



Post-Acute Care Program Frequently Asked Questions

General Information

Working with CareCentrix, Wellcare has implemented an end-to-end Post-Acute Care (PAC) program that manages authorizations for Wellcare patients discharged from acute care hospitals to skilled nursing facilities (SNFs), inpatient rehabilitation facilities and long-term care hospitals. CareCentrix also provides nurse coaching to eligible patients upon their return home for up to 90 days after acute hospital discharge.

Which patients are managed by CareCentrix?

CareCentrix will manage authorizations for Wellcare's Medicare Advantage patients admitted to skilled nursing facilities, inpatient rehabilitation facilities and long-term care hospitals. CareCentrix will also provide nurse coaching to eligible patients upon their return home for up to 90 days after an acute hospital discharge.

What is CareCentrix's role?

CareCentrix will manage authorizations for patients discharged from an acute care hospital to a PAC facility. CareCentrix will also provide nurse coaching to eligible patients upon their return home for a period of up to 90 days after an acute hospital discharge.

When will CareCentrix start to manage authorizations and UM for Wellcare members?

Effective January 1st 2020, CareCentrix will manage authorizations after acute care hospital discharge to a PAC facility. Wellcare will continue to manage authorizations for all other services.

Who manages authorizations in the acute care hospital?

Wellcare is responsible for all authorizations related to the acute hospital stay.

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.

What are the CareCentrix operating hours?

CareCentrix office hours are 7 days a week: 8 a.m. to 8 p.m. Eastern Time Monday – Friday, and 8 a.m. to 6 p.m. Eastern Time Saturday and Sunday. During office hours please contact the following for assistance:

- Authorization Requests/Assistance: 1-888-571-6028, prompt "4"
We also have 24/7 coverage available for authorization requests. If you need assistance outside of office hours, please call 1-888-571-6028; for authorizations enter prompt "4" to leave a message. Messages left with on-call services will be returned within 1 hour.

If we get a request from an SNF for home care services, where do we get the authorization?

You will obtain home health authorization from Wellcare.

Does CareCentrix authorize SNF admissions if the referral is coming from the community?

Yes. CareCentrix manages authorizations for admissions to a SNF.



What if a patient is discharged to home health and the treating physician believes that the patient needs to go back to an SNF?

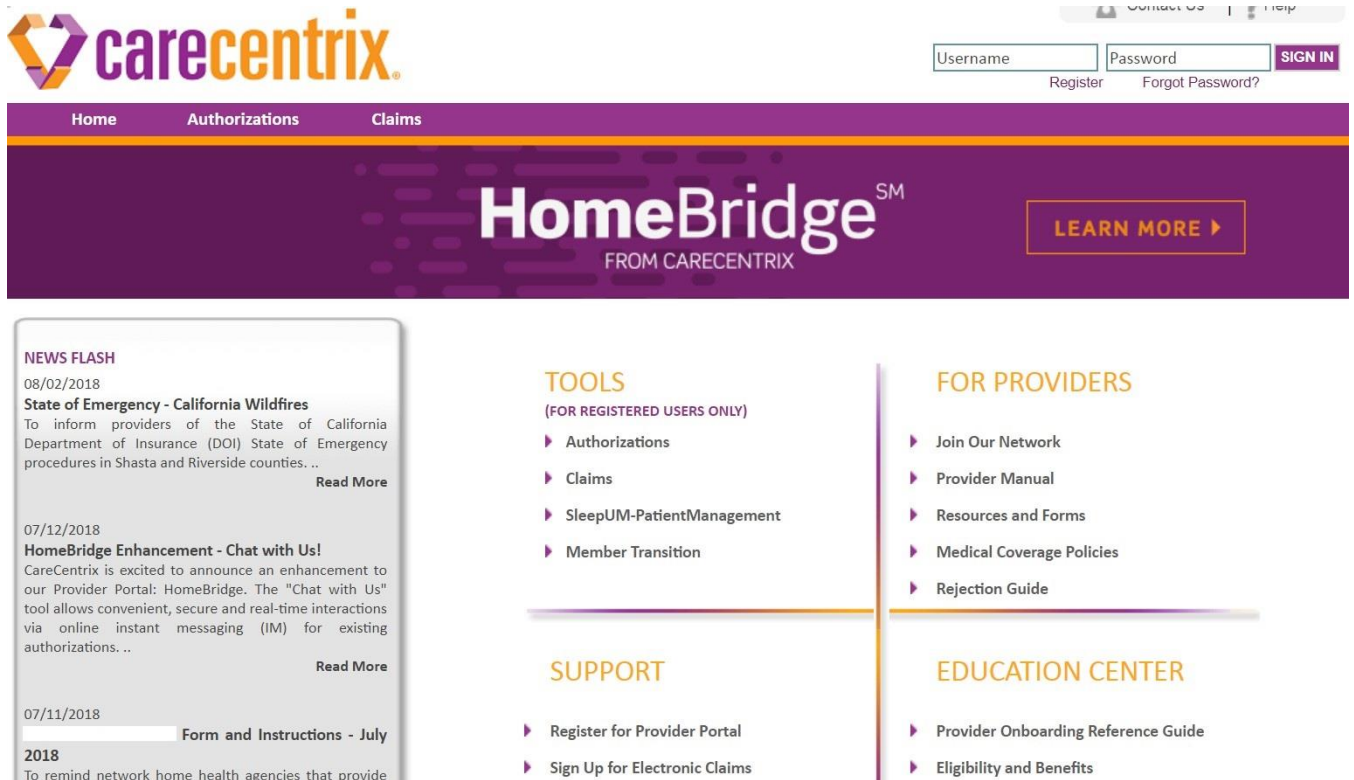
This is considered a community referral. The treating physician must submit an authorization request with supporting clinical information to CareCentrix for a medical necessity determination.

