



Horizon Supportive CareSM Braven Health Supportive CareSM Frequently Asked Questions

June 2022

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General information

Horizon Blue Cross Blue Shield of New Jersey has contracted with CareCentrix to manage post-acute care services and a community-based palliative care program for members enrolled in Horizon Medicare Advantage, Braven Health and Horizon Commercial Fully Insured plans. The Horizon Supportive Care and Braven Health Supportive Care programs will be **effective on May 1, 2022**.

Here are the key details:

- 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).
- CareCentrix will coordinate care to support the patient's journey through the phases of their illness, while identifying paths for care that help optimize clinical outcomes.
- CareCentrix will provide nurse coaching for eligible patients for 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.
- CareCentrix will manage a community-based palliative care program.
- Horizon and Braven Health will continue to manage authorizations for SNF, SAR, SARV, TCU and IRF for all other lines of business.
- Horizon and Braven Health will continue to manage network, appeals and claims for all services.

Which Horizon and Braven Health members will be included in the Horizon Supportive Care and Braven Health Supportive Care programs?

Members enrolled in Horizon Medicare Advantage, Braven Health and Horizon Commercial Fully Insured plans who are admitted to SNFs, SARs, SARVs, TCUs and IRFs on or after **May 1, 2022** and/or those with serious illness who would benefit from a community-based palliative program.



How do I know if someone is a member of a Horizon Medicare Advantage, Braven Health or Horizon Commercial Fully Insured plan?

You can determine if someone is enrolled in a Horizon Medicare Advantage or Braven Health plan by reviewing the front of the physical ID card or the virtual ID card. If the patient does not present a physical ID card you may access the virtual ID card by logging on to NaviNet's Horizon BCBSNJ plan central page and navigating to the Enrollment and Eligibility capabilities within *My Health Plans*.

Below are examples of Horizon Medicare Advantage and Braven Health ID cards.



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Braven HEALTH		Braven Medicare Plus (HMO)	
MEMBER NAME	J DOE	OFFICE VISIT:	\$0.00
MEMBER ID NUMBER	B7T3HZN12345678	SPECIALIST:	\$20.00
GROUP NUMBER	00-682J0	EMERGENCY ROOM:	\$90.00
EFFECTIVE DATE		RxBIN	016499
BC/BS PLAN CODES	280/780	RxPCN	HMOBH
ISSUER (80840)		RxGRP	RXBRVN
BravenHealth.com		RxID	3HZN12345678
			CMS-H4675-001
		MedicareRx	Medicare HMO

Horizon		Horizon Medicare Blue Select (HMO-POS)	
MEMBER NAME	Member Name	OFFICE VISIT:	\$0.00
MEMBER ID NUMBER	YKO3HZN10000010	SPECIALIST:	\$15.00
GROUP NUMBER	00-6902J	EMERGENCY ROOM:	\$90.00
EFFECTIVE DATE		RxBIN	016499
BC/BS PLAN CODES	280/780	RxPCN	HMOPOSNJ
ISSUER (80840)		RxGRP	RXHRZN
HorizonBlue.com/Medicare		RxID	3HZN10000010
			CMS-H3154-033
		MedicareRx	Medicare POS

You can determine if a patient is enrolled in a Commercial Fully Insured plan by reviewing the reverse side of the member's physical ID card or virtual ID card. A Commercial Fully Insured ID card will include the following statement: "Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. Insured by Horizon BCBSNJ." Below is an example of a Horizon Commercial Fully Insured Plan.



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When will CareCentrix start to manage authorizations for Horizon Medicare Advantage, Braven Health and Horizon Commercial Fully Insured members?

Effective May 1, 2022, CareCentrix will manage authorization requests for members enrolled in Horizon Medicare Advantage, Braven Health and Horizon Commercial Fully Insured plans who are admitted to SNF, SAR, SARV, TCU or IRF, as noted below.

	Horizon and Braven Health	CareCentrix
SNF/SAR/SARV/IRF Initial Authorization		
Patient admitted to SNF/SAR/SARV/TCU/IRF prior to May 1, 2022	✓	
Patient admitted to SNF/SAR/SARV/TCU/IRF on or after May 1, 2022		✓
SNF/SAR/SARV/IRF Continuation of Services		
Patient admitted to SNF/SAR/SARV/TCU/IRF prior to May 1, 2022	✓	
Patient admitted to SNF/SAR/SARV/TCU/IRF on or after May 1, 2022		✓



What is CareCentrix responsible for vs. Horizon and Braven Health?

The grid below highlights responsibilities for CareCentrix, Horizon and Braven Health as they relate to Horizon Medicare Advantage, Braven Health and Commercial Fully Insured members.

Category	Horizon Medicare Advantage, Braven Health and Horizon Commercial Fully Insured Patients	Horizon and Braven Health	CareCentrix
Initial Authorization and Extension of Stay Requests	Hospital & LTCH	✓	
	SNF, SAR, SARV, TCU, IRF		✓
Patient Appeals	All providers	✓	
Peer to Peer Review	Hospital & LTCH	✓	
	SNF, SAR, SARV, TCU, IRF		✓
Claims and Claims Appeals	All providers	✓	
Authorization Requests for Other Services	Transportation	✓	
	High-Cost Medications		✓
	Specialty Equipment		✓
Readmissions Management	Nurse Coaching		✓
Palliative Program	Community-Based Palliative Program		✓

How does CareCentrix interact with providers?

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

Prior to the program launch, CareCentrix will provide training, tools and support to the provider network so all are prepared to request authorization for SNF, SAR, SARV, TCU and IRF stays.

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

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

How does CareCentrix interact with Horizon Medicare Advantage, Braven Health and Horizon Commercial Fully Insured members?

The CareCentrix team will interact with Horizon Medicare Advantage, Braven Health and Horizon Commercial Fully Insured members as follows:

- CareCentrix Nurse Liaisons may meet with and/or discuss discharge options with a patient



- CareCentrix will provide notification about approval and denial decisions
- CareCentrix may provide nurse coaching when a patient returns home after a hospital or post-acute facility discharge to support a successful transition
- CareCentrix may contact patients by phone, text or email. As appropriate, CareCentrix will work with servicing providers, the patient and Horizon and Braven Health to address disruption of services or expression of dissatisfaction.
- Nurses and social workers with palliative expertise will interact with and support seriously ill patients and their caregivers to make health care decisions aligned with their goals and values.

