



# **PeachCare for Kids**

PeachCare for Kids Program  
Questions and Answers  
For Health Care Providers, Outreach  
Workers and Families

Revised July 2004

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## **I. PROGRAM OVERVIEW**

### **1. What is PeachCare for Kids and how was it created?**

The Congressional Balanced Budget Act of 1997 created a new Title of the Social Security Act (Title XXI) to provide federal matching funds for the State Children's Health Insurance Program (SCHIP) covering uninsured infants, children, and adolescents. Title XXI establishes the framework for SCHIP, and requires states to follow strict eligibility requirements, establish mechanisms for quality assurance, and prevent program overcrowding.

The Governor's office worked with the Health Policy Center at Georgia State University to examine the possible choices for Georgia's program. The Georgia General Assembly voted in its 1998 session to create a program within Georgia called "PeachCare for Kids" which would provide Georgia children eligible for SCHIP with benefits similar to those already offered by Medicaid.

The PeachCare for Kids program provides health care benefits for uninsured children from birth through age 18 in families with income at or below 235 percent of the federal poverty level. SCHIP eligibility is open to children meeting these income requirements who are not eligible for Medicaid or for health insurance coverage through the State-sponsored health benefit plans administered by the Georgia State Health Benefit Plan, the Board of Regents, or public schools. Children must have been without health insurance for three months prior to PeachCare enrollment. Payment of a premium is required for participation for children ages six through 18. Eligibility for the program is determined based on submission of an application.

The PeachCare for Kids program is not an entitlement program and is subject to the availability of funds specifically appropriated for the program. The program will offer substantially the same health care services that are available to children under the Medicaid program in Georgia.

### **2. Who administers PeachCare for Kids?**

The Department of Community Health, Division of Medical Assistance (DMA) is designated by the State to administer the PeachCare for Kids program. Service delivery is accomplished through a variety of relationships and agreements with private medical providers and agencies. Providers are reimbursed for their services directly by DMA for services provided to PeachCare members.

DMA establishes policies and procedures for the program. DMA has contracted with a third party administrator (TPA): Policy Studies, Inc. (PSI) to receive applications, determine eligibility, verify eligibility, collect premiums, enroll eligibles and perform member and provider services. Georgia Health Partnership (GHP), a third party administrator for claims processing, processes claims for both Medicaid and PeachCare.

### **3. How is PeachCare for Kids funded?**

PeachCare for Kids funding is provided by the State of Georgia, the federal government (Title XXI funds), and premiums collected for children ages six through 18. Under the provisions of Title XXI, federal matching funds are available to subsidize nearly 72 percent of the cost,

less premiums, of providing these uninsured children with medical benefits (2002). The remaining 28 percent of the cost will be borne by the State of Georgia. The percentage of federal matching funds is adjusted annually.

The Federal legislation that created SCHIP was included in the Balanced Budget Act passed in July 1997. The law established the SCHIP program for 10 years, and authorized funding for five years. PeachCare for Kids program is not an entitlement program. It is subject to the availability of funds specifically appropriated for this program. DMA is authorized to institute utilization control procedures, enrollment limits or modify health benefits to stay within available funding.

**4. How many children are eligible for PeachCare for Kids?**

The Health Policy Center at Georgia State University has prepared an estimate of the number of uninsured children in the State who may be eligible to participate in the PeachCare program. The most recent Census data estimates there are an additional 40,000 children who are eligible for PeachCare for Kids and have not yet enrolled. Actual enrollment in the program will be determined by the level of participation among those who apply, meet the eligibility criteria and pay the applicable premium.

## II. PEACHCARE vs. MEDICAID

### 1. How is the PeachCare for Kids program different from the Medicaid program?

- **Program Design**

PeachCare is not an entitlement and is subject to the availability of funds specifically appropriated for this program. DMA is authorized to institute utilization control procedures, enrollment limits or modify health benefits to stay within available funding.

- **Benefits**

Non-emergency transportation and targeted case management services may be available for some, but not all, PeachCare for Kids members. To verify if these benefits are available to a particular member, a provider may call us at 404-298-1228 or 1-800-766-4456.

- **Premiums**

There are no premiums for children birth through age 5. PeachCare premiums are required for some, but not all participation for children ages six through 18. The monthly premium is \$10.00 to \$35.00 for one child and no more than \$70.00 for two or more children in the same household.

- **Application Process and Eligibility Determination**

PeachCare coverage begins the first day of the month that a complete application, including all applicable premiums, has been received for an eligible child. An individual must be actively enrolled in PeachCare for a provider to be reimbursed for covered services.

Members will be enrolled with a plastic identification card. Once enrolled in GBHC, a member will receive a sticker that will be placed on the permanent identification card. The third party administrator, PSI, will determine eligibility. Applications are available in both English and Spanish. Mail-in applications are available at various local offices and can be obtained by calling: 1-877-GA-PEACH (1-877-427-3224). The one page application is designed to be mailed to PSI for eligibility determination. A provider may request mail-in applications to keep in the office to give to parents of uninsured children.

The web-based application is available on-line at [www.peachcare.org](http://www.peachcare.org). It is designed to allow parents to apply quickly and easily. When the web-based application is submitted, it is sent to PSI for an instant potential eligibility estimation.

- **Pregnancy**

Pregnant females through age 18 should be referred to Medicaid for an eligibility determination. Medicaid coverage for pregnant women is up to 200% of the federal poverty level based on family size. Persons eligible for the federal Medicaid program under Title XIX are not eligible for the PeachCare for Kids program. Medicaid covers pregnant women up to 60 days after the child is born and the newborn has one year of continuous coverage through Medicaid.

There is no expedited enrollment or presumptive eligibility for newborns in the PeachCare program. Children are not covered under PeachCare benefits until they are enrolled in the program through the PeachCare TPA.

## 2. How is PeachCare for Kids similar to the Medicaid program?

- **Provider Enrollment**

Any health care provider who is enrolled in the Medicaid program shall be deemed to be enrolled in the PeachCare program for covered categories of services; there is no separate provider enrollment application requirement.

- **Prior Approval**

Part II of the Medicaid Manual, Policies and Procedures applicable to the Medicaid program, also applies to the PeachCare categories of services. Prior approval requirements and service limitations included in these policies and procedures apply to the Medicaid and PeachCare programs.

- **Claims Processing**

The Billing Manual, related claims processing procedures, and forms applicable to the Medicaid program also apply to the PeachCare program.

- **Provider Reimbursement**

The basis for provider reimbursement applicable to the Medicaid program is the same as that for the PeachCare program.

The provider accepts payment as payment in full for covered services for patients accepted as Medicaid, Medicaid/Medicare, or PeachCare. The provider agrees not to seek payment for covered services from the member or other interested persons when the member was accepted as a Medicaid, Medicaid/Medicare, or PeachCare member.

- **Quality Control**

DMA's utilization review, investigations and fraud, termination and suspension, withholding reimbursement, and administrative hearings and appeals procedures for providers apply to both the Medicaid and PeachCare programs.

- **Third Party Liability**

The requirements to identify and collect third party resources apply to both the Medicaid and PeachCare programs. Since a requirement to be eligible for the PeachCare program is that a member is not covered by other public or private health insurance, third party activity should be minimal (e.g., auto accidents).

The Georgia Better Health Care (GBHC) Primary Care Provider (PCP) prior approval and exclusions process applies to the Medicaid and PeachCare programs.

- **Patient Identification Number**

A PeachCare number is a twelve-digit MHN ID number that will identify PeachCare members.

### III. ELIGIBILITY

#### 1. What are the PeachCare for Kids eligibility requirements?

**Age 18 and Under:** Children are eligible until the last day before the month of their 19th birthday.

**Ineligible for Medicaid:** By federal statute, children eligible for Medicaid are ineligible for SCHIP. For Medicaid eligible children who apply for PeachCare for Kids, Medicaid completes the eligibility determination process. The children are enrolled with the full Medicaid benefit package through PeachCare for Kids. As income changes a child may be redetermined eligible for PeachCare for Kids. DMA coordinates the coverage for the child, but the identification card and provider assignment remain the same. For families, enrollment and changes in enrollment are simplified and seamless.

