Provider Newsletter

Amerigroup

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Welcome to the provider network family

Amerigroup District of Columbia, Inc. is pleased you have joined our network — which consists of some of the finest health care providers in the state. Amerigroup has been selected by the District of Columbia Department of Health Care Finance to provide health care services for members enrolled in the District of Columbia Healthy Families Program, Alliance and the Immigrant Children's Program.

Who we are

Amerigroup represents a growing network of health care providers who make it easy for our members to receive quality care. Amerigroup health services programs, combined with those already available in our target service areas, are designed to supplement your treatment plans. Our programs also serve to help improve the overall health of our members by informing, educating and encouraging self-care in the prevention, early detection and treatment of existing conditions and chronic disease.

We believe hospitals, physicians and other providers play a pivotal role in managed care. We can only succeed by working collaboratively with you and other caregivers. Earning your loyalty and respect is essential to maintaining a stable, high-quality provider network. Together, we can arrange for and provide an integrated system of coordinated, efficient and quality care for our members/your patients.

What we offer

- We help providers promote a higher quality of health care through direct outreach efforts and preventive programs for prenatal care and for those with asthma and other conditions.
- We provide assistance to long-term services and support members in over seven states and tailor our programs to each state. We expand access to home- and community-based care and services that foster independence. We achieve this through a comprehensive care coordination process aimed at improving health outcomes for our members.
- We focus on the whole person and recognize a clear need to combine physical and behavioral health care; doing so improves health outcomes and reduces cost. Through health care system integration, we've supported thousands of members in achieving their own recovery goals by creating health programs and care management plans that address physical and behavioral health needs as well as social supports for members and their families.
- We offer extensive provider services including fast and accurate electronic claims submission and payment; online eligibility verification and preauthorizations; local support through Provider Relations representatives; and customer care services over the phone 24 hours a day, 7 days a week.
- We commit to ensuring access to primary and preventive care services as well as providing first-class customer service by improving access to all necessary health care services, encouraging coordination of medical care, and emphasizing prevention and education.
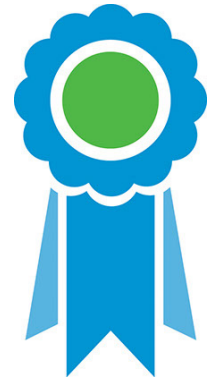
We look forward to working with you to bring our members the quality care they deserve.

Newsletter — Share it with your team

The Provider Newsletter contains important information for you as well as members of your team. When you receive the latest edition, please take a moment to share the information with your staff. Future editions of the *Provider Newsletter* will be available on the provider website (https://providers.amerigroup.com/DC > Newsletters).

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Introducing the Interactive Care Reviewer: Register today

Your practice can initiate precertification and prior authorization requests online more efficiently and conveniently for Amerigroup District of Columbia, Inc. with the Interactive Care Reviewer (ICR). Access ICR via the Availity Portal to experience a streamlined process to request inpatient and outpatient medical and behavioral health procedures for patients covered by District of Columbia Healthy Families Program, Alliance and Immigrant Children's Program.

How does a provider gain access to our ICR?

Access our ICR tool via the Availity Portal. If your organization has not yet registered for Availity, go to https://www.availity.com and select **Register** in the upper right-hand corner of the page. If your organization already has access to Availity, your Availity administrator can grant you access to *Authorization and Referral Request* for submission capability and Authorization and Referral Inquiry for inquiry capability. You can then find the tool under *Patient Registration|Authorizations & Referrals*, then choose the **Authorizations** or **Auth/Referral Inquiry** option as appropriate.

What are the benefits and efficiencies?

Here are a few listed below:

- **Automated routing to ICR** — From the Availity Portal, you will automatically be routed to ICR to begin your precertification or prior authorization request when you go to Patient Registration|Authorizations & Referrals > Authorizations.
- **Determine if a precertification or prior authorization is needed** — For most requests, when you enter patient, service and provider details, you receive a message indicating whether or not review is required.
- **Inquiry capability** — Ordering and servicing physicians and facilities can inquire to find information on any precertification or prior authorization with which they are affiliated.
- **Easy to use** — Submit both outpatient and inpatient requests online for medical and behavioral health services using the same easy-to-use functionality.
- **Reduce the need to fax** — Submit online requests without the need to fax medical records. Our ICR allows text detail, photo and image attachments to be submitted along with the request.
- **No additional cost** — You get access to a no-cost solution that's easy to learn and even easier to use.
- **Access almost anywhere** — Submit your requests from any computer with internet access. Use Internet Explorer 11, Chrome, Firefox or Safari browsers for optimal viewing.
- **Comprehensive view of all precertification requests** — You have a complete view of your utilization management requests submitted online, including the status of your requests with views of case updates. Cases include an imaged copy of the associated letters.

