



# Behavioral health new provider orientation

## Amerigroup District of Columbia, Inc.



**You make your patients' lives better.**

**We'll do the same for you.**

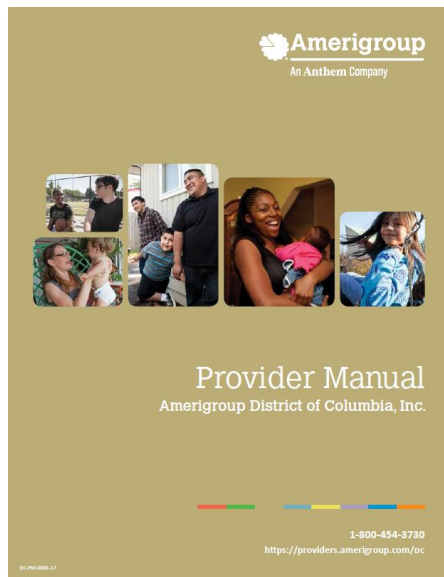
# Agenda



- Provider reference tools, credentialing
- Provider Website/Availity Portal enrollment
  - Member eligibility, benefits and resources
  - Claims submission and tracking
  - Electronic remittance advice (ERA)/electronic funds transfer (EFT)
- Preauthorization for services
- Pharmacy
  - *Preferred Drug List (PDL)*
  - Formulary look-up tool
  - CoverMyMeds (ePA)
- Behavioral health/substance use services; care coordination and communication
- Quality Management; member services, access requirements
- Disease Management
- Cultural competency
- Fraud, waste and abuse
- Service partners
- Support system

# Reference tools and key resources

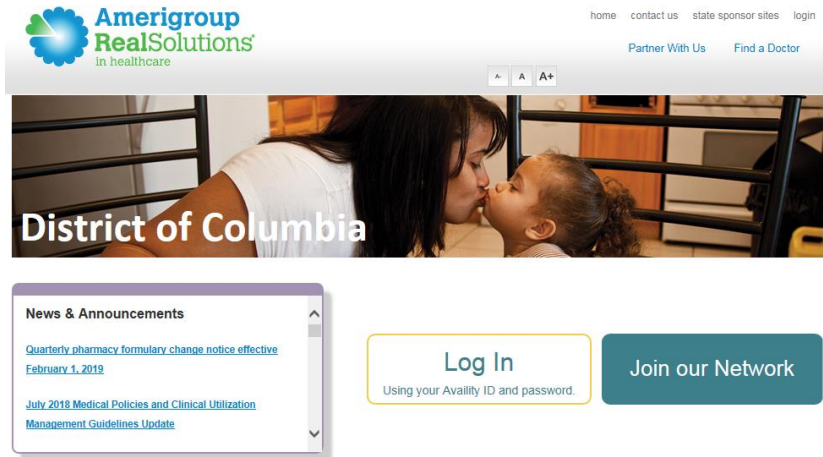
- Provider Services, available by calling 1-800-454-3730
- Provider website — <https://providers.amerigroup.com/DC>
- *Provider Manual*



# Credentialing

- To become a participating provider in the Amerigroup network, you must be enrolled in the District of Columbia Healthy Families Program (DCHFP) and hold an unrestricted license issued by the District.
- You must also comply with Amerigroup credentialing criteria and submit all requested information in a timely manner.
- You can submit a request to join the Amerigroup provider network on the provider website at <https://providers.amerigroup.com/pages/dc-contracting-credentialing.aspx>.

