GEOH

7 Georgia Medicaid Billing Red Flags to Fix Now

THE 7 RED FLAGS THAT YOU SHOULD AVOID IN GEORGIA MEDICAID BILLING TO PROTECT YOUR AGENCY.

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WHAT'S INSIDE

1 Billing Past Your Authorized Units

2 Billing for Tasks Attendant Care Doesn't Cover

3 Expired or Missing Background Checks

4 Documentation That Doesn't Back Up the Claim

5 EVV Data That Doesn't Match What You Billed

6 Duplicate, Overlapping, or Mis-Coded Claims

7 Not Meeting Georgia's New SFC Compliance Rules

8 Self Audit Checklist for Provider Success

OVERVIEW

In April 2026, Georgia Medicaid named Applied Behavior Analysis (ABA) and Structured Family Caregiving (SFC) as high-risk service categories and opened a request for information to build a stronger fraud, waste, and abuse review program. New SFC rules take effect September 1, 2026, requiring caregiver certification, background checks, EVV compliance, and RN sign-off on daily notes.

This guide is built from that announcement, along with Georgia's EVV requirements through Netsmart (formerly Tellus) and GCHEXS background check rules for HCBS caregivers. The 7 red flags that follow reflect where Medicaid is tightening oversight.

Each one covers what to avoid, why it's a problem under Georgia's rules, and what to do instead.

RED FLAG #1

1 Billing Past Your Authorized Units

WHAT IT IS

Billing for hours or units beyond what a member's prior authorization allows under CCSP, SOURCE, NOW/COMP, or other HCBS waivers, going over the approved plan of care, billing after an authorization has lapsed, or continuing to bill while a reauthorization request is pending.

WHY TO AVOID IT

Georgia's waiver programs cap services at what's been approved as medically necessary. Billing past that cap makes the claim unallowable, and DCH's new RFI for enhanced prepayment and post-payment review means these mismatches are more likely to be caught before they age into a full recoupment.

WHAT TO DO INSTEAD

Check remaining authorized units before a shift gets scheduled, not after it's billed. Set an internal alert around 80% of units used so your team has runway to request reauthorization. Hold any claim tied to a pending reauthorization instead of billing a placeholder.

RED FLAG #2

2 Billing for Tasks Attendant Care Doesn't Cover

WHAT IT IS

Billing Attendant Care units for clinical or medical tasks, like wound care, medication administration beyond simple reminders, or any skilled nursing tasks.

WHY TO AVOID IT

PCS covers nonmedical, hands-on ADL support: bathing, dressing, toileting, mobility, and eating. Clinical tasks fall outside PCS entirely, and DCH's focus on high-risk service categories signals more scrutiny is coming to scope-of-service billing across HCBS programs generally.

WHAT TO DO INSTEAD

Train caregivers and schedulers on exactly what falls under PCS versus what requires a different service code or provider type. If a member's needs have shifted toward clinical care, that's a conversation with the case manager about updating the plan of care.

RED FLAG #3

3 Expired or Missing Caregiver Background Checks

WHAT IT IS

Billing for services delivered by a caregiver whose fingerprint-based criminal history background check through GCHEXS has expired, was never completed, or isn't reflected in the Georgia Caregiver Registry.

WHY TO AVOID IT

Georgia requires GBI/FBI fingerprint background checks for HCBS and SFC caregivers, and DCH's new SFC rules (effective 9/1/2026) make caregiver certification and background screening an explicit compliance requirement. A lapsed or missing check isn't a paperwork gap; it can trigger recoupment of every claim tied to that caregiver.

WHAT TO DO INSTEAD

Track every caregiver's GCHEXS determination and expiration date before they're schedulable. Run a quarterly roster check against the Caregiver Registry, and never let someone work Medicaid-billed hours while a background check is pending..

Note: Try using GEOH's employee task list to show you when certifications or background checks expire! Click here to see our software!

RED FLAG #4

4 Documentation That Doesn't Back Up the Claim

WHAT IT IS

Submitting claims where the visit notes, time logs, or care plan don't clearly support the service, time, and units billed.

WHY TO AVOID IT

DCH's Overpayment Recovery Program audits coding accuracy and compliance with documentation standards, and insufficient documentation is one of the easiest ways a claim is treated as unsupported, even when the service actually occurred.

WHAT TO DO INSTEAD

Every visit note should answer three questions: what was done, how long it took, and how it connects to the plan of care. Build a documentation checklist for caregivers and spot-check a sample of notes weekly, not just before an audit.

RED FLAG #5

5 EVV Data That Doesn't Match What You Billed

WHAT IT IS

Submitting a claim where the service code, time, date, or units don't match the corresponding EVV record in Netsmart (formerly Tellus).

WHY TO AVOID IT

Georgia requires EVV for Medicaid personal care and home health visits, and that data must clear GAMMIS before a claim will be processed. DCH's upcoming SFC rules add explicit EVV compliance requirements on top of the existing PCS mandate, so mismatches are getting harder to slip through.

