Sleep Management

**Jefferson Health Plans
Platform Migration**

January 2024

Agenda

What is Changing: Sleep Management

CareCore National Portal Overview

CareCore National Portal Features

Remember our Provider Resources
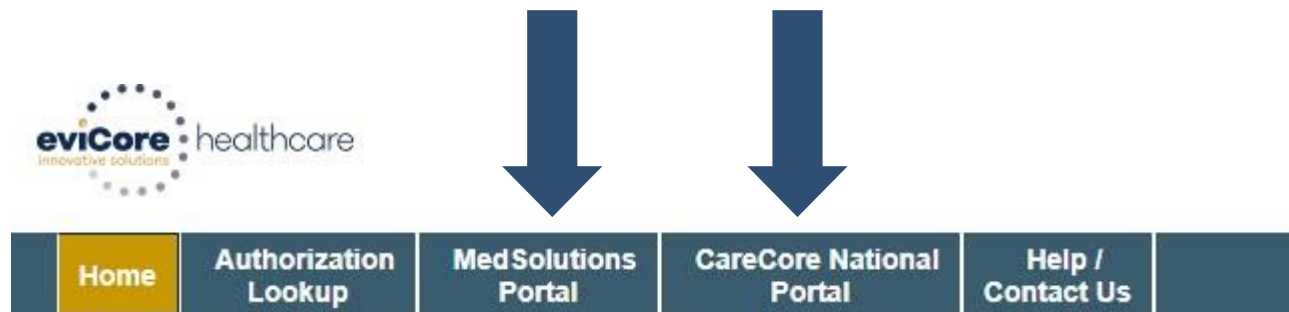
Questions

What is Changing:
Platform Migration

Platform Migration – Effective January 1, 2024

- eviCore currently accepts radiology prior authorization requests for Jefferson Health Plan members through the MedSolutions portal. Beginning January 1, 2024, these requests should be entered through the CareCore National portal at eviCore.com.

- If a provider has an existing login, the same credentials are used for both portals and a new account does not need to be created.

- Any authorizations requested prior to 1/1/2024 can still be viewed on the MedSolutions portal, but as of 1/1/2024 all new requests must be created on the CareCore National portal, as shown below.

| Home | Authorization Lookup | MedSolutions Portal | CareCore National Portal | Help / Contact Us | |

Welcome Screen | MedSolutions

If your login takes you to the MedSolutions Portal, you can click the CareCore National Portal button (as seen above) to seamlessly toggle back and forth between the two portals.

As you can see from the Announcements on this screen, many health plan programs are migrating from the MedSolutions Portal to the CareCore National portal.

CareCore National
Portal Overview

Welcome Screen | CareCore National

- **You can access the MedSolutions Portal at any time.**
- **Click the MedSolutions Portal on the banner to seamlessly toggle back and forth between the two portals.**
- **Any authorizations requested prior to 1/1/2024 can still be viewed on the MedSolutions portal.**

eviCore Provider Portal | Add Providers

On the CareCore National Portal, practioners/groups will need to be added to your account prior to case submission. To add practioners/groups:

- Click the **Manage Your Account** tab to add provider information.

- Select **Add Provider**.

- Enter the 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 Provider** to add another practitioner/group to your account.

