Gastroenterology Preauthorization Program for Medicare Advantage Members

Provider Orientation Session for Prominence Health Plan

Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Program Overview

Prominence Health Plan Prior Authorization Services

eviCore healthcare will begin accepting prior authorization requests for Gastroenterology services on 11/14/2022 for dates of service 11/14/2022 and beyond.

Prior Authorization applies to the following services:

- Esophagogastroduodenoscopy (EGD)
- Capsule Endoscopy
- Colonoscopies – **High-risk screening (G0105) and non-screening**

Prior Authorization does **NOT** apply to services that are in:

- Emergency Room Services
- 23-Hour Observations
- Inpatient Stays

Provider Resource Page

Providers and/or staff can utilize the Prominence Health Plan Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:
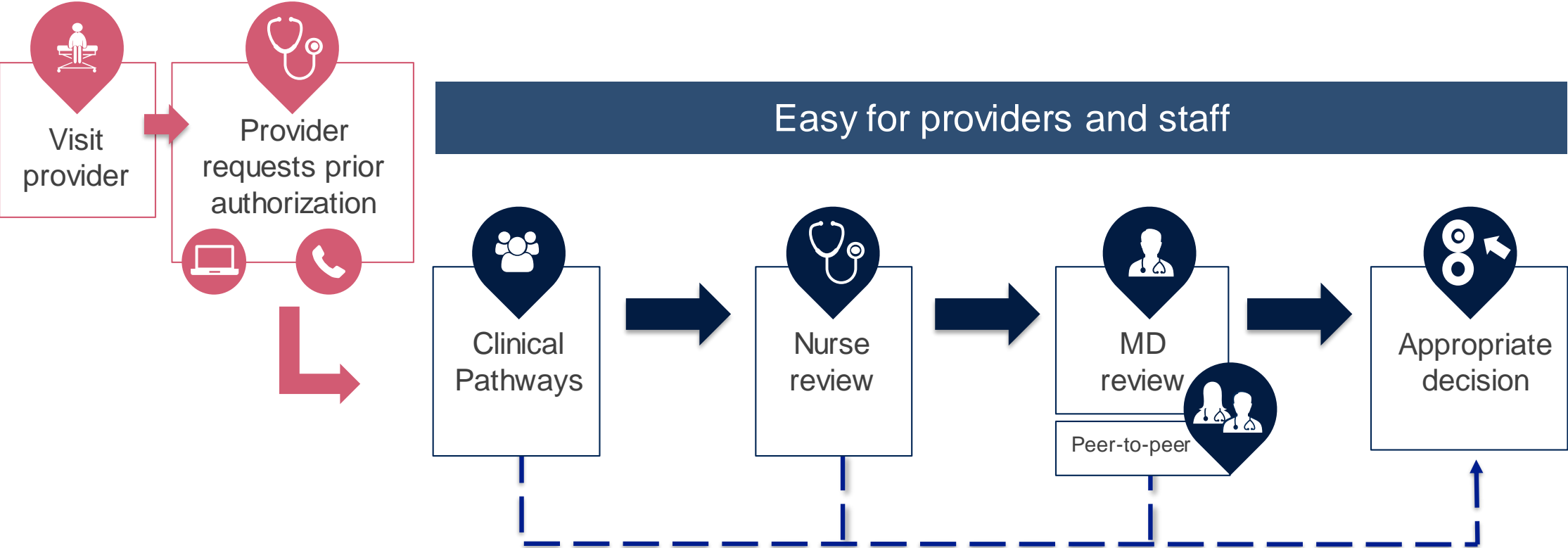
https://www.evicore.com/resources/healthplan/Prominence

Monitored Anesthesia Care (MAC)

All ancillary procedure codes, including Monitored Anesthesia, performed in conjunction with denied services, are not covered and will likely not be reimbursed by Prominence Health Plan if performed.

Prior Authorization Process

Visit provider → Provider requests prior authorization

Easy for providers and staff

Clinical Pathways → Nurse review → MD review → Appropriate decision

Peer-to-peer

By submitting prior authorization requests through eviCore's portal, providers have the potential to receive immediate authorization. Please ensure all necessary clinical information has been provided when answering the clinical pathway (clinical collection process) questions.

