



## Path to 4 STAR and our Provider Commitment

In an effort being recognized as a 4 STAR NCQA rated health plan, Peach State Health Plan recognizes that Provider Engagement is key to this success. To understand how we can be a better partner to you, as you service our members, the market conducts annual Provider Satisfaction Surveys. The Provider Satisfaction Survey targets providers to assess their satisfaction with Peach State Health Plan. Summary Rates display the proportion of respondents who select the most positive response options ('Well above average' or 'Somewhat above average', 'Excellent' or 'Very good' and 'Completely satisfied' or 'Somewhat satisfied') for each survey question. The average of all Summary Rates falls into composite scores for the following categories:

- Overall satisfaction
- All other plans (comparative rating)
- Finance issues

*The Provider Report is for healthcare providers, physicians, and office staff provides important and timely information to support providing quality healthcare to 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.*

CONTINUED NEXT PAGE

- Utilization and quality management
- Network / coordination of care
- Pharmacy
- Health plan call center service staff
- Provider relations

In the latest survey, providers were most pleased with Provider Relations' ability to answer questions and resolve problems. Providers were also very pleased with the degree to which the Plan encourages preventive care and wellness as well as timeliness of claims processing. Providers showed dissatisfaction with the Plan's ability to drive:

- Availability of comparable drugs to substitute those not included in the formulary.
- Variety of branded drugs on the formulary; and
- Extent to which formulary reflects current standards of care.

Peach State Health Plan strongly supports continuity of care and information sharing between providers. The Plan employs Quality Practice Advisors (QPAs) to educate providers on various performance measures on our Path to 4 STAR. QPAs are clinical nurses who visit high-volume providers to discuss HEDIS criteria among other performance measures throughout the year. During

such visits, QPAs conduct provider medical record abstraction and use data to determine root causes or barriers prohibiting HEDIS service capture in claims/ encounter data. QPAs also educate providers on ways to optimize routine visits by completing well child checks, immunizations and preventive screenings. Furthermore, they help encourage the use of best practices and compliance to Clinical Practice Guidelines. Between our QPA's and PR associates, they have the tools to help you become a 4 STAR provider.

Key to becoming a 4 STAR provider and improving continuity of care, the Plan drives information sharing between providers through various platforms. Peach State Health Plan invests in platforms such as Interpreta, an analytics engine that updates, interprets and synchronizes clinical and genomics data in real-time. The system creates a personalized roadmap and enables coordination of timely care. Interpreta offers insights that give physicians, care managers and the Plan member-specific guidance required for quality improvement, clinical prioritization, population management and precision medicine. Peach State Health Plan will continue to optimize its resources and enhance tools to facilitate the care providers give to members, as we partner with you on our path to 4 STAR. ✨

Peach State Health Plan strongly supports continuity of care and information sharing between providers.



## Dedicated to Nurturing a Positive Member Experience



Peach State Health Plan is responsible for the management and continuity of medical care for all enrollees. Several departments share this responsibility. Case Management (CM) provides continuity and coordination of care for all members enrolled in the program. The Utilization Management (UM) department maintains continuity of care protocols that include appropriate referral and scheduling assistance for enrollees needing specialty health care or transportation services. UM also coordinates hospital/institutional discharge planning that includes post-discharge care.

These protocols also include short-term, skilled nursing facility care, as appropriate, and a mechanism for direct access to specialists for enrollees identified as having special health care needs, as appropriate, for their conditions and identified needs.

UM also maintains documentation of referral services in enrollee medical records, including reports resulting from the referral; documentation of emergency care encounters in enrollee medical records with appropriate medically indicated follow up; coordination of hospital/

institutional discharge planning that includes post-discharge care, including skilled short-term rehabilitation and skilled nursing facility care, as appropriate.

Peach State Health Plan closely monitors members discharged from an inpatient (IP) admission as they move across settings. To assure continuity of care when transitioning members from one level of care to another, the Plan mandates that discharge plans include a comprehensive evaluation of member health needs and identification of services and supplies. Such information is required to facilitate appropriate care following discharge from an institutional setting.

