

Q&A session for Q1 2022 Amerigroup Washington, Inc. Network Town Hall

Copy of presentation

Q: Will a copy of this presentation be sent out to the participants?

A: Upon internal approval, the slide deck will be posted to the provider website.

SERI billing

Q: My questions are about the Service Encounter Reporting Instructions (SERI). If we are not on a SERI contract, then does this apply to us? All substance use disorder (SUD) codes are H codes. Will we still see this as an issue or is it resolved? And does that mean we need to change the code to not have the H? We do not bill by the minute. We don't use SERI. We bill units, that is what I meant.

A: Please follow HCA guidelines for the codes you are being billed.

Availity

Q: Are you going to enable corrected claims through Availity?*

A: Currently, claims can be corrected through the *Claims and Payments* section in Availity. Choose Professional or Facility claim and follow the steps to complete the claim and choose frequency code 7.

Q: Do you know if electronic remittance advice (ERA) can be downloaded as a 5010 file, not just an 835? Our office does not do electronic reconciliation, so I have to manually download files into our electronic health record (EHR) system. Only 5010 files are supported.

A: Per Availity, you can select the *HIPAA* version of 5010 or 5010A1. The default is set to 5010A1.

Q: When I researched submitting claims through Availity (including corrections), the provider had to pay for a level of service that allowed Availity to function as a clearinghouse. If you subscribe to the free version, do you not get access to claims management?

A: You will need privileges in Availity from your Availity system administrator:

- If enhancements are made to Availity, your Availity system administrator will have to grant access via permissions.
- Go to *Availity Training* on the provider website and select *Registration*.

We have been able to access claims in Availity without paying for any service.

Availity revenue cycle management (RCM) will allow submission of a corrected claim. This does not allow correction to the diagnosis (Dx) code. Regular Availity only allows a reconsideration request.

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

2% rate increase

Q: Did I understand you correctly that fee-for-service providers will continue to receive lump sum payments over the next four weeks, and then we will begin to see the increase on our claims?

A: You will continue to see lump sum payments over the next few months as claims come in our system to pay the 2% difference. Settlement payments will continue until the May 1, 2022, contract rates are updated. The Amerigroup fee schedule is expected to go live May 1, 2022. This date is chosen as, per our contract, we need to submit a 60-day provider notification. The behavioral health (BH) fee schedule is to better align with SERI. We repriced all codes by 2% and some will be higher. For codes that cross over to substance use disorder (SUD) and mental health, you will likely see a higher rate.

Q: Will the lump sum payments be broken up by the National Provider Identifier (NPI)? It is difficult to apply to correct agency if they are only under our taxpayer identification numbers (TIN).

A: This is being reviewed internally.

Contract

Q: Our contract was updated in October, and our new rates were added to our system; however, we were told that Amerigroup doesn't have our contract rates updated in your system. How long do you think it will take to get that done?

A: Your Provider Experience consultant will be contacting you directly to support you with this issue.

Configuration

Q: If the service is an S, H, or T code and the member has Medicare or Commercial as primary, are we required to bill the plans even though we know that Medicare and Commercial does not cover these codes?

A: For Medicare *Explanation of Benefits (EOB)* requirement configuration, after January 9, 2022, you should not receive anything that needs *EOB* required denials. This does not apply to Commercial insurance. Primary *EOBs* are needed from Commercial payers.

Q: We are constantly getting payments reversed because of this issue. Can you please give me a bit more info about this? Does that include those that have *behavioral health services only* on the Medicaid Management Information System (MMIS) profile (Provider One)? Will we be reimbursed for those payments that were reversed due to not providing a Medicare denial?

A: For behavioral health services only (BHSO) and/or Medicare *EOB* denials, claim projects are in place to reprocess claims.

Q: Can we discuss the sweep that Amerigroup just did? Why is Amerigroup doing offsets instead of recoupments?

A: Your Provider Experience consultant will connect with you directly on this issue.

Refunds

Q: Why is Amerigroup asking for refunds from 2018 and 2019? I appeal them but never get a response from Amerigroup.

A: Your Provider Experience consultant will contact you directly.