



ABA Provider Orientation

We will cover...

- **Introduction to Amerigroup**
- **Overview of Amerigroup Services**
- **How to become an Amerigroup Provider**
- **Expectations for Credentialing**





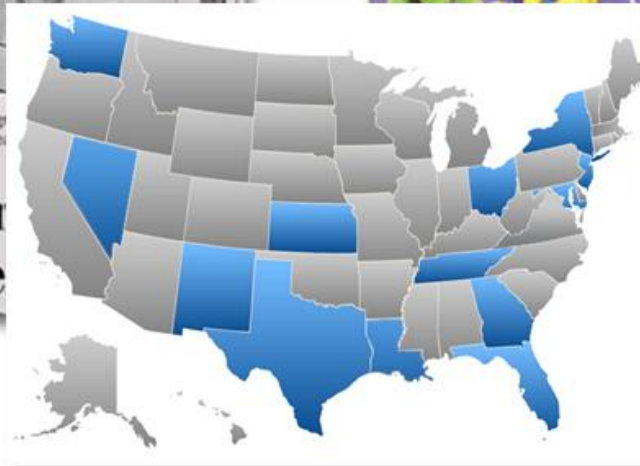
Introduction to Amerigroup

Our Beginning and Mission



JEFFERY L. MCWATERS is the founder of Amerigroup, a company that provides health care to government employees on a per-member basis to arrange his

Health care enterprise
in a kitchen, now e



Our Members by Market



Florida



Georgia



Kansas



Louisiana



Maryland



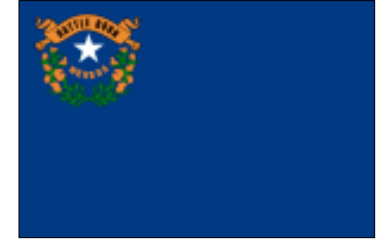
New Jersey



New Mexico



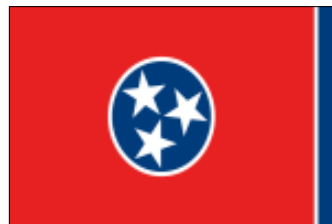
New York



Nevada



Ohio



Tennessee



Texas



Washington





Overview of Amerigroup Services

providers.amerigroup.com

Amerigroup RealSolutions
In healthcare

home contact us state sponsor sites login search

Partner With Us Login Help Quick Tools Find a Doctor

Providers

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.

Join Our Network

Interested in joining the Amerigroup network?

[Get Started](#)

The States We Serve

Amerigroup currently operates in 13 states and is growing!

Florida	New Jersey	Texas
Georgia	New Mexico	Virginia
Louisiana	New York	Washington
Maryland	Ohio	
Nevada	Tennessee	

Provider Self Service

Login

User Name

[Forgot your User Name?](#)

Password

[Login](#)


[Forgot your Password?](#)

New User Registration

[Sign Up](#)

[Activate your Account](#)

Amerigroup is expanding



We'll be entering the state of Kansas in January 2013.

To find out more, click on the flag.

Watch our Real Stories

Amerigroup helps people live healthier and more independent lives. We listen to members, understand their problems and find solutions to make the health care system work better, one member at a time.

[Go to Real Stories](#)

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

The tools on the site allow you to perform key transactions.



Member Enrollment

Florida

Georgia

Louisiana

Maryland

Nevada

New Jersey

New Mexico

New York

Ohio

Tennessee

Texas

Virginia

Washington



Nevada Member ID Card

 www.myamerigroup.com	Effective Date: MDYEFF Date of Birth: MDYDOB Subscriber #: MEMBERID
Member Name: MBRNAME Medicaid Number: MBRALTKEY Primary Care Provider (PCP): PCPNAME PCP Telephone #: PCPPHONE Dental Care: 1-877-378-5302 Vision Care: 1-888-300-9025 Member Services/Nurse HelpLine and Behavioral Health: 1-800-600-4441	



Nevada Member ID Card



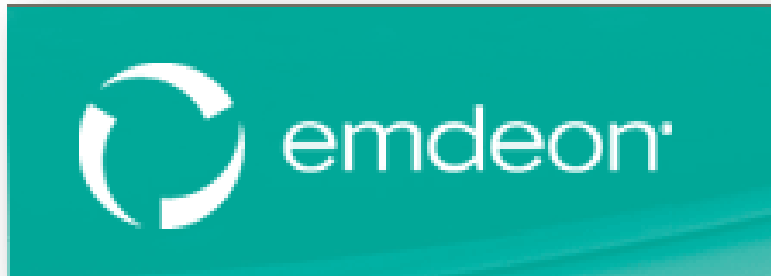
Our Service Partners



Please refer to the provider manual/handbook for a list of service partners, contact information and more information about member benefits.



