

## Respite authorization renewals

Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc.

HealthKeepers, Inc. would like to remind Long Term Services and Supports (LTSS) providers of the benefits of the Commonwealth Coordinated Care Waiver regarding respite hours.

Prior to the start of the 2023-24 fiscal year, HealthKeepers, Inc. will automatically renew any existing respite authorizations for all active members for the new fiscal year, July 2023 through June 2024. We ask that providers **please refrain from** submitting respite authorization renewals for the new fiscal year as this will be managed internally on an annual basis. Submitting respite renewal requests create a large influx and duplicate efforts for both the providers and our staff, resulting in potential delays for standard general fax requests.

HealthKeepers, Inc. asks that the *DMAS 97 A/B for respite* **is only submitted** upon initial start of respite services and as a part of the authorization documentation sent alongside the renewal of the Personal Care/Attendant Care services. *Also, if a member transitioned to a new provider prior to July 1, and respite hours have been exhausted prior to June 30 (with their previous provider), the new provider is responsible for initiating a new respite authorization request for new fiscal year.* In addition, LTSS providers are expected to continue to notify HealthKeepers, Inc. promptly of **any changes to member eligibility, member respite benefits, or changes among providers, including when splitting services with other providers, whether agency-directed or consumer-directed.**

As a reminder, providers are responsible for tracking the hours that a member receives during the fiscal year. If a member changes providers in a fiscal year — whether it is from agency-directed to consumer-directed or agency-to-agency — the new provider should obtain this information from the previous provider to ensure total hours do not exceed 480. When requesting a respite authorization, it should only be for the remaining hours left in the fiscal year, not the total 480 hours benefit.

There will not be any mailed or faxed approval notices for auto-renewed respite authorizations. Providers may view authorization details using the following online resources: Provider 360,\* Availity,\* Public Partnerships, LLC portal (PPL),\* and Netsmart.\* A fax will be sent to all providers once our renewal process is completed that will include next steps if you identify any members with missing authorizations.

If you have any questions about this communication, call Anthem HealthKeepers Plus Provider Services at **800-901-0020**.

\* Provider 360 is an independent company providing administrative support services on behalf of the health plan. Availity, LLC is an independent company providing administrative support services on behalf of the health plan. Public Partnerships is an independent company providing administrative support services on behalf of the health plan. LLC portal is an independent company providing administrative support services on behalf of the health plan. Netsmart is an independent company providing administrative support services on behalf of the health plan.

<https://providers.anthem.com/va>

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