



## Georgia Medicaid Group/Billing Enrollment Requirement – Client Overview

Effective July 1, 2025, GA Medicaid introduced a new formal group/billing enrollment requirement for all billing providers to complete. This enrollment links rendering providers (individual NPIs) to a centralized billing group NPI. While this may sound like the structure of your current payee ID/account, please know that it is different; the current payee ID/account does not have an affiliated NPI associated with it. Failure to complete this process by the deadline, January 1, 2026, will result in claim denials.

### What is Group/Billing Enrollment?

Group/Billing Enrollment is a required process through the GAMMIS portal that establishes a billing entity (group NPI) and formally affiliates individual rendering providers to that group. Even if your group is already set up as a payee in the system, you must complete this new enrollment for claims to be accepted after January 1, 2026.

### Who Needs to Take Action?

Any organization that submits Medicaid professional claims under a group or billing NPI must complete this new enrollment. This includes provider groups that currently receive payment under a payee ID but have not submitted a Group/Billing application through the new process.

### What Does the Application Involve?

- In GAMMIS, navigate to 'Enrollment Wizard' under the 'Provider Enrollment' section.
- Select 'Group/Billing' under the Enrollment Type.
- Provide group-level demographic and ownership information.
- Add rendering provider Medicaid IDs.
  - If more than 30 providers need to be affiliated, you may opt to check the box to authorize automatic affiliations based on recent remittance data.

**⚠ Caution:** *The auto-affiliation may not capture all active providers. Manual review is strongly recommended post-approval. It may be advisable to manually enter each ID during the application process.*

### What If I Have Multiple Billing NPIs Under One Payee ID?

Each billing NPI will need a separate group billing enrollment. If you have multiple billing NPIs but only one payee ID, you can connect that payee ID to multiple group/billing enrollments. However, you cannot associate one billing NPI with multiple group/billing enrollments. Billing NPIs can only be used for one application; payee IDs can be used for multiple applications.

### Required Documents

You'll be asked to upload the below documents at the end of the application.

- Current Business License
- GA Secretary of State Certificate of Existence

### Hospital Authorities

Hospital authorities are not required to obtain a Secretary of State Certificate of Existence. In lieu of the SOS COE document, we've had success creating/uploading a letter on company letterhead explaining that the SOS COE is not a requirement.

*NOTE: I've provided an example letter that you may copy/paste on your company letterhead that you may use for your enrollment application.*



### **What Happens After Enrollment?**

Georgia Medicaid has not released detailed guidance on processing timelines, linkage confirmation, or claim routing behavior once group enrollment is active. Providers should monitor their GAMMIS portal for application status updates and ensure affiliations are reflected correctly prior to 2026.

*\*SHP processed one application prior to creating this guide; it took approximately 2 weeks for the application to complete.*

### **What Happens If You Don't Enroll?**

Claims submitted after January 1, 2026, without a valid group enrollment and provider affiliations will be rejected. This will result in payment delays, administrative burdens, and back-end corrections across your revenue cycle.

### **Need Help?**

If you are not contracted for our Provider Enrollment services, please contact Gainwell Technologies Provider Services at (800) 766-4456 or visit the Enrollment section of the GAMMIS portal at [mmis.georgia.gov](https://mmis.georgia.gov).



\*NOTE – Copy/paste the below text on company letterhead. Update the information within the defined brackets, ensure it's signed by the authorized official, and upload as a pdf in place of the "certificate of existence" required document. \*

[Date]

RE: Medicaid Secretary of State Explanation

To Whom it May Concern:

Please accept this as a formal notification that [enter legal 'Hospital Authority' business name] TIN [XX-XXXXXXX] is a government owned entity. Pursuant to Georgia Code Title 31, Chapter 7, Article 4, hospital authorities are established under the Health Code and are not subject to corporate registration under Title 14. Therefore, a Certificate of Existence from the Secretary of State is not available or required.

Should you need additional information, please contact [enter contact name, phone number and/or email address].

Thank You,

[Authorized official name]

*[Authorized official title]*

*[Legal business name]*

# **Group/Billing Provider Enrollment/Claims Processing**

## **Frequently Asked Questions (FAQs)**

### **1. Why is Georgia Medicaid enrolling Group/Billing Providers?**

CMS<sup>1</sup> requires the billing provider's NPI to be captured on the claim. Currently in Georgia, when the rendering provider enrolls, only some Payee information is collected, such as the Tax ID. The Payee's NPI is not collected during a rendering provider's enrollment. By enrolling Group/Billing Providers, the billing provider's NPI will be collected and rendering providers will be affiliated to their Group/Billing providers.

### **2. Who needs to enroll as a Group/Billing Provider? Is it Optional?**

It is NOT optional for Providers that:

- I. Submit professional claims
- II. Are part of a clinic or group practice
- III. Submit claims where the Rendering Provider NPI is different than the Billing Provider NPI

The claim must be submitted with a Billing Provider's NPI that is enrolled in Georgia Medicaid.

### **3. Do DBHDD Facility Providers need to enroll a group?**

No. DBHDD Facility Providers do NOT need to enroll a group.

### **4. If a group has multiple service locations, do they need to enroll each one separately?**

Yes. A Group/Billing provider Medicaid ID must be enrolled for each service location address.

### **5. What if my group has multiple types and/or specialties? Do I need to enroll each Group/Billing Provider Type/Specialty?**

**NO:** If all the types/specialties have the same Payee and same Billing NPI, enroll the group under ONE Medicaid ID and choose the highest level (i.e., Physician) Group Type and Specialty when enrolling.

**YES:** If each type/specialty **has their own** Payee and/or Billing NPI, enroll each type/specialty.

### **6. May a Rendering Provider be affiliated to more than one Group/Billing provider?**

Yes. A rendering provider may be affiliated with multiple Group/Billing Providers. The claim will be submitted with the appropriate Group/Billing provider's NPI to reflect the correct Payee and service location address.

### **7. Will Group/Billing Providers need to revalidate?**

Yes. Group/Billing providers will need to revalidate.

---

<sup>1</sup> Per CMS, 42 CFR § 431.107 Required provider agreement Section (5)(ii) states: Include its NPI on all claims submitted under the Medicaid program.

**8. Will a Rendering Provider automatically be removed from a group when they terminate their participation in Medicaid?**

No. The Group/Billing providers will need to end-date the affiliation to the terminated provider.

**9. Are any accommodations being made for large groups that have hundreds of rendering providers?**

Yes. Within the Group/Billing enrollment application, on the Group Affiliation panel, there will be an option to request auto-affiliation. The Group/Billing provider confirms they are a large entity.

Instead of entering their members manually, the group authorizes the system to auto-affiliate their members/individual providers based upon payee and recent claims activity.

**10. What happens if the Billing Provider ID is enrolled, but not selected or indicated when billing a claim?**

Georgia Medicaid will pay the based claim on the Rendering Provider ID, Tax ID and Payee information.

**11. When will claims start to deny?**

Once the group is enrolled and their billing NPI is specified on the claim, claims will deny if the claim's Rendering provider is NOT affiliated to the group.

On January 1, 2026, the claim will deny if the Billing NPI is not enrolled.