Electronic Payment Services



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

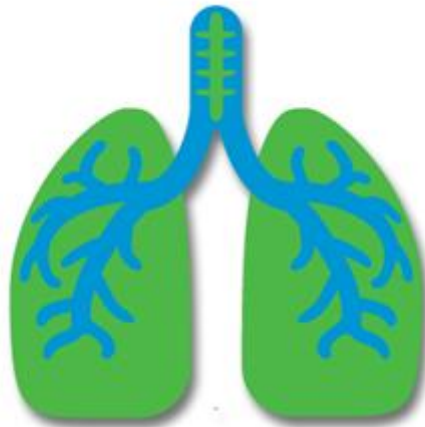
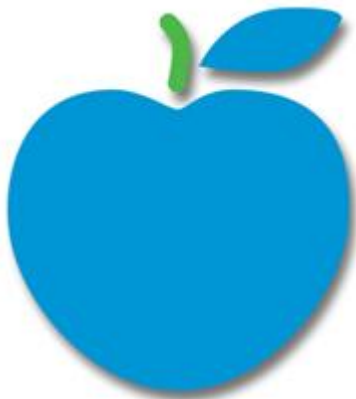
- Start receiving ERAs and import the information directly into your patient management or patient accounting system
- Route EFTs to the bank account of your choice
- Create your own custom reports within your office
- Access reports 24 hours a day, 7 days a week

Your Support System



- Provider Relations
- Medical Management
- Provider Services
- **Patient 360**

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!

Quality Management



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

If your provider group would like training in **HEDIS** measures, please call:

Candice Speers
702-228-1308



Additional Resources and Information



- Amerigroup Corporation
- Centers for Medicare & Medicaid Services
- National Committee for Quality Assurance
- Your state's health care agency

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.





How to become an Amerigroup Provider



Contracting

For new providers, Contracting and Credentialing occurs simultaneously.

Contracting

- Submit a letter of intent
- Submit a copy of your current W9

E:mail

nv1provsvcs@amerigroup.com

Facsimile

1-866-495-8711



Contracting

For new providers, Contracting and Credentialing occurs simultaneously.

Contracting

- **Submit a letter of intent**
 - **Where is the practice located**
 - **How long has the organization been in business**
 - **Indicate your approved Nevada Medicaid Provider Type**
 - **Describe your Quality Management Program**
 - **What services are provided**
- **Submit a copy of your current W9**



Contracting

For new providers, Contracting and Credentialing occurs simultaneously.

Contracting

- Submit a letter of intent
- Submit a copy of your current W9
 - Assure the W9 is completed correctly
 - Name as shown on your Income Tax Return
 - d/b/a
 - Signed and Dated

Complete Sections 1-6

Complete Part 1

Sign and Date Part 2

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Fill out the legal name here

2 Business name/disregarded entity name, if different from above

Use for the d/b/a (if applicable)

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
123 Provider Address

6 City, state, and ZIP code
Las Vegas, NV 89111

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

		-									
--	--	---	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶

Contracting

Contracting Specialist will send a configured agreement along with the required credentialing documents

Contract

- **Review agreement to ensure your legal name and d/b/a are listed correctly**

Credentialing Documents

- **Ensure Credentialing Documents are completed in their entirety**
 - **Ensure that a Disclosure of Ownership Form is included for the Group/Facility/Practitioner**



Contracting

Contracting Specialist will send a configured agreement along with the required credentialing documents

Contract

- **Return the signed contract in its entirety to the Contracting Specialist**

Credentialing Documents

- **Return the completed credentialing documents in their entirety to the Contracting Specialist**



Question and Answers





Expectations for Credentialing

ABA providers

The below providers will submit a NV Standard application:

- Licensed Board Certified Behavior Analysts (BCBA)
- Licensed Psychologists
- Licensed and Board Certified Assistant Behavior Analysts (BCaBA)

The below providers will be submitted on a roster:

- Certified Autism Behavior Interventionists (CABI)*
- Registered Behavior Technicians (RBT)*

** Must be supervised by a qualified licensed practitioner. The licensed practitioner must be fully credentialed.*



Credentialing Updates

Notify Amerigroup's Local Credentialing Team when:

- Adding a new provider to your practice
- A provider has left your practice
- Your practice changes TIN

NVCredentialing@Amerigroup.com



Re-Credentialing

- Providers are re-credentialed every three years (36 months).
- Amerigroup begins the re-credentialing process eight months in advance of the provider's 36-month re-credentialing due date.
- To avoid termination, providers must return all requested materials within 120 days of their re-credentialing due date.



