Amerigroup New Jersey
Managed Long Term Services & Supports (MLTSS)
New Provider Orientation

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Who is Amerigroup?

- Amerigroup New Jersey, Inc. is a wholly owned subsidiary of Amerigroup Corporation whose parent company is WellPoint, Inc. (WellPoint). WellPoint is one of the largest health benefits companies in the United States.

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Who is Amerigroup?

Our Values

- Trustworthy
- Accountable
- Innovative
- Caring
- Easy-to-Do Business With

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WellPoint's Government Business Division

Medicaid
Medicare
Medicare and Medicaid
CareMore

Today's Discussion

Doing Business with Amerigroup

- Reference tools
- Online resources
- Precertification guidelines
- Coordination of Benefits (COB)
- Claims submission
- Payment disputes
- Grievances and appeals
- Recredentialing

Improving Healthcare Together

- Translation Services
- Disease management
- Quality management
- Fraud, waste and abuse

MLTSS Specific Information

- MLTSS Model
- MLTSS Benefits
- Money Follows the Person
- Elder Abuse
- Critical Incidents

Your Amerigroup Team/Key Contacts

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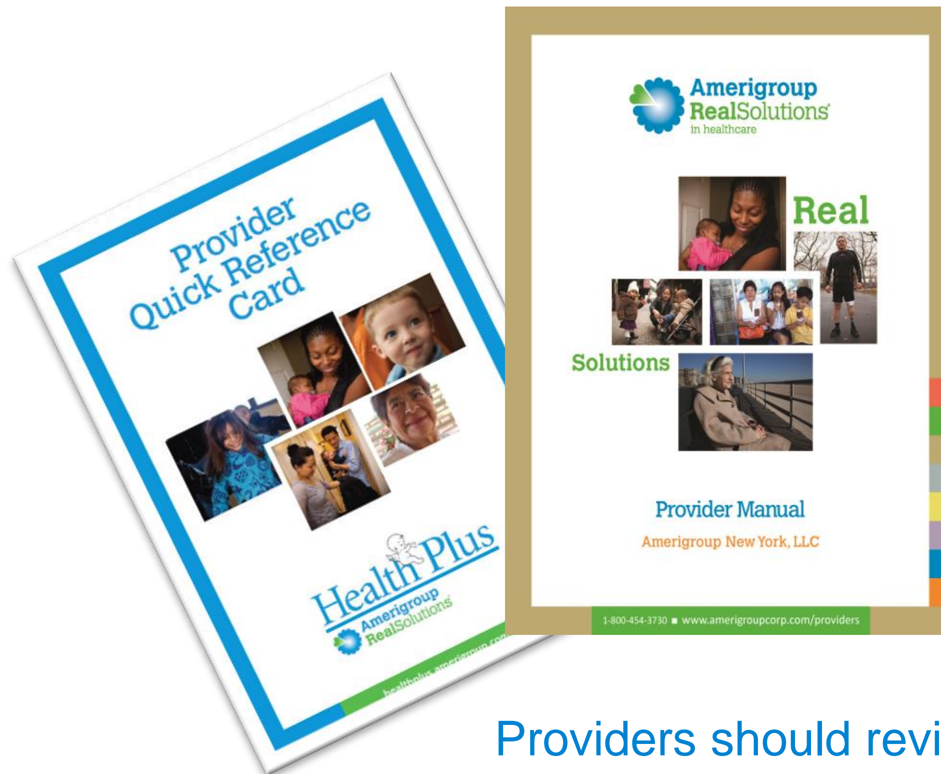
Your Reference Tools



Providers should review both member and provider responsibilities, which are detailed in the provider manual/handbook.

