



2023 Provider Training Updates

*Tara T. Freeney
Sr. Director Operations*

GA 2023 Benefit Year Updates



Open Enrollment 2023:

- November 1, 2022 – January 15, 2023

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)

2023 Footprint – 149 counties – no expansion for 2023

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

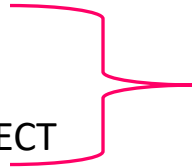
2023 Plan Names:

- Plan names will be changing (*small sample, full list of plan name changes located in the appendix*)
 - *Balanced Care 4 >>> Premier Silver*
 - *Balanced Care 11 >> Complete Silver*
 - *Balanced Care 12 >> Everyday Silver*
 - *Balanced Care 28 >> Elite Silver*
 - *Balanced Care 30 >> Clear Silver*
 - *Balanced Care 32 >> Focused Silver*

GA 2023 Benefit Year Updates

2023 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 Virtual Access – *Members must select a virtual provider as their PCP and specialist referrals are required.*
- 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.*

2023 GA Ambetter Networks Overview

GA Network	Ambetter Core	Wellstar SELECT	Plus SELECT	Ambetter Virtual Access	St. Joseph's Candler SELECT
<i>Go Live Date</i>	1/1/2014	1/1/2022	1/1/2022	1/1/2023	1/1/2023
<i>Health System Partner</i>	N/A	Wellstar Hospital System	Piedmont Hospital System	N/A	St. Joseph's Candler
<i>Network Description</i>	Full Ambetter network of providers and practitioners.	Tailored network with Wellstar hospital system.	Tailored network with Piedmont hospital system.	Members must select a virtual PCP. Referrals required to see a specialist.	Tailored network with SJC hospital system.
<i>Referral/PA Requirements</i>	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.	Referrals required to see a specialist.	Referral and Prior Authorization required for services outside of the Select Network.
<i>Covered Counties</i>	Full footprint; 149/159 counties	Cobb, Cherokee, Douglas, Paulding, Fulton (partial zip codes)	Henry, Fayette, Newton, Coweta, Walton and Fulton (partial zip codes)	Full footprint; 149/159 counties	Chatham
<i>Vision^ And Dental*[^] Buy Up</i>	Available	Not Available	Not Available	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.

^Note: For vision and dental services please contact Envolve.

ID Cards

2023 Ambetter Core ID Card

Note: Referral statement.

Subscriber: [Jane Doe] Member: [John Doe]	Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]
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Ambetterhealth.com/copays

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

Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only	RXBIN: 004336 RXPCN: ADV RXGROUP: RX5446
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REFERRAL FROM PCP NOT REQUIRED FOR SPECIALIST

Ambetter.pshgeorgia.com

Member/Provider Services: 1-877-687-1180 (TTY 1-877-941-9231) 24/7 Nurse Line: 1-877-687-1180 Numbers below for providers: Pharmacy Help Desk: 1-800-261-3181 EDI Payor ID: 68069 [Envolve Vision: 1-866-807-9990] [Envolve Dental Powered by United Concordia: 1-844-464-5632]	Medical Claims Address: Peach State Health Plan Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010
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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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Improvements

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

ID Cards

2023 Plus SELECT Card

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

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

SELECT  **Ambetterhealth.com/copays**

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

Plan: [Plan name]
 [Line 2 if needed]

[Network Name] Network Coverage Only

REFERRAL FROM PCP NOT REQUIRED FOR SPECIALIST

RXBIN: 004336
RXPCN: ADV
RXGROUP: RX5446

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.pshgeorgia.com

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

Numbers below for providers:
 Pharmacy Help Desk: 1-800-261-3181
 EDI Payor ID: 68069

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

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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ID Cards

2023 Saint Joseph's Candler SELECT Card

Note:

- *Select designation*
- *Referral statement*

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

Subscriber: Franklntdm Ingram
Member: Franklntdm Ingram

Policy #: 95357120
Member ID #: U9535712001
Effective Date: 01/01/2023

SELECT

Ambetterhealth.com/copays

PCP: \$30
Specialist: \$60
Rx (Generic/Brand): \$20/\$55
Urgent Care: \$60
ER: 40% after ded. (\$6,000)
Max Out-of-Pocket: \$8,500

Plan: Complete St. Joseph's/Candler SELECT Silver with Select Providers
St. Joseph's Candler SELECT Network Coverage Only

RXBIN: 004336
RXPCN: ADV
RXGROUP: RX5446

REFERRAL FROM PCP NOT REQUIRED FOR SPECIALIST

Ambetter.pshgeorgia.com

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

Numbers below for providers:
Pharmacy Help Desk: 1-800-261-3181
EDI Payor ID: 68069

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

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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Improvements


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

ID Cards

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

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

SELECT


 Ambetterhealth.com/copays

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

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

RXBIN: 004336
RXPCN: ADV
RXGROUP: RX5446

REFERRAL FROM PCP NOT REQUIRED FOR SPECIALIST

2023 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.pshgeorgia.com

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

Numbers below for providers:
 Pharmacy Help Desk: 1-800-261-3181
 EDI Payor ID: 68069

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



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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ID Cards

2023 Ambetter Virtual Access Card

Note:

- Virtual Access designation
- Referral statement

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

Subscriber: [Jane Doe]
Member: [John Doe]

Policy #: [XXXXXXXXXX]
Member ID #: [XXXXXXXXXXXXXXXXXX]
Effective Date: [00/00/00]

VIRTUAL ACCESS

Babylon Virtual Access App
Access Code: AVAGA

Ambetterhealth.com/copays
PCP: [\$0 Virtual/\$10 In-person copay after [\$600] ded.]
Specialist: [\$25 coin. after [\$600] ded.]
Rx (Generic/Brand): [\$5/\$25 after [\$600] Rx ded.]
Urgent Care: [20% coin. after [\$600] ded.]
ER: [\$250 copay after [\$600] ded.]
Max Out-of-Pocket: [\$25,000]

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

RXBIN: 004336
RXPCN: ADV
RXGROUP: RX5446

REFERRAL FROM PCP REQUIRED FOR SPECIALIST

Ambetter.pshgeorgia.com

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

Numbers below for providers:
Pharmacy Help Desk: 1-800-261-3181
EDI Payor ID: 68069

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

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

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

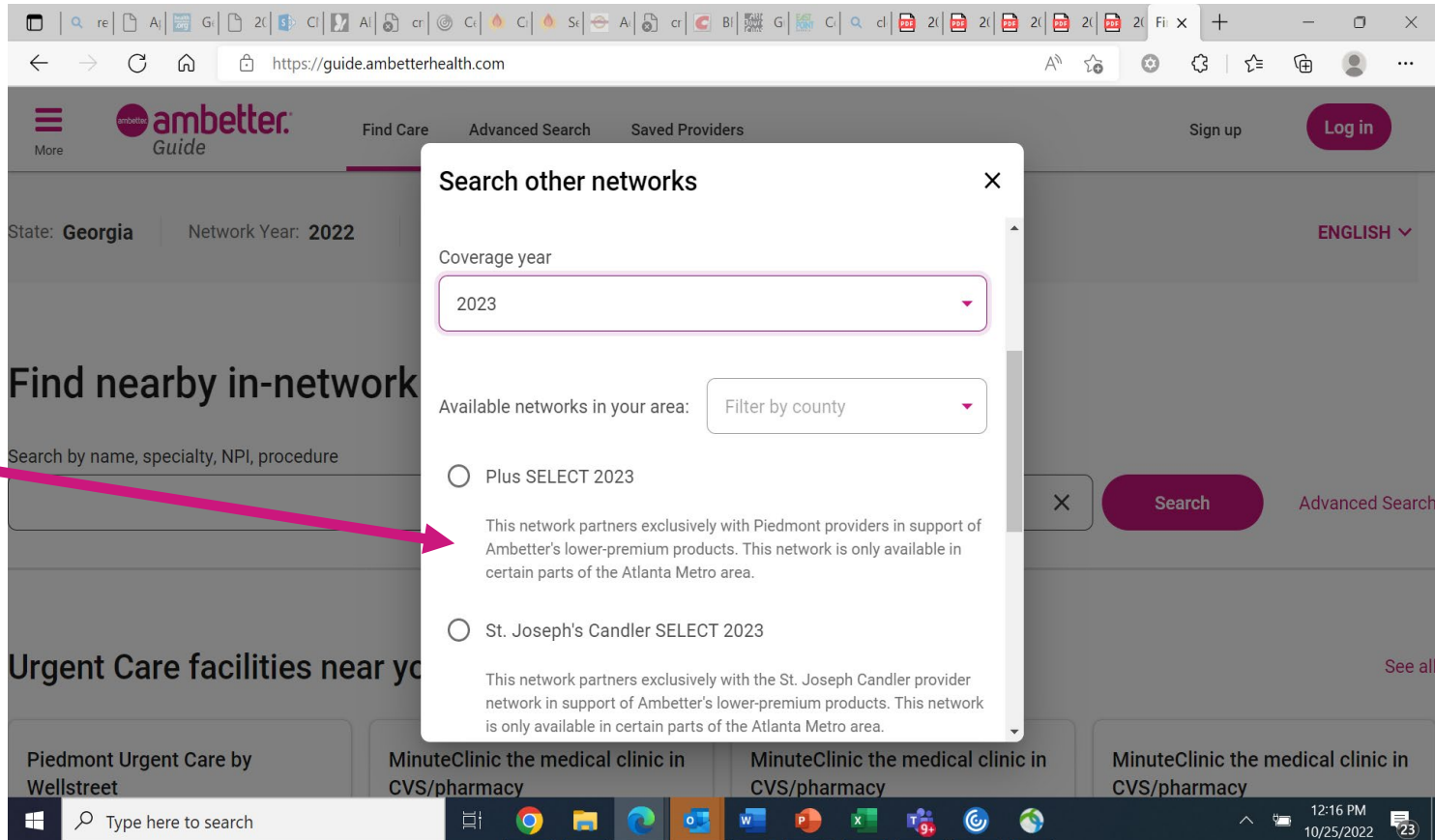
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AMB22-GA-C-00013

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

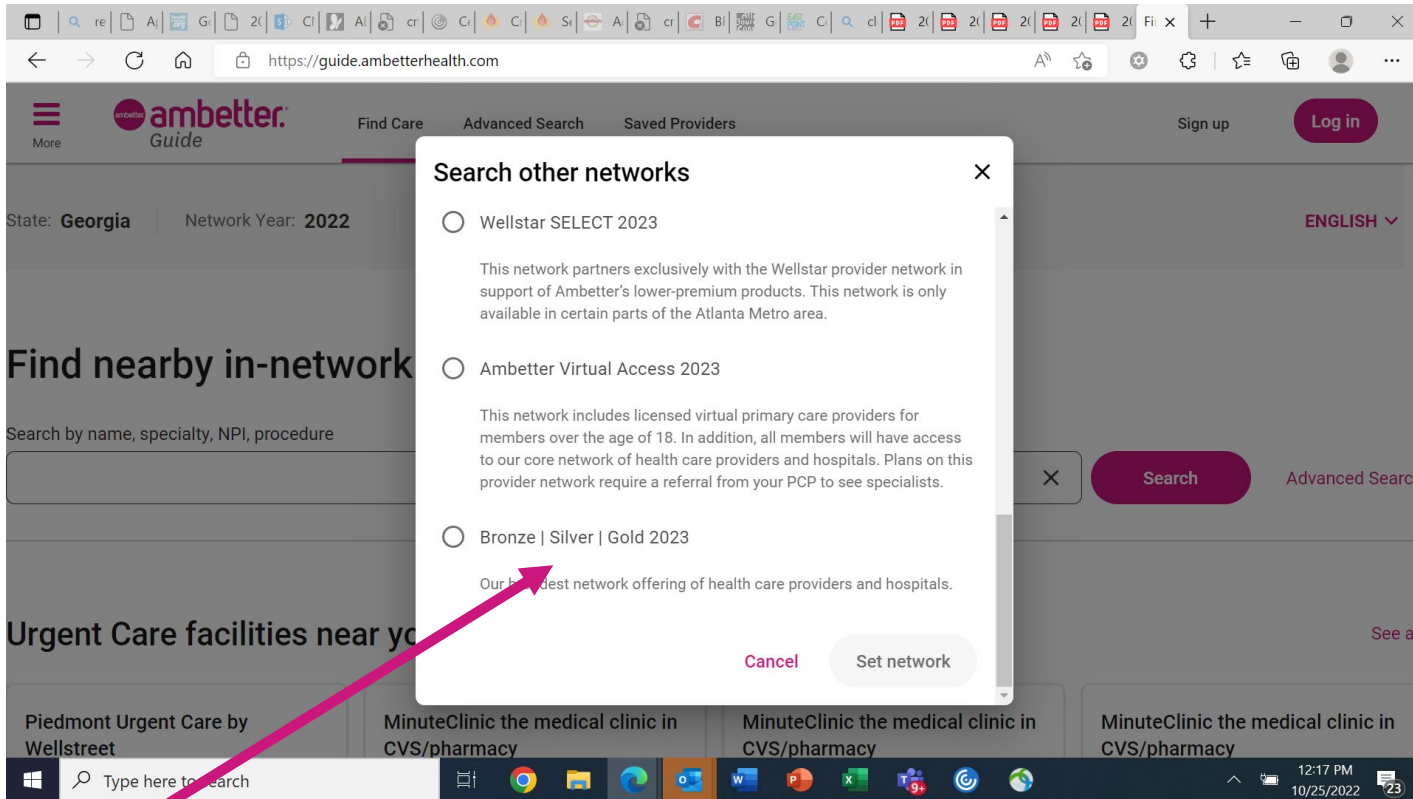
Search other networks

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

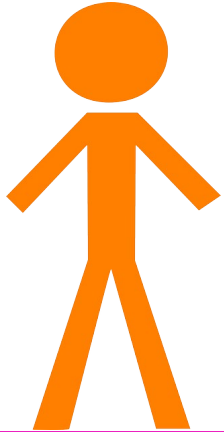
Network Access:

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

Out of Network:

- N/A

Ambetter Select Network Rules



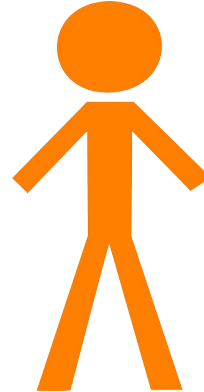
Plus SELECT Member

Network Access:

- Plus SELECT Network – Piedmont Health System

Out of Network:

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



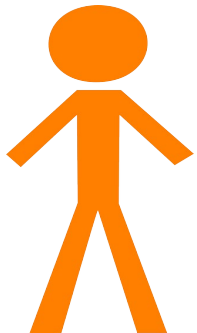
Wellstar SELECT Member

Network Access:

- Wellstar SELECT Network – Wellstar Health System

Out of Network:

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



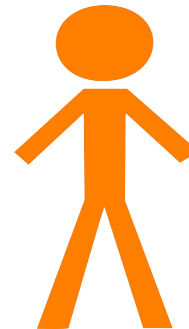
SJC SELECT Member

Network Access:

- SJC SELECT Network – SJC Health System

Out of Network:

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



Ambetter Virtual Access Member

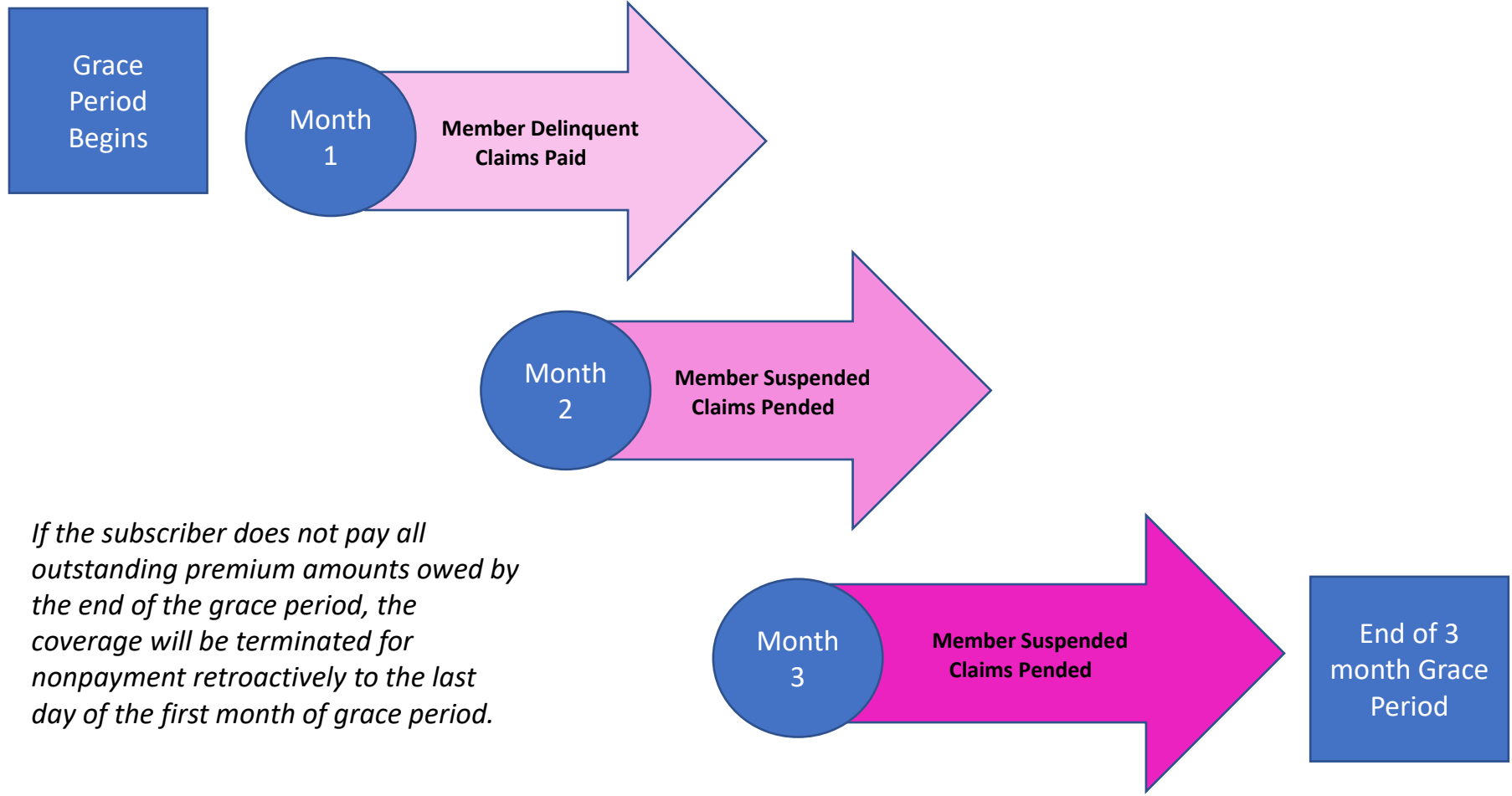
Network Access:

- Ambetter Virtual Access
- Ambetter Core

Out of Network:

- Wellstar SELECT Network
- Plus SELECT Network
- SJC SELECT Network

Grace Period Logic (members with APTC)



If the subscriber does not pay all outstanding premium amounts owed by the end of the grace period, the coverage will be terminated for nonpayment retroactively to the last day of the first month of grace period.

Provider Portal Demo

Viewing Patients For: TIN Plan Type

Patient List as of 12/15/2022

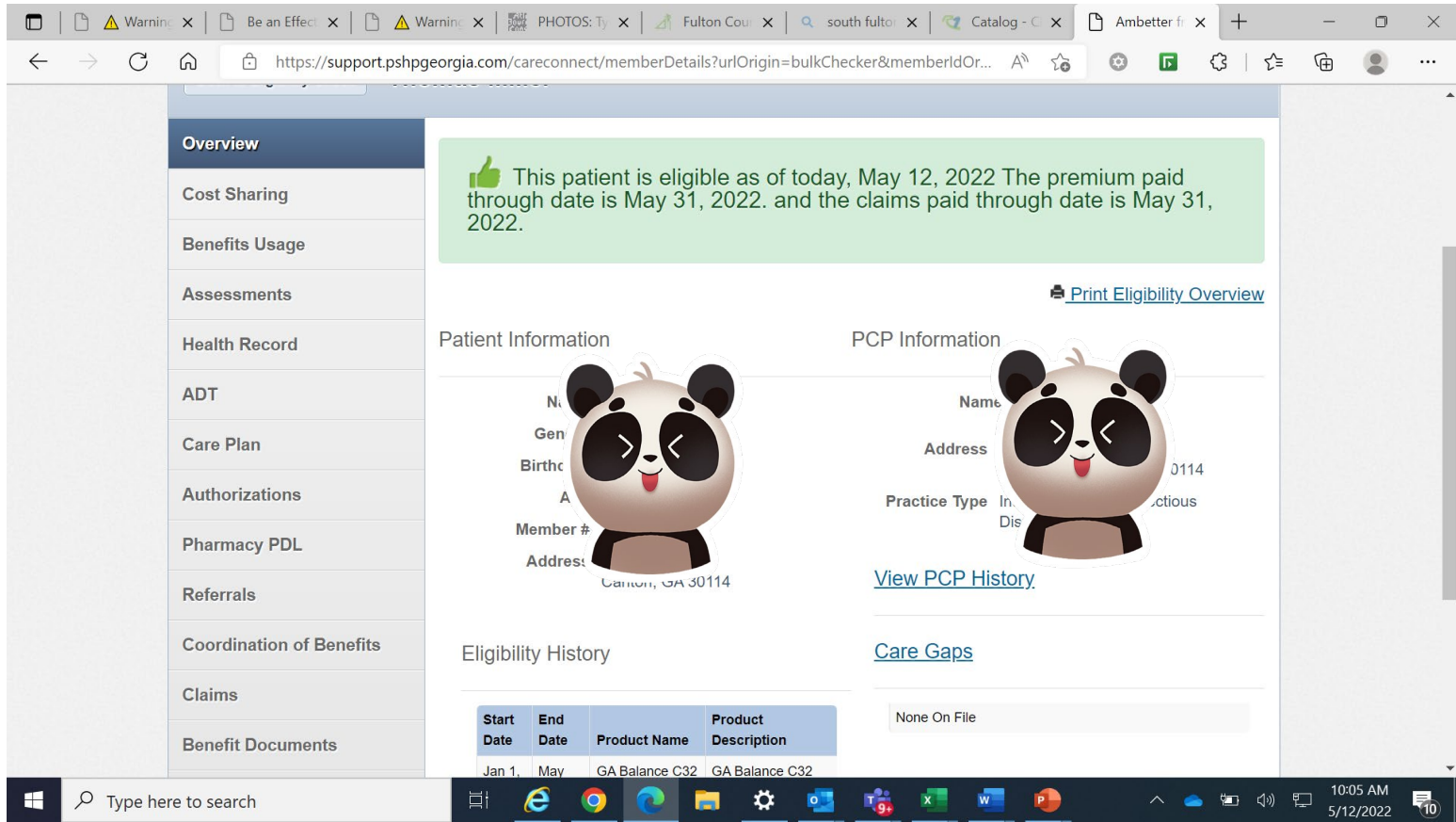
Only first 1500 records will be displayed. Use filters to view specific records.
This is only a list of your patients, please check eligibility to confirm the effective date and benefits for this member

