

Home Health Update: Authorization from Previous Plan Required

March 1, 2024

Neighborhood Health Plan of Rhode Island (Neighborhood) is informing home health providers of an update to the authorization process for newly enrolled members. **Effective May 1, 2024**, when requesting authorizations for home care services currently in place, agencies **must provide documentation** verifying that the same services were authorized by **the member's previous payor or insurance**.

Neighborhood will honor these authorizations **through the new member's continuity of care (CoC) period**.

CoC periods are designed to continue services and/or items that the member was receiving prior to enrolling with Neighborhood. It also provides a reasonable timeframe to transition the member (i.e., connecting them to an in-network provider, adjusting home care hours to a medically necessary level, etc.). Adhering to a member's CoC period ensures that the member will continue to receive appropriate care without any gaps in coverage.

Neighborhood is committed to allowing newly enrolled members to continue pre-existing courses of treatment from their time of enrollment. CoC periods for new members are based on their line of business (LOB) and are as follows:

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

Note: Any existing authorizations will not be altered unless there is a change to the services and a new request is received from the home care agency or case management.

Neighborhood appreciates your continued commitment to providing quality care to our members. If you have any questions regarding this notification, please contact Provider Services at 1-800-963-1001 and select option five for medical prior authorizations.