

Provider Newsletter



Amerigroup Washington, Inc.

<https://providers.amerigroup.com/wa>

Medicaid providers: 1-800-454-3730

Medicare providers: 1-866-805-4589

August 2020

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COVID-19 information from Amerigroup Washington, Inc.

Amerigroup 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 the *COVID-19 News and Resources* section on the homepage of our [website](#).

WAPEC-2237-20

Medical drug *Clinical Criteria* updates

March 2020 update

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Washington, Inc. Please note, this does not affect the prescription drug benefit. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the *Clinical Criteria* [web posting](#).

WA-NL-0418-20

The *Clinical Criteria* is publicly available on our [provider website](#). Visit *Clinical Criteria* to search for specific policies.

Please submit your questions to [email](#).

InterQual 2020 update

The effective date for Amerigroup Washington, Inc. to use InterQual® 2020 criteria will be July 20, 2020. On this effective date, Amerigroup providers should begin using InterQual 2020 criteria.

Updated *Clinical Practice Guidelines* in process

The *Clinical Practice Guidelines* have been updated for 2020 and will be available online in 60 days. The guidelines will be available on the [Amerigroup Washington, Inc. self-service website](#) > Clinical Practice Guidelines > Clinical Practice Guidelines Matrix. These evidence-based guidelines were reviewed and approved by our Quality Improvement Committee. The guidelines include direct links to the source documents for reference.



Read more online.

WA-NL-0428-20

New MCG Care Guidelines 24th edition

Effective August 1, 2020, Amerigroup Washington, Inc. will use the new acute viral illness guidelines that have been added to the 24th edition of the MCG Care Guidelines. Based on the presenting symptoms or required interventions driving the need for treatment or hospitalization, these guidelines are not a substantive or material change to the existing MCG Care Guidelines we use now, such as systemic or infectious condition, pulmonary disease, or adult or pediatric pneumonia guidelines.

Inpatient Surgical Care (ISC):

- *Viral Illness, Acute — Inpatient Adult (M-280)*
- *Viral Illness, Acute — Inpatient Pediatric (P-280)*
- *Viral Illness, Acute — Observation Care (OC-064)*

Recovery Facility Care (RFC):

- *Viral Illness, Acute — Recovery Facility Care (M-5280)*

WA-NL-0419-20

Provider data update

Amerigroup Washington, Inc. partners with AIM Specialty Health[®]* (AIM), a leading specialty benefits management company that provides services for radiology, cardiology, genetic testing, oncology, musculoskeletal, rehabilitation, sleep management, and additional specialty areas. Partnerships like this require that Amerigroup provider demographic information (group or practice name, additional providers added to the group/practice, location) is current and accurate to eliminate provider and member abrasion.

In the event the provider's demographic information has not been updated in the Amerigroup system, the data will also be missing from the provider data that goes to AIM. Therefore, providers may not be able to locate the requested record in AIM's system. While the provider's information can be manually entered to build a case, the record will appear to be out-of-network, and the case will adjudicate accordingly.

Amerigroup provider data updates flow to AIM via the provider data extract, but the data flow does not work in the reverse back to Amerigroup.



It is important that providers make the following changes or updates with Amerigroup, not AIM:

- Group or practice name
- TIN
- NPI
- Address (add/remove location(s), corrections)
- Phone numbers
- Fax numbers
- Any additional changes



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

WA-NL-0413-20

What Matters Most online training course: improving patient experience

The *What Matters Most* online training course for providers and office staff addresses gaps in care and offers approaches to communication with patients. The course is available at no cost and is eligible for one CME credit by the American Academy of Family Physicians. The *What Matters Most* online training course can be accessed at: www.patientexptraining.com.

WA-NL-0426-20



New behavioral health discharge call-in line

We value the strong and collaborative relationships we have with the providers in our network. As we continuously work to improve our process, we have a new option for providers to communicate with us. Effective April 1, 2020, behavioral health providers have a new discharge call-in line.



