



Choices for a Healthy Life

Georgia Families® Quick Reference Guide: PROVIDERS

Project Background

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.

CMO Provider Call Centers Numbers:

- ❖ **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
Web: www.georgia.wellcare.com

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

Georgia Families® 2017 New Plan Year

- This year, open enrollment for the new plan year was from March 1st through March 31st 2017 for ALL Georgia Families® members.
- Some members who did not choose a CMO were assigned to one.
- Choice Change Period is from July 1st through September 30th 2017
- During the Choice Change Period, ALL members can choose a different CMO. Members who select a new CMO will receive a new member ID card and CMO packet seven days after enrollment in the new plan.
- **There are four (4) ways that members can choose a new CMO during the Choice Change Period:**
 1. Online: www.georgia-families.com
 2. Phone: 1-888-GA-ENROLL (1-888-423-6765).
 3. Faxing the Enrollment Form to 1-866-4U2ENROLL (1-866-482-3676).
 4. Mailing the Enrollment Form to the following address:
Georgia Families
P.O. Box 1096
Atlanta, Georgia 30301-9920
- Changes are effective on the 1st day of the next month
- Members can only make one CMO change during the Choice Change Period
- Georgia Families® Members can call Georgia Families for help choosing a new CMO and/or Provider. Business hours are 7:00 a.m. – 7:00 p.m. Monday through Friday.
- Members can call their CMO to address concerns regarding access to services, medications, transportation, etc.

Beginning July 1, 2017, the Georgia Families® program will provide members a choice of four (4) Care Management Organizations (CMOs). Members can contact the CMOs at the details below:



1-800-600-4441 | TTY 711
www.myamerigroup.com/GA

1-855-202-0729 | TTY 1-800-255-0056
www.caresource.com/ga

1-800-704-1484 | TTY 1-800-255-0056
www.pshp.com

1-866-231-1821 | TTY 1-877-247-6272
www.wellcare.com/Georgia

Provider-Related Questions and Assistance

- **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. 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 and guidelines for any services the Member needs; including those after August 14, 2017. 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.

- **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.

- **Q: How can In-Network or Out-Of-Network/Non-Par Providers submit claims and receive payment from CMOs?**

A: Claims may be submitted electronically or via paper through the mail. Providers signed up with a clearinghouse, may receive EFT payments. Otherwise, the CMOs will send payment via check. **Providers do NOT have to be contracted with the CMO in order to receive payment via EFT.** 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 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: 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.

- **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>

- **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.