



Transition Period Frequently Asked Questions

*Information for PT/OT/ST Therapy 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, launched Monday, March 3, 2014. Amerigroup Community Care is the Care Management Organization that will be managing this population.

To ease the transition of the approximately 27,000 members from standard 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 be handled for treatment and services already in place for a youth in Georgia Families 360° as of March 3, 2014?

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

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 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>

Mail

[Amerigroup Community Care](#)

[P.O. Box 61010](#)

[Virginia Beach, VA 23466-1010](#)

Q4. 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?

A4. 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.

Q5. 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.

A5. Yes, you will have to submit an authorization to render services after June 3, 2014, that typically require 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).

Q6. Where can I find a list of services that require prior authorization under Amerigroup?

A6. Providers can visit: <https://providers.amerigroup.com/Pages/PLUTO.aspx>

Q7. If I have other questions, how can I get those answered?

A7. For any other information, please contact Amerigroup at GF360@amerigroup.com or toll-free at 1-800-454-3730.