

Durable Medical Equipment (DME) Prior Approval for EmblemHealth Health Insurance Plan of Greater New York (HIP) Members

Provider Orientation & Web Portal Reference Guide



Agenda

- **Prior Approval Program Overview**
- **Required Information & Methods to Submit Requests**
- **Additional Documentation Request**
- **Denial and Appeals Process**
- **eviCore Provider Resources**
- **Q & A Session**
- **PAP Compliance Program overview (Optional)**

**Prior Approval Program Overview
for EmblemHealth
Health Insurance Plan of Greater New
York (HIP) Members**

eviCore healthcare Prior Approval for HIP Members - Overview

Effective January 1, 2018, eviCore healthcare will manage all Durable Medical Equipment for EmblemHealth Members enrolled in the Health Insurance Plan of Greater New York (HIP) which includes:

- Medicare Essential Network
- VIP Prime Network
- Select Care Network
- Prime Network
- Enhanced Care Prime Network

Exceptions: Members managed by Montefiore or Health Care Partners

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

<https://www.emblemhealth.com/Providers>

eviCore Healthcare Prior Approval for DME Program Overview

eviCore healthcare began accepting prior approval requests for all DME needs on **December 28, 2017** for dates of service beginning **January 1, 2018**. Prior Approval applies to the following non-facility based DME Requests:

- Home Based
- Medically Necessary
- Elective / Non-emergent

Please visit <https://www.evicore.com/healthplan/emblem> to find a list of Healthcare Procedural Codes (HCPCS) that will require prior approval through eviCore

It is the responsibility of the rendering DME Provider to request Prior Approval for DME

Evidence based/Proprietary guidelines for DME Medical Necessity Criteria

➤ **Medicare:**

- Medicare Benefit Policy Manual
- National and Local Coverage Determination
- McKesson InterQual® Criteria
- eviCore Clinical Guidelines for PAP devices and supplies

➤ **Medicaid:**

- New York State Medicaid Program Criteria
- Durable Medical Equipment, Orthotics, Prosthetics, and Supplies Procedure Code and Coverage Guidelines
- eviCore Clinical Guidelines for PAP devices and supplies
- McKesson InterQual® Criteria

➤ **Commercial:**

- McKesson InterQual® Criteria
- eviCore Clinical Guidelines for PAP devices and supplies

eviCore healthcare DME Prior Approval Required Information & Methods to Submit Requests

Required Information for DME requests

Documentation that must be submitted to eviCore for all HCPCS requiring a Prior Approval Request

Detailed Written Order

- Member Name
- Detailed List of all Items to be Dispensed and to be Billed
- Include the Quantity and Frequency to be Dispensed
- Date of Order and Start Date of Order (if start date is different than order date)
- Must be signed by the Treating Physician, legible and meet CMS guidelines
- Physician's NPI

Verified Clinical Information

- Documentation from the member's medical record to substantiate medical necessity for the items being requested
- Member's diagnosis
- Other pertinent information including, but not limited to:
 - Duration of the medical condition
 - Clinical course
 - Prognosis
 - Nature and extent of functional limitations
 - Other therapeutic interventions and results
 - Past experience with related items

A physician is defined as a Doctor of Medicine, Osteopathy, Dental Surgery or Dental Medicine, Chiropractor, or Podiatry.*

* Must meet practitioner requirements defined in Chapter 15 of the CMS Benefit Policy Manual (Publication 100-02), services must be performed within their scope of practice as defined by the state, and are treating the member for the condition for which the item is needed.



Detailed Invoice

Detailed invoices are required for the following items:

- Non-standard wheelchairs
- Power operated vehicles
- Prosthetics
- Any custom item, including custom orthotics
- Anything submitted with a non-specific/miscellaneous code

The eviCore Process for Additional Documentation Request

If all required pieces of documentation that must be submitted to eviCore are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A Hold letter will be faxed to the DME Supplier requesting additional documentation

The Supplier must fax back the additional information

- 45 days for Commercial
- The Medicare timeframe is much shorter and depends on the age of the case

EviCore will review the Additional Documentation and reach a determination

- Determination will be done within 2 business days for a routine request and within 3 hours for an Urgent Request

Methods for Prior Approval Requests



WEB

www.evicore.com/pages/providerlogin.aspx

Available 24/7 and the **quickest** way to create Prior Approvals and check existing case status

Other methods:

Fax:
866-663-7740 with DME prior approval form

Phone:
866-417-2345 option 3, then 4 for DME
Monday-Friday:
8am – 6pm EST
Saturday:
9am – 5pm EST
Sunday and Holidays:
9am – 2pm EST

Important: eviCore requires a completed DME Prior Approval Form for all DME requests submitted by Fax

DME Program Notification Process

Notifications to members and providers will be both written and verbal

Once all information is submitted to eviCore, a determination will be made within 2 business days for a routine request and within 3 hours for an Urgent Request.

