

Secure Provider Portal

Electronic Funds Transfer

Prior Authorization Guide

Quick Reference Guide

Simplify Office Administrative Tasks

Keep our Quick Reference Guide nearby to make pre-visit planning and post-visit tasks quick and easy.



Website: www.pshp.com

- Patient care forms
- Provider Manual
- Prior-Auth Needed tool
- Preferred Drug List
- Peach State Health Plan News
- Member resources

Secure Provider Portal: provider.pshpgeorgia.com

- Verify member eligibility
- Manage prior authorizations
- Access patient health records
- Submit and manage claims
- View patient gaps
- And more!

Member Eligibility

Check member eligibility

Patient Care Gaps

Find recommended

Prior Authorization

Use the Prior-Auth Needed

Claims

Timely Filing guidelines:

Appointment Availability



Planning for Healthy Babies Quick Reference Guide



Frequently Asked Questions

What is the Planning for Healthy Babies (P4HB) Program?

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.

What family planning services will be offered under the P4HB Plan?

Women enrolled in the P4HB Program will have access to the following Family Planning related services:

Simplify Office Administrative Tasks



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Member Eligibility

Check member eligibility mmis.georgia.gov.

- Secure Web Portal
- Provider Services phone

Patient Care Gaps

Find recommended services that a member has not completed.

1. Visit the Secure Provider Portal to select Interpretation (or any other system care gaps)
2. Review patient information for any gaps in care.
3. Plan to address care gaps during future appointments.

Prior Authorization

Use the Prior-Auth Needed tool on our website to determine if prior authorization is required.

Submit some service types via the Centralized Prior Authorization Portal at: mmis.georgia.gov.

- Pharmacy, Dental, Vision and Radiology are processed by third party vendors
- Fax: 1-866-532-8834

Behavioral Health

Fax Numbers:

- BH OP: 844-870-5064
- BH IP: 844-263-1379

Claims

Timely Filing guidelines: 6 months from date of service.

Claims can be submitted via the Secure Portal.

A list of clearinghouses can be found on the Electronic Transactions section of our website.

Mail paper claims to:
P. O. Box 3030,
Farmington, MO 63640

Pre-Visit Planning Checklist

- ✓ Verify member eligibility at mmis.georgia.gov.
- ✓ Check for patient care gaps and address them during upcoming office visit.
- ✓ Use Pre-Auth Needed tool to determine if prior authorization is needed before appointment.
- ✓ All authorization requests must include the supporting medical necessity documentation.



How to Secure Prior Authorization

Prior-Auth Check Tool

Use the Pre Auth-Needed Tool on our website to quickly determine if a service or procedure requires prior authorization. Visit: www.pshp.com.

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Submit Prior Authorization

The service types below must be entered using the Centralized Prior Authorization Portal:

- Outpatient Community Based & ABA services (Exception Psychological testing)
- Newborn delivery notification
- Pregnancy notification
- Inpatient hospital admissions and outpatient hospital or ambulatory surgical center procedures
- Hospital outpatient therapy (includes ambulatory surgical centers)
- In-state transplants
- Durable Medical Equipment
- Children's Intervention Services
- Exclusions: Pharmacy, Psychological Testing, Dental, Vision and Radiology are processed by third party vendors



Visit the portal at:
www.mmis.georgia.gov



Fax
1-866-532-8834



Phone
1-866-874-0633



Behavioral Health Fax numbers
BH OP: 844-870-5064
BH IP: 844-263-1379

Please note:

- All out-of-network services require prior authorization except emergency care, out-of-area urgent care, and out-of-area dialysis.
- Failure to complete the required authorization or certification may result in a denied claim.

Payspan: A Faster, Easier Way to Get Paid



Peach State Health Plan offers Payspan, a free solution that helps providers transition into electronic payments and automatic reconciliation.



Improve cash flow

by getting payments faster



Settle claims electronically

through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs)



Maintain control over bank accounts

by routing EFTs to the bank account(s) of your choice



Match payments to advices quickly

and easily re-associate payments with claims



Manage multiple payers,

including any payers that are using Payspan to settle claims



Eliminate re-keying of remittance data

by choosing how you want to receive remittance details



Create custom reports

including ACH summary reports, monthly summary reports, and payment reports sorted by date

SET UP YOUR
**PAYSPAN
ACCOUNT**
.....TODAY.....

