

Understanding Medicaid



A Handbook About
Medicaid Services
in Georgia



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What is Medicaid?

Medicaid is a medical assistance program that helps many people who can't afford medical care pay for some or all of their medical bills.

Good health is important to everyone. There are many factors that contribute to your health. Some activities contribute to good health such as eating a balanced diet, wearing your seat belt, getting immunizations and flu shots. Others hurt your health like smoking, excessive alcohol use and overeating.

If you can't afford to pay for medical care right now, Medicaid may be able to help you get the care that you need to get healthy - and stay healthy.

If you have applied for and met the eligibility requirements to be approved for Medicaid, you will receive a plastic Medicaid card in the mail. Show your Medicaid card to your doctor, dentist, pharmacist, or at the hospital or clinic when you go for medical services. Make sure they will accept Medicaid as payment for services.

If you have other insurance that may cover some or all of your medical care, tell your Medicaid provider about the other insurance. You **MUST** show your Medicare or other insurance card to your Medicaid provider when you go in for medical care.

After you have received your medical care, the Medicaid program will pay the doctor, clinic or other provider for your care for all your Medicaid covered services.

About this Handbook...

Sometimes, the Medicaid program and its rules may seem hard to understand. This handbook will help you understand how the Medicaid program works, and whether the program can help you and your family.

If you think you or your family members may be eligible for Medicaid, this handbook will explain how to apply for Medicaid and how to get medical services after you have been approved.

Although every state has a Medicaid program, each state's program is different. This handbook explains how Medicaid works in Georgia.



Look for this telephone symbol to find telephone numbers that will help you get more information about Medicaid. Write down the names and numbers of your caseworker, your doctor and your pharmacy on the inside front cover of this handbook so that you'll have them when you need them!



Look for this light bulb to find ideas and helpful hints about applying for Medicaid and using Medicaid services.

Who Is Eligible for Medicaid in Georgia?

Many groups of people are covered by Medicaid. Even within these groups, though, certain requirements must be met. These may include your age; whether you are pregnant, disabled, blind, or aged; your income and assets, and whether you are a U.S. citizen or a qualified immigrant. Non-qualified immigrants, unlawfully admitted or undocumented immigrants may be eligible for emergency assistance only.

When you apply for Medicaid, the requirements listed above will be taken into account before a decision is made.

Your child may be eligible for coverage if he or she is a U.S. citizen or a lawfully admitted immigrant, even if you are not. Eligibility for children is based on the child's status, not the parent's; however, the parent's income is counted towards the income limit.

In general, you should apply for Medicaid if your income is low and you match one of the descriptions below:



You think you are pregnant

You are a child or teenager

You are age 65 or older

You are legally blind

You are have a disability

You need nursing home care.

Please see the next page for more details.

Should You Apply for Medicaid?

When you apply for Medicaid, your application will be carefully reviewed by a qualified Medicaid Eligibility Specialist. In general, you should apply for Medicaid if you match the descriptions below:

US Citizen or Qualified Immigrant Pregnant Women:



Apply for Medicaid if you think you are **pregnant**. If you are on Medicaid when your child is born, both you and your child will be covered. You may be covered for another 60 days after your child's birth. Your child may be covered for up to one year.

Children and Teenagers:

Apply for Medicaid if you are the parent or guardian of a **child who is 18 years old or younger** and your family's income is low, or if your child is sick enough to need nursing home care but could stay home with good quality care at home. If you are a teenager living on your own, you may apply for Medicaid on your own behalf.



If you or someone in your family needs health care, you should apply for Medicaid even if you are not sure whether you qualify. Some income and assets do not count against you. For example, owning your home will not stop you from getting Medicaid.

Every group has its own income limits, which increase on a regular basis. For example, in 2010 the monthly income level for a pregnant woman with one child is \$3,052 and \$3,675 for a pregnant woman with two children. Apply and have a qualified Medicaid Eligibility Specialist evaluate your situation.



