

# Provider Newsletter



[providers.amerigroup.com](http://providers.amerigroup.com)

2015  
Quarter 4

## **Asthma medication: ordering enough for school and home**

Members can request two short or two long-term asthma medications for home and school. As the pharmacy will prescribe medication exactly the way the prescription is requested, it is highly recommended that members in need of two medications for home and school be prescribed more than one inhaler at time.

Please note the following Amerigroup Community Care quantity limits:

- Three relief inhalers (ProAir/Ventolin, etc.) per 45 days
- Two controller inhalers (Qvar, Asmanex, etc.) per 45 days

## **Centers for Disease Control and Prevention predicts another moderately severe flu season predominated by influenza A (H3N2)**

The Centers for Disease Control and Prevention (CDC) released its report in June on influenza activity during last year's flu season and announced the composition of the 2015–16 influenza vaccine.

According to the CDC, the 2014–15 influenza season was moderately severe overall and especially severe in adults aged 65 years and older, with predominant circulation of influenza A (H3N2) viruses. Previous influenza A (H3N2)–predominant seasons have been associated with increased hospitalizations and deaths, especially among children under 5 years of age and adults 65 years of age and older.

Influenza activity peaked during late December, with influenza A (H3N2) viruses predominant early in the season. Influenza B became the predominant virus starting in late February, through the end of the flu season in May.

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The Food and Drug Administration has recommended a change in the influenza A and influenza B components for the 2015–16 influenza vaccine, according to the report. Vaccine recommendations are based on several factors, including global influenza surveillance, genetic characterization, antigenic characterization, antiviral resistance and the candidate vaccine viruses available for production.

Since 2010, the CDC has recommended everyone six months of age and older received a flu vaccine annually with rare exception. Amerigroup is launching our annual member outreach campaign to encourage high-risk members to visit their provider for a flu vaccine. Outreach includes automated outbound telephone calls, text messages and newsletter articles. Providers can expect an increase in phone calls and early appointments for the flu vaccine.

Antiviral drugs used to lessen flu duration and symptoms, as well as many cough and cold products, are included on the formulary found on our provider website at [providers.amerigroup.com/MD](http://providers.amerigroup.com/MD) > Provider Resources & Documents > Pharmacy > Formulary.

Flu surveillance and patient education materials are available at the [CDC website](http://www.cdc.gov). For more information about vaccine coverage, contact Provider Services at 1-800-454-3730.

### **Synagis (palivizumab)**

Respiratory syncytial virus (RSV) season begins as early as September and runs through April. Synagis (palivizumab) is a monoclonal antibody indicated for the prevention of RSV. The American Academy of Pediatrics (AAP) recommends a maximum of five (15 mg/kg) monthly doses of palivizumab during the RSV season for high-risk infants who were born before 29 weeks, 0 days gestation, have chronic lung disease (CLD) of prematurity or have hemodynamically significant heart disease. Updated indications for prophylaxis can be found in the July 2014 AAP Policy Statement and on our provider website at [providers.amerigroup.com](http://providers.amerigroup.com).

The Synagis prior authorization form can be found on provider website at [providers.amerigroup.com/MD](http://providers.amerigroup.com/MD) > Provider Resources & Documents > Pharmacy > Pharmacy Prior Authorization Form. Only one request is needed for each patient throughout the RSV season. In a case where higher dosage is necessary due to weight gain, documentation of the patient's new weight must be provided.

In most cases, Express Scripts, Inc. is the preferred provider for Synagis requests. However, some markets prefer other vendors. Please check with your local Provider Services representative or our Provider Services team at 1-800-454-3730 for specific details on how to obtain Synagis. You can also find additional drug information at [providers.amerigroup.com/MD](http://providers.amerigroup.com/MD).

### **Preventing cancer with the human papillomavirus vaccine**

While there is a vaccine that can prevent cancer-causing human papillomavirus (HPV), HPV vaccination rates in Maryland remain low. Only 12.7 percent of girls in the Maryland Medicaid program are fully vaccinated against HPV, compared to 39 percent of girls in the state overall.

