

Post-Acute Care Utilization Management Program

Provider Orientation for Johns Hopkins HealthCare



Empowering
the Improvement
of Care

Agenda

- **eviCore healthcare Company Overview**
- **Post-Acute Care Program Overview**
- **Submitting Prior Authorization Requests**
- **Prior Authorization Outcomes & Special Considerations**
- **Transitional Care Program Overview**
- **Provider Resources**
- **Provider Portal Overview**
- **Q & A**

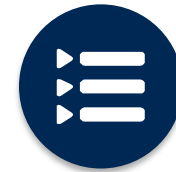
Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the health care system



10
comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Post-Acute Care Program Overview

Applicable Memberships

Prior Authorization is required for Johns Hopkins HealthCare members who are enrolled in the following lines of business/programs:

Medicare	<ul style="list-style-type: none">• Advantage MD
Medicaid	<ul style="list-style-type: none">• Priority Partners

Johns Hopkins HealthCare Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for post-acute care services on August 29th, 2022 for members with Johns Hopkins HealthCare coverage for dates of service of September 1, 2022 and beyond. Johns Hopkins HealthCare will continue to manage concurrent review requests with start of care dates prior to 9/01/22.

Prior authorization applies to the following services:

- Skilled nursing facilities (SNF)
- Inpatient rehabilitation facilities (IRF)
- Long-term acute care facilities (LTAC)



Providers should verify member eligibility and benefits on the secured provider log-in section at:

<https://jhhc.healthtrioconnect.com>

Eligibility only may be verified on the eviCore provider portal www.evicore.com

Prior Authorization Overview

Effective September 1, 2022:

- Hospitals are responsible for submitting the initial inpatient prior authorization for SNF, IRF or LTAC admissions for members discharging from an acute care facility.
- IRF and LTAC facilities are responsible for submitting the initial prior authorization for members transitioning to a lower level of care, such as a SNF.
- PAC Facilities (SNF, IRF and LTAC) are responsible for submitting the initial prior authorization requests for members admitting from the community, emergency department, or outpatient setting and are responsible for submitting prior authorization for concurrent review requests

NOTE: If a member is transferred to the hospital directly from a PAC facility and stays >24 hours, a new prior authorization is required and should be requested by the hospital prior to discharge.

Rationale for Hospital Submission of Requests

- **Appropriate Level of Care Determination:**
 - Hospitals present the most accurate clinical status for discharging members
 - Engagement with discharge planners to determine appropriate level based on medical necessity
 - Patient-Centered alternative PAC setting recommendations
- **Coordinated Post Acute Care Placement:**
 - Proactively identify facility for optimal outcomes and member experience
 - Early initiation of plan of care with goals and risk assessment by eviCore staff members
 - Offer social work coordination to address discharge barriers
- **Medicare PAC Guidance:**
 - Medicare's position on PAC placement provides guidance for the least intensive setting to adequately meet the member's need

Post-Acute Care Prior Authorization Criteria includes, but not limited to:

- Medicare Benefit Policy Manuals (Medicare members only)
- MCG™ evidence-based care guidelines®
- Other Evidence-Based Tools

Submitting Prior Authorization Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

The eviCore online portal www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status

Fax:

844.216.0198 for initial review

877.791.4098 for concurrent review*

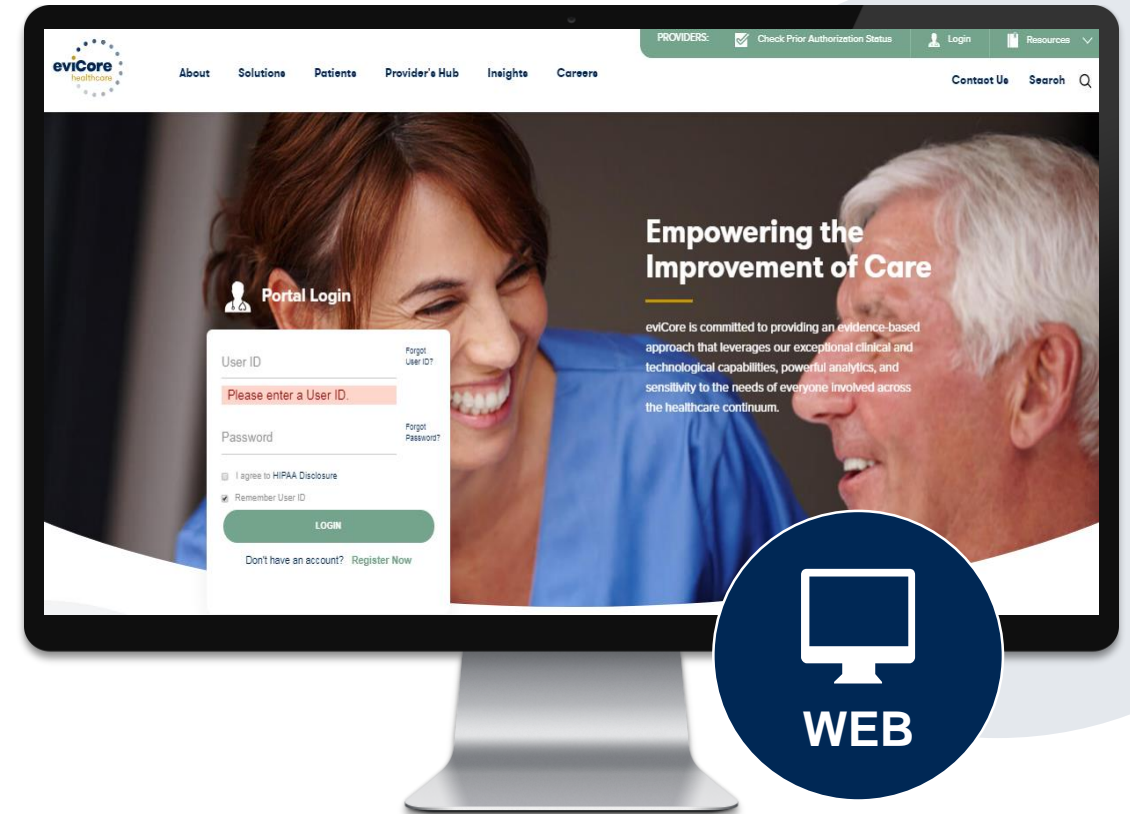
Fax can also be used to submit additional clinical information

*Indicate case # when submitting additional clinical information

Phone: 866.220.3071

Hours of operation

- Monday – 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



Benefits of Provider Portal

The provider portal allows you to go from request to decision much faster. Following are some benefits and features:

- Saves time: Quicker process than fax or telephone prior authorization requests.
- Available 24/7: You can access the portal any time, any day.
- Upload additional clinical information: No need to fax 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.

