

## GEORGIA MEDICAID ADDENDUM TO THE CARECENTRIX PROVIDER MANUAL

### Claims Processing Submissions

CareCentrix will utilize the same time frames and deadlines for submission, processing, payment, denial, adjudication, and appeal of Medicaid claims as the time frames and deadlines that the Department of Community Health uses on claims it pays directly. CareCentrix will administer an effective, accurate and efficient Claims processing function that adjudicates and settles Provider Claims for Covered Services that are filed within the time frames specified by the Department of Community Health (see Part I. Policy and Procedures for Medicaid/PeachCare for Kids Manual) and in compliance with all applicable State and federal laws, rules and regulations.

At a minimum, CareCentrix will run at least one (1) Provider payment cycle per week, on the same day each week, as approved by the Department of Community Health.

### Condition of Contracting

CareCentrix will not require providers to participate or accept other plans or products offered by the care management organization unrelated to providing care to members, nor reduce the funding available for members as a result of payment of such penalties.

CareCentrix will not enter into any exclusive contract agreements with providers that exclude other health care providers from contract agreements for network participation.

### 72 hour Rule

If a provider submits a claim to CareCentrix for services rendered within 72 hours after the provider verifies the eligibility of the patient with the responsible health organization, CareCentrix will reimburse the provider in an amount equal to the amount the provider would have been entitled if the patient had been enrolled as shown in the eligibility verification process.

CareCentrix will not apply any penalty for failure to file claims in a timely manner, for failure to obtain prior authorization, or for the provider not being a participating provider in the person's network, and the amount of reimbursement shall be that person's applicable rate for the service if the provider is under contract with that person or the rate paid by the Department of Community Health for the same type of claim that it pays directly if the provider is not under contract with that person.

### Web Internet Monitoring

CareCentrix is working toward dedicating a section of its Web Site to Provider services and provide at a minimum, the capability for Providers to make inquiries and receive responses through the Medicaid Fiscal Agent Web Site, ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)).

In addition to the specific requirements outlined above, the future CareCentrix Web Site will be functionally equivalent to the Web Site maintained by the State's Medicaid fiscal agent ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)).

CareCentrix is working toward developing a website that allows providers to submit, process, edit, rebill, and adjudicate claims electronically. To the extent a provider has the capability; CareCentrix will work toward submitting payments to providers electronically and submit remittance advices to providers electronically within one business day of when payment is made. To the extent that any of these functions involve covered transactions under 45 C.F.R. Section 162.900, et seq., then those transactions also shall be conducted in accordance with applicable federal requirements.

CareCentrix will provide applicable carriers a searchable list of all participating providers. At a minimum, this list shall be searchable by provider name, specialty, and location. At a minimum, the list shall be updated once each month.

### Provider Complaint Monitoring

CareCentrix has established a Provider Complaint System that permits a Provider to dispute the CareCentrix policies, procedures, or any aspect of CareCentrix administrative functions, including Proposed Actions.

CareCentrix will include the Provider Complaint System Policies and Procedures in the Provider Manual that is distributed to all Georgia participating Providers and will post the provider manual on the CareCentrix provider portal. This information will include, but not be limited to; specific instructions regarding contacting the CareCentrix Provider Resolution Team, filing a Provider complaint and the individual(s) have the authority to review a Provider complaint.

CareCentrix will distribute the Provider Complaint System Policies and Procedures to Out-of-Network Providers with the remittance advice of the processed Claim. CareCentrix may distribute a summary of these Policies and Procedures if the summary includes information on how the Provider may access the full Policies and Procedures on the Web site. This summary will detail how the Provider can request a hard-copy from CareCentrix at no charge to the Provider.

CareCentrix will allow Providers thirty (30) Calendar Days to file a written complaint;

CareCentrix will allow providers to consolidate complaints or appeals of multiple claims that involve the same or similar payment or coverage issues, regardless of the number of individual patients or payment claims included in the bundled complaint or appeal.

CareCentrix will allow a provider that has exhausted the internal appeals process related to a denied or underpaid claim or group of claims bundled for appeal the

option either to pursue the administrative review process described in subsection (e) of Code Section 49-4-153(e) or to select binding arbitration by a private arbitrator who is certified by a nationally recognized association that provides training and certification in alternative dispute resolution. If the care management organization and the provider are unable to agree on an association, the rules of the American Arbitration Association shall apply. The arbitrator shall have experience and expertise in the health care field and shall be selected according to the rules of his or her certifying association. Arbitration conducted pursuant to this Code section shall be binding on the parties. The arbitrator shall conduct a hearing and issue a final ruling within 90 days of being selected, unless the care management organization and the provider mutually agree to extend this deadline. All costs of arbitration, not including attorney's fees, shall be shared equally by the parties

For all claims that are initially denied or underpaid by CareCentrix but eventually determined or agreed to have been owed by CareCentrix to a provider of health care services, CareCentrix will pay, in addition to the amount determined to be owed, interest of 20 percent per annum, calculated from 15 days after the date the claim was submitted. CareCentrix will pay all interest required to be paid under this provision or Code Section 33-24-59.5 automatically and simultaneously whenever payment is made for the claim giving rise to the interest payment.

All interest payments will be accurately identified on the associated remittance advice submitted by CareCentrix to the provider

CareCentrix requires that the reason for the complaint is clearly documented;

CareCentrix requires that Providers exhaust the internal Provider Complaint process prior to requesting an Administrative Law Hearing (State Fair Hearing);

CareCentrix has dedicated staff for Providers to contact via telephone, electronic mail, or in person, to ask questions, file a Provider Complaint and resolve problems;

CareCentrix has identified a staff person specifically designated to receive and process Provider Complaints;

CareCentrix will thoroughly investigate each GF Provider Complaint using applicable statutory, regulatory, and Contractual provisions, collecting all pertinent facts from all parties and applying the Contractor's written policies and procedures; and

CareCentrix will ensure that executives with the authority to require corrective action are involved in the Provider Complaint process.

In the event the outcome of the review of the Provider Complaint is adverse to the Provider, CareCentrix will provide a written Notice of Adverse Action to the Provider. The Notice of Adverse Action will state that Providers may request an Administrative Law Hearing in accordance with OCGA § 49-4-153, OCGA § 50-13-13 and OCGA § 50-13-15.

CareCentrix has notified Providers, by way of the provider manual addendum (complete provider manual will be available by way of the CareCentrix provider web portal) and this communication, that a request for an Administrative Law Hearing must include the following information:

A clear expression by the Provider that he/she wishes to present his/her case to an Administrative Law Judge;

Identification of the Action being appealed and the issues that will be addressed at the hearing;

A specific statement of why the Provider believes the Contractor's Action is wrong; and

A statement of the relief sought.

DCH has delegated its statutory authority to receive hearing requests to the Contractor. CareCentrix will include with the Notice of Adverse Action the address where a Provider's request for an Administrative Law Hearing should be sent in accordance with OCGA § 49-4-153(e)