We know provider recommendations go a long way towards ensuring that our members are up-to-date with immunizations and other preventive health services. Please remind the parents of teenage girls how important it is to be vaccinated against HPV, as well Tdap and meningococcal vaccines, at the 11 to 12 years of age visits in accordance with the Department of Health and Mental Hygiene recommended childhood/adolescent immunization schedule.

### **Make sure your pregnant patient gets the care she needs**

Remember to schedule Amerigroup members for a postpartum checkup between 21 and 56 days after delivery, even if a cesarean section was performed. Use the CPT codes below to help capture the information we need, while complying with HEDIS requirements.

<b>Description</b>	<b>CPT code</b>
Pregnancy test	81025, 84702, 84703
Postpartum care	59430-Use 0503F Modifier

### **Point-of-care lead testing pays more**

The Department of Health and Mental Hygiene guidelines require all children in the Medical Assistance program receive a blood lead test at 12 and 23 months of age. By performing this important test in your office, you help remove member barriers to receiving the test and increase the number of children screened for lead exposure.

In addition, Amerigroup providers are now eligible to receive \$10 reimbursement for the following CPT codes when drawing blood in the office:

- 36415: Collection of venous blood specimen (36415)
- 36416: Collection of capillary blood specimen (e.g. finger, heel or ear stick)

For in-office lead testing in addition to a blood draw, CPT code 83655 will continue to be reimbursed according to the Medicaid Fee Schedule, which is currently \$12.37.

Consider offering this service in your office today – it pays!

### **Reimbursement Policies: updates and reminders**

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup benefit plan. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, we strive to minimize these variations. For more information on these and other Amerigroup Reimbursement Policies, visit our website at [providers.amerigroup.com](http://providers.amerigroup.com) and click on Quick Tools.

## **Policy updates**

### **Modifier 62: Co-surgeons**

(Policy 06-027, originally effective 10/01/2006)

Amerigroup does not reimburse Modifier 62 in compliance with Maryland Medical Assistance Program Physicians' Services Provider Fee Manual.

### **Preadmission Services for Inpatient Stays**

(Policy 07-017, originally effective 09/28/2007)

Amerigroup allows reimbursement for applicable services for a covered member prior to admission to an inpatient hospital (referred to as the payment window). For admitting hospitals, applicable preadmission services are included in the inpatient reimbursement for the three days prior to and including the day of the member's admission and, therefore, are not separately reimbursable expenses. For other hospitals and units, applicable preadmission services are included in the inpatient reimbursement within one day prior to and including the day of the member's admission and, therefore, are not separately reimbursable expenses. For critical access hospitals, outpatient diagnostic services are not subject to either the three day or one day payment window and, therefore, are separately reimbursable expenses from the inpatient stay reimbursement. Providers are required to bill outpatient preadmission services with the inpatient claim, although the services are separately reimbursed in accordance with the Health Services Cost Review Commission (HSCRC) guidelines.

Please note, the three-day- or one-day-payment window does not apply to outpatient diagnostic services included in the rural health clinic or federally qualified health center all-inclusive rate.

Applicable preadmission services consist of all diagnostic outpatient services (including nonpatient laboratory tests) and clinically related nondiagnostic (e.g., therapeutic) services that are related to the inpatient stay and are included in the inpatient reimbursement. A hospital may attest to specific nondiagnostic services as being unrelated by adding a condition code 51 to the outpatient nondiagnostic service to be billed separately.

For additional information and/or nonreimbursable services, refer to the Preadmission Services for Inpatient Stays Reimbursement Policy at [providers.amerigroup.com](http://providers.amerigroup.com).

