Durable Medical Equipment Utilization Management Program for AmeriHealth Caritas New Hampshire

Provider Orientation

Agenda

- **eviCore healthcare Company Overview**

- **Prior Authorization Program Overview**

- **Required Information and Methods to Submit Requests**

- **Additional Documentation Request**

- **Denial and Appeals Process**

- **Provider Resources**

- **Provider Portal**

- **Q & A Session**

Company Overview

Medical Benefits Management (MBM)

eviCore, an Evernorth Health Services business, is a specialty medical benefits management company that partners with health plans to provide utilization management services
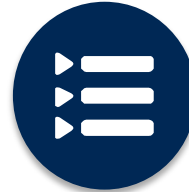
Follow link to evidence-based clinical guidelines and enter health plan

https://www.evicore.com/provider/clinical-guidelines-details?solution=durable%20medical%20equipment

5k⁺ employees, including
1k+ clinicians

Dedicated team specialized in DME Utilization Management

Program Overview

Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Durable Medical Equipment (DME) services on June 1st, 2023 for dates of service June 1st, 2023 and beyond.

Prior Authorization applies to DME:	Precertification does **NOT** apply to services that are performed in:
• Home Based • Medically Necessary	• Hospital settings • Skilled Nursing Facilities • Surgical settings

Providers should verify member eligibility and benefits with AmeriHealth Caritas on the secured provider log-in section at: www.navinet.net or call Provider Services at 1-888-599-1479

Applicable Memberships

Precertification is required for AmeriHealth Caritas New Hampshire Participants who have Durable Medical Equipment Coverage.

This includes: AmeriHealth Caritas New Hampshire (ACNH Medicaid Only)

Medical Necessity Criteria for DME Management

- **New Hampshire state regulations**
- **InterQual Evidence-Based Care Guidelines for DME services**
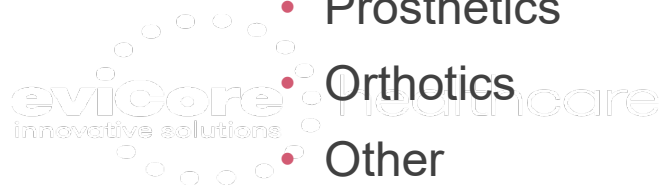- **eviCore Proprietary Guidelines**

DME Covered Services

- Oxygen/Related Equipment
- Diabetic Shoes
- Decubitus Care Equipment
- Hospital Beds and Accessories
- Ventilators
- Pacemaker Monitor
- CPAP's and Supplies
- Patient Lifts
- Wheelchairs
- Prosthetics
- Orthotics
- Other

For continued rentals that did not require a precertification prior to 6/1/2023

- If a continued rental is requested, suppliers will need authorization as of 6/1. If you have authorization from AmeriHealth that goes over the time eviCore takes on Utilization Management, the authorization from AHC will be honored. If you don't have a current authorization, you will need to send to eviCore for approval.
- If the claim's start date is 6/1/2023 or after, a prior authorization must be obtained and secured before submitting a claim. If a new rental is starting 6/1 or after you will need authorization from eviCore.

To find a complete list of DME Healthcare Procedural Codes (HCPCS) that require prior authorization through eviCore, please visit:

https://www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies/nh/amerihealth-caritas-new-hampshire

DME Prior Authorization Required Information and Methods to Submit Requests

Keys to Successful Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four (4) categories of information:

1. Participant Information
Medicaid ID
Participant name
Date of Birth (DOB)

2. Rendering Facility
Facility name
National provider identifier (NPI)
Tax identification number (TIN)
Phone & Fax number

Necessary Information

3. Referring Physician
Physician name
National provider identifier (NPI)
Tax Identification Number (TIN)
Phone & Fax number

4. Supporting Clinical
Current physicians order/script
Current clinicals relating to request (ie patient history, progress notes and physical exams)
Current detailed invoice listing all requested equipment

Process for Additional Documentation Requests

If all **FOUR (4)** pieces of documentation that must be submitted to eviCore are not received, or are insufficient for eviCore to reach a determination, the following will occur

