

# Clover Health

# Sleep Management

## Provider Orientation Session for Clover Health



**HITRUST**  
CSF Certified

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



Empowering  
the Improvement  
of Care

---

# Company Overview

---



**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



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

---

# Our Service Model

---

# 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.



---

# Prior Authorization Overview

---

# Clover Health Prior Authorization Services

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

Prior Authorization is required for the following:

- **95806/G0399 Home Sleep Testing**
- **95807/95808/95810 Attended Polysomnography (PSG)**
- **95811 Attended Polysomnography with PAP titration**
- **95805 Multiple Sleep Latency Test (MSLT)**
- **E0470/E0471/E0601 PAP Therapy devices**
- **A4604 and A7027-A7046 PAP supply codes**
- **E0561 and E0562 PAP Therapy humidifiers**

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>

# Sleep Study Site of Service Authorization



- During the clinical review process, physicians who order sleep testing or PAP devices, for eligible members, will receive an authorization.
- What happens if an attended sleep study is requested, but a HST is more appropriate?
  - If the member meets medical appropriateness criteria for a HST, an authorization for the attended study will not be given.
  - The ordering clinician will be offered the choice to suspend the request for an attended study in favor of a HST.
  - If the provider selects the HST option, the CPT code will be changed to G0399/95806 and the HST will be approved.
  - If the provider does not select the HST option, the case will go to medical review and could lead to non-certification of the attended sleep study.
- If a provider would like to order a HST for a member, they can do so directly by completing the authorization process via the phone or eviCore website.

# PAP Therapy Compliance



.....  
During the first 90 days of Therapy, DME providers should continue to support member PAP use

- Members that are prescribed PAP therapy will need to demonstrate PAP compliance in order to qualify for continued PAP therapy and supplies.
- For the first 90 days of PAP therapy, DME suppliers must dispense PAP devices equipped with a modem for remote monitoring capability.
- In order to enable compliance monitoring by eviCore, the DME provider will need to visit the online systems of the members' PAP machine manufacturer to enter specific member information. A web-based tutorial and detailed instructions for each PAP manufacturer will be located at [www.evicore.com](http://www.evicore.com).
- During the initial 90 day period of PAP use, device-generated patient compliance data will be monitored by eviCore.

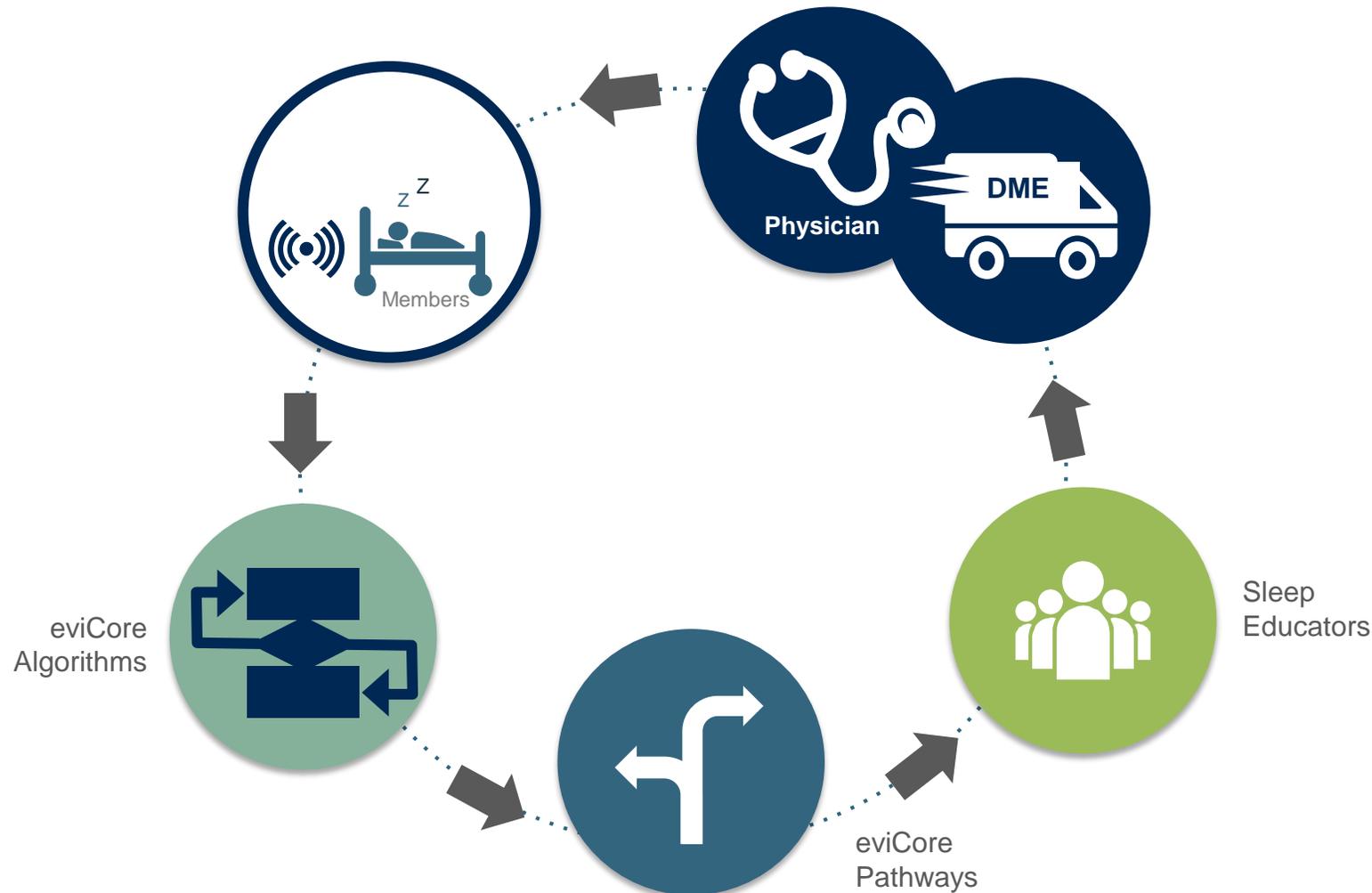
# PAP Therapy Compliance (continued)