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 Number (EIN).

Secure Provider Portal



Manage patient administrative tasks quickly and easily.



Visibility of Multiple TINs

One point of entry allows for quick and easy access to Peach State Health Plan member information for multiple TINs/practices.



Access Daily Patient Lists from One Screen

One concise view allows primary care providers to scan patient lists for Peach State Health Plan member eligibility, care gaps, and much more.



Manage Batch Claims for Free

Submit and manage claims, including batch files, for free. View payment history. Electronic Funds Transfer (EFT) data is available through Pay Span Health.



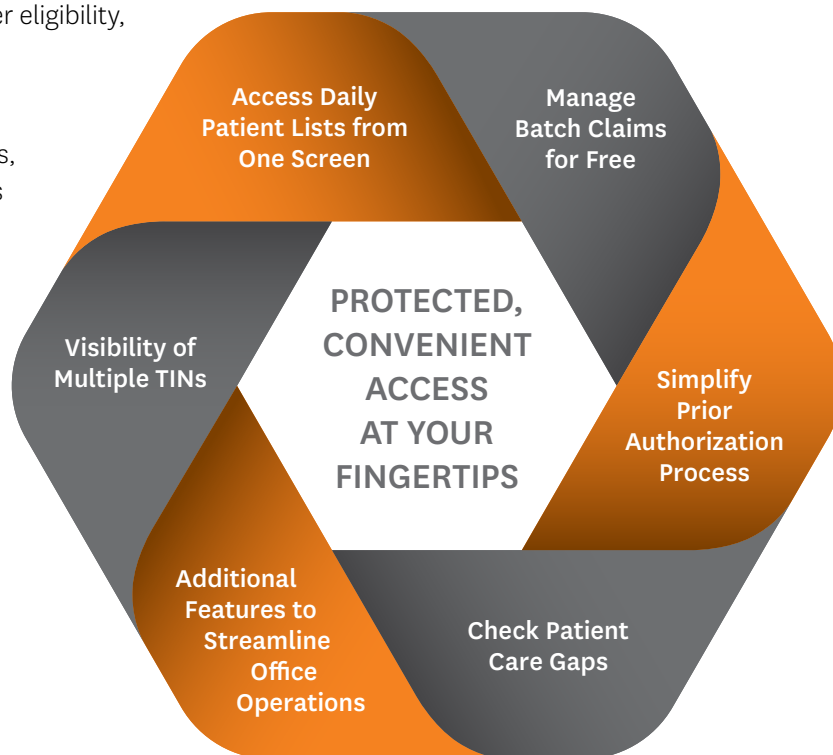
Simplify Prior Authorization Process

Some service types can be submitted through the Centralized Prior Authorization Portal at: mmis.georgia.gov.



Additional Features to Streamline Office Operations:

- View patient demographics & history
- Secure messaging between provider and Peach State Health Plan
- Update provider demographics



QUESTIONS?

Contact Peach
State Health Plan at
1-866-874-0633

Get Started Now!

Visit provider.pshpgeorgia.com and click Create an Account.
Have your tax ID number ready during sign up.

Peach State Health Plan will monitor appointment and after-hours availability on an on-going basis through its Quality Improvement Program.

Waiting Time	Provider Type
Not to exceed fourteen (14) calendar days	PCPs - Routine/Regular visit (Adult and Pediatric)
Not to exceed twenty-four (24) clock hours	PCPs - Sick/Urgent (Adult)
Not to exceed twenty-four (24) clock hours	PCPs - Sick/Urgent (Pediatric)
Not to exceed 90 calendar days of eligibility or withintwenty-four (24) hours of birth (in the hospital) for allnewborns	PCPs – Initial Pediatric health/screening check
<ul style="list-style-type: none"> 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 	OB (Maternity care) <ul style="list-style-type: none"> Pregnant Women - Initial visit First Trimester Second Trimester Third Trimester
Not to exceed 30 calendar days	Specialists
Not to exceed thirty (30) calendar days	Therapy: Physical, Occupational, Speech, and AquaticTherapists and Aquatic Therapists
Not to exceed thirty (30) calendar days	Vision
Not to exceed twenty-one (21) calendar days	Dental Providers Routine visit-(Delegated Vendor)
Not to exceed forty-eight (48) clock hours	Dental Providers-Urgent visit-(Delegated Vendor)
Thirty (30) calendar days	Elective Hospitalizations
Fourteen (14) calendar days	Mental Health (Delegated Vendor) provider
Not to exceed 24 clock hours	Urgent Care provider
Immediately (twenty-four (24) clock hours a day/ seven (7)days a week) without prior authorization	Emergency provider
Not to exceed 30 calendar days	High Volume specialist: Ob/ Gyn (excludes Ob/ Maternitycare visit requirement)
Not to exceed 30 calendar days	High Impact specialist: Oncology

