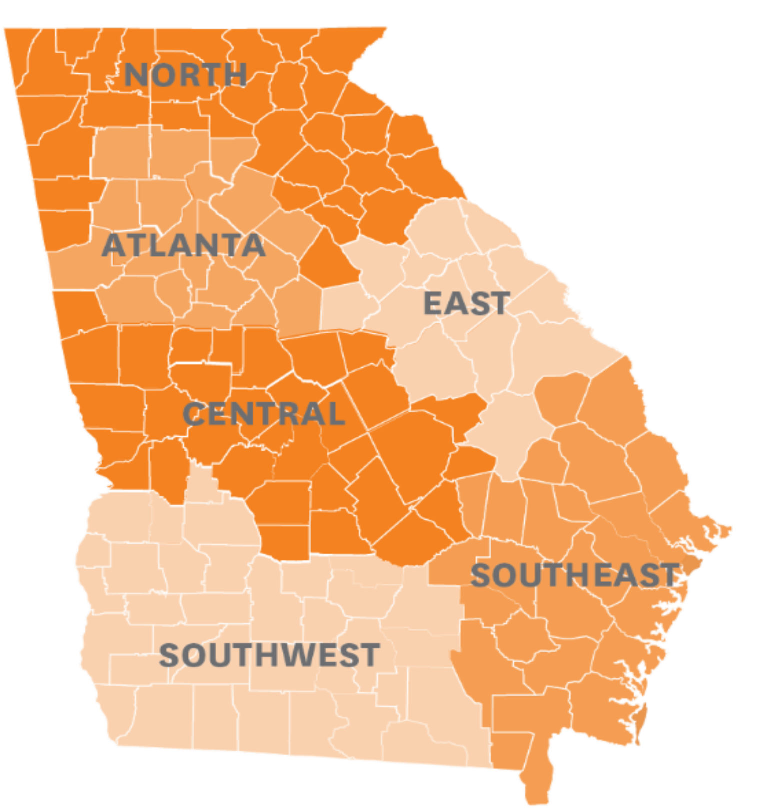
Georgia Medicaid Fair

April 20, 2023

For access to this presentation, please visit: www.mmis.georgia.gov -> Provider Information -> Provider Notices – "Presentation - Spring Medicaid Fair/Peach State - April 2023"
Watch the "Live" presentation: https://youtu.be/XuDlqGqSsUA

Confidential and Proprietary Information



600+ Local Employees

Care Management Organization (CMO) since 2006

Subsidiary of CENTENE® Corporation

1,044,308 Medicaid Members

Redetermination

Medicaid Redeterminations - Pre 4/15/23

Engaging with our Members

- Internal Talking Points for staff
- Pop-up Website messaging
- Text Messaging Campaign
- Social Media Postings
- Member Newsletter Articles
- Flyers at Member Events

Don't risk losing your Medicaid benefits.

3 Ways to Stay Informed About Your Medicaid Status

By law, Georgia will soon be redetermining everyone's eligibility.

Here are 3 reliable ways to update your contact information before it's too late!

Online

How: Your patients can log in and update your contact information at Georgia Gateway.

Available 24/7. This is the fastest way to stay informed.

In-Person

How: Your patients can schedule an appointment at your local Division of Children and Families Office (DFCS) and they'll help your patients get updated.

Case managers are available by appointment only.

By Phone

How: Your patients can update their contact information by calling 1-877-GA-DHS-GO (1-877-423-4746)

Or dial 711 if you are deaf, hard-of-hearing, deaf-blind, or have problems with speech.

Available for those who need extra support.

Take advantage of these options to stay informed about your Medicaid status now and in the future.

For your privacy and security, only update your contact information on the official DHS Gateway site, at a DFCS office or through the official DHS phone system. Services, including interpreters are free. If you are def, hard of hearing, deaf-blind or have difficulty speaking, you can call us at the number above by dialing 711

Medicaid Redeterminations – Pre 4/15/23

Engaging with our Providers

- Internal Talking points for provider facing staff
- Emails to Providers
- Provider Newsletter Articles – Focused on:
  - ✓ Reminding Members to keep their Medicaid information up to date
  - ✓ Explanation of the upcoming Redetermination process
  - ✓ Detailed instructions on how members can update their contact information

