Clover Health

Musculoskeletal Management

Interventional Pain, Spine and Joint Surgery

Provider Orientation Session for Clover Health

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Company Overview

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250M Members Managed

10 Comprehensive Solutions

The industry's most **comprehensive clinical evidence-based guidelines**

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

Engaging with 570k+ providers

Advanced, innovative, and intelligent technology

Headquartered in Bluffton, SC
Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA
- St. Louis, MO

NCQA Utilization Management

URAC ACCREDITED HEALTH UTILIZATION MANAGEMENT

SIX SIGMA

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

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3

Evidence-Based Guidelines

The foundation of our solutions

Guidelines updated at least annually

Experts associated with academic institutions

Current clinical literature

Aligned with National Societies:

- American Academy of Neurology
- American College of Rheumatology
- American Association of Neurological Surgeons
- American Academy of Orthopedic Surgeons
- American Society of Interventional Pain Physicians
- North American Spine Society
- American College of Occupational and Environmental Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Association of Hip and Knee Surgeons
- American Pain Society
- Official Disability Guidelines
- Medicare Guidelines
- Spine Intervention Society
- American Academy of Orthopedic Surgeons
- The American Orthopedic Society for Sports Medicine
- Cochrane Reviews
- American Physical Therapy Association
- American Chiropractic Association
- American Occupational Therapy Association
- American Speech Language Hearing Association
- American Society of Anesthesiologists

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Our Service Model

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Enabling Better Outcomes

Enhancing outcomes through Client and Provider engagement

Client and Provider Operations Team –

Client Provider Representatives are cross-trained to investigate escalated provider and client related issues.

Client Experience Manager –

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Manager –

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.

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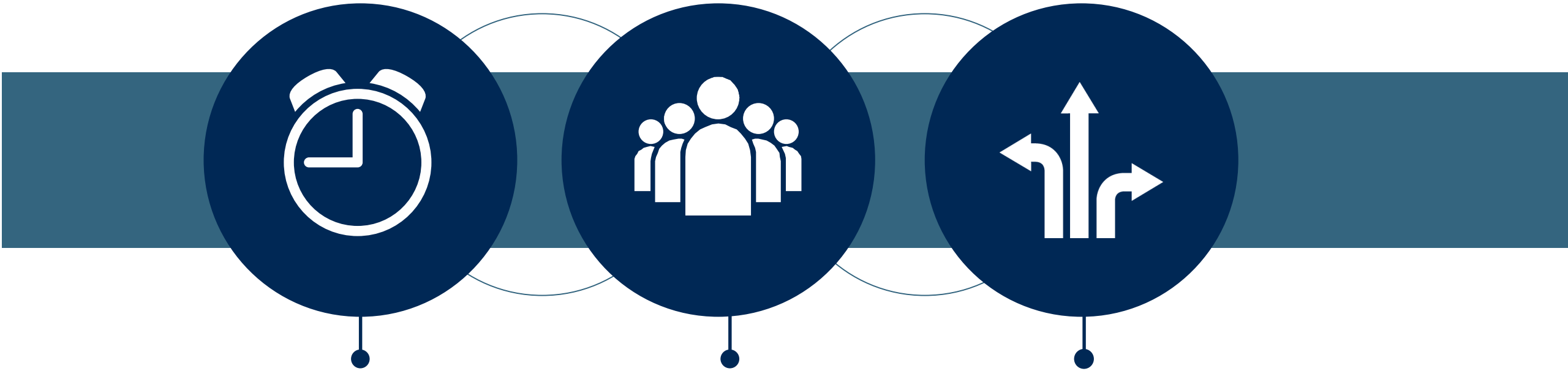
Why Our Service Delivery Model Works



One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

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Prior Authorization Overview

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Clover Health Prior Authorization Services

eviCore healthcare will begin accepting prior authorization requests for the below procedures on 7/22/2020 for dates of service 8/1/2020 and beyond.

Prior Authorization applies to the following procedures:

Interventional Pain:

Spinal injections
Spinal implants
- **Spinal cord stimulators**
- **Pain pumps**

Joint Surgery:

Large joint replacement
Arthroscopic and open procedures

Spine Surgery:

Spinal Implants
- **Spinal cord stimulators**
- **Pain pumps**

Cervical/Thoracic/Lumbar
- **Decompressions**
- **Fusions.**

Provider Resource Page

Providers and/or staff can utilize Clover Health Provider Resource page to access a list of covered treatment plans, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

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

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Clover Health Prior Authorization Services

Clover Health has contracted with eviCore healthcare to provide outpatient and inpatient prior authorization review for Interventional Pain, Spine and Joint Surgery procedures.

A separate approval is required for IP management for spine and joint, through Shearwater Health.

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Needed Information

Non-Clinical Information

Member Information

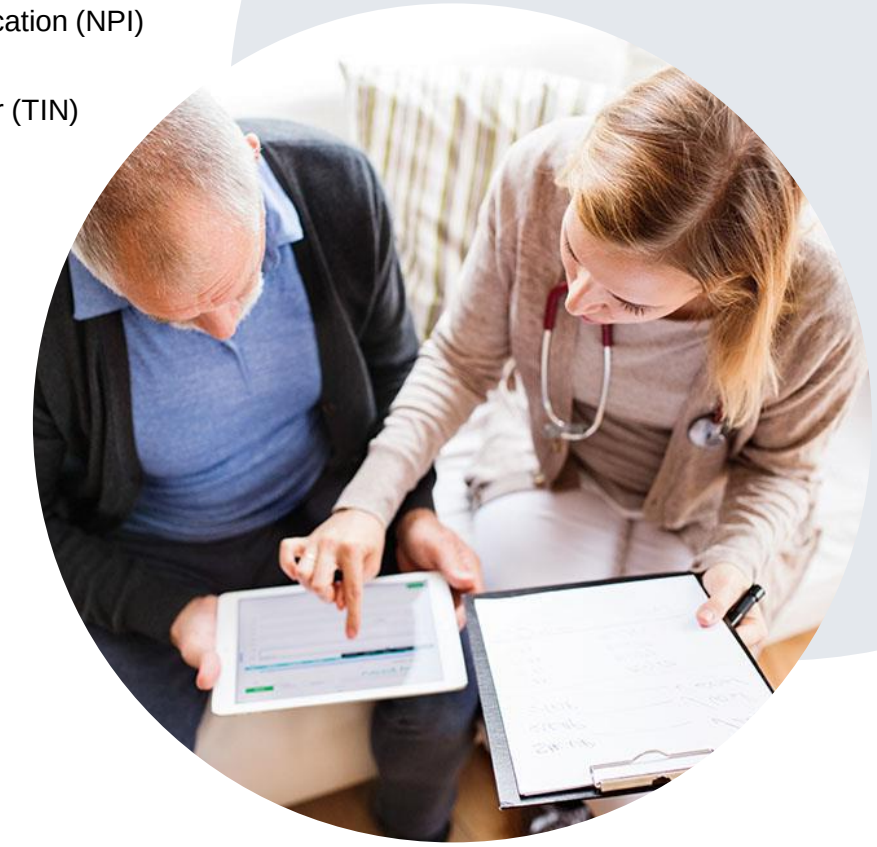
- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

Ordering Physician Information

- First and Last Name
- Practice Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN
- Phone and Fax Numbers

Rendering Facility Information

- Facility Name
- Street Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers



Supporting Clinical Information

Supporting clinical information is only needed if request is not approved immediately

- Imaging studies and prior test results related to the diagnosis
- Office notes related to the current diagnosis
- Therapy notes related to the current diagnosis

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Prior Authorization Outcomes

Approvals and Denials

Approved Requests

- All requests are processed within 3 days from receipt of all necessary clinical information.
- Authorizations are typically valid for 60 calendar days from the date of determination.

Denied Requests

- Communication of the denial determination and rationale.
- Instructions on how to request a Clinical Consultation.

Authorization Letter

- The letter will be faxed to the ordering physician 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 physician and performing facility.
- The member will receive the letter in the mail.
- The letter will contain the denial rationale and appeal instructions.

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Peer To Peer

Clinical Consultations

Peer to peer conversations are available any time. However, our Medical Directors aren't able to change Medicare determinations. A clinical appeal would be required with supporting documentation.

Providers, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting:

www.evicore.com/provider/request-a-clinical-consultation

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Special Circumstances

Appeals

- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider with instructions on how to proceed with a clinical appeal through Clover Health.

Retrospective (Retro) Authorization Requests

- All Retrospective requests for in-network providers must be submitted within 60 calendar days from the date the services were performed. Out-of-network providers will have 365 calendar days from the date services were performed. Retrospective requests that are submitted beyond this timeframe will be administratively denied.
- Retrospective authorization requests are reviewed for clinical urgency and medical necessity.

Outpatient Urgent Treatments

- Urgent requests can now be submitted on eviCore's website 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 phone and state that the prior authorization request is Urgent. Urgent request will be reviewed within 72 hours upon receiving the prior authorization request.

