

Prior Authorization of Physical Therapy, Occupational Therapy, & Speech Therapy

Provider Orientation Session for Humana Healthy Horizons™ in Kentucky

+ LC9153KY1220-A (HUMP09153)

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan Inc.

EviCore
By EVERNORTH



+Agenda

- **Program Overview**
- **Submitting Requests**
- **Prior Authorization Outcomes, Special Considerations, and Post Decision Options**
- **Provider Portal Overview**
- **Additional Provider Portal Features**
- **Provider Resources**
- **Q & A**

Program Overview

+Humana Prior Authorization Services

Applicable Membership:

- Medicaid

Prior authorization applies to the following services:

- Outpatient
- Elective / Non-emergent

Prior authorization does NOT apply to services performed in:

- Emergency Rooms
- Inpatient Stays



It is the responsibility of the **treating/ordering provider** to request prior authorization approval for services.

+Prior Authorization Program

Prior authorization is required for:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

To find a list of CPT (Current Procedural Terminology) codes that require prior authorization through eviCore, please visit: <https://www.evicore.com/resources/healthplan/humana/kentucky>

+Prior Authorization Program

Fundamental Approach

- Clinical reviewers evaluate clinical information to determine whether services meet medical necessity criteria.
- Providers are encouraged to request authorization before care is delivered to ensure payment for services rendered.
- A request can be made as early as **7 calendar days** prior to requested start date.
- eviCore will review retro requests up to **2 business days** after services were rendered.

+Prior Authorization Program

Clinical Philosophy

- Support patient-centered care founded on best available evidence.
- Promote functionally oriented and measureable treatment programs.
- Focus on skilled, medically necessary treatment interventions.
- Empower patient independence.
- Eliminate practice variation that cannot be explained or justified.

+Prior Authorization Program

Goals

- Authorize medically necessary services which require the skills of a licensed professional.
- Promote evidence-based practice.
- Identify and review treatment interventions where evidence does not support use.
- Provide evidence-based guidelines to support authorization decisions and educate practitioners.
- Decrease or eliminate unexplained practice variation and unnecessary visits.
- Manage costs efficiently so members can continue to receive **quality care** and **skilled services**.

+Prior Authorization Program

+Medical Necessity

- The services must be specific and effective treatment for the condition.
- The condition is expected to improve significantly in a reasonable (and generally predictable) period of time. Therapy duration should be reasonable and not ongoing without end.
- The amount, frequency, and length of the services must be reasonable under accepted standards of practice.
- The medical benefit is designed to allow therapy to return the patient to essential activities of daily living.
 - It was **not** designed to allow continued therapy to return to recreational or athletic activities.
 - It was **not** designed to cover therapy for the purpose of improving or maintaining general fitness.

You can view the therapy guidelines here: <https://www.evicore.com/provider/clinical-guidelines>

