

Amerivantage Dual Coordination (HMO D-SNP)

New provider orientation

January 2021

Coverage provided by Amerigroup Inc.

Agenda

- About Amerivantage Dual Coordination
- Accessing the provider website
- Online resources
- Availity Portal*
- Patient360
- Cultural competency
- Fraud, waste and abuse
- Availability standards
- Identifying and verifying members
- Prior authorizations
- Referrals
- Claims
- Payment disputes
- Medical appeals
- Quality
- HEDIS®
- Everyday Extras
- Laboratory services
- Pharmacy program
- Contacts

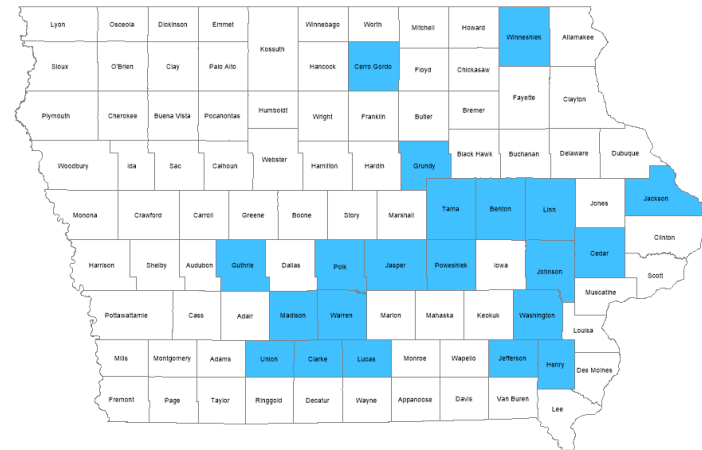


About Amerivantage Dual Coordination

About Amerivantage Dual Coordination

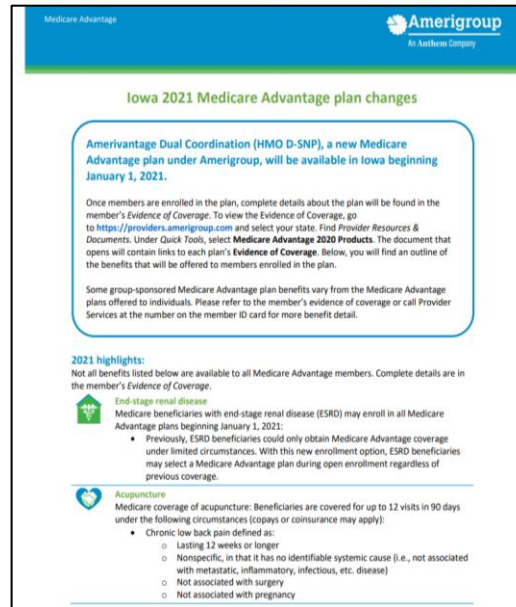
- New dual special needs plan in 2021
- Specialized Medicare Advantage plan designed for people with special healthcare needs
- Changes to current enrollment status can occur quarterly throughout the year
- New enrollment can occur any time the member meets criteria for eligibility
- Serves the following counties:

Benton	Linn
Cedar	Lucas
Cerro Gordo	Madison
Clarke	Polk
Grundy	Poweshiek
Guthrie	Tama
Henry	Union
Jackson	Warren
Jasper	Washington
Jefferson	Winneshiek
Johnson	



2021 service area and benefit overview

The 2021 service area and benefit information providing an overview of the plan can be found at www.amerigroup.com > Providers > Provider Overview > Iowa > Provider Resources & Documents > Amerivantage Dual Coordination (HMO D-SNP) > Medicare Advantage — 2021 Service Area and Benefit



The screenshot displays the Amerigroup website's "Iowa 2021 Medicare Advantage plan changes" page. The header includes the Amerigroup logo and "An Anthem Company". The main heading is "Iowa 2021 Medicare Advantage plan changes". A blue-bordered box contains the following text:

Amerivantage Dual Coordination (HMO D-SNP), a new Medicare Advantage plan under Amerigroup, will be available in Iowa beginning January 1, 2021.

Once members are enrolled in the plan, complete details about the plan will be found in the member's Evidence of Coverage. To view the Evidence of Coverage, go to <https://providers.amerigroup.com> and select your state. Find **Provider Resources & Documents**. Under **Quick Tools**, select **Medicare Advantage 2020 Products**. The document that opens will contain links to each plan's **Evidence of Coverage**. Below, you will find an outline of the benefits that will be offered to members enrolled in the plan.

