Musculoskeletal Prior Approval for Community Health Options

Provider Orientation

4K employees
including 1K clinicians

Headquartered in Bluffton, SC
Offices across the US including:

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

SHARING
A VISION
AT THE CORE OF CHANGE.

100M members
managed nationwide

NCQA Certification
Utilization Management

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

SIX SIGMA

12M claims
processed annually

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

Integrated Solutions
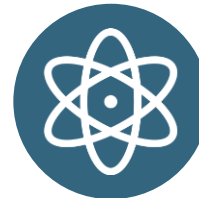
LAB MANAGEMENT
19M lives

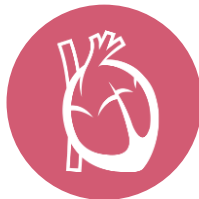MEDICAL ONCOLOGY
14M lives

RADIATION THERAPY
29M lives

SPECIALTY DRUG
100k lives

MUSCULOSKELETAL
34M lives

RADIOLOGY
65M lives

CARDIOLOGY
46M lives

SLEEP
14M lives

POST-ACUTE CARE
1.3M lives

Musculoskeletal Solution

Experience

- Since 2008

- 30⁺ regional and national clients

- 34M total membership

  - 25.5M Commercial membership

  - 2M Medicare membership

  - 6.5M Medicaid membership

- 3,120 average cases built per day

NCQA
Certification
Utilization Management

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

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

Musculoskeletal by the Numbers

44 Musculoskeletal physicians on staff

66 Musculoskeletal-trained nurses on staff

56 Musculoskeletal therapists
(PT/OT/ST/MT/CHIRO/ACU)

34 Million lives covered

Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Musculoskeletal
Pediatrics	• Orthopedic Surgery
Sports Medicine	• Spine Surgery
OB/GYN	• Interventional Pain
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	• Nuclear Medicine
Sleep Medicine	• Musculoskeletal
	• Neuroradiology

- **190+ board-certified medical directors**

- **Diverse representation of medical specialties**

- **450 nurses with diverse specialties and experience**

- **Dedicated nursing and physician teams by specialty for Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical**

Evidence-Based Guidelines

The foundation of our musculoskeletal solution:

Dedicated pediatric guidelines

Medicare LCDs & NCDs

Academic institutional experts and community physician panels

Current clinical literature

Aligned with National Societies

- American Academy of Neurology
- American College of Rheumatology
- American Association of Neurological Surgeons
- American Academy of Orthopedic Surgeons
- American Society of Interventional Pain Physicians
- North American Spine Society
- American College of Occupational and Environmental Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Association of Hip and Knee Surgeons

- American Pain Society
- Official Disability Guidelines
- Medicare Guidelines
- Spine Intervention Society
- American Academy of Orthopedic Surgeons
- The American Orthopedic Society for Sports Medicine
- Cochrane Reviews
- American Physical Therapy Association
- American Chiropractic Association
- American Occupational Therapy Association
- American Speech Language Hearing Association
- American Society of Anesthesiologists

Service Model

Client Provider Operations

The Client Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide

Client Provider Representatives

Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

Client Service Managers

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Managers

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.

Why Our Service Delivery Model Works

One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Musculoskeletal Prior Approval Program for Community Health Options

Program Overview

eviCore will begin accepting requests on December 22, 2017 for dates of service January 1, 2018 and beyond

Prior Approval through eviCore applies to services that are:
- Outpatient
- Diagnostic
- Elective / Non-emergent
  - Spine & Joint Procedures (may include an inpatient stay).

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

- Emergency Department (ED)
- Inpatient admissions
  - Procedures done during an unscheduled admission.

Notify Health Options within 48 hours of any inpatient admission.

It is the responsibility of the rendering provider to request Prior Approval approval for services. In some instances, the provider may be required to furnish the referral or order the requested services.

Applicable Membership

Prior Approval through eviCore for MSK services is required for all Health Options Members.

Prior Approval Required:

Joint Surgery
- Large joint replacement (shoulder, hip, knee)
- Large joint arthroscopic and open procedures (shoulder, hip, knee)

Spine Surgery
- Spinal Implants
  - Spinal cord stimulators
  - Pain Pumps
- Cervical/Thoracic/Lumbar
  - Decompressions
  - Fusions

Interventional Pain
- Spinal injections
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps

To find a list of CPT
(Current Procedural Terminology)
codes that require Prior Approval
through eviCore, please visit:

https://www.evicore.com/healthplan/Health Options

Prior Approval Requests

How to request Prior Approval:

WEB

www.evicore.com
Available 24/7 and the **quickest** way to create Prior Approvals and check existing case status

Or by phone:
855.316.2673
8:00 a.m. to 9:00 p.m.
(ET) Monday – Friday
(except holidays)

Fax option: 855.774.1319 Fax forms available at www.evicore.com
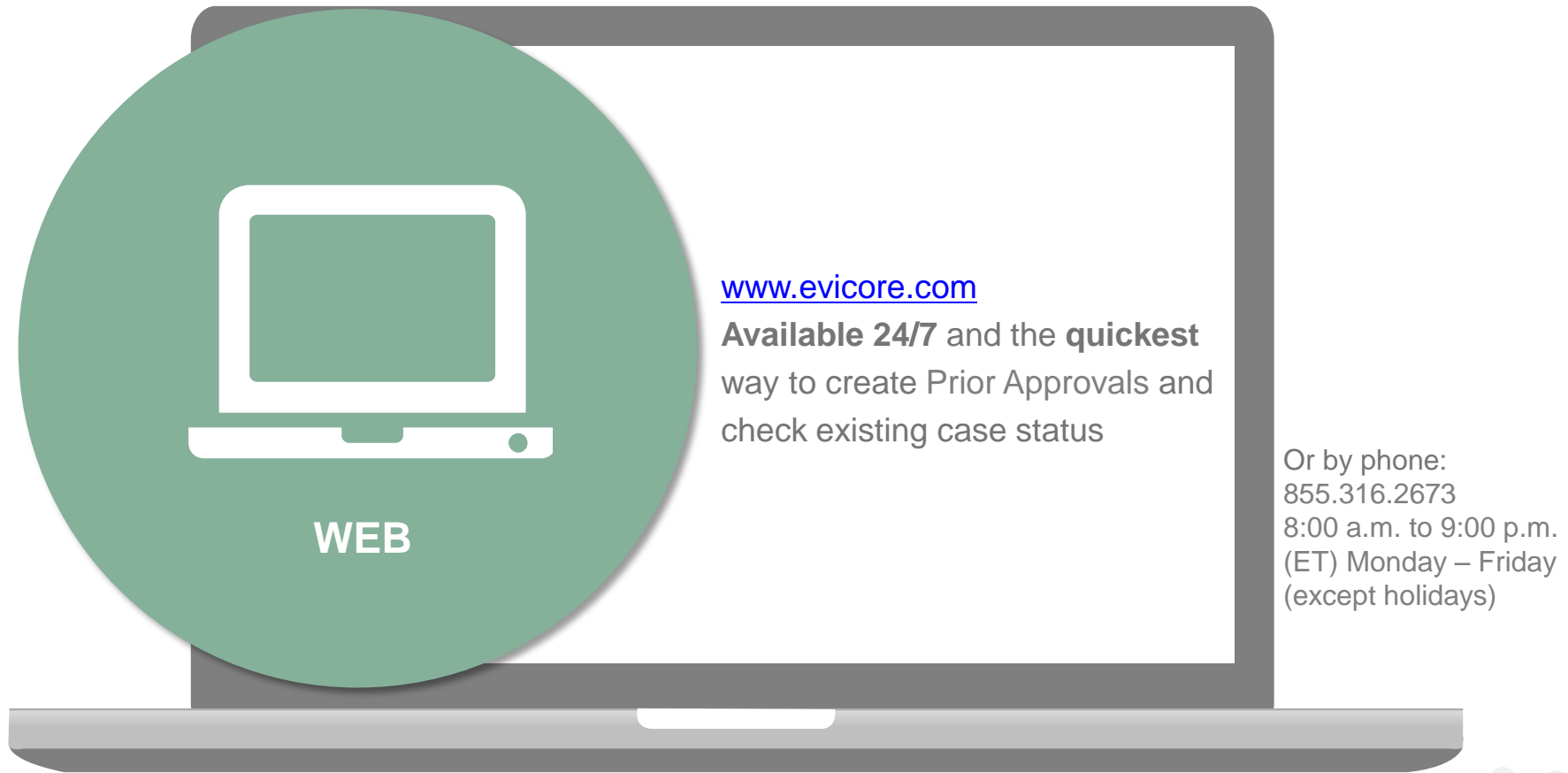
Clinical Review Process

