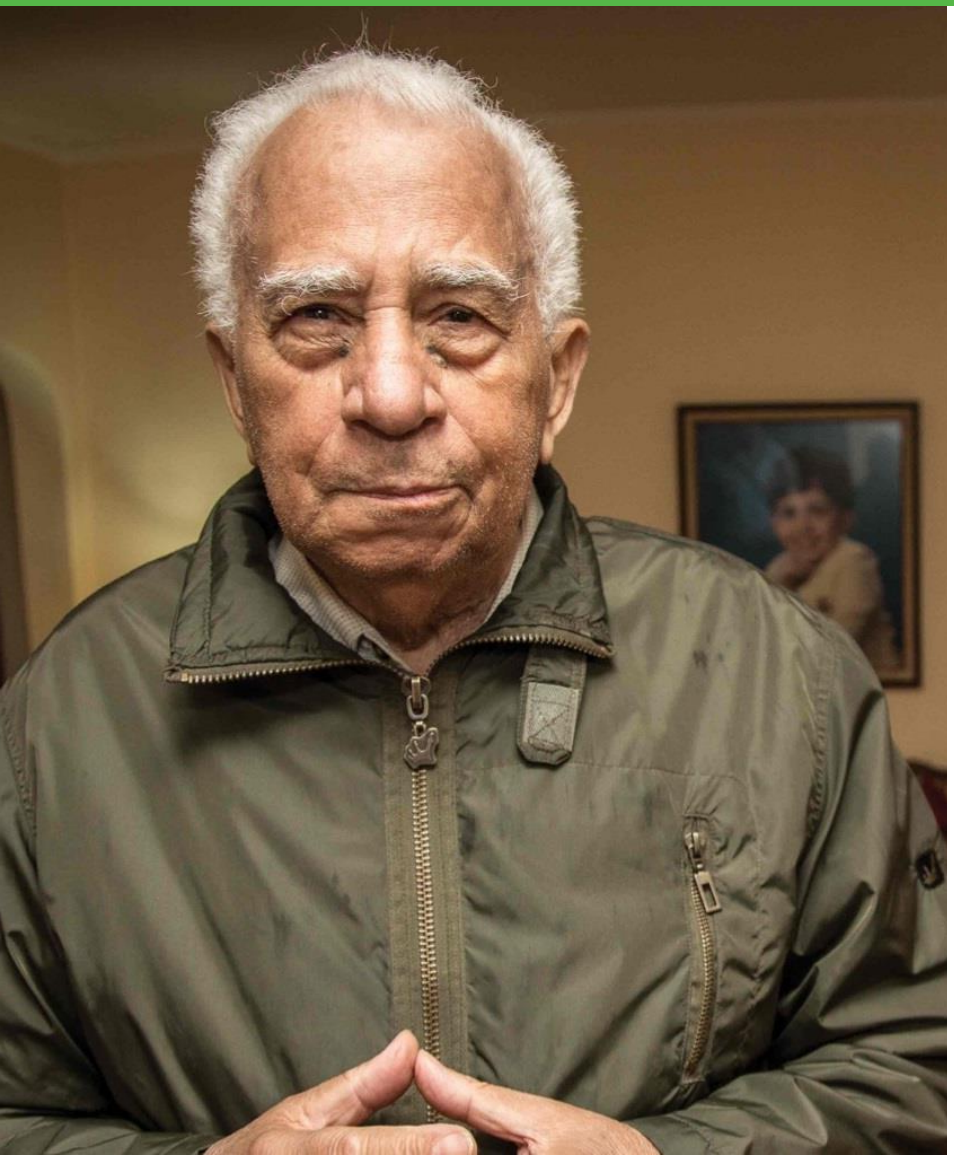
New provider orientation

Welcome

Agenda



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

Introduction to Amerigroup

About Us

- Approximately 5.8 million Medicaid members nationwide
- Operating in 20 states leading provider of heath care solutions for public programs
- Over 16 years providing access to high quality, coordinated care for low-income families, seniors and those with disabilities
- Serving long-term services and support (LTSS) programs in eight states

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 Healthcare Initiative coverage area