Georgia Medicaid Eligibility Coverage Update

Since 2020, over a 2.5 million Georgians have had continuous access to Medicaid health benefits under a coverage provision from the COVID-19 pandemic-era

The redetermination process can be daunting for some and requires extra steps to ensure a smooth transition to other types of coverage for those who lose eligibility. Additional action is required to prevent needless losses in health care coverage. As part of the Peach State Health Plan provider network, **you play an integral role in reminding your Medicaid patients**

Medicaid Alert: Tips to Help Georgia Medicaid Members Keep Their Coverage

Since 2020, over a 2.7 million Georgians have had continuous access to Medicaid health benefits under coverage provisions from the COVID-19 pandemic-era requirements. In December 2022, Congress passed a federal spending bill that separated the continuous enrollment condition and the COVID-19 public health emergency (PHE) effective March 31, 2023. As a result, the State of Georgia will resume the Medicaid renewal process known as redetermination beginning April 1, 2023.

The ending of the continuous coverage provision has a direct impact on your Medicaid and CHIP patients since they may soon run the risk of losing their health coverage. Georgia's Medicaid members will need to take steps to determine if they can continue their coverage through the Medicaid program. It is critical that these patients keep their most current contact information up to date with the State of Georgia as this will ensure they receive their renewal information timely. The redetermination process can be daunting for some and requires extra steps to ensure a smooth transition to other types of coverage for those who lose eligibility.

As part of the Peach State Health Plan provider network, you can play an integral role in making sure our members and your patients stay covered. We are asking that you and your staff share the following tips with your patients:

- **Update** their contact information with Georgia Department of Human Services - DFCS ensuring their mailing address, phone number, email address and other contact information is correct.
- **Check** their mail and email for information from the state of Georgia about coverage and renewal requirements.

Hey.
Big Changes May Be Coming to Your Medicaid Coverage.

For more information, your patients can visit staycovered.ga.gov. The state offers three ways for people to update their contact information:

- **Online at Georgia DHS' benefits website: gateway.ga.gov**

- **In person at their local DFCS office, by appointment only: dfcs.georgia.gov/locations**

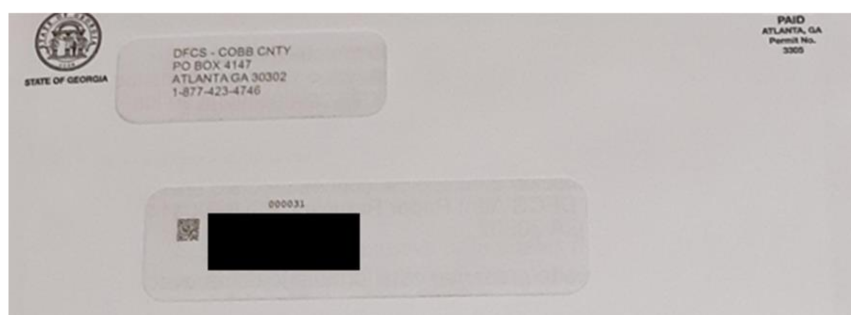
- **By phone at 1-877-GA-DHS-GO or 711 for the hearing-impaired**

Every eligible Georgia Medicaid member has a right to continue receiving uninterrupted health benefits. However, they must respond to requests for required information in a timely manner to avoid a gap in coverage.

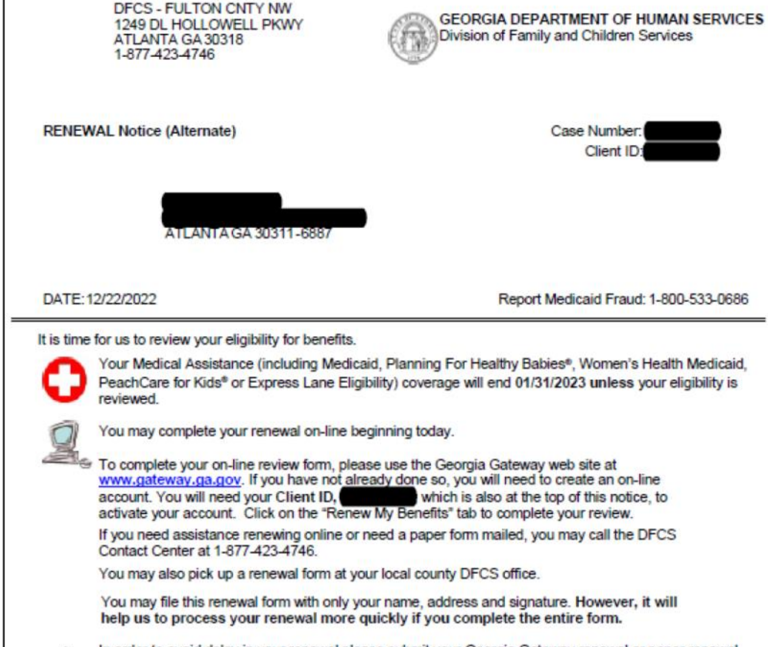
Medicaid Redeterminations - Post 4/15/23

