

Provider Update

Georgia Families 360° — Provider Relations FAQs

Background: Find the answers to frequently asked questions about Georgia Families 360° here. Georgia Families 360° will transition to Amerigroup on March 3, 2014. To ensure a smooth transition, we would like to share information with you about the program. **Purpose:** It is our goal to improve access to physical and behavioral health services, coordination of care and health outcomes for our Georgia Families 360° members.

★ **What this means to you:** This is a quick and easy reference for you and your office staff.

Key Contact Information:

Email: GF360@amerigroup.com

Program Overview

Q. What is a Care Management Organization (CMO)?

A. A CMO is an insurer that contracts with doctors, clinics, hospitals and other providers, all working together to take care of CMO members' health care needs. Amerigroup was selected as the single CMO to serve members enrolled in Georgia Families 360°.

Q. Who will be included as members in Georgia Families 360°?

A. The following members are part of Georgia Families 360°.

- Children, youth and young adults in foster care
- Children and youth receiving adoption assistance
- Children and youth receiving adoption assistance who have disenrolled from the CMO and are receiving services through the fee-for-service system
- Department of Juvenile Justice (DJJ) youth placed in nonsecure residential care

Q. When will the program begin?

A. March 3, 2014

Q. How many people will be transitioning to the managed care model?

A. The Department of Community Health (DCH) estimates there are currently more than 27,000 children, youth or young adults who are eligible to receive services through Georgia Families 360°.

Q. Why is managed care important for members enrolled in Georgia Families 360°?

A. We believe managed care can enhance coordination and access to services among physical health providers, behavioral health providers and state agencies, greatly improving member health outcomes. Before Georgia Families 360°, member populations did not often receive timely or optimal health care because frequent changes in life circumstances often caused a change in health care providers. These changes would often result in fragmented medical records and inconsistent access to appropriate care.



Provider Update

Q. How will medical information be shared across agencies?

- A. DCH is developing a web-based Electronic Health Record (EHR) network that can be accessed by Amerigroup as well as state agencies. The EHR:
- Is available 24 hours per day, 7 days per week
 - Streamlines and improves data sharing and coordination among Amerigroup, members, providers, DCH and other state agencies Improves service management timeliness and continuity of care

Q. Do other states use managed care to deliver health services to this special population?

- A. A majority of states use managed care to deliver health services to children in foster care and the adoption assistance programs. A 2011 report conducted by the Kaiser Commission on Medicaid and the Uninsured found 34 states enroll children on a mandatory or voluntary basis.

Q. If I am a provider and want to make a comment and/or ask a question about the program, how do I do that?

- A. For more information or to make a comment about the program, contact us at GF360@amerigroup.com.

Q. How will managed care through Georgia Families 360° affect quality of care?

- A. Managed care will improve quality of care through care coordination - caring for the entire person through the integration and coordination of services for each individual member. DCH requires Amerigroup to monitor service delivery, medications, and to engage in quality improvement activities driven by the Healthcare Effectiveness Data and Information Systems (HEDIS) for performance measurement. Amerigroup will also use Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for additional monitoring.

Q. What outcomes are expected from care management?

- A. This program is designed to increase care coordination and improve quality of care, while providing timely and efficient delivery of benefits and services.

Q. How will DCH protect children's rights to all medically necessary services under Health Check?

- A. DCH will closely monitor Amerigroup to ensure all medically necessary services under Health Check, also known as Early Periodic Screening, Diagnosis and Treatment (EPSDT), are provided. DCH will verify that Amerigroup informs members or appropriate guardians of the availability of Health Check services. Amerigroup is also required to submit data showing the number of program children receiving Health Check services.

Q. How will this program be different than the current Georgia Families program?

- A. Georgia Families 360° will cover the same benefits and services as those covered under fee-for-service and the Medical State Plan, based on medical necessity. In addition, Amerigroup will fulfill the following:
- Provide access to providers who are trained or experienced in treating individuals with complex special needs, including children in foster care, receiving adoption assistance and those in the juvenile justice system.



