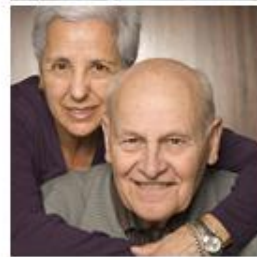




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CareCentrix



# BCBS FL/CareCentrix Contract Overview

August 19, 2011





## Agenda

- Overview of the CCX contract with BCFL
- Authorization and Claims Process Overviews
- Service Line Specific Information
- Orientation Topics of Discussion
- Transition of Care for Existing BCBS FL Members
- Key Teams and Contacts



## Delegation

**The following functions are delegated to CareCentrix by BCBS FL:**

- Credentialing
- Contracting
- Claims Payment
- Utilization Management (including denials)

The CCX contract with BCBS FL goes live on 9/1/2011.



## Product Types – Inclusions and Exclusions

Included Product Types	Contract Exclusions
<ul style="list-style-type: none"> <li>▪ BlueOptions-HAS</li> <li>▪ BlueOptions-NonHSA-Lowcost</li> <li>▪ BlueOptions-NonNHSA-Predictable</li> <li>▪ PPO</li> <li>▪ State Group</li> <li>▪ FEP (Federal Employee Program)</li> <li>▪ Medicare PPO</li> <li>▪ Miami-Dade Blue</li> <li>▪ Traditional</li> <li>▪ BlueCard Alliance</li> <li>▪ HMO</li> <li>▪ HMO-Medicare Advantage</li> <li>▪ BlueSelect (go live 11/1/2011)</li> </ul>	<ul style="list-style-type: none"> <li>▪ BlueMedicare PFFS - Group Retiree/Blue Medicare Private Fee-For-Service</li> <li>▪ BlueMedicare PFFS - Individual/Blue Medicare Private Fee-For-Service</li> <li>▪ Medicare Supplemental - PPO/Medicare Supplement Product</li> <li>▪ Medicare Supplemental - TRAD/Medicare Supplement Product</li> <li>▪ Capital Health Plan (CHP) - An independent HMO out of Tallahassee with their own network and would not come through CareCentrix.</li> <li>▪ Florida Healthcare Plan (FHCP) – An independent Daytona-based HMO.</li> <li>▪ BCBS FL Medical Discount Card Program</li> </ul> <p><b><i>For these services, please contact your local BCBSFL or CHP representative.</i></b></p>



## Services – Inclusions and Exclusions

Services Included in the BCBS FL Contract	Service Exclusions
<ul style="list-style-type: none"> <li>▪ THH/HHC (Traditional Home Health/Home Health Care Services) – Skilled Nursing, OT, PT, ST, MSW, etc</li> <li>▪ DME (Durable Medical Equipment) &amp; Custom Equipment                             <ul style="list-style-type: none"> <li>– Includes Ventricular Assist Device</li> <li>– Includes inhaled meds (if does not come through Pharmacy Benefit)</li> <li>– Certain DME (wound vacs and hospital beds) in skilled nursing facilities.</li> </ul> </li> <li>▪ HIT (Home Infusion Therapy) – also includes HIT in Ambulatory Suite Infusion</li> <li>▪ Medical Supplies</li> <li>▪ Orthotics &amp; Prosthetics</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cast supplies</li> <li>▪ Diagnostic imaging agents</li> <li>▪ High Risk OB</li> <li>▪ Home dialysis equipment and supplies</li> <li>▪ Hospice</li> <li>▪ Implantable devices and supplies</li> <li>▪ Lab services (lab processing)</li> <li>▪ Ocular prosthetics</li> <li>▪ Psychiatric Nursing</li> </ul> <p><b><i>For these services, please contact your local BCBSFL representative.</i></b></p>



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## Authorization Process Overview

- Authorizations can be submitted via the CareCentrix Portal or by calling the new referral line. All services require pre-authorization. Items requiring re-authorization are noted on the service authorization form (SAF).
- Please visit our website, [www.CareCentrixPortal.com](http://www.CareCentrixPortal.com) , to view the CareCentrix authorization guidelines.
- Topics covered on our website include:
  - General Authorization Overview
  - Authorizations when BCBS FL is a secondary payer
  - Authorizations for Blue Card, Out of State Home Plan, and Federal Employee Program (FEP) Members
  - Utilization Management guidelines by diagnosis code



## Claims Process Overview

- Providers should bill with CareCentrix approved HCPC and modifier combinations. All valid HCPC/modifier combinations are available for download on our website, [www.CareCentrixPortal.com](http://www.CareCentrixPortal.com)
- Providers can check real-time claims status updates by enrolling in our provider portal.
- Clinical notes, physician script, Certificate of Medical Necessity (CMN), Statement of the Ordering Physician (SOP), or supporting documentation are not required to be submitted with the claim, unless specifically requested.
- Paper claims should be billed on the CMS-1500 or the UB04 Form and sent to:
  - CareCentrix National Claims Center (NCC), 111 Founders Plaza, Suite 801, East Hartford, CT 06108





