

Post-Acute Care Utilization Management Program for EmblemHealth Health Insurance Plan of Greater New York (HIP) Members

Facility Presentation

Provider Orientation



Agenda

- **Post-Acute Care Program Overview**
- **Post-Acute Care Prior Approval Requirements**
- **Home Health Prior Approval Process & Required Information**
- **Prior Approval Forms**
- **Denial and Appeals Process**
- **Prior Approval Submission**
- **eviCore healthcare Provider Resources**
- **Provider Web Portal - Overview**
- **Q & A Session**

eviCore healthcare Prior Approval for HIP Members - Overview

eviCore healthcare (eviCore) manages all Inpatient Post-Acute Care (PAC), Home Health Care and Durable Medical Equipment Prior Approvals for EmblemHealth Members enrolled in the Health Insurance Plan of Greater New York (HIP) which includes:

- Medicare Essential Network
- VIP Prime Network
- Select Care Network
- Prime Network
- Enhanced Care Prime Network

Exceptions: Members managed by Montefiore, Healthcare Partners

Providers should verify member eligibility and benefits on the secured provider log in section at:

<https://www.emblemhealth.com/Providers>

All HIP members discharging from the hospital or post-Acute care facility with Home Health Care services will be managed by eviCore's Transitional Care Program for 90 days post discharge.

eviCore healthcare Post-Acute Care Program Overview

eviCore healthcare began accepting prior approval requests for post-acute care services on **December 28, 2017** for dates of service beginning **January 1, 2018** for the following Post-Acute Care (PAC) Provider types:

- Skilled Nursing Facilities (SNF)
- Inpatient Rehabilitation Facilities (IRF)
- Long Term Acute Care Facilities (LTAC)
- Home Health Care Agencies (HHC)
- Durable Medical Equipment (DME)

As of January 1, 2018:

- Hospitals are responsible to submit the initial post-acute care prior approval requests directly to eviCore for members being discharged to a SNF, IRF or LTAC
- PAC Facilities (SNF, IRF and LTAC) will be responsible to submit concurrent review requests to eviCore for existing PAC admissions and on new (initial) prior approval requests for community referrals.
- eviCore will accept initial preauthorization requests directly from Home Health Agencies or from Post-Acute Care PAC facilities for members discharging from PAC facilities.
- Custodial Care does not require prior approval by eviCore and will continue to be managed by EmblemHealth

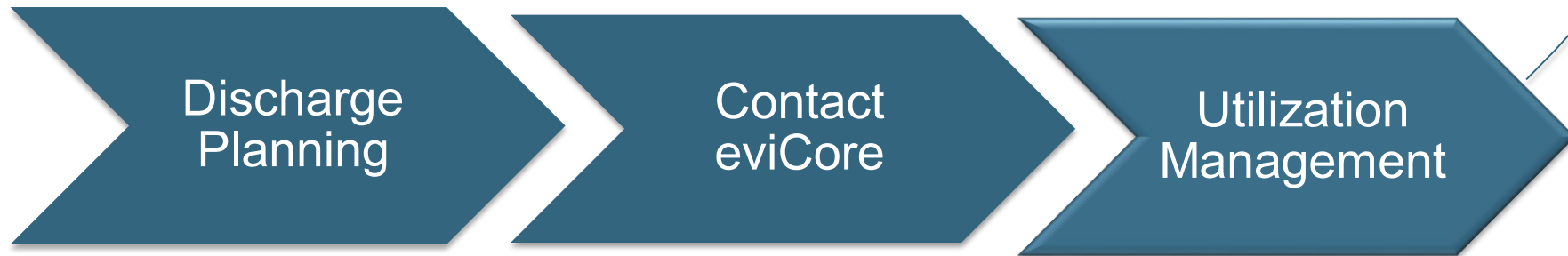
Review of Prior Approval Requests Submission Responsibilities

Prior Approval Responsibility	Comments
<p style="text-align: center;">Hospitals</p>	<ul style="list-style-type: none"> Responsible for submitting the initial post-acute care prior approval requests for PAC facility services to eviCore via the eviCore Web Portal, Fax, Allscripts (if available) or by Phone.
<p style="text-align: center;">Post-Acute Care Facilities</p>	<ul style="list-style-type: none"> Responsible for submitting concurrent prior approval requests for PAC facility services via the eviCore Web Portal, Fax or Phone. Responsible for submitting the initial and concurrent prior approval request for members admitting from the community via the eviCore Web Portal, Fax or by Phone.
<p style="text-align: center;">Home Health Care Agencies</p>	<ul style="list-style-type: none"> Responsible for submitting initial and concurrent HHC prior approval requests to eviCore for members discharging directly from the hospital or for members with a new community referral from a physician or treating practitioner via Fax or by Phone. Responsible for submitting concurrent prior approval requests for members discharging from a PAC facility via Fax or by Phone.
<p style="text-align: center;">Post-Acute Care Facilities or Home Health Care Agencies</p>	<ul style="list-style-type: none"> The initial HHC request for patients discharging from a PAC facility may be submitted by either the admitting HHC Agency or discharging PAC facility via Fax or by Phone .

