

Provider Newsletter



Amerigroup Kansas, Inc.

<https://providers.amerigroup.com/ks>

Provider Services: 1-800-454-3730

2016
Quarter 4



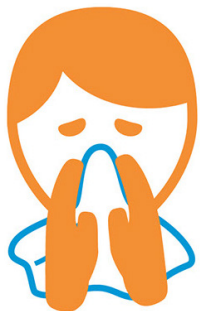
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Centers for Disease Control and Prevention — live attenuated influenza vaccine alert



Live attenuated influenza vaccine (LAIV) effectiveness data presented to the advisory committee indicated that the LAIV did not offer significant protection against the predominant flu virus (influenza AH1N1pdm09) among study participants 2-17 years of age

during the 2015-2016 flu season. Therefore, claims for the LAIV will be denied.

The LAIV accounts for about 8 percent of the total flu vaccine supply in the United States. The Centers for Disease Control and Prevention (CDC) believes that there will be enough inactivated influenza vaccine to meet demand this flu season, but it will require the entire medical community working together and remaining flexible in their preference of vaccine presentation. The CDC is developing a policy on vaccine distribution that focuses on ensuring vaccines are available for everyone.

Additionally, FluMist, a LAIV that is administered intranasally, is rendered noncovered. Per a recommendation to the CDC by their advisory board and supported by the American Academy of Family Physicians and the American Academy of Pediatrics, FluMist should not be used during the 2016-2017 flu season. This noncoverage would be for administration to any age, but this is generally considered for usage with the pediatric population.

Interpreter services

No-cost interpreter services are available to members when calling our Member Services team with questions about our programs, when calling Amerigroup On Call, during appointments with health care providers, and during grievance or appeals processes.

For interpretation services during scheduled appointments, call our Member Services team at 1-800-600-4441 and be ready to provide the following information:

- Appointment type (e.g., PCP, specialist, behavioral health, etc.)
- Appointment date and time
- Member name
- Member number
- Provider name
- Provider address

The information provided will be forwarded to our in-house interpreter manager who will determine the best method of service delivery — either phone or onsite. The manager will coordinate with the member and provider to ensure interpreter services are available at the time of the appointment. Requests by phone should be accommodated the same day while on-site interpretation requires five days' advanced notice.



Pharmacy management information

Up-to-date pharmacy information is available on our provider website (<https://providers.amerigroup.com/KS>). You can access our formulary, *Prior Authorization* form and *Preferred Drug List*.

If you have questions about the formulary or would like a paper copy, call the Pharmacy department at 1-800-323-4696. Pharmacy technicians are available Monday-Friday from 8 a.m.-8 p.m. and Saturday from 10 a.m.-2 p.m. CT.

Provider Website Survey

Amerigroup Kansas, 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>.



Adverse incident reporting

Adverse occurrence (e.g., major critical events) reports must be made by each participating provider to all appropriate agencies, as required by licensure as well as state and federal laws, within the specified time frames immediately following the event.

Kansas requirement

A report must be filed with the Kansas Department for Aging and Disability Services through their Adverse Incident Reporting system within 24 hours. Examples of adverse occurrences include but are not limited to:

- Treatment complications (including medication errors and adverse medication reactions)
- Accidents or injuries to a member
- Morbidity
- Suicide attempts
- Death of a consumer
- Allegations of physical abuse, sexual abuse, neglect and mistreatment, and/or verbal abuse
- Use of isolation, mechanical restraint or physical holding restraint
- Any clear and serious breach of accepted professional standards of care that could endanger the safety or health of a member or members

For more information on adverse incident reporting with the state, visit kdads.ks.gov > Providers > Behavioral Health Services Provider Information > Adverse Incident Reporting.

Amerigroup Kansas, Inc. requirement

Providers must report critical incidents to Amerigroup in accordance with applicable requirements. The maximum time frame for reporting an incident to Amerigroup is 24 hours. The initial report of an incident may be submitted verbally within 24 hours, and the person, agency or entity making the initial report must submit a written, follow-up report within 48 hours.

