

Provider Newsletter

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



2017
Quarter 2



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Medicaid *Provider Manual* update





Our updated 2017 Medicaid *Provider Manual* is now available online. To view the provider manual, visit our provider website (<https://providers.amerigroup.com/MD> > Provider Resources & Documents > Manuals & QRCs > [HealthChoice Provider Manual](#)).

MD-NL-0050-17

CMS emergency preparedness rule

On September 8, 2016, CMS finalized a rule to establish consistent emergency preparedness requirements for health care providers participating in Medicaid, which includes providers with Amerigroup Community Care seeing HealthChoice members. The purpose is to increase patient safety during emergencies and establish a more coordinated response to natural and man-made disasters.

The CMS rule requires Medicaid participating providers and suppliers to meet the following best practice standards:

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|  | <p>1. Emergency plan</p> | <p>Based on a risk assessment, develop an emergency plan using an all hazards approach that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the provider/supplier location.</p> |
|  | <p>2. Policies and procedures</p> | <p>Develop and implement policies and procedures based on the plan and risk assessment.</p> |
|  | <p>3. Communication plan</p> | <p>Develop and maintain a communication plan that complies with federal and state laws; patient care must be well coordinated within the facility, across health care providers, and with state and local public health departments and emergency systems.</p> |
|  | <p>4. Training and testing program</p> | <p>Develop and maintain training and testing programs (including initial and annual trainings) as well as conduct drills and exercises or participate in an actual incident that tests the plan.</p> |

Important dates:

The regulation went into effect November 16, 2016. Health care providers and suppliers affected by this rule have one year from the effective date to comply and implement all regulations within their practice.

CMS emergency preparedness rule (cont.)

Impacted providers:

The following providers and suppliers are required to comply with the emergency preparedness rule:

- All-inclusive care for the elderly
- Ambulatory surgical centers
- Clinics, rehabilitation agencies and public health agencies as providers of outpatient physical therapy and speech-language pathology services
- Community mental health centers
- Comprehensive outpatient rehabilitation facilities
- Critical access hospitals
- End-stage renal disease facilities
- Home health agencies
- Hospices
- Hospitals
- Intermediate care facilities for individuals with intellectual disabilities
- Long-term care facilities
- Organ procurement organizations
- Psychiatric residential treatment facilities
- Religious nonmedical health care institutions
- Rural health clinics and federally qualified health centers
- Transplant centers

Note, while all 17 providers/suppliers are impacted, requirements may differ between types.

Additional information:

Amerigroup does not have any additional requirements beyond that required by CMS. If you have questions regarding the emergency preparedness rule or would like to view a list of specific requirements, please visit the CMS website (<https://www.cms.gov> > Medicare > Provider Enrollment & Certification > Survey & Certification - Emergency Preparedness).

MD-NL-0038-17

Diabetes Prevention Program

Amerigroup Community Care was selected by the Department of Health and Mental Hygiene to pilot a Diabetes Prevention Program (DPP) for HealthChoice members and to develop a sustainable reimbursement model. Maryland is one of two states awarded funding for this two-year project by the National Association of Chronic Disease Directors. Amerigroup is partnering with Centers for Disease Control and Prevention-recognized DPP providers in Maryland including the following facility-based, community-based and virtual programs:

- Saint Agnes Medical Group in Baltimore city
- Soul So Good Healthy, Inc. in Prince George's and Montgomery counties
- Omada and Retrofit as virtual vendors

If you have any members who are pre-diabetic, obese and/or have a history of gestational diabetes and would like to refer them to a DPP, please contact Amerigroup at 1-800-964-2112, ext. 44120 or ask for the Health Promotions department.

