Clover Health

Sleep Management

Provider Orientation Session for Clover Health

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eviCore healthcare
Empowering the Improvement of Care

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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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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Prior Authorization Overview

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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 Poloysomnography 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

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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.**

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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.
- During the initial 90 day period of PAP use, device-generated patient compliance data will be monitored by eviCore.

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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.

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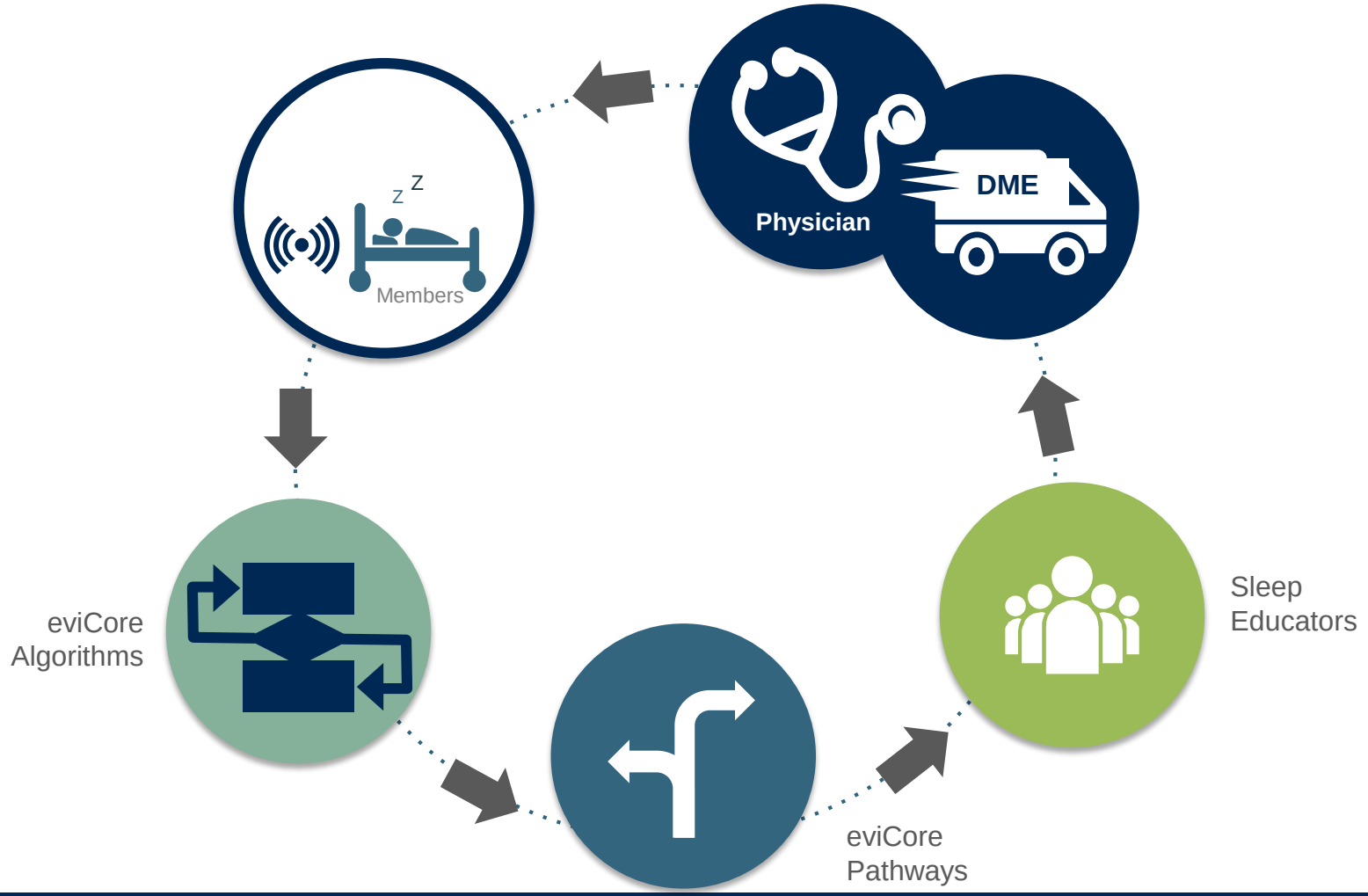
TherapySupport^{SM} is eviCore's proprietary PAP compliance monitoring system

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



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Needed Information

Member
Member ID
Member name
Date of birth (DOB)

Referring Physician
Physician name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number

Rendering Facility
Facility name
National provider identifier (NPI)
Tax identification number (TIN)
Street address

Supporting Clinical
CPT Code(s)
Diagnosis Code(s)
Previous Test Results
Detailed Written Order (if applicable)

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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.
- 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.

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.

Denied Requests

- Communication of the denial determination and rationale.

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.

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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 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

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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 where 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.

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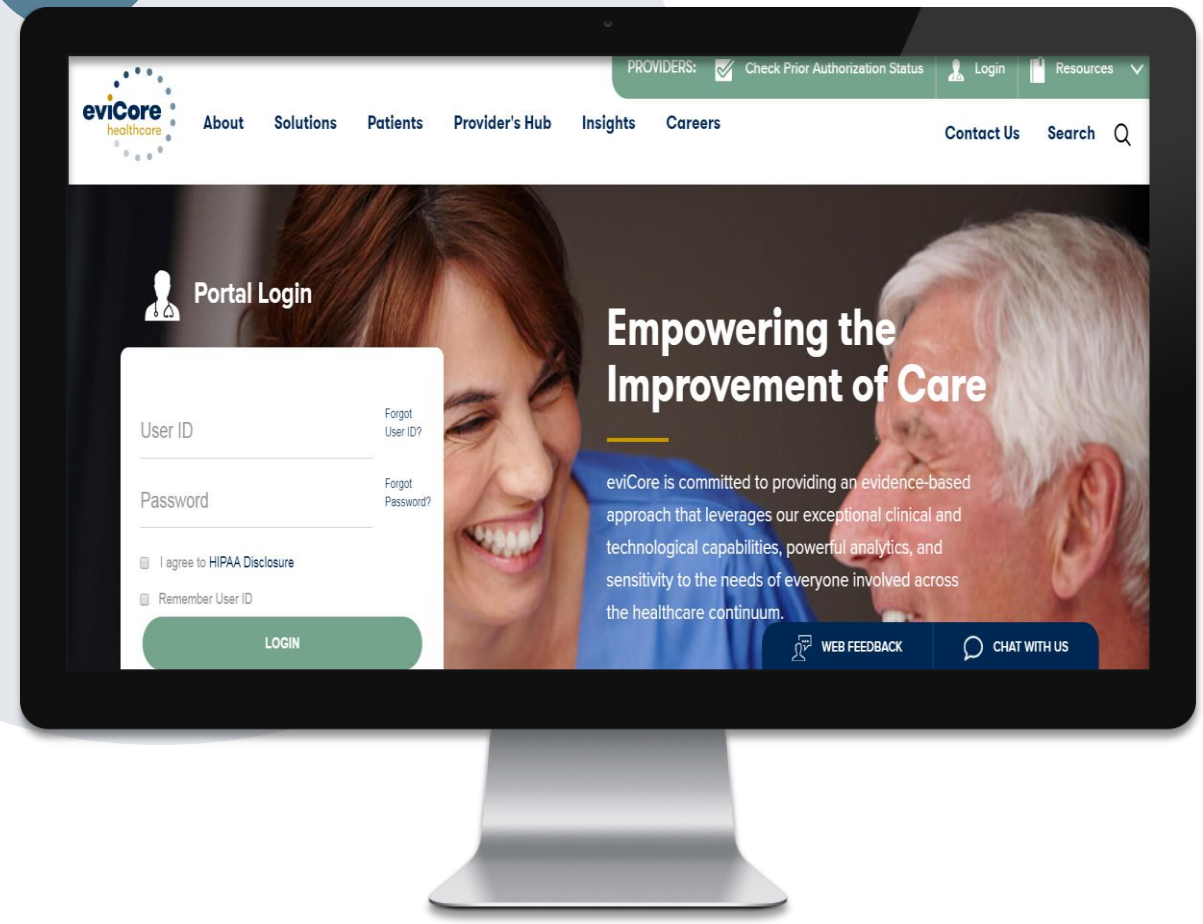
eviCore Provider Portal



