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New provider orientation

Introduction

This presentation covers:

- An overview of the provider website, how to register for tools and where the self-service tools and resources are located.
- Member enrollment.
- Provider responsibilities, including:
  - Prevention of fraud, waste, and abuse.
  - Credentialing.
  - Cultural competency.
  - Translation services.
  - Access and availability standards.
  - Reporting critical incidents.

Introduction (cont.)

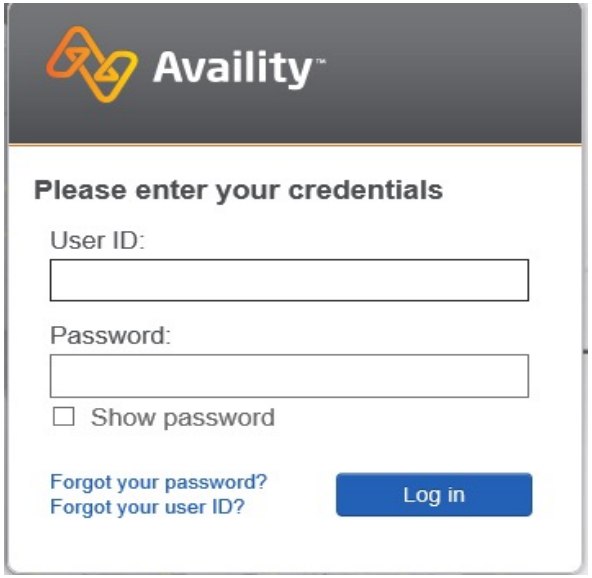
This presentation covers:

- Prior authorization (PA) guidelines.
- Claims submission.
- Disputes, grievances, and appeals.
- Provider support including:
  - Disease management programs.
  - Quality management programs.
  - Community involvement.
  - A Provider Experience consultant.

Self-service tool through Availity

Tools available on the Availity Portal:*

- Administration functions, such as registering new users and assigning business roles
- Claims and encounters status inquires
- Claims and encounters submissions
- Claim payment disputes
- Eligibility and benefits
- *Explanations of Payment (EOPs)/ Explanations of Benefits (EOBs)*
- PA requests and checking PA statuses
- Reimbursement policies
- Chat function with Provider Services



A direct link to the provider self-service website is also available on Availity.

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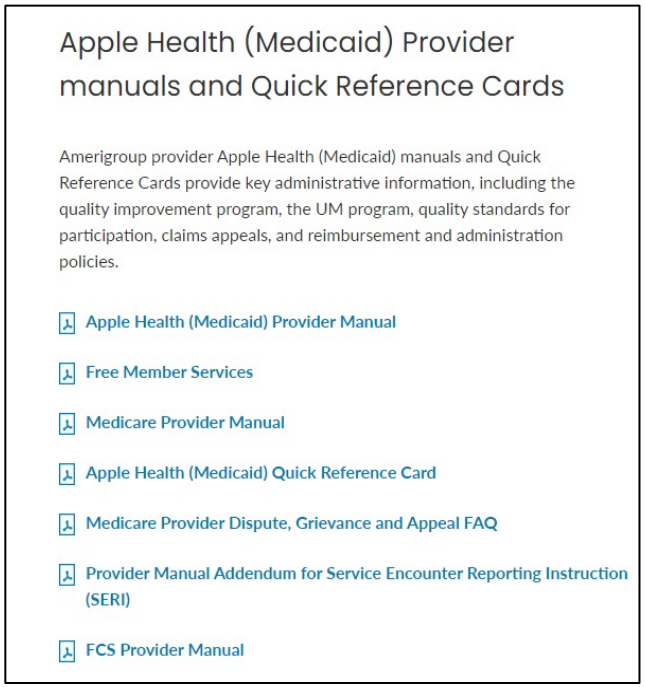
Provider manual

The provider manual is located on our provider website.

Topics covered in the provider manual include:

- Provider types.
- Access and availability standards.
- Provider procedures, tools, and support.
- Tools to help you manage members' needs.
- Covered services for members.
- PA processes.
- Quality management.
- Provider grievances and payment dispute procedures.
- Claim submission.



Apple Health (Medicaid) Provider manuals and Quick Reference Cards

Amerigroup provider Apple Health (Medicaid) manuals and Quick Reference Cards provide key administrative information, including the quality improvement program, the UM program, quality standards for participation, claims appeals, and reimbursement and administration policies.

- Apple Health (Medicaid) Provider Manual
- Free Member Services
- Medicare Provider Manual
- Apple Health (Medicaid) Quick Reference Card
- Medicare Provider Dispute, Grievance and Appeal FAQ
- Provider Manual Addendum for Service Encounter Reporting Instruction (SERI)
- FCS Provider Manual

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Provider responsibilities

- Providers should review both member and provider responsibilities, which are detailed in the provider manual.
- Amerigroup Washington, Inc. designed our policies to comply with the *Americans with Disabilities Act*.
- Providers are required to remove existing barriers and accommodate the needs of members with disabilities. Examples of removing preventable barriers include:
  - Ensuring street-level access to facilities.
  - The existence of elevators or accessible ramps in or within the facility.
  - Access to a restroom that can accommodate a wheelchair.
  - Access to an examination room that can accommodate a wheelchair.
  - Reserved, clearly marked parking for people with disabilities (unless there is street-side parking).

Provider responsibilities (cont.)

For a complete summary of provider responsibilities, reference the provider manual. Below are a few important areas to highlight:

- Discussing an advance directive with members (See slide 12.)
- Reminders for both assigned PCPs and members to make preventive care appointments
- Ensuring members receive services without discrimination
- The importance of notifying Amerigroup when reaching a full panel or no longer accepting new patients/members
  - To send notification, email the Amerigroup Provider Data Management team at waopsrequest@amerigroup.com.

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General member rights

Members have the right to:

- Receive easy-to-read notices and have program materials explained or interpreted.
- Receive timely information about the health plan.
- Receive courteous, prompt answers from the health plan and the Health Care Authority (HCA).
- Be treated with respect.
- Have their privacy protected by the HCA, the health plan and its providers.
- Receive information about all medical and behavioral health (BH) services covered by Apple Health.
- Access the *Amerigroup Member Handbook*.

General member rights (cont.)

Members have the right to:

- Choose their health plans and PCPs from available health plans and contracted networks.
- Receive proper medical care consistent with the Apple Health member handbook and without discrimination regarding health status or conditions, gender, ethnicity, race, marital status, or religion.
- Get all medically necessary covered services and supplies listed in the Apple Health schedule of benefits (subject to the limits, exclusions and cost-sharing described in the Apple Health member handbook).

For a complete summary of members' rights, reference the provider manual.

