

Provider Newsletter

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

2017
Quarter 3



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IA-NL-0064-17

September 2017



Quality Improvement Program

The Amerigroup Iowa, Inc. Quality Improvement Program (QIP) 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 QIP:

- Adheres to Iowa program standards.
- Monitors and evaluates the care and services our members receive.
- Conducts studies 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 members and providers to recommend improvements.
- Identifies ways we can promote and improve patient safety.
- Measures our progress to meet annual goals.



We'd like to share with you our annual summary of QIP goals, processes and outcomes that are 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 key in helping us collect this information and improve our quality performance.

Clinical performance and service satisfaction is based on results from:

- HEDIS®: 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®: CAHPS surveys evaluate member satisfaction related to care and services received over the past six months; plan members are randomly sampled and answer 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 plans we implemented to improve our results.

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

IA-NL-0041-17

Utilization Management

Utilization Management (UM) criteria

When an Amerigroup Iowa, Inc. medical director denies a service request, both the provider and the member receive a *Notice of Action* letter that includes the reason for denial and the criteria/guidelines used for the decision as well as explains the appeal process and provider and member rights. To speak with a medical director about the service request denial, call Provider Services at 1-800-454-3730. To request a copy of the specific criteria/guidelines used for the decision, please call 1-800-454-3730 or send a written request to the address below:

Medical Management
Amerigroup Iowa, Inc.
4800 Westown Parkway, Suite 200
West Des Moines, IA 50266

Access to UM staff

We 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 us at 1-800-964-3627.
- Logging in to the provider self-service website at <https://providers.amerigroup.com/ia> > Quick Tools > Precertification Lookup Tool.

If you have questions about utilization decisions or the UM process in general, call our Clinical team at 1-800-454-3730, Monday-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.

IA-NL-0041-17/IA-NL-0047-17

Provider Satisfaction Survey

Every year, we reach out to our providers to ask what we are doing well and how we can continue to improve our services. We use this feedback to continually improve our operations and strengthen our relationship with providers.



Thank you for participating in our network, providing quality health care to

our members and cooperating in our annual review process.

IA-NL-0041-17

Member rights and responsibilities

We want to keep you informed about our members' defined rights



and responsibilities; therefore, they can be found in the provider manual on our website <https://providers.amerigroup.com/ia> > Provider Resources & Documents > Manuals & Referral Directories > Iowa Provider Manual. To receive a copy in the mail, call Provider Services at 1-800-454-3730.

Member Services representatives serve as advocates for our members. To reach Member Services, please call 1-800-600-4441 (TTY 711).

IA-NL-0041-17

Credentialing



Each provider has the right to inquire about the status of his or her application. Applications for credentialing do

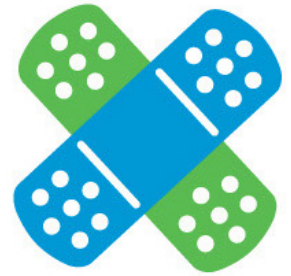
not guarantee network participation. You cannot begin to see IA Health Link or **hawk-i** members until you receive notification of your effective date for participation with Amerigroup Iowa, Inc. Each provider may make inquiries by phone, fax and mail as well as through his or her Provider Relations representative. As an applicant for participation with Amerigroup, each provider has the right to review information obtained from primary verification sources during the credentialing process. We cannot initiate credentialing unless all information is current in the Council for Affordable Quality Healthcare (CAQH)* Universal Provider Datasource application. Upon notification, providers have the right to explain information obtained that may vary substantially from that which was provided as well as the right to provide corrections to any erroneous information submitted by another party. Providers must submit a written explanation or appear before the credentialing committee if deemed necessary.

** CAQH is a nonprofit alliance of health plans and related associations working together to achieve the shared goal of streamlining the business of health care.*

IA-NL-0041-17

Access to case management

In addition to our disease management programs, we offer a complex case management for our high-risk members. Using claims and utilization data, we identify diseases for which members are most at risk and to which they are most susceptible.



