

February 2021

<https://providers.amerigroup.com/tx>

Provider Services:

Medicaid: 1-800-454-3730 • Medicare: 1-866-805-4589

Medicare-Medicaid Plan: 1-855-878-1785



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Provider Newsletter



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CAHPS® survey

CAHPS is an annual standardized survey conducted from January to May to assess consumers' experience with their providers and health plan. A random sample of your adult and child patients may get the survey. Providers directly impact the majority of questions used for scoring.



These questions are:

- When you needed care right way, how often did you get it?
- How often did you get an appointment for a check-up or routine care as soon as you needed it?
- How often was it easy to get the care, tests or treatment you needed?
- How often did you get an appointment to see a specialist as soon as you needed it?
- How often did your personal doctor seem informed and up-to-date about the care you got from other health providers?
- How would you rate your primary care doctor?
- How would you rate the specialist you see most often?

To learn more about CAHPS and how you can improve the patient experience, review the CAHPS Overview training by visiting <https://providers.amerigroup.com/TX>.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

TX-NL-0352-20

Medical drug benefit *Clinical Criteria* updates

August 2020 update

On August 21, 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 August 2020*.

TX-NL-0347-20

September and October 2020 update

On November 15, 2019, February 21, 2020, May 15, 2020, August 21, 2020, August 28, 2020, and September 24, 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 September and October 2020*.

TX-NL-0365-20

The *Clinical Criteria* is publicly available on the provider websites. Visit [Clinical Criteria website](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

New advanced choice pharmacy network

Effective February 10, 2021, Amerigroup has a new pharmacy network for STAR, STAR+PLUS, STAR Kids and CHIP members.

How is the new pharmacy network different?

As a partner with the state in providing quality healthcare for our Medicaid and CHIP populations, Amerigroup continuously looks for ways to increase efficiency and save taxpayer money. The new network provides an opportunity to slow prescription drug cost growth.

Which pharmacies are in-network for the new pharmacy network?

Members can call Pharmacy Member Services 24 hours a day, 7 days a week for assistance in finding a participating in-network pharmacy at:

- **1-833-235-2022 (TTY 711)** for STAR, STAR+PLUS or CHIP.
- **1-833-370-4763 (TTY 711)** for STAR Kids.

How will members be notified of their in-network pharmacies?

If claims data indicates that a member has been filling prescriptions outside of the new pharmacy network, they will receive a letter with information about how to find an alternative in-network pharmacy.

Excluded and nonparticipating pharmacies

We have notified excluded pharmacies of their exclusion from the new pharmacy network. Nonparticipating pharmacies will receive reject messages, instructing them to call Pharmacy Member Services to direct members to an in-network pharmacy.



Amerigroup New Provider Orientation webinar training schedule

Would you like more information on how to check eligibility, authorizations or claims status?

Please join one of our online provider trainings, hosted by Amerigroup.

All sessions will be held from noon to 1 p.m. CT.



New Provider Orientation 2021 schedule

Wednesday, January 13, 2021

Audio only: **1-469-998-7935**

Conference ID: 807 273 877#

Web link: [Click here to join the meeting](#)

Wednesday, February 10, 2021

Audio only: **1-469-998-7935**

Conference ID: 253 925 616#

Web link: [Click here to join the meeting](#)

Wednesday, March 10, 2021

Audio only: **1-469-998-7935**

Conference ID: 508 043 687#

Web link: [Click here to join the meeting](#)

Wednesday, April 14, 2021

Audio only: **1-469-998-7935**

Conference ID: 469 693 393#

Web link: [Click here to join the meeting](#)

Wednesday, May 12, 2021

Audio only: **1-469-998-7935**

Conference ID: 968 747 104#

Web link: [Click here to join the meeting](#)

Wednesday, June 9, 2021

Audio only: **1-469-998-7935**

Conference ID: 647 045 756#

Web link: [Click here to join the meeting](#)

Wednesday, July 14, 2021

Audio only: **1-469-998-7935**

Conference ID: 902 533 922#

Web link: [Click here to join the meeting](#)

Wednesday, August 11, 2021

Audio only: **1-469-998-7935**

Conference ID: 770 505 208#

Web link: [Click here to join the meeting](#)

Wednesday, September 8, 2021

Audio only: **1-469-998-7935**

Conference ID: 957 134 625#

Web link: [Click here to join the meeting](#)

Wednesday, October 13, 2021

Audio only: **1-469-998-7935**

Conference ID: 534 585 00#

Web link: [Click here to join the meeting](#)

Wednesday, November 10, 2021

Audio only: **1-469-998-7935**

Conference ID: 639 755 364#

Web link: [Click here to join the meeting](#)

Wednesday, December 8, 2021

Audio only: **1-469-998-7935**

Conference ID: 226 990 468#

Web link: [Click here to join the meeting](#)

TX-NL-0374-20

Provider notification for Utilization Management Authorization Rule Operations Workgroup Item 1326

Effective April 1, 2021, prior authorization (PA) requirements will change for multiple codes. The medical codes listed below will require PA by Amerigroup for our members.

