

Provider Newsletter

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

January 2021



Want to receive
the *Provider Newsletter* via email?

Click [here](#) to provide/update your email address.

Table of Contents

New year message from
Teresa Hursey Page 2

Medicaid:

Our all-new provider site is here! Page 3

Claims Status Listing and
Remittance Inquiry updates for
atypical providers Page 4

Population Health's Disease
Management Program Page 5

Updates to AIM Specialty Health
Cardiac Clinical Appropriateness
Guidelines Page 6

Medical drug Clinical Criteria
updates Page 6

*Medical Policies and Clinical
Utilization Management
Guidelines* update Page 7

Medicare Advantage:

2020 Medicare risk adjustment
provider trainings Page 9

Updates to AIM Specialty
Health Clinical Appropriateness
Guidelines Page 10

SNF admission reporting
requirements for D-SNP plans Page 11

New year message from Teresa Hursey

Thank you for your service to our members. I know the past year has been a difficult one for all of us. This public health emergency has tested us and we have responded in ways far too numerous to list. New Jersey has been one of the most heavily impacted states in terms of the spread of COVID-19. In response to this crisis, our partners at the Department of Human Services have demonstrated real leadership in marshalling the Medicaid program's resources. Working together, we have devoted our efforts to ensure care for our members continues uninterrupted. Now more than ever, our members rely on our ability to respond when the normal public health infrastructure has been disrupted. Your close partnership in these efforts has been invaluable.

This emergency has endured far longer than anyone would have liked and has forced us to consider new approaches and technologies to deliver care. While originally these adaptations were necessary to stabilize the healthcare system, they will ultimately transform it. This moment in time represents an opportunity for innovation in care delivery. Our north star in these discussions is to always consider how these new approaches may impact the quality of care. Using evidence-based medicine to drive the right care, at the right time and in the most proper setting should be foundational to everything we do.



Now more than ever, our members rely on our ability to respond when the normal public health infrastructure has been disrupted. Your close partnership in these efforts has been invaluable.



The holiday season is a time to reflect and remember those we may have lost to this dreadful virus. It is also a time to be with family and friends, however we must remain ever vigilant to guard against any future spread of infection. Our ability to gather in groups will be limited for some time, but we must still try to combat social isolation where we can with a simple phone call or personal note in lieu of an in-person visit. Social isolation can negatively impact a person's health and is particularly common among seniors. One of my to-dos during this holiday season is to catch up with friends and extended family as well as my fellow Amerigroup Community Care associates in this fashion. I hope that you can also find time to strengthen the bonds of our personal connections during this holiday season.

In closing, we greatly value your partnership and all the work you do. On behalf of Amerigroup, we wish you, your staff and your families happy holidays and the very best for the coming year!

Warm regards,

Teresa Hursey, President
Amerigroup Community Care

NJ-NL-0499-20

Medicaid

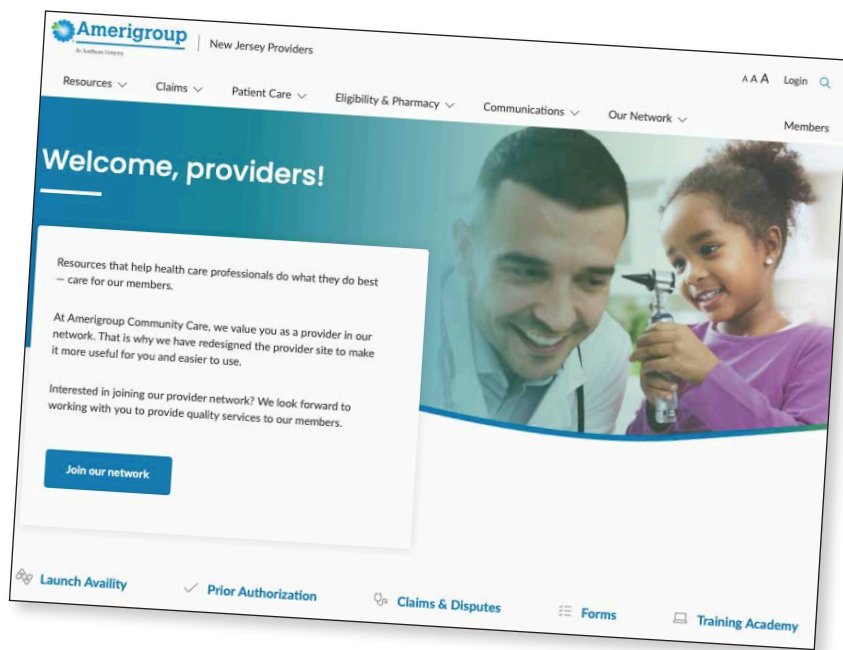
Our all-new provider site is here!

