Preauthorization of Sleep for Blue Cross and Blue Shield Medicaid Program

Provider Orientation

Company Overview

100M Members Managed Nationwide

Headquartered in Bluffton, SC Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT

- Melbourne, FL
- Plainville, CT
- Sacramento, CA

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

NCQA
Certification
Utilization Management

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

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

100 million lives

Integrated platform

Medical Oncology
30M lives

Lab Management
19M lives

Radiation Therapy
39M lives

Specialty Drug
723k lives

Sleep
16M lives

Cardiology
50M lives

Radiology
70M lives

Musculoskeletal
40M lives

Post-Acute Care
1.7M lives

9 **Comprehensive Solutions**

16 Regional
and National Clients

1k+
Cases built per day

10 Years
Managing Sleep Management Services

16M members
managed nationwide
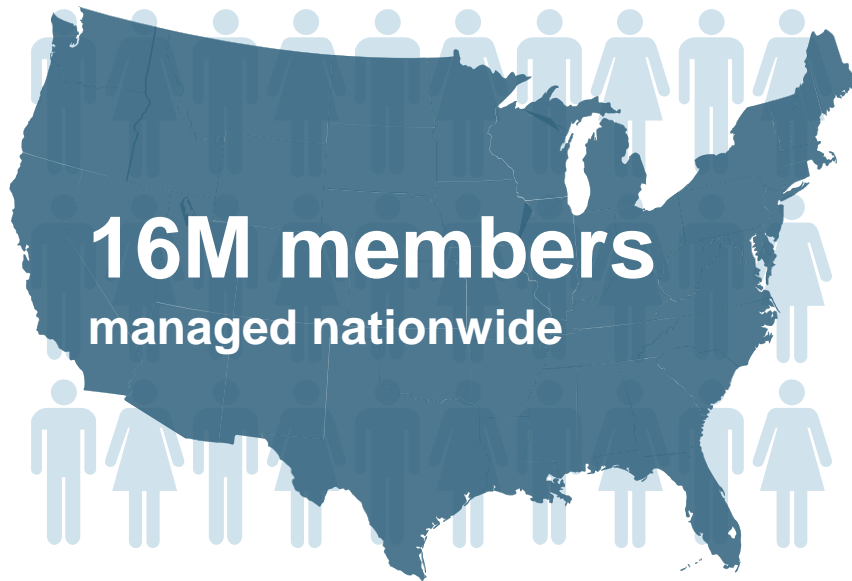
Members Managed

- **10.9M Commercial Members**

- **3.6M Medicare Members**

- **1.6M Medicaid Members**

Our Clinical Approach

Clinical Staffing

Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

>300 Medical Directors

Covering **51** different specialties

800 Nurses with diverse specialties / experience

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

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

- **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology
- **Sleep Medicine**
- **Sports Medicine**
- **Surgery**
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
  - Vascular
- **Urology**

Evidence-Based Guidelines

The foundation of our solutions:

Dedicated pediatric guidelines

Contributions from a panel of community physicians

Experts associated with academic institutions

Current clinical literature

Aligned with National Societies

- **American College of Cardiology**
- **American Heart Association**
- **American Society of Nuclear Cardiology**
- **Heart Rhythm Society**
- **American College of Radiology**
- **American Academy of Neurology**
- **American College of Chest Physicians**
- **American College of Rheumatology**
- **American Academy of Sleep Medicine**
- **American Urological Association**
- **National Comprehensive Cancer Network**

- **American College of Therapeutic Radiology and Oncology**
- **American Society for Radiation Oncology**
- **American Society of Clinical Oncology**
- **American Academy of Pediatrics**
- **American Society of Colon and Rectal Surgeons**
- **American Academy of Orthopedic Surgeons**
- **North American Spine Society**
- **American Association of Neurological Surgeons**
- **American College of Obstetricians and Gynecologists**
- **The Society of Maternal-Fetal Medicine**

Service Model

Enabling Better Outcomes

Enhancing outcomes through Client and Provider engagement

Client & Provider Operations

Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

Client Experience Manager

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

Regional Provider Engagement Managers

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

Why Our Service Delivery Model Works

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

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

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

Preauthorization Program for Blue Cross and Blue Shield Medicaid Program

Program Overview

eviCore began accepting requests on May 22, 2017 for dates of service June 1, 2017 and beyond.

Preauthorization applies to services that are:

- Outpatient
- Elective / Non-emergent

eviCore Preauthorization does not apply to services that are performed in:

- Emergency room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider to request preauthorization approval for services.

Applicable Membership

Authorization is required for Blue Cross and Blue Shield members enrolled in the following programs:

- **Blue Cross and Blue Shield of Illinois**
  - **Medicaid members**

Preauthorization Required:

- **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**

To find a list of CPT (Current Procedural Terminology) codes that require preauthorization through eviCore, please visit:

https://www.evicore.com/healthplan/bcbs

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 an HST is more appropriate?**

  - If the member meets medical appropriateness criteria for an 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 an 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 <u>order an HST</u> 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

- BCBS 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 <u>PAP devices equipped with a modem</u> 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.

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.

TherapySupport℠ 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

Member
Member ID
Member name
Date of birth (DOB)

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

Necessary Information

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)
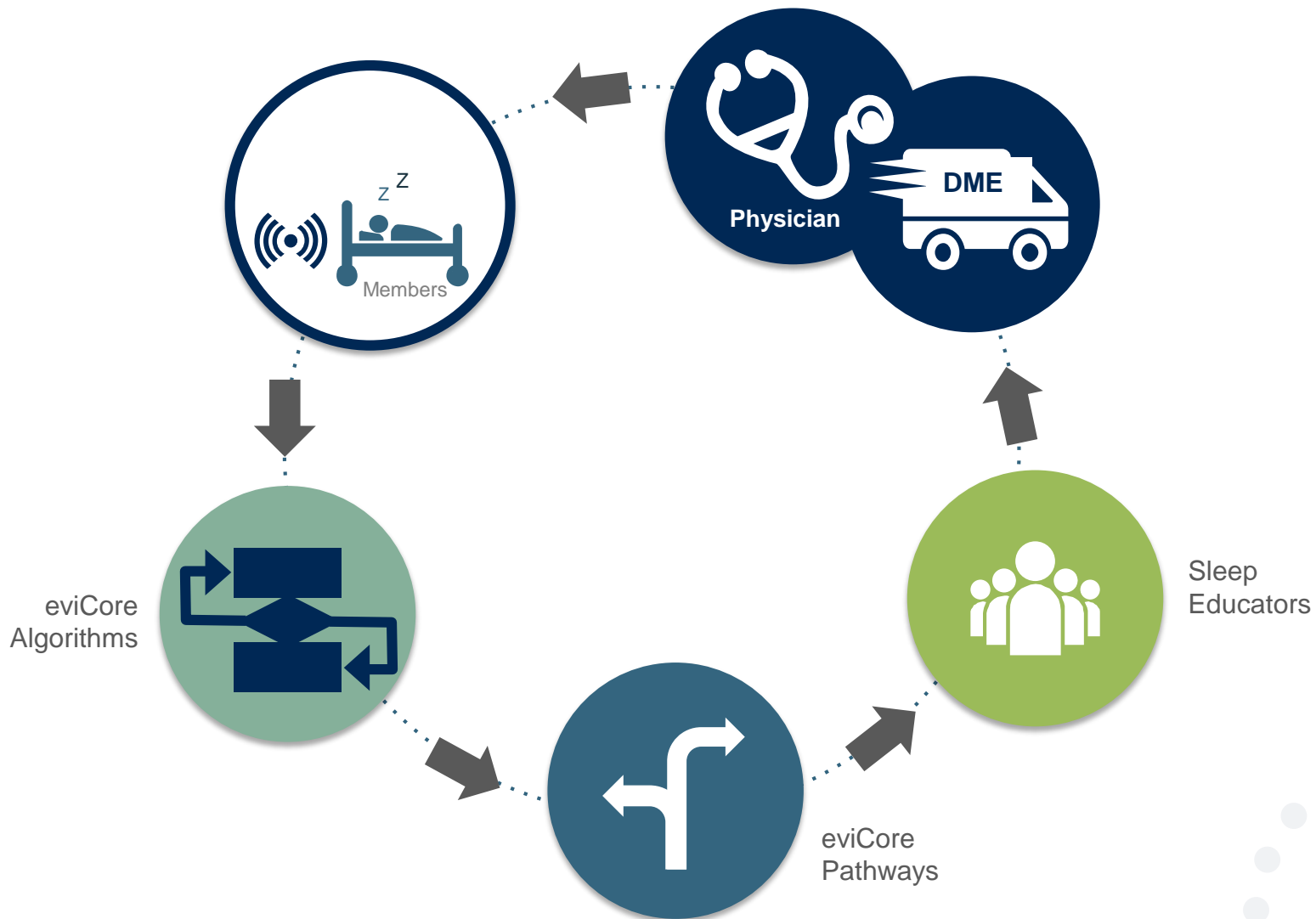
Preauthorization Outcomes

Approved Requests:

- All requests are processed within 4 calendar days.
- Authorizations for diagnostic tests are good for 90 days from the date of determination.

