



Horizon Supportive CareSM
Braven Health Supportive CareSM
SNF, SAR, SARV & TCU Training

April 2022

Agenda

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Overview

Horizon Supportive CareSM
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Horizon Supportive Care and Braven HealthSM Supportive Care Programs

Horizon has contracted with CareCentrix to manage post-acute care services and a community-based palliative care program for patients enrolled in Horizon Medicare Advantage, Braven HealthSM and Horizon Commercial Fully Insured plans. The new program will be **effective on May 1, 2022**.

CareCentrix will:

- **Manage authorization requests** for patients who are admitted to or require continuation of services at skilled nursing facilities (SNFs), subacute rehabilitation facilities (SARs), subacute rehabilitation facilities with ventilators (SARVs), transitional care units (TCUs) and inpatient rehabilitation facilities (IRFs).
- **Coordinate care** to support the patient's journey through the phases of their illness, while identifying paths for care that help **optimize clinical outcomes**.
- Provide **nurse coaching** for eligible patients for a period of up to 90 days to support their path to healing, **reduce unnecessary readmissions** and help them manage their health after an acute care hospital discharge.
- **Manage a community-based palliative care program.**



Horizon Supportive Care and Braven HealthSM Supportive Care Programs

Horizon and Braven HealthSM will continue to manage:

- SNF, SAR, SARV, TCU and IRF authorizations for patients enrolled in plans not included in this program including all self-insured plans.
- Authorization requests for all other services except those managed by CareCentrix..
- The post-acute facility provider network. There is no impact to the network or provider participation.
- Claims processing and claims appeals for services provided by SNF, SAR, SARV and IRF providers.
- All UM appeals, regardless of provider type.

Integrated approach to whole patient care drives better outcomes



CareCentrix

Nurse
Liaisons



PAC
Nurse



Nurse
Coach



Palliative
Team

Hospital
Admission



Supports discharge planning by providing a care pathway and options for SNF and/or home health providers

Post-Acute Facility Stay
(SNF, SAR, SARV, TCU & IRF)



Facilitates concurrent reviews, collaborates to manage stays and supports identification of patient needs for safe transition to home

Home with Support




Supports patients for up to 90-days post-discharge through Nurse Coach engagement

Palliative Care




Delivers comprehensive support and care navigation services for seriously ill patients and their caregivers

Discharge Options to Promote Optimal Patient Outcomes



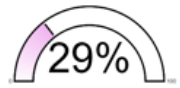
DISCHARGE OPTIONS

PATIENT NAME (LAST, FIRST): Grace, Stella	PATIENT GENDER: F	PRIMARY CONTACT: (555)867-5309	FACILITY: Galaxy Health
PATIENT ID NO. #: 19770317	PATIENT AGE: 45	DATE OF ADMISSION: 20220210	




Path of Care Recommendation

Readmission Risk Score



29%



76%
of similar members are discharged to home

SNF Options

PROVIDER	PHONE	NPI	COMMENT
Golden Star Nursing & Rehabilitation	(555) 447-0001	1443921456	
Sunflower Health Care Facility	(555) 447-4083	1124564867	
Nora Hill Long Term Care Facility	(555) 442-3700	1256789872	
Summer View Health Care Center	(555) 664-8100	1294897851	
Community Care of Bristol	(555) 442-7100	1438578124	

Home Health Agency Options

PROVIDER	PHONE	NPI	COUNTY
Grace Home Care Inc.	(555) 856-8000	1784564687	Golden
O'Brian Home Care Corp CHHA	(555) 856-4870	1578654545	Golden
Moose Hill Home Care	(555) 856-7500	1412158878	Golden

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>

The Discharge Options Tool:

- Leverages multiple sources of data
- Supports informed discharge decisions
- Provides patient's choice

Community-Based Palliative Care Program

Horizon Supportive CareSM
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Community-Based Palliative Care Program

The community-based palliative program is offered to seriously ill patients who are part of the Horizon Supportive CareSM Program and the Braven Health Supportive CareSM Program. The program will be managed by CareCentrix effective 5/1/22.

The program is a care coordination and support model that uses a population health approach to home-based palliative care, blending compassionate care with technology to uncover, address, and monitor unmet medical, emotional, and social needs for seriously ill people and their loved ones.

Home, video and phone visits are provided by specially trained palliative nurses and social workers located throughout New Jersey who are managed by CareCentrix.

The program focuses on:

- Proactively identifying those who may benefit from the program
- Engaging and supporting patients and caregivers to make health care decisions aligned with their goals and values.

Community-Based Palliative Program

The community-based palliative program is appropriate for any seriously ill person regardless of prognosis or stage of illness.

The community-based palliative program:

- Provides care coordination across community settings
- Emphasizes ongoing support at home
- Ensures goals of care discussions and encourages advance care planning
- Provides education and support to proactively manage patient's condition and symptoms
- Provides caregiver support, coaching, and resources
- Engages physicians and other care providers through effective communication and collaboration
- Addresses the needs of those who are not yet hospice eligible, don't want hospice, or are uneducated about the hospice benefit

Roles and Responsibilities

Horizon Supportive CareSM
Braven Health Supportive CareSM
SNF,SAR, SARV & TCU Training



Roles & Responsibilities

Category	Horizon Medicare Advantage & Commercial Fully-Insured Braven Health SM	CareCentrix	Horizon & Braven Health SM
Initial Authorization and Continuation of Services Requests	Hospital & LTCH		
	SNF, SAR, SARV, TCU, IRF Admissions On or After 5/1/22	✓	
UM Appeals	All providers		✓
Peer-to-Peer Review	Hospital & LTCH		✓
	SNF, SAR, SARV, TCU, IRF	✓	
Claims and Claims Appeals	Hospitals, SNF, SAR, SARV, TCU, IRF & LTCH		✓
Authorization Requests for Other Services	Transportation		✓
	High Cost Medications	✓	
	Specialty Equipment	✓	
Readmissions Management	Nurse Coaching	✓	
Palliative Program	Community-Based Palliative Program	✓	

Nurse Liaison and PAC Nurse

Nurse Liaisons and PAC Nurses will collaborate with hospitals and post-acute facilities to discuss care coordination activities and support a patient's discharge plan.