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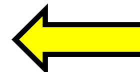
New Jersey

Effective Date:
Date of Birth:
Subscriber #:

Amerigroup Community Care
Managed Long Term Services and Supports 

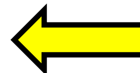
Member Name:

Primary Care Provider (PCP):

PCP Address:

PCP Telephone #:

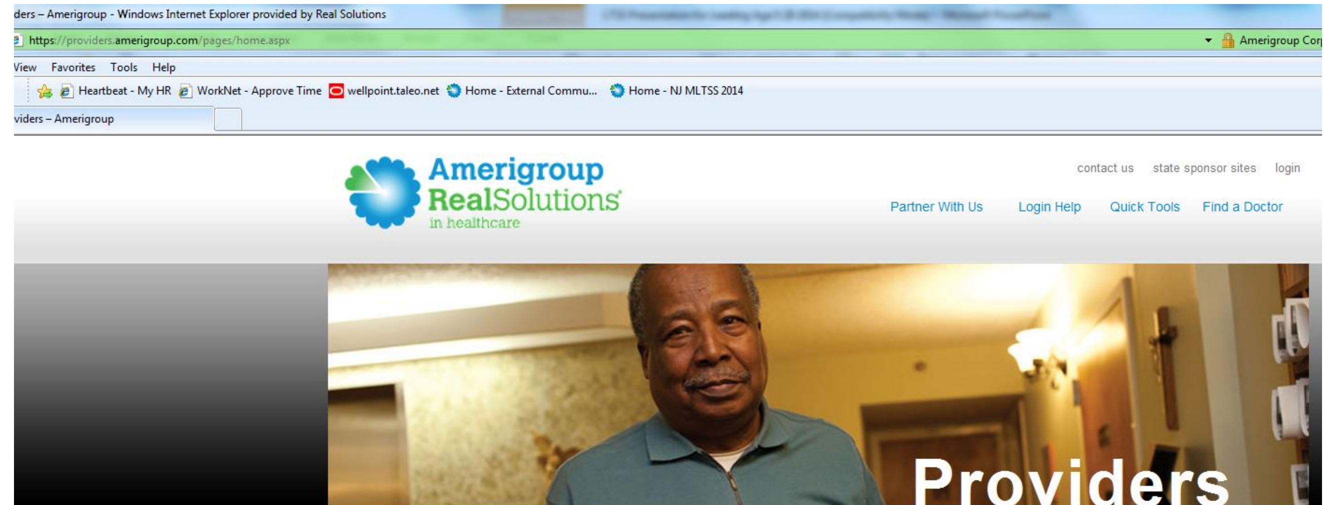
Vision: 1-800-428-8789 Dental: 1-800-720-5352

Behavioral Health: BILL AMERIGROUP 

Amerigroup Member Services/Pharmacy: 1-800-600-4441 (TTY 1-800-855-2880)

providers.amerigroup.com

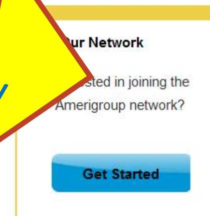
- The provider website is available to all providers, regardless of participation status.
- Online tutorials and user guides are on the Amerigroup site to help you navigate.
- We encourage providers to register to use the secured content on our website.



How Can We Help You?

Amerigroup & You

Providing care for those who need it most requires a team effort and there's no more critical person on this team than you the provider. Our challenge is to find ways to help you use your resources as efficiently and productively as possible. And that begins by listening to the problems you encounter and the ideas you have to make the system work better. Together we can find the real solutions that can make a difference in people's lives.



Secure Website Functionality

providers.amerigroup.com

- Eligibility
- Pre-cert lookup tool
- Request pre-cert
- Check status of an auth
- Claim submission
- Claim status
- Claim appeal
- Documents and forms

www.availity.com

- Claim submission
- Claim status
- Eligibility

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Verifying Eligibility

Please check eligibility online to get the most up-to-date member information before each service.

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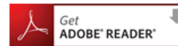
Web Tutorials

home | contact us | state sponsor sites | login | search

Partner With Us | Login Help | Quick Tools | Find a Doctor

Tutorials

To view these tutorials, you will need Adobe Reader and Adobe Flash Player. If you don't have them, please download by using the links below.



