

Post-Acute Care Utilization Management Program for Cigna Medicare Advantage Customers

Provider Orientation



Empowering
the Improvement
of Care

Agenda

- **eviCore healthcare Company Overview**
- **Post-Acute Care Program Overview**
- **Submitting Precertification Requests**
- **Precertification Outcomes & Special Considerations**
- **Provider Resources**
- **Provider Portal Overview**
- **Q & A**

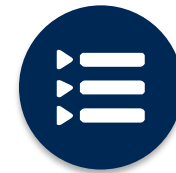
Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the health care system



10
comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Post-Acute Care Program Overview

Cigna Medicare Advantage Precertification Services

eviCore healthcare (eviCore) began accepting precertification requests for post-acute care services on May 27, 2022 for Cigna customers with Medicare Advantage coverage for dates of service of June 1, 2022 and beyond.

Precertification applies to the following services:

- Skilled nursing facilities (SNF) *
- Inpatient rehabilitation facilities (IRF)
- Long-term acute care facilities (LTAC)

To verify eligibility and benefits:

- AZ Members: claimstatmcis.com
- All Other States: www.hsconnectonline.com or call Cigna Medicare Advantage Provider Service at 800.230.6138

Eligibility may also be verified on the eviCore provider portal www.evicore.com/ep360

* EXCEPTION: See information specific to members in Delaware, Maryland, New Jersey, Pennsylvania, and Washington D.C. on the following slide

Cigna Medicare Advantage Precertification Services for Members in DE, MD, NJ, PA, and D.C.

IMPORTANT INFO:

For SNF services in Delaware, Maryland, New Jersey, Pennsylvania, and Washington D.C.:

- Initial and concurrent SNF reviews will continue to be managed by NaviHealth for members **admitted on or before July 31, 2022.**
- On August 1, 2022, eviCore will begin accepting **new initial SNF reviews** for patients admitted to a SNF on August 1, 2022 and beyond.
- To ensure a seamless transition, NaviHealth will continue to manage concurrent reviews for members that are **already admitted and receiving care** before the August 1, 2022 transition date, **until they are discharged.**

Precertification for Cigna Customers with Medicare Advantage Coverage Overview

Effective June 1, 2022:

- Hospitals are responsible for submitting the **initial** inpatient precertification for SNF, IRF or LTAC admissions for customers discharging from an acute care facility.
- PAC Facilities (SNF, IRF and LTAC) are responsible for submitting the initial precertification requests for customers admitting from the community*, emergency department*, or outpatient setting*, and to submit precertifications for concurrent review requests.
 - * PAC facilities – please notify eviCore when admission is for one of these situations
- **NOTE:** If a patient is transferred to the hospital directly from a PAC facility and stays >24 hours, a new precertification is required and should be requested by the hospital prior to discharge. If the patient stays 24 hours or less, they can be discharged back to the same PAC facility without a new authorization.
- IRF and LTAC facilities are responsible for submitting the initial precertification for customers transitioning to a lower level of care, such as a SNF.

Rationale for Hospital Submission of PAC Precertification Requests

- **Appropriate Level of Care Determination:**
 - Hospitals present the most accurate clinical status for discharging patients
 - Engagement with discharge planners to determine appropriate level based on medical necessity
 - Patient-Centered alternative PAC setting recommendations
 - Hospitals are encouraged to submit an authorization request at the same time they are sending clinical to a PAC facility to obtain a bed. The authorization for PAC is tied to the level of care, not a specific facility.
- **Coordinated Post Acute Care Placement:**
 - Proactively identify facility for optimal outcomes and patient experience
 - Early initiation of plan of care with goals and risk assessment by eviCore staff members
 - Offer social work coordination to address discharge barriers
- **Medicare PAC Guidance:**
 - Medicare's position on PAC placement provides guidance for the least intensive setting to adequately meet the patient's need

Post-Acute Care Prior Authorization Criteria includes, but not limited to:

- Medicare Benefit Policy Manuals (Medicare members only)
- MCG™ evidence-based care guidelines®
- Other Evidence-Based Tools

Submitting Precertification Requests

Methods to Submit Precertification Requests

eviCore Provider Portal (preferred)

The eviCore online portal www.evicore.com/ep360 is the quickest, most efficient way to request precertification and check status.

Fax:

800.575.4429

Precertification requests are accepted via fax and can be used to submit additional clinical information.

