Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

carecentrix

Home health care

Quick reference guide

For Medicare Plus Blue℠ and BCN Advantage℠

Revised June 2021

CareCentrix manages prior authorizations for home health care services for Medicare Plus Blue℠ and BCN Advantage℠ members.

Information	Details		
Submitting prior authorization requests	**Through the HomeBridge® portal:** • Accessed through Blue Cross and BCN Provider Secured Services • Direct access at carecentrixportal.com/ProviderPortal.(1)	**By fax:** 1-877-245-4891 Include a cover sheet, required member information and supporting clinical documentation as specified below.	**By phone:** 1-833-409-1280
Questions related to prior authorizations and the HomeBridge portal	**Phone:** 1-833-409-1280 • **Normal business hours:** 8 a.m. to 11 p.m. Eastern time every day, excluding the holidays specified below. • **After hours, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas:** CareCentrix on-call clinical staff is available for urgent requests. Follow the prompts to leave a message. CareCentrix on-call nurses will respond within 30 minutes.		
Information and documentation required for prior authorization requests	See the document titled Home health care: Clinical documentation requirements to learn which information and documentation you need to include when submitting authorization requests to CareCentrix.		
Turnaround time for prior authorization requests	Turnaround times are the same for initial requests and requests for continued services. • **Standard requests** will be processed by 4 p.m.(2) of the next business day, unless a peer-to-peer discussion is requested or insufficient information is provided with the request. When there is insufficient information and/or a peer-to-peer discussion is requested, CareCentrix will make a determination as quickly as possible (often within 1 business day) after receiving sufficient information and/or completing the peer-to-peer discussion. At maximum, CareCentrix will issue a determination within 14 days of the date on which they received the prior authorization request. • **Expedited or urgent requests will be processed as follows:** ○ Requests received **before 4 p.m.**(2) will be processed the same day, unless a peer-to-peer discussion is requested ○ Requests received after **4 p.m.**(2) will be processed by 4 p.m.(2) the next calendar day, unless a peer-to-peer discussion is requested When peer-to-peer discussions are requested, CareCentrix will make a determination within 72 hours. • **Post-service requests:** Within 14 calendar days		

Information	Details
Intent-to-deny and peer-to-peer discussions	If CareCentrix determines that services do not meet medical necessity criteria and recommends a denial decision, these are the next steps prior to denying a request: 1. CareCentrix notifies the ordering physician/allowed practitioner of the intent to deny via a courtesy fax and phone call. 2. If the physician/allowed practitioner would like to discuss the case, they must contact CareCentrix as soon as possible to request a peer-to-peer discussion. Call CareCentrix at 1-833-409-1280 and follow the prompts to request an appointment. ○ For **standard** prior authorization requests, the discussion must be requested within 1 business day of receiving notification of the intent to deny. ○ For **expedited or urgent** prior authorization requests, the discussion must be requested by 5 p.m. the same day. If the peer-to-peer discussion isn't requested within the time frame listed above, CareCentrix will issue the denial. A peer-to-peer discussion may still occur, but it won't result in an overturn of the denial. To request that the denial be overturned, the provider must submit an appeal.
Appeals process	To submit an appeal, follow the instructions in the denial letter. The appeal process is not changing. Appeals of denied authorization requests are handled by the Grievance and Appeals units at Medicare Plus Blue and BCN Advantage. If the appeal is related to a Notice of Medicare Non-Coverage, or NOMNC, the appeal should be submitted timely to the appropriate Quality Improvement Organization, or QIO.
Claims	Home health agencies will continue to submit claims, claims questions and appeals to Blue Cross Blue Shield of Michigan or Blue Care Network. Claims must include the following information: • For Medicare Plus Blue members: The HIPPS code on the claim must match the HIPPS code CareCentrix authorized. • For BCN Advantage members: The HCPCS code and number of units on the claim must match the HCPCS code and number of units CareCentrix authorized. If providers don't obtain prior authorization for home health care services from CareCentrix, claims may be denied. If you have questions about a claim, call the appropriate number below: • Medicare Plus Blue: Call 1-866-309-1719. • BCN Advantage ○ Professional providers: Call Provider Inquiry at 1-800-344-8525. ○ Facility providers: Call Provider Inquiry at 1-800-249-5103.

(1)Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

(2)Based on the local time zone of the requesting provider.