Post-Acute Care Utilization Management Program

Provider Orientation for Johns Hopkins HealthCare

Agenda

- **eviCore healthcare Company Overview**
- **Post-Acute Care Program Overview**
- **Submitting Prior Authorization Requests**
- **Prior Authorization Outcomes & Special Considerations**
- **Transitional Care Program Overview**
- **Provider Resources**
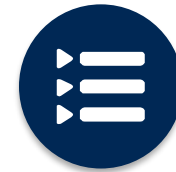- **Provider Portal Overview**
- **Q & A**

Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the health care system

10 comprehensive solutions

Evidence-based clinical guidelines

5k+ employees, including **1k+ clinicians**

Advanced, innovative, and intelligent technology

Post-Acute Care Program Overview

Applicable Memberships

Prior Authorization is required for Johns Hopkins HealthCare members who are enrolled in the following lines of business/programs:

Medicare	• Advantage MD
Medicaid	• Priority Partners

Johns Hopkins HealthCare Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for post-acute care services on August 29th, 2022 for members with Johns Hopkins HealthCare coverage for dates of service of September 1, 2022 and beyond. Johns Hopkins HealthCare will continue to manage concurrent review requests with start of care dates prior to 9/01/22.

Prior authorization applies to the following services:
• Skilled nursing facilities (SNF)
• Inpatient rehabilitation facilities (IRF)
• Long-term acute care facilities (LTAC)

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

Eligibility only may be verified on the eviCore provider portal www.evicore.com

Prior Authorization Overview

Effective September 1, 2022:

- Hospitals are responsible for submitting the initial inpatient prior authorization for SNF, IRF or LTAC admissions for members discharging from an acute care facility.

- 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.

- 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 and are responsible for submitting prior authorization for concurrent review requests

NOTE: If a member 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.

Rationale for Hospital Submission of Requests

- **Appropriate Level of Care Determination:**
  - Hospitals present the most accurate clinical status for discharging members
  - Engagement with discharge planners to determine appropriate level based on medical necessity
  - Patient-Centered alternative PAC setting recommendations

- **Coordinated Post Acute Care Placement:**
  - Proactively identify facility for optimal outcomes and member experience
  - Early initiation of plan of care with goals and risk assessment by eviCore staff members
  - Offer social work coordination to address discharge barriers

- **Medicare PAC Guidance:**
  - Medicare's position on PAC placement provides guidance for the least intensive setting to adequately meet the member's need

> **Post-Acute Care Prior Authorization Criteria includes, but not limited to:**
> - Medicare Benefit Policy Manuals (Medicare members only)
> - MCG™ evidence-based care guidelines®
> - Other Evidence-Based Tools

Submitting Prior Authorization Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

The eviCore online portal www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status

Fax:

844.216.0198 for initial review
877.791.4098 for concurrent review*

Fax can also be used to submit additional clinical information
*Indicate case # when submitting additional clinical information

