APPENDIX C – MEDICAID ISSUANCE

POLICY STATEMENT

Plastic Medicaid cards are issued to individuals eligible for Medicaid only benefits. Recipients present the cards to Medicaid providers to verify Medicaid eligibility.

BASIC CONSIDERATIONS

Medicaid eligibility determined by DFCS, is transmitted to the Department of Community Health (DCH) through computer system interfaces.

Medicaid Cards

Upon approval of a Medicaid application, verification of eligibility for each AU is included in the approval notice generated by the DFCS computer system and sent to the Head of Household (HOH). Thereafter, DCH issues **each** Medicaid eligible member in the AU a one time plastic "swipe card" to be used when the member wishes to obtain Medicaid services. The member's eligibility or ineligibility and any limitations associated with the particular COA under which eligibility is determined is reflected to the provider when the card is "swiped" through a point of sale device.

Certain Medicaid recipients are not issued or reissued a Medicaid card. Members who will not receive cards are those approved for:

- SLMB
- QI-1
- QDWI
- EMA under any COA
- Retroactive eligibility under any COA
- No reissuance of a Medicaid card if not eligible in current month
- Hospice if no "Lock In" received from the Hospice provider

Medicaid eligibility in DCH's computer system, Georgia Medicaid Management Information System (GAMMIS), may be viewed at www.mmis.georgia.gov by the member and by DFCS staff, if proper id and password have been provided.

BASIC CONSIDERATIONS

Medicaid Cards (cont.)

The HP Member Contact Center will be available by phone Monday through Friday (excluding state holidays) from 7am to 7pm at 770-325-2331 local or toll free outside the metro area at 1-866-211-0950

Members may also confirm eligibility in GAMMIS by calling the HP Member Contact Center and accessing the Interactive Voice Response system (IVR) at 1-866-211-0950.

The HP Provider Contact Center will available by phone Monday through Friday (excluding state holidays) from 7am to 7pm at 770-325-9600 local or toll free outside the metro area at 1-800-766-4456.

Providers may call the HP Provider Contact Center to access the IVR at 1-800-766-4456. The IVR is operational 24 hours a day, seven days a week. Callers who prefer speaking with a person may opt out of the IVR once it is accessed. Providers may verify pharmacy eligibility by calling Catamaran at 1-866-525-5826. For clinical-prior authorization support, call 1-866-525-5827. Members eligible for SLMB, QI-1 or QDWI only will be shown as ineligible on the web portal and IVR.

DCH performs nightly card runs to issue cards to newly eligible members, to members who have reported lost or undelivered cards, or to members that are entitled to receive a Medicaid card for any other reason. Recipients should not expect the Medicaid card for seven to ten days from date of Medicaid approval or request for replacement card. Replacement cards will not be issued to A/Rs who are not eligible in the month of request or who were not to be issued a card as outlined on page 1.

Medicaid cards are mailed to the residential or mailing address provided to DCH by DFCS through the computer system interface.

Medicaid cards that cannot be delivered to the HOH are returned to the facility in Tucker, Georgia. Members who need a replacement card should notify the Member Contact Center to update the address and reissue the card. The member should also notify DFCS of any change in address to be changed in SUCCESS. SUCCESS data is the source data and will override what is manually changed in GAMMIS. Thus if the address is changed in GAMMIS, but not in SUCCESS, the problem may reoccur.

DCH is responsible for verifying Medicaid eligibility for all Georgia Medicaid members for Medicaid providers.

BASIC CONSIDERATIONS (cont.)

Medicaid Identification Numbers

A 9-digit client ID number is assigned by SUCCESS and passed to DCH via the interface. GAMMIS assigns a 12-digit Medicaid number. Numbers issued prior to 11/1/10 will start with `111', numbers issued after 11/1/10 will start with `222'. A Medicaid provider should be able to file Medicaid claims using either DFCS' 9-digit client ID followed by a "P" (Q for QMB, K for presumptives, D00 for Breast and Cervical Cancer) or DCH's 12-digit number. SSI recipients may use their 9-digit Social Security Number plus an "S" (i.e. 123456789S) or the 12-digit GAMMIS number.

