Gastroenterology Precertification Program

Provider Orientation Session for Cigna

Agenda

- Company Overview
- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Company Overview

Medical Benefits Management

Addressing the complexity of the healthcare system

10 comprehensive solutions

Evidence-based clinical guidelines

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

Advanced, innovative, and intelligent technology

Gastroenterology - Our Tenth Solution!

10 | Comprehensive Solutions

Laboratory
19M lives

Radiology
70M lives

Radiation Oncology
39M lives

Cardiology
50M lives

Medical Oncology
13.5M lives

Musculoskeletal
40M lives

Specialty Drug
723k lives

Sleep
16M lives

Post-Acute Care
1.7M lives

Gastroenterology
388k lives (This will increase after January 1, 2022.)
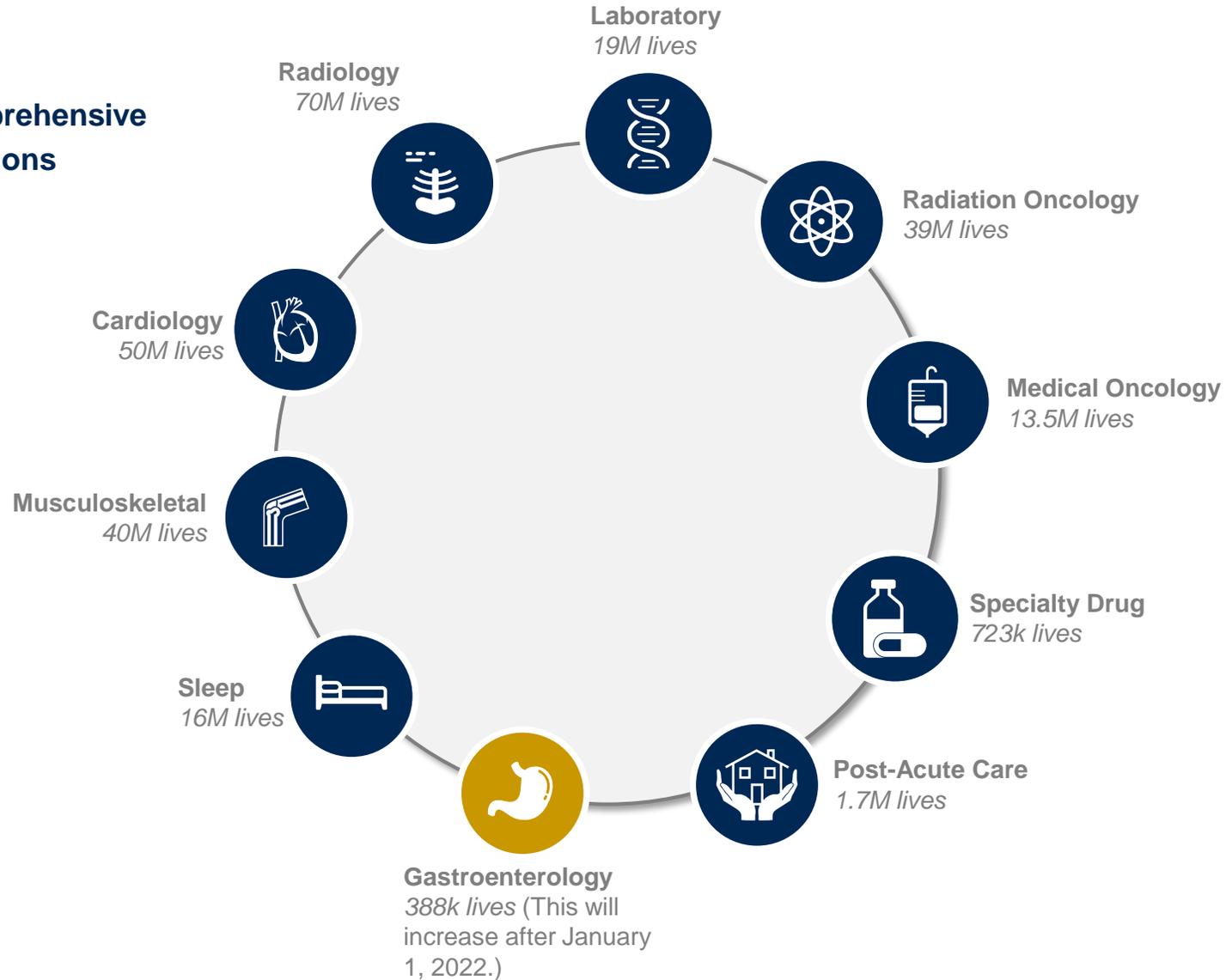
Our Clinical Approach

Evidence-Based Guidelines

The foundation of our solutions

Aligned with National Societies:

- American Society for Gastrointestinal Endoscopy

- American College of Physicians

- American College of Gastroenterology

- American Gastroenterological Association

- Canadian Association of Gastroenterology

- European Society of Gastrointestinal Endoscopy

- European Helicobacter Study Group

Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of solutions

- **Anesthesiology**
- **Cardiology**
- **Chiropractic**
- **Emergency Medicine**
- **Family Medicine**
  - Family Medicine/OMT
  - Public Health & General Preventative Medicine
- **Gastroenterology**
- **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Geriatric Medicine
  - Hematology
  - Hospice & Palliative Medicine
  - Medical Oncology
  - Pulmonary Disease
  - Rheumatology
  - Sleep Medicine
  - Sports Medicine

