

## Quick Reference Guide

---

### Prior Authorization Required

Blue Cross Blue Shield of Minnesota (Blue Cross) has contracted with eviCore healthcare (eviCore) to manage Prior Authorization requests for Post-Acute Care (PAC) and Home Health Care (HHC) services.

eviCore will begin managing Prior Authorization requests for PAC and HHC services on **December 28, 2018** for dates of service beginning **January 1, 2019** for Blue Cross Blue Shield of Minnesota (Blue Cross) **Medicare Advantage** members. This will include the following Provider types:

- Skilled Nursing Facilities (SNF)
- Long-Term Acute Care Facilities (LTAC)
- Inpatient Rehabilitation Facilities (IRF)
- Home Health Care (HHC)

### Prior Authorization Requirements

To ensure the Prior Authorization process is as quick and efficient as possible, we highly recommend submitting pertinent clinical information to substantiate medical necessity for the type of service being requested.

The information requirements are outlined on our Prior Authorization (PA) requests forms. A link to the PA forms is available at:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/medical-affairs/>

### We offer three convenient methods to request Prior Authorizations:

1. eviCore Post-Acute Care Web Portal via single sign on process for Blue Cross providers: [www.availity.com](http://www.availity.com)
2. Fax PA request form with clinical information to:
  - PAC Requests: 888-738-3916.
  - HHC Requests: 866-506-3087
3. Telephone: Call 844-224-0494 for all request types; then follow appropriate prompts based on inquiry.
  - PAC Prompts: 1,8,1,2
  - HHC Prompts: 1,8,1,1

**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 – 6pm CST  
Saturday: 8am – 4pm CST  
Sundays and Holidays: 8am – 1pm CST  
24 HOUR on-call coverage for urgent needs

### Prior Authorization Outcomes

Once all information is submitted to eviCore, verbal outreach will be made to providers with a determination within 1 to 2 business days for routine requests. Written notification in the form of a letter will be faxed to both the referring provider and mailed to the member. Authorization information can be viewed and printed on demand from the eviCore healthcare Web Portal.

### Clinical Consultations

If a request requires further clinical discussion for approval, we offer clinical consultations. Clinical consultations may be scheduled by calling our authorization center at 844-224-0494; then follow appropriate prompts.

### Authorization Denials

Communication of the denial rationale will be communicated with the denial determination.

### Appeals

Medicare Members requesting to appeal the decision to end skilled care in an IRF or LTAC facility should contact eviCore via phone at 844-224-0494 (Monday through Friday 7-5 CST) or fax to 866-699-8128.

Medicare Members requesting to appeal the eviCore decision to end skilled care in a SNF or HHC agency should follow the Quality Improvement Organization (QIO) process as outlined on the NOMNC.

### Provider Resources

A link to additional tools and resources can be found at: <https://www.bluecrossmn.com/healthy/public/personal/home/providers/medical-affairs/>

For questions or information, please contact eviCore client services at [ClientServices@evicore.com](mailto:ClientServices@evicore.com) or by phone at 800-575-4517, option 3.

*Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time services are rendered. Claims submitted for services may be subject to benefit denial. Please verify the member's benefits and eligibility with the health plan. Regardless of the benefit determination, the final decision regarding any health care services or treatment is between the member and their health care provider.*