service Type	1 - Medical Care	06/08/2018	06/08/2018					
	33 - Chiropractic	06/08/2018	06/08/2018					
	35 - Dental Care	06/08/2018	06/08/2018					
	47 - Hospital	06/08/2018	06/08/2018					
	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.)

CCSP Benefits

Eligibility by Service Type

Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes
Active	1 - Medical Care	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Inactive for Service Type Code selected.	33 - Chiropractic	06/08/2018	06/08/2018				
Active	35 - Dental Care	06/08/2018	06/08/2018	MC - Medicaid	259 - Community Care Waiver	0.00	
Active	47 - Hospital	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Active	48 - Hospital - Inpatient	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	12.50	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Active	50 - Hospital - Outpatient	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	3.00	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.
Active	86 - Emergency Services	06/08/2018	06/08/2018	MC - Medicaid	259 - Community Care Waiver	0.00	
Active	88 - Pharmacy	06/08/2018	06/08/2018	MC - Medicaid	660 - Qualified Medicare Beneficiary	3.00	The co-payment amount for the service may vary. Please check the Medicaid/Peachcare for Kids Policy Manual for the exact co-payment amount.



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.

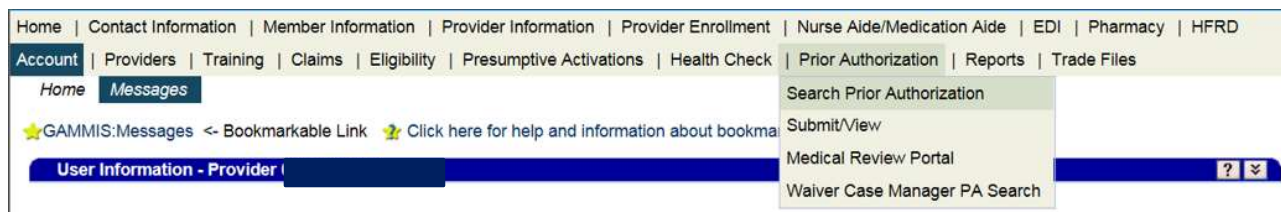
Retroactive Eligibility		
Retroactive Begin Date	Retroactive End Date	Retroactive Eff (Update) Date
06/08/2018	06/08/2018	08/11/2018

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 the GAMMIS web application interface. A red arrow with the number '1' points to the 'Prior Authorization' link in the top navigation bar. A red arrow with the number '2' points to the 'Search Prior Authorization' link in the sub-navigation bar. Below the navigation bar, there is a 'User Information - Provider' section. A 'Please Note' message 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 section is titled 'Prior Authorization Search' and contains several input fields: 'Prior Authorization' (text), 'Member ID' (text), 'Procedure' (text with a '[Search]' button), 'Name' (text), 'Requested From/Through DOS' (text with date pickers), and 'Records' (a dropdown menu set to '20'). There are 'search' and 'clear' buttons on the right side of the search area.

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

2 → [Search Prior Authorization](#) [Submit/View](#) [Medical Review Portal](#) [Waiver Case Manager PA Search](#)

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

User Information - Provider ? ⌵

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

Prior Authorization Search Top ? ⌵

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

Prior Authorization Search

(continued)

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

Prior Authorization Search

(result example)

Base Information			
Prior Authorization Number		Member ID	
Provider Name		Member Name	
REF ID			
From DOS	11/14/2016		
Through DOS	11/13/2017		
Status	APPROVED		

Prior Authorization Search

(continued)

Line Items									
PA Line Item	01	Status	APPROVED	Rendering Provider					
From DOS	11/14/2016	COS Code		Category of Service					
Through DOS	11/13/2017			Tooth					
Most Recent DOS Paid				Quadrant					
Units Allowed	12	Amount Allowed	\$2,240.04	Surface					
Units Used	0.000	Amount Used	\$0.00						
Max Monthly Units	1	Max Monthly Amount	\$0.00						
Max Daily Units	0	Authorized Rate	\$0.00						
PA Line Item	02	Status	APPROVED	Rendering Provider					
From DOS	11/14/2016	COS Code		Category of Service					
Through DOS	11/13/2017			Tooth					
Most Recent DOS Paid	01/12/2017			Quadrant					
Units Allowed	1160	Amount Allowed	\$10,416.80	Surface					
Units Used	104.000	Amount Used	\$933.92						
Max Monthly Units	110	Max Monthly Amount	\$0.00						
Max Daily Units	0	Authorized Rate	\$0.00						
PA Line Item	03	Status	APPROVED	Rendering Provider					
From DOS	11/14/2016	COS Code		Category of Service					
Through DOS	11/13/2017			Tooth					
Most Recent DOS Paid	01/11/2017			Quadrant					
Units Allowed	676	Amount Allowed	\$6,827.60	Surface					
Units Used	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 CASE MANAGEMENT, PER MONTH	SE	STATE/FED FUNDED PROGRAM/SER							
02	2	T1021 HH AIDE OR CN AIDE PER VISIT	TF	INTERMEDIATE LEVEL OF CARE							
03	3	T1021 HH AIDE OR CN AIDE PER VISIT	U1	M/CAID CARE LEV 1 STATE							



