PART II

POLICIES AND PROCEDURES
FOR
CHILDBIRTH EDUCATION PROGRAM



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAID

Revised: July 1, 2023

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE **A**=Added **D**=Deleted **M**=Modified	CITATION (Revision required by Regulation, Legislation, etc.)
4/1/2020		No Revisions		
7/1/2020		No Revisions		
9/16/20	CMS Field Locator Instructions, Items 14, 17, 19 and 24A-24G; Appendix F; Healthcare Providers, pages I-7 -I-9 and I-11	Changed all references to DXC to Gainwell Technologies	M	Name change effective 1-1-21
2/16/2021	All	Dates	M	
2/18/2021	Appendix J	Updated Logisticare's name	M	
5/26/2021	Appendix I	Updated Georgia Families	M	Peach State/Wellcare merger
7/1/23	Appendix J	Updated NEMT Table	M	

PART II - POLICIES AND PROCEDURES
FOR
CHILDBIRTH EDUCATION PROGRAM

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Overview

The Childbirth Education Program is designed to educate the pregnant woman about the birth experience and provide her with the tools to prepare for a healthier pregnancy, birth and postpartum period.

Rev. 01/13

The Childbirth Education Program comprises two components – one that focuses on pregnancy related issues and another that focuses on the newborn. In total, the program covers a member's participation in eight classes. The pregnancy component covers a series of six classes designed to provide information on pregnancy, proper prenatal care, what to expect during labor and delivery, and information on breastfeeding. There are two classes in the newborn component and they are designed to provide information on newborn feeding, infant nutrition and basic newborn care.

Rev. 04/13
Rev. 04/16

This program is the Medicaid Division's only non-hospital based Childbirth Education program. Hospitals are separately enrolled to provide hospital based childbirth education classes but must follow the requirements of this manual except in billing (See 1002 B). Members may select either hospital or non-hospital based classes, but not both during the same pregnancy. Members may take individual classes or the entire series. The same class may only be taken once every twelve months.

PART II - CHAPTER 600
SPECIAL CONDITIONS OF PARTICIPATION

Rev. 07/13

601. Providers enrolling in the Childbirth Education Program must meet the following special conditions:

601.1 A Childbirth Education Program provider may be an individual or group entity qualified to provide childbirth education classes. The provider must be enrolled as a Medicaid provider under this program in order to bill for service delivery. Every Childbirth Education Program provider must be or utilize a Childbirth Education Program instructor to deliver the Childbirth Education services. The Childbirth Education Program instructor must have a current certification from one of the associations listed in 601.2 below.

Rev. 04/13
Rev. 07/13

601.2 Every Childbirth Education instructor providing services in the Childbirth Education Program must be certified as a childbirth educator by one of the following associations:

- International Childbirth Education Association (ICEA)
- Lamaze International
- American Academy of Husband-Coached Childbirth (The Bradley Method)
- Prepared Childbirth Educators, Inc.
- Childbirth and Postpartum Professional Association (CAPPA) World Headquarters

Rev. 07/13

601.3 Documentation verifying the current, required certification from one of the organizations listed in 601.2 must be submitted with the enrollment application. Approved Childbirth Education instructors must maintain their certification. The Childbirth Education Program provider must have documentation of each of their instructor's certification as a childbirth educator. A Certification of Instructor Qualifications statement must be on file at the Division for each of the instructors affiliated with a Childbirth Education Program. This statement can be found in Appendix C.

Rev. 07/13

601.4 Each Childbirth Education instructor must have recent work experience in labor and delivery **or** at least one (1) year of work experience providing childbirth education classes. Recent work experience is defined as experience in labor and delivery within the last five (5) years.

601.5 Physicians and certified nurse midwives are exempt from the certification and work requirements.

Rev. 07/13

601.6 Childbirth Education Program providers must maintain current evidence of credentials for each of their Childbirth Education instructors. This information should be kept on site and available for audit purposes.

Rev. 07/13

601.7 The Childbirth Education Program provider agrees to bill the Division for only those classes that were taught by their certified Childbirth Education Instructor(s) and agrees to bill the Division their “Usual and Customary Fee “for each class provided. “Usual and Customary” is defined as the fee charged to private-paying patients for the same service during the same period of time.

601.8 Instructors of the Childbirth Education Program must develop and maintain a copy of their written curriculum that addresses the topics contained in Chapter 900 of this manual. Instructors also must develop and maintain a curriculum that addresses the unique needs of the teenager.

601.9 The Childbirth Education Program provider must maintain, on file, an attendance record for each class conducted by the instructor. A copy of the mandatory attendance record is located in Appendix D.

601.10 Classes must be conducted in non-residential offices or locations within the state of Georgia that are classroom equipped.

Rev. 07/13

601.11 The Childbirth Education Program provider further agrees to furnish the Division, its authorized representatives, or contractual agents with such information as the Division may request from time-to-time regarding "usual and customary" fees.

601.12 The Childbirth Education Program provider agrees to notify the Division's Provider Enrollment unit in writing should any change in enrollment status occur such as: new address or telephone number; additional service locations; change in payee; and voluntary termination from the program. Each notice of change must include the date on which the change(s) is to become effective.

PART II - CHAPTER 700
SPECIAL ELIGIBILITY CONDITIONS

In addition to all conditions of Medicaid eligibility, members participating in Childbirth Preparation classes (the first six (6) classes in the series) must be pregnant women.

Members participating in Newborn Care or Newborn Feeding classes (the last two (2) classes in the series) must be pregnant or postpartum women. The postpartum period is defined as thirty (30) days after the mother's date of hospital discharge following the newborn's delivery.

PART II - CHAPTER 800
PRIOR APPROVAL

801. Prior Approval

The services covered under this program do not require prior approval.

PART II - CHAPTER 900
SCOPE OF SERVICES

901. General

Rev. 07/13

The instruction provided in the Childbirth Education Program is divided into two (2) components. The first component is a series of six (6) classes designed to prepare the pregnant woman for labor, delivery, and breastfeeding. The second component is comprised of two (2) classes: one class provides information on newborn feeding and the other provides information on newborn care.

901.1 Childbirth Education classes must be conducted by a professional who meets the conditions of participation stipulated in Chapter 600 of this manual.

901.2 Although it is the goal of the program for the member to receive the complete series of classes, it may not be convenient for her to participate in each and every class. However, once the Childbirth Education Program provider is selected by the member, that provider must provide all of the instructions for that member.

901.3 At a minimum, each class should last one (1) hour in order to allow sufficient time to cover the topics and respond to questions. Childbirth Education classes must be conducted in a group setting with a minimum of three (3) and a maximum of ten (10) pregnant women. The class participants should be encouraged and allowed to invite a partner to participate in the classes with them. The maximum number of participants does not include the partner.

902. Covered Services

902.1 General

Rev. 07/13

Childbirth Education instructors should have a curriculum that, at a minimum, must include the topics listed in Section 902.2. Instructors are encouraged to utilize a separate curriculum that focuses on the needs of the pregnant teenager and conduct separate classes for teens, so that the unique needs of this population can be met. Teens may be served in regular classes as long as their unique needs are addressed.