At Amerigroup Community Care, we value you as a provider in our network. That's why we've redesigned the **provider website** to make it more useful for you

Amerigroup conducted an extensive research project in 2018 and 2019 to redefine our provider website experience. We engaged physicians, clinical team members and office/administration in multiple research activities including:

- Interviews and surveys.
- Card sorting and topical content exercises.
- Usability and user testing.
- Focus groups.

Based on the feedback we received, we have reorganized the site in a way that makes sense to providers and their teams.



Features of the new site:

- **Navigation:** Our new design simplifies how you navigate to the information you need most.
- **User-friendly design:** You now have access to a provider site that streamlines your work, keeps you up to date more than ever before and provides critical information.
- **Secure portal:** Easy access and support to the secure portal (Availity).*
- **Provider Training Academy:** The Provider Training Academy is the hub of all your training needs. You can find resources, training schedules and much more. We are adding self-paced educational videos and tools all the time so please check back often.

If you have questions or would like to see an overview of our **new provider website**, please reach out to your Provider Relations representative.

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

NJ-NL-0345-20

Claims Status Listing and Remittance Inquiry updates for atypical providers

Atypical providers may now use the **Claims Status Listing** and **Remittance Inquiry** tools on **Payer Spaces** at <https://www.availity.com> using a State Medicaid ID.


The Remittance Inquiry tool has been updated to allow atypical providers to search for remittances using the date range search option. Enhancements to the Claims Status Listing tool allows atypical providers to view a list of claims. Both tools now have a State Medicaid ID search capability.

How to access the tool

From the Availity* home page, select Payer Spaces > Amerigroup Community Care payer tile.

Claim Status Listing:

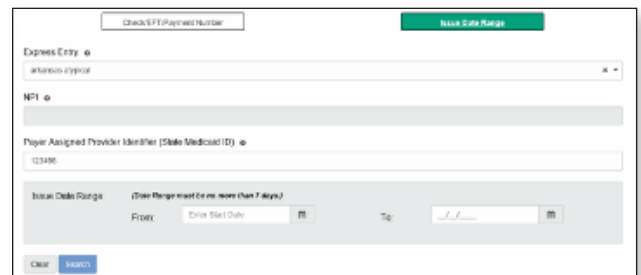
- Select Applications > Claims Status Listing.
- Choose the organization name > TIN.
- Choose your provider from the *Express Entry* drop-down box. If the selected provider has been designated as atypical, the NPI field will gray out and the **Payer Assigned Provider Identifier (State Medicaid ID)** field will be populated.



- Enter **Dates of Service (DOS)** to search (a 30-day date span can be searched at one time > select **Search**).
- View a list of your claims that fall within the search criteria entered.

Remittance Inquiry:

- Select Applications > Remittance Inquiry.
- Choose the organization name > TIN.
- Choose your provider from the *Express Entry* drop-down box. If the selected provider has been designated as atypical, the NPI field will gray out and the **Payer Assigned Provider Identifier (State Medicaid ID)** field will be populated.



