

Provider Newsletter



<https://providers.amerigroup.com/FL>

December 2018



Table of Contents

**Practitioners' rights during
credentialing process** Page 2

***Medical Policies and Clinical
Utilization Management
Guidelines updates*** Page 2

**Quarterly pharmacy
formulary change notice** Page 3

**Pharmacy management
information** Page 4

**Prior authorization
requirements** Page 5

Reimbursement Policy:

**Claims Requiring Additional
Documentation** Page 6

Practitioners' rights during credentialing process

The credentialing process must be complete before a practitioner begins seeing members and enters into a contractual relationship with a health care insurer. As part of our credentialing process, practitioners have certain rights as briefly outlined below.

Practitioners can request to:

- Review information submitted to support their credentialing application.
- Correct erroneous information regarding a credentialing application.
- Be notified of the status of credentialing or recredentialing applications.

The Council for Affordable Quality Healthcare (CAQH®) universal credentialing process is used for individual providers who contract with Amerigroup. To apply for credentialing with Amerigroup, go to the [CAQH website](#) and select **CAQH ProView™**. There is no application fee.

We encourage practitioners to begin the credentialing process as soon as possible when new physicians join a practice. Doing so will help minimize any disruptions to the practice and members' claims.

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Medical Policies and Clinical Utilization Management Guidelines updates

The following *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* were developed or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, applicable listings are informational only.

Please share this notice with other members of your practice and office staff.

To search for specific policies or guidelines, visit <https://medicalpolicies.amerigroup.com/search>.

Medical Policies

On January 25, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup.

Clinical UM Guidelines

On January 25, 2018, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. The update details the guidelines adopted by the medical operations committee for the Government Business Division on March 2, 2018.

Please note:

- Starting July 1, 2018, AIM Specialty Health® *Cardiology and Radiation Oncology Guidelines* are utilized for clinical reviews.

View the list of newly approved *Medical Policies* and *Clinical UM Guidelines* in the [January 2018 update](#).

FLPEC-1689-18

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at our first quarter 2018 pharmacy and therapeutics committee meeting.

Effective August 1, 2018, the changes outlined below were applied to all Florida Healthy Kids (FHK) members enrolled with Amerigroup.

EFFECTIVE FOR ALL FHK PATIENTS ON AUGUST 1, 2018 2ND NOTICE - ADDITIONAL INFORMATION (PREFERRED NDC'S LISTED)			
THERAPEUTIC CLASS	DRUG NAME	PREFERRED MANUFACTURER	PREFERRED NDC
OTC Prenatal Vitamins	PRENATAL TABLET 28MG-0.8MG	21ST CENTURY HE	40985-0273-10
	DAILY PRENATAL COMBO PACK 28-800-440 PRENATAL VITAMINS TABLET 28MG-0.8MG	AMERISOURCEBERG	46122-0009-65; 46122-0098-78
	PRENATAL TABLET 27MG-0.8MG	CARDINAL HEALTH	55154-1393-00
	QC PRENATAL TABLET 28MG-0.8MG	CHAIN DRUG	35515-0947-74; 63868-0001-01
	CVS PRENATAL MULTI-DHA SOFTGEL 27-0.8-250 CVS PRENATAL VITAMIN TABLET CVS WOMEN'S PRENATAL + DHA 28-975-200	CVS	50428-0399-50; 50428-2525-77; 50428-4604-61
	PRENATAL 19 TABLET 29-1-25 MG PRENATAL 19 CHEWABLE TABLET 29 MG-1 MG	CYPRESS PHARM.	60258-0196-01; 60258-0197-01
	KPN TABLET PRENATAL ONE DAILY TABLET 27MG-0.8MG	FREEDA VITAMINS	10432-0033-01; 58487-0031-31
	PRENATAL TABLET 27MG-0.8MG	GENDOSE PHARMAC	77333-0715-10; 77333-0715-25
	PRENATAL TABLET 27MG-0.8MG	GERI-CARE	57896-0575-01
	GNP DAILY PRENATAL COMBO PACK 28-800-440 GNP PRENATAL VITAMINS TABLET 28MG-0.8MG	GOOD NEIGHBOR	87701-0405-76; 87701-0407-99
	HM PRENATAL TABLET 28MG-0.8MG	HEALTH MART	52569-0134-33
	PERRY PRENATAL CAPSULE 13.5-0.4MG	KIRKMAN SALES	11763-0522-01
	PRENATAL TABLET 28MG-0.8MG	LEADER	96295-0128-31
	PRENATAL TABLET 27MG-0.8MG	MAGNO-HUMPHRIES	43292-0555-15; 43292-0556-70
	PRENATAL TABLET 27MG-0.8MG	MAJOR PHARMACEU	00904-5313-46; 00904-5313-60
	PRENATAL FORMULA TABLET 28MG-0.8MG	NAT'L VIT. CO.	54629-0052-01; 79854-0400-70
	PRENATAL TABLET 28MG-0.8MG	PLUS PHARMA;INC	37864-0837-01; 51645-0837-01
	PRENATAL TABLET 27MG-0.8MG	PRIME MARKETING	62107-0063-01
	PRENATAL TABLET 28MG-0.8MG	RICHMOND PHARM	54738-0050-01
	RA PRENATAL TABLET 28MG-0.8MG RA ONE DAILY PRENATAL DHA PACK 28-800-440	RITE AID CORP.	11822-3089-10; 11822-4898-00
CLASSIC PRENATAL TABLET 28MG-0.8MG PRENATAL VITAMINS TABLET 28MG-0.8MG	RUGBY	00536-4063-01; 00536-4085-01	
PRENATAL VITAMIN TABLET 28MG-0.8MG	SAFECOR HEALTH	48433-0112-01	