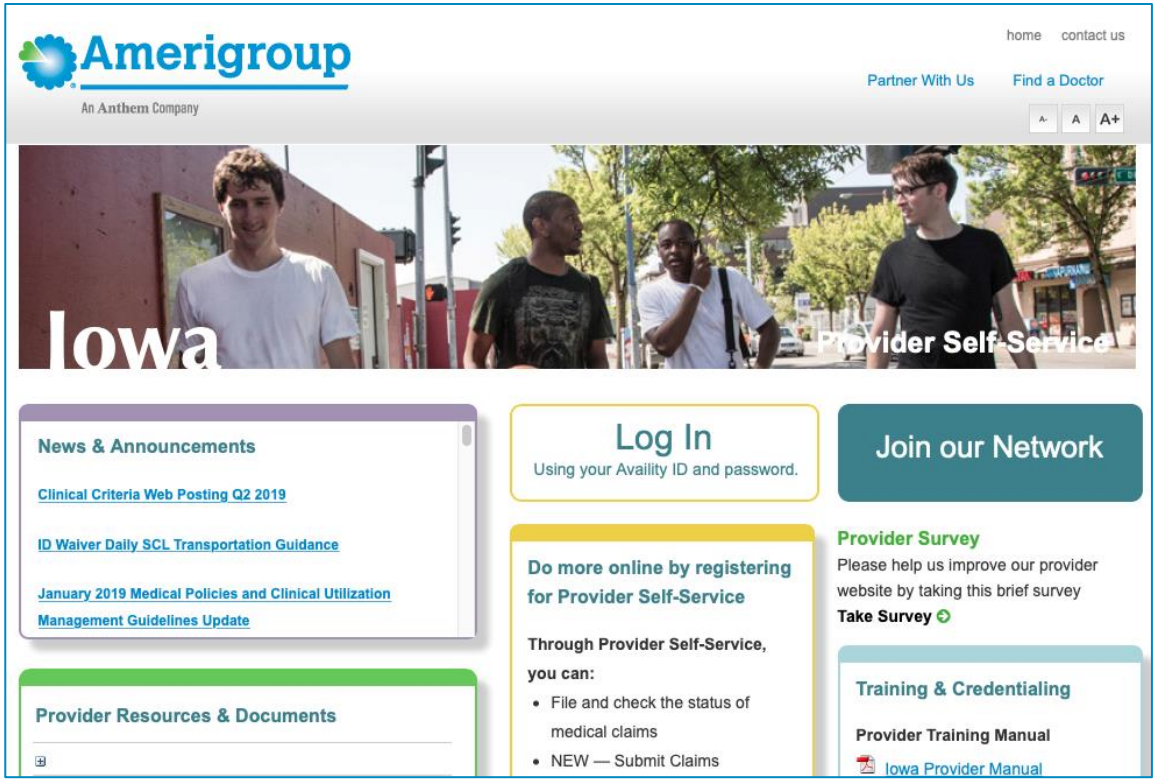
Provider resources

Provider services overview

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

Medicaid provider website

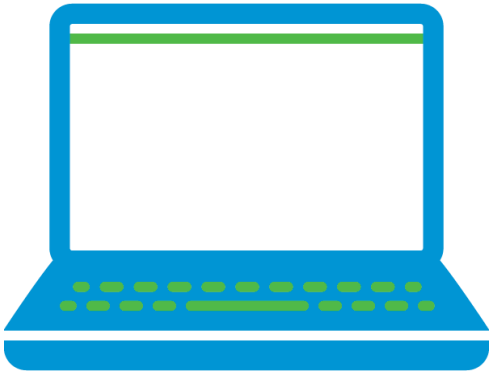
https://providers.amerigroup.com/IA



Public website information

Registration and login not required for access to:

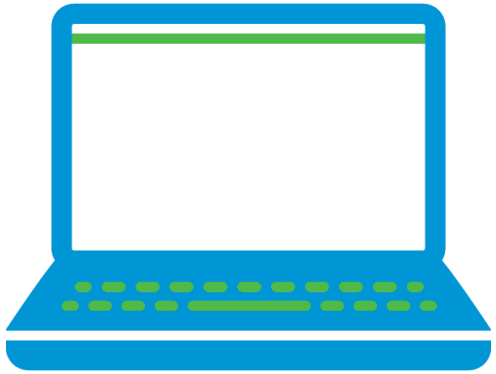
- Claims forms
- Precertification Lookup Tool
- *Provider Manual*
- *Clinical Practice Guidelines*
- News and announcements
- *Provider Directory*
- Fraud, waste and abuse
- Formulary



Secure website information

Registration and login required for access to:

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

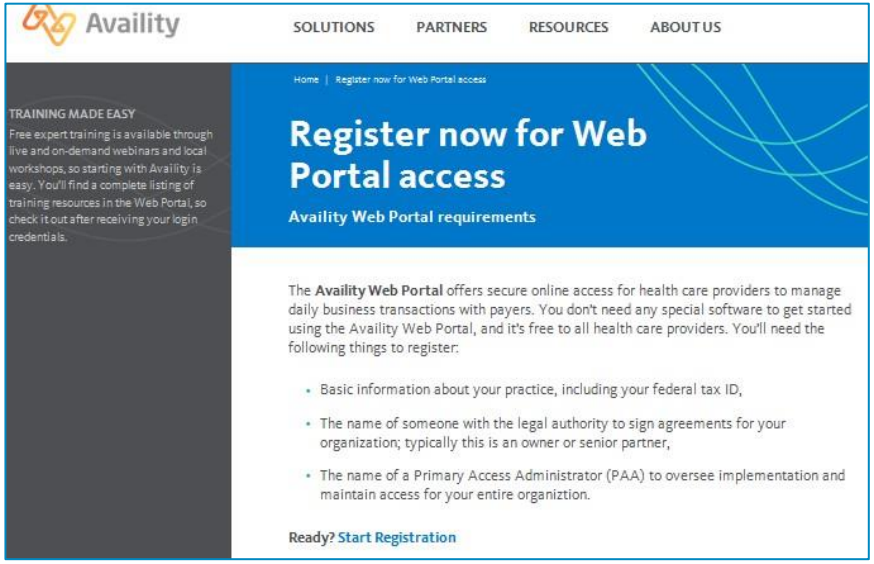


Availity

Multiple payers	Single sign-on with access to multiple payers
No charge	Amerigroup transactions are available at no charge to providers
Accessible	Availity functions are available 24 hours a day from any computer with internet access
User friendly	Standard screen format makes it easy to find the necessary information needed and increases staff productivity
Compliant	Availity is compliant with *HIPAA* regulations
Training	No cost, live, web-based and prerecorded training seminars (webinars) are available to users; FAQ and comprehensive help topics are available online
Support	Availity Client Services is available at 1-800-AVAILITY Monday-Friday from 7 a..m-6 p.m. Central time
Reporting	User reporting allows the primary access administrator (PAA) to track associates' work

Availity (cont.)

- The registration process is easy.
- There are multiple resources and trainings available to support Availity and Amerigroup site navigation.



Electronic payment enrollment

- Get started now. Visit www.caqh.org/eft_enrollment.php for more information and to create your secure account.
- To learn more call, the CAQH EnrollHub Helpline at 1-844-815-9763.
  - Representatives are available Monday-Thursday, 6 a.m. to 8 p.m. CT and Friday from 6 a.m.-6 p.m. CT.

Electronic payment services

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

Providers who enroll for electronic payment services:

- Receive electronic *ERAs* and import the information directly into their patient management or patient accounting system.
- Route 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.

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

- **Paper claims submission**:
  Attn: Claims
  Amerigroup Iowa, Inc.
  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
- Engage providers in quality initiatives
- Provide customer service
- Build and maintain the provider network
- Offer support for provider claims and billing questions and issues

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

Amerigroup on Call

Amerigroup on Call:
1-866-864-2544 (TTY 711); 1-866-864-2545 (Spanish)

- 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.
- 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.

Interpreter and translation services

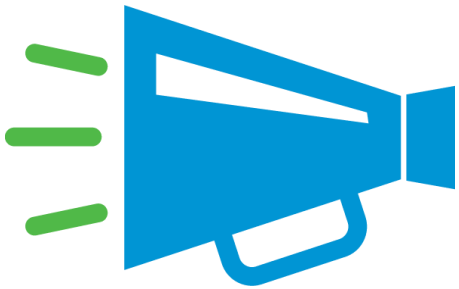
Available 24 hours a day, 7 days a week

Over 170 languages

- Interpreter Services — Provider Services: 1-800-454-3730
- 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

The *Provider Manual* contains key information and resources on:

- Precertification requirements.
- Covered services.
- Member eligibility verification requirements.
- Member benefits.
- Access and availability standards.
- Grievance and appeals process.

Provider roles and responsibilities

- Provide preventive health screenings (for primary care providers)
- Comply with *ADA* standards; do not discriminate against members with mental, developmental and physical disabilities
- Notify Amerigroup of changes including billing address, name, etc.
- Understand and educate members on advance directives
- Comply with *HIPAA* requirements and recordkeeping standards for medical records
- Recommend preventive care services to all members
- Identify behavioral health needs
- Document and bill accurately; avoid fraud, waste and abuse
- Comply with access standards including wheelchair accessibility
- Provide appointment availability and after-hours access

Provider roles and responsibilities (cont.)

