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The material in this newsletter is intended for educational purposes only and does not constitute a recommendation or endorsement with respect to any company or product. Information contained herein related to treatment or provider practices is not a substitute for the judgment of the individual provider. The unique needs and medical condition of each patient must be taken into account prior to action on the information contained herein.



Serving Our Members With CLAS — Our Cultural Competency Project

In health care, cultural competency is more than just a buzzword — it's a critical component to the patient-provider relationship. For many of our members, culture, language, ethnicity and socioeconomic status have a direct impact on health outcomes.

For example:

Caucasians are less likely to receive needed treatment for illicit drug use or alcohol abuse problems than African-Americans.¹

Low- and middle-income women are less likely to be screened for osteoporosis than high-income women.²

African-Americans, Asians and Hispanics are less likely to have pneumococcal vaccinations than Caucasians.³

The Maryland Cultural Competency Project launches this year and spotlights the role of diversity in combating these health disparities. Based on the National Standards on Culturally and Linguistically Appropriate Services (CLAS), our program focuses on the everyday interactions you have with your patients as pathways to bridging cultural gaps that may impact their health. Throughout the year, we will offer tools to help you care for the diverse communities you serve. You

can also earn free Continuing Medical Education (CME) credits for completing many of these training opportunities.

As the centerpiece of our program, on March 9, 2013, we held our first Health Equity Conference, an annual forum to discuss health care issues impacting minority communities. The event brought together experts from across the country to share best practices for combating disparities in the access to and delivery of health care services. Topics included CLAS Standards and Reducing Health Inequities; Health Disparities; Access and Quality as Factors of Disparity; Domestic Violence/Intimate Partner Violence; and Caring for Minority Women in a Primary Care Setting.



Current Training Opportunities

The Physician's Practical Guide to Culturally Competent Care — Earn free CME or Continuing Education Unit (CEU) credits by completing this self-paced training at ccm.thinkculturalhealth.hhs.gov provided by the U.S. Department of Health and Human Services, Office of Minority Health. When you complete Module 1, Culturally Competent Care, fax your certificate of completion along with your name and telephone number to 1-866-920-1873, Attention: Provider Relations.

Ask your local Provider Relations representative how you can promote your office as a culturally competent practice with:

- Special recognition in our provider directory
- A Culturally Competent Office placard
- A certificate of recognition

1 Source: Agency for Healthcare Research and Quality, National Healthcare Disparities Report 2011, p. 96. <http://www.ahrq.gov/qual/nhdr11/nhdr11.pdf>. (Accessed January 17, 2013).

2 Ibid, p. 100

3 Ibid, p. 104





Get More Training

For our national training team, class is always in session.

Kathy Faber, western region associate vice president of National Provider Relations Support, said 2013 will be a great year for you to take advantage of training opportunities when and where they suit you best.

“We continually evaluate and evolve the type of training opportunities for our provider community as well as the channels through which we offer it,” said Faber.

“We are committed to effectively communicating the leading policies, procedures and processes relevant to providers in all our markets to best impact the quality of member care and ensure everyone has the tools necessary to optimize efficiency.”

The key to the success of our programs is making sure your local Provider Relations representatives are equipped with the state-specific information and resources to best meet your training needs.

Your Provider Relations representative will make sure you and your staff have ample opportunity to attend trainings, whether:

- In person at forums or town hall meetings
- At your office so your peers and staff can attend
- Through webinars for convenient access anywhere
- Online, 24 hours a day, 7 days a week

Currently, we offer trainings on:

- Cultural competency
- Our online services
- Our policies and procedures
- Specialty trainings for nursing facilities, behavioral health providers and more



To learn more about the opportunities we make available at no cost, contact your local Provider Relations representative.

Avoid Common Errors That Slow Down Claims Payment

■ Corrected Claims

You have 180 days from the date of service to submit a clean or corrected claim. Corrected claims do not fall under provider payment dispute/appeal rights time frames.

