

# Provider Update

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## February 2015 News Bulletin

### Core Provider Agreement required

The Washington State Health Care Authority (HCA) now requires that all providers who serve Medicaid enrollees through a managed care organization also hold a Washington State Medicaid Core Provider Agreement (CPA) with the HCA. If you do not currently have an agreement, you must apply with HCA online at:

<http://www.hca.wa.gov/medicaid/providerenroll/Pages/index.aspx>.

Providers are not required to accept Medicaid fee-for-service members but must have an active CPA. This allows the HCA to ensure specific communications reach all Medicaid providers and that all providers specifically adhere to state and federal requirements which are also part of providers' agreements with managed care plans.

Instructions on how to become a nonbilling provider are given at the link below at HCA's website. As explained on the website, if a provider who already has a Core Provider Agreement (CPA) submits a nonbilling application, the CPA is replaced by the agreement given in the nonbilling application.

<http://www.hca.wa.gov/medicaid/providerenroll/Pages/nonbilling.aspx>

If you have questions, please call HCA at 1-800-562-3022, ext. 16137. You may also contact Provider Services at 1-800-454-3730.

### Behavioral health services

All Amerigroup Apple Health members have a behavioral health benefit. We recently mailed a directory of our contracted behavioral health providers to all primary care offices. You may also locate such providers at any time by using our provider search function online at <http://providers.amerigroup.com>. If you did not receive a printed directory and wish to have one sent to you, please contact your local Provider Relations representative. If you have questions, contact Provider Services at 1-800-454-3730.

### Contraceptives – 12-month supplies

Amerigroup encourages providers to write 12-month prescriptions for contraceptive supplies when prescribing for its members. All of our contracted pharmacies know they are to dispense such prescriptions as written. If you have questions, please contact our Pharmacy department at 1-800-454-3730 or Express Scripts at 1-844-367-6113.



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## 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.

## Referring members to case management

We have a comprehensive program to meet our members' needs when they are pregnant or have conditions or diagnoses that require ongoing care and treatment. Once we have identified a member's need, our nurse will work with that member and the member's PCP to identify the following needs:

- Level of case management
- Appropriate alternate settings to deliver care
- Health care services
- Equipment and/or supplies
- Community-based services
- Communication between the member and his or her PCP

For members who are hospitalized, our nurse will also work with the member, utilization review team, and PCP or hospital to develop a discharge plan of care and link the member to:

- Community resources
- Our outpatient programs
- Our Disease Management Centralized Case Unit

When providers want to recommend one of their patients for case management, they can simply call our Health Care Management Services department at 1-800-454-3730.

## Utilization Management criteria

Do you have questions about Amerigroup criteria for utilization management, utilization decisions or the utilization management process in general? Call our clinical team at 1-800-454-3730 Monday through Friday from 8 a.m. to 5 p.m. Pacific time. You may leave a confidential voicemail message outside of these hours and our staff will happily return your call.



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Additionally, 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](https://providers.amerigroup.com/WA) and using the Precertification Lookup Tool

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.

## Consultation notes to referring providers

Amerigroup reminds specialty providers that when you consult or treat a patient, his or her PCP wants to hear from you. Please be sure to notify the patient's PCP and referring practitioner of the outcome of your care. Together, you are a powerful team!

## Pharmacy management information

Need up-to-date pharmacy information? Log in to our website, [providers.amerigroup.com/WA](https://providers.amerigroup.com/WA), to access our Medicaid and Medicare formularies, prior authorization form, procedures for generic substitution and step therapy. Changes to the formularies may be made monthly and posted on the website on or before the effective date of the change. Have questions about the formulary? Call our Pharmacy department. Pharmacy technicians are available Monday through Friday from 5 a.m. to 5 p.m. Pacific time and Saturdays from 7 a.m. to 11 a.m. Pacific time.

- Medicaid: 1-800-454-3730
- Amerivantage Part B: 1-866-797-9884, option 5
- Amerivantage Part D: Express Scripts Provider Services, 1-800-338-6180, available 24 hours a day, 7 days a week



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To request an exception to Amerigroup formulary, providers must submit a prior authorization request online or use the prior authorization form. Providers must document why other medications are not acceptable by listing other medications tried by the member, adverse effects, inadequate responses or other explanations and medical necessity for nonpreferred medication(s) or for prescribing outside of FDA labeling. Upon review by Amerigroup, the provider may also need to provide one or more of the following items as substantiation: copies of medical records and office notes.

