Provider NewsBlast

Amerigroup
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Amerigroup Community Care complies with all applicable federal and state civil rights laws, rules and regulations and does not discriminate against members/participants in the provision of services on the basis of race, color, national origin, religion, sex, age or disability. To report a discrimination complaint or to request language, communication or disability assistance for a member/participant, call 1-800-600-4441. Information about civil rights laws can be found on our website and is available from the U.S. Department of Health and Human Services.

Medicaid:

Vaccines for pregnant members

Amerigroup Community Care wants to ensure our members have healthy pregnancies by covering vaccine services. Effective September 1, 2019, Amerigroup will reimburse participating OB/GYNs in our network for administering the tetanus, diphtheria and pertussis (Tdap), and flu vaccines in their office to pregnant members under the age of 19. The cost of the vaccines and administration are reimbursed even if the OB/GYN does not participate in the Vaccines for Children (VFC) program. In addition to proper coding for the Tdap and flu vaccines, the claim must include a diagnosis code to indicate pregnancy.

Immunization health benefits

There are many health benefits to providing these immunizations to pregnant members:

- The Tdap vaccine protects pregnant women against tetanus (lockjaw), diphtheria and pertussis (whooping cough).
- Immunizing expectant mothers against pertussis can help increase the fetus's immune system.
- Because of the changes in a woman's heart, lungs and immune system during pregnancy, getting these vaccines can help prevent serious illnesses and developmental issues for the fetus.
- Flu vaccines for the mother protect the infant from influenza after birth. Both immunizations show a long history of safety and value.

Tdap recommendations from industry leaders

The American College of Obstetricians and Gynecologists (ACOG) and the Centers for Disease Control and Prevention (CDC) both recommend the Tdap vaccine be administered to all pregnant women in the third trimester (27-36 weeks). They also recommend that all pregnant women receive the inactivated flu vaccine, which may be given at the same time as the Tdap.

TNPEC-2889-19

A message from Division of TennCare:

New credentialing and recredentialing documentation process for TennCare CHOICES and Employment and Community First CHOICES concerning Home- and Community-Based Service (HCBS) providers

Effective January 1, 2020

Amerigroup Community Care, BlueCare Tennessee and UnitedHealthcare Community Plan have worked closely with the Division of TennCare to significantly streamline our credentialing and recredentialing processes.

To support this, TennCare has enhanced their Provider Data Management System (PDMS) to provide a single source for providers to load documents and for MCOs to retrieve documents prior to an on-site visit. For those of you who are familiar, this process is similar to the CAQH process for practitioners.

Please note the MCOs must still complete an on-site visit in order to credential and/or recredential each of their contracted providers. However, this enhancement will shorten the time spent on site.

As mentioned above, this change goes into effect January 1, 2020. All HCBS providers are required to load their LTSS policies and procedures, as well as ensure that updated licenses and certificates of insurance are in the PDMS system, by that time.

The MCOs worked with pilot provider in each region in 2018 to ensure that these efforts would be successful. This also gave us the opportunity to remedy any potential challenges prior to rolling this effort out to the entire HCBS network.

Both the Division of TennCare and the MCOs are extremely excited about this initiative.

If you have any questions or concerns, please feel free to contact your provider relations representative or provider network manager at any of the MCOs.

As a reminder, the Division of TennCare uses web-based technology to simplify and improve the provider registration/revalidation process. Individual providers need to register to be added to the Council for Affordable Quality Healthcare (CAQH) roster for providers. Once registered, all updates should be maintained by CAQH. Other provider entities (including single and multispecialty groups) should register and update their data and members via the TennCare website. Individuals should also register for CAQH Proview.

A valid TennCare ID number is required for participation in TennCare, Tennessee's Medicaid program. A valid TennCare ID number is required to:

- Get prescriptions covered by the TennCare pharmacy benefit for TennCare members.
- Submit Medicare/Medicaid crossover claims to the Division of TennCare for consideration of Medicare copays and deductibles for members with Medicare as a primary carrier.
- Contract with any TennCare MCO in order to provide medically necessary services to
- TennCare members.
- Receive payments from TennCare's Electronic Health Record Incentive Program.

