



# New provider orientation

# Welcome

# Agenda

- Introduction to Amerigroup Iowa, Inc.
- Provider resources
- Contact numbers and questions
- Provider responsibilities
- Member benefits and services
- Claims and billing
- Pre-service processes

# Introduction to Amerigroup Iowa, Inc.

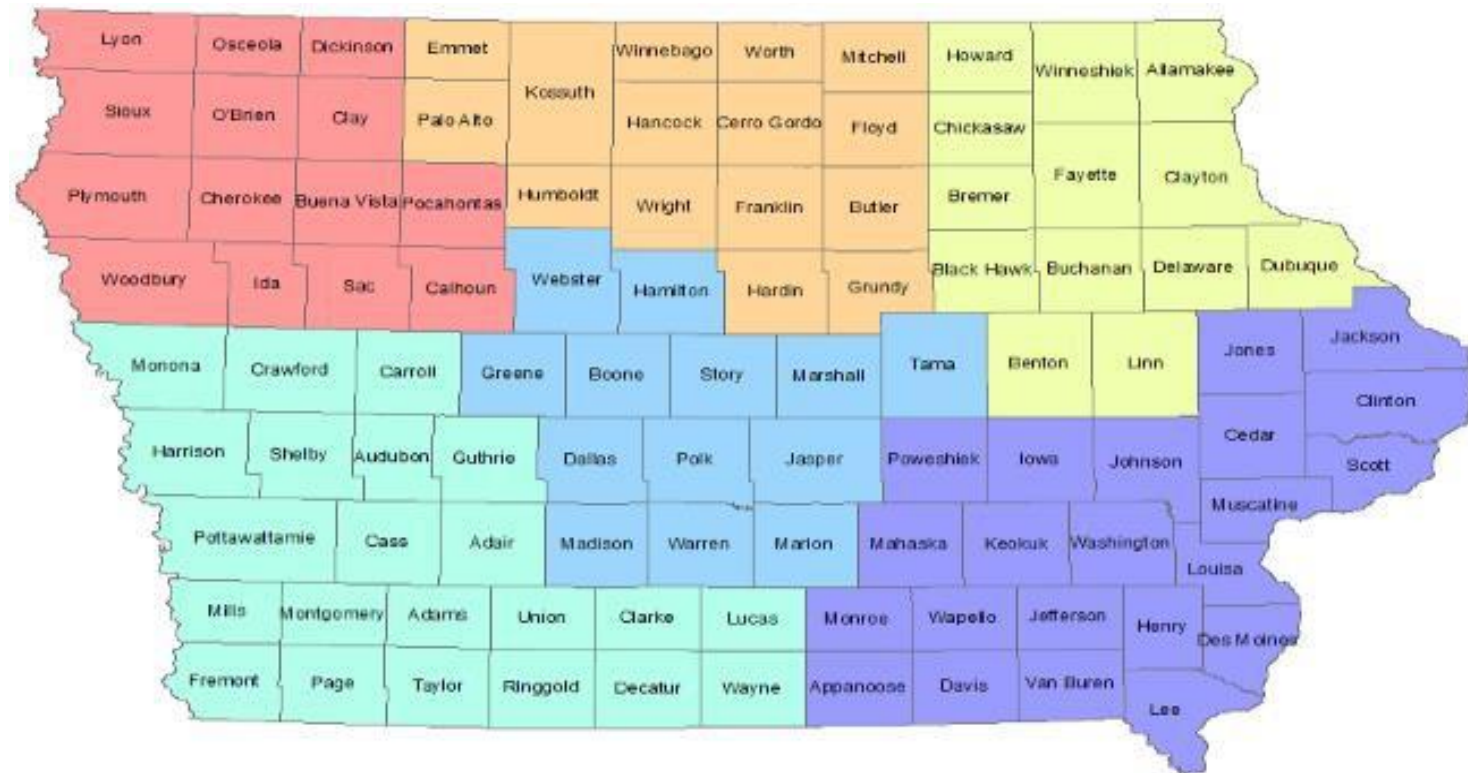
# About us

- **5.8 million:** Medicaid members nationwide, approximately
- **Operating in 20 states:** Leading provider of health care solutions for public programs
- **Over 16 years:** Provided access to high-quality, coordinated care for low-income families, seniors and people with disabilities
- **Serving in eight states:** long-term services and supports (LTSS) programs

# Services covered

- Iowa Department of Human Services (DHS) has contracted Amerigroup to provide comprehensive health care services, including:
  - Physical health.
  - Behavioral health.
  - LTSS.
- This initiative creates a single system of care to promote the delivery of efficient, coordinated and high-quality health care, and establishes accountability in health care coordination.

