Amerigroup RealSolutions in healthcare

KanCare

Working with Amerigroup Kansas:

Procedures and Answers for Behavioral Health Providers, Facilities and Community Mental Health Centers

UPDATED December 2012

These are updates to the most common questions asked of us by providers like you during our orientation sessions. While this list may address some of your questions, you should use our KanCare provider manual and quick reference card for more detailed information. Our provider self-service site offers the most up-to-date versions of these documents.

Can't find what you need online? Call our Provider Services team at 1-800-454-3730.

[Click on a topic to jump to that section of the document.]

Precertification (authorization) of services

Record standards, documentation and reporting

Patient screenings, assessments, counseling and discharge

Topics for Community Mental Health Centers

Precertification (authorization) of services

Can Amerigroup deny payment if a service is not precertified or if notification is not received for some services?	Yes. If a provider failed to request precertification for a service that requires it, authorization for services and/or payment could be denied. However, there are some extenuating circumstances when the provider could not request precertification for reasons beyond the provider's reasonable control. Amerigroup treats each of these situations on a case-by-case basis. Also, community-based services and psychological/neurological testing, which have prespecified authorization limits before precertification is required, also require notification prior to delivery of services for a new episode of care (or within one business day for crisis services). Failure to provide such notification will result in claims being denied after the initial 90-day transition period. Notification for community-based services should be done using the same form currently being used for notification/registration

	by faxing it to Amerigroup at **1-800-505-1193** or calling the Provider Services number. Notification for psychological or neuropsychological testing can be done via the request form posted on our provider website. Please fax the request to **1-800-505-1193** or call the Provider Services number **1-800-454-3730**.
Are authorizations that are already approved going to transfer from the state to the Managed Care Companies (MCOs), or do providers need to request new authorizations? How soon can providers start calling in to request authorizations?	Amerigroup is currently working with the state to obtain an electronic file that contains all current authorizations. We will load this file and maintain the information in our systems to ease administrative burden for providers and patients. For mental health services, it is not necessary to contact Amerigroup for authorization of outpatient services approved prior to January 1 that continue past January 1. SUD providers should follow the state's instructions for Kansas Client Placement Criteria (KCPC) transition effective Jan. 1, 2013.
Since providers can continue to submit claims through the Kansas Medical Assistance Program (KMAP), will requests for authorization continue though KMAP?	No. You must request precertification (sometimes referred to as authorization or preauthorization) through Amerigroup for services that require prior authorization by calling our Provider Services number **1-800-454-3730**, by using the online tool on our provider self-service site or via fax to **1-800-505-1193**. Services that require prior authorization after a prespecified authorization limit has been reached require notification prior to delivery of services for a new episode of care. (Please see the first answer above for procedures.)
Do psychological and neuropsychological testing require precertification?	The first six hours of such testing for any member in any calendar year do not require precertification, but notification is required via phone, fax or Web portal (see first answer above for procedures). After six hours of testing have been completed, precertification of additional units is required. The Psychological/Neuropsychological Testing Request Form is posted on the provider website. Please fax it to **1-800-505-1193.**
Does inpatient screening require precertification? What is the time standard for conducting the inpatient screening?	Inpatient and PRTF screening do not require prior authorization or notification to Amerigroup. **However, providers should follow the current screening notification procedure through KHS.** The time standard to conduct the screening and how this is interpreted are questions for the state.

Record standards, documentation and reporting

What are the Amerigroup Medical medical record documentation standards for behavioral health?	Amerigroup has adopted the current KHS medical record documentation standards for at least the first six months of the contract starting Jan. 1, 2013.
Why does Amerigroup include in the list of reportable adverse incidents any clear and serious breach of accepted professional standards of care that could endanger the safety or health of a member or members?	We believe this is consistent with current critical incident reporting guidelines as presented in the current Kansas state provider manual. However, we are happy to review any specific provider concerns about this requirement. The state is planning to implement a new Web-based system for adverse incident reporting in the near future.

Patient screenings, assessments, counseling and discharge

What is a screening? With regard to precertification of all inpatient elective admissions, how does this apply to screenings for admission to private psychiatric hospitals?	The definition or purpose for a screening has not changed. We intend to maintain the current screening process for both inpatient and Psychiatric Residential Treatment Facilities (PRTFs) admissions. **Follow-up screens for PRTFs will no longer be done and will be replaced by the Amerigroup concurrent review process.** Amerigroup will accept the recommendation of the screener as to admission or a diversion plan. The treating provider must notify Amerigroup of any inpatient or PRTF admission resulting from the screening process.
How will Amerigroup process payment on transactions with add-on codes in 2013, which are new to behavioral health? Will these payments be bundled, or will separate payments for each code be processed?	The state of Kansas received changes from CMS on October 31, 2012, and conducted meetings to review those changes in November 2012. Once Amerigroup receives direction from the state, we will update our systems.
Do community-based services that require precertification only after a prespecified authorization limit is reached also require prior notification to Amerigroup?	Yes. Providers must notify Amerigroup of initiation of a new episode of care for any of the community-based services as well as psychological/neuropsychological testing. CMHC providers should utilize the same form for notification of community-based services as is currently used. (Please see the first answer above for procedures.) Notification is required in order for claims to pay for these services. Services requiring notification include:

	• Psychological and Neuropsychological Testing • Community Psychiatric Support and Treatment (CPST) • Psychosocial Rehabilitation (Individual and Group) • Targeted Case Management • Peer Support • Crisis Intervention/Stabilization • Attendant Care 1915(b) • Case Conference • All SUD services through KCPC • NOTE: Admission Evaluation (screening) does NOT require notification to Amerigroup. Follow current screening procedures for notification through KHS.

Topics for Community Mental Health Centers (CMHCs)

Under Amerigroup, has the role of the Targeted Case Manager (TCM) changed?	The role of the TCM in CMHCs is essentially unchanged. The major difference is services that require prior authorization, such as SED Waiver services, will be reviewed by Amerigroup. Note that Targeted Case Management services require notification prior to initiation of a new episode of care. (Please see the first answer above for procedures.)
How will Amerigroup interface with CMHCs when members call us in crisis?	When a member calls in crisis, Amerigroup clinical staff will first ensure the member is not in imminent danger; if so, we will contact emergency services. If the member is in crisis and *not* in imminent danger, the Amerigroup clinician will attempt to "warm transfer" the member to the Crisis Line number serving the CMHC in the county in which the member is located at the time of the crisis call. During business hours, the Amerigroup clinician will attempt to involve active treatment providers as appropriate.
Do some behavioral health rehabilitation services include automatic authorizations up to a predetermined level without requiring precertification?	Community-based services and psychological/neuropsychological testing have prespecified authorization limits before prior authorization is required. However, the authorization of the initial services is not automatic and requires notification as required under current procedures. Please see the answers above for services requiring notification and those that have a prespecified limit. Procedures for notification and authorization are outlined above.
Are the prespecified authorization limits for psychosocial rehabilitation the same (750 hours)? Are they the same for targeted case management?	The prespecified authorization limits for psychosocial rehabilitation, group and individual are 750 hours per year (combined). The prespecified authorization limit for targeted case management remains at 48 units over three months. These services require notification prior to initiation of a new episode of care per procedures outlined in above answers.

Do all rehabilitation services require precertification? This could be time consuming.	Community-based rehabilitation services require precertification only if requested services exceed prespecified limits. However, these services require notification prior to service delivery for a new episode of care. (Please see the first answer above for procedures.)