



# *2024 Provider Training Updates*

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Sr. Director Operations*

# GA 2024 Benefit Year Updates



## Open Enrollment 2024:

- November 1, 2023 – January 16, 2024

## Ambetter Sales Channels

- Ambetter Sales Call Center
- Ambetter Enhanced Direct Enrollment - Health Sherpa
- Healthcare.gov
- Independent Agents and Brokers
- Web Based Entities(WBEs) (GoHealth, eHealth, Health Sherpa)

## 2024 Footprint – 149 counties – no expansion for 2024

- The following 10 counties are not included in the Ambetter footprint: Banks, Carroll, Dawson, Habersham, Hall, Lumpkin, Rabun, Towns, Union and White.

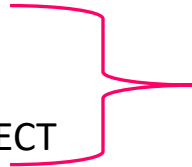
## Most Popular Plans:

- *Complete Silver*
- *Everyday Silver*
- *Clear Silver*
- *Focused Silver*
- *Standard Silver*

# GA 2024 Benefit Year Updates

## 2024 Networks:

- Plus SELECT (Piedmont)
- Wellstar SELECT
- Saint Joseph's Candler SELECT



*Tailored networks with respective hospital system. Members must receive services within their chosen Select network.*

- Ambetter Core – *Full network of Ambetter providers.*
- On Exchange - *Members qualify for a subsidy from the government to purchase insurance.*
- Off Exchange – *Members DO NOT qualify for a subsidy from the government to purchase insurance.*

# 2024 GA Ambetter Networks Overview

GA Network	Ambetter Core	Wellstar SELECT	Plus SELECT	Ambetter Virtual Access	St. Joseph's Candler SELECT
Go Live Date	1/1/2014	1/1/2022	1/1/2022	1/1/2023 NETWORK DISCONTINUED IN 2023	1/1/2023
Health System Partner	N/A	Wellstar Hospital System	Piedmont Hospital System		St. Joseph's Candler
Network Description	Full Ambetter network of providers and practitioners.	Tailored network with Wellstar hospital system.	Tailored network with Piedmont hospital system.		Tailored network with SJC hospital system.
Referral/PA Requirements	No referral required.	Referral and Prior Authorization required for services outside of the Select Network.	Referral and Prior Authorization required for services outside of the Select Network.		Referral and Prior Authorization required for services outside of the Select Network.
Covered Counties	Full footprint; 149/159 counties	Cobb, Cherokee, Douglas, Paulding, Fulton (partial zip codes)	Henry, Fayette, Newton, Coweta, Walton and Fulton (partial zip codes)		Chatham
Vision <sup>^</sup> And Dental <sup>*^</sup> Buy Up	Available	Not Available	Not Available		Not Available

\*Note: Ambetter does not offer pediatric dental within the Dental Buy Option. A member must select a separate dental plan with another insurer.

<sup>^</sup>Note: For vision and dental services please contact Envolve.

# ID Cards

## 2024 Ambetter Core ID Card

*Note: Referral statement.*

<b>Subscriber:</b> [Jane Doe] <b>Member:</b> [John Doe]	<b>Policy #:</b> [XXXXXXXXXX] <b>Member ID #:</b> [XXXXXXXXXXXXXXXXXX] <b>Effective Date:</b> [00/00/00]
<p>AmbetterHealth.com/copays</p>	<b>PCP:</b> [\$10 copay after ded. [(\$600)]] <b>Specialist:</b> [\$25 coin. after ded. [(\$600)]] <b>Rx (Generic/Brand):</b> [\$5/\$25 after Rx ded. [(\$600)]] <b>Urgent Care:</b> [20% coin. after ded. [(\$600)]] <b>ER:</b> [\$250 copay after ded. [(\$600)]] <b>Max Out-of-Pocket:</b> [\$25,000]
<b>Plan:</b> [Plan name] [Line 2 if needed] <b>[Network Name] Network Coverage Only</b>	<b>RXBIN:</b> 003858 <b>RXPCN:</b> A4 <b>RXGROUP:</b> 2CVA
<b>REFERRAL NOT REQUIRED</b>	

<b>Ambetter.pshpgeorgia.com</b>	
<b>Member/Provider Services:</b> 1-877-687-1180 (TTY 1-877-941-9231) <b>24/7 Nurse Line:</b> 1-877-687-1180	<b>Medical Claims Address:</b> Peach State Health Plan Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010
<b>Numbers below for providers:</b> <b>Pharmacist Only:</b> 1-833-750-1551 <b>EDI Payor ID:</b> 68069 [Envolve Vision: 1-866-807-9990] [Envolve Dental Powered by United Concordia: 1-844-464-5639]	<p>Scan to receive 20% off Walgreens brand health and wellness items.</p>
<small>* Exclusions and restrictions apply. See Walgreens.com/SmartSavings for details.</small>	
<small>AH823-GA-C-00048                  Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.</small>	

