

# Provider Newsletter

<https://providers.amerigroup.com/ia>  
Provider Services: 1-800-454-3730

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## Distribution of clinical practice and preventive health guidelines



Evidence-based guidelines are clinical practice guidelines known to be effective in improving health outcomes. Effectiveness of guidelines is determined by scientific evidence, professional standards or expert opinion. Amerigroup provides clinical care and preventive

health guidelines to our network physicians. The guidelines are based on current research and national standards. The guidelines are available on our website [https://providers.amerigroup.com/ProviderDocuments/IAIA\\_CPG\\_Matrix.pdf](https://providers.amerigroup.com/ProviderDocuments/IAIA_CPG_Matrix.pdf).

If you would like a paper copy of a guideline, call Provider Services at 1-800-454-3730. We'll be glad to send you a copy.

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## Availability UM criteria

If an Amerigroup medical director denies your service request, both you and the member will receive a notice of action letter that will include the reason for denial, note the criteria/guidelines used for the decision, and explain the appeal process and your rights. If you'd like to speak with a medical director about the service request denial, call Provider Services 1-800-454-3730. To request a copy of the specific criteria/guidelines used for the decision, please call 1-800-454-3730 or write to:

Health Care Management Services  
Amerigroup Iowa, Inc.  
4800 Westown Parkway, Regency Building 3  
West Des Moines, IA 50266

## Access to UM staff

We are staffed with clinical professionals who coordinate our members' care and are available 24 hours a day, 7 days a week to accept precertification requests. You can submit precertification requests by:

- Calling us at 1-800-454-3730
- Faxing to 1-800-964-3627
- Logging in to <https://providers.amerigroup.com/ia> and using the Precertification Lookup Tool
- Faxing to the Physical Health (PH) fax numbers listed below:
  - o PH Inpatient: 1-844-648-9537
  - o PH Outpatient: 1-844-556-6119
  - o PH Case Management: 1-844-556-6120
- Faxing to the Long-Term Services and Supports (LTSS) fax numbers listed below:
  - o LTSS: 1-844-556-6121
  - o LTSS Acute Inpatient: 1-844-400-3461
  - o LTSS Acute Outpatient: 1-844-400-3462

If you have questions about utilization decisions or the UM process in general, call our Clinical team at 1-800-454-3730, Monday through Friday, from 8 a.m.-5 p.m. CT.



## Affirmative statement about incentives

Amerigroup, as a corporation and as individuals involved in UM decisions, is governed by the following statements:

- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- Amerigroup does not specifically reward practitioners or other individuals for issuing denial of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization or create barriers to care and service.

## Pharmacy management information

Need up to date pharmacy information? Log in to our website (<https://providers.amerigroup.com/ia> > Provider Resources & Documents > Pharmacy) to access our formulary, *Prior Authorization* form, processes and Preferred Drug List.

If you have questions about the formulary or need a paper copy, call our Pharmacy department at 1-855-712-0104.



## Health education: Smoking cessation

Amerigroup supports the National Cancer Institute's health education program for members who want to quit smoking. The Smoking Cessation program's goals are to:



- Assist members in improving their health status and quality of life by becoming more actively involved in their own care
- Encourage members to quit smoking
- Offer members resources and education as a means of supporting smoking cessation efforts

The National Cancer Institute has developed a booklet called "Clearing the Air." The booklet provides tips to support smoking cessation by identifying available resources and offering tools for quitting, such as:

- Winning strategies of successful quitters
- Coping skills for fighting the urge to smoke
- Strategies for success after a relapse
- National Quit Line contact information

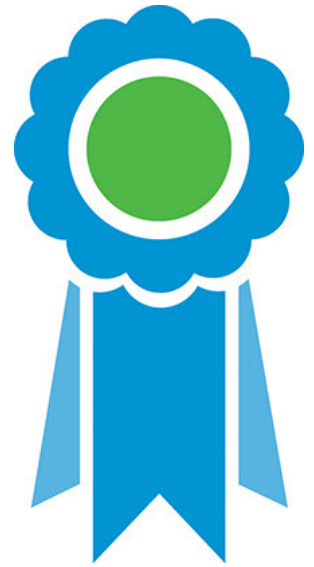
National Cancer Institute Quit Line:  
1-877-44-U-QUIT (1-877-448-7848)

After enrollment, a member may request the "Clearing the Air" booklet by using the contact information provided in the plan's welcome packet. The member also may request the booklet by contacting Amerigroup On Call or when talking to Medical Management nurses or social workers. The booklet also is available to download from the following websites:

- National Cancer Institute:  
<https://pubs.cancer.gov>
- Smokefree government program:  
<http://smokefree.gov>

## Quality Improvement Program

The Amerigroup Iowa, Inc. Quality Management (QM) program is committed to excellence in the quality of service and care our members receive and the satisfaction of our network providers, and we are always on the lookout for ways to refine our program. Our comprehensive QM program:



- Adheres to Iowa Medicaid program standards
- Objectively monitors and evaluates the care and services provided to members
- Designs solutions across the continuum of care and service to ensure ongoing, proactive evaluation and refinement of the program
- Reflects the demographic and epidemiological needs of the population served
- Encourages both members and providers to weigh in with recommendations for improvement
- Identifies areas where we can promote and improve patient safety
- Measures our progress to meet annual goals

We'd like to share with you our annual quality improvement summary of our goals, processes and outcomes related to clinical performance and service satisfaction. Throughout the year, we evaluate data trends related to how our members receive health care and preventive care services and compare our findings to national practice guidelines. You—our network physicians and office staff — are the key to helping us collect this information and improve our quality performance.

Clinical performance and service satisfaction are based upon results from:

- Medicaid HEDIS<sup>®\*</sup> (Healthcare Effectiveness Data and Information Set) — A program developed by the National Committee for Quality Assurance (NCQA) to measure performance on important dimensions of care and service. HEDIS measures address a broad range of important health issues including immunizations, preventive care and screening, comprehensive diabetes care, asthma medication use, controlling hypertension and access to care.
- CAHPS<sup>®\*\*</sup> (Consumer Assessment of Healthcare Providers and Systems) — Surveys evaluating member satisfaction with care and services received over the past six months; a random sample of plan members answered questions about their doctors and the health plan.
- HEDIS and CAHPS results help us identify areas of strength and areas where we need to focus our improvement efforts. We use the results to measure our performance against our goals, and determine the effectiveness of actions we implemented to improve our results.

To review the current QIP summary, call 1-800-454-3730. We'll be glad to send you a copy.

\* HEDIS is a registered trademark of the National Committee for Quality Assurance.

\*\* CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

## Synagis (palivizumab)

Respiratory syncytial virus (RSV) season begins as early as September and runs through April. Synagis (palivizumab) is a monoclonal antibody indicated for the prevention of RSV. The American Academy of Pediatrics (AAP) recommends a maximum of five (15 mg/kg) monthly doses of Synagis during the RSV season for high-risk infants who were born before 29 weeks, 0 days gestation, have chronic lung disease of prematurity or have hemodynamically significant heart disease. Updated indications for prophylaxis can be found in the July 2014 AAP Policy Statement and on our provider website at <https://providers.amerigroup.com/ia>.



We follow the current AAP guidelines for eligibility criteria for prophylaxis of high-risk infants and young children. During the RSV season, prior authorizations will be approved for a maximum of five doses per patient. No allowances will be made for a sixth dose. Patients who experience a breakthrough RSV hospitalization should have their monthly prophylaxis discontinued as there is an extremely low likelihood of a second RSV hospitalization in the same season.

The Synagis *Prior Authorization Form* can be found on our provider website at <https://providers.amerigroup.com/ia> > Provider Resources & Documents > Pharmacy > Pharmacy Prior Authorization Form. Only one request is needed for each patient throughout the RSV season. In a case where higher dosage is necessary due to weight gain, documentation of the patient's new weight must be provided.

Questions regarding prior authorization criteria for Synagis can be answered by the Pharmacy Provider Prior Authorization Help Desk at 1-855-712-0104.

## Access to case management

Did you know that, in addition to our disease management programs, we offer a complex case management program for our high-risk members? Using claims and utilization data, we can identify the diseases for which members are most at risk and to which they are most susceptible.

Our case managers use evidence-based guidelines to coordinate care with the member, his or her family, physicians and other health care providers. They work with everyone involved in the member's care to help implement a case management plan based on the member's needs. We provide education and support to our members and their families to help improve their health and quality of life. Members can be referred to complex case management through our 24-hour Nurse HelpLine, disease management, Utilization Management (UM), a discharge planner, the member, caregiver or by the member's practitioner. If you have a high-risk member you would like to refer to this program, please call us at 1-800-454-3730.



## The Cultural and Linguistic program

On July 25, 2016, Amerigroup Iowa, Inc. began implementation of the Cultural and Linguistic program. With this program, Amerigroup seeks to improve the health and overall well-being of its eligible members by offering culturally competent health education and health management programs that educate, inform and encourage self-care.