- The DME provider is expected to work with the patient during this time period to maximize member compliance with PAP treatment.
- When the member reaches the compliance threshold for PAP purchase, according to health plan criteria, an authorization for purchase will be generated by eviCore and sent to the DME provider.
- Beyond the first 90 days of therapy, periodic monitoring through SD card (or similar) reporting of daily PAP usage will be required.
- Requests for resupply of PAP equipment will need to be supported by member PAP usage compliance reports for the time period prior to the request. Fax of most recent 30 days' usage will be required for all resupply requests. A fax cover page and report must be sent to eviCore.

# TherapySupport<sup>SM</sup> is eviCore's proprietary PAP compliance monitoring system

Once usage is detected, eviCore supports provider efforts to keep members compliant with therapy, improving the quality of care for members



# Needed Information



# Prior Authorization Outcomes

## Approvals and Denials

### Approved Requests

- All requests are processed within **3** days from receipt of all necessary clinical information.
- Approvals will be valid from 90 – 180 calendar days. Any Sleep testing or Sleep DME authorizations that existed prior to eviCore Management will be handled by Clover Health.

### Denied Requests

- Communication of the denial determination and rationale.

### Authorization Letter

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



# 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 to be submitted to Clover Health.

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

[www.evicore.com/provider/request-a-clinical-consultation](http://www.evicore.com/provider/request-a-clinical-consultation)



