

Georgia Families®

Frequently Asked Questions & Answers

Member-Related Questions and Assistance

- **Q: Who is DCH?**

A: The Department of Community Health (DCH) is the **single State Agency** designated to administer and supervise the administration of the Medicaid program. (42 C.F.R. § 431.10) DCH oversees program administration and funding for all Georgia Medicaid and PeachCare for Kids® services.

- **Q: What is Georgia Families®?**

A: Georgia Families® is a partnership between DCH and private health plans (*also called “care management organizations” or “CMOs”*) to provide benefits and health care services to Medicaid and PeachCare for Kids® members, Planning for Healthy Babies® (P4HB) enrollees, and Georgia Families 360° Members. PeachCare for Kids® is the State Children’s Health Insurance Program, and the P4HB program is Georgia’s Section 1115 Family Planning Waiver program. The Georgia Families 360° program facilitates the coordination of care for children, youth and young adults in Foster Care or receiving Adoption Assistance and select youth involved with the Department of Juvenile Justice.

- **Q: What is a health plan?**

A: A health plan is a group of doctors, nurses, other staff, hospitals, and clinics that provide health services and coordinate patient care. Health plans are also called **“care management organizations” or “CMOs”**. CMOs contract with Providers such as physicians, hospitals, pharmacies, and therapists. Most Medicaid and all PeachCare for Kids® members must enroll in a Georgia Families® health plan. Health Plans that work with Georgia Families® are:



- **Q: Who is eligible for Georgia Families®?**

A: Georgia Families® provides health care services to most, but not all Medicaid and PeachCare for Kids® members. The following groups are automatically enrolled in Georgia Families®:

- Parent/Caretaker with Children Medicaid (formerly Low Income Medicaid)
- Transitional Medicaid
- Pregnant Women
- Children under 19 (formerly Right From the Start Medicaid)
- Newborns
- Women Eligible Due to Breast and Cervical Cancer (must be less than 65 years of age and diagnosed with breast or cervical cancer)
- Refugees
- PeachCare for Kids®

- **Q: Who is NOT eligible for Georgia Families®?**

A: The following are not eligible for Georgia Families®:

- Individuals in a Nursing Home
- Individuals in Hospice
- Aged, Blind, and Disabled (with certain exceptions)
- Children enrolled in the Georgia Pediatric Program (GAPP)

- **Q: What is Open Enrollment?**

A: **Open Enrollment** is the time period when Georgia Families® members (Medicaid and PeachCare for Kids®) and Planning for Healthy Babies® recipients choose a health plan. Health Plans that work with Georgia Families® are:



- **Q: What is the ninety (90) day Choice Change Period?**

A: During the period of July 1, 2017 through September 30, 2017, all Members will have a one-time opportunity to change their assigned CMO without cause. This change will become effective on the first day of the month after the change is requested. The change will take place for the first of the next month even if the choice change is captured on the last day of the current month.

- **Q: How can members find out more information about the different health plans?**

A: Members can find out more about the health plans by visiting the following websites:

- ❖ Georgia Families: www.georgia-families.com
- ❖ Amerigroup: www.myamerigroup.com/GA
- ❖ CareSource: www.caresource.com/ga
- ❖ Peach State: www.pshpgeorgia.com
- ❖ WellCare: www.georgia.wellcare.com

- **Q: Where can members find Member Handbooks?**

A: Member handbooks are available on the CMOs' websites. Members may request a hard copy of the member handbook by calling the member's CMO after they are enrolled. Handbooks are available for Georgia Families® members, and Planning for Healthy Babies® enrollees upon request.

- **Q: Where can members find Provider Directories?**

A: Provider directories are available on the CMOs' websites. Members can request a hard copy by calling the member's CMO after they are enrolled. Provider directories are available for Georgia Families® members, and Planning for Healthy Babies® enrollees upon request.

- **Q: When will the new plans start?**

A: The new plan year for the Georgia Families® program will begin on July 1, 2017. Members will receive a letter with information about the member's health plan.

- **Q: When will new CMO ID Cards be sent?**

A: For current members, new CMO member ID cards will be mailed to members before July 1, 2017. For members enrolling in Georgia Families® after July 1, 2017, you will receive a member ID card within seven (7) days of your enrollment.

- **Q: Can family members have a different CMO or do they have to use the same CMO?**

A: Members can choose a different CMO for each person in the family.

- **Q: What is a Primary Care Provider?**

A: A Primary Care Provider (PCP) is a member's main doctor (or other practitioner). A PCP provides health checkups, provides services when a member is sick, and refers members to specialists when needed. PCPs keep track of their members' health records.

