

Specialized Therapies- PT/OT/ST

Provider Orientation Session for Vaya Health

Effective date 4/1/2023



HITRUST
CSF Certified

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



Empowering
the Improvement
of Care



Agenda

- **Program Overview**
- **Submitting Requests**
- **Prior Authorization Outcomes, Special Considerations, and Post Decision Options**
- **Provider Portal Overview**
- **Additional Provider Portal Features**
- **Provider Resources**
- **Q & A**

Program Overview

Vaya Prior Authorization Services

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization does NOT apply to services performed in:
<ul style="list-style-type: none">• Medicaid• NC Health Choice	<ul style="list-style-type: none">• Outpatient• Elective / Non-emergent	<ul style="list-style-type: none">• Emergency Rooms• Observation Services• Inpatient Stays



It is the responsibility of the **treating/ordering provider** to request prior authorization approval for services.

Prior Authorization Program

Prior authorization is required for:

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech Therapy (ST)

To find a list of Current Procedural Terminology (CPT) codes that require prior authorization through eviCore, please visit: <https://www.evicore.com/resources/healthplan/vayahealth>.

Prior Authorization Program- continued

Fundamental Approach

- Clinical reviewers evaluate clinical information to determine whether services meet medical necessity criteria.
- Providers are encouraged to request authorization before care is delivered to ensure payment for services rendered.
- A request can be made as early as **7 calendar days** prior to requested start date.

Prior Authorization Program-continued

Clinical Philosophy

- Support person-centered care founded on best available evidence.
- Promote functionally-oriented and measurable treatment programs.
- Focus on skilled, medically necessary treatment interventions.
- Empower personal independence.
- Eliminate practice variation that cannot be explained or justified.

Prior Authorization Program-continued

Goals

- Authorize medically necessary services which require the skills of a licensed professional.
- Promote evidence-based practice.
- Identify and review treatment interventions where evidence does not support use.
- Provide evidence-based guidelines to support authorization decisions and educate practitioners.
- Decrease or eliminate unexplained practice variation and unnecessary visits.
- Manage costs efficiently so members can continue to receive **quality care** and **skilled services**.

Prior Authorization Program-continued

- The services must be specific and effective treatment for the condition.
- The condition is expected to improve significantly in a reasonable (and generally predictable) period of time. Therapy duration should be reasonable and not ongoing without end.
- The amount, frequency, and length of the services must be reasonable under accepted standards of practice.
- The medical benefit is designed to allow therapy to return the member to essential activities of daily living.
 - It is **not** designed to allow continued therapy to return to recreational or athletic activities.
 - It is **not** designed to cover therapy for the purpose of improving or maintaining general fitness.

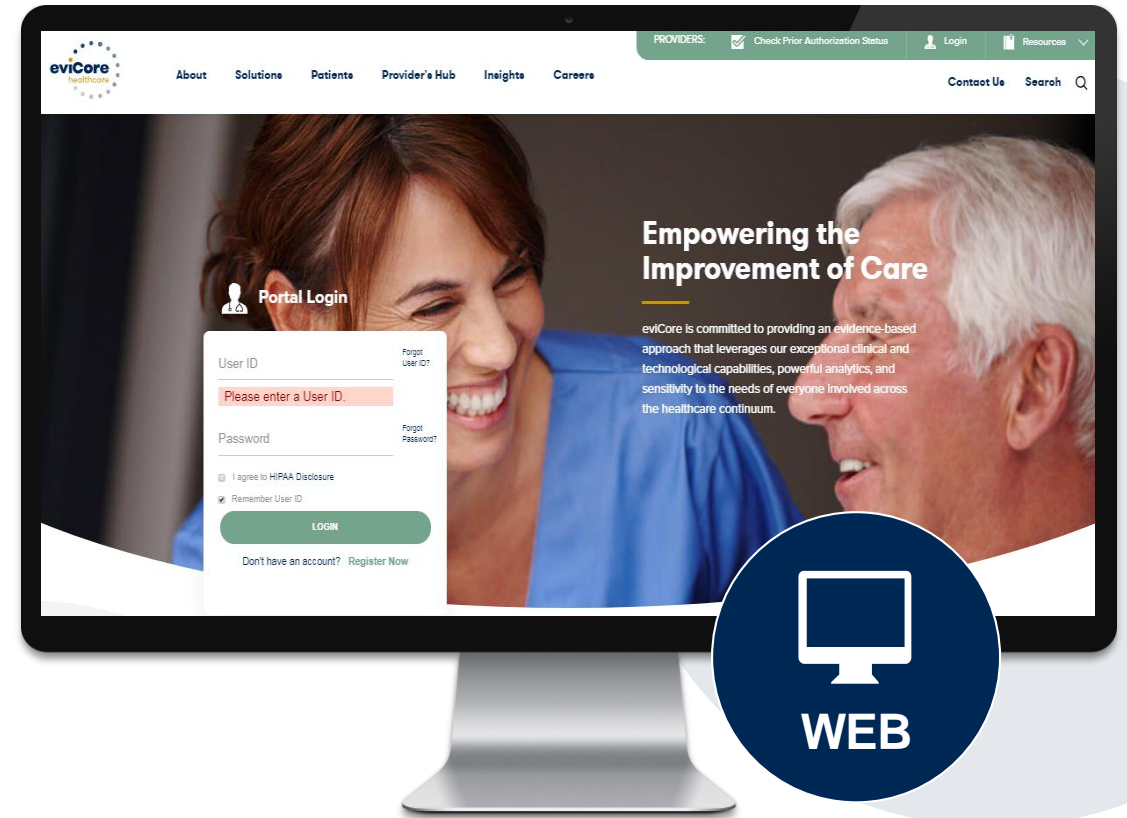
You can view the therapy guidelines here: <https://www.evicore.com/provider/clinical-guidelines>