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

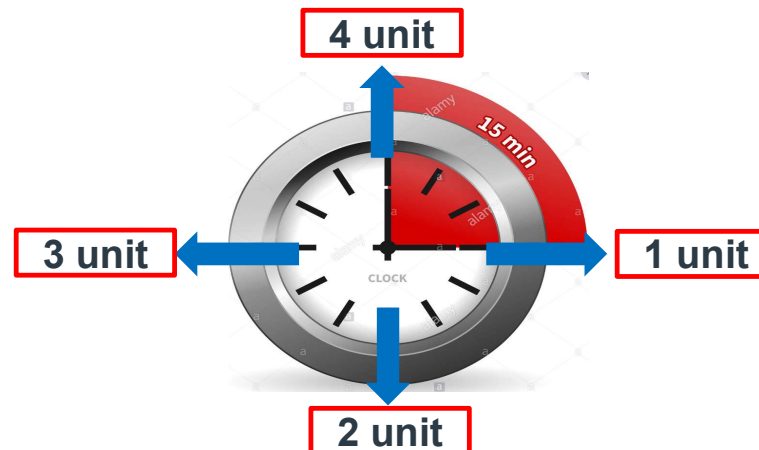
Rate and Unit References

- 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)

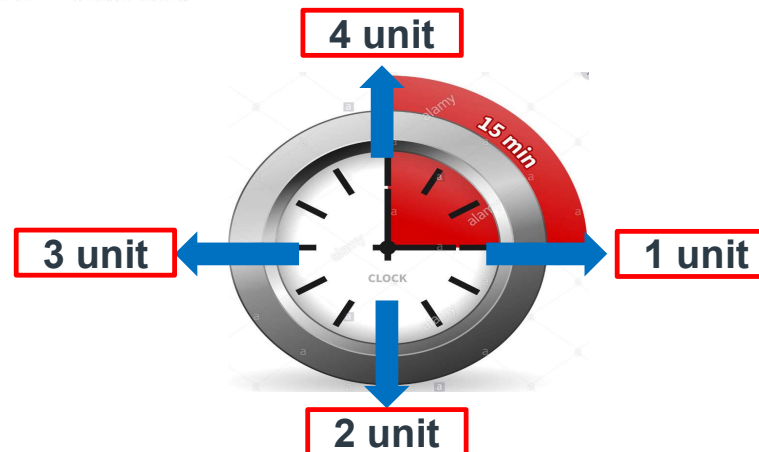
Unit = 15 minutes

Daily Limit = 24 units

Monthly Limit = 504 units

Annual Limit = 5760 units

Maximum rate per unit = \$3.10



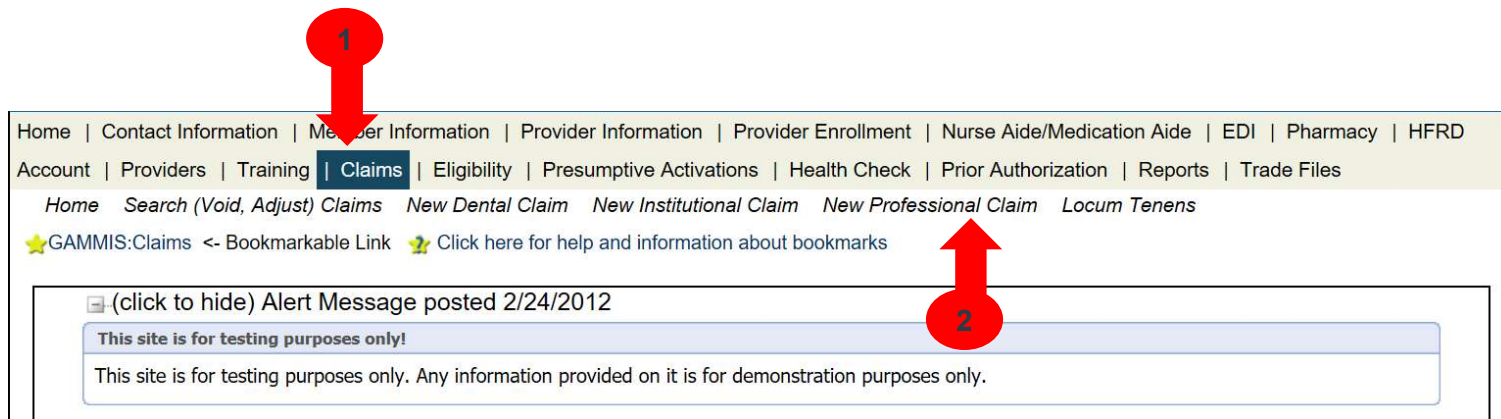
Professional Claim

Header Panel 1

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

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

Professional Billing Information



The screenshot shows a web application interface for professional billing information. At the top, there is a navigation bar with various menu items. A red arrow labeled '1' points to the 'Claims' menu item. Below the navigation bar, there is a sub-menu with links for 'Home', 'Search (Void, Adjust) Claims', 'New Dental Claim', 'New Institutional Claim', 'New Professional Claim', and 'Locum Tenens'. Below this, there is a section for 'GAMMIS:Claims' with a 'Bookmarkable Link' and a link to 'Click here for help and information about bookmarks'. At the bottom, there is an alert message box that says '(click to hide) Alert Message posted 2/24/2012'. A red arrow labeled '2' points to the alert message box. The alert message box contains the text '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.'

