DURABLE MEDICAL EQUIPMENT (DME) PROGRAM

Provider Orientation Session for CountyCare Health Plan

EviCore
By EVERNORTH

Agenda

1. Solution Overview
2. Submitting Requests
3. Prior Authorization Outcomes, Special Considerations & Post-Decision Options
4. EviCore Provider Portal
5. Provider Resources
6. Questions & Next Steps
7. Appendix

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Solution Overview

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CountyCare Health Plan Prior Authorization Services

EviCore will begin accepting prior authorization requests for Durable Medical Equipment (DME) services on October 30, 2023, for dates of service November 1, 2023, and after.

Applicable Membership

+ CountyCare Health Plan (Medicaid)

Prior authorization applies to the following services

+ Home Based
+ Medically Necessary

Prior authorization does NOT apply to services performed in:

+ Hospitals
+ Post-Acute Facilities
+ Surgical Settings

Providers should verify member eligibility and benefits on the secured provider log-in section at: www.countycare.com/providers/portal or call Provider Services at 1-312-864-8200.

Services that require Prior Authorization

Find a complete list of Healthcare Procedural Codes (HCPCS) that require prior authorization through EviCore at: [CountyCare | EviCore by Evernorth]

DME services include (but not limited to):

+ Oxygen/Related Equipment
+ Diabetic Shoes
+ Decubitus Care Equipment
+ Ventilators
+ Wheelchairs
+ Prosthetics
+ Orthotics
+ Pacemaker Monitor
+ CPAP’s and supplies
+ Patient Lifts
+ Hospital Beds and Accessories
+ Other

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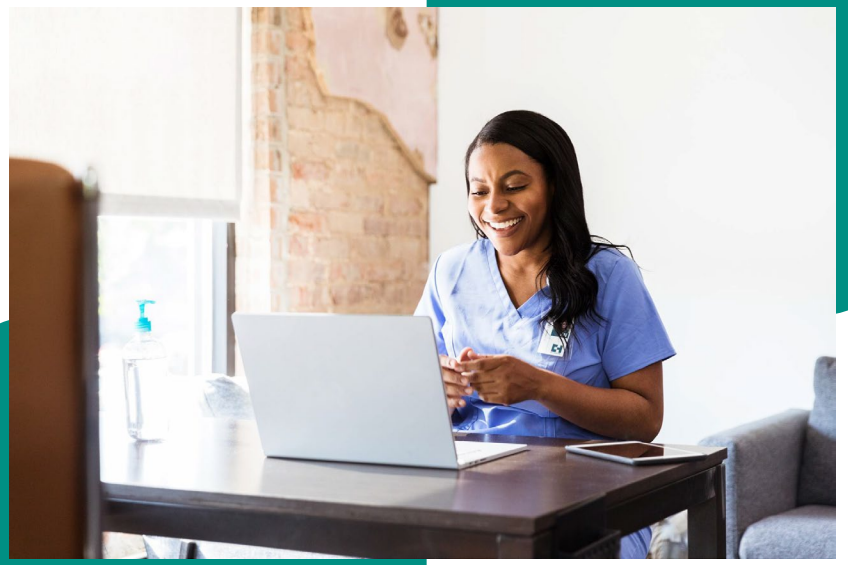
How to Determine Member Benefits and Eligibility

Resources	Contact
CountyCare Customer Service	**Refer to member's ID card**
CountyCare Provider Portal	www.countycare.com/providers/portal
EviCore Provider Portal	Homepage | EviCore by Evernorth > choose the Eligibility Lookup feature in the top banner (login required)
EviCore Intake Team	**866-525-5029** (Monday – Friday 7 a.m. to 8 p.m. and Saturday & Sunday 9 a.m. to 1 p.m. EST)



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Submitting Requests

How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7**
- **Eligibility Lookup:** Confirm if patient requires clinical review
- **Prior Authorization Status:** Get real-time status on cases
- **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
- **View & Print:** Case documents and determination information at your fingertips
- **Dashboard:** View and track all recently submitted cases
- **E-notification:** Receive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submissions
- **Review post-decision options:** submit appeal, reconsideration and schedule a peer-to-peer

To access the EviCore Provider Portal, visit EviCore.com/provider

Or by phone: **866-525-5029**

Monday – Friday
7 AM – 8 PM (central time)

Or by fax: **866-663-7740**

Note: EviCore recommends completing a DME Authorization Request Form if submitting by fax

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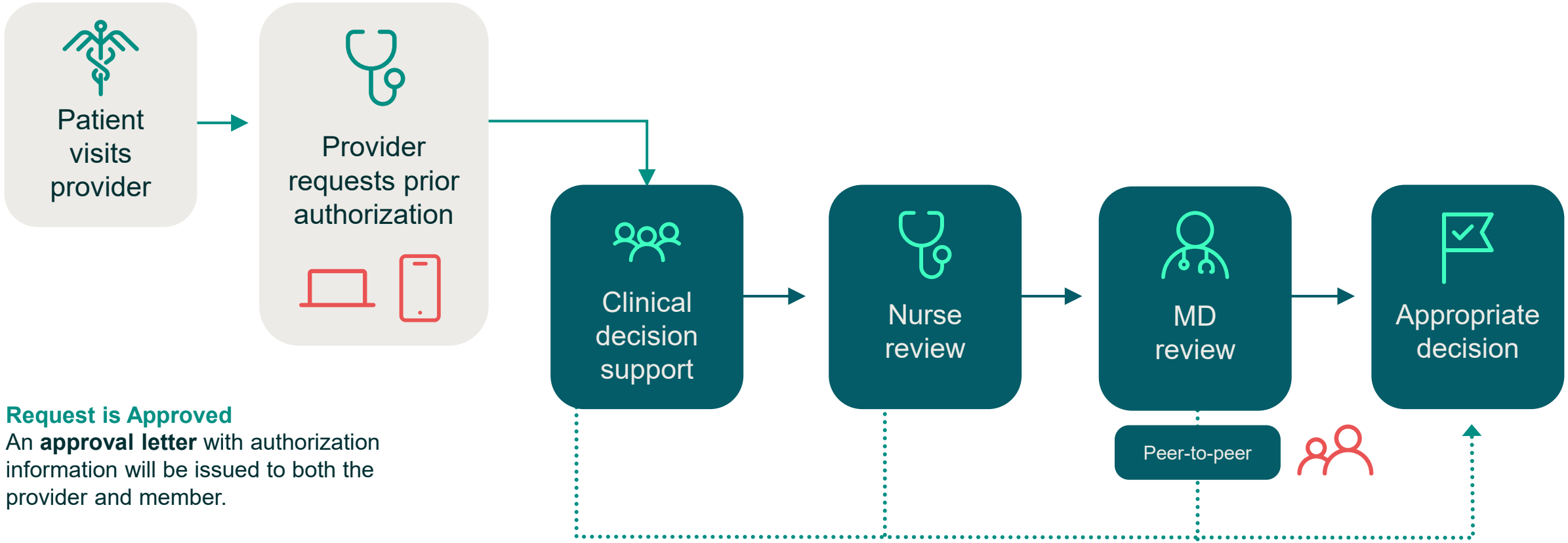
Pre-service prior authorization workflow



Request is Approved
An **approval letter** with authorization information will be issued to both the provider and member.

Request is Denied
A **denial letter with clinical rationale** for the decision and appeal rights will be issued to both the provider and member.

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Necessary Information for Prior Authorization

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

Member

- ✓ Health Plan ID
- ✓ Member name
- ✓ Date of birth (DOB)

Referring (Ordering) Physician

- ✓ Physician name
- ✓ National provider identifier (NPI)
- ✓ Phone & fax number

Supporting Clinical

- ✓ Pertinent clinical information to substantiate medical necessity for the requested service
- ✓ HCPCS Code(s)
- ✓ Diagnosis Code(s)
- ✓ Current Physician's order/script
- ✓ Current detailed invoice listing all requested equipment

Rendering Facility

- ✓ Facility name
- ✓ Address
- ✓ National provider identifier (NPI)
- ✓ Phone & fax number

All Clinical Information pages must include the patient's name and at least one additional identifier such as DOB or health plan ID.

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Additional Documentation Needed

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 provider must submit the additional information to EviCore.

EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed.**

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.

Determination notifications will be sent to the member and available to the provider on the Web portal 24/7.

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I’ve received a request for additional clinical information. What’s next?

Before a denial decision is issued, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on **EviCore.com**

There are three ways to supply the requested information:

1. Upload directly into the case via the provider portal at EviCore.com. **All** Clinical Information pages must include the patient’s name and at least one additional identifier.
2. Fax to 866-663-7740
3. Request a Clinical Consultation / Peer-to-peer (P2P). This consultation can be requested via the EviCore website (see slide 19 for instructions) and must occur prior to the due date referenced.

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests** start date will begin on the date of case creation, minus retroactive requests.
- **Partially Approved Requests:** In instances where multiple HCPCS codes are requested, the determination letter will specify what has been approved, as well as post-decision options for denied codes.
- **Purchases** are typically valid for 180 days but can be up to 365 days if guidelines allow.
- **Daily and Monthly rentals** are valid for the number of units (typically 90 days) approved.
- **For continued rentals and purchases** with a future DOS, up to 30 calendar days from date of submission of the PA, can be requested. This should not be requested > 30 days prior to existing authorization expiration date.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

Notifications

- Authorization letters will be faxed to the rendering provider.
- Web-initiated cases will receive e-notifications.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal

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Special Circumstances

Retrospective Authorization Requests

- Must be submitted within 30 calendar days from the date of service
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for medical necessity
- Processed within 7 calendar days
- When authorized, the start date will be the date of service

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Special Circumstances

Urgent Prior Authorization Requests

EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member

Can be initiated on provider portal or by phone

Urgent cases are typically reviewed within 24 to 72 hours

** Due to the shortened timeframe for an urgent decision, we will not pend the case to request additional information, and the case is reviewed soley with the information initially provided.*

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Special Circumstances

Alternative Recommendation

An alternative recommendation may be offered based on evidence-based clinical guidelines

The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request

Providers have up to 60 days to contact EviCore to accept the alternative recommendation

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Special Circumstances

Authorization Updates

If updates are needed on an existing authorization, providers can contact EviCore by phone at 866-525-5029

If the authorization is not updated and a different HCPCS code is submitted on the claim, it may result in a claim denial

One-time extensions will be allowed on active authorizations if appropriate

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POST-DECISION OPTIONS

Medicaid Members

My case has been denied. What's next?

+ Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.
+ You may also call EviCore at **866-525-5029** to speak with an agent who can provide available option(s) and instruction on how to proceed.
+ Alternatively, select 'All Post Decisions' under the authorization lookup function on **EviCore.com** to see available options.

Peer to Peer (P2P)

+ Reconsiderations must be requested within 2 business days after the determination date.
+ Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

Appeals

+ EviCore will process first-level appeals.
+ Refer to the denial notice for instructions, and requirements, to submit an appeal
+ A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

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EviCore Provider Portal

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Access and Compatibility

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

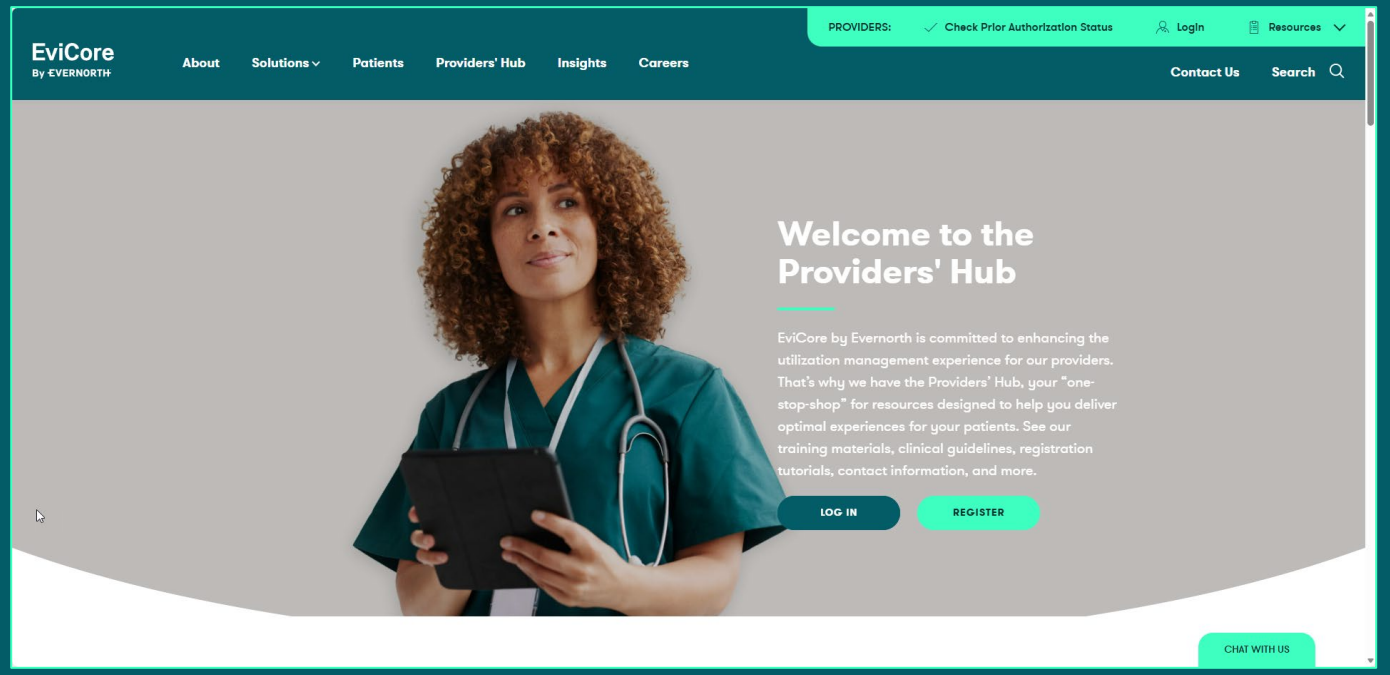
Access resources on the EviCore Provider Portal

Visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don’t have an account?
Click **Register**



EviCore’s website is compatible with all web browsers. You will need to disable pop-up blockers to access the site.

