Medicaid

Amerigroup

2022 provider network town hall

Reminder

Please mute your phone.

Raise your hand to ask questions.

Option to enter questions/comment in Q&A box.

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Q1 agenda

Welcome:

- Opening statement – Anthony Woods
- Legislative rate increases – Caitlin Safford
- System updates – De’Shanel Childs
- Health Care Authority (HCA) NPI rejection edit – Jennifer Lane
- Digital enhancements – Brittany Davis
- Electronic funds transfer (EFT) enrollment – Brittany Davis
- Open discussion with panelists

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Q2 agenda

Welcome:

- Opening statement – Anthony Woods
- System updates – Chris Kearney
- SERI update and Amerigroup Washington, Inc. fee schedule – Caitlin Safford
- ConferMED – Maryann Souza/Daren Anderson, MD
- Availity* chat – Brittany Davis
- Provider manual overhaul – Brittany Davis
- EFT enrollment – Abigail Osborne-Elmer
- HCA NPI edit – Abigail Osborne-Elmer

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Q3 agenda

Welcome:

- Opening statement – Anthony Woods
- Introduction of new Director of Operations – Kristie Smothers
- System configuration updates – Caitlin Safford
- NPI enrollment and rejection changes – Caitlin Safford
- HCA NPI rejection edit – Abigail Osborne-Elmer
- Provider satisfaction survey – Abigail Osborne-Elmer
- Availity Essentials updates – Nora Chivers & Tammy Deak
- Open discussion with panelists

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Q4 agenda

Welcome:

- Opening statement – Anthony Woods
- System configuration updates – Kristie Smothers
- Legislative increase update – Mattie Osborn
- Changes to Behavioral Health (BH) team – Amanda Bieber-Mayberry
- Appointment availability and after-hours survey – Brittany Davis
- HCA NPI rejection edit – Abigail Osborne-Elmer
- Open discussion with panelists

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Q4 System configuration updates

- **Medicare *EOB*** – System is configured to accept claims without requiring a Medicare *EOB* for certain taxonomy codes.
- **CPT 80305 SERI *Clinical Laboratory Improvement Amendments (CLIA)* denials** – System configuration is complete to allow CPT 80305 without a *CLIA* certificate for Behavioral Health Agency (BHA) providers.
- **CPT 90619 SL** – Configuration is complete to allow payment of this code; impacted denied claims are being reprocessed.

Changes to BH clinical teams

- On December 5, 2022, the BH clinical teams at Amerigroup will be delegated to Beacon Health Options.*
- This will include Utilization Management, Case Management, and Shared Service teams, such as non-clinical intake and after hours.
- The delegation is limited to clinical services and will ***not*** impact services involving contracting (network), claims, network relations, and grievances and appeals.
- There will be no changes to existing market operations; the interactions our members and providers receive day-to-day will remain the same.
- Amerigroup is committed to and focused on advancing whole person care, empowering individuals, and driving population health.
- The BH clinical teams will have more availability, provide better support to members, and be more focused on quality care outcomes.

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Appointment availability and after-hour survey

- Physical health and BH providers are required to abide by the following HCA standards:
  - 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 and/or 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/prior authorization guidelines; this is a requirement for covering physicians.
- 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.

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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

- BH providers 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

Legislative rate increases

Primary care and family planning providers:

- October 1 rate increases have been loaded in our system and all affected providers should be seeing these increases.

Specialty BH rate increases:

- For BH capitated providers:
  - Increase has been included in monthly capitation.
  - Retroactive payment from April 1 to October 1 has been paid.
- For fee-for-service (FFS) providers:
  - Decision has been made to provide a lump sum settlement payment for the retro increases – This is currently in process.
  - Estimated completion date: four weeks.
- For PACT/WISe/IRT invoicing providers:
  - Increase has been included in monthly capitation based on new contract stipulations.
  - Retroactive payment from April 1 to October 1 has been paid.

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System updates

- **Behavioral health services only (BHSO) taxonomy –** For BHSO members, Amerigroup implemented a claims edit to deny any BH claims not billed with the appropriate BH taxonomy outlined in SERI. Upon implementation, an error was identified and caused erroneous denial reasons indicating that the claim should be *billed to the State*. System corrections were completed January 24, 2022, and Amerigroup is working to reprocess claims.
- **Medicare *EOB* –** For providers who are unable to bill Medicare, Amerigroup had a system issue causing erroneous denials and requested providers attach Medicare *EOB*s to their Apple Health claims. System corrections were implemented January 1, 2022, and Amerigroup is working to reprocess claims.
- **S, H, T codes –** Amerigroup implemented a claims edit to deny claims billed with S, H, and T codes. The claims were denying with a QA0 denial for primary carrier *EOP* and determined the edit inadvertently also included COB exception codes. This update was completed August 16, 2021, and impacted claims were reprocessed December 20, 2021.

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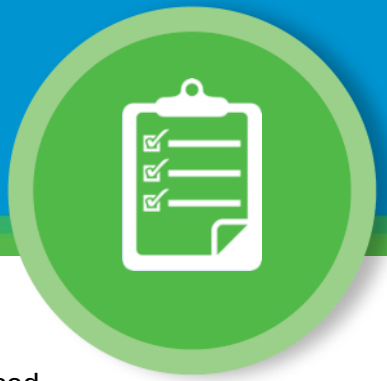
System updates



- **BHSO taxonomy: remediation of facility requirement:**
  - For BHSO members, Amerigroup implemented a claims edit for specific services to be reimbursed through HCA. A configuration error included facilities in the process.
  - Remediation complete May 3. Claim sweep to reprocess claims underway ECD June 30.
- ***CLIA* requirement: 80305 with HH/HD/HZ/U5 modifiers does not require *CLIA* number:**
  - System configuration expected by June 5, 2022.
  - Recurring claim sweeps until system configuration complete. Initial claim sweep completed May 10, includes April 1, 2021, to April 27, 2022.
  - Question submitted to HCA to clarify use of federal taxonomies in addition to those published in SERI guidelines.
- **POS 10 system update:**
  - January 1 update to allow telehealth services rendered when member is at home.
  - Amerigroup completed system update April 13.
  - A claim sweep was completed to process claims denied in error on May 3.
- **T1015 updates:**
  - Multiple units (OB claims): configuration ECD June 5.
  - Billing vs. servicing taxonomy: final configuration solution identified and in testing.
  - E2E T1015 assessment underway.
- **July 1, 2022, DRG and EAPG fee schedule update:**
  - Amerigroup is expecting HCA DRG and EAPG rate updates by June 1.
  - Amerigroup will update DRG and EAPG fee schedules within 60 days of state publication.
  - Amerigroup will meet with hospital partners individually to discuss remediation activities based on contract language should rate adjustments exceed 60-day implementation timeframe.

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BH updates

- SERI updates to be implemented July 1:
  - Our system will be prepared with the new changes to SERI that are coming July 1.
- New BH fee schedule:
  - We have developed a BH fee schedule that aligns with all SERI coding; we are transitioning current FFS providers to this fee schedule over the next quarter.
- 7% BH rate increase:
  - We are tracking the timing of the January 1, 2023, 7% rate increase for providers.
  - For providers who have capitation in your contracts, timeliness of the increase requires partnership, and we will need timely amendment signatures.
  - We will be sharing more about the timeline in our Q3 town hall.

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System configuration updates

- POS 2, 93, and FQ modifier configuration:
  - Our system is updated for go forward claims, and prior claims are being reprocessed back to the effective date of modifier/POS changes.
- EOBs required for taxonomies that cannot enroll with Medicare:
  - We are researching new issues that have come up around this problem – our goal is to not provide *EOBs*.
- T1015 updates:
  - All but one system configuration updates have been completed – we're currently working on reprocessing projects related to the T1015.
- 2% BH increase:
  - Quality checking our most recent reprocessing.

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NPI enrollment and rejection changes

- Background: HCA requires all current providers serving Medicaid enrollees to enroll with HCA as a Medicaid provider and acquire a ProviderOne ID.
- Amerigroup put a rejection edit in place on front-end claims to prevent any providers who are not enrolled with HCA from submitting and being paid on claims.
- Our Network Relations team has been educating providers on how to get enrolled with the state so claims won't continue to be rejected.
- Beginning October 1, if we identify claims that were not rejected and were actually paid to providers who are not enrolled with HCA at the date of service, we will be recouping on those claims.

HCA NPI rejection edit

- Effective January 1, 2022, the HCA implemented an edit to reject encounters for any NPI that is not active in ProviderOne.
- Changes to a provider's Medicaid ID number associated with the active NPI number needs to be communicated to Amerigroup in order to update the Amerigroup system.
- Applications in *Pending Status* are not considered active NPIs in the HCA reports.
- If your NPI is not in active status in ProviderOne, contact the HCA at providerenrollment@hca.wa.org or **800-562-3022**, **ext. 16137**.

