Home Health Care Utilization Management Program for Cigna Medicare Advantage Members

Provider Orientation

Agenda

- **eviCore healthcare Company Overview**

- **Home Health Program Overview**

- **Submitting Authorization Requests**

- **Authorization Outcomes & Special Considerations**

- **Post-Decision Options**

- **Provider Resources**

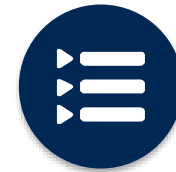- **Provider Portal Overview**

- **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

Home Health Care Program Overview

Cigna Medicare Advantaged Authorization Services

eviCore healthcare (eviCore) began accepting authorization requests for home health care (HHC) services on May 27, 2022 for Cigna members with Medicare Advantage coverage for new authorizations with dates of service of June 1, 2022 and beyond.

Exclusions: Arizona Medicare members

Authorizations for home health care will include the following services:

- Nursing

- Therapies

- Social Work

- Home Health Aides

Effective June 1, 2022:

- HHC agencies are responsible to submit authorization requests for HHC services for members discharging from the hospital and post-acute care (PAC) facilities.

- eviCore will manage new authorizations for 6/1/22 and beyond.

- Existing authorizations issued by Cigna prior to 6/1/22 will remain valid and will be honored. Concurrent reviews for patients that started with Cigna prior to 6/1/2022 should be submitted to eviCore for review.

Home Health Authorization Requirements

To find a complete list of
Home Health Care procedural codes which require authorization, please visit:
evicore.com/resources/healthplan/cigna-medicare

Providers should verify member eligibility and benefits on the secured provider log in section on the Cigna HSConnect provider portal www.hsconnectonline.com or by calling Cigna Medicare Advantage Provider Service at 800.230.6138.
Eligibility may also be verified on the eviCore provider portal www.evicore.com/ep360

Submitting Authorization Requests

Methods to Submit Authorization Requests

eviCore Provider Portal (preferred)

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

NOTE: Our preference is for you to submit your request through our portal on line. However, on June 1st your provider records may not yet be available so you would need to call in or fax your requests.

Fax:

855.826.3724

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

Telephone:

800.298.4806

Hours of operation (CST)

- 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 coverage on call

WEB

Sign in with your existing account

Email Address

Password

Forgot your password?

Password

Sign in

Don't have an account? **Sign up now**

Required Information for Home Health Requests

Authorization Details

- Site of Care demographics
- Patient demographics
- Services requested
- Home Health ordering physician demographics (including phone and fax)
- Anticipated date of discharge

Clinical Information

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

Submit the eviCore home health authorization form with clinical documentation to support medical necessity.
The authorization form can be found on the provider resource site: evicore.com/resources/healthplan/cigna-medicare

Home Health Care Authorization Overview

- Initial home health authorization requests must be made within 7 days of the first visit*

- Requests prior to the current date may be submitted on the eviCore portal, phone or fax

- eviCore will provide initial authorizations by service type in the following ways.

Initial Authorizations			
Service	**HCPCS Codes**	**Standard Bundle**	**Orthopedic Bundle** *
Skilled Nursing	G0299, G0300		6 visits in the first 30 days
Physical Therapy	G0151, G0157, G0159	3 visits each in the first 30 days	10 visits in the first 30 days
Home Health Aide	G0156		6 visits in the first 30 days
Speech Therapy	G0153		1 visit in the first 30 days
Occupational Therapy	G0152, G0158, G0160	1 visit each in the first 30 days	3 visits in the first 30 days
Social Worker	G0155		1 visit in the first 30 days

- If the above bundle of services is requested on the initial request, a real-time approval will be provided

- Additional visits needed in the first 30 days will be approved based on medical necessity

- Authorizations for continued services will be approved based on medical necessity

- Episodic providers should request authorizations according to their contract and approval will be based on medical necessity

* Orthopedic Bundle: Applies only if the patient has had recent orthopedic surgery for hip or knee replacement

Authorization Outcomes and Special Considerations

Authorization Approval

Approved Requests

- Standard requests are processed within 48 hours after receipt of all necessary clinical information

- Authorization letters will be faxed to the requesting provider and can be printed on demand from the eviCore portal at www.evicore.com/ep360

- Members will receive an authorization letter by mail

Determination Outcomes: Unable to Approve

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 one of these options is not utilized by the requesting provider within one business day, an adverse determination is made and the request is denied.

Authorization Outcomes - Adverse Determination

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 from eviCore to the provider and member.

Adverse determination status can also be viewed on demand from the eviCore portal at www.evicore.com/ep360

Clinical Consultation Request

Unable to approve

- If a request is not approved and requires further clinical discussion for approval, we offer clinical consultations with referring physicians and an eviCore Medical Director

- Clinical consultations 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

- 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.