The participating physician shall provide adequate capacity for initial visits for pregnant women within fourteen (14) calendar days and visits for EPSDT eligible children within ninety (90) calendar days of the members' enrollment in Peach State Health Plan.

MAXIMUM OFFICE WAIT TIME STANDARD

Scheduled Appointments Waiting times shall not exceed 60 minutes. After 30 minutes, patient must be given an update on waiting time with an option of waiting or rescheduling appointment.	Walk-In Appointments Waiting time shall not exceed 90 minutes. After 45 minutes, patient must be given an update on waiting time with an option of waiting or rescheduling appointment.
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PROVIDER RESPONSE TIME FOR AFTER HOUR CALLS

- Urgent Calls: Shall not exceed 20 minutes.
- Other Calls: Shall not exceed one hour.

TELEPHONE ARRANGEMENTS

Providers are required to develop and use telephone protocol for all of the following situations:

- Answering the members telephone inquiries on a timely basis.
- Prioritizing appointments.
- Scheduling a series of appointments and follow-up appointments as needed by a member.
- Identifying and rescheduling broken and no-show appointments.
- Identifying special member needs while scheduling an appointment (e.g., wheelchair and interpretive linguistic needs, or for non-compliant individuals or those people with cognitive impairments).
- Response time for telephone call-back waiting times: same day for non-symptomatic concerns; crisis situations within fifteen (15) minutes.
- Scheduling continuous availability and accessibility of professional, allied, and supportive personnel to provide covered services within normal working hours; Protocols shall be in place to provide coverage in the event of a provider's absence.
- After-hour calls should be documented in a written format in either an after-hour call log or some other method, and then transferred to the member's medical record.
- An Auto Attendant/Answering system that advises the member that urgent calls will be returned within 20 minutes and all other calls will be returned within one hour and the option to page the physician; or
- A live attendant/Advice nurse and/or answering service that advises the member that urgent calls will be returned within 20 minutes and all other calls will be returned within one hour and the option to page the physician.

Note: If after-hour urgent care or emergent care is needed, the PCP or his/her designee should contact the urgent care center or emergency department in order to notify the facility. Notification is not required prior to member receiving urgent or emergent care.

Peach State Health Plan will monitor appointment and after-hours availability on an on-going basis through its Quality Improvement Program.

Planning for Healthy Babies Quick Reference Guide



Frequently Asked Questions

What is the Planning for Healthy Babies (P4HB) Program?

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:

