

Durable Medical Equipment (DME) Program Presentation for Arkansas BlueCross BlueShield



Agenda

- **eviCore healthcare Company Overview**
- **Prior Approval Program Overview**
- **Required Information & Methods to Submit Requests**
- **Additional Documentation Request**
- **Denial and Appeals Process**
- **Web Portal Presentation**
- **eviCore Provider Resources**
- **Q & A Session**



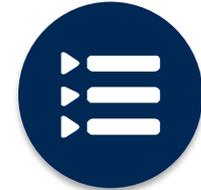
Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10 Comprehensive solutions



Evidence-based clinical guidelines



5k+ employees, including 1k+ clinicians



Advanced, innovative, and intelligent technology

Prior Approval Program Overview for Arkansas BlueCross BlueShield Members

ARBCBS Prior Authorization Services

eviCore healthcare will begin managing Prior Authorization requests for Durable Medical Equipment (DME) for dates of service January 1st 2021 and beyond.

Prior authorization applies to DME that is:

- Home Based
- Medically Necessary

Prior Authorization does **NOT** apply to services that are performed in:

- Hospital setting
- Skilled Nursing Facilities
- Surgical settings

Providers should verify member eligibility and benefits on the secured provider log in section at: www.arkansasbluecross.com/

Applicable Memberships

Prior Authorization is required for Arkansas Blue Cross and Blue Shield members who are enrolled in the following lines of business/programs. The PPO and HMO plans require prior authorization, but it does not include Private Fee-for-Service members.



Medical Necessity Criteria for DME Management

- MCG™ Care Guidelines
- Medicare Benefit Policy Manual
- National and Local Coverage Determination Guidelines
- eviCore Proprietary Clinical Guidelines

DME Covered Services

- Oxygen/Related Equipment
- Diabetic Shoes
- Decubitus Care Equipment
- Hospital Beds and Accessories
- Ventilators
- Pacemaker Monitor
- CPAP's and Supplies
- Patient Lifts
- Wheelchairs
- Prosthetics
- Orthotics
- Other

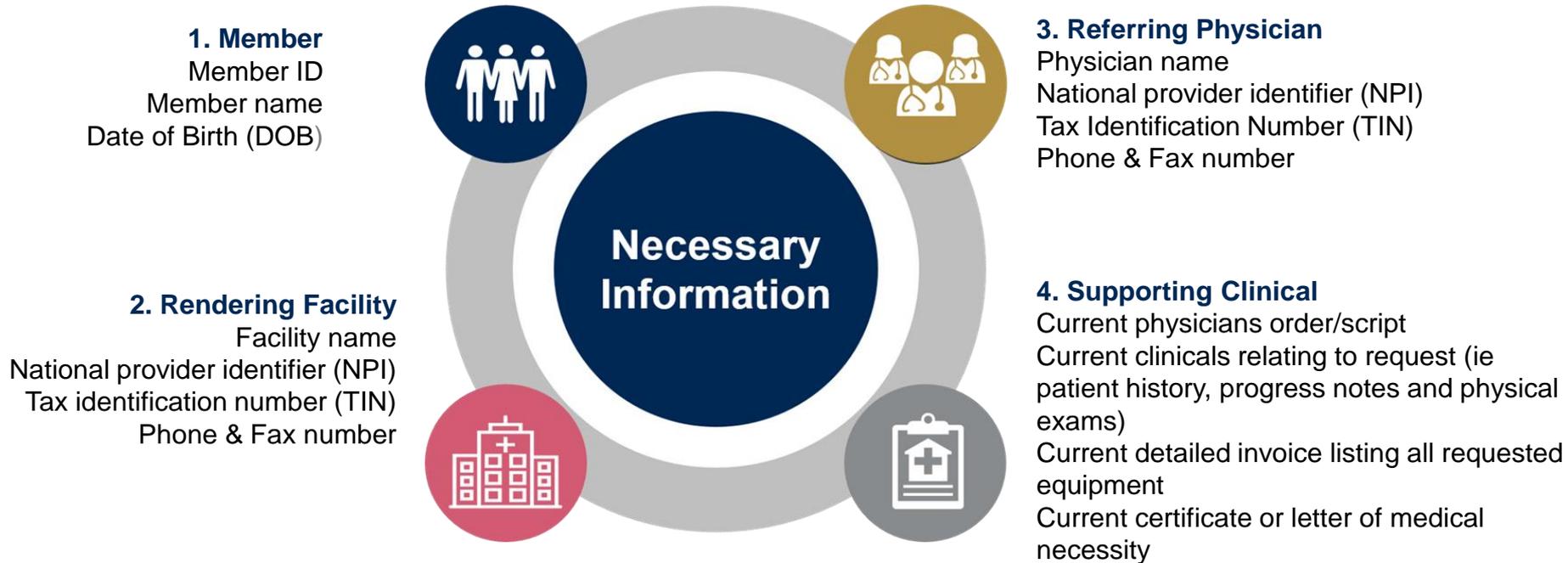
To find a complete list of DME Healthcare Procedural Codes (HCPCS) that require prior authorization through eviCore, please visit:

www.evicore.com/resources/healthplan/arkbluecross

eviCore healthcare DME Prior Approval Required Information & Methods to Submit Requests

Keys to Successful Prior Authorizations

To obtain precertification on the very first submission, the provider submitting the request will need to gather four (4) categories of information:



The eviCore Process for Additional Documentation Requests

If all **FOUR (4)** pieces of documentation that must be submitted to eviCore are not received, or are insufficient for eviCore to reach a determination, the following will occur

A Hold letter will be faxed to the DME Supplier and Ordering Physician requesting additional documentation

- The number of days the case will remain on hold will be outlined on the Hold Letter.

The Supplier must fax back the additional information

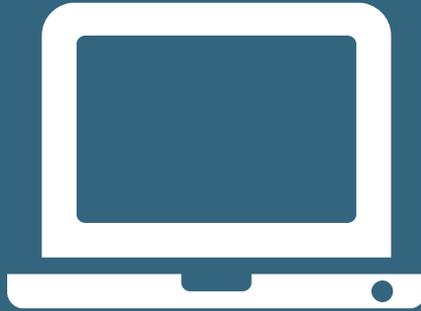
- The Medicare timeframe is much shorter and depends on the age of the case

EviCore will review the Additional Documentation and reach a determination

- Determination will be done within 2 business days for a routine request and within 72 hours for an Urgent Request



Methods for Prior Approval Requests



WEB

www.evicore.com/pages/providerlogin.aspx

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

Other methods:

Fax:
866-663-7740 with DME prior approval form

Phone:
866-220-4699 option 1, then 4 for DME
Monday-Friday:
7am – 7pm CST
Saturday:
8am – 4pm CST
Sunday
8am – 1pm CST

Important: eviCore requires a completed DME Prior Approval Form for all DME requests submitted by Fax



Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Standard requests are processed within 2 business days after receipt of all necessary clinical information
- Authorization start date will begin on the date of case creation, minus retroactive requests
- Purchases are usually valid for 180 days and daily rentals are usually valid for 90 days
- Monthly rentals are usually valid how many units/months approved
- Authorization letters will be faxed to the ordering physician & rendering provider and can be printed on demand from the eviCore portal at www.eviCore.com
- Members will receive an authorization letter by mail



Prior Authorization Outcomes - Denied Requests



Based on evidence-based guidelines, an adverse determination is made and the request is denied



A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member

Determination letters can be printed on demand from the eviCore portal at www.evicore.com

Special Circumstances

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent requests authorization determinations will be made within 72 hours.

** Due to the shortened timeframe for an urgent decision, we will not pend the case to request additional information and the case is reviewed with the information submitted initially.*



Special Circumstances cont.

Alternative Recommendation

- An alternative recommendation for DME that is more medically appropriate may be offered, based on evidence-based clinical guidelines
- The ordering physician can accept the alternative recommendation and a new approved request will be built
- The ordering provider has up to 60 calendar days to contact eviCore to accept the alternative recommendation

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone at 866-220-4699.



Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- You can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation
- Physicians, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting: www.evicore.com/provider/request-a-clinical-consultation or call eviCore at 866-220-4699

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- eviCore will not process first-level appeals
- Appeal requests must be submitted directly to the health plan

Durable Medical Equipment (DME) Web Portal Presentation for BCBS Arkansas

Web Portal Reference Guide



Account Registration

eviCore healthcare website

- Point web browser to evicore.com



- Login or Register
- To create a new account, click **Register Now**

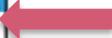
A screenshot of the login page on the eviCore healthcare website. The page has a dark green header with "PROVIDERS:" and a "Login" button with a user icon. Below the header are two input fields: "User ID" and "Password". To the right of each field is a link: "Forgot User ID?" and "Forgot Password?". Below the input fields are two checkboxes: "I agree to HIPAA Disclosure" and "Remember User ID". At the bottom is a large green "LOGIN" button with a red arrow pointing to it from the right. Below the button is the text "Don't have an account? Register Now".

