

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.

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News You Can Use

Help Us Keep Member Access Strong

To help us keep our network data accurate and compliant, Peach State Health Plan reminds all delegated providers to submit their quarterly and monthly rosters as outlined in their delegation agreements.

Timely and accurate submissions support several key areas of our shared work:

Why Roster Submissions Matter

- **Regulatory Compliance:** On-time rosters help ensure our network meets all state and federal requirements and avoids potential operational disruptions.
- **Accurate Provider Directories:** Updated rosters allow us to maintain current information in our provider directories so members can easily find your locations, services, and availability.
- **Claims Accuracy:** Clean and current provider data reduces billing errors, minimizes payment delays, and supports smoother claims processing.
- **Care Coordination:** Updated information enhances our ability to support continuity of care and ensure members receive the right services at the right time.
- **Delegation Alignment:** Submitting rosters as required reinforces a strong partnership and supports the integrity of the delegation relationship.

We appreciate your continued commitment to quality and service excellence. If you have questions about your roster submissions or need support, please reach out to your assigned Provider Relations representative.



Opening More Doors: How the Provider Accessibility Initiative (PAI) Supports Our Shared Patients

Peach State Health Plan is dedicated to eliminating obstacles that limit access to high-quality healthcare for our members. Our goal is simple: make it easier for our members to get well, stay well, and live well. This commitment is part of a broader legacy of impact for our parent company, Centene, which received the 2019 CMS Health Equity Award and is ranked #7 on Fortune's Change the World list.

To continue this mission, Peach State Health Plan has launched our Provider Accessibility Initiative (PAI). The goal of the PAI is to improve member access and health outcomes by increasing the percentage of practitioner locations and services in our network that meet minimum federal and state disability access standards.

The program aims to transition healthcare delivery into a fully accessible system for everyone while improving the accuracy and transparency of disability access data in provider directories. Members are able to view your location's detailed disability access information on the online Find a Provider tool, and filter for a provider based on their disability access needs.

[PAI Survey Link](#)

Together, we can remove barriers to care. Take a moment to validate your practice's accessibility information to ensure members can find the right provider for their needs.

Optum CPI Prepayment Review

For claims received on or after September 1, 2025, providers may experience a slight increase in written requests for medical record submission prior to payment based on the areas outlined below. These requests will come from Optum and will contain instructions for providing the documentation. Should the requested documents not be returned, the claim(s) will be denied. Providers will have the ability to dispute findings through Optum directly in the event of a disagreement.

Editing Area	Description	Lines of Business
Critical Care Coding Requirements Unlikely to be Met	This review seeks to ensure appropriate critical care billing for illnesses or injuries.	Medicaid
Upcoding of Percutaneous Nephrostolithotomy (PCNL) Procedures	This review of professional and outpatient claims seeks to ensure that documentation supports billing a complex Percutaneous Nephrostolithotomy (PCNL) Procedure.	

Associated Code for EOP	Description
CPIMR	Medical Records and/or Other Service Documentation Required

Model of Care Training Requirement Reminder

The Centers for Medicare & Medicaid Services (CMS) require health plans to provide annual education and training regarding our Special Needs (SNP) Model of Care providers who treat our SNP members. This applies to our Dual Eligible Special Needs Plan (D-SNP) members, who are eligible for both Medicare and Medicaid, and our Chronic Conditions Special Needs Plan (C-SNP) members.

As stated in our provider manual, all providers who treat our SNP members, regardless of network participation status, must complete Model of Care (MOC) training annually by December 31. The training is designed to help you better understand our approach to the delivery of care for SNP members.

How to Access Training:

The SNP MOC training is available for download and self study here: www.wellcare.com/providers/model-of-care-training

We appreciate the quality care you provide to our members and your support of our efforts to meet CMS regulations.

For additional information on how to work with our health plan to manage SNP members, please visit our [Provider Resources page](#). The [Provider Resources page](#) includes links to provider manuals, Quick Reference Guides, Clinical Practice Guidelines and more.

Strengthening Care Through Cultural Humility

The health plan encourages our providers to engage in Cultural Humility trainings and education to promote positive interaction with diverse cultures. An online educational program accredited for physicians, physician assistants and nurse practitioners is available through the US Department of Health and Human Services (HHS) website.