# Georgia MMIS Group/Billing Provider Enrollment

**For access to this presentation, please visit: [www.mmis.georgia.gov](http://www.mmis.georgia.gov) -> Provider Information -> Provider Notices – “Presentation – Group/Billing Provider Enrollment Edition”**

# Agenda

- ☐ Overview
- ☐ Group/Billing Initial Enrollment Application – Steps
- ☐ Group Affiliation Page – Existing Providers – Steps
- ☐ Web Portal Account Administration
- ☐ Group Affiliation Requests Rules and Notification [Emails & Alert]
- ☐ Accessing Web Portal training Guides

Tentative Go Live Date: Tuesday, July 1, 2025

# What's Changing and New

## Today's Logic

- Group/Billing Providers are not enrolled.
- The Payee ID is determined through Rendering Provider ID.



## New GAMMIS Enhancement

- Group/Billing Providers will now be enrolled.
- Billing Provider ID – Your Payee ID will now be determined through Billing Provider.
- Rendering Provider ID may be affiliated to the Group/Billing Provider.



# What's Changing and New

(continued)

## Group/Billing Provider Initial Enrollment

- New Application Type and Provider Types
- A minimum of 2 Individual Providers must be Affiliated within the Group Application
- Payee Required



# What's Changing and New

(continued)

## Individual Practitioner Provider Initial Enrollment

- Able to affiliate to existing Medicaid Group/Billing Providers
- Must either request an Affiliation to a group OR enter Payee information



# Enrollment Enhancements




- Initial Group/Billing Enrollment Application
- Individual Provider Enrollment Application

# Initial Group/Billing Enrollment Application


[www.mmis.georgia.gov](http://www.mmis.georgia.gov)

Let's Get Started






GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH



GAMMIS  
GEORGIA MEDICAID MANAGEMENT INFORMATION SYSTEM



Search

[ Refresh session ] You have approximately 19 minutes until your session will expire. Monday, February 24, 2025

[Home](#) | [Contact Information](#) | [Member Information](#) | [Provider Information](#) | [Provider Enrollment](#) | [Nurse Aide/Medication Aide](#) | [EDI](#) | [Pharmacy](#) | [HFRD](#)

[Home](#) [Publication Search](#) [Site Map](#) [Site Settings](#) [Language Selection](#)

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

User Information ? ^

Login/Manage Account

Login

# Initial Group/Billing Enrollment Application

(continued)

## Initial Group Application

- Provider Enrollment
- Enrollment Wizard
- Scroll Down
- Provider Enrollment Application
- New Application



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 Enrollment Application Status Enrollment Wizard Provider Contract Status Provider Rate Increase Request EFT Agreement

CMO Credentialing Application New Specialty Application NEMT Disclosure of Ownership Enrollment Forms Enrollment Template Manager

**Request Type** ?

☒ Individual Practitioner

☐ Facility

☐ Group / Billing

☐ Pharmacy

☐ Out of State - Individual      Out of State is for Applicants MORE THAN 50 miles from the GA border

☐ Out of State - Facility

☐ Ordering, Prescribing, or Referring (OPR)

☐ Additional Service Location - Individual Practitioner and Facility

☐ CMO Only / Non-Traditional Services - Individual      Non-Medicaid Provider participating with CMO

☐ CMO Only / Non-Traditional Services - Facility      Non-Medicaid Provider participating with CMO

☐ CMO Only / Non-Traditional Services - Additional Service Location - Individual and Facility

**Application Type\***

**Provider Type\***

Do you have delegated credentialing? ☒ No ☐ Yes

Would you like to also submit your application for CMO Credentialing? ☐ No ☒ Yes

# Initial Group/Billing Enrollment Application

(continued)

## Request Type

- Application Type = Group/Billing
- Provider Type (select the appropriate Provider Group type)
- Save and Continue

Group Type Options
Group - Behavioral Health
Group - Chiropractor
Group - Dental
Group - Mid Level
Group - Nutritionist/Dietician
Group - Physician
Group - Podiatrist
Group - Therapist
Group - Vision

# Initial Group/Billing Enrollment Application

(continued)

*Logon to secure site to use enrollment template feature.*

Select a template to populate detail provider data  (Template data will overlay existing data on the panel)

Are you enrolled in Medicare? ☒ No ☐ Yes

Ownership Code\*

Practice Type Code\*

Medicare Effective Date

Business Location

**National Provider Identifier (NPI) & Taxonomy**

Type II (Organization) NPI\*

Taxonomy 1\*  [ Search ] Taxonomy 2  [ Search ]

Taxonomy 3  [ Search ] Taxonomy 4  [ Search ]

**Correspondence**

Please select your preferred method for receiving letters from the Department.

Letter Medium ☒ E-Mail ☐ Paper

**Application Access Code & Contact Information**

Choose an Access Code that will be used to view application information after the application is submitted.  
The Access Code must be a minimum of six(6) characters in length.  
Please MAKE NOTE OF THE CODE. It will not be displayed on the submitted application PDF.

Application Access Code\*

The person who should be contacted regarding this application.

Contact Last Name\*

Contact First, MI\*

Contact Phone, Ext.\*

Contact E-Mail Address\*

Re-Enter E-Mail Address\*

Indicate if you wish to receive E-Mail notifications about this application. The Contact E-Mail Address will be used.

E-Mail Notifications?\* ☐ No ☒ Yes

- Enter Group Legal Business Name and Doing Business as (D/B/A)
- Group Tax ID - save and continue
- **Provider Contract** - save and continue
- **Provider Specialty** - save and continue

## Group Detail (complete all fields with an asterisk\*)

- **NPI\*** - Organization NPI for the Group
- **Taxonomy\*** - Taxonomy for the Group
- Complete all remaining fields with an asterisk\* - save and continue



# Initial Group/Billing Enrollment Application

(continued)

- **Language** - save and continue
- **Special Need** - save and continue





# Initial Group/Billing Enrollment Application

(continued)

what are other  
words for  
affiliated?



connected, related, allied,  
joined, attached, associated,  
linked, federated, incorporated,  
confederated



## Affiliations

- Add a minimum of two active Individual Medicaid Provider ID numbers.

**Note:** By adding providers to your group, you acknowledge that:

1. The provider works under your group.
  2. You understand that all disbursements for services performed by the individual provider will be made directly to your group.
  3. You further understand that these payments will be reported under group Tax ID and not the individual provider.
- Attestation - save and continue

# Initial Group/Billing Enrollment Application

(continued)

## New Group Affiliations - add your individual practitioners

Affiliations

Provider ID

NPI

Provider Name

Provider Address

Attested

A

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

MY GROUP: Add Existing Medicaid Providers to Your Group

Medicaid Provider ID

Provider Name

NPI

Provider Address

[ Search ]

ATTESTATION STATEMENT:

▪ By adding providers to your group, you acknowledge that:

▪ The provider works under your group.

▪ You understand that all disbursements for services performed by the individual provider will be made directly to your group

▪ You further understand that these payments will be reported to the Federal Government under the tax id on your group provider's file and not under the individual provider.

