



FROM |  peach state  
health plan.

## Information Hour Webinar September 22, 2022

# Agenda

- Who We Are
- Claims
- Member Eligibility
- Vendor List
- Member Experience
- Open Enrollment
- Questions

# Who We Are

- Ambetter from Peach State Health Plan provides market-leading, affordable health insurance on the Health Insurance Marketplace
- We are certified as a Qualified Health Plan issuer
- Ambetter delivers high quality, locally-based healthcare services to its members, with our providers benefiting from enhanced collaboration and strategic care coordination programs

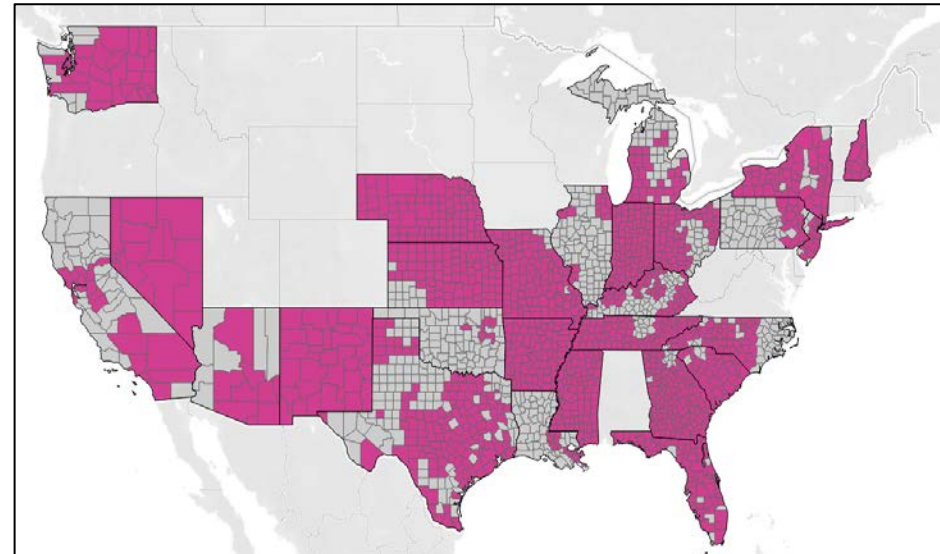
**#1 carrier**

on the health insurance marketplace

✓ **1,500 Counties**

✓ **27 States**

✓ **5 New States**



# Key Contact Information

## Ambetter from Peach State Health Plan

### PHONE

**1-877-687-1180**

### TTY/TDD

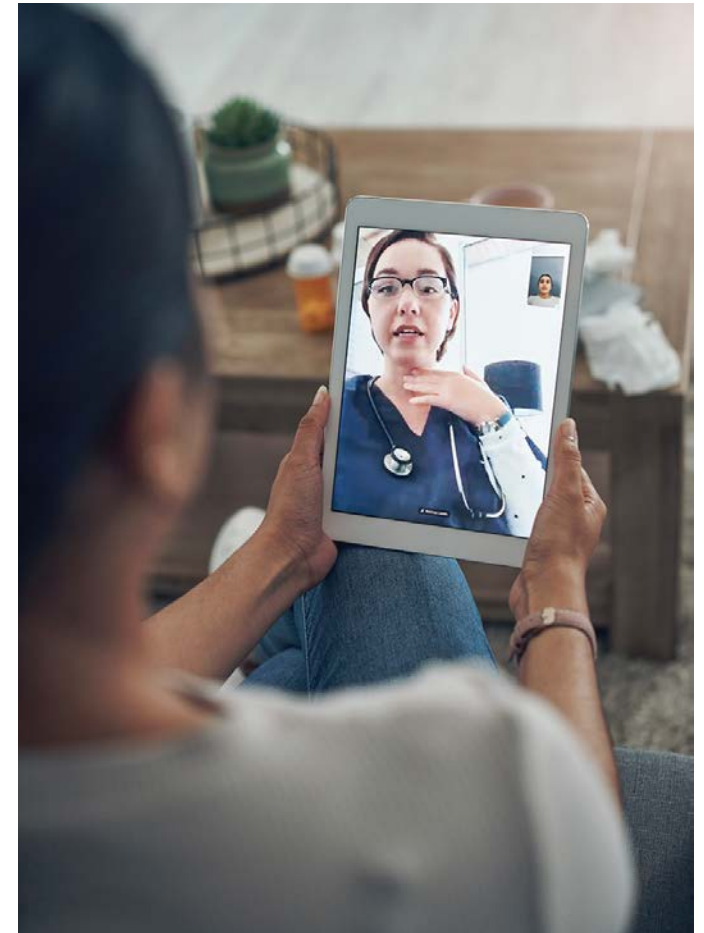
**1-877-941-9231**

### WEB

**[ambetter.pshpgeorgia.com](https://ambetter.pshpgeorgia.com)**

### PORTAL

**[ambetter.provider.pshpgeorgia.com/sso/login](https://ambetter.provider.pshpgeorgia.com/sso/login)**



A high-angle photograph of two medical professionals, a man and a woman, walking through a brightly lit hospital hallway. Both are wearing white lab coats and have stethoscopes around their necks. The man is on the left, gesturing with his right hand while holding a white folder. The woman is on the right, holding a blue folder. They appear to be in conversation. The floor is made of large, light-colored square tiles.

# Claims Submission, Reconsideration and Disputes

# Claim Submission



Ambetter claims may be submitted through the following channels:

1. Provider Secure Portal:  
[ambetter.provider.pshpgeorgia.com/sso/login](https://ambetter.provider.pshpgeorgia.com/sso/login)
2. EDI/Clearinghouse: Payor ID 68069
3. Mail/Paper claim submission:  

Ambetter from Peach State Health Plan  
PO Box 5010  
Farmington, MO 64640-5010

# Claim Submission Timeframes



Submission Type	Par Provider	Non-Par Provider
First Time Claim	180 calendar days from DOS	90 calendar days from DOS
Secondary Claim	180 calendar days from the primary payer EOP	90 calendar days from the primary payer EOP
Corrected Claim	180 calendar days from the date of the primary payment	90 calendar days from the date of the primary payment
Claim Reconsideration	180 calendar days from the original EOP	90 calendar days from the original EOP