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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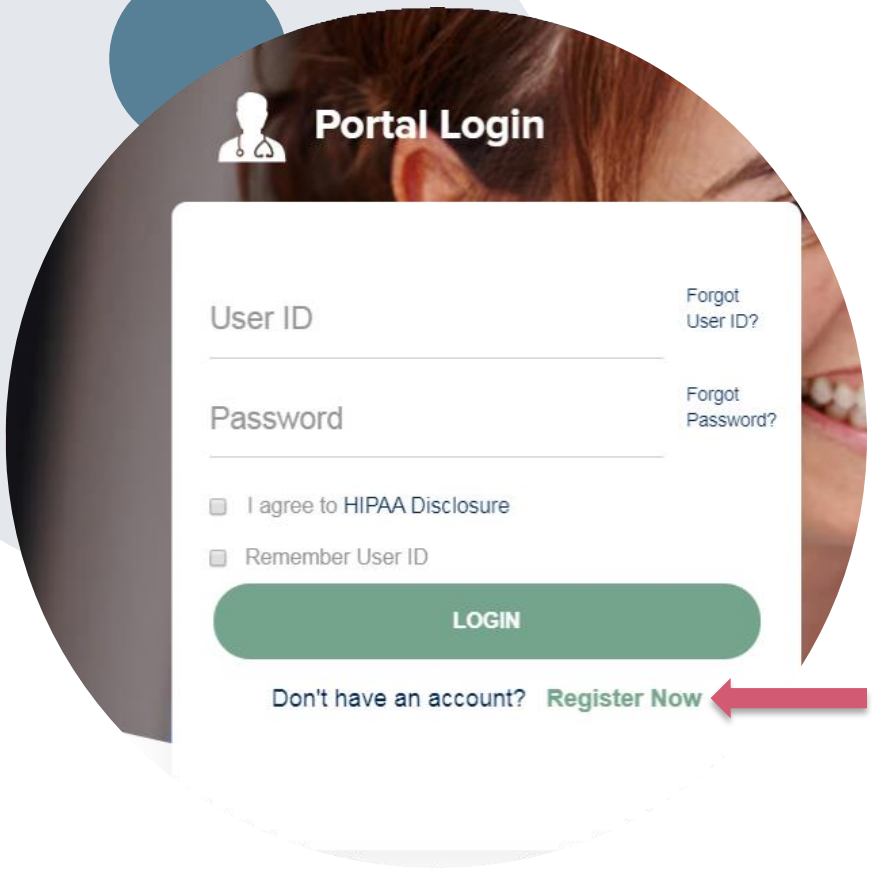
eviCore healthcare Website



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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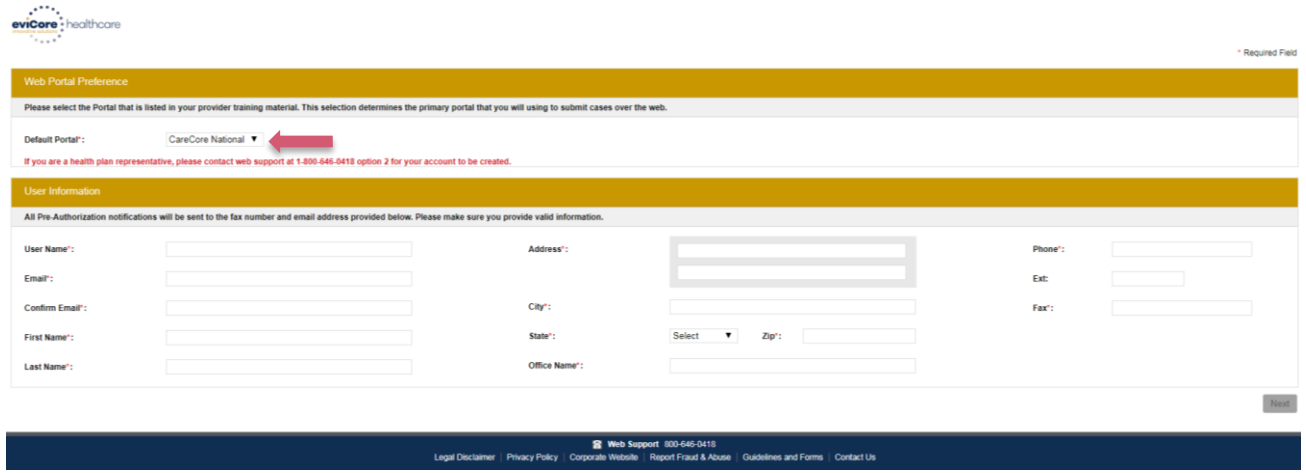
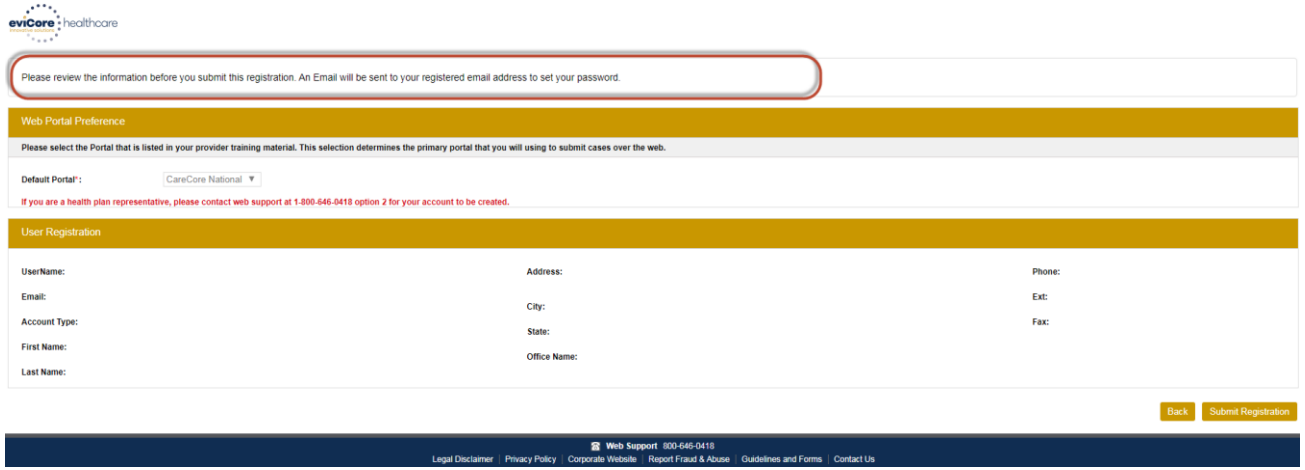
Registration Form



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

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



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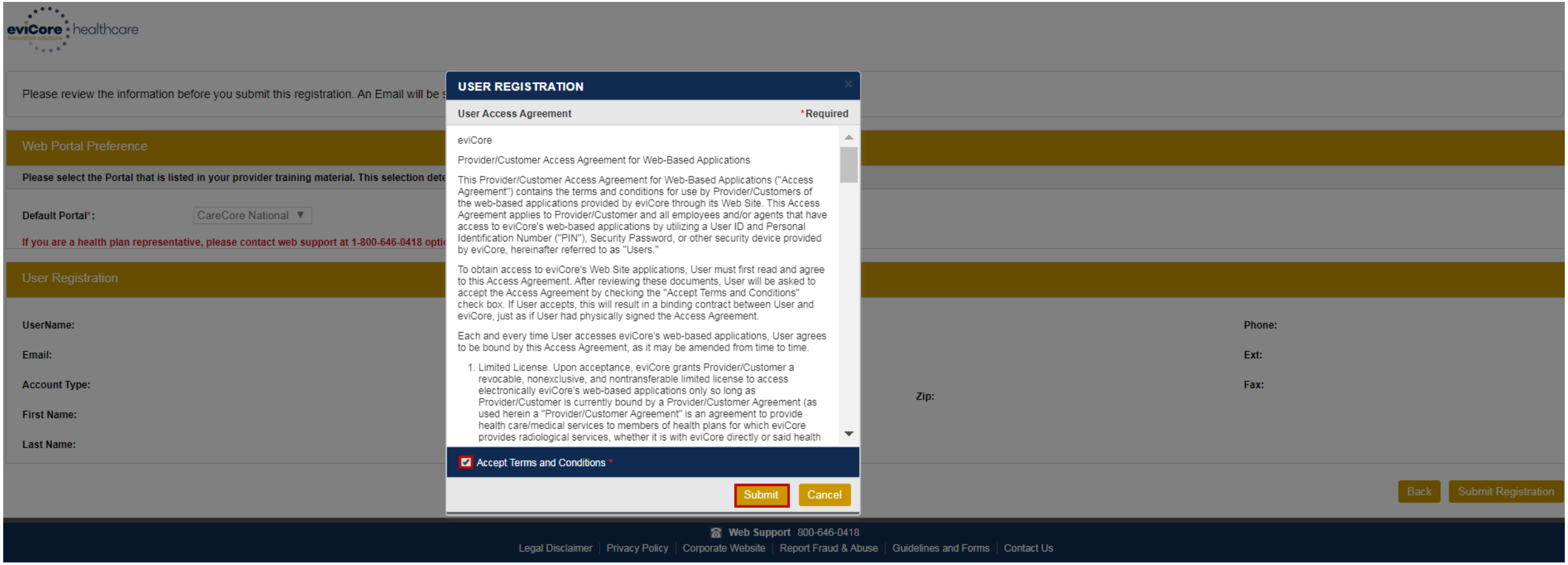
User Access Agreement