Members discharged from an IP admission have an assessment and care plan on file and a Care Manager assignment to them. The aim of such coordination is to improve quality of care and outcomes, as well as to reduce readmissions. In select facilities, onsite nurses serve as a resource for members and provide support that includes:

- **Patient education**
- **Care planning**
- **Medication review and medication education**
- **Identifying community resources and how to access them**
- **Arranging follow-up care**
- **Contacting members after discharge to ensure completion of follow-up and arrangement of services as part of discharge planning.**

Throughout the process, the member receives in-person and/or telephonic outreach from an onsite nurse.

To encourage Plan and provider engagement to drive member experience, Peach State Health Plan conducts an abbreviated member survey. Annually, all Medicare and select Medicaid members receive the mock survey. This survey allows PSHP to generate scorecards that offer insight to how members perceive the care they receive from their provider. The survey also provides member insight concerning the care management they receive from the Plan. ✨



# Women's Health and Controlling High Blood Pressure

To ensure appropriate coding and HEDIS Care Gap closures are met, Peach State Health Plan's Provider HEDIS Quick Tips is an essential tool used to support our servicing providers in delivering the necessary care in conjunction with HEDIS requirements.

**Here are key Provider HEDIS Quick Tips in reference to Women's Health and Controlling High Blood Pressure.**

## ● Women's Health

During an Annual Well Visit this is an excellent opportunity to address Women's Health including preventive screenings and evaluation of health risks and needs to close HEDIS Care gaps.

### HEDIS Focus Measure: Women's Health

According to American Cancer Society recommendation of early detection of cancer screening, this is key to help find and treat pre-cancers and cancer before they have a chance to spread.

### BCS: Breast Cancer Screening

Women 50–74 years of age who had a mammogram to screen breast cancer as of December 31 measurement year.

### Billing Codes:

Breast Cancer Screening Mammogram	<b>CPT:</b> 77055-77057, 77061-77063, 77065-77067 <b>HCPCS:</b> G0202, G0204, G0206
Absence of Breast Unilateral or Bilateral Mastectomy	<b>ICD-10-CM:</b> Unilateral RT: Z90.11; Unilateral LT: Z90.12; Bilateral: Z90.13

### Best Practice:

1. Complete referral to a mammogram facility of patient's choice.
2. Schedule appointment for patient upon confirming the facility of choice.
3. Set reminders and standing orders for repeat mammogram in 2 years and notify patient.
4. Document care and diagnosis in the patient's medical record and submit the claim/encounter with appropriate ICD-10-CM for absence of breast (unilateral or bilateral mastectomy).

CONTINUED NEXT PAGE



## CCS: Cervical Cancer Screening

Women 21 – 64 years of age who were screened for cervical cancer using either of the following:

- Women 21–64 years of age who had cervical cytology performed within the last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.

### Billing Codes:

Cervical Cytology	HPV Test	Absence of Cervix
<b>CPT:</b> 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091	<b>CPT:</b> 87620 - 87622, 87624, 87625 <b>HCPCS:</b> G0476	<b>CPT:</b> 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290–58294, 58548, 58550, 58552–58554, 58570–58573, 58575, 58951, 58953, 58954, 59856, 59135, <b>ICD-10-CM:</b> Q51.5, Z90.710, Z90.712

### Best Practice:

1. Schedule and conduct an exam with the member by Dec. 31, 2022, to perform services.
2. Upon completion of the examination, document care and diagnosis in the patient’s medical record and submit the claim/encounter containing the appropriate ICD-10-CM and CPT codes in order to close HEDIS gap.

## CHL: Chlamydia Screening in Women

Women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

### Billing Codes:

<b>Chlamydia Test</b>	<b>CPT:</b> 87110, 87270, 87320, 87490, 87491, 87492, 87810
-----------------------	---

### Best Practice:

1. Providers should order an annual chlamydia screening for female patients anytime a urine screening is performed for: Pregnancy testing, Contraception Services, Annual gynecological exam, Prior history of sexual abuse or assault or Prior history of Sexually Transmitted Infections (STI).
2. Have chlamydia education material available and discuss with your patients.
3. Any patient risk factors identified; offer STI prevention counseling and make a note in the chart to routinely test for chlamydia and other STIs.

CONTINUED NEXT PAGE

## ● Controlling High Blood Pressure

Controlling High Blood Pressure HEDIS Measure (CBP) takes the last blood pressure controlled of the measurement year. However, patient's diagnosis with Hypertension with uncontrolled blood pressure should be monitor to due to potential risk factors.

