



Provider Newsflash

December 2016

2017 Benefit Reminders

Purpose of this communication

- To remind providers about the importance of confirming a member's proof of eligibility and coverage 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?

- As a reminder, Providers must, in every instance, 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 2017 and additional care will be required in 2017.
- For private duty nursing services, providers must submit a re-authorization request before the end of 2016 for services where either the authorization has expired or a new 2017 determination of coverage is required. This applies to all health plans that require authorization through CareCentrix.
- CareCentrix may end date existing authorizations on December 31, 2016 based on changes in eligibility information received from the health plan. This may not be inclusive of all membership changes. Always confirm eligibility and benefits prior to rendering services.
- Services containing separate calendar years must be billed on separate claims
 - Claims containing dates of service in multiple 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 12/31/2016 and the second line has date of service 1/2/2017. 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.

Is there anything else I need to know?

- You will not receive a 2017 determination for private duty nursing if you have not submitted a re-authorization request for this timeframe. CareCentrix cannot use a 2016 determination to create a 2017 determination.



- There may be additional documentation requirements when completing re-authorization requests for Hourly Nursing and Hourly Home Health Aide services. These documentation requirements may include a time audit sheet, 2 weeks of nursing notes, and physician's order for all hourly services and would be submitted via the CareCentrix portal. These requirements will be plan-specific and may be needed to receive a 2017 determination.
- For additional information, please reference the CareCentrix Provider Manual located on the provider portal.

Thank you in advance for your cooperation and continued partnership.