Georgia Families®
Frequently Asked Questions & Answers

Member-Related Questions and Assistance

- **Q: Who is DCH?**
  A: The Department of Community Health (DCH) is the **single State Agency** designated to administer and supervise the administration of the Medicaid program. (42 C.F.R. § 431.10) DCH oversees program administration and funding for all Georgia Medicaid and PeachCare for Kids® services.

- **Q: What is Georgia Families®?**
  A: Georgia Families® is a partnership between DCH and private health plans *(also called **"care management organizations" or "CMOs"**)* to provide benefits and health care services to Medicaid and PeachCare for Kids® members, Planning for Healthy Babies® (P4HB) enrollees, and Georgia Families 360° Members. PeachCare for Kids® is the State Children's Health Insurance Program, and the P4HB program is Georgia's Section 1115 Family Planning Waiver program. The Georgia Families 360° program facilitates the coordination of care for children, youth and young adults in Foster Care or receiving Adoption Assistance and select youth involved with the Department of Juvenile Justice.

- **Q: What is a health plan?**
  A: A health plan is a group of doctors, nurses, other staff, hospitals, and clinics that provide health services and coordinate patient care. Health plans are also called **"care management organizations" or "CMOs"**. CMOs contract with Providers such as physicians, hospitals, pharmacies, and therapists. Most Medicaid and all PeachCare for Kids® members must enroll in a Georgia Families® health plan. Health Plans that work with Georgia Families® are:

- **Q: Who is eligible for Georgia Families®?**
  A: Georgia Families® provides health care services to most, but not all Medicaid and PeachCare for Kids® members. The following groups are automatically enrolled in Georgia Families®:
  - Parent/Caretaker with Children Medicaid (formerly Low Income Medicaid)
  - Transitional Medicaid
  - Pregnant Women
  - Children under 19 (formerly Right From the Start Medicaid)
  - Newborns
  - Women Eligible Due to Breast and Cervical Cancer (must be less than 65 years of age and diagnosed with breast or cervical cancer)
  - Refugees
  - PeachCare for Kids®

- **Q: Who is NOT eligible for Georgia Families®?**
  A: The following are not eligible for Georgia Families®:
  - Individuals in a Nursing Home
  - Individuals in Hospice
  - Aged, Blind, and Disabled (with certain exceptions)
  - Children enrolled in the Georgia Pediatric Program (GAPP)

- **Q: What is Open Enrollment?**
  A: **Open Enrollment** is the time period when Georgia Families® members (Medicaid and PeachCare for Kids®) and Planning for Healthy Babies® recipients choose a health plan. Health Plans that work with Georgia Families® are:

- **Q: What is the ninety (90) day Choice Change Period?**
  A: During the period of July 1, 2017 through September 30, 2017, all Members will have a one-time opportunity to change their assigned CMO without cause. This change will become effective on the first day of the month after the change is requested. The change will take place for the first of the next month even if the choice change is captured on the last day of the current month.

- **Q: How can members find out more information about the different health plans?**
  A: Members can find out more about the health plans by visiting the following websites:

  - **Georgia Families:** www.georgia-families.com
  - **Amerigroup:** www.myamerigroup.com/GA
  - **CareSource:** www.caresource.com/ga
  - **Peach State:** www.pshpgeorgia.com
  - **WellCare:** www.georgia.wellcare.com

- **Q: Where can members find Member Handbooks?**
  A: Member handbooks are available on the CMOs' websites. Members may request a hard copy of the member handbook by calling the member's CMO after they are enrolled. Handbooks are available for Georgia Families® members, and Planning for Healthy Babies ® enrollees upon request.

- **Q: Where can members find Provider Directories?**
  A: Provider directories are available on the CMOs' websites. Members can request a hard copy by calling the member's CMO after they are enrolled. Provider directories are available for Georgia Families® members, and Planning for Healthy Babies® enrollees upon request.

- **Q: When will the new plans start?**
  A: The new plan year for the Georgia Families® program will begin on July 1, 2017. Members will receive a letter with information about the member's health plan.

- **Q: When will new CMO ID Cards be sent?**
  A: For current members, new CMO member ID cards will be mailed to members before July 1, 2017. For members enrolling in Georgia Families® after July 1, 2017, you will receive a member ID card within seven (7) days of your enrollment.

