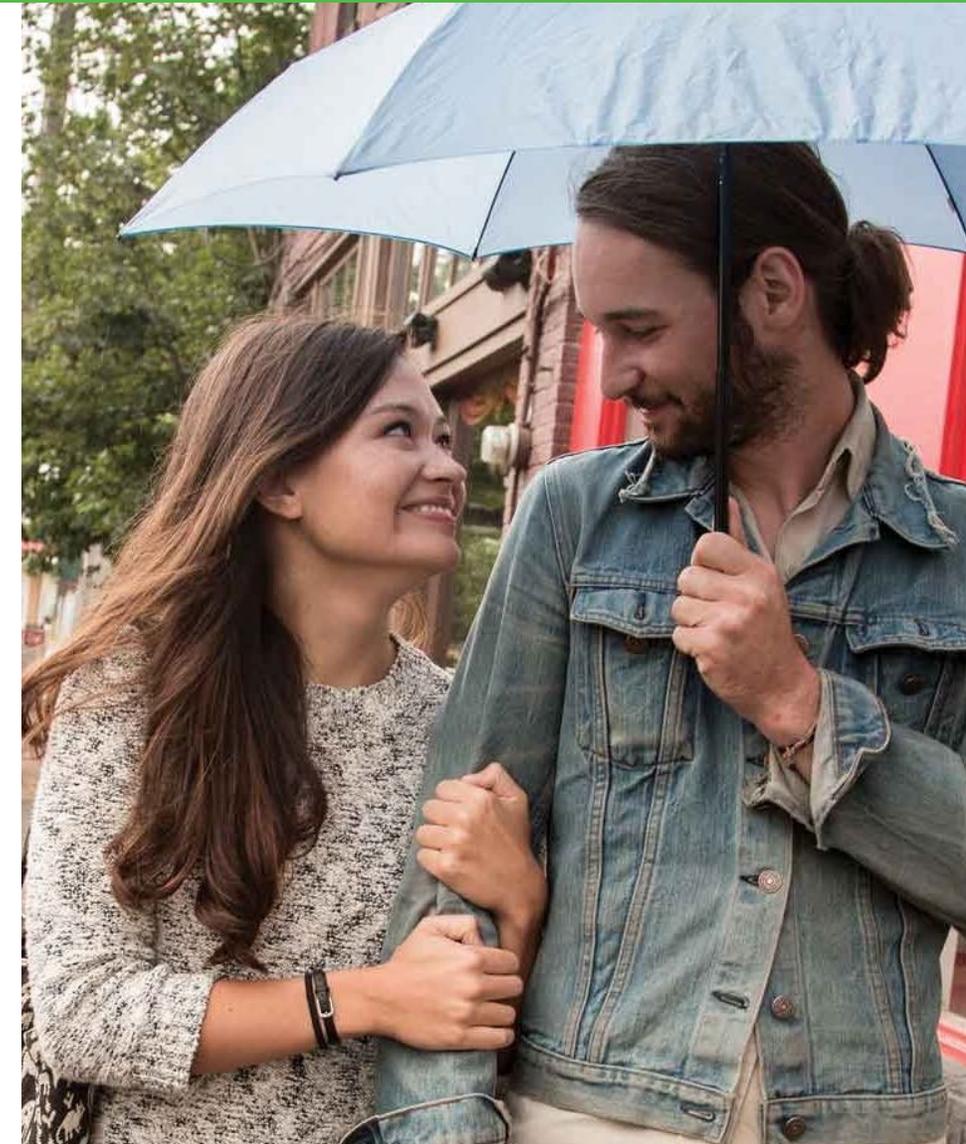
