



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Georgia Department of Community Health Telehealth Response to COVID-19



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[https://www.youtube.com/watch?v=X9jXB6ip\\_E](https://www.youtube.com/watch?v=X9jXB6ip_E)



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# DCH Telehealth Response to COVID-19



Rebecca Dugger  
Director of Program & Community Support,  
Department of Community Health



# Mission

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



# Today's Objective

Furnish providers with Georgia telehealth policy guidance updates as it relates to the COVID-19 public health emergency.





# Agenda

- I. Telehealth Overview
- II. Overview of Changes
- III. Service Location
  - a) Originating
  - b) Distance Site
- IV. Billing
- V. Consent
- VI. HIPAA
- VII. Good Faith Modes of Communication
- VIII. Specific Provider Guidance
- IX. Frequently Asked Questions (FAQ)
- X. Wrap Up

# Disclaimer

**The recording of this discussion is a snapshot in time.** Due to the rapidly evolving nature of the emergency, changes may occur with notification to providers through FAQ pages, banner messages, and other published information

- *This presentation reflects temporary policy developed in response to the COVID-19 health emergency. Continued use of telehealth following the end of the emergency state must comply with the Telemedicine Guidance available at [www.mmis.georgia.gov](http://www.mmis.georgia.gov)*

The latest COVID-19 guidance can be found on the Georgia Medicaid website <https://medicaid.georgia.gov/covid-19>



# Telehealth

- The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration
- Technologies include videoconferencing, the internet, store and-forward imaging, streaming media, and landline and wireless communications. Telehealth services may be provided, for example, through audio or video communication technology, including videoconferencing software. For purposes of reimbursement, certain payors, including Medicaid, may impose restrictions on the types of technologies that can be used



# Overview of Telehealth Changes

- Due to COVID-19, DCH is expanding the use of telehealth to increase provider capacity to provide services and limit in-person exposure
- Many commonly held aspects of telehealth are changing, including:
  - Originating Site
  - Distance Sites
  - Billing
  - Consent
  - HIPAA regulations
  - Approved providers
- Coding Guidance (Centers for Medicare & Medicaid Services (CMS), DCH, and Provider Associations)
- **Note**: These provisions are *only* valid through the conclusion of the national state of emergency
- Policy language is drawn from [DCH provider guidance](#), published March 26, 2020





# Service Location: Originating Site

## Policy:

“....allows states broad authority to **waive-limitations** on settings where members are eligible to receive telehealth and where telehealth services can be delivered during the emergency. All members with access to **video or telephone communication** may receive services in their homes to reduce exposure to themselves and others. Under the emergency declaration and waivers, these services may be provided by professionals **regardless of patient location**. The services must meet **established medical necessity criteria relevant** to the procedure or treatment.”

## What this means for you:

- Services can be now rendered via video or telephone, *regardless* of patient location
- Services can be rendered within the member's *home*
- Services *must still be deemed medically necessary*, per pre-set criteria of each procedure or treatment



# Service Delivery: Distance Site

## Policy:

“...providers may deliver **medically necessary services** in various settings including their homes **or other settings in which the privacy and confidentiality of the member can be assured**. Qualified providers should continue to follow **all applicable licensure rules** specific to their profession. Services delivered from distant sites will be billed using the **provider billing address** associated with the enrolled Medicaid practice or facility.”

## What this means for you:

- Medically necessary care can be rendered remotely at the provider's home *or* other secure location
- Provider billing address should be the one associated with the enrolled Medicaid facility – *regardless* of where care is delivered
- Sites may include ambulatory surgical centers, inpatient rehabilitation hospitals, hotels, and dormitories for non-COVID-19 patients



# Billing

## Policy:

“...providers may deliver **medically necessary services** in various settings including their homes **or other settings in which the privacy and confidentiality of the member can be assured**. Qualified providers should continue to follow **all applicable licensure rules** specific to their profession. Services delivered from distant sites will be billed using the **provider billing address** associated with the enrolled Medicaid practice or facility.”

## What this means for you:

- Claims must be billed using the associated procedure code and place of service **code 02** to indicate telehealth delivery
- Use Q3014 facility fee as applicable in addition to all codes and modifiers relevant to the performance of services rendered via telehealth



# Consent

## Policy:

“The patient must initiate the service and provide consent to be treated virtually, and the consent must be documented in the medical record with **date, time, and consenting/responsible party** before initiation of the service.”