- **Q: Can family members have a different CMO or do they have to use the same CMO?**
  A: Members can choose a different CMO for each person in the family.

- **Q: What is a Primary Care Provider?**
  A: A Primary Care Provider (PCP) is a member's main doctor (or other practitioner). A PCP provides health checkups, provides services when a member is sick, and refers members to specialists when needed. PCPs keep track of their members' health records.

- **Q: Can members keep their current doctor?**
  A: A member can choose to stay with their current doctor if he or she works with the member's Georgia Families® selected CMO. A member can change PCPs at any time by calling their health plan and requesting a change. The health plan can help a member choose a new doctor. Members can log in to www.georgia-families.com or call 1-888-GA-Enroll to learn about providers and plans in their area.

- **Q: What if a member's provider is not in the member's CMO's network?**
  A: The provider should contact the member's CMO to discuss contracting opportunities.

- **Q: What if a provider leaves the member's CMO network?**
  A: The member should contact the CMO to choose a new provider in the CMO's network.

- **Q: Are members required to stay with the same CMO if they have already made doctors' appointments or have scheduled medical procedures that were approved?**
  A: No, but before the member changes to a new CMO, they should call their doctor directly or call the Georgia Families® program at 1-888-GA-ENROLL (1-888-423-6765) to make sure the doctor or provider accepts their new CMO plan.

- **Q: What is Transition of Care?**
  A: Transition of Care are actions designed to ensure the coordination and continuity of health care as patients transfer between different CMOs, locations or different levels of care.

- **Q: How long will a member's active prior authorizations be honored if members switch CMOs?**
  A: Effective July 1st, 2017, the Georgia Families CMOs (Amerigroup, CareSource, Peach State, and WellCare) will honor all currently approved open prior authorizations for a period of forty-five (45) days. This forty-five (45) day period will begin on July 1, 2017 and will end on August 14, 2017. This is part of the Transition of Care process.

- **Q: What is different about Pharmacy Related Prior Authorizations?**
  A: Each CMO will honor prescriptions ordered/issued prior to July 1, 2017. All current prescriptions (including medication step therapy) will be transitioned and honored by the new CMO for a period of forty-five (45) days, beginning on July 1, 2017 and ending on August 14, 2017. This is part of the Transition of Care process.

- **Q: Will members have the same Medicaid benefits if they change health plans?**
  A: While the CMOs provide the same services that the regular Medicaid program covers, they also have extra benefits. Be sure to look at the CMO comparison chart by visiting www.georgia-families.com.

- **Q: How can a member change their CMO?**
  A: There are four ways to change a CMO enrollment between July 1, 2017 and September 30, 2017:

  1. **Online**: Go to www.georgia-families.com and follow the steps.
  2. **By phone**: Call 1-888-GA-Enroll (1-888-423-6765).
     An enrollment counselor can help members change during business hours, or they can enroll using an automated phone system anytime, day or night.
     Business hours are 7:00AM – 7:00PM, Monday through Friday.
  3. **Mail:** Use the form that was mailed by Georgia Families® in February. Mail it to:
     Georgia Families
     PO Box 1096
     Atlanta, GA 30303-9997
  4. **Fax:** Use the form that was mailed by Georgia Families® in February.
     Fax it to Georgia Families® at 1-866-4U2Enroll (1-866-482-3676)

- **Q: Who can members call for more information about providers, services, and enrolling?**
  A: Georgia Families® representatives are available to answer any questions about the Georgia Families® program and to help Georgia Families® members and Planning for Healthy Babies® enrollees choose a plan. If you have questions or need help, you may call 1-888-GA-ENROLL (1-888-423-6765) toll-free or visit www.georgia-families.com. Business hours are 7:00AM – 7:00PM Monday through Friday.

