

Provider News Bulletin



Amerigroup Washington, Inc.

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

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

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Consumer Assessment of Healthcare Providers and Systems

As you may know, CAHPS® stands for Consumer Assessment of Healthcare Providers and Systems, and is an annual survey of health plan members that occurs each year between January and March.

This survey is a big deal

The National Committee for Quality Assurance (NCQA) serves as the accrediting body for health plans and developed the CAHPS survey. Health plans are ranked based on CAHPS and HEDIS scores.

The CAHPS survey asks a series of questions about a member's healthcare experience, and results are shared with individual plans and the state. Members are asked to rate their experience with:

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

Groups of similar questions are also combined to evaluate:

- Getting Needed Care.
- Getting Care Quickly.
- How Well Doctors Communicate.
- Shared Decision Making.
- Customer Service.



Please note that the 2017 CAHPS surveys are wrapping up now. Preliminary results show that the overall ratings are improving, but Getting Needed Care and Getting Care Quickly scores continue to show a need for improvement.

Keep it up

The best way we can influence and improve members' perception is through our daily interactions with them. This year, Amerigroup Washington, Inc. is implementing an initiative called Working Together for Better Health to enhance member communication. This initiative includes:

- Participation in the national Ask Me 3™ program. Ask Me 3, vetted by the National Patient Safety Foundation, offers patients three questions to ask their doctor during a visit:
 - What is my problem?
 - Why is it important?
 - What do I have to do about it?
- Provider handouts regarding CAHPS.
- The sharing of member communication tips.

Representatives from Amerigroup will begin distributing related materials in June. Please be attentive and make yourself familiar with these initiatives. Let's work together to make every member interaction a positive one!

WA-NL-0091-17

Foot care services

Treatment of the lower extremities is considered medically necessary when there is an acute condition, an exacerbation of a chronic condition or presence of a systemic condition (such as metabolic or peripheral vascular disease), and when there is evidence that the treatment will prevent, cure or alleviate a condition in the client that causes pain resulting in the inability to perform activities of daily living, acute disability, or threatens to cause the loss of life or limb unless otherwise specified.



The following services are covered:

- Treatment of acute inflammatory processes such as the following:
 - Circulatory compromise such as but not limited to:
 - Lymphedema
 - Raynaud's disease
 - Thromboangiitis obliterans
 - Phlebitis
 - Charcot arthropathy
 - Gout
 - Injuries, fractures, sprains and dislocations
 - Lacerations, ulcerations, wounds and blisters
 - Neuropathies (e.g., reflex sympathetic dystrophy secondary to diabetes)
 - Osteomyelitis
 - Postoperative complications
 - Tendonitis
- Removal of warts, corns or calluses in the presence of an acute condition such as infection and pain affecting the client's ability to ambulate as a result of the warts, corns or calluses for an allowable condition
- Treatment of soft tissue conditions such as but not limited to:
 - Rashes
 - Infections (fungal, bacterial)
 - Gangrene
 - Cellulitis of lower extremities
 - Soft tissue tumors
 - Neuroma
- Treatment of nail bed infections (paronychia)
- Treatment of tarsal tunnel syndrome
- Treatment of diabetic foot ulcers with TheraSkin® when prior authorization is obtained

- Trimming and/or debridement of nails to treat an allowable condition
- A surgical procedure to treat one of the allowable conditions
- Impression casting to treat one of the allowable conditions
- Custom-fitted and/or custom-molded orthotic devices to treat one of the allowable conditions

The following services are not covered:

- Treatment of or follow-up office visits for chronic acquired conditions of the lower extremities
- Routine foot care such as but not limited to:
 - Cutting or removing warts, corns and calluses
 - Treatment of tinea pedis
 - Trimming, cutting, clipping or debriding of nails
- Nonroutine foot care such as but not limited to treatment of:
 - Adult acquired flatfoot (metatarsus adductus or pes planus)
 - Bunions and tailor's bunion (hallux valgus)
 - Cavovarus deformity, acquired
 - Equinus deformity of foot, acquired
 - Flat feet
 - High arches (cavus foot)
 - Hallux malleus
 - Hallux limitus
 - Onychomycosis
- Any other service performed in the absence of localized illness, injury or symptoms involving the foot

WA-NL-0095-17

Interactive Care Reviewer tool: Register and start using today!