## What this means for you:

- Verbal consent is acceptable
- No hard copy consent form is required
- Once received, the consent *must* be notated in the member's file/medical record with date, time, and consenting party (prior to rendering service)



# HIPAA

## Policy:

“...authorize use of telephones that have **audio and video capabilities** for the furnishing of telehealth services... In addition, effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and **waive penalties for HIPAA violations** against health care providers that serve patients in good faith through everyday communications technologies, such as **FaceTime** or **Skype**, during the COVID-19 nationwide public health emergency.”

## What this means for you:

- Services can be rendered via platforms such as FaceTime and/or Skype, *as long as* it is used for two-way, real-time interactive communication
- HIPAA violation penalties are being waived for services rendered in good faith via the aforementioned platforms
- Choose enabling technology platforms as-available from preferred continuum on the next slide

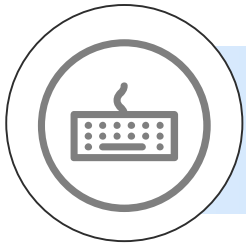




# Good Faith Modes of Communication

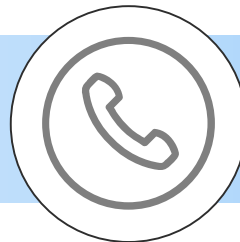
**More static  
communication,  
baseline  
requirement**

**More dynamic  
communication,  
most preferred  
method**



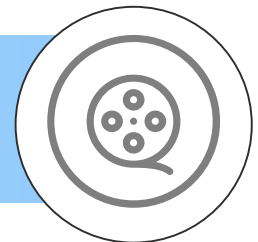
**Written  
Communication**

e.g., Patient portal  
communications,  
iMessage,



**Telephonic**

Audio-only  
communication  
via direct phone  
calls



**Live, Interactive AV**

e.g., FaceTime,  
Skype, Facebook  
Messenger video  
chat, Skype, Google  
Duo



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# Evaluation and Management (E/M) Codes

99201

99202

99203

99204

99205

99212

99213

99214

99215

**Note: 99421-99423 & 98970, 98971 and 98972. (e-visits, digital evaluations and virtual check-ins) ARE NOT INCLUDED**

*All telehealth visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits during the COVID-19 emergency.*

DCH requires that providers must file claims with the POS 02- Telehealth



# Home and Community Based Providers

- Specific Home and Community Based Service (HCBS) providers under the 1915(c) waivers **are now able to** perform services via telehealth during the COVID-19 emergency period
- Codes will remain the same as those contained within members' PAs



# HCBS Telehealth: Approved Services

- Initial and annual assessments
- Level of care determinations
- Case management services
- Nurse supervisory visits
- Assessments for home care admissions

Note: Services must be authorized through a member's plan of care\*



# HCBS Billing Codes for Telehealth

## Elderly and Disabled Waiver (EDWP)

- T2022: Care Coordination Services
- T2022-SE: Enhanced Care Coordination Services

Billing Note:  
Use Place of Service  
code 02 to designate  
telehealth delivery

## Independent Care Waiver Program (ICWP)

- T1016: Case Management, 15 min.
- T1016-U1: Case Management, 15 min.
- T2022: Enhanced Case Management, per month
- T2022-U1: Enhanced Case Management





# Teledentistry

- Combination of telecommunications and dentistry involving the exchange of clinical information and images over remote distances for dental consultation and treatment planning
- The State allows for these services within the current Part II Policies and Procedures Manual for Dental Services



# Teledentistry Billing

- **D9996** is the originating site fee and is used by the dental hygienist when dental information is sent to a licensed dentist for review via telemedicine technology.
- **D9995** is used to bill when there is a synchronous or real-time encounter instead of information that is stored and sent for review.
- **D0140** is for Limited Oral Evaluation-problem focused. Limited to two (2) units per Member per calendar year.