# Special Circumstances

---

## Appeals

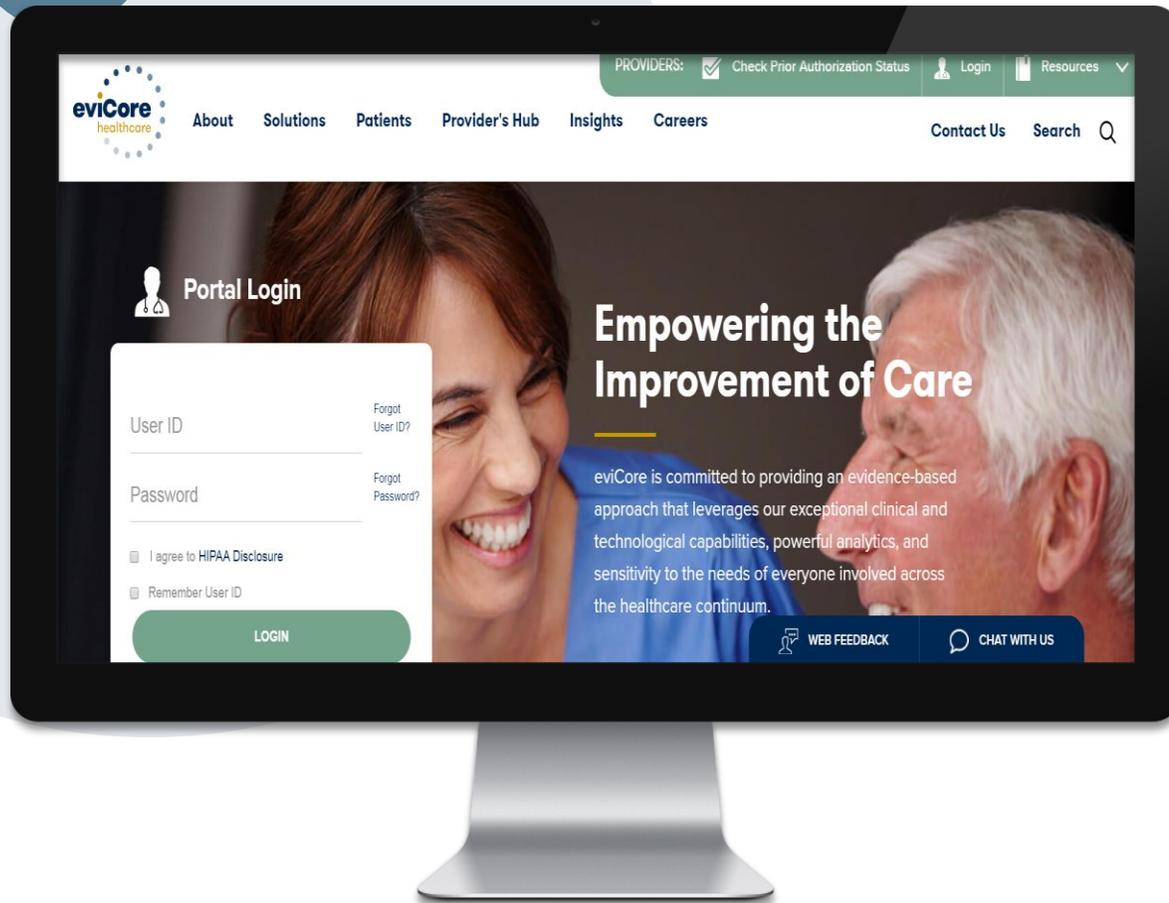
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider with instructions on how to proceed with a clinical appeal through Clover Health.

## 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.



# 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](http://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

---

# Provider Portal Overview

Account Access and Adding Ordering Providers

---

# eviCore healthcare Website

---

Visit [www.evicore.com](http://www.evicore.com)



## Portal Login

User ID

[Forgot User ID?](#)

Password

[Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)

## 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!

# Registration Form

The screenshot shows the registration form with the following sections:

- Web Portal Preference:** A dropdown menu for 'Default Portal' is set to 'CareCore National'. A red arrow points to this dropdown. Below it, a note states: '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:** A section with a note: 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.' It contains input fields for: User Name, Address, Phone, Email, City, Ext, Confirm Email, State (a dropdown menu), Zip, First Name, and Office Name. A 'Next' button is located at the bottom right of this section.

At the bottom of the page, there is a footer with links: Legal Disclaimer, Privacy Policy, Corporate Website, Report Fraud & Abuse, Guidelines and Forms, and Contact Us. A 'Web Support: 800-646-0418' icon is also present.

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

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

The screenshot shows the registration form with the following sections:

- Web Portal Preference:** A red-bordered box highlights the instruction: 'Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.' Below it, the 'Default Portal' dropdown is set to 'CareCore National'. A note states: '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 Registration:** A section with input fields for: UserName, Address, Phone, Email, City, Ext, Account Type, State, First Name, Office Name, and Last Name. 'Back' and 'Submit Registration' buttons are at the bottom right.

At the bottom of the page, there is a footer with links: Legal Disclaimer, Privacy Policy, Corporate Website, Report Fraud & Abuse, Guidelines and Forms, and Contact Us. A 'Web Support: 800-646-0418' icon is also present.

# User Access Agreement

The screenshot displays the eviCore healthcare user registration interface. A modal window titled "USER REGISTRATION" is open, showing the "User Access Agreement" section, which is marked as "\*Required". The agreement text includes:

eviCore  
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health

At the bottom of the modal, there is a checkbox labeled "Accept Terms and Conditions" which is checked, and two buttons: "Submit" and "Cancel".

The background registration form includes fields for: Web Portal Preference (CareCore National), Default Portal\*, Username, Email, Account Type, First Name, Last Name, Phone, Ext, Fax, and Zip. A "Submit Registration" button is visible at the bottom right of the form.

