



Purpose of this communication:

- To inform providers of a new Provider Portal: HomeBridgeSM enhancement to prevent requests for members and/or services that are not coordinated by CareCentrix.
- To alert providers to a new reference document available related to this change. The document can be found under: Education Center> Carve-out Reference Document.

What do I need to know?

- Types of carve-outs and exceptions include:
 - CareCentrix does not coordinate services for a particular County,
 - Group opted out of the Sleep Program,
 - CareCentrix does not coordinate services for specified member,
 - Service is covered by the pharmacy benefit for this plan and therefore is not coordinated by CareCentrix,
 - Service is not coordinated by CareCentrix for the specified plan.
- One of the following messages will appear if a request for a member and/or service is a carve-out or exception:
 - *The request you have submitted is for a member that is not managed by CareCentrix. Please contact the member's health plan for instructions for how to handle this request.*
 - *This service item is not managed by CareCentrix. To delete this service, click the X button next to the service. If you wish to cancel the entire request, click 'Cancel the Entire Request'. Please reach out to the health plan for further instructions regarding this service item.*
- Claims submitted that meet the requirements of the exceptions listed will reject. Rejections include the following descriptions: Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services) or Claim submitted to incorrect payer.

What do I need to do?

- Ensure you are validating ahead of time if and how a benefit is covered. For example, if diabetic supplies are covered under the pharmacy or medical benefit.
- Please reference the Warning Code Tool (Education Center >Warning Code Tool) on HomeBridgeSM if you encounter any error messages while requesting an authorization on the portal.
- If you receive a rejection, submit the claim to the health plan.

Thank you in advance for your cooperation and continued partnership. If you have any questions, please reach out to Network Services Team for assistance.