

DURABLE MEDICAL EQUIPMENT AND SLEEP MANAGEMENT

Provider Orientation Session for The Health Plan



Agenda

- **eviCore healthcare Corporate Overview**
- **Sleep & DME Prior Authorization Program Overview**
- **Required Information**
- **Prior Authorization Outcomes & Special Considerations**
- **Methods to Submit Requests & Web Support Services**
- **Provider Resources**
- **eviCore Comprehensive Sleep Management Program**
- **Q & A Session**



Corporate Overview



**100M
Members
Managed**

9 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



4.9k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology

Headquartered in Bluffton, SC Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA



Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Prior Authorization of Durable Medical Equipment and Sleep Management



Program Overview

eviCore healthcare will begin managing Prior Authorization requests for Durable Medical Equipment (DME) and Sleep Related Covered Services for dates of service December 16, 2019 and beyond

Prior authorization applies to Sleep/DME services that are:

**Outpatient or Home Based
Medically Necessary
Elective / Non-emergent**

Prior authorization does not apply to services that are performed in:

**Emergency Room
Inpatient
Observation Services**

Providers should verify member eligibility and benefits on the secured provider log in section at: <https://myplan.healthplan.org/Account/Login>

Applicable Membership & Evidence Based Guidelines

Authorization is required 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

Evidence Based Guidelines for Sleep Management and DME - Medical Necessity Criteria:

- eviCore Proprietary Clinical Guidelines (Sleep Management)
- Medicare Benefit Policy Manual
- National and Local Coverage Determination Guidelines
- State Medicaid Guidelines
- Change Healthcare InterQual[®]

Sleep Covered Services

- Facility-Based Polysomnography
 - Adult & Pediatric
- Facility-Based PAP Titration
 - Adult & Pediatric
- Facility-Based Split-Night Studies
- Home Sleep Testing
- Home APAP Titration
- PAP Therapy Devices
- PAP Therapy Supplies
- PAP Therapy Compliance
- Oral Appliances

DME Covered Services

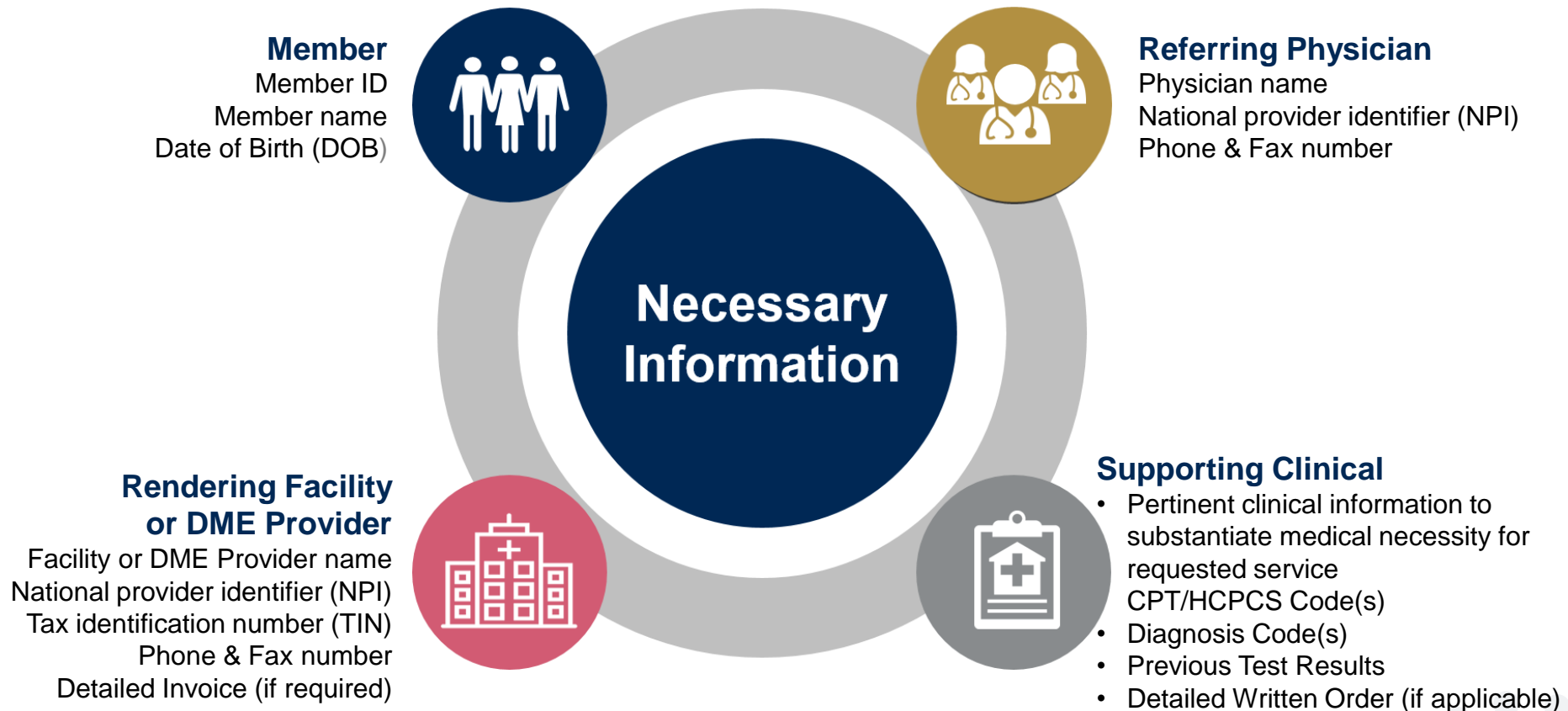
- Medical and Surgical Supplies
- Oxygen/Related Equipment
- Diabetic Shoes
- Decubitus Care Equipment
- Bathroom Equipment
- Hospital Beds and Accessories
- Ventilators
- Pacemaker Monitor
- Patient Lifts
- Wheelchairs
- Other