If a member is discharging from inpatient or residential treatment, providers may send the discharge information via the call-in line at **1-833-385-9055**. The call-in line is staffed from 5 a.m. to 5 p.m. PT, Monday through Friday. If all representatives are on calls, or if it's a weekend, the confidential voicemail will be initiated, allowing providers to leave discharge information.

Providers can also continue to submit information via fax or the [Availity Portal](#).*

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

WA-NL-0403-20

Behavioral health Honor Authorization Request

Obtain the [Honor Authorization Request form](#) under *Behavioral Health forms*. This form is used to request prior authorization for members whose benefits are currently suspended due to placement at a state hospital facility or incarceration. Honor authorizations must be faxed to **1-844-887-6356**. Honor authorization cannot be requested via phone or through the Availity Portal.* Honor authorization status may be checked on the Availity Portal [here](#).

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

WA-NL-0417-20

Notice of behavioral health facility administrative day

Amerigroup Washington, Inc. allows facilities an administrative day rate, in accordance with *Washington Administrative Code (WAC) 182-550-4550*. Please note that the following only applies to voluntary acute inpatient admissions. As a reminder, the code is as follows:

WAC 182-550-4550: Administrative day rate:

The Medicaid agency allows hospitals an administrative day rate for those days of hospital stay in which a client does not meet criteria for acute inpatient level of care but is not discharged because an appropriate placement outside the hospital is not available.

- The agency uses the annual statewide weighted average nursing facility Medicaid payment rate to update the all-inclusive administrative day rate on November 1 of each year.
- The agency does not pay for ancillary services, except for pharmacy services and pharmaceuticals, provided during administrative days.
- The agency identifies administrative days during the length of stay review process after the client's discharge from the hospital.
- The agency pays the hospital the administrative day rate starting with the date of hospital admission if the admission is solely for a stay until an appropriate subacute placement can be made.

In the event that a member does not meet criteria for acute inpatient level of care, but is not discharged because appropriate placement is not available, the hospital has the option to submit a request for approval of administrative day rate, in lieu of denial.

We must receive a written request in order to review for administrative day rates, and if approved, the authorization will be updated to reflect the administrative rate.

WA-NL-0420-20



Submit behavioral health authorizations via our online Interactive Care Reviewer tool

Effective September 1, 2020, Amerigroup Washington, Inc. is excited to announce an enhanced process for submitting behavioral health authorization requests via the Interactive Care Reviewer (ICR) tool. The enhanced ICR tool will provide the opportunity for quicker decisions and eliminate wait times associated with faxes and telephonic intake.

The ICR tool will use sophisticated clinical analytics to approve an authorization instantly for higher levels of care such as inpatient, intensive outpatient and partial hospitalization.

Benefits of the new ICR tool include:

- Reduction of administrative burden.
- Quicker access to care — 15 minutes for approval in some cases.
- Increased patient focus.
- Prioritization of more complex cases.
- Reduced possibility of errors (such as illegible faxes).
- Increased time spent with patients.

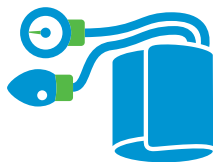
To access the ICR tool, visit <https://www.availity.com>.*

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WAPEC-2318-20

Controlling High Blood Pressure (CBP)

This HEDIS® measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg).



Record your efforts

Document blood pressure and diagnosis of hypertension. Members whose BP is adequately controlled include:

- Members 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of HTN.
- If no BP is recorded during the measurement year, assume that the member is not controlled.

What does not count for this HEDIS measure?

- If blood pressure is taken on the same day as a diagnostic test or procedure or for a change in diet or medication regimen
- If blood pressure is taken on or one day before the day of any test or procedure
- Blood pressure taken during an acute inpatient stay or an emergency department visit



Read more online.

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

WA-NL-0416-20



Coding spotlight: Provider guide to coding for cardiovascular conditions

In this coding spotlight, we will focus on several cardiovascular conditions; The ICD (International Classification of Diseases) codes from Chapter 9 of the ICD-10-CM are listed in the table below.

