

ICWP New Biller Presentation

Agenda

- Overview of Georgia Medicaid
- MMIS Prior Authorization Research
- Professional Billing Information
- Claim Submission Basics
- Claims History Search
- Common Denials
- Policy Information and Updates
- Contacting DXC Technology
- Interactive Voice Response System (IVRS)
- Session Review
- Closing, Questions and Answers

DXC Technology

DXC Technology is the fiscal agent for Georgia Medicaid. DCH has contracted with DXC to provide the day-to-day services necessary for the Medicaid program to function. Duties include:

- Answering member and provider phone calls through the contact center
- Answering incoming correspondence
- Processing claims
- Resolving claim denials
- Issuing member ID cards
- Enrolling providers

Claim Submission Basics

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?

Eligibility Verification

(continued)

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

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

The IVRS and the GAMMIS website are available 24 hours a day.

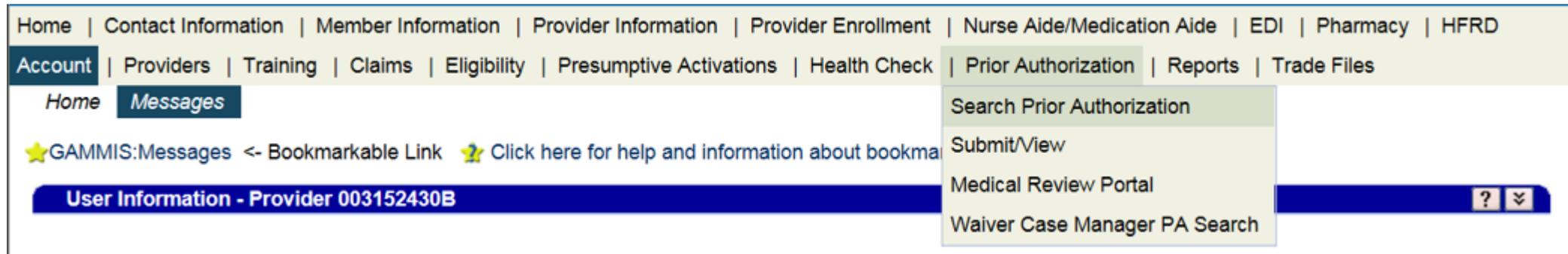
GAMMIS

- 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 (along with secure information, such as claims, member eligibility, remittance advices, and prior authorizations) is available anywhere with Internet access.

Prior Authorization Search

Visit: www.mmis.georgia.gov

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



The screenshot shows the top navigation bar of the MMIS website. The menu items are: Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD. A secondary menu is open, showing: Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | **Prior Authorization** | Reports | Trade Files. The 'Prior Authorization' item is highlighted, and a dropdown menu is visible with the following options: Search Prior Authorization, Submit/View, Medical Review Portal, and Waiver Case Manager PA Search. Below the navigation bar, there is a blue bar with the text 'User Information - Provider 003152430B' and a help icon.

Prior Authorization Search

(continued)

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD
Account | Providers | Training | Claims | Presumptive Activations | **Prior Authorization** | Reports | Trade Files
Home **Search Prior Authorization** Submit/View Medical Review Portal Waiver Case Manager PA Search

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

User Information - Provider

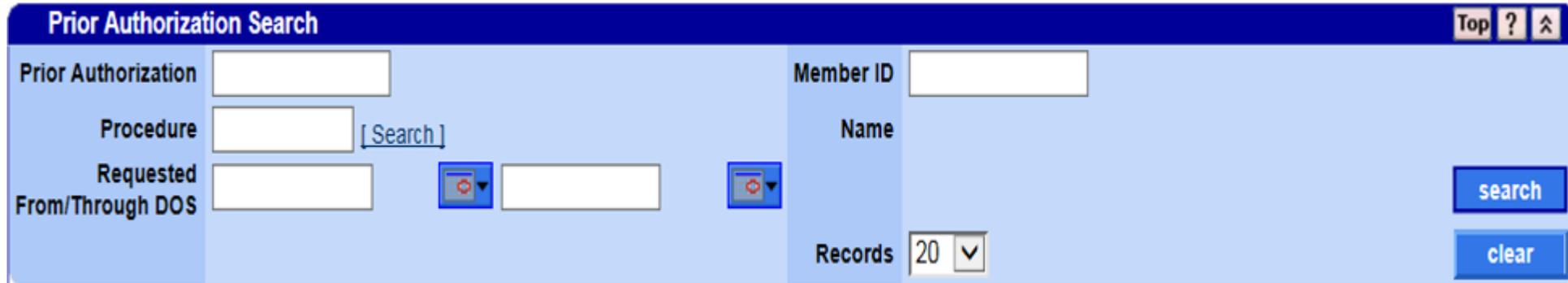
Please Note: When a Member ID is entered, please navigate from the field prior to entering additional search criteria or clicking search to allow the system to refresh and identify the member name on file.