Claim Dispute	180 calendar days from the reconsideration EOP or letter	90 calendar days from the reconsideration EOP or letter

## PaySpan

- Ambetter partners with PaySpan for Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT).
- If you currently utilize PaySpan you will be auto-enrolled in PaySpan for the Ambetter product.
- If you do not utilize PaySpan, you will need to register by utilizing one of the following options:
  - Phone: 1-877-331-7154
  - Web: <https://www.payspanhealth.com/>



# Claim Reconsiderations and Disputes



## CLAIM RECONSIDERATIONS

- For reconsideration requests, Providers can use the **Reconsider Claim** button on the Claim Details screen within the portal
- A written request from a provider about a disagreement in the manner in which a claim was processed. No specific form is required.
- Must be submitted within 180 days of the Explanation of Payment.
- Mail claim reconsiderations to:  
**P.O. Box 5010**  
**Farmington, MO 63640-5010**

## CLAIM DISPUTES

- Must be submitted within 180 days of the Explanation of Payment
- A Claim Dispute form can be found on our website at **[ambetter.pshpgeorgia.com](https://ambetter.pshpgeorgia.com)**
- Mail completed Claim Dispute form to:  
**P.O Box 5000**  
**Farmington, MO 63640-5000**

# Claim Submission — Suspended Status



## What if a Member is in **Suspended Status**?

- A provision of the ACA allows members who are receiving Advanced Premium Tax Credits (APTCs) a 3-month grace period for paying claims
- After the first 30 days, the member is placed in a suspended status. The Explanation of Payment will indicate LZ Pend: Non-Payment of Premium
- While the member is in a suspended status, claims will be pended
- When the premium is paid by the member, the claims will be released and adjudicated
- If the member does not pay the premium, the claims will be released, and the provider may bill the member directly for services

# Claim Submission — Suspended Status

## EXAMPLE TIMELINE OF MEMBER IN SUSPENDED STATUS

- **January 1<sup>st</sup>**  
Member pays premium
- **February 1<sup>st</sup>**  
Premium due – member does not pay
- **March 1<sup>st</sup>**  
Member placed in suspended status
- **April 1<sup>st</sup>**  
Member remains in suspended status
- **May 1<sup>st</sup>**  
If premium remains unpaid, member is terminated.  
Provider may bill member directly for services rendered.