Submitting Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred) www.evicore.com

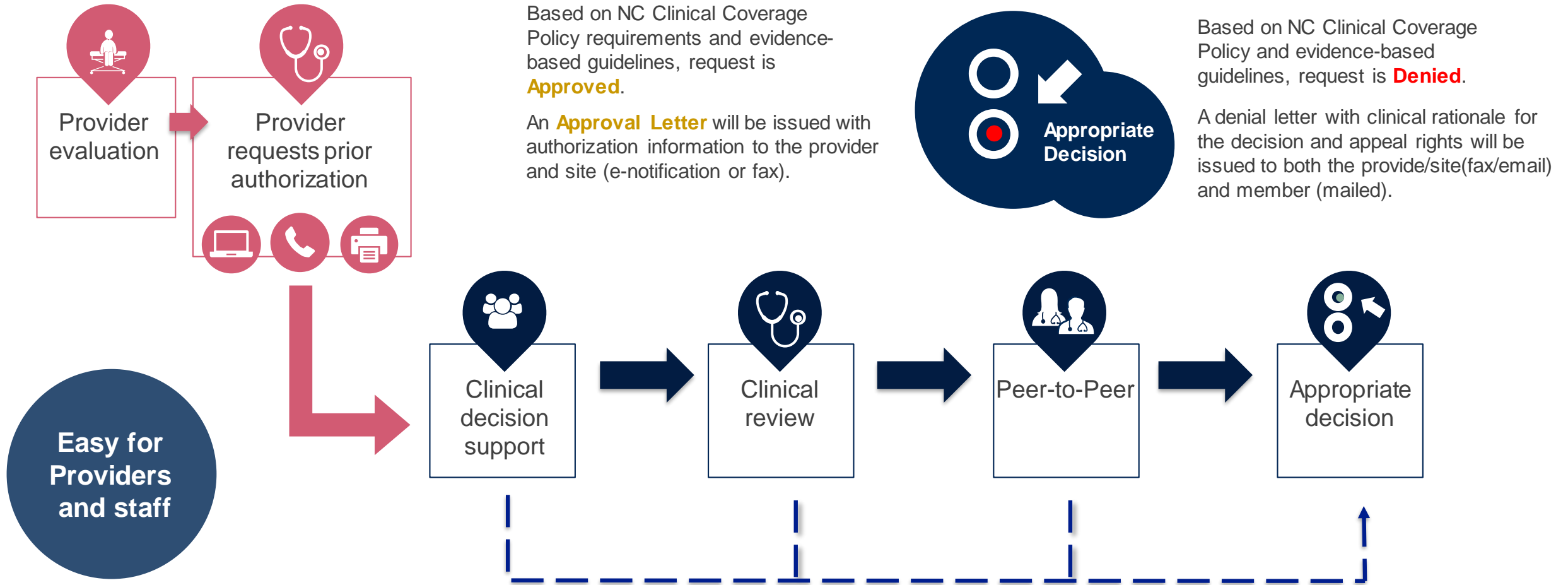
- **Saves time:** Quicker process than phone authorization requests.
- **Available 24/7:** You can access the portal any time and any day.
- **Save your progress:** If you need to step away, you can save your progress and resume later.
- **Upload additional clinical information:** No need to fax in supporting 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.



