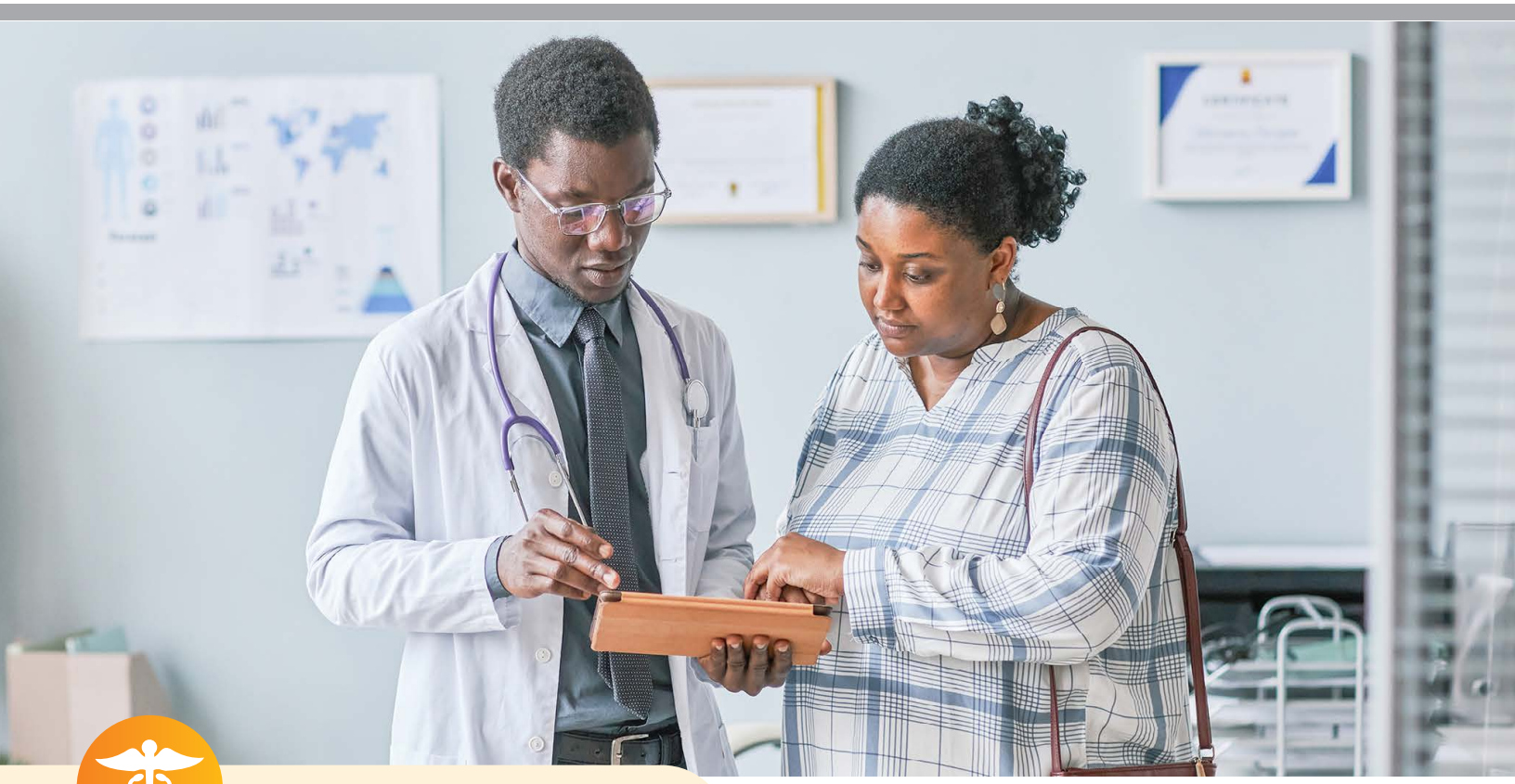
# Provider Report

peach state health plan



## Welcome!

At Peach State Health Plan, we're proud to bring you the ***Provider Report***—a publication designed with healthcare providers, physicians, and office staff in mind. Each edition delivers concise, relevant updates on the issues that matter most to your practice, from the latest regulatory changes and administrative tips to news and resources aimed at supporting you in delivering high-quality care.