**Place of Service (POS) restrictions have been removed**





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**Thank you for your time and  
attention!**



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# COVID-19: Appendix K Application



Catherine Ivy  
Deputy Executive Director,  
Georgia Department of Community Health

April 9, 2020



# Today's Objective

Furnish providers with details related to Georgia's  
Appendix K Application:

- A) Elderly and Disabled Waiver
- B) Independent Care Waiver Program



# Introduction

- **The recording of this discussion is snapshot in time.**  
Due to the rapidly evolving nature of the emergency, additional information and implementation plans will be provided through FAQ pages, banner messages, and other published information
- The latest COVID-19 guidance, including the Appendix K Application <https://medicaid.georgia.gov/covid-19> can be found on the Georgia Medicaid website at <https://dch.georgia.gov/>





# Agenda

- I. Overview
- II. Appendix K Proposed Changes
- III. Summary of Modified Services
- IV. FAQ
- V. Appendix

# Two Appendix K applications submitted to CMS

## **New Options Waiver Program / Comprehensive Supports Waiver Program**

- Appendix K implementation is being coordinated by DBHDD as the Operating Agency

## **Elderly & Disabled Waiver Program / Independent Care Waiver Program**

- Operationally managed by DCH
- Specific implementation information in this webinar represents the EDWP/ICWP implementation plan



# Purpose

## **Georgia's EDWP/ICWP Appendix K application**

- Attempts to mitigate exposure risk
- Provides alternative service delivery models as required by the emergency
- Preserves the provider network and service delivery system for return to a non-emergency state

## **Appendix K Waiver Amendment**

- Used by a state during emergency situations to request amendment to its approved waiver. It includes actions that states can take to respond to an emergency.

## **Developed for the Waiver Populations:**

- Approximately 26,000 members receive Elderly and Disabled (E&D) waiver services
- The Independent Care Waiver Program (ICWP) currently serves approximately 1,400 waiver participants



# Overview of Appendix K Changes

**Due to COVID-19, effective 3/1/2020, the state proposed to temporarily:**

- Expand setting(s) where services may be provided [K-2.b.iv]
- Allow services to be provided in out of state settings [K-2.b.v]
- Permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver [K-2.c]
- Modify provider qualifications and training requirements [k-2.d.i]
- Modify processes for level of care evaluations or re-evaluations [K-2.e]
- Increase payment rates [K-2.f]
- Modify person-centered service plan development process and individual(s) responsible for person-centered service plan development [K-2.g]
- Allow payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay [K-2.i]
- Include retainer payments to address services delivered in settings closed in response to the health crisis [k-2.j]

**Note:** *These provisions are only valid through the conclusion of the national state of emergency*





# Expanded Service Settings

**Temporarily expand setting(s) where services may be provided (K-2.b.iv):**

**Specific services included in the request:**

- Alternative Living Services
- Out of Home Respite

**What this means for you:**

- Services can be now rendered in new settings:
  - Hotels
  - Shelters
  - Schools
  - Churches
  - Other temporary living situations approved by DCH as a result of the COVID-19 Emergency

**FAQ:**

**Why not Personal Support Service?**

- *Existing policy does not prohibit delivery of PSS in other settings where the member may live temporarily, e.g. other family homes, hotels*

**How would I submit claims?**

- *Just as you would ordinarily*
- *Document the location and reason*



# Provide Services in Out of State Settings

**Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver) [K-2.b.v]:**

**Specific services included in the request:**

- Alternative Living Services
- Out of Home Respite
- Personal support and extended personal support services

**What this means for you:**

- Alternative Living Services and Out of Home Respite may be provided out of state under certain circumstances
- Allows reimbursement of family caregivers as direct service workers that may live out of state

**FAQs:**

***Why were these services selected?***

- *The services represent direct, hands-on care delivery*

***How do I bill those services?***

- *Submit claims as indicated through the plan of care/care path and approved PA*
- *Document service delivery out-of-state*



# Reimbursement of Family Caregivers

**Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver [K-2.c]:**

**Specific services included in the request:**

- Personal Support Services
- Consumer Directed Personal Support Services
- Out of Home Respite

**What this means for you:**

- Family caregivers or legally responsible individuals can be reimbursed for delivering
  - Personal Support Services
  - Personal Support Extended Services
  - Consumer Directed Personal Support Services
  - Out of Home Respite
- Family Caregivers or legally responsible individuals will need to be employed by traditional providers or enrolled through the fiscal intermediary agency