902.2 Childbirth Preparation Classes

Rev. 04/13
Rev. 04/15

Topics discussed during the six (6) Childbirth preparation classes should include but are not limited to:

- General Nutrition
- Relaxation and Breathing Techniques
- Signs of Labor
- Stages of Labor
- Comfort Measures for labor and birth
- Positions for labor
- Vaginal birth and Cesarean section birth
- Breathing and Positions for Pushing
- Postpartum contraception including immediate postpartum long acting reversible contraceptives (LARCs)
- Reproductive Life Plans
- Benefits of Breastfeeding
- Breastfeeding techniques
- Postpartum complications
    - signs, symptoms, and when to call the doctor
- Postpartum depression
    - signs, symptoms, and when to call the doctor

Topics discussed during the two (2) Newborn classes (feeding and basic care) should include but are not limited to:

- Infant Nutrition
- Benefits of Breastfeeding
- Breastfeeding techniques
- Bottle-feeding
- Bottle propping
- Burping
- Introduction of solid foods
- When to call the pediatrician
    - Diarrhea
    - Symptoms of illness, i.e., fever, rash, colic
- Temperature taking
- Umbilical cord care
- Infant safety, including car seats
- Care of infant clothing, sleep positioning and the prevention of Sudden Infant Death Syndrome (SIDS)
- Developmental milestones
- Diapering and bathing
- Well child visits including immunizations

902.3 All Childbirth preparation classes must be completed before delivery. The Newborn Care and Feeding classes may be completed before delivery but must be completed no later than the thirtieth (30th) day after the mother's date of hospital discharge following the delivery.

Rev. 04/13

903. Access

Rev. 07/13

903.1 Childbirth Education classes should be held in community settings where the target population resides, works, or receives prenatal care. Locations could include health departments, schools, churches, community centers, public housing, hospitals, and doctors' offices. Classes also should be held during times that are convenient to the target population.

903.2 In order to meet the needs of the pregnant woman, the provider must be flexible in scheduling. A maximum of two classes may be provided to the pregnant woman each week. They may be offered on the same day.

Rev. 07/13

904. Documentation

The Childbirth Education Program provider must maintain locked files that contain:

A) A current general curriculum.

B) A curriculum designed to meet the needs of teenage mothers.

C) Attendance records must be kept for each class and must include:
- Provider's name, Medicaid provider number, and address
- Class number and topic of the class
- Class size and location
- Date and time each class begins and ends
- Member name, Medicaid number, and signature
- Instructor's name and signature

905. Utilization Review

Rev. 04/13
Rev. 07/13

Periodic utilization review of services provided to Childbirth Education Program participants will be performed by the Division. Details regarding Utilization Review can be found in the Part I Policies and Procedures for Medicaid/PeachCare for Kids Manual (Chapter 400).

906. Service Limits

Rev. 04/13

906.1 Members cannot receive non-hospital based childbirth education classes and hospital based childbirth education classes during the same pregnancy.

Rev. 07/13

906.2 Once the member selects a Childbirth Education Program provider, classes must be presented by that provider during the member's current pregnancy.

906.3 A maximum of two (2) classes can be billed per week.

907. Non-Covered Services

The services listed below are non-covered in the Childbirth Education Program. This list is representative of non-covered services; however, it is not meant to be exhaustive.

A) Classes provided in the member's or provider's home.

B) Classes conducted by individuals who do not meet the requirements contained in Chapter 600 of this manual.

C) Classes normally provided free-of-charge.

Rev. 07/13

D) Classes provided that were not in compliance with the provisions of this manual.

Rev. 07/13

E) Classes in the series of six childbirth preparation classes that were not completed before delivery.

Rev. 07/13

F) Newborn Care or Newborn Feeding classes that were not completed by the thirtieth (30th) day following the mother's date of hospital discharge following the delivery.

Rev. 07/13

G) Classes provided to persons who are not pregnant or postpartum Medicaid eligible women.

Rev. 07/13
Rev. 10/15
Rev. 04/17

PART II - CHAPTER 1000
BASIS FOR REIMBURSEMENT

1001. General

Reimbursement for services will be contingent on the Childbirth Education Program provider's enrollment in the Medicaid program, the patient's eligibility at the time services are rendered, and compliance with all other applicable policies and procedures.

1002. Reimbursement Methodology

A) Non-Hospital Based

Rev. 04/13
Rev. 07/13

Childbirth Education classes will be reimbursed on a fee-for-service basis billed using the CMS-1500 form electronically. Specific billing instructions can be found in the billing section of the **Part I Policies and Procedures for Medicaid/PeachCare for Kids Manual.** Childbirth Education Program providers must bill their usual and customary charge established for childbirth education classes. The Division will pay the lower of the provider's usual and customary charge or the maximum allowable payment for the procedure rendered.

Rev. 04/17

The maximum allowable payment for Childbirth Preparation classes will be $9.45 per member per class. The partner's attendance in classes is not reimbursable.

The maximum allowable payment for the Newborn Care and Newborn Feeding classes will be $9.45 per member per class.

Reimbursement is limited to one provider per pregnancy.

In order to be reimbursed, the Childbirth Preparation components must be completed prior to delivery and claims for these classes must include the appropriate ICD-10 diagnosis codes.

Rev. 04/14
Rev. 10/15
Rev. 04/17

Effective October 1, 2015, ICD-10 Codes Z34.80 – Z34.83, Z34.90 – Z34.93 or Z33.1 are to be used, as appropriate, for the diagnosis codes associated with childbirth education services.

Rev. 04/14
Rev.10/15
Rev. 04/17

The Newborn Care and Newborn Feeding classes must be completed by the thirtieth (30th) day after the mother's date of hospital discharge following the delivery. Claims for classes provided before delivery must include an ICD-10 diagnosis code. Effective October 1, 2015, ICD-10 Codes Z34.80 – Z34.83, Z34.90 – Z34.93 or Z33.1 must be used as appropriate.

Claims for classes provided after delivery must include the ICD-10 diagnosis code Z39.2. You must use the ICD-10 codes on and after October 1, 2015. (See Appendix A)

B) Hospital Based

Childbirth Education classes will be reimbursed on an outpatient basis using revenue code 942 on the UB-04 form. See Appendix G for additional information and instructions on completion of the UB-04.

Rev. 07/11
Rev. 10/11
Rev. 04/13
Rev. 04/14
Rev. 10/15
Rev. 01/17
Rev. 04/17

APPENDIX A
PROCEDURE CODES
NON-HOSPITAL BASED PROCEDURE CODES

Class	HIPAA Proc Code	Diagnosis Codes	HIPAA Proc Code Description	Required Modifier	Rate
Class One	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1	Preventive Medicine Counseling, Group; 60 Min	None	$9.45
Class Two	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1	"	None	$9.45
Class Three	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1	"	None	$9.45
Class Four	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1	"	None	$9.45
Class Five	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1	"	None	$9.45
Class Six	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1	"	None	$9.45
Newborn Feeding	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1 , Z39.2	"	HD	$9.45
Newborn Care	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1 Z39.2	"	HD	$9.45

HOSPITAL-BASED PROCEDURE CODES

This service is reimbursed under revenue code 942 on the UB-04.
Please refer to **Part II, Policies and Procedures for Hospitals,** Section 906(f).