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General member responsibilities

Members and/or their enrolled dependents have the responsibility to:

- Understand Apple Health.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals (to the degree possible).
- Supply information, to the extent possible, that the organization and its practitioners and providers need in order to provide care.
- Accurately and promptly report changes that may affect premiums or eligibility, such as address changes or changes in family status or income, and submit the required forms and documents.
- Work with Amerigroup to help get any third-party payments for medical care.

General member responsibilities (cont.)

Members and/or their enrolled dependents have the responsibility to:

- Choose a PCP before receiving services. (Members can receive BH services prior to and without referral from PCP.)
- Notify Amerigroup about any outside sources of healthcare coverage or payments, such as insurance coverage for accidents.
- Notify all their providers about medical problems and ask questions about things they do not understand.
- Decide whether to receive treatments, procedures, or services.
- Seek medical services from (or coordinated by) PCPs, except in emergencies or in the cases of referrals.
- Member's rights and responsibilities

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Advance directives

- Members have the right to use advance directives to put their healthcare choices in writing. They may also name someone to speak for them if the member is unable to speak.
- Washington state law has three kinds of advance directives:
  1. **Durable power of attorney for healthcare** names someone to make medical decisions for the member if they are not able to make their own decisions.
  2. **Directive to physicians (living will)** tells doctors what a member does or does not want to happen if a terminal condition arises or if the member becomes permanently unconscious.
  3. **Mental health advance directive** describes a member's directions and preferences for mental health treatment, including identification of an agent to make decisions on the member's behalf, when they are having difficulty communicating and/or making decisions.

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Physician Orders for Life-Sustaining Treatment

A *Physician Orders for Life-Sustaining Treatment* (*POLST*) order:

- Allows a seriously ill patient to express end-of-life treatment wishes.
- Provides security for the patient and the physician so the wishes of the patient are carried out.

The *POLST* form must be signed by the patient and the attending physician, nurse practitioner, or physician assistant.

Fraud, waste, and abuse

- Ways to prevent fraud, waste, and abuse:
  - Verify the member's identity.
  - Ensure services are medically necessary.
  - Document medical records completely and bill accurately.
- If you suspect or witness fraud, waste, or abuse, report it immediately. Providers can report anonymously on our website at the bottom of the page, or contact their Provider Experience consultant.

Credentialing

- Providers must be credentialed to be contracted with Amerigroup, unless they fall under the exception list.
- OneHealthPort or Council for Affordable Quality Healthcare, Inc. (CAQH) coordinates credentialing in the state of Washington.
- Providers can complete their application and submit all required documents at One Health Port at https://www.onehealthport.com
- Recredentialing occurs every three years.
- Visit the (CAQH) portal to self-report credentialing information.
- Notify our Provider Data Management team at waopsrequest@amerigroup.com if you have any changes in licensure, demographics, or participation status.

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Credentialing (cont.)

- It is the provider's responsibility to maintain good standing on their credentialing status.
- Amerigroup will proactively notify providers in advance of credentialing expiration; however, Amerigroup will not be responsible for the lapse of the credentials.
- The *Group Set Up Form* and *Practice Profile Update Form*, are located on our website > Resources > Forms.

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Provider digital enrollment

Digital Provider Enrollment is live as of May 1, 2021

Who can use this new tool?

Professional providers whose organizations do not have a credentialing delegation agreement with Amerigroup may use this new tool.

Note: Providers who submit via roster or have delegated agreements will continue to use the process currently in place.

Provider digital enrollment (cont.)

What does the tool provide?

- The ability to add new providers to an already existing group
- The ability to apply and request a contract. After review, a contract can be sent back to you digitally for an electronic signature. This eliminates the need for paper applications or paper contracts.
  - Enroll a new group of providers
  - Enroll as an individual/solo provider
  - Add a provider to an already existing group
- A dashboard for real-time status on the submitted applications
- Streamlined, complete data submission

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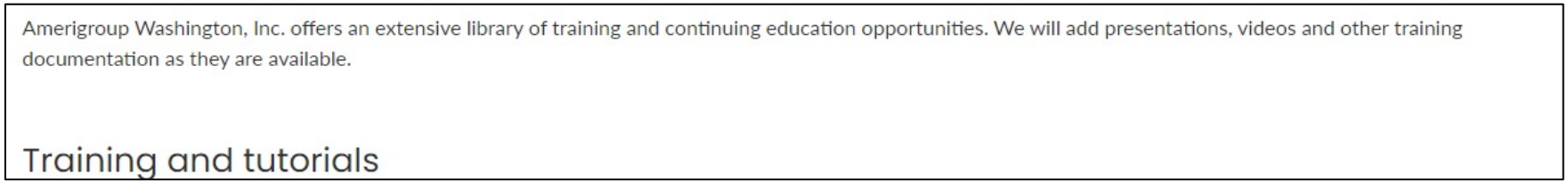
Provider rosters

- To support with proper claims reimbursement, it is essential to notify Amerigroup about any demographic and/or roster changes prior to 45 days of the specified change.
- Submit all provider adds, changes, and terminations to Provider Data Management (waopsrequest@amerigroup.com) by using the WA provider master roster.
  - This master roster is used by all Managed Care Organizations and is approved by the HCA.
  - Do not alter columns of the master roster. Please follow the instructions on the initial tab of the master roster.

Training academy

- We have a training academy site on our provider page that provides training and links for the following:
  - Interactive Care Review training
  - HEDIS® provider coding education
  - Monthly Availity training
  - Yearly Apple Health provider training
  - And much more
- Visit our new training academy.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



Provider newsletters and provider updates

- Amerigroup sends provider newsletters monthly, which include policy updates, billing education, updates within the organization, and more.
- Amerigroup occasionally sends provider updates in addition to the provider newsletter.
- Sign up for provider newsletters and provider updates by completing the appropriate form and submitting the request via email.

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Amerigroup Town Hall

- Amerigroup hosts a quarterly Town Hall meeting for our network providers.
- Each quarterly session will cover important topics such as claim system updates, PA, disputes and appeals, and more.
- Network providers are given the opportunity to ask any questions.
- Attendees should consist of:
  - Provider Agency leadership
  - Operations leadership and billing staff
  - Patient account representatives
- Sign up for the quarterly sessions online.

Cultural competency

Amerigroup expects providers and their staff to gain and continually increase their skills/knowledge around cultural competency and sensitivities to diverse cultures. Cultural competency includes:

- Providing effective care and services for all people while taking into account each person's values and linguistic needs.
- Removing cultural barriers in a healthcare setting. In doing so, providers can increase a member's comfort level significantly.

We're excited to make our cultural competency training program available to providers on our website.