Phone:

800.298.4806

Hours of operation

- Monday – Friday 8 a.m. to 8 p.m. CST
- Saturday 8 a.m. to 4 p.m. CST
- Sunday 8 a.m. to 1 p.m. CST
- Holidays 8 a.m. to 1 p.m. CST
- 24 hour on call coverage



Required Information for Initial Post-Acute Care Precertification Requests

Admission Details

- Facility type being requested
- Accepting facility demographics (if known)
- Patient demographics
- Anticipated date of hospital, LTAC, or IRF discharge (if applicable)

Clinical Information

- Hospital admitting diagnosis
- History and physical
- Progress notes, i.e., attending physician, consults & surgical (if applicable)
- Medication list
- Wound or Incision/location and stage (if applicable)

Mobility and Functional Status

- **Prior and current level of functioning**
- **Prior living situation**
- **Current therapy evaluations: PT/OT/ST (Within 24-48 hours of request)**
- Therapy progress notes, including level of participation

Please note: eviCore precertification form and supporting clinical documentation are required for all post-acute care requests.

Required Information for Date Extensions (PAC Concurrent Review Requests)

➤ Precertification Details

- Facility type and demographics
- Patient demographics
- Number of days and dates requested

➤ Clinical Information

- Hospital admitting diagnosis and ICD-10 code
- Clinical progress notes
- Medication list
- Wound or Incision/location and stage (if applicable)

➤ Mobility and Functional Status

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

Important: SNFs should submit clinical for date extension (PAC concurrent review) precertification requests 72 hours prior to the last covered day to allow time for Notice of Medicare Non-Coverage (NOMNC) to be issued. The provider is responsible to issue the NOMNC to the customer to review, sign and return to eviCore.

Precertification Outcomes and Special Considerations

Precertification Approval

Approved Requests

- Standard requests are processed within 48 hours **after** receipt of all necessary clinical information
- Verbal notification is made to requesting provider
- Authorization letters will be faxed to the requesting provider and can be printed on demand from the eviCore portal at www.evicore.com/ep360
- Customers will receive an authorization letter by mail



Precertification Approval

Approved Requests

When a PAC authorization is requested, a reference number is provided by eviCore. Once the PAC authorization is approved a final authorization number will be assigned.



Number of precertified days are provided by PAC facility type as follows:

Precertification	Skilled nursing facility	Inpatient rehab facility	Long-term acute care
Initial	Five (5) calendar days	Five (5) calendar days	Five (5) calendar days
Concurrent	Seven (7) calendar days	Seven (7) calendar days	Seven (7) calendar days

Determination Outcomes: Unable to Approve/Alternate Recommendation

Unable to approve

- When a request does not meet criteria during nurse review, it goes to second level MD review.
- If the MD is unable to approve the request based on the information provided, notification is made to the requesting provider.
- The provider is given the option to either send additional information to support medical necessity or schedule a clinical consultation.
- ***Important:** If this option is not utilized by the requesting provider within one business day, an adverse determination is made and the request is denied.

Alternate Recommendation

- The eviCore MD may also offer an alternate recommendation. The requesting provider can either accept or reject the alternate recommendation, or schedule a clinical consultation.
- The ordering provider has up to 48 hours to accept the alternate recommendation
- If accepted, the initial requested service will be denied and the alternate recommendation will be approved



Precertification Outcomes - Adverse Determination



- When a request does not meet medical necessity based on evidence-based guidelines, an adverse determination is made and the request is denied
- In those cases, a denial letter with the rationale for the decision and appeal rights will be issued by eviCore to the ordering physician, requesting provider and customer
- Adverse determination letters can be printed on demand from the eviCore portal at www.evicore.com/ep360

Clinical Consultation Requests

Unable to approve

- If we are unable to approve a request with the provided information, we offer clinical consultations with the referring physician and an eviCore Medical Director
- Clinical consultations, after an Unable to Approve decision has been made, may result in either a reversal of decision to deny or an uphold of the original decision
- A clinical consultation may be requested by calling eviCore at **800.298.4806**



Adverse determination

- For adverse determinations, or final denials, providers can request a clinical consultation with an eviCore physician to better understand the reason for denial.
- Once a final denial decision has been made, however, the decision cannot be overturned via a clinical consultation.

Special Circumstances

Requests submitted after care has started

If the customer is still receiving care in the PAC facility and a request is made within 1 business day from the start of care:

- The request will be reviewed for medical necessity
- The start date will be the date of the PAC admission

If the customer has already discharged from the PAC facility when the precertification request is made

OR

The customer is still receiving care in the PAC facility and the request is made more than 1 business day from the start of care:

- The request will not be started with eviCore. You will need to file a claim and do a claims appeal through Cigna.
- The only exception is when there is an eligibility issue with the customer.





