

Provider Newsletter



An Anthem Company

providers.amerigroup.com/IA

Provider Services: 1-800-454-3730

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Welcome to Amerigroup Iowa, Inc.

Welcome to the Amerigroup Iowa, Inc. network provider family! We are pleased you have joined our Iowa network, which consists of some of the finest health care providers in the state. Amerigroup has been selected by the Iowa Department of Human Services to provide health care services for Amerigroup members enrolled in IA Health Link and the hawk-i Program.

Who we are

Amerigroup represents a growing network of health care providers who make it easy for our members to receive quality care. Amerigroup health services programs, combined with those already available in our target service areas, are designed to supplement providers' treatment plans. Our programs also serve to help improve our members' overall health by informing, educating and encouraging self-care in the prevention, early detection and treatment of existing conditions and chronic disease.

We believe hospitals, physicians and other providers play a pivotal role in managed care. We can only succeed by working collaboratively with you and other caregivers. Earning your loyalty and respect is essential to maintaining a stable, high-quality provider network. Together, we can arrange for and provide an integrated system of coordinated, efficient and quality care for our members and your patients.

What we offer our members and providers

- We help providers promote a higher quality of health care through our direct outreach efforts and preventive programs for prenatal care and people with asthma or other conditions.

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- We provide assistance to long term services and support (LTSS) members in over seven states and tailor our programs to each state. We expand access to home- and community-based care and services that foster independence. We achieve this through a comprehensive care coordination process aimed at improving health outcomes for our members.
- We focus on the whole person and recognize a clear need to combine physical and behavioral health care. Doing so improves health outcomes and reduces cost. We've supported thousands of members in achieving their own recovery goals through health care system integration by creating health programs and care management plans that address physical and behavioral health needs, as well as social supports for members and their families.
- We offer extensive provider services, including fast and accurate electronic claims submission and payment; online eligibility verification, claims submission and preauthorizations; local support through Provider Relations representatives and telephonic customer care services 24 hours a day, 7 days a week.

We are committed to ensuring access to primary and preventive care services. We are also committed to providing first-class customer service by improving access to all necessary health care services, encouraging coordination of medical care and emphasizing prevention and education.

Once again, welcome to the Amerigroup family of companies – we look forward to working with you to bring our members the quality care they deserve.

Quality management

Amerigroup has the goal of continuous, measurable improvement in our delivery of quality health care. Following federal and state guidelines, we have a Quality Assessment and Performance Improvement (QAPI) program in place to advance our levels of readiness, service and care. The QAPI program, aligned with the state of Iowa's quality standards, includes focused studies measuring quality of care in the following clinical and service areas:

- Childhood immunization status
- Comprehensive diabetes care (HbA1C Testing and LDL-C Screening)
- Chronic obstructive pulmonary disease (COPD) and chronic heart failure (CHF) Care
- Healthy birth outcomes
- Lead testing of one and two year olds
- Smoking cessation
- Use of appropriate medication for asthmatics

All providers are expected to participate in these studies as part of our mutual goal of providing responsive, cost-effective health care that improves our members' lives. The studies include:

- Participation in multi-disciplinary teams for problem solving
- Population studies
- Random sample-based studies
- Satisfaction surveys

We share information from these studies with providers and encourage constructive feedback. Based on the results of the previous year's QAPI program, Amerigroup reviews and assesses the program's effectiveness and develops a new work plan for the next year's activities.

We also participate in national evaluations designed to gauge our performance and that of providers. An important measure of performance comes from the National Committee for Quality Assurance (NCQA), which annually reports the Healthcare Effectiveness Data and Information Set (HEDIS®) scores to health care plans throughout the country. This professional evaluation serves as a yearly report card and is a tool used by more than 90 percent of America's health care plans to rate performance across a wide spectrum of care and service areas, including:

- Member satisfaction with care access
- Member satisfaction with claims processing
- Customer service

Amerigroup uses HEDIS data to identify areas for improvement and shares the results with providers. Working together to meet these benchmarks, we have the best chance of improving our members' health outcomes and, ultimately, their quality of life.

