

July 8, 2021

Subject: Required Information on Prior Authorizations for Home Health Care

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) are committed to providing information that will help reduce delays and administrative burden for prior authorizations (PAs). We want to take this opportunity to inform providers about information that must be included in all PA requests for home health care.

The Centers for Medicaid & Medicare Services (CMS), the New Mexico Human Services Department (HSD) and Presbyterian require all PA requests for home health care include a signed homebound status **and** a 485 (plan of care) for all home health extensions. This information is a requirement from CMS and HSD. It is also essential for the timely and rapid processing of a PA request. PA requests that do not include a signed homebound status and signed 485 will be delayed and may result in a denial.

Presbyterian allows for one initial assessment visit for the plan of care to be created, which can be backdated. Once the Initial assessment visit is done and a plan of care is completed and signed by the provider, then it is sent to Presbyterian for medical necessity review, regardless of whether the member is admitted to home health care. This allows the agency to develop a plan of care for the member and obtain the appropriate signatures.

If providers have any questions, they can use the information below to contact their Provider Network Operations relationship executive. As always, thank you for continuing to partner with us to improve the health of the patients, members and communities we serve.

Provider Network Operations**Hours:** Monday through Friday, 8 a.m. to 5 p.m.**Phone:** (505) 923-5141**Contact Guide:** www.phs.org/ContactGuide**Mailing address:** P.O. Box 27489, Albuquerque, NM 87125**Location:** 9521 San Mateo Blvd NE, Albuquerque, NM 87113