Initial Post-Acute Care Admission Requests Prior-Approval Process Overview

- Hospitals are responsible to submit the initial post-acute care prior approval requests directly to eviCore for members being discharged to a SNF, IRF or LTAC, unless the post-acute care facility (i.e. IRF) has the same NPI or Tax ID number as the hospital.
- eviCore recommends that the hospital starts the process as soon as possible to facilitate a timely prior approval determination.

Determinations will be made within 1 business day, once clinical information is received. Add an additional 2 business days if a peer to peer review is requested, however our typical response time is less.



- Begins on day 1 of Hospital admission

- Provide prior approval form and clinical information to support medical necessity

- Four outcomes:
 - Approval
 - Request for additional clinical information
 - Unable to approve
 - Alternative recommendation

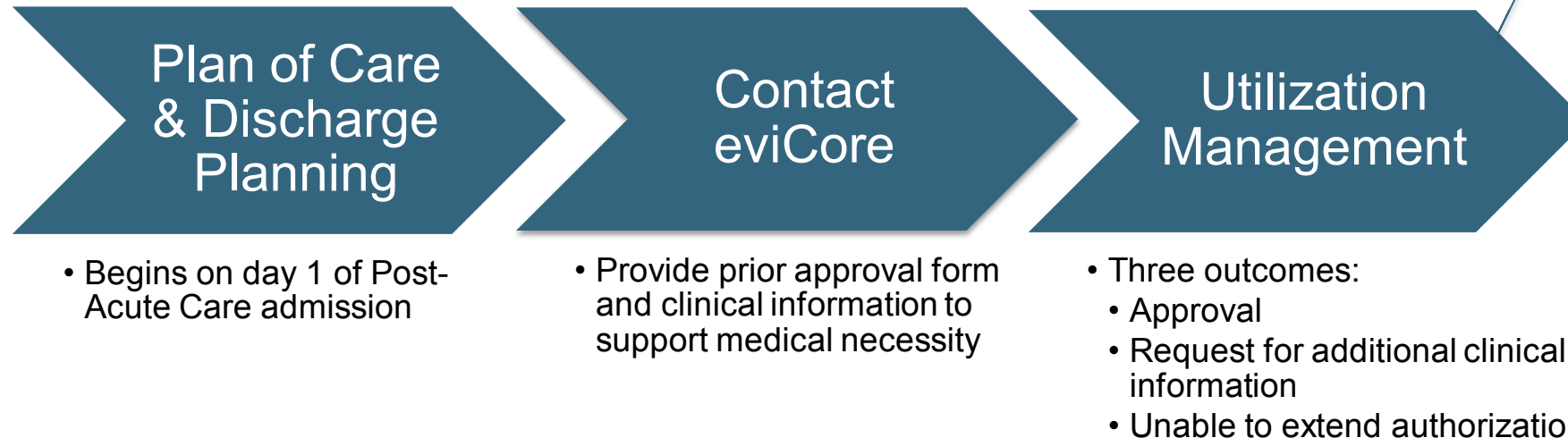
Post-acute care prior approval forms are available on our web site: <https://www.evicore.com> and implementation web site: <https://www.evicore.com/healthplan/emblem>

Date extension (PAC concurrent review) Requests Post-Acute Facility (SNF/LTAC/IRF) Process Overview

The PAC facility is responsible to submit date extension (concurrent review) requests:

- eviCore requests that the date extension review request is submitted 72 hours prior to last covered day to facilitate a timely “extension of prior approval” determination

Determinations will be made within 1 business day, once clinical information is received. Add an additional 2 business days if a peer to peer review is requested, however our typical response time is less.



Important: SNF Facilities should submit clinical for date extension (PAC concurrent review) prior approval requests 72 hours prior to the last covered day to allow time for Notice of Medicare Non-Coverage (NOMNC) to be issued. eviCore will issue the NOMNC form to the provider. The provider is responsible to issue the NOMNC to the member, have it signed and returned to eviCore

Post-Acute Care Facility (SNF/LTAC/IRF) prior approval Overview

eviCore will provide prior approvals by facility type in the following ways:

Prior approval	Skilled Nursing Facility	Inpatient Rehab Facility	Long Term Acute Care
Initial	3 business days	5 calendar days	5 calendar days
Concurrent	7 calendar days	5 calendar days	7 calendar days

➤ Prior Approval Expiration

- The initial prior approval expires 7 days from the date of issue
- If the patient is not discharged to a PAC facility within this time frame, a new prior approval is required

