

# Provider Update

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## September 2015 News Bulletin

### Washington wildfires and meeting member needs

For the areas affected by recent wildfires, Amerigroup Washington, Inc. has modified requirements for medication refills and prior authorization (PA) timeliness by providers. We lifted early refill restriction on prescription refills for members residing in Chelan, Okanogan, Ferry and Stevens Counties (ZIP codes 98816, 98834, 98814, 98846, 98812, 98840, 98817, 99109, 99114, 99151, 99141, 99101, 99181, 99126, 99157, 99166, 99121, 99118, 99116, 99140, 99160, 98859, 98840, 98841, 99124, 99155, 98846). Additionally, we will work with providers in these areas to allow retro-authorizations if conditions related to the fire prevented providers from being able to obtain timely preauthorizations for services. Providers should note this information in their appeal. We have attempted to reach out to all providers and members in the fire-affected areas. If providers in these areas need any assistance because of the fires, please contact your local Provider Services representative. Please refer members to our Amerigroup National Call Center (NCC) at 1-800-600-4441.

### September new provider orientation webinar

#### Online via WebEx September 24, 2015

Noon to 1:30 p.m. Pacific time

RSVP by Wednesday, September 23, 2015

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

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](mailto:wa1provrelations@amerigroup.com).

### September HEDIS training webinar

Providers may not be getting full credit for the valuable HEDIS® services they provide. Each month, we host a webinar for participating providers to learn how to appropriately chart and bill for HEDIS services. One of our HEDIS team members will lead the training, along with a Provider Relations representative. This is information practice can apply to all lines of business with payers. The measures on which we train change each month.

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

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All participating providers are welcome to attend at no cost. Send an email with your registration request to [wa1provrelations@amerigroup.com](mailto:wa1provrelations@amerigroup.com). Please note “HEDIS Training” in the email subject line.

## **Online via WebEx September 15, 2015**

11 a.m. to Noon Pacific time

RSVP by Monday, September 14, 2015

Measures to be discussed:

- Frequency of ongoing prenatal care
- Prenatal/postpartum care
- Medication management for people with asthma

Tips for these measures:

- Frequency of ongoing prenatal care
  - Document services using ACOG forms
  - Call patients who missed appointments and reschedule
- Prenatal/postpartum care
  - Schedule postpartum checkups between 21 and 56 days after delivery (a day early or a day late does not count in HEDIS)
  - If your office schedules newborn visits, speak to the mom about infant immunizations and well visits
- Medication management for people with asthma
  - Create an asthma action plan with the patient and document in the medical record
  - Document in the medical record when asthma medication samples are handed out

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 and the charting elements required for each one. See this tool and others under *Provider Resources and Documents > Quality Management*.

## **Amerigroup in the community**

On August 15, 2015, the Washington health plan attended the 23rd Annual Rainier Valley Heritage Parade and Festival in Seattle. The cultural extravaganza celebrated one of the most diverse communities in the country. The day was full of fun and featured a pie-eating contest, live music stages, street sports and much more.

## **Members changing PCPs**

The fastest way to make PCP assignment changes for members is by calling the NCC at 1-800-600-4441.



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1. If the call is made by a member, all the member needs to know is the full name or NPI of the provider they want to change to. Provider Services will be delivering small cards to provider offices they may give to members so members can easily see how to request the change.
2. If the call is made by a provider, the member needs to be present in the provider's office during the call. The NCC will ask to speak to the member to verify the change.
3. Calling the NCC will ensure the member is moved to the correct provider/location. We will make the change effective within 24 to 72 hours of the call. All family members will be moved as they are requested and the member/provider will receive confirmation the change has been completed. Please remember that PCPs do not need to be the member's assigned PCP in order to be paid for services rendered.
4. Additionally, providers may fax in PCP change requests. We have just changed our processes related to these changes, so if you currently have change forms in your office, please check with your local Provider Services representative to obtain our most current form.

## ICD-10 coded prior authorizations

The transition from ICD-9 to ICD-10 goes into effect on October 1, 2015. Amerigroup began accepting ICD-10 coded authorizations on June 1, 2015. Those will only be for authorization requests where the dates of service are October 1, 2015, or later. Authorization requests for dates of service prior to October 1, 2015, will continue to be coded using ICD-9. Authorization requests for dates of service October 1, 2015, forward require ICD-10 codes.