- **Medical Genetics**
- **Nuclear Medicine**
- **OB/GYN**
  - Maternal-Fetal Medicine
- **Oncology/Hematology**
- **Orthopedic Surgery**
- **Otolaryngology**
- **Pain Mgmt./Interventional Pain**
- **Pathology**
  - Clinical Pathology
- **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- **Physical Medicine & Rehabilitation**
  - Pain Medicine
- **Physical Therapy**
- **Radiation Oncology**
  Radiology
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology

- **Sleep Medicine**
- **Sports Medicine**
- **Surgery**
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
  - Vascular
- **Urology**

400+ medical directors

Covering 51 specialties

1k+ nurses

Program Overview

Gastroenterology

eviCore healthcare (eviCore) manages prior authorization for certain gastroenterology procedures for select Cigna customers.

Affected services:
• **Esophagoscopy/Esophagogastroduodenoscopy (EGD)** • **Most capsule endoscopies**

Customers with the following plans:
• **Cigna Connect Individual & Family Plans** • **Cigna fully insured and certain Administrative Services Only plans** **(effective January 1, 2022)**

Prior authorization is not required for services performed:
• **As an inpatient procedure.** • **In an emergency room (ER), including observation associated with an ER visit.**

Gastroenterology

Monitored Anesthesia Care

All ancillary procedure codes, including monitored anesthesia, performed in conjunction with denied services are not covered and will likely not be reimbursed by Cigna if performed.

Provider resource page

Providers and/or staff can visit Cigna's provider resource page to access a list of covered Current Procedural Terminology (CPT®) codes, clinical worksheets, frequently asked questions, quick reference guides, and additional educational materials:

www.eviCore.com/resources/healthplan/Cigna

How to Determine Benefits and Eligibility

Resource	Contact
Cigna Customer Service	800.88Cigna (882.4462)
Cigna for Health Care Professional website	CignaforHCP.com > Patients (login required) or CignaforHCP.com > Precertification Process
eviCore provider portal	eviCore.com > Eligibility Lookup (login required) Note: If you are not a registered user, go to eviCore.com > Register Now.
eviCore Intake Team	888.693.3297 (7:00 a.m. to 7:00 p.m. ET)

You may also verify benefits and eligibility for patients who have Individual and Family Plans by viewing their ID card, which will indicate "Connect" in the upper right-hand corner.

An Eligibility Lookup in the eviCore portal will confirm if authorization is needed for gastroenterology procedures

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| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | MedSolutions Portal | Help / Contact Us |

Thursday, April 15, 2021 11:53 AM   Log Off

Eligibility Lookup

Health Plan: CIGNA
Patient ID:
Member Code: 02
Eligibility: **Prior Authorization required for: Radiation Therapy, Medical Oncology. No Prior Authorization required for: Gastroenterology.**

[PRINT]   [DONE]   [SEARCH AGAIN]

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Prior Authorization Process

Visit provider → Provider requests prior authorization

Easy for providers and staff

Clinical Pathways → Nurse review → MD review → Appropriate decision

Peer-to-peer
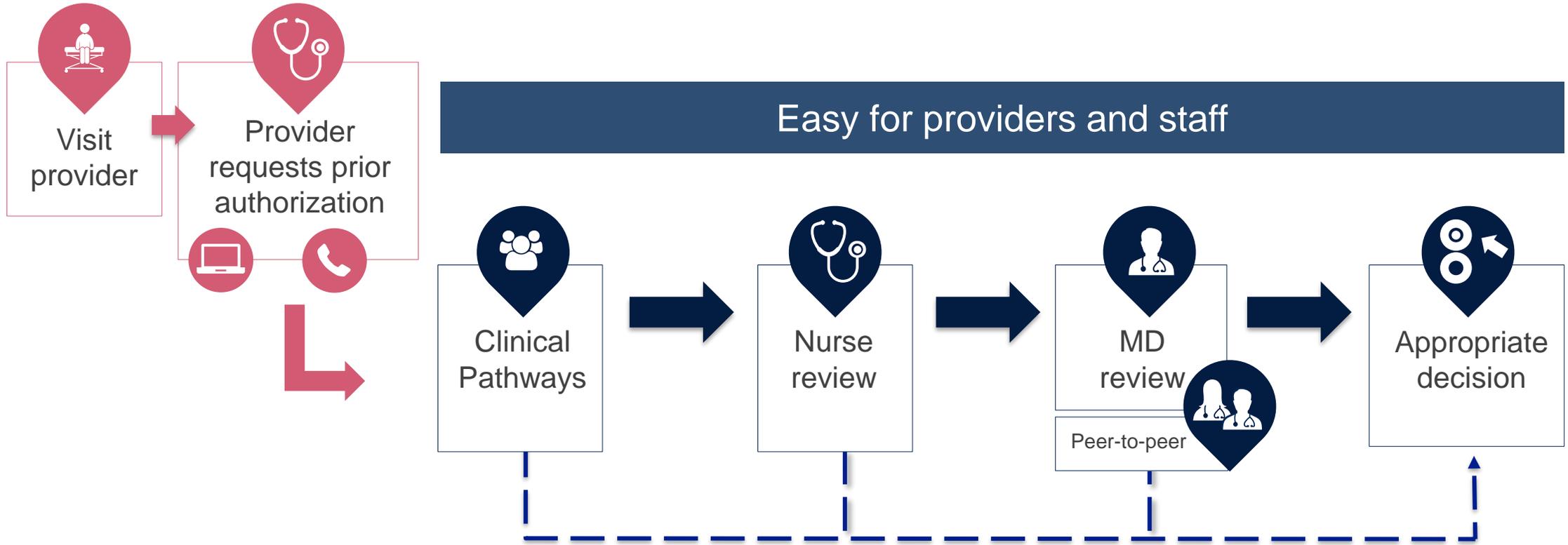
By submitting prior authorization requests through eviCore's portal, providers have the potential to receive immediate authorization. Please ensure all necessary clinical information has been provided when answering the clinical pathway (clinical collection process) questions.