Consistent point of contact



Streamlined approval process



Clinical Documentation Checklist

Nurse Coach

Nurse Coaches engage with patients as they transition home to:

- Identify and solve for gaps in care
- Assist in connecting patients to community resources as needed
- Refer patients who would benefit from community-based palliative care

CareCentrix provides nurse coaching for patients for up to 90 days after a hospital discharge to support their path to healing, reduce unnecessary readmissions, and help patients achieve self-management.



Authorization Process

Horizon Supportive CareSM
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SNF, SAR, SARV & TCU Training



Authorization Process

CareCentrix will manage authorization requests for patients admitted to skilled nursing facilities, subacute rehabilitation facilities, subacute rehabilitation facilities with ventilators, transitional care units or inpatient rehabilitation facilities on or after 5/1/22.

01

Referral is sent to PAC facility

02

Admission authorization

03

Continuation of services authorization

Authorization Process – Referral for PAC Facility

01

Referral is sent to SNF, SAR, SARV, TCU or IRF

- The current referral process will not change.
- PAC facility receives a referral for a Horizon Medicare Advantage, Braven HealthSM or Horizon Commercial Fully Insured patient admission from a hospital (or from the community for SNFs).
- PAC facility accepts referral and completes eligibility check.

Authorization Process - Admission

02

Admission Authorization

- Submit the request with clinical documentation using one of the following methods: CareCentrix HomeBridge Portal, Fax, or Phone.
- CareCentrix performs a clinical review and renders a determination (approval or denial).
- If the request is approved, the admitting PAC facility can view the Service Registration Form (SRF) immediately on the Provider Portal. The facility also receives a copy of the SRF via fax.
- The admitting PAC facility checks SRF for accuracy and delivers care.
- For Horizon Medicare Advantage and Braven HealthSM, approval and denial determination letters are mailed to the member and ordering physician and faxed to the hospital and PAC facility. When services are approved, the PAC facility will also receive a SRF.
- For Horizon Commercial Fully Insured, approval letters are not issued to the members. However, if the member is in the hospital, the discharging hospital will be notified of the approval and the PAC facility will receive a SRF via fax. The hospital or PAC facility will notify the member of the approval determination. All denial determinations are faxed to the hospital and PAC facility and are mailed to the patient and ordering physician.

Authorization Process – Continuation of Services

03

Continuation of Services Authorization

- The PAC facility submits continuation of services request, with required clinical documentation, at least 72 hours prior to the end of the current authorization period using one of the following methods – Fax or Phone.
- If the request is approved, the admitting PAC facility can view the SRF immediately on the Provider Portal. The facility also receives a copy of the Service Registration Form (SRF) via fax.
- The Pac facility checks the SRF for accuracy and continues to deliver care.
- For Horizon Medicare Advantage and Braven HealthSM members, approval and denial determination letters are mailed to the member and ordering physician and faxed to the PAC facility. When services are approved, the PAC facility will also receive a SRF.
- For Horizon Commercial Fully Insured members, approval letters are not issued to the members. However, the PAC facility will receive a SRF via fax. The PAC facility will notify the member of the approval determination. All denial determinations are faxed to the PAC facility and are mailed to the patient and ordering physician.

Authorization Process – Where to Send Request Based on SNF, SAR, SARV, TCU or IRF Admission Date

For patients enrolled in Horizon Medicare Advantage, Braven HealthSM or Horizon Commercial Fully Insured plans who are admitted to a PAC facility on or after 5/1/22, facilities will need to contact CareCentrix for the initial authorization request and continuation of services requests.

	Horizon and Braven Health SM	CareCentrix
PAC Facility Initial Authorization Request		
Patient admission to SNF/SAR/SARV/TCU/IRF prior to 5/1/22	✓	
Patient admission to SNF/SAR/SARV/TCU/IRF on or after 5/1/22		✓
PAC Facility Continuation of Services Authorization Request		
Patient was admitted to SNF/SAR/SARV/TCU/IRF prior to 5/1/22	✓	
Patient was admitted to SNF/SAR/SARV/TCU/IRF on or after 5/1/22		✓



Authorization Details

Horizon Supportive CareSM
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SNF, SAR, SARV & TCU Training



Clinical Documentation Checklist – Initial Authorization

	Required information and documentation to support medical necessity	
<p>All Authorization Requests</p>	<ul style="list-style-type: none"> • Patient first and last name • Patient date of birth • Patient home address • Patient phone number with area code • Member ID number • Plan name: Horizon Blue Cross Blue Shield of New Jersey or Braven Health 	
<p>Initial Authorization Requests</p>	<p>In addition to the information in the “All Authorization Requests” listed above, initial authorization requests must include:</p> <ul style="list-style-type: none"> • Start of care date • Ordering physician (name and phone number) • Diagnosis to support requested services • Type of service requested • History and physical • Prior level of function • Prior living situation • Current cognitive status • Most recent physician, nursing and therapy notes • IRF pre-admission screen <p>Note: SNF Preadmission Screening and Resident Review (PASRR) is not required by CareCentrix however you should continue to follow your standard process.</p>	



Clinical Documentation Checklist – Continuation of Services

In addition to the information in the “All authorization requests” section of this tool, continuation of services requests must include:

Continuation of Services Requests

- Site of care
- Most recent physician, nursing and therapy notes including progress towards goals
- Therapy treatment logs
- Current medication list
- Changes in clinical status
- Discharge plan
- Most recent interdisciplinary team meeting care plan note
- Anticipated discharge date
- Current functional status

Continuation of Services Requests should be submitted **at least 72 hours prior** to the expiration of the current authorization.

Additional Information: may be required to support decisions

- Most recent completed Minimum Data Set (MDS)
- Other documentation to support clinical needs
- Wound care treatment plan and notes

This list outlines the clinical information needed for each type of authorization

Initial SNF, SAR or TCU Admission Requests for MA Patients

When using the HomeBridge portal to submit an initial authorization request for a SNF, SAR, or TCU admission for a Horizon Medicare Advantage or Braven Health member, you will be asked to answer questions to support accurate categorization of the authorization request for utilization management purposes and a faster decision. See below for the first question you will need to answer in HomeBridge:

Was the service or item for which you are now requesting authorization initiated prior to submitting this request for authorization?

