

Musculoskeletal Management- PT/OT

Provider Orientation Session for Banner Health Network



Empowering
the Improvement
of Care

Program Overview

Applicable Memberships

Prior Authorization is required for Banner Health members who are enrolled in the following lines of business:

Medicare Plans

- AARP Medicare Complete (UHC)
- Banner Medicare Advantage Prime HMO
- Banner Medicare Advantage Dual HMO (D-SNP)
- Banner Medicare Advantage Plus PPO – effective April 1, 2022

Medicaid Plans

- Banner – University Family Care/AHCCCS Complete Care – effective April 1, 2022
- Banner – University Family Care/ALTCS – effective April 1, 2022

Note: When requesting pre-service authorization for these members, please select Banner Health from the health plan dropdown list.

Banner Health Prior Authorization Services

eviCore currently accepts prior authorization requests for Medicare members. Effective April 1, 2022 prior authorization will be required for Medicaid membership

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

Prior authorization does **NOT** apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



It is the responsibility of the ordering provider to request prior authorization approval for services.

Specific Therapy

Pre-Service Authorization Required:

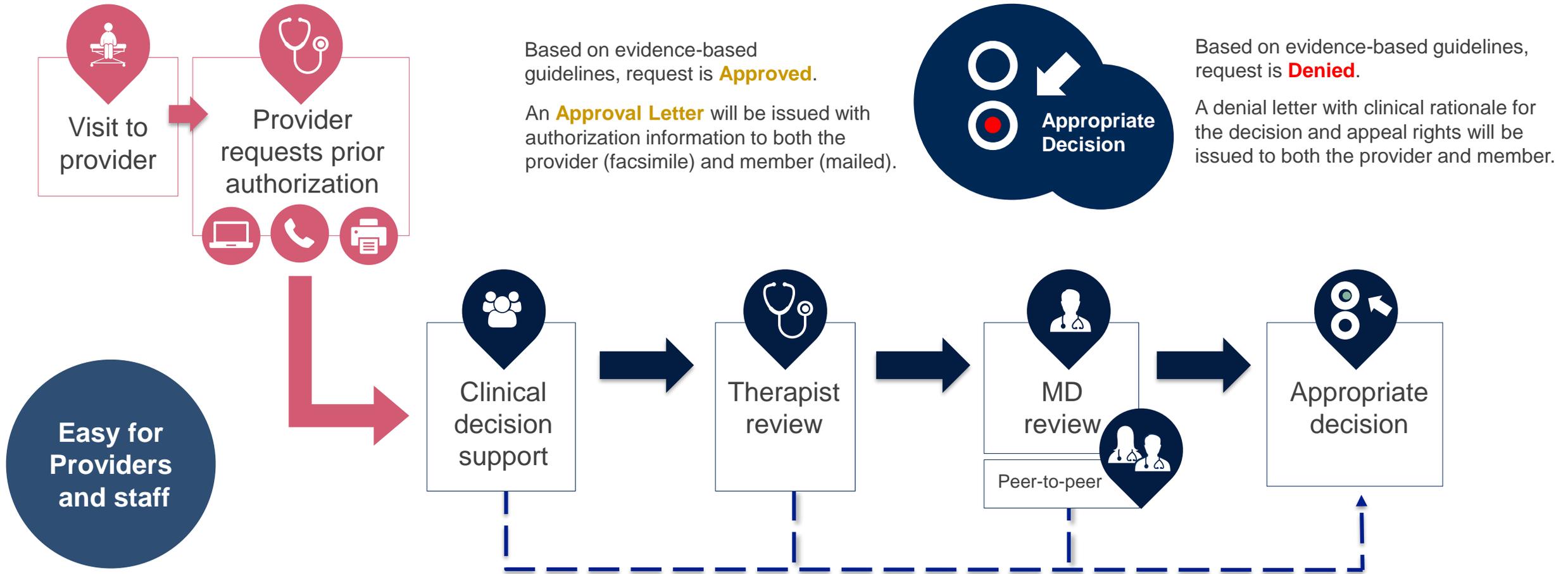
- Physical Therapy
- Occupational Therapy

