



Ambetter from Sunshine Health Post-Acute Program Frequently Asked Questions September 2021

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Post-Acute Program
Frequently Asked Questions
September 2021

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General information

Ambetter from Sunshine Health has contracted with CareCentrix to manage post-acute care (PAC) services for their Commercial - Exchange members effective 10/01/21.

Here are the key details:

- CareCentrix will manage authorization requests for members who are admitted to skilled nursing facilities, inpatient rehabilitation facilities and long term care hospitals.
- CareCentrix will support care coordination across a member’s journey on the care continuum by identifying paths for care, and providers to help optimize clinical outcomes.
- CareCentrix provides nurse coaching after an acute care hospital or PAC facility discharge for a total period of up to 90 days to support their path to healing, reduce unnecessary readmissions, and help members achieve selfmanagement.
- Ambetter from Sunshine Health will continue to manage authorizations for all other services.
- Ambetter from Sunshine Health will continue to manage network, appeals and claims for all services.

Which Ambetter from Sunshine Health members will be included in the CareCentrix PAC program?

Ambetter from Sunshine Health’s Commercial - Exchange members admitted to skilled nursing facilities, inpatient rehabilitation facilities and long term care hospitals on or after 10/01/21 will be included in the CareCentrix PAC program.

When will CareCentrix start to manage authorizations for Ambetter from Sunshine Health Commercial - Exchange members?

Effective 10/01/21, CareCentrix will manage authorization requests for Commercial - Exchange members admitted to a skilled nursing facility, inpatient rehabilitation facility or long term care hospital as noted below.

	Ambetter from Sunshine Health	CareCentrix
SNF/IRF/LTCH Initial Authorization		
Member admitted prior to 10/01/21	✓	



Member admitted on or after 10/01/21		✓
SNF/IRF/LTCH Extension of Stays		
Member admitted prior to 10/01/21	✓	
Member admitted on or after 10/01/21		✓

What is CareCentrix responsible for vs. Ambetter from Sunshine Health?

Category	Commercial - Exchange Members	Ambetter from Sunshine Health	CareCentrix
Initial Authorization and Extension of Stay Requests	Hospital	✓	
	SNF		✓
	IRF		✓
	LTCH		✓
	All other providers	✓	
Member Appeals	All providers	✓	
Peer- to-Peer Review	Hospital	✓	
	SNF		✓
	IRF		✓
	LTCH		✓
	All other providers	✓	
Claims and Claims Appeals	All providers	✓	
Authorization Requests for Other Services	Transportation	✓	
	High Cost Medications included in SNF, IRF or LTCH contract rate		✓
	High Cost Medications excluded from SNF, IRF or LTCH contract rate	✓	
	Specialty Equipment	✓	
Readmissions Management	Nurse Coaching		✓

How does CareCentrix interact with providers?

The CareCentrix team interacts with providers through various modes of communication and training to support a positive provider experience.



Prior to the program launch, CareCentrix will provide training, tools and support to the provider network so all are prepared to request prior authorization for skilled nursing facility, inpatient rehabilitation facility and long term care hospital stays.

After the program launch and on an ongoing basis, CareCentrix will:

- Guide providers through the authorization process
- Be available to answer questions and provide additional support as needed
- Notify providers about approval and denial decisions

How does CareCentrix interact with Ambetter from Sunshine Health Commercial - Exchange members?

The CareCentrix team will interact with Ambetter from Sunshine Health Commercial - Exchange members as follows:

- CareCentrix Nurse Liaisons may meet with and/or discuss discharge options with a member
- CareCentrix will provide notification about approval and denial decisions
- CareCentrix may provide nurse coaching when a member returns home after a hospital or PAC facility discharge to support a successful transition
- CareCentrix may contact members by phone, text or email. As appropriate, CareCentrix will work with servicing providers, the member and Ambetter from Sunshine Health to address disruption of services or expression of dissatisfaction.

Will there be additional cost to the member to access CareCentrix Nurse Liaisons or Nurse Coaches?

Access to a CareCentrix Nurse Liaison and/or Nurse Coach is part of the benefits provided by Ambetter from Sunshine Health and therefore, there is no additional cost to the member.