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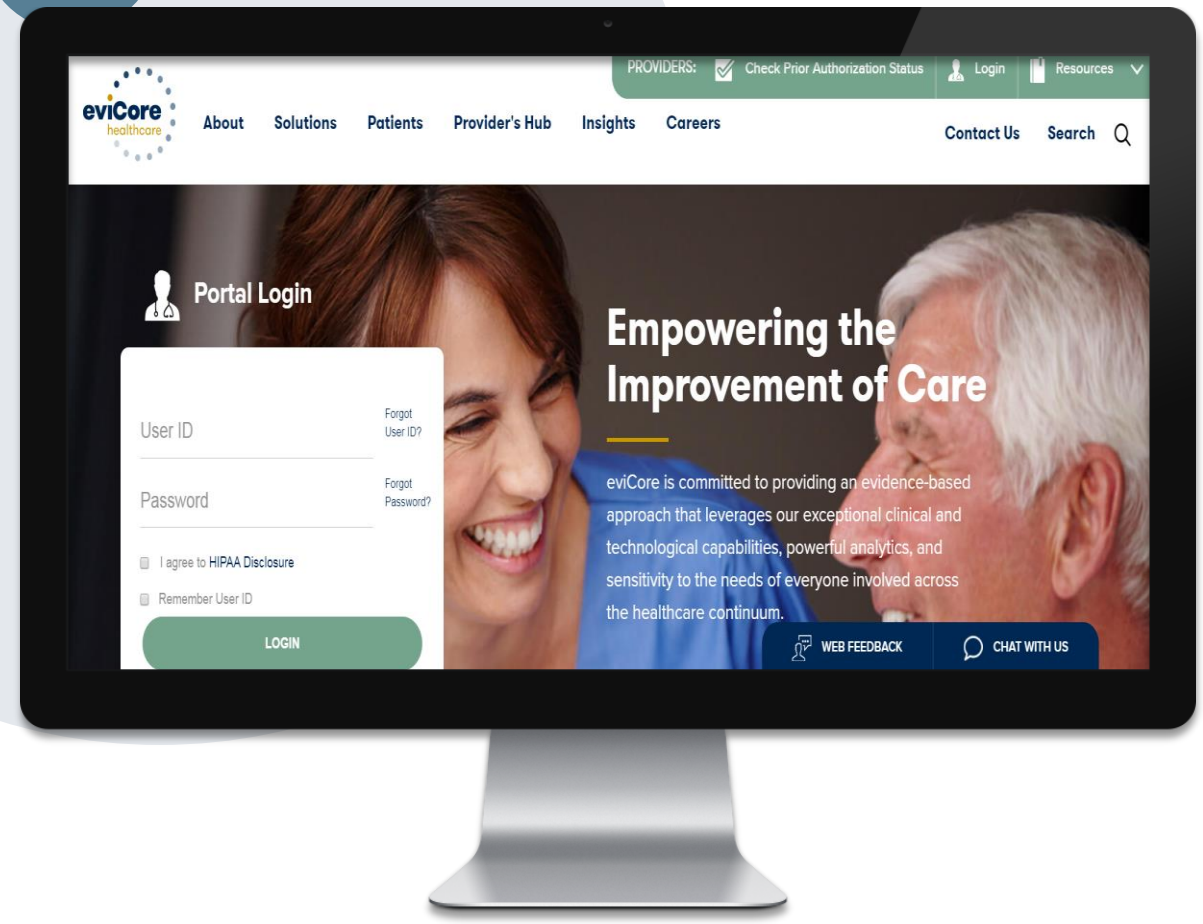
eviCore Provider Portal



The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7.

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

Or by phone:

Phone Number:
800-421-7592
7:00 a.m. to 7:00p.m.
Monday - Friday

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Provider Portal Overview

Account Access and Adding Ordering Providers

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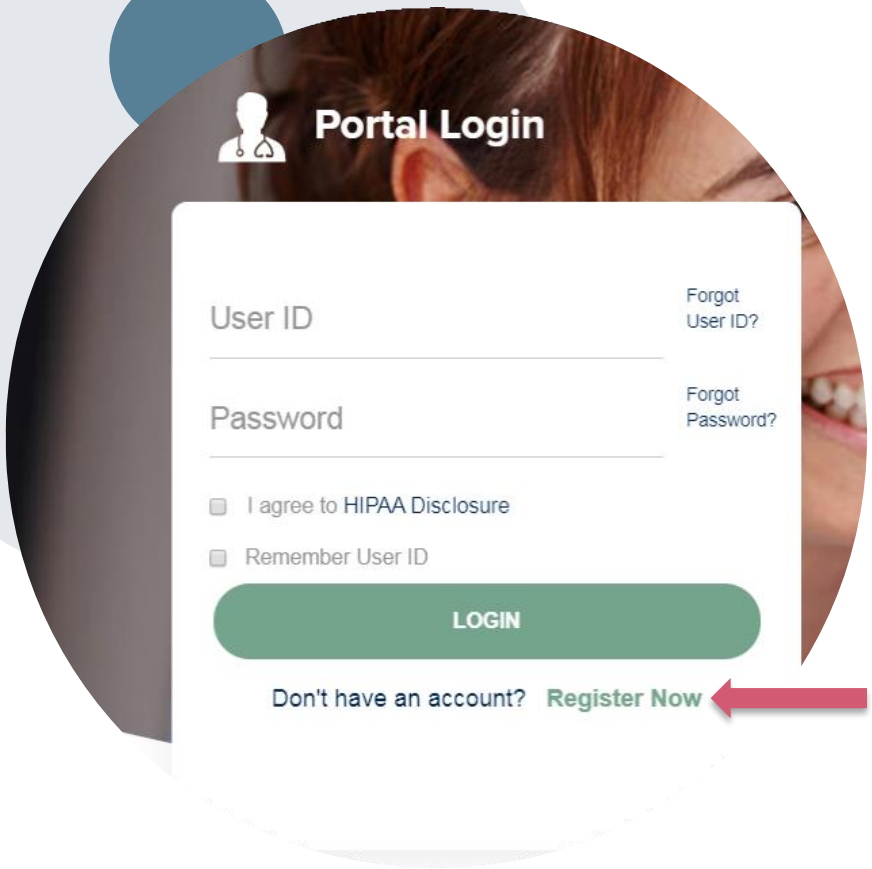
eviCore healthcare Website



Visit www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply login with your User ID and Password and begin submitting requests real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!

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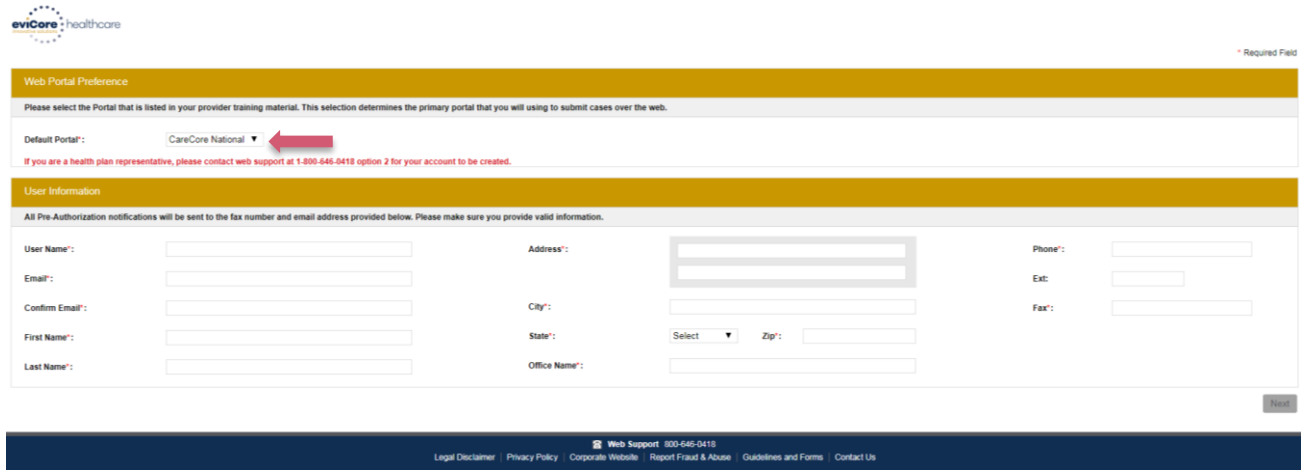
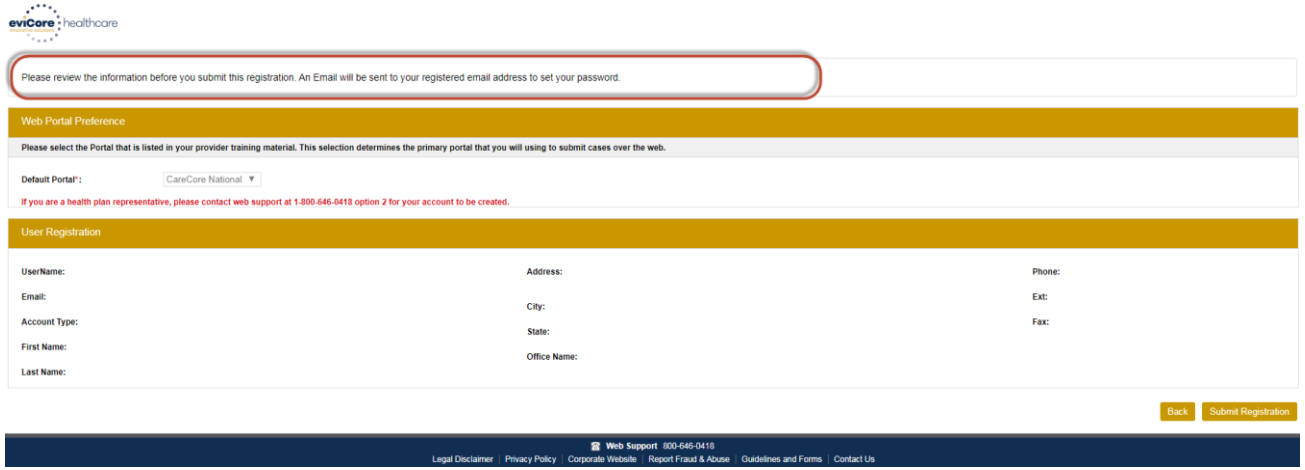
Registration Form



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

Review information provided, and click “**Submit Registration**”



