Post-Acute Care Program Frequently Asked Questions

GENERAL INFORMATION

Working with CareCentrix, Florida Blue has implemented an end-to-end Post-Acute Care (PAC) program that manages authorizations for Florida Blue Medicare Advantage (HMO, PPO) and Dual Eligible Special Needs Plan (DSNP) members discharged from acute care hospitals to skilled nursing facilities, inpatient rehabilitation facilities and long-term care hospitals.

Which patients are managed by CareCentrix?
CareCentrix will manage Florida Blue Medicare Advantage (HMO, PPO) and DSNP members admitted to skilled nursing facilities, inpatient rehabilitation facilities and long-term care hospitals. CareCentrix will continue to manage Florida Blue Medicare Advantage, DSNP, and Commercial members who require home health, home DME, home infusion and/or home sleep services.

When will CareCentrix start to manage authorizations and utilization management for Florida Blue members admitted to post-acute facilities?
Effective November 1, 2019, CareCentrix will manage authorizations for Medicare Advantage and DSNP patients admitted to skilled nursing facilities, inpatient rehabilitation facilities and long term care hospitals.

For Medicare Advantage and DSNP patients admitted to skilled nursing facilities, inpatient rehabilitation facilities and long term care hospitals **prior** to November 1st, please continue to contact Florida Blue for authorization requests

Who manages authorizations in the acute care hospital?
Florida Blue is responsible for all authorizations related to the acute hospital stay.

Does the relationship between Florida Blue and CareCentrix impact Medicare Part A or B services?
No. You should continue to follow current processes for Medicare Part A and B services.

Will CareCentrix be involved with patients who have planned surgeries?
Yes. If the patient will be transferred to a PAC facility after discharge, CareCentrix will manage authorizations for the PAC facility admission.

Does CareCentrix authorize skilled nursing facility admissions if the referral is coming from the community?
Yes. CareCentrix manages authorizations for admissions to a skilled nursing facility from the community.

What if a patient is discharged to home health and the treating physician believes that the patient needs to go back to a skilled nursing facility?
This is considered a community referral. The treating physician must submit an authorization request with supporting clinical information to CareCentrix for a medical necessity determination.

What are the CareCentrix operating hours?

Skilled Nursing Facilities, Inpatient Rehabilitation Facilities and Long-Term Care Hospitals	Home Health, Durable Medical Equipment (in the home) and Home Infusion	Home Sleep
Phone: 1-844-359-5386 Daily, including weekends: 8 a.m. to 8 p.m. Local Time After hours Support & Holidays: Follow the appropriate prompts to leave a message. Messages left with on-call services will be returned within 1 hour.	**Phone: 1-877-561-9910** Daily, including weekends: 8 a.m. to 8 p.m. Local Time After hours Support & Holidays: Follow the appropriate prompts to leave a message. Messages left with on-call services will be returned within 1 hour.	**Phone: 1-877-243-3326** Daily, including weekends: 8 a.m. to 8 p.m. Local Time

What should I do if I have questions or need additional support from CareCentrix for post-acute facility requests?
If you have questions, please call us at **1-844-359-5386** or you may also contact us via email at facilityservices@carecentrix.com.

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

Yes. The CareCentrix Provider Portal, called HomeBridge, is available to hospitals and PAC facilities for educational and resource purposes and can be found at www.carecentrixportal.com. You will not need a login to access reference materials found in the Education Center in the lower right section of the home page. Currently, facility authorization requests cannot be submitted on HomeBridge. We will notify facilities when the authorization request function becomes available. Please visit the Education Center for useful tools and information.

AUTHORIZATIONS

How do we submit authorization requests for post-acute facility admissions?
Please fax authorization requests to **1-877-240-0713**. If you are unable to fax, you may submit a request by phone at **1-844-359-538**6. You may also submit a request for authorization via Allscripts/CarePort. Please follow this link (http://help.carecentrix.com/ProviderResources/CarePort_Allscripts_Presentation.pdf) for detailed instructions on how to set up AllScripts/CarePort in your system. Continue to follow your current process to submit home health, home durable medical equipment, home infusion and home sleep requests to CareCentrix.

