Durable Medical Equipment Utilization Management Program for Cigna Medicare Advantage Customers

Provider Orientation

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Agenda

- eviCore healthcare Company Overview
- Precertification 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)

Addressing the complexity of the healthcare system

10 Comprehensive solutions

Evidence-based clinical guidelines

5k+ employees, including **1k+ clinicians**

Advanced, innovative, and intelligent technology

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Program Overview

Cigna Medicare Precertification Services

eviCore healthcare (eviCore) began accepting precertification requests for Durable Medical Equipment (DME) services on May 27, 2022 for Cigna customers with Medicare Advantage coverage for dates of service of June 1, 2022 and beyond.

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

Providers should verify customer eligibility and benefits on the secured provider log in section on the Cigna HSConnect provider portal www.hsconnectonline.com or by calling Cigna Medicare Advantage Provider Service at 800.230.6138.

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Applicable Memberships

Precertification is required for Cigna Medicare Advantage Customers who have Durable Medical Equipment Coverage.

Excludes: Arizona Medicare customers

Medical Necessity Criteria for DME Management

- Medicare Benefit Policy Manual
- NCD
- LCD/LCA
- MCG™ Evidence-Based Care Guidelines for DME services
  - For FL DSNP – State Medicaid guidelines are used

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DME Covered Services

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

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

- If the claim is submitted with a start date prior to 6/1, no precertification is required
- If the claim's start date is 6/1/22 or after, a precertification must be obtained and secured before submitting a claim

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

evicore.com/resources/healthplan/cigna-medicare

DME Precertification Required Information and Methods to Submit Requests

Keys to Successful Precertifications

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

1. Customer
Customer ID
Customer name
Date of Birth (DOB)

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

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
Current certificate or letter of medical necessity

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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 number of days the case will remain on hold will be outlined on the Hold Letter.

The Supplier must fax back the additional information

- The Medicare timeframe is much shorter and depends on the age of the case

eviCore will review the Additional Documentation and reach a determination

- Determination will be done within 2 business days for a routine request and within 72 hours for an Urgent Request

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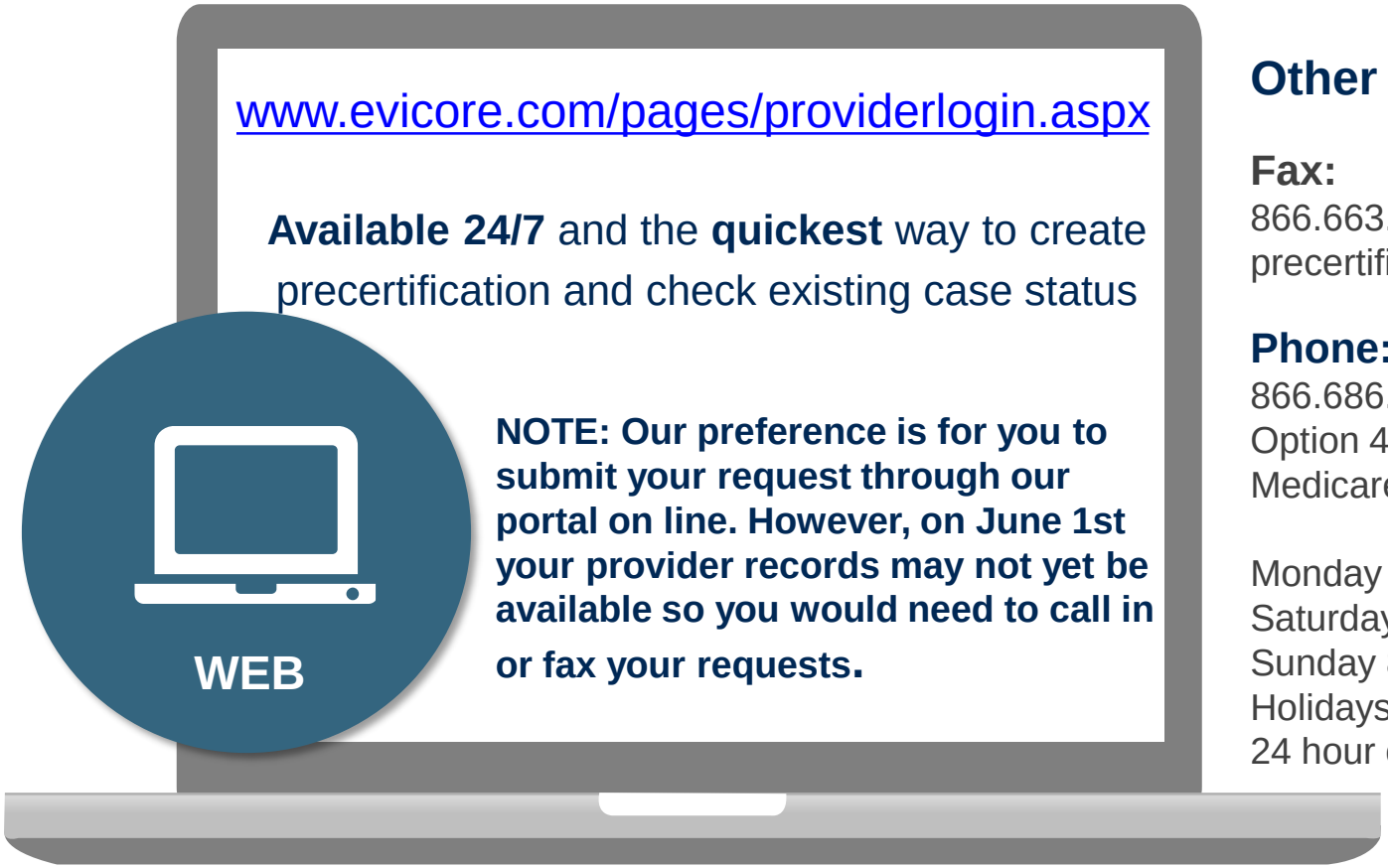
Methods for Precertification Requests



Other methods:

Fax:
866.663.7740 with DME precertification form

Phone:
866.686.4452, Option 1 for Providers, Option 4 for DME, Option 2 for Medicare

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

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Precertification Outcomes and Special Considerations

Precertification Approval

Approved Requests

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

- If the claim is submitted with a start date prior to 6/1, no precertification is required
- If the claim's start date is 6/1/22 or after, a precertification must be obtained and secured before submitting a claim

- Standard requests are processed within 2 business days after receipt of all necessary clinical information
- Purchases and daily rentals are usually valid for 90 days
- DME HCPCS code list is subject to change so please refer to our provider resources site and any Durable Medical Equipment announcements we send out.
- Monthly rentals are usually valid how many units/months approved plus one additional month
- Precertification letters will be faxed to the ordering physician & rendering provider and can be printed on demand from the eviCore portal at www.eviCore.com
- Customers will receive a precertification letter by mail

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Oxygen and DME in Hospital Requests Pending Hospital Discharge

Oxygen Requests

- To support member discharge goals, eviCore will review Oxygen requests by phone and offer **verbal decisions** in real-time when medical necessity is met. The DME supplier will then be responsible to fax the supporting clinical to eviCore at 866-663-7740.
- All ‘non-hospital discharge’ requests for oxygen will be processed as any other standard precertification request.

Other DME

For hospital discharges that are contingent upon precertification for all other DME, the DME supplier should submit the requests using one of following methods:

1. Fax supporting clinical documentation and indicate **“Pending Discharge”** on the fax cover sheet or precertification form to 866-663-7740.
1. Call eviCore at 866.686.4452 to complete the precertification process by phone and indicate **“Hospital discharge is pending DME Precertification”** during the clinical intake discussion.
2. Submit request via the portal and indicate **“Hospital discharge is pending DME Precertification”** in the free note section.

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Precertification Outcomes - Denied Requests

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 customer

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

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Special Circumstances

Urgent Precertification Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the customer
- Can be initiated by phone (recommended), fax or portal.
- Urgent request precertification determinations will be made within 72 hours.

** Due to the shortened timeframe for an urgent decision, we will not pend the case to request additional information and the case is reviewed with the information submitted initially.*

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Special Circumstances cont.

Retroactive Requests

- eviCore can only process a retro request up to one (1) business day after the date of service. The only exception is when there is an eligibility issue with the customer.
- In the absence of an eligibility issue and greater than one (1) business day after the date of service, the DME provider will need to file a claim and do a claims appeal through Cigna.

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Special Circumstances cont.

Alternate Recommendation

- An alternate recommendation for DME that is more medically appropriate may be offered, based on evidence-based clinical guidelines
- The ordering physician can accept the alternate recommendation and a new approved request will be built
- The ordering provider has up to 60 calendar days to contact eviCore to accept the alternate recommendation
- If the alternate recommendation is accepted before a denial, the code will be updated to the code accepted. If the request already has a final case decision, then a new approved request will be built.

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Pre-Decision Options: Medicare Customers

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

Submission of Additional Clinical Information

- eviCore will notify ordering physician telephonically before a denial decision is issued on Medicare cases
- You 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

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

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Post-Decision Options: Medicare Customers

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation
- Only Physicians, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting: www.evicore.com/provider/request-a-clinical-consultation or call eviCore at 866.220.4699

Appeals

- eviCore will not process first-level appeals
- Appeal requests must be submitted directly to the health plan

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Provider Resources

Dedicated Call Center

Precertification Call Center – 866.686.4452, Option 1 for Providers, Option 4 for DME, Option 2 for Medicare

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 precertification
- Check Status of existing precertification requests
- Discuss questions regarding precertification and case decisions
- Change facility or HCPCS code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation request with an eviCore Medical Director

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.*

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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 precertification to be resent to the health plan
- Consumer engagement Inquiries
- Eligibility issues (customer, 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 “Cigna Medicare Advantage DME health plan” in the subject line with a description of the issue; include customer, provider and case details when applicable.

