



**Georgia Department of Behavioral Health & Developmental Disabilities**  
*Judy Fitzgerald, Commissioner*


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**Office of Decision Support and Information Management**

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December 20, 2016

To: Chief Executive Officer  
Community Behavioral Health Service Provider

From: John Quesenberry, Director   
Office of Decision Support and Information Management

Subject: Claims/Encounter Processes

The purpose of this memorandum is to notify you about upcoming changes to claims/encounter processes. This information is targeted to all state funded behavioral health providers.

These changes are described in the following attachments to this letter:

Attachment 1: State-Funded Claims/Encounter Processing

We request that you communicate the information in this letter as soon as possible to the appropriate personnel in your organization, including specifically: (a) billing managers, (b) any other staff responsible for authorizations and claims, and, if applicable, (d) your information system vendors.

Please direct questions concerning to the Georgia Collaborative ASO at [GACollaborativePR@beaconhealthoptions.com](mailto:GACollaborativePR@beaconhealthoptions.com). Should you have any other questions concerning this letter, please contact John Quesenberry at [john.quesenberry@dbhdd.ga.gov](mailto:john.quesenberry@dbhdd.ga.gov).

As always, we appreciate your cooperation in providing complete, accurate, and timely data concerning the services you deliver.

c: Regional Coordinators  
Melissa Sperbeck  
Anna McLaughlin  
Wendy Tiegreen  
Elaine Danner  
Mary Mastrandrea (Georgia Collaborative ASO)

## ATTACHMENT 1 - FY17.Q3

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The following changes are being implemented:

### 1. STATE-FUNDED CLAIMS/ENCOUNTERS TIMELY FILING WAIVED:

DBHDD will be extending the temporary waiver to the timeliness standard of 180 days for state-funded claims. Through 2/28/2016, the timeliness standard will be modified to allow claims submitted with dates of service up to **365 days** from the date of service. Effective 3/1/2017 the timeliness standard will revert to 180 days.

**NOTE:** This **does not** impact Medicaid billing. Providers will continue to have 180 days from the date of service in which to bill Medicaid.

### 2. STATE-FUNDED CLAIMS/ENCOUNTERS AUTHORIZATION NUMBERS:

Reminder: Effective 12/31/2016, DBHDD will no longer accept state claims/encounters for services that were authorized through APS Healthcare. Claims submitted after 12/31/2016 with an APS authorization number (auth numbers beginning with '2') will be denied.

Effective 1/1/2017, all claims submitted to the Georgia Collaborative ASO (Beacon Health Options) will require the Georgia Client Authorization Number. This authorization number begin with '9'. It is important to point out that in the ProviderConnect system the Client Auth Number is 11 digits long however when billed providers should add a zero '0' to the end of it making it 12 digits long (similar to how Medicaid is billed). For example, a claim being billed against Client Auth Number '90123456789' will be billed as '901234567890'.

**NOTE:** The Beacon Authorization number cannot be processed through the claims system and will cause the claim to deny. This is the number that starts with 01 (e.g. 01- 021216- 53- 48). Claims without a correct authorization number will deny.