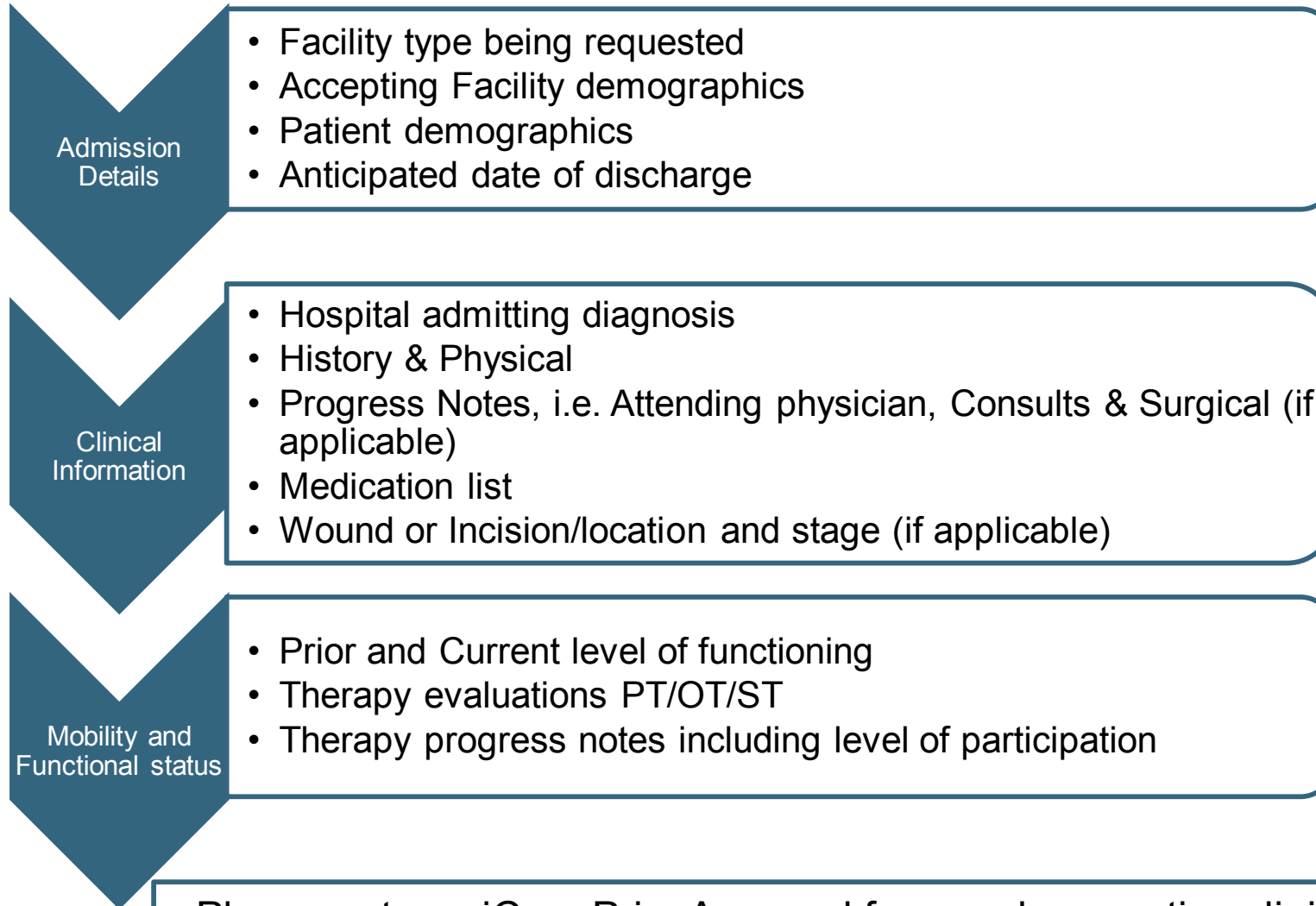
➤ Once Determination is Complete:

- A notification will be communicated to the requesting facility
- Servicing facilities may obtain PAC prior approvals details via the eviCore web portal or by calling eviCore at: **866-417-2345, option 3 for HIP, option 5, then 2 for PAC**
- Post-Acute Care prior approval Criteria includes, but not limited to:
 - MCG™ Care Guidelines
 - Medicare Benefit Policy Manuals & Clinical Findings

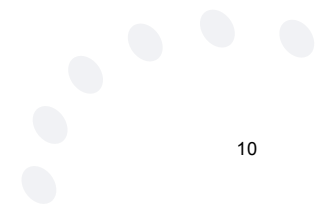
eviCore healthcare
Inpatient Post-Acute Care
Prior Approval
Required Information



