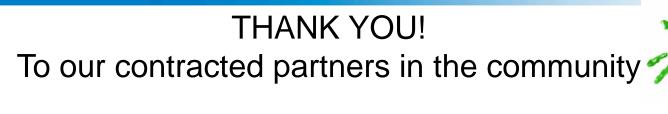




Introducing Amerigroup Virginia







- ✓ Wellmont Health System Hospitals (Bristol Regional, Lee Regional, Lonesome Pine, Hancock County, Hawkins County, Holston Valley, Mountain View)
- ✓ Laughlin Memorial Hospital
- Carilion Hospitals (Franklin Memorial, Giles Community, New River Valley, Roanoke Community, Roanoke Memorial, Stonewall Jackson, Tazewell)
- ✓ Memorial Hospital Martinsville
- ✓ Princeton Community Hospital
- ✓ Twin County Regional Hospital
- ✓ Wythe County Community Hospital
- ✓ Bluefield Regional Medical Center
- ✓ Buchanan General Hospital
- Buchanan General Hospital
- ✓ Clinch Valley Medical Center
- ✓ Danville Regional Medical Center
- Mountain States Health Alliance Hospitals (Johnston Memorial, Dickenson Community, Russell County,

- Smyth County, Norton Community, ✓ Sycamore Shoals, Indian Path, Johnson ✓ City, Franklin Woods, Johnson County)
- ✓ Holston Medical Group
- Clinch Valley Physicians
- Boys & Girls Clubs
- ✓ Mount Rogers CSB
- Dickenson County CSB
- Highlands CSB
- ✓ Planning District One/Frontier Health CSB
- Cumberland Mountain CSB
- ✓ Bland County Health Department
- ✓ Bristol City Health Department
- ✓ Buchanan County Health Department
- ✓ Carroll County Health Department
- ✓ Dickenson County Health Department
- Galax City Health Department
- ✓ Grayson County Health Department
 - Lee County Health Department

- Russell County Health Department
- Scott County Health Department
- Smyth County Health Department
- Tazewell County Health Department
- ✓ Wythe County Health Department
- ✓ Washington County Health Department
- ✓ Wise County/Norton Health Department
- ✓ Stone Mountain Health Services
- Clinch River Health Services
- ✓ Southwest Virginia Community Health System, Inc.
- ✓ Bland County Medical Clinic
- ✓ Tri-Area Health Clinic
- Monroe Health Center
- Twin City Medical Center (Bristol VA)

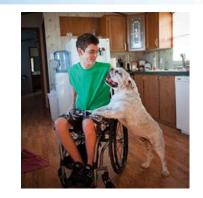


We look forward to working with you



Who We Are: Amerigroup Virginia

One of 12 Amerigroup plans in the US, Amerigroup Virginia currently provides services in 44 counties and cities, and as of July 1, 2012 will provide services in 58 Virginia localities.



Who We Serve:



We serve and advocate for the people of our Virginia communities who need a little extra help. Last year we covered 1,000 births, 3,249 surgeries, and medical services for over 46,000 individuals.

What Makes us Different:

At Amerigroup Virginia, we deliver personalized service that treats members as people with a name, not just a number. We appreciate family, focus our care towards individual needs and organize supports to enable seniors and people with disabilities to thrive in community settings.





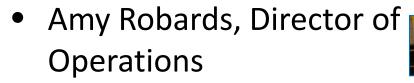
Your Amerigroup Team



Kit Gorton, CEO



Renee Maccannon, VP Health Plan Operations, Provider & Community Relations





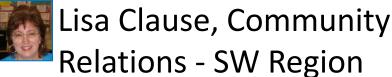
Oana Smith, Manager, Provider & Community Relations



Stephanie Labus, Network Development/Contract Account Representative



Adrian Cloxton, Director Community Relations



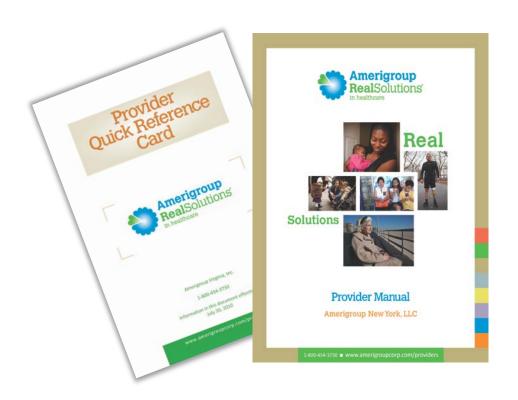
Samantha Gordon,
 Credentialing Specialist