How do I contact CareCentrix during business hours, after hours and on holidays?

For authorization requests and inquiries, providers can contact CareCentrix at the numbers and times noted below:

Authorization Requests & Inquiries	Phone Number
Phone	833-409-1289



Fax	877-250-5290
Requests for Peer- to- Peer Reviews and Reconsiderations	833-409-1289
Requests for Utilization Review Criteria	833-409-1289
Days and Hours of Operation	
Monday – Sunday and Holidays: 8am to 6pm local time (except Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas)	
After Hours, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas: CareCentrix on-call clinical staff are available for urgent prior authorization requests. Callers should follow the prompts to leave a message. On-call clinical staff are notified of the inquiry and will return the call within one hour.	

What should I do if I have questions or need additional support from CareCentrix?

If you have general questions or need additional support, please call us at 833-4091289 or email at facilityservices@carecentrix.com.

If you have questions about authorizations, contact 833-409-1289.

Care Transitions

How does CareCentrix support member care transitions from the hospital or PAC facility?

The CareCentrix team supports member transitions in multiple ways:

- CareCentrix Nurse Liaisons and PAC Nurses will collaborate with hospitals and post-acute facilities to discuss care coordination activities in support of a member’s discharge plan. They may also provide discharge options to support a member’s transition to an appropriate provider who can meet the member’s needs.
- CareCentrix Nurse Coaches collaborate with members as they transition home to identify and solve for barriers that may impact the member’s success. They may assist in connecting members to community resources as needed.



What information is provided in the CareCentrix Discharge Options Tool and how is it shared?

The CareCentrix Discharge Options Tool is used to support facilities in achieving the goal of providing better care options to reduce readmissions and decrease total cost of care. By utilizing performance driven data within the CareCentrix PAC solution, the Discharge Options Tool will provide a list of qualified providers to meet each member's unique needs. Discharge options are shared by the Nurse Liaison or PAC Nurse during the care coordination process.



DISCHARGE OPTIONS

PATIENT NAME (LAST, FIRST):	PATIENT GENDER:	PRIMARY CONTACT:	PAYOR:
PATIENT D.O.B.:	PATIENT AGE:	DATE OF ADMISSION:	

SNF Options

PROVIDER	PHONE	NPI
SNF 1	555-123-4567	195736583
SNF 2	555-123-8803	837482742
SNF 3	555-123-4334	927576342
SNF 4	555-123-4366	927576342

Home Health Agency Options

PROVIDER	PHONE	NPI
HHA 1	555-123-8885	195736583
HHA 2	555-123-2727	837482742
HHA 3	555-123-4544	927576342
HHA 4	555-123-4529	927576342

[The first three providers listed are in-network providers that were selected by analyzing the historical care path and clinical outcomes of patients in this geography. These providers have historically cared for similar patients in a manner that reduced the frequency of hospital readmission. Providers marked with * are in-network providers that have contractually committed to meeting certain quality standards and performance measures, such as reduced hospital readmissions, and have proximity to the patient's home. This listing is intended to assist in health care decision making. Please note that our provider listing is only a partial assessment of quality and should not be used as the sole basis for decision-making as such measures have a risk of error. Patients have the freedom to choose their health care provider, and this listing is one of many factors patients should consider when selecting their provider. We encourage patients to consider all relevant information and to consult with their treating physician when selecting a provider. For additional provider options, patients should refer to their health plan provider directory. For additional information on how we measure provider quality, go to <http://help.carecentrix.com/ProviderResources/DischargeOptions.pdf>

What is the role of the Nurse Liaison, PAC Nurse and Nurse Coach?

The Nurse Liaison or PAC Nurse will support care coordination activities and manage authorizations for members discharged from an acute care hospital to a skilled nursing facility (SNF), inpatient rehabilitation facility (IRF) or long term care hospital (LTCH).

The Nurse Coach will provide coaching upon their return home for a period of up to 90 days after an acute hospital discharge.



Will CareCentrix be involved with members who have planned surgeries?

