



Authorization and Claim Submission Guidelines for HCBS Providers Who Serve Members Previously Enrolled with AmeriHealth Caritas

On Dec. 1, 2017, UnitedHealthcare Community Plan of Iowa began enrolling new members who were previously enrolled with AmeriHealth Caritas. Home- and community-based waiver services (HCBS) authorizations for the new members who transitioned from AmeriHealth Caritas have been completed.

We are honoring existing service plans for HCBS waiver members for a minimum of 90 days through Feb. 28, 2018. During that 90-day period, a Community-Based Case Manager (CBCM) will meet with their new members to review their individual service plans to help make sure they accurately capture the members' needs. Once the service plan is updated, services will be re-authorized beyond March 1, 2018.

If you are a HCBS waiver provider, the following steps have been taken to help ensure existing individual service plans for members are honored accurately:

- HCBS authorizations for new members were loaded in our authorization system with 9999 to indicate the number of approved units for the three month period from Dec. 1, 2017 through Feb. 28, 2018.
 - If you see 9999 in the authorization, please don't use that for billing. It's not the number of units you are authorized to provide and bill.
- You must **only bill** for the number of approved units outlined in the member's Individualized Service Plan or your Consumer Directed Attendant Care (CDAC) Agreement.
- Submit claims for services as they are provided to the member.
- 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.

As we meet with members to review their service plans, authorizations will be updated to reflect the number of units approved.

We're Here To Help

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