

Comply with clinical information requests

Amerigroup requires that treating physician, clinician or supplier comply with all requests for documentation from the health plan. Providers are responsible for providing any and all related medical records, answering questions from health plan representatives, or furnishing any necessary information when requested. Information must be submitted in a timely manner, be complete and legible, as well as identify the provider and date of service.

The Centers for Medicare & Medicaid Services recently added an additional requirement for health plan peer reviewers to contact contracted and noncontracted providers to gather medical information needed to make a coverage determination (<https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/HPMS-Guidance-on-Outreach-for-Information-to-Support-Coverage-Decisions-2016Oct18.pdf>). CMS expects health plans “to make reasonable efforts to gather all of the information needed to make substantive and accurate decisions as early in the coverage process as possible.”

Amerigroup peer reviewers look forward to working with you to ensure that our members’ coverage determinations are made in a timely manner.

The information in this update may be an update or change to your provider manual. Find the most current manual at:
<https://providers.amerigroup.com>

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.