# Iowa high-quality health care initiative coverage area





# Provider resources



# Provider Services overview

- Website
- Key contacts: Provider Relations and more
- Portal and Provider Services line
  - Eligibility verification
  - Claims inquiry
  - Benefit verification
  - PCP assistance
  - Interpreter/hearing impaired services
- Provider training
- Provider communications

# Medicaid provider website

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



## How Can We Help You?

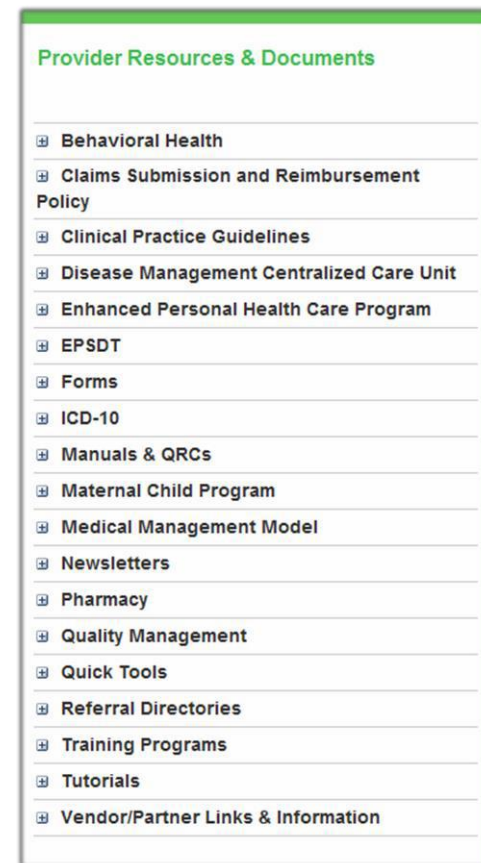
### Amerigroup & You

Providing care for those who need it most requires a team effort and there's no more critical person on this team than you the provider. Our challenge is to find ways to help you use your resources as efficiently and productively as possible. And that begins by listening to the problems you encounter and the ideas you have to make the system work better. Together we can find the real solutions that can make a difference in people's lives.

# Public website information

Registration and login **not** required for access to:

- Claims forms.
- Precertification Lookup Tool.
- Provider manual.
- *Clinical Practice Guidelines*.
- News and announcements.
- Provider directory.
- Fraud, waste and abuse.
- Formulary.



# Secure website information

Registration and login required for access to:

- Precertification submission.
- Precertification status lookup.
- Pharmacy precertification.
- PCP panel listings.
- Member eligibility.
- Claim status.

# Electronic payment enrollment

- Complete electronic payment enrollment at [www.caqh.org/eft\\_enrollment.php](http://www.caqh.org/eft_enrollment.php).
- To learn more, call the Council for Affordable and Quality Healthcare (CAQH) EnrollHub Helpline at 1-844-815-9763.
- Representatives are available Monday-Thursday, 6 a.m.-8 p.m. Central time and Friday, 6 a.m.-6 p.m. Central time.

# Electronic payment services

Providers who enroll for electronic payment services:

- Receive electronic remittance advices (ERAs) and import the information directly into their patient management or patient accounting system.
- Route electronic funds transfers (EFTs) to the bank account of their choice.
- Can use the electronic files to create their own custom reports within their office.
- Access reports 24 hours a day, 7 days a week.

Amerigroup uses EnrollHub™, the secure CAQH Solution®, to enroll in EFTs and ERAs. EnrollHub is available at no cost to all health care providers.