Special Circumstances (Home Health)

- The HHA (home health agency) has 7 calendar days to perform the initial bundle of services before an authorization request is required. The request must be made within 7 days of the start of care date (first visit).

- If the request for authorization is made more than 7 calendar days from the start of care, eviCore will backdate only for 7 calendar days. Any services performed before that would need to be submitted as a claims appeal through Cigna.

- If the request for authorization is made after the services have all been completed and the patient has been discharged from home health care, the request will not be started with eviCore. The HHA will need to file a claim and do a claims appeal through Cigna.

Home Health Services Authorization Request Form

** Note: Requests for Infusion Therapy should be faxed to the healthplan for review **

Fax all requests to eviCore: 855-826-3724
To speak with an eviCore representative, call 800-298-4806

Disclaimer statements and attestation

Authorizations will be given for medically necessary services only: it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract.

- Verify eligibility and benefits prior to request. Home Health benefits verified? ☐ Yes ☐ No
- All therapy notes are within 24-48 hours of evaluation or last covered date? ☐ Yes ☐ No
- Member previously in a PAC facility? ☐ Yes ☐ No
  If YES, PAC Discharge Date: _____ If NO, Hospital Discharge Date: _____
- Has this member started receiving services for this request? ☐ Yes ☐ No
- Has this member already been discharged from this service? ☐ Yes ☐ No

Person completing form, sign and date here: _____

Documents to attach: Clinical Progress Notes (for Certification requests) Therapy Notes (including level of participation (eval & last progress note) Medication list Oasis Summary

☐ Initial Request ☐ Continuation of Services

MEMBER INFORMATION

Member ID #:	Last Name:	First Name:
Phone Number:	Date of Birth	
Street Address:	City, State, Zip Code:	

ORDERING PHYSICIAN INFORMATION

Last Name/First Name:	NPI Number:
Street Address:	City, State, Zip Code:
Phone Number:	Fax Number:
Provider Type/Specialty:	Name of Requester:

TREATING PROVIDER/VENDOR

Home Health Agency Name:	NPI Number:
Street Address:	City, State, Zip Code:

- 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 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 by phone (recommended) or fax
- Urgent requests will be reviewed within 72 hours

Post-Decision Options: Appeals Process

Appeal 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 member's ID card

- The appeal determination will be communicated by Cigna to the ordering provider and member

- 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 2,2,2,1** for home health**.**

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 authorization

- Option 4: For information on concurrent reviews

- Option 5: To schedule a clinical consultation

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 an authorization to be resent to the health plan
- Consumer engagement Inquiries
- Eligibility issues (member, 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 member, provider and case details when applicable.

Provider Resource Website

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. The provider resource pages will include, but are not limited to, the following educational materials:

- Provider Training Documents

- Frequently Asked Questions (FAQ) Documents

- Quick Reference Guides (QRG)

- Provider Training Sessions' Details

- HCPCS Authorization Code Lists

- Authorization 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 Authorization 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 Authorization requests.

- Available 24/7: You can access the portal any time, any day.

- Initial bundle requests are approved in real-time.

