

# Home Health Care Utilization Management Program for Blue Cross and Blue Shield of Minnesota

## Provider Orientation



# Agenda

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- **eviCore healthcare Corporate Overview**
  - **Prior Authorization Process Overview**
  - **Prior Authorization Requirements**
  - **Denial and Appeals Process**
  - **Transitional Care Program Overview**
  - **Prior Authorization Submission Methods**
  - **eviCore Provider Resources**
  - **Q & A Session**
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# Corporate Overview

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Managed  
Nationwide**

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- Colorado Springs, CO
- Franklin, TN
- New York, NY
- Melbourne, FL
- Plainville, CT
- Sacramento, CA



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# **Prior Authorization Process Overview**

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# eviCore healthcare Home Health Care Program Overview

eviCore healthcare will begin accepting Prior Authorization requests for Home Health Care (HHC) services on **December 28, 2018** for dates of service beginning **January 1, 2019** for Blue Cross and Blue Shield of Minnesota (Blue Cross) **Medicare Advantage** members.

This will include the following HHC services:

- Skilled Nursing
- PT/OT/ST
- Home Health Aides (for members receiving skilled HHC services)

## **Effective January 1, 2019:**

- HHC agencies are responsible to submit the initial Prior Authorization requests for HHC services for members discharging from the hospital or for members with a new community referral from a physician or treating practitioner.
- The initial HHC Prior Authorization requests for patients discharging from a Post-Acute Care (PAC) facility (Skilled Nursing, Inpatient Rehab and Long Term Acute Care Facilities) may be submitted by either the admitting HHC Agency, Hospital or discharging PAC facility.
- HHC agencies should submit all concurrent review requests to eviCore.

**Providers should verify member eligibility and benefits on the secured provider log in section at: [www.availity.com](http://www.availity.com)**

# Home Health Initial Requests Overview

- The HHC agency is responsible to submit initial Prior Authorization requests for Home Health Care services for patients discharging from the hospital or for members with a new community referral.
- The initial HHC Prior Authorization request for patients discharging from a PAC facility may be submitted by either the admitting HHC Agency or discharging PAC facility.
- Please clearly state on the Prior Authorization form if the patient is being admitted from a Hospital, PAC facility or from a community referral to ensure members are transitioned to the Transitional Care Program, when applicable.

Plan to receive a Prior Authorization notification for initial and continued stay requests within one business day, once clinical information is received



**Important:** Please ensure we receive an Ordering Physician for all initial requests with phone/fax numbers for notification purposes. eviCore recommends that ALL home health disciplines be requested at the same time. Individual requests for each discipline may cause a delay in authorization determinations.

# Date extension (Home Health Concurrent review) Requests

## Process Overview

- The Home Health Agency is responsible to submit date extension (concurrent review) requests
- eviCore requests that the date extension review request is submitted 72 hours prior to last covered day to facilitate a timely “extension of Prior Authorization” determination
- eviCore recommends that ALL home health disciplines be requested at the same time. Individual requests for each discipline may cause a delay in authorization determinations.

Plan to receive a Prior Authorization notification for continued stay requests within one business day, once clinical information is received



- Begins on day 1 of Home Health Care admission

- Provide Home Health Prior Authorization form and clinical documentation to support medical necessity

- Three outcomes:
  - Approval
  - Request for additional clinical information
  - Unable to extend

**Important:** HHC agencies should submit clinical for date extension (HHA concurrent review) Prior Authorization requests 72 hours prior to the last covered day to allow time for Notice of Medicare Non-Coverage (NOMNC) to be issued. eviCore will issue the NOMNC form to the provider. The provider is responsible to issue the NOMNC to the member, have it signed and returned to eviCore

# Home Health Care Prior Authorization Overview

eviCore will provide Prior Authorizations by service type in the following ways:

Prior Authorizations	Skilled Nursing, PT	Home Health Aide	Social Worker, OT, ST
<b>Initial</b>	Up to 4 visits in 30 days	Up to 40 hours in 30 days	Approvals based on medical necessity
<b>Concurrent</b> (# of visits approved based on medical necessity)	14 calendar days	Up to 40 hours in 14 calendar days	14 calendar days

