GEORGIA DEPARTMENT
of COMMUNITY HEALTH

Frequently Asked Questions for Providers
Georgia Medicaid's Transition to Paperless Processes
May 1, 2015 – Updated

1. What is the Georgia Medicaid Paperless Initiative? The Georgia Department of Community Health (DCH) and DCH's fiscal agent (partner vendor) Hewlett-Packard Enterprise Services (HPES) have teamed up to transition to a paperless system for Medicaid provider enrollment, claims filing, appeals and reimbursement. The Initiative began in fall 2014 with the rollout of online-only enrollment for providers. As of January 1, 2015, newly enrolled Medicaid providers and institutions must enroll in Electronic Fund Transactions/Direct Deposit with their financial institutions to receive payment. On May 1, 2015, Medicaid will no longer accept paper claims submitted by both institutional and individual providers; claims must be filed online.

2. How do I submit a DMA-520 (Provider Inquiry) and/or DMA-520A (GCMF Provider Inquiry) form electronically? As part of the Medicaid Paperless Initiative all DMA-520 or DMA-520A forms are required to be submitted through GAMMIS (www.mmis.georgia.gov). Any DMA-520 or DMA-520A submitted on paper on or after May 1, 2105, will be destroyed. To learn more, please follow the link below:
https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/NOTICES/DMA%2052 0-520A%20Webinar%2023-09-2014%20233125.pdf.

3. How do I enroll in Electronic Funds Transfer (EFT)? To enroll in EFT go to www.mmis.georgia.gov; under the Provider Enrollment tab select the EFT Agreement from the drop down box. Once in the EFT panel, the instructions will walk you through the steps to enroll. Remember to submit a copy of the EFT agreement along with a voided check or bank letter via facsimile to (866) 483-1045 to the attention of HP Enterprise Services, Attn: Provider Enrollment (PE) Department.

4. How do I access my Remittance Advice (RA)? You will need to retrieve your Remittance Advices via the web portal at www.mmis.georgia.gov; at the Login/Manage Account, click the Login button. After logging in, please select web portal and double click. Log in using your Payee ID to see the remittance advice for all your Providers associated with the Payee ID. If you are using a Rendering Provider Medicaid ID login, you will only be able to access the Rendering Provider's information. You also will not get the complete Remittance Advice Summary page. Once into the web portal, please select the Tab marked "Reports," then select the tab marked "Financial" and then the "Remittance Advice" tab. Insert dates for Remit and click search.

5. I'm a health care provider/facility and I want to begin seeing Medicaid members. How do I enroll in Georgia Medicaid? To enroll in the Georgia Medicaid program, visit www.mmis.georgia.gov; choose the Provider Enrollment tab; select the Enrollment Wizard; scroll down to the bottom of the page and select Provider Enrollment Application. You now have the option to select a "New Application" or "Continue an Application" in progress. If you are enrolling a health care facility, select Application Type "Facility". Then, follow the instructions to complete and submit the application. Please have all required documentation ready for upload to the web portal upon submission of the completed application.

6. How do I submit a claim electronically? If you are submitting an inpatient UB-04 or 1500 professional claim and need web submission instructions for filing an electronic claim, please refer to the Georgia Medicaid/PeachCare for Kids® Manual for Provider Billing of the 1500, section 4.7 on the GAMMIS web portal. Log in to the secure website using your username and secure password, select "claim" and "claim type." Claim type options are Professional, Institutional or Dental. Enter data into all mandatory fields. After all required information has been entered, choose "submit" at the top of the claims page.

7. How do I add an attachment to a claim? To add an attachment to a claim, select the "hard copy attachments" panel within the claim. For professional claims, please see Section 4.14.4 or page 67 of the CMS 1500 Billing Manual for complete instructions. For institutional claims, please see section 4.14.4 of the UB04 Billing Manual or page 59. For dental claims, please see section 4.13.4 of the Dental Manual or page 51. Manuals are located in GAMMIS under the "Provider Information" drop down tab, then Provider Manuals. Please note: if incorrect attachment codes are used, the claim will not suspend and will remain in a denied status.

8. What attachments should be submitted with a claim? Explanation of Benefits (EOB), clinical documents; progress notes from the provider (if necessary), DMA-69 Informed Consent for Voluntary Sterilization. Also, refer to the applicable Part II Manual for the service or program that you are enrolled in for any other requirements for attachments.

Please use the following Claim Attachment Indicator codes: **B2**-Prescription; **B3**-Spendown, Physician Order; **B4**-Hospice Referral; **CT**- Member Eligibility Certification, Sterilization/ Hysterectomy Acknowledgement, Death Certificate, Birth Certificate, Abortion Consent Form, Unknown Eligibility Affidavit; **DA**-Dental Models; **DG**- Diagnostic Reports; **DS**- Discharge Summary; **EB**- Medicare EOMB, Third Party Liability (TPL), Remittance Advice; **MT**- Models; **NN**- Nursing Notes; **OZ**- Miscellaneous Other, DPH His3-57; **OB**- Operative Note; **P6**- Periodontal Charts; **PN**- Physician Therapy Notes; **PO**- Prosthetics/ Orthotic Certification; **PZ**- Physical Therapy Certification; **RB**- Radiology Films; **RR**- Radiology Reports

9. What is happening to the P.O. Boxes I send Medicaid claims/forms to?
Under the Medicaid Paperless Processes transition, most P.O boxes are closed as of May 1, 2015. **ALL** claims, appeals, forms, prior authorizations (PA), provider enrollment documents, DMA-520, DMA-520A and all other forms are required to be submitted through the GAMMIS Web Portal. To submit these forms and documents, with a secure log in; please visit www.mmis.georgia.gov.

10. I'm an out of state provider, located further than 50 miles outside Georgia. How do I submit a claim? To submit a claim, out-of-state providers must first be enrolled in the Georgia Medicaid program. To enroll in the Georgia Medicaid program, visit www.mmis.georgia.gov; choose the Provider Enrollment tab .Once the provider is enrolled, claims can then be electronically submitted. See questions 6, 7 and 8 above for more information.