- 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.
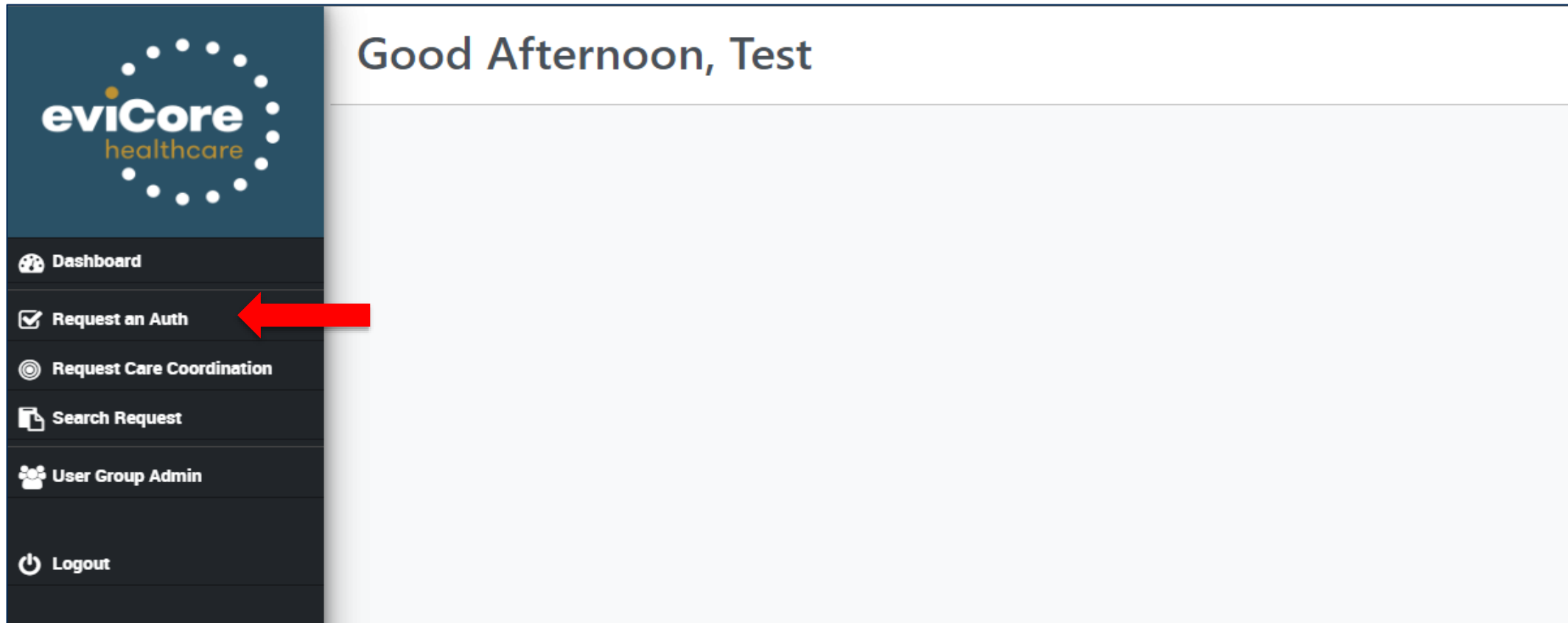
Create a Case

- From the Healthplan dropdown tab, select Cigna Medicare, and choose Home Health for service type

Enter Member Details

- Enter Start of Care Date and Diagnosis (search box – enter 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 and service type.

Enter Provider Details

- Complete all fields for the Requesting Provider, Ordering Physician and Servicing Provider

Bundle Requests

Complete Responses

- Once provider details have been entered, you will be navigated to a series of questions to collect clinical information. Click 'Continue' to proceed.

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT REQUEST 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 REQUEST button will cause the case record to expire with no additional correspondence from eviCore.

Continue ⬅

Submit Request

Responses for Initial Bundle Requests

- Choose if the patient is homebound or has had recent orthopedic surgery

Please answer the following questions before we can complete your Request:

Is the patient homebound?
○ Yes
○ No/Unknown

Has the patient recently had orthopedic surgery?
○ Yes
○ No/Unknown

Submit

Show Review...

Review History:

❷ Start HH Initial Questions

Accept Bundle

- The appropriate bundle will be offered based on the previous responses. Select 'YES' to proceed with the offered bundle of services. If "NO" is selected, the request will have a full medical necessity review.
- Important note: Episodic providers are <u>not</u> eligible for bundling and must select 'NO'. Please refer to your contract.

The following bundle of Home Health services will be approved without further clinical review. If you would like to add services later in the treatment plan, there will be an opportunity to make an additional request. You will have 30 days to complete the below bundle.

STANDARD	ORTHOPEDIC
Registered/Skilled Nurse (G0299) - 3 visits	Registered/Skilled Nurse (G0299) - 6 visits
Physical Therapy (G0151) - 3 visits	Physical Therapy (G0151) – 10 visits
Occupational Therapy (G0152) - 1 visit	Occupational Therapy (G0152) - 3 visits
Speech Therapy (G0153) - 1 visit	Speech Therapy (G0153) - 1 visit
Home Health Aide (G0156) - 3 visits	Home Health Aide (G0156) - 6 visits
Social Worker (G0155) - 1 visit	Social Worker (G0155) - 1 visit

Do you want to proceed with the presented bundle?

○ Yes, proceed with the FULL bundle of services above.

○ No, I will select the services and visits I need.

Disclaimer: I understand if I do not select the bundle, the request will move forward for a full medical necessity review.

Submit

Show Review History

Review Your Responses

- Toggle on 'Show Review History' to see a summary of your request. You can change your responses by clicking on the answer link for each question. When ready, click 'Submit Request' to proceed.

Authorization Approval with Bundle

- A real-time approval and authorization number will be provided. No further clinical review is required.
- Click 'See all codes' to view the approval details

EXXXX5-7XXX   Auth#

Status: **Approved**

Codes: G0151 | G0158 ...

See all codes ▾

Test Patient 1

(04/11/1940) 83 F

MemID: Test ID#   Cigna Healthspring | PostAcuteCare | AL

ⓘ You can now attach documents directly from this screen. Click the "Attach document" button below to upload your file.

Attach document

⚠ Action Needed: Last Authorized Date has passe...