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

Practice Type

Dis

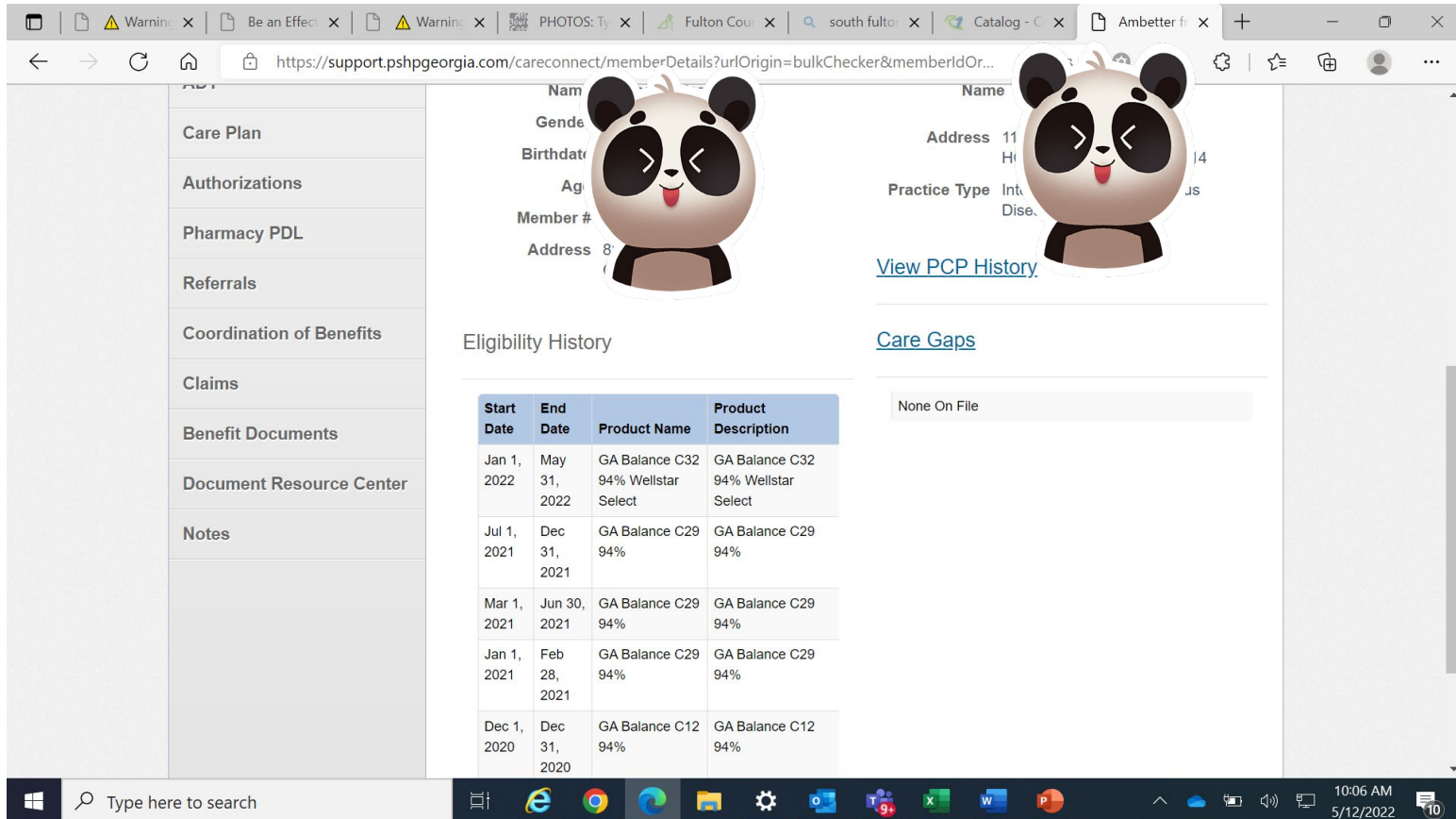
[View PCP History](#)

[Care Gaps](#)

None On File

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

Provider Portal con't



Navigation Menu:

- Care Plan
- Authorizations
- Pharmacy PDL
- Referrals
- Coordination of Benefits
- Claims
- Benefit Documents
- Document Resource Center
- Notes

Member Profile:

Name: [Panda Avatar]
Gender: [Panda Avatar]
Birthdate: [Panda Avatar]
Age: [Panda Avatar]
Member #: [Panda Avatar]
Address: [Panda Avatar]

Eligibility History:

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%

Additional Links: [View PCP History](#), [Care Gaps](#)

None On File

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
Urgent / Expedited Prior Authorization	Must be processed and completed within 72 clock hours of receipt, including notification <ul style="list-style-type: none"> • Approvals: practitioner & member notification required • Denials: practitioner & member notification required
Standard / Non-Urgent Prior Authorization Request	Must be processed and completed within 15 calendar days of receipt, including notification <ul style="list-style-type: none"> • Approvals: practitioner & member notification required • Denials: practitioner & member notification required
Urgent Concurrent Review	Must be processed and completed within 24 hours (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 72 hours (3 calendar days) , including notification. <ul style="list-style-type: none"> • Approvals: practitioner & member notification required • Denials: practitioner & member notification required

Medical Management Information (Ambetter Line of Business Only)

Category	Timeframe
Retrospective / Post Service Review	Must be processed and completed within 30 calendar days of receipt, including notification <ul style="list-style-type: none"> • Approvals: practitioner & member notification required • Denials: practitioner & member notification required
Newborn Delivery Notifications	The target to process delivery authorizations / notifications is within 3 business days of receipt. <ul style="list-style-type: none"> • Approvals: practitioner notification required
Practitioner Notifications	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>
PT/OT/ST Services for OP	Please contact NIA.

2023 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

2023 Ambetter Limits

Limit Comparison Table	GA Ambetter 2023
Cardiac Rehabilitation Limit	Prior authorization may be required. Limited to 40 visits per year. Limits do not apply when provided for a mental health/substance use disorder diagnosis.
Child Glasses Limit	Limited to 1 item per year.
Children Eye Exam Limit	Limited to 1 visit per year.
Chiropractic Care Limit	Prior authorization may be required. Limited to a combined maximum of 40 visits per year for chiropractic care, speech therapy, physical therapy and occupational therapy.
Habilitation Services Limit	Prior authorization may be required. Limited to a combined maximum of 40 visits per year for chiropractic, speech therapy, physical therapy and occupational therapy. Note: Habilitation therapy limits do not apply when provided for a mental health/substance use disorder diagnosis.
Hearing Aid Supplies Batteries Limit	Covered for cochlear implants and bone anchored hearing aids only.
Home Health Rehab Limit	Prior authorization may be required. Outpatient rehabilitation: limited to a combined
Home Healthcare Limit	Prior authorization may be required. Limited to 120 visits per year.
Mastectomy Bra Limit	Prior authorization may be required. Limited to 4 bras per year.
Neurodevelopmental Therapy Limit	Prior authorization may be required. Outpatient rehabilitation: limited to a combined maximum of 40 visits per year for chiropractic care, speech therapy, physical therapy and occupational therapy. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.
Neurological Rehabilitation Limit	Prior authorization may be required. Outpatient rehabilitation: limited to a combined maximum of 40 visits per year for chiropractic care, speech therapy, physical therapy and occupational therapy. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.
Nutritional Counseling Limit	Prior authorization may be required. Limited to 4 visits per year for nutritional counseling.
Outpatient Rehabilitation Limit	Prior authorization may be required. Limited to a combined maximum of 40 visits per year for chiropractic care, speech therapy, physical therapy and occupational therapy. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.
Skilled Nursing Facility Limit	Prior authorization may be required. Limited to 60 days per year.
Transplant Limit	Prior authorization may be required. Limited to \$10,000 for transportation & lodging per transplant; \$30,000 for donor search per transplant.
Wigs Limit	Prior authorization may be required. Limited to 1 per year.

2023 Noncovered Ambetter Benefits

- *Please reference Ambetter from Peach State Health Plan Evidence of Coverage for full and general exclusions.*

Non Covered Benefit Table	GA Ambetter 2023
Acupuncture Chem Dep	Not Covered.
Acupuncture	Not Covered.
Bariatric Surgery Inpatient	Not Covered.
Bariatric Surgery	Not Covered.
Hearing Aids	Not Covered.
Immunizations Travel	Not Covered.
Infertility Treatment	Not Covered.
Massage Therapist Services	Not Covered.
Naprathic Services	Not Covered.
Naturopathic Services	Not Covered.
Outpatient Rehab OT PT	Not Covered.
Private Duty Nursing	Not Covered.
Respite Care	Not Covered.

2023 Portfolio

All information confidential & proprietary

ambetter.

New 2023 Ambetter Plan Names



We're changing our Marketplace plan names for 2023!

On renewal letters, members may see a new plan name with the same great coverage and benefits they've come to expect from Ambetter.

Please refer to the charts below for the new plan names being offered in 2023.

Plan Level	2022 Plan Name	New 2023 Plan Name
Bronze	Essential Care 1	Clear Bronze
	Essential Care 2 HSA	Choice Bronze HSA
	Essential Care 5	Everyday Bronze
	Essential Care: \$0 Medical Deductible	Elite Bronze
Silver	Balanced Care 4	Premier Silver
	Balanced Care 11	Complete Silver
	Balanced Care 12	Everyday Silver
	Balanced Care 28	Elite Silver
	Balanced Care 30	Clear Silver
	Balanced Care 32	Focused Silver
Gold	Secure Care 5	Complete Gold
	Secure Care 20	Everyday Gold

Georgia 2023 Portfolio



2023 Ambetter Core Plans
Clear Bronze (+VAD)
Choice Bronze HSA (+VAD)
Everyday Bronze (+VAD)
Elite Bronze (+VAD)
Virtual Access Bronze
CMS Standard Bronze
CMS Standard Expanded Bronze
Premier Silver (+VAD)
Complete Silver (+VAD)
Everyday Silver (+VAD)
Clear Silver (+VAD)
Focused Silver (+VAD)
Virtual Access Silver
CMS Standard Silver
Complete Gold (+VAD)
Everyday Gold (+VAD)
Clear Gold (+VAD)
Elite Gold (+VAD)
Virtual Access Gold
CMS Standard Gold

Georgia 2023 Select Portfolio



2023 Ambetter Select Plans

Complete Select Silver (Wellstar, Plus, St. Joe Candler)

Clear Select Silver (Wellstar, Plus, St. Joe Candler)

Focused Select Silver (Wellstar, Plus, St. Joe Candler)

Enhanced Select Silver (Wellstar, Plus, St. Joe Candler)

CMS Standard Silver Select (Wellstar, Plus, St. Joe Candler)

Everyday Select Gold (Wellstar, Plus, St. Joe Candler)

Clear Select Gold (Wellstar, Plus, St. Joe Candler)

CMS Standard Gold Select (Wellstar, Plus, St. Joe Candler)

Georgia 2023 Off Exchange Only Portfolio



2023 Ambetter Off Exchange Plans
Bronze \$1,500 Medical Deductible
Silver 201 HSA (+VAD)
Silver 203 (+VAD)
Silver 224 (+VAD)
Silver 226 (+VAD)
Gold 201 HSA (+VAD)
Gold 202 (+VAD)

2023 Ambetter Virtual Access

All information confidential & proprietary

ambetter.

Ambetter Virtual Access with Babylon - FAQs



- Ambetter Virtual Access is a plan for Ambetter members that want a virtual PCP experience, as well as access to a broad network of in-person specialists
- Members 18+ will be auto-assigned to a Babylon virtual PCP upon enrollment
 - Members 18+ can opt out of the virtual PCP experience and see an in-person PCP
 - All minors on a Virtual Access plan will be assigned to an in-person PCP
- Members will need a referral from their PCP for most specialist care
 - The following services do not require a referral: Urgent/Emergent services, BH/SUD, OB/GYN, Labs, X-ray/Imaging, Anesthesiology
 - In-person providers should confirm that Virtual Access members have an active referral prior to providing care
 - Even if members opt-out of their virtual PCP, they will still require a referral from their in-person PCP to see a specialist

Ambetter Virtual Access with Babylon - FAQs



- The Ambetter Virtual Access Network is managed by Babylon Health. Their contact information is as follows:
 - (706) 550-6460 or (833) 464 – 3801
 - 1450 W Peachtree ST NW #200 Atlanta, GA 30309-2955
 - us-support@babylonhealth.com
- Are Ambetter Virtual Access PCP payments contractually under the Ambetter Core provider agreement? *Yes.*
- Can a practice close their panel to the Ambetter Virtual Access Network? *Yes – If providers want to opt-out, they will need to follow the standard process by contacting their Ambetter PR representative and submitting their information and opt out details to the following email: PSHP_atlantaproperations@centene.com.*
- Is the referral required by Ambetter Virtual Access Network specific to a named provider or specialty? *Referrals will be made to a specific provider in the Ambetter Provider Portal; however, as long as the member sees a provider with the same TIN and specialty (rendering taxonomy) the claim will pay.*
- How does a specialist know if there is a referral on file before seeing the Ambetter Virtual Access member? *Specialists will need to check the Ambetter Provider Portal for a corresponding referral for the requested Provider when seeing Ambetter Virtual Access members. To help remind providers, the Ambetter Virtual Access ID Card clearly differentiates Virtual Access members from Core members and has as a call to action to check portal for referrals. See previous training slide for ID card and instructions.*

