



# Provider orientation

Amerigroup District of Columbia, Inc.

# Agenda



## **Welcome to Amerigroup**

*Sherron Bowers, DC Provider Network Director*



## **Introduction to Amerigroup & Provider Resources**

*Raquel Samson, Director Provider Solutions*



## **Claims and Billing**

*Lisa Thomas, Director Medicaid State Operations*



## **Pre-service Processes & Population Health**

*Raquel Samson, Director Provider Solutions*



## **Member Benefits and Services**

*Carla Menchion, Director Provider Network Management, NPR*



## **Grievances and Appeals**

*Kathy Harmon, Director Clinical Operations*



## **Health Homes**

*Elizabeth Kunz, BH Program Manager*

# Welcome



# Department of Health Care Finance

The Department of Health Care Finance is the state agency with responsibility for implementation and administration of the District of Columbia's Medicaid program (Healthy Families) and the Children's Health Insurance Program (CHIP).

The Department of Health Care Finance is also responsible for administering:

- The D.C. Health Care Alliance Program (Alliance).
- The Immigrant Children's Program (ICP).
- The District's Child and Adolescent Supplemental Security Income Program (CASSIP).

# Single system of care



The District of Columbia Department of Health Care Finance (DHCF) contracted Amerigroup to provide comprehensive health care services, including physical and behavioral health.

This initiative creates a single system of care to promote the delivery of efficient, coordinated and high-quality health care and establishes accountability in health care coordination.

# About Amerigroup

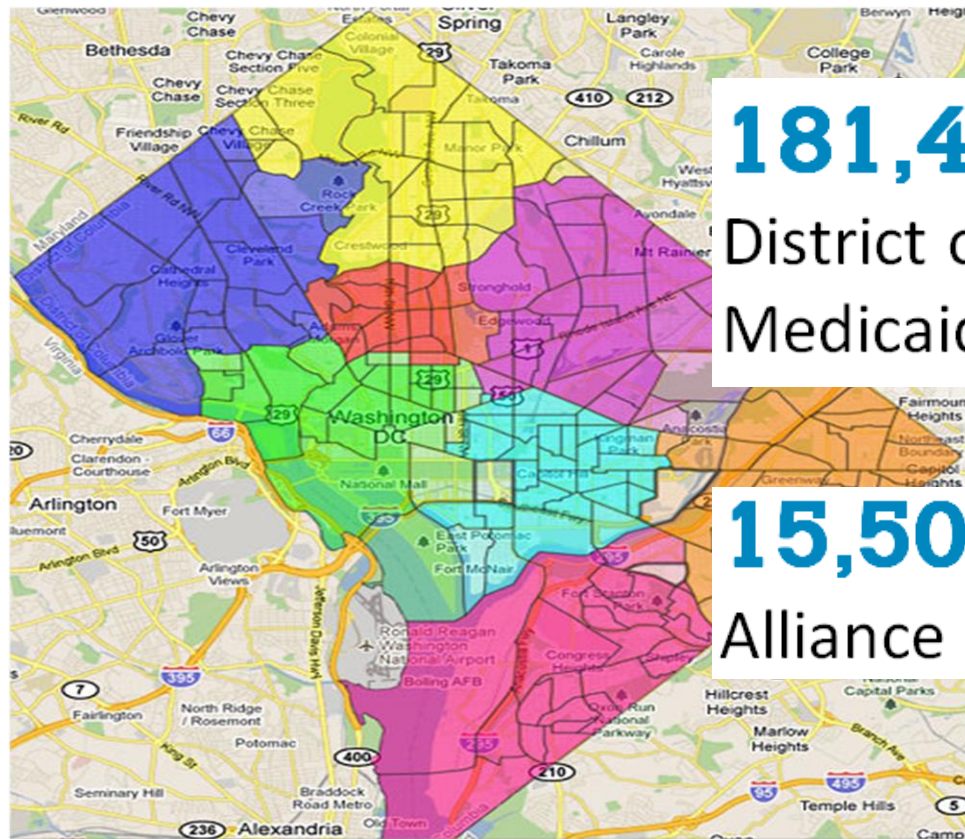


There are **3.5 million** Amerigroup members in **11** states and the District of Columbia.

Together with our affiliates, we serve **5.5 million** beneficiaries of state-sponsored health plans in **19** states.

We cover **one out of every 20** Medicaid recipients in the United States and **one out of every seven** Medicaid recipients in our markets.

# Coverage area



**181,400**

District of Columbia  
Medicaid beneficiaries

**15,500**

Alliance enrollees

# Transition period





# Transition period

- Amerigroup will honor any prior authorizations or referrals issued by previous MCOs for 60 days, ending Nov 30, 2017.
- Members may continue seeing a non-participating provider without authorization for 60 days ending Nov 30, 2017.
- New services and prescriptions requiring prior authorizations, as well as inpatient admissions, will be subject to our prior authorization.
- If your office is not registered to use the Availity Portal, please register at <https://www.availity.com> today so you and your staff can have immediate access to the online tools. Click **Register** and then select **Portal Registration: Let's get started!** If you are already using the Availity Portal, no additional registration is needed. Amerigroup will appear as one of the options in your drop-down menu. If you experience any difficulties, contact Availity Client Services at 1-800-282-4548
- All nonparticipating providers will need to request prior authorization beginning December 1, 2017.
- Please call Provider Services at 1-800-434-3730 for prior authorization.

# Provider resources



# Welcome to Amerigroup

## Join our Network!

### The Contracting and Credentialing Process



For questions or to join our network call

Provider Services at 1-800-454-3730

Or email Amerigroup: [dcprovidersolutions@amerigroup.com](mailto:dcprovidersolutions@amerigroup.com)

# Provider roles and responsibilities

- Provide preventive health screenings if you're a Primary Care Provider (PCP) .
- Provide culturally competent care, with no discrimination whatsoever, complying with ADA standards.
- Maintain and support access standards (e.g., wheelchair accessibility).
- Notify us of changes, such as billing address, name, full panel, etc.
- Encourage advance directives, educating your patients on their importance.
- Comply with HIPAA requirements and recordkeeping standards in all transactions, including medical records.
- Promote preventive care services to all patients.
- Identify behavioral health needs and participate in collaborating care.