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:

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

Keys to Successful Prior Authorizations

To obtain prior authorization on the very **first submission**, the provider submitting the request will need to gather the following information





Detailed Invoice

Detailed invoices are required for the following DME items:

- Non-standard wheelchairs
- Power Wheelchairs
- Power operated vehicles
- Prosthetics
- Any custom item, including custom orthotics
- Anything submitted with a non-specific/miscellaneous code

Detailed Invoices are the DME Provider's order slip with pricing information to include specific HCPCS codes and Manufacturer's Suggested Retail Price (MSRP) for each item requested for The Health Plan member.

Insufficient Clinical - Additional Documentation Needed

Additional Documentation to Support Medical Necessity

- If all required pieces of documentation that must be submitted to eviCore are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

The Provider must submit the additional information to evicore

eviCore will review the Additional Documentation and reach a determination

To ensure that a determination is completed within the designated timeframe for each LOB, the case will remain on hold as follows:

- Commercial: 3 calendar days
- Medicaid: 4 calendar days
- Medicare: 1 calendar day

- Requested information must be received within the timeframe as specified on the Hold Letter.

- Determination will be completed within 2 calendar days

Prior Authorization Outcomes & Special Considerations

Prior Authorization Outcomes - Approved Requests

➔ Approved Requests:*

Once all information is submitted to eviCore, a determination for a standard request will be made as follows:

- ❖ **Commercial** within 2 calendar days (not to exceed 15)
- ❖ **Medicaid** within 2 calendar days
 - Pre-service: not to exceed 7 days
 - Extension: not to exceed 14 days
- ❖ **Medicare** within 2 calendar days (not to exceed 14)

➔ Approved Delivery:

- **Written notification** in the form of a letter will be faxed to the referring Physician, Facility and/or DME Provider and mailed to the member via standard US Mail
- **Authorization details** can be printed on demand from the eviCore healthcare Web Portal

Urgent Requests:

- 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

DME Requests with Hospital Discharge

➤ Oxygen Requests:

- To support member discharge goals, eviCore will review Oxygen requests by phone and offer **verbal decisions** in real-time. The DME supplier will then be responsible to fax the supporting clinical to eviCore at: 866-663-7740.
- All 'non-hospital discharge' requests for oxygen will be processed as any other standard PA request.

➤ Pending Discharge:

For hospital discharge contingent upon DME Prior Authorization, the DME supplier should submit the requests using one of following methods:

1. Fax supporting clinical documentation and indicate **"Pending Discharge"** on the fax cover sheet or prior authorization form to 866-663-7740.
2. Call eviCore at 877-791-4104, DME-options 1,2,2 to complete the Prior Authorization process by phone and indicate **"Hospital discharge is pending DME Prior Authorization"** during the clinical intake discussion.
3. Submit request via the web portal and indicate **"Hospital discharge is pending DME Prior Authorization"** in the free note section.

Clinical Consultations, Alternate Recommendations & Reconsiderations

Clinical Consultations

- If a request is not approved and requires further clinical discussion for approval, we offer clinical consultations from referring physicians
- Clinical Consultations result in either a reversal of decision to deny or an uphold of the original decision
- To schedule at a time convenient to your physician, please visit: www.evicore.com/provider/request-a-clinical-consultation or call eviCore at: 877-791-4104

Alternate Recommendations for DME Requests

- An **alternate recommendation** is provided for certain HCPCS, based on medical necessity determinations and will be included in the determination letter
- The DME supplier can either accept the alternate recommendation, or file an appeal for the original request if the recommendation is not agreed upon
- Providers have up to **60 days** to contact eviCore to accept the alternate recommendation

Reconsiderations

Commercial and Medicaid Members Only

- A Reconsideration is a post-denial, **pre-appeal** opportunity to provide additional clinical information
- Reconsideration must be requested within **7** calendar days from the denial determination date

Prior Authorization Outcomes - Denied Requests

➤ Denied Requests:

- The denial rationale and appeal process are communicated verbally to the requesting provider and are outlined on the written denial notification.

