

Understanding Medical Assistance

A Handbook About Medical Assistance Services in Georgia



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Important Information

My name as printed on my Medical Assistance Card:

My CMO's telephone number:

The telephone number for reporting changes or obtaining information about my Medical Assistance coverage:

My Doctor's name and telephone number:

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

My Care Management Organization's Name (CMO):

My Pharmacy's name and telephone number:

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Helpful Telephone Numbers and Web Sites

For more information about Medical Assistance eligibility and how to apply, you can speak with a representative at your local DFCS office or call the DFCS call center at 877-423-4746. You may find DFCS county contact information at www.dfcs.dhr.georgia.gov; click on your county of residence name.

You may also go online to dch.georgia.gov or www.gateway.ga.gov. Georgia Gateway is an online tool which allows Georgians to get answers to questions or apply for many health and human service programs.

To locate a **county health department**, call 404-657-2700 or log on to the Georgia Department of Public Health (DPH) Web site at: dph.georgia.gov, go to the 'Programs' tab, choose the 'District and County Operations' option and click the 'District Office Directory' link.

For questions about **Right from the Start Medical Assistance Group (RSM)**, call 877-427-3224 or visit dch.georgia.gov/right-start-medical-assistance-group.

For questions about your **Medical Assistance card**, call 866-211-0950 or visit www.mmis.ga.gov.

To learn more about **Georgia Families**, call 888-423-6765 or log on to www.georgia-families.com.

About This Handbook

Sometimes, Medical Assistance programs and its rules may seem hard to understand. This handbook will help you understand how Medical Assistance programs work, and whether the programs can help you and your family.

If you think you or your family members may be eligible for a type of Medical Assistance, this handbook will explain how to apply for Medical Assistance and how to get medical care after you have been approved.

Although every state has Medical Assistance programs, each state's programs are different. This handbook explains how these programs work in Georgia.

This handbook will provide you with telephone numbers that will help you get more information about Medical Assistance. Write down the names and numbers on the inside front cover of this handbook, so that you'll have them when you need them!

Remember to always update any changes to your Medical Assistance contacts.



What is Medical Assistance?

Medical Assistance is the term for a variety of programs that helps those who can't afford medical insurance pay for some or all 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, exercising, 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 insurance right now, Medical Assistance may be able to help you get the care that you need to get healthy and to stay healthy.

With many types of Medical Assistance covered in this booklet, your family will receive care through a plan often referred to as a Care Management Organization (CMO) (Amerigroup, CareSource, PeachState or WellCare). You will choose a health plan and a Primary Care Physician (PCP) who is best for you.

Your family will be able to receive a variety of medical care services from the PCP and other specialists. Your family will have an identification card listing the health plan and the PCP's name, address and phone number.

The types of Medical Assistance programs that you may qualify for in Georgia are: Medicaid and PeachCare for Kids®. These programs will be explained later in this booklet.

What is Medicaid?

Medicaid is a health insurance program under Medical Assistance that covers many groups of people. Medicaid covers eligible parents/caretakers with children under age 19, children under age 19, pregnant women, and people who are age 65 or older, blind or disabled. Medicaid is administered by the Georgia Department of Community Health (DCH).



What is PeachCare for Kids®?

PeachCare for Kids (PCK) is a health insurance program under Medical Assistance that covers eligible children from birth to the month of their 19th birthday. It is administered by DCH. This program was designed specifically for working families who do not have access to affordable private health insurance.

For children ages 6 and older, you may be required to pay a low fee each month and co-pays. The monthly fee is referred to as a premium payment. Co-pays may be required when services are rendered by the provider. Co-pays could range from \$0.50 to as much as \$3.00.





Who Is Eligible for Medical Assistance in Georgia ?

Medicaid/PeachCare for Kids

Medicaid

Many groups of people are covered by Medicaid. Even within these groups, different requirements must be met. These may include your age; whether you are pregnant, age 65 or older, blind or disabled; 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 Medical Assistance only.

When you apply for Medicaid, the requirements listed above will be considered 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 citizenship status, not the parent's citizenship status; however, the parent's income is counted toward the income limit.