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
Medicare beneficiaries with end-stage renal disease (ESRD) may enroll in all Medicare Advantage plans beginning January 1, 2021:

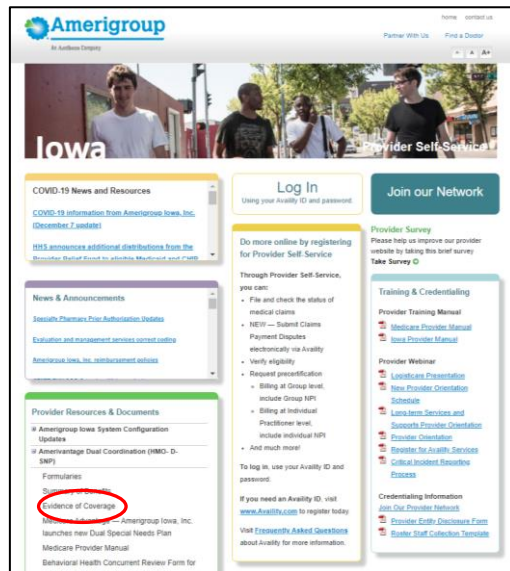
- Previously, ESRD beneficiaries could only obtain Medicare Advantage coverage under limited circumstances. With this new enrollment option, ESRD beneficiaries may select a Medicare Advantage plan during open enrollment regardless of previous coverage.

Acupuncture
Medicare coverage of acupuncture: Beneficiaries are covered for up to 12 visits in 90 days under the following circumstances (copays or coinsurance may apply):

- Chronic low back pain defined as:
 - Lasting 12 weeks or longer
 - Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease)
 - Not associated with surgery
 - Not associated with pregnancy

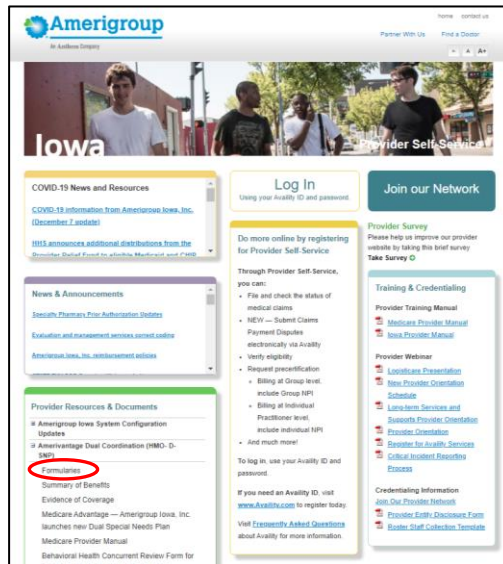
Evidence of Coverage

The 2021 *Evidence of Coverage* detailing the plan benefits can be found at <https://providers.amerigroup.com> > Iowa > Provider Resources & Documents > Amerivantage Dual Coordination (HMO D-SNP) > Evidence of Coverage



Formularies

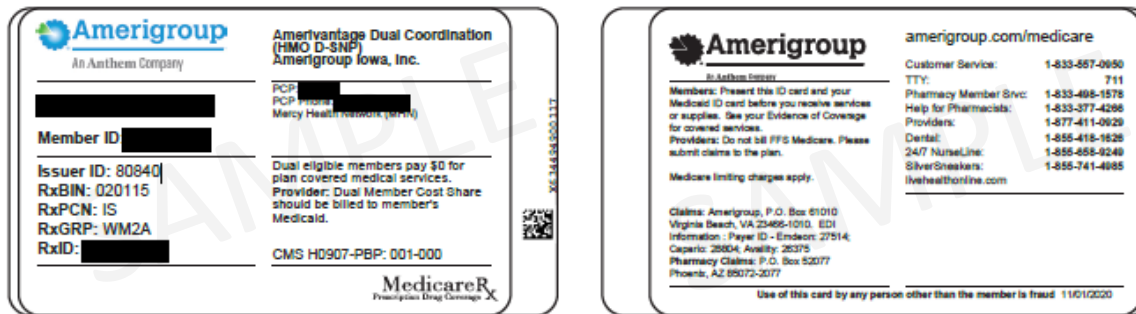
The 2021 *Formularies* can be found at <https://providers.amerigroup.com>
> Iowa > Provider Resources & Documents > Amerivantage Dual
Coordination (HMO D-SNP) > Formularies





Accessing online resources and verifying member benefits

Amerivantage Dual Coordination



Note: Providers should submit claims to the claims address on the back of the member's ID card.