☐ I accept the terms of the Attestation Statement

delete

add

previous

save & continue

exit

# Initial Group/Billing Enrollment Application

(continued)



Group Ownership information (must disclose the owner(s) of their facility or business) – save and continue



Additional Addresses – save and continue



Managing Employee(s) – save and continue



Subcontractor – save and continue

# Initial Group/Billing Enrollment Application

(continued)

## Where did the money go?



### ➤ Payee Information

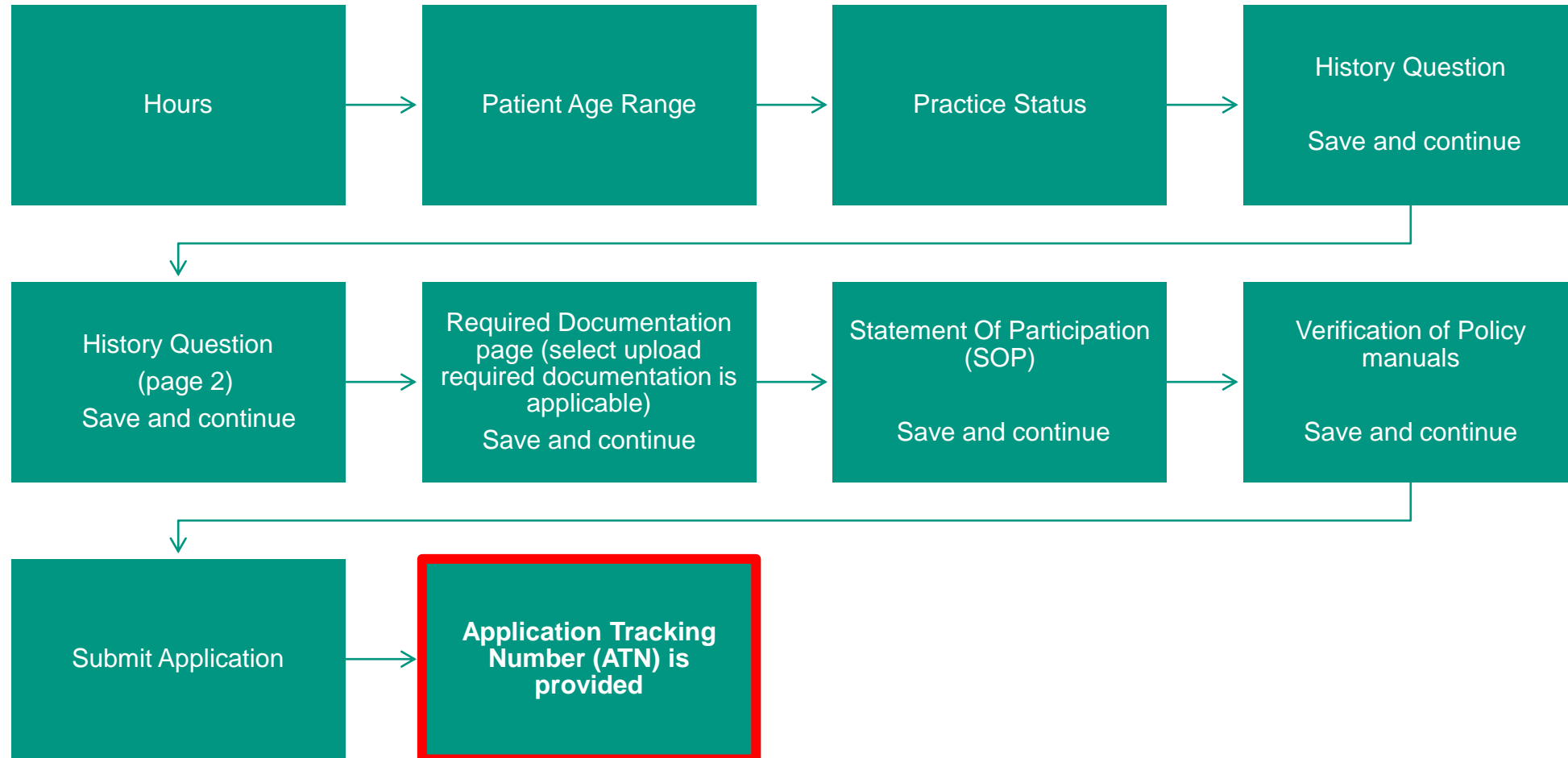
The Payee's Medicaid ID is used for money designation.

In addition, the following may be required.

- W9 - should reflect the address for provider payments and remittance advises.
- 147-C letter or tax coupon will be used to verify the legal name of the business or practice and Tax ID on W-9.
- EFT Agreement contains the Payee routing and account number for payments.
- The Power of Attorney (POA) form should list the enrolling providers name, the legal business or practice name and the Payee ID Number for proper affiliation.
- Bank letter dated within the past 180 days or a voided check.

# Initial Group/Billing Enrollment Application

(continued)



# Initial Individual Provider Enrollment Application

## Initial Provider Application when joining a Group

Key all details of your Initial provider application and once you have made it to the affiliation section:

- Add existing Group/Billing Medicaid ID
- Accept and Attest

**Note:** The Group/Billing provider must be enrolled prior to affiliation.

\*Visual on next slide



# Initial Individual Provider Enrollment Application

Affiliations

Provider ID

NPI

Group Name

Group Address

Attested

A

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

GROUP MEMBERSHIP: Add Individual Provider to Existing Medicaid Groups

Medicaid Provider ID

Group Name

NPI

Group Address

Medicaid Provider ID

Search

Provider ID

Business OR Last Name

search

clear

ATTESTATION STATEMENT:

By adding yourself as a member of a group provider, you acknowledge that:

- You work under the group provider.
- You understand that by enrolling as a group member that all disbursements for services performed by you under the group will be made directly to the group on your behalf.
- You further understand that these payments will be reported to the Federal Government under the tax id on the group provider's file and not under your own.