Who is responsible for submitting the request for authorization for post-acute facility admissions?
Please follow your current process. If the hospital submits the request for authorization, please continue to do so. If the servicing provider submits the request for authorization, they should continue to do so. CareCentrix will send the authorization directly to the PAC facility that will be providing services to the patient. A copy of the determination letter will be sent to the hospital. Home health, home durable medical equipment, home infusion and/or home sleep requests should continue to be sent to CareCentrix. All other requests for authorization should be sent directly to Florida Blue.

Are discharge planners able to request authorizations for post-acute facility admissions 7 days a week?
Yes, authorizations may be requested 7 days a week. During regular office hours from 8 a.m. to 8 p.m. local Time Monday – Sunday. Please submit your request for authorization via fax to **1-877-240-0713**, phone at **1-844-359-538**6, or Allscripts/CarePort and provide all relevant clinical information.

What information needs to be provided with the request for authorization?
To help ensure prompt service, all submissions must contain the required information, including but not limited to:

- First and last name of patient
- Patient Address
- Patient's home telephone number with area code
- Patient's date of birth
- Diagnosis to support requested services
- Start-of-care date
- Physician's orders
- History and physical and discharge summary (if available)
- Skilled nursing/therapy evaluation and visit notes for each discipline
- Skilled nursing facility Pre-Admission Screening document
- Inpatient Rehabilitation Facility Patient Assessment Instrument (PAI) Document
- Ordering physician name, telephone number and NPI (if available)
- Primary care physician name, telephone number and NPI (if available)
- Patient insurance information, including insurance ID number

Please see the link below to access the referral form for your use. You may also use your own form as long as it contains all of the information required to process the authorization.

CareCentrix Referral Form

You may also submit your request for authorization via phone at **1-844-359-5386**. Please remember to have the information noted above and any additional clinical information that may be helpful.

Will CareCentrix manage authorizations for any of the following services?

- Home Health – Yes
- Hospice – No
- DME (in home)– Yes
- Infusions (in home) – Yes
- Medications in PAC facilities – No
- Swing Beds - No

Can we use Allscripts/CarePort to submit an authorization request?
Yes, you can. Please follow this link for detailed instructions.

Are hospitals and PAC facilities able to use the CareCentrix Portal to submit authorization requests?
At this time, hospitals and PAC facilities are unable to submit requests for authorization via the CareCentrix Portal, called HomeBridge. However, that feature will be available soon. We will notify all facilities when that becomes available.

What is the expected turnaround time for authorization requests?
Authorization turnaround times will be as soon as possible and within regulatory time frames. To avoid delays, please submit your requests timely and ensure all supporting clinical information is provided with the request. We ask that authorization requests for stay extensions be submitted 72 hours in advance of the current authorization end date.

What is the turnaround for an authorization of a patient who is in the Emergency Department?
If a patient 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** so CareCentrix can expedite the review process. Authorization turnaround times will be as soon as possible and within regulatory time frames. If the patient is in the emergency department and requires a hospital admission, Florida Blue will manage the authorization.

What if a patient 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.

Do we need to include all diagnoses and the ICD-10 code on requests for authorization?
You must include the primary diagnosis, and the appropriate service description. Please also include secondary diagnoses if available. We would appreciate the ICD-10 code(s), although not required.

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, please request prior authorization by the next business day. If authorization is not obtained prior to service delivery, the claim may be denied.

Do I need to check eligibility and benefits?
Yes. Providers must verify eligibility and benefits with the patient's health plan prior to providing any service, equipment or supply item regardless of where the referral came from (CareCentrix or another referral source).

What if a patient transfers between skilled nursing facilities, do I need to get a new authorization?
The same authorization can be used. However, it will need to be adjusted to reflect the new provider. It is the responsibility of the new skilled nursing facility to contact CareCentrix to have the authorization adjusted.