### **Prosthetic and Orthotic Devices**

(Policy 06-084, originally effective 09/06/2006)

Reimbursement is allowed for prosthetic and orthotic devices when provided as part of a physician's services or ordered by a physician and used in accepted medical practice. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the prosthetic or orthotic device dispensed. The design, materials, measurements, fabrications, testing, fitting and training in the use of the device are included in the reimbursement of the device and are not separately reimbursable expenses. In instances of theft, a police report is required for consideration of replacements.

For additional information and/or nonreimbursable services, refer to the Prosthetic and Orthotic Devices Reimbursement Policy at [providers.amerigroup.com](http://providers.amerigroup.com).

**Transportation Services: Ambulance and Nonemergent Transport**

*(Policy 07-036, originally effective 02/26/2008)*

Transportation services in Maryland are provided through a state vendor, not Amerigroup, for certain situations. Due to the complex nature of transportation services, Amerigroup recommends that providers review individual state guidelines for coverage requirements.

Please note, Amerigroup does not allow reimbursement for mileage when the transport service has been denied or is not covered.

For additional information and/or nonreimbursable services, refer to the Transportation Reimbursement Policy at [providers.amerigroup.com](http://providers.amerigroup.com).

**Policy reminder**

**Reimbursement of Sanctioned and Opt-Out Providers**

*(Policy 10-002, originally effective 10/11/2010)*

Reimbursement is not allowed for providers who are excluded, debarred or who opt out from participation in state and federal health care programs. Reimbursement is also not allowed for providers who have rendered services to members enrolled in any Medicare program if such provider has opted out from participation in Medicare. Services that are rendered by a provider who is sanctioned or who has opted out of participation in Medicare may only be reimbursed in urgent or emergent situations. Claims received for services other than emergency services submitted by sanctioned or opt-out providers as provided herein will be denied. Amerigroup screens providers through all applicable state and federal exclusion lists.

For additional information, refer to the Reimbursement of Sanctioned and Opt-Out Providers Reimbursement Policy at [providers.amerigroup.com](http://providers.amerigroup.com).

Your continued feedback is critical to our success. If you have questions, contact your local Provider Relations representative or call 1-800-454-3730.

**HEDIS is coming**

With the new year comes HEDIS season – a time to measure the delivery of quality health care to our members. Amerigroup HEDIS nurses and/or other associates may reach out to your office for assistance in obtaining medical records. We ask for your cooperation in providing this information in a timely manner so we can appropriately represent the number of services completed and high quality health care you provide for our members.



### Member satisfaction is important to us

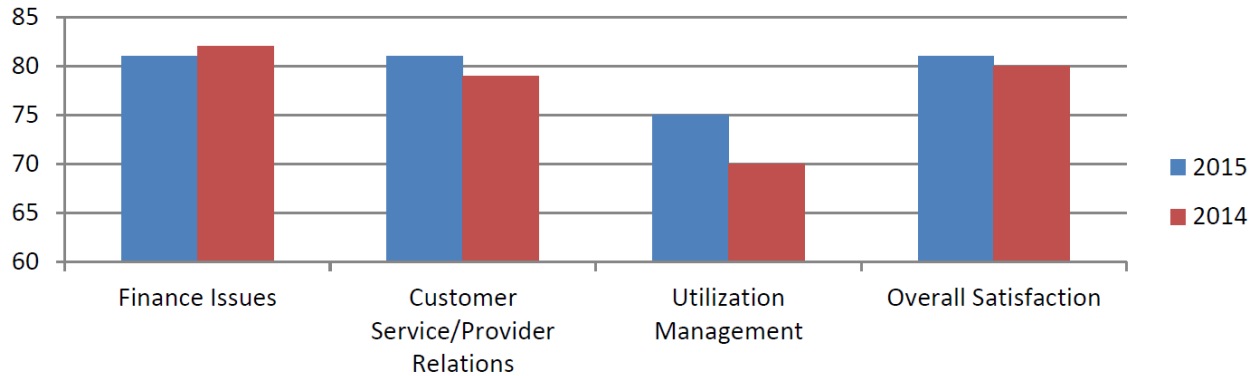
As part of our ongoing commitment to member satisfaction, we are conducting a survey of Amerigroup members to gather information about their experience with providers and satisfaction with Amerigroup. We will begin surveying our members on or around October 1, 2015, and the survey will continue during 2016. Please contact your Provider Relations representative if you have any questions.

