Sleep Management Program for Cigna Commercial Customers

Provider Orientation

©2019 eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Agenda

- eviCore healthcare Company Overview
- Sleep Precertification Program Overview
- Submitting Requests
- Precertification Outcomes & Special Considerations
- Sleep Study – Site of Service Precertification
- Provider Resources
- Claims Submission
- Provider Web Portal
- Q & A Session

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Company Overview

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

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

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Program Overview

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Precertification Services

Beginning January 21, 2021, eviCore healthcare (eviCore) will accept precertification requests for sleep diagnostic services for dates of service on or after February 1, 2021 for Cigna commercial customers.

Precertification applies to sleep diagnostic services that are:	Precertification does **NOT** apply to sleep diagnostic services performed in:
• Outpatient or Home Based	• Emergency Room
• Medically Necessary	• Observation Service
• Elective / Non-emergent	• Acute Inpatient Setting

Providers should verify customer eligibility and benefits on the secured provider log in section at **CignaforHCP.com.** Eligibility may also be verified at **www.evicore.com/ep360**

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Precertification Required

- G0398/G0399/G0400 – Home Sleep Testing
- 95800/95801/95806 – Sleep study, unattended
- 95782/95783 – Attended Polysomnography; younger than 6 years
- 95805 – Multiple Sleep Latency Test (MSLT)
- 95807/95808/95810 – Attended, Polysomnography (PSG)
- 95811 – Attended Polysomnography with PAP titration

CPT Code Lists

- To find a list of Sleep Current Procedural Terminology (CPT) codes that require Precertification through eviCore, please visit:

  https://www.evicore.com/resources/healthplan/cigna

Medical Necessity Criteria

- Cigna & eviCore Proprietary Evidence Based Clinical Guidelines https://www.evicore.com/cigna
- National and Local Coverage Determination Guidelines

Additional Information

- Beginning on February 1, 2021, detailed information will be available on the Cigna Sleep Management Program website (CignaforHCP.com > Get questions answered: Resource > Precertification > Sleep)

Submitting Requests

Sleep Management Program

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Methods to Submit Precertification Requests

eviCore Provider Portal

The eviCore online portal, www.evicore.com/ep360, is the quickest and most efficient way to request precertification and check authorization status.

Precertification Call Center:

- 800-298-4806 options 1, 1, 1
- Monday – Friday: 8 am – 7 pm local time
- Afterhours coverage available for immediate needs

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Benefits of eviCore Provider Portal

The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- Saves time: Quicker process than phone authorization requests
- Receive real time authorizations for cases that meet medical necessity on initial portal submission
- 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
- Dashboard: View all recently submitted cases

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Keys to Successful Precertification

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 Provider
- Provider 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
- Pertinent clinical information to substantiate medical necessity for requested service
- Signs and symptoms of sleep complaints
- Epworth Sleepiness Score (ESS)
- Patient's history including current medications
- CPT Code(s)
- Working Diagnosis Code(s)
- Previous sleep testing results, if applicable

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received or are insufficient for eviCore to reach a determination, the following will occur:

Hold Letter faxed to Requesting Provider for additional documentation	Provider must submit additional information to eviCore	eviCore will review the additional documentation and reach a determination
The number of days the case will remain on hold will be outlined in the Hold Letter.*	Requested information must be received within the timeframe specified in the Hold Letter.	Determination will be completed within 2 calendar days

**Hold timeframe will vary by the plan and/or state.*

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Precertification Outcomes & Special Considerations

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Precertification Approval

Approved Requests

- Standard requests are processed within two (2) business days **after** receipt of all necessary clinical information*
- When initiating a case on the web, you will receive real time authorizations for cases that meet medical necessity on initial portal submission
- Authorization letters will be faxed to the referring physician & rendering provider and can be printed on demand from the eviCore portal at www.evicore.com/ep360
- Customers will receive an authorization letter by mail
- Authorizations are valid for 90 - 180 days from the date of the final submission/determination*

Timeframe will vary by plan and/or state regulations

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Precertification Outcomes - Adverse Determination

- When a request does not meet medical necessity based on evidence-based guidelines, an adverse determination is made and the request is denied

- In those cases, a denial letter with the rationale for the decision, reconsideration options and appeal rights will be issued by eviCore to the ordering physician, rendering facility and customer

- Adverse determinations letters can be printed on demand from the eviCore portal at www.evicore.com/ep360

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Special Circumstances

Retrospective (Retro) Authorization Requests

- Any requests submitted after date of service will be considered retrospective
- Retrospective requests will be accepted and reviewed
- Timeframe to submit may vary by plan and/or state regulations

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 on provider portal or by phone **800-298-4806**
- Urgent requests will be reviewed within 72 hours

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Special Circumstances: Post-Decision Options

My case has been denied. What's next?

- Once a request has been reviewed and denied, it is important to know what reconsideration options are available.

- The determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at **800-298-4806** to speak to an agent who can provide available option(s) and instruction on how to proceed.

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Special Circumstances: Post-Decision Options cont.

My case has been denied. What's next?

Reconsiderations

- A Reconsideration is a post-denial, **pre-appeal** opportunity to provide additional clinical information
- A reconsideration can be requested anytime, up until an appeal is received.
- Reconsiderations can be requested by phone at **800-298-4806** or via a Peer to Peer consultation with an eviCore physician

Appeal Process

- Cigna will process first-level appeals. Delegation of second level appeals will vary by plan and/or state regulations

- The timeframe to submit an appeal request will be outlined on the determination letter and is typically within 180 days of the adverse decision*

Appeal Process (cont.)

- Appeal requests can be submitted to Cigna in writing via US Mail or by fax. The Cigna appeal address and fax number will be provided on the determination letter.
- Customers or Providers with appeal questions may call the number indicated on the customer's ID card
- The appeal determination will be communicated to the ordering provider and customer by Cigna.
- Appeal turnaround times:*
  - Expedited 72 hours
  - Standard customer 30 days
  - Standard Provider 60 days

**May vary by plan and/or state regulations*

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Peer to Peer Request

- If a request is not approved and requires further clinical discussion for approval, we offer Peer to Peer Consultations with referring physicians and an eviCore Medical Director
- Peer to Peer Consultations may result in either a reversal of decision to deny or an uphold of the original decision
- A peer-to-peer consultation may be requested by visiting: www.evicore.com/provider/request-a-clinical-consultation or by calling eviCore at **800-298-4806**