Delivery:

- Faxed to ordering provider (verbal outreach for urgent requests)
- Mailed to the member (verbal outreach for urgent requests)
- Information can be printed on demand from the eviCore healthcare Web Portal

Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery:

- Faxed to the ordering provider and rendering facility (verbal outreach for urgent requests)
- Mailed to the member (verbal outreach for urgent requests)

Special Circumstances

Authorization Appeals

- eviCore will manage first level authorization appeals.
- Appeals must be submitted in writing within 30 calendar days of the determination. eviCore will respond within 15 business days.

Outpatient Urgent Studies:

- Contact eviCore by phone or web portal to request an expedited preauthorization review and provide clinical information.
- Urgent Cases will be reviewed with 72 hours of the request.

Preauthorization Outcomes

Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.

- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval

Clinical Consultation

- Provides the ability to review clinical aspects of the case with a peer

- Be prepared to provide information that was not submitted previously

- Schedule the clinical consultations on line
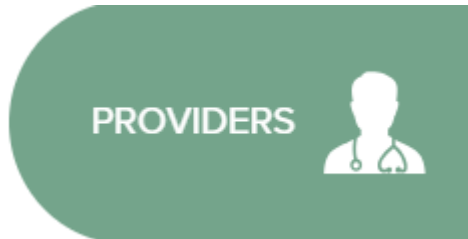
Select "Request a Consultation with a Clinical Peer Reviewer"

PROVIDERS AREA ✕

Login

Check Prior Authorization Status

Go To Provider's Hub
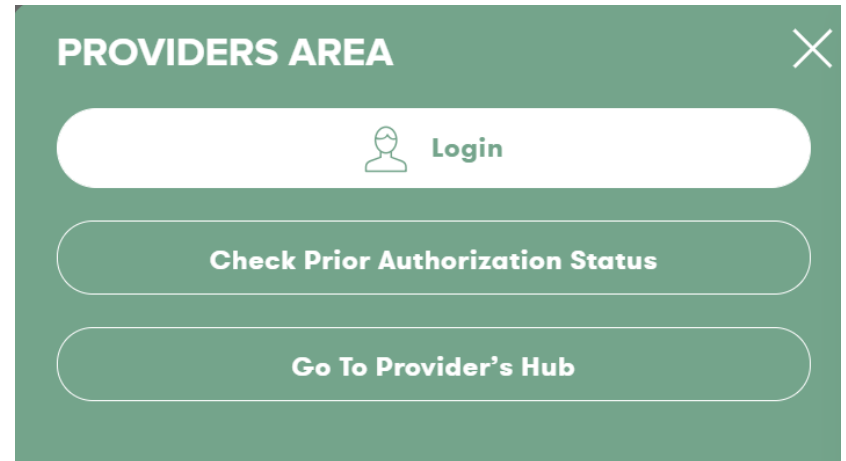
Resources

CLINICAL GUIDELINES

Clinical Worksheets

Network Standards/Accreditations

Provider Playbooks

Training Resources

I Would Like To

Request a Consultation with a Clinical Peer Reviewer

WEB

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!
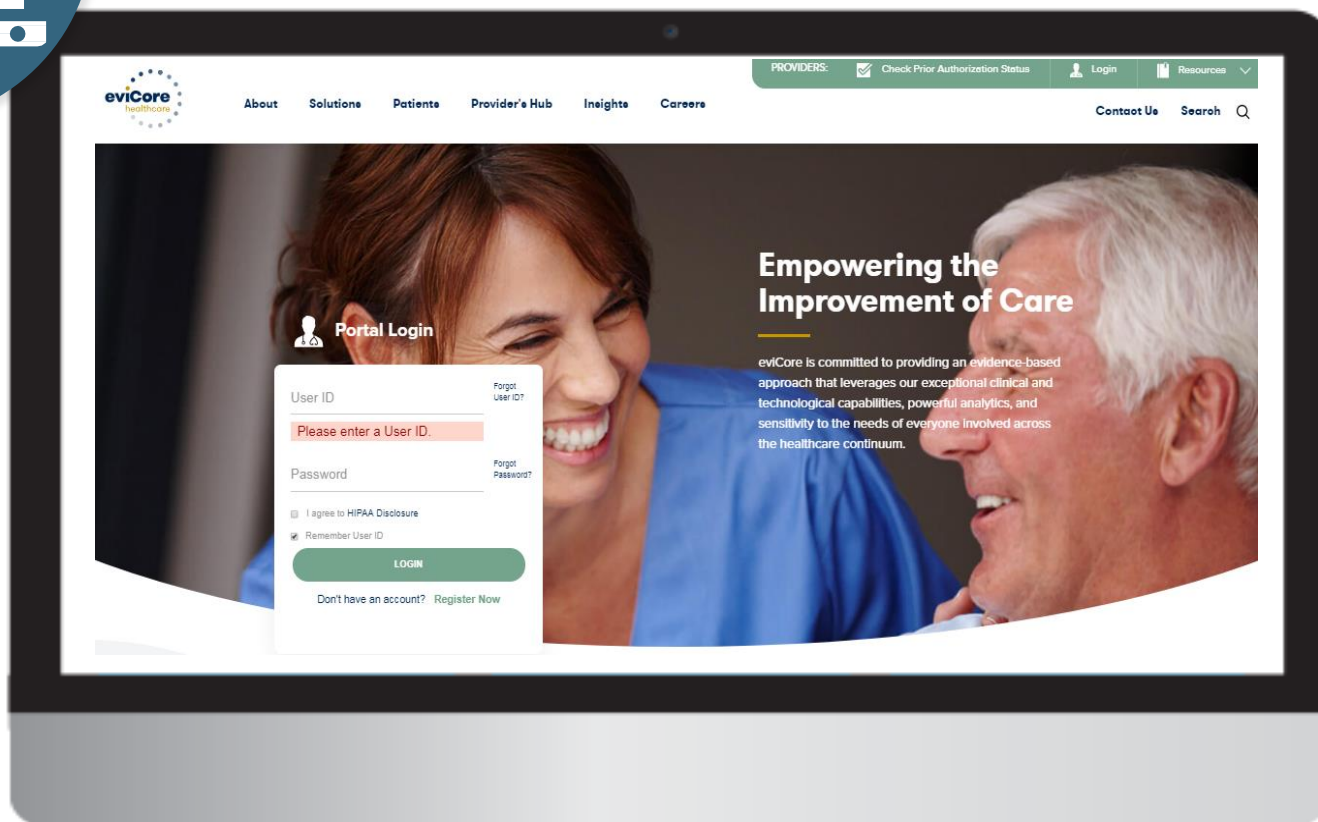
Or by phone:

Phone Number:
XXX-XXX-XXXX
7:00 a.m. to 7:00p.m.
(Monday - Friday

Web Portal Services

Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

- **Google Chrome**

- **Mozilla Firefox**

- **Internet Explorer 9, 10, and 11**

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

eviCore healthcare website
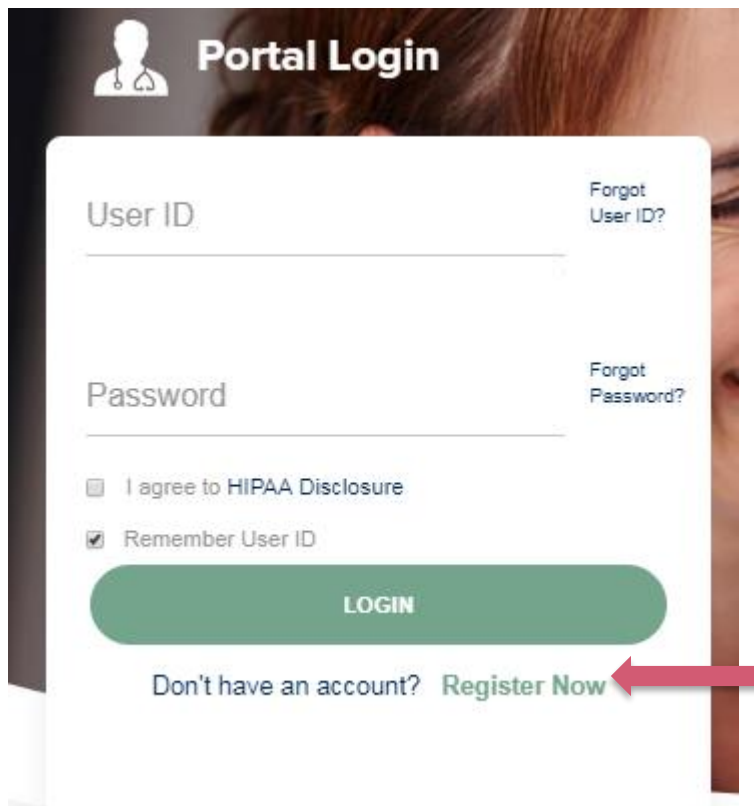
- Point web browser to evicore.com

- Login or Register

Creating An Account

To create a new account, click Register.