**Uninsured:** Children must be uninsured the six months prior to applying for PeachCare. There are exceptions for children who have involuntarily lost coverage (i.e., child was covered through parent's employer and the parent lost the job, employer dropped coverage for dependent children.)

**Up to 235% FPL:** This equals approximately \$44,300 for a family of four. This is a rough estimate and families whose income exceeds this amount should not be discouraged from applying.

**State Employees:** Employees of the State, the public school system or the Board of Regents are not eligible for PeachCare. This is a federal requirement and applies to children whose parents have access to state health benefits. Dependents of State employees who qualify for Medicaid may be enrolled and receive Medicaid benefits through PeachCare for Kids.

**U.S. Citizens:** Children must be citizens of the United States or legal residents for 5 years. Note: Citizenship applies only to the child. Citizen children of non-citizen parents may be eligible for PeachCare. Children must be residents of Georgia to be eligible.

#### 2. How can a child lose eligibility for PeachCare?

Children may become ineligible for PeachCare for Kids due to changes of circumstances, such as:

- Reaches age 19.
- Receives coverage through another health insurance program.
- The monthly premium for coverage is late or not received.
- There are changes in the household income that would cause the income to exceed the limits for PeachCare for Kids.

- Child moves out of the State of Georgia.
3. **Are the income requirements the same for PeachCare and Medicaid and does this include newborns?**  
PeachCare for Kids and Medicaid use the same formula to calculate income. The income limits, however, are different for the two programs:
    - Medicaid covers pregnant women and their newborn children up to 200% of the Federal Poverty Level (FPL); infants in their first year up to 185% FPL; children ages 1 through 5 up to 133% FPL; and children ages 6 through 18 up to 100% FPL.
    - PeachCare covers children whose household incomes are above the Medicaid limits up to 235% FPL.
    - A child born to a mother enrolled in Medicaid has one year of continuous Medicaid eligibility. Upon the child's first birthday, he/she may qualify for Medicaid or PeachCare, depending on the household income.
  4. **How do you calculate a family's income if it is seasonal or fluctuating?**  
The key is to help a family determine a best estimate of income per year, month or week. Based on this estimate, eligibility can be determined.
  5. **If a child loses private health insurance, does the 6-month wait still apply?**  
No, if a child loses insurance due to circumstances out of his/her control, i.e., loss of job, exhausted annual or lifetime benefits, dropped by their carrier, death in family, etc. the waiting period does not apply. These circumstances should be explained on the application.
  6. **Is there a waiting period after a child goes off Medicaid before he/she can enroll in PeachCare?**  
A child may apply for PeachCare if he/she is no longer eligible for Medicaid and meets the necessary income requirements. The 6-month wait period does not apply to children who lose Medicaid eligibility. A family should apply for PeachCare as soon as they are aware that their child (ren) will no longer be eligible for Medicaid.
  7. **Are there exceptions made to the 6-month uninsured provision for children with chronic conditions?**  
There are no special exceptions for children with chronic conditions.
  8. **Can the age limit be extended to age 25 to cover young adults enrolled in college?**  
The Federal State Children's Health Insurance Program (SCHIP) legislation only extends coverage to children ages 18 and under.
  9. **Why can't state employees apply if their income is below the limit?**  
Title XXI of the Balanced Budget Act specifically excludes dependents of parents eligible for coverage through State employment.
  10. **How often is income eligibility verified?**  
Once a year, based on month of application.



- 11. If a parent and child are both under 19 years of age, do they both qualify for PeachCare and how would they fill out the application? Also, for a parent who is still living at home (i.e., with his/her parents) and does not work, whose income should be reported on the application?**

Both the parent and the child could be covered under PeachCare if they met the necessary eligibility requirements. It is recommended that the family submit two applications: one for the parent and a separate one for the child. The income of the minor mother would be counted for her child. If the minor mother lives in the household with her parents, their income would be counted in determining her eligibility but not her child's.

However, please remember that Medicaid covers pregnant women and their newborns up to 200% of the federal poverty level. If the income of a pregnant woman and newborn is less than 200% of the Federal Poverty Level, they should be referred to Medicaid by their providers -- they are ineligible for PeachCare.

- 12. How can a child be under private insurance and Medicaid but not dually with PeachCare?**  
Federal legislation mandates that PeachCare members cannot have private health insurance.
- 13. If a newborn reaches the cap limit for care under private insurance, is coverage available under PeachCare?**  
If the child no longer has access to health care insurance through private coverage because he/she has reached the cap limit, he/she would not be excluded from PeachCare, assuming he/she meets all the other eligibility criteria.
- 14. How does PeachCare deal with the Katy Beckett exception when a child does not qualify for Medicaid?**  
Katy Beckett is a category of the Medicaid program. Children who qualify for services under Katy Beckett are ineligible for PeachCare. If a child no longer qualifies for Medicaid under the Katy Beckett waiver, that child may be eligible for PeachCare for Kids.
- 15. Can children who receive care through Children's Medical Services (CMS) qualify for PeachCare?**  
If they meet the PeachCare eligibility requirements, they should qualify.
- 16. Is one year of continuous eligibility available for children with special health care needs?**  
No, continuous coverage is not provided under PeachCare for Kids and there are no exceptions for children with special health care needs. PeachCare is monthly coverage that requires payment of premiums per month based on eligibility requirements. Provided a family fulfills all the eligibility requirements each month and makes premium payments, as required, there will be no break in coverage.
- 17. Are foster children covered under PeachCare?**  
Yes, if they meet the necessary eligibility requirements.
- 18. Does the legal status of the parents affect eligibility of their children?**

Citizenship only applies to the child. Children must be citizens of the United States or legal residents for 5 years. Citizen children of non-citizen parents may be eligible for PeachCare.

**19. What family situation should be reported on the application in order to determine eligibility?**

The more information supplied on the application, the easier and quicker it will be to determine eligibility and coverage. The application should be filled out with all information relating to the household in which the child lives. The application is per household and should not include children or adults not residing in the household. (For more information on completing the application, please see Section V.)

**20. If an individual is referred to Medicaid by PeachCare and denied Medicaid coverage, do they have to reapply for PeachCare or will they be referred back automatically?**

The applications will be returned automatically to PeachCare for review and processing.

#### IV. PREMIUMS AND BENEFITS

1. **What are the required premiums and co-payments?**

There are no premiums for children birth through age 5. Starting at age 6, premiums are \$10 to \$35.00 for one child and no more than \$70.00 for two or more children in one family.

Children	Monthly Premium
Children, birth - 5	None
1 Child, age 6 - 18	\$10.00 to \$35.00
2+ Children, ages 6 - 18	\$15.00 to \$70.00

*There are no co-payments or deductibles required for benefits covered by the PeachCare for Kids program.*

Premiums are due the first day of the month prior to the month of coverage. For example, the payment is due on January 1 for coverage in February.

Mail the monthly coupon with a check or money order to:

PeachCare for Kids Payments  
P.O. Box 105864  
Atlanta, GA 30348-5864.

To find out what your premium amount is, you can call 1-877-GA PEACH (1-877-427-3224).

2. **What happens if a monthly premium is not received?**

Applicable premiums are required for children to enroll and remain eligible for PeachCare benefits. These premiums are due to the PeachCare TPA (see address above) on the first day of the month preceding the month of coverage (i.e., January 1st for February coverage). If the premium is not received, late letters will be sent to the family around the 4th of each month.

Late payment of premiums could result in a break in coverage. Individuals for whom premiums have not been received by the month-end closing date for eligibility processing and member roster production will be terminated from the program. Terminations will be effective the last day of the month covered by a paid premium. Individuals would be covered through the last day of that month. Individuals who are terminated from the program for non-payment of a premium will be notified by PSI of the reinstatement process. Families must submit a premium to be reinstated.

