

# Frequently Asked Questions



## Post-Acute Care Program

### 1. Which members will eviCore healthcare manage for the post-acute care program?

eviCore healthcare will manage only members enrolled in Healthfirst Medicare Advantage plans. The program applies to members living in New York who will receive services from post-acute care facilities located in Kings, Queens, or Nassau counties only.

### 2. Which post-acute care services require authorization?

- Members with admission dates beginning on September 1, 2017
- Skilled nursing facility admissions
- Inpatient rehabilitation facility admissions
- Home Healthcare following discharge from a post-acute care facility
- Length of stay extension requests for above facilities with start-of-service dates beginning on September 1, 2017

### 3. How do I check the eligibility and benefits of a member?

Member eligibility can be verified on the Healthfirst Provider Portal by going to [www.healthfirst.org](http://www.healthfirst.org) and using the provider log-in section.

### 4. How do I initiate a prior authorization request or a length-of-stay extension?

Hospitals need to fax PRI/Clinical with request to:

- SNF Secure email: [PRISubmit@healthfirst.org](mailto:PRISubmit@healthfirst.org)
- NF Fax Line: 212-601-6950UM Telephone: Contact Healthfirst toll free at **1-888-394-4327**

Note: The above contact details will be dedicated to the PAC services.

### 5. How do I check the authorization status for a member?

- Our web portal provides 24/7 access to check on the status of your authorization request. To access the portal, please visit [www.evicore.com/pages/providerlogin.aspx](http://www.evicore.com/pages/providerlogin.aspx).
- You may also call eviCore healthcare at **1-877-773-6964** to check on the authorization status

### 6. What are the hours of operation?

The clinical line is available Monday to Friday, 8am–7pm EST.

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## 7. Who is responsible for submitting post-acute care authorization requests?

The hospital is responsible for submitting post-acute care admission requests.

## 8. What are the prior authorization requirements?

The information requirements are found on the eviCore authorization request fax forms.

The following additional supporting documents are required for a SNF request (authorization will be valid for seven days):

- Patient Review Instrument (PRI)

PT/OT/ST progress notes – include prior and current level of function, including initial evaluation. The following documents may be required

- H&P (History and Physical)
- Consult Notes
- Medications

If available, please include: Discharge Summary & Social Work/Psychosocial Consult.

## 9. Where can I find the post-acute care authorization request form(s)?

The authorization form(s) can be found on the eviCore implementation site at [www.evicore.com/healthplan/healthfirst](http://www.evicore.com/healthplan/healthfirst).

## 10. What criteria does eviCore healthcare utilize to authorize post-acute care admissions?

- Initial UM Nurse Review – McKesson IQ Guidelines
- 2nd-level MD Review – Medicare Benefit Policy Manuals & Clinical Findings

## 11. When will I receive the authorization number once eviCore healthcare approves the prior authorization request?

Once eviCore medically approves the prior authorization request, the authorization number will be communicated to the hospital or to the requesting post-acute care facility. The authorization number should then be communicated by the hospital to the accepting post-acute care facility.

## 12. How will the authorization determinations be communicated to the providers?

eviCore healthcare authorization approvals may be communicated in the following ways:

- Allscripts: eviCore healthcare can accept and respond to providers that use Allscripts, when additional clinical is requested
- Web Portal: Please visit [www.evicore.com/pages/providerlogin.aspx](http://www.evicore.com/pages/providerlogin.aspx)
- Telephone: Outbound call may be placed by one of our clinical support specialists

Note: The authorization number will begin with the letter 'A,' followed by an eight-digit number.

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## 13. How can the accepting provider confirm that the prior authorization number is valid?

Providers can confirm that the prior authorization number is valid by logging into our web portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit [www.evicore.com/pages/providerlogin.aspx](http://www.evicore.com/pages/providerlogin.aspx).

To request an additional fax letter with the prior authorization number, please call eviCore healthcare at **1-877-773-6964** to speak with a customer service specialist. Additionally, the prior authorization number that you are provided will serve as the same number used for length-of-stay recertifications

## 14. How many days does eviCore healthcare authorize for each level of service requested?

eviCore will provide authorizations by facility type in the following ways:

| Authorization | Skilled Nursing Facility | Inpatient Rehab |
|---------------|--------------------------|-----------------|
| Initial       | 5 calendar days          | 5 calendar days |
| Concurrent    | 7 calendar days          | 7 calendar days |

## 15. How will I be informed about the number of days being authorized?

The number of days being authorized will be communicated at the same time as the authorization determination and number, via:

- Web Portal: [www.evicore.com/pages/providerlogin.aspx](http://www.evicore.com/pages/providerlogin.aspx)
- Telephone: Outbound call may be placed by one of our clinical support specialists

## 16. What is the process if an admission to a post-acute care facility or an extension of days does not meet clinical criteria?

If a post-acute care admission does not meet clinical criteria for an initial authorization, eviCore healthcare will reach out telephonically to offer a peer-to-peer discussion prior to an initial denial. It is important to provide additional clinical needed or to take advantage of the peer-to-peer discussion prior to a final determination being made. Once a decision to deny has been rendered, an appeal must be filed. If an extension of days does not meet clinical criteria, the facility will issue the Notice of Medicare Non-Coverage (NOMNC) to the member at least 48 hours prior to last approved date.