Creating an Account

Select a Default Portal, and complete the registration form.

Creating an Account

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: CareCore National

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Registration

UserName:	MYG123	**Address:**	730 Cool Springs	**Phone:**	800-575-4517
Email:	tesaccount@gmail.com			**Ext:**	
Account Type:	Physician	**City:**	Franklin	**Fax:**	615-468-4408
First Name:	Test	**State:**	TN **Zip:** 37067		
Last Name:	Account	**Office Name:**	Test Office		

Back   Submit Registration

Review information provided, and click "Submit Registration."

User Registration-Continued

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

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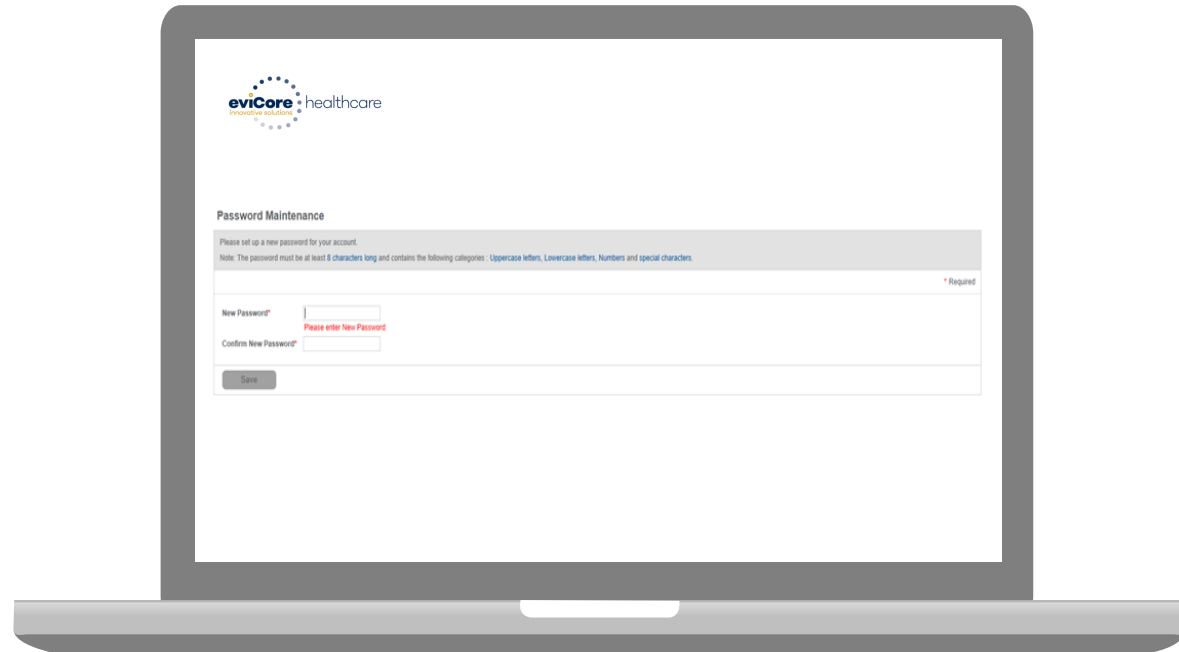
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

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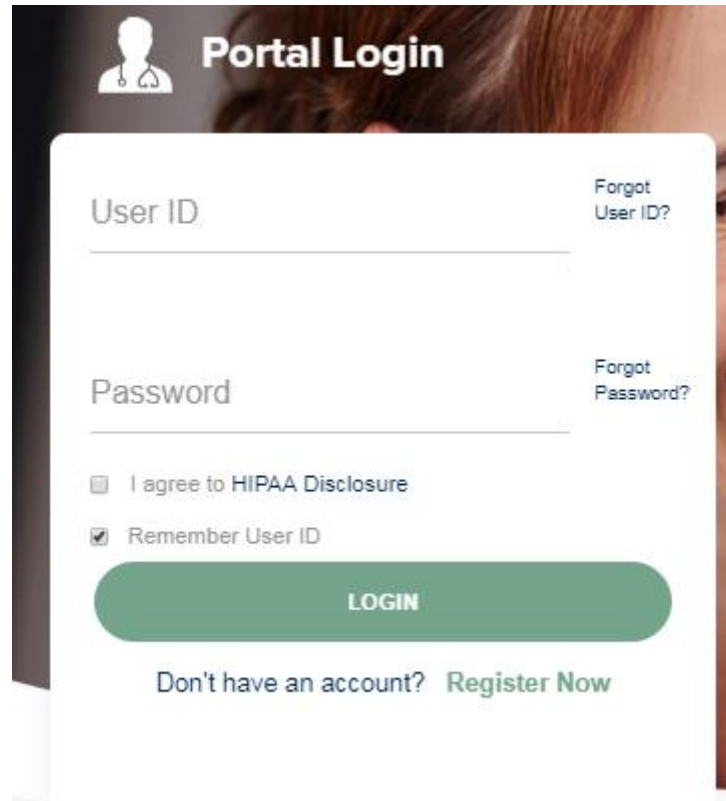
✓ Uppercase letters

✓ Lowercase letters

✓ Numbers

✓ Characters (e.g., ! ? *)

Account Log-In

To log-in to your account, enter your **User ID** and **Password.** Agree to the HIPAA Disclosure, and click **"Login."**

Account Overview

Welcome Screen

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

Note: You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

Add Practitioners

Manage Your Account

Office Name:	Bluffton
Address:	400 Buckwalter Place Blvd
	Bluffton, SC 29910

Change Password   Edit Account

Primary Contact:
Email Address:

Add Provider

Click Column Headings to Sort
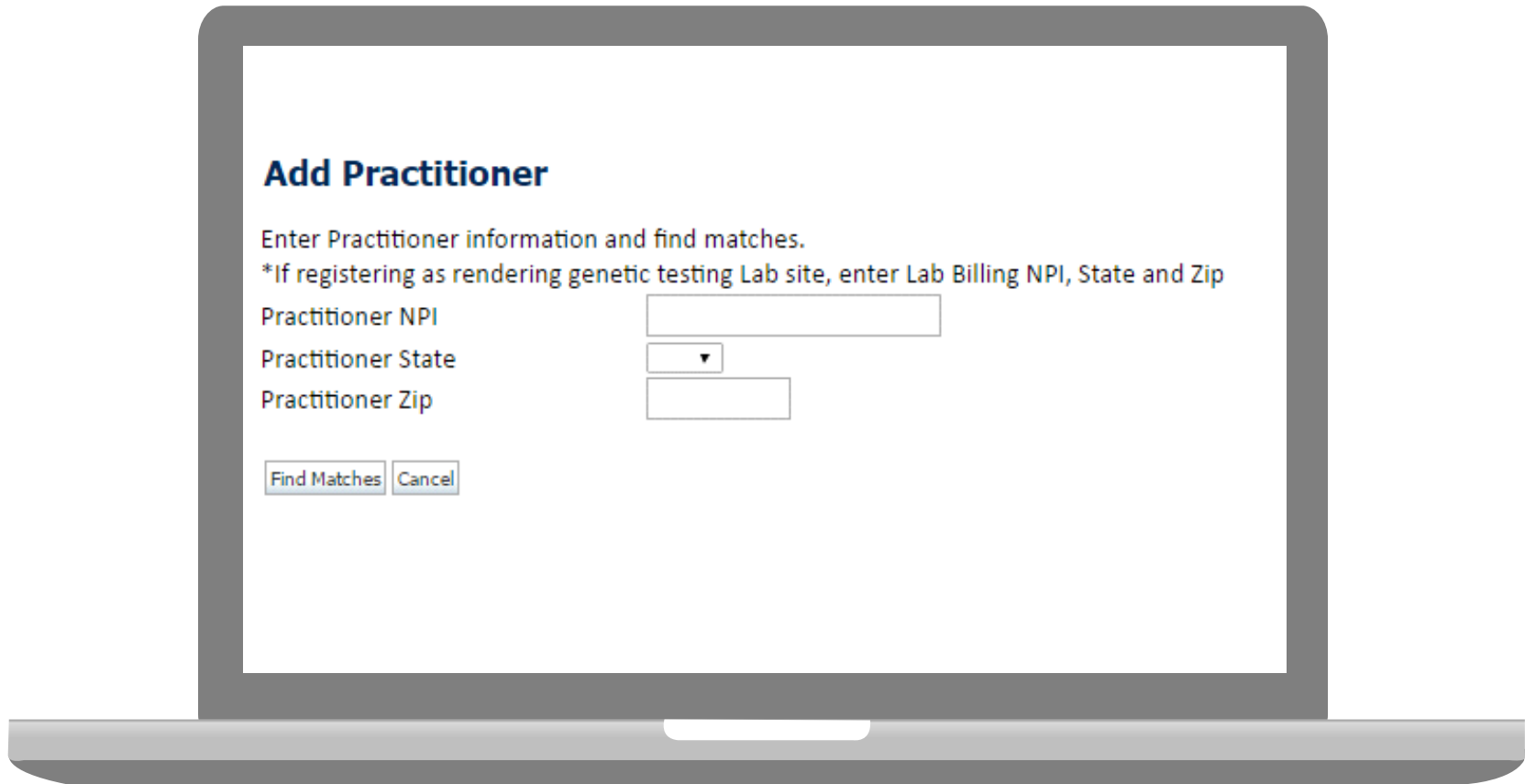
No providers on file

Cancel

Click the "**Add Provider**" button.