Methods of Intake

START

Clinical Decision Support

Real-Time Decision with Web and Phone

Easy for providers and staff

Nurse Review

MD Review

Peer-to-peer

Appropriate Decision

Needed Information

Member
Member ID
Member name
Date of birth (DOB)

Facility
Facility name
National provider identifier (NPI)
Tax identification number (TIN)
Street address

Referring Provider
Provider name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number

Requests
CPT code(s) for requested procedure

The appropriate diagnosis code for the working of differential diagnosis

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

- Imaging studies and prior test results related to the diagnosis

- Office notes related to the current diagnosis

Prior Approval Outcomes

Approved Requests:

- All requests are processed within two (2) business days after receipt of all necessary information.
- Authorizations are typically good for 60 calendar days from the date of determination.

Delivery:

- Faxed and mailed to requesting provider and rendering facility
- Mailed to the Member
- Information can be printed on demand from the eviCore healthcare Web Portal

Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a reconsideration review, peer-to-peer review and appeal

Delivery:

- Faxed and mailed to the requesting provider and rendering facility
- Mailed to the Member

Prior Approval Outcomes

Reconsiderations

- Additional clinical information can be provided without the need for a provider to participate
- Must be requested within 15 calendar days from the date of the determination.

Peer-to-Peer Review:

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring providers.
- **Peer-to-Peer reviews** can be scheduled at a time convenient to your provider and must be requested within 15 calendar days from the date of the determination.

Special Circumstances

Appeals

- eviCore will process first level appeals
- Requests for appeals must be submitted to eviCore within 180 calendar days of the initial determination
- The procedure request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider

Retrospective Reviews:

- Retro Requests for urgent clinical presentations must be submitted up to ten (10) business days of the date of service. Requests submitted after ten (10) business days will be administratively denied.
- Retros are reviewed for clinical urgency and medical necessity. Turn around time on retro requests is 30 calendar days.

Outpatient Urgent Procedures:

- Contact eviCore by phone to request an expedited Prior Approval review and provide clinical information
- Urgent Cases will be reviewed with **48 hours** of the receipt of all necessary information.

Updating an Authorization - Musculoskeletal

Adding/Updating Authorization

Requests may be submitted by the ordering provider or rendering facility.

Date extensions:
- Date extensions are generally not approved.
- If unavoidable circumstances prevent the provider from performing the service within the approved date range, the provider needs to call eviCore before the authorization end date.
- Date extensions will be reviewed on a case-by-case basis.

You may change the CPT code on an authorization with the following timeframes:

- If services have **not** been performed, changes must be requested before the coverage period has expired.
- If services **have** been performed, CPT code changes must be requested within 10 business days from the DOS and will be reviewed for medical necessity (spine and joint surgery only).
- All interventional pain management authorization updates for CPT code changes must be made prior to the service being performed.

Web Portal Services

eviCore healthcare website

- Point web browser to evicore.com

eviCore healthcare   ✕

→ C   🗋 www.evicore.com
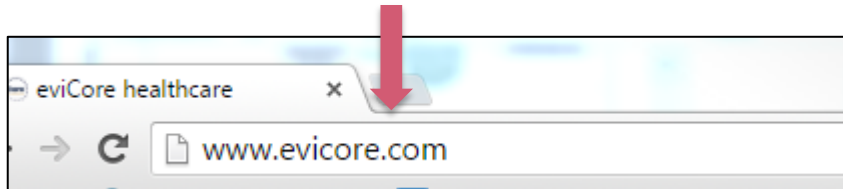
- Click on the "Providers" link

LOGIN: **PROVIDERS** | **PLANS**   🔍 Search

RESOURCES ˅   **MEDIA**   **CAREERS**

- Login or Register

Providers Delivering Medical Solutions That Benefit **Everyone.**

User ID

Password

☐ Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☐ I Agree to HIPAA Disclosure!

LOGIN

Forgot UserName | Password? | Register

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome

Creating An Account

Providers Delivering Medical
Solutions That Benefit **Everyone.**

| User ID |
| Password |

☐ Remember User ID
For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☐ I Agree to HIPAA Disclosure!

LOGIN

Forgot UserName | Password? | Register

To create a new account, click Register.

Creating An Account

Select a Default Portal, and complete the registration form.

Creating An Account

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

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*: [CareCore National ▾]

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Registration

UserName:	MYG123	**Address:**	730 Cool Springs	**Phone:**	800-575-4517
Email:	tesaccount@gmail.com	**City:**	Franklin	**Ext:**	
Account Type:	Physician	**State:**	TN **Zip:** 37067	**Fax:**	615-468-4408
First Name:	Test	**Office Name:**	Test Office		
Last Name:	Account				

[Back] [Submit Registration]

Review information provided, and click "Submit Registration."

User Registration-Continued

Accept the **Terms and Conditions**, and click **"Submit."**

User Registration-Continued
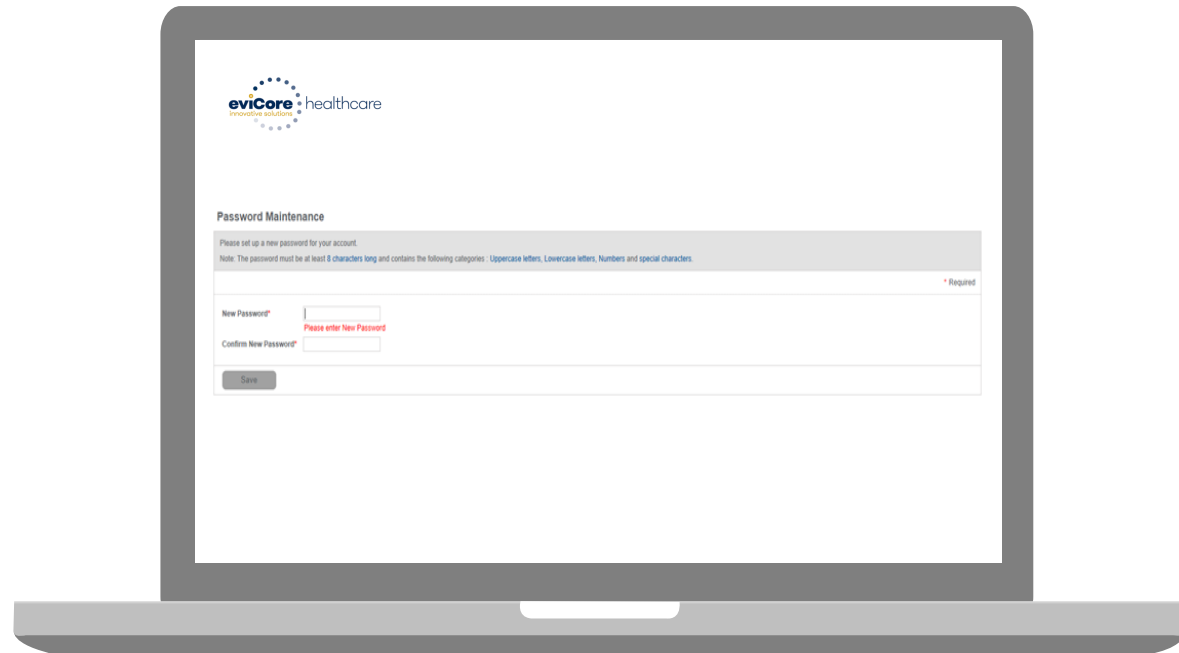
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

