



To: AmeriHealth Caritas Louisiana Providers

Date: July 15, 2016

Subject: Continuity of Care Policy for Medicaid Expansion Population

Summary: AmeriHealth Caritas Louisiana's continuity of care policy for newly enrolled Medicaid expansion members is outlined below.

To promote continuity of care for the Louisiana Medicaid expansion population, AmeriHealth Caritas Louisiana (ACLA) will apply the following guidelines to prevent the interruption of care to members transitioning to our plan. Standard plan authorization requirements are located in ACLA's Provider Manual, available at www.amerihealthcaritasla.com under the "Providers" tab.

Members transitioning from a private insurer:

- For members who are currently receiving services that require prior authorization by ACLA, ACLA will honor such authorization from a private insurer for a period of 30 days from the date of the member's enrollment in ACLA. Providers are required to contact ACLA for an authorization number prior to claim filing and must submit documentation of the private insurer's authorization upon request. For services rendered after the 30-day continuity period, providers are required to obtain prior authorization for (a) all services that require prior authorization by ACLA and (b) all services rendered by non-participating providers.

Members with no previous insurance coverage:

- For members with no previous insurance coverage, ACLA will require providers to obtain authorization for (a) all services that require prior authorization by ACLA and (b) all services rendered by non-participating providers. ACLA will accept requests for retrospective review through 7/31/2016. After 7/31/2016, untimely authorization requests will be administratively denied. Services will not be reimbursed without an authorization number. Note: ACLA will not cover services that do not meet medical necessity criteria.

Determination timeframes

Upon receipt of all medical information necessary to render a decision, ACLA will render authorization determinations within the following timeframes:

- Standard pre-service authorization requests - within 14 calendar days
- Urgent pre-service authorization requests – no later than 72 hours
- Initial inpatient admission and concurrent review requests - within 1 business day
- Post-service authorization requests - within 30 calendar days

Authorization filing instructions

Providers may submit requests for authorization to ACLA's Utilization Management department via:

- Phone to 1-888-913-0350
- Fax to 1-866-397-4522
- Navinet, ACLA's online provider portal, at www.amerhealthcaritasla.com under the "Providers" tab.

Questions:

Thank you for your continued commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.