Phone: 866.220.3071

Hours of operation
- 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
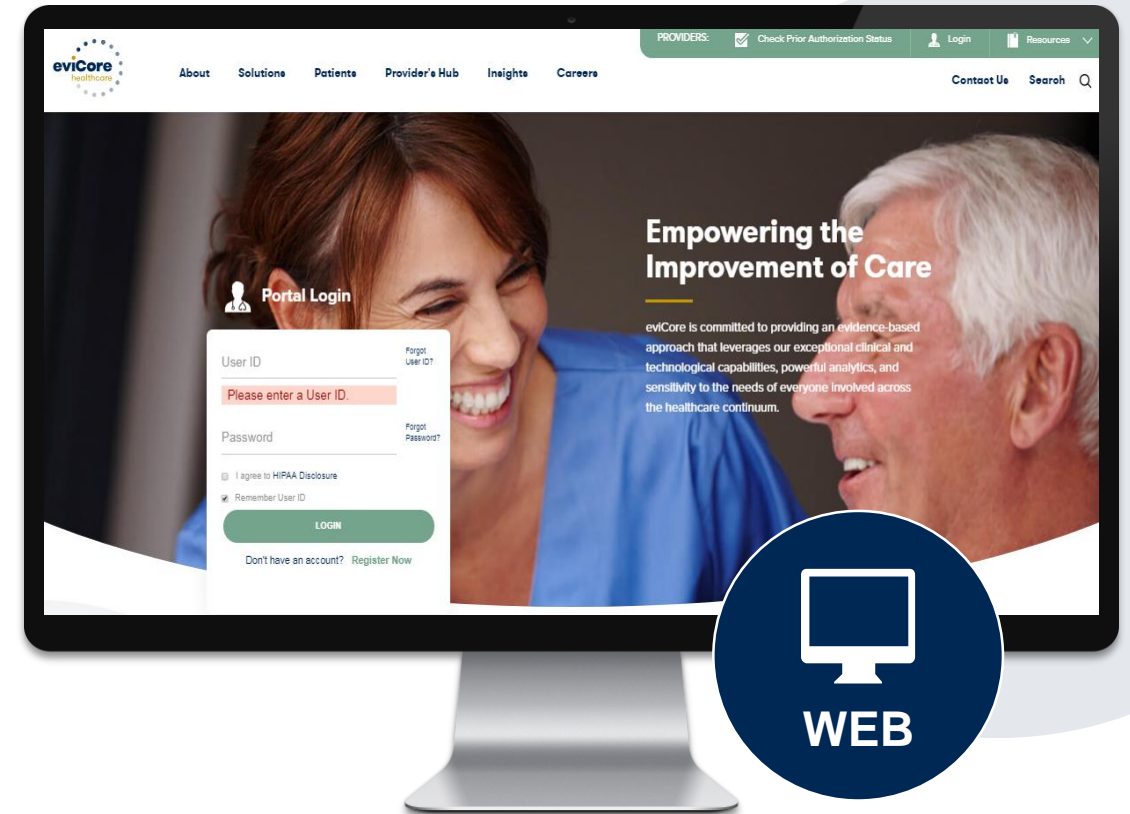
Required Information for Initial Post-Acute Care Prior Authorization Requests

Admission Details

- Facility type being requested
- Accepting facility demographics (if known)
- Member 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 & 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

Note: The eviCore prior authorization form outlines the required information & clinical documentation. The form is not required, however can be used as a helpful resource tool when submitting post-acute care requests.

Required Information for Date Extensions (Concurrent Review Requests)

Prior Authorization Details
- Facility type and demographics
- Member 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)

Important: SNFs should submit clinical for date extension (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. The provider is responsible to issue the NOMNC to the member to review, sign and return to eviCore.

Prior Authorization Outcomes and Special Considerations

Prior Authorization Approval

Standard requests are processed within 24 to 48 hours **after** receipt of <u>all</u> necessary clinical information

Approved Requests

- Verbal notification is made to requesting provider

- Authorization letters will be faxed to the requesting provider and can be printed on demand from the eviCore portal at www.evicore.com

- Members will receive an authorization letter by mail

Prior Authorization Approval

Approved Requests

Two Potential Scenarios & Outcomes:

1. PAC facility known: prior authorization number issued to requesting provider

2. PAC facility NOT known: Case reference number issued. (Once the accepting PAC facility is communicated to eviCore, a prior authorization number is issued to requesting provider)

Authorization Outcomes

Number of prior authorized days are provided according to PAC facility type:

Prior authorization	Skilled nursing facility	Inpatient rehab facility	Long-term acute care
Initial	Five (5) calendar days	Five (5) calendar days	Five (5) calendar days
Concurrent	Seven (7) calendar days	Seven (7) calendar days	Seven (7) calendar days

Determination Outcomes: Unable to Approve

Unable to approve

- When a request does not meet criteria during nurse review, it goes to second level MD review.

- If the MD is unable to approve the request based on the information provided, notification is made to the requesting provider.

- The provider is then given the option to either send additional information to support medical necessity or schedule a clinical consultation. *

- The eviCore MD may also offer an alternate recommendation. The requesting provider can either accept or reject the alternate 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.

