

Updates on Georgia Medicaid Program

Addition of CareSource as 4th CMO: Effective July 1, CareSource was added as the 4th CMO to Georgia Medicaid. As part of this transition, CareSource was guaranteed 250,000 members by Georgia Medicaid. This was done primarily thru an “auto assignment” process of all enrollees who did not participate in Open Enrollment during Jan.-March, by choosing “their” CMO. The vast majority of Medicaid members did not do this in Open Enrollment and therefore were subject to auto assignment to any of four plans.

We have fielded many calls from members about problems with this transition. These include providing information on how non-participating providers could submit claims for services provided within the 45-day transition period; how their patients could change health plans within the 90-day Choice Change period; and from pediatricians who were members of CareSource seeking information on claims procedures and a list of enrolled members. While we know there are hassles in this process, CareSource has been prompt in responding to our calls and member concerns and have reached out to practices directly if there were questions about claims processing, etc. Please let the Chapter office know if you have encountered a problem and have not received a rapid response from CareSource or any of the other 3 CMO’s, if applicable.

- A. **Payment of New Increased Rates for 76 additional E/M codes passed in the FY 2018 Medicaid Budget.** Currently we understand that 3 of the CMO’s are not paying the new rates on the additional 76 codes that we approved in the FY 2018 budget by the General Assembly. These are effective July 1. However, DCH has advised us that the CMO’s should begin paying those rates in a few weeks. Increased Payment on the 76 codes for Medicaid FFS pts will take longer as this requires federal CMS approval. This will probably happen in the fall but the payments will be retro’ed to July 1.
- B. **Attestation Issue:** The Chapter met with Medicaid officials last week on this issue as well. Currently they are working thru scenarios where a physician has been denied the ability to attest for the enhanced rates due to the rigidity of current Medicaid policy. Examples include the following, if they occurred AFTER Dec. 31, 2014: Becoming board-certified, A physician moving to another city to practice, A practice moving offices, across the street, across town, etc.; a practice opening a second office. We are providing them a list of scenarios that need to be corrected. If you have had any attestation problems, and have not yet contacted Georgia AAP office, please do so now as we want to be sure we have identified all the different case examples.

Should you have any questions on any of the above, please contact Fozia Khan Eskew ([fes skew@gaaap.org](mailto:feskew@gaaap.org)) at the Georgia AAP office (404-881-5074). Thank you.

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