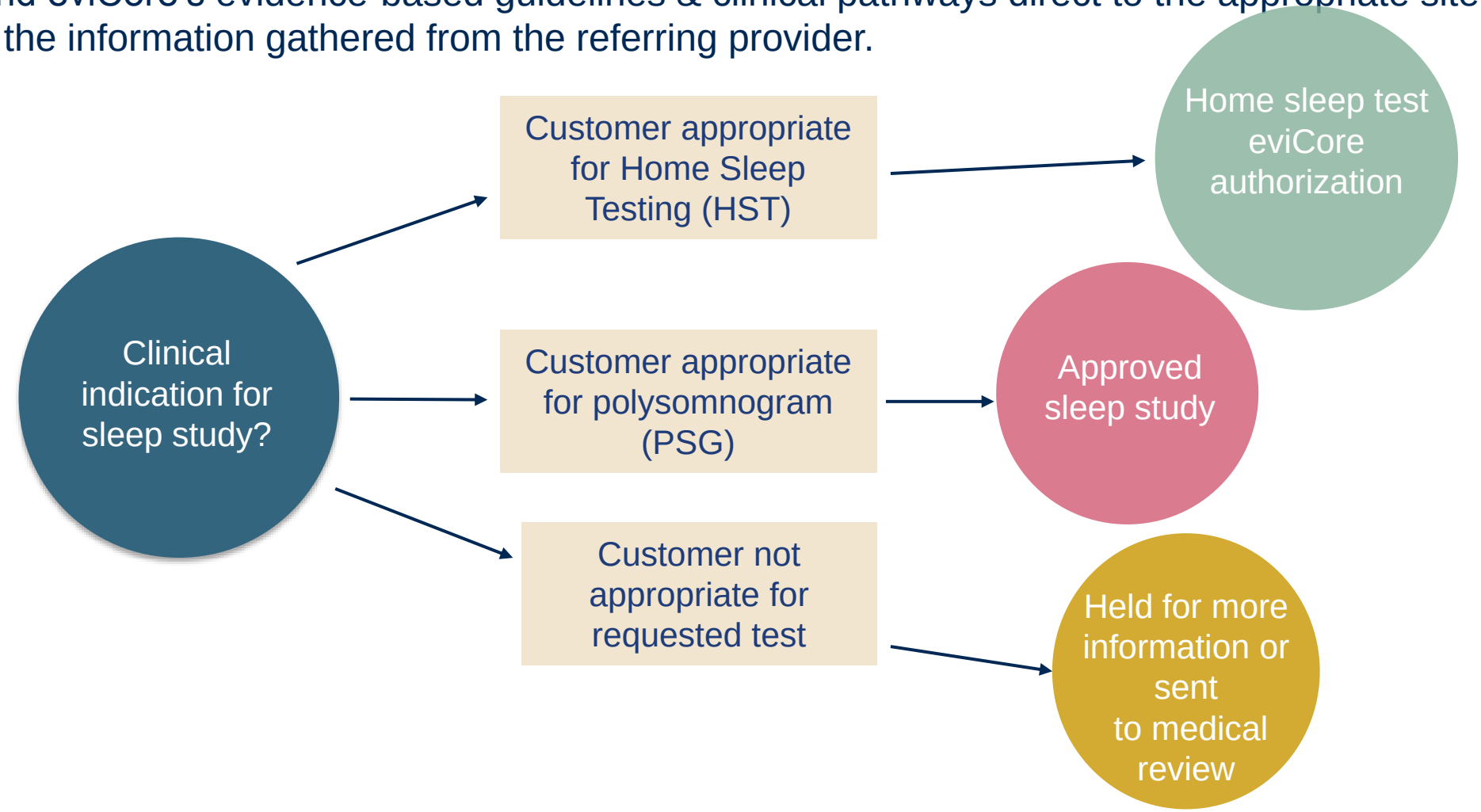
©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Sleep Study

Site of Service Precertification

Sleep Study Referral Workflow

Cigna's and eviCore's evidence-based guidelines & clinical pathways direct to the appropriate site of service based on the information gathered from the referring provider.



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Sleep Study – Clinical Guidelines Summary

Home Sleep Apnea Test Home Sleep Apnea Testing (HSAT) is the **preferred study.**

Attended Sleep Study Indications Attended sleep studies are the most appropriate test when a patient has one or more comorbid diagnoses that make an HST an inappropriate choice for sleep apnea testing. In addition, an attended study would be appropriate if the patient DOES NOT have the mobility, dexterity or cognitive ability to use an HSAT safely at home or HSAT has been attempted and is inconclusive.

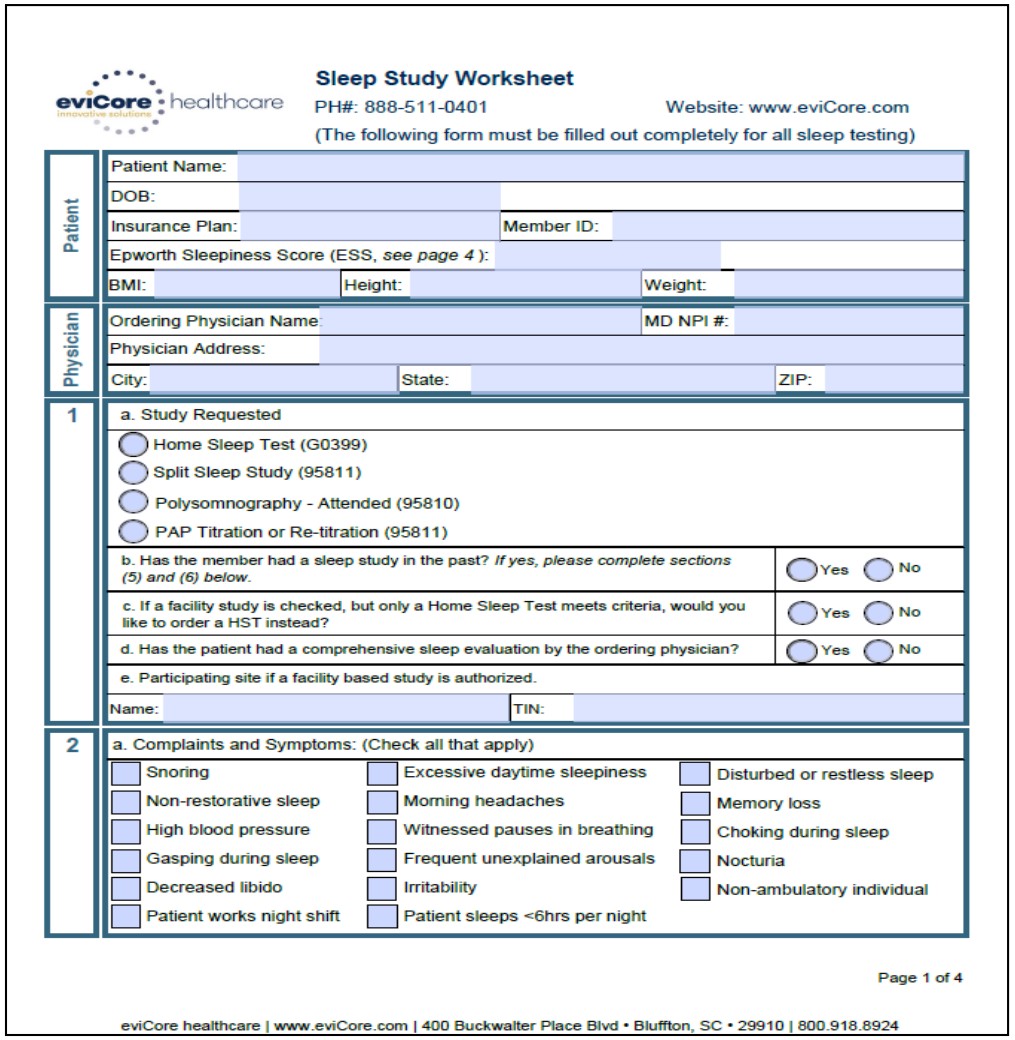
Multiple Sleep Latency Testing. Multiple sleep latency testing (MSLT) is a tool to help diagnose and treat patients with severe daytime sleepiness. Standard protocol for this procedure is that a PSG MUST be completed the night before the MSLT. Therefore, MSLT requests should be accompanied by a request for an attended sleep study.