- **Q: How do members contact the individual health plans?**
  A: Members can contact the CMOs at the contact details below:
  - Amerigroup Community Care
    Phone: 1-800-600-4441
    TDD/TTY: 711
    Email: GAmembers@amerigroup.com
    Web: https://www.myamerigroup.com/ga/contact-us.html

  - CareSource
    Phone: 1-855-202-0729
    TDD/TTY: 1-800-255-0056
    Web: www.caresource.com/members/georgia/

  - Peach State
    Phone: 1-800-704-1484
    Georgia Relay Services Voice: 1-800-255-0135
    TDD/TTY: 1-800-255-0056
    Web: http://www.pshpgeorgia.com/contact-us/

  - WellCare
    Phone: 1-866-231-1821 *(Georgia Families® and PeachCare for Kids®)*
    Phone: 1-877-379-0020 *(Planning for Healthy Babies® (P4HB))*
    TDD/TTY: 1-877-247-6272
    Web: https://www.wellcare.com/en/Georgia/Contact-Us

- **Q: Who should a member contact with CMO-related questions or concerns?**
  A: Members should always contact the CMO for questions or concerns. If a member cannot reach the CMO, the member can contact DCH at the contact details below:

  - The Department of Community Health (DCH)
    Email: georgia.families@dch.ga.gov
    Web: www.dch.georgia.gov

Provider-Related Questions and Assistance

- **Q: Who is DCH?**
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- **Q: What is different about the Georgia Families® program that providers should know regarding members?**
  A: Beginning July 1, 2017, the Georgia Families® program will provide Members a choice of four Care Management Organizations (CMOs): Amerigroup, CareSource, Peach State Health Plan, and WellCare. Georgia Families® Members were given the opportunity to select a CMO during the Open Enrollment process which took place during the month of March 2017. Some Members who did not make affirmative selections were auto-assigned to a CMO. In order to ensure a smooth transition and to ensure that all Members have access to care, each CMO has implemented Transition of Care processes.

- **Q: What is the ninety (90) day Choice Change Period?**
  A: During the period of July 1, 2017 through September 30, 2017, all Members will have a one-time opportunity to change their assigned CMO without cause. This change will become effective on the first day of the month after the change is requested. The change will take place for the first of the next month even if the choice change is captured on the last day of the current month.

- **Q: What assurances are implemented to address a member's transition of care?**
  A: In order to ensure a smooth transition and to ensure that all members have access to care, DCH has worked with the CMOs to address the following:

    - Existing/Open Prior Authorizations
    - New Requests for Prior Authorization (i.e., requests submitted on July 1, 2017 and after)
    - Pharmacy Related Prior Authorizations
    - Claims Reimbursement for Office Visits and Sick Visits for Out-of-Network Providers/Non-Par Providers

- **Q: What is different about Existing/Open Prior Authorizations?**
  A: If a Provider is rendering services to a Member who has a newly assigned CMO effective July 1, 2017, the newly assigned CMO will honor any current/open Prior Authorizations for forty-five (45) days, beginning on July 1, 2017 through August 14, 2017. This applies to in-network and out-of-network (non-par) Providers. Thus, if a Provider is rendering services to a Member who has a newly assigned CMO and that Provider is not contracted with the newly assigned CMO, the newly assigned CMO will honor any current/open Prior Authorizations for forty-five (45) days, beginning on July 1, 2017 through August 14, 2017. If the Member requires services beyond August 14, 2017, Providers must contact the Member's new CMO to obtain authorization to continue those services. Providers will be required to follow the new CMO's prior authorization process for any services the Member needs after August 14, 2017.

- **Q: What is different about New Requests for Prior Authorizations?**
  A: Providers will be required to submit new requests for Prior Authorization based upon the applicable CMO's guidelines. This applies to in-network and out-of- network (non-par) Providers. Prior Authorization decisions for non-urgent services will be made within three (3) business days. Expedited service authorization decisions will be made within twenty-four (24) hours. As a reminder, prior authorization is not required for emergency services, post-stabilization services, or urgent care services.

- **Q: What is different about Pharmacy Related Prior Authorizations?**
  A: All current prescriptions (including medication step therapy) ordered/issued prior to July 1, 2017 will be transitioned and honored by the new CMO for the first 45 days, beginning on July 1, 2017 and ending on August 14, 2017. If after 45 days the member needs to continue on the non-PDL prescription, an authorization with proper documentation will be required from the prescribing physician. This is part of the Transition of Care process.

- **Q: Will the 45 day time period for authorizations and prescriptions also apply to changes to CMOs made during the Choice Change Period?**
  A: For members transitioning July 1, 2017, the newly assigned CMO will honor any current/open Prior Authorizations for forty-five (45) days, beginning on July 1, 2017 through August 14, 2017. If the Member requires services beyond August 14, 2017, Providers must contact the Member's new CMO to obtain authorization to continue those services. Providers will be required to follow the new CMO's prior authorization process for any services the Member needs after August 14, 2017. After August 14, 2017, each CMO must comply with the contractual requirements. This is part of the Transition of Care process.