APPENDIX B
CHILDBIRTH EDUCATION ASSOCIATIONS

Rev. 10/11

American Academy of Husband-Coached Childbirth
(The Bradley Method)
P.O. Box 5224
Sherman Oaks, California 91413-5224
1-800-4-A-Birth
(818) 788-6662
www.bradleybirth.com

Lamaze International
2025 M Street, NW Suite 800
Washington, D.C. 20036-3309
1-800-368-4404
202-367-1128
www.lamaze.org

Rev. 04/16
Rev. 01/18

International Childbirth Education Association (ICEA)
110 Horizon Drive, Ste. 210
Raleigh, NC 27615
919-674-4183
www.icea.org

Prepared Childbirth Educators, Inc
219 Central Avenue
Hatboro, PA 19040
888-344-9972
www.childbirtheducation.org

Childbirth and Postpartum Professional Association (CAPPA) World Headquarters
PO Box 547
Flowery Branch, GA 30542
770-965-9777
www.cappa.net/

APPENDIX C
CHILDBIRTH EDUCATION PROGRAM

CERTIFICATION OF INSTRUCTOR QUALIFICATIONS STATEMENT

The Childbirth Education instructor must be a Georgia licensed registered nurse, certified nurse practitioner, certified nurse-midwife or physician. Please complete the following and attach additional documentation where necessary.

1. Attach a copy of the current certification as a childbirth educator from one of the associations listed in 601.2. The certification must be signed, dated, and written on the applicable association's letterhead.

2. On the back of this form, please list the experience the instructor has in providing childbirth education/labor and delivery experience. Include the dates, specific duties, and names of employers with location information.

NOTE:
If you are a physician or certified nurse-midwife, please check below and only complete the bottom portion of this form. Certified nurse-midwives must attach a copy of their certification from the American College of Nurse-Midwives to this form.

Licensed Certified Nurse Midwife_____ Licensed Physician _____

Name_____Telephone (____) _____

Address _____
(Street)

_____
(City) *(County)* *(State)*

Signature _____Date _____

Mail to:

Member and Provider Correspondence
GHP
P.O. Box 105200
Tucker, GA 30085-5200

Rev. 10/15

APPENDIX D
CHILDBIRTH EDUCATION PROGRAM ATTENDANCE RECORD

Provider Name:_____ Provider Medicaid Number: _____
Address: _____
(Street, City, State, County)
Class # and Topic:_____ Begin Time_____ End Time_____
Date_____ Class Size_____ Location: _____

	Name of Member	Signature of Member	Medicaid Number
1.			
2			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Instructor's Name: _____

Instructor's Signature: _____ Date: _____

APPENDIX E
CHILDBIRTH EDUCATION CLAIM FORM EXAMPLE



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) / MEDICAID [X] (Medicaid#) / TRICARE (ID#/DoD#) / CHAMPVA (Member ID#) / GROUP HEALTH PLAN (ID#) / FECA BLK LUNG (ID#) / OTHER (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): DOE, MARY J.	3. PATIENT'S BIRTH DATE MM 01 DD 01 YY 92 SEX M [ ] F [X]
5. PATIENT'S ADDRESS (No., Street): 1234 ANY STREET	6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [ ]
CITY: ANY CITY STATE: GA	8. RESERVED FOR NUCC USE
ZIP CODE: 00000-0000 TELEPHONE (Include Area Code): (404) 123-4567	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES [ ] NO [ ]
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES [ ] NO [ ] PLACE (State)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES [ ] NO [ ]
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
7. INSURED'S ADDRESS (No., Street)	
CITY STATE	
ZIP CODE TELEPHONE (Include Area Code) ( )	
11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]	
b. OTHER CLAIM ID (Designated by NUCC)	
c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] *If yes*, complete items 9, 9a, and 9d.	

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.	15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. B. C. D. E. Z34.80 F. G. H. I. J. K. L.	22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1									NPI	
2 10 01 15 10 01 15	99		99412		1	9 45	1		NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [ ] NO [ ]	28. TOTAL CHARGE $	29. AMOUNT PAID $	30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED Eva Stork, CNM DATE 10/01/15	32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.		33. BILLING PROVIDER INFO & PH # ( ) 9 45 a. NPI b.		

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

CMS 1500 Field Locator Instructions

The following table outlines the **revised changes** on the above CMS 1500 claim form version 02/12:

FLD Location	NEW Change
Header	Replaced 1500 rectangular symbol with black and white two-dimensional QR Code (Quick Response Code)
Header	Added "(NUCC)" after "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE."
Header	Replaced "08/05" with "02/12"
Item Number 1	Changed "TRICARE CHAMPUS" to "TRICARE" and changed" (Sponsor's SSN)" to "(ID#/DoD#)."
Item Number 1	Changed "(SSN or ID)" to "(ID#)" under "GROUP HEALTH PLAN"
Item Number 1	Changed "(SSN)" to "(ID#)" under "FECA BLK LUNG."
Item Number 1	Changed "(ID)" to "(ID#)" under "OTHER.'
Item Number 8	Deleted "PATIENT STATUS" and content of field. Changed title to "**RESERVED FOR NUCC USE**."
Item Number 9b	Deleted "OTHER INSURED's DATE OF BIRTH, SEX." Changed title to "**RESERVED FOR NUCC USE**."
Item Number 9c	Deleted "EMPLOYER'S NAME OR SCHOOL." Changed title to "**RESERVED FOR NUCC USE**."
Item Number 10d	Changed title from "RESERVED FOR LOCAL USE" to "CLAIM CODES (Designated by NUCC)."
Item Number 11b	Deleted "EMPLOYER'S NAME OR SCHOOL." **Changed title to "OTHER CLAIM ID** (Designated by NUCC)". Added dotted line in the left-hand side of the field to accommodate a 2-byte qualifier
Item Number 11d	Changed "If yes, return to and complete Item 9 a-d" to "If yes, complete items 9, 9a, and 9d." (Is there another Health Benefit Plan?)