Add Practitioners

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.

Adding Practitioners
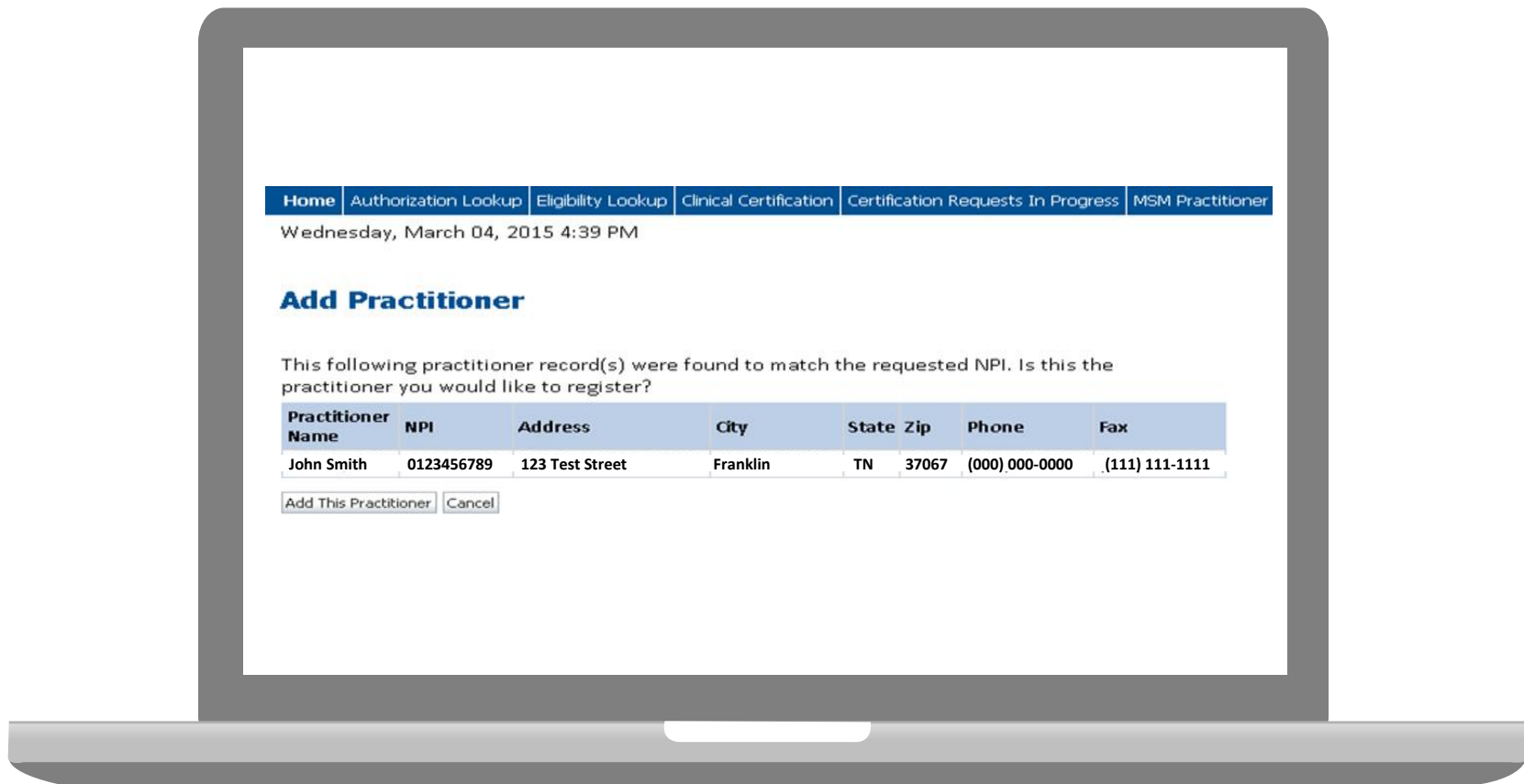
Select the matching record based upon your search criteria

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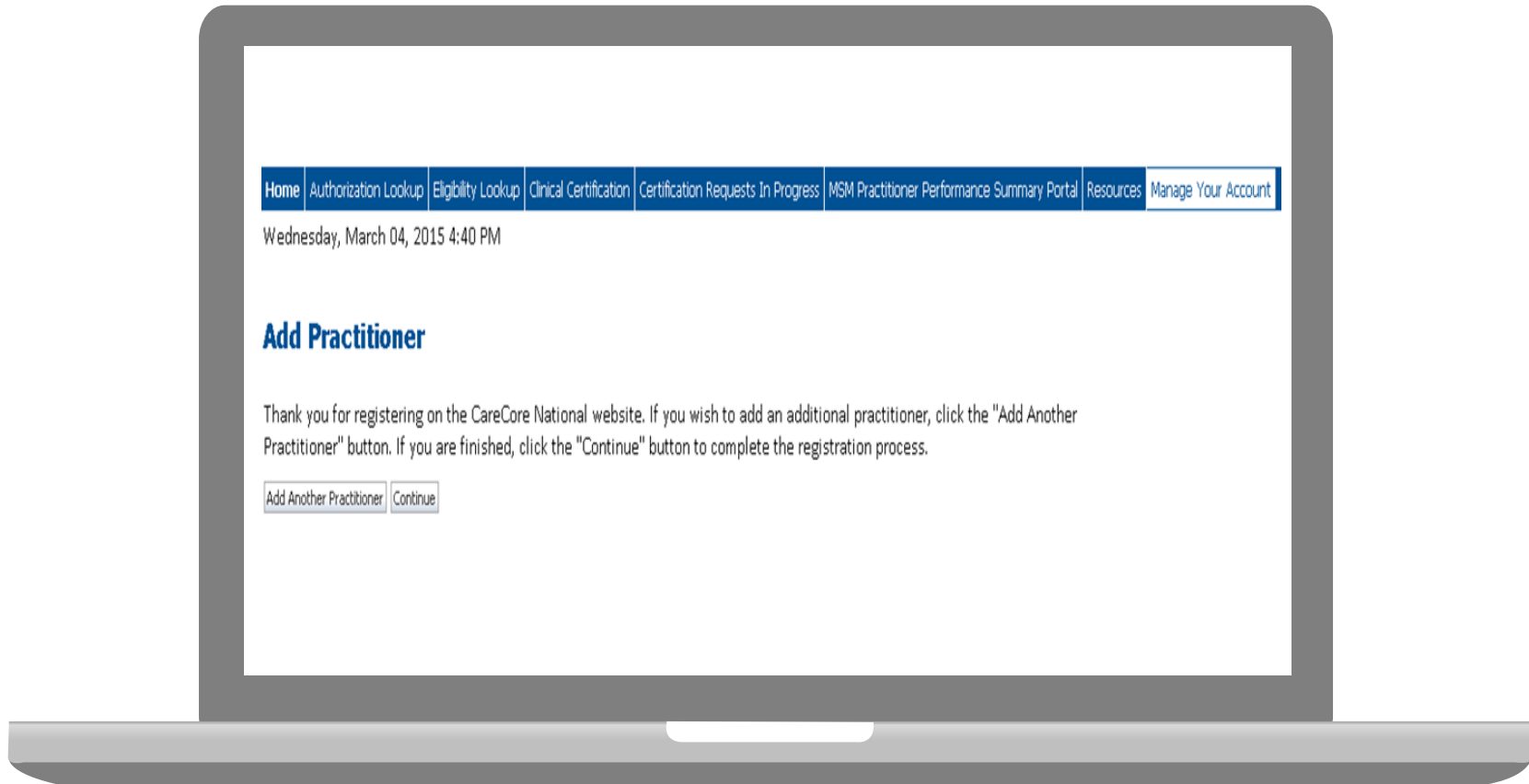
- Once you have selected a practitioner, your registration will be completed. You can then access the **"Manage Your Account"** tab to make any necessary updates or changes.