# Provider website



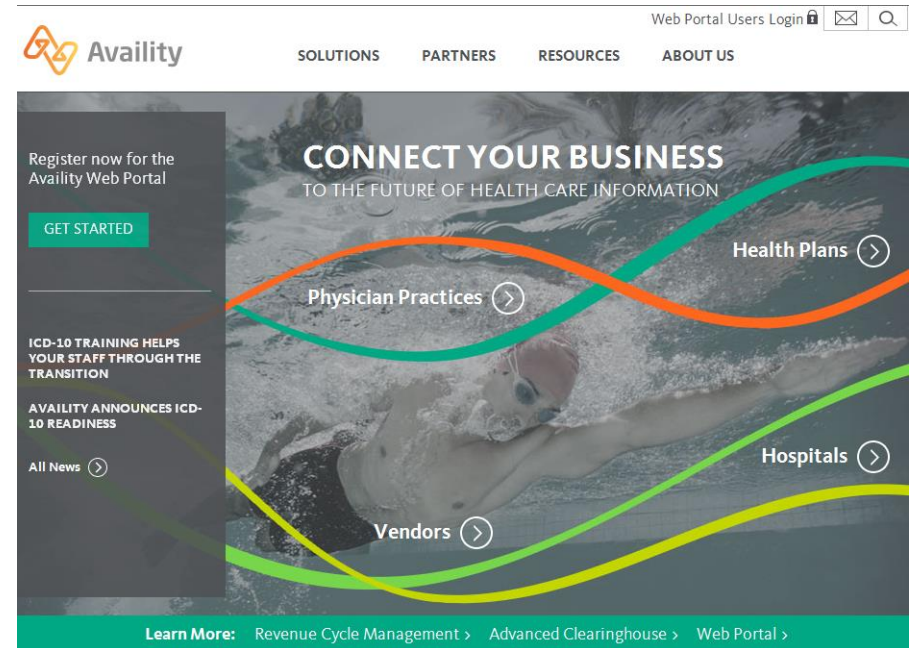
- The provider website is available to all regardless of participation status.
- Online tutorials and user guides are on the Amerigroup website to help.
- Network providers are encouraged to register with Availity at <https://apps.availity.com/availity/web/public.elegant.login?source=MBU> to access secure content.

## Provider Resources & Documents

- Behavioral Health
- Claims Submission and Reimbursement Policy
- Clinical Practice Guidelines
- Disease Management
- EPSDT
- Forms
- ICD-10
- Manuals & QRCs
- Maternal Child Program
- Medical Management Model
- Newsletters - Current
- Pharmacy
- Provider Training
- Quality Management
- Quick Tools
- Referral Directories
- Training Programs
- Vendor/Partner Links & Information

# The Availity Portal

- Use the Availity Portal to look up patient eligibility and benefit information, submit and track claims, EFT
- To register online, go to <https://www.availity.com> and select **Get Started** to complete the online registration wizard.



# Eligibility and benefits

The screenshot shows the Availity web application interface. At the top, the user is logged in as Mary Raines. The main navigation bar includes links for Home, User View, Free Training, Payer Resources, and Knowledge Base. The left sidebar lists various services: Eligibility and Benefits (highlighted), Eligibility and Benefits Inquiry, Online Batch Management, Authorizations and Referrals, and Time Management. The main content area is titled 'Eligibility & Benefits Inquiry'. It contains several sections: 'Payer Information' with a dropdown for 'Payer' (set to AMERIGROUP), 'Provider Information' with dropdowns for 'Express Entry - Provider' and 'NPI', and 'Patient Information' with fields for 'As of Date' (03/25/2014), 'Benefit/Service Type' (Health Benefit Plan Coverage), 'Search Option' (Patient ID & DOB), 'Patient ID', 'Date of Birth', and 'Patient's Relationship to Subscriber' (Self). At the bottom are buttons for 'Submit', 'Clear', and 'Add to Batch'. Three green callout boxes provide instructions: one points to the 'Payer' dropdown, another points to the 'Add to Batch' button, and a third points to a dropdown menu showing a list of benefit details.

Availity Mary Raines Who controls my access? Region: Maryland 1 800 AVAILITY Contact Support Log Out

Home User View Free Training Payer Resources Knowledge Base

Eligibility and Benefits  
Eligibility and Benefits Inquiry  
Online Batch Management

Authorizations and Referrals  
Time Management

Payer Support  
Account Administration  
Availity Administration  
Client Services

## Eligibility & Benefits Inquiry

\* Indicates a required field

\* Payer: ? AMERIGROUP

### Provider Information

Express Entry - Provider: ? Select One

\* NPI: ? Save this provider

### Patient Information

\* As of Date: ? 03 / 25 / 2014  
MM DD YYYY

\* Benefit/Service Type: ? Health Benefit Plan Coverage

Search Option: ? Patient ID & DOB

\* Patient ID: ?

\* Date of Birth: ? MM / / YYYY

Patient's Relationship to Subscriber: ? Self

Submit Clear Add to Batch

The **Benefit/Service Type** description box lists the benefit details included for the selected benefit/service.

Includes these benefit details:  
Chiropractic  
Dental Care (Active/Inactive or Liability)  
Emergency Services  
Hospital  
Hospital - Emergency Accident  
Hospital - Emergency Medical  
Hospital - Inpatient  
Hospital - Outpatient  
Medical Care (Active/Inactive only)  
Mental Health (Active/Inactive only)  
Pharmacy (Active/Inactive only)  
Professional Visit Office: Well  
Professional Visit Office: Physician  
Urgent Care  
Vision/Optometry (Active/Inactive only)

Select the payer you are submitting for the transaction. You can access eligibility and benefit information for any member.