For more information on reporting adverse incidents to Amerigroup, reference the Critical Incident Reporting and Management section of the *Provider Manual* (<https://providers.amerigroup.com/KS> > Provider Resources & Documents > Manuals & Referral Directories > Kansas Provider Manual).

Distribution of clinical practice and preventive health guidelines



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

and preventive health guidelines to our network physicians. The guidelines are based on current research and national standards. CPGs are available on our website at (<https://providers.amerigroup.com/KS> > Provider Resources & Documents > Clinical Practice Guidelines > Clinical Practice Guidelines).

If you would like a paper copy of a guideline, call Provider Services at 1-800-454-3730.

Member health and wellness tools



On our member website (myamerigroup.com/KS > Health & Wellness), members have access to health and wellness topics provided through HealthWise. The site provides quick, easy access

to information, interactive tools and tips to help members reach their health goals. Be sure to share this great resource with your patients.

Implementation of CPT Category II codes

Effective March 1, 2015, Amerigroup Kansas, Inc. is promoting the use of CPT Category II codes for all applicable services.

Submitting CPT Category II codes in addition to CPT or other codes used for billing will decrease our need for record abstraction and chart review, thereby minimizing your administrative burden for a number of quality-based initiatives including HEDIS.

Why use CPT Category II codes?

CPT Category II codes can relay important information related to health outcome measures such as:

- BMI
- CVD cholesterol management
- Controlling blood pressure
- Comprehensive diabetes care
- Tobacco cessation



What do we hope to achieve?

Amerigroup Kansas strives to ensure that we promote the most efficient processes for our providers while continuously improving the quality of care and services that our members receive. By increasing the use of CPT Level II codes, we hope to:

- Improve the health status of our members
- Monitor and ensure our members receive seamless, continuous and appropriate care throughout the continuum of care
- Improve the provider experience

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



Effective January 1, 2017, elective one and two vessel coronary artery bypass graft (CABG) will require prior authorization (PA).

Amerigroup Kansas, Inc. will require PA for the elective one and two vessel CABG beginning January 1, 2017. Please refer to the provider self-service website for detailed PA requirements (<https://providers.amerigroup.com/KS> > 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.

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, their 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 our members 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.



Quality Improvement Program

The Amerigroup Kansas, Inc. Quality Improvement Program (QIP) is one way we are committed to excellence in the quality of service and care our members receive as well as the satisfaction of our network providers. Our comprehensive QIP:



- Adheres to the Kansas program standards
- Objectively monitors and evaluates the care and services provided to members
- Helps us plan 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 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

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 are key in helping us collect this information and improve our quality performance.

Clinical performance and service satisfaction are based upon results from:

- Medicaid HEDIS^{®*}: HEDIS is 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.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®**}): CAHPS surveys evaluate member satisfaction with care and services received over the past six months; a random sample of plan members answer questions about their doctors and the health plan.

HEDIS and CAHPS results help us identify areas of strength as well as 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 Provider Services at 1-800-454-3730, and we'll send you a copy. You may also find a copy of this information on our website at <https://providers.amerigroup.com/KS>.

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

** CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HEDIS Immunization and Lead Screening

Childhood Immunization Status (CIS)

Percentage of children 2 years of age who have had all of the required immunizations

Documentation must include the following:

- 4 DTaP
- 4 Pneumococcal (PCV)
- 3 IPV
- 3 HIB
- 3 HEP B
- 2 Influenza
- 1 MMR
- 1 HEP A
- 2 or 3 Rotavirus/RV (Rotarix = 2 doses, Rota Teq = 3 doses)
- 1 VZV or has had chickenpox

Common chart deficiencies:

- Immunizations received after the second birthday
- PCP charts do not contain immunization records if received elsewhere
 - Health departments
 - Immunizations that are given in the hospital at birth
- No documentation of contraindications or allergies

