Provider Newsletter

Amerigroup
An Anthem Company

https://providers.amerigroup.com/TX

December 2020

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Table of Contents

COVID-19 information from Amerigroup

Amerigroup is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the Texas Health and Human Services Commission (HHSC) to help us determine what action is necessary on our part. Amerigroup will continue to follow HHSC guidance policies.

For additional information, reference the COVID-19 *News and Resources* section on the homepage of our **website**.

TXPEC-3529-20/AGPCARE-0423-20

Sign up to receive email from Amerigroup

In order to communicate more efficiently with providers, Amerigroup is now sending some provider updates, policy change notifications, prior authorization update information, educational opportunities and more to providers via email. Email is the quickest and most direct way to receive important information from Amerigroup.

What do we need from you?

To receive email from Amerigroup (including some sent in lieu of fax or mail), submit your information via the contact form located on our **provider website**.

When multiple email addresses, NPIs or TINs exist, you need to submit all of the required fields separately for each individual provider or provider within a group. However, please keep in mind that we can only accept one email address for each unique provider record.

TX-NL-0351-20

Digital transactions cut administrative tasks in half

Introducing the Amerigroup *Digital Provider Engagement Supplement* to the provider manual

Using the secure Availity Portal* or EDI submissions (via Availity), administrative tasks can be reduced by more than 50% when filing claims with or without attachments, checking statuses, verifying eligibility and benefits, and when submitting prior authorizations electronically. In addition, it could not be easier. Through self-service functions, you can accomplish digital transactions all at one time, all in one place. If you are not already registered, just go **here** for EDI information or **here** for the secure Availity Portal.

Get payments faster

By eliminating paper checks, electronic funds transfer (EFT) is a digital payment solution that deposits payments directly into your account. It is safe, secure and will deliver payments to you faster. Electronic remittance advice (ERA) is completely searchable and downloadable from the Availity Portal or the *EDI 835* remittance, which meets all *HIPAA* mandates — eliminating the need for paper remittances.

Member ID cards go digital

Members who are transitioning to digital member ID cards will find it is easier for them and you. The ID card is easily emailed directly to you for file upload, eliminating the need to scan or print. In addition, the new digital member ID card can be directly accessed via Availity. Providers should begin accepting the digital member ID cards when presented by the member.

Amerigroup makes going digital easy with the *Digital Provider Engagement Supplement*

From our digital member ID cards, EDI transactions, application programming interfaces and direct data entry, we cover everything you need to know in the ***Digital Provider Engagement Supplement*** and on the secure **Availity Portal**. The supplement outlines our provider expectations, processes and self-service tools across all electronic channels for Medicaid and Medicare, including medical, dental and vision benefits.

The *Digital Provider Engagement Supplement* to the provider manual is another example of how Amerigroup is using digital technology to improve the health care experience. We are asking providers to go digital with Amerigroup so we can realize our mutual goals of reducing administrative burden and increasing provider satisfaction and collaboration. Read the ***Digital Provider Engagement Supplement*** now and go digital with Amerigroup.

** Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup.*

TX-NL-0341-20

Resources to support your pregnant and postpartum patients and their families

Across the nation, too many women continue to experience pregnancy-related complications and death. More than 700 women die each year in the United States as a result of complications related to pregnancy or delivery.[1] Many of these deaths are preventable. In addition, significant racial and ethnic disparities exist in maternal morbidity and mortality. For example, Black/African American and American Indian/Alaska Native women are two to three times more likely to die from pregnancy-related complications compared to White women.[2] Amerigroup recognizes your role at the front lines of defense to support your diverse pregnant and postpartum patients. We want to ensure you have the right tools and resources to help your patients understand their risks and key maternal warning signs.

The Centers for Disease Control and Prevention (CDC) recently launched the **Hear Her** campaign to raise awareness of pregnancy-related complications, risks and death. The Hear Her campaign aims to increase knowledge of the symptoms women should seek medical attention for during pregnancy and in the year after delivery, such as vision changes and chest pain. Resources are available for pregnant and postpartum women, partners, families and friends, and healthcare providers.

The Hear Her campaign reminds us of the importance of listening to women. As a healthcare provider, you have an opportunity to listen to pregnant women, engage in an open conversation to make certain their concerns are adequately addressed, and help your patients understand urgent maternal warning signs.