- **If the correct answer to this question is “yes,”** you are submitting an initial prospective request, and you may proceed with submitting the request via the HomeBridge portal.
- **If the correct answer to this question is “no,”** and you have already initiated the services that are the subject of the authorization request, you should **not** proceed with entering the request via the HomeBridge portal and should instead submit the request via fax or phone.

Missing or incomplete information may delay the process. Incorrect information could lead to an incorrect decision on your authorization request and, if incorrect information is provided, CareCentrix reserves the right to change our decision if the correct information supports a different decision.



Initial SNF, SAR or TCU Admission Requests for MA Patients

When submitting an initial authorization request for a SNF, SAR or TCU admission for a Horizon Medicare Advantage or Braven Health patient, by phone or fax, you will be asked to answer the following clinical questions to support a faster decision.

- *Can the requested services only be delivered in the skilled nursing facility or subacute rehabilitation facility?*
- *Are the skilled services being provided by or under the supervision of a medical professional?*
- *What skills are being requested: Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, None of the Above*
- *Are skilled services requested daily (at least 5 days per week)?*
- *Are the skilled services necessary to improve, maintain, prevent or slow further deterioration of the patient's condition?*
- *Do you have clinical documentation to support the request in addition to answering the questions above (e.g. physician's orders, history and physical, letter of medical necessity)?*

If you are faxing an initial authorization request for SNF, SAR, or TCU, it is highly recommended that you include the ***Skilled Nursing Facility & Subacute Rehabilitation Facility Authorization Request Form*** because this will help expedite the decision turnaround time. Missing or incomplete information may delay the process.



Initial SNF, SAR or TCU Admission Requests for Commercial Fully-Insured Patients

When using the HomeBridge portal to submit an initial authorization request for a SNF, SAR, or TCU admission for a Horizon Commercial Fully Insured member, you will be asked to answer a question to support accurate categorization of the authorization request for utilization management purposes and a faster decision. See below for the question you will need to answer in HomeBridge

Was the service or item for which you are now requesting authorization initiated prior to submitting this request for authorization?

- **If the correct answer to this question is “yes,”** you are submitting an initial prospective request, and you may proceed with submitting the request via the HomeBridge portal.
- **If the correct answer to this question is “no,”** and you have already initiated the services that are the subject of the authorization request, you should **not** proceed with entering the request via the HomeBridge portal and should instead submit the request via fax or phone.

Missing or incomplete information may delay the process. Incorrect information could lead to an incorrect decision on your authorization request and, if incorrect information is provided, we reserve the right to change our decision if the correct information supports a different decision.

Initial SNF, SAR or TCU Admission Requests for Commercial Fully-Insured Patients

When submitting an initial authorization request for a SNF, SAR or TCU admission for a Horizon Commercial Fully-Insured patient, it will be important to answer the following questions to support a faster decision. Missing or incomplete information may delay the process.

- *Can the requested services only be delivered in the skilled nursing facility?*
- *Does the patient have intense and complex care needs that make skilled nursing facility care safer and more practical than a lower level of care?*
- *Does the care include multiple components delivered by skilled professionals?*
- *Is there a plan to provide ALL of the following - care plan management and evaluation, observation and assessment and education services?*
- *Is skilled treatment needed daily or more frequent?*
- *What type of skilled treatments are needed?*
- *Do you have clinical documentation to support this request?*


If you submit the authorization request by fax, we recommend that you include the ***Skilled Nursing Facility & Subacute Rehabilitation Facility Authorization Request Form*** with your fax submission.



Submitting Authorization Requests by Fax

Skilled Nursing Facility &
Subacute Rehabilitation Facility
Fax Request Form is:

- Easy to complete
- Supports timely processing of authorization request
- Expedites decision turnaround time



Skilled Nursing Facility and Sub-acute Rehab Facility Prior Authorization Request Form
Horizon Commercial/Medicare Advantage Phone: 833-592-1075
Brazen Phone: 833-592-1077
FAX: 877-249-9054

This form must be completed in its entirety for all faxed skilled nursing facility prior authorization requests. The most recent clinical notes and current medicine list (medicines that the member has been prescribed for the last 30 days) must also accompany the faxed request.

Patient Name:	Patient Date of Birth:
What type of Skilled Nursing Facility Level is being requested?	<input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Subacute Rehab
For Medicare Members: Place a check next to the answer of each of the following questions:	
1. Can the requested services only be delivered in the skilled nursing facility? (The complexity or existing debility of the patient makes care unsafe at home, there is a cognitive or physical inability to manage care at home, there is no caregiver or assistance in the home, or home environment is not satisfactory for care)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are the skilled services requested to be provided by or under the supervision of a medical professional?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are skilled services requested daily (at least 5 days per week)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are the skilled services necessary to improve, maintain, prevent or slow further deterioration of the patient's condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you have clinical documentation to support this request, including the answers provided to the questions above (e.g. physician orders, history and physical, letter of medical necessity)?	<input type="checkbox"/> Yes, documents are attached. <input type="checkbox"/> Yes will be faxed.
For Commercial Members: Place a check next to the answer of each of the following questions:	
1. Does the patient have acute hospital needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the patient have intense and complex care needs that make skilled nursing facility care safer and more practical than a lower level of care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Does the care include multiple components delivered by skilled professionals?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is there a plan to provide ALL of the following? Care plan management and eval., monitoring of patient's condition, and education services to patient/caregiver.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is skilled treatment needed daily or more frequently?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you have clinical documentation to support this request, including the answers provided to the questions above (e.g. physician orders, history and physical, letter of medical necessity)?	<input type="checkbox"/> Yes documents are attached. <input type="checkbox"/> Yes will be faxed.

EDRC 1698, 022022.