Prior Authorization Outcomes - Adverse Determination

Adverse Determination

- When a request does not meet medical necessity criteria, an adverse determination is made and the request is denied

- A denial letter with the rationale for the determination, post-decision options and appeal rights will be faxed by eviCore to the requesting provider and mailed to the member

- Adverse determinations letters can also be printed on demand from the eviCore portal at www.evicore.com

Post-Decision Options: Priority Partners Members

Reconsiderations

- Providers and/or staff can request a reconsideration review

- Reconsiderations must be requested within 3 business days from the determination date

- eviCore has 5 calendar days after receipt of the request to complete the determination

- Reconsiderations are not available once an Appeal has been initiated.

Appeals

- eviCore will process pre-service appeals for Priority Partners

- 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.

Appeals (continued)

- Appeal requests must be submitted to eviCore within 60 calendar days from the initial determination

- 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

Post-Decision Options: 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.

Clinical Consultation Requests

Unable to approve

- If we are unable to approve a request with the provided information, we offer clinical consultations with the referring physician and an eviCore Medical Director

- Clinical consultations, after an Unable to Approve decision has been made, may result in either a reversal of decision to deny or an uphold of the original decision

- A clinical consultation may be requested by calling eviCore at **866-220-3071**

Adverse determination

- For adverse determinations, or final denials, providers can request a clinical consultation with an eviCore physician to better understand the reason for denial.

- Once a final denial decision has been made, however, the decision cannot be overturned via a clinical consultation.

Special Circumstances

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

Urgent prior authorization requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member

- Can be initiated by phone (recommended) or fax

- Urgent requests will be reviewed within 72 hours

Transitional Care Program Overview

Transitional Care Program Offering

Transition of Care Program (TOC) Overview

- eviCore will follow JHHC members upon discharge from the PAC facility to ensure oversight aimed at reducing hospital readmissions. The TOC team will follow members for a 90 day period post PAC discharge. The frequency of member contact is based on a set call cadence and is personalized based on nursing clinical judgment and conversation with the member. Only members who have had a hospitalization prior to the PAC stay will be part of TOC Program.

Key Program Objectives

- Readmission avoidance by educating members via informative telephonic sessions: (interactive voice response (IVR) system and live calls)
- Use of Bluetooth monitoring equipment when applicable. (Scale, pulse ox, BP cuff)
- Patient centric care plans based on an individuals needs
- Connect members with Primary Care Physicians when necessary
- Provide targeted transitional coaching based on disease specific health needs and eviCore risk assessment stratification
- Medication reconciliation with members
- Scheduling of MD follow-up appointments
- Social worker referral for psychosocial needs, community resources

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 866.220.3071

To reach a customer service representative, please call our call center at **866.220.3071 and choose options 5,1** for post-acute care.

Then follow the additional prompts below to speak to the right person:

- Option 1: If you know your party's extension
- Option 2: For status of an existing request
- Option 3: To request a new prior authorization
- Option 4: For concurrent reviews
- Option 5: To schedule a Clinical Consultation
- Option 6: To request an appeal
- Option 7: For all other inquiries
- Option 9: To repeat these options

Note: If the start of care date on the post-acute care authorization changes, we recommend communicating this to eviCore to ensure the dates of service match the claim.

To ensure you have a successful experience in reaching the desired representative, please **listen carefully to the phone prompts** *when calling the eviCore authorization call center.*

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Requests for a prior authorization to be resent to the health plan
- Eligibility issues (customer, requesting or rendering or facility
- Issues experienced during case creation
- Reports of system issues
- Program related questions

How to contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 800.575.4517 (option 3)

