Provider Orientation

Amerigroup

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

TXPEC-2081-17

August 2017

Amerigroup RealSolutions in healthcare

Today's Discussion

- **Doing business with Amerigroup:**
  - Member enrollment
  - Coordination of benefits
  - Credentialing
  - Reference tools/online resources
  - Precertification guidelines
  - Claims submission/payment appeals
  - Grievances/medical appeals

Today's Discussion (cont.)

- **Improving health care together**
  - Community involvement
  - Fraud, waste and abuse
  - Cultural competency
  - Translation services
  - Availability standards
  - Disease management
  - Quality management

- **Team/key contacts and additional resources**

Our Beginning and Mission

Amerigroup:

- Is a subsidiary of Anthem, Inc.
- Has proudly served Texas for over 20 years being dedicated to government programs with STAR, STAR+PLUS, STAR Kids and CHIP.
- Is one of the first Medicaid managed care organizations (MCOs) with a focused mission on serving low-income individuals, families, seniors and people with disabilities.
- Provides real solutions for members who need help by making the health care system work better while keeping it more affordable for taxpayers.
- Strives to do well by doing good.

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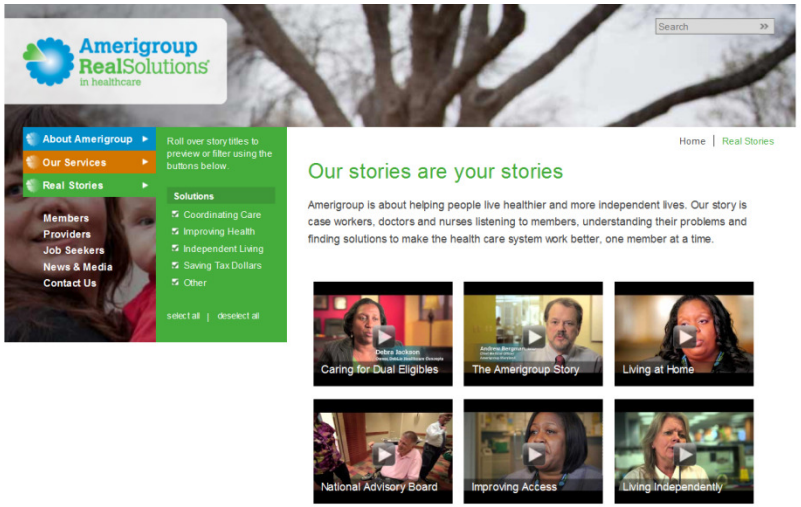
Our Vision and Values

Vison:

To be America's valued health partner

Values:

- Accountable
- Caring
- Easy to do business with
- Innovative
- Trustworthy



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Medicaid Enrollment

MAXIMUS — contracted enrollment broker

- Provides education and enrollment services to Texans in Medicaid managed care programs, CHIP and children's dental services
- Conducts outreach and provides information about the Texas Health Steps program

Enrollment

- Enrollment kits are sent to clients following receipt of the client's eligibility from the Texas Health and Human Services Commission (HHSC).
- An MCO is automatically assigned if enrollment process is not completed by client.
- Assistance is available with the enrollment process, including:
  - Personalized assistance at enrollment assistance sites and during enrollment events. Visit www.txmedicaidevents.com.
  - Home visits scheduled through the Enrollment Broker Helpline.
  - Submission of enrollment forms online, by mail or fax.

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Medicaid Enrollment

Effective dates:

- Before the 15th of the month — effective the first day of following month (e.g., enroll January 10 — effective February 1)
- After the 15th of the month — effective the first day of next full month (e.g., enroll January 20 — effective March 1)

Plan changes

- Must contact MAXIMUS for plan changes
- Same effective date rules apply

Contact

- **Enrollment Broker Helpline :** 1-800-964-2777
- **Special Populations Helpline:** 1-877-782-6440
- **Mail:** P.O. Box 149023, Austin, TX 78714-9023
- **Online:** https://yourtexasbenefits.com
- **Fax:** 1-855-671-6038

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Marketing Activities

Sanctioned marketing activities:

- Attendance at MAXIMUS-sponsored member enrollment events
- Approved MCO-sponsored health fairs and community events
- Radio, television and print advertisements

In Texas, the following activities are prohibited:

- Conducting direct-contact marketing except through the HHSC-sponsored enrollment events
- Making any written or oral statement containing material that misrepresents facts or laws relating to Amerigroup or the STAR, STAR+PLUS, STAR Kids and CHIP programs
- Promoting one MCO over another if contracted with more than one MCO

Medicaid Managed Care

- Known as State of Texas Access Reform (STAR)
- Provides no-cost medical insurance based on income guidelines
- Member enrollment through MAXIMUS
  - Phone: 1-800-964-2777
- STAR includes three managed care programs:
  - **STAR:** Provides acute care services to low-income families (primarily pregnant women and children)
  - **STAR+PLUS:** Integrates acute care and long-term care services to aged and disabled adult Medicaid clients (Supplemental Security Income [SSI] and SSI-related)
  - **STAR KIDS:** Provides acute and long-term care services for children ages 20 and younger who have Medicaid through SSI or 1915(c) Waiver programs

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Medicaid Managed Care (cont.)

- CHIP enrollment fees and copays are based on family income.
- CHIP includes two managed care programs:
  - CHIP — Children under 19 who:
    - Are not eligible for Medicaid.
    - Don’t have health coverage.
  - CHIP Perinatal — Unborn children of women who:
    - Are not eligible for Medicaid.
    - Do not have health coverage.

Member ID Cards


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PCP Effective Date:
Date of Birth:
Subscriber #:

AMERIGROUP TEXAS, INC.

TEXAS STAR Your Health Plan ★ Your Choice

Member Name:
Medicaid Number:
Primary Care Provider (PCP):
PCP Telephone #:
PCP Address:
Vision: **1-800-428-8789** Pharmacy: **1-800-600-4441**
Amerigroup Member Services and Behavioral Health
(24 hours a day, 7 days a week): **1-800-600-4441**
24-Hour Nurse HelpLine: **1-800-600-4441**


Amerigroup RealSolutions in healthcare

Effective Date:
Date of Birth:
Subscriber #:

AMERIGROUP INSURANCE COMPANY

TEXAS STAR PLUS Your Health Plan ★ Your Choice

Member Name:
Medicaid Number:
Amerigroup Service Coordination: **1-800-600-4441**
Pharmacy: **1-800-600-4441**

LONG-TERM SERVICES AND SUPPORTS BENEFITS ONLY
You receive primary, acute, and behavioral health services through Medicare.
You receive only long-term services and supports through Amerigroup.
SOLO BENEFICIOS DE SERVICIOS Y APOYOS A LARGO PLAZO
Usted recibe servicios de cuidado primario, aguda y del comportamiento a través de Medicare. Solo recibe servicios y apoyos a largo plazo a través de Amerigroup.


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PCP Effective Date:
Date of Birth:
Subscriber #:
Type of Coverage: **CHIP**

AMERIGROUP TEXAS, INC.

Member Name:
CHIP Number:
Primary Care Provider (PCP):
PCP Telephone #:
Copays: Office Visits: **$3** Emergency Room Visits: **$3**
Pharmacy: **$0 FOR GENERIC / $3 FOR BRAND NAME**
Vision: **1-800-428-8789** Pharmacy: **1-800-600-4441**

Amerigroup Member Services and Behavioral Health
(24 hours a day, 7 days a week): **1-800-600-4441**
24-Hour Nurse HelpLine: **1-800-600-4441**

TDI


Amerigroup RealSolutions in healthcare

Effective Date:
Date of Birth:
Subscriber #:

AMERIGROUP INSURANCE COMPANY

TEXAS STAR Kids Your Health Plan ★ Your Choice

Member Name:
Medicaid Number:
Amerigroup Service Coordination: **1-866-696-0710**
Pharmacy: **1-844-756-4600**

LONG-TERM SERVICES AND SUPPORTS BENEFITS ONLY
You receive primary, acute, and behavioral health services through Medicare.
You receive only long-term services and supports through Amerigroup.
SOLO BENEFICIOS DE SERVICIOS Y APOYOS A LARGO PLAZO
Usted recibe servicios de cuidado primario, aguda y del comportamiento a través de Medicare. Solo recibe servicios y apoyos a largo plazo a través de Amerigroup.


Amerigroup RealSolutions in healthcare

PCP Effective Date:
Date of Birth:
Subscriber #:

AMERIGROUP INSURANCE COMPANY

TEXAS STAR PLUS Your Health Plan ★ Your Choice

Member Name:
Medicaid Number:
Amerigroup Service Coordination: **1-800-600-4441**
Primary Care Provider (PCP):
PCP Telephone #:
PCP Address:

Vision: **1-800-428-8789** Pharmacy: **1-800-600-4441**
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Amerigroup RealSolutions in healthcare

PCP Effective Date:
Date of Birth:
Subscriber #:
Type of Coverage: **CHIP**

AMERIGROUP TEXAS, INC.