➤ Denied Delivery:

- **Verbal outreach** will be made to requesting Facility and/or DME Provider
- **Written notification** in the form of a letter will be faxed to the referring Physician, Facility and/or DME Provider and mailed to the member via standard US Mail
- Information can be printed on demand from the eviCore healthcare Web Portal

Appeal Process & Retrospective Reviews

➤ Appeals

- **Commercial and Medicaid**
 - Appeals requests should be submitted to eviCore via phone at 877-791-4104 Mon - Friday 8-5 EST; Weekends 10-4 EST OR by fax to 855-826-5338.
 - Final appeal determination will be made by eviCore
 - A written notice of the appeal decision will be mailed to the member and faxed to the provider by eviCore
- **Medicare**
 - Appeal requests should be submitted to The Health Plan via fax at 740-699-6163 or phone at 877-847-7907.
 - The Health Plan will make the final determination and send out the appeal notification.

➤ Turn Around Time

- **Turn Around Time** after an appeal has been requested by the member:
 - Expedited – 24 to 72 hours
 - Standard – up to 30 days
- **Note:** Requests for expedited appeals must meet CMS guidelines

Retrospective Requests

- **Retrospective reviews are not allowed, with the exception of special circumstances.**

Requests for appeals must be submitted to eviCore as follows:

- **Commercial** within 180 calendar days of the adverse determination
- **Medicare** within 60 calendar days of the adverse determination
- **Medicaid Members** within 60 calendar days of the adverse determination
- **Medicaid Providers** within 180 calendar days of the adverse determination

Methods to Submit Requests and Web Portal Services

3 Methods to Submit Prior Authorization Requests



WEB

1. The Health Plan's Website:

<https://myplan.healthplan.org/Account/Login>

Available 24/7 and the **quickest** way to verify member eligibility and benefits, create prior authorizations and check existing case status

2. Phone:

877-791-4104

DME-options 1, 2, 2

Sleep-options 1, 2, 1

3. 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

Important: Providers accustomed to accessing the eviCore web portal directly through *eviCore.com* may continue to do so, however we recommend to go through THP's website to ensure delegation to eviCore for the appropriate CPT/HCPCS Code(s)



Home > Log in

Access your account

Secure Log in

User ID

Password

Log In »

[Need Help!](#) [Forgot User ID](#) [Forgot Password](#)

Registered providers input User ID & Password here

First-time users

[Register](#)

Resource Library

Access forms, training and educational documents.


[Access library](#)

Click the appropriate button if you need help, have forgotten your User ID or password

This is a secure website. Your IP address is 199.204.159.69


Check Prior Authorization Status

My Plan My Account Log off

 Home > Pre-Authorization

Pre-Authorization

[Check Pre-Authorization Status](#) [Submit Pre-Authorization](#) [Check Palladian Pre-Authorization Status](#)

[Check EviCore Pre-Authorization Status](#)  Check prior authorization status here

Drugs Requiring Medical Necessity Review

The Health Plan may require a medical necessity review for various medically billable drug Current Procedural Terminology (CPT) codes (J-codes) prior to performing a procedure or service effective **April 15, 2019**. Medically billable drugs are predominantly injectable or infusion drugs that are submitted on a medical claim and are reimbursed based on the member's medical benefit rather than their pharmacy benefit. This affects all lines of business with The Health Plan: Commercial (including HMO, PPO and POS plans), WV Medicaid (including Mountain Health Trust, WV Health Bridge and SSI), Self-Funded and Medicare (including SecureCareHMO, SecureChoicePPO, DSNP and Supplemental plans).

For a complete listing of medically billable drug codes, please review the list below.

- Commercial and Self-Funded
- Medicare
- WV Medicaid

Pre-Authorization Lists

Please review the pre-authorization lists below.

- Pre-Authorization Lists

Provider

- Home
- Administration
- Search Patients
- Claims
- Pre-Authorizations
- Roster
- Performance
- Voucher
- Forms
- Policies
- Resource Library
- Case Tracker Lite
- Member Search
- My Reminders



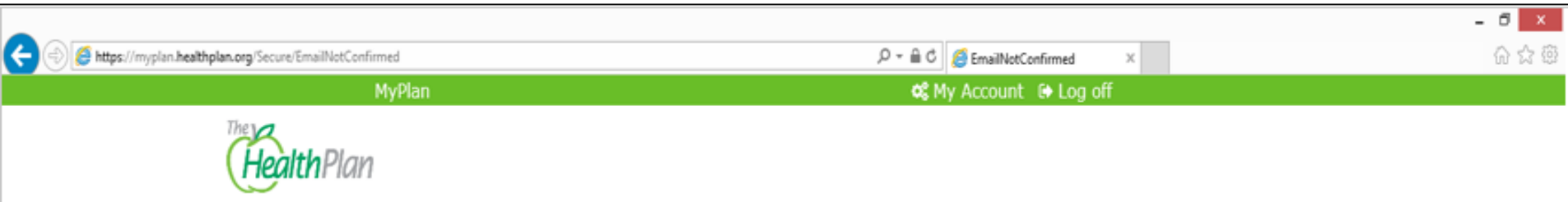
- Employers
- Search Members
- Manage Documents
- Databytes Login
- Provider
 - Home
 - Administration
 - Search Patients
 - Claims
 - Pre-Authorizations
 - Roster
 - Voucher
 - Forms
 - Policies
 - Resource Library

Pre-authorization for this member, and requested CPT code, is managed by eviCore healthcare. Please log into evicore.com to complete the process.