Your password must be at least (8) characters long and contain the following:

✓ Uppercase letters

✓ Lowercase letters

✓ Numbers

✓ Characters (e.g., ! ? *)

Account Log-In

Providers Delivering Medical
Solutions That Benefit **Everyone.**

Mallory1897

••••••••

☐ Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☑ I Agree to HIPAA Disclosure!

LOGIN

Forgot UserName | Password? | Register

▶ **To log-in to your account, enter your User ID and Password. Agree to
the HIPAA Disclosure, and click "Login."**
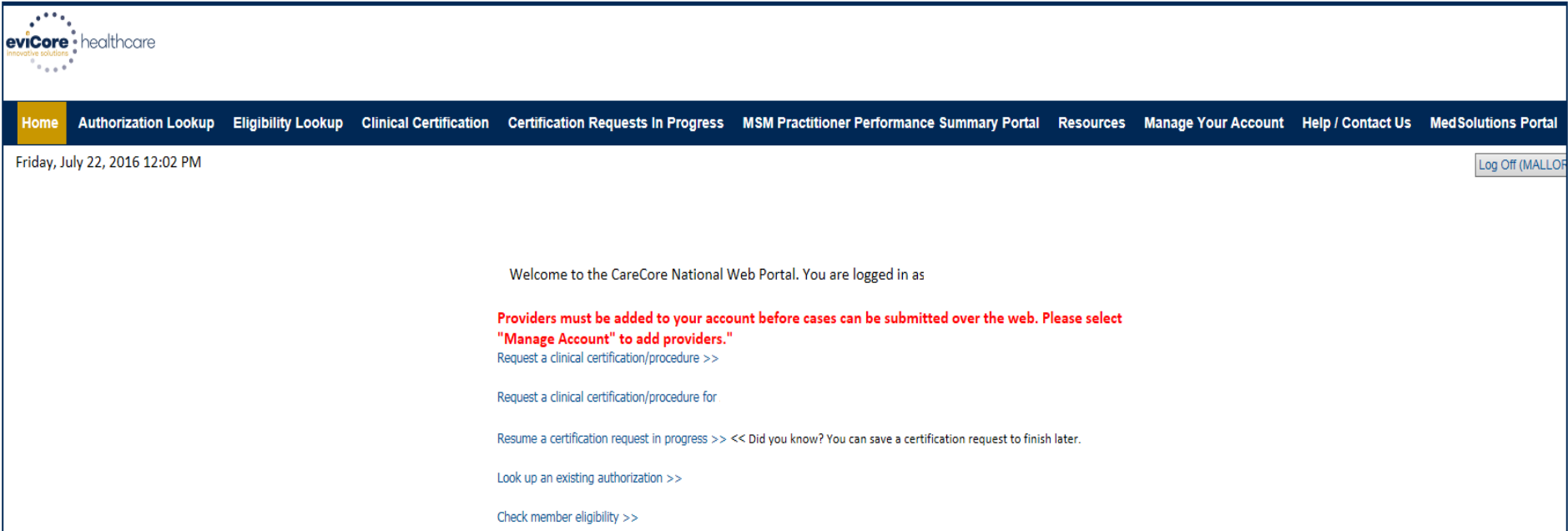
Account Overview

Welcome Screen

Providers will need to be added to your account prior to case submission. Click the "**Manage Account**" tab to add provider information.

**Note**: You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

Add Practitioners

Manage Your Account

Office Name:	Bluffton	Change Password Edit Account
Address:	400 Buckwalter Place Blvd Bluffton, SC 29910	

Primary Contact:
Email Address:

Add Provider

Click Column Headings to Sort
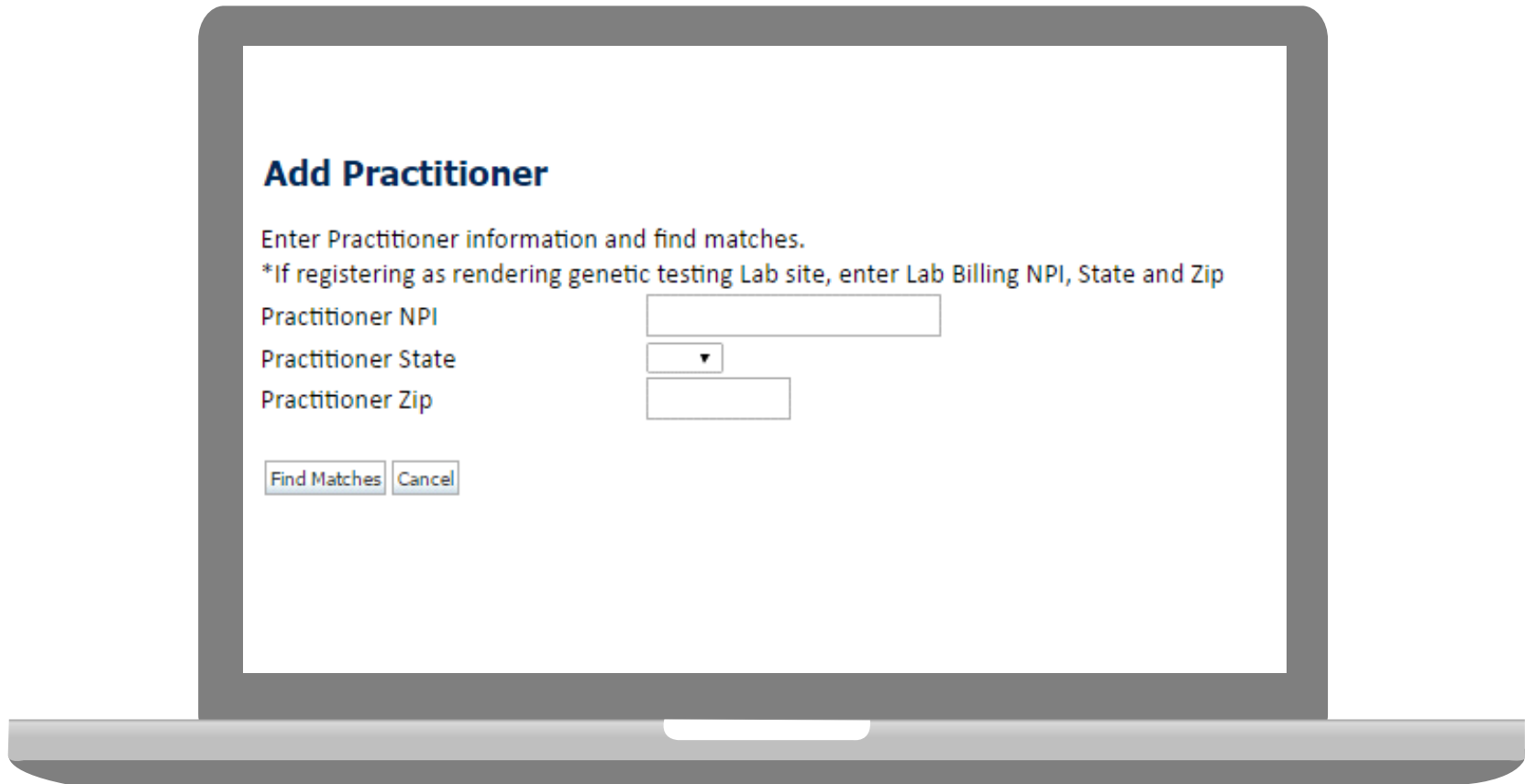
No providers on file

Cancel

Click the "**Add Provider**" button.