Then, our case managers:

- Use evidence-based guidelines to coordinate care with members and their families, physicians and other health care providers.
- Work with everyone involved in the members' care to help implement a case management plan based on the members' individual needs.
- Provide education and support to our members and their families to help them improve their health and quality of life.

If you have a high-risk member you would like to refer to this program, please call us at 1-800-454-3730. Additionally, members can be referred to complex case management through the nurse line, Disease Management, Utilization Management or a discharge planner.

IA-NL-0041-17

Screening for substance use disorders in pregnancy

As our nation struggles to deal with the serious health risks posed by the opioid epidemic, Amerigroup Iowa, Inc. recognizes your role at the front lines of defense and supports you. Opioid misuse can have devastating effects on an individual's health, family and job as well as society as a whole. One of the most serious threats of the epidemic is to the unborn and newborns of women with substance use disorders (SUDs). Among the risks are preterm birth, low birth weight and neonatal abstinence syndrome/neonatal opioid withdrawal syndrome. Additionally, studies show long-term deficits in cognitive function, memory and behavior which are causes for concern for future generations.

Pregnancy offers women an opportunity to break patterns of unhealthy behaviors. As an OB provider, you have a unique opportunity to help break the pattern of opioid misuse and, thus, avoid health consequences for both mother and child.

The first step is to identify, treat and/or refer to treatment those women who are using/abusing unhealthy substances. Screening, brief intervention and referral to treatment (SBIRT) is a widely accepted evidence-based practice that can help you identify, reduce and prevent misuses of unhealthy substances, including opioids.

An effective approach to screening is one that incorporates the practice into your routine prenatal care and flows naturally within the context of the prenatal interview. A short screening done as part of the patient history intake has been shown to accurately identify substance use and at-risk patients. Women who screen positive should be immediately engaged in a brief conversation that may or may not identify a need for treatment.

Evidence-based screening tools include:

- *Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)* — an eight-item questionnaire (www.integration.samhsa.gov > Clinical Practice > SBIRT > Screening > ASSIST.pdf).
- *The National Institute on Drug Abuse-Modified ASSIST* — a clinician's screening tool for drug use in general medical settings (<https://www.drugabuse.gov/nmassist>).

Other screening tools can be found on the Substance Abuse and Mental Health Services Administration (SAMHSA) website (www.integration.samhsa.gov > Clinical Practice > SBIRT > Screening).

SBIRT is a covered benefit for IA Health Link and *hawk-i* members. Some codes that can be used to indicate SBIRT was provided include 99408 and H0049. For more information on SBIRT reimbursement or coding, visit www.medicaid.gov > Medicaid > Data & Systems > Policy and Program Topics > The National Correct Coding Initiative in Medicaid or contact Provider Services at 1-800-454-3730.

The key to success in helping patients break the pattern of opioid misuse is the availability of and access to treatment. While OB providers can — with appropriate training and certification — prescribe treatment for opioid dependence, Amerigroup understands you may not be comfortable providing this type of specialized care. To find treatment in your area, use the SAMHSA treatment locator tool at <https://findtreatment.samhsa.gov> or call the SAMHSA National Helpline at 1-800-662-HELP (4357)/TDD: 1-800-487-4889. Amerigroup is also available to assist you with referrals for treatment; for assistance, call Provider Services at 1-800-454-3730.



IA-NL-0048-17

New pregnancy notification process using the Availity Portal Benefit Look-Up Tool

As a reminder, Amerigroup Iowa, Inc. offers pregnant women several services and benefits through the Taking Care of Baby and Me® program. It is our goal to identify all pregnant members early in their pregnancy, so they can take full advantage of the education, support, resources and incentives Amerigroup provides throughout the prenatal and postpartum period.



We've partnered with Availity, the vendor supporting the Benefit Look-Up Tool you may currently use in your OB office, to send us information about newly identified pregnant women. This new process, including the *HEDIS® Maternity Attestation* form, helps providers connect patients with additional benefits as soon as possible. The reporting process includes a few simple steps.