Amerigroup does not discriminate in the provision of services and benefits on the basis of age, color, disability, national origin, race, religion or gender. Amerigroup ensures that services are provided to all eligible members in a culturally competent manner, including those with limited English proficiency.



Amerigroup is committed to complying with all federal and state regulations, including but not limited to, Title VI of the Civil Rights Act of 1964 and all subsequent updates, the Americans with Disabilities Act, Title 42 of the Code of Federal Regulations and relevant executive orders.

The Cultural and Linguistic program goals include providing culturally and linguistically appropriate health care services in a competent manner to meet the needs of a culturally diverse membership. This may include members with limited English proficiency, variable literacy levels, and hearing, speech or visual impairments and disabilities.

The Cultural and Linguistic program:

- Supports the diverse communities of our members by promoting and providing appropriate cultural and linguistic programs and services for members, contracted providers and health plan associates at all points of medical contact.
- Offers services to members in their primary language with oral interpreters in over 150 languages, TTY assistance for hearing-impaired members, face-to-face interpreters, including American Sign Language, and written materials translated into threshold languages. The program provides materials in alternative formats, including Braille, large font and audio upon request.
- Educates providers and associates on state and National Committee for Quality Assurance (NCQA) requirements. Training efforts include, but are not limited to, providing a comprehensive understanding of accessibility and physical, sensory or cognitive impairments where environmental factors may be a consideration for access to services.
- Makes resources available online with the Cultural Competency tool. A full description of our Cultural and Linguistic program is available in hard copy upon request.

## Provider Website Survey

Amerigroup Iowa, Inc. 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>.



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



Effective February 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 February 1, 2017. Please refer to the provider self-service website for detailed PA requirements (<https://providers.amerigroup.com/ia> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool). Noncompliance with new requirements may result in denied claims.

PA requirements will be added to the following codes:

- 33510 — coronary artery bypass, vein only; single coronary venous graft
- 33511 — coronary artery bypass, vein only; two coronary venous grafts
- 33517 — coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (list separately in addition to code for primary procedure)
- 33518 — coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts list separately in addition to code for primary procedure)
- 33530 — reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (list separately in addition to code for primary procedure)
- 33533 — coronary artery bypass, using arterial graft(s); single arterial graft
- 33534 — coronary artery bypass, using arterial graft(s); two coronary arterial grafts

To request PA, contact us via phone (1-800-454-3730), fax (1-800-964-3627) or the provider website.

The Utilization Review team will utilize the InterQual Procedures criteria for CABG requests.

# Reimbursement Policies

## Policy Update

### Claims Timely Filing

(Policy 06-050, originally effective 04/01/2016)

To be considered for reimbursement, the initial claim must be received and accepted by the following standard:

- 180 days for participating providers and facilities
- 12 months for nonparticipating providers and facilities

If services are rendered on consecutive days, such as for a hospital confinement, the limit will be counted from the last day of service. Limits are based on calendar days unless otherwise specified. Services denied for failure to meet timely filing requirements are not subject to reimbursement unless the provider presents documentation proving a clean claim was filed within the applicable filing limit.

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

## New Policy

### Corrected Claims

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

Amerigroup Iowa, Inc. allows reimbursement for a Corrected Claim when received within 365 days of the Medicaid remittance advice date of denial. If the claim is submitted within that year and denies for a second time, providers have up to one year from the date of the last adjudication to make corrections, not exceeding [two years] from the date of service. A claim will not be reimbursed past two years from the date of service.

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 > [Iowa](#).





## Policy Reminder

### Abortion (Termination of Pregnancy)

(Policy 06-579, originally effective 04/01/2016)

Amerigroup Iowa, Inc. allows reimbursement of induced abortions only when the voluntary and informed consent has been obtained from the woman upon whom the abortion is to be performed and the provider performing the procedure certifies:

- The pregnancy is the result of an act of rape or incest.
- The woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition caused by or arising from the pregnancy itself that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

Reimbursement is based on the applicable fee schedule or contracted/negotiated rate when the state-approved Certification of Medical Necessity abortion form is properly executed and submitted with the provider's claim.

Informed consent is not needed for the treatment of incomplete, missed or septic abortions. These procedures are not considered induced or elective abortions and are allowed under the criteria of medical necessity.

For additional information, refer to the Abortion (Termination of Pregnancy) reimbursement policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Iowa](#).