


Post-Acute Care Utilization Management Program for Blue Cross and Blue Shield of Minnesota Medicare Advantage Members

FACILITY PRESENTATION



Agenda

- **eviCore healthcare Corporate Overview**
 - **Post-Acute Care Program Overview**
 - **Post-Acute Care Prior Authorization Requirements**
 - **Prior Authorization Submission**
 - **Authorization Outcomes**
 - **Clinical Consultations & Special Circumstances**
 - **Transitional Care Program Overview**
 - **eviCore healthcare Provider Resources**
 - **eviCore Post-Acute Care Web Platform**
 - **Q & A Session**
- 

Corporate Overview



**100M Members
Managed
Nationwide**

9 Comprehensive Solutions



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



4k+ 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
- New York, NY
- Melbourne, FL
- Plainville, CT
- Sacramento, CA



Post-Acute Care Program Overview

eviCore healthcare Prior Authorization for Blue Cross Members Overview – Plan Information

eviCore healthcare (eviCore) began managing Prior Authorization requests for Post-Acute Care (PAC) and Home Health Care (HHC) beginning **January 1, 2019** for Blue Cross and Blue Shield of Minnesota (Blue Cross) for **Medicare Advantage (MA)** members with the following alpha prefixes:

- QQL – Medicare Southern MN Network
- QQN – Strive Medicare Advantage Metro Regional Network
- QQQ – Group Medicare Advantage Network
- XZL – Medicare High Value Network

- All other plans are managed by BCBSMN

- Medicaid and Dual Eligibles (Medicare/Medicaid) Providers should contact Amerigroup 866-518-8448

Providers should verify member eligibility and benefits on the secured provider log in section at: www.availity.com

eviCore healthcare Prior Authorization for Blue Cross Members Overview

Authorizations for Post-Acute Care will include the below PAC Provider types:

- Skilled Nursing Facilities (SNF)
- Critical Access Hospitals– (Medicare Swing Bed)
- Inpatient Rehabilitation Facilities (IRF)
- Long Term Acute Care Facilities (LTAC)
- Home Health Care Agencies (HHC)
- Durable Medical Equipment (DME)

Effective January 1, 2019:

- Hospitals are responsible for submitting the **initial** inpatient Prior Authorization (PA) for SNF, IRF or LTAC admissions for members discharging from an acute care facility.
- PAC Facilities (SNF, IRF and LTAC) are responsible for submitting the initial Prior Authorization requests for members admitting from the Community, ED or Outpatient setting and to submit PA for concurrent review requests.

NOTE: If a patient is transferred to the hospital directly from a PAC facility and stays >24 hours, a new Prior Authorization is required and should be requested by the hospital prior to discharge

- IRF and LTAC facilities are responsible for submitting the initial Prior Authorization for members transitioning to a lower level of care, such as a SNF

Process for Community Admits

Community PAC Admission: Direct PAC admission from ED, or outpatient setting (i.e. home, physician office, and outpatient clinic).

Skilled Nursing Facilities can accept members directly for Community PAC Admissions. The Medicare 3 day inpatient stay requirement is waived for BCBSMN MA Members. All direct community PAC admissions, will require a physician's order along with medical clearance for the member.

Community PAC Admission Process:

- Member is assessed in the ED or Outpatient Setting and determined to require SNF level of care
- Requesting Provider makes a referral to the SNF for direct PAC admission
- SNF collects supporting clinical and conducts initial medical necessity review
- **“Community PAC Admission”** is to be notated on Prior Authorization request to eviCore
- SNF submits all supporting medical necessity documentation for the Community PAC Admission to eviCore
- eviCore will provide a 3 business day approval for PAC Community Admission, based on clinical documentation received that supports medical necessity.
- Within 3 business days of admission, SNF is required to submit full clinical documents and follow process for concurrent review requests.

Methods to submit Community PAC Admission:

- **Availity Submissions:** Indicate **“Community PAC Admission”** in the free text section
- **Fax Submissions:** Indicate **“Community PAC Admission”** on a fax cover sheet or prior authorization form
- **Phone Submissions:** Indicate **“Community PAC Admission”** during the clinical intake discussion

**eviCore Post-Acute Care
Prior Authorization
Required Information**

Required Information for Initial Post-Acute Care Prior Authorization Submitted by Hospitals

Admission Details

- Facility type being requested
- Accepting Facility demographics (if known)
- Patient demographics
- Anticipated date of discharge

Clinical Information

- Hospital admitting diagnosis
- History & Physical
- Progress Notes, i.e. Attending physician, Consults & Surgical (if applicable)
- Medication list
- Wound or Incision/location and stage (if applicable)

Mobility and Functional status

- Prior and Current level of functioning
- Therapy evaluations PT/OT/ST
- Therapy progress notes including level of participation

Please note: eviCore Prior Authorization form and supporting clinical documentation is required for all Post-Acute Care requests

Required Information for Date Extensions (PAC concurrent review requests)

Prior Authorization Details

- Facility type and demographics
- Patient demographics
- Number of days and dates requested

Clinical Information

- Hospital admitting diagnosis and ICD10 code
- Clinical Progress Notes
- Medication list
- Wound or Incision/location and stage (if applicable)

Mobility and Functional Status

- Prior and Current level of functioning
- Focused therapy goals: PT/OT/ST
- Therapy progress notes including level of participation
- Discharge plans (include discharge barriers, if applicable)

Important: SNF Facilities should submit clinical for date extension (PAC concurrent review) Prior Authorization requests 72 hours prior to the last covered day to allow time for Notice of Medicare Non-Coverage (NOMNC) to be issued. eviCore will issue the NOMNC form to the provider. The provider is responsible to issue the NOMNC to the member, have it signed and returned to eviCore

eviCore healthcare

Prior Authorization Submission Methods

Prior Authorization Requests Methods and Hours of Operation

eviCore offers three methods to request Prior Authorizations:

1. **eviCore Post-Acute Care Web Portal (preferred method):**
www.availity.com
Single sign on process for Blue Cross Blue Shield of Minnesota providers
2. **Fax: Clinical documentation can be faxed to:**
888-738-3916 (PAC)
866-506-3087 (HH)
Please send information for one patient per fax.
3. **Telephone: Clinical information can be called to eviCore healthcare at**
844-224-0494; options 1, 8, 1, 2 for PAC services; options 1, 8, 1, 1 for Home Health - then follow appropriate prompts based on inquiry

Note: *The Program will accept urgent requests by telephone and fax. Urgent requests submitted via fax require the requestor to contact eviCore healthcare by telephone to ensure the request can be placed in an urgent/expedited queue.*

Hours of Operation

Monday through Friday: 7am to 6pm CST

Saturday: 8am – 4pm CST

Sundays and Holidays: 8am – 1pm CST

24 HOUR on-call coverage for immediate responses



Authorization
Call Center



What we need

eviCore healthcare Post-Acute Care Authorization Outcomes

Determination Outcomes-Approvals

Approved

Approved for Level of Care Requested (2 Outcomes):

1. PAC Facility Known: Authorization # issued to requesting provider
2. PAC Facility NOT Known: Case Reference # issued
(Once the accepting PAC facility is communicated to eviCore, Authorization # is issued to requesting provider)
 - The initial Prior Authorization is valid for 7 days. If the patient is not discharged to a PAC facility within this time frame, a new Prior Authorization is required.

Notifications

- Verbal outreach is made to requesting provider
- Letter is faxed to requesting provider and mailed to member
- Authorization details are available on the eviCore Web Portal via Availity.com and may be printed on demand

Turn Around Time

- Once all information is received by eviCore, a determination will be communicated within 1 business day for routine requests

Number of Authorized days are provided to the PAC facility type as follows:

Prior Authorization	SNF/Medicare Swing Bed	Inpatient Rehab Facility	Long Term Acute Care
Initial	10 calendar days	5 calendar days	5 calendar days
Concurrent	7 calendar days	7 calendar days	7 calendar days

Determination Outcomes

Unable to Approve/Request Denial

➤ Unable to Approve

4 Potential Outcomes:

1. Member not eligible or delegated to eviCore for Prior Authorization
2. Unable to approve based on information provided
 - 1) Request for additional information
 - 2) Clinical Consultation offered
3. Alternate Level of Care recommendation
4. Case sent to 2nd level MD Review

➤ Notifications

- If eviCore is unable to approve the request and a potential adverse determination is made on 2nd level review, outreach is made to the requesting provider
- The provider is given the option to send additional information to support medical necessity, accept alternate recommendation (if applicable), or given the option to schedule a clinical consultation

Important: If one of these options is not utilized by the requesting provider within 1 business day, the unable to approve determination is final, the case will be closed and a denial letter issued.

➤ Denials

- The denial rationale and appeal process are communicated verbally to the requesting provider and are outlined on the denial notification.
- Once a service has been denied, members and providers must file an appeal to have the request re-reviewed.

eviCore healthcare Post-Acute Care Clinical Consultations

Clinical Consultations

Clinical Consultations

- Clinical Consultations may be scheduled at a time convenient to your physician. Requests can be made online at www.evicore.com or by calling our authorization center at 844-224-0494; select options 1, 8, 1, 2, 5

Helpful Tips

- If you received notification from eviCore requesting additional clinical, ensure that you have submitted the requested information to eviCore before scheduling
- When calling to schedule, have the following information on hand: eviCore Case Ref #, Member Name, DOB, BCBSMN ID#, the referring physician's availability with their direct contact information

Outcomes

- Clinical Consultations result in either a Reversal of decision to deny or an Upholding of the original decision
- Alternate level of care recommendation may be offered
- The member's right to appeal is communicated

Note: eviCore advises acceptance of the alternate level of care, (if offered) as the approval, which will remain valid for 7 days. The request may be withdrawn if an appeal is filed and the decision to deny is overturned by BCBSMN. In the event that an appeal is filed and upheld by BCBSMN, obtaining the alternate level of care authorization will help prevent potential discharge delays.

Special Circumstances – Appeals and Urgent Requests

➤ Appeals

- eviCore will intake the appeal, acknowledge the appeal, review the case and provide Blue Cross with our expert review.
- Appeal requests may be submitted to eviCore via phone at 844-224-0494, options 1,8,1,2,6 (Monday through Friday 7-4 CST; Weekends 9-3 CST) or fax to 855-826-5338 .
- Blue Cross will make the final determination and send out the appeal notification.

➤ Urgent Requests

- The CMS time frame for an expedited determination is within 72 hours. Determinations will be based solely on medical information received within that timeframe.
- In order to reduce denials, a request should not be submitted as “urgent”, unless it meets the CMS definition of urgent, when a delay in decision-making may seriously jeopardize the life or health of the member

➤ Retrospective Requests

- Retrospective review will be allowed and must be submitted within 14 calendar days following the date of service.

The turnaround time after an appeal has been requested by the member is up to 72 hours for an expedited appeal and up to 30 days for a standard appeal. Requests for ‘expedited’ appeals must meet CMS guidelines.

Note: Medicare members have up to 60 calendar days to file an appeal.