Selecting **Add to Batch** allows you to inquire about multiple patients from multiple payers in one batch submission.



District of Columbia

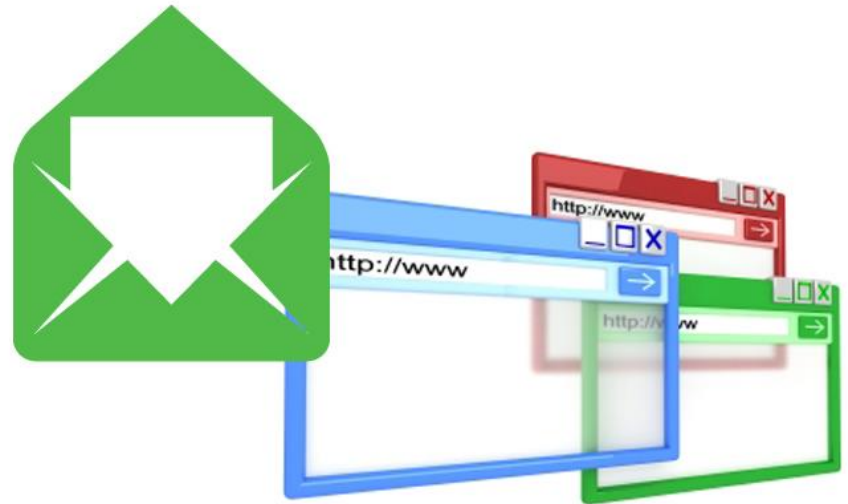


# Submitting claims

Claims may be submitted through:

- The Availity Portal
- Batch 837
- Claims clearinghouses
- Mailing directly to Amerigroup

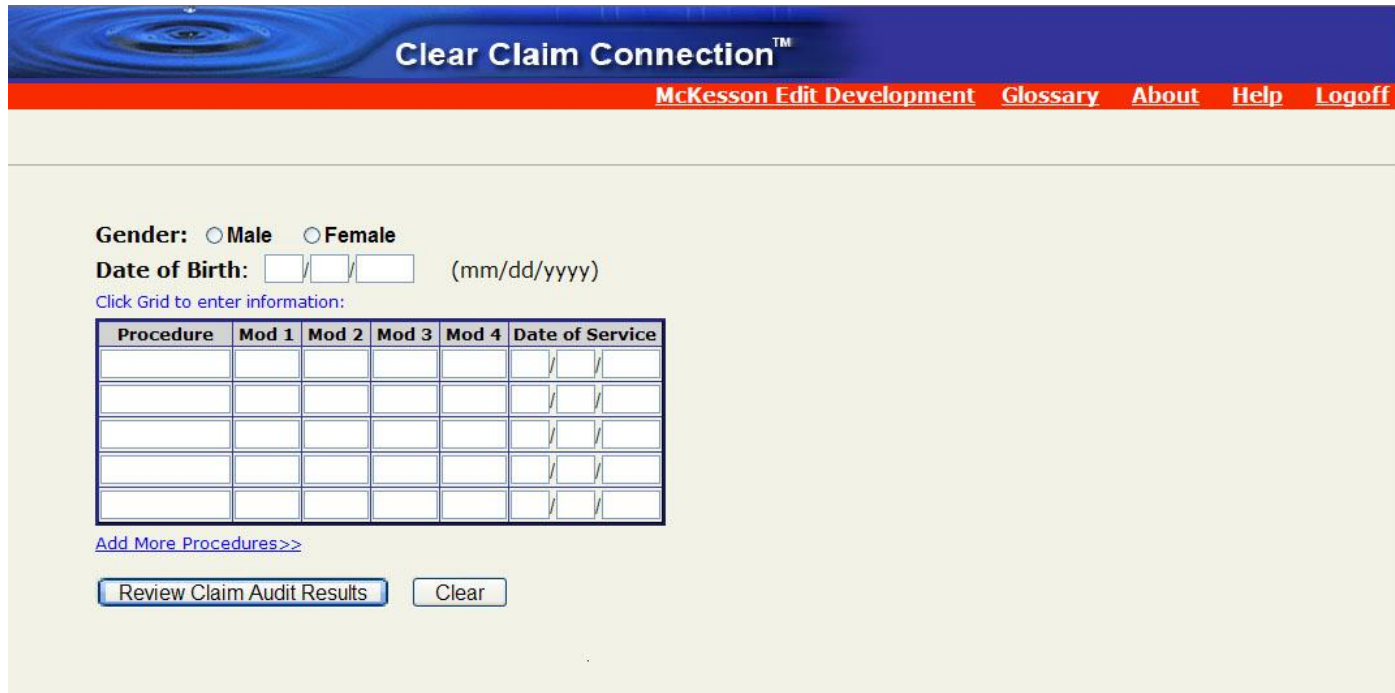
Call Amerigroup if you have any questions.