We're committed to enhancing our partnership with you by continually improving the services and support we provide. Our goal is to make doing business with us as seamless as possible, so you can focus on what you do best caring for your patients. We hope you find this edition informative and helpful. As always, our Provider Services team is available at **1-866-874-0633**, ready to listen to your feedback and suggestions.

## IN THIS ISSUE

## PSHP's Commitment to Health Equity Through REL Data

Peach State Health Plan emphasizes the importance of collecting Race, Ethnicity, and Language (REL) data to ensure healthcare reflects the diverse communities it serves. Accurate REL data helps:

- Identify and address care disparities
- Support language-specific services
- Improve cultural responsiveness
- Develop inclusive health solutions

### *Provider Role & Data Submission*

Providers are key to gathering REL data. While submission isn't mandatory, PSHP strongly encourages including REL data in monthly and quarterly rosters.

The Georgia Department of Community Health (DCH) offers a standardized roster format with dedicated REL fields. Providers are encouraged to adopt the DCH format in upcoming submissions.

For help or access to the template, contact your PSHP representative. Including REL data supports inclusive care across Georgia—an effort that benefits everyone. Contact your PSHP representative if you have any questions.

## Supporting the APP HEDIS Measure: Partnering to Close Care Gaps

Ensuring children and adolescents receive appropriate first-line behavioral health treatment is an important part of delivering safe, high-quality care. To support you and your care teams, our Pharmacy Team is enhancing outreach efforts related to the APP HEDIS measure.

We are committed to partnering with you to help close HEDIS gaps related to the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) measure. As part of this effort, you may receive fax notifications identifying your patients who are not compliant with this measure.

### *About the APP Measure*

The APP measure evaluates the percentage of children and adolescents ages 1–17 who receive psychosocial care as a first-line treatment when newly prescribed an antipsychotic medication without a clinical indication. The review period extends from 90 days prior to the new prescription through 30 days after.

### *Who Is Included?*

Medicaid members ages 1–17 who have a new antipsychotic prescription without a diagnosis of:

- Schizophrenia
- Bipolar disorder
- Other psychotic disorders
- Autism
- Other developmental disorders (on at least two different dates of service during the measurement year)

### *How Is Adherence Met?*

Adherence is met when there is a claim for psychosocial care or residential treatment within the 121-day period prior to the earliest prescription date through 30 days after.

### *What You Can Do / Provider Action Checklist*

- ☑ Review fax notifications from the Pharmacy Team for identified patients
- ☑ Confirm whether psychosocial care was provided within the required timeframe
- ☑ Submit claims timely for psychosocial services or residential treatment
- ☑ Document psychosocial interventions clearly in the medical record


## Help prevent the Flu: Encourage vaccination

**Your patients are much more likely to protect themselves from the flu with your support. Your relationship with your patients is one of trust and your conversations are impactful. Please speak openly with your patients about vaccines to help them decide what protection is best for them.**

1. Make a strong, declarative statement that your patient is due for a flu vaccine followed by safety information. Your recommendation decreases vaccine hesitancy
2. Let your patients who choose to get a vaccine know where they can receive one and offer to complete it at the end of the visit whenever possible.
3. Consider creating standing orders so that others can vaccinate without your direct order.
4. Follow up with your patients to ensure they get vaccinated or are taking appropriate protective measures.
5. Address any questions or concerns your patients have using the Ask-Tell-Ask model.
6. Add a check-in about your patients' vaccine status after a routine event during each appointment.

### *Flu Prevention is a Win-Win*

Higher flu vaccination rates among patients helps by:

- Supporting the health and wellness of your patients
- Decreasing severity of illness for those who do get sick
- Reducing community spread

### *We've Got Your Back*

You're committed to keeping patients healthy, and we are here to support your flu prevention outreach. You are essential to reducing flu spread and impact. Speak with your patients about flu vaccines and prevention.

### *Questions?*

Peach State Health Plan is here to support you and your practice. For additional information and questions, please contact your provider relations representative.