Member Name:
CHIP Number:
Primary Care Provider (PCP):
PCP Telephone #:
Copays: Office Visits: **$5** Emergency Room Visits: **$5**
Pharmacy: **$0 FOR GENERIC / $5 FOR BRAND NAME**
Vision: **1-800-428-8789** Pharmacy: **1-800-600-4441**

Amerigroup Member Services and Behavioral Health
(24 hours a day, 7 days a week): **1-800-600-4441**
24-Hour Nurse HelpLine: **1-800-600-4441**

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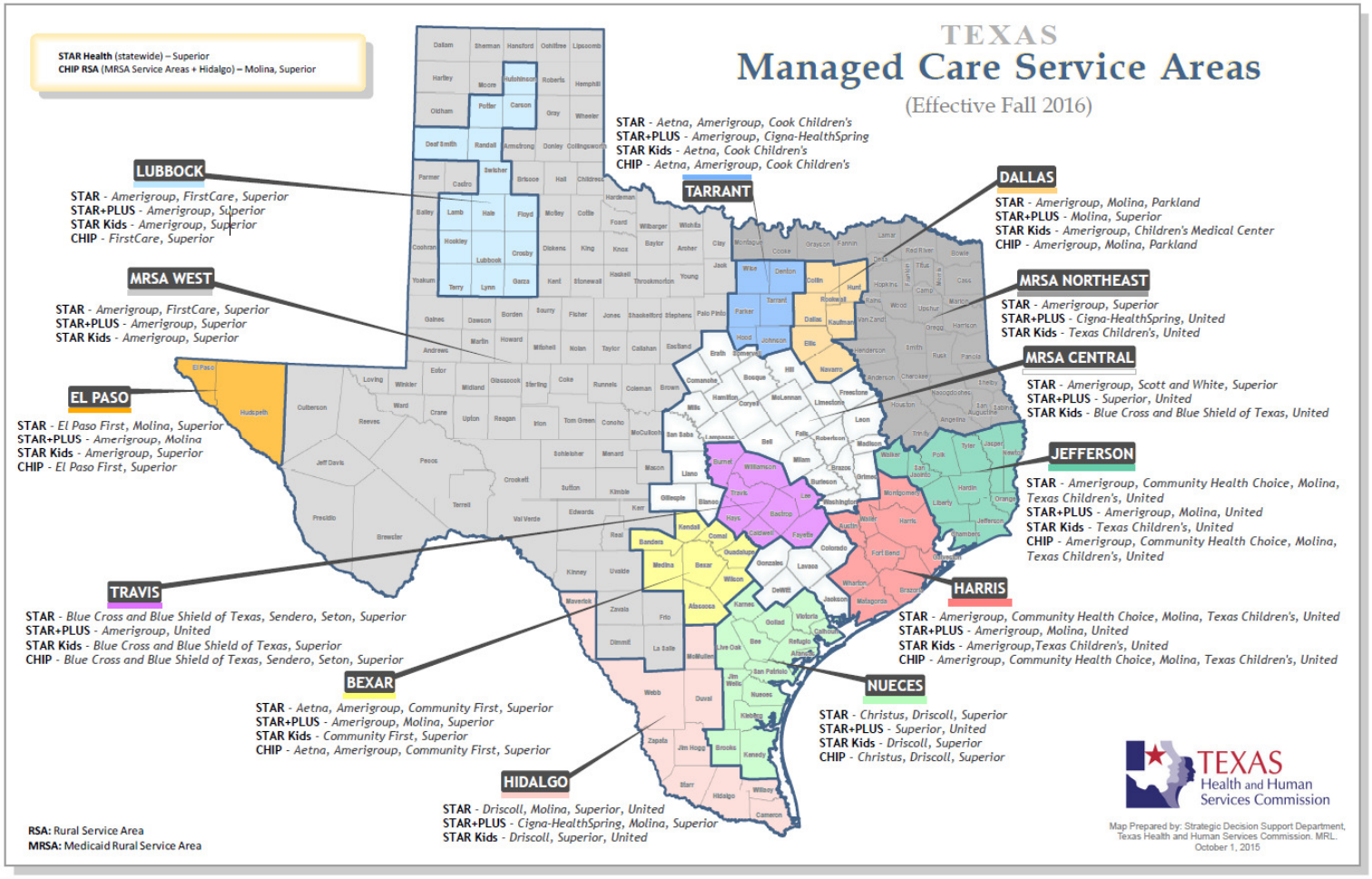
Eligibility and Benefits

	STAR	STAR+PLUS	STAR Kids	CHIP	CHIP Perinatal
Eligibility	Temporary Assistance for Needy Families (TANF), pregnant women, children receiving Medicaid assistance only, AAPCA services	SSI adult population including dual-eligible clients, Non-SSI adults who qualify for home- and community-based service (HCBS) STAR+PLUS waiver services, MBCC services	Children age 20 and younger who have Medicaid through SSI or 1915(c) waiver programs, AAPCA services	Uninsured children ages 18 and below in families with incomes too high to qualify for Medicaid	Unborn children of pregnant women who do not have health insurance and do not qualify for Medicaid
Covered services	Inpatient and outpatient hospital, emergency, physician services, lab, X-ray, home health, family planning, behavioral health services, pharmacy, Texas Health Steps	Inpatient and outpatient hospital, emergency, physician services, lab, X-ray, home health, family planning, behavioral health services, pharmacy, long-term services and supports (LTSS) service coordination	Inpatient and outpatient hospital, emergency, physician services, lab, X-ray, home health, family planning, behavioral health services, pharmacy, service coordination, LTSS, Texas Health Steps	Inpatient and outpatient hospital, emergency, physician, lab, X-ray, home health, behavioral health services, pharmacy, well-child visits	Care related to pregnancy only, including prenatal visits, labor and delivery, postpartum visits

Service Areas



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STAR+PLUS Coordination of Benefits

	Other community — nondual	STAR+PLUS waiver — nondual	Other community — dual	STAR+PLUS waiver —dual
Acute benefits	Covered and coordinated through Amerigroup based on the traditionally defined state Medicaid benefit package	Covered and coordinated through Amerigroup based on the traditionally defined state Medicaid benefit package	Covered through a member's traditional Medicare or Medicare Advantage Plan — Amerigroup will assist members in Coordination of care.	Covered through a member's traditional Medicare or Medicare Advantage Plan. — Amerigroup will assist members in Coordination of care.
Behavioral and mental health benefits	Covered and coordinated through Amerigroup based on the traditionally defined state Medicaid benefit package	Covered and coordinated through Amerigroup based on the traditionally defined state Medicaid benefit package	Covered through a member's traditional Medicare or Medicare Advantage Plan — Amerigroup will assist members in Coordination of care.	Covered through a member's traditional Medicare or Medicare Advantage Plan — Amerigroup will assist members in coordination of care.
Pharmacy benefits	Covered and coordinated through Amerigroup based on the traditionally defined state drug formulary	Covered and coordinated through Amerigroup based on the traditionally defined state drug formulary.	Medicare Part D plans — Amerigroup will offer state-defined assistance with copays and doughnut hole coverage.	Medicare Part D Plans.— Amerigroup will offer state defined assistance with copays and doughnut hole coverage.
LTSS benefits	Covered and coordinated through Amerigroup, limited to primary home care and day activity health services.	Covered and coordinated through Amerigroup — includes primary home care and day activity health services as well as all defined 1915(c) or 1115 waiver services	Covered and coordinated through Amerigroup, limited to primary home care and day activity health services	Covered and coordinated through Amerigroup — includes primary home care and day activity health services as well as all defined 1915.c or 1115 waiver services

Texas Health Steps

- Texas Health Steps is for children from 0-20 years of age who have Medicaid. Texas Health Steps provides regular medical and dental checkups and case management services to babies, children, teens and young adults at no cost to the member.
- Providers must be enrolled in the Texas Health Steps program to administer Texas Health Steps services.
- Providers can enroll through www.thmp.com.
- Call Texas Health Steps toll-free 1-877-847-8377 (1-877-THSTEPS) Monday-Friday from 8 a.m.-8 p.m. Central time.
- Also, reference www.tmhp.com for the latest *Texas Health Steps Quick Reference Guide*.

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Early Childhood Intervention

- Early Childhood Intervention (ECI) is a federally mandated program for infants and toddlers under the age of 3 years with or at risk for developmental delays and/or disabilities.
- The federal ECI regulations are found at *34 C.F.R. § 303.1 et seq*.
- The state ECI rules are found within the *Texas Administrative Code*, Title 40, part 2, chapter 108.

ECI Responsibilities

- Amerigroup must ensure network providers are educated regarding the federal laws on child-find and referral procedures, e.g., 20 U.S.C. § 1435(a)(5); 34 C.F.R. § 303.303.
- Amerigroup must require network providers identify and refer any member under the age of 3 years suspected of having a developmental delay or disability or otherwise meeting eligibility criteria for ECI services in accordance with *40 Texas Administrative Code, chapter 108* to the designated ECI program for screening and assessment within seven calendar days from the day the provider identifies the member.
- Amerigroup must use written educational materials developed or approved by HHSC for ECI services for these child-find activities. Materials are located at: https://hhs.texas.gov/services/disability/early-childhood-intervention-services.

ECI Responsibilities (cont.)

- The local ECI program will determine eligibility for ECI services using the criteria contained in *40 Texas Administrative Code*, chapter 108.
- ECI providers must submit claims for all physical, occupational, speech and language therapy to Amerigroup.
- ECI-targeted case management services and ECI specialized skills training are noncapitated services.
  - ECI providers are to bill Texas Medicaid & Healthcare Partnership (TMHP) for these services.
- Amerigroup must contract with qualified ECI providers to provide ECI-covered services to members under the age of 3 who are eligible for ECI services.
- Amerigroup must permit members to self-refer to local ECI service providers without requiring a referral from the member's PCP.

ECI Responsibilities (cont.)

- The Individual Family Service Plan (IFSP) is the authorization for the program-provided services (e.g., services provided by the ECI contractor) included in the plan.
- Precertification is not required for the initial ECI assessment or for the services in the plan after the IFSP is finalized.
- All medically necessary health and behavioral health program-provided services contained in the IFSP must be provided to the member in the amount, duration, scope and service setting established in the IFSP.

Children of Migrant Farmworkers

- HHSC defines a migrant farm worker as “a migratory agriculture worker whose principal employment is in agriculture on a seasonal basis, who has been employed in the last 24 months and who establishes for the purpose of such employment a temporary abode”.
- Texas migrant children face higher proportions of dental, nutritional and chronic health problems than nonmigrant children.
- Amerigroup assists children of migrant farmworkers in receiving accelerated services while they are in the area.
- We ask primary care providers to assist Amerigroup in identifying a child of a migrant farmworker by asking the child or parent during an office visit.
- Call Amerigroup if you identify a child of a migrant farmworker at: 1-800-600-4441.

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Your Responsibilities

Providers should review both provider and member responsibilities which are detailed in the provider manuals found at https://providers.amerigroup.com/TX.

Provider Demographic Updates

Please update us immediately concerning changes in:

- Address.
- Phone.
- Fax.
- Office hours.
- Access and availability.
- Panel status.

Please also remember to update your demographic information with Texas Medicaid & Healthcare Partnership (TMHP).

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Ongoing Credentialing

- Credentialing is for a three-year period.
- Recredentialing efforts begin eight months prior to the end of the current credentialing period.
- First notice and second notice letters are faxed to providers.
- Third notice and final notice letters are mailed to providers.
- Providers who do not respond or submit complete recredentialing information will be terminated.
- Upon termination, providers must begin the contracting and credentialing process from the beginning to rejoin the our network.
- Notify your Provider Relations representative with changes in licensure, demographics or participation status as soon as possible.