A Hold letter will be faxed to the DME Supplier and Ordering Physician requesting additional documentation	The Supplier must fax back the additional information	eviCore will review the Additional Documentation and reach a determination
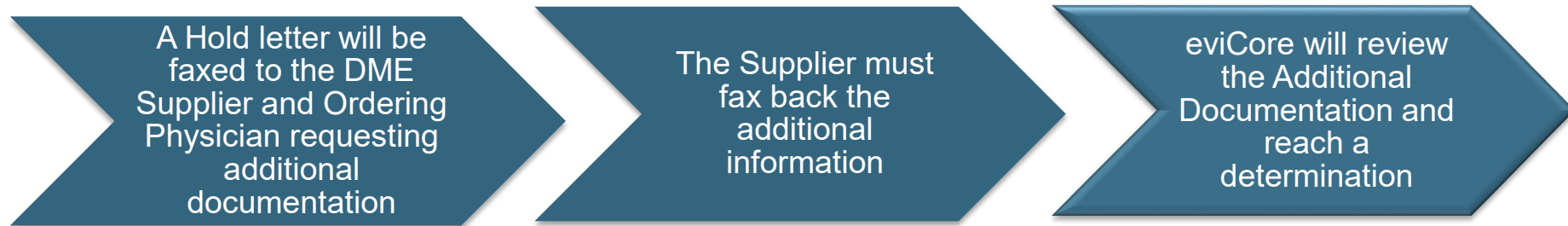
- The case will remain in a hold status until the receipt of necessary clinical information or expiration of the hold period, whichever comes first.

- Routine requests may remain in a hold status for up to 8 calendar days. Urgent requests may remain in a hold status for no less than 48 hours but not to exceed 72 hours.

- Determination should be completed within 2 business days for a routine request and within 72 hours for an Urgent Request. If additional clinical information is needed, a routine case could take up to 12 calendar days following receipt of request for the service.

Appropriate Decision

Pre-Decision Options

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- Providers can submit additional clinical information to eviCore for consideration per the instructions received

- Additional clinical information must be submitted to eviCore in advance of the due date referenced

Note: Ordering Physicians may speak with an eviCore MD at any time before a decision is made

Methods for Precertification Requests

www.evicore.com/pages/providerlogin.aspx

Available 24/7 and the **quickest** way to create precertification and check existing case status

WEB
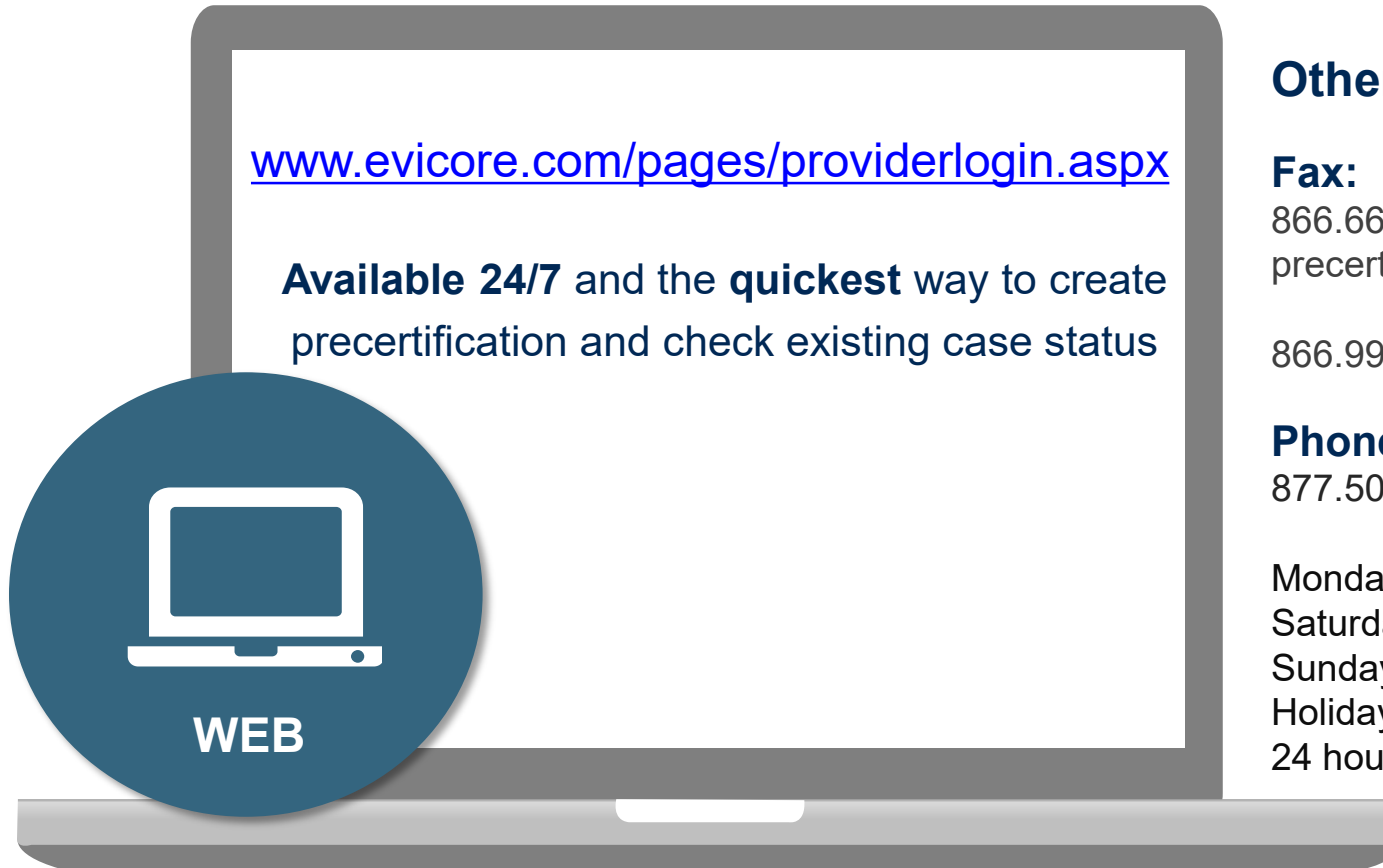
Other methods:

Fax:
866.663.7740 with DME precertification form

866.999.3510 for Sleep DME

Phone:
877.506.5193

Monday – Friday 8 a.m. to 8 p.m. CST
Saturday 8 a.m. to 4 p.m. CST
Sunday 8 a.m. to 1 p.m. CST
Holidays 8 a.m. to 1 p.m. CST
24 hour on call coverage

Important: eviCore recommends a completed DME precertification form for all DME requests submitted by fax

Prior Authorization Outcomes and Special Considerations

Prior Authorization Outcomes

Determination Outcomes:

- Approved Requests: Authorization start date will begin on the date of case creation, minus retroactive requests. Monthly rentals are valid for how many units are approved. Purchases are usually valid for 180 days and daily rentals are usually valid for 90 days.

- Denied Requests: Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/appeal rights will be issued

- Partially Approved Requests: In instances where multiple HCPCS codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes.

Notifications:

- Authorization letters will be faxed to the ordering physician

- Web initiated cases will receive e-notifications when a user opts in to receive

- Members will receive a letter by mail

- Approval information can be printed on demand from the eviCore portal: **www.eviCore.com**

Prior Authorization Outcomes - Denied Requests

Adverse Determination
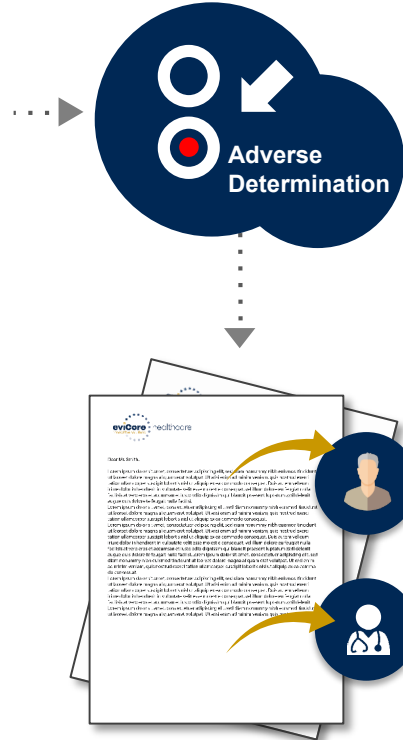
Based on evidence-based guidelines, an adverse determination is made and the request is denied

A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and participant

Determination letters can be printed on demand from the eviCore portal at www.evicore.com

Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within 120 calendar days from the date of services

- Retro requests submitted beyond this timeframe will be administratively denied

- Reviewed for **clinical urgency** and medical necessity

- Retro requests are processed within 30 calendar days

- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member

- Can be initiated on provider portal or by phone

- Urgent cases are typically reviewed within 24 to 72 hours

Special Circumstances cont.

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines

- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request

- Providers have up to 60 days to contact eviCore to accept the alternative recommendation

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone

- If the authorization is not updated and a different supplier location or HCPCS code is submitted on the claim, it may result in a claim denial

Post-Decision Options: Medicaid Members

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call eviCore at 877-506-5193 to speak to an agent who can provide available option(s) and instruction on how to proceed. Alternatively, select 'All Post Decisions' on www.eviCore.com , under the authorization lookup function, to see available options.

Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will not process first-level appeals
- Please refer to the denial notice for instructions and requirements to submit an appeal

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 877.506.5193

Monday - Friday 8 a.m. to 8 p.m. CST

Saturday 8 a.m. to 4 p.m. CST

Sunday 8 a.m. to 1 p.m. CST

Holidays 8 a.m. to 1 p.m. CST

24 hour on call coverage

Providers can contact our call center to perform one of the following:

- Request prior authorization
- Check status of existing prior authorization requests
- Discuss questions about prior authorization and case decisions
- Change facility or HCPCS code(s) on an existing request
- Request to speak to a clinical reviewer or eviCore Medical Director
- Schedule a peer-to-peer request

Note: To ensure you have a successful experience in reaching the desired representative, please listen carefully to the phone prompts when calling the eviCore call center.

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding accuracy assessment

- Requests for a prior authorization to be re-sent to the health plan

- Consumer engagement Inquiries

- Eligibility issues (participant, rendering facility, or ordering physician)

- Issues experienced during case creation

How to Contact our Client and Provider Services team
Email: ClientServices@evicore.com (preferred)

Phone: 800.575.4517 (option 3)

For prompt service, please have all pertinent information available. When emailing, make sure to include "AmeriHealth Caritas New Hampshire DME" in the subject line with a description of the issue; include participant, provider and case details when applicable.

Provider Resources

Client Specific Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include but is not limited to the following educational materials:

- Provider Training Documents
- Frequently Asked Questions (FAQ) Documents
- Quick Reference Guides (QRG)
- Provider Training Sessions' Details
- HCPCS Precertification Certification Code List
- DME Precertification Form

To access these helpful resources, please visit

https://www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies/nh/amerihealth-caritas-new-hampshire
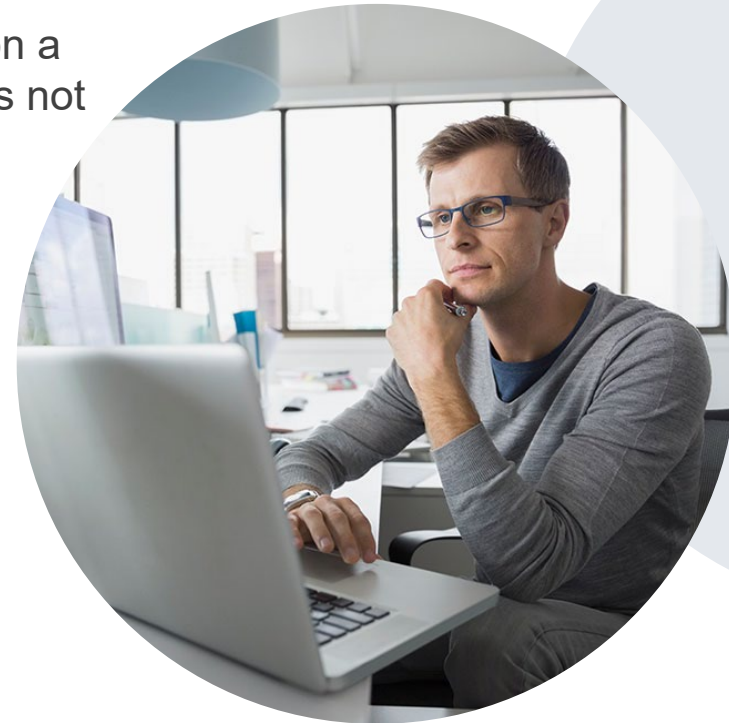
Provider Portal for DME

Benefits of eviCore Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? Following are some benefits and features:

- Saves time: Quicker process than phone prior authorization requests

- Available 24/7: You can access the portal any time and any day

- Upload additional clinical information: No need to fax in supporting clinical documentation. It can be uploaded on the portal to support a new request or when additional information is requested

- Check case status in real-time

- View and print decision information

- To speak with a Portal Specialist, call 800.646.0418 (Option #2) or email portal.support@evicore.com

Account Registration

eviCore healthcare website

- Point web browser to evicore.com

← → ⟳ 🔒 evicore.com/resources
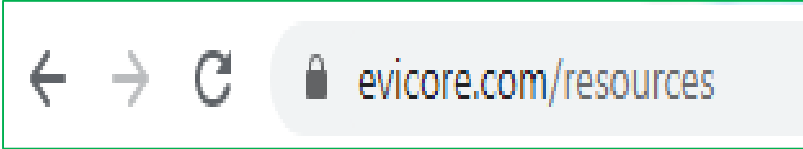
- Login or Register
- To create a new account, click **Register Now**

PROVIDERS: 👤 Login

User ID
Forgot User ID?