Phone Number:
855.754.5527
Monday through Friday:
7 am – 7 pm local time

Fax Number:
855.774.1319
PA requests are accepted via
fax and can be used to submit
additional clinical information.

Utilization Management – The Prior Authorization Process



Information Required for Request



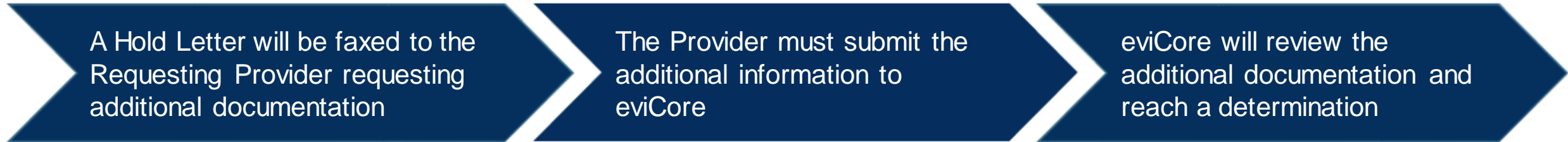
If clinical information is needed, please be able to supply:

- Member's subjective complaints, objective examination findings, and level of function
- Information from Treatment Request Clinical Worksheet
- Information should be current
- Office notes will be requested as needed

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



The Hold Letter will inform the provider about what clinical information is needed as well as the hold date by which it is needed. For Urgent cases time is 72 hours.

Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.

Determination notifications will be sent.



Prior Authorization Process

If you are requesting authorization before treatment begins:

- Complete your initial evaluation, then submit for prior authorization within **2 business days**. The initial evaluation **does not** require prior authorization, but additional treatment requires a PA.
- Start date should be the **first day of treatment** (Date of initial evaluation or visit following if treatment was not provided during the initial evaluation visit).
- Authorization requires submission of the following information:
 - Patient demographics
 - Provider demographics
 - Minimal clinical information
 - Type of condition
 - Post-surgical?
 - If yes, date of surgery?
- If prior care, questions will be asked to determine if this is a new condition.

Prior Authorization Process

How to Request Additional Visits:

- Additional visits may be requested as early as **7 calendar days** prior to the requested start date.
- You will be asked to submit current clinical information.
- Clinical information should be **current**. Recommended timeframes:
 - Adult and non-developmental pediatric members-clinical should not be older than **14 calendar days**
 - Developmental pediatric members-clinical should not be older than **30 calendar days**
- Use the appropriate **Clinical Worksheet** as a guide.
- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as “additional information” via upload, fax, or text box summary.
- The **start date** will be the first date you need additional visits to begin.

Prior Authorization Process – Important Concepts

Overlapping Requests

- Request for more visits within the existing approved time period.
- Information you provide should explain why the visits could not be spread over the approved period.
- Review to determine if additional visits are medically necessary.

Authorization Extensions

- Providers can request a 30-day authorization extension.
- Provider must request extension prior to the original authorization's expiration date.
- Date extension can be requested via the online portal.

Prior Authorization Process – Important Concepts

Authorization decisions include:

- Number of Visits
- Approved Time Period

Example: 6 visits, from 1/1/22 to 1/31/22

Spread the Visits over the approved period to prevent a gap in care.