Ambetter Virtual Access: Network Key Points



1. Members enrolled in Ambetter Virtual Access-Babylon require a referral from their PCP in order to see a specialist.
 - a) Members cannot self-direct care outside of PCP care
 - b) Non-emergent, non-authorized, out-of-network is not covered, and claims are denied
 - c) Emergent & Authorized Services OON are covered and should price at Core rate, if applicable
2. Members 18 and above are assigned to a Babylon PCP. Minors are assigned to traditional brick and mortar PCPs.
 - Ambetter Virtual Access was designed for members who desire a Virtual Primary Care experience. However, members do have the ability to “opt-out” and choose an in-network brick and mortar PCP.
 - A member who opts out will lose the \$0 PCP copay benefit and a copay (depending on the member’s plan) will apply.
 - For members enrolled in gatekeeper plans, the referral requirement will still apply, and the member’s new PCP will be required to issue referrals if specialists care is required.
 - Members can opt back in and choose a virtual PCP if they wish. However, we do not want them opting back in and out several times as it then becomes difficult to coordinate the member’s care.
3. Members assigned to Babylon can see any Babylon provider within their group [(TIN, group NPI) not just the assigned PCP].
4. Provider Guide (FAP) – Core Providers are INN with Ambetter Virtual Access (with a few exceptions for the small number of providers who may opt out)

Ambetter Virtual Access: PCP Referral Flow - Walkthrough



1. Provider identifies member requires specialty care (care outside of PCP services) and a referral is required
2. Only providers within member's primary provider group can submit referrals. If assigned to Babylon Primary Care, only Babylon Primary Care can submit the referral.
3. Referrals are not required for:
 1. Urgent/Emergent services
 2. BH/SUD
 3. OB/GYN
 4. Labs, X-ray/Imaging, Anesthesiology
4. Users logs into to Provider Portal
5. Click on the 'PCP Referrals' Tab at the Top
 1. Or can search for the member's eligibility first, go to the member details then navigate PCP Referral tab
6. Search for Member (Required: Member ID/Last Name and DOB)
7. Click Create a Referral
 1. REF# unique identifier to be created at the time of submission
8. Confirm referring provider identity (NPI, TIN, MPK, Name, Phone #, location)

Ambetter Virtual Access: PCP Referral Flow – Walkthrough – con't



9. Using Ambetter Guide, search by Specialty type
 - If there is a specialty in the Primary Provider Group, PCP will direct the member to seek the specialty care with that provider, no referral required. If there is no specialty within the member's Primary Provider Group, look for specialties within the Virtual Access network, referral is required.
10. Input Specialty Provider information found on Ambetter Guide (NPI, TIN, MPK, Name, Phone #, location) into the Referral Intake Form
11. Enter Date Span (not required field, default to 90 days)
 - No start date default since PCP can backdate
12. Consult or Treatment check box/radio button (Referral Type)
13. Enter # of Visits
14. Additional Notes - Free text field
15. Review/Confirm referral information
 - Disclaimers before being allowed to submit referral:
 - Provider cannot change anything on the referral after submission
 - Review servicing provider information and confirm, the referral will go to the servicing provider immediately
16. Submit Referral, go back to Referral Landing Page to see REF#
17. Once the referral is submitted by the Referring provider, the member will set up an appointment with the referred to provider.

PCP Referral Flow – Ambetter Guide Instructions: Searching for a Specialist (step 9)

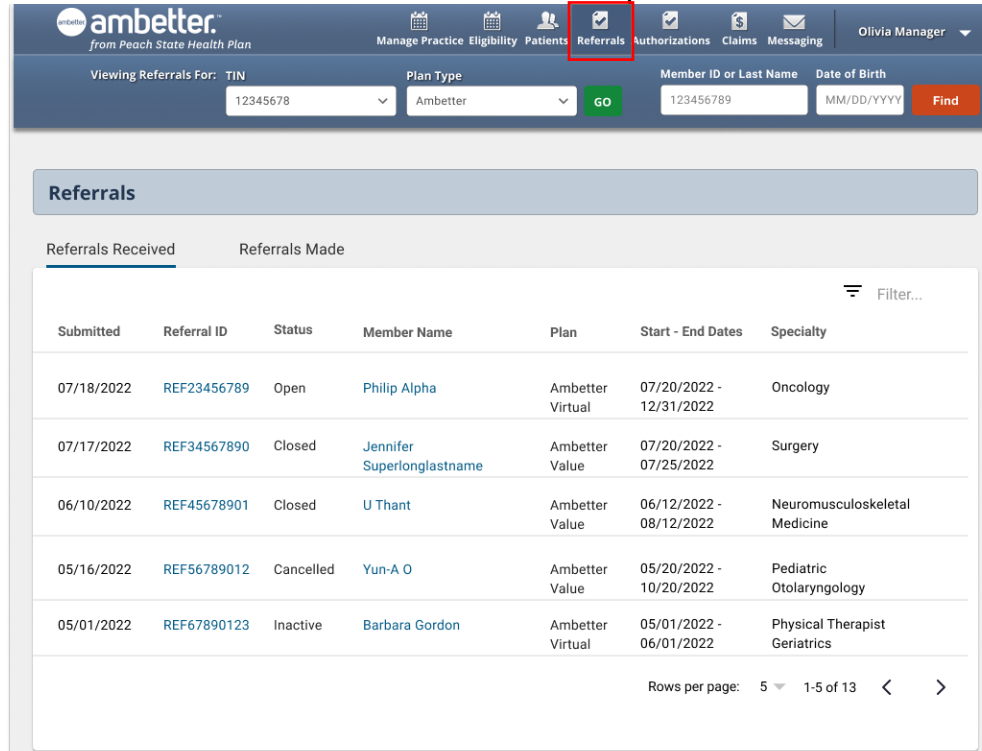


As a Referring Provider in the Virtual Access network...

1. Go to Ambetter Guide: <https://guide.ambetterhealth.com/>
2. Click the option for “Your Home State”
3. On the next screen, set the state field to the member’s home state. If a year field is present (e.g., during Open Enrollment), set it to the current year. Click the button to advance.
4. On the next screen, select the Ambetter Virtual Access option. Click the button to advance.
 1. If you do not see an Ambetter Virtual Access option, go back to the prior screen and make sure you have the state (and year, if present) set correctly.
5. The next screen includes fields for (1) a search term and (2) the search location.
 1. (1) The search term field has no default. Enter the specialty.
 2. (2) The search location field defaults to the location set by your internet service provider. Set the search location to a ZIP or city appropriate for the member.
6. Submit the search.
7. On the results page, use the “Specialty” filter to narrow the results to the specific specialty you need.
8. Click through on any result to see full details about the provider, including their NPI.

Referral Location – Top Bar

PCP Referrals in Top Bar



The screenshot displays the Ambetter web application interface. The top navigation bar includes the Ambetter logo and several menu items: 'Manage Practice Eligibility', 'Patients', 'Referrals' (highlighted with a red box), 'Authorizations', 'Claims', and 'Messaging'. Below the navigation bar is a search form with fields for 'Viewing Referrals For: TIN' (12345678), 'Plan Type' (Ambetter), 'Member ID or Last Name' (123456789), and 'Date of Birth' (MM/DD/YYYY). A 'GO' button and a 'Find' button are also present.

The main content area is titled 'Referrals' and has two tabs: 'Referrals Received' (selected) and 'Referrals Made'. Below the tabs is a table with the following columns: Submitted, Referral ID, Status, Member Name, Plan, Start - End Dates, and Specialty. The table contains five rows of data:

Submitted	Referral ID	Status	Member Name	Plan	Start - End Dates	Specialty
07/18/2022	REF23456789	Open	Philip Alpha	Ambetter Virtual	07/20/2022 - 12/31/2022	Oncology
07/17/2022	REF34567890	Closed	Jennifer Superlonglastname	Ambetter Value	07/20/2022 - 07/25/2022	Surgery
06/10/2022	REF45678901	Closed	U Thant	Ambetter Value	06/12/2022 - 08/12/2022	Neuromusculoskeletal Medicine
05/16/2022	REF56789012	Cancelled	Yun-A O	Ambetter Value	05/20/2022 - 10/20/2022	Pediatric Otolaryngology
05/01/2022	REF67890123	Inactive	Barbara Gordon	Ambetter Virtual	05/01/2022 - 06/01/2022	Physical Therapist Geriatrics

At the bottom of the table, there is a 'Filter...' button and a pagination control showing 'Rows per page: 5' and '1-5 of 13'.

Please Note: A Referral cannot be started for a non-eligible Member

Provider Portal: Referrals Made



Viewing Referrals For: TIN: 12345678 Plan Type: Ambetter Member ID or Last Name: 384917562 Date of Birth: 12/09/1995 **GO** **Find**

Referrals

Referrals Received **Referrals Sent**

Filter...

Submitted	Referral ID	Status	Member Name	Plan	Start - End Dates	Specialty
07/21/2021	REF93048573	Active	Harold Arnold	Ambetter Virtual	10/01/2021 - 10/30/2021	Surgery
07/20/2021	REF29384756	Active	Reginald Longbottom III, Esq.	Ambetter Premium	12/28/2021 - 01/13/2022	Oncology
06/10/2021	REF01748392	Active	Donald Draper	Ambetter Select	01/20/2022 - 02/03/2022	Physical Therapist Geriatrics
05/16/2021	REF19485736	Cancelled	Bert Cooper	Ambetter Value	11/12/2021 - 11/25/2021	Pediatric Otolaryngology
05/01/2021	REF92837462	Expired	Richard Whitman	Ambetter Virtual	12/21/2021 - 12/22/2021	Neuromusculoskeletal Medicine

Rows per page: 5 1-5 of 10 < >

Status Type Explanation

ACTIVE: The referral is still within the start date and end date
EXPIRED: The end date for the referral has passed
CANCELLED: The referral has been cancelled by the referring provider
CLOSED: The referral number was submitted with a claim

Provider Portal: Referrals Received

Viewing Referrals For: TIN: 12345678 Plan Type: Ambetter GO

Member ID or Last Name: 384917562 Date of Birth: 12/09/1995 Find

Referrals

Referrals Received Referrals Sent

Submitted	Referral ID	Status	Member Name	Plan	Start - End Dates	Specialty
07/18/2022	REF23456789	Active	Phillip Harlow	Ambetter Virtual	07/20/2022 - 12/31/2022	Oncology
07/17/2022	REF34567890	Active	Jennifer Lynn Grice McMillan, Esq	Ambetter Value	07/20/2022 - 07/25/2022	Surgery
06/10/2022	REF45678901	Active	Paul Thomas Anderson	Ambetter Value	06/12/2022 - 08/12/2022	Neuromusculoskeletal Medicine
05/16/2022	REF56789012	Cancelled	Robert Bresson	Ambetter Value	05/20/2022 - 10/20/2022	Pediatric Otolaryngology
05/01/2022	REF67890123	Expired	Barbara Gordon	Ambetter Virtual	05/01/2022 - 06/01/2022	Physical Therapist Geriatrics

Rows per page: 5 1-5 of 13

Status Type Explanation

ACTIVE: The referral is still within the start date and end date
EXPIRED: The end date for the referral has passed
CANCELLED: The referral has been cancelled by the referring provider
CLOSED: The referral number was submitted with a claim

To begin a new referral, click on Create Referral in the upper right corner and enter the member's last name or ID Number and their date of birth.

Identifying “Referring Provider”

Viewing Referrals For: TIN 12345678 Plan Type Ambetter GO Create Ref

Create Referral

Patient Name Jane Doe Member ID 384917562 Birth Date 12/09/1995
 Plan Ambetter Virtual Primary Medical Group The Medical Group

Please create the referral using the form below. All fields are required except Notes. If you need to find a provider for your referral, please use the [Ambetter Guide](#).

No referral necessary for the following Specialties:

- Urgent or Emergent services
- Behavioral Health/Substance Use Disorder
- Obstetrics and Gynecology
- Labs
- Radiology (X-ray, Imaging)
- Anesthesiology

Referring Provider

ENTER NAME OR NPI

Referral Type

SELECT AN OPTION

BLOCKED

Please enter the full NPI number or name to enable

Name TIN NPI Primary Medical Group Primary Group Number Phone

User must have access privileges for the Provider who is Referring
 Error displayed for not inputting enough information to find Referring Provider

Viewing Referrals For: TIN 12345678 Plan Type Ambetter GO Create Ref

Create Referral

Patient Name Jane Doe Member ID 384917562 Birth Date 12/09/1995
 Plan Ambetter Virtual Primary Medical Group The Medical Group

Please create the referral using the form below. All fields are required except Notes. If you need to find a provider for your referral, please use the [Ambetter Guide](#).

