Post-Acute Care, Home Health, and DME Program Update for Members with Emblem HIP Coverage

*** New Utilization Management Clinical Guidelines ***

Dear Healthcare Provider:

Our top priority at eviCore healthcare (eviCore) is to ensure patients receive optimal healthcare services in the most appropriate setting and at the right time. Our utilization management programs apply evidence-based guidelines to support the member throughout the care continuum. In an effort to ensure the optimal level of care and service delivery, eviCore is implementing a program enhancement to the prior authorization process for Post-Acute Care (PAC), Home Health (HH), and Durable Medical Equipment (DME) services.

Effective **September 1, 2020,** eviCore will begin to utilize MCG™ Evidence-Based Care Guidelines as the basis of our medical determinations for Skilled Nursing Facilities (SNFs), Inpatient Rehabilitation Facilities (IRFs), and Home Health (HH) programs. This will be a modification of our current prior authorization guidelines, Change Healthcare InterQual®. On **November 1, 2020,** eviCore will utilize MCG™ guidelines for Long Term Acute Care Hospitals (LTACHs) and Durable Medical Equipment (DME) for medical determinations.

Why is eviCore changing to MCG™ Evidence-Based Care Guidelines?

Changing to MCG™ will help our clinicians review requested services based on specific diagnoses, taking into account level of need as well as physical, cognitive and functional deficits. This will enable greater focus on required services needed to meet recovery goals. MCG™ care guidelines will serve as a resource throughout the expected path to recovery and assist with transition–of-care decisions and discharge planning.

How will this change impact your organization?

Providers should continue to submit prior authorization requests to eviCore using standard procedures. Clinical documents should support medical necessity for the requested service.

Acute Care Hospitals and Post-Acute Care Facilities:

Hospitals, Skilled Nursing Facilities (SNFs), Inpatient Rehabilitation Facilities (IRFs) and Long Term Acute Care Hospitals (LTACHs) will continue to follow eviCore standard prior authorization procedures for initial requests. PAC Facilities will continue to submit concurrent review requests within required timeframes.

Home Health Agencies:

Home Health Agencies will continue to follow eviCore's standard prior authorization procedures for initial requests and submit concurrent review requests within standard timeframes.

Long Term Acute Care Hospitals (LTACHs):

Effective **November 1, 2020** eviCore will begin to utilize MCG™ criteria for medical determinations for LTACH requests.

Durable Medical Equipment (DME):

Effective **November 1, 2020**, eviCore will begin to utilize MCG™ criteria for DME requests. DME suppliers should continue to use standard procedures when submitting prior authorization requests to eviCore for services.

Medicare, Medicaid, and Commercial Members:

MCG™ Evidence-Based Care Guidelines will replace Change Healthcare InterQual® and be used when federal and state guidelines are unavailable for (or silent on) a requested service. CMS, NCDs, LCDs, and State Medicaid Determination Guidelines will take precedence over MCG™ guidelines when they are available.

For provider questions or concerns, please email: **PAC.Engagement@evicore.com**.

Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time services are rendered. ***Claims submitted for services may be subject to benefit denial.*** *Please verify the member's benefits and eligibility with the health plan. Regardless of the benefit determination, the final decision regarding any healthcare services or treatment is between the member and their healthcare provider.*