

# CareCentrix HomeBridge® Provider Portal Enhancements

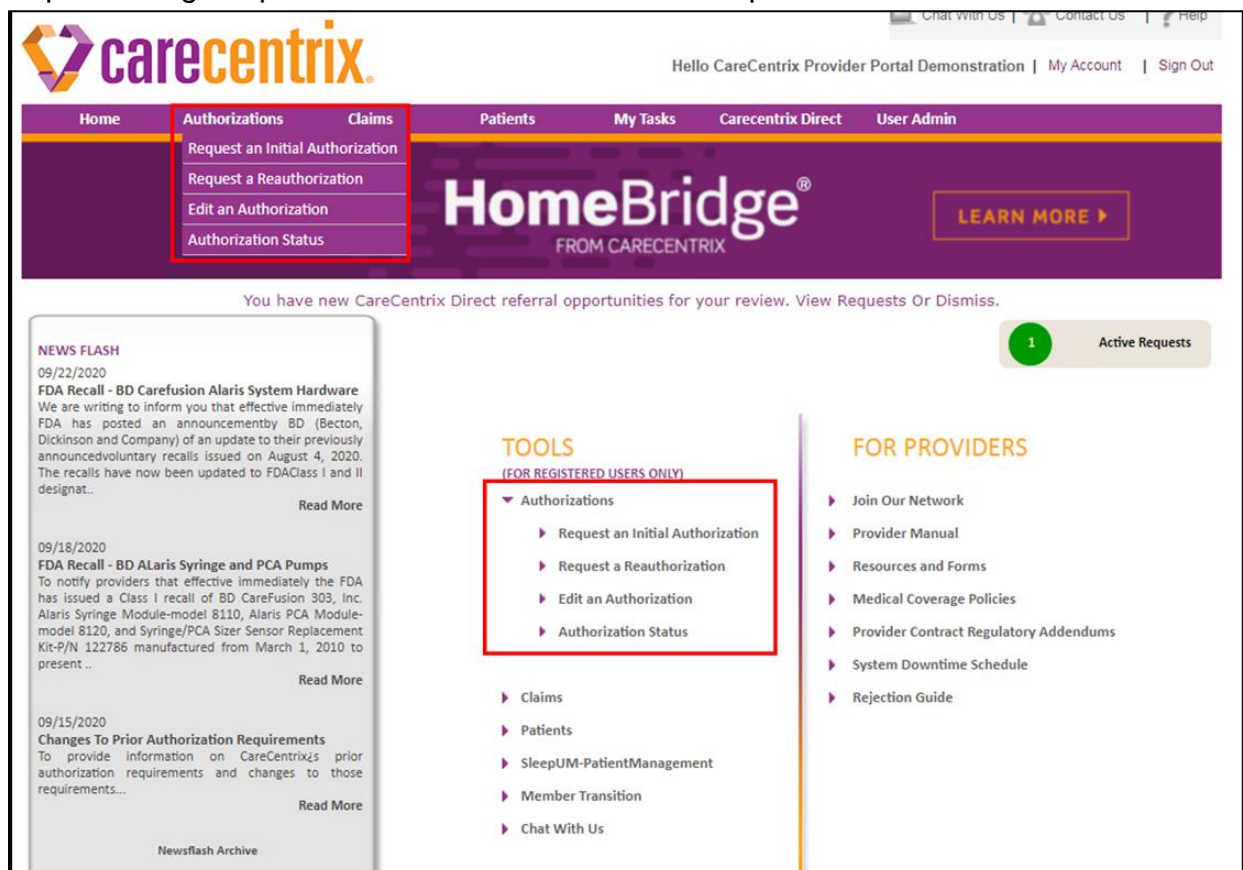
## Introduction

The purpose of this reference guide is to give providers updates that will be available in the HomeBridge portal beginning March 21, 2021.

CareCentrix requires providers to submit a pre-notification/registration all services arranged through our network. This enables CareCentrix to validate that services are delivered on time in the patient's home. CareCentrix only requires prior authorization on a subset of these services. Providers can obtain information on the codes for which prior authorization is required through our Provider Prior Authorization Tool posted under the Resources and Forms section of our HomeBridge Provider Portal at [www.carecentrixportal.com](http://www.carecentrixportal.com).

## Removing the Add-On Option

The Add-On option in HomeBridge will no longer be available. Users must enter the request using Request an Initial Authorization or Request a Reauthorization.



