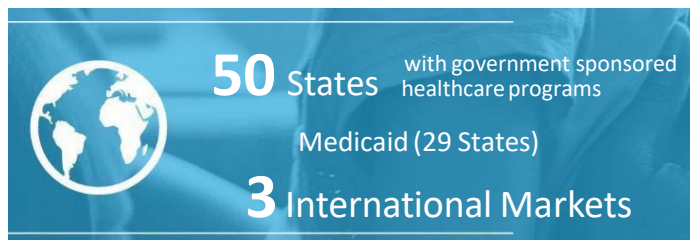# Information Hour

June 16, 2022

AGENDA

- Health Plan Overview
- Provider Communication
- Member Information Updates
- ED Reduction
- HEDIS
- 2022 P4P Incentive Program
- 2022 CoC Program
- CAHPS
- Appointment Access
- Clinical & Payment Policies
- Planning for Healthy Babies
- New Provider Orientations

668 Local Employees
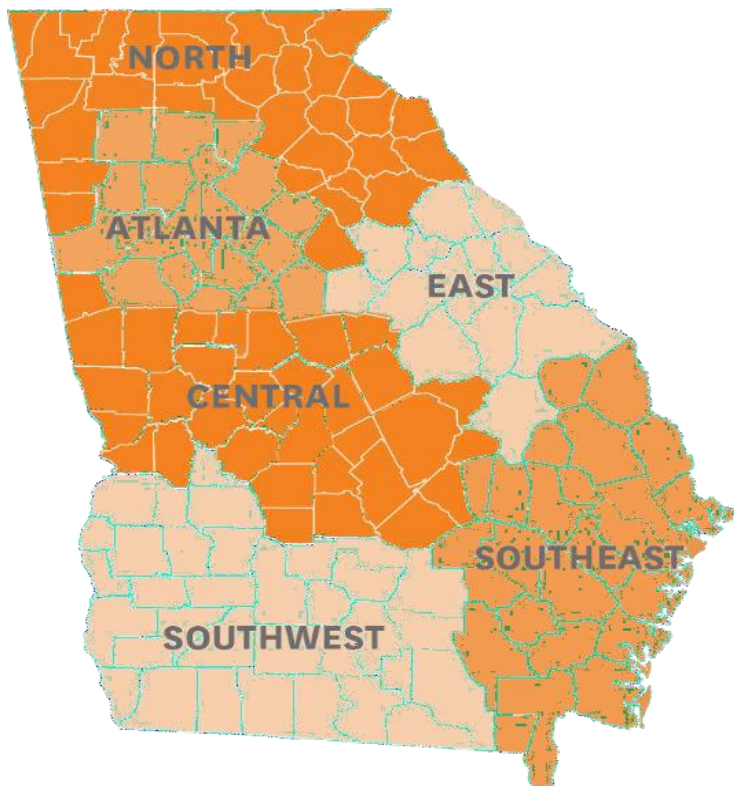
Care Management Organization (CMO) since **2006**

Subsidiary of **CENTENE®** *Corporation*

1,004,466 Medicaid Members

50 States with government sponsored healthcare programs

Medicaid (29 States)

3 International Markets

Provider Communications

- Provider Email Blast

    - Using Web Portal Registrations

- Website Postings

    - What's New Section

    - Annual Provider Newsletters

    - Quarterly Provider Reports

- Provider Meetings

- Resuming In Person Visits

- Territory List - Provider Relations Territory List (pshpgeorgia.com)

Member Information Updates

PSHP CSRs are able to update the following member information:

- Mailing addresses
- Telephone numbers
- E-mail addresses

Please note: Any demographic information changes that are made by member services are subject to be overwritten by data transmitted via the 834 enrollment file.

