

# Provider Newsblast

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



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## Tennessee Health Link

Effective December 1, 2016, Amerigroup Community Care will introduce a new program called Tennessee Health Link.



Tennessee Health Link is a team of professionals associated with a mental health clinic or other behavioral health provider who provides whole person, patient centered coordination of care for an assigned panel of members with behavioral health conditions. Members who could benefit from Tennessee Health Link will be identified based on diagnosis, health care utilization patterns or functional need.

Health Link professionals will use various care coordination and patient engagement techniques to help members manage their health care across the domains of behavioral and physical health, which includes:

- Comprehensive care management
- Care coordination
- Transitional care
- Patient and family support
- Referral to social supports

The Tennessee Health Link program will enhance patient outcomes, increase provider accountability and allow flexibility in delivering appropriate care. For additional information on the Tennessee Health Link program, contact your local Provider Relations representative, call Provider Services at 1-800-454-3730 or visit [tn.gov/hcfa/article/tennessee-health-link](http://tn.gov/hcfa/article/tennessee-health-link).

## Mandatory False Claims Act and Whistleblower education compliance reminder

As a contracted managed care organization, Amerigroup Community Care receives and/or makes annual payments of at least \$5 million under the TennCare program. Therefore, we have a legal duty to provide education to our employees and contractors on the provisions of the False Claims Act and Whistleblower Protections in accordance with Section 6032 of the Deficit Reduction Act of 2005 (DRA).

As one of our contracted providers, you are also required to provide education to your employees and contractors on the provisions of the False Claims Act and Whistleblower Protections in accordance with the DRA. Your organization's employee education materials must include detailed summaries of the following:

- Federal False Claims Act
- Tennessee Medicaid False Claims Act
- Whistleblower Protections under Tennessee state and federal laws

Amerigroup will conduct annual provider audits to ensure compliance with these education requirements. For purposes of this audit, we will need to see 1) evidence of the information that was disseminated to staff and 2) proof that staff receives training on both the federal and state acts and Whistleblower Protections. You will be notified if your office is selected for review.



If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services toll free at 1-800-454-3730.

## Physicians: December 31, 2016, enrollment deadline for PIPP

### Physicians, Nurse Midwives, Nurse Practitioners, Physician Assistants

Have you been meaning to enroll in the TennCare Medicaid EHR Provider Incentive Payment Program (PIPP) and just haven't gotten around to doing so? Did you know you were passing up \$63,750 as an eligible professional when not participating in PIPP? Have you heard it's easier than prior years to attest to Meaningful Use (MU)? Did you know that December 31, 2016 is the last day you can enroll to participate in PIPP?

If your answers are "Yes; No; No; & No" then you need to go to our EHR Incentive web site to learn more: <http://www.tn.gov/tenncare/section/electronic-health-record>. Or email TennCare. EHRIncentive@tn.gov for assistance.

Note: Physician Assistants: In order to participate, you must be working in a PA-led FQHC or an RHC so led by a PA to receive the EHR Provider Incentive Payment. See our web site for more information.



## Physicians: Update to MU requirements for PIPP

### Physicians, Nurse Midwives, Nurse Practitioners, Physician Assistants

The records of the TennCare Medicaid EHR Provider Incentive Payment Program (PIPP) indicate that a number of providers have begun the attestation process, but have not gone beyond one or two EHR incentive payments.



Does that describe you? We know some providers may have stopped attesting because they did not meet the 30% patient volume (PV) requirement. Have you checked your mix of patients lately? You may not realize that your patient load has changed and you again meet the PV requirement.