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (Preferred)

The eviCore portal (www.eviCore.com) is the quickest, most efficient way to request prior authorization and check authorization status.

Telephone (866.668.9250)

Representatives are available Monday through Friday from 7:00 a.m. to 7:00 p.m. local time.

Fax (800-540-2406)

Prior authorization requests are accepted via fax. Providers may also submit additional clinical information via fax.
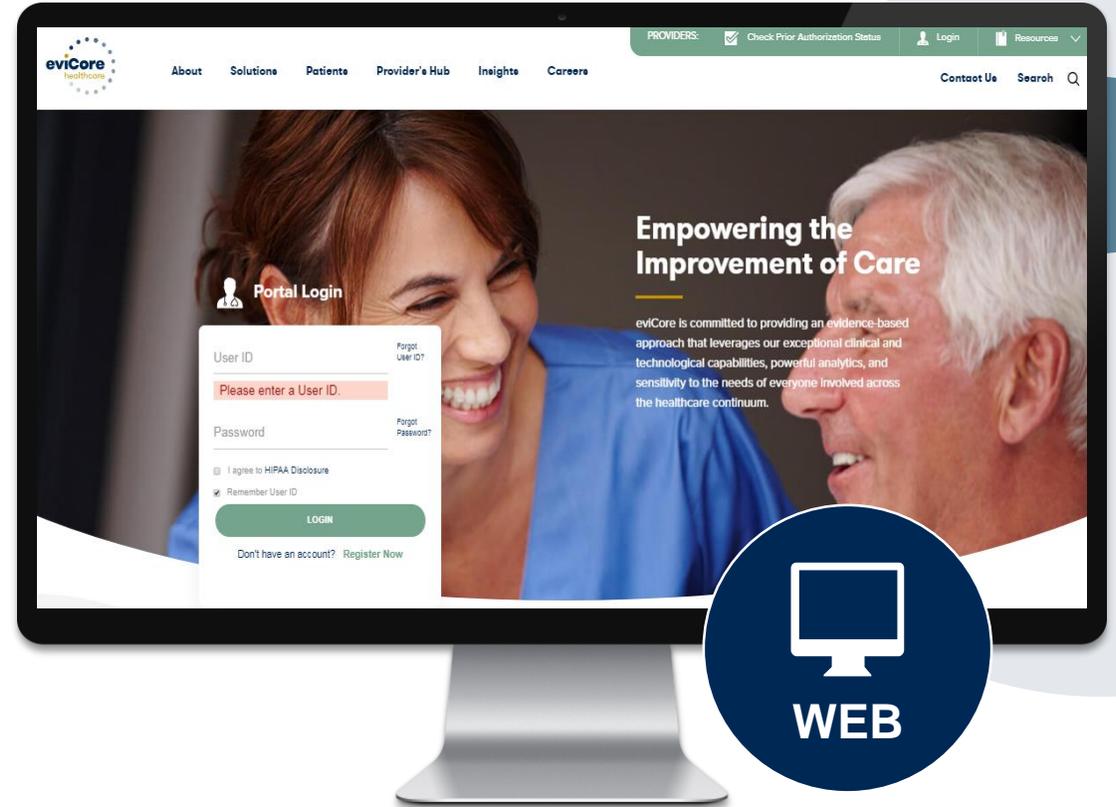
Nonclinical Information Needed

The following information <u>must</u> be provided to initiate the prior authorization request:

Member Information

- First and last name
- Date of birth
- Member ID
- Telephone number (if applicable)

Ordering Provider Information

- First and last name
- Practice address
- National Provider Identifier (NPI)
- Taxpayer Identification Number (TIN)
- Telephone and fax numbers

Rendering Facility Information

- Facility name
- Street address (e.g., 111 Tennessee Rd., Franklin, TN 37067)
- NPI
- TIN
- Telephone and fax numbers

Clinical Information Needed

If clinical information is needed, please be able to supply the following information:

- Relevant history and physical examination

- Relevant summary of the patient's clinical condition

- Imaging and/or pathology and/or laboratory reports, as indicated, relevant to the requested procedure

- Comorbidities, if relevant

- Indication for the specified procedure

- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)

- Results of prior endoscopic procedures, if relevant

- Genetic testing results, if applicable

Prior Authorization Outcomes

Approvals and Denials

Approved Requests

- All requests are typically processed in two business days after receipt of all necessary clinical information.

- Authorizations are typically valid for 90 days from the date of the final determination.

Approval Letter

- The letter will be faxed to the ordering provider and performing facility.

- The member will receive the letter in the mail.

- Approval information can be printed on demand from the eviCore portal.

Denial Letter

- The letter will be faxed to the ordering provider and performing facility.