Criteria for Post-Acute Care Decisions



CareCentrix applies the following criteria in making determinations on authorization requests:

Line of Business	SNF, SAR, SARV or IRF
Commercial Fully Insured	<ul style="list-style-type: none">MCG Care Guidelines version 26 (formerly Milliman)
Medicare Advantage	<ul style="list-style-type: none">Centers for Medicare & Medicaid Services Guidelines



Service Registration Form

CareCentrix issues a Service Registration Form outlining the approved service.

SERVICE REGISTRATION FORM

MEMBER INFORMATION

Member Name: TEST TEST	Service Header Number: 1000100010005000
Subscriber Id: *****0078	Phone: (909) 555 - 7073
Address: 15 MAIN STREET ANYWHERE USA 12345	DOB: 10/31/1900
DOB: 10/31/1900	Gender: NA
Care Giver:	
Referral Source: PATIENT'S PRIMARY CARE PHYSICIAN	
Referral Method: PHONE	
Referral Phone: (123) 567 - 4356	Referral Fax: (123) 567 - 4356
Health Plan Name: HORIZON SUPPORTIVE CARE™	

* PLEASE ENTER THE SUBSCRIBER ID NUMBER IN THE SUBSCRIBER ID FIELD OF YOUR CLAIM TO HELP ENSURE TIMELY PROCESSING OF YOUR CLAIM.

PROVIDER INFORMATION AND SERVICES REQUESTED

7974 UM HEALTH CT
MIDDLETON, US 12345
Phone: (123) 567 - 4356 Fax: (123) 567 - 4356

Service Header Number: 1000100010005000 **Length of Stay:** 1 DAY



Service	Service Line Number	Start Date	Stop Date	Units
SKILLED NURSING FACILITY (SNF)	1000100010005000-001	01/12/2021	01/13/2021	1 DAY

Ordering Physician	Address	City	State	Zip	Phone	Fax
TEST, TEST	400 S COLORADO BLVD STE 900	ANYWHERE	US	12345	(123) 567 - 4356	(123) 567 - 4356

PLEASE SUBMIT REQUESTS FOR ADDITIONAL SERVICES AS SOON AS POSSIBLE AND AT LEAST 72 HOURS PRIOR TO THE DATE ADDITIONAL SERVICES ARE NEEDED.

This Service Registration Form does not guarantee payment of services rendered or that the referenced services were reviewed for medical necessity as some services and some plans only require pre-authorization/registration of the service. Payment of services is subject to the patient's eligibility on the date of service and the terms of the patient's benefit plan as determined by the applicable health plan. In addition, payment of services is subject to your compliance with the terms of your Provider Agreement with the health plan. You are responsible for verifying the patient's eligibility and benefits with the health plan based on the patient's identification card. Please refer to your health plan Provider Manual and provider portal and/or the CareCentrix HomeBridge® Provider Portal for additional information regarding the services that are subject to medical necessity review. EDRC 1679

CARECENTRIX 2 of 2

SERVICE REGISTRATION FORM

MEMBER INFORMATION

Member Name: TEST TEST	Service Header Number: 1000100010005000
Subscriber Id: *****0078	Phone: (909) 555 - 7073
Address: 15 MAIN STREET ANYWHERE USA 12345	DOB: 10/31/1900
DOB: 10/31/1900	Gender: NA
Care Giver:	
Referral Source: PATIENT'S PRIMARY CARE PHYSICIAN	
Referral Method: PHONE	
Referral Phone: (123) 567 - 4356	Referral Fax: (123) 567 - 4356
Health Plan Name: BRAVEN HEALTH SUPPORTIVE CARE™	

* PLEASE ENTER THE SUBSCRIBER ID NUMBER IN THE SUBSCRIBER ID FIELD OF YOUR CLAIM TO HELP ENSURE TIMELY PROCESSING OF YOUR CLAIM.

PROVIDER INFORMATION AND SERVICES REQUESTED

7974 UM HEALTH CT
MIDDLETON, US 12345
Phone: (123) 567 - 4356 Fax: (123) 567 - 4356

Service Header Number: 1000100010005000 **Length of Stay:** 1 DAY

Service	Service Line Number	Start Date	Stop Date	Units
SKILLED NURSING FACILITY (SNF)	1000100010005000-001	01/12/2021	01/13/2021	1 DAY

Ordering Physician	Address	City	State	Zip	Phone	Fax
TEST, TEST	400 S COLORADO BLVD STE 900	ANYWHERE	US	12345	(123) 567 - 4356	(123) 567 - 4356

PLEASE SUBMIT REQUESTS FOR ADDITIONAL SERVICES AS SOON AS POSSIBLE AND AT LEAST 72 HOURS PRIOR TO THE DATE ADDITIONAL SERVICES ARE NEEDED.

This Service Registration Form does not guarantee payment of services rendered or that the referenced services were reviewed for medical necessity as some services and some plans only require pre-authorization/registration of the service. Payment of services is subject to the patient's eligibility on the date of service and the terms of the patient's benefit plan as determined by the applicable health plan. In addition, payment of services is subject to your compliance with the terms of your Provider Agreement with the health plan. You are responsible for verifying the patient's eligibility and benefits with the health plan based on the patient's identification card. Please refer to your health plan Provider Manual and provider portal and/or the CareCentrix HomeBridge® Provider Portal for additional information regarding the services that are subject to medical necessity review. EDRC 1679

CARECENTRIX 2 of 2



Service Registration Form (SRF)

MEMBER INFORMATION

Member Name: TEST TEST

Subscriber Id: *****0978

Address: 15 MAIN STREET ANYWHERE USA 12345

DOB: 10/31/1980

Care Giver:

Referral Source: PATIENT'S PRIMARY CARE PHYSICIAN

Referral Method: PHONE

Referral Phone: (123) 567 - 4358

Health Plan Name: HORIZON SUPPORTIVE CARE™

Service Header Number: 1000100010005008

Phone: (999) 555 - 7073

Gender: NA

Referral Fax: (123) 567 - 4358

* PLEASE ENTER THE SUBSCRIBER ID NUMBER IN THE SUBSCRIBER ID FIELD OF YOUR CLAIM TO HELP ENSURE TIMELY PROCESSING OF YOUR CLAIM.