Who can providers contact with questions?

For questions regarding our ICR, please contact your local Network Relations representative. For questions on accessing our tool via Availity, call Availity Client Services at 1-800-282-4548. Availity Client Services is available Monday-Friday, 8 a.m.-7 p.m. ET (excluding holidays) to answer your registration questions.

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Clinical Practice Guidelines

Amerigroup District of Columbia, Inc. works with providers to develop *Clinical Practice Guidelines (CPGs)*. Each year, we select at least four *CPGs* relevant to our members and measure at least two important aspects of each of those four guidelines. These evidence based guidelines are reviewed and approved at least every two years by our enterprise clinical quality committee and preventive health guidelines work group — a group of specialists and external practitioners.

You can find the most recent version of our *CPGs* on our provider website (https://providers.amerigroup.com/DC > Clinical Practice Guidelines). The guidelines include direct links to the source documents for reference.

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Precertification Lookup Tool

If you have questions about precertification, use the Precertification Lookup Tool located on our provider self-service website (https://providers.amerigroup.com/DC > Quick Tools > Precertification Lookup Tool). With the tool, you can find information on how to submit a new request and learn more about which services require precertification.

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Availity Portal — registration information

In order to help reduce costs and administrative burden for our physicians and hospitals, Amerigroup District of Columbia, Inc. uses the Availity Portal. Whether you work with one managed care organization or hundreds, the Availity Portal can help you quickly and easily file claims, check eligibility and more. For your convenience, Availity also offers a link back to our provider website for all other transactions.

Registration
To initiate the registration process, your administrator — the individual who maintains the organization information and users — must first complete registration at https://www.availity.com. Once your administrator completes this initial process, he/she will receive a temporary password to log in. Your administrator can then add users, providers and additional enrollments for your organization. Note, each staff member should receive their own login credentials to avoid business disruptions.

Training
For training, visit https://www.availity.com > Help > Get Trained. From here, you can view informative webinars and even receive credit from the American Academy of Professional Coders for many sessions.

Assistance
For questions or registration assistance, contact Availity Client Services at 1-800-282-4548 Monday-Friday from 8 a.m.-7 p.m. ET.

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Helping you care for patients with chronic conditions

Our disease management programs are designed to assist PCPs, practitioners and specialists in managing the care of members with chronic diseases. Members are provided with care management and education by a team of highly qualified disease management professionals whose goal is to create a system of coordinated health care interventions and communications for enrolled members.

Amerigroup District of Columbia, Inc. offers disease management programs to help your patients with:
- Behavioral health conditions.
- Diabetes.
- Heart conditions.
- HIV/AIDS.
- Pulmonary conditions.
- Substance abuse disorders.

The Disease Management Centralized Care Unit also offers weight management and smoking cessation services.

About the programs and program eligibility

District of Columbia Healthy Families Program members with one or more of the above conditions are eligible for disease management if the diagnosis is covered by Amerigroup. Members are identified through continuous case finding efforts including but not limited to early case finding welcome calls, claims mining and referrals.

Members identified for participation in any of the programs are assessed and risk-stratified based on the severity of their disease. Once enrolled in a program, members are provided with continuous education on self-management concepts including:
- Primary prevention.
- Behavior modification.
- Compliance/surveillance.
- Case/care management for high-risk members.

Program evaluation, outcome measurement and process improvement are built into all the programs. Providers are given updates regarding patient status and progress.

If you would like to refer a patient or speak with a case manager, please call 1-800-454-3730. For more information about disease management and other ways we can help you, visit https://providers.amerigroup.com/DC > Disease Management Centralized Care Unit.