Close Continue

1. Log into The Health Plan Website, follow steps to verify member eligibility & benefits.
 2. Enter member and provider demographics, and related CPT or HCPCS code.
 3. Log into evicore.com to complete process to initiate the case or to check status.
- PowerPoint presentation with step by step instructions on how to navigate between the websites to verify member eligibility and benefits, request prior authorization and check authorization status and may be found at: <https://www.evicore.com/resources/healthplan/thp>.

Where to call for Help – The Health Plan Website



For questions, assistance with registering or how to navigate The Health Plan's website, please contact your THP provider engagement representative. The provider engagement rep territory map is located on our website under "For Providers," "Overview," "Meet the Provider Engagement Team."
<https://healthplan.org/providers/overview/meet-provider-engagement-team>

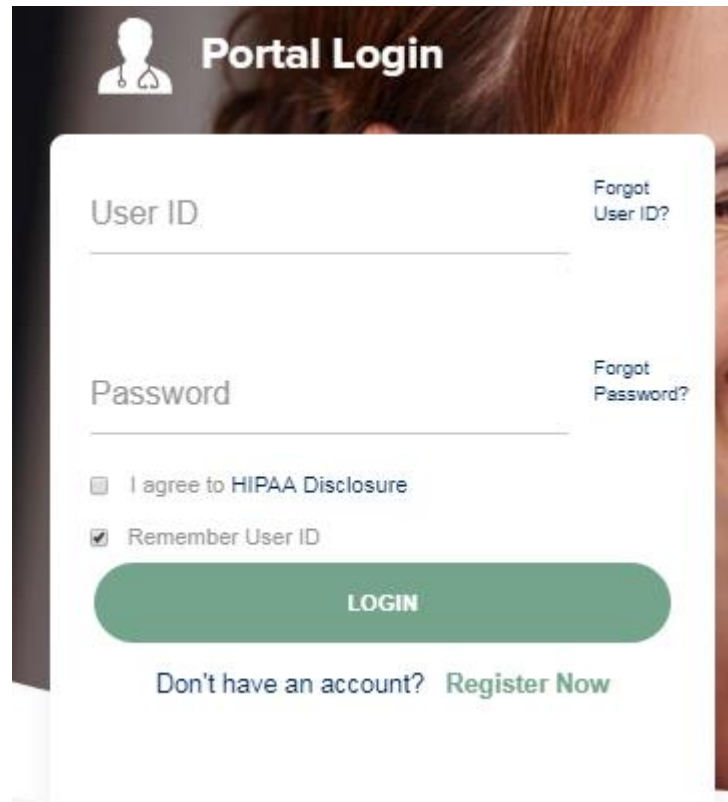
To reach The Health Plan Provider Services department, please call
The Health Plan at **800-624-6961**

eviCore healthcare website – Direct Login

- Point web browser to evicore.com



- Login or Register

A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is white with a green 'LOGIN' button. It includes fields for 'User ID' and 'Password', each with a 'Forgot' link. There are two checkboxes: 'I agree to HIPAA Disclosure' and 'Remember User ID'. Below the form is a link for 'Don't have an account? Register Now'. The background of the form is a blurred image of a person's face.

Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)



Provider Resources



Provider Resources: eviCore Web-Based Services



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents



CHAT WITH US

www.evicore.com

To speak with a Web Specialist, Click the 'Chat with Us' Icon located on the lower right hand screen of our website, Call (800) 646-0418 (Option #2) or Click the "Contact Us" link or email

portal.support@evicore.com.

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Preauthorization Call Center & Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

eviCore Provider Customer Service Number: 877-791-4104

Sleep Management & Sleep Related DME Inquires-Options 1,2,1
All Other DME Inquires-Options 1,2,2

- Obtain prior authorization or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change Facility, HCPCS or CPT Code(s) on an existing case

Hours of Operation:

- Monday through Friday: 8am – 7pm EST
- Saturday: 9am – 5pm EST
- Sundays and Holidays: 9am – 2pm EST

To reach eviCore Client Provider Operations team, call (800) 575-4517 (Option #3)
or email clientservices@evicore.com

- Member eligibility issues (member or rendering provider)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: Provider Resource Website



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

For more information regarding the eviCore utilization management programs and reference documents, please visit our Provider Resource site:

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

- Provider Orientation Presentation
- Recorded demo of the orientation training sessions
- HCPCS & CPT code lists
- Quick Reference Guide (QRG)
- DME Prior Authorization Form
- Frequently asked questions (FAQ) Document
- Step by Step Web Portal Guide

Provider Enrollment Questions
Contact your Provider Engagement Rep at THP 800-624-6961

eviCore healthcare
Sleep Management Program



eviCore healthcare Comprehensive Sleep Management Program

Care Coordination

- Delivering coordinated care along the Sleep Diagnostic and Treatment continuum to ensure better patient outcomes