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

- **Saves time**: Quicker process than phone authorization requests.

- **Available 24/7**: You can access the portal any time and any day.

- **Save your progress**: If you need to step away, you can save your progress and resume later.

- **Upload additional clinical information**: No need to fax in 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.

- **Dashboard**: View all recently submitted cases.

- **E-notification**: Opt-in to receive email notifications when there is a change to case status.

- **Duplication feature**: If you are submitting more than one prior authorization request, you can duplicate information to expedite submissions.

WEB
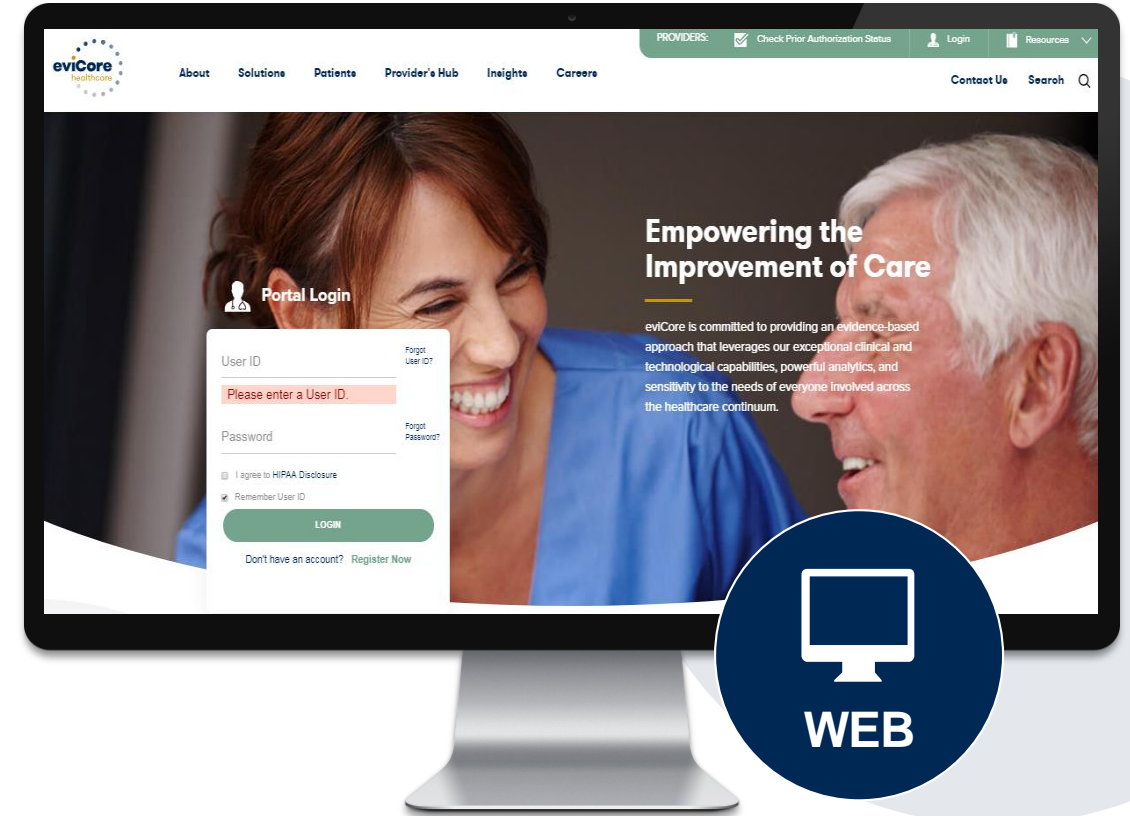
Phone Number:
844.224.0495
Monday through Friday:
7 am – 7 pm local time

Fax Number:
800.540.2406
Fax can be used to submit additional clinical information. PA requests are accepted via fax.

Information Required for Request

Member
Member ID
Member name
Date of birth (DOB)

Rendering Provider
Provider name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number
Street Address

Requests
Select GEEGD for upper endoscopy requests; select GECAP for capsule endoscopy requests; select GECOL for colonoscopy requests.

The appropriate diagnosis code for the working of differential diagnosis.