I accept the terms of the Attestation Statement


delete

add


previous

save & continue

exit

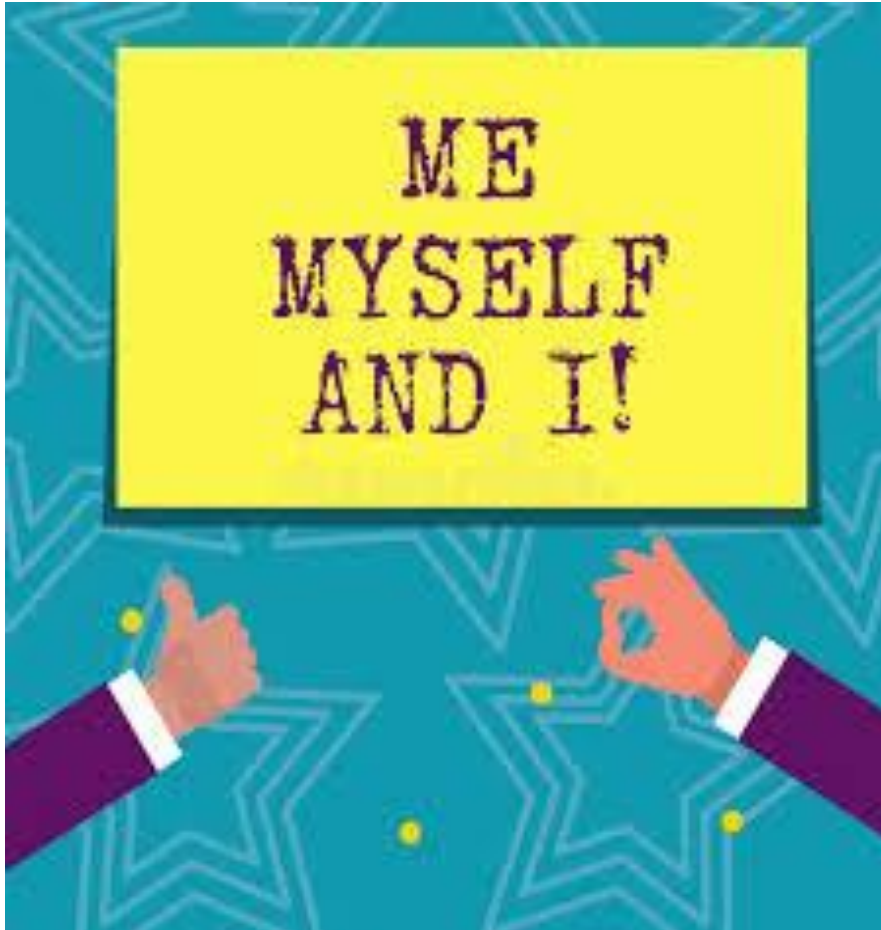
 GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

© Gainwell Technologies Proprietary and Confidential.. The information contained herein is subject to change without notice. 18



# Initial Individual Provider Enrollment Application

(continued)



- **IF there is NO** group affiliation, then payee information is required.
- Save and continue.
- Complete the application and submit any required documentation.

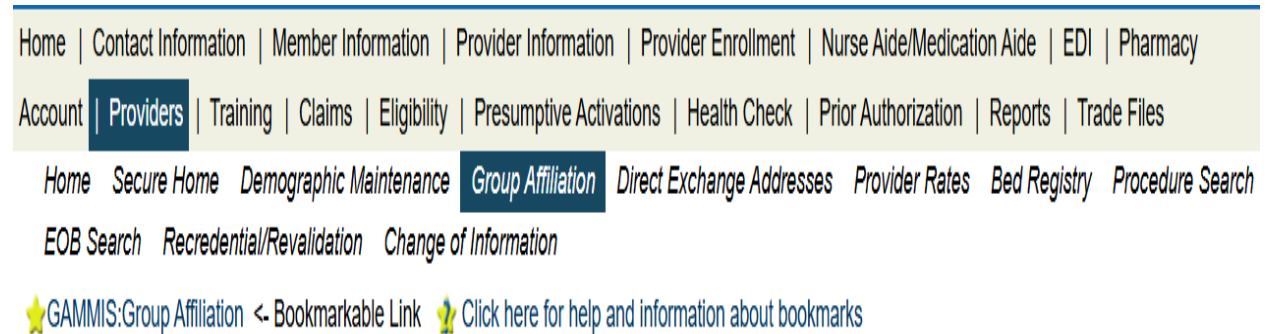


# Maintaining Group Affiliation for Existing Providers

(continued)

## Existing Providers Maintain Their Group Affiliations

- Log into GAMMIS with Billing Agent Account
- Select “Providers”
- Select “Group Affiliation”



# Maintaining Group Affiliation for Existing Providers

(continued)

- Existing Providers Maintain Their Group Affiliations
- Two(2) Sections will display. Which will allow you to view all providers in your group and approve or deny pending request.
- Group Membership (Providers who are already assigned to the Group.)
- Request or Update Group Affiliation



# Maintaining Group Affiliation for Existing Providers

(continued)

User Information: Acting Provider: 007206002A | Billing Agent Account: PRLIVEDUMMY

Group Membership

Provider ID	NPI	Name	Effective Date	End Date
007770115A	1893939391	DEMO GROUP	02/01/2025	12/31/2299

Select row above to update Group Affiliation End Date

Update Group Affiliation End Date

Requests - Group Requests for Provider to be Added to Their Group

Provider ID	NPI	Group Name	Effective Date	Request Status	Request Date	Finalized Date
007770115A	1893939391	DEMO GROUP	02/01/2025	Approved - Auto Approved	02/18/2025	02/18/2025

Select row above to update -or- click add button below to request an affiliation.

Request or Update Group Affiliation

Remove Request: To remove PENDING group affiliation requests, select a row above and click the delete button, then click the save button

Approve or Deny Request: Select a row above to Approve or Deny the group affiliation request. Click the save button to submit the approval/denial

Add Request: To request the provider be added to an existing Medicaid group provider, click the add button, complete the fields, then click the save button

- Group affiliation requests will be processed nightly

Provider ID

NPI

Name

Address

Effective Date

Request Status

Request Date

Finalized Date

[ Search ]

ATTESTATION STATEMENT:

By adding yourself as a member of a group, you acknowledge that:

- You work under the group provider.
- You understand that by enrolling as a group member that all disbursements for services performed by you under the group will be made directly to the group on your behalf.
- You further understand that these payments will be reported to the Federal Government under the tax id on the group provider's file and not under your own.


☐ I accept the terms of the Attestation Statement

delete


add

save

cancel

 **GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**

© Gainwell Technologies Proprietary and Confidential.. The information contained herein is subject to change without notice. 23



# Maintaining Group Affiliation for Existing Providers

(continued)

- Select “Add”
- Enter the Medicaid ID Number, select “Tab” on your keyboard, and enter the effective date.
- Attest
- Save

The screenshot displays the GAMMIS Group Affiliation web application. At the top is a navigation bar with links: Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, Account, Providers (highlighted), Training, Claims, Eligibility, Presumptive Activations, Health Check, Prior Authorization, Reports, and Trade Files. Below this is a secondary navigation bar with links: Home, Secure Home, Demographic Maintenance, Group Affiliation (highlighted), Direct Exchange Addresses, Provider Rates, Bed Registry, Procedure Search, EOB Search, Recredential/Revalidation, and Change of Information. A bookmarkable link and help information are also present.

User Information: Acting Provider: 007770117A | Billing Agent Account: PRLIVEDUMMY

**Group Membership**  
\*\*\* No rows found \*\*\*

Select row above to update Group Affiliation End Date

**Update Group Affiliation End Date**

**Requests - Group Requests for Provider to be Added to Their Group**

Provider ID	NPI	Group Name	Effective Date	Request Status	Request Date	Finalized Date
007770115A	1893939391	DEMO GROUP	02/01/2025	Requested - Request Sent to Provider	02/20/2025	

Select row above to update -or- click add button below to request an affiliation.