Link to eviCore provider portal:

www.evicore.com

Required Information for Initial Post-Acute Care Prior Authorization Requests

Admission Details

- Facility type being requested
- Accepting facility demographics (if known)
- member demographics
- Anticipated date of hospital, LTAC, or IRF discharge (if applicable)

Clinical Information

- Hospital admitting diagnosis
- History and physical
- Progress notes, i.e., attending physician, consults & surgical (if applicable)
- Medication list
- Wound or Incision/location and stage (if applicable)

Mobility and Functional Status

- Prior and current level of functioning
- Therapy evaluations: PT/OT/ST
- Therapy progress notes, including level of participation

Note: eviCore prior authorization form and supporting clinical documentation are required for all post-acute care requests.

Required Information for Date Extensions (Concurrent Review Requests)

Prior Authorization Details

- Facility type and demographics
- Member demographics
- Number of days and dates requested

Clinical Information

- Hospital admitting diagnosis and ICD-10 code
- Clinical progress notes
- Medication list
- Wound or Incision/location and stage (if applicable)

Mobility and Functional Status

- Prior and current level of functioning
- Focused therapy goals: PT/OT/ST
- Therapy progress notes, including level of participation
- Discharge plans (include discharge barriers, if applicable)

Important: SNFs should submit clinical for date extension (concurrent review) prior authorization requests 72 hours prior to the last covered day to allow time for Notice of Medicare Non-Coverage (NOMNC) to be issued. The provider is responsible to issue the NOMNC to the member to review, sign and return to eviCore.

Prior Authorization Outcomes and Special Considerations

Prior Authorization Approval

Standard requests are processed within 48 hours **after** receipt of all necessary clinical information

Approved Requests

- Verbal notification is made to requesting provider
- Authorization letters will be faxed to the requesting provider and can be printed on demand from the eviCore portal at www.evicore.com
- Members will receive an authorization letter by mail



Prior Authorization Approval

Approved Requests

Two Potential Scenarios & Outcomes:

1. PAC facility known: prior authorization number issued to requesting provider
2. PAC facility NOT known: Case reference number issued. (Once the accepting PAC facility is communicated to eviCore, a prior authorization number is issued to requesting provider)



Number of prior authorized days are provided according to PAC facility type:

Prior authorization	Skilled nursing facility	Inpatient rehab facility	Long-term acute care
Initial	Five (5) calendar days	Five (5) calendar days	Five (5) calendar days
Concurrent	Seven (7) calendar days	Seven (7) calendar days	Seven (7) calendar days

Determination Outcomes: Unable to Approve

Unable to approve

- When a request does not meet criteria during nurse review, it goes to second level MD review.
- If the MD is unable to approve the request based on the information provided, notification is made to the requesting provider.
- The provider is then given the option to either send additional information to support medical necessity or schedule a clinical consultation. *
- The eviCore MD may also offer an alternate recommendation. The requesting provider can either accept or reject the alternate recommendation, or schedule a clinical consultation. *



*** Important:** If one of these options is not utilized by the requesting provider within one business day, an adverse determination is made and the request is denied.

Prior Authorization Outcomes - Adverse Determination



- When a request does not meet medical necessity criteria, an adverse determination is made and the request is denied
- A denial letter with the rationale for the determination, post-decision options and appeal rights will be faxed by eviCore to the requesting provider and mailed to the member
- Adverse determination letters can also be printed on demand from the eviCore portal at www.evicore.com

Post-Decision Options: Priority Partners Members

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 3 business days from the determination date
- eviCore has 5 calendar days after receipt of the request to complete the determination
- Reconsiderations are not available once an Appeal has been initiated.

Appeals

- eviCore will process pre-service appeals for Priority Partners
- A denial letter with the rationale for the decision and pre-service appeal rights will be mailed to the member and faxed to the ordering provider.

Appeals (continued)

- Appeal requests must be submitted to eviCore within 60 calendar days from the initial determination
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider
- Post-service appeals will be processed by Priority Partners

Post-Decision Options: Advantage MD Members

Reconsiderations

- Medicare cases do not include a reconsideration option

Appeals

- eviCore will not process member appeals, please follow the Johns Hopkins Advantage MD process
- Only members have appeal rights. A denial letter with the rationale for the decision and appeal rights will be issued to the member.
- A denial letter with the rationale for the decision and post-service payment dispute rights will be issued to the provider.

Clinical Consultation Requests

Unable to approve

- If we are unable to approve a request with the provided information, we offer clinical consultations with the referring physician and an eviCore Medical Director
- Clinical consultations, after an Unable to Approve decision has been made, may result in either a reversal of decision to deny or an uphold of the original decision
- A clinical consultation may be requested by calling eviCore at 866-220-3071

Adverse determination

- For adverse determinations, or final denials, providers can request a clinical consultation with an eviCore physician to better understand the reason for denial.
- Once a final denial decision has been made, however, the decision cannot be overturned via a clinical consultation.



Special Circumstances

Requests submitted after care has started

- 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 JHHC
- When a request does not meet medical necessity criteria, an adverse determination is made and the request is denied

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 by phone (recommended) or fax
- Urgent requests will be reviewed within 72 hours



Transitional Care Program Overview

Transitional Care Program Offering

Transition of Care Program (TOC) Overview

- eviCore will follow JHHC members through the Post-Acute Care continuum to ensure oversight aimed at reducing readmissions. Upon discharge from the facility, the TOC team will begin call outreach when all skilled services have ended in a PAC facility. The frequency of member contact is based on a set call cadence and is personalized based on nursing clinical judgment and conversation with the member.

Key Program Objectives

- Readmission avoidance by educating members via informative telephonic sessions: (interactive voice response (IVR) system and live calls)
- Use of Bluetooth monitoring equipment when applicable. (Scale, pulse ox, BP cuff)
- Patient centric care plans based on an individuals needs
- Connect members with Primary Care Physicians when necessary
- Provide targeted transitional coaching based on disease specific health needs and eviCore risk assessment stratification
- Medication reconciliation with members
- Scheduling of MD follow-up appointments
- Social worker referral for psychosocial needs, community resources

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 866.220.3071

To reach a customer service representative, please call our call center at **866.220.3071** and **choose options 5,1** for post-acute care.