Notification to COMMERCIAL AND MEDICAID MEMBERS

Approval & Denial Notifications

- Written notification in the form of a letter will be:
 - Faxed to both the referring Physician and DME Supplier
 - Mailed to the member via standard US Mail
 - Available for review on the portal
- Verbal notification:
 - Verbal outreach to members and providers will occur for all determinations

Notification to MEDICARE MEMBERS

Approvals

- Written notification in the form of a letter will be:
 - Faxed to both the referring MD and DME Supplier
 - Mailed to the member via standard US Mail
 - Available for review on the portal

Denials

- After the Unable to Approve process has been completed, written notification in the form of a denial letter will be:
 - Faxed to both the referring MD and DME Supplier
 - Mailed to the member via standard US Mail
 - Available for review on the portal.

eviCore healthcare DME Reconsideration and Appeals Process

Reconsiderations and Appeals Process

Cases that do not meet Medical Necessity may be Reconsidered or Appealed

Reconsiderations Process (Commercial and Medicaid only)	<ul style="list-style-type: none">• A Reconsideration is a post-denial, pre-appeal opportunity to provide additional clinical information• Reconsideration must be requested within 14 days of the Initial Denial Date• Peer to peer (P2P) requests can be made via a Verbal or Written request• P2P is conducted with the referring MD and one of eviCore's Medical Directors• P2P results in either a Reversal or an Uphold of the original decision• The DME Supplier and the Member are notified via Mail and Fax
Appeals Process (Medicare, Medicaid and Commercial)	<ul style="list-style-type: none">• 1st level Commercial and Medicaid appeals will be handled by eviCore• Medicaid or Commercial Members requesting to appeal a denial, should follow the instructions provided on the denial letter. Appeal requests must be submitted to eviCore via phone at 800-835-7064 (Monday through Friday 8-6 EST) or fax at 866-699-8128.• Medicare appeals will be handled by EmblemHealth• Medicare Members may request an appeal of a denial by following the instructions provided in the denial letter. Providers should follow the process in the Dispute Resolution for Medicare chapter of the EmblemHealth Provider Manual.

Turn Around Time after an Appeal has been requested by the member:

- Expedited – up to 72 hours
- Standard – up to 30 days

eviCore healthcare

Provider Resources

Provider resources and contact information



Provider Resources



Provider Services
Department:

For provider program related questions or concerns, please email: clientservices@evicore.com

To reach a customer service representative, please call our authorization center: **866-417-2345 option 3 for HIP, then option 4 for DME**

For more information regarding the eviCore PAC program and reference documents, please visit our implementation site:

<https://www.evicore.com/healthplan/emblem>

eviCore healthcare Post-Acute Care Provider resources Implementation Site



Provider
Resources

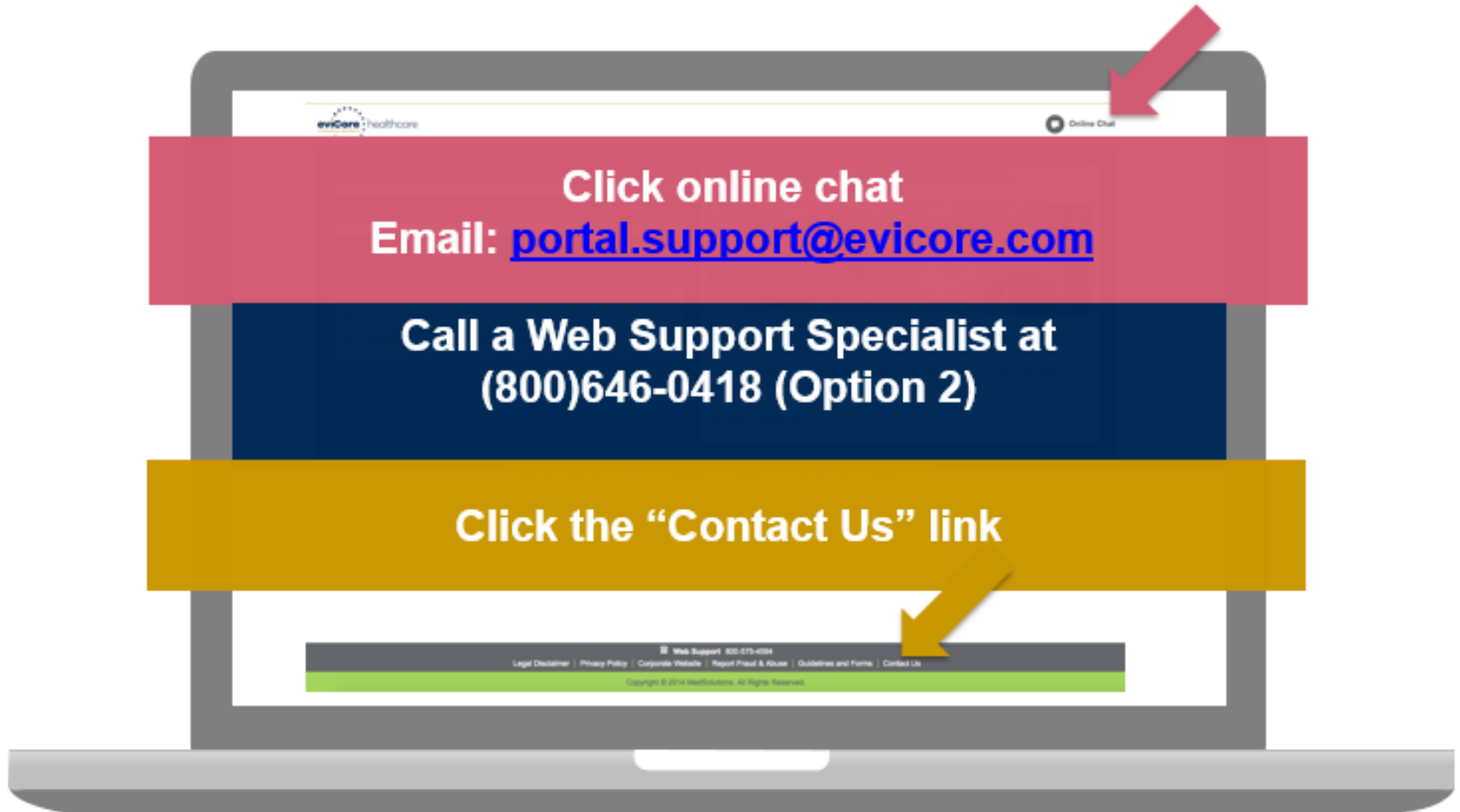


Provider Services
Department:

Below are provider resources available on our implementation site: <https://www.evicore.com/healthplan/emblem>

- Provider Orientation Presentation and recorded demo
- HCPCS codes that require Prior Approval
- eviCore Clinical Guidelines for PAP devices and supplies
- Prior approval form
- Quick reference guide (QRG)
- Frequently asked questions (FAQ) document
- Webinar training schedules with details on how to register

Web Portal Services-Assistance



Web Portal Services-Available M-F 7am-6pm CST



Q & A Session

eviCore Healthcare Sleep Program / CPAP Compliance

Program Therapy Support



EmblemHealth

What's Changing?

