



Provider Integration FAQs

As we've shared with you, Centene (which owns Peach State Health Plan) has acquired WellCare. Along the way, we have committed to keeping you informed about changes related to the acquisition to ensure a smooth transition. To assist in this effort, below are several important updates.

TRANSITION

WHAT HAPPENS ON MAY 1, 2021?

WellCare members who have transitioned to Peach State Health Plan will receive a welcome packet and new member ID card in April. They will use their Peach State Health Plan ID card to get prescriptions and access healthcare services starting May 1, 2021. Please make sure you ask your members for a copy of their Peach State Health Plan before each visit.

CAN I CONTINUE TO SEE MY CURRENT WELLCARE MEMBERS?

Members can continue to receive services from their current provider as long as they remain covered under the Georgia Families program. Members who transition to Peach State Health Plan will receive a 90-day transition of care period if the member is receiving ongoing care and treatment. To continue providing transition of care services, providers that are not part of the Peach State Health Plan network must agree to work with Peach State Health Plan and accept Peach State Health Plan's payment rates.

Pregnant members receiving care from an out-of-network Obstetrician can continue to see their current obstetrician until after the baby is born. Obstetrician care provided by an out-of-network obstetrician will be covered for pregnant members inclusive of postpartum care.

NETWORK/CONTRACTING

HOW DO I JOIN PEACH STATE HEALTH PLAN'S PROVIDER NETWORK?

Providers interested in joining the Peach State Health Plan provider network should submit a request to the Network Development and Contracting Department on our website at: <https://www.pshpgeorgia.com/providers/become-a-provider.html>. Providers interested in joining the Peach State Health Plan's vision network for routine vision services can contact Envolve Vision at **1-800-531-2818**.

DO I NEED TO DO ANYTHING ADDITIONAL TO PROVIDE SERVICES ON OR AFTER MAY 1, 2021 IF I AM IN NETWORK WITH BOTH WELLCARE AND PEACH STATE HEALTH PLAN?

Providers do not need to do anything additional to provide services on or after May 1, 2021, if the provider is in network with both WellCare and Peach State Health Plan. Providers are encouraged to visit the [Provider Resources webpage](#) for manuals, forms, and resources related



to claims submission, eligibility, prior authorization, and more. Additionally, WellCare has [migration section](#) on their provider webpage publishing FAQs.

WHAT WILL HAPPEN TO MY PARTICIPATING PROVIDER AGREEMENT WITH WELLCARE AFTER MAY 1, 2021?

The participating provider agreement with WellCare will remain in-place after May 1, 2021. However, there will be no members accessing/assigned to the Medicaid portion of the agreement. The Medicare portion of the agreement will continue to function in its entirety as applicable.

WILL MY EXISTING WELLCARE PATIENTS BE ASSIGNED TO MY PEACH STATE HEALTH PLAN PANEL?

WellCare Medicaid members that choose to move over to Peach State Health Plan effective May 1, 2021, will be assigned to their WellCare assigned Primary Care Provider. The WellCare assigned Primary Care Provider must be in the Peach State Health Plan provider network. All transitioning Medicaid members will receive a welcome packet and new ID card from Peach State Health Plan in April 2021 and will use the Peach State Health Plan ID card to get prescriptions and access healthcare services starting May 1, 2021. Please make sure you ask your members for a copy of their Peach State Health Plan ID card before each visit.

TRANSITION OF CARE

WHAT IS PEACH STATE HEALTH PLAN'S TRANSITION/CONTINUITY OF CARE POLICY?

Transition/continuity of care is an extended period of time members are given when they join or transfer to another plan in order to receive services from out-of-network providers and/or pharmacies, until that specified period ends. For requests involving dates of service on May 1, 2021, and beyond, Peach State Health Plan allows a 90-day transition of care period.

Authorizations already processed by WellCare for any services on or after May 1, 2021, will be moved to Peach State Health Plan and there is no need for the provider or member to request these services again.

This gives members time to establish with a new provider in the network and ensure that they have continuity of care. The member will be encouraged to establish care with a new in network primary care provider/specialist prior to the end of the transition/continuity of care period to review present treatment plan and coordinate the member's medical care.