Then follow the additional prompts below to speak to the right person:

- Option 1: If you know your party's extension
- Option 2: For status of an existing request
- Option 3: To request a new prior authorization
- Option 4: For concurrent reviews
- Option 5: To schedule a Peer to Peer discussion
- Option 6: To request an appeal
- Option 7: For all other inquiries
- Option 9: To repeat these options

Note: If the start of care date on the post-acute care authorization changes, we recommend communicating this to eviCore to ensure the dates of service match the claim.



*To ensure you have a successful experience in reaching the desired representative, please **listen carefully to the phone prompts** when calling the eviCore authorization call center.*

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

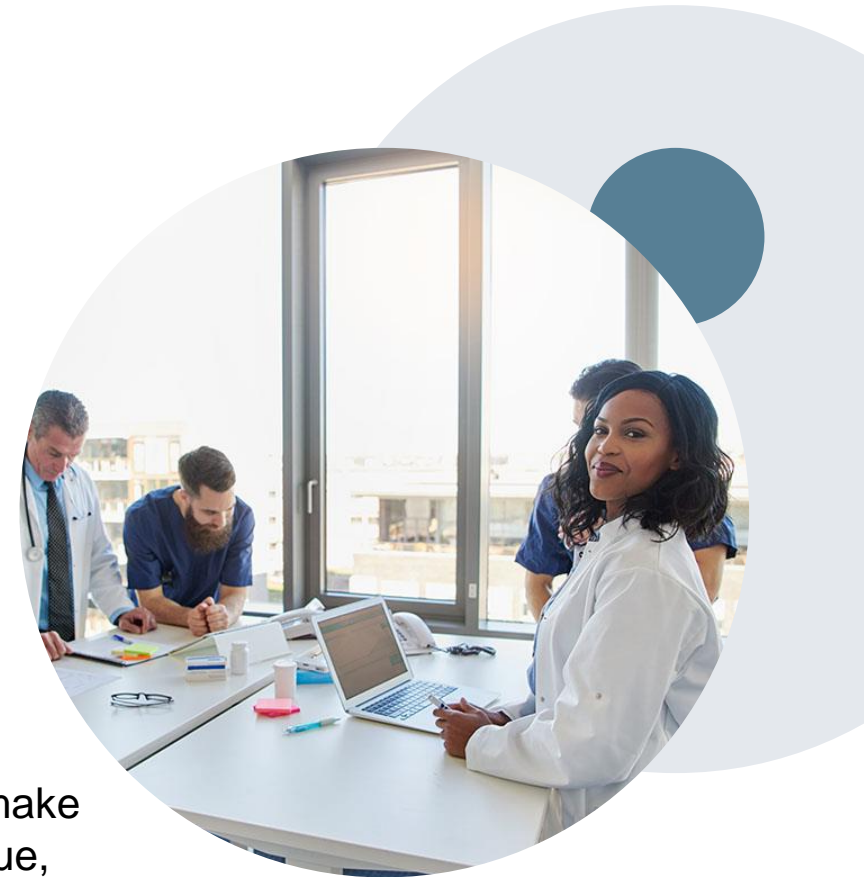
- Requests for a prior authorization to be resent to the health plan
- Eligibility issues (customer, requesting or rendering or facility)
- Issues experienced during case creation
- Reports of system issues
- Program related questions

How to contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 800.575.4517 (option 3)

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan (JHHC) in the subject line with a description of the issue, with member/provider/case details when applicable.



Provider Resource Website

Client Specific Provider Resource Site

eviCore's Provider Experience team maintains provider resource pages that contain 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:

- Provider Training Documents
- Frequently Asked Questions (FAQ) Documents
- Quick Reference Guides (QRG)
- Provider Training Sessions' Details
- Prior Authorization Forms

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/johnshopkinshealthcare>



eviCore Provider Portal Support

**For eviCore portal account questions -
contact a Portal Support Specialist**



Call: 800.646.0418 (option 2)



Email: portal.support@eviCore.com

Portal Support Services: Available Monday through Friday, 8:00 a.m. – 7:00 p.m. EST

eviCore Provider Portal

eviCore healthcare Website

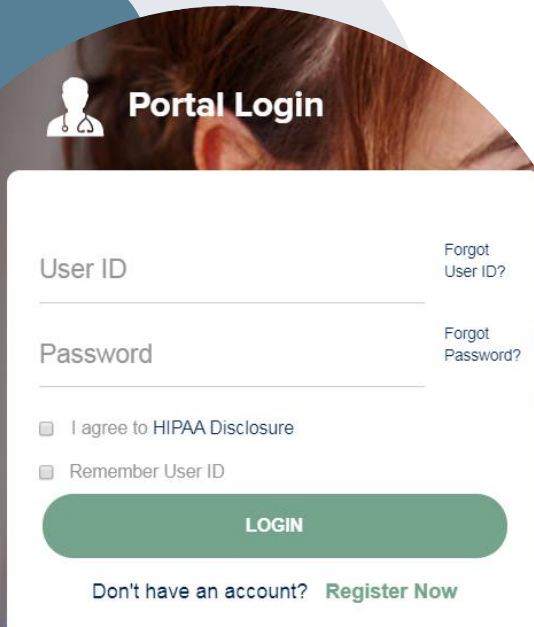
www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!



Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)

Creating An Account



* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use to submit cases over the web.

Default Portal*:



User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text" value="TestFacility1"/>	Address*:	<input type="text" value="123 Main Street"/>	Phone*:	<input type="text" value="999-999-9999"/>
Email*:	<input type="text" value="testfacility@test.com"/>		<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text" value="testfacility@test.com"/>	City*:	<input type="text" value="Test"/>	Fax*:	<input type="text" value="999-999-9998"/>
First Name*:	<input type="text" value="Test"/>	State*:	<input type="text" value="TN"/>	Zip*:	<input type="text" value="99999-____"/>
Last Name*:	<input type="text" value="Facility"/>	Office Name:	<input type="text"/>		

Provider Information

Please Select the Facility that you represent. A notification will be sent to the organization regarding this registration

Facility Name*:	<input type="text" value="Tes"/>	Street Address:	<input type="text"/>		
Zip Code:	<input type="text"/>	Tax ID*:	<input type="text" value="123456789"/>	NPI:	<input type="text"/>

Account Type*:

FIND



Select **Medsolutions** as the Default Portal and **Facility** as the Account Type. For Provider Information, complete first 3 letters of Facility Name and Tax ID **ONLY**

Submit Registration



Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal* :

User Registration

UserName:	TestFacility1	Address:	123 Main Street	Phone:	999-999-9999
Email:	testfacility@test.com	City:	Test	Ext:	
Account Type:	Facility	State:	TN	Zip:	99999
First Name:	Test	Office Name:		Fax:	999-999-9998
Last Name:	Facility				

Provider Information

Facility Name:	TEST1 FACILITY	Street Address:	123 MAIN ST	Zip Code:	77506	Tax ID:	*****6789
NPI:							

Please read below to sign up as an appropriate user.

Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.

Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-Authorization.

Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax Ids after your initial login.

Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

[Back](#)

[Submit Registration](#)

 Review information provided, and click **“Submit Registration.”**

User Registration Successful



Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

Your password must be at least
8 characters and contain the following:

- ➡ Uppercase letter
- ➡ Lowercase letter
- ➡ Number
- ➡ Character (e.g. , ! ? *)



You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.


Log On

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

 LOGIN

Don't have an account? [Register Now](#)

- Login with User ID & Password
- Click Checkbox for I agree to HIPAA Disclosure
- Click LOGIN

For login problems please ensure your browser's default Pop-up blocker is set to Always Allow Pop-ups on the site or set to turned off.

Post Acute Care Portal



Announcements Home Search/Start Case Claim Search Payment Status CareCore National Portal **Post Acute Care**

Announcements Home Member / Case Look Up

News

Portal Enhancements- Posted on: 19 Mar 2018

EVICORE HEALTHCARE POST-ACUTE CARE WEB PORTAL ** NEW FEATURES available after 03/17/18 **

eviCore offers updates to our PAC Web Portal to increase ease of use for case submission or case status review. We strive to improve the overall experience with technology updates. With this goal in mind, eviCore has enhanced our PAC Provider Web Portal with a HOME TAB to make it easier to view and print case documents. The new HOME TAB will enable the user to:

- See all pending and authorized patients in one convenient location
- View and print real-time letter determinations for each case
- Export and Print all cases on the dashboard, along with case authorization details

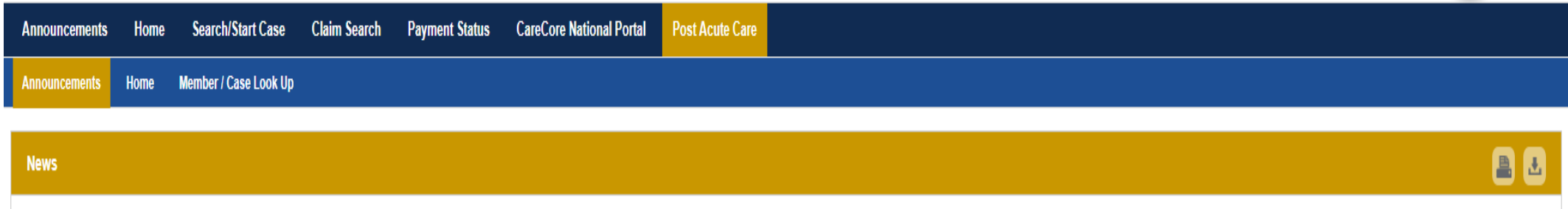
Details are included in a PAC Web Portal presentation on each Plan specific Implementation page: <https://www.evicore.com/resources/pages/providers.aspx>

Home Health Initial Prior Approval Submission Requests- Posted on: 15 Feb 2018

2.15.18
Effective immediately eviCore healthcare (eviCore) will accept initial preauthorization requests directly from Home Health Agencies for members discharging from Post-Acute Care (PAC) facilities (Skilled Nursing, Inpatient Rehab and Long Term Acute Care Facilities). This applies to Healthfirst Medicare Advantage and EmblemHealth (HIP) Medicare, Medicaid and Commercial members managed by eviCore healthcare.
Please ensure we receive an Ordering Physician for all initial requests with phone/fax numbers for notification purposes.
Important: Individual requests for each discipline may cause a delay in authorization determinations. eviCore recommends that ALL home health disciplines be requested at the same time.

Once you have logged in to the site, you will be directed to the main landing or Announcement page.
**** Make sure to choose Post Acute Care ****

Account Settings



The **Options Tool** allows you to access your Account Settings to update information:

- Change password
- Update user account information (address, phone number, etc.)
- Set up preferred Tax ID numbers of Facilities and view summary of cases for providers with affiliated Tax ID numbers

Adding **Preferred Tax ID numbers** will allow you to view the summary of cases submitted for those providers:

- Search for a Tax ID by clicking **Physician** or **Facility**.
- Confirm you are authorized to access PHI by clicking the check box, and hit Save.

Search an Authorization Status

Search Case Status

The screenshot shows the 'Search Case Status' interface. At the top, a navigation bar includes 'Announcements', 'Home', 'Search/Start Case', 'Claim Search', 'Payment Status', 'CareCore National Portal', and 'Post Acute Care'. Below this, a secondary bar has 'Announcements', 'Home', and 'Member / Case Look Up'. A red arrow points to the 'Home' tab. A blue callout box labeled 'REFRESH OFTEN' points to the 'Refresh Data' button in the top right of the table headers.

Below the navigation is a section for 'Pending Cases for the last 7 days'. It contains a table with columns: Upload, Case Number, Insurer Name, Patient Name, Date Of Birth, Service Requested, Servicing Provider, Decision Status, Authorization Nu..., Start Date Of Care, and Authorization End. A red circle highlights the 'Refresh Data' button in the top right of this table's header. A blue callout box points to the 'TEST MEMBER' in the Patient Name column, stating 'Cases in RED require additional Provider action'.

Below that is a section for 'Recently Submitted Cases'. It has date filters for 'Start Date' (12/08/2017) and 'End Date' (03/08/2018). A table with the same columns as above is shown. A red circle highlights the 'Refresh Data' button in the top right of this table's header. Another red circle highlights the 'Only My Portal Cases' checkbox, which is checked. A blue callout box points to this checkbox, stating 'Checking this box will only show cases submitted through the portal by the user. To see all cases for a facility(s), uncheck'. A red arrow points to the right side of the interface.