Concurrent Review Authorization Form

For Concurrent Review Requests: Fax to 800.575.4429 or call 800.298.4806 to speak with an eviCore representative.

Please provide supporting clinical documentation when applicable.

Complete every field unless otherwise noted. Information must be legible. Place N/A if not applicable. Preauthorization and authorization for continued stays are not a guarantee of payment.

Disclaimer statements and attestation

- Verify eligibility and benefits prior to request. SNF/LTAC or IRF benefits verified? Yes No
If "yes", number of days available _____
- Is the admission a result of a motor-vehicle accident or workplace injury? Yes No
- Are all therapy notes within 24-48 hours of admission date? Yes No
- SNF member is receiving at least one hour of therapy five days a week? (choose only one answer) Yes No
- Has this member started receiving services for this request? Yes No
- Has this member already been discharged from this service? Yes No

Sign and date here: _____

Documents to Attach: History & Physical Medication list Discharge Summary (if available) Clinical Progress Notes (for recertification requests) Therapy notes including level of participation (evaluation and last progress notes within the last 24-48 hours)

Assessment Type

Facility Type Requesting: SNF SNF Level IRF LTAC Estimated Length of Stay (# of days) _____

Member/Facility Information

Member Name	Date of Birth	Member Address
Policy Number	Member Phone Number	PAC Facility Admission Date
Servicing Facility Name	Servicing Facility Address	
Servicing Facility Phone	Servicing Facility Contact Name	Servicing Facility NPI

Member Information

Primary Caregiver	Contact Number	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Self <input type="checkbox"/> Paid caregiver
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- Has this member started receiving services for this request? Yes No
- Has this member already been discharged from this service? Yes No

Please be sure to complete these questions on the authorization request form to determine if eviCore can review for retro. You could also provide these details on a cover sheet.

Special Circumstances

Urgent precertification requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the customer
- Can be initiated by phone (recommended) or fax
- Urgent requests will be reviewed within 72 hours



Post-Decision Options: Appeals Process

Appeals Process

- Cigna will process first-level appeals. Delegation of second level appeals will vary by plan and/or state regulations
- The timeframe to submit an appeal request will be outlined on the determination letter *
- Appeal requests can be submitted to Cigna in writing via US Mail or by fax. The Cigna appeal address and fax number will be provided on the determination letter
- Providers with appeal questions may call the number indicated on the customer's ID card
- The appeal determination will be communicated by Cigna to the ordering provider and customer
- Appeal turnaround times: *
 - Expedited - 72 hours
 - Standard provider - 30 days

** May vary by plan and/or state regulations*

Provider Resources

Dedicated Call Center

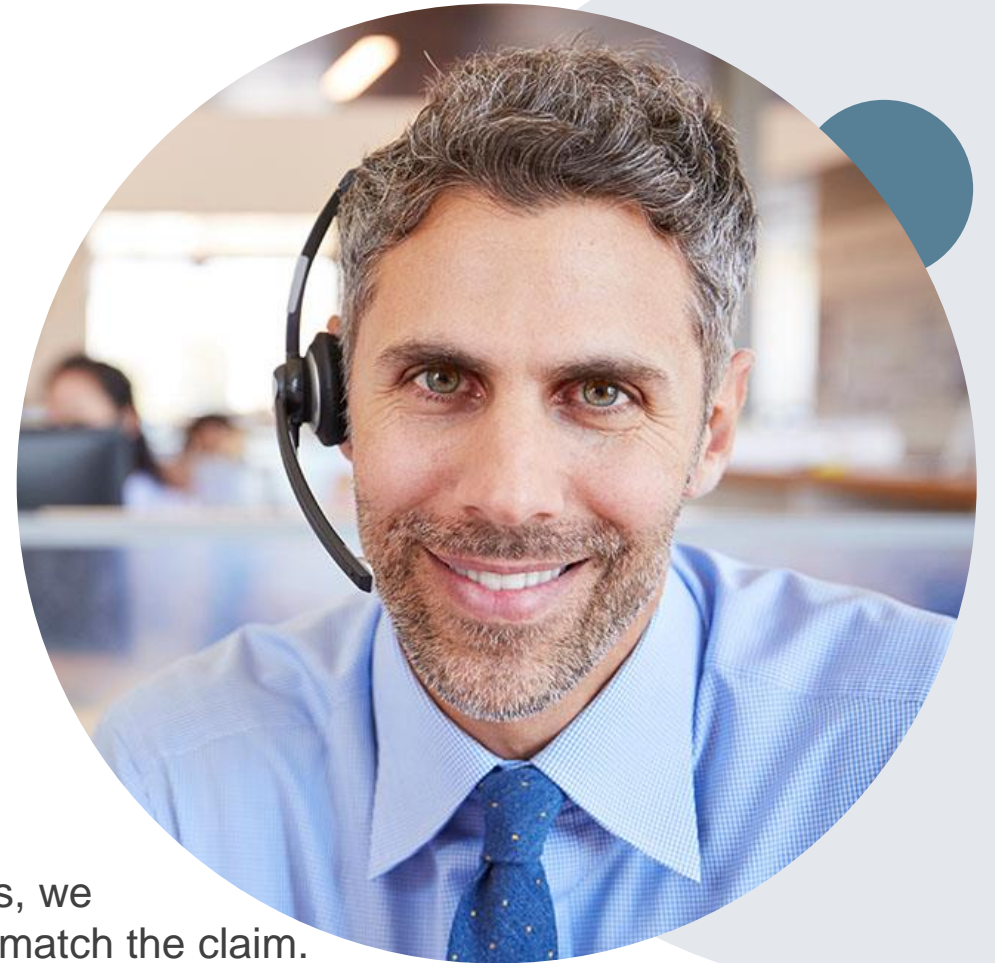
Precertification Call Center – 800.298.4806