**Request or Update Group Affiliation**

- Remove Request: To remove PENDING group affiliation requests, select a row above and click the delete button, then click the save button
- Approve or Deny Request: Select a row above to Approve or Deny the group affiliation request. Click the save button to submit the approval/denial
- Add Request: To request the provider be added to an existing Medicaid group provider, click the add button, complete the fields, then click the save button
  - Group affiliation requests will be processed nightly

Provider ID [ ] [ Search ]

NPI [ ]

Name [ ]

Address [ ]

Effective Date [ ]

Request Status [ v ]

Request Date [ ]

Finalized Date [ ]

**ATTESTATION STATEMENT:**

- By adding yourself as a member of a group, you acknowledge that:
  - You work under the group provider.
  - You understand that by enrolling as a group member that all disbursements for services performed by you under the group will be made directly to the group on your behalf.
  - You further understand that these payments will be reported to the Federal Government under the tax id on the group provider's file and not under your own.

☐ I accept the terms of the Attestation Statement

delete add

# Maintaining Group Affiliation for Existing Providers

(continued)

Once request has been completed, the Provider will be listed under the header.

## Requests- Group Requests for Providers to be Added to the Group.

User Information: Acting Provider: 007770115A | Authorizing Provider: 007770115A | Billing Agent Account: PRLIVEDUMMY

The following messages were generated:  
Group Affiliation Requests successfully updated.

My Group

Provider ID	NPI	Name	Effective Date	End Date
007206002A	1999999992	DEMOLAST, FIRST	02/01/2025	12/31/2299
007770114A	1892334438	MINNIE, DEMO	02/01/2025	12/31/2299
007770113A	1983334438	MOUSE, DEMO	02/01/2025	12/31/2299

Select row above to update Group Affiliation End Date

Update Group Affiliation End Date

Requests - Provider Requests to be Added to Your Group

Provider ID	NPI	Provider Name	Effective Date	Request Status	Request Date	Finalized Date
007770117A	1984334437	MOUSE, TESTING	02/01/2025	Pending - Request FROM Group in Process	02/20/2025	
007770118A	1389999990	TESTING, PETE	02/01/2025	Pending - Request FROM Group in Process	02/20/2025	
007206002A	1999999992	DEMOLAST, FIRST	02/01/2025	Approved - Auto Approved	02/18/2025	02/18/2025
007104210A	1629032297	TEST, PHYSICIAN1	02/14/2025	Requested - Request Sent to Provider	02/14/2025	
007104211A	1548266729	TEST, PHYSICIAN2	02/14/2025	Requested - Request Sent to Provider	02/14/2025	
007770113A	1983334438	MOUSE, DEMO	02/14/2025	Approved - Auto Approved	02/14/2025	02/14/2025
007770114A	1892334438	MINNIE, DEMO	02/14/2025	Approved - Auto Approved	02/14/2025	02/14/2025

Select row above to update -or- click add button below to request an affiliation.

Request Group Affiliation

Remove Request: To remove PENDING group affiliation requests, select a row above and click the delete button, then click the save button

Add Request: To request an existing Medicaid individual provider be added to your group, click the add button, complete the fields, then click the save button

Group affiliation requests will be processed nightly

Provider ID

NPI

Name

Address

Effective Date

Request Status

Request Date

Finalized Date

[ Search ]

ATTESTATION STATEMENT:

By adding providers to your group, you acknowledge that:

The provider works under your group.

You understand that all disbursements for services performed by the individual provider will be made directly to your group.

You further understand that these payments will be reported to the Federal Government under the tax id on your group provider's file and not under the individual provider.

I accept the terms of the Attestation Statement

delete

add

save

cancel

GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

© Gainwell Technologies Proprietary and Confidential.. The information contained herein is subject to change without notice.

25

gainwell

# Maintaining Group Affiliation for Existing Providers

(continued)

## End Date a provider from your group

➤ Select the provider to be “ended dated” and **enter current or future date.**

➤ Save

User Information: Acting Provider: 007770115A | Authorizing Provider: 007770115A | Billing Agent Account: PRLIVEDUMMY

The following messages were generated:  
End Date must be greater than or equal to today - Provider ID: 007770113A

My Group					
Provider ID	NPI	Name	Effective Date	End Date	
007206002A	1999999992	DEMOLAST, FIRST	02/01/2025	12/31/2299	
007770114A	1892334438	MINNIE, DEMO	02/01/2025	12/31/2299	
M 007770113A	1983334438	MOUSE, DEMO	02/01/2025	02/14/2025	

Select row above to update Group Affiliation End Date

Update Group Affiliation End Date

Delink Group Affiliation: Update the End Date to delink/end the group affiliation. The End Date entered may not be in the past.

Provider ID: 007770113A      Name: MOUSE, DEMO  
NPI: 1983334438      Address: TESTING BROWN AVE, COLUMBUS, GA 30303  
Effective Date: 02/01/2025  
End Date\*: 02/19/2025

Requests - Provider Requests to be Added to Your Group						
Provider ID	NPI	Provider Name	Effective Date	Request Status	Request Date	Finalized Date
007206002A	1999999992	DEMOLAST, FIRST	02/01/2025	Approved - Auto Approved	02/18/2025	02/18/2025
007104210A	1629032297	TEST, PHYSICIAN1	02/14/2025	Requested - Request Sent to Provider	02/14/2025	
007104211A	1548266729	TEST, PHYSICIAN2	02/14/2025	Requested - Request Sent to Provider	02/14/2025	
007770113A	1983334438	MOUSE, DEMO	02/14/2025	Approved - Auto Approved	02/14/2025	02/14/2025
007770114A	1892334438	MINNIE, DEMO	02/14/2025	Approved - Auto Approved	02/14/2025	02/14/2025

Select row above to update -or- click add button below to request an affiliation.

Request Group Affiliation

- Remove Request: To remove PENDING group affiliation requests, select a row above and click the delete button, then click the save button
- Add Request: To request an existing Medicaid Individual provider be added to your group, click the add button, complete the fields, then click the save button
  - Group affiliation requests will be processed nightly

Provider ID: [ ] [ Search ]  
NPI: [ ]  
Name: [ ]  
Address: [ ]  
Effective Date: [ ]  
Request Status: [ v ]  
Request Date: [ ]  
Finalized Date: [ ]

ATTESTATION STATEMENT:

- By adding providers to your group, you acknowledge that:
  - The provider works under your group.
  - You understand that all disbursements for services performed by the individual provider will be made directly to your group.
  - You further understand that these payments will be reported to the Federal Government under the tax id on your group provider's file and not under the individual provider.

☐ I accept the terms of the Attestation Statement

delete add



# Disconnecting from the Group Affiliation



## Individual Providers wanting to End Group Affiliation

- Update the End Date to end the group affiliation.
- The End Date entered may not be in the past.

# Maintaining Group Affiliation for Existing Providers

(continued)

User Information: Acting Provider: 007770115A | Authorizing Provider: 007770115A | Billing Agent Account: PRLVEDUMMY

The following messages were generated:

- End Date must be greater than or equal to today - Provider ID: 007770113A

**My Group**

Provider ID	NPI	Provider Name	Effective Date	End Date
007206002A	1999999992	DEMCLAST, FIRST	02/01/2025	12/31/2299
007770114A	198334438	MINNIE, DEMO	02/01/2025	12/31/2299
M 007770113A	198334438	MOUSE, DEMO	02/01/2025	02/19/2025

Select row above to update Group Affiliation End Date

**Update Group Affiliation End Date**

Detlink Group Affiliation: Update the End Date to detlink/end the group affiliation. The End Date entered may not be in the past.