Collaborative Care

- Collaboration leads to well-informed treatment decisions. Providers work together to develop compatible courses of treatment, increasing the chances for positive health outcomes and avoiding adverse interaction.
- Quality care depends on timely communication between the member's PCP or medical home and the specialists and or ancillary providers that the members receive care from to ensure our members receive thorough and seamless care.

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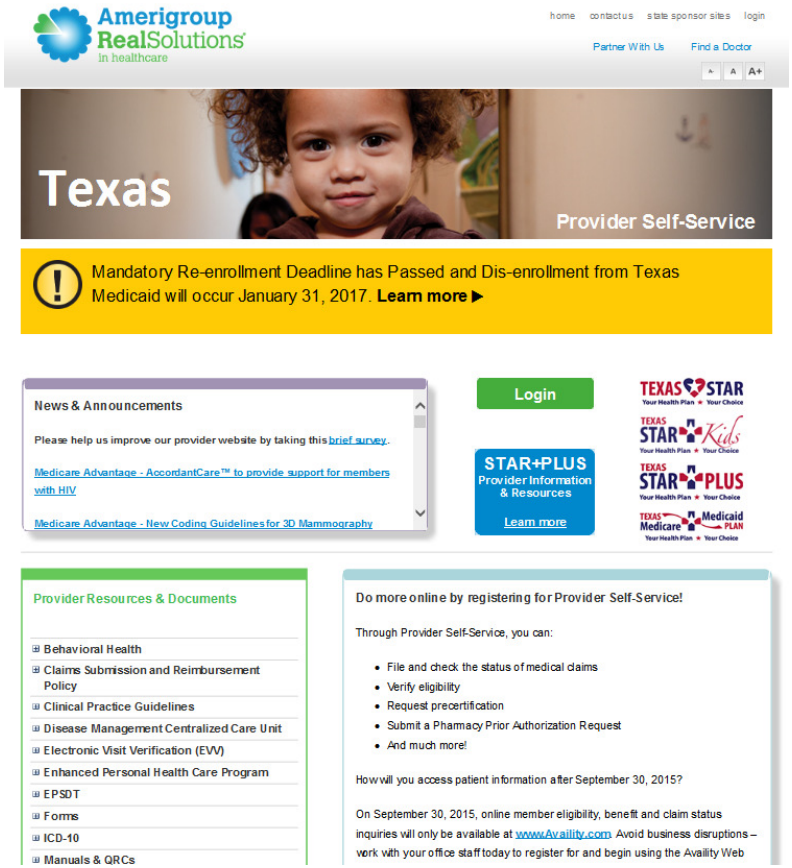
Availability Standards

- Our members must have access to primary care services for routine, urgent and emergency services, and specialty services for complex or chronic care.
- Availability and access standards are specifically outlined in the provider manual.

Provider Website



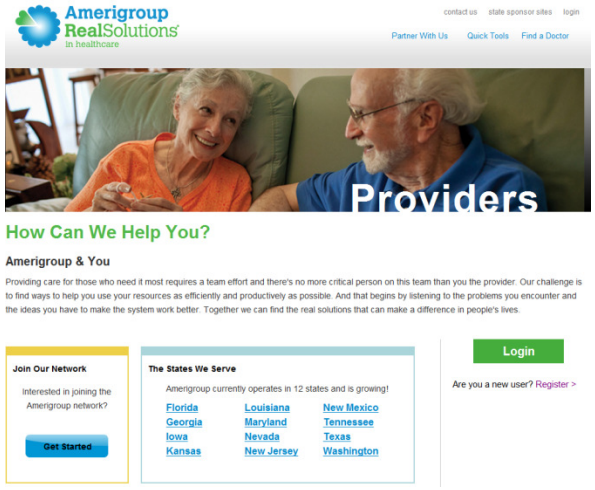
- Available to all providers regardless of participation status
- Multiple resources available without login
- Accessible 27 hours a day, 7 days a week

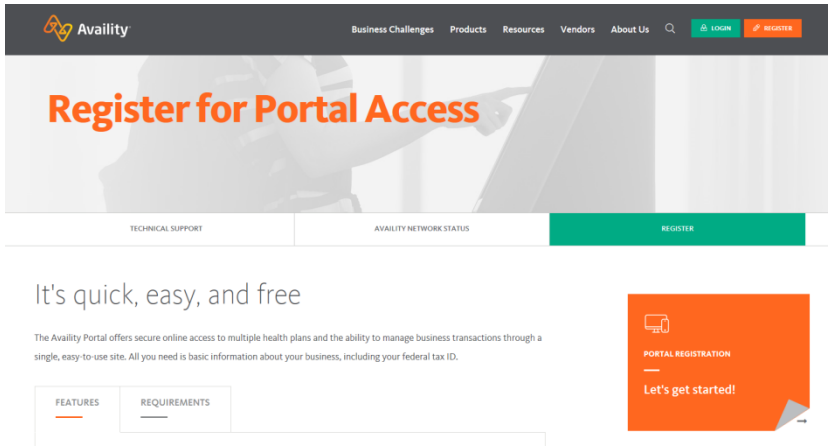
Availity

- **Multiple payers:** Availity has single sign-on with access to multiple payers.
- **No charge:** Amerigroup transactions are available at no charge to providers.
- **Accessible:** Availity functions are available 24 hours a day from any computer with internet access.
- **Compliant:** Availity is compliant with the HIPAA regulations.
- **Training:** No-cost, live, web-based and prerecorded training seminars (webinars) are available to users; FAQ and comprehensive help topics are available online as well.
- **Support:** Availity Client Services is available at 1-800-282-4548 (1-800-AVAILITY) Monday-Friday 9 a.m.-6 p.m. Central time.
- **Reporting:** Reporting by user allows the primary access administrator to track associates' work.

Secured Website Registration

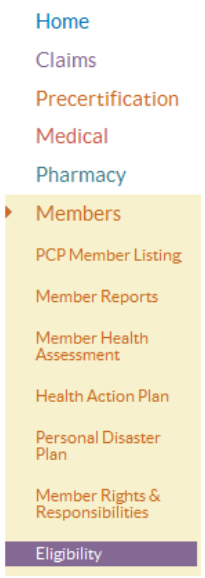
- Registration for the secured content on our website is easy.
- Begin by selecting **Register** on our provider website. You will be redirected to the Availity Portal to complete the registration process.
- There are multiple resources and trainings available to support Availity and Amerigroup website navigation.

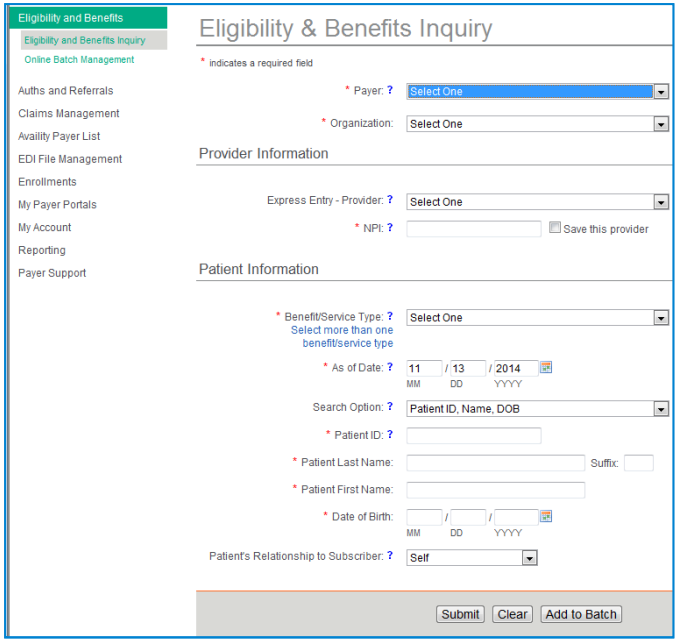




Verifying Eligibility

- Check one member or use online batch management to check multiple members from multiple payers.
- Search with either Amerigroup or TMHP ID number.





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Eligibility

Retro-enrollment

- Medicaid coverage may be assigned retroactively for a client. For claims for an individual who has been approved for Medicaid coverage but has not been assigned a Medicaid client number, the 95-day filing deadline does not begin until the date the notification of eligibility is received from HHSC and added to the TMHP eligibility file.

Retro-disenrollment

- If TMHP finds that the member did not meet eligibility guidelines after application or if the member does not complete the necessary paperwork to complete the application, then the member's temporary initial enrollment can be reversed. If this occurs the state will request funds back from the MCO who will subsequently request those funds back from the provider.