Translation services

- Amerigroup uses Universal Language Services* (an HCA-contracted interpreter service) for translation services.
- They are available 24 hours a day, 7 days a week and cover over 170 languages.
- Contact Universal Language Services at **888-462-0500** or **425-454-8072** or visit their website.
- The HCA collaborates with the Office of the Deaf and Hard of Hearing (ODHH) for sign language services.
- Request sign language interpreters through the Department of Enterprise Services (DES) Office of Deaf and Hard of Hearing (ODHH) master contract utilizing the online request system.

Access and availability standards

PCPs are required to abide by the following HCA standards to ensure access to care for our members:

- Phone service for members must be 24 hours a day, 7 days a week. A 24-hour phone service may be used. The service may be answered by a designee such as an:
  - On-call physician.
  - Nurse practitioner with physician backup.
- A provider (or another physician) must be available to provide medically necessary services.
- It is not acceptable to automatically direct the member to the emergency department (ED) when the PCP is not available.
- Follow the referral/PA guidelines. This is a requirement for covering physicians.

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Access and availability standards (cont.)

- We encourage PCPs to offer after-hours office care in the evenings and on Saturdays.
- Amerigroup conducts annual phone surveys to verify provider appointment availability and after-hours access standards are met. Providers will be asked to participate in this survey each year.
  - If you do not meet the standards, your organization will be placed on corrective action until you become compliant with the HCA standards previously outlined.

Access and availability standards for physical health providers

PCPs are required to abide by the following standards to ensure **physical health** access to care for our members:

Type of care	Standard
Emergency	Immediately treat or refer to ED
Urgent care	Within 24 hours
Nonurgent sick care	Within 10 calendar days
Routine or preventive care	Within 30 calendar days
Transitional healthcare by a PCP	Shall be available for clinical assessment and care planning within seven calendar days of discharge from inpatient or institutional care for physical or BH disorders or discharge from a substance use disorder treatment program

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Access and availability standards for BH providers

PCPs are required to abide by the following standards to ensure **BH** access to care for our members:

Type of care	Standard
Emergency	Immediately treat or refer to ED
Non-life-threatening emergency	Treat within six hours or refer to ED
Urgent care	Within 24 hours of referral
Nonurgent sick care (routine)	Within 10 calendar days
Routine or preventive care	Within 30 calendar days

Member ID card samples

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www.myamerigroup.com/WA

Washington Apple Health
Behavioral Health Services Only (BHSO)

Amerigroup covers behavioral health services only. Medical and long-term care service are not covered. Please see member's medical ID card(s) for additional information.

Effective Date:
Date of Birth:
Subscriber #:

Member Name:

Medicaid or CHIP ID Number:

Member Services and Behavioral Health:

Crisis Hotline:

24-hour Nurse HelpLine:

MEMBERS: Please carry this card at all times. Show it before you get behavioral health care. You don't need to show it before you get emergency care. In an emergency, call 911 or go to the nearest emergency room. If you have questions, call Member Services at 1-800-600-4441 (TTY 711).

MIEMBROS: Lleve esta tarjeta con usted en todo momento. Muéstrela para recibir cuidado de la salud del comportamiento. No necesita mostrarla para recibir cuidados de emergencia. En caso de emergencia, llame al 911 o acuda a la sala de emergencias más cercana. Si tiene alguna pregunta, llame a Servicios al Miembro al 1-800-600-4441 (TTY 711).

HOSPITALS: Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.
PROVIDERS: Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730.

SUBMIT BEHAVIORAL HEALTH CLAIMS TO:
AMERIGROUP • PO BOX 61010 • VIRGINIA BEACH, VA 23466-1010

USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.
EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.

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www.myamerigroup.com/WA

Washington Apple Health + Behavioral Health

Effective Date:
Date of Birth:
Subscriber #:

Member Name:
Medicaid or CHIP ID Number:
Primary Care Provider (PCP):
PCP Telephone #:
PCP Address:
Clinic/Group:
Vision:
Member Services and Behavioral Health:
Crisis Hotline:
24-hour Nurse HelpLine:
Pharmacy Member Services:

MEMBERS: Please carry this card at all times. Show it before you get medical care. You do not need to show it before you get emergency care. In 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 (TTY 711).

MIEMBROS:

HOSPITALS: Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.
PROVIDERS: Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-833-207-3121.
PHARMACIES: Submit claims using Express Scripts RXBIN: 020107; RXPCN: CM; RXGRP: WKHA. Help for pharmacists, call 1-833-253-4453.

SUBMIT CLAIMS TO:
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010

USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.
EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.

WA0X 1/19

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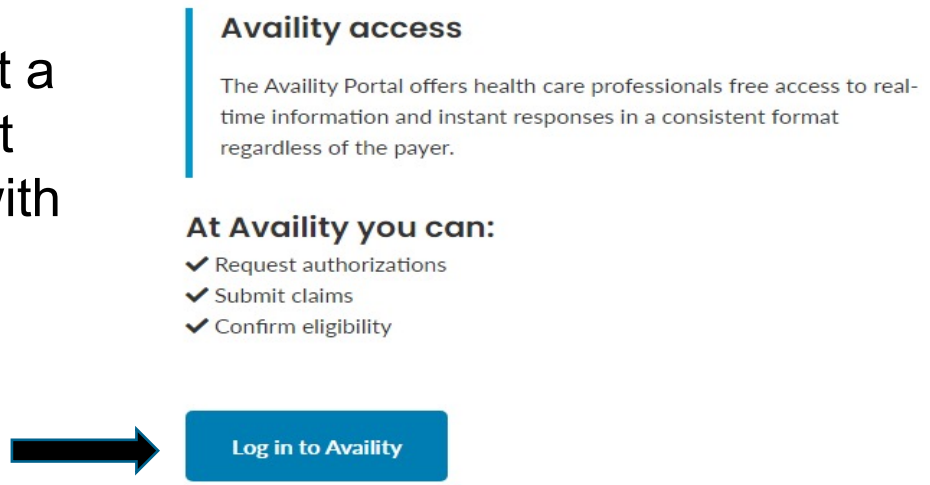
Verifying eligibility

To view eligibility and benefit information, visit our provider website and scroll down to Availity access > Log into Availity.

- Please use the Eligibility Look up tool to get the most up-to-date member information.
- If you have any questions about a members eligibility, use the chat function within Availity to chat with a member from the Amerigroup Provider Services team.



Prior authorization

- To determine if a service requires PA, use the Prior Authorization Lookup Tool (PLUTO).
- PLUTO allows you to search by market, member's product, and CPT® code.
- If you don't know the exact code, you can also search by description.

Prior authorization (cont.)