In general, you may be eligible 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, under age 19.
- You are age 65 or older.
- You are legally blind.
- You have a disability.
- You need nursing home care.

PeachCare for Kids

Children are eligible for PCK if they are under the age of 19 and their family's income is within a certain level. Children cannot receive PCK, if they are eligible for Medicaid or if they have other health insurance at the time of application.



Should You Apply for Medical Assistance?

When you apply for Medical Assistance, your application will be carefully reviewed by an Eligibility Specialist and those requesting assistance will be reviewed for the most appropriate type of coverage. In general, you should apply for Medical Assistance if you match one of the descriptions below:

Pregnant Woman:

Apply for Medical Assistance if you think you are pregnant. If you are on Medical Assistance 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 Medical Assistance if you are the parent/caretaker or guardian of a child who is under age 19 and your family needs help paying for medical care.

If you were in foster care when you turned age 18 or aged out of foster care and you are under the age of 26,

you may be eligible for either Former Foster Care Medicaid or Chafee Medicaid.

Aged, Blind or Disabled People:

Apply if you are aged (65 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 parent or caretaker with children under age 19 and have very low or no income and few assets. (You do not have to be receiving TANF.)

Apply at your local Department of Public Health Office if you have breast or cervical cancer.

If you are pregnant, under 19, 65 or older, blind or disabled, even if your income is over the limits, if you owe medical bills you should apply.



How to Apply for Medical Assistance in Georgia?

There are several different ways to apply for Medical Assistance in Georgia. You may apply online at www.gateway.ga.gov, (select “Medical Assistance” as a program) by telephone at 877-423-4746, in person (by going to the local DFCS office, Public Health Department or Social Security office), or by requesting forms to be mailed to you that you can fill out at home and mail and bring back.

You can contact DFCS in your county. The DFCS office will take your application or assist you online with applying for Medical Assistance. You can also visit the Web sites of the Georgia Department of Community Health (DCH) at www.dch.georgia.gov or the Georgia Department of Human Services (DHS) Division of Family and Children Services at www.dfcs.dhs.georgia.gov to obtain more information or an application you can download, fill out, and bring or send back.

Applications, including the online application, are also available in Spanish.

You may also apply for most types of Medical Assistance for families, children, or pregnant women at Right from the Start Medical Assistance Group (RSM) office. RSM has workers available to take your application early in the morning, in the evening and on weekends. These workers are located in non-traditional sites, such as hospitals, public health departments, housing projects, etc.

If you think you are pregnant, contact your county Health Department, Federally Qualified Health Center, Primary Health Care Center or Hospital. (Call the Georgia Department 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 Medical Assistance 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 and have little or no income**, apply for the Supplemental Security Income (SSI) program by contacting your local Social Security office. If you are approved for SSI, you will automatically receive Medicaid. You may also apply for Medical Assistance at the DFCS office, but you will not be able to apply for SSI there. Call 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 800-325-0778, 7 a.m. to 7 p.m., Monday through Friday.



**What Documents Are
Needed to Apply for
Medical Assistance?**

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

- A copy of your birth certificate or other proof of identity and citizenship or immigration status
- 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 confirm identity
- Social Security numbers, for each person requesting Medical Assistance
- Paycheck stubs, payroll records or recent W-2 forms covering at least the past four weeks
- Letters or forms that show your income from Social Security, SSI, Veterans Administration, retirement, pensions, unemployment, worker's compensation or 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, and/or most recent tax return
- Information about property you own (such as land, or stocks and bonds)

If you need help finding this information, call 877-423-4746 or 877-427-3224.



What Happens After You Apply for Medical Assistance?

Once you complete an application for Medical Assistance, an eligibility specialist will review your application. The Eligibility Specialist will make sure that all the necessary information has been received.

Applicants ineligible for Medical Assistance based on income, will have their information transferred to the Federally Facilitated Marketplace (FFM) to determine if they qualify for subsidies, cost-sharing reductions, premium tax credits or private health coverage.

If you have medical bills from the past three months that you were not able to pay, report them on your application when you apply. If you are eligible for Medicaid, it is possible that Medicaid will pay for some of these bills, even if you were not enrolled in Medicaid at that time. PCK does not provide coverage for months prior to your application.