Diseases of the circulatory system	Category codes
Acute rheumatic fever	I00-I02
Chronic rheumatic heart diseases	I05-I09
Hypertensive diseases	I10-I16
Ischemic heart diseases	I20-I25
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28
Other forms of heart disease	I30-I52
Cerebrovascular diseases	I60-I69
Diseases of arteries, arterioles and capillaries	I70-I79
Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	I80-I89
Other and unspecified disorders of the circulatory system	I95-I99



Read more online.

WA-NL-0407-20

Public charge rule and immigrant participation in Women, Infants, and Children

Amerigroup Washington, Inc. is working to improve the health outcomes of women and children by promoting Women, Infants, and Children (WIC), the federally funded public health program. WIC reduces low birth weight, improves immunization rates and provides health screening, nutrition education, nutrient-rich foods, breastfeeding support, and referrals to other health and social services.

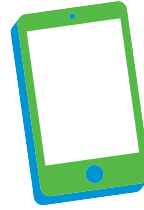
Eligible families may choose to decline WIC in order to preserve their legal status within the United States. The public charge rule allows federal authorities to deny legal status to individuals who are primarily dependent on government programs for subsistence — namely, Medicaid, SNAP or housing assistance. **WIC is not included in the final public charge rule.**

How can you help?

- Review the [public charge rule talking points](#).
- Give the [English or Spanish National WIC Association handouts](#) to your patients.
- Give WIC materials to the families you serve:
 - Contact a provider network representative to provide an opt-in form for free WIC brochures that will be shipped directly to your office.
 - Order free WIC counter cards and posters for your office from [WithinReach](#).
- Refer families to nearby [WIC clinics](#).
- Encourage families to see if they are eligible for WIC by contacting the Family Health Hotline at **1-800-322-2588** or by texting **WIC** to **96859**.

WA-NL-0421-20

Amerigroup Washington, Inc. family planning text message campaign



Amerigroup is launching a text message campaign to highlight our Medicaid family planning benefits. We cover all forms of contraception including when dispensed at the pharmacy.

We are encouraging members to set up a family planning visit with their primary care provider. Text message topics include family planning, contraception and STI prevention. All members, ages 18 to 45, were included in the campaign, unless they are on the do-not-call list. Additionally, we have added family planning information to our **Health and Wellness** section of the Amerigroup member website.

One year of contraception is available, to be filled in one prescription, for oral contraception, contraceptive rings and patches. Please consider writing a 12-month prescription or 90-day prescription for contraception, if clinically appropriate.

WA-NL-0423-20



Adult vaccine update

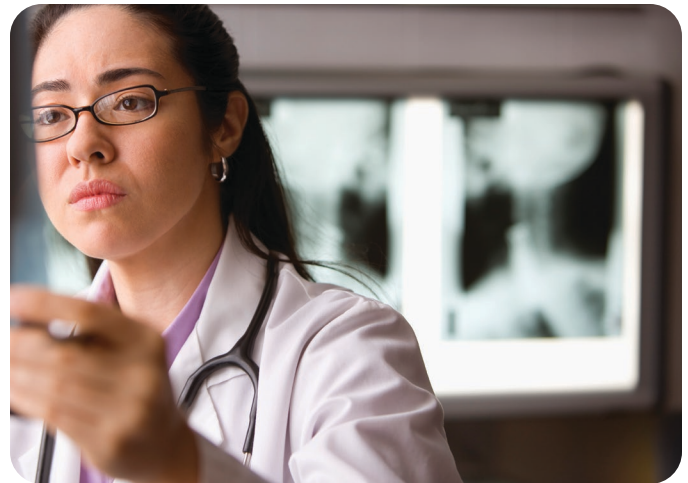
Amerigroup Washington, Inc. has expanded pharmacy vaccine coverage for all adult Apple Health members. Health care providers, local public health jurisdictions, tribal health and many other health partners are working diligently in response to the novel coronavirus (COVID-19) pandemic. During this time, the Washington State Department of Health (DOH) recommends that routine vaccination should continue. This recommendation ensures that our communities remain free of vaccine-preventable diseases, which enables individuals to remain as healthy as possible. If providers postpone routine vaccination, we could be faced with both a COVID-19 pandemic and an outbreak of other vaccine-preventable diseases, like measles.

