

Cigna Medicare Advantage Post-Acute Care and Home Health Care Quick Reference Guide



Precertification Services

eviCore healthcare (eviCore) will begin accepting precertification requests for Post-Acute Care (PAC) and Home Health Care (HHC) services on May 27, 2022 for Cigna customers with Medicare Advantage coverage for dates of service June 1, 2022 and beyond.



Market Exceptions:

- The PAC program excludes both initial and concurrent skilled nursing facility reviews performed by NaviHealth in Delaware, Maryland, New Jersey, Pennsylvania, and Washington D.C. The Home Health Care program excludes Arizona Medicare customers.

Methods to Submit Precertification Requests

1. eviCore provider portal: (preferred method) www.evicore.com/ep360
2. Fax:
PAC 800.575.4429
HHC 855.826.3724
3. Telephone:
800.298.4806

Required Information for Precertification

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

The information requirements are outlined on our precertification request forms. Precertification forms are available on the provider resource page: <https://www.evicore.com/resources/healthplan/cigna-medicare>

Services Requiring Precertification

- Skilled nursing facility (SNF) admissions
- Inpatient rehab facility (IRF) admissions
- Long-term acute care (LTAC) admissions
- Home health care (HHC) Nursing, therapies, social work, home health aides

Precertification Approval

Standard requests are processed within 48 hours after receipt of all necessary clinical information. Precertification letters will be faxed to the ordering physician and rendering provider. Customers will receive a precertification letter by mail. Precertification status can be viewed on demand via the eviCore provider portal at www.evicore.com/ep360.

Eligibility

Providers should verify customer eligibility and benefits on the secured provider log in section on the Cigna HSConnect provider portal at www.hsconnectonline.com or by calling Cigna Medicare Advantage Provider Service at 800.230.6138.

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

Denial Notifications

When a request does not meet medical necessity requirements 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 to the provider and customer. Adverse determination status can be viewed on demand via the eviCore portal at www.evicore.com/ep360

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. Urgent requests can be initiated by phone (recommended) or fax and will be reviewed within 72 hours.



Convenient Provider Portal

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

www.evicore.com/ep360

eviCore portal assistance:
portal.support@evicore.com
800.646.0418 (Option 2)



Call Center: 800.298.4806

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

Fax: PAC 800.575.4429 HHC 855.826.3724



Provider Resource Page

The eviCore Provider Resource page contains portal registration/submission information, frequently asked question documents, and other important resources that are kept up-to-date for your convenience.

www.evicore.com/resources/healthplan/cigna-medicare

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