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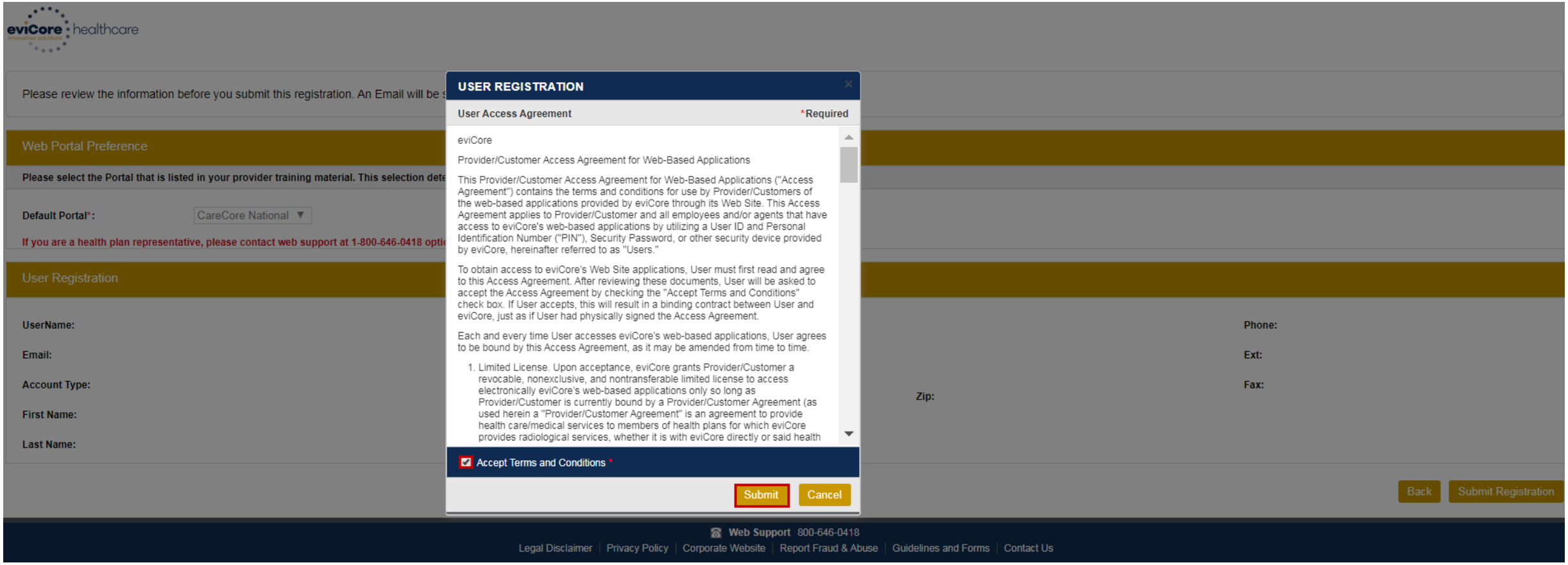
User Access Agreement



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

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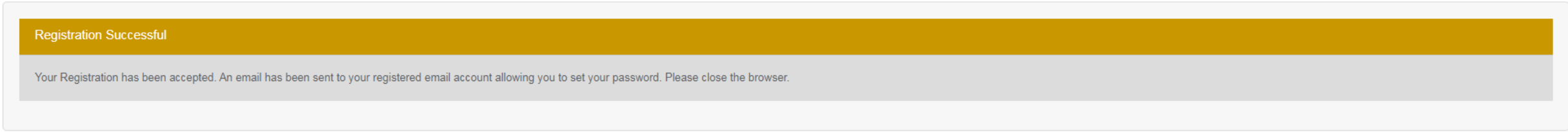
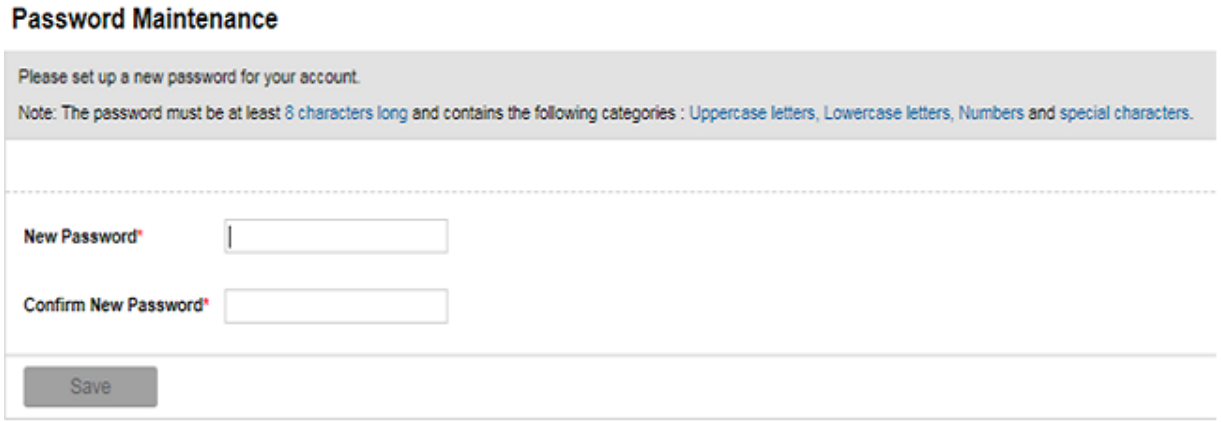
Registration Successful

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



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



- Uppercase letters
- Lowercase letters
- Numbers
- Characters (e.g., ! ? *)

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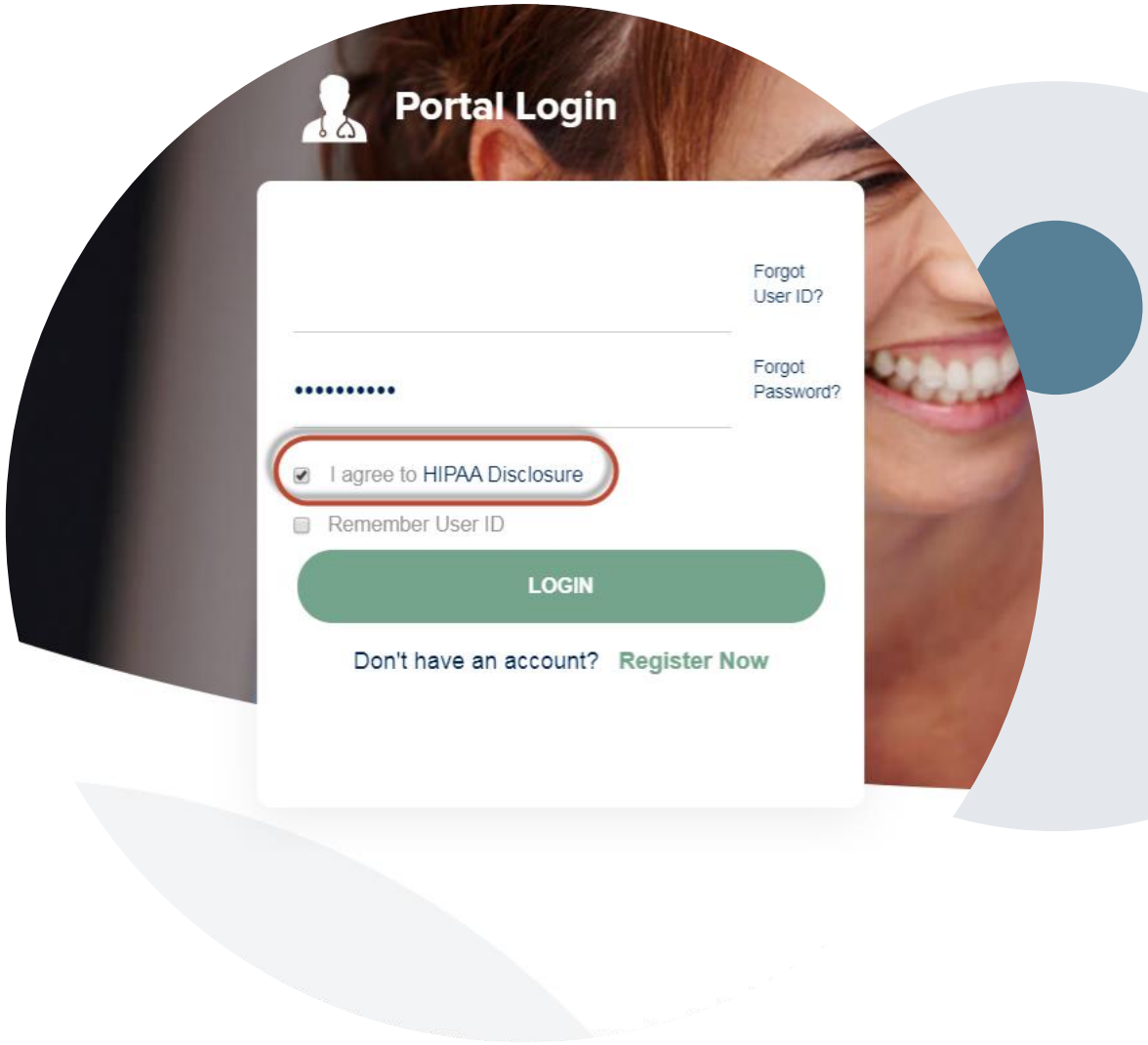
Account Login

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

Agree to the HIPAA Disclosure, and click “Login.”



