

Home Health Update: Authorization from Previous Plan Required

Q: What is being communicated to home health providers?

A: Effective **May 1, 2024**, when requesting authorizations for home care services currently in place for newly enrolled members, agencies must include documentation verifying the same services were authorized by **the member's previous payor or insurance**.

Q: What's different for providers?

A: Currently, providers must submit documentation with all authorization requests. As of **May 1, 2024**, providers must include the authorization from the previous payor source.

Q: How does this impact Neighborhood?

A: This change will allow Neighborhood to align the authorizations with each member's continuity of care (CoC) period.

Q: How long will Neighborhood honor the existing authorizations?

A: Neighborhood will honor the authorizations through the new member's CoC period.

Q: What is the purpose of a CoC period?

A: CoC periods are designed to continue services and/or items that the member was receiving prior to enrolling with Neighborhood. They ensure members will continue to receive necessary services without interruption as they transition to Neighborhood.

Q: How long are the CoC periods for new members?

A: CoC periods vary by line of business:

- INTEGRITY (MMP): Six months from the date of enrollment.
- Medicaid: 90 days from the date of enrollment.
- Commercial: 90 days from the date of enrollment.

Q: Will existing authorizations be altered with this change?

A: Existing authorizations will remain valid unless there is a change in the services being provided, prompting a new request from the home care agency or case management.

Q: Who can providers contact for questions about the new authorization process?

A: Providers with questions regarding this update should contact Provider Services at 1-800-963-1001 and select option five for medical prior authorizations.