



The following entries apply to all Tennessee Amerigroup Community Care Providers.

## ClaimCheck Version 55 Upgrade Effective March 1, 2015

**Summary:** Amerigroup is upgrading to version 55 of ClaimCheck® 10.1, a nationally recognized code auditing system. The changes included in the upgrade will become effective March 1, 2015.

**Background information:** Amerigroup uses the auditing software product from McKesson to reinforce compliance with standard code edits and rules. Additionally, ClaimCheck increases consistency of payment to providers by ensuring correct coding and billing practices are being followed. Using a sophisticated auditing logic, ClaimCheck determines the appropriate relationship between thousands of medical, surgical, radiology, laboratory, pathology and anesthesia codes and processes those services according to industry standards.

### Why is this change necessary?

ClaimCheck is updated periodically to conform to changes in coding standards and include new procedure and diagnosis codes.

Amerigroup uses ClaimCheck to analyze outpatient services, including those that are considered:

- Rebundled or unbundled services
- Multichannel services
- Mutually exclusive services
- Incidental procedures
- Inappropriately billed medical visits
- Fragmented billing of pre- and postoperative care
- Diagnosis to procedure mismatch
- Upcoded services

Other procedures and categories that are reviewed include:

- Cosmetic procedures
- Obsolete or unlisted procedures
- Age/sex mismatch procedures
- Investigational or experimental procedures
- Procedures billed with inappropriate modifiers

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## Time is Running Out!

**Summary:** On **February 17, 2015**, Amerigroup Community Care member eligibility, benefit and claims status inquiry functions will no longer be available on the secure Amerigroup provider website. You must use the Availity Web Portal to access these functions.

★ **What this means to you:** If your organization or staff is not using Availity, register today at [www.Availity.com](http://www.Availity.com). See additional instructions below.

### **My organization does not use 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, complete registration. Click Get Started under the Register Now button and complete the online registration wizard.

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.

Once registered, you and your staff have immediate access to member eligibility, benefit information and claims status inquiry functions online. Users can also navigate between the Availity Web Portal and the secure Amerigroup website by clicking My Payer Portals on the left-hand navigation bar of the Availity Web Portal and selecting Amerigroup Provider Self Service from the drop-down menu.

### **Does each member of my staff need their own login?**

Yes! Work with your staff to get each person registered with his or her own login credentials. Your PAA can log in to add additional users.

To avoid business disruptions, please ensure every user has his or her own user ID and password for Availity. Logins 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 or visit [rsvpbook.com/Amerigroup](http://rsvpbook.com/Amerigroup) for a current schedule of Availity workshops and webinars.

### **What if I need assistance?**

If you have questions about the functionality available on the Amerigroup or Availity websites, visit [providers.amerigroup.com/TN](http://providers.amerigroup.com/TN).

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## **Patient360 lets you access Amerigroup Community Care member records in just a few clicks**

**Summary:** We've added a new feature to our provider self-service website that lets you quickly and easily retrieve records about your Amerigroup patients. 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 that gives you instant access to detailed information about your Amerigroup patients. 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 that 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. Log in.
2. Select **Member Information** from the left navigation.
3. Select **Patient360**.
4. Enter a specific Amerigroup member's information.

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## Medical Policies update

On November 13, 2014, the Medical Policy and Technology Assessment Committee (MPTAC) approved and adopted the following medical policies applicable to Amerigroup Community Care. These medical policies were developed or revised to support clinical coding edits.

These medical policies were made publicly available on the Amerigroup Medical Policy and Clinical UM Guideline website.

Visit <https://medicalpolicies.amerigroup.com/search> to find specific policies. **Existing precertification requirements have not changed.**

Medical Policy Effective Date	Medical Policy Number	Medical Policy	Medical Policy New/Revised
January 13, 2015	DME.00038	Static Progressive Stretch (SPS) and Patient Actuated Serial Stretch (PASS) Devices	New
January 1, 2015	DRUG.00066	Antihemophilic Factors and Clotting Factors	New
January 13, 2015	DRUG.00067	Ramucirumab (Cyramza™)	New
January 13, 2015	DRUG.00068	Vedolizumab (Entyvio™)	New
January 1, 2015	DRUG.00069	Recombinant Antihemophilic Factor, Fc Fusion Protein (Eloctate™)	New
January 13, 2015	DRUG.00070	Siltuximab (Sylvant™)	New
January 1, 2015	DRUG.00071	Pembrolizumab (Keytruda®)	New
January 13, 2015	GENE.00044	Analysis of PIK3CA Status	New
January 13, 2015	OR-PR.00006	Powered Robotic Lower Body Exoskeleton Devices	New
January 13, 2015	DME.00011	Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices	Revised
November 17, 2014	DRUG.00002	Tumor Necrosis Factor Antagonists	Revised
November 17, 2014	DRUG.00015	Prevention of Respiratory Syncytial Virus Infections	Revised
November 17, 2014	DRUG.00028	Intravitreal and Periocular Injection Treatment for Retinal Vascular Conditions	Revised
November 17, 2014	DRUG.00032	Intravitreal Corticosteroid Implants	Revised
January 13, 2015	DRUG.00035	Panitumumab (Vectibix™)	Revised
November 17, 2014	DRUG.00041	Rituximab (Rituxan®)	Revised