Provider ID: 007770113A    Name: MOUSE, DEMO  
NPI: 198334438    Address: TESTING BROWN AVE, COLUMBUS, GA 30303  
Effective Date: 02/01/2025  
End Date\*: 02/19/2025

**Requests - Provider Requests to be Added to Your Group**

Provider ID	NPI	Provider Name	Effective Date	Request Status	Request Date	Finalized Date
007206002A	1999999992	DEMCLAST, FIRST	02/01/2025	Approved - Auto Approved	02/18/2025	02/18/2025
007104210A	1629032297	TEST, PHYSICIAN1	02/14/2025	Requested - Request Sent to Provider	02/14/2025	
007104211A	1548266729	TEST, PHYSICIAN2	02/14/2025	Requested - Request Sent to Provider	02/14/2025	
007770113A	198334438	MOUSE, DEMO	02/14/2025	Approved - Auto Approved	02/14/2025	02/14/2025
007770114A	198334438	MINNIE, DEMO	02/14/2025	Approved - Auto Approved	02/14/2025	02/14/2025

Select row above to update -or- click add button below to request an affiliation.

**Request Group Affiliation**

- Remove Request: To remove PENDING group affiliation requests, select a row above and click the delete button, then click the save button
- Add Request: To request an existing Medicaid Individual provider be added to your group, click the add button, complete the fields, then click the save button
  - Group affiliation requests will be processed nightly

Provider ID: [ ] [ Search ]  
NPI: [ ]  
Name: [ ]  
Address: [ ]  
Effective Date: [ ]  
Request Status: [ ]  
Request Date: [ ]  
Finalized Date: [ ]

**ATTESTATION STATEMENT:**

- By adding providers to your group, you acknowledge that:
  - The provider works under your group.
  - You understand that all disbursements for services performed by the individual provider will be made directly to your group.
  - You further understand that these payments will be reported to the Federal Government under the tax id on your group provider's file and not under the individual provider.

☐ I accept the terms of the Attestation Statement

delete add

**Note:**

The End Date entered may not be in the past.

You can't  
change the past,  
but you can  
change the  
future.





# Group Affiliation Rules

- **Individual** Providers will automatically be affiliated to any Group they request.  
*(nightly cycle)*
- **Groups** will automatically be affiliated to any Individual Provider they request IF the Payee and EFT account information MATCH. *(nightly cycle)*
- **Groups:** If the Payees do NOT MATCH, the Individual provider MUST approve the Group affiliation request on the Web Portal.
- **When an Individual provider must approve group affiliation:**
  - An e-mail sent and Web Portal Alert is displayed.
  - The affiliation request will expire after 30 days.

# Georgia Medicaid E-mails & Alerts

## (3) Group Affiliation E-mails:

Request	Sent to Individual provider when Group requests affiliation and Payees are different
Approval	Sent to Group provider when Individual approves request
Denial	Sent to Group provider when Individual denies request
	Sent to Group provider when affiliation request has expired ( <i>Denied by the system</i> )

### Group Affiliation Alert:

Alert created for Individual provider when they need to approve/deny affiliation request from Group provider

**NOTE:** Current process notifies provider when data is updated on their file, such as group affiliations

# E-mail Notification - Request from Group



## Group Affiliation Request

This message is to notify you of a request to affiliate your Provider ID: 006203840A with Provider Group: 006203855A - GROUP PSYCHOL AND THERAPY WEB.

Please approve or deny this affiliation by visiting the GAMMIS Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) :

1. Log in to the secure web portal.
2. Navigate to the Providers => Group Affiliation menu option.
3. Approve or deny group affiliation.

If you have any questions regarding your affiliation to this provider group, please visit the GAMMIS Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) and select Contact Us under the Contact Information tab, or call the Provider Enrollment Unit at 1-800-766-4456.

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY DIRECTLY TO THIS EMAIL.

### CONFIDENTIALITY NOTICE

This email including any attachments may contain CONFIDENTIAL, LEGALLY PRIVILEGED or PROPRIETARY information.

# E-mail Notification - Approval by Individual Provider



## Group Affiliation Finalized (Approved)

This message is to confirm Provider ID: 006203840A has been successfully affiliated with Provider Group: 006203828A - GROUP PHYSICIANS CM.

If you would like to review your current affiliations, please visit the GAMMIS Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov):

1. Log in to the secure web portal.
2. Navigate to the Providers => Group Affiliation menu option.

If you have any questions regarding your affiliation to this provider group, please visit the GAMMIS Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) and select Contact Us under the Contact Information tab, or call the Provider Enrollment Unit at 1-800-766-4456.

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY DIRECTLY TO THIS EMAIL.

### CONFIDENTIALITY NOTICE

This email including any attachments may contain CONFIDENTIAL, LEGALLY PRIVILEGED or PROPRIETARY information.

# E-mail Notification - Individual Provider Denial



## Group Affiliation Finalized (Denied)

This message is to confirm a request to affiliate Provider ID: 006203840A with Provider Group: 006203855A - GROUP PSYCHOL & THERAPY WEB has been denied by the provider.

If you would like to review or maintain your current group affiliations, please visit the GAMMIS Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov):

1. Log in to the secure web portal.
2. Navigate to the Providers => Group Affiliation menu option.

If you have any questions regarding the denial of the affiliation to this provider group, please visit the GAMMIS Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) and select Contact Us under the Contact Information tab, or call the Provider Enrollment Unit at 1-800-766-4456.

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY DIRECTLY TO THIS EMAIL.

CONFIDENTIALITY NOTICE

# E-mail Notification - Denial – Expired by System



## Group Affiliation Finalized (Denied)

This message is to confirm a request to affiliate Provider ID: 423738935C with Provider Group: 006203851A - GROUP BEHAVIOR WEB3 has been denied due to: approval time period has expired.

If you would like to review or maintain your current group affiliations, please visit the GAMMIS Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov):

1. Log in to the secure web portal.
2. Navigate to the Providers => Group Affiliation menu option.

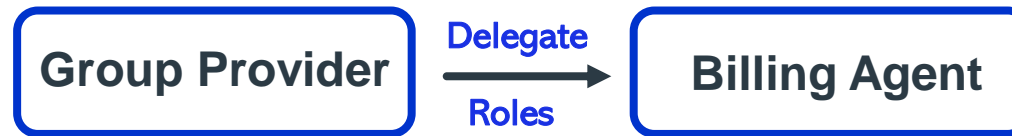
If you have any questions regarding the denial of the affiliation to this provider group, please visit the GAMMIS Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) and select Contact Us under the Contact Information tab, or call the Provider Enrollment Unit at 1-800-766-4456.

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY DIRECTLY TO THIS EMAIL.

# Portal Account Administration

- Secure Web Portal Account Administration

Allow a Group provider to give a user access to ALL providers actively affiliated to the Group.