Provider Update

- Coordinate medical and trauma assessment schedules included in the Comprehensive Child and Family Assessment (CCFA), including Health Check screenings, and ensure children receive the required follow-up treatment
- Develop an individual Health Care Service Plan for each member
- Develop a medication management program to assess prescribing patterns and treatment plans for members
- Provide Nurse Care Managers (NCM) to assist members identified as having special health care needs to obtain medically necessary care, health-related services and coordinated clinical care with holistic considerations
- Care Coordination teams, including nurses, social workers and other clinical staff will coordinate care delivery services

Q. Why will some services require prior authorizations?

- A. Prior authorizations are required to ensure:
- The right care, medication or medical exam is ordered
 - The right amount of prescription drugs are ordered
 - Services are not duplicated

Amerigroup will provide training and distribute provider manuals with information about what services and prescription drugs require prior authorization and the process for obtaining prior authorization. Members will have a primary care provider and a Care Coordination team that will coordinate services. Providers can be selected from Amerigroup's provider network.

Q. How will a child enrolled in Georgia Families 360° select a Primary Care Provider (PCP)?

- A. Amerigroup will provide a member handbook that contains information about how to select a PCP and a provider directory that has a list of providers to choose. If a PCP is not selected within two days after the child is enrolled, Amerigroup will select a PCP for the member. The PCP can be changed by contacting Amerigroup.

Q. Will a child have to change providers if he/she is enrolled in Georgia Families 360°?

- A. DCH and Amerigroup will make every effort to avoid disrupting services. If a child's provider does not participate in the Amerigroup network, DCH and Amerigroup will ensure there is a choice of providers who will meet the child's needs. If the member receives services that have already been authorized, he or she will be allowed to continue with the current provider and receive services until the plan is complete. Providers may contact Amerigroup to begin the process of contracting with a nonparticipating provider. Amerigroup will contract with providers who meet their credentialing and contract requirements. Providers may join the Amerigroup network as a Georgia Families 360° only provider.

Q. What are the implications of managed care for existing providers?

- A. Providers will have to join the Amerigroup provider network to continue to be reimbursed for services provided to program children. (See related Transition questions on page 8.)

Provider Update

- Providers will receive payments from Amerigroup rather than the state.
- Providers will be eligible for incentive payments for participating in the state's value-based purchasing program.

Q. Value-based purchasing is a component of provider contracts. What is value-based purchasing?

A. Value-based purchasing is an enhanced approach to purchasing and program management; focusing on value over volume

- Value-based purchasing is part of a cohesive strategy, aligning incentives for the contractor, providers, members and the state, to achieve overarching goals within the program
- Amerigroup is required to provide incentives to providers who participate in value-based purchasing and may incentivize members. Amerigroup is required to distribute 50 percent of incentive payments to providers.
- In year one, the performance measures included in the value-based purchasing program will be more transaction-oriented and designed to support seamless program implementation, network access and Amerigroup staffing
- After establishing baselines, in year two and beyond, the performance measures will be specific to demonstration improvements in meeting the health needs of the members

Q. What are Care Coordination teams?

A. Amerigroup will assemble Care Coordination teams which will include nurses, social workers and other clinicians who will be assigned to each member. The Care Coordination teams have the following responsibilities:

- Coordinate all services identified in the Health Care Service Plan for each member
- Work with state agencies, providers, caregivers, families, members and medical consenters to coordinate necessary services
- Coordinate care and create linkages with external organizations, including but not limited to school districts, child protective service agencies, early intervention agencies, behavioral health and developmental disabilities service organizations
- Assist with locating providers and scheduling physical health and behavioral health appointments and nonemergency transportation

Q. How will providers participate in coordination?

A. DCH requires Amerigroup to coordinate the physical health and behavioral health services with providers and will regularly review data to ensure members are receiving needed services.

- Care Coordination teams will regularly coordinate with providers.
- Amerigroup will coordinate assessments with providers, within a specified timeline. Providers will include health information in the Electronic Health Record (EHR).

