



Sleep & DME Management Program

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for The Health Plan.

Which members will eviCore manage for the Sleep & DME Management program?

eviCore will manage prior authorization for The Health Plan members enrolled in the following programs:

- **Commercial plans:** HMO, PPO, POS and WV PEIA plans
- **Medicare plans:** SecureCare HMO, SecureChoice PPO and Dual Eligible Special Needs plans in West Virginia and Ohio
- **Medicaid plans:** Mountain Health Trust, SSI and WV Health Bridge plans

Which Sleep & DME services require prior authorization for The Health Plan?

To find a complete list of Sleep Current Procedural Terminology (CPT) codes and DME Healthcare Procedural Codes (HCPCS) that require prior authorization through eviCore, please visit our Provider Resource site: <https://www.evicore.com/resources/healthplan/thp>

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

Member eligibility and benefits should be verified with The Health Plan at <https://myplan.healthplan.org> before requesting prior authorization through eviCore.

How do I request a prior authorization through eviCore?

Providers and / or staff can request prior authorization in one of the following ways:

Web Portal

Providers should initiate a prior authorization request by visiting <https://myplan.healthplan.org>. If the CPT or HCPCS code is managed by eviCore, providers will be directed to log into eviCore's secure web portal www.evicore.com. This is the quickest and most efficient way to request prior authorization and is available 24/7.

Call Center

Providers and/or staff can request prior authorization by calling 877-791-4104, Sleep-Options 1,2,1; DME-Options 1,2,2. eviCore's call center is open Monday through Friday: 8am – 7pm EST, Saturday: 9am – 5pm EST and Sundays and Holidays: 9am – 2pm EST.

Electronic Fax

PA requests are accepted via fax and may be used to submit additional clinical:

- DME Fax: 866-663-7740
- Sleep Fax: 866-999-3510

How do I check an existing prior authorization request for a member?

The quickest and most efficient way to check the status of your authorization request is to visit The Health Plan's website at: <https://myplan.healthplan.org/Account/Login> sign in with your login credentials and choose "Check eviCore pre-authorization status". If the code selected identifies eviCore's delegation, log into www.evicore.com to complete the process.



What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the following information is readily available:

Member

- First and Last Name
- Date of Birth
- Member ID

Ordering Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Phone and Fax Number

Rendering (Performing) Provider

- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address
- Phone and Fax Number

Clinical Information

- Relevant clinical notes pertaining to the patient's condition
- Previous Imaging/X-ray reports if applicable
- Patient's History
- Physical Findings

Note: eviCore suggests utilizing the clinical guidelines and worksheets when requesting authorization for sleep services

Where can I access eviCore's Sleep Management clinical worksheets and guidelines?

eviCore's clinical worksheets and guidelines are available online and can be found by visiting one of the following links:

Clinical Worksheets

<https://www.evicore.com/provider/online-forms>

Clinical Guidelines

www.evicore.com/provider/clinical-guidelines

Where can I access eviCore's DME Prior Authorization forms?

Providers can obtain Prior Authorization forms for DME requests on The Health Plan's provider resource site:

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

Note: Prior Authorization forms are not required for Sleep Management services.

Once the prior authorization request has been submitted to eviCore, when will I receive the determination notification?

After receipt of all necessary clinical and non-clinical information, all standard requests are processed within 2 business days.

When will I receive the determination notification for an urgent request?

Urgent Requests determinations will be rendered within 72 hours and will be based solely on medical information received within that timeframe. In order to reduce denials, a request should not be submitted as "urgent", unless it meets the CMS definition of urgent; when a delay in decision-making may seriously jeopardize the life or health of the member.

How will the authorization determinations be communicated to the providers?

A letter will be faxed to the ordering physician and requesting site of service. The member will receive the letter in the mail. Providers may also visit www.evicore.com to view and print the authorization determination.



How can the accepting provider confirm that the prior authorization number is valid?

Providers can confirm that the prior authorization is valid by logging into our web portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit www.evicore.com.

To request a fax letter with the prior authorization number, please call eviCore at 877-791-4104 and follow the phone prompts to speak with a customer service specialist.

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

The authorization status function on the website will provide the following information:

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

If denied, what follow-up information will the referring provider receive?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights process.

Note: The referring provider may request a Clinical Consultation with an eviCore Medical Director to review the decision.

How long is a Sleep or DME authorization valid?

Authorizations are valid for 90 -180 calendar days from the date of determination depending on the line of business and on service request type.

Note: Services performed outside of the authorized timeframes can lead to a denial of claims payment.

Do Sleep & DME services performed in the Emergency Room, In Patient Hospital or Observation setting require authorization?

No. Services that are performed in an emergency room, hospital or during an observation stay do not require authorization from eviCore.

We are a mail order DME company. Will authorizations cover a full year of supplies?

Each authorization timeframe will depend on the line of business and type of DME requested. Written notification in the form of a letter will be faxed to the DME Provider. Authorization details can be printed on demand from the eviCore healthcare Web Portal.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective reviews are not allowed, with the exception of special circumstances. Please contact The Health Plan directly for consideration.

What if an authorization is issued and revisions need to be made?

The requesting provider or member should contact eviCore by phone at 877-791-4104 with any change to the authorization. It is very important to update eviCore with any changes to the authorization in order for claims to be correctly processed for the provider that renders the service.

