

Provider Newsblast



Amerigroup Community Care
providers.amerigroup.com/TN

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

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Univita is no longer a participating provider with Amerigroup

Effective July 29, 2015, Univita is **no longer** a participating durable medical equipment (DME) provider with Amerigroup in Tennessee.

We ask that you utilize our provider web portal to locate contracted DME providers and refer our members for DME services. To access our online provider finder, visit providers.amerigroup.com/TN and click on *Find A Doctor*. See the screen shot below for reference.

If you have questions or know a member who needs assistance during this transition, please call Provider Services at 1-800-454-3730 for Medicaid providers or the Dedicated Service Unit at 1-866-805-4589 for Medicare providers. A representative will be happy to assist you.

We thank you for the care you provide to our members, your patients!

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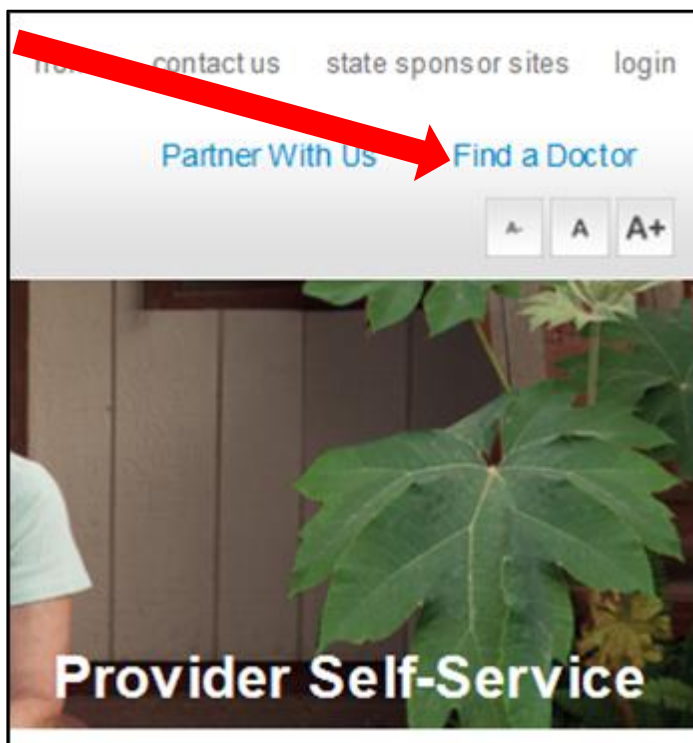
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Marshall and Wayne Medical Centers will no longer be in network

Summary of change: Effective September 1, 2015, Marshall Medical Center and Wayne Medical Center, both owned by Maury Health System, will no longer be participating providers in the Amerigroup provider network.

What this means to you: Amerigroup will continue to offer our members a full range of quality health care services at 44 hospitals and other health care providers in our middle Tennessee network. We are notifying our members of this development and assisting them with any transitions they might make.

What is the impact of this change? If you only have admitting privileges at these facilities, you may be required to obtain admitting privileges at one or more network hospitals. The following options are available:

- If you have admitting privileges to other network hospitals, please admit Amerigroup members to such network hospitals.
- If you do not have admitting privileges at other network hospitals, but have a covering physician who has privileges at other network hospitals and will admit members for you or has an arrangement with the covering hospitalist group at the other network hospitals, no action is required unless you are a surgeon or obstetrics and gynecology (OB-GYN) specialist. (Surgeons and OB-GYN specialists may not use a covering physician.)
- If you are a radiologist, dermatologist or other specialist who does not normally admit members, no action is required and you do not need admitting privileges.
- If you do not have admitting privileges at other network hospitals or a covering physician as described above and do not have immediate plans to obtain privileges at other network hospitals, you may terminate with Amerigroup in accordance to your agreement.

We will continue to work with both hospitals for our members who have special needs and/or who are preauthorized for care, as appropriate. We will continue medically necessary coverage services that are approved at these hospitals for up to 90 calendar days or through the current period of active treatment, whichever is less.

We are committed to offering our members the quality health care they deserve and to working with our partners at the Bureau of TennCare to operate as efficiently and effectively as possible.

Process change for logging caregiver visits

Summary: Effective October 1, 2015, caregivers must submit their arrival and departure times through HealthStar.

What this means to you: There is a new process for logging arrival and departure visits for caregivers. Effective October 1, 2015, caregivers will log and submit their visits to HealthStar using a Samsung tablet provided by Amerigroup. The tablet replaces the use of phones. Caregiver visits prior to October 1, 2015, should continue to use SANDATA.

What is the impact of this change? After October 1, 2015, caregivers will no longer use phones to log arrival and departure visits. Caregiver visits prior to October 1, 2015, should be resolved with SANDATA by January 1, 2016.

What if I need assistance? If you have questions about this communication or would like to receive in-office training, please contact your assigned local Provider Relations representative or call Provider Services toll free at 1-800-454-3730. Amerigroup will send follow-up notification of additional online trainings via WebEx. You can also call HealthStar Customer Service directly at 1-855-329-2116.

Nonphysician practitioner reimbursement update

Summary: Effective October 1, 2015, Amerigroup will closely align with the Centers for Medicare & Medicaid Services (CMS) claims-processing guidelines for claims received by nonphysician practitioners.