HomeHealth

Information

ALL CODES ✕

G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	3 VISITS
G0151	HOME HEALTH SERVICES (PT)	3 VISITS
G0152	HOME HEALTH SERVICES (OT)	1 VISITS
G0153	SPEECH-LANGUAGE PATHOLOGIST SERVICE, A 15-MINUTE SESSION OF SPEECH-LANGUAGE THERAPY AT HOME OR IN HOSPICE	1 VISITS
G0156	SERVICE HOME HEALTH AIDE	3 VISITS
G0155	CLINICAL SOCIAL WORKER SERVICE, A 15-MINUTE SESSION WITH A SOCIAL WORKER AT HOME OR IN HOSPICE	1 VISITS

Ok

Request Extension

Appointment of Representative (AOR)

Name   Expiration Date

--   --

Decline Bundle or Partial Bundle

Service Code Selection

- If you choose to decline the offered bundle, you will be directed to a code selection screen. Add the number of visits/units for each service needed. Leave the response as "0" if you do not need that service.

Please answer the following questions before we can complete your Request:

Please leave the value as "0" if not requesting a particular code.

You will be prompted to enter the unit of measure for each selected code.

G0151 (Physical Therapist)

12

Unit of Measure
○ Months
○ Units
◉ Visits

G0157 (Physical Therapy Assistant)

0

Unit of Measure
○ Months
○ Units
○ Visits

Review History Screen

- Review the request summary and make edits if needed. Click 'Submit Request' to proceed.
- Important Note: If you choose to decline a HH bundle, and submit for services that are **less** than the bundle, you will still receive a real-time approval without the need for medical necessity review

❓ Speech Therapy:
❓ G0153 (Speech Therapy)   0
❓ Unit of Measure
❓ Home Health Aide:

Click link to edit responses

❓ G0156 (Home Health Aide)   0
❓ Unit of Measure
❓ Social Worker:
❓ G0155 (Social Worker)   0
❓ Unit of Measure
❓ HH Final Outputs
❓ HH Basket Build
❓ This request will be sent to clinical review.

Registered/Skilled Nurse (G0299) - 8 Visits
Physical Therapy (G0151) - 12 Visits

Submit Request

Request Pending Review

- For requests greater than the bundle, the request will go into pending status for further clinical review
- You should attach clinical documents from this screen by clicking on 'Submit Clinical info now' as shown

Attach Clinical

- You will see a pop up window to upload clinical documents. Select "Add Files".
- Navigate to your system to locate the documents and attach to the case
- All information will now be transmitted to eviCore to begin the Authorization review process
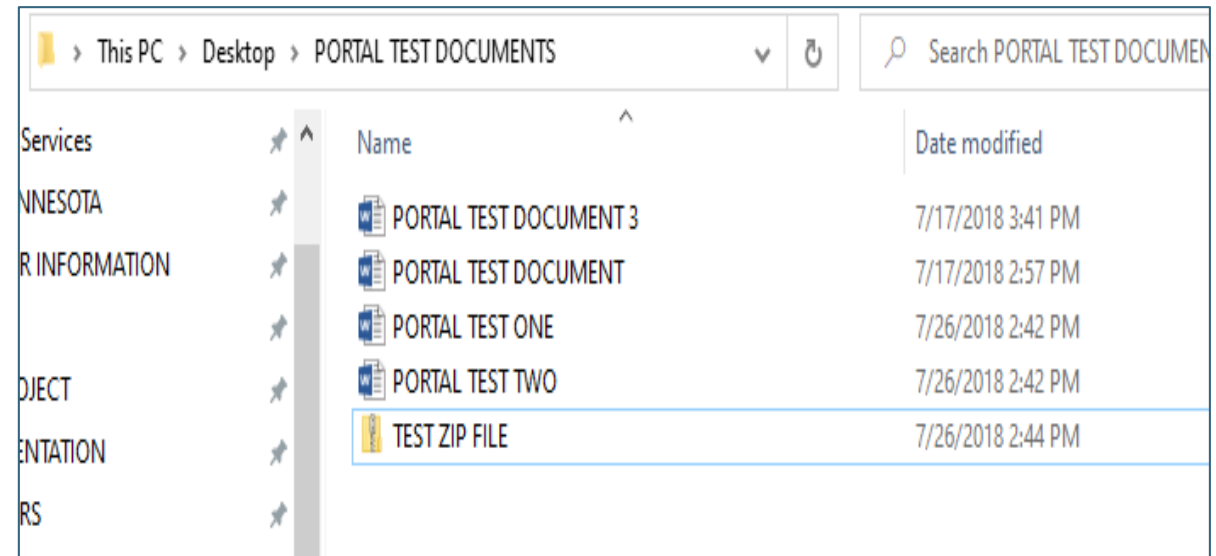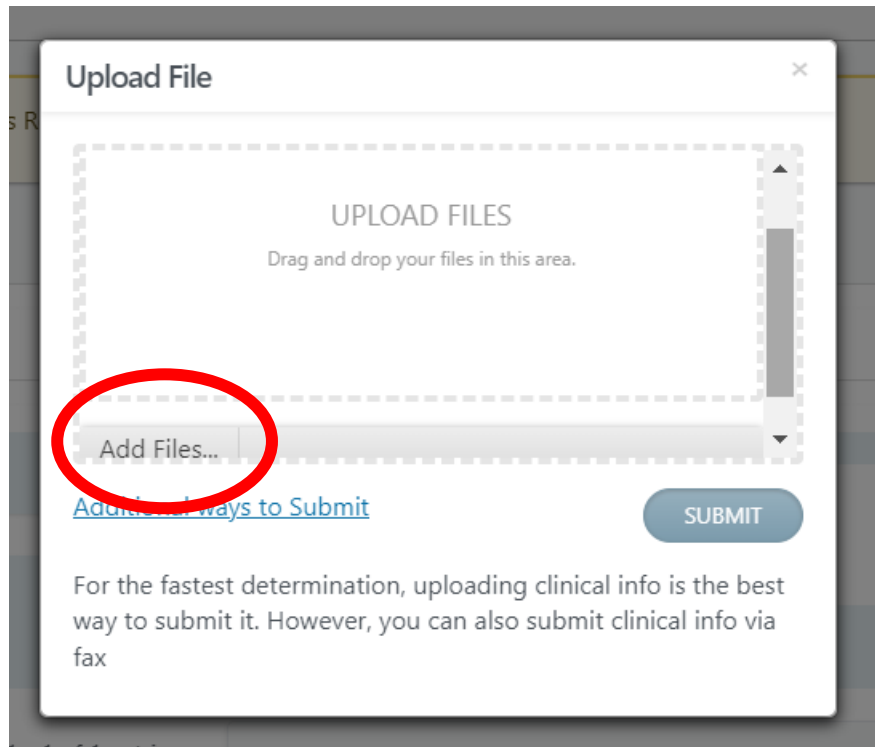
Concurrent Review Process