Provider Update

Q. How will Amerigroup coordinate with the Division of Family and Children Services (DFCS) case managers?

- A. Amerigroup will coordinate with DFCS case managers to:
- Assist with scheduling physical health and behavioral health appointments and nonemergency transportation
 - Provide requested information required for court hearings, locating placements and member transitions
 - Facilitate timely access to care and coordinate services
 - Add medication management support
 - Submit the medical and trauma assessments included in the Comprehensive Child and Family Assessment (CCFA) to the CCFA providers for reports prior to family meetings

Q. What are Amerigroup's requirements regarding CCFA's?

- A. Amerigroup will be required to assure:
- CCFA Medical Assessments are complete and providers' assessment results are sent to the DFCS or the CCFA provider within 10 calendar days of receipt of the eligibility file or notification from DFCS.
 - Members receive the specified care identified in the assessments in a timely manner.

Q. How will Amerigroup assist DFCS with children aging out of Georgia Families 360°?

- A. Amerigroup will begin the transition planning process one year prior to children aging out of the program. Amerigroup will collaborate with DFCS to:
- Assist in completing necessary waivers or community services application processes and accessing waiting list(s)
 - Assess need for specialized supports
 - Assist in identifying residential and community support options

Q. How will DCH ensure that the physical and behavioral health needs of the foster care population are met?

- A. DCH will require Amerigroup to coordinate physical health and behavioral health services. Amerigroup's Care Coordination teams will work with providers to ensure children are receiving needed services and DCH will regularly monitor Amerigroup's performance.

Q. What training will Amerigroup make available to help existing providers and new providers transition to the managed care model?

- A. Amerigroup will provide training and outreach to providers in an effort to educate providers about the program. Amerigroup will deliver scheduled training on topics such as covered services, the provider's responsibility for providing and coordinating those services and issues specific to members. Training will also include instruction about how Amerigroup will coordinate with DCH, DFCS and other partner agencies as well as with providers to deliver appropriate and timely care to members. Areas that differ from commercial coverage rules and from the Georgia Medicaid fee-for-service environment will be emphasized. Web-based training will also be available. All providers will also receive a provider manual and have access to Amerigroup's provider services telephone line.

Provider Update

Q. What is the Kenny A. Consent Decree?

- A. In June 2002, Children’s Rights, Inc., out of New York, filed a class action lawsuit against Georgia on behalf of the children in the state’s legal custody. The suit alleged violations of constitutional and statutory rights arising out of the operation of the state’s foster care system in Fulton and DeKalb counties. In October 2005, the plaintiffs and defendants settled the lawsuit under the Kenny A. vs. Sonny Perdue Consent Decree.

Amerigroup shall provide all medical services and adhere to all timeliness requirements defined in the Kenny A. Consent Decree (which is a consent decree for foster care children in Fulton and DeKalb counties that states):

The state is to achieve and sustain 31 outcomes, as well as maintain certain practice standards related to service, planning, placement experience, health care, investigation of maltreatment allegations concerning children in foster care, court review and reporting. The consent decree stipulates various state and county infrastructure requirements. Stipulations pertain to automation, caseload sizes, training, supervision of private providers, foster parent licensing and financing.

Q. What is a Trauma Assessment?

- A. A Trauma Assessment is a medical evaluation component administered to all foster care children placed in DFCS custody. The comprehensive Trauma Assessment identifies all forms of traumatic events experienced directly or witnessed by the child to determine the best treatment for that child. The comprehensive Trauma Assessment must provide recommendations to coordinate services and meet the child needs.

Q. What does Ombudsman mean?

- A. An Ombudsman is a problem solver, neutral investigator and an advocate for fair and equal treatment. The Ombudsman helps coordinate services with local community organizations and works with local advocacy organizations on behalf of the child enrolled in Georgia Families 360°.