All members must select a PCP. For the member to request a change to their PCP, the member must contact Customer Service at **1-833-557-0950**.

Amerivantage Dual Coordination provider website

- Visit <https://providers.amerigroup.com> > Iowa.



Amerivantage Dual Coordination provider website (cont.)



The provider website is available to all D-SNP providers, regardless of participation status.

- D-SNP 2021 benefits
- D-SNP forms
- D-SNP reimbursement policies
- D-SNP news and announcements
- D-SNP newsletter
- D-SNP provider manual
- D-SNP provider resources
- D-SNP provider training and FAQ
- D-SNP provider self-service

Forms

<https://providers.amerigroup.com> > Iowa > Forms

Amerigroup
An Anthem Company

Home | Contact Us | Partner With Us | Find a Doctor

Iowa

Provider Self-Service

COVID-19 News and Resources

- [COVID-19 Information from Amerigroup Iowa, Inc. \(December 7 update\)](#)
- [HHS announces additional distributions from the Provider Relief Fund to eligible Medicaid and...](#)

Log In
Using your Availability ID and password.

Join our Network

News & Announcements

- [Evaluation and management services covered coding](#)
- [Amerigroup Iowa, Inc. reimbursement updates](#)
- [STATE RVU/COO Consultant Welcome Letter](#)

Provider Resources & Documents

- [Amerigroup Iowa System Configuration Updates](#)
- [AmeriVantage Dual Coordination \(HMO-D-SNP\)](#)
- [Behavioral Health](#)
- [Claims Submission and Reimbursement Policy](#)
- [Clinical Practice Guidelines](#)
- [Critical Incident Form](#)
- [Disease Management](#)
- [EPSDT](#)
- [Find Your Provider Representative](#)
- [Forms](#)
- [Medical Injectable Prior Authorization Form-IA Health Link](#)
- [Sterilization Consent](#)
- [Recoupment Notification Form-IA Health Link](#)
- [Recoupment Notification Form-Iaaw-i](#)
- [Overpayment Refund Notification Form-IA Health Link](#)
- [Overpayment Refund Notification Form-Iaaw-i](#)

Log In
Using your Availability ID and password.

Do more online by registering for Provider Self-Service

Through Provider Self-Service, you can:

- File and check the status of medical claims
- NEW — Submit Claims Payment Disputes electronically via Availability
- Verify eligibility
- Request presentation
 - Billing at Group level, include Group NPI
 - Billing at Individual Practitioner level, include individual NPI
 - And much more!

To log in, use your Availability ID and password.

If you need an Availability ID, visit www.Avality.com to register today.

Visit [Frequently Asked Questions](#) about Availability for more information.

Join our Network

Provider Survey
Please help us improve our provider website by taking this brief survey. [Take Survey](#)

Training & Credentialing

Provider Training Manual

- [Medicare Provider Manual](#)
- [Iowa Provider Manual](#)

Provider Webinar

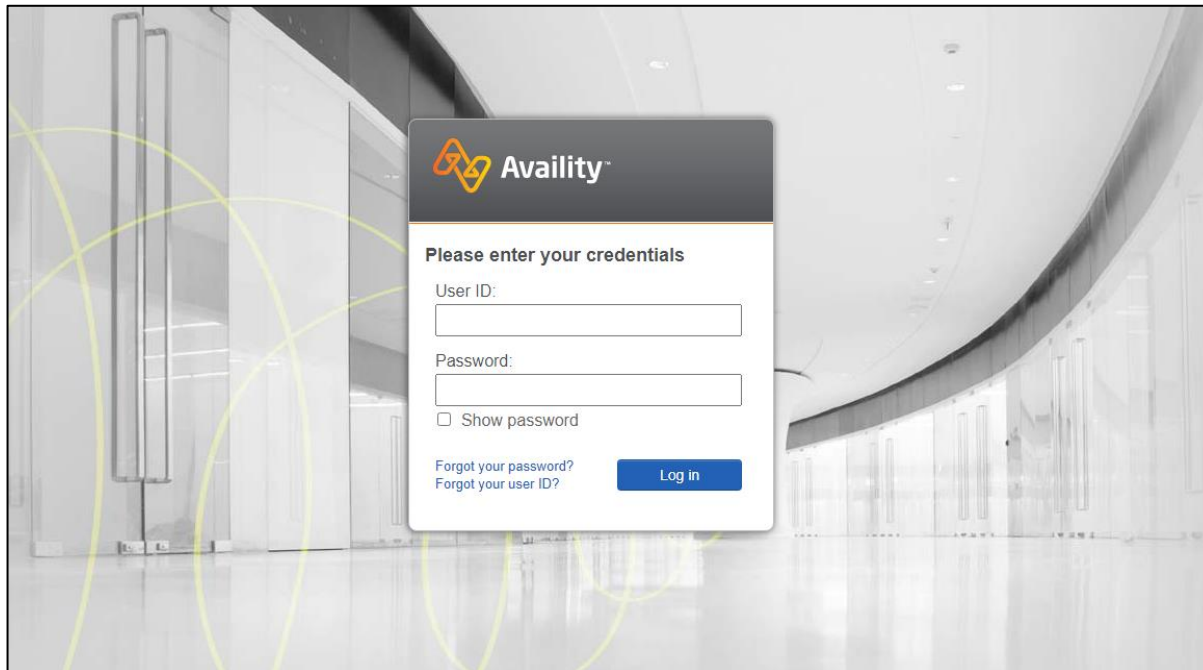
- [Locustville Presentation](#)
- [New Provider Orientation](#)
- [Schedule](#)
- [Locustville Services and Supports Provider Orientation](#)
- [Provider Orientation](#)
- [Register for Availability Services](#)
- [Critical Incident Reporting Process](#)