Immunizations for Adolescents (IMA)

Adolescent members turning 13 in the measurement year who have had these required immunizations

Documentation must include:

- Meningococcal – one dose on or between 11th and 13th birthdays
- DTaP – one dose on or between 10th and 13th birthdays
- Human Papillomavirus (HPV) – three doses by their 13th birthday

Common chart deficiencies:

- Immunizations not administered during appropriate time frames
- PCP charts do not contain immunization records if received elsewhere, e.g., health departments

If missing any immunizations, please include the following:

- Documentation of parental refusal
- Documentation of request for delayed immunization schedules
- Immunizations given at health departments
- Immunizations given in the hospital at birth
- Documentation of contraindications or allergies

Lead Screening in Children (LSC)

The percentage of children 2 years of age who have had one or more capillary or venous lead blood tests for lead poisoning by their second birthday

Documentation must include both of the following:

- A note indicating the date the test was performed
- The result or finding

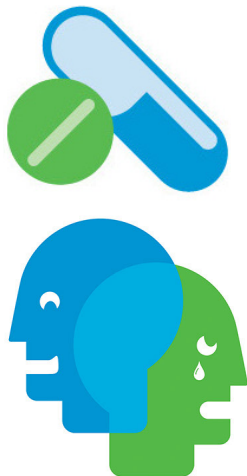
Common chart deficiencies:

- Lead assessment does not constitute a lead screening



Behavioral Health Medication Management program

The Amerigroup Kansas, Inc. Behavioral Health (BH) Medication Management program addresses the specific needs of KanCare members using medications prescribed for their BH. Our goal is to improve the quality of care provided to our members and promote medication adherence. We focus on age appropriate use of medications, thus reducing the use of unnecessary medications.



The outreach and education programs also support providers and members on BH-related HEDIS** measures that use medication utilization as a quality measurement tool such as:

- Antidepressant Medication Management (AMM)
- Follow-up Care for Children Prescribed ADHD Medication (ADD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
- Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

If you have questions, please call Pharmacy Operations at 1-800-719-4871. Note, calls will be answered and/or returned Monday-Friday from 8:30 a.m.-4 p.m. ET.

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

Clinical Laboratory Improvement Amendments requirements

As a reminder, and as outlined in the Amerigroup Kansas, Inc. provider manual, Amerigroup is bound by the Clinical Laboratory Improvement Amendments (CLIA) of 1988. The purpose of the CLIA program is to ensure providers that test specimens in interstate commerce consistently provide accurate procedures and services.

Any laboratory that solicits or accepts specimens in interstate commerce for laboratory testing is required to hold a valid license or letter of exemption from licensure issued by the Secretary of the Department of Health and Human Services. Since 1992, carriers have been instructed to deny clinical laboratory services billed by independent laboratories that do not meet the CLIA requirements.



CLIA certificate

You must provide Amerigroup with a copy of your CLIA certificate and notify us if your CLIA status changes. Finally, the CLIA number must be included on each CMS-1500 claim form for laboratory services by any provider performing tests covered by CLIA.

We must have a valid and current CLIA certificate on file. If your CLIA certificate expires, it is the provider's responsibility to send an updated certificate. Please contact your provider representative if you need to send an updated copy.

If your contract is through Multiplan, please contact your Network Development representative through Multiplan, so that they can direct you on how to submit the CLIA update.

Utilization management

Availability of utilization management (UM) criteria

Amerigroup Kansas, Inc. uses nationally recognized criteria to assist our medical management staff in making decisions concerning the medical necessity of:

- In-hospital level-of-care and length of stay
- Admissions
- Outpatient services
- Behavioral health services
- Pharmacy services

If an Amerigroup medical director denies a service request, both the provider and member will receive a *Notice of Action* letter that will include the reason for the denial and the criteria/guidelines used for the decision as well as explain 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 or the local health plan at 913-749-5955. To request a copy of the specific criteria/guidelines used for the decision, please call 1-800-600-4441 or send a written request to the address below:

Medical Management
Amerigroup Kansas, Inc.
9225 Indian Creek Parkway, Building 32
Overland Park, KS 66210

Access to UM staff

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

- Phone: 1-800-454-3730
- Fax: 1-800-964-3627
- Online: <https://providers.amerigroup.com/KS> > Provider Resources & Documents > 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.