Service Registration Form (SRF)

PROVIDER INFORMATION AND SERVICES REQUESTED						
7974 UM HEALTH CT						
MIDDLETON, US 12345						
Phone: (123) 567 - 4356 Fax: (123) 567 - 4356						
Service Header Number: 1000100010005006						Length of Stay : 1 DAY
<u>Service</u>	<u>Service Line Number</u>	<u>Start Date</u>	<u>Stop Date</u>	<u>Units</u>		
SKILLED NURSING FACILITY (SNF)	1000100010005006-001	01/12/2021	01/13/2021	1 DAY		
<u>Ordering Physician</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>	<u>Fax</u>
TEST, TEST	400 S COLORADO BLVD STE 600	ANYWHERE	US	12345	(123) 567 - 4356	(123) 567 - 4356
PLEASE SUBMIT REQUESTS FOR ADDITIONAL SERVICES AS SOON AS POSSIBLE AND AT LEAST 72 HOURS PRIOR TO THE DATE ADDITIONAL SERVICES ARE NEEDED.						

Determination Letters



Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

c/o CareCentrix

[PAT_FIRSTNAME] [PAT_LASTNAME]
[PAT_ADDR1]
[PAT_ADDR2]
[PAT_CITY], [PAT_STATE] [PAT_ZIP]

RE: Member Name: [PAT_FIRSTNAME] [PAT_LASTNAME]
Identification number: [MEMBER_ID]
Coverage: [HRZN_PLANNAME-SEE RULES]
Service(s): See Below
Doctor: [ORD_FIRSTNAME] [ORD_LASTNAME]
Authorization number: [AUTHORIZATIONID]

[UMDECISIONDATE]

Your request for service(s) has been approved

Dear [PAT_FIRSTNAME] [PAT_LASTNAME]:

Why you are receiving this letter

Horizon Blue Cross Blue Shield of New Jersey partners with CareCentrix, a leading health and wellness company, to manage our Horizon Supportive CareSM Program. CareCentrix reviews certain health care services to determine if they are medically necessary and covered by your plan.

Your request has been approved for:

Service: [SERVICE_Filler.3]
Date of service: From [AUTH_STARTDT] to [AUTH_EXPDT]

At Horizon we are committed to helping our members get the care they need, from the right place.

Need help?

If you need help understanding this message, please call (are they calling CareCentrix or Horizon) at 1XXX-XXX-XXXX.

Sincerely,

[ORD_FIRSTNAME] [ORD_LASTNAME]
Utilization Management

cc: [PAT_FIRSTNAME] [PAT_LASTNAME]
[ORD_FIRSTNAME] [ORD_LASTNAME]
[PROVNAME]



Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

CONFIRMATION NOTICE OF APPROVED ORGANIZATION DETERMINATION

THIS IS NOT A BILL

[PROVNAME]
[PROV_CON_ADDR1]
[PROV_CON_ADDR2]
[PROV_CON_CITY], [PROV_CON_STATE] [PROV_CON_ZIP]

Dear [PROVNAME],

Date of Birth: [PAT_DOB]

[UMDECISIONDATE]

Horizon Blue Cross Blue Shield of New Jersey partners with CareCentrix, a leading health and wellness company, to manage our Horizon Supportive CareSM Program. CareCentrix reviews health care services to determine if they are medically necessary and covered by your plan.

Please be advised that the treatment scheduled for [PAT_FIRSTNAME] [PAT_LASTNAME] is approved according to the specifications below:

Reference Number: [REFERRAL_SERVICE_ID] [REAUTHORIZATION_SERVICE_ID]

Name of Requesting Provider: [ORD_FIRSTNAME] [ORD_LASTNAME]

Name of Servicing Provider: [PROVNAME]

Type of Authorization: [SERVICE_Filler.3]

Treatment Date Range: From [AUTH_STARTDT] to [AUTH_EXPDT]

Medicare Last Covered Date: [AUTH_EXPDT]

Medicare Notification Decline: [AUTH_EXPDT] + 2 days

Number of Visits/Units Authorized: [AUTH_UNITS]



c/o CareCentrix
PO Box 3011
Monroe, WI 53568-8311

CONFIRMATION NOTICE OF APPROVED ORGANIZATION DETERMINATION
THIS IS NOT A BILL

[UM_DECISION_DATE]

[PAT_FIRSTNAME] [PAT_LASTNAME]
[PAT_ADDR1]
[PAT_ADDR2]
[PAT_CITY], [PAT_STATE] [PAT_ZIP]

Dear [PAT_FIRSTNAME] [PAT_LASTNAME],

Date of Birth: [PAT_DOB]

Please be advised that the treatment scheduled for Braven Health member, [PAT_FIRSTNAME] [PAT_LASTNAME] [MEMBER_ID] is approved according to the specifications below:

Reference Number: [AUTHORIZATIONID]

Name of Requesting Provider: [ORD_FIRSTNAME] [ORD_LASTNAME]

Type of Authorization: [SERVICE_Filler.3]

Treatment Date Range: From [AUTH_STARTDT] to [AUTH_EXPDT]

Number of Visits/Units Authorized: [AUTH_UNITS]

Please also note that pursuant to state and federal law that you may not balance bill a Braven Health beneficiary or a NJ FamilyCare recipient. All claims must be submitted to Braven Health within 180 days of the date of service to be eligible for payment. Claims should be mailed to the following address:

Braven Health
Claims Processing Department
PO Box 1609
Newark, NJ 07101-0406

If Members have any questions, the Utilization Management Department at 1-855-243-3321 (TTY 711), seven days a week, between 8 a.m. and 8 p.m., Eastern Time.

Thank you,



Denials and Appeals

Horizon Supportive CareSM
Braven Health Supportive CareSM
SNF,SAR, SARV & IRF Training



Peer-to-Peer Process for Horizon Commercial Fully Insured

01

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

02

If a reconsideration and/or peer-to-peer discussion is needed, contact CareCentrix as soon as possible by calling **833-592-1075** and following the prompts to request an appointment for the discussion.