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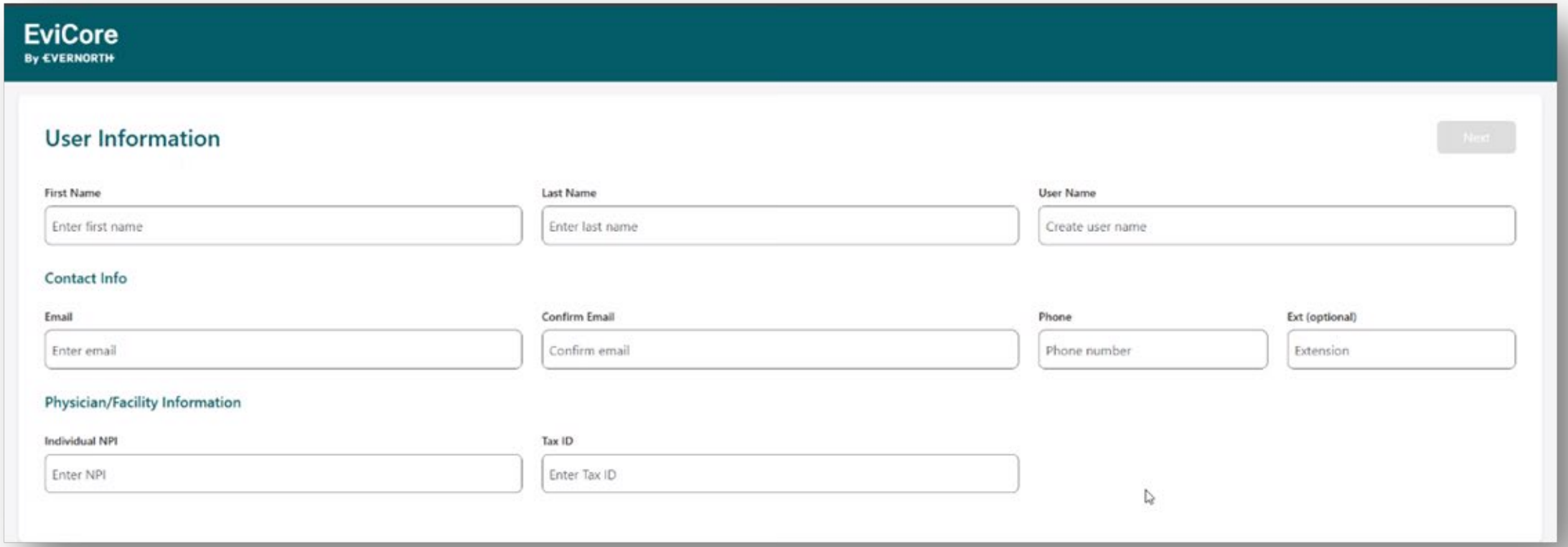
Creating/Registering for an EviCore Provider Portal Account

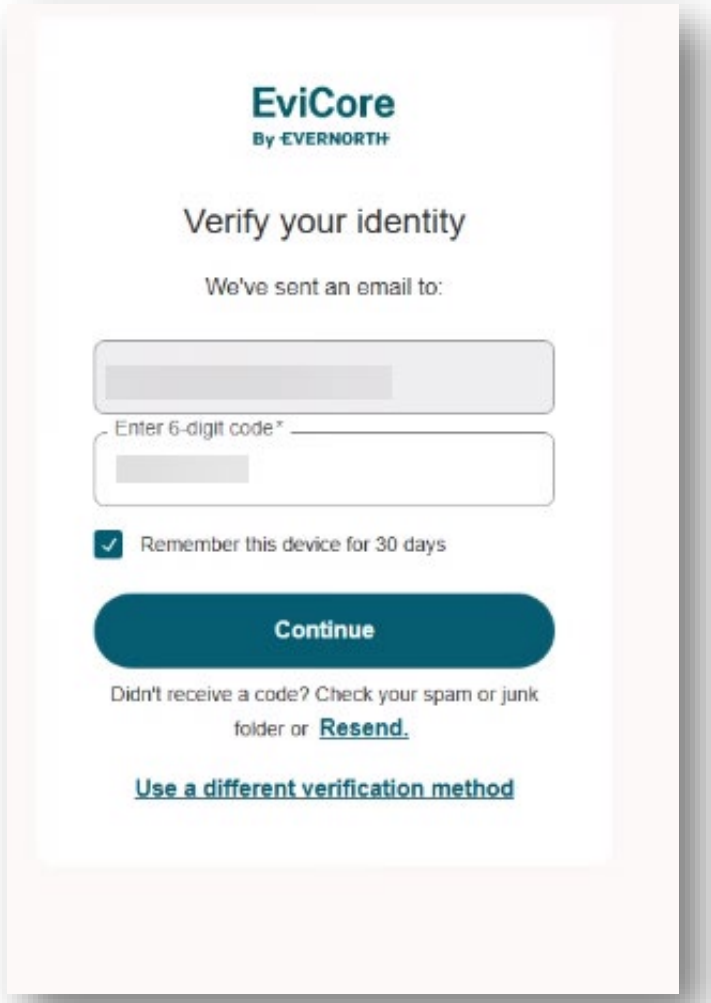


- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and create a password. Once you have created a password, you will be redirected to the login page.

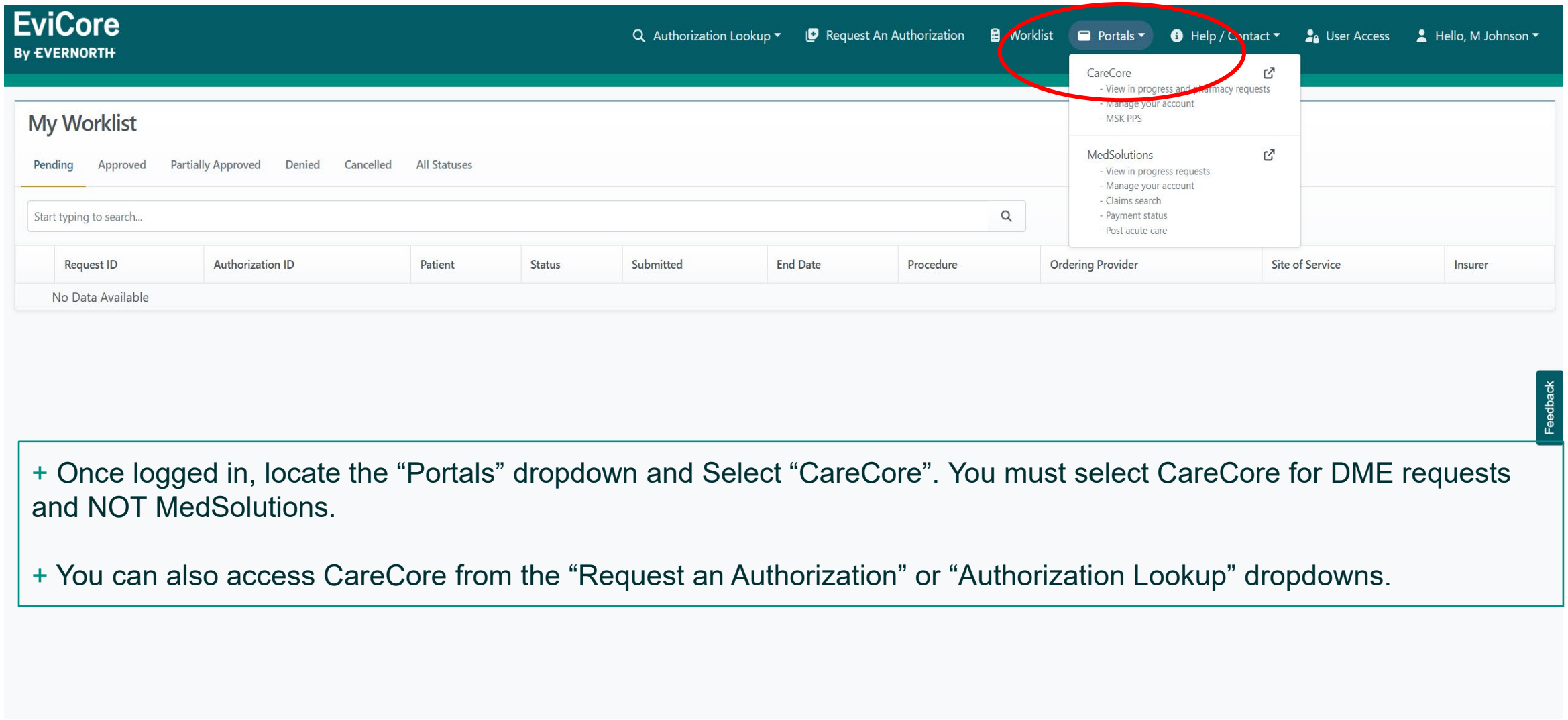
Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

- 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**.
- Once you select **Send PIN**, 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.



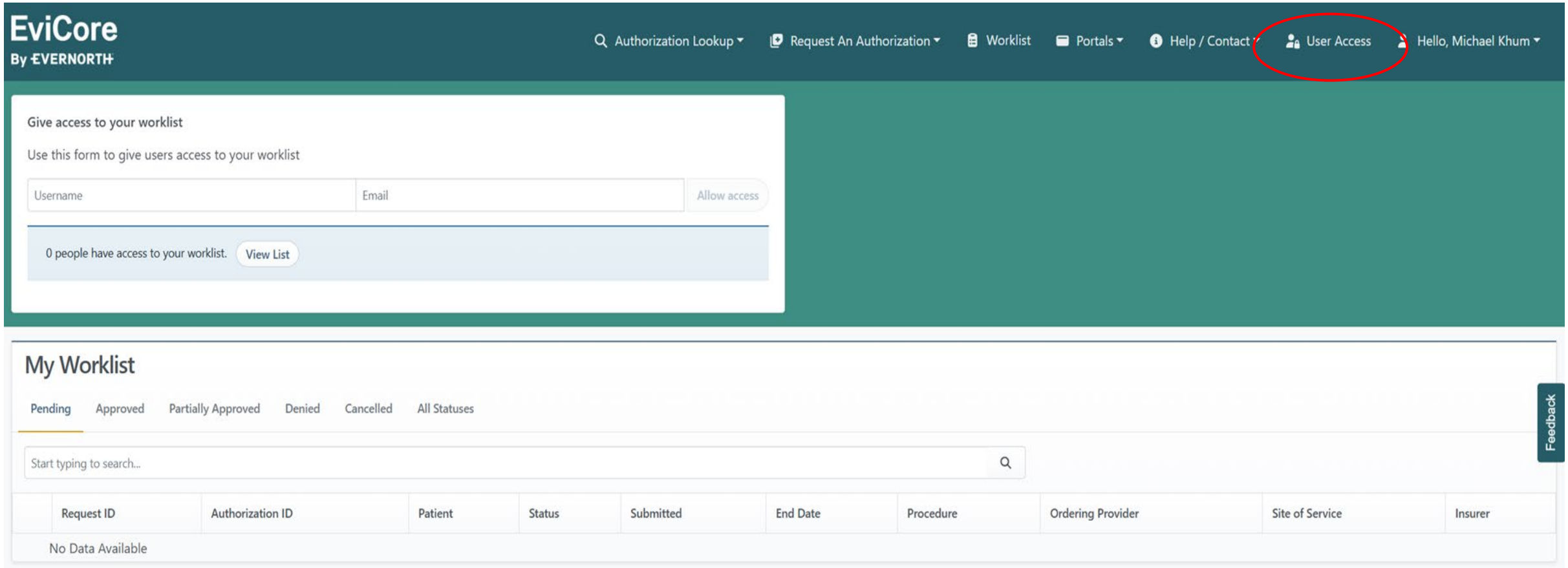
Portal Access – Landing Page



+ Once logged in, locate the “Portals” dropdown and Select “CareCore”. You must select CareCore for DME requests and NOT MedSolutions.