To view up–to-date policies regarding provider registration, please visit the TennCare Policy and Guidelines section of the portal. For information on registration and/or revalidation, please see the step by step guide.

For further assistance, contact us at 1-800-852-2683, option 5 or Provider.Registeration@tn.gov.

TNPEC-2862-19

HEDIS educational materials

New HEDIS® educational materials are now available on the Amerigroup Community Care provider website.

Amerigroup is accredited by the NCQA, which collects performance results on HEDIS measures directly from health plans. This HEDIS data is used to help calculate national performance statistical benchmarks and sets the standards for measures in NCQA accreditations. It is the responsibility of all contracted Amerigroup providers to be educated on HEDIS documentation standards, requirements and appropriate administrative coding.

How can I make sure my office is compliant?
You and your office staff can help facilitate HEDIS process improvement by:

- Providing appropriate care within designated time frames.
- Documenting all care in the patient's medical record.
- Accurately coding all claims.
- Responding to our requests for medical records within 5-7 business days.

It is critical you review the following educational materials located on the provider website under *Behavioral Health* and *Quality Management*:

- *Behavioral Health HEDIS Brochure*
- *HEDIS Coding Booklet*
- *2019 HEDIS 101 for Providers*
- *TN HEDIS 101 for Providers – Guideline Update*

Are there any exclusions?
No, all managed care companies that are NCQA-accredited perform HEDIS reviews the same time each year.

TN-NB-0232-19

Breast cancer screening

Breast cancer is estimated to affect approximately one in every eight women in the United States in their lifetime.[1] In 2019, it is estimated there will be 268,600 new cases of breast cancer in the United States, with Tennessee estimated to have approximately 5,580 new cases, making it the 17th highest in the nation.[2]

The United States Preventive Services Task Force recommends women between the ages of 50-74 have a mammogram every two years.[3] Women who are younger than 50 may need a mammogram sooner, depending upon their risk factors. Some risk factors may include but are not limited to ethnicity, family history, genetic mutation, medical history and activity level.

While deaths from breast cancer have declined overall, it still remains the second leading cause of cancer-related death in women and is the leading cause of cancer-related death among Hispanic women. In addition, the rate of
cancer-related deaths is on the rise for African American, Asian and Pacific Islander women.[4]

Covered benefit
Breast cancer screening is a covered benefit for Amerigroup Community Care members. The covered benefit includes the following:

- A mammogram screening for members 35-40 years old at a minimum of one time
- A mammogram screening for members 40-50 years old every two years or more often if you, as their provider, feel it is clinically needed
- An annual mammogram for members 50 years and older

Amerigroup also provides a $25 annual incentive to members for completing their mammogram. Members can receive this incentive by enrolling in the Healthy Rewards program online or by calling the Healthy Rewards Call Center at 1-877-868-2004. Additional member incentives are available; see your Provider Relations representative for a complete listing.

HEDIS quality metrics review
Breast cancer screening is monitored nationally as part of the HEDIS® quality metrics review. This quality metric review is governed and managed by NCQA. Amerigroup produces an annual HEDIS report, which is provided both to NCQA and the Division of TennCare as part of our contractual requirement.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Below are the trends in Breast Cancer Screening rates for eligible Amerigroup members for the past three measurement years (MYs).

Breast Cancer Screening	TN region	MY2016	MY2017	MY2018	YOY% increase/ decrease	NCQA percentile achieved
	East	34.89	41.19	41.11	0.08∨	< 25th
	Middle	48.58	49.41	51.04	1.63∧	< 25th
	West	43.68	47.35	47.84	0.49∧	< 25th

How can you, as a network provider, partner with Amerigroup to work together to improve breast cancer screening in Tennessee?

- Ensure all claims for services are submitted to Amerigroup, even if Amerigroup is a secondary payer.
- Encourage your patients to enroll in the Healthy Rewards program to receive their incentives for wellness care, medication adherence and chronic condition management.
- Educate patients on the importance of diagnostic screening and monthly self-breast examinations, encourage or assist them to make their annual breast cancer screening appointment, and conduct outreach reminders until you verify the screening has been conducted and the results are in your medical record.