Peer-to-Peer Process for Horizon & Braven HealthSM Medicare Advantage

01

For all requests, if CareCentrix determines that the requested services do not meet medical necessity criteria, CareCentrix will notify the provider by phone and fax of the denial decision with instructions on how to request the peer-to-peer discussion.

- For Medicare Advantage requests, once the denial decision has been rendered, a peer to peer discussion will not change the denial decision, however it can be used to inform an appeal.
- An appeal may be requested with Horizon or Braven HealthSM.

For SNF, SAR, SARV and TCU continued stay requests, if CareCentrix determines that the requested services do not meet medical necessity criteria, CareCentrix will notify the provider by phone and fax the NOMNC to the facility. The facility will deliver the NOMNC and secure the member's signature on the NOMNC two days prior to the end of service and fax back to CareCentrix.

02

If a peer-to-peer discussion is needed, contact CareCentrix as soon as possible by calling the appropriate number below and following the prompts to request an appointment for the discussion.

Horizon Medicare Advantage – **833-592-1075**

Braven HealthSM Medicare Advantage - **833-592-1077**



Initiation of an Appeal

Braven HealthSM:

Step 2: Mail, fax, or deliver your appeal.

For a Standard Appeal:

Braven Health Medical Appeals

PO Box 10195

Newark NJ 07101

Phone: 1-833-272-8360 Fax: 1-609-583-3028

For a Fast Track Appeals for SNF/SAR/SARV/TCU Continuation of Services Medical Necessity denials you must contact your QIO

Horizon Medicare Advantage:

Step 2: Mail, fax, or deliver your appeal.

For a Standard Appeal: Address:

Horizon Medical Appeals

PO Box 10195

Newark NJ 07101

Phone: 1-800-365-2223 Fax: 1-609-583-3028

For a Fast Track Appeals for SNF/SAR/SARV/TCU Continuation of Services Medical necessity Denials, you must contact your QIO

Horizon Commercial Fully Insured:

Medical Fax: 973-274-4215 Medical Hotline: 888-221-6392



Notice of Medicare Non-Coverage (NOMNC)

The *NOMNC* must be delivered 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 SNF, SAR or SARV determines a skilled service is no longer needed, they generate the *NOMNC* and deliver it to patient for signature.

When CareCentrix determines a skilled service is no longer medically necessary, CareCentrix will generate the *NOMNC* and fax it to the SNF, SAR or SARV and the Facility will deliver it to the patient for signature.

{Agency or skilled nursing facility name}

{Agency or skilled nursing facility address}

{Agency or skilled nursing facility phone number}

Notice of Medicare Non-Coverage

Patient name: _____ Patient number: _____

The Effective Date Coverage of Your Current {insert type: SNF, Home Health} Services Will End: {insert effective date}

01

- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current {insert type} services after the effective date indicated above.
- You may have to pay for any services you receive after the above date.

04

Your Right to Appeal This Decision

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above, neither Medicare nor your plan will pay for these services after that date.
- If you stop services no later than the effective date indicated above, you will avoid financial liability.

02

05

How to Ask For an Immediate Appeal

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO at 1-800-365-5899 to appeal, or if you have questions.

03

06

See page 2 of this notice for more information.

NOMNC's signed by the patient for skilled nursing services will be faxed to CareCentrix at:

877-250-2410.

CareCentrix will monitor *NOMNC* compliance and report results to Horizon.

NOMNC training is available on the link in HomeBridge under the Provider Education & Document Center.




SNF, SAR, SARV, TCU and IRF Claims

Horizon Supportive CareSM
Braven Health Supportive CareSM
SNF, SAR, SARV & TCU Training

SNF, SAR, SARV, TCU and IRF Claims

Continue to submit claims and claims questions to Horizon Blue Cross Blue Shield of New Jersey and Braven Health. For questions and resources visit <https://www.horizonblue.com/providers>.

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- HORIZON ISC PROGRAM
- MEDICAL INJECTABLES PROGRAM >
- OUR PLEDGE
- PATIENT HEALTH SUPPORT
- PHARMACY PROGRAMS >
- PRODUCTS >
- RECOGNITION PROGRAMS AND PARTNERSHIPS >

Braven HealthSM

Braven Health, an affiliate of Horizon BCBSNJ, is a partnership with Horizon BCBSNJ, Hackensack Meridian Health (HMH) and RWJBarnabas Health, which offers Medicare Advantage plans in certain New Jersey counties.





Members enrolled in Braven Health plans have in-network access to providers in our Horizon Managed Care Network and Horizon Hospital Network throughout our local service area (New Jersey and participating counties in Delaware, New York and Pennsylvania).

Though created through our partnership with HMH and RWJBarnabas Health, Braven Health members are not restricted to using, or encouraged to use, providers and hospitals affiliated with HMH or RWJBarnabas Health.

Provider participation in Braven Health plans is based on providers' participation status with existing Horizon Medicare Advantage plans. Visit our [Doctor & Hospital Finder](#) to confirm the Braven Health and Horizon plans you participate in.

Braven Health dedicated provider phone numbers

- Provider Services: 1-888-444-0501
- Behavioral Health Program: 1-888-444-0422

- 2022 Braven Health Plan Details 
- Participation with Braven Health 
- Payments and Electronic Data Interchange (EDI) Information 
- Braven Health Policies and Procedures 

Resources and Support

Horizon Supportive CareSM
Braven Health Supportive CareSM
SNF, SAR, SARV & TCU Training



CareCentrix Contact Information and Hours of Operation

Contact Method For SNF/SAR/SARV/TCU/IRF	For Horizon MA & Commercial Fully Insured	For Braven Health SM
Phone	1-833-592-1075	1-833-592-1077
Fax	1-877-249-9054	1-877-249-9054
Requests for Peer to Peer or Reconsiderations	1-833-592-1075	1-833-592-1077
Requests for Utilization Review criteria	1-833-592-1075	1-833-592-1077
NOMNC Fax	1-877-250-2410	1-877-250-2410