- To continue care with their current provider after the 90-day transition of care, the provider must agree to work with Peach State Health Plan on the member's care and accept Peach State Health Plan's payment rates. The provider needs to contact Peach State Health Plan to arrange continuing care.
- Peach State Health Plan will honor all existing WellCare authorization approvals that include dates of service beyond April 30, 2021. Beginning **May 1, 2021**, providers can



submit authorization requests to Peach State Health Plan by logging in to the GAMMIS web portal (<https://www.mmis.georgia.gov/>); the Peach State Health Plan Secure Provider Portal (<https://www.pshpgeorgia.com/>); fax or by phone for authorization if services will be provided on or after May 1, 2021. For requests involving dates of service on May 1, 2021, and beyond, Peach State Health Plan allows a 90-day transition of care period. Authorizations already processed by WellCare for any services on or after May 1, 2021, will be moved to Peach State Health Plan, and there is no need for the provider or member to request these services again.

AUTHORIZATIONS

HOW ARE WELLCARE MEDICAID MEMBER PRIOR AUTHORIZATIONS BEING HANDLED AFTER MAY 1, 2021?

Prior authorizations issued by WellCare for dates of service on or after May 1, 2021, will transfer with the member's eligibility to Peach State Health Plan. Peach State Health Plan will honor those authorizations. Because those authorizations will automatically transfer to Peach State Health Plan, it is not necessary to request the authorization again when the member becomes eligible with Peach State Health Plan.

HOW ARE WELLCARE MEDICAID MEMBER INPATIENT ADMISSIONS BEING HANDLED AFTER MAY 1, 2021?

If your patient is currently hospitalized for physical or behavioral health during the transition period with an admission date prior to May 1, 2021, there will be no changes to the hospital stay, the treating provider, or the authorization number.

WILL I NEED TO SUBMIT REQUESTS FOR ONGOING AUTHORIZATIONS (CONCURRENT REVIEW) FOR INPATIENT ADMISSIONS TO PEACH STATE HEALTH PLAN?

- ProgenyHealth will complete concurrent review for infants admitted to NICU prior to May 1, 2021, until discharge.
- Concurrent reviews for members with an admission date prior to May 1, 2021, should be submitted to WellCare.
- Peach State Health plan will complete inpatient reviews for all Medicaid inpatient admissions with an admission date on or after May 1, 2021 - including NICU.

WILL THE AUTHORIZATION REQUIREMENTS CHANGE FOR COMMUNITY BASED BEHAVIORAL HEALTH SERVICES FOR MEMBERS TRANSITIONING TO PEACH STATE HEALTH PLAN?

Peach State Health Plan requires authorization for all community based behavioral health services. Providers can begin requesting prior authorization from Peach State Health Plan on May 1, 2021, via the Department of Community Health Centralized Prior Authorization Portal



(www.mmis.georgia.gov). We encourage you to check the Medicaid Pre-Authorization Check Tool to ensure that you are accessing the most current authorization requirements.

WHEN CAN PROVIDERS BEGIN REQUESTING PRIOR AUTHORIZATION FROM PEACH STATE HEALTH PLAN FOR WELLCARE MEDICAID MEMBERS FOR DATES OF SERVICE ON OR AFTER MAY 1, 2021?

Providers can begin requesting prior authorization from Peach State Health Plan for dates of service on or after May 1, 2021, from Peach State Health Plan on **May 1, 2021**. We encourage you to check the Medicaid Pre-Auth Check Tool (<https://www.pshpgeorgia.com/providers/preauth-check/medicaid-pre-auth.html>) to ensure that you are accessing the most current Peach State Health Plan authorization requirements for dates of service on or after May 1, 2021. If an authorization is needed, you can submit authorization requests to Peach State Health Plan by logging in to the GAMMIS web portal (<https://www.mmis.georgia.gov/>); the Peach State Health Plan Secure Provider Portal (<https://www.pshpgeorgia.com/>); fax or by phone.

Providers can begin requesting prior authorization for pharmacy services from Peach State Health Plan for dates of service on or after May 1, 2021, from Peach State Health Plan. Pharmacy services prior to May 1, 2021, must be requested from WellCare of Georgia.

HOW DO I DETERMINE IF A TREATMENT REQUIRES PRIOR AUTHORIZATION?