Repeat Sleep Testing The patient MUST be compliant with the current treatment. Repeat testing is generally not necessary to supply new PAP equipment.

To access the Clinical Guidelines, please visit: https://www.evicore.com/cigna

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Sleep Management Worksheet



Sleep Study Worksheet

PH#: 888-511-0401 Website: www.eviCore.com

(The following form must be filled out completely for all sleep testing)

Patient

Patient Name:

DOB:

Insurance Plan: Member ID:

Epworth Sleepiness Score (ESS, *see page 4*):

BMI: Height: Weight:

Physician

Ordering Physician Name: MD NPI #:

Physician Address:

City: State: ZIP:

1

a. Study Requested

- Home Sleep Test (G0399)
- Split Sleep Study (95811)
- Polysomnography - Attended (95810)
- PAP Titration or Re-titration (95811)

b. Has the member had a sleep study in the past? *If yes, please complete sections (5) and (6) below.* Yes No

c. If a facility study is checked, but only a Home Sleep Test meets criteria, would you like to order a HST instead? Yes No

d. Has the patient had a comprehensive sleep evaluation by the ordering physician? Yes No

e. Participating site if a facility based study is authorized.

Name: TIN:

2

a. Complaints and Symptoms: (Check all that apply)

Snoring	Excessive daytime sleepiness	Disturbed or restless sleep
Non-restorative sleep	Morning headaches	Memory loss
High blood pressure	Witnessed pauses in breathing	Choking during sleep
Gasping during sleep	Frequent unexplained arousals	Nocturia
Decreased libido	Irritability	Non-ambulatory individual
Patient works night shift	Patient sleeps <6hrs per night	

Page 1 of 4

eviCore healthcare | www.eviCore.com | 400 Buckwalter Place Blvd • Bluffton, SC • 29910 | 800.918.8924

- Worksheets for attended Sleep Studies and Multiple Sleep Latency Test (MSLT) procedures are available on the eviCore website.
- Provider should complete this worksheet **prior** to contacting eviCore for an authorization.
- **Please Note:** The worksheet is a tool to help providers prepare for Precertification requests via the **web portal** (preferred method) or by phone and should not be faxed to eviCore to build a case

To access the Clinical Worksheets, please visit:

www.evicore.com/provider/online-forms

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Provider Resources

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

eviCore Online Resources & Web Support Services

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

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Dedicated Call Center

Precertification Call Center - 800-298-4806, options 1, 1, 1

- Our call center is open Monday – Friday from 8 am to 7 pm local time
- Afterhours coverage available for immediate needs

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

- Request precertification
- Check status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a Peer to Peer Consultation 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 authorization call center. You may also call Cigna Customer Service at 800.88Cigna (800.882.4462)*

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Client & Provider Operations Team

Client and Provider Services

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

- Questions regarding Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Eligibility issues (customer, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

- **Email:** ClientServices@evicore.com (preferred)
- **Phone:** 1 800-575-4517 (option 3)
- For prompt service, please have all pertinent information available. When emailing, make sure to include Cigna health plan in the subject line with a description of the issue; include customer, provider and case details when applicable.

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Provider Resources

Cigna Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain specific Sleep Diagnostic 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:

- Training Sessions Schedule
- Provider Training Presentation
- List of CPT codes that require Precertification through eviCore
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:
https://www.evicore.com/resources/healthplan/cigna

In addition, beginning on February 1, 2021, detailed information will be available on the Cigna Sleep Management Program website (CignaforHCP.com > Get questions answered: Resource > Precertification > Sleep)

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Claims Submission

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Cigna Accounts Receivable Snapshot

- All claims should be submitted directly to Cigna or to the Payor. Check the customer ID card for claims address
- A Payor ID is used by a provider to submit a claim to Cigna through electronic billing. **Cigna's Payor ID is 62308**
- Providers are required to enroll in Electronic Fund Transfer (EFT) in order to receive payment for services rendered
- Providers are encouraged to utilize Cigna's provider self-service tools to manage accounts receivable at www.cignaforhcp.com for:
  - Electronic Payment (EFT)
  - Remittance Reports & Claim Status Inquiry 835/837
- If the available self-service tools do not provide claim resolution, providers should contact Cigna through www.cignaforhcp.com or 1.800.88Cigna (800.882.4462)
- All inquiries regarding Cigna claims submissions should be directed to Cigna

Detailed claims information is available on the Cigna website (CignaforHCP.com > Get questions answered: Resource > Reimbursement and Payment Policies)

