

No/late notification process reminder

Summary of change: Effective October 1, 2017, failure to obtain authorization or to notify Amerigroup District of Columbia, Inc. within the established guidelines as outlined below will result in an administrative denial. For our participating providers, this is a contractual obligation and was in effect since the execution of your contract.

What does this mean?

Beginning on October 1, 2017, if a provider does not obtain the required precertification or provide notification within the specified time frame, the claim will be administratively denied due to failure to notify Amerigroup. The provider will not receive payment for the service(s).

If you do not notify us within the required time frame, you may file an appeal. As part of the appeal, providers must demonstrate that they notified (or attempted to notify) Amerigroup and the service was medically necessary.

What is the impact of this change?

Beginning on October 1, 2017, you must notify Amerigroup of all admissions or transfers within **one** business day of admission. Ideally, notification occurs on the day of admission; however, the provider has **one** business day to notify without penalty. A business day is considered Monday-Friday — not including weekends and federal holidays.

All post-stabilization admissions including transfers should be within one business day of admission. The following clinical scenarios are excluded:

- Admission to neonatal intensive care unit (NICU) — level three
- Admission to intensive care unit (ICU)
- Direct admission to the operating room (OR)/recovery room
- Direct admission to telemetry floor
- Involuntary behavioral health (BH) admissions
- Obstetrics admissions antepartum/postpartum admission not resulting in a delivery

Note: Admission to a general floor/ward is considered in scope for our notification requirements. Failure to notify us within one business day of admission to the general ward or NICU level one or two is considered failure to notify — An administrative denial applies. The requirement for notification within one business day applies once the member leaves NICU level three, ICU, OR/recovery or telemetry.

Precertification is required for the following:

- Nonemergent inpatient transfers between acute facilities
- Elective inpatient admissions
- Rehabilitation facility admissions
- Long-term acute care admissions
- Skilled/nursing facility admissions
- BH — levels of care as outlined in the provider handbook/precertification documents
- Out-of-area and out-of-network services

The information in this update may be an update or change to your provider manual. Find the most current manual at:

<https://providers.amerigroup.com>

- Outpatient services (Details are on the online Amerigroup provider website — Provider Look-Up Tool.)
- Outpatient durable medical equipment purchases and rentals (Details are on the online Amerigroup provider website — Provider Look-Up Tool.)

Members cannot be balance billed for an administrative denial. To obtain prior authorization or to verify member eligibility, benefits or account information, please call the telephone number listed on the member's plan membership card.

Please use one of the following methods to request prior authorization:

- **Phone:** 1-800-454-3730
- **Fax:** 1-800-964-3627

For additional information, please refer to the provider self-service tool for detailed authorization requirements. Go to <https://providers.amerigroup.com/DC> > Provider Resources & Documents > Quick Tools/Precertification Lookup Tool.

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, call Provider Services at 1-800-454-3730.