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

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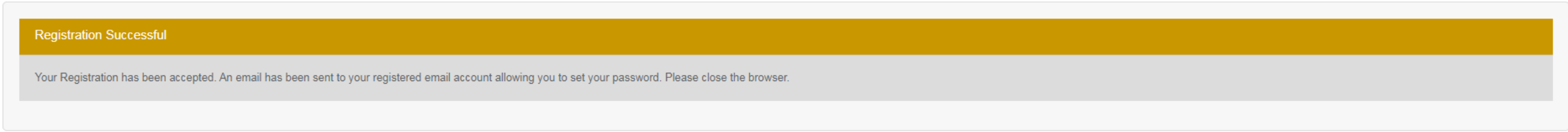
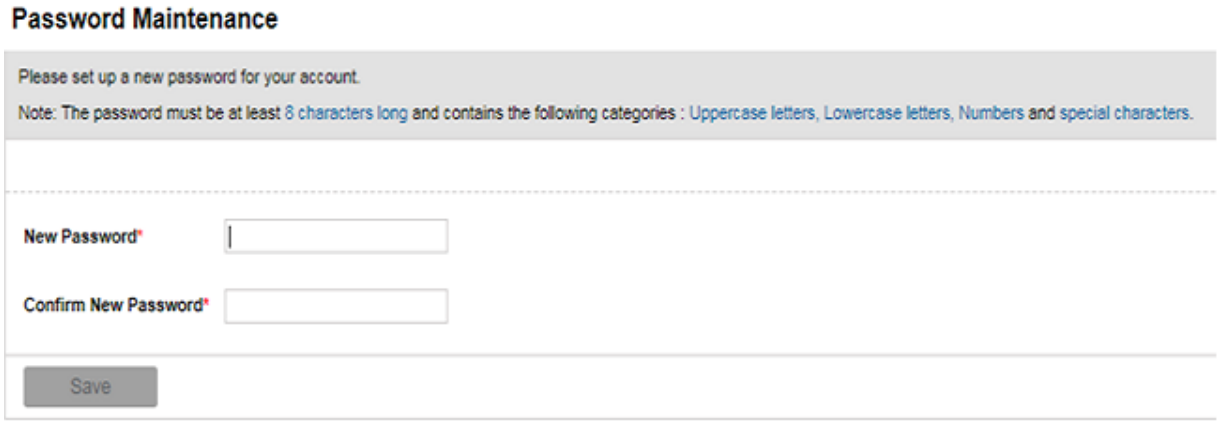
Registration Successful

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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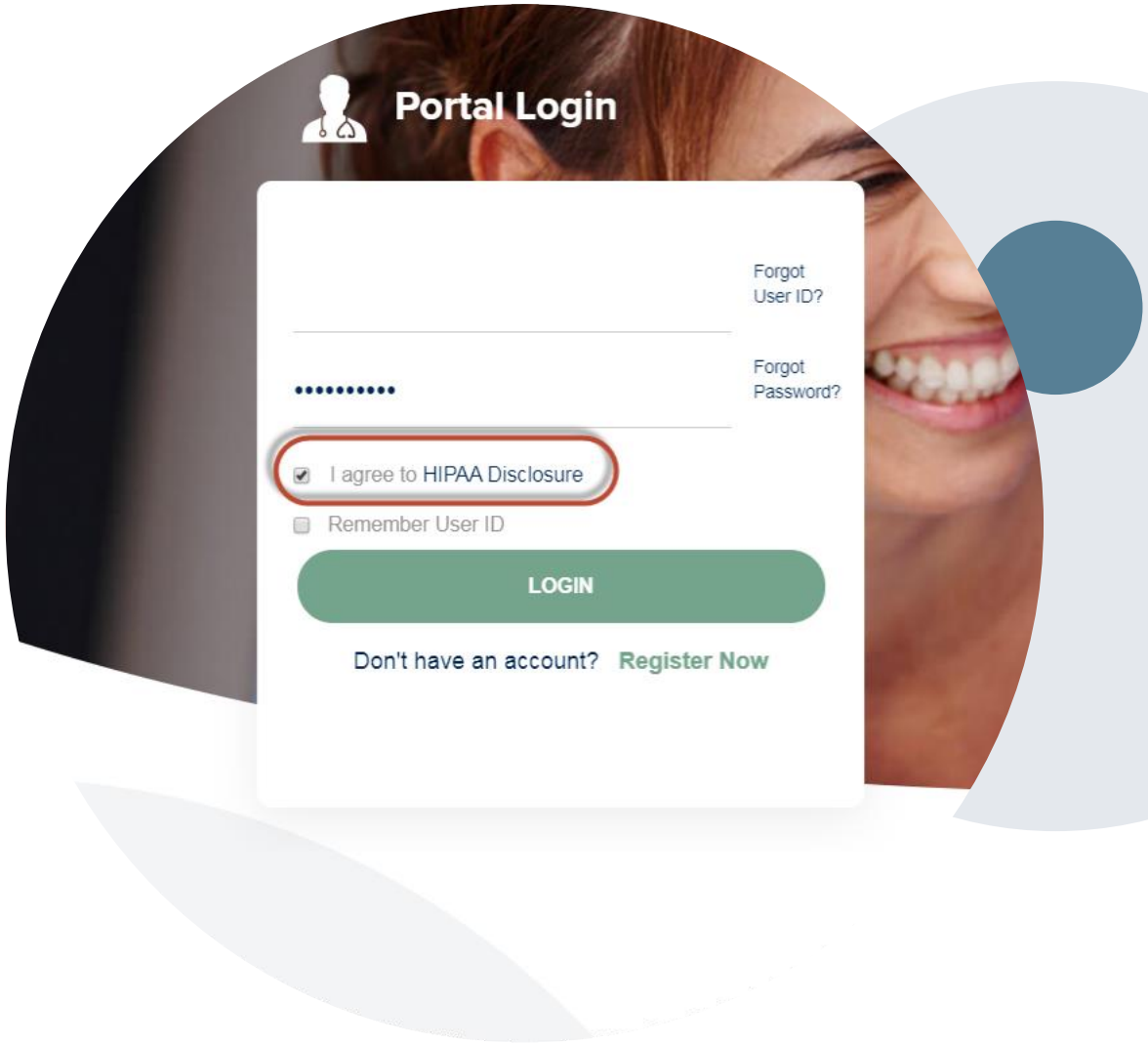
Account Login