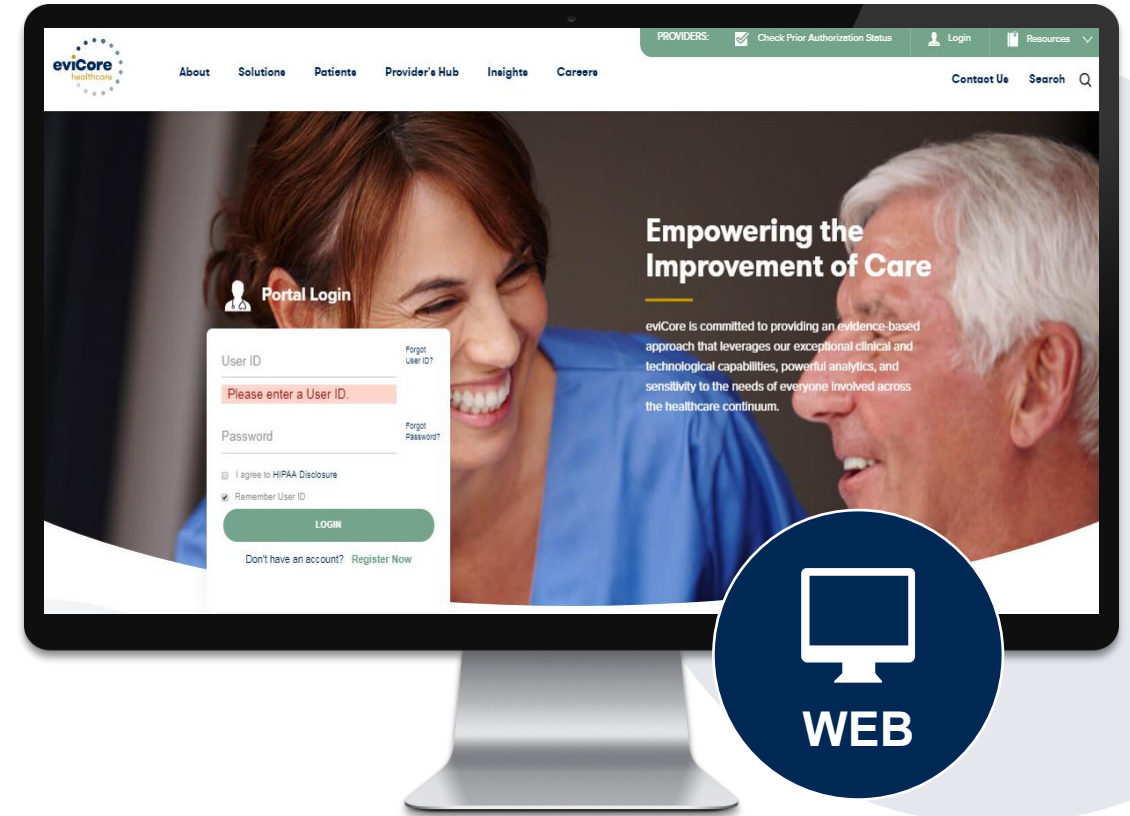
Submitting Requests

+Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

- **Saves time:** Quicker process than phone authorization requests.
- **Available 24/7:** You can access the portal any time and any day.
- **Save your progress:** If you need to step away, you can save your progress and resume later.
- **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.
- **View and print determination information:** Check case status in real-time.
- **Dashboard:** View all recently submitted cases.
- **E-notification:** Opt-in to receive email notifications when there is a change to case status.
- **Duplication feature:** If you are submitting more than one prior authorization request, you can duplicate information to expedite submissions.