Account	Information	Delegated Administrators
Registration User Guide	Claims Transactions User Guide Claims Transactions User Guide	Account Maintenance User Guide Account Maintenance User Guide
Logging In User Guide Logging In User Guide	Member Information User Guide	Tools User Guide Tools User Guide
Profile Maintenance User Guide	Provider Updates User Guide Provider Updates User Guide	Lookup User Guide Lookup User Guide
Forgot Username User Guide Forgot Username/Password	Authorizations User Guide Authorizations User Guide	

Precertification and Notification

- The website and your provider manual/handbook list services requiring precertification and/or notification.
  - Our Precertification Lookup tool at providers.amerigroup.com lets you search by market, member's product and CPT code.
  - Submit precertification requests through our provider website, via fax or by calling Provider Services.
  - You can also check status of a request online.

- All MLTSS services require authorization. Our claims edit for NF, Assisted Living, and many other LTSS services will be temporarily lifted to facilitate payment at 7/1 transition while Amerigroup case managers are conducting initial member assessments.

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Laboratory Services

Notification or precertification is not required if lab work is performed in a physician's office or participating hospital outpatient department (if applicable) or by one of our preferred lab vendors.

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Pharmacy Program

The preferred drug list and formulary are available on our website.

Prior authorization is required for:

- Non-formulary drug requests
- Brand-name medications when generics are available
- High-cost injectable and specialty drugs
- Any other drugs identified in the formulary as needing prior authorization

*Note: This list is not all-inclusive and is subject to change.

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Coordination of Benefits (COB)

- Providers should collect Patient Pay Liability (PPL) amount and apply to cost of member's care where applicable.
  - We will pay net of that amount.
- Federal law requires that Medicaid is the payer of last resort.
  - You must bill the member's primary insurance first and provide Explanation of Payment (EOP) from the primary carrier with claim submission to Amerigroup.
  - If the member's only other coverage is Medicare and the service is not a Medicare-covered code, you will not be required to submit EOP from Medicare for payment.
  - If the member has a primary insurer other than Medicare, Amerigroup will require an EOP from the other payer for each claim until the benefit is exhausted for each calendar year.

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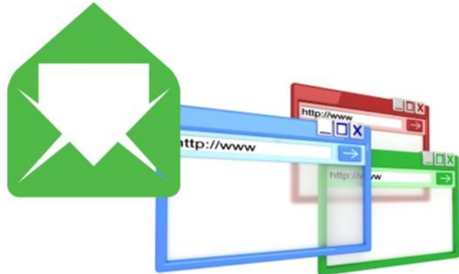
Submitting Claims



- Batch 837
- On our website: http://providers.amerigroup.com
- Via clearinghouse
  - Emdeon – payer ID 27514
  - Capario (MedAvant) – payer ID 28804
  - Availity – payer ID 26375
- By mail

  New Jersey Claims
  Amerigroup Community Care
  P O Box 61010
  Virginia Beach, VA 23466-1010

- Bill as frequently as you choose.
- We cut checks 2x/week.
- Please note: If you are billing for PCA services, the Certified Home Health Aide number (CHHA) is required on your claim form.

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Electronic Payment Services

If you sign up for ERA/EFT, you can:

- Start receiving ERAs and import the information directly into your patient management or patient accounting system
- Route EFTs to the bank account of your choice
- Create your own custom reports within your office
- Access reports 24 hours a day, 7 days a week

