Provider Newsletter

Amerigroup
An Anthem Company

Amerigroup Washington, Inc.
https://providers.amerigroup.com/WA
Medicaid providers: 1-800-454-3730
Medicare providers: 1-866-805-4589

December 2020

Want to receive the *Provider Newsletter* via email?
Click here to provide/update your email address.

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Medicaid:

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COVID-19 information

Amerigroup Washington, Inc. is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the Washington State Department of Health to help us determine what action is necessary on our part. Amerigroup will continue to follow Washington State Department of Health guidance policies.

For additional information, reference our **website**.

WAPEC-2237-20

Notifications on the Availity Portal

Amerigroup Washington, Inc. is now using the *Notification Center* on the Availity Portal* home page to communicate vital and time sensitive information. You will see a *Take Action* call out and a red flag in front of the message to make it easy to see new items requiring your attention.

We will use the *Notification Center* to update your organization if there are payment integrity requests for medical attachments or recommended training in the Custom Learning Center. Select the **Take Action** icon to access the custom learning recommended course.

There will also be a message posted in the *Notification Center* when a payment dispute decision is available. Selecting the **Take Action** icon will allow easy access to your appeals worklist for details.

Viewing the *Notification Center* updates should be included as part of your regular workflow so that you are aware of any outstanding action items.

WA-NL-0447-20

New digital provider enrollment tool added to Availity for Washington

In February 2021, we added new functionality to the Washington provider enrollment tool hosted on the Availity Portal* to further automate and improve your online enrollment experience.

Who can use this new tool?

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

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

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 exisiting group
- A dashboard for real time status on the submitted applications
- Streamlined, complete data submission

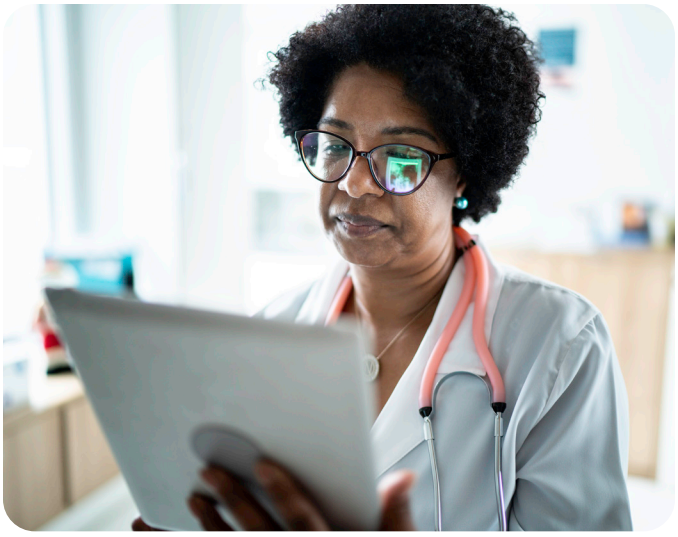
Read more online.

WA-NL-0435-20

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

Digital transactions cut administrative tasks in half

Introducing the Amerigroup Washington, Inc. *Provider Digital Engagement Supplement* to the provider manual



Using our secure provider portal or EDI submissions (via Availity*), administrative tasks can be reduced by more than 50% when filing claims with or without attachments, checking statuses, verifying eligibility, benefits and when submitting prior authorizations electronically. In addition, it could not be easier. Through self-service functions, you can accomplish digital transactions all at one time, all in one place. If you are not already registered, just go **here** for EDI or **here** for the secure provider portal (Availity).

Get payments faster

By eliminating paper checks, electronic funds transfer (EFT) is a digital payment solution that deposits payments directly into your account. It is safe, secure and will deliver payments to you faster. Electronic remittance advice (ERA) is completely searchable and downloadable from the Availity Portal or the *EDI 835* remittance, which meets all *HIPAA* mandates — eliminating the need for paper remittances.

Member ID cards go digital

Members who are transitioning to digital member ID cards will find it is easier for them and you. The ID card is easily emailed directly to you for file upload, eliminating the need to scan or print. In addition, the new digital member ID card can be directly accessed through the secure provider portal via Availity. Providers should begin accepting the digital member ID cards when presented by the member.

Amerigroup makes going digital easy with the *Provider Digital Engagement Supplement*

From our digital member ID cards, EDI transactions, application programming interfaces and direct data entry, we cover everything you need to know in the ***Provider Digital Engagement Supplement*** and on the secure **Availity Portal**. The supplement outlines our provider expectations, processes and self-service tools across all electronic channels Medicaid and Medicare, including medical, dental and vision benefits.