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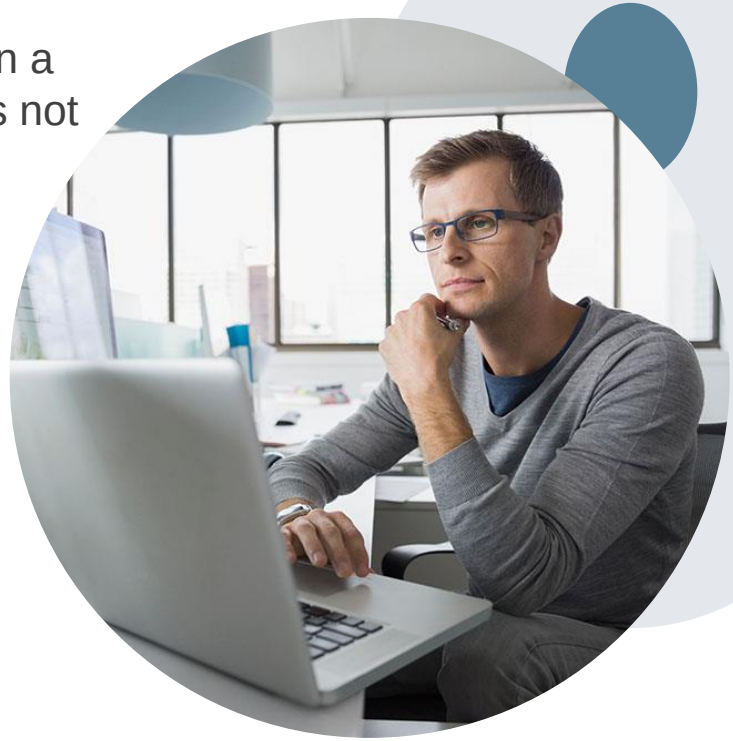
Provider Resources

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

evicore.com/resources/healthplan/cigna-medicare

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Provider Portal for DME

Benefits of eviCore Provider Portal

Did you know that most providers are already saving time submitting precertification requests online? The provider portal allows you to get a decision much faster. Following are some benefits and features:

- Saves time: Quicker process than phone precertification 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 determination information

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

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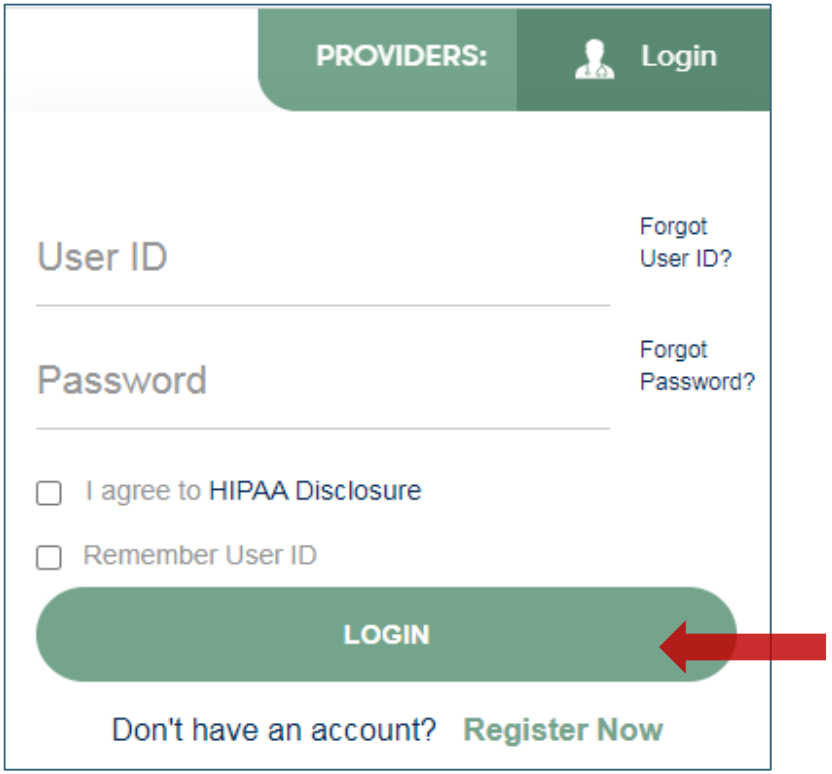
Account Registration

eviCore healthcare website

- Point web browser to evicore.com

- Login or Register
- To create a new account, click **Register Now**



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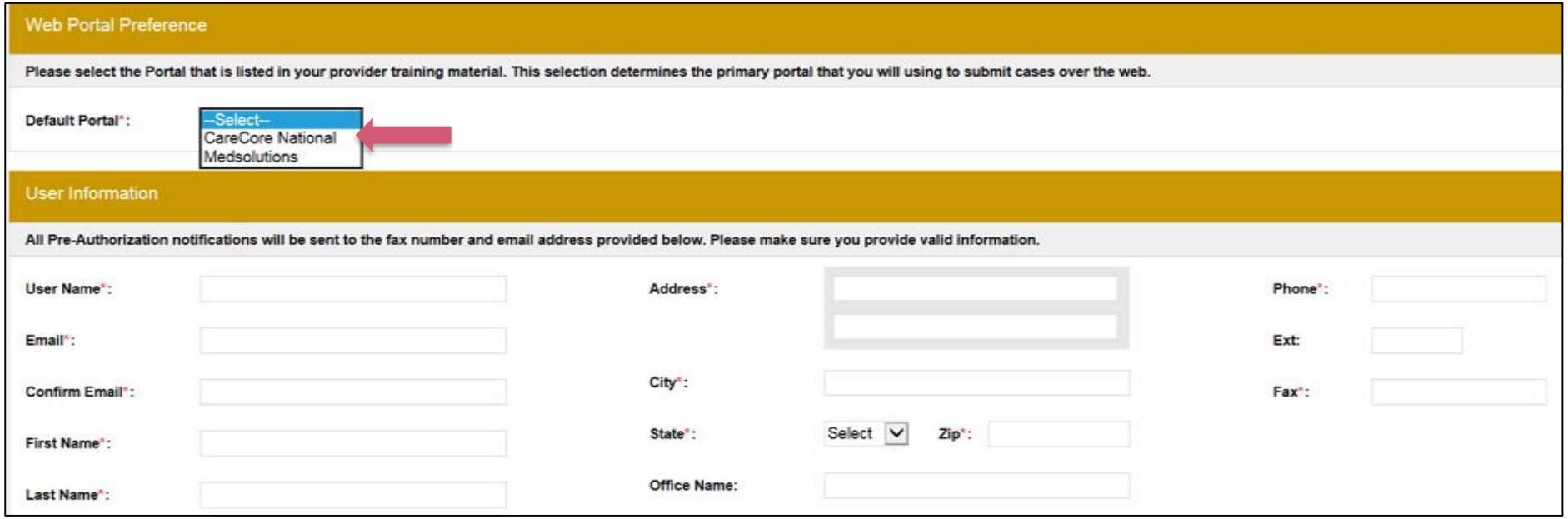
Creating An Account



- 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!

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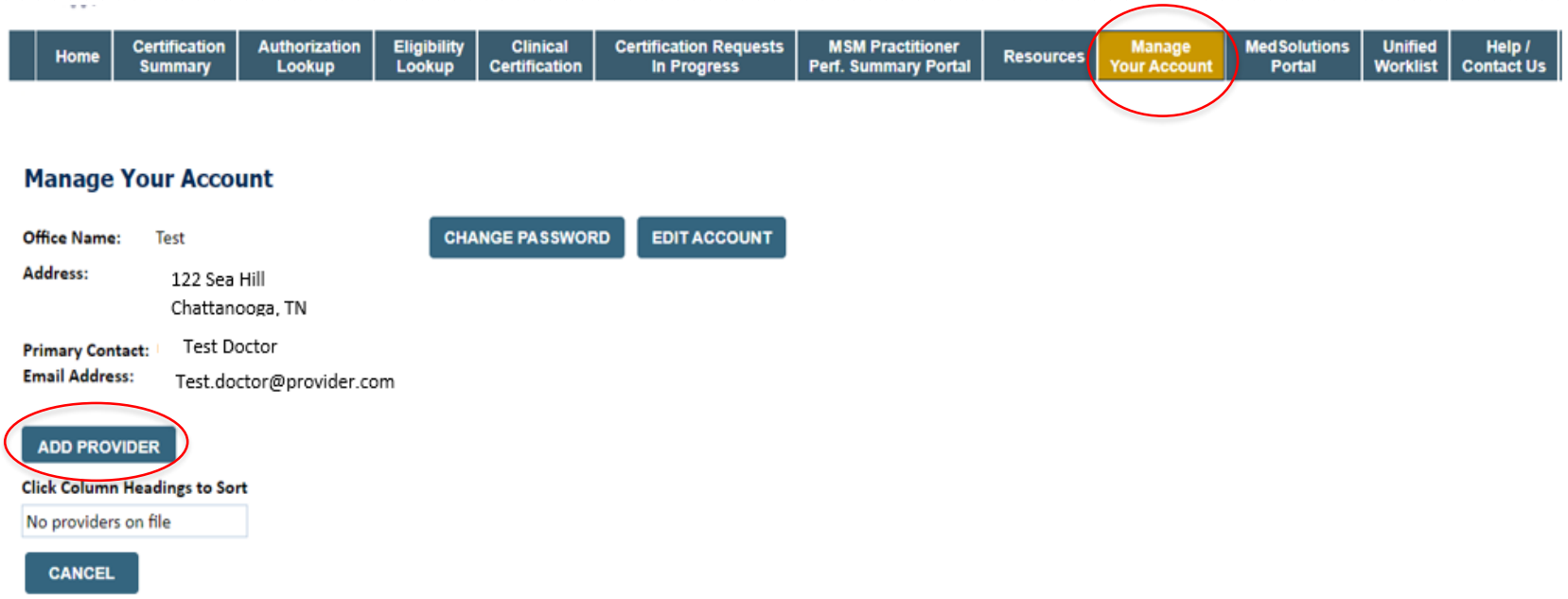
Add Providers To Your Account



- 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.