FLD Location	NEW Change
Item Number 14	Changed title to "DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)." Removed the arrow and text in the right-hand side of the field. Added "QUAL." with a dotted line to accommodate a 3-byte qualifier." **FOR DCH/GAINWELL TECHNOLOGIES: Use Qualifiers: 431 (onset of current illness); 484 (LMP).**
Item Number 15	Changed title from 'IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE" to "OTHER DATE." Added "QUALIFIER." with two dotted lines to accommodate a 3-byte qualifier: 454 (Initial Treatment); 304 (Latest Visit or Consultation); 453 (Acute Manifestation of a Chronic Condition); 439 (Accident); 455 (Last X-ray); 471 (Prescription); 090 (Report Start [Assumed Care Date); 091 (Report End [Relinquished Care Date); 444 (First Visit or Consultation).
Item Number 17	Added a dotted line in the left-hand side of the field to accommodate a 2-byte qualifier – **Used by Medicare** for identifiers for provider roles: Ordering, Referring and Supervising. **FOR DCH/GAINWELL TECHNOLOGIES:** Use the following Ordering Provider, Referring, Supervising Qualifiers (**effective 4/01/2014**): **Ordering = DK; Referring = DN or Supervising = DQ.**
Item Number 19	Changed title from "RESERVED FOR LOCAL USE" to "ADDITIONAL CLAIM INFORMATION (Designated by NUCC)." **FOR DCH/GAINWELL TECHNOLOGIES:** Remove the Health Check logic from field 19 and add it in **field 24H.**
Item Number 21	Changed instruction after title (Diagnosis or Nature of Illness or Injury) from "(Relate Items 1, 2, 3 or 4 to Item 24E by Line)" to "Relate A-L to service line below (24E)."
Item Number 21	Removed arrow pointing to 24E (Diagnosis Pointer).
Item Number 21	Added "ICD Indicator." and two dotted lines in the upper right-hand corner of the field to accommodate a 1-byte indicator. Use the highest level of code specificity in FLD Locator 21. ICD -10 diagnoses (CM) codes = value 0.

FLD Location	NEW Change
Item Number 21	Added 8 additional lines for diagnosis codes. Evenly space the diagnosis code lines within the field.
Item Number 21	Changed labels of the diagnosis code lines to alpha characters (A-L).
Item Number 21	Removed the period within the diagnosis code lines
Item Number 22	Changed title from "MEDICAID RESUBMISSION" to "RESUBMISSION." The submission codes are: 7 (Replacement of prior claim) 8 (Void/cancel of prior claim)
Item Numbers 24A – 24 G (Supplemental Information)	The supplemental information is to be placed in the shaded section of 24A through 24G as defined in each Item Number. **FOR DCH/GAINWELL TECHNOLOGIES**: Item numbers **24A** & **24G** are used to capture Hemophilia drug units. **24H** (EPSDT/Family Planning).
Item Number 30	Deleted "BALANCED DUE." Changed title to "**RESERVED FOR NUCC USE**."
Footer	Changed "APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)" to "APPROVED OMB-0938-1197 FORM 1500 (02/12)."

APPENDIX F
GAINWELL TECHNOLOGIES

Rev. 10/15
Rev. 01/16

Member and Provider Correspondence
P.O. Box 105200
Tucker, GA 30085-5200

Electronic Data Interchange (EDI)
1.877.261.8785 (Toll free)

- Asynchronous
- Web portal
- Physical media
- Network Data Mover (NDM)
- Systems Network Architecture (SNA)
- Transmission Control Protocol / Internet Protocol (TCP/IP)

Provider Inquiry Numbers:

1-800-766-4456 (Toll free)

The web contact address is: https://www.mmis.georgia.gov

APPENDIX G
Hospital Billing Tips

Hospitals that provide Childbirth Education classes reimbursable by Medicaid must follow all the requirements in this manual. Billing is done on a UB-04 claim form, and an example is shown on the following page. Only one UB-04 may be submitted and should reflect all the classes attended.

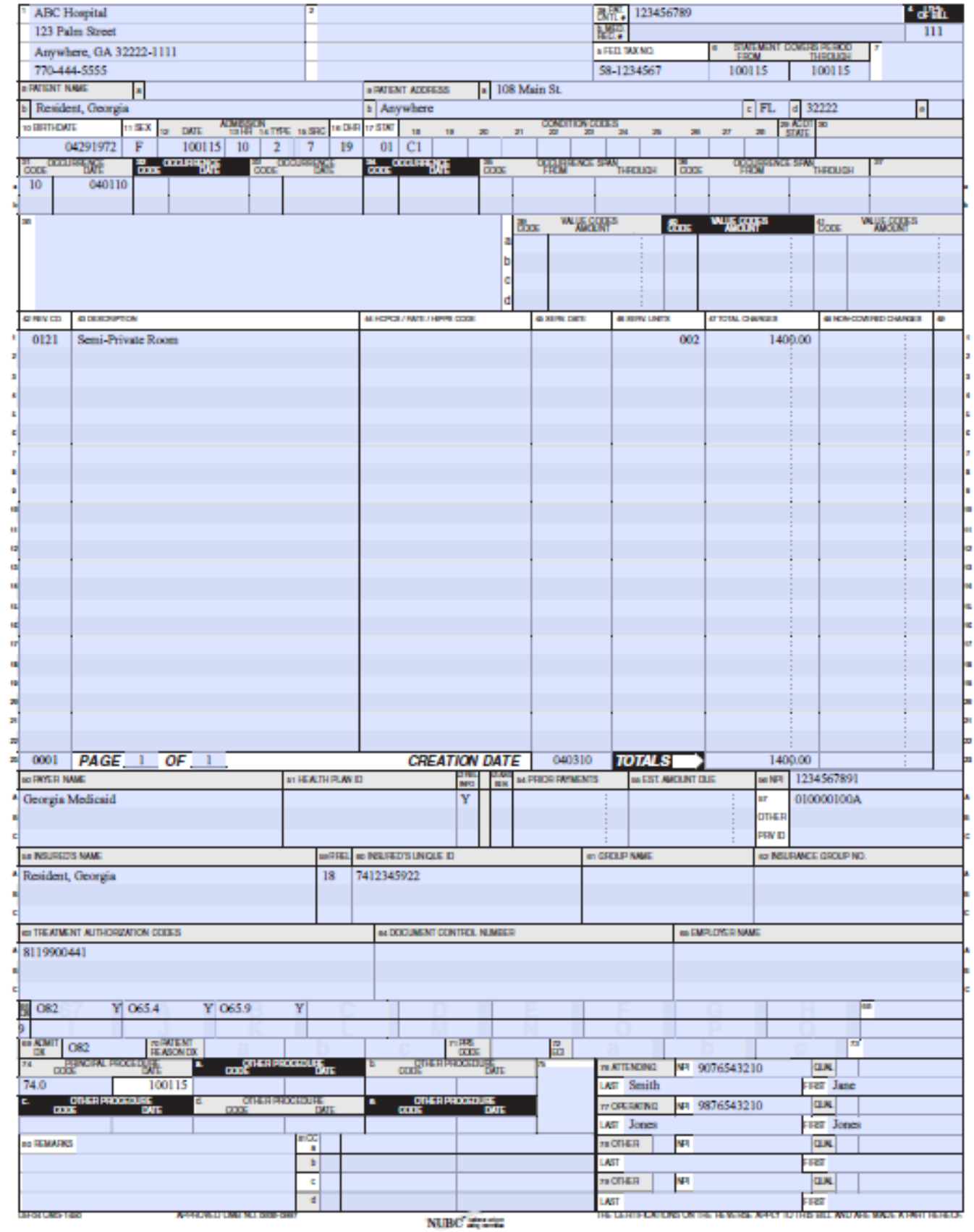
In ***Field 6,*** the first date class was attended should be entered for the "From" date. The last date class was attended should be entered for the "Through" date.