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

# 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.



## 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\*

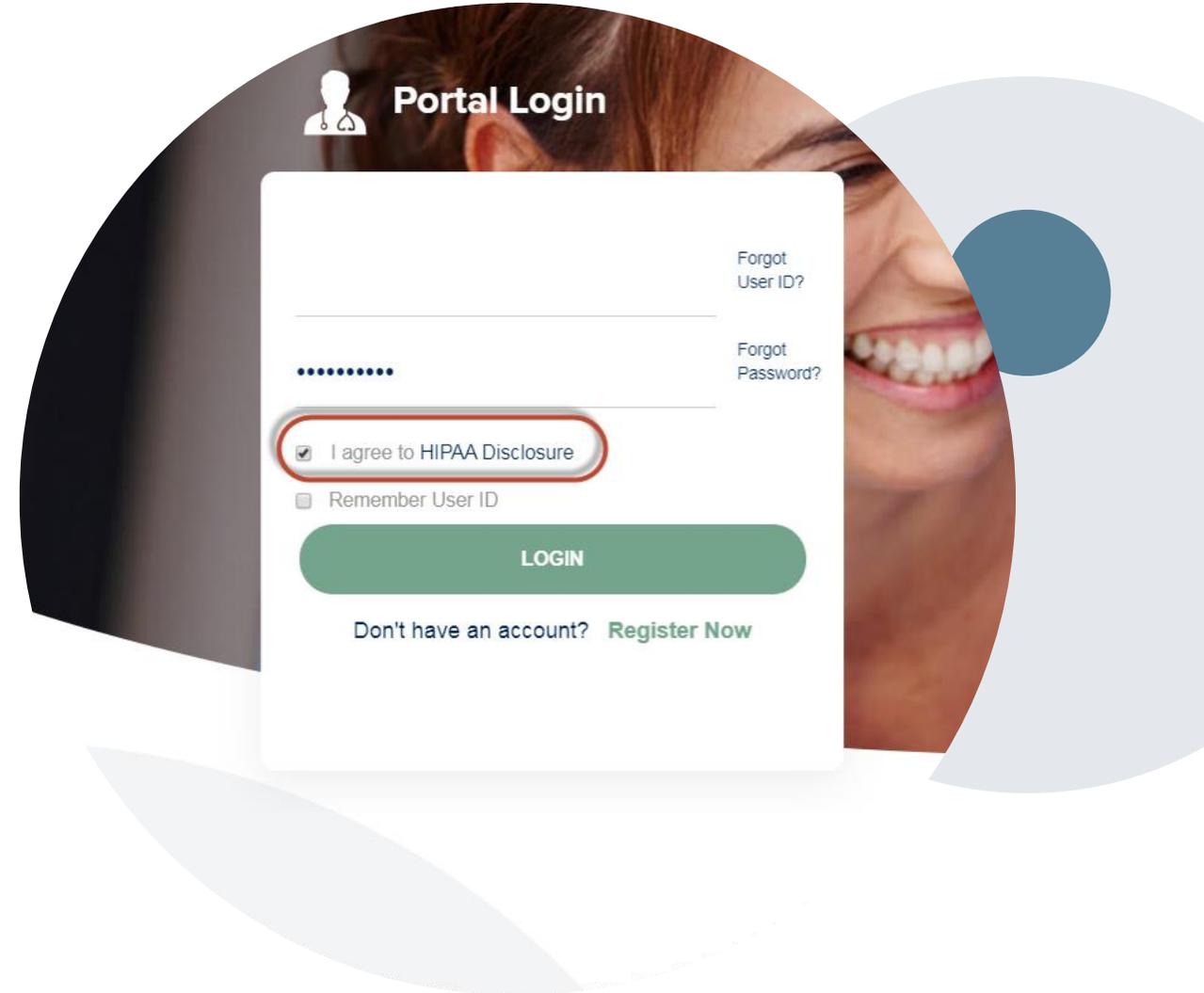
Save

- ✓ 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**.”



# Welcome Screen



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

Thursday, January 30, 2020 12:59 PM

Welcome to the CareCore National Web Portal. You are logged in as

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

HORIZON PILOT PROGRAM

© CareCore National, LLC. 2020 All rights reserved.

