Post-Acute Care Utilization Management Program for Blue Cross and Blue Shield of Illinois

Provider Orientation 2018

Agenda

- Post-Acute Care Program Overview
- Pre-Authorization Requirements
- Denial and Appeals Process
- Pre-Authorization Submission
- Post-Acute Care Provider Resources
- Provider Web Portal - Overview
- Q & A Session

eviCore healthcare Pre-Authorization for Members - Overview

eviCore healthcare manages all Inpatient Post-Acute Care (PAC) preauthorization requests for Blue Cross and Blue Shield of Illinois (BCBSIL) members enrolled in the following programs:

- **Medicare**
  - Blue Cross Medicare Advantage (PPO)SM
  - Blue Cross Community MMAI (Medicare-Medicaid Plan)SM
  - Blue Cross Medicare Advantage HMO
  - Illinois Individual Medicare HMO
  - Illinois Individual Medicare PPO
  - Illinois Group Medicare PPO
- **Medicaid**
  - Blue Cross Community Health Plans SM (BCCHP)

Providers should verify member eligibility and benefits on:
https://www.availity.com

Once the patient is discharged from the post-acute facility, the patient will be referred back to BCBSIL for continued care management services

eviCore healthcare PAC Program Overview

eviCore healthcare will accept initial and concurrent benefit preauthorization requests for member admissions to the following Inpatient Post-Acute Care (PAC) facilities:

- Skilled Nursing Facilities
- Inpatient Rehabilitation Facilities
- Long Term Acute Care Facilities

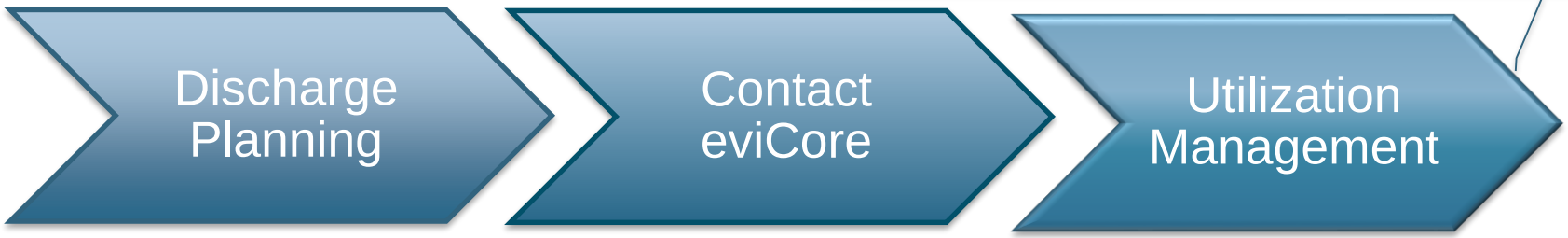
- Hospitals are responsible to submit the initial post-acute care pre-authorization requests
- PAC facilities (listed above) are responsible to submit date extensions (PAC concurrent review)
- Custodial Care does not require pre-authorization by eviCore and will continue to be managed by BCBSIL

Initial Post-Acute Care Admission Requests
Pre- Authorization Overview

Hospital initiates pre-authorization requests:

- The hospital is responsible to submit post-acute care pre-authorization requests, unless the post-acute care facility (i.e. IRF) has the same NPI or Tax ID # eviCore requests that you start the process as soon as possible to facilitate a timely pre-authorization determination

Our goal is a 24-48 hour response time; add an additional 2 business days if a peer to peer review is requested, however our typical response time is less



- Begins on day 1 of Hospital admission
- Hospital staff makes a recommendation for post-acute level of care

- Provide pre-authorization form and clinical information to support medical necessity for admission to post-acute level of care