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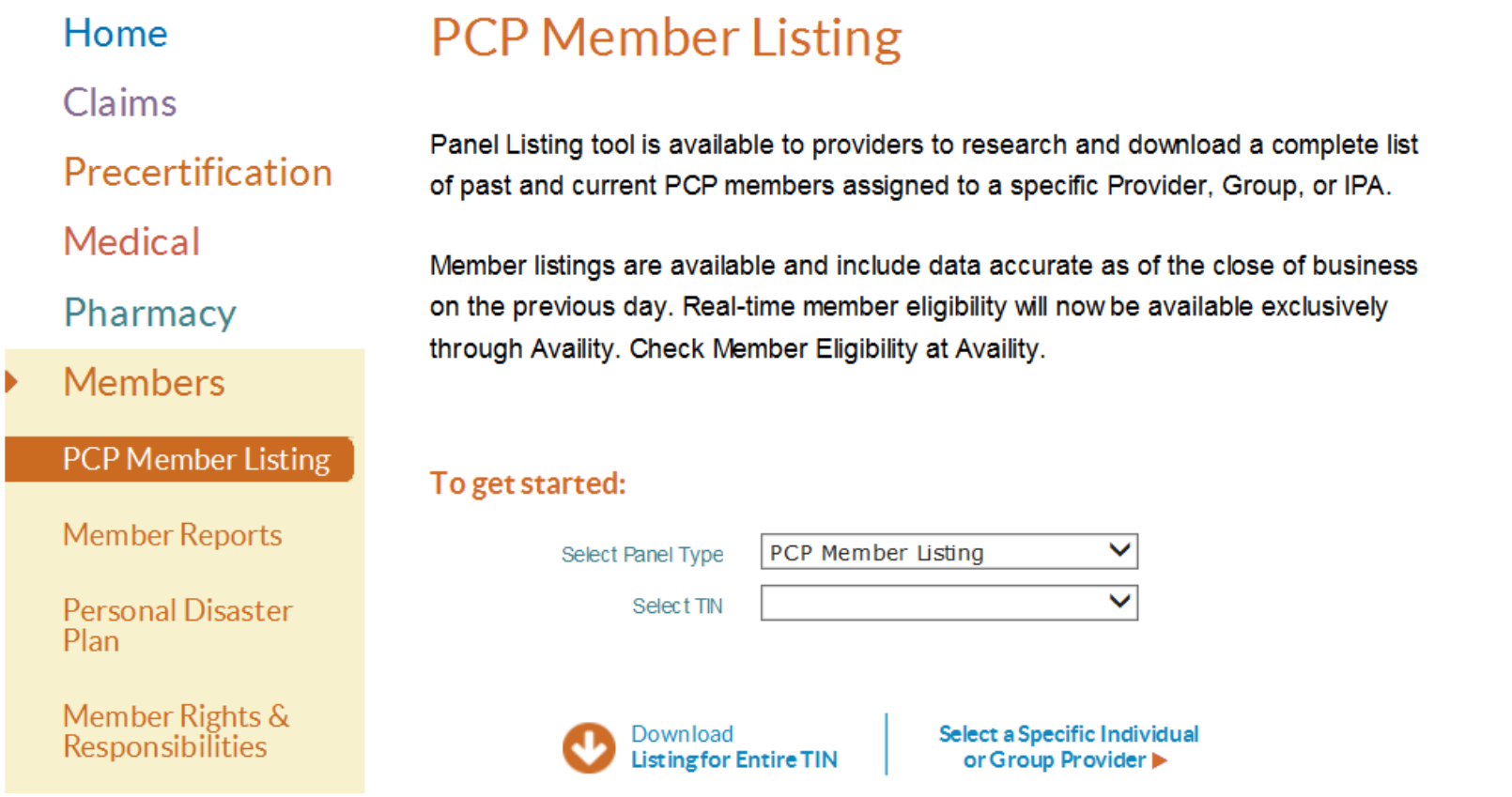
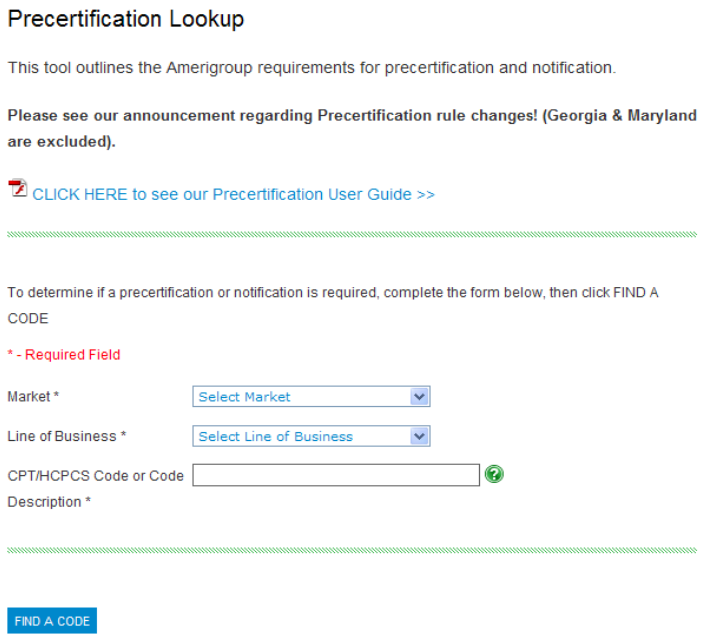
Easy Access Panel Reports



Is Precertification Required?

- Our Precertification Lookup Tool allows you to search by market, member's product and CPT code.
- All inpatient stays require precertification.
- All out-of-network service requests require precertification.
- All nonemergent ambulance transportation requires precertification.
- Precertification forms available at https://providers.amerigroup.com/TX.

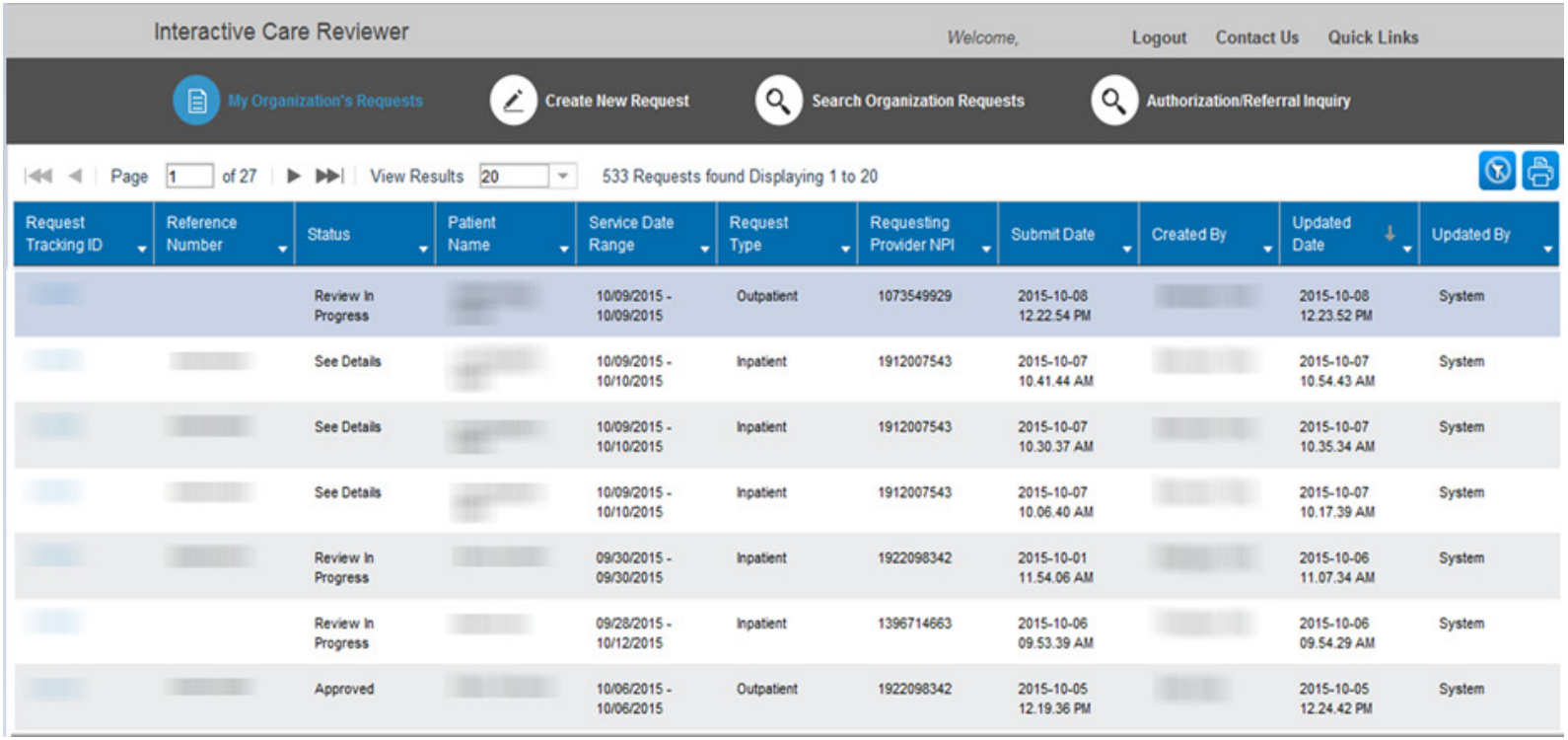


Precertification Requests

- Submit precertification requests online, via fax or by calling Provider Services.

Interactive Care Reviewer

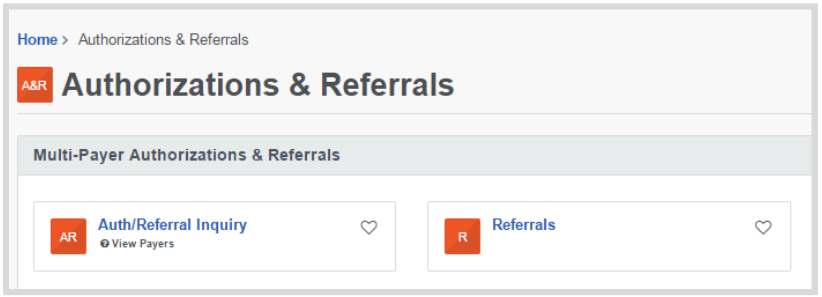
The Interactive Care Reviewer (ICR) offers a streamlined process to request inpatient and outpatient prior authorization through the Availity Portal.

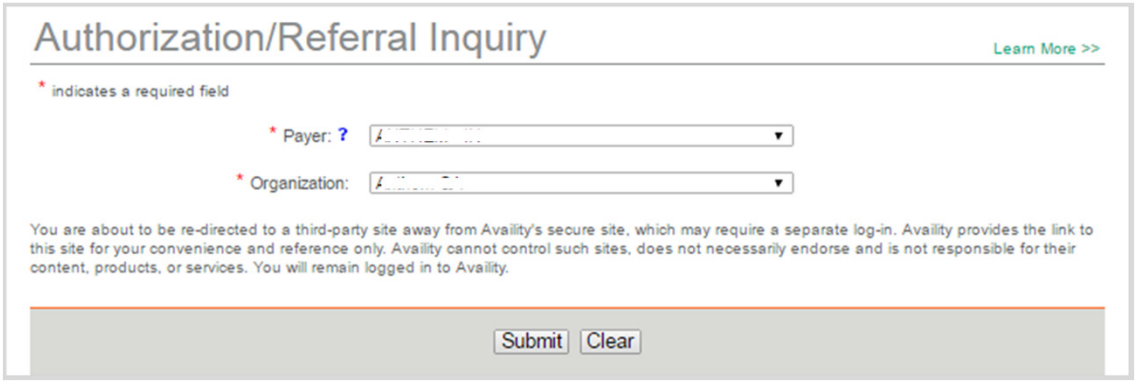


Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
		Review In Progress		10/09/2015 - 10/09/2015	Outpatient	1073549929	2015-10-08 12.22.54 PM		2015-10-08 12.23.52 PM	System
		See Details		10/09/2015 - 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

What is the status of the precertification?