Yes. If the member will be transferred to a SNF, IRF or LTCH after discharge, a CareCentrix Nurse Liaison or PAC Nurse may interact with a member during their hospital or post-acute facility stay. CareCentrix will also manage authorizations for admissions to SNFs, IRFs and LTCHs. If the member is discharged to home from the hospital, SNF, IRF or LTCH, and is at risk, a Nurse Coach may interact with the member to support a successful transition.

Will CareCentrix Nurse Liaisons be involved with all Ambetter from Sunshine Health's members or only select members?

Nurse Liaisons may be involved with Ambetter from Sunshine Health's Commercial - Exchange members who have been identified as at-risk. If a facility identifies a member who is not assigned a Nurse Liaison but who is believed could benefit from one, please contact CareCentrix at 833-409-1289.

Is it possible to have the contact information for the Nurse Liaisons?

If you have questions regarding your Nurse Liaison contact or coverage, contact CareCentrix at 833-409-1289.

Is it possible to get assistance from CareCentrix to identify a PAC facility for a member?

Yes, we are happy to help you identify skilled nursing facilities to support member care needs. An assigned Nurse Liaison or PAC Nurse will support care coordination activities to help identify PAC facilities. You can also call CareCentrix at 833-409-1289 for assistance.

If the only facility that can admit the member is out of network, what do we need to do?

We have an established single case agreement process for Ambetter from Sunshine Health. The request should be submitted to CareCentrix, and CareCentrix will partner with Ambetter from Sunshine Health to secure approval to use the out of network provider.



Authorizations

Does CareCentrix authorize skilled nursing facility admissions if the referral is coming from the community?

Yes. CareCentrix manages authorizations for Ambetter from Sunshine Health Commercial - Exchange members admitted to a skilled nursing facility regardless of whether the member is admitted after a hospital stay or from the community.

What if a member is discharged to home and the treating physician believes the member needs to return to a skilled nursing facility?

This is considered a community referral. The treating physician or SNF will submit an authorization request with supporting clinical information to CareCentrix.

What happens if an Ambetter from Sunshine Health Commercial - Exchange member is admitted to a facility prior to 10/01/21?

If a member is admitted to a SNF, IRF or LTCH prior to 10/01/21, Ambetter from Sunshine Health will manage the authorization request. For admissions on or after 10/01/21, CareCentrix will manage the authorization request. Please refer to the chart below for additional details.

	Ambetter from Sunshine Health	CareCentrix
SNF/IRF/LTCH Initial Authorization		
Member admitted prior to 10/01/21	✓	
Member admitted on or after 10/01/21		✓
SNF/IRF/LTCH Extension of Stays		
Member admitted prior to 10/01/21	✓	
Member admitted on or after 10/01/21		✓

Who is responsible for submitting authorization requests for SNFs, IRFs and LTCHs?

Initial Authorizations



If the hospital discharging the member submits the request for authorization, continue to do so. If the skilled nursing facility, inpatient rehabilitation facility or long term care hospital submits the request for authorization, they should continue to do so.

Extension of Stay Authorization

Extension of Stay requests for Ambetter from Sunshine Health Commercial - Exchange members should be submitted by the SNF, IRF or LTCH at least 72 hours prior to an authorization expiration date, and should include all updated clinical information to support medical necessity for continued services.

Reminder: SNF, IRF and LTCH authorization requests for Medicare and Medicaid members should be submitted to Ambetter from Sunshine Health.

When do I submit prior authorization requests to CareCentrix?

CareCentrix recommends you submit requests for prior authorizations in advance of a SNF, IRF or LTCH admission.

For stay extensions, CareCentrix recommends providers submit requests by phone or fax at least 72 hours prior to the end of the current authorization period.

For details about clinical documentation requirements, review the Quick Reference Guide which is located in the Education Center on the CareCentrix HomeBridge® Portal.

Is the CareCentrix Provider Portal available to hospitals and PAC facilities for authorization requests?

At this time, facility authorization requests cannot be submitted via HomeBridge®, the CareCentrix Provider Portal. CareCentrix will notify facilities when the authorization request function becomes available.

