



New provider orientation



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

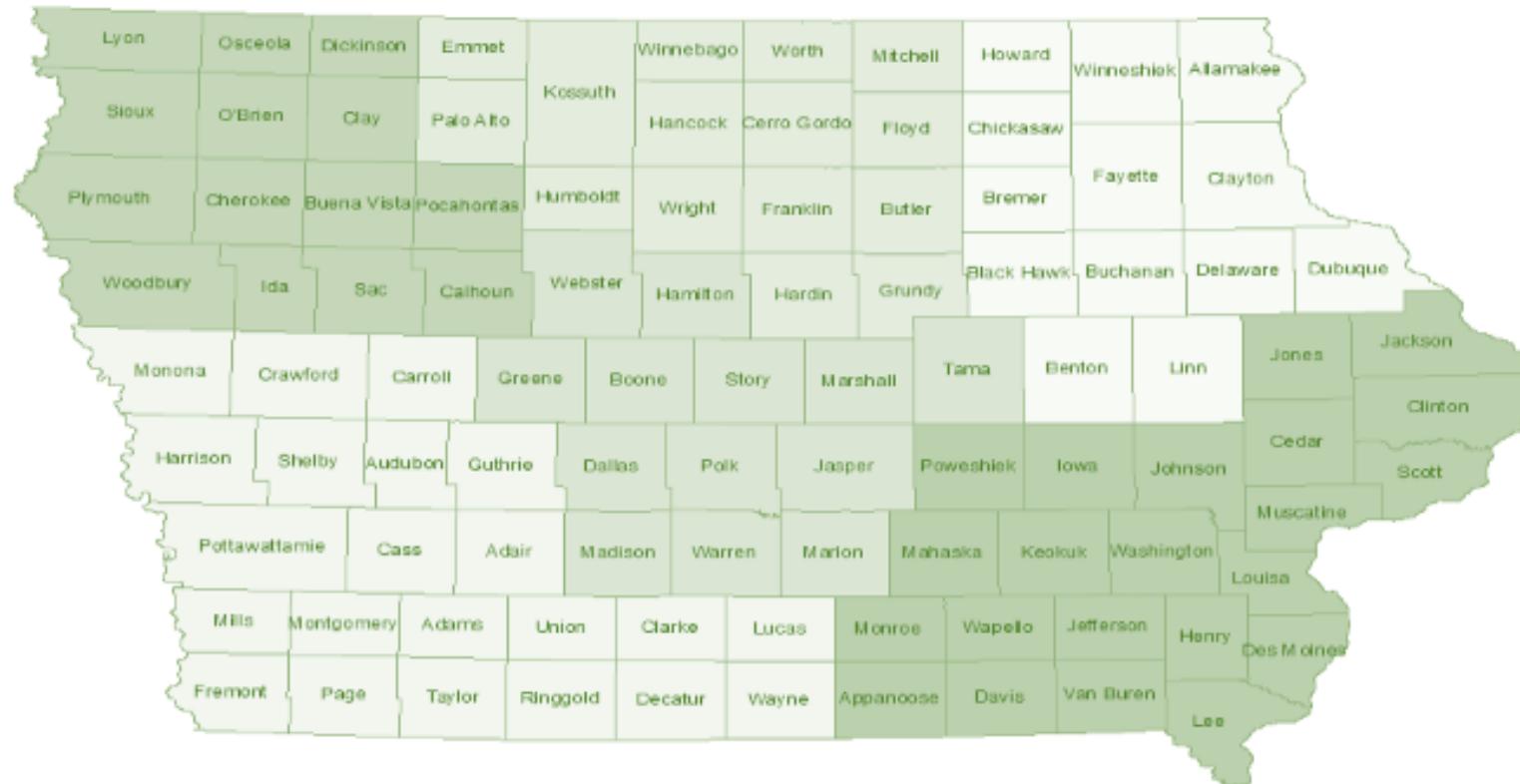
Services covered

- 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





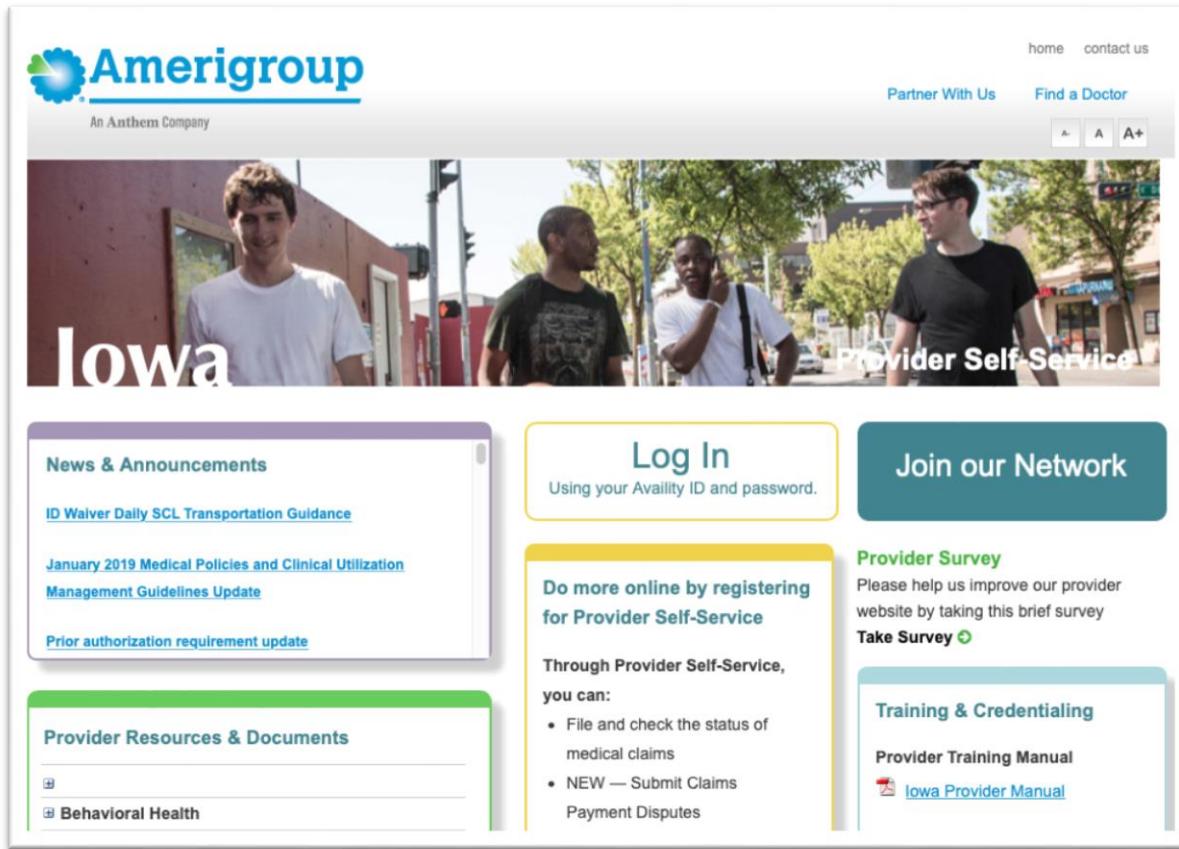
Provider resources

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 Provider Self-Service website for Iowa. The top navigation bar includes links for 'home' and 'contact us', 'Partner With Us', 'Find a Doctor', and font size options 'A-', 'A', and 'A+'. The main banner features a photo of four diverse individuals outdoors and the text '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](#)

Provider Resources & Documents

- [Behavioral Health](#)

Log In
Using your Availity ID and password.

Join our Network

Do more online by registering for Provider Self-Service

Through Provider Self-Service, you can:

- File and check the status of medical claims
- NEW — Submit Claims Payment Disputes

Provider Survey
Please help us improve our provider website by taking this brief survey
[Take Survey](#)

Training & Credentialing

Provider Training Manual
[Iowa Provider Manual](#)

