## PAP Member Set Up for AdventHealth Plans Members on Respironics Devices

eviCore healthcare Member Set up Guide



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Empowering the Improvement of Care

#### **Set Up and Manage**

AdventHealth Plans members in the EncoreAnywhere system for Respironics PAP Devices

\*This process applies to AdventHealth Plans members

DME Suppliers that are not currently registered on the EncoreAnywhere website should contact their area Respironics representative 1-877-544-9252

If you are already registered on EncoreAnywhere and are currently managing patients on Respironics PAP devices, continue to review the setup instructions.

1) Set up AdventHealth Plans as available insurer

2) Set up the devices for the patient

#### eviCore Access

- To enable eviCore access, your organization needs to complete a Business Associate's Agreement (1.2dj form), available from your Philips account representative
- Once that form has been signed and processed, you will be able to denote patients that are accessible to eviCore
- To edit an existing patient, log into Phillips Respironics Care Orchestra
- Access the patient profile and select the Identity tab select the "Edit" icon



#### eviCore Access

- Complete the required fields
- IMPORTANT: The payer member ID must match the patient's health insurance ID
- In the drop down section of the dialog labeled External Services, select eviCore and 'Save'



#### Login with your username and password

#### To continue the process, go to <u>www.encoreanywhere.com</u> and login

ncoreAnywhere <sup>™</sup> is a complete solut	tion for gathering and sharing	MEMBER L	OGIN	
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Encore <i>Anywhere</i> ™	Note: AdventHealth Plans only needs to be added once
Ay Day My Patients My Profile Company Settings Busin Back to my patients dd patient	Modern Administration     It will remain as a provider in     the dropdown list for future     patients
INSURANCE INFORMATION	
Primary insurance Insurance provider • Add AdventHealth Plans	Secondary insurance Insurance provider • Add Insurance number
Group number Policy holder name (first last)	Group number Policy holder name (frst last)
Relationship to policy holder	Relationship to policy holder
* Required fields	Save Cancel

#### **ADD ADVENTHEALTH PLANS AS AN INSURER**



#### **ENTER PATIENT INSURANCE DETAILS**

Demographics Insurance Sartas to second any seconds busitess reports prodering busitess reports proder	<ul> <li>Enter the patient's current member humber, exactly as it is printed on the member's card</li> <li>Then, enter the Policy Holder's name and relationship to the policy holder and save</li> <li>Setting Tab:</li> </ul>
Primary insurance     Second       Insurance provider • Add     Insurance       AdventHealth Plans     Insurance       Insurance number     ID number as it appears on member's card       Group number     Group       Policy holder name (first_dist)     Policy       Relationship to policy holder     Relationship to policy holder	Information collected will be set to default settings; no action required on this tab          number         ber         et name (first last)         a to policy holder

#### **SET UP PATIENT'S DEVICE INFORMATION**

	Patient Summar	Prescription	Therapy Data	Reminders	Dressription Tab.
DEVICE PRESCRIPTION			HUMIDIFIE	RPRESCI	Prescription lab:
✓ Sleep					Set up the device the patient will be using, as well a
Mode *	AutoCPAP	•	No humidifier pro	scription	the prescription settings for the device
Device *	REMstar Auto (M Series)	•	HASK PRES	CRIPTIO	Device Settings:
Mode Attribute *	C-Flex	- 1			> Mode
Serial Number *			No mask prescrip	noch	> Device Model
Issued On *	7/10/2012	15			
Device Settings		-			Issued Date
Min Pressure	4.0	•			Pressure Settings
Max Pressure	20.0	•			Serial Number (crucial for reimbursement)
C-Flex Setting	2	•			<ul> <li>Use Medem – Ves</li> </ul>
C-Flex Lock	Off	•			
Ramp	Off	-			
Ramp Time	s	-			Once the information is entered, select "Save"
Mask Daminder Derivd	Enabled	-			
Mask Reminder Text	Off	-			
Modem Settings					
Use Modern	Yes	• •			
* Required Fields	Save				
> Vent Therapy					
OTHER PRESCRIPTION					ADD NEW ACCESSORY
There are currently no accessorie	es for this prescription.				

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#### **Sleep Educators – Contact Information**



**Phone:** 888-444-6185 Ask to be transferred to a Sleep Educator

email: sleeptherapysupport@evicore.com

**Important:** Each DME company will need to set up eviCore **exactly** as instructed. If the member information is not entered correctly, no compliance information will be received by eviCore, and therefore no denial or continued authorization notification will be generated. Questions regarding member set may be called or emailed to an eviCore Sleep Educator.

# Thank you



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