# Key contact information

- Provider Services: 1-800-454-3730
- Member Services: 1-800-600-4441
- Amerigroup on Call:
  - 1-866-864-2544
  - 1-866-864-2545 (Spanish)
- Precertification: 1-800-454-3730
- Pharmacy prior authorization:
  - Phone: 1-800-454-3730
  - Fax: 1-844-512-9004
- Website:  
<https://providers.amerigroup.com/IA>
- CDAC Agency billing:
  - Paper claims submission:  
Amerigroup Iowa, Inc.  
Claims  
P.O. Box 61010  
Virginia Beach, VA 23466-1010
- Electronic claims submission:
  - Availity payer ID: 26375
  - Emdeon payer ID: 27514
  - Capario payer ID: 28804
  - Smart Data Solutions payer ID: 81273

# Provider Relations staff

- Provider outreach
- Provider education and training
- Engaging providers in quality initiatives
- Provider customer service
- Building and maintaining the provider network
- Offering support for provider claims and billing questions and issues

If you ever have questions, you can contact your local Provider Relations representative.



# Amerigroup on Call

- Members can speak to a registered nurse who can answer their questions and help decide how to take care of any health problems.
- If medical care is needed, our nurses can help a member decide where to go.
- The phone number is located on the back of our member ID cards.

Members can call Amerigroup on Call for health advice 7 days a week, 365 days a year. When a member uses this service, a report is faxed to the office within 24 hours of receipt of the call.



## **Amerigroup on Call**

1-866-864-2544 (TTY 711)

1-866-864-2545 (Spanish)

# Amerigroup on Call (cont.)



## **Interpreter Services**

### **Provider Services**

1-866-454-3700

- Available 24 hours a day, 7 days a week
- Over 170 languages



## **Telephonic Translations**

### **Provider Services**

1-800-454-3730



## **In-Person Translations**

### **Case Management**

1-800-454-3730

# Provider communications and education

- Quarterly provider newsletter
- Fax blasts
  - Program/process change notices
- Ongoing educational opportunities
  - ICD codes
  - Cultural competency
  - *HIPAA*

# Provider manual

Key provider support resource for:

- Precertification requirements
- Covered services overview
- Member eligibility verification requirement
- Member benefits
- Access and availability standards
- Grievance and appeal process
- And much more

# Provider roles and responsibilities

- PCPs: provide preventive health screenings
- No discrimination against members with mental, developmental and physical disabilities: comply with *ADA* standards
- Notification of changes: billing address, name, etc.
- Advance directives: understand and educate members
- Medical records: comply with *HIPAA* requirements and recordkeeping standards
- Preventive care services: recommend to all members
- Identification of behavioral health needs
- Fraud, waste and abuse: document and bill accurately
- Access standards: wheelchair accessibility
- Appointment availability and after-hours access

# Provider roles and responsibilities (cont.)

- Assisted living facilities and nursing homes must retain a copy of the member's Amerigroup plan of care on file with the member's records.
- Assisted living facilities are required to promote and maintain a homelike environment and facilitate community integration.
- All facility-based providers and home health agencies must notify an Amerigroup case manager within 24 hours when a member dies, leaves the facility, moves to a new residence or moves outside the service area or state.
- The option to participate in the member's Interdisciplinary Care Team, dependent on the member's need and preference.
- Follow all federal rules and regulations as applicable.

# Key member responsibilities

Members of Amerigroup have the responsibility to:

- Show their IA Health Link ID card each time they receive medical care.
- Make or change appointments.
- Get to appointments on time.
- Call their PCP if they cannot make it to their appointment or if they will not be on time.
- Use the emergency room only for true emergencies.
- Pay for any services they ask for that are not covered by IA Health Link.
- Treat their PCP and other health care providers with respect.
- Tell us, their PCP and their other health care providers what they need to know to treat them.
- Do the things that keep them from getting sick.
- Follow the treatment plans members, their PCP and their other health care providers agree on.

**Refer to your provider manual for a full listing.**

# Your responsibilities

Providers should review both member and provider responsibilities, which are detailed in the provider manual.