PA requirements will be added to the following:

- 30117 — Excision/Destruction, Intranasal Lesion; Int Approach
- 30999 — Unlisted Proc, Nose
- 54401 — Insertion, Penile Prosthesis; Inflatable (Self-Contained)
- C1778 — Lead, neurostimulator (implantable)
- C1787 — Patient programmer, neurostimulator
- C2622 — Prosthesis, penile, noninflatable
- G0157 — Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
- G2168 — Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
- G2169 — Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
- L8681 — Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
- L8699 — Prosthetic Implant NOS

TX-NL-0359-20

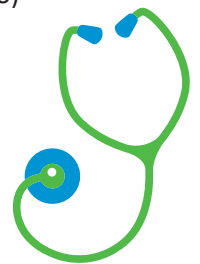
Radiotherapies and radioimmunotherapies will require prior authorization

Effective March 1, 2021, Amerigroup will require prior authorization (PA) for the additional injectable drugs listed below.

PA requirements will be added to the following codes:

- A9543 Injection, Yttrium Y-90 ibritumomab tiuxetan (Zevalin)
- A9590 Injection, Iodine I-131, iobenguane, 1 mCi (Azedra)
- A9513 Injection, Lutetium Lu 177, dotatate, therapeutic, 1 millicurie (Lutathera)
- A9606 Injection, Radium ra-223 dichloride, therapeutic, per microcurie (Xofigo)

TX-NL-0362-20



Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

To request PA, you may use one of the following methods:

- Web: <https://www.availity.com>, <https://providers.amerigroup.com/TX>
- Fax: **1-800-964-3627**
- Phone: **1-800-454-3730**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Precertification Lookup Tool through the **Availity Portal*** or on the **provider website**. Contracted and noncontracted providers who are unable to access Availity, may call our Provider Services at **1-800-454-3730** for assistance with PA requirements.

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

HEDIS Measurement Year 2020: Medicaid summary of changes from NCQAA

Revised measures

- The former Well-Child Visits in the First 15 Months of Life (W15) measure was revised to **Well Child Visits in the First 30 Months of Life (W30)**. It includes two indicators:
 - Well-child visits in the first 15 months — children who turned 15 months during the measurement year with six or more well-child visits
 - Well-child visits for ages 15 to 30 months — children who turn 30 months during the measurement year with two or more well-child visits
- The former Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) measures have been combined into **Child and Adolescent Well-Care Visits (WCV)**:
 - The percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year

Key measure changes

Controlling High Blood Pressure (CBP and CDC-CBP)

Telephone visits, e-visits and virtual check-ins are now acceptable settings for blood pressure (BP) readings. Digital BP readings reported by the member are considered numerator compliant.

Telehealth updates

NCQA has updated telehealth guidance in 40 HEDIS® measures for HEDIS measurement years 2020 and 2021. The purpose of these changes is to:

- Support increased use of telehealth caused by the pandemic.
- Align with guidance from Centers for Medicare & Medicaid Services and other stakeholders.

A list of the 40 measures can be found on the NCQA COVID-19 website at www.ncqa.org/covid.

New Medicaid measures

Kidney Health Evaluation for Patients With Diabetes (KED)

The percentage of members 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a uACR identified by both a quantitative urine albumin test and a urine creatinine test with service days four or less days apart during the measurement year

Cardiac Rehabilitation (CRE)

The percentage of members 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement; four rates are reported:

- Initiation — the percentage of members who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event
- Engagement 1 — the percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event
- Engagement 2 — the percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event
- Achievement — the percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event

Retired Medicaid measures

- Comprehensive Diabetes Care (CDC) retired sub-measures:
 - Medical Attention for Nephropathy (retired for Commercial and Medicaid)
 - HbA1c control (< 7.0%) for a selected population
- Adult BMI Assessment (ABA)
- Medication Management for People With Asthma (MMA)
- Children's and Adolescents' Access to Primary Care Practitioners (CAP)

Measure change summary

For a complete summary, go to

<https://tinyurl.com/NCQA-measures>.