If you apply for Medicaid for your children and learn they are not eligible, ask about PeachCare for Kids™ or call 877-427-3224 (toll-free) for information. You can also apply for PeachCare for Kids™ online at www.peachcare.org. For example, in 2010 the monthly income level for young children is \$3,586 for a family of three and \$4,314 for a family of four.

Aged, Blind or Disabled People:

Apply if you are **aged** (65 years old or older), **blind** or **disabled**, and have low income and few resources (such as bank accounts, real property or other items that can be sold for cash).

Apply if you are terminally ill and want to receive hospice services.

Apply if you are aged, blind or disabled; live in a nursing home, and have low income and limited assets.

Apply if you are aged, blind or disabled and need nursing home care but can stay at home with special community care services.

Apply if you are eligible for Medicare and have low income and limited assets.

Some Other Situations:

Apply if you are eligible for or leaving Temporary Assistance for Needy Families (TANF) and need health care coverage.

Apply if you are a family with children under 18 and have very low or no income and few assets. (You do not have to be receiving TANF.)

Apply if you are a woman with breast or cervical cancer.

Apply if your income is higher than the limits and you have medical bills you owe (and you are pregnant, under 18 or over 65, blind or disabled).

How to Apply for Medicaid

Anyone who applies for Medicaid can do so in person (by going to the local DFCS, public health department or Social Security office), or by requesting forms to be mailed to you that you can fill out at home. There are several different ways to apply for Medicaid.

You can contact DFCS in your county. The DFCS office will take your application or help you find other places to apply, such as schools, hospitals or community centers near your home. You can visit the Web sites of the Georgia DCH, the Georgia Health Partnership or DHS, as well. Right from the Start Medicaid outreach project has workers available to take applications early in the morning, in the evenings and on weekends.

If you think you are **pregnant**, contact your county public health department, primary health care center or hospital. (Call the Georgia Division of Public Health at 404-657-2700 to find out where to apply in your county). If you are pregnant and eligible, you can get a Medicaid certification form on the same day that you apply. You can get prenatal care for yourself and your baby immediately.

If you are **aged** (65 years old or older), **blind** or **have a disability**, apply for the SSI program by contacting your local Social Security office. If you are approved for supplemental income, you will automatically receive Medicaid. You may also apply for Medicaid at the DFCS office, but you will not be able to apply for supplemental income there. (Call 1-800-772-1213 or go to www.ssa.gov to find the closest Social Security office). People who are deaf or hard of hearing may call the Social Security Administration toll-free TTY number at 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.



Telephone Numbers and Web Sites:

To locate your county **DFCS** office, look in the blue pages of your telephone book for Department of Human Services, Family and Children Services, or log on to www.dfcs.dhr.state.ga.gov, look on the left and click on a county office.

You may find a **Medicaid application** at the following Web sites:

DFCS: www.dfcs.dhr.georgia.gov; DCH: www.dch.ga.gov; DHR: www.dhr.georgia.gov; and Georgia Health Partnership: www.ghp.georgia.gov and click on the member information tab.

To locate a **county health department**, call: 404-657-2700 or log onto the Public Health Web site at: www.health.state.ga.us. Go to the counties and districts tab.

To locate a **Social Security Administration** office near you, call: 1-800-772-1213 or log on to www.ssa.gov.

For questions about **Right from the Start Medicaid**, call: 770-325-2331 or 1-800-809-7276

For questions about your **Medicaid card** or to learn more about Georgia Medicaid, call: 1-866-211-0950 or log onto the Internet. The Web site address is www.mmis.georgia.gov.

To learn more about **Georgia Families**, call 1-888-423-6765 or log onto the Internet and go to: www.georgia-families.com.

What Documents are Needed to Apply for Medicaid?