Quarterly pharmacy formulary change notice (cont.)

What action do I need to take?

Please review these changes and work with your Amerigroup patients to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific patients, you will need to obtain prior authorization (PA) to continue coverage beyond the applicable effective date.

What if I need assistance?

We recognize the unique aspects of patients' cases. If for medical reasons your Amerigroup patient cannot be converted to a formulary alternative, call our Pharmacy department at 1-800-454-3730 and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* on our provider website at <https://providers.amerigroup.com/FL>.

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Pharmacy management information

Need up-to-date pharmacy information?

Log in to our [provider website](#) to access our *Formulary Prior Authorization* forms, *Preferred Drug List* and process information.



Have questions about the *Formulary* or need a paper copy?

Call our Provider Services department at 1-800-454-3730.

Our Member Services representatives serve as advocates for our members. To reach Member Services, please call 1-800-600-4411 (TTY).

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Prior authorization requirements

UPDATE: Prior authorization requirements for high-level, definitive drug testing delayed

In the last edition of the newsletter, Amerigroup communicated that the prior authorization for high-level, definitive drug testing(s) was changing for Statewide Medicaid Managed Care Managed Medical Assistance members.

There is a delay in implementing this change and a new effective date has yet to be determined.

If you have questions about this communication, please contact your Provider Relations representative.

FL-NL-0145-18

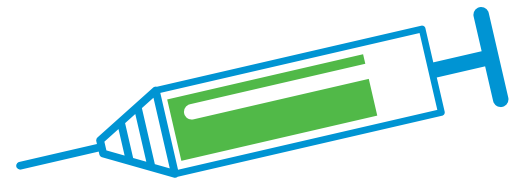
Sublocade

Effective February 1, 2019, prior authorization (PA) requirements will change for injectable/infusible drug Sublocade to be covered by Amerigroup for Florida Healthy Kids.

PA requirements will be added to the following:

- Sublocade (Buprenorphine) — implant (J0570)
- Sublocade — injectable (Q9991, Q9992)

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Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

To request PA, you may use one of the following methods:

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

Not all PA requirements are listed here. Detailed PA requirements are available to contracted and noncontracted providers on our provider website (<https://providers.amerigroup.com/FL> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Providers may also call us at 1-800-454-3730 for PA requirements.

Reimbursement Policy

Policy Update

Claims Requiring Additional Documentation

(Policy 06-031, effective 03/01/19)

Professional providers and facilities are required to submit additional documentation for adjudication of applicable types of claims. If the required documentation is not submitted, the claim may be denied. Amerigroup may request additional documentation or notify the provider or facility of additional documentation required for claims, subject to contractual obligations.

Effective March 1, 2019, itemized bills must be submitted with the appropriate revenue code for each individual charge.

For additional information, please review the Claims Requiring Additional Documentation reimbursement policy at <https://providers.amerigroup.com/FL> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

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