Listed adult vaccines are available for administration at pharmacies and covered through the pharmacy and medical benefit for members 19 years of age and older. Vaccines for Amerigroup members 18 years and younger are covered through the Vaccines for Children Program.



Read more online.

WAPEC-0411-20



Updates to AIM Specialty Health advanced imaging *Clinical Appropriateness Guidelines*

Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Specialty Health[®]* advanced imaging of the chest, vascular imaging and AIM oncologic imaging *Clinical Appropriateness Guidelines*.



Read more online.

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

WA-NL-0408-20



Maintenance medications available in 90-day supply at retail pharmacies

Apple Health members can now fill a 90-day supply of their maintenance medications at retail pharmacies. Please consider writing maintenance prescriptions in a 90-day supply for your patients. We are working with our pharmacy network and members to communicate this newly available benefit.

Data shows that with 90-day retail prescriptions, members may demonstrate up to a 15% increase in adherence compared to filling a 30-day prescription. Face-to-face interaction with a pharmacist helps improve medication adherence because pharmacists can counsel the patient, answer their questions, address personal barriers to staying on therapy, and ensure proper use and compliance with the provider's instructions.

WA-NL-0425-20

Hepatitis C treatment through Kelley-Ross Pharmacy Group

Amerigroup Washington, Inc. remains committed to eliminating hepatitis C virus (HCV) throughout Washington. To support providers and increase access to HCV curative treatment, we have started working with Kelley-Ross Pharmacy Group* to focus on treating Amerigroup members living with chronic HCV.

Kelley-Ross is an independent pharmacy group based in Seattle that is committed to the elimination of HCV and the prevention of other infectious diseases. Their group of clinical pharmacists are trained and equipped to assess, treat and cure HCV in Amerigroup members throughout Washington. We understand that many of your patients with chronic HCV may be asymptomatic or have many more pressing medical and social conditions that are prioritized over the treatment of HCV, which is why we are taking these extra measures to help eliminate HCV.

Inspired by Governor Jay Inslee's directive for a HCV Free Washington by 2030, Kelley-Ross pharmacists are able to treat most people living with HCV through telemedicine or in-person visits. Additionally, Kelley-Ross can provide PrEP for the prevention of HIV infection, immunizations and naloxone.

If you have a patient living with chronic HCV who is interested in treatment, please contact Kelley-Ross Pharmacy Group at **1-206-838-4587** for more information.

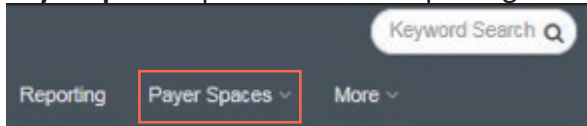
** Kelley-Ross Pharmacy Group is an independent company providing pharmacy services on behalf of Amerigroup Washington, Inc.*

WA-NL-0424-20

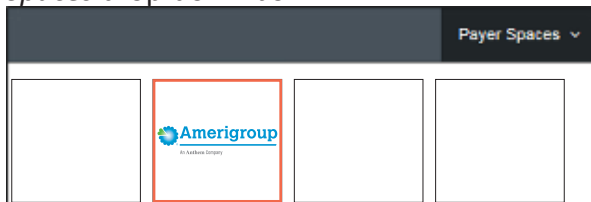
Accessing remittance inquiry

To access remittance inquiries, follow the steps below:

1. Log into the Availity* Portal.
2. Access the Remittance Inquiry Tool via the **Payer Spaces** option from the top navigation.



3. Choose the **Amerigroup** tile from the *Payer Spaces* drop-down box.



4. Select **Applications**, then select the **Remittance Inquiry** tile.



5. Choose your organization and tax ID from the drop-down box, and search by check/electronic funds transfer (EFT) number or issue date range. After entering the appropriate information, select **Search**. (Note, this image is by check/EFT number.)