WHAT TO DO INSTEAD

Clear EVV exceptions daily instead of waiting for the billing cycle. Confirm the EVV record matches the claim's service code, date, and units before submitting. If you use a third-party EVV vendor, confirm it's integrating with Netsmart on schedule.

RED FLAG #6

6 Duplicate, Overlapping, or Mis-Coded Claims

WHAT IT IS

Billing the same caregiver for overlapping service times, double-billing a visit, or using a higher-value service code than what was actually delivered.

WHY TO AVOID IT

These are exactly the kind of patterns DCH's data analytics and encounter-data reviews are built to catch. A past state audit already found that Georgia's Medicaid oversight can miss coordinated billing issues across CMOs for years at a time, meaning problems like this can compound quietly before they surface.

WHAT TO DO INSTEAD

Run a regular internal report checking for overlapping visit times across your caregiver roster before claims go out. Make sure whoever codes claims is trained on the specific codes for each service type and doesn't default to a higher-paying code out of habit.

Note: Try GEOH's Executive billing package where we can do everything for you!

RED FLAG #7

7 Not Meeting Georgia's New SFC Compliance Rules

WHAT IT IS

Operating a Structured Family Caregiving program without tracking the new requirements DCH is phasing in, caregiver certification and background/fingerprint screening, EVV compliance, RN sign-off on daily notes, and NCQA accreditation.

WHY TO AVOID IT

DCH named SFC a high-risk service category in April 2026, with the new rules effective September 1, 2026. Because SFC providers will be granted statewide service access once compliant, DCH is expected to hold this category to a higher documentation and oversight standard going forward; providers who aren't tracking these requirements now risk being caught flat-footed.

WHAT TO DO INSTEAD

Start building your compliance file today: caregiver certification records, background check status, EVV logs, RN sign-off documentation, and your NCQA accreditation plan. Don't wait for the banner message with final details; get ahead of each requirement as DCH releases specifics.

WHAT TO DO TODAY

8 Self-Audit Checklist for Providers

1 PULL EVERY ACTIVE AUTHORIZATION Authorizations

- [ ] Confirm none have expired or are close to running out of units
- [ ] Set an alert at 80% of units used for every member
- [ ] Hold any claim tied to a pending reauthorization

2 REVIEW WHAT'S ACTUALLY BEING BILLED Scope of service

- [ ] Confirm no clinical or medical tasks are billed under Personal Care Services
- [ ] Flag any member whose needs have shifted and update their plan of care

3 AUDIT YOUR CAREGIVER ROSTER Background checks

- [ ] Verify every active caregiver's GCHEXS status is current in the Caregiver Registry
- [ ] Pull anyone with a lapsed or missing check off the schedule now
- [ ] Set expiration alerts so this doesn't slip again

4 SPOT-CHECK YOUR VISIT NOTES Documentation

- [ ] Pull a sample and check that notes support the time and service billed
- [ ] Retrain any caregiver whose notes are thin or generic

5 CLEAR YOUR EVV EXCEPTIONS EVV

- [ ] Clear every open exception in Netsmart before the next billing run
- [ ] Confirm claim service codes, dates, and units match the EVV record exactly

6 RUN AN OVERLAP AND CODING CHECK Claims accuracy

- [ ] Run a report for overlapping caregiver visit times
- [ ] Confirm claims are coded to the actual service delivered, not a default code

7 CHECK YOUR SFC COMPLIANCE READINESS SFC rules

- [ ] Confirm caregiver certification and background check status are documented
- [ ] Confirm EVV logs, RN signoff, and your NCQA accreditation plan are current

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THANKS FOR READING!

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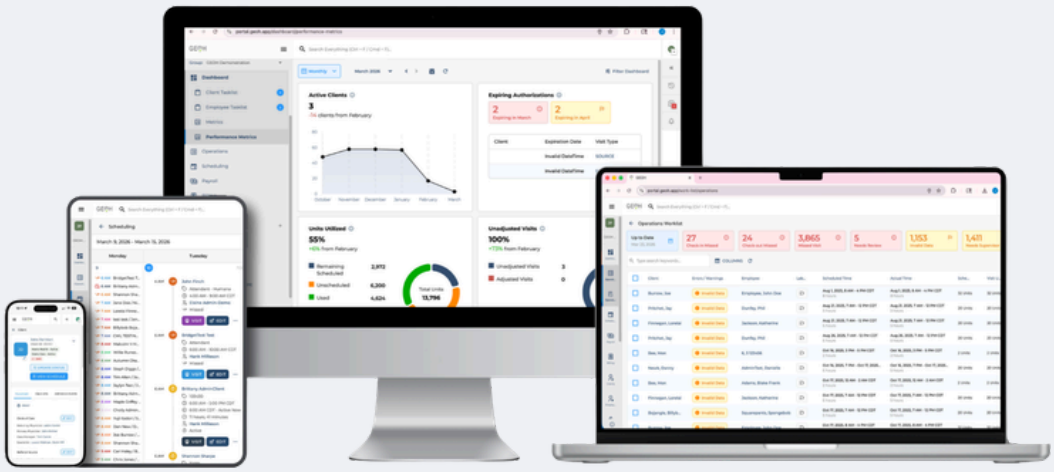

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