The screenshot displays the CareCentrix HomeBridge Provider Portal interface. At the top, the CareCentrix logo is on the left, and navigation links for 'Hello CareCentrix Provider Portal Demonstration', 'My Account', and 'Sign Out' are on the right. A main navigation bar includes 'Home', 'Authorizations', 'Claims', 'Patients', 'My Tasks', 'Carecentrix Direct', and 'User Admin'. The 'Authorizations' menu is expanded, showing options: 'Request an Initial Authorization', 'Request a Reauthorization', 'Edit an Authorization', and 'Authorization Status'. Below the navigation, a banner for 'HomeBridge FROM CARECENTRIX' features a 'LEARN MORE' button. A notification states: 'You have new CareCentrix Direct referral opportunities for your review. View Requests Or Dismiss.' On the left, a 'NEWS FLASH' section contains three articles with dates and titles, each with a 'Read More' link. In the center, a 'TOOLS (FOR REGISTERED USERS ONLY)' section lists 'Authorizations' (with a sub-menu of 'Request an Initial Authorization', 'Request a Reauthorization', 'Edit an Authorization', and 'Authorization Status'), 'Claims', 'Patients', 'SleepUM-PatientManagement', 'Member Transition', and 'Chat With Us'. On the right, a 'FOR PROVIDERS' section lists links for 'Join Our Network', 'Provider Manual', 'Resources and Forms', 'Medical Coverage Policies', 'Provider Contract Regulatory Addendums', 'System Downtime Schedule', and 'Rejection Guide'. A green circle with the number '1' and the text 'Active Requests' is visible in the top right corner of the main content area.

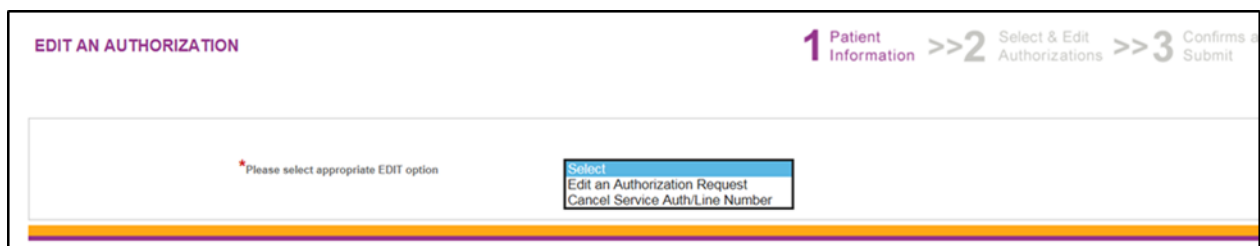
## Edit an Authorization Changes

Authorization edit functionality has been enhanced to align with industry standards and offer users additional options to edit a request.

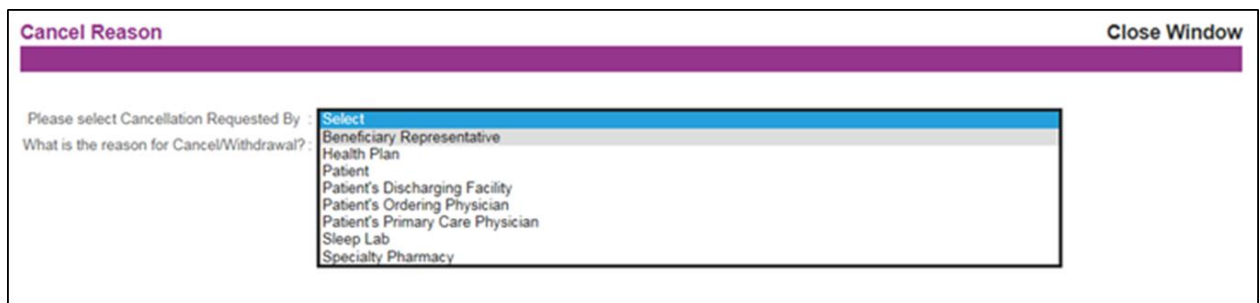
### Cancel/Withdraw a Request

Users have the option to cancel service lines directly in Edit an Authorization in certain circumstances. The users will be prompted to select a requestor type and a cancellation reason

- For Medicare members, if the requestor type for the cancellation is a patient, patient beneficiary, or ordering physician, the status of the request may update to Medicare Withdrawn, if the UM Determination has not been completed. For all other requestor types, the status of the request will remain Cancelled.
- For Commercial members, the status of the request will display as Cancelled.
- A new dropdown option can be found in Edit an Authorization – “Cancel Service Auth/Line Number”



- New Cancellation Requested By options



- New Cancel/Withdrawal Reason options

**Cancel Reason** Close Window

Please select Cancellation Requested By : Health Plan

What is the reason for Cancel/Withdrawal?