You can check the status of your precertification request on the provider website or contact Provider Services to speak with an agent.





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Peer-to-Peer Review

- We know your time is important and want to make the peer-to-peer process easy for you. We now allow office staff to call on your behalf to schedule a peer review with our medical director.
- If you received a denial or notification that a case is under review that you would like to discuss with our medical director, please follow these steps:
  - Call 1-800-839-6275, ext. 57768 or 1-817-861-7768 and provide:
    - Your name or the name of physician our medical director needs to call with the contact number and a convenient time for us to call.
    - Member name, date of birth or Member ID and the authorization or reference number for the case you would like to discuss.
  - If your office staff reach a voicemail, please ensure they leave their name and contact number in the event our representatives need to call back for additional information.

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Peer-to-Peer Review (cont.)

- Our medical director will make every effort to call you back within one business day.
- Please note: If the notification you received indicates the case was denied, you may contact us within two business days to set up a peer-to-peer for possible reconsideration. After two business days, the case will need to follow the appeal process outlined in the letter you received.

Precertification Key Contact Information

Inpatient/outpatient surgeries/general requests fax:	**1-800-964-3627**
Therapy fax:	1-844-756-4608
Durable medical equipment fax:	1-866-249-1271
Home health nursing and pain management fax:	1-866-249-1271
STAR+PLUS LTSS and personal attendant services (PAS) fax by service area:	
• Austin: • El Paso: • Houston/Beaumont: • Lubbock: • San Antonio: • Tarrant/RSA West:	1-877-744-2334 1-888-822-5790 1-888-220-6828 1-888-822-5761 1-877-820-9014 1-888-562-5160
Behavioral health fax — inpatient:	1-877-434-7578
Behavioral health fax — outpatient:	1-866-877-5229
AIM Specialty Health (cardiology, radiology (high-tech), radiation, sleep studies phone (www.aimspecialtyhealth.com/goweb)	1-800-714-0040

Referrals

Specialty referrals

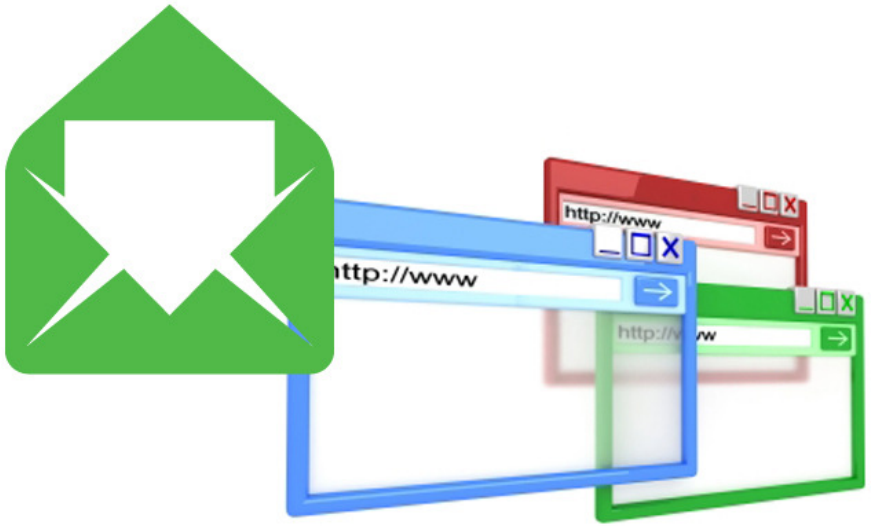
- Providers are not required to call Amerigroup and authorize a referral to a specialist; referrals may be coordinated directly between the PCP and in network chosen specialist.

Approval of a specialist as a PCP

- Amerigroup does require authorization for specialist to act as a PCP. Medical necessity of the request is reviewed by the medical director. Please see the provider website for the *Approval of a Specialist as a PCP* form.

Submitting Claims

- Availity Provider Portal
- Batch 837
- Via clearinghouse
- By mail



Claims Submission — Paper

- Paper claims should be submitted on *CMS-1500*, *UB-04* or successor forms as applicable to the provider contract.
- Timely filing is within 95 days from the date of service.
- Providers must include their NPI in box 33a and state-issued taxonomy in box 33b on all claims *CMS-1500*.
  - On the new *UB-04* form, NPI should be in box 56 and taxonomy in box 57.
- Claims without a verifiable ID number will be denied or rejected.

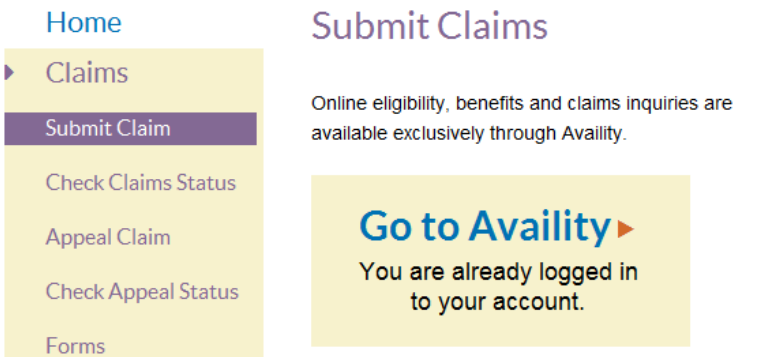
Claims Submissions — Electronic

- Claims must be received within 95 calendar days from the date of service or discharge.
- Claims can be submitted electronically or by paper:

Paper submissions:	Electronic submission payers:
Amerigroup P.O. Box 61010 Virginia Beach, VA 23466-1010	• **Emdeon:** 1-866-858-8938 — 27514 • **Carpario:** 1-800-586-6938 — 28804 • **Availity:** 1-800-282-4548 — 26375 • **Smart Data Solutions:** 81237

- For assistance with electronic transmission of claims, call our Electronic Data Interchange Hotline at 1-800-590-5745.

Submitting Claims



- Claims are usually entered into our system in 24-48 hours.
- Field specific assistance available with the blue question mark icon.
- Click the **Learn More** link for additional help topics related to current page.

Rejected Versus Denied Claims

What is the difference between a rejected and a denied claim?

Rejected

- Does not enter the adjudication system due to missing or incorrect information
- Resubmission subject to 95-day timely filing deadline

Denied

- Does go through the adjudication process, but is denied for payment
- Appeal deadline of 120 days from the *Explanation of Payment (EOP)* date applies.

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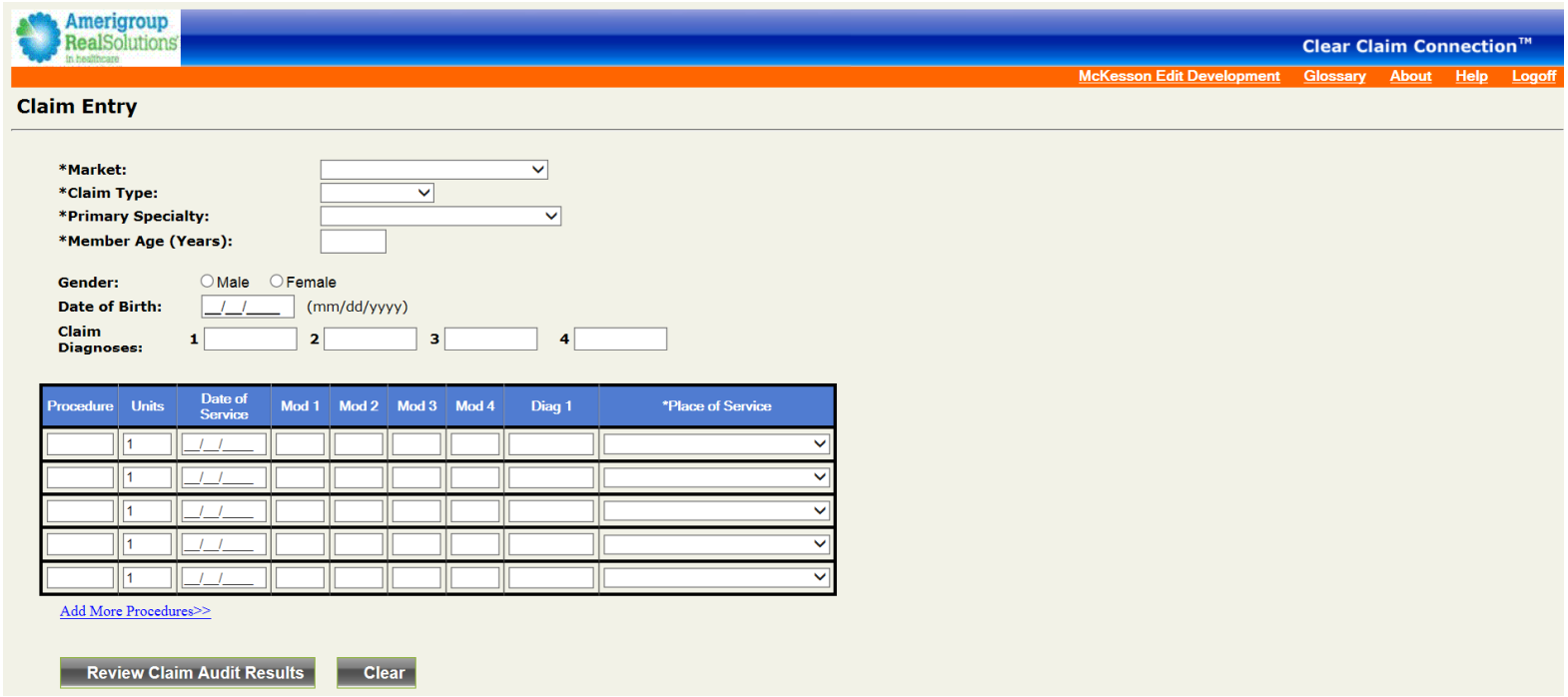
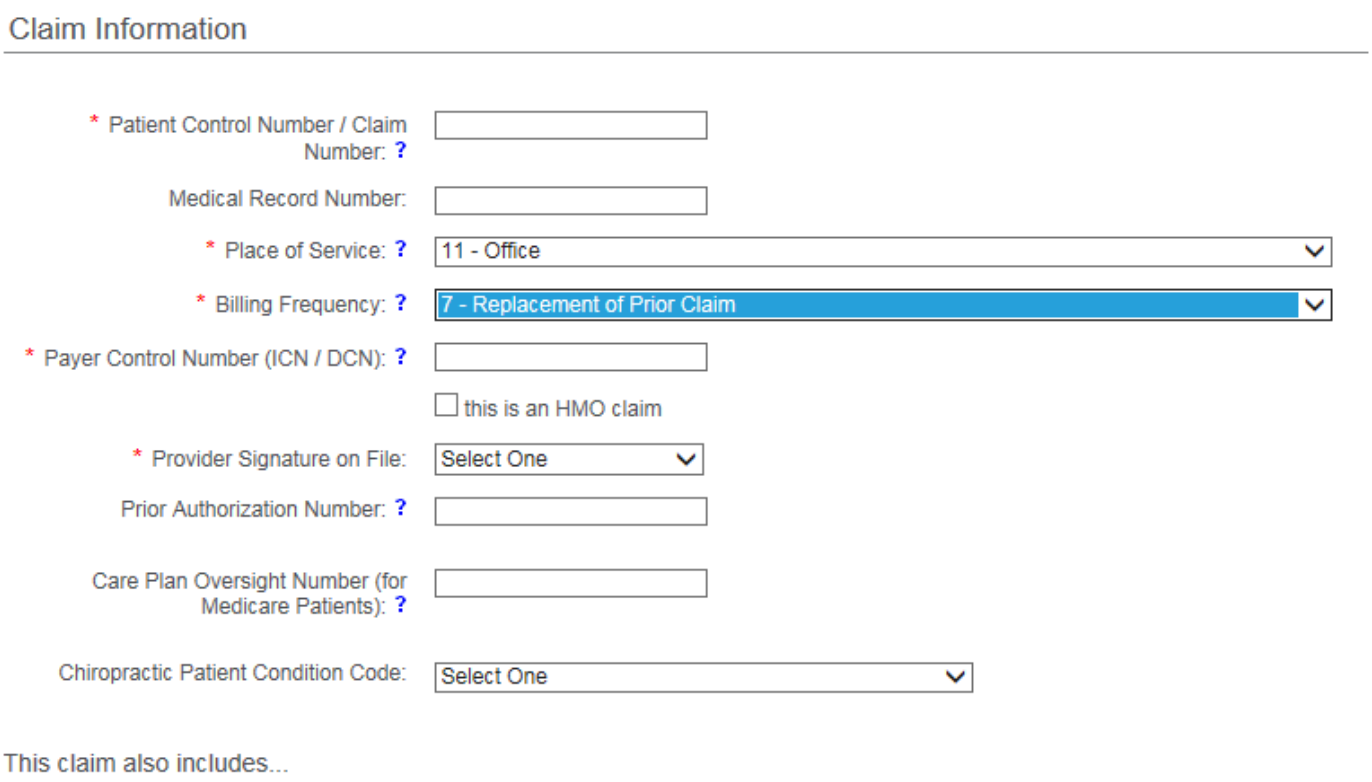
Clear Claim Connection™



