

# Provider Update

Now available online: updated Medicaid/CHIP provider manual

**Summary:** We've made some important changes to our provider manual. Download the latest version from our provider self-service website at [providers.amerigroup.com/TX](http://providers.amerigroup.com/TX).

✦ **What this means to you:** Please review the changes to the Amerigroup\* provider manual and share the information with your staff and 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 standards necessary for accreditation with the National Committee for Quality Assurance. We also revise the manual for changes to Amerigroup information and procedures.

## **What's new in this version?**

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

- Section 1.1 – Added STAR+PLUS in the West Rural Service Area (RSA) to the Service Areas table
- Chapter 2 – Changed the radiology precertification vendor to AIM Specialty Health
- Section 3.1.1 – Your Texas Benefits Medicaid Card
- Section 3.1.2 – Temporary ID Verification Form
- Section 3.2.2.1 (new section) – STAR+PLUS ICF-IID Program and IDD Waiver Services Members
- Section 3.3.2 – STAR+PLUS Responsibility Table
- Sections 3.4.5 - 3.4.10, 3.4.16 and 3.4.17 (new sections) – Information on coverage responsibility when enrollment changes occur
- Section 4.1 – Medicaid Covered Services for STAR and STAR+PLUS
- Section 4.1.1 – Covered Services (core Medicaid services) – Added Nursing Facility Services under STAR+PLUS effective March 1, 2015, Telemedicine, and Telemonitoring
- Section 4.1.3 – Coordination with Non-Medicaid Managed Care Covered Services
- Section 4.1.4 – Dental Services – added \$5,000 benefit limit per STAR+PLUS waiver plan year
- Section 4.1.6 – Preferred Blood Glucose Testing Strips – changed preferred brand
- Section 4.1.8 (new section) – Ambulance Transportation Services (Emergent)
- Section 4.1.9 (new section) – Ambulance Transportation Services (Nonemergent)
- Section 4.2.1 – CHIP Covered Services Table – Coverage for CHIP Perinate members under Durable Medical Equipment, Prosthetic Devices, and Disposable Medical Supplies
- Section 5.6 – Nonemergent Inpatient Admissions
- Section 6.1 – STAR+PLUS Eligibility

*\*In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc.*



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- Section 6.3 – The Role of Long-term Services and Supports Providers
- Section 6.5 (new section) – Electronic Visit Verification
- Section 6.6.3 – STAR+PLUS Coverage Table
- Section 6.7 – Service Coordination
- Section 6.7.1 (new section) – Discharge Planning
- Section 6.7.2 (new section) – Transition Plan for New STAR+PLUS Members
- Section 6.9.4 ( new section) – Cost Reporting to HHSC
- Section 7.2.1 (new section) – Mental Health Rehabilitative Services and Targeted Case Management
- Section 7.2.2 (new section) – Attention Deficit Hyperactivity Disorder
- Section 11.3 – Case Management
- Section 12.14.2 – CHIP Cost Sharing (list of exemptions)
- Section 14.2 – Out-of-Network Providers - Precertification
- Appendix A – Sample ID cards – Added STAR+PLUS West RSA

## **What if I need other assistance?**

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