You will find out whether you are eligible for Medical Assistance within 45 days after you apply. A letter will be mailed to you telling you whether you are eligible or ineligible. (If you have a disability and your disability has to be

verified, the process may take up to 60 days.)

You may report changes, access your notice/letter, and renew your benefits online at www.gateway.ga.gov. You will need to create an account. You may also report changes about your situation or get information about your benefits by phone at 877-423-4746 or 877-427-3224.

If you are eligible and approved for Medical Assistance, you will receive a plastic Medical Assistance card in the mail. We will mail information to you about your Medical Assistance. It is very important that you let DFCS (or the Social Security Administration if you receive SSI) know your new address when you move.

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

If you have other health insurance that may cover some or all your medical services, tell your medical care provider

about the other insurance. You **MUST** show your Medicare or other insurance card to your medical care provider when you go in for medical care.

Once approved for Medical Assistance, your eligibility must be renewed once every 12 months. You will receive a notice the month before your renewal month.

Your personal situation may change -- for example, if you get a different job, if your family size changes, or if you move -- an administrative renewal may be completed on your coverage if the change reported affects eligibility. Also, eligibility will be extended for an additional 12 months. This will change the month your Medical Assistance renewal is due. You will receive a notice that an administrative renewal was processed on your case.

If your situation changes, you must contact us by calling 877-423-4746 or 877-427-3224 or go online to www.gateway.ga.gov. If you are receiving SSI, you must call the Social Security Administration office at 800-772-1213 as soon as you know about any changes.



How Does Medical Assistance Work?

Once you are eligible for a Medical Assistance program, there are different ways that you can receive medical services. You may participate in Georgia Families or receive services from any provider who accepts Medical Assistance payments. These are described below:

Georgia Families

Georgia Families is a managed care program that delivers health care services to members of PCK and some Medicaid members. The program is a partnership between DCH and Georgia Families CMO. By providing a choice of health plans, Georgia Families allows members to select a health care plan that fits their needs. The health plans you can choose from are: Amerigroup, CareSource, PeachState or WellCare. You will initially be assigned to a CMO servicing in your area and will then have 90-days to choose a different plan that is serviced in your area. You are also able to select a PCP.

Children enrolled in PCK, children under age 19, parent(s) or caretaker(s) with children under age 19, pregnant women and women with breast or cervical cancer, are eligible to participate in Georgia Families. Members who maintain eligibility will continue enrollment through Medicaid or PCK.

Not everyone may participate in Georgia Families.

Medicaid members that do not participate in Georgia Families are those who are:

- Eligible for Medicare;
- Presumptively eligible pregnant women, children under age 19, former foster care children, parent/caretaker with children under age 19, women's health (Women with breast or cervical Cancer);
- Members of a federally recognized Indian Tribe;
- Members eligible for SSI;
- Children enrolled in:
 - Georgia Pediatric Program (GAPP)
 - Children's Medical Services (CMS)
 - Multi-Agency Team for Children (MATCH)
- Nursing home and hospice patients;
- Home and Community based services;
- Members enrolled under group health plans for whom DCH provides payment of premiums, deductibles, coinsurance and other cost sharing.

Who Accepts Medicaid?

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 medical care.

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

Medical Care Providers Who Do Not Accept Medicaid or PeachCare for Kids

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

About Co-Payments



Depending on your Medical Assistance category, you may have to make a small co-payment when you receive medical care, but Medical Assistance 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 medical care providers enrolled in the Medical Assistance program must accept Medicaid or PCK as payment in full, except for co-payment amounts.

There is no cost for children under age six, children in Foster Care or American Indians and Alaskan Natives (AI/AN). For children ages six and older, PCK requires a monthly premium. Premiums increase on a sliding scale based on family size, age of children and household income. A co-payment is required for some services. Your medical care provider will let you know when a co-payment is required.

There are no deductibles for services covered by PCK.

You will receive a letter that will tell you how much your monthly premium is and when it is due each month. Premiums are due the first day of the month, 30 days before the month of coverage. For example, the payment you make on January 1 will cover care during the month of February. When you make a payment, please write your PCK account number on the check or money order. You will receive

a coupon booklet if you would like to mail your monthly payments. Mail the monthly coupon with the check or money order to:

PeachCare for Kids®
P.O. Box 44031
Jacksonville, FL 32231

Always mail your monthly premium on time and to the address above. If the payment is not received, your child's coverage will be canceled.