- Select
- Cancelled by Auth Edit
- CareCentrix is unable to coordinate the requested service
- Coverage Terminated
- Duplicate Request
- Inability to reach member
- Incomplete request
- Invalid data entry
- Member passed away
- Member plan of care changed
- No primary care/following physician
- Not a CareCentrix Member
- Other insurance primary (Medicare, Worker's Comp)
- Out of Network provider is coordinating with the health plan
- Purchase Price Met
- Referral is cancelled by physician/provider/member
- Referral is refused/cancelled by Member
- Retro Request Exceeds Payer Guidelines

- The Status will display as "Cancelled" in Authorization Status.

**AUTH STATUS**

**Patient Details**

Patient First Name: LIZZETTE      CareCentrix Intake ID:      Insurance Name: CONNECTICARE

Patient Last Name:      Subscriber ID:      Patient Zip Code: 06382

Patient DOB:      Patient State: CT

\*Auth Search Start Date:  (MM/DD/YYYY)      AND      \*Auth Search End Date:  (MM/DD/YYYY)      AND      \*Authorization Status: All

(OR) \*Service Auth/Line Number:       OR      \*Parent Authorization Id:

5 items found, displaying all items. 1

RECORD STATUS	TYPE OF REQUEST	INTAKE ID	HCPC	CCX CODE	DESCRIPTION	REQUEST RECEIVED DATE	STATUS	SERVICE AUTH/LINE NUMBER	PARENT AUTHORIZATION ID	PROVIDER	PHONE	UNITS	CCX UOM	START DATE	EXPIRATION DATE	ACTIONS
	REFERRAL	10246366	0191	3574	INPATIENT REHAB FACILITY (IRF), LEVEL 1	01/08/2021	CANCELLED	76392574			# NOT AVAILABLE	3	IS	01/08/2021	01/11/2021	View Documents
	REFERRAL	10246366	0191	3574	INPATIENT REHAB FACILITY (IRF), LEVEL 1	01/08/2021	UNDER ADMINISTRATIVE REVIEW				# NOT AVAILABLE	3	IS	01/08/2021	01/11/2021	Add Documents View Documents

- Medicare Withdrawn Status

2 items found, displaying all items. 1

TYPE OF REQUEST	INTAKE ID	HCPC	CCX CODE	DESCRIPTION	REQUEST RECEIVED DATE	STATUS	SERVICE AUTH/LINE NUMBER	PROVIDER	PHONE	UNITS	CCX UOM	START DATE	EXPIRATION DATE	ACTIONS
REFERRAL	10627196	SS129	1626	OCCUPATIONAL THERAPIST	03/01/2021	Medicare Withdrawn		PROVIDER DEMONSTRATION	(919) 555-3018	5	VI	03/01/2021	03/06/2021	Add Documents View Documents
REFERRAL	10627196	SS131	1629	PHYSICAL THERAPIST	03/01/2021	UNDER ADMINISTRATIVE REVIEW		PROVIDER DEMONSTRATION	(919) 555-3018	6	VI	03/01/2021	03/07/2021	Add Documents View Documents

### Edit Options Removed

Two edit options will no longer be available to users in Edit an Authorization.

- Service Code/UOM
- Primary Diagnosis

If any other edit, such as Units, Start or End Date, is performed on the approved line, the Show Diagnosis/Physician will no longer be available. Users will need to cancel the

service line and resubmit the request as an Initial referral.

Search Results							
HCPC	SERVICE CODE	UOM	DESCRIPTION	UNITS	START DATE	EXPIRATION DATE	Edit Authorization details
A7035	2514	PUR	CPAP HEADGEAR	2	10/08/2020	10/08/2021	Select
E0601	2326	MO	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE (CPAP)	3	10/08/2020	01/06/2021	Select
E0662	2459	MO	CPAP HEADGEAR HEATED	3	10/08/2020	01/06/2021	Select

### Request Type

When selecting “Edit Units/Start Date/Exp Date,” the system will prepopulate the previous Request Type (i.e. Urgent or Routine) that was selected in the initial request. The field will be greyed out and the user will not be able to change the Request Type.