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan (JHHC) in the subject line with a description of the issue, with member/provider/case details when applicable.
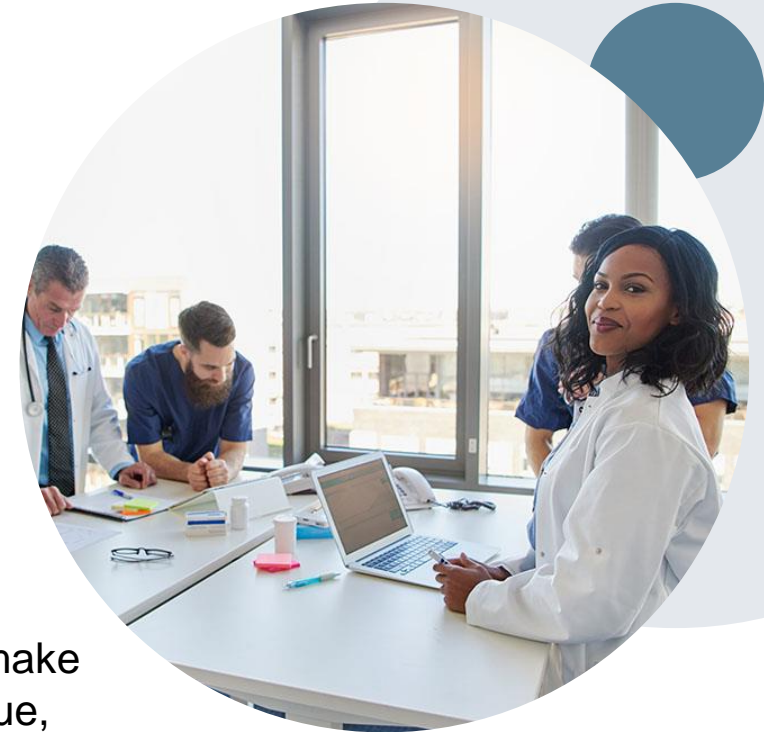
Provider Resource Website

Client Specific Provider Resource Site

eviCore's Provider Experience team maintains provider resource pages that contain 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:

- Provider Training Documents

- Frequently Asked Questions (FAQ) Documents

- Quick Reference Guides (QRG)

- Provider Training Sessions' Details

- Prior Authorization Forms

To access these helpful resources, please visit

https://www.evicore.com/resources/healthplan/johnshopkinshealthcare

eviCore Provider Portal Support

For eviCore portal account questions - contact a Portal Support Specialist

☎ **Call: 800.646.0418 (option 2)**

📄 **Email: portal.support@eviCore.com**

Portal Support Services: Available Monday through Friday, 8:00 a.m. – 7:00 p.m. EST

eviCore Provider Portal

Benefits of Provider Portal

The provider portal allows you to go from request to decision much faster. Following are some benefits and features:

- 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

eviCore healthcare Website

www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!

Creating An Account

Select **Medsolutions** as the Default Portal and **Facility** as the Account Type.
For Provider Information, complete first 3 letters of Facility Name, Tax ID and NPI

Submit Registration

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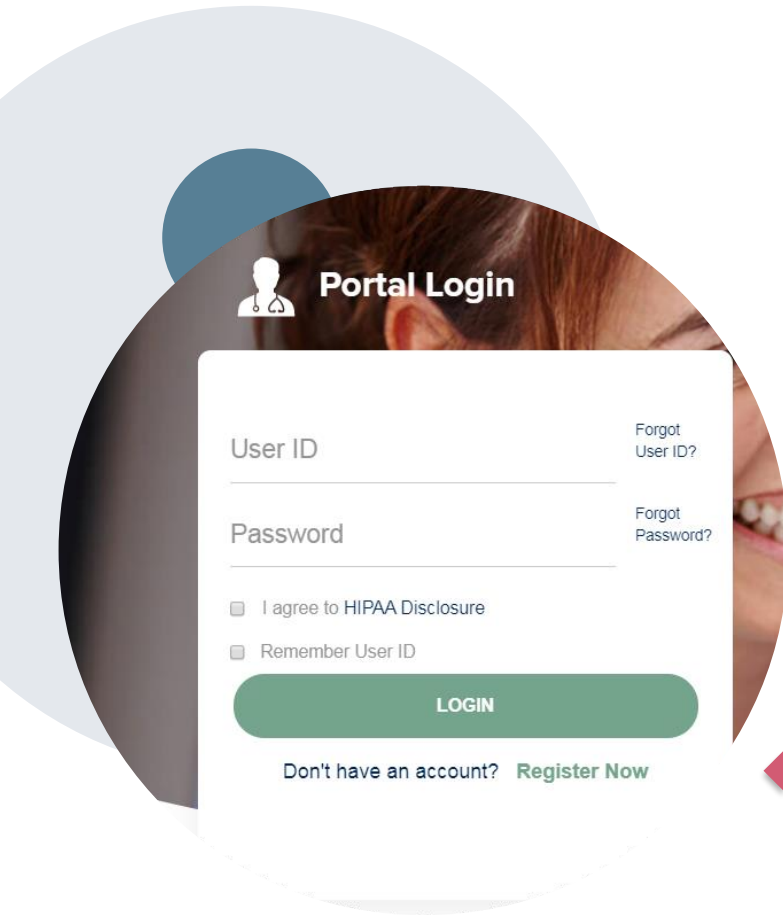
Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