The *Provider Digital Engagement Supplement* to the provider manual is another example of how Amerigroup is using digital technology to improve the health care experience. We are asking providers to go digital with Amerigroup no later than January 1, 2021, so we can realize our mutual goals of reducing administrative burden and increasing provider satisfaction and collaboration. Read the ***Provider Digital Engagement Supplement*** now and go digital with Amerigroup.

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WA-NL-0457-20

Top five trending claim denial/rejections and how to solve them

The top five themes for denied claims:

1. Duplicate claim submission denials
2. No prior authorization claim denials
3. Denied claims due to primary carrier *EOP*
4. Denied claims due to inappropriate billing for code 96164
5. Denied claims due to being out of network (OON)

The top two themes for rejected claims:

1. No taxonomy on claim:
   - Please ensure you are submitting all claims with appropriate taxonomy.
2. Invalid or blank provider NPI:
   - Please ensure you are adding the appropriate NPI on all submitted claim forms.

Use the EDI hotline at **1-800-590-5745** when your claim was submitted electronically but was never paid or was rejected. We're available to assist you with setup questions and help resolve submission issues or electronic claims rejections.

Read more online.

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

WA-NL-0474-20

Coding spotlight: HEDIS MY 2021

HEDIS overview

The National Committee for Quality Assurance (NCQA) is a non-profit organization that accredits and certifies health care organizations. The NCQA establishes and maintains the Healthcare Effectiveness Data and Information Set (HEDIS®). HEDIS is a tool comprised of standardized performance measures used to compare managed care plans. The overall goal is to measure the value of health care based on compliance with HEDIS measures. HEDIS also allows stakeholders to evaluate physicians based on health care value rather than cost. This article will outline specific changes to the HEDIS measures as outlined by the NCQA. The changes are effective for the measurement year (MY) 2020 to 2021. It is important to note that the state health agency has the authority to determine which measures and rates managed care organizations should capture.

HEDIS data helps calculate national performance statistics and benchmarks and sets standards for measures in NCQA Accreditation.

Read more online.

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

WA-NL-0469-20

NCQA changes for HEDIS measures for measurement years 2020 and 2021

NCQA, as the author of all things HEDIS®, annually researches and makes updates to the measures that are indicators of the quality of our health care. For those of you who have followed the process for these updates in previous years, you know that the changes for the current measurement year typically have only come to us in the summer of that year. NCQA has heard our requests to change that timeline. Beginning this year, the updates apply to both measurement year 2020 and 2021. Beginning in August of 2021, the changes will be announced in advance of the next measurement year of 2022. This will enable all of us to let you know of any new requirements pertaining to care. In addition, the naming convention for the year has changed. Therefore, we are now in measurement year 2020, now referred to as HEDIS MY2020.

General guideline changes for Medicaid for 2020 and 2021

Members who have died during the measurement year must be excluded from all measures. Telehealth guidance has been added to 40 measures in order to support expanded use of telehealth in providing care to members. Members receiving palliative care are excluded from several measures. Member reported readings using a digital device for blood pressure for CBP and CDC is permitted, as is member reported height, weight and BMI for WCC.

Measures that are being retired for Medicaid for 2020 and 2021

- Adult BMI Assessment (ABA)
- Medication Management for People with Asthma (MMA)
- Children and Adolescents Access to Primary Care Practitioners (CAP)
- Comprehensive Diabetes Care – Medical Attention for Nephropathy (Note: CDC A1C, CDC Retinal Exams and CDC BP have not changed).

New measures for Medicaid for 2020 and 2021

1. **Kidney Health Evaluation for Patients With Diabetes (KED)**
2. **Well-Child Measures Restructured**
   W15, W30 and AWC as separate measures have been retired and incorporated into two new measures:
   - Well-Child Visits in the First 30 Months of Life (W30)
   - Child and Adolescent Well-Care Visits (WCV)

Amerigroup Washington, Inc. reviews these changes for HEDIS regularly through provider remote trainings. The next series of trainings will be in November. You can find the schedule to register for these classes through the provider website at **https://providers.amerigroup.com/WA**.

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

WA-NL-0470-20

Read more online.

FDA approvals and expedited pathways used — new molecular entities

Amerigroup Washington, Inc. reviews the activities of the Food and Drug Administration (FDA)'s approval of drugs and biologics on a regular basis to understand the potential effects for our providers and members.

