

Provider Update

November 2015 News Bulletin

November new provider orientation webinar

Online via WebEx November 19, 2015

12 p.m. - 1:30 p.m. Pacific time

RSVP by Tuesday, November 17, 2015

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

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

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

HEDIS tips and best practices

In this HEDIS® training, we are offering an educational webinar focusing on:

- Well-child 0-15 months
- Well-child 3-6 years
- Adolescent well care
- Weight assessment/counseling for nutrition and physical activity
- Immunization HEDIS measures

This session will provide updated NCQA documentation guidelines and coding, as well as helpful tips and best practices to improve performance. 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 member or provider incentives provided by Amerigroup Washington, Inc. for services related to the measures. All participating providers are welcome to attend at no cost.

Well-child 0-15 months

- If you use electronic health records (EHRs), consider creating a flag to track patients due or past due for a visit.
- If you do not use EHRs, consider creating a manual tracking method. Sick visits may be an opportunity for your patient to complete a wellness exam.

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



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Well-child 3-6 years

- Schedule the next visit at the end of the appointment.

Adolescent well-care

- Complete a well-care visit at the same time as sports physical.
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents and kids involved in after-school activities.

Weight assessment/ counseling for nutrition and physical activity

- Consider incorporating appropriate nutritional and weight management questioning and counseling into your routine clinical practice.
- Measure height and weight at least annually; for 16- and 17-year-olds only, you may either calculate body mass index percentile or document the values alone.

Online via WebEx November 17, 2015

11 a.m. - 12 p.m. Pacific time

RSVP by Monday, November 16, 2015

- Well-child 0-15 months
- Well-child 3-6 years
- Adolescent well care
- Weight assessment/counseling for nutrition and physical activity

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

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 at providers.amerigroup.com/WA to view the Amerigroup HEDIS Guide, a full reference document featuring many of the HEDIS measures and the charting elements required for each one. You can find this tool and others under Provider Resources and Documents > Quality Management.

Amerigroup in the community

On October 14, 2015, the Spokane Community College Adult Education Center, 2nd Harvest and Amerigroup held its first of six mobile food pantry events. The Amerigroup Foundation awarded the Adult Ed Center with a \$10,000 grant, and nearly 300 people attended the event. The resource fair partners distributed healthy recipe cards, fresh food calendars and resources to access local benefits, including energy assistance, low income housing, GED scholarship opportunities, free preschool for low-income families and more.



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Ongoing home oxygen prescribing

While we have heard that our former vendor, Univita, may not have applied HCA's guide for home oxygen prescriptions, Amerigroup is following these rules. Thus, the prescribing provider must state at least the following in their authorization requests to Amerigroup: flow rate of oxygen, estimated length of need, frequency and duration of oxygen use, and the member's oxygen saturation level on the prescription. Prescriptions that state only **as needed** or **PRN** are not sufficient. Additionally, when authorizations are renewed, prescribing providers must provide the most current saturation rates.

If you have any questions about this, please call the Amerigroup Health Care Management Services department at 1-855-323-4688, ext. 36105.

Centers for Disease Control and Prevention predicts another moderately severe flu season predominated by influenza A (H3N2)

The Centers for Disease Control and Prevention (CDC) released its report in June on influenza activity during last year's flu season and announced the composition of the 2015–16 influenza vaccine.

According to the CDC, the 2014–15 influenza season was moderately severe overall and especially severe in adults aged 65 years and older, with predominant circulation of influenza A (H3N2) viruses. Previous influenza A (H3N2)-predominant seasons have been associated with increased hospitalizations and deaths, especially among children under 5 years of age and adults 65 years of age and older.

Influenza activity peaked during late December, with influenza A (H3N2) viruses predominant early in the season. Influenza B became the predominant virus starting in late February, through the end of the flu season in May.

The Food and Drug Administration has recommended a change in the influenza A and influenza B components for the 2015–16 influenza vaccine, according to the report. Vaccine recommendations are based on several factors, including global influenza surveillance, genetic characterization, antigenic characterization, antiviral resistance and the candidate vaccine viruses available for production.

Since 2010, the CDC has recommended that everyone six months of age and older received a flu vaccine annually with rare exception.

We are launching our annual member outreach campaign to encourage high-risk members to visit their provider for a flu vaccine. Outreach includes automated outbound telephone calls, text messages and newsletter articles. Providers can expect an increase in phone calls and early appointments for the flu vaccine.



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Antiviral drugs used to lessen flu duration and symptoms, as well as many cough and cold products, are included on the formulary found on our provider website at providers.amerigroup.com/WA > Provider Resources & Documents > Pharmacy > Formulary. Flu surveillance and patient education materials are available at the CDC website. For more information about vaccine coverage, contact Provider Services at 1-800-454-3730. If your clinic is planning a special outreach campaign or flu clinic and would like Amerigroup to participate in some way, please let your local Marketing/Outreach or Provider Services Representative know.