- The member will receive the letter in the mail.

- The letter will contain the denial rationale and appeal options and instructions.

Denied Requests

- Communication of the denial determination and rationale.

- Instructions on how to request a clinical consultation.

Reconsideration Options

Commercial Memberships

Reconsiderations

Providers and/or staff can request a reconsideration by submitting additional clinical information without the need for a provider to participate. Reconsideration must be requested on or before the anticipated date the services will be performed. Reconsiderations are available in most states and should be submitted prior to submitting an appeal request.

Clinical Consultations

If a request requires further clinical review, we welcome requests for a clinical consultation with an eviCore medical director. In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Physicians, nurse practitioners, and physician assistants can request a clinical consultation by visiting www.eviCore.com/provider/request-a-clinical-consultation.
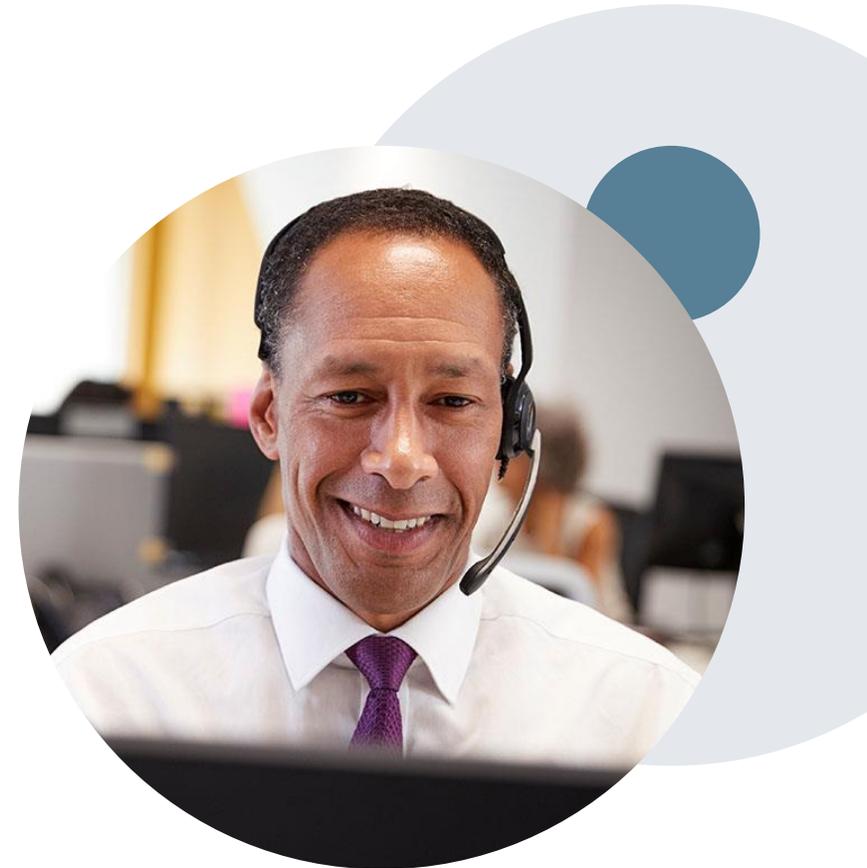
Special Circumstances

Appeals

- For gastroenterology procedures, appeals should be made following the appeal instructions referenced in the denial letter.

Retrospective Authorization Requests

- Authorization must be provided in advance of the service, unless the service is urgent or there are extenuating circumstances. In those cases, retrospective requests must be submitted within 15 calendar days from the date the services were performed. Providers who submit retrospective requests beyond this time frame would be advised to submit an appeal.

- Retrospective requests are reviewed for medical necessity.

Urgent Prior Authorization Requests

- Urgent requests can now be submitted on eviCore's portal (www.eviCore.com). When asked, "Is this request standard/routine?", simply answer no and the case will be sent to the urgent work list.

- Providers and/or staff can also contact our office by telephone and state that the prior authorization request is urgent. Urgent requests will be reviewed within 24 hours.

- Medically urgent outpatient procedures must meet the National Committee for Quality Assurance's definition of medical urgency requests. To be considered urgent, the patient must have conditions that are a risk to his or her life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.

