EviCore By EVERNORTH

Frequently Asked Questions

CountyCare A MEDICAID HEALTH PLAN

Durable Medical Equipment

Who is EviCore by Evernorth?

EviCore by Evernorth (EviCore) is an independent specialty medical benefits management company that provides Durable Medical Equipment (DME) utilization management services for CountyCare Health Plan members.

Which customers will EviCore by Evernorth manage for DME?

Beginning October 30, 2023 EviCore will accept DME prior authorization requests for members with coverage through CountyCare Health Plan for dates of service November 1, 2023 and beyond.

Which DME services require prior authorization?

To find a complete list of DME Healthcare Procedural Codes (HCPCS) that require prior authorization through EviCore, please visit our Provider Resource site: www.evicore.com/resources/healthplan/countycare

How does a provider check member eligibility and benefits?

Providers should verify member eligibility and benefits on the secured provider log in section on the CountyCare Health Plan provider portal www.countycare.com/providers/portal or by calling the CountyCare Provider Service line at 312.864.8200.

How does a provider initiate a prior authorization request?

Providers and/or staff may request prior authorization in one of the following ways:

- **EviCore by Evernorth Provider Portal (preferred)**
  The EviCore by Evernorth portal is the quickest, most efficient way to request prior authorization. Providers can request a prior authorization by visiting Homepage | EviCore by Evernorth
- **Fax**
  Prior authorization requests for DME may be faxed to 866.663.7740.
- **Phone**
  Providers and/or staff may request prior authorization by calling 866.525.5029.

Where can a provider find DME prior authorization request forms?

DME prior authorization forms are available on the EviCore provider resource website: CountyCare | EviCore by Evernorth

What are the EviCore hours of operation?

EviCore by Evernorth hours of operation are:

- Monday – Friday 7 a.m. to 8 p.m. CST
- Saturday 8 a.m. to 4 p.m. CST
- Sunday 9 a.m. to 1 p.m. CST
- Holidays 9 a.m. to 1 p.m. CST
- 24-hour on-call coverage

Who is responsible for submitting the initial DME prior authorization request?

Typically, the provider supplying the DME item is responsible for submitting the prior authorization request. However, ordering physicians and staff of said physician can also submit the prior authorization request.

What are the prior authorization requirements?

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four (4) categories of information:

- Member
  - Member Medicaid ID
  - Member name
  - Date of Birth (DOB)
- Rendering Facility
  - Facility name
  - National provider identifier (NPI)
  - Tax identification number (TIN)
  - Phone & Fax number
- Referring Physician
  - Physician name
  - National provider identifier (NPI)
  - Tax Identification Number (TIN)
  - Phone & Fax number
- Supporting Clinical Information
  - Current physician's order/script
  - Current clinical information relating to the request (i.e., patient history, progress notes and physical exams)
  - Current detailed invoice listing all requested equipment
  - HCPCS codes with units and specification of rental vs purchase
  - Diagnosis Codes(s)

Requirements are outlined on the EviCore prior authorization request form.
https://www.evicore.com/resources/healthplan/countycare

When will a provider receive the prior authorization determination from EviCore?

If all information is provided when the request is submitted a typical response is within two business days for routine requests, but no longer than the 4 day calendar day limit and no later than 48 hours for urgent requests.

How will prior authorization determinations be communicated to providers?

EviCore by Evernorth will communicate the determination utilizing the following methods:

- Written notification will be faxed to the ordering physician and the DME supplier.
- Prior authorization status can be viewed on demand on the EviCore by Evernorth portal at Homepage | EviCore by Evernorth.

When does the initial prior authorization approval expire?

Purchases are usually valid for 180 days but can be up to 365 days if guidelines allow. Daily rentals are usually valid for 90 days. Monthly rentals are usually valid how many units/months approved.

What is the process when additional information is needed to meet clinical criteria for a DME service?

EviCore by Evernorth will fax a hold letter to the ordering and servicing provider requesting additional information. The provider should submit the additional information to EviCore within the timeframe specified in the letter. EviCore will review the additional documentation and reach a determination.

What if the member is in the acute setting or a facility and needs DME?

This program is home-based and therefore any equipment needed for the member in a facility wouldn't be part of this program. If DME is contingent on the member's discharge, typically the facility and or physician should submit a referral to a DME supplier. In some cases, the facility can make authorization requests to EviCore if needed. The preference is the DME supplier initiates the request with EviCore.

What is the process if a DME service does not meet clinical criteria?

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, EviCore by Evernorth will send a denial letter with the rationale for the decision, peer-to-peer options, and appeal rights to the physician, DME supplier, and member.

In the event of an adverse determination, what post-denial processes are available?

- The provider has 2 business days to submit a peer-to-peer request by phone or in writing.
- After 3 business days, the request would be considered an appeal and the provider should follow the appeal process.
- EviCore has 1 business day to complete the peer-to-peer telephonic process.
- EviCore has 5 calendar days to complete the written peer-to-peer request.
- Decisions can be overturned, partially overturned, or upheld, and additional information may be submitted.

Appeal Process

- EviCore will process first-level appeals. Second-level appeals will be managed by CountyCare Health Plan.
- The process and timeframe to submit an appeal request will be outlined in the determination letter.
- The appeal address and phone number will be provided in the determination letter.
- Members or providers with appeal questions may call EviCore's dedicated call center at 855.754.5527.

- The first level appeal determination will be communicated by EviCore to the ordering provider and member.
- Appeal turnaround times:
  - Expedited typical response time is 24 hours (not to exceed 72 hours)
  - Standard 15 business days

Medicaid members requesting an appeal of the denial for continued DME services should follow the process outlined on their denial letter.

Does EviCore by Evernorth review cases retrospectively?

For any requests for prior authorization that are received for services already rendered, prior authorization should not be provided except under specific circumstances. Retrospective requests will only be accepted based on HCPCs code and CountyCare allowable exceptions presented during the request.

What if a prior authorization is issued and revisions need to be made?

The ordering physician or servicing DME supplier should contact EviCore by Evernorth with any changes. It is important to notify EviCore by Evernorth of any changes for claims to be correctly processed for the servicing DME supplier.

How do providers submit a program-related question or concern?

For program-related questions or concerns, please call 800.575.4517 (option 4).

You may also 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 provider portal

ECRM is available 24/7. Users can login or register here, ECRM

Who should providers contact for portal support/questions?

To speak with a portal specialist, please call 800.646.0418 (Option 2).
Our dedicated Portal Support team can assist providers in navigating the portal and addressing any portal related issues during the online submission process.

Where can providers find additional information?

For more information and reference documents, please visit EviCore by Evernorth's provider resources site for this program: CountyCare | EviCore by Evernorth