**FAQs:**

**How do bill for use of family caregivers?**

- *Submit claims as indicated through the plan of care/care path and approved PA*
- *Document service delivery*



# Modify Provider Qualifications

Telehealth

**Temporarily modify provider qualifications [k-2.d.i]:**

**Remove or modify training requirements for direct service staff:**

- Newly-hired inexperienced staff will be required to participate in electronic person-centered training
- Family members or others with experience in activities of daily living (ADL) care will be supported as needed by agency supervisory staff

**What this means for you:**

- Certain training requirements may be completed through electronic or telephonic means
- Agency supervisory staff will manage, supervise and train staff using social distancing guidelines

**FAQs:**

**How do I document training:**

- *Document the skill level of the newly hired employee in the personnel file*
- *Document electronic/telephonic training in specific areas indicated through evaluation of staff skill matched to member need*



# Modify Case Management Activities

## Telehealth

### **Temporarily modify processes for level of care evaluations or re-evaluations [K-2.e]**

- Assessments and reassessments can be performed via video conference or telephone

### **Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications [K-2.g]**

- Service plans can be performed via video conference or telephone

### **What this means for you:**

- Level of care evaluations or re-evaluations may be conducted via telehealth
- Case managers will use telephonic or video conferencing for ISP development and editing, instead of face-to-face

### **FAQs:**

#### **What about physician signature?**

- *Assessor documents “Isolation procedures in effect”*

#### **What about member signature?**

- *Assessor/case manager documents member’s consent for use of electronic delivery method and collects a physical signature as soon as safely possible*



# Increase Payment Rates

## Temporarily increase payment rates [k-2.f]:

### E&D and ICWP:

- Financial Management Services
  - temporary increase to \$95.00 per

### ICWP only:

- Hourly Nursing Services – LPN only
  - Temporary increase to \$10/unit

## What this means for you:

- For ICWP only:
  - Increases rate for hourly nursing services delivered by licensed practical nurses (LPN) from \$8.75 / 15-minute unit to **\$10.00 / 15-minute unit**
  - Increases rate for Financial Management Services from \$75.00 per month to \$95.00 per month
- For E&D:
  - Increases rate for Financial Management Services from \$80.00 per month to \$95.00 per month in E&D

## FAQs:

### Why were these two services selected?

- *(ICWP only) Hourly nursing – LPN:*
  - *Unable to deliver this skilled service via telehealth*
- *Financial Management Services:*
  - *Consistent with DBHDD request for the NOW/COMP waivers*



# Payment for Acute Care Hospital Stay

**Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports are not available in that setting [K-2.i]:**

**Specific services included in the request:**

- Personal Support Services (and Extended)
- Consumer Directed Personal Support Services

**What this means for you:**

- If the institution lacks appropriate staffing as a result of the health emergency, services will be allowed in an acute care hospital or other short-term institutional setting for ADL support:
- Services must be delivered consistent with the plan of care and existing prior authorization (PA) requirements

**FAQs:**

**How do I bill for this?**

- *Submit claims consistent with the care plan and document the setting*

**Will my claim deny?**

- *The claim edit that would normally deny is being disarmed*



# Retainer Payments

**Temporarily include retainer payments to address emergency related issues [k-2.j]:**

**Personal Support Services** (extended and consumer-directed) if the aide is unable to deliver service due to illness, quarantine, or family request

**Adult Day Health Care** while the setting must be closed for isolation purposes

**Alternative Living Services** if the provider is not serving the member either in the home or in an acute care setting

## What this means for you:

The retainer payment can be billed if:

- The provider is unable to substitute a different service to meet the member's need, e.g. ADH to PSS
- *The provider is not able to use a different staff person such as a family caregiver*

## FAQs:

### How do I bill?

- *Retainer payment will be authorized at the level, duration, and amount as outlined in the prior authorization*
- *Bill the service as if it was delivered and document daily the reason for the retainer reimbursement*





# Services to be Added/Modified

## Telehealth

- **Adult Day Health (ADH):**
  - ADH Services may be delivered *via telehealth* as appropriate to service delivery model standards and at the choice of the member.
- **Case Management / Enhanced Case Management:**
  - Case Manager uses the *telehealth* model for all contact with the member
  - Case management nurses use the *telehealth* model for assessments, reassessments and all contact with the member
- **Skilled Nursing Services – RN:**
  - Nursing assessments, reassessments, supervision and contact with members may be delivered *via telehealth* as clinically appropriate by practice acts, state and federal policy.
- **Skilled Nursing Services Hourly – LPN (ICWP only):**
  - Rate increase