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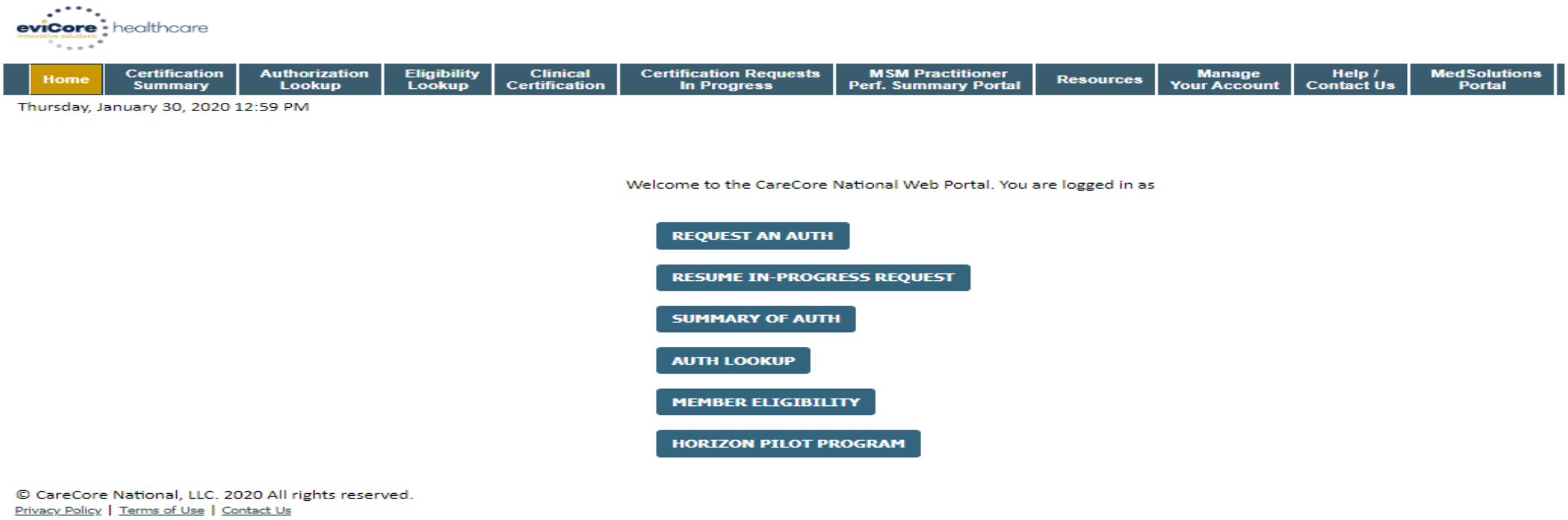
Welcome Screen



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

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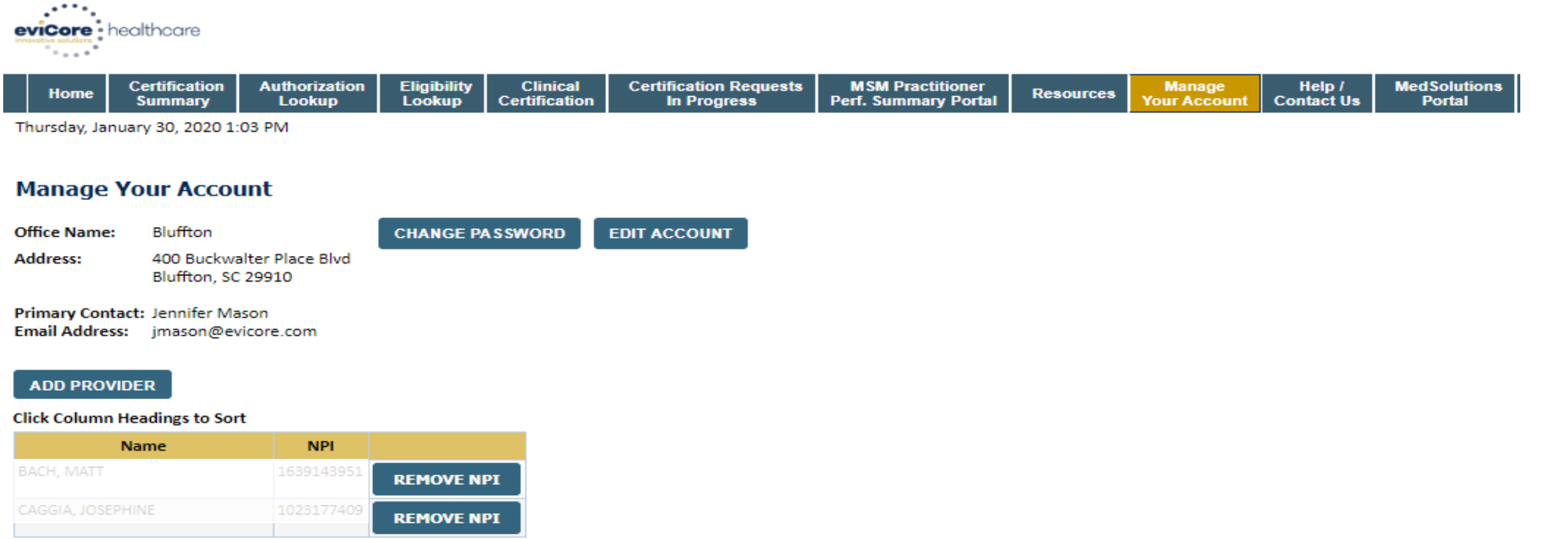
Add Practitioner



Under the “Manage Your Account” tab Click the “Add Provider” button.

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Add Practitioner

Enter the Provider'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.

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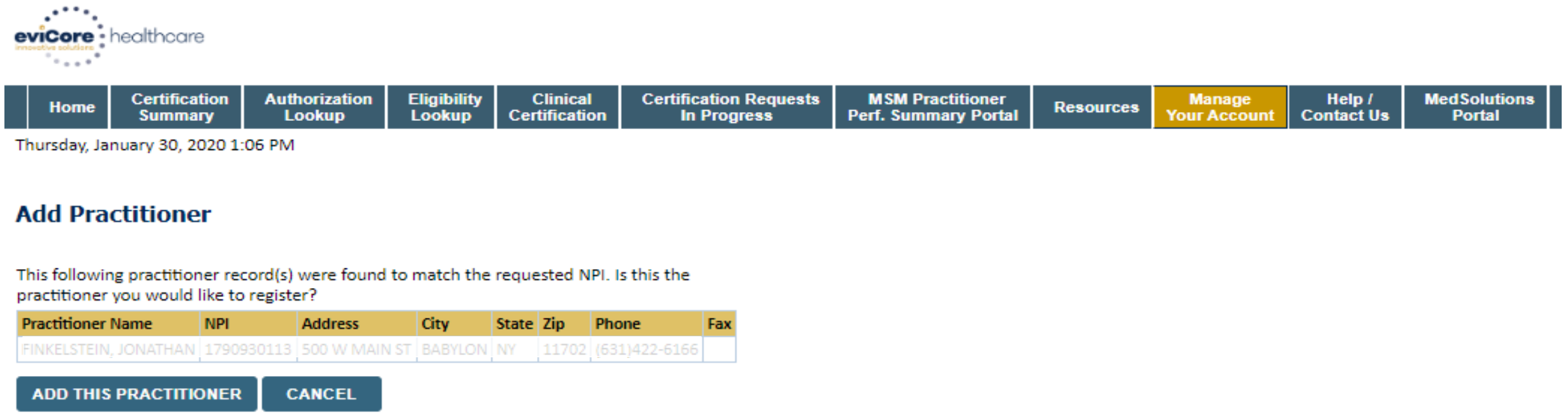
Add Practitioner



Select the matching record based upon your search criteria

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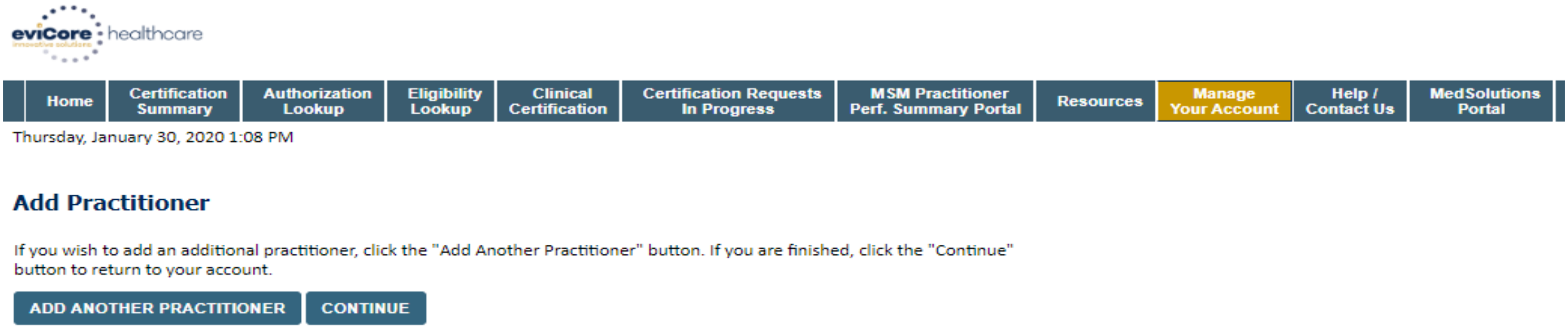
Add Practitioner



Once you have selected a practitioner, your registration will be completed. 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 provider to your account.