It is not required that the expectant mother attend all eight classes for Medicaid reimbursement. However, you should keep in mind that you can only bill one time. You may want to wait to bill after delivery. The last two classes (Newborn Feeding and Newborn Care) can be taken after the birth of the baby. If the last two classes are provided after delivery, you will not be reimbursed if you have already filed. Patients should be encouraged to attend all eight classes. For patients who complete all eight classes before delivery, you may submit your claim after the last class.

In ***Field 42***, you should enter the Revenue Code of 942.

Hospitals must establish a fee for each of the classes. This must be the same fee charged to non-Medicaid patients, and the hospital must have supporting evidence of this. In ***Field 43***, the description of the revenue code is entered. The date of the last class is entered in ***Field 45.*** In ***Field 46*** you must enter the total number of classes attended, and you must enter the total charges in ***Field 47.***
All other customary fields must also be completed.

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ABC Hospital
123 Palm Street
Anywhere, GA 32222-1111
770-444-5555

123456789
111
58-1234567
STATEMENT COVERS PERIOD: FROM 100115 THROUGH 100115

PATIENT NAME: Resident, Georgia
PATIENT ADDRESS: 108 Main St. Anywhere FL 32222

BIRTHDATE	SEX	ADMISSION DATE	HR	TYPE	SRC	DHR	STAT	CONDITION CODES	ACDT STATE
04291972	F	100115	10	2	7	19	01	C1	

OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE SPAN CODE	FROM	THROUGH	OCCURRENCE SPAN CODE	FROM	THROUGH
10	040110										

VALUE CODES CODE	VALUE CODES AMOUNT	VALUE CODES CODE	VALUE CODES AMOUNT	VALUE CODES CODE	VALUE CODES AMOUNT

REV CD	DESCRIPTION	HCPCS / RATE / HIPPS CODE	SERV. DATE	SERV. UNITS	TOTAL CHARGES	NON-COVERED CHARGES
0121	Semi-Private Room			002	1400.00	
0001	PAGE 1 OF 1		CREATION DATE 040310	TOTALS	1400.00	

PAYER NAME	HEALTH PLAN ID	REL INFO	ASG BEN	PRIOR PAYMENTS	EST. AMOUNT DUE	NPI	
Georgia Medicaid		Y					1234567891
						OTHER PRV ID	010000100A

INSURED'S NAME	PREL	INSURED'S UNIQUE ID	GROUP NAME	INSURANCE GROUP NO.
Resident, Georgia	18	7412345922		

TREATMENT AUTHORIZATION CODES	DOCUMENT CONTROL NUMBER	EMPLOYER NAME
8119900441		

A	O82	Y	O65.4	Y	O65.9	Y						
B												

ADMIT DX: O82
PATIENT REASON DX:
PRINCIPAL PROCEDURE: CODE 74.0 DATE 100115
OTHER PROCEDURE: CODE DATE
OTHER PROCEDURE: CODE DATE
OTHER PROCEDURE: CODE DATE
OTHER PROCEDURE: CODE DATE
OTHER PROCEDURE: CODE DATE

ATTENDING: NPI 9076543210 QUAL LAST Smith FIRST Jane
OPERATING: NPI 9876543210 QUAL LAST Jones FIRST Jones
OTHER: NPI QUAL LAST FIRST
OTHER: NPI QUAL LAST FIRST

REMARKS
CC a b c d

NUBC

July 2023 Childbirth Education Program G-2

APPENDIX H

General Claims Submission Policy for Ordering, Prescribing, or Referring (OPR) Providers

The Affordable Care Act (ACA) requires physicians and other eligible practitioners who order, prescribe and refer items or services for Medicaid beneficiaries to be enrolled in the Georgia Medicaid Program. As a result, CMS expanded the claim editing requirements in Section 1833(q) of the Social Security Act and the providers' definitions in sections 1861-r and 1842(b)(18) C. Therefore, claims for services that are ordered, prescribed, or referred must indicate who the ordering, prescribing, or referring (OPR) practitioner is. The department will utilize an enrolled OPR provider identification number for this purpose. Any OPR physicians or other eligible practitioners who are NOT already enrolled in Medicaid as participating (i.e., billing) providers must enroll separately as OPR Providers. The National Provider Identifier (NPI) of the OPR Provider must be included on the claim submitted by the participating, i.e., rendering, provider. If the NPI of the OPR Provider noted on the Georgia Medicaid claim is associated with a provider who is not enrolled in the Georgia Medicaid program, **the claim cannot be paid**.

Effective 4/1/2014, DCH will begin editing claims submitted through the web, EDI and on CMS-1500 forms for the presence of an ordering, referring or prescribing provider as required by program policy. The edit will be informational until 6/1/2014. Effective 6/1/2014, the ordering, prescribing and referring information will become a mandatory field and claims that do not contain the information as required by policy will begin to deny.

For the current CMS-1500 claim form:
Enter qualifiers to indicate if the claim has an ordering, referring, or prescribing provider to the left of the dotted line in box 17 (Ordering = DK; Referring = DN or Supervising = DQ).

For claims entered via the web:
Claims headers were updated to accept ordering or referring Provider ID and name for Dental and Institutional claims and the referring provider's name for Professional claims. The claim detail was updated to accept an ordering or referring provider ID and name. Utilize the "ordering" provider field for claims that require a prescribing physician.

For claims transmitted via EDI:
The 837 D, I, and P companion guides were updated to specifically point out the provider loops that capture the rendering, ordering, prescribing, referring and service facility provider information that is now used to transmit OPR information.

Rev. 07/13
Rev. 10/12
Rev. 04/14
Rev. 04/17
Rev. 10/18

APPENDIX I
Georgia Families

Georgia Families® (GF) is a statewide program designed to deliver health care services to members of Medicaid, PeachCare for Kids®, and Planning for Healthy Babies® (P4HB) recipients. The program is a partnership between the Department of Community Health (DCH) and private care management organizations (CMOs). By providing a choice of health plans, Georgia Families allows members to select a health care plan that fits their needs.

It is important to note that GF is a full-risk program; this means that the three CMOs licensed in Georgia to participate in GF are responsible and accept full financial risk for providing and authorizing covered services. This also means a greater focus on case and disease management with an emphasis on preventative care to improve individual health outcomes.

The three licensed CMOs:

Amerigroup Community Care 1-800-454-3730 www.amerigroup.com	Peach State Health Plan 866-874-0633 www.pshpgeorgia.com	CareSource 1-855-202-1058 www.caresource.com

Children, parent/caretaker with 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. Additionally, Planning for Healthy Babies® (P4HB) recipients receive services through Georgia Families® (GF). Children in foster care or receiving adoption assistance and certain youths committed to juvenile justice are enrolled in Georgia Families 360°.