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

If you have questions, please call us at 1-888-571-6028 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?



Please fax authorization requests to 1-877-814-4738. If you are unable to fax, you may submit a request by phone at 1-888-571-6028. You may also submit a request for authorization via ECIN/Allscripts/CarePort.

Please follow the instructions noted below:

- In the home page drop-down, choose New York (regardless of your location)
- Type in CareCentrix
- Select CareCentrix-PAC
- Follow normal process

Who is responsible for submitting the request for authorization?

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. All other requests for authorization should be sent directly to Wellcare.

Are discharge planners able to request authorizations 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. Eastern Time Monday – Friday, and 8 a.m. to 6 p.m. Eastern Time Saturday and Sunday. Please submit your request for authorization via fax 1-877-814-4738. phone 1-888-571-6028 or ECIN/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:

- Patient first and last name
- Patient date of birth
- Patient insurance company and insurance ID number
- Patient physical address (not PO Box) including ZIP code
- Patient phone number
- Patient gender
- Diagnosis
- If recently discharged from hospital or other inpatient setting, facility name and full address
- Ordering and primary physician first and last name, full address and telephone number
- Service description or Procedure code and modifier
- Servicing provider information
- Number of requested days, start and stop date of requested authorization
- Medical necessity justification for the service or item requested confirmation that physician orders exist for services for which authorization is being requested
- All relevant clinical documentation



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 1-888-571-6028 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 – No
- Hospice – No
- DME – No
- Infusions (in home or facility) – No
- Medications in PAC facilities – No

Can we use Allscripts/ECIN/CarePort to submit an authorization request?

Yes, you can. Please follow the instructions noted below:

- In the home page drop-down choose New York (Regardless of your location)
- Type in CareCentrix
- Select CareCentrix-PAC
- Follow normal process

Are hospitals and PAC facilities able to use the CareCentrix Portal to submit a 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 ensure all supporting clinical information is provided with the request for authorization.

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, Wellcare 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 SNFs, 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 SNF to contact CareCentrix to have the authorization adjusted.

Do case managers need to get physician orders for SNF 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 an SNF?

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 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 1-888-571-6028

Will we receive notification that our 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 services?

The discharge planner 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 1-877-814-4738.

Who is responsible for issuing authorizations for home health, home infusion and/or DME?

Wellcare will manage authorizations for home health, home infusion and DME. 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 1-888-571-6028. 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 time frames. Time frames depend on payor type, Medicare vs. commercial and 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 Wellcare, 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 1-888-571-6028 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 1-888-571-6028

When requesting an SNF 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 SNF 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 be able to adjust your 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 before a utilization management decision available on weekdays only?

This option is available during business hours 7 days a week from 8 a.m. to 8 p.m. Eastern Time Monday – Friday, and 8 a.m. to 6 p.m. Eastern Time Saturday and Sunday by calling 1-888-571-6028

Notice of Medicare Non-Coverage

What do we need to do about the Medicare Notice of Non-Coverage (NOMNC)?

Skilled Nursing Facilities should fax the completed NOMNC to CareCentrix at 1-866-229-1287

Nurse Liaisons

Will CareCentrix nurse liaisons be involved with all Wellcare’s Medicare Advantage members or only select members?

Nurse liaisons will be involved with eligible patients 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 1-888-571-6028

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 1-888-571-6028.

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 Wellcare is responsible for appeals, does the facility contact Wellcare or CareCentrix for peer-to-peer review?

Please contact CareCentrix for peer-to-peer review and Wellcare 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 Wellcare.

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 Wellcare?

Yes, please include your authorization number on your claim.

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 should 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 will 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.

Quality care is a team effort. Thank you for playing a starring role.