### 2015 Quality Improvement Program survey results

Quality matters to us because it matters to you. Each year, our Quality Improvement Program reaches out to you and our members to get the valuable feedback needed to identify opportunities to better serve you. We are proud to share our successes and our ongoing efforts to enhance the services we provide for you and care we give our members.

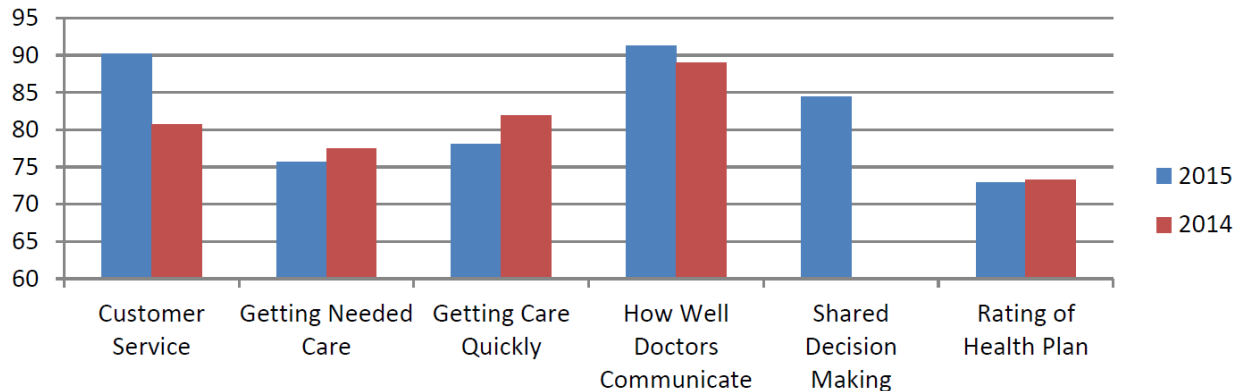
#### Provider satisfaction composite results

Composite measures are derived by combining survey results of similar questions. Based on responses to our 2015 Provider Satisfaction Survey, we increased three out of four composite measures. Thank you!