# Routine claim inquiries

- Call Provider Services at 1-800-454-3730. They can:
  - Help with finding information on our website.
  - Assist with stop payment and reissue checks.
  - Review a denied or underpaid claim.
  - Reprocess claim through reconsideration process.
- Check status via Availity
  - The Interactive Care Reviewer (ICR) tool offers a streamlined process to request authorization of inpatient and outpatient procedures as well as locate information on previously submitted requests for Amerigroup members via the Availity Portal.

# Clear Claim Connection™



The screenshot shows the Clear Claim Connection web application. At the top, there is a blue header with the title "Clear Claim Connection™" and a navigation bar with links: "McKesson Edit Development", "Glossary", "About", "Help", and "Logoff". Below the header, the main content area is light beige. It contains a "Gender:" section with radio buttons for "Male" and "Female". Below that is a "Date of Birth:" section with three input boxes for month, day, and year, followed by the text "(mm/dd/yyyy)". A link "Click Grid to enter information:" is positioned above a table. The table has six columns: "Procedure", "Mod 1", "Mod 2", "Mod 3", "Mod 4", and "Date of Service". The "Date of Service" column is further divided into three sub-columns for month, day, and year. There are five rows of input fields in the table. Below the table is a link "Add More Procedures>>". At the bottom of the form are two buttons: "Review Claim Audit Results" and "Clear".

Gender: ☐ Male ☐ Female

Date of Birth: / /  (mm/dd/yyyy)

[Click Grid to enter information:](#)

Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Date of Service
					<input type="text"/> / <input type="text"/> / <input type="text"/>
					<input type="text"/> / <input type="text"/> / <input type="text"/>
					<input type="text"/> / <input type="text"/> / <input type="text"/>
					<input type="text"/> / <input type="text"/> / <input type="text"/>
					<input type="text"/> / <input type="text"/> / <input type="text"/>

[Add More Procedures>>](#)

This tool is available on our website to help you determine if Amerigroup will likely pay for the procedure based on codes and modifiers supplied.

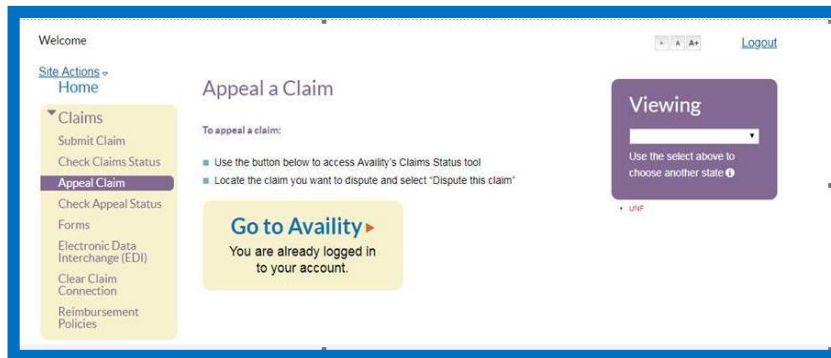
# Rejected versus denied claims

If you receive a notice that your claim was rejected or denied, this is what each status means:

Rejected	Denied
Does not enter the adjudication system due to missing or incorrect information	Goes through the adjudication process but is denied for payment
Claim will be returned	Provider will receive an <i>Explanation of Payment (EOP)</i>

# Payment disputes, aka claims appeals

Claims payment disputes can be filed when the provider believes the claim was incorrectly adjudicated. They must be filed within 24 months of the adjudication date on your *EOP*.



- Request reconsideration on the Availity Portal:
  - Availity Client Services — 1-800-282-4548
- If the outcome of the reconsideration is not favorable, a formal appeal may be requested.

# Electronic payment services

If you sign up for ERA/EFT through Availity, you can:

- Start receiving ERAs and import the information directly into your patient management or patient accounting system.
- Route EFTs to the bank account of your choice.
- Create your own custom reports within your office.
- Access reports 24 hours a day, 7 days a week.

# Is precertification required?


- Under “Quick Tools” on our provider website, our Precertification Lookup Tool (PLUTO) lets you search by market, member’s product and CPT code.