For services before May 1, 2021, access the WellCare Authorization Lookup Tool <https://www.wellcare.com/en/Georgia/Providers/Authorization-Lookup>

For services May 1, 2021, and forward access the Medicaid Pre-Authorization Check Tool <https://www.pshpgeorgia.com/providers/preauth-check/medicaid-pre-auth.html>

PHARMACY

WHAT IS THE RX BIN AND GROUP NUMBER FOR WELLCARE MEMBERS TRANSITIONING TO PEACH STATE HEALTH PLAN ON MAY 1, 2021?

- RXBIN: 004336
- RXPCN: MCAIDADV
- RXGROUP: RX5439

CLAIMS/BILLING

WHAT WILL HAPPEN TO UNRESOLVED CLAIMS PRIOR TO THE MEMBERSHIP TRANSFER?

Providers will continue to work directly with WellCare to address any claims for dates of service prior to the membership transfer of May 1, 2021. WellCare claims will be processed according to timely filing provisions in the provider's WellCare Participating Provider Agreement.



WHERE SHOULD I SUBMIT CLAIMS FOR WELLCARE MEDICAID MEMBERS?

For as long as your member has an active WellCare subscriber number, you should continue to submit claims directly to WellCare as you have in the past. Claims for services prior to May 1, 2021, should be filed to WellCare for processing. Claims will be processed according to timely filing provisions in the provider's WellCare Participating Provider Agreement.

For dates of service prior to May 1, 2021:

- Clearinghouse: Change Healthcare
 - Professional Fee-For-Service EDI transactions should be submitted to WellCare of Georgia Medicaid with Payer ID 1844
 - Institutional Fee-For-Service EDI transactions should be submitted to WellCare of Georgia Medicaid with Payer ID 8551.
 - Professional Encounter EDI transactions should be submitted to WellCare of Georgia Medicaid with Payer ID 3211.
 - Institutional Encounter EDI transactions should be submitted to WellCare of Georgia Medicaid with Payer ID 4949.

- All other Clearinghouses
 - Professional and Institutional Fee-For-Service EDI transactions should be submitted to WellCare of Georgia Medicaid with Payer I 14163.
 - Professional and Institutional Encounter EDI transactions should be submitted to WellCare of Georgia Medicaid with Payer ID 59354.

All paper claim submissions can be mailed to:

WellCare Health Plans
Claims Department
P.O. Box 31224
Tampa, FL 33631-3224

Reminder: It is important that providers check eligibility prior to providing services as members can potentially change plans prior to May 1, 2021, if they are in the annual choice period.

WHERE SHOULD I SUBMIT CLAIMS FOR WELLCARE MEDICAID MEMBERS THAT TRANSITION TO PEACH STATE HEALTH PLAN?

Claims for services on or after May 1, 2021, should be filed to Peach State Health Plan for processing. Claims will be processed according to timely filing provisions in the provider's Peach State Health Plan Participating Provider Agreement.



For dates of service on or after May 1, 2021:

- Professional and Institutional Fee-For-Service/Encounter EDI transactions should be submitted to Peach State Health Plan Medicaid with Payer ID 68069 for Emdeon/WebMD/Payerpath or 4272 for Relay Health/McKesson.
- For a full listing of trading partners currently active with our health plan visit:
 - <https://www.pshpgeorgia.com/providers/resources/electronic-transactions.html>

All paper claim submissions can be mailed to:

Medical

Peach State Health Plan
P.O. Box 3030
Farmington, MO 63640-3812

Dental Claims

Involve Dental – GA Claims
P.O Box 22085
Tampa, FL 33622-2085

Vision Claims

Claims Submissions
Vision Claims Department
P.O Box 7548
Rocky Mount, NC 27804

Behavioral Health Claims

Peach State Health Plan
P.O Box 6700
Farmington, MO 63640-3816

Reminder: It is important that providers check eligibility prior to providing services as members can potentially change plans prior to May 1, 2021, if they are in the annual choice period.

HOW DO I DETERMINE IF AN INSTITUTIONAL INPATIENT BILL TYPE SUBMISSION OVERLAPPING MAY 1, 2021 SHOULD BE FILED TO WELLCARE OR PEACH STATE HEALTH PLAN?