# Required Medicaid ID number

- In order to get reimbursed for Medicaid, providers are required to have an Iowa Medicaid number.
- If a potential provider does not have a Medicaid number assigned, the health plan will work with the provider and the state to complete the necessary paperwork and assist the provider with obtaining a Medicaid number.
- Forms are available on the Iowa DHS website at <https://dhs.iowa.gov/ime/providers/enrollment>.

# Fraud, waste and abuse

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

- Reporting requirement
- Contact information
  - External Anonymous Compliance Hotline:
    - Phone: 1-877-660-7890
    - Email: [corpinvest@amerigroup.com](mailto:corpinvest@amerigroup.com) or [obe@amerigroup.com](mailto:obe@amerigroup.com)
    - Website:
      - <https://providers.amerigroup.com/Pages/WFA.aspx>
      - <http://amerigroup.silentwhistle.com>
- Verify a patient's identity
- Ensure services are medically necessary
- Document medical records completely
- Bill accurately

# Cultural competency

Like you, Amerigroup is dedicated to providing quality, effective and compassionate care to all patients. There are many challenges in delivering health care to a diverse patient population. We are here to help.

Amerigroup offers translation and interpreter services, cultural competency tips and training, and guides and resources based on the *Culturally and Linguistically Appropriate Service Standards*.



# Member benefits and services

# Benefits

- Coordination of care
- Initial health assessments
- Physician office visits: inpatient and outpatient services
- Durable medical equipment and supplies
- Emergency services
- Case management and utilization management
- Pharmacy benefits through IngenioRx, Inc.

Detailed benefits and services information is available in the provider manual located on the Amerigroup provider website at <https://providers.amerigroup.com/IA>.

# Benefits: value-added services

Amerigroup believes that by offering expanded programs and services, we provide opportunities to help care for the whole person and better address the specific needs for each segment of the population.

## Health maintenance and preventive services:

- Tobacco cessation counseling
- Waived copays for specific services
- Weight Watchers® class vouchers
- Personal exercise kit
- Healthy Families nutrition and fitness program
- Boys and Girls Club® membership
- Oral hygiene kit
- Home-delivered meals
- Post-discharge stabilization kit

# Benefits: value-added services (cont.)

## Training and supports services:

- Amerigroup Community Resource Link
- High School Equivalency Test (HiSet®) assistance
- Personal backpacks
- Comfort item
- Financial management support
- Self-advocacy memberships
- Travel training
- Supported employment

# Benefits: value-added services (cont.)

## **Independent living skills services:**

- Additional personal care attendant supports
- Additional respite care services
- Transportation assistance
- Assistive devices
- Additional cellphone minutes through Safelink
- Durable medical equipment and supplies
- Community reintegration benefit





# Claims and billing

# Grievances and appeals

- Separate and distinct appeal processes are in place for our members and providers, depending on the services denied or terminated.
- Please refer to the denial letter issued to determine the correct appeals process.
- Appeals of medical necessity and administrative denials must be filed within 90 calendar days of the postmark date of the Amerigroup denial notification.
- Mail appeals to:

Amerigroup Iowa, Inc.

Claim Appeals/Correspondence

P.O. Box 61599

Virginia Beach, VA 23466-1599

# Access and availability

Nature of visit	Appointment standards
Emergency examinations	Immediate access 24/7
Urgent examinations	Within 24 hours of request
Routine exams	Within 4 to 6 weeks of request
Behavioral health emergency	Immediately
Outpatient treatment post-psychiatric inpatient care	Within 7 days of discharge
Routine behavioral health visits	Within 3 weeks of request

Refer to your provider manual for a complete listing of access and availability standards.

# Verifying member eligibility



Providers can verify member eligibility as follows:

- Availability for real-time member enrollment and eligibility verification for all IA Health Link programs is 24 hours a day, 7 days a week or, use the website to determine the member's specific benefit plan and coverage:
  - Automated voice response: 1-800-338-7752
  - IA Health Link website: <https://dhs.iowa.gov/ime/providers>
- Contact Provider Services to verify enrollment and benefits for our members:
  - Phone: 1-800-454-3730, Monday-Friday, 7:30 a.m.-6 p.m. Central time
  - Availity Portal: <https://www.availity.com>
- You can also access Availity through our secure provider site (<https://providers.amerigroup.com/IA>), by selecting **Eligibility and Benefits** and clicking on the link to redirect to the Availity portal.

