



NETWORK *Notification*

Notice Date: February 17, 2026
To: Georgia Medicaid Providers
From: CareSource
Subject: Required Action to Prevent Claims Denials– Group/Billing Provider Enrollment in GAMMIS
Effective Date: January 1, 2026

Summary

Georgia Medicaid requires applicable providers to enroll as a Group/Billing Provider in the Georgia Medicaid Management Information System (GAMMIS) system to ensure compliance with Centers for Medicare and Medicaid Services (CMS) requirements related to billing provider National Provider Identifier (NPI) reporting.

This requirement ensures proper capture of billing provider NPI and payee information, accurate affiliation between rendering providers and billing/group entities, and correct claims processing and payment routing.

Who Must Enroll

Group/Billing enrollment is required for providers who submit professional claims, practice within a clinic or group setting, or bill using a Billing Provider NPI different from the rendering provider NPI.

CMS requirements mandate inclusion of the billing provider's NPI on claims. Georgia Medicaid is implementing group enrollment to capture this information and ensure rendering providers are properly affiliated with billing entities.

Required Provider Actions

Providers must:

1. Access the GAMMIS web portal.
2. Navigate to Provider Enrollment → Enrollment Wizard.
3. Submit a Group/Billing Provider application.
4. Use existing Payee Medicaid ID (if applicable).
5. Complete affiliation of rendering providers to the group.

Key considerations:

- A group Medicaid ID is generally required for each service location address.
- Rendering providers must be affiliated to the group prior to claims submission.
- Individual provider applications should reference an enrolled group whenever applicable.

45-Day Compliance Requirement

Providers are expected to complete group enrollment and establish affiliations within 45 days of notification.

Failure to complete enrollment and affiliation within required timelines may result in claims denial if the Billing Provider NPI is not enrolled, claim denial when rendering providers are not affiliated to the billing group, payment delays, or recoupment risk for non-compliant billing arrangements.

Effective January 1, 2026, claims may deny if billing provider enrollment requirements are not met.

Claims Processing Impact

Claims must include an enrolled Billing Provider NPI, rendering providers must be affiliated to the billing group, billing and rendering taxonomy data must be current in MMIS records, and payment will be issued to the billing provider tax ID/payee once affiliation is confirmed.

Provider complaints/appeals/claim reprocessing requests will be subject to 7400 validations on all claims going forward.

Enrollment Best Practices

Providers should enroll the group before submitting individual affiliation applications, use existing Payee Medicaid ID when available, submit only one group application per service location or billing NPI, and ensure rendering providers are actively affiliated prior to billing.

Impact

Enhanced Compliance: Ensures adherence to CMS billing requirements and accurate provider identification.

Improved Claim Accuracy: Reduces claim processing errors by aligning billing and rendering provider data.

Operational Efficiency: Streamlined affiliation management supports faster payment processing.

Importance

Group/Billing enrollment promotes compliance with federal regulations, ensures accurate reimbursement, and supports improved coordination between billing entities and rendering providers. Timely completion is critical to prevent disruptions to claims processing and provider reimbursement.

Additional Resources

- [Group Billing Enrollment FAQs](#)
- [Group Billing Enrollment Training Presentation](#) (February 2026)

Questions?

If you have any questions or concerns, please contact Provider Services at **1-855-202-1058**, Monday through Friday from 8 a.m. to 6 p.m., Eastern Time (ET).