PA is required for:

- All inpatient elective admissions.
- Nonemergency facility-to-facility transfer.
- Higher level BH services (detox, residential, etc.)
- Certain nonemergent outpatient and ancillary services.
- Home healthcare services (for example, skilled nursing, speech therapy, physical therapy, occupational therapy, social workers, and home health aides).

Prior authorization (cont.)

PA is **not** required for:

- In-office specialty services.
- Evaluation and management-level testing and procedures.
- ED visits or observation.
- Home healthcare evaluations.
- Physical therapy evaluations provided at outpatient facilities.
- Most outpatient BH services.

Please make sure you're using the most up-to-date, appropriate forms for the services being requesting, which can be found online.

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Prior authorization requests

Submit **inpatient and outpatient service** PA requests via:

- Web (preferred method): https://www.availity.com
- Inpatient fax: **800-964-3627**
- Outpatient fax: **855-231-8664**
- Phone: **800-454-3730**

Submit **BH** PA requests via:

- Web (preferred method): https://www.availity.com
- Inpatient fax: **844-430-6806**
- Outpatient fax: **844-442-8012**
- Phone: **800-454-3730**

Be prepared to provide the PA nurse with the member's Amerigroup member information.

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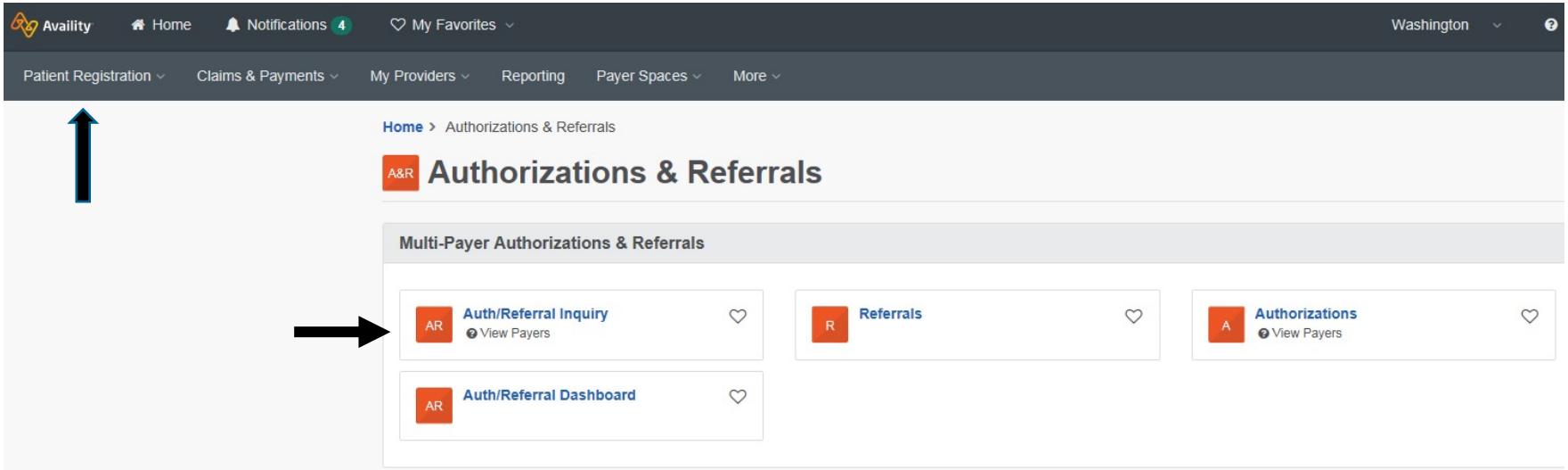
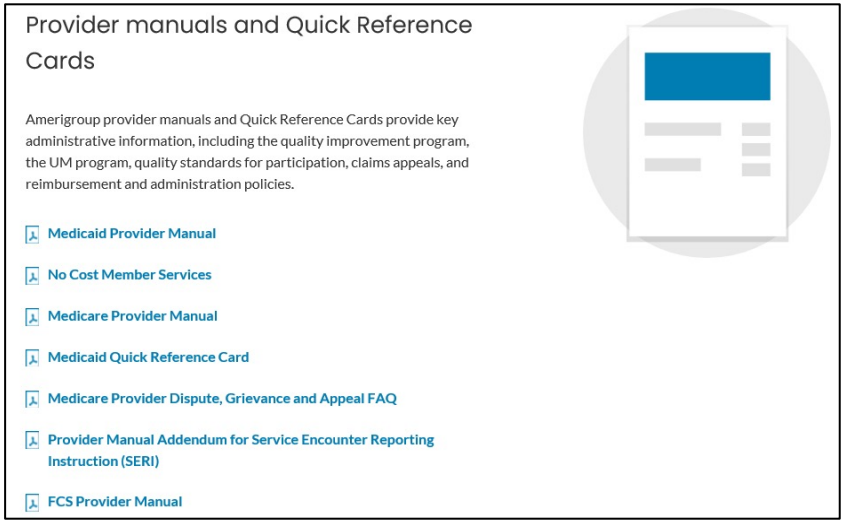
What is the status of your prior authorization?

You can check the status of your PA request on Availity by selecting the drop down column **Patient Registration** and then selecting **Authorization and Referrals**.



Behavioral health — encounters

- Amerigroup has adopted the Service Encounter Reporting Instructions (SERI) for BH services for Integrated Managed Care (IMC).
- Information regarding the SERI can be found in the *SERI Guide* on our provider website and on the Washington Health Care Authority website.
- Your Amerigroup contractor will educate and support BH providers on requirements to submit *HIPAA*-complaint encounters.



Behavioral Health Supplemental Data project

- Effective January 1, 2020, MCOs and Behavioral Health Administrative Service Organizations (BH-ASOs) will serve as a bridge between providers and HCA by collecting the data from the providers via a standardized format and submitting the data to HCA via BHDS.
- MCOs have selected Beacon Health Options* to develop the platform and standardized format for submitting these data transactions.
- Please reach out to Beacon directly at wabhsd@beaconhealthoptions.com to submit the required documents.
- For questions, please reach out to De'Shanel Childs at de'shanel.childs@amerigroup.com

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Mental health and substance abuse services

- Amerigroup will coordinate care for members with mental health needs or substance use disorders.
- PCPs and BH providers should work together to coordinate care for members, including sharing of essential diagnostic and testing information, collaborating on shared care plans, and keeping each other informed of changes to medications or severity of symptoms.
- PCPs who wish to obtain a consultation from a child and adolescent psychiatrist can call the state Partnership Access Line (PAL) at **866-599-7257**. For more information, visit the PAL website.