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

TX-NL-0357-20



Amerigroup New Provider Orientation webinar training schedule

View the [article](#) in the Medicaid section.

TX-NL-0374-20

Medical drug benefit *Clinical Criteria* updates

August 2020 update

On August 21, 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 August 2020](#).

TXD-NL-0200-20

September and October 2020 update

On November 15, 2019, February 21, 2020, May 15, 2020, August 21, 2020, August 28, 2020, and September 24, 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 September and October 2020](#).

TXD-NL-0205-20

The *Clinical Criteria* is publicly available on the provider websites. Visit [Clinical Criteria website](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

Medicare Advantage

Medical drug benefit *Clinical Criteria* updates

August 2020 update

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

Effective dates are reflected in the *Clinical Criteria Web Posting August 2020*.

AGPCRNL-0145-20

September and October 2020 update

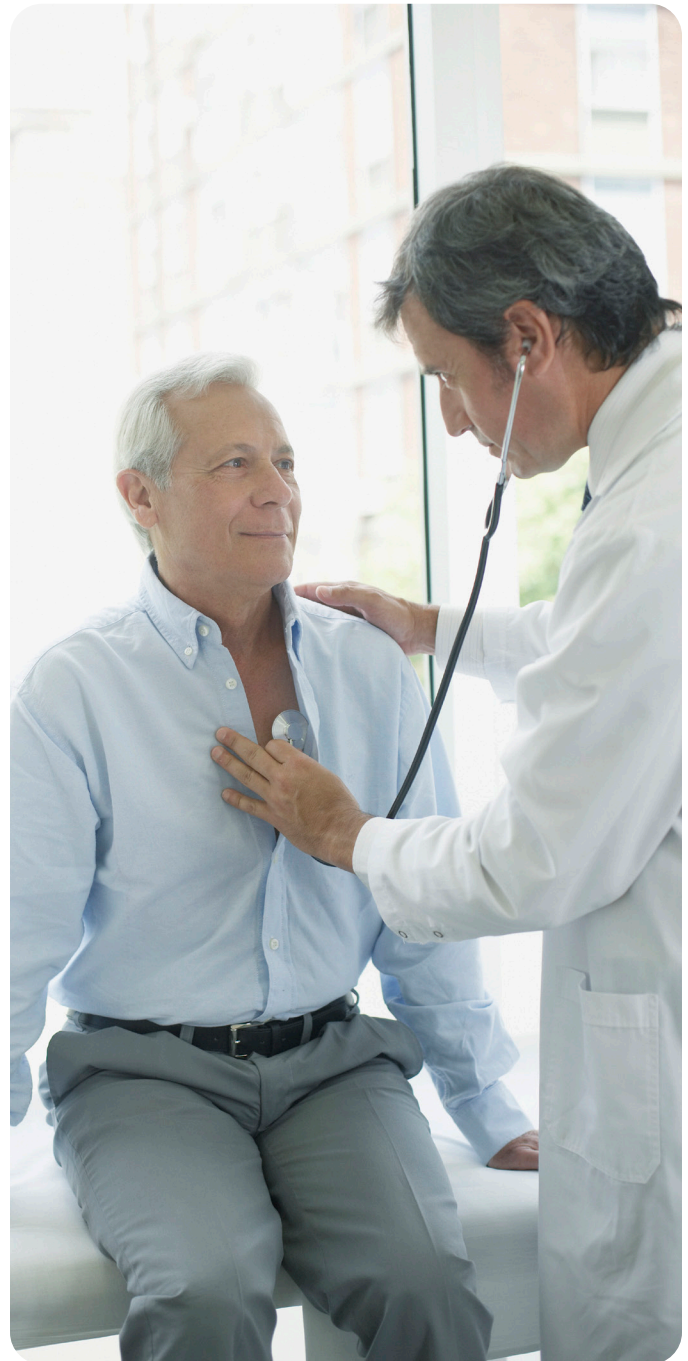
On November 15, 2019, February 21, 2020, May 15, 2020, August 21, 2020, August 28, 2020, and September 24, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the *Clinical Criteria Web Posting September and October 2020*.

AGPCRNL-0161-20

The *Clinical Criteria* is publicly available on the provider websites. Visit [Clinical Criteria website](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).