Comprehensive Sleep Prior Authorization Program

- Covers all sleep diagnostic procedures, PAP therapy devices, and resupply

TherapySupportSM PAP Compliance Monitoring

- Allows tracking of PAP usage data from the first night of use and uses the data for outreach to DME and physician providers to support compliance

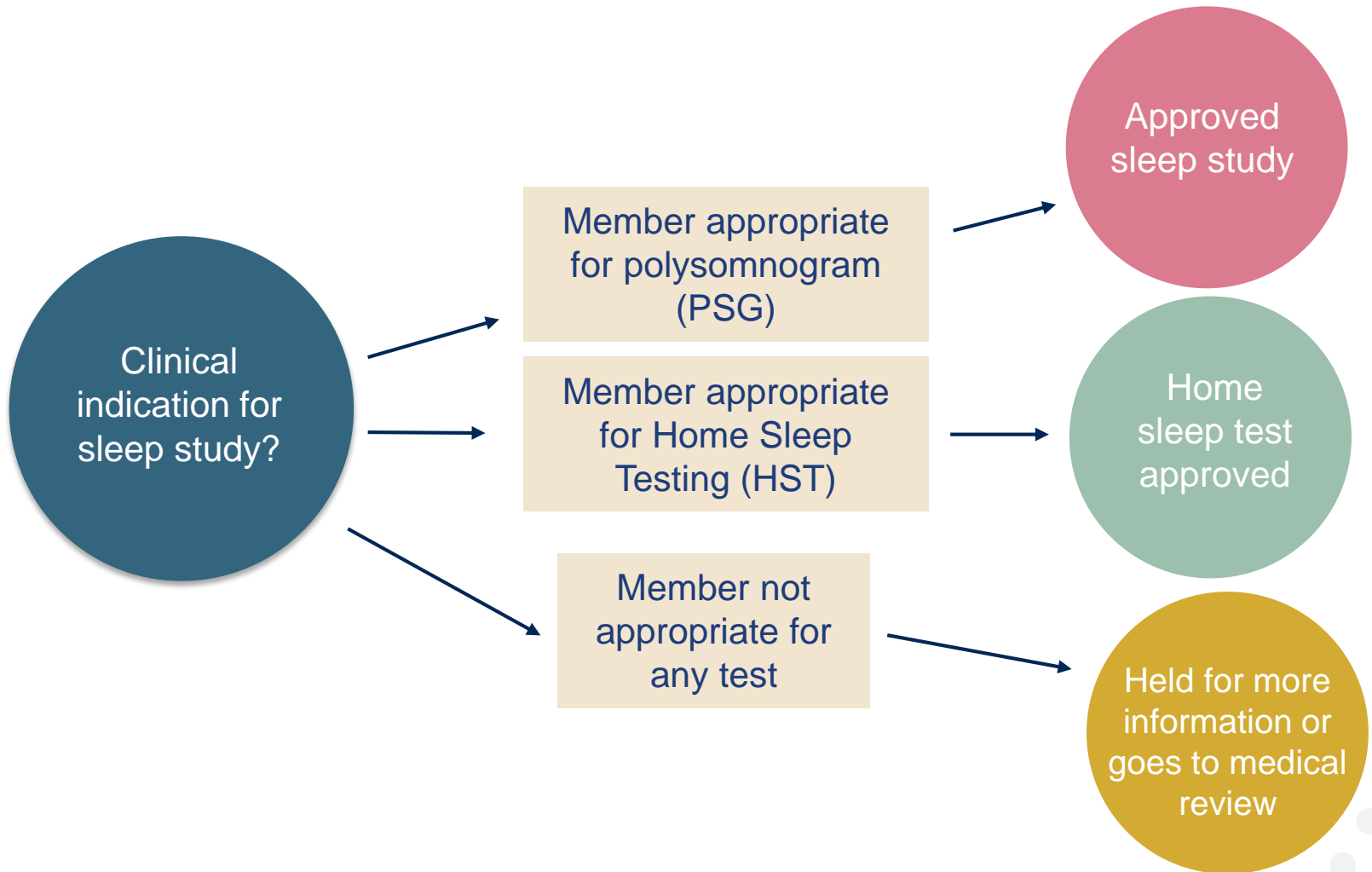
Evidence-based Clinical Guidelines

- Reviewed annually by a Specialized Medical Advisory Board

Sleep Study Site of Service Authorization

Sleep Study Referral Workflow

eviCore Clinical Pathways direct to appropriate site of service or treatment based on information gathered from referring provider



eviCore Clinical Guidelines

Home Sleep Test The patient must be physically able to perform the Home sleep test. The patient must have the mobility, dexterity and cognitive ability to use the available equipment safely at home AND have the ability to follow instructions. Home Sleep Study HST is the **preferred study**.