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

Access to a CareCentrix Nurse Liaison and/or a CareCentrix Nurse Coach is part of the Horizon and Braven Health Supportive Care Programs, and is therefore provided at no additional cost to the patient.

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

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

SNF/SAR/SARV/TCU/IRF Authorization Requests & Inquiries	For Horizon Medicare Advantage & Commercial Fully Insured Members	For Braven Health Members
Phone Number	1-833-592-1075	1-833-592-1077
Fax Number	1-877-249-9054	1-877-249-9054
Requests for Peer to Peer Reviews & Reconsiderations	1-833-592-1075	1-833-592-1077
Requests for Utilization Review Criteria	1-833-592-1075	1-833-592-1077
NOMNC Fax Number	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.		



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

If you have general questions, contact CareCentrix at facilityservices@carecentrix.com.

If you have questions about authorizations, or need additional support, please call CareCentrix at the numbers below:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health – **1-833-592-1077**

Care Transitions

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

The CareCentrix team supports patient transitions in multiple ways:

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

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

The CareCentrix Discharge Options Tool is used to support facilities in providing better care options to reduce readmissions and decrease total cost of care. Utilizing multiple sources of data, the Discharge Options Tool will provide a path of care and a list of in-network providers who have historically had higher quality outcomes for similar patients. Discharge options may be shared by the Nurse Liaison or PAC Nurse during the care coordination process. If you have an onsite Nurse Liaison or PAC Nurse, they will proactively deliver the Discharge Options Tool to you.



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DISCHARGE OPTIONS

Path of Care Recommendation: Home

Readmission Risk Score: 29%

76% of similar members discharged to home

PROVIDER	PHONE	NPI	COMMENT
Golden Star Nursing & Rehabilitation	(888) 447-0001	1443921466	
Sunflower Health Care Facility	(888) 447-4083	1124644667	
Nora Hill Long Term Care Facility	(888) 442-3700	126739972	
Summer View Health Care Center	(888) 664-8100	1294897851	
Community Care of Bristol	(888) 442-7100	1438878124	

PROVIDER	PHONE	NPI	COUNTY
Grace Home Care Inc.	(888) 856-9000	1784644687	Golden
O'Brian Home Care Corp CHHA	(888) 856-4870	1879644545	Golden
Moose Hill Home Care	(888) 856-7600	1412155878	Golden

The list these 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 used for similar patients in a manner that reduced the frequency of hospital readmissions. 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 priority 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 the decision-making in such matters. 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/Providers/Providers/DischargeOptions.pdf>

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

CareCentrix Nurse Liaisons are in market and primarily focus on hospital discharge transitions and may interact onsite or by phone with hospital discharge planners, case managers and physicians. They may also interact by phone with post-acute facilities.

CareCentrix PAC Nurses specialize in post-acute care authorizations and collaborate telephonically with SNFs, SARs, SARVs, TCUs and IRFs to discuss patient progress and manage length of stay.

Both Nurse Liaisons and PAC Nurses help streamline the authorization process because of our direct connection with Horizon and Braven Health and their ability to collect and provide the specific documentation required to move the request through the authorization process in a timely manner.

While the patient's discharge plan is under development, CareCentrix Nurse Liaisons and PAC Nurses will gather information specific to each patient and use our proprietary analytics and provider performance information to generate a Discharge Options Tool. When appropriate, we will provide information to the facility discharge planner or case manager to support a smooth transition to the next site of care, including a list of providers who have historically had higher quality outcomes for similar patients.



In addition to supporting the discharge process, the Nurse Liaison and PAC Nurse may also engage the patient and/or caregiver to provide support and discuss our nurse coaching program and the next steps after discharge. They can also help identify potential services that may be needed if the patient discharges from the hospital to home, and they will work with the hospital discharge planners or case managers to ensure appropriate services are arranged so the patient has a safe transition home.

CareCentrix Nurse Coaches engage with patients telephonically as they transition home to identify and solve gaps in care, assist in connecting patients to community resources as needed, and refer patients who would benefit from home palliative care. CareCentrix Nurse Coaches will interact with patients for up to 90 days after an acute hospital discharge.

Will CareCentrix be involved with patients who have planned surgeries?

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

Will CareCentrix Nurse Liaisons be involved with all Horizon and Braven Health members or only select members?

Nurse Liaisons may be involved with Horizon Medicare Advantage, Braven Health and Horizon Commercial Fully Insured patients who have been identified as at risk for readmission. If a facility identifies a patient who is not assigned a Nurse Liaison and believes they could benefit from one, please call CareCentrix as follows:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health – **1-833-592-1077**

How do I contact the Nurse Liaisons?

If you have questions regarding your Nurse Liaison contact or coverage, call CareCentrix as follows:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health – **1-833-592-1077**



Can I get assistance from CareCentrix to identify a SNF or home health agency for a patient?

Yes, we are happy to help you identify SNFs or home health agencies to support patient care needs. An assigned Nurse Liaison or PAC Nurse will support care coordination activities and this type of request.

You can also call CareCentrix as follows:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health – **1-833-592-1077**

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

CareCentrix will make efforts to find an in-network facility to admit Horizon and Braven Health members in need of services. However, we have an established single case agreement process with Horizon and Braven Health. For an admission to an out of network facility, the request should be submitted to CareCentrix, and CareCentrix will coordinate with Horizon and Braven Health to secure approval to use the out of network provider.

Authorizations

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

Yes. CareCentrix manages authorizations for Horizon Medicare Advantage, Braven Health and Horizon Commercial Fully Insured patients admitted to a SNF regardless of whether the patient is admitted after a hospital stay or from the community.

What if a patient is discharged to home and the treating physician believes that the patient needs to return to a SNF?

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



What happens if a Horizon Medicare Advantage, Braven Health Medicare Advantage or Horizon Commercial Fully Insured patient is admitted to a facility prior to May 1, 2022?