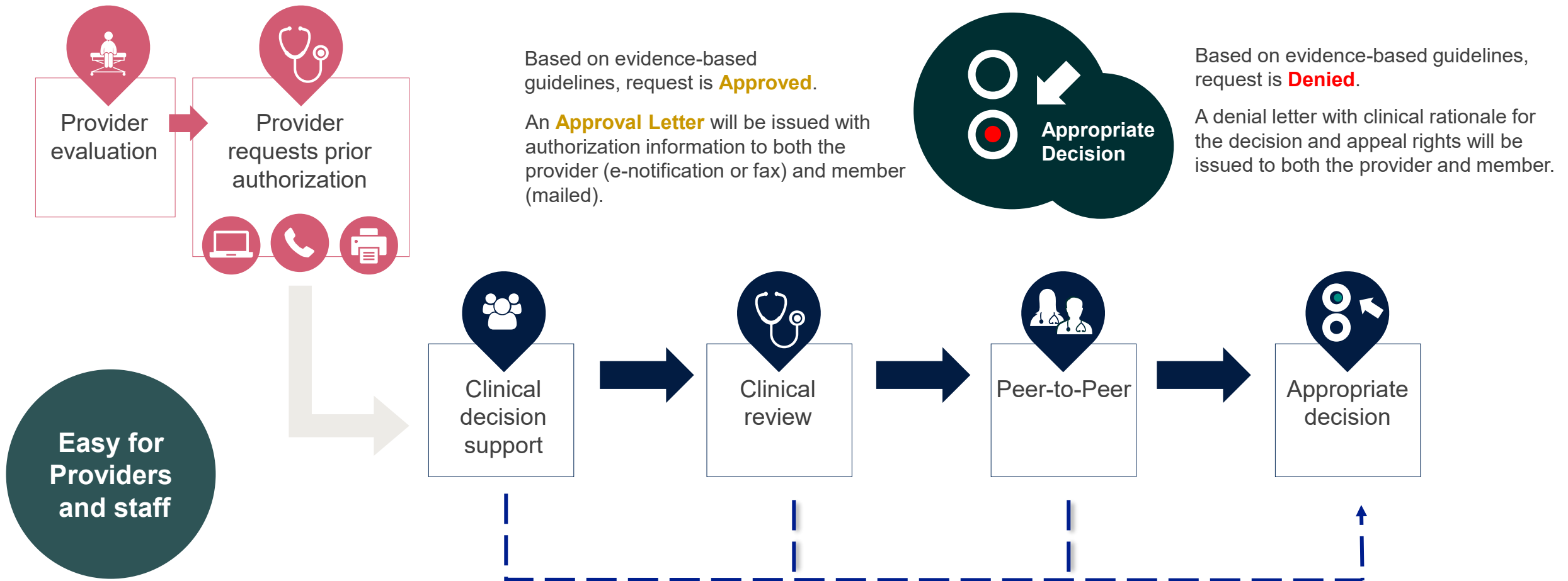
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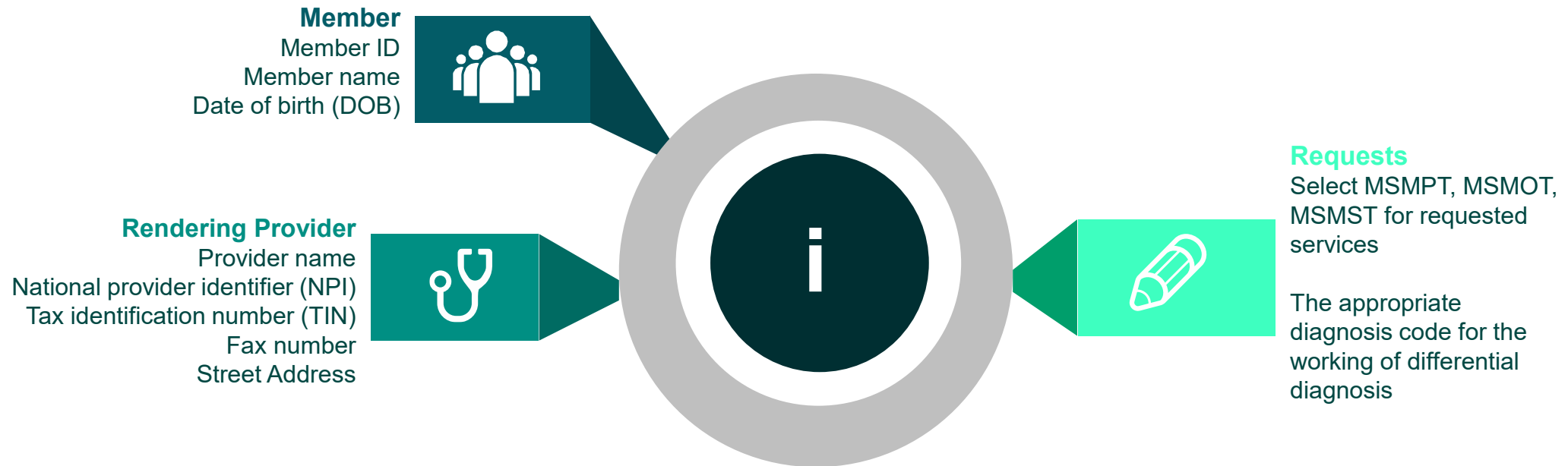
Phone Number:
866.672.8115
Monday through Friday:
7 am – 7 pm local time

Fax Number:
855.774.1319
PA requests are accepted via
fax and can be used to submit
additional clinical information.

+Utilization Management – The Prior Authorization Process



Information Required for Request



If clinical information is needed, please be able to supply:

- Patient's subjective complaints, objective examination findings, and level of function
- Information from Treatment Request Clinical Worksheet
- Information should be current
- Office notes will be requested as needed

+Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

+If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

The Provider must submit the additional information to eviCore

Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.

eviCore will review the additional documentation and reach a determination

Determination notifications will be sent.



