Part 1 Policy Review

For access to this presentation, please visit: www.mmis.georgia.gov -> Provider Information -> Provider Notices and select “ Part 1 Policy Review”- July 2020

Agenda

- Locating Policy Manuals
- Overview of Georgia Medicaid
- Program Administration
- Claims
- Coordination of Benefits
- Adverse Actions
- Appeals

Mission

The Georgia Department of Community Health

We will provide Georgians with access to

affordable, quality health care through

effective planning, purchasing, and oversight.

We are dedicated to A Healthy Georgia.

Part 1 Policy and Procedure Manual

File Download Issues

Some users may have difficulty downloading files. Often this is caused by pop-up windows being blocked or by security settings in the browser. Click here for help with download issues.

ALL CATEGORIES go

Provider Manuals (more than 150 available)

Title	File Type	Category	Size (KB)	Release Date
Nurse Midwifery Services	PDF	CURRENT POLICY MANUALS	1146.1	04/01/2020
Nursing Facility Services Policy Manual	PDF	CURRENT POLICY MANUALS	2230.8	04/01/2020
Oral Max Services	PDF	CURRENT POLICY MANUALS	766.6	04/01/2020
Orthotic and Prosthetic Services	PDF	CURRENT POLICY MANUALS	1125.5	04/01/2020
PA Data Dictionary/Glossary 2010	PDF	ALL CATEGORIES	149.6	10/18/2010
PA Request Reference Guide - Submission Types and Documentation	PDF	ALL CATEGORIES	107	10/18/2010
PA Type and Allowable Categories of Service	PDF	ALL CATEGORIES	98.5	10/18/2010
Part 1 Polices and Procedures for Medicaid PeachCare for Kids	PDF	CURRENT POLICY MANUALS	2079.9	04/01/2020
PE ACA Women's Health Medicaid	PDF	CURRENT POLICY MANUALS	11411.2	04/01/2020
PE Pregnant Women Manual	PDF	CURRENT POLICY MANUALS	14030.1	04/01/2020
Perinatal Case Management	PDF	CURRENT POLICY MANUALS	1167.7	04/01/2020
Pharmacy Services	PDF	CURRENT POLICY MANUALS	3252.3	04/01/2020
Physician Services	PDF	CURRENT POLICY MANUALS	3115.5	04/01/2020
Podiatry Services	PDF	CURRENT POLICY MANUALS	1342.9	04/01/2020
Portable X-Ray & CT Scan Services	PDF	CURRENT POLICY MANUALS	382.5	04/01/2020
Provider Billing Manual - American Dental Association (ADA)	PDF	ALL CATEGORIES	3825	05/29/2018
Provider Billing Manual - CMS-1500	PDF	ALL CATEGORIES	4428.2	04/09/2018
Provider Billing Manual - UB-04	PDF	ALL CATEGORIES	4878	07/13/2017
Provider's Administered Drug List Manual	PDF	CURRENT POLICY MANUALS	1065.1	04/01/2020
Psychiatric Residential Treatment Facility	PDF	CURRENT POLICY MANUALS	1011.1	04/01/2020
Psychiatric Residential Treatment Facility for Autism Spectrum Disorder (ASD)	PDF	CURRENT POLICY MANUALS	694.8	04/01/2020
Psychology Services	PDF	CURRENT POLICY MANUALS	648.4	04/01/2020
Source Documents	PDF	CURRENT POLICY MANUALS	13736.2	04/01/2020

Georgia

Overview of Georgia Medicaid

Medicaid is a health insurance program supported with state and federal funds that pays medical bills for eligible low-income families, including: pregnant women and women with breast or cervical cancer, foster and adoptive children, and aged, blind and/or disabled individuals whose income is insufficient to meet the cost of necessary medical services.

Overview of Georgia Medicaid

(continued)

Related Entities:

- **Georgia Department of Community Health (DCH)**

The DCH is designated by the Official Code of Georgia (OCGA) as the single state agency to administer Medicaid. The DCH is the lead planning agency for all health issues in the state, such as health care policy, purchasing, and regulation.

- **Division of Family and Children Services (DFCS)**

The DFCS is responsible for welfare and employment support, protecting children, foster care, and other services to strengthen families. Cooperation with the DFCS is a requirement of receiving certain types of Medicaid. Medicaid is a program that provides health care services to individuals that meet the requirements for income, resources and citizenship.

Individuals may apply for Medicaid at any local DFCS office, by mail, by telephone (1-877-423-4746), or online at compass.ga.gov.