Upload	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	Servicing Provider	Decision Status	Authorization Nu...	Start Date Of Care	Authorization End
	0	BCBSMI	TEST MEMBER	01/01/1980	INPT REHAB	EVICORE FACILITY	Incomplete Case Build		03/06/2018	

Upload	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	Servicing Provider	Decision Status	Authorization Nu...	Start Date Of Care	Authorization End
UPLOAD	2858	BCBSMI	TEST MEMBER1	01/01/1980	SNF	EVICORE FACILITY	AUTHORIZED	ASNE02600	03/06/2018	03/10/2018
UPLOAD	2857	BCBSMI	TEST MEMBER2	01/01/1950	SNF	ABC FACILITY				
UPLOAD	2846	BCBSMI	TEST MEMBER3	01/01/1940	SNF	ABC FACILITY				
UPLOAD	2860	BCBSMI	TEST MEMBER4	01/01/1945	LTAC	TEST PROVIDER MI	PENDING		03/06/2018	
UPLOAD	2846	BCBSMI	TEST MEMBER5	01/01/1955	INPT REHAB	ABC FACILITY	PENDING		03/06/2018	03/10/2018

Once a request has been submitted, the member will show up on the user's HOME tab. If you have recently submitted a case, it is important to choose "Refresh Data" for both pending and recently submitted cases.

Search Case Status - Continued

REFRESH OFTEN

Pending Cases for the last 7 days

Upload	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	Servicing Provider	Decision Status	Authorization Nu...	Start Date	Authorization End...
	0	BCBSMI	TEST MEMBER1	01/01/1960	INPT REHAB	EVICORE FACILITY	Incomplete Case Build		03/06/2018	

Recently Submitted Cases

Upload	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	Servicing Provider	Decision Status	Authorization Nu...	Start Date Of Care	Authorization End...
UPLOAD	2858	BCBSMI	TEST MEMBER1	01/01/1960	SNF	EVICORE FACILITY	AUTHORIZED	ASNF02600	03/06/2018	03/10/2018
UPLOAD	2857	BCBSMI	TEST MEMBER2	01/01/1950	SNF	ABC FACILITY	AUTHORIZED	ASNF02599	03/06/2018	03/17/2018
UPLOAD	2846	BCBSMI	TEST MEMBER3	01/01/1940	SNF	ABC FACILITY	AUTHORIZED	ASNF02590	03/06/2018	03/24/2018
UPLOAD	2860	BCBSMI	TEST MEMBER4	01/01/1945	LTAC	TEST PROVIDER MI	PENDING		03/06/2018	
UPLOAD	2846	BCBSMI	TEST MEMBER5	01/01/1955	INPT REHAB	ABC FACILITY	PENDING		03/06/2018	03/10/2018

“Pending Cases” section:

- Insufficient Clinical – eviCore has received clinical but additional information is needed
- Incomplete Case Build – a case has been started in the portal, but the user did not complete all steps

“Recently Submitted Cases” section:

- Active – Actively working the case and no decision has been made
- Authorized – Authorization is complete and approved. If the case is marked in RED, additional clinical is needed for concurrent review
- Denied – Request has been denied
- Pending – eviCore requires additional review

Search Case – Case Lookup – Status

When you open the case, by double clicking , you will see additional Authorization details and Decision Status. Make note of Case ID, authorization number if applicable, authorization expiration date and total quantity approved.



Case/Authorization			
Case ID: 2860	Authorization Number: Not Provided	Service Requested: SNF	Bill Code: Not Provided
Rev Code: 191	Start of Care Date: Not Provided	Authorization Expiration Date: Not Provided	Total Quantity: Not Provided
Decision Date: Not Provided	Decision Status: ACTIVE	Post Acute Care Facility Discharge Date: Not Provided	Expected Acute Discharge Date: Not Provided
Case/Authorization			
Case ID: 2860	Authorization Number: ASNF02792	Service Requested: SNF	Bill Code: Not Provided
Rev Code: 190	Start of Care Date: 03/07/2018	Authorization Expiration Date: 03/13/2018	Total Quantity: 7
Decision Date: 03/14/2018	Decision Status: AUTHORIZED	Post Acute Care Facility Discharge Date: Not Provided	Expected Acute Discharge Date: Not Provided
Case/Authorization			
Case ID: 2860	Authorization Number: N/A	Service Requested: SNF	Bill Code: Not Provided
Rev Code: 191	Start of Care Date: Not Provided	Authorization Expiration Date: Not Provided	Total Quantity: 0
Decision Date: 03/16/2018	Decision Status: DENIED	Post Acute Care Facility Discharge Date: Not Provided	Expected Acute Discharge Date: Not Provided

Print Authorization Letters

Announcements Home Member / Case Look Up Case Summary - ASNF02791

CASE SUMMARY

Case/Authorization

Case ID: 784 Authorization Number: ASNF02791
Rev Code: 191 Start of Care Date: 03/14/2018
Decision Date: 03/14/2018 Decision Status: AUTHORIZED
Ordering Physician: JOSEPH TESTA

Patient

First Name: TESTFIRST
Last Name: TESTLAST
Date of Birth: 12/07/1983
Address: 82776 FRANKLIN RD., FRANKLIN, TN, 37076
Phone: Not Provided
Member Plan ID: TEST1234567

ICD Codes

ICD Code: A27.81
ICD Code Version: 10

Additional Documents

File Name
REFERRAL_MAIL

Open with

Choose the program you want to use to open this file:
File: REFERRAL_MAIL (4)

- Adobe Acrobat (Adobe Systems Incorporated)
- Excel (desktop) (Microsoft Corporation)
- Internet Explorer (Microsoft Corporation)
- Notepad (Microsoft Corporation)
- Paint (Microsoft Corporation)
- Snagit Editor (TechSmith Corporation)
- Windows Media Center (Microsoft Corporation)
- Windows Media Player (Microsoft Corporation)
- Windows Photo Viewer (Microsoft Corporation)
- Word (desktop) (Microsoft Corporation)
- WordPad (Microsoft Corporation)

Always use the selected program to open this kind of file

Buttons: Browse, OK, Cancel

REFERRAL_MAIL (5) - Adobe Acrobat Pro



File Edit View Window Help

137%

Tools Comment Share

Bill Code: Not Provided

Medicare Advantage Servicing Department
Mail Code X521 600 East Lafayette
Detroit, MI 48226



TESTFIRST TESTLAST
82776 FRANKLIN RD,
FRANKLIN, TN 37076

Member ID: TEST1234567
Service requested: SKILLED NURSING FACILITY
Case number: 784
Authorization Number: ASNF02791

03/14/2018

Your service has been approved.

