Provider Newsletter

Amerigroup
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https://providers.amerigroup.com/MD

December 2020

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COVID-19 information from Amerigroup Community Care

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 Maryland Department of Health (MDH) to help us determine what action is necessary on our part. Amerigroup will continue to follow MDH guidance policies.

For additional information, reference the *COVID-19* page of our **website**.

MDPEC-2081-20

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).

MD-NL-0367-20

Notifications on the Availity Portal

Amerigroup Community Care 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.

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

MD-NL-0346-20

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Digital transactions cut administrative tasks in half

Introducing the Amerigroup Community Care *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).
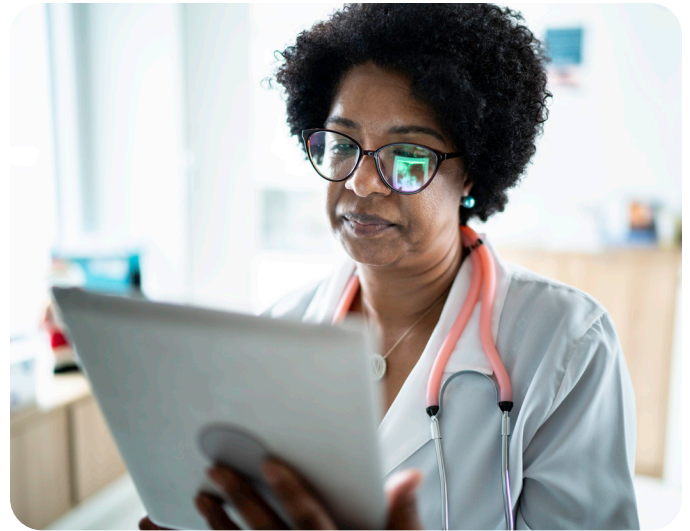
Get payments faster

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 Provider 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 *Digital Provider 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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MD-NL-0354-20

Quarterly appointment and after-hours availability survey

On a quarterly basis, in accordance with state requirements, Amerigroup Community Care facilitates appointment and after-hours surveys conducted by SPH Analytics,* an Amerigroup vendor. SPH Analytics will survey a sample of the Amerigroup provider network, including PCPs, pediatricians and specialists, such as OB/GYNs, via phone. They will then evaluate responses based on the requirements listed below.

Appointment availability requirements

Practitioner type	Appointment type	Appointment standard
PCP and pediatricians	Routine and preventive care visits	Within 30 days of request
	Urgent visits	Within 48 hours of request
OB/GYN	Initial assessment of pregnant and postpartum women/individuals requesting family planning services	Within 10 days of request
Pediatrician	Initial visit for newborn	Within 14 days of discharge from the hospital if no home visit
	Well-child assessments	Within 30 days of request
Specialty provider	Specialists follow-up/referral appointments	Within 30 days as deemed necessary by the PCP; PCP office shall make the appointment directly with the specialist's office
	Urgent specialty visits	Within 48 hours of request

After hours access requirements

PCPs and pediatricians are required to follow the standards below to ensure access to care for our members. PCPs and pediatricians must:

- Offer 24 hours a day, 7 days a week telephone access for members. A 24-hour telephone service may be used. The service may be answered by a designee, such as an on-call physician or a nurse practitioner with physician backup.
- If using an answering system, use a recorded or automated message that gives the option to speak to a live party or respond to member inquiries.
- Be available to provide medically necessary services. You or another physician must offer this service.

SPH Analytics is an independent company providing data analysis services on behalf of Amerigroup Community Care.

MD-NL-0368-20

Medical drug *Clinical Criteria* updates

June 2020 update

On February 21, 2020, May 15, 2020, and June 18, 2020, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Amerigroup Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the **Clinical Criteria web posting**.

MD-NL-0283-20

> 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 October 2020 *Clinical Criteria* revisions

The effective date for Amerigroup Community Care to use InterQual® 2020.1 criteria will be December 15, 2020. On this effective date, Amerigroup providers should begin using InterQual 2020.1 criteria.

MD-NL-0363-20

New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after January 1, 2021, the following specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* will be included in our medical step therapy precertification review process. Step therapy review will apply upon precertification initiation or renewal in addition to the current medical necessity review of all drugs noted below.

The *Clinical Criteria* below will be updated to include the requirement of a preferred agent effective January 1, 2021.

