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Access to Disease Management — helping you care for patients with chronic health care needs

Amerigroup Community Care Disease Management programs are designed to assist PCPs and specialists in managing the care of members with chronic health care needs. Members are provided with care management and education by a team of highly qualified disease management professionals whose goal is to create a system of coordinated health care interventions and communications for enrolled members.

Case managers provide support to members with:
- Behavioral health conditions.
- Diabetes.
- Heart conditions.
- HIV/AIDS.
- Pulmonary conditions.
- Substance use disorder.

Additionally, in order to improve condition-specific outcomes, case managers use motivational interviewing to identify and address health risks such as tobacco use and obesity.

Licensed nurse case managers are available Monday-Friday from 8:30 a.m.-5:30 p.m. local time, and our confidential voicemail is available 24 hours a day, 7 days a week. To contact our Disease Management team, call 1-888-830-4300.

Additional information about our Disease Management programs can be found by visiting https://providers.amerigroup.com/GA > Provider Resources & Documents > Disease Management Centralized Care Unit. Members can obtain information about our Disease Management programs by visiting www.myamerigroup.com.

Amerigroup Community Care to conduct postservice reviews of certain modifiers and services

Effective March 1, 2018, Amerigroup will conduct postservice reviews of professional claims billed with the following modifiers: 25, 62, 80, 81, 82, AS and 91. Additionally, Amerigroup will conduct postservice reviews of Evaluation and Management services billed during a global surgery period.

What is the impact of this change?
As part of the review, Amerigroup may contact providers to request additional documentation related to the services. If billing discrepancies are identified, Amerigroup will provide a written report of the findings to providers and initiate recoupments as appropriate. Findings may assist your office with quality improvement efforts.

GA-NL-0066-17
New pharmacy electronic prior authorization request tool effective January 1, 2018

Amerigroup Community Care has partnered with CoverMyMeds to offer an electronic prior authorization (ePA) request tool that simplifies the process for requesting medications and checking the status of your submissions.

**Features**
These new features help simplify the prior authorization process. You will be able to:
- Submit requests for general pharmacy medications (medications dispensed directly to a member from a retail pharmacy or shipped from a specialty pharmacy).
- Check ePA status.
- Upload supporting documents and review appeal status.

**Availability**
The tool will be available beginning January 1, 2018.

**Accessing the tool**
- Visit the CoverMyMeds website at [https://www.covermymeds.com](https://www.covermymeds.com).
- Locate the existing link within your electronic medical records tool if available.

Support with ePA through CoverMyMeds
- For support via chat, locate and activate the chat window in the bottom right of the webpage.
- For support via phone, call 1-866-452-5017.

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

Effective May 1, 2018, the injectable medications: levoleucovorin calcium, elosulfase alfa, histrelin acetate, idursulfase and fulvestrant, will require prior authorization (PA). 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.**

**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 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.

**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](https://www.availity.com)

Please refer to the provider self-service tool for detailed authorization requirements. Go to [https://providers.amerigroup.com/GA](https://providers.amerigroup.com/GA), then under **Provider Resources & Documents select Quick Tools/Precertification Lookup Tool.**

GA-NL-0078-17
Online registration processes for electronic remittance advices and electronic funds transfers

No action is required for providers already registered for electronic funds transfers (EFTs) and electronic remittance advices (ERAs).

Effective June 1, 2018, our provider disbursement processes are changing. These changes include the following:

- New EFTs with ERAs will be enrolled through EnrollHub™, a Council for Affordable Quality Healthcare (CAQH) Solutions™ enrollment tool.
- A new ERA-only enrollment form is on the electronic data interchange (EDI) area of the website.
- Change Healthcare and PaySpan will no longer be used for EFT/ERA enrollment.
- Providers now have access to Explanation of Payment letters through our secure self-service provider website.

These enhancements offer providers streamlined reimbursement registration tools.

The following chart summarizes information about the new processes to enroll in EFT or ERA or to update EFT and ERA transaction information after June 1, 2018.

<table>
<thead>
<tr>
<th>Type of transaction</th>
<th>How to enroll, update, change or cancel</th>
<th>Contact to resolve issues</th>
</tr>
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<tbody>
<tr>
<td>EFT only</td>
<td>Use the CAQH EFT EnrollHub tool available at <a href="http://www.caqh.org/solutions/enrollhub">http://www.caqh.org/solutions/enrollhub</a>.</td>
<td>CAQH Provider Help Desk 1-844-815-9763</td>
</tr>
<tr>
<td>ERA only</td>
<td>Use the ERA registration tool at <a href="https://anthem-int.columncloud.com/SR/ERAEnrollmentSR.jsp">https://anthem-int.columncloud.com/SR/ERAEnrollmentSR.jsp</a>.</td>
<td>E-Solutions 1-800-470-9630</td>
</tr>
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</table>

Is registration required?
Providers are not obligated to register for either EFT or ERA and will continue to receive a paper check and remittance advice.