Prior Authorization Search Top ? ↕

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

Prior Authorization Search

(continued)



The screenshot shows a web interface titled "Prior Authorization Search". It features several input fields and buttons. On the left, there are three rows: "Prior Authorization" with a text input field, "Procedure" with a text input field and a "[Search]" button, and "Requested From/Through DOS" with two text input fields and two calendar icons. On the right, there are two rows: "Member ID" with a text input field and "Name" with a text input field. Below these is a "Records" dropdown menu set to "20". At the bottom right, there are two buttons: "search" and "clear". In the top right corner, there are links for "Top", "?", and an upward arrow.

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**

Prior Authorization Search

(result example)

Base Information	
Prior Authorization Number	11123456789
Member ID	2221123456789
Provider Name	Hewlett Packard Enterprise
Member Name	Dave Phillip
REF ID	
From DOS	11/14/2016
Through DOS	11/13/2017
Status	APPROVED

Line Items				
PA Line Item	01	Status	APPROVED	Rendering Provider
From DOS	11/14/2016	COS Code	930	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	930	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	930	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	88.000	Amount Used	\$886.45	
Max Monthly Units	60	Max Monthly Amount	\$0.00	
Max Daily Units	0	Authorized Rate	\$0.00	

Procedures											
PA Line Item	(Procedure	Description)	(Modifier 1	Description)	(Modifier 2	Description)	(Modifier 3	Description)	(Modifier 4	Description)	NDC
01	T2022	CASE MANAGEMENT, PER MONTH	SE	STATE/FED FUNDED PROGRAM/SER INTERMEDIATE							
02	T1021	HH AIDE OR CN AIDE PER VISIT	TF	LEVEL OF CARE							
03	T1021	HH AIDE OR CN AIDE PER VISIT	U1	M/CAID CARE LEV 1 STATE DEF							

Status Reasons
*** No rows found ***

Prior Authorization Search

(continued)

Line Items										
PA Line Item	01	Status	APPROVED	Rendering Provider						
From DOS	11/14/2016	COS Code	660	Category of Service						
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	660	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	660	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	88.000	Amount Used	\$886.45							
Max Monthly Units	60	Max Monthly Amount	\$0.00							
Max Daily Units	0	Authorized Rate	\$0.00							

Procedures											
PA Line Item	(Procedure	Description)	(Modifier 1	Description)	(Modifier 2	Description)	(Modifier 3	Description)	(Modifier 4	Description)	NDC
01	1	T2022	CASE MANAGEMENT, PER MONTH	SE	STATE/FED FUNDED PROGRAM/SER						
02	2	T1021	HH AIDE OR CN AIDE PER VISIT	TF	INTERMEDIATE LEVEL OF CARE						
03	3	T1021	HH AIDE OR CN AIDE PER VISIT	U1	M/CAID CARE LEV 1 STATE DEF						

Contact Us To Alliant relating to ICWP

Account | Providers | Training | Claims | Eligibility | Prescription Activations | Health Check | **Prior Authorization** | Reports | Trade Files

Home Search Prior Authorization Submit/View **Medical Review Portal** Waiver Case Manager PA Search

★ GAMMIS:Medical Review Portal <- Bookmarkable Link 📌 Click here for help and information about bookmarks

Red arrow 1 points to 'Prior Authorization'. Red arrow 2 points to 'Medical Review Portal'.

Move down
3

Help & Contact Us

Education & Training Material and Links - Use this link to access workshops, webinars, user manuals, and other resources.

Contact Us or Search My Correspondence - Use this link to contact review nurse staff behind the scenes of MMIS portal.

4

Contact Us To Alliant relating to ICWP

Contact Us

Contact Form

Correspondence ID : _____

Contact For :

Contact Name :

Contact Email Address :

Confirm Email Address :

Phone Number : - Ext.

Message / Question :

OMCF Response : _____

Reference : _____

Attachments : _____

[Submit Information](#) [Reset Form](#) [< Back](#) [Return to Medical Review Portal](#)

Contact Us To Alliant relating to ICWP

Contact Us

Contact Form

Correspondence ID :
Contact For :

Prior Authorization Request ID :

Contact Name :

Contact Email Address :

Confirm Email Address :

Phone Number : Ext.

Message / Question :

OMCF Response :
Reference Attachments :

[Submit Information](#) [Reset Form](#) [< Back](#) [Return to Medical Review Portal](#)

Contact Us To Alliant relating to ICWP

Contact Form

Correspondence ID : **C17051100004**

Contact For : ICWP

Price Authorization Request ID : 1234567890

Contact Name : DXC

Contact Email Address : DXC.com *Invalid Email*

Confirm Email Address : DXC.com *Invalid - Email Address doesn't match*

Phone Number : 80-076-6445 Ext.

Message / Question :

GMCF Response :
Reference Attachments :

Create an Attachment
If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Contact Us To Alliant relating to ICWP

Contact Us

Contact Form

Correspondence ID :

Contact For :

Prior Authorization Request ID :

Contact Name :

Contact Email Address :

Confirm Email Address :

Phone Number : Ext.