- You can access the **Manage Your Account** at any time to make any necessary updates or changes.
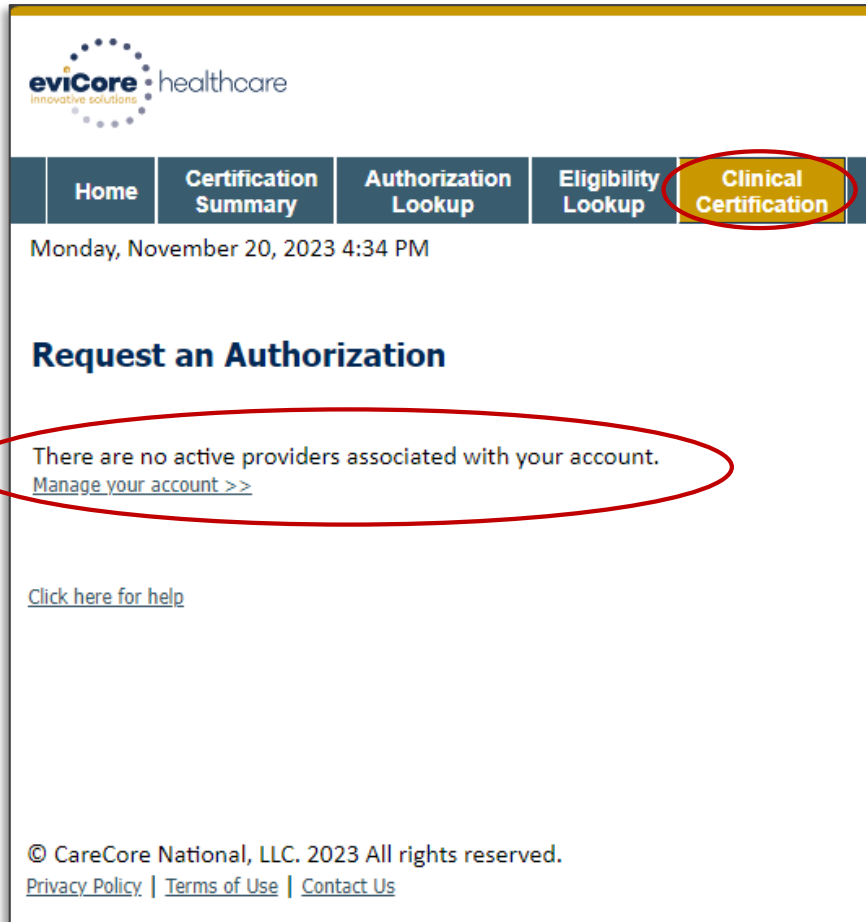
Clinical Certification Request | Initiating a Case

- Click **Clinical Certification** to begin a new request.

- If you did **not** add providers to your account, then you will get a message indicating **There are no active providers associated with your account**. Then, click **Manage Your Account**.

- Select the **Program** for your certification.

Clinical Certification Request | Search for and 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	12312312 - Provider Name

BACK   CONTINUE

Click here for help

Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.

Clinical Certification Request | Select Health 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 **Health Plan** for the request.
- Another drop down will appear to select the appropriate address for the **provider/group**.
- Click **CONTINUE**.

Clinical Certification Request | Enter Contact Information

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

Add Your Contact Info

Provider's Name:* [2]
Who to Contact:* [2]
Fax:* [2]
Phone:* [2]
Ext.: [2]
Cell Phone:
Email:

☑ Receive notification of case status changes

BACK   CONTINUE

Click here for help

- Enter/edit the **provider's name** and appropriate information for the point of contact/who to contact individual.

- Practitioner name, fax, and phone will pre-populate; edit as necessary.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

Clinical Certification Request | Enter 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:* [?]

ELIGIBILITY LOOKUP

BACK

Click here for help

- Enter **member information**, including patient ID number, date of birth, and last name.

- Click **ELIGIBILITY LOOKUP**.

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT						

BACK

Confirm your patient's information and click **SELECT** to continue

Clinical Certification Request
Enter Requested Procedure and Diagnosis

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 8/13/2023. [CHANGE]

Sleep Management Procedures

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

[95810 ▾] [POLYSOM >6 YRS >=4 ADD PARAM ▾]

Don't see your procedure code or type of service? Click here

Diagnosis

Primary Diagnosis Code: **R06.83**
Description: **Snoring**
Change Primary Diagnosis

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Sleep Management

[   ] [LOOKUP]

[BACK] [CONTINUE]

Click here for help

- Select appropriate **CPT** and **Diagnosis codes**.

Clinical Certification Request | Verify Service Selection

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

Confirm your service selection.

Treatment Start:	8/13/2023
CPT Code:	95810
Description:	POLYSOM >6 YRS >=4 ADD PARAM
Primary Diagnosis Code:	R06.83
Primary Diagnosis:	Snoring
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK   **CONTINUE**

Click here for help

- Verify requested service & diagnosis.
- Edit any information if needed by selecting **Change Procedure** or **Primary Diagnosis**.
- Click **CONTINUE** to confirm your selection.

Clinical Certification Request | 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

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: [   ]   Zip Code: [   ]   Site Name: [   ]

TIN: [   ]   City: [   ]   ○ Exact match
                                                        ● Starts with

LOOKUP SITE

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **or** zip code).