To avoid duplicate HCFA-1500 claims denials for corrected claims:

- 1 Submit the corrected claim via paper.
- 2 In box 19 or on the top border of the HCFA, insert the words **Corrected Claim**.
- 3 Do not submit corrected claims as appeals/provider disputes.

■ Coordination of Benefits

You have 180 days from the date of the primary insurance Explanation of Payment (EOP) to submit a Coordination of Benefits (COB) claim.

■ Obstetric Global Codes

Obstetric global codes are not accepted by the Maryland Department of Health and Mental Hygiene. For COB claims, you must submit the primary EOP along with a claim showing Amerigroup as the primary payer. You should use the following valid codes as applicable: **59400, 59409, 59410, 59514, 59515, 59612, 59614, 59620 and 59622.**

■ Encounters Coding

Encounters are eligible for coding accuracy audits if they are for face-to-face visits with individual patients for new patients, established patients, consultations, procedures only or postoperative visits. The results of the coding accuracy audits are calculated using a weighted average methodology.

Who is a new patient?

A new patient has not received any professional services from you within the past three years or from another

physician of the same specialty who belongs to your group practice. For example, internal medicine, family practice, pediatrics and urgent care are considered the same group practice. Thus, a teen who goes from pediatrics to internal medicine is not considered a new patient. No distinction is made between new and established patients in the emergency department.

■ Specificity Coding for Diabetes with Manifestations Diabetes claims require all of the following:

.....
Diagnosis codes

.....
Manifestations supported by medical records documentation

.....
The types of manifestation
.....

Be sure you code all diagnoses documented in the progress notes and all medications given by injection.

Pardon Our Dust: Website Reconstruction in Progress

We always look for ways to improve, and one focus for 2013 is redesigning our provider self-service website with you in mind.

New Look

Our revamped state-specific public pages are better organized with:

.....
Distinct spaces for news, frequently used forms and reference documents

.....
Links to our partners' and state Medicaid agencies' websites

.....
A login feature — no more backtracking to the main page to enter the secure site

Better Tools

We added new tools and enhanced existing resources to make it easier for you to do business with us:

.....
Online, searchable provider directories with side-by-side comparison and enhanced descriptions to help you make referrals and members make informed decisions about where they receive care

.....
Improved precertification request tool with enhanced status reporting

.....
An expanded Contact Us page customized for the products and services in your area, connecting you with the right customer service resource when you need it

Easier Access

We heeded your call for quick access to documents you reference often, like your provider manual and recent communications. We moved many resources before login — now open them with just a few clicks. Try it out! Choose your state from the list at providers.amerigroup.com or simply type providers.amerigroup.com/MD into your browser. The following states already have our new layout, and we're working quickly to finish the others: Georgia, Kansas, Louisiana, Maryland, Nevada, New Jersey, New York and Washington.

Register Today

Take advantage of our existing resources — 24/7 claims submission, recertification requests, eligibility verification and more — by registering for and logging in to the site.

Innovating with You in Mind



People affected by health care disparities are also often on the less fortunate side of the digital divide, but smartphones are helping to bridge the gap. A 2011 Pew Research Center study reports smartphone ownership is on the rise among those with low incomes, young adults and minorities — populations that exemplify our membership — and these groups are likely to use their smartphones as their primary sources of Internet access.

With this trend in mind, we developed a Mobile ID Card app* to allow Android and iOS users to access their member ID cards wherever they are.

A lost card no longer means a canceled appointment or delayed services — treat our Mobile ID card just like the plastic version.

*Not available in New Jersey. In Florida, only available for our Florida Healthy Kids members. Not available for Medicare members.



ICD-10 COMPLIANCE DEADLINE

The Department of Health and Human Services confirmed **October 1, 2014**, is the deadline for ICD-10 compliance. Stay informed — request updates from www.cms.gov or follow @CMSGov on Twitter.

We'll post news online, too.