Agenda

We will cover

- Community Involvement
- Utilization Management
- Disease Management
- Interpreter Services
- Provider website
- Precertification guidelines
- Claim submission
- Appeals
- Support for you





Community Involvement



Ensuring our members have adequate access to quality care and health education through ongoing community relations and outreach

- We work in partnerships with schools and community, government and faith-based organizations.
- We organize and participate in events throughout the state.

Amerigroup

in healthcare

RealSolutions

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

We Focus on Each Member's Needs

Our medical management program provides a coordinated approach to ensure members receive care and services at the appropriate level through individualized programs and in coordination with community services

- Case management
- Specialized Care Coordination
- NCQA-accredited & other Disease
 Management programs

-Asthma
 -CHF
 -Depression
 -Bipolar disorder
 -COPD
 -Schizophrenia
 -Transplant Svcs
 -CAD
 -High-risk OB/NICU

-Diabetes -Hypertension

"RS":

- Young adult with autism, depression & seizures
- Recent needs met:

Sleep EEG

Waterproof communication device

Psychiatrist w/ DD experience

- <u>Current focus</u>: Mobile Crisis Support Capability
- Goal: Maintain Community Living



Utilization Management: Inpatient

- Elective admissions
 - Require precertification
- Emergency admissions
 - Require notification within 24 hours or next business day
- Clinical Information for Concurrent Review
 - Admission
 - Diagnosis resulting in admission (specific)
 - Planned procedures
 - Complications/comorbidities present on admission
 - Bed type
 - History, vital signs, exam, labs, imaging, treatments supporting need for inpatient level of care
 - Newborns: must include gestational age and birth weight



Utilization Management: Inpatient

- Clinical information for concurrent review
 - Continued stay
 - No less than twice weekly updates (Tuesday and Thursday by noon)
 - To meet NCQA requirement to account for each day of care
 - To permit proactive discharge planning
 - To monitor additional procedures/complications/comorbidities
 - Some detail required for each day of care
 - At discharge
 - Final diagnosis
 - Additional procedures/complications/comorbidities during stay
 - Disposition
 - Identify home health, DME and pharmacy needs
 - Determine follow-up and case management needs



Utilization Management: Prior Authorization

- In-network
 - Most via National Call Center(NCC)
 - Selected services at health plan
- Out-of-network
 - Requires prior authorization, regardless of service type
 - May be redirected if equivalent services are available in-network
- Turnaround time frames
 - Urgent: 72 hours (medically urgent only)
 - All others: 14 days
- Services that require preauthorization
 - Durable medical equipment
 - Home health/home infusion
 - Private duty nurse
 - Pain management

Fax request to the Virginia health plan at 1-888-393-8978.



Disease Management



- Disease Management Centralized
 Care Unit
 - 1-888-830-4300
- Case management
 - Pediatrics/Children with Special Health Care Needs
 - High-risk obstetrics
 - Adults/SSI
 - Behavioral health



Interpreter Services



24 hours a day

7 days a week

Over 170 languages

 Amerigroup Provides members with Interpretation services.

 To arrange interpreter services, call Amerigroup Provider Services at 1-800-454-3730.



Provider Website

www.amerigroup.com/providers



- The Amerigroup Provider website is available to all providers.
- The tools located on the site will allow you to perform many common authorization and claims transactions, check member eligibility, update information regarding your practice, manage your account and more.
- To use the website, you must first register with Amerigroup and complete your account set-up.



Claim Submission

Amerigroup has several options to submit claims

- Electronic claims by using a clearinghouse via Electronic Data Interchange (EDI).
- By submitting 837 batch files.
- You can submit both CMS-1500 and UB-04 claims on the website.
- Paper Claims by mailing to:

Amerigroup Virginia, inc.