If clinical information is needed, and as appropriate, please provide:

- Relevant history and physical examination
- Relevant summary of the patient's clinical condition
- Imaging and/or pathology and/or laboratory reports, as indicated, relevant to the requested procedure
- Comorbidities, if relevant
- Indication for the specified procedure
- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)
- Results of prior endoscopic procedures, if relevant
- Genetic testing results, if applicable

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

Approved Requests

- Decisions for non-urgent prior authorization requests are typically made within two **2-3 business days** of receipt of all necessary clinical information, but will not take longer than **14 calendar days**.

- Authorizations are valid for **90 calendar days**.

- Authorization letters will be faxed to the ordering provider.

- Web initiated cases will receive e-notifications when a user opts to receive.

- Members will receive a letter by mail.

- Authorization extensions are not allowed for Prominence Medicare Advantage members.

- Approval information can be printed from the eviCore portal at www.eviCore.com.

Prior Authorization Outcomes

Denied Requests

- Based on evidence-based guidelines, if a request is determined as not medically necessary, a notification with the rationale for the decision and post decision/appeal rights will be issued.

- Denial letters will be faxed to the ordering provider.

- Members will receive a letter by mail.

PLEASE NOTE: The determination letter is the ***best*** immediate source to determine what options exist on a case that has been denied.

Special Circumstances

Retrospective Authorization Requests

- Retro requests, or those submitted after the procedure has been performed, are not in scope for Prominence Medicare Advantage members and will be administratively denied.

Urgent Prior Authorization Requests

- Urgent requests can now be submitted on eviCore's portal (www.eviCore.com).

- Providers and/or staff can also contact our office by telephone and state that the prior authorization request is urgent. Urgent requests will be reviewed within **72 hours**.

- Medically urgent outpatient procedures must meet the National Committee for Quality Assurance's definition of medical urgency requests. To be considered urgent, the patient must have conditions that are a risk to life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.

Pre-Decision Options: Medicare Advantage Members

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare Advantage cases.

- You can submit additional clinical information to eviCore for consideration per the instructions received.

- Additional clinical information must be submitted to eviCore in advance of the due date referenced.

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information.

- The Pre-Decision Clinical Consultation must occur prior to the due date referenced.

- If additional information was submitted and the due date has not yet lapsed, we may at our election hold the case for a Pre-Decision Clinical Consultation.

Post-Decision Options: Medicare Advantage Members

My case has been denied. What's next?

Clinical Consultation (Peer-to-Peer)

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial.

- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

Written Reconsideration

- Medicare Advantage cases do not include a reconsideration option.

Appeals

- eviCore **will not** process first-level appeals for Prominence members.

Provider Portal Overview

Adding Providers

Portal Compatibility

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

- Google Chrome
- Mozilla Firefox
- Microsoft Edge

Note: You may need to disable pop-up blockers to access the site.

eviCore healthcare Website

Visit www.evicore.com

Already a user?

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

Don't have an account?

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

Creating An Account

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*: --Select-- ▼
  --Select--
  CareCore National
  Medsolutions

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:		Address*:	
Email*:			
Confirm Email*:		City*:	
First Name*:		State*:	Select ▼ Zip*:
Last Name*:		Office Name:	

- **Select CareCore National as the Default Portal, complete the User Information section in full and Submit Registration.**

- **You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log in page.**

Adding Providers

Under the Manage Your Account tab, click Add Provider.

Adding Providers

- Enter the **Practitioner 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 Providers

Select the matching record based upon your search criteria.

Adding Providers

- Once you have selected a practitioner, your registration will be complete. 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 practitioner to your account.

Provider Portal Overview

Submitting Online Prior Authorization Requests

Initiating a Request

Under the Clinical Certification tab, or click REQUEST AN AUTH to begin a new case request.
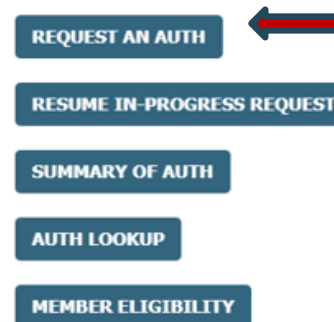
Select Program

Select the program for your certification and indicate if you are requesting as a referring provider or rendering site.