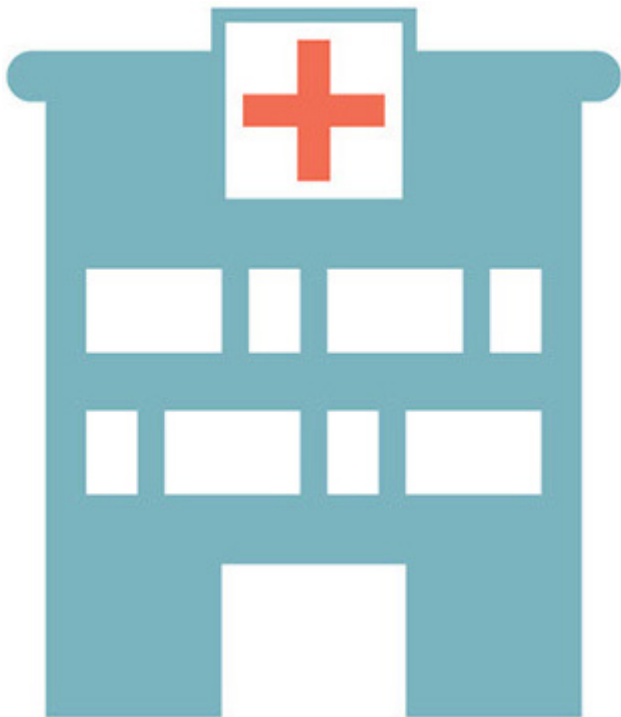
Some providers stopped attesting because they felt meeting Meaningful Use (MU) was too complex or difficult. Did you know CMS heard you? MU requirements have changed – some have been eliminated; the targets for some measures have been lowered or otherwise changed. Whatever the reason which caused you to stop attesting, we would like to hear from and try to help you get back on track. Send an email to TennCare. EHRIncentive@tn.gov, let us know what's going on and we'll do our best to help you complete the EHR Incentive Program.

## Hospitals: December 31, 2016, enrollment deadline for PIPP

### Acute Care Hospitals, Critical Access Hospitals, & Children's Hospitals

Have you been meaning to enroll in the TennCare Medicaid EHR Provider Incentive Payment Program (PIPP) and just haven't gotten around to doing so? Did you know you were passing up on an EHR Incentive Payment which begins with a \$2 Million base, and goes up or down from there? Have you heard it's easier than prior years to attest to Meaningful Use (MU)? Did you know that December 31, 2016 is the last day you can enroll to participate in PIPP?

If your answers are "Yes; No; No; & No" then you need to go to our EHR Incentive web site to learn more: <http://www.tn.gov/tenncare/section/electronic-health-record>. Or email TennCare. EHRIncentive@tn.gov for assistance.



## Hospitals: Update to MU requirements for PIPP

### Acute Care Hospitals, Critical Access Hospitals, & Children's Hospitals

The records of the TennCare Medicaid EHR Provider Incentive Payment Program (PIPP) indicate that a number of providers have begun the attestation process, but have not gone beyond one or two EHR incentive payments. Does that describe you? We know some providers may have stopped attesting because they did not meet the 10% patient volume (PV) requirement (Children's hospital do not have a minimum patient volume requirement). Have you checked your mix of patients lately? You may not realize that your patient load has changed and you again meet the PV requirement.

Some providers stopped attesting because they felt meeting Meaningful Use (MU) was too complex or difficult. Did you know CMS heard you? MU requirements have changed – some have been eliminated; the targets for some measures have been lowered or otherwise changed. Whatever the reason which caused you to stop attesting, we would like to hear from and try to help you get back on track. Send an email to TennCare. EHRIncentive@tn.gov, let us know what's going on and we'll do our best to help you complete the EHR Incentive Program



## Effective August 1, 2016, flu vaccine advance notification requirement (CPT code 90674 — Flucelvax)

With the flu season approaching, the American Medical Association (AMA) CPT editorial panel released the new influenza virus vaccine with CPT code 90674. CPT defines code 90674 as “influenza virus vaccine, quadrivalent (ccIIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use.” This vaccine received Food and Drug Administration approval on May 23, 2016.

Amerigroup Community Care is implementing the new Flucelvax CPT code (90674) and will process claims submitted for CPT code 90674 starting with date of service August 1, 2016. Billing this code on a claim prior to August 1, 2016, will result in a rejection of your claim.

### Vaccine for Children program reminder

If you are a Vaccine for Children (VFC) provider, your billing for Flucelvax should include the vaccine administration CPT code as well as CPT code 90674. Note, the reimbursement will only be made on the administration code.

If you have any questions regarding the Flucelvax reimbursement policy, please contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