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Add Providers To Your Account

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI 12356789

Practitioner State TN

Practitioner Zip 37302

FIND MATCHES CANCEL

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

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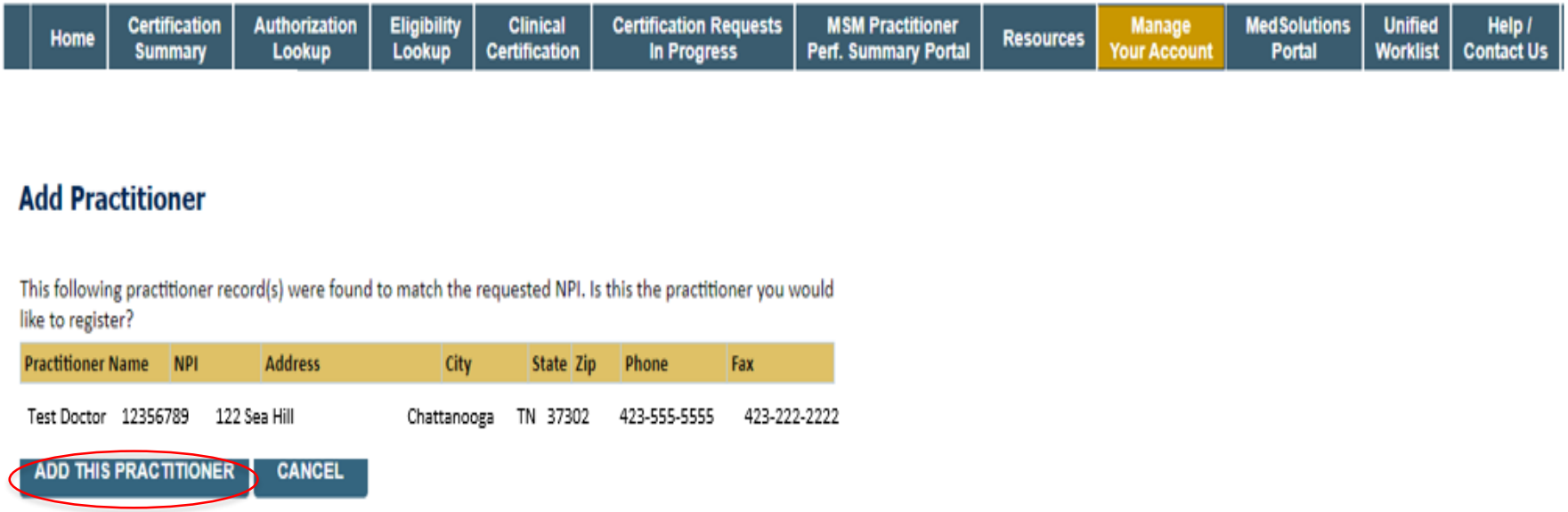
Add Providers To Your Account



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

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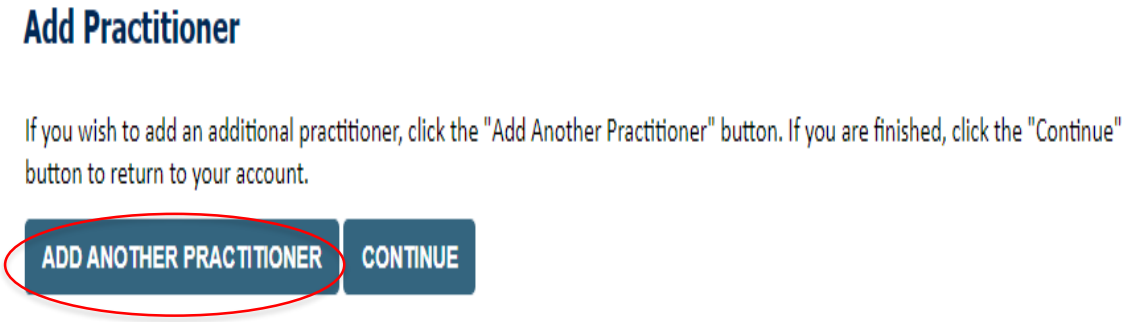
Add Providers To Your Account



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

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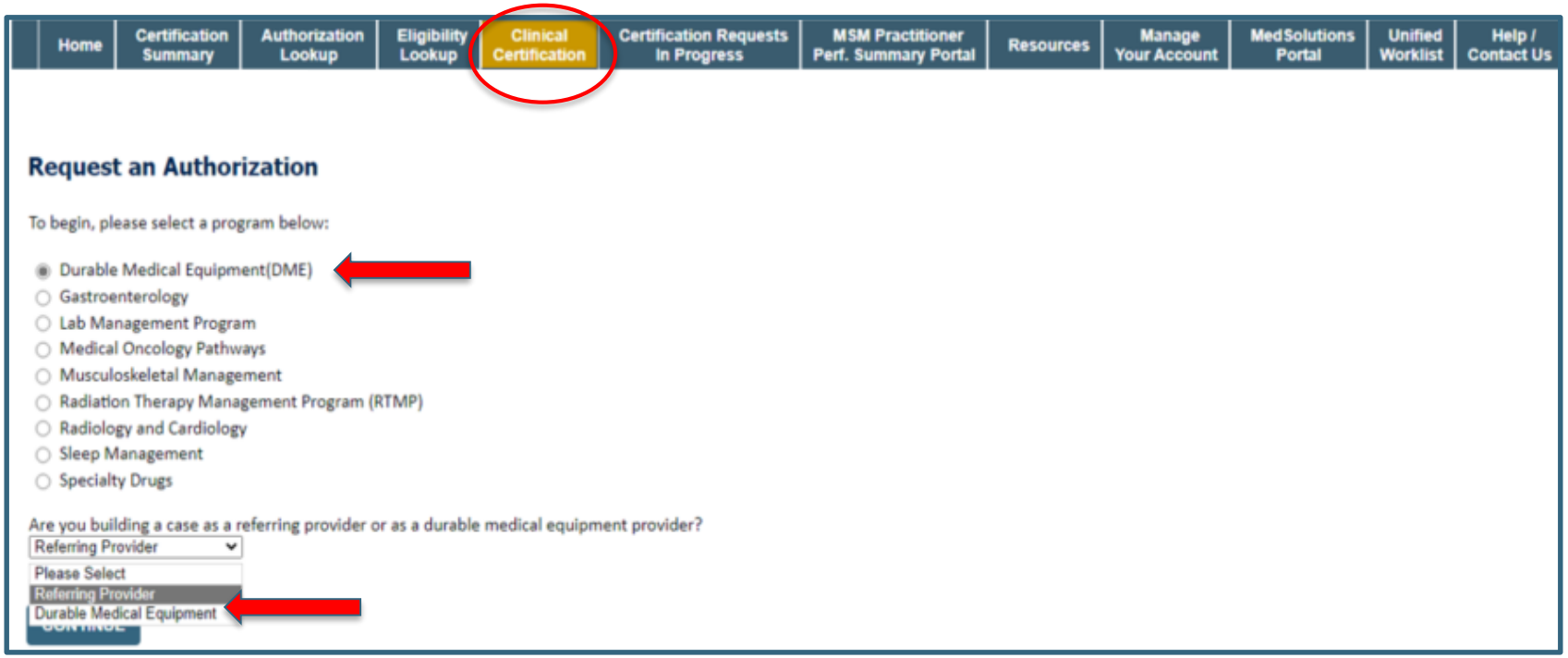
Initiating A Case