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification

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Request an Authorization

To begin, please select a program below:

○ Durable Medical Equipment(DME)
● Gastroenterology ⬅
○ Lab Management Program
○ Medical Oncology Pathways
○ Musculoskeletal Management
○ Radiation Therapy Management Program (RTMP)
○ Radiology and Cardiology
○ Sleep Management
○ Specialty Drugs

CONTINUE

Click here for help

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Select Provider
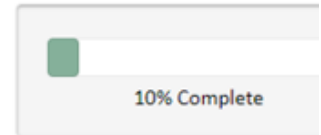
Select the practitioner or group for whom you want to build a case.
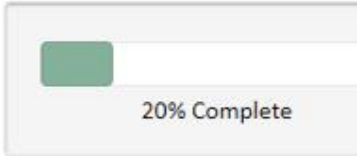
Select Health Plan

Choose the appropriate health plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's ID card.

Contact Information

Enter the Provider's Name and appropriate information for the point-of-contact individual.

Member Information

- **Enter the member information, including the patient's ID number, date of birth, and last name.**

- **Click ELIGIBILITY LOOKUP.**

- **Enter the expected date of service.**

Clinical Details

Enter the CPT code and diagnosis relevant to the requested test(s).

Clinical Details - GECAP

- **If you select the GECAP capsule endoscopy code, you'll then be asked to select the specific numeric CPT code as it pertains to your request**

Site Selection

Enter NPI or TIN to select the specific site where the testing/treatment will be performed.

Advance to the Clinical Collection Process

Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

Urgency Indicator

Select an urgency indicator and upload your patient's relevant medical records that support your request.

Clinical Pathway Sample Questions

A few preliminary questions will be asked to direct the user to the right set of clinical questions.

Clinical Pathway Sample Questions

- **Providers can choose a general diagnostic EGD (CPT 43235) or colonoscopy code (CPT 45378), or another code that might more closely resemble the anticipated procedure.**

- **Please see the FAQs for additional details on submitting general diagnostic or multiple CPT codes for EGD and/or colonoscopy procedure(s).**

Proceed to Clinical Information

- **Enter the place of service, indicating where the procedure will be performed.**

- **Then, enter the most recent date of contact, along with the type of contact last had with the patient.**

Clinical Pathway Sample Questions

- **Select the primary reason for the procedure.**

- **Then, indicate if monitored anesthesia care is planned.**

Clinical Pathway Sample Questions

- If you need to confirm information you are entering or need to add additional data, check **Finish Later** and then click **SUBMIT**.

- You will then have **48 hours** to complete the case.

Clinical Collection Process – Pathway Questions

If additional information is required, you will have the option to freehand text in the additional information box.

Clinical Collection Process – Clinical Upload

Uploading clinical information via the portal is the quickest, most efficient method. Select **Choose File** to bring you to the upload documentation page.

Clinical Certification Statements

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress

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Proceed to Clinical Information

☐ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

Click here for help

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Acknowledge the Clinical Certification statements, and click SUBMIT CASE.

Clinical Certification – Approval Case Summary

- **Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.**
- **Print the screen and store in the patient's file.**

Clinical Certification – Pending Case Summary

- **If the clinical pathway questions are completed and the case has not meet clinical review. The status will reflect pending and at the top "Your case has been sent to Medical Review."**

- **Print the screen and store in the patient's file.**

Additional Provider Portal Features

Eligibility Lookup Tool

You can also confirm the patient's eligibility by selecting the Eligibility Lookup tab.

Duplication Feature

- **With the duplication feature, you'll have the option to 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.**

- **Time saver!**

Certification Summary

- **The Portal now includes a Certification Summary tab to better track your recently submitted cases.**
- **The work list can also be filtered, as seen above.**

How to schedule a Peer-to-Peer
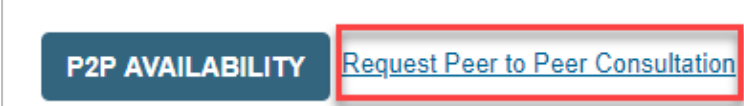
- Log into your account at **www.evicore.com**

- Perform **Authorization Lookup** to determine the status of your request.