# General FAQs

- *How long will the Appendix K emergency measures be in place?*
  - DCH submitted for a full year of emergency operations but DCH will withdraw the Appendix K when systems, services, and the ability to travel freely has been resolved.
- *Who do I contact if I have questions not answered today?*

DCH has established a dedicated e-mail box for all providers:  
[Medicaid.PCKCOVID19@dch.ga.gov](mailto:Medicaid.PCKCOVID19@dch.ga.gov)
- *Are all of these changes in effect now?*
  - *System changes are underway: K-2.f and K-2.i*
    - *Personal care service delivery in hospital: claim edit change*
    - *Temporary rate increases for two services: system rate change*



# Transition Plan

## Description of Transition Plan:

The proposed changes outlined in Appendix K for the Elderly and Disabled and the ICWP waiver programs represent **temporary policy allowances** and **retainer payments**. Though this request represents a **full year** of emergency operations, Georgia intends to **withdraw the Appendix K when systems, services, and the ability to travel freely has been resolved**. At the conclusion of the state of emergency, pre-emergency service plans will be re-implemented unless the member has experienced a change in condition or circumstance that requires reassessment and development of an edited service plan. An increase for one service rate in the ICWP program is included in this application to protect the most vulnerable members of the population: those with significant medical needs who require hourly nursing services. In utilizing retainer payments, it is the hope of the Department of Community Health that service capacity will be maintained through the emergency response for the choice of day services as well as the full array of waiver services. No new services or target populations are being proposed.





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# COVID-19: Eligibility Allowances



Brian Dowd

Deputy Executive Director,  
Georgia Department of Community Health

April 9, 2020



# Today's Objective

Furnish providers with details related to Medicaid eligibility in response to the National State of Health Emergency

# Eligibility Allowances During COVID-19 Emergency

- Extended Certification Periods for March, April and May Medicaid renewals across all Medicaid
- Clients statement will be accepted unless questionable for eligibility points at application except for citizenship or alienage status
- Request made to CMS to expand Presumptive Eligibility to include Nursing Facilities, 1915 (c) Home and Community Based Waiver Case Management Agencies, and Hospice Agencies willing to participate



# Eligibility Allowances During COVID-19 Emergency

- Medicaid Terminations suspended during the COVID-19 Emergency except under the following conditions:
  - Moves out of State
  - Requests Closure of their Medicaid case
  - Passes Away
  - Incarceration



# **Georgia Medicaid Procedure Search Panel**

**Anita Hester (DXC)**  
**State-wide Consultant**

DXC Proprietary and Confidential



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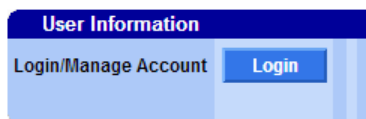
**DXC.technology**



# Logging into the Secure Web Portal

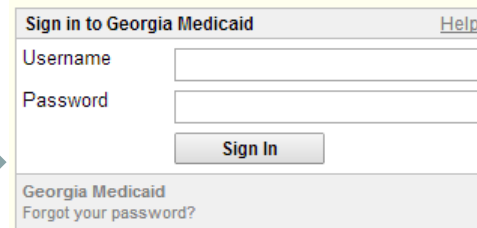
To get started, login to the secure GAMMIS Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

Click the Login button.




A screenshot of a web interface titled "User Information". It contains a link "Login/Manage Account" and a blue "Login" button.

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



A screenshot of the "Sign in to Georgia Medicaid" login form. It includes fields for "Username" and "Password", a "Sign In" button, and a "Forgot your password?" link. A "Help" link is in the top right corner.

2. Click the Web Portal link.



Applications	
Application	Description
<a href="#">MEUPS Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">Web Portal</a>	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.