Once coverage is terminated, the child will be **locked out for a period of three months**. PeachCare will not cover medical expenses incurred during that period. Before the child is reinstated, the delinquent premium payment must be received. If payment is not received in 45 days from the parent's request, the reinstatement request will be denied.

Any premiums received without a request for reinstatement will be automatically applied to the next future month of coverage.

**3. Can a parent pay for 12 months worth of coverage in a single annual payment?**

Yes, a parent may pay for one or multiple months. With all payments, the coupon should be included. If a coupon is not included, the parent should write his/her Social Security number or family account number on the top of the check or money order. If the child is determined ineligible or cancels coverage, the remaining balance will be returned to the parent.

**4. Will the premium be returned if the applicant is found ineligible for PeachCare?**

For accountability, all checks and money orders are cashed upon receipt. If no premium is required for the child (under 6 years of age), the children are identified as Medicaid eligible, or otherwise ineligible for PeachCare for Kids, the payment will be returned to the parent. In the instance that a parent has submitted \$20 with the application and the premium required is only \$10.00, the remaining \$10.00 will be credited toward the next payment.

If a child is ineligible due to the 3-month lock out (see question 2) premiums can be refunded upon request. However, premiums are posted to member accounts as soon as they are received (even during lock out periods) so the member is automatically reinstated once the lock out period has ended.

**5. What benefits are covered through the PeachCare for Kids program?**

Children's Intervention Services: Audiology, nursing, nutrition, occupational therapy, physical therapy, social work, speech-language pathology and developmental therapy instruction are covered. Written prior approval is required for medically necessary Children's Intervention Services once the annual limitations have been reached.

Dental services: Dental and oral surgical services are covered for 2 visits (initial or periodic) for dental exams/screens and 2 emergency exams during office hours and 2 emergency exams after office hours per calendar year; 2 cleanings per calendar year; 1 restorative (filling) procedure per tooth per restoration; the maximum number of services covered is four; sealants for first and second permanent molars only; orthodontic services with prior approval.

Durable medical equipment (DME): DME and supplies prescribed by a physician are covered on a case-by-case basis. Medical equipment purchases in excess of \$200.00 generally require prior approval.

Orthotics and Prosthetics (O&P) and Hearing Services: Orthotic and Prosthetic devices prescribed by a physician are covered. O&P are reviewed for medical necessity on a case-by-case basis through prior approval for members under 19 years of age. O&P devices include braces, artificial limbs, artificial eyes, custom molded shoes and inserts and diabetic shoes. Hearing aids are allowed every three years with a prior approval. The prior approval is based on the completion of a hearing evaluation by an Ear, Nose, and Throat specialist and an audiogram by a Georgia licensed audiologist.

End stage renal disease dialysis (ESRD): Services and procedures designed to promote and maintain the functioning of the kidney and related organs are covered when administered by a provider enrolled in the ESRD program.

Health Check: Regular physical examinations (screening), health tests, immunizations and treatment for diagnosed problems are covered. Screening requirements are based on the recommendations for preventive pediatric health care adopted by the American Academy of Pediatrics. Treatment is covered within the limitations on covered services.

Home and community-based health care services: Home health services, ordered by a physician and provided in the enrollee's home, including part-time nursing services, physical, speech and occupational therapy, and home health aide services, are covered for 50 visits per calendar year. Home health services exceeding 50 visits per calendar year may be covered when requested by a physician and determined to be medically necessary by DMA.

Hospice Care for Children: Covered under a plan of care when provided by an enrolled hospice provider.

Inpatient services: Includes medical and surgical services delivered during a hospital stay. Inpatient services are covered in full. Prior approval is needed for some services.

Laboratory and radiological services: Medically necessary laboratory testing is covered if authorized by a physician. Radiology services are covered in a hospital setting or in a physician's office setting only.

Mental Health Services, Inpatient: Inpatient mental health services are covered only for short term acute care in general acute care hospitals up to 30 days per admission. Services furnished in a state-operated mental hospital are not covered. Services furnished in an Institution for Mental Disease (IMD) are not covered. Residential or other 24-hour therapeutically planned structural services are covered only through the DHR MATCH Program. Psychotherapy is limited to 10 hours per calendar month.

Mental Health Services, Outpatient: These services are covered through Community Mental Health Centers, subject to limitations specified in DHR standards.

Nursing care services: The Nurse Practitioner Services Program reimburses for a broad range of medical services provided by participating Pediatric, Family, Adult, and OB/GYN Nurse Practitioners, as well as Certified Registered Nurse Anesthetists (CRNA). Nurse Midwife services are also covered and include primary care services in addition to obstetrical care.

Outpatient services: Includes outpatient surgery, clinic services and emergency room care. Services are covered in full. Prior approval is needed for some services.

**Over-the-counter medications:** The following non-prescription drugs are covered in full: Multi-vitamins and multiple vitamins with iron (chewable or liquid drops), enteric coated aspirin, PEN-X, ibuprofen suspension, OTC folic acid, diphenhydramine, insulin, NIX, iron, KLOUT, Lice-B Gone, meclizine, insulin syringes, insulin delivery unit systems, and urine test strips. No other over-the-counter medications are covered.

**Physician services:** Includes services provided by a participating physician for the diagnosis and treatment of an illness or an injury. Services are covered in full. Prior approval is needed for some services.

**Podiatry:** Services covered are diagnosis, medical, surgical, mechanical, manipulative and electrical treatment of ailments of the foot or leg as authorized within the Georgia statute governing podiatry services.

**Prenatal care and pregnancy-related services:** These services are covered in full. This includes Childbirth Education Services, a series of 8 classes regarding the childbirth experience and tools to prepare for a healthier pregnancy, birth and postpartum period.

Women who become pregnant should notify PeachCare to be reviewed for Medicaid eligibility because a pregnant woman under 200% FPL qualifies for Medicaid. Right from the Start Medicaid (RSM) will cover the mother up to 60 days after the pregnancy ends and will cover the newborn child for one year.

**Prescription drugs:** Prescribed drugs and supplies approved by DMA and dispensed by enrolled pharmacists are covered in full. Some drugs require prior approval or have therapy limitations. Prescriptions or refills are limited to six per month per enrollee; the child's physician must get prior approval for additional prescriptions.

**Substance abuse treatment services:** Inpatient substance abuse treatment services are covered only for short term acute care in general acute care hospitals up to 30 days per admission. Services furnished in state-operated mental hospitals or Institutions for Mental Disease (IMDs) are not covered. Outpatient substance abuse treatment services are covered through Community Mental Health Centers, subject to limitations specified in DHR standards. Outpatient short-term acute care and substance abuse treatment services are covered in general acute care hospitals.

**Surgical services:** Surgical services are covered in full. Prior approval is needed for some services.

**Therapy:** Physical, occupational and speech pathology therapy are covered as follows: 3 hour per day for physical therapy; 3 hour per day for occupational therapy; 3 hours per day for individual speech therapy. Physical, occupational and speech pathology therapy services must be prior approved by Medicaid external review organization before they can be billed.

Transportation: Emergency ambulance services are covered for a member whose life and/or health is in danger. Some PeachCare for Kids members may be eligible for Non-emergency transportation services based on their family's income.

Vision Care: Services including eyeglasses, refractions, dispensing fees, and other refractive services are covered. Medically necessary diagnostic services are also covered. Services are limited to: 1 refractive exam, optical device, fitting, and dispensing fee within a calendar year; additional such services require prior approval. Prior approval is also required but not limited to: contact lenses, trifocal lenses, oversized frames, hi-index and polycarbonate lenses.

**6. Are there any pre-existing condition exclusions or limitations for PeachCare (i.e., caps on care)?**

There are no pre-existing condition limitations. DMA has developed certain service limitations in an attempt to deter over utilization of services (e.g., limitations on the number of reimbursable office visits per year). The service limitations applicable to the PeachCare program are the same limitations as those imposed on the Medicaid program. Information on these limitations is included in the Medicaid Manual, Part II Policies and Procedures for applicable categories of services

**7. How will a provider know if a child has reached his or her limit for a specific benefit?**

The PeachCare Identification Card does not contain information on use of services for those categories that have service limitations. Providers should call the Customer Interaction Center at 404-298-1228 or 1-800-766-4456 or use the web at [www.ghp.georgia.gov](http://www.ghp.georgia.gov) to obtain information on the use of services for those categories of services that have limitations.