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Provider Satisfaction Survey

- *2022 Provider Satisfaction Survey* outreach to begin soon.
- Watch for emails/faxes from *Center for the Study of Services (CSS).*
- Online completion of survey is recommended.

Claims follow-up

Attachments workflow

August 16, 2022

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Where’s the claim?

Scenario one

I used the Claim Status tool, but the claim I was looking for was not returned. Where’s the claim?

- The Claim Status tool displays the status of claims that have been adjudicated by health plans. Those claims will have a status of finalized, pending, and denied.
- The Claim Status tool does not display claims that were rejected. Your organization can choose to receive free reports that inform users in your organization of accepted and rejected claims.

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Where’s the claim?

Scenario two

I used the Claim Status tool, but the claim I was looking for was not returned. Where’s the claim?

- When was the claim submitted to the payer? If the claim was submitted to your payer within the last 24 business hours, then it might not be available through Claim Status yet.
- We suggest that you wait for 24 hours and then search for the claim in Claim Status.

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Where’s the claim?

Scenario three

I used the Claim Status tool, but the claim I was looking for was not returned. I want to send attachments to the payer. It has been more than 24 hours since the claim was submitted. It does not display on any report from Availity or the payer as a rejected claim. Where’s the claim?

- If the claim does not return in Claim Status and you need to send attachments to the payer, use the following workflow for sending claim attachments.

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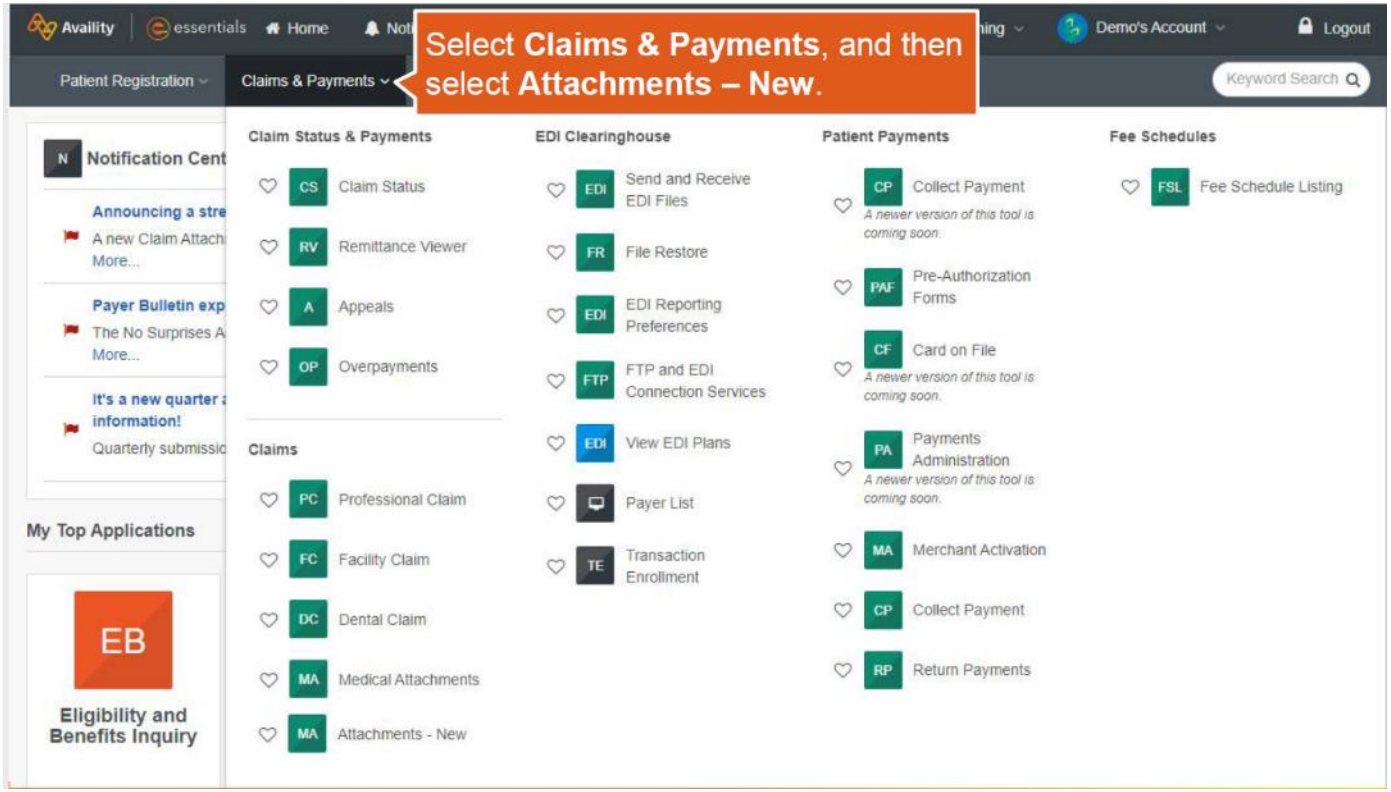
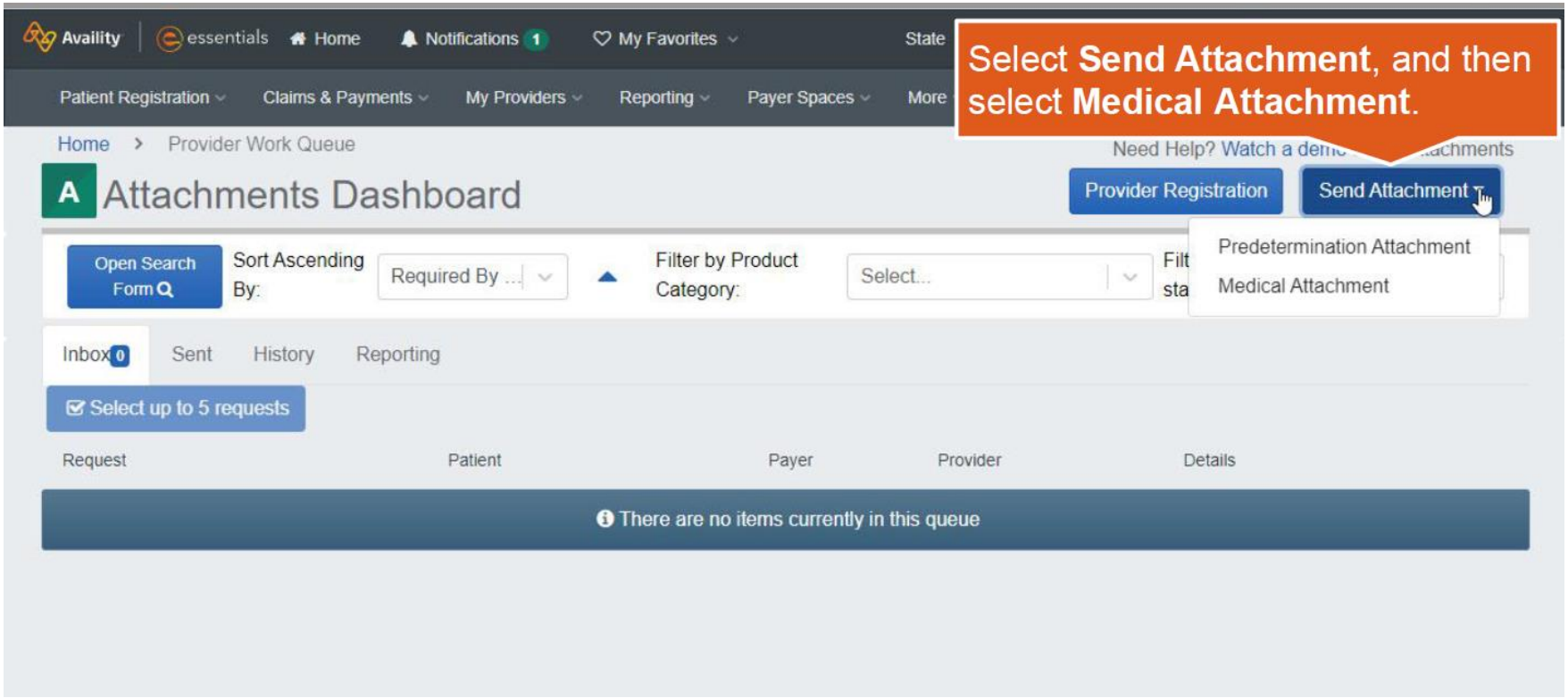
Attachments workflow