In addition, the Council on Patient Safety in Women's Health Care developed a tool to help women identify urgent maternal warning signs. The **Urgent Maternal Warning Signs tool** helps women recognize the symptoms they may experience during and after pregnancy that could indicate a life-threatening condition. The tool also provides additional information on the symptoms and conditions that place women at increased risk for pregnancy-related death.

If you have a pregnant member in your care who would benefit from case management, please call us at **1-800-454-3730**. Members can also call our 24-hour Nurse HelpLine at the number on their member ID card.

References

1 Centers for Disease Control and Prevention. (2020, August 13). *Reproductive Health: Maternal Mortality*. Retrieved from **https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html**.

2 Centers for Disease Control and Prevention. (2019, September 5). *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths.* Retrieved from **https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html**.

TX-NL-0337-20

FDA approvals and expedited pathways used — new molecular entities

Amerigroup reviews the activities of the Food and Drug Administration's (FDA) approval of drugs and biologics on a regular basis to understand the potential effects for our providers and members.

The FDA approves new drugs and biologics using various pathways. Recent studies on the effectiveness of drugs and biologics going through different FDA pathways illustrates the importance of clinicians being aware of the clinical data behind a drug or biologic approval in making informed decisions.

Approval pathways the FDA uses for drugs/biologics	
Standard Review	The standard review process follows well-established paths to make sure drugs/biologics are safe and effective when they reach the public. From concept to approval and beyond, FDA performs these steps: reviews research data and information about drugs and biologics before they become available to the public; watches for problems once drugs and biologics are available to the public; monitors drug/biologic information and advertising; and protects drug/biologic quality. **To learn more about the standard review process, go here.**
Fast Track	Fast track is a process designed to facilitate the development and expedite the review of drugs/biologics to treat serious conditions and fill an unmet medical need. **To learn more about the Fast Track process, go here.**
Priority Review	A priority review designation means FDA's goal is to take action on an application within six months. **To learn more about the priority review process, go here.**
Breakthrough Therapy	This process is designed to expedite the development and review of drugs/biologics which may demonstrate substantial improvement over available therapy. **To learn more about the breakthrough therapy process, click here.**
Orphan Review	This refers to the review of drugs that demonstrate promise for the diagnosis and/or treatment of rare diseases or conditions. **To learn more about the orphan drug review process, click here.**
Accelerated Approval	These regulations allowed drugs/biologics for serious conditions that filled an unmet medical need to be approved based on a surrogate endpoint. **To learn more about the accelerated approval process, click here.**

New molecular entities approvals — January to August 2020

Certain drugs/biologics are classified as new molecular entities (NMEs) for purposes of FDA review. Many of these products contain active ingredients that have not been approved by FDA previously, either as a single ingredient drug or as part of a combination product; these products frequently provide important new therapies for patients.

Amerigroup reviews the FDA-approved NMEs on a regular basis. To facilitate the decision-making process, we are providing a list of NMEs approved from January to August 2020 along with the FDA approval pathway utilized.

Read more online.

TX-NL-0345-20

Notifications on the Availity Portal

Amerigroup is now using the *Notification Center* on the Availity* Portal home page to communicate vital and time sensitive information. You will see a *Take Action* call out and a red flag in front of the message to make it easy to see new items requiring your attention.

We will use the *Notification Center* to update your organization if there are payment integrity requests for medical attachments or recommended training in the Custom Learning Center. Select the **Take Action** icon to access the custom learning recommended course.

There will also be a message posted in the *Notification Center* when a payment dispute decision is available. Selecting the **Take Action** icon will allow easy access to your appeals worklist for details.

Viewing the *Notification Center* updates should be included as part of your regular workflow so that you are aware of any outstanding action items.

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TX-NL-0327-20

Coding spotlight: HEDIS MY 2021

HEDIS overview

The National Committee for Quality Assurance (NCQA) is a non-profit organization that accredits and certifies health care organizations. The NCQA establishes and maintains the Healthcare Effectiveness Data and Information Set (HEDIS®). HEDIS is a tool comprised of standardized performance measures used to compare managed care plans. The overall goal is to measure the value of health care based on compliance with HEDIS measures. HEDIS also allows stakeholders to evaluate physicians based on health care value rather than cost. This article will outline specific changes to the HEDIS measures as outlined by the NCQA. The changes are effective for the measurement year (MY) 2020 to 2021. It is important to note that the state health agency has the authority to determine which measures and rates managed care organizations should capture.