- To initiate a concurrent review, providers should select Search Cases from the portal dashboard. Providers may search by the member ID # , request ID, or the member'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
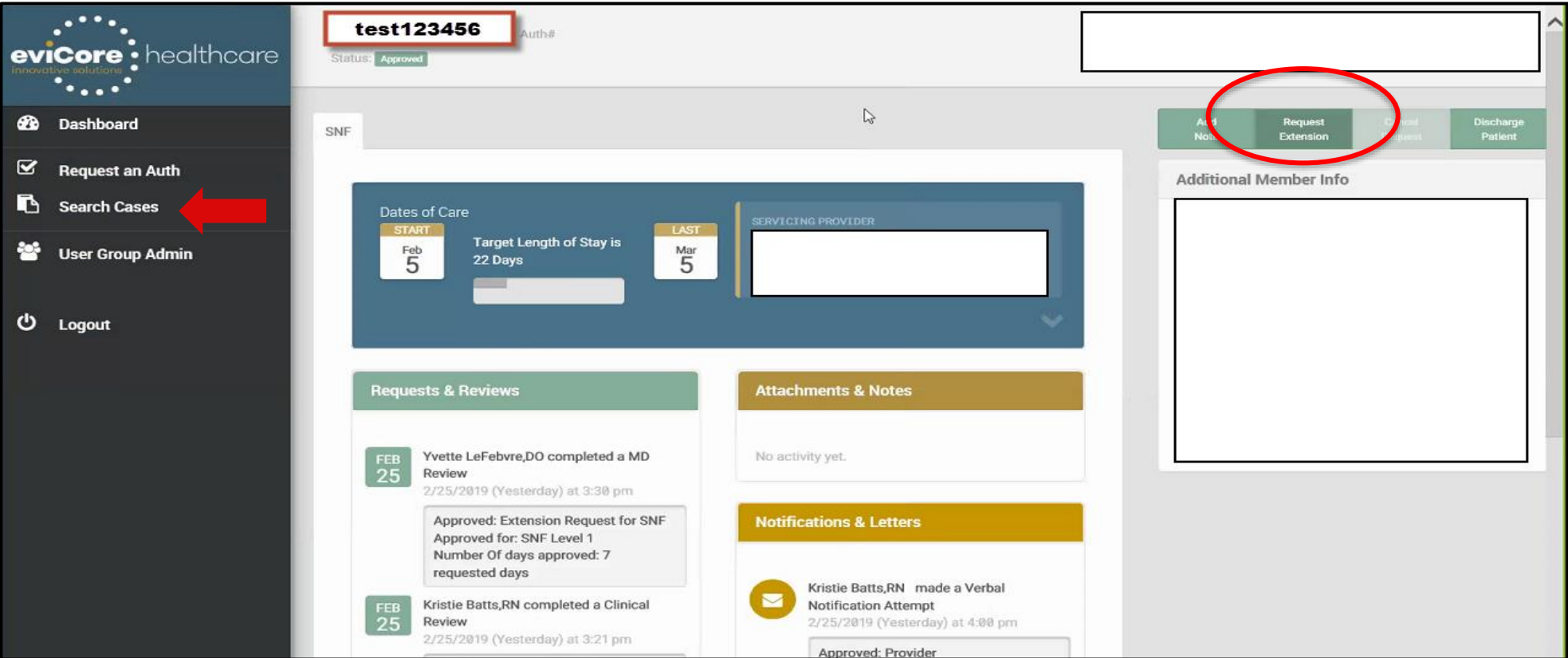
eviCore Portal Registration