Message / Question :

OMCF Response :

Reference Attachments :

[Submit Information](#) [Reset Form](#) [< Back](#) [Return to Medical Review Portal](#)

Contact Us To Alliant relating to ICWP

The screenshot shows a navigation menu with the following items: Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | **Prior Authorization** | Reports | Trade Files. Below this is a secondary menu: Home | Search Prior Authorization | Submit/View | **Medical Review Portal** | Waiver Case Manager PA Search. A third line contains: ★ GAMMIS:Medical Review Portal <- Bookmarkable Link | 📌 Click here for help and information about bookmarks. A red arrow labeled '1' points to 'Prior Authorization'. A red arrow labeled '2' points to 'Medical Review Portal'. A red box labeled 'Move down 3' is positioned below the secondary menu. A red arrow labeled '4' points to the 'Contact Us or Search My Correspondence' link in the 'Help & Contact Us' section.

Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | **Prior Authorization** | Reports | Trade Files

Home | Search Prior Authorization | Submit/View | **Medical Review Portal** | Waiver Case Manager PA Search

★ GAMMIS:Medical Review Portal <- Bookmarkable Link | 📌 Click here for help and information about bookmarks

Move down 3

Help & Contact Us

Education & Training Material and Links - Use this link to access workshops, webinars, user manuals, and other resources.

Contact Us or Search My Correspondence - Use this link to contact review nurse staff behind the scenes of MMIS portal.

Contact Us To Alliant relating to ICWP

Search Provider Inquiry

By default, search criteria will:

Provider ID :
Contact For :
Correspondence ID :
Entered Between :

Search Clear Search Cr

- Additional Office Visits
- Autism Therapy Services
- CCSP
- CIS
- COMP
- Centralized PA - General Queue
- DME
- Dental & Oral Max
- GAPP
- Hearing
- Hospital Admissions
- Hospital Outpatient Therapy
- ICWP
- Katie Beckett
- Medical Claims Review / DMA-520A
- Medication
- NOW
- Nursing Home Vent
- O and P
- Office Procedures
- Out of State
- Outlier
- PASRR
- PSY office
- PsychiatricResidentialTreatmentFacility
- Radiology
- Retrospective Review
- SOURCE LOC
- Swingbed/ICF-ID

search needs to go further back, please specify a 'From Date' that matches your needs.

Contact Name :
Contact For ID :
Phone Number :
Processed by OMCF : Yes No

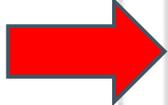
REPORT

Contact Us To Alliant relating to ICWP

Search Provider Inquiry / Correspondence

By default, search criteria will return records for the past 90 days. If your search needs to go further back, please specify a 'From Date' that matches your needs.

Provider ID :	<input type="text"/>	Contact Name :	<input type="text"/>
Contact For :	ICWP	Prior Authorization Request ID :	<input type="text"/>
Correspondence ID :	<input type="text"/>	Phone Number :	<input type="text"/>
Entered Between :	<input type="text"/> And <input type="text"/>	Processed by OMCF :	<input type="radio"/> Yes <input type="radio"/> No



Category of Service

When enrolled, providers are assigned a Category of Service (COS) or contract. Some of the more common types are:

- 660 - ICWP
- 430 - Physician

Claim Types

ICWP Providers will always submit a

- Professional Claim – CMS 1500

How to Submit a Claim

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

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

Professional Billing Information



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) Search (Void, Adjust) Claims Institutional Claim New Professional Claim
★GAMMIS.Claims <- Bookmark New Dental Claim information about bookmarks

User Information - Provider New Institutional New Professional Claim
New Professional Claim

Professional Billing Information

Section 1

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

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

- Adjudication Information:** ICN/TCN, RA Date, and a 'DMA529 Inquiry' button.
- Billing Information:** Rendering Provider ID, Rendering Taxonomy, Member ID*, Last Name*, First Name, MI*, Date of Birth*, Gender*, Patient Account #, Medical Record #, and Service Facility ID.
- EPSDT Referral Information:** Referral Indicator, Referral Code 1, Referral Code 2, Referral Code 3, and ICD Version* (set to ICD-10).
- Claim Status:** Total Paid Amount (\$0.00).
- Release of Information*:** A dropdown menu.
- Related Causes Code 1** and **Related Causes Code 2:** Dropdown menus.
- Accident State:** Dropdown menu.
- Accident Date, Admit Date, Discharge Date, and Date of Death:** Date pickers.
- Patient Responsibility:** Text field containing '\$0.00', highlighted with a red arrow.
- PA/Precert Number, Referral Number, Referring Provider ID, Referring Provider Name (Last, First, MI), and Primary Care Provider ID:** Text fields.
- Primary Care Provider Name (Last, First, MI):** Text fields.
- Amount Totals:** Total Charges (\$0.00) and 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 displays a web interface titled "Diagnosis". At the top, there is a table with columns labeled "Sequence", "Diagnosis", and "Description". Below the table, there is a form area with the text "Type data below for new record." The form includes a "Sequence*" dropdown menu currently set to "1", a "Diagnosis" text input field, and a "[Search]" button. To the right of the form are two buttons: "delete" and "add". A dropdown menu is open for the "Sequence*" field, showing a list of numbers from 1 to 7.