The FDA approves new drugs and biologics using various pathways. Recent studies on the effectiveness of drugs and biologics going through different FDA pathways illustrates the importance of clinicians being aware of the clinical data behind a drug or biologic approval in making informed decisions.

Approval pathways the FDA uses for drugs/biologics	
Standard Review	The Standard Review process follows well-established paths to make sure drugs/biologics are safe and effective when they reach the public. From concept to approval and beyond, FDA performs these steps: reviews research data and information about drugs and biologics before they become available to the public, watches for problems once drugs and biologics are available to the public, monitors drug/biologic information and advertising, and protects drug/biologic quality. **To learn more about the Standard Review process, go here.**
Fast Track	Fast Track is a process designed to facilitate the development and expedite the review of drugs/biologics to treat serious conditions and fill an unmet medical need. **To learn more about the Fast Track process, go here.**
Priority Review	A Priority Review designation means FDA's goal is to take action on an application within six months. **To learn more about the Priority Review process, go here.**
Breakthrough Therapy	A process designed to expedite the development and review of drugs/biologics that may demonstrate substantial improvement over available therapy. **To learn more about the Breakthrough Therapy process, click here.**
Orphan Review	Orphan Review is the evaluation and development of drugs/biologics that demonstrate promise for the diagnosis and/or treatment of rare diseases or conditions. **To learn more about the Orphan Review process, click here.**
Accelerated Approval	These regulations allowed drugs/biologics for serious conditions that filled an unmet medical need to be approved based on a surrogate endpoint. **To learn more about the Accelerated Approval process, click here.**

New molecular entities approvals — January to August 2020

Certain drugs/biologics are classified as new molecular entities (NMEs) for purposes of FDA review. Many of these products contain active ingredients that have not been approved by FDA previously, either as a single ingredient drug or as part of a combination product; these products frequently provide important new therapies for patients.

Amerigroup reviews the FDA-approved NMEs on a regular basis. To facilitate the decision-making process, we are providing a list of NMEs approved from January to August 2020 along with the FDA approval pathway utilized.

WA-NL-0461-20

LiveHealth Online

Using LiveHealth Online®* (LHO) when your patients can't see you, they can connect with a doctor, therapist, psychologist or psychiatrist through live video for nonemergency conditions.

LHO doctors can even send prescriptions directly to your patient's pharmacy if needed.

About LHO

- LHO is a website and mobile application that provides 24/7 access to on-demand video visits. It has an urgent care focus and provides convenient access anytime, anywhere in Washington (even at home!) via smartphone, tablet or computer.
- LHO connects patients with board-certified physicians supporting physical and behavioral health.
- Physicians can electronically prescribe to the member's pharmacy. Note: Only noncontrolled substances can be prescribed.
- It is available at no cost to Amerigroup Washington, Inc. members.

Note, LHO is not intended to, nor can it, take the place of the patient's PCP relationship and the services provided by their PCP.

Read more online.

** LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth services on behalf of Amerigroup Washington, Inc.*

WAPEC-2320-20/WA-NL-0473-20

For members who used LHO, when asked where they would have gone:

- 5% wouldn't have gone anywhere.
- 13% would have made an office appointment.
- 18% would have gone to the ER.
- 24% would have gone to an urgent care center.

Top diagnoses of LHO medical users:

1. Other acute lower respiratory infections
2. Chronic lower respiratory diseases
3. Influenza and pneumonia
4. Soft tissue disorders
5. Arthropathies

Top diagnoses of LHO behavioral health users:

1. Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
2. Mental and behavioral disorders due to psychoactive substance use
3. Schizophrenia, schizotypal, delusional and other non-mood psychotic disorders

Resources to support your pregnant and postpartum patients and their families

Across the nation, too many women continue to experience pregnancy-related complications and death. More than 700 women die each year in the United States as a result of complications related to pregnancy or delivery.[1] Many of these deaths are preventable. In addition, significant racial and ethnic disparities exist in maternal morbidity and mortality. For example, Black/African American and American Indian/Alaska Native women are two to three times more likely to die from pregnancy-related complications compared to White women.[2] Amerigroup Washington, Inc. recognizes your role at the front lines of defense to support your diverse pregnant and postpartum patients. We want to ensure you have the right tools and resources to help your patients understand their risks and key maternal warning signs.

The Centers for Disease Control and Prevention (CDC) recently launched the **Hear Her** campaign to raise awareness of pregnancy-related complications, risks and death. The Hear Her campaign aims to increase knowledge of the symptoms women should seek medical attention for during pregnancy and in the year after delivery, such as vision changes and chest pain. Resources are available for pregnant and postpartum women, partners, families and friends, and health care providers.