No referral necessary for the following Specialties:

- Urgent or Emergent services
- Behavioral Health/Substance Use Disorder
- Obstetrics and Gynecology
- Labs
- Radiology (X-ray, Imaging)
- Anesthesiology

Referring Provider

ENTER NAME OR NPI

Referral Type

SELECT AN OPTION

Name TIN NPI Primary Medical Group Primary Group Number Phone

Full NPI put in resulting in a match

Selecting “Referring Provider”

Create Referral

Select a Referring Provider Filter...

Name	Location	NPI	TIN	Specialty	Plans
farvey Doctor	Community Action Corporation of South Texas 3130 S Alameda Corpus Christi TX 78405	1699961102	****4240	Pediatrics	Ambetter Select Ambetter Value Ambetter Virtual
farvey Doctor Medical Group	Cleveland Clinic Martin South Hospital 200 SE Hospital Stuart FL 34994	1194790055	****7874	General Acute Care Hospital	Ambetter Core Ambetter Select
farvey Doctor	WELLSTAR KENNESTONE HOSPITAL 677 Church St NE Mariette GA 30060-1101	1649248626	****2904	General Acute Care Hospital	Ambetter Core Ambetter Select Ambetter Select Wellstar Ambetter Value Ambetter Virtual

Rows per page: 5 | 1-5 of 13

Referring Provider now populated in referral form:

Create Referral

Patient Name **Jane Doe** Member ID **384917562** Birth Date **12/09/1995**

Plan **Ambetter Virtual** Primary Medical Group **The Medical Group**

Please create the referral using the form below. All fields are required except Notes.
If you need to find a provider for your referral, please use the [Ambetter Guide](#).

No referral necessary for the following Specialties:

- Urgent or Emergent services
- Behavioral Health/Substance Use Disorder
- Obstetrics and Gynecology
- Labs
- Radiology (X-ray, Imaging)
- Anesthesiology

Referring Provider

ENTER NAME OR NPI

Name Harvey Doctor

TIN ****4240 NPI 1699961102

Primary Medical Group The Medical Group

Primary Group Number 92039475

Phone (228) 896-6640

Referral Type

Treatment

SELECT AN OPTION

Referring Provider selection screen once narrowed down to NPI and/or Name

Assigning the Referral Type

viewing referrals for: TIN
Plan Type

12345678
Ambetter
GO
Create Referral

Create Referral

Patient Name **Jane Doe** Member ID **384917562** Birth Date **12/09/1995**

Plan **Ambetter Virtual** Primary Medical Group **The Medical Group**

Please create the referral using the form below. All fields are required except Notes. If you need to find a provider for your referral, please use the [Ambetter Guide](#).

No referral necessary for the following Specialties:

- Urgent or Emergent services
- Behavioral Health/Substance Use Disorder
- Obstetrics and Gynecology
- Labs
- Radiology (X-ray, Imaging)
- Anesthesiology

Referring Provider

ENTER NAME OR NPI

Name **Harvey Doctor**

TIN ****4240 NPI 1699961102

Primary Medical Group **The Medical Group**

Primary Group Number **92039475**

Phone **(228) 896-6640**

Referral Type

- Consult
- Treatment
- Consult & Treatment

Consult: One visit only available for a consult with “referred to” specialist.

Treatment: Consult already occurred and a specific # of visits and/or duration of time to receive treatment with specialist is available.

Consult & Treatment: Combination of the above with a preset # of visits and duration of time to obtain those visits is allocated.

Identifying the “Referred To” Provider

Referred To Provider

Samuel L Bronkowitz

ENTER NAME OR NPI

Name

TIN NPI

Primary Medical Group

Primary Group Number

Phone

Referred To Provider's Specialty

SELECT AN OPTION

Dates & Visits

Start Date

End Date

Visits

10/14/2021

12/31/2021

1

Notes (optional)

Enter some notes here . . .

0/400

Note: Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual.

CANCEL

NEXT

Blue arrow: Good to go. Provider can be selected without deviation.

Red exclamation: Warning Message(s) applies

Grey circle w/line: Blocked provider

Create Referral

Select a Referred To Provider

Name	Location	NPI	TIN	Specialty	Plans	
Samuel L Bronkowitz	Community Action Corporation of South Texas 3130 S Alameda Corpus Christi TX 78405	1699961102	****4240	Hematology & Oncology	Ambetter Select Ambetter Value Ambetter Virtual	
Samuel L Bronkowitz	Cleveland Clinic Martin South Hospital 200 SE Hospital Stuart FL 34994	1194790055	****7874	General Acute Care Hospital	Ambetter Core Ambetter Select	
Samuel L Bronkowitz	WELLSTAR KENNESTONE HOSPITAL 677 Church St NE Mariette GA 30060-1101	1649248626	****2904	General Acute Care Hospital	Ambetter Core Ambetter Select Ambetter Select Wellstar Ambetter Value Ambetter Virtual	

Rows per page: 5 1-5 of 13

Selecting the “Referred To” Provider & Notes

Choose applicable Provider Specialty being referred

Referred To Provider

ENTER NAME OR NPI

Name **Samuel L Bronkowitz**
 TIN ****9385 NPI 92837465
 Primary Medical Group **Family Doctors of Marieta**
 Primary Group Number 92039475
 Phone (404) 896-6640

Referred To Provider's Specialty

Hematology & Oncology
 Medical Oncology
 Pediatrics Pediatric Hematology-Oncology

Notes (optional)

Enter some notes here ...

0/400

Note: Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual.

PCP can enter any notes for the “Referred To” provider to read:

Referred To Provider

ENTER NAME OR NPI

Name **Samuel L Bronkowitz**
 TIN ****9385 NPI 92837465
 Primary Medical Group **Family Doctors of Marieta**
 Primary Group Number 92039475
 Phone (404) 896-6640

Referred To Provider's Specialty

Hematology & Oncology

SELECT AN OPTION

Dates & Visits

Start Date	End Date	Visits
10/14/2021	12/31/2021	1

Notes (optional)

I've never really even liked calimari. I just order it because I like the breading and the sauce.

97/400

Note: Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual.

Referral Form Review & Confirmation

from Peach State Health Plan | Manage Practice Eligibility Patients Referrals Authorizations Claims Messaging | Olivia Manager

Viewing Referrals For: TIN 12345678 Plan Type Ambetter GO Create Referral

Referral

Patient Name **Jane Doe** Member ID **384917562** Birth Date **12/09/1995**
 Plan **Ambetter Virtual** Primary Medical Group **The Medical Group**

- A Prior Auth **will** be needed for these services in addition to the referral. Please refer to the following URL - <http://priorauthsforGA.gov>
- A Prior Auth **may** be needed for these services in addition to the referral. Please refer to the following URL - <http://priorauthsforGA.gov>
- A referral is **not required** for the Specialty and Specialist selected

Referring Provider

Name **Harvey Doctor**
 TIN ****4240 NPI 1699961102
 Provider Medical Group **The Medical Group**
 Provider Group Number 92039475
 Phone (228) 896-6640

Referral Type

Treatment

Referred To Provider

Name **Samuel L Bronkowitz**
 TIN ****9385 NPI 92837465
 Provider Medical Group **Family Doctors of Marietta**
 Provider Group Number 92039475
 Phone (404) 896-6640

Referred To Provider's Specialty

Hematology & Oncology

Dates & Visits Dates **10/14/2021 - 12/31/2021** Visits **1**

Notes (optional)
 "I've never really even liked callamari. I just order it because I like the breading and the sauce."

BACK SUBMIT

from Peach State Health Plan | Manage Practice Eligibility Patients Referrals Authorizations Claims Messaging | Olivia Manager

Viewing Referrals For: TIN 12345678 Plan Type Ambetter GO Create Referral

✔ Referral created successfully. ✕

Referrals

Referrals Received Referrals Made Filter...

Submitted	Referral ID	Status	Member Name	Plan	Start - End Dates	Specialty
10/14/2021	REF93847284	Active	Jane Doe	Ambetter Virtual	10/14/2021 - 12/31/2022	Hematology & Oncology
07/21/2021	REF93048573	Active	Harold Arnold	Ambetter Virtual	10/01/2021 - 10/30/2021	Surgery
07/20/2021	REF29384756	Active	Reginald Longbottom III, Esq.	Ambetter Premium	12/28/2021 - 01/13/2022	Oncology
06/10/2021	REF01748392	Active	Donald Draper	Ambetter Select	01/20/2022 - 02/03/2022	Physical Therapist Geriatrics
05/16/2021	REF19485736	Cancelled	Bert Cooper	Ambetter Value	11/12/2021 - 11/25/2021	Pediatric Otolaryngology

Rows per page: 5 1-5 of 10 < >

Status Type Explanation

ACTIVE: The referral is still within the start date and end date
 EXPIRED: The end date for the referral has passed
 CANCELLED: The referral has been cancelled by the referring provider

Referral Cancellation

Find Referral that needs to be cancelled:

Viewing Referrals For: TIN 93829304 Plan Type Ambetter GO Create Referral

Back to Referrals JANE DOE

Overview Cost Sharing Benefits Usage Assessments Health Record Care Plan Authorizations Pharmacy PDL Care Management Referrals **PCP Referrals** Coordination of Benefits Claims Benefit Documents Document Resource Center Notes

CREATE REFERRAL

Submitted	Status	Referral ID	Start - End Dates	Specialty
07/18/2022	Active	REF384917562	07/20/2022 - 07/25/2022	Oncology
07/17/2022	Closed	REF345678901	07/20/2022 - 07/25/2022	Surgery
07/16/2022	Cancelled	REF456789012	07/20/2022 - 07/25/2022	Neuromusculoskeletal Medicine & OMM
07/16/2022	Cancelled	REF567890123	07/20/2022 - 07/25/2022	Pediatric Otolaryngology
07/16/2022	Expired	REF678901234	05/20/2022 - 05/25/2022	Physical Therapist Geriatrics

Rows per page: 5 1-5 of 13

Status Type Explanation
 ACTIVE: The referral is still within the start date and end date
 EXPIRED: The end date for the referral has passed
 CANCELLED: The referral has been cancelled by the referring provider
 CLOSED: The referral number was submitted with a claim

Cancel Referral option:

Viewing Referrals For: TIN 93829304 Plan Type Ambetter GO Create Referral

Back to Referrals JANE DOE

Overview Cost Sharing Benefits Usage Assessments Health Record Care Plan Authorizations Pharmacy PDL Care Management Referrals **PCP Referrals** Coordination of Benefits Claims Benefit Documents Document Resource Center Notes

REF93847284 **CANCEL REFERRAL**

Patient Name Jane Doe Member ID 384917562 Birth Date 12/09/1995
 Plan Ambetter Virtual Primary Medical Group The Medical Group

Referring Provider
 Name Harvey Doctor
 TIN ****4240 NPI 1699961102
 Provider Medical Group The Medical Group
 Provider Group Number 92039475
 Phone (228) 896-6640

Referral Type
 Treatment

Referred To Provider
 Name Samuel L Bronkowitz
 TIN ****9385 NPI 92837465
 Provider Medical Group Family Doctors of Marieta
 Provider Group Number 92039475
 Phone (404) 896-6640

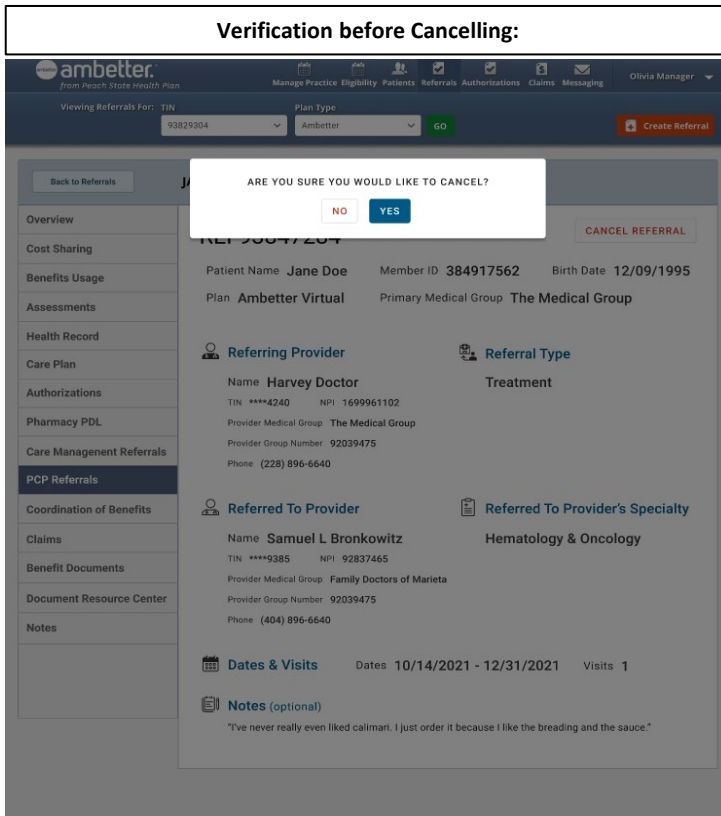
Referred To Provider's Specialty
 Hematology & Oncology

Dates & Visits Dates 10/14/2021 - 12/31/2021 Visits 1

Notes (optional)
 "I've never really even liked calamari. I just order it because I like the breading and the sauce."