6. To search by issue date range: Either select the provider from the **Express Entry** drop down or enter the NPI, indicate the date range, and then select **Search**.

7. From the *Remittance Inquiry Results* page, the results can be sorted by provider name, issue date, check/EFT number or check/EFT amount.

Provider Name	Issue Date	Check/EFT Number	Check/EFT Amount	View Remittance
Amerigroup	01-13-2016	000000000		View Remittance
Amerigroup	01-15-2016	000000000	\$76.01	View Remittance
Amerigroup	01-16-2016	000000000	\$16.04	View Remittance

Additional information:

- Remit images are available for all Amerigroup Washington, Inc. members.
- Remits of over 50 pages will return the first 50 pages for viewing.
 - To view all pages, download or print the remit.
- Search in span of seven days and up to 15 months back.
- To conduct a remittance inquiry, access to View *Claims Status Inquiry* is needed.

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

WAPEC-2379-20



HEDIS spotlight — Identification and coordination of ongoing care for members with alcohol and other drug abuse or dependence by the primary care provider

In the past, the identification of physical health needs and treatment has been managed by primary care providers, while identification of behavioral health and substance use needs and treatment has been managed by behavioral health providers. We now know that early identification and treatment for alcohol and other drug abuse or dependence can often get at the root cause of the addiction and prevent further escalation of the dependence and other health consequences. This is best accomplished when primary care providers use the principles of Screening, Brief Intervention and Referral to Treatment (SBIRT) to screen for mental health and substance use as a routine part of their preventive health care for their patients.

SBIRT = Screening, Brief Intervention, and Referral to Treatment

Goals of SBIRT:

- Prevent substance use disorders through early identification of misuse patterns
- Recognize and intervene on mild to moderate substance misuse concerns
- Recognize substance use disorders and refer to necessary treatment through coordinated referral
- Increase member access to appropriate services for alcohol or drug use/misuse

Practices for Primary Care:

Screening:

- Include all adult and adolescent patients
- Perform screening at all preventive health visits and other appropriate visits
- Include patterns of use for both alcohol and other substance use
- Identify those who have dependence problems and those who are not dependent but who engage in a pattern of use that represents a risk for escalation

Brief Intervention:

- Educate
- Help patient establish goals
- Identify steps toward goals
- Schedule follow-up visits

Referral to treatment:

- Refer to BH/SUD as appropriate based on assessment
- Prescribe medication as appropriate
- Schedule follow-up visits even after referral to BH/SUD



HEDIS® Measure: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Just as times of stress can exacerbate symptoms of mental illness, individuals with a history of alcohol or other drug dependence may turn to these substances to cope.

- This measure pertains to members who are 13 years of age or older who had an emergency department visit with a diagnosis of alcohol or other drug use or dependence.
- The follow-up visit can be with any provider.
- The follow-up can be conducted via telehealth or phone call while we are avoiding close contact.
- Two dates for follow-up are captured:
 - Within seven days after discharge
 - Within 30 days after discharge

HEDIS Measure: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Once there is identification of AOD abuse or dependence, this HEDIS measure provides some guidance as a standard for minimal initiation and engagement of treatment.

- This measure looks at adolescent or adult members ages 13 and older with a new episode of alcohol or other drug dependence.
- Treatment may be provided in one of these settings: inpatient, ED, outpatient, telehealth or partial hospitalization.
- First initiation of treatment should occur within 14 days of the initial diagnosis.
- Engagement of treatment should occur in two or more visits within 34 days from the initial visit.

Washington State Department of Social and Health Services (DSHS) Measure: Substance Use Disorder Treatment Penetration (AOD)

- This measure includes adolescents and adults ages 12 and older who have a diagnosis of SUD from Jan 1 of the prior year to Dec 31 of the measurement year (a period of 24 months).
- We are looking for one these treatment events:
 - Outpatient services
 - Detox
 - Counseling
 - Case management
 - Intensive outpatient
 - Skills development
- At least one SUD treatment event should occur during the measurement year.