**8. Does PeachCare cover newborn care?**

PeachCare does offer coverage for newborns. However, a parent cannot pre-apply for an unborn child. This means that the parent would not be able to apply for PeachCare for the newborn until at least two to six weeks after he/she is born.

Since Medicaid covers pregnant women up to 200% FPL - a woman with children on PeachCare would typically qualify for Medicaid. Right from the Start Medicaid (RSM) will cover the mother up to 60 days after the pregnancy ends and will cover the newborn child for one year.

Women who become pregnant should notify PeachCare to be reviewed for Medicaid eligibility. This applies to women of all ages - PeachCare members and mothers of PeachCare members.

**9. What are the differences between PeachCare, Medicaid and Health Check? Are well baby check-ups covered under PeachCare?**

Health Check is one program for children enrolled in Medicaid and PeachCare. Well baby check-ups are covered for children enrolled in either PeachCare or Medicaid.

**10. Does PeachCare cover targeted case management for intervention services and the Babies Can't Wait program?**

No. PeachCare does not cover case management services under the Early Intervention Case Management Program. Only children through age 3 who have developmental disabilities are eligible for Babies Can't Wait.

**11. Are nutrition services and nutrition counseling services covered by PeachCare?**

Yes.

**12. Does PeachCare cover preventive care?**

Yes, PeachCare not only provides children with access to medical services when they become ill, but also to services designed to keep children healthy. Preventive services include regular check-ups, immunizations, vision screenings and preventive dental care.

**13. Do dental and mental health care require a referral from the child's Primary Care Provider (PCP)?**

Mental health and dental care do not require a referral from the child's PCP. The parent may call a participating dental or mental health provider directly to schedule an appointment without calling the primary care provider first. However, the parent must tell them that the child is enrolled in PeachCare for Kids and take the identification card with them.

**14. What is Georgia Better Health Care (GBHC)?**

GBHC is a primary care case management program. Each child has a GBHC primary care provider (PCP) who provides medical care, keeps the child's record up-to-date, makes referrals to specialists when necessary, and refers patients to a hospital when needed.

**15. Can the family choose the child's doctor?**

Parents may choose a primary care provider through Georgia Better Health Care. There is a place on the application to request your child's current primary care physician or a physician in the Georgia Better Health Care network of providers. If a physician is not requested, or if the requested physician is not available, GHP will assign a physician close to the family's residence.

**16. What happens if a family wants to change their Georgia Better Health Care doctor later on?**

If at any time the parents would like to change to a different GBHC doctor, they may choose another doctor by calling GHP at 770-570-3373 (Metro Atlanta) or 1-866-211-0950 (statewide) or use the web at [www.ghp.georgia.gov](http://www.ghp.georgia.gov). It will usually take about one month for the change to be made. As soon as they receive a sticker listing the new doctor's name, they should begin to see that doctor. The card will also show the effective date of the change in provider. The child should see the current PCP until the date of the new PCP takes effect.

**17. Does PeachCare cover previous unpaid medical bills?**

PeachCare for Kids coverage begins on the first day of the month in which a complete application is received. If a child was seen by a doctor who accepts PeachCare during the month of the application, the provider may bill for the service.



**18. Will a parent be responsible for non-emergency care after hours if they do not call Georgia Better Health Care (GBHC) or PeachCare?**

If a child needs health care after the office is closed, there is a special after-hours number for the child's doctor printed on the PeachCare Identification Card. A medical professional will be available to advise the parent about how to handle the medical problem. The parent should tell the person answering the phone that the child is a PeachCare GBHC member.

**19. In an emergency care situation, when does the PCP need to be notified?**

In the event of an emergency, the parent should call 911 or go immediately to the hospital emergency room. Prior approval is not needed if the child has had a serious or disabling injury. The parent should call the doctor as soon as possible after the child has received care.

**20. Does the ER need approval for care from the Primary Care Provider (PCP) after hours?**

No prior approval is required for emergency care. However, the PCP should be notified as soon as possible after care has been provided for the coordination of follow-up care and to maintain a complete medical history for the child.

**21. If services are decided to be non-emergent, will the reimbursement rate be the same as Medicaid. Do Medicaid and PeachCare use the same definition for emergency care?**

Yes, the definitions of, and reimbursement rates for, emergency care are the same for both Medicaid and PeachCare for Kids.

**22. Does a child need pre-certification for hospital care? Is a hospital responsible for pre-certifying PeachCare children for hospitalization?**

Pre-certification is not required for hospitalization for children. Prior approval is required for non-emergency hospital care. The PCP should be contacted for authorization and referral.

**23. What happens if a child is away from home and needs care?**

Non-emergency medical care away from the child's home must still be approved by the GBHC doctor. In the case of a serious medical emergency, whether away from home or not, the child should go to the nearest medical facility for treatment. The GBHC doctor should be notified as soon as possible after the child has received treatment. The parent should show the child's PeachCare for Kids identification card so that the doctor or hospital can make the necessary arrangements. The family will be responsible for unapproved care delivered while the child is out of Georgia.

## V. ENROLLMENT PROCESS

### 1. **Please describe the PeachCare application process.**

Applications are accepted year round. Parents are not required to go through a face-to-face interview or submit additional documentation with the application. Any follow-up inquiries that may be needed to obtain clarification or incomplete or missing information will be handled by phone or mail.

Once an application is entered into the computer database, a letter is mailed to the parent confirming that the application has been received. If a parent has not received this letter within two weeks of submitting an application, he/she should call PeachCare for Kids toll-free at 1-877-GA-PEACH (1-877-427-3224). Parents may also call this number to check the status of the application.

### 2. **How long does the application process take?**

Applications submitted on-line are received in just seconds of submission. Families are given instantly, an estimation of eligibility. Mail-in applications are processed within 10 days of receipt in the mail. Once processed, a letter is mailed to the parent stating that the application is being reviewed. PeachCare coverage begins the first day of the month that a complete application, including all applicable premiums, has been received for an eligible child.

### 3. **When should newborns and mothers get enrolled to be covered by PeachCare or Medicaid?**

Medicaid covers pregnant women up to 200% of FPL-the same income eligibility as PeachCare for Kids. Women who become pregnant should notify PeachCare to be reviewed for Medicaid eligibility. This applies to women of all ages - PeachCare members and mothers of PeachCare members.

Medicaid will cover a child born to a Medicaid mother for one year. The mother will continue to be eligible for Medicaid for 60 days after the child's birth.

Under PeachCare for Kids, a parent cannot pre-apply for an unborn child.

### 4. **If a child is not enrolled in the GBHC program, would that child still have a Primary Care Provider (PCP) and will it be listed on the PeachCare card?**

During the month of application, a child will receive a temporary identification card. During this time, the child is not enrolled in GBHC and does not need a referral from a PCP when seeking care. All children enrolled in PeachCare are assigned to a GBHC PCP and their name appears on the PeachCare Identification Card.

### 5. **How does the family show they have coverage under PeachCare for Kids?**

The PeachCare for Kids Identification Card is the child's permanent identification card. It is a small plastic card, much like most insurance cards. The name, address and phone number of the child's health care provider are listed on the front of the card.

The card should be shown to any doctor, dentist, hospital, pharmacy or any other health care provider when the child is receiving services.

The provider will need to use the telephone number on the card to verify the child's eligibility. The doctor must be informed that the child has PeachCare for Kids so that he/she may treat the child within the PeachCare for Kids scope of benefits. If the family does not inform the doctor, the family may be responsible for any uncovered care the child receives.

**6. Once a member is enrolled in PeachCare and has an identification card, what is the likelihood that their enrollment status may change from month to month?**

Since a premium is required for children ages six through 18, among other eligibility requirements, enrollment status could change. Eligibility should always be verified.