Transitional Care Program Offering

Transitional Care Program Overview

- eviCore Healthcare follows the patient through the Post-acute care continuum to ensure oversight aimed at reducing readmissions. Upon discharge from the hospital, eviCore will follow BCBSMN patients for a 90 day period. The Transition of Care team direct call outreach begins when all skilled services have ended (i.e. PAC facility stay, Home Health). The frequency of patient contact will be based on a set IVR call cadence, nursing clinical judgment, and clinical disease state as captured through the risk assessment scale of 0-100.

Key Program Objectives

- Readmission avoidance by educating patients via informative telephonic sessions: (IVR, manual calls, and now with the use of smart devices for telemonitoring).
- Patient centric care plans based on an individuals needs.
- Connect Patients with Primary Care Physicians when necessary
- Provide short term, targeted transitional coaching based on disease specific health needs and eviCore risk assessment stratification
- Transitional Care nurse will discuss medication reconciliation with members
- Scheduling of MD follow-up appts
- Social worker referral for psychosocial needs, community resources

eviCore healthcare Provider Resources

eviCore Provider Resources and Contact Information



Provider Resources



Provider Services
Department:

eviCore Provider Customer Service Number: 844-224-0494

Choose the following prompts below to reach the appropriate area:

Post-Acute Care: Options 1, 8, 1, 2

Home Health Care: Options 1, 8, 1, 1

Program Inquires Prompt Menu:

- If you know your parties' extension, option 1
- For status on an existing request, option 2
- If you are calling for a new Prior Authorization, option 3
- If you are calling for a concurrent review, option 4
- If you are calling for a clinical consultation, option 5
- To request an appeal, option 6
- For all other inquiries, option 7
- To repeat these options, option 9

eviCore Client Services, call (800) 575-4517 (Option #3) or email clientservices@evicore.com for general inquiries such as:

- Eligibility issues (member, rendering facility and or ordering physician)
- Issues during case creation
- Request for an authorization to be resent to health plan

eviCore healthcare Post-Acute Care Provider Resources Implementation Site

For more information regarding the eviCore utilization management programs and reference documents, please visit our implementation site:

www.evicore.com/healthplan/bluecrossmn

Below are provider resources being developed on our implementation site via link listed above.

- Webinar training schedules with details on how to register
- Prior Authorization Forms
- Quick reference guide (QRG)
- Frequently asked questions (FAQ) document
- Training documents and program presentations
- Recorded demo of the orientation training sessions

Skilled Nursing Facility Clinical Capability Survey

<http://survey.constantcontact.com/survey/a07efq32e9ajmj7hx2i/start>

The implementation site includes a link to complete our SNF Clinical Capability Survey. The Provider Survey is designed by eviCore to obtain information about the clinical capabilities available at your facility.



Provider
Resources



Provider Services
Department

eviCore Post Acute Care Web Platform

eviCore Post-Acute Care Provider Platform

The eviCore PAC Platform is available for access 24/7 and allows providers to:

- Initiate a prior approval request
- Submit clinical for concurrent stay prior approval requests
- Access a User Specific Dashboard to:
 - View and manage all pending and recently submitted cases on the same page
 - View and print real-time letter determinations for each case
 - Export and print all authorization documents

Link to PAC web platform:

www.availity.com

Single sign on process for Blue Cross Blue Shield of Minnesota providers



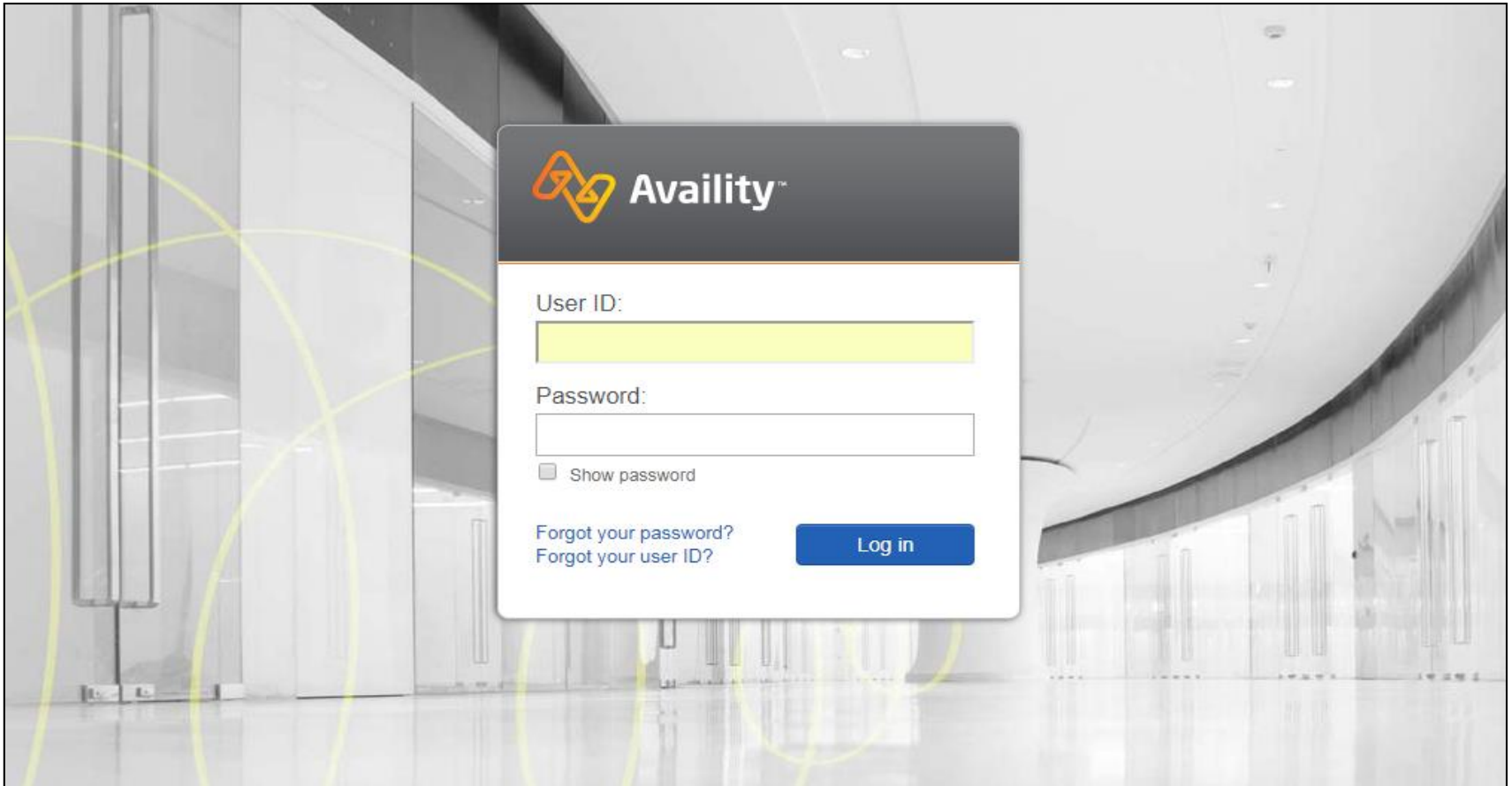
Web-Based
Services



Pre-Authorization
Status

Availity Log In Screen

- For web submissions of Prior Authorization requests, you will need an Availity account. Access all eviCore requests by logging into www.Availity.com. Enter User ID and Password, then click the login button. There is a Single Sign On process for eviCore delegated members.



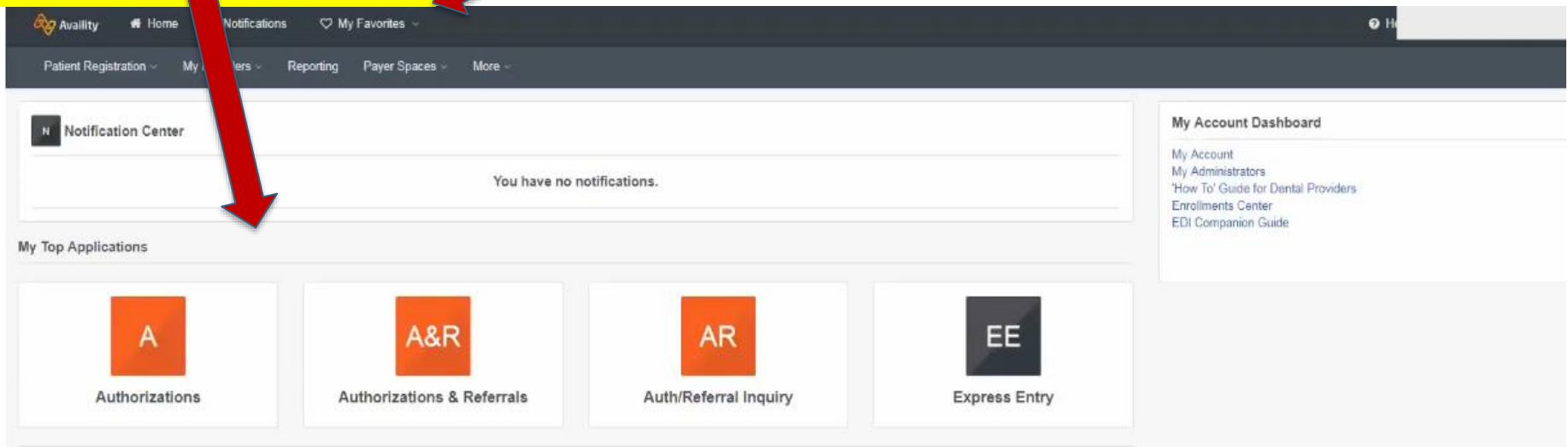
Availity Home Page

- To verify eligibility and benefits, choose “Patient Registration”, then “Eligibility and Benefits Inquiry”. Then complete: NPI, Patient ID and DOB fields.
- For Prior Authorization Requests, choose Authorizations & Referrals



My Top Applications – This will include your most frequently used applications within the portal.

My Favorites – this will list the applications that you have clicked on the “heart” to indicate your favorites.



Initial Case Creation

- Select the Authorizations App
- Choose “Inpatient Authorization for SNF, IRF, LTAC
- Choose “Outpatient Authorization” for Home Health or DME

The screenshot displays the Availity web application interface for creating an authorization. The top navigation bar includes the Availity logo, Home, Notifications (1), My Favorites, Minnesota, Help & Training, Heather's Account, and Logout. Below the navigation bar, there are links for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More, along with a Keyword Search field. The main content area is titled 'Authorizations' and features a 'New Request' button. A progress indicator shows four steps: 1. Start an Authorization (active), 2. Add Service Information, 3. Rendering Provider/Facility, and 4. Review and Submit. The 'Start an Authorization' step is a form with the following fields:

- SELECT A PAYER**
 - Organization:** A dropdown menu with 'Availity Test Org' selected.
 - Payer:** A dropdown menu with 'BCBSMN' selected.
 - Authorization Type:** A dropdown menu with 'Inpatient Authorization' selected. A list of options is visible below the dropdown, including 'Inpatient Authorization' and 'Outpatient Authorization', with 'Outpatient Authorization' highlighted in blue.

At the bottom of the form is a 'Next' button. A small text note at the bottom of the form reads 'Shield of Minnesota website.' The version number 'v1.2.102' is displayed at the bottom center of the page.