HomeBridge® is available to hospitals and PAC facilities to access education and resource tools. To access this information, follow these steps:

- Visit www.carecentrixportal.com
- Click "Review" under Provider Education and Documentation
- Select Ambetter from Sunshine Health on the lower right part of the page
- Select the materials you wish to access



How do I submit prior authorization requests to CareCentrix?

Facilities may submit requests for authorization via phone or fax. For contact numbers and hours of operation, please refer to the Quick Reference Guide which is located in the Education Center on the CareCentrix HomeBridge® Portal.

What documentation should I submit with my prior authorization requests to ensure a timely medical necessity decision?

When submitting prior authorization requests to CareCentrix for post-acute facility authorizations, include the following documentation:

Type of request	Required information and documentation to support medical necessity
All prior authorization requests	<ul style="list-style-type: none"> • Member first and last name <input type="checkbox"/> Member phone number with area code • Member date of birth • Member home address <input type="checkbox"/> Subscriber ID
Initial Authorization Requests	<p>In addition to the information in the “All prior authorization requests” row, initial prior authorization requests must include:</p> <ul style="list-style-type: none"> • Start of care date <input type="checkbox"/> Prior level of function • Ordering physician (name and telephone number) <input type="checkbox"/> Prior living situation • Diagnosis to support <input type="checkbox"/> Current cognitive status • History and physical <input type="checkbox"/> Most recent physician, nursing requested services and therapy notes • <input type="checkbox"/> IRF pre-admission assessment <p>Note: SNF Preadmission Screening and Resident Review (PASRR) is not required by CareCentrix however you should continue to follow your standard process for submission to state.</p>

What authorization information will I receive from CareCentrix?

When CareCentrix approves an authorization request, a Service Registration Form (SRF) will be faxed to the skilled nursing facility, inpatient rehabilitation facility or long term care hospital. The SRF provides the following information:

- Member information
- Facility information
- Approved service (CPT Code with description)
- Dates of service
- Number of units - one unit equals one day
- Parent Auth ID
- Intake ID

Additionally, in the event of an adverse determination, the member, ordering physician and SNF/ IRF/LTCH will receive a UM determination letter outlining the reason for denial. If the member is in the hospital, the discharging hospital will also receive a determination letter via fax.

What is the turnaround time for prior authorization requests?

Medical necessity reviews will occur as soon as possible and within applicable regulatory timeframes. Timeframes depend on payor type, the type of request, and urgent vs. non-urgent status. If you have extension of stay requests, we recommend that you submit the request at least 72 hours before expiration of the existing authorization.

How can I check the status of a SNF, IRF or LTCH authorization request?

Facilities can check the status of an authorization request by calling CareCentrix at 833-409-1289. When you call CareCentrix you will need to provide the following information:

- Member's full name
- Member's date of birth
- Subscriber ID or CareCentrix Intake ID

Can I submit retrospective authorization requests for SNF, IRF or LTCH stays?

Retrospective Requests



Providers are strongly encouraged to submit authorization requests prior to rendering services to ensure those services meet the medical necessity requirements of the member's plan. If that is not possible due to extenuating circumstances, providers should submit their authorization requests to CareCentrix as soon as possible and in accordance with the timeframes required by Ambetter from Sunshine Health for retrospective authorization requests.

Concurrent Requests

If a member has already been admitted to a facility and remains in the facility at the time of the request, this is considered a concurrent request. A concurrent request can be submitted for review at any time during the member's stay. Once received CareCentrix will perform a review for medical necessity on requested dates/units.

What is the process if CareCentrix determines that a SNF, IRF or LTCH stay doesn't meet medical necessity criteria?

If CareCentrix determines that the requested services do not meet medical necessity criteria, CareCentrix will notify the provider by phone or fax of the denial decision with instructions on how to request a peer-to-peer / reconsideration discussion with CareCentrix or to request an appeal with Ambetter from Sunshine Health.

- Option 1: Request a peer to peer / reconsideration discussion with CareCentrix by contacting CareCentrix at 833-409-1289 and following the prompts.
- Option 2: Appeal directly with Ambetter from Sunshine Health.

How can I talk to a medical director at CareCentrix for a peer-to-peer / reconsideration discussion when services are denied because they do not meet medical necessity criteria?

