

# Durable Medical Equipment (DME) Program

Provider Orientation Session for First Choice of South Carolina Family of Companies



# Agenda

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- **eviCore healthcare Company Overview**
- **Prior Authorization Program Overview**
- **Required Information and Methods to Submit Requests**
- **Additional Documentation Request**
- **Denial and Appeals Process**
- **Provider Resources**
- **Provider Portal**
- **Q & A Session**

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# Company Overview

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# Medical Benefits Management (MBM)



eviCore, an Evernorth Health Services business, is a specialty medical benefits management company that partners with health plans to provide utilization management services



Follow link to evidence-based clinical guidelines and enter health plan

<https://www.evicore.com/provider/clinical-guidelines-details?solution=durable%20medical%20equipment>



5k+ employees,  
including  
1k+ clinicians

**Dedicated team specialized in  
DME Utilization Management**

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# Program Overview

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# First Choice of South Carolina Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Durable Medical Equipment (DME) for dates of service May 1<sup>st</sup> 2023 and after.

## Applicable Membership:

First Choice of South Carolina Family of Health Plans

- First Choice by Select Health of South Carolina
- First Choice VIP Care Plus
- First Choice VIP Care

## Prior Authorization applies to DME:

- Home Based
- Medically Necessary

## Precertification does **NOT** apply to services that are performed in:

- Hospital settings
- Skilled Nursing Facilities
- Surgical settings

Providers should verify participant eligibility and benefits with AmeriHealth Caritas on the secured provider log-in section at: [www.navinet.net](http://www.navinet.net) or call First Choice of South Carolina Provider Services

# Applicable Memberships

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**Precertification is required for First Choice of South Carolina Family of Companies Participants who have Durable Medical Equipment Coverage.**

**This includes:** First Choice by Select Health of South Carolina Inc. (SHSC)  
First Choice VIP Care Plus (SCM1)  
First Choice VIP Care (DSNP)

## **Medical Necessity Criteria for DME Management: Medicare, Medicaid, Dual Participants**

### **Medicare**

- Medicare Benefit Policy Manual
- NCD
- LCD/LCA
- InterQual Evidence-Based Care Guidelines for DME services
- eviCore Proprietary Guidelines

### **Medicaid**

- South Carolina state regulations
- InterQual Evidence-Based Care Guidelines for DME services
- eviCore Proprietary Guidelines

### **Dual Participants**

- Medicare Benefit Policy manual
- NCD
- LCD/LCA
- South Carolina state regulations

## DME Covered Services

- Oxygen/Related Equipment
- Diabetic Shoes
- Decubitus Care Equipment
- Hospital Beds and Accessories
- Ventilators
- Pacemaker Monitor
- Patient Lifts
- Wheelchairs
- Prosthetics
- Orthotics
- Other



### **For continued rentals that did not require a precertification prior to 5/1/2023**

- If a continued rental is requested, suppliers will need authorization as of 5/1. If you have authorization from AmeriHealth that goes over the time eviCore takes on Utilization Management, the authorization from AHC will be honored. If you don't have a current authorization, you will need to send to eviCore for approval.
- If the claim's start date is 5/1/2023 or after, a prior authorization must be obtained and secured before submitting a claim. If a new rental is starting 5/1 or after you will need authorization from eviCore.

To find a complete list of DME Healthcare Procedural Codes (HCPCS) that require prior authorization through eviCore, please visit:

[www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies](http://www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies)

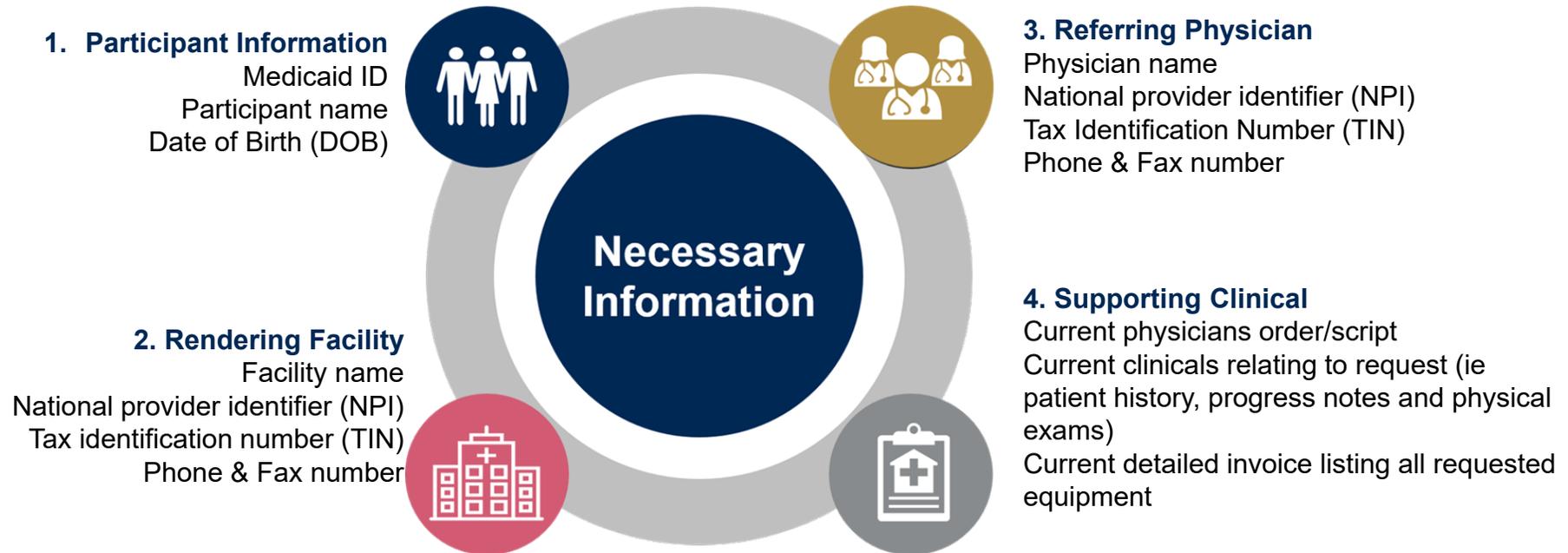
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**DME Prior Authorization  
Required Information and  
Methods to Submit Requests**