- Retain a copy of the member's Amerigroup plan of care on file with the member's records (requirement for assisted living facilities [ALFs] and nursing homes)
- Promote and maintain a homelike environment and facilitate community integration (requirement for ALFs)
- Notify our case managers within 24 hours when a member dies, leaves the facility, moves to a new residence or moves outside the service area or state (requirement for all facility-based providers and home health agencies)
- Participate in the member's Interdisciplinary Care Team, dependent on the member's need and preference (optional)
- Follow all federal rules and regulations as applicable

Key member responsibilities

Amerigroup members have the responsibility to:

- Show their IA Health Link ID card each time they receive medical care.
- Make or change appointments.
- Arrive 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 plan(s) their PCP and 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 be reimbursed for services delivered to Medicaid members, 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 suspected fraud, waste and abuse is a requirement.
  - **External Anonymous Compliance Hotline:** 1-877-660-7890 or amerigroup.silentwhistle.com
  - **Email:** corpinvest@amerigroup.com or obe@amerigroup.com
  - **Website:** https://providers.amerigroup.com/Pages/WFA.aspx

How you can help avoid fraud, waste and abuse:

- Verify the 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, and 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 (CLAS) Standards.

Member benefits and services

Benefits

- Coordination of care
- Initial health assessments (IHAs)
- 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.

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 preventative 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

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

Independent living skills services

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

Claims and billing

Delegated partners

- **Superior Vision Benefit Management, Inc.**
  - Provider Services: 1-866-819-4298
  - Member Services: 1-800-679-8901
- **IngenioRx, Inc.**
  - Prior authorization phone: 1-800-454-3730
  - Prior authorization fax: 1-844-512-9004
- **LogistiCare**
  - Reservations: 1-844-544-1389
  - Ride Assist: 1-844-544-1390

Claims submission

- Clean claims
- Electronic claims
- Paper claims
- Claim forms
- ICD codes
- Filing limits

Claim submission

There are several ways to submit a Medicaid claim:

- **Availity:** https://www.Availity.com
- **Electronically:**
  - Availity payer ID: 26375
  - Emdeon payer ID: 27514
  - Capario payer ID: 28804
  - Smart Data Solutions payer ID: 81273
- **Mail:**
  Attn: Claims
  Amerigroup Iowa, Inc.
  P.O. Box 61010
  Virginia Beach, VA 23466-1010

Note: There is a filing limit of 180 days from the date of service unless otherwise stated in the contract.

Rejected versus denied claims

Providers can find claims status information:

- On the website at https://www.Availity.com.
- By calling Provider Services at 1-800-454-3730.

Should you need to appeal a claim decision, submit a copy of the *EOP*, letter of explanation and supporting documentation.

There are two types of notices you may get in response to your claim submission:	
Rejected	**Denied**
Does not enter the adjudication system due to missing or incorrect information	Goes through the adjudication process but is denied for payment

Grievances and appeals

- Separate and distinct appeal processes are in place for our members and providers, depending on the services denied or terminated.
- 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 denial notification.
- Mail appeals to:
  Attn: Claim Appeals/Correspondence
  Amerigroup Iowa, Inc.
  P.O. Box 61599
  Virginia Beach, VA 23466-1599

Preservice processes

Precertification Lookup Tool online

- You can submit precertification requests online or by fax or phone.
- The tool allows you to search by:
  - Market
  - Member product
  - CPT code
- You can check the status of your request on the website or by calling Provider Services.

Precertification requirements

- Cardiac rehabilitation
- Chemotherapy
- Chiropractic services
- Diagnostic testing
- Durable medical equipment, all rentals (See *Provider Manual* for purchase requirements.)
- Home health
- Hospital admission
- Physical therapy, occupational therapy and speech therapy treatment
- Sleep studies

Utilization Management
1-800-454-3730

Precertification requirements (cont.)

Behavioral health

- Electroconvulsive therapy
- Inpatient psychiatric treatment
- Inpatient substance abuse
- treatment for pregnant women
- Intensive outpatient treatment
- Psychiatric residential treatment
- Partial hospital treatment
- Psychological and neuropsychological testing
- Some community mental health center services

Utilization Management
1-800-454-3730

Pharmacy program

- The *Preferred Drug List* (*PDL*) and formulary are available on our website.
- Prior authorization is required for:
  - Nonformulary drug requests.
  - Brand name medications when generics are available.
  - High-cost injectables and specialty drugs.
  - Any other drugs identified in the formulary as needing prior authorization.