Laboratory services

- PA is not required if lab work is performed in a
- physician's office, a participating hospital's outpatient department, or by one of our preferred lab vendors.
- Some genetic testing may require authorization.
- All testing sites are required to be in compliance with the *Clinical Laboratory Improvement Amendment* and have a certificate or a waiver.

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Who we work with

Amerigroup works with the following entities:

- Washington HCA
- AIM Specialty Health®*
- EyeQuest*
  - Providers must be contracted directly with EyeQuest to render vision services.
- LabCorp, Pathology Associates Medical Laboratories*
- IngenioRx*
- PACLAB*
- Tri-Cities Laboratory*
- ConferMed*

Free member services

Free member services include:

- Costco gold family membership
- Acupuncture
- Circumcision: coverage of up to $150 of the cost
- Cell phones at no charge
- GED testing
- Light box therapy
- Nonmedical transportation: gas card, Orca card or Uber/Lyft card
- WW (formerly Weight Watchers)
- Disability organizations: coverage of membership fees
- myStrength
- Peer Specialist training and certification

For a complete list of free benefits, visit our provider website.

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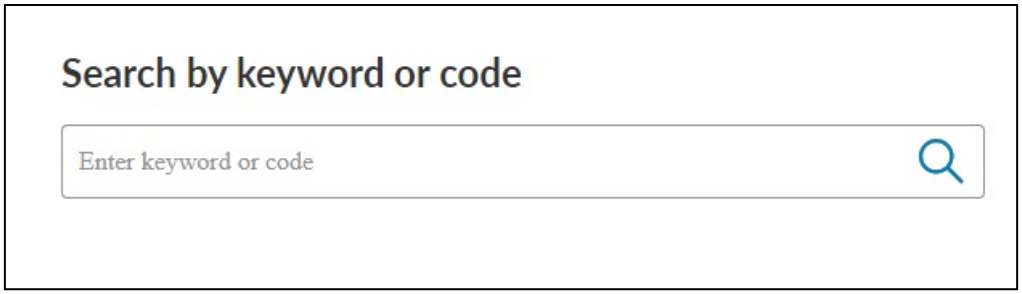
Forms

- A library of forms most frequently used by our healthcare professionals can be found on our provider website under Resources > Forms, including:
  - Prior authorizations
  - Claims and billing
  - Provider demographics/credentialing/ Master Roster
  - Behavioral health
  - Pharmacy
  - Maternal child services

Reimbursement policies, *Medical Policies* and *Clinical Utilization Management Guidelines*

- Amerigroup Reimbursement polices, *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* can be located on our provider website.
- You can search by category, by line of business, and/or by keyword/code.



Pharmacy program

- The *PDL* and formulary are available on our website at the following link:
- PA is required for:
  - Nonformulary drug requests.
  - Brand-name medications when generics are available.
  - High-cost injectable and specialty drugs.
  - Any other drugs identified in the formulary as needing PA.

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Pharmacy program (cont.)

- Many over-the-counter products are covered for members when they are ordered by a licensed prescriber.
- Pharmacy resources are available on the provider website > Eligibility & Pharmacy > Pharmacy information.

Electronic pharmacy prior authorization

CoverMyMeds®* is the preferred method for electronic PA requests.

- PA requests can be submitted electronically at CoverMyMeds by visiting https://www.covermymeds.com.
- There is no cost to enter PA requests.
- Receive electronic determinations (often within minutes) and create renewals from previously submitted requests.
- CoverMyMeds offers webinars, and phone and chat support.

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Electronic payment services

Enroll in electronic funds transfers (EFT) or electronic remittance advices (ERA) information:

Process to enroll in electronic payment services		
Type of transaction	**How to enroll, update, change, or cancel**	**Contact to resolve issues**
EFT only	Register for EFTs via Availity: https://www.availity.com	PayeeHUB support at **877-882-0384**
ERA only	Register for ERAs via Availity: https://www.availity.com	Availity support: **800-282-4548**

Tips:

- Register at the TIN level to include **all group/organization NPIs**.
- Register under *Amerigroup*.

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Submitting claims

- Providers can submit claims electronically by using their clearinghouse via electronic data interchange (EDI).
- Advantages to submitting your claims via EDI include:
  - Real-time submissions directly to Amerigroup payment system
  - *HIPAA*-compliant submissions
  - Enhanced claims tracking
  - Faster processing time than the submission of paper claims
  - Reduced claim rejections
  - Reduced adjudication turnaround times

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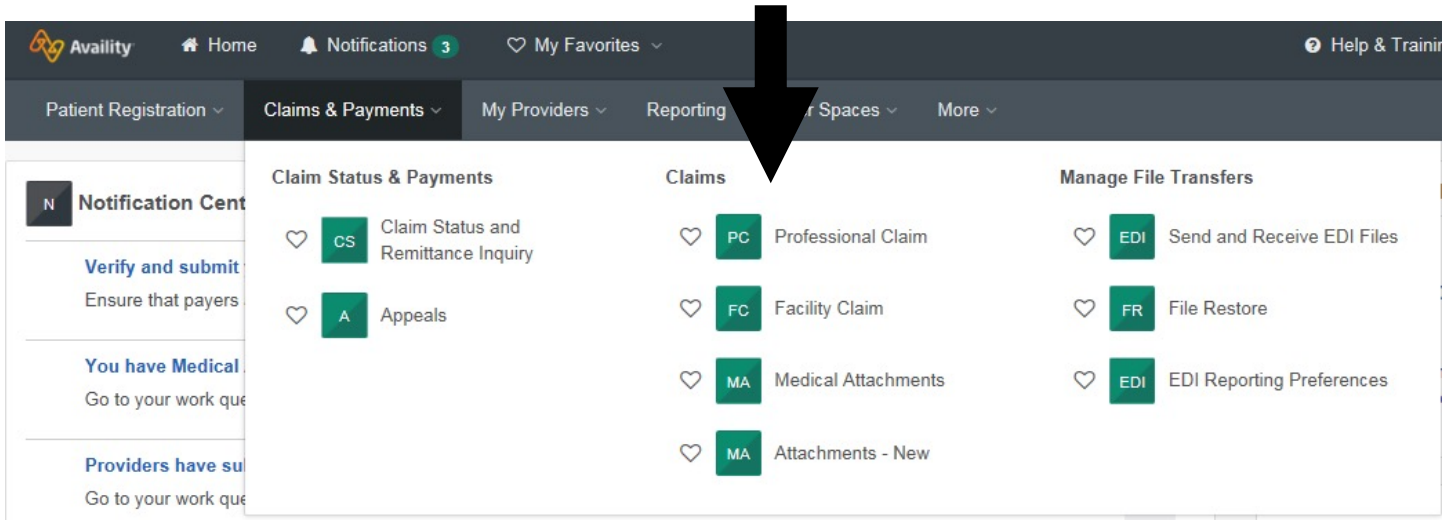
Submitting claims (cont.)