### CBP: Controlling High Blood Pressure

Members 18-85 year of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm HG) during the measurement year.



### Billing Codes:

DESCRIPTION	CODES
Hypertension	<b>ICD-10-CM:</b> I10
Systolic greater than/equal to 140	<b>CPT-CAT-II:</b> 3077F
Systolic less than 140	<b>CPT-CAT-II:</b> 3074F, 3075F
Diastolic greater than/equal to 90	<b>CPT-CAT-II:</b> 3080F
Diastolic 80-89	<b>CPT-CAT-II:</b> 3079F
Diastolic less than 80	<b>CPT-CAT-II:</b> 3078F
Remote Blood Pressure Monitoring Codes	<b>CPT:</b> 93784, 93788, 93790, 99091
Outpatient codes	<b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345
Digital Blood Pressure Monitoring	<b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474
Telehealth Visits	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443 <b>Modifiers:</b> 95, GT <b>POS:</b> 02

### Best Practice:

1. Never round up BP readings.
2. Use correct cuff size for bare arm.
3. Check BP on both arms and record the lowest systolic and diastolic readings during the visit.
4. Patient should rest quietly for at least 5 minutes before the first BP is taken.

### NEW

**BP readings that are reported by the member using an electronic device are now acceptable.**

- Document in the note the reading specifically is from an electronic device.
- Telehealth visits are acceptable as long as the BP reading is take by an electronic device.
- Use of a manual device does not meet criteria.

Quality care is a team effort. Thank you for playing a starring role in our member's care! ✨



# Social Isolation and Loneliness

How the pandemic has increased the prevalence of social isolation and loneliness and the impact on mental and physical health.



## **Resources for Peach State Health Plan Members can help combat social isolation and feelings of loneliness caused by the pandemic**

COVID-19 has caused a dramatic shift in the day-to-day lives of your patients with an increasing number of people dealing with some form of social isolation and loneliness. Initial surveys suggest that within the first month of COVID-19, loneliness increased by 20%-30% and emotional distress tripled.<sup>1</sup> The impact of loneliness is equal to risk factors of other health concerns, including obesity and smoking.<sup>2</sup> Patients are also at a higher risk of cognitive decline, dementia, high blood pressure, heart disease, and a weakened immune system. Mortality rates have also increased by 26% since the start of the pandemic.

COVID-19 disproportionately impacts populations already at high risk for social isolation: older adults, communities of color, those with low income, and those in congregate settings (e.g., nursing facilities, assisted living facilities, and group homes). Shifts in social networks, changes in physical or mental health and loss of resources are all risk factors linked to social isolation and feelings of loneliness. Being aware of these factors can help identify patients in need of resources.

<sup>1</sup> <https://www.healthaffairs.org/doi/10.1377/hpb20200622.253235/full/>

<sup>2</sup> <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks> (2019)

As a primary care physician, you have the ability to help patients identify the cause of their physical and mental symptoms and guide them toward the help they need. Peach State Health Plan has resources and behavior health services to help your patients cope with their feelings of loneliness. Encouraging patients to seek out safe, meaningful social connections is one way to feel more connected in a time of so much uncertainty.

Members can also learn more about the benefits available to them by visiting website at: [PSHP-GA-Member Handbook](#).

Members can also self-refer to a mental health provider in the Peach State Health Plan network. To find a provider, please visit our Find A Provider tool at [Find a Provider: Set Location](#).

## **Looking for more information and resources?**

- Peach State Health Plan offers **My Strength** an online tool to help you live your best life. You'll find help for stress, anxiety, chronic pain, and more. It's safe, secure and personalized – just for you. Track your health, enjoy activities, and become inspired.

[Start today!](#) ✨





# Alcohol and Other Drug (AOD) Dependence

According to the 2016 National Survey on Drug Abuse and Health conducted by Substance Abuse and Mental Health Services Administration, **7.5% of the American population 12 and older are diagnosed with alcohol and other drug (AOD) abuse or dependence.**<sup>1</sup>

This population remained stable until recently, with significant impacts cited due to COVID-19, making these measures more important than ever.