Detail

Detail

** No rows found **

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



Claims Detail

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

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

Type data below for new record.

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





Submit

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

RA Date

[DMA520 Inquiry](#)

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



Claim Status – Top of the Claim

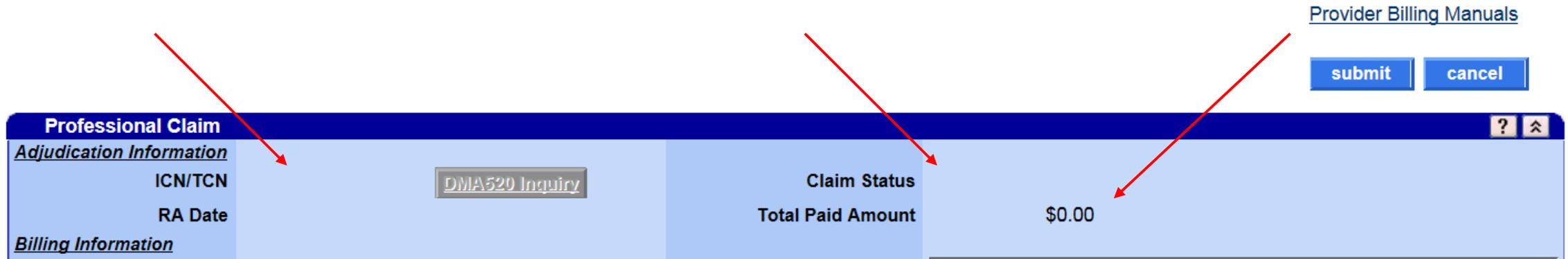
Claim number – Internal Control Number (ICN)

Status – Paid, Denied or Suspended

Total Paid amount

[Provider Billing Manuals](#)

Professional Claim			
<u>Adjudication Information</u>			
ICN/TCN	<input type="button" value="DMA520 Inquiry"/>	Claim Status	
RA Date		Total Paid Amount	\$0.00
<u>Billing Information</u>			



Claims Status

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

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

New Claim, Not submitted

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

Provider Billing Manuals

submit **cancel**

Professional Claim ? ↕

Adjudication Information

ICN/TCN

RA Date

Billing Information

Rendering Provider ID

Rendering Taxonomy

Claim Status

Total Paid Amount \$0.00

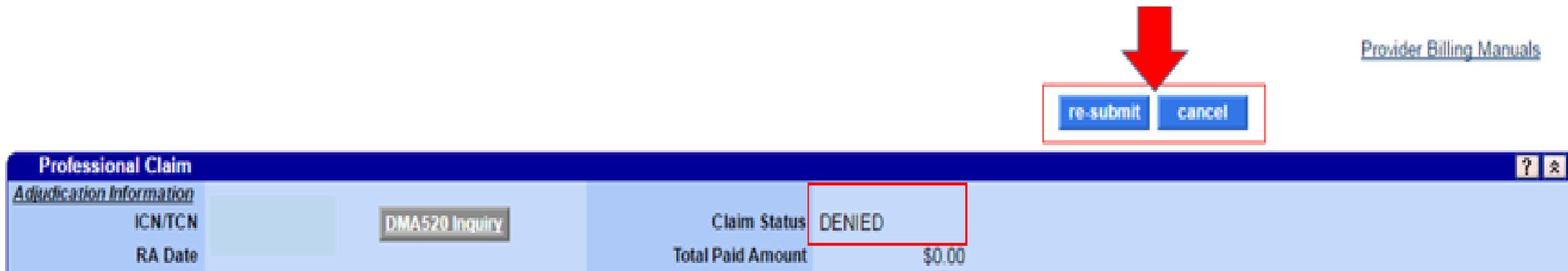
Release of Information*

Related Causes Code 1

Web Portal Claim Adjustment Basics

Denied Claim

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



The screenshot shows a web interface for a denied claim. At the top right, there is a link for [Provider Billing Manuals](#). Below this, a red arrow points down to a box containing two buttons: "re-submit" and "cancel". The main interface is a blue header with the text "Professional Claim" and a help icon. Below the header, there is a section for "Adjudication Information" with fields for "ICN/TCN" and "RA Date". A "DMA520 Inquiry" button is located to the right of the "ICN/TCN" field. The "Claim Status" is displayed as "DENIED" in a red box, and the "Total Paid Amount" is "\$0.00".

