

Provider Update

Retro-eligible communications

Background: Often members who lose Medicaid eligibility are later granted retro-eligibility status from the state once their paperwork is updated. After these members are reinstated and have active eligibility, providers with Amerigroup Iowa, Inc. are able to submit claims for services provided during the period when the member lost eligibility.

On some occasions, the services rendered were ones that required prior authorization (PA), which could not be obtained while the member was not active for Medicaid. This means that Amerigroup needs to review these claims and determine the medical necessity of the service provided after service delivery. This can be done through the postservice clinical claims review (PSCCR) process.

What services should be reviewed in this process?

- Inpatient services
- Certain outpatient services that require PA per the Precertification Lookup Tool (PLUTO)

What is the process for PSCCR?

- Providers should not call and request a PA once the member has been reinstated.
- Providers should submit the initial claim and medical records as well as a clear notation of Medicaid loss and reinstatement or gap period.
- Retro-eligibility is verified by the Claims team, and then claims are forwarded to PSCCR for review and determination of medical necessity of the services provided.

What if the service did not require an authorization?

In this case, providers should submit the claim through the normal process.

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.

<https://providers.amerigroup.com/ia>