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Provider Portal Overview

Submitting Online Prior Authorization Requests

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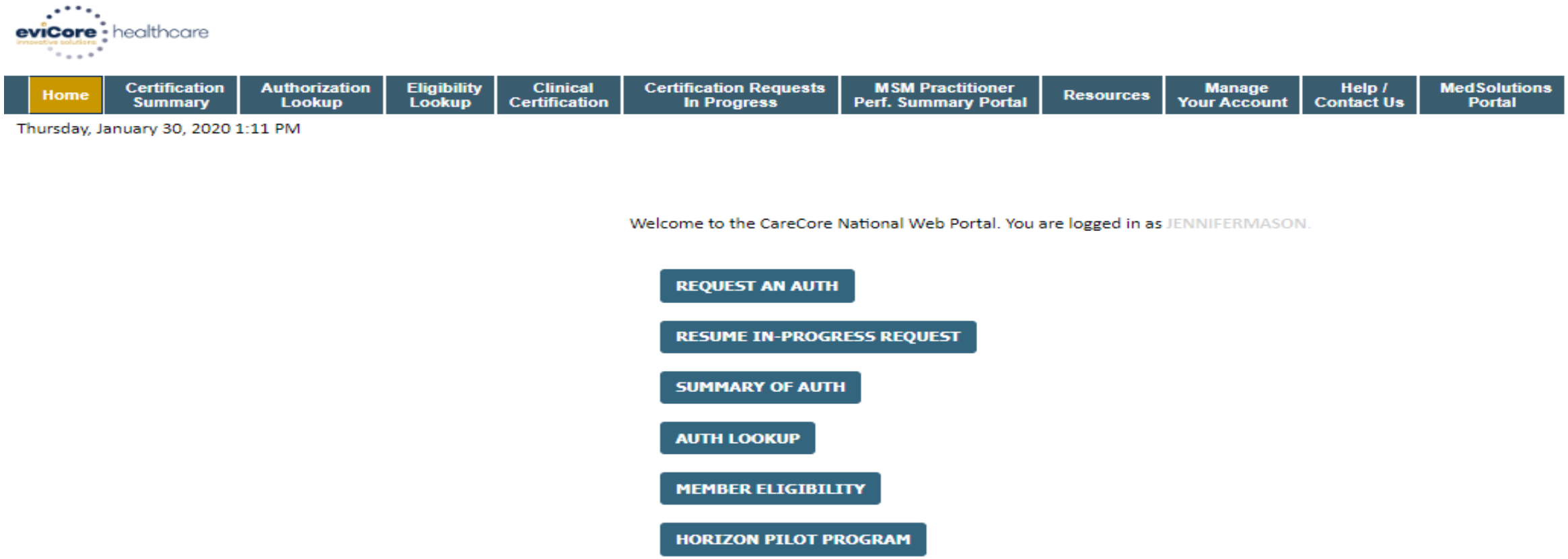
Initiating A Request



Choose “request a clinical certification/procedure” to begin a new case request.

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Select Program

Select the Program for your certification.

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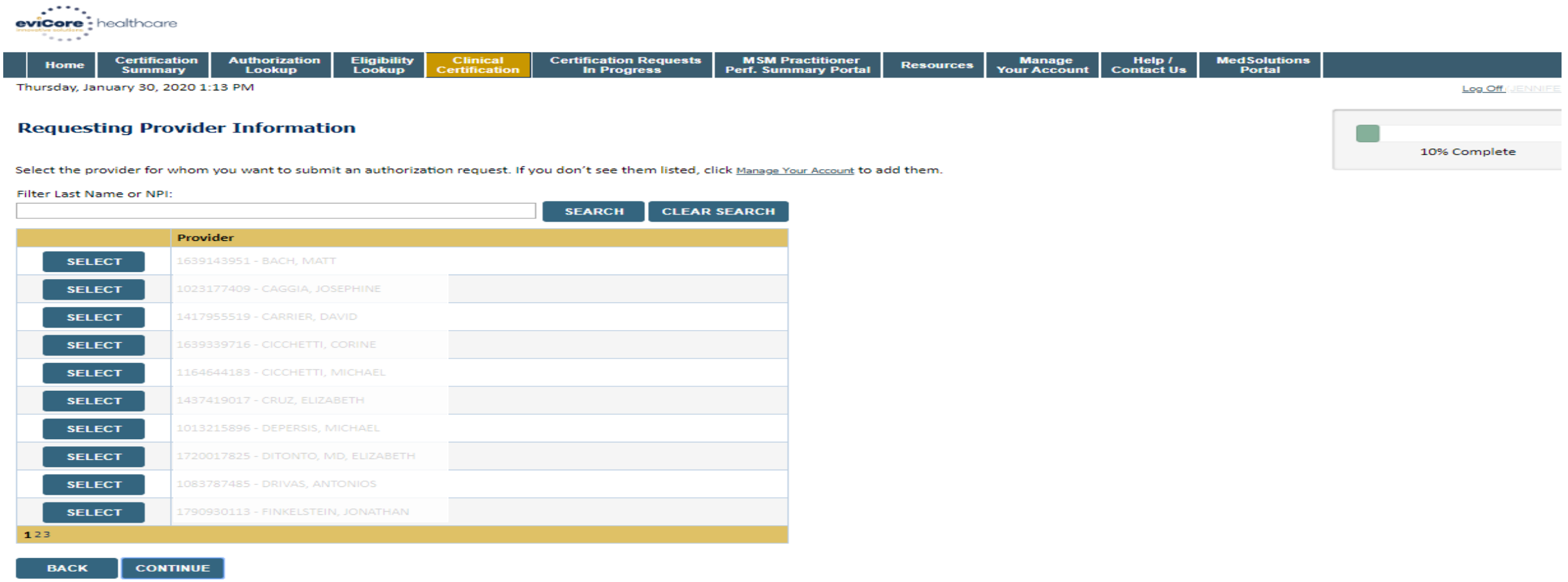
Select Provider



Select the Radiation Oncologist for whom you want to build a case.

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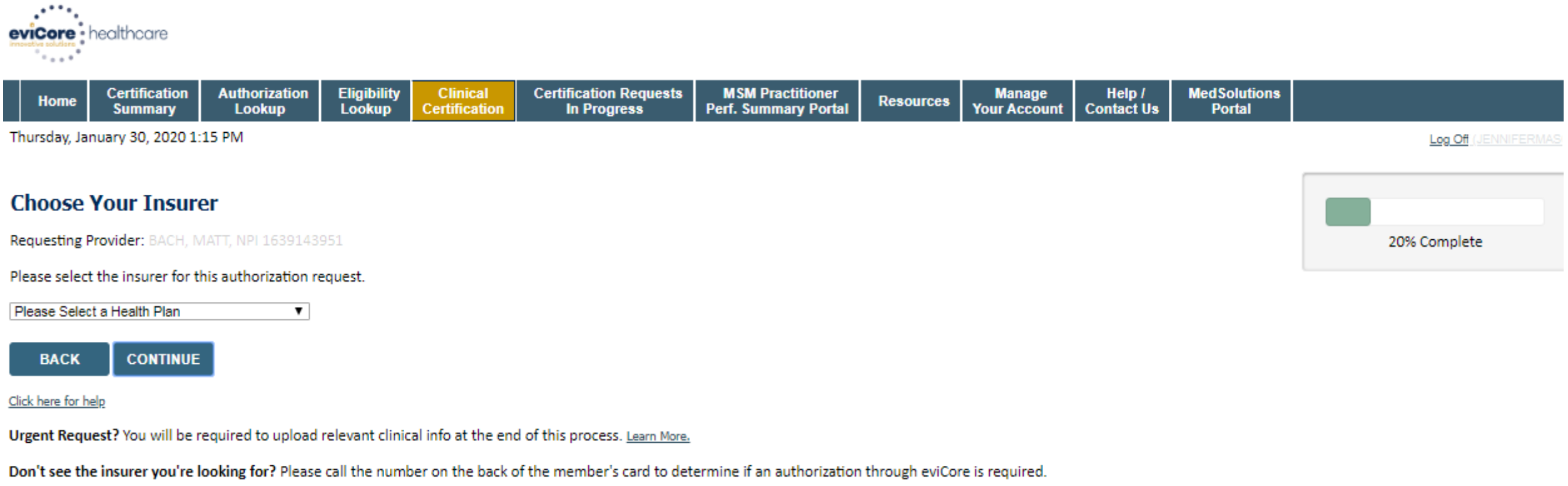
Select Health Plan



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 identification card.

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Contact Information

Enter the point of contact and verify phone and fax numbers.

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Member Information

Enter the member health plan ID number, date of birth, and the patient's last name. Click "Eligibility Lookup."

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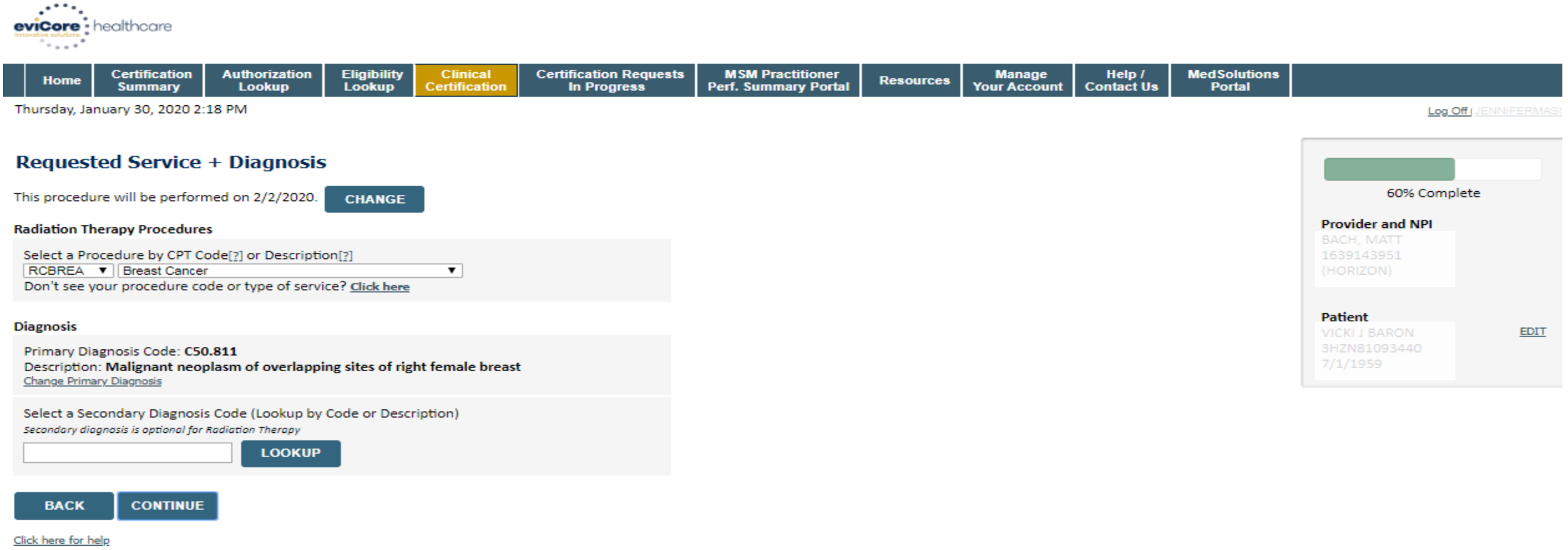
Clinical Details



Enter the cancer type and Diagnosis.