Credentialing Information

- [Join Our Provider Network](#)
- [Provider Entity Disclosure Form](#)
- [Roster Staff Collection Template](#)

Verify eligibility via the Availity Portal

<https://apps.availity.com/availability/web/public.elegant.login>



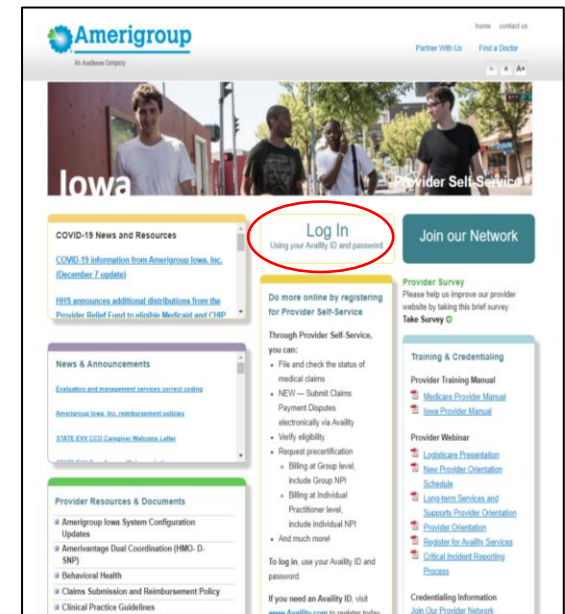
Availity Portal



The Availity Portal is an online multipayer portal that gives physicians, hospitals and other healthcare professionals access to multiple payer information with a single, secure login.

Availity services include:

- Eligibility and benefit inquiries.
- Claim submissions and status inquiries.
- A direct link to the Amerivantage Dual Coordination provider website for appeals, panel listings and prior authorization.

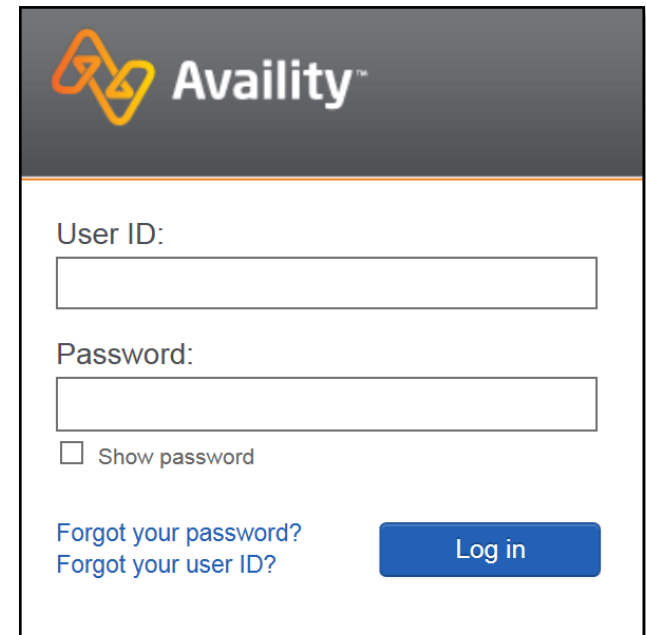


For questions pertaining to the Availity Portal, call **1-800-AVAILITY (1-800-282-4548)**.