Password
Forgot Password?

☐ I agree to HIPAA Disclosure

☐ Remember User ID

LOGIN

Don't have an account? **Register Now**

Creating An Account

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:

--Select--
CareCore National
Medsolutions

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:

Email*:

Confirm Email*:

First Name*:

Last Name*:

Address*:

City*:

State*: Select   Zip*:

Office Name:

Phone*:

Ext:

Fax*:

- Select **CareCore National** as the Default Portal, complete the User Information section in full and **Submit Registration.**
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log in page.
- Once logged in, you will have the ability to initiate a case, check a case status and much more!

Add Providers To Your Account

- **Once logged in, you will want to add providers to your account prior to case submission. Click the "Manage Account" tab, then the Add Provider link. You should add all referring providers to your account also.**

Add Providers To Your Account

- **Enter the Practitioner NPI, State, and Zip Code to search for the Physician.**
- **Click on Find Matches**

Add Providers To Your Account

- **Select the matching record based upon your search criteria.**
- **Once you have selected a practitioner, your registration will be complete**

Add Providers To Your Account

- You can also click **"Add Another Practitioner"** to add another Physician to your account

Initiating A Case

Initiating A Case

- Choose **Clinical Certification** to begin a new case request
- Select the appropriate program
- Durable Medical Equipment (DME) should be chosen for all requests
- Choose who is building the case

Select Provider

- **Select the ordering Physician for whom you want to build a case by entering the last name or NPI.**

Select The Insurance Plan
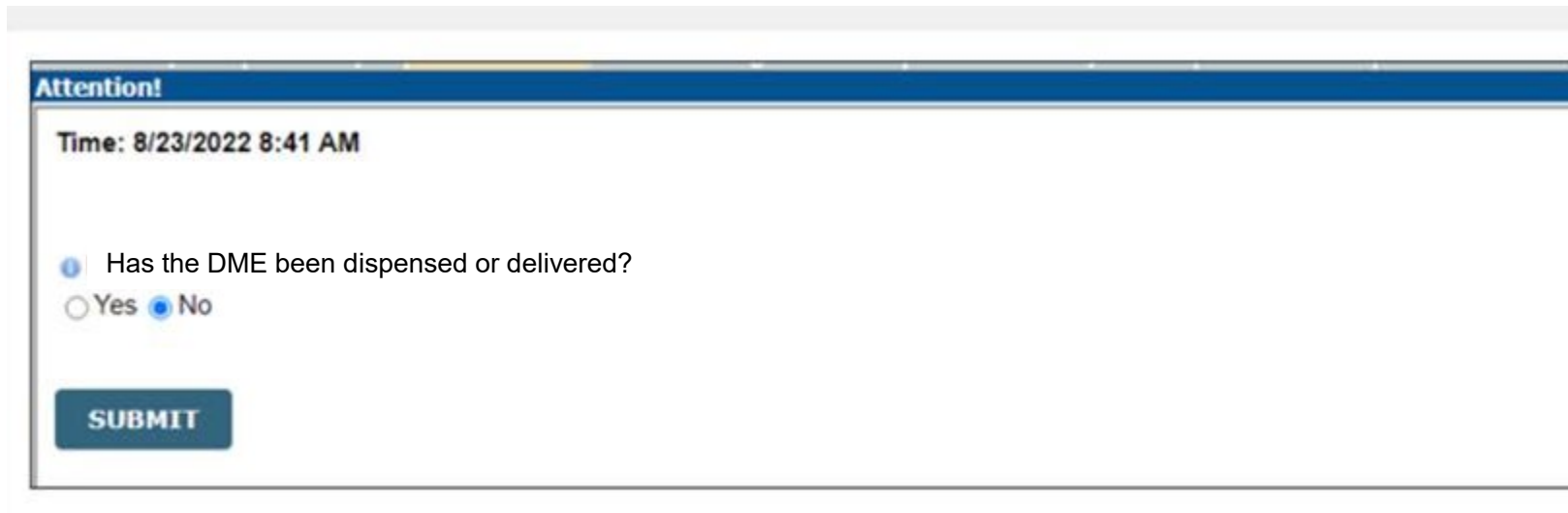
- **Choose the appropriate Insurer for the case request.**
- **Once the plan is chosen, please select the ordering provider's address in the next drop down box.**

Distribution Date

Attention!

