



# New provider orientation

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# Welcome

# Agenda



- Introduction to Amerigroup Iowa, Inc.
- Provider resources
- Preservice processes
- Member benefits and services
- Claims and billing
- Provider responsibilities
- Contact numbers and questions



# Introduction to Amerigroup

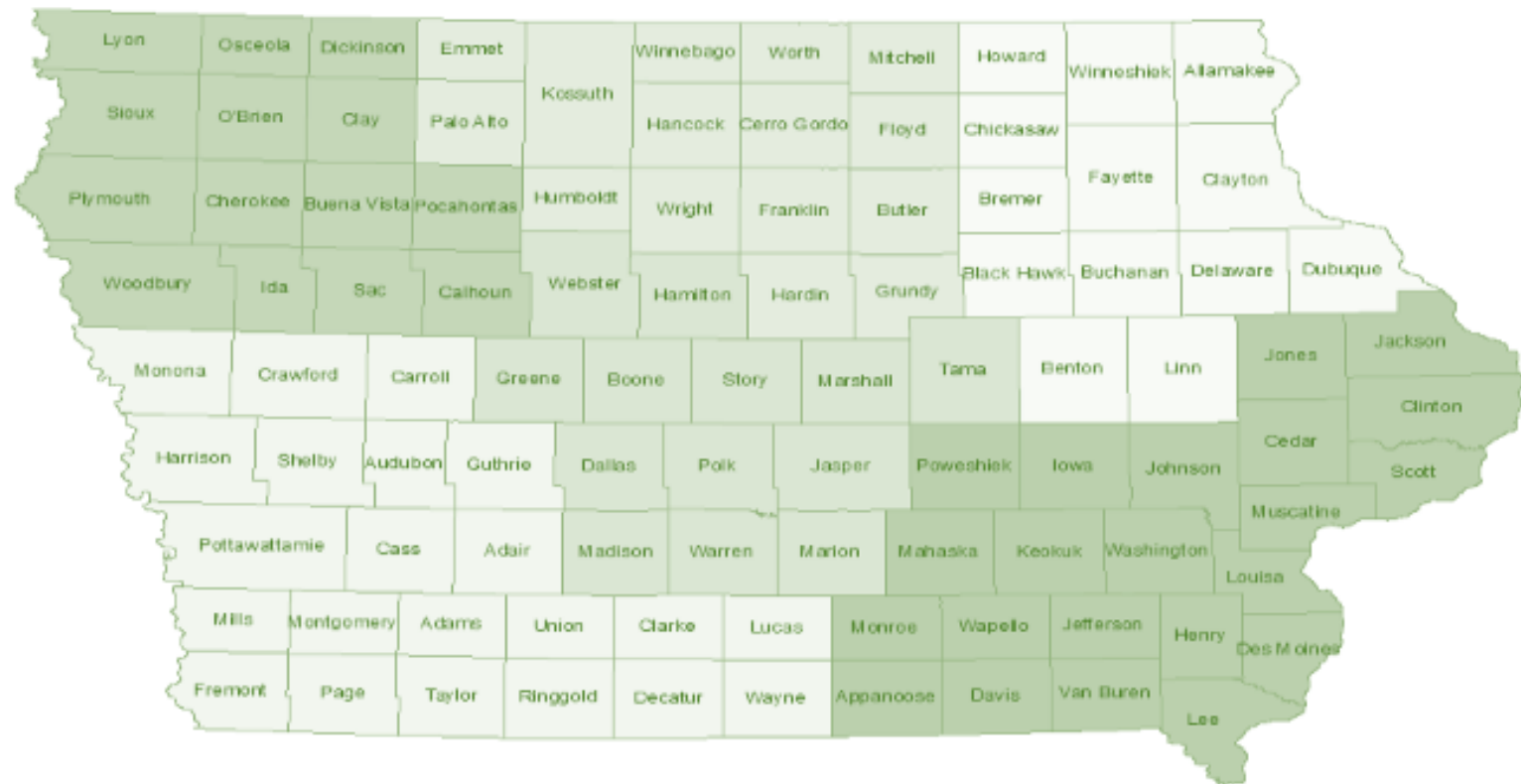
# Services covered

- Iowa Department of Human Services (DHS) has contracted with Amerigroup Iowa, Inc. to provide comprehensive health care services, including:
  - Physical health
  - Behavioral health
  - Long-term services and supports (LTSS)
- 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