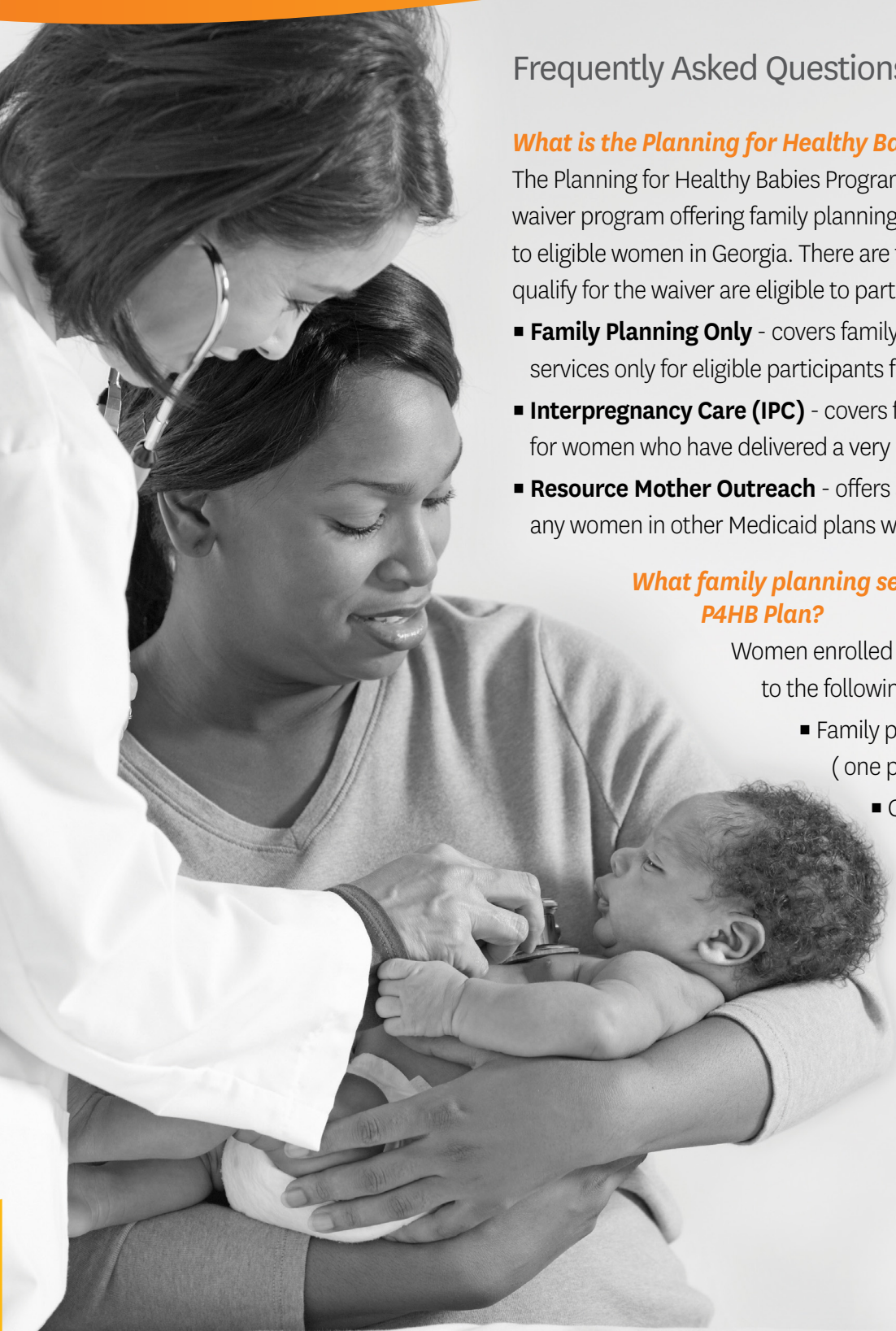
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- **Resource Mother Outreach** - offers a specially trained case manager to any women in other Medicaid plans who have delivered a VLBW baby.

What family planning services will be offered under the P4HB Plan?

Women enrolled in the P4HB Program will have access to the following Family Planning related services:

- Family planning initial or annual exams (one per year)
- Contraceptive services and supplies
- Patient education and counseling
- Follow up family planning visits
- Counseling and referrals to
 - Social services
 - Primary health care providers

continued



- Family planning lab tests:
 - Pregnancy tests
 - Pap Smear
- Screening, treatment and follow up for STD(s), except HIV/AIDS and Hepatitis B
 - Treatment is available for infections identified during the routine family planning visit
- Tubal Ligation (Sterilization)
- Drugs, supplies, or devices related to family planning services
- Multi-vitamins with Folic Acid/Folic Acid Supplements
- Hepatitis B and Tetanus-Diphtheria vaccines.

Who is eligible for these services?