- You can also click "Add Another Practitioner" to add another provider to your account.
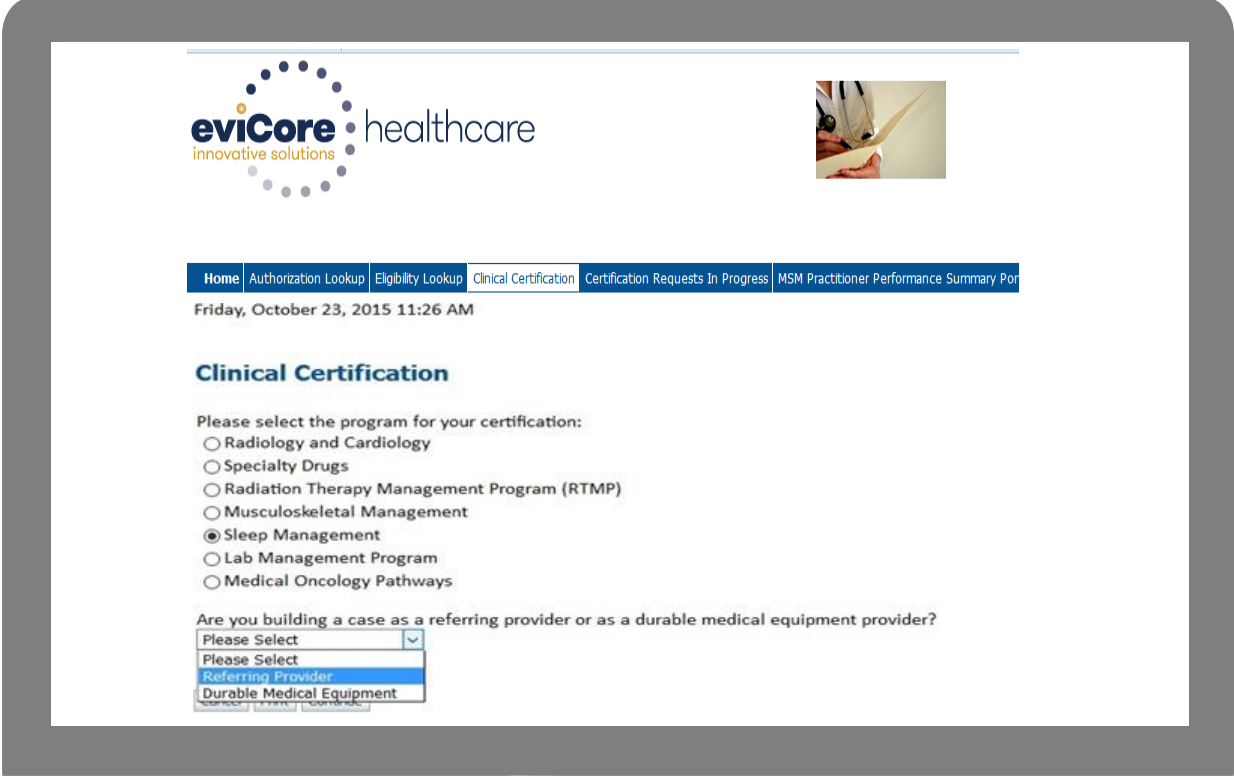
Case Initiation

Initiating a Case

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

Request a clinical certification/procedure >>

Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.

Look up an existing authorization >>

Check member eligibility >>

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- Choose **"request a clinical certification/procedure"** to begin a new case request.

Select Program

Select Sleep Management then Referring Provider.

Select Referring Physician
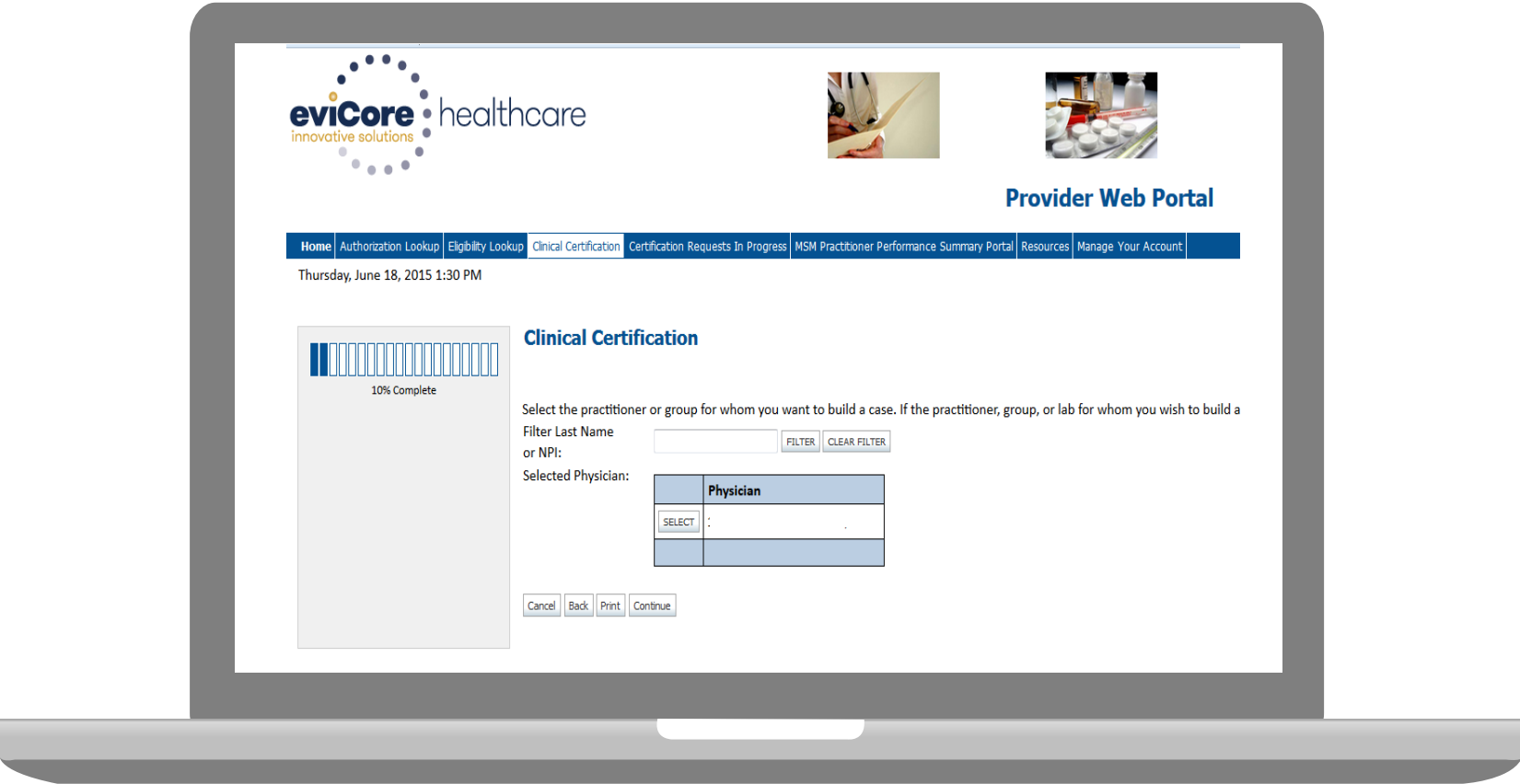
Select the Practitioner/Group for whom you want to build a case.

Select Health Plan

Choose the appropriate Health Plan for the case request.

Contact Information

Enter the Physician's name and appropriate information for the point of contact individual.

Member Information

Patient Information

Clinical Certification

30% Complete

Physician
DOE, JOHN   EDIT

Patient ID:

Date Of Birth: MM/DD/YYYY

Patient Last Name Only: [?]

DO NOT INCLUDE ALPHA PREFIX. ENTER NUMERIC DIGITS ONLY.

ELIGIBILITY LOOKUP

Cancel   Back   Print

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

Clinical Details

Enter the appropriate CPT Code.

Clinical Details

Enter the appropriate ICD-10 Diagnosis Code.

Verify Service Selection

Confirm selected procedure and ICD-10 diagnosis code.

Site Selection

➤ **Select the site. Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the preauthorization process.**

You will not have the opportunity to make changes after that point.

Clinical Collection

Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Physician Criteria | Manage Your Account

Friday, April 25, 2014 9:57 AM

Clinical Certification

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 Physician, 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 CareCore National.

Cancel | Back | Print | Continue

Click here for help or technical support

Clinical Collection

Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Physician Criteria | Manage Your Accou

Friday, April 25, 2014 9:57 AM

Clinical Certification

ⓘ What are the patient's complaints?

☐ excessive daytime sleepiness (EDS) ☐ non-restorative sleep
☐ disturbed or restless sleep ☐ no complaints
Other (specify) [_____]

ⓘ What symptoms do you have documented evidence of?