Shifting Messaging to focus on Redetermination Mailings

- Fall 2022 – Began capturing email, cell, new address for all customer service calls
    - New addresses used for Redetermination Mailings



- Communication Campaigns utilizing email, text, social media, newsletters and flyer handouts are ready for deployment.



DFCS - FULTON CNTY NW
1249 DL HOLLOWELL PKWY
ATLANTA GA 30318
1-877-423-4746

GEORGIA DEPARTMENT OF HUMAN SERVICES
Division of Family and Children Services

RENEWAL Notice (Alternate)

Case Number: [redacted]
Client ID: [redacted]

ATLANTA GA 30311-6887

DATE: 12/22/2022

Report Medicaid Fraud: 1-800-533-0686

It is time for us to review your eligibility for benefits.

Your Medical Assistance (including Medicaid, Planning For Healthy Babies®, Women's Health Medicaid, PeachCare for Kids® or Express Lane Eligibility) coverage will end **01/31/2023 unless** your eligibility is reviewed.

You may complete your renewal on-line beginning today.

To complete your on-line review form, please use the Georgia Gateway web site at www.gateway.ga.gov. If you have not already done so, you will need to create an on-line account. You will need your **Client ID,** [redacted] which is also at the top of this notice, to activate your account. Click on the "Renew My Benefits" tab to complete your review.

If you need assistance renewing online or need a paper form mailed, you may call the DFCS Contact Center at 1-877-423-4746.

You may also pick up a renewal form at your local county DFCS office.

You may file this renewal form with only your name, address and signature. **However, it will help us to process your renewal more quickly if you complete the entire form.**

- In order to avoid delay in your renewal please submit your Georgia Gateway renewal or paper renewal form by **01/31/2023**.
- For Medical Assistance, please send verification of all income along with a copy of this letter to your local DFCS county office.
- If your renewal is not submitted on-line or we don't hear from you, we will send you a reminder on the 12th of **January**.
- If your case is not renewed by the end of **January** your case(s) will end on the last day of **January**.

Provider Contracting

(Strengthen Provider Network & Member Access)

Provider Network

Strengthen Provider Network

- Peach State Health Plan has built and maintained an extensive network to maximize the range of provider availability and member choice.
- This network offers a comprehensive continuum of services and coverage. Peach State remains committed to sustaining a superior network of providers through a spectrum of medical (to include dental and vision) and behavioral health resources to provide accessibility to all covered services for members.
- New individual practitioners and organizational providers are added to the network as necessary to fill gaps, meet special needs, continuity of care and ensure convenience and choice.
- Peach State monitors and evaluates network adequacy in accordance with established standards by DCH for distance, specialty distribution and provider quality.
- The Plan analyzes the provider network in order to ensure adequate numbers and geographic distribution of PCPs, specialists, hospitals, and other providers.

Provider Network Continued

- This analysis takes into consideration the cultural, ethnic, racial, and linguistic needs of the members to ensure adjustments to the provider network are made as needed to address any deficiencies.

- The routine assessments, which are conducted to identify and respond to new and emerging network deficiencies and monitor the effectiveness of the work plan, include, but is not limited to analysis of:
  - County level Geo-Access reports
  - Network Adequacy and capacity reports, including availability of PCPs and key specialty types
  - Out of network utilization and requests for Single Case Agreements as a mechanism for identifying gaps as well as providers to target for recruitment
  - Member complaint and grievance reports to identify issues related to access and provider quality
  - Provider satisfaction survey results to identify opportunities for improvement in Provider satisfaction and retention
  - Closed panel reports and appointment availability audits to identify and resolve access issues
- The Plan submits quarterly reports to DCH and utilizes the results of the network assessments and audits to monitor the effectiveness of the recruitment work plan in addressing coverage gaps and ensuring members receive needed care.