#### Member satisfaction composite results

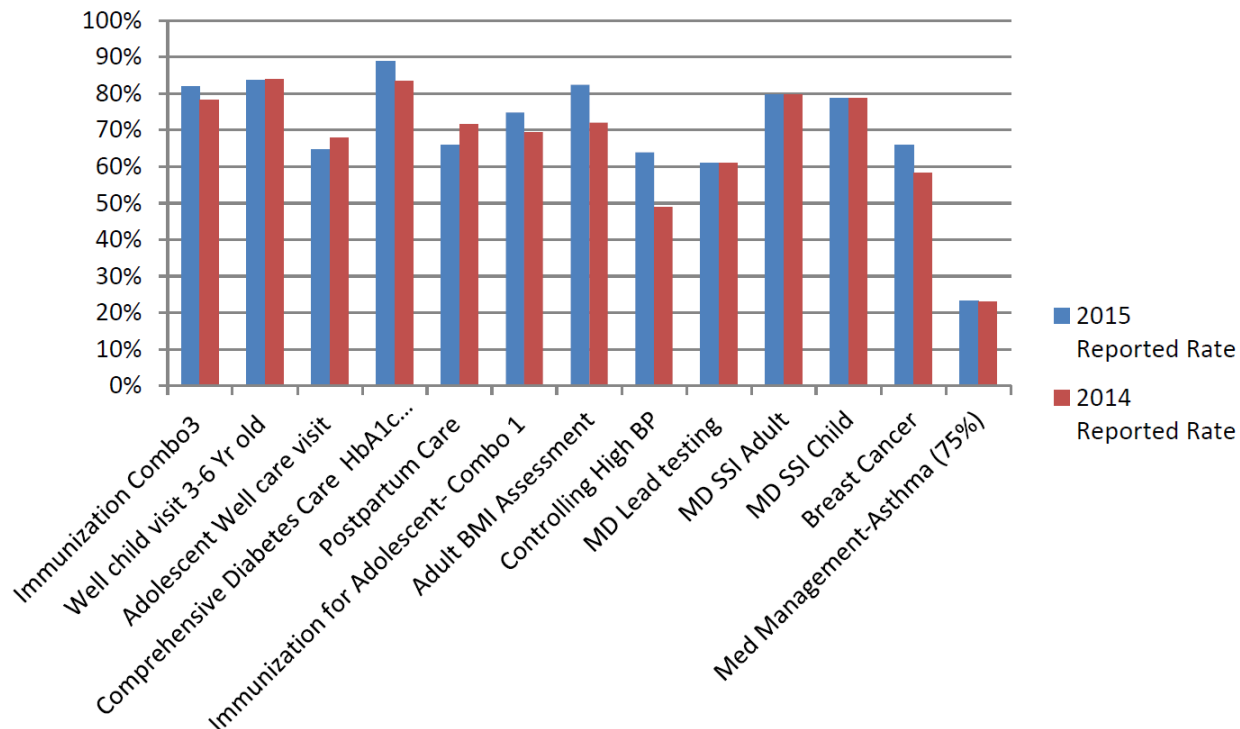
Based on complaints, appeals and the results of the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, the graph below shows how members scored six composite measures. (Share Decision Making was not trended in 2014.)



CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.



## HEDIS Measures



### Continued activities

As a health plan, Amerigroup will continue activities to sustain improvement in quality. We will also develop and implement activities to achieve improvement in areas where our scores did not improve year over year.

### We want to hear from you

Your feedback is crucial to helping us achieve our quality goals and improving the services we provide for you and the care our members receive. Please contact your local Provider Relations representative or call Provider Services at 1-800-454-3730 to share your ideas on how we can improve.

### Patient360 – access Amerigroup member records in just a few clicks

We've added a new feature to our provider self-service website that lets you quickly and easily retrieve records about our Amerigroup members. The dashboard gives you a robust picture of a patient's health and treatment history and will help you facilitate care coordination.

### What is Patient360?

Patient360 is a read-only dashboard available through our secure provider self-service website at [providers.amerigroup.com/MD](http://providers.amerigroup.com/MD) and gives you instant access to detailed information about your Amerigroup members.

By clicking on each tab in the dashboard, you can drill down to specific items in a patient's medical record:

- Demographic information – member eligibility, other health insurance, assigned PCP and assigned case managers
- Care summaries – emergency department visit history, lab results, immunization history, and due or overdue preventive care screenings
- Claims details – status, assigned diagnoses and services rendered
- Authorization details – status, assigned diagnoses and assigned services
- Pharmacy information – prescription history, prescriber, pharmacy and quantity
- Care management-related activities – assessment, care plans and care goals

### **Additional benefits**

Patient360 is a multifaceted perspective on member utilization and pharmacy patterns. With this level of detail at your fingertips, you'll avoid duplicating services, identify care gaps and trends, and coordinate care more effectively. In addition, accessing this data electronically will reduce the number of communications needed between PCPs and case managers, as well as significantly increase patient confidentiality.

Please note the care gaps identified in Patient360 may differ from your specific state requirements. Check with your local Provider Relations representative if you have questions.

To access Patient360

1. Go to [providers.amerigroup.com/MD](http://providers.amerigroup.com/MD) and complete log in.
2. Select **Members** from the left navigation.
3. Select **Patient360**.
4. Enter a specific Amerigroup member's information.