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

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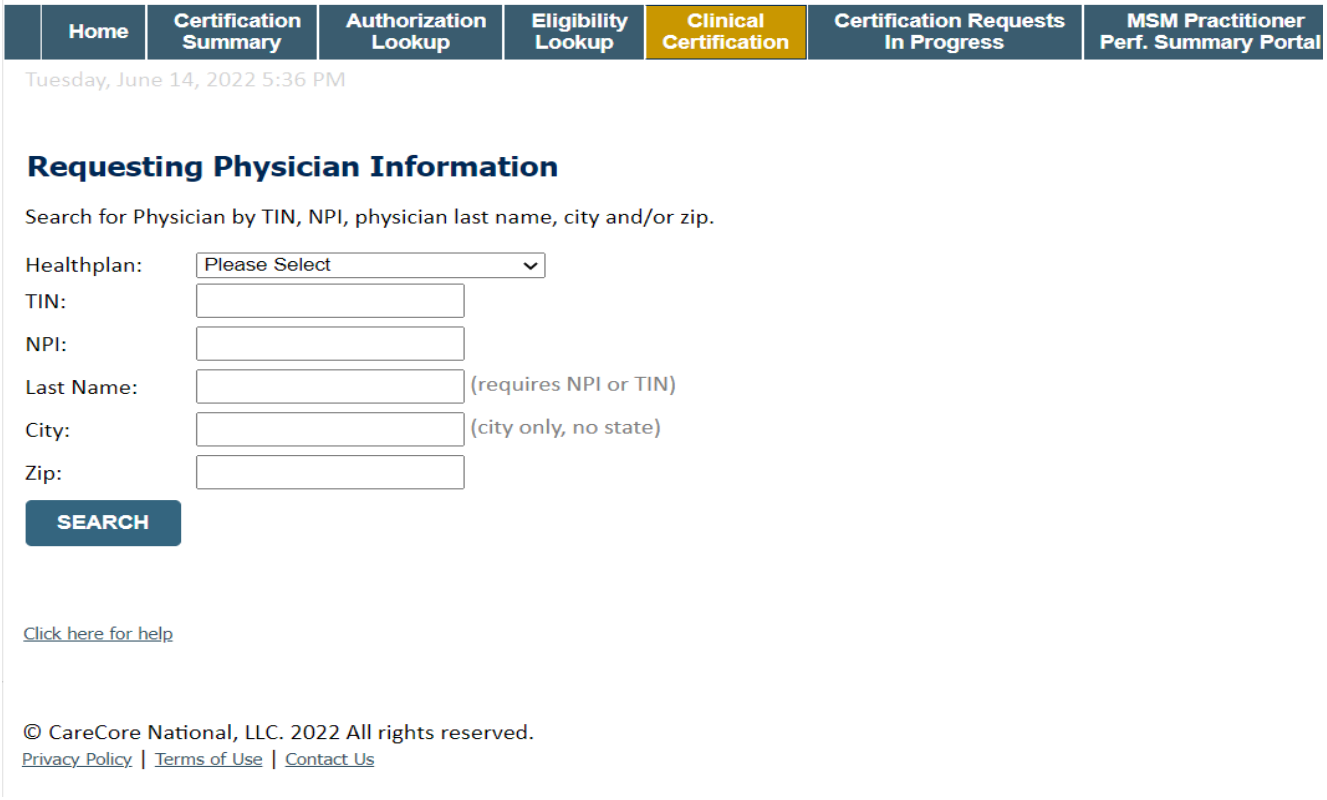
Requesting Physician Information



- Enter the insurance and ordering Physician information for whom you want to build a case for.

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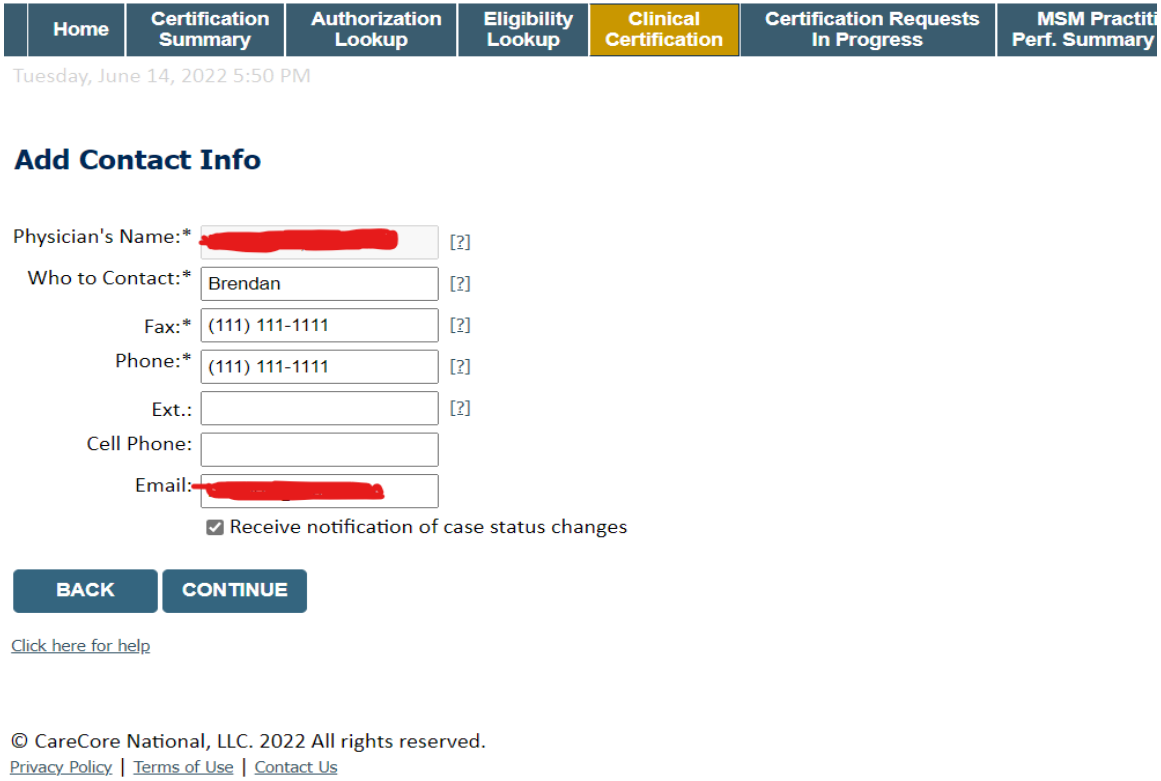
Physician Contact Information



- Enter the appropriate person to contact at the physicians office.
- Include contact information for eviCore to reach out.

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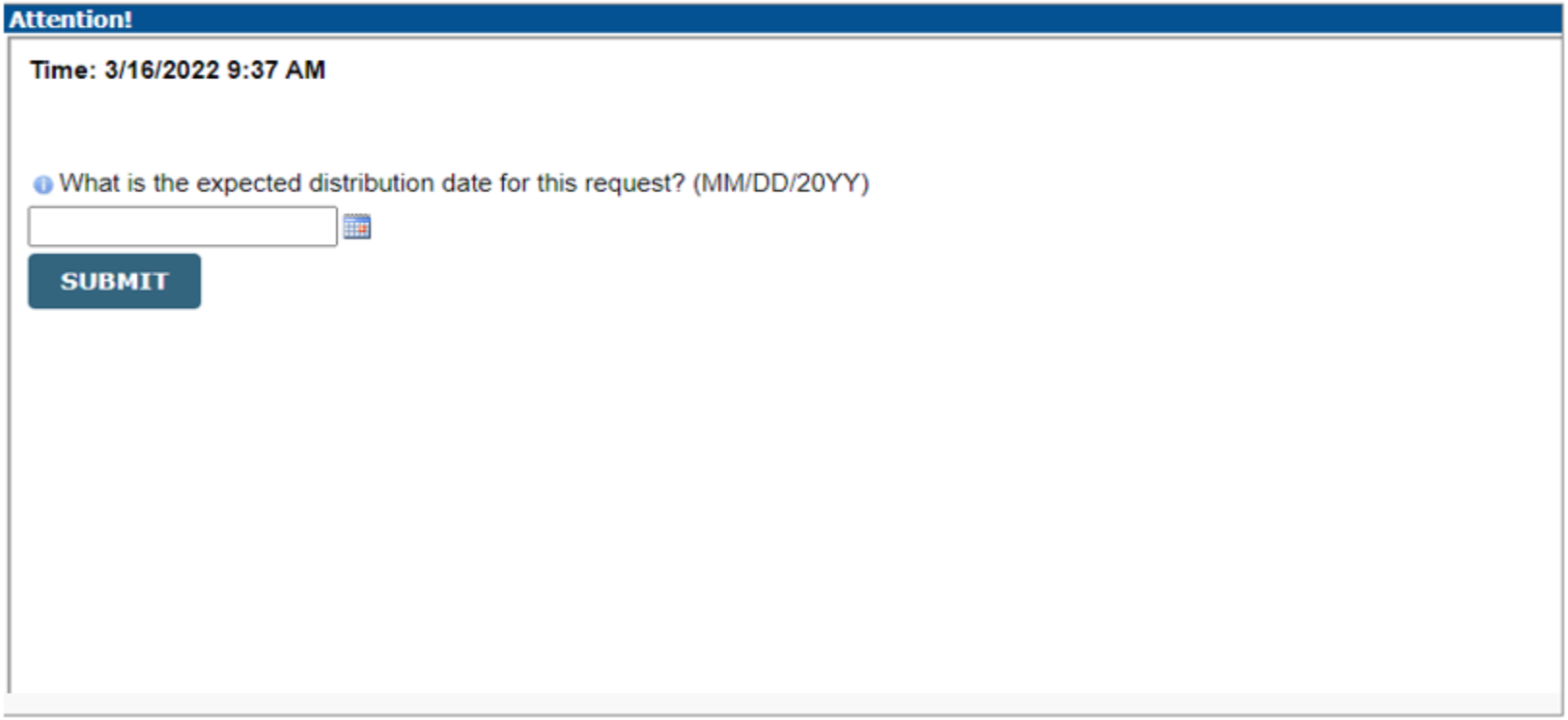
Procedure Information



- Enter the expected distribution date for the request.