**7. If an uninsured sick child who is not currently enrolled in the PeachCare program, but is very likely eligible for this program, comes to an office for service and the provider finds that the child needs an appendectomy immediately, will this child be covered by PeachCare and will services provided be reimbursed under the PeachCare program?**

If the child applies during the month in which the services are provided and the child is determined eligible, a PeachCare provider may be reimbursed for any covered services provided during the month of application.

## **GUIDELINES FOR COMPLETING THE PEACHCARE FOR KIDS APPLICATION**

The guidelines for completing the PeachCare for Kids application apply to both the mail-in and web-based versions. Applications are accepted year-round. Parents are not required to go through a face-to-face interview or submit additional documentation with the application. Any follow-up inquiries that may be needed to obtain clarification or incomplete or missing information will be handled by phone or mail. It is important to note that incomplete applications may cause a delay in coverage.

Please note: The child must live in the home of the parent who applies for PeachCare. Either parent can mail in the premium payment, but the application must come from a parent who lives with the applicant child.

### **Section I: Parent/Guardian Information**

This section should include the person to whom correspondence should be directed. All persons listed on the application should be living in the same household as the child.

#### **Parent One**

May be the child's parent, other relative, other adult if the child does not live with a parent, or the child (him) herself if (he) she does not live with a parent and is completing the application for (him) herself.

**First Name, Middle Initial, Last Name**

Parent One's first and last name must be provided for the application to be considered complete.

**Sex**

The gender of the parent is requested as an additional verification of identity and for demographic information.

**Date of Birth**

The date of birth of the parent is requested as an additional verification of identity and for demographic information.

**Street Address**

(Street, City, State, Zip and County). This is the place of residence for the child. This information must be provided for an application to be complete.

**Mailing Address**

(Street, City, State, Zip and County). The address where information should be mailed, if different from the Street Address. If this is left blank, the Street Address will be used for mailing all correspondence.

**Social Security Number**

This information is used to verify eligibility and serve as an account number for the household. This number should be included on all correspondence to PeachCare for Kids, including monthly premiums. If no Social Security number is available, a substitute account number will be assigned to the parent.

**Home Phone**

The home phone number will be used to contact the family if additional information is needed.

**Business Phone**

The business phone number may also be used to contact the family if additional information is needed.

**Emergency Telephone**

The emergency contact should be someone other than Parent One or Parent Two who should be notified when neither parent is available in the event of an emergency.

**Parent Two**

The same information for Parent One is requested for Parent Two. If there is no other parent living in the household, please leave this section blank.

## **Section II: Child Information**

The mail-in application provides space for three children. If there are any other children in the household, they may be included on a separate sheet of paper and mailed with the application. All children should be living in the same household.

### **First Name, Middle Initial and Last Name**

The first and last name must be listed for each child enrolling in PeachCare for Kids for the application to be considered complete.

### **Sex**

This information is required for each child for the application to be considered complete.

### **Date of Birth**

The date of birth is required for each child for the application to be considered complete.

### **US Citizen**

The citizenship status of the child is required for the application to be considered complete. To be eligible for coverage, a child must be a US citizen or a qualified legal resident for at least 5 years. If the child is not a U S citizen, PeachCare for Kids will follow-up with the family to see if the child meets the requirements of a qualified legal resident.

### **Race**

The race of the child is requested as an additional verification of identity and for demographic information.

### **Social Security Number**

The Social Security number will be used as an identifier for each child within the household. If the child does not have a Social Security number, a unique number will be assigned to the child by PeachCare for Kids.

### **Has Health Insurance**

Is the child currently covered under a health insurance plan? This information must be provided for the application to be considered complete. If the answer is "yes," additional information is requested:

- Name of the Insurance Company: the name of the insurance company covering the child; and
- Policy Number: the policy number of the insurance company. This number can typically be found on the insurance identification card.

### **Relationship to Parent #1**

(Child, Stepchild, Other). This information is required for the application to be complete.

**Relationship to Parent #2**

(Child, Stepchild, Other). If there is a second parent in the household, this information is required for the application to be complete.

**Section III: Insurance Information**

**Is either parent employed by the State of Georgia, a public school system or the Board of Regents?**

(Yes, No). This information is required to determine if the child has insurance available through a parent's employment with the State of Georgia. Some state employees may be eligible based on their household size and income.

**If yes, please specify. Is this employment part-time or full-time?**

This information is required for children of State employees to determine if their parent's employment would restrict their eligibility. For example, children of part-time or temporary employees may be eligible for PeachCare.

**Have any children you are applying for lost health insurance coverage in the past six months?**

(Yes, No). This information is required to determine if the children have been covered by other health insurance within the past three months. If so, the children may not be eligible for PeachCare for Kids.

**If yes, provide reason for loss of coverage (i.e., loss of employment, move out of area, etc.)**

Some children who have lost health coverage within the last six months may still be eligible for PeachCare for Kids. For example, the children may be eligible if the employer that was providing health insurance dropped the policy, the company went out of business or the parent lost the job that was providing health insurance. The information provided here will help determine eligibility.

**Last date of coverage:**

For a child who is subject to the six month waiting period, this information will provide PeachCare with the date to begin the six month period.

**Section IV: Provider Selection**

I understand that I may receive my medical care through an HMO (if available) or a provider in Georgia Better Health Care. I would like to choose:

**Name of GBHC doctor**

The family may request a GBHC physician. If there is no preference indicated on the application or the physician requested is not available, one convenient to where the family lives will be selected by PeachCare for Kids.

### **Name of HMO**

The family may request an HMO that has a contract with the Division of Medical Assistance (DMA) to provide services. If there is no HMO available in the area, the children will receive care from the GBHC physician assigned to the family.

## **Section V: Income and Daycare**

### **Income Chart**

This should reflect the amount of income received from wages, salaries, from work that a parent performs or income from other sources, such as Social Security or unemployment. List all income received by parents and children on the application. This does not include income for anyone outside of the household or the income of a legal guardian or other non-parent. Reported income should be the amount currently being received and, in the majority of cases, should be received at least monthly. Report gross income - the amount received before taxes, uniforms, meals or any other deductions are taken out.

### **Income**

Listed by category (Current Employer, Social Security Income, SSI, Workers Compensation, Pensions or Retirement Benefits, Child Support, Contributions, Unemployment Benefits, Other Income). Any income listed from a salary should include the name of the employer in this column.

- **Current Employer:** The amount received from wages, salaries or earnings received from work that a parent performs. Remember to include the name of the employer.
- **Social Security Income:** Benefits are received from the Social Security Administration and are based on an individual's past work record. They are available to: 1) the aged, their spouses and children; 2) the disabled, their spouses and children; 3) widow(er)s and surviving children of deceased wage earners. Benefits are paid monthly. More than one person in the family will probably be receiving Social Security benefits, but there may be only one check for the entire family.
- **SSI:** Supplemental Security Income (SSI) benefits are received from the Social Security Administration and are based on an individual's financial status. Payments are available to individuals who are aged (over 65), blind or disabled. Children may be eligible. Benefits are paid monthly. Individuals who are eligible for an SSI payment are also automatically eligible for Medicaid. Because of this eligibility, they are excluded from the budget unit and their income is not counted in the determination of eligibility for other types of Medicaid and for PeachCare.
- **Workers Compensation:** Benefits are paid by the state to workers who have been injured on the job. Payments are generally made weekly.
- **Pensions and Retirement Benefits:** Benefits paid to workers who are disabled or old enough to retire from their jobs. These benefits will be made to one of the parents.
- **Child Support:** Money paid by a parent outside of the household to or on behalf of a child in the household. Payments may be made directly to the household by the absent parent or may be received by the household through the Child Support Recovery Unit.

- **Contributions:** Money paid by an individual outside the household to a member of the household unit. Examples: 1) a single mother lives with her own father. Her father, who is not a member of the household for the purpose of counting household income for PeachCare because he is not the applicant child's parent, gives his daughter \$100 every month to help her with her transportation to work. This \$100 would be counted as part of the household's monthly income. 2) A mother, father and their two children live alone. The father's mother, who lives outside of the household, gives them \$200 a month to help with living expenses. This \$200 would be counted as part of the family's income.
- **Unemployment Benefits:** Money received through unemployment benefits.

