3K+ employees including 1K clinicians

Headquartered in Bluffton, SC
Offices across the US including:
• Burlington, MA
• Colorado Springs, CO
• Franklin, TN
• Greenwich, CT
• Melbourne, FL
• Plainville, CT
• Sacramento, CA

90M members managed nationwide

12M claims processed annually

SHARING A VISION AT THE CORE OF CHANGE.
Integrated Solutions

All solutions operate on a single platform

LAB MANAGEMENT 19M lives
MEDICAL ONCOLOGY 12M lives
RADIATION THERAPY 19M lives
RADIOLOGY 65M lives
MUSCULOSKELETAL 19M lives
SLEEP 13M lives
CARDIOLOGY 46M lives
POST-ACUTE CARE 145K lives
Our Clinical Approach
**Clinical Platform**

**Multi-Specialty Expertise**

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<thead>
<tr>
<th>Specialty</th>
<th>Multi-Specialty Expertise</th>
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<td>Musculoskeletal</td>
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<td>Neuroradiology</td>
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- 190+ board-certified medical directors
- Diverse representation of medical specialties
- 450 nurses with diverse specialties and experience
- Dedicated nursing and physician teams by specialty for Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical
Organic Evidence-Based Guidelines

The foundation of our solutions:

Aligned with National Societies

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network

- American Academy of Orthopedic Surgeons
- North American Spine Society
- Spine Intervention Society
- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Society of Colon and Rectal Surgeons
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine
Service Model
The Client and Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide.

**Client Service Representatives**
Client and Provider representatives are cross-trained to investigate escalated provider and health plan issues.

**Client Service Managers**
Client service managers handle complex issues and serve as the primary contact for account executives, health plans, and high-profile provider clients.

**Regional Provider Engagement Managers**
Regional provider engagement managers are on-the-ground resources who serve as the voice of eviCore to the provider community.
Why Our Service Delivery Model Works

One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources dedicated to specific providers who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.
Musculoskeletal and Pain Management Precertification Program for Cigna
eviCore will begin accepting requests on December 15, 2015 for dates of service January 1, 2016 and beyond

Program Overview

Precertification applies to services that are:

- Outpatient
- Inpatient
- Elective/non-emergent

Precertification does not apply to services that are performed in:

- Emergency room
- 23-hour observation
Precertification Required:

Joint Surgery (hip, knee, shoulder)
- Large joint replacement
- Arthroscopic and open procedures

Interventional Pain
- Spinal injections
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps

To find a list of CPT (Current Procedural Terminology) codes that require precertification through eviCore, please visit:

https://www.evicore.com/healthplan/cigna
Applicable Membership

**Authorization is required** for Cigna members receiving these services:
- In the inpatient setting
- In the outpatient setting (for members with a Cigna ID card that indicates that precertification is required for outpatient procedures)

Members who **do not require precertification** are
- Outpatient requests for PHS members
- Alliance customers
- Massachusetts and Rhode Island CareLink members
- California Managed Care
- Hawaii
- Puerto Rico
- Guam
Precertification Requests

How to request precertification:

https://www.evicore.com
Available 24/7 and the quickest way to create precertification and check existing case status

Or by phone: 888.693.3297
7:00 a.m. to 8:00 p.m. (CST)
Monday - Friday

Fax option: 888.693.3210 | Fax forms available at: www.medsolutions.com
Clinical Review Notification

Clinical reviews submitted through the web portal may achieve real-time decision making.

