



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

TennCare drug safety alert to providers

Summary: The U.S. Food and Drug Administration (FDA) has issued two communications (see FDA communications of August 15, 2012, www.fda.gov/Drugs/DrugSafety/ucm313631.htm and February 20, 2013, www.fda.gov/Drugs/DrugSafety/ucm339112.htm) regarding a known safety concern with codeine use in certain children after tonsillectomy and/ or adenoidectomy (surgery to remove the tonsils and/ or adenoids). The FDA is also conducting a safety review of codeine to determine if there are additional cases of inadvertent overdosage or death in children taking codeine, and if these adverse events occur during treatment of other kinds of pain, such as post-operative pain following other types of surgery or procedures.

The Problem

Codeine is an opioid pain reliever- narcotic analgesic medication used to treat mild to moderate pain. When codeine is ingested it is converted to morphine in the liver by an enzyme called cytochrome P450 2D6 (CYP2D6). Some people have DNA variations that make this enzyme more active, causing codeine to be converted to morphine faster and more completely than in other people. These “ultra-rapid metabolizers” are more likely to have higher than normal amounts of morphine in their blood after taking codeine. High levels of morphine can result in breathing difficulty, which may be fatal.

Some children may be at higher risk because of underlying diseases – having sleep apnea or other respiratory conditions.

The estimated number of “ultra-rapid metabolizers” is 1 to 7 per 100 people, but may be as high as 28 per 100 people in some ethnic groups.

Health Care Professionals

Health care professionals should be aware of the risks of using codeine in children. Health professionals should consider prescribing alternative analgesics for post-operative pain control in children. There are several very good alternatives. It is also important to emphasize that all drugs have risks. Health care professionals should always weigh the benefits versus the risks before prescribing any medication.

TNPEC-0926-14

Flu season update

Summary: The Centers for Disease Control and Prevention (CDC) expects seasonal influenza viruses to continue to circulate into the months of April or May. CDC recommends patients continue to get vaccinated into January and later to protect themselves against the various strains.

✦ What this means to you:

- Please keep your patients informed, advising them that it is not too late to get the vaccination if they haven't already.
- Almost everyone 6 months of age and older should get a vaccine each flu season. It's especially important for your high-risk patients to get vaccinated.
- Reach out to your supplier as soon as you can to ensure you have the supplies you need for the 2015-2016 flu season.

Who is at high risk?

- Patients age 65 or older
- Patients with certain chronic diseases and illnesses
- Women who are pregnant or expect to become pregnant
- Native Americans and Alaska Natives
- Children younger than 5, but especially younger than 2 years old
 - Children between the ages of 6 months and 8 years of age who are receiving a flu vaccine for the first time will need to have two doses with at least four weeks between doses.

Free flu shots for our members

Members with Amerigroup pharmacy benefits can get free flu shots at local participating pharmacies by showing their Amerigroup ID card. Members should check with their local pharmacy for locations offering free flu shots, times vaccines are offered and any restrictions on vaccines for children.

What if I need help?

We get the latest flu updates from CDC and the Advisory Committee on Immunization Practices and regularly post information on our website at providers.amerigroup.com. Please check the CDC website for the most recent flu season developments at www.cdc.gov/flu.

PEC-ALL-1415-14

Availity – Register today!

Background: Recently, Amerigroup Community Care introduced the Availity Web Portal, a tool to help reduce costs and reduce administrative burden for our physicians and hospitals. Whether you work with one managed care organization (MCO) or hundreds, you can quickly and easily file claims, check eligibility and process payments and more using the Availity Web Portal.

✦ **What this means to you:** It’s time to register for the Availity Web Portal! Go to availity.com to register today. If you already use Availity, no additional registration is needed. Amerigroup will appear as one of your options in the dropdown menu.

What is the Availity Web Portal, and who can use it?

Health care providers in our network can use the secure Web-based portal to quickly and easily:

- Get current patient insurance coverage information (including eligibility and benefits)
- Submit claims online
- Monitor the status of claims submissions
- Link back to the Amerigroup provider self-service website for all other transactions, including panel listings, precertification requests and appeals. A direct link to the provider self-service website is accessible on the My Payer Portal in the left-hand navigation bar on the Availity website.

If you experience any difficulties, contact Availity Client Services at 1-800-Availity (1-800-282-4548).

How do I register with Availity?