eviCore Provider Portal Overview
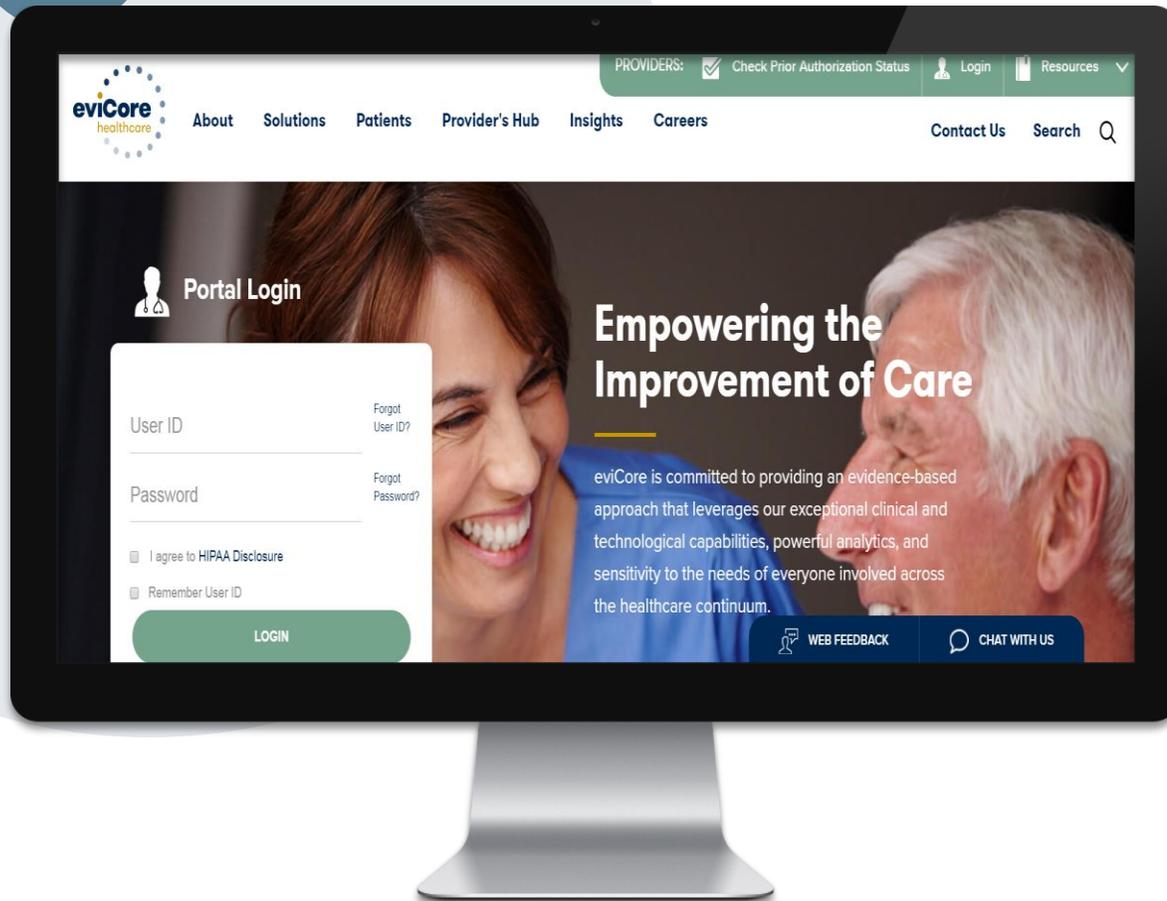
The eviCore portal is the quickest, most efficient way to request prior authorization and check authorization status.

By visiting **www.eviCore.com**, providers can spend their time where it matters most — with their patients!

Benefits of the Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows providers to go from request to approval faster. The following are some benefits and features:

- Saves time: Providers experience a faster processing time online than via telephone.

- Available 24/7: The portal is available at any time.

- Option to save progress: If a provider needs to step away, he or she can save his or her progress and resume later.

- Upload option for additional clinical information: There is no need to fax in supporting clinical documentation; providers can upload it on the portal to support a new request or when additional information is requested.

- Ability to view and print determination information: Providers can check case status in real time.

- Dashboard: Providers can view all recently submitted cases.

- Duplication feature: If a provider is submitting more than one prior authorization request, he or she can duplicate information to expedite submittals.

eviCore Portal and Compatibility

eviCore.com is compatible with the following web browsers:

- Google Chrome

- Mozilla Firefox

- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our Disabling Pop-Up Blockers guide.

Already a user?

If you already have access to eviCore's portal (www.eviCore.com), simply log in with your User ID and Password and begin submitting requests.

Don't have an account?   Click "Register Now"

Registration Form

eviCore healthcare

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*: [CareCore National ⌄] ←

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

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*:		Address*:		Phone*:	
Email*:				Ext:	
Confirm Email*:		City*:		Fax*:	
				Individual NPI*:	
First Name*:		State*: [Select ⌄] Zip*:			
Last Name*:		Office Name*:			

Select a **Default Portal**, and complete
the registration form.

Creating an Account

Review information provided, and click "**Submit Registration.**"

User Access Agreement

Accept the **Terms and Conditions**, and click "**Submit**."

Registration Successful

You will receive a message on the screen confirming your registration is successful and will be sent an email to create your password.

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Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

Your password must be at least (8) characters long and contain the following:

Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*   [   ]

Confirm New Password* [   ]

[Save]

✅ Uppercase letters

✅ Lowercase letters

✅ Numbers

✅ Characters (e.g., ! ? *)

Account Login

To log in to your account, enter your User ID and Password.

Agree to the HIPAA Disclosure, and click "LOGIN."

Provider Portal Overview

Adding Providers

Welcome Screen

Your provider will need to be added to your account prior to case submission.
Click the "**Manage Your Account**" tab to add provider information.

Adding Providers

Under the "**Manage Your Account**" tab, click "**Add Provider.**"

Adding Providers

Enter the **Practitioner's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account.

You are able to add multiple providers to your account.

Adding Providers

Select the matching record based upon your search criteria.

Adding Providers

Once you have selected a practitioner, your registration will be complete. You can then access the "**Manage Your Account**" tab to make any necessary updates or changes.

You can also click "**Add Another Practitioner**" to add another practitioner to your account.

Provider Portal Overview

Submitting Online Prior Authorization Requests

Initiating a Request

Under the "**Clinical Certification**" tab, click "**Request a clinical certification/procedure**" to begin a new case request.

Select Program

Select the program for your certification and indicate if you are requesting as a referring provider or rendering site.