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

Home Search (Void, Adjust) Claims New Dental Claim New Institutional Claim New Professional Claim Locum Tenens

★GAMMIS:Claims <- Bookmarkable Link 🚩 Click here for help and information about bookmarks

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

This site is for testing purposes only!

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

Professional Billing Information

Section 1

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

The screenshot shows a 'Professional Claim' form with two main sections: 'Adjudication Information' on the left and 'Claim Status' on the right. The 'Adjudication Information' section includes fields for '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) and 'EPSDT Referral Information' (Indicator, Code 1, Code 2, Code 3, ICD Version). The 'Claim Status' section includes 'Release of Information', 'Related Causes Code 1', 'Related Causes Code 2', 'Accident State', 'Accident Date', 'Admit Date', 'Discharge Date', 'Date of Death', 'Patient Responsibility' (highlighted with a red box), 'PA/Precert Number' (pointed to by a red arrow), 'Referral Number', 'Referring Provider ID', 'Referring Provider Name', 'Primary Care Provider ID', and 'Primary Care Provider Name'. The 'Amount Totals' section shows 'Total Charges' and 'Total TPL Amount' both at \$0.00. A green arrow points from the 'Member ID' field to the 'Release of Information' dropdown. A red box highlights the 'Patient Responsibility' field, and a red arrow points to the 'PA/Precert Number' field.

Professional Claim	
Adjudication Information	
ICN/TCN	DATA529 Inquiry
RA Date	
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 Information	
EPSDT Referral Indicator	
EPSDT Referral Code 1	
EPSDT Referral Code 2	
EPSDT Referral Code 3	
ICD Version	ICD-10
Claim Status	
Total Paid Amount	\$0.00
Release of Information	
Related Causes Code 1	
Related Causes Code 2	
Accident State	
Accident Date	
Admit Date	
Discharge Date	
Date of Death	
Patient Responsibility	\$0.00
PA/Precert Number	
Referral Number	
Referring Provider ID	
Referring Provider Name (Last, First, MI)	
Primary Care Provider ID	
Primary Care Provider Name (Last, First, MI)	
Amount Totals	
Total Charges	\$0.00
Total TPL Amount	

Diagnosis

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 tabs: "Sequence", "Diagnosis", and "Description", with "Diagnosis" currently selected. Below the tabs, there is a header row with "Sequence", "Diagnosis", and "Description". Under the "Sequence" column, there is a dropdown menu showing the number "1" selected, with a list of numbers from 1 to 7 visible below it. To the right of the dropdown is a text input field for the "Diagnosis" column, followed by a "[Search]" button. Below the input field, there is a prompt "Type data below for new record." At the bottom right of the form, there are two buttons: "delete" and "add".

Detail

Section 3

Detail


** No rows found **

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

delete

add

copy



Claims Detail

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

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

Type data below for new record

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

delete add copy

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

Professional Claim ?

Adjudication Information
 ICN/TCN [DIPASO Inquiry](#)
 RA Date

Billing Information
 Rendering Provider ID
 Rendering Taxonomy
 Member ID*
 Last Name*
 First Name, MI*
 Date of Birth*
 Gender*
 Patient Account #
 Medical Record #
 Service Facility ID
 EPSDT Referral Indicator
 EPSDT Referral Code 1
 EPSDT Referral Code 2
 EPSDT Referral Code 3
 ICD Version* ICD-10

Claim Status
 Total Paid Amount \$0.00

Release of Information*
 Related Causes Code 1
 Related Causes Code 2
 Accident State
 Accident Date
 Admit Date
 Discharge Date
 Date of Death
 Patient Responsibility \$0.00
 PA/Precert Number
 Referral Number
 Referring Provider ID
 Referring Provider Name (Last, First, MI)
 Primary Care Provider ID
 Primary Care Provider Name (Last, First, MI)

Amount Totals
 Total Charges \$0.00
 Total TPL Amount
Diagnosis

submit cancel

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>	<i>Internal Use Only</i>	

- 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/Precert effective dates
- 4021: No Coverage for Billed Procedure
- 5035, 5037 or 5042: Exact Duplicate
- 5038 or 5043: Possible Duplicate
- 5044: Possible conflict (with another waiver)
- **5115**: Service not allowed during hospital stay

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 form titled "Professional Claim". Above the form, there are two buttons: "submit" and "cancel", which are highlighted with a red box and a red arrow pointing down to them. To the right of these buttons is a link labeled "Provider Billing Manuals". The form itself has a blue header bar with the title "Professional Claim" and a help icon. Below the header, the form is divided into sections: "Adjudication Information" (containing fields for ICN/TCN, RA Date, and a "DMA520 Inquiry" button), "Billing Information" (containing fields for Rendering Provider ID and Rendering Taxonomy), "Claim Status" (containing "Total Paid Amount" with a value of "\$0.00"), "Release of Information*" (a dropdown menu showing "Y - SIGNED STMT PERMITTING RELEASE"), and "Related Causes Code 1" (a dropdown menu).