If a peer-to-peer / reconsideration discussion is needed, contact CareCentrix as soon as possible by calling 833-409-1289 and following the prompts to request an appointment for the discussion.

How do I submit appeals for denied authorization requests?

The appeal process is not changing. Appeals for adverse determinations are managed by Ambetter from Sunshine Health. To submit an appeal, follow the instructions in the denial letter.



Are discharge planners able to request authorizations 7 days a week?

Yes, authorization requests may be made 7 days a week. Refer to the chart below for easy reference to contact numbers.

Authorization Requests & Inquiries	Phone Number
Phone	833-409-1289
Fax	877-250-5290
Requests for Peer-to-Peer and Reconsiderations	833-409-1289
Requests for Utilization Review criteria	833-409-1289
Days and Hours of Operation	
<p>Monday – Sunday and Holidays: 8am to 6pm Local Time (except Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas)</p>	
<p>After Hours, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas: CareCentrix on-call clinical staff are available for urgent prior authorization requests. Callers should follow the prompts to leave a message. On-call clinical staff are notified of the inquiry and will return the call within one hour.</p>	

Can facilities use CarePort (Allscripts) to submit an authorization request?

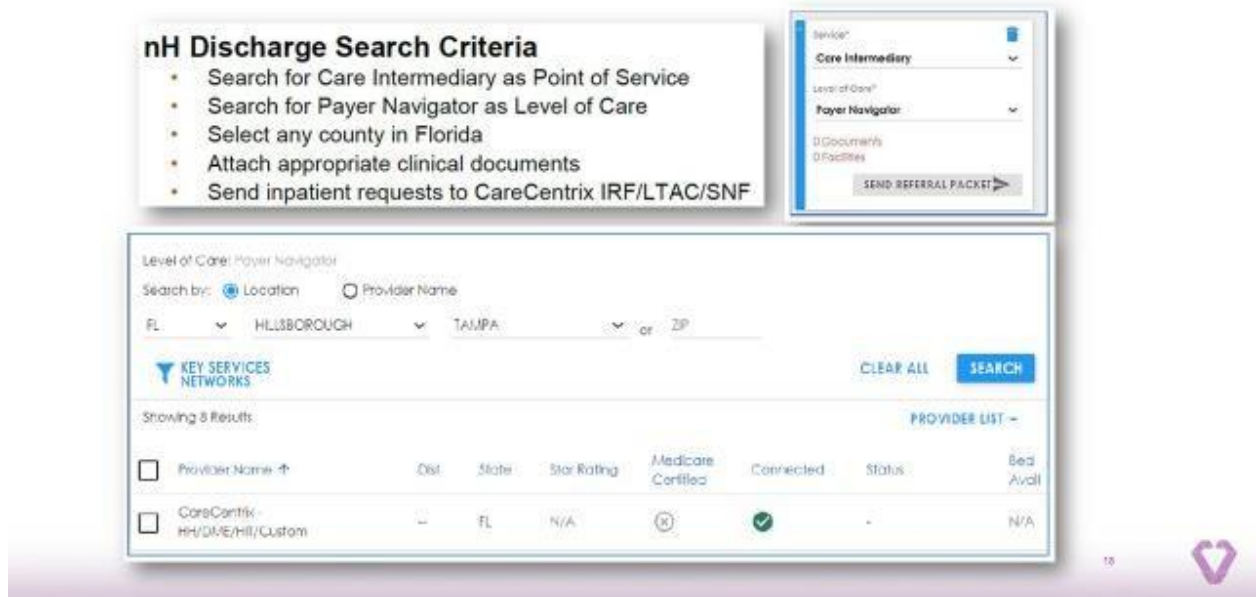
Yes, if the facility is using CarePort today to send referrals, the facility can also use it to submit authorization requests to CareCentrix. For information regarding how to communicate and send authorization requests to CareCentrix, refer to the CarePort Referral Process document which is located in Resources and Forms in the For Provider section of the Provider Education Center on the CareCentrix HomeBridge® Portal.

Can facilities use Curaspan to submit an authorization request?