- Enter Dates of Service (DOS) to search (a seven-day date span can be searched at one time).
- Select **Search**.
- View a list of your remittances that fall within the search criteria entered.
Note: A provider must first be designated as atypical through the Express Entry process.

If you need further assistance, go to <https://www.availity.com> > **Help & Training** to submit an electronic support ticket or initiate online chat, or contact **1-800-AVAILITY (282-4548)**.

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

NJ-NL-0459-20

Population Health's Disease Management Program

Population Health's Disease Management Program is designed to support providers in caring for patients with chronic health care needs. Amerigroup Community Care provides members enrolled in the program with continuous education on self-management, assistance in connecting to community resources, and coordination of care by a team of highly qualified professionals whose goal is to create a system of seamless health care interventions and communications.



Population Health's Disease Management Program case managers provide support to members with:

- Asthma.
- Bipolar disorder.
- COPD.
- Diabetes.
- Congestive heart failure.
- Coronary artery disease.
- HIV/AIDS.
- Hypertension.
- Major depressive disorder — adults.
- Major depressive disorder — children and adolescents.
- Schizophrenia.
- Substance use disorder.

Our case managers use member-centric motivational interviewing to identify and address health risks, such as tobacco use and obesity, to improve condition-specific outcomes. Interventions are rooted in evidence-based clinical practice guidelines from recognized sources. We implement continuous improvement strategies to increase evaluation, management and health outcomes.

For more information on our program and how to refer an Amerigroup member for this program, please visit our [website](#).

Your input and partnership is valued. Once your patient is enrolled in the Population Health's Disease Management Program, you will be notified by the case manager assigned.

We look forward to working with you.

NJ-NL-0486-20

Updates to AIM Specialty Health *Cardiac Clinical Appropriateness Guidelines*

Effective for dates of service on and after March 14, 2021, the following updates will apply to the AIM Specialty Health®* (AIM) *Advanced Imaging of the Heart and Diagnostic Coronary Angiography Clinical Appropriateness Guidelines*.

Evaluation of patients with cardiac arrhythmias:

- Updated repeat transthoracic echocardiography (TTE) criteria.
- Added restrictions for patients whose initial echocardiogram shows no evidence of structural heart disease, and follow-up echocardiography is not appropriate for ongoing management of arrhythmia.

Evaluation of signs, symptoms or abnormal testing:

- Added restrictions for TTE in evaluation of palpitation and lightheadedness based on literature.

Diagnostic coronary angiography:

- Updated criteria to evaluate patients with suspected congenital coronary artery anomalies.

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

- Access the AIM **ProviderPortalSM** directly.
 - 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.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7:00 a.m. to 7:00 p.m. CT

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



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

NJ-NL-0470-20

Medical drug *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**.

NJ-NL-0473-20

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

Please submit your questions to **email**.

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 (*) denote that the criteria may be perceived as more restrictive.

- MED.00134 — Non-invasive 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 and 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 21, 2020. To view AIM guidelines, visit the AIM [page](#):
 - Interventional Pain Management (See August 16, 2020, version.)*
 - Chest Imaging (See August 16, 2020, version.)*
 - Oncologic Imaging (See August 16, 2020, version.)*

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 21, 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 our members on September 24, 2020. These guidelines take effect December 21, 2020.



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

NJ-NL-0474-20



Medicare Advantage



Updates to AIM Specialty Health *Cardiac Clinical Appropriateness Guidelines*

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

NJ-NL-0470-20/AGPCRNL-0143-20

Claims Status Listing and Remittance Inquiry updates for atypical providers

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

NJ-NL-0459-20

2020 Medicare risk adjustment provider trainings

The Medicare Risk Adjustment Regulatory Compliance team at Amerigroup Community Care offers two provider training programs regarding Medicare risk adjustment and documentation guidelines. Information for each training is outlined below.