Member & Provider Information

Home > Authorizations & Referrals > Authorizations

Authorizations

Give Feedback [New Request](#)

- 1 Start an Authorization
- 2 Add Service Information
- 3 Select Provider/Facility
- 4 Review and Submit

Authorization Type: Outpatient Authorization Organization: Aubrey Stewart Test Org Payer: BCBSMN BlueCross BlueShield of Minnesota

MEMBER INFORMATION

Member ID: Relationship To Subscriber:

Patient Date of Birth:

ORDERING/REQUESTING PROVIDER

Can't find who you are searching for? [Search Again](#) [Enter Manually](#)

First Name: Last Name:


NPI:

Address Line 1:


Address Line 2 optional:

City: State: ZIP Code:

Enter member demographics



Search Ordering Physician by Provider NPI or name



Provider Information

- Complete provider contact information including ordering provider's fax number

Phone	Fax
<input type="text" value="(651) 259-9700"/>	<input type="text" value="() -"/>
YOUR CONTACT INFORMATION	
First Name	Last Name
<input type="text" value="eviCore Availity QA"/>	<input type="text" value="Pac"/>
Phone	Extension <small>optional</small>
<input type="text" value="(800) 918-8924"/>	<input type="text" value="27252"/>
Email <small>optional</small>	
<input type="text" value="availity-pac-qa@evicore.com"/>	

Service Information

- Complete all Prior-Authorization fields

Service Type =

- Acute Rehabilitation (IRF)
- Long Term Acute Care (LTAC)
- Skilled Nursing Facility – Skilled Care
- Skilled Nursing Swing Bed

Authorizations & Referrals > Authorizations

Authorizations Give Feedback New Request

1 Start an Authorization 2 Add Service Information 3 Select Provider/Facility 4 Review and Submit

Member ID Date of Birth Gender

BlueCross BlueShield of Minnesota

SERVICE INFORMATION

Category

Service Type

Service Date From

Service Date To optional

Number of Days Requested optional

DIAGNOSIS CODE(S)

Diagnosis Code

[Add another diagnosis code](#)

Back Next

Service Date = PAC Admit Date

- If not known, enter today's date

Redirect to eviCore

- If member is delegated to eviCore, you will know be re-directed to eviCore's platform

Specialty UM Authorization (eviCore)

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

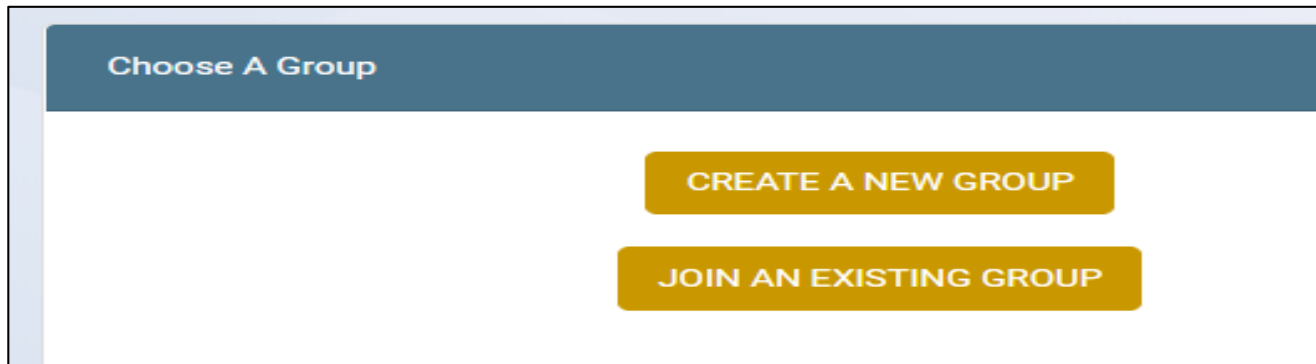
By clicking "Accept" below, you confirm that you acknowledge and accept the foregoing Terms of use.

Cancel

Accept

One Time Registration

- If this is the first time using eviCore's portal, you can either Create A New Group or Join an Existing Group
 - Create a New Group if you are the administrator for your organization or you do not have an administrator (see administrator registration section)
 - Join an Existing Group if you have been given a JOIN CODE by your administrator



Initial Case Creation in eviCore platform

Enter Service Details

- Now that you are in the eviCore platform, you will complete the authorization details
- Enter the Requesting Provider, Ordering Physician and Servicing Provider details. Smart search allows NPI, TIN or provider name. Choose “Submit Case”
- For Home Health requests, hit the right error to continue.

Submit a Request for Service

[Back](#) **Submit Case**

Requesting Provider

[Change](#)

JOHNSON ALAN
448 S RIVERSIDE AVE, CROTON ON HUDSON, NY, 10520
9142691781 9142712536
NPI 1023188471 TIN 453023019

Contact Person
Choose a contact person at this facility

[Save & Continue](#)

Ordering Physician

Search by NPI, TIN, Name or Address

The Ordering Physician is not known

Servicing Provider

Search by NPI, TIN, Name or Address

The Servicing Provider is not known

Ordering Physician is required for Home Health

Check this box if Servicing Provider is not yet known

Enter Service Details

- For Home Health, enter services requested and Timeframe for visits
- Save and Submit Case

Submit a Request for Service

Submit Case

Patient

Servicing Provider

Search by NPI, TIN, Name or Address



The Servicing Provider is not known

Home Health

Please indicate the number of Home Health Service visits you are requesting .

Set the number to "any" if you want us to determine how many visits can be authorized for this Patient.

