

**Questions for the Plans**

Answers from Amerigroup (below)

What is your timely filing requirement?	<b><i>Ninety (90) days filing limit on all clean physician claims.</i></b>
Can I contract with just a plans Medicaid product?	<b><i>The contract with Amerigroup is a Medicaid only contract</i></b>
Can I contract directly with the plans and not go through Multi-plan or Providers Care?	<b><i>Amerigroup has a partnership with Multiplan to contract our practitioner and hospital network. This is our preferred method of contracting as Multiplan brings fully credentialed providers to the network.</i></b>
How soon after submitting a prior authorization can a provider expect to hear back? How will this be communicated?	<b><i>Notice will be provided within 24 hours and communicated via phone, fax, mail or email</i></b>
How many separate contracts will I need to contract for? Example...Lab, vision, medical	<b><i>Vision, dental and Lab, non-emergent transportation are the Amerigroup carved out services.</i></b>
When will your provider manual be available?	<b><i>Awaiting state approval - once approved will be posted to AGP site</i></b>
How will you handle a provider who doesn't met credentialing guidelines? Will you do an access needs waiver?	
How may a provider opt out of their contract?	<b><i>If they have signed a contract they must opt out via the termination clause detailed in their executued agreement.</i></b>
How will you commuicate updates?	<b><i>Via the Amerigroup Kansas provider site, regulatory amendment and mail</i></b>
How does a claim get paid in the event a prior auth was needed but not obtained?	<b><i>The claim will be denied for no authorization</i></b>
Do admits to nursing homes have to be precertified? If so, for what type, skilled care, swing bed, etc.?	<b><i>All inpatient stays as well as stays in nursing facilities must be precertified.</i></b>
Once a claim is denied what is your time frame for an appeal after receiving a denial on a remit?	<b><i>A provider must submit via the Amerigroup site or in writing a request for appeal related to a payment denial within 45 days of receipt of the paid date of the EOB/EOP</i></b>
How will providers receive their RA's? Will they be posted on the secure portal of the MCO's web, or are they mailed to the provider.	<b><i>Either based on provider preference</i></b>
How will you handle fee schedule changes? For example if the state makes a change 5/1/13 and makes the change retrocative to 1/1/13 will the MCO's go back and adjust claims automatically and pay the providers to the effective date of the change.?	<b><i>On a prospective basis</i></b>
Do you have dedicatede provider enrollment tellephone numbers?	<b><i>I need to research</i></b>
On send out labs are we required to use specific lab companies such as LabCorp or Quest or can we send lab to our local hospitals or lab compaies we currently utilize?	<b><i>Amerigroup has a national contract with LabCorp and Quest.</i></b>
Will you be promoting a Physician incentive program in Kansas? If so when will the programs start?	<b><i>This will be evaluated on a case by case basis</i></b>
How will Ophthalmology claims be handled; medical plan or vision vendor? Is it driven by diagnosis or provider type? Please provide rationale	<b><i>All claims for Vision will be paid through our relationship with Ocular Benefits. All vision providers must contract with Ocular Benefits as claims submitted directly to Amerigroup will be denied. This is driven by provider type</i></b>