Availity Portal (cont.)



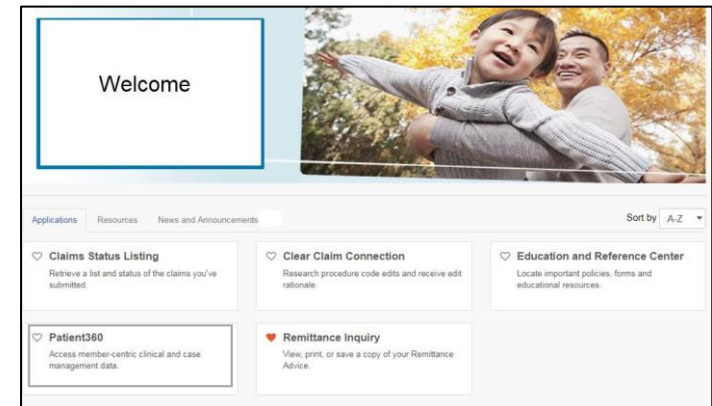
- If you're navigating to the secure Amerivantage Dual Coordination [provider website](#), you will need to log in or register.
- If you have registered with Availity for your commercial or Medicaid products, you do not need to register again for Amerivantage Dual Coordination.

A screenshot of the Availity login and registration interface. At the top is the Availity logo, consisting of an orange stylized 'A' icon followed by the word "Availity™" in white. Below the logo is a white form area. It contains two input fields: "User ID:" and "Password:". Below the password field is a checkbox labeled "Show password". At the bottom left of the form are two links: "Forgot your password?" and "Forgot your user ID?". At the bottom right is a blue button with the text "Log in".

Patient360

Patient360* is a read-only dashboard that gives instant access to detailed member information:

- Demographic information, care summaries, claims details, authorization details, pharmacy information and care management-related activities.
- Medical providers have the option to include feedback for each gap in care that is listed on the patient's active alerts that are posted on the application's member summary.
- Availability role assignment: Clinical Role > Patient360
- How to access Patient360: Availity Portal > Payer Spaces > Applications tab > Eligibility & Benefits flow





Provider responsibilities

Cultural competency

- We expect providers and staff to gain and continually increase their knowledge of and sensitivity to diverse cultures.
- When providers take into account a patient's values, reality conditions and linguistic needs, it results in effective care and services.
- Each provider should complete cultural competency training.

You can complete cultural competency training online through the [provider website](#) > Iowa > Provider Resources & Documents > Training Programs > Cultural Competency Training.

Translation services

- Translation services are available 24/7 in over 170 languages.
- To obtain translation services, call Member Services at **1-833-557-0950**.

Fraud, waste and abuse



Help us prevent fraud, waste and abuse:

- Verify each patient's identity.
- Ensure services are medically necessary.
- Document medical records completely.
- Bill accurately.
- Tell us if you suspect fraud.



Availability standards

Availability standards



All Amerivantage Dual Coordination network providers must use their best effort to adhere to the following standards for appointment scheduling and wait times. Please make every effort to see the patient within an average of one hour from the patient's scheduled appointment.

PCP-new patient	Within 30 days of the patient's effective date on the PCP's panel – to be initiated by the PCP's office
Routine care without symptoms	Within 30 days
Non-routine care with symptoms	Within five business days or one week
Urgent care	Within 24 hours
Emergency	Must be available immediately 24 hours per day, seven days per week via direct access or coverage arrangements
OB/GYN	First and second trimester within one week, third trimester within three days. OB emergency care must be available 24 hours per day, seven days per week
Phone calls into the provider office from the member	Same day; no later than next business day



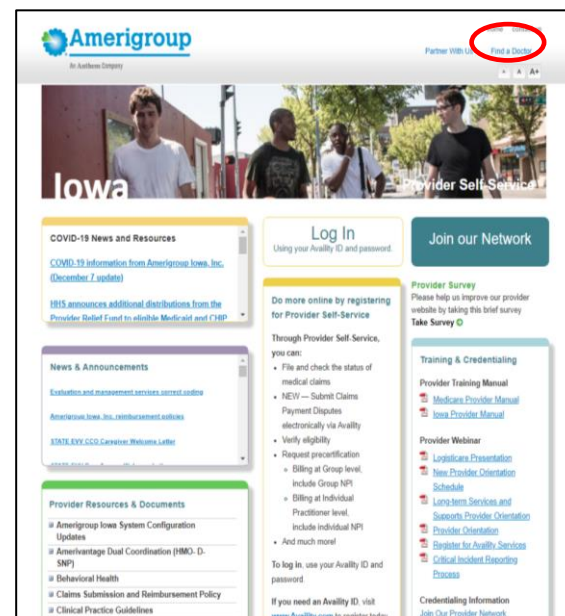
Prior authorization

Referrals



- Referrals are not needed for medical or behavioral health (BH) services when rendered by a contracted provider.
- Screening and identification of BH conditions begins in the PCP office.