In Lab Indications The patient DOES NOT have the mobility, dexterity or cognitive ability to use the available equipment safely at home and the ability to follow instructions or HST has been attempted and is inconclusive. There must be at least one suspected or known **co-morbid** diagnosis.

Multiple Sleep Latency Testing The patient MUST have had a prior sleep study to either diagnose OR rule out Obstructive Sleep apnea before advanced testing will be considered.

Pediatric guidelines HST cannot be approved for a child. It is considered investigational and experimental. In Lab Studies are supervised by specialized Sleep Technicians.

Repeat Sleep Testing The patient MUST be compliant with the current treatment. Repeat testing is generally not necessary to supply new PAP equipment.

Sleep Study Clinical Guidelines are available on the eviCore website

Sleep Management Worksheet



Sleep Study Worksheet

PH#: 888-511-0401

Website: www.eviCore.com

(The following form must be filled out completely for all sleep testing)

Patient	Patient Name:		
	DOB:		
	Insurance Plan:		Member ID:
	Epworth Sleepiness Score (ESS, see page 4):		
	BMI:	Height:	Weight:
Physician	Ordering Physician Name:		MD NPI #:
	Physician Address:		
	City:	State:	ZIP:
1	a. Study Requested		
	<input type="radio"/> Home Sleep Test (G0399) <input type="radio"/> Split Sleep Study (95811) <input type="radio"/> Polysomnography - Attended (95810) <input type="radio"/> PAP Titration or Re-titration (95811)		
	b. Has the member had a sleep study in the past? <i>If yes, please complete sections (5) and (6) below.</i>		<input type="radio"/> Yes <input type="radio"/> No
	c. If a facility study is checked, but only a Home Sleep Test meets criteria, would you like to order a HST instead?		<input type="radio"/> Yes <input type="radio"/> No
	d. Has the patient had a comprehensive sleep evaluation by the ordering physician?		<input type="radio"/> Yes <input type="radio"/> No
	e. Participating site if a facility based study is authorized.		
Name:		TIN:	
2	a. Complaints and Symptoms: (Check all that apply)		
	<input type="checkbox"/> Snoring	<input type="checkbox"/> Excessive daytime sleepiness	<input type="checkbox"/> Disturbed or restless sleep
	<input type="checkbox"/> Non-restorative sleep	<input type="checkbox"/> Morning headaches	<input type="checkbox"/> Memory loss
	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Witnessed pauses in breathing	<input type="checkbox"/> Choking during sleep
	<input type="checkbox"/> Gasping during sleep	<input type="checkbox"/> Frequent unexplained arousals	<input type="checkbox"/> Nocturia
	<input type="checkbox"/> Decreased libido	<input type="checkbox"/> Irritability	<input type="checkbox"/> Non-ambulatory individual
	<input type="checkbox"/> Patient works night shift	<input type="checkbox"/> Patient sleeps <6hrs per night	

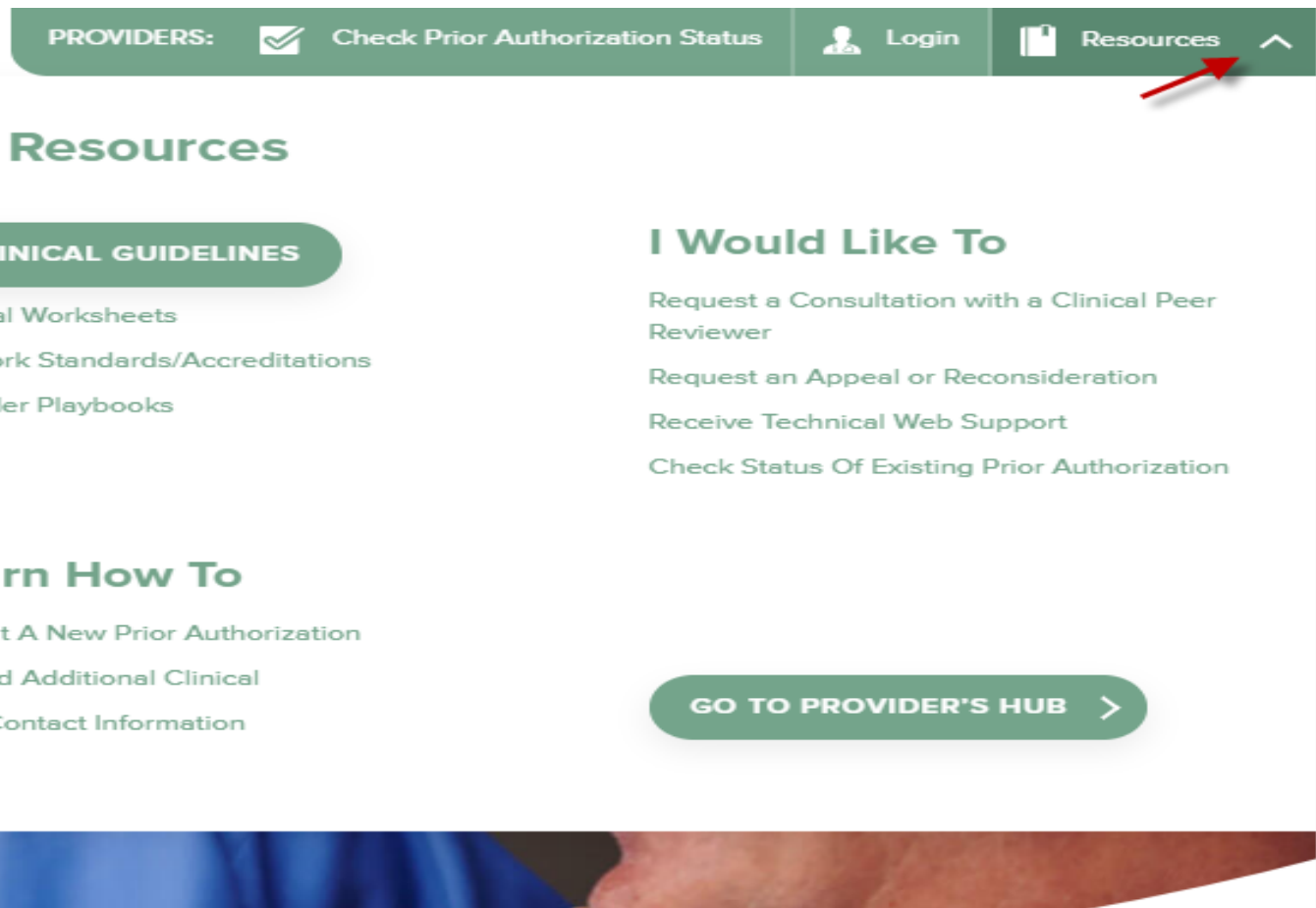
Worksheets for attended Sleep Studies and Multiple Sleep Latency Test (MSLT) procedures are available on the eviCore website.