Claim Status – Top of the Claim

Claim number – Internal Control Number (ICN)

Status – Paid, Denied or Suspended

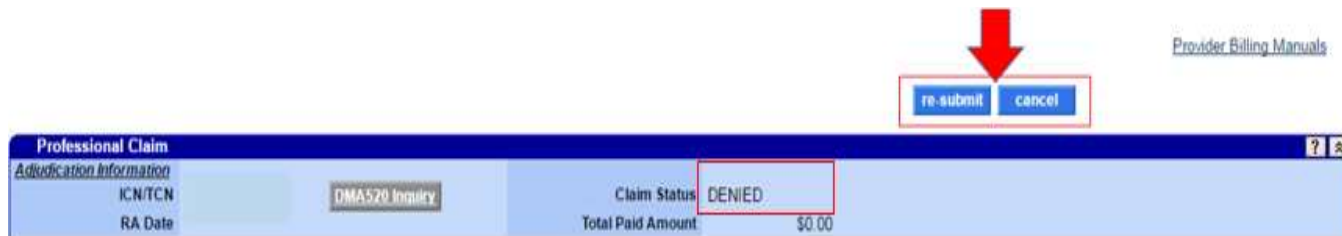
Total Paid amount

The screenshot shows a web form titled "Professional Claim". It has a blue header bar with "submit" and "cancel" buttons. Below the header, there are three main sections: "Adjudication Information", "Claim Status", and "Billing Information". The "Adjudication Information" section contains the "ICN/TCN" field with the value "2019000000010" and a "DMA520 Inquiry" button. The "Claim Status" section contains the "Claim Status" field with the value "Paid". The "Billing Information" section contains the "Total Paid Amount" field with the value "1000.00". Red arrows point from the text labels above to these three fields. A "Provider Billing Manuals" link is visible in the top right corner.

Professional Claim	
Provider Billing Manuals	
<input type="button" value="submit"/> <input type="button" value="cancel"/>	
?	
Adjudication Information	
ICN/TCN	2019000000010 <input type="button" value="DMA520 Inquiry"/>
RA Date	
Billing Information	
	Claim Status
	Paid
	Total Paid Amount
	1000.00

Denied Claim

- If denied, the re-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 this, a red arrow points to two buttons: "re-submit" and "cancel". The main content area is a table with the following data:

Professional Claim	
<u>Adjudication Information</u>	
ICN/TCN	DMA520 Inquiry
RA Date	
Claim Status	DENIED
Total Paid Amount	\$0.00

Suspended Claim

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



[Provider Billing Manuals](#)

The following messages were generated:

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

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 following messages were generated:

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

Professional Claim

Adjudication Information

ICN/TCN	DIMAS20 Inquiry	Claim Status	PAID
RA Date		Total Paid Amount	

Claims History Research

Claims History Search

The screenshot shows a web application interface. At the top is a navigation bar with links: Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD | Account | Providers | Training | **Claims** | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files. A red circle with the number '1' points to the 'Claims' link. Below the navigation bar is a sub-menu with links: Home | **Search (Void, Adjust) Claims** | Institutional Claim | New Institutional Claim | New Professional Claim | Locum Tenens. A red circle with the number '2' points to the 'Search (Void, Adjust) Claims' link. Below the sub-menu is a text link: ★ GAMMIS:Search (Void, Adjust) Claims <- Bookmarkable Link ★ Click here for help and information about bookmarks. Below this is a message box with a close icon and the text: (click to hide) Alert Message posted 2/24/2012. Inside the message box is a blue bar with the text: This site is for testing purposes only! and a larger white box with the text: 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

ICN/TCN

Member ID

Rendering Provider ID

Claim Type

From/Thru DOS

RA Date

Status

Records

01/05/2009

01/29/2009

D - DENIED

P - PAID

Q - QLTY CNTL

R - RESUBMIT

X - SUPER-SUSPEND

S - SUSPENDED

11123456789

[Search]

M - PROFESSIONAL CLAIMS

search

clear



English | Español | Accessibility

REPORT FRAUD



Search Results (13 rows returned)

ICN	TCN	Member ID	From DOS	To DOS	Claim Type	Status	RA Date	Amount Billed	Paid
4009	3090	111	01/05/2009	01/05/2009	PROFESSIONAL CLAIMS	PAID	01/12/2009	\$67.97	\$40.70
4009	2090	111	01/07/2009	01/07/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/19/2009	\$66.61	\$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	\$85.12
4009	2090	111	01/29/2009	01/29/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$102.93	\$0.00

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

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



The screenshot displays the navigation menu of the Georgia Department of Community Health system. The top menu bar includes links such as 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, and Trade Files. A green arrow points down to the 'Reports' link. Below this, a sub-menu is visible with links for Home, Financial Reports, HS&R Reports, Other Reports, and Letters. A second green arrow points up to the 'Financial Reports' link. The 'Reports' section is expanded, showing a dropdown menu with 'Remittance Advice' selected. Below the dropdown, there are input fields for 'From Date*' (10/01/2009) and 'To Date*' (01/21/2010), a 'Records' dropdown set to 20, and 'Clear' and 'Search' buttons.