Creating An Account

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*:



User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	<input type="text" value="Select"/> ▼	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

- Select **CareCore National** as the Default Portal, complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log in page.
- Once logged in, you will have the ability to initiate a case, check a case status and much more!

Add Providers To Your Account

The screenshot shows a navigation bar with the following tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resource, and Manage Your Account. The 'Manage Your Account' tab is highlighted in yellow and circled in red. Below the navigation bar, the 'Manage Your Account' section contains the following text and buttons:

Manage Your Account

Office Name: [CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

Address:

Primary Contact:
Email Address:

[ADD PROVIDER](#)

- Once logged in, you will want to add providers to your account prior to case submission. Click the **“Manage Account”** tab, then the **Add Provider** link. You should add all referring providers to your account also.
- Enter the Provider’s NPI, State, and Zip Code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click **“Add Another Practitioner”** to add another provider to your account
- You can access the **“Manage Your Account”** tab at any time to make any necessary updates or changes

Initiating A Case

Initiating A Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	-------------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Monday, January 27, 2020 9:02 AM

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME) 
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

CONTINUE

- Choose **Clinical Certification** to begin a new case request
- Select the appropriate program
 - Durable Medical Equipment (DME) should be chosen for all requests

Select Provider

Home | Certification Summary | Authorization Lookup | Eligibility Lookup | **Clinical Certification** | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account

Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH **CLEAR SEARCH**

	Provider
SELECT	

BACK **CONTINUE**

- Select the **ordering** Practitioner/Group for whom you want to build a case by entering the last name or NPI

Select The Insurance Plan

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Choose Your Insurer

Requesting Provider:

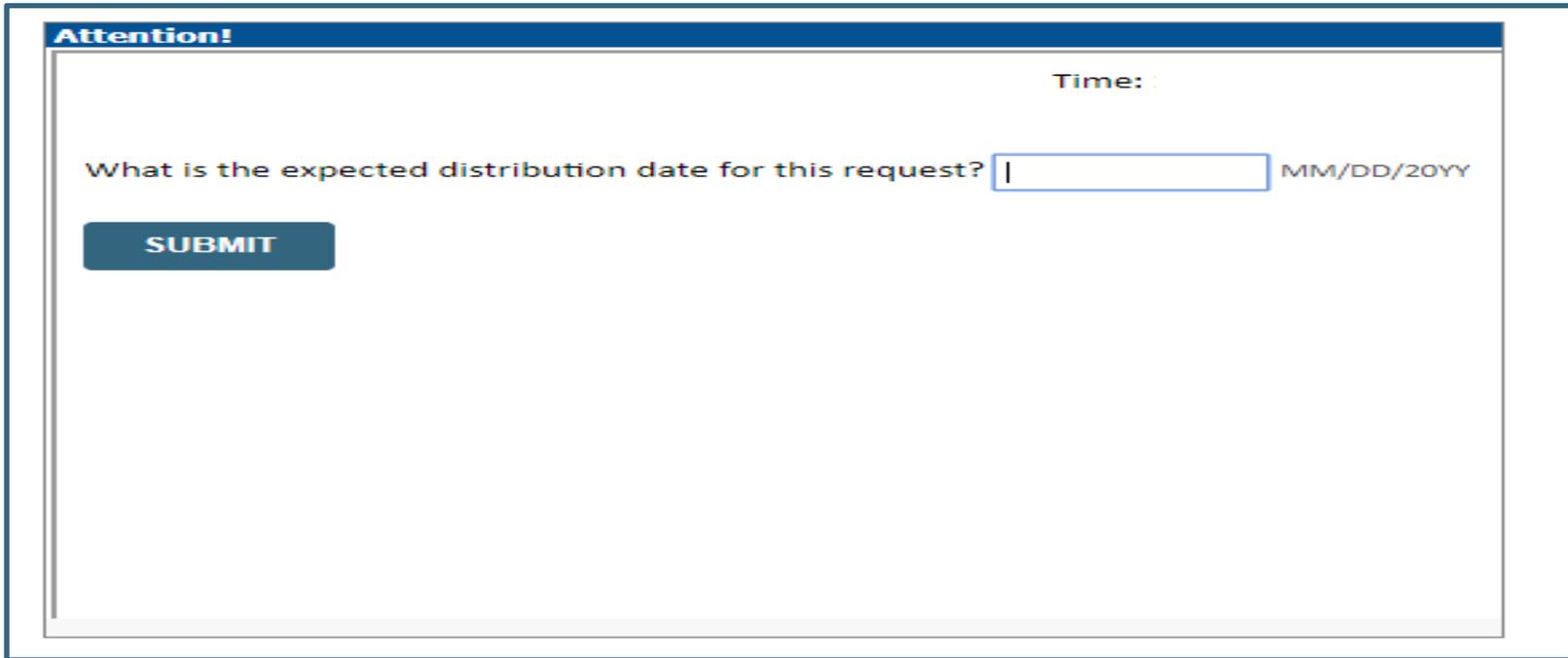
Please select the insurer for this authorization request.