+ You can also access CareCore from the “Request an Authorization” or “Authorization Lookup” dropdowns.

User Access – Shared Worklist



+ On the main landing page under “My Worklist” you will see cases that you either created or submitted.

+ To grant access to “My Worklist” for others in your organization, click on “User Access” at the top menu bar and enter the additional Usernames and Email addresses. **Note**: These individual users must already have an EviCore Portal account.

Portal Case Submission

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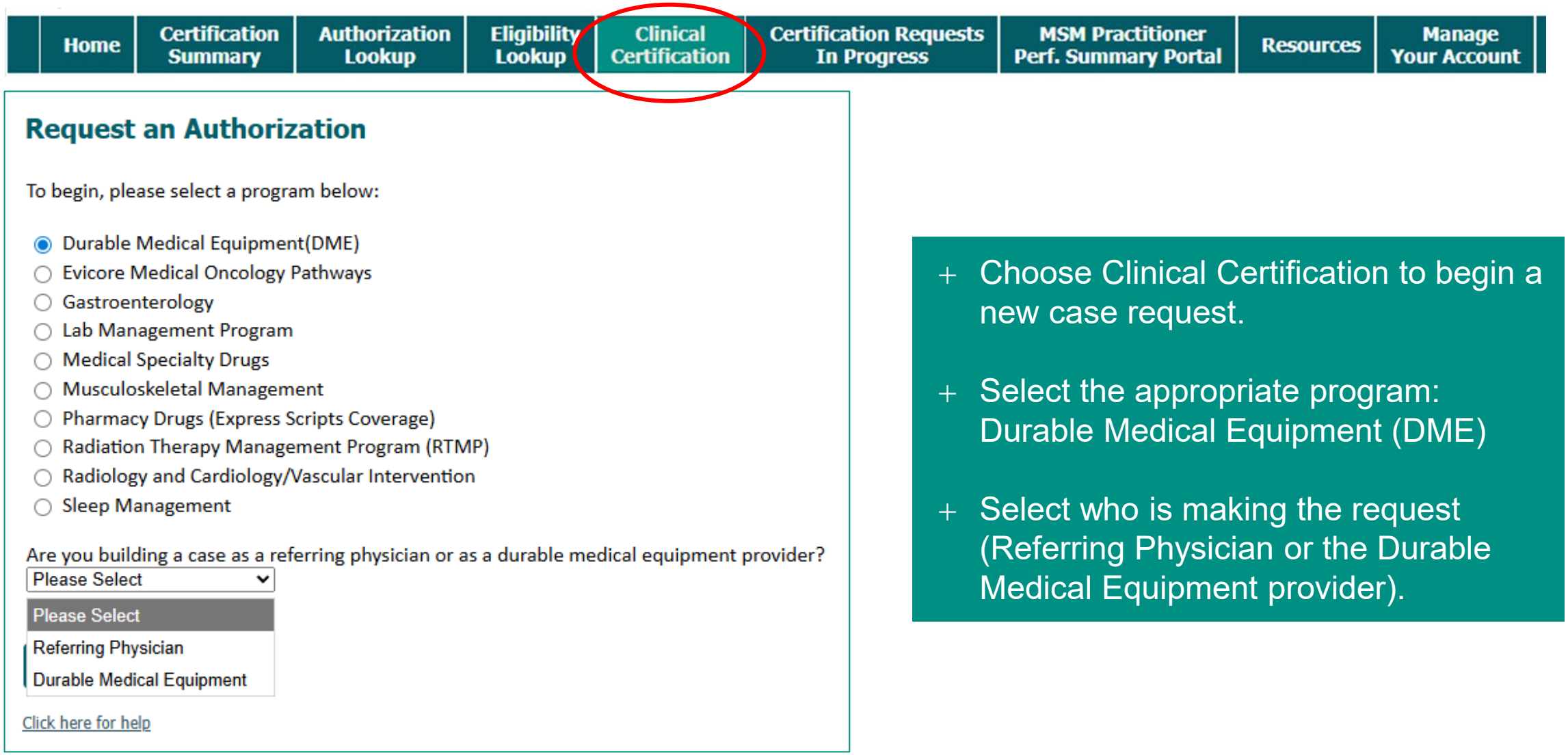
Initiating Case Build and Submission



- Choose Clinical Certification to begin a new case request.
- Select the appropriate program: Durable Medical Equipment (DME)
- Select who is making the request (Referring Physician or the Durable Medical Equipment provider).

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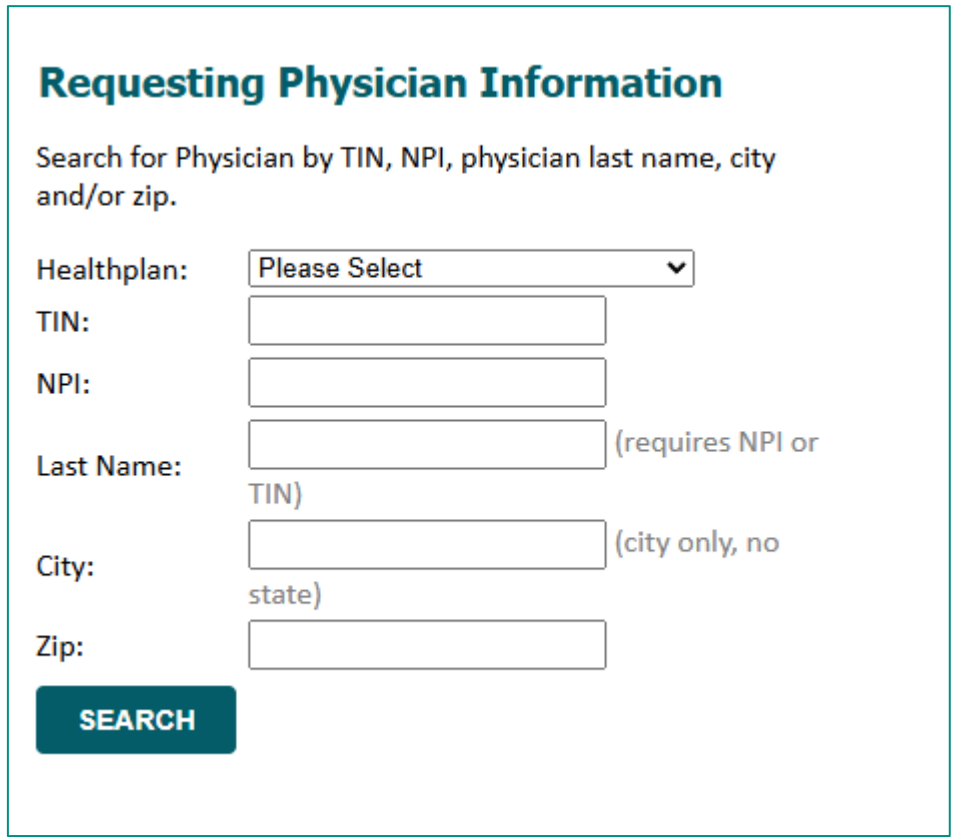
Case Build and Submission I Add Ordering Physician



+ Select the appropriate Health Plan option from the dropdown.

+ Add ordering physician by using the search feature. It is recommended you enter the NPI and Last name (at a minimum) to complete the search.

+ Only referring providers are allowed to order DME.

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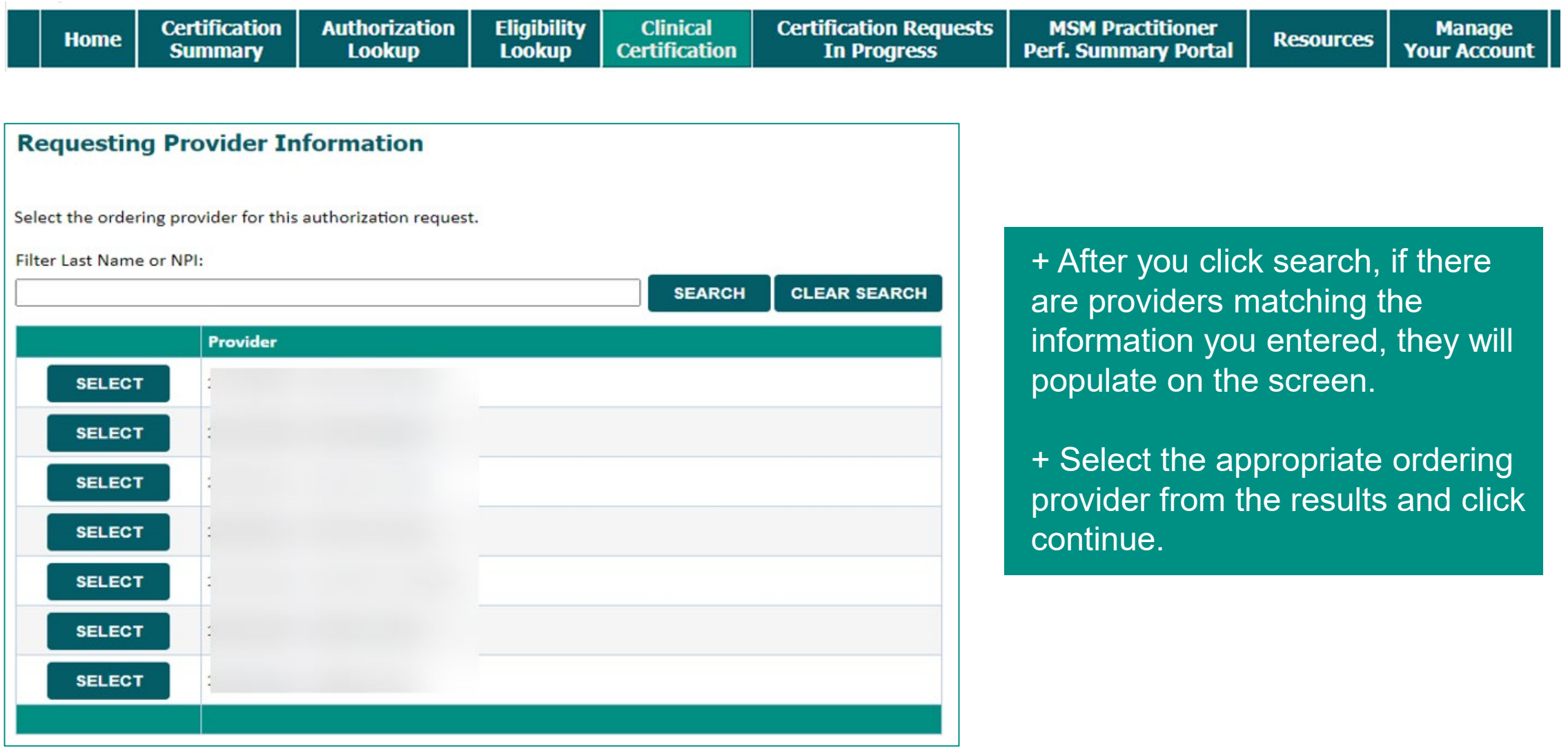
Case Build and Submission I Confirm Ordering Physician



+ After you click search, if there are providers matching the information you entered, they will populate on the screen.

+ Select the appropriate ordering provider from the results and click continue.