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

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

Submitting Requests

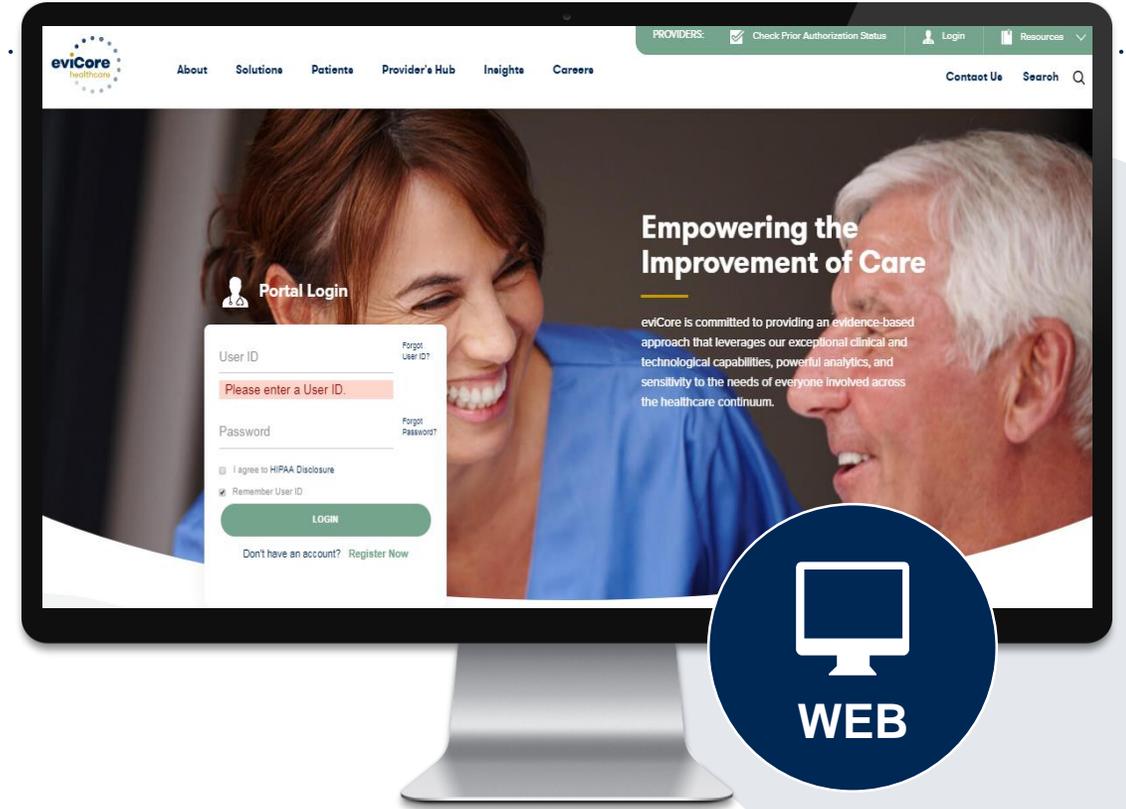
Utilization Management – the Prior Authorization Process



Methods to Submit Prior Authorization Requests

eviCore Provider Portal www.eviCore.com (preferred)

- **Saves time:** Quicker process than phone authorization requests
- **Available 24/7:** You can access the portal any time and any day
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **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
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **Duplication feature:** If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals



Phone Number:
888.444.9261
Monday through Friday
7am – 7pm local time

Fax Number:
888.693.3210
PA requests are accepted via
fax and can be used to submit
additional clinical information



corePath

Evidence-based, condition-specific approach



Focused on the patient: Authorization strategy emphasizes the unique attributes of a patient's condition and any associated complexities