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*: Medsolutions ▼

User Registration

UserName:	TestFacility1	**Address:**	123 Main Street	**Phone:**	999-999-9999
Email:	testfacility@test.com	**City:**	Test	**Ext:**	
Account Type:	Facility	**State:**	TN **Zip:** 99999	**Fax:**	999-999-9998
First Name:	Test	**Office Name:**			
Last Name:	Facility				

Provider Information

Facility Name:	TEST1 FACILITY	**Street Address:**	123 MAIN ST	**Zip Code:**	77506	**Tax ID:**	*****6789
NPI:							

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-Authorization.
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax Ids after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

Back   Submit Registration

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

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User Registration Successful

eviCore healthcare
innovative solutions

Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.
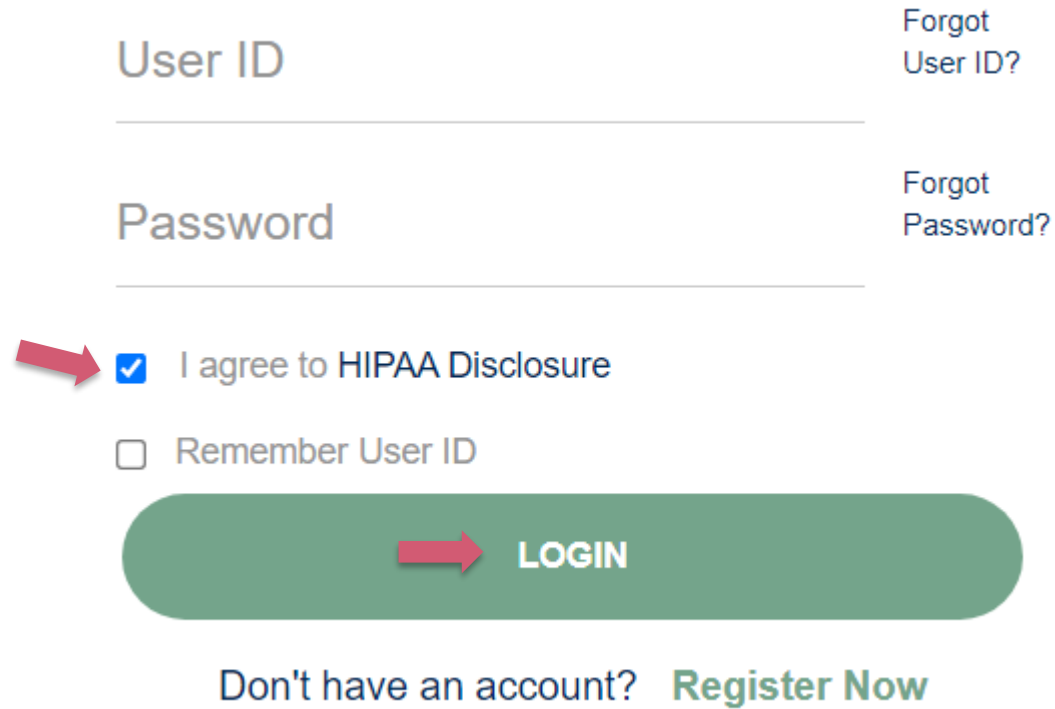
Your password must be at least
8 characters and contain the following:
➡ Uppercase letter
➡ Lowercase letter
➡ Number
➡ Character (e.g. , ! ? *)

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

Log On

User ID

Password

☑ I agree to HIPAA Disclosure

☐ Remember User ID

LOGIN

Don't have an account?   **Register Now**

- Login with User ID & Password
- Click Checkbox for I agree to HIPAA Disclosure
- Click LOGIN

For login problems please ensure your browser's default Pop-up blocker is set to Always Allow Pop-ups on the site or set to turned off.