To submit a claim or view claim status, select **Claims** on the left-hand navigation of the provider website and go to the Availity Portal using the link provided.

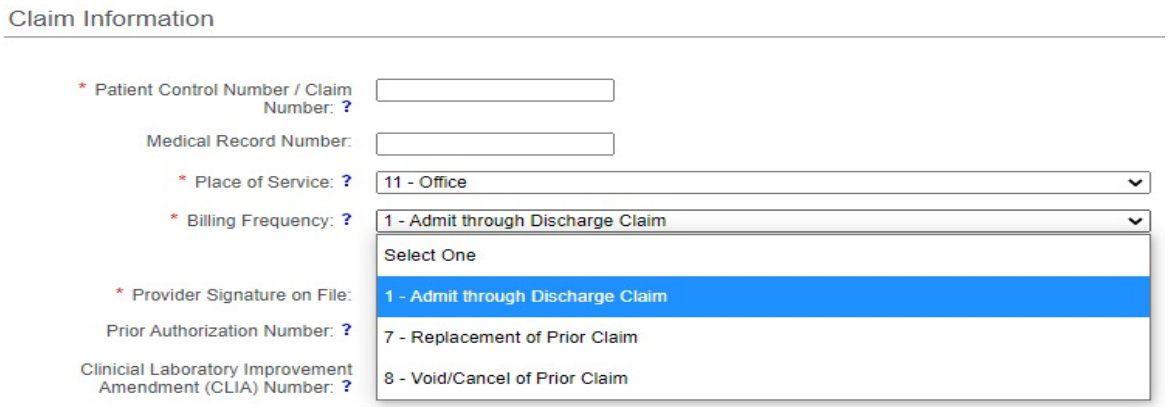


Corrected claims via Availity

- For corrected professional (***837P***) claims, use one the following frequency codes to indicate a correction was made to a previously submitted and adjudicated claim:
  - 7 — Replacement of Prior Claim
  - 8 — Void/Cancel Prior Claim
  - Indicator Placement — Loop: 2300 (Claim Information)
  - Segment: CLM 05-03 (Claim Frequency Type Code): Value: 7, 8

Corrected claims via Availity (cont.)

- For corrected institutional (***837I***), use bill type frequency codes to indicate a correction was made to a previously submitted and adjudicated claim:
  - 0XX7 — Replacement of Prior Claim
  - 0XX8 — Void/Cancel Prior Claim
- Electronic Data Interchange (EDI) Hotline **800-590-5745**

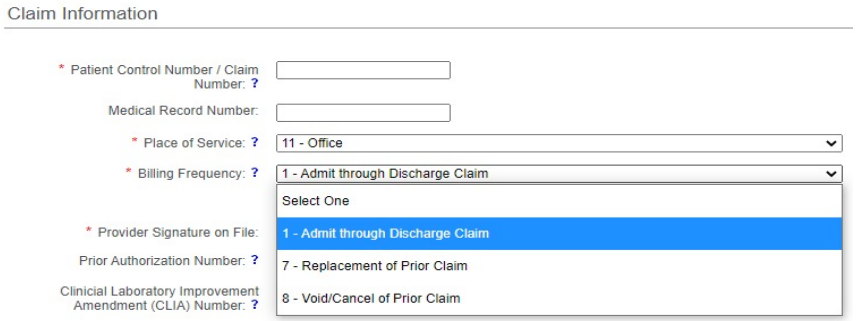


Corrected claims via mail

- For a corrected claim to be accepted it must include the *Claim Correspondence Submission Form*.
- Documents should be mailed to:
  Claims Correspondence
  Amerigroup Washington, Inc.
  P.O. Box 61599
  Virginia Beach, VA 23466-1599
- Clearly identify that the claim is a corrected claim.
- We cannot accept claims with handwritten alteration to billing information.
- Standard timely filing guidelines apply to all corrected and replacement claims.

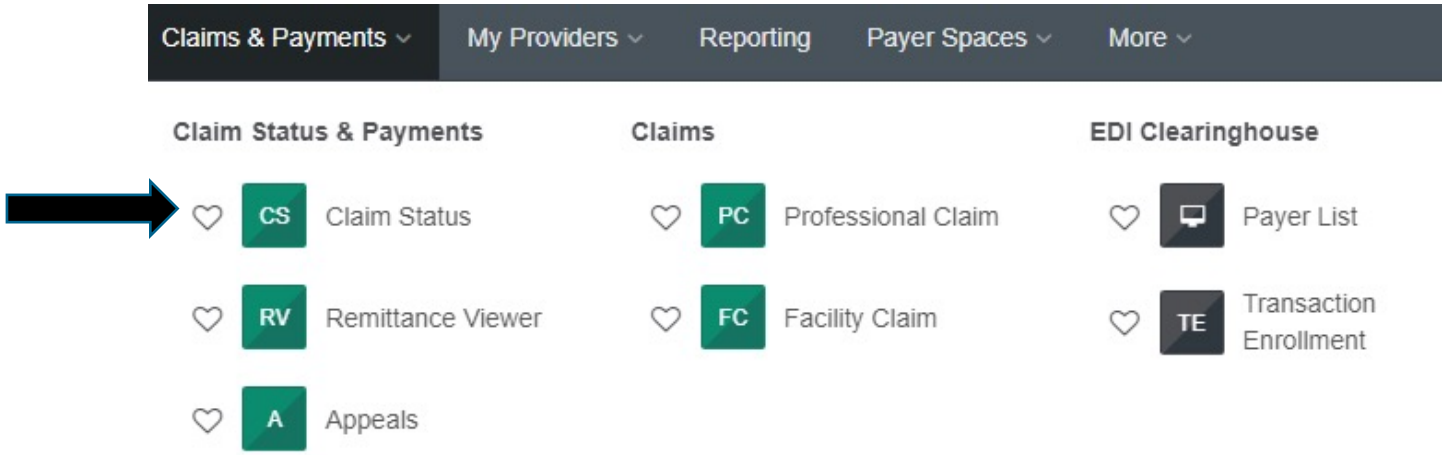
Voiding a claim via Availity

- If a claim is submitted and needs to be voided or cancelled, that can be completed via Availity.
  - Log into Availity, and select **Claim and Payments** from the drop-down menu. Then choose the appropriate claim type: **Professional claim** or **Facility claim**.
  - Populate the required information within the fillable forms.
  - Under *Patient Control Number/ Claim number*, enter the Amerigroup claim ID number.
  - Under *Claim Information* for billing frequency, select **8** to signify a *Void/Cancel of Prior Claim*.