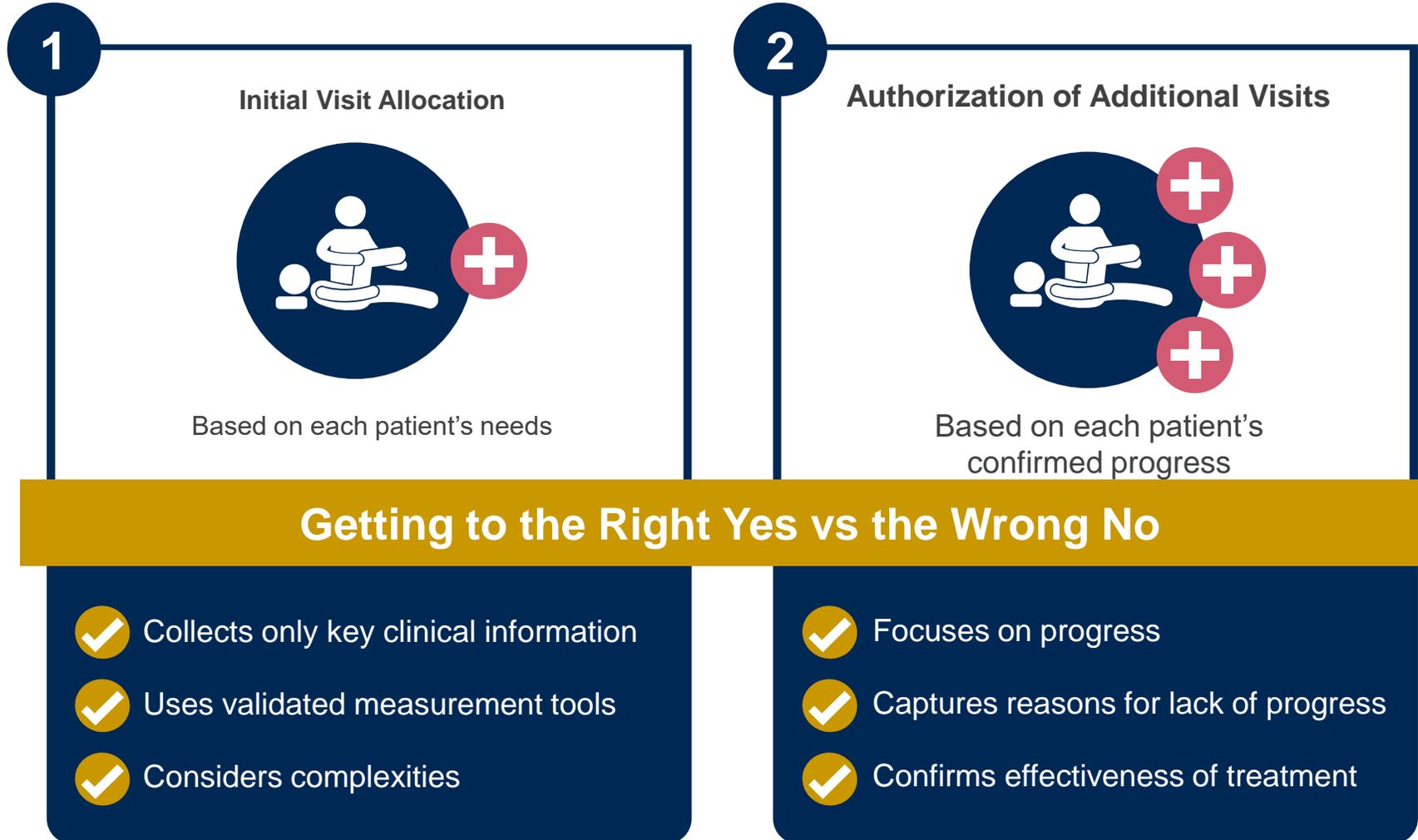


Streamlined for providers: Providers will experience a simplified and consistent prior authorization process that requires only key clinical information



Condition-specific approvals: Visits allocated in accordance with condition severity / complexity, functional loss, and confirmation that care is progressing as planned

Therapy corePath: How it Works



Ongoing care requires more detailed review to identify the individual patient's need

Prior Authorization Process

Clinical Information – What eviCore needs and why we need it

- Clinical information is required to determine whether the services requested are medically necessary.
- Use clinical worksheets located at eviCore.com as a guide to determine what clinical information is required.
- Be prepared to provide patient reported functional outcome measures with your submission (for example: ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR).
- Clinical information should be current – typically something collected within 14 days prior of the request.
 - Exception – for peds neurodevelopmental, information may be up to 20 days old and the standardized testing should have been completed within up to one year prior to the requested start date.
- **Missing or incomplete clinical information will delay case processing.**
- **Medicare cases with incomplete or missing information will receive special handling. CMS allows eviCore to reach out multiple times over a 14 day period to obtain the information required to complete our review.**

Prior Authorization Process

Requesting Authorization

- For the first request:
 - Evaluate the member before you request prior authorization.
 - Evaluation codes do not require prior authorization. (only applies to 97xxx codes)
 - Authorization for treatment must be requested prior to providing care.
- If additional care is needed:
 - You may submit your request as early as 7 days prior to the requested start date.
 - This allows time for the request to be reviewed and prevents a gap in care.
 - Remember to provide complete, current clinical information including patient reported functional outcome measures.
- Notes: Requests with a start date of > than 7 days in the future will not be accepted. If the member is away from therapy, reassess the condition once therapy has resumed. This allows you to provide current information to allow eviCore to determine medical necessity of ongoing therapy.

Prior Authorization Process

Timely Filing

- Banner Health Network allows providers to evaluate at the initial visit.
- The evaluation code does not require prior authorization, but treatment does.
- Authorization for treatment must be requested prior to providing care.
- Retrospective requests will not be accepted.

Care Management Process – Important Concepts

Authorization decisions include:

- **Units** – These represent the total # of CPT codes that can be billed over the approved period
- **Approved Time Period**

Example – 4 units from 1/1/16 to 1/1/16

- Units example – 97110 x4 or 97110 x2, 97035 x1, 97112 x1

Spread the Units over the approved period to prevent a gap in care.

Date Extensions

Date extensions are available if you are unable to use all units within the approved period

- Extend for the period that is needed, up to a maximum of 30 days
- One date extension is available per case
- Must be requested prior to the expiration of the authorization

Available

- By phone 888.444.9261
- Online

<https://carriers.carecorenational.com/PreAuthorization/screens/CreateCase.aspx>

Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

Date Extension

Continuing Care

Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

Request Information

Requested Service + Diagnosis

This procedure will be performed on 6/22/2020.