**Edit Service**

Please search for the authorizations you would like to edit. Fields marked with an \* are required fields. Click [HERE](#) for help with these fields.

\* Auth Search Start Date

**Search Result**

HCPC	SERVICE CODE
E0471	2390
E0471	2390

**Requested Service**

**Referral Source**

Please enter the referral source

**Edit Auth Start Date** Close Window

HCPC: E0471    CCX Code: 2390    CCX UOM: MO    MODIFIERS: RR    CAT ID: RESP    Units: 1    Time frame: 4 months

Service Auth/Line Number	Service Code	UOM	HCPC	Units	Start Date*	End Date
	2390	MO	E0471	1	<input type="text"/>	10/02/2020

\* Have the items or services already been provided?  Yes  No

\* Request Type Routine

\* Is there a verbal or written physician's order for the service you are requesting?  Yes  No

Note: A written order is required prior to billing for services rendered

### Adding Attachments Removed in Edit an Authorization

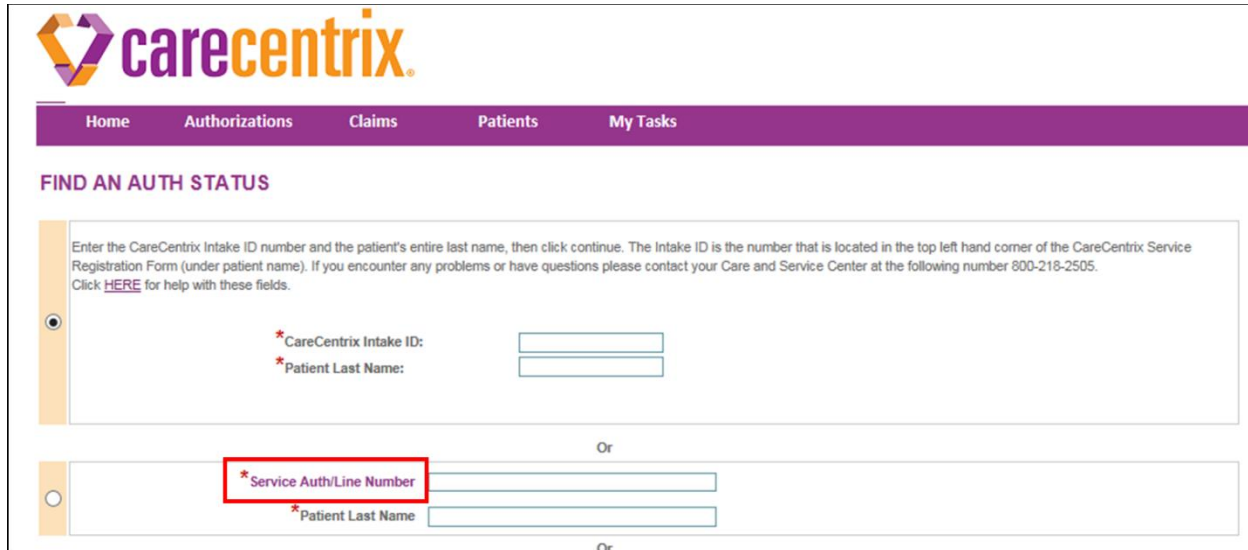
Users will no longer have the option to add attachments while editing an authorization. However, the attachments may still be added in Authorization Status.

## Authorization Status

Users will see new changes in Authorization Status specific to search options and adding documents.

### Searching

Providers can search by Service Auth/Line Number (formerly Authorization ID).