- Provides guidance for code combinations and modifiers
- Does not guarantee payment

Submitting a Corrected Claim



Electronic Payment Services

PaySpan

www.payspan.com
1-877-331-7154

emdeon

www.changehealthcare.com
1-866-858-8938

If you sign up for electronic remittance advice (ERA)/electronic funds transfer (EFT), you can:

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

Billing Members

- Our agreement with the state indicates that our members should not be burdened with any nonapproved, out-of-pocket expenses for services covered under the Medicaid program.
- Fundamental principal does not change when member has other insurance.
- Members should receive the best benefits available from both coverage plans.

Member should not be billed when…

- Claims are denied or reduced for services that are within the amount, duration and scope of benefits of the Medicaid program.
- For services not submitted for payment, including claims not received.
- Claims are denied for timely Filing (95 days).
- Failure to submit corrected claims within 120 days.
- Failure to appeal claims within the 120-day appeal period.
- Failure to appeal a Medical denial.
- Submission of unsigned or otherwise incomplete claims such as:
  - *Omission of Hysterectomy Acknowledgement* form.
  - *Sterilization Consent* form.

Billing Members for Noncovered Services

Before billing members for services not covered, providers must:

- Inform the member in writing of the cost of the service.
- Inform the member that the service is not covered by Amerigroup.
- Inform the member that they can be charged.
- Obtain member's signature on a *Client Acknowledgement* form before providing the service.

Sample *Client Acknowledgment Statement*

I understand my doctor, (provider's name) or Amerigroup has said the services or items I have asked for on (dates of service) are not covered under my health plan. Amerigroup will not pay for these services. Amerigroup has setup the administrative rules and medical necessity standards for the services or items I get. I may have to pay for them if Amerigroup decides they are not medically necessary or are not a covered benefit, and if I sign an agreement with my provider prior to the service being rendered that I understand that I am liable for payment.

Member name (print): _____ Member signature: _____ Date: _____

Participating providers may bill a member for a service that has been denied as not medically necessary or not a covered benefit only if the following conditions are true:

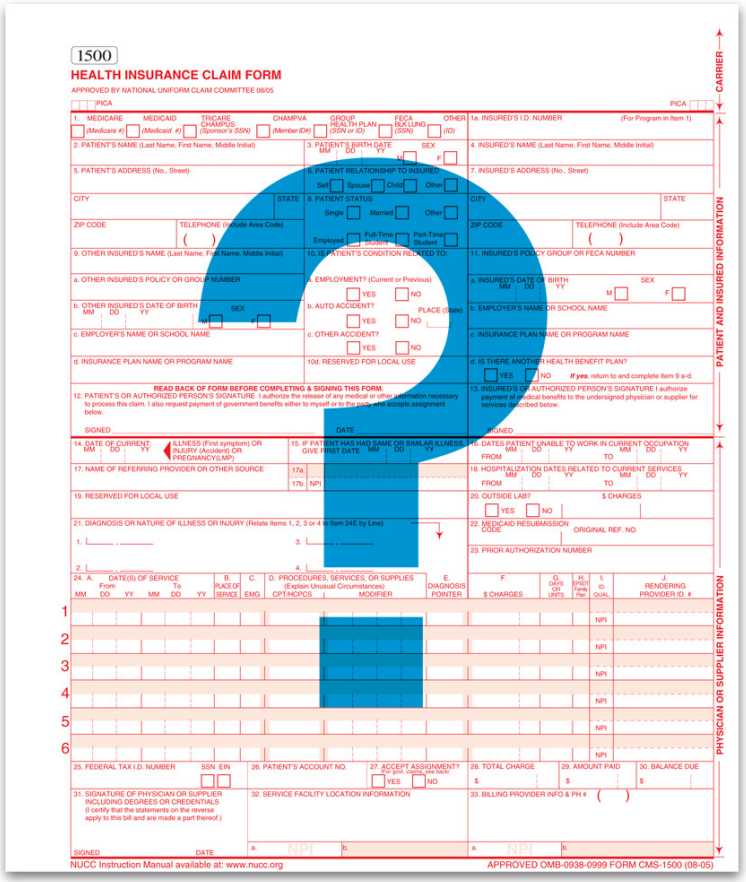
- The member requests the specific service or item.
- The member was notified by the provider of the financial liability in advance of the service.
- The provider obtains and keeps a written acknowledgement statement signed by the provider and by the member, above, prior to the service being rendered.

Provider name (print): _____ Provider signature: _____ Date: _____

Above sample found in your provider manual.

Routine Claim Inquiries

- Our Provider Services Unit ensures provider claim inquiries are handled efficiently and in a timely manner.
- Call 1-800-454-3730.



Coordination of Benefits Payment Methodology

- Amerigroup is the payer of last resort.
- Coordination of benefits claims are paid up to the Amerigroup allowable, regardless of the primary carrier's allowable:
  - **Example 1:**

Amerigroup allowable	$4,000
Minus primary carrier payment	$2,000
Minus Amerigroup payment	$2,000
Final balance	$ 0

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Coordination of Benefits Payment Methodology (cont.)

- Amerigroup will never pay more than our allowable.
- Patients cannot be billed when the Amerigroup allowable is less than the primary allowable. The balance must be adjusted off:
  - **Example 2:**

Amerigroup allowable	$3,000
Minus primary carrier payment	$4,000
Final balance	$ 0

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When the primary carrier denies your claim

- If the primary carrier does not cover a service because the member or provider did not follow guidelines for the primary payer, then Amerigroup becomes the next payment source.
- At this point, the Amerigroup standard requirements such as authorization rules and timely filing rules are applied.
- Primary *EOBs* must still be submitted with some exceptions.

Amerigroup is the payer of last resort

- Some common exceptions include:
  - The Texas Kidney Health Care Program.
  - The Crime Victim's Compensation Program.
  - Adoption agencies.
  - Home- and community-based waiver programs.
- Amerigroup will not for pay any expenses that the member would not have a legal obligation to pay if he or she did not have Amerigroup.

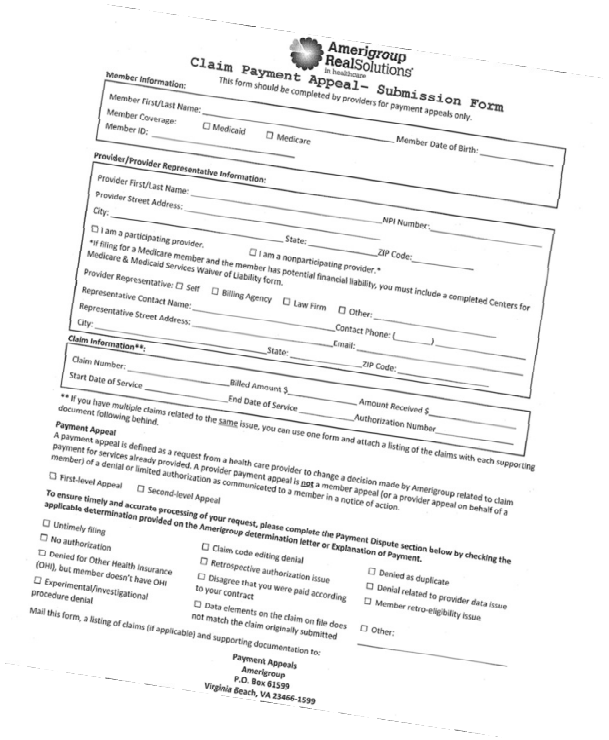
Grievances

- We track all provider grievances until they are resolved.
- The provider manual details filing and escalation processes and contact information.
- Examples of grievances include:
  - Issues with eligibility.
  - Contract disputes.
  - Authorization process difficulties.
  - Member/associate behavior concerns.

