Washington State Health Care Authority

Amerigroup
An Anthem Company

Medication Assisted Treatment
Patient Status and Progress

Fax request to Amerigroup Washington, Inc. at 1-844-493-9207

SECTION 1: Identification of Client and Providers

Last name	First name	Middle initial	ProviderOne ID

Address	City	State	ZIP code

Phone number ( )	If release is for information about dependent child(ren), name(s) of dependent child(ren)

Physician name	NPI number	Physician's phone number ( )

Physician's address	City	State	ZIP code

SECTION 2: Patient Authorization for Disclosure of Confidential Information

The above-named patient hereby authorizes the following entities to exchange and disclose to one another information concerning the patient's name and other personal identifying information, their status as a patient, diagnosis, recommended medication(s) and the treatment recommendation(s):

- The Health Care Authority (HCA)
- Any Managed Care Organization (MCO) contracted by HCA to provide your medical care
- The above named physician.

The purpose of this authorization for disclosure is:

- To document progress of recovery and coordinate care.

I understand that my alcohol and/or drug treatment records are protected under Federal and State confidentiality regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: twelve (12) months from the date signed or the **following specific date, event, or condition upon which this consent expires:**

Patient signature	Date	Guardian or authorized representative signature (if required)	Date

SECTION 3: To be completed every twelve months and maintained in the patient's file

If patient does not have a past/current history of mental health diagnosis, screens for depression and anxiety have been performed as a baseline: ☐ Yes ☐ No

Suicide screen performed: ☐ Yes ☐ No

PMP database checked: ☐ Yes ☐ No Date:

Is there evidence of multiple prescribers?: ☐ Yes ☐ No

If yes, were you aware of and approved other opioid prescriptions? ☐ Yes ☐ No

Urine drug screens demonstrate patient is taking prescribed medications: ☐ Yes ☐ No

Urine tests demonstrate abstinence or near abstinence from opioids ☐ Yes ☐ No

Urine tests demonstrate abstinence or near abstinence from other illicit drugs ☐ Yes ☐ No

Opioids : ☐ No use after stabilization ☐ Infrequent use ☐ Problematic use

Alcohol/other illicit drugs: ☐ No use ☐ Infrequent use ☐ Problematic use

ED visits/hospitalizations: ☐ None ☐ Decreased ☐ Same ☐ Increased

Medical co-morbidity: ☐ None/minor ☐ Major problem/engaged in care ☐ Major problem/unengaged in care

Psychiatric co-morbidity: ☐ None/minor ☐ Major problem/engaged in care ☐ Major problem/unengaged in care

Legal issues: ☐ None/minor ☐ Major problem/being addressed ☐ Major problem/not being addressed

Family-social problems: ☐ None/minor ☐ Major:_________________ ☐ Homeless/unstable housing

School/work: ☐ Full time ☐ Part time ☐ Episodic ☐ None ☐ Disabled

Participation in recovery support activities*: ☐ Multiple times a week ☐ Weekly ☐ Episodic ☐ None

*AA/NA, spiritual programs, other support groups, counseling, meetings

Prescriber signature	Prescriber specialty	Date

Notice Prohibiting Redisclosure of Alcohol or Drug Treatment Information

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Instructions:

1. Complete this form in its entirety. Any incomplete sections will result in a delay in processing.
2. We review requests for prior authorization based on medical necessity only. If we approve the request, payment is still subject to all general conditions of Amerigroup, including current member eligibility, other insurance and program restrictions. We will notify the provider and the member's pharmacy of our decision.
3. To help us expedite your Medicaid authorization requests, please fax all the information required on this form to 1-844-493-9207. Fax all Medicare Part B authorization requests to 1-866-959-1537.
4. Allow us at least 24 hours to review this request. If you have questions regarding a Medicaid prior authorization request, call us at 1-800-454-3730. The pharmacy is authorized to dispense up to a 72-hour supply while awaiting the outcome of this request. Please contact the member's pharmacy. If you have questions regarding Medicare Part B prior authorizations, please call us at 1-866-797-9884, option 5.
5. Access our website at Amerigroup Website to view the *Preferred Drug List*.
6. An ICD/diagnosis code is required for all requests. An HCPCS billing code is required for all medical injectable/oncology requests. If the billing facility is different from the requesting physician, the billing facility information will need to be completed.

Prescribing Medication Assisted Treatment (MAT)

Prescribers

Authorization is required for Washington Apple Health clients to receive some MAT products. Please see Clinical Criteria on the Amerigroup Website for a listing of medications and authorization requirements. To request authorization for your patient to receive MAT:

- Go to Clinical Criteria at Amerigroup Website
- Read *Clinical Guidelines and Coverage Limitations for Medication Assisted Treatment*. You should familiarize yourself with HCA's requirements for office based substance use disorder treatment prior to prescribing or requesting authorization for MAT.
- Determine whether the drug you will be prescribing requires authorization:
  - **If no:** Client may receive the product without further authorization requirement. For treatment that will exceed twelve months, please see 'ongoing treatment' below.
  - **If yes:**
    - Select the Medication Assisted Treatment Request form for the drug or dose you will be prescribing. Both you *and your client* must complete and sign this form.
    - Fax the completed form to Amerigroup at 1-844-493-9207.
    - Alternately, you may provide the forms to your patient to hand deliver to their pharmacy of choice. The documents MUST be available at the pharmacy for them to request the authorization to dispense MAT.

For ongoing treatment beyond twelve months:

- If treatment continues for longer than twelve months, you must complete form HCA 13-333 Medication Assisted Treatment Patient Status form every twelve months and maintain it in the patient's records for later audit and review by Health Care Authority.
- The requirement to complete and maintain the Medication Assisted Treatment Patient Status applies to all MAT, including those not requiring prior authorization.

Pharmacies

To submit a request for MAT requiring authorization you must:

- Complete the Amerigroup *Pharmacy Prior Authorization Form* as you would for any other authorization request.
- As supporting documentation to the *Pharmacy Prior Authorization Form*, attach Medication Assisted Treatment Request Form (13-330 or 13-332) completed by the prescriber.
- Fax both documents to Amerigroup at: 844-493-9207. The *Pharmacy Prior Authorization Form* must be the first document in the fax transmission.
- Authorization requests will not be reviewed until all necessary documents are received by Amerigroup. Please be proactive in obtaining completed forms prior to requesting authorization.

Drug Specific Criteria

The agency's *Clinical Guidelines and Coverage Limitations for Medication Assisted Treatment (MAT)* and other drug specific criteria can be found on the Amerigroup Website.

Links to Medication Assisted Treatment Request Forms can be found on the Amerigroup Website.