# New member information

New members will receive the following:

- Iowa Medicaid ID state card (if applicable)
- Amerigroup member identification card
- *Iowa Member Handbook*
- Access to the provider directory

  <p>Effective Date: Date of Birth: Amerigroup #:</p> <p><a href="http://www.myamerigroup.com/IA">www.myamerigroup.com/IA</a> Amerigroup Iowa, Inc.</p> <p>Member Name: Medicaid Number: Primary Care Provider (PCP): PCP Telephone #: Vision: 1-800-879-6901</p> <p>Copays: No Copays</p> <p>Member Services/Behavioral Health: 1-800-600-4441 (TTY 711) 24/7 Amerigroup On Call/Nurse HelpLine: 1-866-864-2544 (TTY 711) Pharmacy Member Services: 1-833-205-6008</p>	<p><b>MEMBERS:</b> Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, call 711.</p> <p><b>MIEMBROS:</b> Lleve esta tarjeta de identificación con usted siempre. Muestrele antes de recibir cuidado médico. No tiene que mostrar esta tarjeta antes de recibir cuidado de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para cuidado que no sea de emergencia. Si tiene preguntas, llame a Servicios al Miembro al 1-800-600-4441. Si es sordo o tiene problemas auditivos, llame al 711.</p> <p><b>HOSPITALS:</b> Preauthorization certification is required for all nonemergency admissions, including emergency admissions, notify Amerigroup within 24 hours after treatment.</p> <p><b>PHARMACIES:</b> Submit claims using RxBIN: 020107; RxPCN: FM; RxGRP: WKYA. For technical help, call 1-833-236-5925.</p> <p><b>SUBMIT MEDICAL CLAIMS TO:</b> AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010 USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.</p> <p>IA01 10/18</p>
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# Balance billing

- No balance billing
- Notification and authorization prior to providing noncovered services

# PCP selection

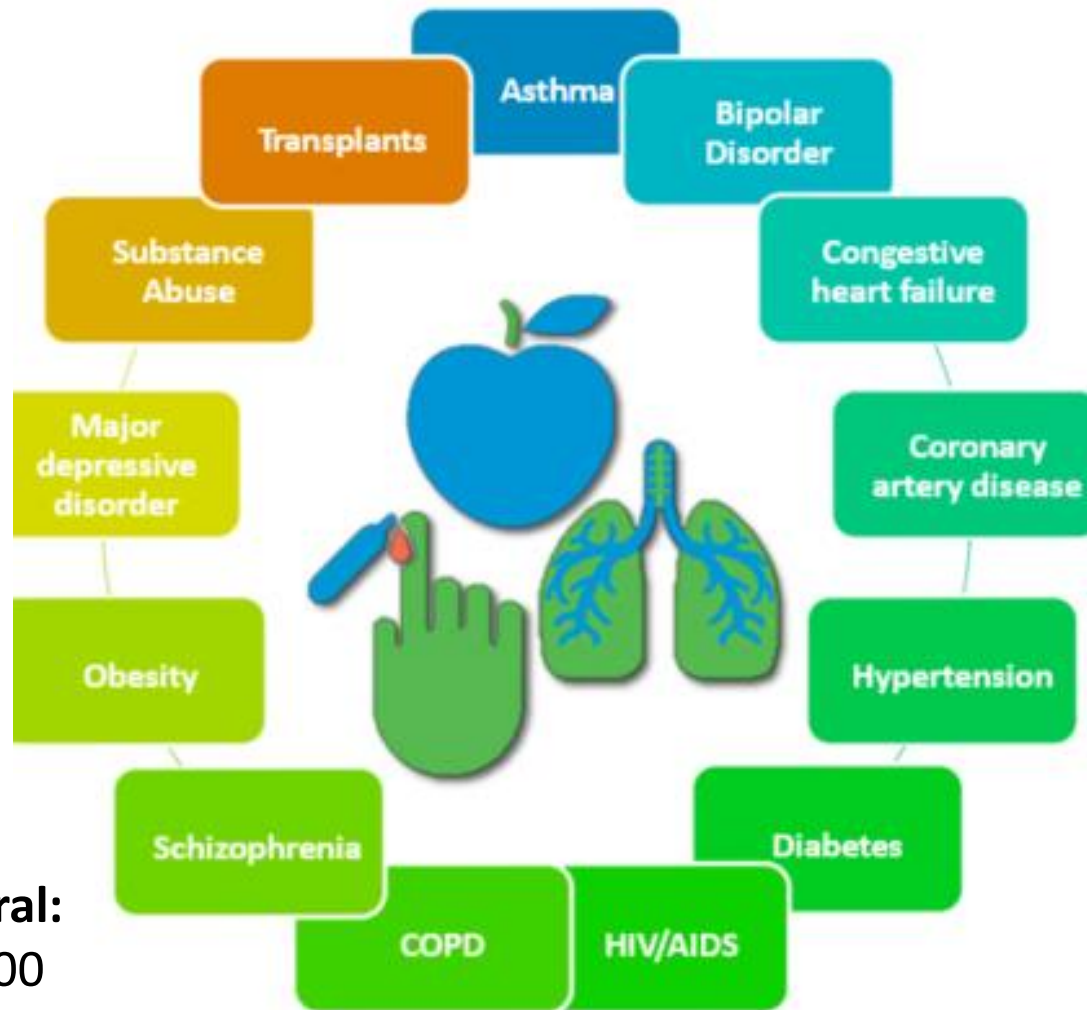
- A member must select a PCP.
- A member's PCP can be changed within 24 hours from the time the change request has been made.
- A member can see a specialist without a referral.