To reach a customer service representative, please call our call center at **800.298.4806** and choose options **2,1,1** for post-acute care.

Then follow the additional prompts below to speak to the right person:

- Option 1: If you know your party's extension
- Option 2: For status of an existing request
- Option 3: To request a new precertification
- Option 4: For information on concurrent reviews
- Option 5: To schedule a clinical consultation

Note: If the start of care date on the post-acute care authorization changes, we recommend communicating this to eviCore to ensure the dates of service match the claim.



To ensure you have a successful experience in reaching the desired representative, please listen carefully to the phone prompts when calling the eviCore authorization call center.

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding accuracy assessment
- Requests for a precertification to be resent to the health plan
- Consumer engagement Inquiries
- Eligibility issues (customer, rendering facility, or ordering physician)
- Issues experienced during case creation

How to contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 800.575.4517 (option 3)

For prompt service, please have all pertinent information available. When emailing, make sure to include “Cigna Medicare Advantage (PAC or HH or DME) health plan” in the subject line with a description of the issue; include customer, provider and case details when applicable.



Provider Resource Website

Client Specific Provider Resource Site

eviCore's Provider Experience team maintains provider resource pages that contain 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:

- Provider Training Documents
- Frequently Asked Questions (FAQ) Documents
- Quick Reference Guides (QRG)
- Provider Training Sessions' Details
- Precertification forms

To access these helpful resources, please visit

evicore.com/resources/healthplan/cigna-medicare



eviCore Provider Portal Support

**For eviCore portal account questions -
contact a Portal Support Specialist**



Call: 800.646.0418 (option 2)



Email: portal.support@eviCore.com

Portal Support Services: Available Monday through Friday, 8:00 a.m. – 7:00 p.m. EST

eviCore Provider Portal

Benefits of Provider Portal

Did you know that most providers are already saving time submitting precertification requests online? The provider portal allows you to go from request to decision much faster. Following are some benefits and features:

- Saves time: Quicker process than telephone precertification requests.
- Available 24/7: You can access the portal any time, any day.
- Upload additional clinical information: No need to fax 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.