Overview of Georgia Medicaid

(continued)

Related Entities:

- **DXC Technology**

DXC Technology serves as the fiscal agent for Medicaid and PeachCare for Kids®, which includes providing site updates and maintenance to the GAMMIS Web Portal.

For the quickest response, send an inquiry through the Contact Us page of the GAMMIS Web Portal.

Services

State Plan Mandatory & Optional Services

Mandatory Medicaid Services

- Physician Services
- Inpatient Hospital Services
- Outpatient Hospital Services
- Laboratory and X-Ray Services
- Home Health Services
- Nursing Home Care
- Early and Periodic Screening, Diagnostic, and
- Treatment Services for Individuals under age 21
- Family Planning and Supplies
- Federally Qualified Health Care Center Services
- Rural Health Clinic Services
- Nurse Midwife Services

Optional Medicaid Services

- Pharmacy
- Dental Care for Adults
- Orthotics, prosthetics and durable medical
- equipment
- Primary care case management
- Mental Health clinical services
- Psychological Services
- Vision Care
- Hospice Care
- Inpatient Hospital Care for Individuals under age 21 (psychiatric)
- Home and Community Based Waivers (not State Plan)

Program Administration

The Georgia Medical Assistance Program (Medicaid) is authorized by the provisions of Title XIX of the Social Security Act. The PeachCare for Kids® Program is authorized by Title XXI of the Social Security Act and legislation passed during the 1998 session of the Georgia Assembly. Together, Medicaid/PeachCare for Kids® provides medical assistance to certain individuals with low income and resources.

Note: The Department of Community Health pays providers that are enrolled in the Georgia Medicaid Program. Reimbursement of services must a deemed medical necessity or medically necessary and appropriate.

Program Administration

(*continued)*

Provider Discretion:

It is within a provider's discretion to accept a patient as a Medicaid or PeachCare for Kids® member (Medicaid as primary or secondary payer). By accepting a patient as a Medicaid or PeachCare for Kids® member, the provider:

- Agrees to accept payment in full the amount paid by the DCH for all covered services under the Medicaid/ PeachCare for Kids® program.

  Note: Exceptions of authorized co-payments and payments from liable third parties
- Providers are not allowed to pick and choose specific procedures that are Medicaid/PeachCare for Kids® accepted.
- Agrees to treat members at any of the multiple locations that may be serviced by that provider.

Program Administration

(continued)

- Member must be eligible for Georgia Medicaid/PeachCare for Kids®.
- Provider will bill Georgia Medicaid for all rendered services.

Note: If the provider does not accept a patient as a Medicaid/PeachCare for Kids® member, the patient will then be considered private pay.

- Provider must assist members with locating a Georgia Medicaid provider(s).

“See Chapter 100 Section 104 for additional information”

Provider Charges

Medicaid Providers cannot charge members for the following:

- Missed appointments
- Claim Preparation
- Completion of forms
- Telephone Consults
- After hours surcharges
- Reading or interpreting reports

Note: If a patient requests a provider to forward medical records more than one time, the provider may charge the patient a reasonable cost for making the copies, not to exceed ten dollars ($10.00).

Record Retention

Providers must maintain written records for Medicaid/PeachCare for Kids® members as necessary to disclose fully the extent of services provided and the medical necessity for the provision of such services, for a minimum of six years after the date of service. Active and recently active records must be maintained at the approved service location for review for a minimum of two years after the last date of service.

Member Eligibility

- The DFCS establishes eligibility criteria for Medicaid/PeachCare for Kids® benefits based upon federal regulations. Eligibility criteria for major coverage groups are identified in Appendix B, located in Part 1 Policy and Procedure Manual.
- It is the responsibility of the provider to verify Medicaid/PeachCare for Kids® eligibility on each date of service.
- Providers can verify eligibility by contacting the Provider Contact Center at (770) 325-9600 or 1-800-766-4456 or by conducting a member eligibility verification on the third party administrator’s website at www.mmis.georgia.gov.

Retroactive Eligibility

- Eligibility can be granted up to three months prior to any eligibility application.
- Providers who accepted the member as a non Medicaid member for that period may choose to seek private pay or bill Medicaid for retroactive newly established months.
- Services that require a prior authorization cannot receive a retroactive prior authorization (Note: Prior Authorization can only go back 30 days).