Member Data Change Form
For Member Contact Information & PCP Change Requests

Part 1: Member Information Please provide the member's information:

* = required field

(Last Name)* (First Name)* (Middle Initial)

(Member Medicaid ID Number)* (Member Date of Birth)

(Current Street Address) (City) (Zip Code)

(Contact Phone Number)*

Part 2: PCP Change Request
Please provide PCP information: (only complete if member would like to change PCPs)
* = required field

(Requested PCP Full Name)* (PCP Provider ID)*

(Office Address)* (City) (Zip Code)

(Office Phone)*

Reason for Change from Assigned PCP:
- ☐ Already a patient with requested PCP
- ☐ Requested PCP already sees family member
- ☐ Assigned PCP is too far
- ☐ Other_____
- ☐ Office wait time is too long for assigned PCP
- ☐ Appointment wait time is too long for assigned PCP
- ☐ Assigned PCP does not accept age

(Signature of Member or Responsible Party) (Date)

(Print Name of Responsible Party if Different from Member)

Birth Parent? ☐ Yes or ☐ No If "No", the name of the "Responsible Party" must match exactly what Peach State has on file for "Responsible Party" or change cannot be processed.

Directions: Please fax Member Data Change forms, with a copy of the member ID card, if available, to Peach State Member Services Department at 1-800-659-7518. If you have questions about how to complete this form please call the Member Services Department at 1-800-704-1484.

PSHP_040018_0055

ED Reduction

- Steerage to Urgent Care Centers
- Educational flyers
- ED Case Management- the Emergency Department (ED) Case Management Program
- Educate members on the use of health benefits
- The program consists of 3 components:
  - Nursewise Outreach Program
  - POM Outreach
  - ED Care Manager Outreach

HEDIS Spotlight #1

Well Child Visit (WCV) – Child and Adolescent Well-Care Visits, Ages 3 -21 years of old - The number of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Required components of a comprehensive well-child visit include:
- a health history
- a physical developmental history
- a mental developmental history
- a physical exam
- health education/anticipatory guidance

| CPT	HCPCS	CID-10-CM
99382-99385, 99392-99395 With HIPAA Modifier: EP	G0438, G0439, S0302	Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2

HEDIS Spotlight #2

Diabetes Care Suite: formerly CDC - The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had each of the following:

- Hemoglobin A1c Control for Patients with Diabetes (HBD)
  - ➢ HbA1c control (<8.0%)
  - ➢ HbA1 poor control (>9.0%)

- Eye Exam for Patients with Diabetes (EED)
  - ➢ Retinal Eye Exam
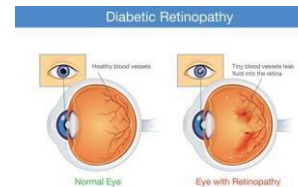
- Blood Pressure Control for Patients with Diabetes (BPD)
  - ➢ BP adequately controlled (<140/90)

HEDIS Spotlight #2 Continued

Hemoglobin A1c Control for Patients with Diabetes (HBD)

Description	CPT – CAT II Codes
7%: Most recent HbA1c level less than 7.0% (DM)	3044F
9.0%: Most recent HbA1c greater than 9.0% (DM)	3046F
Most recent HbA1c level greater than or equal to 7.0% and less than or equal to 8.0% (DM)	3051F
Most recent HbA1c level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	3052F

How to Improve HEDIS Scores

HbA1c Tests:

▪Schedule lab testing before office visits to review results and adjust treatment plans if needed

▪Document medical record the date when the HbA1c test was performed and the results or findings

Eye Exam for Patients with Diabetes (EED)

Description	CPT – CAT II Codes
Automated Eye Exam	92229
Measure Year: Eye Exam with Evidence of Retinopathy	2022F, 2024F, 2026F
Measure Year: Eye Exam without Evidence of Retinopathy	2023F, 2025F, 2033F
Diabetic Retinal Screening Negative in Prior Year: Must be a Negative result to be compliant and the reported date should be the date the provider reviewed the patient's eye exam from the prior year	3072F

Helpful Documentation Tips
▪ Documentation in the medical record must include a dilated or retinal exam was performed
▪ Ensure in the progress notes the date of service, the test or result and the provider credentials are documented
▪ The provider must be an optometrist or ophthalmologist to meet compliancy

How to Improve HEDIS Scores
▪ Educate patients on the risks associated with diabetic eye disease
▪ Encourage patients to schedule their annual preventive retinal exams with an eyecare professional