- **Two million** — Amerigroup members nationwide (approximately)
- **One out of every 42** — Medicaid recipients served by Amerigroup nationwide
- **One out of every 19** — Children's Health Insurance Program (CHIP) recipients served by Amerigroup nationwide
- **Operating in 14 states**

# Iowa high quality health care initiative coverage area





# Provider resources



# Provider resources overview

- Website
- Key contacts: Provider Relations and more
- Portal and provider services line
  - Eligibility verification
  - Claims inquiry
  - Benefit verification
  - PCP assistance
  - Interpreter/hearing impaired services
- Provider training
- Provider communications

# Medicaid provider website

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

The screenshot shows the Amerigroup Iowa Medicaid Provider Self-Service website. The header features the Amerigroup logo (An Anthem Company) on the left and navigation links for 'home', 'contact us', 'Partner With Us', and 'Find a Doctor' on the right. A large banner image shows four men walking outdoors, with the text 'Iowa' and 'Provider Self-Service' overlaid. Below the banner, the page is organized into several sections: 'News & Announcements' with links for 'ID Waiver Daily SCL Transportation Guidance', 'January 2019 Medical Policies and Clinical Utilization Management Guidelines Update', and 'Prior authorization requirement update'; a 'Log In' section with the text 'Using your Availity ID and password.'; a 'Join our Network' button; a 'Provider Survey' section with the text 'Please help us improve our provider website by taking this brief survey' and a 'Take Survey' button; a 'Training & Credentialing' section with links for 'Provider Training Manual' and 'Iowa Provider Manual'; and a 'Provider Resources & Documents' section with a link for 'Behavioral Health'.

**Amerigroup**  
An Anthem Company

home contact us  
Partner With Us Find a Doctor

**Iowa** **Provider Self-Service**

**News & Announcements**

- [ID Waiver Daily SCL Transportation Guidance](#)
- [January 2019 Medical Policies and Clinical Utilization Management Guidelines Update](#)
- [Prior authorization requirement update](#)

**Log In**  
Using your Availity ID and password.

**Join our Network**

**Provider Survey**  
Please help us improve our provider website by taking this brief survey  
**Take Survey**

**Training & Credentialing**

- [Provider Training Manual](#)
- [Iowa Provider Manual](#)

**Provider Resources & Documents**

- [Behavioral Health](#)

# Public website information

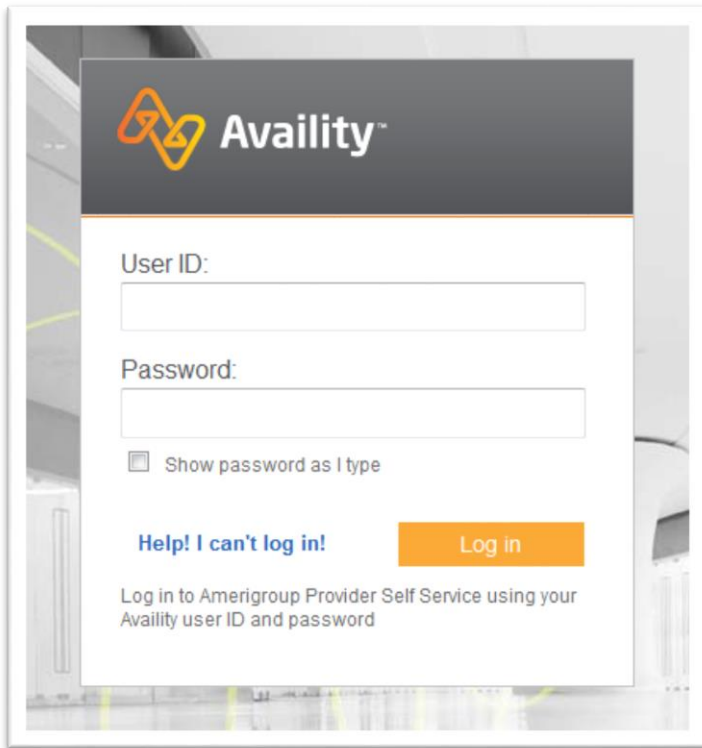
## Provider Resources & Documents

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

## Registration and login not required for access to:

- Claims forms
- Precertification Lookup Tool
- Provider manual
- Clinical Practice guidelines
- News and announcements
- Provider directory
- Fraud, waste and abuse
- Formulary

# Secure website information

A screenshot of the Availity login interface. At the top left is the Availity logo, consisting of an orange stylized 'A' icon followed by the word 'Availity' in white text on a dark grey background. Below the logo, there are two input fields: 'User ID:' and 'Password:'. Below the password field is a checkbox labeled 'Show password as I type'. At the bottom left of the login area is a blue link that says 'Help! I can't log in!'. At the bottom right is an orange button with the text 'Log in'. Below the login fields, there is a line of text: 'Log in to Amerigroup Provider Self Service using your Availity user ID and password'.