## Improvements

- QR Code – Will lead to Copays, deep linked in Portal
- Network – Color coded & prominent
- Referral Requirement – Enlarged for attention

# ID Cards

## 2024 Plus SELECT Card

Note:

- *Select designation*
- *Referral statement*

<b>Subscriber:</b> [Jane Doe] <b>Member:</b> [John Doe]	<b>Policy #:</b> [XXXXXXXXXX] <b>Member ID #:</b> [XXXXXXXXXXXXXXXXXX] <b>Effective Date:</b> [00/00/00]
<b>SELECT</b>	<p>AmbetterHealth.com/copays</p>
	<b>PCP:</b> [\$10 copay after ded. [(\$600)]] <b>Specialist:</b> [\$25 coin. after ded. [(\$600)]] <b>Rx (Generic/Brand):</b> [\$5/\$25 after Rx ded. [(\$600)]] <b>Urgent Care:</b> [20% coin. after ded. [(\$600)]] <b>ER:</b> [\$250 copay after ded. [(\$600)]] <b>Max Out-of-Pocket:</b> [\$25,000]
<b>Plan:</b> [Plan name] [Line 2 if needed]	<b>RXBIN:</b> 003858 <b>RXPCN:</b> A4 <b>RXGROUP:</b> 2CVA
<b>[Network Name] Network Coverage Only</b> <b>REFERRAL NOT REQUIRED</b>	

<b>Ambetter.pshpgeorgia.com</b>	
<b>Member/Provider Services:</b> 1-877-687-1180 (TTY 1-877-941-9231) <b>24/7 Nurse Line:</b> 1-877-687-1180	<b>Medical Claims Address:</b> Peach State Health Plan Attn: CLAIMS PO Box 5010 Farmington, MD 63640-5010
<b>Numbers below for providers:</b> <b>Pharmacist Only:</b> 1-833-750-1551 <b>EDI Payor ID:</b> 68069	<p>Scan to receive 20% off Walgreens brand health and wellness items</p>
<small>* Exclusions and restrictions apply. See Walgreens.com/SmartSavings for details.</small>	
<small>Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Ambetter of Peach State Inc. All rights reserved.</small>	
<small>AM823-GA-C-00048</small>	

## Improvements

- QR Code – Will lead to Copays, deep linked in Portal
- Network – Color coded & prominent
- Referral Requirement – Enlarged for attention

# ID Cards

## 2024 Saint Joseph's Candler SELECT Card

Note:

- *Select designation*
- *Referral statement*


### Improvements

- QR Code – Will lead to Copays, deep linked in Portal
- Network – Color coded & prominent
- Referral Requirement – Enlarged for attention

**ambetter.** FROM **peach state health plan.**

**Subscriber:** [Jane Doe]      **Policy #:** [XXXXXXXXXX]  
**Member:** [John Doe]      **Member ID #:** [XXXXXXXXXXXXXXXXXX]  
**Effective Date:** [00/00/00]

**SELECT**

  
 AmbetterHealth.com/copays

**PCP:** [\$10 copay after ded. [(\$600)]]  
**Specialist:** [\$25 coin. after ded. [(\$600)]]  
**Rx (Generic/Brand):** [\$5/\$25 after Rx ded. [(\$600)]]  
**Urgent Care:** [20% coin. after ded. [(\$600)]]  
**ER:** [\$250 copay after ded. [(\$600)]]  
**Max Out-of-Pocket:** [\$25,000]

**Plan:** [Plan name]  
 [Line 2 if needed]  
**[Network Name] Network Coverage Only**

**RXBIN:** 003858  
**RXPCN:** A4  
**RXGROUP:** 2CVA

**REFERRAL NOT REQUIRED**

**Ambetter.pshpgeorgia.com**

**Member/Provider Services:** 1-877-687-1180  
 (TTY 1-877-941-9231)  
**24/7 Nurse Line:** 1-877-687-1180

**Medical Claims Address:**  
 Peach State Health Plan  
 Attn: CLAIMS  
 PO Box 5010  
 Farmington, MO  
 63640-5010

**Numbers below for providers:**  
**Pharmacist Only:** 1-833-750-1551  
**EDI Payor ID:** 69069



Scan to receive 20% off Walgreens brand health and wellness items.

\* Exclusions and restrictions apply. See Walgreens.com/SmartSavings for details.