PO Box 61010

Virginia Beach, VA 23466-1010



Electronic Data Interchange (EDI)

- Amerigroup accepts claims electronically through the provider website or three clearinghouses:
 - Emdeon Payer ID 27514
 - Availity Payer ID 26375
 - Capario Payer ID 28804
- Advantages of electronic claims submission
 - Shorter processing time than with paper claims
 - Increased cash flow due to quicker payments
 - Improved accuracy
 - HIPAA-compliance
 - Decreased office administrative costs
 - Printing and mailing costs
 - Forms
 - Minimized claim rejections



Quick Reference (additional copies available in Lobby)

Provider Services

Our Provider Services department offers precertification, care management, automated member eligibility, health education materials, outreach and more Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Provider Website and Inquiry Line Available 24/7/365

We provide online provider resources designed to significantly reduce the time your office spends on eligibility verification, claims status, referral authorization status and precertification/notification. Visit www.amerigroupcorp.com/providers.

For those times when you can't access the Internet, call Provider Services at 1-800-454-3730. You can receive claims, eligibility, referral authorization status and precertification/ notification over the telephone. Simply say your NPI number when prompted by the recorded voice. It's easy! The recording guides you through a menu of options, allowing you to select the information or materials you need.

Claims Services

Electronic Data Interchange (EDI)

Call 1-800-590-5745 to get started. To provide faster and more accurate claims adjudication, we offer electronic claims submission through EDI. We accept claims electronically through three clearinghouses: Emdeon, Availity and Capario. The clearinghouse and appropriate payer number is 27514 for Emdeon, 26375 for Availity and 28804 for Capario.

Paper Claims

We use Optical Character Recognition (OCR) technology as part of our front-end claims processing procedures. Timely filing is within 180 days from the date of service. In order to use OCR technology, your claims must be submitted on original claim forms (CMS-1500 or UB-04) with dropout red ink, printed or typed (not handwritten) in a large, dark font. Mail paper claims to the following address:

Claims

Amerigroup Virginia, Inc. P.O. Box 61010 Virginia Beach, VA 23466-1010

Please note: AMA- and CMS-approved modifiers must be used appropriately based on the type of service and procedure code.

Payment Disputes

Payment disputes must be filed within 90 business days of the adjudication date of the explanation of payment. Forms for provider appeals are located on our website and should be sent to the following address:

Payment Dispute Unit Amerigroup Virginia, Inc.

P.O. Box 61599

Virginia Beach, VA 23466-1599

Medical Appeals

Medical appeals can be initiated by the member or the provider on behalf of the member and must be submitted within 30 calendar days from receipt of an adverse determination. Medical appeals can be submitted in writing to the following address: Medical Appeals

Amerigroup Virginia, Inc

P.O. Box 62429

Virginia Beach, VA 23466-2429

A provider submitting on behalf of a member can provide a letter or complete a provider appeal form located on our website.

■ Health Services

Care Management Services • 1-800-454-3730

We offer care management services to members who are likely to have extensive health care needs. The nurse care manager works with you to develop individualized care plans. This includes identifying community resources, providing health education, monitoring compliance, assisting with transportation, etc.

Disease Management Centralized Care Unit (DMCCU) Services • 1-888-830-4300

We offer DMCCU services to members with the following medical conditions: asthma, bipolar disorder, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, diabetes, HIV/AIDS, hypertension, obesity, major depressive disorder, schizophrenia and transplant. DMCCU services include educational information like local community support agencies and events in the health plan's service area.

24/7/365 Nurse HelpLine • 1-800-600-4441

Members may call our 24-hour Nurse HelpLine for nursing advice 7 days a week, 365 days a year. When a member accesses this service, a report will be faxed to your office within 24 hours of receipt of the call.



Provider Experience Service Model



Claim calls from Providers





- Claim Inquiry
- Simple Claim Adjustments
- Set Turnaround Time Expectations



Internal Resolution Unit

- Complex Claim Research
- Claim Resolution
- Provider Outreach

Note: Simple Claim Adjustment examples include duplicate claim, incorrect no authorization, and member eligibility denials. The PSU can adjust non-facility claims < \$5,000 at the point of call.