<https://providers.amerigroup.com/Pages/PLUTO.aspx>

Precertification Lookup

This tool outlines the Amerigroup requirements for precertification and notification.

Please see our announcement regarding Precertification rule changes! (Georgia & Maryland are excluded).

 [CLICK HERE](#) to see our Precertification User Guide >>


---

To determine if a precertification or notification is required, complete the form below, then click FIND A CODE

\* - Required Field

Market \*

Line of Business \*

CPT/HCPCS Code or Code Description \*  

---

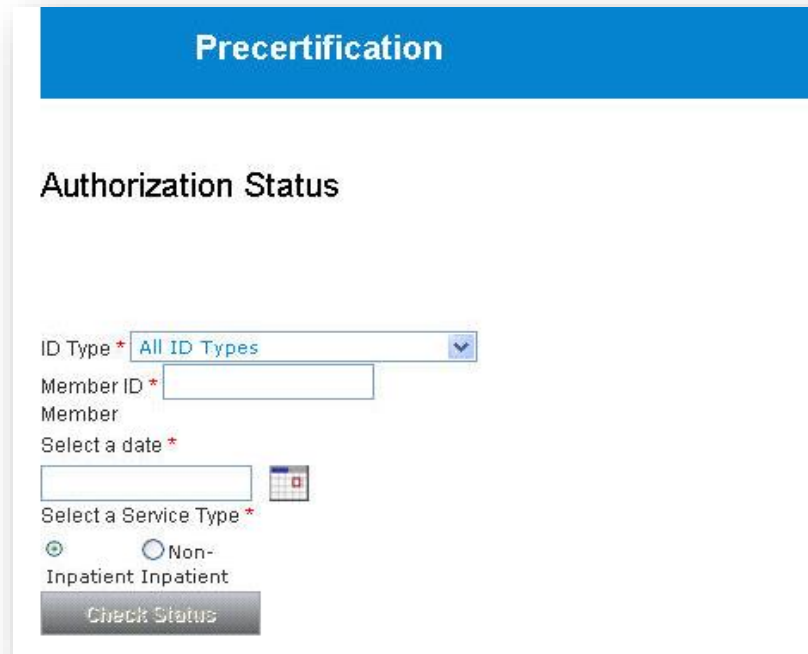
[FIND A CODE](#)



District of Columbia

# What is the status of precertification?

You can also check the status of your precertification request in PLUTO or contact Provider Services to speak with a representative.



The screenshot shows a web form titled "Precertification" with a blue header. Below the header, the section "Authorization Status" is displayed. The form contains the following fields and controls:

- ID Type \***: A dropdown menu with "All ID Types" selected.
- Member ID \***: A text input field.
- Member**: A label below the Member ID field.
- Select a date \***: A text input field with a calendar icon to its right.
- Select a Service Type \***: A section with two radio buttons: "Inpatient" (selected) and "Non-Inpatient".
- Check Status**: A grey button at the bottom of the form.



# Pharmacy program

**The *Preferred Drug List* and *Formulary* are available on our provider website. Find these and other helpful Hot Tips and tools under our helpful Pharmacy section.**

Some medications require prior authorization. Visit CoverMyMeds at <https://www.covermymeds.com/main/> to determine prior authorization for:

- Nonformulary drug requests.
- Brand name medications when generics are available.
- High-cost injectable and specialty drugs.
- Any other drugs identified in the formulary as needing prior authorization

Note: This list is not all-inclusive and is subject to change.

# Behavioral health/substance use services

- Amerigroup providers should coordinate care with other behavioral health providers who are involved in delivering care for your patients. Providers can get information about behavioral health services as follows:
  - Access HelpLine, available 24 hours a day, 7 days a week — 1-888-793-4357 (TTY 711)
  - Substance use treatment information — 202-727-8473 (TTY 711)

# Outpatient behavioral health services



The D.C. Department of Behavioral Health (DBH) contracts with Amerigroup and other managed care organizations to manage outpatient mental health benefits for persons with mild-to-moderate behavioral health disorders.

# SBIRT services

## Screening, brief intervention and referral to treatment (SBIRT)

- In order to support early identification and treatment of SUDs, the DBH is allowing a wide scope of eligible providers to administer SBIRT services.
- To directly deliver these services, providers are required to participate in training that provides information about the implementation of evidence-based protocols for SBIRT.

# Care coordination and communication

- Care coordination — Amerigroup will work collaboratively with providers to coordinate care for members with behavioral health needs or SUDs.
- Care communication — Behavioral health providers are required to send records of consultations and recommendations to the member's PCP for inclusion in the member's medical records.
- Find additional tools on our Provider website under Behavioral Health.