Providers can send a request for a prescription coverage determination or an appeal for a Medicare plan via email rather than fax or phone by sending the request to the following address: [medicarepartdparequests@express-scripts.com](mailto:medicarepartdparequests@express-scripts.com).

## 2015 program updates

Several changes have been made in the Amerigroup 2015 contract with the HCA. Some of these affect member benefits or how they are administered, so we have highlighted a few below that may arise more frequently in your practice. To obtain Amerigroup prior authorization requirements related to these new or modified benefits, please visit our website at [providers.amerigroup.com/WA](http://providers.amerigroup.com/WA). If you have questions about any of these or other benefits, please call Amerigroup Provider Services at 1-800-454-3730.

- Nutritional counseling – covered by certified registered dietitians for specific conditions such as failure to thrive, feeding problems, cystic fibrosis, diabetes, high blood pressure and anemia.
- Surgical procedures for weight loss – consistent with strict guidelines of WAC 182-531-1600, surgical procedures are covered for weight loss as determined medically necessary. The Washington Administrative Code (WAC) specifies detailed criteria required for coverage. Amerigroup reviews each case for medical necessity.
- Hepatitis C medications – immune modulators and anti-viral medications to treat Hepatitis C are no longer the responsibility of Amerigroup, but covered by HCA.
- Early, elective inductions (before 39 weeks) – for those pregnancies that do not meet medically necessary indicators set by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), early inductions are not covered. Because JCAHO criteria do not capture all situations in which an early delivery is medically indicated, Amerigroup will review cases that do not meet JCAHO criteria but which the hospital and delivering provider believe were medically necessary.
- Hearing Aids and implants for members 20 years of age and younger – monaural and binaural hearing aids, bilateral cochlear implants and bone-anchored hearing aids (BAHA) are now the financial responsibility of Amerigroup. These services for members older than age 20 are the responsibility of HCA.



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- Newborn Eligibility – if the mother’s enrollment is ended before the newborn receives a separate client identifier from HCA, the newborn’s enrollment shall end the last day of the month in which the 21st day of life occurs or when the mother’s enrollment ends, whichever is sooner (previously was “later”), except as provided for members hospitalized at the time of their eligibility termination.
- Specialists as PCPs for members with special health needs – if a specialist provider is the PCP for any member with special health needs, the specialist is responsible for ensuring that child receives Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.

## Quality Program

Amerigroup maintains a Quality Program to constantly improve the medical care and health outcomes for our members, and also to improve the services used by our members. The Quality Program focuses on quality of care, quality of service and patient safety. The program is overseen by several committees comprised of key leaders at Amerigroup and medical care providers who participate in our network giving care to our members.

Amerigroup uses several approaches to get insight into the effectiveness of our quality program. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures health care consumers’ satisfaction with the quality of care and customer service provided by their health plan. In the 2014 CAHPS survey, Amerigroup members gave the highest scores to:

- Getting appointment as soon as needed
- Easy to get appointment with specialist

The areas with the lowest scores (our biggest opportunities to improve) were:

- Got information or help needed
- Listen carefully to you
- Show respect for what you had to say

Amerigroup also uses the Healthcare Effectiveness Data and Information Set (HEDIS®) scores to evaluate our performance. These are national standard measures related to clinical care. In 2014, our highest scores were in:

- Appropriate treatment for children with upper respiratory infection
- Use of imaging studies for low back pain

Areas where we have opportunity to improve include:

- Prenatal and postpartum care
- Childhood immunizations
- Adolescent well-care visits



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## Your opinion matters

Amerigroup wants to hear from you. You may contact our Provider Services department any time at 1-800-454-3730 to express your satisfaction or complaints about our health plans, services or provider network. Your comments are taken seriously, reviewed for trends and acted on to resolve problems. You may be asked to participate in a survey from time to time. Your responses to surveys help Amerigroup to understand your needs, preferences and expectations and then to improve our service for you.

