New provider orientation
Agenda

• Introduction to Amerigroup Iowa, Inc.
• Provider resources
• Contact numbers and questions
• Provider responsibilities
• Member benefits and services
• Claims and billing
• Pre-service processes
About us

• **5.8 million**: Medicaid members nationwide, approximately

• **Operating in 20 states**: Leading provider of health care solutions for public programs

• **Over 16 years**: Providing access to high-quality, coordinated care for low-income families, seniors and people with disabilities

• **Serving in eight states**: Long-term services and supports (LTSS) programs
Iowa Department of Human Services (DHS) has contracted Amerigroup to provide comprehensive health care services, including:

- Physical health.
- Behavioral health.
- LTSS.

This initiative creates a single system of care to promote the delivery of efficient, coordinated and high-quality health care and establishes accountability in health care coordination.
Iowa high-quality health care initiative coverage area
Provider Services overview

- Website
- Key contacts: Provider Relations and more
- Portal and Provider Services line
  - Eligibility verification
  - Claims inquiry
  - Benefit verification
  - PCP assistance
  - Interpreter/hearing impaired services
- Provider training
- Provider communications
How Can We Help You?

Amerigroup & You

Providing care for those who need it most requires a team effort and there’s no more critical person on this team than you the provider. Our challenge is to find ways to help you use your resources as efficiently and productively as possible. And that begins by listening to the problems you encounter and the ideas you have to make the system work better. Together we can find the real solutions that can make a difference in people’s lives.
Registration and login **not** required for access to:

- Claims forms.
- Precertification Lookup Tool.
- Provider manual.
- *Clinical Practice Guidelines*.
- News and announcements.
- Provider directory.
- Fraud, waste and abuse.
- Formulary.
Secure website information

Registration and login required for access to:

- Precertification submission.
- Precertification status lookup.
- Pharmacy precertification.
- PCP panel listings.
- Member eligibility.
- Claim status.
• **Multiple payers:** single sign-on with access to multiple payers

• **No charge:** Amerigroup transactions are available at no charge to providers

• **Accessible:** Availity functions are available 24 hours a day from any computer with internet access

• **User friendly:** standard screen format makes it easy to find the necessary information needed and increases staff productivity

• **Compliant:** Availity is compliant with HIPAA regulations

• **Training:** No cost, live, web-based and prerecorded training seminars (webinars) are available to users; FAQ and comprehensive help topics are available online as well

• **Support:** Availity Client Services is available at 1-800-AVAILITY (282-4548) Monday-Friday, 7 a.m.-6 p.m. Central time

• **Reporting:** user reporting allows the primary access administrator to track associates’ work
The registration process is easy.

There are multiple resources and trainings available to support Availity and Amerigroup site navigation.
Electronic payment enrollment

- To learn more, call the Council for Affordable and Quality Healthcare (CAQH) EnrollHub Helpline at 1-844-815-9763.
- Representatives are available Monday-Thursday, 6 a.m.-8 p.m. Central time and Friday, 6 a.m.-6 p.m. Central time.
Providers who enroll for electronic payment services:

- Receive electronic remittance advices (ERAs) and import the information directly into their patient management or patient accounting system.
- Route electronic funds transfers (EFTs) to the bank account of their choice.
- Can use the electronic files to create their own custom reports within their office.
- Can access reports 24 hours a day, 7 days a week.

Amerigroup uses EnrollHub™, the secure CAQH Solution®, to enroll in EFTs and ERAs. EnrollHub is available at no cost to all health care providers.
Key contact information

- Provider Services: 1-800-454-3730
- Member Services: 1-800-600-4441
- Amerigroup on Call:
  - 1-866-864-2544
  - 1-866-864-2545 (Spanish)
- Precertification: 1-800-454-3730
- Pharmacy prior authorization:
  - Phone: 1-800-454-3730
  - Fax: 1-844-512-9004
- Website: [https://providers.amerigroup.com/IA](https://providers.amerigroup.com/IA)

- Paper claims submission:
  - Amerigroup Iowa, Inc.
  - Claims
  - P.O. Box 61010
  - Virginia Beach, VA 23466-1010

- Electronic claims submission:
  - Availity payer ID: 26375
  - Emdeon payer ID: 27514
  - Capario payer ID: 28804
  - Smart Data Solutions payer ID: 81273
Provider Relations staff

- Provider outreach
- Provider education and training
- Engages providers in quality initiatives
- Provider customer service
- Builds and maintains the provider network
- Offer support for provider claims and billing questions and issues
Members can speak to a registered nurse who can answer their questions and help decide how to take care of any health problems.