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

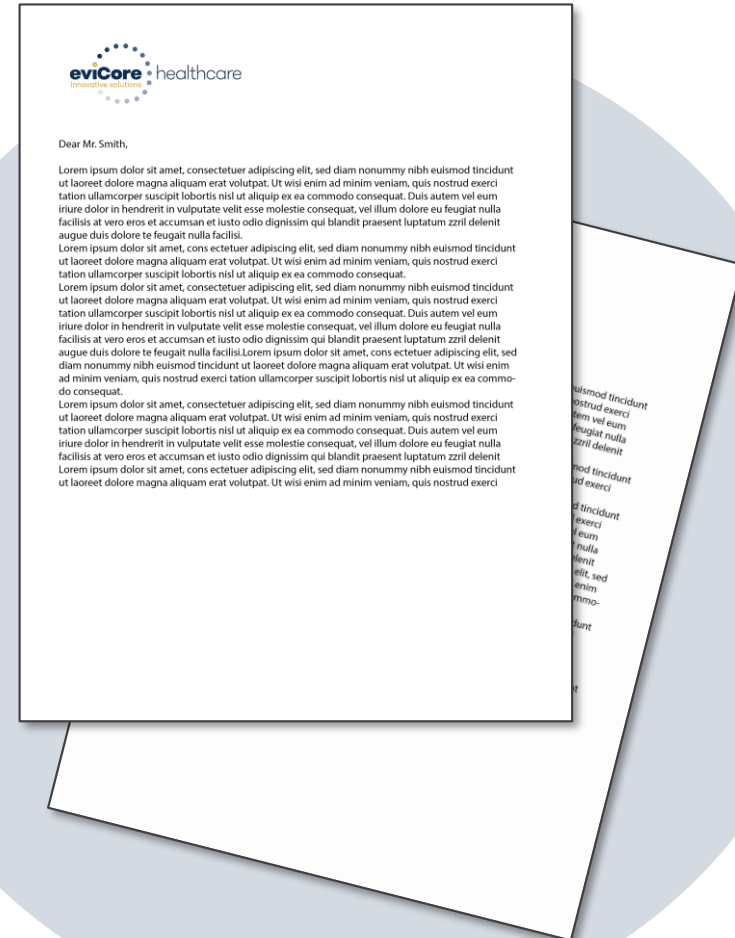
Prior Authorization Outcomes

Approved Requests

- Authorization requests are processed **no later than fourteen (14) calendar days** of receipt of all clinical information. Urgent requests are processed within 72 hours.
- Authorizations can be valid for up to **180 calendar days**.
- Authorization letters will be faxed/emailed to the treating and ordering provider.
- Web-initiated cases will receive e-notifications when a user opts to receive.
- Approval information can be printed from the eviCore portal at www.eviCore.com.

Partially Approved Requests

- In instances where a specific number of visits are requested, some may be approved, and some denied.
- In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied visits.



Prior Authorization Outcomes

Denied Requests

- Based on evidence-based guidelines, if services are not medically necessary, a notification with the rationale for the decision and post decision options such as peer-to-peer and appeal rights will be issued.
- Denial letters will be faxed or emailed to the ordering provider and rendering facility.
- 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.

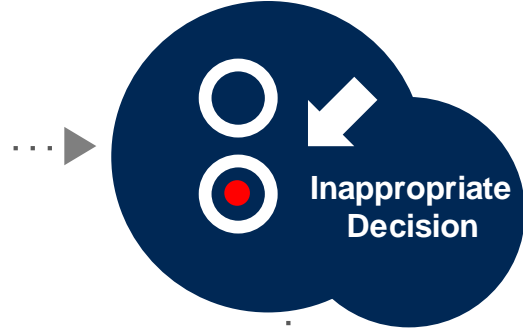
Special Circumstances

Urgent Prior Authorization Requests

- Can be initiated on provider portal or by phone.
- Case is reviewed and a determination is made within **72 hours**.

Post Decision Options

When Request is Determined as Not Medically Necessary



Based on evidence-based guidelines, request is determined to be **not medically necessary**.



A denial letter will be issued to the member, provider, and site with clinical rationale for the decision and appeal rights.

Post-Decision Options

My case has been denied. What's next?

- Your **determination letter** is the best immediate source to determine what options exist on a case that has been denied. You may also call us at **855.754.5527** to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.



Post-Decision Options-continued

My case has been denied. What's next?

Peer to Peer (P2P)

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring providers. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- A Peer-to-Peer must be requested within **3 business days** of the determination. Only one (1) P2P discussion will be allowed on a case.
- Peer-to-Peer reviews can be scheduled at a time convenient for your provider by logging into eviCore's Provider Portal at www.eviCore.com.