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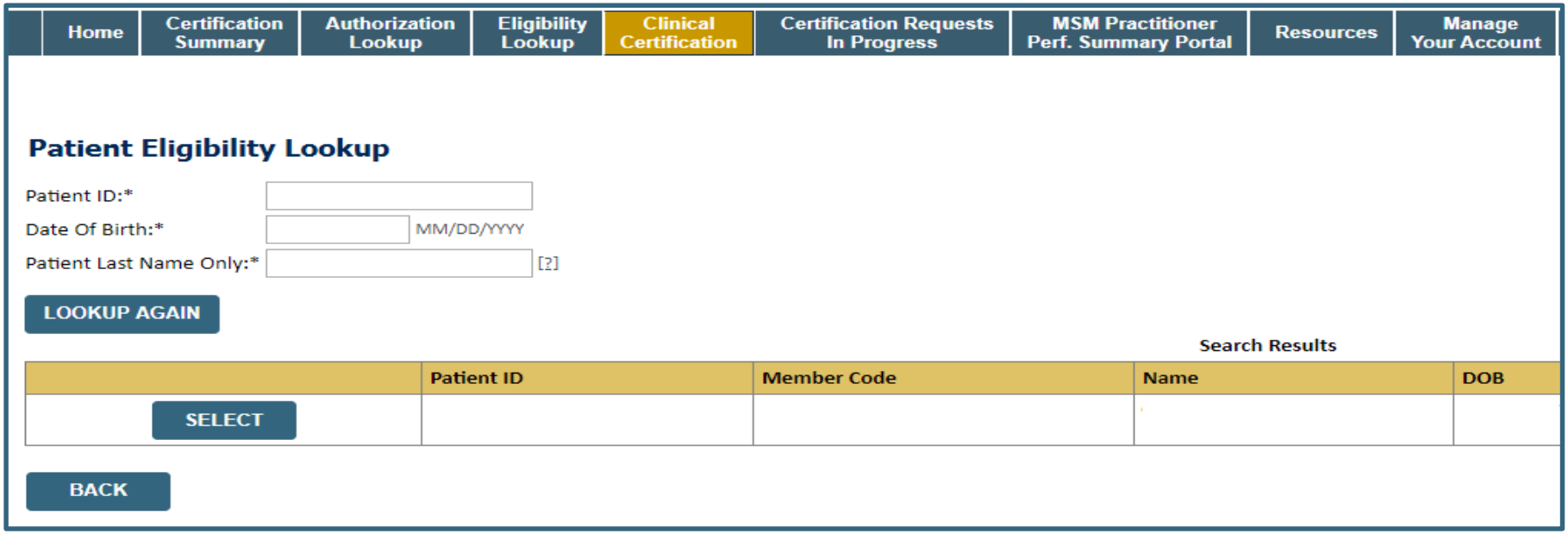
Customer Information



- 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

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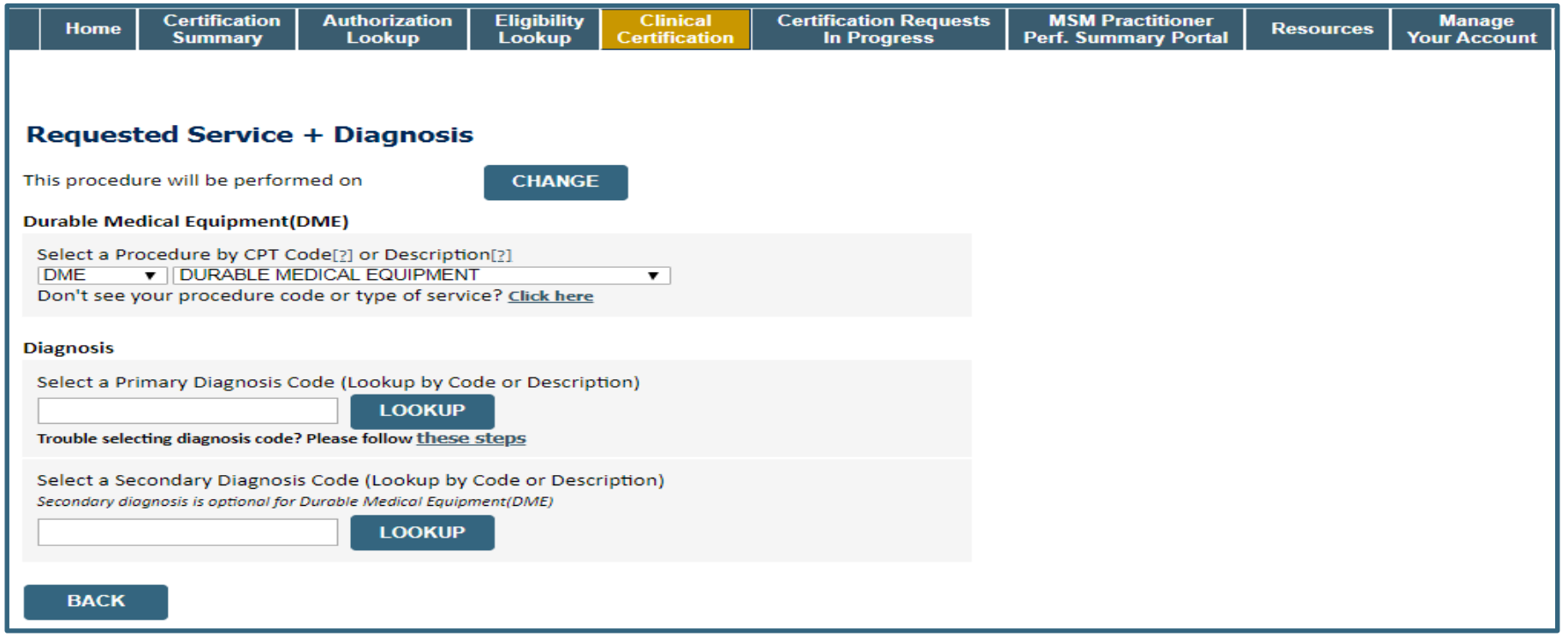
Clinical Details



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

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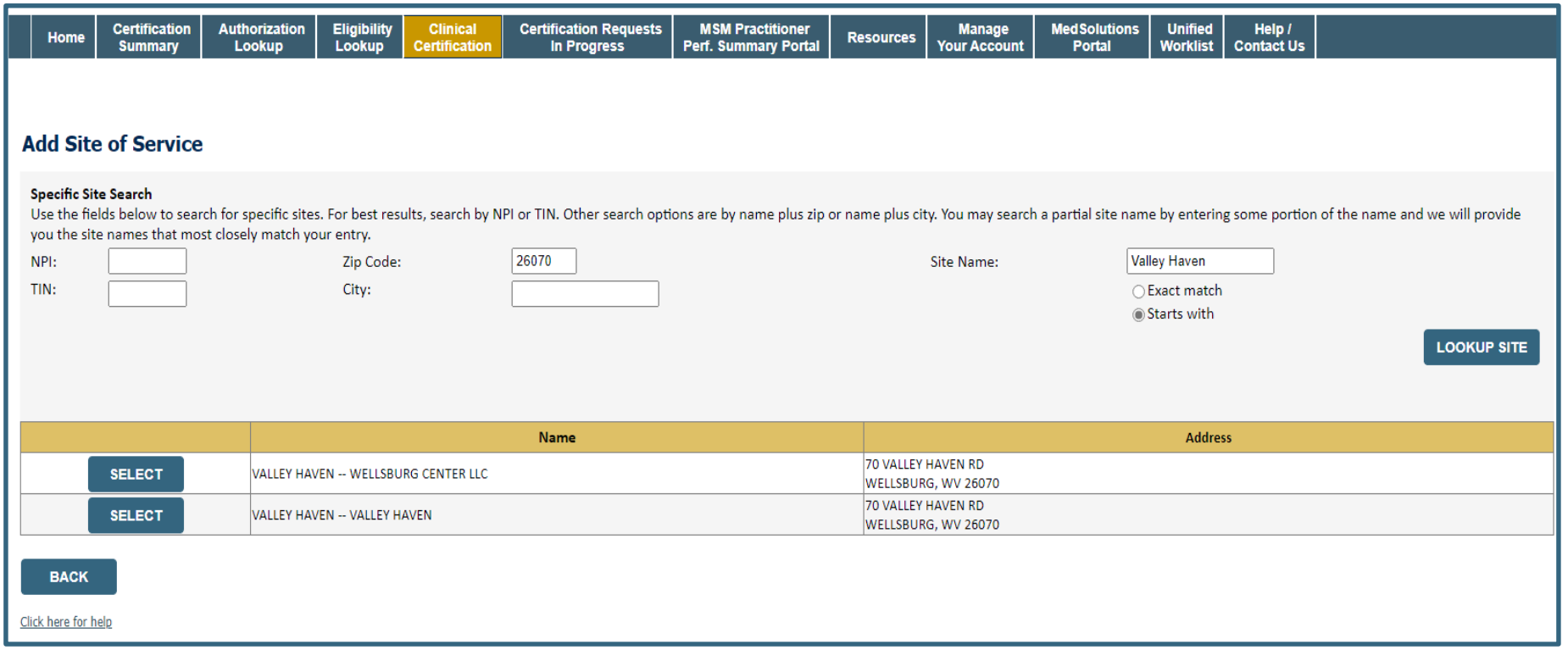
Site Selection