You can make premium payments or set up automatic debit online at www.gateway.ga.gov or by using our Interactive Voice Response System by calling 877-427-3224.

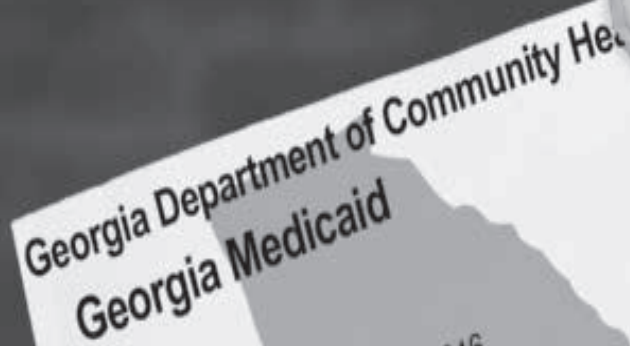
Your premium may change when your income changes, so be sure to report any changes in your income within ten days. You may report changes by logging into your account at www.gateway.ga.gov or by calling 1-877-427-3224.

What if Coverage is Canceled Due to Late Payments?

If your child's coverage is canceled because the payment was short or not received on time, your child will be locked out of PCK for a period of one month. You should call toll-free 877-427-3224 to have coverage reinstated. For example, if your coverage is canceled for January and you would like to have it reinstated for February, your February payment is due by January 1. You will be notified when the coverage will be reinstated. Until coverage is reinstated, you will be responsible for any charges for medical care your child receives. If reinstatement is requested for the canceled month, the premium must be received in that month.

Important Facts to Remember

- Before you visit the doctor, dentist or pharmacist, locate your Medical Assistance and CMO cards. Make sure you are still covered, then write down your questions so that you won't forget to ask them. Take a friend or relative along to help.
- If your doctor or dentist writes you a prescription for medicine, 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.
- 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 as soon as possible. This way, you'll have another scheduled appointment on the doctor's calendar.



Georgia Department of Community Health
Georgia Medicaid

Member: Sam Public
Effective Date: 01/01/2016

About Your Medical Assistance Card

After you are approved for Medical Assistance, you will receive an 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 carry it with you at all times. In case of an emergency, you will need to show your Medical Assistance card before receiving medical services.

The card will have your name and your member identification number printed on the front. Please protect your Medical Assistance card and member identification number.

How Your Provider Will Use the Card

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

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

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

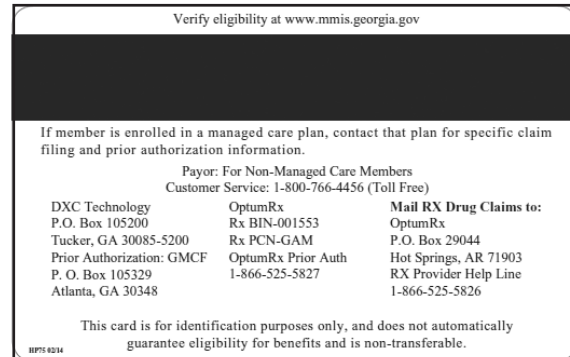
Questions

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

Front of Card



Back of Card



Things to Remember

- Always keep your card(s) with you;
- Your Medical Assistance and CMO cards are for your use only. It is against the law for anyone else to use your cards;
- If your eligibility for Medical Assistance stops, do not throw your card away. You may become eligible again 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 Medical Assistance and Georgia Families cards before you receive medical services;
- Always get your card(s) back after your visit is completed or your prescription is filled.

Need a Ride?

Georgia Medicaid currently contracts with two Non-Emergency Medical Transportation (NEMT) Brokers to arrange NEMT services for eligible Medicaid members to and from medical treatments, medical evaluations, obtaining prescriptions from pharmacies and medical equipment. Each NEMT broker covers different regions of the state. Call the broker assigned to the county you live in to schedule non-emergency medical transportation Monday through Friday from 7 a.m. to 6 p.m. You must schedule your transportation at least three days before your appointment date. Locate your county below and contact the assigned broker at the number provided. If you have a question, comment or complaint about NEMT, please call the Member Contact Center toll-free at 1-866-211-0950 for assistance.