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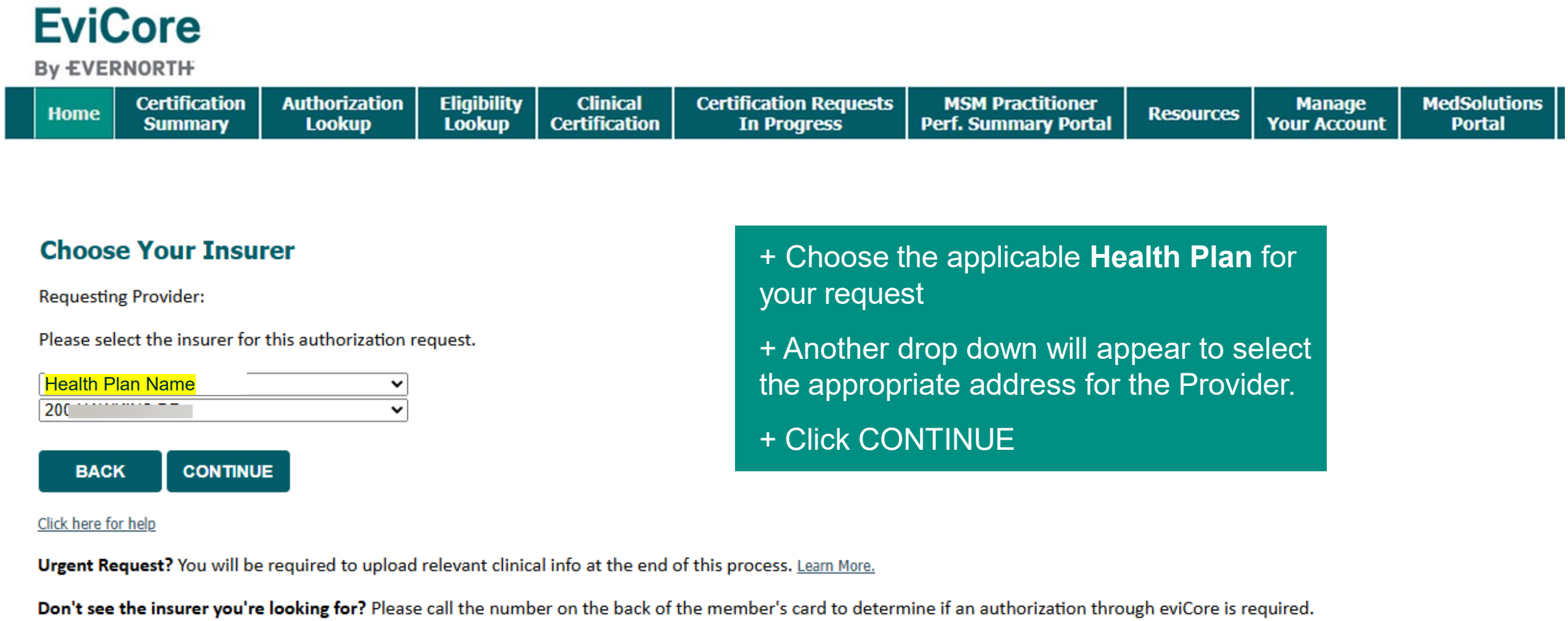
Clinical Certification Request | Select Health Plan

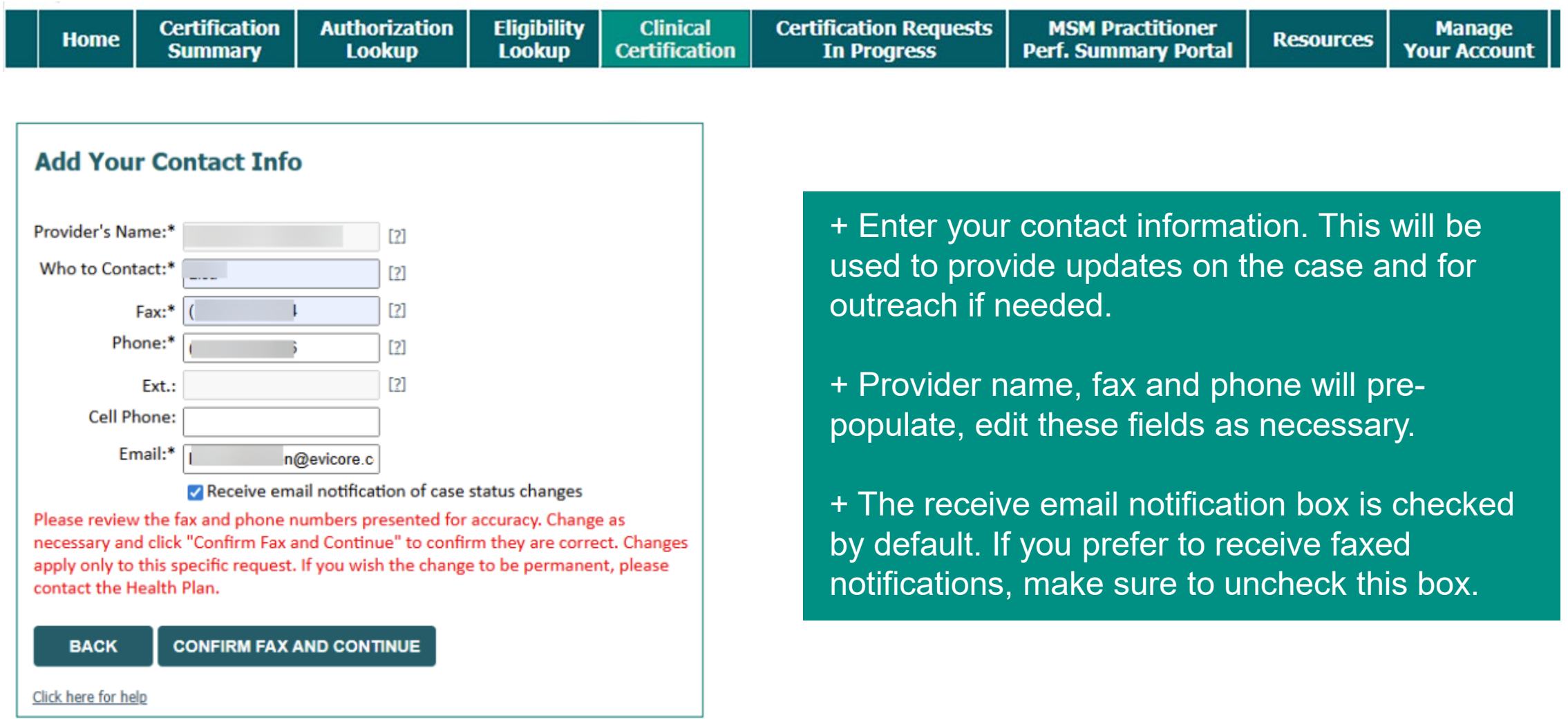


+ Choose the applicable **Health Plan** for your request

+ Another drop down will appear to select the appropriate address for the Provider.

+ Click CONTINUE

Case Build and Submission I Add Contact Information



+ Enter your contact information. This will be used to provide updates on the case and for outreach if needed.

+ Provider name, fax and phone will pre-populate, edit these fields as necessary.

+ The receive email notification box is checked by default. If you prefer to receive faxed notifications, make sure to uncheck this box.

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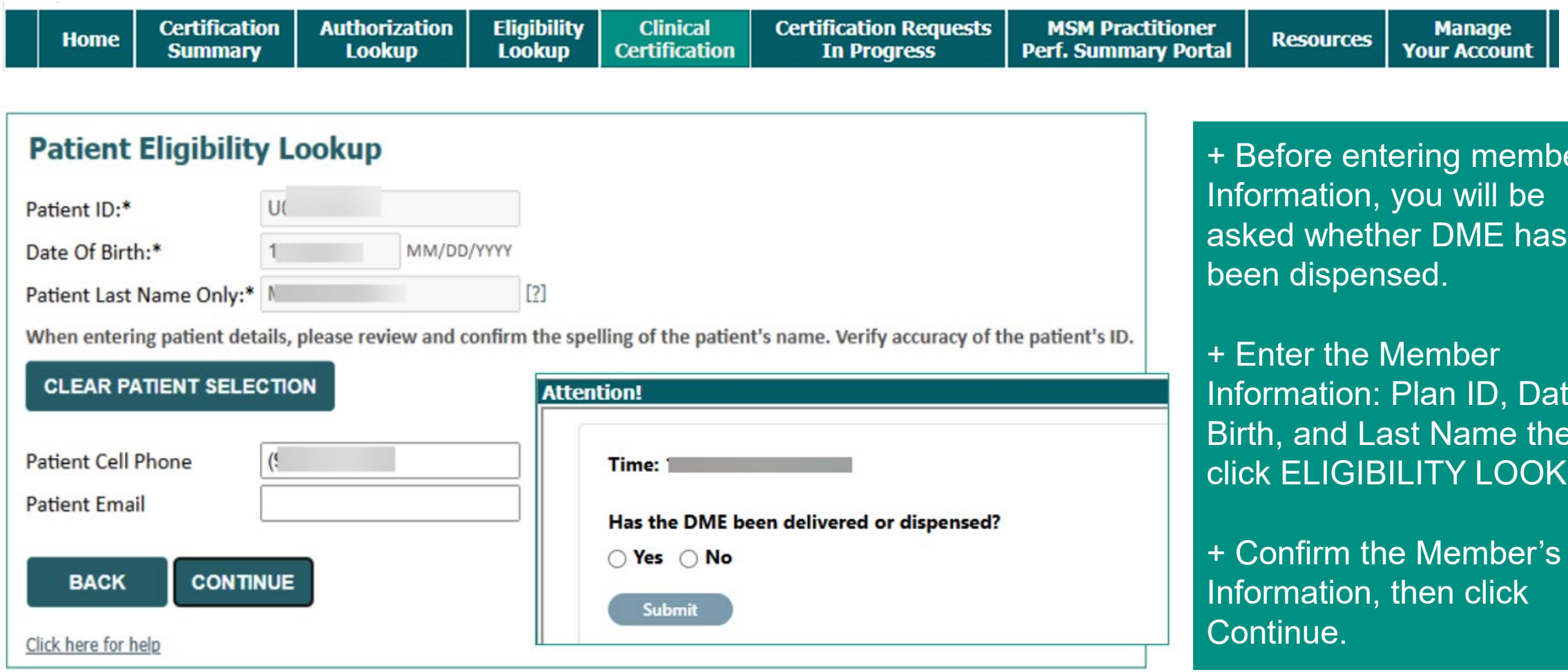
Case Build and Submission I Member Eligibility



+ Before entering member Information, you will be asked whether DME has been dispensed.

+ Enter the Member Information: Plan ID, Date of Birth, and Last Name then click ELIGIBILITY LOOKUP

+ Confirm the Member's Information, then click Continue.

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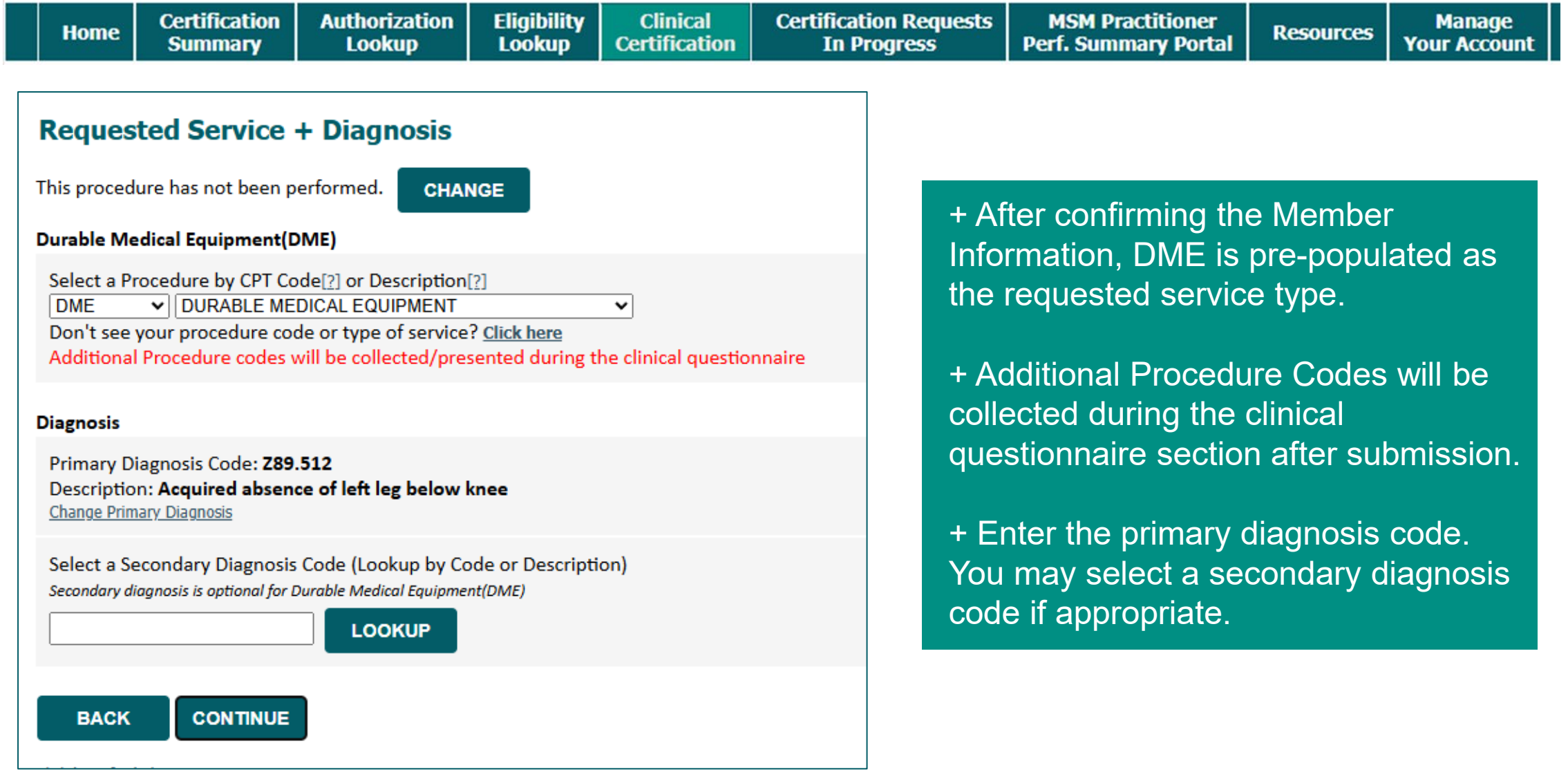
Case Build and Submission I Service Type and Diagnosis



+ After confirming the Member Information, DME is pre-populated as the requested service type.