- **Q: What is different about Claims Reimbursement for Out-of-Network Providers/Non-Par Providers?**
  A: If a Provider is rendering services to a member who has a newly-assigned CMO effective July 1, 2017, and is an out-of-network Provider, the Provider may submit claims for reimbursement for office-based and sick visits rendered to Georgia Families® members and Planning for Healthy Babies® recipients without an authorization. Claims may be submitted to Amerigroup, CareSource, Peach State Health Plan, and WellCare by out-of-network Providers for services provided from July 1, 2017 through August 14, 2017. In all instances timely filing requirements must be met.

- **Q: How can a Provider (In-Network or Out-Of-Network/Non-Par) submit claims to the CMOs?**
  A: Both formats are acceptable. Claims may be submitted electronically or via paper through the mail.

- **Q: Will the payments to the providers be made via EFT, paper check, or in both formats?**
  A: If a provider is signed up to accept an electronic payment from a clearinghouse, CMOs can honor an EFT payment. Otherwise, the CMOs will send payment via check.

- **Q: Does the provider have to be contracted with the CMO in order to receive payment via EFT?**
  A: No. Providers do NOT have to be contracted with the CMO in order to receive payment via EFT.

- **Q: Will identification numbers for non-participating providers be generated by the plans once a claim is received or will the provider need to request one? If yes, how long will it take to obtain an identification number?**
  A: The CMOs use the Georgia Medicaid ID# and the NPI# to process claims, therefore providers will not need a unique ID number for claims processing.

- **Q: How much will Non-Participating Providers be reimbursed during the 45 day period?**
  A: Please contact the appropriate CMO with any questions regarding reimbursement rates.

- **Q: What is the website address or outline the process for non-participating providers to submit claims?**
  A. Non-par providers can submit claims in the following ways:
  - Via paper claims through the mail. Refer to the CMO Provider Manual for mailing addresses.
  - Electronically through trading partner clearinghouses
  - Electronically through the appropriate provider website at the following links:
    - **Amerigroup:** https://providers.amerigroup.com/pages/ga-2012.aspx
    - **CareSource:** https://www.caresource.com/providers/georgia/medicaid/authorization-claims-and-appeals/claims/
    - **Peach State:** http://www.pshpgeorgia.com/for-providers/electronic-transactions/edi/
    - **WellCare:** https://www.wellcare.com/Wellcare/Georgia/Providers/Medicaid/Claims

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  A: The CMOs use the Georgia Medicaid ID# and the NPI# to process claims, therefore providers will not need a unique ID number for claims processing.

- **Q: When can providers begin submitting Prior Authorizations (PAs) for the new CMO, CareSource?**
  A: Effective Friday, June 23, 2017 providers will be able to submit CareSource PAs via the Centralized PA Portal. All PAs associated with the Centralized PA Portal will be processed for CareSource members beginning on July 1, 2017.

- **Q: What forms are currently associated with the Centralized PA Portal?**
  A: The following forms are currently associated with the Centralized PA Portal:

  - Newborn Delivery Notification
  - Pregnancy Notification
  - Inpatient Hospital Admissions and Outpatient Procedures
  - Hospital Outpatient Therapy
  - Durable Medical Equipment
  - Children's Intervention Services
  - Outpatient Behavioral Health

- **Q: If a member is under a provider's care but has transitioned to a CMO for which the provider is out-of-network, what should the provider do?**
  A: If a provider is treating a member and is NOT enrolled in the member's new CMO, the provider should treat the member and contact that CMO for assistance. We strongly encourage providers to participate with all four CMOs. CMOs that work with Georgia Families® are:

- **Q: What are some of the <u>new</u> Georgia Families® CMO contract requirements?**
  A: Listed below are some of the new contract requirements:
  1. Discharge Planning Pilot Program
  2. Dental Home for Members under 21
  3. Emergency Room Diversion Pilot
  4. Prior Authorizations Response Time
  5. Ombudsman Resources
  6. Monitoring and Oversight Committee
  7. Member Advisory Committee
  8. Provider Advisory Committee

- **Q: What is new about the Discharge Planning Pilot Program?**
  A: CMOs will enter into agreements with select hospitals to coordinate onsite discharge planning.