Update to the ClaimsCheck® upgrade to ClaimsXten™

Earlier this year, Amerigroup Kansas, Inc. announced plans for an upgrade from ClaimsCheck to McKesson's next generation claim auditing software, ClaimsXten. Due to the complexity of the software conversion, along with the expansion of software functionality that is now available, the target effective date has been moved from November 1, 2016, to April 30, 2017.

With the new software functionality, edits will be applied with greater accuracy. The new software functionality will also allow for greater flexibility with rule development and configuration.

For additional details regarding this software update, please refer to the original communication posted at <https://providers.amerigroup.com/KS> > Provider Resources & Documents > Newsletters > [Provider Newsletter Issue 2 2016](#).

Provider surveys

Each 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 our providers. Thank you in advance for cooperating in our annual review process.



Member rights and responsibilities

We want to keep you informed about our members' defined rights and responsibilities. These can be found in your Provider Manual and on our website, <https://providers.amerigroup.com/KS>. If you would like a paper copy mailed to you, call Provider Services at 1-800-454-3730.

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



For your information

This Healthy Rewards communication was recently distributed to members:

Healthy Rewards

Our Real Solutions® Healthy Rewards program rewards you for doing things that are good for your health. You must sign up for the Healthy Rewards program to earn your credit. You can earn \$10, \$15 or \$25 for your efforts to stay healthy. It's simple. Each time you complete one of the healthy activities, you'll get dollars added to your very own Healthy Rewards card.

To join the program, visit www.myamerigroup.com/healthyrewards or call 1-877-868-2004. You can use your debit card at Family Dollar, Dollar General and Walmart. Reward dollars can be used for hundreds of products like:

- Over-the-counter medicines such as Tylenol
- Oral care like toothpaste and toothbrushes
- Baby care such as formula, diapers and rash cream
- Food products like bread and cereal
- Hair care such as shampoo and styling products

You can spend these Healthy Rewards dollars at locations near you on many approved items you need to stay healthy. Check the list to see which healthy activities you qualify for:

Incentive	Population	Individual Amount	Limits
For children			
Well-child visits	Ages 0-12 months	\$25	Five visits during baby's first year
Well-child visits	Ages 5-18	\$25	Once every 12 months
For women			
Cervical cancer screenings	Women ages 21-64	\$10	Once every three years
Breast cancer screenings	Women ages 50-74	\$10	Once every two years
For pregnant women			
First trimester	Pregnant women	\$20	Once per pregnancy
Second trimester	Pregnant women	\$20	Once per pregnancy
Third trimester	Pregnant women	\$20	Once per pregnancy
Postpartum care	Pregnant women	\$20	Once per pregnancy
For diabetes patients			
Blood sugar test (A1c)	Diabetes patients	\$15	Once every 12 months
Cholesterol test (LDL)	Diabetes patients	\$15	Once every 12 months
Eye exam	Diabetes patients	\$15	Once every 12 months
Kidney functioning screening	Diabetes patients	\$15	Once every 12 months
For members under 50			
Flu shot	Age 49 or younger	\$10	Once every 12 months
For members 50 or older			
Flu shot	Age 50 or older	\$25	Once every 12 months

Reimbursement Policy

New Policy

Corrected Claims

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

Amerigroup Kansas, Inc. allows reimbursement for a Corrected Claim when received

- Within 365 days of the date of service for participating and nonparticipating providers and facilities.

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 > [Medicaid/Medicare](#).