Claims for members in a suspended status are not considered “clean claims”.

# Complaints, Grievances and Appeals



## Claims

- A provider must exhaust the claims reconsideration and claims dispute process before filing a complaint/grievance or appeal

## Complaint/Grievance

- Must be filed within 30 calendar days of the Notice of Action
- Upon receipt of complete information to evaluate the request, Ambetter will provide a written response within 30 calendar days

# Complaints, Grievances and Appeals



## Appeals

- For Claims, the Claims Reconsideration, Claims Dispute and Complaint/Grievances process must be exhausted prior to filing an appeal

## Medical Necessity

- Must be filed within 30 calendar days from the Notice of Action
- Ambetter shall acknowledge receipt within 10 business days of receiving the appeal
- Ambetter shall resolve each appeal and provide written notice as expeditiously as the member's health condition requires but not to exceed 30 calendar days
- Expedited appeals may be filed if the time expended in a standard appeal could seriously jeopardize the member's life or health. The timeframe for a decision for an expedited appeal will not exceed 72 hours

# Complaints, Grievances and Appeals



## MEMBER REPRESENTATIVES

- Members may designate a provider to act as their representative for filing appeals related to medical necessity
  - Ambetter requires that this designation by the member be made in writing and provided to Ambetter
- No punitive action will be taken against a provider by Ambetter for acting as a member's representative

## NEED MORE INFORMATION?

- Full details of the claim reconsideration, claim dispute, complaints/grievances and appeals processes can be found in our Provider Manual, located on our website at [ambetter.pshpgeorgia.com](https://www.ambetter.pshpgeorgia.com)

# Other Helpful Information About Claims



## MAKE SURE TO INCLUDE THE Rendering Taxonomy Code!

- Claims **must** be submitted with the rendering provider's taxonomy code
- The claim will deny if the taxonomy code is not present
- This is necessary in order to accurately adjudicate the claim

## AND DON'T FORGET THE CLIA Number!

- If the claim contains CLIA-certified or CLIA-waived services, the CLIA number **must** be entered in **Box 23** of a paper claim form or in the appropriate loop for EDI claims
- Claims will be rejected if the CLIA number is not on the claim

# Billing the Member

## COPAYS, CO-INSURANCE AND DEDUCTIBLES

- Copays, co-insurance and any unpaid portion of the deductible may be collected at the time of service
- Deductible information, including the amount that has been paid toward the deductible so far, can be accessed via the Secure Provider Portal at [ambetter.provider.pshpgeorgia.com/sso/login](https://ambetter.provider.pshpgeorgia.com/sso/login)
- If the amount collected from the member is higher than the actual amount owed upon claim adjudication, the provider must reimburse the member within 45 days







## Member Eligibility

# Member ID Card



*Possession of an ID Card is not a guarantee of eligibility and benefits*



## IN NETWORK COVERAGE ONLY

**Subscriber:** [Jane Doe]  
**Member:** [John Doe]  
**Policy #:** [XXXXXXXXXX]  
**Member ID #:** [XXXXXXXXXXXXXX]  
**Plan:** [Ambetter Balanced Care 1]  
[Line 2 if needed]

**Effective Date of Coverage:**  
[XX/XX/XX]  
**RXBIN:** [020545]  
**RXPCN:** [RXA381]  
**RXGROUP:** [RXGMPGA01]

**COPAYS** **PCP:** [\$10 coin. after ded.]  
**Specialist:** [\$25 coin. after ded.]  
**Rx (Generic/Brand):** [\$5/\$25 after Rx ded.]  
**Urgent Care:** [20% coin. after ded.]  
**ER:** [\$250 copay after ded.]