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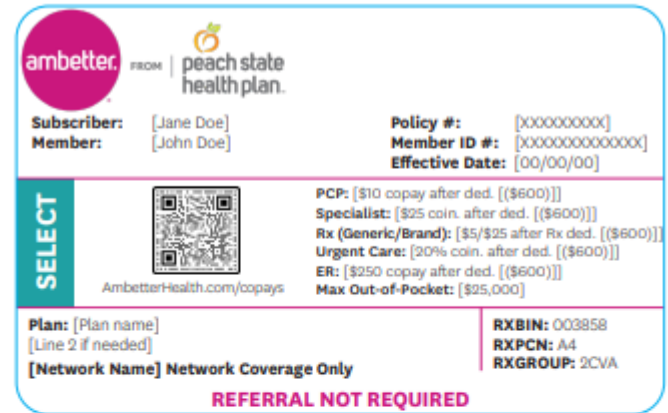
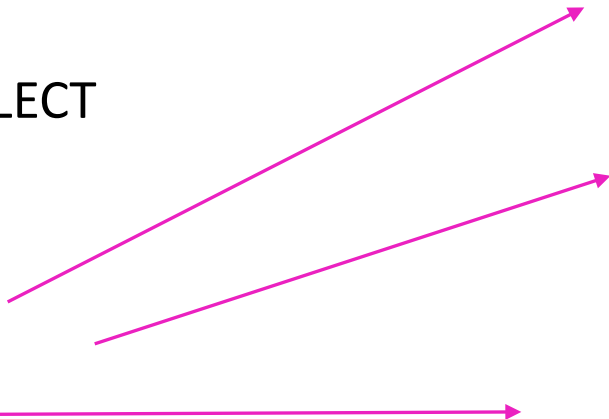
AMB23-GA-C-00048

# ID Cards

## 2024 Wellstar SELECT Card

Note:

- *Select designation*
- *Referral statement*
- *Wellstar logo*



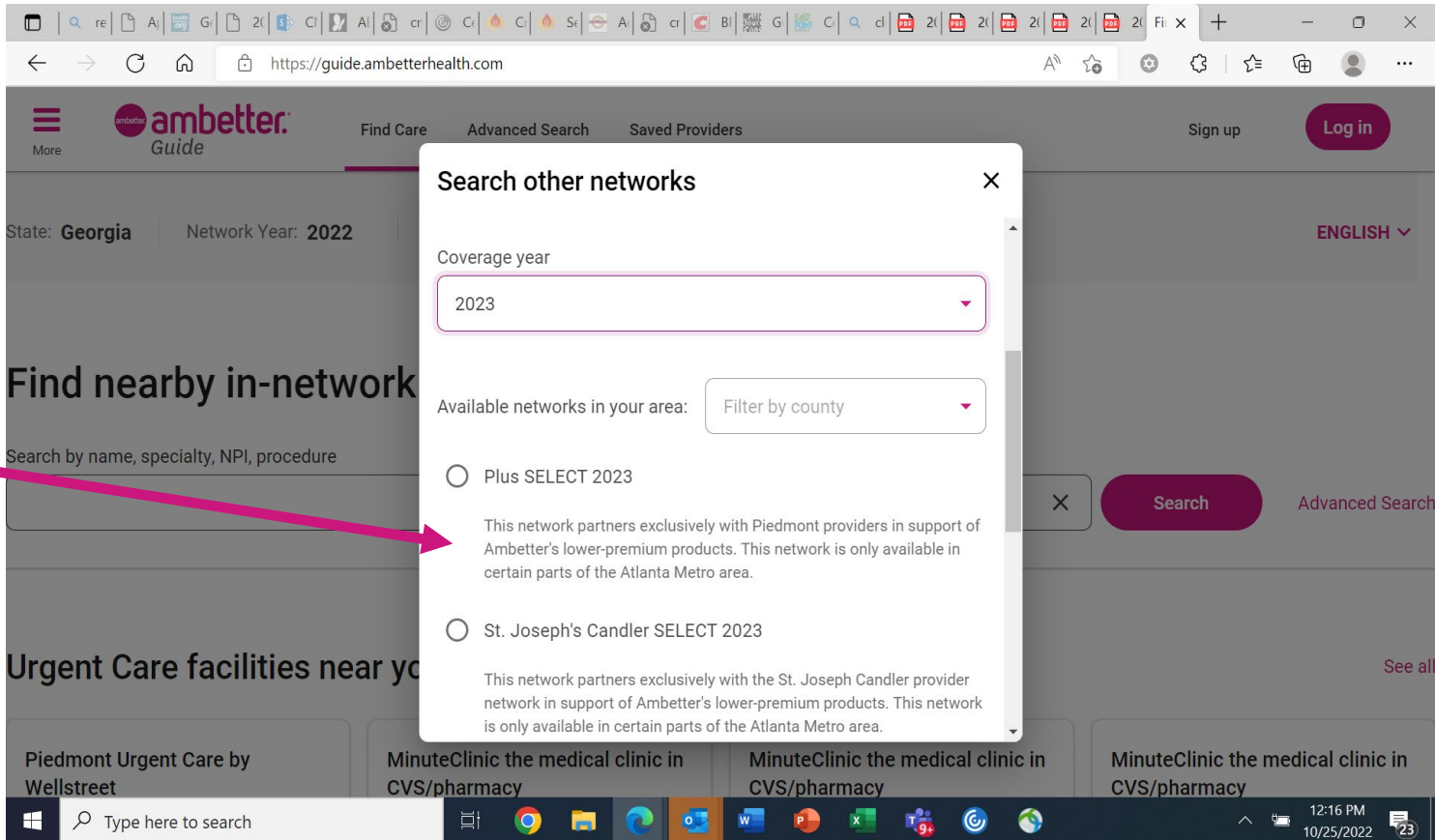
### Improvements

- QR Code – Will lead to Copays, deep linked in Portal
- Network – Color coded & prominent
- Referral Requirement – Enlarged for attention