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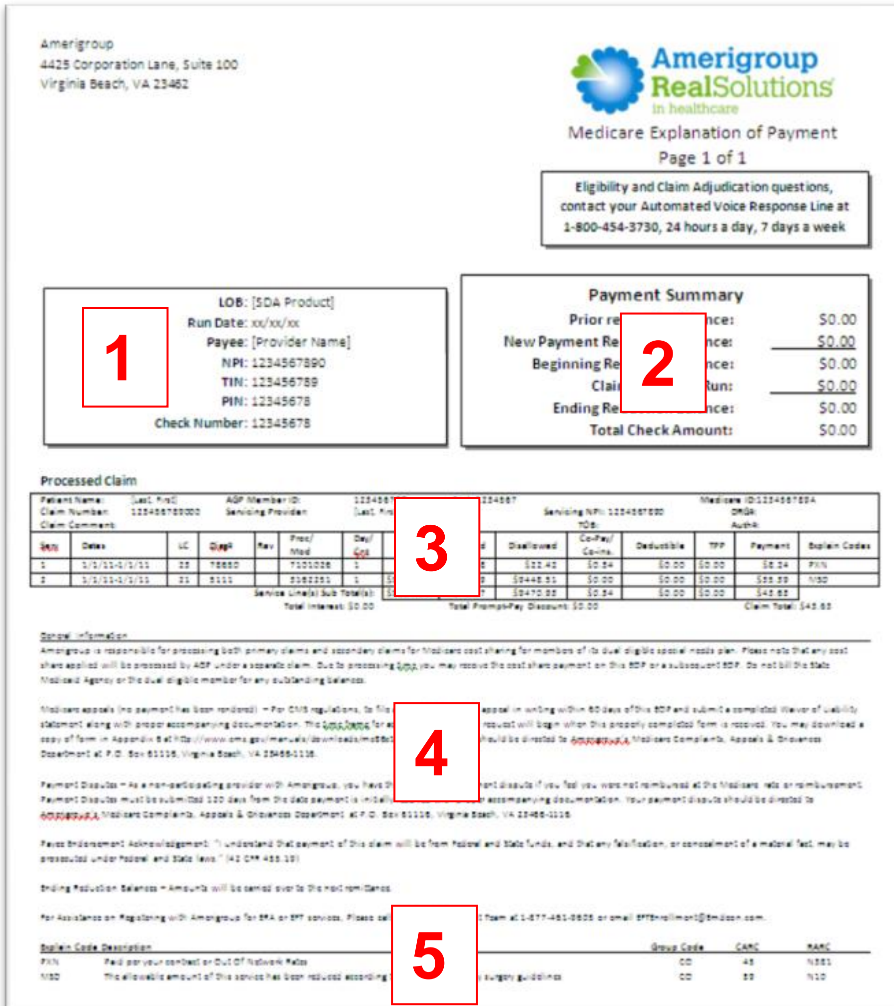
How to Read Your EOP



Amerigroup
4425 Corporation Lane, Suite 100
Virginia Beach, VA 23462

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Medicare Explanation of Payment
Page 1 of 1

Eligibility and Claim Adjudication questions, contact your Automated Voice Response Line at 1-800-454-3730, 24 hours a day, 7 days a week

LOB: [SDA Product]
Run Date: xx/xx/xx
Payee: [Provider Name]
NPI: 1234567890
TIN: 123456789
PIN: 12345678
Check Number: 12345678

Payment Summary

Prior re[...]nce:	$0.00
New Payment Re[...]nce:	$0.00
Beginning Re[...]nce:	$0.00
Clai[...]un:	$0.00
Ending Re[...]nce:	$0.00
Total Check Amount:	$0.00

Processed Claim

General Information

Explain Code Description

1. Claim information
2. Payment summary
3. Claim details
4. General information
5. Explain code description

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Rejected versus Denied Claims

If you get a notice that your claim was rejected or denied, here's the difference.

Rejected
Does not enter the adjudication system due to missing or incorrect information

Denied
Goes through the adjudication process but is denied for payment

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Tips to Prevent Denied Claims

- Ensure all MLTSS services are authorized prior to services being rendered.
- Ensure that all required fields on the claim form are completed.
- Use correct Tax ID Number (TIN) for provider rendering services.
- Ensure provider is contracted with and credentialed by Amerigroup for the services being rendered.
- Bill with entity name per your Amerigroup contract.
- If you submitted a National Provider Identifier (NPI) during credentialing, ensure you submit the same NPI on claims. Referring NPI is not required on claims.

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Very Important for Correct Payment:

Please notify us immediately if you have any changes in your ownership, licensure, tax ID number, participation status, location or other demographics.

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Routine Claim Inquiries

- Our Provider Services Department focuses on handling provider claim inquiries as efficiently and timely as possible. Please call 1-800-454-3730.
- Calls are handled by a specially trained call agent in Provider Services.