# Required Medicaid ID number

- To get reimbursed for Medicaid, providers are required to have a Medicaid number.
- If a potential provider does not have a Medicaid number assigned, we'll work with the provider and the District to complete the necessary paperwork and assist the provider with obtaining a Medicaid number.
- You may register for a Medicaid number at [www.dc-Medicaid.com](http://www.dc-Medicaid.com)



# HealthCheck

- HealthCheck providers must complete the web-based HealthCheck training within 30 days of joining our network and at least every two years thereafter.
- Compliance with HealthCheck training is also a requirement for recredentialing.
- The HealthCheck Training and Resource Center is located at <https://www.dchealthcheck.net>. The HealthCheck Provider Training Module satisfies the EPSDT and IDEA provider training requirements for HealthCheck providers.



# Practice Update

Practice Profile Update Form	
<p>To update your practice profile, fax new information using the form below to the Provider Relations department at _____. If you have any questions or need assistance, please contact your local Provider Relations representative or call _____.</p>	
<p>1. Do not complete the entire form; only fill in sections where your information has changed.                      2. You must complete the Provider Information section.                      3. Sign and date the form before faxing.</p>	
<b>PROVIDER INFORMATION</b>	
Provider name _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Specialty _____ License number _____ NPI _____
<b>WHAT TYPE OF INFORMATION ARE YOU UPDATING?</b>	
<p>Please check all that apply.</p> <div> <input type="checkbox"/> Billing information                             <input type="checkbox"/> Practice details                         </div> <div> <input type="checkbox"/> Location or contact information                             <input type="checkbox"/> Primary care provider details                         </div> <div> <input type="checkbox"/> Office hours                             <input type="checkbox"/> Other _____                         </div>	
<b>PRACTICE DETAILS</b>	
Office hours Monday _____ a.m. _____ p.m. Tuesday _____ a.m. _____ p.m. Wednesday _____ a.m. _____ p.m. Thursday _____ a.m. _____ p.m. Friday _____ a.m. _____ p.m. Saturday _____ a.m. _____ p.m. Sunday _____ a.m. _____ p.m.	Age range of patients served: <input type="checkbox"/> Pediatric <input type="checkbox"/> Geriatric <input type="checkbox"/> All ages <input type="checkbox"/> Other _____ Languages spoken _____ Wheelchair accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PRIMARY CARE PROVIDER DETAILS</b>	
Primary care providers are <b>REQUIRED</b> to have coverage 24 hours a day, 7 days a week. Please mark your coverage type below.	
<input type="checkbox"/> Answering service <input type="checkbox"/> Beeper or pager <input type="checkbox"/> Answering machine <input type="checkbox"/> Other phone number _____	
Are you accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	

Submit information changes to us at  
<https://providers.amerigroup.com/DC>.

Applicable changes include the following:

- Change in practice name
- Adding or updating site, billing/remit, email address, phone or fax number
- Change to Tax ID (new signed contract required)
- Change to provider name
- Adding or terminating a provider
- Adding NPI, Medicare or Medicaid numbers
- Initiating the Council for Affordable Quality Healthcare (CAQH) numbers for new providers

# Fraud, waste and abuse

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

- Verify a patient's 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:

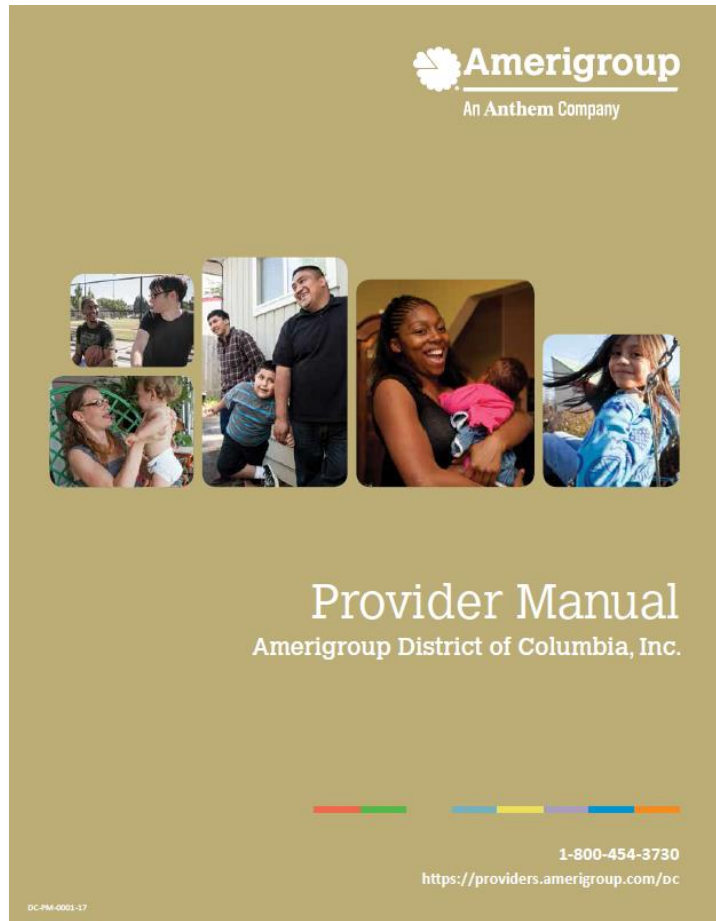
- Calling the External Anonymous Compliance Hotline at 1-877-725-2702 or filling out the form at <https://www.amerigroup.silentwhistle.com>.
- Emailing [corpinvest@amerigroup.com](mailto:corpinvest@amerigroup.com) or [obe@amerigroup.com](mailto:obe@amerigroup.com).