- If medical care is needed, our nurses can help a member decide where to go.
- The phone number is located on the back of our member ID cards.

Members can call Amerigroup on Call for health advice 7 days a week, 365 days a year. When a member uses this service, a report is faxed to the office within 24 hours of receipt of the call.

Amerigroup on Call
1-866-864-2544 (TTY 711)
1-866-864-2545 (Spanish)
Interpreter Services
Provider Services
1-866-454-3700

- Available 24 hours a day, 7 days a week
- Over 170 languages

Telephonic translations
Provider Services
1-800-454-3730

In-person translations
Case Management
1-800-454-3730
Provider communications and education

- Quarterly provider newsletter
- Fax blasts
  - Program/process change notices
- Ongoing educational opportunities
  - ICD codes
  - Cultural competency
  - HIPAA
Key provider support resource for:

- Precertification requirements
- Covered services overview
- Member eligibility verification requirement
- Member benefits
- Access and availability standards
- Grievance and appeal process
- And much more
Provider roles and responsibilities

- PCPs: provide preventive health screenings
- No discrimination against members with mental, developmental and physical disabilities: comply with ADA standards
- Notification of changes: billing address, name, etc.
- Advance directives: understand and educate members
- Medical records: comply with HIPAA requirements and recordkeeping standards
- Preventive care services: recommend to all members
- Identification of behavioral health needs
- Fraud, waste and abuse: document and bill accurately
- Access standards: wheelchair accessibility
- Appointment availability and after-hours access
Provider roles and responsibilities (cont.)

- Assisted living facilities and nursing homes must retain a copy of the member’s Amerigroup plan of care on file with the member’s records.
- Assisted living facilities are required to promote and maintain a homelike environment and facilitate community integration.
- All facility-based providers and home health agencies must notify an Amerigroup case manager within 24 hours when a member dies, leaves the facility or moves to a new residence, or moves outside the service area or state.
- The option to participate in the member’s Interdisciplinary Care Team (ICT). The ICT is dependent on the member’s need and preference.
- Follow all federal rules and regulations as applicable.
Key member responsibilities

Members of Amerigroup have the responsibility to:

• Show their IA Health Link ID card each time they receive medical care.
• Make or change appointments.
• Get to appointments on time.
• Call their PCP if they cannot make it to their appointment or if they will not be on time.
• Use the emergency room only for true emergencies.
• Pay for any services they ask for that are not covered by IA Health Link.
• Treat their PCP and other health care providers with respect.
• Tell us, their PCP and their other health care providers what they need to know to treat them.
• Do the things that keep them from getting sick.
• Follow the treatment plans members, their PCP and their other health care providers agree on.

Refer to your provider manual for a full listing.
Providers should review both member and provider responsibilities, which are detailed in the provider manual.
In order to get reimbursed for Medicaid, providers are required to have an Iowa Medicaid number.

If a potential provider does not have a Medicaid number assigned, the health plan will work with the provider and the state to complete the necessary paperwork and assist the provider with obtaining a Medicaid number.

Forms are available on the Iowa DHS website at https://dhs.iowa.gov/ime/providers/enrollment.
Help us prevent it and tell us if you suspect it!

- Reporting requirement
- Contact information
  - External Anonymous Compliance Hotline:
    - Phone: 1-877-660-7890
    - Email: corpinvest@amerigroup.com or obe@amerigroup.com
    - Website:
      - https://providers.amerigroup.com/Pages/WFA.aspx
      - https://amerigroup.silentwhistle.com
- Verify a patient’s identity
- Ensure services are medically necessary
- Document medical records completely
- Bill accurately
Like you, Amerigroup is dedicated to providing quality, effective and compassionate care to all patients. There are many challenges in delivering health care to a diverse patient population. We are here to help.