To print authorization letters:

- Locate and click on the letter in the member history
- Open in Adobe Acrobat
- Letter will open and be ready to save or print

Concurrent Review Process

Concurrent Reviews

Once a case has been authorized, Post-Acute Care facilities can continue with concurrent authorizations via the portal. Access the Home Tab to view all members associated with the logged in user. Once the member is located, click on the **UPLOAD** button.

Announcements Home Search/Start Case Claim Search Payment Status CareCore National Portal Post Acute Care

Announcements **Home** Member / Case Look Up

**Cases in RED font require Provider action

Pending Cases for the last 7 days

Upload	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	Servicing Provider	Decision Status	Authorization Nu...	Start Date Of Care	Authorization End...
	0	BCBSMI	TEST MEMBER1	01/01/1980	INPT REHAB	EVICORE FACILITY	Incomplete Case Build		03/06/2018	

1 - 1 of 1 items

Recently Submitted Cases

Start Date : 12/08/2017 End Date : 03/08/2018

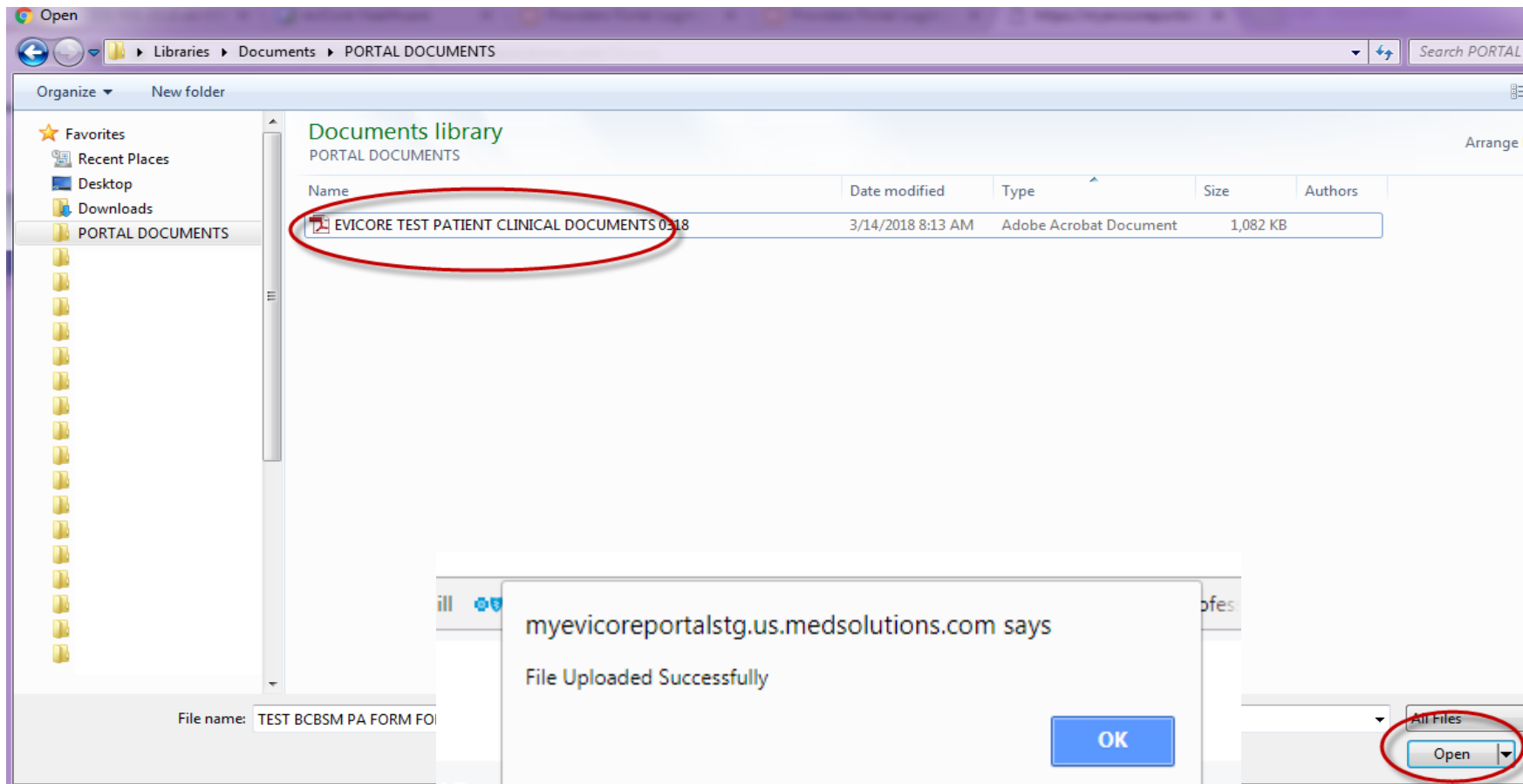
Upload	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	Servicing Provider	Decision Status	Authorization Nu...	Start Date Of Care	Authorization End...
UPLOAD	2858	BCBSMI	TEST MEMBER1	01/01/1980	SNF	EVICORE FACILITY	AUTHORIZED	ASNFO2600	03/06/2018	03/10/2018
UPLOAD	2857	BCBSMI	TEST MEMBER2	01/01/1950	SNF	ABC FACILITY	AUTHORIZED	ASNFO2599	03/06/2018	03/17/2018
UPLOAD	2846	BCBSMI	TEST MEMBER3	01/01/1940	SNF	ABC FACILITY	AUTHORIZED	ASNFO2590	03/06/2018	03/24/2018
UPLOAD	2860	BCBSMI	TEST MEMBER4	01/01/1945	LTAC	TEST PROVIDER MI	PENDING		03/06/2018	
UPLOAD	2846	BCBSMI	TEST MEMBER5	01/01/1955	INPT REHAB	ABC FACILITY	PENDING		03/06/2018	03/10/2018

1 - 5 of 7 items

Choose the Upload button to attach clinical documents

Attaching Documents





Locate the appropriate member documents to send to eviCore. Once you choose “Open”, the document will upload to the member’s eviCore chart in real-time. You will receive a message that **File Uploaded Successfully**. Continue this process until all documents have been uploaded. The case is now ready for eviCore review.



Authorization Reports

The portal provides the ability to create excel reports with all member authorization information. This can be accessed by the icon above the authorization details section.