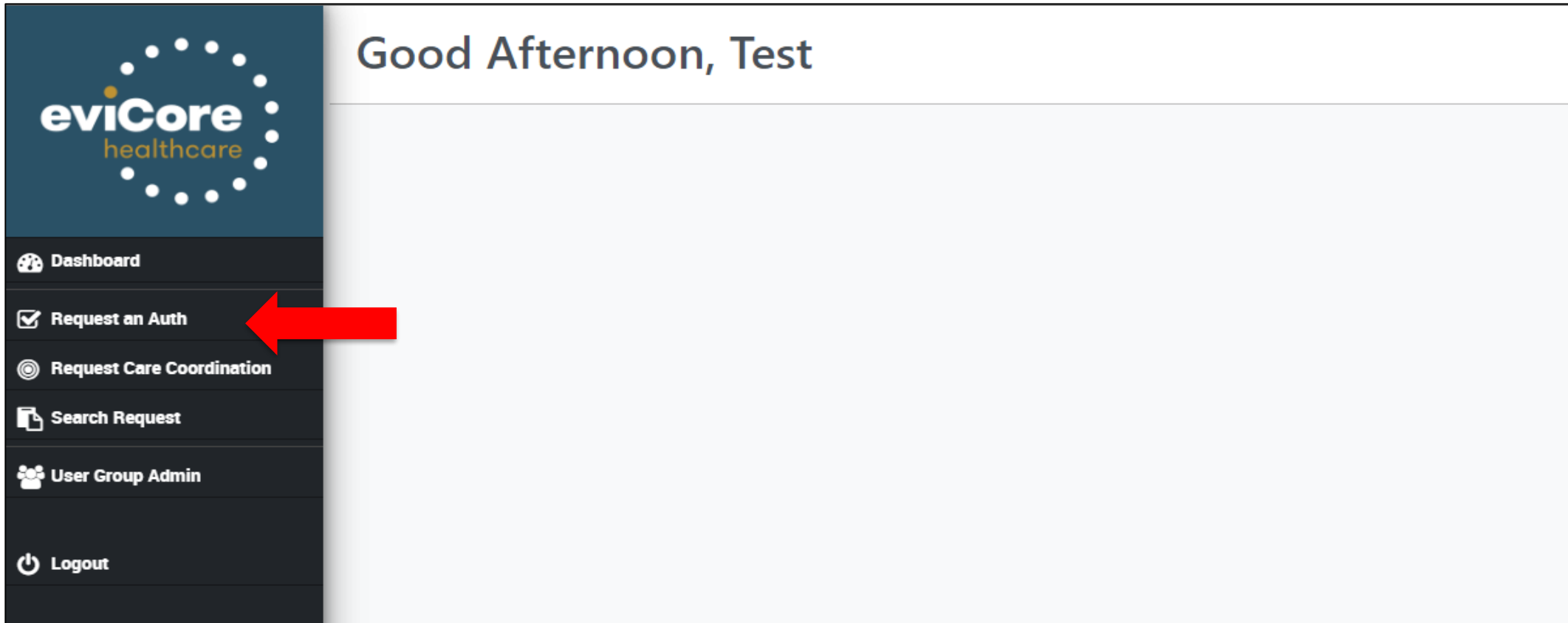
Link to eviCore provider portal:

www.evicore.com/ep360

Initial Case Creation

Initial Case Creation

- After logging in, you will see the main screen and user dashboard. To begin, choose Request an Auth.



Create a Case

- Select Cigna and service type. Menu will show only service types available for Cigna.

eviCore healthcare

Submit a Request for Service

Member Search

Healthplan

Cigna Medicare

3rd Party is the primary payer

Choose Requesting Service Type

LTAC

IRF

SNF

HomeHealth

[? Don't see the service you're looking for?](#)

Customer Details

- Start of Care Date and Diagnosis (smart search box - either description of diagnosis or ICD-10 code). Enter either member ID or First Name, Last Name, and Date of Birth. Then choose patient from search results. System will confirm if patient is eligible for the requested plan for requested services.
- Make note; you are not able to mark a request as urgent on the portal.

Submit a Request for Service Continue

Member Search

Healthplan

Cigna Medicare ▼

Choose Requesting Service Type 3rd Party is the primary payer

LTAC
 IRF
 SNF
 HomeHealth

Don't see the service you're looking for?

Start of Care Date

mm/dd/yyyy

This is an urgent request

Diagnosis

enter code# or description

Patient

Member ID 🔍

↑ OR ↓

First Name

First Name

Last Name

Last Name

Date of Birth

mm/dd/yyyy

Search

Member Name	DOB	Address	Member #	Insurance Category	Eligibility Dates
TEST MEMBER	01/01/1900	555 Main St NY, NY 55555	123456789	Medicare	01-01-2022 to 12-31-2078

Enter Service Details

- Enter the Requesting Provider, Ordering Physician, and Servicing Provider details. Smart search allows NPI, TIN, or provider name. Each provider has their own contact directory - contacts that our system has captured for the facility. Complete all fields, then Submit Case.

Please fill out the information below. You must add a Requesting Provider or an Ordering Physician (or both).

Requesting Provider

[Change](#)

ST LUKES HOSPITAL INC (NON-PAR)
 101 HOSPITAL DR, COLUMBUS, NC 28722
 8288943311 N/A
NPI 1497944912 **TIN** XXXXX4222

Contact Person
Choose a contact person at this facility ▼

Ordering Physician

Search by NPI, TIN, Name or Address

The Ordering Physician is not known

Servicing Provider

Search by NPI, TIN, Name or Address

The Servicing Provider is not known

Check this box if Servicing Provider is not yet known.

Confirm Request and Add Notes

- You will be prompted to confirm submission. You may also enter free text notes regarding the case.