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

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

# Add Practitioner



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

Thursday, January 30, 2020 1:03 PM

## Manage Your Account

Office Name: Bluffton

CHANGE PASSWORD

EDIT ACCOUNT

Address: 400 Buckwalter Place Blvd  
Bluffton, SC 29910

Primary Contact: Jennifer Mason

Email Address: jmason@evicore.com

ADD PROVIDER

Click Column Headings to Sort

Name	NPI	
BACH, MATT	1639143951	REMOVE NPI
CAGGIA, JOSEPHINE	1023177409	REMOVE NPI

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

# Add Practitioner



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

Thursday, January 30, 2020 1:04 PM

## 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

Practitioner State

Practitioner Zip

FIND MATCHES

CANCEL

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.

# Add Practitioner



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

Thursday, January 30, 2020 1:06 PM

## Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
FINKELSTEIN, JONATHAN	1790930113	500 W MAIN ST	BABYLON	NY	11702	(631)422-6166	

- ADD THIS PRACTITIONER
- CANCEL

Select the matching record based upon your search criteria

# Add Practitioner

---



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

Thursday, January 30, 2020 1:08 PM

## Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

[ADD ANOTHER PRACTITIONER](#) [CONTINUE](#)

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.

---

# Provider Portal Overview

Submitting Online Prior Authorization Requests

---

# Initiating A Request



<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">Help / Contact Us</a>	<a href="#">MedSolutions Portal</a>
----------------------	---------------------------------------	--------------------------------------	------------------------------------	--	--	---	---------------------------	-------------------------------------	-----------------------------------	-------------------------------------

Thursday, January 30, 2020 1:11 PM

Welcome to the CareCore National Web Portal. You are logged in as JENNIFERMASON.

[REQUEST AN AUTH](#)

[RESUME IN-PROGRESS REQUEST](#)

[SUMMARY OF AUTH](#)

[AUTH LOOKUP](#)

[MEMBER ELIGIBILITY](#)

[HORIZON PILOT PROGRAM](#)

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

# Select Program



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

Thursday, January 30, 2020 1:23 PM

[Log Off \(JENNIFERMAS\)](#)

## Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

Are you building a case as a referring provider or as a durable medical equipment provider?

[CONTINUE](#)

[Click here for help](#)

Select the Program for your certification.

# Select Provider



## Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH

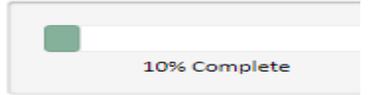
CLEAR SEARCH

	Provider
<a href="#">SELECT</a>	1639143951 - BACH, MATT
<a href="#">SELECT</a>	1023177409 - CAGGIA, JOSEPHINE
<a href="#">SELECT</a>	1417955519 - CARRIER, DAVID
<a href="#">SELECT</a>	1639339716 - CICHETTI, CORINE
<a href="#">SELECT</a>	1164644183 - CICHETTI, MICHAEL
<a href="#">SELECT</a>	1437419017 - CRUZ, ELIZABETH
<a href="#">SELECT</a>	1013215896 - DEPER SIS, MICHAEL
<a href="#">SELECT</a>	1720017825 - DITONTO, MD, ELIZABETH
<a href="#">SELECT</a>	1083787485 - DRIVAS, ANTONIOS
<a href="#">SELECT</a>	1790930113 - FINKELSTEIN, JONATHAN

1 2 3

BACK

CONTINUE



Select a provider for whom you want to build a case.

# Select Health Plan



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

Thursday, January 30, 2020 1:15 PM

[Log Off](#) JENNIFERMAS

## Choose Your Insurer

Requesting Provider: BACH, MATT, NPI 1639143951

Please select the insurer for this authorization request.

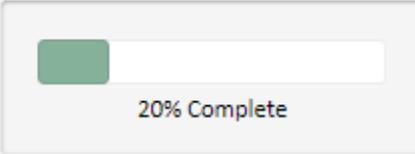
Please Select a Health Plan

[BACK](#) [CONTINUE](#)

[Click here for help](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.



**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.**

# Contact Information



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

Thursday, January 30, 2020 1:17 PM

[Log Off](#) (JENNIFER)

## Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

[BACK](#) [CONTINUE](#)

[Click here for help](#)

 30% Complete

**Provider and NPI**  
BACH, MATT  
1639143951  
(HORIZON)

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

# Member Information



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

Thursday, January 30, 2020 1:26 PM

[Log Off](#) (JENNIFERMASK)

## Patient Eligibility Lookup

Patient ID:\*

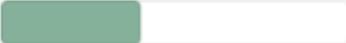
Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

**ELIGIBILITY LOOKUP**

**BACK**

[Click here for help](#)



40% Complete

**Provider and NPI**

BACH, MATT  
1639143951  
(HORIZON)

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

# Clinical Details



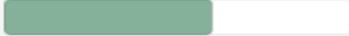
- Home
- Certification Summary
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification**
- Certification Requests In Progress
- MSM Practitioner Perf. Summary Portal
- Resources
- Manage Your Account
- Help / Contact Us
- MedSolutions Portal

Thursday, January 30, 2020 2:18 PM

[Log Off](#) | JENNIFERMAS!

