Provider Newsletter

Amerigroup
District of Columbia

https://providers.amerigroup.com/DC

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How to contact IngenioRx Specialty Pharmacy beginning May 1, 2019

As of May 1, 2019, IngenioRx is the pharmacy benefit manager (PBM) for prescription drugs, mail-order pharmacy* and specialty pharmacy for Amerigroup District of Columbia, Inc. members. Because Amerigroup and IngenioRx are both Anthem, Inc. companies, your patients gain fast, easy access to their health and prescription benefits in one place.

Contacting IngenioRx Specialty Pharmacy

If you need to contact IngenioRx Specialty Pharmacy regarding a Medicaid member, they can be reached in the following ways:

- **Phone:** 1-833-262-1726 (24 hours/7 days a week)
- **Fax:** 1-833-263-2871

If you have questions about this change, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

**not available in all markets*

DC-NL-0141-19

2019 *Utilization Management Affirmative Statement* concerning utilization management decisions

All associates who make utilization management (UM) decisions are required to adhere to the following principles:

- UM decision making is based only on care appropriateness, and service and existence coverage.
- We do not reward practitioners or other individuals for issuing coverage or care denials. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support benefit denials.
- We do not offer financial incentives to decision makers for UM determinations that encourage decisions resulting in underutilization or create barriers to care and service.

DCP-NL-0123-19

Members' Rights and Responsibilities Statement

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps is for patients and providers to understand their rights and responsibilities. Therefore, in line with our commitment participating practitioners and members in our system, Amerigroup District of Columbia, Inc. has adopted a *Members' Rights and Responsibilities Statement*, which is located within the provider manual.

If you need a physical copy of the statement, call Provider Services at 1-800-454-3730.

DC-NL-0133-19

Why do patients stop taking their prescribed medications, and what can you do to help them?

You want what's best for your patients' health.

When a patient doesn't follow your prescribed treatment plan, it can be a challenge. Approximately 50 percent of patients with chronic illness stop taking their medications within one year of being prescribed.[1] What can be done differently?

The missed opportunity may be that you're only seeing the tip of the iceberg, that is, the observable portion of the thoughts and emotions your patient is experiencing. The barriers that exist under the waterline — the giant, often invisible, patient self-talk that may not get discussed aloud — can create a misalignment between patient and provider.

We've created an online learning experience to teach the skills and techniques that can help you navigate these uncharted patient waters. After completing the learning experience you'll know how to see the barriers, use each appointment as an opportunity to build trust and bring to light the concerns that may be occurring beneath the surface of your patient interactions. Understanding and addressing these concerns may help improve medication adherence — and you'll earn continuing medical education credit along the way.

Take the next step.

Go to MyDiversePatients.com > *The Medication Adherence Iceberg: How to navigate what you can't see to enhance your skills*. The course is approximately one hour and accessible by smart phone, tablet or desktop at no cost.

1 Centers for Disease Control and Prevention. (2017, Feb 1). *Overcoming Barriers to Medication Adherence for Chronic Conditions*. Retrieved from https://www.cdc.gov/cdcgrandrounds/archives/2017/february2017.htm.

DC-NL-0126-19

Complex Case Management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results or know how to obtain essential resources for treatment or who to contact with questions and concerns.

Amerigroup District of Columbia, Inc. is available to offer assistance in these difficult moments with our Complex Care Management program. Our care managers are part of an interdisciplinary team of clinicians and other resource professionals who support members, families, primary care physicians and caregivers. The Complex Care Management process utilizes the experience and expertise of the Care Coordination team to educate and empower our members by increasing self-management skills. The Complex Care Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient health care.

Members or caregivers can refer themselves or family members by calling the Customer Service number located on their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about health care decisions and goals.

You can contact us by by phone at 202-548-6700 or email at dl-oncallcmmanager@amerigroup.com. Case Management business hours are Monday-Friday from 8 a.m.-5:30 p.m. Eastern time.

DC-NL-0133-19

Healthy students are better learners

To ensure that every Amerigroup District of Columbia, Inc. student has the opportunity to be healthy and successful, district law requires all children to submit a *Universal Health Certificate (UHC)* and *Oral Health Assessment (OHA)* form each year as a part of their school enrollment process. These forms document an annual visit to the primary care provider and primary dental provider. To be considered valid for school reporting purposes, visit dates must be within 365 days of the first day of school. The *UHC* and *OHA* are the primary sources of information used by schools to document a child's current health status.

How can primary care providers help?

As a primary care provider, here are some steps you can take to help ensure that your school-age members are receiving the preventive care they need:

- Follow up with members with an overdue well-child visit and help to schedule an appointment.
- Have hard copies of the *UHC* available in each exam room.
- Follow the *DC Medicaid HealthCheck Periodicity Schedule* during the well-child exam.
- Complete all fields on the *UHC* during the well-child exam, including the health concerns section that notes any specific health or developmental concerns.
- Complete the Medication and Treatment Authorization form if child has diabetes, asthma, allergies or other medical conditions that may require treatment and management during school hours (or appropriate disease-specific documentation).
- Complete the *Medical Statement to Request Dietary Accommodations* if the child has special dietary needs.
- Sign all of the necessary health forms and have the parent/guardian sign the forms as well.
- Make a copy of the completed (and signed) health forms and add them to the member's medical record.
- Explain the purpose of the completed forms and instruct the parent/guardian to give the forms to the child's school Registrar's office.