Registration is easy; go to Availity.com and click the green **Get Started** button under **Register now for the Availity Web Portal**. Click **Start Registration**. You will be asked to complete the following steps to confirm your registration:

STEP 1: Tell Us About Yourself	You will be asked about yourself to determine if you already have a user account. If no account exists, you need to create one.
STEP 2: Tell Us About Your Organization	<ol style="list-style-type: none"> 1. Select your organization type (provider, billing service, technology company or MCO). 2. Enter your organization name. 3. Enter your tax identification number. 4. Enter your organization’s National Provider ID. 5. Select your provider type (e.g., physician practice, hospital, multi-physician practice). 6. Click Next.

STEP 3: Select Your Organization (This screen displays if details on your organization exist.)	<p>The Your Organization Information Page will prepopulate based on information previously entered.</p> <p>If you don't see your practice or specific practice location, click I don't see my organization.</p>
STEP 4: Your Organization Information	<ol style="list-style-type: none"> 1. Review your information, edit any incorrect fields and enter any missing information. 2. If your organization operates in more than one state, check the box My Organization Does Business in More Than One Region. Availity automatically assigns your organization access to payers in your physical address state. 3. Click Next.
STEP 5: Select Your Administrators	<p>In this section you must identify the persons that will be responsible for the following roles:</p> <ul style="list-style-type: none"> • Primary Controlling Authority (PCA): The person who is legally entrusted to sign documents • Primary Access Administrator (PAA): The person who is responsible for maintaining users and organization information • Back-up PAA: The person who can serve as a secondary PAA (although this is optional, we encourage the designation of a Back-up PAA)
STEP 6: To complete your registration	<ol style="list-style-type: none"> 1. Review all the information entered and edit, if necessary. 2. Click Submit Registration. 3. Print both registration agreements (Application and Business Associate Trading Partner). 4. Documents must be signed by your designated PCA. 5. Fax signed agreements to 904-470-4778 within 7 days to avoid delays.
STEP 7: Next Steps:	<ol style="list-style-type: none"> 1. Your designated PAA will receive a separate email from Availity with his or her user ID and password within 3-5 business days from date agreement is received and approved. 2. Your designated PAA must sign in to Availity within 14 calendar days from receipt of the email. 3. PAAs can register additional users by selecting Account on the Availity menu on the left side of the page.

For questions or additional registration assistance, contact Availity Client Services Monday through Friday, 5 a.m. to 4 p.m. Pacific time at 1-800-Availity (1-800-282-4548).

PEC-ALL-1126-14

Provider Network Relations Representatives

Network Relations Specialists – Middle Grand Region	Counties/Accounts		Contact information
Nicole Suddeth <i>Manager, Provider Network Manager</i>	Manager, Provider Network Management		Phone: 615-316-2463 Cell: 615-545-8762 Email: Nicole.Suddeth@amerigroup.com
Robin Martin <i>Network Relations Specialist II</i> <i>(Middle Grand Region)</i>	Counties serviced <ul style="list-style-type: none"> • Clay • Davidson* (by ZIP) • Houston • Humphreys • Macon • Montgomery • Robertson • Stewart • Sumner • Trousdale 	Large physician groups <ul style="list-style-type: none"> • Neurology Associates • Three Rivers Comm (FQHC) Medical homes/PCMH <ul style="list-style-type: none"> • Tennessee Pediatrics • University Community Health Services/Vine Hill (FQHC) • HOPE Family (FQHC) 	Phone: 615-316-2400, ext. 22574 Cell: 615-939-5660 Email: Robin.Martin@amerigroup.com