Prior Authorization Process

+If you are requesting authorization before treatment begins:

- Complete your initial evaluation, then submit for prior authorization within **2 business days**. The initial evaluation **does not** require prior authorization.
- Start date should be the **first day of treatment** (Date of initial evaluation or visit following if treatment was not provided during the initial evaluation visit).
- When requesting ongoing or continuing care, you can submit up to **7 calendar days** prior to the next start date for authorization.
- Notification requires submission of the following information:
 - Patient demographics
 - Provider demographics
 - Minimal clinical information
 - Type of condition
 - Post surgical?
If yes, date of surgery?
- If prior care, questions will be asked to determine if this is a new condition.

Prior Authorization Process

+How to Request Additional Visits:

- Additional visits may be requested as early as **7 calendar days** prior to the requested start date.
- You will be asked to submit current clinical information.
- Clinical information should be **current**. Recommended timeframes:
 - Adult and non-developmental pediatric patients = **14 calendar days**
 - Developmental pediatric patients = **30 calendar days**
- Use the appropriate **Clinical Worksheet** as a guide.
- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as “additional information” via upload, fax, or text box summary.
- The **start date** will be the first date you need additional visits to begin.

Prior Authorization Process – Important Concepts

+Overlapping Requests

- Request for more visits within the existing approved time period.
- Information you provide should explain why the visits could not be spread over the approved period.
- Review to determine if additional visits are medically necessary.

+Authorization Extensions

- Providers can request a 30-day authorization extension.
- Provider must request extension prior to the original authorization's expiration date.
- Date extension can be requested via the online portal.

Prior Authorization Process – Important Concepts

+ Authorization decisions include:

- Visits
- Approved Time Period

+ **Example:** 6 visits, from 1/1/22 to 1/31/22

+ **Spread the Visits over the approved period to prevent a gap in care.**

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

+Prior Authorization Outcomes

Approved Requests

- All authorization requests are processed within **2 business days** of receipt.
- Authorizations are valid for:
 - Adult and Non-Developmental Pediatric = **60 calendar days**
 - Developmental Pediatric = **180 calendar days**
- Authorization letters will be faxed to the treating and ordering provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed from the eviCore portal at www.eviCore.com.

Partially Approved Requests

- In instances where a specific number of visits are requested, some may be approved and some denied.
- In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied visits.



+Prior Authorization Outcomes

+Denied Requests

- Based on evidence-based guidelines, if a request is determined as not medically necessary, a notification with the rationale for the decision and post decision/appeal rights will be issued.
- Denial letters will be faxed to the ordering provider and rendering facility.
- Members will receive a letter by mail.

+**PLEASE NOTE:** The determination letter is the best immediate source to determine what options exist on a case that has been denied.

+Special Circumstances

+Retrospective (Retro) Authorization Requests

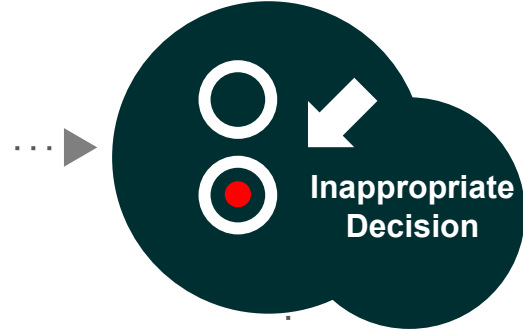
- eviCore will review retro requests up to **2 business days** after services were rendered.
- Authorization requests submitted beyond **2 business days** and up to **90 calendar days** after the date of service will be subject to the retro criteria. If retro criteria is met, then the case will be reviewed for medical necessity. If criteria is not met, then the request will be administratively denied.
- Retro authorization submission with request after the date of service, when prior authorization is required but not obtained, is allowed in the following circumstances:
 - Service is related to another service that received prior approval and was performed; the new service was not needed when the original prior-authorized service was performed.
 - Need for the new service was determined at the performance of the original prior-authorized service.
 - Humana Healthy Horizons in Kentucky-covered patients determined to be retroactively eligible for Medicaid. (Retroactive Medicaid coverage is a period of up to three months prior to the application month.)