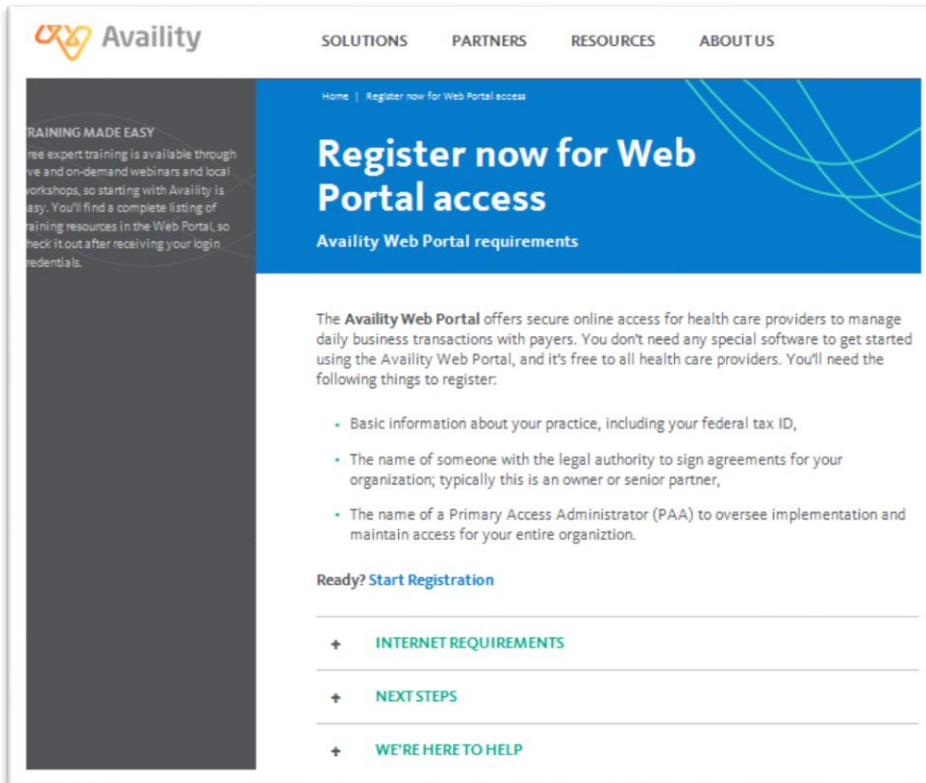
## Registration and login required for access to:

- Precertification submission
- Precertification status lookup
- Pharmacy precertification
- Primary care provider (PCP) panel listings
- Member eligibility
- Claim status

# Availity

|                        |                                                                                                                                                                                           |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Multiple payers</b> | Single sign on with access to multiple payers                                                                                                                                             |
| <b>No charge</b>       | Amerigroup transactions are available at no charge to providers                                                                                                                           |
| <b>Accessible</b>      | Availity functions are available 24 hours a day from any computer with internet access                                                                                                    |
| <b>User friendly</b>   | Standard screen format makes it easy to find the necessary information needed and increases staff productivity                                                                            |
| <b>Compliant</b>       | Availity is compliant with HIPAA regulations                                                                                                                                              |
| <b>Training</b>        | No cost, live, web-based and prerecorded training seminars (webinars) are available to users; frequently asked questions (FAQ) and comprehensive help topics are available online as well |
| <b>Support</b>         | Availity Client Services available at 1-800-AVAILITY (282-4548) Monday through Friday, from 7 a.m. to 6 p.m. Central time                                                                 |
| <b>Reporting</b>       | User reporting allows primary access administrator (PAA) to track associates' work                                                                                                        |

# Availity (cont.)



The screenshot shows the Availity website's registration page. The header includes the Availity logo and navigation links for SOLUTIONS, PARTNERS, RESOURCES, and ABOUT US. A secondary navigation bar contains links for Home and Register now for Web Portal access. The main content area is titled "Register now for Web Portal access" and "Availity Web Portal requirements". It explains that the Availity Web Portal offers secure online access for health care providers to manage daily business transactions with payers. It lists three requirements for registration: basic information about the practice, the name of someone with legal authority to sign agreements, and the name of a Primary Access Administrator (PAA). Below the requirements, there is a "Ready? Start Registration" section with three expandable links: "INTERNET REQUIREMENTS", "NEXT STEPS", and "WE'RE HERE TO HELP".