Public website information

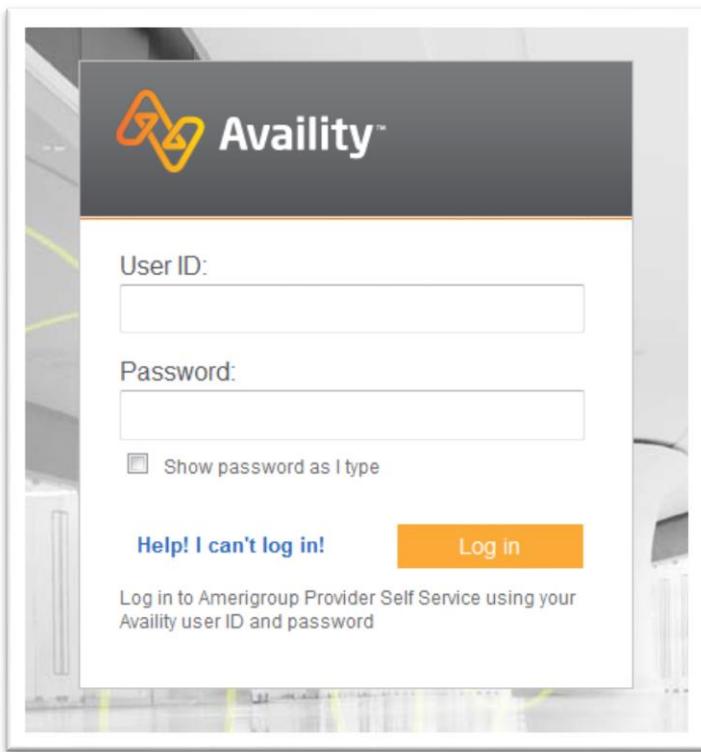
Provider Resources & Documents

- 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



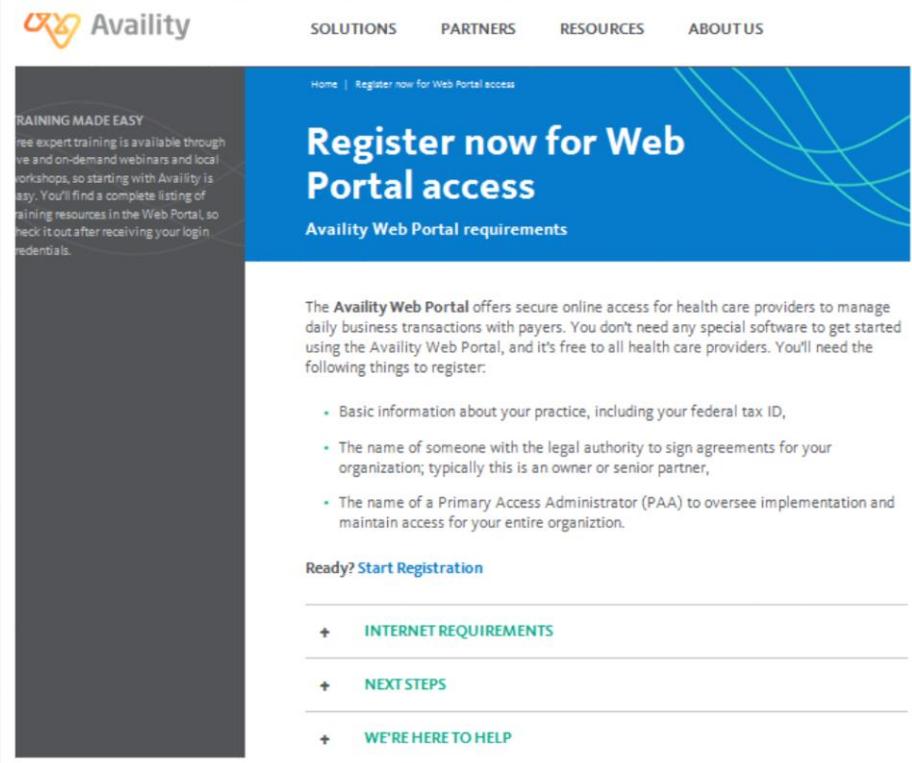
Registration and login required for access to:

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

Availability

Multiple payers	Single sign on with access to multiple payers
No charge	Amerigroup transactions are available at no charge to providers
Accessible	Availability functions are available 24 hours a day from any computer with internet access
User friendly	Standard screen format makes it easy to find the necessary information needed and increases staff productivity
Compliant	Availability is compliant with HIPAA regulations
Training	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
Support	Availability Client Services available at 1-800-AVAILITY (282-4548) Monday through Friday, from 7 a.m. to 6 p.m. Central time
Reporting	User reporting allows primary access administrator (PAA) to track associates' work

Availability (cont.)



The screenshot shows the Availity website with a blue header bar containing the Availity logo, navigation links for SOLUTIONS, PARTNERS, RESOURCES, and ABOUT US, and a sub-navigation bar with Home and Register now for Web Portal access.

RAINING MADE EASY
Free expert training is available through live and on-demand webinars and local workshops, so starting with Availability is easy. You'll find a complete listing of training resources in the Web Portal, so check it out after receiving your login credentials.