Submit Request for Authorization

Are you sure you want to submit this Request?

Additional notes about this Request:

Patient to discharge on Wednesday

How will you be providing the clinical info required for this Request?
We recommend uploading it through your Web account, but you can also fax it in or talk to a nurse.

Submit

Case View/Attach Clinical

- Next, you will be prompted to submit clinical documents. Select **Submit Clinical info now**.

GR2ZBQ058R Request ID:
Status: **Waiting On Clinical Info**

Test Member
Member ID 123456789

Clinical information is required in order to review this Request. [Submit Clinical info now](#)

Request Extension

SNF

Information

Dates of Care
START: Feb 18
LAST: []

SERVICING PROVIDER:
OASIS PAVILION NURSING REHAB
test test - 5555555555

Showing 1 - 1 of 1 entries

Attachments & Notes
No activity yet.

Notifications & Letters
No activity yet.

Requests & Reviews

FEB 17 Test Test submitted a **Request for Authorization (Initial)**
2/17/2022 (Today) at 11:28 am
Request for SNF (submitted via Web)

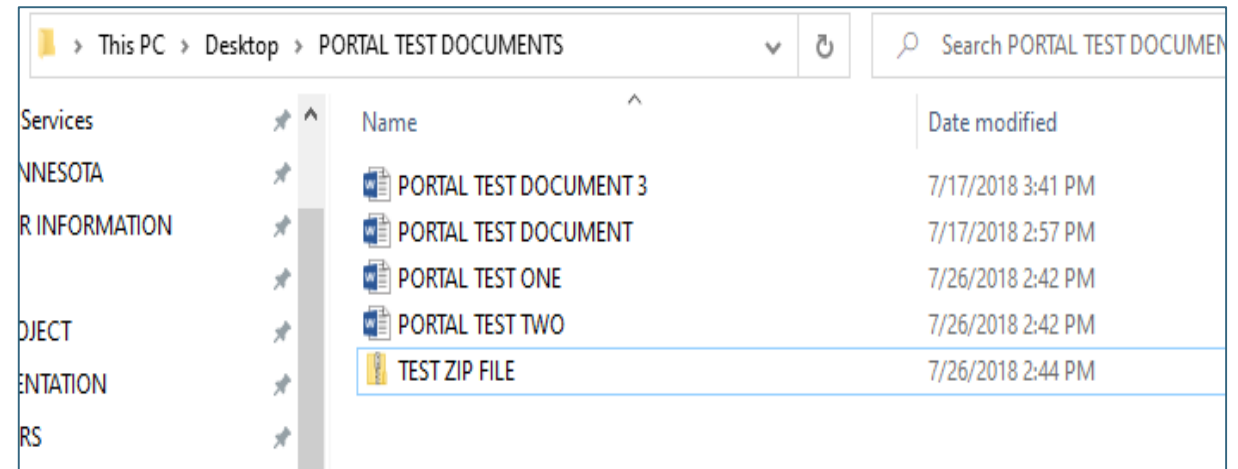
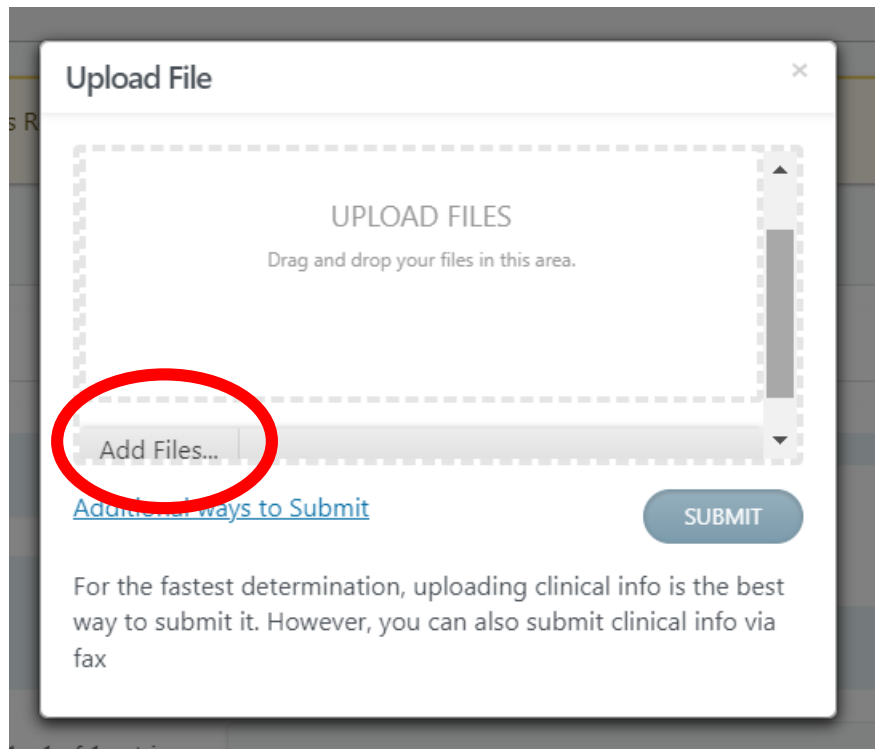
Additional Member Info