☐ choking during sleep
☐ witnessed apneas during sleep
☐ gasping during sleep
☐ retrognathia, tonsillar hypertrophy or other physiologic abnormalities compromising respiration
☐ disruptive snoring
☐ hypertension
☐ morning headaches

☐ decreased concentration during the daytime
☐ memory loss
☐ decreased libido
☐ irritability
☐ nocturia
☐ none of these symptoms

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

[_____]
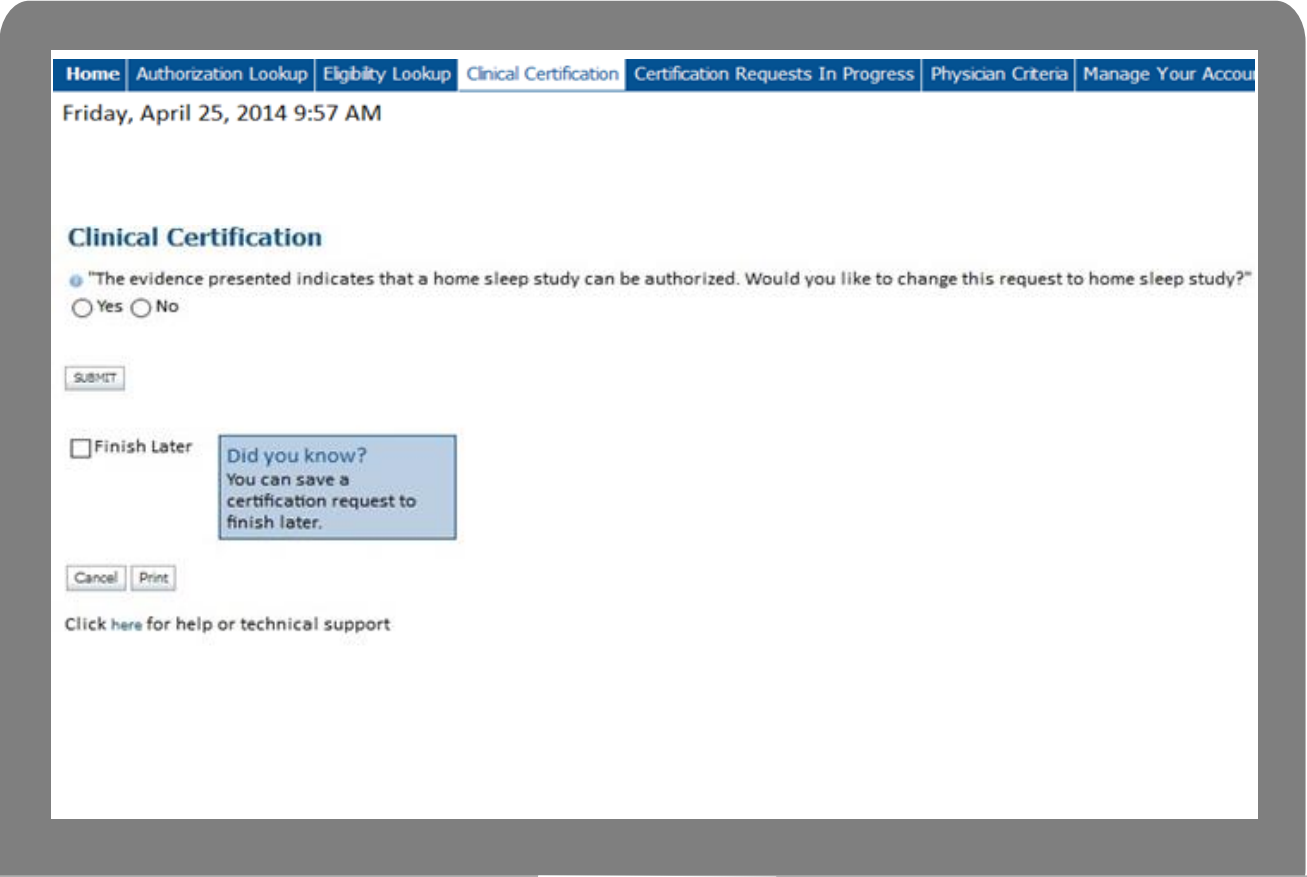
ⓘ What medications is the patient currently taking? (Please write "none" if the patient is not taking any medication)

[_____]

ⓘ What is the patient's BMI?

[_____]

ⓘ Do you know the patient's Epworth Sleepiness Score (ESS)?

○ Yes ○ No

Clinical Collection

Home | Authorization Lookup | Eligibilty Lookup | Clinical Certification | Certification Requests In Progress | Physician Criteria | Manage Your Accou

Friday, April 25, 2014 9:57 AM

Clinical Certification

"The evidence presented indicates that a home sleep study can be authorized. Would you like to change this request to home sleep study?"

◯ Yes ◯ No

SUBMIT

☐ Finish Later

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

Cancel Print

Click here for help or technical support

Offer of HST redirection is made on the web.

Medical Review

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

Approval

Clinical Certification

Your case has been Approved.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	

Patient Name:		Patient Id:
Insurance Carrier:		

Site Name:		Site ID:
Site Address:		

Primary Diagnosis Code:		Description:
Secondary Diagnosis Code:		Description:
CPT Code:		Description:

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: Your case has been Approved.

[Print] [Continue]

Determination at the end of the pathway is given to the provider.

A case number and next steps will be listed.

Medical Review

Clinical Certification

ⓘ Is there any additional information specific to the member's condition you would like to provide?

○ I would like to upload a document
○ I would like to enter additional notes in the space provided
○ I would like to upload a document and enter additional notes
○ I have no additional information to provide at this time

Enter text in the space provided below or both.

ⓘ Additional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

ⓘ Additional Upload Document:

[   ] [Browse...]

[SUBMIT]

☐ Finish Later

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

If **additional information** is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.

Building Additional Cases

Once a case has been submitted for clinical certification, you can 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 Look Up

- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
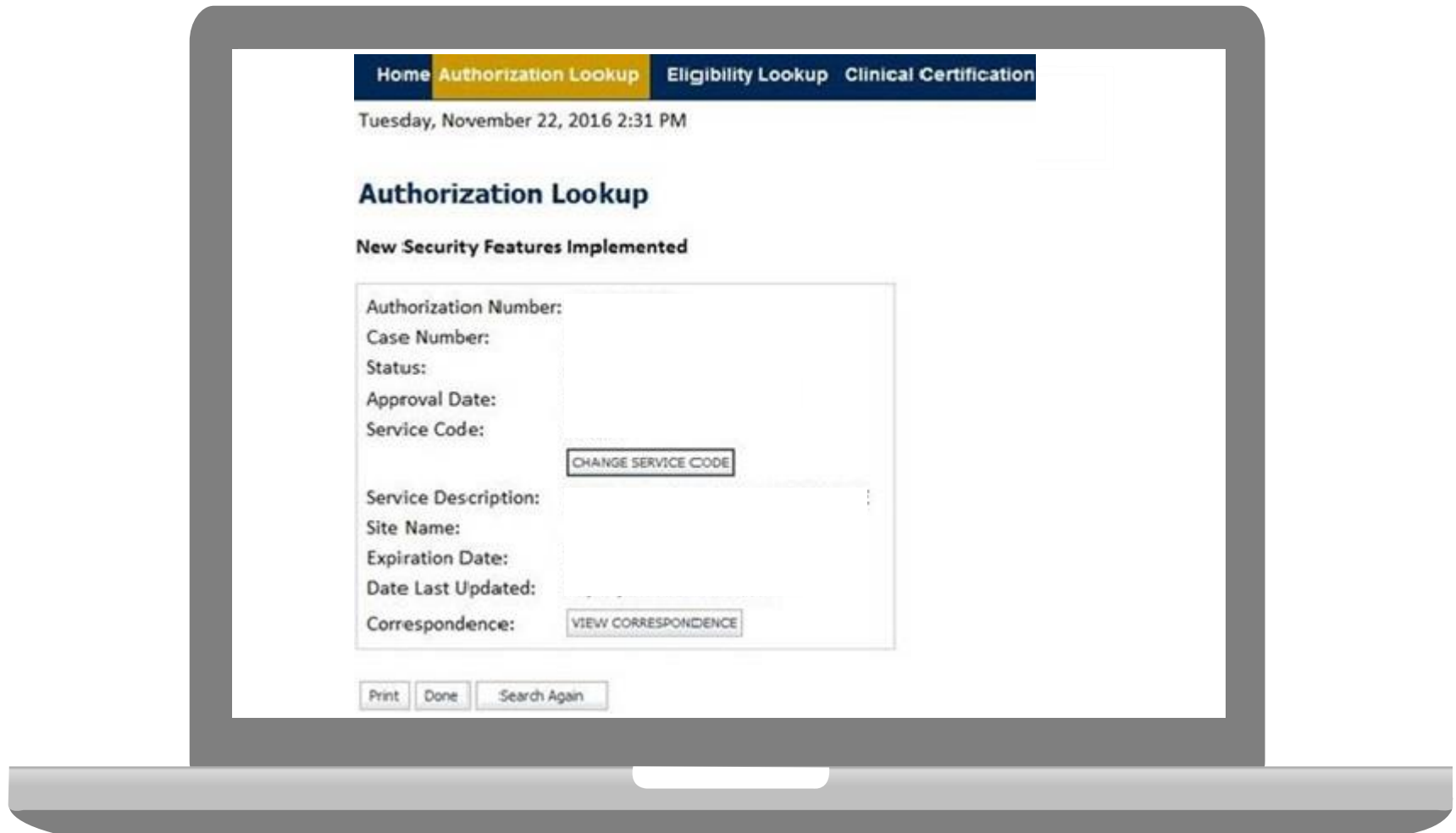
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status

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

Eligibility Look Up

Provider Resources

Online Resources

- You can access important tools and resources at **www.evicore.com**.