CLAIMS

Submission vs. Resubmission

SUBMISSION OF CLAIMS

- Primary: Six months from the month of service.
- Secondary: 12 months from the month of service.

RESUBMISSION OF CLAIMS

- Denied claims: Three months or 90 days from the adjudication date.
- Retro-Eligibility: Six months from member retro-eligibility date.

Adjusted Claims

DCH initiated (Mass Adjustment)

The providers will be granted 30 days from the date of the adjustment to resubmit the impacted claim.

Provider initiated

Positive Adjusted claims: 90 days from the adjudication date (paid claims only).

Negative Adjusted claims: The provider may adjust and resubmit a claim through the GAMMIS Web Portal. Note: This will result in a deduction from future reimbursement.

Adjusted Claims

(continued)

Providers may also mail a check for the appropriate amount along with a copy of the paid Remittance Advice and supporting documentation to:

Benefits Recovery Section Division of Medical Assistance

PO Box 734660

Dallas, TX 75373-4660

Note: The department does not accept checks with limited endorsements, and there is no timeliness limitation for processing negative adjustments.

Emergency Medical Assistance for Immigrants (EMA)

Immigrants, including undocumented immigrants, who, except for their immigration status, would be eligible for Medicaid, are potentially eligible for Emergency Medical Assistance. This includes persons who are aged, blind, disabled, pregnant women, children, or parents of dependent children who meet eligibility criteria. Services rendered to Emergency Medical Assistance (EMA) recipients are limited to emergency care only.

Submission of EMA Claims

Required Documents along with claim as follows (see section 208.1)

- DMA-526 “Physician’s Statement for Emergency Medical Assistance”
- Medical documentation in chronological order:
  - History and Physical
  - Admission Notes
  - Discharge Summary
  - Operative Report, if applicable
  - Physician Progress Notes
  - Deliveries or C-section claims only: L&D report or C-Section Op report
  - Anesthesia claims only: Anesthesia report and L&D or C-Section Op reports

Payer of Last Resort

Medicaid/PeachCare for Kids is the “payer of last resort”, meaning other available third party resources must be exhausted before Medicaid/ PeachCare for Kids® pays for the medical care of a member.

- Medicaid/PeachCare for Kids® providers must attempt to pursue any other health benefit resources prior to filing a claim.
- Providers are obligated to notify the DFCS if other insurance exists for a member.

Coordination of Benefits/Third Party Liability

Coordination of Benefits is process to determine which insurance plan has the primary payment responsibility when an individual is covered by more than one active plan.

- Medicaid/ PeachCare for Kids® providers must attempt to pursue any other health benefit resources prior to filing a claim.

Note: If a third party or primary insurance plan does not pay at or in excess of the applicable Medicaid/PeachCare for Kids® reimbursement level, a provider may submit a claim and will be paid based on the applicable reimbursement minus any reimbursement received from all other resources.

- Providers are obligated to notify the Division if other insurance exists for a member.

Note: A provider may submit the member's primary EOB (as an attachment) along with a claim, or by updating the Member COB information on secure GAMMIS portal under "Member Eligibility".

Coordination of Benefits/Third Party Liability

(continued)

- Medicare: Traditional vs. Medicare Advantage Plan

Please refer to “Medicaid Secondary User Guide” Part 2 manual for billing.

- Commercial Insurance: (i.e. BlueCross BlueShield, Aetna, etc.)

- Lawsuit Recovery

Inactive Providers

Any provider who has not submitted a claim for a 12-month period will be considered inactive. The Department of Community Health will suspend inactive provider numbers and the provider whose provider number is suspended under this provision must request reinstatement in writing. If the provider number remains inactive for a period of 16 months, the number will be terminated and the provider must apply for reenrollment.

Utilization Review, Office Of The Inspector General, And Adverse Actions

The DCH may conduct utilization reviews and the role of the Program Integrity Section of the Office of the Inspector General. (See Chapter 400)

Reviews consist of:

- Prepayment Review: the review of a provider's medical documentation prior to payment of a claim.
- Utilization Review: a comprehensive review of services billed to and paid for by the Medicaid/ PeachCare for Kids® program.
- Investigations and Program Integrity: review or investigation of possible Medicaid/PeachCare for Kids fraud or abuse.

