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
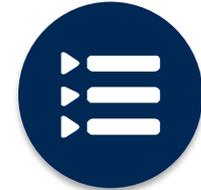- ➢eviCore Provider Resources
- ➢Q & A Session

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:	Prior Authorization does **NOT** apply to services that are performed in:
• Home Based • Medically Necessary	• 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 <u>not</u> 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

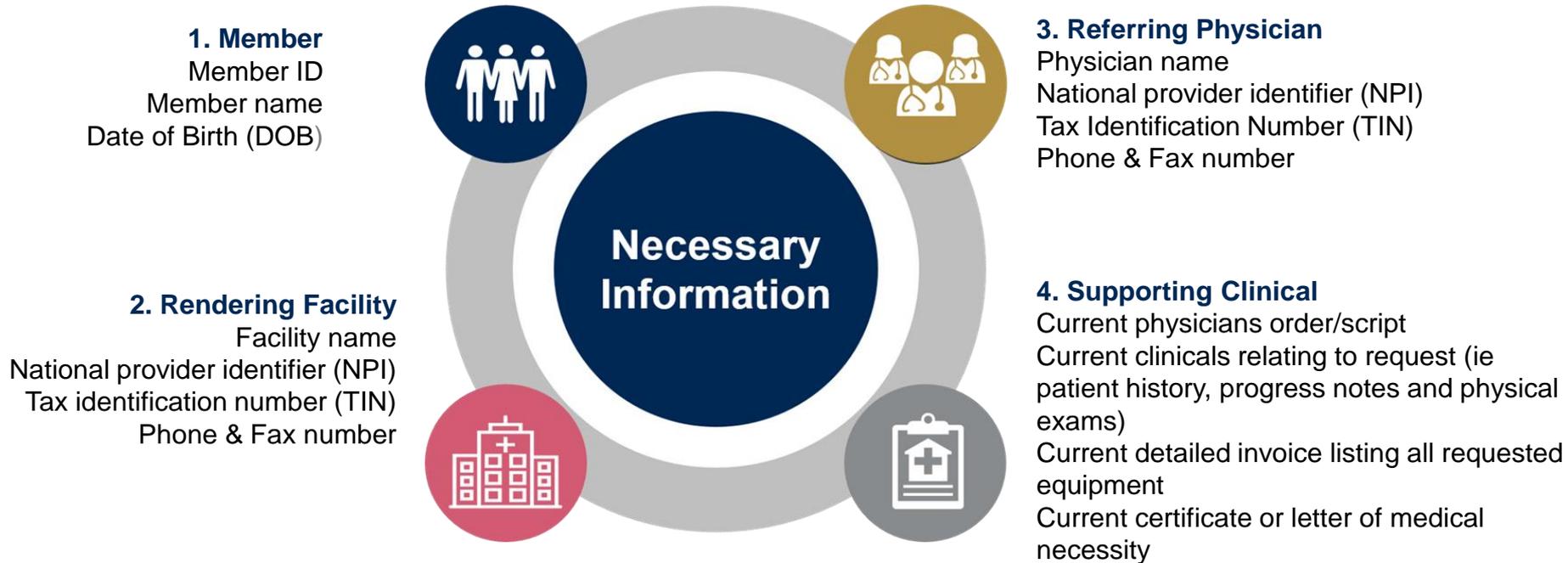- Prosthetics

- 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:

1. Member
Member ID
Member name
Date of Birth (DOB)

2. Rendering Facility
Facility name
National provider identifier (NPI)
Tax identification number (TIN)
Phone & Fax number

Necessary Information

3. Referring Physician
Physician name
National provider identifier (NPI)
Tax Identification Number (TIN)
Phone & Fax number

4. Supporting Clinical
Current physicians order/script
Current clinicals relating to request (ie patient history, progress notes and physical exams)
Current detailed invoice listing all requested equipment
Current certificate or letter of medical necessity

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 Supplier must fax back the additional information	EviCore will review the Additional Documentation and reach a determination