## Requested Service + Diagnosis

This procedure will be performed on 2/2/2020. [CHANGE](#)

  
60% Complete

**Provider and NPI**  
BACH, MATT  
1639143951  
(HORIZON)

**Patient**  
VICKI J BARON  
3HZN81093440  
7/1/1959 [EDIT](#)

### Sleep Management Procedures

Select a Procedure by CPT Code[?] or Description[?]  
   
Don't see your procedure code or type of service? [Click here](#)

### Diagnosis

Primary Diagnosis Code: **G47.33**  
Description: **Obstructive sleep apnea (adult) (pediatric)**  
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Sleep Management*  
 [LOOKUP](#)

- [BACK](#)
- [CONTINUE](#)

Enter the CPT Code and Diagnosis.

# Verify Treatment Selection



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

Thursday, January 30, 2020 2:20 PM

[Log Out](#) / JENNIFERMASO

## Requested Service + Diagnosis

Confirm your service selection.

**Treatment Start:** 5/8/2020  
**CPT Code:** 95807  
**Description:** ATTENDED SLEEP, RESPIRATORY  
**Primary Diagnosis Code:** G47.33  
**Primary Diagnosis:** Obstructive sleep apnea (adult) (pediatric)

**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

- BACK
- CONTINUE

[Click here for help](#)

  
60% Complete

**Provider and NPI**  
BACH, MATT  
1639143951  
(HORIZON)

**Patient**  
VICKI J BARON  
3HZN81093440  
7/1/1959 [EDIT](#)

**Confirm the correct Sleep type and diagnosis has been selected.**

# Site Selection



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

Thursday, January 30, 2020 2:21 PM

[Log Off](#) / [JENNIFERMASO](#)

## Add Site of Service

### Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:  Zip Code:  Site Name:

TIN:  City:

Exact match  
 Starts with

**LOOKUP SITE**

There are no sites associated with referer.

**BACK**

[Click here for help](#)

  
80% Complete

**Provider and NPI**  
BACH, MATT  
1639143951  
(HORIZON)

**Patient**  
VICKI J BARON  
3HZN81093440  
7/1/1959 [EDIT](#)

**Service**  
2/2/2020 [EDIT](#)  
RCBREA Breast Cancer  
C50.811 Malignant neoplasm of overlapping sites of right female breast

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

# Clinical Collection Process



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

Thursday, January 30, 2020 2:40 PM

## Proceed to Clinical Information

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

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

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

BACK

CONTINUE

[Click here for help](#)

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

# Clinical Collection Process - Urgency Indicator



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

Thursday, January 30, 2020 2:41 PM

## Proceed to Clinical Information

Is this case Routine/Standard?

YES	NO
-----	----

- 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.

# Clinical Collection Process – Clinical Upload



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

Thursday, January 30, 2020 2:47 PM

## Proceed to Clinical Information

**Clinical Upload**

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

No file chosen

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

# Clinical Collection Process – Pathway Questions

## Clinical Certification

1 What are the patient's complaints?

- excessive daytime sleepiness (EDS)  non-restorative sleep  
 disturbed or restless sleep  no complaints

2 What documented symptoms does this patient report?

- choking during sleep  dry mouth  
 witnessed apneas during sleep  memory loss  
 gasping during sleep  decreased libido  
 loud snoring  irritability  
 hypertension  nocturia  
 decreased concentration during the daytime  retrognathia, tonsillar hypertrophy, or other physiologic abnormalities compromising respiration  
 morning headaches  none of these symptoms

Other (specify)

3 How many weeks has the patient experienced these symptoms (if there are no symptoms, enter "0")?

4 What is the patient's Body Mass Index (BMI)? Whole numbers only, no decimals. If you do not have the BMI, please enter 0.