Post Acute Care

Clear Filters Refresh Data Save Preference

Birth Service Requested Servicing Provider Decision Status Authorization Number Start Date Of Care Authorization End Date

No items to display

Clear Filters Refresh Data Save Preference **Export Recent Submitted Cases to Excel**

Birth Service Requested Servicing Provider Decision Status Authorization Number Start Date Of Care Authorization End Date

	B	C	D	E	F	G	H	I	J	K	L
1	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	Servicing Provider	Decision Status	Authorization Number	Start Date Of Care	Authorization End Date	ActionRequired
2	2860	BCBSMI	TEST MEMBER	01/02/1940	LTAC	TEST PROVIDER MI	AUTHORIZED	ALTC02602	03/07/2018	03/11/2018	1_OPEN_1
3	2860	BCBSMI	TEST MEMBER	01/02/1940	SNF	TEST PROVIDER MI	AUTHORIZED	ASNFO2792	03/08/2018	03/14/2018	1_OPEN_1
4	784	BCBSMI	TESTFIRST TESTLAST	12/08/1983	SNF	TEST PROVIDER MI	AUTHORIZED	ASNFO2791	03/15/2018	03/21/2018	0_Open_1
5											

Initial Case Creation

Initiate Case Process

To initiate a new case for PAC authorization, on the Post Acute Care tab you will start with **Member/Case Look Up**

The screenshot shows a web application interface for 'Member/Case Look Up'. At the top, a navigation bar includes 'Announcements', 'Home', 'Search/Start Case' (circled in red), 'Claim Search', 'Payment Status', 'CareCore National Portal', and 'Post Acute Care'. Below this, a secondary bar shows 'Announcements', 'Home', and 'Member / Case Look Up'. The main content area is titled 'PATIENT CASE LOOKUP' and 'Patient Search Result(s)'. The 'Patient Lookup' section contains the following fields: 'Insurer:*' (a dropdown menu with 'Johns Hopkins HealthCare' selected), 'Date of Birth:*' (a date picker), 'Member ID:' (a text input), and 'First Name:' and 'Last Name:' (text inputs). There are 'Reset' and 'Search' buttons. A note below the fields reads: '*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name'. Below this is the 'Case/Auth Lookup' section with radio buttons for 'Case ID' (selected) and 'Auth Number', a text input, and a 'Search' button. Three callout boxes provide instructions: 1. 'Choose the appropriate Healthplan Johns Hopkins HealthCare' points to the Insurer dropdown. 2. 'To conduct a Patient Lookup, enter the Member ID or First Name, Last Name and Date of Birth for the result to be returned. Make sure to follow the MM/DD/YYYY format.' points to the Date of Birth, Member ID, First Name, and Last Name fields. 3. 'Click the SEARCH button' points to the Search button.

Create a Case

Once you choose your member, the member's name and demographics will be listed with the insurance effective dates. Click the **Create Case** button.

The screenshot shows a web application interface for creating a case. The top navigation bar includes links for Announcements, Home, Search/Start Case, Claim Search, Payment Status, CareCore National Portal, and Post Acute Care. The main content area is divided into several sections:

- Patient Search Result(s)**: A table with columns for Patient Name, Date Of Birth, Gender, Address, Plan Code, Insurance Effective Date, and Insurance Term Date. Two rows are shown, both for "TEST MEMBER" with a date of birth of 01/01/2001 and gender of M. The first row has an insurance effective date of 01/02/2017 and "Not Provided" for the term date. The second row has an insurance effective date of 01/01/2001 and 01/01/2017 for the term date.
- Patient Detail Information**: A summary of the patient's information, including Member ID (TEST0001), Gender (M), Plan Code, Name (TEST MEMBER), Address (HERE, TEST, TN, 33333), Insurance Effective Date (01/02/2017), Date of Birth (01/01/2001), Insurer, and Insurance Term Date (Not Provided).
- Create Case**: A yellow button with the text "Create Case" is circled in red.
- Patient History - 0 Records found**: A section with a table header for Case ID, Service Requested, Auth Number, Submit Date, Decision Status, Start of Care Date, Authorization End Date, ICD Codes, and ICD Verison. The table is currently empty.

The sidebar on the left contains a search form with fields for Insurer, Date of Birth, Member ID, First Name, and Last Name. A "Search" button is located at the bottom of the sidebar. A note below the search form reads: "*Select the Insurer, Date of Birth and Member ID Patient First Name and Last Name".

Enter Service Details

1. Choose a **service category** from the **drop down box**, such as Skilled Nursing Facility, Inpatient Rehab Facility or Long term Acute Care.
2. Enter the **ICD10 Code**. If you do not know the ICD10 code, type the name of the diagnosis and a list with a corresponding IDC10 code will populate.
3. Enter the **PAC Start of Care Date and Expected Acute Care (or Hospital) Discharge Date**.. Review the information again to make sure that you have completed all of the service details correctly. To save the service details, click the **"Save & Next"** button.

The screenshot shows a web application interface for entering service details. The top navigation bar includes links for Announcements, Home, Search/Start Case, Claim Search, Payment Status, CareCore National Portal, and Post Acute Care. The main content area is divided into a left sidebar and a main panel.

Left Sidebar:

- PATIENT & CASE LOOKUP** (with a search icon)
- Patient Lookup** section with fields for Insurer, Date of Birth, Member ID, First Name, and Last Name, along with Reset and Search buttons.
- Case/Auth Lookup** section with radio buttons for Case ID and Auth Number, and a Search button.

Main Panel:

- SERVICE DETAILS** header.
- Member** information fields: Insurer, Member ID, Health Plan/Program, First Name, Last Name, Date of Birth, Gender.
- Service Selection** section:

 - Service Category:** A dropdown menu is set to "Skilled Nursing Facility". Below it is a table with columns Code, Description, Bill Code, and Rev Code. The row for SNF (Skilled Nursing Facility) is highlighted with a red circle.
 - ICD10 Code:** A checkbox for "ICD10 Code Unknown" and a search field. Below is a table with columns Code and Description. The row for A40.0 (Sepsis due to streptococcus, group A) is highlighted with a red circle.
 - Service Dates:** Fields for Start Date of Care (07/09/2017) and Expected Acute Discharge Date (07/11/2017) are highlighted with a red circle.

A "Save & Next" button is located at the bottom right of the form.