Medicare risk adjustment and documentation guidance (General)

- **Series:** Offered the first Wednesday of each month from 1 p.m. to 2 p.m. ET*
- **Learning objective:** This onboarding training will provide an overview of Medicare risk adjustment, including the risk adjustment factor and the hierarchical condition category (HCC) model, with guidance on medical record documentation and coding.
- **Credits:** This live activity, Medicare risk adjustment and documentation guidance, from January 8, 2020 to December 2, 2020, has been reviewed and is acceptable for up to 1 prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To learn how providers play a critical role in facilitating the risk adjustment process, register for one of the monthly training sessions at <https://bit.ly/2TYMgbn>.

** Note: Dates may be modified due to holiday scheduling.*

Medicare risk adjustment, documentation and coding guidance (Condition specific)

- **Series:** Offered the third Wednesday of each month from 1 p.m. to 2 p.m. ET
- **Learning objective:** This training series will provide in-depth disease information pertaining to specific conditions, including an overview of their corresponding hierarchical condition categories (HCC), with guidance on documentation and coding.
- **Credits:** This live series activity, Medicare risk adjustment documentation and coding guidance, from January 15, 2020 to November 18, 2020, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity

For those interested in the following training topics, please register at <https://bit.ly/2lgxDO9>.

- Red flag HCCs
- Neoplasms
- Acute, chronic and status conditions
- Diabetes mellitus and other metabolic disorders
- Coinciding conditions in risk adjustment models

** Note: Enter the password provided, and the recording will play upon registration.*

Please note that the original training events have been modified due to a transition within WebEx as of August 1, 2020. The date and time of the events have not changed but the program link and invitation detail have been updated. Previously registered participants will need to re-register for a training event using the updated registration link(s) provided in this announcement.

AGPCRNL-0152-20

Updates to AIM Specialty Health *Clinical Appropriateness Guidelines*

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.

AGPCRN-0140-20

Advanced Imaging

Several updates apply to the AIM Specialty Health®* *Clinical Appropriateness Guidelines for Advanced Imaging* for claims with dates of service on and after March 14, 2021.



AGPCRN-0141-20



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

- Access the AIM *ProviderPortal*_{SM} directly.
 - 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.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7:00 a.m. to 7:00 p.m. CT

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

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



SNF admission reporting requirements for D-SNP plans

Dual Eligible Special Needs Plans (D-SNPs) are Medicare Advantage plans that enroll Medicare beneficiaries who also have Medicaid coverage. To be approved by CMS, a D-SNP must enter into an agreement with a state's Medicaid agency.

In an effort to address greater coordination between D-SNPs and state Medicaid agencies, Congress mandated more specific care coordination requirements for D-SNPs in the *Bipartisan Budget Act (BBA) of 2018*, and CMS adopted rules that take effect on January 1, 2021.* In its guidance to states, CMS indicates that D-SNPs must have:

"...a contract with the state that specifies a process for notifying the state, or the state's designee(s), of hospital or skilled nursing facility (SNF) admissions for at least one designated group of high-risk individuals, for the purpose of care coordination of Medicare and Medicaid covered services during a transition of care. The state Medicaid agency must establish the timeframes and method(s) by which notice is provided."

As a result, all of the D-SNP contracts under Amerigroup Community Care have been updated to include Admission, Discharge, and Transfer (ADT) notification requirements for both hospitals and skilled nursing facilities (SNFs) in our 2021 D-SNP contracts. These ADT notifications will be required within 24 hours of occurrence and must be shared with the state's Medicaid agency and/or member's Medicaid MCO.

To assist in timely notification and improved coordination, please promptly notify Amerigroup upon awareness of admission beginning January 1, 2021. Please note, this reporting requirement does not impact your claim submission or processing.

* See CMS Informational Bulletin: *Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements for State Medicaid Agency Contracts with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) for Contract Year 2021*.
<https://www.medicaid.gov/federal-policy-guidance/downloads/cib111419-2.pdf>

AGPCRNL-0155-20