Amerigroup RealSolutions in healthcare

KanCare

Faxed Member Release of Information, Request for Authorization for Services and Transfer of Kansas Client Placement Criteria (KCPC) File to a New Provider

If all information listed below is not completed in full and submitted, this will be considered an “Incomplete Request,” and Amerigroup will be unable to process the request. The authorization for services will be effective the date this completed fax request is received at Amerigroup.

PLEASE FILL OUT COMPLETELY
Inpatient/intermediate requests Fax to 1-877-434-7578 / Outpatient requests Fax to 1-800-505-1193

Facility Information

Full name of your facility____

Complete address ____

Contact person ____

Phone number and extension of contact person (_____) _____-________

Member Information

Member full name ____

Member date of birth ___/___/_____ **Medicaid ID number**_____________

Member unique I.D. (if available) ______________________

Level of care member is entering at your facility:

☐ Level I, Individual only
☐ Level I, Group only
☐ Level I, Individual and group
☐ Level II, intensive outpatient
☐ Level III.2-D, Social detox
☐ Level III.1 Reintegration
☐ Level III.3 or III.5, intermediate
☐ Medicaid Care Manager (CM)
☐ Person centered CM
☐ Support services
☐ Peer support
☐ Overnight boarding: number of children _____

Clinical justification for the requested level of care:____

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Date member started treatment at this level of care at your facility ___/___/____

If the date the member started treatment is greater than 60 days from the date of the KCPC (due to incarceration) or greater than 30 days from release of incarceration: Date of release ___/___/___

If this is a transfer from a previous provider, did you speak with that provider to confirm a pre-approval for the level of care was secured (if other than Social Detox) and he or she has completed and forwarded the KCPC to ValueOptions so the file can be transferred to you? **Yes** or **No**