When you apply for Medicaid, the application process will move along more quickly if you have information about yourself and your children handy. You may not need all of the items on this list, but these are the kinds of documents that will help:

- Your original or a certified copy of your birth certificate or other proof of identity and citizenship
- ID cards issued by federal, state or local government agencies or entities either containing a picture or identifying information, such as name, date of birth, sex, height, eye color and address to document identity
- Your social security number, if you have one
- Paycheck stubs or payroll records forms covering at least the last four weeks
- Letters or forms that show your income from Social Security, SSI, Veterans Administration, retirement, pensions, unemployment, worker's compensation, child support or any and all sources of income
- Current health insurance policies, health insurance cards or other health insurance information
- Life insurance policies
- Recent bank statements or bank books
- Information about property you own (such as land, or stocks and bonds)

If you have any trouble finding this type of information, ask your Medicaid Eligibility Specialist for help.

What Happens After You Apply for Medicaid?

This section describes the process for DFCS. If you apply for SSI through the Social Security Administration, the process is somewhat different.

Once you complete an application for Medicaid, a Medicaid Eligibility Specialist will interview you and review your application. The Medicaid Eligibility Specialist will make sure that all of the needed information has been provided.

If you have medical bills from the past three months that you were not able to pay, let your Medicaid Eligibility Specialist know about them when you apply. If you are eligible for Medicaid, it is possible that the program may pay for some of these bills, even if you were not enrolled in Medicaid at that time.



You will find out whether or not you are eligible for Medicaid within 45 days after you apply. A letter will come for you in the mail telling you whether or not you are eligible. (If you have a disability and your disability has to be determined, the process may take up to 60 days).

If you are eligible for Medicaid, you will receive a plastic **Medicaid card** in the mail. Because we will be mailing information to you about your Medicaid coverage, it is very important that you let your DFCS Medicaid Eligibility Specialist (or the Social Security Administration, if you receive SSI) know your new address when you move. (More details about the card are provided on page 15).

Please carry your Medicaid card with you at all times, in your purse or wallet, so you will have it with you when you need to show it to a doctor or pharmacist to receive services or prescriptions.

If you are enrolled in a Georgia Families Care Management Organization, you will also need to carry your Georgia Families health insurance card with you. Your doctor, pharmacist or other medical care provider will need to see this card as well as your Medicaid card.

Since your personal situation may change - for example, if you get a different job or if your family size changes - the Medicaid program will review your situation from time to time to make sure that you are still eligible.

If your situation changes, you must call your DFCS Medicaid Eligibility Specialist or the Social Security Administration office as soon as you know about any changes.



When you apply for Supplemental Security Income or Medicaid, let DFCS know about any medical bills from the last three months. It's possible that Medicaid may help pay for some of them.

How Does Medicaid Work?

Once you are eligible for Medicaid, there are different ways that you can receive medical services. You may participate in *Georgia Families* or receive services from any provider who accepts Medicaid payments. Each of these is described below.

Georgia Families

Georgia Families is a managed care program that delivers health care service to members of *PeachCare for Kids™* and some Medicaid members. The program is a partnership between the 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. You will be given an opportunity to choose a plan servicing your area, as well as a primary care doctor. If you do not choose, you will be assigned one.

Children enrolled in *PeachCare for Kids™* and Medicaid, pregnant women and women with breast or cervical cancer on Medicaid are eligible to participate in *Georgia Families*.

Members will continue to maintain eligibility and enrollment through Medicaid or *PeachCare for Kids™*.

Not everyone may participate in *Georgia Families*.

Medicaid members not eligible for *Georgia Families* are those who are:

- Eligible for Medicare
- Presumptively eligible pregnant women
- Members of a federally recognized Indian tribe
- Children in foster care

- Children enrolled in the Georgia Pediatric Program (GAPP), Children's Medical Services (CMS) and Multi-Agency Team for Children (MATCH)
- Nursing home patients and
- Members enrolled under group health plans for whom DCH provides payment of premiums, deductibles, coinsurance and other cost sharing

Other Medical Care Providers Who Accept Medicaid

If you do not belong to Georgia Families, you will not be assigned to a doctor or organization for your health care.