- **Q: What is new about the Dental Home Program?**
  A: All members under the age of 21 will now have a Primary Dental Provider (PDP) who will serve as the member's dental home.

- **Q: What is new about the Emergency Room Diversion Pilot?**
  A: CMOs will enter into agreements with hospitals to reduce use of emergency rooms for non-emergent conditions.

- **Q: What is new about Prior Authorizations Response Time?**
  A: Prior authorization decisions for non-emergent services must be made within three (3) business days of the request.

- **Q: What is an Ombudsman Coordinator?**
  A: The CMO Ombudsman staff facilitate provider and member inquiries for expedited resolutions.
  The Ombudsman Coordinator is defined as an employee of the CMO who is responsible for coordinating services with local community organizations and working with local advocacy organizations to assure that Members have access to Covered Services and non-Covered Services.

- **Q: What is an Ombudsman Liaison?**
  A: The CMO Ombudsman staff facilitate provider and member inquiries for expedited resolutions.
  The Ombudsman Liaison is defined as an employee of the CMO who is responsible for collaborating with DCH's designated staff in the identification and resolution of issues. Such collaboration includes working with DCH staff on issues of access to Health Care services, and identifying the communication and education needs of Members, Providers and caregivers. The Ombudsman Liaison must assist Members and Providers in coordinating services with local community organizations.

- **Q: How can the Ombudsman staff be reached?**
  A: Providers can contact the CMO Ombudsman staff at the contact details listed below:

  - Amerigroup Community Care
    Phone: 1-855-558-1436
    Email: helpomb@amerigroup.com

  - CareSource
    Phone: 678-214-7580
    Email: GAombudsman@caresource.com

  - Peach State
    Phone: 1-866-874-0633
    Email: PSHPOmbudsmanServices@CENTENE.COM

  - WellCare
    Phone: 1-866-231-1821 *(Georgia Families® and PeachCare for Kids®)*
    Phone: 1-877-379-0020 *(Planning for Healthy Babies® (P4HB))*
    Web/Email: https://www.wellcare.com/en/Georgia/Contact-Us

- **Q: What is the role of the CMO Member Advisory Committee?**
  A: Based on member input, the CMO Member Advisory Committee develops recommendations for the CMOs' quality management activities and policy and operational changes. The committee consists of current and former Medicaid members that will help develop recommendations for CMO quality management activities as well as other areas of performance.

- **Q: What is the role of the Provider Advisory Committee?**
  A: Based on provider input, the Provider Advisory Committee develops recommendations for the CMOs' quality management activities and policy and operational changes. The committee consists of contracted providers that will help serve members and develop recommendations of CMO quality management activities as well as other areas of performance.

- **Q: What is the role of the Monitoring and Oversight Committee?**
  A: The Monitoring and Oversight Committee is a forum to assess the CMOs performance, best practices, and opportunities for improvement.

- **Q: What is the current credentialing process?**
  A: Most Medicaid providers are **credentialed** through the centralized Credentialing Verification Organization (CVO) process prior to entering into a contract with a CMO. Providers may, also, be credentialed through Delegated Credentialing Agreements. After being credentialed, **contracting** is a separate process that occurs with each individual CMO.

- **Q: How can providers reach the CMO Provider Call Centers?**
  A: Providers can reach the CMO Provider Call Centers at the numbers below:

  - Amerigroup Community Care
    Phone: 1-800-454-3730 (General Provider Inquiries)
    Phone: 1-844-367-6112 (GA Pharmacies-Express Scripts, Inc.)
    Email: nova@amerigroup.com

  - CareSource
    Phone: 1-855-202-1058
    Email: GAProviderRelations@CareSource.com
    Web: www.caresource.com/providers/georgia/medicaid/

  - Peach State
    Phone: 1-866-874-0633
    Web: www.pshpgeorgia.com/contact-us/

  - WellCare
    Phone: 1-866-231-1821
    TDD/TTY: 1-877-247-6272
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  A: Providers should always contact their CMO for questions or concerns. If a provider cannot reach the CMO, the provider can contact DCH at:

  - The Department of Community Health (DCH)
    Email: georgia.families@dch.ga.gov
    Web: www.dch.georgia.gov