Select Provider

Select the practitioner or group for whom you want to build a case.

Select Health Plan

Choose the appropriate health plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's ID card.

Contact Information

Enter the Provider's Name and appropriate information for the point-of-contact individual.

Member Information

Enter the member information, including the patient's ID number, date of birth, and last name. Click "ELIGIBILITY LOOKUP."

Clinical Details

The slides in this presentation are for instruction purposes the Gastroenterology provider portal is under construction and the actual provider portal experience may be different.

Enter the CPT code and diagnosis relevant to the requested test(s).

Verify Service Selection

Tuesday, November 05, 2019 9:09 AM

Log Off

Clinical Certification

Confirm your service selection.

60% Complete

Provider and NPI

Patient   EDIT

Procedure Date: 11/12/2019
CPT Code: GECAP
Description: Capsule Endoscopy
Primary Diagnosis Code: F98.5
Primary Diagnosis: Adult onset fluency disorder
Secondary Diagnosis Code:
Secondary Diagnosis:

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

Cancel   Back   Print   Contigue

Click here for help or technical support

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The slides in this presentation are for instruction purposes the Gastroenterology provider portal is under construction and the actual provider portal experience may be different.

Confirm the correct diagnosis has been selected.

Site Selection

Select the specific site where the testing/treatment will be performed.

Clinical Collection Process

Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

Urgency Indicator

Select an urgency indicator and upload your patient's relevant medical records that support your request.

Clinical Pathway Questions

A few preliminary questions will be asked to direct to
the right set of clinical questions.

Clinical Pathway Questions

Select the primary reason for the request.

Clinical Pathway Questions

If you need to confirm information you are entering or need to add additional data, check "**Finish Later**" and then click "**SUBMIT**." You will have 48 hours to complete the case.

Clinical Collection Process – Pathway Questions

If additional information is required, you will have the option to either freehand text in the additional information box or select "Choose File" to bring you to the upload documentation page.

Clinical Collection Process – Clinical Upload

Uploading clinical information via the portal is the quickest, most efficient method.

Clinical Certification Statements

Acknowledge the Clinical Certification statements, and click "SUBMIT CASE."

Portal Features

Building Additional Cases

You'll have the option to return to the main menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.

Eligibility Lookup Tool

You may also confirm the patient's eligibility by selecting the "Eligibility Lookup" tab.

Certification Summary

- **CareCore National Portal now includes a Certification Summary tab to better track your recently submitted cases.**
- **The work list can also be filtered, as seen above.**

eviCore Reconsideration Review Process on the Web

- Click the "Authorization Lookup" tab. Then, select Cigna under the Healthplan drop-down menu and enter the patient's information. If the Case/Authorization Number is available, enter it in the Optional Fields.
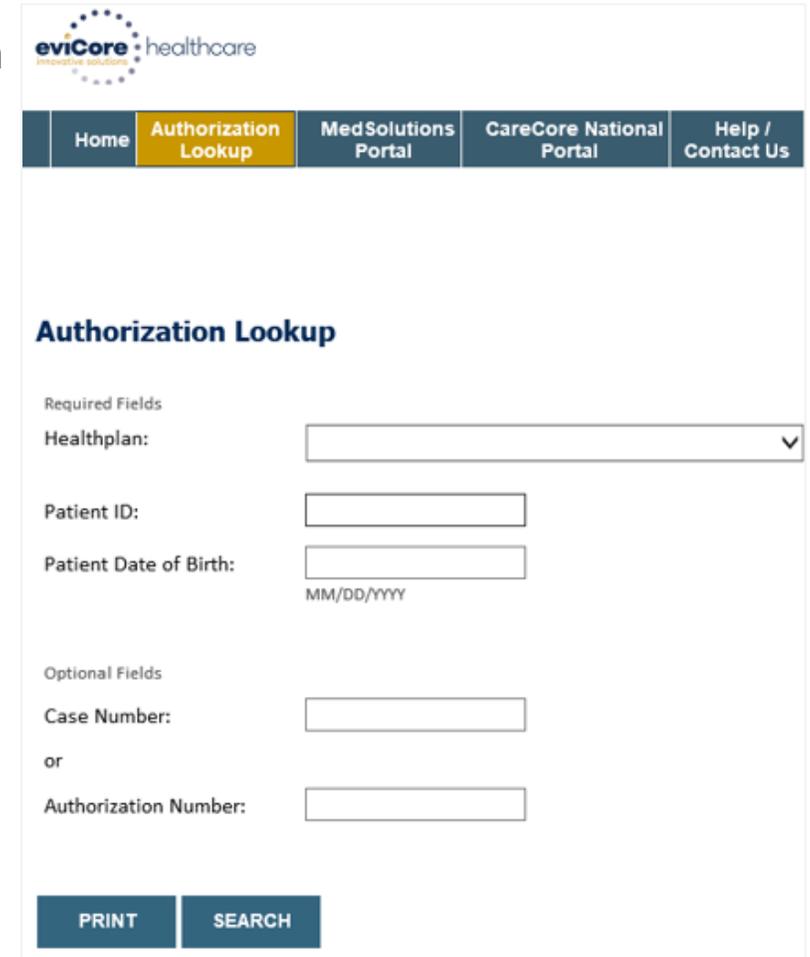
eviCore Reconsideration Review Process on the Web (cont.)