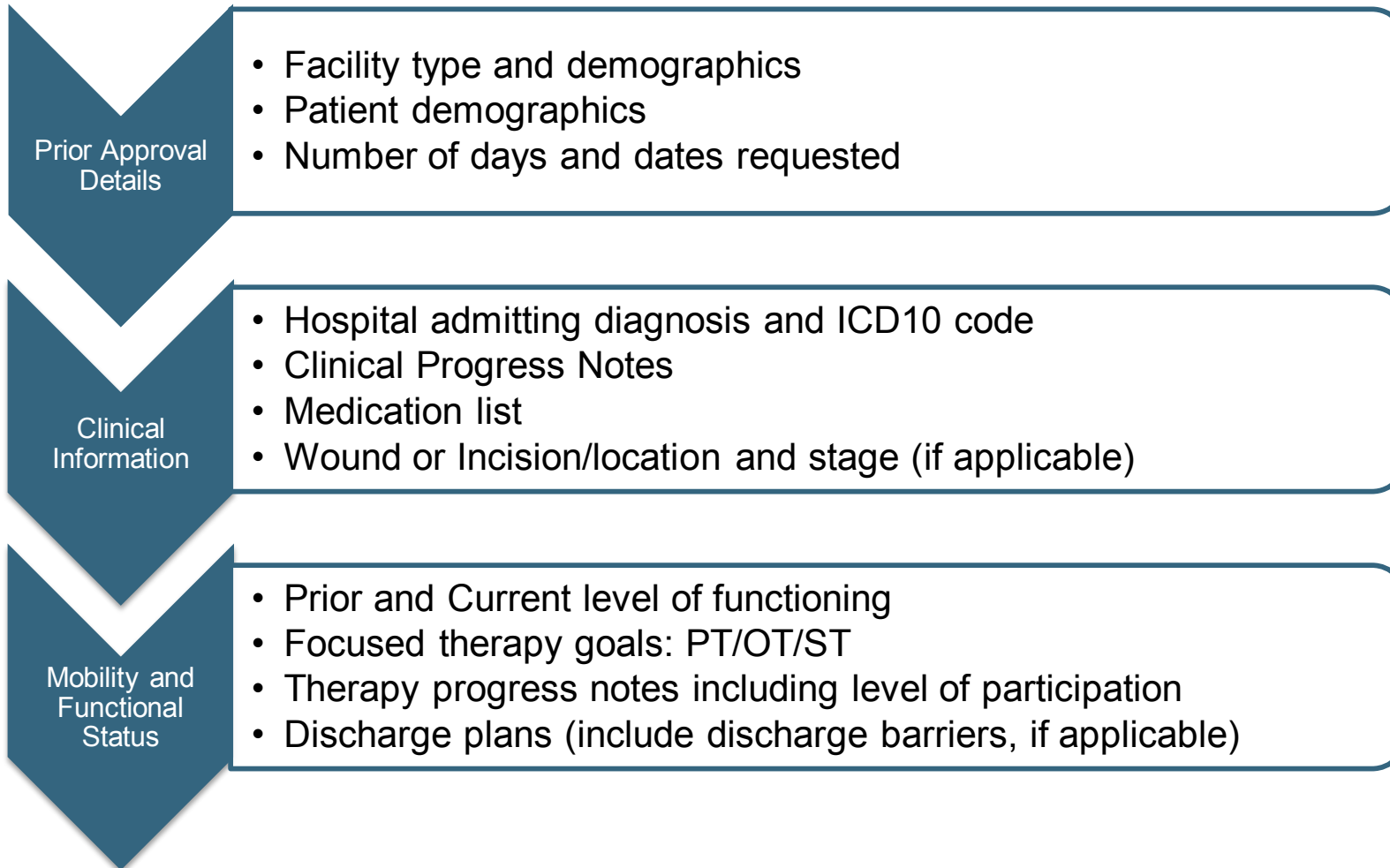
Required Information for Initial PAC prior approval submitted by Hospitals



Please note: eviCore Prior Approval form and supporting clinical documentation is required for all Post-Acute Care requests



Required Information for Date Extensions (PAC concurrent review requests)



