

# Provider Integration Quick Reference Guide



# Thank You For Being Our Partners In Care

**Peach State Health Plan shares your commitment to your patients. Our health plan is designed to meet their healthcare needs with quality coverage and valuable benefits.**

## ***Tools and Support for You***



This Peach State Health Plan Integration Quick Reference Guide is for healthcare providers, physicians and office staff and provides important and timely integration information to support providing quality healthcare to our members – your patients.

Peach State Health Plan is dedicated to providing you with reliable services and support.

As our partner, we always want you to have access to industry knowledge, resources and programs created to deliver efficiency for your practice, so you can focus on your patients.

We believe that delivering quality care doesn't have to be complicated. So, to make working with us easier, we developed this Integration Quick Reference Guide. It provides you with valuable information regarding changes to processes, important contact information and payment information, to simplify your administrative responsibilities – so you can focus on providing care.

## **Visit [pshp.com](https://pshp.com) to access valuable resources:**



- Provider Quick Reference Guide
- Prior Authorization Quick Reference Guide
- Electronic Funds Transfer (EFT) Features
- Secure Web Portal Offerings
- FAQs

## How to Contact Us

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Contact Provider Services: 1-866-874-0633 • Fax: 1-877-683-3155

Monday through Friday: 7:00am to 7:00pm

1100 Circle 75 Parkway, Suite 1100, Atlanta, GA 30339

### **Contact Peach State Health Plan for assistance with the following services:**

- Answer questions regarding claim status
- Network participation
- Change, update or correct demographic
- Provider education/orientations
- Member enrollment verification
- Marketing materials

### **Providers can visit Peach State Health Plan's Provider Secure Portal at [pshp.com](https://pshp.com) to access the following:**

- Member enrollment
- Submit Claims
- Adjust Claims
- Payment History
- Check Claim Status
- Secure Messaging
- PCP verification
- Multiple Inquiries
- Authorizations
- Claim Reconsideration
- Patient List

### **The following information is available via the unsecure portal at our [pshp.com](https://pshp.com) website:**

- Provider Manual
- Provider Directory
- Resource Information
- Peach State Health Plan News
- Georgia Families (GF)
- Provider Training

### **The following information is available via the Interactive Voice Response (IVR)**

- Multiple Claim Status
- Member Enrollment

## No Wrong Door

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### **No Wrong Door Approach to Getting Information You Need**

Effective May 1, 2021 the call centers will be combined and fully operable and ready to assist you with any questions or operational issues you might encounter.

- Our Provider IVR will have prompts and messaging to route to you to our Customer Service agents based on your date of service.
- Our Customer Service Representatives have been crossed trained to answer all calls but, we routing to historical WellCare agents for services prior to integration to minimizes the number of transfers. Our goal is to ensure you not impacted by our transition and you receive a resolution during your first contact with us.
- Peach State Health Plan Customer Service Representatives will have access to historical WellCare information to answer questions.

WellCare shares two phone numbers for both member and provider calls. WellCare toll-free numbers will remain live and include messaging for 6 months for member and 12-18 months for provider during runout period.

- If a Provider dials *WellCare IVR: 1-866-231-1821, (P4HB) 1-877-379-0020*, you can expect:
  - » To be offered prompts for support based on the date of service (DOS)
    - For assistance with services prior to 5/1/2021:
      - Your call will be routed to the WellCare Provider IVR menu options (runout activity)
    - » For assistance with services on or after 5/1/2021,
      - Your call will be routed to PSHP IVR menu options.

## Patient Care Tools

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### **Patient Care Tools: Patient & Provider Analytics**

Patient & Provider Analytics is a health informatics platform that provides you with timely, actionable quality and cost information to support patient care and optimize your performance in your pay-for-performance model.

#### **How Do I Access Provider Analytics?**

Clicking on the Provider Analytics link on the [Provider Portal](#) will take you to a landing page where you can select either the Quality tab to get Care Gap information, Cost Utilization/Services information and the Value-based Contracting tabs for scorecards.

[Log in today](#) and explore Provider Analytics to discover how it can benefit your practice! Contact your Provider Network Specialist with questions.