Suspended Claim

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



The following messages were generated:

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

Paid Claim with the **Adjust** Option

- If paid, the adjust, void, copy claim and cancel buttons appear. (If the paid claim has already been adjusted, the void and adjust buttons are no longer available) This claim can be adjusted within 90days of it's 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			
<u>Adjudication Information</u>			
ICN/TCN	DMA520 Inquiry	Claim Status	PAID
RA Date		Total Paid Amount	

Claims History Search



Home | Contact | Search for claims. Rendering Providers and their representatives can also void and adjust claims while viewing the claim. | Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD

Account | Provider | e Activations | Health Check | Prior Authorization | Reports | Trade Files

Home Search (Void, Adjust) Search (Void, Adjust) Claims New Professional Claim

GAMMIS:Claims <- Bookmarks information about bookmarks

User Information - Provider ?

Claims History Search

- 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

Claim Search
Top ?

ICN/TCN

Member ID

Rendering Provider ID [Search]

Claim Type

From/Thru DOS

RA Date

★

Status

Records

D - DENIED

P - PAID

Q - QLTY CNTL

R - RESUBMIT

X - SUPER-SUSPEND

S - SUSPENDED

English | Español | Accessibility

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Search Results (13 rows returned)									
ICN	TCN	Member ID	From DOS	To DOS	Claim Type	Status	RA Date	Amount Billed	Paid
4009	3090	111	01/05/2009	01/05/2009	PROFESSIONAL CLAIMS	PAID	01/12/2009	\$67.97	\$40.70
4009	2090	111	01/07/2009	01/07/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/19/2009	\$66.81	\$48.20
4009	2090	111	01/09/2009	01/09/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/02/2009	\$80.00	\$0.00
4009	2090	111	01/12/2009	01/12/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/26/2009	\$67.97	\$40.70
4009	2090	111	01/12/2009	01/12/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/26/2009	\$102.93	\$62.71
4009	8090	111	01/12/2009	01/12/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$420.00	\$107.31
4009	2090	111	01/13/2009	01/13/2009	PROFESSIONAL XOVER CLAIMS	PAID	01/26/2009	\$66.81	\$48.20
4009	8090	111	01/14/2009	01/14/2009	PROFESSIONAL XOVER CLAIMS	PAID	04/13/2009	\$102.93	\$0.00
4009	2090	111	01/23/2009	01/23/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/09/2009	\$102.93	\$59.71
4009	2090	111	01/27/2009	01/27/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$105.93	\$0.00
4009	8090	111	01/27/2009	01/27/2009	PROFESSIONAL XOVER CLAIMS	PAID	04/13/2009	\$79.61	\$6.59
4009	2090	111	01/28/2009	01/28/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$144.01	\$85.12
4009	2090	111	01/29/2009	01/29/2009	PROFESSIONAL XOVER CLAIMS	PAID	02/23/2009	\$102.93	\$0.00

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



Internal Control 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
Claim Type	Year and Day	Internal Use Only	

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

Region Code Descriptions

Region Code	Description	Use
20	EDI claims, no attachments	EDI claims that do not include attachments.
21	EDI claims with attachments	EDI claims that do include attachments.
22	Web Portal claim, no attachments	Claims submitted through the Web Portal that do not include attachments.
23	Web Portal claims with attachments	Claims submitted through the Web Portal that do include attachments.

Timely Filing Rules

For most providers, timely filing is six months from the month the service (MOS) 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 claim – Within 12 months of MOS

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

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 **Secure Home** Demographic Maintenance Direct Exchange Addresses Provider Rates Bed Registry Procedure Search EOB Search
 MAPiR Registration Recredential/Revalidation Patient Profile Change of Information
 ★ GAMMIS-Secure Home ← Bookmarkable Link ★ Click here for help and information about bookmarks

(click to hide) Alert Message posted 2/20/2017

New CMO Announcement

Beginning July 1, 2017, the Georgia Families® program will provide members a choice of four Care Management Organizations (CMOs): Amerigroup, CareSource, Peach State Health Plan, and WellCare. Members must select one of the four CMOs during the upcoming Open Enrollment period which will take place from March 1, 2017 through March 31, 2017. Members are strongly encouraged to select one of the four CMOs in order to avoid being automatically assigned to a CMO. Members can visit www.georgia-families.com or call [888-423-6765](tel:888-423-6765) to speak to a representative who can give them information about the four CMOs and health care providers. Providers can learn more about contracting with the four CMOs by calling the CMOs at the toll-free numbers listed below.

Amerigroup will continue to provide services to foster care, adoption assistance, and select juvenile justice members enrolled in the Georgia Families 360° program.



