

Procedures for submitting referrals for Medicare Advantage embedded supplemental benefits requiring precertification

Background: Beginning January 1, 2020, Amerigroup has implemented supplemental benefits on a number of its plans that require a specific precertification process. These are benefits not covered by Medicare, but are covered under the Medicare Advantage plan. Benefits that require a referral for precertification include:

Benefit*	Description of requirement
In-home support (IHS)	Member must have been discharged from an inpatient hospital stay and/or nursing facility
IHS	Member must require assistance with at least two activities of daily living (ADL)
Respite care	Member must have been diagnosed with a chronic debilitating medical condition and have an unpaid primary caregiver who provides care assistance 24 hours a day
Adult day care services	Member must require assistance with at least two ADLs
Pest control	Member must have a chronic condition as defined by CMS's <i>Special Supplemental Benefits for the Chronically Ill (SSBCI)</i> and can link the benefit to the helping their specific condition
Prescribed nutrition	Member must have a chronic condition as defined by CMS's <i>SSBCI</i> and can link the benefit to the helping their specific condition
Health nutrition	Member must have a chronic condition as defined by CMS's <i>SSBCI</i> and can link the benefit to the helping their specific condition

* Not all benefits are available in all markets. Check the member's *Evidence of Coverage* for additional benefit information.

To request a referral on behalf of a member, follow steps outlined below:

1. Contact Provider Services for the member's plan.
2. Be prepared to provide the agent with some/all of the following information:
 - Member ID
 - Member plan ID
 - Member's name
 - Member's phone number
 - Member's DOB
 - Member's guardian/authorized representative's name and phone number (if applicable)
 - Referring provider's name (**Note:** The referring provider is the member's in-network provider who Amerigroup can call to certify eligibility.
 - Referring provider's phone number

- Condition warranting the benefit
3. For some benefits, you may also be requested to provide the following:
- For adult day center services — chosen adult daycare provider's name, phone number and NPI
 - For IHS/respice care — chosen personal care provider's name and NPI
 - Pest control — nature of member need (preventative/abatement)
 - Does Amerigroup have permission to contact the member regarding this benefit? (Yes/No)

Note: This is required for certain benefits including health nutrition and pest control.

Upon receipt of the member's request, Amerigroup will review the information and, if necessary, do additional outreach to the member's provider to complete the approval/validation process.

Upon approval, an authorization will be created and a confirmation letter will be issued to the member with benefit details and access information. Members will be notified of approval or denial in writing within 14 calendar days.