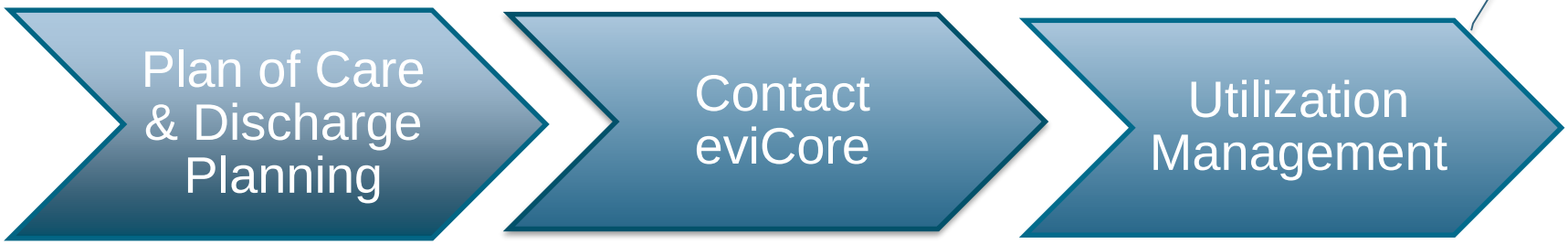
- Three outcomes:
  - Approval of pre-authorization for level of care request
  - Request for additional clinical information
  - Unable to approve on initial UM review

Post-acute care pre-authorization forms are available on our web site: https://www.evicore.com and implementation web site: https://www.evicore.com/healthplan/BCBSIL

Date extension (PAC concurrent review) Requests Overview

- The PAC facility is responsible to submit date extension (concurrent review) requests
- eviCore requests that you start the date extension review process as soon as possible to facilitate a timely 'extension of pre-authorization' determination

Our goal is a 24-48 hour response time, once clinical information is received; add an additional 2 business days if a peer to peer review is requested, however our typical response time is less



- Begins on day 1 of Post-Acute Care admission
- Care management team completes evaluations and begins to develop a plan of care

- Provide pre-authorization form and clinical information to support medical necessity for post-acute level of care

- Three outcomes:
  - Approval of pre-authorization for level of care request
  - Request for additional clinical information
  - Unable to extend authorization

Important: SNF Facilities should submit clinical for date extension (PAC concurrent review) pre-authorization 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, have it signed and returned to eviCore

Post-Acute Care Facility Pre-Authorization Overview

eviCore will provide pre-authorizations by facility type in the following ways:

Pre-Authorization	Skilled Nursing Facility	Inpatient Rehab Facility	Long Term Acute Care
Initial	3 business days	5 calendar days	5 calendar days
Concurrent	7 calendar days	5 calendar days	7 calendar days

- **Pre-Authorization Expiration**
  - The initial pre-authorization expires 7 days from the date of issue
  - If the patient is not discharged within this time frame, a new pre-authorization is required
- **Once Determination is Complete:**
  - A notification will be communicated to the requesting provider
  - Servicing providers may obtain pre-authorizations via the eviCore web portal or by calling eviCore at: **855-252-1117 choose option 4**
- **Post-Acute Care Pre-Authorization Criteria includes, but not limited to:**
  - The applicable benefit plan manual and McKesson IQ Guidelines
  - Medicare Benefit Policy Manuals & Clinical Findings

eviCore healthcare Post-Acute Care Pre-Authorization Required Information

Blue Cross and Blue Shield of Illinois

Required Information for Initial PAC Pre-Authorization

Admission Details

- Facility type being requested
- Accepting Facility demographics
- Patient demographics
- Start of care date

Clinical Information

- Hospital admitting diagnosis
- History & 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
- Therapy evaluations PT/OT/ST
- Therapy progress notes including level of participation

Please note: Pre-Authorization forms are required for all Post-Acute Care pre-authorization requests

Required Information for Date Extensions (PAC concurrent review requests)

Pre-Authorization Details

- Facility type and demographics
- Patient demographics
- Number of days and dates requested
- PAC physician demographics
- Anticipated date of discharge

Clinical Information

- Hospital 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/ST
- Therapy progress notes including level of participation
- Discharge plans (include discharge barriers, if applicable)