<p>Les Newman Network Relations Specialist II</p> <p>(Middle Grand Region)</p>	<p>Counties serviced</p> <ul style="list-style-type: none"> • Cumberland • Davidson* (by ZIP) • Dekalb • Jackson • Overton • Pickett • Putnam • Rutherford • Smith • Van Buren • White 	<p>Large physician groups</p> <ul style="list-style-type: none"> • Anes Medical Group • Centennial Pediatric Group • Health Departments • Plateau Pediatrics (Crossville) • TN Oncology • ProHealth (FQHC) <p>Medical homes/PCMH</p> <ul style="list-style-type: none"> • Family Care of Middle TN • Cookeville Pediatrics • Kids Kare • TN Pediatric & Adolescent Clinic • Primary Care & Hope Center (FQHC) • Mercy Community (FQHC) • LifeSpan (FQHC) 	<p>Phone: 615-316-2400, ext. 22534 Cell: 615-828-5108 Email: Les.Newman@amerigroup.com</p>
<p>Trillo Shipman Network Relations Specialist II</p> <p>(Middle Grand Region)</p>	<p>Counties serviced</p> <ul style="list-style-type: none"> • Bedford • Davidson* (by ZIP) • Giles • Hickman • Lawrence • Lewis • Lincoln • Marshall • Maury • Perry • Wayne • Wilson 	<p>Large physician groups</p> <ul style="list-style-type: none"> • Neurosurgeon Assoc. • Urology Associates • Results Physiotherapy <p>Medical homes/PCMH</p> <ul style="list-style-type: none"> • American Family Care Doctors • Lynette M. Adams, MD (RHC) 	<p>Phone: 615-316-2400, ext.22502 Cell: 615-574-1566 Email: Trillo.Shipman@amerigroup.com</p>
<p>Daphne Richardson Network Relations Specialist II</p> <p>(Middle Grand Region)</p> <p>Daphne Richardson (cont...)</p>	<p>Counties serviced</p> <ul style="list-style-type: none"> • Cannon • Cheatham • Coffee • Davidson* (by ZIP) • Dickson • Fentress • Moore • Warren • Williamson 	<p>Large physician groups</p> <ul style="list-style-type: none"> • Matthew Walker Comprehensive Health (FQHC) • Pediatric Associates of Davidson County • United Neighborhood Health Services – Madison, Northeast, Southside, Waverly, Hartsville, Dickerson, Wallace (PCMH) 	<p>Phone: 615-316-2400, ext. 22998 Cell: 615-604-9011 Email: Daphne.Richardson@amerigroup.com</p>

TNPEC-0903-14

The following entry applies to Behavioral Health Providers.

Guidelines for Level 2 Case Management

Background: We recently updated the guidelines regarding Level 2 Case Management. Effective February 1, 2015, [these guidelines](#) should be used when providing these mental health supportive services to your patients.

✦ **What this means to you:** Review the changes below and begin using the updated guidelines on February 1, 2015. Please share this information with staff and other providers in your practice.

What is Level 2 Case Management?

Level 2 Case Management is a mental health supportive service available to child, adolescent and adult members experiencing mental health symptoms that impact their ability to function within multiple systems and/or access needed services. Level 2 Case Management is the least intensive level of mental health case management.

What is changing in the guidelines?

We updated the guidelines to clarify Level 2 Case Management program requirements versus the program description. These guidelines should be used when reviewing referrals to your program. Changes include:

- Updated language from Level 2 program requirements to Level 2 program description
- Under Level 2 program description #8, language changed from *must occur* to *should occur*.

There were no changes to the medical necessity portion of the guidelines.

TNPEC-0919-14

The following entry applies to Medicare providers.

Notice of Medicare noncoverage for services at skilled nursing facilities

Amerigroup Community Care is extending the cut-off time for members enrolled in Amerigroup Medicare Advantage (Amerivantage) to receive a valid Notice of Medicare noncoverage (NOMNC) when receiving care at a skilled nursing facility (SNF).

Effective February 1, 2015, the notice period is extended to 8 p.m. in the time zone the facility is located. The next two calendar days following the date of the denial notice are considered the required two-day notice.

Why is this change necessary?

To comply with the Centers for Medicare & Medicaid Services (CMS) requirement that all Medicare members enrolled in Amerivantage plans receive a valid NOMNC in a timely manner at the termination of skilled care at a SNF. Extending the notice period gives members the opportunity to appeal to the Quality Improvement Organization (QIO) if they disagree with the termination of services.

Our responsibility

A valid NOMNC is sent to the SNF to be delivered to the member at least two calendar days in advance of the services ending, even if the member agrees with the services ending.

Use the following table to determine the last approved day (LAD) for services after the decision to end services is rendered:

If the NOMNC is issued with confirmation of verbal notification, and appeal information is given to the member, on the below day and time (in the time zone the facility is located):	Then last approved day will be on:	Member discharge will occur <u>or</u> member financial responsibility will begin on:
Monday (12 a.m.-8 p.m.)	Wednesday	Thursday
Tuesday (12 a.m.-8 p.m.)	Thursday	Friday
Wednesday (12 a.m.-8 p.m.)	Friday	Saturday
Thursday (12 a.m.-8 p.m.)	Saturday	Sunday
Friday (12 a.m.-8 p.m.)	Sunday	Monday
Saturday (12 a.m.-8 p.m.)	Monday	Tuesday
Sunday (12 a.m.-8 p.m.)	Tuesday	Wednesday

Verbal notification to the member and/or verbal or fax receipt confirmation of delivery of the NOMNC prior to 8:01 p.m. in the time zone the facility is located will be considered a valid delivery date/time to the facility.

