

April 2021

<https://provider.amerigroup.com/TN>

Provider Services:

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



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# Provider NewsBlast

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## COVID-19 information from Amerigroup Community Care

Amerigroup Community Care is closely monitoring COVID-19 developments and how it will impact our customers and provider partners. Our clinical teams are actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and Tennessee Department of Health to help us determine what action is necessary on our part.

For additional information, reference the COVID-19 section of our [website](#).

TNPEC-3531-20-A

## TennCare pharmacy program — 90-day prescription

**Reminder:** The TennCare pharmacy program allows for a 90-day supply to be dispensed due to COVID-19. Amerigroup Community Care wants to ensure that our members have uninterrupted access to medications during the COVID-19 threat. Temporary procedures have been deployed by TennCare to ensure that the members continue to receive their medications in this time of crisis.



Effective since April 1, 2020, TennCare temporarily extended its day supply to allow all maintenance medications to be dispensed for up to a 90-day supply:

- Exceptions: Opioids and other controlled medications.

To help make certain that Amerigroup members have adequate medication coverage, please prescribe maintenance medications for a 90-day supply.

Additional useful resources:

- Links to TennCare pharmacy auto-exempt and attestation lists. Maintenance medications on this list will process for 90-day supply:
  - [TennCare AutoExempt List](#)
  - [TennCare Attestation List](#)
- Link to TennCare guidance:
  - [TennCare pharmacy program](#)

TN-NB-0429-21

## Diagnosis code overrides

In an effort to assist TennCare prescribers and providers, prior authorization (PA) requirements can be bypassed for certain medications when specific medical conditions exist. Those specific medications and diagnoses are on the [Appropriate Diagnosis for PA Bypass](#) document. Prescribers are encouraged to include the applicable diagnosis code on written prescriptions for inclusion on the electronic pharmacy claim. The submitted claim should include a Diagnosis Code Qualifier (Field # 492- WE) of **02**, indicating ICD-10, as well as the appropriate Diagnosis Code (Field # 424-DO).

**Note:** A list of the preferred agents and the *Clinical Criteria* can also be found on the [OptumRx website](#).

Please contact OptumRx\* Provider Liaisons at [tnrxeducation@optum.com](mailto:tnrxeducation@optum.com) if you have additional questions.

\* OptumRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Amerigroup Community Care.

TN-NB-0428-21

## New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after **April 1, 2021**, the following specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* will be included in our medical step therapy prior authorization review process. Step therapy review will apply upon precertification initiation or renewal, in addition to the current medical necessity review of all drugs noted below.

Below are the *Clinical Criteria* that have been updated to include the requirement of a preferred agent effective **April 1, 2021**.

The *Clinical Criteria* are made publicly available on the Amerigroup Community Care provider website. Specific criteria can be found [online](#).

<i>Clinical Criteria</i>	Status	Drug name	HCPCS code
ING-CC-0002	Preferred	Neulasta	J2505
ING-CC-0002	Preferred	Udenyca	Q5111
ING-CC-0002	Non-preferred	Fulphila	Q5108
ING-CC-0002	Non-preferred	Ziextenzo	Q5120
ING-CC-0002	Non-preferred	Nyvepria	J3590

TNPEC-3723-20

## Medical drug benefit *Clinical Criteria* updates

### December 2020

On December 18, 2020, and December 22, 2020, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the **medical drug benefit** for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits.



**Read more online.**

Visit our [Clinical Criteria website](#) to search for specific policies. For questions or additional information, reach out via [email](#).

TN-NB-0430-21

## Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* linked 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 prior authorization requirements have not changed.



**Read more online.**

TN-NB-0419-21



## Prior authorization requirements

### Reduction mammoplasty

Effective May 1, 2021, prior authorization (PA) requirements will change for code 19318.

#### PA requirements will be added to the following:

- Reduction mammoplasty (19318)

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Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services 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>\*
- Fax: **1-800-964-3627**
- Phone: **1-800-454-3730**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted and noncontracted providers on our provider website (<https://provider.amerigroup.com/tn> > Resources > Precertification Lookup Tool). Providers may also call us at **1-800-454-3730** for PA requirements.

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



## COVID-19 information from Amerigroup Community Care

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

TNPEC-3531-20-A

## Medical drug benefit *Clinical Criteria* updates

### November 2020

On June 18, 2020, August 21, 2020, and November 20, 2020, the Pharmacy and Therapeutics (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits. Visit the [Clinical Criteria website](#) to search for specific policies.

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



**Read more online.**

Visit our [Clinical Criteria site](#) to search for specific policies. For questions or additional information, reach out via [email](#).