Eligibility Categories for Georgia Families:

Included Populations	Excluded Populations
Parent/Caretaker with Children	Aged, Blind and Disabled
Transitional Medicaid	Nursing home
Pregnant Women (Right from the Start Medicaid – RSM)	Long-term care (Waivers, SOURCE)
Children (Right from the Start Medicaid – RSM)	Federally Recognized Indian Tribe
Children (newborn)	Georgia Pediatric Program (GAPP)
Women Eligible Due to Breast and Cervical Cancer	Hospice
PeachCare for Kids®	Children's Medical Services program
Parent/Caretaker with Children	Medicare Eligible
Children under 19	Supplemental Security Income (SSI) Medicaid
Women's Health Medicaid (WHM)	Medically Needy
Refugees	Recipients enrolled under group health plans
Planning for Healthy Babies®	Individuals enrolled in a Community Based Alternatives for Youths (CBAY)
Resource Mothers Outreach	

Medicaid and PeachCare for Kids® members will continue to be eligible for the same services they receive through traditional Medicaid and state Value Added Benefits. Members will not have to pay more than they paid for Medicaid co-payments or PeachCare for Kids® premiums. With a focus on health and wellness, the CMOs will provide members with health education and prevention programs giving them the tools needed to live healthier lives. Providers participating in Georgia Families will have the added assistance of the CMOs to educate members about accessing care, referrals to specialists, member benefits, and health and wellness education. **All three CMOs are State-wide.**

The Department of Community Health has contracted with three CMOs to provide these services:

- Amerigroup Community Care
- CareSource
- Peach State Health Plan

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.

The following categories of eligibility are included and excluded under Georgia Families:

Included Categories of Eligibility (COE):

COE	DESCRIPTION
104	LIM – Adult
105	LIM – Child
118	LIM – 1st Yr Trans Med Ast Adult
119	LIM – 1st Yr Trans Med Ast Child
122	CS Adult 4 Month Extended
123	CS Child 4 Month Extended
135	Newborn Child
170	RSM Pregnant Women
171	RSM Child
180	P4HB Inter Pregnancy Care
181	P4HB Family Planning Only
182	P4HB ROMC - LIM
183	P4HB ROMC - ABD
194	RSM Expansion Pregnant Women
195	RSM Expansion Child < 1 Yr
196	RSM Expn Child w/DOB < = 10/1/83
197	RSM Preg Women Income < 185 FPL
245	Women's Health Medicaid
471	RSM Child
506	Refugee (DMP) – Adult
507	Refugee (DMP) – Child
508	Post Ref Extended Med – Adult
509	Post Ref Extended Med – Child
510	Refugee MAO – Adult
511	Refugee MAO – Child

571	Refugee RSM - Child
595	Refugee RSM Exp. Child < 1
596	Refugee RSM Exp Child DOB </= 10/01/83
790	Peachcare < 150% FPL
791	Peachcare 150 – 200% FPL
792	Peachcare 201 – 235% FPL
793	Peachcare > 235% FPL
835	Newborn
836	Newborn (DFACS)
871	RSM (DHACS)
876	RSM Pregnant Women (DHACS)
894	RSM Exp Pregnant Women (DHACS)
895	RSM Exp Child < 1 (DHACS)
897	RSM Pregnant Women Income > 185% FPL (DHACS)
898	RSM Child < 1 Mother has Aid = 897 (DHACS)
918	LIM Adult
919	LIM Child
920	Refugee Adult
921	Refugee Child

Excluded Categories of Eligibility (COE):

COE	DESCRIPTION
124	Standard Filing Unit – Adult
125	Standard Filing Unit – Child
131	Child Welfare Foster Care
132	State Funded Adoption Assistance
147	Family Medically Needy Spend down
148	Pregnant Women Medical Needy Spend down
172	RSM 150% Expansion
180	Interconceptional Waiver
210	Nursing Home – Aged
211	Nursing Home – Blind
212	Nursing Home – Disabled
215	30 Day Hospital – Aged
216	30 Day Hospital – Blind
217	30 Day Hospital – Disabled
218	Protected Med/1972 Cola - Aged
219	Protected Med/1972 Cola – Blind
220	Protected Med/1972 Cola - Disabled
221	Disabled Widower 1984 Cola - Aged
222	Disabled Widower 1984 Cola – Blind
223	Disabled Widower 1984 Cola – Disabled
224	Pickle - Aged
225	Pickle – Blind
226	Pickle – Disabled

227	Disabled Adult Child - Aged
227	Disabled Adult Child - Aged
229	Disabled Adult Child – Disabled
230	Disabled Widower Age 50-59 – Aged
231	Disabled Widower Age 50-59 – Blind
232	Disabled Widower Age 50-59 – Disabled
233	Widower Age 60-64 – Aged
234	Widower Age 60-64 – Blind
235	Widower Age 60-64 – Disabled
236	3 Mo. Prior Medicaid – Aged
237	3 Mo. Prior Medicaid – Blind
238	3 Mo. Prior Medicaid – Disabled
239	Abd Med. Needy Defacto – Aged
240	Abd Med. Needy Defacto – Blind
241	Abd Med. Needy Defacto – Disabled
242	Abd Med Spend down – Aged
243	Abd Med Spend down – Blind
244	Abd Med Spend down – Disabled
246	Ticket to Work
247	Disabled Child – 1996
250	Deeming Waiver
251	Independent Waiver
252	Mental Retardation Waiver
253	Laurens Co. Waiver
254	HIV Waiver
255	Cystic Fibrosis Waiver
259	Community Care Waiver
280	Hospice – Aged
281	Hospice – Blind
282	Hospice – Disabled
283	LTC Med. Needy Defacto – Aged
284	LTC Med. Needy Defacto –Blind
285	LTC Med. Needy Defacto – Disabled
286	LTC Med. Needy Spend down – Aged
287	LTC Med. Needy Spend down – Blind
288	LTC Med. Needy Spend down – Disabled
289	Institutional Hospice – Aged
290	Institutional Hospice – Blind
291	Institutional Hospice – Disabled
301	SSI – Aged
302	SSI – Blind
303	SSI – Disabled
304	SSI Appeal – Aged
305	SSI Appeal – Blind
306	SSI Appeal – Disabled
307	SSI Work Continuance – Aged
309	SSI Work Continuance – Disabled

308	SSI Work Continuance – Blind
315	SSI Zebley Child
321	SSI E02 Month – Aged
322	SSI E02 Month – Blind
323	SSI E02 Month – Disabled
387	SSI Trans. Medicaid – Aged
388	SSI Trans. Medicaid – Blind
389	SSI Trans. Medicaid – Disabled
410	Nursing Home – Aged
411	Nursing Home – Blind
412	Nursing Home – Disabled
424	Pickle – Aged
425	Pickle – Blind
426	Pickle – Disabled
427	Disabled Adult Child – Aged
428	Disabled Adult Child – Blind
429	Disabled Adult Child – Disabled
445	N07 Child
446	Widower – Aged
447	Widower – Blind
448	Widower – Disabled
460	Qualified Medicare Beneficiary
466	Spec. Low Inc. Medicare Beneficiary
575	Refugee Med. Needy Spend down
660	Qualified Medicare Beneficiary
661	Spec. Low Income Medicare Beneficiary
662	Q11 Beneficiary
663	Q12 Beneficiary
664	Qua. Working Disabled Individual
815	Aged Inmate
817	Disabled Inmate
870	Emergency Alien – Adult
873	Emergency Alien – Child
874	Pregnant Adult Inmate
915	Aged MAO
916	Blind MAO
917	Disabled MAO
983	Aged Medically Needy
984	Blind Medically Needy
985	Disabled Medically Needy

HEALTH CARE PROVIDERS

For information regarding the participating health plans (enrollment, rates, and procedures), please call the numbers listed below.