MD-NL-0054-17



Medical Policies and Clinical Utilization Management Guidelines update

Medical Policies update

On February 2, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following Medical Policies applicable to Amerigroup Community Care. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The Medical Policies were made publicly available on the Amerigroup provider website on the effective date listed below. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific policies.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.

| Effective date | Medical Policy number | Medical Policy title | New or revised |
|----------------|-----------------------|---|----------------|
| 3/29/2017 | LAB.00034 | Serological Antibody Testing For Helicobacter Pylori | New |
| 3/29/2017 | SURG.00146 | Extracorporeal Carbon Dioxide Removal | New |
| 3/29/2017 | SURG.00147 | Synthetic Cartilage Implant for Metatarsophalangeal Joint Disorders | New |
| 2/16/2017 | DRUG.00068 | Vedolizumab (Entyvio®) | Revised |
| 2/16/2017 | SURG.00103 | Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir) | Revised |

Clinical Utilization Management Guidelines update

On February 2, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Amerigroup. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on March 21, 2017.

On February 2, 2017, the clinical guidelines were made publicly available on the Amerigroup Medical Policies and *Clinical UM Guidelines* subsidiary website. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Medical Policies and Clinical Utilization Management Guidelines update continued

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.

| Effective date | Clinical UM Guideline number | Clinical UM Guideline title | New or revised |
|----------------|------------------------------|--|----------------|
| 3/29/2017 | CG-MED-56 | Non-Obstetrical Transvaginal Ultrasonography | New |
| 2/16/2017 | CG-DME-38 | Continuous Interstitial Glucose Monitoring | Revised |
| 2/16/2017 | CG-DRUG-28 | Alglucosidase alfa (Lumizyme®) | Revised |
| 2/16/2017 | CG-MED-42 | Maternity Ultrasound in the Outpatient Setting | Revised |
| 2/16/2017 | CG-SURG-27 | Sex Reassignment Surgery | Revised |
| 2/16/2017 | CG-SURG-43 | Knee Arthroscopy | Revised |

MDPEC-1299-17

Availity Learning Center: Onboarding courses are now available

New onboarding courses are now available in the Availity Learning Center to support users as they begin to use the Availity Web Portal (Availity). The courses are good resources for new users as well as current users who would like a refresher.

Availity is a multipayer portal and does not go into payer-specific information. The courses address payer-specific scenarios and note all payers/regions may not have the same features/transactions available to them. Your local Provider Relations representative is knowledgeable on the features/transactions available in Availity as well as other resources and tools within *Payer Spaces* and our provider self-service website.



Accessing the onboarding courses

1. Navigate to the Availity Learning Center (<https://www.availity.com> > LOGIN > Help > Get Trained).
 - Note, the Availity Learning Center displays in a new browser window.
2. In the *Catalog*, search by keyword for “onboarding.”
3. Click **Enroll** for the course(s) you would like to take:
 - Onboarding program: for Availity users — get up and going quickly
 - Onboarding program: for Availity administrators — a great place to start your admin journey
4. Once enrolled, go the *Dashboard* tab to launch and complete the course(s) as well as download a completion certificate.

MD-NL-0055-17

After-hours patient care

Your patients may not know they have options for accessing care after your normal business hours! But you can help. Let your members know how they can access your office for urgent situations.

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|  | <p>Provider after-hours phone service</p> | <p>If your office contracts with a triage system or has an after-hours message service that can connect members with you, this may reduce the amount of avoidable ER visits. Let your patients know the best phone number in order to contact a live person to request advice or inquire about next appointment availability.</p> |
|  | <p>24-hour Nurse HelpLine</p> | <p>Amerigroup Community Care is here to help. After normal office hours, even on weekends and holidays, we can help members find care, make appointments or locate urgent care centers/clinics.</p> |
|  | <p>Urgent care</p> | <p>Amerigroup contracts with many urgent care centers. Members can search for urgent care centers using the Find a Doctor tool on our member website (https://www.myamerigroup.com/MD).</p> |

As a reminder, per *COMAR 10.09.66.07*, providers must offer 24-hour-a-day, 7-day-a-week phone access for members. A 24-hour phone service may be used. The service may be answered by a designee such as:

- An on-call physician.
- A nurse practitioner with physician backup.
- An answering system with an outbound message giving the option to speak to a live party or respond to patient inquiries within 30 minutes.