5 Do you know the patient's Epworth Sleepiness Scale (ESS) score?

- Yes  No

6 If known, what is the patient's Epworth Sleepiness Scale score? (if not known, please insert "0")

7 What medications is the patient currently taking? (Please write "none" if the patient is not taking any medications.)

8 Has the patient had a previous sleep test?

- Yes  No  Unknown

9 Does the patient present with any of the following comorbid medical illnesses?

- narcolepsy  suspicion of nocturnal seizures  
 neuromuscular weakness affecting respiratory function or impairing activities  symptomatic lung disease not controlled by medical therapy  
 moderate to severe pulmonary disease (e.g. COPD, cystic fibrosis)  sustained complex sleep behaviors, not recalled by the patient, but are suspicious of REM sleep behavior disorder  
 developmentally incapable of following instructions or functionally incapable of applying a home testing device  history of stroke or myocardial infarction  
 unexplained documented pulmonary hypertension  arrhythmia  
 congestive heart failure (CHF) - NYHA Class III or IV only  none of the listed co-morbidities

Finish Later

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

Questions will populate based upon the information provided. 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.

# Clinical Certification Statements



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

Thursday, January 30, 2020 2:48 PM

## Proceed to Clinical Information

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

**SUBMIT CASE**

[Click here for help](#)

**Acknowledge the Clinical Certification statements, and hit “Submit Case.”**

# Medical Review

## Clinical Certification

Your case has been sent to Medical Review

Provider Name:  
Provider Address:

Contact:  
Phone Number:  
Fax Number:

Patient Name:  
Insurance Carrier:

Patient Id:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code: R68.89

Description: Other general symptoms and signs

Secondary Diagnosis Code:

Description:

CPT Code: 95811

Description: POLY\$OM>6 YR\$>=4 ADD W/PAP

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: Pending

Once the clinical pathway questions are completed and the case has not met clinical criteria, the status will reflect pending and the top of the screen will state “Your case has been sent to Medical Review.”

Print the screen and store in the patient’s file.

# Clinical Certification – Clinical Guidelines

The screenshot displays the eviCore healthcare website interface. At the top, there is a navigation bar with the eviCore logo and links for 'About', 'Solutions', and 'Patients'. A secondary navigation bar includes 'PROVIDERS: Check Prior Authorization Status', 'Login', and 'Resources'. The main content area is titled 'Sleep Management' and includes instructions for accessing guidelines. A sidebar on the right, titled 'Resources', contains a 'CLINICAL GUIDELINES' button highlighted with a red arrow, along with links for 'Clinical Worksheets', 'Network Standards/Accreditations', 'Provider Playbooks', and 'Training Resources'. Below this is a 'Learn How To' section with links for 'Submit A New Prior Authorization', 'Upload Additional Clinical', 'Find Contact Information', and 'Podcasts'. On the far right, an 'I Would Like To' section lists various actions like 'Request a Consultation with a Clinical Peer Reviewer' and 'Request an Appeal or Reconsideration'. A 'GO TO PROVIDER'S HUB' button is located at the bottom right of the sidebar area.

eviCore healthcare

About Solutions Patients

PROVIDERS: Check Prior Authorization Status Login Resources

Resources

CLINICAL GUIDELINES

Clinical Worksheets

Network Standards/Accreditations

Provider Playbooks

Training Resources

Learn How To

Submit A New Prior Authorization

Upload Additional Clinical

Find Contact Information

Podcasts

I Would Like To

Request a Consultation with a Clinical Peer Reviewer

Request an Appeal or Reconsideration

Receive Technical Web Support

Check Status Of Existing Prior Authorization

Check Eligibility Status

Access Claims Portal

GO TO PROVIDER'S HUB

Instructions for accessing the guidelines:

1. Search by health plan name to view clinical guidelines. **If you would like to view all eviCore core guidelines, please type in "eviCore healthcare" as your health plan.**
2. Locate the **reason for denial section** found in your letter. Identify the guideline title and then search by the provided guideline title. Select appropriate guideline document.  
Example for Sleep Apnea Guidelines: *eviCore Sleep Apnea Guidelines*
3. Scroll down to the table of contents page and select the appropriate guideline section from the denial reason.  
Example for SL 1: *Based on eviCore Sleep Apnea Guidelines Section SL 1.1 General Requirements, we cannot approve this request.*
4. Click on the specific guideline section, if cited (e.g., SL 1.1).  
Example for SL 1.1: *Based on eviCore Sleep Apnea Guidelines Section SL 1.1 General Requirements, we cannot approve this request.*

|Search Health Plan ...