Requesting and Servicing Provider

Enter the **Requesting Provider** and **Servicing Provider** details. If you do not know the NPI number, start typing the provider name and the corresponding NPI number will auto-populate and allow to select the correct provider. Hit **Save and Next**.

Announcements Home Search/Start Case Claim Search Payment Status CareCore National Portal **Post Acute Care**

Announcements Member / Case Look Up

PATIENT & CASE LOOKUP

SERVICE DETAILS

Member Insurer: Member ID: TEST0001 Health Plan/Program:
First Name: TEST Last Name: MEMBER Date of Birth: 01/01/2001 Gender: MALE

Service Selection Service Category : Skilled Nursing Facility ICD10 Code : I67.1
Start Date of Care : 06/05/2017 Expected Acute Discharge Date : 06/08/2017

Ordering Physician Physician Name :
NPI :

Provider Information

Requesting Provider

Search:*

Select Facility Type : Long Term Acute Care

Provider Name	Address	Network ID	Tax ID	NPI	Phone	Fax
ABC HOSPITAL	215 NORTH AVE			222222222	1234567890	

Phone:* Fax:*

Servicing Provider

Servicing Provider Unknown

Search:

Save & Next

Provider Name	Address	Network ID	Tax ID	NPI	Phone	Fax
ABC SKILLED NURSING FACILITY				333333333	2345678901	

Patient Lookup

Insurer:*

Date of Birth:*

Member ID: test0001

or

First Name:

Last Name:

Reset Search

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number

Search

Verify details

The next screen will show all details related to the service line. This will allow you to review and edit by clicking the “pencil” icon. Now hit the **Save Service** button.

The screenshot shows the 'SERVICE DETAILS' page. On the left is a 'Patient Lookup' form with fields for Insurer (BCBSMI), Date of Birth (01/01/2001), Member ID (test0001), and Name. Below it is a 'Case/Auth Lookup' form. The main area displays service details for Member TEST MEMBER (DOB: 01/01/2001, Gender: MALE). Service Selection: Long Term Acute Care (ICD10 Code: I67.1, Start Date: 05/18/2017, Expected Acute Discharge Date: 05/19/2017). Ordering Physician: AMY JOHNSON (NPI: 1194706169). Provider Information: HENRY FORD MACOMB HOSPITAL (Sponsoring) and EVERGREEN HEALTH AND LIVING CENTER (Referring). A 'Save Service' button is at the bottom right, highlighted by a red arrow.

Here you will hit the **Next** button to add attachments and notes.

The screenshot shows the 'CASE DETAIL' page. The left sidebar is identical to the previous screen. The main area shows 'CASE DETAIL' for the same member. Below the member info, there is a 'Services' section with a table of 2 services. A 'Next' button is at the bottom right.

Action	Referral ID	Service Requested	Auth Number	Submit Date	Decision Status	Start of Care Date	Authorization End Date	ICD Codes	ICD Verison
Edit	0	LTAC		5/17/2017		5/26/2017	Not Provided	I67.1	10
Edit	0	LTAC		5/17/2017		5/18/2017	Not Provided	I67.1	10

Attaching Clinical Notes

Attach the completed Pre-Authorization form along with the other requested clinical documents. Here you will be able to enter additional notes by typing in the **Clinical Notes text** box.

Note: Use this clinical notes text box for clinical information ONLY– e.g. anything that is extenuating or important to the determination. Please do NOT copy and paste information here. All clinical notes should be attached instead.

The screenshot shows the 'CASE DETAIL' interface. On the left is a 'Patient Lookup' sidebar with fields for Insurer, Date of Birth, Member ID, First Name, and Last Name. The main area is divided into 'CASE DETAIL' (Member: TEST, Member ID: TEST0001, Date of Birth: 01/01/2001, Gender: MALE), 'Attachments', and 'Clinical Notes'. The 'Attachments' section has a warning and a list of documents to upload. One document, 'PAC Prior Auth Form.pdf', is shown with a 'Browse' button. The 'Clinical Notes' section has a text area with 'TEST NOTES' entered. At the bottom right, 'Save' and 'Submit' buttons are highlighted.

The screenshot shows a pop-up message box with the text 'Case submitted successfully.' and an 'OK' button. The background shows a partial view of the 'Case Information' section with fields for Member ID (TEST0001), Member Name (TEST MEMBER), and Date of Birth (01/01/2001).

Once you **Save** and **Submit**, you will get a pop-up message which will verify your Case has been submitted to eviCore for review and authorization determination.

Incomplete and Pending Cases

If you start a case and are unable to complete it at that time, you can find it in your Dashboard under Pending Cases by choosing the Home tab. It will be noted as “Incomplete Case Build”. Select anywhere in that case, double click and the case will open again for completion. You will be able to see all fields you previously entered but had not submitted yet.

Announcements Home Search/Start Case Claim Search Payment Status Caregiver National Portal Post-Admission

Announcements **Home** Member / Case Look Up

*Cases in RED font require Provider action

Pending Cases for the last 7 days

Clear Filters Refresh Data Save Preference

Upload	Case Number	Insurer Name	Member Name	Date Of Birth	Service Requested	Servicing Provider	Decision Status	Authorization Nu...	Start Date Of Care	Authorization End
	0	BCBSMI	TEST MEMBER1	01/01/1980	INPT REHAB	EVICORE FACILITY	Incomplete Case Build		03/06/2018	

1 - 1 of 1 items

Incomplete and Pending Cases

If you submit a complete case and eviCore pends the case, you can find it in your Dashboard under Recently Submitted Cases. The Decision Status will show pending.

Upload	Case Number	Insurer Name	Patient Name	Date Of Birth	Service Requested	Servicing Provider	Decision Status	Authorization Nu...	Start Date Of Care	Authorization End
UPLOAD	2858	BCBSMI	TEST MEMBER1	01/01/1980	SNF	EVICORE FACILITY	AUTHORIZED	ASN02600	03/06/2018	03/10/2018
UPLOAD	2857	BCBSMI	TEST MEMBER2	01/01/1950	SNF	ABC FACILITY	AUTHORIZED	ASN02599	03/06/2018	03/17/2018
UPLOAD	2846	BCBSMI	TEST MEMBER3	01/01/1940	SNF	ABC FACILITY	AUTHORIZED	ASN02590	03/06/2018	03/24/2018
UPLOAD	2860	BCBSMI	TEST MEMBER4	01/01/1945	LTAC	TEST PROVIDER MI	PENDING		03/06/2018	

Thank You!