Additionally, we encourage you to offer after-hours office care in the evenings and on Saturdays. To discover if you might qualify for incentives for offering after-hours office care, contact your Network Representative or call Provider Services at 1-800-454-3730.

MD-NL-0052-17

Utilization Management affirmative statement

Amerigroup Community Care, as a corporation and as individuals involved in Utilization Management (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 reward practitioners or other individuals for issuing denials 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.

MD-NL-0045-17

Pharmacy updates and reminders

| | |
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| Basaglar | <ul style="list-style-type: none"> ■ Effective May 1, 2017, Basaglar is the only preferred long-acting insulin. ■ Postpartum members on Lantus will be given an eight-week grace period to get them through the postpartum period. ■ If Lantus is medically necessary, prior authorization (PA) should be obtained to continue coverage. |
| Short-acting opioids | <ul style="list-style-type: none"> ■ Effective March 1, 2017, all short-acting opioids have a quantity limit. ■ For individuals newly starting on a short-acting opioid, any quantity over a 7-day supply per fill or a 14-day supply in 30 days requires PA. ■ Members who are being actively treated for cancer and those who are terminal and undergoing palliative care will be automatically approved. |
| Long-acting opioids | <ul style="list-style-type: none"> ■ Effective July 1, 2017, PA is required for: <ul style="list-style-type: none"> ■ All long-acting opioids, fentanyl products and methadone for pain. ■ Any opioid prescription that results in a patient exceeding 90 cumulative morphine equivalents dosing (MED) per day. ■ Any quantity exceeding the 30-day quantity limit for all opioids set by the state (set at or below 90 MED per day). ■ PA requires the following attestations: <ul style="list-style-type: none"> ■ Providers review controlled dangerous substance prescriptions in the Prescription Drug Monitoring Program. ■ Patient-Provider Agreement. ■ Screening patients with random urine drug screens before and during treatment. ■ A naloxone prescription is given/offered to the patient/patient's household member. ■ Patients with cancer or sickle cell anemia or who are in hospice or a long term facility are excluded from the PA process. However, they still need to obtain a PA for nonpreferred opioids and should be kept on the lowest effective dose of opioids for the shortest required duration to minimize risk of harm. ■ Opioid prescribing guidance and policies from the state can be found on the state website. |
| Hepatitis C | <p>Effective March 1, 2017, Harvoni is no longer preferred.</p> <p>Current formulary status:</p> <ul style="list-style-type: none"> ■ Genotype 1: Zepatier is preferred for a 12-week regimen if criteria are met. <ul style="list-style-type: none"> ■ For an 8-week regimen (for select genotype 1 cases), Harvoni is approved if criteria are met. ■ Genotypes 2 and 3: Epclusa is preferred if criteria are met. ■ Genotype 4: Zepatier and Epclusa are copreferred if criteria are met |
| Oral contraceptives | <ul style="list-style-type: none"> ■ Effective May 1, 2017, all oral contraceptives have a quantity limit of one tablet per day for any pack size. ■ If an individual needs a new pack every 21 days, a prescription should be written for a 21-day pack. Prescriptions for 28 days will no longer be filled for a 21-day supply. ■ If members need consistent coverage (more than 12 packs per year), PA can be obtained to continue coverage. |

Please review all pharmacy formulary updates available on the provider website (<https://providers.amerigroup.com/MD>).

MD-NL-0051-17

Screening for substance use disorders in pregnancy



As our nation struggles to deal with the serious health risks posed by the opioid epidemic, Amerigroup Community Care 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).
- *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 HealthChoice members. Providers can use the following local procedure codes to indicate SBIRT was provided: W7000, W7010, W7020, W7021 and W7022. 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.

MD-NL-0046-17

Operations/Credentialing

Are you expanding your practice?

Here are a few things you need to know to be ready.

