

Provider Update

December 2015 News Bulletin

Claims tip of the month

We have a friendly reminder of the Amerigroup Washington, Inc. timely filing requirements for claims. Initial claim submissions must be submitted within 180 days from the date of service. In situations where providers receive incorrect payer information from the member or there is another primary payer, claims are due within 180 days of the other payer's explanation of payment (EOP) date. A copy of the other payer's EOP must be submitted with the provider's Amerigroup claim. Unless otherwise documented in a provider's contract, claims will be denied as untimely after these time frames.

Corrected claims must be submitted within 90 days of the initial claim submission. Claims should be noted as corrected when submitted and reference the original claim number. Claims payment disputes (or claim appeals) are to be submitted within 24 months from the EOP. If you have questions about these time frames, please call our Provider Services team at 1-800-454-3730.

December New Provider Orientation webinar

Online via WebEx December 17, 2015

8 a.m. - 9:30 a.m. Pacific time Behavioral Health Providers Only

Noon - 1:30 p.m. Pacific time All Providers

RSVP by Tuesday, December 15, 2015

Join us for an online network provider orientation. We'll review information like:

- Online tools
- Claims, coding and billing procedures
- Medical management
- Reference materials and support services

Your support staff is invited, too. Attendance is required for all providers joining our network. RSVP to the Provider Relations department by emailing wa1provrelations@amerigroup.com with Orientation RSVP or BH Orientation RSVP in the email subject.

The Healthcare Effectiveness Data and Information Set tips & best practices

In this month's Healthcare Effectiveness Data and Information Set (HEDIS®) training, we are offering an educational webinar focusing on anti-depressant medication management, follow-up for children with attention deficit disorder (ADD) prescriptions, follow-up on hospitalization for mental illness and monitoring for patients on persistent medications. This session will provide updated National Committee for Quality Assurance (NCQA) documentation guidelines and coding, as well as helpful tips and best practices to improve performance.

HEDIS is a registered trademark of the National Committee for Quality Assurance.



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Anti-depressant medication management

- Talk to the patient about depression and their treatment plan. The stigma associated with a diagnosis of depression that may result in a patient declining medication or stop the medication after they start.
- Schedule follow-up visits before the patient leaves office and stress the need for follow-up visits.
- If you use electronic health records (EHRs), consider creating a flag to track patients due or past due for a visit.

Follow-up for children with ADD prescriptions

- Schedule two additional visits within nine months of medication at the time of the initial follow-up visit.
- If appointment is cancelled, reschedule the appointment right away.
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents and kids involved in after-school activities.

Please join the session for more tips and best practices related to these HEDIS measures. Practices can apply this information to all lines of business with payers. We will also explain any member or provider incentives provided by Amerigroup for services related to the measures. All participating providers are welcome to attend at no cost.

Send an email with your registration request to wa1provrelations@amerigroup.com. Please note HEDIS Training in the email subject line.

Online via WebEx December 15, 2015

11 a.m. – Noon Pacific time

RSVP by Monday, December 14, 2015

- Anti-depressant medication management
- Follow-up for children with ADD prescriptions
- Follow-up on hospitalization for mental illness
- Monitoring for patients on persistent medications

If you would like information or tips for patients related to behavioral health, please let your Provider Relations or Marketing Representative know. We have flyers with tips for taking behavioral health medications and facts about alcohol and facts about the winter blues.

HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Visit our website to view the Amerigroup HEDIS Guide, a full reference document featuring many of the HEDIS measures



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and the charting elements required for each one. See this tool and others at providers.amerigroup.com > Provider Resources and Documents > Quality Management.

Amerigroup in the community

On November 7, 2015, Amerigroup sponsored the Thurston County Health and Resource Fair at Chinook Middle School in Lacey. Attendees were offered health care information, dental information, blood pressure check-ups, nutrition information and much more. More than 200 families and community members came to the resource fair to receive services, get educated and enjoy fun games.

Get to know our Medical Directors

Tanya Dansky, M.D., FAAP, joined Amerigroup as our Chief Medical Officer on Monday, November 16, 2015. Dr. Dansky joins us after serving as the Chief Medical Officer for Columbia United Providers (CUP) in Vancouver, WA where she has been for the past year and a half. While at CUP, she helped them to achieve their first NCQA accreditation, worked with the Health Care Authority to secure a Medicaid contract and led their provider relations effort.

Prior to moving to Vancouver she held the position of Chief Executive Officer of Children's Physicians Medical Group, a 400 member IPA physician group in San Diego, CA and also served as the Chief Medical Officer of CHOC Health Alliance in California where she was directly responsible for all utilization and case management, as well as quality and operations.