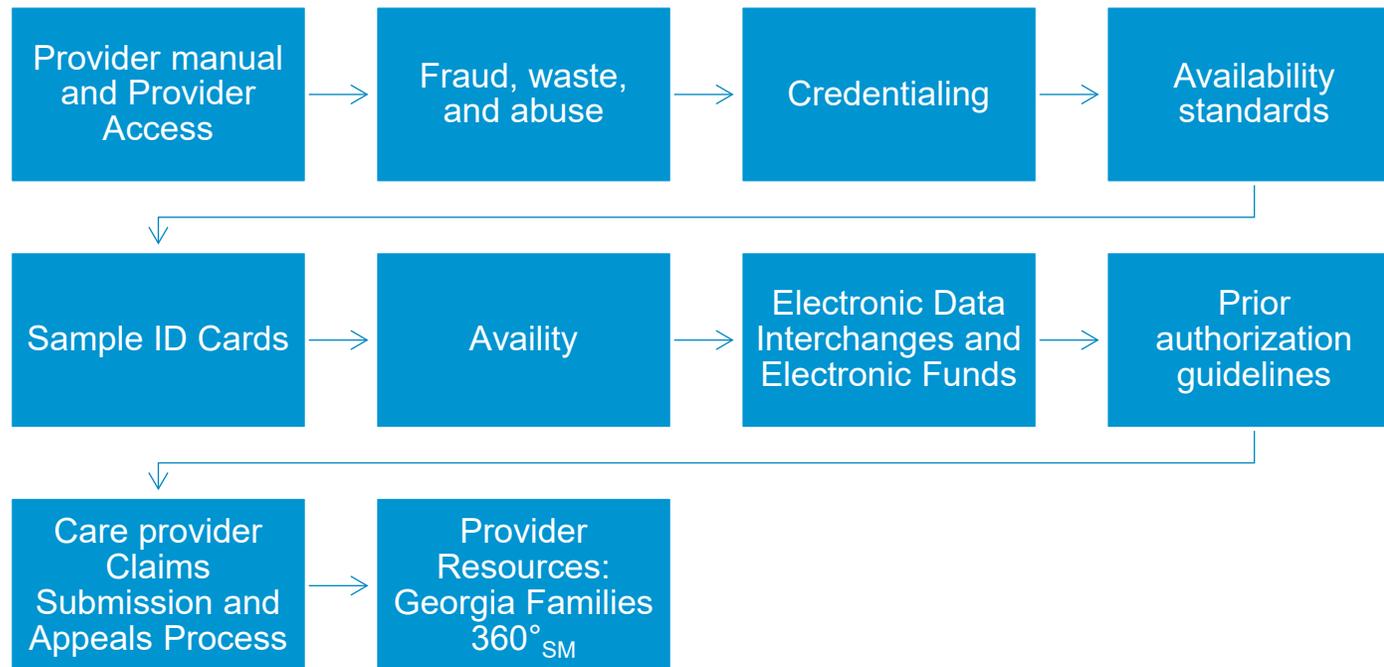