## ➤ Home Health Prior Authorization Expiration

- The initial Prior Authorization expires 7 days from the date of issue
- If the patient is not discharged within this time frame, a new Prior Authorization is required

## ➤ Once Determination is Complete:

- A verbal and written notification will be provided to the requesting provider
- Servicing providers may obtain information on authorizations that have been approved by calling eviCore at: **844-224-0494 (options 1, 8, 1, 1) for Home Health inquiries**

## ➤ Home Health Care Prior Authorization Criteria includes, but not limited to:

- McKesson InterQual® Criteria
- Medicare Benefit Policy Manual
- Other Evidence-Based Tools along with Clinical Findings

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**eviCore healthcare**  
**Home Health Care Prior Authorization**  
**Required Information**

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# Required Information for Home Health Requests

## Prior Authorization Details

- Site of Care demographics
- Patient demographics
- Services requested (Skilled Nursing/OT/PT/Home Health Aide)
- Home Health ordering physician demographics
- Anticipated date of discharge

## Clinical Information

- PAC admitting diagnosis and ICD10 code
- Clinical Progress Notes
- Medication list
- Wound or Incision/location and stage (if applicable)
- Discharge summary (when available)

## Mobility and Functional status

- Prior and Current level of functioning
- Focused therapy goals: PT/OT
- Therapy progress notes including level of participation
- Discharge plans (include discharge barriers, if applicable)

Once the patient is discharged from the HHC agency, the PCP will be notified by eviCore. Patients utilizing HHC services following a hospitalization will be managed by eviCore's Transitional Care Program for 90 days post hospital discharge.

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# **eviCore Home Health Care Prior Authorization Form**

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# **eviCore healthcare Home Health Care Denial and Appeals Process**

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# Unable to Provide Prior Authorization of HHC Requests

## Denial • Appeals Process

- Initial Prior Authorization requests that do not meet Medical Necessity on Initial Nurse review will be sent to 2nd level physician for review and determination. If potential adverse determination is made by the physician, outreach is made to the requesting provider and a Clinical Consultation Review may be requested
- Date extensions requests that do not meet Medical Necessity on concurrent nurse review will be sent to 2nd level physician for review and determination, *if* the provider or attending HHC Physician are in disagreement with the decision to end skilled care. If a potential adverse determination is made by the physician, outreach is made to the HHC provider and a Clinical Consultation review may be requested

### Home Health Care (Initial request)

- Clinical Consultation must be requested within 1 business day, or additional clinical information that supports medical necessity must be received within 1 business day, or the determination is final and the case will be closed
- Note: Clinical Consultation must occur within 1 business day or a denial letter will be issued.

### Home Health Care (NOMNC)

- The Notice of Medicare Non-Coverage (NOMNC) will be issued no later than 2 calendar days prior to the discontinuation of coverage or the second to last day of service, if care is not being provided daily. The following calendar day after services end will not be covered unless the decision is overturned or the NOMNC is withdrawn.

### Member Appeals Process (Initial and Date extensions)

- Members requesting to appeal a denial for **Initial** HHC services should follow the instructions provided on the denial letter.
- **1st level Initial appeal recommendations:** eviCore will intake the Appeal, Acknowledge the Appeal, review the case and provide Blue Cross with our expert review. Blue Cross will make the final determination and send out the appeal notification. Appeal requests may be submitted to eviCore via phone at 844-224-0494 (Monday through Friday 7-5 CST) or fax to 866-699-8128.
- **Date Extensions:** Medicare Members requesting to appeal the decision to end skilled care by an HHC agency should follow the Quality Improvement Organization (QIO) process as outlined on the NOMNC.

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# **Transitional Care Program Overview**

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# Transitional Care Program Offering

## Transitional Care Program Overview

- eviCore's Transitional Care Program follows the patient through the care continuum to ensure timely interventions aimed at reducing readmissions. Upon discharge from the hospital, eviCore will follow patients for a 90 day period via telephone outreach. The frequency of patient contact will be based on nursing clinical judgment and clinical disease state as captured through the risk assessment scale of 0-100. Patients will have direct access to their transitional care nurse throughout the 90 day period. Below is a description of the risk score intervention model that eviCore utilizes in the transitional care program.