NOTE: DCH assigned numbers will not be found in the SUCCESS database.

Other Medicaid Eligibility Forms

Other Medicaid eligibility forms are issued to the member in the following situations:

- Form 962, Certification of Medicaid Eligibility, when medical services are needed prior to the time a Medicaid card is issued by DCH, when the member requests verification of retroactive Medicaid, or eligibility can not be entered in SUCCESS (Refer to Chart C.1). An employee designated by the county director contacts the Member Contact Center to inform them of eligibility, if necessary, and the issuance of Form 962. The Form 962, revised 7/03, is used for both current and historical months.

  NOTE: Form 962 should <u>never</u> be issued for QMB, SLMB, QI-1, or QDWI recipients

- Form DMA 632, Eligibility Determination for Pregnancy-Related Care, is issued by the Public health Department and certain "qualified Providers", and a copy is forwarded to DFCS. The presumptive Medicaid number is used by the member until such time as she is issued the plastic Medicaid card. However, it does not provide coverage for inpatient hospital services or delivery.

- Form DMA 632W, Eligibility Determination for Women's Health Medicaid Program, is issued by the Public health departments and its designated partner providers. A copy is forwarded to the local RSM Outreach worker. The presumptive Medicaid number ends in D00 and is used by the member until she is issued her plastic Medicaid card. This certification form entitles women, who have been diagnosed with breast or cervical cancer, to all Medicaid covered services.

BASIC CONSIDERATIONS (cont.)

Other Medicaid Eligibility Forms (cont'd)

- Form DMA 550, Newborn Certification, authorizes Medicaid eligibility for a newborn. The number assigned by GAMMIS is the member's identification number.

PROCEDURES

Non-Emergency Situations

Copies of Form 962 or other historical data base corrections should be mailed to or faxed to:

Member Contact Center
P.O. Box 105200
Tucker, GA 30085-5200
FAX: 1-866-483-1045 (DFCS use only) The FAX number for providers and all other agencies is 1-866-483-1044.

For newly approved/recertified SSI clients, fax the SSI Cert Letter to the Member Contact Center at 1-866-483-1045. Catamaran will be updated for prescriptions via the GAMMIS interface.

Existing/ongoing SSI clients should report changes/corrections through the Member Contact Center and accessing the Interactive Voice Response system (IVR) at 1-866-211-0950.

GAMMIS and Catamaran will be updated with eligibility via the interface.

Emergency Situations

For newly approved SSI clients complete the following:

- Call the Member Contact Center using the dedicated DFCS line at 1-877-512-3130 (ask for Member Enrollment) and have the client added to GAMMIS.
- After the client is added, fax the SSI Cert letter to the Member Contact Center at 1-866-483-1045.
- If the emergency is also for prescriptions, use the Catamaran Prescription Update Form on the GO-Mail Medicaid.Forms bulletin board. For those without GO-Mail access, a new Catamaran Word form has been developed, and is available in Appendix F. Please send it to membernotification@dch.ga.gov with the subject line "Catamaran PRESCRIPTION UPDATE". Make sure that you indicate that the Cert letter has already been sent to the Member Contact Center. Also indicate if the client is in E02 or C01 status.

PROCEDURES (cont.)

Emergency Situations (cont.)

For Medically Needy A/Rs meeting spenddown within five days of the end of the month, for PeachCare for Kids® emergency prescriptions or other COAs with prescription problems, complete the following:

- Check GAMMIS to make sure the customer is showing active. Use either the web portal or IVR. If A/R is not showing eligible in GAMMIS, use the Catamaran Prescription Update form and annotate to update GAMMIS.
- If the emergency is for prescriptions, use the Catamaran Prescription Update form as outlined for SSI A/Rs above.

For Presumptive Pregnant Women, Women's Health Medicaid, or Newborn eligibles, complete the following:

- Obtain a Form DMA 632 (presumptive PG), DMA-632W or Form DMA 550 (Newborn) from the A/R.
- Follow the directions under SSI newly eligibles, substituting Form 632, 632W or 550 for the Certification Letter.