Dr. Dansky is board certified in pediatrics, hospice and palliative medicine, and is a graduate of the University of California, Davis with a B.S. in Physiology from the University of Southern California School of Medicine. She performed her pediatric residency at the University of California, San Diego. Dr. Dansky is a Fellow of the California Healthcare Foundation, Healthcare Leadership Program – a prestigious leadership development program offered to a select number of clinicians each year.

Dr. Keith Brown is our Behavioral Health Medical Director. Dr. Brown was actively involved with quality improvement initiatives and utilization management activities as Chief Medical Officer for Cenpatico Behavioral Health. Prior to that, he served for more than 18 years as a Regional Medical Director with Optum Health. After medical school, Dr. Brown completed training in psychiatry at Stanford University and then served as a faculty member at the University of Washington in Seattle. He maintains active licensure in seven states, including Washington, Oregon, California, Wisconsin, Missouri, Texas and New Mexico. Dr. Brown is board certified in child and adolescent psychiatry as well as forensic psychiatry. As an officer in the Air Force Reserve, Dr. Brown is the Officer in Charge of Mental Health for the 446 Aeromedical Staging Squadron.



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Women, Infants and Children nutrition program

We encourage providers to refer our members to their local Women, Infants and Children (WIC) program. WIC provides healthy foods, nutrition tips, breastfeeding help and referrals to pregnant and breastfeeding women and children under the age of five. Through WIC, clients can receive monthly checks for up to \$50 to purchase healthy foods at the local grocery store.

Half of the babies in Washington receive WIC benefits. For your patients who may need assistance, refer them to the state's Family Health Hotline managed by Within Reach at 1-800-322-2588.

Developmental delays support, nutrition and health care access

Beyond WIC, Within Reach provides a multitude of referrals to social service support agencies. They provide free developmental screening connections to early learning and family support and referrals to early intervention for developmental delays. They also help your patients find monthly food assistance for their families, summer feeding programs and other food referrals. And finally, they assist individuals in finding health care resources. Refer your patients to their Family Health Hotline at 1-800-322-2588.

Specialists assigned as PCPs

Amerigroup allows specialists to be PCPs for children and adults with special health care needs. We remind these specialists that they are responsible for ensuring that assigned children receive early and periodic screening, diagnosis and treatment (EPSDT) services.

Behavioral health services

With our focus on the whole person, Amerigroup recognizes a clear need to integrate physical and behavioral health care. Doing so improves health outcomes and reduces cost. For more than 15 years, we've supported thousands of members in achieving their own recovery goals through health care system integration. Our experience in managing and delivering behavioral health services spans beyond just Washington – we've also developed integrated programs in Florida, Georgia, Kansas, Maryland, Nevada, New Jersey, New Mexico, New York, Tennessee and Texas.

All Amerigroup Apple Health members have a behavioral health benefit. You may locate our contracted behavioral health providers at any time by using our provider search function online at providers.amerigroup.com/WA. If you wish to have a printed directory sent to you, please contact your local Provider Relations representative. If you have questions, contact Provider Services at 1-800-454-3730.



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Behavioral health resources: access consultation through Partnership Access Line

The Washington Health Care Authority provides access to consultation with a child psychiatrist through the Partnership Access Line (PAL). Minimize the need for required medication reviews and get assistance in meeting the needs of children with mental health diagnoses by consulting with child psychiatrists and social workers. For assistance, call the PAL toll-free number at 1-866-599-7257. Please note Amerigroup is not required to provide payment to prescribers for voluntarily accessing the PAL. To learn more about PAL, visit palforkids.org.

PCPs and behavioral health providers: working together to treat the whole person

Why is it important for PCPs and behavioral health providers to work together?

- **Physical and behavioral health go hand-in-hand** – Comorbid conditions can complicate treatment of and recovery from both physical and behavioral health issues. A member is more likely to stick to a medical treatment plan if his or her behavioral health needs are properly met and vice versa.
- **Collaboration leads to well-informed treatment decisions**– Providers work together to develop compatible courses of treatment, increasing the chances for positive health outcomes and avoiding adverse interaction.
- **Sharing relevant case information in a timely, useful and confidential manner is an Amerigroup requirement** – We abide by standards set by NCQA requiring health plans to ensure coordination of care between PCPs and behavioral health providers.

When screening for substance abuse and depression, please use standard screening tools like the Patient Health Questionnaire (PHQ-9) or the Drug Abuse Screening Test (DAST). If your patient needs a referral for a complete behavioral health evaluation and you don't know where to turn, contact us for a referral. Screenings should be completed annually.