New provider orientation

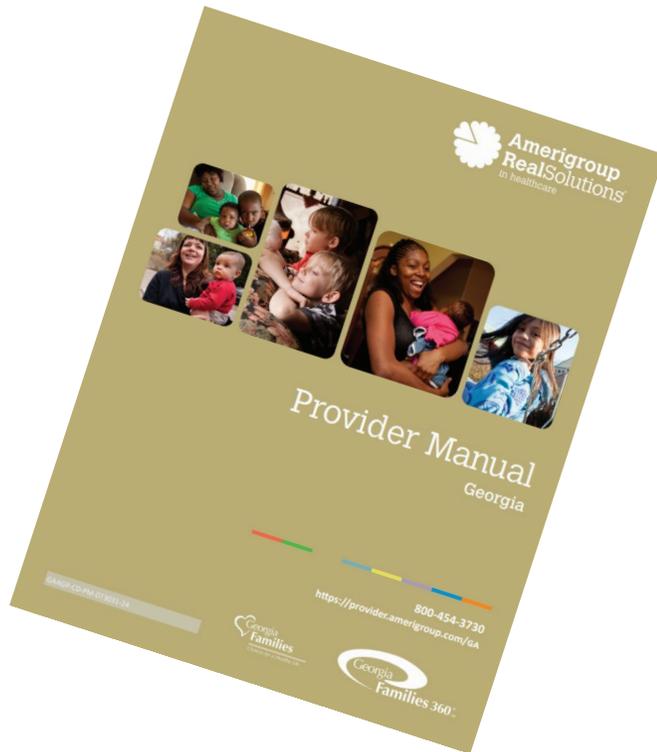
Provider orientation agenda



Accessing your provider manuals



- Georgia Provider Manual [Georgia Provider Manual](#)
- Georgia Provider Quick Reference Guide [Georgia Provider Quick Reference Guide](#)



Amerigroup website



- [Amerigroup.com](https://www.amerigroup.com)
- https://provider.amerigroup.com/docs/gpp/GA_CAID_ProviderQuickReferenceCard.pdf?v=202302282016 is available to all providers, regardless of their participation status.

Here to Help You

Providing care for those who need it most requires a team effort. There's no more critical person on this team than you, the provider.

We've gathered resources and tools to help you work as efficiently and productively as possible and do what you do best – care for our members.

The States We Serve

As one of the nation's leading health plans, Amerigroup serves millions of members in state-sponsored programs across the nation.

Amerigroup Providers

Georgia

Washington D.C.

Amerigroup Providers | Georgia

Georgia Providers ⓘ



Other markets we serve include:

Louisiana – Healthy Blue

New York – Anthem Blue Cross and Blue Shield

New York – Highmark Blue Cross Blue Shield of Western New York

Florida – Simply Healthcare Plans, Inc.

Florida – Clear Health Alliance

Availity access

The Availity Portal offers health care professionals free access to real-time information and instant responses in a consistent format regardless of the payer.

At Availity, you can:

- Request authorizations
- Submit claims
- Access reports

[Log in to Availity](#)

Don't have an Availity account?

[Register free now ↗](#)

Fraud, waste, and abuse



How can you help prevent member and care provider fraud by identifying the different types? You are the first line of defense

Examples of provider fraud, waste, and abuse:

- Altering medical records to misrepresent actual services provided
- Billing for services not provided
- Billing for medically unnecessary tests or procedures
- Billing professional services performed by untrained or unqualified personnel
- Misrepresentation of diagnosis or services
- Soliciting, offering, or receiving kickbacks or bribes
- Unbundling – when multiple procedure codes are billed individually for a group of procedures that should be covered by a single comprehensive procedure code
- Upcoding – when a care provider bills a health insurance payer using a procedure code for a more expensive service than was performed
- Forging, altering, or selling prescriptions
- Letting someone else use the member's ID (Identification) card
- Relocating to out-of-service plan area and not notifying us
- Using someone else's ID card

Credentialing and re-credentialing



- Providers are required to credential through the Department of Community Health's (DCH) Centralized Credentialing Verification Organization (CVO)
- All individual practitioners and facilities currently enrolled or seeking to enroll with a Care Management Organization (CMO) will be credentialed and recredentialed through the centralized CVO.
- The CVO's Credentialing Committee is responsible for credentialing Medicaid providers enrolled or seeking enrollment in the Georgia Families or Georgia Families 360°_{SM} programs.
- Independent Physician Practice Associations (IPA) and Physician Hospital Organizations (PHO) that conduct their own credentialing and to whom the CMOs delegate credentialing are excluded from this process.
- Pharmacies are excluded from the DCH CVO requirements. Once they have established a National Council for Prescription Drug Program (NCPDP) profile with their Medicaid ID and NPI, new pharmacies must contact CVS/Caremark — which oversees the CarelonRx, Inc. pharmacy network — to enroll in our network.
- Applications for Medicaid provider credentialing are submitted through the GAMMIS web website
- Questions regarding the centralized CVO initiative can be directed to cvo.dch@dch.ga.gov

CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of the health plan.



