



9/25/07

**BLASTFAX**

**CMO Credentialing Escalation Policy**

Dear Colleagues:

The Georgia AAP has worked with DCH to assemble the following escalation contacts in the event your office encounters difficulties in the process of credentialing a new provider.

**Step 1:**

Follow the credentialing policies that appear in the provider manual for the appropriate CMO

Amerigroup [https://www.amerigroupcorp.com/providers/\\_documents/ga/ga\\_provider\\_manual.pdf](https://www.amerigroupcorp.com/providers/_documents/ga/ga_provider_manual.pdf) (See Section 10)

Peach State [https://www.pshpgeorgia.com/pdf/en/Provider\\_Manual.pdf](https://www.pshpgeorgia.com/pdf/en/Provider_Manual.pdf) (PSHP - See page 82-85)

WellCare

<http://www.wellcare.com/Resources/Documents/ProviderManuals/Georgia/Medicaid/GA%20Medicaid%20Prov%20Hdbk%20200605.pdf> (See Section 5)

**Step 2:** Contact your local provider rep with the appropriate CMO for any questions or problems.

**Step 3: Escalation (if needed):** Contact the appropriate regional director for provider services:

Amerigroup:	Atlanta and North Region	Tonya Davis	678-587-4882
	Southeast Region	Michelle Rush	912-235-4471
	East Region	Cynthia Vann	706-868-4401
Peach State	Kimberly Weakley (Manager - statewide)		678-556-2422
	Yolanda Spivey (Director - statewide)		678-556-2433
WellCare	Atlanta	Lauralie Rubel	678-327-0939
	North	Julie Gramoll	770-532-6334
	Southwest and Southeast	Marla Gould	912-233-2112
	East	Doug Rodgers	706-823-9423
	Central	Kathy Warner	706-324-0824

**Step 4: Escalation (if needed):**

Lovey Barnes DCH      lbarnes@dch.ga.gov      404-463-5041

If you have persistent difficulties after following the above procedure, please let the Chapter Office know at [medicaidquestions@gaaap.org](mailto:medicaidquestions@gaaap.org)

**Notes:** 1) Remember that the provider has to sign an attestation that the information submitted in his application is accurate, and the 180 days is the "shelf life" of that attestation. (submission of application and required documentation and verification of same) must take place in that 180-day period.

2) All providers must have a current valid Medicaid I.D. number for **EACH** practice location before the plans can complete their credentialing process.