**AUTH STATUS**

**Patient Details**

Patient First Name: ISSAC      CareCentrix Intake ID: \_\_\_\_\_  
 Patient Last Name: \_\_\_\_\_      Insurance Name: AETNA COVENTRY FLORIDA  
 Patient DOB: \_\_\_\_\_      Subscriber ID: 10103  
 Patient State: FL      Patient Zip Code: 33029

\* Auth Search Start Date: 01/01/2020 (MM/DD/YYYY) AND \* Auth Search End Date: 06/30/2021 (MM/DD/YYYY) AND \* Authorization Status: All

(OR) \* Service Auth/Line Number: \_\_\_\_\_

CLEAR SEARCH

One item found.1

RECORD STATUS	TYPE OF REQUEST	INTAKE ID	HPCPC	CCX CODE	DESCRIPTION	REQUEST RECEIVED DATE	STATUS	SERVICE AUTH/LINE NUMBER	PROVIDER	PHONE	UNITS	CCX UOM	START DATE	EXPIRATION DATE	ACTIONS
COMPLETED	INITIAL-AUTH	102	99602	1788	HIGH TECH HIT RN	01/04/2021	Denied-Denial Reason Mismatch	-	BRIOVARX INFUSION SERVICES	(954)555-5703	1	HR	01/04/2021	01/10/2021	View Documents

### Add Documents Link

The portal user can now attach documents at any point in the portal request, even after it has been submitted by clicking on the “Add Documents” link. Users will select a document type for each attachment uploaded and can upload multiple documents at one time.

1. Click “Add Documents”.

**AUTH STATUS**

**Patient Details**

Patient First Name: XXXXX CareCentrix Intake ID: 9965092  
 Patient Last Name: XXXXX Insurance Name: XXXXXXXX  
 Patient DOB: XXXXX/XXXX Subscriber ID: XXXXXXXXXXXXX  
 Patient State: IL Patient Zip Code: 60638

\*Auth Search Start Date: 01/01/2019 (MM/DD/YYYY) AND \*Auth Search End Date: 12/31/2020 (MM/DD/YYYY) AND \*Authorization Status: All  
 (OR) \*Service Auth/Line Number:

CLEAR SEARCH

One item found. 1

RECORD STATUS	TYPE OF REQUEST	INTAKE ID	HCP	CCX CODE	DESCRIPTION	REQUEST RECEIVED DATE	STATUS	SERVICE AUTH/LINE NUMBER	PROVIDER	PHONE	UNITS	CCX UOM	START DATE	EXPIRATION DATE	ACTIONS
REFERRAL		9965092	E0113	2025	CRUTCH UNDERARM, WOOD, ADJ OR FIX, EACH, COMPLETE	07/03/2020	Under Administrative Review		DEMO PROVIDER ONE CONTRACT	# NOT AVAILABLE	1	PUR	07/03/2020	07/06/2020	<a href="#">Add Documents</a> <a href="#">View Documents</a>

2. Click "Choose File" to locate the file to upload.

**AUTH STATUS**

**Patient Details**

Patient First Name: XXXXX  
 Patient Last Name: XXXXX  
 Patient DOB: XXXXX/XXXX  
 Patient State: IL

\*Auth Search Start Date: 01/01/2019 (MM/DD/YYYY) AND \*Auth Search End Date: 12/31/2020 (MM/DD/YYYY) AND \*Authorization Status: All  
 (OR) \*Service Auth/Line Number:

CLEAR SEARCH

One item found. 1

RECORD STATUS	TYPE OF REQUEST	INTAKE ID	HCP
REFERRAL		9965092	E0113

Additional Document - Google Chrome

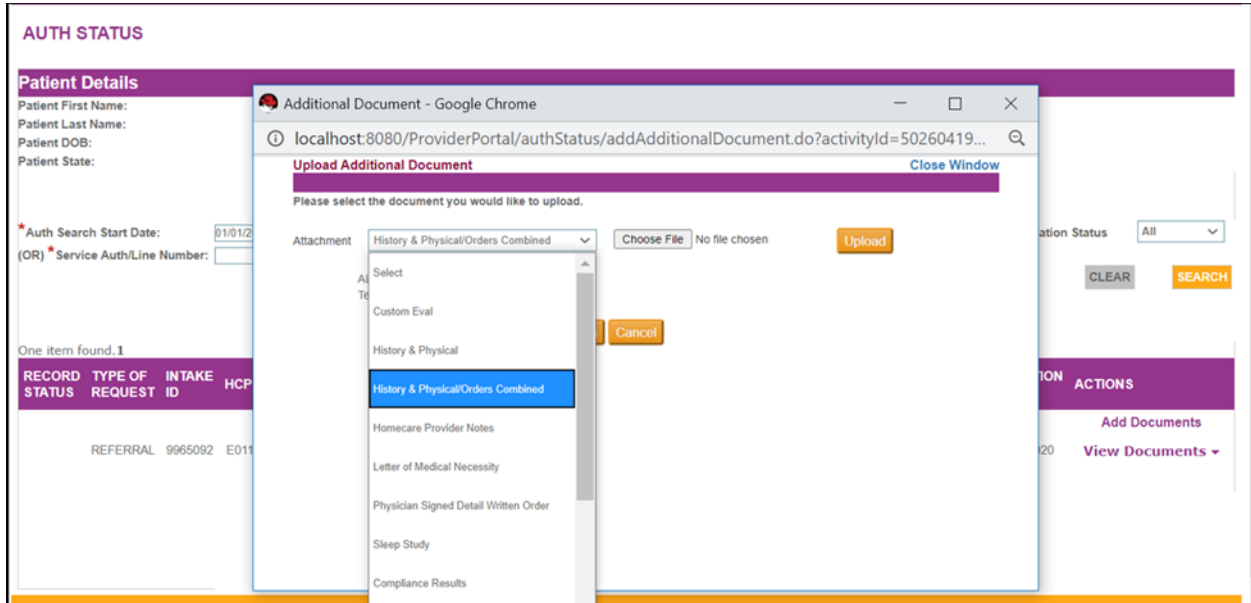
localhost:8080/ProviderPortal/authStatus/addAdditionalDocument.do?activityId=50260419...

**Upload Additional Document** Close Window

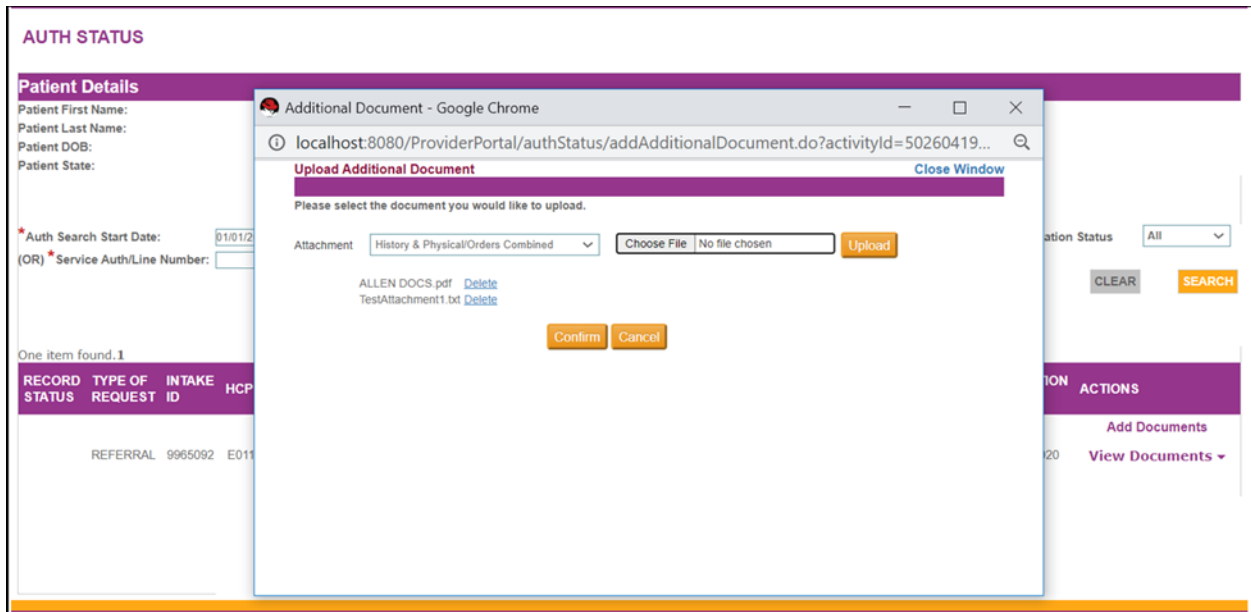
Please select the document you would like to upload.

