

Documented clinical evidence reduces admission denials, peer-to-peer calls

Amerigroup* Community Care has historically reviewed admissions of up to three days for medical necessity for our individual and group-sponsored Medicare Advantage members. Earlier this year Amerigroup began reviewing admissions of up to four days. This should have no impact on admissions with documented clinical evidence that supports the medical necessity of the admissions. Providers who do submit the necessary documentation have reduced both denials and peer-to-peer calls.

Admissions are reviewed to determine if the documentation of severity of illness and intensity of services supports acute inpatient hospitalization for the safe and effective management of the member. The intent is to review the pertinent past medical history, the clinical presentation of the member, the findings of the physical examination, the results of any diagnostic studies and the clinical course of the member from presentation to discharge.

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*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.