Referral Cancellation, continued

Verification before Cancelling:



Verification before Cancelling:

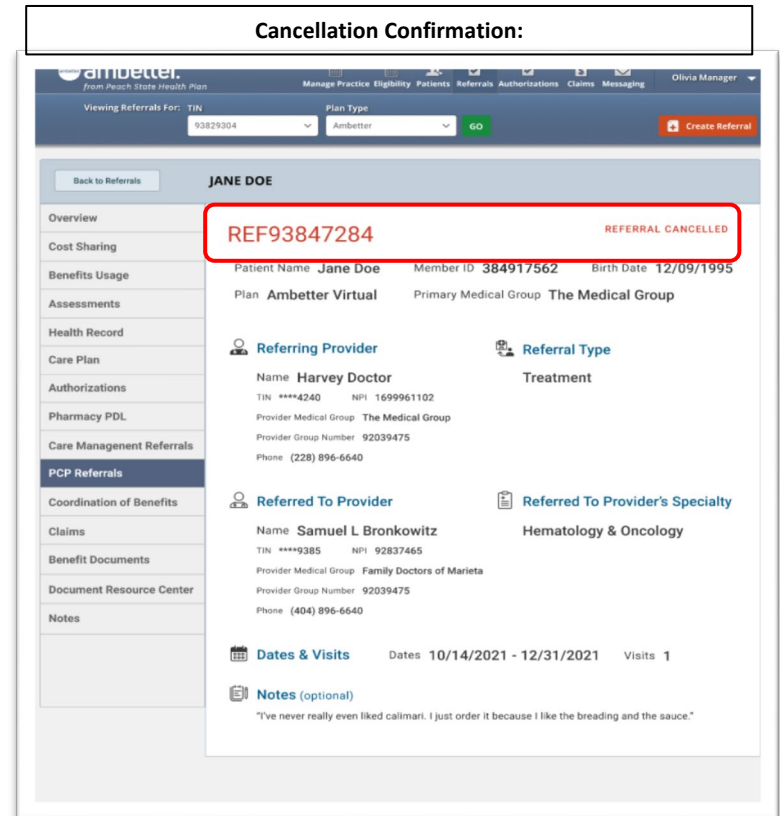
ARE YOU SURE YOU WOULD LIKE TO CANCEL?

NO YES

Referral Details:

- Patient Name: Jane Doe
- Member ID: 384917562
- Birth Date: 12/09/1995
- Plan: Ambetter Virtual
- Primary Medical Group: The Medical Group
- Referring Provider: Harvey Doctor (Treatment)
- Referred To Provider: Samuel L Bronkowitz (Hematology & Oncology)
- Dates & Visits: 10/14/2021 - 12/31/2021, Visits 1
- Notes (optional): "I've never really even liked callmari. I just order it because I like the breeding and the sauce."

Cancellation Confirmation:



Cancellation Confirmation:

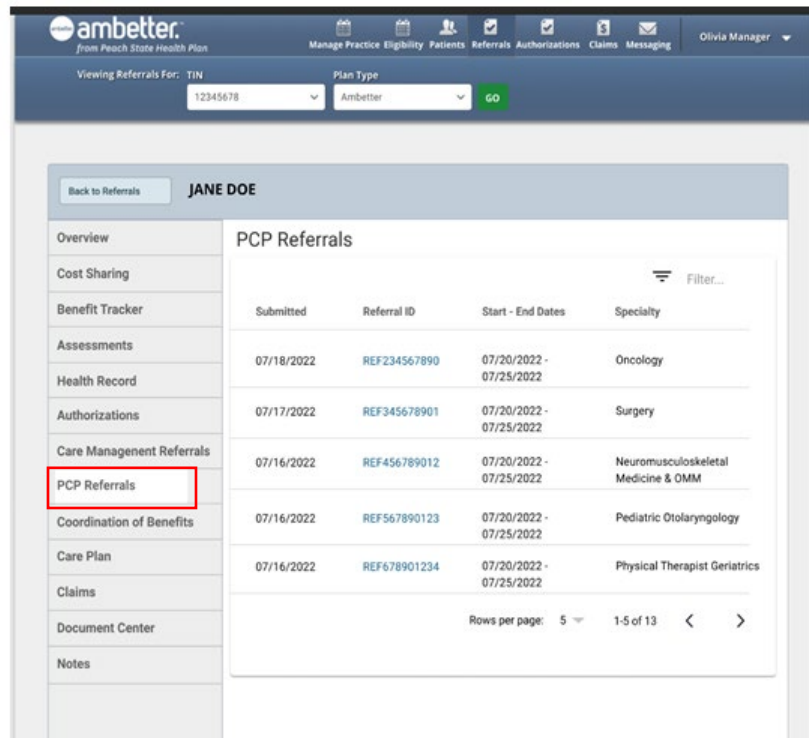
REF93847284 REFERRAL CANCELLED

Referral Details:

- Patient Name: Jane Doe
- Member ID: 384917562
- Birth Date: 12/09/1995
- Plan: Ambetter Virtual
- Primary Medical Group: The Medical Group
- Referring Provider: Harvey Doctor (Treatment)
- Referred To Provider: Samuel L Bronkowitz (Hematology & Oncology)
- Dates & Visits: 10/14/2021 - 12/31/2021, Visits 1
- Notes (optional): "I've never really even liked callmari. I just order it because I like the breeding and the sauce."

Referral Locations – Member Details

PCP Referrals in Member Details



ambetter. FROM peach state health plan.

Manage Practice Eligibility Patients Referrals Authorizations Claims Messaging Olivia Manager

Viewing Referrals For: TIN: 12345678 Plan Type: Ambetter GO

Back to Referrals JANE DOE

Overview PCP Referrals

Cost Sharing

Benefit Tracker

Assessments

Health Record

Authorizations

Care Management Referrals

PCP Referrals

Coordination of Benefits

Care Plan

Claims

Document Center

Notes

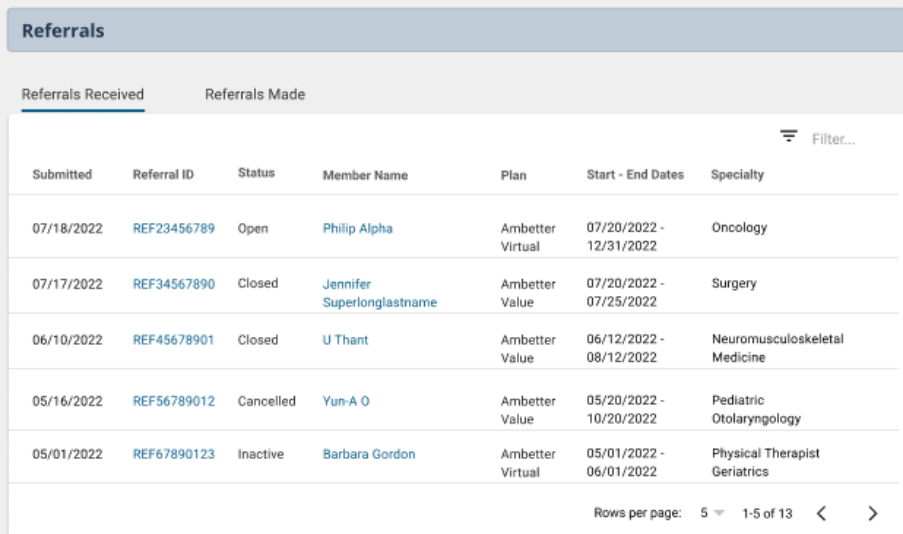
Submitted	Referral ID	Start - End Dates	Specialty
07/18/2022	REF234567890	07/20/2022 - 07/25/2022	Oncology
07/17/2022	REF345678901	07/20/2022 - 07/25/2022	Surgery
07/16/2022	REF456789012	07/20/2022 - 07/25/2022	Neuromusculoskeletal Medicine & OMM
07/16/2022	REF567890123	07/20/2022 - 07/25/2022	Pediatric Otolaryngology
07/16/2022	REF678901234	07/20/2022 - 07/25/2022	Physical Therapist Geriatrics

Rows per page: 5 1-5 of 13 < >

Please Note: A Referral cannot be started for a non-eligible Member

Referred To/Specialist Referral Process

1. Once the referral is submitted by the Referring provider, the member will set up an appointment with the referred to provider.
2. Referred To Provider will log into provider portal
3. Navigate to Referrals tab at the top
4. Referred To Provider will see the 'Received' referral tracking table
5. When Referred To Provider is ready to submit claim, they will reference this table for the REF#
6. Referred To Provider will then submit Claims form with the REF#
7. If no REF# is submitting with a claim for a visit that needs a referral, claim will be denied



The screenshot shows a 'Referrals' section with two tabs: 'Referrals Received' (selected) and 'Referrals Made'. Below the tabs is a table with columns: Submitted, Referral ID, Status, Member Name, Plan, Start - End Dates, and Specialty. The table contains six rows of data. At the bottom right, there is a 'Filter...' button and a pagination control showing 'Rows per page: 5' and '1-5 of 13'.

Submitted	Referral ID	Status	Member Name	Plan	Start - End Dates	Specialty
07/18/2022	REF23456789	Open	Philip Alpha	Ambetter Virtual	07/20/2022 - 12/31/2022	Oncology
07/17/2022	REF34567890	Closed	Jennifer Superlonglastname	Ambetter Value	07/20/2022 - 07/25/2022	Surgery
06/10/2022	REF45678901	Closed	U Thant	Ambetter Value	06/12/2022 - 08/12/2022	Neuromusculoskeletal Medicine
05/16/2022	REF56789012	Cancelled	Yun-A O	Ambetter Value	05/20/2022 - 10/20/2022	Pediatric Otolaryngology
05/01/2022	REF67890123	Inactive	Barbara Gordon	Ambetter Virtual	05/01/2022 - 06/01/2022	Physical Therapist Geriatrics

Ambetter Virtual Access: Prior Authorization Guide

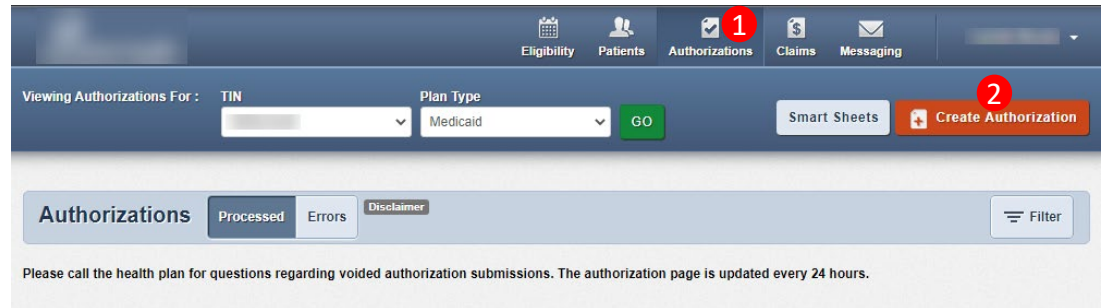


1. Go to Ambetter Guide: <https://guide.ambetterhealth.com/>
2. Click the option for “Your Home State”
3. On the next screen, set the state field to the member’s home state. If a year field is present (e.g., during Open Enrollment), set it to the current year. Click the button to advance
4. On the next screen, select the member’s plan and click the button to advance
5. The next screen includes fields for (1) a search term and (2) the search location
 - Note: the search location field defaults to the location set by your internet service provider. Set the search location to a ZIP or city appropriate for the member
6. Submit the search. Results will load on the next screen
7. Click through on any result to see full details about the provider, including their NPI
8. Enter the NPI into the Provider Portal Prior Authorization Intake field to find the provider you chose
9. Complete the remaining fields in the Prior Authorization form

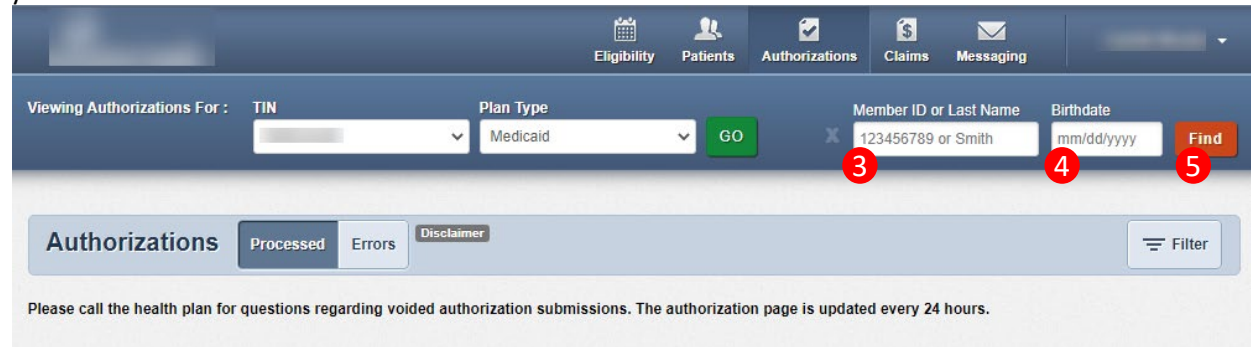
Ambetter Virtual Access: Create Authorization (Web Authorization Request)

To begin a web authorization request:

1. Click **Authorizations**.
2. Click **Create Authorization**.
3. Enter **Member ID or Last Name**.
4. Enter Member's **Birthdate**.
5. Click **Find**. If the Member is found, the web authorization request displays.