Utilization Review, Office Of The Inspector General, And Adverse Actions

(*continued)*

Denial of Application, Non-Renewal of Participation, Suspension, Suspension of Payments in Cases of Fraud, and Termination

Denial of Reimbursement

Reduction of Reimbursement

Recoupment of Reimbursement

Withholding Reimbursement

Rate Adjustment

Referral to Law Enforcement Officials

Other Sanctions

Correction of Department Errors

Appeals

Provider Initial Review

(DMA-520)

Note: Initial review (DMA-520) must be submitted online through the Georgia Medicaid Management Information System (GAMMIS - www.mmis.georgia.gov). Providers must submit initial review request within 30 days of the date of the denial of claim payment.

DMA-520A Provider Inquiries for Clinical Reviews for Medical Necessity

Note : Providers must submit the inquiry electronically via the GAMMIS Web Portal (www.mmis.georgia.gov) secure home page link: Prior Authorization/Medical Review Portal/Provider Inquiry Form (DMA-520A).

Appeals
(*continued)*

Second Level Appeal

Administrative Review

Review must be submitted within 30 days of the date the notification of the proposed adverse action. Request must include all supporting documentation and an explanation the provider wishes the Division to consider.

Third Level Appeal

Provider Administrative Law Hearing: A Request for Hearing must be in writing and received by the DFCS within 15 business days after the date the provider received the decision of the Division that is the basis for the appeal.

Appeals
(*continued)*

Fullard Review (Member)

Members who have been billed for services rendered by a Medicaid provider are entitled to a review.
Note: Member must obtain a Fullard Review packet (via GAMMIS website or request by calling the Member Contact center). Once completed, Requests for a Fullard review may be mailed to:

DXC Technology

P.O. Box 105200

Tucker, Georgia 30085-5200

Or Fax to 1-866-483-1045

Favors Review: a provider's request for prior approval of a covered service that (as defined in the "Definitions" section of this Manual) is not medically necessary.

Contact Provider Representatives

Our Provider Services Contact Center (PSCC) can be reached at
800-766-4456
and is available 7 a.m. to 7 p.m. EST
Monday through Friday (except state holidays) to service inquiries.
Or
through the **Contact Us** function on the
Georgia Medicaid Management Information System (GAMMIS)

at www.mmis.georgia.gov

IVRS Overview

800-766-4456	
• Option 1	Member Eligibility
• Option 2	Claims Status
• Option 3	Payment Information
• Option 4	Provider Enrollment
• Option 5	Prior Authorization
• Option 6	GAMMIS website password reset, Pharmacy Benefits, the Nurse Aide Registry or Nurse Aide Training program, PeachCare for Kids®, EDI submission or electronic claim submission, or a system overview

Georgia Field Territories

Territory 1 N GA
Bartow, Catoosa, Chatooga, Cherokee, Dade, Dawson, Fannin, Floyd, Forsyth, Gilmer, Gordon, Habersham, Hall, Lumpkin, Murray, Pickens, Rabun, Stephens, Towns, Union, Walker, White, Whitfield

Territory 2 Atlanta
Fulton

Territory 3 NE GA
Banks, Barrow, Clarke, Elbert, Franklin, Gwinnett, Hart, Jackson, Madison, Oconee, Walton

Territory 4: NW GA
Carroll, Cobb, Douglas, Haroldson, Paulding, Polk

Territory 5: SE Metro
Clayton, DeKalb, Rockdale

Territory 6: Middle GA
Butts, Chattahoochee, Coweta, Fayette, Harris, Heard, Henry, Jasper, Jones, Lamar, Marion, Meriwether, Monroe, Muscogee, Newton, Pike, Spalding, Talbot, Taylor, Troup, Upson

Territory 7: Augusta
Baldwin, Burke, Columbia, Glascock, Greene, Hancock, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Morgan, Oglethorpe, Putnam, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes

Territory 8: SW GA
Bibb, Bleckley, Calhoun, Clay, Crawford, Crisp, Dodge, Dooly, Dougherty, Houston, Laurens, Lee, Macon, Peach, Pulaski, Quitman, Randolph, Stewart, Schley, Sumter, Telfair, Terrell, Twiggs, Webster, Wheeler, Wilcox, Wilkinson

Territory 9: SE GA
Appling, Bacon, Bryan, Bulloch, Brantley, Camden, Candler, Charlton, Chatham, Effingham, Emanuel, Evans, Glynn, Jeff Davis, Long, Liberty, McIntosh, Montgomery, Pierce, Tattnall, Toombs, Treutlen, Ware, Wayne