[800-248-0442](tel:800-248-0442)



[888-901-0014](tel:888-901-0014)



[888-874-0652](tel:888-874-0652)



[888-251-1321](tel:888-251-1321)

Messages

Category	Subject	Sent Date	Effective Date	End Date	Remove
PROVIDER ALERT	Upcoming Changes to Member Eligibility Inquiries	06/01/2017	06/01/2017	12/31/2017	<input type="checkbox"/>
PROVIDER ALERT	Autism Screenings - CPT 98110 EP UA	06/01/2017	06/01/2017	06/01/2019	<input type="checkbox"/>
PROVIDER ALERT	Georgia Families Pharmacy Quick Reference Guide	06/01/2017	06/01/2017	06/01/2019	<input type="checkbox"/>
PROVIDER ALERT	Physician and MD-Level Workshops in August 2017	07/26/2017	07/26/2017	08/30/2017	<input type="checkbox"/>
PROVIDER ALERT	Centralized PA Process Inbox to be shut down 8/1/2	07/26/2017	07/26/2017	07/26/2018	<input type="checkbox"/>
INTRODUCTION	Centralized PA Process Inbox to be shut down 8/1/2	07/26/2017	07/26/2017	07/26/2018	<input type="checkbox"/>
PROVIDER ALERT	Ending of 45 Day Prior Authorization Period	07/26/2017	07/26/2017	07/26/2019	<input type="checkbox"/>
PROVIDER ALERT	Geared/Lanternville Meaningful Use Workshop	07/20/2017	07/20/2017	08/24/2017	<input type="checkbox"/>
PROVIDER ALERT	Hyaluronan Derivatives Products T-Change of Covers	07/20/2017	07/20/2017	07/20/2019	<input type="checkbox"/>
PROVIDER ALERT	OME Case Details June 9, 2017-June 22, 2017	07/06/2017	07/06/2017	08/13/2017	<input type="checkbox"/>

Policy Information and Updates

(continued)

- Another way to access the most up-to-date policy information is by accessing the current program-specific policy manual.
- Manuals are located under the Provider Information tab on the home page of GAMMIS. It is not necessary to log into the secure area of GAMMIS to view this information.
- Additional Information and alerts are posted under provider messages.

Provider Information and Provider Manuals

(continued)



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 | Trade Files

Home | Provider Notices | **Provider Manuals** | Provider Messages | Forms for Providers | Reports for Public Access | FAQ for Providers

Web Portal Training | Provider Education

★ GAMMIS: Provider Messages <- Bookmarkable Link

User Information - Provider Information

Banner Messages

This page provides easy access to public banner messages.

Messages Search Panel

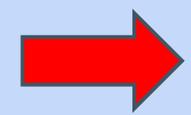
Keyword

Year

Provider Type

Records 20

search clear



Policy Information and Provider Manuals

(continued)

Georgia Pediatric Program (GAPP) In-home Nursing	PDF	CURRENT POLICY MANUALS	1774.3	07/01/2017
Home Health Services	PDF	CURRENT POLICY MANUALS	777	07/01/2017
Hospice Services	PDF	CURRENT POLICY MANUALS	807.6	07/01/2017
Hospital Presumptive Eligibility Program	PDF	CURRENT POLICY MANUALS	18789.5	07/01/2017
Hospital Services	PDF	CURRENT POLICY MANUALS	4844.3	07/01/2017
Independent Care Waiver Services	PDF	CURRENT POLICY MANUALS	3238.8	07/01/2017
Independent Care Waiver Services - Alternative Living Services	PDF	CURRENT POLICY MANUALS	2113	07/01/2017
Independent Laboratory Services	PDF	CURRENT POLICY MANUALS	1080.8	07/01/2017
Injectable Drug List for Dialysis	PDF	CURRENT POLICY MANUALS	311	07/01/2017
Interactive Voice Response (IVR) System User's Guide	PDF	ALL CATEGORIES	1015.1	01/24/2012
Katie Beckett Deeming Waiver	PDF	CURRENT POLICY MANUALS	1349.6	07/01/2017
Medicaid Secondary Claims User Guide	PDF	CURRENT POLICY MANUALS	982.1	07/01/2017
MMS Training - PA Frequently Asked Questions	PDF	ALL CATEGORIES	37	10/18/2010
New Options Waiver Program (NOW) - Part III, chapters 1300-3300	PDF	CURRENT POLICY MANUALS	2002.1	07/01/2017

1 2 3 ... Next >

Provider Information and Provider Messages

(continued)

The screenshot shows a web portal navigation menu. The main menu items are: Home | Contact Information | Member Information | **Provider Information** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD. A dropdown menu is open under 'Provider Information', listing: Provider Notices, Provider Manuals, **Provider Messages**, Fee Schedules, Forms for Providers, Reports for Public Access, FAQ for Providers, Web Portal Training, and Provider Education. A red arrow points to 'Provider Messages' in the dropdown. The background shows a 'Banner Messages' section with the text 'This page provides easy access to public banner messages...' and 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

