



Transition Period Frequently Asked Questions

*Information for Providers Serving Medicaid Members
in the Georgia Families 360° Program*

Georgia Families 360°SM, the state's new managed care program for children, youth, and young adults in Foster Care, children and youth receiving Adoption Assistance, and select youth involved in the juvenile justice system, launches Monday, March 3, 2014. Amerigroup Community Care is the Care Management Organization that will be managing this population.

In this capacity, Amerigroup will be responsible through its provider network for coordinating all DFCS or DJJ required assessments and medically necessary services for children, youth and young adults who are eligible to participate in the Georgia Families 360° Program.¹ Amerigroup will coordinate all medical/dental/trauma assessments for youth upon entry into foster care or juvenile justice (and as required periodically).

To ease the transition of the approximately 27,000 members from Fee-For-Service Medicaid to managed care, Amerigroup has modified its policies, procedures, and practices during this transition period.

Q1. How long is the transition period?

A1. The transition period is from March 3, 2014 through June 3, 2014, the first three (3) months following launch.

Q2. How will open prior authorizations for treatment and services already in place for a youth in Georgia Families 360° as of March 3, 2014 be handled?

A2. Amerigroup will honor existing open prior authorizations without requiring providers to request new prior authorizations from Amerigroup during the initial 90 day transition period. Services that did not require an authorization under Fee-For-Service will not require an authorization with Amerigroup during this transition period.

To allow for appropriate planning and continuity of care, DCH is asking providers to notify Amerigroup of any services, treatment, or prescriptions you plan to render to an eligible member in this population from March 3 – June 3, 2014. This is *not required*, but is **strongly** encouraged to assist in Amerigroup becoming familiar with the needs of each youth.

To notify Amerigroup, go to www.providers.amerigroup.com:

- Select "Georgia"
- Under "Provider Resources & Documents" select "Forms"
- Under the "Forms" heading you can select the Precertification Request Form or Behavioral Health Outpatient or Inpatient Treatment form.
- Download and complete the required information requested on the form

¹ Amerigroup will coordinate all medical/dental/trauma assessments for youth in foster care or involved with juvenile justice at intake (and as required periodically). For youth in foster care, assessment results will be sent to the youth's assigned CCFA provider for compilation with other family assessments, etc., and for submission to DFCS.

- Write “FC” across the top of the request
- Attach related clinical documentation such as a MICP, Prior Authorization form or Psychosocial.
- Fax these items to:
 - For Behavioral Health Inpatient, PRTF, PHP, or IOP fax to 877-434-7578
 - For Behavioral Health Outpatient fax to 1-888-375-5070.
 - For Medical prior authorization fax to 800-964-3627

Q3. How will providers get paid if there is no Amerigroup issued prior authorization?

A3. Again, a prior authorization is not required, but notification of the services being rendered is strongly encouraged.

To file the claim, providers may mail it in or file it electronically. To file electronically, providers should log into the Amerigroup web site through the “provider” portal. Follow the instructions found there on how to submit a claim.

Provider Portal

<https://providers.amerigroup.com/pages/home.aspx>

Mail

Amerigroup Community Care
 P.O. Box 61010
 Virginia Beach, VA 23466-1010

Q4. If I am not a provider in Amerigroup’s network, how do I file a claim?

A4. Non-participating providers can use the EDI or mail option to submit a claim. You can log into the Amerigroup provider portal (secure login not required) at <https://providers.amerigroup.com/pages/home.aspx> and follow the directions for submitting a claim.

Q5. If I want to continue seeing the youth to whom I’ve been providing services after the transition period, will I be able to do that?

A5. No. Amerigroup will require providers after the transition period to be enrolled in their network. Providers have the option to enroll to serve only Georgia Families 360 ° members.

Q6. What if I have prescribed medication prior to March 3, 2014 and the prescription runs out during the transition period?

A6. Prescriptions that need to be filled or refilled during this transition period will continue to be covered by Amerigroup. Prescriptions that require an authorization or are not on the Amerigroup formulary will be covered during the transition period. Beginning on June 3, 2014 all services to include prescriptions that require a prior authorization will need to be submitted to Amerigroup prior to prescribing the medication. This prior authorization requirement also applies to medications not listed on the Amerigroup formulary.

Q7. How do I determine if a medication is on the Amerigroup formulary?

A7. The complete Amerigroup formulary is online. Go to the provider portal at <https://providers.amerigroup.com/pages/home.aspx> and search under “News and Announcements.”

Q8. We heard that youth on psychotropic medications will have a psychotropic medication management program where medication utilization will be reviewed. What will that look like?

A8. The use of psychotropic medications is an integral part of treatment for persons receiving care for behavioral health conditions. As such, the use of psychotropic medications must be monitored closely to help ensure that persons are treated safely and effectively. The goal of the program is to work collaboratively with prescribers to improve the quality and efficiency of psychotropic drug prescribing patterns and to improve the health outcomes of Georgia Families 360° members.

Amerigroup is monitoring medication records obtained by the Care Coordination Team and claims data to determine medication appropriateness. In this program, pharmacy claims data are stratified to identify prescribing and usage trends. Prescribers will be identified who are not following recommended evidence based psychotropic treatment guidelines. Prescribers who are identified as deviating from best clinical practices are flagged and AGP follows up with these prescribers through routine alerts, letters, educational materials and peer-to-peer calls. These prescribers will be encouraged to adjust their prescribing habits. The program does not infringe on the prescribers decision-making practice, but rather it is designed to improve behavioral health prescribing practices and patient medication adherence, targeting educational messages to prescribers thereby allowing them to “self-regulate” their prescribing patterns. This avoids the need for many external controls such as prior authorizations or limit of access to psychotropic drugs. The goal of the program is to work collaboratively with prescribers to improve the quality and efficiency of psychotropic drug prescribing patterns and to improve the health outcomes of Georgia Families 360° members. This process will be ongoing for all children who are enrolled in the Georgia Families 360°Program.

Q9. If I have other questions, how can I get those answered?

A9. For any other information, please contact Amerigroup at fostercare@amerigroup.com or toll-free at 1-800-454-3730.

Q10. If I have concerns regarding the healthcare services being provided to members of the Georgia Families 360° program, who should I contact?

A10. Both DCH and Amerigroup have established an Ombudsmen Program to receive and be responsive to concerns about youth in the Georgia Families 360° population regarding their access to services, appropriateness of services, etc. Please direct such concerns as follows:

Amerigroup: 1-855-558-1436 (phone)
helpOMB@amerigroup.com (email)
1-888-375-5067 (fax)

DCH: GeorgiaFamilies360_Ombudsman@dch.ga.gov