When you need a checkup or any medical care that is covered by the program, you can present your Medicaid card and other insurance card to any doctor, dentist, pharmacist or clinic that accepts Medicaid. After you receive your medical care and other health insurance policies have been billed, the Medicaid program will pay the doctor or clinic directly for all covered services.

Medical Care Providers Who Do Not Accept Medicaid

If you receive services from a medical care provider who does not accept Medicaid, then Medicaid will not pay for the services. If you still want to receive services from a provider who does not accept Medicaid, you will be responsible for the cost of that care.

About Co-Payments

Depending on your Medicaid category, you may have to make a small **co-payment** when you receive your medical care, but Medicaid will pay most or all of the bill. You cannot be denied service because you are not able to pay the co-payment. However, your provider may bill you for the co-payment amount.

Doctors, hospitals or other health care providers enrolled in the Medicaid program must accept Medicaid as payment in full, except for co-payment amounts.



Healthy Ideas

- Before you visit the doctor, dentist or pharmacist, write down your questions so that you won't forget to ask them. Or, take a friend or relative along to help.
- If your doctor or dentist writes you a prescription for medicine to make you feel better, fill the prescription and follow your doctor's instructions even if you start feeling better right away. Ask your doctor or pharmacist if you have any questions about taking your medicine.
- For your safety, make sure your doctor is aware of all medications that you are currently taking.
- If you can't make it to an appointment with your doctor or dentist, call to cancel and reschedule the appointment as soon as you know so you will have another appointment on the doctor's schedule.

Your Medical Care Provider

After you are approved as a Medicaid member, you will receive a plastic identification card in the mail. One card will be mailed to each enrolled member in the family.

Your card will look like a credit card and will fit in your wallet, so you can carry it with you at all times in case of an emergency. You will need to show your member identification card before receiving medical care.

The card will have your name and your member identification number printed on the front.



How Your Provider Will Use the Card

Your provider will use your card to get information from the Medicaid system. This information is very important in making sure that Medicaid pays for the services you need.

Some of the things your provider can see by accessing the Medicaid system are:

- If you are eligible for services,
- If you have to pay a co-payment for services,
- If there are any limits on the services you can receive; and
- If you have other health insurance coverage.

Questions

If you have questions about your card or how to use it, call the Member Contact Center at 770-325-2331 or toll free 1-866-211-0950.

Verify Eligibility at www.mmis.georgia.gov

If member is enrolled in a managed care plan, contact that plan for specific claim filing and prior authorization information.

HP Enterprise Services
Member: Box 105200
Provider: Box 105201
Tucker, GA 30085
Prior Authorization:
1455 Lincoln Parkway, Suite 300
Atlanta, GA 30346

Payor: For Non-Managed Care Members
Customer Service: 1-800-766-4456 (Toll Free)
SXC, Inc
Rx BIN-001553
Rx PCN-GAM
SXC Rx Prior Auth
1-866-525-5827

Mail Drug Claims to:
SXC Health Solutions, Inc.
P.O. Box 3214
Lisle, IL 60532-8214
Rx Provider Help Line
1-866-525-5826

This card is for identification purposes only, and does not automatically guarantee eligibility for benefits and is non-transferable.



Things to Remember

Keep your card with you.

Your Medicaid card is for **your use only**. It is against the law for anyone else to use your card.

If your eligibility for Medicaid stops, do not throw your member identification card away. You may become eligible again in the future and may be able to use the same card to receive services.

Always show your card before receiving medical services. If you are a member of Georgia Families, you may be required to show your Medicaid and Georgia Families cards before you receive medical services.

Always get your card back after your visit is completed or your prescription is filled.

Need a Ride?