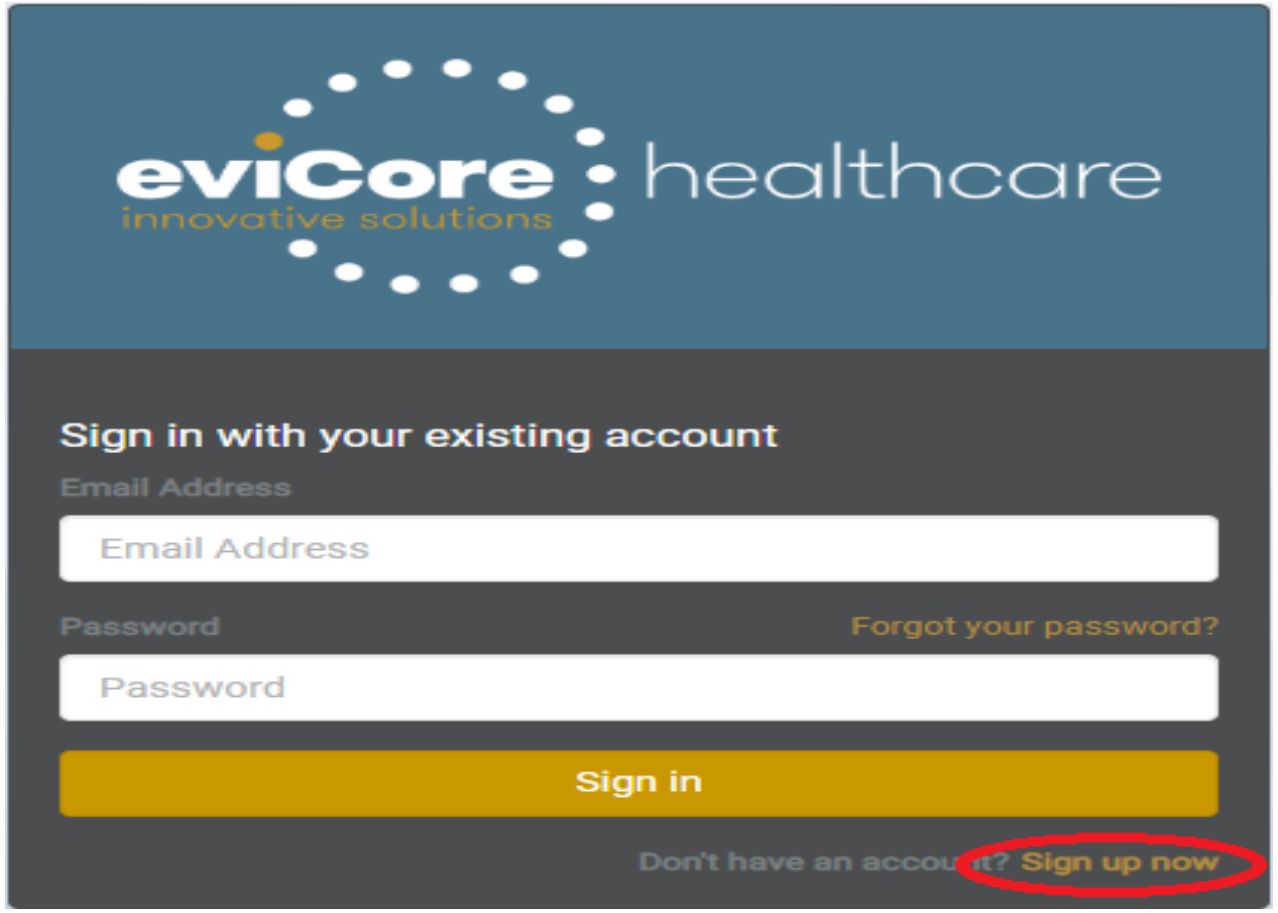
©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Provider Web Portal

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Initial Registration

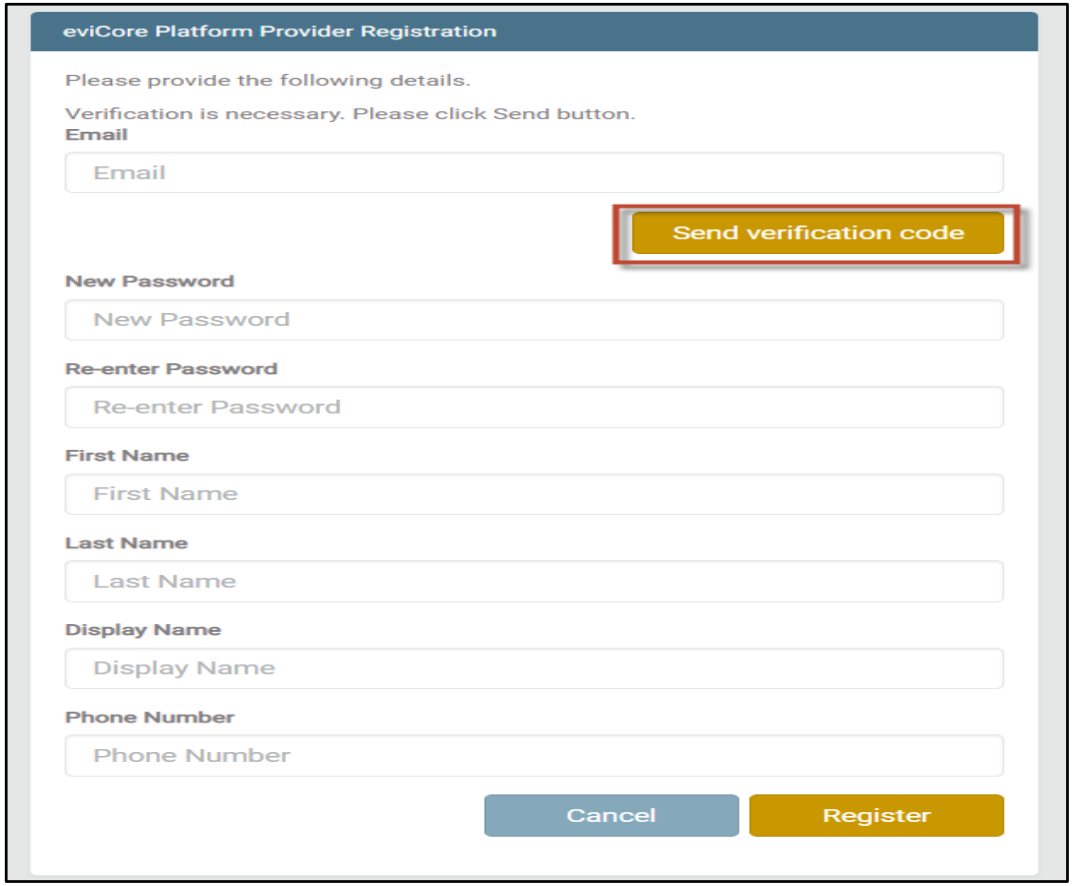
- For First Time Users: Access the eviCore portal at **www.evicore.com/ep360** and choose Sign Up Now



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

eviCore Post-Acute Care Provider Platform

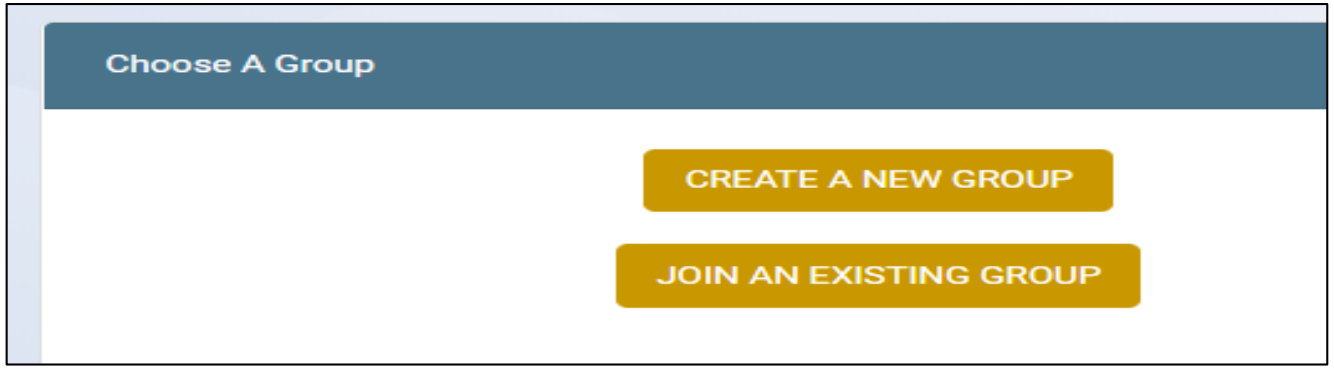
- Begin by completing the brief registration process.
- Enter your email and click on “Send verification code” which you will receive via email
- Enter this code, click on “Verify Code” and complete your provider demographics