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

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



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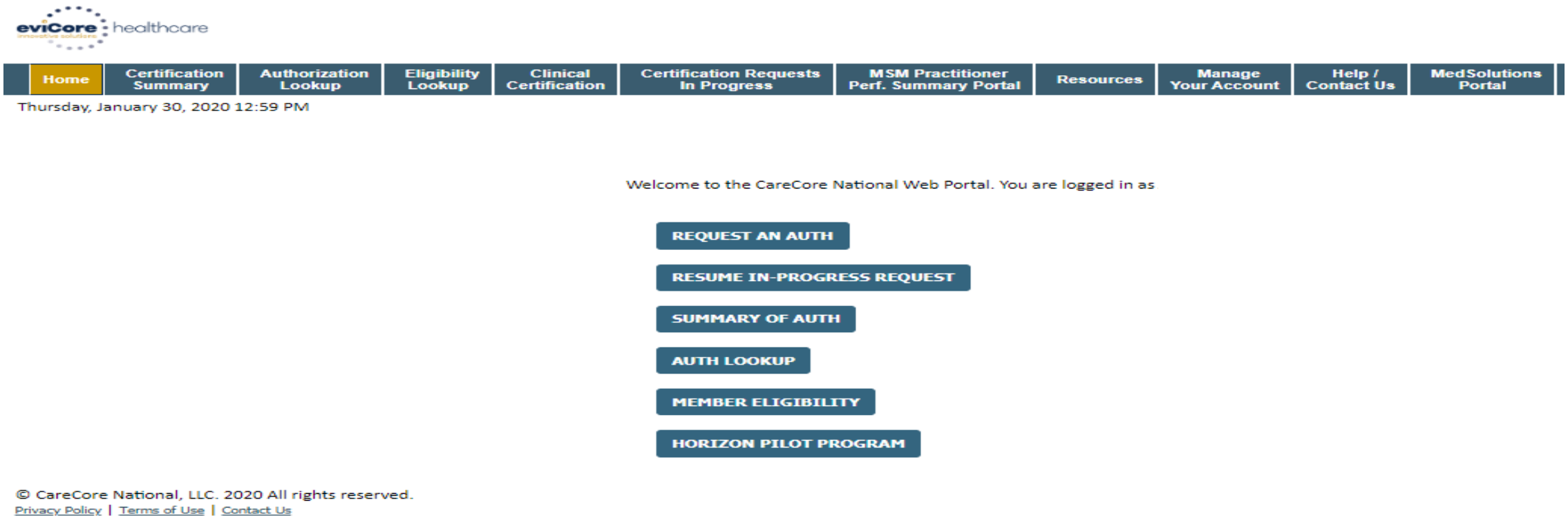
Welcome Screen



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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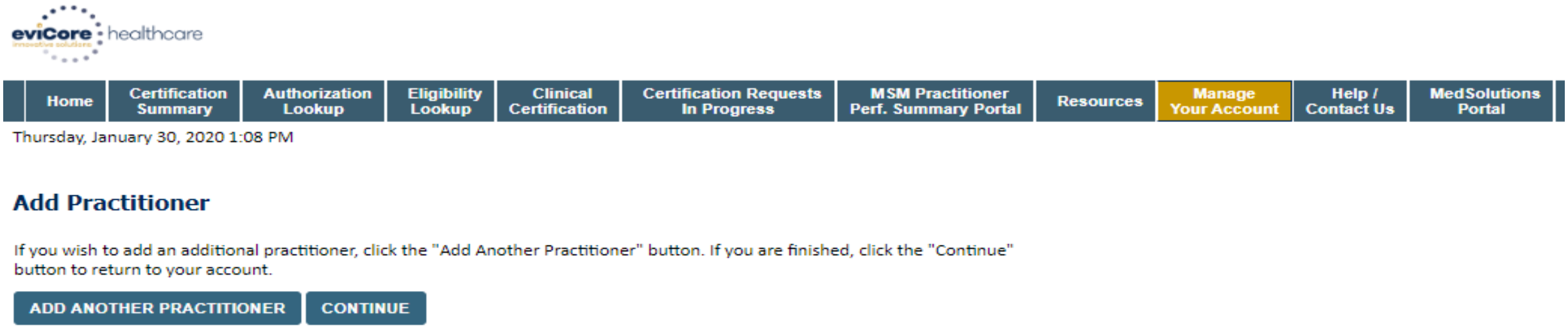
Add Practitioner



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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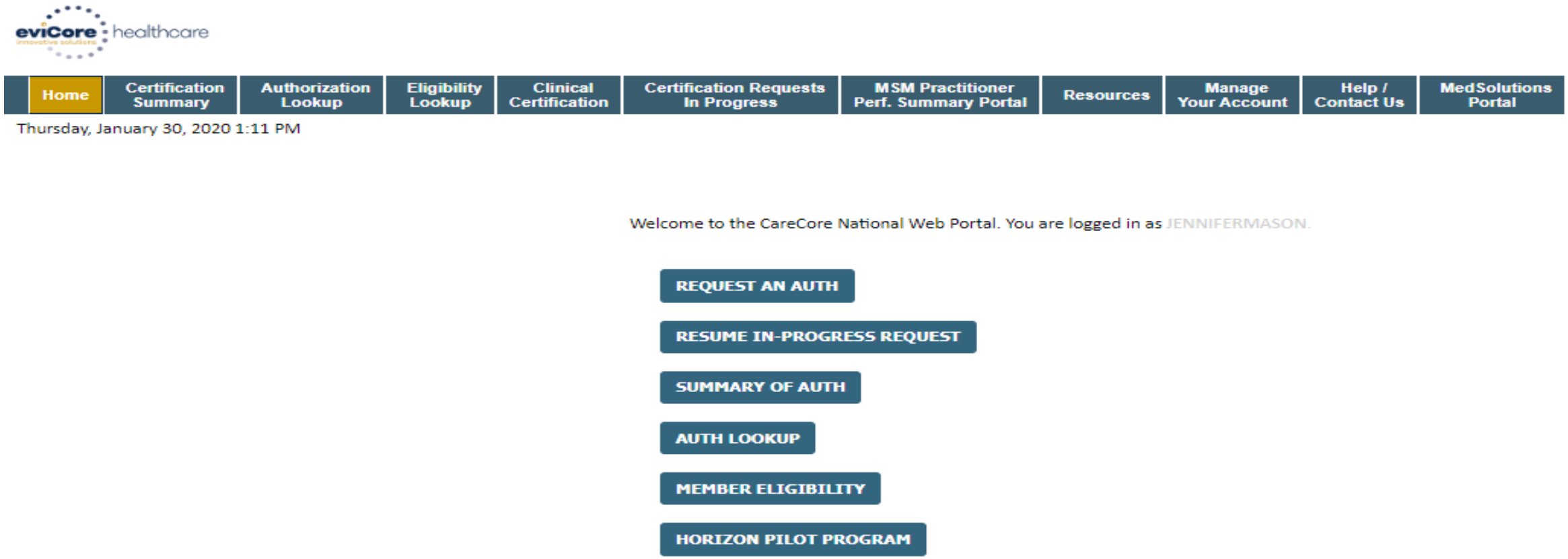
Initiating A Request



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

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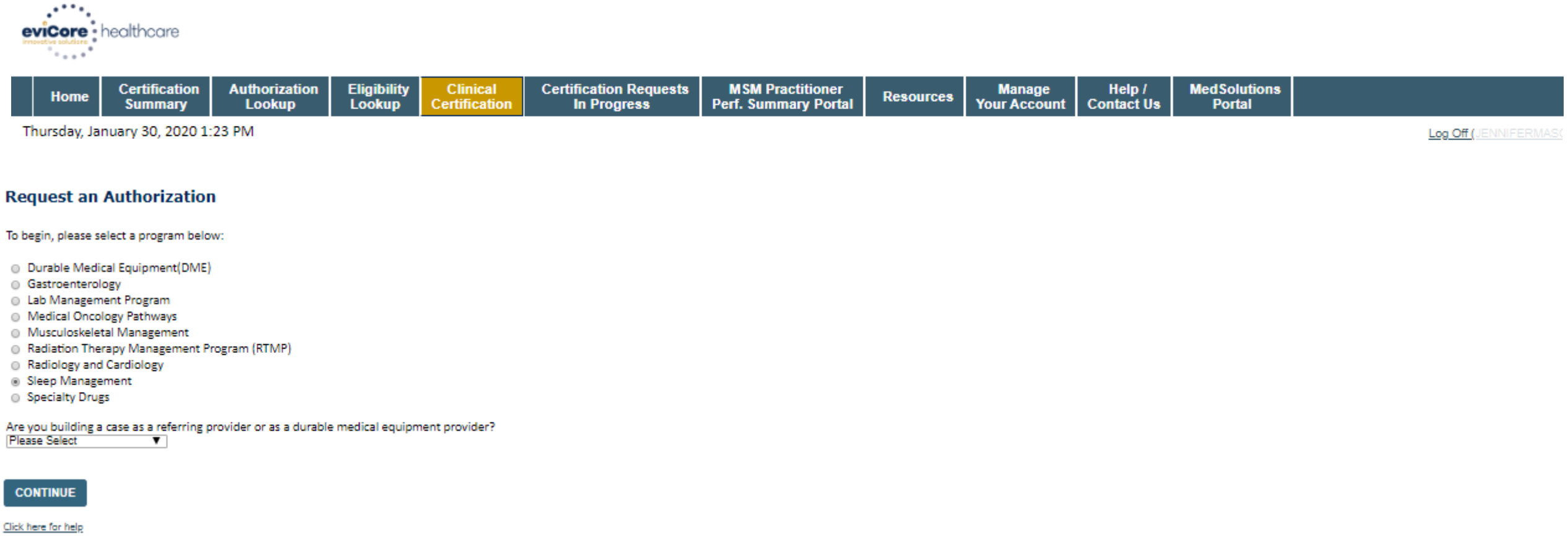
Select Program



Select the Program for your certification.