Step one



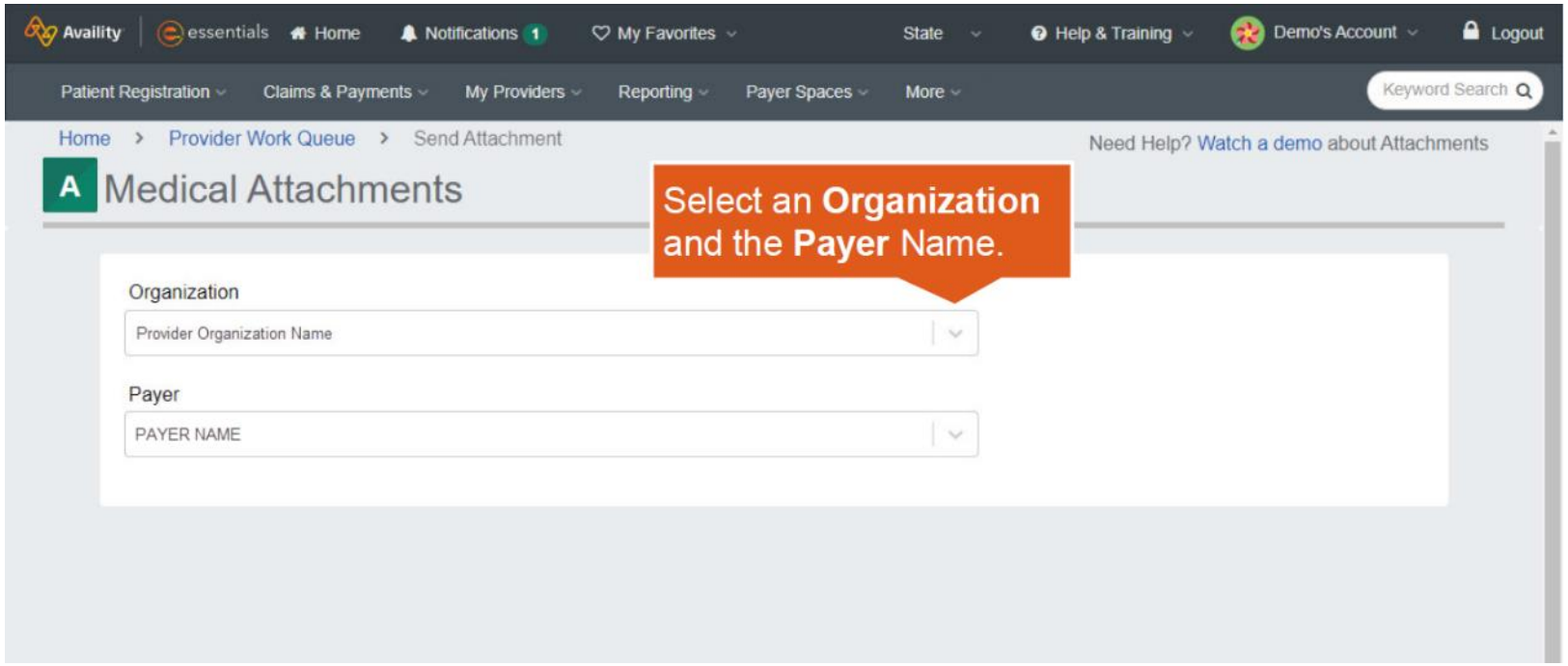
Attachments workflow

Step two



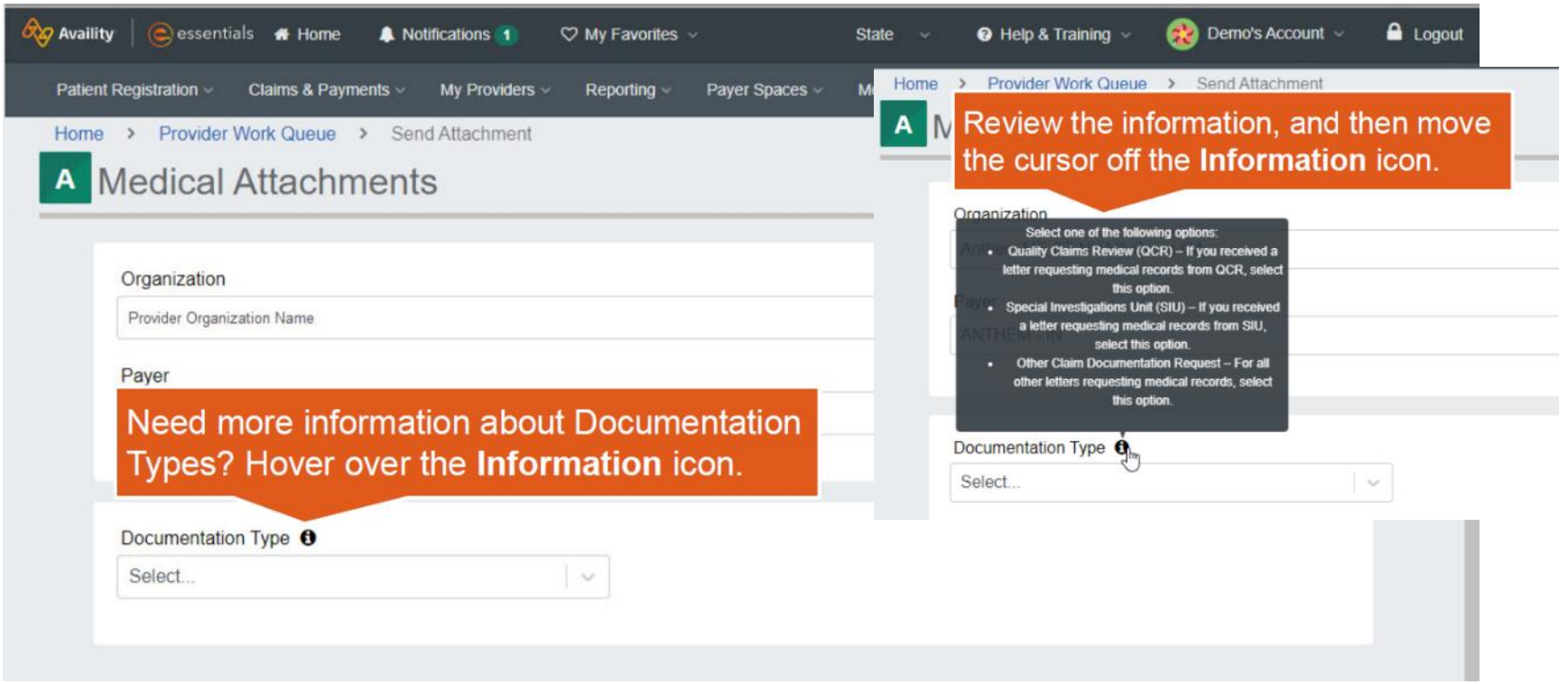
Attachments workflow

Step three



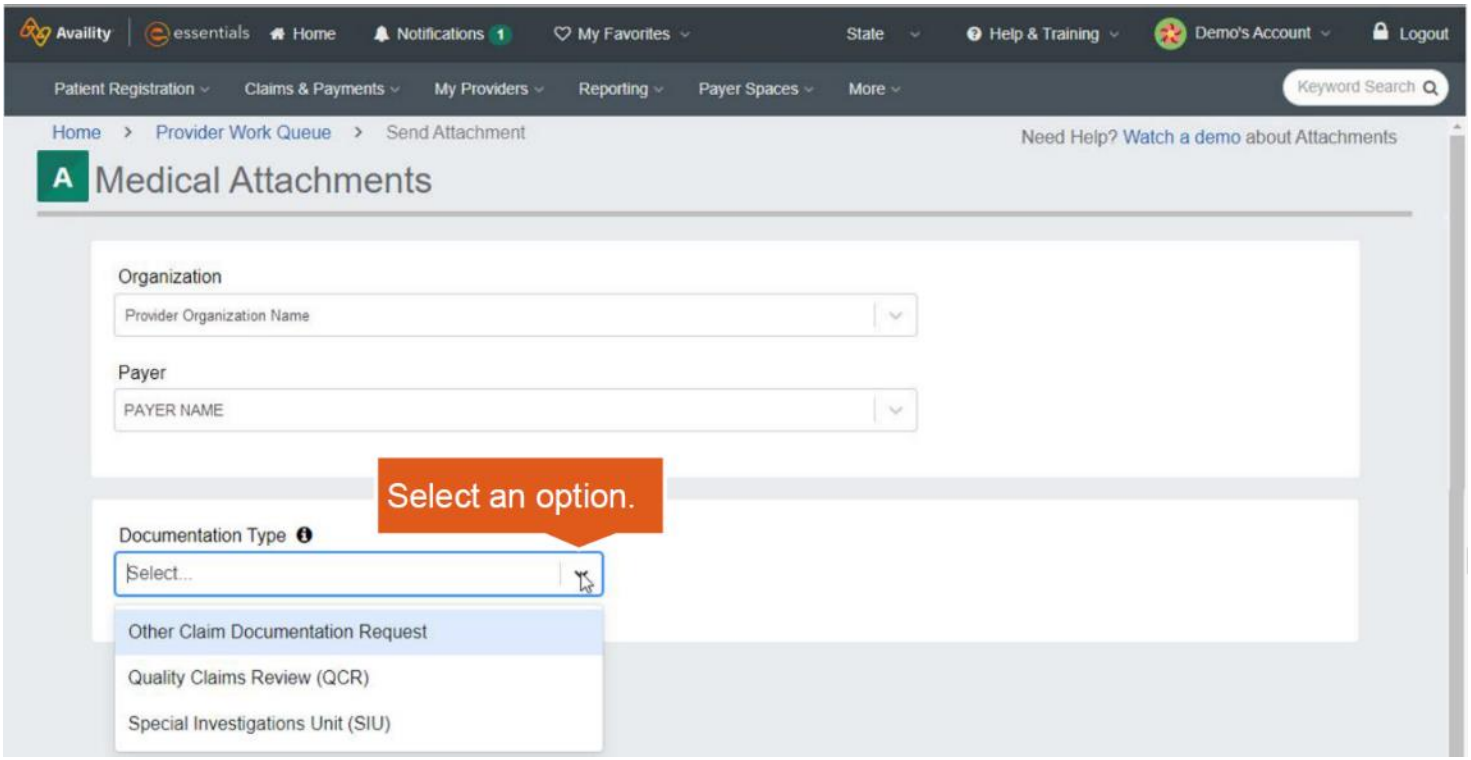
Attachments workflow

Step four



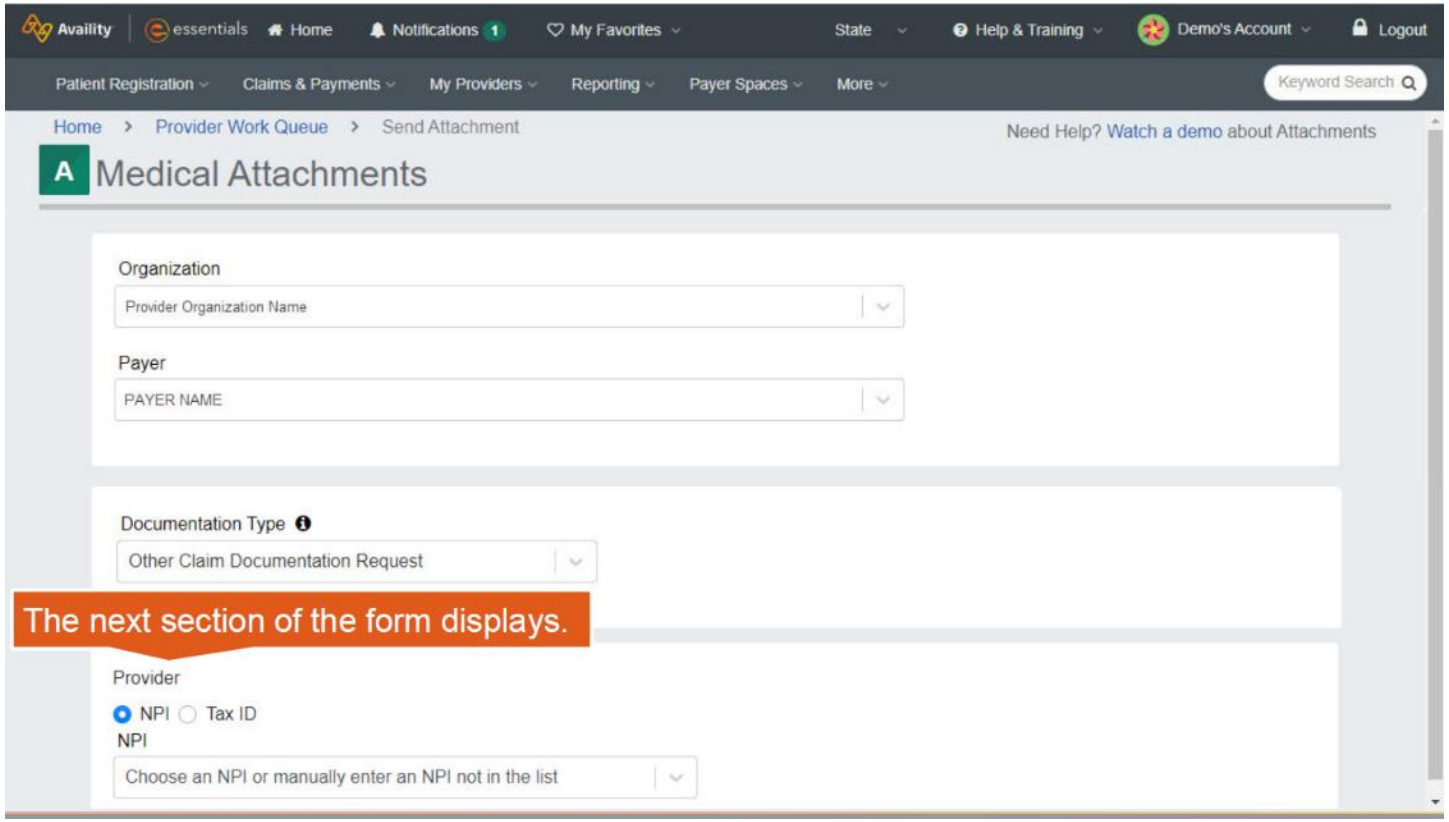
Attachments workflow

Step five



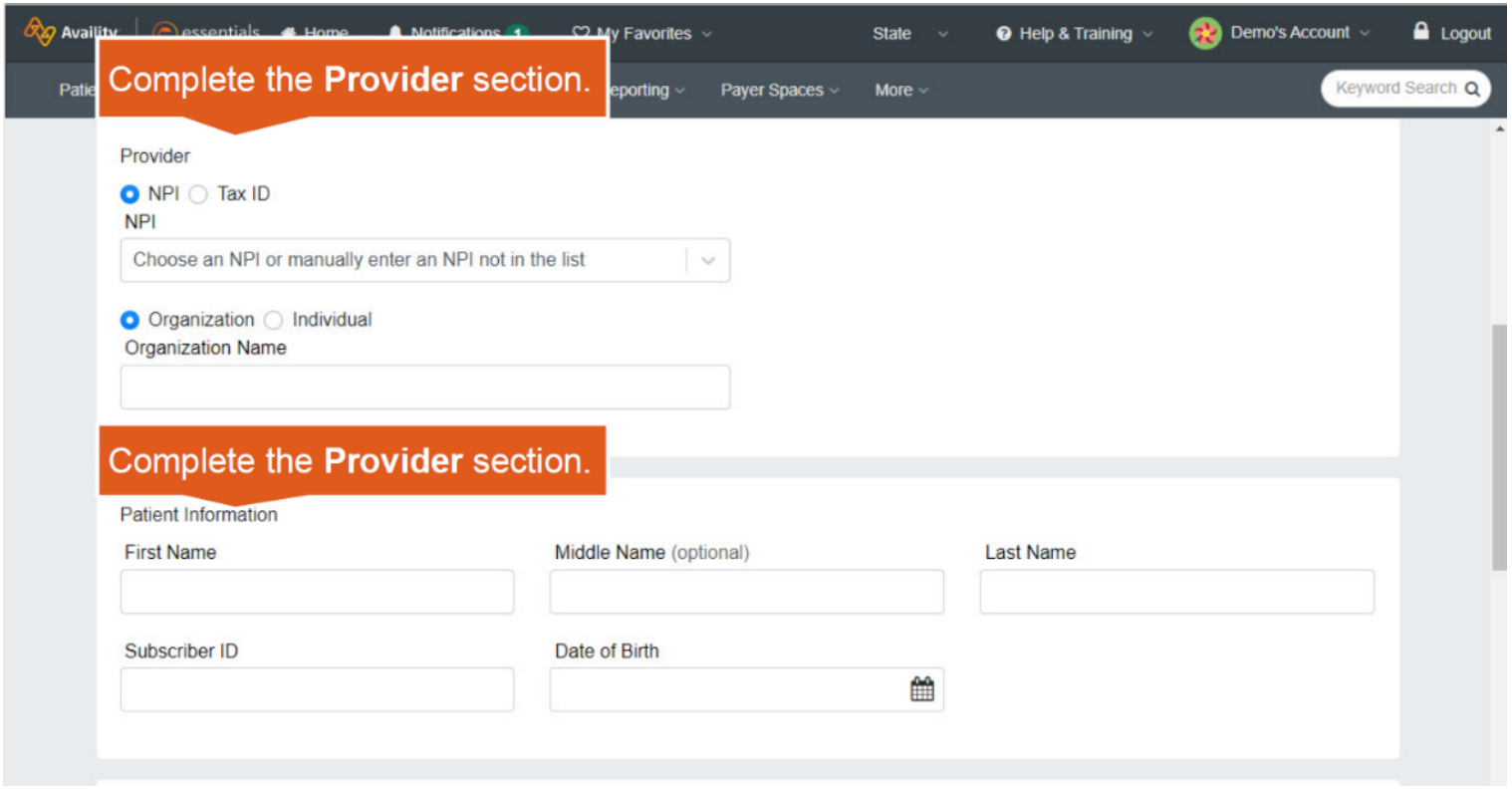
Attachments workflow

Step six



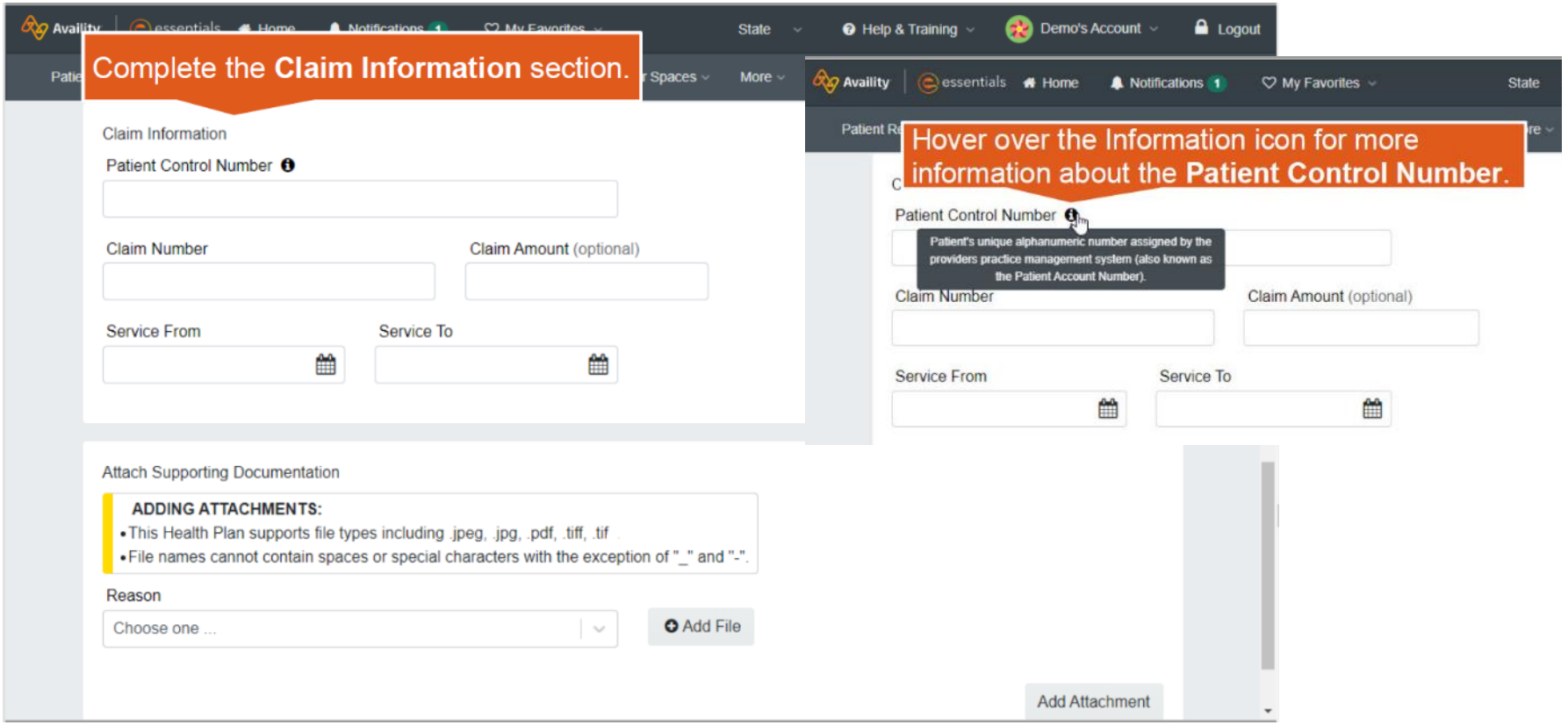
Attachments workflow

Step seven



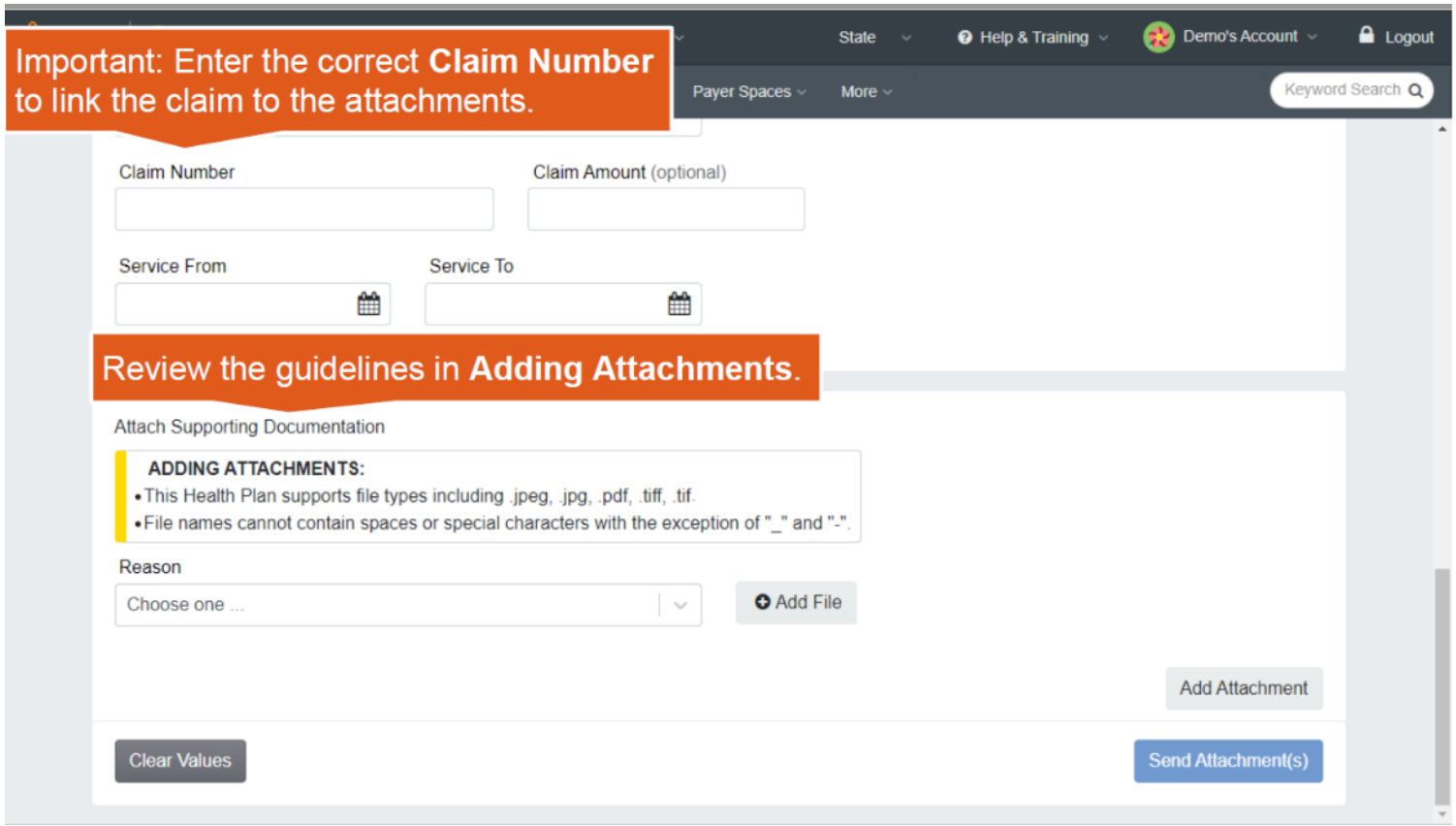
Attachments workflow

Step eight



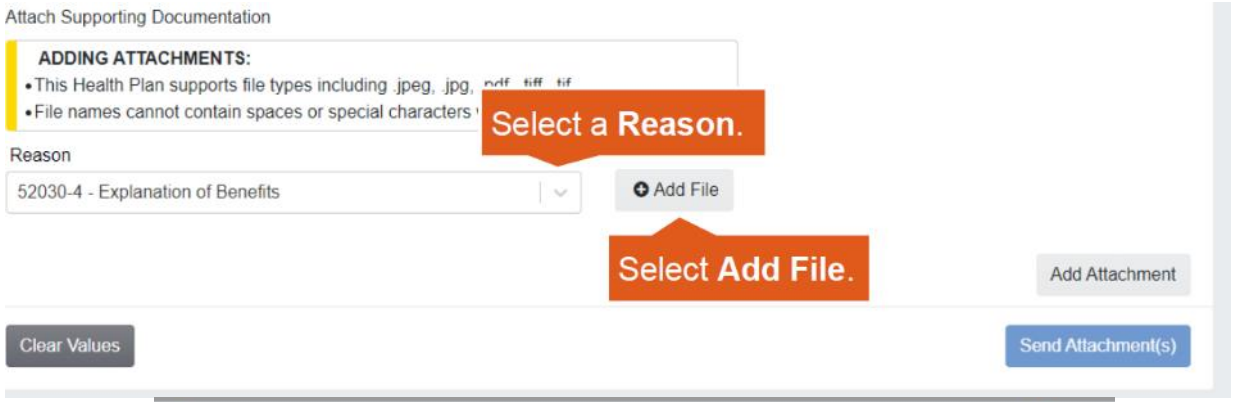
Attachments workflow

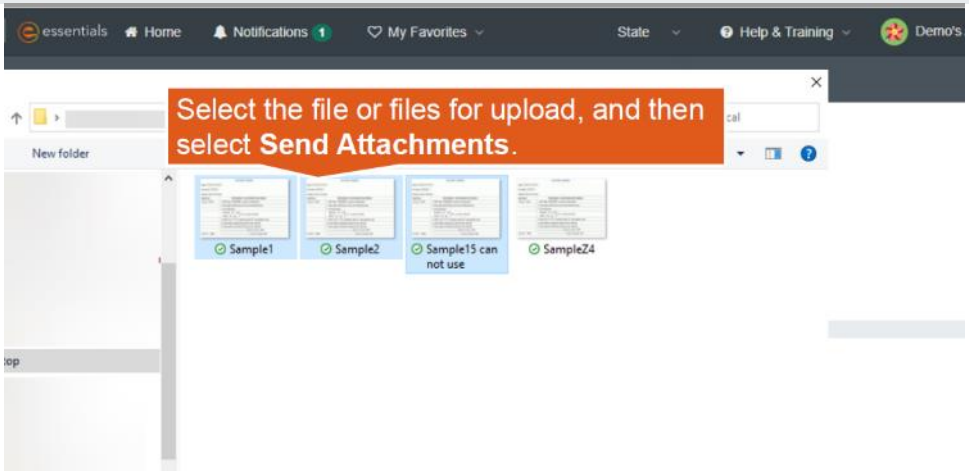
Step nine



Attachments workflow

Step 10



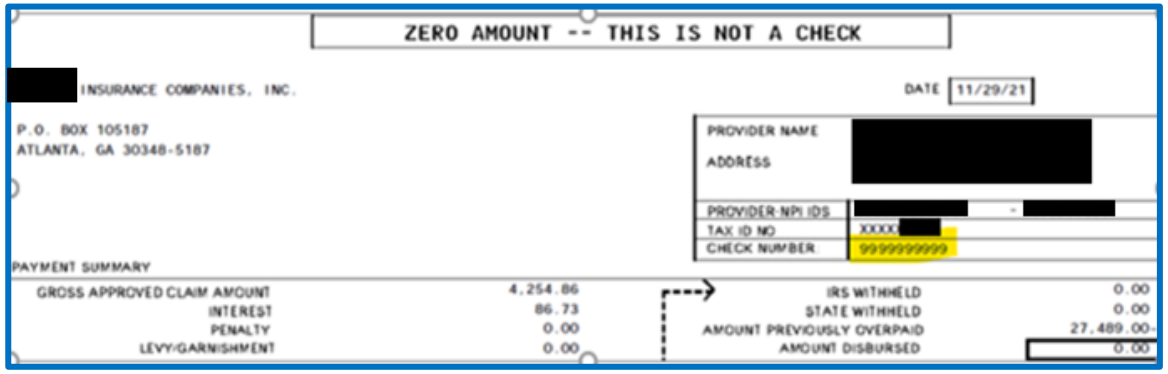


Availity digital enhancements