## Omeprazole

The Amerigroup Quality Management Committee regularly reviews the pharmacy PA activity. In the first quarter of 2015, Omeprazole was the highest volume drug product for which PA was requested. Many of these requests are unnecessary, so we are providing information to create better understanding of Amerigroup's policy regarding Omeprazole.

With the marketplace availability of over-the-counter (OTC) proton pump inhibitor (PPI) drug products, therapeutically equivalent drug products became available at a significant reduction in price. In response, Amerigroup initiated changes to the Preferred Drug List to remove the name brand formulations for Omeprazole 10mg and 20mg effective May 1, 2014. Provider and member notification letters were sent out at that time. The denied claims are primarily a result of pharmacies submitting claims with an NDC number for name brand formulations rather than a preferred OTC formulation.

We recommend providers take the following steps to ensure more timely delivery of medications to Amerigroup patients:

- Write new prescriptions for Omeprazole OTC formulations
- If contacted by a pharmacy provider concerning a denied claim, authorize the pharmacy to substitute the Omeprazole OTC formulation for the Omeprazole Rx formulation



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The Amerigroup PPI policy requires a step therapy of a trial of ALL preferred products prior to approval of the use of a non-preferred PPI. The preferred PPI agents will be covered with no PA required. The preferred agents are:

- Omeprazole OTC 20mg single dose; double dose = 40mg (total 8 weeks)
- Lansoprazole (Prevacid 24HR, lansoprazole OTC)
- Pantoprazole 40mg single dose; double dose = 80mg (total 8 weeks)
- Requests for Prevacid SoluTab for children less than age 17 or for individuals who cannot swallow tablets/capsules may be approved

## **Medication assisted treatment for substance use disorders**

Effective October 1, 2015, the coverage of medication assisted treatment (MAT) medications for substance use disorders and associated care for managed Medicaid clients will become the responsibility of managed care organizations. Per the Health Care Authority (HCA) direction, many MAT medications will require PA. Amerigroup will be following the PA criteria and clinical guidelines established by HCA. The PA, however, will be slightly different and simplified. Any questions related to the MAT PA process may be directed to the Amerigroup Pharmacy department at 1-800-454-3730.

## **Maternal support services**

Apple Health members who are pregnant or have delivered within 60 days are eligible for maternal support services (MSS) through the state of Washington HCA.

The goals of the MSS program are to:

- Decrease maternal morbidity and mortality rates
- Decrease low birth weights and premature births
- Reduce the number of unintended pregnancies and the number of repeat pregnancies within two years of delivery
- Reduce tobacco use during pregnancy and pediatric exposure to second-hand smoke
- Increase early access and ongoing use of prenatal and newborn care
- Increase the initiation and duration of breastfeeding

Available services include:

- Nutritional counseling
- Targeted case management
- Family training and counseling

### **How does a member access these services?**

MSS is part of the state's Department of Social and Health Services First Steps program. Any interested member can call 1-800-322-2588 for additional information.



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## First Steps program

All pregnant women who are covered under Washington Apple Health (Medicaid) are eligible to receive 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
- 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 at 1-800-600-4441. Amerigroup recommends that all pregnant women be referred to the First Steps program.

## Learn about advance directives

Advance directive refers to the verbal and written instructions about an individual's future medical care in the event the individual is unable to express their medical wishes. There are two types of advance directives: a health care directive (or living will) and a durable power of attorney for health care.

A health care directive is a legal document that specifies an individual's wishes regarding the care they receive at the end of life should they be unable to communicate. In Washington, this directive is used if the individual has a terminal condition where life-sustaining treatment would only artificially prolong life or if the individual is in an irreversible coma with no reasonable hope of recovery.



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A durable power of attorney for health care is a legal document allowing a person to be named by an individual as a health care agent – someone who is authorized to consent to, stop or refuse most medical treatment for the individual if a physician determines that the individual cannot make the decision for themselves. When this is put in place, the health care agent speaks on behalf of the individual anytime that person is not able to make their own medical decisions, not only at the end of life. This type of advance directive is also referred to as a health care proxy, appointment of health care agent or a medical power of attorney.

Amerigroup and its providers are not required to implement an advance directive as a matter of conscience as long as there is a clear and precise statement of limitation and as long as the state allows such objection. At minimum the statement must:

- Clarify any differences between Amerigroup conscientious objections and those raised by individual providers
- Identify the state legal authority permitting such objection
- Describe the range of medical conditions or procedures affected by the conscientious objection

Additionally, Amerigroup is not required to provide care that is in conflict with an advance directive.