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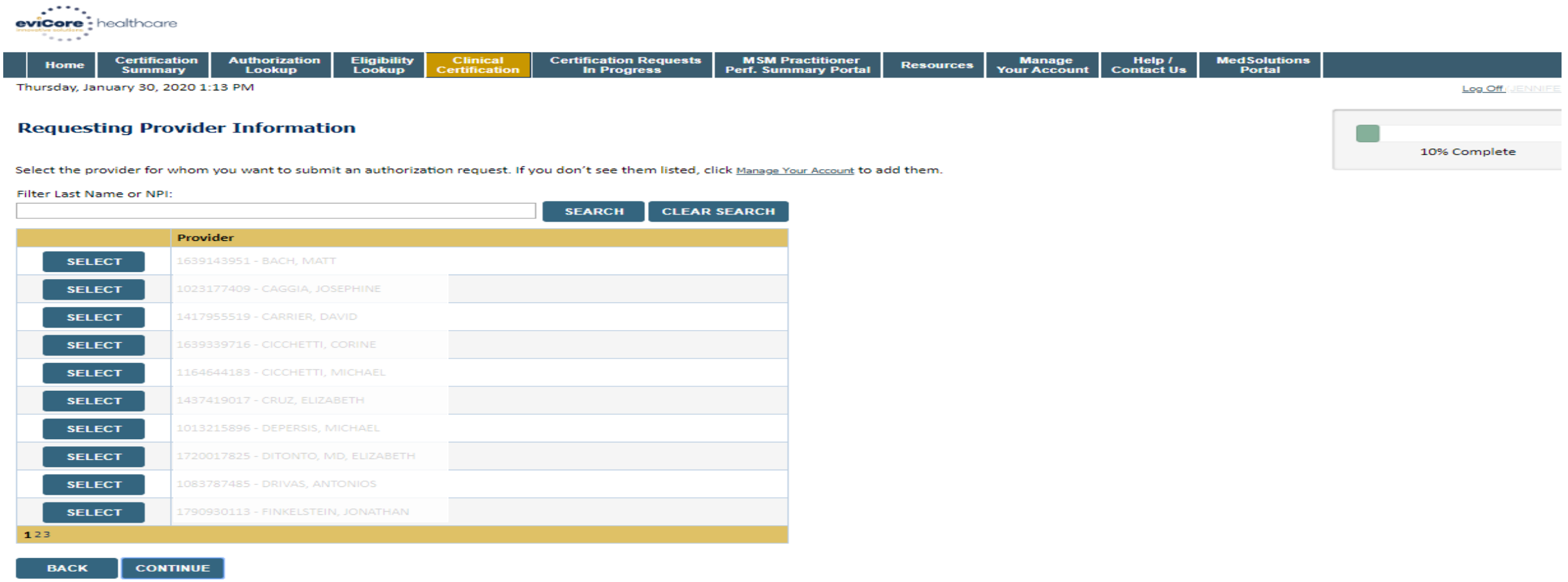
Select Provider



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

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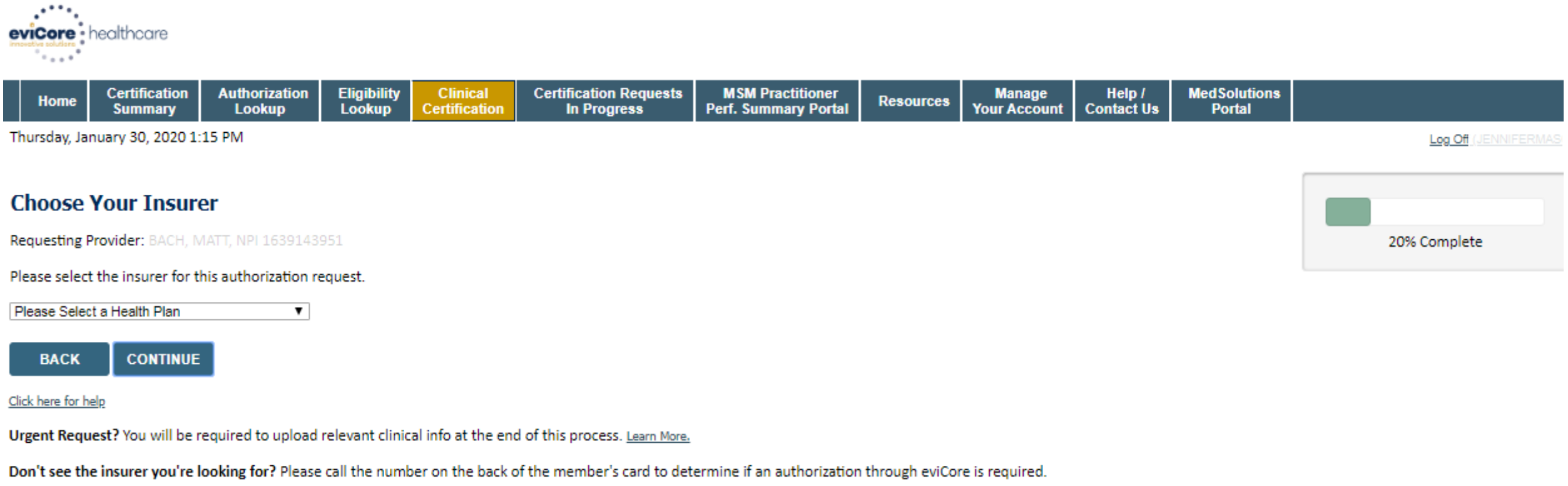
Select Health Plan



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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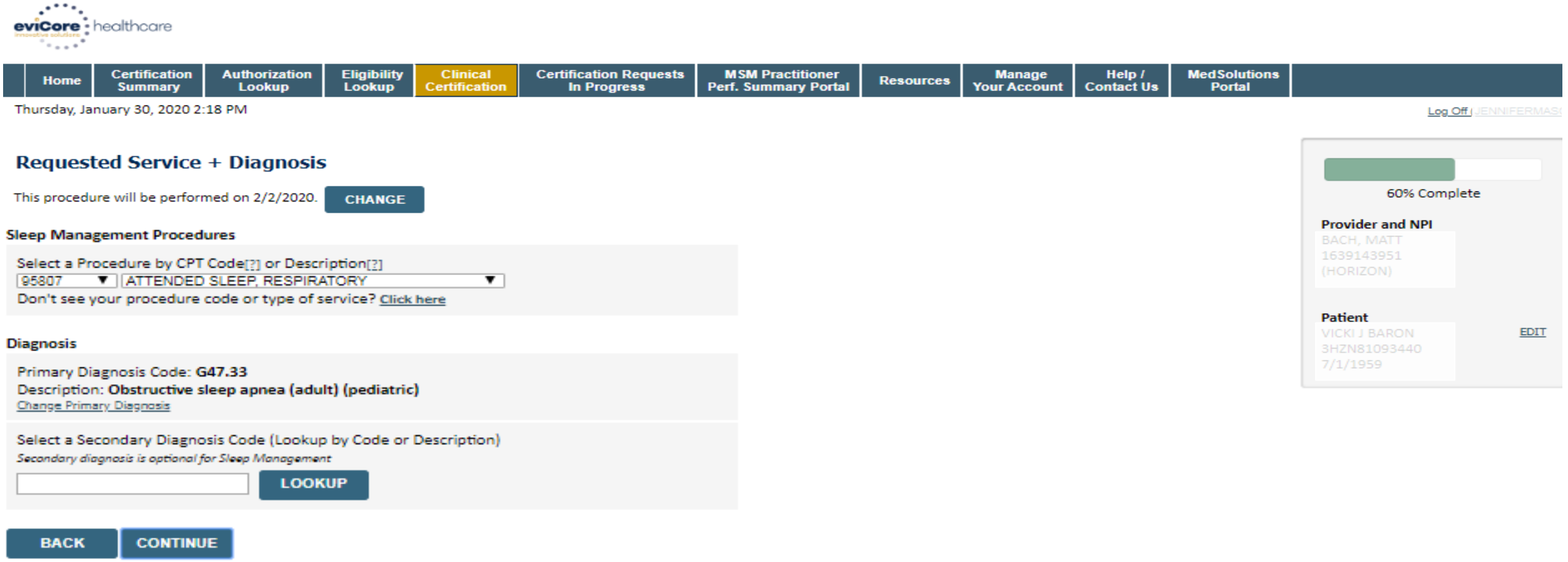
Clinical Details



Enter the CPT Code and Diagnosis.

