

This communication should be viewed by:
Home Health Care Facilities

Home Health Prior Authorization and Concurrent Review Process Changes

To keep our valued care delivery partners up to date, MVP Health Care® (MVP) is sharing that effective January 1, 2024, the prior authorization and concurrent review processes for Home Health services delegated to naviHealth, Inc. d/b/a Optum Home and Community Care will be updated. This will impact MVP Medicare Advantage and DualAccess (D-SNP) Members in New York and Vermont.

Beginning January 1, 2024, the following updates will apply:

- Start of Care (SOC) visits will not require prior authorization
- Providers must notify Optum Home and Community Care of the initiation of home care services and are strongly encouraged to submit such notice within five days after the SOC visit to help avoid potential delays in payment
 - Optum Home and Community Care will issue an Authorization ID number, followed by the MVP Authorization ID to Provider. The MVP Authorization ID will apply to all Home Health services provided within the first 30-days, including the SOC visit. The MVP Authorization ID will allow the Home Care Agency to provide Home Health services they deem appropriate for the first 30-days, including the SOC visit, without a prior authorization
- Prior to day 30, Provider must request prior authorization for days 31-60, by discipline, and provide documentation to Optum Home and Community Care
 - Optum Home and Community Care will review the documentation and issue a determination to Provider by discipline, per the plan of care
- For each subsequent 60-day period, Provider must request prior authorization, by discipline, and provide documentation to Optum Home & Community Care during the 56-60-day recertification window
 - Optum Home and Community Care will review the documentation and issue a determination to Provider by discipline, per the plan of care

To review MVP's policies regarding Home Health prior authorizations and concurrent reviews, visit mvphealthcare.com/policies and select *Provider Policies, Effective October 1, 2023 (PDF)* and review the *Utilization and Case Management* section.

If you have questions about these processes, please contact your MVP Professional Relations Representative.

To view all communications, visit mvphealthcare.com/FastFax

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.