HEDIS data helps calculate national performance statistics and benchmarks and sets standards for measures in NCQA Accreditation.

Read more online.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

TX-NL-0354-20

InterQual October 2020 *Clinical Criteria* revisions

The effective date for Memorial Hermann Hospital to use InterQual® 2020.1 criteria will be December 15, 2020. On this effective date, Memorial Hermann Hospital providers should begin using InterQual 2020.1 criteria and can access the criteria by logging into the provider portal (Availity*).

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TX-NL-0349-20

Medical drug *Clinical Criteria* updates

June 2020 update

On February 21, 2020, May 15, 2020, and June 18, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the ***Clinical Criteria* web posting**.

TX-NL-0332-20

The *Clinical Criteria* is publicly available on our **provider website**. Visit ***Clinical Criteria*** to search for specific policies.

Please submit your questions to **email**.

Transition to AIM Specialty Health *Small Joint Guidelines*

Effective December 1, 2020, Amerigroup will transition the clinical criteria for medical necessity review of CG-SURG-74 Total Ankle Replacement services to AIM Specialty Health® (AIM)* *Small Joint Guidelines*. These reviews will continue to be completed by the Amerigroup Utilization Management team.

You may access and download a copy of the AIM *Small Joint Guidelines* **here**.

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup.*

TX-NL-0335-20

Updates to AIM Specialty Health *Clinical Appropriateness Guidelines for Radiation Oncology*

The following updates will apply to the AIM Specialty Health® (AIM)* *Clinical Appropriateness Guidelines for Radiation Oncology* for claims with dates of service on and after March 14, 2021. Please note that there are no restrictive changes in this update.

Radiation oncology

Special treatment procedure:

- Removed IV requirement for chemotherapy

Central nervous system cancer — Intensity-modulated radiation therapy (IMRT) for glioblastomas, other gliomas, brain metastases:

- Eliminated the plan comparison requirement based on feedback from reviewers that all cases were able to meet criteria — same change for high-grade and low-grade gliomas.
- Added new indication for hippocampal sparing whole brain radiotherapy.

Lung cancer — IMRT and stereotactic body radiation therapy (SBRT) for non-small cell, SBRT for small cell; fractionation for non-small cell:

- Eliminated the plan comparison requirement for IMRT to treat stage 3, non-small cell lung cancer.
- Removed due to a medical contraindication language.
- Added new indication as an alternative to surgical resection when certain conditions apply.
- Adjusted fractions of thoracic radiotherapy for non-small cell lung cancer.

Proton beam therapy

- Added new indication for hepatocellular carcinoma and intrahepatic cholangiocarcinoma.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access the AIM ***Provider****Portal*℠ directly at **https://aimspecialtyhealth.com/providerportal.**
  - Online access is available 24/7 to process orders and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity* Portal at **https://availity.com**.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7 a.m. to 7 p.m. CT.

If you have questions related to guidelines, contact AIM by email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines **here**.

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup.*

TX-NL-0339-20

COVID-19 information from Amerigroup

View the **article** in the Medicaid section.

TXPEC-3523-20/TXPEC-3523-20/AGPCARE-0423-20

Digital transactions cut administrative tasks in half

View the **article** in the Medicaid section.

TX-NL-0341-20

Transition to AIM Specialty Health *Small Joint Guidelines*

View the **article** in the Medicaid section.

TX-NL-0335-20

Updates to AIM Specialty Health *Clinical Appropriateness Guidelines for Radiation Oncology*

View the **article** in the Medicaid section.

TX-NL-0339-20

Medical drug *Clinical Criteria* updates

June 2020 update

On February 21, 2020, May 15, 2020, and June 18, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan). These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the ***Clinical Criteria* web posting**.

TXD-NL-0199-20

The *Clinical Criteria* is publicly available on our **provider website**. Visit ***Clinical Criteria*** to search for specific policies.

