

# Sleep Management

## Jefferson Health Plans Platform Migration

January 2024



# Agenda

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**What is Changing: Sleep Management**

**CareCore National Portal Overview**

**CareCore National Portal Features**

**Remember our Provider Resources**

**Questions**

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# What is Changing: Platform Migration

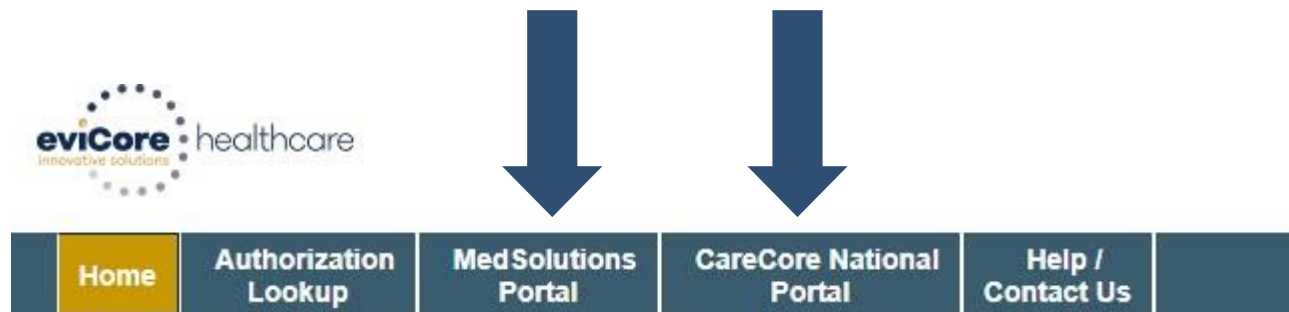
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# Platform Migration – Effective January 1, 2024



- 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.



# Welcome Screen | MedSolutions

The screenshot shows the MedSolutions Welcome Screen. At the top left is the eviCore healthcare logo. On the right, there are icons for MCNET, Online Chat, settings, and Logout. The navigation bar contains buttons for Announcements, Home, Search/Start Case, Claim Search, Payment Status, **CareCore National Portal** (circled in red with an arrow), and Post Acute Care. Below the navigation bar is an Announcements section with a message titled 'Migration to CareCore Portal and New Pain Program - Posted on: 23 Feb 2023'. The message states: 'Effective March 1, 2023 all Radiology and Cardiology requests for [redacted] members must be initiated through eviCore on the CareCore National portal. After logging into your eviCore web account, if you are in the MedSolutions portal, you can select the CareCore National portal at the top of your screen and then initiate your request. Users can continue to use the MedSolutions portal through February 28, 2023. As of March 1, 2023 users will still have access to view case history on the MedSolutions portal, but all new [redacted] Radiology and Cardiology cases plus retrospective requests will need to be initiated via the CareCore National Portal. Additionally, eviCore will begin reviewing Pain Management requests for BCBS-KC members for dates of service March 1, 2023 and beyond. All [redacted] Pain Management requests must be initiated through the CareCore National portal. eviCore will start accepting Pain Management requests for [redacted] members through the CareCore National portal on February 24, 2023 for dates of service March 1, 2023 or later.'

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.

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# CareCore National Portal Overview

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# Welcome Screen | CareCore National

eviCore healthcare

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

Monday, November 20, 2023 4:07 PM

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

Welcome to the CareCore National Web Portal. You are logged in as

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

Add Providers

Toggle Between Portals

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- 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, practitioners/groups will need to be added to your account prior to case submission. To add practitioners/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.

**Manage Your Account**

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

Address:

Primary Contact:   
Email Address:

**ADD PROVIDER**

Click Column Headings to Sort

No providers on file

[CANCEL](#)

**Add Practitioner**

Enter Practitioner information and find matches.  
\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