For a complete list of contracted providers, go to
<https://providers.amerigroup.com> > Iowa
> Find a Doctor.



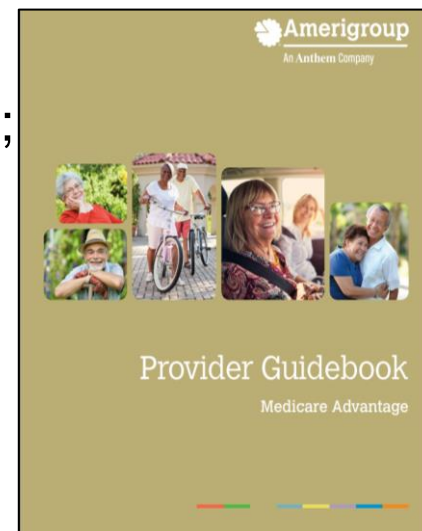
Prior authorization and notification requests

- **Prior authorization:** The act of authorizing specific services or activities before they are rendered or occur
- **Notification:** Telephonic, fax or electronic communication from providers to inform Amerigroup Iowa, Inc. of their intent to render covered medical services to members

Note: This plan does not provide coverage for services received from out-of-network providers, except for emergency, urgently needed care and end-stage renal disease services.

Prior authorization and notification requests (cont.)

- For emergency or urgent services, notify Amerigroup within 24 hours or the next business day.
- There is no review against medical necessity criteria; however, member eligibility and provider status (network and non-network) are verified.



A complete list of services that need prior authorization are outlined in the provider manual. Please visit <https://providers.amerigroup.com> > Iowa > Provider Resources & Documents > Manuals & Referral Directories > Medicare Provider Manuals.

Prior authorization and notification requests (cont.)



Services requiring prior authorization are listed on Availity and our Prior Authorization Lookup Tool.

■ Search all other services

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Precertification/ Notification Requirements

Participating providers

■ Behavioral Health

Fax all requests for services that require precertification to:

Inpatient 1-877-434-7578
Outpatient 1-800-505-1193

The following markets may fax Behavioral Health Outpatient Requests to the specified fax line below to meet turnaround time (TAT) requirements: Iowa and Texas.
Outpatient 1-866-877-5229

Services billed with the following revenue codes ALWAYS require precertification:

- 0240-0249 — All-inclusive ancillary psychiatric
- 0901, 0905-0907, 0913, 0917 — Behavioral health treatment services
- 0944-0945 — Other therapeutic services
- 0961 — Psychiatric professional fees

■ Pharmacy

Check our [preferred drug list](#) by product and state

Services billed with the following revenue codes ALWAYS require precertification:

- 0632 — Pharmacy multiple sources

■ Medicare/Long-Term Services and Supports

For state-specific precertification requirements choose your state:

[Florida](#) [Maryland](#) [Tennessee](#)
[Georgia](#) [New Jersey](#) [Texas](#)
[Kansas](#) [Washington](#)

■ The following ALWAYS require precertification:

- Elective services provided by or arranged at nonparticipating facilities

■ Search all other services

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Market:

Line of Business:

OPT/HCPCS Code or Code Description:

<https://providers.amerigroup.com> > Iowa > Provider Resources & Documents > Quick Tools > Prior Authorization Lookup Tool

Prior authorization and notification requests (cont.)

- In many cases, out-of-network providers may be required to request prior authorization for services when network providers do not.
- For code-specific requirements for all services, visit our provider self-service website.

Prior Authorization Lookup Tool

The [Prior Authorization Lookup Tool](#) allows you to search by:

- Market.
- Member's product.
- CPT® code.

[■ Search all other services](#)

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[■ Search all other services](#)

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Market:

Line of Business:

CPT/HCPCS Code or Code Description:

[■ Pharmacy](#)

Check our [preferred drug list](#) by product and state

Prior authorization status



You can check the status of your prior authorization request on the provider website or by contacting Provider Services at **1-877-411-0929**.