Be sure to update all Council for Affordable Quality Healthcare (CAQH) applications, attestations and attachments using the guidance below:

- Start dates in the practice location section and in the work history section should be consistent.
- Providers should complete the primary specialty area under section three.
- Professional liability insurance should be current and include providers' names, the group name and practice locations.
- Medical doctors, doctors of osteopathic medicine, nurse practitioners and physician assistants need to provide information on hospital privileges and admitting arrangements. This can include a par provider that can admit on the provider's behalf or a hospitalist group (must include name of participating hospital).
- Chronological work history for the past five years in month and year format should be included. Gaps of six months or more should be explained.
- All questions answered "Yes" under the disclosure section should be supported by an explanation on the *Disclosure Question Explanation Form*.
- Nurse practitioners certified by the American Nurses Credentialing Center and the National Certification Corporation should include a copy of their board certification or the number and an attestation signed within the past six months.
- Nurse practitioners certified by the American Association of Nurse Practitioners should include an attestation signed within the past six months.



To join our network, visit our provider website (<https://providers.amerigroup.com/MD> > Begin the Application Process > Application Request). Be sure to fill out all information including the CAQH number. An Amerigroup Community Care associate will reach out to you via mail or phone within 30 days to let you know the status of your application. If you have any questions, please contact Provider Services at 1-800-454-3730 or reach out by email:

- **Credentialing:** mdcredentialing@amerigroup.com
- **Contracting:** parequests@amerigroup.com

MD-NL-0056-17

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

As you know, Amerigroup Community Care offers pregnant women several services and benefits through the Taking Care of Baby and Me® program. It is our goal to ensure all pregnant members are identified 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, will help 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 will be prompted to answer the question "Is the member pregnant?" during the eligibility and benefits inquiry process. If the response is "yes," Amerigroup will inquire about the due date and a *HEDIS Maternity Attestation form* will be generated for the OB office to complete. On this electronic form, the provider will enter other important information including the date of the first prenatal care visit, delivery date and postpartum visit date.

This new, user-friendly workflow will generate timely information that will help members, providers and Amerigroup improve birth outcomes with early intervention and ensure compliance with HEDIS benchmarks.

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

Postpartum exams

It is easy for a patient who has just had a newborn to forget to take care of herself. As a postpartum care provider, you have the opportunity to educate new moms on the importance of postpartum care and encourage them to complete this important visit. The postpartum visit allows you to address multiple health education topics including breastfeeding, postpartum depression, family planning and proper primary care follow-up. New moms should have a postpartum visit 21-56 days after delivery. Ensure mother's returning for a two-week surgical check after a cesarean section return again within the appropriate time frame for routine postpartum care. Best practices for postpartum care scheduling include a proactive approach in which you schedule early in the 21-56 day timeline to allow for rescheduling, ensure all front office staff are aware of the 21-56 day timeline, and follow-up on cancellations and no-shows to reschedule care. Please be aware that bundled OB delivery CPT codes include postpartum care and are no longer reimbursable. Amerigroup Community Care has several resources in place to assist members complete postpartum care including a dedicated postpartum outreach team, our Healthy Rewards incentive program and in-home visiting options.

MD-NL-0053-17

OB Corner (cont.)

Breast pump criteria and companies

Amerigroup Community Care supports breastfeeding mothers and has recently made changes to our approval process that will allow more moms access to a double-electric breast pump. In hopes to make breastfeeding easier and preferred, the strict medical necessity criteria that previously existed has been modified to better meet the needs of our breastfeeding mothers. Requests for a pump may be submitted through our preferred vendor — Northern Pharmacy. As a provider, you may complete the Breast Pump Prescription Form available for download on the Northern Pharmacy website (www.northernpharmacy.com) and fax or email the completed form to the pharmacy. Requests will be reviewed and approved on a member basis. Please encourage your patients to contact Amerigroup OB Case Management if they have questions or concerns about breastfeeding, we are happy to offer additional education and resources.