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Verify Treatment Selection

Confirm the correct Sleep type and diagnosis has been selected.

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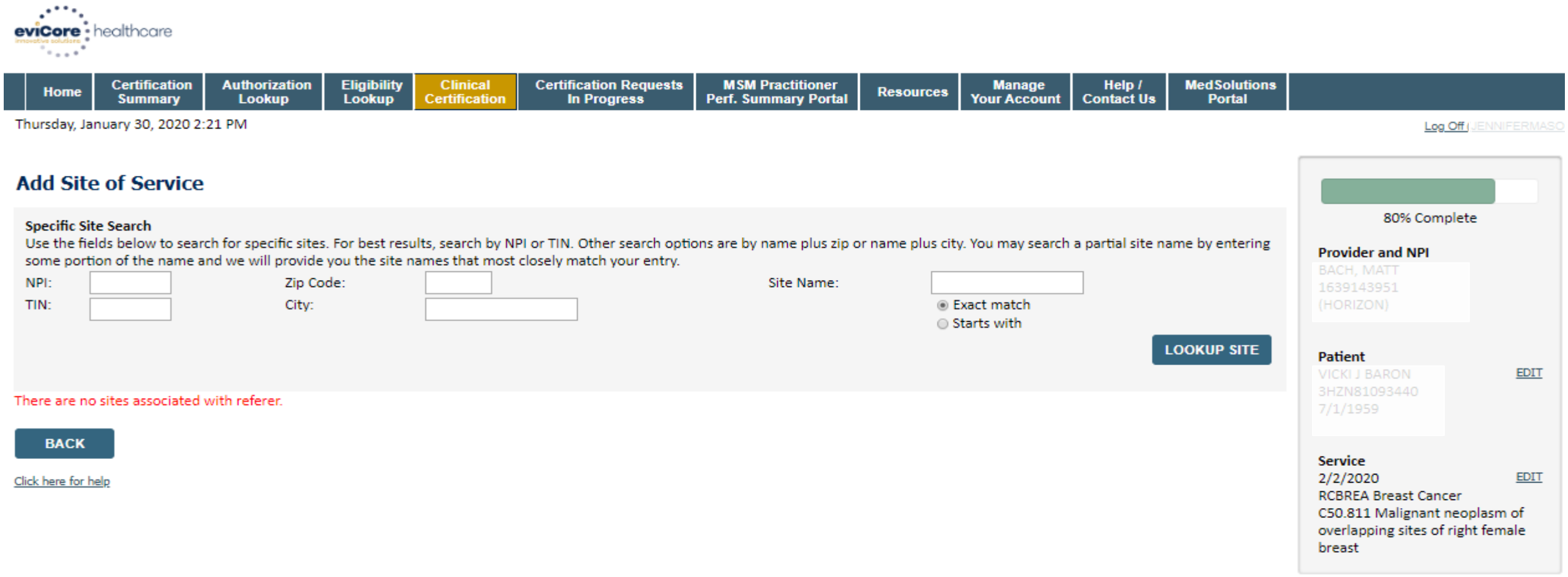
Site Selection



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

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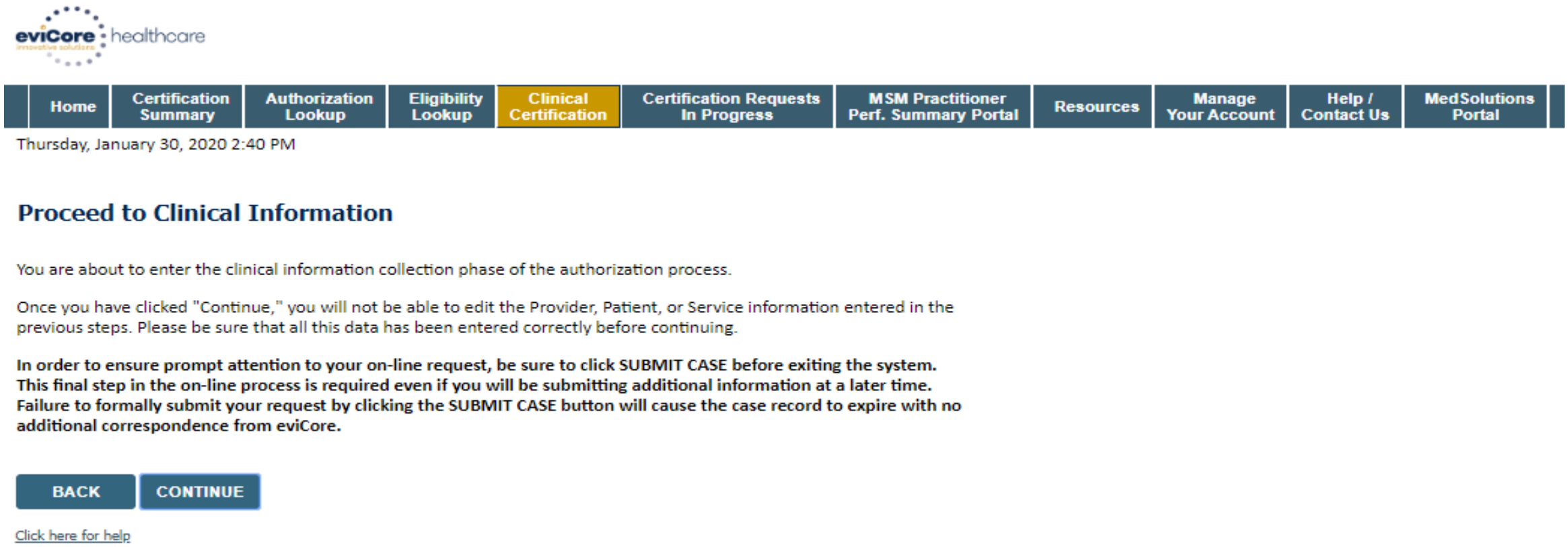
Clinical Collection Process



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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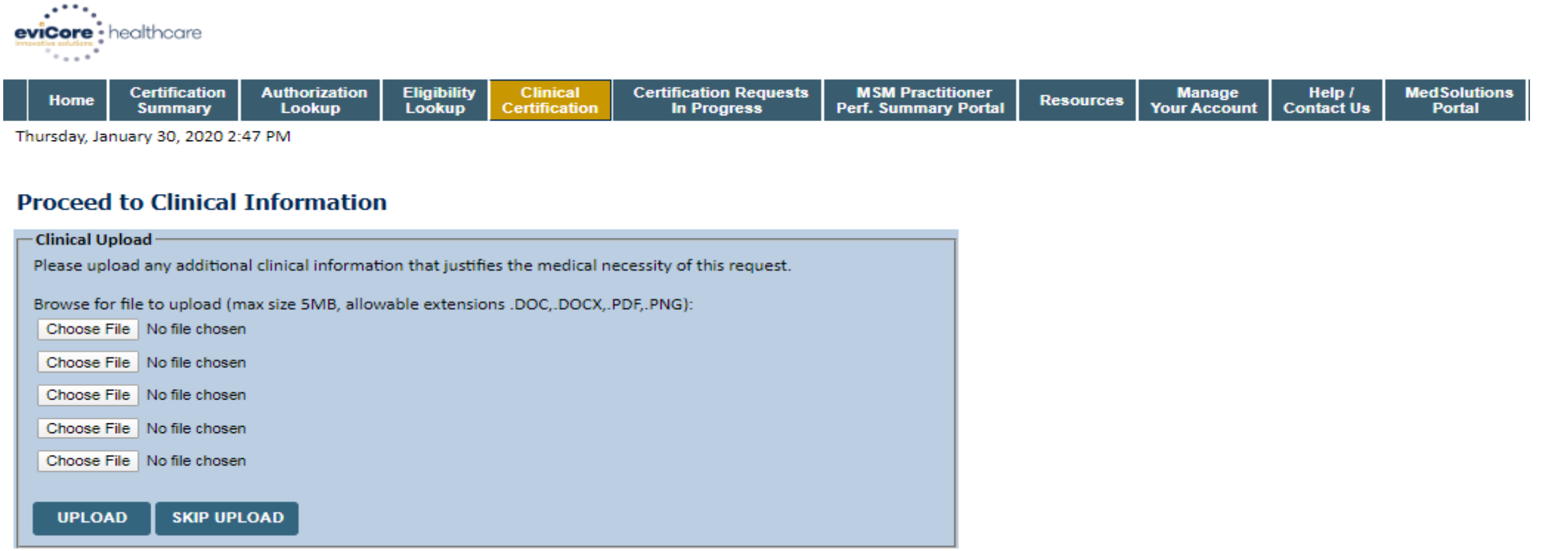
Clinical Collection Process – Clinical Upload