The provider should complete this worksheet prior to contacting eviCore for an authorization

Please Note: The worksheet is a tool to help providers prepare for prior authorization requests via the **web portal** (preferred method) or by phone and should not be faxed to eviCore to build a case

Sleep Studies Online Resources

- You can access Sleep Study resources at www.evicore.com
- Select Resources to view Clinical Guidelines and Worksheets for attended Sleep Studies



The screenshot shows the Evicore.com website interface. At the top, there is a green navigation bar with three main sections: 'PROVIDERS:' with a checkmark icon and the text 'Check Prior Authorization Status'; a user icon with the text 'Login'; and a document icon with the text 'Resources' and an upward-pointing chevron. A red arrow points to the 'Resources' link. Below the navigation bar, the 'Resources' page is displayed. It features a green header with a document icon and the word 'Resources'. Underneath, there are two main columns. The left column is titled 'CLINICAL GUIDELINES' in a green rounded rectangle and lists three items: 'Clinical Worksheets', 'Network Standards/Accreditations', and 'Provider Playbooks'. The right column is titled 'I Would Like To' and lists four items: 'Request a Consultation with a Clinical Peer Reviewer', 'Request an Appeal or Reconsideration', 'Receive Technical Web Support', and 'Check Status Of Existing Prior Authorization'. At the bottom of the page, there is a green rounded button with the text 'GO TO PROVIDER'S HUB' and a right-pointing chevron. The background of the page is a blurred image of a person's face.

Sleep Study Site of Service Authorization



- Sleep Study testing that meets medical necessity for the appropriate site of service will be authorized by eviCore.
- What happens if an attended sleep study is requested, but Home Sleep Testing (HST) is more appropriate?
 - If the member meets medical appropriateness criteria for a HST instead, an authorization for an attended study will **not** be given.
 - 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.

PAP Compliance Program Overview and TherapySupportSM

PAP Compliance and TherapySupportSM

SleepLinkSM – The key to PAP compliance

eviCore gathers PAP usage data from online systems to monitor member usage and compliance of therapy