Amerigroup offers translation and interpreter services, cultural competency tips and training, and guides and resources based on the *Culturally and Linguistically Appropriate Service Standards*. 
Member benefits and services
Benefits

- Coordination of care
- Initial health assessments
- Physician office visits: inpatient and outpatient services
- DME and supplies
- Emergency services
- Case management and utilization management
- Pharmacy benefits through IngenioRx, Inc.

Detailed benefits and services information is available in the provider manual located on the Amerigroup provider website at https://providers.amerigroup.com/IA.
Amerigroup believes that by offering expanded programs and services, we provide opportunities to help care for the whole person and better address the specific needs for each segment of the population.

**Health maintenance and preventive services:**

- Tobacco cessation counseling
- Waived copays for specific services
- Weight Watchers® class vouchers
- Personal exercise kit
- Healthy Families nutrition and fitness program
- Boys and Girls Club® membership
- Oral hygiene kit
- Home-delivered meals
- Post-discharge stabilization kit
Benefits: value-added services (cont.)

Training and supports services:

- Amerigroup Community Resource Link
- High School Equivalency Test (HiSet®) assistance
- Personal backpacks
- Comfort item
- Financial management support
- Self-advocacy memberships
- Travel training
- Supported employment
Independent living skills services:

- Additional personal care attendant supports
- Additional respite care services
- Transportation assistance
- Assistive devices
- Additional cellphone minutes through Safelink
- Durable medical equipment and supplies
- Community reintegration benefit
Claims and billing
Delegated partners

• Superior Vision Benefit Management, Inc.
  o Provider Services: 1-866-819-4298
  o Member Services: 1-800-679-8901

• LogistiCare
  o Reservations: 1-844-544-1389
  o Ride Assist: 1-844-544-1390
Claims submission

- Clean claims
- Electronic claims
- Paper claims
- Claim forms
- ICD codes
- Filing limits
Claims submission (cont.)

There are several ways to submit a Medicaid claim with Amerigroup:

- Availity: [https://www.availity.com](https://www.availity.com)
- Electronically:
  - Availity payer ID: 26375
  - Emdeon payer ID: 27514
  - Capario payer ID: 28804
  - Smart Data Solutions payer ID: 81273
- Paper submission:
  Amerigroup Iowa, Inc.
  Claims
  P.O. Box 61010
  Virginia Beach, VA 23466-1010

Note: There is a filing limit of 180 days from the date of service unless otherwise stated in the contract.
Rejected vs. denied claims

Find claims status information:
• On the website: https://www.availity.com
• By calling Provider Services: 1-800-454-3730

There are two types of notices you may get in response to your claim submission:
• **Rejected:** does not enter the adjudication system due to missing or incorrect information
• **Denied:** goes through the adjudication process but is denied for payment

Should you need to appeal a claim decision, please submit a copy of the *EOP, Letter of Explanation* and supporting documentation.
Grievances and appeals

- Separate and distinct appeal processes are in place for our members and providers, depending on the services denied or terminated.
- Please refer to the denial letter issued to determine the correct appeals process.
- Appeals of medical necessity and administrative denials must be filed within 90 calendar days of the postmark date of the Amerigroup denial notification.
- Mail appeals to:
  Amerigroup Iowa, Inc.
  Claim Appeals/Correspondence
  P.O. Box 61599
  Virginia Beach, VA 23466-1599
Pre-service processes
Submit precertification requests:
- Online.
- By fax.
- By phone.

Search by:
- Market.
- Member product.
- CPT® code.

