

## APPENDIX C – MEDICAID ISSUANCE

<b>POLICY STATEMENT</b>	Plastic Medicaid cards are issued to individuals eligible for Medicaid only benefits. Recipients present the cards to Medicaid providers to verify Medicaid eligibility.
<b>BASIC CONSIDERATIONS</b>	<p>Medicaid eligibility determined by DFCS, is transmitted to the Department of Community Health, Division of Medical Assistance (DCH/DMA) through computer system interfaces.</p> <p><b>Medicaid Cards</b> 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/DMA issues <b>each</b> 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.</p> <p>Certain Medicaid recipients are not issued or reissued a Medicaid card. Members who will not receive cards are those approved for:</p> <ul style="list-style-type: none"> <li>• SLMB</li> <li>• QI-1</li> <li>• QDWI</li> <li>• EMA under any COA</li> <li>• Retroactive eligibility under any COA</li> <li>• No reissuance of a Medicaid card if not eligible in current month</li> <li>• Hospice if no “Lock In” received from the Hospice provider</li> </ul> <p>Medicaid eligibility in DCH’s computer system, Multi Health Network (MHN), may be viewed at <a href="http://www.ghp.georgia.gov">www.ghp.georgia.gov</a> by the member and by DFCS staff, if proper id and password have been provided. Dual eligibility, such as QMB and NH COAs, is not reflected on MHN. Eligibility for only one COA is displayed, usually the eligibility for full Medicaid.</p> <p>Members may also confirm eligibility in MHN by calling the Customer Interaction Center (CIC) and accessing the Interactive Voice Response system (IVR) at 1-866-211-0950.</p>

## BASIC CONSIDERATIONS

### Medicaid Cards (cont.)

Providers may call the CIC 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 SXC Health Solutions, Incorporated 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/DMA 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/DMA by DFCS through the computer system interface.

Medicaid cards that cannot be delivered to the HOH are returned to the facility at McRae, Georgia. Members who need a replacement card should notify the CIC 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 MHN. Thus if the address is changed at MHN, but not in SUCCESS, the problem may reoccur.

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

### Medicaid Identification Numbers

A 9-digit client ID number is assigned by SUCCESS and passed to DCH/DMA via the interface. MHN assigns a 12-digit Medicaid number. 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 MHN number.

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

**BASIC  
CONSIDERATIONS  
(cont.)**
**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 DMA, 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 CIC 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 never be issued for QMB, SLMB, QI-1, or QDWI recipients.

- Form DMA 632, Eligibility Determination for Pregnancy-Related Care, is issued by the Health Department and certain other “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 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.
- Form DMA 550, Newborn Certification, authorizes Medicaid eligibility for a newborn. The number assigned by MHN is the member’s identification number.

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

Georgia Health Partnership (GHP)      1-866-483-1045  
Member Services  
P.O. Box 3000  
McRae, Ga. 31055-3000

**PROCEDURES****Non-Emergency Situations**

**NOTE:** Member enrollment e-mails are answered within 3 business days and all faxes or mailed inventory is updated within 5 business days. When you send a fax please remember **to** include the MHN number. If you get no response **please contact Veonica Cunningham** via e-mail or phone: [veonica.cunningham@acs-inc.com](mailto:veonica.cunningham@acs-inc.com) / 678-320-2702.

For newly approved/recertified SSI clients, fax Form 962 and Cert Letter to GHP at 1-866-483-1045. SXC will be updated for prescriptions via MHN's interface.

Existing/ongoing SSI clients should report changes/corrections through the Customer Interaction Center (CIC) and accessing the Interactive Voice Response system (IVR) at 1-866-211-0950 or locally at 770-512-3605.

For newly approved SUCCESS A/Rs, print the MAID off SUCCESS the day following approval if A/R requests verification. MHN and SXC will be updated with eligibility via the interface.

**Emergency Situations**

For emergency updates to MHN, use [memberenrollment@acs-inc.com](mailto:memberenrollment@acs-inc.com).

For newly approved SSI clients complete the following:

- Call the CIC first (See page 1) and have the client added to MHN. Ask for Member Enrollment.
- After the client is added, fax the SSI Cert letter to the McRae facility at 1-866-483-1045.
- If the emergency is also for prescriptions, use the SXC Prescription Update Form on the Medicaid.Forms bulletin board or email your consultant. Make sure that you indicate that the Cert letter has already been sent to McRae. Also indicate if the client is in E02 or C01 status.

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 MHN to make sure the customer is showing active. Use either the web portal or IVR. If A/R is not showing eligible in MHN, use the SXC Prescription Update form and annotate to update MHN.
- If the emergency is for prescriptions, use the SXC 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.

**PROCEDURES****(cont.)****Emergency  
Situations  
(cont.)**

- Follow the directions under SSI newly eligibles, substituting Form 632, 632W or 550 for the Certification Letter.