+Urgent Prior Authorization Requests

- Can be initiated on provider portal or by phone.
- Case is reviewed and a determination is made within **24 hours**.

Post Decision Options

When Request is Determined as Not Medically Necessary



Based on evidence-based guidelines, request is determined as **not medically necessary**.



A denial letter will be issued to the member, provider, and site with clinical rational for the decision and appeal rights.

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to have a case reviewed for overturn consideration.
- Your **determination letter** is the best immediate source to determine what options exist on a case that has been denied. You may also call us at **866.672.8115** to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.



+Post-Decision Options

+Additional Clinical

- Additional clinical information can be submitted in writing without the need for a provider to participate.
- Must be requested within **5 business days** of the determination.

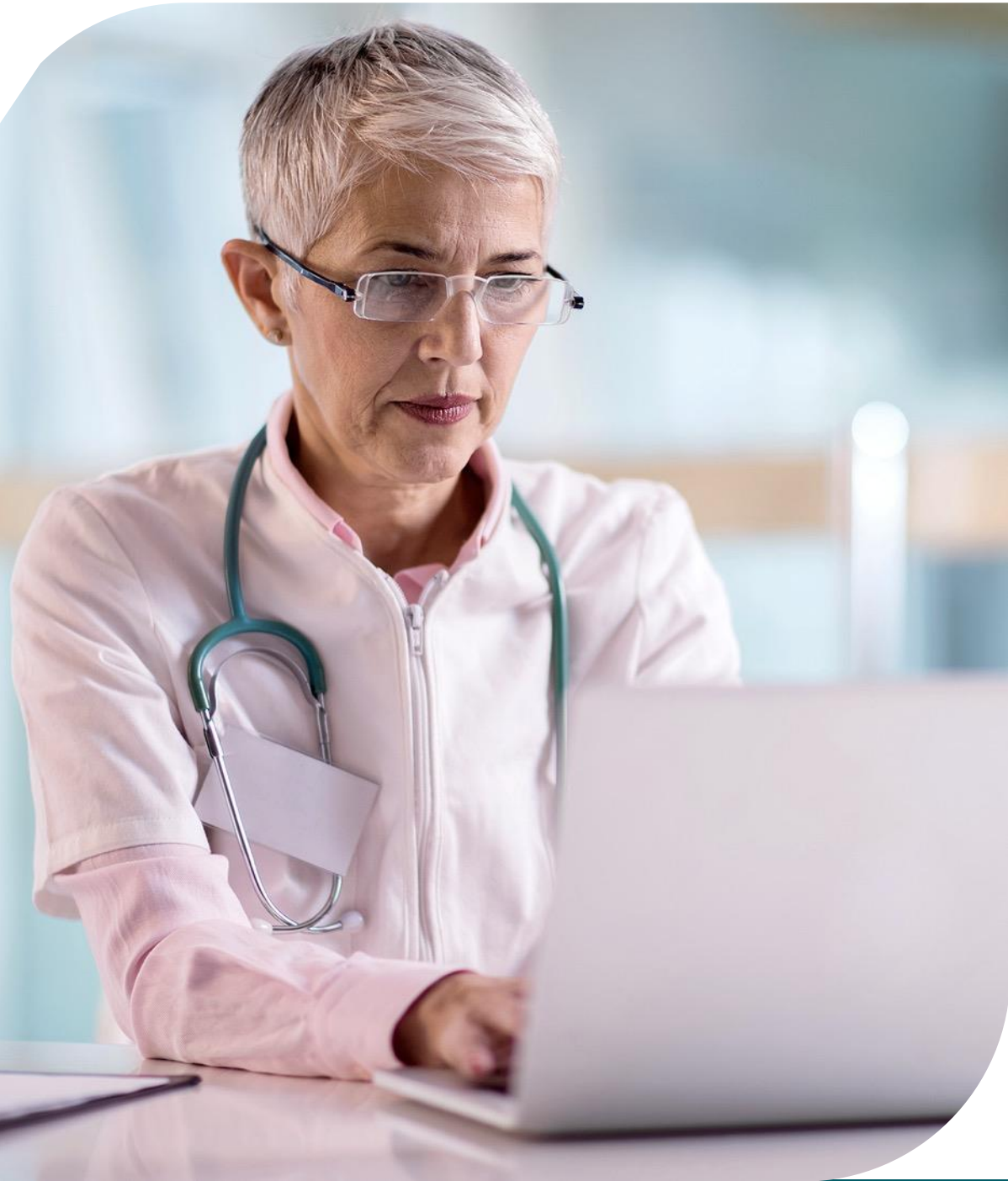
+Peer-to-Peer Review (verbal)