SOURCE Agencies	Contact Number
<p>Atlanta Region -- Southeastrans</p> <p>Toll free 866-388-9844</p> <p>Local 404-209-4000</p>	<p>Assigned Counties: DeKalb, Fulton and Gwinnett</p>
<p>North Region -- Southeastrans</p> <p>Toll free 866-388-9844</p> <p>Local 678-510-4555</p>	<p>Assigned Counties: Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Greene, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White and Whitfield</p>
<p>Central Region -- Logisticare</p> <p>Toll free 888-224-7981</p>	<p>Assigned Counties: 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</p>
<p>East Region -- Logisticare</p> <p>Toll free 888-224-7988</p>	<p>Assigned Counties: Appling, Bacon, Brantley, Bryan, Bullock, 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</p>
<p>Southwest Region -- Logisticare</p> <p>Toll free 888-224-7985</p>	<p>Assigned Counties: 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</p>



What does Medical Assistance Cover?

What is Covered Under Medical Assistance?

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

- Doctor and nurse office visits (when you visit a doctor nurse for checkups, lab tests, exams or treatment)
- Prescription drugs
- Inpatient hospital services (room and board, drugs, lab tests and other services when you must 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, for Medicaid members only)
- 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!

Medical Assistance 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!

Other Services and Items Covered Under Medical Assistance May Include:

- Case management
- Diagnostic, screening and preventive services
- Laboratory services
- Medicare premiums, deductibles and coinsurance
- Mental health clinic services
- New Options Waiver (NOW)
- Comprehensive Supports Waiver Program (COMP)
- Community Care Services Program (CCSP)
- Independent Care Waiver Program (ICWP)
- Nurse midwife and nurse practitioner services
- Nurse visits in the home after delivery of your 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 (DME)

What is Not Covered Under Medical Assistance?

There are services not covered under Medical Assistance. 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 medical care provider!

If you are not sure whether a service is covered, call the Member Contact Center at 866-211-0950 or call your Georgia Families CMO if you are enrolled in one.



Planning For Healthy Babies®

Planning for Healthy Babies® (P4HB) is a waiver program under Medical Assistance. P4HB covers family planning services to eligible women ages 18 through 44 who meet the monthly family income criteria, not otherwise covered by insurance (including Medicare), and not receiving coverage under another Medicaid category. P4HB also covers Inter-Pregnancy Care (IPC) services, including primary care case management, for eligible women who delivered a very low birth weight baby (VLBW) as of, January 1, 2011.

The primary goals of the P4HB program are to reduce Georgia's low birth weight (less than 2500 grams or 5 lbs. 8 oz.) and very low birth weight (less than 1500 grams or 3 lbs. 5 oz.) rates; reduce the number of unintended and high risk pregnancies in Georgia; and to reduce Medicaid costs by reducing the number of unintended pregnancies. There are three levels of services under P4HB: Family Planning, Inter-Pregnancy Care and Resource Mother.

For more information about P4HB call 877-427-3224 or go online to www.dch.georgia.gov/planning-healthy-babies. To apply, for P4HB, please go online to www.gateway.ga.gov.



Your Rights and Responsibilities

Once you are eligible for Medical Assistance, 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 the Medical Assistance program takes any action to end your eligibility.

You have the right to a fair hearing.

You can request a fair hearing if you disagree with a decision regarding your Medical Assistance eligibility or if you feel that the Medical Assistance program has not served your medical needs properly. To request a hearing for Medicaid, contact your county DFCS office or call 877-423-4746 within 10 days of the date shown on the notice about eligibility or services.

To request a hearing for PCK, call 877-427-3224 within 10 days of the date shown on the notice about eligibility or services.

You have a right to fair treatment.

Under DCH's policy, the Medical Assistance program cannot

deny you eligibility for benefits based on your race, age, sex, disability, national origin, political or religious beliefs. To report Medical Assistance fraud/abuse, eligibility or provider discrimination, call the DCH Office of Inspector General at 404-463-7590 or toll-free at 800-533-0686.