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

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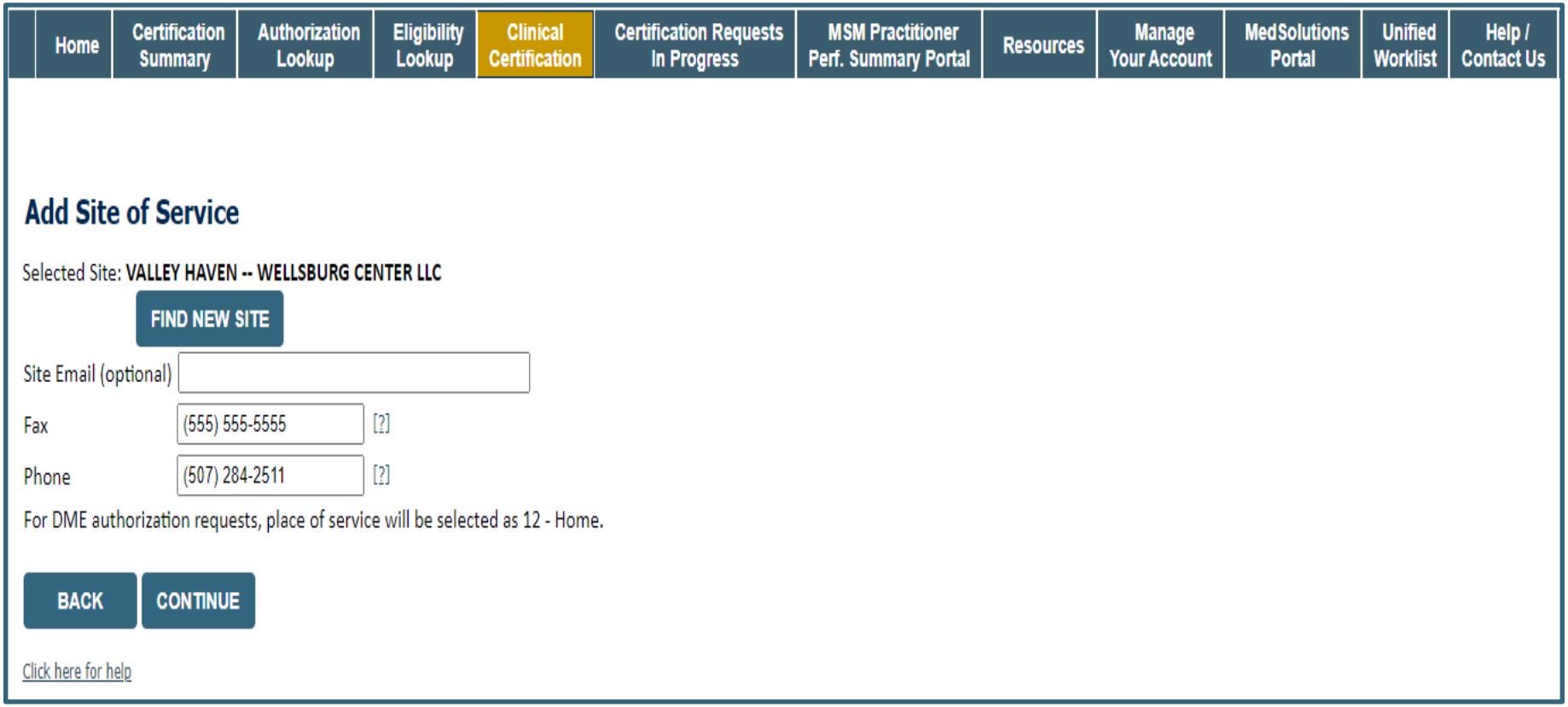
Site Selection



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

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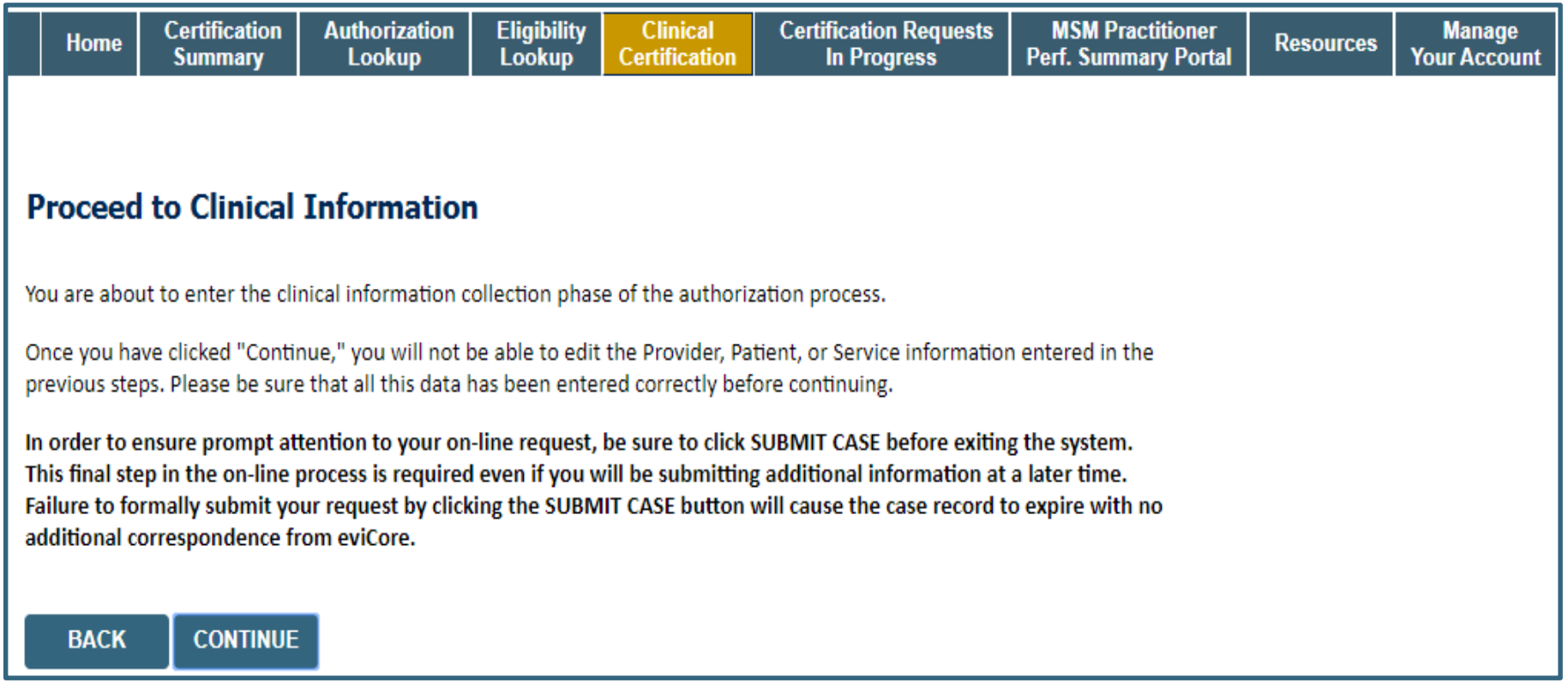
Clinical Certification



- 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

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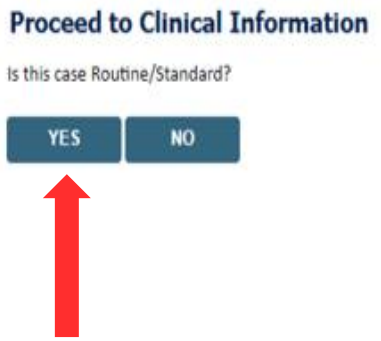
Urgent vs Standard

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**.



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.

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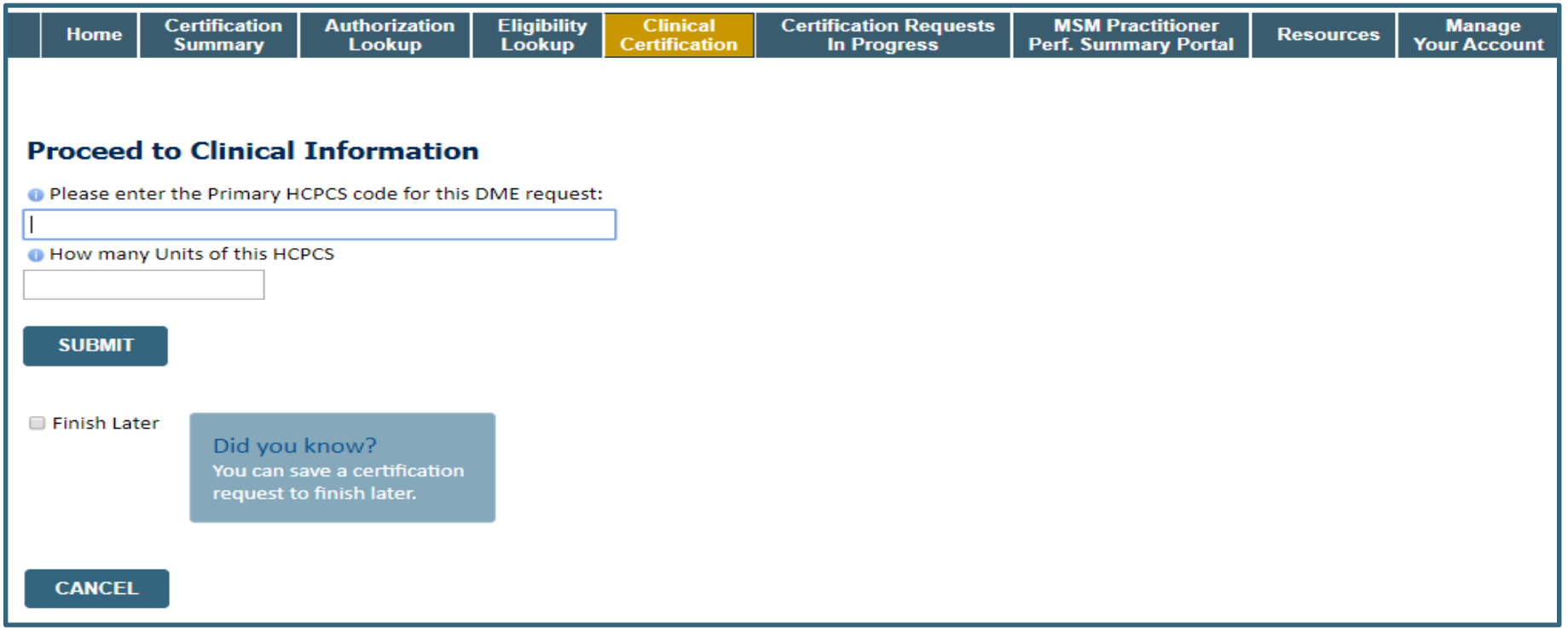
Codes and Units



- 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

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Additional Code Requests

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

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Date of Durable Medical Equipment Delivery

Confirm the date of delivery is on June 1st 2022 or beyond.