## **Contracting: CVO Credentialing Requirements**

Georgia Department of Community Health (DCH) requires all Medicaid providers seeking to enroll in the Peach State Health Plan Provider Network or any other CMO network be credentialed by the Centralized Credentialing Verification Organization (CVO). Therefore, it will also be necessary for providers to submit an online credentialing application to the CVO prior to your acceptance into our Provider Network.

For further information regarding the new CVO credentialing process, please visit the DCH provider portal: [mmis.georgia.gov](http://mmis.georgia.gov) or contact DXC Technology Provider Call Center at 1-800-766-4456.

**Notice:** In order to maintain a current provider profile, providers are required to notify Peach State Health Plan of any relevant changes to their credentialing file in a timely manner.

Any non-par providers who are interested in contracting with Peach State Health Plan:

- Visit [PSHP.com](http://PSHP.com)
- Click on the “For Providers” and then “Become a Provider”
- Complete the form and submit
- A contracting representative will contact you or
- Contact Customer Service 866-874-0633

## **Claim Submission**

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### ***Paper and EDI:***

Peach State Health Plan encourages its providers to file claims electronically to the plan. Listed below are instructions for submitting electronic and hard copy claims.

#### **Electronic Filing Contact:**

Peach State Health Plan  
C/O Centene EDI Department  
1-800-225-2573, Extension 6075525  
Or by email at: [EDIBA@centene.com](mailto:EDIBA@centene.com)

#### **Envolve Dental**

P O Box 22085  
Tampa, FL 33622-2085  
1-844-464-5632  
[dental.envolvehealth.com](http://dental.envolvehealth.com)

#### **Submit Paper Claims to:**

Peach State Health Plan  
P.O. Box 3030  
Farmington, MO, 63640-3812  
Attn: Claim Department

#### **Envolve Vision**

P.O. Box 7548  
Rocky Mount, NC 27804 1-866-458-2139  
[visionbenefits.envolvehealth.com](http://visionbenefits.envolvehealth.com)

#### **Paper Claims for Behavioral Health:**

Behavioral Health Peach State Health Plan  
P.O. Box 7200 Farmington, MO 63640  
Attn: BH Claims Department

## **Payspan - Electronic Funds Transfer**

Peach State Health Plan offers Payspan, a free solution that helps providers transition into electronic payments and automatic reconciliation. Visit [Payspanhealth.com](https://payspanhealth.com) and click Register. You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification.

### **Clearinghouse Vendors**

- Availity/THIN
- Medical – 68069
- Envolve PeopleCare – 68068
- CPSI – 97245

### **Emdeon/WebMD/Envoy**

- Medical – 68069
- Envolve PeopleCare – 68068

### **McKesson/HBOC**

- Professional – 2417
- Institutional – 1921
- Envolve PeopleCare – 68050

### **MedAvant/ProxyMed**

- Medical – 68069
- Envolve PeopleCare – 68050

### **PayerPath**

- Medical – 97245
- Envolve PeopleCare
- SSI Group – 97245
- Gateway EDI/Trizetto Solutions, Inc. – 68096
- Practice Insight – 68069
- Claim Remedi – 68069
- Allscript/Payerpath – 68069

## **Claim Submission**

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The following information listed below will assist you with changes affecting current Georgia Medicaid members' 2021 EDI Claims Submissions, Member Eligibility, Claims Status Inquires, Appeals, Adjustments and Customer Service information.

**Please Note:** We would like to help your billing department get your electronic claim submissions processed as efficiently as possible. For the fastest, most accurate processing, EDI is the preferred method. For more information regarding EDI Claims Submissions or Paper Submissions, please visit either <https://www.wellcare.com/Georgia/WellCare-and-Peach-State/> or <https://www.pshpgeorgia.com/alltogethernow/all-together-now-providers.html>

We ask all providers to review the below date of service guidance and update your system accordingly to submit to the correct payer. This will be the quickest and most efficient way to submit all (837P) and (837I) claim submissions.

