

<p>Website: pshp.com</p>	<p>Provider Complaints</p>
<p>Utilize the Peach State Health Plan website to find:</p> <ul style="list-style-type: none"> ■ Training resources ■ Provider manuals ■ Provider news ■ Provider forms ■ Fraud, waste and abuse reporting 	<p>Providers may consolidate complaints of multiple claims that involve the same or similar payment or coverage issues, regardless of the number of individual patients or payment claims included in the bundled complaint. Provider complaints must be submitted in writing within thirty (30) Calendar Days of receipt of Adverse Benefit Determination, Explanation of Payment or administrative function to the Peach State Health Plan Provider Complaint Coordinator at the address below:</p> <p>Peach State Health Plan 1100 Circle 75 Pkwy, Suite 1100, Atlanta, GA 30339 Attn: Provider Complaint Coordinator</p> <p>An acknowledgement letter will be sent within ten (10) business days of receipt of the complaint. If the initial determination is upheld, the provider will be notified in writing within thirty (30) calendar days of Peach State Health Plan’s receipt of the complaint.</p>
<p>Secure Provider Portal: provider.pshpgeorgia.com</p>	<p>Claims Submission and Claims Payment</p>
<p>Through the secure provider portal you can:</p> <ul style="list-style-type: none"> ■ Check member eligibility ■ Submit and manage claims ■ Submit and view prior authorizations ■ Review and download payment history ■ View member gaps in care ■ Secure message Peach State Health Plan ■ Manage multiple accounts 	<p>Paper claims should be mailed to: Peach State Health Plan, P.O. Box 7200 Farmington, MO 63640</p> <p>Paper claims must be submitted on the CMS standardized claim forms, using a CMS-1500 or CMS-1450/UB-04 claim form.</p> <p>Electronic claims can be submitted through the following:</p> <ul style="list-style-type: none"> ■ Secure Provider Portal – provider.pshpgeorgia.com ■ Via trading partners listed here: pshpgeorgia.com/providers/resources/electronic-transactions.html <p>Claims must be received by Peach State Health Plan within six (6) months from the date the service was provided in order to be considered for payment.</p> <p>Claim Appeals and Corrected Claims Paper claim appeals should be mailed to: Peach State Health Plan, P.O. Box 7200 Farmington, MO 63640</p> <p>Electronic claim appeals may be submitted through the Secure Provider Portal provider.pshpgeorgia.com</p> <p>Must be received by Peach State Health Plan within six (6) months from the date the claim was finalized for reconsideration.</p>
<p>Provider Relations – Account Management</p>	
<p>Each provider is assigned a Peach State Health Plan representative to provide training and education, assist with questions and changing provider needs, as well as perform periodic onsite visits to the provider’s office. Access the following link to view the territory list:</p> <ul style="list-style-type: none"> ■ https://www.pshpgeorgia.com/content/dam/centene/peachstate/providers/PDFs/PSHP-GA-Service-Ops-Territory-List.pdf ■ https://www.pshpgeorgia.com/content/dam/centene/peachstate/providers/PDFs/PSHP-GA-Provider-Performance-Territory-List.pdf 	

Claim Payment	Claim Status
<ul style="list-style-type: none"> ■ Providers can receive paper or electronic payments and remittance. ■ Peach State Health Plan and PaySpan are in partnership to provide an innovative web based solution for Electronic Funds Transfers (EFT's) and Electronic Remittance Advices (ERA's). Visit payspanhealth.com and click Register to set up your account. 	<p>Providers can obtain status of a claim through the Secure Provider Portal – provider.pshpgeorgia.com. For questions about a claim, providers call also call Provider Relations at 1-866-874-0633</p>
	Provider Contracting
	<p>Providers can learn about participating in the Peach State Health Plan network by visiting pshpgeorgia.com/providers/become-a-provider and completing a Provider Contract Request Form.</p>