Yes, if your facility is using Curaspan today to send referrals, the facility can also use it to submit authorization requests to CareCentrix, follow the existing process to submit authorization requests. Outlined below is the search criteria on the nH Discharge platform to initiate a request:

- Search for Care Intermediary as Point of Service
- Search for Payer Navigator as Level of Care
- Select any county in Florida
- Attach appropriate clinical documents
- Send inpatient requests to CareCentrix IRF/LTAC/SNF

Prior Authorization Process – Curaspan (nH Discharge)





The screenshot displays the 'nH Discharge Search Criteria' and a search interface. The search criteria include:

- Search for Care Intermediary as Point of Service
- Search for Payer Navigator as Level of Care
- Select any county in Florida
- Attach appropriate clinical documents
- Send inpatient requests to CareCentrix IRF/LTAC/SNF

The search interface shows the following details:

- Level of Care: Payer Navigator
- Search by: Location Provider Name
- Location: FL, HILLSBOROUGH, TAMPA, or ZIP
- Buttons: CLEAR ALL, SEARCH
- Showing 8 Results
- PROVIDER LIST -

<input type="checkbox"/>	Provider Name ↑	Dist	State	Star Rating	Medicare Certified	Connected	Status	Bed Avail
<input type="checkbox"/>	CoreCentrix - RH/DME/HII/Custom	-	FL	N/A			-	N/A

What is the turnaround time for an authorization of a member who is in the Emergency Department?

If a member is in the emergency department and requires transfer to a skilled nursing facility, inpatient rehabilitation facility or long term care hospital, please mark the request as URGENT on the fax coversheet to alert CareCentrix to expedite the review process. Authorization turnaround times will be as soon as possible and within regulatory timeframes. You may also call us at **833-409-1289** to submit the authorization request and communicate the urgency.

If the member is in the emergency department and requires a hospital admission, Ambetter from Sunshine Health will manage the authorization for the hospital admission.



What if a member will be discharged from the hospital in less than 48 hours?

Please submit your authorization request as soon as you know about the discharge and note the date of discharge on the request. The 3 day hospital stay requirement is not applicable for Ambetter from Sunshine Health Commercial - Exchange members.

Do we need to provide all diagnoses (ICD-10 code) in addition to the primary diagnosis on requests for authorization?

Facilities must include the primary ICD10 diagnosis code. It is also recommended that, if available, additional diagnosis codes are also included.

My hospital does not provide support for requesting authorizations over the weekend. What should I do?

CareCentrix requires prior-authorization and offers 24/7 support. In the event you are unable to submit an authorization request over the weekend or during a holiday, request prior authorization by the next business day. If authorization is not obtained, claims may be denied.

Do I need to check eligibility and benefits?

Yes. Providers must verify eligibility and benefits with Ambetter from Sunshine Health prior to providing services, equipment or supplies.

What if a member transfers between skilled nursing facilities, do I need to get a new authorization?

It is the responsibility of the new skilled nursing facility to contact CareCentrix at **833409-1289** to have the authorization adjusted.

Do hospital or PAC facility Case Managers need to obtain physician orders for skilled nursing facility requests before discharge?

CareCentrix does not require written physician orders when an authorization request is submitted. However, we do require confirmation that an order exists and clinical documentation is available to support the request for authorization.



Will CareCentrix provide anticipated length of stay on the authorization?

Length of stay is determined based on the member's condition and supporting clinical information provided to CareCentrix. The Service Registration Form (SRF) will provide a start and end date.

What is the deadline for obtaining authorization for an extension of stay?

When you know the member will require an extension of stay, CareCentrix recommends that you submit your request at least 72 hours before the expiration of the current authorization to allow for timely review. Be sure to submit your request with all required clinical documentation.

On holidays and/or weekends, how will the facility be notified about the status of a referral?

For requests received via fax, CareCentrix will provide a fax acknowledgement to the requestor confirming receipt of the fax. This confirmation will be sent to the fax number provided on the request and include the CareCentrix intake number, services requested and start of care date for the member. If the request is missing information, a different form will be faxed requesting the additional information. When a determination is made, CareCentrix will fax a Service Registration Form to the post-acute facility.

Inquiries on the status of the member's requested services can also be obtained by contacting CareCentrix at **833-409-1289**.

