

CareCentrix Decommissioning

Update: OPSCCXDECOM033125

Effective Date: 3/31/25

Applicable Plan(s): Commercial, Medicare and Medicaid

Applicable Policy: N/A

Business Owner: Clinical Care Services

Current State: CareCentrix

Future State: Sentara Health Plans

Effective March 31, 2025, health coaching, authorization support for post-acute care, and sleep services performed by CareCentrix® will be transitioned to Sentara Health Plans. The network for Home Infusion services will transition from CareCentrix network to the Sentara Health Plans network.

Post Acute Care

Currently, requested services for skilled nursing care or inpatient rehab, along with post-discharge case management, apply only to members with a commercial plan. Post-discharge case management includes receiving health coaching after inpatient admission. These members will be automatically transitioned to a Sentara Health Plans case manager.

Program Changes:

- Members currently managed by CareCentrix will be transferred to the commercial case management team. New referrals after the contract termination will be routed directly to the commercial case management team.

Home Infusion Therapy Services

Medicare, Medicaid, and commercial members receiving home infusion therapy services from a CareCentrix provider will be issued a 90-day authorization in cases where out-of-network providers are being utilized. During the transition period, case management will work with members and ordering providers to facilitate the transition to network providers when needed. A case manager will contact any member who needs to be transitioned to a participating provider.

Program Changes:

- Members will be directed to providers in network with Sentara Health Plans.
- Continuity of care will apply to any member that is currently receiving services through a CareCentrix provider.

Skilled Nursing Facility, Inpatient Rehabilitation Authorization Review

- This change impacts commercial groups and Individual & Family Product members.

Program Changes:

- Authorization requests are to be submitted directly to the prior authorization teams and following routine protocols.

Sleep Services

Program Changes:

- As of 4/1/2025, home sleep studies will not require prior authorization from Sentara Health Plans. Facility-based studies and titrations studies should be submitted for prior authorization directly to Sentara Health Plans.
- Authorizations previously approved by CareCentrix will be honored and remain in effect through the expiration of the authorization. Resubmitting a request is not necessary.

Submitting Prior Authorization Requests

- **Post Acute Care**

Effective April 1, 2025 - Skilled nursing facility (SNF) and inpatient rehabilitation (IPR) authorization requests for commercial members must be faxed to Sentara Health Plans at 1-844-715-6318 or 757-822-6201

- **Home Infusion**

As Sentara Health Plans transitions requests for home infusion services from CareCentrix, requests for these services should be submitted to the correct authorization department based on the member's enrollment. Please submit authorization requests using our provider portal, or by faxing the number on the request form. As a reminder, Medicare uses G-codes for professional fees for home infusion services.

- **Sleep Services**

Authorizations previously approved by CareCentrix will be honored and remain in effect through the expiration of the authorization. Resubmitting a request is not necessary.

Effective April 1, 2025, in-network home sleep studies no longer require prior authorization. Requests for facility sleep studies and titrations should be submitted through the Sentara Health Plans portal for Medicaid, Medicare, and commercial plan members. Request forms can be found with the correct fax number on the Sentara Health Plans website.

Provider Support

Contact Provider Services at 1-800-229-8822

Member Support: Home Infusion

Medicare

If a member needs to speak to a care manager, Sentara Community Complete Select (HMO D-SNP), and Sentara Community Complete (HMO-DSNP) members call 1-866-546-7924 (TTY: 711). All other Medicare members, call 1-888-204-3381 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

Medicaid

If a member needs to speak to a care manager, call 1-866-546-7924 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

Commercial

If a member needs to speak to a care manager, call our member services team at the number listed on the back of your member ID card.

Post-acute Care Transition – Commercial Only

If a member needs assistance with post-discharge case management, please call 1-866-503-2730 from 8 a.m.–5 p.m., Monday through Friday.