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# Keys to Successful Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four (4) categories of information:



# Process for Additional Documentation Requests

If all **FOUR (4)** 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



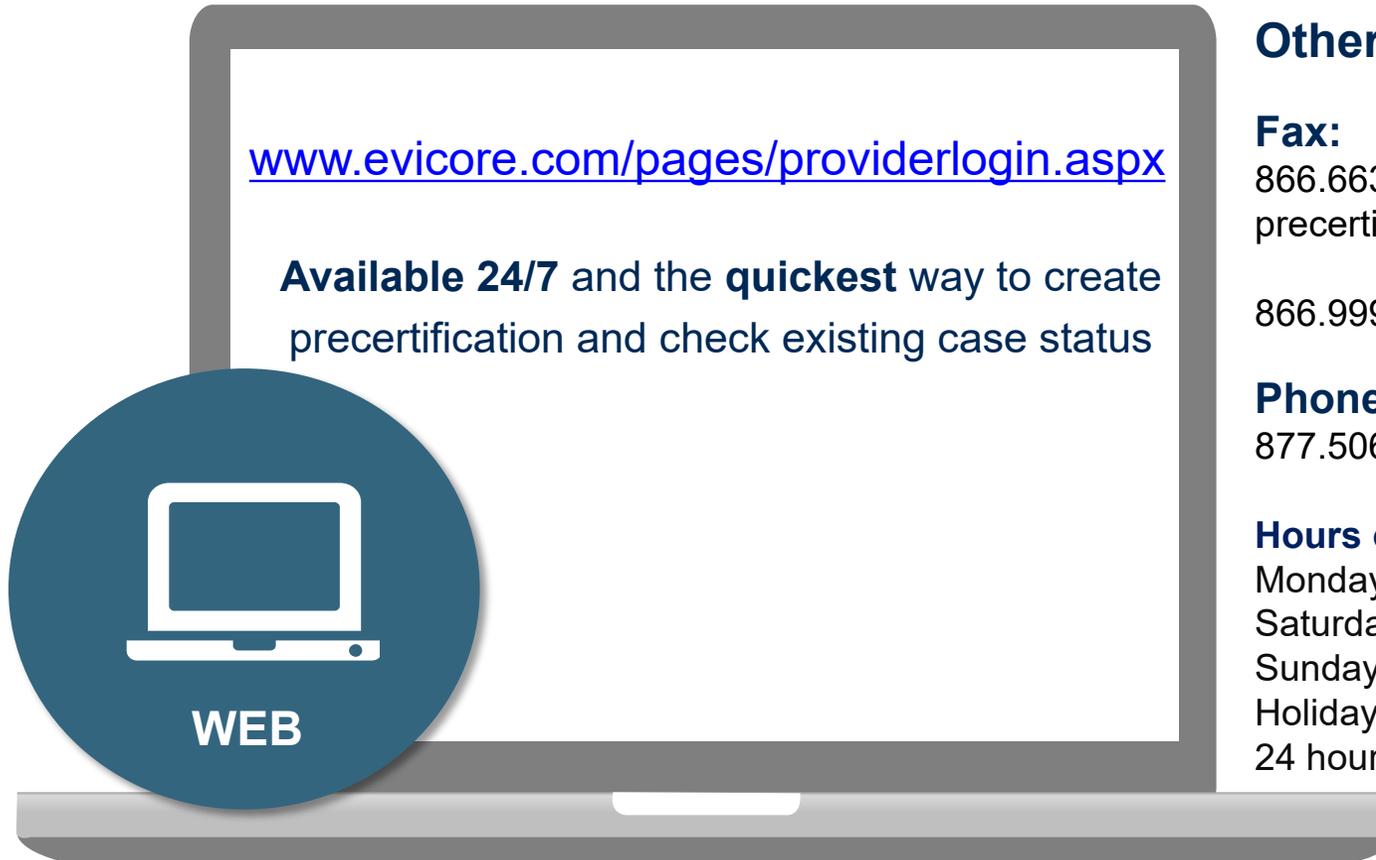
- The case will remain in a hold status until the receipt of necessary clinical information or expiration of the hold period, whichever comes first.

- Routine requests may remain in a hold status for up to 8 calendar days. Urgent case hold time is up to 24 hours.

- Determination should be completed within 2 business days for a routine request and within 72 hours for an Urgent Request. But if additional clinical information is needed, a routine Medicare case could take up to 14 calendar days following receipt of request for the service and 12 days for a Medicaid case.