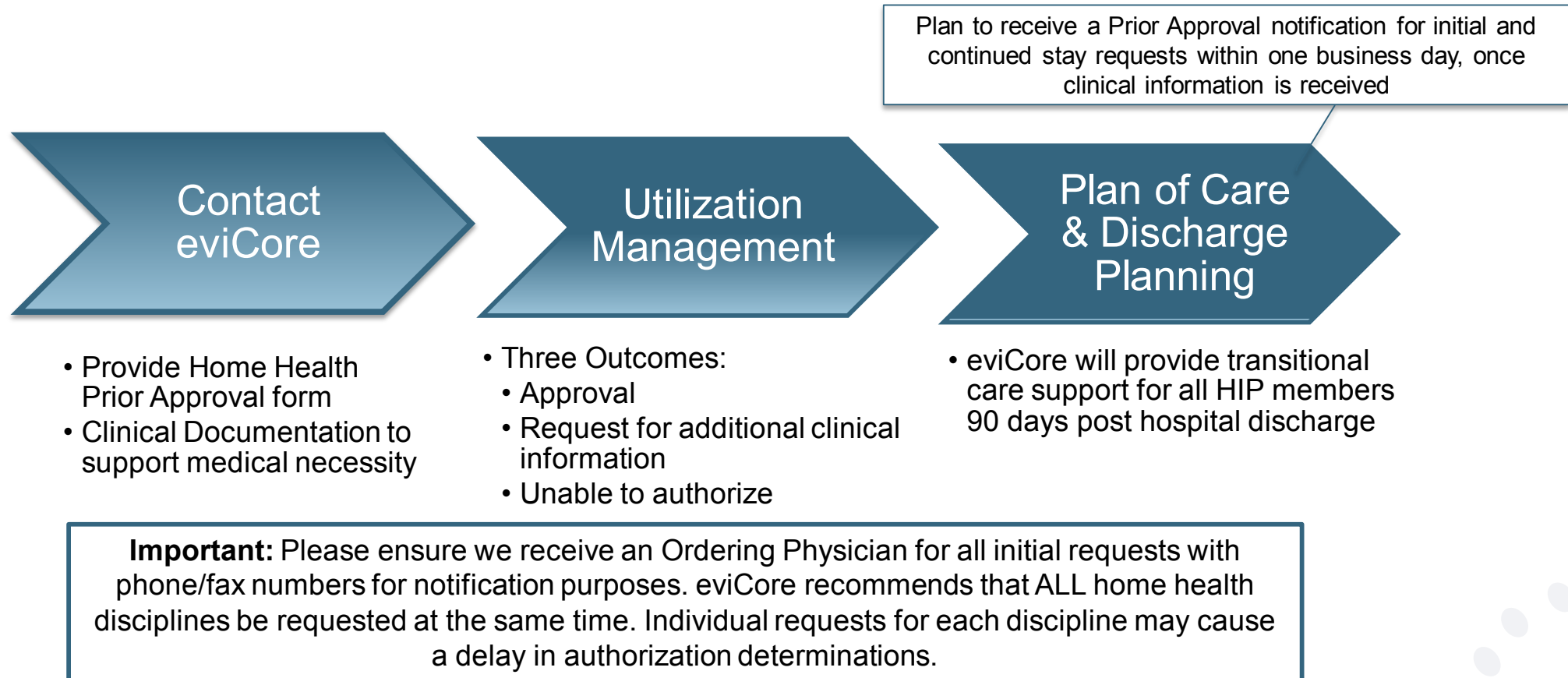
Please note: eviCore Prior Approval form and supporting clinical documentation is required for all Post-Acute Care requests