Beginning June 17, 2017, your practice can submit online preauthorization requests from Amerigroup Washington, Inc. for Washington Apple Health members more efficiently and conveniently with our Interactive Care Reviewer (ICR) tool available through the Availity Web Portal (Availity). The ICR offers a streamlined process to request inpatient and outpatient procedures as well as locate information on previously submitted requests.

What benefits/efficiencies does the ICR tool provide?

- **You are automatically routed to our ICR tool.** Once the ICR tool is available, when you go to Authorizations in Availity, you are automatically routed to the ICR tool in order to begin your preauthorization request.
- **You can determine if preauthorization is needed.** For most requests, when you enter patient, service and provider details, you will receive a message indicating whether or not review is required.
- **You have inquiry capability.** Ordering and servicing physicians and facilities can locate information on preauthorization requests for those they are affiliated with; this includes requests previously submitted via phone, fax or the ICR tool.
- **The ICR tool reduces the need to fax.** The ICR tool allows text detail as well as images to be submitted along with the request. Therefore, you can submit requests online and reduce the need to fax medical records.
- **There is no additional cost to you.** The ICR tool is a no-cost solution that's easy to learn and even easier to use.
- **You can access the ICR tool almost anywhere.** You can submit your requests from any computer with internet access. (Note: We recommend you use Internet Explorer 11, Chrome, Firefox or Safari for optimal viewing.)
- **You receive a comprehensive view of all your preauthorization requests.** You have a complete view of all the utilization management requests you submit online, including the status of your requests and specific views that provide case updates and a copy of associated letters.



How do I gain access to the ICR tool?

You can access the ICR tool through Availity.

- **If your organization has not yet registered for Availity:**
 - Go to <https://www.availity.com>.
 - Select **Register** in the upper right-hand corner of the page.
 - Then, select **PORTAL REGISTRATION Let's get started!** and follow the prompts of the online registration wizard.
- **If your organization already has access to Availity:**
 - Your Availity administrator can grant you access to "authorization and referral request" for submission capability and "eligibility and benefits inquiry" for inquiry capability.
 - You can then find our tool in Availity under *Patient Registration* and *Authorizations & Referrals*.

**Interactive Care Reviewer tool:
Register and start using today!
(cont.)**



Whom can I contact with questions?

- For help using our ICR tool, please contact your local Network Relations representative.
- For help accessing our tool via Availity, call Availity Client Services at 1-800-AVAILITY (1-800-282-4548). Availity Client Services is available Monday-Friday from 8 a.m.-7 p.m. ET (excluding holidays) to answer your registration questions.

Note: ICR is not currently available for requests involving transplant services or services administered by AIM Specialty Health® or OrthoNet LLC. For these requests, follow the same preauthorization process you use today.

WA-NL-0096-17

Priority HEDIS measures training

Amerigroup Washington, Inc. invites providers, coders, billers, practice managers and health care professionals to attend our upcoming Medicaid perspectives webinar training on Washington Apple Health priority HEDIS® measures. Join our live training for an opportunity to hear from HEDIS experts, as well as your colleagues.



Session One

Session One is scheduled for Wednesday, June 7, 2017, from noon-1 p.m. Pacific time. The measures discussed during this session will include the following:

- Antidepressant medication management
- Controlling high blood pressure
- Diabetes care
- Childhood and adolescent immunizations
- Asthma medication management
- Well-child visits for ages 3-6 years

Session Two

Session Two is scheduled for Wednesday, June 21, 2017, from noon-1 p.m. Pacific time. The measures discussed during this session will include the following:

- Timeliness of prenatal care
- Postpartum care
- Frequency of prenatal care
- Medical management of chronic obstructive pulmonary disease
- Well-child visits for ages 0-15 months

All participants will receive office-ready provider manuals after each session for daily staff use. To complete registration, visit <https://antheminc.adobeconnect.com/admin/show-event-catalog?folder-id=38445700>.