Please note: Authorization forms are required for all Post-Acute Care authorization requests

eviCore Post-Acute Care Pre-Authorization Form

Blue Cross and Blue Shield of Illinois

eviCore healthcare
Post-Acute Care
Denial and Appeals Process

Blue Cross and Blue Shield of Illinois

Unable to Pre-authorize Initial Request • Denial • Appeals Process

eviCore Process **Cases that do not meet Medical Necessity on Initial UM Nurse review will be sent to 2nd level MD for review and determination** **If potential adverse determination is made by MD, outreach is made to the requesting provider and a Peer to Peer Review is offered**	
Initial Pre-Authorization Request	• Peer to Peer (P2P) 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: P2P must occur within 2 business days or a denial letter will be issued.
Authorization Denial	• If the P2P process does not result in a reversal of the recommendation of denial, eviCore will issue a denial letter. The physician reviewer may suggest an alternate level of care and/or the appeals process.
Appeals Process	Once a service has been denied, members and providers must file an appeal with BCBSIL to have the request re-reviewed. • Medicaid appeal requests may be submitted to: GPDA&G@bcbsil.com • Medicare appeal requests may be submitted to: mapdanadg@bcbsnm.com • Members requesting to appeal a denial for initial PAC services should contact BCBSIL. Instructions are provided on the denial letter.

Unable to Extend PAC Authorization • NOMNC • Appeals Process

eviCore Process **Cases that do not meet Medical Necessity on concurrent UM Nurse review will be sent to 2nd level MD for review and determination if the provider or attending PAC Physician are in disagreement with the decision to end skilled care** **If a potential adverse determination is made by MD, outreach is made to the PAC provider and a P2P review may requested**	
Inpatient Rehabilitation Facility (IRF) Date Extensions	• Peer to Peer (P2P) 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. • Note: If P2P does not occur within 2 business days, or if the decision is upheld, the third calendar day will not be covered unless the member appeals and the decision is overturned by the health plan.
SNF Date Extensions (PAC concurrent review requests)	• The Notice of Medicare Non-Coverage (NOMNC) will be issued no later than 2 calendar days prior to the discontinuation of coverage. • P2P must be requested and occur within the 2 calendar day timeframe. • If P2P does not occur, or if the decision is upheld, the third calendar day will not be covered unless the decision is overturned or the NONMC is withdrawn.
Member Appeals Process	• Members requesting to appeal the decision to end skilled care in a SNF facility should follow the QIO process as outlined on the NOMNC and contact BCBSIL. • Members requesting to appeal a denial based on the decision to end skilled care for concurrent IRF services should contact BCBSIL.

Pre-Authorization Submission Methods for Post-Acute Care

Blue Cross and Blue Shield of Illinois

Pre-Authorization Requests for Post-Acute Care

Hours of Operation

eviCore offers four methods to request pre-authorizations:

1. **eviCore Post-Acute Care Web (preferred method): https://www.evicore.com/pages/providerlogin.aspx**

2. **Fax: Clinical documentation can be faxed to: 855-826-3725 Please send information for one patient per fax.**

3. **Allscripts: eviCore can accept pre-authorization requests and respond to providers who use Allscripts**

4. **Telephone: Clinical information can be called to eviCore healthcare at 855-252-1117, option 4 or option 8 if you know your party's extension.**

Hours of Operation that eviCore staff is available:

Monday through Friday 7 a.m. – 6 p.m. CST

Saturday 9 a.m. – 4 p.m. CST

Sunday 9 a.m. – 1 p.m. CST

Holidays 9 a.m. – 3 p.m. CST

Afterhours and on call coverage is available for urgent issues, including weekends and holidays