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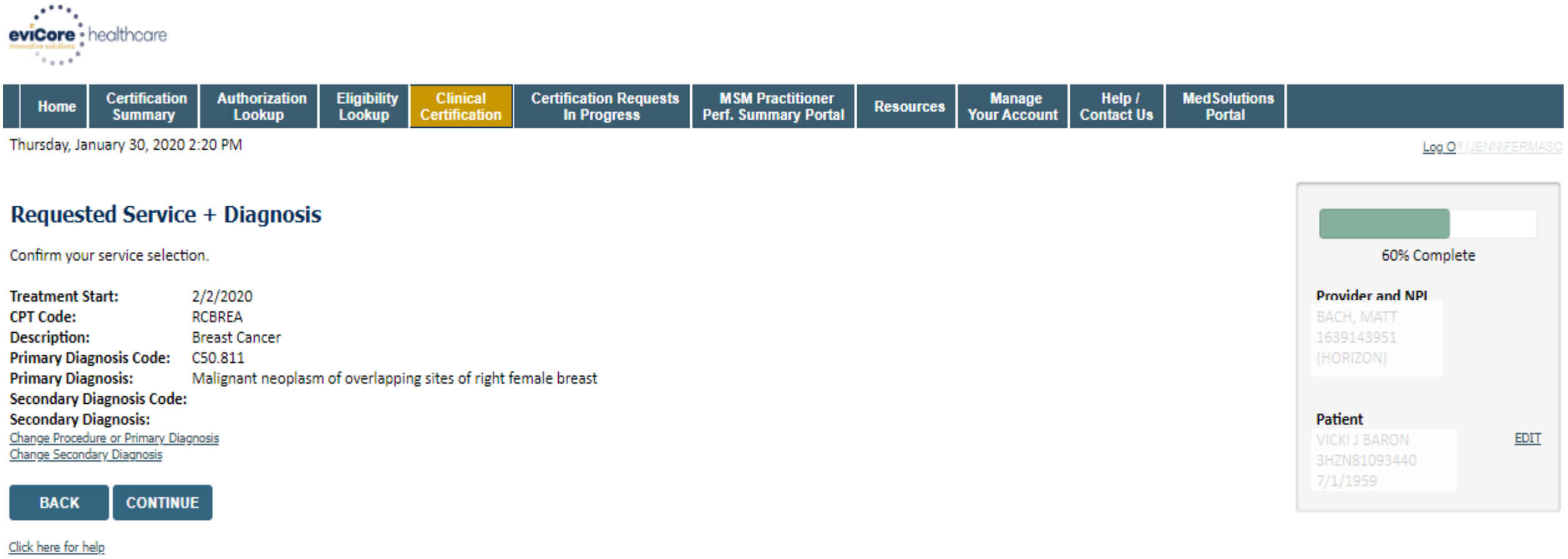
Verify Treatment Selection



Confirm the correct cancer type and diagnosis has been selected.

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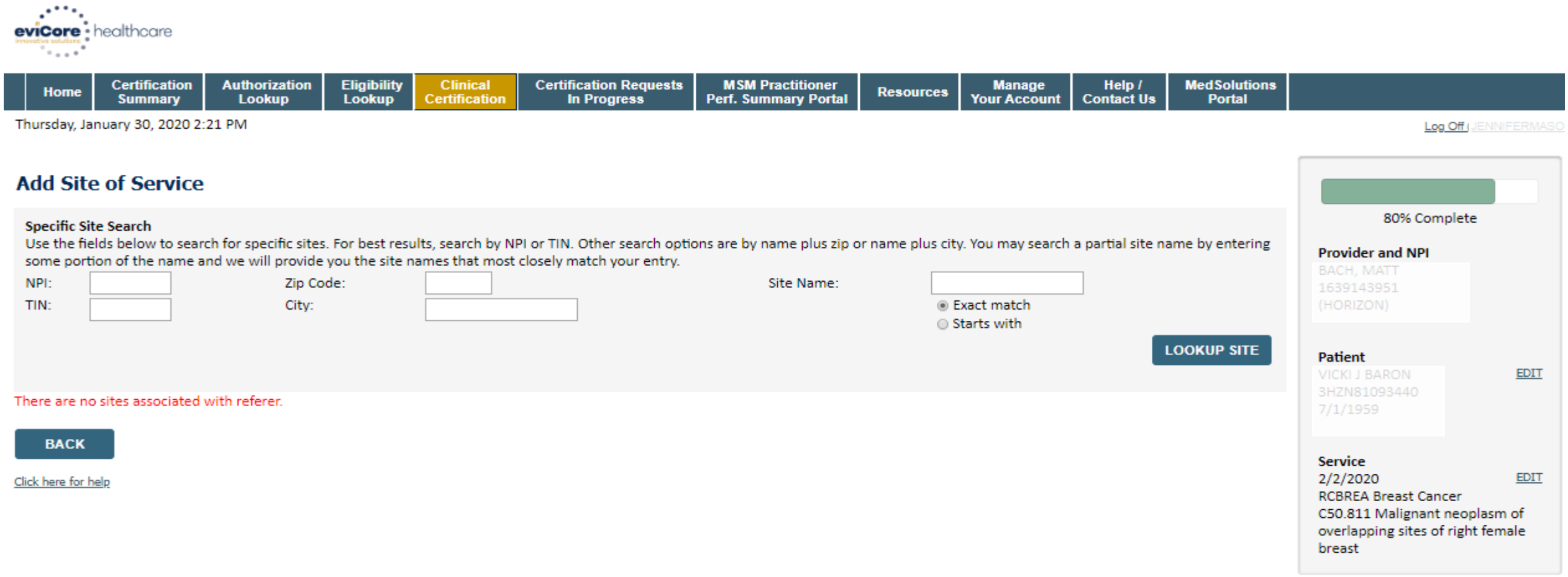
Site Selection



Search and select the specific site where the testing/treatment will be performed.

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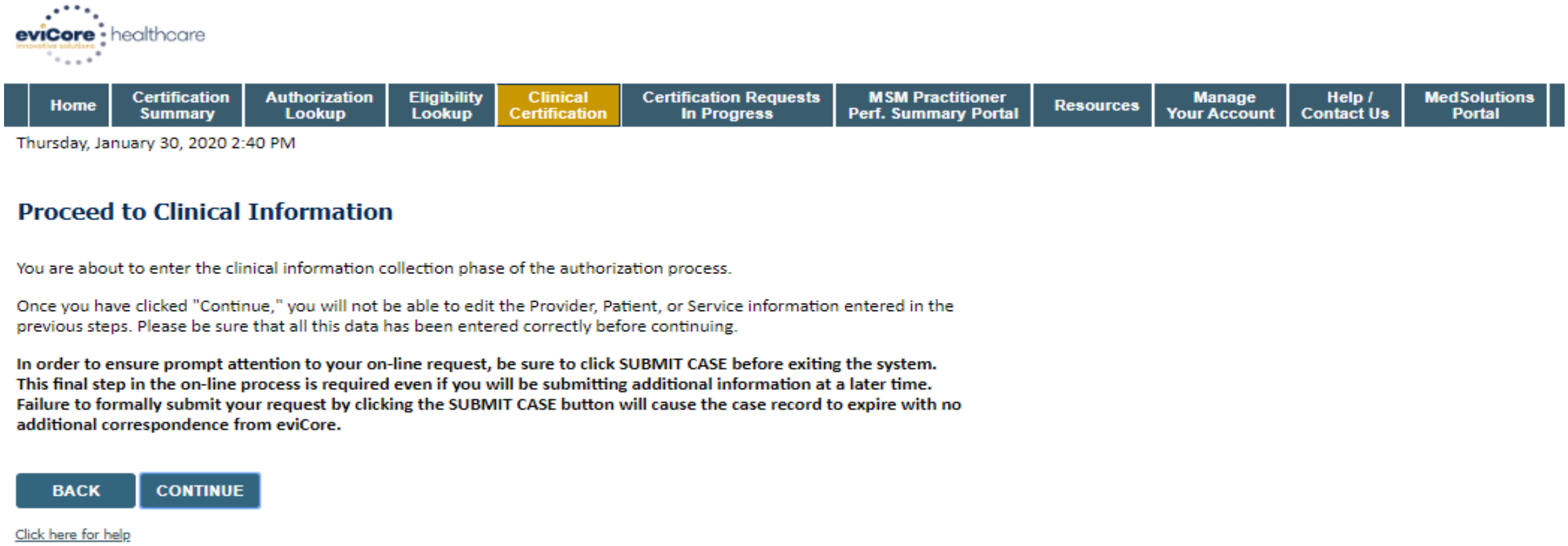
Clinical Collection Process



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

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Clinical Collection Process - Urgency Indicator

- Selecting “urgent” results in an expedited review. Such review, however, is conducted in the context the information submitted with limited liability to conduct a p2p (if a case can no be approved)
- Please select urgent for those cases that truly are urgent and not simply for a “quicker” review.
- If a request is selected as urgent, but does not meet guidelines to be considered urgent, the case may be reassigned as routine and follow those time frames.