What this means to you: Clinical nurse specialists, nurse practitioners and physician assistants will be reimbursed at 85 percent of the physician's rate under the applicable fee schedule or contracted/negotiated rate.

Why is this change necessary? To simplify claim administration and reimbursement, Amerigroup will follow the CMS nonphysician practitioner claim reimbursement methodology.

What is the impact of this change? All claims received by nonphysician practitioners (i.e., clinical nurse specialists, nurse practitioners and physician assistants) with dates of service(s) of October 1, 2015, or after will be reimbursed at 85 percent of the physician's rate, in alignment with CMS guidelines.

Policy Update

You recently received information regarding a Reimbursement Policy Update for Allergy Treatment: Immunotherapy. The correct effective date for this update is **September 20, 2015**.

Allergy Treatment: Immunotherapy (Policy 06-110, effective 09/20/2015)

Reimbursement is allowed for allergy immunotherapy. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the injection, antigen dosage/preparation when meeting the below criteria.

The injection service component code and the antigen dosage/preparation component code (per dose) should be billed separately. Additionally:

- Claims submitted with a procedure code representing the complete service (collectively including the injection service, antigen dose and the antigen preparation) will be denied.
- If the antigen is prepared other than in the physician's office, the physician may bill only for the injection services.
- Physicians using treatment boards must bill with the component codes even though they prepare no vials.
- If multiple antigen doses are prepared in the same setting, either:
 - The injection service and the antigen dosage/preparation service indicating the number of dosages for the injection administered during the first visit must be billed
 - The injection service only for remaining injections administered during subsequent visits must be billed.

Note: Amerigroup allows reimbursement of up to 20 doses billed for preparation of single or multiple antigen doses for a 30-day period. **Claims billed for more than 60 doses during a 90-day period will be denied.**

Providers may not bill for Evaluation and Management (E&M) visits for established patients on the same day as allergy injection services unless the E&M visit represents a significant, separately identifiable service and is appended with Modifier 25. Claims submitted for an E&M visit in conjunction with allergy injection services without the Modifier 25 will be denied. Claims submitted for E&M visits for new patients on the same day as allergy injection services may be reviewed for medical necessity.

For additional information, refer to the reimbursement policies at providers.amerigroup.com and click on Quick Tools.

Coordination of benefits claim processing change

Summary: Amerigroup is working with the Bureau of TennCare (TennCare) to standardize the coordination of benefit (COB) methodology when processing claims with a commercial carrier's explanation of benefits (EOB) attached. Effective October 1, 2015, we will coordinate at the claim level and not the line level, even when an EOB is received at the line level. Our EOB claim information will reflect coordination at the claim level.

What this means to you: Effective October 1, 2015, Amerigroup will process all COB claims received from your office at the claim level if a commercial carriers' EOB is attached.

Why is this change necessary? The new process will allow standardization and consistency with all managed care organizations providing health care coverage to TennCare recipients.

What is the impact of this change? Claim processing will change for COB claims when a commercial carrier's EOB is received at a line level.

Aspire Health Medical Partners now available to support end-of-life care

Summary: Amerigroup has engaged Aspire Health Medical Partners to support providers by offering home-based palliative care services for members with advanced illness.

What this means to you: Aspire Health offers care coordination services to referring physicians and home-based services and support for members identified via clinical criteria as having a year or less to live.

What is the impact of this change? The availability of Aspire Health creates additional options for you to manage home-based, end-of-life care for your patients. You can refer eligible members to Aspire, whose physicians, nurse practitioners, social workers and other specialists coordinate complex care management while providing support to patients and their families.

My PCP Connection

Remember to only provide services to members on your assigned PCP member listing or the listing of another participating PCP in your group. Our My PCP Connection program helps to centralize a member's treatment information, minimizing the chances of missing or incomplete records.

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 with your Availity username and password. If you do not have a login, go to 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.

Urgent — Availity web portal registration

Summary of update: On September 30, 2015, Amerigroup member eligibility, benefits, claims status inquiry and claims submission functions must be accessed using your Availity user name and password on the Availity Web Portal.

What this means to you: If your organization or staff is not using Availity, you must take action now. See additional instructions below. Please share this information with office staff and other Amerigroup providers in your office.

My organization is not using Availity. What do I need to do? To initiate the registration process, have your primary controlling authority (PCA), a person who is authorized to sign on behalf of your organization, register. Click *Get Started* under the *Register Now* button and complete the online registration wizard at www.availity.com.

After your PCA completes registration for the organization, your designated primary access administrator (PAA) will receive an email from Availity with a temporary password and next steps. Once logged in, the PAA can add users, providers and additional enrollments, if applicable. Please make sure every user has their own login and password. Logins and passwords cannot be shared.

How can I get additional training on Availity? Once you complete registration, you can view the current training resources by selecting *Free Training* at the top of any page in the Availity Web Portal. You can also find a current schedule of Availity workshops and webinars there.

What if I need assistance? For questions about the Availity portal or additional registration assistance, call Availity Client Services at 1-800-282-4548, Monday through Friday, from 7 a.m. to 6 p.m. Central time and from 8 a.m. to 7 p.m. Eastern time.

If you have questions about the functionality available on the Amerigroup or Availity websites, visit providers.amerigroup.com. If you have questions about this communication, received it in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.