## Key Program Objectives

- Patient centric care plans: transitional care nurses coach patients to create care plans that meet their needs. The care plan follows the patient from the skilled nursing facility to home.
- Readmission avoidance by engaging with patients via informative telephonic sessions
- Connect Patients with Primary Care Physicians when necessary
- Provide short term targeted transitional coaching based on disease specific health needs and eviCore risk assessment stratification
- Transitional Care nurse will discuss medication reconciliation with members

# Transitional Care Program Offering

## Patient Outreach Guidelines determined by eviCore Risk Scores

### HIGH RISK CATEGORY

- High Acuity: 1st call conducted within 48 Hours of discharge to collect information pertaining to patient status. Additional eviCore Nurse call within the following 24 hours. Arrange Social Work support or local Primary Care Physician follow-up visits as necessary.
- Nurse will schedule follow-up calls on a graduated rate from week 1 – 90 days
- Nurse will initiate at least three calls for the first month following discharge

### MODERATE RISK CATEGORY

- Moderate Acuity: 1st call conducted within 48 Hours of discharge to collect information, with follow-up call within the first seven days of discharge.
- eviCore nurse will follow-up with patient on based on patient needs from week 1 through the end of transitional care period with coordinated support as necessary

### LOW RISK CATEGORY

- Low Acuity: 1<sup>st</sup> call conducted within 48 Hours of discharge
- Nurse will follow-up with patient weekly for the first two weeks and then develop a graduated approach for the remainder of the program



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**eviCore healthcare**

**Prior Authorization Submission  
Methods for Home Health Care**

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# Prior Authorization Requests for Home Health Services

## Hours of Operation

*eviCore offers three methods to request Prior Authorizations:*

1. **eviCore Post-Acute Care Web Portal (preferred method):**  
[www.availity.com](http://www.availity.com)  
Single sign on process for Blue Cross Blue Shield of Minnesota providers
2. **Fax: Clinical documentation can be faxed to:**  
**866-506-3087** Please send information for one patient per fax.
3. **Telephone: Clinical information can be called to eviCore healthcare at**  
**844-224-0494 (options 1,8,1,1)** for Home Health Inquiries

**Note:** *The Program will accept urgent requests by telephone and fax. Urgent requests submitted via fax require the requestor to contact eviCore healthcare by telephone to ensure the request can be placed in an urgent/expedited queue.*

### Hours of Operation

Monday through Friday: 7am to 6pm CST

Saturday: 8am – 4pm CST

Sundays and Holidays: 8am – 1pm CST

24 HOUR on-call coverage for urgent needs

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# **eviCore healthcare Provider Resources**

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# eviCore HHC Provider Resources and Contact Information



Provider Resources



Provider Services  
Department:

**eviCore Provider Customer Service Number: 844-224-0494**

**Choose the following prompts below to reach the appropriate area:**

**Option 1 (for providers), Option 8 (Additional Programs), Option 1 (Home Health), Option 1 (Home Health)**

**For HHC Program Inquires Prompt Menu:**

- If you know your parties' extension, option 1
- For status on an existing request, option 2
- If you are calling for a new Prior Authorization, option 3
- If you are calling for a concurrent review, option 4
- If you are calling for a clinical consultation, option 5
- To request an appeal, option 6
- For all other inquiries, option 7
- To repeat these options, option 9

**eviCore Client Services, call (800) 575-4517 (Option #3) or email [clientservices@evicore.com](mailto:clientservices@evicore.com) for general inquiries such as:**

- Eligibility issues (member, rendering facility and or ordering physician)
- Issues during case creation
- Request for an authorization to be resent to health plan

# eviCore healthcare

## Provider resources Implementation Site

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

[www.evicore.com/healthplan/bluecrossmn](http://www.evicore.com/healthplan/bluecrossmn)

**Below are provider resources being developed on our implementation site which can be accessed directly via link listed above.**

- Webinar training schedules with details on how to register
- Prior Authorization Forms
- Quick reference guide (QRG)
- Frequently asked questions (FAQ) document
- Training documents and program presentations
- Recorded demo of the orientation training sessions



Provider  
Resources



Provider Services  
Department:

# eviCore Post-Acute Care Provider Platform

Use the single sign on process through [www.availity.com](http://www.availity.com). This is available 24/7 and the quickest way to create Prior Authorizations and check existing case status



