

Behavioral Health Frequently Asked Questions

GENERAL

Who manages the behavioral health benefits for members in Georgia?

Peach State Health Plan as part of its fully integrated model of care moved operations of the behavioral health benefits from Cenpatico/Envolve People Care (EPC) to Peach State Health Plan in November 2017.

How do I contact the health plan to inquire about integrated medical and behavioral health services?

All providers can reach Peach State Health Plan by calling 866-874-0633. You may also visit our website, www.pshpgeorgia.com.

NETWORK

If I am behavioral health provider, how do I join the Peach State Health provider network?

Providers who wish to participate in the Peach State Health Plan network, must first obtain a Medicaid number from the Department of Community Health and complete the credentialing process. Interested providers may submit a credentialing application to the Credentialing Verification Organization (CVO) at www.mmis.georgia.gov.

Once Peach State Health Plan receives the information from the CVO and the provider has completed a Join Our Network application in the secure provider portal, outreach is done by Peach State Health Plan Contracting Department regarding contracting with Peach State Health Plan. Community Behavioral Health Providers must have a contract with Department of Behavioral Health and Developmental Disabilities (DBHDD) to provide community behavioral health and rehabilitation services.

Do I Need a Medicaid Number and NPI to Join Your Network?

Yes, providers are required to have a Georgia Medicaid number and National Provider Identifier. Application for Medicaid Numbers may be submitted through the GAMMIS website at www.mmis.georgia.gov. Additional details on the NPI program can be found at <http://www.cms.gov>.

How Do I Obtain a Medicaid Number?

You can apply for a Georgia Medicaid Number online on the GAMMIS website at www.mmis.georgia.gov. Click on the Provider Enrollment Wizard link to complete an enrollment application to become a participating provider in the Georgia Medicaid program.

How Do I Know if I am a Participating Provider in the Peach State Health Plan Network?

If you are unsure of your participating status in the Peach State Health Plan Network, please call Provider Relations at 1-866-874-0633.

Do I Join as an Individual or as a Group?

You may join on an individual or group basis. If you share a practice with at least one other provider and share a mutual Tax Identification Number, you may join as a group. Please note that each provider within the group must be fully licensed, sign an attestation form and complete credentialing. Medicaid Providers are credentialed by the Department of Community Health Credentialing Verification Organization (CVO).

Can I join as a Behavioral Health Community Based provider?

Community based providers must obtain a contract as a community based provider with DBHDD and complete credentialing process with the CVO. As part of the contracting process, community based providers are required to submit a current staffing roster.

What do I need to do if I have multiple office locations?

A separate Medicaid number is needed for all office locations. You will find the forms to complete for provider enrollment on the www.mmis.georgia.gov website.

How Do I Know When I am Eligible to Receive Member Referrals?

Once Peach State Health Plan has identified a provider as participating, or “PAR,” provider, you will be eligible to receive member referrals. You will receive a welcome letter from Provider Relations as notification that you are a “PAR” provider. If you are unsure of your network status, please contact Provider Relations at 1-866-874-0633.

How Do I Get Member Referrals?

Peach State Health Plan employs a team of Customer Service Representatives (CSR) who refer members to health plan providers. Provider Directories are also printed and furnished to our members, and are located online at www.pshpgeorgia.com. Referrals are tailored to the member’s needs, provider specialty and location.

How Do I Obtain a Copy of the Peach State Health Plan Provider Manual or Behavioral Health Provider Manual?

The Peach State Health Plan Provider Manual is located on the public website at www.pshpgeorgia.com. Access the For Providers page and click on Provider Resources in the left hand menu. Manuals are located under the Manuals, Forms, and Resources link. You may also refer to the Behavioral Health Provider Manual, for behavioral health information, posted in the Provider Resources section of the website.

How Do I Update My Provider Profile Information?

Providers can update their information on the website under Provider Resources > Behavioral Health, by contacting your Provider Relations Specialist or the Provider Relations department at 1-866-874-0633.

What Reasons Should I Contact Peach State Health Plan Provider Relations?

You may contact Peach State Health Plan Provider Relations at any time. The most common reasons are: to make Tax Identification Number updates, referral questions, and claims concerns.

Does Peach State Health Plan Offer Provider Training or CEU Opportunities?

Peach State Health Plan Network Development, Provider Relations and Clinical Trainers are available to conduct provider forums, orientations, or individual training to our Georgia provider network. Training topics vary from administrative to clinical where CEU’s may be obtained. Please call Provider Relations at 1-866-874-0633 or go to our website if you would like further information regarding upcoming training events in your area.

CLINICAL

Where Can I Find the Peach State Health Plan Clinical Practice Guidelines & Medical Necessity Criteria?

You can find provider tools and resources on the health plan website at www.pshpgeorgia.com under Provider Resources and Behavioral Health.

Where Can I Get a Copy of the Preferred Drug Listing (PDL)?