Home Health Prior Approval Process and Required Information

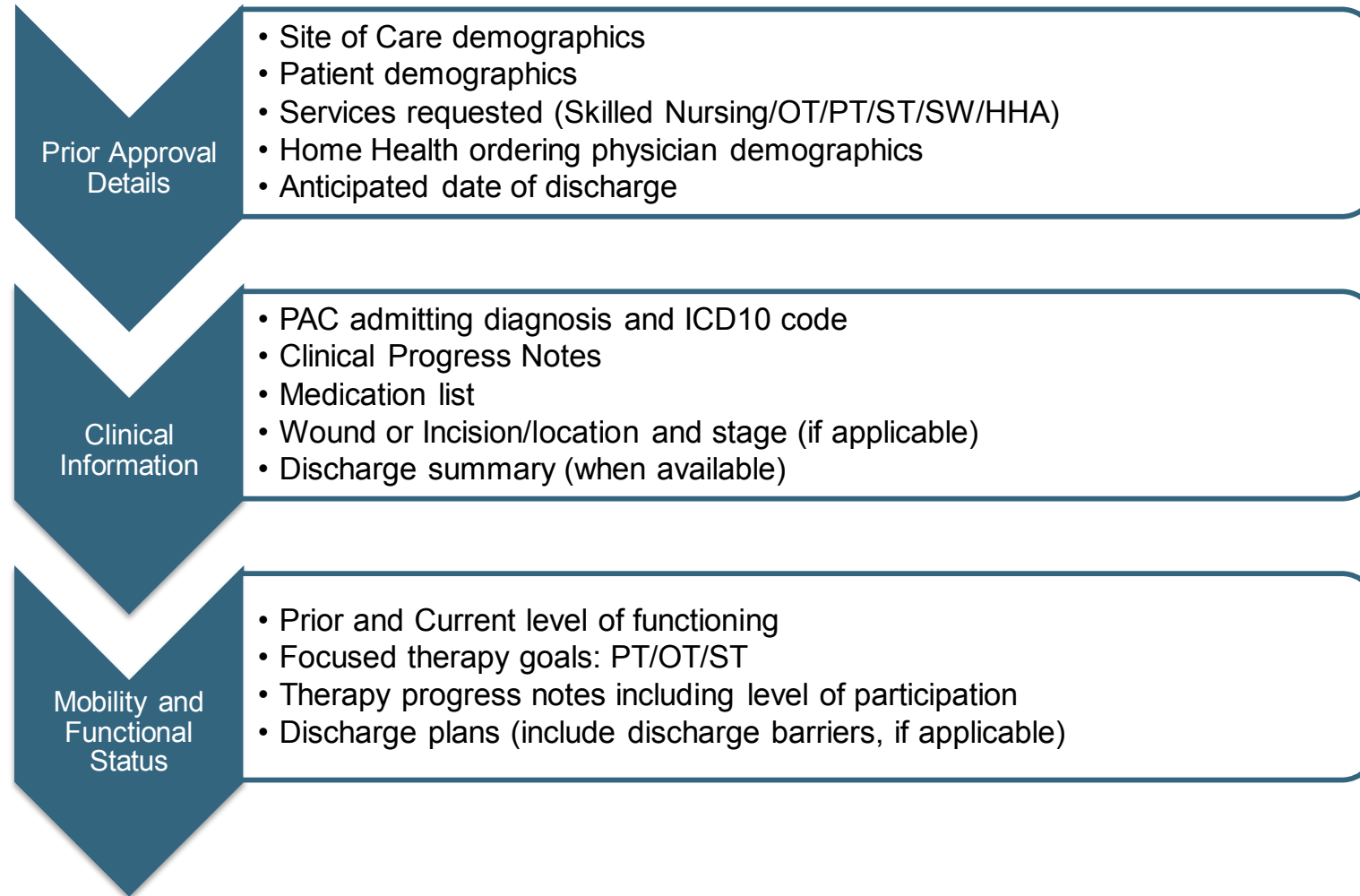


Home Health Initial Requests Overview

- The HHC agency is responsible to submit initial prior approval requests for Home Health Care services for patients discharging from the hospital or for members with a new community referral.
- The initial HHC request for patients discharging from a PAC facility may be submitted by either the admitting HHC Agency or discharging PAC facility.
- Please clearly state on the Prior approval form if the patient is being admitted from a Hospital, PAC facility or from a community referral to ensure members are transitioned to the Transitional Care Program, when applicable.



Required Information for Initial Home Health Requests



Once the patient is discharged from the HHC agency, the PCP will be notified by eviCore. Patients who were admitted to the PAC facility directly from a hospital and receiving home health care services post discharge will be monitored for 90 days through the eviCore Transitional Care Program.

eviCore Post-Acute Care Prior Approval Forms



eviCore healthcare Post-Acute Care Denial and Appeals Process



Unable to Provide Prior Approval for Initial PAC or HHC Request Denial • Appeals Process

eviCore Process

Cases that do not meet Medical Necessity on Initial utilization management nurse review will be sent to second level physician for review and determination.

If potential adverse determination is made by an eviCore physician, outreach is made to the requesting facility and a Peer to Peer Review is offered to the requesting facility.

Initial Prior Approval Request	<ul style="list-style-type: none"> Peer to Peer (P2P) must be requested within 1 business day, or additional clinical information that supports medical necessity must be received within 1 business day, or the determination is final and the case will be closed Note: P2P must occur within 1 business day or a denial letter will be issued.
Request Denial	<ul style="list-style-type: none"> If the P2P process does not result in a reversal of the recommendation of denial, eviCore will issue a denial letter. The physician reviewer may suggest an alternate level of care and/or the appeals process.
Appeals Process	<p>Once a service has been denied, members and providers must file an appeal to have the request re-reviewed.</p> <ul style="list-style-type: none"> Medicaid or Commercial Members requesting to appeal a denial for initial PAC services should follow the instructions provided on the denial letter. Appeal requests must be submitted to eviCore via phone at 800-835-7064 (Monday through Friday 8-6 EST) or fax at 866-699-8128. Medicare Members may request an appeal of a denial for initial PAC services by following the instructions provided in the denial letter. Providers should follow the process in the Dispute Resolution for Medicare chapter of the EmblemHealth Provider Manual.

Unable to Extend PAC Authorization • NOMNC • Appeals Process

eviCore Process

Cases that do not meet Medical Necessity on concurrent nurse review will be sent to 2nd level physician for review and determination.

If a potential adverse determination is made by physician, outreach is made to the PAC provider and a peer to peer review may be requested by the provider.

<p>Inpatient Rehabilitation Facility (IRF) Date Extensions</p>	<ul style="list-style-type: none"> Peer to Peer (P2P) must be requested within 1 business day, or additional clinical information that supports medical necessity must be received within 1 business day, or the determination is final and the case will be closed. Note: P2P must occur within 1 business day or a denial letter will be issued.
<p>SNF Date Extensions (Concurrent review requests)</p>	<ul style="list-style-type: none"> The Notice of Medicare Non-Coverage (NOMNC) will be issued no later than 2 calendar days prior to the discontinuation of coverage. The third calendar day will not be covered unless the decision is overturned or the NONMC is withdrawn P2P must be requested and occur within the 2 calendar day timeframe. If P2P does not occur or if the decision is upheld, the member is responsible to pay for the continued stay if they choose not to discharge on the 3rd calendar day.
<p>Member Appeals Process</p>	<ul style="list-style-type: none"> Medicaid and Commercial Members requesting to appeal the decision to end skilled care in a PAC facility (SNF, IRF or LTAC) should contact eviCore via phone at 800-835-7064 (Monday through Friday 8-6 EST) or fax to 866-699-8128. Medicare Members requesting to appeal the decision to end skilled care in a SNF facility should follow the QIO process as outlined on the NOMNC. Providers should follow the process in the Dispute Resolution for Medicare chapter of the EmblemHealth Provider Manual. Medicare Members may request an appeal of a denial based on the decision to end skilled care for concurrent IRF services by following the instructions provided in the denial letter. Providers should follow the process in the Dispute Resolution for Medicare chapter of the EmblemHealth Provider Manual.