Individuals with AOD may receive this primary diagnosis in various types of settings by primary care physicians (PCP), medical specialists, and behavioral health professionals. This includes inpatient acute medical and psychiatric facilities, inpatient or outpatient detoxification programs, emergency rooms, and medical assessments conducted by a PCP or medical specialist, and outpatient mental health treatment.

One barrier to treatment is an individuals' denial of their illness, particularly newly diagnosed persons with primary AOD that have long-term chronic abuse or dependence, as this could prevent individuals from achieving successful treatment and recovery. Whether it

1. Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

is a singular AOD primary diagnosis, or comorbid medical and/or mental health diagnoses, there are best practices to address barriers and improve the quality of care for at-risk member populations.

Various HEDIS® measures integrate best practice treatment recommendations for successful outcomes of individuals diagnosed with primary AOD as noted.

## **Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (IET) Measure**

Members diagnosed with a new primary AOD diagnosis occurring as part of an inpatient medical or psychiatric hospitalization, PCP visit, a medical specialist consultation, or a behavioral health evaluation are included in this measure.

Substance use screenings are recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) to identify a new episode of alcohol and other drug abuse or dependence. SAMHSA endorses **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** as an effective screening tool. The SBIRT can be administered by primary care centers, hospital emergency rooms, trauma centers, and other community settings.

**CONTINUED NEXT PAGE**



To improve engagement in AOD treatment, as a best practice, once an individual, 13 years and older, is diagnosed with AOD, it is important to initiate treatment within fourteen (14) days of the primary AOD diagnosis. The initiation visit can occur the same day as the diagnosis is made when the initiation visit is conducted by a practitioner that did not make the AOD diagnosis. Additionally, upon completion of initiating AOD treatment, ongoing treatment can improve better outcomes by ensuring the individual has two (2) follow-up AOD appointments within thirty-four (34) days of the initial visit. Behavioral health specialists are not required to conduct the initiation or engagement visits.

A treatment plan that includes a timely chemical dependency referral for evaluation at the time of the primary AOD diagnosis with prescribed ongoing treatment has the potential to improve the long-term health and wellness for this at-risk member population.

### ***Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) Measure***

Individuals 13 and older admitted to an emergency department (ED) may be assessed by the ED physician, receive a medical consultation, or a behavioral health evaluation. All health care providers may deliver an AOD diagnosis.

If the treatment plan for the individual is to discharge from the emergency room, rather than be transferred to another service, prior to the emergency room discharge, the discharge coordinator or health plan Case Manager, should coordinate a referral for a chemical dependency evaluation and treatment appointment within seven (7) or thirty (30) days of the emergency department discharge.

### ***Follow-Up after High-Intensity Care for Substance Use Disorder (FUI) Measure***

Best practices for individuals 13 years and older diagnosed with AOD who are preparing for discharge from an acute inpatient medical, mental health, or chemical dependency facility, residential treatment, or detoxification event includes a follow-up appointment within 7 or 30 days from the individuals' discharge date.

Aftercare may include a confirmed outpatient visit, telehealth visit, intensive outpatient visit, or partial hospitalization appointment prior to discharge.

Several points to remember, the 7 or 30-day follow-up event cannot occur on the date of discharge, it must occur the day after discharge, and aftercare visits do not include detoxification.

### **Key recommendations for successful outcomes:**

- Substance use screenings and early intervention can positively impact successful outcomes.
- Engagement in treatment. Encourage your patients and when indicated family and friends to participate in treatment planning and future chemical dependency treatment.
- Provide available community resources and support, such as 12-step programs, peer support groups, available housing, transportation, food resources, and legal services.
- Encourage your patients' self-management of their recovery.
- Take a holistic team approach to your patients' recovery by involving family and friends, along with their treating PCP, medical specialist, and behavioral health specialist to address social, medical, and/or mental health challenges individuals in recovery may face. ✨

## Updates to Clinical Practice Guidelines (CPGs)

In collaboration with the Department of Community Health (DCH), Peach State Health Plan updated the Clinical Practice Guidelines (CPGs) that will be included in the quarterly CPG Medical Records Audit (MRAs). The CPG MRA process assesses whether the provider's medical practices conform to clinical standards of practice. The audit tool serves as an instrument to gather information on the use of evidence-based clinical practice guidelines to identify the effectiveness, or lack thereof, of the treatment provided in accordance with the guidelines.