# Procedure Search Panel

Please ensure you are active in a provider ID account

3. Select **Providers**

4. Select **Procedure Search**



# Procedure Search Panel

(continued)

- 1. Enter the procedure code information you are inquiring about.
- 2. Enter Place of Service; ex: 21, 11, 22, etc.
- 3. Procedure Code Date – Enter the date the services will be rendered.
- 4. This is a brief snapshot of coverage information regarding the requested procedure code. This information does not indicate payment for a procedure code. Please review billing instructions for your specific program area as it relates to billing rules, age, gender and modifiers requirement.
- 5. Prior approval means approval of certain services or procedures performed by a specified provider or group of providers prior to the time the services are rendered.
- 6. Claim Type Definitions:
  - A. INPATIENT CROSSOVER CLAIMS
  - B. PROFESSIONAL CROSSOVER CLAIMS
  - C. OUTPATIENT CROSSOVER CLAIMS
  - D. DENTAL CLAIMS
  - E. INPATIENT CLAIMS
  - F. LONG TERM CARE CLAIMS
  - G. PROFESSIONAL CLAIMS
  - H. OUTPATIENT CLAIMS
  - I. PHARMACY CLAIMS
  - J. COMPOUND DRUG CLAIMS
- 7. Refer to the Enrolled Categories of Service panel below to see the categories of service that the currently logged in provider has been assigned, their effective and end dates, status and status reason.

A	INPATIENT CROSSOVER CLAIMS
B	PROFESSIONAL CROSSOVER CLAIMS
C	OUTPATIENT CROSSOVER CLAIMS
D	DENTAL CLAIMS
E	INPATIENT CLAIMS
F	LONG TERM CARE CLAIMS
G	PROFESSIONAL CLAIMS
H	OUTPATIENT CLAIMS
I	PHARMACY CLAIMS
J	COMPOUND DRUG CLAIMS

Enrolled Categories of Service for

COS	Description	Effective Date	End Date	Status	Status Reason
430	The Physician Services Program provides reimbursement for a broad range of medical services	01/01/2019	12/31/2299	Active	Active

Procedure Search

Procedure Code\*

99212

Procedure Code Date\*

06/05/2019

GO

Place of Service\*

11

[ Search ]

search

clear

Procedure Information

Procedure Code	99212	Description	OFFICE/OUTPATIENT VISIT EST
Gender		PA Required	The PA Required column will indicate whether the service requires either a Precertification or Prior Authorization. The possible values are: N - No PA is not required Y - Yes PA is required X - Yes PA is required Z - Yes Precert is required
Minimum Age			
Maximum Age			



# Procedure Search Panel

(continued)

Enrolled Categories of Service for  ?

COS	Description	Effective Date	End Date	Status	Status Reason
430	The Physician Services Program provides reimbursement for a broad range of medical service	01/01/2011	01/01/2015	Active	Active

Procedure Search ?

Procedure Information ?

Covered Categories of Service (29 rows returned)

COS	Claim Type	Modifiers	Min Age	Max Age	Gender	From	Thru	PA Required
010						01/01/2000	12/31/2299	Z - Yes Precert is required
070						04/01/2003	12/31/2299	N - No PA is not required
080						01/01/2000	12/31/2299	N - No PA is not required
200	C					07/01/2000	12/31/2299	N - No PA is not required
230	B,M	Including 0-4 from 24 25 52 57 AJ FP GT U1				01/01/2006	12/31/2299	N - No PA is not required
270		Including 0-1 from U1 , Including 1-1 from FP				01/01/2013	12/31/2299	N - No PA is not required
430	M	Including 0-4 from 24 25 27 57 58 59 78 79 91 E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA LC LD LM LT RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA , Including 0-1 from 52 AJ FP GT HA TM				01/01/2014	12/31/2299	N - No PA is not required
430	B	Including 0-1 from 52 AJ AQ FP GT HA TM , Including 0-4 from 24 25 27 57 58 59 78 79 91 E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA LC LD LM LT RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA				01/01/2014	12/31/2299	N - No PA is not required