# Methods for Precertification Requests



## Other methods:

### Fax:

866.663.7740 for DME with precertification form

866.999.3510 for Sleep DME

### Phone:

877.506.5193

### Hours of Operation:

Monday - Friday 8 a.m. to 8 p.m. CST

Saturday 8 a.m. to 4 p.m. CST

Sunday 8 a.m. to 1 p.m. CST

Holidays 8 a.m. to 1 p.m. CST

24 hour on call coverage

**Important:** eviCore recommends a completed DME precertification form for all DME requests submitted by fax

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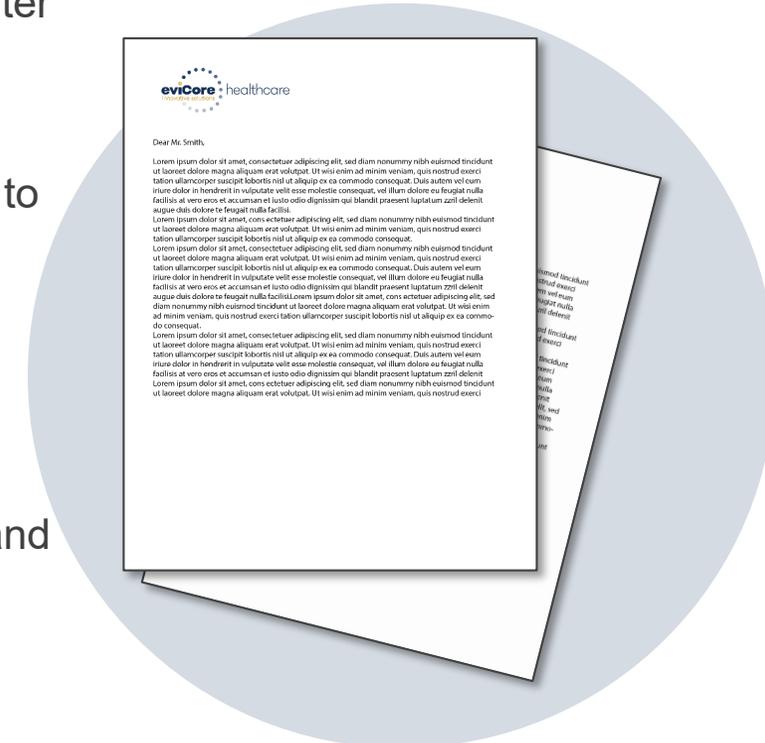
# **Prior Authorization Outcomes and Special Considerations**

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# Prior Authorization Approval

## Approved Requests

- Standard requests are processed within 2 business days after receipt of all necessary clinical information
- Purchases and daily rentals are usually valid for 90 days
- DME HCPCS code list is subject to change so please refer to our provider resources site and any Durable Medical Equipment announcements we send out.
- Monthly rentals are usually valid how many units/months approved plus one additional month
- Prior authorization letters will be faxed to the ordering physician & rendering provider and can be printed on demand from the eviCore portal at [www.eviCore.com](http://www.eviCore.com)



# Prior Authorization Outcomes - Denied Requests



Based on evidence-based guidelines, an adverse determination is made and the request is denied

A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and participant

Determination letters can be printed on demand from the eviCore portal at [www.evicore.com](http://www.evicore.com)

# Special Circumstances

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## 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 customer
- Can be initiated by phone (recommended), fax or portal.
- Urgent request precertification determinations will be made within 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 with the information submitted initially.*



# Special Circumstances cont.

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## Retroactive Requests

- Retrospective requests for Medicaid and Medicare cases need to be made within 180 days from the date of service. Determination letters will be sent to the member, and ordering provider within 30 days of receipt of request.

## Alternate Recommendation

- An alternate recommendation for DME that is more medically appropriate may be offered, based on evidence-based clinical guidelines
- The ordering physician can accept the alternate recommendation and a new approved request will be built
- The ordering provider has up to 60 calendar days to contact eviCore to accept the alternate recommendation



# Pre-Decision Options

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

## Submission of Additional Clinical Information

- Providers can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced

**Note:** Ordering Physicians may speak with an eviCore MD at any time before a decision is made

# Post-Decision Options

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## My case has been denied. What's next?

### Peer-to-Peer

- Providers have 14 calendar days to submit a peer-to-peer request and eviCore has 1 business day to complete the peer-to-peer process
- Decisions can be overturned, partially overturned, or upheld, and additional information may be submitted
- After this option is exhausted or timeframe has expired, the appeals process must be followed

### Appeals

- eviCore will not process first-level appeals, they must be submitted directly to the health plan

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# Provider Resources

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# Dedicated Call Center

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## Prior Authorization Call Center – 877-506-5193

Monday - Friday 8 a.m. to 8 p.m. CST

Saturday 8 a.m. to 4 p.m. CST

Sunday 8 a.m. to 1 p.m. CST

Holidays 8 a.m. to 1 p.m. CST

24 hour on call coverage

## Providers can contact our call center to perform one of the following:

- Request prior authorization
- Check status of existing prior authorization requests
- Discuss questions about prior authorization and case decisions
- Change facility or HCPCS code(s) on an existing request
- Request to speak to a clinical reviewer or eviCore Medical Director
- Schedule a peer-to-peer request



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

# Client & Provider Operations Team

## Client and Provider Services

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

- Questions regarding accuracy assessment
- Requests for a prior authorization to be re-sent to the health plan
- Consumer engagement Inquiries
- Eligibility issues (participant, rendering facility, or ordering physician)
- Issues experienced during case creation

## How to Contact our Client and Provider Services team

**Email:** [ClientServices@evicore.com](mailto:ClientServices@evicore.com) (preferred)

**Phone:** 800-575-4517, option 3

For prompt service, please have all pertinent information available. When emailing, make sure to include “Amerihealth DME First Choice of South Carolina” in the subject line with a description of the issue; include participant, provider and case details when applicable.



# Provider Resources

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## Client Specific Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client and solution specific 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)
- HCPCS Precertification Certification Code List
- DME Precertification Form

To access these helpful resources, please visit

[www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies](http://www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies)

### First Choice of South Carolina Family of Companies Provider Services

First Choice by Select Health of South Carolina Inc 1.800.741.6605

First Choice VIP Care Plus 1.888.978.0862

First Choice VIP Care 1.888.978.0151



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# **Provider Portal for DME**

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# Benefits of eviCore Provider Portal

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**Did you know that most providers are already saving time submitting prior authorization requests online? Following are some benefits and features:**

- Saves time: Quicker process than phone prior authorization requests
- Available 24/7: You can access the portal any time and any day
- Upload additional clinical information: No need to fax in supporting clinical documentation. It can be uploaded on the portal to support a new request or when additional information is requested
- Check case status in real-time
- View and print decision information

- To speak with a Portal Specialist, call 800.646.0418 (Option #2) or email [portal.support@evicore.com](mailto:portal.support@evicore.com)

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# Account Registration

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# eviCore healthcare website

- Point web browser to evicore.com



- Login or Register
- To create a new account, click **Register Now**

A screenshot of the login page on the eviCore healthcare website. The page has a white background with a green header bar. The header bar contains the text "PROVIDERS:" and a "Login" button with a user icon. Below the header, there are two input fields: "User ID" and "Password". To the right of each field is a link: "Forgot User ID?" and "Forgot Password?". Below the input fields are two checkboxes: "I agree to HIPAA Disclosure" and "Remember User ID". At the bottom of the form is a large green "LOGIN" button, which is pointed to by a red arrow. Below the "LOGIN" button is the text "Don't have an account? Register Now".

