

APPENDIX C – MEDICAID ISSUANCE

<p><b>POLICY STATEMENT</b></p>	<p>Plastic Medicaid cards are issued to individuals eligible for Medicaid only benefits. Recipients present the cards to Medicaid providers to verify Medicaid eligibility.</p>
<p><b>BASIC CONSIDERATIONS</b></p>	<p>Medicaid eligibility determined by DFCS, is transmitted to the Department of Community Health (DCH) through computer system interfaces.</p>
<p><b>Medicaid Cards</b></p>	<p>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 <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, Georgia Medicaid Management Information System (GAMMIS), may be viewed at <a href="http://www.mmis.georgia.gov">www.mmis.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 GAMMIS. Eligibility for only one COA is displayed, usually the eligibility for full Medicaid.</p>

**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 1-800-211-0950

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 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 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.

**BASIC  
CONSIDERATIONS  
(cont.)**

**Medicaid  
Identification  
Numbers**

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

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 never 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 Form 962 and Cert Letter to the Member Contact Center at 1-866-483-1045. SXC 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.

For newly approved SUCCESS A/Rs, print the MAID off SUCCESS the day following approval if A/R requests verification. GAMMIS and SXC 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 SXC Prescription Update Form on the GO-Mail Medicaid Forms bulletin board. For those without GO-Mail access, a new SXC Word form has been developed, and is available in Appendix F. Please send it to [membernotification@dch.ga.gov](mailto:membernotification@dch.ga.gov) with the subject line "SXC 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.

For Medically Needy A/Rs meeting spenddown within five days

**PROCEDURES**

(cont.)

**Emergency Situations (cont.)**

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 SXC Prescription Update form and annotate to update GAMMIS.
- 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.
- 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. 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 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 GAMMIS/GBHC Interface for instructions.

**GBHC CONTACTS** For provider assistance with general GBHC questions, refer providers to 1-800-766-4456. For member assistance with enrollment and provider selection, refer members to contact the HP Member Contact Center at 1-866-211-0950.

**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**

<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</p> <p><b>Non-emergency</b></p> <p>A newly eligible SSI recipient requires medical services prior to receiving his/her first Medicaid card from DCH</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>Fax to Tucker (1-866-483-1045) a copy of the Certification for SSI Eligibility Form. SXC will be updated via the GAMMIS interface regarding prescriptions.</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 the dedicated DFCS line to the Member Contact Center</b> at 1-877-512-3130 to add eligibility to GAMMIS,</p> <p style="text-align: center;">AND</p> <p>Fax to the Member Contact Center (1-866-483-1045), 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>
An eligible Georgia SSI recipient	Fax a copy of the Certification for SSI Eligibility Form to DCH at 404-656-7209.
	AND
<b>Life Threatening</b>	Add a note to add to GAMMIS and SXC for a life threatening situation.
An SSI recipient from another state moves to Georgia	Advise the recipient to obtain a "Certification for SSI Eligibility Form" from SSA,
	AND
AND	Once received in the county DFCS office complete and issue a Form 962 to the recipient for the <b>current month only</b> ,
Continues to be eligible for Medicaid through SSI in Georgia	AND
	Request county designee to notify CIC by <b>telephone</b> 1-866-211-0950 that Form 962 is being issued,
	AND
AND	Fax to the Member Contact Center in Tucker, Georgia (1-866-483-1045) a copy of the Certification for SSI Eligibility Form.
Needs medical services the month of move	AND
	If recipient needs emergency prescriptions, use the SXC Prescription Update form as outlined on page four. Otherwise SXC 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 SXC can update eligibility	Check GAMMIS for eligibility via web or IVR.
	AND
	Complete an SXC Prescription Update Form as outlined on page four and annotate to update GAMMIS if needed.
	AND
	Issue a Form 962 or MAID if A/R requests immediate proof of eligibility.
	OR
PeachCare for Kids™ A/R needs emergency prescriptions,	
<b>Emergency</b>	
A newly eligible Presumptive Pregnant or Newborn recipient requires medical services prior to receiving his/her first Medicaid card from DCH,	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 <b>current month only</b> ,
	AND
	Fax to the Member Contact Center (1-866-483-1045) a copy of the Form DMA 632 or Form DMA 550. SXC will be updated via the GAMMIS interface regarding prescriptions.
<b>Non-emergency</b>	

<b>Issuance of Form 962, Certification of Medicaid Eligibility - Chart C.1</b>	
<b>IF</b>	<b>THEN</b>
A recipient requires medical services prior to receiving his/her first Medicaid card from DCH	<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>
<b>Emergency</b>	<p>County designee should telephone the dedicated DFCS line to <b>HP's Member Contact Center</b> at 1-877-512-3130 to add eligibility to GAMMIS,</p> <p style="text-align: center;">AND</p> <p>Fax to the Member Contact Center (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 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](http://www.mmis.georgia.gov)

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

HP Contact Us: [www.mmis.georgia.gov](http://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](http://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](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 (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 SXC template in Medicaid.Forms for non-emergent SXC pharmacy updates. For those without GO-Mail access, a new SXC Word form has been developed, and is available in Appendix F. Please send it to [membernotification@dch.ga.gov](mailto:membernotification@dch.ga.gov) with the subject line "SXC 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.