## Value-Added Benefits That Support Better Patient Care

**At Peach State Health Plan, we know your priority is delivering high-quality, patient-centered care. Many of your Medicaid patients have access to extra no-cost programs that can make a real difference in their day-to-day health such as transportation to appointments, fitness resources, digital mental health tools, maternity supports, and even education or job training opportunities.**

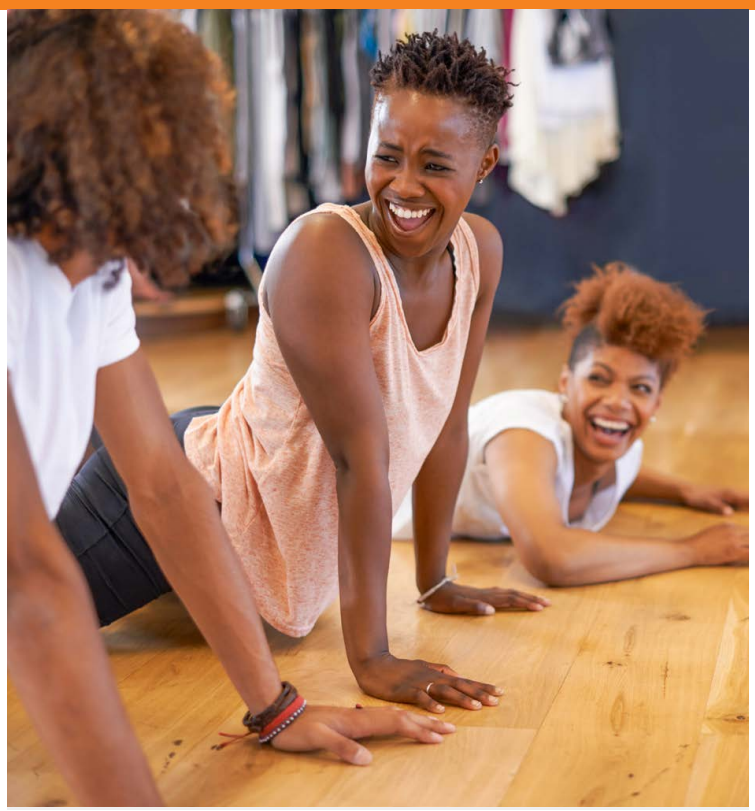
These Value-Added Benefits (VABs) help reduce barriers, support whole-person wellness, and keep patients better connected to the care they need. They go beyond core Medicaid services and are designed to make it easier for members to follow through with treatment plans, access preventive care, and manage challenges that may affect health outcomes.

### *How Value-Added Benefits Support Clinical Goals*

When patients have access to services that meet their non-clinical needs, it becomes easier for them to stay engaged in their care. VABs complement the care you already provide by helping patients:

- Overcome logistical barriers, such as transportation
- Access behavioral health and wellness support
- Stay motivated through rewards or milestone programs
- Reduce stressors that impact treatment adherence
- Feel more confident navigating the health care system

These supports contribute to better continuity of care and improved overall health outcomes benefiting both patients and providers.



### *Examples of Value-Added Benefits Available*

Depending on eligibility, members may have access to:

- Over-the-Counter Items benefit allowance with no prescription required
- Wellness and fitness memberships (e.g., YMCA, community recreation centers)
- Digital mental health tools and support programs
- Healthy rewards for completing checkups and screenings
- Maternity supports, including breastfeeding resources
- Education and job training scholarships
- Healthy food and produce benefits

We encourage providers to stay familiar with these offerings so you can confidently point patients toward resources that may complement their care plan.

Want to learn more about our Value-Added Benefits? Visit www.pshpgeorgia.com/value-added-services.html for a full list of offerings.