# Creating An Account

**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\*:  CareCore National  
Medsolutions

**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"/>	Address*:	<input type="text"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	Select <input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

- Select **CareCore National** as the Default Portal, complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log in page.
- Once logged in, you will have the ability to initiate a case, check a case status and much more!

# Add Providers To Your Account

**Manage Your Account**

Office Name: Test [CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

Address: 122 Sea Hill  
Chattanooga, TN

Primary Contact: Test Doctor

Email Address: Test.doctor@provider.com

[ADD PROVIDER](#)

Click Column Headings to Sort

No providers on file
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[CANCEL](#)

- Once logged in, you will want to add providers to your account prior to case submission. Click the **“Manage Account”** tab, then the **Add Provider** link. You should add all referring providers to your account also.

# Add Providers To Your Account

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
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Tuesday, March 15, 2022 3:19 PM

## Add Practitioner

Enter Practitioner information and find matches.

\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI	<input type="text" value="12356789"/>
Practitioner State	<input type="text" value="TN"/>
Practitioner Zip	<input type="text" value="37302"/>

<input type="button" value="FIND MATCHES"/>	<input type="button" value="CANCEL"/>
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- Enter the Practitioner NPI, State, and Zip Code to search for the Physician.
- Click on Find Matches

# Add Providers To Your Account

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
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## Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Test Doctor	12356789	122 Sea Hill	Chattanooga	TN	37302	423-555-5555	423-222-2222

**ADD THIS PRACTITIONER** CANCEL

- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete

# Add Providers To Your Account

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
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## Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.



- You can also click **“Add Another Practitioner”** to add another Physician to your account

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## **Initiating A Case**

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# Initiating A Case

The screenshot shows a web application interface for 'Request an Authorization'. The top navigation bar includes links for Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted with a red circle), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, Unified Worklist, and Help / Contact Us. The main content area is titled 'Request an Authorization' and contains the following elements:

- A heading: 'Request an Authorization'
- Text: 'To begin, please select a program below:'
- A list of radio buttons for program selection:
  - Durable Medical Equipment(DME) (indicated by a red arrow)
  - Gastroenterology
  - Lab Management Program
  - Medical Oncology Pathways
  - Musculoskeletal Management
  - Radiation Therapy Management Program (RTMP)
  - Radiology and Cardiology
  - Sleep Management
  - Specialty Drugs
- A question: 'Are you building a case as a referring provider or as a durable medical equipment provider?'
- A dropdown menu with the following options:
  - Referring Provider
  - Please Select
  - Referring Provider
  - Durable Medical Equipment (indicated by a red arrow)
- A 'CONTINUE' button at the bottom left.

- Choose **Clinical Certification** to begin a new case request
- Select the appropriate program
- Durable Medical Equipment (DME) should be chosen for all requests
- Choose who is building the case

# Select Provider

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Manage Your Account MedSolutions Portal Unified Worklist Help / Contact Us

## Requesting Physician Information

Select the physician for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH CLEAR SEARCH

Physician	
SELECT	12356789 - Test Doctor
SELECT	12356789 - Test Doctor

BACK CONTINUE

[Click here for help](#)

- Select the **ordering** Physician for whom you want to build a case by entering the last name or NPI.

# Select The Insurance Plan

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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**Choose Your Insurer**

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

**BACK** **CONTINUE**

- Choose the appropriate **Insurer** for the case request.
- Once the plan is chosen, please select the ordering provider's address in the next drop down box.

# Distribution Date

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The screenshot shows a web form with a blue header bar containing the text "Attention!". Below the header, the text "Time: 8/23/2022 8:41 AM" is displayed. The main content area contains a question: "Has this procedure been performed?". There are two radio buttons: "Yes" (unselected) and "No" (selected). At the bottom of the form is a blue button labeled "SUBMIT".

- Enter whether the equipment and/or supplies have been delivered yet.

# Member Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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**Patient Eligibility Lookup**

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

**LOOKUP AGAIN**

Search Results

	Patient ID	Member Code	Name	DOB
<b>SELECT</b>				

**BACK**

- Enter the **patient information** including the Patient ID number, date of birth, and patient’s last name. Click **“Eligibility Lookup”** and select the appropriate patient

# Clinical Details

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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### Requested Service + Diagnosis

This procedure will be performed on

#### Durable Medical Equipment(DME)

Select a Procedure by CPT Code[?] or Description[?]  
   
Don't see your procedure code or type of service? [Click here](#)

#### Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)  
   
Trouble selecting diagnosis code? Please follow [these steps](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Durable Medical Equipment(DME)*

- Select “DME” and **Diagnosis** code(s) and Continue to confirm

# Site Selection

Home Certification Authorization Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Manage Your Account Med Solutions Portal Unified Worklist Help / Contact Us

### Add Site of Service

**Specific Site Search**  
Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:  Zip Code:  Site Name:   
TIN:  City:   Exact match  
 Starts with

**LOOKUP SITE**

	Name	Address
<b>SELECT</b>	VALLEY HAVEN -- WELLSBURG CENTER LLC	70 VALLEY HAVEN RD WELLSBURG, WV 26070
<b>SELECT</b>	VALLEY HAVEN -- VALLEY HAVEN	70 VALLEY HAVEN RD WELLSBURG, WV 26070

**BACK**

[Click here for help](#)

- Search for the **site that is dispensing the equipment** by entering the **NPI**

# Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
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**Add Site of Service**

Selected Site: VALLEY HAVEN -- WELLSBURG CENTER LLC

**FIND NEW SITE**

Site Email (optional)

Fax  [?]