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Admin Registration

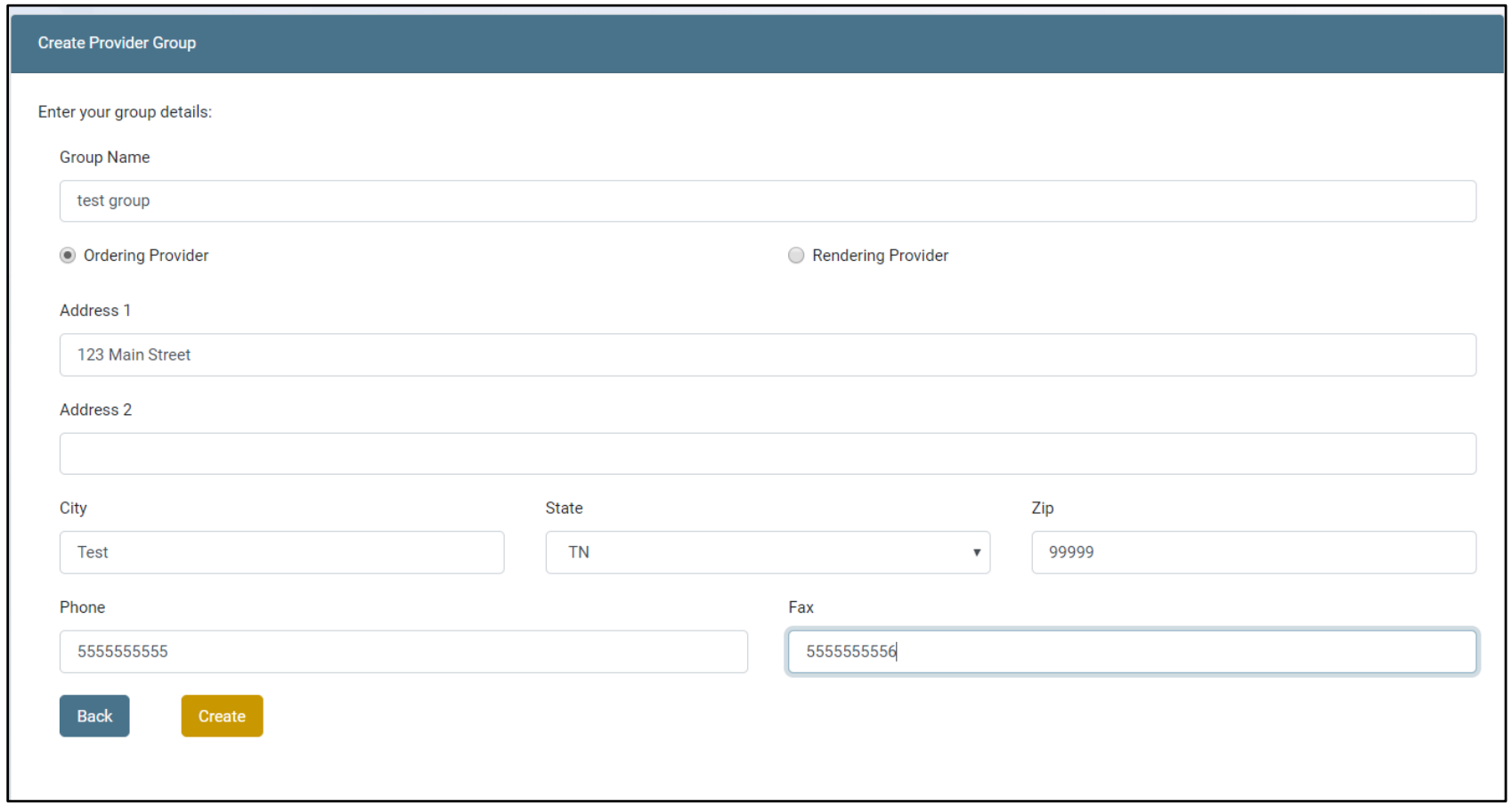
- Next, you will Create A New Group



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Group Creation

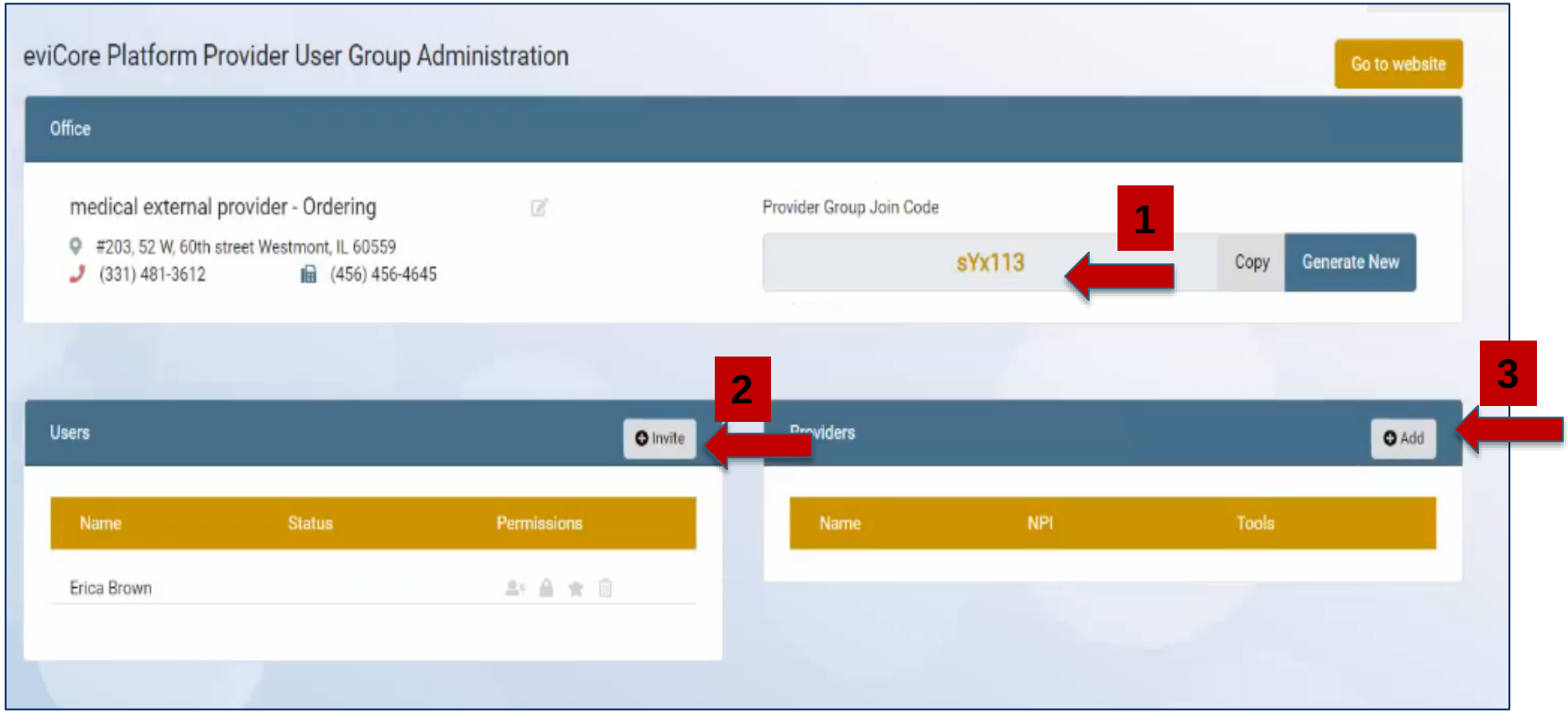
- User will enter the required details to create a new group
- Accept the terms and conditions and privacy policy on the next screen