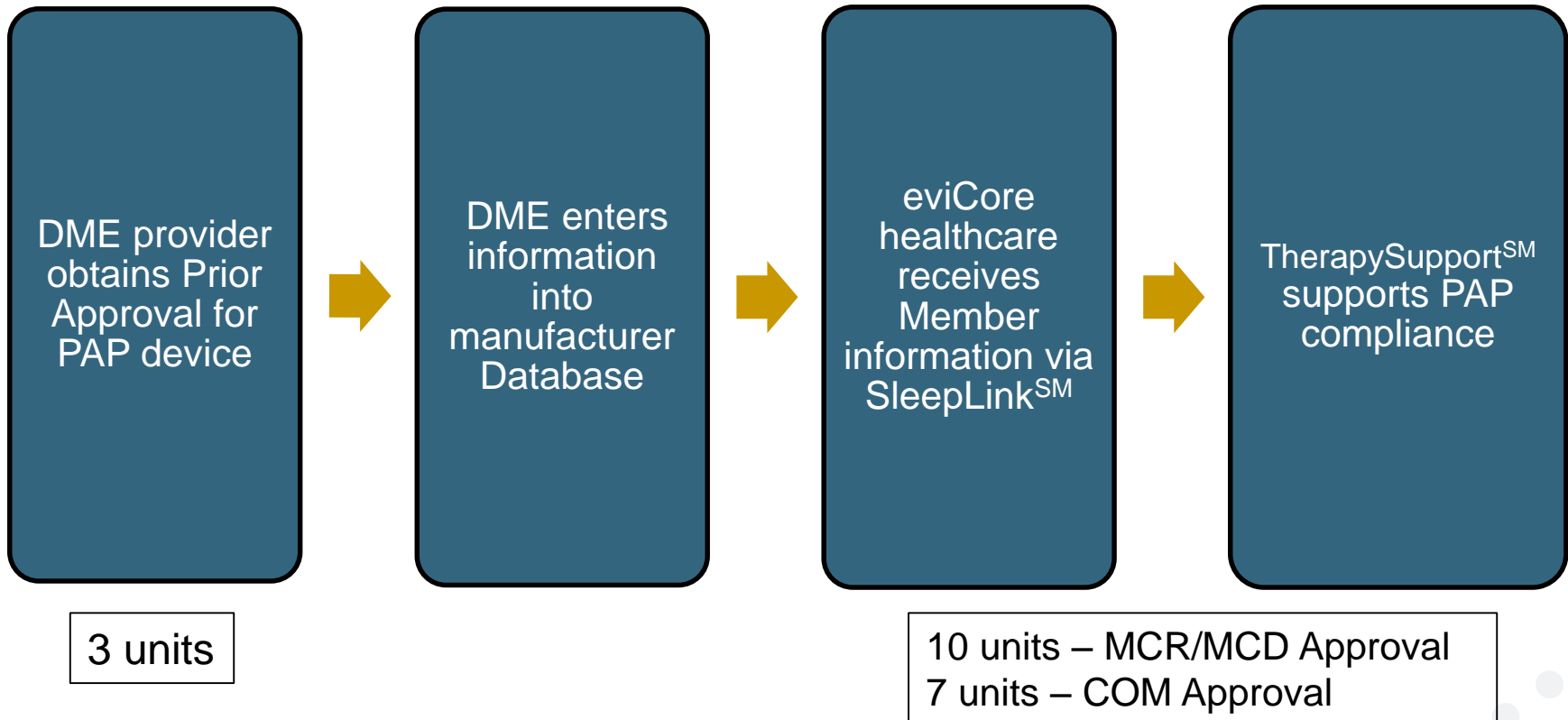


Monitoring PAP Compliance

- Beginning January 1, 2018, PAP compliance data will be monitored for Emblem/HIP Commercial, Medicare and Medicaid members by eviCore healthcare.
- 90 day PAP compliance will need to be objectively validated to qualify for purchase authorization.
- For at least the first 90 days of usage, PAP machines must be equipped with a modem which can be wireless or wired.
- Data entry at setup will be critical to proper monitoring and payment.

Therapy SupportSM Workflow

The Process for utilizing compliance data is very straightforward:



What does this mean for the DME Provider?

- eviCore healthcare will monitor member compliance with PAP machines : DME providers still need to work with their patients
- Non-compliant members: eviCore healthcare will outreach to DME and physician periodically to support compliance
- Support for non-compliant members will allow time for member to become comfortable with Therapy and will escalate as needed
- Compliant members: eviCore healthcare interaction will be minimal
- Prior Approval for purchase: Will be sent to DME supplier when member reaches the compliance goal – you will not need to contact eviCore healthcare for the compliance authorization!
- NOTES: The program supports properly equipped machines from ResMed, Respirationics, and Fisher & Paykel.
- Respirationics users: complete BAA and return to eviCore healthcare to be set up in system