Appeals

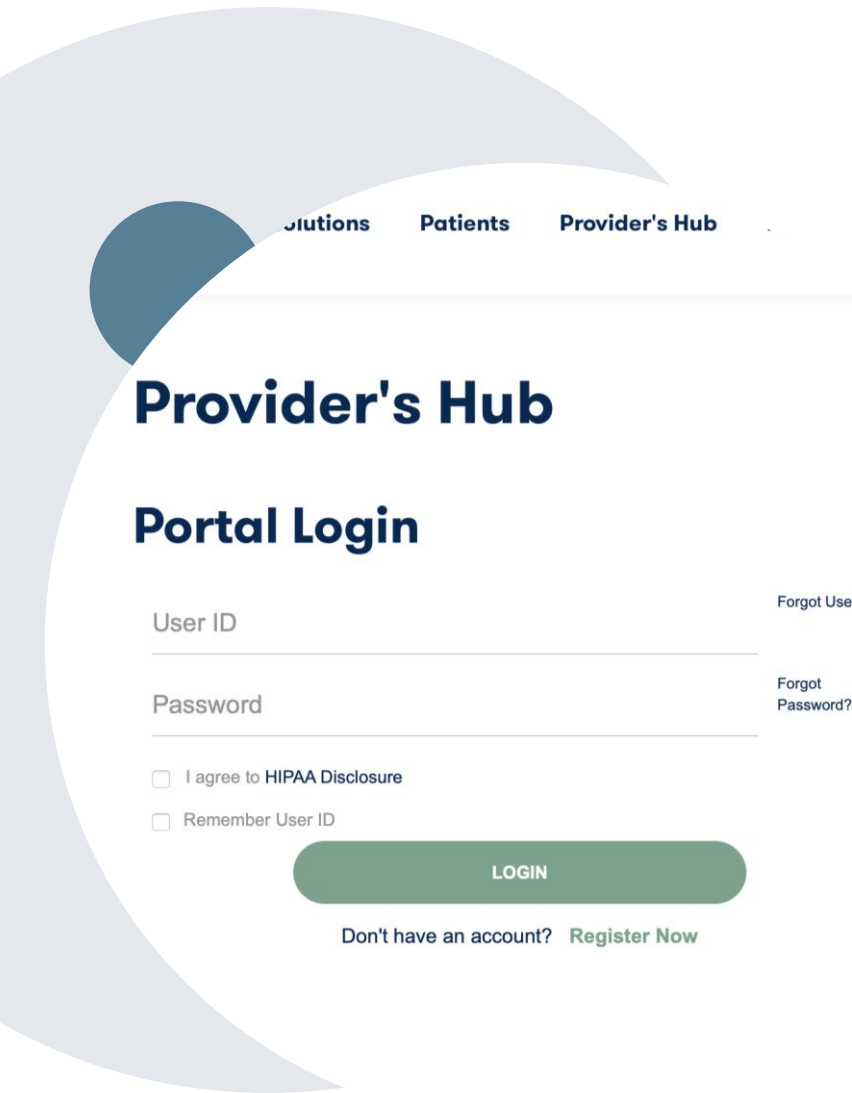
- eviCore is delegated only first level appeals.
- First level appeals can be requested for **60 calendar days** from the denial notification.

Provider Portal Overview

Portal Compatibility

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

- Microsoft Edge



eviCore healthcare Website

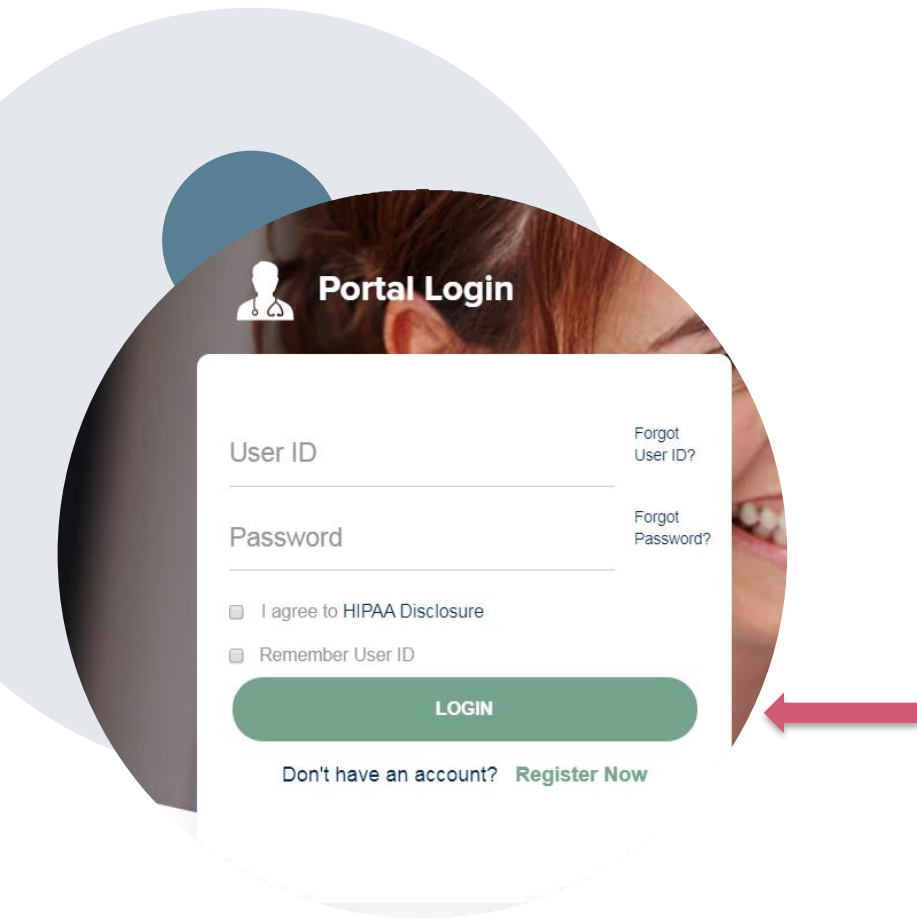
Visit www.evicore.com

Already a user?