# Procedure Search

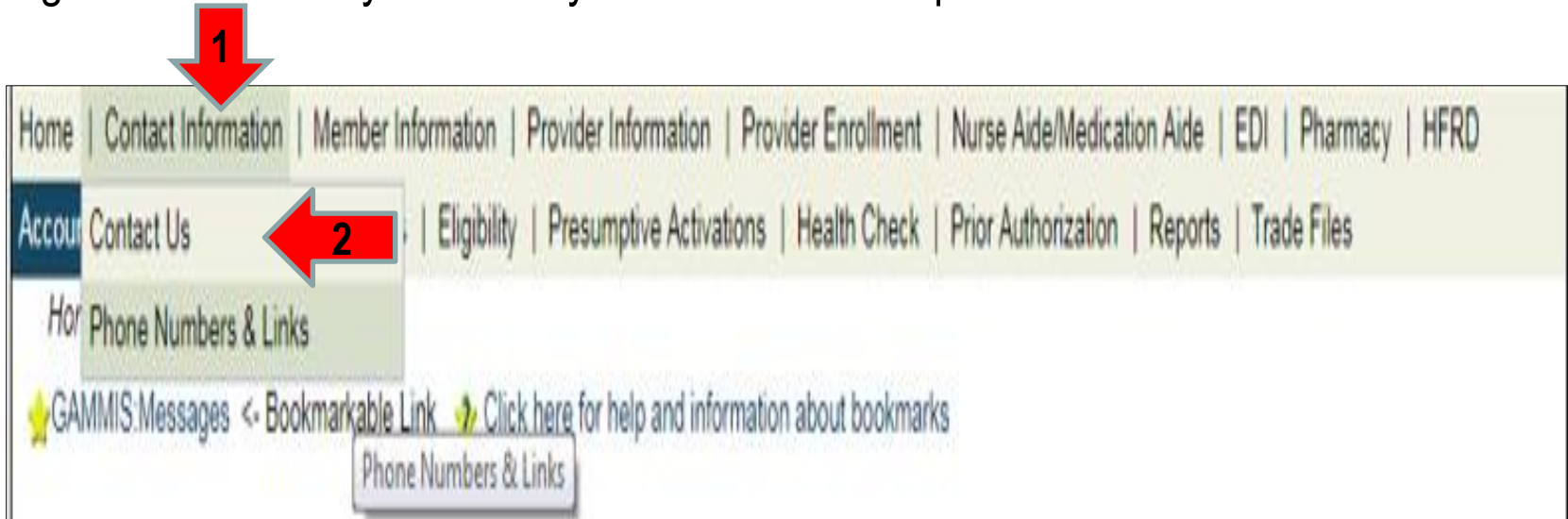
(continued)

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



# Contact My Provider Rep

Login to the MMIS system with your username and password



# Contact My Provider Rep

(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

(continued)

Requests Requiring PHI

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

submit

cancel

?

⌕

Contact Information

How can we help you?

Select an Item\*

Enter Category Details

How do you want to be contacted?

Contact Method\*

Last Name, First Name

Phone Number, Ext

Claim Status Inquiry

Eligibility Inquiry

Contact My Provider Service Rep

Provider Enrollment

Request a Provider Rep Visit

ICD-10 Inquiry

Favors Review Inquiry

MAPIR Inquiry

Web Registration

Member ID Cards

Member PCP Assignments

Customer Service

Complaint about a Provider

Complaint about a Member

Other Complaint

Having a Technical Problem

Other

EDI Submission Problem

Provider PIN Issue

top of page

OR

Click Here

top of page

The logo of the Georgia Department of Community Health, featuring a stylized blue circular design with concentric arcs.

GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

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# Contact My Provider Rep

(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

(continued)

submitcancel

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\*E-MailFaxMailAnonymous/No response neededTelephone


Last Name, First Name

Phone Number, Ext



# Contact my Provider Rep

(continued)



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?

I Need some help with ICN 2017123456777

How do you want to be contacted?