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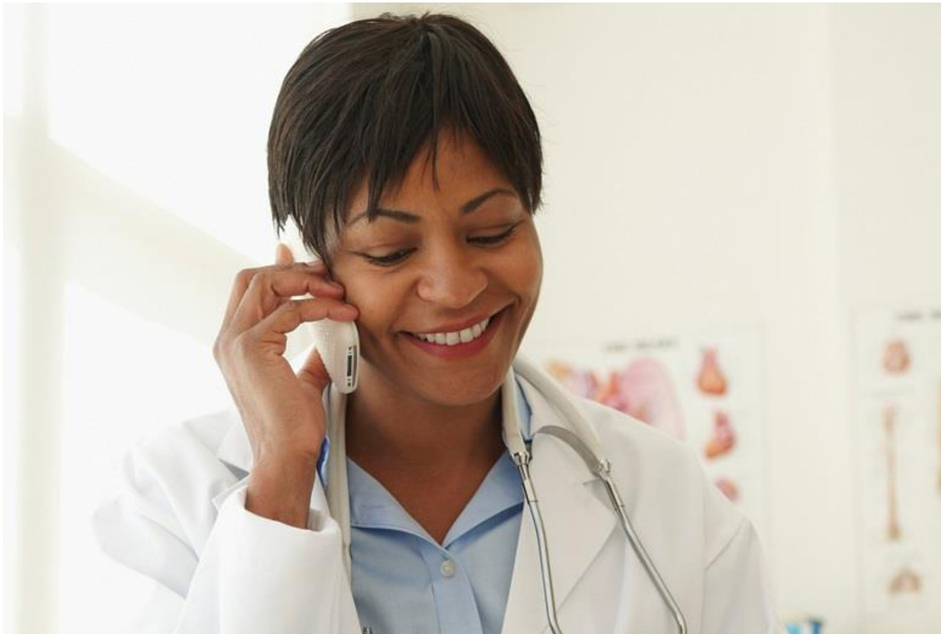
Payment Disputes



- For questions on claims submission or other inquiries, contact the Provider Service Unit at 1-800-454-3730.
- Submit all payment disputes with a copy of the Explanation of Payment, supporting documentation and a letter of explanation.

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Corrected Claims

- Submit via:
  - Paper
  - Our website
  - An approved clearinghouse
- Submit within timely filing limit
- Ensure claims do not have correction fluid/tape or handwritten information.

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Member Billing

Federal law prohibits balance-billing members for any covered services under New Jersey's Medicaid Program, including MLTSS.

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Member Grievances and Appeals

- Only members or their authorized representatives can file member grievances
- A provider, acting on behalf of a member, can file a member appeal
- If a provider indicates a health plan determination could jeopardize the member's life, health or ability to attain, maintain or regain maximum function, the member or provider may file an expedited appeal either verbally or in writing

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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.

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Improving Healthcare Together

- Translation Services
- Disease management
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Translation Services

- 24 hours a day
- 7 days a week
- Over 170 languages

- AT&T Relay Service
  1-800-855-2880

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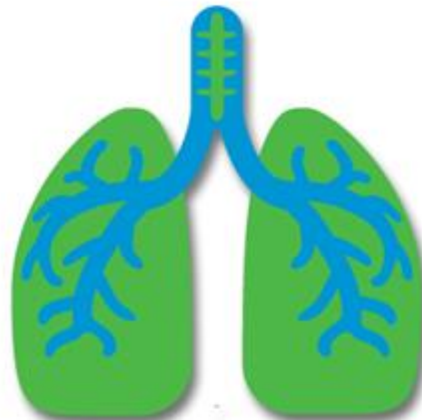
Disease Management



We offer programs for members living with:

- Asthma
  Bipolar disorder
  Congestive heart failure
  COPD
  Diabetes
  HIV/AIDS
  Major depressive disorder
  Obesity
  Schizophrenia
- Transplants
- And more

Please refer our members to these programs when applicable

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Quality Management

Our Quality Management team continually analyzes provider performance and member outcomes for improvement opportunities.