AGPCRNL-0168-21

## Oncology Dose Reduction Program beginning July 1, 2021

Amerigroup Community Care is committed to being a valued healthcare partner in identifying ways to achieve better health outcomes, lower costs and deliver access to better healthcare experiences for consumers.

Effective for dates of service on or after July 1, 2021, providers for our Medicare Advantage plan members covered by Amerigroup will be asked in selective circumstances to voluntarily reduce the requested dose to the nearest whole vial for over 40 oncology medications, listed below. Reviews for these oncology drugs will continue to be administered by the reviewing company, either AIM Specialty Health®\* or IngenioRx.\*



**Read more online.**

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

AGPCRNL-0171-21



## In-Office Assessment program

The IOA program is designed to help providers ensure that all active conditions are continuously being addressed and documented to the highest level of specificity for all Medicare Advantage plan patients of providers participating in the program. This program is designed to help improve all patient quality of care (preventive medicine screening, managing chronic illness and prescription management), as well as care for older adults when generated for a Special Needs Plan member.

If you are interested in learning about the electronic modalities available, contact your representative or the Optum\* Provider Support Center at **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. ET.

### Success stories

Below are some achievements that Amerigroup Community Care was able to accomplish with provider groups through the IOA program:

- As a result of leveraging different types of resources offered by the IOA program (for example, technology), providers' offices were able to see an increase in staff productivity.
- Providers who have taken advantage of the IOA program resources have seen an increase in their documentation and coding accuracy.

### COVID-19 update

Amerigroup knows this is a difficult time for everyone, as the situation continues to evolve each day. Amerigroup has considered the severity of the situation and is following CDC Guidelines. For the IOA program, all nonessential personnel are required to work with provider groups telephonically/electronically until further notice.

Amerigroup continues to evaluate the situation and guidelines, and will keep you notified of any changes.

### Dates and tips to remember:

- To review their population as soon as possible, Amerigroup strongly encourages participating providers to deliver and continually maintain proper care management, as well as care coordination of their patient population. This will further ensure the current and active conditions that impact patient care, treatment and/or management are continually addressed.
- At the conclusion of each office visit with the patient, providers participating in the IOA program are asked to complete and return a patient assessment. The assessment should be completed based on information regarding the patient's health collected during the office visit. Participating providers may continue to use the 2021 version of the assessment for encounters that take place on or before December 31, 2021; Amerigroup will accept the 2021 version of the assessment for 2021 encounters until midnight January 31, 2022.
- If not already submitted, participating providers are required to submit an **Account Setup Form, W-9** and completed **direct deposit enrollment** by March 31, 2022. Participating providers should call the Optum Provider Support Center at **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. ET, if they have any questions regarding this requirement. Failure to comply with this requirement will result in forfeiture of the provider payment for submitted 2021 assessments, if applicable.

### Questions

If you have questions about this communication, the IOA program or COVID-19 updates, contact your representative or the Optum Provider Support Center at **1-877-751-9207**, Monday through Friday, from 8 a.m. to 7 p.m. ET.

*\* Optum is an independent company providing pharmacy benefit management services on behalf of Amerigroup Community Care.*

AGPCRNL-0170-21

## Long-Term Services and Supports (LTSS)

### Tips on recruiting through social media

#### Are you struggling to find ways to recruit new staff into your company?

According to a 2019 survey, 14% of job-seeking people report they found a job through social media. People often surf social media to gain insight on a specific job title or find information about a particular company.

#### How long has it been since you last updated your company website?

Questions to ask:

- Is my website user friendly?
- Do I have a place for prospective job candidates to apply?
- Are there videos that portray my company as a great place to work?
- Is it possible to include real-life staff and members on my website?



If you post applications and job postings on other sources, such as Indeed, be sure to link your company website on the application so that potential candidates can view your web page and see all of the opportunities available. Be sure to share photos of events and recognitions to help display the culture of your company.

Here are some great articles for recruitment strategies:

- [Five ways to find and attract talent during COVID-19](#)
- [Ten recruiting strategies for hiring great employees](#)

If you need help with recruitment ideas, reach out to our Workforce Development team via our Workforce Development Director, Joy Dalton:

- Email: [WorkforceDevelopment@amerigroup.com](mailto:WorkforceDevelopment@amerigroup.com)
- Phone: **1-615-210-2673**

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### TennCare CHOICES Member Advocate Corner/Spotlight

#### Did you know the TennCare CHOICES (CHOICES) Advisory Board Meetings are now held virtually?

These meetings are a great way to let our supported individuals' voices be heard on what they like about the program, as well as share what barriers, needs or issues they feel should be addressed. We also provide education regarding the CHOICES program, as well as share important information about valuable community resources.