- Click on the "P2P Availability" button to determine if your case is eligible for a Peer-to-Peer conversation:

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

P2P AVAILABILITY

- If your case is eligible for a Peer-to-Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

P2P AVAILABILITY   Request Peer to Peer Consultation

How to Schedule a Peer-to-Peer

Pay attention to any messaging that displays. In some instances, a Peer-to-Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer-to-Peer. You may also click on the All Post Decision Options button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Eligibility Result:	
P2P Status:	

Request Peer to Peer Consultation

ALL POST DECISION OPTIONS

Once the Request Peer-to-Peer Consultation link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer-to-Peer

- Upon first login, you will be asked to confirm your default time zone.

- You will be presented with the Case Reference Number and Member Date of Birth (DOB) for the case you just looked up.

- You can add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.

- To proceed, select **Lookup Cases**.

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question.

- Click **Continue** to proceed.

How to Schedule a Peer-to-Peer

- **You will be prompted to identify your preferred Days and Times for a Peer-to-Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.**

- **You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.**

How to Schedule a Peer-to-Peer

Confirm Contact Details

- **The point of contact's name and email address will auto-populate per your user credentials.**

- **Be sure to update the following fields so that we can reach the right person for the Peer-to-Peer appointment:**
  - **Name of Provider Requesting P2P**
  - **Phone Number for P2P**
  - **Contact Instructions**

- **Click Submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.**

Canceling or Rescheduling a Peer-to-Peer Appointment

To cancel or reschedule an appointment:

- **Access the scheduling software per the instructions above.**

- **Go to "My P2P Requests" on the left pane navigation.**

- **Select the request you would like to modify from the list of available appointments.**

- **Once opened, click on the schedule link. An appointment window will open.**

- **Click on the Actions drop-down and choose the appropriate action**
  - **If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.**
  - **If choosing to cancel, you will be prompted to input a cancellation reason.**

- **Close browser once done.**
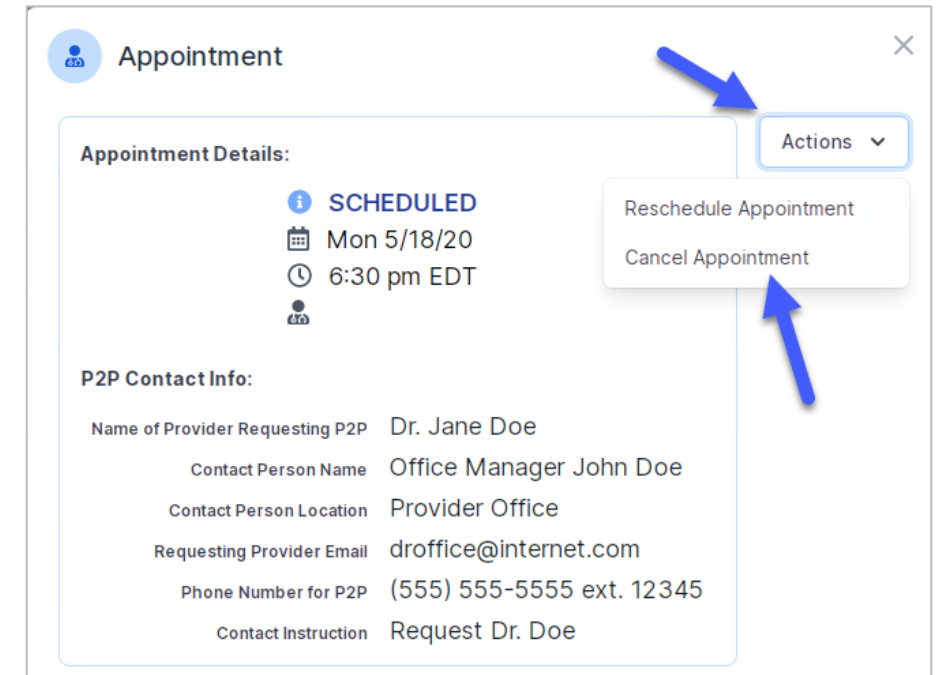
Provider Resources

Provider Resources

Prior Authorization Call Center - 844.224.0495

Our call centers are open from **7:00 a.m. to 7:00 p.m.** local time.

Providers can contact our call center to do the following:

- Request prior authorization.
- Check the status of existing authorization requests.
- Discuss questions regarding authorizations and case decisions.
- Change the facility or CPT code(s).
- Request to speak to a clinical reviewer.
- Schedule a clinical consultation with an eviCore medical director.