Phone  [?]

For DME authorization requests, place of service will be selected as 12 - Home.

**BACK** **CONTINUE**

[Click here for help](#)

- Enter your Fax and Phone number
- Enter an email address to receive email notifications with status updates

# Clinical Certification

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	<b>Clinical Certification</b>	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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**Proceed to Clinical Information**

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

Once you have clicked "Continue," you will not be able to edit the Provider, 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 on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.**

**BACK**   **CONTINUE**

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process
- **You will not have the opportunity to make changes after this point**

# Urgent vs Standard

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Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard **select Yes.**

**Proceed to Clinical Information**  
Is this case Routine/Standard?



**Important:** In order to reduce denials, a request **should not be submitted as “urgent”**, unless it meets the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the customer. Urgent Requests determinations will be rendered within 72 hours and will be based **solely** on clinical information received within that timeframe.

# Codes and Units

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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**Proceed to Clinical Information**

1 Please enter the Primary HCPCS code for this DME request:

1 How many Units of this HCPCS

**SUBMIT**

Finish Later

**Did you know?**  
You can save a certification request to finish later.

**CANCEL**

- Enter the Primary code and number of units
- You can click the **“Finish Later”** button to save your progress. You have **two (2) business days** to complete the case
- **Clinical Certification** questions populate based upon the information provided

# Additional Code Requests

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	<b>Clinical Certification</b>	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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**Proceed to Clinical Information**

Would you like to enter another HCPCS code?  
 Yes  No

**SUBMIT**

Finish Later

**Did you know?**  
You can save a certification request to finish later.

**CANCEL**

- If additional requests are needed, you may enter them here

# Upload Clinical Documents or Notes

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Manage Your Account

### Proceed to Clinical Information

Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

**SUBMIT**

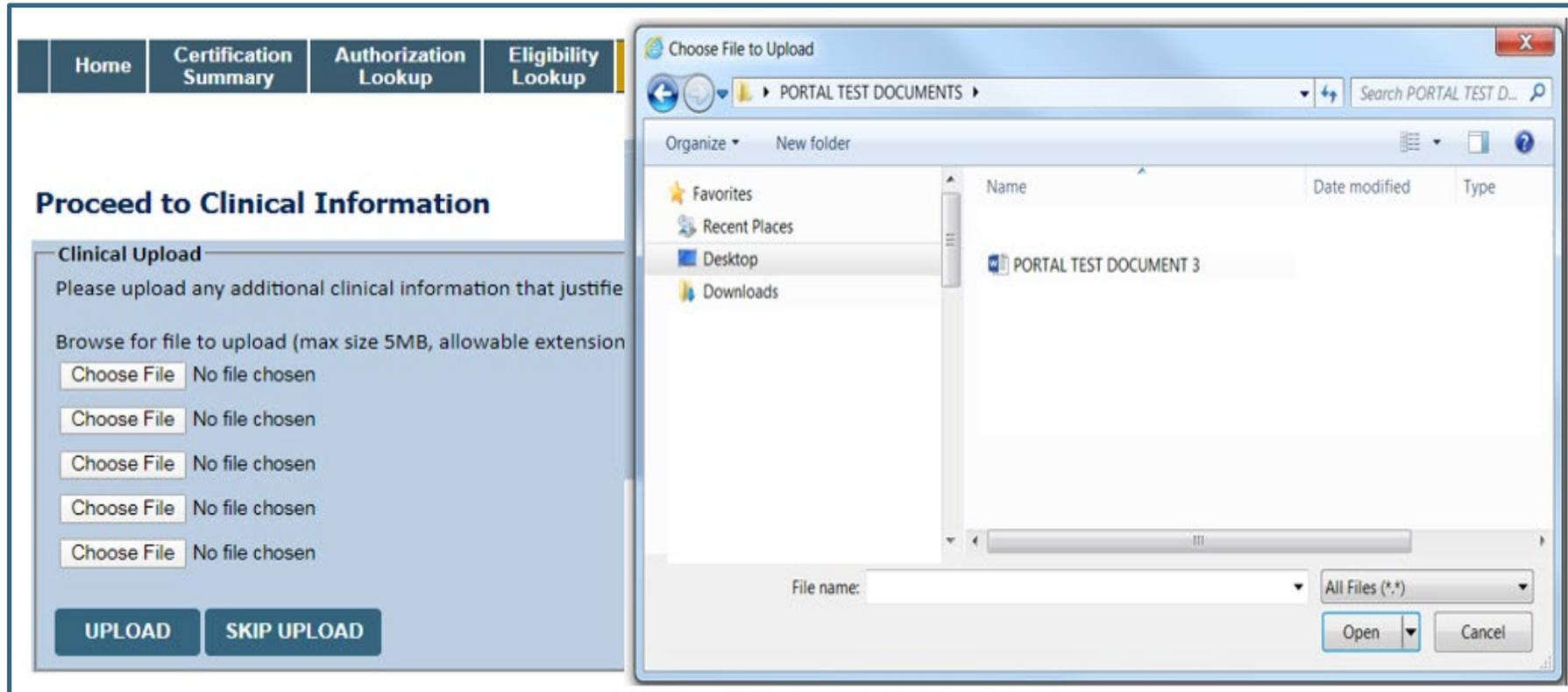
Finish Later

**Did you know?**  
You can save a certification request to finish later.

**CANCEL**

- On this screen, you can either choose to upload clinical documents, enter important notes, or both

# Upload Clinical Documents



- To attach documents, you will navigate to your desktop, locate the document, and choose upload
- Once complete, you can submit the case

# Clinical Information – Finish Questions & Submit Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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**Proceed to Clinical Information**

• Which PAP manufacturers' unit will you use for this patient's therapy?