- Clinical Review
- MD Review
- Peer-to-Peer
- IVR
- Real-Time Approval

Appropriate Decision
If clinical information is needed, please be able to supply:

- Imaging studies and prior test results related to the diagnosis
- Office notes related to the current diagnosis
Precertification Outcomes – Approved Requests

Approved Requests

- It is our business practice to typically complete requests within 2 business days from the receipt of complete clinical information.
- Decision is emailed or faxed to the rendering provider and the requested facility once medical necessity is met.
- Notification is mailed to the member.
- Can be printed on demand from the eviCore Web portal.
- Authorizations are good for 90 calendar days from initial request or for the approved inpatient length of stay.
Precertification Outcomes: Denied Requests

**Delivery:**
- Faxed to rendering provider
- Mailed to the member
- Notification is faxed to the facility

**Reconsideration**
- Additional clinical information can be provided without the need for a physician to participate.
- Must be requested on or before the anticipated date of service
- Commercial members only

**Peer-to-Peer Review:**
- A provider may request a peer-to-peer conversation.
  - Must be requested before or on the anticipated date of service
  - May be scheduled by calling: (888) 693-3297 option 3
  - Peer-to-peer conversations on denied services for Medicare members are educational only.

**Appeals:**
- Clinical appeals must be initiated in writing through eviCore by:
  - Mail: 730 Cool Springs Blvd, Ste. 800, Franklin, TN 37067
  - Fax: (615) 468-4469
  - Email: appealsclaimsissues@evicore.com
Special Circumstances

Retrospective Procedures:

- eviCore will conduct retrospective reviews if requested within 15 business days following the date of service
- Service must have been urgent and medically necessary.

Outpatient Urgent Procedures:

- Contact eviCore by phone to request an expedited precertification review and provide clinical information
- Urgent cases process within 24 hours upon receipt of complete clinical information
- Medically urgent requests are defined as conditions that are a risk to the patient’s life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure.
Requests may be submitted by the ordering provider or rendering facility. Requests must meet medical necessity criteria. Timeframes for the requested change vary by setting:

**Inpatient**
You may change the date of service to any future date, change the facility or update a CPT code with three exceptions:

- If the DOS currently on the case is within 1 business day of the current date
- If the DOS requested is within 1 business day of the current date
- If the DOS currently on the case is today or has already occurred (i.e. retrospective update)
- If the timeframe is not met, a new case must be created and reviewed for medical necessity for that date of service

**Outpatient**
- Facility change requests may be made at any time
- CPT change requests may be within 15 business days from the date of service
Provider Resources
Provider Resources: Web-Based Services

www.evicore.com

- Request authorizations and check case status online
- Print case summary reports
- Attach clinical documents during and after case creation
- Auto save – no data lost
- Export and print work lists
- View cases by individual user and office

To speak with a Web Specialist, call (800) 646-0418
Provider Resources: Precertification Call Center

7:00 AM - 8:00 PM CST: (888) 693-3297

- Obtain precertification or check the status of an existing case
- Discuss questions regarding precertification and case decisions
- Change facility or CPT Code(s) on an existing case

eviCore fax number: (888) 693-3210
Provider Resources: Client and Provider Operations Team

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan
Provider Resources: Program Information

Cigna site - includes all pertinent program documents:

https://www.evicare.com/healthplan/cigna

- CPT code list of the procedures that require precertification
- Cigna quick reference guide
- eviCore clinical guidelines
- FAQ documents and announcement letters
Web Portal Services
eviCore healthcare website

- Point web browser to evicore.com

- Click on the “Providers” link

- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.
Creating An Account

To create a new account, click **Register**.

Providers Delivering Medical Solutions That Benefit Everyone.

To create a new account, click **Register**.
Creating An Account

Select a **Default Portal**. Choose the **Account Type**, and complete the registration form. There are (4) account types: Facility, Physician, Billing Office, and Health Plan.
Creating An Account

Review information provided, and click “Submit Registration.”
Accept the Terms and Conditions, and click “Submit.”
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.
Create a Password

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

✅ Uppercase letters
✅ Lowercase letters
✅ Numbers
✅ Characters (e.g., ! ? *)
Web Account Overview
To log-in to your account, enter your User ID and Password. Agree to the HIPAA Disclosure, and click “Login.”
Once you have logged in to the site, you will be directed to the main landing page that includes important announcements.