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

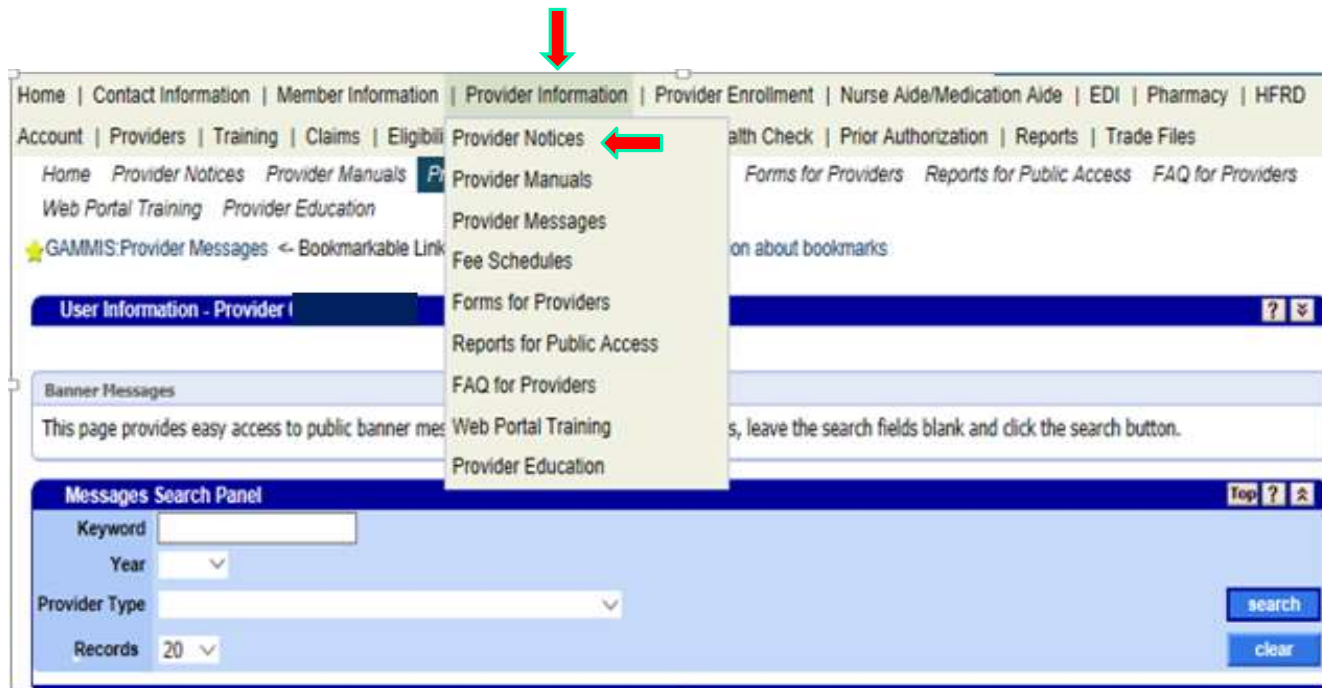
Home | Contact Information | Member Information | **Provider Information** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD
Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files

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

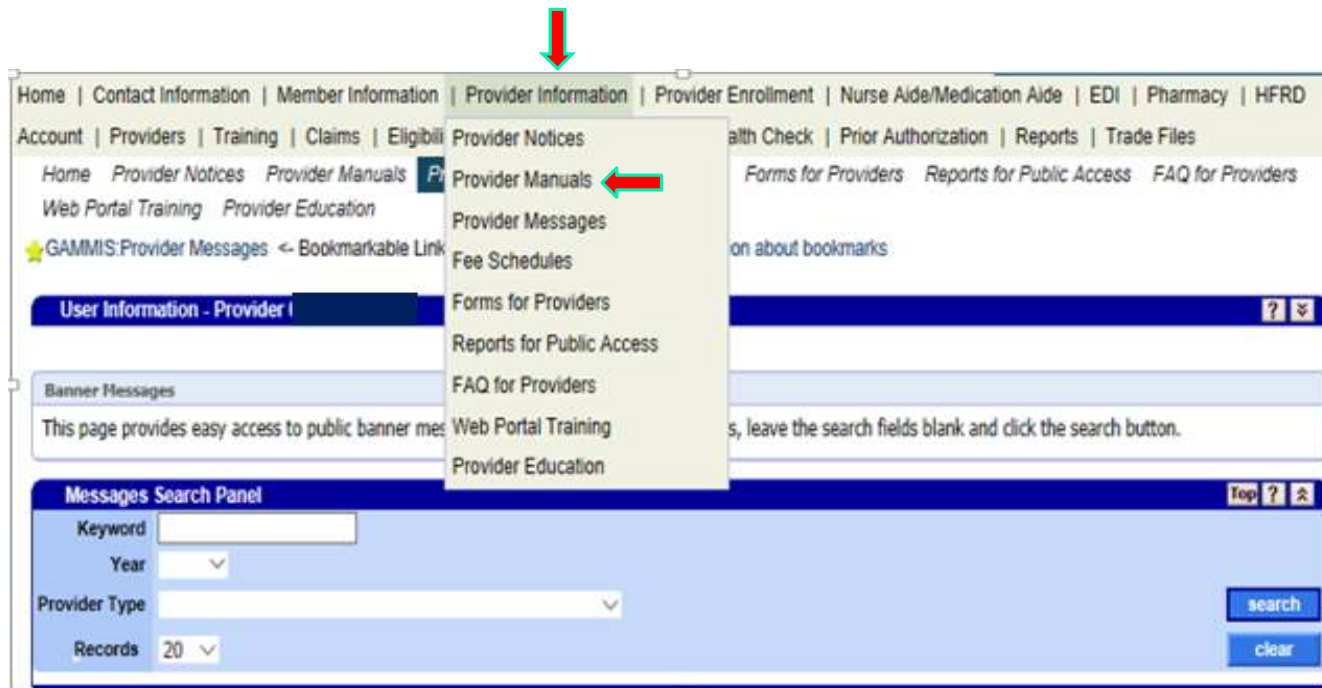
★GAMMIS:Provider Information <- Bookmarkable Link ★Click here for help and information about bookmarks