Please submit your questions to **email**.

COVID-19 information from Amerigroup

View the **article** in the Medicaid section.

TXPEC-3523-20/TXPEC-3523-20/AGPCARE-0423-20

Digital transactions cut administrative tasks in half

View the **article** in the Medicaid section.

TX-NL-0341-20/ GPCRNL-0139-20

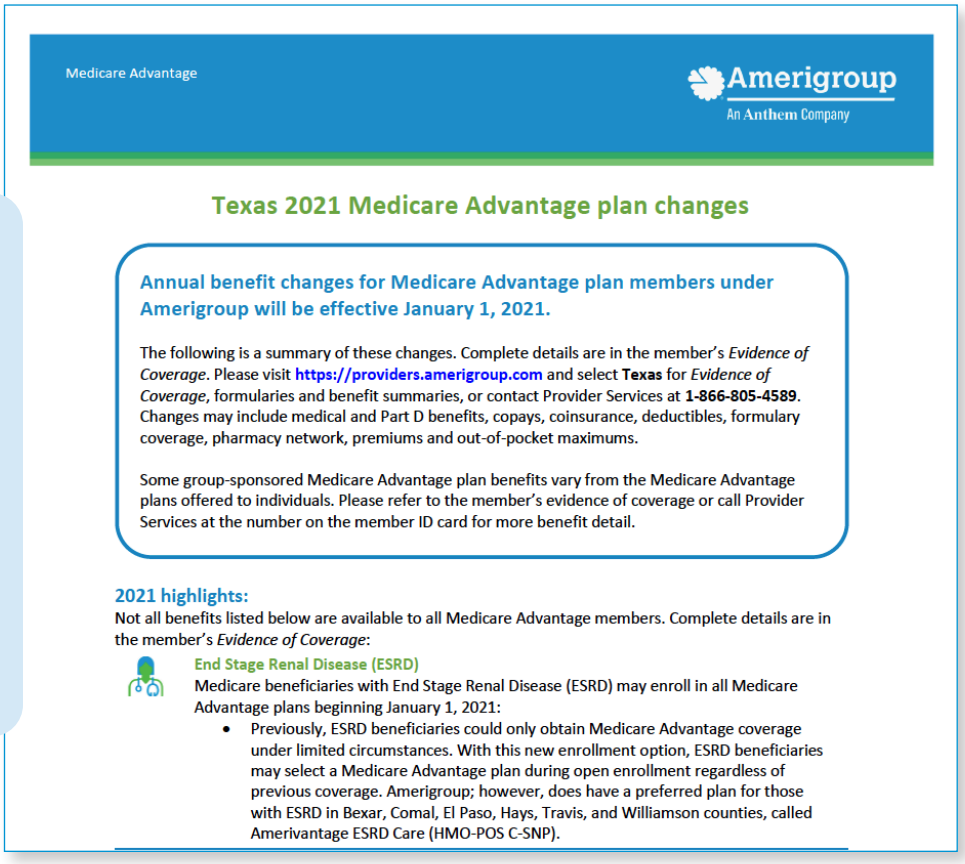
Transition to AIM Specialty Health *Small Joint Guidelines*

View the **article** in the Medicaid section.

TX-NL-0335-20

2021 Medicare Advantage individual benefits and formularies

An overview of notable 2021 benefit changes is available at **https://providers.amerigroup.com/TX**.



Medicare Advantage

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Texas 2021 Medicare Advantage plan changes

Annual benefit changes for Medicare Advantage plan members under Amerigroup will be effective January 1, 2021.

The following is a summary of these changes. Complete details are in the member's *Evidence of Coverage*. Please visit **https://providers.amerigroup.com** and select **Texas** for *Evidence of Coverage*, formularies and benefit summaries, or contact Provider Services at **1-866-805-4589**. Changes may include medical and Part D benefits, copays, coinsurance, deductibles, formulary coverage, pharmacy network, premiums and out-of-pocket maximums.

Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's evidence of coverage or call Provider Services at the number on the member ID card for more benefit detail.

