

# **Amerigroup Community Care Managed Long-term Services and Supports**

# Introductions



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Ancillary and Long-term Services  
and Supports (LTSS) contracting

# LTSS provider training topics

- Options counseling
- Continuity of care
- Credentialing process
- Service authorizations
- Claims processes
- *Coordination of Benefits (COB)*
- Cost share/patient payment liability (PPL)
- Cultural competency
- Critical incident
- Fraud, waste and abuse
- Community resources



# Options counseling

- **Medicaid managed care plan members** who are being assessed for Managed Long-term Services and Supports (MLTSS) eligibility receive options counseling through an assessment process conducted by their managed care organization (MCO) and approved through the Office of Community Choice Options (OCCO).
- **Nursing facility residents** who are not enrolled in a managed care plan receive options counseling from OCCO directly. OCCO works directly with the NJ FamilyCare Enrollment unit, which inputs the resident's MCO selection into the system.



# Options counseling (cont.)

## Options counseling includes:

- Dialogue using the *NJ Choice Assessment* and interim plan of care tools to ascertain the person's level of independence and need for LTSS
- Discussion of the person's Medicaid service options (MLTSS or the Program of All-inclusive Care for the Elderly)
- Information on how to select an NJ FamilyCare MCO if MLTSS is chosen



# Continuity of care

Amerigroup adheres to Department of Human Services (DHS) guidelines on continuity of care as outlined below:

- When people enroll with Amerigroup, any LTSS they had been receiving will be authorized with their current providers on a continuity basis.
- With their Amerigroup team, MLTSS members develop a plan of care that focuses on their medical, behavioral and functional needs; continuity services continue until this plan of care is in place.
- MLTSS members retain all Medicaid appeal rights. Services will not be reduced, modified or terminated in the absence of a new/up-to-date assessment of needs that would support any service reduction, modification or termination.

# Credentialing process



- An application may be requested on the Amerigroup provider website, <https://providers.amerigroup.com/NJ>. Select **Begin Application Process**.
- Send completed applications to:  
Credentialing Department  
Amerigroup Community Care  
101 Wood Ave. S.  
Iselin, NJ 08830
- Applications will be reviewed within 60 to 90 days.

# Credentialing process (cont.)



- To inquire about the status of an application, email [nj1credentialing@amerigroup.com](mailto:nj1credentialing@amerigroup.com).
- Recredentialing occurs every three years or sooner if required by law.
- Submit any changes in licensure, demographics or participation status to Amerigroup immediately.



# Credentialing process (cont.)

Standard credentialing requirements include the following components:

- Updated CAQH (within the year)
- *Disclosure of Ownership*
- Americans with Disabilities Act
- Aged, Blind, Disabled Program
- Current malpractice insurance



# Credentialing process (cont.)

- Personal care assistants (PCAs) and Home Health agency providers must be accredited by the Joint Commission on the Accreditation of Healthcare Organizations or the Community Health Accreditation Program.
- Home health aides must be certified, and their certified home health aide (CHHA) number must appear on claim forms.
- For more information, reference the credentialing section of your provider manual.



# Authorizations



## Authorization reminders:

- Be sure to check the member's eligibility before each service.
- Verify the authorization end date for each service and request an extension if necessary.
- All waiver services for MLTSS members require authorization through the member's plan of care.

# Authorizations (cont.)

Precertification requests for:		Fax number:
PCA	• All Medicaid members	1-888-240-4716
Medical day care	• All Medicaid members	1-888-240-4717
Hospice	• MLTSS members only	1-844-211-7134
	• Medicare members only	1-866-959-1537
	• All Medicaid members	1-877-244-1720
Other MLTSS services		1-888-826-9762

# Claims

## Electronic claims submission:

- Claims must be submitted within 180 calendar days of the date of discharge for inpatient services or from the date of service for outpatient services.
- Amerigroup offers two secure website options for claims processing:
  - Availity Web Portal (<https://www.availity.com>) — claim submission, claim status and eligibility
  - Provider website (<https://providers.amerigroup.com/NJ>) — claims appeal, utilization management, pharmacy authorizations, panel listings, reports, documents and forms

# Claims (cont.)

Clearinghouse:	Payer ID:	For more information, call:
Emdeon	27514	1-866-858-8938
Capario	28804	1-800-586-6938
Availity	26375	1-800-282-4548
Smart Data Solutions	81237	1-855-650-6590

# Claims (cont.)

## Paper claims submissions:

- Use original, red *CMS-1450* or *CMS-1500* forms (not copies). Use a laser printer or type in a large, dark font.