- Group Provider Roles
  - Service Location Roles – Rendering Provider / Individual Practitioner
- Group/Billing Provider Account Quick Reference Guide



# Useful Web Portal Tabs – Accounts -> Switch User

❖ Switch user: Allows a billing agent to move back and forth between different Provider IDs

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy

Account

Messages

Switch User

Bookmarkable Link [Click here for help and information about bookmarks](#)

User Information: Billing Agent Account: PRLIVEDUMMY

Switch User or Switch Trading Partner Panel

To begin acting as a particular provider or trading partner, use the Switch Provider or Switch Trading Partner panel below. Once a selection has been made and confirmed, additional menu items will be displayed based on the roles delegated to you.

Switch Provider

Provider ID

Name

Provider Type

Action Needed

Address

City

Zip

search

clear

(4 rows returned)

National Provider ID	Medicaid Provider ID	Reference Provider ID	Provider Type	Name	Address	City	State	Zip	Zip + 4	Action Needed
1999999992	007206002A	REF007770105	Physicians/Osteopaths	DEMOLAST , FIRST	25 PEACHTREE ST NW	ATLANTA	GA	30303	3104	
1984334437	007770117A	REF007770124	Physicians/Osteopaths	MOUSE , TESTING	TESTING DRIVE SUITE 303	COLUMBUS	GA	30303		Y
1389999990	007770118A	REF007770125	Physicians/Osteopaths	TESTING , PETE	1000 TESTING AVENUE	COLUMBUS	GA	30303		Y
1893939391	007770115A	REF007770122	Group - Physician	DEMO GROUP	1234 TESTING CLAIRMEADE VALLEY RD NE	ATLANTA	GA	30103		

Select row above to switch to the desired provider.

# Useful Web Portal Tabs – Accounts -> Switch User

(continued)

❖ Switch User page:

➤ See Action Needed Notifications – Select the Provider ID to see what action is needed.

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy

Account

Messages

Switch User

Bookmarkable Link [Click here for help and information about bookmarks](#)

User Information: Billing Agent Account: PRLIVEDUMMY

Switch User or Switch Trading Partner Panel

To begin acting as a particular provider or trading partner, use the Switch Provider or Switch Trading Partner panel below. Once a selection has been made and confirmed, additional menu items will be displayed based on the roles delegated to you.

Switch Provider

Provider ID

Name

Provider Type

Action Needed

Address

City

Zip

search

clear

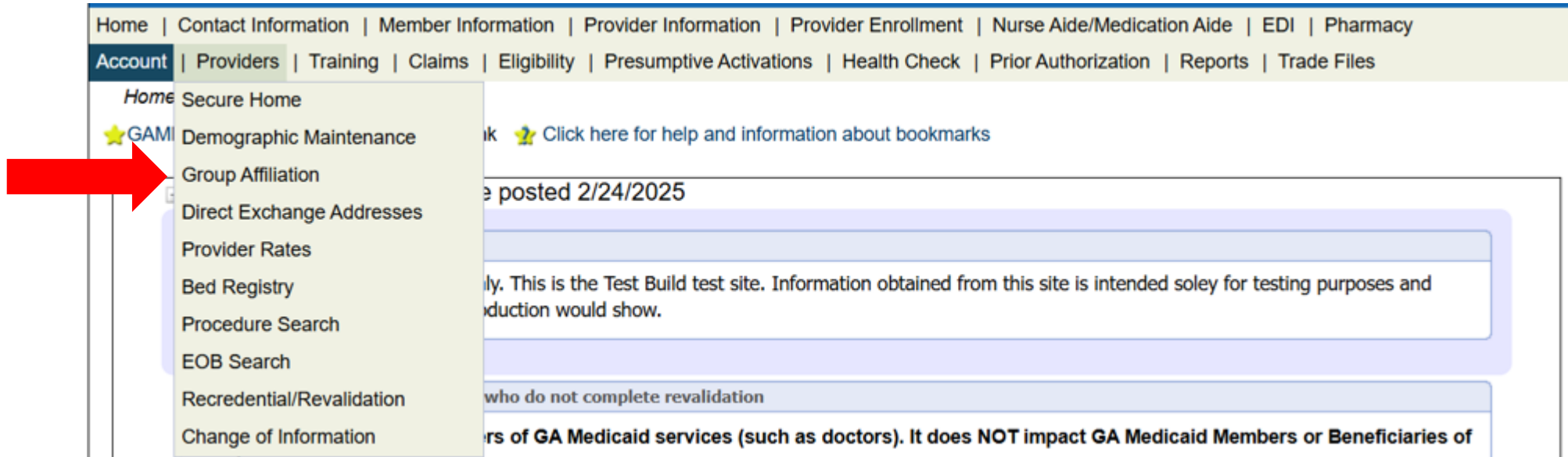
(4 rows returned)

National Provider ID	Medicaid Provider ID	Reference Provider ID	Provider Type	Name	Address	City	State	Zip	Zip + 4	Action Needed
1999999992	007206002A	REF007770105	Physicians/Osteopaths	DEMOLAST , FIRST	25 PEACHTREE ST NW	ATLANTA	GA	30303	1104	
1984334437	007770117A	REF007770124	Physicians/Osteopaths	MOUSE , TESTING	TESTING DRIVE SUITE 303	COLUMBUS	GA	30303		Y
1389999990	007770118A	REF007770125	Physicians/Osteopaths	TESTING , PETE	1000 TESTING AVENUE	COLUMBUS	GA	30303		Y
1893939391	007770115A	REF007770122	Group - Physician	DEMO GROUP	1234 TESTING CLAIRMEADE VALLEY RD NE	ATLANTA	GA	30103		

Select row above to switch to the desired provider.

# Useful Web Portal Tabs – Provider -> Group Affiliation

- ❖ Group Affiliation: Allows a billing agent to view all providers associated with group, any requests and updates





# Useful Web Portal Tabs – Providers -> Demographic Maintenance


❖ Provider Demographic Information: Allows a billing agent to view all details pertaining to the Individual Provider ID – Example: Individual Provider

Account | **Providers** | Training | Claims | Reports

Home Secure Home **Demographic Maintenance** Group Affiliation Direct Exchange Addresses Procedure Search EOB Search Recredential/Revalidation Change of Information

★GAMMIS:Demographic Maintenance <- Bookmarkable Link 🌟 Click here for help and information about bookmarks

**Provider Information**

Medicaid Provider ID	007206002A
National Provider ID	1999999992
Practice Type	OTHER
Provider Type	20 - PHYSICIANS/OSTEOPATHS
Ownership	NO
DBA Name	FIRST DEMOLAST
SSN (Last 4)	5555
Date of Birth	08/08/1980  Calculated Age: 44
Payee Name	
Payee Provider ID	
UPIN	
Facility Type	OTHER
Newborn Eligibility	NO
Georgia Registry of Immunization Transactions and Services	NO
340B Program	NO
Federal Vaccines for Children Participation	NO
Profit Indicator	NO
<b>Bed Data</b>	
Hospital	
Nursing Facility	
PRTF	

Address Type	SERVICE LOCATION
Address 1	25 PEACHTREE ST NW
Address 2	
City/State	ATLANTA, GA
Zip	30303-3104
County	FULTON
Phone	484-848-4484
DEA Permit Number	
CDS Number	
FEIN Effective Date	11/01/2024
Payee FEIN (Last 4)	3333
Tax ID (Last 4)	3333
Chain ID	
NCPDP Number	
Billing Code	UNRESTRICTED - CAN BILL AND SERVICE
Liability Insurance Amount	\$0.00
Last Revalidation Date	11/08/2024
Next Revalidation Date	11/08/2027
CVO Recredentialing Required	NO
ICF/MR	
Swing Bed	