Prior Approval and Emergency Doctor's Visits

For out-of-state providers rendering emergency services, providers follow Policies and Procedures for Hospital Services, Section 909 as found on the GAMMIS web portal, Provider's Manuals.

Out-of-State Providers and Service Limitations: Out-of-State hospital providers not enrolled in the Georgia Medicaid program as participating providers will be reimbursed for covered services provided to eligible Georgia members while out-of-state if the claim is received within twelve months from the month of services, and if at least one of the following conditions is met:

- The service was prior authorized by the Division; OR
- The service was provided as a result of an emergency or life-endangering situation occurring out-of-state. (If the out-of-state provider believes the medical record supports the existence of an emergency situation but the diagnosis does not justify an emergency, the claim must be submitted with a copy of the medical record.)

Claims should be sent to CMS 1500 Claims, P.O. Box 105202, Tucker, GA. 30085-5202.

For physicians to have procedures prior approved, they should complete a Form DMA 81 and send to GMCF, 1455 Lincoln Pkwy Suite 800 Atlanta, GA 30346

In situations where A/Rs have used all of their allotted twelve doctors appointments and who now need another doctor's visit, the doctor will need to file the claim manually and write on the top of the form that this is an emergency doctor visit and explain the nature of the emergency.

Georgia Families

Georgia Families is a partnership between the Department of Community Health (DCH) and Care Management Organizations (CMOs) to expand managed care in Georgia and promote increased access to and utilization of primary and preventative care. The Department of Community Health has contracted with three CMOs to provide these services throughout the state. They are: **Amerigroup Community Care**
800-600-4441
www.myamerigroup.com

Peach State Health Plan
800-704-1484
www.pshpgeorgia.com

WellCare of Georgia
866-765-4385
www.wellcare.com

Members can contact Georgia Families for assistance to determine which program best fits their family's needs. If members do not select a plan, Georgia Families will select a health plan for them.

Members can visit the Georgia Families Web site at **www.georgia-families.com** or call **1-800-GA-ENROLL** (1-888-423-6765) to speak to a representative who can give them information about the CMOs and the health care providers.

Children, pregnant women and women with breast or cervical cancer on Medicaid, as well as children enrolled in PeachCare for Kids® are eligible to participate in Georgia Families. Children in foster care will not be enrolled in Georgia Families.

How often can a patient change his/her Primary Care Physician (PCP)?

Amerigroup Community Care - Anytime

Peach State Health Plan - Within the first 90 days of a member's enrollment, s/he can change PCP monthly. If the member has been with the plan for 90 days or longer, the member can change PCPs once every six months.

WellCare of Georgia - Anytime

Once the patient requests a PCP change, how long it takes for the new PCP to be assigned?

Georgia Families (cont.)

Amerigroup Community Care - Next business day

Peach State Health Plan - The 1st of the month following the month of sign-up.

WellCare of Georgia - If the change is made within the first 90 days of a member's enrollment, the PCP will be changed the next business day. If the member has been with the plan for 90 days or longer, the PCP will be changed on the 10th of the following month.

Enrollment in a (CMO) is a requirement for recipients in the following programs:

- Parent/Caretaker Medicaid
- Pregnant Woman Medicaid
- Child Under 19 Medicaid
- Peachcare for Kids®
- Women with breast or cervical cancer

The following recipients are not required to enroll in a CMO:

- People who need special medical services or live in an institution
- People on Medicaid who qualify for Medicare
- People on Medicaid that are government approved as part of an Indian tribe
- People who qualify for Supplemental Security Income (SSI)
- Children in the Children's Medical Services Program
- Children in the Georgia Pediatric Program
- Children with care coordination by the Multi-Agency Team for Children (MATCH) program
- People in Long Term Care
- People in the Service Options Using Resources in Community Environments (SOURCE) program
- People in Pre-Admission Screening and Resident Review
- People receiving Hospice Care
- People who get Health Insurance Premium Payments (HIPP)

CMO Issues

CMO issues that an A/R is unable to resolve by contacting the individual CMO should be forwarded to the Regional Medicaid Field Program Specialist, who will then route to the State Office for resolution.