**Amount**

The amount of the income before any deductions are taken.

**How Often?**

Is the income received weekly, every two weeks or monthly? To calculate the total income, these figures need to be converted to a monthly basis. If the client gives a frequency other than monthly, the system will convert the income to a monthly amount.

**Name of Person Receiving**

The name of the parent or child in the household who is receiving the income.

**Childcare**

This section is for families in which there is a child or adult in the household that requires a caregiver. List the payments made for childcare or care for an adult who cannot care for (him) herself so that someone in the household can work.

**Childcare Chart**

Name of Person Who Works: Name of the employed parent or child who would not be able to work if care for the child or adult were not available.

- Name of the Person(s) Cared For: Name of the child or adult who cannot care for (him) herself.
- Under the Age of 2?: (Yes, No). Is the person receiving care under the age of 2?
- Amount of Payment: List the cost paid to the caregiver.
- How often?: Are the payments to the caregiver paid weekly, twice a month, monthly?
- Name of caregiver: List the name of person or organization providing child care.

**Section VI: Is anyone in the household pregnant?**

(Yes, No) Income guidelines for pregnant women are the same for Medicaid and PeachCare for Kids - Pregnant women in households that qualify for PeachCare would be income eligible for Medicaid. These women should be referred to RSM for Medicaid eligibility determination.



## **Section VII: Certification, Understanding and Authorization**

The certification statement verifies that the information provided in the application is true and correct. It also acknowledges that the person signing the application is aware that the information may be released to the Georgia Department of Labor and a third party administrator for PeachCare for Kids in order to determine eligibility.

The person signing the application also agrees to notify PeachCare for Kids of any changes in income within 10 days of becoming aware of the change.

Please Note: If your child is not eligible for PeachCare, he/she might qualify for Medicaid. Medicaid offers the same benefits as PeachCare and does not require a premium: The application serves as a Medicaid application and is reviewed for Medicaid eligibility. If the child is eligible for Medicaid, (he) she will be enrolled in the Medicaid program based on the PeachCare for Kids application

### **Do you have any unpaid medical bills from the past three months?**

(Yes, No). If the child becomes enrolled in Medicaid, the child may be eligible for retroactive coverage. The health care provider may be reimbursed for any unpaid medical bills for services received by the child during the three months prior to Medicaid enrollment.

### **Signature of the Parent or Guardian**

The signature of the parent or guardian is required for the application to be complete.

### **Where did you get this application?**

(Doctor's Office/Hospital, School/Daycare, Church, Health Department, Caseworker, Other):  
This information will be used by PeachCare for Kids to gather information about where parents heard about the program.

### **Check/Money Order attached?**

(Yes, No; Amount). Premiums are required for children over the age of six who are applying for PeachCare. Applications that require a monthly premium will not be processed until the payment has been received. Checks or money orders will be accepted and should be made out to: PeachCare for Kids.

### **Applications should be mailed to:**

PeachCare for Kids  
P.O. Box 2583  
Atlanta, GA 30301-2583

## VI. HEALTH CARE PROVIDER ROLES AND RESPONSIBILITIES

**1. Do PeachCare rosters include all eligible children in the area or just new members?**

PeachCare rosters include all children enrolled for that month for the specific physician it is sent to, i.e., Dr. Jones' PeachCare roster should include all PeachCare children covered for that month by his office.

**2. Can a provider use the PeachCare roster to verify eligibility? Can PeachCare rosters be transferred electronically?**

No, the PeachCare roster cannot be used to verify eligibility. Rosters are mailed to GBHC providers at the end of each month and should be received by the 1st or 2nd day of every month. They are also available electronically.

**3. Does a provider receive a confirmation number when verifying eligibility for PeachCare?**

Yes, providers can receive a confirmation number whenever a call for eligibility is placed, by speaking to a GHP customer services representative.

**4. Is there another way to verify eligibility?**

Currently, there are multiple ways to verify eligibility: (1) A GBHC provider can verify the eligibility of a child assigned to his/her practice by checking the current month's roster; (2) All providers can verify eligibility by calling the Customer Interaction Center at 404-298-1228 or 1-800-766-4456. A provider may speak to a customer service representative during hours of operation or use the automated response system available 24 hours a day. A provider may also use the web portal at [www.ghp.georgia.gov](http://www.ghp.georgia.gov) or swipe the member ID card.

**5. Can a provider check for eligibility using Medifax?**

Yes, Medifax is one of several vendors used for swipe card eligibility verification.

**6. How does a provider verify PeachCare eligibility after hours? What happens if a provider calls after hours?**

An automated eligibility verification system is available 24 hours a day for providers to verify eligibility before rendering services in addition to swiping the member's card or using the web portal at [www.ghp.georgia.gov](http://www.ghp.georgia.gov). The system is accessible directly from the provider number (1-800-766-4456) or 404-298-1228.

**7. Who is responsible for payment if a child has a PeachCare Identification Card, but the provider does not verify eligibility?**

The provider will be responsible for the services provided if eligibility is not verified and the child no longer has coverage. Eligibility should always be verified.

- 8. What if a patient indicates that he/she is enrolled in PeachCare and the premium payment was late, and when the provider verifies eligibility, the name is not on the eligibility system (or on the monthly eligibility roster provided to the GBHC providers)?**  
That individual would not be enrolled and therefore would not be eligible for service coverage. PeachCare premiums are due to PSI on the first day of the month preceding the month of coverage (i.e., April 1st for May coverage). Late payments could result in a break in coverage.
- 9. Does PeachCare for Kids provide temporary cards to members?**  
PeachCare for Kids assigns temporary cards to newly enrolled members. Permanent identification cards are issued once the child becomes enrolled in GBHC. A sticker with the new PCP information is issued when the child's PCP changes.
- 10. What does a provider do when a child presents a card with another provider listed as the PCP?**  
The PCP needs to verify eligibility and current PCP assignment. If the child is seeking primary care, he/she needs to be referred to the GBHC provider listed on the card. If the child needs specialist care, the provider needs to call the PCP for approval and a referral number.
- 11. Does a provider need to get authorization for a referral to a specialist? How does a provider get the referral number for specialty referrals? Does the specialist have to get a referral number in addition to verifying eligibility for each child?**  
When a PCP refers a child to another provider for specialist care, the PCP needs to give the specialist a referral. The specialist should call GHP provider line at 404-298-1228 or 1-800-766-4456 prior to providing services to verify eligibility and call the GBHC doctor to get the referral number or check the web or automatic voice response.
- 12. What should a provider do if a child presents both PeachCare and Medicaid cards?**  
If a child is currently enrolled in Medicaid, he/she is ineligible for PeachCare. Medicaid claims should be submitted for services provided. Also, it is important for providers to alert PeachCare to this situation of conflicting coverage.
- 13. Can a PCP refer a child to a specialty physician in another state and, if so, what process needs to be followed for the referral?**  
Health care professionals living within 50 miles of the Georgia state line may enroll as Medicaid/PeachCare providers. If the specialty physician is a Georgia Medicaid provider, a PCP may refer the child to him/her. However, if the specialist is not a Georgia Medicaid provider, he/she will not be reimbursed for the services provided.
- 14. If a covering physician in a call group treats a PeachCare child who is not assigned to his/her office, how does the physician receive reimbursement?**  
The covering physician will need to get a referral from the child's PCP in the call group in order to bill accordingly.