Do case managers need to get physician orders for skilled nursing facility requests before discharge?
We do not require written physician orders when an authorization request is submitted. However, we do require confirmation that an order exists and clinical documentation to support the request for authorization. The servicing provider must have a written order before billing for services.

What if a patient is discharged to home health and the treating physician believes that the patient needs to go back to a skilled nursing facility?
This is considered a community referral. The treating physician must submit an authorization request with supporting clinical information to CareCentrix for a medical necessity determination.

Upon admission, do you know the anticipated length of stay?
Length of stay is based on the patient's condition and supporting clinical information provided to CareCentrix.

What is the deadline for obtaining authorization for ongoing services after the initial authorization?
As soon as you know the patient will need ongoing services, please submit a request that includes all relevant clinical information. We recommend 72 hours before the expiration of the current authorization.

On holidays and/or weekends, how will the on-call case manager be notified about the status of a post-acute facility referral?
For requests received via fax, CareCentrix will provide fax confirmation to the referral source at the fax number provided on the request. This confirmation will provide the intake number, services requested and start of care date for the patient or, if the request is missing information, a form will be sent requesting additional information needed to process the request. Inquiries on the status of the patient's requested services can also be obtained by contacting our customer service team at **1-844-359-5386.**

Will we receive notification that our faxed authorization request has been received?
Yes, we will send a fax acknowledging that the authorization request was received.

When is the best time to request an initial authorization for post-acute facility services?
The hospital discharge planner or PAC facility may request an authorization for services before the completion of final discharge orders. When this occurs, CareCentrix will begin to review the request. Final discharge orders will be required prior to the delivery of services. Final discharge orders should be faxed to CareCentrix at **1-877-240-0713.**

Who is responsible for issuing authorizations for home health, home infusion and/or DME?
CareCentrix will manage authorizations for home health, home infusion, DME and home sleep. Please follow your current process.

What happens if we request an authorization for services but then no longer need it due to a change in discharge or discharge orders?
If you are aware of a delay in discharge or a change in discharge orders, please notify CareCentrix as soon as possible by calling **1-844-359-5386**. In the event an authorization for services has already been provided, CareCentrix will notify the provider.

How quickly does CareCentrix complete medical/concurrent reviews?
Medical necessity reviews will occur as soon as possible and within regulatory timeframes. Time frames depend on the type of request (urgent vs. non-urgent). If you have reauthorization requests, we recommend that you submit the request at least 72 hours before expiration of the existing authorization.

Is there a policy on retro-authorizations requests for providers who do not obtain authorizations in advance of service delivery?
Hospitals and providers are required to request authorizations timely and in advance of service delivery. If this is not possible, we will follow the Florida Blue process, which requires authorization prior to service delivery. Failure to obtain prior authorization may result in denial of the claim.

If there is a change in the start of care date or other information associated with the services requested, how should we correct it?
Please notify CareCentrix as soon as possible by calling **1-844-359-5386** with the correct information.

What is the process for requesting a change to level of care initially obtained by the hospital?
If you need to request a change to the level of care initially authorized by CareCentrix, please contact CareCentrix at **1-844-359-5386**.

When requesting a skilled nursing facility authorization, does the requestor need to provide the level of care?
It is not a required element; however, if the requestor knows the level care, we recommend including it with the request. Please ensure that all necessary clinical information is submitted to CareCentrix with the skilled nursing facility authorization request to ensure the appropriate level of care is authorized.

Will you provide level of care in the authorization letter?
Yes.

When an initial authorization is given for a skilled nursing facility, inpatient rehabilitation facility or long-term care hospital, how many days does it remain active?
This will depend on the condition and clinical need of the patient. Each authorization will include a start date, end date and units. The authorization is valid for services that take place within the start and end dates for the units approved.

What if a member had a delayed admission to a skilled nursing facility, inpatient rehabilitation facility or long-term care hospital, do I need to notify CareCentrix?