Q. What is Babies Can’t Wait?

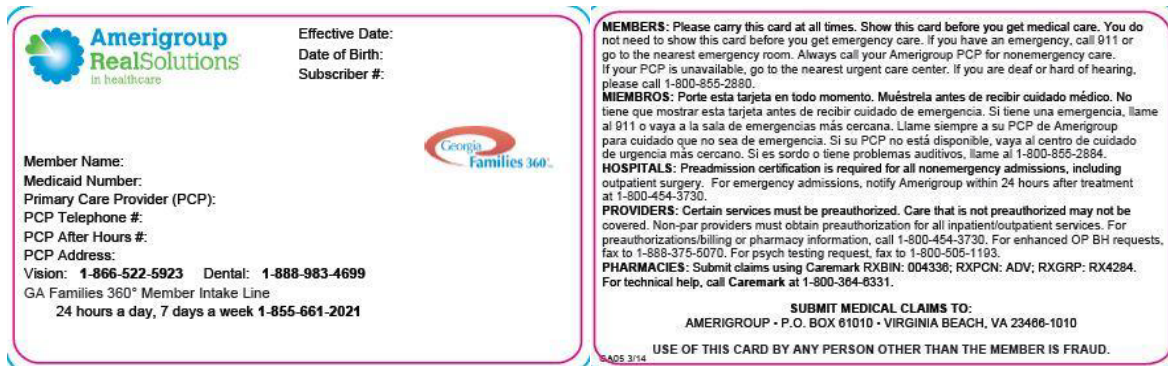
- A. The Babies Can’t Wait Program is administered statewide by the DPH. This program provides early intervention services to the families of children between the ages of birth to three years, who have developmental delays and/or disabilities. The program is the result of the Individuals with Disabilities Education Act-Part C (IDEA). The Individuals with Disabilities Education Act is a federal law that ensures any disabled child receives services, regardless of their diagnosed condition. The Individuals with Disabilities Education Act-Part C mandates services are provided to all disabled children from birth to three years, along with their families.

Q. Will Georgia Families 360° members have a different Amerigroup ID card?

- A. The only difference is the Georgia Families 360° logo and the contact information is different from the standard Amerigroup membership card. Georgia Families 360° members will have a 24-hour dedicated phone number for members.

Provider Update

Example of ID Card:



Q. What if I am not the PCP noted on the member ID card?

- A. Amerigroup has an open network and members can receive services from PCPs who are not identified on their ID card; all of those services will be reimbursed.

Q. What if I currently do not participate in the Amerigroup network?

- A. During the 90-day transition period, non-participating providers may continue to treat Georgia Families 360^o members. Non-participating providers will be reimbursed for services to Georgia Families 360^o members during the 90-day transition period.

Q. How long is the transition period?

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

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

- A. 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 previously require an authorization, such as physical, occupational, and speech therapies, will not require an authorization with Amerigroup during this transition period.

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

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

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

Provider Portal:

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

Provider Update

Mail:

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

Q. If my Prior Authorization expires before the 90-day transition period, will the provider have to request a new Prior Authorization? For example, if the Prior Authorization ends on April 15, 2014, is the provider required to submit a new Prior Authorization?

A. Yes, we are asking to be notified about any new requests for services that end during the transition period. This allows our Care Coordinator to review all services requested, to incorporate them as part of the member's care plan, and provide care coordination.

Q. If my prior authorization with APS extends beyond the 90 day transition period, will Amerigroup honor the Prior Authorization or will the provider have to submit a new Prior Authorization at the conclusion of the ninety days.

A. Yes, you will have to submit an authorization to render services after June 3, 2014, that typically requires authorization under Amerigroup, even if APS provided authorization for services beyond the 90-day transition. Please allow sufficient time between the requested start date of the prior authorization request and the end of the transition period for processing the request (approximately 14 days).

Q. Where can I find a list of services that require prior authorization under Amerigroup?

A. Providers can visit: <https://providers.amerigroup.com/Pages/PLUTO.aspx>

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

A. For any other information, please contact Amerigroup at GF360@amerigroup.com or toll-free at 1-800-454-3730.

