Behavioral Health

Provider orientation
Agenda

• Reference tools, credentialing and provider website
• Member eligibility and benefits
• Cultural competency and quality management
• Access and availability standards
• Care coordination and communication
• Precertification, notice of action, treatment records, adverse incidents and clinical criteria
• Pharmacy program
• Claim submission
• Grievance and appeals submission
• Fraud, waste and abuse
• Service partners and your support system
Reference tools

Provider Services: 1-800-454-3730
https://providers.amerigroup.com/pages/ks.aspx
Credentialing

- To be a participating provider, one must be credentialed and contracted.

- Recredentialing occurs every three years, or sooner if required by state law.

- Please notify us if you have any changes in licensure, demographics or participation status.
Eligibility and benefits

The Service Type description box lists the benefit details included for the selected benefit/service.

Select the Payer to which you are submitting the transaction; you can access eligibility and benefit information for any member.

Add to Batch allows you to inquire about multiple patients from multiple payers in one batch submission.
Resources available to members

• Translation services
  1-800-600-4441

• Transportation services
  Access2Care 1-866-410-0002

• Value-added benefits

• Taking Care of Baby and Me®
Cultural Competency

We expect our providers and their staff to gain and continually increase in knowledge, skill, attitudes and sensitivities to diverse cultures.

This results in effective care and services for all people by taking into account each person’s values, reality conditions and linguistic needs.
Our quality management team continually analyzes provider performance and member outcomes for improvement opportunities.
Access and availability standards

Substance use disorder (SUD) services

- **Emergent**: On demand; ask member to go directly to an emergency room (ER) for services if the individual is either unsafe or condition is deteriorating.
- **Urgent**: Assessment within 24 hours of the initial contact; service delivery within 48 hours from initial contact, without resultant deterioration in the individuals functioning or worsening of his or her condition; pregnant members considered urgent.
Access and availability standards (Cont.)

SUD services

• **Routine**: Assessment within 14 calendar days of the initial contact; treatment within 14 calendar days of the assessment, without resultant deterioration in the individual’s functioning or worsening of his or her condition.

• **Intravenous (IV) drug users**: Pertains to members who have used IV drugs within the last six months; not in the emergent or urgent categories because of clinical need; treatment within 14 calendar days of initial contact (not assessment); no requirement for the assessment or IV drug user category in the Kansas Client Placement Criteria (KCPC).
Access and availability standards (Cont.)

Mental health

• **Post stabilization**: Within one hour from referral for services (both inpatient and outpatient) in an ER
• **Emergent**: Within three hours for outpatient mental health (MH) services and within one hour from referral for an emergent concurrent utilization review screen
• **Urgent**: 48 hours from referral for outpatient MH services and within 24 hours from referral for an urgent concurrent utilization review screen
• **Routine outpatient**: Referral within five days; assessment and/or treatment within nine working days from referral and/or 10 working days from previous treatment
Our goals

The goals of the Amerigroup Kansas, Inc. Behavioral Health program are to achieve the following:

• Ensure adequacy of service availability and accessibility to eligible members
• Assist members and providers to utilize the most appropriate, least restrictive medical and behavioral health care in the right place at the right time
• Promote integration of the management and delivery of physical and behavioral health services to members
Our goals (Cont.)

- Achieve Amerigroup quality initiatives, including those related to HEDIS®, the National Committee for Quality Assurance (NCQA) and the Kansas Department of Health and Environment (KDHE) performance requirements
- Work with members, providers and community supports to provide tools and an environment that supports members towards their recovery goals

*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).*
Care coordination and communication

Care coordination – We will coordinate care for members with mental health needs or substance use disorders.

Care communication – Behavioral health providers are required to send records of consultations, recommendations, etc. to the member’s PCP for inclusion in the member’s medical records.
Is precertification required?

Our Precertification Lookup tool lets you search by market, member’s product and CPT code.
What is the status of the precertification?

You can check the status of your precertification request on the provider website or contact Provider Services to speak with an agent.
Inpatient mental health services

Precertification/initial or concurrent/continued stay review inpatient requests can be requested 24 hours a day, 365 days a year by phone or fax.