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

Don’t have an account?

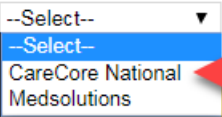
Click “**Register Now**” and provide the necessary information to receive access today!



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*: 

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*:	<input type="text"/>	Address*:	<input type="text"/>
Email*:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	<input type="text" value="Select"/>
Last Name*:	<input type="text"/>	Zip*:	<input type="text"/>
		Office Name:	<input type="text"/>

- 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.

Welcome Screen

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Manage Your Account Help / Contact Us **MedSolutions Portal**

Tuesday, May 12, 2020 4:20 PM

Welcome to the CareCore National Web Portal. You are logged in as

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

Note: You can access the **MedSolutions Portal** at any time without having to provide additional log-in information. Click the **MedSolutions Portal** on the top-right corner to seamlessly toggle back and forth between the two portals.

Add Practitioners

Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

[CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

[ADD PROVIDER](#)

Click Column Headings to Sort

No providers on file

[CANCEL](#)

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

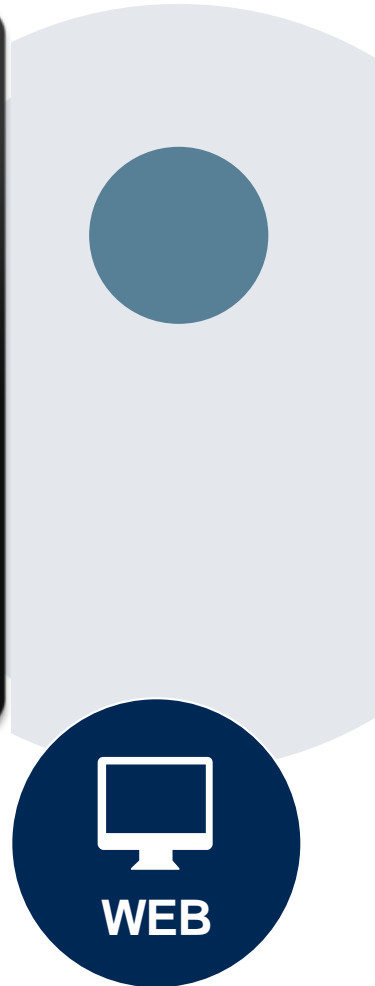
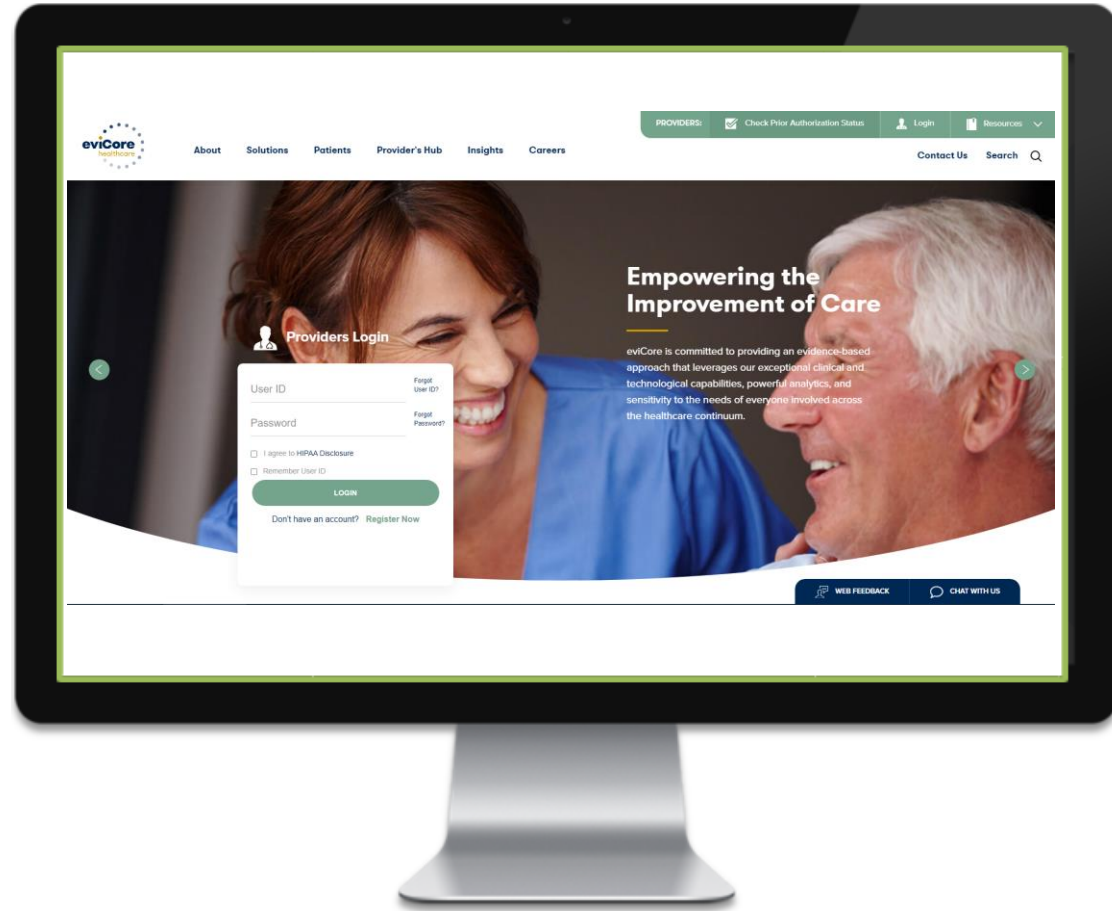
[FIND MATCHES](#) [CANCEL](#)