If you have any additional questions, please feel free to contact Brigita Fody Landstrom at 206 674 4481.

If you are unable to attend the session, there will be additional opportunities each quarter for you to participate. There are also recorded sessions if your schedule does not allow for the live sessions.

WA-NL-0094-17

Downtown Emergency Service Center

Downtown Emergency Service Center (DESC) thanks Amerigroup Washington, Inc. for being the first contributor to an innovative yet practical solution. In partnership with Harborview Medical Center, part of the University of Washington Medical School and Centers, DESC has delivered primary care to shelter clients for more than 20 years. In fact, DESC was one of the first shelters in King County to do so.

Amerigroup has gifted \$35,000 to DESC, providing over a third (36 percent) of the funds needed to transform a former downtown shelter's indoor smoking room into a place for healing and health — a primary care clinic. DESC is also grateful to the Garneau-Nicon Foundation and the Foster Foundation for their financial support of this project.

Last year, DESC received a generous grant from the Pacific Hospital Public Development Authority (PHPDA) to expand their nursing staff, thus necessitating the smoking room renovation. With this new programmatic funding and the newly renovated clinic, DESC will more than double the number of nurse visits for immediate and chronic medical conditions, significantly reducing unnecessary and expensive emergency room interventions.

From the shelter's beginning, Mary Pilgrim, R.N., or Nurse Mary as she is affectionately known by clients and staff alike, has provided bandages and flu shots hand-in-hand with compassion and great humor. In honor of her many years of service, the new primary care clinic will be named Nurse Mary's Clinic.



On Wednesday, April 19, 2017, project donors joined Mary Pilgrim as well as David Escame, director of marketing and community relations, Amerigroup, and Torri Canda, behavioral health and innovative programs integration director, Amerigroup, in Seattle to officially open the new clinic. Representatives from Harborview and PHPDA were in attendance, and Amerigroup invited both attendees and all shelter clients to share in the celebration with a sponsored hot lunch.

WA-NL-0093-17

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below were reviewed and approved at our March 29, 2017, pharmacy and therapeutics committee meeting.

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

Effective for all patients on August 1, 2017			
Therapeutic class	Drug	Revised status	Potential alternatives
THERAPY FOR ACNE	DIFFERIN 0.1% GEL (OTC PRODUCT)	PREFERRED	N/A
ANTICOAGULANTS	(BRAND ONLY) COUMADIN 1 MG TABLET COUMADIN 2 MG TABLET COUMADIN 2.5 MG TABLET COUMADIN 3 MG TABLET COUMADIN 4 MG TABLET COUMADIN 5 MG TABLET COUMADIN 6 MG TABLET COUMADIN 7.5 MG TABLET COUMADIN 10 MG TABLET	NONPREFERRED (GRANDFATHER CURRENT UTILIZERS FOR A LIFETIME)	WARFARIN TABLET JANTOVEN TABLET
BETA AGONIST INHALERS	XOPENEX HFA INHALER	REVISE QL* 2 INHALER PER 30 DAYS	N/A
BIPOLAR DISORDER DRUGS	LITHIUM 8 MEQ/5 ML SOLUTION LITHIUM 8 MEQ/5 ML SOLUTION	PREFERRED	N/A
INSULIN THERAPY	NOVOLOG 100 UNITS/ML FLEXPEN NOVOLOG 100 UNIT/ML CARTRIDGE HUMALOG 100 UNITS/ML KWIKPEN HUMALOG 200 UNITS/ML KWIKPEN HUMALOG 100 UNITS/ML CARTRIDGE	ADD QL* 30ML PER 30 DAYS	N/A
	HUMULIN R 500 UNITS/ML VIAL HUMULIN R 500 UNITS/ML KWIKPEN	REVISE QL* 21 ML PER 30 DAYS	N/A
LAMA AND LAMA/ LABA PRODUCTS	SPIRIVA 18 MCG CP-HANDIHALER	NONPREFERRED WITH STEP THERAPY	SPIRIVA RESPIMAT 2.5 MCG INHALER SPIRIVA RESPIMAT 1.25 MCG INHALER
PROGESTINS	HYDROXYPROGESTERONE 1.25 G/5ML	PREFERRED WITH PA	N/A