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Provider Registration

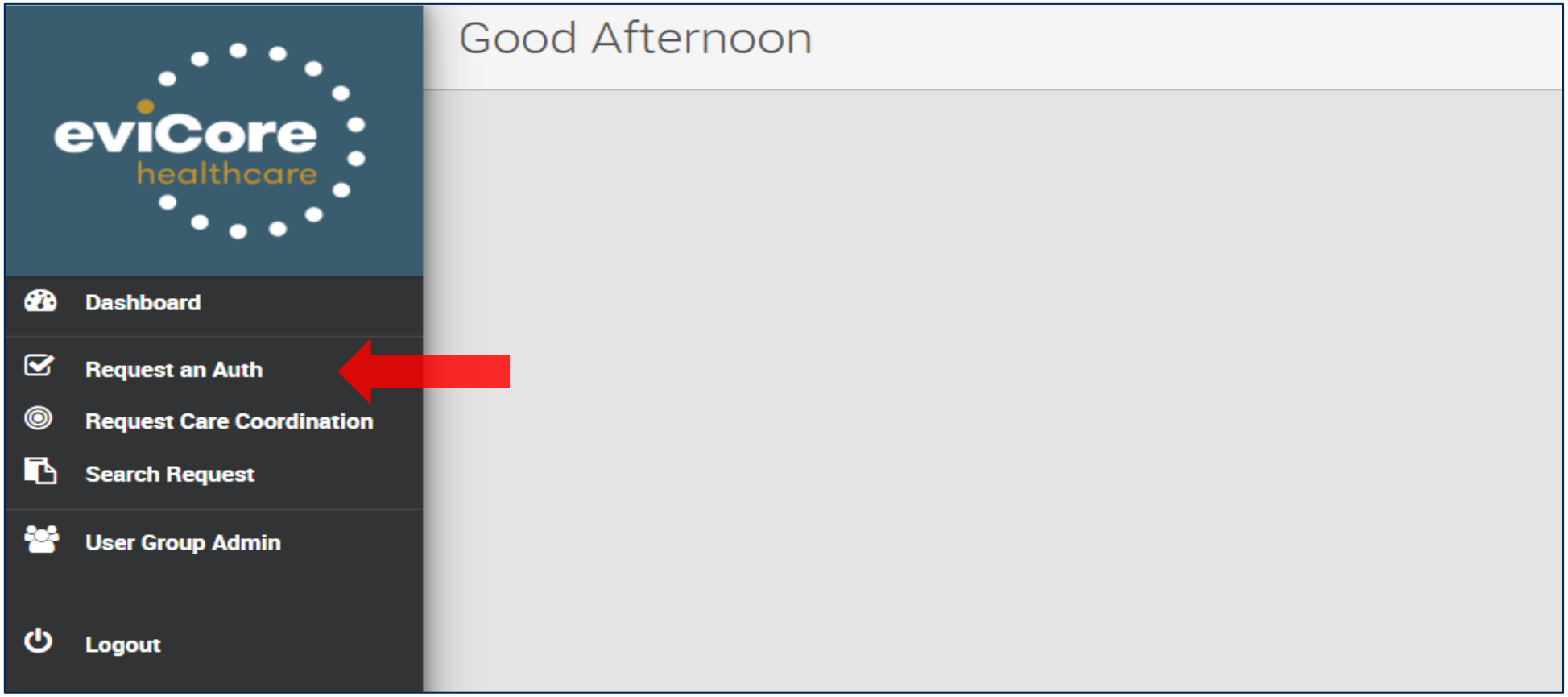
- Once user has successfully created a group, you should:
  1. Make note of the Provider Group Join Code and provide to all users for that group
  2. Add new Non-Admin Users, or alternate Admins
  3. Add Providers - Add all NPIs and TINs for users



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Case Creation

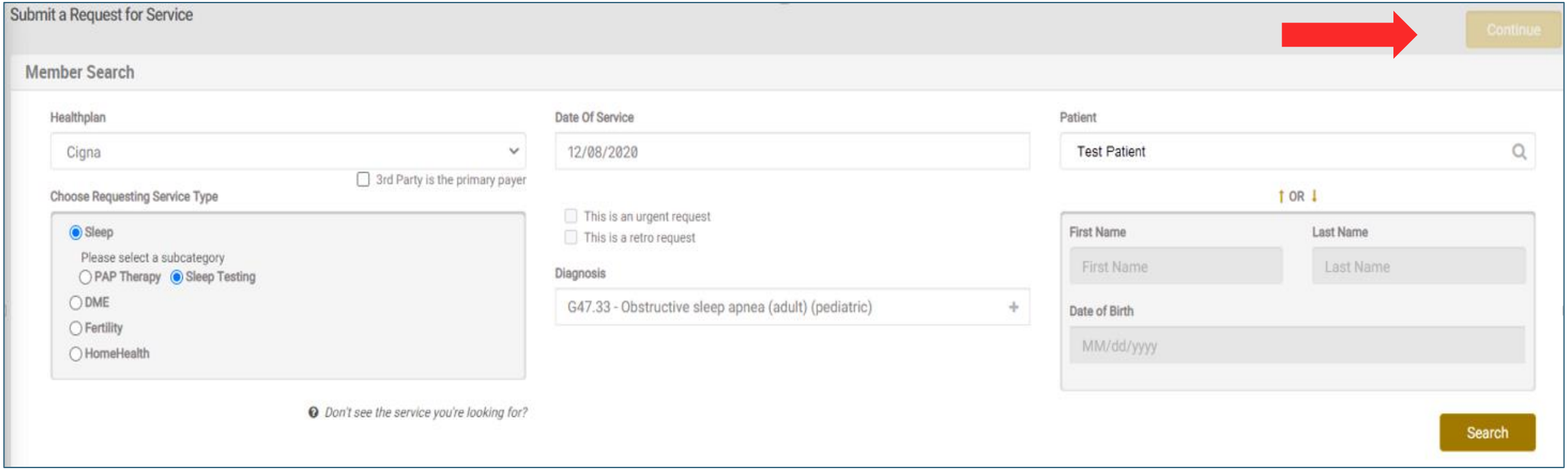
- After logging in, you will see the main screen and user dashboard. Choose Request an Auth to begin.