Days and Hours of Operation

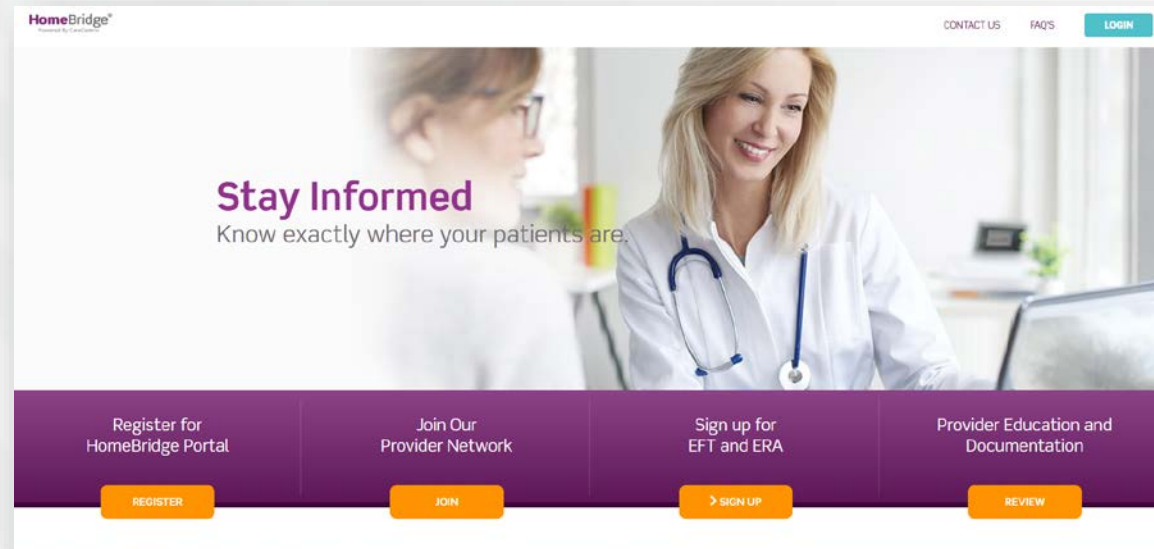
Monday through Sunday and Holidays: 8 am to 8 pm Eastern Time

(except Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day)

Outside Normal Business Hours: (including Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day): CareCentrix on-call clinical staff are available for urgent 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.



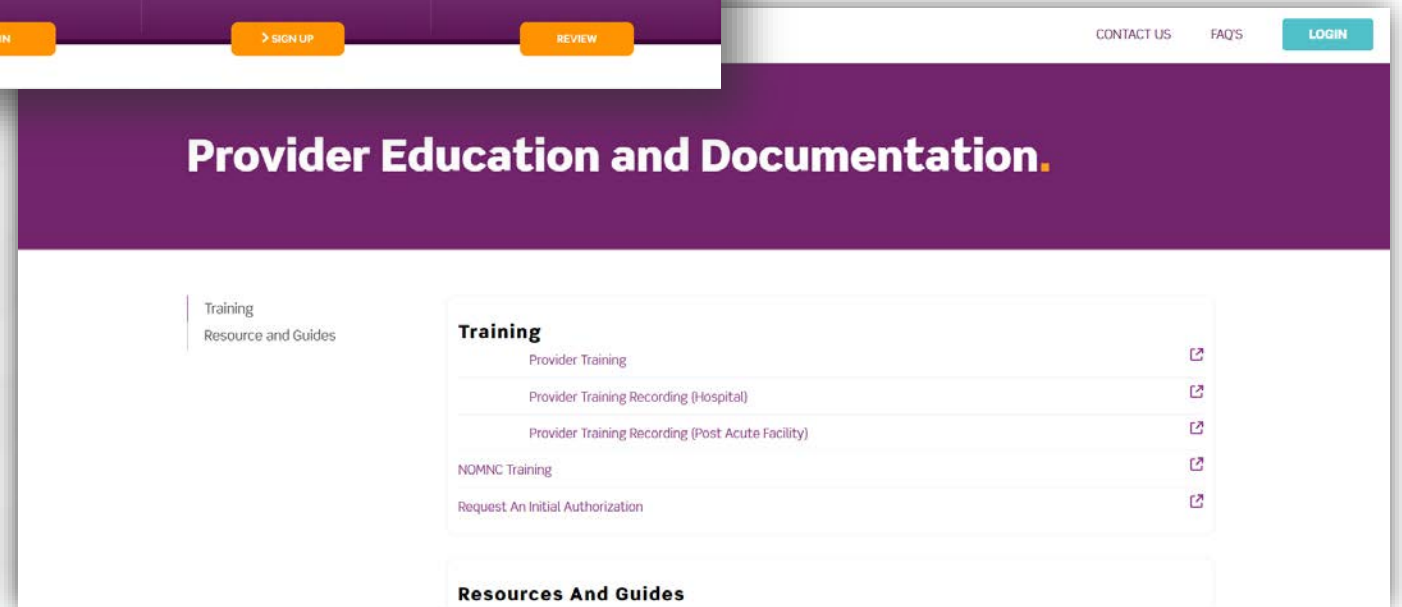
Reference and Support Material on CareCentrix HomeBridge® Portal



Provider Education and Documentation

In the CareCentrix HomeBridge Portal contains tools, training and reference materials:

<https://eportal.carecentrix.com/>



Tools and Resources

Training Presentation



QRG

FAQs

Horizon Supportive CareSM
Braven Health Supportive CareSM
Quick Reference Guide
May 2022

CareCentrixSM manages skilled nursing facility (SNF), subacute rehabilitation facility (SAR), subacute rehabilitation facility with ventilator (SARV), and inpatient rehabilitation facility (IRF) authorizations for Horizon Medicare Advantage, Braven HealthSM, and Horizon Commercial Fully Insured Members.

SNF, SAR, SARV & IRF Authorization Requests & Inquiries	Advantage & Commercial Fully Insured Members	For Braven Health Members
Phone	855-552-1075	855-552-1077
Fax	877-243-3054	877-243-3054
Requests for Peer-to-Peer Reviews & Reconsiderations	855-552-1075	855-552-1077
Requests for Utilization Review Criteria	855-552-1075	855-552-1077
NOMNC Fax	877-250-2410	877-250-2410

Days and Hours of Operation

Monday – Sunday and Holidays: 8 am to 8 pm eastern 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 and will return the call within one hour.