# Ambetter Find-A-Provider Network View

Search by Network



Search other networks

Coverage year

2023

Available networks in your area: Filter by county

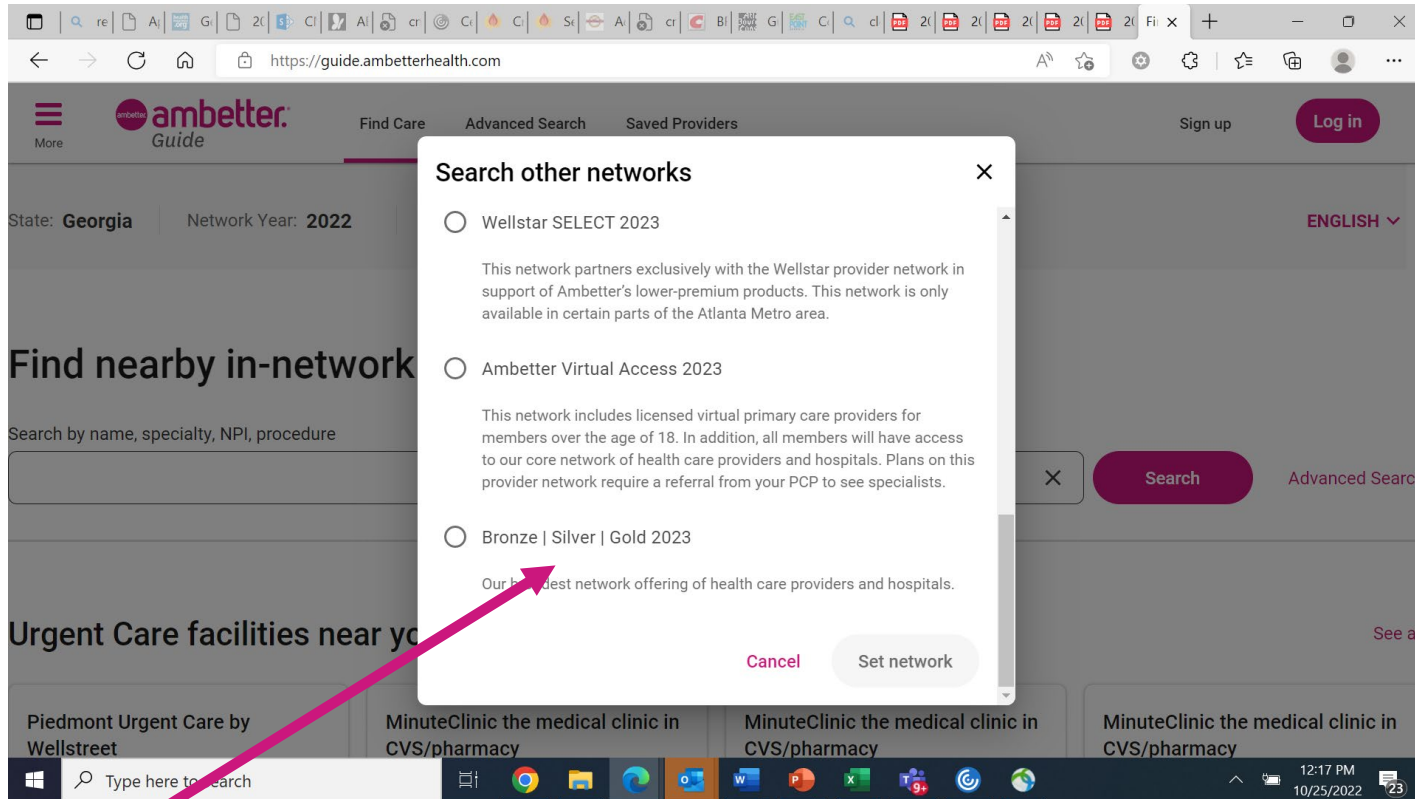
Plus SELECT 2023

This network partners exclusively with Piedmont providers in support of Ambetter's lower-premium products. This network is only available in certain parts of the Atlanta Metro area.

St. Joseph's Candler SELECT 2023

This network partners exclusively with the St. Joseph Candler provider network in support of Ambetter's lower-premium products. This network is only available in certain parts of the Atlanta Metro area.