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Prior Approval Submission Methods
for Post-Acute Care



Prior Approval Requests for Post-Acute Care Hours of Operation

eviCore offers four methods to request prior approvals:

1. **eviCore Post-Acute Care Web (preferred method):**
<https://www.evicore.com/pages/providerlogin.aspx>
2. **Fax: Clinical documentation can be faxed to:**
855-488-6275 Please send information for one patient per fax.
3. **Allscripts: eviCore can accept prior approval requests and respond to providers via Allscripts. To access form, hospitals must submit a ticket directly to Allscripts; there is no cost for the form.**
4. **Telephone: Clinical information can be called to eviCore healthcare at**
866-417-2345, option 3 HIP, option 5, then option 2 for PAC or option 1 for HHC

Hours of Operation that eviCore staff is available:

Monday through Friday, 8 am to 6 pm EST

Saturday: 9am – 5pm EST

Sundays and Holidays: 9am – 2pm EST

24 HOUR on-call coverage for urgent needs



Authorization
Call Center



What we need

Clinical Information Submission Process for Post-Acute Care

Allscripts Instructions



Authorization
Center



Allscripts

- A. Navigate to Manage > Admissions > Active census
- B. Click on the DP Icon corresponding with the correct patient.
- C. Select New Referral
 1. Select the Referral Type as 'Insurance/Payor' **Note: This must be configured as an HSP Referral by your System Administrator as eviCore Healthcare is listed as an HSP provider**
 2. Assessments/Needs may include clinical interfaces from the Electronic Medical Record. Check off the check box "Include on Referral" for those items you wish to send.
 3. Next to Forms, choose the eviCore prior approval form from the dropdown menu. You may PrintAttach or FaxAttach any additional documents needed
 4. Go to 'choose recipients' > advanced search > enter state 'TN' and eviCore as the provider name. Make sure nothing is checked besides 'Insurance Payor' - click next and the eviCore listing comes up.
 5. Click 'Unmask Patient Information or Unmask All' so the receiving provider will be able to view all of the HIPAA protected information.

Note: Hospital System Administrators should create an Allscripts SUPPORT TICKET to request the eviCore prior approval form be loaded into your Allscripts hospital library. Please contact your Allscripts ACM Support team or clientservices@evicore.com if you have questions on how to submit a Support Ticket.

eviCore and Allscripts Workflow Post-Acute Care



Authorization
Center



Allscripts

- ✓ Referral transmitted by provider through Allscripts (**please include fax number**)
- ✓ Referral received into eviCore's Allscripts queue
- ✓ Referral reviewed by eviCore intake team
- ✓ Response with Reason sent to Provider via Allscripts
 - Referral Received – Authorization process initiated/Referral ID# given
 - Unable to accept patient – Member is not eligible
 - Interested, but need more information - Provider fax# missing, Member ID missing, PAC facility type not given, etc.
- ✓ Referral reviewed by eviCore Authorization team
- ✓ Response with update sent to Provider via Allscripts
 - Interested, but need more information – Pending additional clinical
 - Yes, willing to accept patient – Approval accompanied by Auth Number
 - No, unable to accept patient – Case Denial

Note: To avoid determination delays, Providers must enter contact fax number on the prior approval form to receive authorization letters and/or denial letters from eviCore

eviCore healthcare

Provider Resources

Provider resources and contact information



Provider Resources



Provider Services
Department:

For provider program related questions or concerns, please email:
clientservices@evicore.com

To reach a customer service representative, please call our
authorization center: **866-417-2345 option 3 for HIP, option 5, then
option 2 for PAC and option 1 for HHC**

For more information regarding the eviCore PAC program and
reference documents, please visit our implementation site:

<https://www.evicore.com/healthplan/emblem>

eviCore healthcare Post-Acute Care Provider resources Implementation Site



Provider
Resources



Provider Services
Department:

Below are provider resources available on our implementation site:

<https://www.evicore.com/healthplan/emblem>

- Webinar training schedules with details on how to register
- Prior approval forms
- Quick reference guide (QRG)
- Frequently asked questions (FAQ) document
- Training documents and program presentations
- Recorded demo of the orientation training session
- Recorded demo of our post-acute care web portal training session
- Allscripts Instructions

Skilled Nursing Facility Provider Survey:

<https://www.surveygizmo.com/s3/4044224/eviCore-s-Skilled-Nursing-Facility-Capabilities-Survey>

The implementation site includes a link to complete our SNF Provider Survey. The Provider Survey is designed by eviCore to receive information about the clinical capabilities available at your facility.

