



Provider Report™

Have You Checked Our Website Lately?

The Peach State website is frequently updated with helpful information. To review these resources, visit pshp.com. Below are recent postings to Peach State's website.

PROVIDER RESOURCES	LOCATION ON WEBSITE
Cultural Competency Strategic Plan	Provider Resources Page
Prior Authorization Form* [Revised 10/2008]	Provider Forms Page
Coordination of Benefits Process	Provider News and Events Section
Provider Watch— Lead Poisoning 12/2008	Provider News and Events Section

Should you have questions or desire additional information, visit our website at pshp.com or contact our Provider Solutions department toll-free at 1-866-874-0633.

CARE FOR PREGNANT MEMBERS

Peach State and its providers have a goal to help our pregnant members have a successful pregnancy and birth. Our providers do this by ensuring members are seen in the first 14 days of either enrollment or a request for an appointment is made. This facilitates our goals of identifying high-risk conditions early, educating members about prenatal and postpartum care and reducing pregnancy complications. In addition, providers can refer OB cases to our OB management program by completing the New Notification form (see the Forms section on pshp.com). Fax the completed form to 1-866-681-5125. This allows us to provide outreach and encourage members to make and keep follow-up appointments. By working together, we promote positive birth outcomes and cost-effective care for our pregnant members.



Perinatal Depression Update

You may be receiving a letter from Cenpatco Behavioral Health (CBH) alerting you to the fact that one of your pregnant members shows signs of depression. As part of the Start Smart program, members receive information that includes a depression screening tool. CBH scores according to the Edinburgh Scale, an evidence-based depression scale specifically designed for pregnant women, so the symptoms of pregnancy are not confused with the symptoms of depression. If the member screens positively, the CBH Care Manager reaches out to the member. We bring you, the primary care provider, into the loop at that time in case the member has not shared her feelings with you. It is our goal to assist members who are experiencing depression by getting them the services they need. If we can be of further assistance, please call us at 1-800-947-0633.

2 A Move Toward Cultural Competency

3 Explanation of Benefit Forms Decoded

4 How We Reconsider Claims and Appeals

Practicing Sensitivity and Awareness

We're fostering cultural competency throughout our system of care.

Peach State is committed to establishing multicultural principles and practices on an organization-wide basis as it works toward the critical goal of developing a culturally competent service system. Our providers play a critical role in this process by understanding what cultural competence is and ensuring that their practices and facilities are culturally competent.

Cultural competence is the promotion of quality services to underserved racial/ethnic groups through the valuing of differences and integration of cultural attitudes, beliefs and practices into diagnostic and treatment methods, and throughout the system to support the delivery of culturally relevant and competent care. It is also the development and continued promotion of skills and practices important in clinical practice, cross-cultural interactions and systems practices among providers and staff to ensure that services are delivered in a culturally competent manner.

Peach State's Cultural Competency Plan (CCP) will ensure that members receive care that is delivered in a culturally and linguistically sensitive manner. The CCP is comprehensive and incorporates all members, providers and Peach State staff. Peach State recognizes that respecting the diversity of our members has a significant and positive effect on outcomes of care. Peach State has adopted the culturally and linguistically appropri-



ate services (CLAS) standards as developed by the Department of Health and Human Services, Office of Minority Health, as our official guidelines for providing culturally sensitive services.

Peach State has three main goals:

- Ensure that services are provided in a culturally competent manner to all members, including those with limited English proficiency.
- Providers, Peach State employees and systems will effectively provide services to people of all cultures, races, ethnic backgrounds and religions in a manner that recognizes values, affirms and respects the worth of individual members and protects and preserves the dignity of each.
- Peach State will assess the effectiveness of the CCP, including, but not limited to, the following measures:

Member Satisfaction Survey, Provider Survey and the Access and Availability Audit Process. Peach State will track and trend any issues identified in the evaluation and implement interventions to improve the provision of services.

Providers can ensure that their practices and facilities are culturally competent by providing healthcare to Peach State's diverse member population in a respectful manner that responds to the members' cultural health practices and beliefs as well as to their cultural and linguistic needs in order to achieve positive, healthy outcomes.

If your practice or facility would like additional information regarding Peach State's Cultural Competency Strategic Plan, please contact Provider Services at 1-866-874-0633.