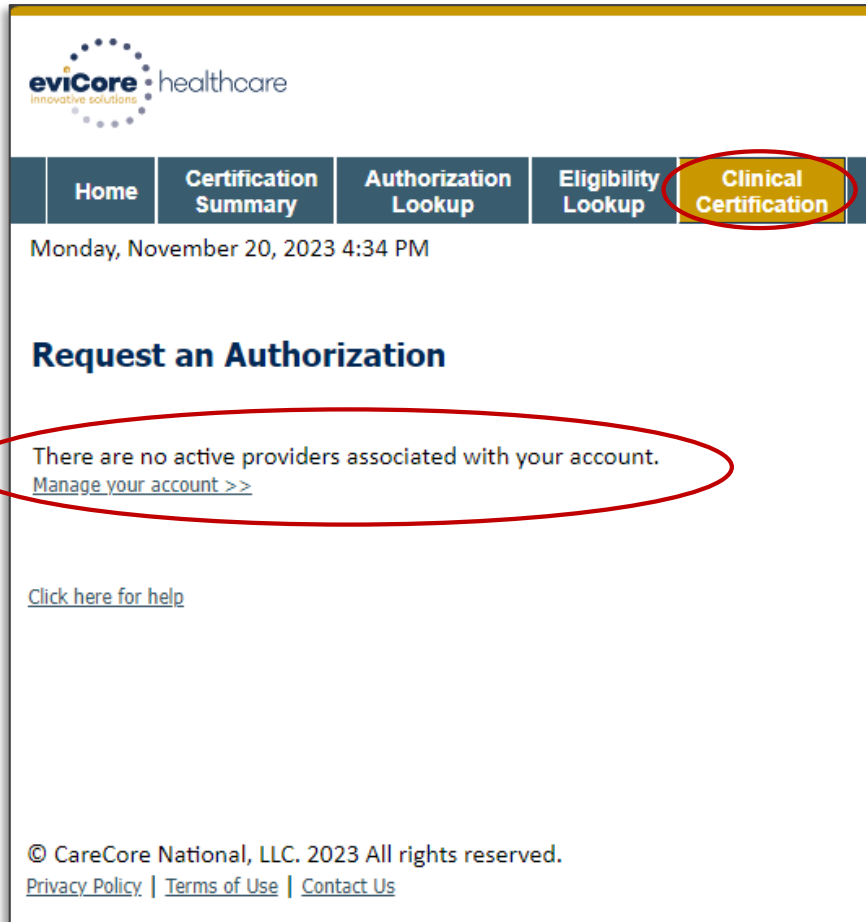
Practitioner State

Practitioner Zip

[FIND MATCHES](#) [CANCEL](#)



# Clinical Certification Request | Initiating a Case



eviCore healthcare  
Innovative solutions

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification**

Monday, November 20, 2023 4:34 PM

### Request an Authorization

There are no active providers associated with your account.  
[Manage your account >>](#)

[Click here for help](#)

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- 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**.

## Request an Authorization

To begin, please select a program below:

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

**CONTINUE**

[Click here for help](#)

- 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:

	Provider
<input type="button" value="SELECT"/>	12312312 - Provider Name

[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
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## Choose Your Insurer

Requesting Provider: [REDACTED]

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:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

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
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## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

### Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	00000000000000000000000000000000		WATKINS, JONATHAN	8/28/1982	M	100 WATKINS RD SPRINGVILLE, FL 32086

BACK

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

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

# Clinical Certification Request

## Enter Requested Procedure and Diagnosis

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

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

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

**Urgency Indicator**

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.  
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

**Clinical Upload**

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.  
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

**Proceed to Clinical Information**

Is this case Routine/Standard?

YES NO

- 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
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## 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

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

**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

**Proceed to Clinical Information**

Why does the individual need an attended study?

**SUBMIT**

Finish Later

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

**CANCEL**

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**Proceed to Clinical Information**

Has a bed partner witnessed the individual's sleep apnea?

Yes  No  Unknown

Is there a documented diagnosis of OSA (obstructive sleep apnea)?

Yes  No  Unknown

Has the individual completed a sleep survey?

Yes  No  Unknown

**SUBMIT**

Finish Later

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

**CANCEL**

[Click here for help](#)

- **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**

1 Enter the type of survey completed.

**SUBMIT**

Finish Later

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

**CANCEL**

[Click here for help](#)

**Proceed to Clinical Information**

1 Does the individual have ANY of the following noted as moderate to severe?

COPD (Chronic Obstructive Pulmonary Disease)  
 Asthma  
 Other  
 Unknown

1 Does the individual use oxygen at night?

Yes  No  Unknown

1 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**

1 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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

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

# Case Submission / Outcome Determination

## Proceed to Clinical Information

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

**SUBMIT CASE**

[Click here for help](#)

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The screenshot shows the 'Summary of Your Request' page in the eviCore healthcare system. The page includes a navigation menu with options like Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and Help / Contact Us. The page displays the date and time as Thursday, June 18, 2020 8:58 AM, and a 'Log Off (AMYJAT)' link. A blue banner states: 'This case will be reviewed by a member of the CareCore National staff within 48 hours of submission. Please revisit your account to check the status of this case.' Below this, the form displays the following information:

Provider Name:	DR. JAMES H. BROWN	Contact:	NAI
Provider Address:	1000 W. BROADWAY SUITE 1000 DALLAS, TX 75201	Phone Number:	(972) 287-1000
		Fax Number:	(972) 287-1000
Patient Name:	WALTER, BRUCE	Patient Id:	720000000
Insurance Carrier:	WELLSURE		
Site Name:	1000 W. BROADWAY (DALLAS)	Site ID:	JMSLVG
Site Address:	1000 W. BROADWAY DALLAS, TX 75201		
Primary Diagnosis Code:	G47.30	Description:	Sleep apnea, unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:	6/24/2020		
CPT Code:	95811	Description:	POLYSOM >6 YRS >=4 ADD W/ PAP
Case Number:	1111222222		
Review Date:	6/18/2020 8:45:58 AM		
Expiration Date:	N/A		
Status:			

At the bottom of the form, there are three buttons: CANCEL, PRINT, and CONTINUE. A 'Click here for help' link is also present at the bottom left of the page.

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.



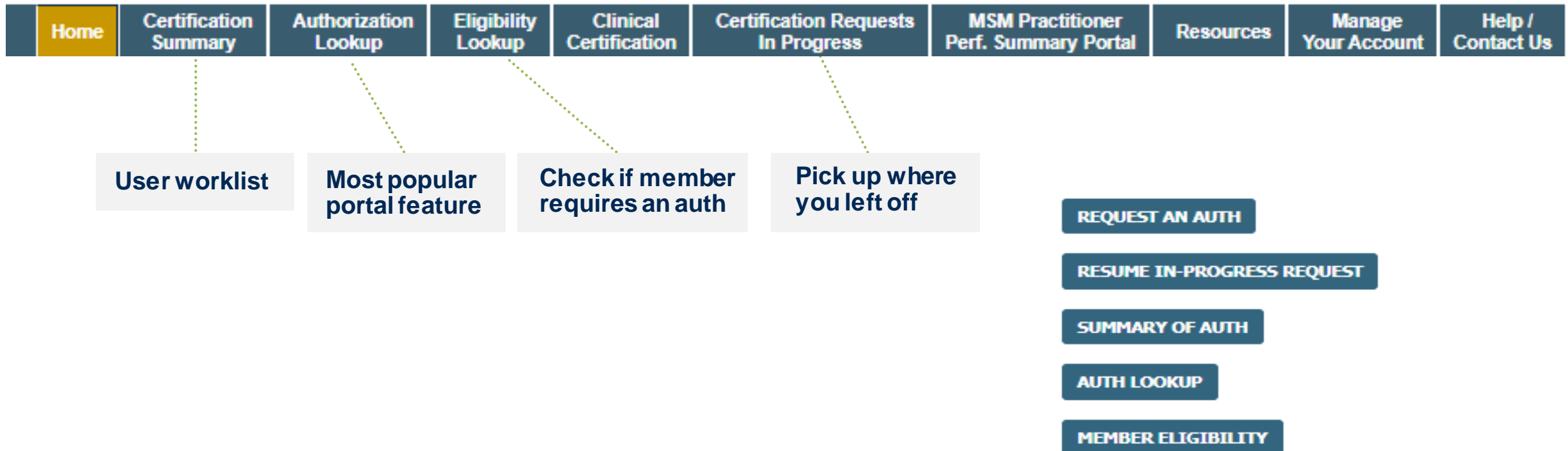
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# CareCore National Portal Features

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# Provider Portal | Feature Access



# Certification Summary | User Worklist

**Certification Summary**

Search..

Page 1 of 0

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>					

Page 1 of 0

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

# Authorization Lookup | Popular Tool

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

## Authorization Lookup

Search by Member Information  Search by Authorization Number/ NPI

- 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.

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# Provider Resources

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# Contact eviCore's Dedicated Teams

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## 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](mailto:ClientServices@eviCore.com)
- Phone: (800) 646-0418 (option 4).

## Web-Based Services and Portal Support

- Live chat
- Email: [Portal.Support@eviCore.com](mailto: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](mailto: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

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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 not 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

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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

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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](https://www.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

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

**To subscribe:**

- Visit [eviCore.com](https://eviCore.com).
- Scroll down to the section titled Stay Updated With Our Provider Newsletter.
- Enter a valid email address.



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# Thank You

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