**Availity**

SOLUTIONS PARTNERS RESOURCES ABOUT US

Home | Register now for Web Portal access

## Register now for Web Portal access

### Availity Web Portal requirements

The **Availity Web Portal** offers secure online access for health care providers to manage daily business transactions with payers. You don't need any special software to get started using the Availity Web Portal, and it's free to all health care providers. You'll need the following things to register:

- Basic information about your practice, including your federal tax ID,
- The name of someone with the legal authority to sign agreements for your organization; typically this is an owner or senior partner,
- The name of a Primary Access Administrator (PAA) to oversee implementation and maintain access for your entire organization.

Ready? [Start Registration](#)

- + [INTERNET REQUIREMENTS](#)
- + [NEXT STEPS](#)
- + [WE'RE HERE TO HELP](#)

- The registration process is easy.
- There are multiple resources and trainings available to support Availity and Amerigroup site navigation.

# 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.
- **To learn more,** call CAQH EnrollHub Helpline at 1-844-815-9763.
  - Representatives are available Monday through Thursday, 6 a.m. to 8 p.m. Central time and Friday from 6 a.m. to 6 p.m. Central time.

# Electronic payment services

## Providers who enroll for electronic payment services:

- Receive electronic *electronic remittance advices (ERAs)* and 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

Amerigroup uses EnrollHub™ — the secure CAQH Solution® to enroll in electronic funds transfers (EFTs) and *ERAs*. EnrollHub is available at no cost to all health care providers.



# Key contact information

- **Provider Services:**  
1-800-454-3730
- **Member Services:**  
1-800-600-4441
- **Amerigroup on Call:**
  - 1-866-864-2544
  - 1-866-864-2545 (Spanish)
- **Precertification:**
  - Phone: 1-800-454-3730
  - Fax: 1-800-964-3627
- **Pharmacy prior authorization:**
  - Phone: 1-800-454-3730
  - Fax: 1-844-512-9004
- **Paper claims submission:**  
Amerigroup Iowa, Inc.  
Claims  
P.O. Box 61010  
Virginia Beach, VA 23466-1010
- **Electronic claims submission:**
  - Availity: payer ID 26375
  - Emdeon: payer ID 27514
  - Capa rio: payer ID 28804
  - Smart Data Solutions: payer ID 81273
- **Website:**  
<https://providers.amerigroup.com/ia>

# Delegated partners



- **Superior Vision Benefit Management, Inc.**

- Provider Services: 1-866-819-4298
- Member Services: 1-800-679-8901



- **LogistiCare**

- Reservations: 1-844-544-1389
- Ride Assist: 1-844-544-1390

# Provider Relations staff

- Provider outreach
- Provider education and training
- Engages providers in quality initiatives
- Provider customer service
- Builds and maintains the provider network
- Coordinates provider care and makes appropriate referrals as necessary



If you ever have questions, you can contact your local Provider Relations representative.

# 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 provider's 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

Available 24 hours a day, 7 days a week  
Over 170 languages

- **Interpreter Services:** 1-800-454-3730
- **Telephonic translations:** 1-800-454-3730
- **In-person translations, Case Management:** 1-800-454-3730



# Provider communications and education



- Quarterly provider newsletter
- Fax blasts
  - Program/process change notices
- Ongoing educational opportunities
  - ICD codes
  - Cultural competency
  - HIPAA

# Provider Manual

## Key provider support resource for:

- Precertification requirements
- Covered services overview
- Member eligibility verification requirement
- Member benefits
- Access and availability standards
- Grievance and appeal process



# Provider roles and responsibilities

- **Primary care providers:** provide preventive health screenings
- **No discrimination against members with mental, developmental and physical disabilities:** comply with ADA standards
- **Notification of changes:** billing address, name, etc.
- **Advance directives:** understand and educate members
- **Medical records:** comply with HIPAA requirements and recordkeeping standards
- **Preventive care services:** recommend to all members
- **Identification of behavioral health needs**
- **Fraud, waste and abuse:** document and bill accurately
- **Access standards:** wheelchair accessibility
- **Appointment availability and after-hours access**