Explanation of Payment Tutorial

When claims reach the Peach State system, they are adjudicated and will either pay, deny or pend. Once the claims are finalized, a statement is sent to the provider advising the claim disposition or outcome of the submitted claims. The statement or remittance created is known as an Explanation of Payment (EOP). Claims are processed twice a week and will generate respective EOPs. In the remittance, valuable claim information is provided, such as:

Run Date—The date the EOP was created. This is used for timeliness.

Health Plan Information—Plan name, address and contact number.

Provider or Group Information—The provider's address, Amisys ID (internal use only), tax ID, NPI and the servicing provider's first and last name.

Member Information—The member's first and last name, 12-digit Medicaid ID number and account number.

Control Number—Identification number assigned to every claim, also known as a claim number. Valuable information is contained within the control number; please see the example below:

Example Control Number:
H012GA012345:

“H”—First digit is an alpha character; H is the 8th letter of the alphabet and is used to represent the year 2008.

“012”—The following three digits, i.e., 012 is the Julian date or day of the year. In this example it represents January 12.

“GA”—Next is GA, which represents the state or plan in which the claim originated.

“0” or “E”—The seventh digit can be either a zero (0) or the letter E. The zero (0) signifies that the claim was sent in paper and the E signifies the claim was sent electronically.

“12345”—The last five digits are sequentially assigned when the claim arrives at the claims department.

The claim is then broken down by line item:

- **Service Date**—Date of service.
- **Diag#/Drug#**—The diagnosis number or drug number.
- **Proc#**—Procedure code billed.
- **Mod**—Modifier.
- **Days/Cnt**—Number of days or unit count.
- **Charged**—Amount billed.
- **Allowed**—Medicaid allowed amount.
- **Deduct/Copay**—Deductible or copay amounts.
- **Disallow/Discount**—Write-off amount.
- **Interest**—Interest paid on claim, if applicable.
- **Med Allow/Med Paid**—Medical allowed amount or medical paid amount.
- **TPP**—Third Party or liability amount.
- **Denied**—Amount denied at line level.
- **ANSI Codes**—Exception code that posted at the line level.
- **Payment**—Amount paid at the line level, if applicable.



At the end of the claim listing, a detailed description of the ANSI codes is shown. This section is titled Explanation Code Description and gives further detail as to how the claim was processed. It is important to note that not all exceptions are set to deny. After the claims listing and exception codes, the dollar amount for the entire EOP is displayed. Any claims that are not processed on the EOP appear last. The EOP states “The following claims do not appear in the EOP.” These claims have reached the claims system but did not make the processing cutoff for the current claims run. Please reference subsequent EOPs for the claims disposition.

About Our Claim Reconsideration and Appeals Process



Peach State's Reconsideration and Appeals Process consists of three levels:

- Claims Adjustment
- Claims Appeal
- Administrative Law Hearing or Binding Arbitration

Providers may resubmit a claim to correct a simple billing error or to request an adjustment, if you believe the payment made by the plan is incorrect. In order to be considered for payment, these claims must be received within six (6) months from the month in which the service was rendered or within three (3) months of the month of payment on the EOP, whichever is later. A provider adjustment form must be completed for all resubmission requests along with the supporting documentation.

If you are not satisfied with the result of your claim adjustment request, you may submit a written appeal within 30 days of the decision. You will receive acknowledgement of your written appeal within 10 days of receipt. Appeals received after the thirty (30) day time frame will not be considered for reason of failure to appeal within the time frame. A decision will be rendered within thirty (30) days of receipt of the appeal, and you will receive notification of the decision via

the EOP notice or written correspondence.

If you are still not satisfied with the decision of the committee, you have the option of choosing an administrative law hearing or binding arbitration. The request for hearing shall be filed no later than 15 business days after the provider receives the decision of the plan.

Requests received after this time frame will not be considered. You must exhaust all of the plan's internal provider complaint processes prior to requesting an administrative law hearing. All arbitration costs will be equally shared by the plan and the provider.

For dates of service after July 1, 2008, requests for claims adjustments and claims appeals that involve like or similar issues may be batched together using the forms located on our website at pshp.com. Additional information on the appeals process can be found on the Peach State website in the Provider News and Events section.

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Attention Providers
Remember to submit encounters and claims forms. EPSDT encounters and claims are due 180 days after services are rendered. Submit all claims and EPSDT encounters to: Peach State, P.O. Box 3030, Farmington, MO 63640.

Choices for a Healthy Life



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www.pshp.com



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