Time: 8/23/2022 8:41 AM

ⓘ Has the DME been dispensed or delivered?

○ Yes ⦿ No

SUBMIT

- Enter whether the equipment and/or supplies have been delivered yet.

Member Information

- **Enter the patient information** including the Patient ID number, date of birth, and patient's last name. Click **"Eligibility Lookup"** and select the appropriate patient

Clinical Details

- **Select "DME" and Diagnosis code(s) and Continue to confirm**

Site Selection

- **Search for the site that is dispensing the equipment by entering the NPI**

Site Selection

- **Enter your Fax and Phone number**
- **Enter an email address to receive email notifications with status updates**

Clinical Certification

- **Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process**
- **You will not have the opportunity to make changes after this point**

Urgent vs Standard

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard **select Yes**.

Proceed to Clinical Information

Is this case Routine/Standard?

[YES] [NO]

Important: In order to reduce denials, a request **should not be submitted as "urgent"**, unless it meets the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the customer. Urgent Requests determinations will be rendered within 72 hours and will be based **solely** on clinical information received within that timeframe.

Codes and Units

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account

Proceed to Clinical Information

ⓘ Please enter the Primary HCPCS code for this DME request:

[   ]

ⓘ How many Units of this HCPCS

[   ]

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

CANCEL

- Enter the Primary code and number of units
- You can click the **"Finish Later"** button to save your progress. You have **two (2) business days** to complete the case
- **Clinical Certification** questions populate based upon the information provided

Additional Code Requests

- **If additional requests are needed, you may enter them here**

Upload Clinical Documents or Notes

- **On this screen, you can either choose to upload clinical documents, enter important notes, or both**

Upload Clinical Documents
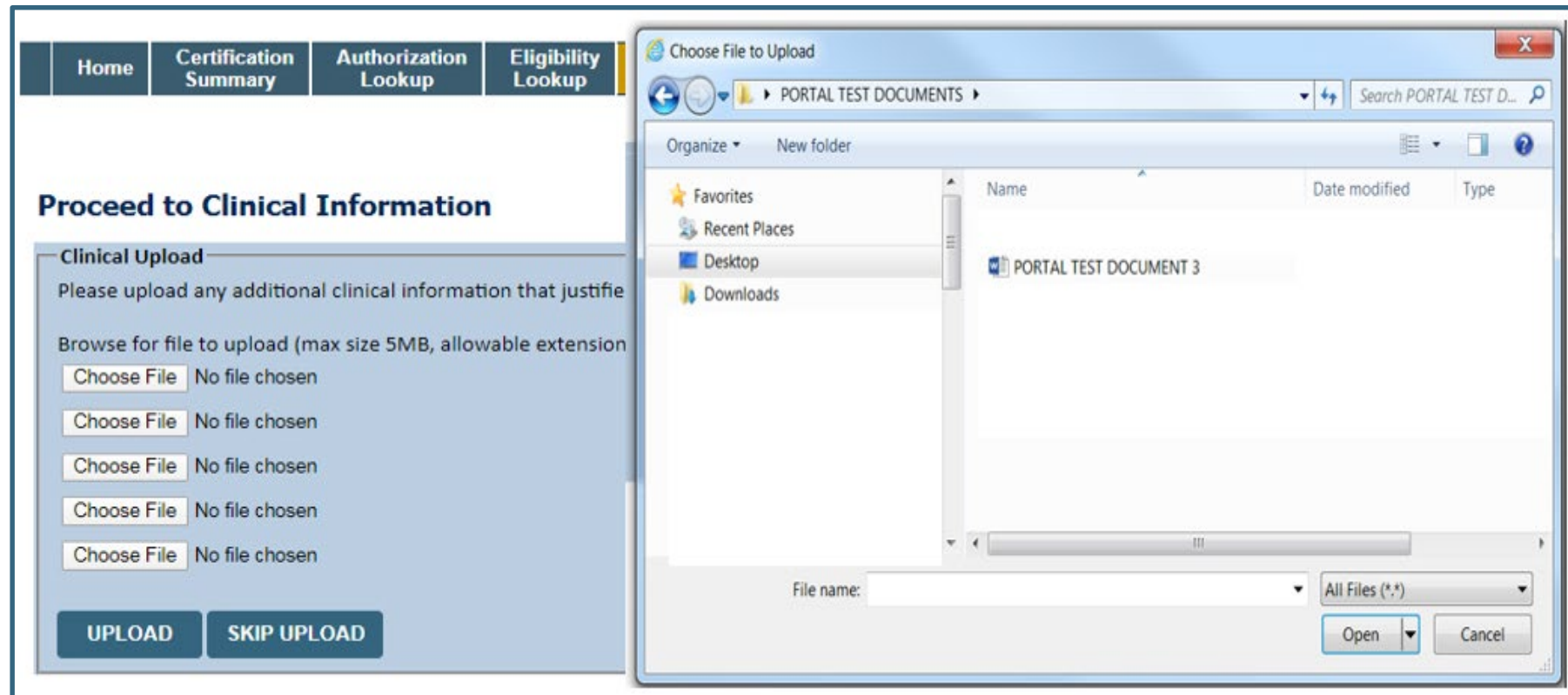
- **To attach documents, you will navigate to your desktop, locate the document, and choose upload**
- **Once complete, you can submit the case**

