Post-Acute Care
The Health Plan Quick Reference Guide

Required Authorization

The Health Plan has contracted with eviCore healthcare (eviCore) to manage Prior Authorization requests for Post-Acute Care (PAC) and Home Health Care (HHC) services.

eviCore will provider Prior Authoriations for PAC and HHC services on December 27, 2109 for dates of service beginning January 1, 2020 for Medicare Advantage members.
Prior authorization is required for the following provider types:

- Skilled Nursing Facilities
- Inpatient Rehabilitation Facilities
- Long Term Acute Care Facilities
- Home Health Care (HHC)

Prior Authorization Requirements

To ensure the Prior Authorization (PA) process is as quick and efficient as possible, eviCore recommends submitting pertinent clinical information to substantiate medical necessity for the type of service being requested. The clinical information requirements are outlined on our Prior Authorization request forms. These request forms can be located on the provider resource page by visiting the below site:

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

Prior Authorization Outcomes

Once all information has been submitted to eviCore, verbal outreach will be made to the providers with a determination within 2 business days for routine requests.

Written notification in the form of a letter will be faxed to the requesting provider and mailed to the member. Authorization information can be viewed and printed easily by utilizing the eviCore online portal at **https://encore.evicore.com/portalserver/oauth/login?homerealm=local**

Clinical Consultations

eviCore offers timely Clinical Consultations to reduce the occurrence of appeals. To schedule a clinical consultation with an eviCore Medical Director, please complete the following steps:

Online: **www.evicore.com/provider/request-a-clinical-consultation**
OR
Call: Contact Our Call Center at (877) 791-4104
Select Options 1, 1, 2, 5

Authorization Denials

Once a service has been denied, providers or members must file an appeal to have the request re-reviewed.

The denial rationale and appeal process are communicated verbally and via fax to the requesting provider and mailed to the member.

Appeals Process

Providers and members requesting to appeal a denial for initial Post-Acute Care services should contact eviCore by phone (877-791-4104) or fax (855-826-5338). Instructions and options on how to file an appeal are noted in the member's denial letter received following eviCore's final determination.

Providers and members requesting to appeal the decision to end skilled care in a Skilled Nursing Facility (SNF) should follow the Quality Improvement Organization's (QIO) process as outlined on the Notice of Non-Medical Coverage (NOMNC).

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Convenient Web Portal

The Web Portal **(https://encore.evicore.com/portalserver/oauth/login?homerealm=local)** remains the quickest, most efficient way to obtain information. After a one-time registration, you can initiate a case, view case/authorization details, verify eligibility, and more. Available 24/7, 365 days a year. To verify eligibility and benefits for The Health Plan members, visit **https://myplan.healthplan.org/Account/Login**

Web Portal assistance:

e: portal.support@evicore.com

p: 800-646-0418 (Option 2)

Fax: (800) 575-4452

Providers and/ or staff can fax in authorization requests by utilizing our prior authorization request forms found on the provider resource page.

To access these prior authorization forms, please visit:
www.evicore.com/resources/healthplan/thp

Call Center: (877) 791-4104

Providers and staff can request prior authorization by contacting eviCore's call center. Please select the appropriate prompts as follows:

- Select Option 1 for Provider Assistance, then:
  - Select Options 1, 2 for Post-Acute Care
  - Select Options 1, 1 for Home Health

Allscripts

eviCore accepts Prior Authorization requests and can respond to hospitals who utilize Allscripts. If you have any questions and/ or concerns regarding Allscripts, please contact ClientServices@evicore.com

Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time services are rendered. Claims submitted for services may be subject to benefit denial. Please verify the member's benefits and eligibility with the health plan. Regardless of the benefit determination, the final decision regarding any health care services or treatment is between the member and their health care provider.