Territory 10: South GA
Atkinson, Baker, Ben Hill, Barrien, Brooks, Clinch, Coffee, Colquitt, Cook, Decatur, Early, Echols, Grady, Irwin, Lanier, Lowndes, Miller, Mitchell, Seminole, Thomas, Tift, Turner, Worth

Territory 11 State Wide
Hospital Field Representative

Provider Relations Field Services

Territory	Region	Rep
1	North Georgia	Deandre Murray
2	Fulton	Adrian Hogan
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Danny Williams
5	SE Metro	Ebony Hill
6	Middle Georgia	Shawnteel Bradshaw
7	Augusta	Jessica Bowen
8	SW Georgia	Jill McCrary
9	SE Georgia	Kendall Telfair
10	South Georgia	Anitrus Johnson
North	Hospital Rep	Sherida Bentley
South	Hospital Rep	Janey Griffin

Provider Relations Field Services

(*continued)*

State-Wide Consultants

Brenda Hulette
Anita Hester
Sharée C. Daniels

Contact My Provider Rep Directly

Login to the MMIS system with your username and password

Contact My Provider Rep Directly

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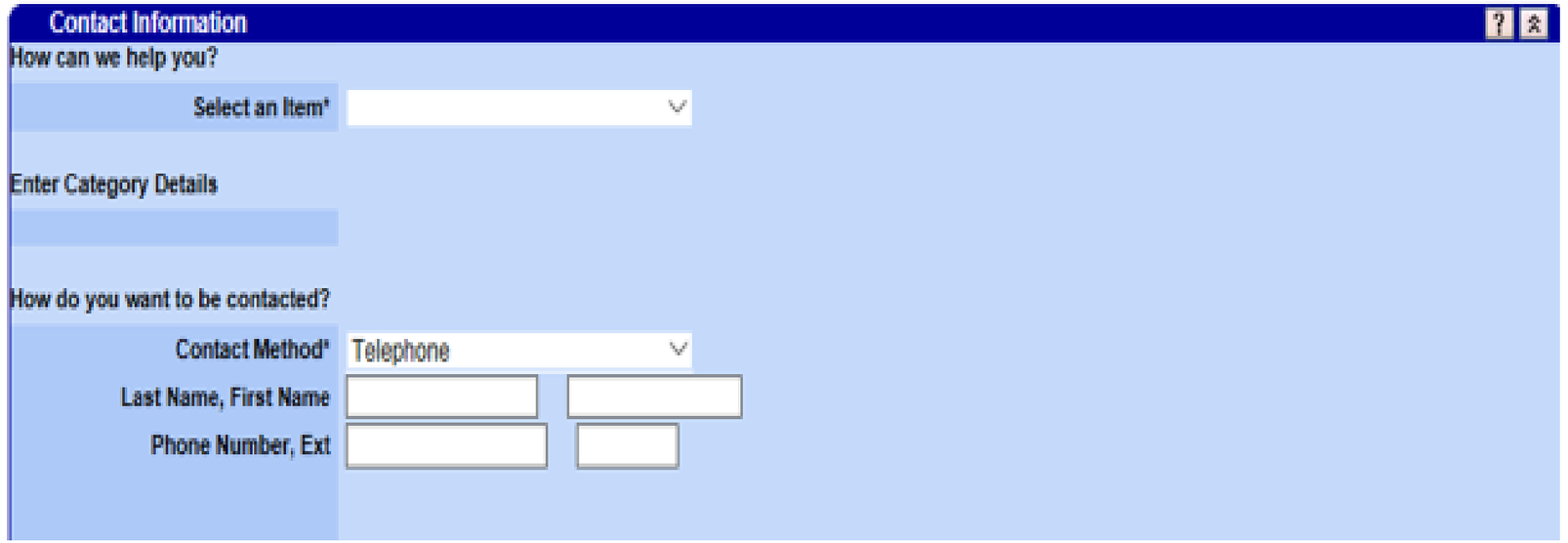