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.
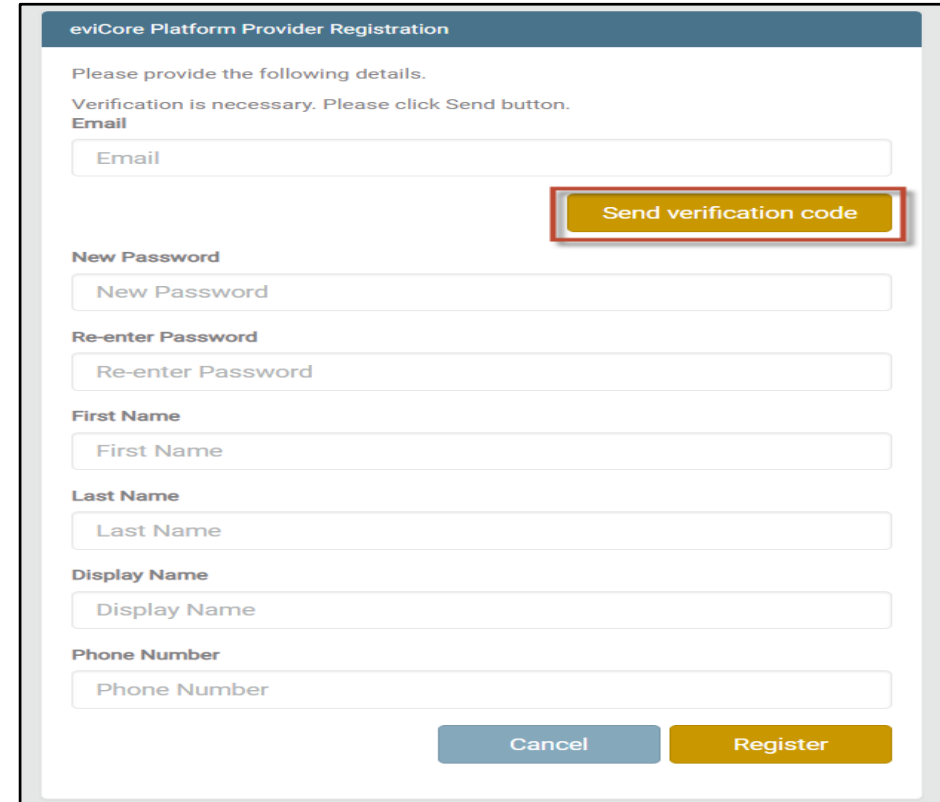
Administrator Registration

- 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.

eviCore Platform Provider Registration

Please provide the following details.
Verification is necessary. Please click Send button.