Physical health and BH integration

- Amerivantage Dual Coordination provides both basic and specialized BH services to members.
- Basic BH services are provided in the primary care setting by a PCP.
- Specialized BH services are provided by a licensed BH provider, psychiatrist, psychologist, medical psychologist or psychiatric nurse practitioner.
- For a full list of specialized BH services, visit our [provider website](#) > Iowa > Provider Resources & Documents.



Claims

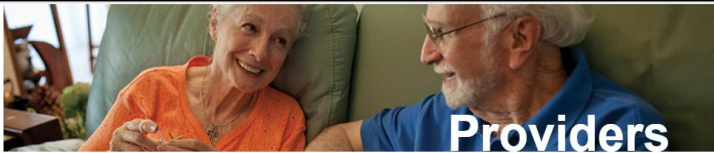
Submitting claims

Claims can be submitted:

- On the Amerivantage Dual Coordination provider website via the Availity Portal.
- Electronically through a clearinghouse:
 - The payer name is **Amerigroup** and the **Payer ID is 26375** for Availity. See the back of the member's ID card for other payer IDs for other clearinghouses.
- On paper by mail to:
Amerigroup Iowa, Inc.
P.O. Box 61010
Virginia Beach, VA
23466-1010

Submitting claims (cont.)

Electronic data interchange (EDI) instructions can be found on our [provider website](#) > Iowa > Provider Resources & Documents > Claims Submissions & Reimbursement Policy > Electronic Data Interchange.



Providers

Electronic Data Interchange (EDI)

Amerigroup has transitioned into a strategic relationship with Availity to serve as our EDI partner for all electronic data and transactions.

Effective immediately, providers, billing services and clearinghouses who are new to the EDI space can register to exchange 27x self-service and 837 claims electronic transactions with Amerigroup at <https://www.availity.com>.

Electronic funds transfer (EFT) registration

To register or manage account changes for EFT only, [use the EnrollHub™, a CAQH Solutions™ enrollment tool](#), a secure electronic EFT registration platform. This tool eliminates the need for paper registration, reduces administrative time and costs, and allows you to register with multiple payers at one time.

If you were previously registered to receive EFT only, you must register using EnrollHub to manage account changes. No other action is needed.

Electronic remittance advice (ERA) registration

As of June 1, 2018, please use Availity <https://www.availity.com> to register and manage account changes for ERA.

If you were previously registered to receive ERA, you must register using Availity to manage account changes. No other action is needed.

Manager suppression (turn off) paper remittance vouchers are available [here](#).

Claims processing

For members enrolled in Amerivantage Dual Coordination:

- Claims will be processed under each plan and payment made according to payment rules governing the Iowa Medicaid program or your Amerivantage Dual Coordination contract.
- The *Explanation of Payment (EOP)* will provide further guidance on next steps or pending payments.
- The member must be actively enrolled in both plans on the date of service.
- Service(s) must be covered under the respective plan.

Rejected vs. denied claims

- Rejected claims do not enter the adjudication system due to missing/incorrect information.
- Denied claims go through the adjudication process but are denied for payment.

If you have questions about how your claim was processed, please call Provider Services at **1-877-411-0929**. **Always request a reference/tracking number before ending your call.**

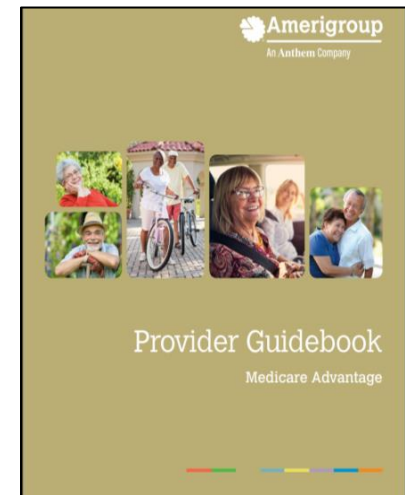
Payment disputes

There are several options when filing a claim payment dispute:

- Call **1-877-411-0929** and speak with a Provider Services representative.
- Use the Availity Payment appeal tool at <https://www.availity.com>.
 - Supporting documentation can be uploaded on the portal.
 - You will receive immediate acknowledgement of your web submission.
- Mail a *Claim Payment Appeal Form* or the *Reconsideration Form* to:
Provider Payment Disputes
P.O. Box 61010
Virginia Beach, VA 23466-1599

Medical appeals

- Separate and distinct appeal processes are in place for our members and providers, depending on the services denied or terminated.
- Please refer to the denial letter issued to determine the correct appeals process.