Disclosure of Ownership (DOO)

In order to be initially credentialed or re-credentialed, providers must ensure a completed DOO is on file with Amerigroup.

The DOO must be signed within the last three years.

- Entity DOO – is completed for the group
- Provider Person DOO – is completed for providers in a private practice



Ongoing Credentialing



Please notify us if you have any changes in licensure, demographics or participation status.

**NVCredentialing@
Amerigroup.com**



Claim Submission Tips



The individual providers name must be billed in field 31 of the CMS 1500

The individual providers NPI must be on the claim form in field 24J

FROM MM DD YY	TO MM DD YY	Place of Service	EMG	(Explicit/Inclusion or Exclusion) CPT/HCPCS Modifier	QUANTITY POINTS	CHARGES	OR UNITS	Family Plan	TOP QUAL	Rendering PROVIDER ID.#	
08/15/2014	08/15/2014	11		90791	1	139.46	U1		NP1		
									NP1		
									NP1		
									NP1		
									NP1		
									NP1		
									NP1		
25. FEDERAL TAX I.D. NUMBER TIN		26. PATIENT'S ACCOUNT NUMBER L .0000		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 139.46		29. AMOUNT PAID \$ 0.00		30. Rvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)			32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # FAMILY RENO,NV 89502.				
SIGNED DATE			a. NPI		b. ID		c. PIN # GROUP NPI		d. GRP # PXC:		

ALL OR SUPPLIER INFORMATION

Even if the individual providers name has been billed in field 31 of the CMS 1500 the NPI for the individual provider must still be on the claim form in field 24J

Exp: Providers name is Jane S Doe but we do not have her NPI

303 90										
05	22	2014	05	22	2014	11	N	90791	A	139 46 1 N Individual Provider NPI Missing
99 - 9999999	X	C	0000	X				139 46	0 00	139 46
Jane S Doe		FAMILY						Family		
		RENO NV 89502						RENO NV 89502		
								12345769724	999999999	

Corrected Claims must be marked “Corrected Claim”

- Exp: Corrected Claim can be stamped or handwritten on the claim. If it's not included on the claim, the claim could be denied as a duplicate.*

Virginia Beach VA 23466

Member Name and DOB	X	Member ID		
Member Address			X	
	NV	X		NV
		X	10 29 1999	X
Corrected Claim		X	Amerigroup Community Care	
		X	X	
Signature on file		06 06 2014	Signature on file	
			X	
309 0				
06 05 2014 06 05 2014 11 N 90791		R	139 46 1 N	

Claims that have been altered will not be processed. If the claim is typed then the entire claim must be typed. We can't accept a typed claim with a handwritten unalterable field.

- *Exp: The claim below was typed but the diagnosis pointer was handwritten.*

304 40

05 08 2014 05 08 201411 N 90791 **A** 139 45 1 N

- *Exp: The claim below was typed but the HCPCS Code was handwritten.*

304 40

03 10 2014 03 10 201453 N **H0015** 1 140 45 1 N



Closing

Contact Information

Contracting Manager:

TJ Dahna

702-228-1308

nv1provsvcs@amerigroup.com

Provider Relations Manager:

Jaime Collins

Jaime.Collins@amerigroup.com

Credentialing Specialists:

Krystl Sloan & Michele Loyd

702-228-1308

nvcredentialing@amerigroup.com

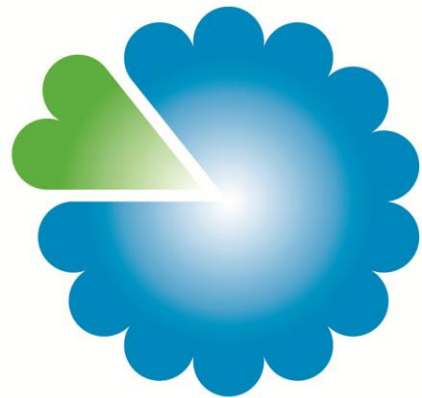
Provider Relations Team:

nv1provsvcs@amerigroup.com

Facsimile: 1-866-495-8711



Thank you for partnering with



Amerigroup
RealSolutions[®]
in healthcare

