## PAP Member Set Up for Tufts Health Plan Members on Respironics Devices

eviCore healthcare Member Set up Guide



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Empowering the Improvement of Care

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

Tufts Health Plan members in the EncoreAnywhere system for Respironics PAP Devices

\*This process applies to Tufts Health Plan members

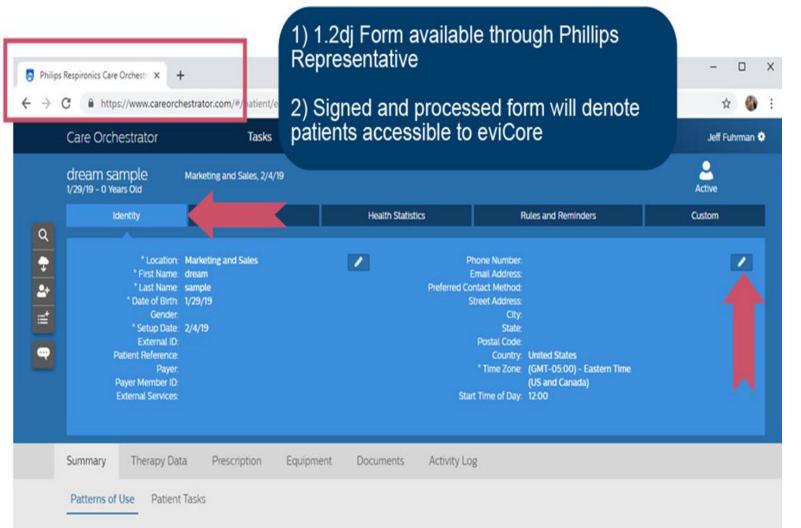
DME Suppliers that are not currently registered on the EncoreAnywhere website should contact their area Respironics representative 1-877-544-9252

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

Set up Tufts Health Plan as available insurer
 Set up the devices for the patient