Rain, Shine or Superstorm — We're Here When You Need Us



What do health care emergencies and inclement weather have in common? Both can strike at any time and have devastating effects, and we have no control over them. All we can do is be prepared to respond and maintain continuity of care. Superstorm Sandy reminded us of the key role our case managers play in this equation.



Carla Toussaint, one of our New York City-based case managers, coordinates care for J., a pregnant member with chronic hypertension and severe obesity. Carla stayed in constant contact to make sure J. followed her treatment plans, monitored her blood pressure as instructed by her Alere Home Health

case manager and kept her prenatal appointments. But in early October, J. stopped answering the phone.

“I wasn’t going to give up on her,” Carla reported. Carla not only kept calling J., but also kept tabs on her by regularly touching base with J.’s Alere case manager and OB-GYN. Even when Superstorm Sandy blasted through New York at the end of October, Carla didn’t stop, and she finally got a hold of J. in early November.

J. was in a tough spot. She was 32-weeks pregnant, had been without power, water or heat for nearly two weeks, and had no food. Carla immediately started making calls and placed J. in a FEMA-sponsored hotel. J. had to walk down 14 flights of stairs to the ground floor, but the baby’s father, at Carla’s request, helped J. make it to her hotel.

Carla continued to follow up with J., coordinating with LogistiCare, our transportation partner in New York, to get her to OB appointments from her hotel. J. also got a visit at the hotel from her Alere case manager as a result of Carla’s coordination.

“We just wanted her to get to 39 or 40 weeks,” said Carla. “Full term — that was our goal.” And she did! J. gave birth to an 8-lb., 6-oz. baby girl on January 7, 2013. Mom and baby went home five days later. Carla checked on them at the hospital every day and has kept in touch since they went home. **Thanks to Carla and her team at HealthPlus Amerigroup, J. even had a car seat to transport the baby home.**

This is just one of many stories of our case managers going above and beyond to help our members — your patients — improve not only health outcomes, but also their quality of life. We encourage you to take advantage of the valuable partnership our case managers have to offer.

To find out more about enrolling a member in your care in case management, call Provider Services.

A Look Back at 2012

We know we have to keep raising the bar for ourselves to keep quality providers like you interested in partnering with us. Our efforts begin on the ground in your communities through our local health plans and extend to our home office, the culture we promote for our associates and our reputation in the industry.

The year 2012 saw health care at the top of national awareness and was a banner year for us — we forged new relationships with state and government entities as well as other organizations. This means better opportunities for our associates, our members and you, our providers. We continued our commitment to volunteerism and social responsibility, recognition as one of the best places to work, and accreditation for our high-quality access to care.

Below are a few highlights:



Extending the Reach of Our Mission and Vision

New health plans launched in Louisiana, Washington and Kansas

Expansions in Georgia and Texas

Acquired Health Plus in New York

Membership surpassed 2.7 million



Joined forces with and were acquired by WellPoint, Inc. — a move that better positions us to serve our members now and prepare for changes in health care down the road

Awards and Recognition

Amerigroup was ranked or named as:

Number 385 on the **Fortune 500** list

One of Most Admired Companies — Fortune Magazine

Number 30 on Modern HealthCare Magazine's 40 "Hottest in Health Care" list — **fastest growing companies**

One of Top 40 Best Companies for Diversity — Black Enterprise Magazine

Recipient of Web Health Awards

- Gold Award for our program using iPads for long-term services coordination

Best/Top Places to Work:

- Maryland
- New York
- Dallas-Fort Worth, Texas
- Virginia



Leadership in Quality, Social Responsibility and Volunteerism

We received:

The Case in Point Platinum Award, Honorable Mention, Amerigroup On-Call — emergency room utilization program in Maryland

A score of 100 percent on our Disease Management (DM) National Committee for Quality Assurance (NCQA) survey, receiving "Accredited" status with the additional distinction of Performance Reporting

Outstanding Volunteer of the Year Award — American Red Cross

Habitat for Humanity Dream Builders Award

March of Dimes March for Babies — Top Team in Virginia Beach-Norfolk, Va., and Tampa, Fla.