January 1, 2015	DRUG.00065	Recombinant Coagulation Factor IX, Fc Fusion Protein (Alprolix™)	Revised
January 1, 2015	GENE.00028	Genetic Testing for Colorectal Cancer Susceptibility	Revised
January 1, 2015	GENE.00029	Genetic Testing for Breast and/or Ovarian Cancer Syndrome	Revised
January 13, 2015	MED.00113	Therapeutic Apheresis	Revised
January 13, 2015	RAD.00015	Proton Beam Radiation Therapy	Revised
January 13, 2015	SURG.00024	Surgery for Clinically Severe Obesity	Revised
January 13, 2015	SURG.00037	Treatment of Varicose Veins (Lower Extremities)	Revised
November 17, 2014	SURG.00064	Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure	Revised
January 13, 2015	SURG.00066	Percutaneous Neurolysis for Chronic Neck and Back Pain	Revised
January 1, 2015	SURG.00121	Transcatheter Heart Valve Procedures	Revised
January 1, 2015	RAD.00058	Real-Time Intra-Fraction Target Tracking During Radiation Therapy	Revised

## Clinical Utilization Management Guidelines update

On November 13, 2014, MPTAC approved the following Clinical Utilization Management (UM) Guidelines. These clinical guidelines were developed or revised to support clinical coding edits. This list represents the guidelines approved and adopted by the Medical Operations Committee on December 1, 2014.

Clinical UM Guidelines are publicly available on the Amerigroup Medical Policies and Clinical UM Guidelines website. Visit <https://medicalpolicies.amerigroup.com/search> to search for specific policies.

**Existing precertification requirements have not changed.**

Effective Date	Clinical UM Guideline Number	Clinical UM Guideline Title	Guideline new/revised
January 1, 2015	CG-DRUG-33	Palonosetron (Aloxi®)	New
January 1, 2015	CG-DRUG-34	Docetaxel (Taxotere®)	New
January 1, 2015	CG-DRUG-38	Pemetrexed Disodium (Alimta®)	New
January 1, 2015	CG-DRUG-40	Bortezomib (Velcade®)	New
January 1, 2015	CG-DRUG-41	Zoledronic acid	New
January 1, 2015	CG-DRUG-42	Asparagine Specific Enzymes (Asparaginase)	New
January 13, 2015	CG-SURG-45	Bone Graft Substitutes	New
January 13, 2015	CG-DRUG-03	Beta Interferons and Glatiramer Acetate for Treatment of Multiple Sclerosis	Revised
January 13, 2015	CG DRUG-08	Enzyme Replacement Therapy for Gaucher Disease	Revised
January 13, 2015	CG-DRUG-15	Gonadotropin Releasing Hormone (GnRH) Analogs	Revised
November 17, 2014	CG-DRUG-19	Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk Women	Revised
November 17, 2014	CG-MED-40	Ambulatory Event Monitors to Detect Cardiac Arrhythmias	Revised
January 1, 2015	CG-SURG-09	Temporomandibular Disorders	Revised

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## HEDIS® Vendor MRR Request Notice

**Summary:** Each year, we review member medical records for information about certain Healthcare Effectiveness Data and Information Set (HEDIS) measures not typically found on a claim or encounter. This year, we are contracting with **MedSave** to request records from your office on our behalf.

### ✦ What this means to you:

- MedSave will contact your office soon to discuss the record request process and schedule a day and time to visit.
- Before the visit, MedSave will provide a list of members whose medical records need to be reviewed.

### What types of medical records will MedSave request?

- Registration form/face sheet/signature logs
- Physician order and progress notes
- Medical history and problem lists
- Medication lists
- Health screenings and results
- Pathology and laboratory reports
- Consultation and medication administration records
- Interventional radiology
- Health risk assessments/coding attestations
- Physician query forms
- Emergency department records
- Admitting history and physical with admitting diagnoses/admitting orders/discharge summary
- Procedure and operative reports

### Why is this important?

We are required to report HEDIS information to the Centers for Medicare & Medicaid Services (CMS). CMS uses this information to score and monitor the effectiveness of our care. HEDIS scores are shared with consumers so they can see how each health plan provides quality and appropriate care to its members and choose the plan that's best for them. We continually conduct medical record reviews to verify the accuracy of the information we report and to identify trends and opportunities to improve the overall health outcomes of our members.

### Do I need written consent from members to share their records with Amerigroup?

Under CFR 164.502, the Health Insurance Portability and Accountability Act (HIPAA) implementation, you may disclose member information for the purpose of health care operations such as reporting and quality improvement activities after the member's general consent is obtained. A general consent form should be an integral part of your medical record file. MedSave has a HIPAA-compliant Business Associate Agreement to collect member information on our behalf.

### Who can I contact if I have any questions or need more information?

Please call MedSave at 1-855-651-1851 (toll free) for scheduling and appointment-related questions. For all other questions, call Gloria Bongiovanni at 615-316-2400, ext. 28504, or send an email to [gloria.bongiovanni@amerigroup.com](mailto:gloria.bongiovanni@amerigroup.com).

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