# Ambetter Find-A-Provider Network View



Search by Network

# Ambetter Core Network Rules

## Core Network Rules



*Ambetter Core Member*

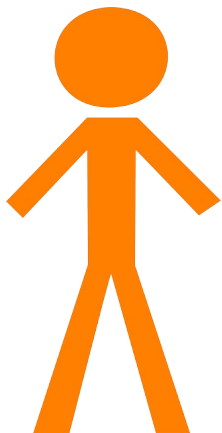
### Network Access:

- Ambetter Core Network – Full Access to all providers and practitioners within the Ambetter Network

### Out of Network:

- N/A

# Ambetter Select Network Rules



*Plus SELECT Member*

Network Access:

- Plus SELECT Network – Piedmont Health System

Out of Network:

- Wellstar SELECT Network
- Ambetter Virtual Access
- Ambetter Core
- SJC SELECT Network



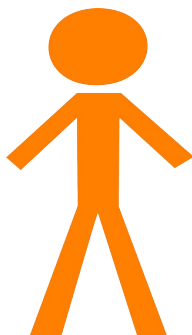
*Wellstar SELECT Member*

Network Access:

- Wellstar SELECT Network – Wellstar Health System

Out of Network:

- Plus SELECT Network
- Ambetter Virtual Access
- Ambetter Core
- SJC SELECT Network



*SJC SELECT Member*

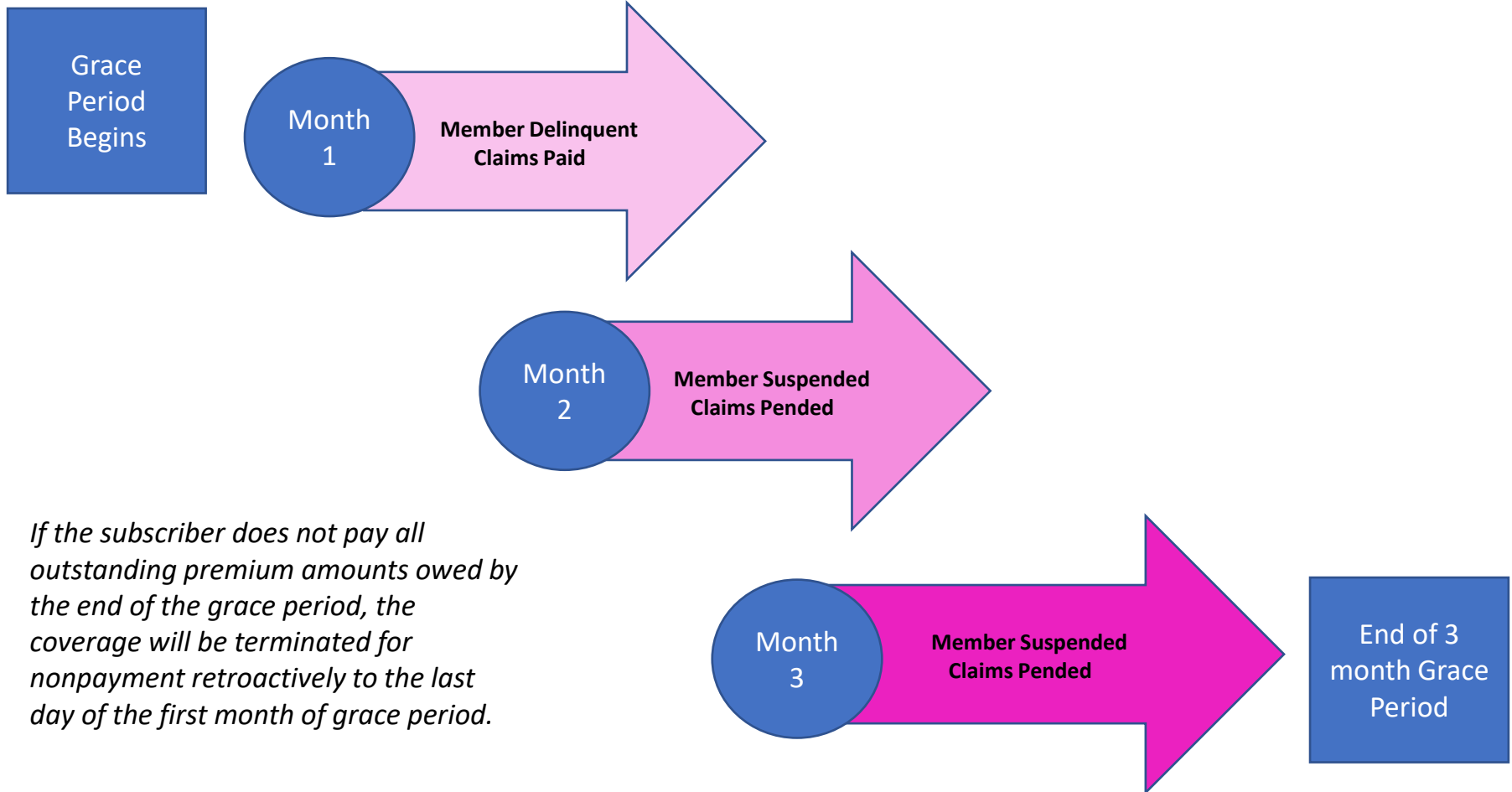
Network Access:

- SJC SELECT Network – SJC Health System

Out of Network:

- Wellstar SELECT Network
- Ambetter Virtual Access
- Ambetter Core
- Plus SELECT Network

# Grace Period Logic (members with APTC)



# Provider Portal Demo

Viewing Patients For: TIN  Plan Type

Patient List as of 12/15/2022

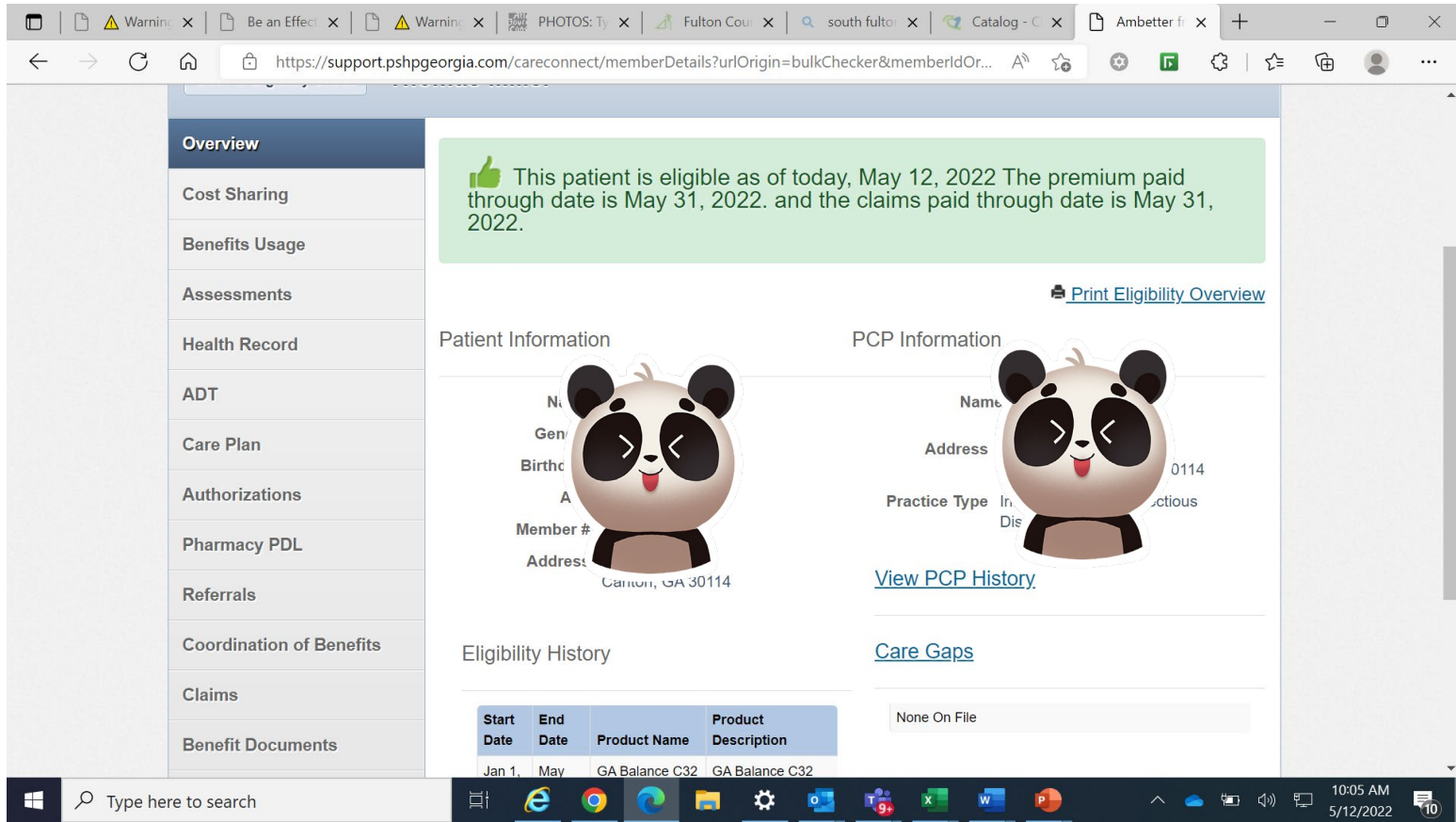
Only first 1500 records will be displayed. Use filters to view specific records.  
This is only a list of your patients, please check eligibility to confirm the effective date and benefits for this member