How it works

When a member of childbearing age visits the OB office, the office associate is prompted to answer the question "Is the member pregnant?" during the eligibility and benefits inquiry process. If the response is "yes," Amerigroup then asks about the due date and a *HEDIS Maternity Attestation* form is generated for the OB office to complete. On this electronic form, the provider enters other important information including the date of the first prenatal care visit, delivery date and postpartum visit date.

This new, user-friendly workflow generates timely information that aids members, providers and Amerigroup in improving birth outcomes with early intervention and complying with HEDIS benchmarks.

We are working hard to support providers throughout Iowa in receiving necessary training for this new workflow and that all questions are answered. If you have any specific questions regarding the new Availity maternity attestation, please feel free to reach out to Provider Services at 1-800-454-3730.

IA-NL-0053-17

Provider FAQ — Availity Portal Pregnancy Notification and HEDIS attestation

1. What is the purpose of this new process?

As a reminder, Amerigroup Iowa, Inc. offers pregnant women several services and benefits through the Taking Care of Baby and Me® program. It is our goal to identify all pregnant women early in their pregnancy so they can take full advantage of the education, support, resources and incentives Amerigroup provides throughout the prenatal and postpartum period.

This new, user-friendly workflow generates timely information that helps you, your patients and Amerigroup improve birth outcomes with early intervention and promotes compliance with HEDIS® benchmarks.

2. When will the pregnancy-related questions display?

When an OB/GYN office conducts an eligibility and benefits inquiry for an Amerigroup member 15-44 years of age in the Availity Portal, the system displays pregnancy-related questions. If the office confirms the patient is pregnant, a *HEDIS Maternity Attestation* form is generated. If the patient is not pregnant, the desired eligibility and benefits information displays, and no further action is required.

3. Does the new HEDIS Maternity Attestation form replace the need for an OB global authorization?

Responses provided in the Availity pregnancy notification system **do not** replace the need to submit a request for OB global authorization. A request for OB global authorization can be submitted by phone or fax as well as online through the secure provider self-service website that can be accessed through the Availity Portal.

4. How should the office reply when a patient presents as a transfer from another OB provider?

You should answer the pertinent pregnancy questions and complete the *HEDIS Maternity Attestation* form as usual. Even though the first prenatal visit question typically relates to prenatal care in the first trimester or within 42 days of plan enrollment, you can simply enter the date you first provided prenatal care for the patient.

5. If a patient transfers out of our practice during her prenatal course, how should the office complete the *HEDIS Maternity Attestation* form?

It is OK to leave the HEDIS attestation in a pending status as it provides Amerigroup with pertinent prenatal care information up to the point the patient transfers out of the practice. The form remains in place until it is automatically retired 19 months later.

6. If we have confirmed the patient is pregnant but suffers an early miscarriage or chooses to terminate their pregnancy, how should the office communicate this important information?

In this situation, you should select the option on the *HEDIS Maternity Attestation* form that states “this pregnancy ended or the baby delivered prior to 20 weeks.” This action allows the office to close out and submit the *HEDIS Maternity Attestation* form for this pregnancy.

7. Do I have to answer all the questions on the *HEDIS Maternity Attestation* form all at once?

No, the workflow is designed so you may enter and save information as it becomes available during the pregnancy. After entering the delivery and postpartum visit dates, you are given the option to complete and submit the attestation. Until then, you may save the information you enter and continue with other tasks.

8. Is there an easy way for me to obtain a list of all patients for whom I need to enter prenatal or postpartum visit dates?

Amerigroup mails you two notifications to complete the *HEDIS Maternity Attestation* form.

- In order to prompt you to complete the form and enter the first prenatal visit date, the first notification is posted at the time the form is created.
- In order to alert you to schedule the postpartum visit (if not already done) and to enter the postpartum visit date, the second notification is posted 14 days prior to the estimated due date.

You may access the work queue at any time by going to **Payer Spaces**. Next, select the payer title from the list. Then, select **Amerigroup HEDIS Attestation for Maternity**.