Appeals Process

Payment appeals

- There is a 120-day filing deadline from the date of the *EOP.*
- Initial attempts to resolve claim issues can be made by calling Provider Services.
- Unresolved issues should be submitted in writing.
- Submit *Payment Appeal* form and relevant supporting documentation including the original *EOP*, corrected claim, invoices, medical records, reference materials, etc.:
  - **Online:** Availity Portal — Upload supporting documents as attachments.
  - **Email:** txproviderappeals@amerigroup.com
  - **Fax:** 1-844-756-4607
  - **Mail:** Payment Appeals Team
    Amerigroup
    P.O. Box 61599
    Virginia Beach, VA 23466-1599



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Claim Payment Appeal– Submission Form

This form should be completed by providers for payment appeals only.

Member Information:

Member First/Last Name: _____ Member Date of Birth: _____

Member Coverage: ☐ Medicaid ☐ Medicare

Member ID: _____

Provider/Provider Representative Information:

Provider First/Last Name: _____

Provider Street Address: _____ NPI Number: _____

City: _____ State: _____ ZIP Code: _____

☐ I am a participating provider. ☐ I am a nonparticipating provider.*

*If filing for a Medicare member and the member has potential financial liability, you must include a completed Centers for Medicare & Medicaid Services Waiver of Liability form.

Provider Representative: ☐ Self ☐ Billing Agency ☐ Law Firm ☐ Other: _____

Representative Contact Name: _____ Contact Phone: (___) _____

Representative Street Address: _____ Email: _____

City: _____ State: _____ ZIP Code: _____

Claim Information**:

Claim Number: _____ Billed Amount $_____ Amount Received $_____

Start Date of Service _____ End Date of Service _____ Authorization Number _____

** If you have multiple claims related to the same issue, you can use one form and attach a listing of the claims with each supporting document following behind.

Payment Appeal

A payment appeal is defined as a request from a health care provider to change a decision made by Amerigroup related to claim payment for services already provided. A provider payment appeal is not a member appeal (or a provider appeal on behalf of a member) of a denial or limited authorization as communicated to a member in a notice of action.

☐ First-level Appeal ☐ Second-level Appeal

To ensure timely and accurate processing of your request, please complete the Payment Dispute section below by checking the applicable determination provided on the Amerigroup determination letter or Explanation of Payment.

☐ Untimely filing
☐ No authorization
☐ Denied for Other Health Insurance (OHI), but member doesn't have OHI
☐ Experimental/investigational procedure denial
☐ Claim code editing denial
☐ Retrospective authorization issue
☐ Disagree that you were paid according to your contract
☐ Data elements on the claim on file does not match the claim originally submitted
☐ Denied as duplicate
☐ Denial related to provider data issue
☐ Member retro-eligibility issue
☐ Other: _____

Mail this form, a listing of claims (if applicable) and supporting documentation to:

Payment Appeals
Amerigroup
P.O. Box 61599
Virginia Beach, VA 23466-1599

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Appeals Process (cont.)

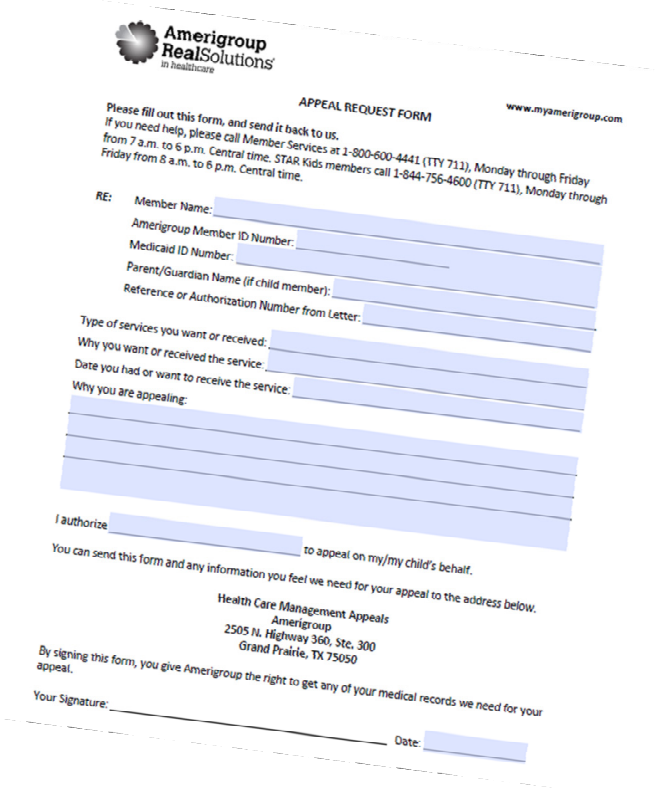
Medical appeals

- There is a 60-day filing limit from date of notice of action.
- Appeal must be submitted in writing.
- Submit the request form with a letter explaining the reason for appeal and supporting documentation:
  - **Mail:** Amerigroup

    Health Care Management Appeals

    2505 N. Highway 360, Ste. 300

    Grand Prairie, TX 75050



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APPEAL REQUEST FORM

www.myamerigroup.com

Please fill out this form, and send it back to us.
If you need help, please call Member Services at 1-800-600-4441 (TTY 711), Monday through Friday from 7 a.m. to 6 p.m. Central time. STAR Kids members call 1-844-756-4600 (TTY 711), Monday through Friday from 8 a.m. to 6 p.m. Central time.

RE:
Member Name:
Amerigroup Member ID Number:
Medicaid ID Number:
Parent/Guardian Name (if child member):
Reference or Authorization Number from Letter:

Type of services you want or received:
Why you want or received the service:
Date you had or want to receive the service:
Why you are appealing:

I authorize _____ to appeal on my/my child's behalf.

You can send this form and any information you feel we need for your appeal to the address below.

Health Care Management Appeals
Amerigroup
2505 N. Highway 360, Ste. 300
Grand Prairie, TX 75050

By signing this form, you give Amerigroup the right to get any of your medical records we need for your appeal.

Your Signature: _____ Date:

Medical Management

- Preauthorization services
- Hospital concurrent review — onsite and telephonic
- Discharge planning and postdischarge management
- Service coordination — STAR+PLUS and STAR Kids
- Case management — physician referral encouraged
- Disease management — physician referral encouraged
- Maternal Child Services — physician referral encouraged
- Clinical programs

Service Coordination Model

Identify needs

- Members contacted in first 30 days and screened for complex needs and high-risk conditions.
- Identify complex and high-risk members for a home visit in next two weeks.

Service plan

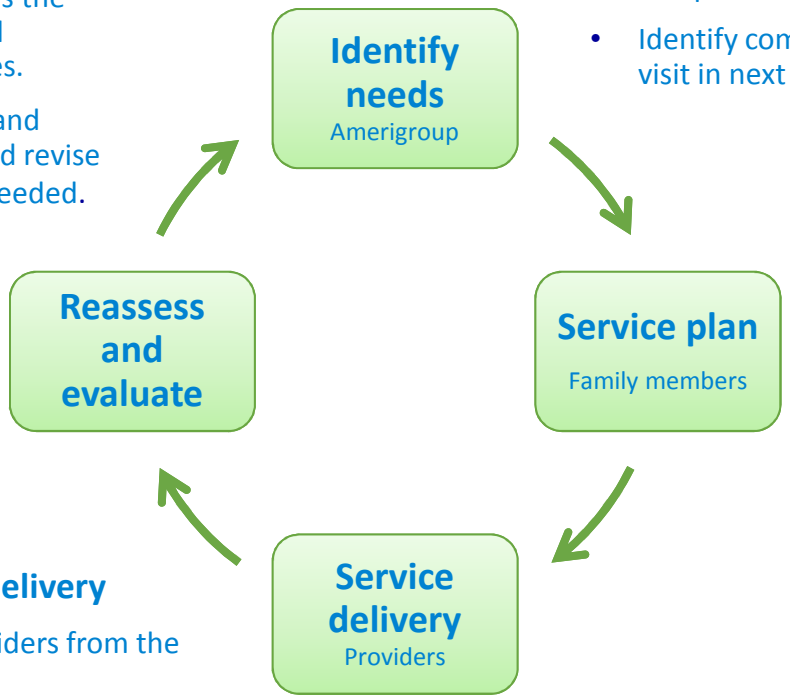
- Service coordinator makes home visit and conducts a comprehensive assessment of all medical, behavioral, social and long-term care needs.
- Service coordinator works with team of experts to develop a service plan to meet the members needs.
- Service coordinator contact the member's PCP for concurrence.
- Member and member's family reviews and signs the service plan.

Service delivery

- Member selects providers from the network.
- Service coordinator works with care team to authorize and deliver services.
- Service coordinator ensures all appropriate services are authorized and delivered according to the service plan.

Reassess and evaluate

- Service coordinator contacts member and reassess the member's needs and functional capabilities.
- Service coordinator and member evaluate and revise the service plan as needed.