Home Health Services	Units	Number Requested
Skilled Nurse	Visits	8
Physical Therapy	Visits	4

Timeframe for visits:

Days

60

SAVE

Attach Clinical

- Next, you will see the Case View Screen.
- You will now be prompted to submit clinical documents by clicking on the alert

The screenshot displays a web application interface for 'Attach Clinical'. The top navigation bar includes a logo for 'innovative solutions' and a search field. The main content area is titled 'test123456' (Request ID) and features a prominent yellow alert box with a red border and a warning icon, stating: 'Clinical Information is required in order to review this Request. [Submit Clinical Info now](#)'. A red arrow points from this alert box to a search field in the top right corner. The interface is divided into several sections: 'Dates of Care' (with 'START' and 'LAST' fields), 'SERVICING PROVIDER' (HUDSON HOSPITAL CLINICS, TestDev TestDev - 6156937213), 'Requests & Reviews' (showing a request submitted by Nancy (Nurse) on 12/27/2018), 'Attachments & Notes' (No activity yet), and 'Notifications & Letters' (No activity yet). A sidebar on the left contains navigation options: Dashboard, Request an Auth, Search Cases, User Group Admin, and Logout. The right sidebar contains buttons for 'Add Note', 'Request Extension', 'Cancel Request', and 'Discharge Patient', along with an 'Additional Member Info' section.

Attach Clinical

- Now you will see a pop up window to upload clinical documents
- You will navigate to your system to locate the documents and attach to the case

The screenshot displays the eviCore healthcare web application interface. On the left, a navigation sidebar includes 'Dashboard', 'Request an Auth', 'Search Cases', 'User Group Admin', and 'Logout'. The main content area shows a 'Request Case Extension' pop-up window with the following text:

Request Case Extension

Upload Clinical Information

Additional clinical information is required in order to process your request for an extension. Please upload your files here:

UPLOAD FILES

Drag and drop your files in this area.

Upload Files | Add Files... | Upload limit 50 MB.

Not ready to upload your clinicals yet?

Please note that your request cannot be processed until you provide additional clinical information. Choose an option below:

- I will fax my clinical information
- I will upload my clinical files later
- I have already faxed clinical information for this request

Continue

Overlaid on the bottom right is a Windows File Explorer window titled 'Open'. The address bar shows 'Desktop'. The file list includes folders like 'Favorites', 'Downloads', and 'Recent Places', and files such as 'Pass_Frontier Airlines', 'PG1 - Intake', 'PG2 - Nursing', 'PG3 - General', 'Client Interface issues', 'Code Review standards', and 'Confluent_Developer_Training_Exercise_Manual_B7_801_A.pdf'. The 'File name' field at the bottom contains 'Confluent_Developer_Training_Exercise_Manual_B7_801_A' and the 'Open' button is highlighted.

Case Billboard

- Here you will see case details with attachments, notes and letters

The screenshot displays the eviCore Case Billboard interface. On the left is a dark sidebar with navigation options: Dashboard, Request an Auth, Search Cases, User Group Admin, and Logout. The main content area features a header with the case ID 'test123456' and a search bar. Below the header is a 'Dates of Care' section with a 'START' date of Nov 29 and a 'LAST' date field. To the right of this is a 'REVIEWING PROVIDER' field with the value 'TBD'. A top-right control bar contains buttons for 'Add Note', 'Request Authorization', 'Cancel Request', and 'Discharge Patient'. Below this is an 'Additional Member Info' section. The main content is divided into three panels: 'Requests & Reviews' showing a request for authorization submitted on Nov 29, 2018, with a note 'Request for IRF (submitted via Web)'; 'Attachments & Notes' showing a clinical information attachment from Nov 29, 2018, with a PDF file named 'Confluent_Developer_Training_Exercise_Manual_B7_B81A.pdf'; and 'Notifications & Letters' which currently shows 'No activity yet.'

Concurrent Review Process

Concurrent Reviews

- Once a case has been authorized, Post-Acute Care facilities can continue with concurrent authorizations via the Availity dashboard.
- Locate the patient, click on the Status to redirect to eviCore

Home > Authorizations and Referrals

Give Feedback New Request ▾

Authorizations and Referrals

Patient Last Name ▾ Search Search All Patients Refresh Filter List

Last Updated: 10:56:51 AM

Type ^	Cert. # ↕	Patient	Payer	Submitted	Last Updated	Service Info	Status Ⓞ	View/Action
Authorization Outpatient	1234566	Susan Patrick YVA150093290, DOB: 10/16/1964	BlueCross BlueShield of MN <i>Administered by: eviCore</i>	03/28/2018 by J. Smith	2 weeks ago	04/15/2018 - 04/18/2018	PENDING	☰
Authorization Inpatient	1234566	Susan Patrick YVA150093290, DOB: 10/16/1964	BlueCross BlueShield of MN <i>Administered by: eviCore</i>	03/23/2018 by J. Smith	3 weeks ago	04/15/2018 - 04/18/2018	APPROVED	☰
Authorization Outpatient	1234566	Susan Patrick YVA150093290, DOB: 10/16/1964	BlueCross BlueShield of MN <i>Administered by: eviCore</i>	03/28/2018 by J. Smith	13 months ago	04/15/2018 - 04/18/2018	PENDING	☰
Authorization Outpatient	1234566	Susan Patrick YVA150093290, DOB: 10/16/1964	BlueCross BlueShield of MN <i>Administered by: eviCore</i>	03/23/2018 by J. Smith	1 month ago	04/15/2018 - 04/18/2018	DENIED	☰
Authorization Outpatient	1234566	Susan Patrick YVA150093290, DOB: 10/16/1964	BlueCross BlueShield of MN <i>Administered by: eviCore</i>	03/23/2018 by J. Smith	1 month ago	04/15/2018 - 04/18/2018	INCOMPLETE	☰
Authorization Inpatient	1234566	Jimmy Johns YVA150093290, DOB: 10/16/1964	BlueCross BlueShield of MN <i>Administered by: eviCore</i>	03/23/2018 by J. Smith	1 month ago	04/15/2018 - 04/18/2018	APPROVED	☰
Authorization Inpatient	1234566	Susan Patrick YVA150093290, DOB: 10/16/1964	BlueCross BlueShield of MN <i>Administered by: eviCore</i>	03/23/2018 by J. Smith	1 month ago	04/15/2018 - 04/18/2018	PENDING	☰
Authorization Inpatient	1234566	Susan Patrick YVA150093290, DOB: 10/16/1964	BlueCross BlueShield of MN <i>Administered by: eviCore</i>	03/23/2018 by J. Smith	1 month ago	04/15/2018 - 04/18/2018	INCOMPLETE	☰
Authorization Inpatient	236547862	Susan Patrick YVA150093290, DOB: 10/16/1964	BlueCross BlueShield of MN <i>Administered by: eviCore</i>	03/23/2018 by J. Smith	1 month ago	04/15/2018 - 04/18/2018	DENIED	☰
Authorization Outpatient	1234566	Susan Patrick YVA150093290, DOB: 10/16/1964	BlueCross BlueShield of MN <i>Administered by: eviCore</i>	03/23/2018 by J. Smith	1 month ago	04/15/2018 - 04/18/2018	PENDING	☰