For more information, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

## Member rights and responsibilities

We want to keep you informed of our members' defined rights and responsibilities. These can be found in your provider manual and on our website at [providers.amerigroup.com/WA](http://providers.amerigroup.com/WA). If you'd like us to mail you a copy, call Provider Services at 1-800-454-3730. Some examples of member rights are the rights to:

- Give consent to treatment or care
- Ask providers about the side effects of care for themselves or their children
- To use advance directives to put their health care choices into writing
- Be treated with respect and with due consideration for their dignity and privacy
- Expect that we will treat their records (including medical and personal information) and communications confidentially
- Request and receive a copy of their medical records at no cost to the member and request that the records be amended or corrected
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation as specified in federal regulations
- Pursue resolution of grievances and appeals about the health plan or care provided
- Freely exercise filing a grievance or an appeal without adversely affecting the way they are treated
- Continue to receive benefits pending the outcome of an appeal or a fair hearing under



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Our Member Services representatives serve as advocates for our members. To reach Member Services, please call 1-800-600-4441.

## 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.

## Access to utilization management 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](https://providers.amerigroup.com/WA) and using the Precertification Lookup Tool

Do you have questions about utilization decisions or the utilization management process in general? Call our clinical team Monday through Friday from 8 a.m. to 5 p.m. Pacific time at 1-800-454-3730.

## 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 formulary, PA form, processes and the Preferred Drug List. Have questions about the formulary or need a paper copy? Call our Pharmacy department at 1-800-454-3730. 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.

## 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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## Musculoskeletal services prepayment review new vendor – OrthoNet

Effective December 1, 2015, OrthoNet will begin conducting post-service prepayment coding review of professional surgical services for all musculoskeletal provider specialties included in the Focused Claim Review program including, but not limited to, the following specialties: Cardiology, Pediatric Sports Medicine, Dermatology, Physiatry/Physical Medicine & Rehabilitation, Enhanced Nurse Triage, Plastic Surgery, General Surgery, Podiatry, Hand Surgery, Neurosurgery, Pain Management, Neurology, Pediatric Orthopedics, Orthopedic Surgery, Pediatric Neurosurgery, Sports Medicine, Pediatric Neurology and Urology. A list of the specific surgical services they will review is available through your Provider Services representative upon request.

## Behavioral Health: Authorization requirement changes

As part of our goal of being easy to do business with, effective November 1, 2015, Amerigroup has updated our Precertification Lookup Tool (PLUTO) to more accurately reflect the current behavioral health authorization process for our Medicaid products. As a result of this update and effective November 1, 2015, certain behavioral health services will now require authorization.

Effective November 1, 2015, the codes listed below have been updated in PLUTO to show that authorization is required for the service.

Procedure code	Service description
H2020	Therapeutic Behavioral Health Services, per diem

## Medicaid psychological and neuropsychological testing

Historically, we have not required authorization for psychological and neuropsychological testing for medical purposes. Effective November 1, 2015, authorization will be required, regardless of the submitted diagnosis, for the testing procedures noted below.

Procedure code	Service description
96101	Psychological Testing
96102	Psychological Testing by Technician
96103	Psychological Testing by Computer
96118	Neuropsychological Testing
96119	Neuropsychological Testing by Technician
96120	Neuropsychological Testing by Computer

## Prior authorization required for drugs Entyvio and Cyramza

Amerigroup is adding the following new drugs to the 2015 Medicaid list of injectable or infusible drugs requiring PA.





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As of November 5, 2015, providers must call for PA of:

1. Entyvio (vedolizumab): a monoclonal antibody that is a specific integrin receptor antagonist used for the treatment of moderately to severely active Crohn's disease and ulcerative colitis in adult patients.

Amerigroup medical policy: DRUG.00068 (C9026 = Injection, vedolizumab, 1 mg)

2. Cyramza (ramucirumab): a monoclonal antibody and human vascular endothelial growth factor receptor 2 antagonist used for treatment of the following:
  - a. Metastatic gastric or gastroesophageal junction adenocarcinoma with disease progression during or after treatment with fluoropyrimidine- or platinum-containing chemotherapy, as monotherapy or in combination with paclitaxel
  - b. Metastatic non-small cell lung cancer with disease progression on or after platinum-based chemotherapy, in combination with docetaxel
  - c. Metastatic colorectal cancer with disease progression on or after therapy with bevacizumab, oxaliplatin and a fluoropyrimidine, in combination with FOLFIRI

Amerigroup medical policy: DRUG.00067 (C9025 = Injection, ramucirumab, 5 mg)

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



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