Easier reconciliation: remittance with zero payment:

- Inconsistent remittance number for the paper remittance advice and the 835 electronic remittance advice (ERA):
  - *Paper Remittance – 10 bytes – 9999999999*
  - *835 ERA – 27 bytes – 9999999999 + year (###############)*
- Inability to search or retrieve paper PDF by check number or reconcile the 835:
  - **All** remittances with zero payment had the same number (9999999999).
  - To search, a date range and tax ID is needed to locate a specific remittance.
- **Enhancements make it easier to reconcile zero payment remittances:**
  - Eliminate the 99999999999 check number.
  - Assign a unique check number.
  - Unique check number is used on all methods of reconciliation:
    - *EOP*
    - 277 claim status
    - 835 ERA

Remittance with zero payment before enhancement



ZERO AMOUNT -- THIS IS NOT A CHECK

[redacted] INSURANCE COMPANIES, INC.

P.O. BOX 105187
ATLANTA, GA 30348-5187

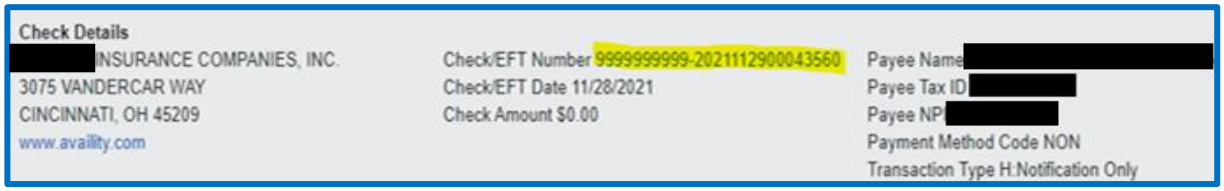
DATE 11/29/21

PROVIDER NAME
ADDRESS
PROVIDER NPI IDS
TAX ID NO XXXX
CHECK NUMBER 999999999

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	4,254.86	IRS WITHHELD	0.00
INTEREST	86.73	STATE WITHHELD	0.00
PENALTY	0.00	AMOUNT PREVIOUSLY OVERPAID	27,489.00-
LEVY/GARNISHMENT	0.00	AMOUNT DISBURSED	0.00

Paper Explanation of Payment (*EOP*)
Check # is all 9's



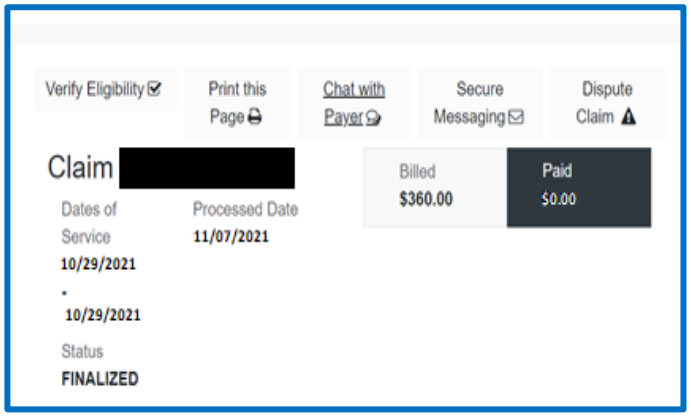
Check Details

[redacted] INSURANCE COMPANIES, INC.
3075 VANDERCAR WAY
CINCINNATI, OH 45209
www.availity.com