Note: This list is not all-inclusive and is subject to change.

Laboratory services

Notification or precertification is not required if lab work is performed:

- In a physician's office.
- In a participating hospital outpatient department (if applicable).
- By one of our preferred lab vendors.

Note, testing sites **must** have a Clinical Laboratory Improvement Act/Amendments (CLIA) certificate or a waiver.

Access and availability

Nature of visit	Appointment standards
Emergency examinations	Immediate access 24/7
Urgent examinations	Within 24 hours of request
Routine exams	Within 4-6 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 the *Provider Manual* for a complete listing of access and availability standards.

Verifying member eligibility

- Real-time member enrollment and eligibility verification is available 24 hours a day, 7 days a week via our automated voice response system (1-800-338-7752).
- Providers can use the IA Health Link website (https://dhs.iowa.gov/ime/providers) to determine the member's specific benefit plan and coverage.
- Contact Provider Services to verify enrollment and benefits for our members:
  - Phone: 1-800-454-3730, Monday-Friday from 7:30 a.m.-6 p.m. CT
  - Online via Availity Portal: https://www.Availity.com
    - You can also access Availity through our provider website by selecting **Eligibility and Benefits** and selecting the link for Availity.

New member information

New members will receive the following:

- Iowa Medicaid ID state card (if applicable)
- Amerigroup member ID card
- Iowa Member Handbook
- Access to the *Provider Directory*

Balance billing

- Balance billing is not permitted.
- Notification and authorization prior to providing noncovered services is required.

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

Disease management programs are available for the following conditions:

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

Member referral: 1-888-830-4300

Additional information

Credentialing process

- To become a participating Amerigroup provider, you must be enrolled in the Iowa Medicaid program and hold an unrestricted license issued by the state.
- You must also comply with the Amerigroup credentialing criteria and submit all additionally requested information.
- To initiate the process, complete and submitted a CAQH application, an Iowa Universal Credentialing Application or an Amerigroup Application with all required attachments.

Practice Profile Update Form

- Practice and provider name
- Site, billing/remit, email address, phone and fax number
- Tax ID (a new signed contract is required)
- Add or term provider
- NPI and Medicaid numbers
- Initiate the Council for Affordable Quality Healthcare (CAQH) numbers for new providers

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:** for those who have been diagnosed with AIDS or HIV
- **Brain Injury Waiver program:** for those that have been diagnosed with a brain injury; members must be at least one month old
- **Children's Mental Health Waiver program:** for children who have been diagnosed with serious emotional disturbance
- **Elderly Waiver program:** for elderly persons (at least 65 years of age)
- **Health and Disability Waiver program:** for persons who are blind or disabled
- **Intellectual Disability Waiver program:** 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:** for persons who have a physical disability determination; applicant must be at least 18 years of age, but less than 65 years of age
- **Habilitation Services Waiver:** assists 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

Upon enrollment with Amerigroup:

- LTSS services are authorized until a new comprehensive needs assessment is completed or up to a year in the absence of a completed assessment.
- Members receiving LTSS are 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 are not 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 (cont.)

- Amerigroup extends 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 facilitates 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.

Continuity of Care – LTSS (cont.)

- Amerigroup members using a residential provider at the time of enrollment have continued access to that residential for up to two years, even on a non-network basis. Members cannot be made to move to another residential provider unless the following conditions are met:
  - The member or his/her representative specifically requests to transition.
  - The member or his/her representative provides written consent to the move, based on quality or other concerns raised by Amerigroup.
- Any Amerigroup issues regarding the current residential provider's rate of reimbursement or contracted vs. noncontracted status are not grounds for moving a member to another residential provider.

Nursing facilities

- Authorization must be in place prior to services being rendered.
- If the member leaves the facility, notification to the Amerigroup case manager is requested.
- Custodial claims can be billed with revenue codes:
  - 0120: room-board/semi private
  - 0190: subacute care general classification
- Bed-hold claims can be billed with revenue code 0185 (hospital bed-hold) to let Amerigroup know that a member has left understanding that it is a nonreimbursable in Iowa.

Nursing facilities (cont.)

