

KAS ACAP Fact Sheet-Provider Relations

1. KAS and your health care providers are greatly impacted by your specific insurance coverage. As an ACAP enrollee, you automatically have Medicaid (ACCESS Card) and ACAP (ACAP Card) insurances. You will need to present those insurance cards when you receive services so that providers can properly bill. In addition, if applicable, you must present any additional insurance cards that you have such as Medicare (Part A, Part B, Part D or any combination of those depending on the coverage you selected), Gateway Medicare Assured and private / commercial insurances such as Blue Cross/Blue Shield, Aetna, and others.
2. **Individuals without private insurance:**
 - a. If you do not have other insurances, KAS ACAP has a Provider Directory listing of the providers you must use for the various types of services you will receive (e.g. Primary Care, Counseling Services, Therapy, etc.).
 - b. The Provider Directory is on the KAS Website (<http://www.keystonehumanservices.org/autism-services/serviceProviders/>). Your Supports Coordinator can also provide you with a copy of the directory.
 - c. If you are unable to identify a provider for the type of service you need, your Supports Coordinator will be able to help you identify a KAS ACAP out-of-network provider.
 - d. If you have a provider that you currently use and is not ACAP in-network, KAS can contact that provider and see if they are willing to become in-network so that you can continue to use them for your services. If they decline or not eligible to be in-network, you will need to change providers.
3. **Individuals with private insurance:**
 - a. If you have private insurance (i.e. insurance other than ACAP), you must use that as your primary insurance for any services covered by that insurance. ACAP is always the payer of last resort. In other words, other insurances must be billed first before any billing through ACAP.
 - b. If you are referred to a specific provider for a service by your physician or other service provider, or if you have a specific provider you want to use for a service, confirm that your provider of choice accepts your private insurance. Your Supports Coordinator can assist you with this if needed.
 - i. If it is a covered service you should follow the guidelines for provider selection as outlined by your private insurance carrier.
 - ii. Be sure that your provider is given all of your insurance information (ACAP, ACCESS Card, Medicare, Commercial and private) for billing purposes. For services involving copays, coinsurances and deductibles, ACAP will cover these costs; you will not need to pay the cost at the time of receiving services.
 - iii. If it is not a covered service, please select a KAS ACAP in-network provider as outlined above in item #2.
 - c. Private or commercial insurance is always primary payer before coverage and payment through Medicare or Medicaid. This only applies if your private or commercial insurance is through an employer (i.e. your employer or parent (s) employer) and Medicare would be secondary payer. If the private or commercial insurance is not through an employer, then Medicare is primary payer and the private or commercial would be secondary.

- d. Please see the attached coverage grids which provide information about insurance coverage based on various circumstances (e.g. those without additional insurances, those with Medicare and those with other private insurance).
 - e. If you use a provider that is not in-network with ACAP or not covered by your other insurance, you will have to self-pay for those services.
4. Emergency services do not require prior authorization.
5. Please inform your ACAP support staff immediately if you lose or gain other insurances. These changes have a big impact on how payments are processed for your services. **If you receive services from a provider that is through private insurance and that insurance has lapsed, you will be responsible for the costs associated with those services.**
6. **Vision Care:** KAS will pay up to \$200 per calendar year for vision costs related to contacts and eyeglasses. Your eye exam is not part of the \$200 maximum and is covered by KAS ACAP (unless you have primary insurance that pays for those services).
7. **Dental Care:** Dental care is covered by KAS ACAP unless you have other primary dental insurance.
8. **Medications:** Medications are not covered by ACAP. All medications are covered through your ACCESS card. For questions related to medications, please call 1-800-537-8862.
9. KAS ACAP manages both your physical and behavioral healthcare.
 - a. It is very important that you inform your ACAP support staff when you have any type of service even if covered by other insurances so that we can manage your care effectively and efficiently.
 - b. It is also important that you inform your ACAP support staff when you cancel an appointment, including the reason it was cancelled.
10. You may be asked to sign encounter forms for services that you receive which the provider needs to support their billing. Sign only for appointments that you have attended. Do not agree to pre-sign encounter forms.
11. In some cases you will be asked to assist KAS to obtain documentation about your services. KAS uses these documents to help manage your care. In some cases, providers will submit them directly to KAS. We appreciate your assistance in obtaining and submitting these documents when necessary.
12. You will receive a KAS participant handbook which outlines other important information. Please take time to review this handbook and talk to your Supports Coordinator if you have any questions.
13. Your MA 51 and MA Packet renewals are critical to your ability to remain in ACAP. Please be sure you work with KAS support staff and the County Assistance Office when your renewal is due so that it can be submitted on time.

Pharmacy Questions

- Prescriptions are not covered by ACAP. All prescriptions are covered through your ACCESS card.
- For questions related to prescriptions, please call 1-800-537-8862.

Medicare

- If you have Medicare, you can get information about your coverage by calling 1-800-MEDICARE (1-800-633-4227). The Medicare website also provides valuable information including how to find a Medicare provider which is located on the main page (<https://www.medicare.gov/>). If you have other types of private insurance (Blue Cross/Blue Shield, Highmark, Aenta, etc.), please refer to your insurance card for their contact information.

You can contact your support staff with any questions that you have. You can also contact the Provider Relations department by calling 717-220-1465.