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 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:**
 - Availability: 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

Fraud, waste and abuse

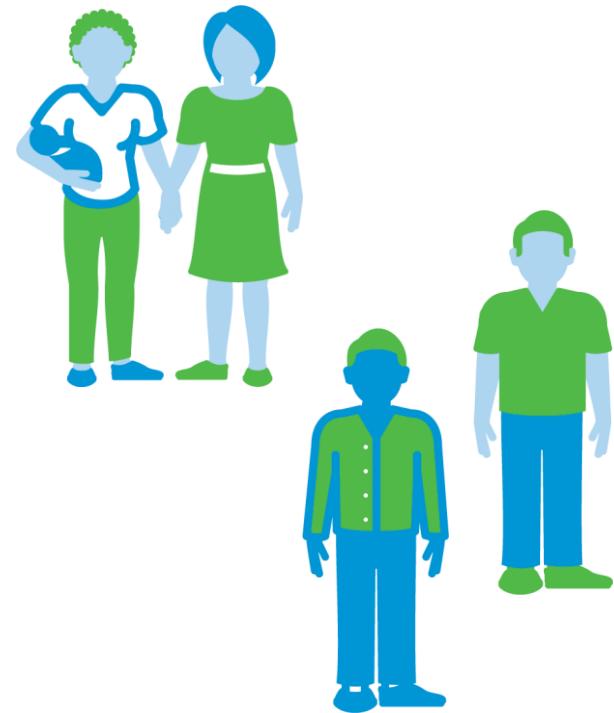
Help us prevent it and tell us if you suspect it!

- Reporting requirement
- Contact information
 - **External Anonymous Compliance Hotline:**
1-877-725-2702 or amerigroup.silentwhistle.com
 - **Email:** corpinvest@amerigroup.com or 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
- **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
- 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

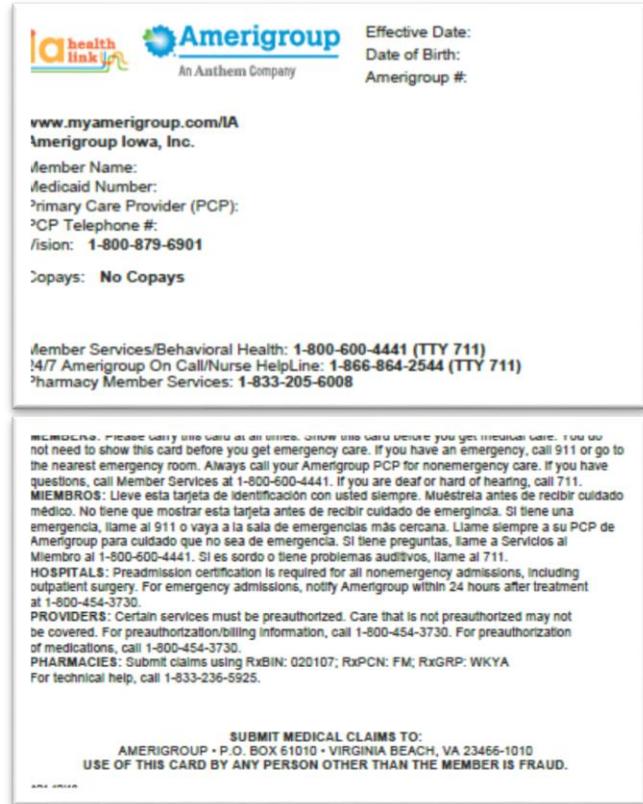
Providers can verify member eligibility as follows:

- 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
 - 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



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>



The screenshot shows the Amerigroup Provider Self-Service website. At the top, there is a banner with four people and the text "Provider Self-Service". The navigation bar includes links for "home", "contact us", "Partner With Us", "Find a Doctor", and font size controls ("A-", "A", "A+").

The main content area is divided into several sections:

- News & Announcements** (purple box):
 - [ID Waiver Daily SCL Transportation Guidance](#)
 - [January 2019 Medical Policies and Clinical Utilization Management Guidelines Update](#)
 - [Prior authorization requirement update](#)
- Log In** (yellow box): "Using your Availability ID and password."
- Join our Network** (teal box)
- Provider Survey** (yellow box): "Please help us improve our provider website by taking this brief survey" with a "Take Survey" button.
- Do more online by registering for Provider Self-Service** (yellow box): "Through Provider Self-Service, you can:"
 - File and check the status of medical claims
 - NEW — Submit Claims Payment Disputes
- Training & Credentialing** (teal box): "Provider Training Manual" and "Iowa Provider Manual".
- Provider Resources & Documents** (green box):
 - [\[document icon\]](#)
 - [\[document icon\]](#) Behavioral Health

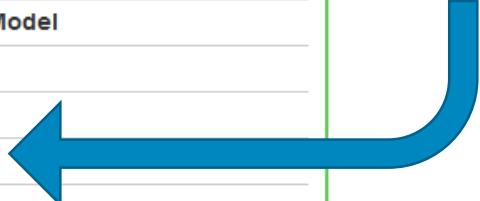
A large blue arrow points to the "Provider Resources & Documents" section.

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

