

# Provider News Bulletin



Amerigroup Washington, Inc.

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

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

April 2017



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## How to verify if a CPT and/or HCPCS code requires a prior authorization

To verify if/when a CPT and/or HCPCS code will require a prior authorization, always start your research with the Precertification Lookup Tool (PLUTO) at <https://agpapps.corp.agp.ads/authprecert/CodeSearch.aspx> prior to performing services.

Complete the three drop-down boxes as applicable for your state, product and code.

Drop-down:	Entry:
Market * <input type="text" value="Select Market"/>	Washington
Line of Business * <input type="text" value=""/>	Medicaid/SCHIP/ Family Care
CPT / HCPCS Code or Description * <input type="text"/>	Enter code and/or written description

When using PLUTO, please remember that the tool is to advise if a code requires a prior authorization. This tool does not provide covered versus noncovered CPT and/or HCPCS coding.

### Covered versus noncovered codes

To ensure a CPT and/or HCPCS code is covered, please always cross-reference code with the appropriate Medicaid provider billing guide and fee schedule at <http://www.hca.wa.gov/billers-providers/claims-and-billing/professional-rates-and-billing-guides>.

WA-NL-0067-17

## HEDIS Childhood Immunization Status combination ten scores

Amerigroup Washington, Inc. promotes the full spectrum of vaccinations for children, which maximizes the HEDIS® Childhood Immunization Status (CIS) combination ten scores.

This HEDIS measure determines if a child has received four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. When all of these vaccines are given, other CIS combinations are also met.

Schedule appointments no later than the child's 22nd month of age to ensure compliance before the child reaches age 24 months.

WA-NL-0071-17



## Boys & Girls Clubs of Washington receives \$22,500 gift from Amerigroup Washington, Inc. to launch new Fitness Challenge

According to the Centers for Disease Control and Prevention, childhood obesity has tripled since 1980 with nearly one in every three children overweight or obese. This is why Amerigroup has joined the Boys & Girls Clubs of Washington (BGCWA) as a Healthy Lifestyles partner. Thanks to a \$22,500 donation that will help combat childhood obesity in Washington, Amerigroup is launching the Fitness Challenge at 15 BGCWA locations across the state.



Kids and teens today face a variety of challenges when it comes to eating healthy and staying physically fit. That's why Amerigroup is pleased to partner with the Boys & Girls Clubs in Washington to help ensure that our youth build life-long healthy habits with a firm foundation of support, stated Amerigroup Medical Director.

Children from low-income and low-education households are three times more likely to suffer from obesity, a leading risk factor for diabetes, heart disease and many cancers. America's Health Rankings®, an annual comprehensive assessment of the nation's health on a state by state basis, ranked Washington fourteenth in the country, with nearly 36 percent of people estimated to be obese.

Serving more than 79,000 Washington youth, BGCWA exists to inspire and enable all young people, especially those who need it most, to realize their full potential as productive, responsible and caring citizens. BGCWA provides a safe place to learn and to experience life enhancing programs and character development.

The Amerigroup Fitness Challenge commenced at a kick-off event and will run for a total of eight weeks. Participating clubs will select daily challenges such as jump rope or running. Throughout the eight-week challenge, new activities will be introduced to members and performance scores will be collected.

"We are so pleased to receive support from Amerigroup," said BGCWA Executive Director Matt Watrous. "We appreciate the support in our efforts to prevent youth obesity of our club members. This funding will provide a safe environment to educate our members about the importance of healthy lifestyle choices and physical activity."



WA-NL-0068-17

## Adeline Garcia Community Service Award

On Friday, February 10, 2017, Amerigroup Washington, Inc. Associate Vice President of Marketing and Community Outreach David Escame proudly accepted the Adeline Garcia Community Service Award. This award honors community volunteers who have continuously supported the Seattle Indian Health Board (SIHB) in serving the native community. As the only non-native chosen, Escame was deeply humbled by the recognition. He told attendees he is grateful that Amerigroup gives him the platform to work on projects that improve the health of our members and promote equity and social justice.