Georgia Medicaid has agreements with several companies to arrange non-emergency transportation to and from medical appointments. Each company covers different regions of the state. Call the company for your area for help with transportation. You must call at least three days before your appointment to schedule transportation. Each company has a toll-free telephone number to schedule transportation services, and is available weekdays (Monday-Friday) from 7 a.m. to 6 p.m. If you have a question, comment or complaint about a company, call the Member Contact Center toll free at 1-866-211-0950. Here are the numbers to call:

North

Southeastrans, Inc - Toll free 1-866-388-9844 Local 678-510-4555

Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Clarke, Cobb, Dade, Dawson, Douglas, Elbert, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Hart, Jackson, Lumpkin, Madison, Morgan, Murray, Newton, Oglethorpe, Oconee, Paulding, Pickens, Polk, Rabun, Rockdale, Stephens, Towns, Union, Walker, Walton, White and Whitfield

Atlanta

Southeastrans, Inc. - 404-209-4000
Fulton and DeKalb

Central

Southeastrans - Toll free 1-866-991-6701 Local 404-305-3535
Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Crawford, Dodge, Fayette, Hancock, Heard, Henry, Houston, Jasper, Johnson, Jones, Lamar, Laurens, Meriwether, Monroe, Montgomery, Peach, Pike, Pulaski, Putnam, Spalding, Telfair, Treutlen, Troup, Twiggs, Upson, Washington, Wheeler, Wilcox and Wilkerson

East

LogistiCare - Toll free 1-888-224-7988
Appling, Atkinson, Bacon, Brantley, Bryan, Burke, Bulloch, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Columbia, Effingham, Emanuel, Evans, Glascock, Glynn, Jeff Davis, Jefferson, Jenkins, Liberty, Lincoln, Long, McDuffie, McIntosh, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Ware, Warren, Wayne and Wilkes

Southwest

Southwest Georgia Regional Development Center -
Toll free 1-866-443-0761

Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Colquitt, Cook, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Webster and Worth



What Does Medicaid Pay For?

It's always a good idea to ask your doctor or pharmacist whether the specific service or item you need is covered by Medicaid. There are some limits to these services and some may require you or your doctor to get permission from Medicaid first. (This is called **prior approval**). Generally, Medicaid covers the following services:

- Doctor and nurse office visits (when you visit a doctor or nurse for checkups, lab tests, exams, or treatment)
- Prescription drugs
- Inpatient hospital services (room and board, drugs, lab tests and other services when you have to stay in the hospital)
- Outpatient hospital services you receive in a hospital even though you do not stay in the hospital overnight
- Nursing facilities (nursing homes)
- Emergency ambulance services
- Preventive dental care, fillings and oral surgery for children
- Certain emergency dental care for adults
- Non-emergency transportation (to get to and from medical appointments)

- Medical equipment and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches or walkers)
- Exams, immunizations (shots), and treatments for children (see box below)
- Family planning services (such as exams, drugs, treatment and counseling)
- Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy or home health aides)
- Hospice care services provided by a Medicaid hospice provider
- Vision care for children (limited services for adults)
- Hearing services for children



Check Out Health Check!

Medicaid pays for most medical services that children need. The Georgia program that provides checkups and immunizations for children under 21 is called Health Check. Ask your doctor about it!

Some other services and items covered by Medicaid include:

- Case management
- Diagnostic, screening and preventive services
- Laboratory services
- Medicare premiums, deductibles and coinsurance
- Mental health clinic services
- New Options Waiver
- Comprehensive Supports Waiver Program
- Community Care Services Program
- Independent Care Waiver Program
- Nurse midwife and nurse practitioner services
- Nurse visits in the home after delivery of the baby
- Orthotics and prosthetics (artificial limbs and replacement devices)
- Podiatry services
- Psychological services (for people under the age of 21)
- Therapy services (physical, occupational and speech)
- Rural Health Clinic and Federally Qualified Health Center services
- Childbirth education classes
- Birthing center services
- Dialysis and services for end-stage renal (kidney) disease
- Durable medical equipment

What's Not Covered?

