



2018 Benefit Reminders

Purpose of this communication:

- To remind providers about the importance of confirming a member's eligibility and benefits as the year draws to a close, to ensure authorizations are current, and to provide guidance for successful claims submission

What do I need to do?

- Providers must check eligibility and benefits prior to rendering services to ensure the member's health plan and benefits have not changed.
- Providers must submit a reauthorization request for services in cases where the current authorization does not extend into 2018 and additional care will be required in 2018.
- For private duty nursing services, providers must submit a re-authorization request before the end of 2017 for services where either the authorization has expired or continued care is required in 2018. This applies to all health plans that require authorization through CareCentrix.
- CareCentrix may end-date existing authorizations on December 31, 2017 based on changes in eligibility information received from the patient's health plan. This may not be inclusive of all membership changes. Always confirm eligibility and benefits prior to rendering services.
- Services spanning calendar years must be billed on separate claims
 - Claims containing dates of service spanning calendar years may be rejected or denied and will need to be resubmitted on separate claims
- Example: Claim has two claim lines, the first line has a date of service of 12/31/2017 and the second line has date of service 1/2/2018. This claim would likely reject or deny for spanning multiple calendar years. The services should be resubmitted on two separate claims, one for each calendar year.

What do I need to know?

- Additional documentation may be required when completing re-authorization requests for hourly nursing and hourly home health aide services. This documentation may include a time audit sheet, 2 weeks of nursing notes, and a physician's order for all hourly services and should be submitted via the CareCentrix provider portal. These requirements are plan-specific.
- For additional information, please reference the CareCentrix Provider Manual located on the Provider Portal (now called HomeBridgeSM).

Thank you in advance for your cooperation and continued partnership.