+ Additional Procedure Codes will be collected during the clinical questionnaire section after submission.

+ Enter the primary diagnosis code. You may select a secondary diagnosis code if appropriate.

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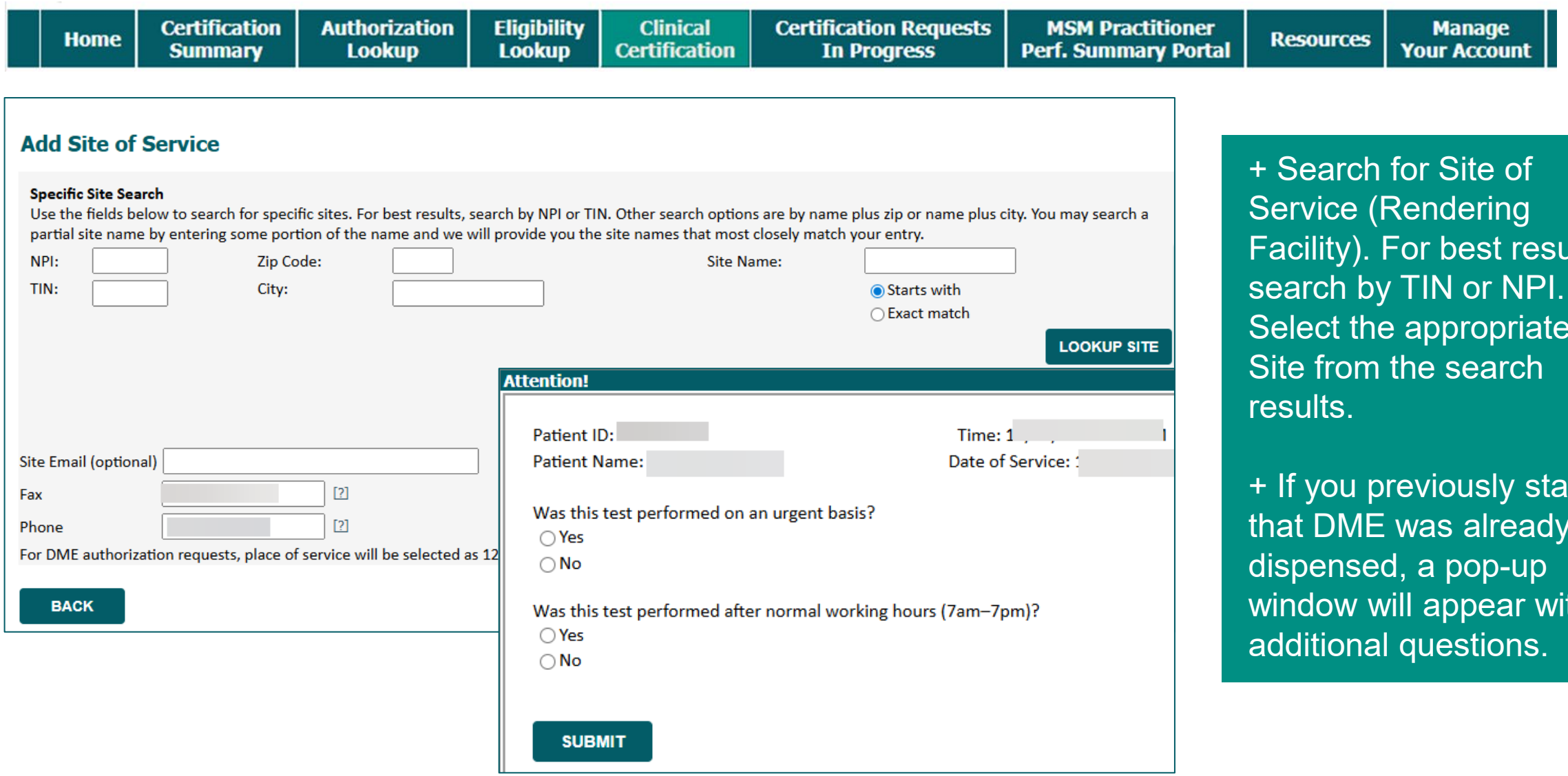
Case Build and Submission I Site of Service



+ Search for Site of Service (Rendering Facility). For best results, search by TIN or NPI. Select the appropriate Site from the search results.

+ If you previously stated that DME was already dispensed, a pop-up window will appear with additional questions.

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Case Build and Submission I Certification

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "**CONFIRM AND CONTINUE,**" you will not be able to edit the Physician, 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 online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ **I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.**

BACK | CONFIRM AND CONTINUE

+ Confirm all previous information entered is accurate, then check the box to acknowledge the attestation.

+ You will **not** be able to make any changes to the information entered past this screen.

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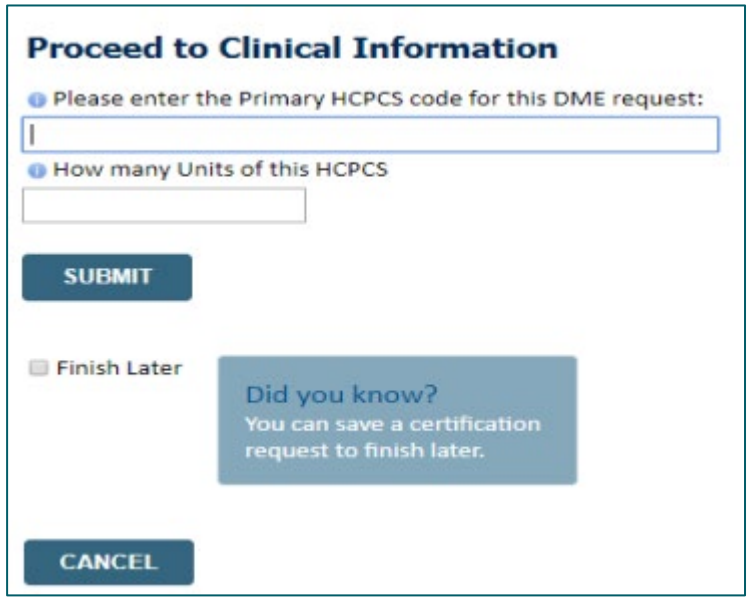
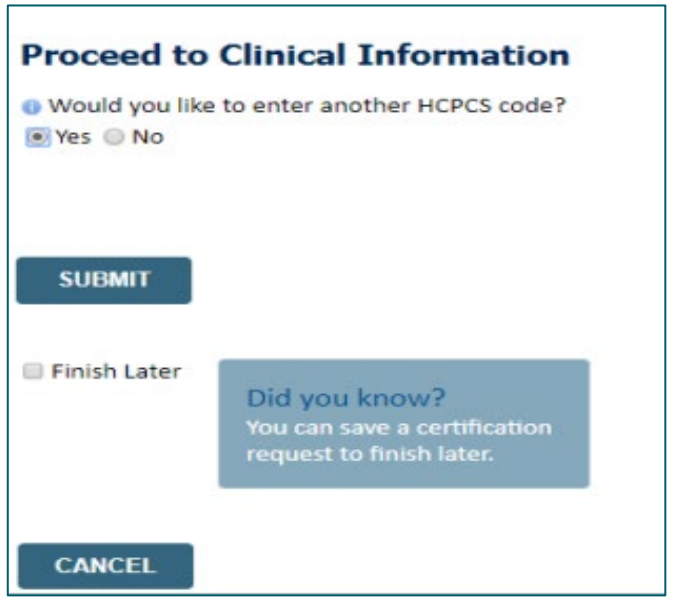
Clinical Pathways I Service Codes





+ You can save your request and finish it later if needed (**Note**: Make sure to complete the case before you leave for the day.)
+ Select **Certification Requests in Progress** to resume a saved request.

+ Enter the Primary HCPCS code and any additional codes, if applicable.

+ If EviCore is not delegated to review a code, you will receive notification to contact the Health Plan. If you have both rental and purchase codes, they must be entered under separate cases.

+ Enter all rental or all purchase codes first and then once submitted, the system will ask if you would like to duplicate the member, physician, or site information for your next case.

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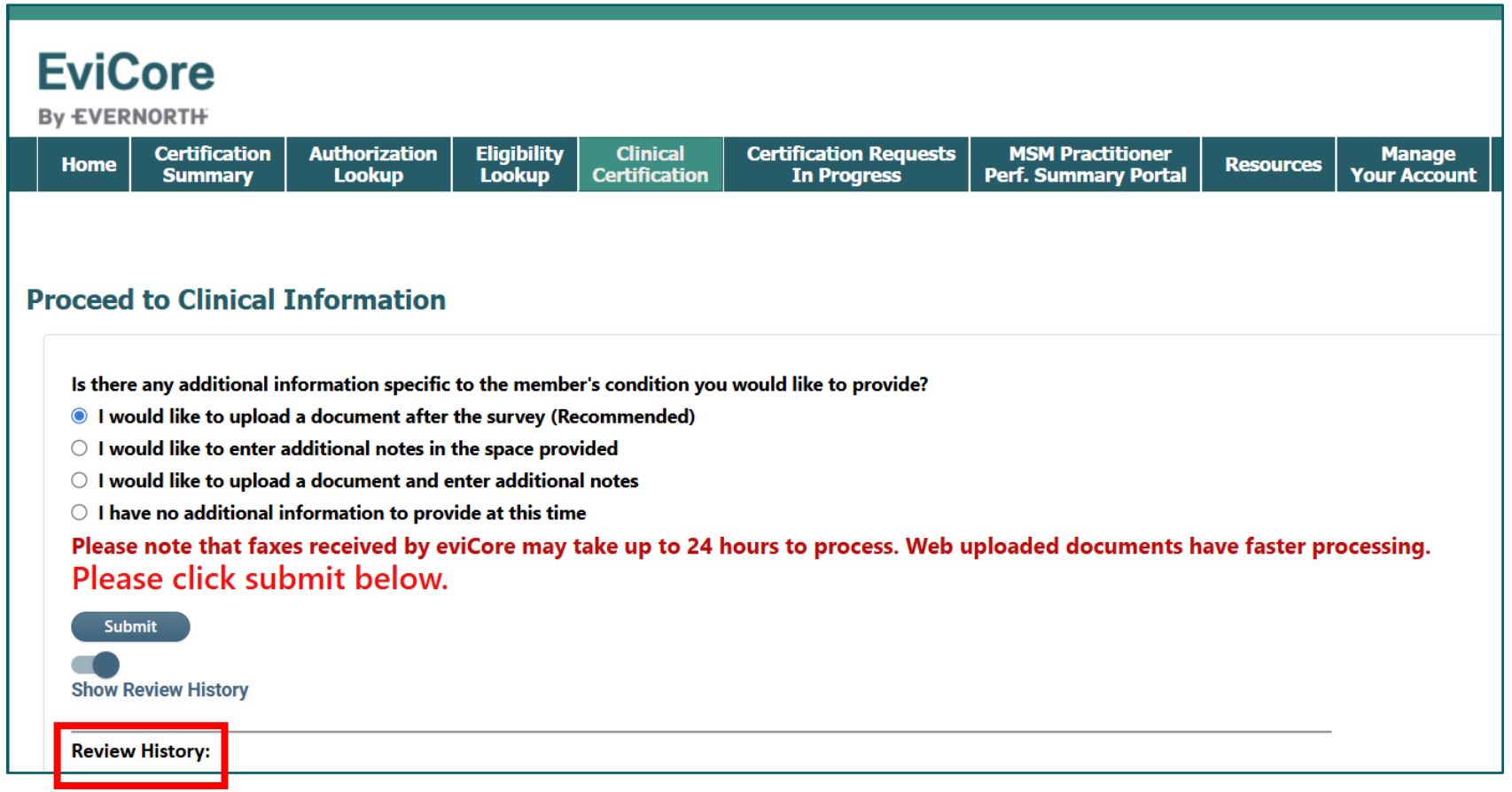
Clinical Pathways I Questions & Documents