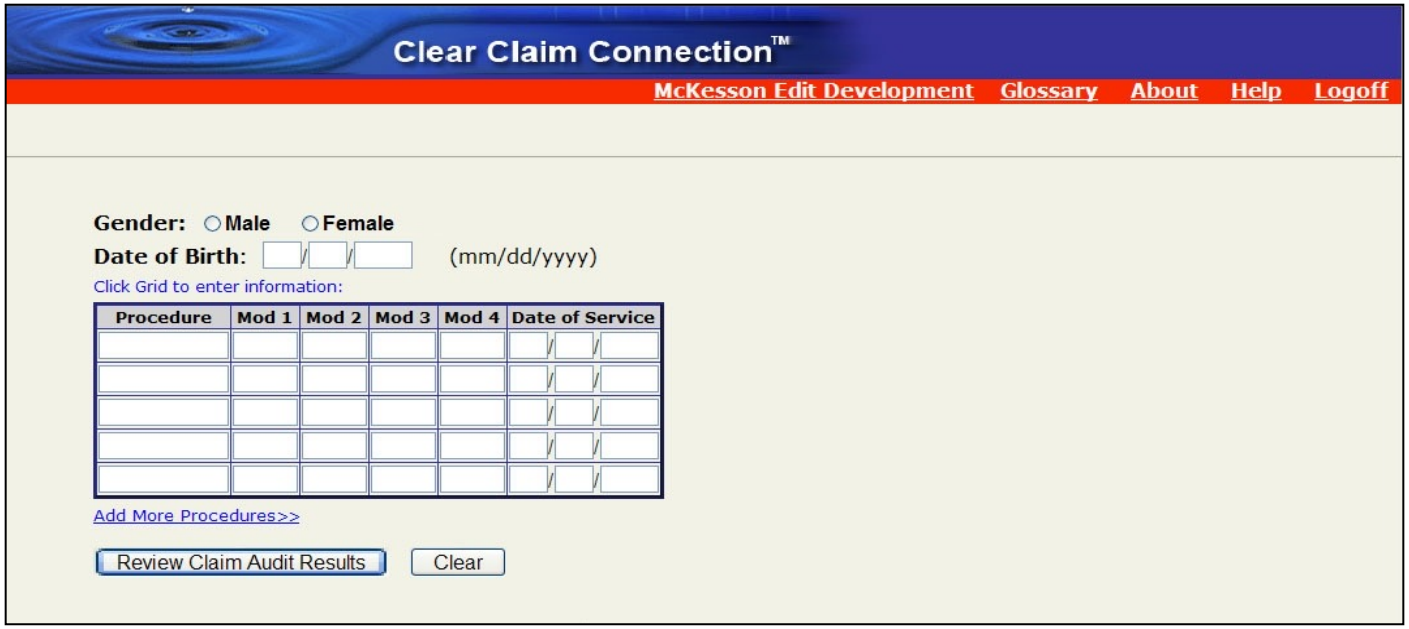
Claim inquiry via Availity

- To check the status of a claim, log into Availity and select **Claim Status** under the *Claims & Payments* tab.
- Enter the required information and select **Submit**.
- Details about the claim status will be provided.
- If you have questions about the details, use the chat function within Availity.



Clear Claim Connection™

Clear Claim Connection is available on the provider website via Availity to help you determine if procedure codes and modifiers will pay for a member's diagnosis.



Rejected versus denied claims

- A rejected claim does not enter the adjudication system due to missing or incorrect information. Reasons for a claim rejection include:
  - The NPI missing or doesn't match provider on the claim.
  - The correct billing information or group was not submitted on the claim.
  - The taxonomy code missing or doesn't match our system.
- A denied claim goes through the adjudication process but is denied for payment. Reasons for a claim denial include:
  - The claim was physically altered or is handwritten.
  - The member is not enrolled on the date of service.
  - CPT or HCPCS codes are invalid or non-reimbursable.
  - The wrong claim form was used.

Provider grievances

- Providers can express dissatisfaction about a proposed adverse medical action or other matters through filing a grievance.
- Any physician, hospital facility, or other healthcare professional licensed to provide healthcare services can submit a grievance.
- All grievances will receive a response within 30 business days and resolution within 90 business days.
- Amerigroup tracks all provider grievances through resolution.
- The provider manual/handbook details filing and escalation processes and contact information.

Member grievances

- Members have the right to say they are dissatisfied with Amerigroup or a providers service and operations.
- Only a member or a member's authorized representative may file a grievance.
- Members have the right to access ombudsman services for assistance in the grievance process when the it is regarding BH.
- Member grievances do not involve: medical management decisions, interpretation of medically necessary benefits, or adverse benefit determinations.
- The Member will be notified in writing within 45 calendar days with a resolution.

Claims payment reconsideration

- Submit all payment reconsiderations with a copy of the *EOP*, supporting documentation and a letter of explanation.
- Use Clear Claim Connection for guidance when you submit a claim.
- Amerigroup accepts reconsideration requests via Availity, in writing, or verbally via Provider Services within 24 months of the date of the *EOP*.

Availity payment dispute tool

- Providers can use the payment dispute tool via Availity.
- If a claim is considered disputable due to no or partial payment, a dispute selection box will display when checking on a claim. Once this box is selected, a form will display for the provider to complete and submit.
- Submit all supporting documentation including *EOB* and a letter of explanation.
- If all required fields are complete, the provider receives immediate acknowledgement of the submission and full visibility of the status.
- By using this tool, you can submit multiple claims for the same individual identified reason via Excel (as an attachment).

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Medical necessity appeals

- Separate and distinct appeal processes are in place for 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 must be filed within 60 calendar days of the date of the denial notification.
- If the member wishes to continue receiving services during the appeal, they must submit the request within 10 calendar days of the date on the Amerigroup notice of action.

Disease management

The Amerigroup disease management department serves as a partner to you by visiting provider.amerigroup.com/washington-provider/patient-care/health-education/disease-management :

- Providing member education and creative solutions for overcoming barriers to obtaining care.
- Communicating pertinent information back to you and soliciting your input for care planning.