Provider Network Continued

- **Maintaining Access and Addressing Identified Deficiencies**

  - Peach State Health Plan staff engage in ongoing activities to recruit providers in needed areas as well as support and retain the existing network to ensure members are able to obtain the right care, in the right setting at the right time. Equally important are efforts made to maintain strong relationships with specialized providers such as:
    - Piedmont Health System
    - Emory Medical Care Foundation
    - Grady Memorial Hospital and Health Centers (the region's premier level 1 trauma center)
    - Wellstar Health Systems
    - Children's Healthcare of Atlanta (CHOA) and Morehouse Medical Associates (whose physicians are world-renowned for their clinical expertise and compassion in serving diverse populations)
    - Georgia Hope, a behavioral health network provider that provides mental health services via telehealth
    - The aforementioned relationships are imperative to ensure that the network continues to adequately meet the needs of members with complex/special healthcare needs.
    - Further, Peach State continued to require PCPs who wished to participate in the provider incentive programs to maintain an open panels for members.

Provider Network Continued

Maintaining Access and Addressing Identified Deficiencies

- Actions taken to resolve network deficiencies identified in the quarterly GEO reports and/or improve access to care include:
  - Continued use of the State 7400 file to identify and attempt to recruit non-participating providers
  - Ongoing outreach to PCPs in identified shortage areas to encourage them to offer non-traditional hours by educating them on the additional reimbursement available when billing the after-hours add-on CPT codes.
  - Enhanced efforts to increase use of Georgia's Telehealth Network
  - Peach State Health Plan uses the Georgia Health Partnership (GHP) Portal, hospital websites, other CMO provider directories and targeting providers who were recently approved through the state's new credentialing process and who appear on the weekly roster of approved providers were tactics used to identify available providers for recruitment in shortage areas.
  - The Plan also funds partnerships to expand access in underserved rural areas.

Engagement Strategy

Provider Relations

- Return to In-Person Engagement
  - Scheduling in person meetings
  - Sr. Leadership Roadshows
  - Participation in Provider Association Stakeholder Events

- Monthly Provider Newsletter
  - Published monthly (offered quarterly in past)
  - Notable topics
  - More robust format

- Monthly Provider Training (Information Hour Webinar)
  - Offer virtual monthly provider trainings (offered quarterly in past)
  - Different topic each month

Telehealth Services

Telehealth Program

In association with the Global Partnership for Telehealth, Peach State Health Plan funds the purchase and installation of equipment for participating providers to expand and improve member access to provider services in and underserved parts of Georgia through the use of telemedicine, health information exchange and TeleHealth technologies. The program's goal is to enable all rural Georgians to access specialty care within 30 mile of their homes.

Telehealth Partnerships:

- Albany Area Primary Clinic
- Kids Care Clinic
- Mercer Medicine Clay County
- South Georgia Primary Care
- Eastman Pediatrics

Telehealth Program

The goal of Peach State Health Plan Telehealth Program is to improve healthcare access for rural Georgians by funding the purchase and installation of telehealth equipment for partnership providers across the state.

Peach State Health Plan Telehealth Program Partnerships	
Provider	**County**
Albany Area Primary Care Clinic	Dougherty
Kids Care Clinic	Tift
Mercer Medical Clinic	Clay
South Georgia Primary Care	Bacon
Eastman Pediatrics	Telfair
Care Connect	Crisp
Gwinnett Clinic	Gwinnett
Curtis V. Cooper Primary Health	Chatham

Telehealth Claims

UTILIZATION BY PAID CLAIMS

Year	Total (Behavioral Health + Physical Health)
2020	237,866
2021	394,532
2022	427,387

Legend: BEHAVIORAL HEALTH; PHYSICAL HEALTH

Y-axis: 0, 50,000, 100,000, 150,000, 200,000, 250,000, 300,000, 350,000, 400,000, 450,000