Add Practitioners

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

Enter the Provider's NPI, State, and Zip Code to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Practitioners

Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner

Wednesday, March 04, 2015 4:39 PM

Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
John Smith	0123456789	123 Test Street	Franklin	TN	37067	(000) 000-0000	(111) 111-1111

Add This Practitioner | Cancel

Select the matching record based upon your search criteria

Manage Your Account
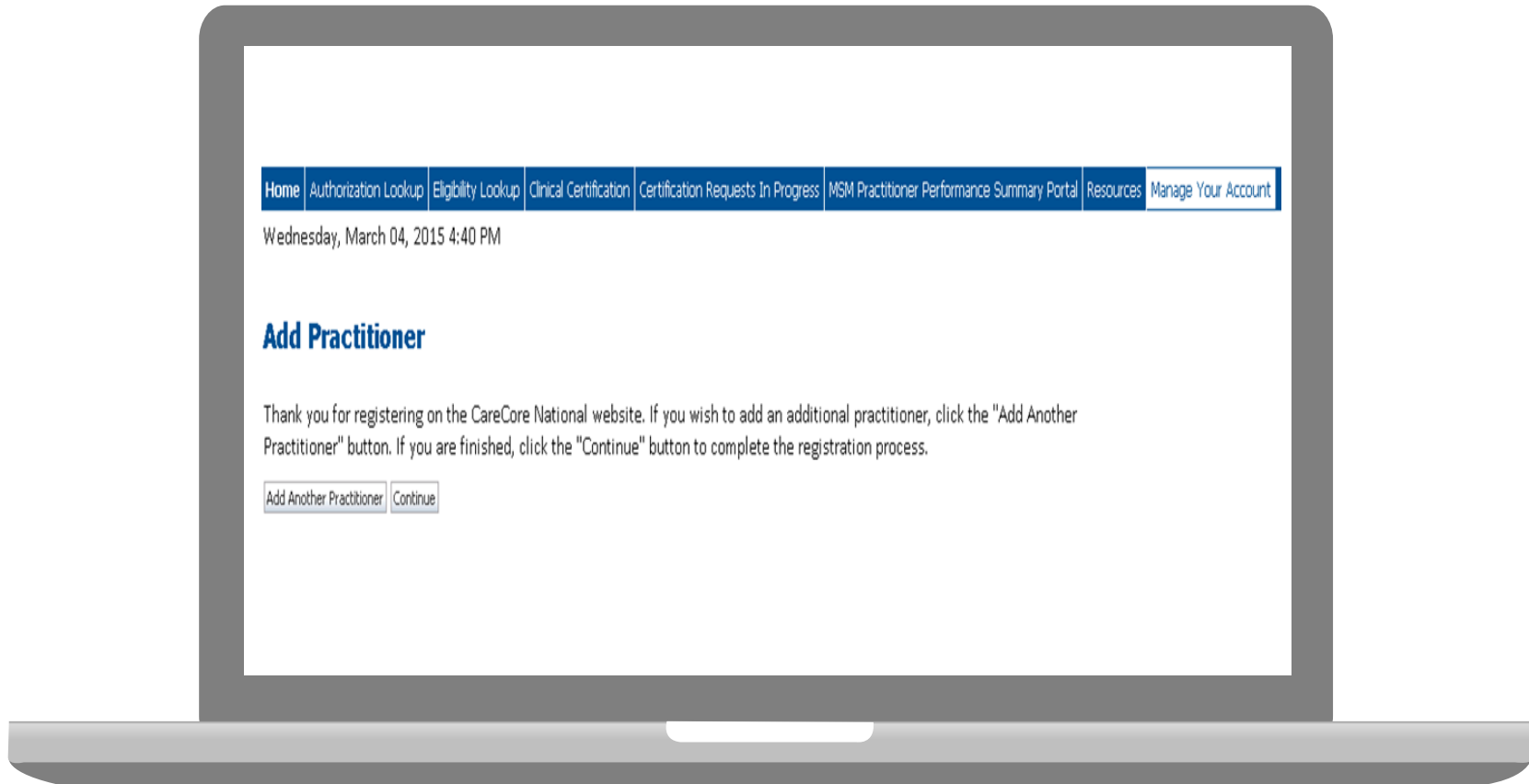
- Once you have selected a practitioner, your registration will be completed. You can then access the **"Manage Your Account"** tab to make any necessary updates or changes.

- You can also click "Add Another Practitioner" to add another provider to your account.

Case Initiation

Initiating A Case

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

Request a clinical certification/procedure >>

Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.

Look up an existing authorization >>

Check member eligibility >>

© CareCore National, LLC. 2015 All rights reserved.
Privacy Policy | Terms of Use | Contact Us

- Choose **"request a clinical certification/procedure"** to begin a new case request.

Select Program

eviCore · healthcare
innovative solutions

| Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Por |

Thursday, June 18, 2015 1:28 PM

Clinical Certification

Please select the program for your certification:
- ○ Radiology and Cardiology
- ○ Specialty Drugs
- ○ Radiation Therapy Management Program (RTMP)
- ● Musculoskeletal Management
- ○ Sleep Management
- ○ Lab Services
- ○ Medical Oncology Pathways

Cancel Print Continue

Select the Program for your certification.

