

Verifying eligibility for expanded hospice benefits

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In the April 2018 edition of Network Update, we announced an expansion of hospice benefits for local Anthem fully-insured plans to begin on June 1, 2018. The newly expanded benefits allow for disease modifying treatments to continue alongside hospice services, as well as member access to hospice services with prognoses of up to 12 months.

Providers should verify whether members have the expanded hospice benefit under their Anthem policy.

For some health plans, updated benefit information will return via an electronic eligibility and benefit inquiry on the Availity Portal or using your Electronic Data Interchange (EDI) interface as early as June 1, 2018. We anticipate that all impacted plans will return the updated language by August 1, 2018. Once updated, hospice inquiries (Service Type 45) will confirm access to the expanded hospice benefit by returning: "Life expectancy up to 12 months with disease modifying treatment allowed."

Please note: From June 1, 2018 through August 1, 2018, we'll be updating our systems to report more detailed benefit language. During that timeframe, it may be necessary to contact the Provider Service number on the back of the member's ID card to confirm if the member's plan includes the expanded hospice benefit.

As a reminder, the following plans include the expanded hospice benefits beginning June 1, 2018: commercial fully-insured group and individual plans. The following plans do not include expanded hospice benefits: self-insured plans, Medicare, Medicaid, and FEP.

URL: <https://providernews.anthem.com/connecticut/article/verifying-eligibility-for-expanded-hospice-benefits-2>

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