

2023 Provider Digital Engagement Supplement

Purpose

The purpose of this supplement is to establish the standards for using secure digital provider platforms (websites) and applications when transacting business with Amerigroup. These platforms and applications are accessible to both participating and nonparticipating providers and encompass [Availity.com](https://www.availity.com), electronic data interchange (EDI), electronic medical records (EMR) connections and business-to-business (B2B) desktop integration. This supplement is applicable to Amerigroup for commercial, Federal Employee Program®, Medicaid, and Medicare members. The products include medical, behavioral health, dental, and vision.

In support of this digital supplement, the following efficiencies have been documented as industry averages per the annual *Council for Affordable Quality Healthcare, Inc. (CAQH®)*

Average, Minimum and Maximum Provider Time Spent Conducting Transactions, Dental, 2021 CAQH Index					
Transaction	Mode	Average Time Providers Spend per Transaction (minutes)	Min Time Providers Spend per Transaction (minutes)	Max Time Providers Spend per Transaction (minutes)	Average Time Savings Opportunity (minutes)
Eligibility and Benefit Verification	Manual	12	2	30	10
	Partial	8	1	19	6
	Electronic	2	<1	4	
Claim Submission	Manual	6	1	15	4
	Electronic	2	<1	5	
Claim Status Inquiry	Manual	17	3	40	14
	Partial	7	1	16	4
	Electronic	3	<1	6	
Claim Payment	Manual	5	1	10	2
	Electronic	3	<1	5	
Remittance Advice	Manual	5	1	12	3
	Partial	5	1	10	3
	Electronic	2	<1	5	
Total Time Savings Opportunity (Manual)					33
Total Time Savings Opportunity (Partial)					13

CORE Efficiency Index Study.¹

1. <https://www.caqh.org/sites/default/files/explorations/index/2021-caqh-index.pdf>

* Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan. Carelon Behavioral Health, Inc. is an independent company providing utilization management services on behalf of the health plan. Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

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

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

Coverage provided by Amerigroup Inc.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
TXAGP-CDCRMMP-023336-23-CPN21196

Supplement statement

This supplement outlines the digital platforms Amerigroup has available to participating and nonparticipating providers who serve its members. The expectation of Amerigroup is based on our contractual agreement that providers will use these digital platforms and applications, unless otherwise mandated by law or other legal requirement. The electronic transaction applications are accessed through these platforms:

- **Availity.com** including EDI transaction gateway, B2B application programming interfaces (APIs), and EMR connections.

This supplement addresses the following processes and transactions:

- Acceptance of digital ID cards
- Eligibility and benefit inquiry and response
- Prior authorization submissions including updates, attachments, authorization status, and clinical appeals
- Claim submission, including attachments, claim status and disputes (except for disputes in CO, CA, and NV)
- Remittances and payments
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It is preferred that these digital applications are used when they are available and in markets where they are not available as they are implemented:

- Provider enrollment
- Demographic updates
- Pharmacy prior authorization drug requests
- Services through Carelon Medical Benefits Management, Inc.* (formerly AIM Specialty Health[®])

Services through Carelon Behavioral Health, Inc.* (formerly Beacon Health) Amerigroup expects that all providers transacting any functions and processes above will use available electronic self-service applications in lieu of manual channels (paper, mail, fax, call, chat, etc.). **Availity.com** provides access to all Amerigroup self-service applications across all electronic channels outlined above. All digital channels are consistent with industry standards.

Access to all Amerigroup digital applications and capabilities is available on **Availity.com**. Access Availity Essentials* to learn more about available EDI, B2B API and EMR connection options. For administration simplification standard transaction requirements visit <https://tinyurl.com/mthpk96p>.

Note: As a mandatory requirement, all trading partners must currently transmit directly to the Availity EDI gateway and have an active Availity Trading Partner Agreement in place. This includes providers using their practice management software & Clearinghouse/ Billing vendors.

Providers who do not transition to digital applications will experience delays when using non-digital methods such as mail, phone, and fax for transactions that can be conducted using digital applications.

Section I

Accepting digital ID cards

As our members transition to electronic member ID cards (in some markets), providers may need to implement changes in their processes to accept this new format. Amerigroup expects that providers will accept the electronic version of the member identification card in lieu of a physical member identification card when presented by members who are transitioning to digital cards. If providers require a copy of a physical member identification card, members can email a copy of the electronic member ID card from their phone application, or providers can access it directly from [Availity.com](https://www.availity.com) through the Eligibility and Benefits Inquiry application.

Section II

Eligibility and benefits inquiry and response

Providers should leverage these Availity Essentials hosted channels for electronic eligibility and benefit inquiry and response:

- EDI transaction: X12 270/271 — eligibility inquiry and response (version 5010):
 - Amerigroup supports the industry standard X12 270/271 transaction set for eligibility and benefit inquiry and response as mandated by *HIPAA*.
- [Availity.com](https://www.availity.com):
 - The Eligibility and Benefits Inquiry verification application allows a provider to key an inquiry directly into an online eligibility and benefit look-up form with real-time responses.
- Provider desktop integration via B2B APIs:
 - Amerigroup has also enabled real-time access to eligibility and benefit verification APIs that can be directly integrated within participating vendors' practice management software, revenue cycle management software and some EMR software. Contact Availity Essentials for available vendor integration opportunities at [Availity.com](https://www.availity.com).

