



# Annual provider training [2019]

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# Amerigroup Iowa, Inc. plan updates

## Provider Solutions

- Implementation of value-based payment programs for selected long-term services and supports, behavioral health and medical providers
- Addition of ancillary provider representatives
- Implementation of crisis services
- Electronic submission of claims per Iowa Medicaid Enterprise guidelines

## Availity Portal enhancements

- Claims and reconsideration review
- Interactive Care Reviewer (ICR)

## Utilization Management

- AIM Specialty Health®
  - Musculoskeletal
  - Sleep studies
- Home Health Aide no longer requires prior authorization

## Elsevier learning management system

- Free training platform available to providers

# Provider disputes

As communicated in the [August 2018 Provider Newsletter](#), the provider manual is being updated to reflect the new process and terms related to claim remediation.

- Improvements include:
  - A consistent claim payment dispute process that is familiar, easy to navigate and results in an accurate and timely resolution of provider claim payment disputes.
  - An enhanced provider experience when filing disputes through the Availity Portal and ability to check the status easily.
  - Reduced paperwork with online attachment capability.
  - A worklist of disputes submitted, disputes requiring additional information, and finalized disputes.



# Provider disputes (cont.)

- There are [two] levels of review:
  - Claim payment reconsideration
  - Claim payment appeal

# Availity: Payment enhancements that benefit our providers



Availity enhancements will allow providers to:

- Submit and check the status of disputes through Availity.
- Upload supporting documentation.
- Submit up to [five] claims on one dispute submission tied to the same member/issue.
- Review dispute outcome letters on Availity, no matter the method of dispute submission.
  - Providers may choose the avenue for communication: Availity, fax or mail
- Receive notifications when a reconsideration has been reviewed.

# What requires prior authorization?

- All inpatient services require prior authorization.
- Use PLUTO, the precertification lookup tool, on the provider website to determine whether to use ICR or AIM for outpatient prior authorization.

Market	<input type="text" value="Iowa"/>	▼
Line of Business	<input type="text" value="Medicaid/SCHIP/Family Care"/>	▼
CPT/HCPCS Code or Code Description	<input type="text"/>	

# Information on how to obtain prior authorization

✓ YES Precertification is Required

<b>Market</b>	Iowa
<b>Line of Business</b>	Medicaid/SCHIP/Family Care
<b>CPT/HCPCS Code</b>	95801
<b>Descriptions</b>	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
<b>Clinical Guidelines</b>	AIM - Sleep Clinical Guidelines, AIM Guidelines
<b>MS/State Guidelines</b>	NCD 240.4.1, WA HTA 20120316A
<b>National/MCG Guidelines</b>	ACG:A-0144(AC)Polysomnography (PSG),Portable or Home Sleep Study IQ:Procedures,Sleep Studies
<b>Vendor Responsibility Party</b>	AIM
<b>Vendor Information</b>	This code is precertified by AIM. To obtain this authorization, you may go directly to AIM's website at <a href="http://www.aimspecialtyhealth.com/goweb">www.aimspecialtyhealth.com/goweb</a> , or go to <a href="http://www.anthem.com">www.anthem.com</a> and follow the link to AIM. Or, contact AIM at 1 800 714 0040. Hours of operation are Monday through Friday, 8: 00 a.m.-8: 00 p.m. Eastern time.

[Find Another Code](#)



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# ICR: The benefits

- **Determine if a precertification or prior authorization is needed:** For most requests, when you enter patient, service and provider details, you receive a message indicating whether or not a review is required.
- **Inquiry capability:** Ordering and servicing physicians, as well as facilities, can inquire to find information on any precertification or prior authorization they are affiliated with.
- **Reduce the need to fax:** Submit online requests without the need to fax medical records. Our ICR allows text detail, photo and image attachments to be submitted along with the request.
- **Comprehensive view of all precertification requests:** You have a complete view of your Utilization Management requests submitted online, including status of your requests with views of case updates. Cases include an imaged copy of the associated letters.

# Utilization Management — AIM

- The following specialties are authorized by AIM:
  - Radiology
  - Cardiology
  - Sleep therapy
  - Radiation therapy
  - Musculoskeletal

# Appeals and grievances

- All authorization appeals must be received within [60] days of the adverse benefit determination.
- Pre-service authorization appeals require member authorization. The state-mandated form can be found on our provider website.
- Pre-service appeals received without member consent will be dismissed.
- Post-service payment disputes (where there is a denied authorization on file) are provider payment appeals and do not require member authorization.
- Providers cannot balance bill Medicaid members.