SleepLinkSM connects eviCore to the three largest manufacturers of PAP devices

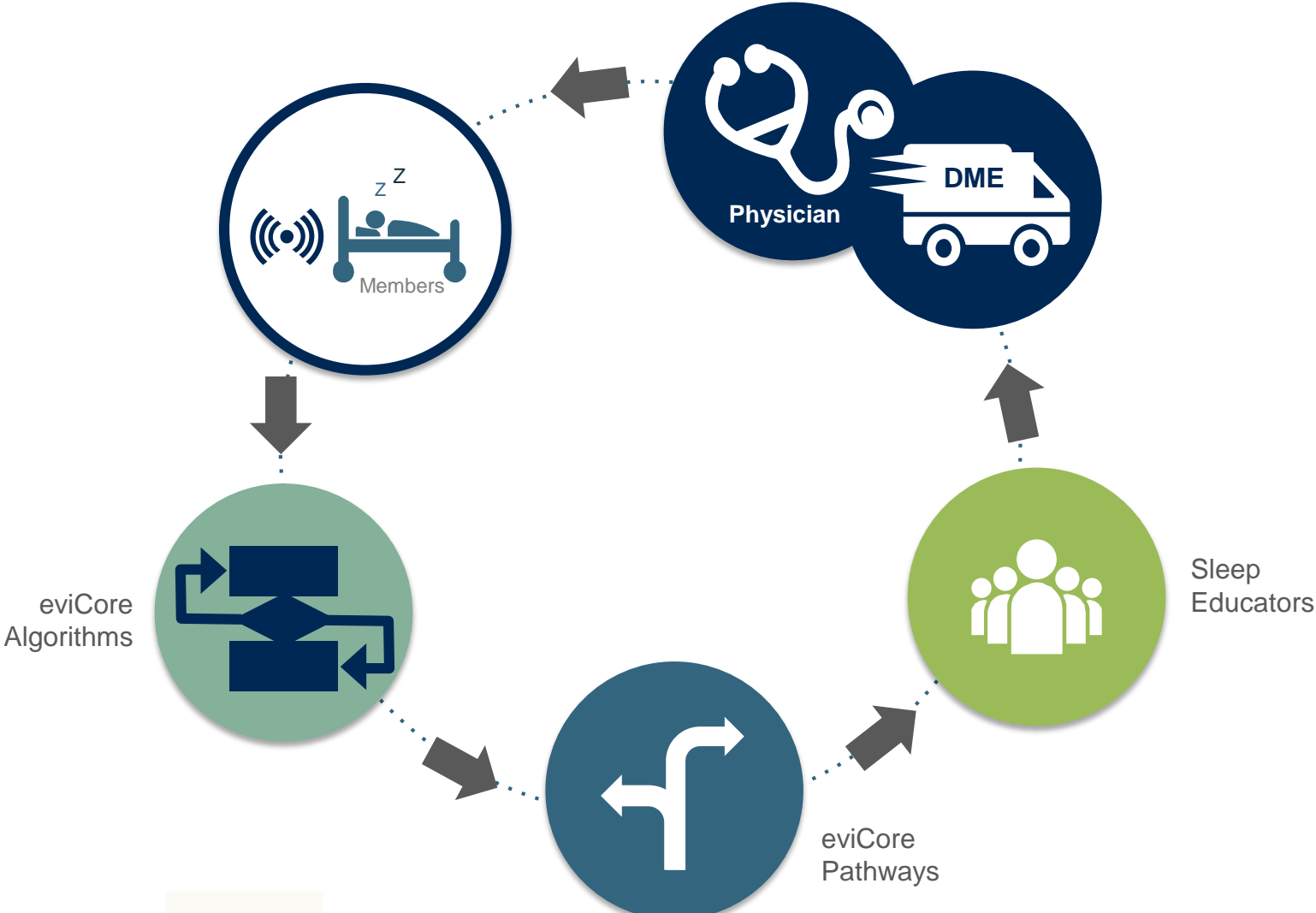


The program supports properly equipped machines from the following 3 major DME Manufacturers: ResMed, Resironics*, and Fisher & Paykel.

*Resironics users require a BAA to be completed and returned to eviCore healthcare to be set up in the system.

eviCore TherapySupportSM

Once usage is detected, eviCore can ensure that members are compliant with their therapy, improving quality of care.



TherapySupportSM Workflow - Overview

DME provider obtains prior authorization for PAP device



DME enters information into manufacturer Database



eviCore receives Member information via SleepLinkSM
First 90 days of PAP therapy



TherapySupportSM supports PAP compliance



Approved 3 units & 6 month of PAP supplies

Approval - Medicare Members 10 units
Commercial & Medicaid Members 7 units

TherapySupportSM Benefits:

- PAP compliance increased!
- Minimal additional work for DME providers
- Enables DME provider reports
- Improved patient outcomes



*Approval based on Line of Business which will complete the purchase of PAP Device

What does this mean for the DME Provider?



➤ **Member Compliance:** eviCore will monitor member compliance with PAP machines during the first **90** days of PAP therapy, however the DME provider is **encouraged** to work with the patient during this time period to **maximize** member compliance with PAP treatment.

- Non-compliant members: eviCore healthcare will outreach to DME and physician periodically to support compliance. Outreach contact points: 3d, 7d, 14d, 21d, 30d, 60d, 90d, and as driven by data. Support for non-compliant members will allow time for member to become comfortable with Therapy.
- Compliant members: eviCore healthcare interaction will be minimal

➤ **Authorization for purchase:** Once the member reaches the compliance goal within the first 90 days of usage, eviCore will authorize an additional 7 or 10 units (depending on LOB). 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.

➤ **Requests for resupply:** Requests for resupply of PAP equipment will be supported by member PAP usage compliance reports for the time period prior to the request. eviCore does **not** monitor compliance after the first 90 days. The DME provider is required to fax a compliance report of the most recent 30 days' usage for all resupply requests to eviCore.

Manufacturer Member Set Up

Manufacturer Member Set Up Guides

Member Set Up Instructional Guides will be available on The Health Plan provider resource site at: <https://www.evicore.com/resources/healthplan/thp> for each of the following DME Manufacturers.



<https://airview.resmed.com/>



www.encoreanywhere.com



www.fpinfosmart.com

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

Thank You!