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring or treating providers. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- A Peer-to-Peer must be requested within **5 business days** of the determination.
- Peer-to-Peer reviews can be scheduled at a time convenient for your provider by logging into eviCore's Provider Portal at www.eviCore.com.

+Appeals

- eviCore is not delegated for appeals processing for Humana KY Medicaid members. Please refer to your determination letter for instructions on filing an appeal with Humana.

Provider Portal Overview



Features

Eligibility Lookup

- + Confirm if patient requires clinical review

Clinical Certification

- + Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

- + View and print any correspondence associated with the case
- + Search by member information OR by case number with ordering national provider identifier (NPI)
- + Review post-decision options, submit appeal, and schedule a peer-to-peer

Certification Summary

- + Track recently submitted cases

Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone

Access resources on the EviCore Provider Portal

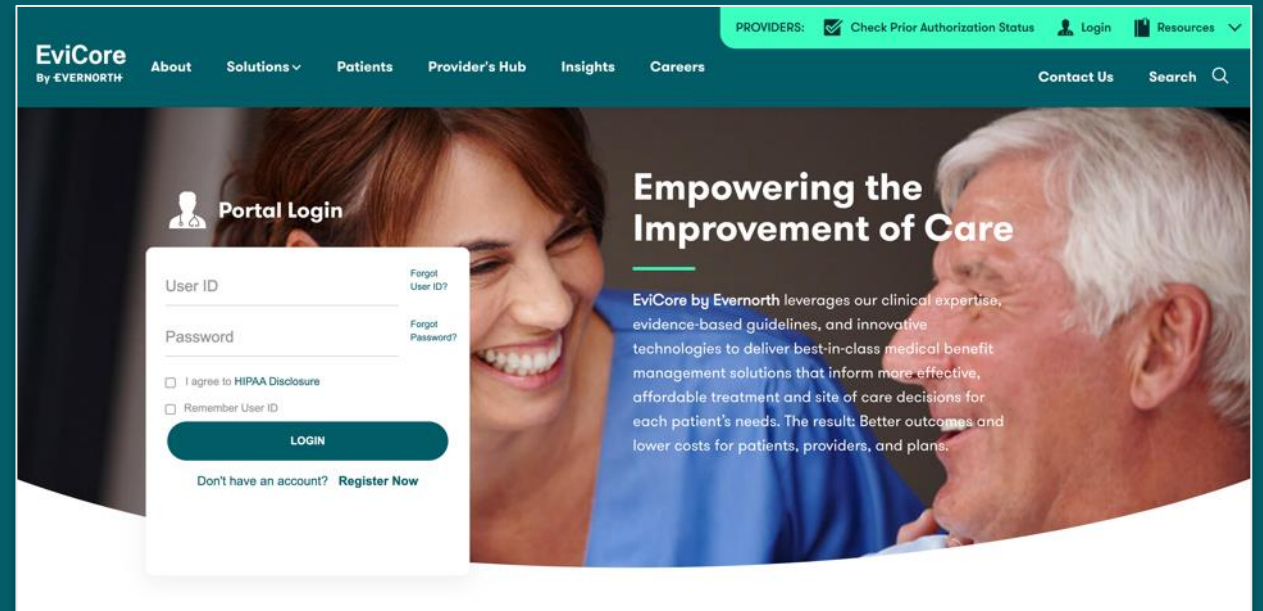
Visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register Now**



EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

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 login page.