- Submit paper claims within 180 days of treatment to:

Claims — New Jersey

Amerigroup Community Care

P.O. Box 61010

Virginia Beach, VA 23466-1010



# Claims — disputes

- Claim payment disputes must be filed within 90 days of the adjudication date on your *Explanation of Payment (EOP)*.
- Provider appeal forms are available on Availity.
- For questions on claims submissions, contact Provider Services at 1-800-454-3730.
- Submit payment disputes with a copy of the *EOP*, supporting documentation and a letter of explanation to:

Payment Dispute Unit  
Amerigroup Community Care  
P.O. Box 61599  
Virginia Beach, VA 23466-1599

**Reminder:** Home health aides must be certified, and their CHHA number must appear on claim forms.



# Coordination of benefits

- Federal law requires that Medicaid be the payer of last resort.
- If the service is not listed on the *EOP* bypass list, you must bill the member's primary insurance first and provide the *EOP* from the primary carrier with each claim submission to Amerigroup.
- If the member's primary insurance benefit has been exhausted for a service or the service is determined to be a noncovered benefit by the primary insurer, Amerigroup does not require subsequent *EOPs* from the other payer for the rest of the calendar year.

# Coordination of benefits (cont.)

**For the following services, an *EOP* is not required if Medicare is the primary insurance carrier:**

- Adult family care
- Assisted living services
- Caregiver/participant training
- Chore service
- Cognitive therapy
- Community residential and transition services
- Home-based supportive care
- Home-delivered meals
- Medication dispensing device

- PCA
- Nonmedical transportation
- Nursing facility services (custodial) and special care nursing facility
- Personal emergency response system
- Private duty nursing
- Residential modifications

- Respite
- Self-directed PCA service
- Social adult day care
- Medical day services adult/pediatric
- Structured day program
- Supported day services
- Vehicle modifications

# Coordination of benefits (cont.)

**For the following services, an *EOP* is not required if the primary insurance carrier is not Medicare:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Adult family care</li><li>• Assisted living services</li><li>• Caregiver/participant training</li><li>• Chore service</li><li>• Community transition services</li><li>• Home-delivered meals</li><li>• Medication dispensing device</li></ul> | <ul style="list-style-type: none"><li>• Nonmedical transportation</li><li>• Residential modifications</li><li>• Respite</li><li>• Self-directed PCA service</li><li>• Social adult day care</li><li>• Supported day services</li><li>• Vehicle modifications</li></ul> |
|---|--|

# MLTSS resources

[www.state.nj.us/humanservices/dmahs/home/mltss.html](http://www.state.nj.us/humanservices/dmahs/home/mltss.html)

The screenshot shows the website for the State of New Jersey, Department of Human Services, Division of Medical Assistance & Health Services. The page title is "Medicaid Managed Long Term Services and Supports (MLTSS)". A navigation menu on the left includes links for "DHS Home", "Division of Medical Assistance and Health Services Home", "About DMAHS", "Consumers & Clients - Individuals & Families", "Information for Providers & Stakeholders: Contracts, Legal Notices", "News, Publications, Reports & Resources", "Division Staff & Contact Information", and "Public Advisory Boards, Commissions & Councils". The main content area features a "What is MLTSS?" section with a paragraph explaining that MLTSS refers to the delivery of long-term services and supports through New Jersey Medicaid's NJ FamilyCare managed care program. Below this is a "More Information" box containing several links: "Choosing a Health Plan", "Need Help Enrolling?", "MLTSS Resources for Consumers & Providers" (highlighted with a yellow circle), "NJ Balancing Incentive Program", and "MLTSS Steering Committee & Other Public Advisory". At the bottom left of the page are logos for "NJHelps.org" and "Need help?".