# Key member responsibilities

## Members of Amerigroup have the responsibility to:

- Show their IA Health Link ID card each time they receive medical care.
- Make or change appointments.
- Get to appointments on time.
- Call their PCP if they cannot make it to their appointment or if they will be late.
- Use the emergency room only for true emergencies.
- Pay for any services they ask for that are not covered by Iowa Health Link.
- Treat their PCP and other health care providers with respect.
- Tell us, their PCP 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 members, their PCP and their other health care providers agree on.

# Your responsibilities



Providers should review both member and provider responsibilities, which are detailed in the Provider Manual.

# Required Medicaid ID number

- In order to get reimbursed for Medicaid, providers are required to have an Iowa Medicaid number.
- If a potential provider does not have a Medicaid number assigned, the health plan will work with the provider and the state to complete the necessary paperwork and assist the provider with obtaining a Medicaid number.
- Forms are available on the Iowa DHS website at:  
[dhs.iowa.gov/ime/providers/enrollment](https://dhs.iowa.gov/ime/providers/enrollment)

# Fraud, waste and abuse

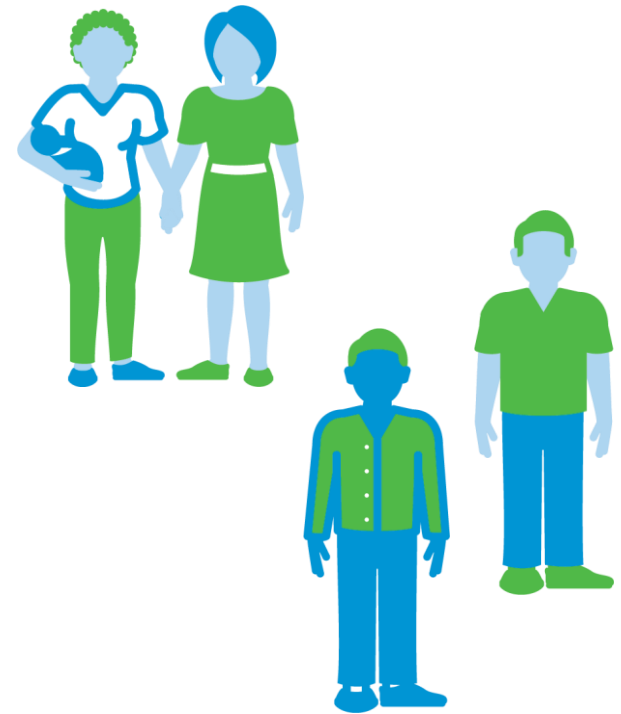
## Help us prevent it and tell us if you suspect it!

- Reporting requirement
- Contact information
  - **External Anonymous Compliance Hotline:**  
1-877-725-2702 or [amerigroup.silentwhistle.com](https://amerigroup.silentwhistle.com)
  - **Email:** [corpinvest@amerigroup.com](mailto:corpinvest@amerigroup.com) or [obe@amerigroup.com](mailto:obe@amerigroup.com)
- Verify a patient's identity
- Ensure services are medically necessary
- Document medical records completely
- Bill accurately



# Cultural competency

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





# Member benefits and services

# Benefits

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



Amerigroup will not impose a copay on its members with the exception of nonemergent emergency room visits.

Detailed benefits and services information is available in the Provider Manual located on the Amerigroup provider website at <https://providers.amerigroup.com/ia>.

# Benefits: value-added services

Amerigroup believes that by offering expanded programs and services, we provide opportunities to help care for the whole person and better address the specific needs for each segment of the population.

## Health maintenance and preventative services

- Tobacco cessation counseling
- Waived copays for specific services
- Weight Watchers® meeting vouchers
- Personal exercise kit
- Healthy Families nutrition and fitness program
- Boys and Girls Club® membership
- Oral hygiene kit
- Home-delivered meals
- Post-discharge stabilization kit

## Training and supports services

- Amerigroup Community Resource Link
- High School Equivalency Test (HiSet®) assistance
- Personal backpacks
- Comfort item
- Financial management support
- Self-advocacy memberships
- Travel training
- Supported employment

## Independent living skills services

- Additional personal care attendant supports
- Additional respite care services
- Transportation assistance
- Assistive devices
- Additional cell phone minutes through SafeLink
- Durable medical equipment and supplies
- Community reintegration benefit





# Claims and billing

# Claims submission



- Clean claims
- Electronic claims
- Paper claims
- Claim forms
- ICD codes
- Filing limits

# Claim submission

There are several ways to submit an Amerigroup Medicaid claim.