Check the status of your request on the website or by calling Provider Services.
Cardiac rehabilitation
Chemotherapy
Chiropractic services
Diagnostic testing
DME (all rentals; see provider manual for purchase requirements)
Home health
Hospital admission
Physical therapy, occupational therapy and speech therapy treatment
Sleep studies
Behavioral health

- Electroconvulsive therapy
- Inpatient psychiatric treatment
- Inpatient substance use
- Treatment for pregnant women
- Intensive outpatient treatment
- Psychiatric residential treatment
- Partial hospital treatment
- Psychological and neuropsychological testing
- Some community mental health center services
Prior authorization is required for:

- Nonformulary drug requests.
- Brand-name medications when generics are available.
- High-cost injectables and specialty drugs.
- Any other drugs identified in the formulary as needing prior authorization.

**Note:** This list is not all-inclusive and is subject to change.
Notification or precertification is **not** required if lab work is performed:

- In a physician’s office.
- In a participating hospital outpatient department (if applicable).
- By one of our preferred lab vendors.

Testing sites **must** have a *Clinical Laboratory Improvement Amendments* certificate or a waiver.
# Access and availability

<table>
<thead>
<tr>
<th>Nature of visit</th>
<th>Appointment standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency examinations</td>
<td>Immediate access 24/7</td>
</tr>
<tr>
<td>Urgent examinations</td>
<td>Within 24 hours of request</td>
</tr>
<tr>
<td>Routine exams</td>
<td>Within 4-6 weeks of request</td>
</tr>
<tr>
<td>Behavioral health emergency</td>
<td>Immediately</td>
</tr>
<tr>
<td>Outpatient treatment</td>
<td>Within 7 days of discharge</td>
</tr>
<tr>
<td>post-psychiatric inpatient care</td>
<td></td>
</tr>
<tr>
<td>Routine behavioral health visits</td>
<td>Within 3 weeks of request</td>
</tr>
</tbody>
</table>

Refer to your provider manual for a complete listing of access and availability standards.
Providers can verify member eligibility as follows:

- Availability for real-time member enrollment and eligibility verification for all IA Health Link programs is 24 hours a day, 7 days a week, or use the website to determine the member's specific benefit plan and coverage:
  - Automated voice response: 1-800-338-7752
  - IA Health Link website: https://dhs.iowa.gov/ime/providers
- Contact Provider Services to verify enrollment and benefits for our members:
  - Phone: 1-800-454-3730, Monday-Friday, 7:30 a.m.-6 p.m. Central time
  - Availity Portal: https://www.availity.com
- You can also access Availity through our secure provider site (https://providers.amerigroup.com/IA) by selecting Eligibility and Benefits and selecting on the link to redirect to the Availity Portal.
New members will receive the following:

- Iowa Medicaid ID state card (if applicable)
- Amerigroup member identification card
- Iowa Member Handbook
- Access to the provider directory
Balance billing

• No balance billing
• Notification and authorization prior to providing noncovered services
PCP selection

• A member must select a PCP.
• A member’s PCP can be changed within 24 hours from the time the change request has been made.
• A member can see a specialist without a referral.
Maintaining high-quality care
Disease management

Member referral: 1-888-830-4300
Our Disease Management programs are based on a system of coordinated care management interventions and communications designed to assist physicians and others in managing members with chronic conditions. Our Disease Management programs include:

- Asthma.
- Bipolar disorder.
- Chronic obstructive pulmonary disease.
- Congestive heart failure.
- Coronary artery disease.
- Diabetes
- HIV/AIDS.
- Hypertension.
- Major depressive disorder.
- Schizophrenia.
- Substance use disorder.
Additional information
To become a participating Amerigroup provider, you must be enrolled in the Iowa Medicaid program and must hold an unrestricted license issued by the state.

You must also comply with the Amerigroup credentialing criteria and submit all additionally requested information. To initiate the process, you must complete and submit a CAQH application, an Iowa Universal Credentialing application or an Amerigroup application, with all required attachments.
• Practice and provider name
• Site, billing/remit, email address, phone and fax number
• Tax ID: new signed contract required
• Add or term provider
• NPI, Medicare and Medicaid numbers
• Initiate the CAQH numbers for new providers
LTSS
Iowa supports the following programs:

- AIDS/HIV waiver
- Brain injury waiver
- Children’s mental health waiver
- Elderly waiver
- Health and disability waiver
- Intellectual disability waiver
- Physical disability waiver
- Habilitation services waiver
• **AIDS/HIV waiver program**
  o The AIDS/HIV waiver offers services for those who have been diagnosed with AIDS or HIV.