Behavioral Health Programs

Comprehensive Behavioral Heath Provider Network

Comprehensive Statewide Behavioral Health Services

- Tier one: safety net providers – Community Service Boards (CSB)
- Tier two: Comprehensive Community Provider – In-home care, rehabilitation service, telepsychiatry, skill building, psychological services
- Tier three: specialty providers such as Peer Support, Assertive Community Treatment, Intensive Family Intervention, Medication Assisted Therapy and Care Management
- Autism Spectrum Disorder (ASD) – Evaluation, Applied Behavior Analysis, and Family Treatment
- Psychological Services – Family, Group and individual therapy by Masters and Doctorate Level Therapist and psychological testing
- Medication Assisted Therapy – Opioid treatment
- Medication Management – evaluation and psychiatric treatment by psychiatrists and psychiatric nurse practitioners
- Integrated Medical and Behavioral Health Care - Federally Qualified Health Centers and Primary Care Physicians Offices
- Apex Program and School Based Clinics – therapy for children and families and integrated medical and behavioral health care delivered in schools
- Enhanced Focused Telehealth Services – provided by Brave Health, CSBs, FQHCs, and many of community-based providers to increase access to therapy and medication management services.
- Inpatient Mental Health and Substance Abuse Services - Free standing psychiatric hospitals, Crisis Stabilization Units, Med-surge Psychiatric Units 24/7 acute emergency and crisis stabilization care
- Psychiatric Residential Treatment Programs – short term intensive 24/7 treatment mental health, substance use and specialty eating disorder services
- Partial Hospitalization and Intensive Outpatient programs – 4-to-8-hour day and evening treatment programs

Integrated Targeted Care Management

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Targeted Case Management Programs

- ✓ Choose Tomorrow™ - Suicide Prevention Program - Our comprehensively trained staff uses evidence-based practices to screen for suicide risk, develops member driven safety planning, supports the transition of care, and monitors the member's treatment progress to improve outcomes and prevent suicide.

- ✓ Health, Assistance, and Outreach™ (HALO) - Multi0modal, Evidenced – based program supports members at risk for substance misuse and substance use disorder, providing interventions across the prevention through recovery

- ✓ Members Empowered to Succeed (METS) - focuses on the member's individual needs and strengths to develop a roadmap to achieve recovery and resiliency by coordinates with multiple systems and teams to ensure that the member receives optimal care.

- ✓ Integrated Care Team –
  - Adults and children with complex medical needs
  - Social Issues (social isolation, hunger, housing, domestic violence
  - Autism, Depression and Substance abuse

To refer a member to an Integrated Care Team contact 1-800-504-8573

- ✓ Integrated approach to Care Management rooted in the principle of the System of Care and focused on the needs of the community

- ✓ Comprehensive programs tailored to be culturally relevant and focused on each individual member

- ✓ Whole Person Health approach to care: integrated behavioral, medical and social determinants of health

What Resources are Available to our Providers?

- Dedicated Behavioral Health Provider Relations and Contracting Team
- 24/7 free provider training with CEUs
  - Ask us about a specific training we can bring to your office to include “Beyond Burnout” to increase staff retention

The Provider Performance team will assist with:

- HEDIS measure education
- Resources available to support HEDIS gap closure in your office
- Education on the improved reporting and accessibility of data through new reporting tools. (i.e. Provider Analytics, Patient Analytics, Availity)
- Incentive Programs –
  - ✓ Behavioral Health Value Based Care – incentivizes member engagement in treatment and clinical outcome
- New Provider Orientations and Business Issue Resolution

To locate your Provider Relation representative, go to the Peach State Health Plan website at https://www.pshpgeorgia.com/providers/resources/territory-list.html

Member and Provider Resources

Provider Resources

Training and Education

- ✓ Webinars on evidence-based Behavioral health best practices with CEU
- ✓ HEDIS webinars and provider took kits
- ✓ Relias Learning available 24/7 at your convenience

Find all training resources at https://www.pshpgeorgia.com/providers/resources/behavioral-health.html

Clinical Resources

- ✓ Peach State Suicide Prevention Resources Webpage https://www.pshpgeorgia.com/members/medicaid/suicide-awareness---education.html
- ✓ Prior Authorization Look Up Tool
- ✓ https://www.pshpgeorgia.com/providers/preauth-check.html