Some services are not covered by Medicaid. These include: services that are not medically necessary, private duty nursing, medical services and care given by a responsible relative or member of your household, cosmetic surgery, experimental items and chiropractic services, among others. If you're not sure, ask your provider!



If you are not sure whether a service is covered or not, ask your medical care provider (listed on your Medicaid card) or call the Member Contact Center (at 770-325-2331 or 1-866-211-0950 (toll free), or call your Georgia Families CMO if you are enrolled in one. (See page 31 for CMO phone numbers).

Your Rights and Responsibilities

Once you are eligible for Medicaid, you have certain rights, but you also have some responsibilities that go with those rights. Be aware of your rights and responsibilities:

Your Rights

You have the right to apply for any medical assistance program of your choice.

You have the right to timely and adequate notice. You must receive notice in writing before Medicaid takes any action to end your eligibility.

You have the right to a fair hearing if you disagree with a decision regarding your Medicaid eligibility or if you feel that Medicaid has not served your medical needs properly. To request a hearing, contact your county DFCS office within 10 days of the date on the notice about eligibility or services.

You have a right to fair treatment. Medicaid cannot deny you eligibility or benefits based on your race, age, sex, disability, national origin, or political or religious beliefs. To report eligibility or provider discrimination, call the Georgia Department of Community Health's Office of Constituent Services at 404-656-4496. You may also call the Office of Civil Rights at 404-562-7886; or 404-331-2867 (TDD).

Your Responsibilities

You are responsible for providing true and complete information about your circumstances, including your income, the size of your family, your current address and other information that helps Medicaid decide whether or not you continue to be eligible for services.

You are responsible for reporting changes in your circumstances. If your income, resources, living arrangements, family size or other circumstances change, they could affect your eligibility. It is your responsibility to let your DFCS Medicaid Eligibility Specialist know, or if you receive SSI, the Social Security Administration know about these changes within 10 days of the change.

If you have health or dental insurance coverage, you must give the State of Georgia the rights to these payments. Report all health insurance coverage plans when you apply for Medicaid. These might include private health insurance, Medicare, the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), car or home insurance. You also need to report whether you receive any money from an injury received in an accident.

You also must report when any coverage changes. When you apply for Medicaid, your right to any payment made by a health plan is automatically given to Medicaid. Health care providers usually get these payments and then Medicaid pays them based on how much the health plan paid. However, if a health plan pays you for a service, you cannot keep the money. You are responsible for giving the money to Medicaid. Contact your Medicaid Eligibility Specialist to learn how you can give the money to Medicaid.



Questions and Answers About the Georgia Medicaid Program

What if I lose my card?

If you lose your Medicaid card, call the Member Contact Center to get a new one. You can reach a representative at 770-325-2337 or 1-866-211-0950 (toll free), Monday through Friday, from 7:00 a.m. until 7:00 p.m. You may also contact your local county DFCS Medicaid Eligibility Specialist or log onto www.mmis.georgia.gov.

What if I need services while I'm away from Georgia?

If you need medical services while you're in another state, the doctor or hospital treating you must call the Provider Contact Center at 1-800-766-4456 (toll free) to get **prior approval** before providing services or the Georgia Families CMO provider line, if you are enrolled (see page 31). (If you are in an emergency situation and are taken to a hospital emergency room, prior approval is not required.)

What if I move to a new address in Georgia?

If you move, let your Medicaid Eligibility Specialist at DFCS know your new address immediately, so that you can continue to receive important information about your Medicaid benefits. Note: If you receive SSI, contact the Social Security Administration instead of DFCS to report your new address.

What if I'm not eligible for Medicaid?