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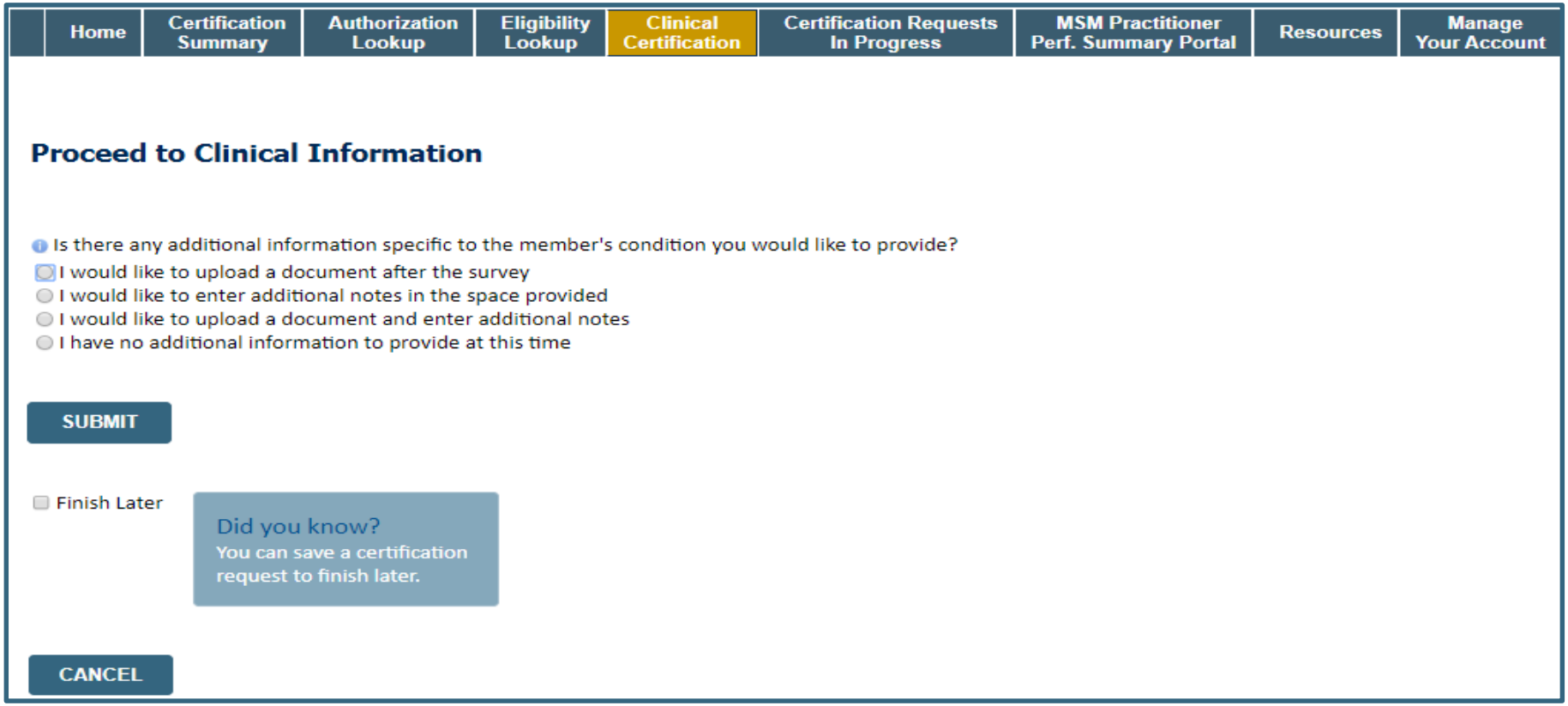
Upload Clinical Documents or Notes



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

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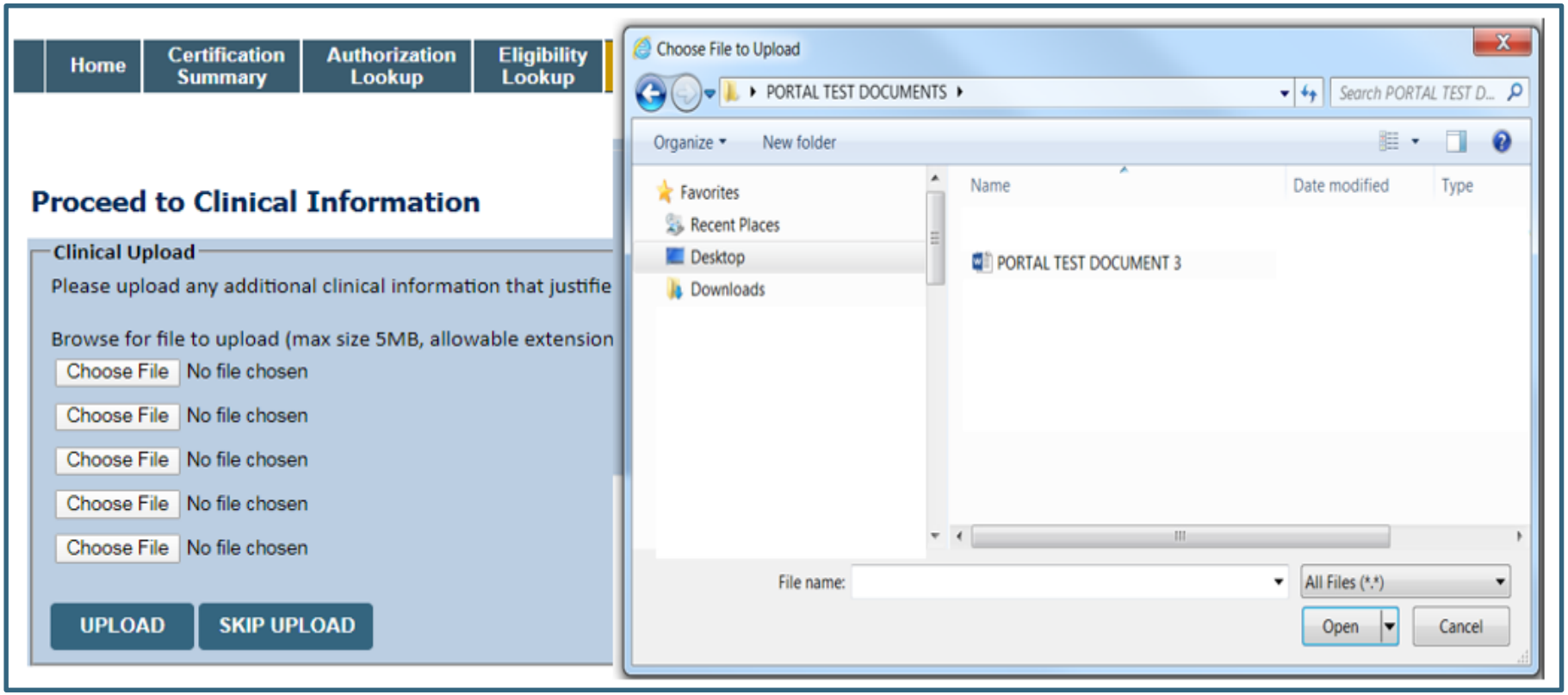
Upload Clinical Documents