- 15. What should a provider do if a child, while in the hospital, sees a doctor who does not match the provider on his PeachCare card?**  
Non-emergency hospital care should be coordinated by the child's PCP. The provider at the hospital should contact the PCP on the PeachCare Identification Card to request a referral authorization number.
- 16. Do GBHC providers need to provide prior approval for a CMS referral?**  
GBHC providers need to give a referral for all services that require one, including CMS.
- 17. How does a GBHC provider indicate to Medicaid and PeachCare the ages of the children he/she prefers to have assigned to his/her practice?**  
For purposes of auto-assignment, providers have several options for enrollment with GBHC: children only (ages 0-13); adults only (ages 14 and older); children and adults (all ages); and women only or request a specific age range. A GBHC provider may also enroll in the program and not accept auto-assignments.
- 18. How are PeachCare providers selected and notified?**  
All Medicaid and GBHC providers are automatically PeachCare providers.
- 19. Does a provider have to submit an application to serve PeachCare members?**  
No. If a provider is already enrolled in the Medicaid program, he/she is deemed to be enrolled in the PeachCare program to provide services. If a provider is not currently enrolled in the Medical Assistance program and is interested in becoming a provider of services for the Medicaid and PeachCare programs, contact the Provider Enrollment Unit, GHP at 1-800-766-4456 or (404) 298-1228 for information and assistance and to request a provider enrollment application package.
- 20. Is the provider number the same for Medicaid and PeachCare?**  
Yes, the provider number is the same for Medicaid and PeachCare.
- 21. Are dentists who accept Medicaid also PeachCare providers?**  
Yes.
- 22. Can a provider request to have a child removed from his/her practice and assigned to another GBHC provider?**  
A provider may remove a PeachCare child from his/her roster by writing to: GHP, PO Box 5000, McRae, GA 31055 or by faxing a request to 866-483-1044.

## VII. CLAIMS PROCESSING

1. **Can providers submit claims electronically for PeachCare?**  
Providers have the same options for filing claims for services provided to Medicaid and PeachCare patients. Claims can be submitted by mail, electronically or on the GHP web portal.
2. **Are there any differences in completing claims for PeachCare and Medicaid?**  
No, there are no differences.
3. **Is there a listing of why claims may be denied, and, are the denial codes the same for PeachCare and Medicaid?**  
The claim denial codes are the same for both programs and can be found online at [www.ghp.georgia.gov](http://www.ghp.georgia.gov).
4. **How long do providers have to file rejected claims?**  
Temporarily, a provider has twelve months from date of service to file a new claim and six months from the last date of rejection to re-file a rejected claim.
5. **Is the reimbursement for PeachCare the same as Medicaid?**  
Yes, the basis for provider reimbursement applicable to the Medicaid program is the same as that for the PeachCare program.
6. **Are the case management reimbursement rate and responsibilities the same for GBHC and PeachCare?**  
Yes, the GBHC policies are the same for both the Medicaid and PeachCare programs. GBHC PCPs are responsible for providing primary care and coordinating specialist care. The primary care case management fee paid to GBHC providers is \$2 per child per month for Medicaid and PeachCare for Kids.
7. **Is the RN reimbursement rate the same for PeachCare and Medicaid?**  
Yes.
8. **Does PeachCare reimburse for surgical procedures?**  
Reimbursement for surgical procedures is based on a global fee: a single fee is billed and paid for all necessary services normally furnished by a surgeon before, during, and after the procedure.
9. **Will there be a separate Remittance Advice (RA) for PeachCare and Medicaid?**  
No, providers will receive one Remittance Advice with reimbursement for services provided to people enrolled in Medicaid and PeachCare.

- 10. How does a provider bill for multiple diagnoses under PeachCare?**  
If a provider performed one procedure for multiple diagnoses, select only one diagnosis code. However, if you perform multiple procedures, list each procedure code line by line on the claim.
- 11. If a child has PeachCare and private health insurance, which group should claims be submitted to?**  
Due to strict Federal legislation, children with private insurance are ineligible for enrollment in PeachCare. However, if a situation were to arise in which a child does have other coverage, claims should be submitted to the private insurance company first. PeachCare is the payer of last resort. PeachCare should be made aware of any child with private coverage to reevaluate the child's eligibility.
- 12. If there is a key punch error by GHP in processing a claim, will they reprocess and pay the claim?**  
Yes, but you may need to resubmit the claim with the error corrected in order for it to process through the system.
- 13. When should payment be received on PeachCare claims?**  
PeachCare claims are paid by GHP, the fiscal agent for Medicaid/PeachCare. The reimbursement schedule is the same for both programs. Claims processing for the weekly cycles end at 2pm each Friday. Claims payment is mailed or posted the following Tuesday.
- 14. Does PeachCare reimburse for discharge procedures?**  
Hospital discharge services may be billed, when appropriate, through the CPT codes for management and evaluation that apply for hospital discharge services. Care must be taken to honor the global period that covers all services related to certain surgical and other type procedures.
- 15. How does a provider bill for injections in the Physicians Program?**  
Injections given in the doctor's office are covered only if listed in the Physician's Injectable Drug List. This manual is available through the GHP web site at [www.ghp.georgia.gov](http://www.ghp.georgia.gov). No prior approval is required to use codes in this manual.
- 16. How does a provider accurately bill for flu shots?**  
There are three codes for the influenza vaccine. The physician will be reimbursed for the administration of the vaccine, as indicated by the procedure code listed on the claim.

## VIII. OTHER PEACHCARE-RELATED QUESTIONS

1. **How can I get involved in more outreach activities for PeachCare?**  
Please call 1-877-GA-PEACH (877-427-3224) to let PeachCare know that you want to be more involved. A representative will get in touch with you about what you can do for PeachCare in your area.
2. **How do I get PeachCare applications and brochures?**  
Please call 1-877-GA-PEACH (877-427-3224) to request applications and brochures.
3. **Is there a website available to review PeachCare information?**  
You can access the PeachCare website at: [www.peachcare.org](http://www.peachcare.org). The website offers general information about the program and the opportunity for a parent to complete an application. The website does not contain account information for members.
4. **Where do I need to write to request that changes be made in the federal legislation that mandates that state employees are not eligible for PeachCare?**  
Please write your U.S. Representatives and Senators to request changes be made in Section 2110 (b) (1) (C) of Title XXI of the Social Security Act.
5. **Who is the field representative for PeachCare?**  
GHP field representatives are available to assist with the claims process and GBHC has field representatives to assist primary care providers who participate in that program. To request a representative from GHP and GBHC, call 1-800-766-4456 or 404-298-1228.
6. **Is there a handout for families that outlines benefits and services?**  
Yes, new members receive a welcome letter and a PeachCare for Kids handbook that generally outlines what services are provided.
7. **Where do I find out about rural health care guidelines and fee schedule?**  
Please contact GHP to request information regarding Rural Health Clinic status and guidelines. The number to call is 1-800-766-4456 and in the Atlanta area call 404-298-1228.

## **IX. GEORGIA BETTER HEALTH CARE**

### **1. What is Georgia Better Health Care (GBHC)? Will PeachCare members participate in Georgia Better Health Care (GBHC)?**

GBHC is a primary care case management program for Medicaid and PeachCare. Each child has a GBHC primary care provider (PCP) who provides medical care, keeps the child's record up-to-date, makes referrals to specialists when necessary, and refers patients to a hospital when needed.

### **2. Can a child be on PeachCare for Kids and not be enrolled in GBHC?**

Children are initially enrolled during the month of application without a GBHC provider. Upon the 1<sup>st</sup> full month of ongoing enrollment, children are enrolled in GBHC.

### **3. How does a provider get or change status for auto-assignment (i.e., children only) with GBHC?**

The provider should contact GHP provider enrollment at 1-800-766-4456 or 404-298-1228 and request a change of status form. All requests for changes in status must be submitted in writing to GHP.

### **4. How are GBHC Primary Care Providers (PCPs) assigned?**

The parent has the opportunity to request a provider on the PeachCare application. If the provider requested is enrolled with GBHC, accepting new patients and is appropriate for the child's age, PeachCare assigns the child to the requested provider.

If the parent does not request a provider, or the requested provider is not with GBHC or accepting new patients, the child will be auto-assigned to a provider. The auto-assignment procedure is similar for both PeachCare and Medicaid, with some minor variations:

For Medicaid, there are three keys to the assignment of PCPs. The system will determine (1) child's provider history, (2) family's provider history and (3) geographic location. Using this information, the system attempts to match up children with the appropriate GBHC providers.