Yes. Please contact CareCentrix to request an authorization edit. Our Post-Acute Care program care coordinators will adjust the authorization.

Once at a skilled nursing facility, inpatient rehabilitation facility or long=term care hospital, how often are updates needed?
The next concurrent review request must be submitted 72 hours prior to the authorization end date.

Is the option for a physician-to-physician discussion for post-acute facilities available on weekdays only?
This option is available during business hours 7 days a week from 8 a.m. to 8 p.m. local time Monday – Sunday by calling **1-844-359-5386**.

Can a hospital submit a skilled nursing facility authorization request to start the authorization process before a skilled nursing facility has accepted the patient?
Yes. Once you know the name of the skilled nursing facility the patient will be going to, you will need to contact us so we can update the authorization request.

If a patient is in the Emergency Room, can they be admitted to a skilled nursing facility waiving the 3-day hospital stay?
Yes, if criteria are met, it would be considered a community referral. We will require a physician order along with other clinical information.

If a patient is home for greater than 30 days after hospital discharge, can the patient be admitted direct to a skilled nursing facility?
Yes, if criteria are met, it would be considered a community referral. We will require a physician order along with other clinical information.

If a patient is in observation and never admitted, can they be admitted to a skilled nursing facility?
Yes, if criteria are met, it would be considered a community referral. We will require a physician order along with other clinical information.

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, a UM team member will contact the discharge planner and advise them that the patient did not meet the criteria for the IRF stay but would possibly qualify for a lower level of care. While a new request is not required, we would need a new physician order for the skilled nursing facility admission.

If a patient needs DME or costly medications in a skilled nursing facility, does the DME provider need to request the authorization or does the skilled nursing facility need to?
You should follow your current process. Authorization requests for these items should be directed to Florida Blue.

Does Florida Blue require authorization for transportation?
As long as the skilled nursing facility is approved, then transportation should not require a separate authorization.

Do we need to send our state's required skilled nursing facility Pre-Admission Screening Document

(different names by state, e.g. PAS-R, PRI, etc.)?
Yes, please include this document with your initial request for authorization for skilled nursing facility admissions.

If the patient will be admitted to an inpatient rehabilitation facility, do we need to send the inpatient rehabilitation facility patient assessment instrument (IRF-PAI)?
Yes. The IRF-PAI should be submitted with the authorization request.

How will I know you received my faxed request for authorization for a skilled nursing facility, Inpatient Rehabilitation Facility or Long Term Care Hospital?
CareCentrix will fax you an acknowledgement notice.

If I have a patient already in my facility on the day the CareCentrix/Florida Blue arrangement is effective, whom do I request continued stay authorizations from, Florida Blue or CareCentrix?
For Florida Blue's Medicare Advantage and Dual Eligible Special Needs Plan members who are in your facility on the day the CareCentrix/Florida Blue arrangement is effective, request continued stay authorizations from Florida Blue.

I missed all of the available training sessions. Is there a way to listen to a recording?
Yes. You can visit our 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. You will not need a login to access reference materials found in the Education Center in the lower right section of the home page. Please visit the Education Center for useful tools and information.

Do we need to send the PASRR (Pre-Admission Screening and Resident Review) when we request an initial authorization?
Yes. In addition to the PASRR, we ask that you send the following required information, including but not limited to:

- First and last name of patient
- Patient's Address
- Patient's home telephone number with area code
- Patient's date of birth
- Diagnosis to support requested services
- Start-of-care date
- Physician's orders
- History and Physical and Discharge Summary (if available)
- Skilled Nursing/Therapy evaluation and visit notes for each discipline
- Skilled nursing facility Pre-Admission Screening document
- Ordering physician name, telephone number and NPI (if available)
- Primary care physician name, telephone number and NPI (if available)
- Patient insurance information, including insurance ID number

Who is responsible for authorizing "swing bed" admissions?
Florida Blue retains the responsibility for utilization management for "swing beds". (As defined in CMS regulations, a swing bed hospital is a hospital or critical access hospital (CAH) participating in Medicare

that has CMS approval to provide post-hospital skilled nursing facility care and meets certain requirements. Medicare Part A (the hospital insurance program) covers post-hospital extended care services furnished in a swing bed hospital.)