Contact My Provider Rep Directly

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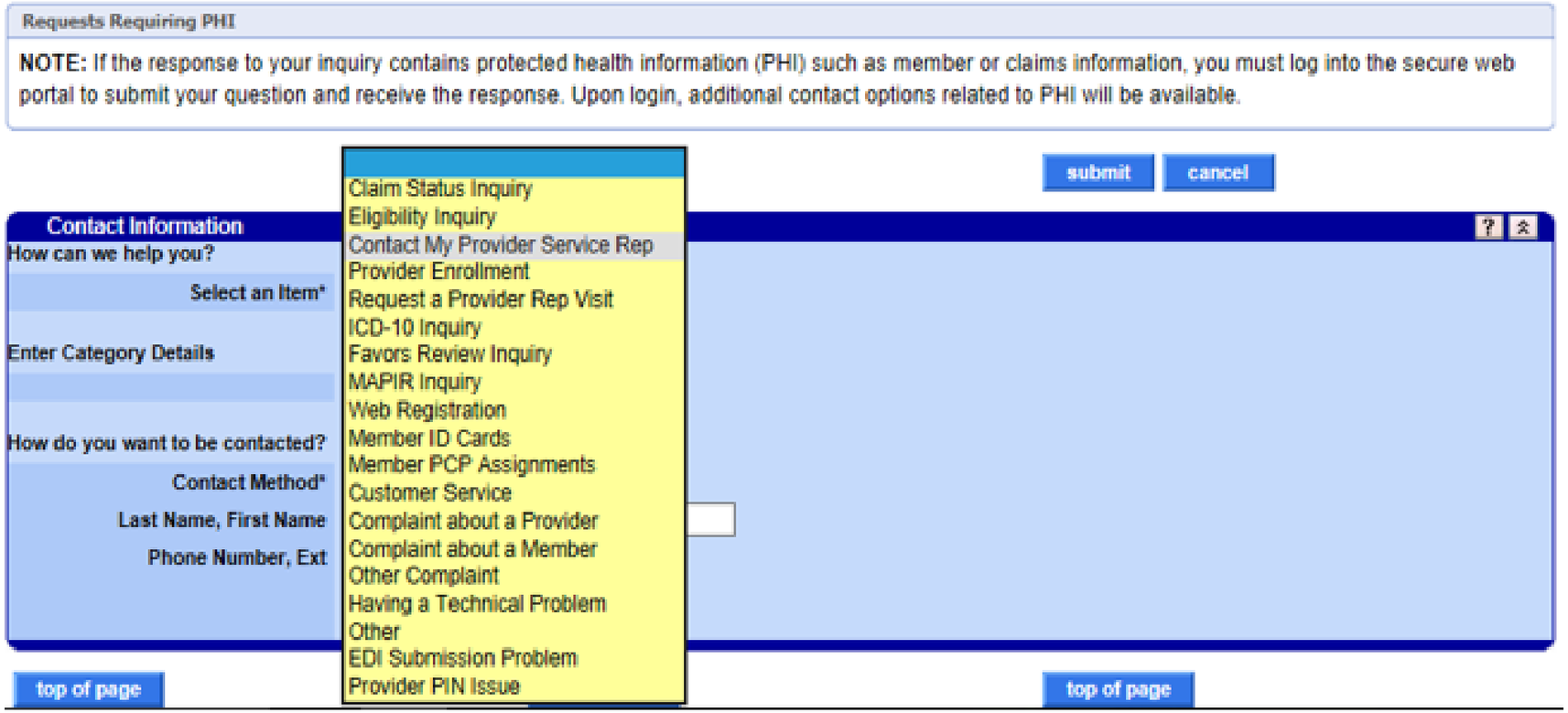