Access, availability, and sample ID cards

Access and availability



- Amerigroup is dedicated to arranging access to care for our members. The ability to provide quality access depends upon the accessibility of network providers. Providers are required to adhere to the following access standards:

Service	Access requirement
Emergent or emergency visits	Immediately upon presentation (24 hours a day, 7 days a week) and without preauthorization
Urgent, nonemergency visits	Not to exceed 24 hours
PCP routine visits	Not to exceed 14 calendar days
PCP adult sick visit	Not to exceed 24 hours
PCP pediatric sick visit	Not to exceed 24 hours
Specialists	Not to exceed 30 calendar days
Initial visit for pregnant women	<ul style="list-style-type: none"> For first trimester: 14 days For second trimester: seven days For third trimester: three days High risk: within three days or sooner if needed
Visits for EPSDT-eligible children	Within 90 calendar days of enrollment
Mental health providers	Not to exceed 14 calendar days
Nonemergency hospital stays	Not to exceed 30 calendar days
Georgia Families 360® Initial Visit	
Service	Access requirement
Initial EPSDT Exam	10 days from eligibility date
Dental Cleanings	10 days from the eligibility date for members ages 3years and older
Trauma Assessment	10 days from the eligibility date for members ages 5years and older

Sample ID cards

Georgia Families

 Effective Date: 11/20/2025
Subscriber #: 123456789

www.myamerigroup.com/GA
Member Name: **JOHN Q SAMPLE**
Medicaid or PeachCare for Kids Number:
Primary Care Provider (PCP):
PCP Telephone #:
PCP After Hours #:
PCP Address:
Primary Care Dentist (PCD):
PCD Telephone #:
PCD Address:
Copays may apply for certain services
Vision: 1-866-522-5923 Dental: 1-800-895-2218
AMERIGROUP Member Services/Nurse HelpLine and Behavioral Health
(24 hours a day, 7 days a week): 1-800-600-4441
Pharmacy Member Services: 1-833-205-6006

 Choices for a Healthy Life

Georgia Pathways to Coverage™

 Effective Date: 11/20/2025
Subscriber #: [REDACTED]

Dental and vision included with EPSDT

Member Name: [REDACTED]
Medical Number: [REDACTED]
Primary Care Provider (PCP): D. Klemm
PCP Telephone #: 706-754-4348
PCP After Hours #: 706-754-4348
PCP Address: 396 Hwy 441 N Demorest GA 30135
Primary Care Dentist (PCD): CANDLER ROAD DENTAL PC
PCD Telephone #: 404-477-5665
PCD Address: 4054 BUFORD HWY NE ATL GA 30345
Vision: 866-522-5923
Dental: 800-895-2218
Amerigroup Member Services/Nurse HelpLine and Behavioral Health
(24 hours a day, 7 days a week): 800-600-4441
Text Member Services: 833-678-1099
Pharmacy Member Services: 833-205-6006
pathways.georgia.gov



MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for non-emergency care. If your PCP is unavailable, go to the nearest urgent care center. If you have questions, call Member Services at 800-600-4441. If you are deaf or hard of hearing, please call 711.

MIEMBROS: Porte esta tarjeta en todo momento. Muéstrela antes de recibir cuidado médico. No tiene que mostrar esta tarjeta antes de recibir cuidado de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para cuidado que no sea de emergencia. Si su PCP no está disponible, vaya al centro de cuidado de urgencia más cercano. Si tiene alguna pregunta, llame a Servicios al Miembro al 800-600-4441. Si es sordo o tiene problemas auditivos, llame al 711.

HOSPITALS: Preadmission certification is required for all non-emergency admissions, including outpatient surgery. For emergency admissions, notify (in person) within 24 hours after treatment at 800-454-3730.