Attachment:   No file chosen

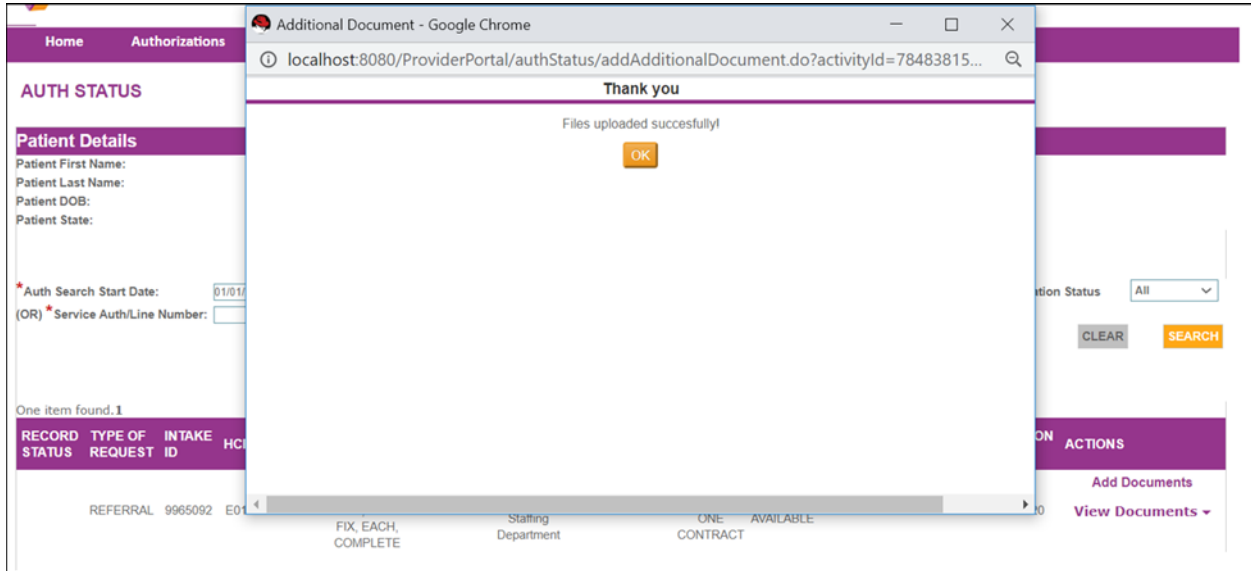
3. Choose a document type from the Attachment dropdown.