Fisher & Paykel

ResMed

Respiroics

• Select the requested replacement mask:

Combination oral/nasal mask, used with continuous positive airway pressure device (A7027)

CPAP Full Face Mask (A7030)

Nasal Application Device (A7034)

PAP Oral Interface (A7044)

• Select the requested replacement tubing:

Positive Airway Pressure Tubing (A7037)

Tubing with Heating Element (A4604)

• Select the requested humidifier type:

Nonheated humidifier with PAP (E0561)

Heated humidifier with PAP (E0562)

**SUBMIT**

**Proceed to Clinical Information**

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

**SUBMIT CASE**

[Click here for help](#)

- On this screen, **answer the questions and submit**

- Next, check off the attestation and **submit case**
- Case will be either pending for medical review
- or approve

# Clinical Information – Example of Questions

The screenshot shows a web application interface with a navigation bar at the top containing the following tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account. Below the navigation bar is a form titled "Proceed to Clinical Information". The form contains an information icon and the text "Please select the type of machine request." followed by two radio button options: "Initial Authorization" (which is selected) and "Replacement machine". There is a "SUBMIT" button below these options. Further down, there is a checkbox labeled "Finish Later" which is currently unchecked. To the right of this checkbox is a light blue callout box with the text "Did you know? You can save a certification request to finish later." Below the "Finish Later" checkbox is a "CANCEL" button. At the bottom left of the form, there is a link that says "Click here for help".

- If the request is for a PAP device, please **choose initial or replacement**
- You can save your request and finish later if needed
  - **Note:** You will have 2 business days to complete the case
  - When logged in, you can resume a saved request by going to Certification Requests in Progress

# Outcome Determination

**Summary of Your Request**

Please review the details of your request below and if everything looks correct click SUBMIT

**Your case has been Approved.**

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code:	Description:
Secondary Diagnosis Code:	Description:
Date of Service:	
CPT Code:	Description:
Authorization Number:	
Review Date:	
Expiration Date:	
Status:	Your case has been Approved.

CANCEL PRINT CONTINUE

**Summary of Your Request**

Please review the details of your request below and if everything looks correct click SUBMIT

**Your case has been sent to Medical Review.**

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code:	Description:
Secondary Diagnosis Code:	Description:
Date of Service:	
CPT Code:	Description:
Case Number:	
Review Date:	
Expiration Date:	
Status:	Your case has been sent to Medical Review.

CANCEL PRINT CONTINUE

- Case will be either pended for medical review or approved
- You should save or print this screen for your records

# Authorization Lookup

The screenshot shows a web application interface for 'Authorization Lookup'. At the top is a navigation menu with tabs: Home, Certification Summary, Authorization Lookup (highlighted), Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and H Cont. Below the menu, the page title is 'Authorization Lookup'. There are two search options: 'Search by Member Information' (selected) and 'Search by Authorization Number/ NPI'. The 'Search by Member Information' section has 'Required Fields' (Healthplan, Provider NPI, Patient ID, Patient Date of Birth) and 'Optional Fields' (Case Number, Authorization Number). The 'Search by Authorization Number/ NPI' section has 'Required Fields' (Provider NPI, Auth/Case Number) and a 'SEARCH' button. At the bottom left are 'PRINT' and 'SEARCH' buttons.

- To look up the status of an Authorization, Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

# Upload Correspondence

**Authorization Lookup**

Authorization Number:  
Case Number:  
Health Plan Auth Number:  
Status: Approved  
Approval Date:  
Service Code:  
Service Description:  
Site Name:  
Expiration Date:  
Date Last Updated:  
Correspondence: **UPLOADS & FAXES**

**Procedures**

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
<b>CHANGE SERVICE CODE</b>				

**PRINT**

- The authorization will then be accessible to review. To print authorization correspondence, select **Uploads & Faxes**.

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## Initiating a Sleep DME Request

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# Initiating a Sleep DME Related Case

The screenshot shows a web application interface with a navigation bar at the top containing the following tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account. Below the navigation bar, the main content area is titled "Request an Authorization". Underneath this title, it says "To begin, please select a program below:" followed by a list of radio button options: Durable Medical Equipment(DME), Gastroenterology, Lab Management Program, Medical Oncology Pathways, Musculoskeletal Management, Radiation Therapy Management Program (RTMP), Radiology and Cardiology, Sleep Management (selected with a red arrow), and Specialty Drugs. Below the list, there is a question: "Are you building a case as a referring provider or as a durable medical equipment provider?". A dropdown menu is open, showing options: "Please Select" (selected), "Please Select", "Referring Provider", and "Durable Medical Equipment" (indicated by a red arrow). At the bottom of the dropdown is a "CONTINUE" button.

- For Sleep DME related requests, after selecting Sleep Management, choose **Durable Medical Equipment** provider

# Select Health Plan / Requesting Physician

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

### Requesting Provider Information

Search for Provider by TIN, NPI, provider last name, city and/or zip.

Healthplan:

TIN:

NPI:

Last Name:  (requires NPI or TIN)

City:  (city only, no state)

Zip:

- Choose the appropriate **Health Plan** for the case request.
- Once the plan is chosen, please select the **requesting** provider by entering their NPI if known. **This is the physician who is ordering the equipment.**

# Select Provider & Date of Service

The screenshot shows the 'Requesting Provider Information' form. It includes a navigation bar with 'Clinical Certification' highlighted. The form has a search section with fields for Healthplan, TIN, NPI, Last Name, City, and Zip, followed by a 'SEARCH' button. Below is a table with columns for Provider, Address, Tax ID, and NPI, with 'SELECT' buttons in the Provider column.

Provider	Address	Tax ID	NPI
SELECT			

- Select the physician's correct address

The screenshot shows the 'Add Your Contact Info' form. It includes a navigation bar with 'Clinical Certification' highlighted. The form has fields for Provider's Name, Who to Contact, Fax, Phone, Ext., Cell Phone, and Email. A modal window titled 'Attention!' is open, asking for the 'expected treatment start date?' in MM/DD/20YY format, with a 'SUBMIT' button. 'BACK' and 'CONTINUE' buttons are at the bottom.

- Add your contact information
- Enter the **expected distribution date** for the request.

