Post-Acute Care

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides Post-Acute Care (PAC) utilization management services for Johns Hopkins HealthCare.

Which members will eviCore healthcare manage for the PAC program?

Medicare: Advantage MD
Medicaid: Priority Partners

Which PAC services require prior authorization?

- Skilled nursing facility (SNF) admissions
- Inpatient rehabilitation facility (IRF) admissions
- Long-term acute care (LTAC) admissions

How do I check the eligibility and benefits of a member?

Providers should verify member eligibility and benefits on the secured provider log-in section at https://jhhc.healthtrioconnect.com/

Note: Eligibility only may be verified at evicore.com during the prior authorization process.

Who is responsible for submitting the initial PAC prior authorization requests?

- Hospitals are responsible for submitting the initial inpatient prior authorization 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, emergency department, or outpatient setting.
- 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.

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.

How does a provider initiate a prior authorization request?

- **eviCore Provider Portal (preferred)**
  The eviCore online portal evicore.com is the quickest, most efficient way to request prior authorization and check status.
- **Fax**
  Prior authorization requests are also accepted via fax and can be used to submit additional clinical information.
  - 844-216-0198 for initial review
  - 877-791-4098 for concurrent review
- **Phone**
  Providers may request PAC prior authorization by calling 866-220-3071

What are the hours of operation for eviCore?

- Monday – Friday 8 a.m. to 7 p.m. EST
- Saturday 9 a.m. to 5 p.m. EST
- Sunday 9 a.m. to 2 p.m. EST
- Holidays 9 a.m. to 2 p.m. EST
- 24 hour/7 days on call coverage for urgent needs

What are the benefits of using the Web Portal?

Our web portal provides 24/7 access to submit or check on the status of your request. The portal also offers additional benefits for your convenience:

- Saves time: Quicker process than fax or telephone prior authorization requests.
- Available 24/7: You can access the portal any time, any day.
- Upload additional clinical information: No need to fax supporting clinical documentation; it can be uploaded on the portal to support a new request or when additional information is requested.
- View and print determination information,
- Check case status in real-time.

Link to eviCore provider portal: www.evicore.com

What medical necessity criteria does eviCore healthcare utilize for prior authorization?

eviCore may utilize a number of resources in reviewing prior authorization requests, including, but not limited to:

Post-Acute Care Criteria

MCG™ evidence-based care guidelines®

Medicare Benefit Policy Manuals (Medicare members only)

What information is required when requesting an Initial prior authorization for PAC?

- **Admission Details**
  - Facility type being requested
  - Accepting facility demographics (if known)
  - Patient demographics
  - Anticipated date of hospital, LTAC, or IRF discharge (if applicable)
- **Clinical Information**
  - Hospital admitting diagnosis
  - History and physical
  - Progress notes, i.e., attending physician, consults and 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

What information is required when requesting date extensions for PAC?

- **Prior authorization Details**
  - Facility type and demographics
  - Patient demographics
  - Number of days and dates requested

- **Clinical Information**
  - Hospital admitting diagnosis and ICD-10 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)

NOTE: To ensure the prior authorization process is completed as quickly and efficiently as possible, it is highly recommended that you submit pertinent clinical information to substantiate medical necessity for the type of service being requested.

The required information is outlined on the eviCore prior authorization request form and can be accessed on the provider resource page by choosing the "Solutions" tab and then click on "Post Acute Care". https://www.evicore.com/resources/healthplan/johnshopkinshealthcare

When will a provider receive the prior authorization determination from eviCore?

Once all information is submitted to eviCore, the requesting provider will receive a determination within 48 hours.

How does a provider check the prior authorization status for a member?

Prior authorization status can be viewed on demand via the eviCore portal at www.evicore.com or by calling eviCore at 866-220-3071.

How will prior authorization determinations be communicated?

eviCore will communicate the determination utilizing the following methods:

- Verbal notification is made to requesting provider
- Written notification will be faxed to the requesting provider
- Members will receive a prior authorization determination letter by mail
- Prior authorization status can be printed on demand from the eviCore portal at www.evicore.com

When does the initial prior authorization approval expire?

The initial prior authorization will expire 7 days from the date of issue.

What is the process if eviCore is unable to approve the request for a PAC service?

- The provider is given the option to either send additional information to support medical necessity criteria or schedule a clinical consultation.
- When a request does not meet criteria, it goes to second level MD review.
- If the MD is unable to approve, an alternate recommendation may be offered. The requesting provider can either accept or reject the alternative recommendation or schedule a clinical consultation.

Important: If one of these options is not utilized by the requesting provider within one business day, an adverse determination is made and the request is denied.

In the event of an adverse determination, what post-denial processes are available?

- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at 866-220-3071 to speak to an agent who can provide available option(s) and instruction on how to proceed.
- Adverse determinations letters can also be printed on demand from the eviCore portal at www.evicore.com

What are the Post-Decision Options for Priority Partners Members?

Reconsiderations

- Providers and/or staff can request a reconsideration review within 3 business days from the determination date
- eviCore has 5 calendar days after receipt of the request to complete the determination
- Reconsiderations can be requested in writing, online via eviCore's portal or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will process pre-service appeals submitted within 60 calendar days from the initial determination
- A denial letter with the rationale for the decision and pre-service appeal rights will be mailed to the member and faxed to the ordering provider.
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider
- Post-service appeals will be processed by Priority Partners

What are the Post-Decision Options for Advantage MD Members?

Reconsiderations

- Medicare cases do not include a reconsideration option

Appeals

- eviCore will not process member appeals, please follow the Johns Hopkins Advantage MD process
- Only members have appeal rights. A denial letter with the rationale for the decision and appeal rights will be issued to the member.
- A denial letter with the rationale for the decision and post-service payment dispute rights will be issued to the provider.

What if a prior authorization is issued and revisions need to be made to an existing prior authorization request?

The servicing provider should contact eviCore with any changes for members who are still in the PAC facility. Any change(s) requested after the member is discharged must be submitted to JHHC.

Note: Notification of any changes to the original post-acute care facility is important in order for claims to be correctly processed for the servicing provider.

Does eviCore review requests submitted after care has started?

- eviCore will allow requests to be submitted with dates of service up to 14 days in the past for members who are still receiving care in a PAC facility
- These requests will be reviewed within 72 hours
- If the member has already discharged from the PAC facility (post service request), the request must be submitted to JHHC
- When a request does not meet medical necessity criteria, an adverse determination is made and the request is denied

What information about the prior authorization will be visible on the eviCore healthcare website?

- Prior Authorization Number/Case Number
- Status of Request
- Servicing Facility Name and Location
- Prior Authorization Date and Expiration Date

How do I determine if a provider is in network?

Participation status can be verified via https://jhhc.healthtrioconnect.com. Providers may also contact eviCore healthcare at 866-220-3071. eviCore receives a participating provider file from Johns Hopkins HealthCare.

Where do I submit my claims?

All claims will continue to be filed directly to Johns Hopkins HealthCare. Check the member ID card for the claims address.

Where do I submit questions or concerns regarding this program?

For program related questions or concerns, please email: clientservices@evicore.com (preferred) or call 1 800-575-4517 (option 3)

Common items to send to Client Services include:

- Requests for an authorization to be resent to the health plan
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
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Who do I contact for online support/questions?

Web portal inquiries can be emailed to portal.support@evicore.com or call 800-646-0418 (Option 2). Our dedicated Portal Support team can assist providers in navigating the portal and addressing any portal related issues during the online submission process.

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at https://www.evicore.com/resources/healthplan/johnshopkinshealthcare.