# Provider communications and education

- Provider Manual
- Provider Website
- Quarterly provider newsletter
- Fax blasts about program and process changes
- Access to specialized education and training:
  - ICD codes
  - Cultural competency
  - HIPAA
  - Quality
  - Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
  - Individuals with Disabilities Education Act (IDEA)
  - HealthCheck
  - And courses and learning resources specifically designed to meet the training needs of our providers

# Provider Manual

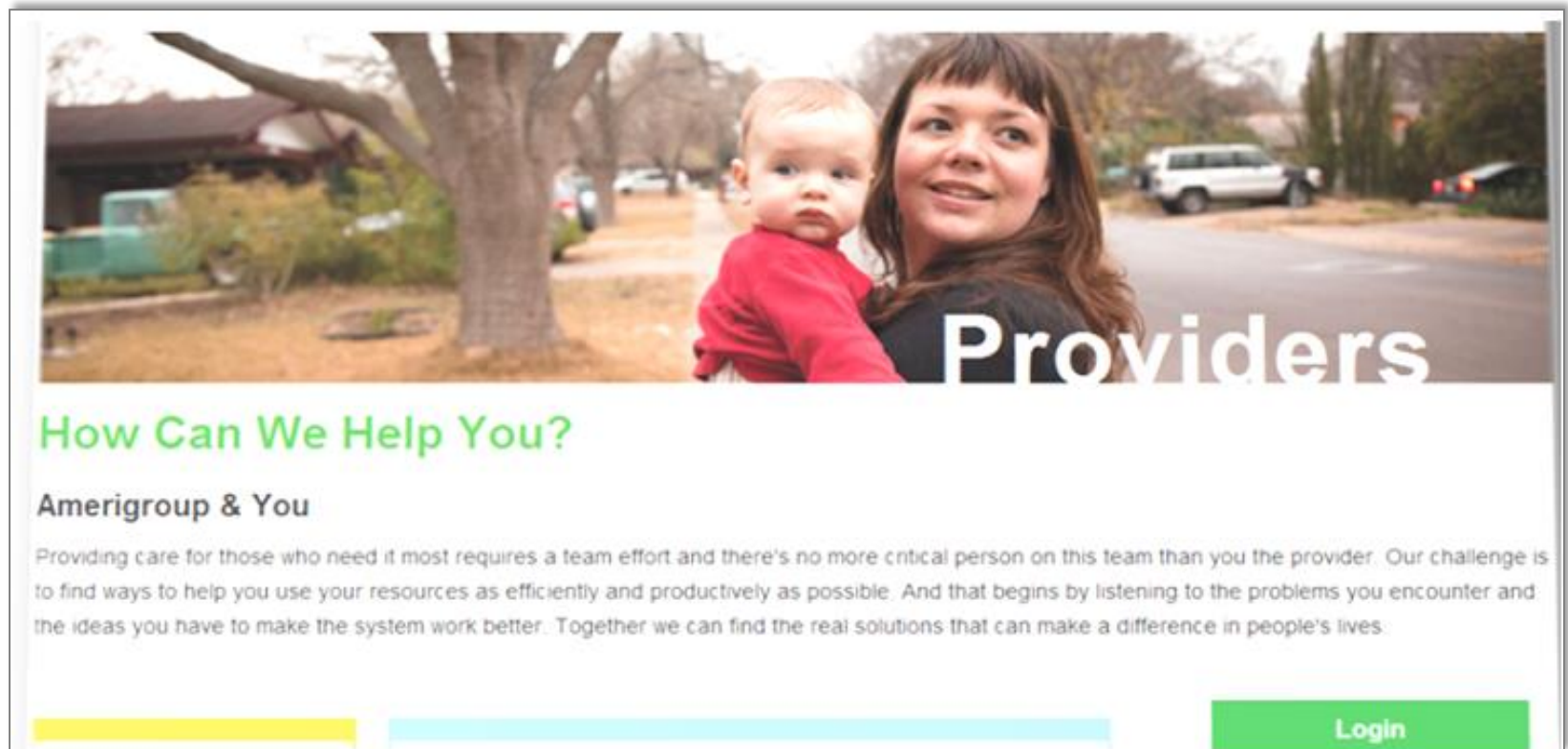


The provider manual is a key support resource for:

- Preauthorization requirements.
- An overview of covered services.
- Member eligibility verification process.
- Member benefits.
- Access and availability standards.
- The grievances and appeals process.

<https://providers.amerigroup.com/DC>

# Medicaid provider website

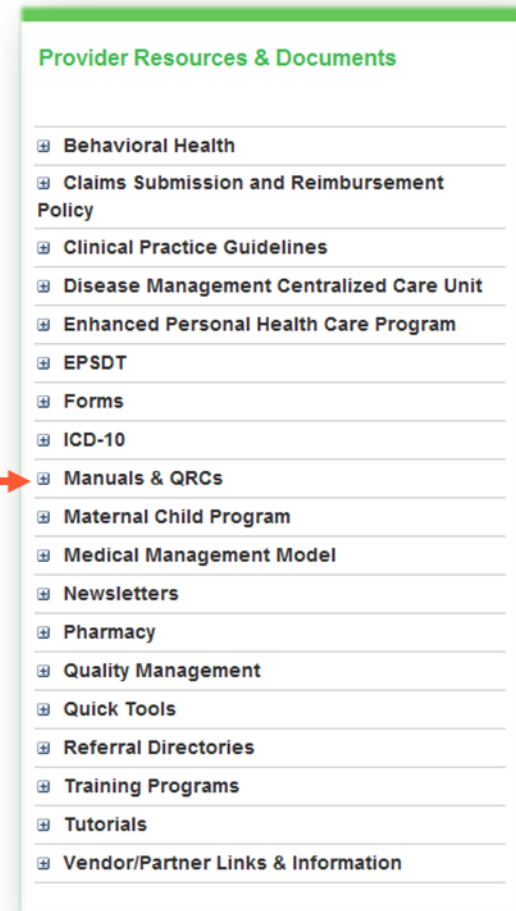


<https://providers.amerigroup.com/DC>

# Public website information

Registration and login are not required for access to the following:

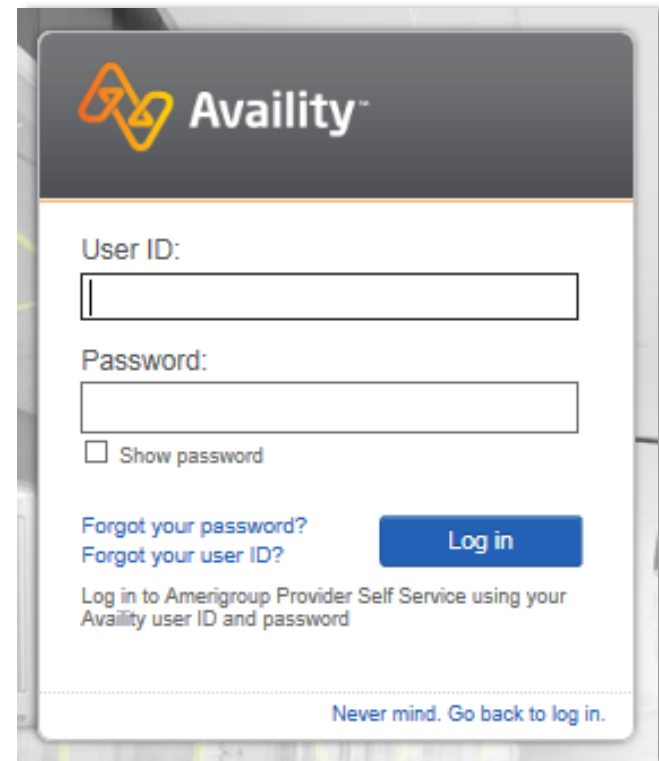
- Claims forms
- Precertification Lookup Tool
- Provider manual
- Clinical Practice Guidelines
- News and announcements
- Provider directories
- Fraud, waste and abuse information
- Formulary



# Secure website information

Registration and login **are** required for access to the following:

- Precertification submission
- Precertification status lookup
- Pharmacy precertification
- PCP panel listings
- Member eligibility
- Claim status lookup

A screenshot of the Availity login interface. At the top, the Availity logo is displayed on a dark grey background. Below the logo, there are two input fields: 'User ID:' and 'Password:'. The 'User ID' field contains a single vertical bar. Below the 'Password' field is a checkbox labeled 'Show password'. To the right of the password field is a blue 'Log in' button. Below the login fields, there are two links: 'Forgot your password?' and 'Forgot your user ID?'. A line of text below these links reads: 'Log in to Amerigroup Provider Self Service using your Availity user ID and password'. At the bottom of the form, there is a link that says 'Never mind. Go back to log in.'

# Key contact information

<b>Provider Services:</b>	1-800-454-3730	<b>Member Services:</b>	1-800-600-4441
<b>Website:</b>	<a href="https://providers.amerigroup.com/DC">https://providers.amerigroup.com/DC</a>		
<b>Prior authorization (PA):</b>	Phone: 1-800-454-3730 Fax: 1-800-964-3627	<b>Pharmacy PA:</b>	Phone:1-800-454-3730 Fax (retail): 1-844-487-9292 Medical injectable: 1-844-487-9294
		<b>Behavioral Health PA:</b>	Inpatient fax: 1-877-434-7578 Outpatient fax: 1-800-505-1193
<b>Paper claim submission:</b>	Claims Amerigroup District of Columbia, Inc. P.O. Box 61010 Virginia Beach, VA 23466-1010		
<b>Electronic claim submission payer IDs:</b>	Change Healthcare (formerly Emdeon): 27514 Change Healthcare (formerly Capario): 28804 Availity: 26375 Smart Data Solutions: 81237		

# Delegated partners

Contact name	Contact information
AVESIS (vision services)	Member Services: 833-554-1012 Provider Services: 833-554-1013
DentaQuest (dental services)	Member Services: 1-844-876-7918 Provider Services: 1-844-876-7919
IngenioRx (pharmacy services)	General phone: 1-833-235-2029 Prior authorization (PA) phone: 1-800-454-3730 Retail PA fax: 1-844-487-9292 Medical injectable PA fax: 1-844-487-9294

# Claims and billing

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# Claim submission

There are several ways to submit an Amerigroup claim.



## **Paper submission**

Claims

Amerigroup District of Columbia, Inc.

P.O. Box 61010

Virginia Beach, VA 23466-1010



## **Availity**

<https://www.availity.com>



## **Electronically (with payer ID)**

Change Healthcare (formerly Emdeon): 27514

Change Healthcare (formerly Capario): 28804

Availity: 26375

Smart Data Solutions: 81237

# Clear Claim Connection

- This is one of the many tools on our website that can help with your claims submissions. You can type in a procedure code and modifier combination to see if your claim will likely pay for your patient's diagnosis.
- Some other tools that may help in claims payment
  - Checking the status of a claims
  - Checking eligibility
  - Checking authorizations
  - Submitting appeals

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 red navigation bar with links: 'McKesson Edit Development', 'Glossary', 'About', 'Help', and 'Logoff'. Below the navigation bar, the main content area is white. It contains a 'Gender' section with radio buttons for 'Male' and 'Female'. Below that is a 'Date of Birth' section with a date input field and the text '(mm/dd/yyyy)'. A link 'Click Grid to enter information:' is present. Below the link is a table with 6 columns: 'Procedure', 'Mod 1', 'Mod 2', 'Mod 3', 'Mod 4', and 'Date of Service'. The table has 5 rows. Below the table is a link 'Add More Procedures>>'. At the bottom of the form are two buttons: 'Review Claim Audit Results' and 'Clear'.

Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Date of Service
					✓
					✓
					✓
					✓

# Electronic payment services (ERA&EFT)

To enroll in electronic funds transfers (EFTs) and electronic remittance advices (ERAs) Amerigroup uses EnrollHub™. This is a secure CAQH Solution® which is available at no cost to all health care providers. Benefits to providers who enroll for electronic payment services:

- Receive electronic ERAs and can import the information directly into their patient management or patient accounting system.
- Route EFTs to the bank account of their choice.
- Can use the electronic files to create their own custom reports within their office.
- Access reports 24 hours a day, 7 days a week.



# Electronic payment enrollment

## Get started now!

- Visit [www.caqh.org/eft\\_enrollment.php](http://www.caqh.org/eft_enrollment.php) for more information and to create your secure account.

## CAQH EnrollHub Helpline

- 1-844-815-9763
- Representatives are available:  
Monday-Thursday from 7 a.m.-9 p.m. ET  
Friday from 7 a.m.-7 p.m. ET  
[efthelp@enrollhub.caqh.org](mailto:efthelp@enrollhub.caqh.org)



# Rejected vs. denied claims

There are two notices types you may get in response to your claim submission:

Rejected	Denied
Does not enter the adjudication system due to missing or incorrect information	Goes through the adjudication process but is denied for payment

## REMEMBER

- You can find claims status information at <https://www.availity.com> or by calling Provider Services at 1-800-454-3730

# Provider claims payment/dispute process

Providers may access a timely claims/payment dispute resolution process.

- A claims/payment dispute is a claim or any portion of a claim that is denied for any reason or underpaid. Amerigroup must receive payment disputes within 90 business days of the paid date of the explanation of payment (EOP).
- The provider must submit a written request including:
  - An explanation of the issue in dispute
  - The reason for dispute and all supporting documentation (e.g., medical records).
  - EOP
  - A copy of the claim

To submit a payment dispute, complete the Payment Dispute Form located in Appendix A – Forms or online at <https://providers.amerigroup.com/DC> and mail to:

- Payment Dispute Unit  
Amerigroup District of Columbia, Inc.  
P.O. Box 61599  
Virginia Beach, VA 23466-1599

# Preservice processes



# Verifying member eligibility

**Always confirm a member's eligibility and PCP of record before providing services.**

- Real-time member enrollment and eligibility verification for all District of Columbia Medicaid programs is available 24 hours a day, 7 days a week:
  - IVR system: 202-906-8319
  - Website: <https://www.dc-medicaid.com/dcwebportal>
- Amerigroup resources for determining the member's specific benefit plan and coverage include the following:
  - Member Services: 1-800-600-4441, Monday-Friday, 8:30 a.m.-7 p.m. ET
  - Availity Portal: <https://www.availity.com>

Note: You can also access Availity by logging in to our secure provider site <https://providers.amerigroup.com/DC> - (Eligibility and Benefits)



# Precertification requirements

- Cardiac rehabilitation
- Chemotherapy
- Chiropractic services
- Diagnostic testing
- Durable medical equipment (all rentals; see your provider manual)
- Home health
- Hospital admission
- Physical therapy, occupational therapy and speech therapy treatment
- Sleep studies
- BH Services



**Utilization Management**

1-800-454-3730

# Medically necessary

- Federal and District law as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first when determining eligibility for coverage.
- Amerigroup uses *Anthem Medical Policies or Clinical Utilization Management (UM) Guidelines*.
- A list of the specific *Amerigroup Medical Policies and Clinical UM Guidelines* used will be posted and maintained on the Amerigroup website at <https://providers.amerigroup.com/DC>
- Amerigroup utilizes evidence-based guidelines (McKesson InterQual criteria) to determine medical necessity for acute inpatient care and for skilled nursing care.

# Precertification lookup tool

Submit precertification requests via:



**This tool:**

- **Is for outpatient services** — inpatient services always require precertification
- **Does not show benefits coverage** — refer to our state-specific provider manuals for coverage/limitations

\* - Required Field

Market \*

Line of Business \*

CPT/HCPCS Code or Code Description \*

Find a Code

Check the status of your request on the website or by calling Provider Services.

Search by market, member product or CPT code.

# Interactive care reviewer


Submit requests and inquire on medical and behavioral health precertifications.


Interactive Care Reviewer


Logout


Contact Us

Quick Links

 My Organization's Requests

 Create New Request

 Search Organization Requests

 Authorization/Referral Inquiry



<<< <

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> >>>

View Results 20

533 Requests found Displaying 1 to 20



Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
		Review In Progress		10/09/2015 - 10/09/2015	Outpatient	1073549929	2015-10-08 12:22:54 PM		2015-10-08 12:23:52 PM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10:41:44 AM		2015-10-07 10:54:43 AM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10:30:37 AM		2015-10-07 10:35:34 AM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10:06:40 AM		2015-10-07 10:17:39 AM	System
		Review In Progress		09/30/2015 - 09/30/2015	Inpatient	1922098342	2015-10-01 11:54:06 AM		2015-10-06 11:07:34 AM	System
		Review In Progress		09/28/2015 - 10/12/2015	Inpatient	1396714663	2015-10-06 09:53:39 AM		2015-10-06 09:54:29 AM	System
		Approved		10/06/2015 - 10/06/2015	Outpatient	1922098342	2015-10-05 12:19:36 PM		2015-10-05 12:24:42 PM	System