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Post Acute Care Portal

Once you have logged in to the site, you will be directed to the main landing or Announcement page.
** Make sure to choose **Post Acute Care** **

Account Settings
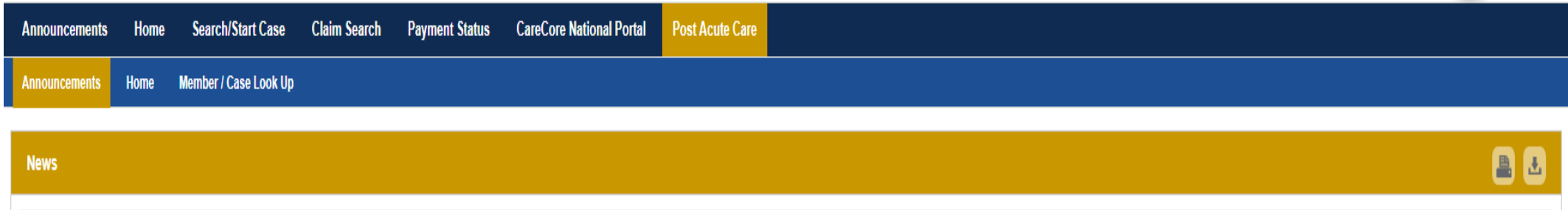
The **Options Tool** allows you to access your Account Settings to update information:

- Change password
- Update user account information (address, phone number, etc.)
- Set up preferred Tax ID numbers of Facilities and view summary of cases for providers with affiliated Tax ID numbers

Adding **Preferred Tax ID numbers** will allow you to view the summary of cases submitted for those providers:

- Search for a Tax ID by clicking **Physician** or **Facility**.
- Confirm you are authorized to access PHI by clicking the check box, and hit Save.

Search an Authorization Status

Search Case Status

Once a request has been submitted, the member will show up on the user's HOME tab. If you have recently submitted a case, it is important to choose **"Refresh Data" for both pending and recently submitted cases.**

Search Case Status - Continued

"Pending Cases" section:

- Insufficient Clinical – eviCore has received clinical but additional information is needed
- Incomplete Case Build – a case has been started in the portal, but the user did not complete all steps

"Recently Submitted Cases" section:

- Active – Actively working the case and no decision has been made
- Authorized – Authorization is complete and approved. If the case is marked in RED, additional clinical is needed for concurrent review
- Denied – Request has been denied
- Pending – eviCore requires additional review

Search Case – Case Lookup – Status

When you open the case, by double clicking , you will see additional Authorization details and Decision Status. Make note of Case ID, authorization number if applicable, authorization expiration date and total quantity approved.

Case/Authorization

Case ID: 2860	Authorization Number: Not Provided	Service Requested: SNF	Bill Code: Not Provided
Rev Code: 191	Start of Care Date: Not Provided	Authorization Expiration Date: Not Provided	Total Quantity: Not Provided
Decision Date: Not Provided	Decision Status: ACTIVE	Post Acute Care Facility Discharge Date: Not Provided	Expected Acute Discharge Date: Not Provided

Case/Authorization

Case ID: 2860	Authorization Number: ASNF02792	Service Requested: SNF	Bill Code: Not Provided
Rev Code: 190	Start of Care Date: 03/07/2018	Authorization Expiration Date: 03/13/2018	Total Quantity: 7
Decision Date: 03/14/2018	Decision Status: AUTHORIZED	Post Acute Care Facility Discharge Date: Not Provided	Expected Acute Discharge Date: Not Provided

Case/Authorization

Case ID: 2860	Authorization Number: N/A	Service Requested: SNF	Bill Code: Not Provided
Rev Code: 191	Start of Care Date: Not Provided	Authorization Expiration Date: Not Provided	Total Quantity: 0
Decision Date: 03/16/2018	Decision Status: DENIED	Post Acute Care Facility Discharge Date: Not Provided	Expected Acute Discharge Date: Not Provided

Print Authorization Letters

To print authorization letters:

- Locate and click on the letter in the member history
- Open in Adobe Acrobat
- Letter will open and be ready to save or print

Concurrent Review Process

Concurrent Reviews

Once a case has been authorized, Post-Acute Care facilities can submit concurrent authorizations via the portal. Access the Home Tab to view all members associated with the logged in user's TIN & NPI that were used to create the account. Once the member is located, click on the **UPLOAD** button.