Affirmative statement about incentives

As a corporation and as individuals involved in utilization management (UM) decisions, we are governed by the following statements:

UM decision-making is based only on appropriateness of care and service and existence of coverage. We do not specifically reward practitioners or other individuals for issuing denial of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization or create barriers to care and service.



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Access to UM staff

We are staffed with clinical professionals who coordinate member care and are available 24 hours a day, 7 days a week to accept precertification requests. You can submit precertification requests by:

- Calling us at 1-800-454-3730
- Faxing requests to 1-800-964-3627
- Logging in to providers.amerigroup.com/WA and using the Precertification Lookup Tool

Do you have questions about utilization decisions or the UM process in general? Call our clinical team at 1-800-454-3730.

Member self-referrals

Members may self-refer for family planning services, sexually-transmitted disease screening and treatment services provided at participating and nonparticipating providers including, but not limited to, family planning agencies. Note that Amerigroup is contracted with all Planned Parenthood agencies in the state of Washington.

Additionally, members have the right to self-refer for certain services to participating or nonparticipating local health departments and participating or nonparticipating family planning clinics paid through the state of Washington.

Half Tablet program

Effective the first quarter of 2016, the Half Tablet program will be implemented for Amerigroup Washington, Inc. plans. These drug categories will be included: antihyperlipidemics, antidiabetics, antihypertensives, antianxiety agents, calcium channel blockers, beta blockers and antivirals.

The Half Tablet program is a simple way to lower the cost of prescription drug claims. Savings are achieved when prescriptions are written for medications on the Half Tablet program drug list at double the strength with directions to cut the tablets in half, to achieve the original dose. Plans save money because fewer tablets are dispensed while maintaining the same days' supply. Drugs that are included in the Half Tablet program are taken once a day, and have been clinically reviewed to confirm that pill splitting will not reduce patient compliance or efficacy of the medication.

Tablet splitting is a well-established medical practice in clinical settings, especially within the geriatric and psychiatric communities, as a means of reducing medication dose and/or cost. Many prescription drugs are available at increased dosages for the same or similar costs as lower dosages. Tablet splitting can be a cost-saving practice when implemented judiciously using drug and patient-specific criteria aimed at clinical safety. (JMCP, January 2015 Vol. 21, No.1 www.amcp.org)



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

Reimbursement Policy updates

Preadmission Services for Inpatient Stays

Amerigroup allows reimbursement for applicable services for a covered member prior to admission to an inpatient hospital (referred to as the payment window). For admitting hospitals, applicable preadmission services are included in the inpatient reimbursement for the three days prior to and including the day of the member's admission, and, therefore, are not separately reimbursable expenses. For other hospitals and units, applicable preadmission services are included in the inpatient reimbursement within one day prior to and including the day of the member's admission and, therefore, are not separately reimbursable expenses. For critical access hospitals, outpatient diagnostic services are not subject to either the three-day or one-day payment window and, therefore, are separately reimbursable expenses from the inpatient stay reimbursement.

Please note, the three-day or one-day payment window does not apply to outpatient diagnostic services included in the rural health clinic or federally qualified health center all-inclusive rate.

Applicable preadmission services consist of all diagnostic outpatient services (including non-patient laboratory tests) and clinically related nondiagnostic services that are related to the inpatient stay and are included in the inpatient reimbursement. A hospital may attest to specific nondiagnostic services as being unrelated by adding a condition code 51 to the outpatient nondiagnostic service to be billed separately.

For additional information and/or nonreimbursable services, refer to the Preadmission Services Reimbursement Policy at providers.amerigroup.com.

Prosthetic and Orthotic Devices

Reimbursement is allowed for prosthetic and orthotic devices when provided as part of a physician's services or ordered by a physician and used in accepted medical practice. Reimbursement is based on the applicable fee schedule or contracted/ negotiated rate for the prosthetic or orthotic device dispensed. The design, materials, measurements, fabrications, testing, fitting and training in the use of the device are included in the reimbursement of the device and are not separately reimbursable expenses. In instances of theft, a police report is required for consideration of replacements.

For additional information and/or nonreimbursable services, refer to the Prosthetic and Orthotic Devices Reimbursement Policy at providers.amerigroup.com.



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Transportation Services: Ambulance and Facility Transfers

Please note, Amerigroup does not allow reimbursement for mileage when the transport service has been denied or is not covered. Amerigroup also does not allow separate reimbursement for additional medical personnel, unusual waiting time and disposable/first aid supplies.

For additional information and/or nonreimbursable services, refer to the Transportation Reimbursement Policy at providers.amerigroup.com.

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

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