How do I determine if a provider is in network?

Participation status can be verified on The Health Plan's Website: <https://myplan.healthplan.org> or by contacting your Provider Engagement Rep at THP 800-624-6961. Providers may also contact eviCore at 877-791-4104. eviCore receives a provider file from The Health Plan with all independently contracted participating and non-participating providers.

What is the approval timeframe for oxygen concentrators?

The authorization will be valid for either a 3 month (short term period) or 12 month period, based on the request type and line of business. All oxygen requests must meet medical necessity requirements.

Medicare Members: Initial authorizations will be valid for either a 3 or 12 month period. The first recertification of a 3 month authorization will be for 9 months and the second recertification will be for 24 months. Initial authorizations for Medicare members requesting a 12 month authorization will receive recertification for a 24 month period.

Medicaid and Commercial Members: Initial and recertification authorizations for will be valid for a 12 month period.

At the end of 3 years the member will then own the equipment. Upon request, authorization will only be made for maintenance and service to the equipment that the member owns, at a maximum of once every 6 months. After 5 years, per CMS guidelines, the member is eligible for a new piece of equipment, at which time a new rental to purchase period of 36 months begins.

Will the authorizations we currently have on file from The Health plan remain valid?

Yes. The Health Plan will honor all existing authorizations that you currently have on file.

Where do I submit my claims?

All claims will continue to be filed directly to The Health Plan.

Who do I contact for online support/questions?

For questions regarding The Health Plan's website, contact your provider engagement representative. The provider engagement rep territory map and contact information is located on The Health Plan's website under For Providers ->Overview -> Meet the Provider Engagement Team.

<https://healthplan.org/providers/overview/meet-provider-engagement-team>

To reach The Health Plan Provider Services department, you may also call The Health Plan directly at 800-624-6961.

For eviCore portal inquiries, click the 'Chat with Us' Icon, located on the lower right hand screen of our website, www.evi.core.com, call eviCore web support at 800-646-0418 (Option 2) or email: portal.support@evicore.com.

How do I submit a program related question or concern?

For program related questions or concerns, please email eviCore at: clientservices@evicore.com

Common Items to Send to Client Services:

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

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/thp>

Sleep Management Questions

The following questions pertain to the Sleep Management Program only.

What happens if an attended sleep study is requested, but Home Sleep Testing (HST) is more appropriate?

The ordering clinician will be offered the choice to suspend the request for an attended study in favor of a HST.

If the provider selects the HST option, the CPT code will be changed and the HST will be approved.

If the provider does not select the HST option, the case will go to medical review and could lead to an adverse determination of the requested attended sleep study.

How does eviCore monitor PAP Compliance?

eviCore gathers PAP usage data from online systems to monitor member usage and compliance during the first 90 days of PAP therapy. Member Set Up Instructional Guides are available on eviCore's provider resource site at:

<https://www.evicore.com/resources/healthplan/thp> for each of the following DME Manufacturers:

- Respironics
- ResMed
- Fisher and Paykel

Will eviCore receive my members' data if the member information is not entered correctly?

Each DME company will need to set up eviCore exactly as instructed on the Manufacturer Demo Guides in order for us to receive all your members' data. 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.

Who can I reach out to if I have questions regarding member set up?

Questions regarding member set up may be emailed to eviCore @ Sleeptherapysupport@evicore.com. In addition, providers may call eviCore Provider Customer Service Number: 877-791-4104 and Select Options 1,2,1.

How does eviCore provide TherapySupportSM for The Health Plan members?

Non-compliant members: During the first 90 days of PAP therapy, eviCore will outreach to the DME and referring physician periodically to support compliance. Outreach contact points: 3d, 7d, 14d, 21d, 30d, 60d, 90d, and as driven by data.

Compliant members: eviCore interaction will be minimal.

The DME provider is encouraged to work with the member during this time period to maximize member compliance with PAP treatment.

How do I obtain Authorization for purchase of the PAP device?

Once the member reaches the compliance goal within the first 90 days of usage, eviCore will authorize an additional 7 or 10 units (based on the Line of Business). This will complete the Authorization for purchase of the PAP Device. The DME provider does not need to contact eviCore for the purchase authorization. An authorization for purchase will be generated by eviCore and sent to the DME provider.

What is the 90 day compliance threshold?

To reach the compliance goal, PAP usage data must demonstrate ≥ 4 hours per night for 70% of nights, within a 30 consecutive day period within the first 90 days of PAP therapy.



What information is needed for resupply requests of PAP equipment?

Once the member reaches the compliance goal within the first 90 days of usage, the DME provider is required to monitor compliance and provide a compliance report of the most recent 30 days' usage for all resupply requests to eviCore via the eviCore web portal: www.evicore.com or by electronic fax: 866-999-3510.

How many months will be approved for each resupply?

Resupply is authorized every 6 months, once we receive the request along with a compliance report of the most recent 30 days of usage. DME providers should ensure the supplies are appropriate for continued use by the member before sending them out, as PAP equipment needs may change.

Will eviCore authorize resupply requests of PAP equipment for The Health Plan existing members under sleep management treatment?

For members continuing sleep management after program start, the first resupply of PAP equipment will be granted by eviCore without compliance verification. All subsequent resupply requests will require compliance verification.