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

Billing requirements – what you need to know

Having a fast and accurate system for processing claims allows providers to manage their practices and our members' care more efficiently. With that in mind, Amerigroup has made claims processing as streamlined as possible.

Claims status

Providers can check claim status through Availity at www.availity.com. Providers will need to be registered with Availity to access the secure portion of the website. Once signed up, you can log in to a single account and perform numerous administrative tasks for patients covered by Amerigroup or by other selected payers. Providers may also access Availity from our website at providers.amerigroup.com/ia by selecting Login or Register.

Guidelines

Share the following guidelines with your staff, billing service and electronic data processing agents to avoid timely filing denials:

- Submit clean claims, making sure the right information is on the right form.
- Submit claims as soon as possible after providing service.
- Submit claims within the contracted filing time limit.
 - A clean claim must be received by Amerigroup within 180 days from the date of service.



- If the claim is first submitted to another insurance carrier (Commercial, Medicaid fee-for-service, for example), claims must be submitted within 180 days (six months) from the date of the Explanation of Benefits (EOB) of the primary carrier. It is required that the provider submit the EOB with the claim.
- It is critical that providers retain their EOB as proof of timely filing. This the only acceptable proof that a claim has been filed – Amerigroup does not accept billing system print outs as proof that a claim was filed in a timely manner.

Electronic submission

Amerigroup encourages the submission of claims electronically through Electronic Data Interchange (EDI). Electronic claims submission is available through:

- Emdeon – Claim payer ID 27514
- Emdeon One (formerly Capario) – Claim payer ID 28804
- Availity – Claim payer ID 26375
- Smart Data Solutions – Claim payer ID 81237

Paper claims submission

Paper claims must be submitted to the following address:

Amerigroup Claims
P.O. Box 61010
Virginia Beach, VA 23466-1010

If you have any questions, detailed information on accessing Availity is available at www.availity.com or on our website at providers.amerigroup.com/ia.

Provider manual

The provider manual contains everything you need to know about us, our programs and how we work with you. For the most up-to-date information, we encourage use of the manual available at providers.amerigroup.com/IA under Provider Resources & Documents > Manuals and Referral Directories.

Fraud and abuse: The first line of defense

Health care fraud costs taxpayers increasingly more money every year and may be perpetuated by every party involved in the health care process. While state and federal laws are designed to crack down on these crimes and impose stricter penalties, there are several stages to inhibiting fraudulent acts, including detection, prevention investigation and reporting. Preventing member and provider fraud by identifying the different types and by staging is the first line of defense.

Fraud includes any deception or misrepresentation committed intentionally, through willful ignorance, or reckless disregard by a person or entity in order to receive benefits or funds to which they are not entitled. This may include deception by prospective members seeking to join a health plan, improper coding or other

false statements by providers seeking reimbursement from Amerigroup.

Waste is an attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, but the outcome of a billing error caused unnecessary costs to the involved companies. Waste includes overutilization of services not caused by criminally negligent actions. Waste also involves the misuse of resources.

Abuse is an attempt by an individual to obtain benefits or payment he or she does not deserve. Abuse includes practices that are inconsistent with sound fiscal, business or medical practices, and that result in the unnecessary cost to the government healthcare program, or in reimbursement for services medically unnecessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary costs to the healthcare program.

Examples of potential fraud, waste and abuse include:

- Member fraud
- Benefit sharing
- Collusion
- Drug trafficking
- Forgery
- Illicit drug seeking
- Impersonation fraud
- Misinformation/misrepresentation
- Subrogation/third-party liability fraud
- Transportation fraud

Examples of provider fraud and abuse include:

- Billing for services not rendered
- Upcoding
- Unbundling
- Billing for services that were not medically necessary

To help prevent fraud, providers can educate members about types of fraud and the penalties levied. Also, spending time with members and reviewing their records for prescription administration will help minimize drug fraud. One of the most important steps to help prevent member fraud is as simple as reviewing the Amerigroup member identification card.