Check/EFT Number 9999999999-2021112900043560
Check/EFT Date 11/28/2021
Check Amount $0.00

Payee Name [redacted]
Payee Tax ID [redacted]
Payee NP [redacted]
Payment Method Code NON
Transaction Type H:Notification Only

Electronic Remittance Advice (ERA) 835
Check # is 27 bytes, which includes 10 from paper above



Verify Eligibility | Print this Page | Chat with Payer | Secure Messaging | Dispute Claim

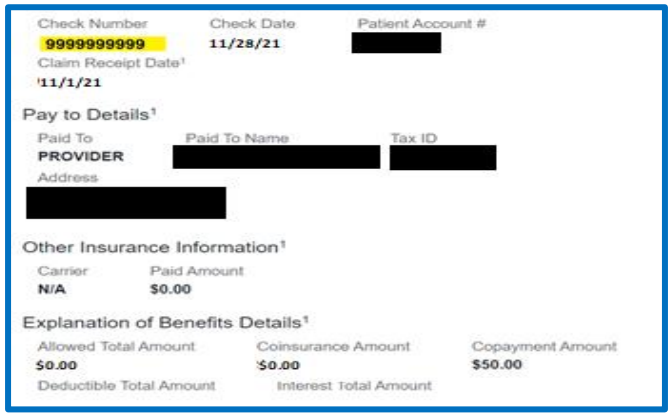
Claim [redacted]

Billed $360.00
Paid $0.00

Dates of Service
10/29/2021
-
10/29/2021

Processed Date
11/07/2021

Status
FINALIZED



Check Number 9999999999
Check Date 11/28/21
Patient Account # [redacted]
Claim Receipt Date¹ 11/1/21

Pay to Details¹
Paid To PROVIDER
Paid To Name [redacted]
Tax ID [redacted]
Address [redacted]