Authorization Call Center

What we need

Pre-Authorization Requests for Post-Acute Care
Allscripts Instructions

Allscripts

A. Navigate to Manage > Admissions > Active census
B. Click on the DP Icon corresponding with the correct patient
C. Select New Referral
    a) Select the Referral Type as 'Insurance/Payor' **Note: This must be configured as an HSP Referral by your System Administrator as eviCore Healthcare is listed as an HSP provider**
    b) Assessments/Needs may include clinical interfaces from the Electronic Medical Record. Check off the check box "Include on Referral" for those items you wish to send.
    c) Next to Forms, choose the eviCore pre-authorization form from the dropdown menu. You may PrintAttach or FaxAttach any additional documents needed
    d) Go to 'choose recipients' > advanced search > enter state 'TN' and eviCore as the provider name. Make sure nothing is checked besides 'Insurance Payor' -click next and the eviCore listing comes up.
    e) Click 'Unmask Patient Information or Unmask All' so the receiving provider will be able to view all of the HIPAA protected information.

Note: Hospital System Administrators should create an Allscripts SUPPORT TICKET to request the eviCore prior approval form be loaded into your Allscripts hospital library. Please contact your Allscripts ACM Support team or clientservices@evicore.com
if you have questions on how to submit a Support Ticket.

Pre-Authorization Requests for Post-Acute Care
eviCore/Allscripts Workflow

Allscripts

eviCore

- ✓ Referral transmitted by provider through Allscripts
- ✓ Referral received into eviCore's Allscripts queue
- ✓ Referral reviewed by eviCore intake team
- ✓ Response with Reason sent to Provider via Allscripts
  - Referral Received – Authorization process initiated/Referral ID# given
  - Unable to accept patient – Member is not eligible
  - Interested, but need more information - Provider fax# missing, Member ID missing, PAC facility type not given, etc.
- ✓ Referral reviewed by eviCore Authorization team
- ✓ Response with update sent to Provider via Allscripts
  - Interested, but need more information – Pending additional clinical
  - Yes, willing to accept patient – Approval accompanied by Auth Number
  - No, unable to accept patient –Case Denial

Note: Providers should be sure and enter their fax number on the pre-authorization form to receive authorization letters and/or denial letters from eviCore