Eligible	Preferred Language ↓	Member Name ↓	Member ID ↓	Product Line	Date of Birth ↓	ALERTS
👍				AMBETTER CORE	10/10/2000	<input type="button" value="CG"/> <input type="button" value="No HRA"/>
👍				AMBETTER CORE	02/14/2001	<input type="button" value="CG"/> <input type="button" value="No HRA"/>
👍				AMBETTER CORE	10/28/2000	<input type="button" value="CG"/> <input type="button" value="No HRA"/>
👍				AMBETTER CORE	03/13/2001	<input type="button" value="No HRA"/>
👍				AMBETTER CORE	10/16/2000	<input type="button" value="CG"/> <input type="button" value="No HRA"/>
👍				AMBETTER CORE	05/30/2002	<input type="button" value="CG"/> <input type="button" value="No HRA"/>
👍				AMBETTER CORE	04/29/2002	<input type="button" value="CG"/> <input type="button" value="No HRA"/>
👍				AMBETTER CORE	01/08/2009	<input type="button" value="CG"/> <input type="button" value="No HRA"/>
👍				AMBETTER CORE	07/20/2005	<input type="button" value="CG"/> <input type="button" value="No HRA"/>
👍				AMBETTER CORE	01/08/2009	<input type="button" value="CG"/> <input type="button" value="No HRA"/>

16 items found, displaying 1 to 10. Page 1/2 [1,2](#) [Next](#) [Last](#)

**Ambetter Member's Network included under Product Line**

# Provider Portal Demo



Overview

Cost Sharing

Benefits Usage

Assessments

Health Record

ADT

Care Plan

Authorizations

Pharmacy PDL

Referrals

Coordination of Benefits

Claims

Benefit Documents

👍 This patient is eligible as of today, May 12, 2022. The premium paid through date is May 31, 2022. and the claims paid through date is May 31, 2022.

[Print Eligibility Overview](#)

Patient Information

PCP Information

Name

Gender

Birthdate

Address

Member #

Address

Canton, GA 30114

Name

Address

0114

Practice Type

In, Dis, ctious

[View PCP History](#)

[Care Gaps](#)

Eligibility History

Start Date	End Date	Product Name	Product Description
Jan 1,	May	GA Balance C32	GA Balance C32

None On File

Type here to search

10:05 AM 5/12/2022

# Provider Portal con't

The screenshot shows a web browser window with the URL <https://support.pshpgeorgia.com/careconnect/memberDetails?urlOrigin=bulkChecker&memberIdOr...>. The page displays member information for a user with a panda avatar. A left sidebar contains navigation options: Care Plan, Authorizations, Pharmacy PDL, Referrals, Coordination of Benefits, Claims, Benefit Documents, Document Resource Center, and Notes. The main content area includes fields for Name, Gender, Birthdate, Age, Member #, and Address, followed by a 'View PCP History' link. Below this is an 'Eligibility History' section with a table of records. To the right, there is a 'Care Gaps' section with a 'None On File' status.

Start Date	End Date	Product Name	Product Description
Jan 1, 2022	May 31, 2022	GA Balance C32 94% Wellstar Select	GA Balance C32 94% Wellstar Select
Jul 1, 2021	Dec 31, 2021	GA Balance C29 94%	GA Balance C29 94%
Mar 1, 2021	Jun 30, 2021	GA Balance C29 94%	GA Balance C29 94%
Jan 1, 2021	Feb 28, 2021	GA Balance C29 94%	GA Balance C29 94%
Dec 1, 2020	Dec 31, 2020	GA Balance C12 94%	GA Balance C12 94%



# Claims Information (Ambetter Line of Business Only)

Category	Timeframe
Claims Submission	180 days
Claims Payment	15 days from date of clean claim received
COB Timeframe	180 days claims filing limit shall not be in effect if another payor is primary
Claims Dispute/Reconsideration Timeframe	All requests for corrected claims, reconsiderations, or claim disputes must be received within 180 days from the date of the original explanation of payment or denial.
Inpatient Notification Denials	Provided within 24 hours
Code Change Updates	45 days
Fee Schedule Change Updates	30 days from CMS notice of final change

## Medical Management Information (Ambetter Line of Business Only)

Category	Timeframe
<b>Urgent / Expedited Prior Authorization</b>	Must be processed and completed within <b>72 clock hours</b> of receipt, including notification <ul style="list-style-type: none"> <li>• Approvals: practitioner &amp; member notification required</li> <li>• Denials: practitioner &amp; member notification required</li> </ul>
<b>Standard / Non-Urgent Prior Authorization Request</b>	Must be processed and completed within <b>15 calendar days</b> of receipt, including notification <ul style="list-style-type: none"> <li>• Approvals: practitioner &amp; member notification required</li> <li>• Denials: practitioner &amp; member notification required</li> </ul>
<b>Urgent Concurrent Review</b>	Must be processed and completed within <b>24 hours</b> (1 calendar day) of receipt if complete clinical information is received, including notification  If the request is received with incomplete information and additional clinical information is needed to make a decision, within the first 24 hours the UM Reviewer or Medical Director may extend the request up to <b>72 hours (3 calendar days)</b> , including notification. <ul style="list-style-type: none"> <li>• Approvals: practitioner &amp; member notification required</li> <li>• Denials: practitioner &amp; member notification required</li> </ul>