Blood Pressure Control for Patients with Diabetes (BPD)

Description	CPT – CAT II Codes
Systolic Blood Pressure less than 130 mm Hg	3074F
Systolic Blood Pressure 130-139 mm Hg	3075F
Systolic Blood Pressure greater than or equal to 140 mm Hg	3077F
Diastolic Blood Pressure less than 80 mm H	3078F
Diastolic Blood Pressure 80-89 mm Hg	3079F
Diastolic Blood Pressure greater than or equal to 90 mm Hg	3080F
Remote Blood Pressure Monitoring	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

Helpful Documentation Tips:
▪ Document BP on the patient's medical record
▪ Do not round BP values up. If using an automated machine, record exact values
▪Documentation of the last blood pressure reading during the measurement year will be used to calculate compliance.

How to Improve HEDIS Scores
▪ Select appropriately sized BP cuff, and place cuff on bare arm
▪ Allow the patient to rest for at least 5 minutes before taking the BP
▪Retake the BP if it is high at the office visit (140/90 mm Hg or greater). Document and record the lowest systolic and diastolic reading in the same day
▪Review patient's hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed

Additional Settings for BP Readings
▪NCQA has made changes to its HEDIS measures. Telephone visits, e-visits and virtual check-ins are now acceptable settings for BP readings

2022 P4P Incentive Program

Objective

Enhance quality of care through a focus on preventive and screening services which align with Company goals while promoting engagement with our members.

Abb.	Measures	Payout	Target 1 50%	Target 2 75%	Target 3 100%
WCV	WELL CARE VST MY - TOTAL	$100	53.3%	54.7%	58.9%
CCS	CERVICAL CANCER MY - TOTAL	$25	56.5%	64.3%	70.5%
BPD	COMP DIAB N MCR MY - NON-MCR BP<140/90	$200	56.8%	65.8%	73.7%
HBD	COMP DIAB N MCR MY - NON-MCR A1C<8	$200	44.6%	52.1%	57.7%
CBP	CONT BP NON-MCR MY - TOTAL	$100	54.8%	62.6%	69.3%
CIS	CHILDHOOD IMM MY - COMBO 10	$100	35.8%	44.8%	56.2%
IMA	IMMS ADOLESCENT MY - COMBO 2	$50	36.0%	44.3%	53.1%
W30 1-15	WELL CHILD 30 MY - WELL CHILD VISITS IN THE FIRST 15 MONTHS	$50	69.9%	76.9%	85.3%
BCS	BREAST CANCER MY - NON-MCR TOTAL	$50	53.7%	59.2%	66.3%
AMM	ANTIDEPRESS RX MY - CONTINUATION PHASE	$50	41.0%	45.5%	55.0%
SAA	ADH MED SCHIZ MY - NON-MCR 80% COVERAGE	$25	61.8%	70.1%	75.5%
EED	COMP DIAB N MCR MY - NON-MCR EYE EXAM	$50	49.5%	58.5%	65.5%
SSD	DIAB SCRN SCHIZ MY - DIABETES SCREENING	$50	77.4%	81.4%	85.0%
APM	METABOL ANTIPSY MY - GLUCOSE AND CHOL COMBINED - ALL AGES	$25	28.5%	37.4%	47.1%
SPC - RATE 1	STATIN CARDIO MY - NON-MCR STATIN THERAPY TOTAL	$25	81.2%	84.4%	88.1%
SPC - RATE 2	STATIN CARDIO MY - NON-MCR ADHERENCE TOTAL	$25	70.8%	77.5%	83.8%
SPD - RATE 1	STATIN DIABETES MY - NON-MCR STATIN THERAPY	$25	66.0%	71.1%	74.7%
SPD - RATE 2	STATIN DIABETES MY - NON-MCR STATIN ADHERENCE	$25	67.5%	74.5%	82.5%
APP	USE PSYCH CARE MY - TOTAL	$25	60.2%	69.4%	78.8%
W30 15-30	WELL CHILD 30 MY - WELL CHILD VISITS FOR AGE15-30 MONTHS	$50	69.9%	76.9%	85.3%

2022 CoC Program

APPOINTMENT AGENDA

A guide to help providers review gaps in an eligible member's care during an office visit. This document contains care gaps and health conditions derived from reviewing the member's historical claims data and identifying chronic conditions for which data indicates documentation and care are required.