Service Options
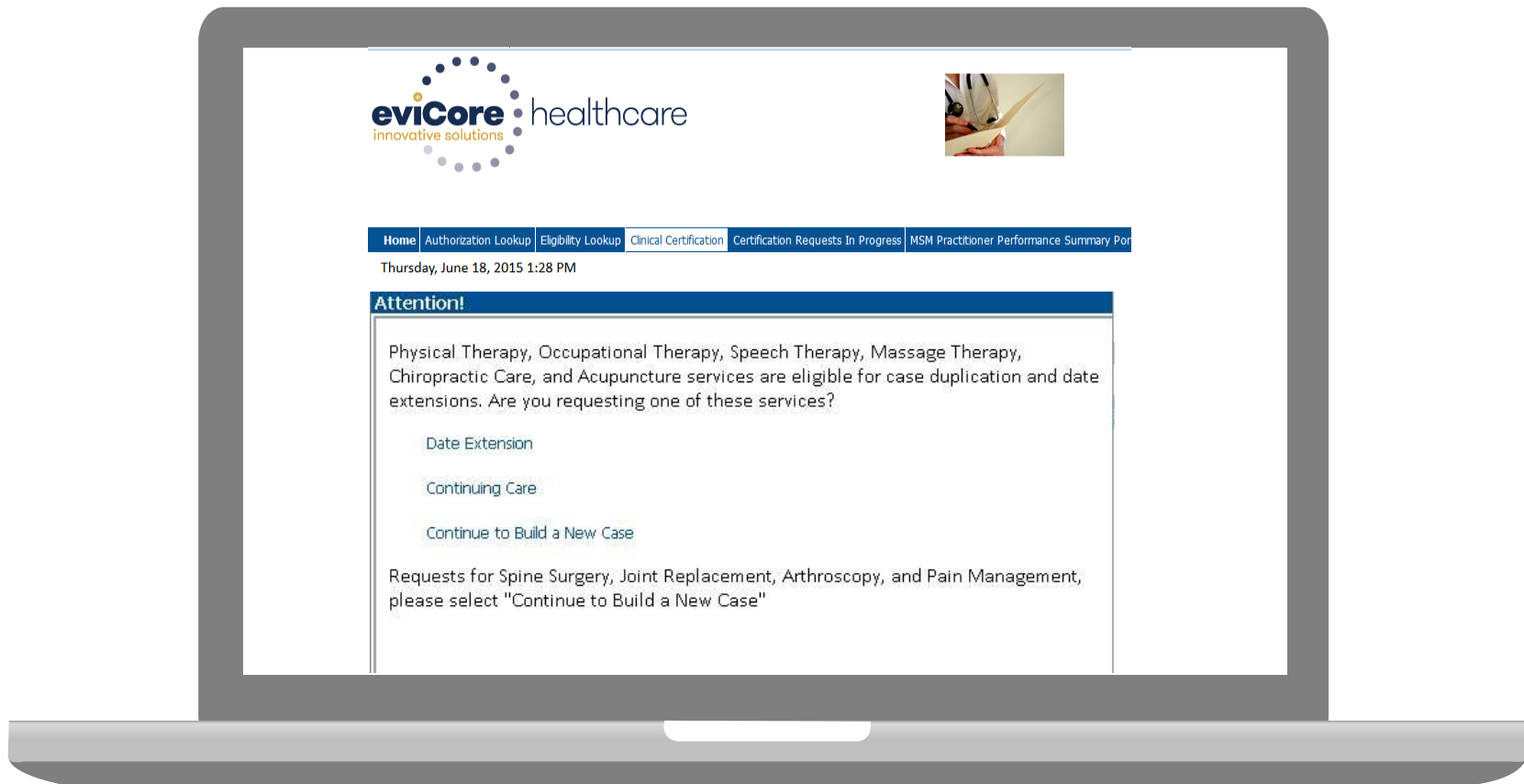
Select Date Extension, Continuing Care, or Build a New Case.

Select Provider

Select the **Practitioner/Group** for whom you want to build a case.

Select Health Plan
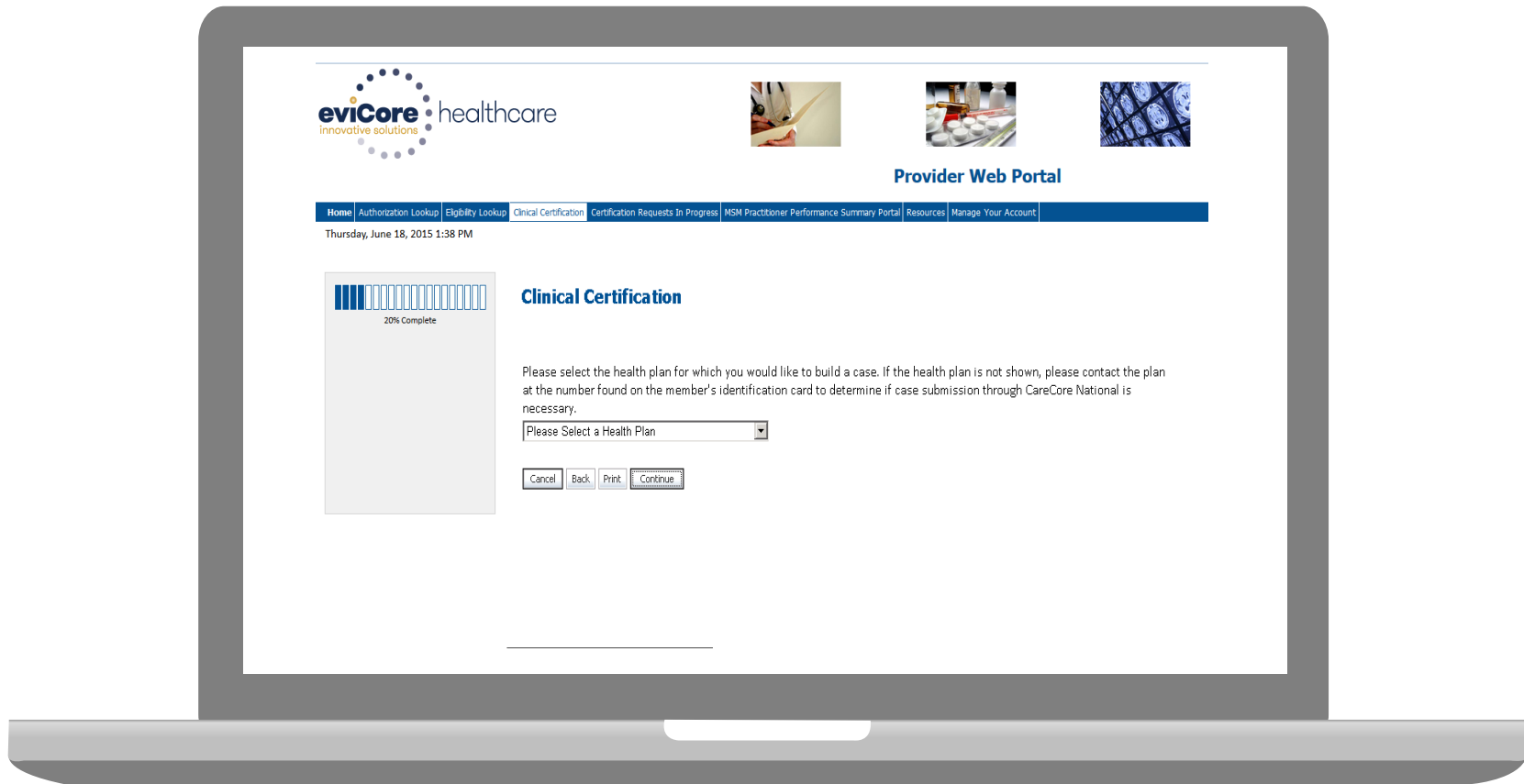
Choose the appropriate Health Plan for the case request.

Select Address

Contact Information

Enter the Provider's name and appropriate information for the point of contact individual.

Member Information

Enter the **member information** including the Member ID number, date of birth, and Member's last name. Click **"Eligibility Lookup."**

Member History

Patient ID   Time: 9/2/2015 5:47 PM

Patient Name:

Please review the patient's MSM history. You may be asked about this history during clinical review.

MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status
9/2/2015					A

OK   PRINT THIS PAGE

Clinical Details

Clinical Certification

This procedure will be performed on 2/21/2017. CHANGE

Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

JOINT ▼   JOINT SURGERY ▼

Diagnosis

Primary Diagnosis Code: **M25.561**
Description: **Pain in right knee**
Change Primary Diagnosis

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management

[   ] LOOKUP

Cancel Back Print Continue

Click here for help or technical support

Verify Service Selection

Provider Web Portal

| Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Physician Criteria | Manage Your Account |

Friday, February 24, 2017 4:48 PM

60% Complete

Provider and NPI

Patient   EDIT

Clinical Certification

Confirm your service selection.