## Medical Management Information (Ambetter Line of Business Only)

Category	Timeframe
<b>Retrospective / Post Service Review</b>	Must be processed and completed within <b>30 calendar days</b> of receipt, including notification <ul style="list-style-type: none"> <li>• Approvals: practitioner &amp; member notification required</li> <li>• Denials: practitioner &amp; member notification required</li> </ul>
<b>Newborn Delivery Notifications</b>	The target to process delivery authorizations / notifications is within <b>3 business days</b> of receipt. <ul style="list-style-type: none"> <li>• Approvals: practitioner notification required</li> </ul>
<b>Practitioner Notifications</b>	In cases requiring notification to the practitioner, the requesting or treating / attending practitioner must be notified. The facility (e.g. hospital, rehabilitation facility, etc.) is also notified, as applicable. If information on the attending or treating practitioner was not provided with the request, attempts to identify the practitioner are documented in TruCare. <i>Note: Notification is sent to the members Primary Care Physician (PCP) if the treating practitioner cannot be identified.</i>
<b>PT/OT/ST Services for OP</b>	Please contact NIA.

## 2024 Quick Tips for Ambetter Claims

- Expand on PreScreen Tool for Auth requirements before services are rendered.
- Ensure that the use of proper preventive procedure codes and diagnosis are used as opposed to those that are considered diagnostic to ensure proper claims processing.
  - Ensures members are receiving accurate cost share for services
  - Authorization requirements
  - Ensure proper use of modifiers related to preventive services are in the **primary position** of the claim
  - Ensure when necessary pricing modifiers are used, in second or subsequent placement
- Check member visit limits for services prior to rendering services.
- When requesting members use a lab, please ensure you are sending them to an INN lab provider.
- Verify if service being rendered is a covered benefit before administering the service.
- Update your NPPES profile as this is used as a source of truth.
- Please refer to the provider manual for any claims required fields.
  - Include rendering NPI & TIN in box 24J of the claim form.
- Ensure your modifiers are in the correct locations.
- If you are an Ambetter Core provider and administer services to an Ambetter Select member without prior authorization – your claims will deny Y1.

# Basic Vision Rules for GA Ambetter Members

Vision benefit coverage/structure depends on the contractual arrangement between health plan and vision vendor.

## Routine & OD/Medical

- a. Pediatric routine vision/& all hardware always covered by Envolve
- b. Adult routine vision/hardware, covered by Envolve for members with a buy-up, or denies non-covered for members without a buy-up
- c. ALL members, OD medical provider (Optometrist SP=41) services paid by Envolve, all other medical services paid by the Health Plan

- **NOTES:**

- \* Typically, all medical services by any specialty other than 18, 41, 96 or EY are the responsibility of the Health Plan
- \* Base vision Rider = Used for members without a buy-up option purchased
- \* Buy-up vision Rider = Member purchased routine vision coverage
- \* Cross accumulation occurs from Envolve Vision for Medical services to our accumulated member MOOP buckets; Dental does not

# 2024 Portfolio

*All information confidential & proprietary*

**ambetter.**

# Georgia 2024 Portfolio



2023 Ambetter Core Plans	Metal Tier
Clear Bronze (EHB/VAD)	BRONZE
Choice Bronze HSA (EHB/VAD)	BRONZE
Everyday Bronze (EHB/VAD)	BRONZE
Elite Bronze (EHB/VAD)	BRONZE
Standard Expanded Bronze (EHB/VAD)	BRONZE
Complete Silver (EHB/VAD)	SILVER
Everyday Silver (EHB/VAD)	SILVER
Clear Silver (EHB/VAD)	SILVER
Focused Silver (EHB/VAD)	SILVER
Standard Silver (EHB/VAD)	SILVER
Complete Gold (EHB/VAD)	GOLD
Everyday Gold (EHB/VAD)	GOLD
Clear Gold (EHB/VAD)	GOLD
Elite Gold (EHB/VAD)	GOLD
Standard Gold (EHB/VAD)	GOLD

# Georgia 2024 Select Portfolio



2024 Ambetter Select Plans	Metal Tier
Standard Silver Select (Wellstar, Plus, St. Joe Candler) (EHB only)	SILVER
Standard Gold Select (Wellstar, Plus, St. Joe Candler) (EHB only)	GOLD



# Georgia 2024 Off Exchange Only Portfolio



2023 Ambetter Off Exchange Plans	Metal Tier
Silver 201 HSA (EHB only)	SILVER
Silver 203 (EHB only)	SILVER
Gold 201 HSA (EHB only)	GOLD
Gold 202 (EHB only)	GOLD