Online Resources
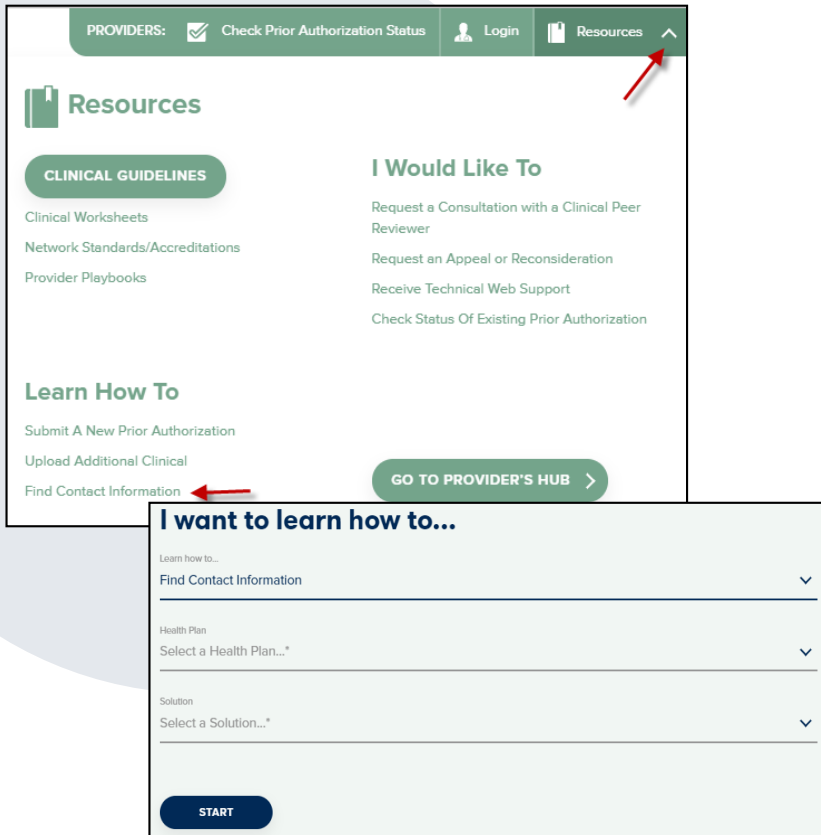
- You can access important tools, health plan-specific contact information, and resources at www.eviCore.com

- Select the Resources to view Clinical Guidelines, Online Forms, and more.

- Provider's Hub section includes many resources.

- Provider forums and portal training are offered weekly, you can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum."

- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

- To speak with a Web Specialist, call 800.646.0418 (option 2) or e-mail portal.support@evicore.com.

Client and Provider Services Team

Client and Provider Services

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

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

E-mail: ClientServices@evicore.com (preferred)

Phone: 800.646.0418 (option 4)

For prompt service, please have all pertinent information available. When e-mailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.

Provider Engagement Team

Provider Engagement Team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at evicore.com → Provider's Hub → Training Resources

Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Provider Prior Authorization Online Portal Tips and Tools** session to learn how to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Prior Authorization Online Portal Tips and Tools session:

You can find a list of scheduled **Provider Prior Authorization Online Portal Tips and Tools** sessions on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

Provider Newsletter

Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to eviCore.com

- Scroll down and add a valid e-mail to subscribe

- You will begin receiving e-mail provider newsletters with updates

Provider Resource Website

Provider Resource Page

eviCore's **Provider Experience** team maintains provider resource pages that contain client- and solution-specific 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:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit
https://www.evicore.com/resources/healthplan/Prominence

Dedicated eviCore Teams

Call Center

- Phone: 844.224.0495
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

- Live chat
- Email: portal.support@evicore.com
- Phone: 800.646.0418 (Option 2)

Client & Provider Operations Team

- Email: clientservices@eviCore.com (preferred)
- Phone: 800.646.0418 (option 4)
- Eligibility issues (member or provider not found in system)
- Transactional, authorization-related issues requiring research

Provider Engagement

- Michael Morgan, RN, BSN
  - Email: Michael.Morgan@eviCore.com
  - Phone: 615.468.4000, ext. 24320
- Regional team that works directly with the provider community.

Thank You!