- Select the **Resources** to view **FAQs**, **Clinical Guidelines**, **Online Forms**, and more.
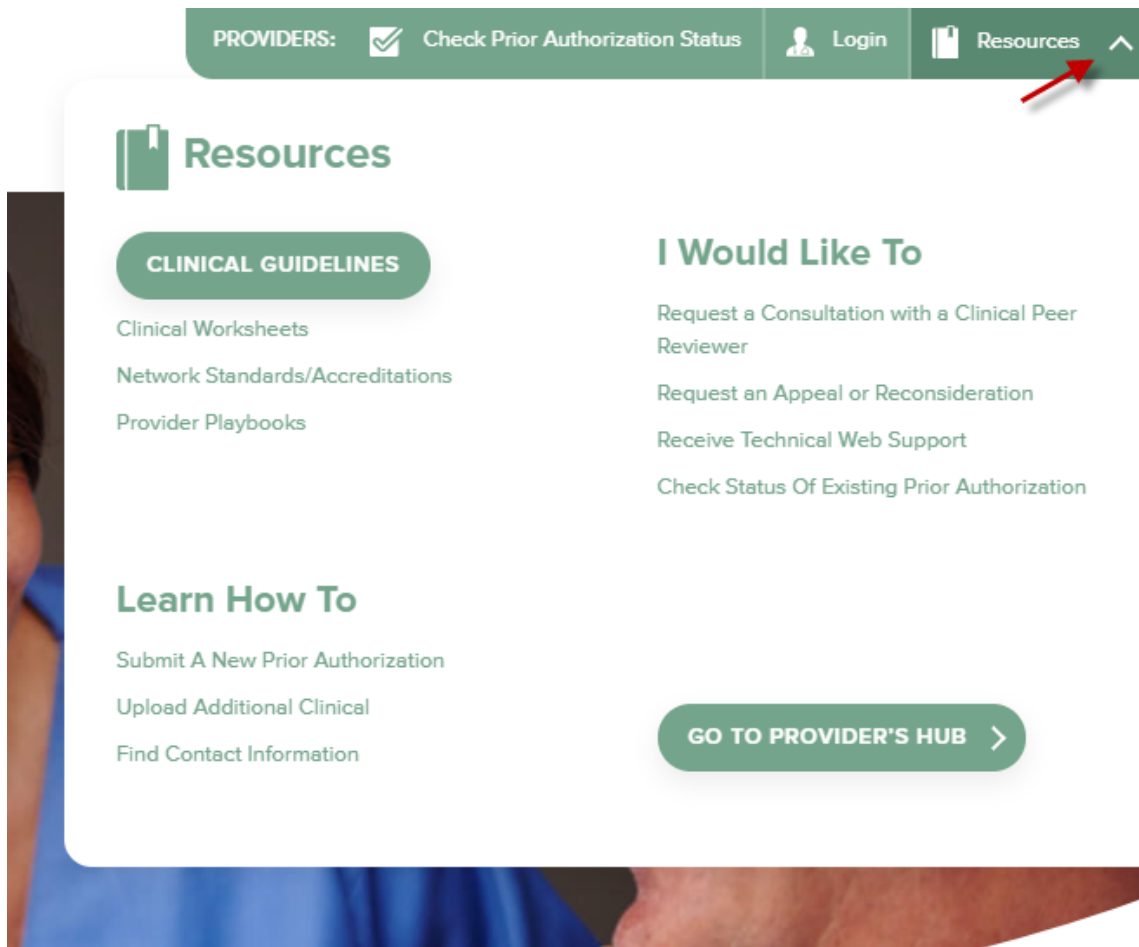
Quick Reference Tool
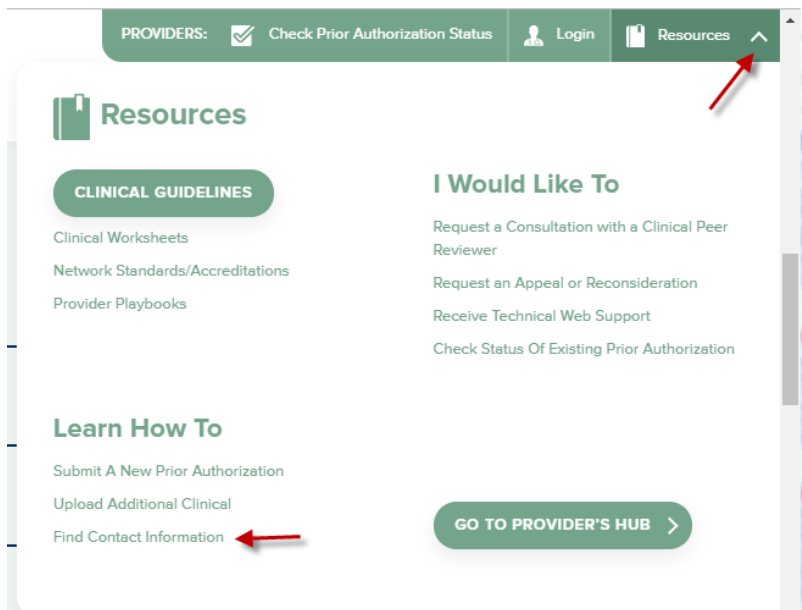
Access health plan specific contact information at **www.evicore.com** by clicking the resources tab then select **Find Contact Information,** under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

Sleep Management Program Worksheets

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.

Provider Resources: Web-Based Services

www.evicore.com

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com.

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Provider Resources: Preauthorization Call Center

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

7:00 AM - 7:00 PM (Local Time): 855-252-1117

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Client Provider Operations

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan

Provider Resources: Implementation Website

Provider Enrollment Questions
Contact your Provider Network Consultant for more information

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

Blue Cross and Blue Shield Implementation site - includes all implementation documents:

https://www.evicore.com/healthplan/bcbs

- **Provider Orientation Presentation**
- **CPT code list of the procedures that require preauthorization**
- **Quick Reference Guide**
- **eviCore clinical guidelines**
- **FAQ documents and announcement letters**

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at **ClientServices@evicore.com**.

eviCore healthcare
PAP COMPLIANCE PROGRAM: THERAPYSUPPORT

HCSC DME PROVIDER Training

What's Changing?

Monitoring PAP Compliance

- Beginning June 1, 2017, PAP compliance data will be monitored for BCBS Medicare and Medicaid members by eviCore healthcare.

- 90 day PAP compliance will need to be objectively validated to qualify for purchase authorization.

- For at least the first 90 days of usage, PAP machines must be equipped with a modem – can be wireless or wired.

- Data entry at setup will be critical to proper monitoring and payment.

Current State of Compliance Tracking

Process for tracking patient compliance can be labor-intensive.

Comprehensive online databases from manufacturers are not fully utilized

Process = authorization of PAP → PAP set up → compliance monitoring → PAP purchase authorization → resupply

This workflow can be complicated and time consuming.

DMEs vary in frequency, periodicity, and completeness of checks which results in greater variability in outcomes

TherapySupport^{SM} Focus

PAP Compliance Matters

PAP usage data <u>directly</u> from patient device via SleepLink

Standardizes compliance process across all DME providers

Sleep Educators support behavior change

Minimal additional work for DME providers

Enables DME provider reports

<u>Goal</u>: Improve patient outcome and reduce costs

TherapySupport^{SM} Workflow

Process for utilizing compliance data is very straightforward

| DME provider obtains pre-authorization for PAP device | → | DME enters information into manufacturer Database | → | eviCore healthcare receives Member information via SleepLink^{SM} | → | TherapySupport^{SM} supports PAP compliance |