Clinical criteria	Preferred drug	Nonpreferred drug
ING-CC-0167	Ruxience (Q5119), Truxima (Q5115)	Rituxan (J9312)

Clinical Criteria is publicly available on our **provider website**.

MD-NL-0350-20

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Transition to AIM Specialty Health *Small Joint Guidelines*

Effective December 1, 2020, Amerigroup Community Care will transition the clinical criteria for medical necessity review of CG-SURG-74 Total Ankle Replacement services to AIM Specialty Health® (AIM)* *Small Joint Guidelines*. These reviews will continue to be completed by the Amerigroup Utilization Management team.

You may access and download a copy of the AIM *Small Joint Guideline*s **here**.

MD-NL-0347-20

Transition to AIM Specialty Health *Rehabilitative Services Clinical Appropriateness Guidelines*

Effective December 8, 2020, Amerigroup Community Care will transition the *Clinical Criteria* for medical necessity review of certain outpatient rehabilitative services from our clinical guidelines for physical therapy CG-REHAB-04, occupational therapy CG-REHAB-05 and speech language pathology CG-REHAB-06 to AIM Specialty Health®* *Rehabilitative Service Clinical Appropriateness Guidelines*. These reviews will continue to be completed by the MD utilization management team.

Access and download a copy of the current and upcoming guidelines **here**.*

MD-NL-0269-20

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$_{SM}$ 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**.

MD-NL-0359-20

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

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Updates to AIM Specialty Health *Clinical Appropriateness Guidelines for Radiation Oncology*

The following updates will apply to the AIM Specialty Health® (AIM)* *Clinical Appropriateness Guidelines for Radiation Oncology* for claims with dates of service on and after March 14, 2021. Please note that there are no restrictive changes in this update.

Radiation oncology

Special treatment procedure:

- Removed IV requirement for chemotherapy

Central nervous system cancer —
Intensity-modulated radiation therapy (IMRT) for glioblastomas, other gliomas, brain metastases:

- Eliminated the plan comparison requirement based on feedback from reviewers that all cases were able to meet criteria — same change for high-grade and low-grade gliomas.
- Added new indication for hippocampal sparing whole brain radiotherapy.

Lung cancer — IMRT and stereotactic body radiation therapy (SBRT) for non-small cell, SBRT for small cell; fractionation for non-small cell:

- Eliminated the plan comparison requirement for IMRT to treat stage 3, non-small cell lung cancer.
- Removed due to a medical contraindication language.
- Added new indication as an alternative to surgical resection when certain conditions apply.
- Adjusted fractions of thoracic radiotherapy for non-small cell lung cancer.

Proton beam therapy

- Added new indication for hepatocellular carcinoma and intrahepatic cholangiocarcinoma.

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

- Access the AIM *ProviderPortal*SM directly at **https://aimspecialtyhealth.com/ providerportal.**
  - Online access is available 24/7 to process orders and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity* Portal at **https://availity.com**.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7:00 a.m. to 7:00 pm CT.

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

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MD-NL-0357-20

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 Community Care 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**.

MD-NL-0353-20

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FDA approvals and expedited pathways used — new molecular entities (NMEs)

Amerigroup Community Care 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	This process is designed to expedite the development and review of drugs/biologics, which may demonstrate substantial improvement over available therapy. **To learn more about the Breakthrough Therapy process, go here.**
Orphan Review	This refers to the review of drugs that demonstrate promise for the diagnosis and/or treatment of rare diseases or conditions. **To learn more about the Orphan Review process, go 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, go here.**

New molecular entities approvals: January 2020 through 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.

Read more online.

MD-NL-0360-20

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Rembursement Policy

Policy Reminder
Nurse Practitioner and Physician Assistant Services, Professional
(Effective 04/24/20)

Amerigroup Community Care continues to allow reimbursement for services provided by nurse practitioner (NP) and physician assistant (PA) providers. Unless provider, state, federal or CMS contracts and/or requirements indicate otherwise, reimbursement is based upon all of the following:

- Service is considered a physician's service
- Service is within the scope of practice
- A payment consistent with physicians' contracted rate

Services furnished by the NP or PA should be submitted with their own NPI.

This article is to inform you that there is now a separate and specific professional reimbursement policy to reference for Nurse Practitioner and Physician Assistant Services.

For additional information on the Nurse Practitioner and Physician Assistant Services Professional policy, visit **https://providers.amerigroup.com**.

MD-NL-0339-20