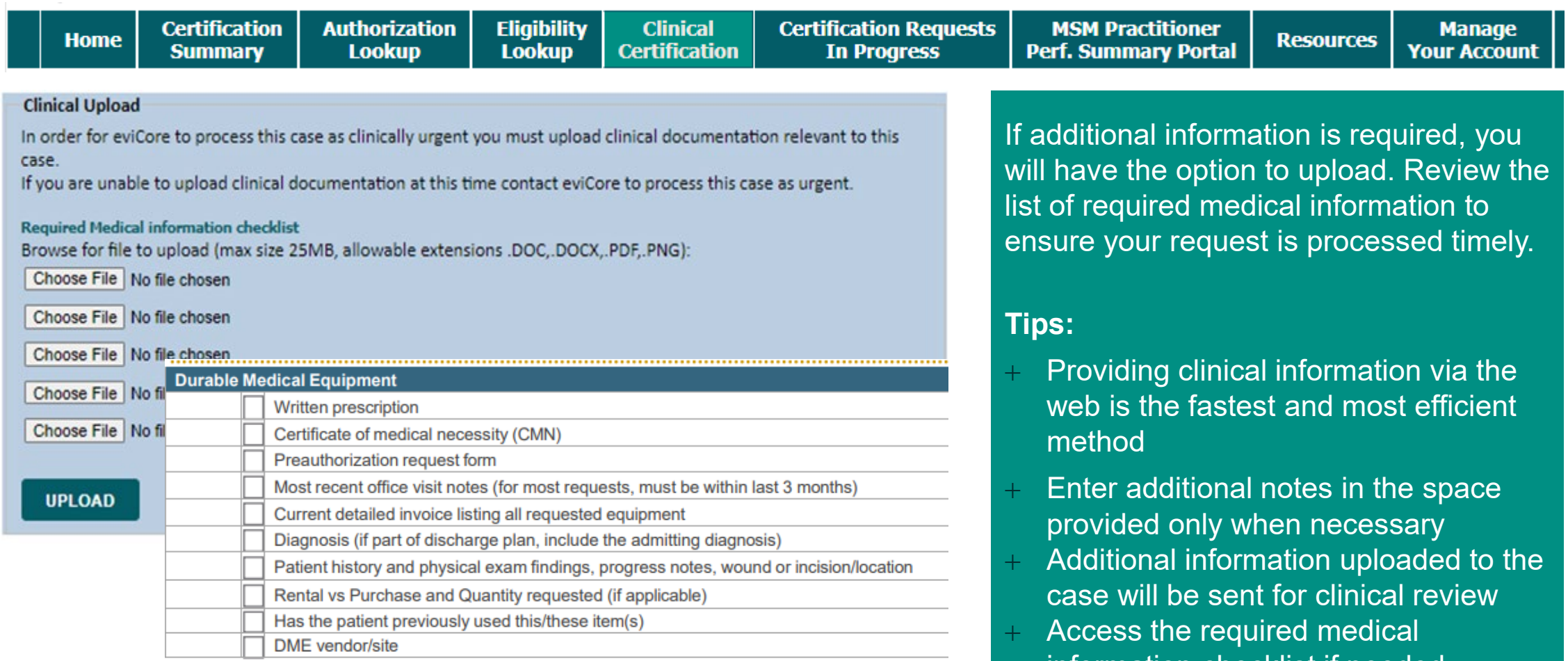


+ Clinical Pathway questions will populate based on the information provided.

+ You can edit your responses to clinical questions prior to case submission by clicking the link to the question under “Review History” as you progress through the pathway.

+ Once all pathway questions are completed, you will be given the option to upload documents to the case and/or include additional notes. Select the appropriate option.

Request for Clinical Upload | Medical Information Checklist



[Required Medical Information Check List.pdf (evicore.com)]

If additional information is required, you will have the option to upload. Review the list of required medical information to ensure your request is processed timely.

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
- Access the required medical information checklist if needed

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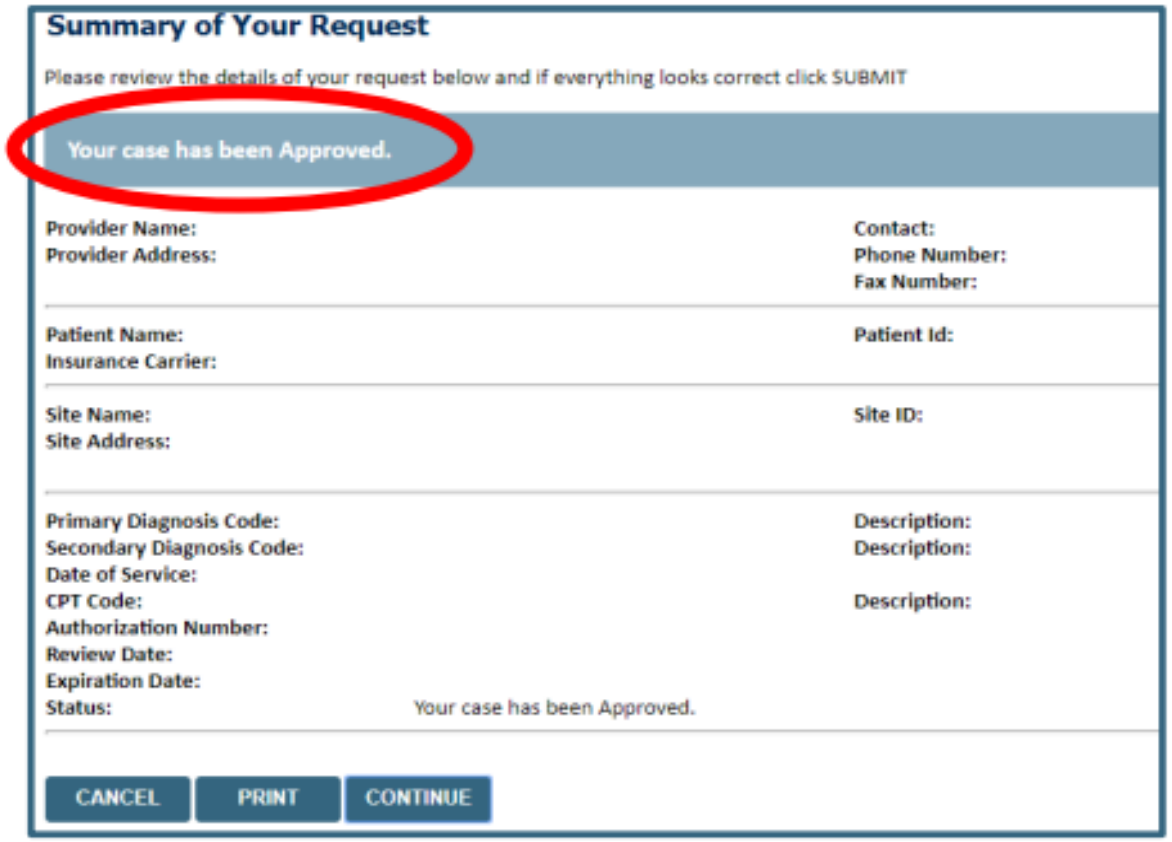
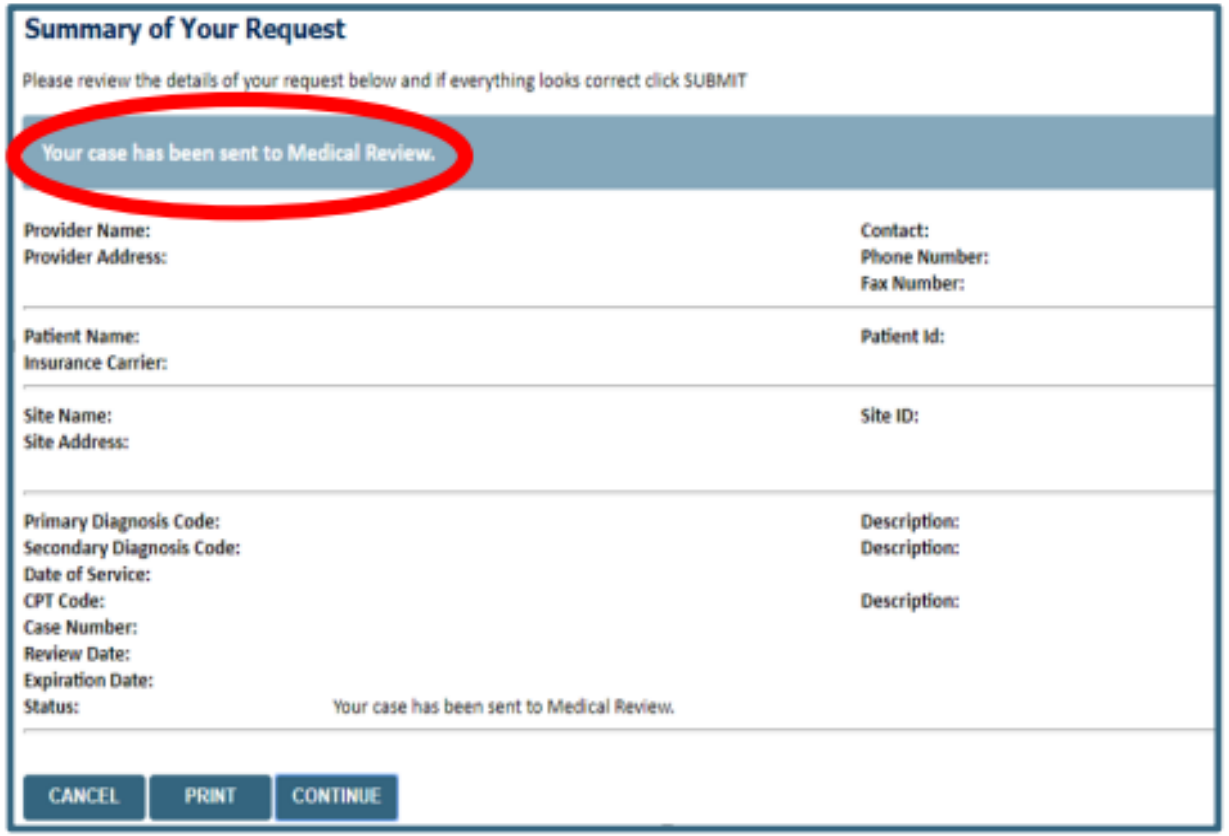
Case Submitted I Summary Screen





Once the case has been submitted, you will receive a summary of your request indicating that either your case has been approved, or your case has been sent to Medical Review. Details of the case are provided along with either an authorization number or case number. You can print this page for your records.