Contracted SNF responsibility

SNFs are responsible for delivering the NOMNC on behalf of Amerigroup to the member or representative **and** for obtaining signature(s) the same day it is received by Amerigroup, but no later than two days before the member’s covered services end. If the SNF is not able to deliver the NOMNC and obtain signature(s) the same day Amerigroup issues the NOMNC, the SNF is responsible for reissuing a NOMNC with the appropriate LAD to allow the member at least two calendar days’ notice before services end.

If the member needs an authorized representative to acknowledge or sign the NOMNC, and the SNF is unable to deliver it to the authorized representative the same day Amerigroup issues it, the SNF should call the representative the same day the NOMNC is issued to advise him/her when the member's services are no longer covered. The date of the conversation is the date of the receipt of the notice. The NOMNC must be mailed on the same day to the representative.

The SNF is also responsible for issuing a NOMNC (created by the SNF) for a member whose services are expected to be fewer than two days' duration or when a guaranteed discharge date is in place.

Liability will remain with the SNF if acknowledgement of receipt and delivery of the NOMNC to the member or member's representative is not completed within the same day received. The authorization through the LAD will remain the same for the facility. The member may receive a new NOMNC with a new LAD to extend the covered services, with no liability to the member or Amerigroup, to allow the member the adequate time to appeal to the QIO, should the member disagree with the termination of services.

Amerivantage member responsibility

The member or representative is responsible for acknowledging receipt of the NOMNC by signing the document. The member or representative is also responsible for contacting the QIO no later than noon of the first day after receiving the NOMNC if he or she wishes to appeal the termination and obtain an expedited review. The member may also appeal to the Amerigroup Appeals department should he or she miss the timeframe for appealing to the QIO, if the member disagrees with the termination of services.

Liability for the member will begin the day following the LAD as specified on the NOMNC should the member choose not to appeal the termination of services.

NOTE: QIOs must be available to receive and respond to members' appeal request at all times (CMS chapter 13, section 90.2)

What if I have questions?

If you have questions, call our Medicare Provider Dedicated Service Unit at 1-866-805-4589. Refer to your provider agreement or provider manual for additional information on provider and member liability.

Failure to comply with Utilization Management Program: *If a reduction in or denial of payment is imposed for failure of the Covered Individual to comply with the Utilization Management Program as specified in the Covered Individual's Health Benefit Plan, the provider agrees that Amerigroup is not responsible for the amount of such reduction or denial. However, the provider shall seek payment from the Covered Individual for such amount. If a reduction in or denial of payment is imposed for failure of the provider to comply with the Amerigroup Utilization Management Program, as set forth in the provider manual, the provider agrees that Amerigroup and the Covered Individual are not responsible for the amount of such reduction or denial.*

SSO-PEC-0492-14

The following is a message from Univita, to our durable medical equipment providers.

Dear Provider:

Some of you have approached Univita to obtain information regarding the process for closing orders and uploading documents for enteral nutrition. As you may or may not be aware, Univita manages these items through our pharmacy systems, rather than our DME systems. At this time, Univita's pharmacy system does not have the functionality to allow non-Univita personnel to close orders and upload documents.

Univita recognizes the fact that our use of two systems should not add unnecessary complexity to your processes. Rather than adding a new and different process for you to follow, we have opted to reduce the complexity by eliminating a process. Consequently, effective immediately, on orders for enteral nutrition and enteral supplies ONLY, Univita will be removing the requirement that you close these orders and upload the supporting documents. The HCPCS codes impacted by this change are as follows:

- B4034 • B4035 • B4036 • B4081 • B4082 • B4083 • B4087
- B4088 • B4100 • B4102 • B4103 • B4104 • B4149 • B4150
- B4152 • B4153 • B4154 • B4155 • B4157 • B4158 • B4159
- B4160 • B4161 • B4162 • B9000 • B9002 • E0776

Please note that this change does NOT eliminate your responsibility to collect and maintain a proof of delivery for the members you service. In the event of an audit or other request from Univita or from Amerigroup Community Care, you will be required to provide this documentation.

Also, this change in process does not eliminate your responsibility to close orders and upload files for any other DME services provided to Amerigroup members. Orders must be closed in MedTrac or Univita's system in order for your authorization to appear in systems of Amerigroup. If DME orders are not closed, corresponding claims will be denied for payment by Amerigroup. If you have any questions regarding this process change, please reach out to your network representative, Lisa Bauman, at lbauman@univitahealth.com.

Sincerely,
Univita

TNPEC-0865-14