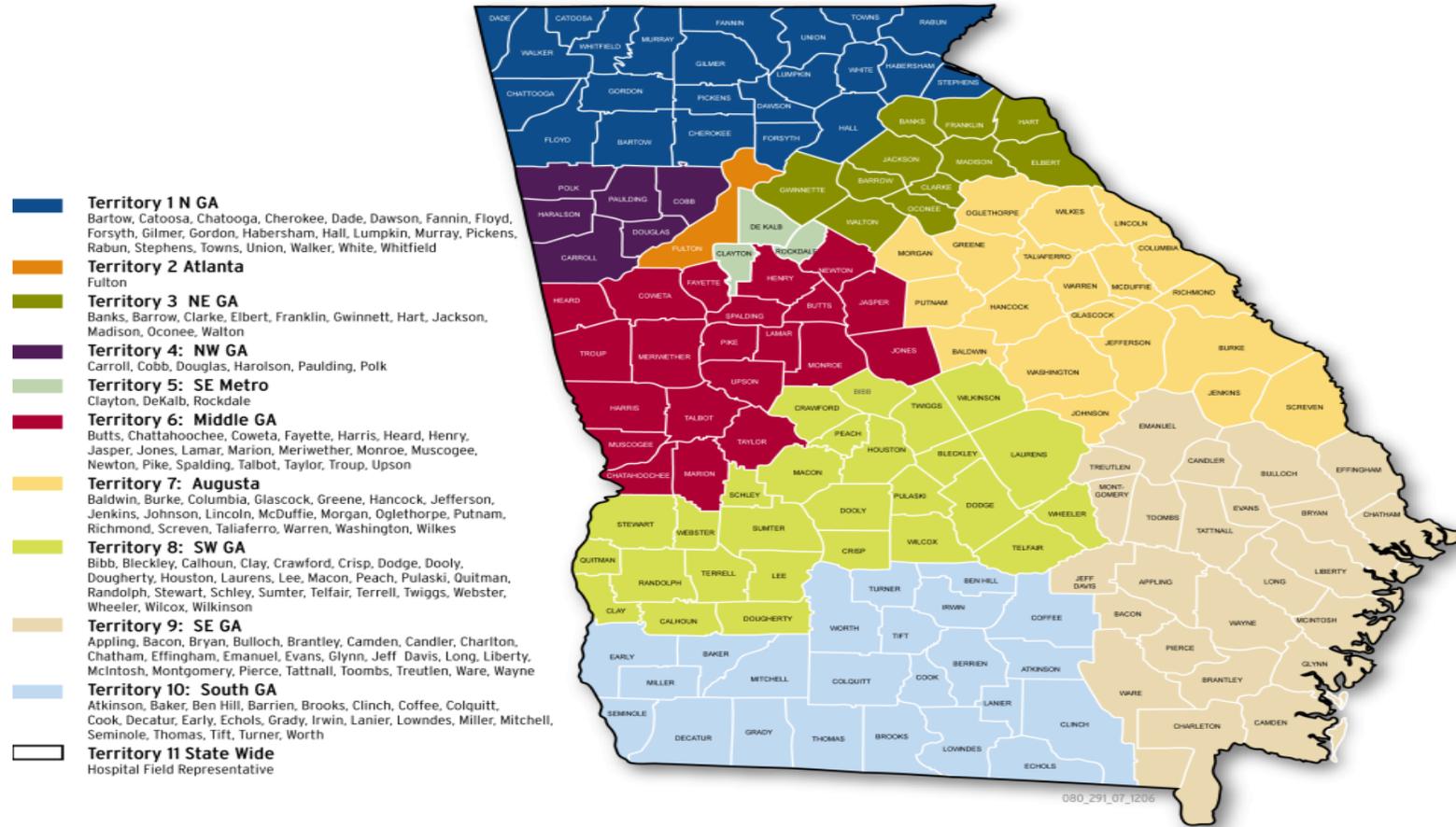


Messages (more than 60 available)

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 96110 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 >

Georgia Field Territories



080_291_07_1206

Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Shamekia Pena
2	Fulton	Adrian Hogan
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Danny Williams
5	SE Metro	Angel Davis
6	Middle Georgia	Sabine Fortune
7	Augusta	Sharonna Strong
8	SW Georgia	Jill McCrary
9	SE Georgia	Tiffany Smith
10	South Georgia	Donna Hendley
North	Hospital Rep	Sherida Banks
South	Hospital Rep	Janey Griffin



Contact my Provider Rep Directly

Login to the MMIS system with your username and password

The screenshot shows a navigation menu with the following items: Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Account | Contact Us | Phone Numbers & Links. A red arrow labeled '1' points to 'Contact Information' in the top row. A second red arrow labeled '2' points to 'Contact Us' in the second row. Below the menu, there is a bookmarkable link for 'GAMMIS: Contact Information' and a help link.

Contact my Provider Rep Directly (continued)

Contact Information ? ✖

How can we help you?

Select an Item* 

Enter Category Details

How do you want to be contacted?

Contact Method* Telephone

Last Name, First Name

Phone Number, Ext

Contact my Provider Rep Directly (continued)

Requests Requiring PHI

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

submit cancel

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

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

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* Contact My Provider Service Rep ▾

Enter Category Details

How can we help you?

How do you want to be contacted?