### **OrthoNet communications**

You may receive a communication from OrthoNet regarding a CPT/HCPCS service that has been approved or denied. Below is an explanation of the communication types you will see:

- Notification only – Per Amerigroup guidelines, your request is a notification only. No further action is required.
- No pre-certification – Per Amerigroup guidelines, your request does not require precertification. No further action is required.
- Pre-certification required– Per Amerigroup guidelines, your request requires precertification by Amerigroup and has been forwarded to the Utilization Management department for review. You will receive a separate notification of decision from Amerigroup on this service.
- Site of service – Per Amerigroup guidelines, your request requires a site of service review by Amerigroup and has been forwarded to the Utilization Management department for review. You will receive a separate notification of decision from Amerigroup on the site of service.
- Out of scope – Per Amerigroup guidelines, your request requires medical necessity review by Amerigroup and has been forwarded to the Utilization Management department for review. You will receive a separate notification of decision from Amerigroup on this service.



### Send claims medical attachments through Availity

Amerigroup partners with Availity to offer providers the ability to check patients' eligibility and claims status, as well as submit claims and access multiple payer information with a single, secure Availity Web Portal login.

The Medical Attachments feature is now available to providers. You can now use your billing National Provider Identifier (NPI) number to register and submit attachments, with or without a claim, through the Availity Web Portal. This service enables you to submit attachments (e.g., medical records, itemized bills, etc.) prior to claims submissions, with claims submission or as requested by Amerigroup.

To access this new feature, primary access administrators (PAAs) should register today by logging in at [availity.com](http://availity.com). Click on the Amerigroup Medical Attachments Registration link under your PAA dashboard, and assign access to appropriate office staff.

As an Amerigroup provider, you can also now send up to 10 unsolicited attachments through the web portal. You may submit up to 10 attachments for each claim, with a maximum file size of 10MB per attachment. This service includes attachments for secondary claims, and for attachments that are not related to a claim at all. Availity rejects any individual files larger than 10MB and requests that you split larger files into smaller files. Files can be submitted as TIFFs (.tif), JPEGs (.jpg) and PDFs (.pdf). This new feature allows your team to submit supporting medical documentation for claims without prompting by Amerigroup.

Unsolicited attachments streamline the claims process and can improve your revenue cycle by capturing required documentation needed to adjudicate a claim up front. Plus, the web portal captures, transmits and retrieves your medical attachments, providing an electronic history that is easily accessible, now or in the future.

To access additional training on this new Availity feature:

1. Log in to the Availity Web Portal at [availity.com](http://availity.com).
2. Click the Web Portal Users Login link in the upper right corner.
3. On the Availity portal login page, enter your Availity user ID and password.
4. Click Log in.
5. At the top of any Availity portal page, click Help | Get Trained. (Make sure you do not have a pop-up blocker turned on or the next page may not open.)
6. In the new window a list of available topics will open. Locate and click Medical Attachments.
7. Under the Recordings section, click View Recording (next to Amerigroup Medical Attachments).

### Provider Self-Service tools make it easy to do business with our organization

The Provider Self-Service (PSS) web portal offers 24/7 access to update basic provider demographic information like practice address information, practice roster, or termination of a provider in the practice by simply attaching supporting documentation.

Other available tools on the secure PSS site include, but are not limited to:

- Access to PCP member panels
- Patient 360 tool to quickly retrieve detailed records about your patients
- Member eligibility and benefits
- The ability to submit and check status of:
  - Authorizations
  - Claims

You must be a registered user to access the secure PSS tool at [providers.amerigroup.com](http://providers.amerigroup.com) with your Availity username and password. If you do not have a login, go to [www.availity.com](http://www.availity.com), select the *Register Now* option and follow the Availity registration process instructions. Once you have your Availity username and password and have logged in, you may take an online tutorial under *Provider Education* to guide you through the process to make provider updates.

If you experience any difficulty, contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730, from 8 a.m. to 5 p.m., Monday through Friday for assistance.