Choose the Upload button to attach clinical documents

Attaching Documents

Locate the appropriate member documents on your computer to send to eviCore. Once you choose "Open", the document will upload to the member's eviCore chart in real-time. You will receive a message that **File Uploaded Successfully**. Continue this process until all documents have been uploaded. The case is now ready for eviCore review.
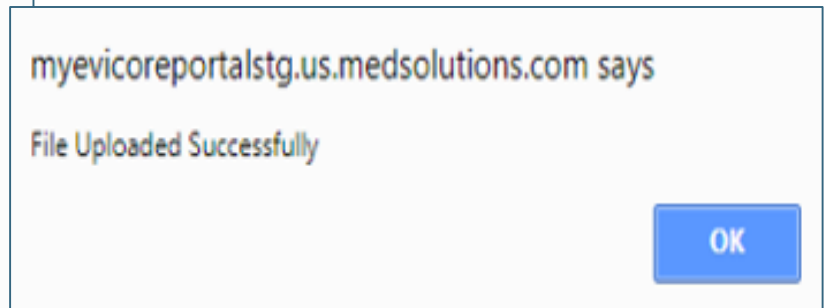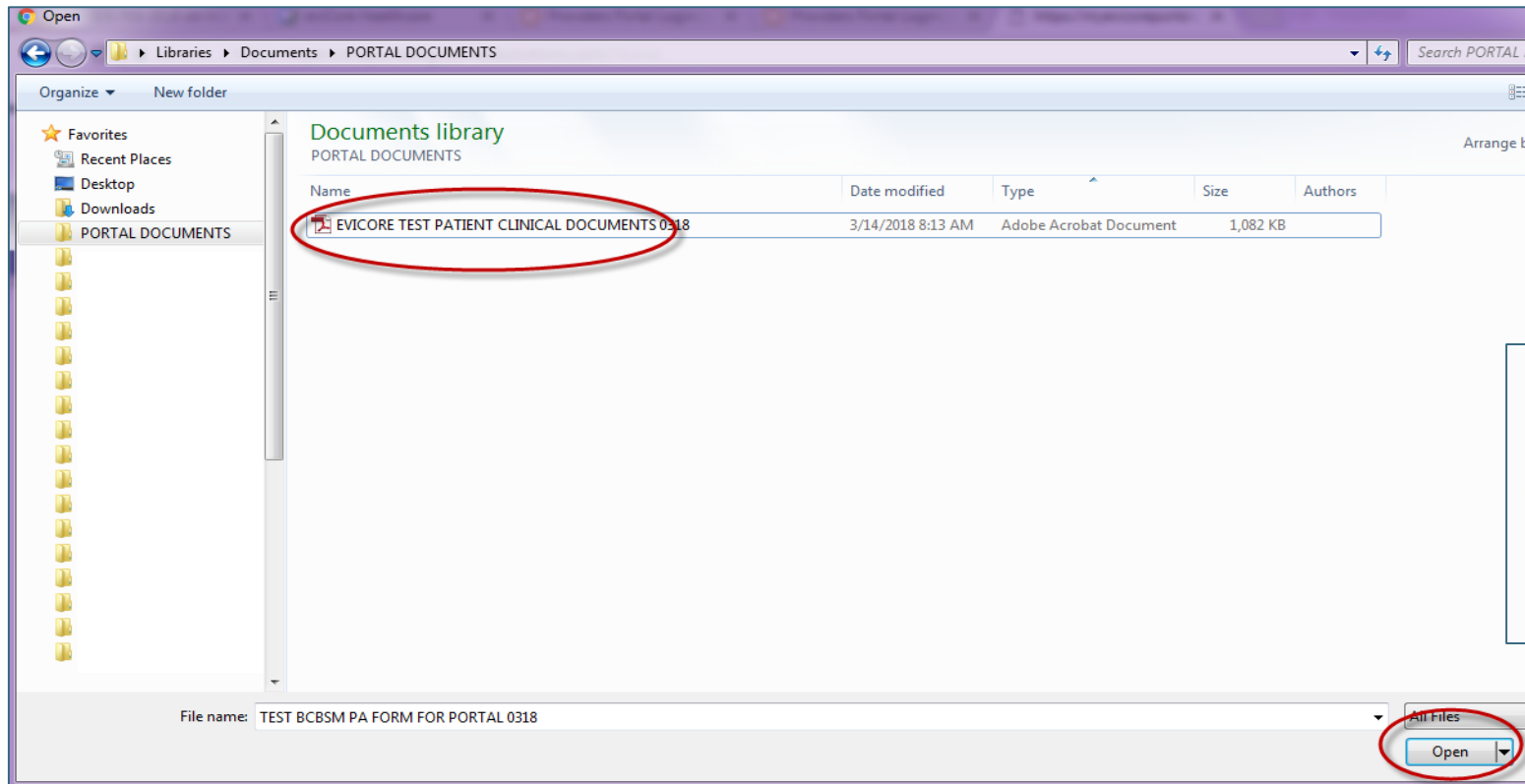
Concurrent Reviews Continued