The screenshot shows the top navigation bar with 'Authorizations' selected (marked with a red circle 1). Below the navigation bar, there are dropdown menus for 'Viewing Authorizations For:' (TIN) and 'Plan Type' (Medicaid), a 'GO' button, a 'Smart Sheets' button, and a 'Create Authorization' button (marked with a red circle 2). Below this is a section for 'Authorizations' with tabs for 'Processed', 'Errors', and 'Disclaimer', and a 'Filter' button. A disclaimer message is visible at the bottom of the section.



The screenshot shows the 'Create Authorization' form. The 'Viewing Authorizations For:' dropdown is set to 'TIN' and the 'Plan Type' dropdown is set to 'Medicaid'. The 'GO' button is highlighted with a red circle 3. The 'Member ID or Last Name' field contains '123456789 or Smith' (marked with a red circle 3) and the 'Birthdate' field contains 'mm/dd/yyyy' (marked with a red circle 4). The 'Find' button is highlighted with a red circle 5. Below the form is a section for 'Authorizations' with tabs for 'Processed', 'Errors', and 'Disclaimer', and a 'Filter' button. A disclaimer message is visible at the bottom of the section.



Tip: You cannot create a web authorization on an ineligible member.

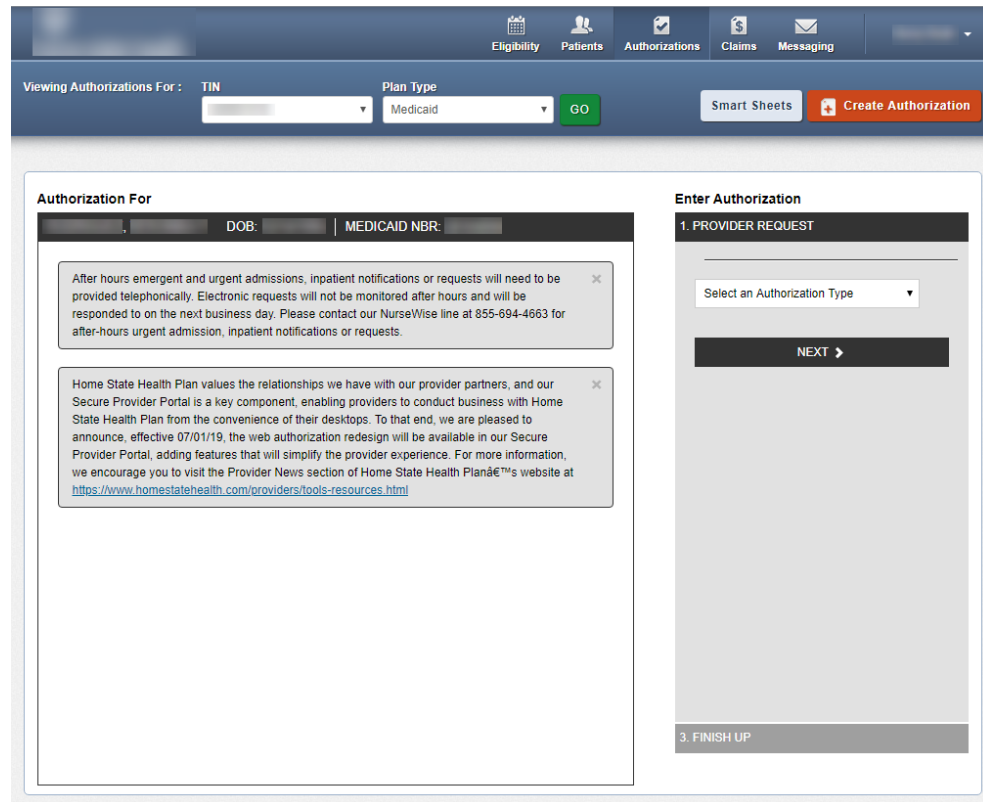
Ambetter Virtual Access: Web Authorization Request

The Web Authorization request has three sections:

1. Provider Request
2. Service Line
3. Finish Up



Tip: Use the **Tab** key (on your keyboard) to move to fields in a web authorization request.



The screenshot shows the Ambetter web authorization request interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a header section displays "Viewing Authorizations For:" with a TIN dropdown menu, a Plan Type dropdown menu set to "Medicaid", and a "GO" button. To the right of the header are buttons for "Smart Sheets" and "Create Authorization".

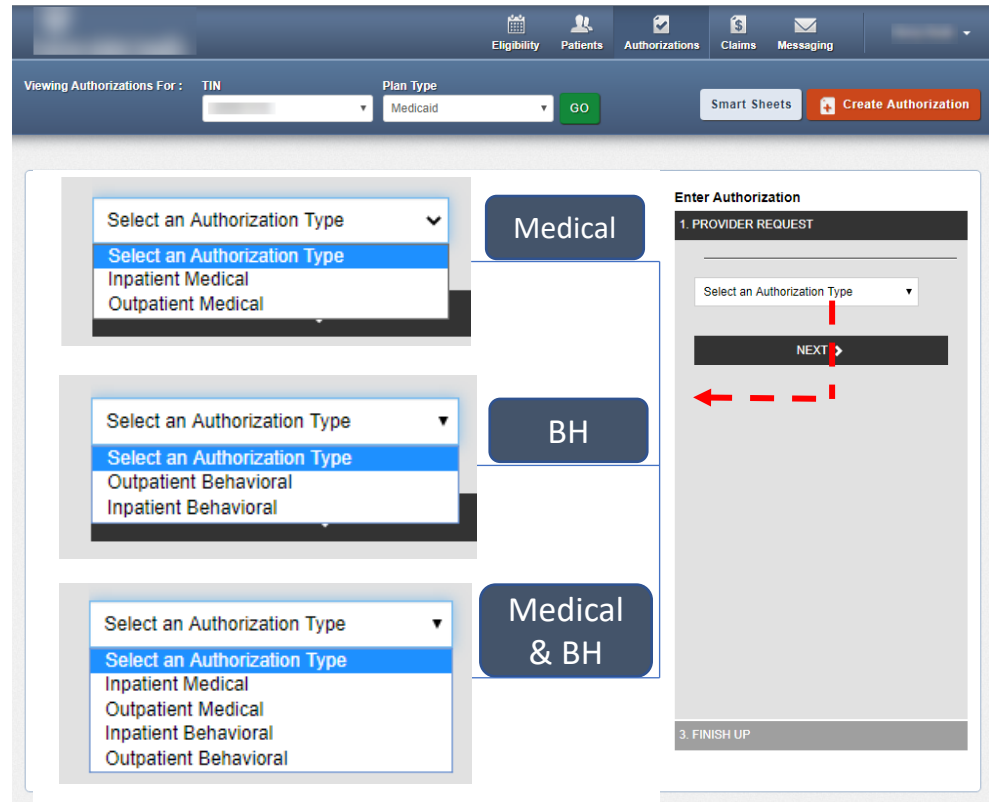
The main content area is divided into two columns. The left column is titled "Authorization For" and contains two text boxes with close buttons (X). The first text box contains the following text: "After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 855-694-4663 for after-hours urgent admission, inpatient notifications or requests." The second text box contains the following text: "Home State Health Plan values the relationships we have with our provider partners, and our Secure Provider Portal is a key component, enabling providers to conduct business with Home State Health Plan from the convenience of their desktops. To that end, we are pleased to announce, effective 07/01/19, the web authorization redesign will be available in our Secure Provider Portal, adding features that will simplify the provider experience. For more information, we encourage you to visit the Provider News section of Home State Health Plan's website at <https://www.homestatehealth.com/providers/tools-resources.html>".

The right column is titled "Enter Authorization" and contains a section labeled "1. PROVIDER REQUEST". This section includes a dropdown menu labeled "Select an Authorization Type" and a "NEXT >" button. At the bottom of the right column, there is a section labeled "3. FINISH UP".

Ambetter Virtual Access: Prior Authorization Guide

Prior Authorization Steps

- Authorization Type-driven
- Streamlined
- *All Plan Types
 - Medicaid
 - Behavioral Health (BH) Medicaid
 - Allwell
 - Ambetter



The screenshot displays the Ambetter Prior Authorization system interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a header section shows 'Viewing Authorizations For:' with a TIN dropdown and a Plan Type dropdown set to 'Medicaid', followed by a 'GO' button. To the right are 'Smart Sheets' and 'Create Authorization' buttons.

The main content area is divided into three columns. The left column contains three dropdown menus, each labeled 'Select an Authorization Type'. The first dropdown is open, showing 'Inpatient Medical' and 'Outpatient Medical' options. The middle dropdown is also open, showing 'Outpatient Behavioral' and 'Inpatient Behavioral' options. The right column contains three buttons: 'Medical', 'BH', and 'Medical & BH'. The rightmost column is titled 'Enter Authorization' and shows a progress indicator with '1. PROVIDER REQUEST' highlighted. Below this, there is another 'Select an Authorization Type' dropdown, a 'NEXT >' button, and a red dashed arrow pointing left. At the bottom of this column, it says '3. FINISH UP'.

Ambetter Virtual Access: Prior Authorization Guide

When Provider information is entered in a web authorization Provider / Facility field, the **Select a Provider** pop-up displays. **NOTE:** If the NPI or name is not loaded in our system, the **No providers found** pop-up displays.

Provider Location Address added to improve accurate provider selection, when there are multiple locations.

PAR / Non-PAR Indicator

PROVIDER NAME	PHONE NUMBER	TAX ID	PROVIDER LOCATION ADDRESS	NPI	SPECIALTY DESC	IN NETWORK	SELECT
Medical Center Inc...	6300	*****2830		3205	General Acute Care Hospital	✓	Select
Hospital	6300	*****2830		3205	General Acute Care Hospital	✗	Select

Click **Select**, to choose Provider / Facility.

Close



Tip: For best results, enter the Provider / Facility NPI, instead of name.

Ambetter Virtual Access: Prior Authorization Guide


Completed Service Line(s), will also include:

- Selected Provider's network status
- Auth Req'd
- Review Needed
- Review Completed

Authorization For

DOB: | MEDICAID NBR:


PROVIDER REQUEST

 [Redacted Provider Name]




Primary Diagnosis: J03.01: ACUTE RECUR STREP TONSILLITIS
NPI: [Redacted]
TIN: [Redacted]
Phone: [Redacted]

SERVICE LINES

Service Line 1

 [Redacted Provider Name]

Dates: 10/29/2020 - 10/31/2020 NPI: [Redacted]
TIN: *****2030
Participating: Yes
Phone: [Redacted]

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
42821	Surgical	 Yes	 Yes	 No

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)
2. SERVICE LINE [EDIT](#)
3. FINISH UP

CONTACT IQC

[Redacted]

Phone


[Redacted]

Fax

[Redacted]

Email

[Redacted]

 Add Comments

Attachment:

Upload any relevant attachments. (5Mb limit)
Attachment name cannot contain any spaces or special characters.