Prior to providing services, you should contact the member's health plan to verify eligibility, PCP assignment and covered benefits. You should also contact the health plan to check prior authorizations and submit claims.

Amerigroup Community Care	CareSource	Peach State Health Plan
800-454-3730 (general information) www.amerigroup.com	1-855-202-1058 www.careSource.com/Georgia Medicaid	866-874-0633 (general information) 866-874-0633 (claims) 800-704-1483 (medical management) www.pshpgeorgia.com

Registering immunizations with GRITS:

If you are a Vaccine for Children (VFC) provider, please continue to use the GRITS (Georgia Immunization Registry) system for all children, including those in Medicaid and PeachCare for Kids®, fee-for-service, and managed care.

Important tips for the provider to know/do when a member comes in:

Understanding the process for verifying eligibility is now more important than ever. You will need to determine if the patient is eligible for Medicaid/PeachCare for Kids® benefits and if they are enrolled in a Georgia Families health plan. Each plan sets its own medical management and referral processes. Members will have a new identification card and primary care provider assignment.

You may also contact GAINWELL TECHNOLOGIES at 1-800-766-4456 (statewide) or www.mmis.georgia.gov for information on a member's health plan.

Use of the Medicaid Management Information System (MMIS) web portal:

The call center and web portal will be able to provide you information about a member's Medicaid eligibility and health plan enrollment. GAINWELL TECHNOLOGIES will **not** be able to assist you with benefits, claims processing or prior approvals for members assigned to a Georgia Families health plan. You will need to contact the member's plan directly for this information.

Participating in a Georgia Families' health plan:

Each health plan will assign provider numbers, which will be different from the provider's Medicaid provider number and the numbers assigned by other health plans.

Billing the health plans for services provided:

For members who are in Georgia Families, you should file claims with the member's health plan.

If a claim is submitted to GAINWELL TECHNOLOGIES in error:

GAINWELL TECHNOLOGIES will deny the claim with a specific denial code. Prior to receiving this denial, you may go ahead and submit the claim to the member's health plan.

Credentialing

Effective August 1, 2015, Georgia's Department of Community Health (DCH) implemented a NCQA certified Centralized Credentialing Verification Process utilizing a Credentialing Verification Organization

(CVO). This functionality has been added to the Georgia Medicaid Management Information System (GAMMIS) website (www.MMIS.georgia.gov) and has streamlined the time frame that it takes for a provider to be fully credentialed.

Credentialing and recredentialing services is provided for Medicaid providers enrolled in Georgia Families and/or the Georgia Families 360° program.

This streamlined process results in administrative simplification thereby preventing inconsistencies, as well as the need for a provider to be credentialed or recredentialed multiple times.

The CVO's one-source application process:

- Saves time
- Increases efficiency
- Eliminates duplication of data needed for multiple CMOs
- Shortens the time period for providers to receive credentialing and recredentialing decisions

The CVO will perform primary source verification, check federal and state databases, obtain information from Medicare's Provider Enrollment Chain Ownership System (PECOS), check required medical malpractice insurance, confirm Drug Enforcement Agency (DEA) numbers, etc. A Credentialing Committee will render a decision regarding the provider's credentialing status. Applications that contain all required credentialing and recredentialing materials at the time of submission will receive a decision within 45 calendar days. Incomplete applications that do not contain all required credentialing documents will be returned to the provider with a request to supplement all missing materials. Incomplete applications may result in a delayed credentialing or recredentialing decision. The credentialing decision is provided to the CMOs.

GAINWELL TECHNOLOGIES provider reps will provide training and assistance as needed. Providers may contact GAINWELL TECHNOLOGIES for assistance with credentialing and recredentialing by dialing 1- 800-766-4456.

Assignment of separate provider numbers by all of the health plans:

Each health plan will assign provider numbers, which will be different from the provider's Medicaid provider number and the numbers assigned by other health plans.

Billing the health plans for services provided:

For members who are in Georgia Families, you should file claims with the member's health plan.

If a claim is submitted to GAINWELL TECHNOLOGIES in error:

GAINWELL TECHNOLOGIES will deny the claim with a specific denial code. Prior to receiving this denial, you may go ahead and submit the claim to the member's health plan.

Receiving payment:

Claims should be submitted to the member's health plan. Each health plan has its own claims processing and you should consult the health plan about their payment procedures.

Health plans payment of clean claims:

Each health plan (and subcontractors) has its own claims processing and payment cycles. The claims processing and payment timeframes are as follows:

Amerigroup Community Care	CareSource	Peach State Health Plan
Amerigroup runs claims cycles twice each week (on Monday and Thursday) for **clean** claims that have been adjudicated. Monday Claims run: Checks mailed on Tuesday. Providers enrolled in ERA/EFT receive the ACH on Thursday. Thursday Claims run: Checks mailed on Wednesday. Providers enrolled in ERA/EFT receive the ACH on Tuesday. **Dental:** Checks are mailed weekly on Thursday for **clean** claims. **Vision**: Checks are mailed weekly on Wednesday for **clean** claims (beginning June 7th) **Pharmacy**: Checks are mailed to pharmacies weekly on Friday (except when a holiday falls on Friday, then mailed the next business day)	CareSource runs claims cycles twice each week on Saturdays and Tuesdays for clean claims that have been adjudicated. Pharmacy: Payment cycles for pharmacies is weekly on Wednesdays.	Peach State has two weekly claims payment cycles per week that produces payments for **clean** claims to providers on Monday and Wednesday. For further information, please refer to the Peach State website, or the Peach State provider manual.

How often can a patient change his/her PCP?

Amerigroup Community Care	CareSource	Peach State Health Plan
Anytime	Members can change their PCP one (1) time per month. However, members can change their PCP at any time under extenuating circumstances such as: • Member requests to be assigned to a family member's PCP • PCP does not provide the covered services a member seeks due to moral or religious objections • PCP moves, retires, etc.	Within the first 90 days of a member's enrollment, he/she 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. There are a few exclusions that apply and would warrant an immediate PCP change.

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

Amerigroup Community Care	CareSource	Peach State Health Plan
Next business day	PCP selections are updated in CareSource's systems daily.	PCP changes made before the 24th day of the month and are effective for the current month. PCP changes made after the 24th day of the month are effective for the first of the following month.

PHARMACY

Georgia Families does provide pharmacy benefits to members. Check with the member's health plan about who to call to find out more about enrolling to provide pharmacy benefits, including information about their plans reimbursement rates, specific benefits that are available, including prior approval requirements.

To request information about contracting with the health plans, you can call the CMOs provider enrollment services.