For additional information about the Cultural and Linguistic Competency e-Learning Programs , visit the <https://thinkculturalhealth.hhs.gov/education>.This is a program designed to build knowledge, skills, and awareness of cultural and linguistic competency and CLAS as a way to improve quality of care.

Improving HEDIS Compliance for Controlling High Blood Pressure (CBP) and Blood Pressure for Patients with Diabetes (BPD)

Measure Description

HEDIS measure CBP and BPD assess the percentage of members aged 18-85 with a diagnosis of hypertension or diabetes who blood pressure is adequately controlled during the measurement year:

- **CBP:** BP ≤140/90 mmHg for adults with hypertension
- **BPD:** BP ≤ 140/90 mmHg for patients aged 18-75 with Type 1 or Type 2 Diabetes

Coding Tips

Diagnosis Codes (ICD-10):

Hypertension: ICD-10 – I10

Diabetes: ICD-10 – E11.69 (use the applicable ICD-10 for Type 1 or Type 2 Diabetes)

CPT II Codes for BP – submit with each visit:

Systolic Reading	CPT II Codes
< 130 mmHg	3074F
130–139 mmHg	3075F
≥ 140 mmHg	3077F
Diastolic Reading	CPT II Codes
< 80 mmHg	3078F
80–89 mmHg	3079F
≥ 90 mmHg	3080F

Note: Must submit both Systolic and Diastolic to capture BP reading and results.

Telehealth Options

Acceptable BP Readings:

- Home BP readings are acceptable only if taken using a digital device and documented by the provider in the chart during a synchronous telehealth encounter.
- Document both the reading and method of collection (e.g., “home BP device via telehealth”).

Virtual Visits:

- Use video visits to review BP logs, refill medications, and monitor adherence.
- Ensure BP documentation is included in the telehealth chart note.

Best Practice Recommendations

Timely Diagnosis & Documentation:

- Ensure accurate diagnosis of hypertension and diabetes in the medical record.
- Consistently document the BP reading, date, and method (in-office, remote monitoring).

Repeat Elevated Readings:

- If BP ≥140/90, perform a recheck during the same visit if possible.

Prescribe Evidence-Based Medications:

- Encourage adherence to antihypertensive or antidiabetic therapy per clinical guidelines.

Follow-up & Monitoring:

- Schedule regular follow-ups, especially within 4–6 weeks after medication changes.
- Provide patients with BP logs and encourage home BP monitoring.

Featured Articles

HEDIS MY2025 End of Year: Chart Submissions for Medical Record Review

The deadline to close care gaps through medical record review for MY2025 is quickly approaching, and the HEDIS Abstraction Team would like to share some tips on the best way to ensure your members' quality care gaps are closed.

Submit medical records by 12/31/2025 for guaranteed abstraction.

The Medical Record Review team is committed to reviewing every document received by the guaranteed abstraction deadline date. Records can continue to be sent in through 1/31/2026. However, due to anticipated volume, medical records received in January will be reviewed based on the Abstraction Team's remaining capacity.

Submit the last recorded GMI/A1c result and/or Blood Pressure reading for your members.

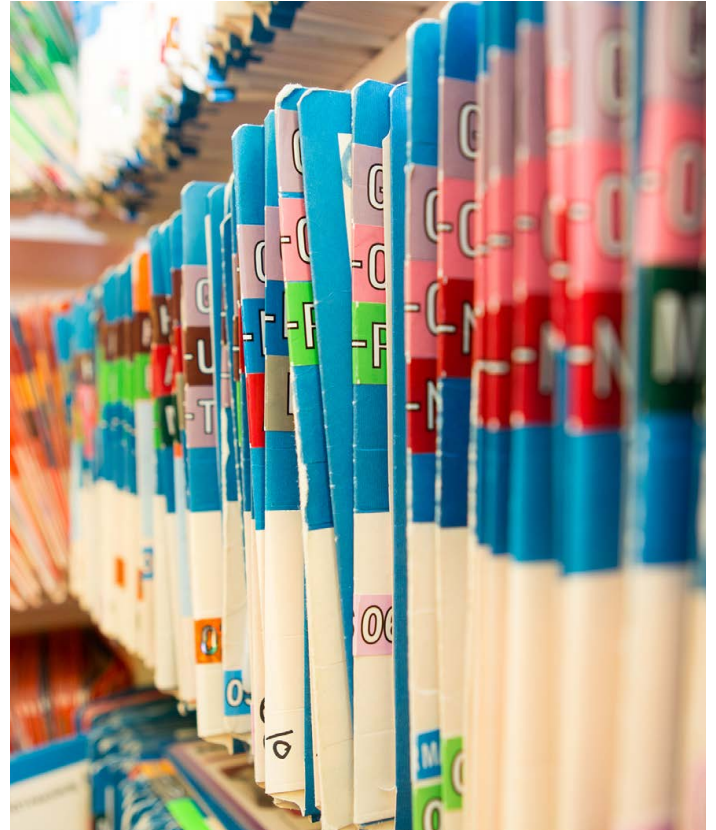
NCQA is looking for the last outpatient blood pressure result of the year for hypertensive and diabetic members and the last GMI/A1c result for diabetic members—even if it is not controlled. Providing your final reading of the year will lower the number of requests for charts during hybrid season!