Contact Method\*

Telephone

Last Name, First Name

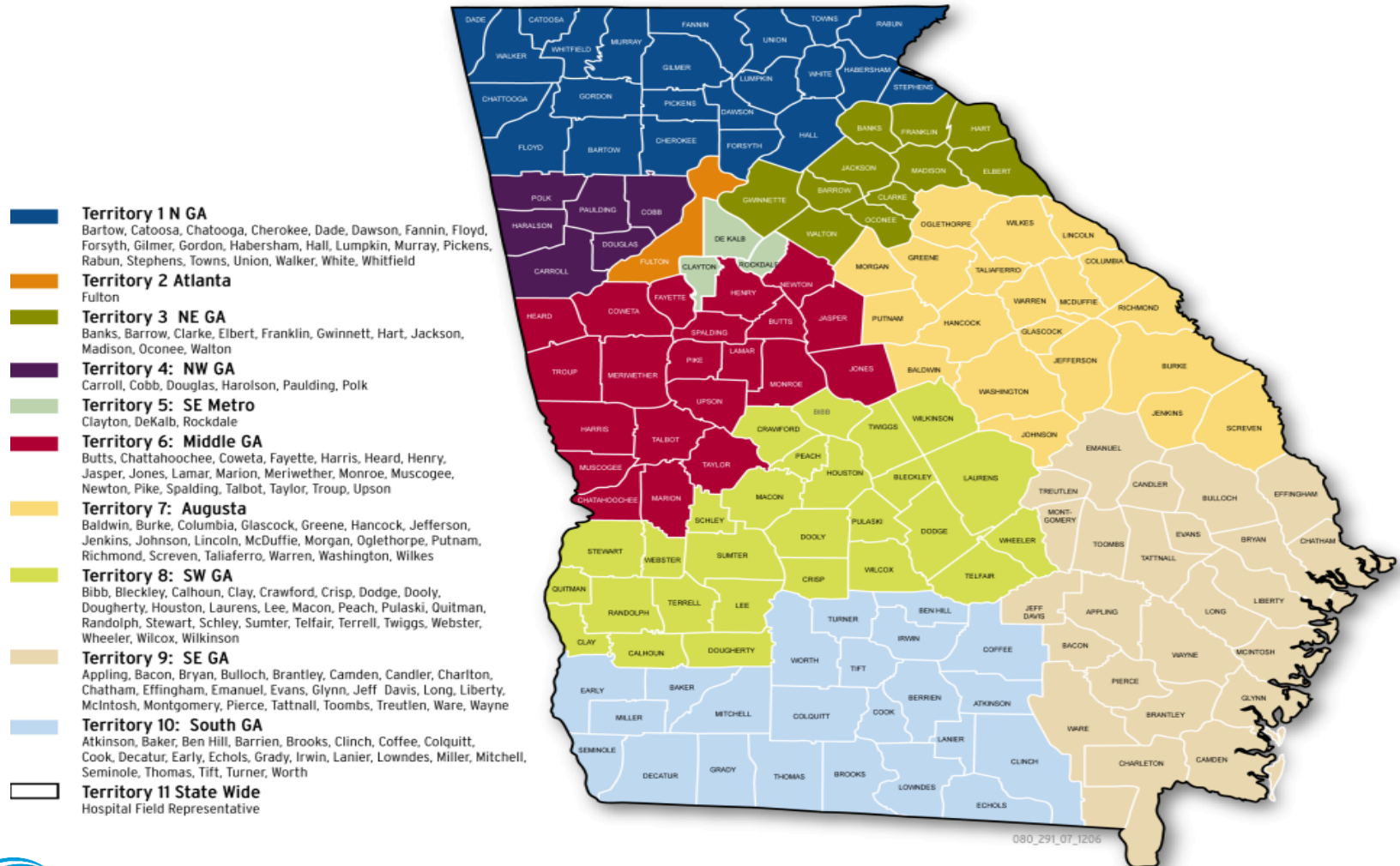
DXC

Phone Number, Ext

(800)766-4456



# Georgia Field Territories



# 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 Representatives

## State-Wide Consultants

**Brenda Hulette**

**Sharée C. Daniels**

**Anita Hester**



# 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



# Additional Questions

***Please use the dedicated e-mail address shown below and  
include the topic in the subject line:  
Telehealth, Waiver, Financial, CMO, etc.***

**[Medicaid.PCKCOVID19@dch.ga.gov](mailto:Medicaid.PCKCOVID19@dch.ga.gov)**





# Contact

- If you have further questions that need a more personalized explanation, please send questions or comments to:
  - [Medicaid.PCKCOVID19@dch.ga.gov](mailto:Medicaid.PCKCOVID19@dch.ga.gov)
- For questions specifically related to the waiver of the originating site requirement, please contact the **DXC Technology Provider Contact Center** at 1-800-766-4456 and/or your assigned Provider DXC Representative





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**Thank you for your time and  
attention!**