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Submit a Request for Service

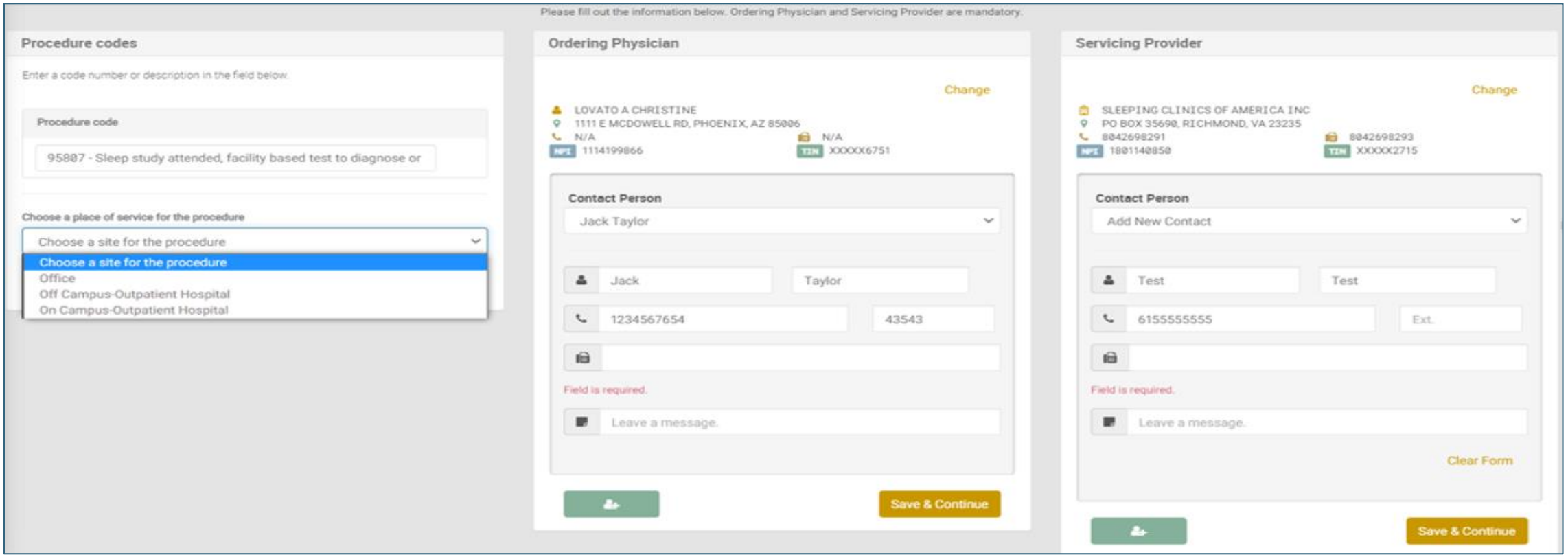
- Select the healthplan and service type. Menu will show only service types available for each healthplan.
- Complete the Date of Service, Diagnosis (Smart Search Box-either description of diagnosis or ICD10 code), and type of request. Enter either member ID or First name, last name, DOB and hit “Search”. Then choose patient from search results. System will confirm that patient is eligible for requested plan for requested services. Choose “Continue” once patient is selected.



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Enter Service Details

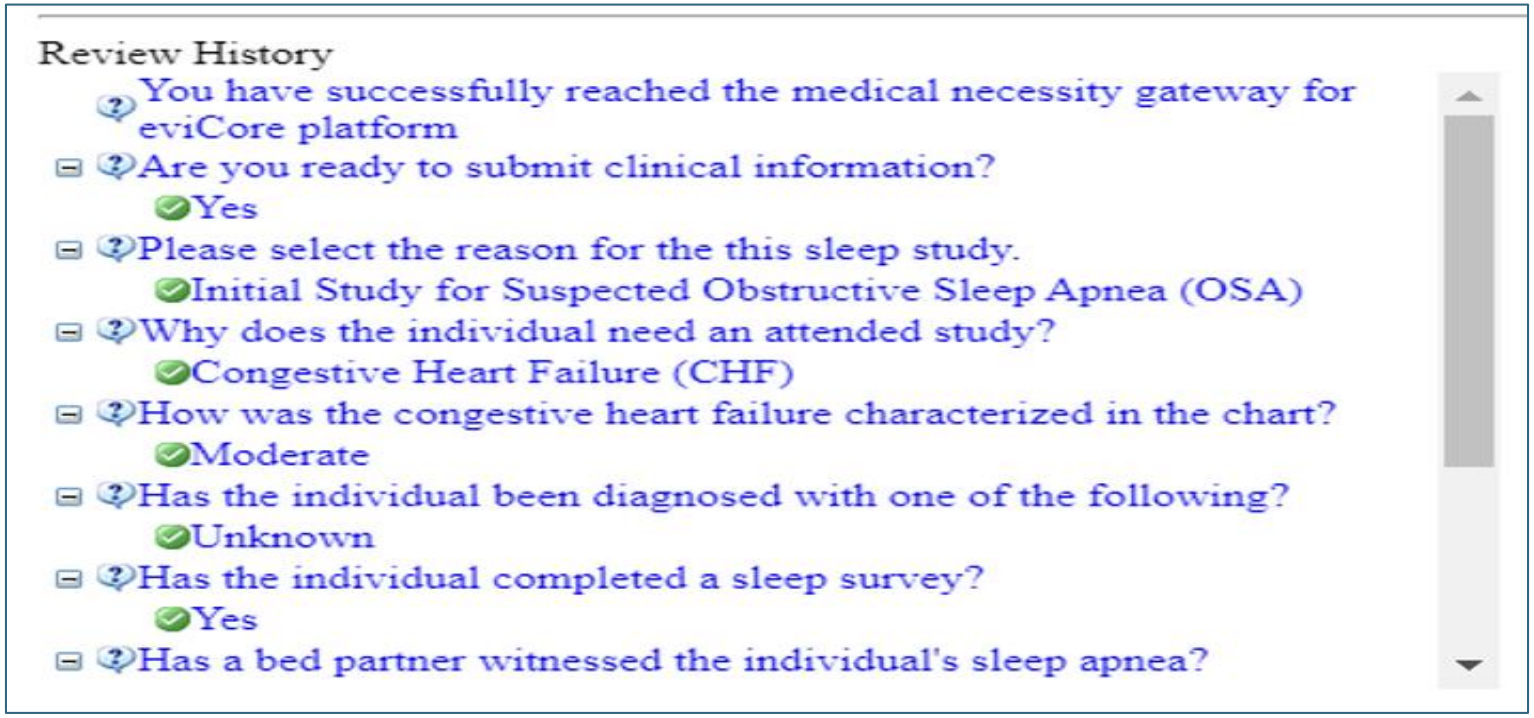
- Enter the Procedure code and place of service.
- Complete Ordering Physician and Servicing Provider details. Smart search allows NPI, TIN or provider name. Each provider has their own contact directory - contacts that our system has captured for the facility. Complete and Save all fields, then Submit Case.