PROVIDERS: Certain services must be preauthorized. Care that is not preauthorized may not be covered. Non-par providers must obtain preauthorization for all inpatient/outpatient services. For preauthorizations/billing or pharmacy information, call 800-454-3730.

PHARMACIES: Submit claims using RxBIN: 020107; RxPCN: HL; RxGRP: WKJA. To reach Help for Pharmacists, call 833-235-2031.

SUBMIT MEDICAL CLAIMS TO:
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010

USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.

GA53 1025

Planning for Healthy Babies (P4HB)

 Effective Date: 11/20/2025
Subscriber #: 123456789

FAMILY PLANNING SERVICES

www.myamerigroup.com/GA
Enrollee Name: **JOHN Q SAMPLE**
State Identifier #:

 Choices for a Healthy Life



 Effective Date: 11/20/2025
Subscriber #: 123456789

RESOURCE MOTHER OUTREACH

www.myamerigroup.com/GA
Enrollee Name: **JOHN Q SAMPLE**
State Identifier #:

 Choices for a Healthy Life



 Effective Date: 11/20/2025
Subscriber #: 123456789

INTERPREGNANCY CARE

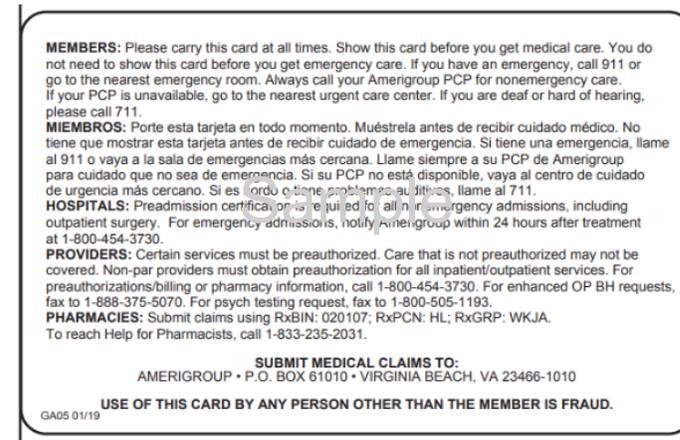
www.myamerigroup.com/GA
Enrollee Name: **JOHN Q SAMPLE**
State Identifier #:
Primary Care Provider (PCP):
PCP Telephone #:
PCP After Hours #:
PCP Address:
Amerigroup Member Services: 1-800-600-4441
Pharmacy Member Services: 1-833-205-6006

 Choices for a Healthy Life



Sample ID cards (cont.)

- Georgia Families 360°SM





Availity Essentials

Registration

Availity Essentials

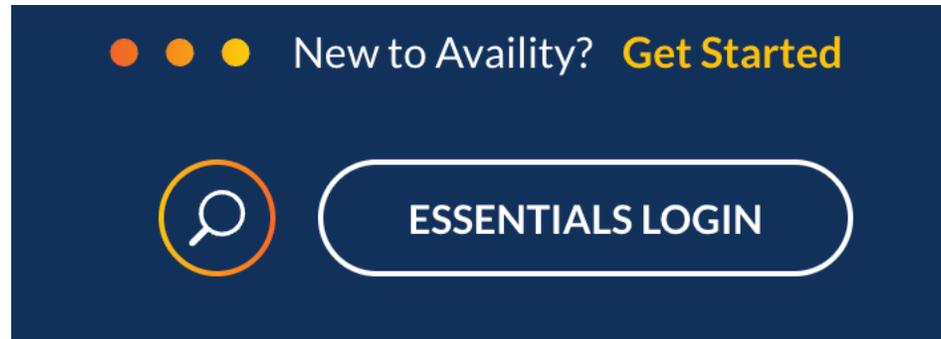


- Multiple payers – Single sign-on with access to multiple payers
- No charge – Amerigroup transactions are available at no charge to care providers
- Accessible – Availity Essentials functions are available 24 hours a day from any computer with internet access
- User-friendly – Standard screen format makes it easy to find the necessary information needed and increases staff productivity
- Compliant – Availity is compliant with HIPAA regulations
- Training – No cost live web-based and pre-recorded training seminars (webinars) are available to users; frequently asked questions and comprehensive help topics are available online as well
- Support – Availity Client Services is available at **800-282-4548** Monday to Friday, 8 a.m. to 7 p.m. Eastern time
- Reporting – Reporting by user allows the Primary Access Administrator (PAA) to track associates' work

How to register?