# Laboratory services

**Testing sites MUST have a Clinical Laboratory Improvement Act/ Amendments (CLIA) certificate or a waiver.**

Notification or precertification is not required if lab work is performed:

- In a physician's office.
- In a participating hospital outpatient department (for stat services).
- By one of our preferred lab vendors. (LabCorp and Quest)



# Pharmacy program

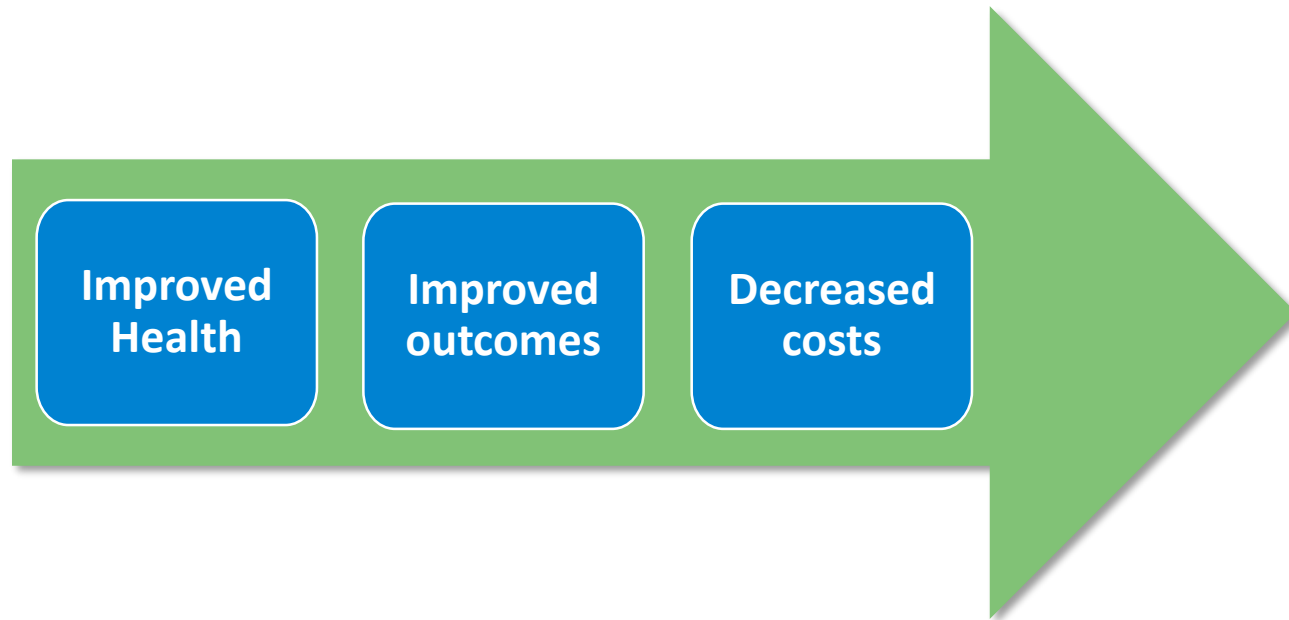
***The Preferred Drug List (PDL) and formulary are available on our website.***

Prior authorization is required for:

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



# Population management



# Population health resources



## **Health promotions services**

1-800-964-2112 ext. 44120



## **Disease management member referrals**

1-888-830-4300



## **Case management member referrals**

1-800-454-3730



# Member benefits and services

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# Patient and family-centered care

Patient and family-centered care is an innovative approach to the planning, delivery and evaluation of health care grounded in a mutually beneficial partnership among patients, families and providers.



# Member benefits and services

- Coordination of care where applicable
- Initial health assessments
- Physician office visits – inpatient and outpatient services
- Durable medical equipment and supplies
- Emergency services
- Case management and utilization management where applicable
- Pharmacy benefits through IngenioRx.

New members also receive a welcome letter, member handbook and provider directory.

Detailed benefits and services information is available in the provider manual at <https://www.providers.amerigroup.com/DC>.

# Key member responsibilities


Amerigroup members have the responsibility to:

- Show their Amerigroup ID card each time they receive medical care.
- Make or change appointments and get to them on time.
- Call their doctor if they can't make it to their appointment or won't be on time.
- Use the emergency room only for true emergencies.
- Pay for any services they ask for that are not covered by Medicaid.
- Treat their doctor and other health care providers with respect.
- Tell us, their doctor and their other health care providers what they need to know to treat them.
- Do the things that keep them from getting sick.
- Follow the treatment plans that the member, the doctor and their other health care providers agree on.


Note: This is not a complete list; refer to your provider manual for a full listing and additional details.

# Template guidelines

## DC Healthy Families and Immigrant Children's Program

 An Anthem Company  Effective Date: Date of Birth: [Amerigroup] #:  [www.myamerigroup.com/DC] Member Name: [Medicaid or Immigrant Children's Program Number]: Primary Care Provider (PCP): PCP Telephone #: PCP Address: Primary Dental Provider (PDP): PDP Telephone #: PDP Address: Vision: [1-XXX-XXX-XXXX] Dental: [1-XXX-XXX-XXXX] [Member Services/24-hour Nurse HelpLine and Behavioral Health services] [1-800-600-4441 (TTY 711)]	<p><b>MEMBERS:</b> 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, call [711].</p> <p><b>MIEMBROS:</b> [Spanish text to be inserted here]</p> <p><b>HOSPITALS:</b> Preadmission certification is required for all non-emergency admissions, including outpatient surgery. For emergency admissions, notify [Amerigroup] within 24 hours after treatment at [1-800-454-3730].</p> <p><b>PROVIDERS:</b> 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].</p> <p><b>PHARMACIES:</b> Submit claims using Express Scripts RXBIN: 003585; RXPCN: MA; RXGRP: WK4A. For technical help, call Express Scripts at [1-800-922-1557].</p> <p><b>SUBMIT MEDICAL CLAIMS TO:</b> [AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010]</p> <p><b>USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.</b></p> <p>DC01 10/17</p>
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## DC Healthcare Alliance