Your responsibilities:

You are responsible for providing true and complete information about your circumstances.

The information you provide must be true and must include your complete income, the size of your family, your current address and other information that helps the Medical Assistance program decide whether 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 report your changes to DFCS, RSM, PCK, or if you receive SSI, let the Social Security Administration know about these changes within 10 days of the change.

If you have other health or dental insurance, you must give the State of Georgia the rights to these payments.

Report all health insurance plans when you apply for Medical Assistance. These might include private health insurance, Medicare, Tricare formerly, (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 resulting from an accident.

You also must report when any health insurance changes. When you apply for Medical Assistance, your right to any payment made by a health plan is automatically given to Medicaid. Medical 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 local DFCS office to learn how you can give the money to Medicaid.

PCK members cannot have other health insurance.



FAQ's

Frequently Asked Questions About Medical Assistance

What is the IRS Form 1095-B?

Beginning January 2016, Medical Assistance members will receive Form 1095-B from the Georgia Medicaid/PCK program. Members who receive their medical assistance through a CMO (Amerigroup, CareSource, PeachState or WellCare) will also receive this form from Georgia Medicaid/PCK. This form is required by the IRS, because of the Affordable Care Act to verify that individuals have at least minimal essential coverage. The January 2015 tax season was the first year these forms were mailed and this process will continue annually.

The 1095-B is an information form. Just like a W-2 form, it contains information that is required by individuals to complete their taxes. Also, like a W-2 form, the 1095-B form will be provided to the IRS to show the months each individual had health insurance through Georgia Medicaid/ PeachCare for Kids.

What if I lose my card?

If you lose your Medical Assistance card, call the Member Contact Center to get a new one. You can reach a representative at 866-211-0950, Monday through Friday, 7

a.m. to 7 p.m. You may also contact your local county DFCS office or log on to 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 Services Contact Center (PSCC) at 800-766-4456 (toll free) to get prior approval before providing services or the Georgia Families CMO provider line, if you are enrolled. (If you are in an emergency situation, and are taken to a hospital emergency room, prior approval is not required.)

What if I want to change my PCP?

If you want to change your PCP, you need to call your CMO health plan. The number is on your Georgia Families CMO identification card.

What if I want to change health plans?

Open enrollment is only held once a year. If you want to change your CMO health plan, you need to call Georgia Families at 888-423-6765 to find out about the open enrollment period.

When should I call Medicaid/PeachCare for Kids® and when should I call Georgia Families?

You and your family will only receive care through Georgia Families if they are enrolled in Medicaid/PCK. You must respond to letters from Medicaid/PCK about maintaining you and your family's enrollment and letters about renewing your eligibility. You need to call Medicaid/PCK at 877-423-4746 or 877-427-3224 when you have questions about enrollment in the program, premium payments, income verification, citizenship, identity and when you move or have any change in your household that affects your eligibility. It is very important to keep your address updated.

Can I pay the PeachCare for Kids monthly premiums ahead of time?

Yes, you can pay for one or more months ahead of time. If you do choose to pay for more than one month at a time, please be sure to include the coupons for those months (from your coupon book) along with your payment, or write your PCK account number on the top of your check or money order. If your child becomes ineligible or coverage is canceled, the balance in your account will be returned to you.

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

If you get a bill from a doctor, hospital or other provider that you think Medical Assistance should have paid, call 866-211-0950 or write to the Member Inquiry Unit, GHP, P.O.

Box 105200, Tucker, GA 30085-5200 and ask for a "Fullard" review.

You can also go to www.mmis.georgia.gov and click on Member Information, and then select Member Notices. You will see Fullard Review Submission Package. This link will include all the forms and instructions needed to request your Fullard Review. Once you have submitted all required information, the Member Contact Center will investigate to see whether Medicaid should have paid the bill. It will send you a letter about 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. See below:

1. Go to the Georgia Medicaid Management Information System (GAMMIS) Web portal at www.mmis.georgia.gov.
2. Click on the Member Information Tab.
3. Click on Member Notices
4. At the bottom of the page, select the document titled Fullard Review Submission Package. This is the form with instructions about how and where to send your request for review.