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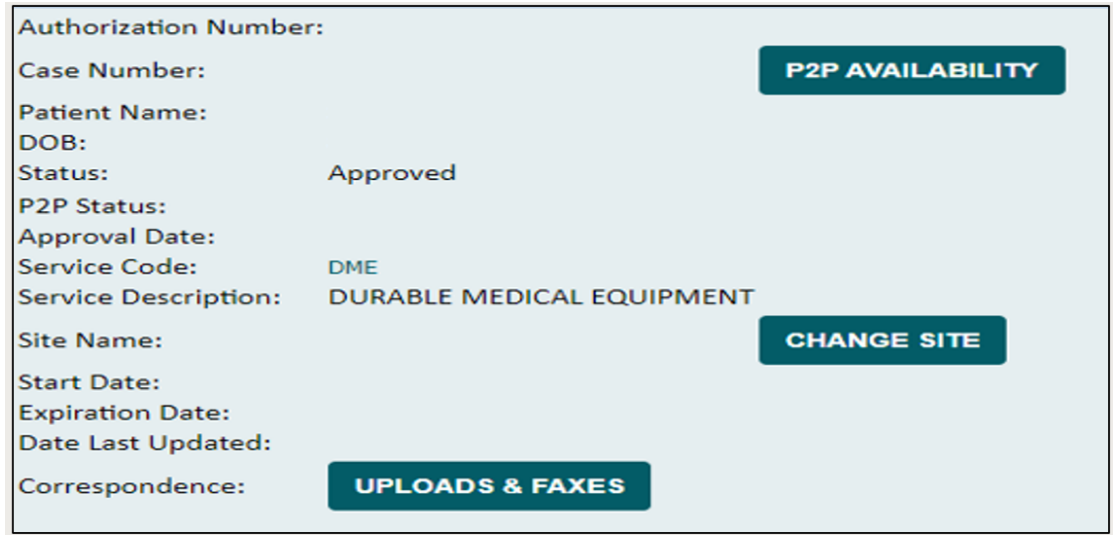
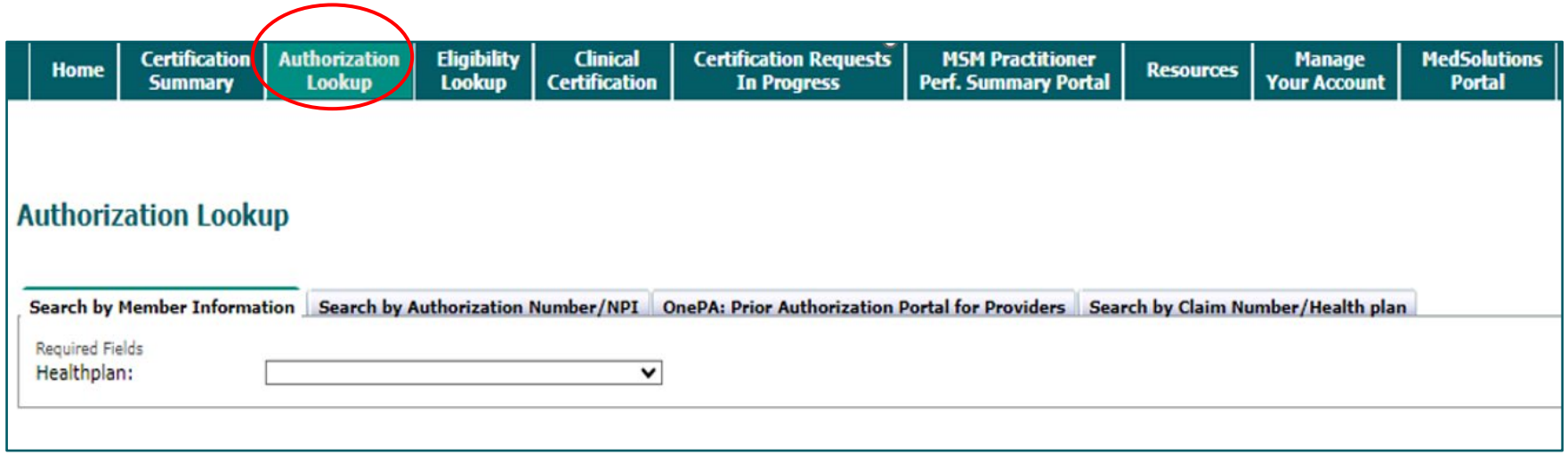
Authorization Lookup Feature

- Look up a case 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
- View and print correspondence associated with the case
- Cases you submitted will appear under your worklist on the main dashboard





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Provider Resources

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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. Requests will be initiated through EviCore's self-service application, ECRM.

+ ECRM: **https://ecrm.evernorth.com/ecrm**
+ Phone: **(800) 646-0418** (option 4).

Web-Based Services and Portal Support

+ Live chat
+ Phone: **800-646-0418** (option 2).

Provider Engagement

+ Regional team that works directly with the provider community.
+ Provider Engagement Territory List

Call Center

Call 866-525-5029, representatives are available from 7 a.m. to 8 p.m. central time.

Contact EviCore's Dedicated Teams

Provider Resource Website

EviCore's Provider Engagement team maintains provider resource pages that contain client and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

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

- To access these helpful resources, visit **Provider Resources**

Contact our Client and Provider Services team via EviCore's self-service application, ECRM

- https://ecrm.evernorth.com/ecrm
- 1-800-646-0418 (option 4)

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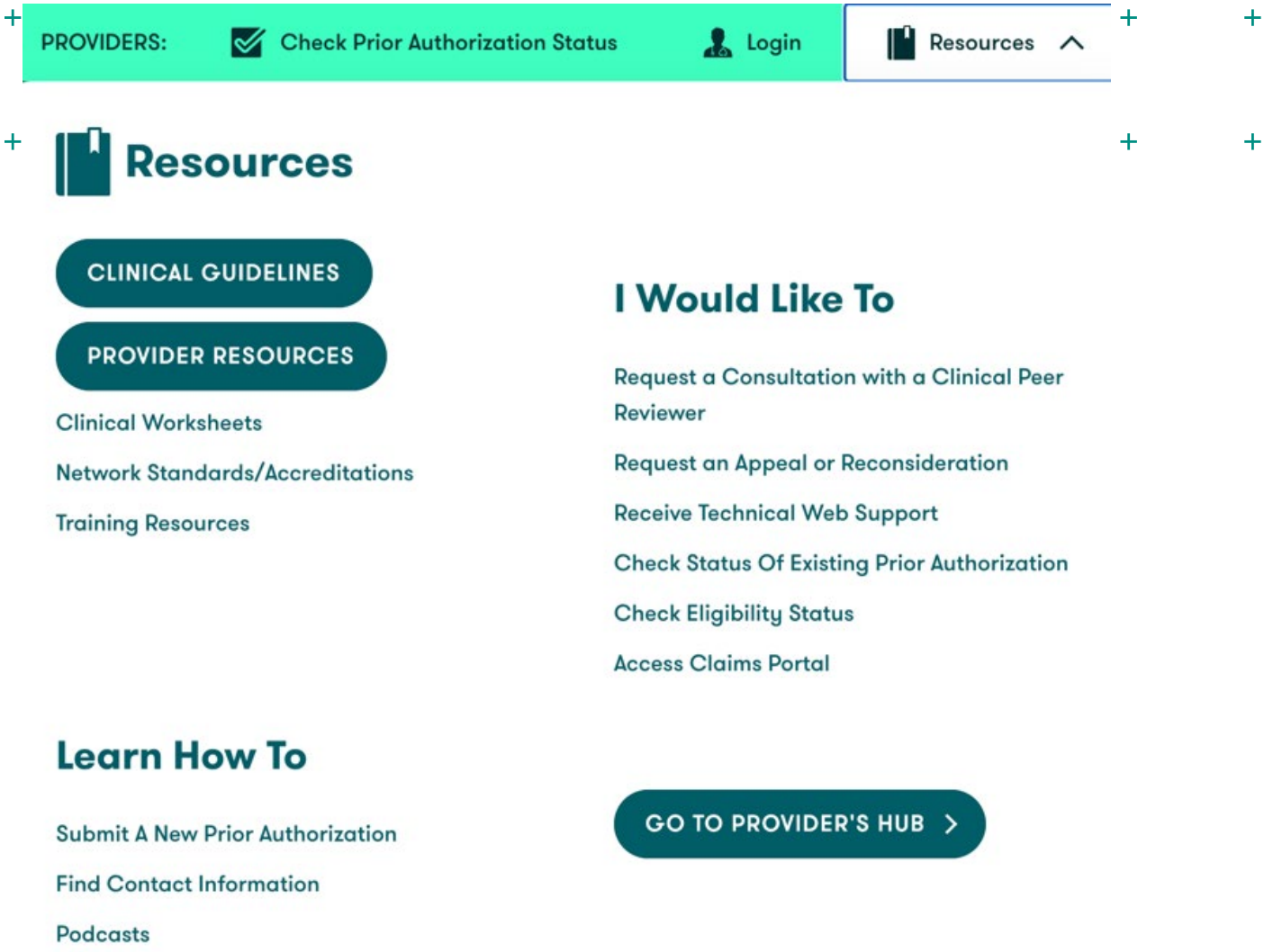
Quick Reference

At the top right corner of our EviCore.com webpage, click on the “Resources” dropdown to display links to a variety of resources:

- Clinical Guidelines
- Health Plan-Specific Provider Resources
- Clinical Worksheets, where available
- Guides on EviCore processes

- Click “Go to Provider’s Hub” to:
  - Log into the provider portal
  - Find Contact Information
  - Sign up for our provider Newsletter
  - Explore more features



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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
- Claims disputes support/claims adjudication requests
- 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**.

Continued Learning:
Provider Training Opportunities

Get More Out of the EviCore Portal - Join a Free Training Session

Whether you're just getting started or have been using the EviCore portal for a while, our **free, live training sessions** can help you work more efficiently and confidently. In just **one hour**, you'll learn tips, tools, and best practices you can use right away.

Sessions are offered on **multiple dates and times**, making it easy to fit training into your schedule.

Training Options & Frequency

+ Intro to Web Portal Training– Offered **twice per week**
+ Intro to EviCore Online Resources– Offered **twice per month**
+ Therapy Provider Training *(for therapy providers)* – Offered **twice per quarter**
+ Post-Acute Care Portal Training *(for hospitals and post-acute care providers)* – Offered **once per week**

How to View Sessions & Register

1. Click on the training session you would like to attend.
2. Select your preferred date and time by checking the radio button.
3. Complete the registration form.
4. Look for a confirmation email with session details.

Have questions? The training host's contact information will be included in your confirmation email.

We look forward to seeing you at an upcoming training session!

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Questions?

Thank you!

Peer-to-Peer (P2P) Scheduling Tool

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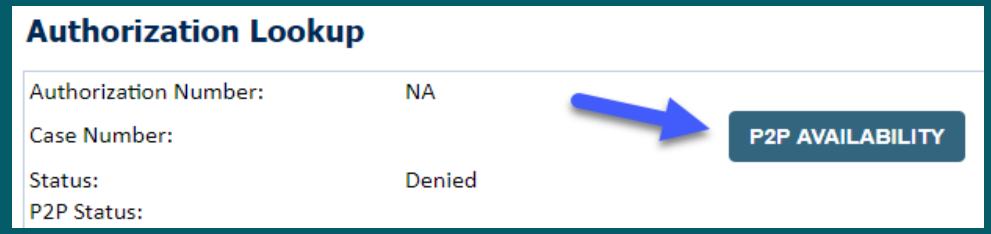
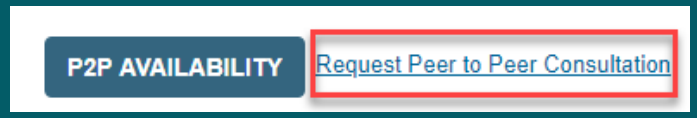
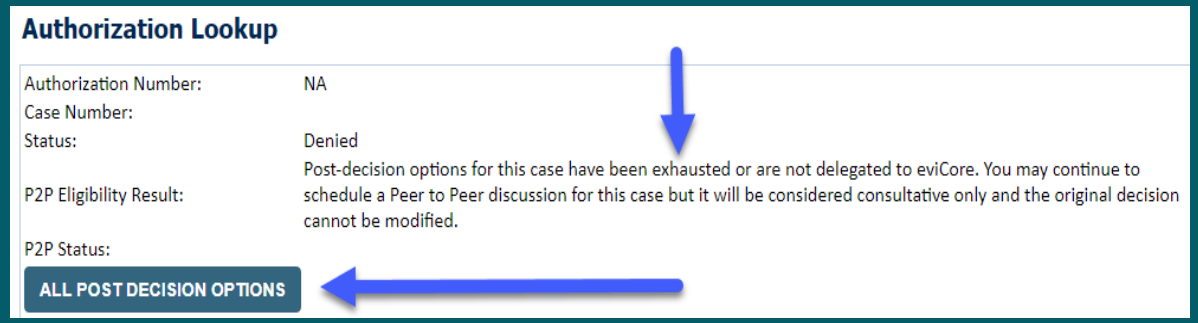
Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2P) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

1. Log-in to your account at EviCore.com
2. Perform **Clinical Review Lookup** to determine the status of your request
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays*







*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer.** You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