# Member Information

The screenshot shows a web application interface with a navigation bar at the top containing the following tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account.

Below the navigation bar is the "Patient Eligibility Lookup" section. It contains three input fields: "Patient ID:\*" with a text box, "Date Of Birth:\*" with a date picker (MM/DD/YYYY) and a help icon, and "Patient Last Name Only:\*" with a text box and a help icon. A "LOOKUP AGAIN" button is positioned below these fields.

Below the "LOOKUP AGAIN" button is a table titled "Search Results". The table has five columns: "Patient ID", "Member Code", "Name", and "DOB". The first cell of the first row contains a "SELECT" button.

At the bottom of the form is a "BACK" button.

- Enter the **patient information** including the Patient ID number, date of birth, and patient's last name. Click "Eligibility Lookup" and select the appropriate patient.

# Clinical Details

The screenshot shows a web application interface with a navigation bar at the top containing: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account.

The main section is titled "Requested Service + Diagnosis". It includes a "CHANGE" button and a "Sleep Management Procedures" section. This section has three input areas:

- "Select a Procedure by CPT Code[?] or Description[?]" with a dropdown menu showing "E0470", "E0471", "E0601", and "RSPLY". A red arrow points to the dropdown.
- "Select a Primary Diagnosis Code (Lookup by Code or Description)" with a "LOOKUP" button. A red arrow points to the input field.
- "Select a Secondary Diagnosis Code (Lookup by Code or Description)" with a "LOOKUP" button. A note below it says "Secondary diagnosis is optional for Sleep Management".

An "Attention!" callout box is overlaid on the right side of the form. It contains the question "Will you be rendering this procedure in your office?" with "Yes" and "No" buttons. A red arrow points to the "No" button. Below the callout box, a bullet point states: "Answer NO to the above question, this does not apply to Sleep related DME requests."

- Select **Code and Diagnosis**.
- Choose **RSPLY** if the request is for supplies only.

# Site Selection

- Note: The site is the **DME Supplier** dispensing the equipment. Searching with **NPI only** is the most efficient.

The screenshot displays the 'Add Site of Service' web interface. At the top is a navigation menu with items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and Help / Contact Us. Below the menu, the page title is 'Add Site of Service'. Underneath is a 'Specific Site Search' section with instructions: 'Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.' The search fields include NPI, TIN, Zip Code, City, and Site Name. There are radio buttons for 'Exact match' and 'Starts with'. A 'LOOKUP SITE' button is on the right. A 'BACK' button is at the bottom left. A smaller inset window shows the 'Add Site of Service' form after a search, with 'Selected Site:' and a 'FIND NEW SITE' button. Below that is a 'Site Email (optional)' field with a red arrow pointing to it. 'BACK' and 'CONTINUE' buttons are at the bottom of the inset.

- Add your site to the case.
- Enter an email address to receive email notifications with status updates.

# Clinical Certification

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

**Proceed to Clinical Information**

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

Once you have clicked "Continue," you will not be able to edit the Provider, 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 on-line request, be sure to click **SUBMIT CASE** before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the **SUBMIT CASE** button will cause the case record to expire with no additional correspondence from eviCore.

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase
- **You will not have the opportunity to make changes after this point**
- Answer all clinical questions appropriately

# Urgent vs. Standard

---

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard select Yes.

**Proceed to Clinical Information**  
Is this case Routine/Standard?



**Important:** In order to reduce denials, a request **should not be submitted as “urgent”** unless it meets the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member. Urgent requests can be initiated on the provider portal or by phone. Urgent request determinations will be rendered within 72 hours and will be based **solely** on clinical information received within that timeframe.

# Clinical Information – Example of Questions

---

## Proceed to Clinical Information

**i** Is this request for a replacement Sleep therapy device due to the Phillips/Respironics recall?

Yes  No

**Requests for replacement for Respironics machines affected by the recall must have both a Provider's order/RX and a Respironics recall ID number.**

**SUBMIT**

## Proceed to Clinical Information

**i** Is this request for APAP (Auto-titration of Positive Airway Pressure) or CPAP (Continuous Positive Airway Pressure)?

- APAP (Auto-titration of Positive Airway Pressure)  
 CPAP (Continuous Positive Airway Pressure)  
 Unknown

- On this screen, answer the questions and click on submit

# Clinical Information – Example of Questions (Cont.)

---

## Proceed to Clinical Information

What is the reason for this request?

- Initiation of CPAP
- Replacement of CPAP device
- Member currently on PAP therapy under rental period in need of Convert To Purchase (Continuation of Rental)
- Unknown/None of the above

SUBMIT

## Proceed to Clinical Information

Will the individual receive instruction in the proper use and care of the PAP device and all accessories when they are set up with the machine?

- Yes
- No
- Unknown

Has a compliance support plan been established between the treating physician and the supplier?

- Yes
- No
- Unknown

SUBMIT

- Answer the questions and click on submit

# Clinical Information – Finish Questions & Submit Case

## Proceed to Clinical Information

- Which PAP manufacturers' unit will you use for this patient's therapy?
  - 3B Medical
  - Fisher & Paykel
  - ResMed
  - Respironics
  - Other
  
- Select the requested replacement mask:
  - Combination oral/nasal mask, used with continuous positive airway pressure device (A7027)
  - CPAP Full Face Mask (A7030)
  - Nasal Application Device (A7034)
  - PAP Oral Interface (A7044)
  
- Select the requested replacement tubing:
  - Positive Airway Pressure Tubing (A7037)
  - Tubing with Heating Element (A4604)
  
- Select the requested humidifier type:
  - Nonheated humidifier with PAP (E0561)
  - Heated humidifier with PAP (E0562)

- On this screen, **answer the questions and submit**

## Proceed to Clinical Information

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

**SUBMIT CASE**

[Click here for help](#)

- Next, check off the attestation and **submit case**
- Case will be either pending for medical review
- or approve

# Outcome Determination

**Summary of Your Request**  
Please review the details of your request below and if everything looks correct click SUBMIT

**Your case has been Approved.**

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code:	Description:
Secondary Diagnosis Code:	Description:
Date of Service:	
CPT Code:	Description:
Authorization Number:	
Review Date:	
Expiration Date:	
Status:	Your case has been Approved.