<b>For Dates of Service Prior to 5/1/2021 WellCare Claims Should be Sent to:</b>	
EDI/Clearinghouse:	Payer ID 14163
Provider Secure Portal:	<a href="https://provider.wellcare.com/">https://provider.wellcare.com/</a>
Mail/Paper Claim Submissions	WellCare Health Plans Attn: Claims Department P. O. Box 31224 Tampa, FL 33631-3224
Medicaid & Peachcare for Kids	1-866-231-1821
Planning for Healthy Babies	1-877-379-0202

<b>For Dates of Service On or After 5/1/2021 Peach State Health Plan Claims Should be Sent to:</b>	
EDI/Clearinghouse:	Payer ID 68069
Provider Secure Portal:	<a href="https://provider.pshpgeorgia.com">https://provider.pshpgeorgia.com</a>
Mail/Paper Claim Submissions	Peach State Health Plan P.O. Box 3030 Farmington, MO 63640-3812
Behavioral Health	Peach State Health Plan Behavioral Health Claims P.O. Box 6700 Farmington, MO 63640-3816
Customer Service	1-866-874-0633

## Claim Submission

We're here to help and support our provider partners. If you have further questions or need help, please visit the WellCare or Peach State Health Plan website at the address below. From there, find the correct toll-free number for your line of business.

<b>Date of Service</b>	<b>Health Plan Web Address</b>
Before 05/01/2021	WellCare of Georgia, Inc. <a href="https://wellcare.com">wellcare.com</a>
On or after 05/01/2021	Peach State Health Plan <a href="https://pshpgeorgia.com">pshpgeorgia.com</a>

## Other provider service inquiries

For eligibility/benefit information, claim status or other claims-related dispute questions you may have, please choose the appropriate provider service number below. If you have any questions about this message, please contact the EDI Department at the email below.

Date of Service	Provider Service Phone Number/Questions via Email
Before 05/01/2021	WellCare of Georgia, Inc. 1-866-231-1821 <a href="mailto:EDI-Master@wellcare.com">EDI-Master@wellcare.com</a>
On or after 05/01/2021	Peach State Health Plan 1-866-874-0633 <a href="mailto:EDIBA@centene.com">EDIBA@centene.com</a>

## Claim Adjustments & Appeals

For Dates of Service Prior to 5/1/2021 WellCare Adjustments and Appeals Should be Sent to:	
Disputes:	WellCare Health Plans Attn: Georgia Claims Payment Disputes P.O. Box 31370 Tampa, FL 33631-3370
Web Portal:	<a href="https://provider.wellcare.com/">https://provider.wellcare.com/</a>
Appeals:	WellCare Health Plans Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368
Fax	1-866-201-0657

For Dates of Service on 5/1/2021 or After, Peach State Health Plan Medicaid Reconsiderations/ Adjustments and Appeals Should be Submitted to:	
Reconsideration/Adjustments:	Peach State Health Plan P.O. Box 3030 Farmington, MO 63640  Peach State Health Plan Behavioral Health Claims P.O. Box 6700 Farmington, MO 63640-3816
Web Portal:	<a href="https://provider.pshpgeorgia.com">https://provider.pshpgeorgia.com</a>



Appeals:	Peach State Health Plan P.O. Box 3000 Farmington, MO 63640  Behavioral Health Appeals Peach State Health Plan Attn: Provider Appeals P.O. Box 6000 Farmington, MO 63640-3809
All Peach State Health Plan Provider Manual requirements apply	

## Prior Authorization | Case Management



Contact Case Management team: 1-800-504-8573 • [pshpgeorgia.com](http://pshpgeorgia.com)

Monday through Friday: 8:00am to 5:30pm

### Notification of Pregnancy

Submit notifications of expected members within 30 days of the first prenatal visit at: [mmis.georgia.gov](http://mmis.georgia.gov).

### Hospital Notification of Healthy Newborns Only

Please submit newborn delivery notifications on the Department of Community Health Centralized Prior Authorization Portal ([mmis.georgia.gov](http://mmis.georgia.gov)). Hospitals are not required to Fax or call into the plan information regarding the delivery when the patient is initially admitted for delivery. The following information is required once the delivery is complete in order to review the claim for reimbursement approval:

- Member Name and Medicaid Number (mother)
- Newborn Name and Medicaid Number  
(Note: In the event, a name has not been selected for the Newborn at the time of discharge, please submit with the Newborn's gender: Baby Boy or Baby Girl and Last Name, ex. Baby Boy Smith)
- If multiple births, please submit birth order (ex. 1st - Baby Boy Smith, 2nd - Baby Girl Smith)
- Facility Name, Physician Name
- Admit date, delivery date, type of delivery
- Gender, weight and Apgar score of the Newborn, and Gestational age of the newborn

## **Hospital Notification of NICU/Sick Baby (Admissions Only)**

Newborns that are not discharged home with the mother (admitted to NICU, Special Care Nursery, etc.) require admission notification by the next business day following the admission.