Other Insurance Information¹
Carrier N/A
Paid Amount $0.00

Explanation of Benefits Details¹
Allowed Total Amount $0.00
Coinsurance Amount $0.00
Copayment Amount $50.00
Deductible Total Amount
Interest Total Amount

Claim Status - 277
Check # is all 9's

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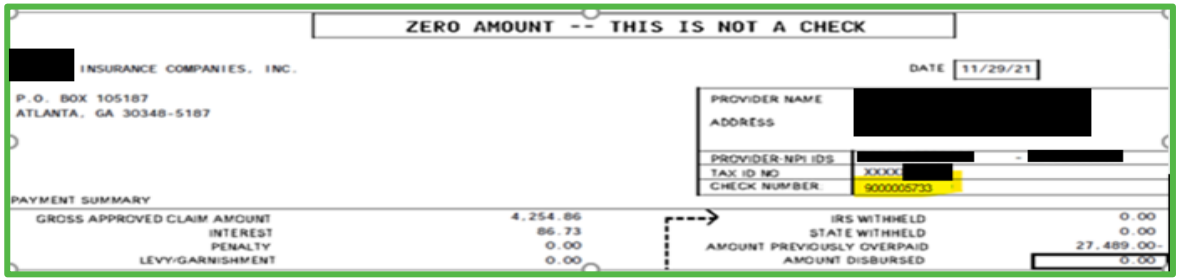
Easier reconciliation: remittance with zero payment



ZERO AMOUNT -- THIS IS NOT A CHECK

[redacted] INSURANCE COMPANIES, INC.

P.O. BOX 105187
ATLANTA, GA 30348-5187

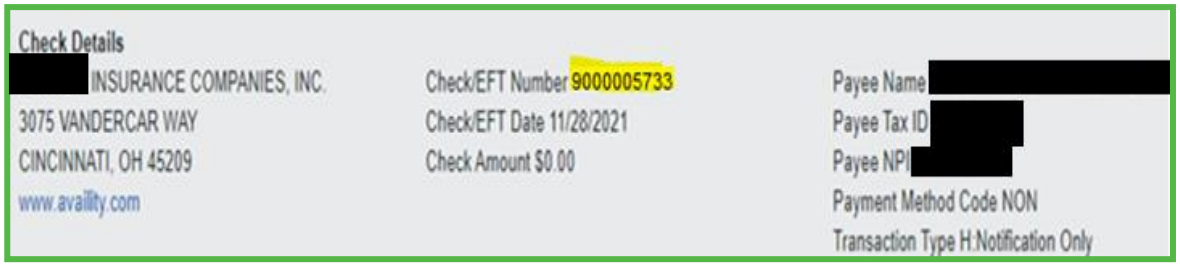
DATE 11/29/21

PROVIDER NAME [redacted]
ADDRESS

PROVIDER NPI IDS [redacted]
TAX ID NO XXXX[redacted]
CHECK NUMBER 9000005733

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	4,254.86	IRS WITHHELD	0.00
INTEREST	86.73	STATE WITHHELD	0.00
PENALTY	0.00	AMOUNT PREVIOUSLY OVERPAID	27,489.00-
LEVY/GARNISHMENT	0.00	AMOUNT DISBURSED	0.00



Check Details

[redacted] INSURANCE COMPANIES, INC.
3075 VANDERCAR WAY
CINCINNATI, OH 45209
www.availity.com

Check/EFT Number 9000005733
Check/EFT Date 11/28/2021
Check Amount $0.00

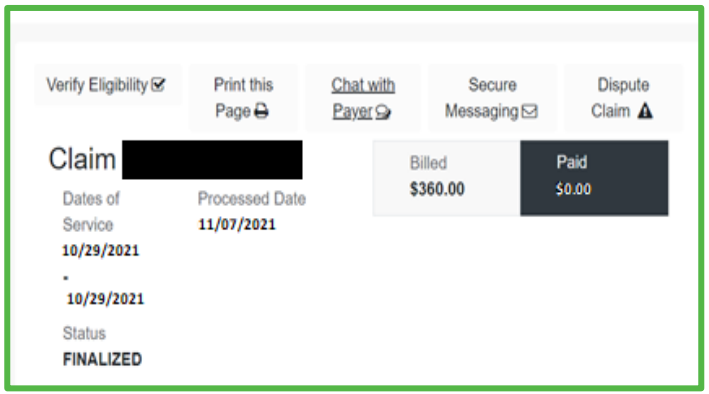
Payee Name [redacted]
Payee Tax ID [redacted]
Payee NPI [redacted]
Payment Method Code NON
Transaction Type H:Notification Only

Paper Explanation of Payment (EOP)
New unique number

Access through Availity Remit Reviewer application

Electronic Remittance Advice (ERA) 835
Same unique number as the paper EOP

Delivered through Availity or Electronic Medical Records (EMR) systems



Verify Eligibility | Print this Page | Chat with Payer | Secure Messaging | Dispute Claim

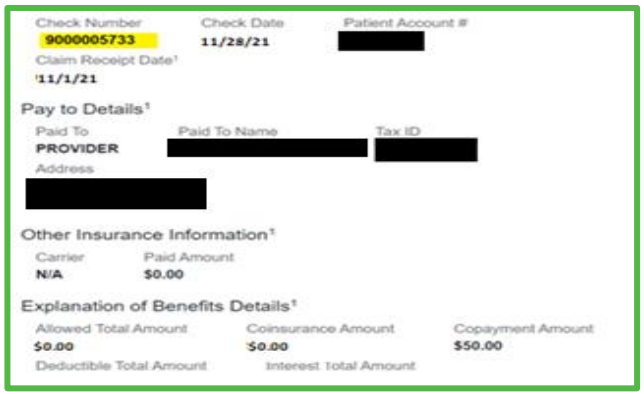
Claim [redacted]

Billed $360.00
Paid $0.00

Dates of Service
10/29/2021
-
10/29/2021

Processed Date
11/07/2021

Status
FINALIZED



Check Number 9000005733
Check Date 11/28/21
Patient Account # [redacted]
Claim Receipt Date¹ 11/1/21

Pay to Details¹
Paid To PROVIDER
Paid To Name [redacted]
Tax ID [redacted]
Address [redacted]

Other Insurance Information¹
Carrier N/A
Paid Amount $0.00

Explanation of Benefits Details¹
Allowed Total Amount $0.00
Coinsurance Amount $0.00
Copayment Amount $50.00
Deductible Total Amount
Interest Total Amount

Claim Status - 277
Same unique number as the paper EOP

Access through Availity Claims & Payments application

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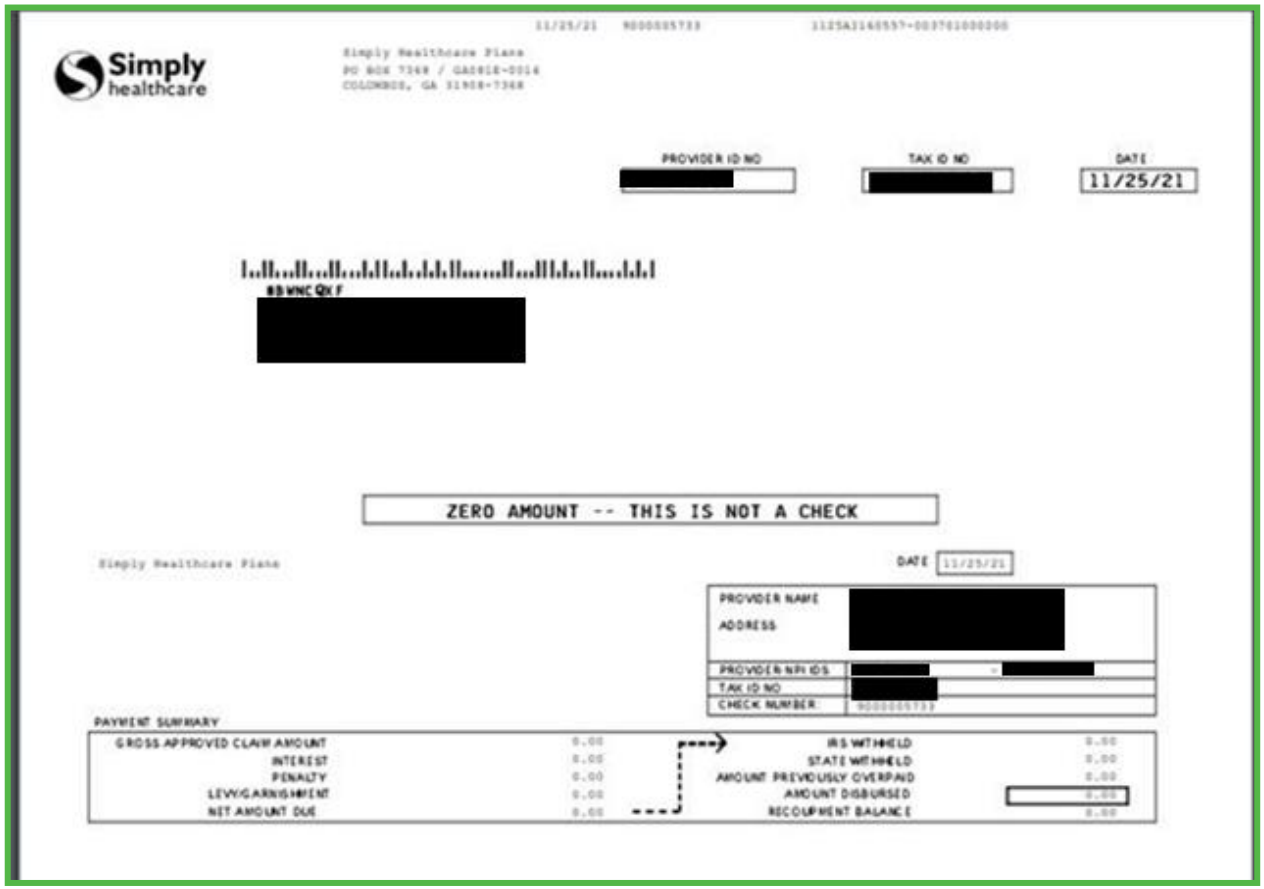
Remittance inquiry search enhancement – paper *EOP*