1 2 3

Provider Information and Provider Notices



Provider Information and Provider Manuals



Provider Information and Provider Messages

The screenshot displays a web application interface for the Georgia Department of Community Health. The top navigation bar includes links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, HFRD, Account, Providers, Training, Claims, Eligibility, Health Check, Prior Authorization, Reports, and Trade Files. A dropdown menu is open under 'Provider Information', showing options: Provider Notices, Provider Manuals, Provider Messages (highlighted with a red arrow), Fee Schedules, Forms for Providers, Reports for Public Access, FAQ for Providers, Web Portal Training, and Provider Education. Below the navigation bar, there is a section for 'User Information - Provider Information' and a 'Banner Messages' section. At the bottom, there is a 'Messages Search Panel' with fields for Keyword, Year, Provider Type, and Records, along with search and clear buttons.

Provider Information and Provider Messages

(continued)

Messages Search Panel

Top ?

Keyword

Year

Provider Type

Records 20

search

clear

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	07/26/2017	Centralized PA Process Inbox to be shut down 8/1/2017
ALL PROVIDER TYPES	07/26/2017	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	07/06/2017	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)

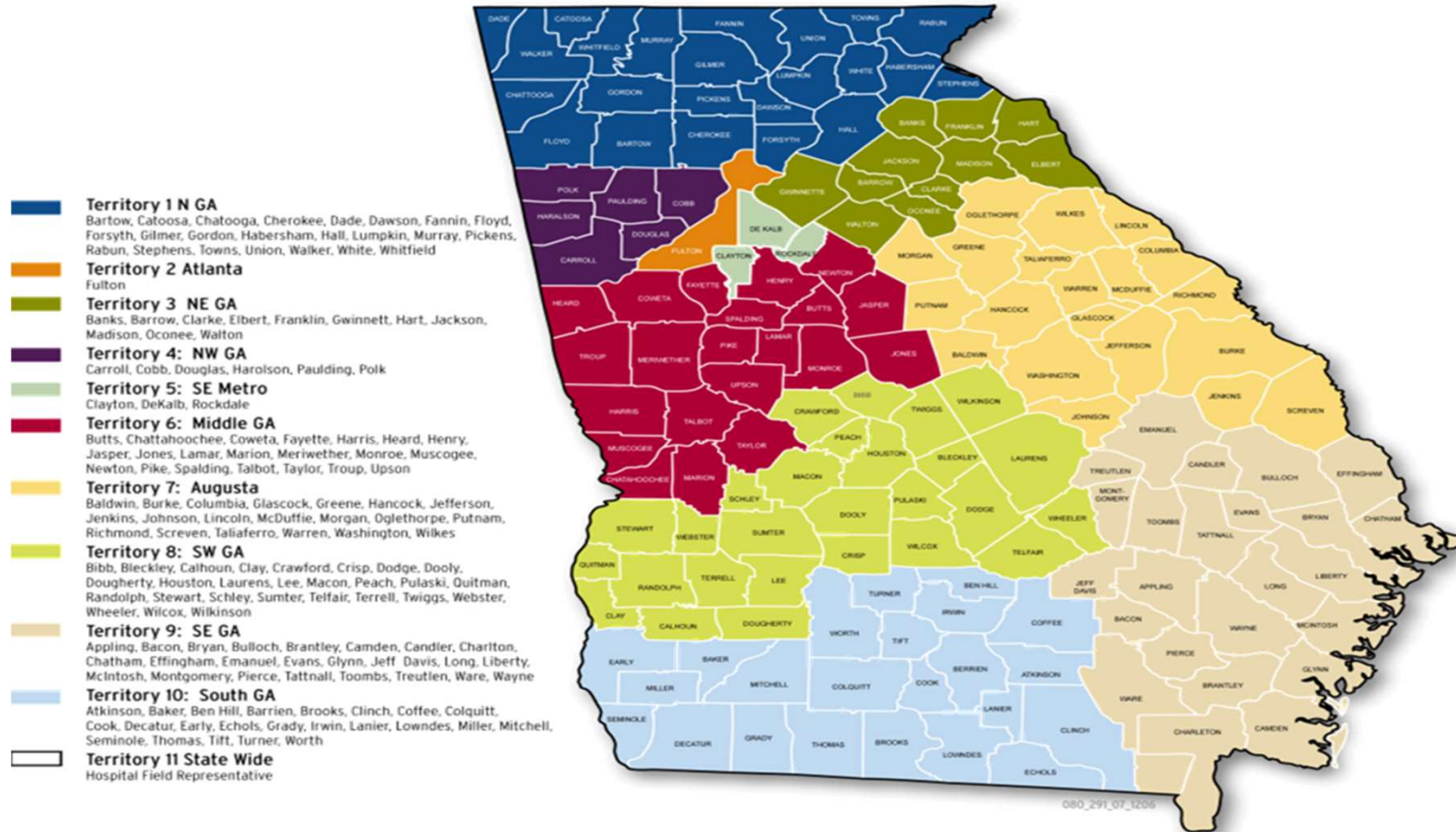
State-Wide Consultants

Brenda Hulette

Anita Hester

Sharée C. Daniels

Georgia Field Territories



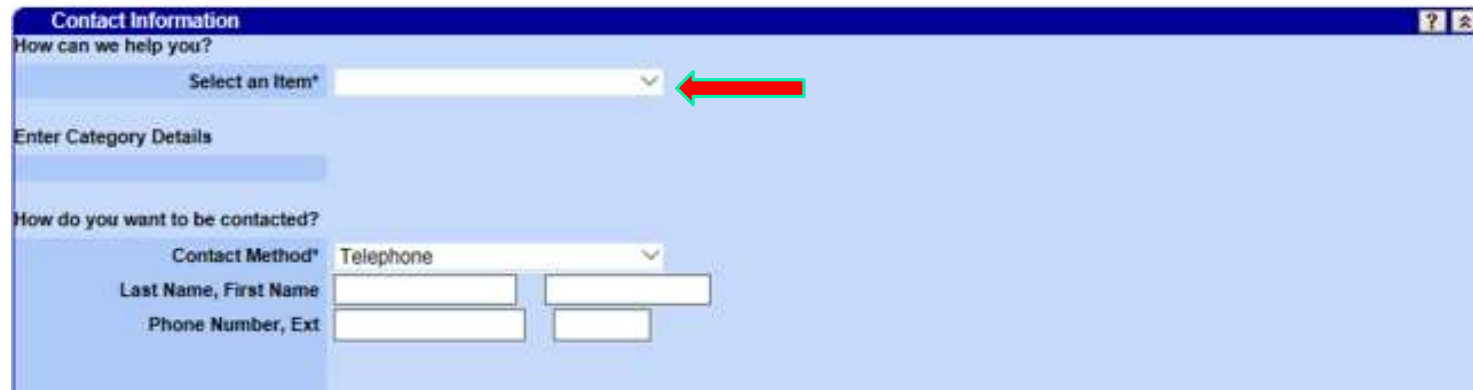