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

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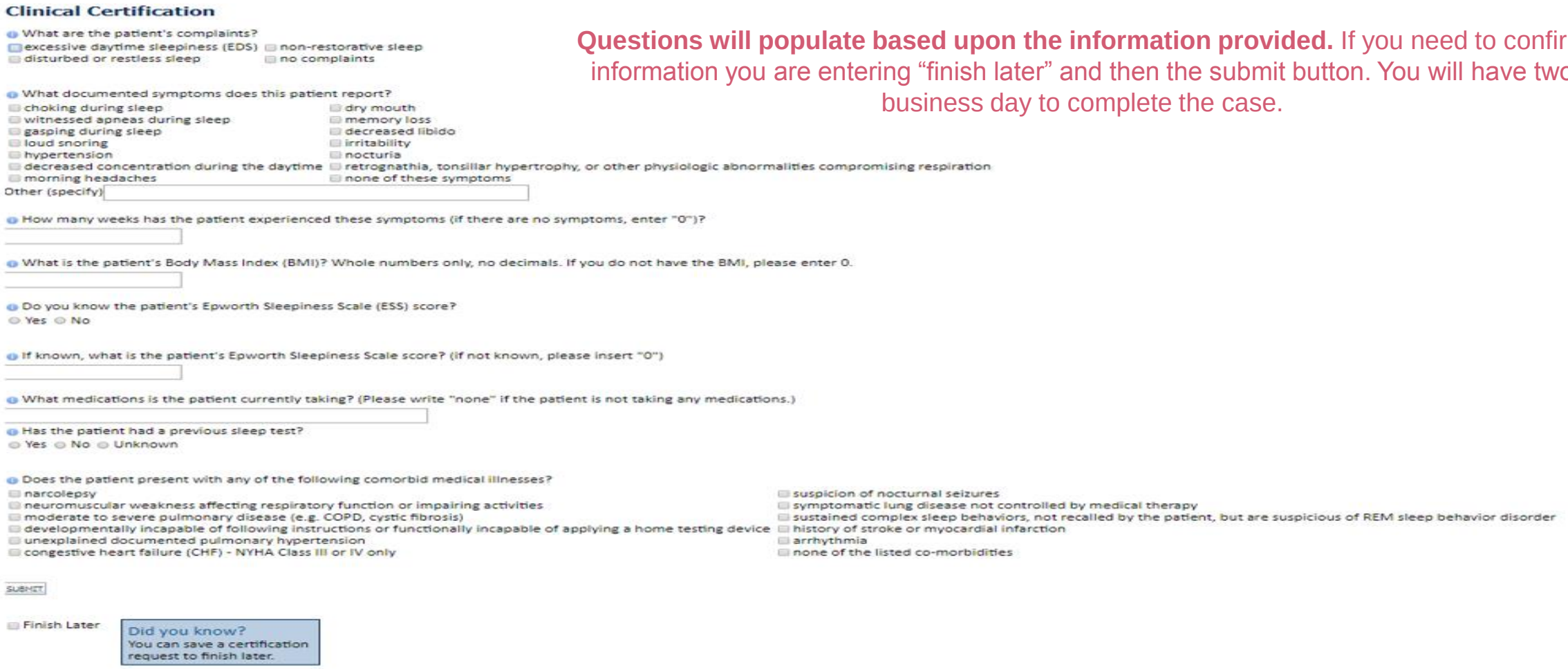
Clinical Collection Process – Pathway Questions



Questions will populate based upon the information provided. 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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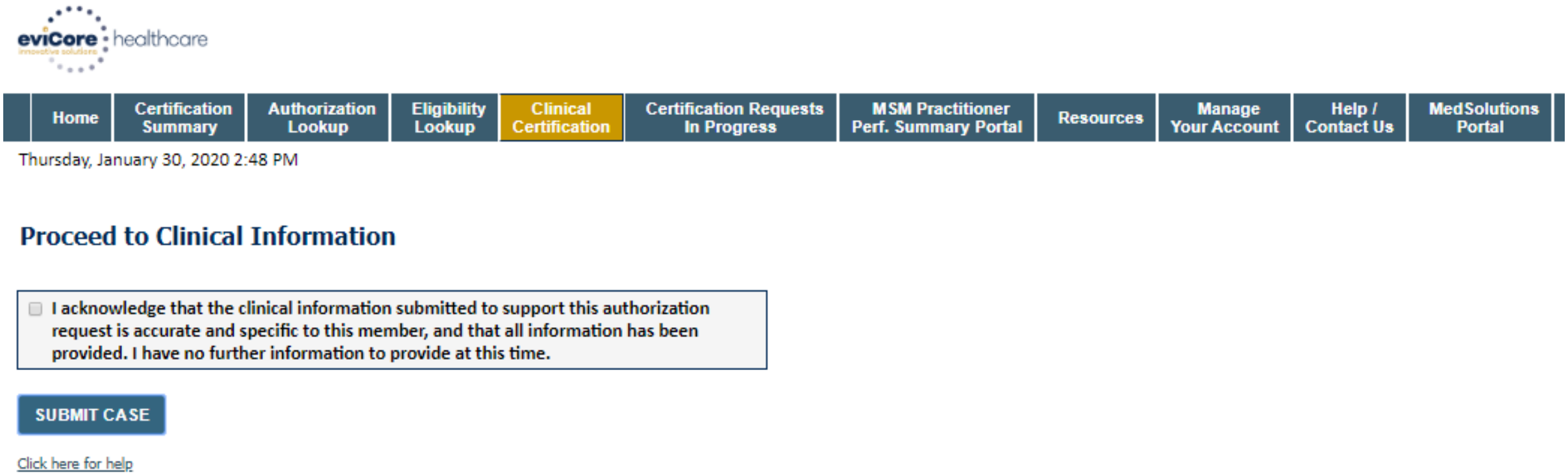
Clinical Certification Statements



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

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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 Address:
Site ID:

Primary Diagnosis Code: R68.89
Description: Other general symptoms and signs
Secondary Diagnosis Code:
Description:
CPT Code: 95811
Description: POLY SOM>6 YRS>=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.

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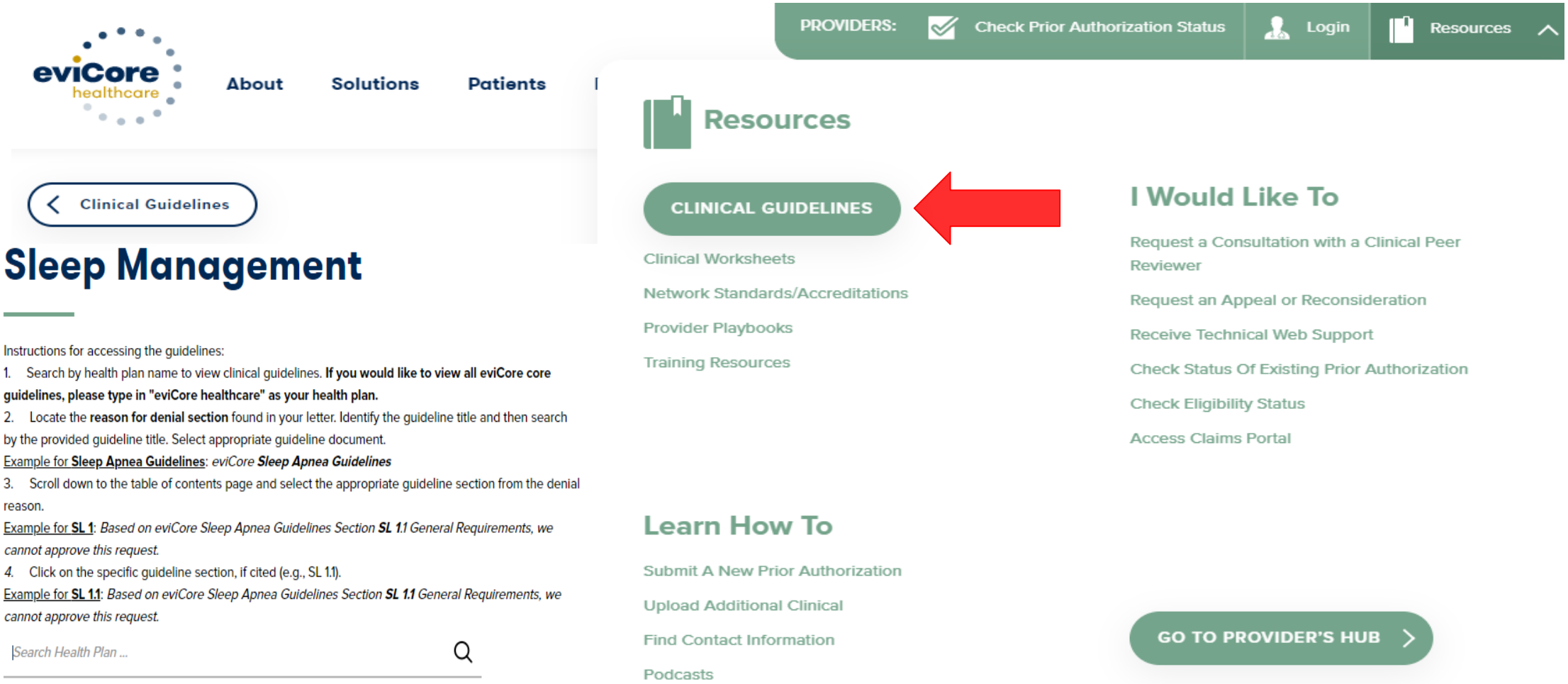
Clinical Certification – Clinical Guidelines