## Concurrent Use of Opioids and Benzodiazepines

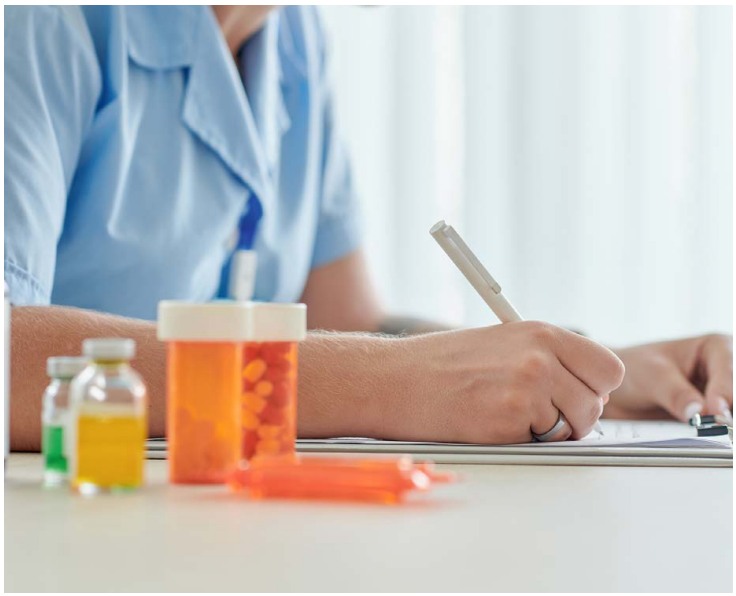
Simultaneous use of multiple medications can significantly increase patients' risk for adverse outcomes. The Centers for Medicare & Medicaid Services will help reduce these risks, by implementing the Concurrent Use of Opioids and Benzodiazepines (COB) measure. This measure aims to help identify patients at high risk for serious adverse effects when using these two classes of medications together.

| Quality Measure | Description |
|---|---|
| **Concurrent Use of Opioids and Benzodiazepines (COB)** | Percentage of patients ages 18 years or older with 30 cumulative days of overlap with opioids and benzodiazepines |
| **COB Exclusions** | Patients diagnosed with cancer, sickle cell disease, or enrolled in hospice. |
| **What qualifies a member for the COB measure?** | Two fills of any opioids with at least 15 cumulative days' supply during the year. |
| **What makes a member non-compliant with the COB measure?** | At least two fills of any benzodiazepine(s) with 30 days of overlap with opioids during the year. |

### *Drug Examples*

Listed below are examples of opioids and benzodiazepines. Please consider evaluating your patients' medication list before prescribing new drugs, as well as opportunities to de-prescribe. ***Note: This is not an all-inclusive list.***

| Opioids | Benzodiazepines |
|---|---|
| Buprenorphine | Alprazolam |
| Codeine | Clonazepam |
| Fentanyl | Diazepam |
| Hydrocodone | Lorazepam |
| Morphine | Midazolam |
| Oxycodone | Oxazepam |
| Tramadol | Temazepam |



## Supporting Better Outcomes: How Providers Can Help Improve HOS Results

The Medicare Health Outcomes Survey (HOS) measures a health plan's success in improving and maintaining the functional status of patients ages 65 and older. HOS is an annual survey that is sent to a random sample of Medicare patients from July through November. The same patients are surveyed again two years later to assess changes in health status. The survey is used to measure a patient's perception of their physical and mental health and overall quality of life.

**The Health Outcomes Survey evaluates the following measures:**

- Improving or Maintaining Physical Health
- Improving or Maintaining Mental Health
- Physical Activity in Older Adults
- Management of Urinary Incontinence
- Fall Risk Management

### *Ways You Can Support HOS Measures with Your Patients*

1. Discuss HOS measures listed above at every visit with patients ages 65 and older.
2. Advise on ways to improve health and physical functioning through appropriate activities or treatments.
3. Encourage openness about health issues like bladder control and fall risks.
4. Ensure timely appointments for patients.
5. Refer patients to health plan resources like their Welcome Kit or member portal.

If you have additional questions about the Medicare HOS, please contact your health plan representative for more resources.

## Helpful Links

### Looking for a provider relations representative?

A territory list of Peach State Health Plan Provider Relations Representatives based on region is available on the Provider Resources page, found here: www.pshpgeorgia.com/providers/resources/territory-list.html

### Looking for a doctor, dentist, specialist, hospital, clinic or pharmacy in our network?

Our Find-A-Provider Tool (FAP) can be accessed here: www.pshpgeorgia.com/find-a-doctor.html

### We want to make it easy for you to work with us!

Peach State Health Plan wants to ensure you have the tools and support you need to deliver the best quality of care. Visit our Provider Resources page for easy access to:

- Manuals & Forms
- Eligibility Verification
- Prior Authorization
- Electronic Transactions
- Preferred Drug Lists
- Provider Training
- Member Rights & Responsibilities

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