HEDIS Measure: Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

- This measure includes members age 13 and older with a diagnosis of substance use disorder on the date of discharge.
- Events included are:
 - Inpatient discharge
 - Residential treatment discharge
 - Detoxification visit
- Two dates for follow-up are reviewed:
 - Within the first 7 days of discharge
 - Within 30 days after discharge
- The follow-up visits **can be with any provider**.
- Visits on the day of discharge do not count.

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

WA-NL-0422-20

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.

Notes/updates:

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

- *CG-MED-88 — Preimplantation Genetic Diagnosis Testing:
 - Content moved from CG-GENE-06 — Preimplantation Genetic Diagnosis Testing
 - Added Medically Necessary and Not Medically Necessary statements addressing preimplantation embryo biopsy
- *DME.00011 — Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices:
 - Revised title (previous title: Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices)
 - Revised scope of document to include other conditions and devices
 - Added cranial electrical stimulation (CES) as Investigational and Not Medically Necessary for all indications
 - Added remote electrical neuromodulation (REN) as Investigational and Not Medically Necessary for all indications
- *LAB.00011 — Analysis of Proteomic Patterns:
 - Revised Investigational and Not Medically Necessary statement to include management of disease
- *MED.00120 — Gene Therapy for Ocular Conditions:
 - Revised title (previous title: Voretigene neparvovec-rzyl [Luxturna®])
 - Expanded scope of document to include all gene therapies for ocular conditions
 - Added the use of all other gene replacement therapies to treat any ocular condition as Investigational and Not Medically Necessary
- *SURG.00032 — Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention:
 - Revised title (previous title: Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention)
 - Added left atrial appendage closure via surgical (nonpercutaneous) implantation of a device as Investigational and Not Medically Necessary for all indications

Medical Policies

On February 20, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Amerigroup Washington, Inc. View the update online for a list of the policies.

Clinical UM Guidelines

On February 20, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Amerigroup. These guidelines were adopted by the medical operations committee for our members on March 10, 2020. View the update online for a list of the guidelines.



Read more online.

WA-NL-0405-20



Medicare Advantage



New MCG Care Guidelines 24th edition

View the [article](#) in the Medicaid section.

WA-NL-0419-20/AGPCRNL-0120-20

Provider data update

View the [article](#) in the Medicaid section.

WA-NL-0413-20

New behavioral health discharge call-in line

View the [article](#) in the Medicaid section.

WA-NL-0403-20

Submit behavioral health authorizations via our online Interactive Care Reviewer tool

View the [article](#) in the Medicaid section.

WAPEC-2318-20

Updates to AIM Specialty Health advanced imaging *Clinical Appropriateness Guidelines*

View the [article](#) in the Medicaid section.

WA-NL-0408-20

In-Office Assessment Program

Amerigroup Washington, Inc. is proud to offer the 2020 Optum* In-Office Assessment (IOA) Program, formerly known as the *Healthcare Quality Patient Assessment Form/Patient Assessment Form (HQPAF/PAF)* program. The name change reflects significant advancements in technology over the past few years, evolving from a paper form-based program to a program that securely exchanges clinical information digitally through multiple digital modalities.



If you are interested in learning about the electronic modalities available, please contact your Optum representative or the Optum Provider Support Center at **1-877-751-9207** from 8 a.m. to 7 p.m. Eastern time, Monday through Friday.

The IOA Program is designed to help participating providers ensure chronic conditions are addressed and documented to the highest level of specificity at least once per calendar year for all of our participating Medicare Advantage plan members. The IOA Program is designed to help overall patient quality of care (preventive medicine screening, chronic illness management and trifurcation of prescriptions for monitoring of high-risk medications and medication adherence) and care for older adults when generated for a Special Needs Plan (SNP) member.



Read more online.