Web-Based  
Services

**The eviCore PAC Platform is available for access 24/7 and allows providers to:**

- Initiate a Prior Authorization request
- Submit clinical for concurrent Prior Authorization requests
- Access a User Specific Dashboard to:
  - View and manage all pending and recently submitted cases on the same page
  - View and print real-time letter determinations for each case
  - Export and print all authorization documents



Prior Authorization  
Status

**Training Support can be obtained through [www.bluecrossmn.com](http://www.bluecrossmn.com)**

**The below documents are being developed for the implementation site [www.evicore.com/healthplan/bluecrossmn](http://www.evicore.com/healthplan/bluecrossmn):**

- Live Webinar Portal Training Schedule with details on how to register
- Recorded demo of the eviCore platform education session
- PowerPoint presentation with step by step instructions on how to register and navigate the platform

# eviCore Post-Acute Care Provider Platform

- Account registration is required for first time users. This may be completed by logging into the eviCore healthcare platform through [www.Availity.com](http://www.Availity.com)

eviCore Platform Provider Registration

Please provide the following details.

Verification is necessary. Please click Send button.

**Email**

**Send verification code**

**New Password**

**Re-enter Password**

**First Name**

**Last Name**

**Display Name**

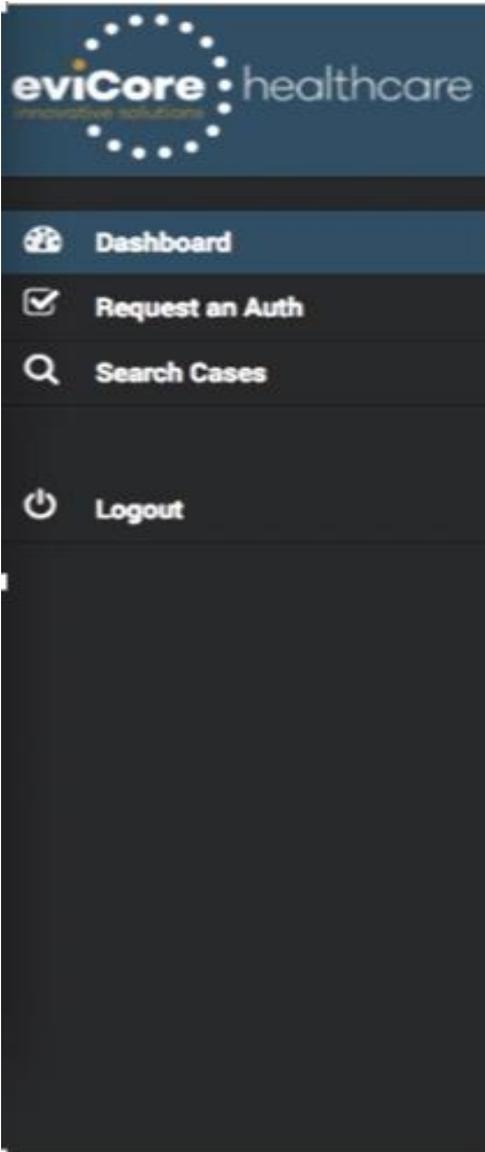
**Phone Number**

**Cancel** **Register**

- Provide user email to receive a verification code
- Once user verification is complete, enter the code and complete demographics
- Code can be shared with all other HH agency users

# eviCore Post-Acute Care Provider Platform

- **Online access to:**
  - **Request an Authorization by providing all case details:**
    - Member demographics
    - Diagnosis
    - Service Type
    - Requesting provider
    - Servicing provider
    - Facility contact
    - Attach clinical information
  - **Search Cases**
    - Search all cases for patients in the facility
  - **Access the dashboard with Prior Authorization details**
    - Dashboard provides:
      - Real time status
      - Authorization details including authorization number and dates for approved cases
      - Notations if additional information is needed
      - Access to all communication letters



**For Portal Account Questions - Contact a  
Web Support Specialist**



**Call: (800)646-0418 (Option 2)**



**Email: [portal.support@eviCore.com](mailto:portal.support@eviCore.com)**



**Web Portal Services-Available M-F 7am-6pm CST**

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# Thank You

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