EFFECTIVE DATE

Program starts Feb. 2022, for dates of service Jan. 1, 2022 through Dec. 31, 2022.

Instructions

The measurement period is Jan. 1, 2022 - Dec. 31, 2022.

SCHEDULE AND CONDUCT AN EXAM with the eligible member(s) using the Appointment Agenda as a guide, assessing the validity of each condition on the Appointment Agenda.

LOG ON TO THE CoC DASHBOARD through the Secure Provider Portal, complete the check boxes, and submit the claims.

- You can also print the Appointment Agenda from the dashboard. Sign, date, and submit the completed Appointment Agenda.
- Fax completed forms to **1-813-464-8879** or securely email to **agenda@centene.com**.

SUBMIT A CLAIM / ENCOUNTER containing the correct ICD-10, CPT, CPT II, or NDC codes. Upon receipt of the completed documentation, our Health Plan will verify diagnoses where submitted and documented appropriately.

2022 CoC Program Continued

The 2022 Continuity of Care Appointment Agendas are now located in the Peach State Web Portal

Percent of appointment agendas completed	Bonus amount paid per appointment agenda
<50%	$100
≥50% TO <80%	$200
≥80%	$300

2022 CoC Program Continued

2022 CoC Appointment Agenda Early Submitter Bonus

Early Submitter Bonus for Ambetter & Medicare ONLY:
As a thank you for providing an early start for Wellcare Medicare and Ambetter enrollees, we are offering an additional $50 for completing valid office or telehealth visits. Submissions must show a Date of Service prior to June 30, 2022, and an Appointment Agenda dated no later than July 31, 2022, with active diagnoses verified on the claim.

CAHPS

Appropriate patient care is essential to the overall health of the ones you serve. Peach State Health Plan is dedicated to partnering with you to help maximize opportunities to improve patient care and patient satisfaction, for the benefit of you, the physician and the patient.

Provider to Patient Discussion Topics

- **Health Promotion Discussion**
    - Complete and document any health assessment on patient
    - Discuss the risks and benefits of aspirin to prevent heart attack or stroke

- **Medication Discussion**
    - Document all prescription medication patient is taking
    - Discuss the benefits and risks of taking a medicine

- **Access to Care Discussion**
    - Determine why patient perceives difficulty in getting timely care, if necessary
    - Assist in coordination of non-emergency transportation, if necessary

Appointment Access

Provider Type	Waiting Time
PCPs - Routine/Regular visit (Adult and Pediatric)	Not to exceed fourteen (14) calendar days
PCPs - Sick/Urgent (Adult)	Not to exceed twenty-four (24) clock hours
PCPs - Sick/Urgent (Pediatric)	Not to exceed twenty-four (24) clock hours
PCPs – Initial Pediatric health/screening check	Not to exceed ninety (90) calendar days of eligibility or within twenty-four (24) hours of birth (in the hospital) for all newborns

Appointment Access Continued

Provider Type	Waiting Time
OB (Maternity care) – • Pregnant Women - Initial visit • First Trimester • Second Trimester • Third Trimester	•Not to exceed fourteen (14) calendar days from enrollment • Not to exceed fourteen (14) calendar days • Not to exceed seven (7) calendar days • Not to exceed three (3) business days
Specialists	Not to exceed thirty (30) calendar days
Mental Health Providers •Care is available for a non-life threatening appointment •Urgent care appointment available for a patient • Initial visit for routine care • Follow-up Routine Care	• Within six (6) hours • Within forty-eight (48) hours • Within ten (10) business days • Within ten (10) business days

Clinical & Payment Policies

Clinical Policies

Clinical policies are one set of guidelines used to assist in administering health plan benefits, either by prior authorization or payment rules. Clinical policies help identify whether services are medically necessary based on information found in generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by the policy; and other available clinical information.