2021 highlights:

Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's *Evidence of Coverage*:

End Stage Renal Disease (ESRD)

Medicare beneficiaries with End Stage Renal Disease (ESRD) may enroll in all Medicare Advantage plans beginning January 1, 2021:

- Previously, ESRD beneficiaries could only obtain Medicare Advantage coverage under limited circumstances. With this new enrollment option, ESRD beneficiaries may select a Medicare Advantage plan during open enrollment regardless of previous coverage. Amerigroup; however, does have a preferred plan for those with ESRD in Bexar, Comal, El Paso, Hays, Travis, and Williamson counties, called Amerivantage ESRD Care (HMO-POS C-SNP).

AGPCRNL-0142-20

Medical Policies and *Clinical Utilization Management Guidelines* update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

To view a guideline, visit **https://medicalpolicies.amerigroup.com/am_search.html**.

Updates

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- MED.00134 — Noninvasive Heart Failure and Arrhythmia Management and Monitoring System:
  - Revised Investigational and Not Medically Necessary indications
- SURG.00156 — Implanted Artificial Iris Devices:
  - Revised Investigational and Not Medically Necessary indications
- SURG.00157 — Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis:
  - Revised Investigational and Not Medically Necessary indications
- CG-DME-07 — Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output:
  - Revised Medically Necessary and Not Medically Necessary indications
- GENE.00052 — Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling:
  - Revised Medically Necessary indications
- SURG.00077 — Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques:
  - Expanded scope and revised Investigational and Not Medically Necessary indications
- SURG.00112 — Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures):
  - Revised scope, and Investigational and Not Medically Necessary indications
- CG-REHAB-12 — Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology:
  - A new clinical UM Guideline was created from content contained in CG-REHAB-04, CG-REHAB-05, CG-REHAB-06.
  - There are no changes to the guideline content.
  - Publish date is scheduled for December 8, 2020.
- The following AIM Specialty Health® (AIM)** Clinical Appropriateness Guidelines have been revised and will be effective on December 6, 2020.
  - Interventional Pain Management (See August 16, 2020, version.)*
  - Chest Imaging (See August 16, 2020, version.)*
  - Oncologic Imaging (See August 16, 2020, version.)*
  - Sleep Clinical Guidelines (See August 16, 2020, version.)*

  To view AIM guidelines, visit the **AIM page**.

Medical Policies

On August 13, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Community Care. These guidelines take effect December 6, 2020.

Clinical UM Guidelines

On August 13, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for Amerigroup Amerivantage (Medicare Advantage) members on September 24, 2020. These guidelines take effect December 6, 2020.

Read more online.

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup Community Care.*

AGPCRNL-0149-20

Policy Reminder — Medicaid
Nurse Practitioner and Physician Assistant Services, Professional
(Effective 04/24/20)

Amerigroup continues to allow reimbursement for services provided by Nurse Practitioner (NP) and Physician Assistant (PA) providers. Unless provider, state, federal or CMS contracts and/or requirements indicate otherwise, reimbursement is based upon all of the following:

- Service is considered a physician's service
- Service is within the scope of practice
- A payment reduction of 8% of the physician fee schedule for medical services, and a payment consistent with physician fee schedule reimbursement for lab, X-ray and injections

This article is to inform you that there is now a separate and specific professional reimbursement policy to reference for Nurse Practitioner and Physician Assistant Services.

For additional information, refer to the Nurse Practitioner and Physician Assistant Services, Professional reimbursement policy at **https://providers.amerigroup.com/TX**.

TX-NL-0328-20

Policy Reminder — Medicare-Medicaid Plan
Nurse Practitioner and Physician Assistant Services, Professional
(Effective 04/24/20)

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) continues to allow reimbursement for services provided by Nurse Practitioner (NP) and Physician Assistant (PA) providers. Unless provider, state, federal or CMS contracts and/or requirements indicate otherwise, reimbursement is based upon all of the following:

- Service is considered a physician's service
- Service is within the scope of practice
- A payment consistent with CMS reimbursement

This article is to inform you that there is now a separate and specific professional reimbursement policy to reference for Nurse Practitioner and Physician Assistant Services.

Services furnished by the NP or PA should be submitted with their own NPI.

For additional information, refer to the Nurse Practitioner and Physician Assistant Services, Professional reimbursement policy at **https://providers.amerigroup.com/TX**.

TXD-NL-0198-20