Maryland Prenatal Risk Assessment Form

Upon an initial prenatal care visit, please ensure you complete a *Maryland Prenatal Risk Assessment Form (DHMH 4850)* for the member. The information provided on this form should be accurate and legible to ensure proper follow-up by Amerigroup Community Care. This form serves as an identifier of pregnant members and helps us reach out to high risk pregnant women, assess for case management services and provide appropriate resources. Once complete, promptly forward the form to the appropriate local health department Administrative Care Coordination Unit (ACCU). Note, this document is a state requirement and may be billed to Medicaid using billing code H1000. If you have any questions about the completion of this form or need additional copies, please reach out to your local health department ACCU to make this request.

Pharmacy reminders

For a list of up-to-date preferred prenatal vitamins, please reference the formulary on the Amerigroup Community Care provider website (<https://providers.amerigroup.com/MD> > Pharmacy > Medicaid Formulary). You can search for them under “pre-natal vitamins.” Amerigroup covers a select number of tablets, capsules and chewable prenatal vitamin options including kosher tablets.

Newborn coordinator

Amerigroup Community Care has a newborn coordinator available to assist members with enrollment of their newborns after delivery. The coordinator serves as a point of contact for providers who have questions or concerns related to the eligibility of services for newborns during the first 60 days after birth and can answer any questions your patients have surrounding newborn enrollment and benefits. For more information, contact your Provider Relations representative or call Provider Services as 1-800-545-3730. Members can call 410 981-4000 and ask for the newborn coordinator.

MD-NL-0053-17

Reimbursement Policies

Policy Update

Modifier 63: Procedure Performed on Infants Less Than 4 kg

(Policy 06-015, effective 09/15/2017)

Currently, Amerigroup Community Care allows additional reimbursement of 120 percent for surgery on neonates and infants up to a present body weight of 4 kg. Effective September 15, 2017, Amerigroup will allow reimbursement for surgery on neonates and infants up to a present body weight of 4 kg when billed with Modifier 63 at 100 percent of the applicable fee schedule or contracted/negotiated rate. Please note, the neonate weight should be documented clearly in the report for the service.

Assistant surgeon and/or multiple procedure rules and fee reductions apply when:

- An assistant surgeon is used
- Multiple procedures are performed on neonates or infants less than 4 kg in the same operative session

Key Definition

Modifier 63: Procedures performed on neonates and infants up to a present body weight of 4 kg may involve significantly increased complexity and physician or other qualified health care professional work commonly associated with these patients. This circumstance may be reported by adding Modifier 63 to the procedure.

In applicable circumstances, Amerigroup does not allow reimbursement for Modifier 63. To view these circumstances, please refer to the Modifier 63: Procedure Performed on Infants Less Than 4 kg Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

MD-NL-0028-16

Policy Update

Maternity Services

(Policy 14-001, effective 11/01/17)

Amerigroup Community Care does not allow reimbursement for global obstetrical codes. Antepartum care, deliveries and postpartum care should be billed as individual services. Amerigroup will not reimburse for duplicate services during the course of the pregnancy.

What's New?

We have updated the Maternity Services Reimbursement Policy to include outcome of delivery/weeks of gestation information. You are required to use the appropriate diagnosis

code on professional delivery service claims to indicate the outcome of delivery. Diagnosis codes that indicate the applicable gestational weeks of pregnancy are required on all professional delivery service claims and are recommended for all other pregnancy-related claims.

Failure to report the appropriate diagnosis code will result in denial of the claim.



For market-specific information, refer to the Maternity Services Reimbursement Policy at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

MD-NL-0034-17

Policy Update

Modifier 22: Increased Procedural Service

(Policy 07-020, effective 11/01/17)

Amerigroup Community Care allows reimbursement for procedure codes appended with Modifier 22. Beginning November 1, 2017, reimbursement will be based on 100 percent of the fee schedule or contracted/negotiated rate when the procedure or service is greater than what is usually required for the listed procedure.



Refer to Modifier 22: Increased Procedural Service Reimbursement Policy for more information at <https://providers.amerigroup.com> > Quick Tools > Reimbursement Policies > [Medicaid/Medicare](#).

MD-NL-0033-17