PROVIDER BULLETIN
July 30, 2014

Transition Prior Authorization Requirements Effective July 1, 2014

Effective **July 1, 2014**, Anthem Blue Cross and Blue Shield (Anthem) will be a choice for all eligible Medicaid recipients, except in Region 3. All members who transition during the open enrollment period of **May 5, 2014 through June 18, 2014**, will receive a 30-day authorization requirement waiver for services previously approved by their former managed care organization (MCO). All services that extend beyond the 30-day transition period, or that are not covered by the prior MCO authorization, will require medical necessity review based on Anthem's prior authorization requirements.

To ensure that claims for these services are processed correctly, we require notification of their submittal prior to claims submission.

These notifications should be sent by fax to 1-800-964-3627.

For Behavioral Health notifications **only,** please send faxes to the following:
- Outpatient 1-866-877-5229
- Inpatient 1-877-434-7578

Providers should include the following information in the notification:
- Member name
- Member ID number
- Ordering provider
- Rendering provider (National Provider Identifier preferred)
- Diagnosis
- Service being provided (procedure codes)
- Frequency and duration of the service (units/visits approved)
- Authorization notice from prior MCO*

*The document provided to show the prior MCO approval must include the following:
- Member's name (the member's ID with the prior MCO will not be accepted)
- Name of the provider approved to render the service
- The service(s) approved (codes or description)
- The date(s) of service
- The number of units/visits approved

If the prior MCO's authorization is not provided or is incomplete, a complete medical necessity review will be required.

If you have questions, please call our Provider Services team at 1-855-661-2028.

Medicaid in Kentucky

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