Procedure Date:
CPT Code: JOINT
Description: JOINT SURGERY
Primary Diagnosis Code: M25.512
Primary Diagnosis: Pain in left shoulder
Secondary Diagnosis Code:
Secondary Diagnosis:
Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

Cancel Back Print Continue

Click here for help or technical support

Site Selection

Select the appropriate site for the request.

Site Selection

Clinical Certification

Selected Site:

[FIND NEW SITE]

Site Email (optional) [   ]

[Cancel] [Back] [Print] [Continue]

Click here for help or technical support

Confirm the site selection.

Clinical Certification

Clinical Certification

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.

Cancel | Back | Print | Continue

Click here for help or technical support

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

- You will not have the opportunity to make changes after that point.

52

Pause/Save Option

Once you have entered the clinical collection phase of the case process, you can save the information and return within (2) business days to complete.

Medical Review

Clinical Certification

☑ I acknowledge that this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests. Clinical urgency is defined by the following:

1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.
2. In the opinion of a provider, with knowledge of the member's medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

☑ I also further acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Print   SUBMIT CASE

Acknowledge the Clinical Certification statements, and hit "Submit Case."

Approval

Clinical Certification

Your case has been Approved.

Provider Name: Contact:

Provider Address: Phone
Number:

Fax Number:

Patient Name: Patient Id:

Insurance Carrier:

Site Name: Site ID:

Site Address:

Primary Diagnosis Code: Description:

Secondary Diagnosis   Description:
Code:

CPT Code: Description:

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: Your case has been Approved.
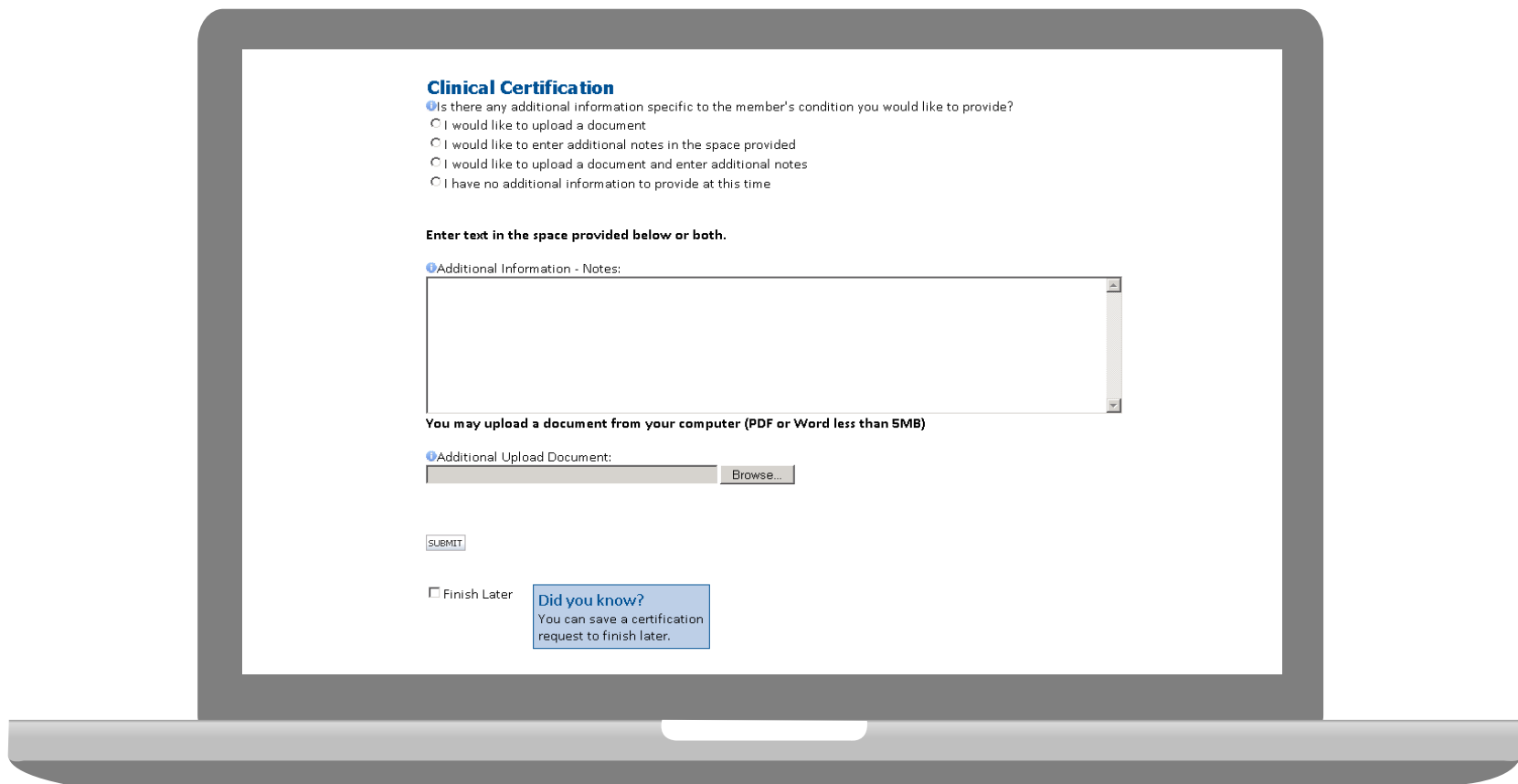
Print   Continue

Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the Member's file.

Medical Review

Clinical Certification

ⓘIs there any additional information specific to the member's condition you would like to provide?

○ I would like to upload a document
○ I would like to enter additional notes in the space provided
○ I would like to upload a document and enter additional notes
○ I have no additional information to provide at this time

Enter text in the space provided below or both.

ⓘAdditional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

ⓘAdditional Upload Document:

Browse...