Contact My Provider Rep Directly

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. Below the header, the text "How can we help you?" is followed by a dropdown menu labeled "Select an Item*" with a downward arrow. A red arrow points to this dropdown menu. Below this, the text "Enter Category Details" is followed by a blue rectangular box. Further down, the text "How do you want to be contacted?" is followed by a dropdown menu labeled "Contact Method*" with "Telephone" selected. Below this, there are two rows of input fields: "Last Name, First Name" with two separate text boxes, and "Phone Number, Ext" with two separate text boxes.



Contact My Provider Rep Directly

(continued)

Requests Requiring PHI

NOTE: If the response to your inquiry contains protected health information (PHI) such as member or claims information, you must log into the secure web portal to submit your question and receive the response. Upon login, additional contact options related to PHI will be available.

submit cancel

Contact Information

How can we help you?

Select an Item*

Enter Category Details

How do you want to be contacted?

Contact Method*

Last Name, First Name

Phone Number, Ext

top of page

Claim Status Inquiry
Eligibility Inquiry
Contact My Provider Service Rep
Provider Enrollment
Request a Provider Rep Visit
ICD-10 Inquiry
Favors Review Inquiry
MAPIR Inquiry
Web Registration
Member ID Cards
Member PCP Assignments
Customer Service
Complaint about a Provider
Complaint about a Member
Other Complaint
Having a Technical Problem
Other
EDI Submission Problem
Provider PIN Issue