- Select the **Manage Your Account** tab, then **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete.
- You can also click **Add Another Practitioner** to add another provider to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

Portal Demo

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

[Right click here for Portal demonstration.](#)
Choose open hyperlink to start the video.



Additional Provider Portal Features

Portal Features

Certification Summary

- Allows you to track recently submitted cases.

Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence.
- Search by member information OR by authorization number with ordering NPI.
- Review post-decision options, submit appeal and schedule a peer-to-peer.

Eligibility Lookup

- Eligibility can be found by accessing the Vaya portal <https://providers.vayahealth.com/>.

Clinical Certification

- You can begin an authorization request.



Duplication Feature

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Musculoskeletal Management)
- Provider ()
- Program and Provider (Musculoskeletal Management and)
- Program and Health Plan (Musculoskeletal Management and)

GO

- Duplication feature allows you to start a new request using same information.
- Eliminates entering duplicate information.
- Time saver!

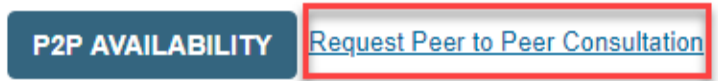
How to schedule a Peer-to-Peer Request

- 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:

- 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.

Authorization Lookup

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



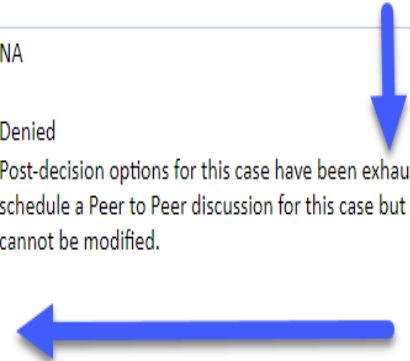
How to schedule a Peer-to-Peer Request

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:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	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 Status:		

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 Request

New P2P Request

Case Reference Number

Member Date of Birth

[+ Add Another Case](#)

[Lookup Cases >](#)

- Upon first login, you will be asked to confirm your default time zone.
- You will be presented with the Case 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.

New P2P Request

Case Ref #: [Remove](#) ✔ P2P Eligible

Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

[Continue](#)

How to Schedule a Peer-to-Peer Request

Case Info

1st Case

Case #
 Episode ID
 Member Name
 Member DOB
 Member State
 Health Plan
 Member ID
 Case Type MSK Spine Surgery
 Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

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.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT	-	-	-	-	-	-
6:45 pm EDT	-	-	-	-	-	-

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.

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

How to Schedule a Peer-to-Peer

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials.