eviCore healthcare
Provider Resources

Post-Acute Care Provider Web Portal

Web-Based Services

Pre-Authorization Status

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

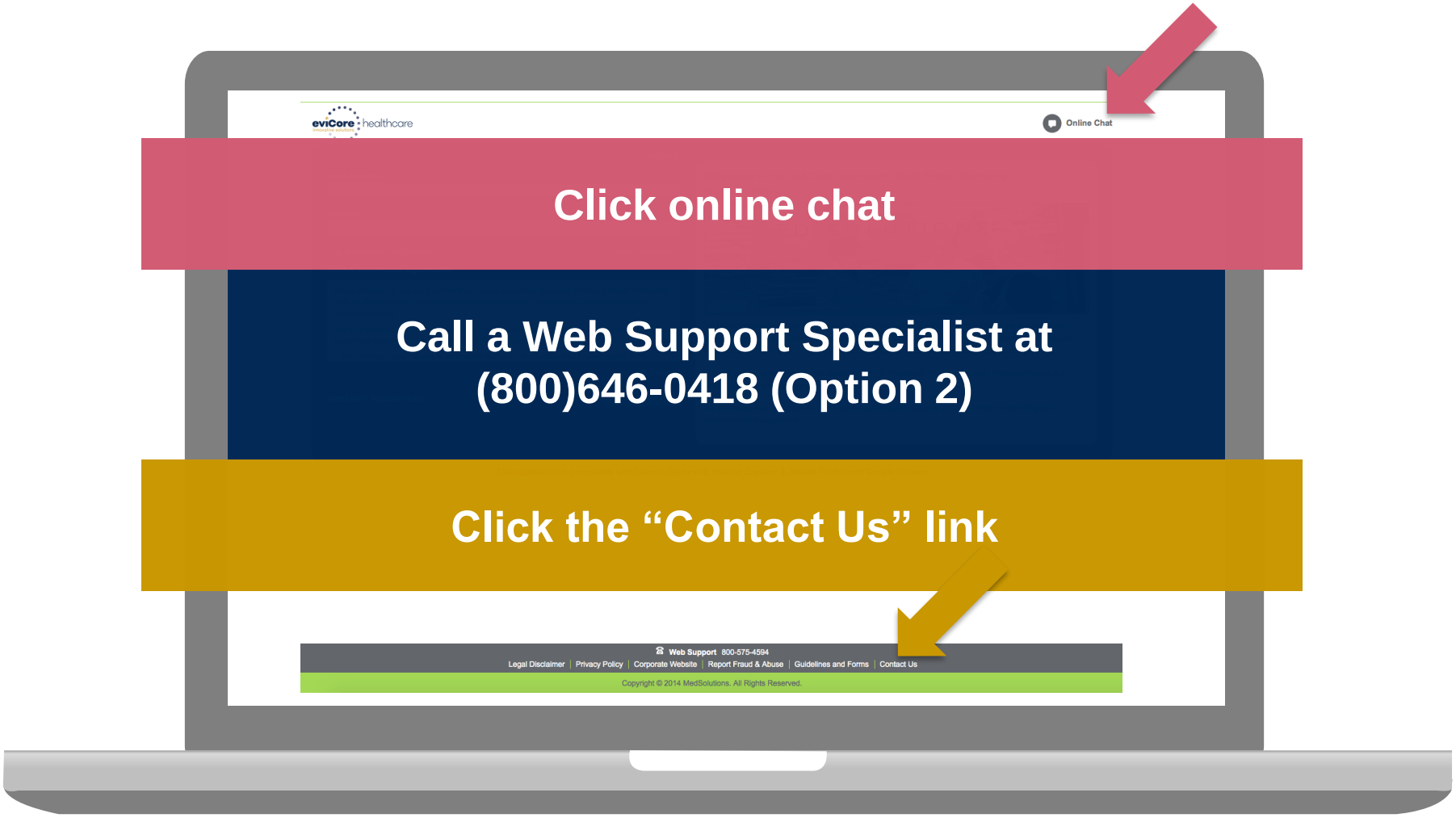
- Initiate a prior approval request
- Submit clinical for concurrent stay prior approval requests
- Access a User Specific Dashboard to:
  - View and manage all pending and recently submitted cases on the same page
  - View and print real-time letter determinations for each case
  - Export and print all authorization documents
- View multiple cases for providers registered with affiliated Tax ID numbers
- View eviCore announcements and notifications

Portal Training Support available, visit our implementation site: https://www.evicore.com/healthplan/BCBSIL to access the following:

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

Link to PAC web portal:
https://www.evicore.com/pages/providerlogin.aspx

Web Portal Services-Assistance



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

Provider resources and contact information

Provider Resources

Provider Services Department:

For provider program related questions or concerns, please email: clientservices@evicore.com

To check on a case status, please log into our web portal at https://www.evicore.com/pages/providerlogin.aspx

To reach a customer service representative, please call our authorization center: 855-252-1117 and choose option 4, Press 1 for Medicare or 2 for Medicaid:

- ✓ If you know your party's extension, press 1
- ✓ For status of an existing request, press 2
- ✓ If you are calling for a new prior authorization, press 3
- ✓ If you are calling for a Peer to Peer discussion, press 4
- ✓ For all other inquiries, press 5

For more information regarding the eviCore PAC program and reference documents, please visit our implementation site: https://www.evicore.com/healthplan/BCBSIL

eviCore healthcare Post-Acute Care
Provider resources Implementation Site

Provider Resources

Provider Services Department:

Below are provider resources available on our implementation site: https://www.evicore.com/healthplan/BCBSIL

- Webinar training schedules with details on how to register
- Pre-authorization forms
- Quick reference guide (QRG)
- Frequently asked questions (FAQ) document
- Training documents and program presentations
- Recorded demo of the orientation training session
- Recorded demo of our post-acute care web portal training session

Skilled Nursing Facility Provider Survey:

http://www.surveygizmo.com/s3/3550965/eviCorePACsurvey-BCBSIL

The implementation site includes a link to complete our Provider Survey. The Provider Survey is designed for eviCore to receive information about your facility.

Thank you!