Working with SIHB, Amerigroup became the first and only health plan in Washington to honor traditional healing benefits for American Indian/Alaska Native members by offering smudging, circle, storytelling and sweat lodge as a form of treatment. The Traditional Healing benefit, which has been in development for over two years, launched January 1, 2017. These Amerigroup services were created by listening to the needs of our neighbors, and working hard to make them accessible.

Amerigroup is now working on a project that represents another first, as it incorporates traditional practices into a Women, Infants and Children program. Developed in partnership with the Muckleshoot Tribe, Public Health and Multi-Care, Muckleshoot First Food — A Breastfeeding Campaign is a culturally appropriate peer lactation program. The two-year campaign will include continuous breastfeeding training, support groups in the community, cooking classes and resource development for the native community.

To make the evening even more special, Escame also accepted the Canoe Paddle Award on behalf of Amerigroup. This award recognizes our support of the 2016 Spirit of Indigenous People Festival.

WA-NL-0070-17



## What is CAHPS? Consumer Assessment of Healthcare Providers and Systems

Each year, a random sample of Amerigroup Washington, Inc. members receive a CAHPS® survey. From January through May, members are surveyed via mail or phone and are asked for information about their health care experience within the past six months. This survey gives members an opportunity to share their perceptions about the quality of care and services they receive from network providers. The CAHPS survey is used by all Medicaid HMO plans that undergo accreditation review by the National Committee for Quality Assurance (NCQA). Results for all managed care organizations (MCO) are compiled and publically reported by NCQA.

### Why is this important?

Your patients are asked to rate their overall experience with the following:

- The health plan
- Their health care
- Their personal doctor

Several responses are combined and evaluated for the following:

- Getting needed care
- Receiving care quickly
- Communicating with doctors
- Sharing in the decision-making process

The responses to the survey gives us insight into how our members perceive the care and services they receive and provide opportunities for us to improve the way we deliver services. Our engagement and interaction with our members is important to providing positive experiences for Amerigroup members.

The following charts contain results from 2013-2016. The column on the far right shows the average results for all Washington MCOs. The results show satisfaction in the area of provider communications; however, satisfaction in the overall provider and health care ratings indicate there is opportunity for improvement. As you review these results, we encourage you to focus on ways to improve satisfaction to members in these categories within your own practice. Amerigroup wants to ensure providers have the best experience with us, while serving our members. If you have suggestions about how Amerigroup can help support your practice in improving patient/member satisfaction, please contact your local Provider Relations representative.



Please help us make the member experience a positive one!

Note: Quality Compass 2016, which includes certain CAHPS data, is the source of data contained in this report and is used with the permission of the NCQA. Any analysis, interpretation or conclusion based on this data is solely that of the authors; NCQA specifically disclaims responsibility for any such analysis, interpretation or conclusion.

## What is CAHPS? Consumer Assessment of Healthcare Providers and Systems continued

	Amerigroup results					2016 all WA
Child survey questions	2013	2014	2015	2016	2016 trend	MCO average
<b>Overall<sup>1</sup></b>						
Rating of doctor	83.0%	86.1%	86.4%	85.5%	↓	DNA
Rating of health care	73.0%	81.6%	83.3%	85.9%	↑	DNA
<b>Health care services</b>						
Got appt. for urgent care as needed	DNA	90.0%	84.3%	86.7%	↑	DNA
Got appt. for routine care as needed	DNA	88.3%	81.2%	85.1%	↑	DNA
Doctor spent enough time	86.2%	89.0%	86.0%	87.0%	↑	DNA
<b>Provider communication<sup>2</sup></b>						
How often provider explained things	92.4%	95.6%	95.0%	91.8%	↓	DNA
How often provider listened carefully	94.1%	93.9%	92.5%	93.5%	↑	DNA
<b>Shared decision making<sup>3</sup></b>						
Reasons to take medicines	49.8%	DNA	97.0%	92.9%	↓	DNA
Reasons to NOT take medicines	29.2%	DNA	76.0%	72.7%	↓	DNA
Doctor asked what patient thought best	DNA	78.0%	80.0%	75.6%	↓	DNA
Adult survey questions	2013	2014	2015	2016	2016 trend	MCO average
<b>Overall<sup>1</sup></b>						
Rating of doctor	76.3%	71.9%	76.2%	77.6%	↑	79.1%
Rating of health care	69.1%	64.3%	68.7%	70.9%	↑	71.2%
<b>Health care services<sup>2</sup></b>						
Got appointment for urgent care as needed	DNA	83.2%	88.2%	82.7%	↓	DNA
Got appointment for routine care as needed	DNA	82.5%	75.3%	73.5%	↓	73.9%
Doctor spent enough time	DNA	84.2%	87.2%	91.2%	↑	88.7%
<b>Provider communication<sup>2</sup></b>						
How often provider explained things	DNA	85.7%	94.1%	91.3%	↓	91.6%
How often provider listened carefully	DNA	85.1%	92.2%	93.0%	↑	91.5%
<b>Shared decision making<sup>3</sup></b>						
Reasons to take medicines	DNA	DNA	92.0%	93.0%	↑	94.2%
Reasons to NOT take medicines	DNA	DNA	68.0%	73.0%	↑	70.4%
Doctor asked what patient thought best	DNA	73.0%	82.3%	80.5%	↓	77.4%
DNA = data not available						
1 Percent responding 8, 9 or 10 (on a scale 0-10, with 0 being worst and 10 being best).						
2 Percent responding usually or always.						
3 Percent responding a lot, yes or some.						