The Advisory Board Meetings are not only for individuals receiving services through CHOICES, but also for our providers, who we highly encourage to attend. The virtual CHOICES Advisory Board meetings are a wonderful educational opportunity for any individual or provider who may not have been able to attend or participate in the past due to transportation barriers. We hope you can attend one of our upcoming meetings! Please find the dates below to save space on your calendar.



**Second quarter virtual Advisory Board Meeting schedule is as follows:**

- East — Thursday, June 24, 2021
- Middle — Thursday, June 3, 2021
- West — Thursday, June 17, 2021

The CHOICES Advisory Board Meetings are facilitated by the member advocates.

For additional information on how to attend/participate, please contact the member advocate in your region:

- East — Carol Kapnick at **1-423-680-2264** or [carol.kapnick@amerigroup.com](mailto:carol.kapnick@amerigroup.com)
- Middle — Amanda Akers at **1-615-854-2255** or [amanda.akers@amerigroup.com](mailto:amanda.akers@amerigroup.com)
- West — Pamela Poston at **1-901-481-7342** or [pamela.poston@amerigroup.com](mailto:pamela.poston@amerigroup.com)

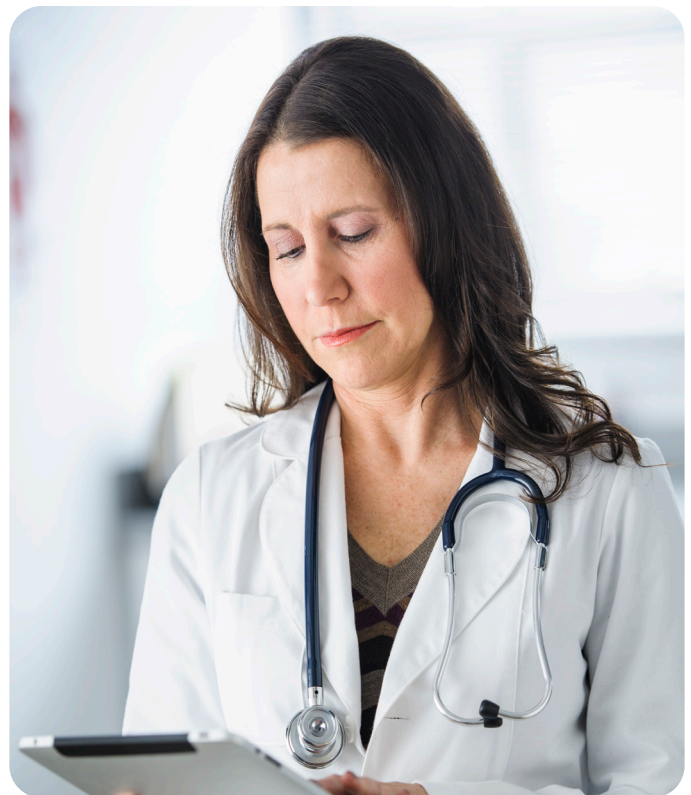
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**Reinstatement of timely filing and claims submission for Employment and Community First CHOICES**

Upon implementation of the Employment and Community First CHOICES (ECF CHOICES) program in 2017, timely filing was waived to allow providers time to become familiar with the new program and services offered. On January 12, 2021, the Division of TennCare notified the MCOs, who in turn notified providers, of the reinstatement of timely filing and claims submissions for services provided in the ECF CHOICES program. ECF CHOICES providers are expected to comply with all timely filing requirements by July 1, 2021. If you have any outstanding claims questions, please reach out to your Provider Relations representative.

The memo sent out by the Division of TennCare can be viewed on our [website](#).

TN-NB-0437-21



## Electronic visit verification reminders and best practices

In an effort to provide ongoing education and training to providers to work toward electronic visit verification (EVV) compliance, we wanted to offer a few EVV reminders and best practices:

- Compliance reporting should be ran regularly to ensure you are aware of your compliance scores.
- Use the Library tab on your provider dashboard to access helpful job aids.

Second-day appointment requests should be submitted via the request authorization button, available through the individual's profile.

### EVV overlapping visits education

Social Security numbers (SSNs) in CareBridge:\*

- CareBridge was enhanced to capture each worker's SSN, effective July 1, 2019. A nine-digit valid SSN is required for each active employee.



- Invalid SSNs such as 111-11-1111 or 123-45-6789 are not allowed.
- Daily visit information will be shared across MCOs to allow visibility of overlapping SSNs confirmed on scheduled visits.
- The aggregation of this information will assist in detecting overlapping visits, which we will work together to address. In instances of suspected overlap, we may request additional information for further analysis.
- Effective August 2020, CareBridge was updated to add additional layers of social security validation and to disallow the entry of the same SSN across multiple active employees.