Submission of GRITS records are a great way to close out immunization care gaps for children and teens.

GRITS records provide a quick and complete view of immunization history for our younger members, especially if they've received their shots in various locations.

Cancer Screenings Matter!

- » Check with eligible members to see if they have had a colonoscopy in the past 10 years, a mammogram in the past 3 years, and/or pap smear/HPV in the past 5 years.
- » Including documentation of dates and results of historic procedures in the medical history of their medical record provides our Nurse Abstractors with the information needed to close out care gaps.



Speaking of cancer screenings...

If a member has had a hysterectomy at any point in time, be sure to denote if it was a total, simple, full, complete, vaginal, or LAVH hysterectomy. NCQA is looking for very specific language to exclude members from the Cervical Cancer Screening Measure.

Submit records showing confirmation of pregnancy and earliest prenatal visit for members that have delivered in the past year.

Prenatal care gaps can be closed by evidence of a comprehensive prenatal examination within the first trimester, or the first 42 days of enrollment onto the health plan.

No time to pull medical records? There are plenty of options!

- Reach out to your Peach State Health Plan representative to discuss allowing remote medical record access for our highly skilled Nurse Abstractor team.



HEDIS MY2025 End of Year, continued

- Submit CPT II codes for applicable measures to provide useful result data.
- Consider partnering with Peach State Health Plan Quality Improvement Data Analytics to begin setting up a flat file for care gap closure starting in 2026.

Please submit your medical records via one of the following options:

- PSHP Provider Portal
- Medical Record
Fax: 1-866-595-8134
- Medical Record Email: PSHP_HEDIS_MRR@centene.com

Ensure all medical records include the following two identifiers:

- ☒ First & Last Name
- ☒ DOB

**If member's last name differs, please also include copy of the Insurance Card for verification.*

We appreciate your partnership and your commitment to high-quality, timely documentation. Together, we can ensure members receive the care they need and that MY2025 reporting reflects the great work happening in your practice.

METS: Supporting Providers Through Coordinated, Whole-Person Care

The METS program supports coordinated, whole-person care for members who may benefit from additional behavioral health and community-based support. METS pairs licensed Behavioral Health Clinical Liaisons and skilled Service Coordinators with your practice to streamline communication, reduce administrative burden, and connect members to the right level of care.

How METS Helps Providers

- Integrated support across behavioral health, medical care, pharmacy, and community resources
- Dedicated Clinical Liaisons and Service Coordinators who collaborate directly with your team.
- Coordination of services when multiple providers are involved.
- Insights into outpatient high-utilizer trends to identify members who may benefit from additional support.
- Reduced administrative lift with help accessing covered benefits and programs

METS Team Overview

Clinical Liaisons

- Licensed clinicians with clinical and UM experience
- Review treatment records and support UM processes
- Help align member needs to the most appropriate level of care

Service Coordinators

- Skilled in motivational interviewing and resource navigation
- Connect members with social, medical, and behavioral health supports
- Ensure care plans reflect member goals and SDOH needs

The Result

A coordinated, whole-person approach that improves communication, reduces administrative lift, and supports better outcomes for your patients.

Have a member who may benefit from METS? We're here to help. Contact your Provider Relations representative to learn more or make a referral.

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](http://www.pshpgeorgia.com/providers/resources/territory-list.html) 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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