- Click "ALL POST DECISION OPTIONS" to view available options.

eviCore Reconsideration Review Process on the Web (cont.)

- If a reconsideration or first-level appeal is delegated through eviCore, the user will see "Would you like to process a Standard Pre-Service Appeal?"
  - User can answer "Yes" to move forward.
  - If the user answers "No," an appeal or reconsideration will not be started and the following notation will be placed on the case: **Post Decision Review process opened and abandoned by Web User. Case will not proceed to Reconsideration or Appeal review at this time.**

- **Note:** Select "No" to go back to schedule a peer-to-peer.

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| Home | Authorization Lookup | MedSolutions Portal | CareCore National Portal | Help / Contact Us | |

Thursday, May 20, 2021 10:00 AM

Authorization Lookup

Peer to Peer Review allowed through eviCore until 11/14/2021 12:00:00 AM.

First Level Appeal allowed through eviCore until 11/14/2021.

Second Level Appeal is not delegated to eviCore or is no longer available for this case.

ⓘ Would you like to process a Standard Pre-Service Appeal?

○ Yes ○ No

Note: Expedited or Post-Service Appeals must be initiated by calling eviCore at 800-792-8744, option 4.

SUBMIT

eviCore Reconsideration Process on the Web (cont.)

- New or additional clinical documentation is required.

- Failure to upload new or additional clinical documentation will cancel the request.

- Once the clinical information is uploaded, the user will receive a message: "Your Post Decision Review request has been successfully submitted."

- Click "SUBMIT" to initiate the request.

eviCore Reconsideration Review Process on the Web (cont.)

- After the post-decision review is initiated, the user will return to the Authorization Lookup page.

- The status will be updated to show additional information was submitted and pending review.

- A determination will be faxed to the provider.

More with the Authorization Lookup Tool

Select "Search by Authorization Number/NPI."
Then, enter the Provider NPI and authorization or case number and click "Search."

You can also search for an authorization by Member Information: Enter the health plan, Provider NPI, Patient ID, and Patient Date of Birth.

Print the Authorization Lookup Screen

The authorization will then be accessible to review. To print authorization correspondence, select the button next to "Correspondence."

How to Request a Peer-to-Peer Consultation

- Log in to your account at www.eviCore.com.

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

- Click "P2P AVAILABILITY" 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
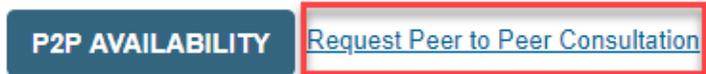
Authorization Lookup

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

P2P AVAILABILITY

How to Request a Peer-to-Peer Consultation

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 <u>consultative only</u> peer to peer. You may also click "ALL POST DECISION OPTIONS" to learn what other action may be taken.

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 Request a Peer-to-Peer Consultation

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 Reference Number and Member Date of Birth for the case you just looked up.

You can add another case for the same peer-to-peer consultation request by clicking "Add Another Case."

To proceed, click "Lookup Cases."

How to Request a Peer-to-Peer Consultation

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

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."

How to Request a Peer-to-Peer Consultation

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 consultation:

  - Name of Provider Requesting P2P

  - Telephone Number for P2P

  - Contact Instructions

- Click "Submit" to schedule the 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:

- 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 the browser once done.
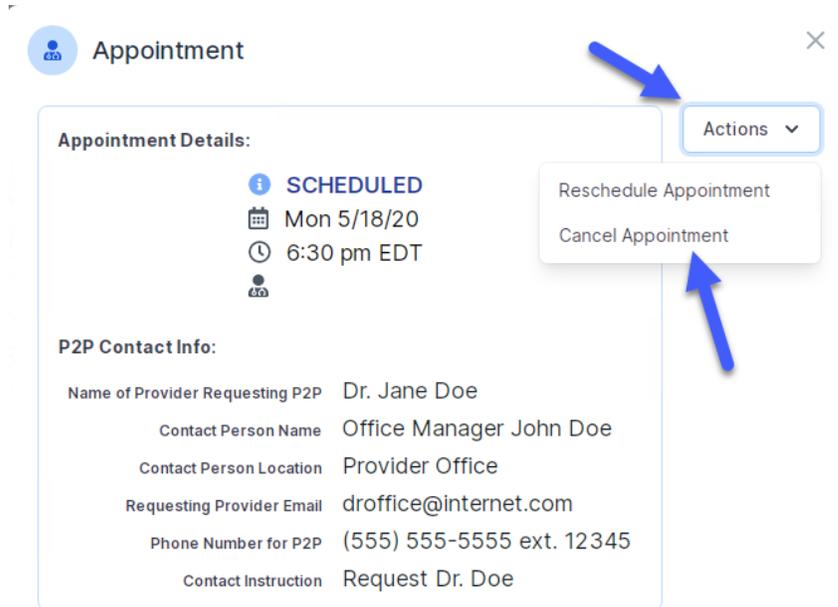
Provider Resources

Provider Resources

Prior Authorization Call Center - 866.668.9250

Our call centers are open from 7:00 a.m. to 7:00 p.m. local time.

Providers can contact our call center to do the following:

- Request prior authorization.
- Check the status of existing authorization requests.
- Discuss questions regarding authorizations and case decisions.
- Change the facility or CPT code(s).
- Request to speak to a clinical reviewer.
- Schedule a clinical consultation with an eviCore medical director.