For those members that do not populate on your dashboard, you will need the Case ID to complete the concurrent review. The Case ID will be on your approval letter. If you do not have the Case ID available, follow the below steps to locate the case ID.

- Under "Member/Case Look Up" tab, complete the fields in the Patient Lookup section
- The Case ID will then populate in the Patient History section

Concurrent Reviews Continued

Next, enter the Insurer and the Case ID on the Member/Case Look Up screen. Once the member's record is located, click the browse button and follow the steps to attach documents.

Enter case ID and click the SEARCH button

Click the Browse button to attach clinical documentation for your request.

Authorization Reports

The portal provides the ability to create excel reports with all member authorization information.
This can be accessed by the icon above the authorization details section.

Initial Case Creation

Initiate Case Process

To initiate a new case for PAC authorization, on the Post Acute Care tab you will start with **Member/Case Look Up**

Choose the appropriate Healthplan **Johns Hopkins HealthCare**

To conduct a **Patient Lookup**, enter the *Member ID* or *First Name, Last Name* and *Date of Birth* for the result to be returned. Make sure to follow the MM/DD/YYYY format.

Click the SEARCH button

Create a Case

Once you choose your member, the member's name and demographics will be listed with the insurance effective dates. Click the **Create Case** button.

Enter Service Details

1. Choose a **service category from the drop down box**, such as Skilled Nursing Facility, Inpatient Rehab Facility or Long term Acute Care.

2. Enter the **ICD10 Code**. If you do not know the ICD10 code, type the name of the diagnosis and a list with a corresponding IDC10 code will populate.

3. Enter the **PAC Start of Care Date and Expected Acute Care (or Hospital) Discharge Date**.. Review the information again to make sure that you have completed all of the service details correctly. To save the service details, click the **"Save & Next"** button.

Requesting and Servicing Provider

Enter the **Requesting Provider** and **Servicing Provider** details. If you do not know the NPI number, start typing the provider name and the corresponding NPI number will auto-populate and allow to select the correct provider. Hit **Save and Next.**

Verify details

The next screen will show all details related to the service line. This will allow you to review and edit by clicking the "pencil" icon. Now hit the **Save Service** button.

Here you will hit the **Next** button to add attachments and notes.

Attaching Clinical Notes

Attach the required clinical documents. Here you will be able to enter additional notes by typing in the **Clinical Notes text** box.

Note: Use this clinical notes text box for **clinical information ONLY**– e.g. anything that is extenuating or important to the determination. Please do NOT copy and paste information here. All clinical notes should be attached instead.

Once you **Save** and **Submit**, you will get a pop-up message which will verify your Case has been submitted to eviCore for review and authorization determination.

Incomplete and Pending Cases

If you start a case and are unable to complete it at that time, you can find it in your Dashboard under Pending Cases by choosing the Home tab. It will be noted as "Incomplete Case Build". Select anywhere in that case, double click and the case will open again for completion. You will be able to see all fields you previously entered but had not submitted yet.

Incomplete and Pending Cases

If you submit a complete case and eviCore pends the case, you can find it in your Dashboard under Recently Submitted Cases. The Decision Status will show pending.

Thank You!