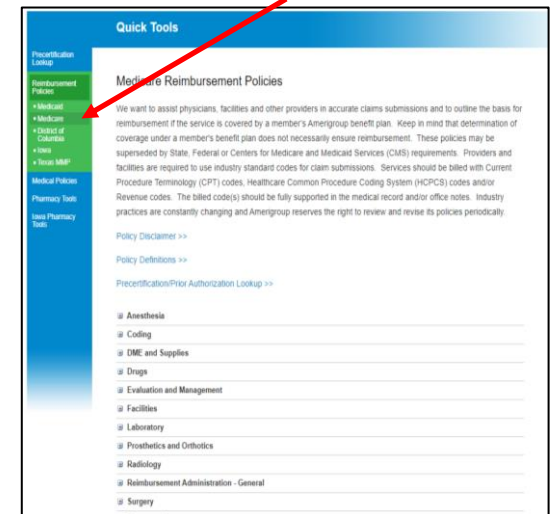


For more information, refer to the Provider Guidebook at <https://providers.amerigroup.com> > Iowa > Provider Resources & Documents > Manuals > Medicare Provider Manual.

Claims billing and reimbursement policies

Providers and facilities are required to use industry standard codes for claim submissions and should bill according to Medicare guidelines. Services should be billed with CPT codes, HCPCS codes and/or revenue codes. The billed code(s) should be fully supported in the medical record and/or office notes.

Amerigroup reimbursement policies can be found at <https://providers.amerigroup.com> > Iowa > Provider Resources & Documents > Quick Tools > Reimbursement Policies > Medicare.





Quality

HEDIS



What is HEDIS?

- **H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et (HEDIS) is a performance measurement tool coordinated and administered by the NCQA.
- It produces results used to measure performance, identify quality incentives, and aid with provider and member educational programs.

Your role in HEDIS:

- Promote health to our members.
- Provide appropriate care to our members.
- Document all care in the patient's medical record.
- Respond to our requests for member records in a timely manner.
- Accurately code all claims.

HEDIS (cont.)

When does record collection start and end?

Quality staff collect HEDIS data from medical records from February to May.

Data collection methods:

Fax, mail, on-site and remote electronic medical record system access

Ways to improve scores for HEDIS measures:

- Use correct diagnosis and procedure codes.
- Submit claims in a timely manner.
- Ensure all components are included in medical record documentation.

Other performance and health outcome measurements

We have a model of care program in place for members of our special needs plans (SNPs):

- Performance and health outcome measurements are collected, analyzed and reported to measure health outcomes and quality measures, and to evaluate the effectiveness of the model of care.
- These measurements are used by our quality management program and include the following measures:
 - HEDIS Consumer Assessment of Healthcare Providers and Systems (CAHPS®) member satisfaction survey
 - *Health Outcomes Survey*
 - CMS Part C reporting elements
 - Medication therapy measurement
 - Clinical and administrative/service quality improvement projects



Other benefits and services

Everyday Extras

- Everyday Extras may help members with meals, mobility and more.
- Prior authorization and/or recommendation from a licensed clinician may be required.
- Members may choose everyday extras at enrollment or throughout the plan year.
- To access everyday extras, visit <https://providers.amerigroup.com> > Iowa > News & Resources > Essential/Everyday Extras.

Pharmacy program

- Pharmacy benefit management is handled by IngenioRx.*
- The member ID card has pharmacy contact information on the back.
- Mail order: Send your mail order prescriptions to IngenioRx:
 - Phone: **1-833-203-1742**
 - Fax: **1-800-378-0323**
- Specialty pharmacy: Send your specialty pharmacy prescriptions to the member's specialty pharmacy provider. If the member has opted to use IngenioRx Specialty Pharmacy, send your specialty pharmacy prescription to IngenioRx Specialty Pharmacy:
 - Phone: **1-833-262-1726**
 - Fax: **1-833-263-2871**



Contacts

Provider Services contacts

- Call Provider Services at **1-877-411-0929**. Our representatives are trained and specialized in our D-SNP programs.
- Our provider website will also provide you all resources and tools needed under Provider Self Service:
 - <https://provider.amerigroup.com> > Iowa
 - The provider manual can be found on our provider website at <https://provider.amerigroup.com> > Provider Resources & Documents > Manuals & Referral Directories > Medicare Provider Manual.



* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Iowa, Inc. Patient360 is an independent company providing data management services on behalf of Amerigroup Iowa, Inc. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Amerigroup Iowa, Inc.

<https://provider.amerigroup.com>