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Community Involvement

We’re committed to ensuring our members have adequate access to quality care and health education.

We offer education and community outreach and information sessions on our benefits and services.

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Fraud, Waste and Abuse

Help us prevent it and tell us if you suspect it!

- Verify patient's identity
- Ensure services are medically necessary
- Document medical records completely
- Bill accurately

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Fraud, Waste and Abuse Prevention

- Be alert and report violations
- Report by:
  - Calling the Consumer Complaint Hotline at 1-800-446-7467
  - Filling out the Medicaid Fraud and Abuse Complaint Form online
- Find out about the Attorney General's Fraud Rewards Program
  - 850-414-3990 or toll-free 1-877-553-7283
  - Up to 5 percent of the value or $25,000, whichever is less
  - Can keep identity confidential and protected

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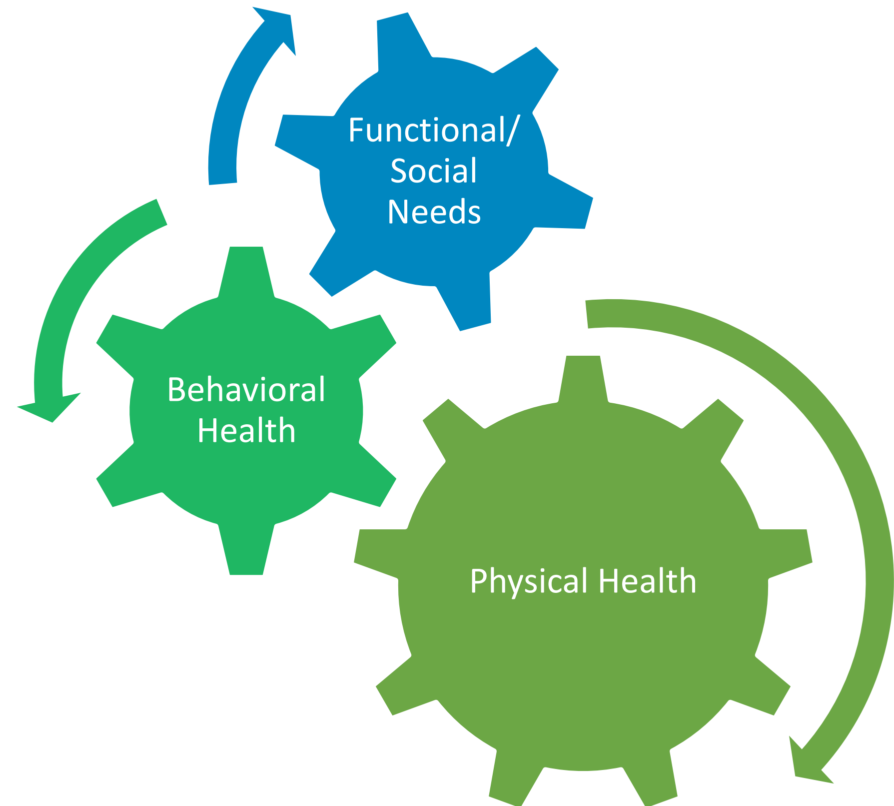
What is MLTSS?

Managed Long Term Services and Supports (MLTSS) programs assist members who are elderly and/or have a physical disability to remain as independent as possible and live in the residential setting of their choice.

Residential settings may include living:

- In member's own home
- With a family member
- In a nontraditional home setting like adult family care
- In an assisted living residence or assisted living program
- In a nursing home



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Waiver Programs

Now part of MLTSS

- Global Options (GO) for Long Term Care
- Traumatic Brain Injury (TBI)
- Community Resources for People with Disabilities (CRPD)
- AIDS Community Care Alternatives Program (ACCAP)

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Eligibility for MLTSS

Eligibility Criteria:

- Eligible for Medicaid and need nursing facility level of care
- Clinical and financial eligibility as determined by the New Jersey Department of Human Services and the Social Security Administration

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How does Amerigroup manage members?