Amerigroup Amerivantage (Medicare Advantage) is introducing two new Special Needs Plans for 2021 in Texas

As Amerigroup Community Care continues our efforts to provide high-quality, member-focused health plans for Amerigroup Amerivantage (Medicare Advantage) members, we continue to offer Special Needs Plans for 2021. Our Special Needs Plans provide members with the benefits of integrated care and case management through a holistic approach while promoting continuity of care and preserving provider choice.

The prior authorization (PA) requirements for these new Special Needs Plans will be different from our other Amerigroup Amerivantage products and will vary by provider location. Please note the PA directions below for each county in Texas.

Institutional Special Needs Plan

Amerigroup will offer two Institutional Special Needs Plans (I-SNPs), Amerivantage Care to You (HMO I-SNP) and the new Amerivantage Care to You Plus (HMO I-SNP), focused on beneficiaries who are living in skilled nursing facilities or qualified beneficiaries living in assisted living centers. Amerigroup collaborates with CareMore Health* mobile clinicians in the community to deliver a high-touch, well-coordinated model of care to institutionalized patients at the member's bedside. Working alongside PCPs to ensure the best possible outcomes for the member, our goal is to improve access to care and better communication with the patient, family, staff and providers. In addition to our contracted mobile providers, these plans include our Amerigroup Amerivantage contracted Medicare Advantage HMO Fee-for-Service providers.

I-SNP PA for providers in Bexar, Dallas, Harris, Tarrant and Travis counties

When submitting PA requests, select **Medicare I-SNP C-SNP** from the drop-down box on the public [provider website](#) or on the [Availity Portal](#).*

Chronic Special Needs Plan

In addition to our I-SNP plans, Amerigroup and CareMore partner with our Amerigroup Amerivantage providers to offer Chronic Special Needs Plans (C-SNPs), Amerivantage Diabetes Care (HMO C-SNP) and the new Amerivantage Diabetes Care Plus (HMO C-SNP). These plans focus on providing the best in care to Amerigroup Amerivantage beneficiaries with diabetes. Our Amerigroup Amerivantage C-SNP plans are designed to:

- Address the greater incidence of chronic disease and disability in the Medicare and Medicaid dual-eligible and Medicare-only populations.
- Enhance the coordination of a member's primary and acute care, long-term care, and prescription drug benefits through a unified case management program. Members will be eligible for a Healthy Start appointment where a health risk assessment (HRA) will be completed. After the HRA, CareMore clinicians will collaborate with the member's Amerigroup PCP to design an individualized care plan (ICP).

C-SNP PAs for providers in Tarrant County

When submitting PA requests, select **Medicare I-SNP C-SNP** from the drop-down box on the public [provider website](#) or on the [Availity Portal](#).

C-SNP PAs for providers in Harris, Bexar, Comal, El Paso, Hays, Travis and Williamson counties

When submitting PA requests, select **Medicare** from the drop-down box on the public [provider website](#) or on the [Availity Portal](#).

Amerigroup is excited to introduce these products to our Amerigroup Amerivantage portfolio. To learn more about our Amerigroup plans and the work we are doing to help our members receive quality healthcare, visit <https://providers.amerigroup.com> or call **1-866 805-4589**. If you wish to become a participating Amerigroup Amerivantage HMO provider for these plans, contact your Provider Relations representative.

** CareMore Health is an independent company providing care to institutionalized patients on behalf of Amerigroup Community Care. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care).*

AGPCRNL-0163-20

PN for UM AROW Item 1330

On April 1, 2021, Amerigroup community Care prior authorization (PA) requirements will change for the following codes.

PA requirements will be added for the following codes:

- 54400 — Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)
- 54401 — Insertion, Penile Prosthesis; Inflatable (Self-Contained)
- 61885 — Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; w/Connection Single Electrode Array
- 64569 — Revision or replacement of cranial nerve (for example, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
- 0404T — Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency
- 0563T — Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral
- C1767 — Generator, neurostimulator (implantable), nonrechargeable
- C1778 — Lead, neurostimulator (implantable)

AGPCRNL-0160-20

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions take precedence over these precertification rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

To request PA, use the following method:

- Web: <https://www.availity.com>

Not all PA requirements are listed here. PA requirements are available to contracted providers by accessing the Provider Self-Service Tool at Availity* at <https://providers.amerigroup.com> > Login. Call the Provider Services number on the back of the member's ID card for PA requirements.

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