You can access Availity Essentials through [Amerigroup](#) or through [Availity](#).



Verifying eligibility with Availity

- Availity Essentials allows you to verify a member's eligibility and benefits for a single member or use our online batch management to check multiple members.
- You can download your panel listing by going to the PCP member listing tab and selecting the panel type.
- Availity Essentials: The Claims & Payments application enables a provider to enter a claim directly into an online Claim form and upload supporting documentation for a defined Claim.
- The Claim Status application enables a provider to access online Claim status. Access the Claim payment dispute tool from Claim Status. Claims Status also enables online claim payment disputes in most markets and for most claims. It is the expectation of Amerigroup that electronic Claim payment disputes are adopted when and where it is integrated
- Provider desktop integration via Business-to-Business (B2B) Application Programming Interface (APIs):
- Amerigroup has also enabled real-time access to Claim Status via APIs, which can be directly integrated within participating vendors' practice management software, revenue cycle management software, and some EMR software. Contact Availity for available vendor integration.



Provider claims submission and appeal process

Electronic Data Interchange and electronic funds transfer

Electronic claims payment

- Signing up for [ERA/EFT](#) allows you to:
 - Enroll through our [EnrollSafe EFT](#).
 - Receive ERAs and import the information directly into your patient management or patient accounting system.
 - Route EFTs to the bank account of your choice.
 - Create custom reports in your office.
 - Access reports 24 hours a day, 7 days a week.



Claims submission



- Providers must submit claims within six months from the date the service is rendered after the month the service is rendered, or for inpatient claims, within six months from the date of discharge after the month the service is rendered.
- Availity is our exclusive partner for managing all electronic data interchange (EDI) transactions. Electronic Data Interchange (EDI), including Electronic Remittance Advice (835), allows for a faster, more efficient, and cost-effective way for providers and employers to do business.
- Payer ID – Your Payer Name is Amerigroup, and the Payer ID is 26375.
- Paper claims – Amerigroup uses optical character recognition (OCR) technology as part of its front-end claims processing procedures. Claims must be submitted on original red claim forms (not black and white or photocopied forms) and laser printed or typed (not handwritten) in a large, dark font. Providers must submit a properly completed UB-04 or CMS-1500 (08-05).

Claim inquiries



Our Provider Customer Service Team is here to help. Contact Provider Customer Service at **800-454-3730** and select the claims prompt. You will be connected to a dedicated resource team to ensure:

- Increased first–contact, issue resolution.
- Significantly improved turnaround time of inquiry resolution.
- Increased communication to keep you informed of your inquiry status.

Provider Customer Service teams are available to assist you in determining the appropriate process for resolving your claim.

Clear claim connection™



- Clear Claim Connection is available through Availity and can be found under our payer spaces.
- Clear Claim Connection can help determine whether procedure codes and modifiers will bundle or allow payment in accordance with appropriate billing guidelines.

Clear Claim Connection™

McKesson Edit Development [Glossary](#) [About](#) [Help](#) [Logoff](#)

Gender: Male Female
Date of Birth: / / (mm/dd/yyyy)
[Click Grid to enter information:](#)

Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Date of Service
					/ /
					/ /
					/ /
					/ /
					/ /

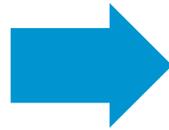
[Add More Procedures>>](#)

Provider complaint process



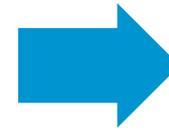
Claim payment reconsideration

- The initial stage of the payment dispute process, allowing providers to request reconsideration through the secure provider website, in writing, or verbally within 90 calendar days of the Explanation of Payment (EOP).