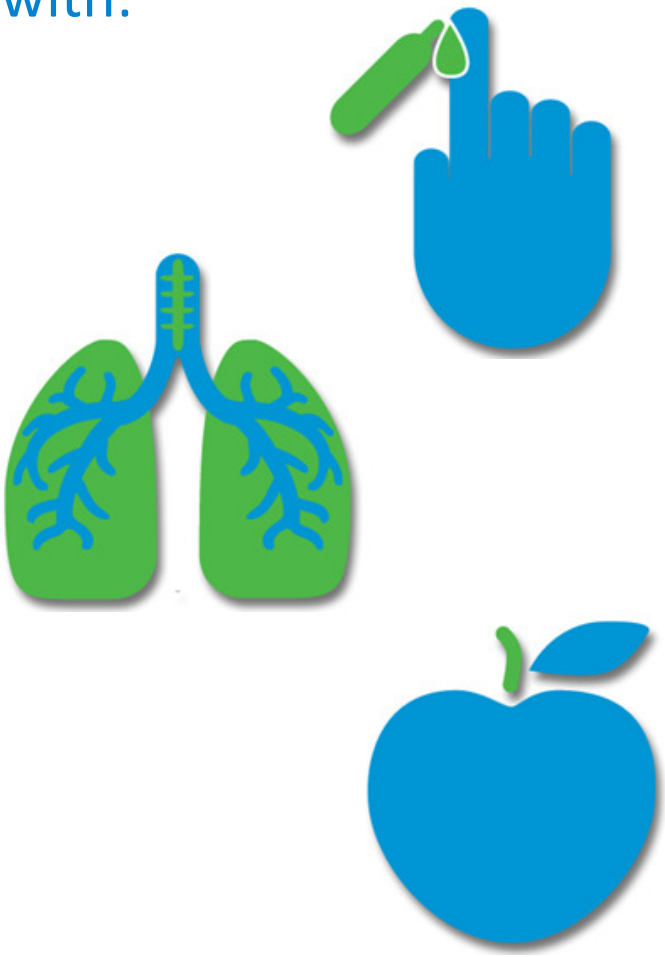


Case Management Program

- Available for members with complex medical conditions
- Focuses on members who have experienced a critical event or diagnosis
- Super utilizer program
- Members with special health care needs
- Social workers available

Disease Management

- We off programs for members living with:
  - Asthma.
  - Bipolar disorder.
  - Congestive heart failure.
  - Chronic obstructive pulmonary disease
  - Diabetes.
  - HIV/AIDS.
  - Hypertension.
  - Major depressive disorder.
  - Schizophrenia.
  - Substance use disorder
  - And more!



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Maternal Child Services

- Individualized, one-on-one case management support for women at the highest risk
- Care coordination for moms who may need a little extra support
- Educational materials and information on community resources
- Incentives to keep up with prenatal and postpartum checkups and well-child visits after the baby is born

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Mental Health/Substance Abuse Services

- Amerigroup will coordinate care for members with mental health needs or substance abuse disorders.
  - Authorizations:
    - **Phone:** 1-800-454-3730
    - **Fax — inpatient:** 1-877-434-7578
    - **Fax — outpatient:** 1-866-877-5229

Pharmacy Program

- The Texas Vendor Drug Program formulary and preferred drug list are available on our website.
- Prior authorization is required for:
  - Nonformulary drug requests.
  - Brand-name medications when generics are available.
  - High-cost injectable and specialty drugs.
  - Any other drugs identified in the formulary as needing prior authorization.

Laboratory Services

- Notification or precertification is not required if lab work is performed in a physician's office, participating hospital outpatient department (if applicable) or by one of our preferred lab vendors.

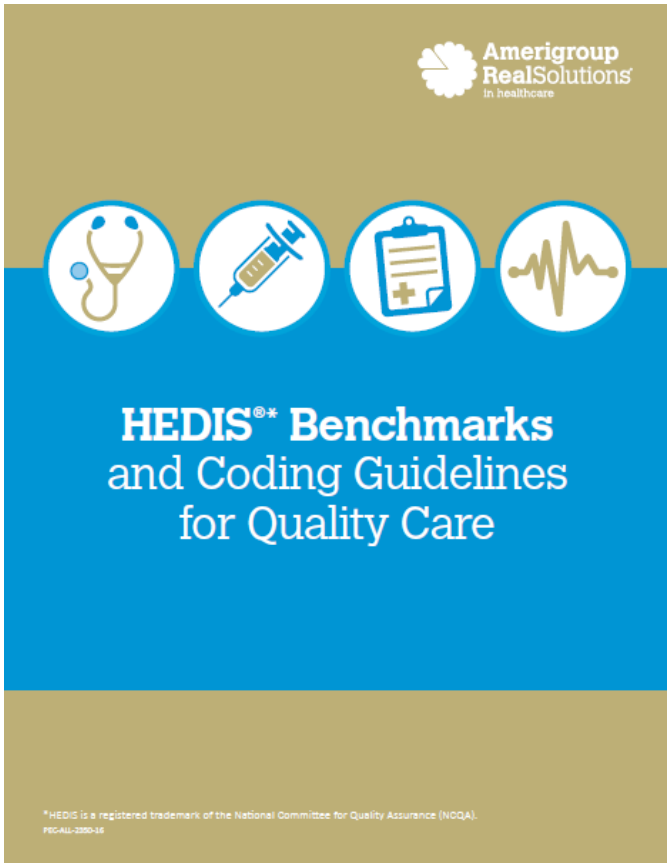
Translation Services

- 24 hours a day, 7 days a week
- Over 170 languages
- Member Services: 1-800-600-4441

Amerigroup RealSolutions in healthcare

Quality Management

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

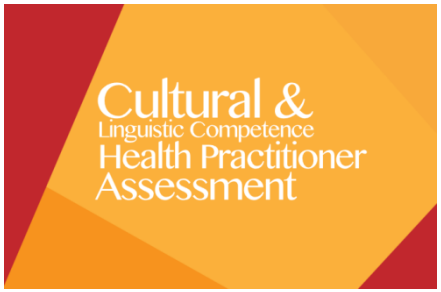


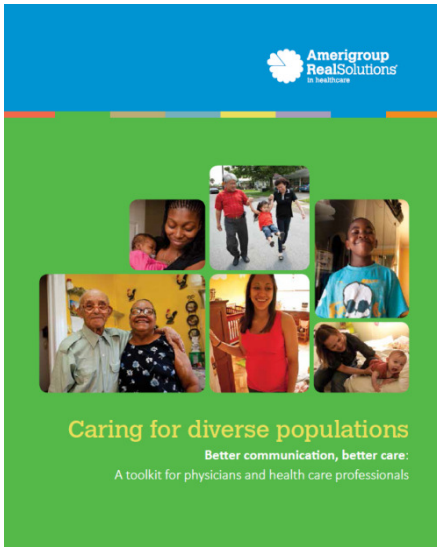
Fraud, Waste and Abuse

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

- Verify patient's identity.
- Ensure services are medically necessary.
- Document medical records completely.
- Bill accurately.
- Report suspected fraud to 1-800-315-5385.

Cultural Competency





- Amerigroup believes that we must recognize and thoroughly understand the role that culture and ethnicity play in the lives of our members in order to ensure everyone receives equitable and effective health care.
- Expectations are that our providers and their staff share our commitment.
- Resources, training materials and information is available online, including:
  - The *Cultural Competency Plan*.
  - Self-Assessment Tool.
  - Cultural Competency Tool Kit.
  - Cultural competency training.

Community Involvement

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Medicaid Key Contact Information

- Amerigroup website (online tool) address: https://providers.amerigroup.com/TX
  - Check eligibility, claims status and authorizations
- Provider Services/Provider Inquiry Line (IVR): 1-800-454-3730
  - Check eligibility, claims status and authorizations
  - Provider Services available Monday-Friday 7 a.m.-7p.m. Central time
  - IVR available 24 hours a day, 7 days a week
- Service coordinator, Case Management or Disease Management: 1-800-454-3730
- TTY: 771
- Nurse Helpline: 1-800-600-4441
- STAR Kids Nurse HelpLine: 1-844-756-4600

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Medicaid Key Contact Information (cont.)

- Clinical services available 24 hours a day, 7 days a week
- Member Services: 1-800-600-4441
- STAR Kids Member Services: 1-844-756-4600
- Behavioral health services: 1-800-454-3730
- Behavioral health fax (inpatient): 1-877-434-7578
- Behavioral health fax (outpatient): 1-866-877-5229
- AIM Imaging Precertification (cardiology, radiology [high-tech], radiation, sleep studies): 1-800-714-0040
  - www.aimspecialtyhealth.com/goweb
- Superior Vision: 1-866-819-4298

Additional Resources and Information

Centers for Medicare & Medicaid Services
https://www.CMS.gov

National Committee for Quality Assurance
www.ncqa.com

Health and Human Services Commission
www.hhsc.state.tx.us

Texas Medicaid Health Partnership
www.tmhp.com

Online Provider Resources

Provider Resources & Documents

- Behavioral Health
- Claims Submission and Reimbursement Policy
- Clinical Practice Guidelines
- Disease Management Centralized Care Unit
- Electronic Visit Verification (EVV)
- Enhanced Personal Health Care Program
- EPSDT
- Forms
- ICD-10
- Manuals & QRCs
- Maternal Child Program
- Medical Management Model
- MultiPlan
- Newsletters - Archived
- Newsletters - Current
- Pharmacy
- Quality Management
- Quick Tools
- STAR+PLUS Medicare-Medicaid Plan program
- State Communications
- Training Programs
- Training Schedules & Meeting Information
- Tutorials
- Vendor/Partner Links & Information

Do more online by registering for Provider Self-Service!

Through Provider Self-Service, you can:

- File and check the status of medical claims
- Verify eligibility
- Request precertification
- Submit a Pharmacy Prior Authorization Request
- And much more!

How will you access patient information after September 30, 2015?

On September 30, 2015, online member eligibility, benefit and claim status inquiries will only be available at www.Availity.com. Avoid business disruptions – work with your office staff today to register for and begin using the Availity Web Portal.

Visit Frequently Asked Questions about Availity for more information.

Join Amerigroup's Provider Network

In a Rural Service Area (RSA) county?

We are contracted with the MultiPlan, Inc. (MPI) Texas True Choice (TTC) network for the RSA as our network. To become a participating provider with TTC, please call 1-866-971-7427 or submit your request for application.

In a non-RSA county?

Call our Texas Centralized Credentialing department at 713-218-5112.

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Next Steps

- Complete the *Orientation Feedback Survey*.
- Register for Availity.
- Register for electronic data interchange.
- Register for EFT services.
- Read your provider manual.

Amerigroup RealSolutions in healthcare

Thank you for partnering with us!

Amerigroup RealSolutions®
in healthcare