



## **HCBS Waiver Authorization Extensions for Members Previously Enrolled with AmeriHealth**

On Dec. 1, 2017, UnitedHealthcare Community Plan of Iowa began enrolling new members who were previously enrolled with AmeriHealth Caritas. Existing service plans for Home-and Community-Based waiver services (HCBS) members who transitioned from AmeriHealth Caritas were originally extended through Feb. 28, 2018. During this 90-day period, Community-Based Case Managers (CBCMs) continue to meet with their new members to review their individual service plans (ISP). This helps to make sure the plans accurately reflect the members' needs and that authorizations align with the plan.

### **Here's What's Changing**

We are now **extending these members' authorizations beyond Feb. 28, 2018** to align with their service plan year. The service plans will be reviewed and updated when the member is due for an annual assessment or there is a change in the member's health status.

#### **For example:**

If a member's HCBS waiver authorizations currently end Feb. 28, 2018 but their service plan year does not end until Aug. 31, 2018, UnitedHealthcare is extending the member's authorizations to Aug. 31, 2018. The member's annual assessment would need to be completed prior to Aug. 31, 2018. If the member has a change in health status, a new assessment will be completed before that date. Upon completion of the assessment, the member's service plan will be reviewed and updated to ensure their needs are accurately captured and new authorizations will be entered in our systems.

As we continue to update authorizations to align dates with the member's service plan year, we want to make sure members continue to receive services and providers continue to be reimbursed for those services.

### **Here's What to Do Until the Member's Authorization is Extended**

If an authorization hasn't been extended yet, use the existing authorizations with an end date of Feb. 28, 2018 as approval to continue providing services. We anticipate having the authorization updates completed by the end of March. When complete, you will be able to view the extended authorizations in the Prior Authorization and Notification app on Link through **UHCprovider.com**. During this time, CBCMs may contact you to obtain documentation to help ensure authorizations are updated and extended accurately.

### **Here's What to Do if a Transitioned Member's Authorization is Missing**

If an HCBS waiver member has transitioned from AmeriHealth and still doesn't have an authorization, please follow the steps outlined in our bulletin posted at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Iowa > Bulletins > [Verifying Authorizations for HCBS Waiver Members Who Transitioned From AmeriHealth](#).

### **How to Help Ensure You Follow a Member's Existing Service Plan**

- You will be able to view the authorization approval using the Prior Authorization and Notification app on Link. To access the app, sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- You must **only bill** for the number of approved units outlined in the member's ISP or your Consumer Directed Attendant Care (CDAC) Agreement.
- Submit claims for services as they are provided to the member in their ISP or your CDAC Agreement.
- If you submit claims with service units above what is approved in the member's plan, they will be subject to additional review and recoupment.

### **We're Here to Help**

If you have questions, please call Provider Services at **888-650-3462** or contact your Provider Advocate. Thank you.