For out-of-state providers rendering emergency services, providers follow Policies and Procedures for Hospital Services, Section 909 as found on the GHP 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 GHP, P.O. Box 5000, McRae, GA. 31055.

**Prior Approval  
And Emergency  
Doctor's Visits**

For physicians to have procedures prior approved, they should complete a Form DMA 81 and send to GHP, P.O.Box 7000, McRae, Ga. 31055.

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. There are three CMOs currently operating in Georgia. They include:

- Amerigroup Community Care
- Peach State Health Plan
- WellCare

Georgia Families has divided the state into six regions, with each region being served by at least two CMOs. Once eligibility for

**Georgia Families  
(cont.)**

Medicaid is established, Georgia Families will send an enrollment packet to the a/r. The a/r will have 30 days in which to choose a CMO in their area. If the a/r does not choose, they will be assigned to a CMO in their area. If an a/r wishes to change their CMO, they can contact Georgia Families at 1-888-GA-ENROLL (423-6765) or at [www.georgia-families.com](http://www.georgia-families.com).

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

- Low Income Medicaid
- Right from the Start Medicaid
- Peachcare for Kids
- Women with breast or cervical cancer

**Georgia Better  
Healthcare**

Georgia Better Healthcare (GBHC) matches Medicaid recipients to a primary care physician or provider. Through GBHC, the Department of Community Health contracts with primary care physicians and providers to deliver and coordinate Medicaid recipient health care services. For those who are enrolled in GBHC, participation is mandatory.

The key goals of the program are to:

- Improve access to medical care, particularly primary care services
- Enhance continuity of care by creating a ‘medical home’
- Reduce unnecessary use of medical services

Recipients may select their GBHC primary care provider. If they do not choose a primary care provider, they will be assigned a physician by DCH based on historical usage (the recipient or a family member has been to the same doctor before) or based on geographic convenience. Recipients cannot ‘opt out’ of participation with GBHC.

GBHC improves patients’ access to primary care and helps reduce hospitalization for serious illness. It also reduces the number of unnecessary visits to the emergency room and to specialists for care that could be provided through a primary care physician.

**GBHC  
Exemptions**

If there is a Medicaid Foster Care child who qualifies for exemption from GBHC, refer to [Section 2853](#), Foster Care MHN/GBHC Interface for instructions.

**GBHC  
CONTACTS**

For provider assistance with general GBHC questions, refer providers to (404) 656-5537 or (800) 551-5079. For member assistance with enrollment and provider selection, refer members to (404) 982-3535 or (800) 246-2757.

## PROCEDURES

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

<b>Issuance of Form 962, Certification of Medicaid Eligibility - Chart C.1</b>	
<b>IF</b>	<b>THEN</b>
<p>A newly eligible SSI recipient requires medical services prior to receiving his/her first Medicaid card from DCH/DMA</p> <p><b>Non-emergency</b></p>	<p>Advise the recipient to obtain a “Certification for SSI Eligibility Form” from SSA,</p> <p style="text-align: center;">AND</p> <p>once received in the county DFCS office, complete and issue a Form 962 to the recipient for the <b>current month only</b>,</p> <p style="text-align: center;">AND</p> <p>Fax to McRae (1-866-483-1045) a copy of the Certification for SSI Eligibility Form. SXC will be updated via the MHN interface regarding prescriptions.</p>
<p>A newly eligible SSI recipient requires medical services prior to receiving his/her first Medicaid card from DCH/DMA</p> <p><b>Emergency</b></p>	<p>Advise the recipient to obtain a “Certification for SSI Eligibility Form” from SSA,</p> <p style="text-align: center;">AND</p> <p>Once received in the county DFCS office, complete and issue a Form 962 to the recipient for the <b>current month only</b>,</p> <p style="text-align: center;">AND</p> <p>County designee should <b>telephone</b> CIC’s Member Enrollment 1-866-211-0950 to add eligibility to MHN,</p> <p style="text-align: center;">AND</p> <p>Fax to CIC (1-886-483-1045), a copy of the Certification for SSI Eligibility Form ,</p> <p style="text-align: center;">AND</p> <p>If recipient needs emergency prescriptions, use the SXC Prescription Update Form as outlined on page four. Indicate whether A/R is in E02 or C01 status.</p>