** Optum is an independent company providing medical chart review services on behalf of Amerigroup Washington, Inc.*

AGPCRNL-0113-20

Waived copays, deductibles and coinsurance for CCM, complex CCM and TCM

To support improvement of health outcomes for our members, cost-sharing requirements (copays, deductibles and coinsurance) are not applied to chronic care management (CCM) and transitional care management (TCM) services for Medicare Advantage plans (with the exception of Dual-Eligible Special Needs Plans [D-SNPs]), effective for dates of service on and after September 1, 2019.

CCM, complex CCM and TCM services will be allowed per Medicare coverage guidelines. Members and providers must still meet criteria set by Medicare. **These services require advanced consent from the member, which must be documented in the patient's medical record.**



Read more online.

AGPCRNL-0118-20



2020 Special Needs Plans

Introduction

Amerigroup Washington, Inc. is offering Special Needs Plans (SNPs) to people eligible for both Medicare and Medicaid benefits or who are qualified Medicare Advantage beneficiaries. SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid. These include supplemental benefits such as hearing, dental, vision and transportation to medical appointments. Some SNP plans include a card or catalog for purchasing over-the-counter items. SNPs do not charge premiums.

SNP members under Amerigroup benefit from a model of care that is used to assess needs and coordinate care. Within 90 days of enrollment and annually thereafter, each member receives a comprehensive health risk assessment (HRA) that covers physical, behavioral and functional needs, and a comprehensive medication review. The HRA is used to create a member *Care Plan*. Members with multiple or complex conditions are assigned a health plan case manager.

SNP HRAs, *Care Plans* and case managers support members and their providers by helping to identify and escalate potential problems for early intervention, ensuring appropriate and timely follow-up appointments, and providing navigation and coordination of services across Medicare and Medicaid programs.

Provider training required

Providers contracted for SNP plans are required to complete an annual training to stay up-to-date with plan benefits and requirements, including details on coordination of care and model of care elements. Every provider contracted for SNP is required to complete an attestation, which states they have completed their annual training. These attestations are located at the end of the self-paced training document.

To take the self-paced training, go to the *Model of Care Provider Training* link on the Availity Portal.*



How to access the Custom Learning Center on the Availity Portal

1. Log in to the **Availity Portal**. At the top of Availity Portal, select **Payer Spaces** and select the appropriate payer.
2. On the *Payer Spaces* landing page, select **Access Your Custom Learning Center** from *Applications*.
3. In the *Custom Learning Center*, select **Required Training**.
4. Select **Special Needs Plan and Model of Care Overview**.
5. Select **Enroll**.
6. Select **Start**.
7. Once the course is completed, select **Attestation** and complete.

Not registered for Availity?

Have your organization's designated administrator register your organization for Availity.

1. Visit <https://www.availity.com> to register.
2. Select **Register**.
3. Select your organization type.
4. In the *Registration* wizard, follow the prompts to complete the registration for your organization.



Read more online.

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

Updates to AIM musculoskeletal program *Clinical Appropriateness Guidelines*

Effective for dates of service on and after September 26, 2020, the following updates will apply to the AIM Specialty Health® (AIM)* musculoskeletal program joint surgery, spine surgery and interventional pain *Clinical Appropriateness Guidelines*.



Read more online.

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

AGPCRNL-0112-20



Transition to AIM Rehabilitative Services *Clinical Appropriateness Guidelines*

Effective October 1, 2020, Amerigroup Washington, Inc. will transition the clinical criteria for medical necessity review of certain rehabilitative services to AIM Specialty Health®* Rehabilitative Service *Clinical Appropriateness Guidelines* as part of the AIM rehabilitation program. Reviewed services will include certain physical therapy, occupational therapy and speech therapy services.



Read more online.

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AGPCRNL-0115-20

Medical drug *Clinical Criteria* updates

March 2020 update

On November 15, 2019, February 21, 2020, and March 26, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Washington, Inc. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the [Clinical Criteria web posting](#).

