



Suicide Awareness and Education

Peach State Health Plan values our members and their mental health & wellness. To help meet the growing needs of our members, providers, and the community, Peach State has a [Suicide Awareness and Education website page](#) that has information about suicide, our behavioral health programs, our My Health Pays® Rewards Program, and other helpful resources.

Suicide affects all ages. In 2020, suicide was among the top 9 leading causes of death for people ages 10-64. Suicide was the second leading cause of death for people ages 10-14 and 25-34.

Peach State Health Plan values our provider community. With our continued partnerships and collaboration, we know that our members are not alone. Scan the QR code to learn about what we are doing to meet the needs of our members that have struggled with suicide or have lost a loved one to suicide. ✨



The Provider Report is for healthcare providers, physicians, and office staff to stay up to date on 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.

Screening for Depression and Follow-Up Plan (CDF-CH and AD)

Routine screening for depression is a preventative measure that can help identify members who need mental health care. Depression is one of the leading causes of disability across the world. Evidence strongly recommends screening for depression in adolescent and adult patients. Specifically, the U.S. Preventative Services Task Force (USPSTF) found evidence that screening in primary care settings can improve the accurate identification of adolescents and adults with depression. The earlier depression is detected, the earlier it can be treated.

What is the Screening for Depression and Follow-Up Plan Measure Reviewing ?

All members 12 and older at the beginning of the measurement period with at least one encounter who were: screened for depression on the date of the encounter or up to 14 days prior using an age-appropriate standardized tool and, if positive, a follow-up plan is documented on the same date.

What Can You Do to Help?

- Ensure all services conducted during the visit are coded appropriately, including depression screenings.
- Engage the patient in the treatment plan, educate and address barriers or concerns about treatment options and possible side effects.
- Train staff on the importance of depression screenings and to recognize the risk factors for depression.
 - » **It's important to ask the screening questions exactly as written. These are validated assessments and by modifying how questions are asked can skew the results.**
 - » **Use understanding and non-judgmental language.**
 - » **Risk factors can include anxiety and stressors, unplanned pregnancy, history of depression, domestic violence, smoking.**

- Work with a care team to coordinate follow-up care for members with a positive screening.
- Explore nonmedical treatments such as psychotherapy, acupuncture, and relaxation techniques, if appropriate.
- Develop a workflow that includes utilizing a standardized instrument for depression screenings at every visit.

How is Adherence/Compliance Met?

- **Depression Screening:** members with a documented result for depression screening, using an age-appropriate standardized instrument, on the date of the encounter or up to 14 days prior to the encounter.
- **Follow-Up Plan:** A documented follow-up plan on the day of the positive result for depression screening
 - » **Additional evaluation for depression**
 - » **Suicide risk assessment**
 - » **Referral to a practitioner who is qualified to diagnose and treat depression**
 - » **Pharmacological interventions**
 - » **Other interventions or follow-up for the diagnosis or treatment of depression**

Codes Used to Identify Depression Screenings*:

CPT Code and Corresponding Diagnosis Code	96127, Z13.89
Add-on Code when screening is positive for clinical depression	G8431
Add-on Code when screening is negative for clinical depression	G8510

*For a complete list please refer to the CMS website. If you have questions, contact your Provider Relations Representative for more information about this measure.





Reminder: Update and Certify Provider Data in CMS's National Plan & Provider Enumeration System (NPPES)

As a valued provider partner, we'd like to remind you to review your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) as soon as possible to ensure that accurate provider data is displayed. As you may know, providers are legally required to keep their NPPES data current. Centers for Medicare & Medicaid Services (CMS) is also encouraging Medicare Advantage Organizations to use NPPES as a resource for our online provider directories. By using NPPES, we can decrease the frequency by which we contact you for updated directory information and provide more reliable information to Medicare beneficiaries.

If the NPPES database is kept up to date by providers, our organization can rely on it as a primary data resource for our provider directories, instead of calling your office for this information. With updated information, we can download the NPPES database and compare the provider data to the information in our existing provider directory to verify its accuracy.