## Provider Resources & Documents

### Behavioral Health

BH Pediatrics Symptoms Checklist  
Concurrent Review Form  
Coordination of Care and Treatment Summary  
Discharge Form  
Initial Review Form  
Mental Health Outpatient Treatment Report Form  
Neuropsychological Testing Request for Authorization Form  
PRTF Treatment Review Form  
Psychological Testing Request for Authorization Form



# Quality Management




Our Quality Management team continually analyzes provider performance and member outcomes for improvement opportunities.

For more information on Quality Management programs, call 1-800-454-3730.

# Member ID cards

## DCHFP



**Amerigroup**  
An Anthem Company

Effective Date:  
Date of Birth:  
Amerigroup #:

[www.myamerigroup.com/DC](http://www.myamerigroup.com/DC)  
Member Name:  
DC Healthy Families Program Number:  
Primary Care Provider (PCP):  
PCP Telephone #:  
PCP Address:  
Primary Dental Provider (PDP):  
PDP Telephone #:  
PDP Address:  
Vision: **1-833-554-1012** Dental: **1-844-876-7918**  
Member Services/24-hour Nurse Helpline: **1-800-600-4441** (TTY 711)  
Behavioral Health Crisis Line: **1-844-405-4300** (TTY 711)  
Pharmacy Member Services: **1-833-214-3604**

## Immigrant Children's Program



**Amerigroup**  
An Anthem Company

Effective Date:  
Date of Birth:  
Amerigroup #:

[www.myamerigroup.com/DC](http://www.myamerigroup.com/DC)  
Member Name:  
Immigrant Children's Program Number:  
Primary Care Provider (PCP):  
PCP Telephone #:  
PCP Address:  
Primary Dental Provider (PDP):  
PDP Telephone #:  
PDP Address:  
Vision: **1-833-554-1012** Dental: **1-844-876-7918**  
Member Services/24-hour Nurse Helpline: **1-800-600-4441** (TTY 711)  
Behavioral Health Crisis Line: **1-844-405-4300** (TTY 711)  
Pharmacy Member Services: **1-833-214-3604**

## Alliance



**Amerigroup**  
An Anthem Company

Effective Date:  
Date of Birth:  
Amerigroup #:

[www.myamerigroup.com/DC](http://www.myamerigroup.com/DC)  
Member Name:  
DC Healthcare Alliance Program Number:  
Primary Care Provider (PCP):  
PCP Telephone #:  
PCP Address:  
Primary Dental Provider (PDP):  
PDP Telephone #:  
PDP Address:  
Dental: **1-844-876-7918**  
Member Services/24-hour Nurse Helpline: **1-800-600-4441** (TTY 711)  
Behavioral Health Crisis Line: **1-844-405-4300** (TTY 711)  
Pharmacy Member Services: **1-833-214-3604**

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 711.

**HOSPITALS:** Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

**ECONOMIC SECURITY ADMINISTRATION (ESA) CHANGE CENTER:** 1-202-727-5355  
**TRANSPORTATION SERVICES:** 1-888-828-1081 (TTY 711)

**PROVIDERS:** Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730. For preauthorization of medications, call 1-800-454-3730.

**PHARMACIES:** Submit claims using RxBIN: 020107; RxPCN: FC; RxGRP: WK4A  
To reach Help for Pharmacists, call 1-833-235-2029.

**SUBMIT MEDICAL CLAIMS TO:**  
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010  
**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**

DC01 12/17

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 711.

**HOSPITALS:** Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

**ECONOMIC SECURITY ADMINISTRATION (ESA) CHANGE CENTER:** 1-202-727-5355  
**TRANSPORTATION SERVICES:** 1-888-828-1081 (TTY 711)

**PROVIDERS:** Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730. For preauthorization of medications, call 1-800-454-3730.

**PHARMACIES:** Submit claims using RxBIN: 020107; RxPCN: FC; RxGRP: WK5A  
To reach Help for Pharmacists, call 1-833-235-2029.

**SUBMIT MEDICAL CLAIMS TO:**  
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010  
**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**

DC03 12/17

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 711.

**HOSPITALS:** Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

**ECONOMIC SECURITY ADMINISTRATION (ESA) CHANGE CENTER:** 1-202-727-5355  
**TRANSPORTATION SERVICES:** 1-888-828-1081 (TTY 711)

**PROVIDERS:** Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730. For preauthorization of medications, call 1-800-454-3730.

**PHARMACIES:** Submit claims using RxBIN: 020107; RxPCN: FC; RxGRP: WK5A  
To reach Help for Pharmacists, call 1-833-235-2029.