## **Hospital Notification of Observations**

Outpatient observation stays will not require notification (participating facilities). Outpatient observation stays over 24 hours will require retrospective medical record review for payment consideration.

## **Labor Check**

Labor Checks do not require notification or prior authorization but OB observations are applicable to notification of observation rule.

## **Care Coordination Information**

### **Coordination of Transition Services**

- Peach State Health Plan's Care Coordination team will coordinate existing care to prevent any gaps and ensure continuous services.

### **Assessment and New Care Plan Development**

- For new and existing members with ongoing services, our Care Managers will complete a comprehensive assessment and develop a new care plan.

## **Prior Authorization | Utilization Management**

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Contact Utilization Management team: 1-800-704-1484 • Fax: 1-866-532-8834

Monday through Friday: 8:00am to 5:30pm

Urgent Requests and Admission Notifications should call 1-800-704-1484 and follow prompts.

Utilize GAMMIS Centralized Web Portal to request outpatient authorizations and urgent services. Please include CPT and ICD-10 codes, place of service codes and clinical records with your authorization request.

For authorization requirements for the following services, please contact the vendors listed below.

- Hitech imaging such as: CT, MRI , PET and all other imaging services: National Imaging Association (NIA)
- Chemotherapy and Radiation Cancer treatments: New Century Health, or by phone at 1-888-999-7713, option 1.
- Dental: Envolve Dental 1-844-464-5632
- Vision: Envolve Vision 1-800-531-2818 (Routine vision checks, glasses and contacts)

- For authorizations related to home health and home infusion, Fax 1-866-532-8834 or call 1-800-704-1483 Peach State Health Plan.
  - » For hospital based authorizations related to behavioral health Inpatient, Residential, Partial Hospitalization: Inpatient: Fax 1-844-263-1379.
  - » Or Secure Provider Portal at [provider.pshpgeorgia.com](http://provider.pshpgeorgia.com). Prior authorization forms can be found online: [pshpgeorgia.com/providers/resources/behavioral-health.html](http://pshpgeorgia.com/providers/resources/behavioral-health.html)
  - » For authorization requirements visit the preauthorization check tool at: <https://pshpgeorgia.com/providers/preauth-check.html>

### ***Integration Prior Authorizations Information***

- For WellCare Prior Authorizations
  - » Approved WellCare prior authorizations will be honored by Peach State Health Plan through the service completion date whether with Non-Par Providers.
  - » Prior Authorizations for a Date of service (DOS) prior to 5/1/21 – claims paid by WellCare
  - » Prior Authorizations for a Date of service (DOS) 5/1/21 and after – claims paid by Peach State Health Plan
  - » Prior Authorization with Date of service (DOS) that span across 5/1/21 – claims paid by WellCare for services prior to 5/1/21 and claims paid by PSHP for DOS 5/1/21 and forward.
    - Members with Special Circumstances (ex. pregnancy, chemotherapy, dialysis....) Ongoing covered services will be authorized for members with Special Health Care Needs (SHCN) for 90 days or until the member may be reasonably transferred without disruption.
  - » Members may continue to receive services from their OB-GYN who provides service at a non-par hospital.
    - There will be no changes to their delivering hospital
    - Once admitted to the hospital and deliver, the hospital will need to send a notification with information to PSHP about the member’s delivery
      - Please submit newborn delivery notifications on the Department of Community Health Centralized Prior Authorization Portal ([mmis.georgia.gov](http://mmis.georgia.gov)). Provider will be provided the authorization number for the delivery.

## Prior Authorization | Utilization Management

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### ■ For WellCare Inpatient Admissions

If your patient is hospitalized during the transition period there will be no changes to the hospital stay or the treating provider.