Identify Needs

- The member is contacted and screened for complex needs and high-risk conditions.

Plan of Care

- The care manager makes a home visit and conducts a comprehensive assessment of all medical, behavioral, social and long-term care needs. (NJ Choice and other State requirements)
- The member and his or her family participate in the preparation of the plan of care.

Service Delivery

- The member selects providers from the network.
- The care manager works with care team to authorize services and ensures all appropriate services are authorized and delivered according to the service plan.

Reassess and Evaluate

- The care manager contacts the member and reassesses the member's needs and functional capabilities.
- The care manager and member evaluate and revise the service plan as needed.

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How does Amerigroup manage members?

<u>Quality Metrics:</u>

Here are a few of the indicators the Amerigroup MLTSS team will use to measure and track the quality of our MLTSS program:

- Critical incidents
- Gaps in service
- Member/provider complaints
- Access to MLTSS services
- Members transitioned from nursing facility to community and vice versa
- Preventive care services
- ER utilization

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MLTSS Benefits: Medical & Behavioral Health

- MLTSS members have all the medical benefits of other Plan A members, including PCA and Medical Day Care
  - All existing auth rules apply
- Behavioral Health services are covered by Amerigroup directly for MLTSS members.
  - All inpatient behavioral health services require prior authorization.

MLTSS Services: Residential Settings

- Nursing Facility
- Assisted Living
  - Assisted Living Residence (ALR)
  - Comprehensive Personal Care Home (CPCH)
  - Assisted Living Program (ALP)
- Adult Family Care
- Community Residential Services

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MLTSS Services: Home- and Community-Based

- Caregiver/ Participant Training
- Chore Service
- Community Transition Services
- Home Based Supportive Care (HBSC)
- Home Delivered Meals
- Maintenance Therapies
- Medication Dispensing Device
- Non-Medical Transportation
- Personal Care Assistance
- Personal Emergency Response System (PERS)
- Private Duty Nursing
- Residential Modifications
- Respite
- Social Adult Day Care
- Vehicle Modifications

Breakout: Home-Based Supportive Care
Redefined for MLTSS

Personal Care Assistance
= ADL (+ IADL)

- Hands-on assistance & may include hands-off/homemaker

Activities of Daily Living (ADL)
= bathing, dressing, eating, etc.

Home-Based Supportive Care
= IADL only

- Hands-off/homemaker assistance only

Instrumental Activities of Daily Living
= housekeeping, meal prep, etc.

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MLTSS Services: Traumatic Brain Injury

- TBI non-residential
  - Behavior Management (TBI)
  - Structured Day Program
  - Supported Day Services
  - Maintenance Therapies

All inpatient behavioral health services require prior authorization.

Some key information: Codes and Authorization

Service type	Billing code	Authorization?
Nursing Facility	0100	Required – same as today
Assisted Living Residence	T2031	Required – claims edit is temporarily lifted to facilitate payment at 7/1 transition while Amerigroup case managers are conducting initial member assessments.
CPCH	T2031_U1	
Assisted Living Program	T2031_U2	
Respite Service in Assisted Living	S5151	
Respite Service in Nursing Facility	0663	

This slide includes NF and AL codes but we are able to provide the State's required MLTSS codes for any other services at your request <u>today</u> – simply send a specific question via WebEx.

MLTSS Claims Turnaround Time

- Typically, our claims process in 7-10 days.
- As determined in the LTSS Steering Committee, Amerigroup will uphold special turnaround time requirements for most MLTSS claims.
  - Electronic = 15 days (clean claims)
  - Paper = 30 days (clean claims)

MLTSS Rates

- Amerigroup will honor **State FFS rates** agreed upon in the LTSS Steering Committee for residential services.
- If you hold a contract with Amerigroup already, the rates in your contract apply, and we will update your contract with the fee schedule for any new MLTSS services you may provide.
- As applicable, the State's recent "verbatim language" changes will apply to your pre-existing contract.
- We cannot talk about specific rates in the presentation today, but your Provider Relations Rep can discuss rates with you one-on-one by service code.