Adopted CPGs are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field. The DCH CPG MRA audit 'tool' incorporates the standards, established and published by accredited sources. Members' medical records for the following conditions will be subject to audits:

GUIDELINE LINKS	
1. <a href="#">Depression</a>	3. <a href="#">Hypertension</a>
2. <a href="#">Hypertension</a>	4. <a href="#">Diabetes</a>

### To access the updated CPGs and audit tool:

- Go to Peach State Health Plan's website: [pshpgeorgia.com/](https://pshpgeorgia.com/)
- Select "QI Program tab under the For Providers: [pshpgeorgia.com/providers.html](https://pshpgeorgia.com/providers.html)
- Select the Practice Guideline tab: [pshpgeorgia.com/providers/quality-improvement/practice-guidelines.html](https://pshpgeorgia.com/providers/quality-improvement/practice-guidelines.html)



The new guidelines were effective October 1, 2021. Peach State Health Plan began audits for the new guideline in January 2022. ✨

## Providing Quality Care

Strong communication and trust between you and your patients will help ensure they're satisfied and have good outcomes. You can rely on Peach State Health Plan for information and support to help you keep those patient relationships strong.

### Annual CAHPS Survey Happening February Through June

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey is an opportunity for your patients to share their healthcare experiences with you as their provider and with their health plan. Your patients are asked specific questions, which include how well their doctor communicates, if they felt their doctor listened to them, and if their doctor explained things in a way that was easy to understand. Also included are questions on how well different healthcare providers are communicating about care coordination and a (0-10) rating of the patient's overall satisfaction with their healthcare, personal doctor and specialists.

### Annual Provider Satisfaction Survey Expected in 4th Quarter

You are essential to providing the highest-quality healthcare possible for our members, and your satisfaction is very important to us, too. We assess your experience with the health plan through an annual Provider Satisfaction Survey. Please be sure to complete the survey if you receive one.

### Your Peach State Health Plan support doesn't stop there

Our provider website contains essential information, including your rights and other sources of support for you.

Read more now: [pshpgeorgia.com/Quality-Program](https://pshpgeorgia.com/Quality-Program). If you have additional questions or need specific support, call Provider Services at 1-800-704-1484.

Learn more about these surveys and how the results are used: [pshpgeorgia.com/Quality-Program](https://pshpgeorgia.com/Quality-Program). ✨

## Centene Supports in Providing AARP Family Caregiver Resources

As of late 2021, there were 1,809,054 Georgians enrolled in Medicare. For most, enrolling in Medicare benefits goes along with turning 65 years old, but nearly 10 million Americans under the age of 65 also have Medicare coverage. Their eligibility is triggered once a person has been receiving disability benefits for 24 months or has kidney failure or ALS.

Due to health conditions and/or age, some of our Medicare members require assistance from family and friends for care. 44 million Americans help care for loved ones with a chronic illness, disability, or frailty. Family caregivers provide an average of 24 hours of care per week.

To assist, the [AARP Foundation](#) with the support of the Centene Foundation for Quality Healthcare and others, has created Home Alone Alliance which is a family caregiver resource project. The intent is to help family caregivers and healthcare professionals who work closely with family caregivers, make it easier for those caregivers to be better equipped to play a part of the care team by instructing them on how to do complex care at home. These resources include how-to videos for caregivers with topics like preparing for hospital stays, special diets, managing and administering medications, etc. The video and resource guides, which were originally only available in both [English and Spanish](#) have recently also been translated to [Korean](#) and [Vietnamese](#) as well. These are all available free of charge.



Please feel free to refer our members and family members to the videos as a tool in assisting our members with day-to-day care and discharge planning. [Theme papers](#) and [webinar series](#) are also available for our provider networks to help

inform you of practice recommendations and help you provide education to caregivers. ✨

## Peach State Health Plan announces Barrier Relief Fund Project

Peach State Health Plan is partnering with the National Council on Independent Living (NCIL) to assist our providers with removing barriers to accessibility at their practice by creating the Barrier Removal Fund (BRF) program.