There is no doubt; 2013 will be a year of unprecedented change for all of us — from the challenges we all face while affecting health care quality and reform to the opportunities our company has to continue our momentum in the industry. We'll be here every step of the way to make sure you and our members are well-served.

At Your Service

Whenever there is a question or disagreement about our services, we have the processes and tools to resolve issues quickly and with the level of customer service you've come to expect from us.

Medical necessity appeals:



We're happy to take a second look at an adverse determination or denial of payment.

Payment disputes:



Use our online Payment Dispute Form for a speedy, no hassle way to request reconsideration of a denied or incorrectly paid claim and send supporting documentation like medical records, invoices, itemized bills, etc. to our Payment Dispute specialists.

Claims correspondence:



Sometimes we need more information to process your claim correctly or make a payment determination. When we do, you will receive a claims correspondence. Itemized bills, medical records, corrected claims, proof of timely filing, and documentation related to third-party liability, coordination of benefits and other health insurance are common ways to give us the information we need.

Medicaid PCP Rate Increase Delayed

The proposed rate increase for Primary Care Providers (PCPs) and specialists for Evaluation & Management codes 99201–99499 and vaccine administration codes slated for January 1, 2013, is delayed pending federal regulations.

Once authorized, eligible providers will receive retroactive payments for all services that qualify under the new federal and state regulations. We will keep you informed on any new developments as they occur.



At Home in the Sunflower State

On January 1, 2013, Amerigroup Kansas, Inc. began serving members of KanCare.



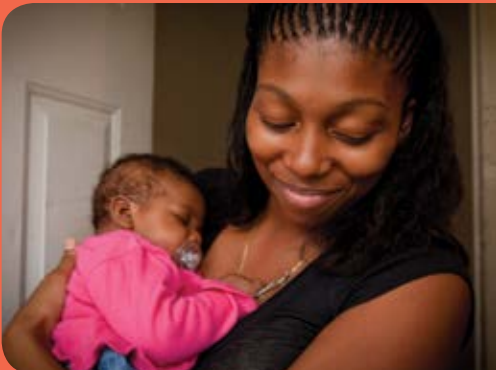
We partnered with the state over the last year to implement this unique program that provides managed care services to:

- Kansas Medicaid and Children's Health Insurance Program members
- Kansans in need of long-term services and supports, including Medicaid members in waivers not previously included under managed care, like:
 - Frail Elderly Waiver
 - Autism Waiver
 - Serious Emotional Disturbance Waiver
 - Traumatic Brain Injury Waiver
 - Physical Disability Waiver

Members also get value-added benefits not previously available through fee-for-service Medicaid, including:

- Dental care
- Career development services
- Health and wellness support

Earn \$20 Incentive Bonuses for Helping Our Members Get Preventive Care Services

2013 Care Measure	Services Required for Incentive Bonus
<p data-bbox="115 562 469 600">Adolescent Well-care</p> 	<p data-bbox="688 562 857 592">Must include:</p> <ul data-bbox="688 598 1247 699" style="list-style-type: none"> ■ A health and developmental history ■ A physical exam ■ Health education and anticipatory guidance <p data-bbox="688 720 1468 888">An adolescent visit can also be with an OB-GYN or PCP but must include the three elements above. Well-care visits can still be performed even if the adolescents present as sick. Refer to the Amerigroup Community Care Preventive Guidelines in Maryland for the schedule of adolescent well-care visits.</p>
<p data-bbox="115 993 630 1031">Immunizations for Adolescents</p> 	<p data-bbox="688 993 873 1022">Meningococcal</p> <p data-bbox="927 993 1503 1094">One meningococcal conjugate or meningococcal polysaccharide vaccine on or between the member's 11th and 13th birthdays</p> <p data-bbox="688 1136 792 1165">Tdap/Td</p> <p data-bbox="927 1136 1474 1270">One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the member's 10th and 13th birthdays</p> <p data-bbox="688 1312 889 1413">Combination 1 (Meningococcal, Tdap/Td)</p> <p data-bbox="927 1312 1511 1518">An adolescent who received one meningococcal vaccine on or between his or her 11th and 13th birthday and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between his or her 10th and 13th birthdays</p>
<p data-bbox="115 1566 396 1604">Postpartum Care</p> 	<p data-bbox="688 1566 1479 1633">A postpartum visit must occur at least 21 days but not more than 56 days after delivery and include:</p> <ul data-bbox="688 1640 1490 1837" style="list-style-type: none"> ■ A pelvic exam ■ An evaluation of weight, blood pressure and abdomen or an evaluation of breasts for breastfeeding mothers ■ Documentation with a notation of postpartum care, postpartum checkup, six-week checkup or six-week post-Cesarean section or a copy of the preprinted Postpartum Care Form <p data-bbox="688 1858 1484 1959">A postoperative visit less than 21 days after staple removal is not sufficient. A postpartum visit may be completed by a PCP, OB-GYN, midwife or family practitioner.</p>

Medicare Content

Health Care Management Services

We hope you've noticed the changes we've made to improve care to our members and service to you:

- ▶ **Established a centralized medical management team** to improve response time and service
- ▶ **Streamlined the precertification process** for home health, Durable Medical Equipment (DME) and other Medicare service requests
- ▶ **Enhanced our transitional care and postdischarge services**
- ▶ **Created detailed online reports** for Primary Care Providers (PCPs) about members' advance directives, pain assessments, needs related to functional deficits and more
- ▶ **Increased communication** so PCPs know when members are admitted and discharged from hospitals
- ▶ **Supported your primary care services** with in-home care and telemonitoring for high-risk members with complex needs

Important Contact Information



SERVICE	FAX
Precertification requests for prosthetics, home health and DME Discharge planning needs Therapy requests	1-888-235-8468
Maryland concurrent review clinical documentation	1-877-855-7559
Initial admission notifications and all other Medicare requests for services	1-800-964-3627

Make sure you include all of the following information with your home health and DME precertification requests:

- Member name, date of birth and Amerigroup ID
- Provider name, tax ID number and national provider identifier
- Contact person's name and telephone and fax numbers
- Date span of request, rental period, units/visits, etc.
- Clinical information, including all diagnosis and CPT/HCPCS codes and the number of units
- If home health or DME is needed for discharge planning from a facility to home, indicate urgent for discharge on the cover sheet
- If an extension is required for a previously approved service, please make the request seven days prior to services being discontinued and provide the previous reference number

Stay Connected With Your Patients

Member Education and Information Sharing

Keeping the lines of communication open between you and your patients is key to quality health care. We help you and your patients stay in touch by:

- Contacting all new Special Needs Plan members and completing a Health Risk Assessment (HRA) within 30–90 days of their enrollment
- Working with you to coordinate care for your patients based on the results of the HRAs
- Educating our members about the importance of developing a close relationship with you as their PCP
- Emphasizing the role of preventive care exams as part of a healthy lifestyle
- Encouraging members to visit their PCPs regularly for preventive care



If you have questions or trouble accessing your reports, call our Web Technical Support Team at 1-866-805-4589.

Primary Care Provider Quality Reports

Log in to our self-service website for a suite of reports with the most up-to-date health information about each of our members on your panel. Reports are updated daily, weekly or monthly — each is available for at least 90 days.

Report Types

- Hospital admission
- Hospital discharge
- Healthcare Effectiveness Data and Information Set (HEDIS)¹ measures detailing information collected by our case managers, including pain assessments, functional assessments and information on advanced life planning

How to View Your Reports

- Log in to providers.amerigroup.com.
- On the Home page, select Reports from the Tools menu on the right side of the page.
- Select any of the available category names in your report list.
- Select Report Options for a list of available reports, then select the report you wish to view.
- The report you select will open in Microsoft Excel for easy review or download.