**SUBMIT MEDICAL CLAIMS TO:**  
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010  
**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**

DC02 12/17



District of Columbia

# Value-added services

- Free Metro cards — up to \$25 annually
- MyStrength — online peer support
- Boys & Girls Club memberships
- Community Resource Link — web-based physician consultation
- LiveHealth Online
- GED assistance program
- WW (formerly Weight Watchers) vouchers
- Enhanced over-the-counter drug benefit — \$15 every three months
- Free phones and phone cards benefit
- Free additional phone minutes
- Community transportation
- Smoking cessation help



# Value-added services (cont.)

## Nonemergency transportation services are available through MTM

- Phone — 1-888-828-1183
- Email — [tphelpdesk@mtm-inc.net](mailto:tphelpdesk@mtm-inc.net)
- Hours — Monday-Friday, 7 a.m.-10 p.m.,  
Saturday 7 a.m.-6:30 p.m. Eastern time
- Call 1-800-454-3730 for more information on value-added services for your patients.

# Access and availability standards

Amerigroup depends on you to be accessible to our members. You are required to adhere to the following accessibility standards:

## Behavioral health provider standards

Emergency	Immediately
Non-life-threatening emergency	Within 6 hours
Urgent care	Within 24 hours
Non-urgent sick care	Routine within 10 calendar days

# Treatment records

- Member records must contain the following elements, if applicable, to permit effective service provision and quality reviews:
  - Signed consent for mental health treatment
  - Comprehensive assessment
  - Patient-centered support and care plan
  - Progress notes

# Critical incidents

- Amerigroup is required to notify the Department of Health Care Finance of all adverse events within 24 hours of occurrence or knowledge of their occurrence. Should the event occur on a Friday, during the weekend or on a District holiday, notification is to be made the first working day after the event.
- Amerigroup must report adverse event follow-up within 30 days of notification to include a root cause analysis, actions taken, and an evaluation of the corrective action taken to address the situation, reduce risk and prevent additional occurrences.

# Complaints/Grievances and Appeals



An enrollee or authorized representative may file a grievance with Amerigroup, either orally, or in writing, at any time. We track all grievances until they are resolved. The *Provider Manual* details filing and escalation processes and contact information.

# Fair Hearing

- Members have 90 days from the date of the *Notice of Adverse Benefit Determination* to request a fair hearing.
- Members have only 10 days to ask for an administrative hearing to keep getting service that they were already getting before a denial.
- In a hearing, an administrative law judge who does not work for Amerigroup or the health care authority reviews the case.

# Adverse occurrences

Examples of adverse occurrences are listed below.

- Treatment complications, including medication errors and adverse medication reactions
- Accidents or injuries to a member
- Morbidity
- Suicide attempts
- Death of a member
- Allegations of physical abuse, sexual abuse, neglect, mistreatment or verbal abuse
- Use of isolation, mechanical restraint or physical holding restraint
- Any clear and serious breach of accepted professional standards of care that could endanger the safety or health of a member or members

# Advance directives

- Members have the right to use advance directives to put their health care choices into writing. They may name someone to speak for them if they are unable to speak.
- Washington, D.C. mimics the federal definition and recognizes advanced directives as:
  - A written instruction, such as a living will or durable power of attorney for health care, recognized under D.C. law (whether statutory or as recognized by the courts), relating to the provision of health care when the individual is incapacitated.
- Members are provided information on how to obtain an advance directive in the member handbook and on the member website.
- Providers are prohibited from conditioning the provision of care or otherwise discriminating against an individual based on whether or not the individual has an executed advanced directive.



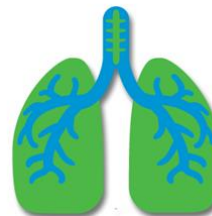
# Disease Management

Through our Disease Management team, we offer programs for members living with:

- Asthma
- Bipolar disorder
- Coronary artery disease
- Congestive heart failure
- COPD
- Diabetes
- HIV/AIDS
- Hypertension
- Major depressive disorder (adult and pediatric)
- Schizophrenia
- Substance use disorder (SUD)