If a patient is admitted to a SNF, SAR, SARV, TC or IRF prior to May 1, 2022, Horizon or Braven Health will manage the initial authorization request and any continuation of services requests. For patients who are admitted on or after May 1, 2022, CareCentrix will manage the initial authorization request and any continuation of services requests.

Please refer to the chart below for additional details.

	Horizon and Braven Health	CareCentrix
SNF/SAR/SARV/IRF Initial Authorization		
Patient admitted to a SNF/SAR/SARV/TCU/IRF prior to May 1, 2022	✓	
Patient admitted to a SNF/SAR/SARV/TCU/IRF on or after May 1, 2022		✓
SNF/SAR/SARV/IRF Continuation of Services		
Patient admitted to a SNF/SAR/SARV/TCU/IRF prior to May 1, 2022	✓	
Patient admitted to a SNF/SAR/SARV/TCU/IRF on or after May 1, 2022		✓

Who is responsible for submitting authorization requests for SNFs, SARs, SARVs, TCUs and IRFs?

Initial Authorizations

If the hospital discharging the patient submits the request for authorization, they should continue to do so. If the SNF, SAR, SARV, TCU or IRF submits the request for authorization, they should continue to do so. Effective **May 1, 2022**, initial requests for Horizon Medicare Advantage, Braven Health and Horizon Commercial Fully Insured members admitted to SNF, SAR, SARV, TCU and IRF should be submitted to CareCentrix.

Continuation of Services Authorization

Continuation of services authorization requests for Horizon Medicare Advantage, Braven Health Medicare Advantage and Horizon Commercial Fully Insured patients should be submitted by the SNF, SAR, SARV, TCU or IRF at least 72 hours prior to an authorization expiration date, and should include all updated clinical information to support medical necessity for continued services. Continuation of services requests for Horizon Medicare Advantage, Braven Health and Horizon Commercial Fully Insured members who are admitted to SNF, SAR, SARV, TCU and IRFs on or after **May 1**,



2022 should be submitted to CareCentrix. If the patient was admitted to the SNF, SAR, SARV and IRF prior to **May 1, 2022**, requests should be submitted to Horizon or Braven Health.

When do I submit authorization requests to CareCentrix?

CareCentrix recommends you submit requests for initial authorizations in advance of a SNF, SAR, SARV, TCU or IRF admission. Approved authorizations prior to admission facilitates timely claims processing.

For continuation of services requests, CareCentrix strongly recommends providers submit requests at least 72 hours prior to the end of the current authorization period.

For details about clinical documentation requirements, you can find information within this document or you can review the Horizon and Braven Health Quick Reference Guide (QRG), which is located in the Provider Education and Documentation tab on the CareCentrix HomeBridge[®] Portal at <https://eportal.carecentrix.com>.

Is the CareCentrix HomeBridge[®] portal available to hospitals and PAC facilities for authorization requests?

Hospitals

Hospitals may submit requests for post-acute facility authorizations to CareCentrix by phone or fax at the appropriate number below. Please note that hospitals do not currently have the ability to submit initial post-acute facility authorization requests via the [CareCentrix HomeBridge[®]](#) portal. We will notify hospitals when this capability is available.

Post-Acute Authorization Requests	Phone	FAX
For Horizon Members	1-833-592-1075	1-877-249-9054
For Braven Health Members	1-833-592-1077	1-877-249-9054

PAC Facilities

Post-Acute Facilities may submit initial authorization requests to CareCentrix using the [HomeBridge](#) portal or by phone or fax at the appropriate number above. PAC facilities may submit continuation-of-services authorization requests to CareCentrix by phone or fax at the appropriate number listed above. We will notify PAC facilities when they are able to submit continuation of services requests via the HomeBridge portal.



CareCentrix will provide training, tools and support to post-acute facilities to understand how to use the CareCentrix HomeBridge portal. If you have questions about using the portal or need additional support, you can email CareCentrix at facilityservices@carecentrix.com.

Beginning on **April 27, 2022**, both hospitals and PAC facilities will have access to education and resource tools located on the HomeBridge portal. To access this information, follow these steps:

- Visit <https://eportal.carecentrix.com>
- Click on Provider Education and Documentation
- Select the materials you wish to access

How do I submit authorization requests to CareCentrix?

Hospitals

Hospitals may submit requests for post-acute facility initial authorizations to CareCentrix by phone or fax at the appropriate number below. Please note that hospitals do not currently have the ability to submit initial post-acute facility authorizations via the [CareCentrix HomeBridge[®]](#) portal. We will notify hospitals when this capability is available.

Post-Acute Authorization Requests	Phone	FAX
For Horizon Members	1-833-592-1075	1-877-249-9054
For Braven Health Members	1-833-592-1077	1-877-249-9054

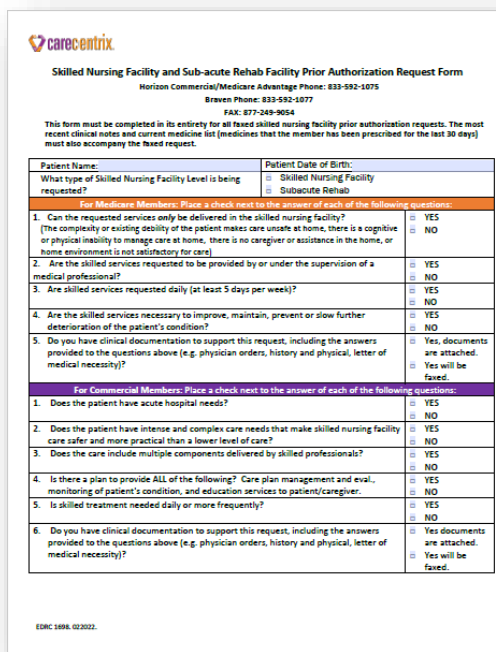
PAC Facilities

PAC facilities may submit initial authorization requests to CareCentrix using the [HomeBridge](#) portal or by phone or fax at the appropriate number above. PAC facilities may submit continuation-of-services authorization requests to CareCentrix by phone or fax at the numbers above. We will notify PAC facilities when they are able to submit continuation of services requests via the HomeBridge portal.