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Complete Clinical Survey

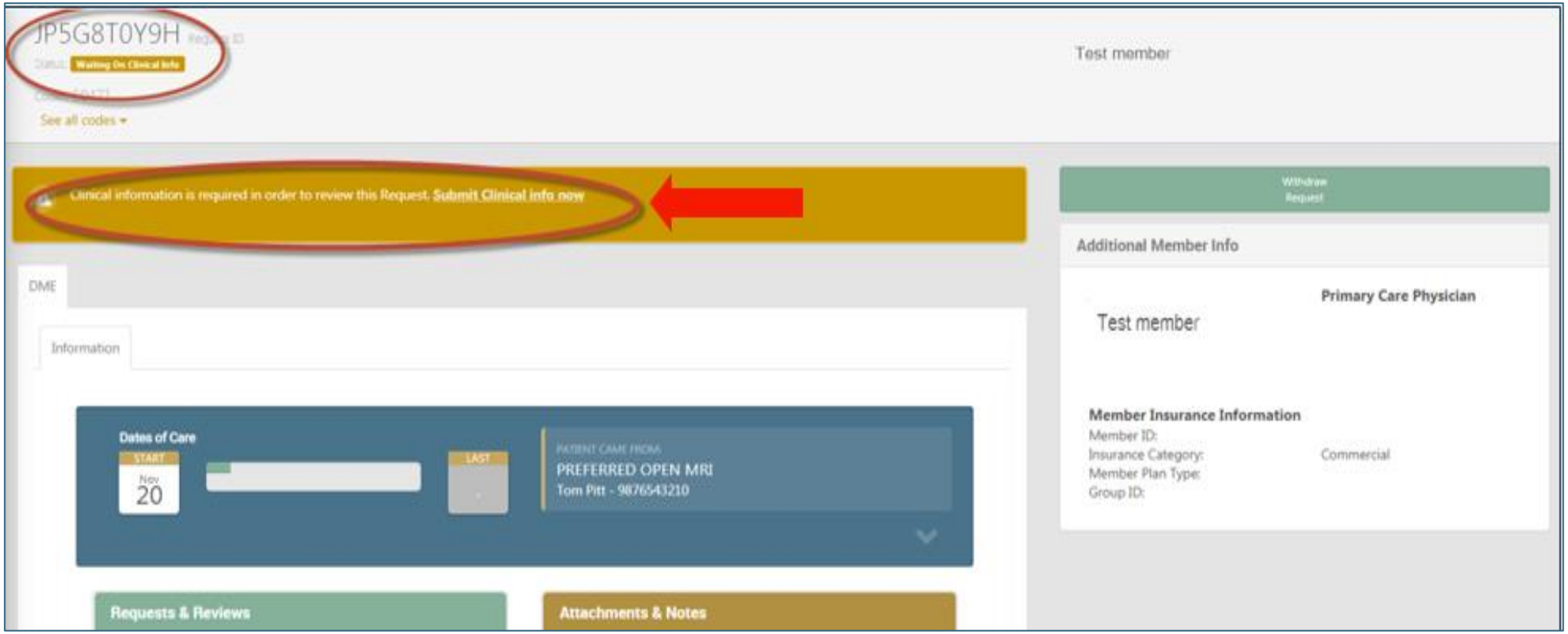
- The next screen will be a series of clinical questions relative to the request which will be reviewed to determine medical necessity. You will have the ability to make changes to your responses prior to submission by clicking on the answer. Once you have completed all questions, click on Submit.
- You will then get an auto response of either; approval, alternate recommendation (such as Home Sleep Study (HST)) or pending status. If a HST is recommended, you would be able to accept that recommendation here.



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Attach Clinical

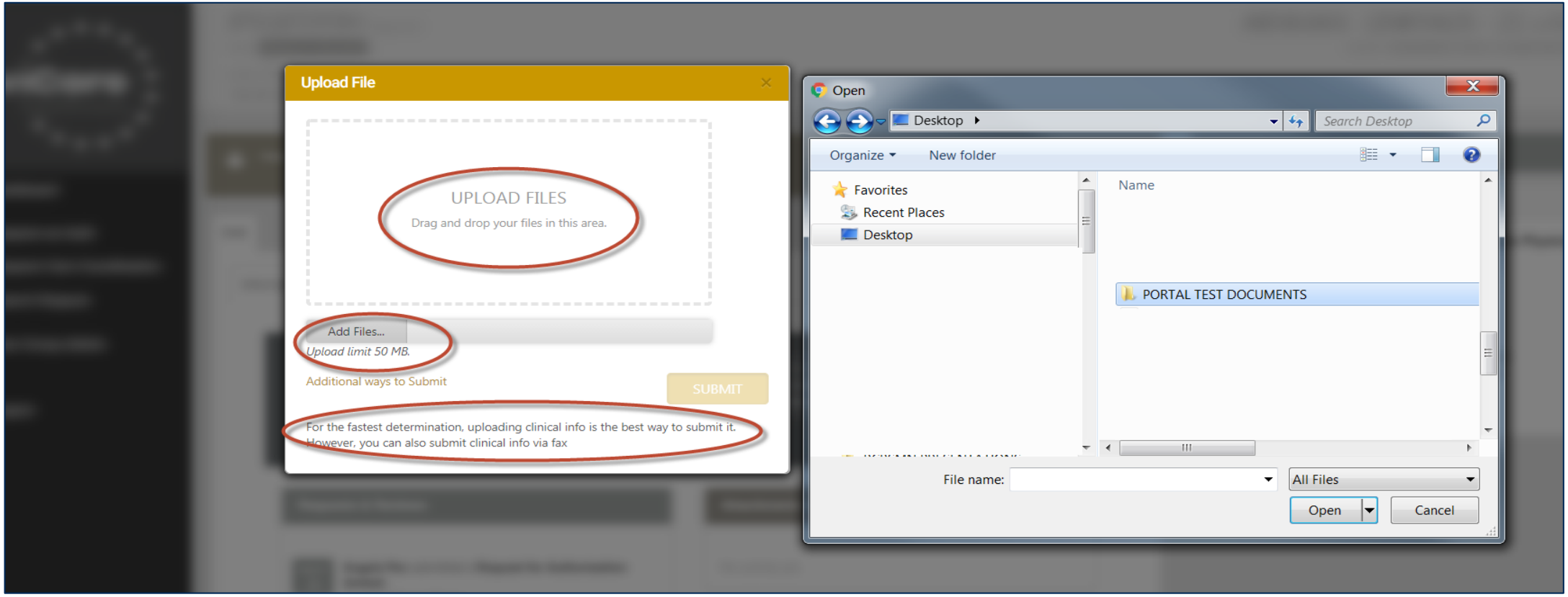
- If your request is pending for clinical documentation, you will be prompted to upload the supporting documents.



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Attach Clinical and Submit

- You will see a pop up window to upload clinical documents
- You will navigate to your system to locate the documents and attach to the case
- You are done!! All information will now be transmitted to eviCore to begin the precertification review process



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

Thank You!