https://www.pshpgeorgia.com/providers/resources/clinical-payment- policies.html

CLINICAL POLICIES ⊖

POLICY TITLE	POLICY NUMBER	EFFECTIVE DATE
25-Hydroxyvitamin D Testing in Children and Adolescents (PDF)	CP.MP.157	December 29, 2017
Acupuncture (PDF)	CP.MP.92	December 31, 2013
ADHD Assessment and Treatment (PDF)	CP.MP.124	December 31, 2013
Air Ambulance (PDF)	CP.MP.175	April 30, 2019
Allergy Testing and Therapy (PDF)	CP.MP.100	August 31, 2016
Allogeneic Hematopoietic Cell Transplants for Sickle Cell (PDF)	CP.MP.108	March 31, 2016
Ambulatory EEG (PDF)	CP.MP.96	September 30, 2015
Ambulatory Surgery Center Optimization (PDF)	CP.MP.158	February 16, 2018
Antithrombin III (Thrombate III, Atryn) (PDF)	CP.MP.179	October 31, 2020

Clinical & Payment Policies

Payment Policies

Health care claims payment policies are guidelines used to assist in administering payment rules based on generally accepted principles of correct coding. They are used to help identify whether health care services are correctly coded for reimbursement. Each payment rule is sourced by a generally accepted coding principle.

https://www.pshpgeorgia.com/providers/resources/clinical-payment-policies.html

MEDICAID PAYMENT POLICIES ⊖

POLICY TITLE	POLICY NUMBER	EFFECTIVE DATE
3 Day Payment Window (PDF)	CC.PP.500	July 1, 2014
30 Day Readmission (PDF)	CC.PP.501	January 1, 2015
Add On Policy (PDF)	CC.PP.030	January 1, 2013
Assistant Surgeon (PDF)	CC.PP.029	January 1, 2014
Bilateral Procedures (PDF)	CC.PP.037	January 1, 2014
Cerumen Removal Policy (PDF)	CC.PP.008	January 1, 2014
Clean Claims Policy (PDF)	CC.PP.021	January 1, 2013
Clinical Validation of Modifier 25 (PDF)	CC.PP.013	January 1, 2013
Clinical Validation of Modifier 59 (PDF)	CC.PP.014	January 1, 2013
Code Editing Overview (PDF)	CC.PP.011	January 1, 2013
Cosmetic Procedures (PDF)	CC.PP.024	January 1, 2014

Planning for Health Babies

The Planning for Healthy Babies Program is a family planning demonstration waiver program offering family planning and family planning related services to eligible women in Georgia. There are three components that women who qualify for the waiver are eligible to participate in:

- Family Planning Only - covers family planning and family planning related services only for eligible participants for the duration of the waiver.
- Interpregnancy Care (IPC) - covers family planning and additional services for women who have delivered a very low birth weight (VLBW) baby.
- Resource Mother Outreach - offers a specially trained case manager to any women in other Medicaid plans who have delivered a VLBW baby.
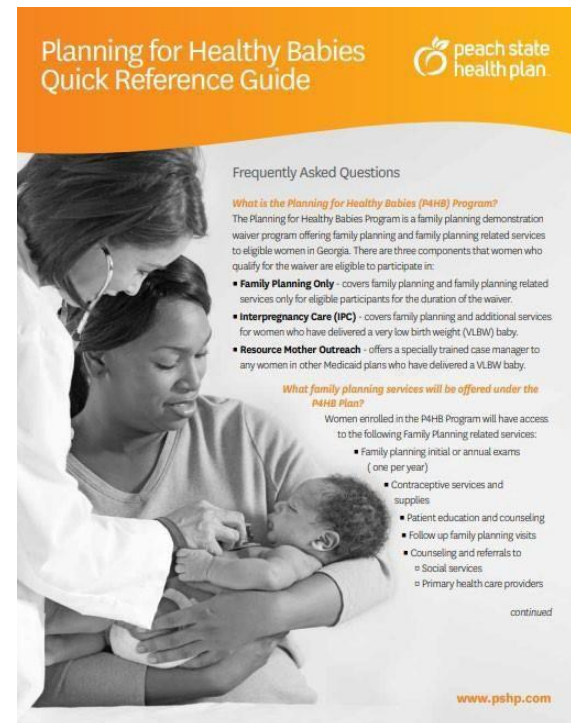
Planning for Health Babies Continued

How do members apply for the P4HB program?