If you choose to fax your SNF, SAR, TCU or SARV authorization requests, we strongly encourage you to use the *Skilled Nursing Facility & Subacute Rehabilitation Facility Authorization Request Form*, to expedite the decision turnaround time. The form will be sent to you prior to **May 1, 2022**.

Remember to include all required clinical documentation when you submit a request.

Sample Skilled Nursing Facility & Subacute Rehabilitation Facility Authorization Request Form



Skilled Nursing Facility and Sub-acute Rehab Facility Prior Authorization Request Form
 Horizon Commercial/Medicare Advantage Phone: 833-592-1075
 Braven Phone: 823-592-1077
 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 ability 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.

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

When submitting authorization requests to CareCentrix for SNF, SAR, SARV, TCU or IRF authorizations, be sure to include the documentation listed below because it will help expedite the decision turnaround time.

If you are faxing an authorization request for SNF, SAR, SARV or TCU, it is highly recommended that you include the *Skilled Nursing Facility & Subacute Rehabilitation Facility Authorization Request Form*, because it will help expedite the decision turnaround time. CareCentrix will send you the form prior to May, 1, 2022.

Note: Physician, Therapy and Nursing notes that are included with the authorization request should be completed within 48 hours of the submission of IRF requests or within 72 hours of submission of SNF/SAR/SARV/TCU requests.

For IRFs, a preadmission screening or a rehabilitation consult is required for the admission authorization request. If you submit a preadmission screening, it must be reviewed, signed and dated by a rehabilitation physician within the 48 hours immediately preceding the IRF admission. There is no required form for the



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preadmission screening. If you submit a rehabilitation consult, it must be completed, signed and dated by a rehabilitation physician within the 48 hours immediately preceding the IRF admission.

Type of Request	Required Information and Documentation to Support Medical Necessity
All 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 number
Initial Authorization Requests	<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 • History and physical • Medication List • Prior level of function • Prior living situation • Current cognitive status • Most recent physician, nursing and therapy notes (completed within 48 hours of the submission of an IRF request and within 72 hours of the submission of a SNF/SAR/SARV/TCU request) • Rehabilitation consult completed and signed by rehabilitation physician or IRF preadmission screening completed and signed within the 48 hours immediately preceding the IRF admission <p><i>Note: SNF Preadmission Screening and Resident Review (PASRR) is not required by CareCentrix; however, you should continue to follow your standard process for submission.</i></p>
Continuation of Services Requests	<p>In addition to the information listed under “All Authorization Requests”, continuation of services requests must include:</p> <ul style="list-style-type: none"> • Level of care requested • Most recent physician, nursing and therapy notes, including progress toward goals (completed within 72 hours of the submission for a continuation of services request) • Therapy treatment logs • Changes in clinical status • Discharge plan • Most recent interdisciplinary team meeting care plan note • Anticipated discharge date • Current functional status • Current medication list <p><i>Note: Continuation of Services Requests should be submitted at least 72 hours prior to the expiration of the current authorization.</i></p>



Type of Request	Required Information and Documentation to Support Medical Necessity
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

Will I need to answer any questions when I submit an initial authorization request for a Horizon Medicare Advantage or Braven Health admission to a SNF, SAR, TCU or SARV?

Yes you will. 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 in the HomeBridge portal to support accurate categorization of the authorization request for utilization management purposes and a faster decision. 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.

Categorization for Utilization Management Purposes

You will be asked the following question to support the correct categorization of your request:

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.

Clinical Questions

You will be asked the following clinical questions so CareCentrix can make a decision on your authorization request:



-
- 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 or none of the above?
 - Are skilled services requested daily (at least five 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.

Will I need to answer any questions when I submit an initial authorization request for a Horizon Commercial Fully-Insured admission to a SNF, SAR, TCU or SARV?

Yes you will. 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 questions in the HomeBridge portal to support accurate categorization of the authorization request for utilization management purposes and a faster decision. 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.

Categorization for Utilization Management Purposes

You will be asked the following question to support the correct categorization of your request:

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.

Clinical Questions

You will be asked the following clinical questions so CareCentrix can make a decision on your authorization request:

- 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 are faxing an authorization request for SNF, SAR, TCU or SARV, it is highly recommended that you include the *Skilled Nursing Facility & Subacute Rehabilitation Facility Authorization Request Form*, because it will help expedite the decision turnaround time.

Is there a required form for the IRF preadmission screening?

No. There is no required form. IRFs should continue to follow the process they do today to complete the preadmission screening. When submitting the preadmission screening to CareCentrix, it should be signed and dated and reflect that it has been reviewed by a rehabilitation physician within the 48 hours immediately preceding the IRF admission. Alternatively, you can submit a rehabilitation consult completed, signed and dated by a rehabilitation physician within the 48 hours immediately preceding the IRF admission.



Will the referral process change for SNF, SAR, SARV, TCU or IRF admissions?

All providers should continue to use their existing process for sending and/or receiving referrals for SNF, SAR, SARV OR IRF admissions.

What criteria does CareCentrix use to make determinations on authorization requests?

For Horizon Commercial Fully Insured patients CareCentrix will apply MCG Care Version 26 Guidelines when making determinations for SNF, SAR, SARV, TCU or IRF for both admissions and stay extensions. The criteria must be met to qualify for approval.

For Horizon Medicare Advantage and Braven Health Medicare Advantage, CareCentrix will apply CMS guidelines for SNF, SAR, SARV, TCU or IRF for both admissions and stay extensions. The criteria must be met to qualify for approval.

Visit the Horizon and Braven Health websites for additional information about their clinical policies. You may also contact CareCentrix as follows:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health – **1-833-592-1077**

How long will the initial authorization approval be valid?

The initial authorization will be valid for the dates specified on the Service Registration Form (SRF). If there is a delay in the admission date, contact CareCentrix to update the authorization as follows:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health – **1-833-592-1077**

What authorization information will I receive from CareCentrix?

