Amerigroup RealSolutions in healthcare

Provider update

Clinical submission

Summary: Ensuring adequate clinical submissions for every treatment plan enables Amerigroup Community Care to make informed decisions on medical necessity when conducting initial and concurrent reviews. Clinical submission notes are reviewed along with documented treatment to help determine the most appropriate level of care.

What this means to you
Beginning December 1, 2018, you must supply adequate clinical submission notes to determine if proposed treatment is medically necessary and provided at the most appropriate level of care based on the following provisions for each entity of service. See the following example lists for specifics.

Georgia Family 360° recipients:
Providers should follow all requirements for medical record submission through the Alliant Georgia Medical Care Foundation (GMCF) portal. For youth enrolled in the Georgia Families 360° Program, medical records should also be uploaded into Georgia Health Information Network (GA-HIN) or submitted by fax at 1-888-375-5064 within 24-72 hours from the completion of services. If documents are submitted by fax, please ensure that each member's documents are submitted separately. Providers may reach out to their Provider Services representative with any questions or for assistance.

Information requests for Georgia Family 360°

New admissions:

- Emergency room record
- Admission history and physical
- Discharge summary:
    - Applicable if hospital intends to support medical necessity by presentation of greater than or equal to episode day two
- Operative report when applicable
- Treatment protocols and standing orders when applicable, including but not limited to:
    - Asthma
    - Bronchiolitis
    - Oxygen
    - High flow nasal cannula (HFNC)
- Medication record for the initial 24 hours, including those administered by respiratory therapy if not previously documented

Continued stay reviews:

- Copy of progress notes for each date of weekly review
- Discharge planning — including caregiver interactions, transfer plans if applicable and supplemental security income (SSI) application

Information requests for neonatal intensive care unit

Initial admissions:

- Labor and delivery record including gestational age and birth weight
- Newborn admission history and physical
- Physician orders
- Treatment protocols and standing orders, when applicable
- Records for the first 12 hours of life, such as:
    - Respiratory therapy
    - Medication
    - IV fluid
    - Laboratory reports

Continued stay reviews:

- Copy of charted neonatology progress notes for date of weekly review
    - Late or preterm births may require review every 2-3 days
- Copy of interval specialist consultations or follow-up consultations
- Copy of interval Social Services chart entries
- Copy of most recent occupational therapy, physical therapy and speech therapy chart entries
- Copy of treatment protocols and standing orders if different than previously noted
- Discharge planning — including interval caregiver interactions, visitation schedule, home teaching and Social Services intervention
- Gestational age
- Previous and current weight
- Current respiratory status details such as room air quality, mechanical ventilation, inhaled nitric oxide (iNO) and HFNC
- Current environment type; open crib, isolette or radiant warmer
- Barriers to discharge
- SSI referrals submitted within the first 30 days of viable life to Change Healthcare

Information requests for antenatal

Initial admissions:

- Admission history and physical including presentation, gestational age, gravidity and parity, delivery history, present and previous complications during pregnancy and delivery
- Labor and delivery record — first 24 hours
- Diagnostic testing and results
- Amniotic fluid index (AFI), biophysical profile (BPP) and status of cervix details
- Pertinent lab values
- Acute treatment plan and medications, including the frequency and duration

Continued stay reviews:

- Current gestational age
- Current status of cervix and any notable changes
- Routine scheduled diagnostic tests with results for stress and ultrasound
- Barriers to discharge
- Long-term treatment plan; undelivered
- Discharge planning (DCP) candidate for home monitoring and bed rest

Why is this change necessary?

- To ensure Amerigroup has the most pertinent clinical information so we can make an informed decision regarding treatment and level of care
- To ensure members are receiving the most appropriate treatment in a timely manner and without delay
- To enable Amerigroup to continuously adhere to mandated timelines governed by the state for determining proper medical decisions if necessary clinical data are being received with each review

What is the impact of the change?

- Increase appropriate continuity of care
- Allow facility in conjunction with Amerigroup to facilitate safe and accurate DCP with appropriate referrals when applicable
- Decrease bed days by enabling Amerigroup to identify unnecessary continued inpatient stays
- Decrease prolonged determinations of medical necessity
- Minimize possibility of readmissions
- Reduce the need for peer-to-peer requests due to the possibility of more favorable outcomes on medical decisions rendered

What if I need help?

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.