How can I take action?

During every visit, ask your school-age members and their families if they have submitted a completed *UHC* and *OHA* form to their school.

DC-NL-0140-19

Important information about utilization management

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their health plan. We do not reward providers or other individuals for issuing denials of coverage, service or care. Nor do we make decisions about hiring, promoting or terminating these individuals based on the idea or thought that they will deny benefits. In addition, we do not offer financial incentives for UM decision makers to encourage decisions resulting in underutilization. Our medical policies are available on our provider website.

You can request a free copy of our UM criteria from Provider Services at 1-800-454-3730. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at the number listed below. Providers can access UM criteria online.

We are staffed with clinical professionals who coordinate our members' care and are available 24 hours a day, 7 days a week to accept precertification requests. Secured voicemail is available during off-business hours. A clinical professional will return your call within the next business day. Our staff will identify themselves by name, title and organization name when initiating or returning calls regarding UM issues.

Coding Spotlight: Hypertension
A providers' guide for coding

ICD-10-CM hypertension coding highlights:

- Hypertensive crisis can involve hypertensive urgency or emergency.
- Hypertension can occur with heart disease, chronic kidney disease (CKD) or both.
- ICD-10-CM classifies hypertension by type as essential or primary (categories I10-I13) and secondary (category I15).[1]
- Categories I10-I13 classify primary hypertension according to a hierarchy of the disease from its vascular origin (I10) to the involvement of the heart (I11), CKD (I12), or heart and CKD combined (I13).[1]

For more information, including ICD-10-CM coding and HEDIS® Quality Measures for hypertension:

Read more online.

Resources

1 "ICD-10-CM Expert for Physicians. The complete official code set," Optum360, LLC (2019).

DC-NL-0139-19

Submit precertification requests via:

- **Fax:**
  - Retail: 1-844-487-9292
  - Medical injectables: 1-844-487-9294
  - UM: 1-800-964-3627
  - Physical, occupational and speech therapy: 1-844-495-4421
  - Behavioral health: 1-877-434-7578
- **Phone:**
  - Provider Services: 1-800-454-3730
  - UM: 1-202-548-6700, ext. 106-103-5287
- **Online:** Availity Portal

Have questions about utilization decisions or the UM process?

Call our Clinical team at 1-800-454-3730 Monday-Friday from 8 a.m.-5:30 p.m. Eastern time and ask to be transferred to the Health Plan.

DC-NL-0133-19

Wound care treatment prior authorization request update

Effective July 1, 2019, Amerigroup District of Columbia, Inc. requires all wound care prior authorization (PA) requests to be submitted with current clinical documentation including confirmation of the medical necessity, history, the effectiveness of treatment and a plan of care (POC).

Requesting PA without the below documentation may adversely affect the outcome of the requested services. Requests without the required documentation will be returned as incomplete.

Required documentation for a wound care POC should include:

Member information:

- The date the member was last seen by the PCP and/or specialist for the wound/wounds
- The start date of wound treatment
- Accurate diagnostic information pertaining to the underlying diagnosis and condition, and any other medical diagnoses and conditions (including the member's overall health status)
- Examples:
  - Off-loading pressure and good glucose control for a member with a diabetic ulcer
  - Adequate circulation present for a member with an arterial ulcer
- The member's current and prior permitted functional limitations and activities
- Nutritional deficits or other member needs required for the member
- Dose and frequency of any medications

Description of wound:

- Wound measurements including length, width, depth tunneling and/or undermining
- Wound color, drainage (type and amount) and odor, if present

Wound treatment:

- Description of current wound care regimen including frequency, duration and supplies needed
- Description of all previous wound care therapy regimens (if appropriate)
- If an infection is present, a description of the current treatment regimen
- If wound debridement is prescribed, documentation supporting the level and number of debridements
  - Documentation indicating if the debridement involves muscle or bone

Evidence of maintaining a clean, moist bed of granulation tissue

- Equipment used for wound treatment:
  - Pressure-reducing support surface, mattress and/or cushion
  - Compression system (e.g., a member with a venous ulcer)

A POC should be signed and dated by the physician or accompanied by the physician's signed and dated orders. The member should be seen by a physician within 30 days of the initial start of care and at least once every six months unless the member's condition changes.

A revised POC is required for every change requested in home health visits. The revised POC must include all continuing and new orders. It must also be updated to document any changes in the member's condition or diagnosis.

Fax the completed *Precertification Request Form* for service requests to 1-866-249-1271.

PA can also be submitted electronically via the secure provider website at https://www.availity.com to view the status of the request after it is submitted.

DC-NL-0143-19