- **Availity:** [www.Availity.com](http://www.Availity.com)
- **Electronically:**
  - Availity: payer ID 26375
  - Emdeon: payer ID 27514
  - Capario: payer ID 28804
  - Smart Data Solutions: payer ID 81273
- **Paper Submission:**

Amerigroup Iowa, Inc. Claims  
P.O. Box 61010  
Virginia Beach, VA  
23466-2429

Note: There is a filing limit of 180 days from the date of service unless otherwise stated in the contract.

# Rejected vs. denied claims

## Find claims status information:

- On the website at [www.availity.com](http://www.availity.com)
- By calling Provider Services at 1-800-454-3730

## There are two types of notices 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 |

Should you need to appeal a claim decision, please submit a copy of the explanation of payment (EOP), letter of explanation and supporting documentation.

# Grievances 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 must be filed within 90 calendar days of the postmark date of Amerigroup Medicaid's denial notification.
- Mail appeals to:  
Claim Appeals/Correspondence  
Amerigroup Iowa, Inc.  
P.O. Box 61599  
Virginia Beach, VA 23466-1599



# Preservice processes

# Precertification lookup tool online

Submit precertification requests via web, fax or phone.

**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 \*

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

## Search by:

- Market
- Member product
- CPT code

# Precertification requirements

- Cardiac rehabilitation
- Chemotherapy
- Chiropractic services
- Diagnostic testing
- Durable medical equipment (all rentals; see Provider Manual for purchase requirements)
- Home health
- Hospital admission
- Physical therapy (PT), occupational therapy (OT) and speech therapy (ST) treatment
- Sleep studies

Utilization Management

1-800-454-3730



# Precertification requirements (cont.)

- Behavioral health
- Electroconvulsive therapy (ECT)
- Inpatient psychiatric treatment
- Inpatient substance abuse treatment for pregnant women
- Intensive outpatient treatment
- Psychiatric residential treatment
- Partial hospital treatment
- Psychological and neuropsychological testing
- Some community mental health center services

Utilization Management

1-800-454-3730

# Pharmacy program

## 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

The preferred drug list (PDL) and formulary are available on our website.



# Laboratory services

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

- In a physician's office
- In a participating hospital outpatient department (if applicable)
- By one of our preferred lab vendors

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

# Access and availability

| Nature of visit                                      | Appointment standards               |
|------------------------------------------------------|-------------------------------------|
| Emergency examinations                               | Immediate access 24/7               |
| Urgent examinations                                  | Within 24 hours of request          |
| Routine exams                                        | Within four to six weeks of request |
| Behavioral health emergency                          | Immediately                         |
| Outpatient treatment post-psychiatric inpatient care | Within seven days of discharge      |
| Routine behavioral health visits                     | Within three weeks of request       |

Refer to your Provider Manual for a complete listing of access and availability standards.

# Verifying member eligibility



## Providers can verify member eligibility as follows:

- Available 24 hours a day, 7 days a week for real-time member enrollment and eligibility verification for all IA Health Link programs or use the website to determine the member's specific benefit plan and coverage:
  - Automated voice response: 1-800-338-7752
  - IA DHS Health Link website: <https://dhs.iowa.gov/ime/providers>
- Contact Provider Services to verify enrollment and benefits for our members:
  - Phone: 1-800-454-3730, Monday to Friday, 7:30 a.m. – 6 p.m. Central time
  - On the Availity web portal at [www.Availity.com](http://www.Availity.com)
    - You can also access Availity through our secure provider site (<https://providers.amerigroup.com/ia>) by selecting Eligibility and Benefits and clicking on the link to redirect to the Availity portal.