Resources for consumers and providers including eligibility process guidance

# Cost share/PPL



- Cost share/PPL is deducted from nursing facility/assisted-living provider payments. This is outlined in the contracts of participating providers.
- Providers should collect cost share/PPL amounts and apply them to the cost of the member's care where applicable.
- DHS identifies PPL and sends it regularly to Amerigroup; therefore, it may change retroactively.

# Cultural competency

Cultural competency is a set of behaviors, attitudes and policies that come together in a system or agency or among professionals and that enable that system or agency or those professionals to work effectively in cross-cultural situations.



# Cultural competency (cont.)



## Ways to overcome cultural barriers:

- **Be culturally aware:** Recognize cultural factors and modify your behavior to respond to others.
- **Become knowledgeable:** Learn how culture influences the formation of health and wellness beliefs.
- **Develop skills:** Recognize, accept and respond to the basic similarities and differences among the cultures of the people you serve.

# Critical incident reporting

## **You must report critical incidents to Amerigroup:**

- The maximum time frame for reporting an incident is one business day.
- The initial report may be submitted verbally within one business day accompanied by a follow-up written report within two business days.
- Suspected abuse, neglect and exploitation should be reported immediately.
- Response to any member emergency or future harm should occur immediately but not longer than one business day.
- Internal critical incident investigations shall be submitted no more than 14 calendar days after the date of the incident.



# Critical incident reporting (cont.)



Report critical incidents to our clinical managers at 1-855-661-1996 or email [CIMLTSS@anthem.com](mailto:CIMLTSS@anthem.com).

# Critical incident examples

## Critical incidents include:

- Unexpected death of a member
- Media involvement or the potential for media involvement
- Physical abuse (including seclusion and restraints — both physical and chemical)
- Psychological/verbal abuse
- Fall\*
- Medical emergency\*
- Medication error with serious consequences
- Psychiatric emergency\*
- Severe injury\*
- Suicide attempt\*
- Neglect/mistreatment: caregiver (paid or unpaid), self or other

\*Which results in the need for medical treatment

# Critical incident examples (cont.)

- Failure of backup plan: failure to have a backup plan, elopement/wandering from home or facility, inaccessibility for initial/onsite meeting, inability to contact, inappropriate or unprofessional conduct by a provider involving member, cancellation of utilities, eviction/loss of home, etc.
- Exploitation: financial, theft, destruction of property or theft with law enforcement involvement
- Other: facility closure, natural disaster, operational breakdown or other situation/event that harms member

# Fraud, waste and abuse prevention

## Reminders:

- Develop a robust compliance plan and ensure oversight.
- Conduct self audits on timesheets, signatures and medical records.
- Verify your patient's identity, ensure services are medically necessary and document medical records completely.

## Resource:

- CMS Toolkit on fraud, waste and abuse:  
<https://www.CMS.gov> > Outreach & Education > Partner Resources > Fraud Prevention Toolkit



# Community resources



## **Non-Medicaid waiver programs:**

- Jersey Assistance for Community Caregiving
- Statewide Respite Care Program
- Alzheimer's Adult Day Services Program
- Congregate Housing Services Program
- Older American Act funded programs

# Community resources (cont.)

## **Prescription programs:**

- Pharmaceutical Assistance to the Aged and Disabled
- Senior Gold Prescription Discount

## **Medicare, utility and hearing aid assistance programs:**

- Specified Low-income Medicare Beneficiary
- Lifeline Utility Assistance/Tenants Lifeline Assistance
- Hearing Aid Assistance to the Aged and Disabled
- Universal Service Fund/Low-income Home Energy Assistance

# We are here for you

- **Provider Services:** 1-800-454-3730
- **LTSS authorization:** Keisha Woodson, manager  
(keisha.woodson@amerigroup.com)
- **MLTSS claims/escalated reimbursement issues:** Tonya Sherrill  
(nj1mltssprovhelp@amerigroup.com)

Network relations consultants:	Coverage area:
Carol DiPrisco carol.diprisco@amerigroup.com	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Monmouth, Ocean and Salem
Alex Valentin alejandro.valentin@amerigroup.com	Essex, Hudson, Mercer, Middlesex, Somerset and Union
Sasha Pilgrim sasha.pilgrim@anthem.com	Sussex, Hunterdon, Warren, Bergen, Morris and Passaic

Thank you!