The Hear Her campaign reminds us of the importance of listening to women. As a health care provider, you have an opportunity to listen to pregnant women, engage in an open conversation to make certain their concerns are adequately addressed, and help your patients understand urgent maternal warning signs.

In addition, the Council on Patient Safety in Women's Health Care developed a tool to help women identify urgent maternal warning signs. The **Urgent Maternal Warning Signs tool** helps women recognize the symptoms they may experience during and after pregnancy that could indicate a life threatening condition. The tool also provides additional information on the symptoms and conditions that place women at increased risk for pregnancy-related death.

If you have a pregnant member in your care who would benefit from case management, please call us at **1-800-454-3730**. Members can also call our 24-hour Nurse HelpLine at the number on their member ID card.

References

1 Centers for Disease Control and Prevention. (2020, August 13). *Reproductive Health: Maternal Mortality*. Retrieved from **https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html**.

2 Centers for Disease Control and Prevention. (2019, September 5). *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths.* Retrieved from **https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html**.

WA-NL-0452-20

Updates to AIM Specialty Health *Advanced Imaging of the Heart Clinical Appropriateness Guideline*

Effective for dates of service on and after March 14, 2021, the following updates will apply to the AIM Specialty Health® (AIM)* *Advanced Imaging of the Heart Clinical Appropriateness Guideline.*

Evaluation of patients with cardiac arrhythmias:

- Updated repeat TTE criteria
- Added restrictions for patients whose initial echocardiogram shows no evidence of structural heart disease, and follow-up echocardiography is not appropriate for ongoing management of arrhythmia.

Evaluation of signs, symptoms, or abnormal testing:

- Added restrictions for TTE in evaluation of palpitation and lightheadedness based on literature.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's ***Provider****Portal*℠ directly at **https://providerportal.com**.
  - Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
  - Access AIM via the Availity* Portal at **https://www.availity.com**.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7 a.m. to 7 p.m. ET.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines **here**.

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup Washington, Inc. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Washington, Inc.*

WA-NL-0261-20

InterQual October 2020 *Clinical Criteria* revisions

The effective date for Amerigroup Washington, Inc. to use InterQual® 2020.1 criteria will be January 15, 2020. On this effective date, Amerigroup providers should begin using InterQual 2020.1 criteria.

WA-NL-0465-20

COVID-19 information from Amerigroup Washington, Inc.

View the **article** in the Medicaid section.

WAPEC-2237-20

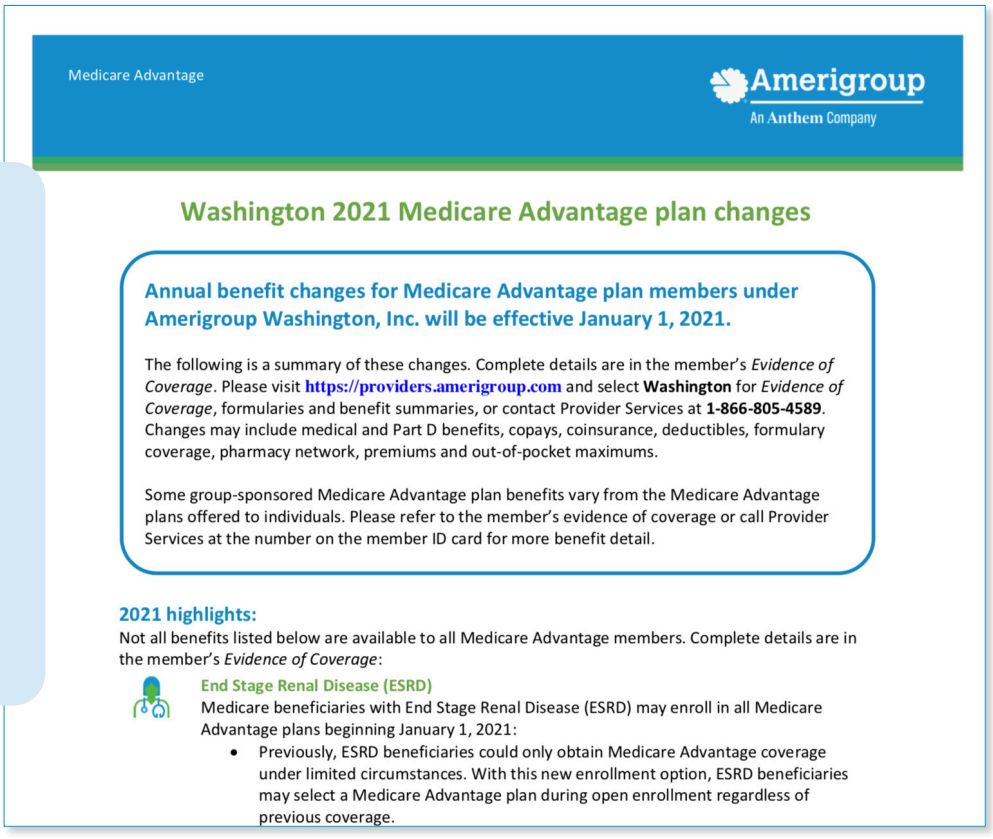
Digital transactions cut administrative tasks in half