Phone: 1-800-454-3730  Fax: 1-877-434-7578

- Precertification or initial inpatient requests for services require authorization
- Concurrent or continued stay review for inpatient is required for additional authorization and expected on last day authorized
- Amerigroup will fax authorization of services to the facility
- Provider will fax a discharge summary to Amerigroup within one business day of discharge
Psychiatric Residential Treatment Facility (PRTF)

Requests can be made by contacting our behavioral health case management team.
Phone: 1-877-434-7579, ext. 50105
Fax: 1-877-434-7578
Email: prtf@amerigroup.com
  • Our PRTF coordinator will facilitate a community-based (team) meeting within seven days.
Psychiatric Residential Treatment Facility (PRTF) (Cont.)

• Community mental health centers (CMHCs) may bill H0032-HA for participation in a community-based meeting, which includes parent/guardian, responsible CMHC and other adults knowledgeable about the child, or CMHCs may bill H2021 for wraparound when a member is on the Serious Emotional Disturbance SED waiver.

• The guardian and community-based treatment team will be notified of the admission, and the authorization will be faxed to the PRTF upon admission.
Serious Emotional Disturbance (SED) waiver

Providers must submit service authorization requests into the Kansas Assessment Management Information System (KAMIS).

• Amerigroup processes requests from the KAMIS work list daily, enters authorizations and notes the authorization in KAMIS.

• If there is a delay in receiving the authorization notice (10 days or more), contact Provider Services at 1-800-454-3730 to notify us of the delay.
Outpatient mental health services

To request additional services beyond the prespecified authorization limits, submit a request via one of the following:

- Availity Web Portal
- Fax: 1-800-505-1193
- Mail: Amerigroup Kansas, Inc.
  Behavioral Health department
  P.O. Box 62509,
  Virginia Beach, VA 23466
Outpatient mental health services (Cont.)

- Psychological/neuropsychological testing — six hours/year; request form is posted on provider website
- Community psychiatric support and treatment — 144 units (36 hours) per calendar year
- Targeted case management — 96 units (24 hours) per calendar year
- Crisis intervention/stabilization — Re-evaluation required by a qualified mental health professional (QMHP) every 72 hours (does not require notification; document in record)
- Admission evaluation — Five sessions/year (does not require notification)
Substance use disorder (SUD) providers **must** utilize the KCPC screening and assessment tool.

SUD treatment includes the following levels of care:

- Outpatient Level I individual and group counseling – 60 hours over six months (initial authorization*)
- Intensive outpatient Level II – 45 days over 15 weeks (initial authorization*)
- Residential reintegration Level III.1 – 30 days (initial authorization*)

*Services after the initial authorization require approval of continued stay review (CSR).*
Substance use disorder (SUD) providers must utilize the KCPC screening and assessment tool.

SUD treatment includes the following levels of care:

- Residential intermediate Level III.3 and III.5 – 14 days (initial authorization at each level*)
- Auxiliary services (assessment and referral, Medicaid case management, peer support and crisis intervention) – require notification in KCPC (initial authorization at each level*)

*Services after the initial authorization require approval of continued stay review (CSR) at each level.
Clinical criteria

• Mental health – InterQual® Level of Care Criteria
• Substance use disorder – KCPC is based on the American Society of Addiction Medicine (ASAM) Patient Placement Criteria
• Additional level of care criteria will be used for services not included in the InterQual or KCPC ASAM criteria sets (e.g., Health care management services HCMS waiver services)
• Located at https://providers.amerigroup.com/pages/ks.aspx under Clinical Practice Guidelines
Notice of Action

• The Notice of Action (NOA) documents services that were reduced or denied.
• If your request for services is reduced or denied, you may file an appeal within 30 calendar days of receipt of the NOA. An additional three days is allowed if the notice is mailed.
• A provider may appeal on behalf of a member with written authorization from the member.
• When the health of a member requires a quick response, a provider, at the request of the member, can ask Amerigroup for an expedited appeal if a decision is needed in less than 30 calendar days. Call Member Services toll free at 1-800-600-4441.
Treatment records

Member records must contain the following elements, if applicable, to permit effective service provision and quality reviews:

• Signed consent for mental health treatment
• Comprehensive assessment
• Patient-centered support and care plan
• Progress notes
Adverse incidents

Adverse occurrence (e.g., sentinel events or major critical events) reports must be made by each participating provider to all appropriate agencies as required by licensure, state and federal laws within the specified time frames required immediately following the event. Within 24 hours, these events must be reported into the Adverse Incident Reporting (AIR) system.