Please Select a Health Plan ▼

[BACK](#) [CONTINUE](#)

- Choose the appropriate **Insurer** for the case request.
- Once the plan is chosen, please select the ordering provider's address in the next drop down box.

Procedure Information



The screenshot shows a web form with a blue header bar containing the text "Attention!". Below the header, the text "Time: ." is displayed. The main content area contains the question "What is the expected distribution date for this request?" followed by a text input field and the format "MM/DD/20YY". A blue "SUBMIT" button is located below the input field.

- Enter the expected distribution date for the request

Member Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB
SELECT				

BACK

- Enter the **patient information** including the Patient ID number, date of birth, and patient's last name. Click **"Eligibility Lookup"** and select the appropriate patient

Clinical Details

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Requested Service + Diagnosis

This procedure will be performed on

Durable Medical Equipment(DME)

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

Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

Trouble selecting diagnosis code? Please follow [these steps](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Durable Medical Equipment(DME)

- Select “DME” and **Diagnosis** code(s) and Continue to confirm

Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Add Site of Service

Specific Site Search
Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

TIN:

Zip Code:

City:

Site Name:

Exact match
 Starts with

[LOOKUP SITE](#)

[BACK](#)

- Search for the **site that is dispensing the equipment** by entering the **NPI**

Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Add Site of Service

Selected Site:

FIND NEW SITE

Site Email (optional) 

Fax [?]

Phone [?]

BACK **CONTINUE**

- Enter your Fax and Phone number
- Enter an email address to receive email notifications with status updates

Clinical Certification

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Proceed to Clinical Information

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 eviCore.

BACK **CONTINUE**

- 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 this point

Urgent vs Standard

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard **select Yes.**

Proceed to Clinical Information
Is this case Routine/Standard?



Important: In order to reduce denials, a request **should not be submitted as “urgent”**, unless it meets the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member. Urgent Requests determinations will be rendered within 72 hours and will be based **solely** on clinical information received within that timeframe.

Codes and Units

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Proceed to Clinical Information

1 Please enter the Primary HCPCS code for this DME request:

2 How many Units of this HCPCS

SUBMIT

Finish Later

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

CANCEL

- Enter the Primary code and number of units
- Then select rental or purchase
- You can click the **“Finish Later”** button to save your progress. You have **two (2) business days** to complete the case
- **Clinical Certification** questions populate based upon the information provided

Additional Code Requests

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	-------------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Proceed to Clinical Information

Would you like to enter another HCPCS code?

Yes No

SUBMIT

Finish Later

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

CANCEL

- If additional requests are needed, you may enter them here

Upload Clinical Documents or Notes

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
--	------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Proceed to Clinical Information

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

- I would like to upload a document after the survey
- 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

SUBMIT

Finish Later

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

CANCEL

- On this screen, you can either choose to upload clinical documents, enter important notes, or both

Upload Clinical Documents

The screenshot shows a web application interface on the left and a Windows file explorer window on the right. The web application has a navigation bar with 'Home', 'Certification Summary', 'Authorization Lookup', and 'Eligibility Lookup'. Below the navigation bar is a section titled 'Proceed to Clinical Information' with a sub-section 'Clinical Upload'. The 'Clinical Upload' section contains the text 'Please upload any additional clinical information that justifie' and 'Browse for file to upload (max size 5MB, allowable extension'. There are five 'Choose File' buttons, each followed by the text 'No file chosen'. At the bottom of the 'Clinical Upload' section are two buttons: 'UPLOAD' and 'SKIP UPLOAD'. The Windows file explorer window is titled 'Choose File to Upload' and shows the 'PORTAL TEST DOCUMENTS' folder. The file list contains one file named 'PORTAL TEST DOCUMENT 3'. The file name field at the bottom is empty, and the file type is set to 'All Files (*.*)'. The 'Open' and 'Cancel' buttons are visible at the bottom right of the file explorer.

