

HOW TO GET MEDICAL CARE WHEN OUT OF STATE

What to do in case of a medical emergency?

If you are having an emergency, call 911 or go to the closest hospital. Even if you are out of state, go to the closest hospital or call 911. The hospital does not have to be in network for you to get care. If you need transportation to the hospital, call 911. You don't need preapproval for emergency transportation or emergency care in the hospital.

Need help deciding when to go to an emergency room or urgent care center?

- Call your primary care physician (PCP) first. Your doctor can help you get the right kind of care. Your doctor may tell you to go to the emergency room or an urgent care center.
- Call the 24-hour nurse line. An experienced nurse can give you information to help you decide whether to go to the emergency room, visit an urgent care center, make a provider appointment, or use self-care.
 - Aetna Better Health of Kansas: 1-855-221-5656 (TTY: 711)
 - Sunflower Health Plan: 1-877-644-4623 (TTY: 711)
 - United HealthCare: 1-855-575-0136 (TTY: 711)

Foster Parents: If your foster child has Kansas Medicaid and is seeing a healthcare provider outside of Kansas, please take this with you to appointments, procedures, and emergency room visits.

Nonurgent services needed while out of state?

Routine care out of the service area or out of the country is not covered. All non-emergency services from an out-of-network provider need prior authorization by your KanCare health plan. See the following section for each KanCare health plan's prior authorization process.

How do providers obtain prior authorizations?

<h2>Sunflower Health Plan</h2>	
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Out-of-network providers must submit a prior authorization for all procedure codes regardless if those codes require a prior authorization for participating providers. For an emergency room visit a prior authorization is not required.

If assistance is needed, please reach out to Member Services at 1-877-644-4623 (TTY: 711).

How to submit a Prior Authorization:

- ✓ Prior authorization forms can be located on Sunflower Health Plan's website using the following link:
<https://www.sunflowerhealthplan.com/providers/resources/forms-resources.html>

Different levels of care require different forms to be submitted. In the rare event the service provided does not have an accompanying Medicaid rate, or a different rate is needed, Sunflower's contracting team will outreach to the provider to develop a single case agreement contract for that service and individual.

Providers can also call 877-644-4623 ext. 603107 if they have questions for the Utilization Management Department about obtaining an authorization.

Aetna Better Health of Kansas

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Aetna Better Health of Kansas

If a child in foster care has an emergent need while out of state, a prior authorization is not required, and the child should be taken to the nearest emergency facility. All other non-emergent services provided by an out of state provider who is not KMAP approved and credentialed with Aetna Better Health of Kansas require a prior authorization to be submitted by the provider requesting services.

How to submit a Prior Authorization:

- ✓ Prior authorization forms can be located on Aetna Better Health of Kansas's website using the following link: <https://www.aetnabetterhealth.com/kansas/providers/resources/forms>
- ✓ Fax: 1-855-225-4102

If a provider has questions concerning the prior authorization process, please contact Provider Services Monday through Friday 8:00am-5:00pm CST at 1-855-221-5656 (TTY: 711) and request to speak to a utilization management clinician responsible for prior authorizations. Aetna's Provider Manual can also be viewed at: <https://www.aetnabetterhealth.com/kansas/providers>

If the prior authorization is approved based on medical necessity criteria and no in-network provider is available to provide the service, Aetna Medical Management will arrange care by authorizing services through an out-of-network provider agreement. Provider Experience will work to establish a specialized contract or Single Case Agreement (SCA) for the service if needed.

United Healthcare (Optum)



UnitedHealthcare®
Community Plan

How to submit a Prior Authorization:

- ✓ Online: Use the Prior Authorization and Notification tool for medical requests on Link. Go to www.UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- ✓ Online: Use the Prior Authorization and Notification tool for behavioral health requests on Provider Express. Go to www.providerexpress.com. You will have to enroll to gain access to the site. Then, select the Prior Authorization link on the right side of the landing page.
- ✓ Phone: Call 866-604-3267

Providers who are participating (in-network) for UHC are required to have an active KMAP Provider ID. Providers who are out-of-network for UHC are not required to have a KMAP Provider ID but will be required to provide the following documents to receive authorization and consideration of payment as a non-participating provider:

- ✓ Completion of a non-participating provider payment agreement.
- ✓ Submission of documents to allow UHC to perform all necessary checks for licensure, federal database checks, disclosure of ownership form, and all items required to issue payment to a provider.
- ✓ Completion of a single case agreement that is member and service specific.

These items must be submitted prior to the service being provided and all necessary screens completed before a prior authorization will be considered for out-of-network providers.