Participants in the P4HB program must:

- Be a US citizen or person with qualified proof of citizenship
- Be a woman between the ages of 18 and 44
- Be a Georgia resident
- Not be eligible for any other Medicaid program or managed care program
- Meet family gross income requirements of no more than 211% of the federal poverty level (FPL)
- Be losing Medicaid pregnancy care coverage and at the conclusion of 60 days postpartum are not otherwise eligible for Medicaid or the Children's Health Insurance Program (CHIP).
- Meet the above requirements and have delivered a VLBW baby (less than 1,500 grams) on or after January 1, 2011. These women qualify for the IPC and Resource Mother Outreach programs.

Where do I refer women for primary care services who are enrolled in the Family Planning component of the waiver?

The Georgia Primary Care maintains a list of providers who are available to provide primary care services to the Family Planning Only P4HB Participants. A list is available to facilitate referrals for primary care for waiver participants. Women enrolled in the Interpregnancy Care component of the P4HB Program will have an in-network provider for all primary care services.

What is the role of the Primary Care Provider (PCP) to women enrolled in the IPC component of the waiver?

The PCP is responsible for supervising, coordinating, and providing all primary care to each assigned IPC Demonstration Participant. In addition, the PCP is responsible for:

- Coordinating and/or initiating referrals for non-covered paid or provided specialty care
- Maintaining continuity of each IPC P4HB Participant's health care and maintaining the IPC P4HB Participant's Medical Record, which includes documentation of all services provided by the PCP as well as any specialty services.

Are hospitalizations covered?

Peach State Health Plan has a comprehensive Provider network of hospitals that are available and accessible for Demonstration related service and benefit delivery to all P4HB Participants.

Will the providers receive training on the P4HB program?

Peach State Health Plan will provide ongoing training to all providers of family planning and family planning related services. The training will provide information regarding the requirements of the P4HB Program and will ensure compliance with the Program.



How do I know if a woman is eligible for the program?

Web portal verification is available via the Peach State Health Plan website. Each P4HB Participant will have a Category of Eligibility (COE) that will identify which component of the waiver they are currently enrolled in.

- Participants with COE 181 are eligible for family planning only benefits.
- Participants with COE 180 will be eligible for the Inter-pregnancy Care benefits, which include Resource Mother Outreach.
- Participants with COE 182 or 183 will be eligible for Resource Mother Outreach. These participants will also have a second COE and membership card. Those with COE 182 will also have Low Income Medicaid benefits, and those with COE 183 will have SSI benefits.

How long are women eligible for the P4HB Program?

Women enrolled in the Family Planning Only component of the P4HB program will be eligible to receive benefits through the demonstration period which began on January 1, 2011. Eligibility is re-determined on an annual basis. Women enrolled in the IPC and Resource Mother components are eligible for up to 24 months.

How does a member become ineligible for the P4HB Program?

Women become ineligible for the P4HB Program when they:

- Become pregnant
- Receive a sterilization procedure and complete all necessary follow-up
- Move out of the state
- Change income status
- Become unable to become pregnant
- Aged out

These women will be disenrolled from the P4HB Program and will no longer be eligible to receive services. Women who participate in the IPC and Resource Mother components will be disenrolled after 24 months of participation.

What is a Resource Mother?

The Resource Mother is a paraprofessional employed or contracted by Peach State Health Plan to assist nurse case managers in providing support to the IPC P4HB Participants as well as to mothers in other Medicaid programs who have delivered a VLBW baby. They will provide telephonic and home visits and will assist nurse case managers to achieve the following goals:

- Increased adoption of health behaviors such as healthy eating choices and smoking cessation
- Support compliance with primary care medical appointments, including assisting with arranging nonemergency medical transportation
- Assist mothers of VLBW babies to obtain regular preventive health visits and appropriate immunizations for their child
- Support mothers compliance with medications to treat chronic health conditions
- Assist with coordination of social services support
- Assist with linking mothers to community resources such as the Special Supplemental Nutrition Program for Women, Infants, and Children.

continued

How much do I get paid for the services?

Participating providers will be paid their contractual rate by Peach State Health Plan.

How do I bill for P4HB services?

Billing for these services is the same as the current billing procedures for Medicaid and Peach Care for Kids Members.

How are Behavioral Health and Dental Services billed?

Billing for these services is the same as the current billing procedures for Medicaid and Peach Care for Kids members.

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)



For more information about our programs and services contact:

1-866-874-0633

pshp.com