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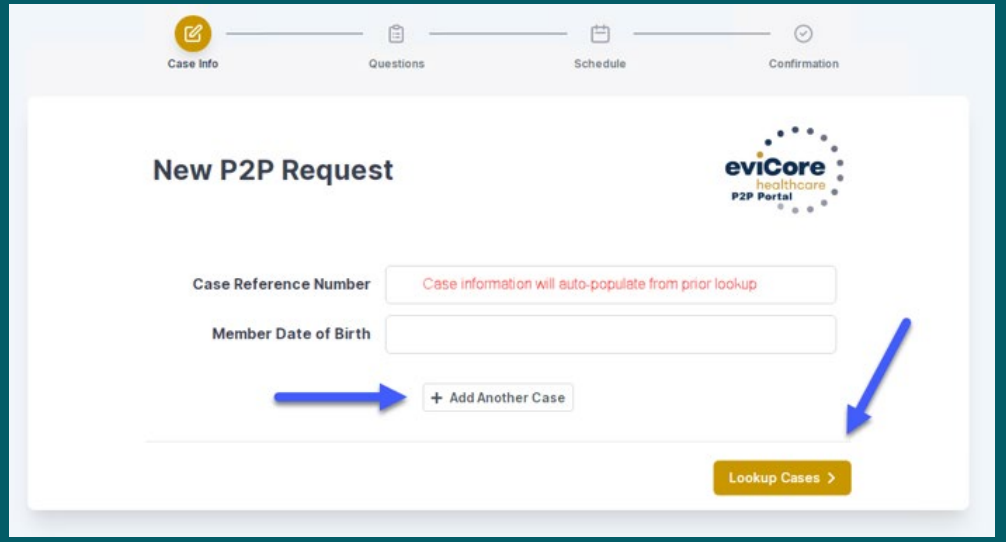
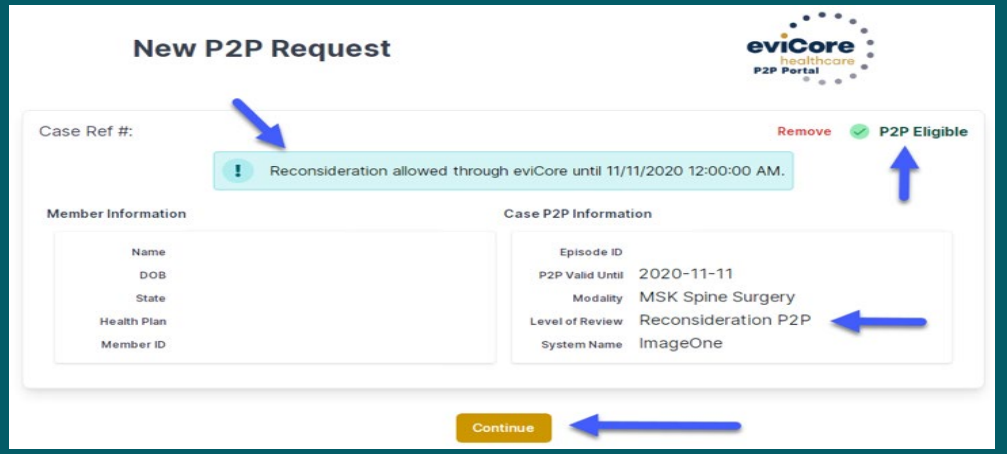
PROVIDER RESOURCES

Schedule a P2P Request
(con't.)

1. Upon first login, you will be asked to confirm your default time zone
2. You will be presented with the Case Number and Member Date of Birth
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
4. To proceed, select **Lookup Cases**
5. You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
6. Click **Continue** to proceed





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Schedule a P2P Request
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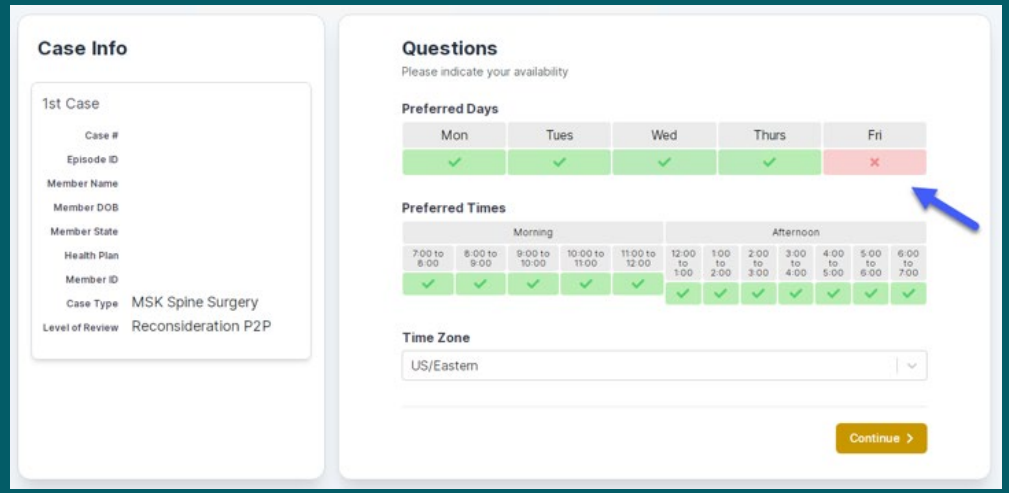
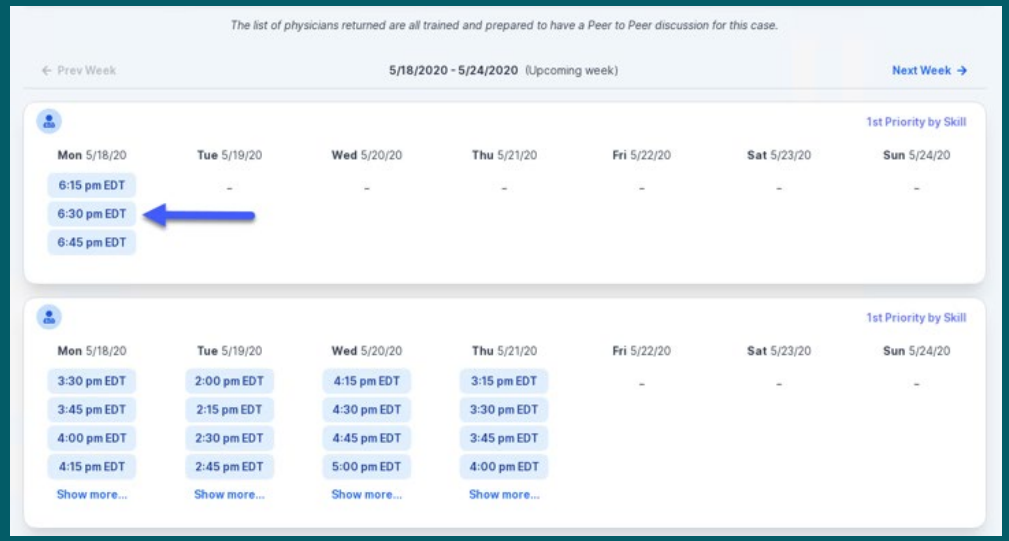
1. You will be prompted with a list of EviCore Physicians / Reviewers and appointment options
2. Select any of the listed appointment times to continue
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
4. Click on any **green checkmark** to **deselect** that option and then click **Continue**





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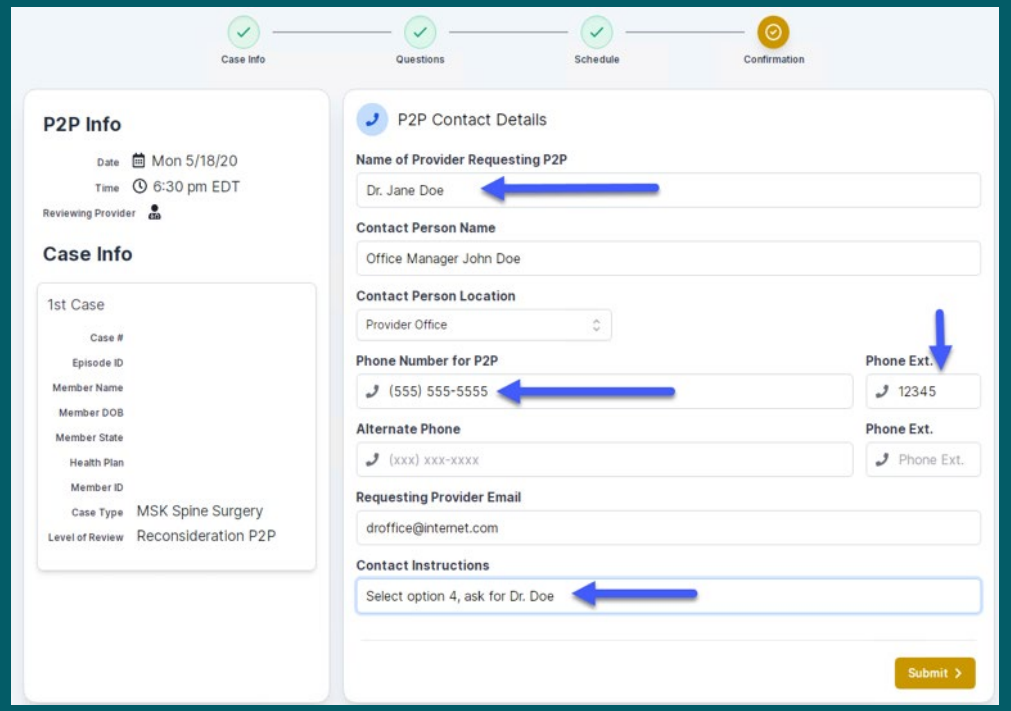
Schedule a P2P Request
(con't.)

1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
   - Name of Provider Requesting P2P
   - Phone Number for P2P
   - Contact Instructions
2. Click **Submit** to schedule the appointment
3. You will be presented with a summary page containing the details of your scheduled appointment
4. Confirm contact details



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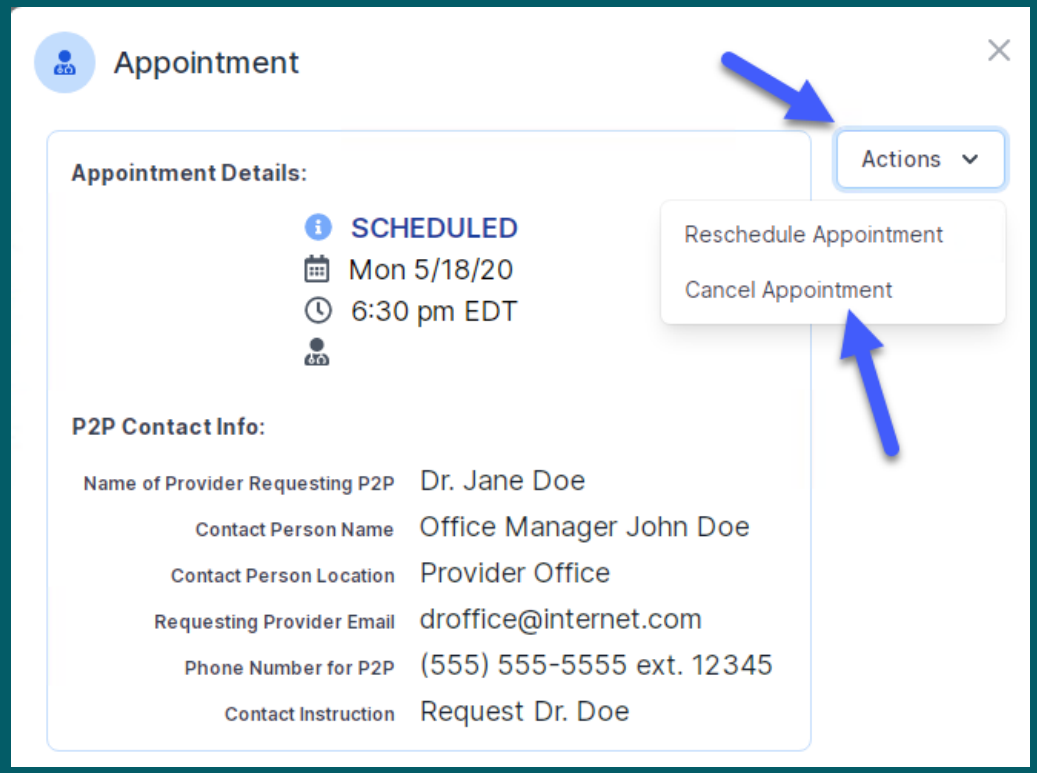
Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation
2. Select the request you would like to modify from the list of available appointments
3. When the request appears, click on the schedule link. An appointment window will open
4. Click on the **Actions** drop-down and choose the appropriate action
   - **If choosing to reschedule,** select a new date or time as you did initially
   - **If choosing to cancel,** input a cancellation reason
5. Close the browser once finished



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