When CareCentrix approves an authorization request, a Service Registration Form (SRF) will be faxed to the SNF, SAR, SARV, TCU or IRF. The SRF provides the following information:

- Patient information
- Facility information
- Approved service description
- Dates of service
- Number of units — one unit equals one day



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- Service header number
- Service line number
- Intake ID

For Horizon Medicare Advantage and Braven Health, approval and denial determination letters are mailed to the member and ordering physician and faxed to the hospital, SNF, SAR, SARV, TCU or IRF. When services are approved, the SNF, SAR, SARV, TCU or IRF 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 SNF, SAR, SARV, TCU or IRF will receive a SRF via fax. The hospital, SNF, SAR, SARV, TCU or IRF will notify the member of the approval determination. All denial determinations are faxed to the hospital, SNF, SAR, SARV, TCU or IRF and are mailed to the patient and ordering physician.

Horizon **carecentrix**

SERVICE REGISTRATION FORM

MEMBER INFORMATION

Member Name: TEST, TEST
 Subscriber ID: 111111111
 Address: 10 MAIN STREET ANYWHERE USA 12345
 City: 00000
 State: NJ
 Phone: (202) 997-4398
 Fax: (202) 997-4398
 Service Header Number: 100100000000
 Member ID: 100100000000
 Care Plan: PATIENT'S PRIMARY CARE PHYSICIAN
 Referral Method: PHONE
 Referral Number: 123456789
 Health Plan Name: HORIZON SUPPORTIVE CARE™
 Referral Fax: (202) 997-4398

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

PROVIDER: 123456789
 Address: 100100000000
 City: 00000
 State: NJ
 Phone: (202) 997-4398
 Fax: (202) 997-4398
 Service Header Number: 100100000000
 Start Date: 01/01/2021
 Stop Date: 01/01/2021
 Length of Stay: 1 DAY

Service	Service Line Number	Start Date	Stop Date	Units
IRF (SNF)	100100000000-01	01/01/2021	01/01/2021	1 DAY

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

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Braven **carecentrix**

SERVICE REGISTRATION FORM

MEMBER INFORMATION

Member Name: TEST, TEST
 Subscriber ID: 111111111
 Address: 10 MAIN STREET ANYWHERE USA 12345
 City: 00000
 State: NJ
 Phone: (202) 997-4398
 Fax: (202) 997-4398
 Service Header Number: 100100000000
 Member ID: 100100000000
 Care Plan: PATIENT'S PRIMARY CARE PHYSICIAN
 Referral Method: PHONE
 Referral Number: 123456789
 Health Plan Name: BRAVEN HEALTH SUPPORTIVE CARE™
 Referral Fax: (202) 997-4398

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

PROVIDER: 123456789
 Address: 100100000000
 City: 00000
 State: NJ
 Phone: (202) 997-4398
 Fax: (202) 997-4398
 Service Header Number: 100100000000
 Start Date: 01/01/2021
 Stop Date: 01/01/2021
 Length of Stay: 1 DAY

Service	Service Line Number	Start Date	Stop Date	Units
IRF (SNF)	100100000000-01	01/01/2021	01/01/2021	1 DAY

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

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What is the turnaround time for authorization requests?

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



How can I check the status of a SNF, SAR, SARV, TCU or IRF authorization request?

Facilities that have access to the CareCentrix HomeBridge portal for authorization submissions may check the status of an authorization by following the steps below:

- Log into the CareCentrix HomeBridge Portal at <https://eportal.carecentrix.com>
- Navigate to Request Status
- Search for the patient or request using one of the search options

Facilities can also check the status of an authorization request by calling CareCentrix as follows:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health – **1-833-592-1077**

When you call CareCentrix you will need to provide the following information:

- Patient's full name
- Patient's date of birth
- Member ID

Can I submit retrospective authorization requests for SNF, SAR, SARV, TCU or IRF stays?

Retrospective Requests

Providers are strongly encouraged to submit initial authorization requests prior to rendering services to ensure those services meet the medical necessity requirements of the patient's plan and support expeditious claims review and payment. If that is not possible due to extenuating circumstances, providers should submit their authorization requests to CareCentrix, with required clinical documentation, as soon as possible and in accordance with the timeframes required by Horizon and Braven Health as noted below:

- For Horizon Medicare Advantage and Braven Health – within 365 days of the admission date as long as no claim has been submitted to the plan.
- For Horizon Commercial Fully Insured – within 365 days of the admission date as long as no claim has been submitted to the plan.

Concurrent Requests

If a patient has already been admitted to a facility and remains in the facility at the time of the request, this is considered a concurrent request. It is strongly encouraged that you submit a request at least 72 hours prior to the last approved day. Be sure to include



required clinical documentation with your request. Once received, CareCentrix will perform a review for medical necessity.

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

If CareCentrix determines that the requested services for a Horizon Medicare Advantage or Braven Health member does not meet medical necessity criteria, CareCentrix will notify the provider by phone or fax of a denial decision with instructions on how to request a peer-to-peer discussion with CareCentrix.

For Horizon Medicare Advantage or Braven Health 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.

To request a peer to peer discussion contact CareCentrix as follows:

- For Horizon Medicare Advantage: **1-833-592-1075**
- For Braven Health: **1-833-592-1077**

If CareCentrix determines that the requested services for a Horizon Commercial Fully Insured member does not meet medical necessity criteria, CareCentrix will notify the patient and the ordering physician by mail, and the rendering facility by fax regarding the denial decision with instructions on how to request a reconsideration or peer-to-peer discussion with CareCentrix or to request an appeal with Horizon.

- **Option 1:** Request a reconsideration or peer-to-peer discussion by contacting CareCentrix at:
 - Horizon Commercial Fully Insured plans: **1-833-592-1075**
- **Option 2:** Appeal directly with Horizon.

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

If a peer-to-peer discussion is needed, contact CareCentrix as soon as possible and follow the prompts to request an appointment for the discussion by calling the numbers below:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health – **1-833-592-1077**



How do I submit appeals for denied authorization requests?