# Maintaining high-quality care



# Disease management



**Member referral:**  
1-888-830-4300

# Quality management

Our Disease Management Centralized Care Unit programs are based on a system of coordinated care management interventions and communications designed to assist physicians and others in managing members with chronic conditions. Our disease management programs include:

- Asthma.
- Bipolar disorder.
- Chronic obstructive pulmonary disorder.
- Congestive heart failure.
- Coronary artery disease.
- Diabetes.
- HIV/AIDS.
- Hypertension.
- Major depressive disorder.
- Schizophrenia.
- Substance use disorder.



LTSS

# Waiver services overview

Iowa supports the following programs:

- AIDS/HIV waiver
- Brain injury waiver
- Children's mental health waiver
- Elderly waiver
- Health and disability waiver
- Intellectual disability waiver
- Physical disability waiver
- Habilitation services waiver

# Waiver services overview

- **AIDS/HIV waiver program**
  - The AIDS/HIV waiver offers services for those who have been diagnosed with AIDS or HIV.
- **Brain injury waiver program**
  - The Brain injury waiver offers services for those who have been diagnosed with a brain injury. Members must be at least 1 month old; there is no age maximum.
- **Children's mental health waiver program**
  - The Children's mental health waiver offers services for children who have been diagnosed with serious emotional disturbance.
- **Elderly waiver program**
  - The Elderly waiver provides services for elderly persons. Individuals must be at least 65 years of age for this waiver.

# Waiver services overview (cont.)

- **Health and disability waiver program**
  - The Health and disability waiver provides services for persons who are blind or disabled.
- **Intellectual disability waiver program**
  - The Intellectual disability waiver provides services for persons who have been diagnosed with an intellectual disability, or a mental disability equivalent to an intellectual disability, as determined by a psychologist or psychiatrist.
- **Physical disability waiver program**
  - The Physical disability waiver provides services for persons who have a physical disability determination. An applicant must be at least 18 years of age, but less than 65 years of age.
- **Habilitation services waiver program**
  - The Habilitation services waiver is designed to assist participants in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

# Continuity of care – LTSS services

## Open enrollment with Amerigroup

- LTSS services will be authorized until a new comprehensive needs assessment is completed or up to a year in the absence of a completed assessment.
- Members receiving LTSS will be permitted to see all current providers on their approved service plan, including any non-network providers, until an assessment and service plan is completed and either agreed upon by the member or resolved through the appeals or fair hearing process, and implemented.
- LTSS services will not be reduced, modified or terminated in the absence of a new/up-to-date assessment of needs that would support any service reduction, modification or termination.

