

August 3, 2007

Dear Provider:

Avesis would like to thank you for your continued participation in the AMERIGROUP Network and the Georgia Families Managed Care program that began in June 2006. Avesis is dedicated to making the Medicaid Program in Georgia work for all of our partners: Members, Providers, CMOs and the Department of Community Health. To accomplish this, it is necessary that we make modifications to the program as it exists today.

ROUTINE VISION PROGRAM

Effective August 1, 2007, the Avesis vision program for AMERIGROUP Community Care (AMERIGROUP) will be modified to become a Routine Vision and Materials Program for children only. Avesis will continue to be responsible for payment for the routine vision benefit program. Coverage will include all visits consisting of routine vision diagnosis, spectacle frames and lens materials required to correct visual acuity for Medicaid and PeachCare children (**under age 21**). AMERIGROUP adult (age 21 and older) Members will experience a benefit change that will remove coverage for annual eye exams and spectacle materials.

MEDICALLY NECESSARY OPHTHALMOLOGIC SERVICES

Effective September 1, 2007, the payment responsibility will transition to AMERIGROUP for all medically necessary ophthalmologic services for all members. All medical services will be managed directly through AMERIGROUP and will fall under AMERIGROUP's policies and procedures. If you have any questions please contact AMERIGROUP Provider Services at 800-454-3730.

VISION NETWORK PANEL

As of June 1, 2007, and until further notice, Avesis will no longer be admitting new provider locations to the Avesis network for the Georgia's Medicaid program. Providers who submitted applications prior to that date and have applications in process will not be affected by this change. Changes in providers (adds, changes and terminations) at currently participating locations will be accepted and processed. If your proposed new location services an underserved area, please contact me directly to discuss the possibility of adding your new location.

ELIGIBILITY VERIFICATION

During the first year of the program, Avesis mandated that providers obtain "approval codes" for Members' eligibility and benefits prior to rendering services. Avesis paid claims based on the issuance of that approval code, even if a Member was not eligible or had already used the benefit. Due to the administrative burden this process caused many offices, we have eliminated this requirement. As of June 1, 2007, Avesis will no longer issue approval codes for eligibility verification. To ensure correct payment, it is strongly encouraged that you verify eligibility for each Member's appointment the business day prior to rendering services and submit your claim immediately after rendering services.

Please note that verification of benefits or eligibility is not a guarantee of payment: actual payment is based on the terms and conditions of the plan in force once the claim is received.

PROGRAM INTEGRITY

As part of our commitment to the clinical and financial integrity of Georgia's Medicaid program, Avesis has begun a program of office and chart reviews. We appreciate and request your cooperation with our staff when scheduling a convenient time for the review.

Avesis has become aware of some offices billing for services that were performed in a different location or were rendered under the provider number for a provider other than the one who actually performed the service. All offices should confirm that the provider who treated the Medicaid Member is the provider whose name appears on the claim submitted as well as the correct location the service was rendered. Please understand that this will be one of the key issues that we will consider when reviewing your office's claims during a chart review. Any office in violation will be required to refund payments for incorrectly billed services.

UPDATED FORMS

Avesis has revised our Provider Manual to reflect the changes contained in this document. In addition, based on feedback from our provider community, Avesis has updated many of the provider forms used for the Georgia Families Managed Care Program. Those forms include new order forms for materials, eligibility confirmation via fax, and requests for prior authorization. Please visit our web site at www.avesis.com to obtain the new Provider Manual and these new forms. If you do not have web access, you may call Provider Services for the form to be sent to you via mail or fax.

If you should have any questions please contact Avesis Provider Services at (800) 231-0979.

As always, thank you for your participation in the Avesis Georgia Medicaid network, and we look forward to continuing our relationship with your office.

Sincerely,



Nichole Mitchell
Manager of Medicaid Services