Claim payment appeal

- If dissatisfied with the reconsideration outcome, providers can file a claim payment appeal within 30 calendar days of receiving the determination letter, either via the secure website or in writing. Amerigroup aims to resolve appeals within 30 calendar days.



Administrative law hearing

- An external review process available after exhausting the Amerigroup internal dispute process. Requests must be submitted within 15 business days of the Claims Payment Appeal decision.

Provider complaints



How to submit a claim payment dispute



Verbal (Reconsiderations Only)

Call Provider Services at **800-454-3730**



Online (Reconsiderations and Appeals)

Use the Availity Appeal application at <http://Availity.com>. You can upload documentation and receive immediate acknowledgment. Locate the claim under "**Claim Status**" in the "**Claims & Payments**" menu and select "**Dispute Claim**" to begin. Navigate to "**Request**" in the appeals dashboard to add documentation and submit.



Written (Reconsiderations and Appeals)

Send the required documentation, including the relevant form, to:
Payment Dispute Unit
Amerigroup Community Care
P.O. Box 61599
Virginia Beach, VA 23466-1599

How to submit non-claim related provider Complaints



Written

A provider can file a complaint in writing to:
Health Plan Operations
Amerigroup Community Care
740 W Peachtree St NW
Atlanta, GA 30308

Amerigroup will send an acknowledgement letter to the provider within 10 business days of receipt.



Precertification and notification

Precertification requirements

Prior Authorization Look Up Tool

- To find out if a service requires precertification:
- Log in to the Amerigroup provider website at Prior Authorization Look Up Tool and select **Prior Authorization Lookup Tool** from the Claims drop-down menu. Or you can access the Interactive Care Reviewer, our online authorization tool, through Availity Essentials.
- Select **Patient Registration** from the menu on Availity's homepage, then choose Authorizations and Referrals from the menu.
- Refer to the Precertification section of the provider manual.
- Check your Quick Reference Card (also located at Resources > Provider Manuals and Quick Reference Guides more detailed information.



Is precertification required?



- <https://provider.amerigroup.com/georgia-provider/claims/prior-authorization-lookup-tool> lets you search by market, member's product, and CPT[®] code. Find it under Quick Tools on our provider web page.

Please verify benefit coverage prior to rendering services. Inpatient services and non-participating providers always require prior authorization.

Please note:

1. This tool is for outpatient services only.
2. Inpatient services and non-participating providers always require prior authorization.
3. This tool does not reflect benefits coverage* nor does it include an exhaustive listing of all non-covered services (i.e., experimental procedures, cosmetic surgery, etc.) – refer to your [Provider Manual](#) for coverage/limitations.

* Services may be listed as requiring prior authorization that may not be covered benefits for a particular member. Please verify benefit coverage prior to rendering services.

Market

Line of Business

Drug name, CPT/HCPCS Code or Code Description

To determine coverage of a particular service or procedure for a specific member:

- Access eligibility and benefits information on the [Availity* Portal](#) OR
- Use the Prior Authorization tool within Availity OR
- Call Provider Services at **1-800-454-3730 (TTY 711)**
- After hours, verify member eligibility by calling the 24/7 Nurse HelpLine at **1-800-600-4441**.

To request authorizations:

1. From the Availity home page, select 'Patient Registration' from the top navigation.
2. Select 'Auth/Referral Inquiry' or 'Authorizations'.

Laboratory services



The following lab work does not require notification or precertification:

- Lab work is performed in a physician's office
- Lab work performed in a participating hospital outpatient department



Pharmacy



Our Preferred Drug List and formulary are updated quarterly and available on our website under Pharmacy Information.