4. Click "Upload" to add the document. Users can add multiple files at once. The files will display in the window.

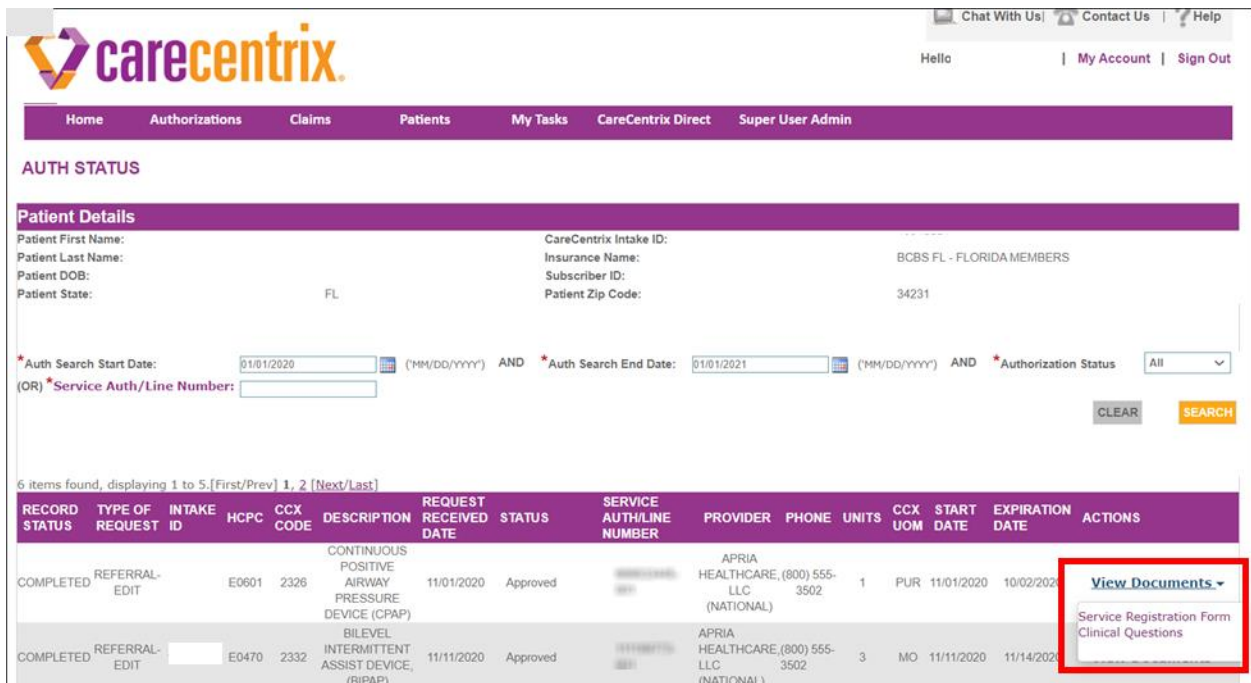


5. Click “Confirm” and a thank you page will display.



**View Documents Link**

Clicking “View Documents” will display the Service Registration Form, if approved, and any additional clinical documents uploaded, including Health Plan Instruction form, if applicable.





## Reauthorization and CareCentrix Direct

The label “Authorization ID” will change to “Service Auth/Line Number” in the Reauthorization and CareCentrix Direct screens.

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Home Authorizations Claims Patients My Tasks Carecentrix Direct

You have new CareCentrix Direct referral opportunities for your review. View Requests Or Dismiss.

Notification Date: 05/18/2020 04:40 PM | ACCEPTED

Patient Name: [REDACTED] Ordering Physician: Paul Benfanti  
 Patient Location: LUTZ, FL 33558 Discharge Facility:  
 Health Plan: BCBS FL - FLORIDA MEMBERS Primary Diagnosis Code: Q6651  
 Patient Age: 6-17 Years Secondary Diagnosis Code:  
 Patient Language: Tertiary Diagnosis Code:  
 Service Code Category: HOME MEDICAL RESPIRATORY EQUIPMENT  
 Provider Location: APRIA FL TAMPA - APRIA HEALTHCARE LLC  
 Status: ACCEPTED

Patient Documents (clicks to open or download)  
 History & Physical Orders Combined: [REDACTED] INTAKE  
 FOLDER RX HOME HEALTH AND DM: docx

Service Code	Units	HCPC	Description	Start of Care	Diagnosis	Service Delivery County	Service Delivery Closest Cross Streets
2083 MO	3	E0260	HCSP BED, SEMI-ELEC, W/ SIDE RAILS, W/ MATTRESS	05/18/2020 03:59 PM	Q6651	Removille County	

Service Auth/Line Number: 12345678-601  
[Service Registration Form](#)

Back

Service Auth/Line Number	HCPC	Modifiers	Service Code	UOM	Units	Service Description	Start Date	End Date	Service Provider		
	49900	SC-HB	7712	EA	1.0	LATE CLAIM INTEREST PAYMENT	06/09/2020	09/07/2020	KEENE MEDICAL PRODUCTS, INC.	REAUTH	
		<b>Diagnosis Code</b>		<b>Description</b>							
*Primary		G4733		OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)							
Other		I10		ESSENTIAL (PRIMARY) HYPERTENSION							
		<b>First Name</b>	<b>Last Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone</b>	<b>Fax</b>	<b>NPI</b>	<b>Source</b>
*Ordering		Primary care									

## Service Registration Form (SRF) Changes

Updates have been made to the Service Registration Form.

- Auth ID has been changed to “Svc Auth Line”
- Additional cosmetic changes have been made to the field names in the form.

PROVIDER INFORMATION AND SERVICES REGISTERED								
Phone:	Fax: (919) 714-5020	Contact :						
Service Auth Number :	1111111111112							
<u>Service</u>	<u>Intake ID:</u>	<u>Svc Auth Line</u>	<u>Start Dt</u>	<u>Stop Dt</u>	<u>Units</u>	<u>Prov Rate</u>	<u>Total units to Dt</u>	<u>Delivery</u>
1625 - MEDICAL SOCIAL WORKER (0561)	7696645	1111111111112-002	01/02/2018	01/02/2018	0 VI	0	0 VI	5
<u>Physician Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>	<u>Fax</u>		
<p>COMMENT: System Generated Authorization - RCC Initiated: System generated authorization issued to this provider on 01/12/2018 11:35:26 AM  REAUTHORIZATION REQUESTS SHOULD BE SUBMITTED AT LEAST 72 HOURS PRIOR TO AN AUTHORIZATION EXPIRATION DATE</p>								