SmartHealth

Benefit Elevation FAQ

What is benefit elevation?

The benefit elevation program was created to assist associates that live in areas where there are no Tier 1 providers/facilities available, to have claims paid at the "in-network" coverage level. If a Tier 1 provider is not available where a member resides, the National Network of BCBS is suggested for Tier II coverage. Those Tier II services can be requested to be elevated to Tier I coverage level.

If neither a Tier 1 provider or National provider are available, an out-of-network physician/facility can be elevated but only to Tier II. Requests for benefit elevation authorization must be submitted and approved prior to services be rendered. Benefits already provided will not be authorized retrospectively. However, they may be approved going forward from date requested.

How can I request benefit elevation?

To request benefit elevation for episodic care, please fill out the benefit elevation form designated specifically for episodic care. Episodic care is defined as a pattern of medical and nursing care in which services are provided to a member for a particular problem, without an ongoing relationship being established between the person and healthcare professionals.

To request benefit elevation for a dependent or as a dependent whose current mailing address is more than 50 miles from a Tier 1 provider/ facility's zip code on record, please fill out the benefit elevation request form noted for dependents. This form is to be used for a dependent who is living away from the primary subscriber's home.

Benefit elevation request forms can be found on www.mysmarthealth.org. Select the "Member Info Center" and view the "Benefit Elevation" section.

How do I qualify for automatic benefit elevation?

If your home address of record is more than 50 miles from the nearest Tier 1 provider/facility's zip code, you may qualify for automatic benefit elevation. This mileage is calculated from a standard formula that determines the most direct path between your home and a Tier 1 provider/facility.

If you qualify for automatic benefit elevation, you will receive an email and letter notification from SmartHealth notifying you of your automatic status. If you have a question regarding your status, please call 1 (844) 699-7573 or email acmmembers@ascension.org.

How long is benefit elevation granted?

For episodic care, benefit elevation is granted only for **90 days** after approval. After which, an extension will need to be requested.

For dependents whose current mailing address is more than 50 miles for a Tier 1 provider/facility's zip code, benefit elevation is granted for **the entirety of the benefit enrollment year**.

How long does it take to process a benefit elevation request?

It takes a **minimum of 10 days** to process a benefit elevation request.

How will I be notified that the benefit elevation request has been approved?

Members will be notified via email if their request has been approved. If denied, members will be notified via email and a mailed letter response explaining the denial.