Children under 19 who are not eligible for Medicaid may be eligible for PeachCare for Kids™. This program has most of the same benefits as Medicaid. Call 1-877-GA-PEACH (1-877-427-3224) or go to the Web site www.peachcare.org for more information.

What if I get a bill from a health care provider?

If you get a bill from a doctor, hospital or other provider you think Medicaid should have paid, call 770-325-2331 or 1-866-211-0950 or write to the Member Enrollment Unit, GHP, P.O. Box 105200 Tucker, GA 30085 and ask for a "Fullard" review. The Member Contact Center will investigate to see whether Medicaid should have paid the bill. It will send you a letter of the findings.

FULLARD REVIEW PROCESS

Q: What is a Fullard Review and why might I want one?

A: You can request a Fullard Review if you believe you are getting bills for services that Medicaid should have paid. In a review, bills are submitted and considered. You and the provider will be sent copies of the final outcome of the review.

Q: Who can request a Fullard Review?

A: You, your authorized representatives who are listed on your record or the Payee/Other Spouse or Parent who are on your record.

Q: What steps should I take to request a Fullard Review?

A: It's very simple

FULLARD REVIEW PROCESS (continued)

1. Go to the Web Portal, www.mmis.georgia.gov.
2. Click on the Provider Information Tab
3. In the bottom right of the page, find the box titled Documents and Forms
4. Click on the View Full List option
5. Now find the document titled "Authorization for Use and Disclosure." This is the form with instructions about how and where to send your request for a review.

Note: If you do not have Internet access, you may call the Contact Center at 770-325-2331 or 1-866-211-0950 and ask them to send you the "Authorization for Use and Disclosure" form. This process takes a bit longer. If you use the Internet to get to the Web Portal you'll get the form on the same day.

Q: Should I check anything before I send in my request?

A: Yes. Please check the following:

1. Was I an active member on the date the service was rendered? If you were, and you gave the provider the Medicaid details, you can request a Fullard Review. If you weren't, contact DFCS to see if you qualify for coverage.
2. Did you receive retro-coverage for the date of service? If you did, and went back and gave the provider the retro-coverage details, you can request a Fullard Review.
3. Were you assigned to Amerigroup, WellCare or Peach-State? If you were, then you need to ask one of the agencies listed above about the questions you have on your bill. Please do not send your billing questions to Medicaid as they will be returned, and you will be directed to the appropriate agency. See page 31 for CMO contact information.

What if my Medicaid is cut off or if it is not meeting my medical needs properly?

If you get a notice saying your Medicaid will end or that a service will not be covered and you think it is a mistake, ask for a fair hearing right away. It is important to ask for the hearing within 10 days from the date on the notice if you want to keep on getting services while you appeal. Call or write your DFCS office to ask for the hearing. If you call DFCS, follow up in writing within 15 days.

You can ask for a fair hearing if something goes wrong with your Medicaid, even if you did not get a notice about it. At the fair hearing, an independent person will take information from you and Medicaid and make a decision about your case.

When can I go to the Emergency Room?

If you really believe the situation is an emergency and you have to get care immediately, go to the emergency room right away. However, Medicaid tries to make sure that you have a doctor of your own through your primary care provider. Part of the reason is to keep you from having to use the hospital emergency room when it is not necessary. Your own doctor can keep your medical record up-to-date and make sure you get complete care. The doctor has someone available to talk to you at night and on weekends or holidays.

If you or your child becomes sick or injured, most of the time it is best to try to reach the doctor by telephone for advice.

Frequently Asked Questions



Choices for a Healthy Life

What is Georgia Families?

Georgia Families is a program just for members in Medicaid and PeachCare for Kids™. Medicaid and PeachCare for Kids™ members will enroll in Georgia Families to choose a health plan and to choose a primary care physician. If you don't enroll, a health plan and primary care physician will be chosen for you.

What is a health plan?

A health plan is a group of doctors, nurses, hospitals and other health care providers who give the members of the plan all of the health services that they need. As a member of a health plan, you won't have to look for doctors or other providers yourself. Your health plan will have all the health care professionals you need.