Ventilator dependent members

- It is important that nursing facilities accurately indicate when the criteria for skilled needs include ventilator care for at least six hours a day.
- Members in nursing facilities that meet criteria for skilled and ventilator care receive a special rate.
- To receive accurate claim payment for ventilator care, providers must include an applicable diagnosis code that indicates ventilator dependency including:
  - Z99.11: dependence on ventilator
  - J95.850: mechanical complication of ventilator
  - J95.851: ventilator associated pneumonia
  - J95.859: other complications of ventilator

Preadmission Screening and Residential Review (PASRR)

- Prior to admission to a nursing facility and any time there is a significant change in status, members receive a PASRR by the state or its designee.
- Amerigroup works with the state or its designee responsible for implementation and oversight of the PASRR process.
- The PASRR process must be completed prior to a facility admission.

PASRR (cont.)

- Members entering a nursing facility must have a completed level I PASRR screening tool.
  - If positive, Amerigroup will ensure the level II evaluation is completed by the state mental health and/or developmental authority.
- If the level II evaluation determines the member requires specialized services, our community-based case manager ensures the nursing facility complies with federal PASRR requirements and all applicable state laws governing admission, transfer and discharge policies to provide, or arrange to provide, specialized services.

PASRR (cont.)

- A copy of all PASRR documentation (e.g., level I screening tool and level II evaluation, if required) are maintained in the member's electronic medical record in our clinical management system.
- Our community-based case manager monitors members in accordance with contract visits and inform members of their right to return to the community.
- The community-based case manager educates members on the available settings and ensures members have the option to receive home and community-based services (HCBS) in more than one residential setting appropriate to their needs.

Client participation/member liability

- Some members have a member liability, also referred to as client participation, which must be met before Medicaid reimbursement for services is available.
- The Iowa Department of Human Services (DHS) is responsibile for determining the member liability amount. This includes a portion of members eligible for Medicaid on the following bases:
  - Members in an institutional setting
  - 1915(c) HCBS waiver enrollees

Client participation/member liability (cont.)

- Through the DHS eligibility and enrollment files, the state notifies Amerigroup of any applicable member liability amounts. This information is made available to providers. Providers arerequired to collect this amount from the member.
- Providers bill gross/full charges. Amerigroup adjudicates the claim and deducts the member liability amount. In the event the sum of any applicable third-party payments and a member's financial participation equals or exceeds the reimbursement amount established for services, Amerigroup does not make a payment to the provider.

Things that slow down authorizations

Things that slow down authorizations:	Solution:
Submitting an authorization request: • Without the Amerigroup member ID number • With the member's name spelled incorrectly • Without the member's date of birth	Always include the: • Member's Amerigroup subscriber ID number. • Member's name (spelled correctly). • Member's date of birth.
Submitting an authorization request with missing date spans	Always include first and last date through which you are requesting the authorization request, not to exceed 12 months.
Submitting an authorization request missing the provider ID	Make certain that the provider ID is always included on the authorization request.
Sending the entire list of Amerigroup members instead of sending ONLY the members who need a new authorization	Please only send those members for whom an authorization is required.

ia health link Amerigroup

Things that slow down authorizations (cont.)

Things that slow down authorizations:	Solution:
Nursing facility requests a copy of the authorization when a copy has already been sent to the nursing facility's home office or nursing facility does not send a copy of the authorization to DHS	Nursing facilities should coordinate authorization requests with their home offices, and also send a copy to the DHS.
Facility does not provide notification when the member transfers to another facility or is discharged In this case, the new facility requests an authorization when we still show the member as being in the original facility.	Send notification when a member leaves a nursing facility or transfers to another facility.
Submitting an authorization request that has illegible handwriting	Ensure that the authorization request is legible.
Submitting an authorization request that does not contain a contact phone or fax number	Ensure that the authorization request has a phone or fax number to facilitate a return of the authorization and clarifications as necessary.

ia health link Amerigroup

Things that slow down authorizations (cont.)

Things that slow down authorizations:	Solution:
Submitting an authorization request with a provider name that is not consistent with the provider name indicated on the contract and credentialing application	Please be sure the authorization request is in the legal name as represented on the contract.
Call to our utilization managers with claim issues	Call your Provider Relations representative for assistance with claims issues or questions.
A home health agency or PCO provider requests an authorization for services at home when we show the member as still being in the nursing facility	Please send notification when a member leaves the nursing home.

Questions

Thank you!

IAProviderQuestions@amerigroup.com


ia health link
Amerigroup