- **Select** the specific site where the procedure will be performed.

Clinical Certification Request | 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 that all information is entered and correct.

- **You will not have the opportunity to make changes after this point.**

Clinical Certification Request | Standard or Urgent Request?

- If the case is **standard,** select **Yes**.

- If your request is **urgent,** select **No**.

- When a request is submitted as urgent, you will be **required** to upload relevant clinical information.

- Upload up to **FIVE** documents. *(.doc, .docx, or .pdf format; max 5MB size)*

- Your case will only be considered urgent if there is a successful upload.

Clinical Certification Request | Request for Clinical Upload

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

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File	Test clinical.docx
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen

UPLOAD   **SKIP UPLOAD**

If **additional information** is required, you will have the option to upload more clinical information for review.

Tips:

• Providing clinical information via the web is the fastest and most efficient method.

• Enter additional notes in the space provided only when necessary.

• Additional information uploaded to the case will be sent for clinical review.

• Print a summary of the request that includes the case ID and indicates "Your case has been sent to clinical review."

Clinical Information – Example of Questions

Proceed to Clinical Information

ⓘ Please select the reason for the this sleep study.

Initial Study for Suspected Obstructive Sleep Apnea (OSA)
Repeat Diagnostic Study
Second Night Titration
Repeat Titration (re-assessment after PAP treatment)
Hypoglossal Nerve Stimulator Implantation (Pre or Post Implant)
Narcolepsy and Hypersomnia
Parasomnias
Other/ None of the Above

request to finish later.

CANCEL

Click here for help

If you have continued as a standard request, select a reason for the study from the drop down list.

Clinical Information – Example of Questions

- **Clinical Certification** questions may populate based upon the information provided.
- You can save your request and finish later if needed. You will have **until the end of the day** to complete the case.
- When logged in, you can resume a saved request by going to **Certification Requests in Progress**.

Clinical Information – Example of Questions

Proceed to Clinical Information

ⓘ Enter the type of survey completed.

[dropdown]

SUBMIT

☐ Finish Later

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

CANCEL

Click here for help

Proceed to Clinical Information

ⓘ Does the individual have ANY of the following noted as moderate to severe?
○ COPD (Chronic Obstructive Pulmonary Disease)
○ Asthma
○ Other
○ Unknown

ⓘ Does the individual use oxygen at night?
○ Yes ○ No ○ Unknown

ⓘ Has the individual had pulmonary function testing (PFT's) performed?
○ Yes ○ No ○ Unknown

SUBMIT

☐ Finish Later

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

CANCEL

Click here for help

Proceed to Clinical Information

ⓘ Has the individual had arterial blood gasses (ABG's) drawn?
○ Yes ○ No ○ Unknown

SUBMIT

☐ Finish Later

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

CANCEL

Click here for help

Examples of other questions you might receive during the pathway.

Additional Information / Upload Clinical

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

Click here for help

Proceed to Clinical Information

─Clinical Upload─
Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File | No file chosen
Choose File | No file chosen
Choose File | No file chosen
Choose File | No file chosen
Choose File | No file chosen

UPLOAD   **SKIP UPLOAD**

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You will have the opportunity to provide any additional information and upload applicable clinical information.

Case Submission / Outcome Determination

Check the attestation and submit case. You will be told if it is approved or needs further review at eviCore. Then, you will be redirected to the applicable case summary page, which is printable.