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

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

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

Appropriate Decision

Methods for Prior Approval Requests
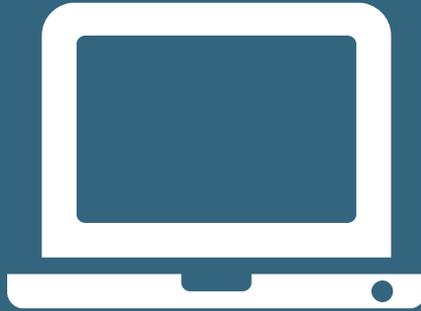
WEB

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

Adverse Determination

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**

Creating An Account

- 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

- 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

- **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

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

Select The Insurance Plan

- **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
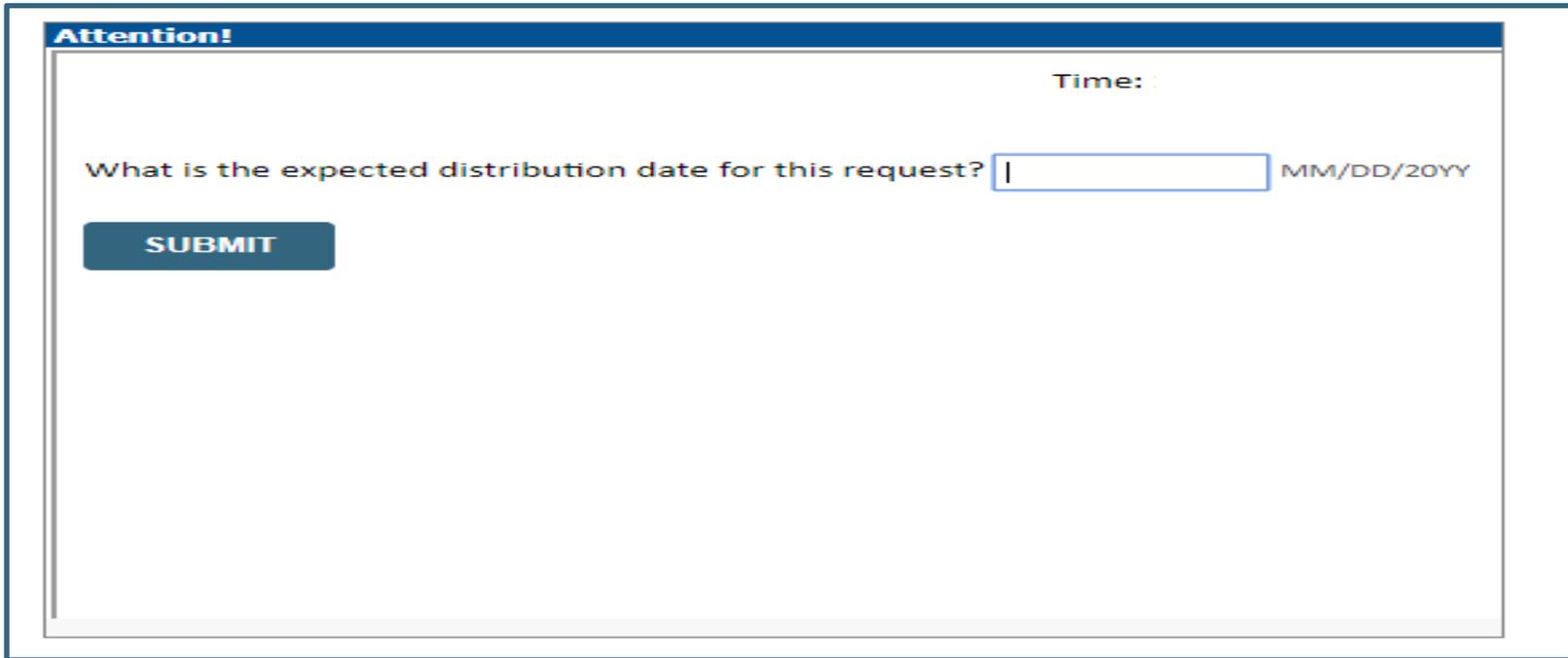
Attention!

Time:

What is the expected distribution date for this request? [   ] MM/DD/20YY

SUBMIT

- 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

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

Site Selection

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

Site Selection

- **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?

YES   NO

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

- **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

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

Upload Clinical Documents

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

Outcome Determination

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

Authorization Lookup

- 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.
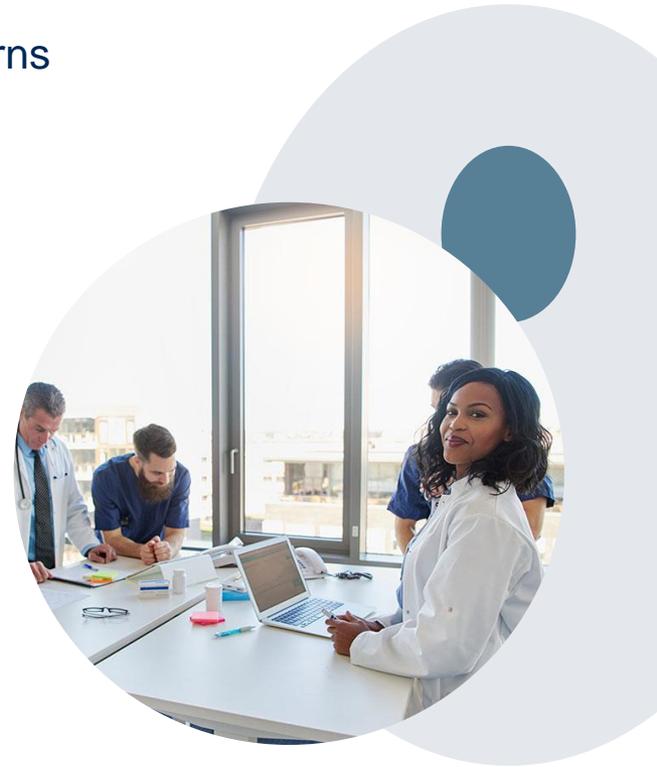
Provider Resources

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. 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!