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

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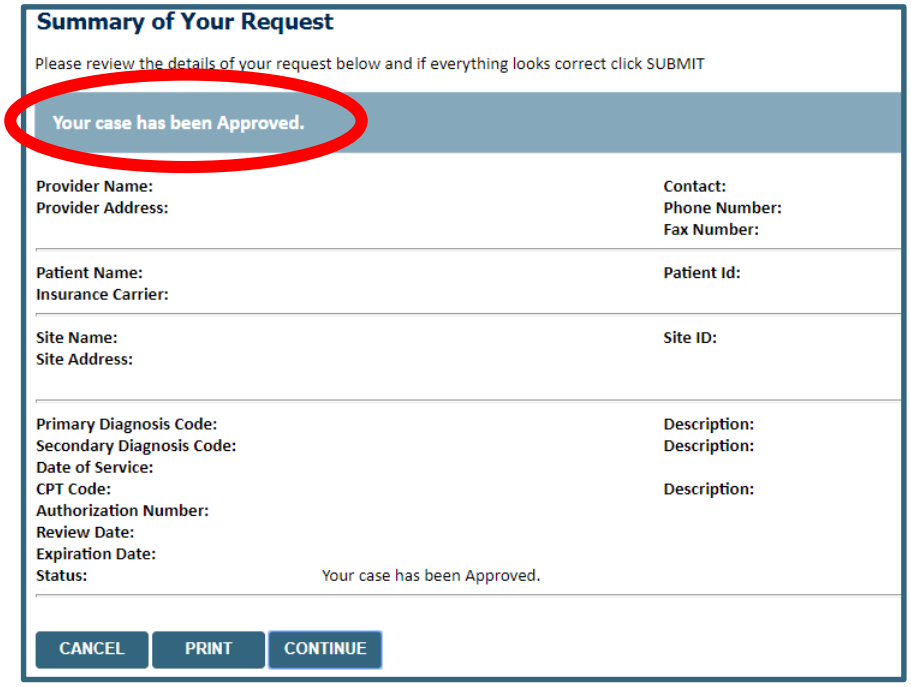
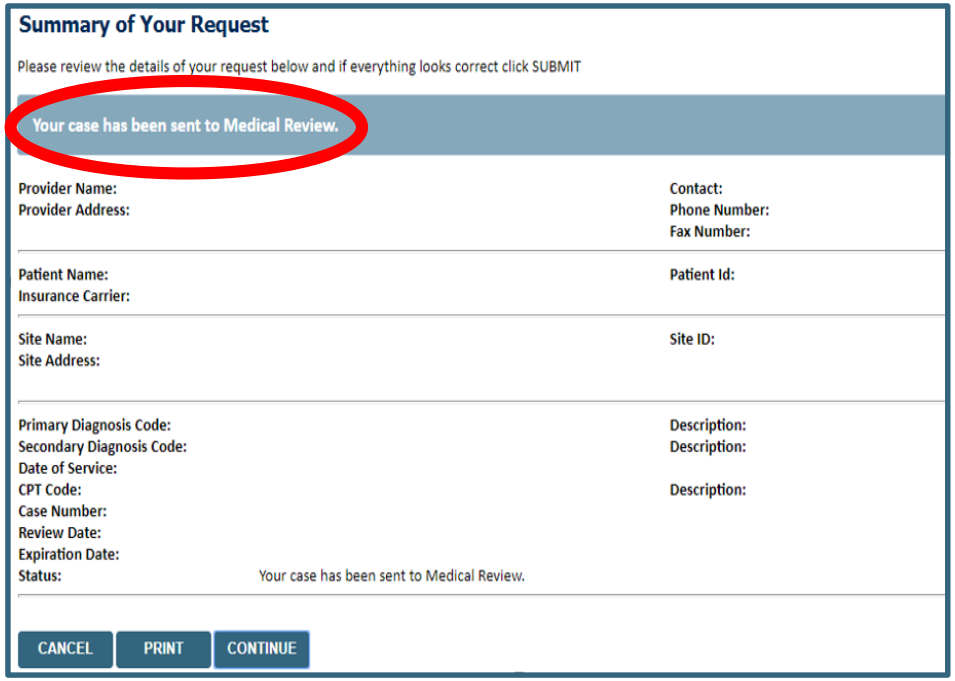
Outcome Determination





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

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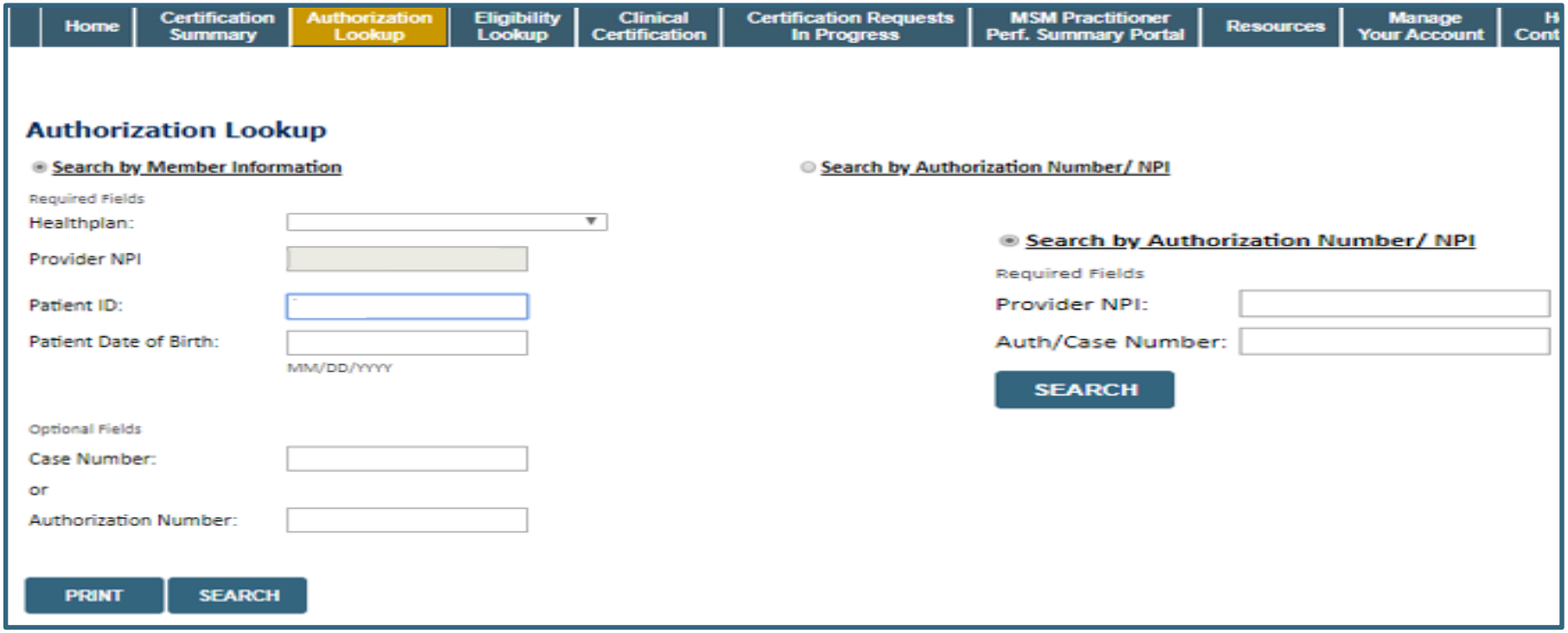
Authorization Lookup



- 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.

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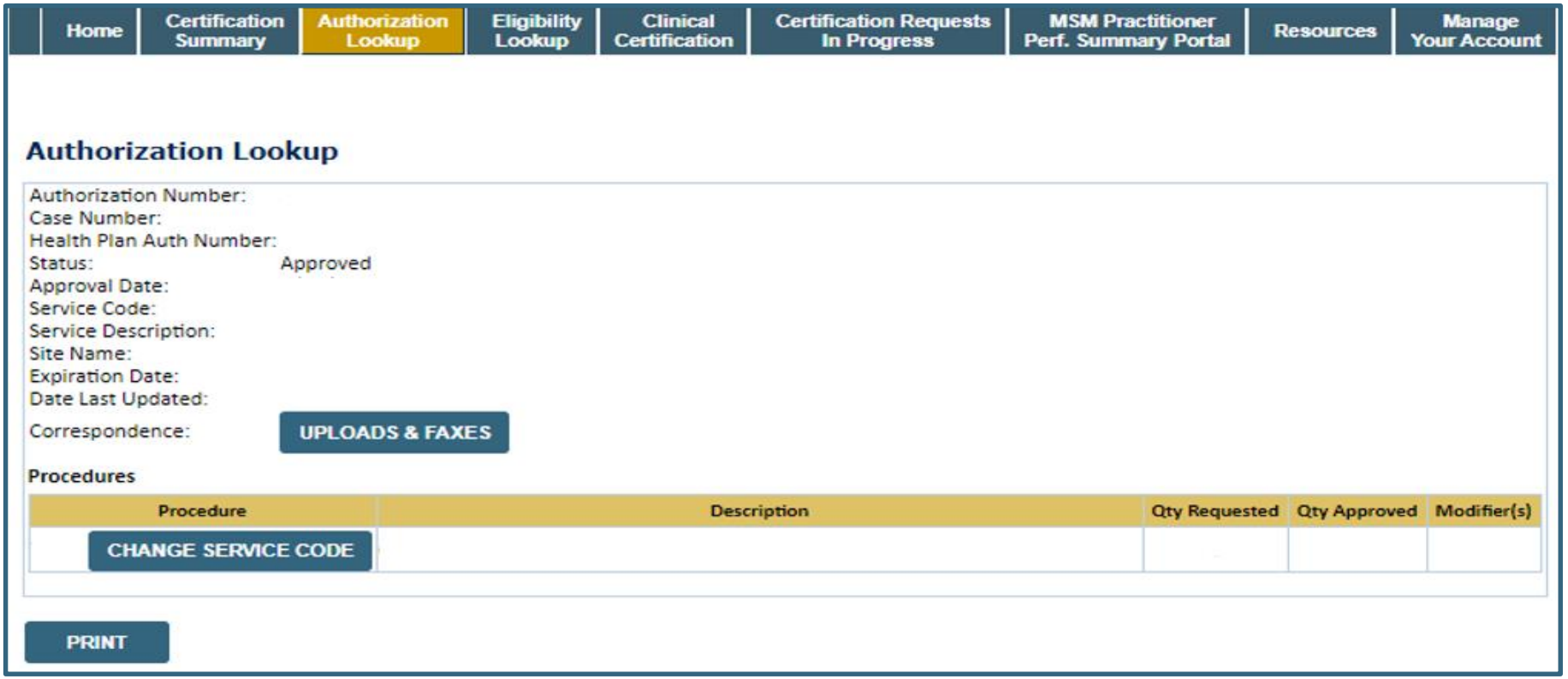
Upload Correspondence



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

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Thank You!