What do we need to send for reauthorization requests?
Reauthorization requests should be submitted at least 72 hours prior to an authorization expiration date, and should include all updated clinical information to support the medical necessity for continued services. Examples of appropriate clinical information include, but are not limited to:

- Updated plan of treatment
- Most current skilled nursing and therapy notes
- Progress towards goals
- Discharge planning notes

NOTICE OF MEDICARE NON-COVERAGE

What do we need to do about the Medicare Notice of Non-Coverage (NOMNC)?
Home Health Agencies and Skilled Nursing Facilities must issue a Notice of Medicare Non-Coverage (NOMNC) at least two calendar days before Medicare covered services end OR the second to last day of service if care is not being provided daily. **When a NOMNC is required, please ensure timely delivery of the NOMNC, require the patient or authorized patient representative to sign and date the form, and fax the signed form immediately as follows:**

- **Home Health Agencies: 1-866-778-0723**
- **Florida Blue network Skilled Nursing Facilities: 1-877-244-7146**

Where can I get more information about Medicare Notice of Non-Coverage (NOMNC)?
Please visit the CareCentrix Provider Portal, called HomeBridge for educational and resource purposes. The portal can be found at www.carecentrixportal.com. You will not need a login to access reference materials found in the Education Center in the lower right section of the home page.

NURSE LIAISONS

Will CareCentrix nurse liaisons be involved with all Florida Blue's Medicare Advantage members or only select members?
Nurse liaisons will be involved with eligible members that we have identified as high-risk and other patients as appropriate. If you identify a patient who is not assigned a nurse liaison but whom you believe could benefit from one, please contact us at **1-844-359-5386**.

Is it possible to have the contact information for the Nurse Liaisons?
If you have questions regarding your nurse liaison contact or coverage, please contact us at **1-844-359-5386**.

Will a CareCentrix Nurse Liaison be assigned to the same member for the entire PAC Program?
Nurse liaisons may be assigned to patients within the hospital and/or PAC facility to follow until discharge.

APPEALS & DENIALS

Since Florida Blue is responsible for appeals, does the facility contact Florida Blue or CareCentrix for

peer-to-peer review?
Please contact CareCentrix for peer-to-peer review and Florida Blue for appeals.

CLAIMS

If we are a skilled nursing facility, inpatient rehabilitation facility or long-term care hospital, do we send our claims to CareCentrix?
No. Please continue to submit your claims to Florida Blue.

If we are a home health agency, a home DME provider or a home infusion company, do we send out claims to CareCentrix?
Yes, please continue to follow your current process.

If we are a skilled nursing facility, inpatient rehabilitation facility or long-term care hospital, do we need to include the authorization number CareCentrix gives us on our claim sent to Florida Blue?
The CareCentrix authorization number is not required for claims processing. Please continue to bill Florida Blue per your current process.

If a patient is discharged without authorization (weekend or holiday), will the PAC provider be paid?
If the patient is discharged without authorization (weekend or holiday), the provider must obtain authorization by the next business day. Failure to obtain authorization may result in the denial of the claim.

PROVIDER NETWORK

Can a hospital discharge planner/case manager contact a skilled nursing facility, inpatient rehabilitation facility or long-term care hospital directly?
Hospital discharge planners/case managers may send a referral directly to an in-network skilled nursing facility, inpatient rehabilitation facility or long-term care hospital. Remember, prior authorization is required. If authorization is not obtained, the claim may not be paid.

It is possible to get assistance from CareCentrix to identify a PAC facility for a patient?
Yes, we are happy to help you identify skilled nursing facilities to support patient care needs.