▪ Applications can be completed on the new Georgia Gateway Customer Portal at https://gateway.ga.gov

▪ Applicants can apply by printing the application from
https://dch.georgia.gov/planning-healthy-babies and faxing or mailing in the information

▪ **They can also obtain applications at their local**:
▫ Public Health Departments
▫ Department of Family and Children Services (DFCS)
▫ Federally Qualified Health Center

Completed applications and required documents Should be:
faxed to: 912-632-0389 or mailed to:
RSM Group
426 West 12th Street
Alma, GA 31510

How do I get more information?

▪ www.dch.georgia.gov/p4hb
▪ www.planning4healthybabies.org
▪ 1-877-427-3224
▪ Local Public Health departments
▪ Department of Family and Children Services (DFCS)

New Provider Orientation

New Provider Orientation Presentation's can now be found on the Peach State Health Plan website at https://www.pshpgeorgia.com/providers/resources/provider-training/new-provider-orientation-training.html
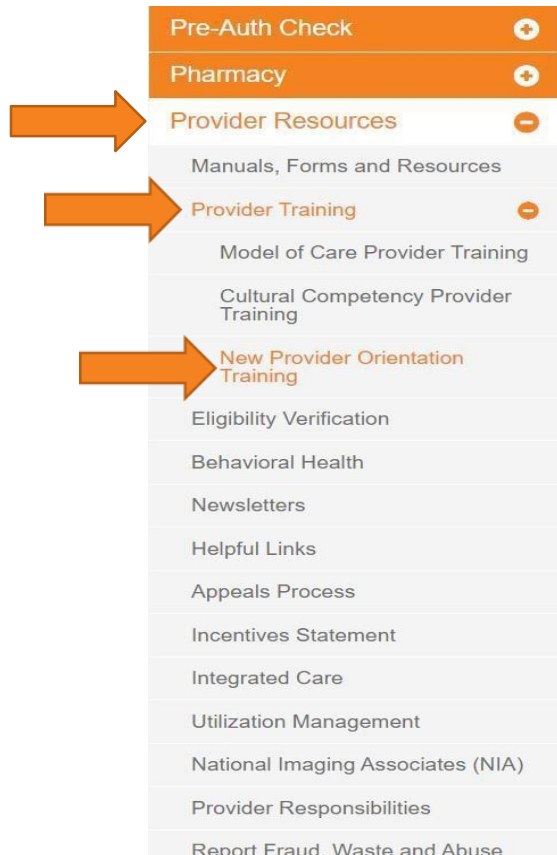
If you have any questions, please contact your Provider Representative at 1-866-874-0633.

2022 New Provider Orientation Presentation (PDF)

Pre-Auth Check	⊕
Pharmacy	⊕
Provider Resources	⊖
Manuals, Forms and Resources	
Provider Training	⊖
Model of Care Provider Training	
Cultural Competency Provider Training	
New Provider Orientation Training	
Eligibility Verification	
Behavioral Health	
Newsletters	
Helpful Links	
Appeals Process	
Incentives Statement	
Integrated Care	
Utilization Management	
National Imaging Associates (NIA)	
Provider Responsibilities	
Report Fraud. Waste and Abuse	

New Provider Orientation Training Confirmation

Provider Group *

Provider TIN(s) *

Please provide any additional TINs that should be represented on this form.

TIN 2

TIN 3

TIN 4

TIN 5

Phone *

Email *

Form Completed By *

Title *

Date *

Training Confirmation*

☐ The 2022 New Provider Orientation training has been completed by the Provider Group above.

[Submit]

Questions