# Credentialing

- Complete Amerigroup credentialing application or Council for Affordable Quality Healthcare (CAQH) application through CAQH ProView for practitioners
- Access applications and checklists at [<https://providers.amerigroup.com/Pages/iowa-apprequest.aspx>]
- Sign up for CAQH:
  - Go to [<https://proview.caqh.org/pr>].
  - Select **Register Now** on the bottom right and follow the instructions.

If you already participate with CAQH and have completed your online application, ensure you authorized Amerigroup access to your credentialing information. This can be completed in four easy steps (if you have selected Global Authorization, Amerigroup will already have access to your CAQH.)

# Credentialing (cont.)

To authorize Amerigroup access:

- Go to [<https://proview.caqh.org/pr>] and enter your *Username* and *Password*.
- Select the cog wheel in the upper right and then select **Authorize**.
- Scroll down, locate *Amerigroup* and check the box beside *Amerigroup*.
- Select **Save** to submit your changes.

For questions about ProView, call the CAQH help desk at [1-888-599-1771] or email [[providerhelp@proview.CAQH.org](mailto:providerhelp@proview.CAQH.org)].

Contact a Provider Relations representative to contract and credential with Amerigroup.



# Claims support

- Top denial reasons and remittance advice interpretation
- Reimbursement policy updates

# Top denial reasons

Denial	Translation
Duplicate Claim (DCC)	Multiple claims received for the same member and date of service. Please ensure corrected claims are marked appropriately.
Timely filing (TFO)	Timely filing is [180] days from the date of service. For claims where Amerigroup is the secondary payer, timely filing is [180] days from the <i>EOB</i> .
Units exceeded UM authorization (UM1)	Billed units cannot exceed units authorized. Approved authorizations can be reviewed through Availity at your convenience.
Deny — Preauthorization not Obtained (Y41)	Certain services require prior authorization. Providers can use PLUTO on our provider website in order to verify if prior authorization is required.
Primary carrier information required (CBP)	This member is listed as having a primary insurance carrier. Please submit the claim to the primary payer, then resubmit to Amerigroup with the primary <i>EOP</i> for any secondary payment due.

# Top denial reasons (cont.)

Denial	Translation
<b>Termination (ST Termination)</b>	Member is no longer enrolled with benefits under Amerigroup. Please verify Medicaid and MCO eligibility with Iowa Medicaid
<b>Service not payable per contract (G18)</b>	Services are reimbursable based upon the provider contract and credentialing.
<b>Charges Processed Under Initial Submission (F00)</b>	This service was reimbursed under a previously submitted claim.
<b>Claim/service lacks information or has submission/billing error(s) which is needed for adjudication (Y88)</b>	Claim contains incomplete and/or invalid information; the claim is unprocessable. Please submit a new claim with the complete/correct information.
<b>Primary payment is greater than the allowable (IPI)</b>	A payment made by the member's Commercial or Medicare insurance was greater than the allowed amount for Medicaid. No additional payment will be made.

# Elsevier learning management system

- Elsevier is the world's leading health sciences publisher, bringing a wealth of technology and content expertise to today's human services organizations.
- The Elsevier Performance Manager learning management system platform, trusted by more than 1,500 organizations and 2.5 million professionals worldwide, is the platform that powers DirectCourse.
- This system effectively and efficiently delivers and tracks training with any DirectCourse curriculum.

# DirectCourse

- Course curriculum is developed through a university-based research and training center that has been recognized as being a leader of thought, study and discovery by the National Institute on Disability, Independent Living, and Rehabilitation Research, as well as by peers in their field.
- DirectCourse is focused on creating a coherent foundation of knowledge, skills and abilities within the direct support workforce, and then building on that foundation. Through the offering of comprehensive, integrated curricula grounded in the latest research, learners gain an understanding of the subject matter and an eagerness to put their newfound knowledge into practice.



# DirectCourse curricula



**College of Direct Support:** Enables direct support professionals to build their industry knowledge and skills, while always providing the best possible support for those with developmental and intellectual disabilities.



**College of Employment Services:** Empowers employment professionals with the training needed to best guide people with disabilities and other challenges through finding and maintaining meaningful employment.



**College of Recovery and Community Inclusion:** Supports your team of community mental health practitioners with unmatched expertise as they work to expand opportunities for those they support to fully integrate into and participate in their communities.



**College of Personal Assistance and Caregiving:** Gives experienced personal care assistants and new family caregivers the knowledge and skills needed to provide care at the highest level, in line with best practices, for older adults and people with physical disabilities.



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