Member Resources

Behavioral Health Assistance 24/7

- ✓ Nurse Advise Line at 1-800-704-1484
- ✓ Mental health crisis line at 1-877-655-3318 available 24/7, FREE and provide bilingual help.
- ✓ ***myStrength*** provided by Peach State
- An online tool to help you live your best life. You'll find help for stress, anxiety, chronic pain, and more. It's safe, secure and personalized – just for you. Track your health, enjoy activities, and become inspired
- https://web-ui.mystrength.livongo.com/go/epc/Georgia

Provider Incentive Programs

Pay for Performance (P4P) Program Summary

Objective	Enhance quality of care with a focus on preventive and chronic care services which align with Company goals while promoting engagement with our members
Eligible Members	Medicaid Members who have been formally assigned to a Provider. All Provider Groups with assigned membership are eligible to participate.
Performance Incentive	Targeted measures represent Georgia's Medicaid population, and the mix includes: 12 Pediatric and 13 Screening / Chronic Condition management measures. Each measure has its own incentive amount paid after achieving the minimum target score.
Measures	Measures selected by Peach State based on State targets and NCQA focus

Pay for Performance (P4P) Programs – Other Provisions

- Three cycles for reporting with interim payouts and annual reconciliation.
- Payments are made outside of and in addition to contracted fee schedule payments
- Measurement Period - Calendar year January 1 – December 31 unless the measure uses a different cycle
- No contract amendment needed. Upside only with no risk sharing.
- Three tier targets based on low, medium, and high thresholds and each threshold pays an increased percentage of the incentive dollar amount.
- Opportunity to earn additional incentive if practice is PCMH

2023 CoC Incentive Program

- Designed to support your outreach to members for annual visits and condition Management
- Help us better identify members who are eligible for case management
- Increasing visibility into members' existing medical condition for better quality of care for chronic condition management and prevention
- Earn bonus payments for thoroughly addressing patients' current conditions
- CoC program is in addition to our Health Plan's other provider bonus programs
- Providers are eligible for a bonus for each completed Appointment Agenda (disease conditions /continuity of care portion only) with verified / documented diagnoses.

Threshold Percentage of appointment agendas completed	Bonus amount paid per appointment agenda
<50%	$100
≥50% TO <80%	$200
≥80%	$300