3 units

10 units – Approval
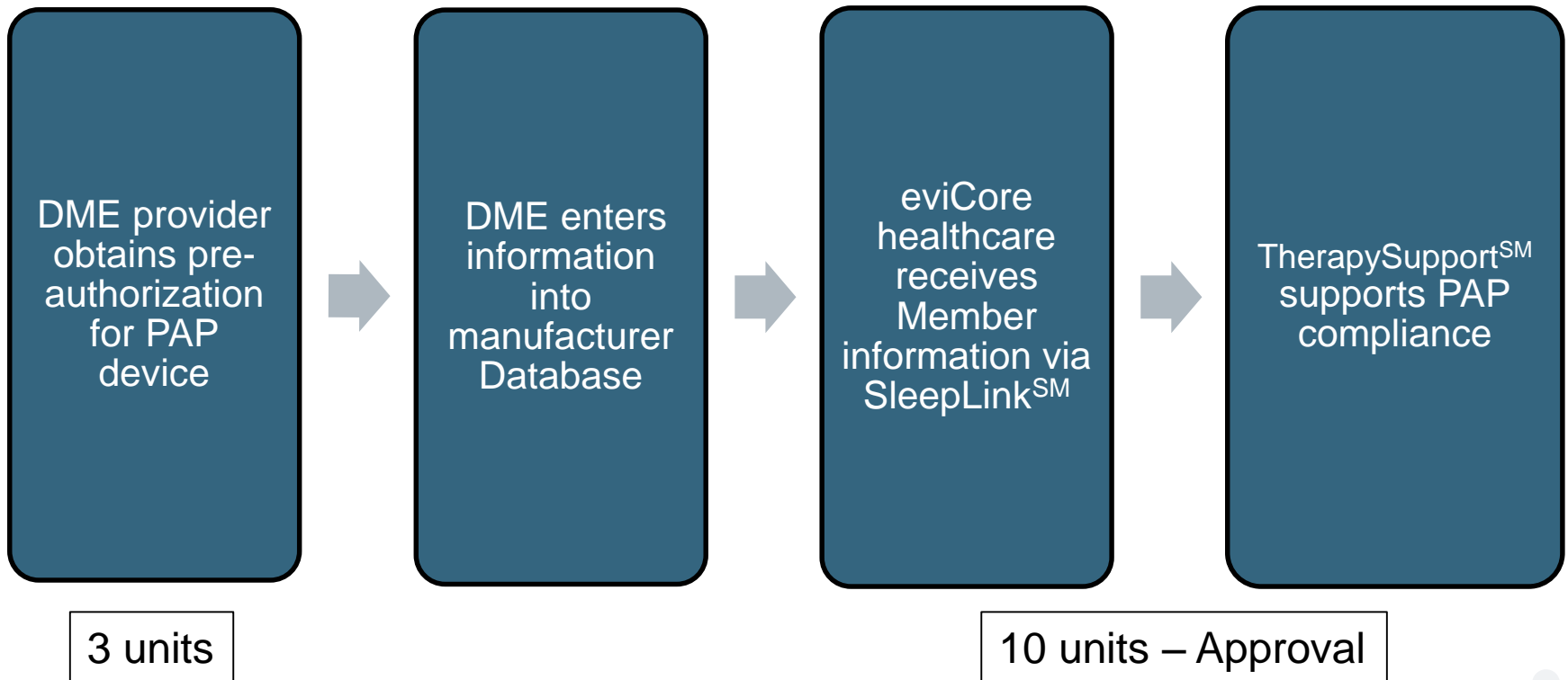
What does this mean for the DME Provider?

eviCore healthcare will monitor member compliance with PAP machines BUT DME providers still need to work with their patients

Non-compliant members: eviCore healthcare will outreach to DME and physician periodically to support compliance

Support for non-compliant members will allow time for member to become comfortable with Therapy and will escalate as needed

Compliant members: eviCore healthcare interaction will be minimal

**Authorization for the remaining rental units of PAP therapy will be sent to DME when member reaches the compliance goal – you will not need to contact eviCore healthcare for the compliance authorization!

NOTES: The program supports properly equipped machines from

ResMed, Respironics, and Fisher & Paykel.
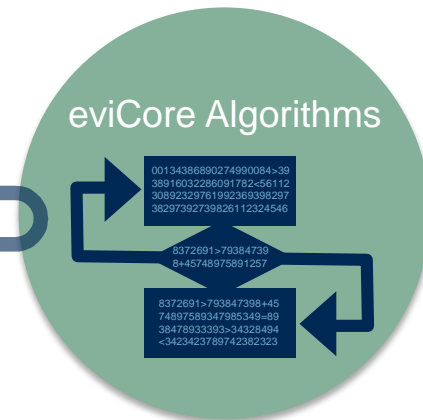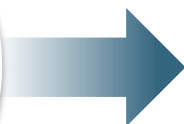
Respironics users: complete BAA and return to eviCore healthcare to be set up in system

The TherapySupport^{SM} Process

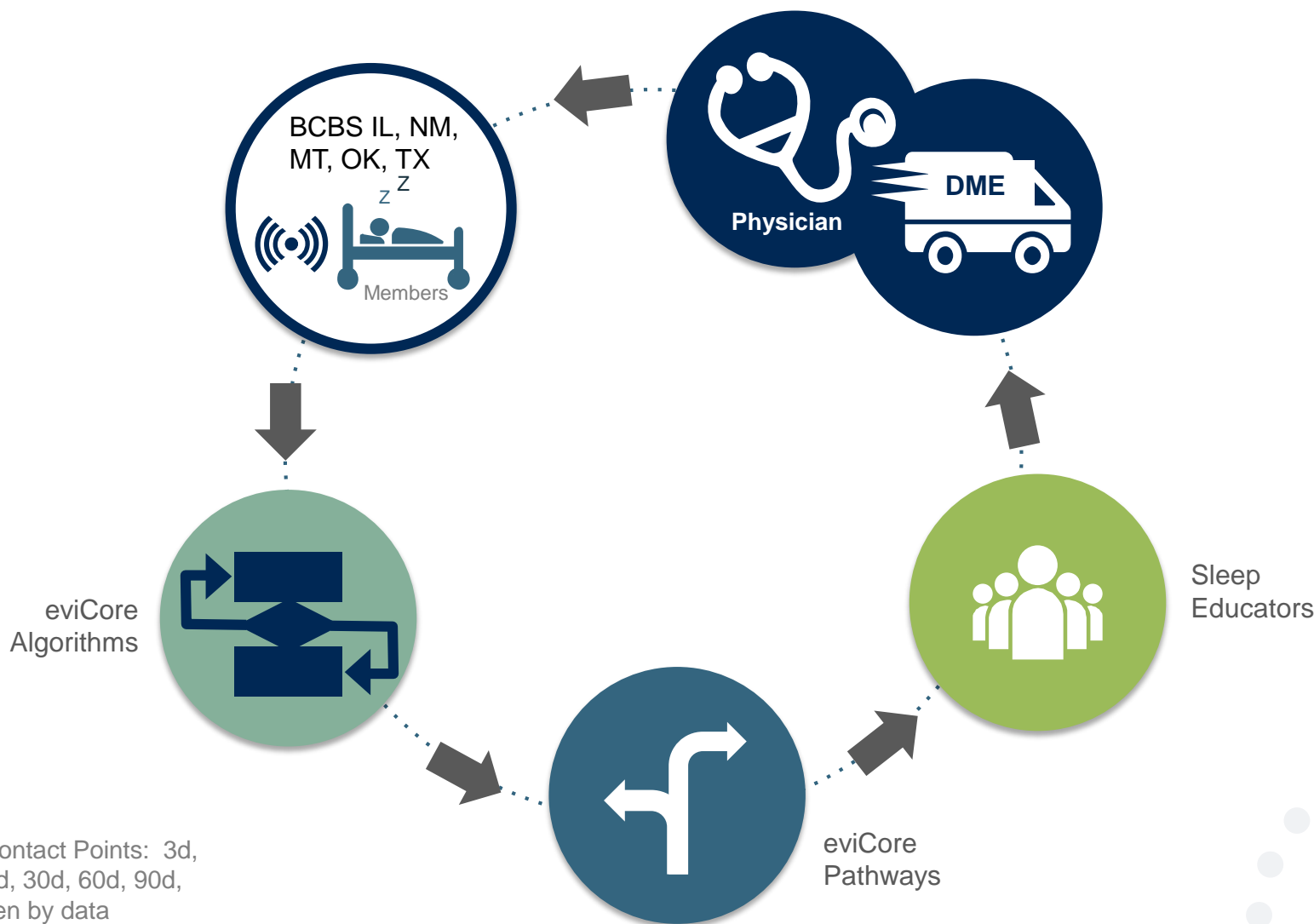## The key to PAP compliance

The key to PAP 🔑 **compliance**

SleepLink^{SM} connects eviCore to the three largest manufacturers of PAP devices

PHILIPS
RESPIRONICS
Fisher&Paykel
HEALTHCARE
RESMED

SleepLink^{SM}

eviCore Algorithms

Therapy Compliance

Once usage is detected, eviCore can ensure that members are compliant with their therapy, improving the quality of care for members

BCBS IL, NM, MT, OK, TX

Members

Physician

DME

eviCore Algorithms

eviCore Pathways

Sleep Educators

Outreach Contact Points: 3d, 7d, 14d, 21d, 30d, 60d, 90d, and as driven by data

Demonstrations of Online Systems

MANUFACTURER DEMOS

ResMed – www.airview.com

Respironics – www.encoreanywhere.com

Fisher & Paykel – www.fpinfosmart.com

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Thank You!