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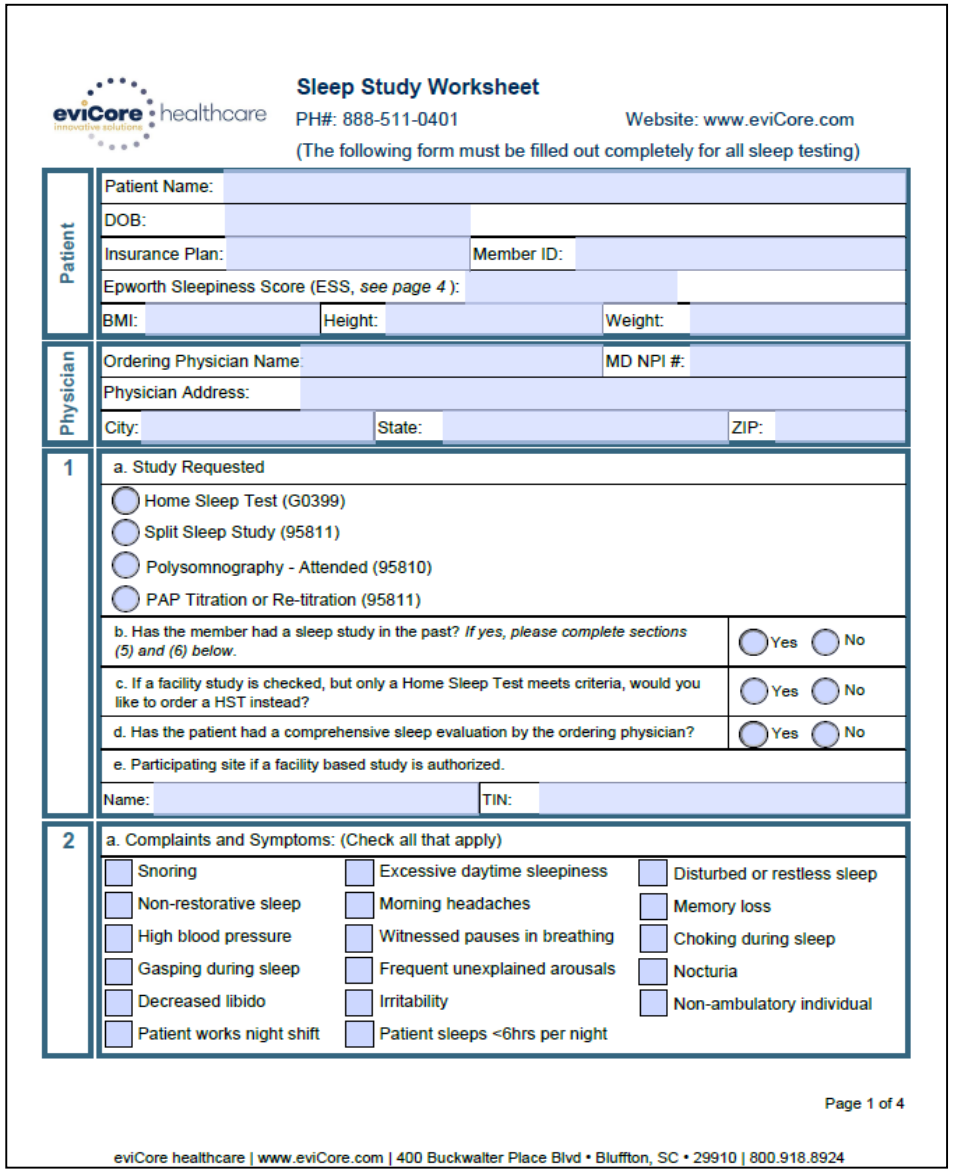
Sleep Management Worksheet



Sleep Study Worksheet

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

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

Patient

Patient Name:

DOB:

Insurance Plan: Member ID:

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

BMI: Height: Weight:

Physician

Ordering Physician Name: MD NPI #:

Physician Address:

City: State: ZIP:

1

a. Study Requested

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

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

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

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

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

Name: TIN:

2

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

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

Page 1 of 4

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- **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.

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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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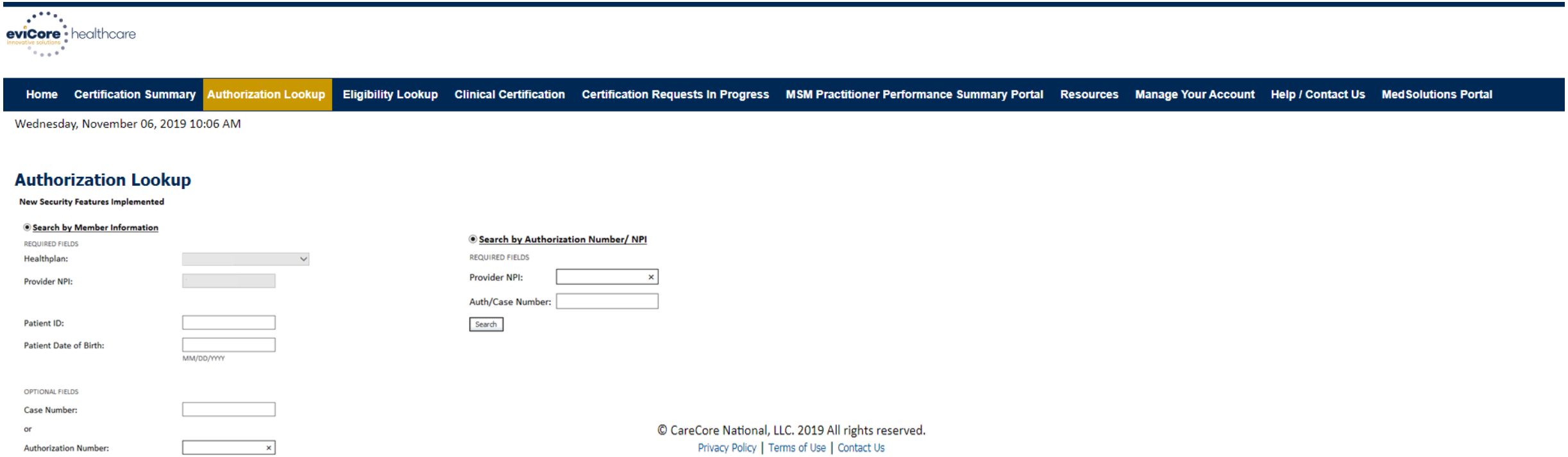
Authorization Lookup Tool



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

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

Sleep therapy support: Sleeptherapysupport@evicore.com
Christine Ault, Sleep Educator, ext. 26606 cault@evicore.com
Rhonda Anderson, Sleep Educator, ext. 26607 randerson@evicore.com
Jennifer Fabris, Sleep Educator, ext. 26608 jfabris@evicore.com