Money Follows the Person (MFP)

The member must meet the following criteria:

- Be a current resident of a nursing facility (NF) or intermediate care facility for mental retardation (ICF/MR) with a 90-day continuous stay
- Be Medicaid-eligible 30 days prior to receiving MFP services
- Meet the functional eligibility for waivered services
- Have an interest in transitioning back into the community

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Elder Abuse

Elder Abuse means the willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation of services necessary to maintain a person's physical and mental health.

- Any allegation of abuse, neglect or exploitation of an MLTSS member **MUST** be reported to the appropriate entity
- Members in the community would report to the county Adult Protective Services program
- Members living in an institution shall be referred to the Office of the Ombudsman for the Institutionalized Elderly (OOIE) and Health Facilities Evaluation and Licensing (HFIL)

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Critical Incident Reporting

Critical incidents include the following:

1. Unexpected death;
2. Missing person or Unable to Contact;
3. Theft with law enforcement involvement;
4. Severe injury or fall resulting in the need for medical treatment
5. Medical or psychiatric emergency, including suicide attempt;
6. Medication error resulting in serious consequences;
7. Inappropriate or unprofessional conduct by a provider/agency involving the member;
8. Suspected or evidenced physical or mental abuse, (including seclusion and restraints, both physical and chemical);
9. Sexual abuse and/or suspected sexual abuse;
10. Neglect/mistreatment, including self-neglect, caregiver overwhelmed, environmental;
11. Exploitation, including financial, theft, destruction of property;
12. Failure of a member's back-up plan;
13. Elopement/wandering from home or facility;
14. Eviction/loss of home;
15. Facility closure, with direct impact to member's health and welfare;
16. The potential for media involvement;
17. Cancellation of utilities;
18. Natural disaster, with direct impact to member's health and welfare;

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Critical Incident Reporting

New Jersey requires:

- The maximum time frame for reporting an incident to Amerigroup
  - shall be **one** business day
  - Initial report may be submitted verbally within **one** business day accompanied by a follow-up written report within **two** business days
- Suspected Abuse, Neglect, & Exploitation
  - Shall be reported **immediately**
- Response to any member emergency or future harm
  - Shall occur **immediately** but not longer than **one** business day
- Internal Critical Incident Investigation
  - Shall be submitted by the provider no more than **14** calendar days after the date of the incident

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Your Amerigroup Team

Provider Relations Representative

- Contracting and amending
- Educates providers on submitting claims and rosters
- Conducts provider site visits
- Develops community relationships and increase Amerigroup visibility
- Facilitates resolution of provider issues or related questions

LTSS Care Manager

- Conducts member orientations and periodic visits
- Develops care plans to meet member needs
- Addresses member concerns or issues
- Issues authorizations
- Serves as a member advocate to promote quality of life

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Key Contact Information

• Website	providers.amerigroup.com/NJ
• Amerigroup	1-800-454-3730
• Member Services	1-800-600-4441
• Provider Services	1-800-454-3730
• Behavioral Health	1-800-832-9173
• Precertification	1-800-454-3730
• Case Management	1-800-454-3730
• AT&T Relay Service (Translation)	1-800-855-2880
• Block Vision	1-866-819-4298
• HealthPlex	1-800-720-5352
• Logisticare (Transportation)	1-866-527-9933
• TNNJ	1-866-527-9933

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Next Steps

- If you haven't signed and returned your credentialing application and contract, please return it to your Provider Relations representative as soon as possible.
- Register to use the Amerigroup provider website
- Register for Electronic Data Interchange
- Register for Electronic Funds Transfer services
- Read your provider manual/handbook

Amerigroup RealSolutions in healthcare

Here for you

Carol DiPrisco	**Provider Relations**: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Monmouth, Ocean, Salem
	Carol.Diprisco@amerigroup.com
Denice Berrios	**Provider Relations**: Bergen, Hudson, Hunterdon, Morris, Passaic, Sussex, Warren
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