Authorization & Referral Dashboard

- Once patient is located on the dashboard, choose Request Extension and follow attach documents process

The screenshot displays the eviCore healthcare dashboard for a patient with Auth# test123456. The status is 'Approved'. The dashboard includes a sidebar with navigation options: Dashboard, Request an Auth, Search Cases, User Group Admin, and Logout. The main content area shows 'SNF' (Skilled Nursing Facility) details, including 'Dates of Care' (START: Feb 5, LAST: Mar 5, Target Length of Stay is 22 Days) and a 'SERVICING PROVIDER' field. A red circle highlights the 'Request Extension' button in the top right navigation bar. Below this, there is an 'Additional Member Info' section. The dashboard also features three panels: 'Requests & Reviews' showing two reviews from Feb 25, 2019; 'Attachments & Notes' showing 'No activity yet.'; and 'Notifications & Letters' showing a notification from Kristie Batts, RN on Feb 25, 2019, with an 'Approved: Provider' status.

Attach Clinical

- Now you will see a pop up window to upload clinical documents
- You will navigate to your system to locate the documents and attach to the case

The screenshot displays the eviCore healthcare web application interface. On the left, a navigation sidebar includes links for Dashboard, Request an Auth, Search Cases, User Group Admin, and Logout. The main content area is partially obscured by a yellow 'Request Case Extension' pop-up window. This window contains the following text:

Request Case Extension

Upload Clinical Information

Additional clinical information is required in order to process your request for an extension. Please upload your files here:

UPLOAD FILES

Drag and drop your files in this area.

Upload Files | Add Files... | Upload limit 50 MB.

Not ready to upload your clinicals yet?

Please note that your request cannot be processed until you provide additional clinical information. Choose an option below:

- I will fax my clinical information
- I will upload my clinical files later
- I have already faxed clinical information for this request

Continue

Overlaid on the bottom right is a Windows File Explorer window titled 'Open'. The address bar shows 'Desktop'. The file list includes folders like 'Favorites', 'Downloads', and 'Recent Places', and files such as 'Pass_Frontier Airlines', 'PG1 - Intake', 'PG2 - Nursing', 'PG3 - General', 'Client Interface issues', 'Code Review standards', 'Confluent_Developer_Training_Exercise_Manual_B7_801_A.pdf', and several 'Copy of' files. The file 'Confluent_Developer_Training_Exercise_Manual_B7_801_A.pdf' is selected. The 'File name' field at the bottom shows 'Confluent_Developer_Training_Exercise_Manual_B7_801_A' and the file type is set to 'All Files'. The 'Open' button is highlighted.

Administrator Registration

Administrator eviCore Log In

- Log in directly to eviCore
<https://encore.evicore.com/portalserver/oauth/login?homerealm=local>
- Choose “Sign up now” to create an eviCore account

eviCore healthcare
innovative solutions

Sign in with eviCore Credentials

Sign in with Availity Credentials

Sign in with BCBSMN Credentials

OR

Sign in with your existing account

Email Address

Email Address

Password [Forgot your password?](#)

Password

Sign in

Don't have an account? [Sign up now](#)

eviCore Post-Acute Care Provider Platform

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

eviCore Platform Provider Registration

Please provide the following details.
Verification is necessary. Please click Send button.