## 15. How do I file an appeal if I disagree with the decision to deny?

All appeals will continue to be filed directly to Healthfirst. Appeals need to be submitted in writing to the following address:

**Healthfirst Medicare Plan  
Appeals Unit  
P.O. Box 5166  
New York, NY 10274**

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To request an expedited 72-hour appeal (does not apply to denials of payment):

|  |  |
|--|--|
| <b>Telephone</b>   | <b>Fax</b>   |
| 1-877-779-2959   | 1-646-313-4618   |
| <b>Mail</b>  | <b>Visit</b>   |
| Healthfirst<br>Appeals Unit<br>P.O. Box 5166<br>New York, NY 10274 | Healthfirst<br>100 Church Street<br>New York, NY 10007 |

## **16. When does the initial prior authorization approval expire?**

The initial authorization expires seven days from the date of issue. This means that the patient must be admitted to the post-acute care facility within seven days of the initial authorization approval. If the patient is not discharged within this timeframe, a new authorization is required.

## **17. What is the CMS requirement for members admitted to a post-acute care facility after being discharged to home from an acute care facility?**

Under Centers for Medicare and Medicaid Services (CMS) guidelines, a patient has 30 days after discharge from the acute care facility to be admitted to a post-acute care facility for the "same condition."

In the event that the medical condition or diagnosis has changed since being discharged from the acute care facility, the member will need an evaluation from a physician and medical clearance to assure the member is medically stable. A re-evaluation by PT/OT/ST may also be required, depending on the situation.

## **18. Who should request prior authorization for post-acute care admissions for patients needing placement after being discharged to home from the acute care setting?**

The post-acute facility, home health agency, or PCP can initiate a request in this situation. The member will require a physician's order, along with medical clearance.

## **19. Do you approve cases retrospectively if no authorization was obtained before the admission?**

No, eviCore healthcare does not provide retrospective post-acute authorizations.

## **19. Can a patient be admitted to a post-acute care facility directly from the emergency room or from an observation stay?**

Yes, the authorization process remains the same; however, eviCore's medical director would have to waive the required three-day hospital stay in order to approve admission from an ER.

## **20. Is a full psychosocial or social work evaluation required on all patients when requesting authorization for a post-acute care facility admission?**

eviCore healthcare requests this information if it is available; however, it is not required.

A psychosocial or social work evaluation allows us to better understand a patient's social and

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home environment situation to determine the most appropriate place for a patient after discharge. If a full evaluation isn't done, often we can still approve the service, but an eviCore nurse may contact the hospital discharge planner or case manager to ask questions about the patient's needs after discharge, such as home care, wheelchair accommodations, and help understanding medications. We may waive the required three-day hospital stay in order to approve admission from an ER.

## **21. What if an authorization is issued to a facility and the patient or family wants to change the facility at the last minute?**

The hospital should contact eviCore with any change to the accepting post-acute care facility prior to discharge of member to a facility. We will then update the authorization in our system if the new facility is a provider in the Healthfirst network. It is very important to apprise eviCore healthcare of any changes to the accepting post-acute care facility in order for claims to be paid to the correct servicing provider. If the new facility is out of Healthfirst's network, eviCore will redirect hospital to contact Healthfirst for authorization.

We recommend that providers confirm that the prior authorization number is valid for their facility by logging into our web portal. To request a fax confirmation letter, please call eviCore healthcare at **1-877-773-6964** to speak with a customer service specialist. The initial approval letter will go to the requesting hospital, accepting SNF, and member following verbal notification to the requesting hospital. It will not go to the servicing provider. The servicing provider would be able to log on to view and access the authorization.

## **22. If a patient is in a post-acute care facility and is transferred to the hospital for observation, does the facility have to get a new authorization in order for the patient to return?**

In this situation, the post-acute care facility should notify eviCore that a patient has been sent in for observation. A new authorization will be required if the patient is out of the facility for more than 24 hours.

## **23. If I am an out-of-network facility or Home Health agency located in the state of New York, how do I obtain an authorization?**

Out-of-network providers in the state of New York are required to go through Healthfirst for precertification on post-acute care requests.

## **24. How do I determine if a provider is in-network?**

Participation status can be verified via the Healthfirst provider directory at [www.providerlookuponline.com/healthfirst/po7/Search.aspx](http://www.providerlookuponline.com/healthfirst/po7/Search.aspx) or by calling Healthfirst provider services at **1-888-801-1660**.

Providers can also contact eviCore healthcare at 1-877-773-6964. eviCore healthcare receives a provider file from Healthfirst with all participating and nonparticipating providers.

## **25. Where do I submit my claims?**

All claims will continue to be submitted directly to Healthfirst. precertification on post-acute care requests.

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## 26. As a provider, how do I file a formal complaint?

Complaints may be filed by calling Provider Services at **1-888-801-1660** or in writing by mailing:

**Healthfirst Medicare Plan  
Appeals Unit  
P.O. Box 5166  
New York, NY 10274**

## 27. How do I submit a program-related question or concern?

For program-related questions or concerns, please email [clientservices@evicore.com](mailto:clientservices@evicore.com) or call our toll-free number: **1-877-773-6964**.

## 28. Where can I find additional information?

For more information and reference documents, please visit our implementation site: [www.evicore.com/healthplan/healthfirst](http://www.evicore.com/healthplan/healthfirst).