SUBMIT
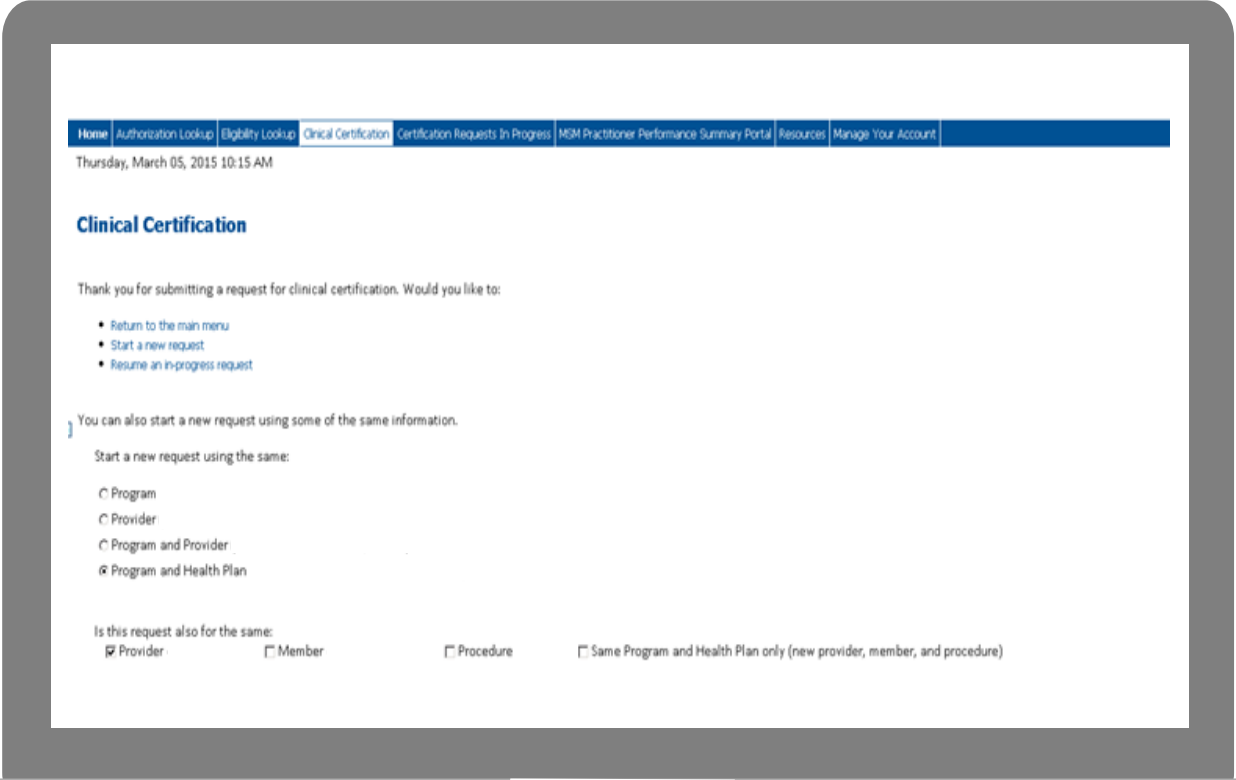
☐ Finish Later

Did you know?
You can save a certification request to finish later.

▶ If **additional information** is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.

Building Additional Cases

Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the new request.

Authorization look up

Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
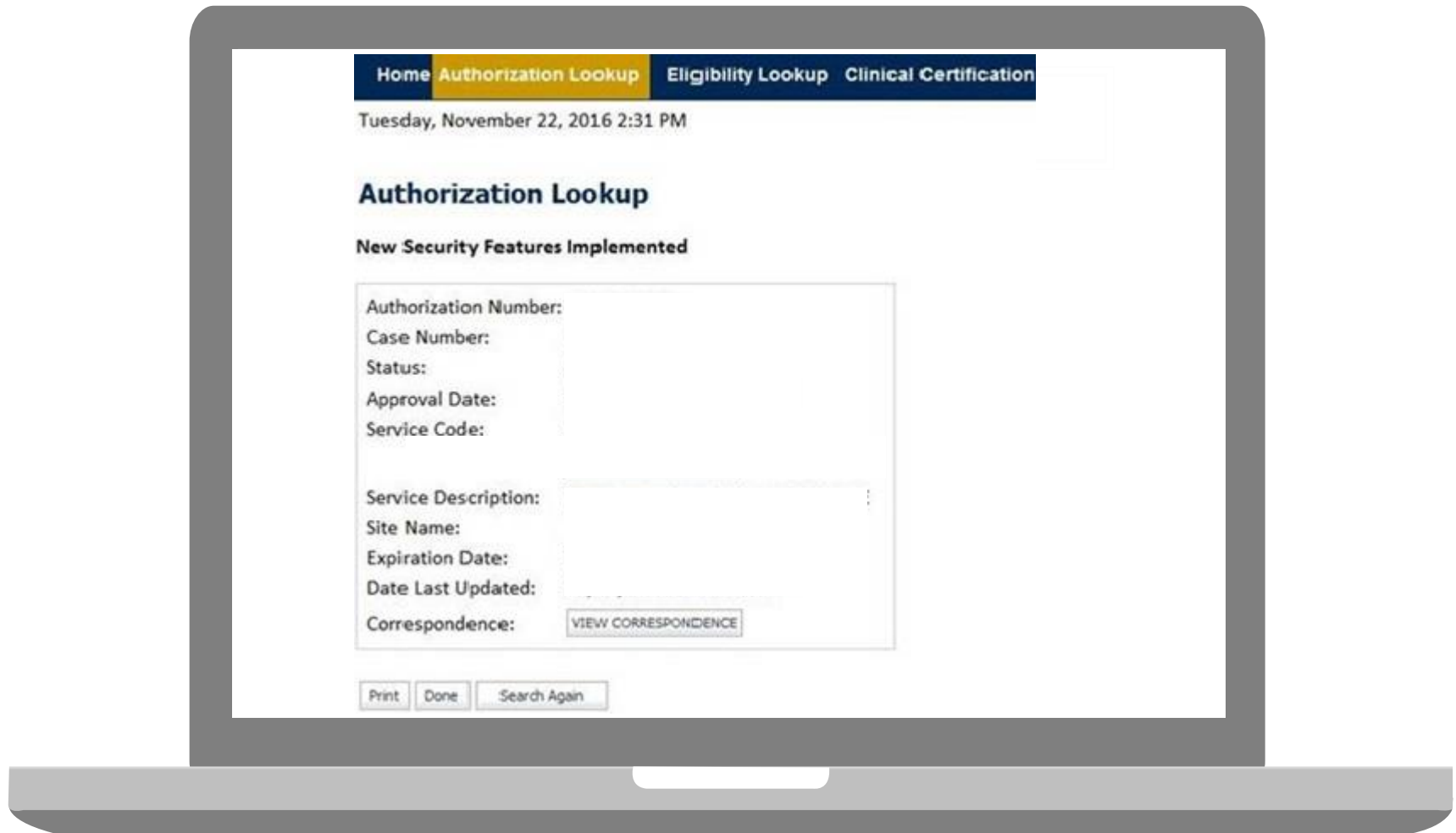
You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, Member's ID number, and Member's date of birth.

Authorization Status

The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence.**

Eligibility Look Up

eviCore healthcare
innovative solutions

| Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Sum |

Thursday, June 18, 2015 3:22 PM

Eligibility Lookup

New Security Features Implemented

Health Plan:
Patient ID:
Member Code:
Cardiology Eligibility: **Medical necessity determination required.**
Radiology Eligibility: **Precertification is Required**
Radiation Therapy Eligibility: **Medical necessity determination required.**
Sleep Management Eligibility: **Medical necessity determination required.**