# 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)

<b>Patient</b>	Patient Name: _____		
	DOB: _____		
	Insurance Plan: _____	Member ID: _____	
	Epworth Sleepiness Score (ESS, see page 4): _____		
	BMI: _____	Height: _____	Weight: _____
<b>Physician</b>	Ordering Physician Name: _____		MD NPI #: _____
	Physician Address: _____		
	City: _____	State: _____	ZIP: _____
<b>1</b>	a. Study Requested		
	<input type="radio"/> Home Sleep Test (G0399) <input type="radio"/> Split Sleep Study (95811) <input type="radio"/> Polysomnography - Attended (95810) <input type="radio"/> 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.		<input type="radio"/> Yes <input type="radio"/> No
	c. If a facility study is checked, but only a Home Sleep Test meets criteria, would you like to order a HST instead?		<input type="radio"/> Yes <input type="radio"/> No
	d. Has the patient had a comprehensive sleep evaluation by the ordering physician?		<input type="radio"/> Yes <input type="radio"/> No
	e. Participating site if a facility based study is authorized.		
	Name: _____	TIN: _____	
<b>2</b>	a. Complaints and Symptoms: (Check all that apply)		
	<input type="checkbox"/> Snoring	<input type="checkbox"/> Excessive daytime sleepiness	<input type="checkbox"/> Disturbed or restless sleep
	<input type="checkbox"/> Non-restorative sleep	<input type="checkbox"/> Morning headaches	<input type="checkbox"/> Memory loss
	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Witnessed pauses in breathing	<input type="checkbox"/> Choking during sleep
	<input type="checkbox"/> Gasping during sleep	<input type="checkbox"/> Frequent unexplained arousals	<input type="checkbox"/> Nocturia
	<input type="checkbox"/> Decreased libido	<input type="checkbox"/> Irritability	<input type="checkbox"/> Non-ambulatory individual
	<input type="checkbox"/> Patient works night shift	<input type="checkbox"/> 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 MSLT procedures are on the eviCore website.
- The provider should complete this worksheet prior to contacting eviCore for an authorization
- The worksheet is a tool to help providers prepare for authorization request.

**Do NOT fax this sheet to eviCore to build a case.**

# Building Additional Cases



[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) **[Clinical Certification](#)** [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Tuesday, November 05, 2019 9:09 AM

[Log Off](#)

## Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- [Program \(Radiation Therapy Management Program\)](#)
- [Provider](#)
- [Program and Provider \(Radiation Therapy Management Program and](#)
- [Program and Health Plan \(Radiation Therapy Management Program and](#)

[Click here for help or technical support](#)

© CareCore National, LLC. 2019 All rights reserved.

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

**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.**

# Authorization Lookup Tool



Wednesday, November 06, 2019 10:06 AM

## Authorization Lookup

New Security Features Implemented

### Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:

MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

### Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

© CareCore National, LLC. 2019 All rights reserved.

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

**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.**

# Authorization Lookup Tool (Continued)



[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Wednesday, November 06, 2019 10:06 AM

## Authorization Lookup

New Security Features Implemented

Authorization Number:	
Case Number:	
Status:	Approved
Approval Date:	
Service Description:	
Site Name:	
Expiration Date:	
Date Last Updated:	
Correspondence:	<a href="#">VIEW CORRESPONDENCE</a>

[Print](#) [Done](#) [Search Again](#)

[Click here](#) for help or technical support

© CareCore National, LLC. 2019 All rights reserved.  
[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

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

# Eligibility Lookup Tool



[Home](#) [Certification Summary](#) [Authorization Lookup](#) **Eligibility Lookup** [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Wednesday, November 06, 2019 10:14 AM

[Log Off \(PEWITT1996\)](#)

## Eligibility Lookup

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification is Required**

Sleep Management Eligibility: **Medical necessity determination required.**

[Print](#) [Done](#) [Search Again](#)

[Click here for help or technical support](#)

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

© CareCore National, LLC. 2019 All rights reserved.

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

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

---

# Provider Resources

---

# 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



# 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](mailto: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.



# 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**



---

## Thank you

Sleep therapy support: [Sleeptherapysupport@evicore.com](mailto:Sleeptherapysupport@evicore.com)

Christine Ault, Sleep Educator, ext. 26606 [cault@evicore.com](mailto:cault@evicore.com)

Rhonda Anderson, Sleep Educator, ext. 26607 [randerson@evicore.com](mailto:randerson@evicore.com)

Jennifer Fabris, Sleep Educator, ext. 26608 [jfabris@evicore.com](mailto:jfabris@evicore.com)

---