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## Service Line Specific Information

Durable Medical Equipment:	Custom Equipment	Traditional Home Health	Home Infusion Therapy/Ambulatory Infusion Suites
<ul style="list-style-type: none"> <li>▪ All services require prior authorization.</li> <li>▪ All DME rents to purchase and rentals cap at 10 months rental</li> <li>▪ Oxygen rents continuously. Contents are included in the rental price – and are not billable separately.</li> <li>▪ Providers are required to submit proof of medical necessity at the point of authorization for CPAPs, Oxygen, and other respiratory equipment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All services require prior authorization</li> <li>▪ Custom Equipment requires elevation to the health plan, which may delay authorizations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Routine “bag” supplies are included in the cost of the nursing visit.</li> <li>▪ Non-routine supplies should be ordered through CareCentrix and will be shipped directly to the patient’s home from our national supplies vendors.</li> <li>▪ A visit constitutes 2 hours or less.</li> <li>▪ Providers should bill the HCPC modifier combinations matching the unit of measure (UOM) that was authorized.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All services require pre-authorization</li> <li>▪ The units of measure (UOM) and vial sizes billed on the claim must always match what was issued on the service authorization form.</li> </ul>



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## Provider Orientations

- Provider orientation presentations are available for download from the CareCentrix website, [www.CareCentrixPortal.com](http://www.CareCentrixPortal.com)
- Orientations cover general topics such as authorization and billing guidelines for all plans in the CareCentrix network.
- Providers can contact Network Operations to arrange a provider orientations sessions via teleconference (see contact information on slide 25)
  - Provider orientations are recommended for:
    - All providers, which are new to the CareCentrix network
    - Providers, which need a refresher course on CareCentrix's processes
    - Providers with new or newly added staff
    - Providers with questions about CareCentrix's authorization requirements or claims adjudication processes



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## Transition of Care

- Members currently receiving services/equipment from a provider that is participating in the CareCentrix network will continue to do so. CareCentrix will work with the network provider to register the member in the CareCentrix system and begin issuing authorization to the provider on or after 9/1/2011.

### Process:

- Providers should visit the CareCentrix website, [www.CareCentrixPortal.com](http://www.CareCentrixPortal.com), to find transition of care instructions and member registration spreadsheets.
- If provider is in-network with BCBS/CareCentrix, *transition is seamless to member*
- If provider is in-network with BCBS, but out of network with CareCentrix, CareCentrix will work with the existing provider to coordinate a *physical transition*.



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## Important CareCentrix Teams and Contacts

<b>Function Team</b>	<b>Description</b>	<b>Phone Number</b>
<b>Regional Care Center (RCCs)</b>	<ul style="list-style-type: none"> <li>CareCentrix has two RCCs in Tampa dedicated to patient referral coordination for Florida members.</li> <li>The Tampa RCCs have 24/7 coverage 365 days per year.</li> </ul>	Initial authorization or reauthorization: 877-561-9910
<b>Client Services</b>	<ul style="list-style-type: none"> <li>Team of clinicians dedicated to clinical and facility-based staff (includes case managers, discharge planners, social workers, etc). Coordinates staff training, in-services, and responding to day-to-day patient issues from Health Plan and facility clinical staff.</li> </ul>	Barbara Pavick, RN, Clinical Account Liaison 1-888-375-6435 Ext. 132236
<b>Transition Team</b>	<ul style="list-style-type: none"> <li>Team dedicated to working with providers on authorizations of existing cases and assigning cases requiring transition to an in-network provider.</li> </ul>	888-375-6435 ☎ Indira Alli x132226 ☎ Pam Carson x132106
<b>Network Operations</b>	<ul style="list-style-type: none"> <li>Network Operations has a Tampa-based team dedicated to provider services in the State of Florida. This team manages the provider network, including contracting, trainings, and provider relations.</li> <li>Contact us today to arrange a provider orientation for your staff.</li> </ul>	888-375-6435 ☎ Lashania Addison x132357 ☎ Jennifer Roman x132116
<b>National Claims Center (NCC) – Provider Resolution Team</b>	<ul style="list-style-type: none"> <li>Based in East Hartford, CT, the Provider Resolution Team is dedicated to assisting providers with claims questions and real-time claim fixes.</li> </ul>	(877) 725 - 6525, press Option 1, option 1
<b>National Billing Center (NBC)</b>	<ul style="list-style-type: none"> <li>Team dedicated to answering <b>members' questions</b> regarding CareCentrix's collection of co-payments, co-insurance, or deductibles.</li> </ul>	(877) 725-4038