CareCore National
Portal Features

Provider Portal | Feature Access

User worklist

Most popular portal feature

Check if member requires an auth

Pick up where you left off

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY
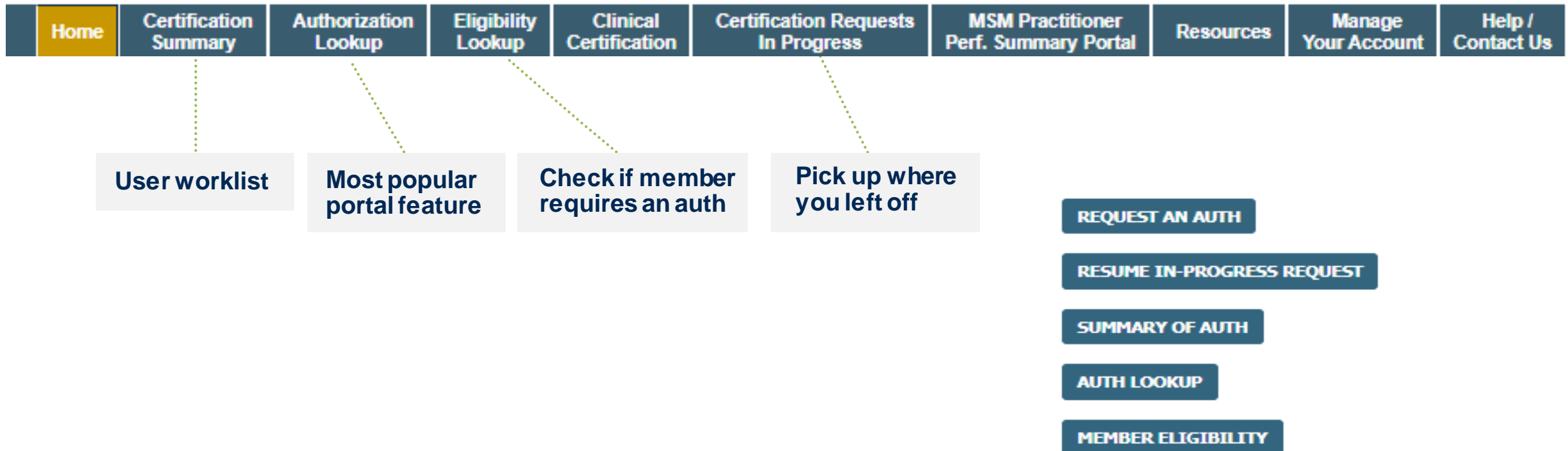
Certification Summary | User Worklist

- **Certification Summary** tab allows you to track recently submitted cases.
- The worklist can also be filtered.

Authorization Lookup | Popular Tool

- You can lookup an authorization case status on the portal.
- Search by member information **OR**
- Search by authorization number with ordering NPI.
- Initiate Appeals and/or Schedule Peer-to-Peers.
- View and print any correspondence.

Provider Resources

Contact eviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: **ClientServices@eviCore.com**
- Phone: **(800) 646-0418** (option 4).

Web-Based Services and Portal Support

- Live chat
- Email: **Portal.Support@eviCore.com**
- Phone: **800-646-0418** (option 2)

Provider Engagement

Regional team that works directly with the provider community.

Michael Morgan, RN, BSN

- Email: **Michael.Morgan@eviCore.com**
- Phone: **615-468-4000, ext 27165**

Call Center/Intake Center

Call **888-444-6178**, representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resources on eviCore.com

eviCore maintains provider resource pages that contain health-plan-specific and solution-specific educational material to assist providers and their staff on a daily basis.

This page will include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code list

To access these helpful resources, visit:
https://www.evicore.com/resources/healthplan/Jefferson-Health-Plans

You may also visit the Jefferson Health Plans' provider page at:
Prior Authorization | Health Partners Plans

eviCore also maintains online resources <u>not</u> specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit eviCore's Provider Hub.

Ongoing Provider Portal Training

The eviCore Portal Team offers general portal training, twice a week, every week.

All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

How To Register:

1. Go to **http://eviCore.webex.com/**

2. Click on the "hamburger" menu on the far left hand side (below the eviCore logo), then choose **"Webex Training."**

3. On the **Live Sessions** screen, click the **"Upcoming"** tab. In the search box above the tabs, type: **eviCore Portal Training.**

4. Choose the date and time for the session you would like to attend, and click the **"Register"** link beside it. (You will need to register separately for each session.)

5. Complete the required information and click the **"Register"** button.

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. **Please keep the registration e-mail so you will have the Web conference information for the session in which you will be participating.**

Provider Resource Review Forum

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Provider Resource Review Forum** to learn how to navigate **eviCore.com** and understand all the resources available on the Provider's Hub.

Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to eviCore Provider Orientation Session Registrations > Upcoming

eviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter!

To subscribe:

- Visit eviCore.com.
- Scroll down to the section titled Stay Updated With Our Provider Newsletter.
- Enter a valid email address.

Thank You