Print   Done   Search Again

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may con
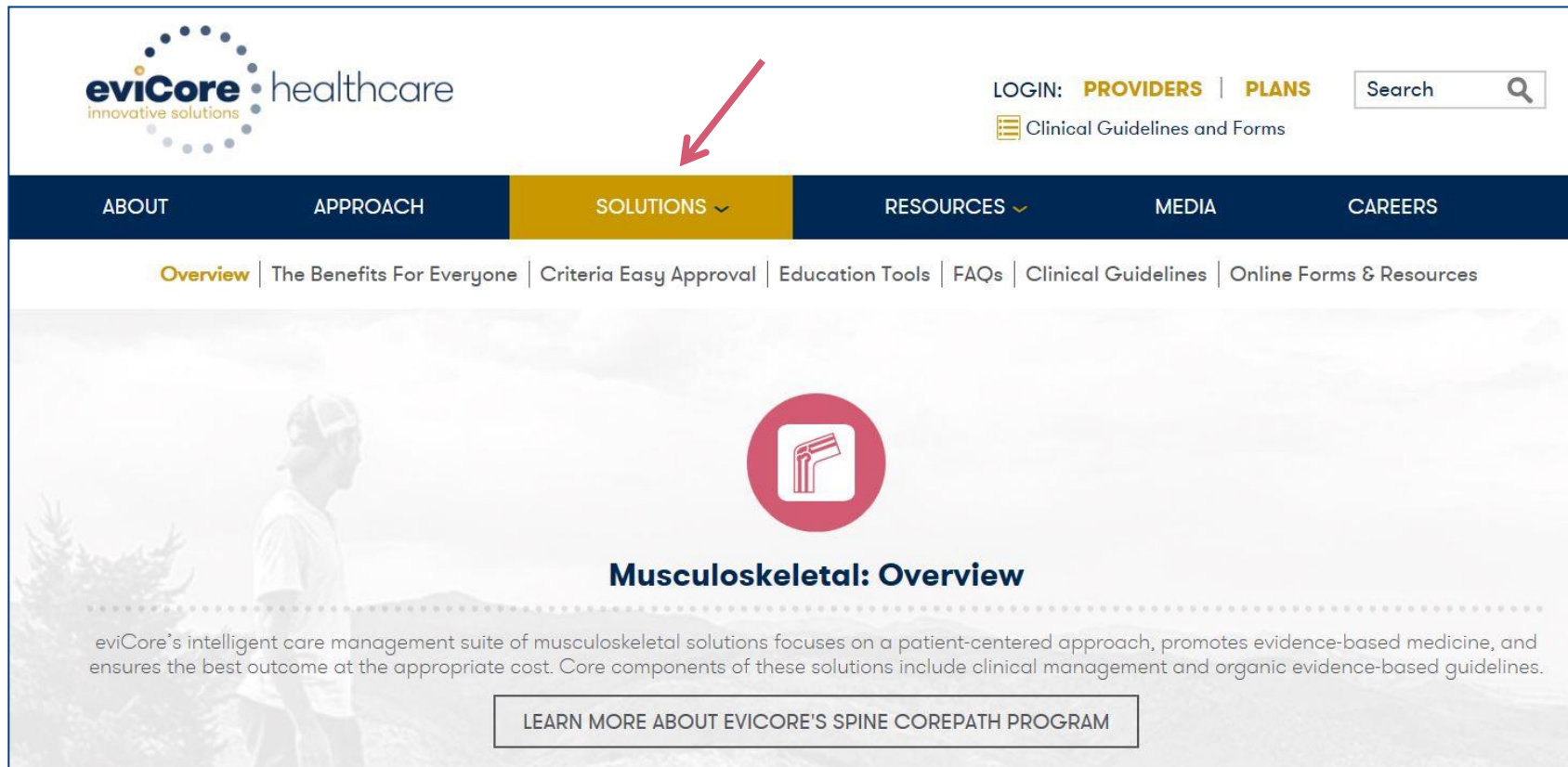contained in the code-accessed portions is STRICTLY PROHIBITED.

Provider Resources

Musculoskeletal Online Resources

Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at www.evicore.com. Click "Solutions" from the menu bar, and select the specific program needed.

eviCore Provider Blog Series

- The eviCore blog series focuses on making processes more efficient and easier to understand by providing helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines.

- You can access the blog publications from the **Media** tab or via the direct link at https://www.evicore.com/pages/media.aspx.
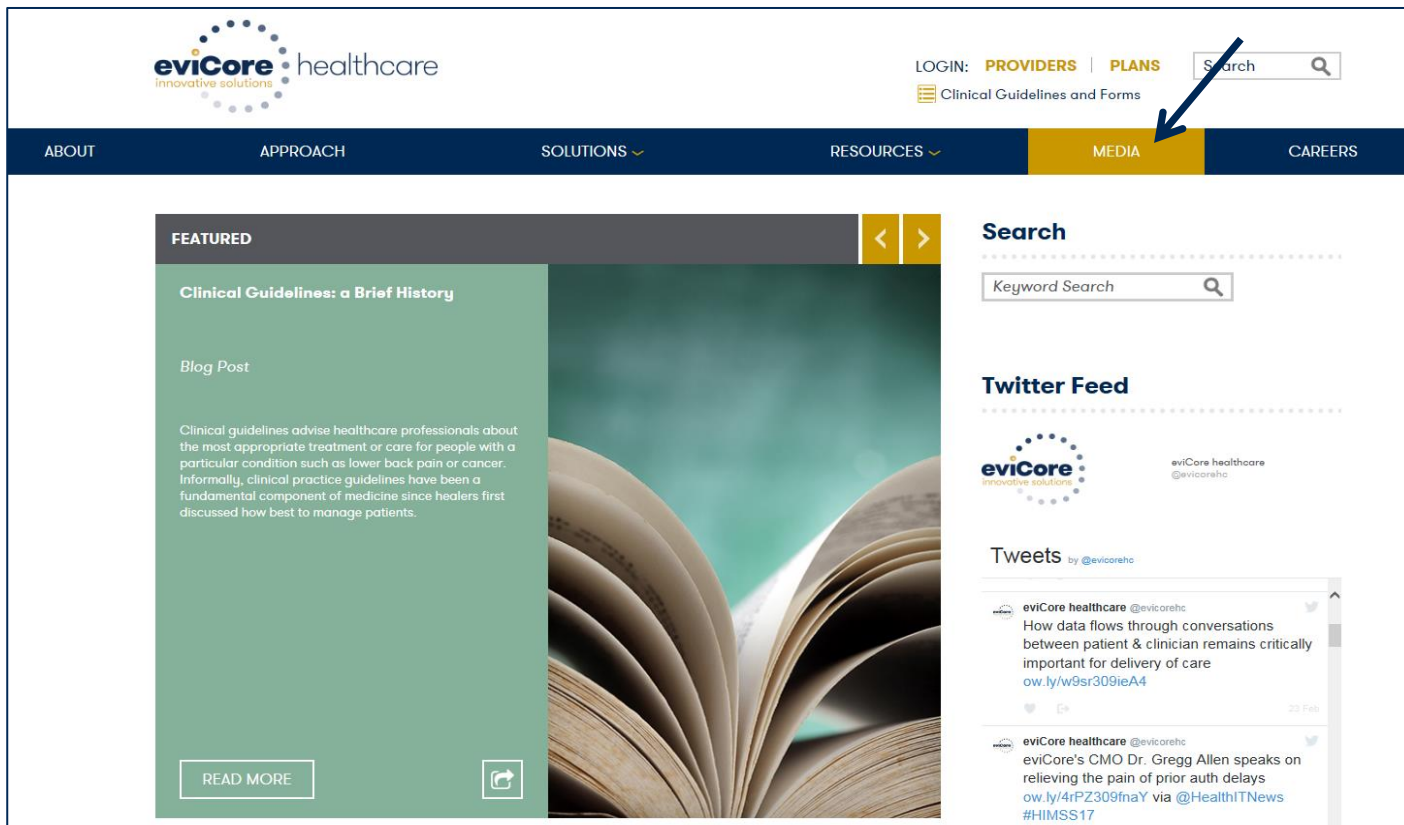
Provider Resources: Pre-Certification Call Center

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

8:00 AM - 9:00 PM (Local Time): (855) 316-2673

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

eviCore fax number: (800) 540-2406

Provider Resources: Web-Based Services

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

www.evicore.com

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com.

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

Provider Resources: Client Provider Operations

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

clientservices@evicore.com

- Eligibility issues (Member, rendering facility, and/or ordering provider)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: Implementation Document

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

Provider Enrollment Questions Contact Community Health Options at (855) 624-6463

Community Health Options Implementation site - includes all implementation documents:

https://www.evicore.com/healthplan/HealthOptions

- **Provider Orientation Presentation**
- **CPT code list of the procedures that require prior authorization**
- **Quick Reference Guide**
- **eviCore clinical guidelines**
- **FAQ documents and announcement letters**

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at **ClientServices@evicore.com**.

Thank You!