

Provider Newsletter

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



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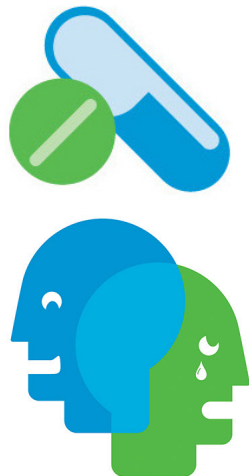
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Behavioral Health Medication Management program

The Amerigroup Community Care Behavioral Health (BH) Medication Management program addresses the specific needs of Georgia Families members using medications prescribed for their BH. Our goal is to improve the quality of care provided to our members and promote medication adherence. We focus on age appropriate use of medications, thus reducing the use of unnecessary medications.



The outreach and education programs also support providers and members on BH-related HEDIS^{®*} measures that use medication utilization as a quality measurement tool such as:

- Antidepressant Medication Management (AMM)
- Follow-up Care for Children Prescribed ADHD Medication (ADD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

If you have questions, please call Pharmacy Operations at 1-800-719-4871. Note, calls will be answered and/or returned Monday-Friday from 8:30 a.m.-4 p.m. ET.

** HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).*

Prior authorization requirements for new injectable/infusible drugs: Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb)

Effective March 1, 2017, Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb) will require prior authorization (PA).



For dates of service on or after March 1, 2017, requests for PA must be reviewed for five injectable/infusible drugs covered by Amerigroup Community Care for Georgia Families members. These drugs are Istodax (romidepsin), Ixempra (ixabepilone), Doxil (doxorubicin), Torisel (temsirolimus) and Inflectra (infliximab-dyyb).

To request PA, contact us by phone at 1-800-454-3730.

Detailed PA requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/GA> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Providers may also call Provider Services at 1-800-454-3730 for PA requirements if they are not able to access the website.

Elective one and two vessel coronary artery bypass graft to require prior authorization



Effective January 1, 2017, elective one and two vessel coronary artery bypass graft (CABG) will require prior authorization (PA).

Amerigroup Community Care will require PA for the elective one and two vessel CABG beginning January 1, 2017. Please refer to the provider self-service website for detailed PA requirements (<https://providers.amerigroup.com/GA> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool).

To request PA, contact us by phone (1-800-454-3730) or the provider website.

In review of these services, the Utilization Review team will utilize the InterQual Procedures Criteria for CABG requests.

Continuous interstitial glucose monitoring to require prior authorization

Effective March 1, 2017, continuous interstitial glucose monitoring will require prior authorization (PA).

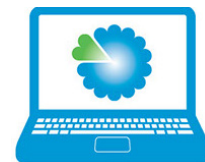
For dates of service on or after March 1, 2017, Amerigroup Community Care requires PA for continuous interstitial glucose monitoring.

To request PA, contact us by phone at 1-800-454-3730.

Detailed PA requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/GA> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool).

Provider Website Survey

Amerigroup Community Care relies on your feedback to improve and strengthen our processes and operations. Our *Provider Website Survey* is a new tool to evaluate the effectiveness of our Medicaid provider websites. Input about your experience with our website is essential to our goal of efficient and effective provider resources. We will use your survey responses to better understand your experiences and continue to improve our site. Providing exceptional service to our providers is one of our strongest commitments.



Thank you in advance for taking the time to complete this brief survey. To access the survey, go to <https://www.surveymonkey.com/r/7PHY5BL>.

Update to the ClaimsCheck® upgrade to ClaimsXten™



Earlier this year, Amerigroup announced plans for an upgrade from ClaimsCheck to McKesson's next generation claim auditing software, ClaimsXten. Due to the complexity of the software conversion, along with the expansion of software functionality that is now available, the target effective date has been moved from November 1, 2016, to April 30, 2017.

With the new software functionality, edits will be applied with greater accuracy. The new software functionality will also allow for greater flexibility with rule development and configuration.

For additional details regarding this software update, please refer to the original communication posted at <https://providers.amerigroup.com/GA> > Provider Resources & Documents > Newsletters > [Provider Newsletter Issue 2 2016](#).

Reimbursement Policy

New Policy

Corrected Claims

(Policy 16-001, effective 05/15/2017)

Amerigroup Community Care allows reimbursement for a Corrected Claim when received within 90 calendar days from the date of the original claim submission for participating and non-participating providers and facilities.

Providers resubmitting paper claims for corrections must clearly mark the claim “**Corrected Claim.**” Corrected Claims submitted electronically must have the applicable frequency code. Failure to mark the claim appropriately may result in denial of the claim as a duplicate.

For additional information, refer to the Corrected Claims reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