Is there a cost to providers for the changes to the EFT and ERA?
There is no cost to providers from Amerigroup Community Care. Providers should inquire with trading partners and other vendors they work with to understand additional steps or any changes to services.
Information and changes to expect

- Medicaid claims are identified in the Claim Filing Indicator Code (CLP06 segment) on the ERA/835 as MC.
- Effective June 1, 2018, we will discontinue the email notification providers currently receive when an EFT and ERA is issued.
- The PDF versions of paper remittances are available on the provider self-service website. Both provider and clearinghouse 835s continue to be received through the EDI process. Aside from how providers access remits, this process remains the same.
- More information about retrieving copies of remittance advices is available online. To access our tutorial, Remittance Inquiry Process Guide, go to our provider website and select the Tutorials drop-down menu under Provider Documents & Resources.
- Starting in 2018, more claim payments and remittance advices issued by Amerigroup will be made on a weekly basis to providers. Additionally, non-Federal Employee Program payments under $5 will be held for a maximum of 14 days to allow additional claims to combine to increase the overall payment amount.
- This change will ensure efficiency and consistency between professional and facility claim payments.
- If you are a provider who receives paper claim checks or EFT payments from Amerigroup on a daily basis, you will be able to schedule posting on a weekly cycle after this change.
- The Automated Clearing House batch header is changing. The payee name that appears on the EFT statement is changing and will be easily identifiable. This change does not impact payment to you in any way. You will now see Amerigroup GA5C.

How do I access historical ERAs from Change Healthcare and PaySpan?
We are in the process of migrating all historical remittance advices to our secure self-service provider website. We will notify you when the migration is complete. Please continue to use Change Healthcare and PaySpan until that time.

What if I need assistance?
If you have questions about this newsletter or need assistance with any other item, call Provider Services at 1-800-454-3730.

GAPEC-2215-17
Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies
On November 9, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Medical Policies for Amerigroup Community Care. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

We made these Medical Policies publicly available on our website on the effective date listed below.

Visit https://medicalpolicies.amerigroup.com to search for specific policies. Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

<table>
<thead>
<tr>
<th>Medical Policy effective date</th>
<th>Medical Policy number</th>
<th>Medical Policy title</th>
<th>Revised or new</th>
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<tbody>
<tr>
<td>9/27/17</td>
<td>DRUG.00110</td>
<td>Inotuzumab ozogamicin (Besponsa®)</td>
<td>New</td>
</tr>
<tr>
<td>9/27/17</td>
<td>MED.00124</td>
<td>Tisagenlecleucel (Kymriah™)</td>
<td>New</td>
</tr>
<tr>
<td>9/27/17</td>
<td>DRUG.00043</td>
<td>Tocilizumab (Actemra®)</td>
<td>Revised</td>
</tr>
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Clinical Utilization Management Guidelines
On November 9, 2017, the MPTAC approved the following Clinical Utilization Management (UM) Guidelines for Amerigroup. These guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the below listing.

The Clinical UM Guidelines on this list represent those adopted by the Medical Operations Committee for the Government Business Division on October 19, 2017. We made these guidelines publicly available on the Medical Policy and Clinical UM Guideline subsidiary website on the effective date listed below.

Visit https://medicalpolicies.amerigroup.com to search for specific guidelines. Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

<table>
<thead>
<tr>
<th>Effective date</th>
<th>Clinical UM Guideline number</th>
<th>Clinical UM Guideline title</th>
<th>Revised or new</th>
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</thead>
<tbody>
<tr>
<td>9/27/17</td>
<td>CG-LAB-11</td>
<td>Screening for Vitamin D Deficiency in Average Risk Individuals</td>
<td>New</td>
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<tr>
<td>9/27/17</td>
<td>CG-MED-59</td>
<td>Upper Gastrointestinal Endoscopy for Diagnosis, Screening or Surveillance</td>
<td>New</td>
</tr>
<tr>
<td>9/27/17</td>
<td>CG-SURG-59</td>
<td>Vena Cava Filter</td>
<td>New</td>
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