The Peach State Health Plan Preferred Drug Listing is located on the PSHP website. Please visit the health plan website at www.pshpgeorgia.com and click on the Pharmacy link in the left hand menu on the For Provider page for more information.

CREDENTIALING

What information is included in the Credentialing Process?

Peach State Health Plan credentialing packets include a credentialing application, Provider Specialty Profile, W9, and checklist which request the following information: copy of insurance, license/certifications, DEA/CDS (MD/DO only), curriculum vitae, and explanation for gaps in work history. Hospitals and facilities will also be asked for copies of their CLIA license, program/level of care licensing (when/where applicable), and their JCAHO, CARF, or COA accreditation. Additionally, Community Behavioral Health providers will be asked for a copy of their DBHDD contract.

How Long Does the Credentialing Process Take?

The credentialing process is managed by the Department of Community Health (DCH) through Aperture, a Credentialing Verification Organization (CVO) and the process can take up to forty five (45) days. Once you are approved through the CVO and the information is communicated to Peach State Health Plan, outreach is performed by our Contracting Department to the provider for network participation.

Do I Need to Be Re-Credentialed?

The CVO re-credentials each provider/facility every three (3) years from the date of their initial credentialing date.

AUTHORIZATIONS

How Do I Request Prior Authorization?

A Peach State Health Plan member can self-refer to a behavioral health specialist. Assessments do not require a prior authorization. A prior authorization request must be submitted after 12 therapy sessions have been utilized. Also, a prior authorization is required for all Community Based Services (i.e. HCPCS and T codes such as H2015, H2014, H0036) prior to the first session. All requests submitted will be reviewed for medical necessity using InterQual criteria for mental health and ASAM for substance abuse and a response will be returned to the provider. Providers may access the Covered Services and Authorization Grid on the Peach State Health Plan website under Provider Resources > Behavioral Health for more information. All Inpatient and hospital services require an authorization. Hospital and facility providers can obtain authorization by calling Peach State Health Plan at 1-866-874-0633 and pressing the utilization management option under provider services.

How Do I Obtain an Authorization for Outpatient Treatments?

Once you utilize the initial therapy sessions offered by Peach State Health Plan, you will need to submit a request for authorization through the DCH Centralized Web Portal, Peach State Health Plan secure provider portal or call for assistance at 1-866-874-0633.

How Do I Obtain an Authorization for Inpatient Services?

You will need to submit a request for authorization by contacting Peach State Health Plan at 1-866-874-0633.

PROVIDER PORTAL

Do I have access to the Peach State Health Plan Secure Provider Portal?

Effective April 13, 2018, the Cenpatico Behavioral Health provider portal will transition from Cenpatico (a subsidiary of Envolve PeopleCare) to the Peach State Health Plan secure provider portal. Behavioral Health providers should access their secure provider portal at www.provider.pshpgeorgia.com.

If you previously only accessed the Behavioral Health secure provider portal through Cenpatico, you will need to create a new account at www.provider.pshpgeorgia.com. Please be aware, you will not be able to create a new account until on or after April 13, 2018.

NOTE: New account creation only applies to Behavioral Health providers who only have an account through Cenpatico. If you already have a Peach State Health Plan portal account, you do not need to register again.

Through the secure provider portal you can:

- Check member eligibility
- Submit and manage claims
- Submit and view prior authorizations
- Review and download payment history
- View member gaps in care
- Secure message Peach State Health Plan
- Manage multiple accounts

REIMBURSEMENT & CLAIMS

What is the Timely Filing Deadline?

You have 180 days from the Date of Service to submit your claim to Peach State Health Plan for processing and reimbursement. If a claim is denied, you must resubmit within three months of the denial.

Do I Use a CMS-1500 or CMS-1450 Form?

All CPT and HCPCS codes must be billed on a CMS-1500 form. All revenue codes must be billed on a CMS-1450 form.

What if I Disagree With a Claims Denial?

Claims that have been denied due to erroneous or missing information must be received within six (6) months from the month in which the service was rendered or within three (3) months of the month in the denial occurred, whichever is later. Resubmitted claims should be sent to:

Peach State Health Plan
P.O. Box 3030
Farmington, MO 63640-3812

You can find more information regarding the appeal process in the Behavioral Health Provider Manual.

How do I Contact Claims Customer Service?

Please contact 1-866-874-0633 to speak with Claims Customer Service.

Where Do I Find the Covered Billing Codes?

Please refer to the Provider Resources > Behavioral Health.

My Tax Identification Number Has Changed, What Do I Do?

Submit a letter detailing your approval to change your Tax Identification Number (TIN) (and the new TIN's effective date) with a copy of your updated W9 to Provider Relations via fax at 1-844-321-8576. You may also submit these materials to Provider Relations via mail to the following address:

Peach State Health Plan
Attn: Behavioral Health Provider Relations
1100 Circle 75 Pkwy
Suite 1100
Atlanta, GA 30339

Can I Bill a Member for Covered Services?

Per your contract with Peach State Health Plan and per Georgia Medicaid Guidelines, you may not bill a member for covered services.