PROCEDURES

Use the following chart to determine when Medicaid cards will be issued by DCH/and when DFCS should issue Medicaid authorization forms.

Issuance of Form 962, Certification of Medicaid Eligibility - Chart C.1	
IF	**THEN**
A newly eligible SSI recipient requires medical services prior to receiving his/her first Medicaid card from DCH **Non-emergency**	Advise the recipient to obtain a "Certification for SSI Eligibility Form" from SSA, AND once received in the county DFCS office, complete and issue a Form 962 to the recipient for the **current month only**, AND Fax to Tucker (1-866-483-1045) a copy of the Certification for SSI Eligibility Form. Catamaran will be updated via the GAMMIS interface regarding prescriptions.
A newly eligible SSI recipient requires medical services prior to receiving his/her first Medicaid card from DCH **Emergency**	Advise the recipient to obtain a "Certification for SSI Eligibility Form" from SSA, AND Once received in the county DFCS office, complete and issue a Form 962 to the recipient for the **current month only**, AND County designee should **telephone the dedicated DFCS line to the Member Contact Center** at 1-877-512-3130 to add eligibility to GAMMIS, AND Fax to the Member Contact Center (1-866-483-1045), a copy of the Certification for SSI Eligibility Form , AND If recipient needs emergency prescriptions, use the Catamaran Prescription Update Form as outlined on page four. Indicate whether A/R is in E02 or C01 status.
An eligible Georgia SSI recipient **Life Threatening**	Fax a copy of the Certification for SSI Eligibility Form to DCH at 404-656-7209. AND Add a note to add to GAMMIS and Catamaran for a life threatening situation.
An SSI recipient from another state moves to Georgia AND Continues to be eligible for Medicaid through SSI in Georgia AND Needs medical services the month of	Advise the recipient to obtain a "Certification for SSI Eligibility Form" from SSA, AND Once received in the county DFCS office complete and issue a Form 962 to the recipient for the **current month only**, AND Request county designee to notify CIC by **telephone** 1-866-211-0950 that Form 962 is being issued, AND Fax to the Member Contact Center in Tucker, Georgia (1-866-483-1045) a copy of the Certification for SSI Eligibility Form.

Issuance of Form 962, Certification of Medicaid Eligibility - Chart C.1	
IF	**THEN**
move	AND If recipient needs emergency prescriptions, use the SXC Prescription Update form as outlined on page four. Otherwise Catamaran will be updated via the GAMMIS interface.
A newly eligible SUCCESS A/R needs medical care or prescriptions within 5 days of SUCCESS finalization and thus before GAMMIS and Catamaran can update eligibility OR PeachCare for Kids® A/R needs emergency prescriptions, **Emergency**	Check GAMMIS for eligibility via web or IVR. AND Complete a Catamaran Prescription Update Form as outlined on page four and annotate to update GAMMIS if needed. AND Issue a Form 962 if A/R requests immediate proof of eligibility.
A newly eligible Presumptive Pregnant or Newborn recipient requires medical services prior to receiving his/her first Medicaid card from DCH, **Non-emergency**	Obtain a Form DMA 632 (presumptive PG) or Form DMA 550 (newborn) from the A/R, AND once received in the county DFCS office, complete and issue a Form 962 to the recipient for the **current month only**, AND Fax to the Member Contact Center (1-866-483-1045) a copy of the Form DMA 632 or Form DMA 550. Catamaran will be updated via the GAMMIS interface regarding prescriptions.
A recipient requires medical services prior to receiving his/her first Medicaid card from DCH **Emergency**	Obtain a Form DMA 632 (presumptive PG) or Form DMA 550 (newborn) from the A/R, AND Once received in the county DFCS office, complete and issue a Form 962 to the recipient for the **current month only**, AND County designee should telephone the dedicated DFCS line to **HP's Member Contact Center** at 1-877-512-3130 to add eligibility to GAMMIS, AND Fax to the Member Contact Center (1-866-483-1045) a copy of the Form DMA 632 or Form DMA 550, AND If recipient needs emergency prescriptions, use the Catamaran Prescription Update Form as outlined on page four.