Send claims medical attachments through Availity

Amerigroup partners with Availity to offer providers the ability to check patients' eligibility and claims status, as well as submit claims and access multiple payers' information with a single, secure Availity Web Portal login.

The Medical Attachments feature is now available to providers. You can use your billing National Provider Identifier (NPI) number to register and submit attachments, with or without a claim, through the Availity Web Portal. This service enables you to submit attachments (e.g., medical records, itemized bills, etc.) prior to claims submissions, with claims submission or as requested by Amerigroup.

To access this new feature, primary access administrators (PAAs) should register today by logging in at availity.com. Click on the Amerigroup medical attachments registration link under your PAA dashboard, and you then assign access to appropriate office staff.

As an Amerigroup provider, you can also now send up to 10 unsolicited attachments through the web portal. You may submit up to 10 attachments for each claim, with a maximum file size of 10MB per attachment. This service includes attachments for secondary claims, and for attachments that are not related to a claim at all. Availity rejects any individual files larger than 10MB and requests that you split larger files into smaller files. Files can be submitted as TIFFs (.tif), JPEGs (.jpg) and PDFs (.pdf). This new feature allows your team to submit supporting medical documentation for claims without prompting by Amerigroup.

Unsolicited attachments streamline the claims process and can improve your revenue cycle by capturing required documentation needed to adjudicate a claim up front. Plus, the web portal captures, transmits, stores and retrieves your medical attachments, providing an electronic history that is easily accessible, now or in the future.

To access additional training on this new Availity feature:

1. Log in to the Availity Web Portal at availity.com.
2. Click the **Web Portal Users Login** link in the upper right corner.
3. On the Availity portal login page, enter your Availity user ID and password.



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4. Click **Log in**.
5. At the top of any Availity portal page, click **Help | Get Trained**. (*Make sure you do not have a pop-up blocker turned on or the next page may not open.*)
6. In the new window a list of available topics will open. Locate and click **Medical Attachments**.
7. Under the **Recordings** section, click **View Recording** (next to Amerigroup Medical Attachments).

Synagis (palivizumab)

Respiratory syncytial virus (RSV) season begins as early as September and runs through April. Synagis (palivizumab) is a monoclonal antibody indicated for the prevention of RSV. The American Academy of Pediatrics (AAP) recommends a maximum of five (15 mg/kg) monthly doses of palivizumab during the RSV season for high-risk infants who were born before 29 weeks, 0 days gestation, have chronic lung disease (CLD) of prematurity or have hemodynamically significant heart disease. Updated indications for prophylaxis can be found in the July 2014 AAP Policy Statement and on our provider website at providers.amerigroup.com.

The Synagis prior authorization form can be found on our provider website at providers.amerigroup.com/WA > Provider Resources & Documents > Pharmacy > Pharmacy Prior Authorization Form. Only one request is needed for each patient throughout the RSV season. In a case where higher dosage is necessary due to weight gain, documentation of the patient's new weight must be provided. New clinical information can be submitted in a new PA form or by calling 1-800-454-3730.

Express Scripts, Inc, is the preferred provider for Synagis requests. Please check with your local Provider Services representative or our Provider Services team at 1-800-454-3730 for specific details on how to obtain Synagis. You can also find additional drug information at providers.amerigroup.com/WA.

Emergency room level 5 professional claim review

We are initiating a review of emergency room (ER) professional claims billed with a level 5 ER E/M code (99285 or G0384) when the patient is not admitted for inpatient services and the diagnosis codes are not indicative of critical care, to ensure the documentation meets or exceeds the components necessary to support its billing. The review for the necessary components will be based on the coding guidelines outlined in the AMA CPT coding reference. Documentation will be requested for identified claims and the review will be performed on a pre-pay basis. The review for selected ER professional claims with level 5 E/M codes is scheduled to begin April 1, 2016.



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Imaging site scores for outpatient diagnostic imaging could impact reimbursement

Amerigroup is dedicated to meeting the evolving needs of our members and ensuring that they receive the most appropriate care possible. We are pleased to introduce a new program for imaging services administered by AIM Specialty Health® (AIM).

Effective November 1, 2015, Amerigroup Medicare Advantage plans will begin collecting information about the imaging capabilities of all Amerigroup Medicare Advantage contracted providers who provide the technical component of the following outpatient diagnostic imaging services for our individual Medicare Advantage members:

- Computed tomography (CT)
- Magnetic resonance (MR)
- Positron emission tomography (PET)
- Nuclear medicine (NUC)
- Ultrasound
- X-Ray
- Echocardiograph

Emergency room outpatient diagnostic imaging services are excluded.

AIM's online registration tool, OptiNet®, will continue to collect modality-specific data from providers who render imaging services in areas such as: facility qualifications, technician and physician qualifications, accreditation, equipment, and technical registration. This information is used to determine conformance to industry-recognized standards, including those established by the American College of Radiology (ACR) and the Intersocietal Accreditation Commission (IAC).