The appeal process is not changing. Appeals for adverse determinations will continue to be managed by Horizon and Braven Health. To submit an appeal, follow the instructions in the denial letter. You will need to submit your appeals as follows:

For Horizon Commercial Fully Insured Appeals

- Medical Fax: **1-973-274-4215**
- Medical Hotline: **1-888-221-6392**

For Horizon Medicare Advantage Appeals – Mail, fax or deliver your appeal.

For a Standard Appeal:

Mail:

Horizon Medical Appeals

PO Box 10195

Newark NJ 07101

Phone: **1-800-365-2223**

Fax: **1-609-583-3028**

For a Fast Appeal for Horizon Medicare Advantage SNF, SAR and SARV continued stay medical necessity denials, follow the steps below:

- Submit your appeal to the Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end services.
- The request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the day services will end.
- The QIO will generally will notify you of its decision by the day services will end.
- Call the QIO at: BFCC **1-866-815-5440** to appeal, or if you have questions.

If You Miss The Deadline to Request An Immediate Appeal, There May Be Other Appeal Rights:

- Call the plan at the number given below.



Plan contact information: Horizon Healthcare of New Jersey, Inc. at **1-800-365-2223** Monday through Friday, between 8 a.m. and 8 p.m., Eastern Time.

For Braven Health Appeals – Mail, fax or deliver your appeal.

For a Standard Appeal:

Mail:

Braven Health Medical Appeals
PO Box 10195
Newark NJ 07101

Phone: **1-833-272-8360**

Fax: **1-609-583-3028**

For a Fast Appeal for Braven Health SNF, SAR, SARV and TCU continued stay medical necessity denials, follow the steps below:

- Submit your appeal 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.
- The request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the days services will end.
- The QIO generally will notify you of its decision by the day services will end.
- Call the QIO at: BFCC **1-866-815-5440** to appeal, or if you have questions

If You Miss The Deadline to Request An Immediate Appeal, There May Be Other Appeal Rights:

- Call the plan at the number given below.

Plan contact information: Braven Health at **1-833-272-8360** (TTY 711) Monday through Friday, between 8 a.m. and 8 p.m., Eastern Time.



Are discharge planners and others able to request authorizations seven days a week?

Yes, authorization requests may be made seven days a week. Refer to the chart below for easy reference to **CareCentrix contact numbers and hours of operation**.

SNF/SAR/SARV/TCU/IRF Authorization Requests & Inquiries	For Horizon MA & Commercial Fully Insured Members	For Braven Health Members
Phone	1-833-592-1075	1-833-592-1077
Fax	1-877-249-9054	1-877-249-9054
Requests for Peer to Peer Reviews & 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.		

Can facilities use CarePort Health to submit an authorization request?

Yes, if the facility is using CarePort Health today they can submit an authorization request using that platform. For instructions on how to submit authorization requests using CarePort, please refer to the Education Center on the HomeBridge[®] portal.

If you have questions about CarePort Health, contact:
Merritt Leopard at merritt.leopard@careporthealth.com

What is the turnaround time for an authorization for a patient who is in the ER?

If a patient is in the ER and requires transfer to a SNF, SAR, SARV, TCU or IRF, and you are:

- Using the HomeBridge[®] portal to submit your request, the system will automatically mark the request as URGENT. Remember to include all required



documentation to support an expedited turnaround time. Authorization turnaround times will be as soon as possible and within regulatory timeframes.

- Are faxing your request, please mark the request as URGENT on the fax coversheet to alert CareCentrix to expedite the review process. Authorization turnaround times will be as soon as possible and within regulatory timeframes.

If the patient is in the ER and requires a hospital admission, Horizon and Braven Health will manage the authorization for the hospital admission.

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. There is not a three day hospital stay requirement for Horizon and Braven Health patients.

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

Facilities must include the primary ICD-10 diagnosis code. It is also recommended that you include additional ICD-10 diagnosis codes that are active and pertinent to the patient's condition.

Please note: if you are using the CareCentrix HomeBridge[®] Portal to submit your authorization request, you are allowed to enter one primary, one secondary, one tertiary and one other diagnosis.

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

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

Do I need to check eligibility and benefits?

Yes. Providers must verify eligibility and benefits with Horizon and Braven Health prior to providing services, equipment or supplies.



What if a patient transfers between SNFs, do I need to get a new authorization?

Yes. If there is a change in facility, a new authorization is required. It is the responsibility of the new SNF to request a new authorization by contacting CareCentrix as follows:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health plans – **1-833-592-1077**

Do hospital or PAC facility Case Managers need to obtain physician orders for SNF, SAR, SARV, TCU or IRF requests before discharge?

CareCentrix does not require written physician orders when an authorization request is submitted. However, we do require confirmation that an order exists. Clinical documentation is required to support the request for authorization. For a list of documentation requirements, refer to the Quick Reference Guide, found in the Provider Education and Documentation section of the CareCentrix HomeBridge[®] Portal at <https://eportal.carecentrix.com>.

Will CareCentrix provide the anticipated length of stay on an authorization approval?

Length of stay is determined based on the patient's condition, supporting clinical information provided to CareCentrix, and medical necessity criteria. The Service Registration Form (SRF) will provide a start and end date. CareCentrix will fax the SRF to the rendering PAC facility.

What is the deadline for obtaining authorization for a continuation of services?

CareCentrix strongly recommends that you submit your request at least 72 hours before the expiration of the current authorization. Be sure to submit your request with all required clinical documentation.

On holidays and/or weekends, how will the facility be notified about the status of an authorization request?

For requests received via fax, CareCentrix will provide a fax acknowledgement to the requestor confirming receipt of the fax. This confirmation will be sent to the fax number provided on the request and include the CareCentrix intake number, services requested and start of care date for the patient. If the request is missing information, a different form will be faxed requesting the additional information.



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, SNF, SAR, SARV, TCU or IRF. When services are approved, the SNF, SAR, SARV, TCU or IRF 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 SNF, SAR, SARV, TCU or IRF will receive a SRF via fax. The hospital, SNF, SAR, SARV, TCU or IRF will notify the member of the approval determination. All denial determinations are faxed to the hospital, SNF, SAR, SARV, TCU or IRF and are mailed to the patient and ordering physician.