• **Brain injury waiver program**
  o The brain injury waiver offers services for those who have been diagnosed with a brain injury. Members must be at least 1 month old; there is no age maximum.

• **Children’s mental health waiver program**
  o The children’s mental health waiver offers services for children who have been diagnosed with serious emotional disturbance.

• **Elderly waiver program**
  o The elderly waiver provides services for elderly persons. Individuals must be at least 65 years of age for this waiver.
Waiver services overview (cont.)

• Health and disability waiver program
  o The health and disability waiver provides services for persons who are blind or disabled.

• Intellectual disability waiver program
  o The intellectual disability waiver provides services for persons who have been diagnosed with an intellectual disability, or a mental disability equivalent to an intellectual disability, as determined by a psychologist or psychiatrist.

• Physical disability waiver program
  o The physical disability waiver provides services for persons who have a physical disability determination. An applicant must be at least 18 years of age but less than 65 years of age.

• Habilitation services waiver program
  o The habilitation services waiver is designed to assist participants in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home- and community-based settings.
Amerigroup will contract with the DHS-designated fiscal/employer agent (F/EA), Veridian Fiscal Solutions (Veridian), to provide the following services to enrollees who choose the Consumer Choice Option program:

• Criminal background checks for attendant employees, with appropriate follow-up and communication to appropriate individuals

• Payroll expenses for authorized hours actually worked by attendant employees, inclusive of employer share of state and federal taxes net patient pay

• The F/EA will withhold patient pay amounts from employees’ checks; payments or payroll to Veridian shall reflect (be net of) the patient pay amount

• Claims payment shall be provided to Veridian for authorized eligible services provided by attendant employees
Consumer-directed attendant care (CDAC)

- CDAC affords members the opportunity to have choice and control over how eligible home- and community-based services (HCBS) are provided.
- CDAC is offered for members who, through the needs assessment/reassessment process, are determined by care coordinators to need attendant care.
- If members choose not to direct their care, they will receive authorized HCBS through contracted providers. Members who participate in CDAC choose either to serve as the employer of record for their workers or to designate a representative to serve as the employer of record on their behalf.
Adult day care

• These are the codes for adult day health:
  o ADHS: S5102
  o Transportation: A0120

• If member attends less than six hours on any given day, then it is considered a half day of services.
Supportive employment

Below are examples of supportive employment activities:

• Orienting and training the individual in work-related tasks
• Monitoring job performance
• Communicating with managers and supervisors to gather input and plan training
• Training the individual on how to travel to and from the job
• Assisting the individual to utilize work incentives and continue to access needed supports and services
Open enrollment with Amerigroup

- LTSS services will be authorized until a new comprehensive needs assessment is completed or up to a year in the absence of a completed assessment.
- Members receiving LTSS will be permitted to see all current providers on their approved service plan, including any non-network providers, until an assessment and service plan is completed and either agreed upon by the member or resolved through the appeals or fair hearing process, and implemented.
- LTSS services will not be reduced, modified or terminated in the absence of a new/up-to-date assessment of needs that would support any service reduction, modification or termination.
Amerigroup will extend the authorization of LTSS from a noncontracted provider as necessary to ensure continuity of care, pending the provider’s contracting with Amerigroup or the member’s transition to a contracted provider.

Amerigroup shall facilitate a seamless transition to new services and/or providers, as applicable, in the plan of care/service plan developed by Amerigroup without any disruption in services.
Amerigroup members using a residential provider at the time of enrollment will have continued access to that residential for up to two years, even on a non-network basis. Members cannot be made to move to another residential provider unless the following conditions are met:

- The member or his/her representative specifically requests to transition.
- The member or his/her representative provides written consent to the move, based on quality or other concerns raised by Amerigroup.