Clinical Information – Finish Questions & Submit Case

- On this screen, **answer the questions and submit**

- Next, check off the attestation and **submit case**
- Case will be either pended for medical review
- or approve

Clinical Information – Example of Questions

- **If the request is for a PAP device, please choose initial or replacement**
- You can save your request and finish later if needed
    - **Note:** You will have 2 business days to complete the case
    - When logged in, you can resume a saved request by going to Certification Requests in Progress

Outcome Determination

- Case will be either pended for medical review or approved
- You should save or print this screen for your records

Authorization Lookup

- **To look up the status of an Authorization, Select Search by Authorization Number/NPI. Enter the provider's NPI and authorization or case number. Select Search.**
- **You can also search for an authorization by Member Information, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.**

Upload Correspondence

- **The authorization will then be accessible to review. To print authorization correspondence, select Uploads & Faxes.**

Initiating a Sleep DME Request

Initiating a Sleep DME Related Case

- For Sleep DME related requests, after selecting Sleep Management, choose **Durable Medical Equipment** provider

Select Health Plan / Requesting Physician

- Choose the appropriate **Health Plan** for the case request.
- Once the plan is chosen, please select the **requesting** provider by entering their NPI if known. **This is the physician who is ordering the equipment.**

Select Provider & Date of Service

- Select the physician's correct address

- Add your contact information
- Enter the **expected distribution date** for the request.

Member Information

- Enter the **patient information** including the Patient ID number, date of birth, and patient's last name. Click **"Eligibility Lookup"** and select the appropriate patient.

Clinical Details

- **Select Code and Diagnosis.**
- **Choose RSPLY if the request is for supplies only.**

Site Selection

- Note: The site is the **DME Supplier** dispensing the equipment. Searching with **NPI only** is the most efficient.

- Add your site to the case.
- Enter an email address to receive email notifications with status updates.

Clinical Certification

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK   CONTINUE

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase
- **You will not have the opportunity to make changes after this point**
- Answer all clinical questions appropriately

Urgent vs. Standard

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard **select Yes**.

Proceed to Clinical Information

Is this case Routine/Standard?

| YES | NO |

Important: In order to reduce denials, a request **should not be submitted as "urgent"** unless it meets the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member. Urgent requests can be initiated on the provider portal or by phone. Urgent request determinations will be rendered within 72 hours and will be based **solely** on clinical information received within that timeframe.

Clinical Information – Example of Questions

- **If the request is for a PAP device, please choose initial or replacement**
- You can save your request and finish later if needed
  - **Note:** You will have 2 business days to complete the case
  - When logged in, you can resume a saved request by going to Certification Requests in Progress

Clinical Information – Finish Questions & Submit Case

Proceed to Clinical Information

ⓘ Which PAP manufacturers' unit will you use for this patient's therapy?
- ○ 3B Medical
- ○ Fisher & Paykel
- ○ ResMed
- ○ Respironics
- ○ Other

ⓘ Select the requested replacement mask:
- ○ Combination oral/nasal mask, used with continuous positive airway pressure device (A7027)
- ○ CPAP Full Face Mask (A7030)
- ○ Nasal Application Device (A7034)
- ○ PAP Oral Interface (A7044)

ⓘ Select the requested replacement tubing:
- ○ Positive Airway Pressure Tubing (A7037)
- ○ Tubing with Heating Element (A4604)

ⓘ Select the requested humidifier type:
- ○ Nonheated humidifier with PAP (E0561)
- ○ Heated humidifier with PAP (E0562)

Proceed to Clinical Information

☐ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

Click here for help

- Next, check off the attestation and **submit case**
- Case will be either pended for medical review
- or approve

- **On this screen, answer the questions and submit**

Outcome Determination


- **You should save or print this screen for your records**
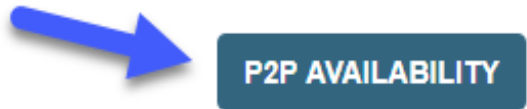
Online P2P Scheduling Tool

How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com

- Perform Authorization Lookup to determine the status of your request.