When reviewing your provider data in NPPES, please update any inaccurate information below:

- Fields including provider name
- Mailing address
- Telephone and fax numbers
- Specialty, to name a few.

You should also make sure to include all addresses where you practice and actively see patients and where a patient can call and make an appointment. Do not include addresses where you could see a patient, but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you will need to confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

If you have any questions pertaining to NPPES, you may reference NPPES help at <https://nppes.cms.hhs.gov/webhelp/nppeshelp/HOME%20PAGE-SIGN%20IN%20PAGE.html>. Please direct any general questions about this notice to your provider relations representative. ✨



Diabetes Care

In 2022, National Committee for Quality Assurance (NCQA) changed the Comprehensive Diabetes Care suite, removing the grouping to reflect individual measures.

These measures look at the percentage of members 18-75 years of age with type 1 and type 2 diabetes that received 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)

Improving Your HEDIS Scores:

Hemoglobin A1c Control for Patients with Diabetes (HBD)

- HbA1c control (<8.0%)
- HbA1 poor control (>9.0%)

How to Improve HEDIS Scores HbA1c Tests:

- Schedule lab testing before office visits to review results and adjust treatment plans if needed
- Document the medical record with the date when the HbA1c test was performed and the results or findings
- Set care gap alerts in your electronic medical record system to notify you when a member's screening is coming due. Provide reminder calls for screening appointments
- Educate members on how to live well through diet, physical activity, other lifestyle habits and keep screening appointments to self-manage

Hemoglobin A1c Control for Patients with Diabetes (HBD)	
Description	CPT - CAT II Codes
Most recent HbA1c < 7.0%	3044F
Most recent HbA1c > 9.0%	3046F
Most recent HbA1c > 7.0% and < 8.0%	3051F
Most recent HbA1c > 8.0% and < 9.0%	3052F

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Diabetes Care, continued

Eye Exam for Patients with Diabetes (EED)

- Retinal Eye Exam

How to Improve HEDIS Scores Retinal Eye Exam:

- Encourage patients to schedule their annual retinal eye exam with an optometrist or ophthalmologist
- Ensure in the progress notes the date of service, the test or result and the provider credentials are documented

Eye Exam for Patients with Diabetes (EED)	
Description	CPT/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

Blood Pressure Control for Patients with Diabetes (BPD)

- BP adequately controlled (<140/90)

How to Improve HEDIS Scores Blood Pressure Control:

- 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, and consider modifying treatment plans for uncontrolled blood pressure, as needed
- Document BP on the patient's medical record
- Remote Blood Pressure Monitoring is acceptable when patient as used a digital device

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 Hg	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



When It Comes to the Flu, You Call the Shots

You have the best interest of your patients at heart. More than that, you have their trust. Your recommendation is the most effective way to ensure they get their flu shot.

Approximately 12.03% of Peach State Health Plan members got vaccinated in 2021-2022, but more than 90% of patients are likely to get the flu shot when their provider recommends it — including those who had initial doubts.

When talking with your patients:

- Make a strong recommendation to your patients to get their flu shot. Research shows that patients are more likely to get a flu shot if their doctor recommends it.
- You can use the **SHARE method**¹ to provide information:
 - » **SHARE** reasons to get the flu shot based on their age or other risk factors.
 - » **HIGHLIGHT** positive experiences with the flu shot to reinforce benefits.
 - » **ADDRESS** concerns about the vaccine, including effectiveness, side effects, safety, and misconceptions. Patients are less likely to push back than you may think.
 - » **REMIND** patients that the flu shot not only protects them but also everyone around them.
 - » **EXPLAIN** that getting the flu can mean taking sick days from work or missing fun with family and friends.

Follow-up is important! If your patient did not get the flu shot during their visit, there's a chance they didn't get it at all. Talk to your patients about where and when they'll get their flu shot and make a note to confirm during their next visit.

If they still have not gotten their shot, talk with them again about any questions or concerns — and be sure to repeat your strong recommendation. Most people know the flu shot is important. They just may need your reminder!