Contact Method* Telephone ▾

Last Name, First Name

Phone Number, Ext

Contact my Provider Rep Directly (continued)

Contact Information

How can we help you?
Select an Item* Contact My Provider Service Rep ▾

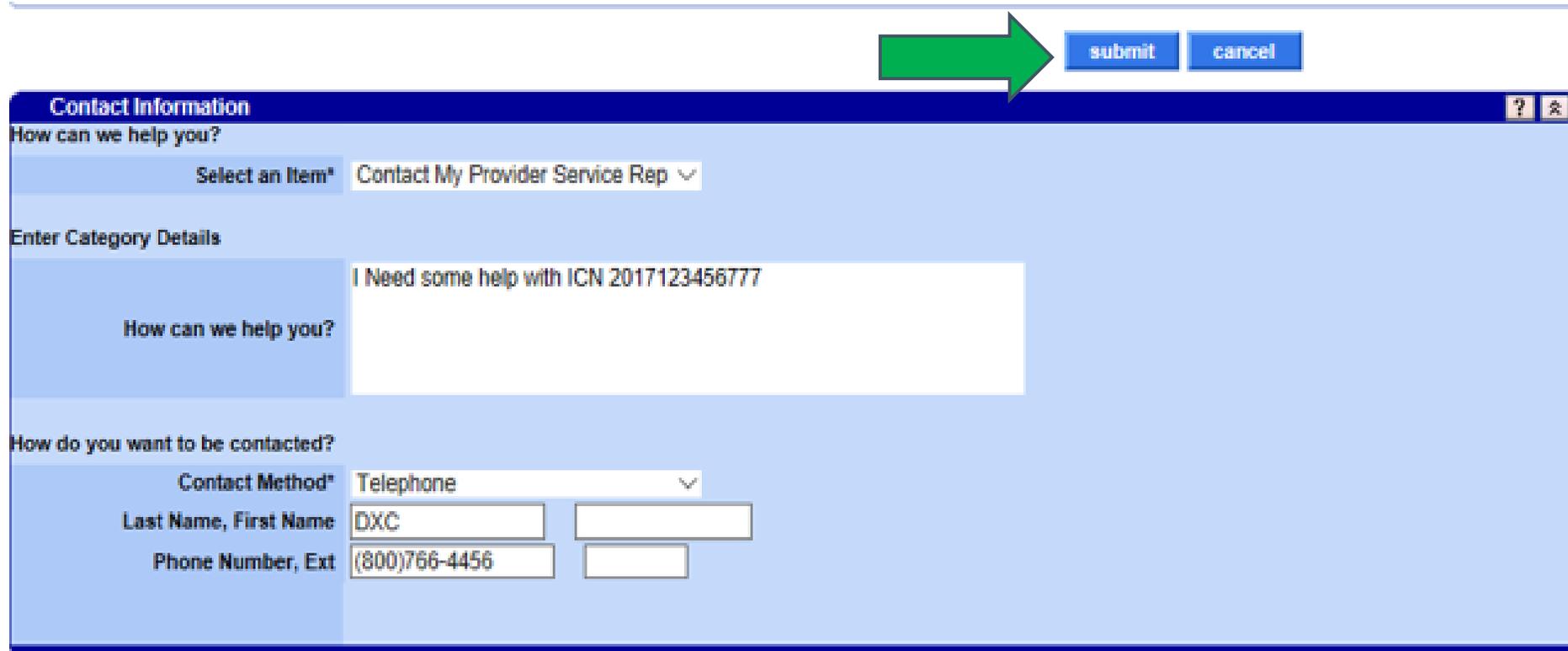
Enter Category Details

How can we help you?

How do you want to be contacted?
Contact Method*
Last Name, First Name
Phone Number, Ext

E-Mail
Fax
Mail
Anonymous/No response needed
Telephone

Contact my Provider Rep Directly (continued)



The screenshot shows a web form titled "Contact Information" with a blue header and a light blue body. A green arrow points from the top right towards the "submit" button. The form contains the following fields:

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

Buttons: "submit" and "cancel" are located at the top right of the form area.

Provider Services Contact Center

PSCC assists providers with inquiries regarding claims status, eligibility coverage, prior authorization, remittance advice, demographic changes, and other Medicaid questions. PSCC is available:

- 800-766-4456
- Monday through Friday (excluding state holidays)
- 7 a.m. to 7 p.m. Eastern Standard Time
- Providers can also use the “Contact Us” link on GAMMIS

Contacting DXC Technology

- Interactive Voice Response System (IVRS)
- Provider Services Contact Center (PSCC)
- Georgia Medicaid Management Information System (GAMMIS)
- Provider Relations Representatives

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.

IVRS Overview

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

Session Review

You should now be able to:

- Verify Georgia Medicaid member eligibility
- Claims Submissions
- Claims History Search
- Claim adjustments
- Timely Filing
- Contact about information concerning Georgia Medicaid
- Identify the DXC Technology Field Services Representative responsible for your Georgia Medicaid territory.

Closing, Questions and Answers