### **5. Is there a list of providers by GBHC category (i.e., children only, open enrollment, etc.) available?**

The GHP maintains provider directories. To obtain a copy, call 1-800-766-4456 or 404-298-1228.

### **6. How will GBHC Primary Care Providers be reimbursed for services provided to PeachCare members?**

Providers will be reimbursed in the same manner for PeachCare for Kids as Medicaid patients. GBHC primary care providers will receive, in addition to their Medical Assistance fee-for-service reimbursement, a monthly case management fee of \$2.00 per member for coordinating the health services of PeachCare members who have selected or been assigned to them as their primary care provider.



**7. Will GBHC PCPs have a separate enrollment limit for PeachCare members?**

There will not be an enrollment limit specifically for PeachCare members. The current GBHC enrollment limit will apply for the combination of Medicaid and PeachCare members. If a GBHC primary care provider is close to his/her enrollment limit and wishes to increase the limit in order to manage and treat PeachCare members, the PCP should submit a written request for a limit increase to GHP at PO Box 5000, McRae, GA 31055 or facsimile number 866-483-1045.

**8. Can a GBHC primary care physician request a PeachCare member change?**

Yes, the primary care physician may request a change through GHP by writing to: GHP, PO Box 5000, McRae, GA 31055 or by faxing a request to 866-483-1044.

## X. HEALTH CHECK

### 1. **What can be done about children receiving duplicate Health Check services because some facilities are not calling to receive proper authorization?**

The Health Check services should be provided or referred by the child's designated GBHC primary care provider. If any other public health facility or private provider is providing these services, they must receive a referral from the child's designated PCP.

### 2. **Do providers use Health Check codes or PeachCare codes?**

Health Check codes are used for all Health Check screens. There are no separate codes for Health Check services provided to PeachCare children.

### 3. **How is the PeachCare roster different from the Health Check and Medicaid rosters?**

GBHC providers will receive two types of rosters: eligibility rosters (commonly referred to as the "Medicaid" and "PeachCare" rosters) and Health Check rosters. The eligibility rosters list each child assigned to the PCP's practice for the month. The Health Check rosters provide the PCP with information regarding the Health Check services provided to the children assigned to his/her practice.

### 4. **Why does the health department not receive the Health Check roster for outreach?**

Each child is assigned to a primary care provider through GBHC. This provider is responsible for coordinating the child's care, including Health Check services. Health Check rosters are provided to a child's assigned GBHC PCP. Providers may wish to refer a child to a health department for Health Check screenings. In this case, the PCP would provide the health department with the necessary information for that child, including a referral number.

### 5. **How do vaccination codes work -- is there an administration code for each?**

In Health Check, each immunization has its own procedure code. Immunizations are reimbursed at either \$8.00 for single antigen vaccines or \$10.00 for multi-antigen vaccines. A diagnosis code must be used with the procedure codes on the claim form. Both sets of codes are listed in Appendix D of the Health Check Policy and Procedure manual.

Medicaid/PeachCare does not recognize the 90471, 90472, 90473, and 90474 procedure codes.

### 6. **If a child receives Health Check services at the health department, should he/she present his/her PeachCare card and use GBHC numbers?**

For all services except immunizations, the health department must call the child's PCP listed on the identification card for a referral number and verification of screens that are needed for that child, in accordance with the Health Check roster that is provided to the PCP.

### 7. **What is the COMBI-VAX code and why are claims being denied?**

The COMBI-VAX code is 90748. DMA is unaware of any recent denials for this code. If a provider encounters problems with a claims code, he or she should contact GHP at 1-800-766-4456 or 404-298-1228. Any recurrent claims problems related to Health Check services should be reported to the program by calling 1-800-377-3557.

- 8. Is there a problem with the HEP B vaccination code?**  
At one time, there were two (2) Hepatitis B codes. Code 90745 has since been eliminated. The correct code to use is 90744.
- 9. What do you do if the Health Check provider is in one county and the child is in another?**  
For GBHC/PeachCare members, the GBHC Primary Care Provider (PCP) must give a referral (authorization) for all Health Check screens. As long as the Health Check screen is referred by the PCP, the member's county of residence do not matter. For non GBHC members, the member may go to any Health Check provider regardless of the county of residence.
- 10. What is the status of the \$24 cap on immunizations?**  
As of October 1998, the cap on immunizations was removed. A Health Check provider is now reimbursed \$8.00 for single antigen vaccines and \$10.00 for multi-antigen vaccines regardless of the number of vaccines administered.
- 11. What diagnosis code does a provider use when ensuring a child is up to date on his/her immunization schedule?**  
There is no "catch-up code" for immunizations. A provider must only bill for the immunizations administered. If the child was seen for a condition other than to "catch-up immunizations," a provider must use the appropriate diagnosis and procedure codes with an office visit.
- 12. When should a newborn be enrolled into Health Check?**  
There is no enrollment for Health Check. Health Check is a service for Medicaid and PeachCare members. Both Medicaid and PeachCare children are eligible at birth.
- 13. With respect to EPSDT, why does Medicaid pay if the patient has private health insurance?**  
Unlike PeachCare for Kids, children enrolled in Medicaid are allowed to have private insurance and still receive services under the Medicaid program. For children with private coverage, Medicaid is the payer of last resort, except with Health Check services (Medicaid is primary payor).
- 14. How does a provider determine if Health Check services have been already provided?**  
If a provider has access to the web, he or she may go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov) to the Health Check profile window that is located in the middle of the eligibility tab. The window will list all the members Health Check and Dental services received. If not, the provider must communicate with the parents and previous PCP to determine if a Health Check has been done. The Health Check roster is only a guide.
- 15. Can a provider refer children to the health department for Health Check screenings?**  
Yes, a provider may refer children to the health department for a Health Check screening, but the PCP must give a referral if the child is a GBHC/ PeachCare member: The provider may also refer children to a local Health Check provider in the area.

**16. Can a parent determine when a child receives vaccinations?**

The provider and the parents should work together to decide what is appropriate at the time for the child. The recommended childhood immunization schedule is a guide, but certainly the child's well being and medical judgment of the clinician should be considered.

## **XI. APPEALS PROCESS**

### **1. If a parent believes his or her child was denied eligibility in error, what should the parent do?**

Upon receiving the notice stating the reason of denial, the parent may call PeachCare toll-free number 1-877-GA PEACH (427-3224) and report additional information or clarify information on the applicant's account. If the information provided does not result in the child being eligible, the parent will be notified of the reason the denial was upheld. If the parent would like additional reconsideration of the decision, the account will be forwarded to the TPA's appeals coordinator for review. The parent will be instructed to submit a written request to PeachCare for Kids for review by the appeals coordinator and state-level PeachCare staff.

Receipts of requests for review will be acknowledged in writing in 10 days, including notification that the member will receive a decision within 30 days. If PeachCare disagrees with the original decision, the child will be enrolled in PeachCare. If PeachCare upholds the original decision and the parent continues to dispute the decision, the parent has the option to have the decision reviewed by the Formal Appeals Committee for the State Health Plan. The member has 30 days from the issuance of the letter to submit a request for a formal appeal. Formal appeals will be held within 45 days. The decision of the Formal Appeals Committee will be the final recourse available to the member.

### **2. What should a parent do if a benefit that he or she believes should be covered is denied?**

The parent should notify PeachCare for Kids if they believe a service should be covered. The information provided will be forwarded to DCH for review. If the initial review does not result in a change in the decision to deny a service, the parent will be notified of the reason the denial was upheld. For additional reconsideration, the parent may submit a written request to PeachCare for Kids to have the decision reviewed by DCH management staff. If the decision of this review maintains denial of service, a letter will be sent to the parent detailing the reason of denial. If the parent elects to dispute the decision of DCH management staff, the parent have the option of having the decision reviewed by the Formal Appeals Committee for the State Health Benefit Plan. The decision of the Formal Appeals Committee will be the final recourse available to the member.