Transition of care for patients discharged from psychiatric facilities and residential substance use facilities

Summary: Amerigroup Louisiana, Inc. should be notified upon patient admission and patient planned discharge from psychiatric facilities or residential substance use facilities. Prior to discharge, the health plan should be informed of the recipient’s discharge medications.

What this means to you: Prior to discharge from psychiatric facilities or residential substance use facilities, please notify Amerigroup of your patient’s discharge medications by submitting an expedited prior authorization (PA) request.

90-day transition of care requirement
Amerigroup has contracted with psychiatric facilities and residential substance use facilities so that we are notified upon patient admission and patient planned discharge from the facility. Prior to discharge, Amerigroup must be informed of the recipient’s discharge medications. We will then be responsible for overriding or allowing all behavioral health discharge medications to be dispensed by overriding PA restrictions for a 90-day period. This includes, but is not limited to, Naloxone, Suboxone and long-acting injectable anti-psychotics.

How do I notify Amerigroup of the recipient’s discharge medications?
Please submit an expedited PA form to our pharmacy team for the member being discharged indicating the medications requested, a 90-day PA, with the reason for approval cited as discharge from facility. PA may be requested via one of the following methods:
- Online: providers.amerigroup.com/LA
- Phone: 1-800-454-3730
- Fax: 1-800-359-5781

Inpatient concurrent review
To determine the authorization of coverage, we conduct a concurrent review of the hospital medical record at the hospital, by telephone or by fax. It is the hospital’s responsibility to submit clinical information for review by the specified next review date and time determined by the health plan at the time of admission and for continued length of stay.
The clinical submission deadline for Amerigroup is 3 p.m. Central time, with a 10-minute grace period to alleviate time discrepancies on fax machines. A fax confirmation for the transmittal of documentation prior to a specified time will be accepted by the plan as meeting the deadline. Please fax clinical information to 1-877-434-7578.

If the clinical information is not submitted within the required time frame, the case will be administratively denied (reason: lack of timely submission of clinical). The receipt of an administrative denial is based on the timely notification and/or submission of clinical information and is not based on medical necessity.

Administrative denials are not subject to our informal reconsideration or peer-to-peer process.

We will communicate approved days and bed-level coverage to the hospital for any continued stay.

**Where do I send the discharge summary packet/information?**
Please submit the final clinical information related to the member’s discharge from care, follow up appointments, medications, clinical needs and/or community resources to your designated Utilization Management reviewer via fax at 1-877-434-7578.

**What if I need assistance?**
If you have questions, received this fax in error or need assistance with any other item, call Provider Services at 1-800-454-3730.