Prior Authorizations
<p>Prior Authorization requests may be submitted by the following channels:</p> <ol style="list-style-type: none"> 1. DCH Centralized Prior Authorization Portal (mmis.georgia.gov) Outpatient Behavioral Health services are submitted through the DCH Centralized Prior Authorization Portal (applicable to service types that are active on the DCH Centralized Prior Authorization Portal) 2. Secure Provider Portal at provider.pshpgeorgia.com 3. Fax numbers: <ul style="list-style-type: none"> ■ Medicaid Inpatient: 1-844-263-1379 ■ Medicaid Outpatient: 1-844-870-5064 ■ Allwell (Medicare) Inpatient: 1-844-872-0176 ■ Allwell (Medicare) Outpatient: 1-844-733-8482 ■ Ambetter Inpatient: 1-844-561-7857 ■ Ambetter Outpatient: 1-844-256-1291

Covered Behavioral Health Services	Authorization Requirement	Associated Forms
Psychological Testing and Neuropsychological Testing	Required	Psychological Testing
Inpatient Admissions (including Detox)	Required	
ECT - Inpatient/Outpatient	Required	Electroconvulsive Therapy
Outpatient facility services (PHP/IOP/ Day Treatment)	Required	Intensive Outpatient / Day Treatment Form
Residential Treatment	Required	
Autism Services	Required	
Cognitive Rehabilitation Therapy	Required	
BHOP Therapy	Authorization required after 12 visits	
All Non-Participating Providers	Required	Outpatient Treatment Request Form

Prior authorization forms can be found online: pshpgeorgia.com/providers/resources/behavioral-health.html

Retrospective Authorizations	Pharmacy
<p>Retrospective or postservice review is an initial review of services that have been performed. For untimely requests for authorizations, providers and facilities are advised to submit the claim for processing. The claim will be denied for “services not authorized” at which time the provider may initiate the appeal process. A decision is made within thirty (30) calendar days of receipt of the request.</p> <p>The historical retro authorizations prior to 4/1 would need to be sent to the following location:</p> <p>Grievance and Appeals 12515-8 Research Blvd, Suite 400 Austin, TX 78759 Fax: 1-866-714-7991</p> <p>For all dates of service after 4/1, please send to the following location:</p> <p>Grievance and Appeals P.O. Box 6000 Farmington, MO 63640</p>	<p>Pharmacy Benefit Manager: Envolve Pharmacy Solutions Bin number: 008019 PCN: MCAIDADV Group ID: RX5439</p> <p>Prior Authorization Requests: 1-866-399-0928; Fax: 1-866-399-0929</p> <ul style="list-style-type: none"> Envolve Pharmacy Solutions is the Pharmacy Benefit Manager who reviews all retail pharmacy medication requests. To submit an online request for medications review, go to https://pharmacy.envolve-health.com Specialty Pharmacy and Provider Administered medication requests are reviewed at the health plan Pharmacy Department: 1-800-514-0083, option 2 Fax: 1-866-374-1579 or website: pshpgeorgia.com/providers/pharmacy.html <p>Pharmacy Appeals:</p> <ul style="list-style-type: none"> Requests for Reconsideration or for Peer-to-Peer discussions: Additional discussion can be requested by calling the reviewer or department listed on the denial notice. Standard or Expedited Appeal: Initial request may be made orally by calling 1-800-704-1484 or Fax: 1-866-532-8855 If your patient is receiving the service(s) and request an appeal, you may also ask that the service(s) continue during the course of the review.

How to Contact Us

Provider Relations	
Peach State Health Plan (Medicaid)	1-866-874-0633
Ambetter	1-877-687-1180
Allwell (HMO)	1-844-890-2326
Allwell (HMO SNP)	1-877-725-7748
Member Services	
Peach State Health Plan (Medicaid)	1-800-704-1484 (TTY/TDD 1-800-255-0056)
Ambetter	1-877-687-1180
Allwell (HMO)	1-844-890-2326
Allwell (HMO SNP)	1-877-725-7748
Nurse Advice Line	1-800-704-1484