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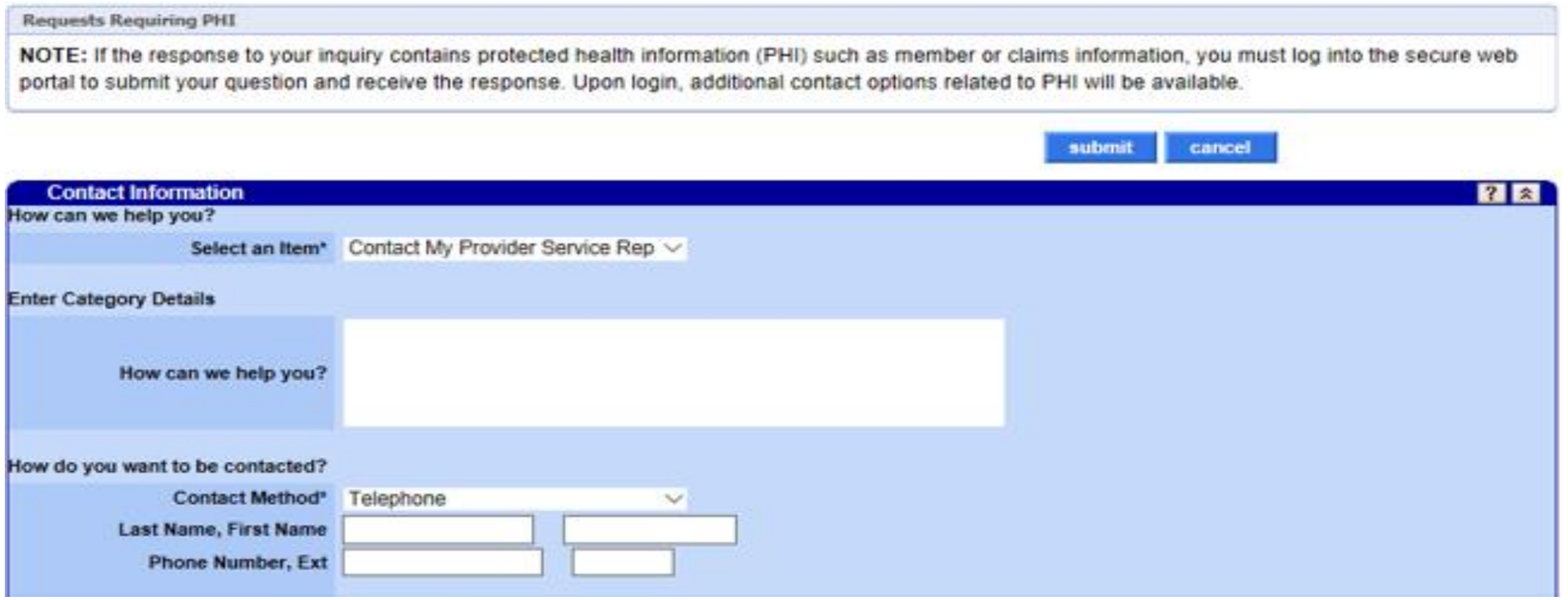

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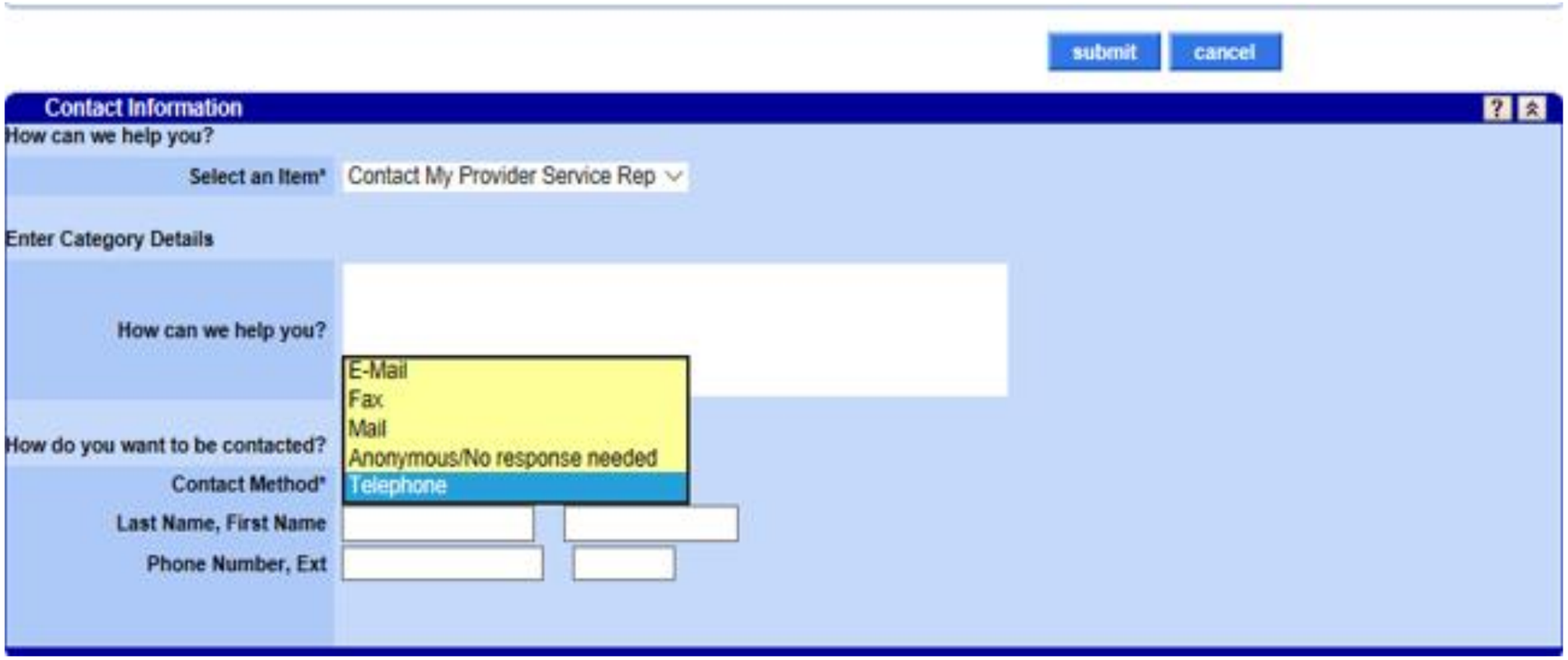