\*CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

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

## Services covered by HCA

While Amerigroup manages most of its members' health care services, the HCA also directly manages a multitude of services that are available to our members. We encourage providers to be aware of these services so that you can refer members as may be helpful. These services include:

Inpatient services at Certified Public Expenditure (CPE) hospitals for Categorically Needy – Blind and Disabled identified by the HCA

- School-based Health Care Services for Children in Special Education with an Individualized Education Plan or Individualized Family Service Plan who have a disability, developmental delay or are diagnosed with a physical or mental condition
- Eyeglass frames, lenses, and fabrication services covered under the Health Care Authority's selective contract for these services, and associated fitting and dispensing services
- Voluntary termination of pregnancy
- Court-ordered transportation services, including ambulance services
- Transportation Services other than ambulance, including but not limited to: taxi, cabulance, voluntary transportation, public transportation and common carriers;
- Air ambulance services. Amerigroup remains responsible for all ground ambulance transportation services described covered in the contract.
- Services provided by dentists and oral surgeons for dental diagnoses; anesthesia for dental care
- Orthodontics
- Monaural and binaural hearing aids, including fitting, follow-up care, batteries, and repair for enrollees over age 20
- HCA First Steps Program - Maternity Support Services
- Sterilizations for enrollees under age 21, or those that do not meet other federal requirements (42 C.F.R. § 441 Subpart F)
- Health care services provided by a neurodevelopmental center recognized by the Department of Health



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- Services provided by a health department when a client self-refers for care if the health department is not contracted with the Amerigroup
- Inpatient psychiatric services, including psychiatric consultations approved and paid for by Regional Support Networks
- Long-term private duty nursing for enrollees 18 and over. These services are covered by the Department of Social and Health Services (DSHS), Aging and Long-Term Services Administration.
- Prenatal Diagnosis Genetic Counseling provided to enrollees to allow enrollees and their PCPs to make informed decisions regarding current genetic practices and testing
- Substance use treatment services covered through the DSHS, Behavioral Health and Service Integration Administration (BHSIA)
- Community-based services (e.g., Community Options Program Entry System and Personal Care Services) covered through the Aging and Long Term Services Administration
- Nursing facility stays that do not meet rehabilitative or skilled criteria
- Mental health services separately purchased for all Medicaid clients by the DSHS, BHSIA
- Health care services covered through the DSHS, Developmental Disabilities Administration for institutionalized clients
- Infant formula for oral feeding provided by the Women, Infants and Children program in the Department of Health. Medically necessary nutritional supplements for infants are covered under the pharmacy benefit
- Any service provided to an enrollee while incarcerated with the Washington State Department of Corrections
- Hemophiliac Blood Product – Blood factors VII, VIII and IX and the anti-inhibitor indicated for use in treatment for hemophilia and von Willebrand disease distributed for administration in the enrollee's home or other outpatient setting
- Immune modulators and anti-viral medications to treat Hepatitis C. This exclusion does not apply to other MCO-covered services related to the diagnosis or treatment of Hepatitis C.



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## Join the Medical Advisory or Credentialing committees

Amerigroup Washington, Inc. invites you to participate on its Medical Advisory and/or Credentialing committees. Participants provide valuable feedback and input to our Medicaid Managed Care partnership. Participants make a difference regarding how Amerigroup provides services to its Medicaid enrollees.

Participants should be licensed in the field of pediatrics or OB-GYN (M.D., D.O., P.A. and ARNP) and have a willingness to share ideas with us. The commitment includes a one-hour monthly meeting, which is held by telephone. Amerigroup offers a \$200 stipend for participants.

We hope you will join one or both of these valuable committees and collaborate with us about continuing to provide quality care to Medicaid recipients in Washington. For additional information, contact Lani Spencer, Vice President of Health Care Management Services at 206-674-4470 or toll free at 1-855-323-4688.

## Recredentialing and Medversant

The National Committee for Quality Assurance (NCQA) requires that we complete provider recredentialing every three years. Existing providers who have been contacted by Medversant about recredentialing should respond within the time period noted and with the requested materials. Providers who do not respond timely can be terminated. For more information, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

## eyeQuest now Administering Eye Care

eyeQuest began administering the routine optical, medical and surgical eye care for Amerigroup members effective January 1, 2015. In order to continue seeing existing Amerigroup members for these services, providers must contract with eyeQuest. If you have any questions about the contract or this change, please contact eyeQuest at 1-888-696-9551 or visit their website [www.eye-quest.com](http://www.eye-quest.com).