# Useful Web Portal Tabs – Providers -> Demographic Maintenance

❖Group Demographic Information: Allows a billing agent to view all details relating to the Group Provider ID – Example: Group Profile

Account | **Providers** | Training | Claims | Reports

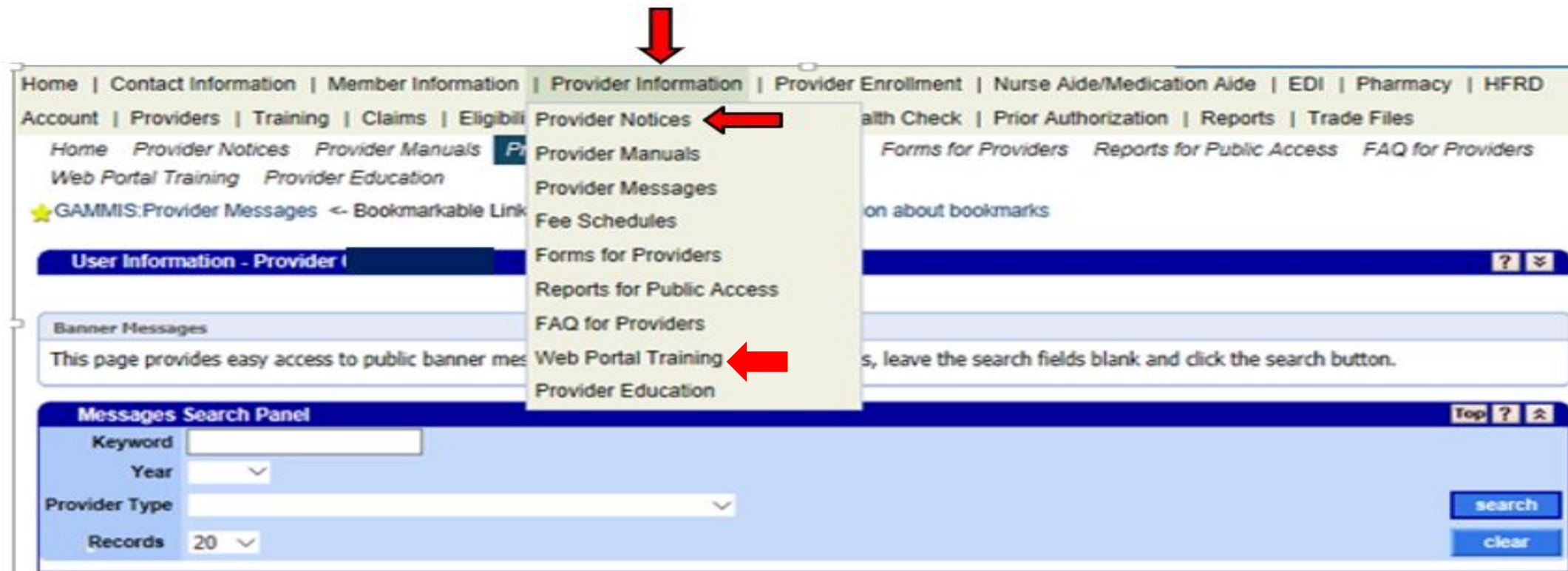
Home | Secure Home | **Demographic Maintenance** | Group Affiliation | Direct Exchange Addresses | Procedure Search | EOB Search | Recredential/Revalidation Change of Information

★GAMMIS:Demographic Maintenance <- Bookmarkable Link    📌 Click here for help and information about bookmarks

Provider Information	
Medicaid Provider ID	007770115A
National Provider ID	1893939391
Practice Type	GROUP PRACTICE (PRIVATE)
Provider Type	60 - GROUP - PHYSICIAN
Ownership	NO
DBA Name	DEMO GROUP
Payee Name	DEMO PAYEE UAT
Payee Provider ID	007770111A
UPIN	
Facility Type	NOT APPLICABLE
Newborn Eligibility	NO
Georgia Registry of Immunization Transactions and Services	NO
340B Program	NO
Federal Vaccines for Children Participation	NO
Profit Indicator	NO
Bed Data	
Hospital	
Nursing Facility	
PRTF	
Address Type	SERVICE LOCATION
Address 1	1234 TESTING CLAIRMEADE VALLEY
Address 2	
City/State	ATLANTA, GA
Zip	30103
County	FULTON
Phone	709-808-0800
CDS Number	
FEIN Effective Date	02/01/2025
Payee FEIN (Last 4)	4221
Tax ID (Last 4)	4221
Chain ID	
NCPDP Number	
Billing Code	BILLING ONLY - CAN'T SERVICE
Last Revalidation Date	02/14/2025
Next Revalidation Date	02/14/2028
CVO Recredentialing Required	NO
ICF/MR	
Swing Bed	

# Accessing Presentations and Web Portal Training Guides

- To access this presentation, visit [www.mmis.georgia.gov](http://www.mmis.georgia.gov), Provider Information, Provider Notices.
- To access other web portal enrollment presentations, select Web Portal Training.



# Accessing Presentations and Web Portal Training Guides

➤ To access other web portal enrollment presentations, select Web Portal Training.

Web Portal Training (18 rows returned)				
Title	File Type	Duration	Size (KB)	Run Date
Group_Billing Enrollment FAQs	PDF		159.8	04/16/2025
Group-Billing Delegation Quick Reference Guide	PDF		532.3	04/01/2025
Payee Selection Quick Reference Guide	PDF		601.7	04/10/2023
MFA Troubleshooting - FAQ	PDF		188.7	12/02/2022
GAMMIS MFA Navigation	PDF		235.4	11/04/2022
FAQ - Multi-factor Authentication (MFA) for GAMMIS	PDF		254.2	10/21/2022
Claims - Completing an Institutional (UB04) Web Claim	PDF		888.7	03/04/2021
Claims - Completing a Crossover Web Claim	PDF		882.9	02/12/2021
Claims - Completing a Dental Web Claim	PDF		507.2	02/12/2021
Claims - Completing a Professional (1500) Web Claim	PDF		457.4	02/12/2021
Provider Enrollment - Initial Application	PDF		2722.5	02/12/2021
Provider Enrollment - Initial Facility Application	PDF		2567.7	02/12/2021
Provider Enrollment- Additional Service Location (Facility) Application	PDF		1913.1	02/12/2021
Presentation - Ordering, Prescribing, or Referring (OPR)	PDF		1229.7	11/02/2015
Online Enrollment for Behavioral Health COS 440 Providers - Step by Step	PDF		1206.8	09/15/2015
Provider Enrollment - Additional Service Location Application	EXE	20 Minutes	7637.3	12/13/2012
Billing Agent Account Registration and Maintenance	EXE	30 Minutes	7257.2	12/08/2010
Provider Web Registration and Maintenance	EXE	30 Minutes	6460.4	12/08/2010