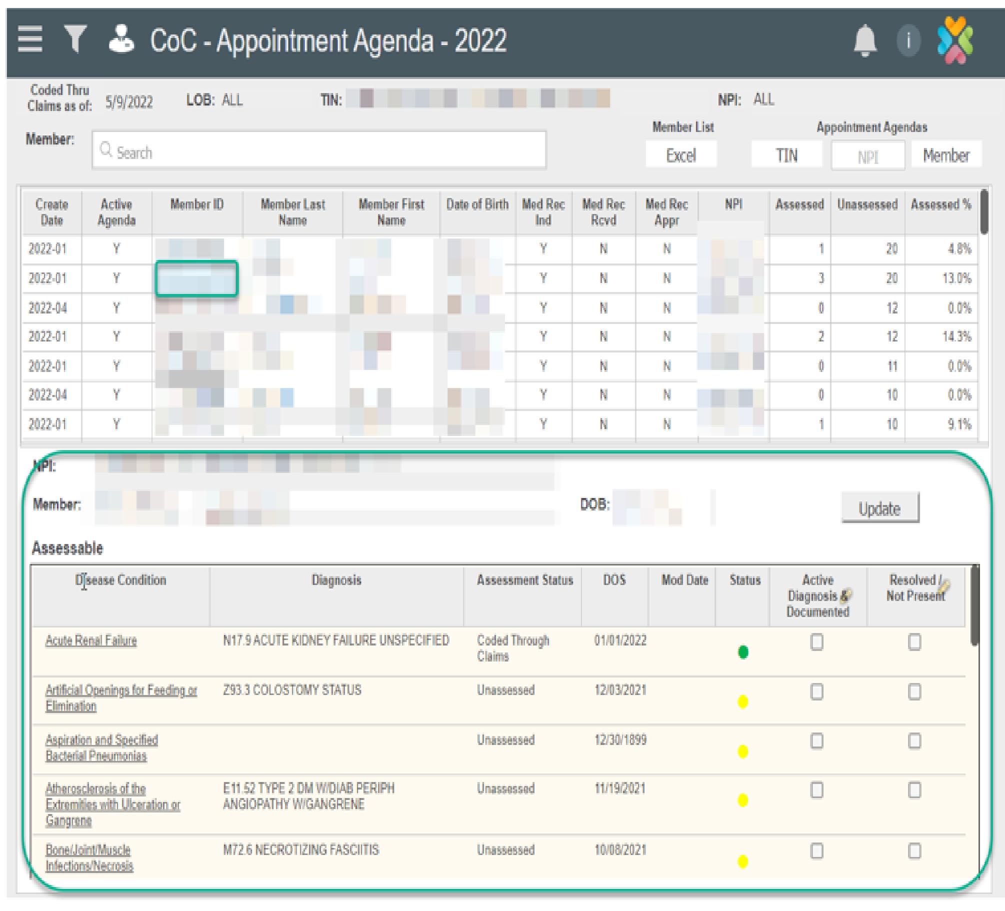
2023 CoC Incentive Program Continued

There are two ways to submit your documentation for the CoC bonus:

- Log onto the CoC dashboard
- Assess as many members as possible
- Correctly code confirmed conditions on claims
- Specify the conditions that do not exist using the check-box function on the dashboard
- Assess disease conditions annually

OR

- Print the Appointment Agenda from the CoC dashboard
- Sign, date, and submit the completed Appointment Agenda
- Fax to **1-813-464-8879** or via secure email to **agenda@centene.com**
- Submit a claim / encounter containing all relevant diagnosis codes



Other Provider Programs

- **Fall Push Program** – Targeted program offered in the latter half of the year focusing on key measures with payment per transaction
- **OB Pilot** – Pilot program offering additional payment for timely prenatal and postpartum visits
- **Notification of Pregnancy (NOP) Program** – Additional payment offered for timely notification of pregnancy
- **Value Based Programs** – Contractual based upside only and risk sharing programs focused on cost and quality

Member Engagement Activities

Direct Member Outreach	Work directly to engage with members via various mediums, including **telephonic outreach** to members from inside doctor's offices and in-house, **text messaging** campaigns, **emails**, and **letters**. These campaigns are designed to educate the member on the benefits on care, inform them of open care gaps and to schedule visits with providers.
In Person Events	Specific focus on meeting members where they are. This includes creating exclusive **Peach State Days** with providers for members to schedule and see providers, meeting members in their communities with **mobile van units**, **baby showers** and **collaborations with local partners**.
Incentives	Outreaching to non-compliant members to offer incentives as additional motivation to get the care that they need.

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Peach State Session Questions	Peach State Answers
Telehealth requirements when PHE ends?	Peach State Health Plan follows the direction of DCH
For Pregnant members when can a PCP see them?	Pregnant members have the option to select a PCP, or they are assigned a PCP once benefits are active.
If the authorization for a D7210 put in the same day of service, can it be paid?	The prior authorization (PA) has three days to be reviewed. If it is a true emergency and the PA is marked expedited, it has 24 hours to be reviewed. The claim is paid once the PA is approved. If a claim is received prior to the PA, it will be denied as no prior authorization on file.
How does a provider group or provider get enrolled?	To become a provider with Peach State Health Plan, please visit the following link. https://www.pshpgeorgia.com/providers/become-a-provider.html
Are there any new changes for outpatient authorization processes we need to be made aware of?	There are no changes to the PA process. All details on PA can be found on our PA website under Provider Resources. https://www.pshpgeorgia.com/providers/resources/prior-authorization.html
Why can't Peachstate make auth's effective the date it is requested and not the date they actually approve it? Medicaid and all other insurance companies make the effective date the date it is requested.	PSHP adhere to the industry requirements and standards for processing prior authorizations. Prior authorization requests should be obtained for services prior to the service being rendered. We encourage providers to submit their request as soon as they are aware to allow time for standard (3 business days) and expedited(24 clock hours) review period.

