

Provider Newsletter



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Effective June 1, 2018, Amerigroup District of Columbia, Inc. providers will be required to use ProView for credentialing

Effective June 1, 2018, use of the Council for Affordable Quality Healthcare's (CAQH) ProView will be required for initial credentialing and recredentialing with Amerigroup. ProView is a free online service that allows health care providers to fill out **one** application to meet the credentialing data needs of multiple organizations.

All providers applying for initial or continuing participation will be required to complete and submit their credentialing and recredentialing applications through CAQH ProView by accessing the CAQH website. Below are some helpful hints and things to remember when using ProView.

If you already participate with CAQH and have completed your online application, ensure that you authorized Amerigroup access to your credentialing information. This can be completed in four easy steps. (If you have selected **Global Authorization**, Amerigroup will already have access to your data.)

To authorize Amerigroup:

1. Go to <https://proview.caqh.org/pr> and enter your username and password.
2. Select the cog wheel in the upper right and then select **Authorize**.
3. Scroll down, locate Amerigroup and check the box beside Amerigroup.
4. Select **Save** to submit your changes.

For questions about ProView, call the CAQH help desk at 1-888-599-1771 or send email to providerhelp@proview.caqh.org.

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To join CAQH ProView:

- Go to <https://proview.caqh.org/pr>.
- Select **Register Now** on the bottom right and follow the instructions.

New pharmacy electronic prior authorization request tool effective April 1, 2018

Amerigroup District of Columbia, Inc. is focused on providing new tools to help make your job a little easier. Therefore, we are working with CoverMyMeds to offer an electronic prior authorization (ePA) request tool for pharmacy items that simplifies the process of requesting medications and checking the status of your submissions.

What are some of the features of the tool?

The tool helps simplify the preauthorization process and maximizes your time and results in a faster response. You are able to:

- Submit requests for general pharmacy — medications dispensed directly to a member from a retail pharmacy or shipped from a specialty pharmacy.
- Check the status of preauthorizations.
- Upload supporting documents and review the status of appeals.

When can I use the tool?

The tool will be available beginning April 1, 2018.

How do I submit an ePA?

- Visit the CoverMyMeds website at: <https://www.covermymeds.com>.
- Through your electronic medical records tool, utilize the ePA functionality if it exists.

How do I receive assistance if I have issues or questions with ePA through CoverMyMeds?

For assistance, reach out to CoverMyMeds via one of the following methods:

- **Online:** Visit <https://www.covermymeds.com/main/help>.
- **Phone:** Give CoverMyMeds a call at 1-866-452-5017.
- **Chat:** Select the **Click to Chat with CoverMyMeds** box in the bottom, right-hand corner of the CoverMyMeds website. Note, you don't need to be logged in to access this feature.

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Levoleucovorin calcium, elosulfase alfa, histrelin acetate, idursulfase and fulvestrant to require prior authorization

Effective April 1, 2018, the injectable medications: levoleucovorin calcium, elosulfase alfa, histrelin acetate, idursulfase and fulvestrant, will require prior authorization (PA) and all requests must be reviewed by Amerigroup District of Columbia, Inc. for PA for dates of service beginning on or after April 1, 2018. Please refer to the provider self-service tool for detailed authorization requirements. Go to <https://providers.amerigroup.com>, select your state, then under *Provider Resources & Documents* select **Quick Tools/Precertification Lookup Tool**.



Please note: These drugs may not be covered in all states. Providers must review their specific state for coverage because not all drugs in this update will apply to the state in which you participate.

PA requirements will be added to the following codes:

- **J0641** — Injection, levoleucovorin calcium, 0.5 mg
- **J1322** — Injection, elosulfase alfa, 1 mg
- **J1675** — Injection, histrelin acetate, 10 mcg
- **J1743** — Injection, idursulfase, 1 mg
- **J9395** — Injection, fulvestrant, 25 mg

Please use one of the following methods to request PA:

- **Phone:** 1-800-454-3730
- **Fax:** 1-800-964-3627
- **Web:** <https://www.availity.com>

Federal and state law, as well as state contract language (this includes definitions and specific contract provisions/exclusions) take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with the new requirements may result in denied claims.**

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What if I need assistance?

If you have questions about these communications or need assistance with any other item, call Provider Services at 1-800-454-3730.