Simply healthcare

Simply Healthcare Plans
PO BOX 7368 / GADSDEN-0016
COLUMBUS, GA 31908-7368

PROVIDER ID NO [redacted] TAX ID NO [redacted] DATE 11/25/21

[redacted]

ZERO AMOUNT -- THIS IS NOT A CHECK

Simply Healthcare Plans DATE 11/25/21

PROVIDER NAME [redacted]
ADDRESS
PROVIDER NPI ID'S [redacted]
TAX ID NO [redacted]
CHECK NUMBER

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	0.00	IRS WITHHELD	0.00
INTEREST	0.00	STATE WITHHELD	0.00
PENALTY	0.00	AMOUNT PREVIOUSLY OVERPAID	0.00
LEVY/GARNISHMENT	0.00	AMOUNT DISBURSED	0.00
NET AMOUNT DUE	0.00	RECOUPMENT BALANCE	0.00

Paper EOP now has new unique number and not 9##########

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ConferMED — created by primary care providers *for* primary care providers

We know how hard it is to practice primary care. Our goal is to support providers:

- Keep more of your patient's care in your health center.
- Confer with specialists rapidly and easily in 40 specialties, adult and pediatric.
- Reduce the time it takes to get answers to your specialty-related questions.

  Our average response time is 17 hours.

- Improve patient outcomes.

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eConsults

An eConsult is a referral sent electronically to a specialist including appropriate PHI from the patient's chart and a formal consult note in response from the ConferMED specialist:

- Rapid advice from expert specialists
- Help patients avoid unnecessary visits
- Hone your primary care skills
- Optimize your work-up before a face-to-face visit

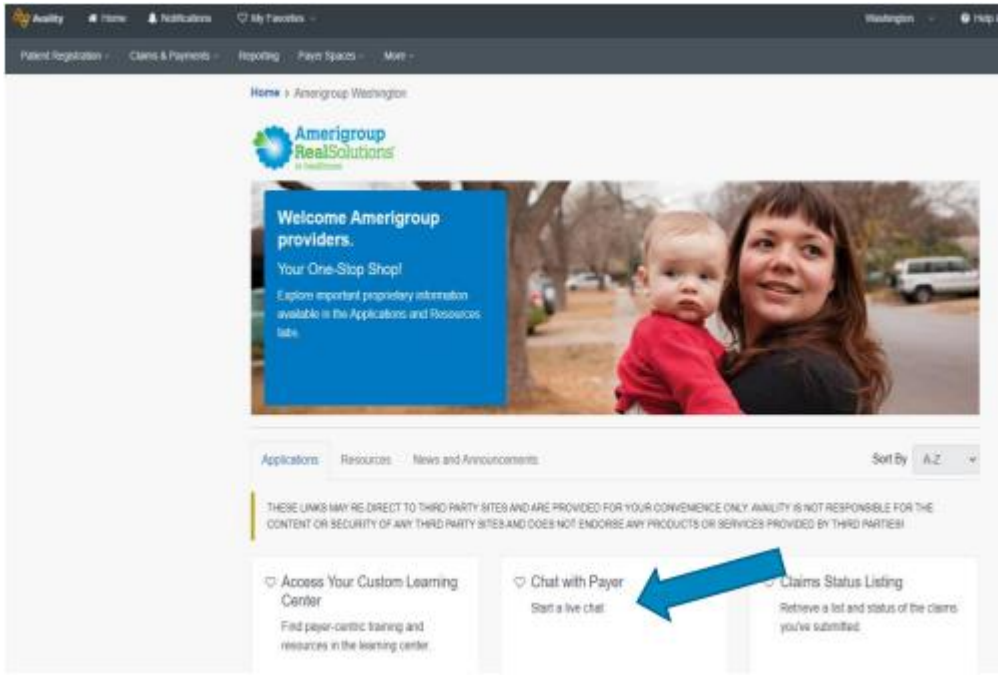
ConferMED contact: Maryann Souza at souzam@chc1.com

Amerigroup

Digital chat function

Have questions about a claim or services?

- Use the Provider Chat function in Availity:
  - Standard business call hours
  - Real-time chat with Amerigroup Provider Services



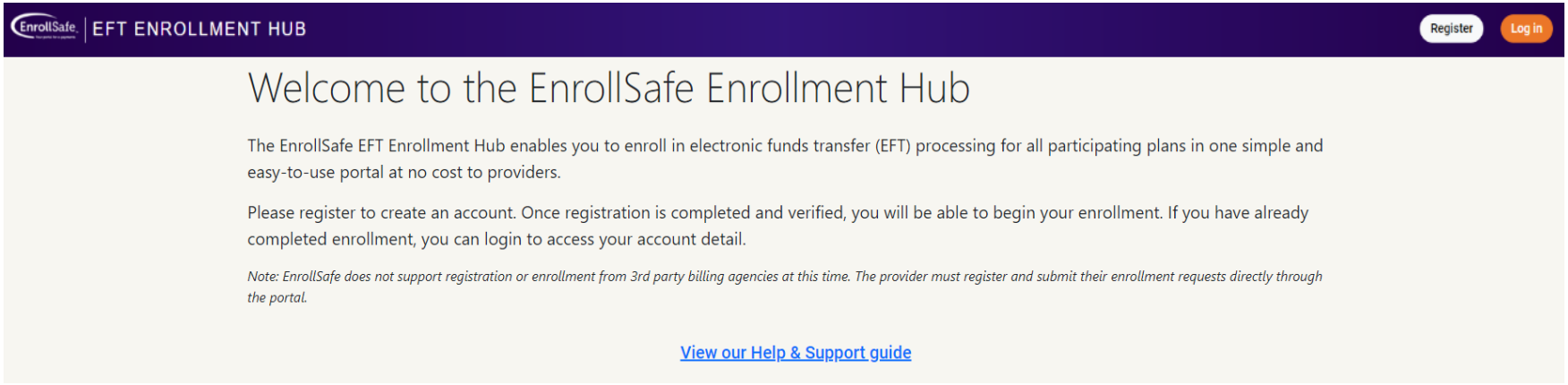
Provider manual revitalizing project

- Amerigroup is excited to share that we are revitalizing the provider manual. We are seeking feedback from our partners in helping us to improve the layout and content. Amerigroup is requesting that you provide your valuable feedback through the following survey link: https://www.surveymonkey.com/r/Z925CRC.
- Network Relations will also be requesting this feedback through 1:1 meetings, telephone calls, and Joint Operation Committee meetings.
- The topics we would like to gather feedback on are:
  - *Are there topics that you wish were included within our current provider manual that you don't see currently?*
  - *What are common topics that you utilize the provider manual for most?*
  - *How does the Amerigroup provider manual compare to other MCOs?*
  - *Is the Amerigroup provider manual easy to follow and utilize?*

Amerigroup

EFT enrollment

- EFT is the most efficient way to receive your payments:
  - No cost to providers
  - Access reports 24 hours per day, 7 days per week
  - Route EFTs to bank account of your choice
- EnrollSafe* is the enrollment portal for providers and can be accessed through Availity.com or https://enrollsafe.payeehub.org.



Open discussion

We want to hear from you!

Reminder:

Please complete the post-event survey after the town hall.

* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Washington, Inc. Beacon Health Options is an independent company providing behavioral health services on behalf of Amerigroup Washington, Inc. EnrollSafe is a tool developed by Zelis Payments, an independent organization offering electronic funds transfer services on behalf of Amerigroup Washington, Inc.

https://provider.amerigroup.com