# New member information

## New members will receive the following:

- Iowa Medicaid ID state card (if applicable)
- Amerigroup member identification card
- Iowa member handbook
- Access to the provider directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                                                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <br>An Anthem Company | Effective Date:<br>Date of Birth:<br>Amerigroup #: |
| <a href="http://www.myamerigroup.com/IA">www.myamerigroup.com/IA</a><br>Amerigroup Iowa, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |                                                    |
| Member Name:<br>Medicaid Number:<br>Primary Care Provider (PCP):<br>CP Telephone #:<br>Fision: 1-800-879-6901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |                                                    |
| Copays: No Copays                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |                                                    |
| Member Services/Behavioral Health: 1-800-600-4441 (TTY 711)<br>24/7 Amerigroup On Call/Nurse HelpLine: 1-866-864-2544 (TTY 711)<br>Pharmacy Member Services: 1-833-205-6008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                                                    |
| <small>MEMBERSHIP: Please carry this card at all times. Show this card when 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.<br/>MIEMBROS: Lleve esta tarjeta de identificación con usted siempre. Muéstrela antes de recibir cuidado médico. No tiene que mostrar esta tarjeta antes de recibir cuidado de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para cuidado que no sea de emergencia. Si tiene preguntas, llame a Servicios al Miembro al 1-800-600-4441. Si es sordo o tiene problemas auditivos, llame al 711.<br/>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.<br/>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.<br/>PHARMACIES: Submit claims using RxBIN: 020107; RxPCN: FM; RxGRP: WKYA<br/>For technical help, call 1-833-236-5925.</small> |                                                                                                          |                                                    |
| <b>SUBMIT MEDICAL CLAIMS TO:</b><br>AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010<br>USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |                                                    |

# Balance billing



- No balance billing
- Notification and authorization prior to providing noncovered services

# PCP selection

- A member must select a PCP
- A member's PCP can be changed within 24 hours from the time the change request has been made
- A member can see a specialist without a referral







# Maintaining high-quality care

# Quality management

Our Disease Management Centralized Care Unit (DMCCU) programs are based on a system of coordinated care management interventions and communications designed to assist physicians and others in managing members with chronic conditions.



## Our disease management programs include:

- Asthma
- Bipolar disorder
- Chronic obstructive pulmonary disorder (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Diabetes
- HIV/AIDS
- Hypertension
- Major depressive disorder
- Schizophrenia
- Substance use disorder

# Disease management

Asthma

Bipolar Disorder

Congestive heart  
failure

Coronary artery  
disease

Hypertension

Diabetes

HIV/AIDS

COPD

Schizophrenia

Obesity

Major depressive  
disorder

Substance Abuse

Transplants

Member referral  
1-888-830-4300



# Critical incident reporting

# Critical incident reporting

- The new provider incident reporting standards found in Iowa Administrative Code 441, Chapter 77, impacts providers who have personal contact with Medicaid members under the home-and-community-based habilitation services, ill and handicapped waiver, elderly waiver, AIDS/HIV waiver, intellectual disability (formally mental retardation) waiver, brain injury waiver, physical disability waiver and children's mental health waiver.
- Effective January 1, 2016, the Centers for Medicare & Medicaid Services (CMS) have approved amendments to Iowa's waivers that require a process for incident reporting.
- The incident reporting standards apply only to providers who have personal contact with members. A listing of those services can also be found in the *Iowa Administrative Code 441, Chapter 77*.
- The standards define major and minor incidents, prescribe the content of the incident report form and set procedures for reporting of major and minor incidents.



# Minor incidents

# Minor incidents

- Minor incidents include:
  - First aid administration
  - Bruising
  - Seizure activity
  - Injury to self and others or property
  - Medication errors
- Providers must keep records of all minor incidents but do not have to report minor incidents to the independent medical evaluation.
- When a minor incident occurs or a staff member becomes aware of a minor incident, the staff member involved shall submit the completed incident report to the staff member's supervisor within 72 hours of the incident.



# Major incidents



# Definition of a major incident

- Major incident means an occurrence involving a member, during a services provision that results in a physical injury to or by the member that requires a physician treatment or admission to a hospital.
- These may include the following events:
  - Incident resulting in the death of any person
  - Requires emergency mental health treatment for the member
  - Requires the intervention of law enforcement
  - Requires a report of child abuse pursuant to Iowa code
  - Requires a report of dependent adult abuse pursuant to Iowa code
  - Constitute a prescription medication error or a pattern of medication errors that lead to any outcomes stated above
  - Involves a member's location being unknown by provider staff who are assigned protective oversight