Therapy Support SM

The key to PAP compliance

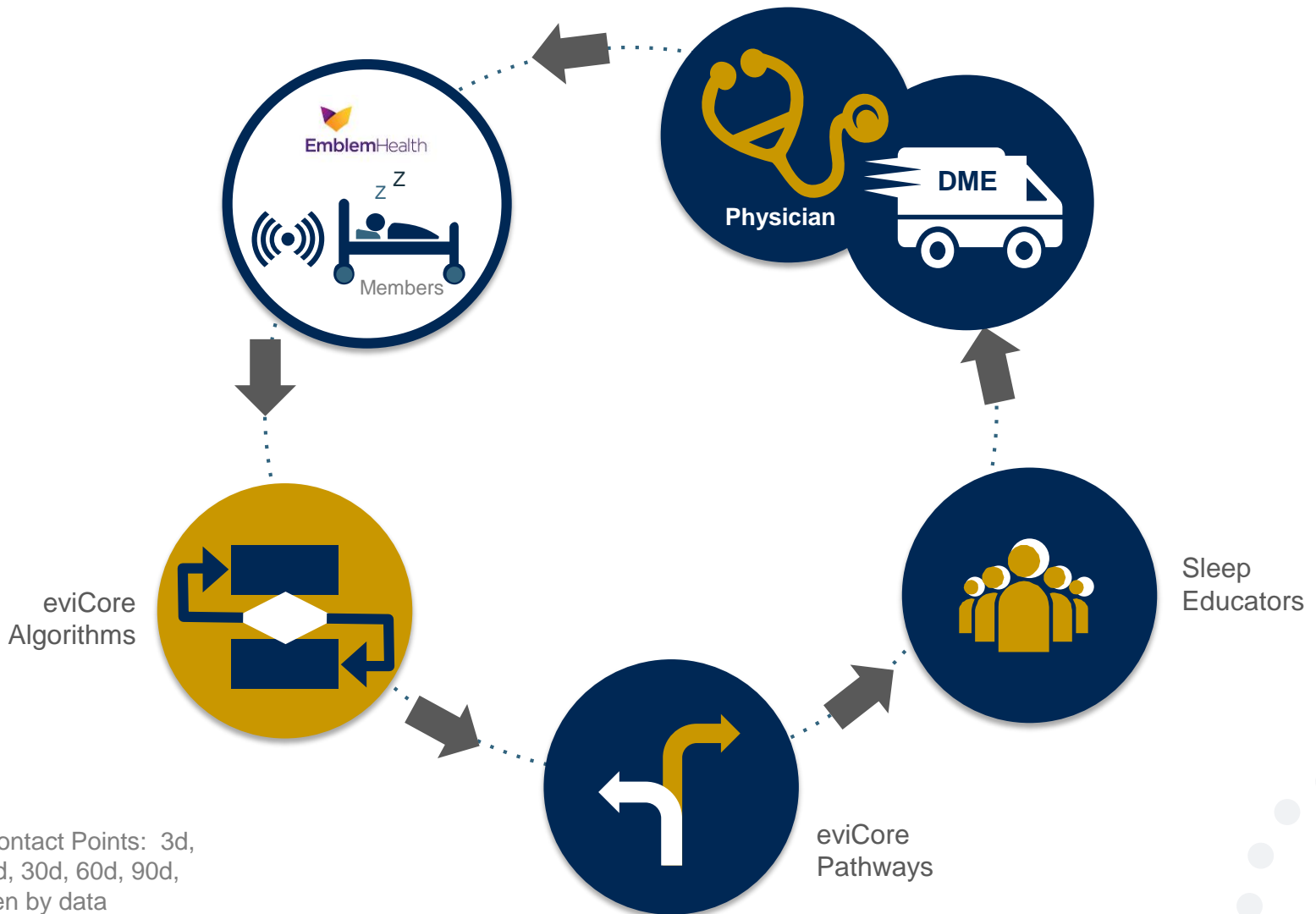
The key to
PAP 
compliance

SleepLinkSM
connects
eviCore to the
three largest
manufacturers
of PAP devices



Therapy Compliance

Once usage is detected, eviCore can ensure that members are compliant with their therapy, improving the quality of care for members



Outreach Contact Points: 3d, 7d, 14d, 21d, 30d, 60d, 90d, and as driven by data

Manufacturer Demos

- ResMed – www.airview.com
- Resironics – www.encoreanywhere.com
- Fisher & Paykel – www.fpinfosmart.com

Thank You!