Amerigroup Community Care	CareSource	Peach State Health Plan
800-454-3730 https://providers.amerigroup.com/pages/ga-2012.aspx	844-441-8024 https://cvs.az1.qualtrics.com/jfe/form/SV_cvyY0ohqT2VXYod	866-874-0633 www.pshpgeorgia.com

All providers must be enrolled as a Medicaid provider to be eligible to contract with a health plan to provide services to Georgia Families members.

The CMO Pharmacy Benefit Managers (PBM) and the Bin Numbers, Processor Control Numbers and Group Numbers are:

Health Plan	PBM	BIN #	PCN #	GROUP #	Helpdesk
Amerigroup Community Care	IngenioRx	020107	HL	WKJA	1-833-235-2031
CareSource	Express Scripts (ESI)	003858	MA	RXINN01	1-800-416-3630
Peach State Health Plan	CVS	004336	MCAIDADV	RX5439	1-844-297-0513

If a patient does not have an identification card:

Providers can check the enrollment status of Medicaid and PeachCare for Kids® members through GAINWELL TECHNOLOGIES by calling 1-800-766-4456 or going to the web portal at www.mmis.georgia.gov. GAINWELL TECHNOLOGIES will let you know if the member is eligible for

services and the health plan they are enrolled in. You can contact the member's health plan to get the member's identification number.

Use of the member's Medicaid or PeachCare for Kids® identification number to file a pharmacy claim:

Amerigroup Community Care	CareSource	Peach State Health Plan
No, you will need the member's health plan ID number	Yes, you may also use the health plan ID number.	Yes

Health plans preferred drug list, prior authorization criteria, benefit design, and reimbursement rates:

Each health plan sets their own procedures, including preferred drug list, prior authorization criteria, benefit design, and reimbursement rates.

Will Medicaid cover prescriptions for members that the health plans do not?

No, Medicaid will not provide a "wrap-around" benefit for medications not covered or approved by the health plan. Each health plan will set its own processes for determining medical necessity and appeals.

Who to call to request a PA:

Amerigroup Community Care	CareSource	Peach State Health Plan
1 (800) 454-3730	1 (855) 202-1058 1 (866) 930-0019 (fax)	1 (866) 399-0929

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APPENDIX J

Non-Emergency Transportation

People enrolled in the Medicaid program need to get to and from health care services, but many do not have any means of transportation. The Non-Emergency Transportation Program (NET) provides a way for Medicaid recipients to get that transportation so they can receive necessary medical services covered by Medicaid.

How do I get non-emergency transportation services?
If you are a Medicaid recipient and have no other way to get to medical care or services covered by Medicaid, you can contact a transportation broker to take you. In most cases, you must call three days in advance to schedule transportation. Urgent care situations and a few other exceptions can be arranged more quickly. Each broker has a toll-free telephone number to schedule transportation services, and is available weekdays (Monday-Friday) from 7 a.m. to 6 p.m. All counties in Georgia are grouped into five regions for NET services. A NET Broker covers each region. If you need NET services, **you must contact the NET Broker serving the county you live in** to ask for non-emergency transportation. See the chart below to determine which broker serves your county, and call the broker's telephone number for that region.

What if I have problems with a NET broker?
The Division of Medical Assistance (DMA) monitors the quality of the services brokers provide, handling consumer complaints and requiring periodic reports from the brokers. The state Department of Audits also performs on-site evaluations of the services provided by each broker. If you have a question, comment or complaint about a broker, **call the Member CIC at 866- 211-0950**.

NEMT REGIONS & COUNTIES SERVED

Region	MT Broker & Phone Number	Counties Served
North	**Verida** ***(formerly Southeastrans)*** *Toll free* 1-866-388-9844 *Local* 678-510-4555	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White and Whitfield
Atlanta	**Verida** ***(formerly Southeastrans)*** 404-209-4000 *Note: For Georgia Families 360°* 1-866-991-6701	Fulton, DeKalb and Gwinnett

Central	**ModivCare** ***(formerly LogistiCare)*** *Toll free* 1-888-224-7981	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Lamar, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs and Wilkinson
East	**ModivCare** ***(formerly LogistiCare)*** Toll free 1-888-224-7988 *Note: For Crisis Stabilization Units and Psychiatric Residential Treatment Facilities* 1-800-486-7642 Ext. 461 or 436	Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans, Glascock, Glynn, Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler and Wilkes
Southwest	**ModivCare** ***(formerly LogistiCare)*** Toll free 1-888-224-7985	Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox and Worth

APPENDIX K

ICD-10 OVERVIEW

Rev. 10/15

Please refer to Appendix J of the Part I Policies And Procedures For Medicaid/PeachCare For Kids manual for detailed information pertaining to ICD-10.

APPENDIX L

Rev. 7/18

Information for Providers Serving Medicaid Members
in the Georgia Families 360º SM Program

Georgia Families 360º SM, the state's managed care program for children, youth, and young adults in Foster Care, children and youth receiving Adoption Assistance, as well as select youth in the juvenile justice system, launched Monday, March 3, 2014. Amerigroup Community Care is the single Care Management Organization (CMO) that will be managing this population.

DCH, Amerigroup, and partner agencies -- the Department of Human Services (DHS) and DHS' Division of Family and Children Services (DFCS), the Department of Juvenile Justice (DJJ) and the Department of Behavioral Health and Developmental Disabilities (DBHDD), as well as the Children's and Families Task Force continue their collaborative efforts to successfully rollout this new program.

Amerigroup is responsible through its provider network for coordinating all DFCS, DJJ required assessments and medically necessary services for children, youth and young adults who are eligible to participate in the Georgia Families 360^{0}_{SM} Program. Amerigroup will coordinate all medical/dental/trauma assessments for youth upon entry into foster care or juvenile justice (and as required periodically).

Georgia Families 360^{0} SM Every member in Georgia Families 360^{0} is assigned a Care Coordinator who works closely with them to ensure access to care and ensure that appropriate, timely, and trauma informed care is provided for acute conditions as well as ongoing preventive care. This ensures that all medical, dental, and behavioral health issues are addressed. Members also have a medical and dental home to promote consistency and continuity of care. The medical and dental homes coordinate care and serve as a place where the child is known over time by providers who can provide holistic care. DFCS, DJJ, foster parents, adoptive parents, and other caregivers are involved in the ongoing health care plans to ensure that the physical and behavioral health needs of these populations are met.

Electronic Health Records (EHRs) are being used to enhance effective delivery of care. The EHRs can be accessed by Amerigroup, physicians in the Amerigroup provider network, and DCH sister agencies, including the DFCS, regardless of where the child lives, even if the child experiences multiple placements. Ombudsman and advocacy staff are in place at both DCH and Amerigroup to support caregivers and members, assisting them in navigating the health care system. Additionally, medication management programs are in place to focus on appropriate monitoring of the use of psychotropic medications, to include ADD/ADHD as well as other behavioral health prescribed medications.

Providers can obtain additional information by contacting the Provider Service Line at 1-800-454-3730 or by contacting their Provider Relations representative.

To learn more about DCH and its dedication to A Healthy Georgia, visit www.dch.georgia.gov