*\* CareBridge is an independent company providing long-term services and supports on behalf of Amerigroup Community Care.*

### MCO key approach

When an overlap in visits is identified:

- Each MCO will work with the provider agency and each other to address the overlap pertaining to their assigned individual.
- In some cases, it will be imperative to provide documentation of the SSN that has been entered into the system.
- Each MCO will work with their Provider Relations team and Special Investigation Units (SIU) to address cases that are suspected to be fraudulent.

The MCOs will work together with the provider agency, Provider Relations and SIU teams to identify fraud, waste and abuse. Cases that are found to be fraudulent can and will result in corrective action, including but not limited to re-education and recoupment.

### Helpful tips when scheduling across MCOs:

- Schedulers should ensure they are identifying instances in which the same worker is scheduled to service two individuals for a time that overlaps.

## Electronic visit verification reminders and best practices (cont.)

- Workers may service two individuals in the same home enrolled with the same or different MCOs; however, the times should not overlap. Notify the MCO immediately when authorization errors are identified.

### Mindful tips:

- Be mindful that, although there are no rules against a worker being employed with multiple provider agencies, it is fraud if a worker intentionally overlaps visits.
- Clean up is now occurring to identify and enforce correction of all invalid SSNs currently in the EVV platform. Manager profiles should only be created for employees not performing care. If the manager will also perform hands-on care, a caregiver profile is required (profile must include a valid SSN).

### Updated manual confirmation reason codes job aid overview

Effective September 15, 2020, the EVV platform was updated to include enhanced manual confirmation reasons. This update will impact all manual confirmation submissions for all services. The manual confirmation process will include new reasons for selection and new requirements for documentation, depending on the reason selection. Timesheets will still be required for all manual confirmation submissions without compliant check-ins/-outs.

### Updated provider username types

Effective November 19, 2020, a provider employee update was released. This update will change the requirements for manager user records and will allow for a new user type of meal delivery. There are no changes affecting the requirements for caregiver users.

### LMV reporting

All late/missed visit (LMV) reporting is due on or before the due date listed in the email sent with the spreadsheet. Failure to return the requested

information on or before the due date can result in the information being reported to the Division of TennCare as **Provider did not respond**. Providing incomplete and inaccurate information as well as not responding can and will lead to the provider being placed on a corrective action plan (CAP). To ensure that the EVV team has the most updated email address, please send any changes, additions and/or removals from the distribution list to [tn1ltcevvcs@amerigroup.com](mailto:tn1ltcevvcs@amerigroup.com).

### Staffing verification

It is the expectation of Amerigroup Community Care that at a minimum, providers should have at least one full-time staff person devoted to electronic visit verification (EVV) system monitoring, including after hours and weekends, if an individual is scheduled to receive care, plus two staff persons fully trained and knowledgeable of the EVV system and its functionality. Use of this system is compulsory by providers administering home- and community-based services (HCBS) to individuals already receiving services through Amerigroup.

The EVV representative will need to know the following information from the provider when verifying staffing:

- Caregiver name
- Caregiver arrival time
- Why one of the preferred methods was not used (device, bring your own device [BYOD] or interactive voice response [IVR])
- Any issue as to why the caregiver is not using the preferred methods

Please note: Providing the scheduled start window does not suffice as the actual time the caregiver arrived.





## Electronic visit verification reminders and best practices (cont.)

### Reporting tablet/IVR issues and concerns

Caregivers are the first line of sight into technology issues that may affect their ability to check in/out appropriately. It is imperative that we are provided with as much information as possible to allow a prompt and effective resolution. Submit the following information via the manual confirmation (if applicable) or the EVV team mailbox (tn1ltcevvcs@amerigroup.com):

- What method is being used?
- What is the error message?
- What steps/guidance did the provider perform?

In the event that there are connectivity issues, the caregiver is too late or early for the visit, or the visit has not been created (flex) or populated, caregivers should be instructed to check in/out of all appointments. The system will inform them that their ***check in has been saved. However, no matching visit record was found. A manual confirmation will need to be initiated at a later time to tie this check in to a visit.*** In this scenario, the caregiver has done everything needed to check in/out successfully. The check-in/-out has been saved for the provider's site administrator to attach the check-in/-out to a manual confirmation. If a stored check-in/-out is attached to a manual confirmation, it does not count against your compliance scores.

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative, call Provider Services at **1-800-454-3730** or email our EVV mailbox at [tn1ltcevvcs@amerigroup.com](mailto:tn1ltcevvcs@amerigroup.com).

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