State information on AIR: kdads.ks.gov/provider-home/providers/adverse-incident-reporting
Adverse incidents (Cont.)

Examples of adverse occurrences include but are not limited to the following:

- Treatment complications (including medication errors and adverse medication reactions)
- Accidents or injuries to a member
- Morbidity
- Suicide attempts
- Death of a consumer
- Allegations of physical abuse, sexual abuse, neglect and mistreatment and/or verbal abuse
Examples of adverse occurrences include but are not limited to the following:

- Use of isolation, mechanical restraint or physical holding restraint
- Any clear and serious breach of accepted professional standards of care that could endanger the safety or health of a member or members
Pharmacy program

Amerigroup follows the state Preferred Drug List and formulary. Links to both lists are available on our website.

Amerigroup uses state prior authorization criteria: 
kdheks.gov/hcf/pharmacy/pa_criteria.htm
Prior authorization is required for the following:

• Brand-name medications, when generics are available
• High-cost injectable and specialty drugs
• Any other drugs identified in the formulary as needing prior authorization

Note: This list is not all-inclusive and is subject to change.
Submitting claims

• Availability
• Batch 837
• Via clearinghouse
• By mail*

*Mail paper claims directly to Amerigroup.
Amerigroup now offers claim submission using Availity.

To register online, go to [availity.com](http://availity.com) and select **Get Started** to complete the online registration wizard.
This tool is available on our website to help you determine if procedure codes and modifiers will likely pay for your patient’s diagnosis.
Electronic payment services

If you sign up for electronic remittance advice/electronic funds transfer (ERA/EFT), you can do the following:

• Start receiving ERAs and import the information directly into your patient management or patient accounting system
• Route EFTs to the bank account of your choice
• Create your own custom reports within your office
• Access reports 24 hours a day, 7 days a week
Rejected vs. denied claims

If you get a notice that your claim was rejected or denied, here’s the difference:

Rejected
• Does not enter the adjudication system due to missing or incorrect information
• The claim will be returned

Denied
• Goes through the adjudication process but is denied for payment
• The provider will receive an explanation of payment (EOP)
Routine claim inquiries

Provider Services: 1-800-454-3730

• Help with finding information on our website
• Assist with stop payments and reissues of checks
• Review a denied or underpaid claim
• Reprocess claims through the reconsideration process
Grievances

We track all provider grievances until they are resolved. The provider manual/handbook details filing and escalation processes and contact information.
Reconsideration (informal)

- Within 60 calendar days of the date on the EOP (three additional days is allowed if notice is mailed)

- Request a reconsideration in one of the following ways:
  - Contact Provider Services at 1-800-454-3730
  - Via Availity
  - Submit using the Claim Payment Appeal form

- If the outcome of the reconsideration is not favorable, a formal appeal may be requested
Appeal (formal)

• Within 30 calendar days of receiving the reconsideration determination decision/resolution letter (three additional days is allowed if notice is mailed)

• Request an appeal in one of the following ways:
  o Via Availity
  o Submit using the Claim Payment Appeal form

• If the outcome of the appeal is not favorable, a state fair hearing may be requested
State fair hearing

• Within 33 calendar days of receiving the appeal determination decision/resolution letter

• Submit your written request to the Office of Administrative Hearings in one of the following ways:
  o Fax: 785-296-4848
  o Mail: Office of Administrative Hearings
    1020 S. Kansas Ave.
    Topeka, KS 66612-1327
Fraud, waste and abuse

Help us prevent it, and tell us if you suspect it!

• Verify patient identity
• Ensure services are medically necessary
• Document medical records completely
• Bill accurately
Our service partners

Please refer to the provider manual/handbook for a list of service partners, contact information and more information about member benefits.
Your support system

Provider Services: 1-800-454-3730
Find your Provider Relations representative
Thank you for partnering with Amerigroup Kansas, Inc. to offer quality health care to our members.