EviCore
By EVERNORTH

Post-Acute Care
Quick Reference Guide

JOHNS HOPKINS MEDICINE
JOHNS HOPKINS HEALTHCARE

Prior Authorization Program
EviCore healthcare manages Post-Acute Care (PAC) Prior Authorization requests for Johns Hopkins Healthcare (JHHC) members enrolled in the following programs:

- Advantage MD (Medicare)
- Priority Partners (Medicaid)

Prior Authorization is required for member admissions to the following provider types:

- Skilled Nursing Facilities (SNF)
- Inpatient Rehabilitation Facilities (IRF)
- Long Term Acute Care Facilities (LTAC)

Providers should verify member eligibility and benefits on: https://jhhc.healthtrioconnect.com/

Prior Authorization Requirements
To ensure the Prior Authorization (PA) process is as quick and efficient as possible, we highly recommend submitting pertinent clinical information to substantiate medical necessity for the type of service being requested. The information requirements are outlined on our Prior Authorization requests forms. Forms can be found on our provider resource page under "Solution Resources":
Johns Hopkins HealthCare Provider Resources | EviCore by Evernorth

EviCore offers 3 convenient methods to request Prior Authorization reviews:
- EviCore Web Portal www.EviCore.com
- Fax PA requests to:
  844.216.0198 for initial review
  877.791.4098 for concurrent review (include case number)
- Telephone: Call **866.220.3071**

Hours of Operation
- Monday through Friday 8 a.m. to 7 p.m. EST
- Saturday 9 a.m. to 5 p.m. EST
- Sunday 9 a.m. to 2 p.m. EST
- Holidays 9 a.m. to 2 p.m. EST

24 hour/7 days on call coverage for urgent needs.

Prior Authorization Outcomes
Once all information is submitted to EviCore, a determination is made within 48 hours for standard requests.

Verbal notification is made to the requesting provider and written notification in the form of a letter will be faxed to the requesting provider and mailed to the member. Authorization information can be viewed and printed on demand from the EviCore web portal www.EviCore.com.

Clinical Consultations
If a request requires further clinical discussion for approval, EviCore offers timely clinical consultations to reduce the occurrence of appeals. To schedule, please call **866-220-3071.**

Authorization Denials
Once a service has been denied, members and providers must file an appeal to have the request re-reviewed.

The denial rationale and appeal process are communicated verbally and via fax to the requesting provider and mailed to the member.

Appeals Process
Appeal requests for **Priority Partners members** must be submitted to EviCore within **60 calendar days** from the initial determination. Instructions are outlined on the denial letter. A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

EviCore will not process **Advantage MD member** appeals, please follow the Johns Hopkins Advantage MD appeal process outlined in the denial letter.

Urgent Precertification Requests
EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the customer. Urgent requests can be initiated by phone (recommended) or fax and will be reviewed within 72 hours.

Retrospective Requests
EviCore will allow requests to be submitted with dates of service up to 14 days in the past for members who are still receiving care in a PAC facility. These requests will be reviewed within 72 hours. If the member has already discharged from the PAC facility (post service request), the request must be submitted to JHHP. When a request does not meet medical necessity criteria, an adverse determination is made and the request is denied