View the **article** in the Medicaid section.

WA-NL-0457-20/AGPCRNL-0139-20

2021 Medicare Advantage individual benefits and formularies

An overview of notable 2021 benefit changes is available at **https://providers.amerigroup.com/WA**.



Medicare Advantage

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Washington 2021 Medicare Advantage plan changes

Annual benefit changes for Medicare Advantage plan members under Amerigroup Washington, Inc. will be effective January 1, 2021.

The following is a summary of these changes. Complete details are in the member's *Evidence of Coverage*. Please visit **https://providers.amerigroup.com** and select **Washington** for *Evidence of Coverage*, formularies and benefit summaries, or contact Provider Services at **1-866-805-4589**. Changes may include medical and Part D benefits, copays, coinsurance, deductibles, formulary coverage, pharmacy network, premiums and out-of-pocket maximums.

Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's evidence of coverage or call Provider Services at the number on the member ID card for more benefit detail.

2021 highlights:

Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's *Evidence of Coverage*:

End Stage Renal Disease (ESRD)

Medicare beneficiaries with End Stage Renal Disease (ESRD) may enroll in all Medicare Advantage plans beginning January 1, 2021:

- Previously, ESRD beneficiaries could only obtain Medicare Advantage coverage under limited circumstances. With this new enrollment option, ESRD beneficiaries may select a Medicare Advantage plan during open enrollment regardless of previous coverage.

AGPCRNL-0142-20

Medical Policies and *Clinical Utilization Management Guidelines* update

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

To view a guideline, visit **https://medicalpolicies.amerigroup.com/am_search.html**.

Updates

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- MED.00134 — Noninvasive Heart Failure and Arrhythmia Management and Monitoring System:
  - Revised Investigational and Not Medically Necessary indications
- SURG.00156 — Implanted Artificial Iris Devices:
  - Revised Investigational and Not Medically Necessary indications
- SURG.00157 — Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis:
  - Revised Investigational and Not Medically Necessary indications
- CG-DME-07 — Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized Speech Output:
  - Revised Medically Necessary and Not Medically Necessary indications
- GENE.00052 — Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling:
  - Revised Medically Necessary indications
- SURG.00077 — Uterine Fibroid Ablation: Laparoscopic, Percutaneous or Transcervical Image Guided Techniques:
  - Expanded scope and revised Investigational and Not Medically Necessary indications
- SURG.00112 — Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures):
  - Revised scope, and Investigational and Not Medically Necessary indications
- CG-REHAB-12 — Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology:
  - A new clinical UM Guideline was created from content contained in CG-REHAB-04, CG-REHAB-05, CG-REHAB-06.
  - There are no changes to the guideline content.
  - Publish date is scheduled for December 8, 2020.
- The following AIM Specialty Health® (AIM)** Clinical Appropriateness Guidelines have been revised and will be effective on December 6, 2020.
  - Interventional Pain Management (See August 16, 2020, version.)*
  - Chest Imaging (See August 16, 2020, version.)*
  - Oncologic Imaging (See August 16, 2020, version.)*
  - Sleep Clinical Guidelines (See August 16, 2020, version.)*

  To view AIM guidelines, visit the **AIM page**.

Medical Policies

On August 13, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several Medical Policies applicable to Amerigroup Washington, Inc. These guidelines take effect December 6, 2020.

Clinical UM Guidelines

On August 13, 2020, the MPTAC approved several Clinical UM Guidelines applicable to Amerigroup. These guidelines adopted by the medical operations committee for Amerigroup Amerivantage (Medicare Advantage) members on September 24, 2020. These guidelines take effect December 6, 2020.

Read more online.

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

AGPCRNL-0149-20