WA-NL-0072-17

## Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at our December 19, 2016, Pharmacy and Therapeutics Committee meeting.

Effective May 1, 2017, the changes outlined below apply to all Amerigroup Washington, Inc. patients. Remember to read the footnotes at the end of the table.

Effective for all patients on May 1, 2017			
Therapeutic class	Drug	Revised status	Potential alternatives
ACNE THERAPY	ACNE MEDICATION 5% LOTION (BENZOYL PEROXIDE) ACNE MEDICATION 10% LOTION (BENZOYL PEROXIDE)	REVISE QUANTITY LIMIT (QL) 177 ML PER 30 DAYS	N/A
ANAPHYLAXIS THERAPY AGENTS	SELF-INJECTED EPINEPHRINE	REVISE QL 2 PER FILL 4 PER FILL ONCE A YEAR	N/A
ANTICONVULSANTS	LAMOTRIGINE ER TABLETS LAMOTRIGINE ODT TABLETS AND KITS ROWEEPRA 500 MG TABLET	PREFERRED	N/A
	(BRAND ONLY) GABITRIL 12 MG TABLET GABITRIL 16 MG TABLET CARBATROL ER CAPSULES TEGRETOL 100 MG/ 5 ML SUSP TEGRETOL TABLETS TEGRETOL XR TABLETS DEPAKOTE DR TABLETS DEPAKOTE EC TABLETS DEPAKOTE SPRINKLE CAPS DEPAKENE CAPSULES DEPAKOTE ER TABLETS DILANTIN 125 MG/5 ML SUSP DILANTIN INFATABS DILANTIN CAPSULES DILANTIN KAPSEALS PHENYTEK CAPSULES	NONPREFERRED PRIOR AUTHORIZATION (PA) REQUIRED (CURRENT UTILIZERS WILL BE GRANDFATHERED.)	GENERIC AVAILABLE PRODUCTS PREFERRED
ANTIEMETIC AGENTS	SYNDROS	PA REQUIRED	N/A
ANTIHYPERTENSIVE AGENTS	BYVALSON 5 MG-80 MG TABLET	ADD QL 1 PER DAY	N/A
	QBRELIS 1 MG/ML SOLUTION	ADD QL 40 ML PER DAY	N/A