Email

Email

Send verification code

New Password

New Password

Re-enter Password

Re-enter Password

First Name

First Name

Last Name

Last Name

Display Name

Display Name

Phone Number

Phone Number

Cancel   Register

Create a Group

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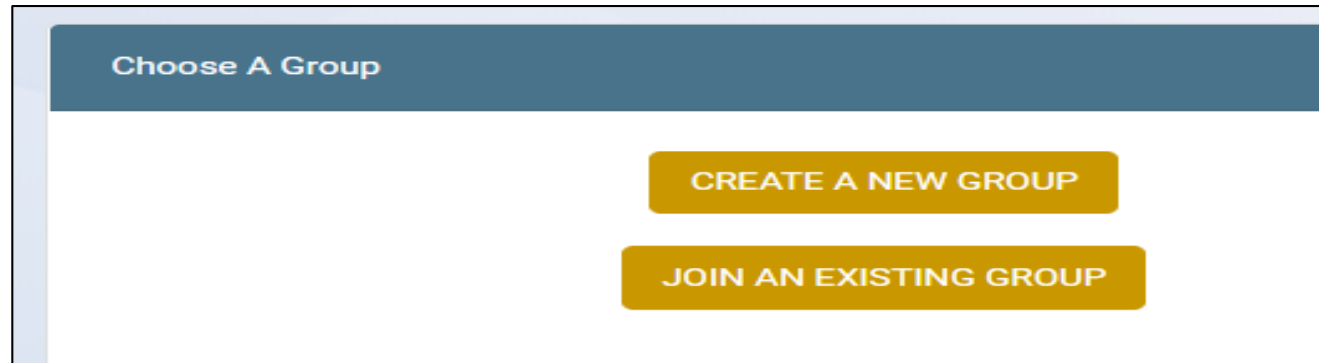
Group Details

- 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

test group

◉ Ordering Provider   ◯ Rendering Provider

Address 1

123 Main Street

Address 2

City	State	Zip
Test	TN ▾	99999

Phone	Fax
5555555555	5555555556

Back   Create

Administrator Registration Details

Once a user has successfully created a group, you should:

1. Add Providers - Add both TIN and NPI numbers for all providers associated with the group.
2. Invite other users to your group. (see next slide for added details)
3. Make note of the Provider Group Join Code and provide to all invited users for that group.
4. Once complete, click on "Go to website" to access the eviCore portal.

Managing Account Users

1. Click on "Invite" in the Users section

1

Users   Invite

Name	Status	Action
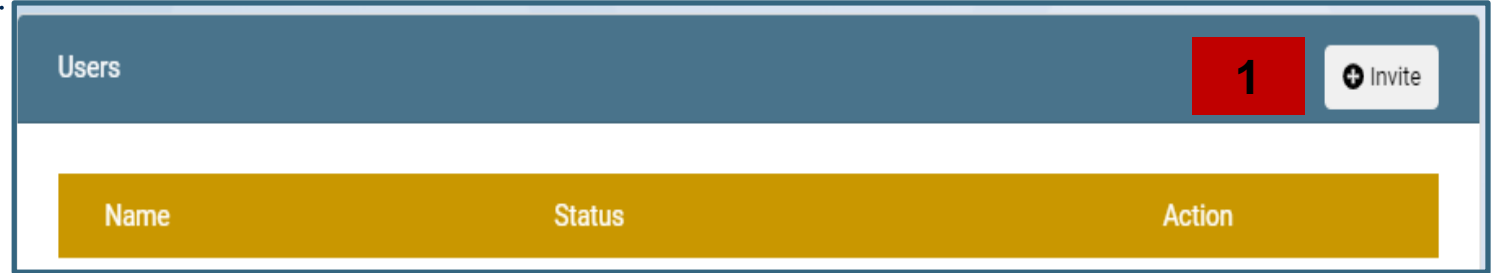
2. Enter the User's Name and Email
   1) There is an option to assign that user as an additional administrator
   2) Recommendation is to have at least one other administrator

Add User   **2**

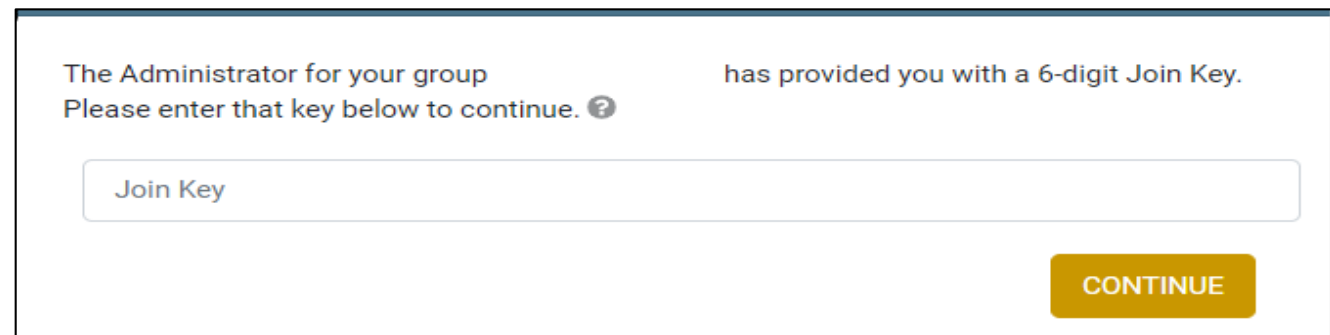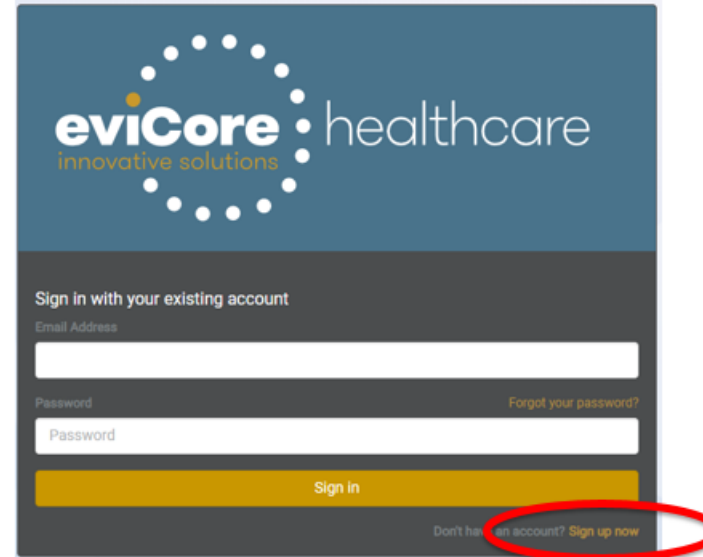| First Name:	Last Name:	Make Admin:	Email:
Test	User	● Yes ○ No	testuser@test.com