Issuance of Form 962, Certification of Medicaid Eligibility - Chart C.1	
IF	**THEN**
Other situations	Other than the situations mentioned above, it is appropriate to issue a Form 962 for an A/R ONLY in situations in which it is not possible to enter information into SUCCESS. These are: • Any month(s) over 13 months prior to current month • An AMN spenddown month which needs to have the first day liability amount decreased or the begin authorization date earlier than is shown in SUCCESS.

NOTE: Please see next page for a Claims or Billing issue cheat sheet.

You have a Claims or Billing Issue?

The Department of Community Health contracts with DFCS to perform correct eligibility determinations and to insure those are transmitted correctly to the GAMMIS Web Portal. When you are contacted with a claims or billing issue, you should:

- Check whether all months of eligibility are correct on SUCCESS, including any LA-D issues such as facility, patient liability, etc. If not, correct all months in SUCCESS. If so, proceed to your next step.
- Check whether all months are correct on the GAMMIS Web Portal. If not, FAX a request for correction to HP's Member Contact Center at 1-866-483-1045.
- If SUCCESS and GAMMIS are correct, you have no recourse to find a solution for the provider or member. At this point we need to make referrals to HP or DCH if the HP referral is not successful.

For Providers: All providers should have a policy manual regarding their billing and claims. They also have access to information including banner messages on www.mmis.georgia.gov
HP Provider Voice Response System: 1-800-766-4456
HP Contact Us: www.mmis.georgia.gov

For Hospice Providers: Form for election/discharge/revocation/transfer are faxed to 1-866-483-1045, ATTN: Member Enrollment
Providers should follow up with their field representatives whenever there is a problem, with proof of their submission. Member enrollment is allowed 7 to 10 business days for this update from date of receipt.

For Members: Member information (non-eligibility specific) is found on www.mmis.georgia.gov
HP Member Contact Center– 1-866-211-0950

DCH contact numbers are available on their website under Contact Us at http://dch.georgia.gov
This is available to the public, providers and members.

Problem Resolution

Requests for manual updates that cannot be done via SUCCESS may be faxed to 1-866-483-1045 or mailed to:
Member Contact Center
P.O. Box 105200
Tucker, GA 30085-5200

If there is not a timely response please forward the issue through the appropriate chain of command with in your office before using the emergent needs procedures below.

DCH has established a group email distribution list that will be monitored several times a day, **for emergency issues only.** This email address is membernotification@dch.ga.gov. Please use this email for the following escalated or emergent issues:

- Member approved in SUCCESS but not showing on the portal
- Web portal lock in table issues
- Name misspelling/DOB/SSN mismatch
- Duplicate ID's
- Twins – only one showing up on the portal even though both are in SUCCESS
- Child put under wrong mother due to similar name or DOB with another child
- Catamaran pharmacy updates
- Buy-In request (problem issues not resolvable through HP-use the Word buy-in form but send to the DCH address listed above.

Continue to use the GO-Mail Catamaran template in Medicaid.Forms for non-emergent Catamaran pharmacy updates. For those without GO-Mail access, a new Catamaran Word form has been developed, and is available in Appendix F. Please send it to membernotification@dch.ga.gov with the subject line "Catamaran PRESCRIPTION UPDATE". The FAX number 404-463-2538 for SSI cert letters or 962's to add a member to GAMMIS has not changed.

Buy-in inquiries and buy-in data corrections should be faxed to the HP Buy-In Unit at 1-866-483-1045 or mailed to the Member Contact Center. Workers should use the Buy-In template that is available in Appendix F. HP will send written response to DFCS of the action taken on the inquiry/discrepancy.