Member referrals  
1-888-830-4300

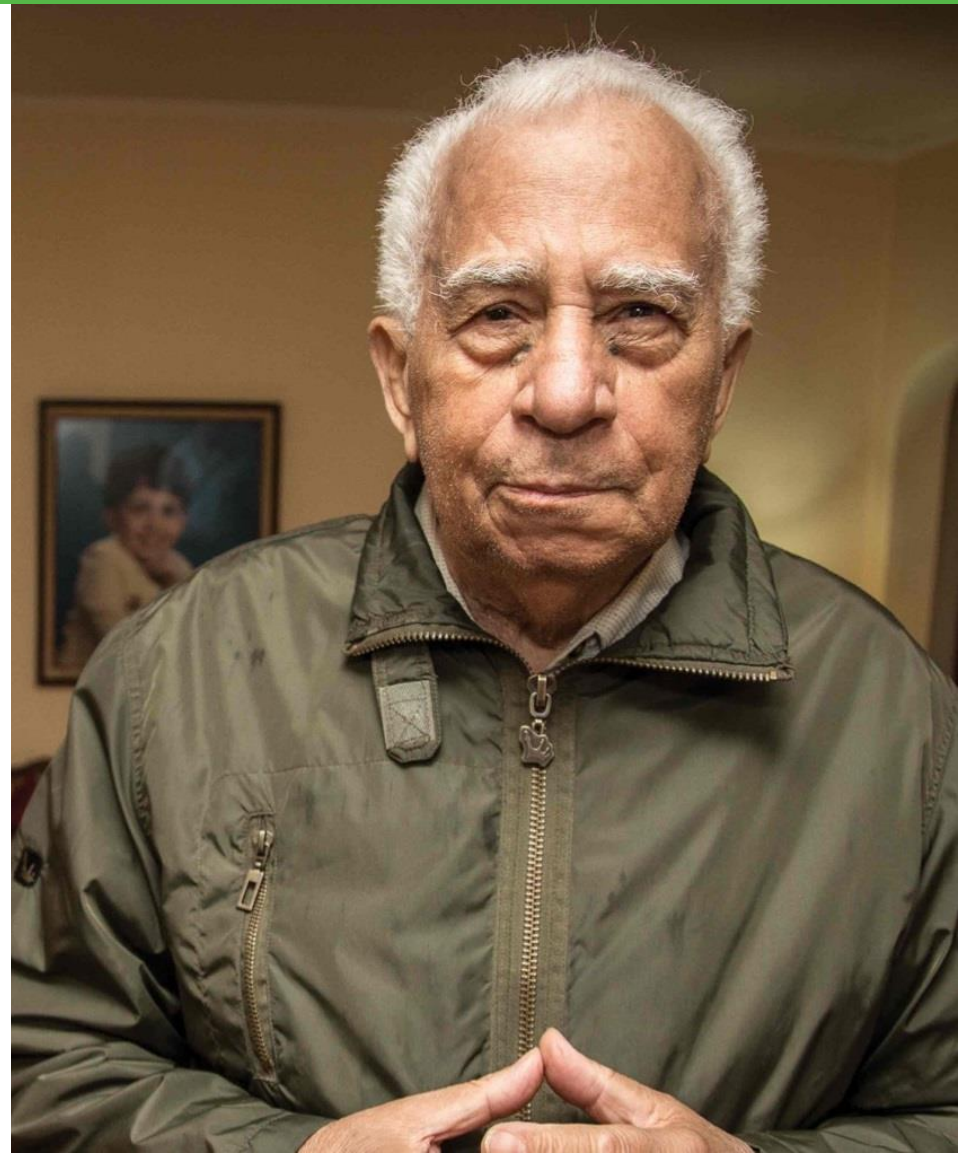


# Cultural competency

We encourage our providers and their staff to gain and continually increase their skill with sensitivities to diverse cultures. This ensures providing effective care and services for all people.

Amerigroup offers translation and interpreter services, cultural competency tips and training, and guides and resources based on the Culturally and Linguistically Appropriate Service (CLAS) Standards.

Additional cultural competency tools and training available on the provider website, including *My Diverse Patients*, and *Caring for Diverse Populations Toolkit*.



# Fraud, waste and abuse

## Help us prevent it and tell us if you suspect it!

- Verify patient identity.
- Ensure services are medically necessary.
- Document medical records completely.
- Bill accurately.



Reporting fraud, waste and abuse is required. If you suspect or witness it, please tell us immediately by:

- Calling the External Anonymous Compliance Hotline at 1-877-725-2702 or filling out the form at <https://www.amerigroup.silentwhistle.com>.
- Emailing [corpinvest@amerigroup.com](mailto:corpinvest@amerigroup.com) or [obe@amerigroup.com](mailto:obe@amerigroup.com).

# Our service partners

Refer to the provider manual for a list of service partners, contact information and more information about member benefits.

# Your support system

Find your Provider Relations representative by calling Provider Services at 1-800-454-3730.