Post-Acute Care Provider Web Portal



Web-Based
Services



prior approval
Status

The eviCore PAC Portal is available for access 24/7 and allows hospitals and inpatient PAC providers to:

- Initiate an inpatient PAC prior approval request
- Submit clinical for concurrent inpatient PAC requests
- View real-time case status and inpatient PAC approval details
- Review up to five inpatient PAC cases simultaneously
- View multiple cases for facilities registered with affiliated Tax ID numbers
- View eviCore announcements and notifications

Portal Training Support available, visit our implementation site:

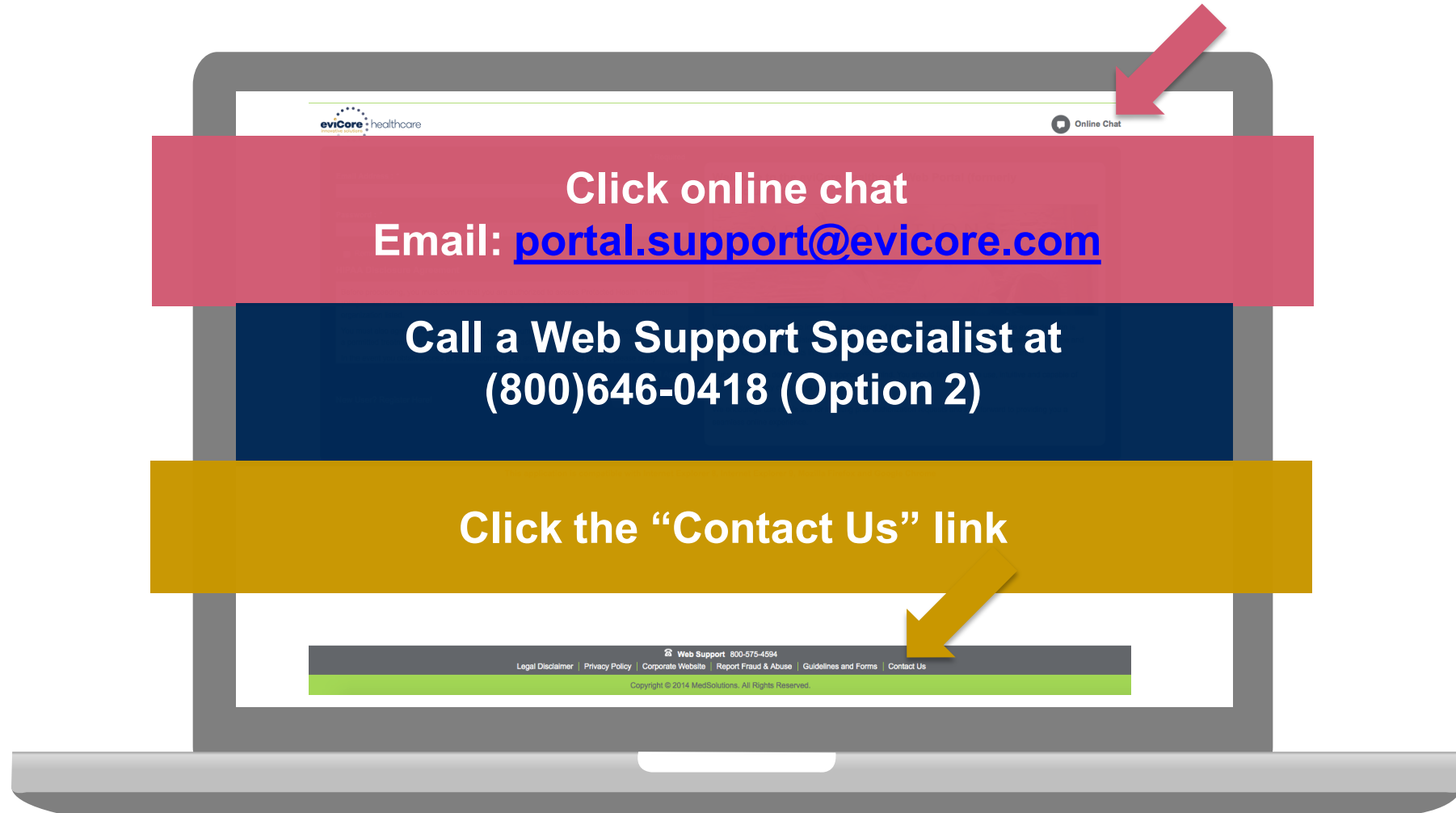
<https://www.evicore.com/healthplan/emblem> to access the following:

- Live Webinar Portal Training Schedule with details on how to register
- Recorded demo of the webinar portal education session
- PowerPoint presentation with step by step instructions on how to register and navigate the web portal

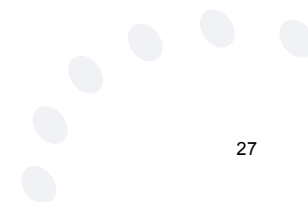
Link to PAC web portal:

<https://www.evicore.com/pages/providerlogin.aspx>

Web Portal Services-Assistance



Web Portal Services-Available M-F 7am-6pm CST



Thank You