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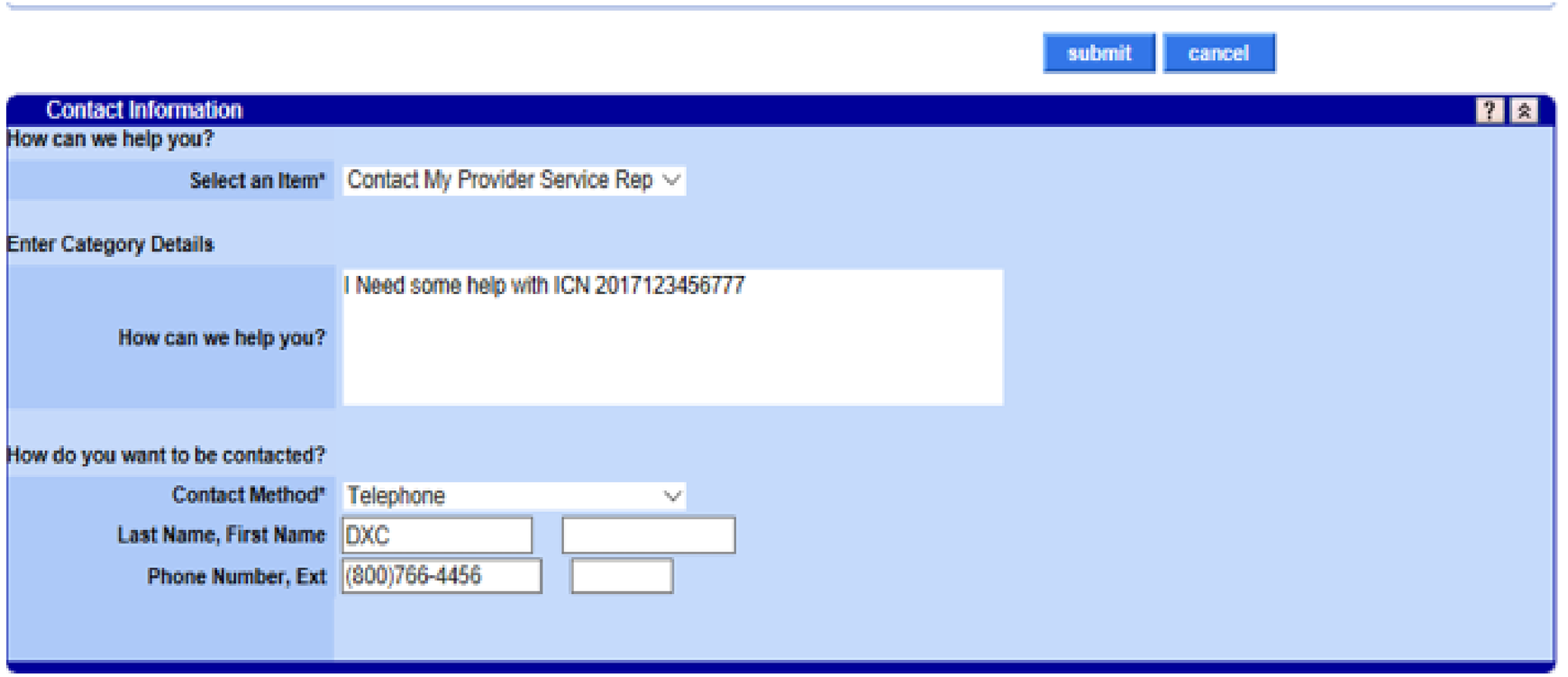

Session Review

You should now understand:

- Locating Policy Manuals
- Georgia Medicaid
- Program Administration
- Claims
- Coordination of Benefits
- Adverse Actions
- Appeals

Questions