Disease management programs include the following:

- Asthma
- Congestive heart failure
- COPD
- Depression or other BH conditions
- Diabetes
- Drug use or addiction
- High risk pregnancy
- HIV/AIDS
- Obesity
- Transplants
- Smoking cessation
- Weight management

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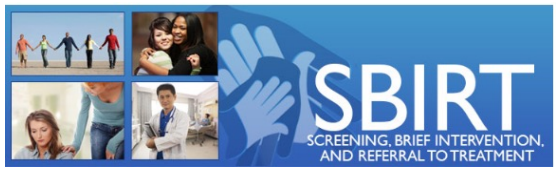
Screening, brief intervention and referral to treatment services



Screening, brief intervention and referral for treatment (SBIRT) services will be covered when all of the following are met:

- The provider is SBIRT-certified.
- The client is age 18 or older.
- The diagnosis code is V65.42.
- The screening is done during an evaluation and management examination.
- The treatment or brief intervention does not exceed the limit of four encounters per client, per provider, per year.
- The place of service is appropriate for the SBIRT assessment, intervention, or treatment.
- The provider has an appropriate taxonomy to bill for SBIRT; chemical dependency professionals is a subspecialty of counselor.
  - Taxonomy code *101YA0400X — Addiction (Substance Use Disorder)*

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Early and Periodic Screening, Diagnosis and Treatment

EPSDT stands for:

- **E**arly: Identifying problems early, starting at birth
- **P**eriodic: Checking children's health at periodic, age-appropriate intervals
- **S**creening: Doing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **D**iagnosis: Performing diagnostic tests to follow up when a risk is identified
- **T**reatment: Treating the problems found

For full details of training and toolkits, visit our provider website.

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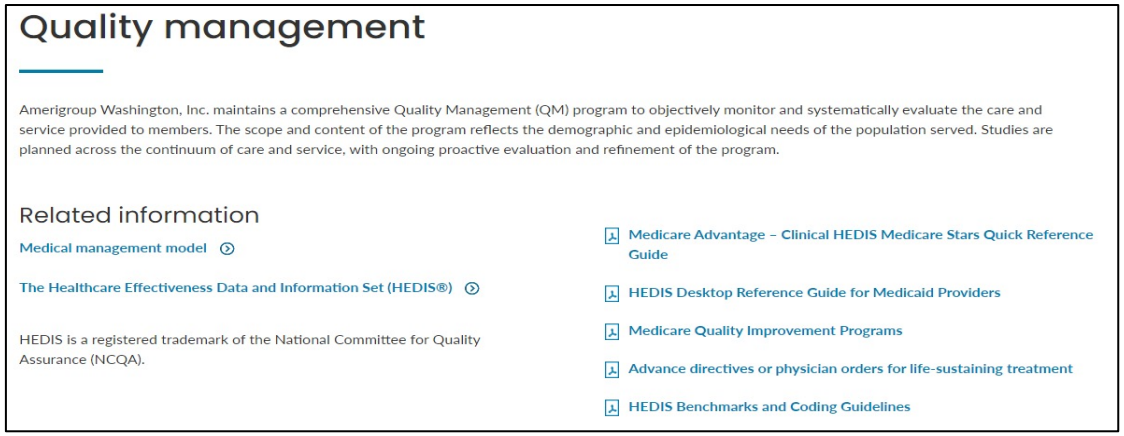
Quality management

- The Amerigroup quality management team continually analyzes provider performance and member outcomes for improvement opportunities.
- Solutions are focused on improving the quality of clinical care, increasing clinical performance, offering effective member and provider education, and ensuring the highest member and provider satisfaction possible.
- For more information about the quality management program, visit our provider website.



Quality management

Amerigroup Washington, Inc. maintains a comprehensive Quality Management (QM) program to objectively monitor and systematically evaluate the care and service provided to members. The scope and content of the program reflects the demographic and epidemiological needs of the population served. Studies are planned across the continuum of care and service, with ongoing proactive evaluation and refinement of the program.

Related information

Medical management model

The Healthcare Effectiveness Data and Information Set (HEDIS®)

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Medicare Advantage – Clinical HEDIS Medicare Stars Quick Reference Guide

HEDIS Desktop Reference Guide for Medicaid Providers

Medicare Quality Improvement Programs

Advance directives or physician orders for life-sustaining treatment

HEDIS Benchmarks and Coding Guidelines

Maternal child services

The Taking Care of Baby and Me® program provides:

- Individualized, one-on-one case management support for women at the highest risk.
- Care coordination for moms who may need extra support.
- Educational materials and information on community resources.
- Incentives to keep up with prenatal and postpartum checkups.

For billing tips on obstetrical care, visit our provider website > Patient Care > Maternal Child Services.

Maternal support services

Amerigroup works with providers and new mothers to meet medical and resource needs. Apple Health members who meet criteria are eligible for maternal support services (MSS).

MSS is:

- Offered through the Washington HCA.
- Part of the Department of Social and Health Services First Steps Program. You can find more information online, or call **800-322-2588**.

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Community involvement

- Amerigroup is committed to ensuring members have adequate access to quality care and health education by working with schools, communities, government, and faith-based organizations throughout the state.
- Amerigroup offers education, community outreach, and information sessions on our benefits and services.
- Amerigroup has Community Relations consultants available in each region to partner with providers. If you have questions, contact your Provider Experience consultant.

Washington foundational community support

- Foundational Community Supports (FCS) is a program offering benefits for supportive housing and supported employment for Medicaid-eligible beneficiaries with complex needs.
- Amerigroup will work with housing and employment providers to help clients find and maintain jobs; acquire stable, independent housing; and gain the necessary skills to be successful.
- Visit the provider website for more details.
- If you have questions or need more information:
  - Call: **844-451-2828**
  - Fax: **844-470-8859**

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Your Amerigroup support system

- **Provider Services** provides assistance with claims issues, member enrollment questions, and general inquiries:
  - Call **800-454-3730** or visit Availity for self-service.
- **Provider Experience consultants** provide hands-on services/training to PCPs and specialists by providing customer-focused services related to clinical and administrative aspects of care.
- **Medical Management** provides PA services, hospital concurrent review, discharge planning, and case management.

Additional resources and information

- Provider website
- Provider manual
- CMS website
- NCQA website
- HCA website

Next steps

- Complete the orientation feedback survey and checklist.
- Register to use Availity.
- Register for EDI.
- Register for EFT services.
- Register for ERA.
- Read your provider manual/handbook.
- Sign up to receive e-blast notifications.

Amerigroup

Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Washington, Inc. Universal Language Services is an independent company providing translation services on behalf of Amerigroup Washington, Inc. Beacon Health Options is an independent company providing behavioral health services on behalf of Amerigroup Washington, Inc. AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup Washington, Inc. EyeQuest is an independent company providing vision benefit management services on behalf of Amerigroup Washington, Inc. LabCorp, Pathology Associates Medical Laboratories, PACLAB, and Tri-Cities Laboratory are independent companies providing laboratory services on behalf of Amerigroup Washington, Inc. IngenioRx, Inc., ConferMed, and CoverMyMeds are independent companies providing pharmacy benefit management services on behalf of Amerigroup Washington, Inc.

https://provider.amerigroup.com