Setting Up Multi-Factor Authentication (MFA)

Most providers are already saving time submitting clinical review requests online vs. telephone

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS. Then, enter your email address or mobile phone number.

Select Send PIN, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

Set up Two Factor Authentication

Email SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

Submit

Skip

Add Providers

- + You can add providers and their NPI's to your account prior to case submission
- + 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
- + You can also click **Add Another Practitioner** to add another provider to your account
- + You can access the **Manage Your Account** at any time to make any necessary updates or changes

The screenshot displays the EviCore provider portal interface. At the top, there is a navigation bar with the EviCore logo and the text 'By EVERNORTH'. Below the logo is a navigation menu with tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, and Help Contact. The 'Manage Your Account' tab is currently selected.

Below the navigation bar, the user's account information is displayed: Office Name: eviCore, Address: work at home, Primary Contact: [redacted], and Email Address: [redacted]. There are buttons for 'CHANGE PASSWORD' and 'EDIT ACCOUNT'.

An 'ADD PROVIDER' button is visible, which has triggered a modal window titled 'Add Practitioner'. The modal contains the following text and form fields:

- 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:
- Buttons: FIND MATCHES, CANCEL

Below the modal, there is a table with the following structure:

Name	NPI	
B		REMOVE NPI
F		REMOVE NPI
A		REMOVE NPI
P		REMOVE NPI
S		REMOVE NPI
T		REMOVE NPI
Y		REMOVE NPI

Additional Provider Portal Features

Portal Features

+Certification Summary

- Allows you to track recently submitted cases

+Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

+Eligibility Lookup

- Confirm if member requires prior authorization

+Clinical Certification

- You can begin an authorization request

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Duplication Feature

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Musculoskeletal Management)
- Provider ()
- Program and Provider (Musculoskeletal Management and)
- Program and Health Plan (Musculoskeletal Management and)

GO

- Duplication feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

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+How to schedule a Peer-to-Peer Request

- Log into your account at www.evicore.com.
 - Perform Authorization Lookup to determine the status of your request.
 - Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer-to-Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



P2P AVAILABILITY

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

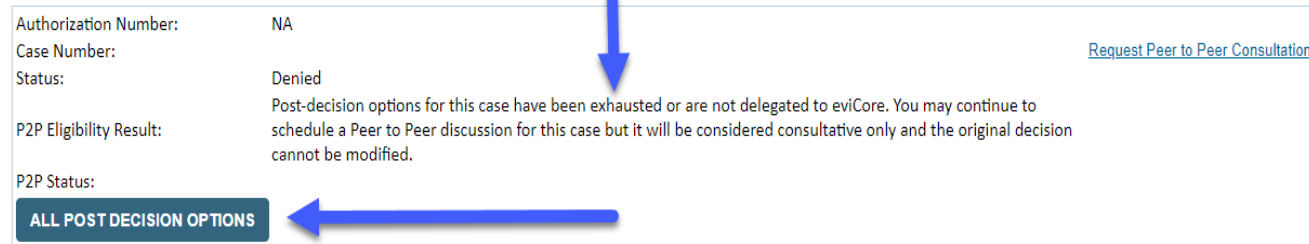
+How to schedule a Peer-to-Peer Request

Pay attention to any messaging that displays. In some instances, a Peer-to-Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer-to-Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		

ALL POST DECISION OPTIONS



Once the “Request Peer-to-Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

+How to Schedule a Peer to Peer Request

New P2P Request

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone.
- You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.
- You can add another case for the same Peer-to-Peer appointment request by selecting “Add Another Case”

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To proceed, select “Lookup Cases”

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

New P2P Request

Case Ref #: Remove ✓ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

+How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[Continue >](#)

+You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

+You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT	-	-	-	-	-	-
6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

+How to Schedule a Peer to Peer

+Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

+

P2P Info
Date: Mon 5/18/20
Time: 6:30 pm EDT
Reviewing Provider

Case Info
1st Case
Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type: MSK Spine Surgery
Level of Review: Reconsideration P2P