**Deductible (Med/Rx):**  
[\$250/\$500]  
**Coinsurance (Med/Rx):**  
[50%/30%]

## Ambetter.pshpgeorgia.com

### Member/Provider Services:

1-877-687-1180  
TTY/TDD: 1-877-941-9231  
24/7 Nurse Line: 1-877-687-1180

### Numbers below for providers:

**Pharmacy Help Desk:** 1-800-868-3982  
**EDI Payor ID:** 68069

### Medical Claims:

Peach State Health Plan  
Attn: CLAIMS  
PO Box 5010  
Farmington, MO  
63640-5010

Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit [Ambetter.pshpgeorgia.com](http://Ambetter.pshpgeorgia.com).

AMB20-GA-C-00051

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# Member Eligibility



## Providers MUST verify member eligibility

- Every time a member schedules an appointment
- When the member arrives for the appointment

## PANEL STATUS

Primary Care Physicians (PCPs) should confirm that a member is assigned to their patient panel

This can be done via our Secure Provider Portal

PCPs can still administer service if the member is not on their panel, and they wish to have member assigned to them for future care

## Eligibility, Benefits and Cost Shares can be verified in 3 ways:

✓ **The Ambetter Secure Portal:**

[ambetter.provider.pshpgeorgia.com/sso/login](https://ambetter.provider.pshpgeorgia.com/sso/login)


•If you are already a registered user of the Ambetter from Peach State Health Plan secure portal, you do NOT need a separate registration!

✓ **24/7 Interactive Voice Response System**

Enter the Member ID Number and the month of service to check eligibility

✓ **Contact Provider Services: 1-877-687-1180**


# Verification of Eligibility on the Portal

Eligibility Patients Authorizations Claims Messaging Help

Viewing Eligibility For : TIN  Plan Type

### Eligibility Check

Date of Service  Member ID or Last Name  DOB

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	LOG ER VISIT
	10/05/2020	AARON DOE <a href="#">&gt;View details</a>	10/05/2020	No flu vaccine in past 12 months.	<input type="button" value="ER Visit?"/> <input type="button" value="Remove"/>

# Specialty Companies and Vendors



Service	Specialty Company/Vendor	Contact Information
High Tech Imaging Services	National Imaging Associates	866-214-2569 <a href="http://www.radmd.com">www.radmd.com</a>
Vision Services	Engolve Vision Benefits	1-800-334-3937 <a href="http://www.engolvevision.com">www.engolvevision.com</a>
Dental Services	Engolve Dental	<a href="http://www.engolvedental.com">www.engolvedental.com</a>
Pharmacy Services	Engolve Pharmacy Solutions	1-866-399-0928 (Phone) 1-866-399-0929 (Fax)





# Member Experience

# Provider Tips to Improve Empathy



Appropriate patient care is essential to the overall health of the ones you serve. Ambetter is dedicated to partnering with you to help maximize opportunities to improve patient care and patient satisfaction, for the benefit of you, the physician and the patient.

- **Knowing personal details**
  - Knowing life updates or significant events are great ways to gain more rapport with your patients. The more you know about your patient, the more you'll be able to understand where they're coming from.
- **Spend an extra minute**
  - I know your schedules are busy but spending only 60 more seconds to gather personal details like asking patients how are they doing generally, not just medically, could go a long way to cultivate feeling of empathy.
- **Make eye contact**
  - Non-verbal body language speaks just as loudly as words and can cultivate feelings of empathy.
- **Show your support**
  - If a patient is upset about a diagnosis, try to emphasize that it is only natural for them to have questions and you'd be more than happy to answer anything.



# Provider Tips to Improve Empathy

- **Put yourself in your patients' shoes**
  - Begin each week imagining your patient's perspective. Remember all the details of their treatment plan and ask the right questions.
- **Get patient feedback on how you're doing**
  - The best way to gauge your patients' perceptions of empathy is to get patient feedback on how you're doing. It is encouraged that your office designs a patient satisfaction survey and include questions that target a positive doctor-patient relationship and physician empathy.
- **Share these tips with your staff**
  - Empathy training is important for your medical practice staff too! In many offices, patients likely spend more time interacting with a combination of receptionists, medical assistants, and nurses than their providers. That means a negative interaction with your staff can influence patient satisfaction just as much, so share these tips with your staff.



# Open Enrollment 2023



**November 1 – January 15, 2023**



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