Validate & Save

3) In the Users section:
   1) The "star" in the status section indicates the user is an administrator
   2) Use the Delete icon in the Action section if users need to be deleted

Users   Invite

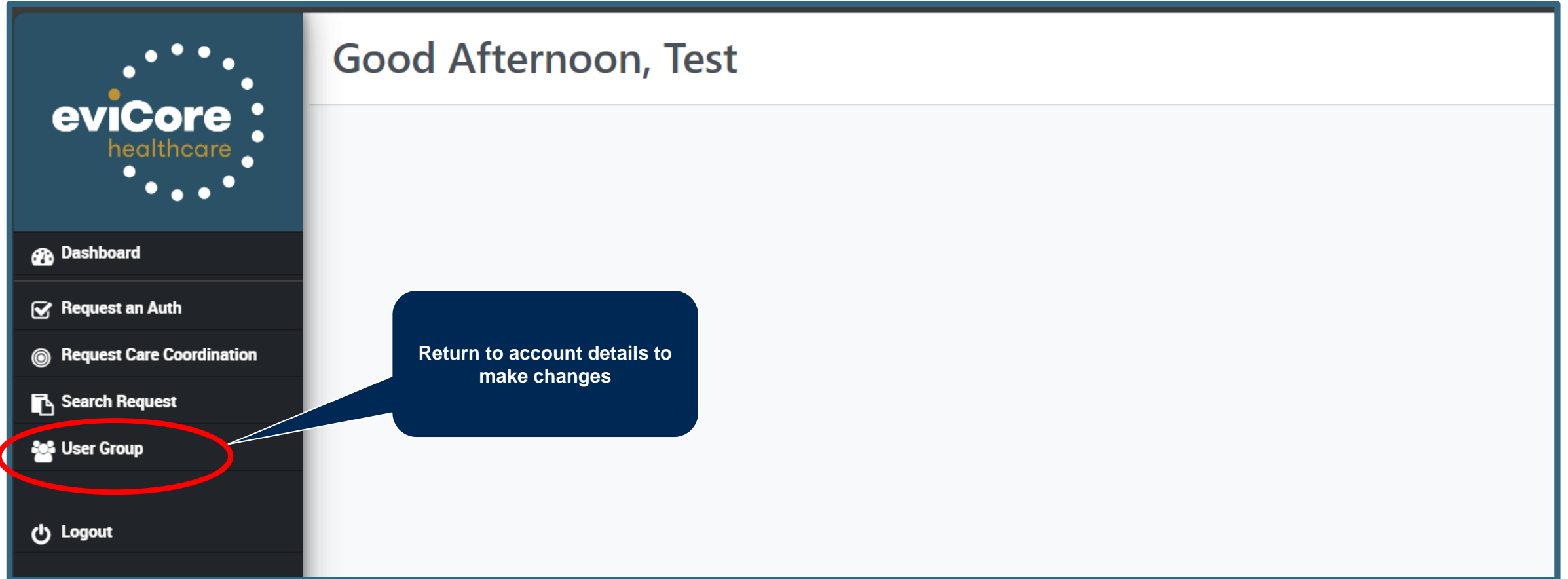| Name	Status	Action
Admin User	★	🗑
Provider Office	★	🗑 **3**

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.

Account Changes From Dashboard

- Administrators and Users can return to account details by selecting the User Group link on the menu bar

Good Afternoon, Test

Dashboard

Request an Auth

Request Care Coordination

Search Request

User Group

Logout

Return to account details to make changes

Thank You!