That data will continue to be used to calculate site scores for providers who render imaging services to our individual Medicare Advantage members. Each modality or piece of equipment will receive its own score. Providers with an imaging site score of 76 or higher for the applicable modality will see no change in reimbursement.

- **Effective March 1, 2016, for providers who have not completed the online registration:** Claims with dates of service on or after March 1, 2016, for any of the outpatient diagnostic imaging services listed above will receive a line-item denial for the technical component of the outpatient diagnostic imaging service only. Other services on the claim, including the professional component of the outpatient diagnostic imaging service, will be processed as usual as long as required authorizations are in place.

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- **Effective March 1, 2016, for providers with an imaging site score below 76 for the applicable modality for any of the outpatient diagnostic imaging services listed above:** Claims with dates of service on or after March 1, 2016, for any of the outpatient diagnostic imaging services listed above will receive a line-item denial for the technical component of the outpatient diagnostic imaging service only. Other services on the claim, including the professional component of the outpatient diagnostic imaging service, will be processed as usual as long as required authorizations are in place.

Members cannot be balance billed if a line-item denial occurs.

AIM will send the site score to the provider within one business day of the provider's completion of the online registration. Providers may use the online registration at any time to update their score. Providers who score below 76 will receive individualized information they can use to improve their score.

The provider registration is available online at aimspecialtyhealth.com/goweb. Simply select Amerigroup from the drop down menu. Only those providers who have completed the provider registration will be able to view their information online. Site information will be available for review online starting November 1, 2015. If you have questions or need help completing the registration, please call AIM Customer Service at 1-800-252-2021.

Please note that if you have already completed the registration in connection with another health plan, you do not need to re-enter your information. Please review what has been prepopulated, make any updates and submit your information to register for Amerigroup. To copy your registration, select Copy from the Actions column on the site list after you log in and follow the steps when prompted.

For more information, please see the related document on our provider website providers.amerigroup.com

Provider Self-Service tools make it easy to do business with our organization

The Provider Self-Service (PSS) web portal offers 24/7 access to update basic provider demographic information like practice address information, practice roster, or termination of a provider in the practice by simply attaching supporting documentation.

Other available tools on the secure PSS site include, but are not limited to:

- Access to PCP member panels
- Patient 360 tool to quickly retrieve detailed records about your patients
- Member eligibility and benefits



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- The ability to submit and check status of:
 - Authorizations
 - Claims

You must be a registered user to access the secure PSS tool at providers.amerigroup.com with your Availity username and password. If you do not have a login, go to www.availity.com, select the *Register Now* option and follow the Availity registration process instructions. Once you have your Availity username and password and have logged in, you may take an online tutorial under *Provider Education* to guide you through the process to make provider updates.

If you experience any difficulty, contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730, from 8 a.m. to 5 p.m., Monday through Friday for assistance.

Reimbursement Policy: updates and reminders

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup benefit plan. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, we strive to minimize these variations. For more information on these and other Amerigroup Reimbursement Policies, visit our website at providers.amerigroup.com and click on Quick Tools.

Policy update

Preadmission Services for Inpatient Stays

(Policy 07-017, originally effective 09/28/2007)

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.



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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 nonpatient laboratory tests) and clinically related nondiagnostic (e.g., therapeutic) 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 for Inpatient Stays Reimbursement Policy at providers.amerigroup.com.

Prosthetic and Orthotic Devices

(Policy 06-084, originally effective 09/06/2006)

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.

Transportation Services: Ambulance and Nonemergent Transport

(Policy 07-036, originally effective 02/26/2008)

Amerigroup allows reimbursement for transport to and from covered services or other services mandated by contract. Due to the complex nature of transportation services, Amerigroup recommends that providers also review individual state guidelines for coverage requirements.

Please note, Amerigroup does not allow reimbursement for mileage when the transport service has been denied or is not covered.

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



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Policy reminder

Reimbursement of Sanctioned and Opt-Out Providers

(Policy 10-002, originally effective 10/11/2010)

Reimbursement is not allowed for providers who are excluded, debarred or who opt out from participation in state and federal health care programs. Reimbursement is also not allowed for providers who have rendered services to members enrolled in any Medicare program if such provider has opted out from participation in Medicare. Services that are rendered by a provider who is sanctioned or who has opted out of participation in Medicare may only be reimbursed in urgent or emergent situations. Claims received for services other than emergency services submitted by sanctioned or opt-out providers as provided herein will be denied. Amerigroup screens providers through all applicable state and federal exclusion lists.

For additional information, refer to the Reimbursement of Sanctioned and Opt-Out Providers Reimbursement Policy at providers.amerigroup.com.

State-specific requirements apply to the policies within this bulletin. For additional information, refer to the Reimbursement Policies at providers.amerigroup.com and click on Quick Tools.

Your continued feedback is critical to our success. If you have questions, contact your local Provider Relations representative or call 1-800-454-3730.

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