Quarterly pharmacy formulary change notice continued

Effective for all patients on May 1, 2017			
Therapeutic class	Drug	Revised status	Potential alternatives
BIOSIMILARS	AMJEVITA (HUMIRA BIOSIMILAR)	PA REQUIRED ADD QL	N/A
	ERELZI (ENBREL BIOSIMILAR)	PA REQUIRED ADD QL	N/A
	INFLECTRA 100 MG VIAL	PA REQUIRED ADD QL	N/A
DIGOXIN AGENTS	(BRAND ONLY) LANOXIN TABLETS	NONPREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED.)	DIGOXIN TABLETS
TOPICAL SCABICIDES/ PEDICULICIDES*	RID ESSENTIAL LICE KIT	PREFERRED	N/A
HEMOSTATICS	PROMACTA 12.5 MG TABLET PROMACTA 25 MG TABLET PROMACTA 50 MG TABLET PROMACTA 75 MG TABLET	QL REVISION 3 TABS PER DAY	N/A
INSULIN THERAPY	SOLIQUA XULTOPHY	ADD QL 5 PENS (1 PACK) PER 25 DAYS	N/A
IRON CHELATORS	EXJADE 125 MG TABLET EXJADE 250 MG TABLET EXJADE 500 MG TABLET	NONPREFERRED WITH PA	N/A
ISOTRETINOINS	CLARAVIS CAPSULES MYORISAN CAPSULES ZENATANE CAPSULES	PREFERRED WITH PA	N/A
LONG-ACTING OPIOIDS	TROXYCA XR	NONPREFERRED ADD QL 2 PER DAY	(PA REQUIRED) MORPHINE SULFATE ER TABLETS METHADONE TABLETS FENTANYL PATCHES
MISCELLANEOUS AGENTS	CEREZYME 400 UNITS VIAL	REMOVE QL	N/A
	ELELYSO 200 UNITS VIAL	REMOVE QL	N/A
	CARBAGLU 200 MG DISPER TABLET	PA REQUIRED	N/A
	SAMSCA 15 MG TABLET SAMSCA 30 MG TABLET	PA REQUIRED	N/A
MISCELLANEOUS ANTINEOPLASTIC DRUGS	HERCEPTIN 440 MG VIAL	REMOVE PA	N/A
MISCELLANEOUS PULMONARY AGENTS	BEVESPI AEROSPHERE INHALER	NONPREFERRED ADD QL 1 INHALER PER 30 DAYS	ANORO ELLIPTA INHALER



Quarterly pharmacy formulary change notice continued

Effective for all patients on May 1, 2017			
Therapeutic class	Drug	Revised status	Potential alternatives
MISCELLANEOUS RHEUMATOLOGICAL AGENTS	OTREXUP AUTO-INJ	PA REQUIRED ADD QL 4 PER 28 DAYS	N/A
	ORENCIA 250 MG VIAL	PA REQUIRED ADD QL 4 VIALS PER 28 DAYS	N/A
	STELARA 130 MG/26 ML (5 MG/ML) VIAL	REVISED QL 4 VIALS (8-WEEK SUPPLY, ONE-TIME FILL)	N/A
	STELARA 45 MG/0.5 ML SINGLE-USE PREFILLED SYRINGE STELARA 90 MG/1 ML SINGLE-USE PREFILLED SYRINGE	REVISED QL 1 SYRINGE PER 84 DAYS (12 WEEKS)	N/A
NON-INSULIN HYPOGLYCEMIC AGENTS	ADLYXIN 20 MCG MAINTENANCE PK ADLYXIN 10-20 MCG STARTER PACK	NONPREFERRED ADD QL STARTER PACK: 1 PACK PER ONE TIME FILL MAINTENANCE PACK: 1 PACK (2 PENS) PER 28 DAYS	VICTOZA AND TANZEUEM (STEP THERAPY REQUIRED)
NSAIDS	FENORTHO 200 MG CAPSULE	NONPREFERRED ADD QL 6 PER DAY	FENOPROFEN 600 MG TABLET NAPROXEN SODIUM IBUPROFEN PIROXICAM KETOPROFEN
	FENORTHO 400 MG CAPSULE	NONPREFERRED ADD QL 4 PER DAY	FENOPROFEN 600 MG TABLET NAPROXEN SODIUM IBUPROFEN PIROXICAM KETOPROFEN
ORAL CONTRACEPTIVES	ALL ORAL CONTRACEPTIVES (NOT INCLUDING EMERGENCY AGENTS)	ADD QL 1 PER DAY	N/A
ORAL HYPOGLYCEMIC AGENTS	INVOKAMET XR 150-1,000 MG TAB INVOKAMET XR 50-1,000 MG TAB INVOKAMET XR 150-500 MG TABLET INVOKAMET XR 50-500 MG TABLET	NONPREFERRED ADD QL 2 PER DAY	JARDIANCE SYNJARDY (STEP THERAPY REQUIRED)