# Continuity of care – LTSS services (cont.)

- Amerigroup will extend the authorization of LTSS from a noncontracted provider as necessary to ensure continuity of care, pending the provider's contracting with Amerigroup or the member's transition to a contracted provider.
- Amerigroup shall facilitate a seamless transition to new services and/or providers, as applicable, in the plan of care/service plan developed by Amerigroup without any disruption in services.





# Consumer-directed attendant care (CDAC)

# CDAC

- Under the home- and community-based services Medicaid waiver program, there is an opportunity for members to have help in their own homes.
- CDAC is available for members in the following waivers:
  - AIDS/HIV waiver
  - Brain injury waiver
  - Elderly waiver
  - Health and disability waiver
  - Intellectual disability waiver
  - Physical disability waiver
- The services are designed to help members do things that they would normally do for themselves.

# CDAC (cont.)

- There are two types of CDAC services: unskilled and skilled.
- Unskilled services include help with normal daily activities, such as:
  - Housekeeping.
  - Fixing meals.
  - Shopping.
  - Running errands.
  - Getting dressed/undressed.
  - Getting in and out of the bed.
  - Taking a bath.
  - Scheduling appointments.
- Skilled services are more medical in nature and might include:
  - Monitoring medications.
  - Intravenous therapy.
  - Tube feedings.
  - Catheter care.
  - Colostomy care.
  - Post-surgical nursing care.
  - Recording vital signs.
  - Therapeutic diets.

# CDAC (cont.)

Requirement to become a CDAC provider:

- Complete the CDAC application with the Iowa Medicaid Enterprise (IME):
  - Complete the criminal history and abuse background check.
  - Obtain NPI number (obtained once background check completed).
  - Brain injury waiver providers must complete the online brain injury training course modules one and two within 60 days from the beginning date of service provision.
- Complete team meeting with Amerigroup representative and eligible member authorizing provider to perform services
- CDAC agreement signed and dated with the eligible member

# CDAC provider responsibilities

- Providers are required to keep records of all completed service activities using the *CDAC Daily Services Record Form*.
- Records must be kept for five years and be available to provide if selected to be audited.
  - Failure to maintain and provide adequate records could result in provider refunding payments.

# CDAC billing

- Providers can only be paid for services **after** the CDAC agreement is approved.
- Members are provided a budget for their CDAC services. This budget is defined by DHS.
- Provider rates are determined by the member in agreement with the provider. The rate must be approved by the case manager/service workers within the guidelines of DHS.

# CDAC billing (cont.)

- Providers should bill using the following HCPCS codes:

	Agencies	Individuals
Nonskilled attendant care	S5125	T1019
Skilled attendant care	S5125 with U3 modifier	T1019 with U3 modifier

- Individual providers may submit *Targeted Medical Care Claim* forms to Amerigroup to receive payment. Claims can be submitted as frequently as weekly in the following ways:
  - Via fax to: 1-844-400-3463
  - Via mail to:  
Amerigroup Iowa, Inc.  
Claims Department  
4800 Westown Parkway, Suite 200  
West Des Moines, IA 50266

# CDAC major incident reporting

- When a major incident occurs, CDAC providers are required to report to Amerigroup within 24 hours of the discovery of the incident.
- Examples of a major incident include incidents that:
  - Result in the death of any person.
  - Result in the injury to or by the member that requires a physician's treatment.
  - Require the intervention of law enforcement.
  - Result in a missing member.



# CDAC minor incident reporting

- When a minor incident occurs, CDAC providers are not required to report to the IME, but the incident should be documented following the standard documentation procedures on the *Daily Service Record*.
- Examples of a minor incident include incidents that:
  - Result in the application of basic first aid.
  - Result in bruising.
- Situations that require treatment by a physician or admission to a hospital due to symptoms of an illness, disease process or seizure activities are **not** considered major incidents and should **not** be reported as such.



# Questions



Thank you