## February new provider orientation webinar

Join us for our February new provider orientation online via WebEx Thursday, February 19, 2015, from 12 p.m. to 1:30 p.m. Pacific time. Join us for an online network provider orientation. Talk with Amerigroup representatives and get answers to questions you may have. We'll review information like:

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





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Your support staff is invited, too. Attendance is required for all providers joining our network.

RSVP to the Provider Relations department by calling 1-206-674-4479.

## Distribution of Clinical Practice and Preventive Health Guidelines

Evidence-based guidelines are Clinical Practice Guidelines known to be effective in improving health outcomes. Guideline effectiveness is determined through scientific evidence, professional standards or expert opinion. Amerigroup provides clinical care and preventive health guidelines to our network physicians. These guidelines are based on current research and national standards. The following guidelines are available on our website, [providers.amerigroup.com/WA](http://providers.amerigroup.com/WA):

- Developmental screening, assessment and referral – last updated 12/10/2014

If you would like a paper copy of a guideline, call Provider Services at 1-800-454-3730 — we'll be glad to send you a copy.

To request a copy of the specific criteria/guidelines used for the decision, please call Provider Services or write to:

Medical Management  
Amerigroup Washington, Inc.  
705 Union Station, Suite 300  
705 Fifth Ave. South

## Flu season update

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.



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## Who is at high risk?

- Patients age 65 or older
- Patients with certain chronic diseases and illnesses
- 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.
- Women who are pregnant or expect to become pregnant
- Native Americans and Alaska Natives

## 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](http://providers.amerigroup.com). Please check the CDC website for the most recent flu season developments at [www.cdc.gov/flu](http://www.cdc.gov/flu).

If you have questions about this communication, received this fax in error or need help, contact your local Provider Relations representative or call our Provider Services team:

- Medicaid providers call 1-800-454-3730
- Medicare providers call 1-866-805-4589

## New information about coding

Amerigroup recently corrected a configuration error which caused us to incorrectly deny codes 90685 and 90686. Providers do not need to resubmit affected claims; we are automatically reprocessing these. Learn more and get valuable resources on our website.

## First Steps program

All pregnant women who are covered under Washington Apple Health (Medicaid) are eligible to receive Maternity Support Services (MSS) through the First Steps program. First Steps is a preventive health program designed to ensure healthy birth outcomes.

MSS is voluntary and offers a variety of services for low income pregnant women to help them have a healthy pregnancy and a healthy baby. Some services include:

- A screening and assessment to determine risk factors
- Patient centered interventions for determined risk factors



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- Brief counseling
- Basic health messages related to pregnancy and infant care
- Referral to community resources

MSS can be provided in the clinic, at the patient's home, or in a community setting and they are provided by an interdisciplinary team who coordinates and supports the medical provider's plan of care for the pregnant woman and/or infant. This team includes a:

- Community health nurse
- Behavioral health specialist
- Registered Dietitian
- Community health worker (some locations)

After the infant is born and MSS has ended, the family may be eligible to receive Infant Case Management (ICM) services to help them learn about and how to use needed medical, social, educational and other resources in their community so the baby and family can thrive.

If you would like more information about First Steps, or to find a provider in the area, visit [www.hca.wa.gov/medicaid/firststeps](http://www.hca.wa.gov/medicaid/firststeps). You can also direct your patients to this website or refer them to Amerigroup Washington, Inc. at 1-800-600-4441. Amerigroup recommends that all pregnant women be referred to the First Steps program.

## 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 Washington, Inc. 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.**



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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)	New
January 1, 2015	DRUG.00066	Antihemophilic Factors and Clotting	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	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	Revised
November 17, 2014	DRUG.00028	Intravitreal and Periocular Injection Treatment for Retinal Vascular	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	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	Revised
November 17, 2014	SURG.00064	Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of	Revised
January 13, 2015	SURG.00066	Percutaneous Neurolysis for Chronic Neck	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



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## 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	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	Revised
January 13, 2015	CG-DRUG-15	Gonadotropin Releasing Hormone (GnRH)	Revised
November 17, 2014	CG-DRUG-19	Progesterone Therapy as a Technique to Prevent Preterm Delivery in High-Risk	Revised
November 17, 2014	CG-MED-40	Ambulatory Event Monitors to Detect Cardiac Arrhythmias	Revised
January 1, 2015	CG-SURG-09	Temporomandibular Disorders	Revised

## 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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