Provider Experience Program

The Provider Experience Program makes it easier than ever to work with Amerigroup

- Just call 1-800-454-3730 with claims payment questions or issues
- The Provider Experience Program support model connects you with a dedicated resource team to ensure:
 - Availability of helpful, knowledgeable representatives to assist you
 - Increased first-contact issue-resolution rates
 - Significantly improved turnaround time of inquiry resolution
 - Increased outreach communication to keep you informed of your inquiry status

Remember, www.amerigroup.com/providers makes it easy to obtain authorizations and provides increased ability to access detailed member and claim information.



Provider Portal Quick Reference

- Claims:
 - Submit (single entry 1500/UB04 claim)
 - Check status
 - Submit payment disputes
 - Submit medial appeals
 - Code-auditing lookup (Clear Claim Connection)
- Policy review:
 - Reimbursement policies
 - Clinical policies (Aetna)
 - Clinical Practice Guidelines

- Precertification/Prior authorization:
 - Look up requirements
 - Submit requests
 - Check status
- Member information
 - Eligibility
 - PCP member (panel) listing
 - Pharmacy
 - Searchable formularies
 - Referral information
 - Searchable provider directory



Medical Appeals and Payment Disputes

- Medical appeals (Request for authorization denied by the health plan)
 Must be submitted:
 - Prior to filing claim
 - Within 30 days of receipt of the determination to:

Amerigroup Medical Appeals P.O. Box 62429 Virginia Beach, VA 23466-2429

- Payment disputes (administrative complaints)
 - Claim was filed, denied or underpaid (timely filing; no authorization; noncovered services and units allowed exceed authorization)
 - Must be submitted <u>within 90 days</u> of the Explanation of Payment
 - Forms are available at www.amergroupcorp.com/providers; provider should submit any relevant documentation to support a reason for reversal to:

Amerigroup
Payment Disputes
P.O. Box 61599
Virginia Beach, VA 23466-1599



Virginia



Effective Date: MDYEFF
Date of Birth: MDYDOB
Subscriber #: MEMBERID

AMERIGROUP VIRGINIA, INC.

FAMIS PROGRAM

Member Name: MBRNAME
FAMIS Number: MBRALTKEY
Primary Care Provider (PCP): PCPNAME
PCP Telephone #: PCPPHONE

Vision: 1-800-428-8789

Dental Coverage: Smiles For Children - 1-888

Copays: Inpatient Hospital: \$0

Outpatient Hospital or Doctor: \$0 Visi Pharmacy: \$0 (up to 34-day supply) \$

Member Services/Nurse HelpLine and Behaviora

Amerigroup RealSolutions

AMERIGROUP VIRGINIA, INC.
MEDICAID/FAMIS PLUS
Member Name: MBRNAME
Medicaid Number: MBRALTKEY

Primary Care Provider (PCP): PCPNAME PCP Telephone #: PCPPHONE

Vision: 1-800-428-8789

Dental: Smiles For Children - 1-888-912-3456

Pharmacy: 1-800-600-4441 TDD/TTY #: 1-800-855-2880

Member Services/Nurse HelpLine and Behavioral

Date of Birth: MDYDOB Subscriber #: MEMBERID

Effective Date:



MDYEFF

Effective Date: MDYEFF
Date of Birth: MDYDOB
Subscriber #: MEMBERID

AMERIGROUP VIRGINIA, INC.

FAMIS MOMS

Member Name: MBRNAME

Medicaid Number: MBRALTKEY

Primary Care Provider (PCP): PCPNAME

PCP Telephone #: PCPPHONE

Vision: 1-800-428-8789

Dental Coverage: Smiles For Children - 1-888-912-3456

Pharmacy: 1-800-600-4441 TDD/TTY #: 1-800-855-2880

Member Services/Nurse HelpLine and Behavioral Health: 1-800-600-4441



Next Steps

- Register to use the Amerigroup provider website
- Register for Electronic Data Interchange
- Register for Electronic Funds Transfer services
- Read your provider manual
- Contact your Provider Relations Representative with any questions





Thank you for partnering with