Email

Send verification code

New Password

Re-enter Password

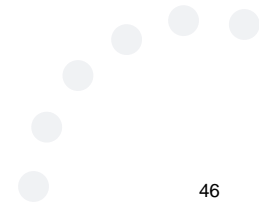
First Name

Last Name

Display Name

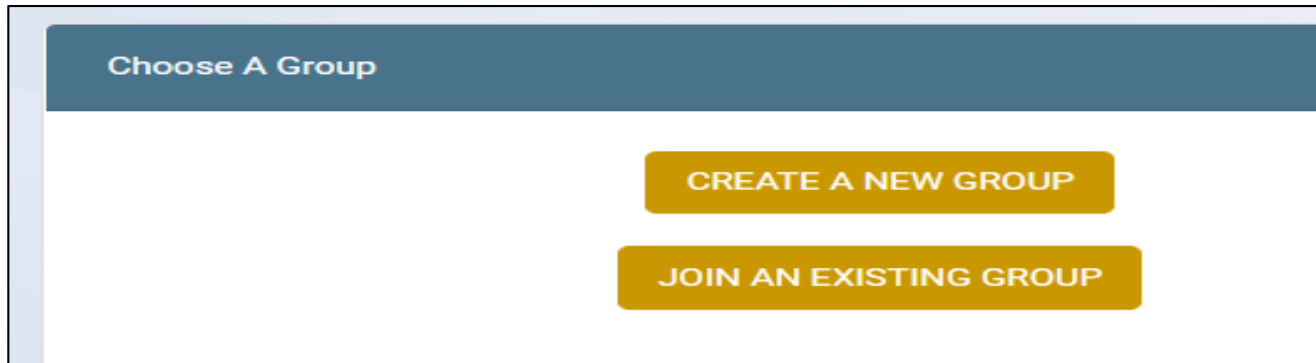
Phone Number

Cancel **Register**



Admin Registration

- Next, you will Create A New Group



The image shows a screenshot of a web form titled "Choose A Group". The form has a dark blue header with the text "Choose A Group" in white. Below the header, there are two yellow buttons with black text. The top button is labeled "CREATE A NEW GROUP" and the bottom button is labeled "JOIN AN EXISTING GROUP".

Admin Group Creation

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

Create Provider Group

Enter your group details:

Group Name

Ordering Provider Rendering Provider

Address 1

Address 2

City State Zip

Phone Fax

Provider Registration

- Once user has successfully created a group, you should:
 1. Make note of the Provider Group Join Code and provide to all users for that group
 2. Invite other users to your group. You can appoint others as alternate Admins
 3. Add Providers - Add both TIN and NPI numbers for all providers associated with the group

eviCore Platform Provider User Group Administration Go to website

Office

medical external provider - Ordering ✎

#203, 52 W, 60th street Westmont, IL 60559
(331) 481-3612 (456) 456-4645

Provider Group Join Code **1**

sYx113 ← Copy Generate New

Users Invite **2**

Name	Status	Permissions
Erica Brown		+ 🔒 ★ 🗑️

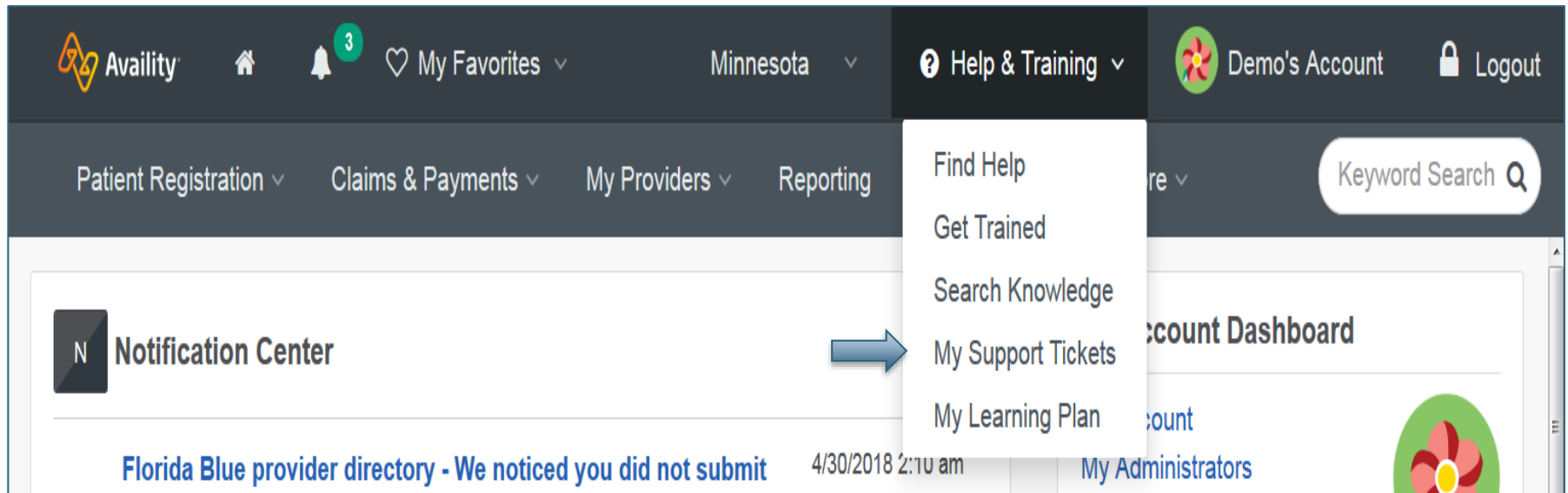
Providers Add **3**

Name	NPI	Tools
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Platform Support

Where to Call for Help – Availity

- Contact Availity for questions related to Registration, Entering Prior Authorizations on the Portal or Training
- Submit a technical support ticket directly or call:
1-800-282-4548
 - From the Availity Portal, click **Help & Training | My Support Tickets**



The screenshot displays the Availity portal interface. At the top, the navigation bar includes the Availity logo, a home icon, a notification bell with a '3' badge, 'My Favorites', 'Minnesota', 'Help & Training', 'Demo's Account', and 'Logout'. Below this, a secondary navigation bar contains 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', and a 'Keyword Search' field. A dropdown menu is open under 'Help & Training', listing 'Find Help', 'Get Trained', 'Search Knowledge', 'My Support Tickets', and 'My Learning Plan'. A blue arrow points to the 'My Support Tickets' option. The main content area shows a 'Notification Center' with a message: 'Florida Blue provider directory - We noticed you did not submit' dated '4/30/2018 2:10 am'. Other visible elements include 'Account Dashboard' and 'My Administrators'.

eviCore Platform Services - Assistance

**For eviCore Platform Account Questions -
Contact a Web Support Specialist**



Call: (800)646-0418 (Option 2)



Email: portal.support@eviCore.com

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

Thank You!

Questions?