Understanding the various opportunities for fraud and working with members to protect their Amerigroup ID card can help prevent fraudulent activities. . If you suspect fraud, please call the Amerigroup Compliance Hotline at 757-518-3633 or fill out the Waste, Fraud and Abuse Response form on our provider website at <https://providers.amerigroup.com/Pages/WFA.aspx>. No individual who reports violations or suspected fraud and abuse will be retaliated against for doing so.

Access and availability: Appointment and after-hours requirements

To ensure members receive care in a timely manner, PCPs, specialty providers and pediatricians must maintain the appointment availability standards. Amerigroup monitors provider compliance with access to care standards on a regular basis. Failure to comply may result in corrective action.

Iowa Medicaid requires providers to comply with the following standard:

General appointment scheduling

Nature of visit	Appointment standards
Emergent or emergency visits	Immediately upon presentation, 24 hours a day, 7 days a week and without preauthorization
PCP urgent visits	Within 24 hours
PCP routine visits	Not to exceed four (4) to six (6) weeks from the date of a patient's request for a routine
Persistent symptoms	Within 48 hours
Specialist urgent visit	Within 24 hours
Specialist routine visit	Within 30 calendar days
Initial visit for pregnant women	Within fourteen (14) calendar days

Services for members under the age of 21

Nature of visit	Appointment standards
Initial health assessments	Newborns: within 14 days of enrollment Children: within 60 days of enrollment Adults (18-21): within 90 days of enrollment
Preventive care visits	Based on the American Academy of Pediatrics (AAP) Periodicity Schedule found within the Preventive Health Guidelines

Amerigroup strongly recommends that our members see their PCP as soon as possible after enrollment.

Services for members 21 years and older

Nature of Visit	Appointment standards
Initial health assessments (IHAs)	Within 90 days of enrollment
Preventive care visits after initial diagnosis	Within 60 days of request

Prenatal and postpartum visits

Nature of visit	Appointment standards
Prenatal	Within 14 days of request
Third trimester	Within 5 business days of request, or immediately if an emergency
High-risk pregnancy	Within 14 business days of request, or immediately if an emergency
Postpartum exam	Between 3-8 weeks after delivery

We recognize that cultural and linguistic barriers may affect our members' ability to understand or comply with certain instructions or procedures. To break through those barriers and ensure that our access standards can be met, we encourage providers to access the Amerigroup Cultural Competency Toolkit and Cultural and Linguistic Training. Locate this information on the Providers page of our website at providers.amerigroup.com/ia under Provider Resources and Documents. Or, for additional information on cultural diversity and interpreter services, please refer to Chapter 24: Cultural Diversity and Linguistic Services of the Provider Manual.

Share it with your team

The provider newsletter contains important information for you, as a provider, as well as members of your team. When you receive the latest edition, please take a moment to share the information with your staff.

What to expect from your Provider Services team

Quick resolution of your questions and concerns is the goal of our Provider Services team. Because of that, we offer several ways for you to find the help you need.

Local representatives

Your local Provider Relations representative is your go-to source for questions about contracts, community events, patient outreach support opportunities, quality or incentive programs and training opportunities. Your Provider Relations representative wants to make it easy for you and your staff to do business with us. You can expect him or her to contact you throughout the year to schedule in-person meetings convenient to your schedule.

Online resources

When you have questions, remember to always check our provider self-service website, where much of the information you need for day-to-day care of our members can be found right at your fingertips. From this site, you are able to:

- File claims electronically, check claims status and receive electronic funds for reimbursements
- Get precertification information and approvals
- Check member eligibility and download your Amerigroup-assigned patient panel
- Update your practice demographic and contact information

- Take part in training activities
- Find resources like provider manuals and quick reference guides

National team

You can always contact our national Provider Services team at 1-800-454-3730 with any questions or concerns. Our team can help with many issues, including:

- Questions about precertification, member benefits and more
- Swift resolution of complex claims issues
- Assistance finding information on our website
- Stopping of payments or reissuing of checks