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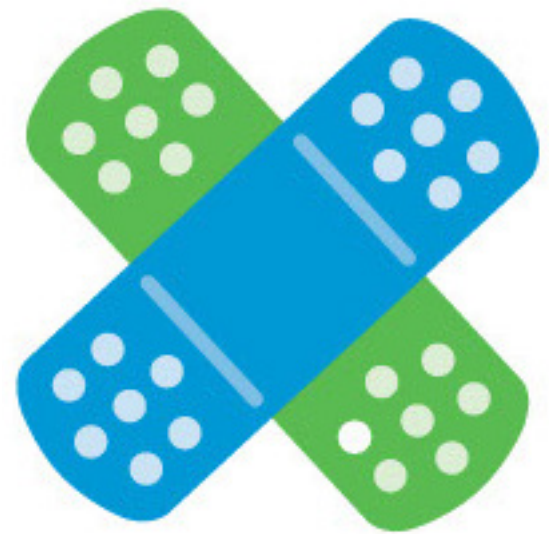
Fraud, waste and abuse

Health care fraud costs taxpayers increasingly more money every year. State and federal laws are designed to crack down on these crimes and impose stricter penalties. Fraud and abuse in the health care industry may be perpetuated by every party involved in the health care process. There are four stages to inhibiting fraudulent acts — detection, prevention investigation and reporting. Preventing member and provider fraud by identifying the different types is the first line of defense.

Fraud includes any deception or misrepresentation committed intentionally through willful ignorance or reckless disregard by a person or entity in order to receive benefits or funds to which they are not entitled. This may include deception by prospective members seeking to join a health plan, improper coding or other false statements by providers seeking reimbursement from Amerigroup District of Columbia, Inc.

Waste is an attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, but the outcome of a billing error caused unnecessary costs to the involved companies. Waste includes overutilization of services not caused by criminally negligent actions. Waste also involves the misuse of resources.

Abuse is an attempt by an individual to obtain benefits or payment they do not deserve.

Abuse includes practices that are inconsistent with sound fiscal, business or medical practices which results in unnecessary costs to the government health care program, practices that seek reimbursement for services medically unnecessary and those practices that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary costs to the health care program.

To help prevent fraud, you can educate members about these types of fraud and the penalties levied. Also, spending time with members and reviewing their records for prescription administration helps minimize drug fraud. One of the most important steps to help prevent member fraud is as simple as reviewing each member's identification card.

Understanding the various opportunities for fraud and working with members to protect their member ID card can help prevent fraudulent activities. If you suspect fraud, please call the compliance hotline at 1-866-847-8247 or complete and submit the *Waste, Fraud and Abuse Response Form* on our provider website (https://providers. amerigroup.com/DC > Provider Resources & Documents > Forms).

Note, individuals who report violations or suspected fraud and abuse will not be retaliated against for doing so.

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Examples of potential member fraud, waste and abuse include:
- Benefit sharing.
- Collusion.
- Drug trafficking.
- Forgery.
- Illicit drug seeking.
- Impersonation fraud.
- Misinformation/misrepresentation.
- Subrogation/third-party liability fraud.
- Transportation fraud.

Examples of potential provider fraud, waste and abuse include:
- Billing for services not rendered.
- Upcoding.
- Billing for services that were not medically necessary.

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Reimbursement Policies

Effective October 1, 2017, reimbursement policies will become effective and located on the Amerigroup District of Columbia, Inc. website. For policy-specific information, go to https://providers.amerigroup.com/DC.

We want to assist our physicians, facilities and other providers in accurate claims submissions and to provide an outline for the basis of reimbursement if the service is covered by member's Amerigroup benefit plan. Keep in mind that services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. Proper billing and submission guidelines are also required, along with the use of industry-standard compliant codes on all claim submissions.

Code and Clinical Editing

Amerigroup applies code and clinical editing guidelines (CCEG) to evaluate claims for accuracy and adherence to accepted national industry standards and plan benefits. Amerigroup utilizes sophisticated software products to ensure compliance with standard code edits and rules. These products increase consistency of payment for providers by ensuring correct coding and billing practices. Amerigroup does not apply CCEG to District-defined local procedure codes. Editing sources include but are not limited to *CMS National Correct Coding Initiative*, *Clinical Utilization Management Guidelines* and medical policies. Amerigroup is committed to working with you to ensure timely processing and payment of claims.

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