- To attach documents, you will navigate to your desktop, locate the document, and choose upload
- Once complete, you can submit the case

Outcome Determination

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

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 Code: Description:
Date of Service:
CPT Code: Description:
Authorization Number:
Review Date:
Expiration Date:
Status: Your case has been Approved.

CANCEL PRINT CONTINUE

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been sent to Medical Review.

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 Code: Description:
Date of Service:
CPT Code: Description:
Case Number:
Review Date:
Expiration Date:
Status: Your case has been sent to Medical Review.

CANCEL PRINT CONTINUE

- Case will be either pended for medical review or approved
- You should save or print this screen for your records

Authorization Lookup

Home Certification Summary **Authorization Lookup** Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Manage Your Account H Cont

Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI

Required Fields

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

Optional Fields

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

Required Fields

Provider NPI:

Auth/Case Number:

- To look up the status of an Authorization, 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, patient's ID number, and patient's date of birth.

Upload Correspondence

Home | Certification Summary | **Authorization Lookup** | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account

Authorization Lookup

Authorization Number:
Case Number:
Health Plan Auth Number:
Status: Approved
Approval Date:
Service Code:
Service Description:
Site Name:
Expiration Date:
Date Last Updated:
Correspondence: **UPLOADS & FAXES**

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
CHANGE SERVICE CODE				

PRINT

- The authorization will then be accessible to review. To print authorization correspondence, select **Uploads & Faxes**.

eviCore healthcare

Provider Resources

Benefits of eviCore Provider Portal

The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- Saves time: Quicker process than phone authorization requests
- Available 24/7: You can access the portal any time and any day
- Upload additional clinical information: No need to fax in supporting clinical documentation. It can be uploaded on the portal to support a new request or when additional information is requested
- Check case status in real-time
- View and print determination information
- Dashboard: View all recently submitted cases

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

Dedicated Call Center

Prior Authorization Call Center – 866-220-4699, options 1, 4

Our call center is open Monday – Friday from 7am to 7pm CST,
Saturday 8am to 4pm CST and Sunday 8 am – 1 pm CST

Afterhours coverage is available for urgent issues, including holidays

Providers can contact our call center to perform one of the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or HCPC Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a Peer to Peer Request with an eviCore Medical Director



Note: 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:

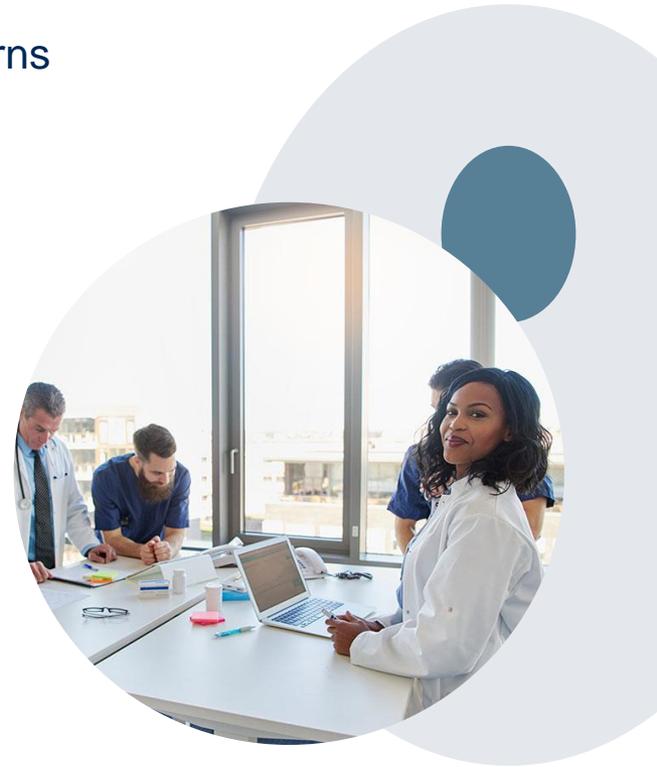
- Questions regarding Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 800-575-4517 (option 3)

For prompt service, please have all pertinent information available. When emailing, make sure to include ARBCBS in the subject line with a description of the issue and member/provider/case details when applicable.



Provider Resources

Client Specific Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff on a daily basis. Each provider resource page will include but is not limited to the following educational materials:

- Provider Orientation Presentation
- Recorded demo of the orientation training sessions
- HCPCS code list
- Quick Reference Guide (QRG)
- DME Prior Authorization Form
- Frequently asked questions (FAQ) Document
- Step by Step Web Portal Guide

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/arkbluecross>



Q & A Session

Thank You!