- Host a mobile mammography screening event at your facility. Partner with a local breast cancer screening facility to host a mammogram screening event for your patients
- Reach out to your Provider Solutions representative at 1-877-411-0929 if you or your staff have questions about the information in this article or are interested in hosting a mammogram screening event.

1 United States Breast Cancer Statistics
2 American Cancer Society
3 Centers for Disease Control and Prevention
4 Centers for Disease Control and Prevention

TN-NB-0225-19

Electronic submission is preferred method for requesting pharmacy prior authorization

Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. The online process is faster and easier to complete, and the response is automatic, which helps patients get their medications sooner. You can complete this process through your current electronic health record/electronic medical record (EHR/EMR) system or via the following ePA sites:

- Surescripts®
- CoverMyMeds®

Creating an account is free and takes just a few minutes. If you are experiencing any issues or have a question about how the systems operate:

- For questions or issues with accessing the Surescripts portal, call 1-866-797-3239.
- For questions or issues with accessing the CoverMyMeds portal, call 1-866-452-5017.

For questions regarding pharmacy benefits, please contact your IngenioRx call center at 1-800-454-3730.

TN-NB-0222-19

Providers CARE Survey

Good health outcomes start in the communities where your patients live. Starting September 20, 2019, we invite you to connect with us by taking the *Providers CARE Survey*.

By taking the survey, you'll provide information about the challenges your patients are facing in their communities. Our goal is to help you improve your patients' health by:

C = Connecting them with community resources (like food pantries and housing help).
A = Acting for better health by teaching them about their care needs.
R = Reducing stigma by showing compassion to others and taking time to think about your actions and thoughts about yourself and others.
E = Empowering yourself and others. Take the time to listen to your patients. Treating them with kindness and support can help them take the steps they need for better health.

We are here to help you connect your patients to CARE. The CARE survey will ask you about the needs of your patients and the learning opportunities that can assist your practice team.

Fill out the survey online.

Your answers will not have your name on them and will be combined with information from other providers.

Thank you for caring about the health of your community.

TN-NB-0216-19

Sterilization Consent Form instructions update

The Division of TennCare is in the process of updating the *Sterilization Consent Form* instructions in the Miscellaneous Provider Forms section of their website.

What is the impact of this change?
The current instructions state, "Make sure that the form you are using is the current version by checking for the expiration date which is located in the top right hand corner."

CMS has informed the Division of TennCare of the following: "The sterilization consent form is codified in regulation at *42 CFR §441.258* and *§441.259*. The form required by regulation must be used regardless of whether there is a current OMB date. Because the form is codified in regulation it never expires. The expiration date now on the sterilization form will continue to be renewed with new dates but for Medicaid purposes the form does not require an expiration date to be valid. This is the only form that can be used and it may not be altered in any way. The lack of a current form is not a valid reason to deny a claim providing the form has not been altered and is compliant with regulations."

What does this mean to you?
Amerigroup Community Care will only deny a claim if the consent form is not properly completed and signed. If the form is altered, it becomes invalid.

TN-NB-0212-19

Long-term services and supports EVV reminders

Amerigroup Community Care requires contracted providers to use the electronic visit verification (EVV) system for applicable services. It is imperative providers comply with these standards to ensure individuals are receiving services in a timely manner. To maintain acceptable compliance scores, it is required for 90 percent (or more) of scheduled services submitted for payment to have GPS coordinates attached. Provider compliance with appointment staffing will be monitored on an ongoing basis.

Providers are required to submit individual and specific late and missed information to the MCO for TennCare monthly reporting. Providers who have not met the minimum performance requirements are subject to a Corrective Action Plan (CAP), including moratoriums for new referrals and financial sanctions (liquidated damages). Continued noncompliance after the completion of a CAP may result in reinstatement of the CAP or additional action, up to and including termination.

Caregivers are the first line of sight into tablet issues. Please be sure to communicate any issues with the tablet and/or other methods of check in/out with the EVV team. Notify Amerigroup immediately via the Get Support function in the EVV system or by sending an email to the provider request mailbox at ltcprovreq@amerigroup.com when an individual has been identified as having no method to check in/out. This includes if the tablet is not available, the tablet is unable to be turned on, the tablet is not receiving a signal, the tablet is broken, the caregiver is unable to use the mobile application for check in/out or the individual receiving care does not have a phone the caregiver can use to check them in/out. Amerigroup will document the individual as having no eligible method to check in/out after validating that none of the methods are available. This status will not be permanent and will be revalidated on a monthly basis.