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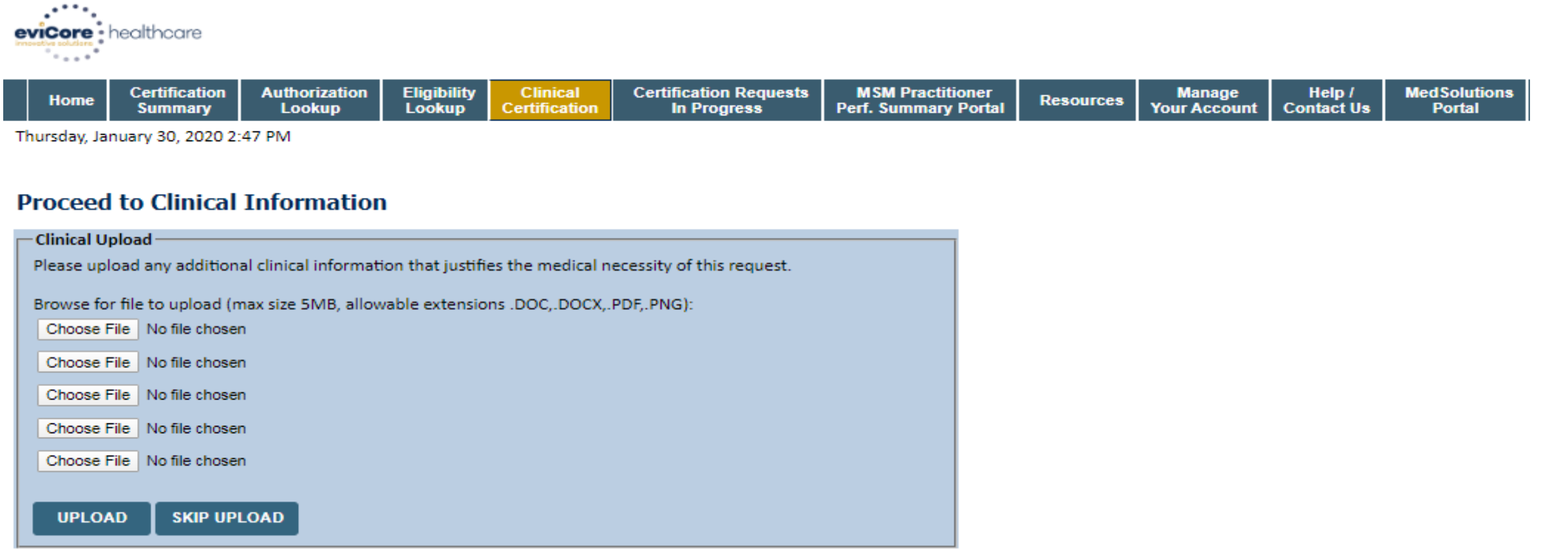
Clinical Collection Process – Clinical Upload



Providing clinical information via the web is the quickest, most efficient method.

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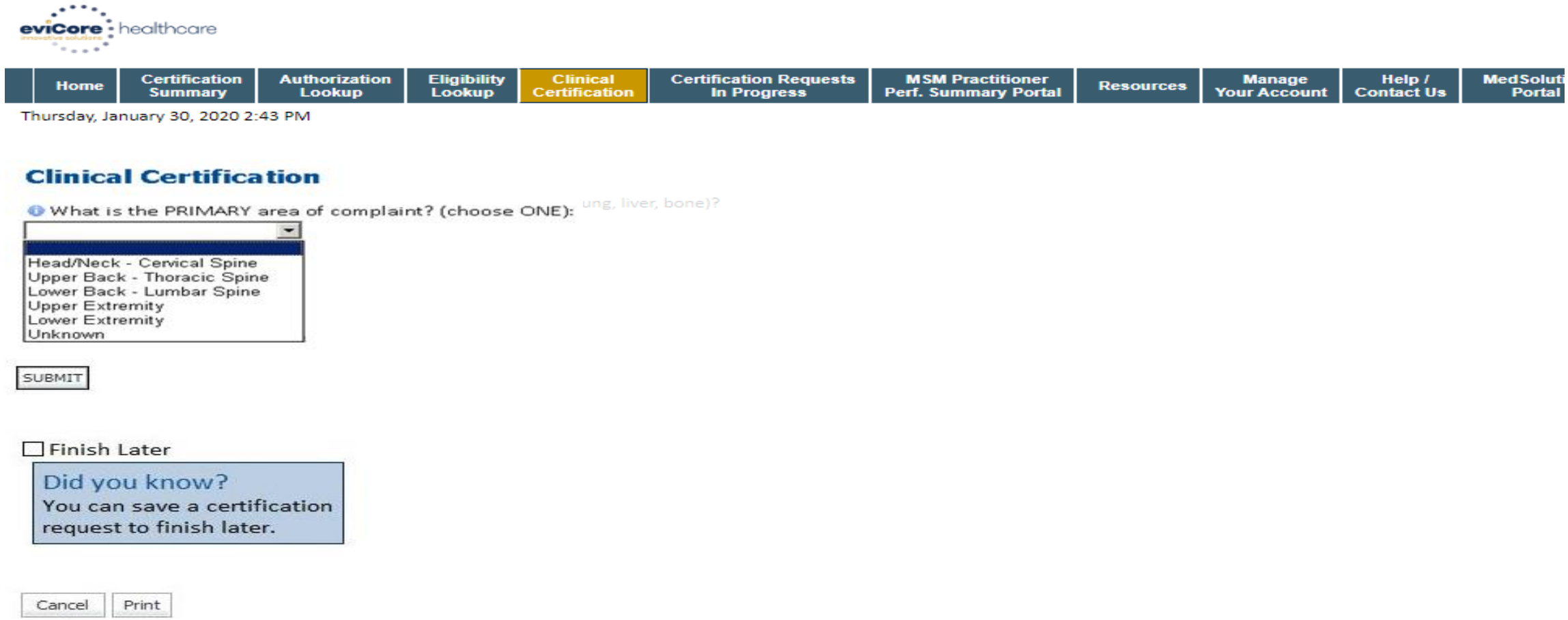
Clinical Collection Process – Pathway Questions



Questions will populate based upon the information provided.

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Clinical Collection Process – Pathway Questions

If you need to confirm information you are entering "finish later" and then the submit button. You will have two business day to complete the case.

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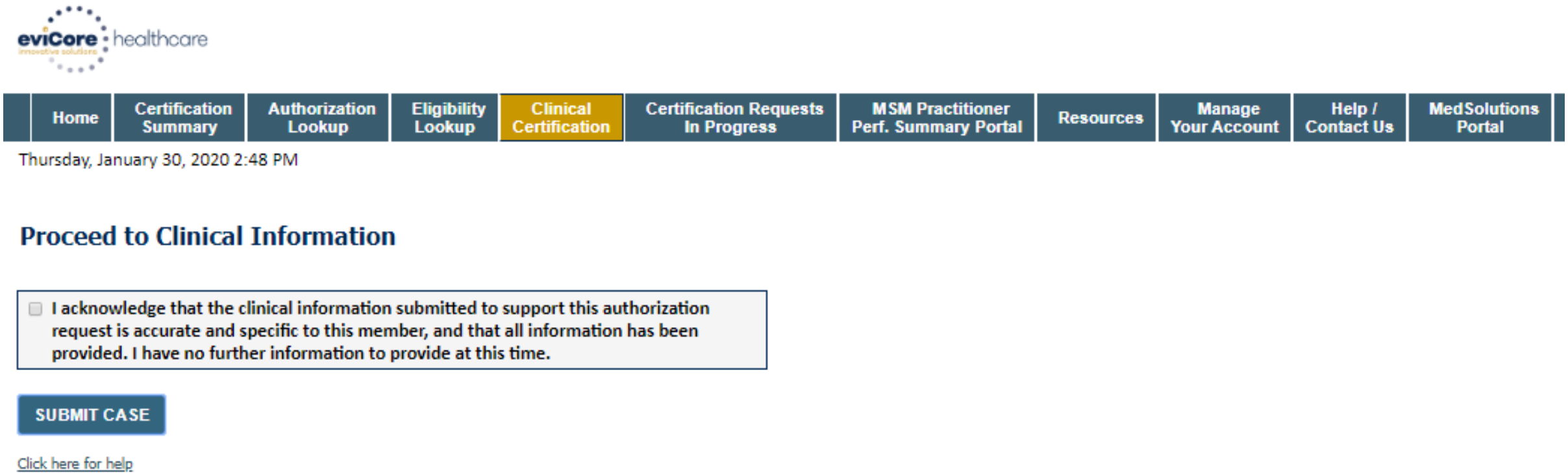
Clinical Certification Statements



Acknowledge the Clinical Certification statements, and hit "Submit Case."

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Clinical Certification – Approval Case Summary

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

REQUESTED
Phase 1: 3D conformal15 Fractions (treatment sessions)

APPROVED
Phase 1: 3D conformal15 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (6 x 77331), Basic Radiation Dosimetry (10 x 77300)

DENIED

DENIAL RATIONALE

Provider Name:	DR. MATT BACH	**Contact:**	j
Provider Address:	222 SCHANCK ROAD FREEHOLD, NJ 07728	**Phone Number:** **Fax Number:**	(732) 431-1332 (732) 431-1712
Patient Name:	VICKI J BARON	**Patient Id:**	3HZN81093440
Insurance Carrier:	HORIZON		
Site Name:	SOMERSET MEDICAL CENTER	**Site ID:**	IL5022
Site Address:	110 REHILL AVE SOMERVILLE, NJ 08876		
Primary Diagnosis Code:	C50.811	**Description:**	Malignant neoplasm of overlapping sites of right female breast
Secondary Diagnosis Code:		**Description:**	
Date of Service:	2/2/2020		
CPT Code:	RCBREA	**Description:**	Breast Cancer
Authorization Number:	A133883213		
Review Date:	1/30/2020 2:41:51 PM		
Expiration Date:	4/25/2020		
Status:	REQUESTED Phase 1: 3D conformal15 Fractions (treatment sessions) APPROVED Phase 1: 3D conformal15 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (6 x 77331), Basic Radiation Dosimetry (10 x 77300) DENIED DENIAL RATIONALE		

REQUESTED
Phase 1: 3D conformal15 Fractions (treatment sessions)

APPROVED
Phase 1: 3D conformal15 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (6 x 77331), Basic Radiation Dosimetry (10 x 77300)