AGPCRNL-0119-20

The *Clinical Criteria* is publicly available on our [provider website](#). Visit [Clinical Criteria](#) to search for specific policies.

Please submit your questions to [email](#).

AIM Musculoskeletal program expansion

Effective November 1, 2020, AIM Specialty Health[®] (AIM),* a specialty health benefits company, will expand the AIM Musculoskeletal program to perform medical necessity reviews for certain elective surgeries of the small joint for Medicare Advantage patients, as further outlined below.

AIM will follow the Amerigroup Washington, Inc. clinical hierarchy for medical necessity determination. For Medicare Advantage (MA) products, AIM makes clinical appropriateness based on CMS National Coverage Determinations, Local Coverage Determinations, other coverage guidelines, and instructions issued by CMS and legislative benefit changes. Where the existing CMS guidance provides insufficient clinical detail, AIM will determine medical necessity using an objective, evidence-based process.

Prior authorization requirements

For services scheduled on or after November 1, 2020, providers must contact AIM to obtain prior authorization for the services detailed below. Providers are strongly encouraged to verify they have received a prior authorization before scheduling and performing services.

Detailed prior authorization requirements are available to contracted providers by accessing the Availity Portal* at www.availity.com. Contracted and non-contracted providers may call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements or additional questions as needed.

Small joint replacement (including all associated revision surgeries)

- Total joint replacement of the ankle
- Correction of hallux valgus
- Hammertoe repair

The expanded musculoskeletal program will review certain lower extremity small joint surgeries for clinical appropriateness of the procedure and the setting in which the procedure is performed (*Level of Care* review). Procedures performed as part of an inpatient admission are included. The clinical guidelines that have been adopted by Amerigroup to review for medical necessity and level of care are located at:

- [AIM Small Joint Surgery Guideline](#)
- [AIM Level of Care Guidelines for Musculoskeletal Surgery and Procedures](#)



How to place a review request

You may place a prior authorization request online via the AIM **ProviderPortal**SM. This service is available 24/7 to process requests using *Clinical Criteria*. Go to www.providerportal.com to register. You can also call AIM at **1-800-714-0040**, Monday to Friday 7 a.m. to 7 p.m. Central time.

For more information

For resources to help your practice get started with the musculoskeletal program, go to www.aimprovider.com/msk.

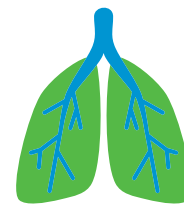
This provider website will help you learn more and provide useful information and tools such as order entry checklists, clinical guidelines, and FAQ.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com.

* 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.

AGPCRNL-0121-20

Prior authorization codes moving from AIM Specialty Health to Amerigroup Washington, Inc.



AIM Specialty Health® (AIM)* currently performs utilization management review for bilevel positive airway pressure (BiPAP) equipment and all associated supplies. Beginning July 1, 2020, the following codes will require prior authorization with Amerigroup rather than with AIM.

Line of business: Individual Medicare Advantage, Group Retiree Solutions, and Medicare-Medicaid Plans

E0470	Respiratory assist device, bilevel pressure capability, without back-up rate feature, used with noninvasive interface, such as a nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, such as a nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

AIM will continue to manage the supply codes for automatic positive airway pressure (APAP) and continuous positive airway pressure (CPAP) requests.

Amerigroup will continue to follow the COVID-19 Public Health Emergency orders from CMS until the waivers no longer apply. If the Public Health Emergency Orders are no longer in place beginning July 1, 2020, the following codes will require prior authorization with Amerigroup rather than with AIM when used in combination with the BiPAP codes above.

Precertification requests

Submit precertification requests via:

- **Fax** — 1-866-959-1537
- **Phone** — Please dial the customer service number on the back of the member's card, identify yourself as a provider and follow the prompts to reach the correct precertification team. There are multiple prompts. Select the prompt that fits the description for the authorization you plan to request
- **Web** — Use the Availity Web Tool by following this link:
<https://apps.availity.com/availity/web/public.elegant.login>



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

AGPCARE-0513-20