Please use the **From Date Institutional Statement Date**. From Date Institutional Statement Dates prior to May 1, 2021, should be filed to WellCare of Georgia. From Date Institutional Statement Dates on or after May 1, 2021, should be filed to Peach State Health Plan.



Examples:

- If Statement Range is April 14, 2021, through May 3, 2021, please send to WellCare.
- If Statement Range is May 2, 2021, through May 10, 2021, please send to Peach State Health Plan.

HOW DO I DETERMINE IF A PROFESSIONAL OR AN OUTPATIENT BILL TYPE INSTITUTIONAL SUBMISSION SHOULD BE FILED TO WELLCARE OR PEACH STATE HEALTH PLAN?

Please use the **Earliest From Date**. Earliest From Dates prior to May 1, 2021, should be filed to WellCare of Georgia. Earliest From Dates on or after May 1, 2021, should be filed to Peach State Health Plan.

Examples:

- If Statement Range is April 14, 2021, through May 3, 2021, please send to WellCare.
- If Statement Range is May 2, 2021, through May 10, 2021, please send to Peach State Health Plan.

HOW DO I BILL A PROFESSIONAL SUBMISSION WITH SERVICES SPANNING BEFORE AND AFTER MAY 1, 2021?

To avoid rejections please split the services into two separate claim submissions. All dates of service prior to May 1, 2021, should be filed to WellCare of Georgia. All dates of service on or after May 1, 2021, should be filed to Peach State Health Plan.

Example of how to properly split claim that span the cutover date of May 1, 2021:

- April 14 - April 30, 2021, please send to WellCare.
- May 1 - May 3, 2021, please send to Peach State Health Plan.

BRANDING/PRODUCT LINES

WILL PEACH STATE HEALTH PLAN CONTINUE TO OFFER MEDICARE AND MARKETPLACE PRODUCTS?

Yes, Peach State Health Plan and WellCare will continue to offer Medicare products under their current brands and product names, until further notice. The Centene Medicare product line names are Allwell from Peach State Health Plan and WellCare Health Plans Inc. Peach State Health Plan will continue to offer Marketplace products under the Ambetter from Peach State Health Plan brand.

WILL PEACH STATE HEALTH PLAN CHANGE ITS NAME TO WELLCARE?

No, Peach State Health Plan will continue to operate under the Peach State Health Plan name.



WILL WELLCARE CONTINUE TO OFFER CURRENT PRODUCTS OR MEDICARE ONLY?

WellCare and Peach State Health Plan Medicare plans will continue to operate under current brands, product names and provider contracts, until further notice.

POLICIES & PROCEDURES

SHOULD MEDICAID PROVIDERS FOLLOW WELLCARE MEDICAID POLICIES AND PROCEDURES OR PEACH STATE HEALTH PLAN MEDICAID POLICIES AND PROCEDURES?

Providers will continue to follow WellCare's Medicaid policies and procedures for services provided to WellCare Medicaid members for dates of service prior to May 1, 2021.

Providers will follow Peach State Health Plan Medicaid policies and procedures for all services, inclusive of medical, behavioral, and pharmaceutical benefits, provided to WellCare Medicaid members transitioning to Peach State Health Plan for dates of service on or after May 1, 2021. At this time, providers are encouraged to visit the [Provider Resources webpage](#) for manuals, forms, clinical policies, payment policies, provider news and resources related to claims submission, eligibility, prior authorization and more.

HOW WILL APPEALS, GRIEVANCES AND PROVIDER COMPLAINTS BE HANDLED?

Please follow the guidelines below to ensure timely processing of appeals, grievances and provider complaints.

Member Appeals (Medical, Behavioral Health, and Pharmacy):

- DOS prior to May 1, 2021: Processed by WellCare.
- DOS May 1, 2021, and after: Processed by Peach State Health Plan.

Member Grievances:

- Date of Occurrence/DOS prior to May 1, 2021: Processed by WellCare.
- Date of Occurrence/DOS May 1, 2021, and after: Processed by Peach State Health Plan.

Provider Complaints - Medical Necessity:

- DOS prior to May 1, 2021: Processed by WellCare.
- DOS May 1, 2021, and after: Processed by Peach State Health Plan.