What is a Primary Care Physician?

A primary care physician is the person you will go to for regular checkups and other basic health care services. Over time, your primary care physician will get to know you and your health care needs. Your primary care physician will also refer you to specialists and other health care providers if you need more specialized health care.

Who should enroll?

Most Medicaid and all PeachCare for Kids™ members must enroll in a Georgia Families health plan to continue getting health care services.

Who should not enroll?

These Medicaid members will not enroll in Georgia Families:

- Members who can get Medicare
- People who are blind
- People with disabilities
- Children in foster care
- Children with special health care needs

Please note: Georgia Families is only for members already enrolled in Medicaid or PeachCare for Kids™. If you want to apply for Medicaid or PeachCare for Kids™, call or visit your county DFCS office.

Will my benefits change?

No. You will get the same Medicaid or PeachCare for Kids™ benefits and services that you get now. The only difference is that now you will get these health care services through a health plan.

Will I still have to pay premiums to PeachCare for Kids™?

Yes. If you have a child in PeachCare for Kids™, you must continue to pay your monthly premium directly to PeachCare for Kids™.



Do I get to choose the health plan I want?

Yes. You will have a choice between at least two health plans in your area. Health plans that work with Georgia Families are:

Amerigroup Community Care

Phone: 1-800-600-4441

TDD/TTY: 1-800-855-2880

Web site: <http://www.myamerigroupcorp.com>

Peach State Health Plan

Phone: 1-800-704-1484

Fax: 1-800-716-2809

Georgia Relay Services Voice: 1-800-255-0135

Georgia Relay Services TDD/TTY: 1-800-255-0056

Web site: <http://www.pshpgeorgia.com>

WellCare

Phone: 1-866-231-1821

TDD/TTY: 1-877-247-6272

Web site: <http://www.wellcare.com>



How to Get More Information about Medicaid

Contact the **DFCS** office in your county to apply for Medicaid, to check on your application or to change any information about yourself and your family. To contact DFCS, look in your local phone book under "Family and Children Services" (usually in the blue county government pages).

To locate the **Right from the Start Medicaid** office nearest you, call **1-800-809-7276**.

To contact the **county public health department** to apply for Medicaid for pregnant women, look in your local phone book under "Health" or "Public Health" (in the blue county government pages) or call **404-657-2700**.

To contact the **Social Security Administration office** in your area to apply for SSI or to report any changes in your address or circumstances, call **1-800-772-1213**.

If you do not have your card with you and a medical provider or pharmacist needs to **verify that you are eligible for Medicaid**, ask him or her to call the Provider Contact Center at **1-866-766-4456**. The Provider Contact Center will tell the provider whether or not you are eligible for the services.

If you are eligible for Medicaid but **have not received your Medicaid card**, call the Member Contact Center to order a new one. The telephone number is **1-866-211-0950** (Monday - Friday, 7:00 a.m. to 7:00 p.m.). If you need to get medical services right away, you can request an emergency card at the DFCS office in your county.

Abbreviations Used in this Booklet

CHAMPUS - Civilian Health and Medical Programs of the Uniformed Services

CMO - Care Management Organization

CMS - Children's Medical Services

DCH - Georgia Department of Community Health

DFCS - Division of Family and Children Services

DHS - Department of Human Services

GAPP - Georgia Pediatric Program

MATCH - Multi-Agency Team for Children Services

NET - NON-Emergency Transportation

SSI - Supplemental Security Income



Important Information

My Medicaid number (printed on Medicaid card):

My caseworker's name:

My caseworker's telephone number:

My county Division of Family and Children Services (DFCS) office (for reporting changes):

My county Social Security Administration office (if you receive Supplemental Security Income {SSI}):

My doctor's name:

My doctor's telephone number:

My pharmacy:

My pharmacy's telephone number:



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