Quarterly pharmacy formulary change notice (cont.)

Therapeutic class	Drug	Revised status	Potential alternatives
NALOXONE PRODUCTS	NALOXONE 0.4 MG/ML VIAL NALOXONE 4 MG/10 ML VIAL BD LUER-LOK SYRINGE 1ML 20GX1”	PREFERRED	N/A
TOPICAL ANESTHETICS	LIDOCAINE HCL 4% SOLUTION	QL ADDED* 10 ML PER DAY	N/A
	LIDOCAINE 5% OINTMENT	QL REVISED* 5 GMS PER DAY	N/A
TOPICAL METRONIDAZOLE	METRONIDAZOLE TOPICAL 1% GEL METRONIDAZOLE TOP 1% GEL PUMP	PREFERRED	N/A
TOPICAL STEROIDS	CLOBETASOL PROPIONATE 0.05 % SOLUTION, NON-ORAL CORMAX 0.05 % SOLUTION, NON-ORAL	QL REVISED* 50 GMS PER 30 DAYS	N/A
	PANDEL 0.1 % CREAM (GRAM)	QL REVISED* 80 GM PER 30 DAYS	N/A
	TRIAMCINOLONE ACETONIDE 0.5 % OINTMENT (GRAM)	QL REVISED* 30 GMS PER 30 DAYS	N/A
	CLOCORTOLONE PIVALATE 0.1 % CREAM (GRAM) CLODERM 0.1 % CREAM (GRAM)	QL REVISED* 90 GMS PER 30 DAYS	N/A
	TRIANEX 0.05 % OINTMENT (GRAM)	QL REVISED* 430 GMS PER 30 DAYS	N/A
	TRIAMCINOLONE ACETONIDE 0.025 % CREAM (GRAM) TRIAMCINOLONE ACETONIDE 0.1 % CREAM (GRAM) TRIDERM 0.1 % CREAM (GRAM)	QL REVISED* 454 GMS PER 30 DAYS	N/A
	VAGINAL ESTROGENS	PREMARIN VAGINAL CREAM	NONPREFERRED WITH STEP THERAPY
	YUVAFEM 10 MCG VAGINAL INSERT	PREFERRED	N/A

Quarterly pharmacy formulary change notice (cont.)

Therapeutic class	Drug	Revised status	Potential alternatives
XANTHINES	(BRAND ONLY) ELIXOPHYLLIN 80 MG/15 ML ELIX	NONPREFERRED (GRANDFATHER CURRENT UTILIZERS FOR A LIFETIME)	THEOPHYLLINE 80 MG/15 ML SOLN
	(BRAND ONLY) THEO-24 ER 100 MG CAPSULE THEO-24 ER 200 MG CAPSULE THEO-24 ER 300 MG CAPSULE THEO-24 ER 400 MG CAPSULE	NONPREFERRED (GRANDFATHER CURRENT UTILIZERS FOR A LIFETIME)	THEOPHYLLINE ER TABLETS
	THEOPHYLLINE ER 400 MG TABLET THEOPHYLLINE ER 600 MG TABLET	PREFERRED	N/A

* Indicates either no changes in Preferred/Nonpreferred status revision or addition to UM edit only.

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 prior authorization (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-1152-17

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