- » Current inpatient stay with Date of service (DOS) that span across to 5/1/21
  - Inpatient/Facility Claims (from admission to discharge): Paid by WellCare
  - Professional Fee Claims: Paid based on DOS
    - Claims paid by WellCare for services prior to 5/1/21 and claims paid by PSHP for DOS 5/1/21 and forward for professional fees only

### ***Continuity of Care***

#### ■ Authorization and Continuation of Services

- » Authorize existing services for a new member receiving at the time of enrollment, regardless of their provider's network status for the duration of the approved treatment.
- » Ongoing covered services will be authorized for members with Special Health Care Needs (SHCN) for 90 days or until the member may be reasonably transferred without disruption.
- » Authorize existing prescriptions for maintenance medications for at least 60 days.

### ***Continuity of Care Program***

- » Peach State Health Plan's Continuity of Care (CoC) is a Risk Adjustment bonus program for our Providers to complete Appointment Agendas.
- » This is a claims based program. Members need to be assessed during the program year by their PCP along with a claim submitted to support the provider's assessment.
- » Appointment Agendas serve as a valuable tool that provides offices with both insight into historical diagnosis data (submitted on their patients), as well as clinical services (that research has shown beneficial to member health) for providers to use to assist in assessing their members to ensure all member conditions are assessed at least once per year.
- » Providers earn bonus payments for proactively coordinating preventive medicine and thoroughly assessing all of their patients current conditions in an effort to improve health and provide appropriate clinical quality of care.

## Pharmacy

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### Involve Pharmacy Solutions

- Involve Pharmacy Solutions (for oral and topical drugs): 1-800-460-8988 • Fax: 1-866-399-0929
- Peach State Health Plan Pharmacy (for specialty injectable drugs) 1-800-514-0083, Opt. 2 • Fax: 1-866-374-1579

### A Pharmacy Authorization is required for the following:

- Drugs not listed on the Preferred Drug List
- Some PDL drugs which have quantity limits, age limits, or noted PA requirement
- Duplication of drug therapy
- Dosing that exceeds the FDA daily or monthly quantity maximum
- Most self-injectable and infusion drugs
- Brand name request when a generic exists
- Drug that has a step edit and the first line therapy is inappropriate

### *Integration Pharmacy Information*

We are committed to ensuring all our members have the best products available to manage their health. A prospective review of services will be performed to help identify members taking medications not on the current Peach State Health Plan Preferred Drug List (PDL).

### Transition of Care for Non-PDL Medications

#### **Before 05/01/2021**

- Members and providers will be notified if they are taking a Non-PDL medication.

#### **On or after 05/01/2021**

- New members will receive a one-time 60-day transition fill.
- Members and Providers receive a letter notifying them of the transition fill.

## Dental and Vision

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For authorizations and customer service related to services provided by contracted networks, please contact the following:

- Dental: Involve Dental 1-844-464-5632 • [dental.envolvehealth.com](http://dental.envolvehealth.com)
- Vision: Involve Vision 1-866-458-2139 • [visionhealth.envolvehealth.com](http://visionhealth.envolvehealth.com)  
(Routine vision checks, glasses and contacts)

## Helpful Member Information

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Contact Member Services: 1-800-704-1484 • TDD/TYY 1-800-659-7487 • Fax: 1-800-659-7518  
Monday through Friday: 7:00am to 7:00pm

### **Member Services is available to answer questions regarding the following:**

- Benefits explanation
- Enrollment verification
- ID card replacement
- PCP changes

### **Schedule Interpreter/Translation Services**

Peach State Health Plan is committed to ensuring all staff and subcontractors can effectively communicate with our members.

#### **Interpreter Services:**

- Georgia Relay: 1-800-255-0056
- Voice: 1-800-255-0135
- Spanish: 1-888-202-3972

### **Non-Emergency Medical Transportation Services**

**PeachCare for Kids members:** To arrange a ride for a PeachCare for Kids member in any of the six regions, please call Southeastrans at 1-800-657-9965.

### **Medicaid members in the following regions, should call:**

- Atlanta Region - Southeastrans: 404-209-4000
- Central Region - ModivCare: 1-866-224-7981
- Southwest Region - ModivCare: 1-888-224-7985
- North Region- Southeastrans: 1-866-388-3844
- Southeast/East Region - ModivCare: 1-888-224-7988