- Click on the "P2P Availability" button to determine if your case is eligible for a Peer to Peer conversation:

- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

P2P AVAILABILITY Request Peer to Peer Consultation
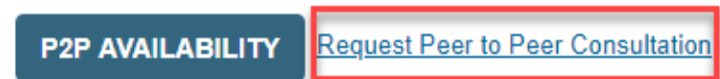
Authorization Lookup

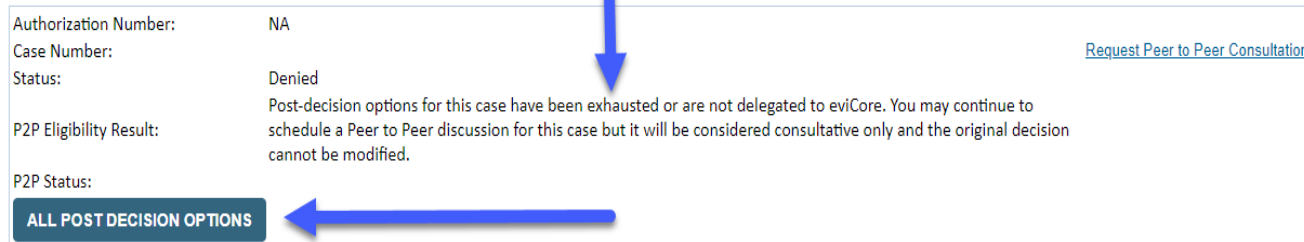|	
Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

P2P AVAILABILITY

How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the "All Post Decision Options" button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Eligibility Result:	
P2P Status:	

Request Peer to Peer Consultation

ALL POST DECISION OPTIONS

Once the "Request Peer to Peer Consultation" link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting "Add Another Case"

To proceed, select "Lookup Cases"

How to Schedule a Peer to Peer Request

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

How to Schedule a Peer to Peer

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

  - Name of Provider Requesting P2P

  - Phone Number for P2P

  - Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above

- Go to "My P2P Requests" on the left pane navigation.

- Select the request you would like to modify from the list of available appointments

- Once opened, click on the schedule link. An appointment window will open

- Click on the Actions drop-down and choose the appropriate action

    If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

    If choosing to cancel, you will be prompted to input a cancellation reason
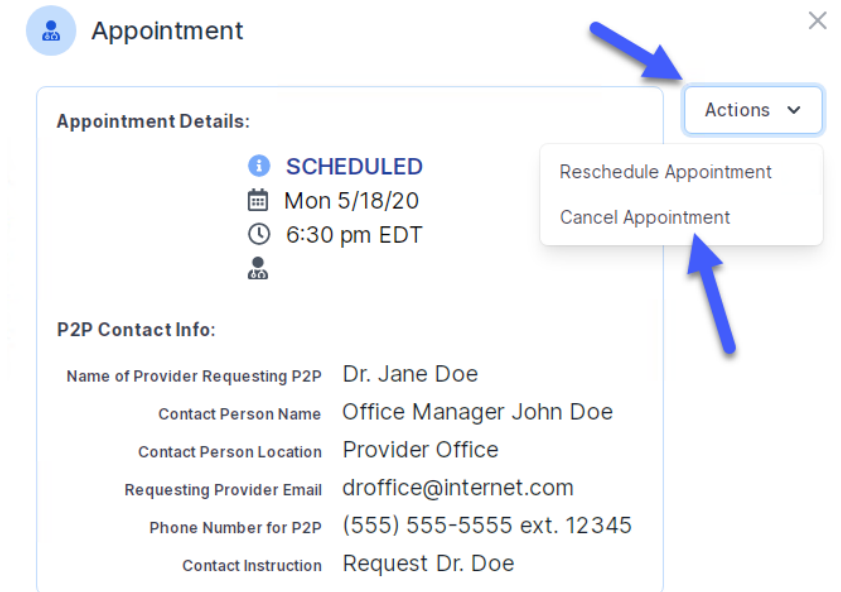
- Close browser once done

Thank You!