Remember, you can help stop the flu! Strongly recommend to all your patients to get their annual flu shot. ✨



¹ <https://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm>



Cold and Influenza (Flu 2022 – 23) Season

Cold weather can bring on more colds or even the flu. The flu virus changes every year so getting an annual flu shot helps to protect patients in your community. Routine annual influenza vaccination is recommended for people ages 6 months and older who do not have contraindications. It is important to administer the flu vaccine with consideration to specific populations and timing.

The start of or the peak of the flu season varies, and the start of vaccination cannot be predicated each season.

Cold and Flu season also brings on other illnesses like Pharyngitis, Upper Respiratory Infection, or Bronchitis. These can be caused by a viral or bacterial infection. Educate your patients to call their healthcare provider about the symptoms of these illnesses, which can include fever, sore throat, and coughing. ✨

See ACIP table <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

Big changes May Be Coming for Medicaid and PeachCare for Kids Members

Take action to help your Medicaid patients stay in charge of their coverage!

When the federal government ends the COVID-19 public health emergency, Georgia, and all other states, will be required to check who is still eligible to receive Medicaid or PeachCare for Kids® coverage. This is called a “redetermination process.” During this time, Medicaid and PeachCare for Kids® members may be asked to provide more information or complete certain steps. It is very important for members to respond to requests that will be sent in the mail or to their email.

Members can visit staycovered.ga.gov to update their contact information today to receive important updates, resources, and alerts!

Do you have a member who needs help? Members can schedule an in-person visit for support at their local Division of Family & Children Services office.

To find the location and business hours for their local office, members can visit: dfcs.georgia.gov/locations.

Members can also seek assistance with reading coverage information or communicating with the Georgia Department of Human Services by calling 1-877-GADHS-GO (1-877-423-4746). Their services, including interpreters, are free. If a member is deaf, hard of hearing, deaf-blind or have difficulty speaking, they can call the Georgia Department of Human Services at the number above by dialing 711 (Georgia Relay). ✨

English QR Code



Spanish QR Code



Appropriate Use of Antibiotics

Antibiotics are commonly sought after for illnesses that are caused by viruses rather than bacteria such as colds, sore throats (with the exemption of strep throat), flu, and many cases of chest colds. As a rule of thumb, antibiotics should only be prescribed to treat certain bacterial infections, such as strep throat, whooping cough, and urinary tract infections (UTIs), amongst others.

The misuse of antibiotics prescribed has led to an increase in antibiotic resistance which threatens to reduce the efficacy of antibiotics, which could render them ineffective against common infections.

HEDIS evaluates three measures on the Appropriate Use of Antibiotics:

Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB)

- Members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event

Upper Respiratory Infection – Appropriate Treatment (URI)

- Members ages 3 months and older with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event

Appropriate Testing for Pharyngitis (CWP)

- Members 3 months and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and **received a group-A-strep test** (appropriate testing)

Best Practice:

Refer to the illness as a “chest cold” or viral upper respiratory infection and suggest at-home treatments such as:

- Over-the-Counter (OTC) cough medicine and anti-inflammatory medicine
- Drinking extra fluids and resting
- Using a nasal irrigation device or steamy hot shower for nasal and sinus congestion relief

Treatment

Discuss the Facts

- Acute Bronchitis, URI, and Pharyngitis are commonly caused by viral infections
- According to the CDC, an antibiotic will not help the patient get better
- Taking antibiotics when not indicated could cause more harm than good

Making it Routine

- Obtain a comprehensive medical history
- Perform a thorough physical exam
- Document all findings in the medical record

Give Information

- Set expectations by educating on the recovery time for symptoms and comfort measures.
- Educate on comfort measures to ease symptoms.
- Encourage follow-up after 3 days if symptoms persist or get worse.
- Perform a rapid strep test or throat culture to confirm the diagnosis before prescribing antibiotics.