NOTE: If you do not have internet access, you may call the Member Contact Center at 866-211-0950 and ask them to send you the Fullard Review Submission Package. This process takes a bit longer. If you use the internet to access GAMMIS, you will get the form on the same day.

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

A. Yes, check to confirm that you were an active member on the date you received service. If you were and gave the provider the Medicaid details, you can request a Fullard Review.

If you were not an active member on the date you received service, contact DFCS to see if you qualify for

coverage.

If you were assigned to Amerigroup, CareSource, Peach State or WellCare, then you need to ask the CMO you were assigned to about any questions you have about your bills.

If you received retro-coverage for the date of service and you gave the provider the retro-coverage details, you can request a Fullard Review.

Q: What if my Medical Assistance is cut off or if it is not meeting my medical needs properly?

A. If you get a notice saying your Medical Assistance will end or that a service will not be covered and you think it is a mistake, ask for a fair hearing right away. You may use the hearing request form at the end of the notice you received. It is important to ask for the hearing within 10 days from the date shown on the notice if you want to keep on getting services while you appeal. Call 1-877-423-4746 to ask for the hearing. After calling, follow up in writing within 15 days.

Q; When can I go to the Emergency Room?

A. If you believe the situation is an emergency and you need care immediately, go to the emergency room right away.

Some examples of when you should go to the emergency room are:

- Any life threatening or disabling condition
- Sudden or unexplained loss of consciousness
- Possible broken bones
- Coughing up or vomiting blood
- High Fever with stiff neck, Mental confusion
- Difficulty breathing or speaking
- Cut or wound that won't stop bleeding
- Chest pain; numbness in face, arm or leg
- Severe shortness of breath
- Major Injuries



Georgia Families

Georgia Families Frequently Asked Questions

What is Georgia Families?

Georgia Families is a program for most Medicaid and all PCK members. Members enrolled in Georgia Families are initially assigned a health plan and must choose a primary care physician. If you do not choose, a primary care physician one 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 provide the members of the plan all the health services that they need. As a member of a health plan, you will not 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 (PCP) is the person you will go to for regular checkups and other basic health care services. Over time, your PCK will get to know you and your health care needs. Your PCK will also refer you to specialists and other health care providers if you need more specialized health care.

Who should enroll?

If you are a Georgia Families participant, you will be assigned to a health plan upon approval for coverage. You may select a different health plan during the first 90 days of

enrollment. Georgia Families can assist you with a selection if you request it at either www.georgia-families.com or by calling 1-888-GA-Enroll (1-888-423-6765).

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 with special health care needs.

Please note: Georgia Families is only for members already enrolled in Medicaid or PCK. If you want to apply for Medicaid or PCK, call 877-423-4746 or visit the website at www.gateway.ga.gov.

Will my benefits change?

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

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

Yes. If you have a child in PCK, you must continue to pay your monthly premium directly to PCK.

Do I get to choose the health plan I want?

Upon approval for coverage you will be assigned to a health plan. You will get a notice from Georgia Families about which health plan you've been assigned to. After that, you have 90 days to choose a different health plan by contacting Georgia Families at either www.georgia-families.com or by calling 1-888-GA-Enroll (1-888-423-6765) Health plans that work with Georgia Families are:

Amerigroup

Phone: 800-600-4441

TDD/TTY: 711

Web site: www.myamerigroup.com/GA

CareSource

Phone: 855-202-0729

TDD/TTY: 800-255-0056

Web site: www.caresource.com/ga

Peach State Health Plan

Phone: 800-704-1484

TDD/TTY: 800-255-0056

Web site: www.pshp.com

WellCare

Phone: 866-231-1821

TDD/TTY: 877-247-6272

Web site: www.wellcare.com/Georgia

Abbreviations Used in this Booklet

- CHAMPUS** – Civilian Health and Medical Programs of the Uniformed Services/Tricare
- 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
- PCK** - PeachCare for Kids
- P4HB** - Planning for Healthy Babies
- PCP** – Primary Care Physician
- SSI** – Supplemental Security Income
- TANF** – Temporary Assistance for Needy Families
- TDD** – Telecommunications Device for People who are Deaf



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