

Precertification requirements for members dually eligible (Medicare and Medicaid eligible)

Summary of change: Effective immediately, Amerigroup Iowa, Inc. will no longer require precertification/prior authorization for members who are dually eligible when the inpatient or outpatient service(s) being provided is/are a Medicare covered benefit(s). This applies only when Medicare will be the primary payer of the inpatient or outpatient service(s) with Amerigroup serving solely as the secondary payer to Medicare.

What is the impact of this change?

You will no longer be required to submit requests to Amerigroup for Medicare covered benefits when the member is dually eligible, *and* Amerigroup is the secondary payer to Medicare. Claims submission and guidelines can be found beginning on page 99 of the [Amerigroup provider manual](#).

Amerigroup is not the primary health insurer (primary payer) under the conditions listed below:

- If Medicare does not pay for a service because the member or provider did not follow Medicare insurance guidelines, then the service becomes non-covered by Medicaid and Amerigroup would not be responsible for payment.
- If the member or provider fails to comply with the Amerigroup rules, including failure to prior authorize or adhere to timely filing guidance, the claims are subject to denial.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-800-454-3730**.