

Updated *Medicaid/CHIP Provider Manual* available online

Summary: We made important changes to the *Medicaid/CHIP Provider Manual*. Please download the latest version at <https://providers.amerigroup.com/TX> > Manuals & QRCs, review the changes, and share the information with your staff and any other providers in your group.

Why is this update necessary?

We update our provider manual to remain in compliance with regulatory requirements, our state contract and accreditation standards for the National Committee for Quality Assurance. We also revise the manual for changes to Amerigroup information and procedures.

What is new in this version?

Below are key changes to the manual that you should review:

Location	Notes
Section 1.12, "Nondiscrimination Statement"	New section
Chapter 2, "Quick Reference Information"	Updates include precertification contacts, payment appeals and complaints information
Various	Removed information throughout the manual about NorthSTAR behavioral health services in the Dallas service area due to the January 1, 2017, transition of these benefits to managed care
Section 3.1, "Verifying Member Medicaid Eligibility"	New, state-required wording about eligibility verification and the <i>Your Texas Benefits</i> website
Section 3.2.2, "STAR+PLUS," and Section 6.1, "STAR+PLUS Eligibility"	New member population effective September 1, 2017 — Medicaid for Breast and Cervical Cancer Program transitioned from Medicaid Fee-for-Service (FFS) to the STAR+PLUS program
Section 4.1.4, "Medical Transportation Program (MTP)"	New, state-required section
Section 4.1.8.1, "Prescribed Pediatric Extended Care Centers (PPECC) and Private Duty Nursing (PDN)"	New, state-required section
Section 5.2.1, "Utilization Management Hours of Operation"	New section
Section 5.4, "Precertification/Notification Process"	Updated precertification contacts and added process for requests when precertification is not required
Section 5.5, "Nonemergent Outpatient and Ancillary Services — Precertification and Notification Requirements"	Added minimum 72-hour advance request requirement
Section 5.7, "Administrative Denials"	New section
Section 5.10, "Peer-to-Peer Review Process"	New section
Section 5.17, "Self-Referrals"	Clarified PCP referrals are not required for members to access other providers in the Amerigroup network
Section 6.3.1, "Community First Choice (CFC) Provider Responsibilities"	New, state-required section

The information in this update may be an update or change to your provider manual. Find the most current manual at:
<https://providers.amerigroup.com>

Location	Notes
Section 6.5, "Electronic Visit Verification"	State-required content updated
Section 6.10.2, "Attendant Compensation Enhancement Program Payment Levels"	Updates to process and tier levels
Section 6.13, "Long-Term Services and Supports Quality Review Compliance Program"	New section
Section 7.9, "Court-Ordered Commitment and Probation"	Updates to covered benefits and members
Section 7.10, "Behavioral Health Value-Added Services: Healthy Rewards"	New section
Section 9.1.3, "Medical Appeal Process and Procedures/Medicaid Appeal Process"	Updated appeal request period from 30 to 60 days; internal appeal must be completed before state fair hearing
Section 9.1.3.3, "Medicaid State Fair Hearing Information"	Member request for state fair hearing within 120 days of the appeal decision letter
Section 9.2.1, "Provider Complaint Resolution"	Updates to submission details
Section 9.3, "Provider Appeal Process to HHSC (Related to Claim Recoupment due to Member Disenrollment)"	New, state-required section
Section 10.2.1, "Reporting Abuse, Neglect or Exploitation (ANE) — Medicaid Managed Care"	New, state-required section
Section 10.5, "Appointments"	"Appointment and Access Standards" table updated
Section 10.6, "Continuity of Care"	New details on service authorizations honored
Section 10.8, "Credentialing and Recredentialing"	New details on status inquiries and discrepancies
Section 10.15, "Laboratory Services (Outpatient)"	Added Texas Health Steps information
Section 11.4, "Members with Special Health Care Needs (MSHCN)"	Added population list, including new Adoption Assistance and Permanency Care Assistance (AAPCA) members transitioning from Medicaid FFS to STAR and STAR Kids effective September 1, 2017
Section 11.7, "Disease Management Centralized Care Unit"	New program details on processes and eligibility
Section 11.10, "Taking Care of Baby and Me Program"	New program details on processes and eligibility
Section 11.11, "Texas Health Steps"	New, state-required subsection titled "Documentation of Completed Texas Health Steps Components and Elements"
Section 11.14, "Telemedicine, Telehealth and Telemonitoring Access"	New section
Appendix A, "ID cards"	Updated Medicaid sample ID cards to remove product logos

What if I need other assistance?

If you have questions about this update, received this in error or need any other assistance, call Provider Services at 1-800-454-3730.