Prior authorizations are required for:

- Nonformulary drug requests.
- Brand-name medications when generics are available.
- High-cost injectable and specialty drugs.
- Any other drugs identified in the formulary as needing prior authorization.

Prior authorization requests

- Some drugs, drug combinations, and drug doses require prior authorization (PA). To submit electronic prior authorization (ePA) requests, use [CoverMyMeds](#). Creating an account is a part of your health plan at no extra cost.

Outpatient imaging services



Carelon Medical Benefits Management, Inc. manages preauthorization for the following services:

- Computer tomography (CT/CTA) scans
- Nuclear cardiology
- Stress Echocardiography (SE)
- Echocardiogram (Echo)
- Resting Transthoracic Echocardiography (TTE)
- Magnetic resonance (MRI/MRA)
- Positron emission tomography (PET) scans
- Transesophageal Echocardiography (TEE)

Providers may visit their website at [carelon.com/capabilities/medical-benefits-management](https://www.carelon.com/capabilities/medical-benefits-management) or via phone at **844-423-0877**.

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.

How Georgia Healthcare Network supports our providers



New Provider Orientation held every 2nd and 4th Wednesday of the month.

New staff provider education

In-person visit to your office



Training and education on Amerigroup products, programs, and self-service tools



Questions related to your provider contract

Additional provider resources



Contact Provider Services at **800-454-3730**

- Provider Services for prior authorization/notification, member eligibility, claims information, behavioral health, interpreter services, pharmacy services, case management, general inquiries, and recommendations you may have to improve our processes and managed care program. Hours: Monday to Friday, 7 a.m. to 7 p.m. **800-454-3730**.
- After hours, please call the 24-hour Nurse Helpline.
- [Provider Network Resources](#)
- Email a Provider Experience Associate through our web form: [Provider Experience Associate](#), and our team will usually respond within 2 business days.



RealSolutions
in healthcare



Introducing Georgia Families 360°SM



Website registration



- We encourage providers to register to use the secured content on our website.
- We offer online tutorials and user guides on the site to help you navigate.
- There will be a Georgia Families 360°_{SM} page on the Amerigroup website for Georgia.

login help

New User Registration

Activate Your Account

Forgot User Name

Forgot Password

Forgot Activation Code

Complete the form below to register. You will only need to enter a Registration Code if you are the first user for your practice or if you are registering as a delegated administrator.

For Non-Participating Amerigroup providers (who have previously submitted claims with us), we invite you to register.

If you don't have a registration code, contact your provider relations representative to get started.

New User Registration

First Name * ?

Last Name * ?

Phone Number * ?

Email Address * ?

TIN * ?

Amerigroup Provider ID * ?

Registration Code ?

User Name * ?

Password * ?

Confirm Password * ?

REGISTER

Collaborate with us



Our team of Scheduling Specialists ensures all required initial wellness, dental, and trauma assessments are completed within 10 days of eligibility.

Our team of Care Coordinators ensures all ongoing behavioral and physical health appointments are scheduled and coordinates all whole health needs for members.

To find out who a member's Care Coordinator is, visit

<https://www.myamerigroup.com/ga/your-plan/georgia-families-360.html> or call **855-661-2021**.

Care360 education and training team



Dedicated team to include licensed clinicians and Specialty Provider Liaisons for GF360–engaged providers

Online, in–person, and virtual trainings and community town halls

Can train on any topic such as:
Community Resiliency Model
Mental Health First Aid
Behavioral Health Levels of Care

Please contact the Georgia Families 360SM training department at ga360trng@amerigroup.com to be added to the monthly email highlighting our trainings!

Next steps before you leave



- Complete the orientation feedback survey.
- Register to use the Amerigroup provider website.
- Register for Electronic Data Interchange.
- Register for Electronic Funds Transfer services.
- Read your Provider Manual/Quick Reference Guide.
- Thank you for your network participation.