Test Member Primary Care Physician

Member Insurance Information
Member ID: 123456789
Insurance Category: Medicare
Member Plan Type:
Group ID:
Group Name:

Attach Clinical

- Now you will see a pop up window to upload clinical documents. Select “Add Files”.
- You will navigate to your system to locate the documents and attach to the case.
- All information will now be transmitted to eviCore to begin the precertification review process.



Concurrent Review Process

- To initiate a concurrent review, providers should select Search Cases from the portal dashboard. Providers may search by the customer ID # , request ID, or the customer’s name and date of birth.
- Once the patient is located on the dashboard, choose Request Extension and follow the previously shown “attach the documents” process

The screenshot displays the eviCore healthcare portal interface. On the left, a navigation sidebar includes 'Dashboard', 'Request an Auth', 'Search Cases' (highlighted with a red arrow), 'User Group Admin', and 'Logout'. The main header shows the patient's Auth# 'test123456' and 'Status: Approved'. A top navigation bar contains buttons for 'Add New', 'Request Extension' (circled in red), 'Cancel Request', and 'Discharge Patient'. The main content area is divided into several sections: 'Dates of Care' with a 'START' date of Feb 5 and a 'LAST' date of Mar 5, indicating a 'Target Length of Stay is 22 Days'; 'Requests & Reviews' showing two reviews from Feb 25, 2019; 'Attachments & Notes' with 'No activity yet.'; and 'Notifications & Letters' showing a 'Verbal Notification Attempt' from Kristie Batts, RN on Feb 25, 2019.

eviCore Portal Registration

eviCore Provider Portal Registration

Administrators or first time portal users should:

- Log in directly to eviCore www.evicore.com/ep360
- Choose “Sign up now” to create an eviCore account.

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Sign in with your existing account

Email Address

Password [Forgot your password?](#)

Sign in

Don't have an account? [Sign up now](#)

Administrator Registration

- Begin by completing the brief registration process.
- Enter the admin's email and click on "Send verification code," which will be sent via email.
- Enter the code provided in the email, click on "Verify Code," and complete the provider demographics.

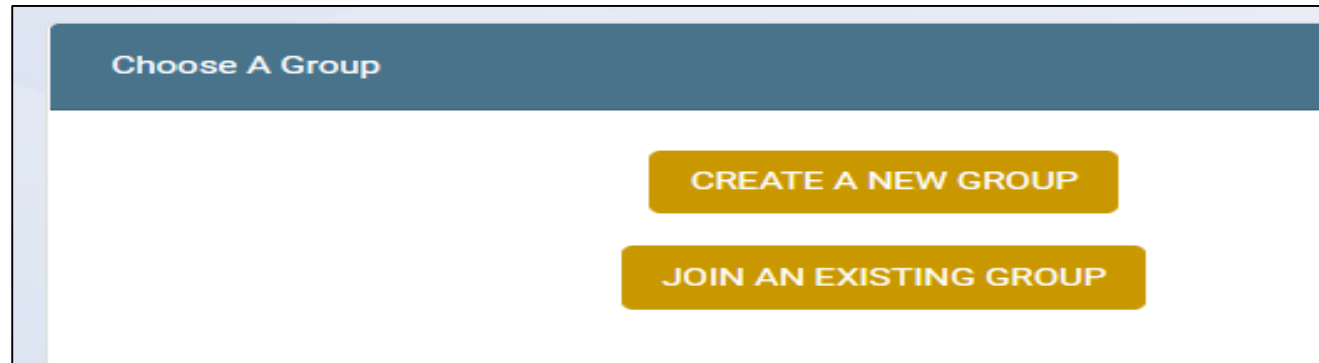
The screenshot shows a web form titled "eviCore Platform Provider Registration". The form contains the following fields and buttons:

- Email:** A text input field with a "Send verification code" button to its right, highlighted with a red border.
- New Password:** A text input field.
- Re-enter Password:** A text input field.
- First Name:** A text input field.
- Last Name:** A text input field.
- Display Name:** A text input field.
- Phone Number:** A text input field.
- Buttons:** "Cancel" (blue) and "Register" (yellow) buttons at the bottom right.