Will we receive notification that our faxed authorization request has been received?

Yes, CareCentrix will respond with a fax acknowledging that the authorization request was received. This communication will be sent to the fax number provided on the authorization request.

What do I need to do if there are changes to my authorization request?

Notify CareCentrix as soon as possible by calling **833-409-1289** if any of the following circumstances occur:

- Change in admission date
- Change in level of care
- Change in discharge date or discharge orders

When requesting a skilled nursing facility authorization, does the requestor need to provide the level of care?

Level of care is not a required element; however, if the requestor knows the level of care, CareCentrix recommends including it with the authorization request. Make sure all necessary clinical information is submitted to CareCentrix with the skilled nursing facility authorization request to ensure the appropriate level of care is authorized.

If CareCentrix denies a level of care, can the facility request a lower level?

Yes, lower levels of care can be considered when the initial level of care is denied.

Once at a skilled nursing facility, inpatient rehabilitation facility or long term care hospital, how often are updates needed?

Updates will be needed if an extension of stay is required or if there is a change in condition that requires a different level of care. It is recommended that the extension of stay request be submitted at least 72 hours prior to the authorization end date to allow for timely processing.

Are we able to schedule a physician-to-physician discussion 7 days a week?

Yes, physician-to-physician discussions may be scheduled seven days a week by calling CareCentrix at **833-409-1289** and following the prompts.

Can a hospital submit a skilled nursing facility authorization request to start the authorization process before a skilled nursing facility has accepted the member?

Yes. Once you know the name of the skilled nursing facility the member will be going to, contact CareCentrix at **833-409-1289** to update the authorization request.

If a member is home for greater than 30 days after hospital discharge, can the member be admitted direct to a skilled nursing facility?

Yes, this is considered a community referral and authorization is required.

If a member is in observation and never admitted to the hospital, can they be admitted to a skilled nursing facility?

Yes, this is considered a community referral and authorization is required.

If an IRF authorization request is denied, can the authorization request be automatically converted to a skilled nursing facility authorization request?

If the request for IRF authorization is denied, CareCentrix will contact the discharge planner and advise them that the member did not meet the criteria for the IRF stay and may qualify for a lower level of care.

If a member needs specialty DME or high cost medications in a skilled nursing facility, do I need to request authorization from CareCentrix?

No you do not contact CareCentrix for authorization of specialty DME and/or high cost medications excluded in the SNF, IRF or LTCH contract rate. Facilities should follow the current process with Ambetter from Sunshine Health.

Does Ambetter from Sunshine Health require authorization for transportation between facilities?

Yes. For transfers from an acute hospital to a post-acute facility or between post-acute facilities, a transportation authorization is required. Facilities should continue to contact Ambetter from Sunshine Health to obtain authorization for transportation.

I missed all of the available training sessions. Is there a way to listen to a recording?

Yes. You can visit the CareCentrix provider portal, HomeBridge, to access a recording of our training session. HomeBridge is available to hospitals and PAC facilities for educational and resource purposes and can be found at www.carecentrixportal.com.



How do I access information about Ambetter from Sunshine Health's Clinical Criteria used to make an authorization decision?

CareCentrix applies InterQual criteria in making determinations on prior authorization requests for SNF, IRF and LTCH.

Who is responsible for authorizing "swing bed" admissions?

Ambetter from Sunshine Health retains the responsibility for managing authorization requests for "swing beds".

Claims

Will CareCentrix process claims for Ambetter from Sunshine Health?

No. Skilled nursing facilities, inpatient rehabilitation facilities and long term care hospitals will continue to submit claims, claims questions, and appeals to Ambetter from Sunshine Health.

Do I submit CPT or Revenue Codes on the claim to indicate services rendered?

Submit claims with CPT Codes, as you do today for Ambetter from Sunshine Health.

Is an authorization number required on the claim?

No, there is not a requirement to include the authorization number (Auth ID) on skilled nursing facility, inpatient rehabilitation facility or long term care hospital claims.

Who should I call with questions about claims I've submitted?

If you have questions about a claim, contact Ambetter from Sunshine Health at **877687-1169**.