



Our Quality Improvement program

The Amerigroup Community Care Quality Improvement (QI) program 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 QI program:

- Adheres to Maryland program standards
- Objectively monitors and evaluates the care and services provided to members
- Plans 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

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

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.

Clinical performance and service satisfaction are based upon results from:

Medicaid 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® – Surveys evaluating member satisfaction with care and services received over the past six months; a random sample of plan members answered questions about their doctors and their 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 actions we implemented to improve our results.

To review the current Quality Improvement program summary, call Provider Services at 1-800-454-3730 – we'll be glad to send you a copy.

ICD-10 made easy

Memorization not required!

There is no need to memorize ALL of the new ICD-10 diagnosis and inpatient procedure codes. If you are not an inpatient facility, you only need to be concerned with the most common ICD-10 procedure coding system diagnosis codes your practice uses today. For example:

- If you are a cardiologist and only treat cardiac patients, focus only on those diagnoses related to your specialty during the course of your ICD-10 remediation work.
- If you practice general or pediatric medicine and therefore treat patients with a wide range of medical conditions, use the 80/20 rule to determine which ICD-10 codes are most pertinent.

- If you rarely see a particular ailment, there's no need to memorize it or convert it to the ICD 10 equivalent diagnosis code on your paper super bill or problem list in your electronic medical record.

You just need to have enough clinical detail in your clinical documentation to determine the code in your ICD-10 coding tool, whether it is a book or online.

This all means you don't have to take on the daunting task of climbing Mt. Everest and memorizing over 68,000 ICD-10 diagnosis codes.

For more information, visit our ICD-10 web page at providers.amerigroup.com.

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, his or her 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 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**.



- Ext. 44258 for pediatric case management
- Ext. 44256 for OB case management
- Ext. 44259 for adult case management
- Ext. 44060 for special needs case management

You may also refer a member for Case management by fax to:

- ATTN: Case Management at **1-877-855-7558**
- By mail to:

Amerigroup Community Care
ATTN: Case Management
7550 Teague Road, Suite 500
Hanover, MD 21076

Distribution of clinical practice and preventive health guidelines



Evidence-based guidelines are clinical practice guidelines known to be effective in improving health outcomes.

Guideline effectiveness is determined through scientific evidence, professional standards or expert opinion. Amerigroup provides clinical and preventive health guidelines to our network physicians. These guidelines are based on current research and national standards. **The following guidelines are available on our website, providers.amerigroup.com/MD:**

- Attention deficit hyperactivity disorder
- Adult hypertension
- Adult obesity
- Adult preventive health recommendations
- Asthma
- Childhood and adolescent hypertension
- Childhood obesity
- Management of bipolar disorder in adolescents
- Management of bipolar disorder in adults
- Child preventive health recommendations
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Coronary artery disease
- Diabetes mellitus
- Family planning
- High Risk OB
- Management of HIV/AIDS
- Immunizations
- Management of major depression
- Postpartum care
- Routine antepartum care
- Management of schizophrenia
- Smoking cessation during pregnancy
- Substance use disorder for adults
- Congestive heart failure

If you would like a paper copy of a guideline, call Provider Services at 1-800-454-3730 – we'll be glad to send you a copy.

Affirmative statement about incentives

As a corporation and as individuals involved in utilization management (UM) decisions, we are governed by the following statements:

- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- We do 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.



Availability of Utilization Management criteria

If an Amerigroup physician reviewer denies your service request for medical necessity, both you and the member will receive a notice of action letter that will include the reason for denial, note the criteria/guidelines used for the decision, and explain the appeal process and your rights. If you'd like to speak with a physician reviewer within 24 hours/one business day of the notice of action about the service request denial, call Provider Services **1-800-454-3730** or the local health plan at **1-866-696-2709**. For administratively denied requests, the appeal process must be followed.



To request a copy of the specific criteria/guidelines used for the decision, please call **1-800-600-4441** or write to:



Attn: UM Medical Management
Amerigroup Community Care
7550 Teague Road, Suite 500
Hanover, MD 21076

Access to utilization staff

We are staffed with clinical professionals who coordinate our members' care and 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 to **1-800-964-3627**
- Logging in to **providers.amerigroup.com/MD** and using the precertification lookup tool



Have questions about utilization decisions or the Utilization Management process in general?

Call our clinical team at **1-800-454-3730** Monday through Friday from 8 a.m. to 5 p.m. Eastern time.

Member rights and responsibilities



We want to keep you informed of our members' defined rights and responsibilities. These can be found in your provider manual and on our website, providers.amerigroup.com/MD. If you'd like us to mail you a copy, 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.

Pharmacy management information



Need up-to-date pharmacy information?

Log in to our website providers.amerigroup.com/MD to access our formulary, prior authorization form, processes and preferred drug list.

Have questions about the formulary or need a paper copy?

Call our Pharmacy department at **1-800-454-3730**.

Pharmacy technicians are available Monday through Friday from 8 a.m. to 8 p.m. Eastern time and Saturdays from 10 a.m. to 2 p.m. Eastern time.



Amerigroup
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in healthcare

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ProviderNews

2014 Provider surveys: Thank you for the feedback!

Each year, we reach out to you 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 relationships with our providers.

Thank you for participating in our network, for providing quality health care to our members and for cooperating in our annual review process.