The goal of this program is to increase the percentage of participating providers that meet the minimum federal and state disability access standards by providing grant funds for site improvements.

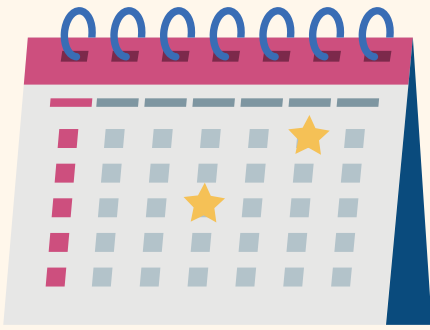
Eligible providers were encouraged to participate in the RFP process to apply for grant funds for accessibility improvements at their practice. Provider Outreach began in December, and ended on February 28th.

The purpose of the RFP process is to increase the percentage of practitioner locations that meet minimum federal and state disability access standards by providing Peach State Health Plan participating providers access to grant dollars through the BRF program. Providers can apply and, if chosen as a BRF awardee, will receive training and technical assistance, an on-site Accessibility Site Review (ASR) and written ASR Action Plan, and funding to remediate priority disability access barriers from NCIL, the nation's preeminent disability organization run by and for people with disabilities.

**RFPs will be reviewed and scored between March 1st and June 30th.** Selected applicants will be awarded grants on or before July 31st. Submitted projects and fund distributions will be completed by October 31st and Post-site surveys will be completed by November 30th.







## Mark Your Calendar: Upcoming Provider Training

Peach State Health Plan offers trainings for both behavioral health and physical health providers in our network at no cost. Our team provides mostly clinical, provider-focused education on topics that are geared towards improving member outcomes. The majority of our clinical trainings also offer behavioral health continuing education units also at no cost to the attendee. Trainings are completed via live/virtual instructor led webinars.

Please see the selection of our upcoming trainings.



For additional training opportunities please visit: [Peach State Health Plan Specific Training Offerings](#). ✨

### ► SBIRT- Screening, Brief Intervention and Referral for Treatment

Attendees will gain clinical knowledge and skills to implement the use of SBIRT in their practice. This training focuses on screening and referral to treatment for alcohol and substance use in patients in a health care setting.

#### **Register for upcoming sessions:**

- [Wed, Apr 13, 2022 11:00 AM - 1:00 PM Eastern](#)
- [Tue, May 10, 2022 2:00 PM - 4:00 PM Eastern](#)
- [Wed, Jun 8, 2022 1:00 PM - 3:00 PM Eastern](#)

### ► Integrated Health

Behavioral health, substance abuse and physical health providers are introduced to the concept of integrated care, which is designed to increase positive treatment outcomes through a holistic model of care and comprehensive and collaborative supports.

#### **Register for upcoming sessions:**

- [Tue, Apr 26, 2022 11:00 AM - 12:30 PM Eastern](#)
- [Wed, May 18, 2022 1:00 PM - 2:30 PM Eastern](#)
- [Wed, Jun 22, 2022 11:00 AM - 12:30 PM Eastern](#)

### ► Cultural Competence and Humility

This training is designed to create an understanding of Cultural Humility and how it relates to Cultural Competence. Specific attention will be given to the role of implicit and explicit bias in interpersonal interactions.

#### **Register for upcoming sessions:**

- [Thu, Apr 7, 2022 12:00 PM - 2:00 Eastern](#)
- [Wed, Apr 20, 2022 3:00 PM - 5:00 PM Eastern](#)
- [Wed, May 4, 2022 11:00 AM - 1:00 PM Eastern](#)
- [Wed, May 18, 2022 3:00 PM - 5:00 PM Eastern](#)
- [Wed, Jun 1, 2022 1:00 PM - 3:00 PM Eastern](#)
- [Thu, Jun 16, 2022 11:00 AM - 1:00 PM Eastern](#)



Provider Services: 1-866-874-0633,  
Georgia Relay Service 711

#### **Mailing Address:**

Peach State Health Plan  
1100 Circle 75 Parkway, Suite 1100  
Atlanta, GA 30339

#### **Claims Address:**

Peach State Health Plan  
Attn: Claims Department  
PO Box 3030  
Farmington, MO 63640-3805

© 2022 Peach State Health Plan. All rights Reserved. PSHP\_031622\_0082