Other useful contacts

- Availity Client Services: 1-800-282-4548
- Member Services: 1-800-600-4441
- Amerigroup on Call: 1-866-864-2544
- Disease Management: 1-888-830-4300
- Amerigroup Iowa Care Management Services
 - Providers: 1-866-819-4298
 - Members: 1-800-600-4441 (TTY 711)
- Superior Vision: 1-866-819-4298
- Delta Dental of Iowa: 1-888-544-0718 or 515-261-5500
- Interpretation Services available in several languages upon request

Amerigroup Iowa, Inc. offers web-based provider visits

Beginning April 1, 2016, Amerigroup Iowa, Inc. will offer virtual provider visits to our members through LiveHealth Online at www.livehealthonline.com. LiveHealth Online is a secure website that allows members with a video-enabled computer, tablet or smart phone to receive a live audio/video consultation with an Iowa-licensed, board-certified provider. These providers can diagnose, make medical recommendations and prescribe medications when necessary for clinically appropriate conditions, such as a cough, cold, fever or flu. In addition, callers to Amerigroup On Call, our telephonic 24-hour triage service, may be offered a LiveHealth Online virtual provider visit, depending on their presenting symptoms.

Amerigroup is offering LiveHealth Online to members as part of our ongoing effort to enhance access to health care services and to provide alternatives to the ER for nonemergent services. We believe LiveHealth Online will complement the continuum of care options available through our Iowa network providers and other urgent care services. Below are some frequently asked questions about LiveHealth Online.

1. How will the Amerigroup member's PCP receive information on the services provided by LiveHealth Online?

Members may download a summary of their LiveHealth Online visit and share it with their PCP.

2. Can LiveHealth Online providers prescribe medications?

Yes, depending upon state law. Consistent with Iowa telehealth regulations, prescribing medications via video-enabled telehealth visits is permitted in Iowa. If the member is located in another state, that state's telehealth regulations related to prescribing would apply.

3. Does LiveHealth Online affect a PCP's relationship with the member?

No. Amerigroup members will remain with their designated PCP. LiveHealth Online does not change a member's panel relationship with their PCP.

4. What is the cost to the Amerigroup member for LiveHealth Online?

There is no out of pocket cost to the member for the LiveHealth Online visit.

5. What if the member does not have access to a video-enabled computer, tablet or smart phone? Can they still receive a LiveHealth Online visit?

The member must have access to the internet via a video-enabled device in order to utilize LiveHealth Online services from their location. Amerigroup is evaluating establishing a limited number of LiveHealth Online kiosk sites in key locations where the member can go to receive a LiveHealth Online visit. Additional information on kiosk locations and hours of operation will be provided as soon as available.

6. Is LiveHealth Online available in Spanish or other non-English languages?

At present, LiveHealth Online is only available in English. A Spanish language version of the LiveHealth Online mobile application is in development and will be available in the near future. The languages each LiveHealth Online provider speaks are listed in English on the providers profile on the LiveHealth Online website. Additional language interpretation services are available if needed.

7. Will LiveHealth Online provide telephonic-only visits?

No. Telephonic-only physician consultations are not permitted under Iowa telehealth regulations.

8. If a member has questions or needs help accessing LiveHealth Online, what should they do?

Members needing assistance accessing LiveHealth Online can contact the LiveHealth Online 24/7 Customer Service department at 1 855 603 7985.

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 total of five (15 mg/kg) doses of palivizumab during the RSV season for high-risk infants who were born before 29 weeks, 0 days gestation, have chronic lung disease (CLD) of prematurity or have hemodynamically significant heart disease. Prior Authorizations will be approved for administration during the RSV season for a maximum of 5 doses per patient. No allowances will be made for a sixth dose. Updated indications for prophylaxis can be found in the July 2014 AAP Policy Statement and on our provider website at providers.amerigroup.com.

The Synagis prior authorization form can be found on provider website at 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.

Express Scripts, Inc. is the preferred provider for Iowa Medicaid Synagis prior authorization requests starting April 1, 2016. Please check with your local Provider Services representative or our Provider Services team at 1-800-454-3730 for specific details on how to obtain Synagis. You can also find additional drug information at providers.amerigroup.com/ia.