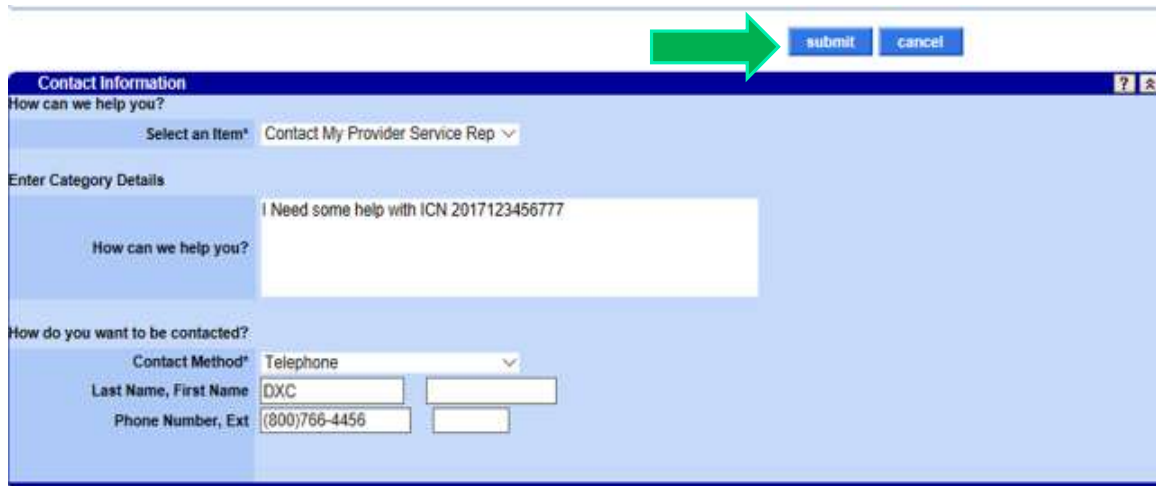
OR

Click Here

top of page

Contact my Provider Rep Directly

(continued)



The screenshot shows a web form titled "Contact Information" with a blue header bar. Above the form, there are "submit" and "cancel" buttons. A green arrow points from the left towards the "submit" button. The form itself has a light blue background and contains the following sections:

- How can we help you?**
 - Select an Item*: Contact My Provider Service Rep (dropdown menu)
- Enter Category Details**
 - How can we help you?: I Need some help with ICN 2017123456777 (text area)
- How do you want to be contacted?**
 - Contact Method*: Telephone (dropdown menu)
 - Last Name, First Name: DXC (text input)
 - Phone Number, Ext: (800)766-4456 (text input)

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.

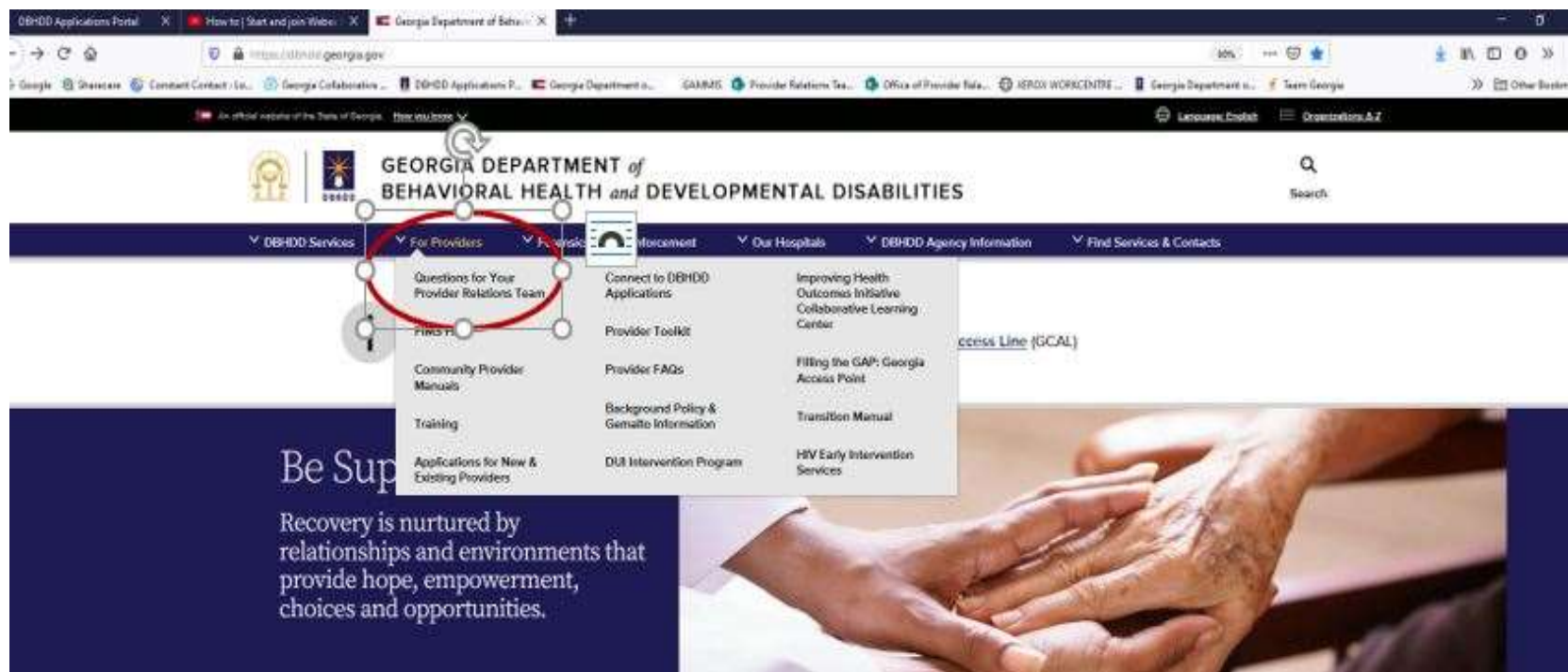
How do you access PIMS?

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



How do you access PIMS?

Click on “Questions for Your Provider Relations Team”.



How do you access PIMS?

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



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