Any Amerigroup issues regarding the current residential provider’s rate of reimbursement or contracted vs. noncontracted status shall not be grounds for moving a member to another residential provider.
Some members have a member liability, also referred to as client participation, which must be met before Medicaid reimbursement for services is available.

DHS has the responsibility for determining the member liability amount. This includes a portion of members eligible for Medicaid on the following bases:

- Members in an institutional setting
- 1915(c) HCBS waiver enrollees
• Through DHS eligibility and enrollment files, the state will notify Amerigroup of any applicable member liability amounts. This information will be made available to providers. Providers will be required to collect this amount from the member.

• Provider will bill gross/full charges. Amerigroup will adjudicate the claim and deduct the member liability amount. In the event the sum of any applicable third-party payment and a member’s financial participation equals or exceeds the reimbursement amount established for services, Amerigroup will make no payment to the provider.
## Top 10 things providers need to know

<table>
<thead>
<tr>
<th>Top 10 things providers do that slow down authorizations</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitting an authorization request:</td>
<td>Always include the:</td>
</tr>
<tr>
<td>• Without the Amerigroup member ID number</td>
<td>• Member’s Amerigroup subscriber ID number.</td>
</tr>
<tr>
<td>• With the member’s name spelled incorrectly</td>
<td>• Member’s name (spelled correctly).</td>
</tr>
<tr>
<td>• Without the member’s date of birth</td>
<td>• Member’s date of birth.</td>
</tr>
<tr>
<td>Submitting an authorization request with missing date spans</td>
<td>Always include first and last date through which you are requesting the authorization request, not to exceed 12 months.</td>
</tr>
<tr>
<td>Submitting an authorization request missing the provider ID</td>
<td>Make certain that the provider ID is always included on the authorization request.</td>
</tr>
</tbody>
</table>
Top 10 things providers need to know (cont.)

<table>
<thead>
<tr>
<th>Top 10 things providers do that slow down authorizations</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sending the entire list of Amerigroup members instead of sending <strong>only</strong> the members who need a new authorization</td>
<td>Please only send those members for whom an authorization is required.</td>
</tr>
<tr>
<td>The nursing facility will request a copy of the authorization when a copy has already been sent to the nursing facility’s home office, or does not send a copy of the authorization to the DHS</td>
<td>Nursing facilities should coordinate authorization requests with their home offices, and also send a copy to the DHS.</td>
</tr>
<tr>
<td>The facility does not provide notification when the member transfers to another facility or is discharged; in this case, the new facility requests an authorization when we still show the member as being in the original facility</td>
<td>Send notification when a member leaves a nursing facility or transfers to another facility.</td>
</tr>
</tbody>
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### Top 10 things providers do that slow down authorizations

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<tr>
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</thead>
<tbody>
<tr>
<td>Submitting an authorization request that has illegible handwriting</td>
<td>Ensure that the authorization request is legible.</td>
</tr>
<tr>
<td>Submitting an authorization request that does not contain a contact phone or fax number</td>
<td>Ensure that the authorization request has a phone or fax number to facilitate a return of the authorization and clarifications as necessary.</td>
</tr>
<tr>
<td>Submitting an authorization request with a provider name that is not consistent with the provider name indicated on the contract and credentialing application</td>
<td>Please be sure the authorization request is in the legal name as represented on the contract.</td>
</tr>
</tbody>
</table>
### Top 10 things providers need to know (cont.)

<table>
<thead>
<tr>
<th>Top 10 things providers do that slow down authorizations</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing facility providers call Amerigroup utilization managers with claim issues; the utilization managers redirect the providers to Provider Services; this takes utilization manager’s time</td>
<td>Call your Provider Relations representative for assistance with claims issues or questions.</td>
</tr>
<tr>
<td>A home health agency or PCO provider requests an authorization for services at home when we show the member as still being in the nursing facility</td>
<td>Please send notification when a member leaves the nursing home.</td>
</tr>
</tbody>
</table>
Questions

IAProviderQuestions@amerigroup.com
Thank you