 An Anthem Company  Effective Date: Date of Birth: [Amerigroup] #:  [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-XXX-XXX-XXXX] [Member Services/24-hour Nurse HelpLine and Behavioral Health services] [1-800-600-4441 (TTY 711)]	<p><b>MEMBERS:</b> 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, call [711].</p> <p><b>MIEMBROS:</b> [Spanish text to be inserted here]</p> <p><b>HOSPITALS:</b> Preadmission certification is required for all non-emergency admissions, including outpatient surgery. For emergency admissions, notify [Amerigroup] within 24 hours after treatment at [1-800-454-3730].</p> <p><b>PROVIDERS:</b> 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].</p> <p><b>PHARMACIES:</b> Submit claims using Express Scripts RXBIN: 03858; RXPCN: A4; RXGRP: WK5A. For technical help, call Express Scripts at [1-800-922-1557].</p> <p><b>SUBMIT MEDICAL CLAIMS TO:</b> [AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010]</p> <p><b>USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.</b></p> <p>DC02 10/17</p>
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# Primary Care Provider (PCP) selection

## Members:

- Must select a PCP.
- Can change their PCP at any time.
- Can see a specialist without a referral.

Note: A PCP is not paid unless he or she is the PCP of record.



# Access and availability

Measure	Standard
<b>Behavioral health</b>	
<b>Appointment times</b>	<ul style="list-style-type: none"> <li>Services for the assessment and stabilization of psychiatric crises must be available 24/7.</li> <li>Phone-based assessment must be provided within 15 minutes of request.</li> <li>When medically necessary, intervention or face-to-face assessment must be provided within 90 minutes of completion of the phone assessment.</li> </ul>
<b>Dental access standards</b>	
<b>Ratios</b>	At least one full-time equivalent (FTE) dentist for every 750 child members
<b>EPSDT – members under 21 years of age</b>	
<b>Appointment times</b>	<ul style="list-style-type: none"> <li>Initial EPSDT screens must be offered within 60 days of the member's enrollment with Amerigroup or at an earlier time if needed (i.e., to comply with the periodicity schedule, if the child's case indicates a more rapid assessment, if a request results from an emergency medical condition).</li> <li>All initial EPSDT screens must be completed with three months of the member's enrollment with Amerigroup unless the member is up-to-date with the periodicity schedule.</li> <li>All EPSDT screens, tests and immunizations must be completed within 30 days of their due dates for children under 2 years of age and within 60 days of their due dates for children 2 years and older.</li> <li>Periodic EPSDT screening exams must take place within 30 days of request.</li> <li>IDEA multidisciplinary assessments must be completed within 30 days of request. Needed treatments shall begin within 25 days of receipt of a completed and signed Individualized Family Service Plan Assessment.</li> </ul>
<b>Hospital access standards</b>	
<b>Distance</b>	Within 30 minutes travel time by public transportation

# Access and availability (cont.)

Measure	Standard
<b>Laboratory access standards</b>	
<b>Distance</b>	Within five miles or no more than 30 minutes travel time
<b>PCP and OB/GYN access standards</b>	
<b>Distance</b>	<ul style="list-style-type: none"> <li>At least two age-appropriate PCPs within five miles or no more than 30 minutes travel time</li> <li>At least one OB/GYN within five miles or no more than 30 minutes travel time</li> </ul>
<b>Ratios</b>	At least one FTE PCP for every 500 members and one FTE PCP with pediatric training for every 500 children (20 years of age and younger)
<b>Appointment times</b>	<ul style="list-style-type: none"> <li>Adults: initial appointment within 45 days of enrollment or within 30 days of request, whichever is sooner</li> <li>Routine: within 30 days</li> <li>Urgent and emergent: available 24/7</li> <li>Initial pregnancy or family-planning services: within 10 days of request</li> </ul>
<b>Pharmacy access standards</b>	
<b>Distance</b>	<ul style="list-style-type: none"> <li>There must be at least two pharmacies within two miles of each member's residence.</li> <li>The network must include at least one 24/7 pharmacy, one pharmacy providing home delivery within four hours and one pharmacy offering mail-order service.</li> </ul>
<b>Specialty access standards</b>	
<b>Appointment times</b>	Routine: within 30 days Urgent and emergent: available 24/7



# HIPAA compliance

- HIPAA was signed into law in August 1996. The legislation improves the portability and continuity of health benefits, ensures greater accountability in the area of health care fraud, and simplifies the administration of health insurance.
- We strive to ensure our organization and our contracted, participating providers conduct business in a manner that safeguards member information in accordance with HIPAA privacy regulations.



# Balance billing

You must:

- **Not** balance bill our members.
- Submit notification and authorization prior to providing noncovered services.



# Cultural competency

- Like you, Amerigroup is dedicated to providing high-quality, effective and compassionate care to all patients. There are many challenges in delivering health care to a diverse patient population. We're here to help.
- 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.



# Individuals with Disability Education Act

- IDEA is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than
- 6.5 million eligible infants, toddlers, children and youth with disabilities.
- Infants and toddlers with disabilities (birth through age 2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.
- PCPs evaluate the child to determine the need for services.
- If a child needs IDEA services, the PCP provides a referral to the District's Early Intervention Program.
- Website: <https://osse.dc.gov/service/strong-start-dc-early-intervention-program-dc-eip>

Based on Recommendations from Preventive Pediatric Health Care  
from Bright Futures/American Academy of Pediatrics (AAP)



**KEY:** • = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← • → = range during which a service may be provided

[illegible]

Amerigroup

District of Columbia

# Amerigroup on call

- Members can speak to a registered nurse who can answer their questions and help decide how to take care of any health problems.
- If medical care is needed, our nurses can help a member decide where to go.
- The phone number is located on the back of our member ID cards.