<b>Issuance of Form 962, Certification of Medicaid Eligibility - Chart C.1</b>	
<b>IF</b>	<b>THEN</b>
<p>An eligible Georgia SSI recipient</p> <p><b>Life Threatening</b></p>	<p>Fax a copy of the Certification for SSI Eligibility Form to DCH at 404-656-7209.</p> <p>AND</p> <p>Add a note to add to MHN and SXC for a life threatening situation.</p>
<p>An SSI recipient from another state moves to Georgia</p> <p>AND</p> <p>Continues to be eligible for Medicaid through SSI in Georgia</p> <p>AND</p> <p>Needs medical services the month of move</p>	<p>Advise the recipient to obtain a “Certification for SSI Eligibility Form” from SSA,</p> <p>AND</p> <p>Once received in the county DFCS office complete and issue a Form 962 to the recipient for the <b>current month only</b>,</p> <p>AND</p> <p>Request county designee to notify CIC by <b>telephone</b> 1-866-211-0950 that Form 962 is being issued,</p> <p>AND</p> <p>Fax to CIC in McRae, Georgia (1-866-483-1045) a copy of the Certification for SSI Eligibility Form.</p> <p>AND</p> <p>If recipient needs emergency prescriptions, use the SXC Prescription Update form as outlined on page four. Otherwise SXC will be updated via the MHN interface.</p>
<p>A newly eligible SUCCESS A/R needs medical care or prescriptions within 5 days of SUCCESS finalization and thus before MHN and ESI can update eligibility</p> <p>OR</p> <p>PeachCare for Kids A/R needs emergency prescriptions,</p> <p><b>Emergency</b></p>	<p>Check MHN for eligibility via web or IVR.</p> <p>AND</p> <p>Complete an SXC Prescription Update Form as outlined on page four and annotate to update MHN if needed.</p> <p>AND</p> <p>Issue a Form 962 or MAID if A/R requests immediate proof of eligibility.</p>
<p>A newly eligible Presumptive Pregnant or Newborn recipient requires medical services prior to receiving his/her first Medicaid card from DCH/DMA,</p> <p><b>Non-emergency</b></p>	<p>Obtain a Form DMA 632 (presumptive PG) or Form DMA 550 (newborn) from the A/R,</p> <p>AND</p> <p>once received in the county DFCS office, complete and issue a Form 962 to the recipient for the <b>current month only</b>,</p> <p>AND</p> <p>Fax to CIC (1-866-483-1045) a copy of the Form DMA 632 or Form DMA 550. SXC will be updated via the MHN interface regarding prescriptions.</p>



<b>Issuance of Form 962, Certification of Medicaid Eligibility - Chart C.1</b>	
<b>IF</b>	<b>THEN</b>
<p>A recipient requires medical services prior to receiving his/her first Medicaid card from DCH/DMA,</p> <p><b>Emergency</b></p>	<p>Obtain a Form DMA 632 (presumptive PG) or Form DMA 550 (newborn) from the A/R,</p> <p style="text-align: center;">AND</p> <p>Once received in the county DFCS office, complete and issue a Form 962 to the recipient for the <b>current month only</b>,</p> <p style="text-align: center;">AND</p> <p>County designee should <b>telephone</b> CIC's Member Enrollment 1-866-211-0950 to add eligibility to MHN,</p> <p style="text-align: center;">AND</p> <p>Fax to CIC (1-866-483-1045) a copy of the Form DMA 632 or Form DMA 550,</p> <p style="text-align: center;">AND</p> <p>If recipient needs emergency prescriptions, use the SXC Prescription Update Form as outlined on page four.</p>
Other situations	<p>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:</p> <ul style="list-style-type: none"> <li>• Any month(s) over 13 months prior to current month</li> <li>• 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.</li> </ul>

**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 GHP 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 GHP Web Portal. If not, send an e-mail requesting correction to [memberenrollment@acs-inc.com](mailto:memberenrollment@acs-inc.com)
- If SUCCESS and GHP are correct, you have no recourse to find a solution for the provider or member. At this point we need to make referrals to ACS or DCH if the ACS referral is not successful.

For Providers: All providers should have a policy manuals regarding their billing and claims. They also have access to information including banner messages on [www.ghp.georgia.gov](http://www.ghp.georgia.gov)

ACS Provider Voice Response System: 1-800-766-4456

ACS Contact Us: [www.ghp.georgia.gov](http://www.ghp.georgia.gov)

ACS Provider Field Representatives: You can find a list of provider representatives for your county by doing a search on the GHP web site.

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.ghp.georgia.gov](http://www.ghp.georgia.gov)

ACS Member call 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**

Use the dedicated ACS member enrollment email box for non-emergent issues. 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 escalated or emergent issues only**. This email address is [membernotification@dch.ga.gov](mailto: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
- SXC pharmacy updates
- Buy-In request

Continue to use the SXC template for SXC pharmacy updates. SXC PRESCRIPTION UPDAE should be the subject line. The FAX number 404-656-9655 for SSI cert letters or 962's to add a member to MHN has not changed.

Continue to use the Buy-In template for Buy-In request that have not been resolved by ACS. Be sure to put MEDICARE BUY-IN PROBLEM as the subject.

**NOTE:** Both of the above forms are in Appendix F.