If a PAC facility submits an initial request via the CareCentrix HomeBridge[®] Portal, you will receive a message on the screen acknowledging that your request has been submitted. The message will also include a request ID, service type and requested start date.

Inquiries on the status of the patient's requested services can also be obtained by contacting CareCentrix as follows:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health – **1-833-592-1077**

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

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

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

If you are a registered user of the CareCentrix provider portal you can easily edit an authorization by following the steps below:

- Log into CareCentrix HomeBridge[®] Portal at <https://eportal.carecentrix.com>
- Navigate to Edit Request
- Search for the patient or request using the provided search options
- Select Edit Request to edit details of the request



Note: Edits such as changing the service type or primary diagnosis require cancelling the current request and submitting a new request.

If you submitted an authorization request by phone or fax, you should notify CareCentrix as soon as possible if any of the following circumstances occur:

- Change in admission date
- Change in level of care (SNF, SAR, SARV, TCU, IRF)
- Change in discharge date or discharge orders

You may notify CareCentrix by calling:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health – **1-833-592-1077**

When requesting a SNF authorization, does the requestor need to provide the level of care?

Level of care is a required element; however, if the requestor does not know the level of care, CareCentrix will review all necessary clinical information that is submitted to CareCentrix with the authorization request to ensure the appropriate level of care is assigned and authorized.

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

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

Once at a SNF, SAR, SARV, TCU or IRF how often are updates needed?

Updates will be needed if a continuation of services is required or if there is a change in condition that requires a different level of care. It is strongly recommended that the continuation of services request be submitted at least 72 hours prior to the authorization end date.

Are we able to schedule a peer-to-peer discussion seven days a week?

Yes, peer-to-peer discussions may be scheduled seven days a week by calling CareCentrix and following the prompts to request an appointment as follows:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health – **1-833-592-1077**



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

Yes. Once you know the name of the SNF the patient will be going to, contact CareCentrix to update the authorization request:

- For Horizon Medicare Advantage or Commercial Fully Insured – **1-833-592-1075**
- For Braven Health –**1-833-592-1077**

Can a patient be admitted directly to a skilled nursing facility from the community?

Yes, however coverage is based on a member's benefit and authorization is required to establish medical necessity.

If a patient is in the ER or under observation and never admitted to the hospital, can they be admitted to a SNF?

Yes, however coverage is based on a member's benefit and authorization is required to establish medical necessity.

If an IRF authorization request is denied, can the authorization request be automatically converted to a SNF or SAR authorization request?

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

If a patient needs specialty DME or high cost medications in a SNF, do I need to request authorization from CareCentrix?

For high cost medications and specialty equipment in a post-acute facility, you will follow your standard process however for admissions on or after **May 1, 2022**, you will contact CareCentrix for authorization instead of Horizon or Braven Health.

Does Horizon and Braven Health require authorization for transportation between facilities?

For transfers from an acute hospital to a post-acute facility and for transfers between post-acute facilities, a transportation authorization is required. Horizon and Braven



Health will continue to manage authorization requests for transportation. To request an authorization electronically, facilities should:

- Log on to NaviNet and navigate to the Horizon BCBSNJ plan central page under *My Health Plans*
- Hover over *Referrals and Authorizations* to Select *Utilization Management Requests*
- Once in CareAffiliate[®], you will be able to submit a transportation authorization request or check the status of an already submitted request.

If CareCentrix becomes aware of a request for transportation that has not been addressed by Horizon or Braven Health, CareCentrix will notify Horizon or Braven Health

Who is responsible for authorizing transitional care unit (TCU) admissions?

CareCentrix is responsible for transitional care unit authorization requests for patients who are enrolled in Horizon Medicare Advantage, Braven Health or Horizon Commercial Fully Insured plans.

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

Yes. Any time after **April 27, 2022**, you can visit the CareCentrix provider portal to access a recording of our training session in the Provider Education and Documentation section of the CareCentrix HomeBridge[®] Portal. No log in is required to access training and resource materials. The portal is available to hospitals and PAC facilities for educational and resource purposes and can be found at <https://eportal.carecentrix.com>.

Claims

Will CareCentrix process claims for Horizon and Braven Health?

No. SNF, SAR, SARV, TCU and IRF will continue to submit claims, claims questions, and claims appeals to Horizon and Braven Health.



Do I submit CPT or revenue codes on the claim to indicate services rendered?

SNF, SAR, SARV, TCU and IRF should continue to submit claims as you do today for Horizon Medicare Advantage, Braven Health or Horizon Commercial Fully Insured patients.

Is an authorization number required on the claim?

No, there is no requirement to include an authorization number on SNF, SAR, SARV, TCU and IRF claims.

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

If you have questions about a claim, contact Horizon or Braven Health.

For Horizon Medicare Advantage and Horizon Commercial Fully Insured claims questions call Provider Services at the following numbers:

- Institutional claims: **1-888-666-2535**
- Professional claims: **1-800-624-1110**

For Braven Health claims questions contact Provider Services at the following number:

- Institutional and Professional claims: **1-888-444-0501**

Community-Based Palliative Program

What is the Community-Based Palliative Program?

The Horizon Supportive CareSM Program and the Braven Health Supportive CareSM Program includes community-based palliative care which will be managed by CareCentrix effective **May 1, 2022**. 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.

Utilizing claims data, patients are identified for the program through CareCentrix's predictive analytics which identifies those who can benefit from palliative care on a timelier basis. Referrals may also come from Horizon and Braven Health Care Managers as well as outside physicians and providers.



The program provides palliative care services, through local nurses and social workers with palliative and hospice experience, to patients diagnosed with a serious illness who are enrolled in the following plans:

- Horizon Medicare Advantage
- Horizon Commercial Fully-Insured
- Braven Health

Will CareCentrix deliver palliative services in the home?

No, CareCentrix will not directly deliver palliative care services in the home. Instead, CareCentrix will manage a community-based palliative care support program using specially trained palliative nurses and social workers located throughout New Jersey.