Provider Resources

Web-Based Services and Online Resources

- You can access important tools, health plan–specific contact information, and resources at www.eviCore.com.

- The "Resources" page includes clinical guidelines, online forms, and more.

- If you are unsure of how to contact eviCore, the quick reference tool can help.

  - Click the "Resources" tab.

  - Select "Find Contact Information" under the "Learn How To" section.

  - Type in Cigna and the solution to populate the contact telephone and fax numbers as well as the appropriate legacy portal to utilize for case requests.
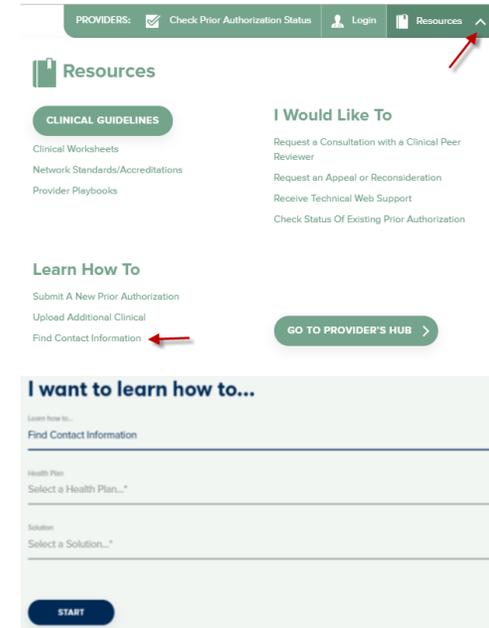
The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

To speak with a Web Specialist, call 800.646.0418 (option 2) or email portal.support@evicore.com.

Provider Resources

Client and Provider Services

eviCore has a dedicated Client and Provider Services team to address provider-related requests and concerns. In most instances, this team can provide a resolution within 24 to 48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing

- Requests for an authorization to be re-sent to the health plan

- Complaints and grievances

- Eligibility issues (member, rendering facility, and/or ordering provider)

- Issues experienced during case creation

- Reports of system issues

How to Contact our Client and Provider Services team

Telephone: 800.646.0418 (option 4)

Email: ClientServices@evicore.com

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/provider/case details when applicable. Outside of normal business hours, please email Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.
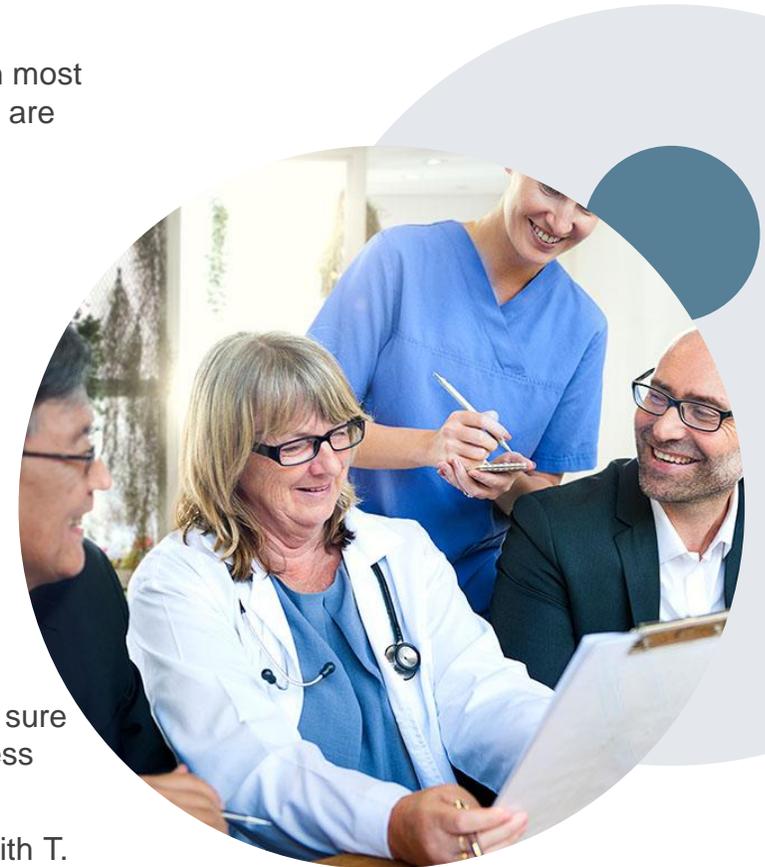
Provider Resources

Cigna-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 gastroenterology provider resource page includes the following educational materials:

- Frequently asked questions
- Quick reference guides
- Solution PowerPoint overview
- Training sessions
- Announcement letter
- Detailed list of procedure codes that require prior authorization

To access these helpful resources, please visit www.eviCore.com/resources/healthplan/Cigna.

Clinical Guidelines

Providers and/or staff can access eviCore's Clinical Guidelines by visiting www.eviCore.com/Cigna.

Resources on Cigna for Health Care Professionals (CHCP)

- Login at
  https://cignaforhcp.cigna.com/app/login

- Learn more about Cigna Precertification by visiting
  https://static.cigna.com/assets/chcp/resourceLibrary/preCertification/preCertification.html

- Learn more about the Cigna Gastroenterology Program by visiting
  https://static.cigna.com/assets/chcp/resourceLibrary/preCertification/gastroenterology.html

For Provider Enrollment Questions – Contact Cigna Provider Services at 800-244-6224

Thank You!