No file chosen

Ambetter Virtual Access: Prior Authorization Guide

Currently, **Auth Req'd** and **Review Needed** are hardcoded to display **Yes**, and may not align with the **Pre-Auth Needed?** tool.



Tip: The **Pre-Auth Needed?** tool is the source of truth.

Authorization For

DOB: | MEDICAID NBR: |

PROVIDER REQUEST

[Redacted] Medical Center Inc.,
Primary Diagnosis: J03.01: ACUTE RECUR STREP TONSILLITIS
NPI: [Redacted]
TIN: [Redacted]
Phone: [Redacted]

SERVICE LINES

Service Line 1

[Redacted] Medical Center Inc.,
Dates: 10/29/2020 - 10/31/2020
NPI: [Redacted]
TIN: *****2830
Participating: Yes
Phone: [Redacted]

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
42821	Surgical	Yes	Yes	No

Ambetter Virtual Access: Prior Authorization Guide

Complete a medical necessity review, via InterQual Connect™ (where available).

Click **Complete Now** to launch InterQual Connect (IQC).




Tip: When you complete InterQual Connect (IQC), the Medical Review will be included with your web authorization submission.

Authorization For


DOB: [REDACTED] MEDICAID NBR: [REDACTED]


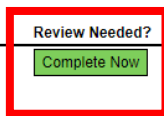

PROVIDER REQUEST

 [REDACTED]
Primary Diagnosis: J03.91: ACUTE RECURRENT TONSILLITIS UNS
NPI: [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]

SERVICE LINES

Service Line 1

 [REDACTED]
Dates: 08/06/2020 - 08/08/2020
NPI: [REDACTED]
TIN: *****3493
Participating: Yes
Phone: [REDACTED]

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
42825	Surgical	 Yes	 Complete Now	 No

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)
2. SERVICE LINE [EDIT](#)
3. FINISH UP


CONTACT IQC

[REDACTED]

Phone: [REDACTED]

Fax: [REDACTED]

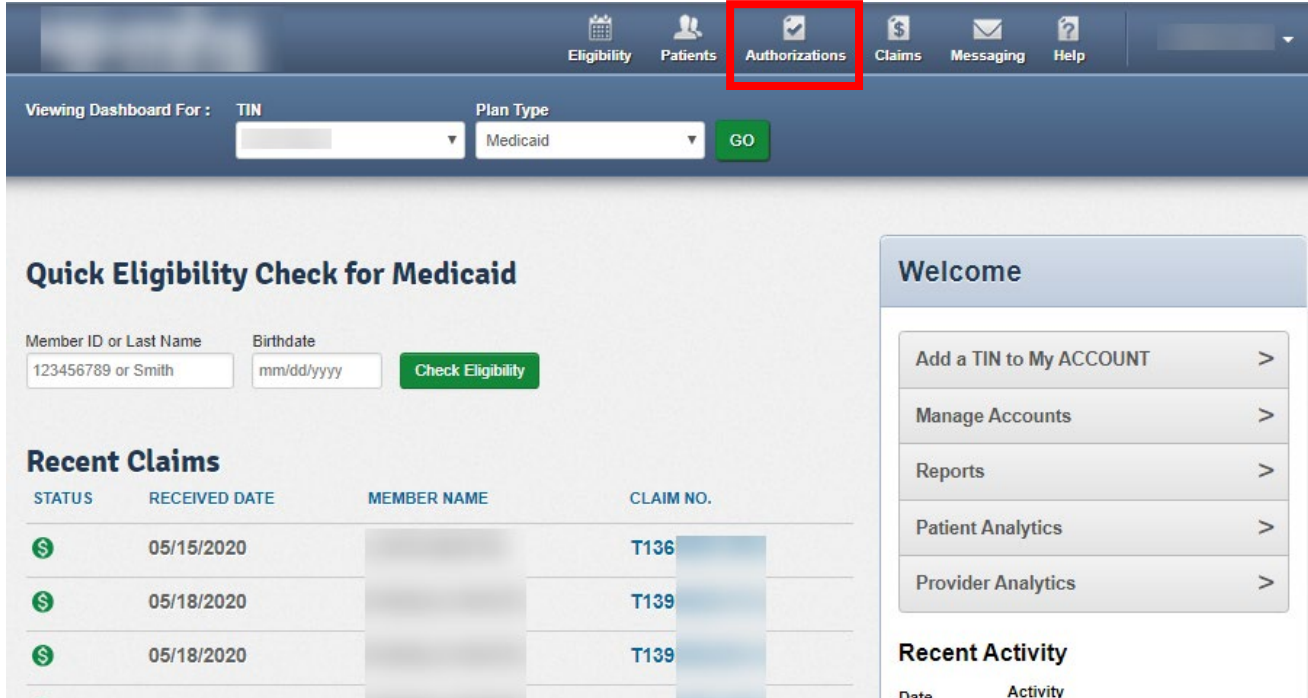
Email: [REDACTED]

 Add Comments

Attachment:
Upload any relevant attachments. (5Mb limit)
Attachment name cannot contain any spaces or special characters.
 No file chosen

Ambetter Virtual Access: Accessing Authorizations

- To access authorization information or create and submit a web authorization request, click **Authorizations**. The Authorizations Summary displays.

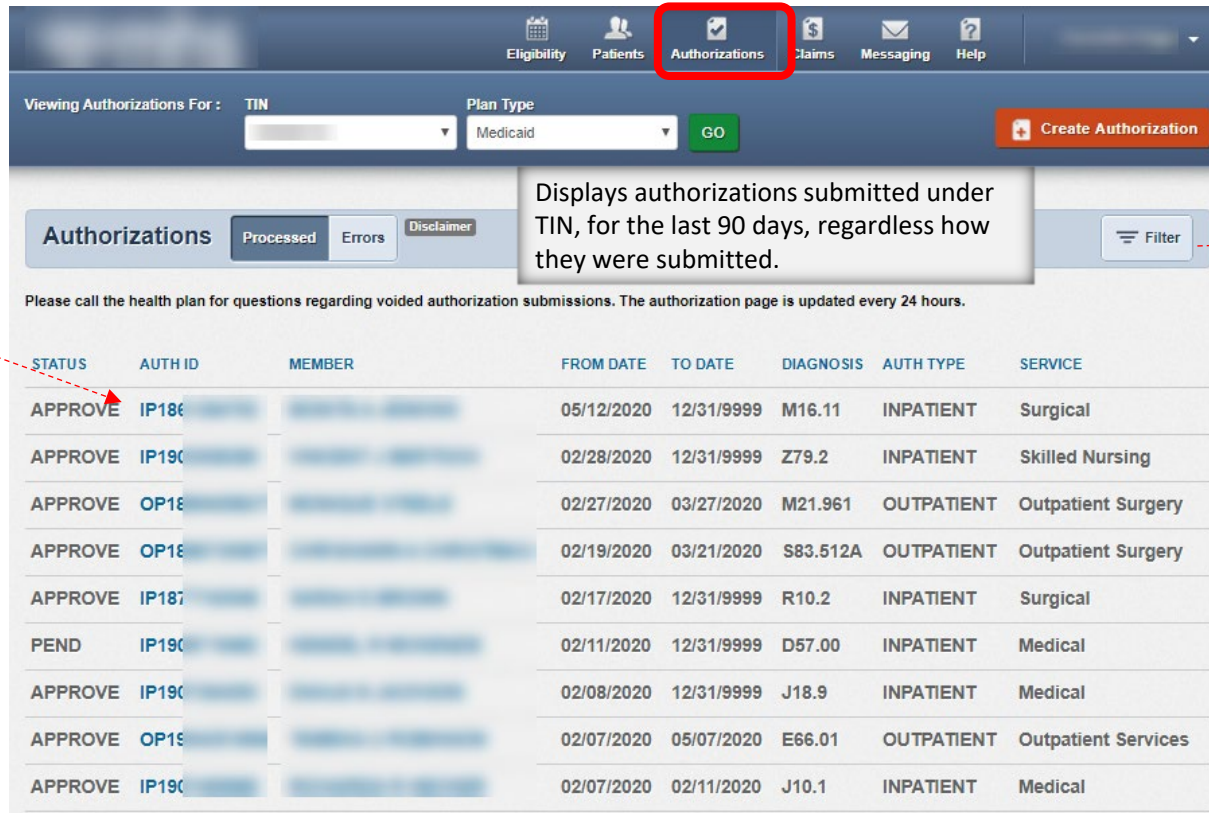


STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
\$	05/15/2020		T136
\$	05/18/2020		T139
\$	05/18/2020		T139



Tip: The member drives Plan Type selection. For example, an Ambetter member will not pull up under Medicaid. To find an Ambetter member, the Plan Type must be 'Ambetter'.

Ambetter Virtual Access: Authorizations Summary



Viewing Authorizations For : TIN [] Plan Type Medicaid [] GO [] Create Authorization

Authorizations [] Processed [] Errors [] Disclaimer [] Filter []


Displays authorizations submitted under TIN, for the last 90 days, regardless of how they were submitted.

Click **Filter** to access filter options

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	IP186	[]	05/12/2020	12/31/9999	M16.11	INPATIENT	Surgical
APPROVE	IP190	[]	02/28/2020	12/31/9999	Z79.2	INPATIENT	Skilled Nursing
APPROVE	OP18	[]	02/27/2020	03/27/2020	M21.961	OUTPATIENT	Outpatient Surgery
APPROVE	OP18	[]	02/19/2020	03/21/2020	S83.512A	OUTPATIENT	Outpatient Surgery
APPROVE	IP187	[]	02/17/2020	12/31/9999	R10.2	INPATIENT	Surgical
PEND	IP190	[]	02/11/2020	12/31/9999	D57.00	INPATIENT	Medical
APPROVE	IP190	[]	02/08/2020	12/31/9999	J18.9	INPATIENT	Medical
APPROVE	OP18	[]	02/07/2020	05/07/2020	E66.01	OUTPATIENT	Outpatient Services
APPROVE	IP190	[]	02/07/2020	02/11/2020	J10.1	INPATIENT	Medical

Click an **Auth ID** to view authorization details

 **Tip:** Click a Member's Name to access their Patient Record.

Ambetter Virtual Access: Authorization Details

[Back to Authorizations](#)

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

Auth Status: APPROVE
Auth Nbr: IP19: [REDACTED]
Admit Date: 05/12/2020
Provider of Service(s): [REDACTED]

Explanation: Pay
Auth Type: INPATIENT
Service: Surgical
Discharge Date: 05/20/2020
[Procedure Code\(s\):](#) 99221

[Diagnosis Code\(s\):](#) T21.31XA

Notes & Attachments: [View](#)

Line Item	Service type	From Date	To Date	Stay Level	Location	Status	Medical Necessity	Decision Date
1	Medical	05/12/2020	05/13/2020	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	05/13/2020
2	Medical	05/13/2020	05/14/2020	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	05/14/2020
3	Medical	05/14/2020	05/15/2020	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	05/15/2020
4	Medical	05/15/2020	05/18/2020	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	05/18/2020
5	Surgical	05/18/2020	05/19/2020	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	05/19/2020
6	Surgical	05/19/2020	05/20/2020	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	05/20/2020

[Back to Authorization List](#)

Authorization Details Links and Pop-Up

Back to Authorizations

Overview

Auth Status: APPROVE
Auth Nbr: IP195
Admit Date: 05/12/2020
Provider of Service(s): HOSPITAL

Explanation: Pay
Auth Type: INPATIENT
Service: Surgical
Discharge Date: 05/20/2020

Diagnosis Code(s): T21.31XA
R69
T21.11XA

Procedure Code(s): 99221
99231

Notes & Attachments: [View](#)

Click hyperlink(s) to view additional codes

Hover your mouse over a Line Item to view the CPT, REV or HCPC code associated with it

Line Item	Service type	From Date	Medical Necessity	Decision Date
1	Medical	05/12/2020	Met as requested	05/13/2020
2	Medical	05/13/2020	Met as requested	05/14/2020
3	Medical	05/14/2020	Met as requested	05/15/2020
4	Medical	05/15/2020	Met as requested	05/18/2020

Diagnosis and Procedure Codes

Primary Diagnosis Code: T21.31XA
Additional Diagnosis Codes: R69 T21.11XA
Primary Procedure Code: 99221
Additional Procedure Codes: 99221