Continued submission of manual confirmations without an approved, documented reason will be subject to a CAP.

The Division of TennCare has updated the late/missed visits (LMV) monthly reporting requirements. LMV data for EVV services is sent to the Division of TennCare on a monthly basis. Amerigroup sends a report to each agency with a response due date. Providers are required to submit individual specific information regarding the LMV. The provider agency must populate the report with the requested information and must return the report to the MCO by the specified due date. Responses must be accurate information and provide specific details regarding the appointment. Generic answers for each member are not acceptable. Failure to provide a response will also be documented and provided to the Division of TennCare.

TN-NB-0233-19

Nursing facility Changes of Ownership reminders

Effective July 1, 2018, a new Change of Ownership (CHOW) process was implemented for nursing facility providers to make the CHOW process faster and easier. For further clarification related to contracting with MCOs, claim processing and additional credentialing requirements, please review the Division of TennCare's guidance for providers on CHOWs.

If you have any additional questions related to CHOWs, contact your local Provider Relations representative at 615-232-2160 or call Provider Services at 1-800-454-3730.

TN-NB-0234-19

Medicare Advantage:

Coverage provided by Amerigroup Inc.

Electronic submission is preferred method for requesting pharmacy prior authorization

View the full article in the Medicaid section.

TN-NB-0222-19

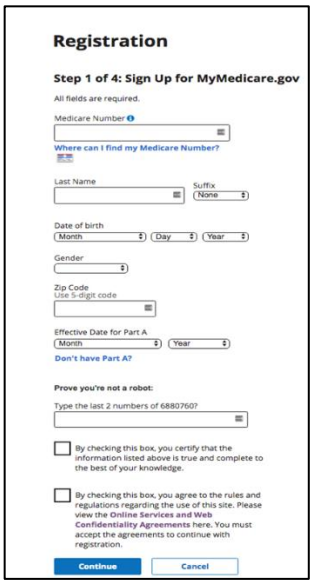
2019 Enhanced Personal Health Care Program releases myFHR

Amerigroup Community Care has released myFHR™, a new smartphone-based application that we believe will truly lead to improved care for your patients. CMS approved the inclusion of the Blue Button 2.0 standard within the myFHR application. Blue Button 2.0 is a CMS standard that enables Medicare members to download up to four year of their personal health data to the application of their choice. We are excited to offer our Medicare Advantage members this service.

There are multiple member advantages to the myFHR application:

- Provide our members with a consolidated view of their health history
- Empower members to access and control their own health data and use it to improve their health
- Enable members to get help managing and improving their health
- Allow members to easily share health information with doctors, caregivers or anyone they choose

Amerigroup believes that empowering consumers to improve their health by giving them easy access to their own private health information is the right thing to do. Additionally, there is value to all health care stakeholders in having a longitudinal view. Providers benefit by receiving actionable access to patient data, and the myFHR application will allow your patients to share their data in your electronic medical records system. We would encourage you to discuss this option with your patients.



To connect to their Medicare claims history (Blue Button 2.0), your patient will need to register for MyMedicare and connect myFHR to their Medicare account.

If you have questions or would like more information on the myFHR application, you can reach out to your Value-Based team.

AGPCRNL-0060-19

Medicare preferred continuous glucose monitors

On January 1, 2020, Amerigroup Community Care will implement a preferred edit on Medicare-eligible continuous glucose monitors (CGMs). Currently, there are two CGM systems covered by CMS under the Medicare Advantage Part D (MAPD) benefit; these are Dexcom and Freestyle Libre. The preferred CGM for Medicare Advantage Part D individual members covered by Amerigroup will be Freestyle Libre. This edit will only affect members who are newly receiving a CGM system. Members will need to obtain their CGM system from a retail or mail order pharmacy – not a durable medical equipment (DME) facility. For Dexcom coverage requests, call 1-833-293-0661.

AGPCRNL-0057-19