P2P Contact Details
Name of Provider Requesting P2P: Dr. Jane Doe
Contact Person Name: Office Manager John Doe
Contact Person Location: Provider Office
Phone Number for P2P: (555) 555-5555
Phone Ext.: 12345
Alternate Phone: (xxx) xxx-xxxx
Phone Ext.: Phone Ext.
Requesting Provider Email: droffice@internet.com
Contact Instructions: Select option 4, ask for Dr. Doe
Submit >

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

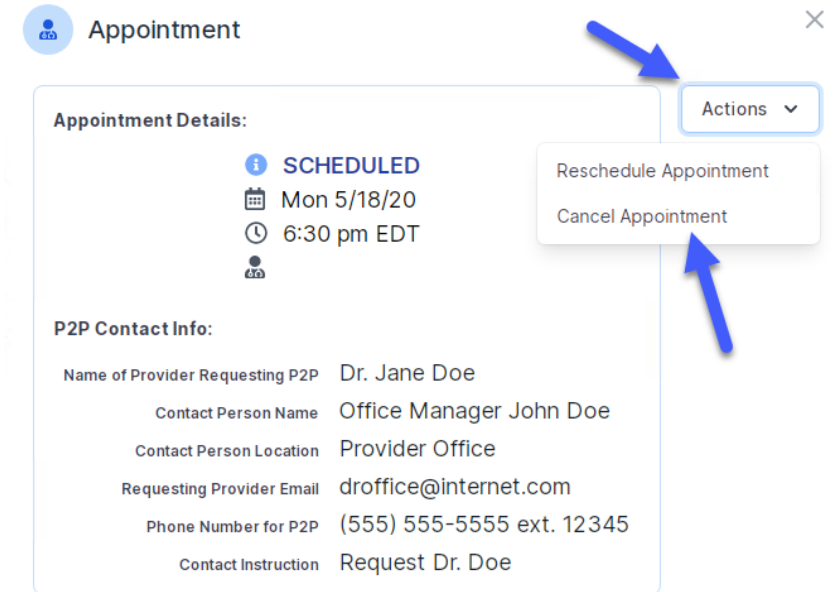
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Scheduling
Scheduled
Mon 5/18/20 - 6:30 pm EDT
SCHEDULED

+Canceling or Rescheduling a Peer to Peer Appointment

+To cancel or reschedule an appointment

- Access the scheduling software per the instructions above.
- Go to **My P2P Requests** on the left pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, click on the schedule link. An appointment window will open.
- Click on the **Actions** drop-down and choose the appropriate action.
 - If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
 - If choosing to cancel, you will be prompted to input a cancellation reason.



- Close browser once done

Provider Resources

EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the [EviCore Communication Relationship Management \(ECRM\)](#) application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore's provider portal
 - You can also call a Web Support Specialist at 800-646-0418 (option 2)
 - Chat with web support on the [EviCore Provider Resource page](#)



ECRM is available **24/7**. Users can login or register [HERE](#).

Additional Information about ECRM can be found on the [Providers' Hub](#).

Client and Provider Services

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

- + Access: [ECRM Services](#)
- + ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)
- + Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

Web-Based Services and Portal Support

- + Live chat
- + [ECRM Services](#)
- + Phone: **800-646-0418** (option 2).

Provider Engagement

- Regional team that works directly with the provider community.
- **Provider Engagement Manager Territory List**

Call Center

Call 866.672.8115, representatives are available from 7 a.m. to 7 p.m. local time.



Contact EviCore's Dedicated Teams

+Provider Resource Website

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 page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

+To access these helpful resources, please visit

+<https://www.evicore.com/resources/healthplan/humana/kentucky>



+Provider Newsletter

Stay Updated With Our Free Provider Newsletter

+eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



+Provider Resource Review Forums

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 Prior Authorization Online Portal Tips and Tools** session, to navigate 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
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- **How to register for a Provider Resource Review Forum?**

You can find a list of scheduled **Provider Prior Authorization Online Portal Tips and Tools** session on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Thank You!