When medications or other orders are needed, the palliative care team will coordinate with the patient's existing providers, including their Primary Care Physician (PCP) and specialists. Board certified palliative care physicians participate in weekly team meetings and are available for consultation, if requested.

What community-based services will be provided through the Horizon Supportive Care and Braven Health Supportive Care Programs?

The following services may be provided via home visits, video visits and/or phone calls:

- Information about their condition and/or how to manage medications
- Reinforcement of physician and other providers' information
- Help relieving pain and other symptoms
- Provision of emotional support
- Support and education for caregivers
- Assistance coordinating care and appointments
- Advance care planning, initiation of Practitioner Orders for Life-Sustaining Treatment (POLST) and advance directive (AD) forms and goals of care documentation
- Social determinants of health screening and assistance with transportation needs, financial guidance, food/housing support, access to legal services
- Analysis, education and support to prevent hospitalizations, Emergency Room use and readmissions
- Referrals to community services and other resources
- Information about hospice care and support transitioning to hospice when appropriate



How does my hospice or home health agency get involved with the Horizon and Braven Health Supportive Care Programs?

There is no direct involvement between the community-based palliative care services aspect of the program and hospice unless a patient elects to enroll in hospice. At that time, we may interact with your organization to support transition to hospice, if requested by the patient or family.

If the Supportive Care team identifies a need for home health services, they will contact the patient's physician and request that the physician place an order for home health.

Do I need to contract with CareCentrix to deliver community-based palliative care services under the Horizon and Braven Health Supportive Care Programs?

No. You will not do anything different than you do today if you deliver palliative services to Horizon or Braven Health patients.

Who would benefit from the community-based palliative services offered under the Horizon and Braven Health Supportive Care Programs?

Palliative care is appropriate for any seriously ill person regardless of prognosis or stage of illness.

Examples include metastatic cancer, progressive neurological conditions, stroke, or advanced pulmonary, cardiac or liver disease who are experiencing any of the following:

- Difficulty controlling physical or emotional symptoms
- Declining ability to care for themselves or conduct activities of daily living
- Frequent or recent hospital and/or ER visits due to disease exacerbation, progressive illness, or medication management issues
- Limited social support or overwhelmed caregivers
- Patient or family uncertainty regarding appropriateness of treatment decisions

Exclusions to the program include:

- End Stage Renal Disease on dialysis
- Behavioral health issues with no evidence of progressive chronic or serious illness
- Patients under 21 years of age



We have our own hospice, will CareCentrix work with them?

If a patient chooses to enroll in hospice, the community-based palliative care clinicians will support the transition and may communicate with the patient's physician or the selected hospice based on the patient's preference. The choice of hospice is a decision made by patients and families, not CareCentrix. If patients ask for support, CareCentrix will provide a list of hospices that serve the patient's location. At the point of hospice enrollment, the patient will be dis-enrolled from the community-based palliative program.

What if we already have a palliative program in place, should we be doing anything differently?

No. If you already have a palliative program in place, you should continue to operate as you do today. If CareCentrix is made aware that a patient we have identified for our community-based palliative care program is already involved in another palliative care program, the patient will not be eligible to receive community-based palliative services available through the Horizon and Braven Health Supportive Care Programs.

Will there be more education about what the community-based palliative services entails under the Horizon and Braven Health Supportive Care Programs?

Training sessions are being held for hospitals and post-acute facilities to educate them about the Supportive Care Programs overall. Information about the community-based palliative services will be included in the training as well as the Frequently Asked Questions document that is accessible to all on the HomeBridge[®] Portal

After April 27, 2022, you will be able to access this information by following these steps:

- Visit <https://eportal.carecentrix.com>
- Click on Education Center
- Select Horizon/Braven Health on the lower right part of the page
- Select the materials you wish to access

Do the Horizon and Braven Health Supportive Care Programs include goals of care discussions, advance care planning and initiation of Practitioner Orders for Life-Sustaining Treatment (POLST) and Advance Directive (AD) Forms?

Yes, every patient in the program is offered a structured and documented goals of care conversation that is revisited as their condition changes. Patients are encouraged to discuss their goals with their provider. Additionally, every patient is offered education

and support in completing an advance directive and/or POLST form as appropriate. POLST and Advance Directive forms are shared with the patient's provider.

Some of our local hospices already have palliative care programs so how do the Horizon and Braven Health Supportive Care Programs enhance or differ from what is already in place?

The Horizon Supportive Care and Braven Health Supportive Care programs include a community-based palliative care component, which is a program offered to seriously ill Horizon Medicare Advantage, Braven Health and Horizon Commercial Fully Insured members. These programs are not medical models and instead focus on care management. Members may be referred to the programs by Horizon and Braven Health case managers in addition to being identified through our predictive analytics. Our predictive analytics identify patients further upstream than typical hospice-based palliative care programs (12 to 18 months before end of life). If we are made aware that a patient is already enrolled in a hospice palliative care program, the patient will not be eligible for palliative support through the Horizon Supportive Care or Braven Health Supportive Care program.

Where do referrals for community-based palliative services come from?

Referrals for community-based palliative services provided under the Horizon and Braven Health Supportive Care Programs may come from a variety of sources including PCP's, hospitals, the Horizon and Braven Health case management teams and others. If your facility is working with a patient you feel may benefit from the program, please contact us at PalliativeReferrals@carecentrix.com

How do the Horizon and Braven Health Supportive Care Programs integrate/complement hospital-based palliative care programs?

The programs will complement hospital-based palliative care in a number of ways. In some circumstances, the Supportive Care team may support coordination of the patient's plan of care with the hospital-based palliative care program upon admission to the hospital. In addition, the hospital-based palliative care team may communicate a plan-of-care or information about the hospitalization with the CareCentrix Nurse Liaison who will share it with the CareCentrix palliative care team.

In addition, CareCentrix Nurse Liaisons interacting with acute care settings may identify patients who would benefit from ongoing palliative care and refer them to the community-based palliative program upon discharge. Hospital staff may also refer



Horizon Supportive CareSM Braven Health Supportive CareSM Frequently Asked Questions

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patients to the community-based palliative program by contacting CareCentrix at PalliativeReferrals@carecentrix.com.

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