Members can call Amerigroup on Call for health advice 7 days a week, 365 days a year. When a member uses this service, a report is faxed to the office within 24 hours of receipt of the call.



## Amerigroup on Call

1-866-864-2544 (TTY 711)

1-866-864-2545 (Spanish)

# Interpreter and translation services

- We offer interpreter services, telephonic translations and in-person translations in over 170 languages. Our interpreters are formally trained and fluent in communicating in the member's primary, non-English language.
- Members and providers should call at least 24 hours before the scheduled appointment.
- Interpreters who provide communication for deaf or hard-of-hearing members should be offered to members who need these services.
- Members should call the toll-free AT&T Relay Service at TTY 711 at least five days before the scheduled appointment, and we will set up and pay for a person who knows sign language to help during the office visit.



Member Services  
1-800-600-4441



# MTM nonemergency transportation services

Members can call the MTM Call Center to schedule trips, change trip details (time/date/additional passengers) and cancel their rides.



## **MTM Call Center**

1-888-828-1183

Monday-Friday, 7 a.m.-10 p.m. ET

Saturday, 7 a.m.-6:30 p.m. ET

[tphelpdesk@mtm-inc.net](mailto:tphelpdesk@mtm-inc.net)





# Value-added services

We believe expanded programs and services provide opportunities to help care for the whole person and better address the specific needs for each segment of the population.

For staying healthy	<ul style="list-style-type: none"><li>• \$15 in over-the-counter medicines every three months</li><li>• Weight Watchers® vouchers to help eligible members lose weight</li><li>• Kurbo Weight Loss Solution – a mobile/online program for kids, teens and parents</li><li>• Taking Care of Baby and Me® to help expecting moms and babies stay healthy</li><li>• Amerigroup Mobile app to find doctors, access member ID cards and send them to a doctor if needed</li></ul>
For getting better	<ul style="list-style-type: none"><li>• myStrength – a mental health and well-being app</li><li>• Amerigroup on Call to get health advice from a nurse day or night</li><li>• Disease management programs to help members with special health conditions set goals and manage their health</li></ul>
For living healthy	<ul style="list-style-type: none"><li>• Free memberships for children ages 6-18 at Boys &amp; Girls Clubs of Greater Washington (District of Columbia locations)</li><li>• General Education Development (GED) test vouchers for qualified members 18 and up</li><li>• Free Metro cards – up to \$25 each year</li><li>• Free cellphone with data, talk and texts and unlimited calls to Member Services</li></ul>

# Grievance and Appeals



# Grievance and appeals

- Separate and distinct appeal processes are in place for our members and providers depending on the services denied or terminated.
- Please refer to the denial letter issued to determine the correct appeals process.
- Appeals of medical necessity and administrative denials receive a response within 30 calendar days of the date we receive it.

## **Mail appeals to:**

Medical Appeal Processing  
Amerigroup District of Columbia, Inc.  
7550 Teague Road, Suite 500  
Hanover, MD 21076



# Office of the Health Care Ombudsman and *Bill of Rights*

The District of Columbia's Office of the Health Care Ombudsman and *Bill of Rights*:

- Tell members about and help to understand health care rights and responsibilities.
- Help members solve problems with health care coverage, access to health care and issues regarding health care bills.
- Advocate for members until their health care needs are addressed and fixed.
- Guide members towards the appropriate private and government agencies when needed.
- Help members with appeals processes.
- Track health care problems and report patterns to help fix what is causing the problem.

# Behavioral health



# Behavioral health at Amerigroup

- Our mission is to coordinate the physical and behavioral health (BH) care of members, offering a continuum of targeted interventions, education and enhanced access to care to ensure improved outcomes and quality of life for Amerigroup members.
- Amerigroup BH services include a robust array of both mental health services and substance use disorder services.
- We work collaboratively with health care providers, community mental health centers (CMHCs), the D.C. Department of Behavioral Health (DBH), substance use disorder providers, and a variety of community agencies and resources to successfully meet the needs of members with mental health (MH) and substance use disorders (SUDs).

# Integration of behavioral health and physical health

- Integrated physical health/behavioral health case management training for all case managers
- Integrated quality management committee and medical advisory group
- One integrated IT system for both physical and behavioral health
- Behavioral case management including members with co-occurring disorders



# My DC Health Home benefit

- A health home is a service delivery model that coordinates a member's health and social service needs — primary and hospital health services, mental health care, substance abuse care, and long-term care services and supports. A health home care manager will serve as the central point for coordinating all of a member's clinical and nonclinical needs.
- My DC Health Home services are provided through community-based mental health providers (core service agencies) certified by the District to be a health home. They have hired nurses, primary care doctors and others with social and health-related backgrounds to create care teams.

Members with a serious mental illness or serious emotional disturbance are eligible for the MY DC Health Home benefit.





# My Health GPS health home benefit

Members are eligible for My Health GPS if they have three or more of the following chronic health conditions:

- Mental health conditions (depression, personality disorder)
- Substance use disorder
- Diabetes
- Chronic renal failure (on dialysis)
- Hyperlipidemia
- Heart disease (congestive heart failure)
- Hypertension
- Sickle cell anemia
- Asthma
- Chronic obstructive pulmonary disease
- Cerebrovascular disease
- Morbid obesity
- Hepatitis
- HIV
- Malignancies
- Paralysis
- Peripheral atherosclerosis

# Health home benefits

Core health home services include:

- Comprehensive care management.
- Care coordination.
- Transitions in care.
- Support to individual and family members.
- The facilitation of referrals to community services and supports.
- Health promotion and self-care.

The District identifies eligible members and assigns the member to a health home provider. To refer a member to a health home, call the DC Access HELPLINE at 1-888-7WE-HELP (1-888-793-4357).



# Thank you