9. How can I get additional help, support or training?

- Availity offers integrated help and on-demand training demonstrations (select **Help | Find Help** and search using the keyword **maternity**).
- You can launch a training demo from associated help topics as well as the HEDIS attestation for maternity work queue.
- If you have technical difficulties related to the HEDIS attestation for maternity workflow, contact Availity at 1-800-282-4548.
- If you have specific member concerns, please contact Provider Services at 1-800-454-3730.

IA-NL-0052-17

Health Homes FAQ

1. What are health homes?

Health homes provide a comprehensive system of care coordination for Medicaid members with chronic conditions. Health home providers specifically integrate and coordinate all primary, acute behavioral health and long-term services and supports to treat the whole person across their lifespan.



2. What services do health homes provide?

Health homes provide:

- Comprehensive care management.
- Care coordination.
- Health promotion.
- Comprehensive transitional care and follow up.
- Patient and family support.
- Referral to community and social support services.

3. What are the types of health homes?



Integrated health homes (IHHs) target adults with serious mental illnesses including psychotic disorders, schizophrenia, schizoaffective disorder, major depression, bipolar disorder, delusional disorder and obsessive-compulsive disorder; children with severe emotional disturbances; and individuals with chronic functional impairments. IHHs also provide services to members who meet targeted conditions.

Chronic condition health homes (CCHHs) provide services to those with two chronic conditions and those with a chronic condition who are at risk for another; this includes those at risk for mental health conditions, substance abuse disorders, asthma, diabetes, heart disease, hypertension, a BMI over 25, and a BMI over the 85th percentile for pediatric populations.

4. Is there a health homes team that can assist me?

Yes; the health homes team is comprised of managers; process improvement and practice transformation consultants; clinical quality program administrators; and outreach care, employment outreach and adult peer support specialists.

Health home managers	The health homes team has managers specifically dedicated to IHHs and CCHHs. Managers support and collaborate with health homes by evaluating the effectiveness of programs and providing oversight and technical support. Their goal is to create strategies to sustain, grow and improve health home programs.
Process improvement consultants	To assist in the success of managing IA Health Link members, process improvement consultants provide training to health homes on the processes, systems and reports of Amerigroup Iowa, Inc. They also serve as a resource regarding the daily operations of the health homes.

Health Homes FAQ (cont.)

<p>Practice transformation consultants</p>	<p>Practice transformation consultants provide support to IHHs and CCHHs through education, training and tools which use quality improvement methodology to implement foundational elements of the patient centered medical home model of care. This is a voluntary resource available to health homes looking to meet the Triple AIM of improved quality, increased satisfaction and decreased costs for our health home members.</p>
<p>Clinical quality program administrator</p>	<p>Clinical quality program administrators perform health home audits to identify gaps in processes. Using audit information, clinical quality program administrators work with health homes to determine if additional education and/or training might be appropriate and help coordinate any assistance.</p>
<p>Outreach care specialist</p>	<p>Outreach care specialists provide support to health homes by working with them on enrollment/disenrollment as well as coordination of services and resources. Specialists also serve as a resource to IHHs working with the <i>Children’s Mental Health Waiver</i> by coordinating slot releases and answering questions regarding the services available through this waiver.</p>
<p>Employment outreach specialists</p>	<p>Employment outreach specialists assist with questions regarding employment including career counseling, volunteering, training and educational opportunities.</p>
<p>Adult peer support specialists</p>	<p>Adult peer support specialists work at IHH sites throughout the state. Monthly networking calls are available for these specialists, and technical assistance is available with regard to the implementation and use of adult and family peer support.</p>



5. Have further questions?

Contact us at ia-healthhome@amerigroup.com.

IA-NL-0060-17

Reimbursement Policy

Policy Update

Multiple Delivery Service

(Policy 06-044, effective 03/01/2018)



Amerigroup Iowa, Inc. allows reimbursement for multiple births by a same-delivery or combined-delivery method. For vaginal or cesarean deliveries involved in multiple births and performed using a same-delivery or combined-delivery method, please use Modifier 22.

See Modifier 22 Reimbursement Policy for more information. Multiple procedure guidelines will not apply.

For additional information, refer to Multiple Delivery Services Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Iowa](#).

IA-NL-0046-17