When to Prescribe Antibiotics (Exclusions)

- Comorbid Condition History: Emphysema, COPD, Chronic Bronchitis
- Competing Diagnosis that requires an antibiotic: Acute Pharyngitis, Acute Sinusitis, Otitis Media, Acute Tonsillitis, and Tonsillitis

Code and Submit Claim

- If prescribing antibiotics, list all competing or comorbid diagnosis codes on the claim when submitted.

- Never treat “red throats” empirically, as they are viral even in children with a long history of Strep. Clinical findings alone do not adequately distinguish Strep vs. no Strep pharyngitis. The patient’s strep may have become resistant and needs a culture.
- Avoid treating viral syndromes with antibiotics, even if they are requested ✨



Mark Your Calendar: Upcoming Provider Trainings

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.

Most of our clinical trainings also offer behavioral health continuing education units at no cost to the attendee. Trainings are completed via live/virtual instructor led webinars.

Please see below for a 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 - 2 CEs Available

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 below:

[December 6, 2022 1:00pm-3:00pm Eastern](#)

Integrated Health - 1.5 CEs Available

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 below:

[December 8, 2022 9:00am-10:30am Eastern](#)

Cultural Competence and Humility - 2 CEs Available

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 below:

[December 6, 2022 9:00am-11:00am Eastern](#)

GA Treatment Documentation Guidelines - 2 CEs Available

Behavioral health providers delivering services are required to document treatment plans, progress, and outcomes. Knowledge of documentation skills and SMART goals can assist in maintaining good records for daily practice and clinical audits.

Register for upcoming session below:

[November 18, 2022 12:00-2:00pm Eastern](#)

GA Trauma Informed Care - 1.5 CEs Available

Theories and practices within the health system used to design and implement trauma responsive services that promote health and reduce re-traumatization through service delivery.

Register for upcoming session below:

[November 15, 2022 1:00pm- 2:30pm Eastern](#)

GA Autism Spectrum Disorder - 1 CE Available

Attendees will Define Autism Spectrum Disorder (ASD), Identify the three characteristic impairments related to Autism Spectrum Disorder, List at least three best practices for those with ASD.

Register for upcoming session below:

[November 28, 2022 9:00am-10:00am Eastern](#)

GA Side Effects of Behavioral Health Medications - 1.5 CEs Available

This training provides an overview of how psychotropic medications work, as well as some of the adverse effects that people can experience. Different classes of psychotropic medications are discussed as well as some of the side effects providers and members need to look out for.

Register for upcoming sessions below:

[December 7, 2022 8:00am- 9:30am Eastern](#)

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Mark Your Calendar: Upcoming Provider Trainings, con't.

GA Physical Health 101 - 2 CEs Available

Mental health and Physical Health providers will receive an overview of common physical health diagnoses that impact a member's mental health.

Register for upcoming session below:

[December 9, 2022 1:00pm-3:00pm Eastern](#)

GA Resiliency and Recovery - 1.5 CEs Available

Providers learn how to help members in recovery with substance use disorder and mental health, to identify characteristics in themselves that may be barriers or supports to recovery. The definition of Recovery. Learn that risk factors that can predispose an individual to be more at risk to develop a mental or substance use disorder.

Register for upcoming session below:

[December 16, 2022 8:00am-10:00am Eastern](#)

GA Effective Communication - 0 CEs

Attendees will define effective communication, identify at least three types of language styles, Complete two exercises that demonstrate effective communication.

Register for upcoming session below:

[December 12, 2022 9:00am-11:00am Eastern](#)

Mental Health First Aid for Adults - 0 CEs

This course includes 2 components, a self-paced portion and an instructor led portion- both will be virtual. Once you register here, you will receive a link to join MHFA Connect. You must create an account in MHFA Connect to complete the self-paced introduction. You will not be able to attend the virtual instructor led portion unless you complete the self-paced introduction

Register for upcoming sessions below:

[November 17, 2022 12:00pm-6:30pm Eastern](#)



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

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1100 Circle 75 Parkway, Suite 1100
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Claims Address:

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