CANCEL PRINT CONTINUE

**Summary of Your Request**  
Please review the details of your request below and if everything looks correct click SUBMIT

**Your case has been sent to Medical Review.**

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code:	Description:
Secondary Diagnosis Code:	Description:
Date of Service:	
CPT Code:	Description:
Case Number:	
Review Date:	
Expiration Date:	
Status:	Your case has been sent to Medical Review.

CANCEL PRINT CONTINUE

- You should save or print this screen for your records

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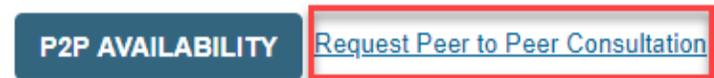
# Online P2P Scheduling Tool

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# How to schedule a Peer to Peer Request

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- Log into your account at [www.evicore.com](http://www.evicore.com)
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



## Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

 **P2P AVAILABILITY**

# How to schedule a Peer to Peer Request

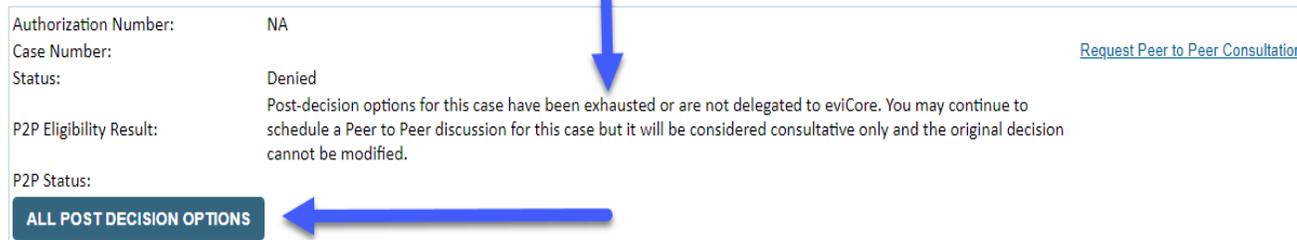
---

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

## Authorization Lookup

Authorization Number:	NA	
Case Number:		<a href="#">Request Peer to Peer Consultation</a>
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		

**ALL POST DECISION OPTIONS**



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

# How to Schedule a Peer to Peer Request

**New P2P Request**

Case Reference Number

Member Date of Birth

[+ Add Another Case](#)

[Lookup Cases >](#)

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

**New P2P Request**

Case Ref #:  [Remove](#) ✔ P2P Eligible

**Member Information**

Name	
DOB	
State	
Health Plan	
Member ID	

**Case P2P Information**

Episode ID	
P2P Valid Until	2020-11-11
Modality	MSK Spine Surgery
Level of Review	Reconsideration P2P
System Name	ImageOne

[Continue](#)

# How to Schedule a Peer to Peer Request

### Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

### Questions

Please indicate your availability

**Preferred Days**

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

**Preferred Times**

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Time Zone**

US/Eastern

[Continue >](#)

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week      5/18/2020 - 5/24/2020 (Upcoming week)      Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

# How to Schedule a Peer to Peer

## Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

The screenshot shows a web interface for scheduling a Peer-to-Peer (P2P) appointment. At the top, there is a progress bar with four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The main content is divided into two columns. The left column contains 'P2P Info' (Date: Mon 5/18/20, Time: 6:30 pm EDT, Reviewing Provider) and 'Case Info' (1st Case details including Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type: MSK Spine Surgery, and Level of Review: Reconsideration P2P). The right column is titled 'P2P Contact Details' and contains several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu with 'Provider Office' selected), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Phone Ext.' (filled with '12345'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Phone Ext.' (filled with 'Phone Ext.'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is located at the bottom right of the 'P2P Contact Details' section. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a 'Scheduling' summary page. At the top, there is a 'Scheduling' header with a calendar icon. Below it, the text 'Scheduled' is displayed. The appointment details are shown as 'Mon 5/18/20 - 6:30 pm EDT' with a calendar icon and a person icon. A red oval highlights the word 'SCHEDULED' in the bottom right corner.

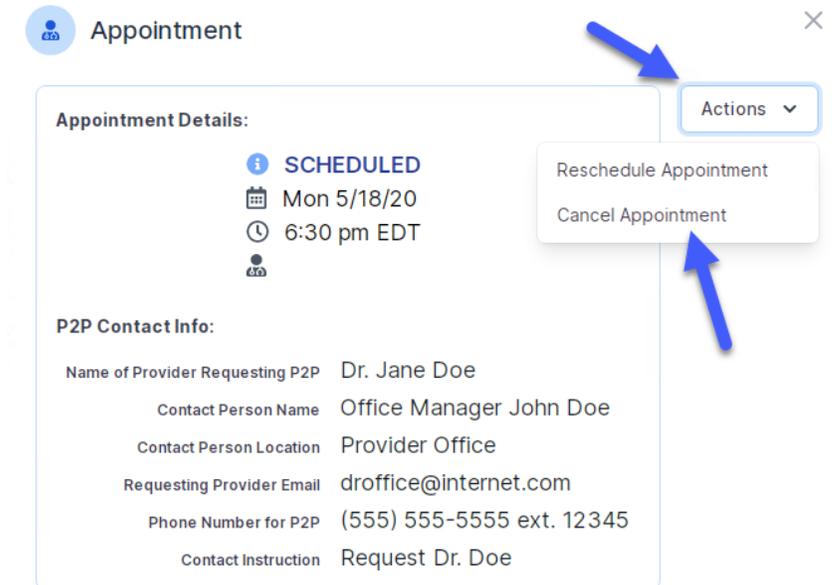
# Canceling or Rescheduling a Peer to Peer Appointment

## To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done

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# Thank You!

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