- **Q: Can members keep their current doctor?**

A: A member can choose to stay with their current doctor if he or she works with the member's Georgia Families® selected CMO. A member can change PCPs at any time by calling their health plan and requesting a change. The health plan can help a member choose a new doctor. Members can log in to www.georgia-families.com or call 1-888-GA-Enroll to learn about providers and plans in their area.

- **Q: What if a member's provider is not in the member's CMO's network?**

A: The provider should contact the member's CMO to discuss contracting opportunities.

- **Q: What if a provider leaves the member's CMO network?**

A: The member should contact the CMO to choose a new provider in the CMO's network.

- **Q: Are members required to stay with the same CMO if they have already made doctors' appointments or have scheduled medical procedures that were approved?**

A: No, but before the member changes to a new CMO, they should call their doctor directly or call the Georgia Families® program at 1-888-GA-ENROLL (1-888-423-6765) to make sure the doctor or provider accepts their new CMO plan.

- **Q: What is Transition of Care?**

A: Transition of Care are actions designed to ensure the coordination and continuity of health care as patients transfer between different CMOs, locations or different levels of care.

- **Q: How long will a member's active prior authorizations be honored if members switch CMOs?**

A: Effective July 1st, 2017, the Georgia Families CMOs (Amerigroup, CareSource, Peach State, and WellCare) will honor all currently approved open prior authorizations for a period of forty-five (45) days. This forty-five (45) day period will begin on July 1, 2017 and will end on August 14, 2017. This is part of the Transition of Care process.

- **Q: What is different about Pharmacy Related Prior Authorizations?**

A: Each CMO will honor prescriptions ordered/issued prior to July 1, 2017. All current prescriptions (including medication step therapy) will be transitioned and honored by the new CMO for a period of forty-five (45) days, beginning on July 1, 2017 and ending on August 14, 2017. This is part of the Transition of Care process.

- **Q: Will members have the same Medicaid benefits if they change health plans?**

A: While the CMOs provide the same services that the regular Medicaid program covers, they also have extra benefits. Be sure to look at the CMO comparison chart by visiting www.georgia-families.com.

- **Q: How can a member change their CMO?**

A: There are four ways to change a CMO enrollment between July 1, 2017 and September 30, 2017:

1. **Online:** Go to www.georgia-families.com and follow the steps.
2. **By phone:** Call 1-888-GA-Enroll (1-888-423-6765).
An enrollment counselor can help members change during business hours, or they can enroll using an automated phone system anytime, day or night.
Business hours are 7:00AM – 7:00PM, Monday through Friday.
3. **Mail:** Use the form that was mailed by Georgia Families® in February. Mail it to:
Georgia Families
PO Box 1096
Atlanta, GA 30303-9997
4. **Fax:** Use the form that was mailed by Georgia Families® in February.
Fax it to Georgia Families® at 1-866-4U2Enroll (1-866-482-3676)

- **Q: Who can members call for more information about providers, services, and enrolling?**

A: Georgia Families® representatives are available to answer any questions about the Georgia Families® program and to help Georgia Families® members and Planning for Healthy Babies® enrollees choose a plan. If you have questions or need help, you may call 1-888-GA-ENROLL (1-888-423-6765) toll-free or visit www.georgia-families.com. Business hours are 7:00AM – 7:00PM Monday through Friday.

- **Q: How do members contact the individual health plans?**

A: Members can contact the CMOs at the contact details below:

- ❖ Amerigroup Community Care
Phone: 1-800-600-4441
TDD/TTY: 711
Email: GAmembers@amerigroup.com
Web: <https://www.myamerigroup.com/ga/contact-us.html>
- ❖ CareSource
Phone: 1-855-202-0729
TDD/TTY: 1-800-255-0056
Web: www.caresource.com/members/georgia/
- ❖ Peach State
Phone: 1-800-704-1484
Georgia Relay Services Voice: 1-800-255-0135
TDD/TTY: 1-800-255-0056
Web: <http://www.pshpgeorgia.com/contact-us/>
- ❖ WellCare
Phone: 1-866-231-1821 (*Georgia Families® and PeachCare for Kids®*)
Phone: 1-877-379-0020 (*Planning for Healthy Babies® (P4HB)*)
TDD/TTY: 1-877-247-6272
Web: <https://www.wellcare.com/en/Georgia/Contact-U>

- **Q: Who should a member contact with CMO-related questions or concerns?**

A: Members should always contact the CMO for questions or concerns. If a member cannot reach the CMO, the member can contact DCH at the contact details below:

- ❖ The Department of Community Health (DCH)
Phone: 1-404-656-4507
Email: constituentservices@dch.ga.gov
Web: www.dch.georgia.gov