**Note:** You can access the CareCore National Portal at any time if you are registered. Click the CareCore National Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.
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 Physicians or Facilities
Account Settings

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/Start Case
The Home Page will have two worklists: **My Pending Worklist** and **Recently Submitted Cases**

**My Pending Worklist**
- Save case information and complete case at a later time
- Submit additional clinical to a pending case after submission without having to fax

**Recently Submitted Cases**
- Cases that are pending review and/or cases recently approved or denied
To conduct a **Patient Lookup**, first select the appropriate insurance company from the **Insurer** drop down. Next, enter the **Member ID or First Name, Last Name and Date of Birth** for the result to be returned.

For **Case/Auth Lookup**, you will only need to enter the **Case ID or Auth Number** at the bottom of the page and hit **Search**.
If a partial ID is put in the search box, a list of members will populate. A member can be selected once the member is highlighted blue. Please make sure you select the correct patient by verifying the patient's name and DOB before clicking Create Case.

If there are cases associated with the patient, they will populate once the patient is selected. Double click on a case ID in the Patient History to open that case.
Case Creation – CPT/ICD Codes

- Begin typing the **CPT** and **ICD codes** or descriptions, then click the appropriate option with your cursor. *Please note - the portal allows selection of unlimited CPT and ICD codes.*
- The **Place of Service** option will populate automatically, but it is important to verify the setting of the procedure performed, regardless of CPT code.

The POS will default to outpatient/inpatient based upon the CPT codes provided. Verify the setting of the procedure performed, and change accordingly, if needed.
Case Creation – Ordering Physician

- Select from a default Physician or search by Name, Tax ID, or NPI number.
- Once the correct physician displays, select by clicking on the record. Then hit “Save & Next.”
Case Creation – Facility

- Select from a default **Facility** or search by clicking the **Search Facility** button and entering the **Facility Name**, **Tax ID**, or **NPI** number. For in-office procedure, click the Look-Up IOP button, and choose from the list.
- Once the correct facility displays, select by clicking on the record. Then hit “Save & Next.”
Survey Questions

- After you hit Submit, you may be directed to the Clinical Survey questions specific to the procedure being requested.
- As you move through the survey, the previously answered questions will be available in the Review History section at the bottom of the survey.
As you move through the survey, the previously answered questions will be available in the Review History section at the bottom of the survey. It is important to complete all questions to receive an immediate notification as to whether the case is approved or if additional clinical information is required.
Once you have answered the survey questions, the response history will populate. Hit **Submit** to complete the survey.
The survey is now complete and you can click **continue** to close the survey box. Based on the information provided, you may receive an automatic approval and be redirected to the approved case summary page or you may be directed to the clinical documentation page.
Providing Clinical Information

Request for Additional Clinical Documentation

Your request will require additional Medical Review. Additional Clinical information relevant to this request will help avoid delays in the review process.

(Examples of Clinical Information: Recent Member History, Physical Exam Results, Lab Results, Prior Imaging Results, Prior Treatment)

You must select one of the following:

- Attach/Add additional clinical information now
- Will Fax or Call to provide additional clinical information
- There is no additional clinical information to provide

Continue
Providing Clinical Information

You can attach clinical notes or documents by clicking Browse and selecting the correct file(s) located on your computer.

You can type in free text notes as clinical information. Hit save for any notes entered in the text box.

Hit Apply to continue or Cancel to add additional information at a later time.
Once you click **Apply** you will receive a message that your documentation has been accepted, and the case has been sent for medical review.
Once you submit a case for medical review, you will be redirected to the **Pending Case Summary Page** where you’ll be able to view case information including case number and current status/activity.
The **Approved Case Summary Page** will provide case information such as the authorization number and effective/end date of the authorization.
The **Denied Case Summary Page** will provide case information as well as the denial rational. Case Summary reports can be accessed/printed at any time.
Web Portal Services-Assistance

- Click online chat
- Call a Web Support Specialist at (800) 646-0418
- Click the “Contact Us” link

Web Portal Services-Available 24/7
Thank You!