Section III

Authorizations

Prior authorization submission, attachment, status, and clinical appeals.

Providers should leverage these channels for prior authorization submission, status inquiries and to submit electronic attachments related to prior authorization submissions on

[Availity.com](https://www.availity.com):

- EDI transaction: X12 278 — prior authorization and referral (version 5010):
 - Amerigroup supports the industry standard X12 278 transaction for prior authorization submission and status inquiry as mandated per *HIPAA*.
- EDI transaction: X12 275 — patient information, including HL7 payload (version 5010) for authorization attachments:
 - Amerigroup supports the industry standard X12 275 transaction for electronic transmission of supporting authorization documentation including medical records via the HL7 payload.
- [Availity.com](https://www.availity.com):
 - Authorization applications include the Availity Essentials multi-payer Authorization and Referral application and the Interactive Care Reviewer

(ICR) for authorization submissions not accepted through Availity Essentials' multi-payer application.

- Both applications enable prior authorization submission, authorization status inquiry and the ability to review previously submitted authorizations.
- Provider desktop integration via B2B APIs:
 - Amerigroup has enabled real-time access to prior authorization APIs, which can be directly integrated within participating vendors' practice management software, revenue cycle management software and some EMR software. Contact Availity Essentials for available vendor integration at [Availity.com](https://www.availity.com).

Section IV

Claims: submissions, attachments, and status

Claim submissions status and disputes

Providers should leverage these channels for electronic claim submission, attachments (for both pre- and post-payment) and status from [Availity.com](https://www.availity.com):

- EDI transaction: X12 837 — professional, institutional, and dental claim submission (version 5010):
 - Amerigroup supports the industry standard X12 837 transactions for all fee-for-service and encounter billing as mandated per *HIPAA*.
 - 837 Claim batch upload through EDI allows a provider to upload an entire batch/file of claims (must be in X12 837 standard format).
- EDI transaction: X12 276/277 — claim status inquiry and response (version 5010):
 - Amerigroup supports the industry standard X12 276/277 transaction set for claim status inquiry and response as mandated by *HIPAA*.
- Availity Essentials: The Claims & Payments application enables a provider to key a claim directly into an online claim form and upload supporting documentation for a defined claim.
 - Claim Status application enables a provider to access online claim status Claim Status also enables online claim disputes in most markets and for most claims. It is the expectation of Amerigroup that electronic claim disputes are adopted when and where it is integrated.
- Provider desktop integration via B2B APIs:
 - Amerigroup has also enabled real-time access to claim status via APIs, which can be directly integrated within participating vendor's practice management software, revenue cycle management software and some EMR software. Contact Availity Essentials for available vendor integration at [Availity.com](https://www.availity.com).

Claim attachments

Providers should leverage these channels for electronic claim attachments from [Availity.com](https://www.availity.com):

- EDI transaction: X12 275 — patient information, including HL7 payload attachment (version 5010):
 - Amerigroup supports the industry standard X12 275 transaction for electronic transmission of supporting claims documentation including medical records via the HL7 payload.
- Availity Essentials — Claim Status application enables a provider to digitally submit supporting claims documentation, including medical records, directly to the claim.

- Digital Request for Additional Information (Digital RFAI)– the Medical Attachments* application on [Availity.com](https://www.availity.com) enables the transmission of digital notifications when additional documentation including medical records are needed to process a claim.

* The Medical Attachments application registration enables digital claim notifications.

Section V

Remittances and payments electronic funds transfer

Like payroll direct deposit that most businesses offer their employees, electronic funds transfer (EFT) uses the automated clearinghouse (ACH) network to transmit healthcare payments from a health plan to a healthcare provider’s bank account. Health plans can use a provider’s banking information only to deposit funds, not to withdraw funds. Amerigroup expects providers to accept payment via EFT in lieu of paper checks.

Providers can register, enroll, and manage account changes for EFT through EnrollSafe, <https://enrollsafe.payeehub.org>. EnrollSafe enrollment eliminates the need for paper registration. EFT payments are deposited faster and are generally the lowest cost payment method. For help with enrollment, email use this convenient [EnrollSafe User Reference Manual](#).

To facilitate quicker reimbursement for providers who have not enrolled in EFT, Amerigroup may move paper checks to a virtual card payment method. Virtual cards allow physicians and facilities to process payments as credit card transactions.

Using the same Trace Identifier Segment (TRN) helps to match the payment to the correct remittance advice — a process called reassociation. Health plans are required to input the X12 835 TRN segment into Field 3 of the *Addenda Record of the CCD+Addenda*. The TRN segment in the *Addenda Record of the CCD+Addenda* should be the same as the TRN segment in the associated ERA that describes the payment.

Electronic remittance advice

Providers should leverage these channels for electronic remittance advice (ERA) on [Availity.com](https://www.availity.com):

- EDI transaction: X12 835 — ERA (version 5010)
 - Amerigroup supports the industry standard X12 835 transaction as mandated per *HIPAA*.
- The Remittance Inquiry application, which provides a downloadable digital version (pdf) of the paper remittance. The application is located on Availity Payer Spaces.



Email is the quickest and most direct way to receive important information from Amerigroup.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/39gKLNm>).