The screenshot shows a web interface for scheduling a Peer-to-Peer appointment. At the top, there are four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (not checked). The main content is divided into two columns. The left column contains 'P2P Info' (Date: Mon 5/18/20, Time: 6:30 pm EDT, Reviewing Provider) and 'Case Info' (1st Case details including Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type: MSK Spine Surgery, and Level of Review: Reconsideration P2P). The right column is the 'P2P Contact Details' form. It has several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu with 'Provider Office'), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). There are also 'Phone Ext.' fields with values '12345' and 'Phone Ext.'. A blue arrow points to the 'Phone Ext.' field with value '12345'. A 'Submit' button is at the bottom right.

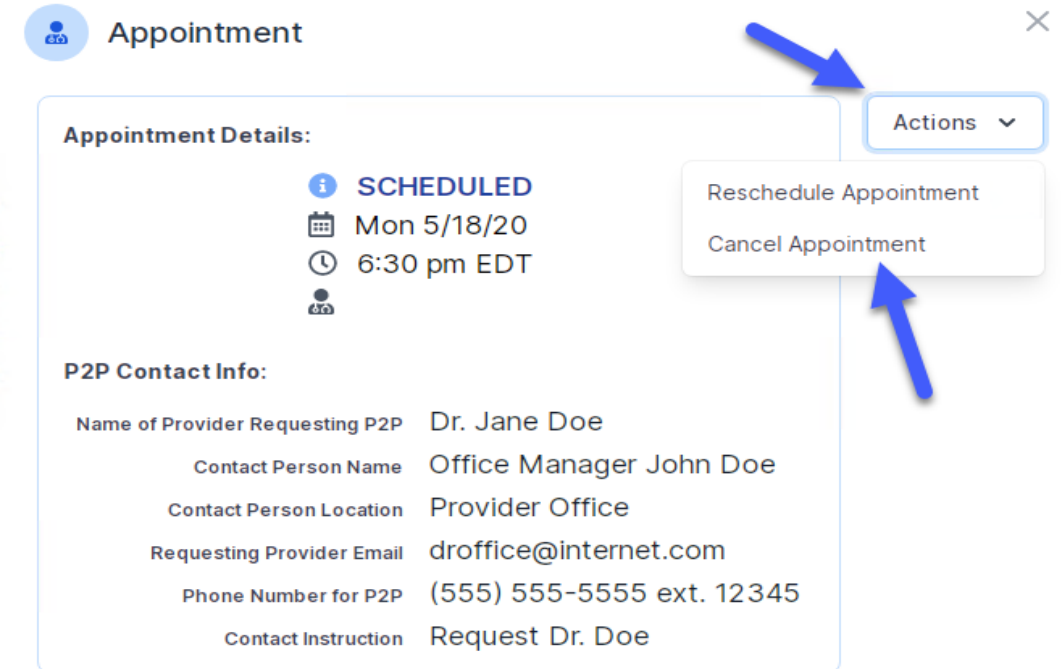
- Be sure to update the following fields so that we can reach the right person for the Peer-to-Peer appointment:
 - Name of Provider Requesting P2P
 - Phone Number for P2P
 - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a summary page for a scheduled appointment. It features a 'Scheduling' header with a calendar icon. Below the header, it says 'Scheduled'. A summary card displays a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. A red circle highlights the word 'SCHEDULED' in a blue box.

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 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.



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details:" and "P2P Contact Info:". The "Appointment Details:" section includes a status icon (i) labeled "SCHEDULED", a date icon (calendar) labeled "Mon 5/18/20", a time icon (clock) labeled "6:30 pm EDT", and a person icon. The "P2P Contact Info:" section lists the following information: Name of Provider Requesting P2P (Dr. Jane Doe), Contact Person Name (Office Manager John Doe), Contact Person Location (Provider Office), Requesting Provider Email (droffice@internet.com), Phone Number for P2P ((555) 555-5555 ext. 12345), and Contact Instruction (Request Dr. Doe). On the right side of the window, there is an "Actions" drop-down menu. A blue arrow points to the "Actions" menu, and another blue arrow points to the "Cancel Appointment" option in the dropdown menu.

- Close browser once done

Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: 855.754.5527
- 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

- **Patricia Allen** – Regional Provider Engagement Manager
 - Email: pallen@evicore.com
 - Phone: 800.298.8924 ext. 24176
 - Regional team that works directly with the provider community.

Provider Resource Website

Provider Resource Pages

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/vayahealth>



.....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 email to subscribe
- You will begin receiving email provider newsletters with updates

Stay Updated With Our Provider Newsletter

Your email address _____

SUBSCRIBE



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 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 Resource Review Forum?

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



Thank You!