Type of request	Required information and documentation to support medical necessity
All Prior Authorization Requests	<ul style="list-style-type: none"> • Patient first and last name • Patient date of birth • Patient home address • Patient phone number with area code • Member ID <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 • Ordering physician (name and telephone number) • Diagnosis to support requested services • History and physical • IRF pre-admission assessment <p>NOTE: Staff Pre-admission Screening and Resident Review (PASRR) is not required by CareCentrix; however, you should continue to follow your state's process for submission to your State.</p>
Initial Authorization Requests	<ul style="list-style-type: none"> • Prior level of function • Prior living situation • Current cognitive status • Most recent physician, nursing and therapy notes • IRF pre-admission assessment
Continuation of Services Requests	<p>In addition to the information in the "All prior authorization requests" section of this tool, extension of stay requests must include:</p> <ul style="list-style-type: none"> • Level of care requested • Most recent physician, nursing and therapy notes including progress towards goals • Therapy treatment logs • Current medication list • Changes in clinical status • Discharge plan • Most recent interdisciplinary team meeting care plan note • Anticipated discharge date • Current functional status <p>NOTE: Extension of stay requests should be submitted at least 72 hours prior to the expiration of the current authorization.</p>
Additional information may be required to support decisions	<ul style="list-style-type: none"> • Most recent completed Minimum Data Set (MDS) • Other documentation to support clinical needs • Wound care treatment plan and notes

Horizon Supportive CareSM
Braven Health Supportive CareSM
Frequently Asked Questions
April 2022

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EDRC 1708_030322 2

facilityservices@carecentrix.com



Using the CareCentrix HomeBridge® Portal

Horizon Supportive CareSM
Braven Health Supportive CareSM
SNF, SAR, SARV & TCU Training



CareCentrix HomeBridge Portal - Registration

You must register for access to CareCentrix HomeBridge® Portal

1. Visit <https://eportal.carecentrix.com/> and select the **Register for HomeBridge Portal** button
2. Select the following user type **Provider**
3. Under Service Plan, Select **Post Acute Care Provider**
4. Under Health Plan, Select **Horizon**.
5. Follow the prompts and complete the registration form
6. You will be notified via email when your access is approved and be directed to create a password

You will have access to a comprehensive, on-demand user guide with step-by-step instructions.



CareCentrix HomeBridge Portal – Dashboard

HomeBridge®

Mack
owl@carecentrix....

+ CREATE REQUEST

Home Page

My Tasks

Manage Request

Settings

Sign out

Pending Task

Request that require your attention.


View My task

Search for a Request

Service Number/Line Number Member Last Name




EXTERNAL LINKS

- [Provider Education and Documentation](#)
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CareCentrix HomeBridge Portal – Draft Requests

HomeBridge® 🏠 ☎️ ? |

Linda
chandranh@gmai...

+ CREATE REQUEST

- Home Page
- My Tasks
- Draft Requests >**
- Tasks
- Manage Request
- Settings

Draft Requests

Filter Requests

MM/DD/YYYY 📅 First Name Last Name Subscriber ID Health Plan Line of business 🔍

✕ Clear All Filters

CREATED DATE	FIRST NAME	LAST NAME	SUBSCRIBER ID	HEALTH PLAN	LINE OF BUSINESS	DATE OF BIRTH	
03/08/2022	Portia	Hardy	VMYH0225		COMMERCIAL	07/02/1979	⋮

1 Results Show per page **20** ▾ Desc Asc.

Continue Request

Cancel Request



CareCentrix HomeBridge Portal – Manage Request

The screenshot shows the HomeBridge portal interface. On the left is a navigation sidebar with the following items: Home Page, My Tasks, Manage Request (highlighted with a red dashed box), Request Status, Edit Request (highlighted with a red dashed box), Continuation of Service, Settings, and Sign out. The main content area is divided into three sections: 1. Pending Task: A card titled 'Pending Task' with the subtitle 'Request that require your attention.' and a 'View My task' button. 2. Search for a Request: A card with two search input fields labeled 'Service Number/Line Number' and 'Member Last Name', and a search button. 3. EXTERNAL LINKS: A list of links including 'Provider Education and Documentation', 'Contact Us', and 'FAQs'. The footer contains the CareCentrix logo, 'OUR COMPANY' links (About Us, Contact Us, Report Fraud), and three accreditation logos: NCGA ACCREDITED UTILIZATION MANAGEMENT, urac ACCREDITED Health Utilization Management, and HITRUST CSF Certified Certification to Manage.



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CareCentrix HomeBridge Portal – Settings

HomeBridge® ☐ ☎ ?

 **Mack**
owl@carecentrix....

+ CREATE REQUEST

-  Home Page
-  My Tasks
-  Manage Request
-  **Settings**

 Sign out

Account Assigned Branches Security

Personal

First name	Mack
Last name	Maselek

Contact

Email	owl@carecentrix.com CareCentrix will contact you if we detect unusual activity Change Email
Phone number	(913) 999-9999

CareCentrix HomeBridge Portal - Demonstrations

- Create Request
- View Status

The screenshot displays the HomeBridge portal interface. On the left is a navigation sidebar with the following items: a user profile for 'Mack owl@carecentrix...' with a '+ CREATE REQUEST' button, 'Home Page', 'My Tasks', 'Manage Request', and 'Settings'. At the bottom of the sidebar is a 'Sign out' button. The main content area features three sections: 'Pending Task' with a 'View My task' button, 'Search for a Request' with input fields for 'Service Number/Line Number' and 'Member Last Name' and a search icon, and 'EXTERNAL LINKS' with links for 'Provider Education and Documentation', 'Contact Us', and 'FAQs'. The footer contains the CareCentrix logo, 'OUR COMPANY' links (About Us, Contact Us, Report Fraud), and accreditation logos for NCOA, URAC, and HITRUST CSF Certified.



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Q&A

facilityservices@carecentrix.com

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