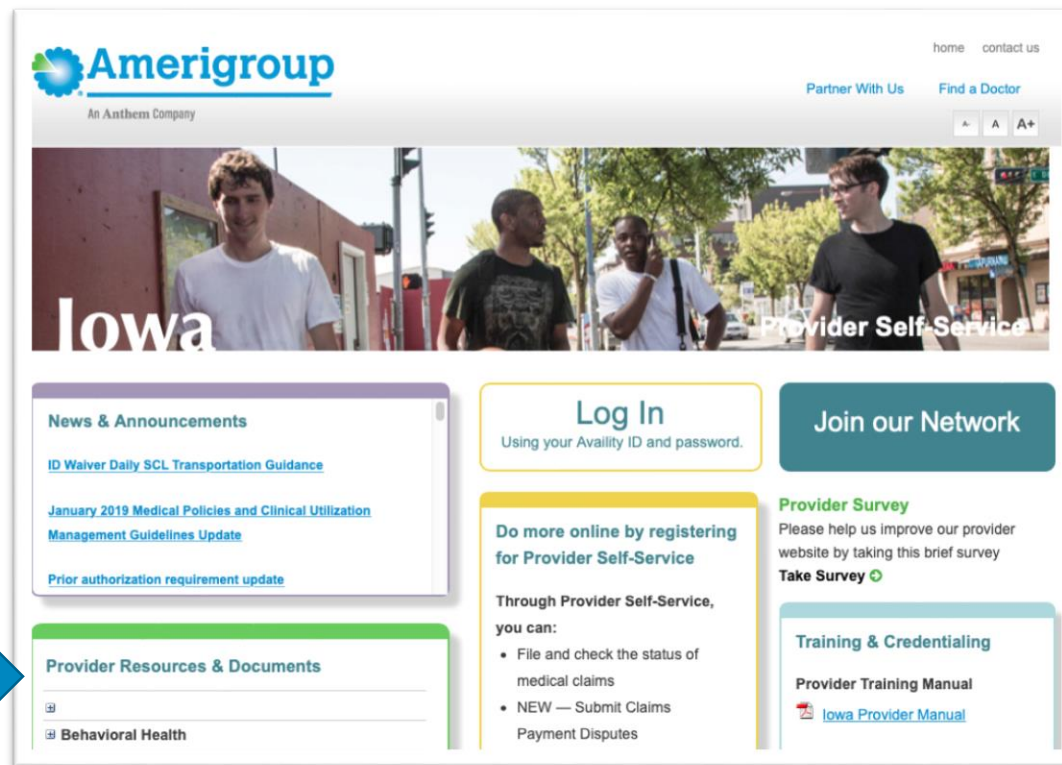
# Reporting



- When a major incident occurs or a staff member becomes aware of a major incident, the staff member involved will notify the staff member's supervisor, the member's case manager, and the member's legal guardian by the end of the next calendar day after the incident.
- The staff or supervisor will then complete a critical incident reporting form on the Amerigroup Iowa website.

# Navigation to the critical incidents form

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

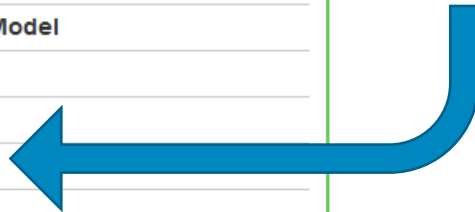


# Navigation to the critical incidents form (cont.)

## Provider Resources & Documents

- Behavioral Health
- Claims Submission and Reimbursement Policy
- Disease Management Centralized Care Unit
- EPSDT
- Forms
- ICD-10
- Manuals & Referral Directories
- Maternal Child Program
- Medical Management Model
- Newsletters
- Pharmacy
- Quality Management
- Quick Tools
- Training Programs
- Tutorials

Under Provider Resources & Documents, click Quality Management to access the form.





# Additional information

# Credentialing process



- To become a participating Amerigroup provider, you must be enrolled in the Iowa Medicaid program and must hold an unrestricted license issued by the state.
- You must also comply with the Amerigroup credentialing criteria and submit all additionally requested information. A completed Amerigroup Practitioner Credentialing application or an Amerigroup Ancillary/Facility application must be submitted with all required attachments to initiate the process.

# *Practice Profile Update form*

- Practice and provider name
- Site, billing/remit, email address, phone and fax number
- Tax ID — new signed contract required
- Add or term provider
- NPI, Medicare and Medicaid numbers
- Initiate the Council for Affordable Quality Healthcare (CAQH) numbers for new providers