Quarterly pharmacy formulary change notice continued

Effective for all patients on May 1, 2017			
Therapeutic class	Drug	Revised status	Potential alternatives
OTIC COMBINATION AGENTS	OTOVEL 0.3%-0.025% EAR DROPS	NONPREFERRED	NEOMYCIN-POLYMYXIN-HC EAR SOLN CIPROFLOXACIN 0.2% OTIC SOLN OFLOXACIN 0.3% EAR DROPS
SPACERS	COMPACT SPACE CHAMBER MASK COMPACT SPACE CHAMBER-LRG MASK COMPACT SPACE CHAMBER-MED MASK COMPACT SPACE CHAMBER-SM MASK	PREFERRED	N/A
THYROID HORMONES	(BRAND PRODUCTS ONLY) ARMOUR THYROID TABLETS WP THYROID TABLETS SYNTHROID TABLETS CYTOMEL TABLETS	NONPREFERRED (CURRENT UTILIZERS WILL BE GRANDFATHERED.)	GENERIC AVAILABLE PRODUCTS PREFERRED
	UNITHROID 137 MCG TABLET	PREFERRED	N/A

\* Does not apply to Washington.

**What action do I need to take?**

Please review these changes and work with your Amerigroup patients to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific patients, you will need to obtain PA to continue coverage beyond the applicable effective date.

**What if I need assistance?**

We recognize the unique aspects of patients' cases. If for medical reasons your Amerigroup patient cannot be converted to a formulary alternative, call our Pharmacy department at 1-800-454-3730 and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* on our provider website at <https://providers.amerigroup.com>.





If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

WAPEC-1093-17

## CMS emergency preparedness rule — Medicaid and Amerivantage

On September 8, 2016, CMS finalized a rule to establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid, which includes providers with Amerigroup Washington, Inc. seeing Amerigroup Amerivantage (Medicare Advantage) and Washington Apple Health members. The purpose is to increase patient safety during emergencies and establish a more coordinated response to natural and man-made disasters.

The CMS rule requires Medicare and Medicaid participating providers and suppliers to meet the following best practice standards:

	<b>1. Emergency plan</b>	Based on a risk assessment, develop an emergency plan using an all hazards approach that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the provider/supplier location.
	<b>2. Policies and procedures</b>	Develop and implement policies and procedures based on the plan and risk assessment.
	<b>3. Communication plan</b>	Develop and maintain a communication plan that complies with federal and state laws; patient care must be well coordinated within the facility, across health care providers, and with state and local public health departments and emergency systems.
	<b>4. Training and testing program</b>	Develop and maintain training and testing programs (including initial and annual trainings) as well as conduct drills and exercises or participate in an actual incident that tests the plan.

### Important dates:

The regulation went into effect November 16, 2016. Health care providers and suppliers affected by this rule have one year from the effective date to comply and implement all regulations within their practice.

## CMS emergency preparedness rule continued

### Impacted providers:

The following providers and suppliers are required to comply with the emergency preparedness rule:

- All-inclusive care for the elderly
- Ambulatory surgical centers
- Clinics, rehabilitation agencies and public health agencies as providers of outpatient physical therapy and speech-language pathology services
- Community mental health centers
- Comprehensive outpatient rehabilitation facilities
- Critical access hospitals
- End-stage renal disease facilities
- Home health agencies
- Hospices
- Hospitals
- Intermediate care facilities for individuals with intellectual disabilities
- Long-term care facilities
- Organ procurement organizations
- Psychiatric residential treatment facilities
- Religious nonmedical health care institutions
- Rural health clinics and federally qualified health centers
- Transplant centers



Note, while all 17 providers/suppliers are impacted, requirements may differ between types.

### Additional information:

Amerigroup does not have any additional requirements beyond that required by CMS. If you have questions regarding the emergency preparedness rule or would like to view a list of specific requirements, please visit the CMS website (<https://www.cms.gov> > Medicare > Provider Enrollment & Certification > Survey & Certification - Emergency Preparedness).

WA-NL-0059-17