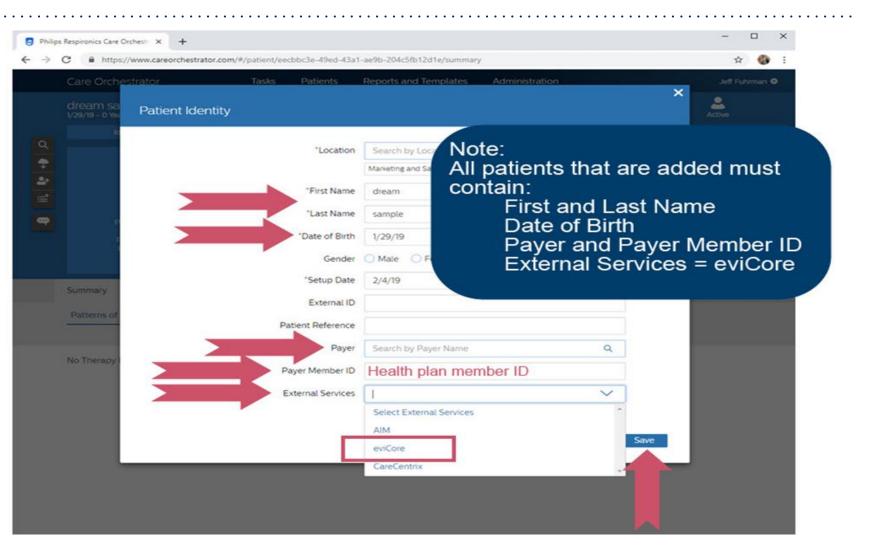
### eviCore Access

- 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

Encore Any where™	
ncoreAnywhere <sup>TM</sup> is a complete solution for gathering and sharing	MEMBER LOGIN
atients' compliance data over the web. Managing your patients' ompliance data has never been so easy!	Usemame
	Password
o learn more about how your organization can benefit from ncoreAnywhere <sup>111</sup> , please send an e-mail to	Loon
ncoreanywhere@philps.com	
or customers using SmartCards or SD Cards with EncoreAnywhere,	Forget your password? Please context your System Administrator
ease visit the EncoreAnywhere prerequisites page for instructions on staling the required data card software.	
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10/18/2007		Те	st Patient		Base DME Office						AutoCPAP with A-Flex	6.0	16.0	OptLife, large
1/1/1970		Те	st Patient		Base DME Office						AutoCPAP	6.0	20.0	Comfort Full 2, medium
7/1/2009		Te	st Patient		Base rout Off				Barker > Office		AutoCPAP with A-Flex	9.0	15.0	
1/1/1970		Te	st Patient		Base ( Office		ihn				CPAP with C- Flex	10.0	10.0	Comfort Select, medium
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Back to my patient dd patient		iy Settings Business Repo	rts Modem Administration	<ul> <li>First and Last Na</li> <li>Date of Birth</li> </ul>	me
NAME AND AL			CONTACT INFOR		
First name* Last name* Address Address (cont*d)		Middle name	E-mail Best time to contact Fax	Home phone Work phone Alternate phone	
City			PATIENT INFOR	MATION	
State/province Country	United States	Postal code	Patient reference Patient facility ID	Setup date	* 7/10/2012
HEDICAL CAL	R.E.		Birth date Gender	Unspecified 😒 Narital stati	us Unspecified 💌
Premary care physic Skeep doctor Skeep lab Clinician* DME office*	San SBarkerClin, John Bob Barker Demo Offic	*	Comments	stoo oteracien leit.	

Encore Any where™		<ul> <li>Note: Tufts Health Plan only needs to be added once</li> </ul>				
My Day My Patients My Profile Company Settings Business Report Back to my patients Add patient	ts Modern Administration	<ul> <li>It will remain as a provider in the dropdown list for future patients</li> </ul>				
Demographics Insurance Settings						
Primary insurance Insurance provider • add Tufts Health Plan	Secondary insurance Insurance provider • Ar Insurance number	nsurance provider • Add				
Group number Policy holder name (first last)	Group number. Policy holder name (first	t last)				
Relationship to policy holder	Relationship to policy h	older				
* Required fields		Save Cancel				

Insurance name Tufts Health Plan Plan name	Mask reperiod	Mont	entered as listed on the right, "Tufts Health Plan" Then select "Save" at the bottom of
Contact name			the screen.
Address			
Address (cont'd)			
City	State/Province	Posta	l code
Country			
United States			~
Phone	Fax		
E-mail	Web site		
External ID	E		

### **ENTER PATIENT INSURANCE DETAILS**

Encore <i>Anywhere</i> ™	<ul><li>Insurance Tab:</li><li>After clicking save, you will be returned to the</li></ul>
y Day My Patients My Profile Company Settings Business Reports Mode Back to my patients dd patient Demographics Insurance	<ul> <li>Insurance tab</li> <li>Select Tufts Health Plan from the drop down menu</li> <li>Enter the patient's current member number, 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> </ul>
Insurance provider  Add Insurance number Insurance number Group number Policy holder name (frst hst) Pol	Setting Tab: Setting Tab: Information collected will be set to default settings; no action required on this tab up number cy holder name (first last) attomship to policy holder
" Required fields	Save

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

					Prescription Tab:
DEVICE PRESCRIPTION			HUMIDIFIER	RPRESCI	Set up the device the patient will be using, as well
✓ Sleep					the prescription settings for the device
Mode *	AutoCPAP	•	No humidifier pre	scription	
Device *	REMstar Auto (M Series)	•	HASK PRES	CRIPTIO	Device Settings:
Mode Attribute *	C-Flex	-			Mode
Serial Number * Issued On *			No mask prescrip	tion	Device Model
Issued On -	7/10/2012	15			<ul> <li>Issued Date</li> </ul>
Device Settings		-			
Nin Pressure	4.0				Pressure Settings
Max Pressure	20.0				Serial Number (crucial for reimbursement)
C-Flex Setting	2	9			Use Modem = Yes
C-Flex Lock	off	9			
Ramp Ramp Time	Off	9			
AHI and Leak Display	5				Once the information is entered, select "Save"
Mask Reminder Period	Enabled •	-			,
Mask Reminder Text	Off	9			
Modern Settings					
Use Modem	Yes				
* Required Fields	Save				
> Vent Therapy					
- Concerner oppy					
THER PRESCRIPTION					ADD NEW ACCESSORY
There are currently no accessorie	es for this prescription.				

#### **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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