What is the credentialing process for Peachstate CMO/Centene and how the credentialing flows over from CVO to Amerigroup and what is the timeframe of being in network with Peachstate CMO?	Becoming par with PS is predicated on if the provider is enrolled in GA Medicaid and they submitted a join the network request via our public portal. If a contract was created by PS, received by the provider, and returned signed. Our standard turnaround time to complete the setup is 30-45 days. If the practitioner is part of an IPA/CIN with delegated credentialing authority based on an active agreement with PS, then the process can take 30 days to complete. The above turnaround time is based on receiving the correct and accurate information from the provider during enrollment, and no redline changes were made to the PS contract template. The delays in Delegated loading were primarily related to loss of resources related to COVID. The team has staffed up and worked diligently to clear the snow effect of getting behind. In addition to staffing, the team has improved reporting, team metrics/SLA and quality reviews to improve the overall delegated loading process.
What are your plans to improve provider enrollment and loading timeframes	The delays in Delegated loading were primarily related to loss of resources related to COVID. The team has staffed up and worked diligently to clear the snow effect of getting behind. In addition to staffing, the team has improved reporting, team metrics/SLA and quality reviews to improve the overall delegated loading process. Direct groups were and continue to be loaded via the health plan CVO/7400 process. We rely on the accuracy of the state's information in processing changes and additions. Direct provider groups are directed to the State portal for updates. We have also created reporting to indicated which adjustments were completed with each week's updates as well as those which will require potential outreach. The team is working through the process of providing automated Welcome letters for new to existing providers. New Contracts will have a checklist ensuring a provider roster is attached for accuracy of practitioner loads. Obtaining, reviewing tracking and output reporting will contribute to ensure providers are loaded within the states 30 day or contractual Delegated timeline.

Why is it that occasionally some of the clients' claims will be filed through the Medicaid forum on the website rather than the Medicaid mental health. What affect does that have on the claim?	In general, behavioral health claims should be submitted to the BH Payor ID for Peach State. Behavioral Health Payor ID is 68069. The information on electronic claims submission with the payor ID for medical and behavioral can be found on our website at https://www.pshpgeorgia.com/providers/resources/electronic-transactions.html Below is the link to our quick reference guide from our website that gives you other information on claims submission, reconsiderations and appeals. https://www.pshpgeorgia.com/content/dam/centene/peachstate/pdfs/v3-PSHP-GA-Behaviorial-QRG.pdf
When Peach State is secondary insurance, how do I upload primary EOB, or can we send by mail?	The primary EOB can be uploaded on the Peach State Health Plan secure portal.
HOW TO BECOME AN APPROVED PROVIDER FOR HOMECARE?	The credentialing of providers is handled through the State's centralized credentialing process or CVO. To become a provider with Peach State Health Plan, please visit the following link: https://www.pshpgeorgia.com/providers/become-a-provider.html
Is there a legal reason we must continue to update Lexisnexis form when it was understood by DCH Medicaid should always be the correct info for the CMOs?	PSHP does not use LexisNexis as a vendor. Please contact your provider rep if you have additional questions.

With regards to Multiple Procedure Payment Reduction (MPPR) policy: How does that apply when my contract is for 100% of the state Medicaid fee schedule and the CIS manual has a specific fee schedule for children's PT, OT, and ST? You have an exclusionary statement that states: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy. I have been told by your VP of compliance "The language cited is meant to convey that if both PSHP and the DCH have a payment policy with conflicting language, the DCH language will prevail. In this case, the DCH has no payment policy and as a result, there is no conflict". Please help. This in effect, is a 10% pay cut. It is hard enough meeting the children's needs with the inability to use assistants or group therapy of any kind.	The language cited in the Multiple Procedure Payment Reduction (MPPR) Policy is meant to convey that if both PSHP and DCH have a payment policy with conflicting language, the DCH language will prevail. In this case, the DCH has no payment policy and as a result, there is no conflict. We discussed our position with Tri-Alliance in September 2021 and with the DCH in December 2021. In both instances, we explained the CMS payment policy on multiple procedure reductions. When reimbursement is established for a procedure, it includes payment for Practice Expenses. When multiple procedures are reimbursed on the same day, that Practice Expense for the secondary procedures is not incurred and as a result, the reimbursement for that secondary procedure can be reduced.
I have a question about effective dates with Peach state. Peach State sets the effective date of an authorization to the date they make the decision, whereas Amerigroup, CareSource and all other, all other insurance companies, Blue, Cross United Healthcare, and Cigna. Every company will set the effective date as of the date of submission of the request.	We adhere to industry standards for prior authorization requests and the reason we do that is so that we can ensure that your medical necessity review has been completed and approved prior to your rendering any services. We would like to reach out to you directly so that we can work to identify how we can best partner together with getting those approvals a timely manner.