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

If you have questions about the contents of your reports, contact your local Provider Relations representative.

Change to Clinical Utilization Management Guidelines

Effective May 1, 2013, we will begin using the WellPoint UniCare medical policies to support benefit determinations related to medical necessity and investigational/experimental services whenever there are no appropriate Centers for Medicare & Medicaid Services coverage guidelines. These policies are publicly accessible from the WellPoint UniCare subsidiary website. We will continue to use McKesson InterQual Criteria when no specific UniCare medical policies exist.

Keeping Members Healthy With the Comfort of Home

There's no place like home, especially for quality health care.

For members with high-risk and complex medical conditions, we offer in-home care and telemonitoring services to help them learn how to manage their conditions, prevent new and worsening symptoms, and support the care they receive from their doctors.

INSPIRIS in-home care visits

This no-cost, no-copay service provides clinical support and education to keep vulnerable members out of the hospital. Through regular visits to the member's home, INSPIRIS providers develop a personal relationship with the member and his or her loved ones to help them understand their conditions, treatments and how to stay healthy. In addition to home visits, members can also reach their INSPIRIS provider by phone 24 hours a day, 7 days a week to ask questions and get advice on health care-related topics. After each visit or call, the INSPIRIS provider will update you to keep you involved in all aspects of the member's care.

For questions or more information, call INSPIRIS at **1-877-230-4604**.

To refer a member to the in-home care program, call the Amerigroup Disease Management Centralized Care Unit at **1-888-830-4300**.

Telemonitoring Services From Critical Signal Technologies

This program uses advanced technology to give members with chronic health conditions like congestive heart failure the independence and peace of mind to stay safe in their homes. Critical Signal Technologies (CST) offers an array of telemonitoring options to help you manage a member's health.

With the support of 24 hour-a-day, 7 day-a-week, 365 day-a-year customer care, you will:

- Receive vital statistics for each member in a specific date range
- Set parameters for a member's vital signs and be alerted when his or her readings fall outside those parameters
- Identify red flags in a member's health early so you can review medications, diets and activities to avoid unnecessary hospitalization or exacerbations

To use telemonitoring products, members must:

- Be willing and able to take their vital signs daily or have someone who lives with them to help
- Have electricity
- Be able to stand to get weighed or have someone assist them



To learn more about this program, visit

www.CriticalSignalTechnologies.com or call CST at 1-866-557-4462.

If you think the program might be beneficial for a member, schedule an office visit to discuss the program and determine if it is a good fit.

If appropriate, complete the Telemonitoring Authorization Form with your signature and the member's signature. Return the form to the CST Care Center at 1-800-325-5145.

To access the Telemonitoring Authorization form:

1. Log in at providers.amerigroup.com.
2. At the top of the page, select Office Support and then Downloadable Forms.
3. Under Office Support Forms, select Medicare.

Join

our Amerivantage Quality Management Committee

Help us improve member care with your recommendations for key processes and procedures like clinical guidelines, care coordination and other Medicare-specific policies.

Committee members:

.....
Serve as subject matter experts for select clinical topics.
.....

.....
Review documents and reports for committee meetings.
.....

.....
Vote on reports, activities or documents that impact Medicare processes and procedures.
.....

.....
Review and approve the Annual Quality Management Program description, work plan and evaluation.
.....

.....
Perform other duties as needed.
.....

.....
Committee members are required to attend at least six meetings per year by phone or in person and are compensated for the time spent preparing for and attending meetings. All meeting minutes and documents are confidential and proprietary. You must sign a confidentiality agreement and declare any conflicts of interest each year to participate on the committee.

To join, call the committee chair, Dr. David Ackman, at 718-840-4642 or send an email to david.ackman@amerigroup.com.