DENIED

DENIAL RATIONALE

CANCEL PRINT CONTINUE

click here for help

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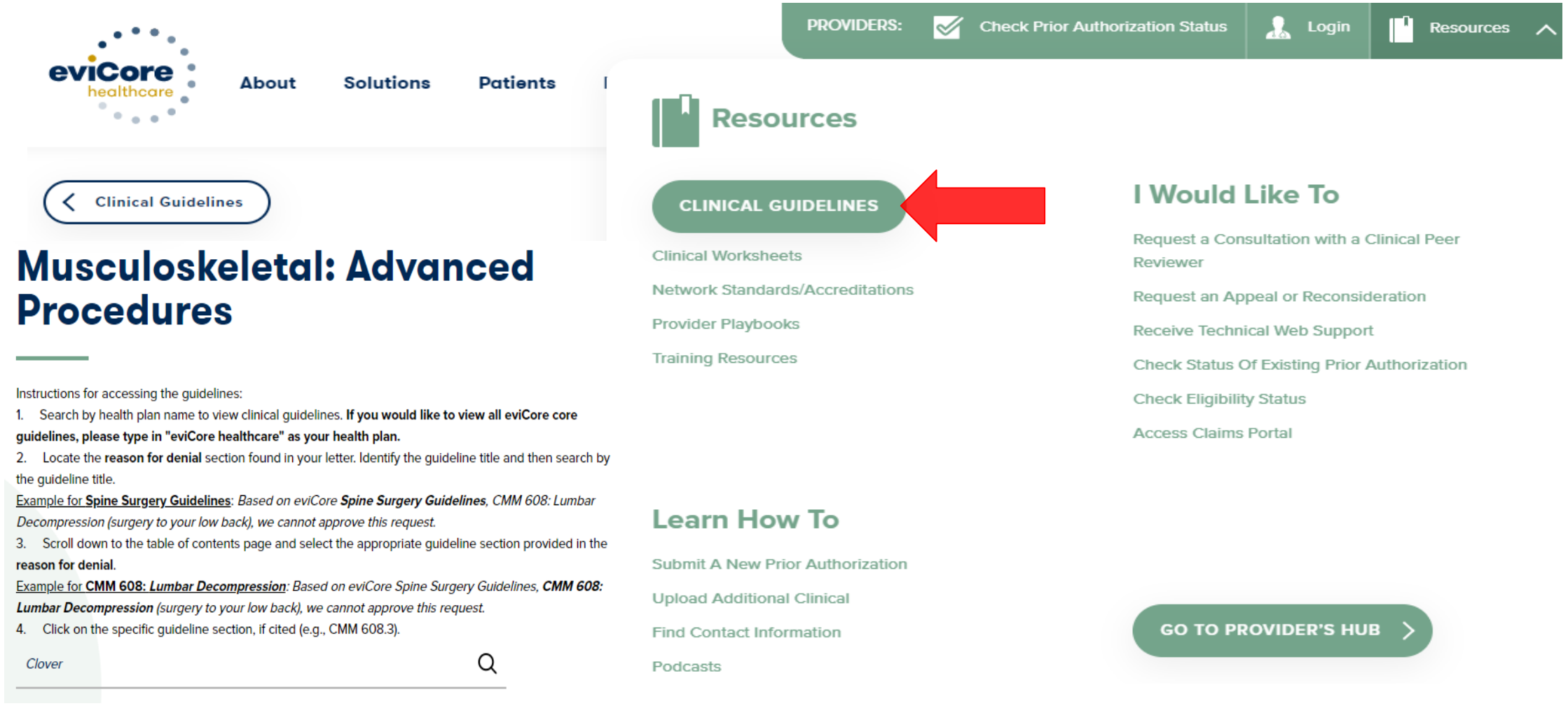
Clinical Certification – Clinical Guidelines



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Building Additional Cases

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.

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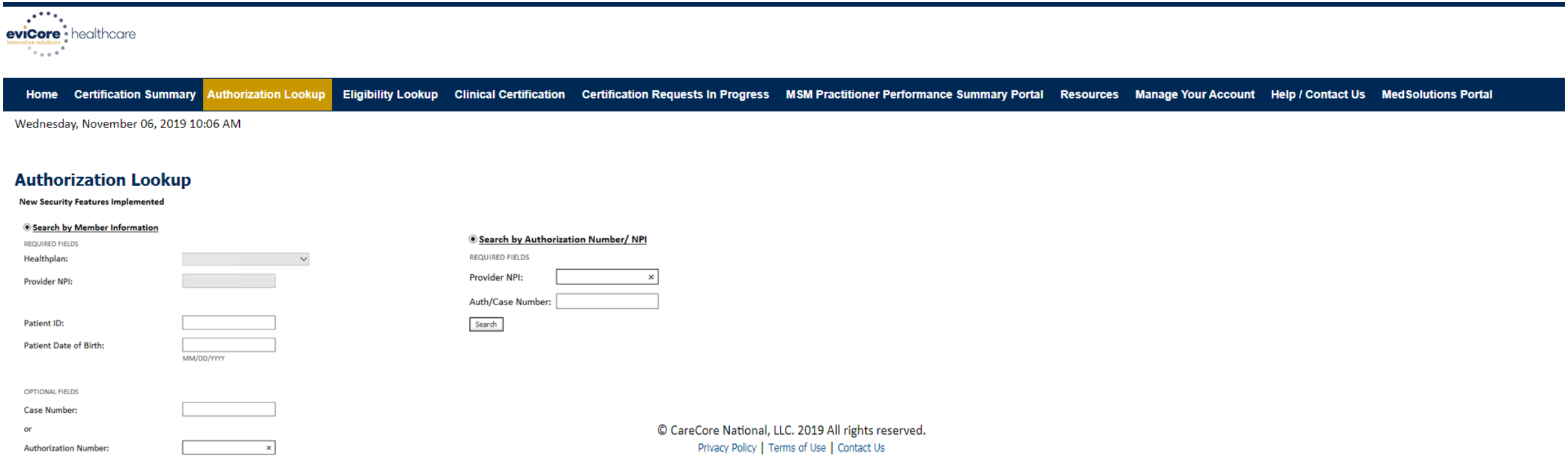
Authorization Lookup Tool



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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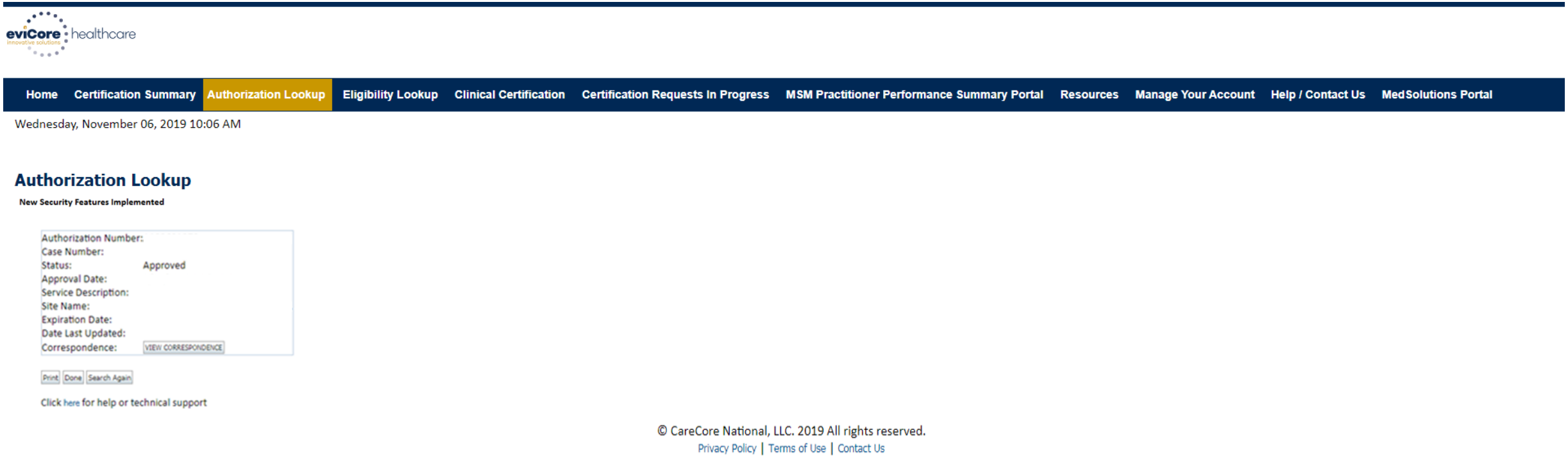
Authorization Lookup Tool (Continued)



The authorization will then be accessible to review. To print authorization correspondence, select View Correspondence.

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Eligibility Lookup Tool

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

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Provider Resources

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Provider Resources

Prior Authorization Call Center – 800-421-7592

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 one of the following:

- Request Prior Authorization
- 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 clinical consultation with an eviCore Medical Director

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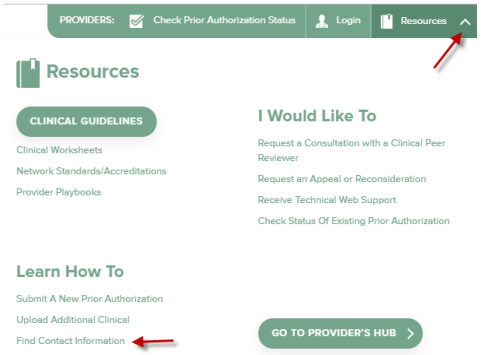
Provider Resources

Web Based Services and Online Resources

- You can access important tools, health plan specific contact information and resources at www.evicore.com
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- The Quick Reference Tool can be found by clicking the resources tab then select Find Contact Information, under the Learn How to section. Simply select the Health Plan and Solution to populate the contact phone 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

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Provider Resources

Client and Provider Services

eviCore healthcare 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 24-48 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 resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Phone: 1 (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 e-mail 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.

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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:

- Frequently Asked Questions
- Quick Reference Guides
- Solution PowerPoint Overview
- Training Sessions
- Announcement Letter

To access these helpful resources, please visit

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

Provider Enrollment Questions – Contact Provider Services at 877-853-8019

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Thank You!