Instructions at the top of the form state: "Please provide the following details. Verification is necessary. Please click Send button."

Create a Group

- Next, the admin or individual user will Create A New Group.



Group Details

- User will enter the required details to create a new group.
- Accept the terms and conditions and privacy policy on the next screen.

Create Provider Group

Enter your group details:

Group Name

Ordering Provider Rendering Provider

Address 1

Address 2

City State Zip

Phone Fax

Administrator Registration Details

- Once user has successfully created a group, you should:
 1. Make note of the Provider Group Join Code and provide to all users for that group.
 2. Invite other users to your group. You can appoint others as alternate Admins.
 3. Add Providers - Add both TIN and NPI numbers for all providers associated with the group.
 4. Once complete, click on "Go to website" to access the eviCore portal.

eviCore Platform Provider User Group Administration

Go to website

Office

medical external provider - Ordering

#203, 52 W, 60th street Westmont, IL 60559
(331) 481-3612 (456) 456-4645

Provider Group Join Code

sYx113

Copy Generate New

Users

Invite

Name	Status	Permissions
Erica Brown		

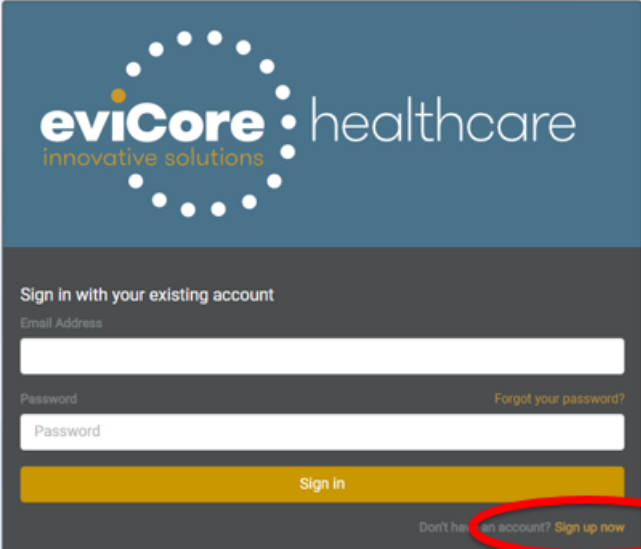
Providers

Add

Name	NPI	Tools
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All Other Users

- The Join Code provided should be emailed to all invited users by the administrator.
- Each invited user will also receive an email to join the group.
- Follow the link in the email to join the group.
- At the main screen, choose “Sign up Now” to start the registration process
- User will be directed to “Join An Existing Group.”
- User should enter the Join Code provided by their admin. Once complete, user will be directed to the eviCore portal dashboard.



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Sign in with your existing account

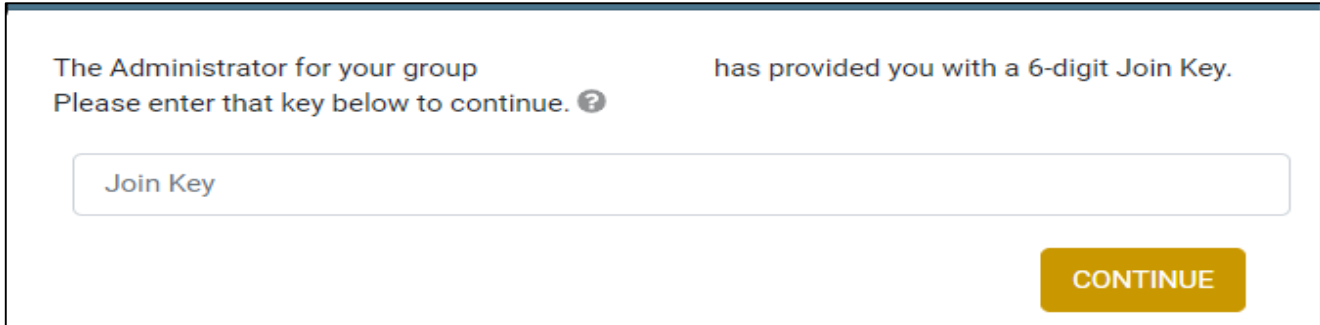
Email Address

Password

Forgot your password?

Sign in

Don't have an account? Sign up now



The Administrator for your group has provided you with a 6-digit Join Key.
Please enter that key below to continue. ?

Join Key

CONTINUE

Thank You!