[CHANGE](#)

Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

MSMPT PHYSICAL THERAPY

Don't see your procedure code or type of service? [Click here](#)

Attention!

Will the procedure be performed in your office?

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

M25.50

[LOOKUP](#)

Trouble selecting diagnosis code? Please follow [these steps](#)

Secondary Diagnosis Code: **M25.50**

Description: **Pain in unspecified joint**

[Change Secondary Diagnosis](#)

[BACK](#)

[Click here for help](#)

- Next you can enter CPT code (MSMPT, MSMOT, or MSMST)
- Also add diagnosis code(s)
- Note: Place of service vary depending on health plan rules.

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 6/22/2020
CPT Code: MSMPT
Description: PHYSICAL THERAPY
Primary Diagnosis Code: M25.50
Primary Diagnosis: Pain in unspecified joint
Secondary Diagnosis Code:
Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- Review the patient's history
- Verify requested service & diagnosis
- Edit any information if needed by selecting change procedure or primary diagnosis
- Click **continue** to confirm your selection

Attention!

Patient ID: [REDACTED] Time: 6/19/2020 6:38 PM
Patient Name: FOGLE, GREGORY J

Please review the patient's MSM history. You may be asked about this history during clinical review.

MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status
4/7/2020	[REDACTED]	FOGLE, GREGORY J	MSMPT	PHYSICAL THERAPY	A
3/18/2020	[REDACTED]	FOGLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
9/17/2019	[REDACTED]	FOGLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
7/18/2019	[REDACTED]	FOGLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
4/26/2019	[REDACTED]	FOGLE, GREGORY J	MSMPT	PHYSICAL THERAPY	A

Clinical Information – Example of Questions

Proceed to Clinical Information

TYPE OF CONDITION

Please select Developmental/Pediatric for all Pediatric cases EXCEPT primary musculoskeletal injuries such as ...Such as ankle sprain, fracture, WITHOUT an underlying developmental or neuromuscular condition like cerebral palsy.)

i Please indicate the type of condition that therapy is being requested for.

Musculoskeletal - All (including hand and pelvic pain) ▼

i Is this request for fabricating a hand splint/orthotics OR developing a home exercise program ONLY?

Yes No

SUBMIT

Finish Later

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

i This request is for:

- Initial care (for a condition not treated in the previous 60 days)
- Continuing care

i Please indicate the primary treatment area (Choose only one):

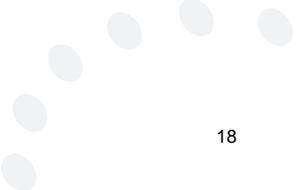
_____ ▼

i Please indicate the secondary treatment area. (Choose only one)

No second area being treated ▼

SUBMIT

Clinical Certification questions may populate based upon the information provided
Note: The worksheets are available to offer insight into the clinical questions that will be asked in the pathway



Clinical Information – Imbedded messages

You requested a treatment start date of 06/29/2020

i Date of initial evaluation

06/29/2020 

i Date of onset of CONDITION:

06/19/2020 

i Enter date of current findings:

06/19/2020 

The clinical information will be considered out-of-date if the “date of current findings” is greater than 10 days prior to the “treatment start date” for this request. Cases with out-of-date clinical information may be placed on hold awaiting current clinical information. This may delay an authorization decision.

Finish Later

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

- Questions may populate based upon the information provided
- Many screens have imbedded messages that help you understand the criteria.

Additional Provider Portal Features

Portal Features

Certification Certification & Summary

- You can begin an authorization request
- Allows you to track recently submitted cases

Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

Eligibility Lookup

- Confirm if member requires prior authorization

eNotification Alerts

- You can opt in to case status email alerts



Duplication Feature

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Radiation Therapy Management Program)
- Provider ([REDACTED])
- Program and Provider (Radiation Therapy Management Program and [REDACTED])
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: **(888) 444.9261**
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

- Live chat
- Email: portal.support@evicore.com
- Phone: (800) 646-0418 (Option #2)

Client & Provider Operations Team

- Email: clientservices@eviCore.com
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

Provider Engagement

- **Kellie Thompson – AZ, CO, HI, NM, TX, UT**
 - **Kellie.Thompson@evicore.com**
 - **800.918.8924 x27658**
- Regional team that works directly with the provider community



Provider Resource Website

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:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit

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

Banner Health Network Provider Services: 888.444.9261



Provider Resources

Prior Authorization Call Center – 888.444.9261

- Call center hours are 7am – 7pm Monday-Friday local time

Web-Based Services and Online Resources

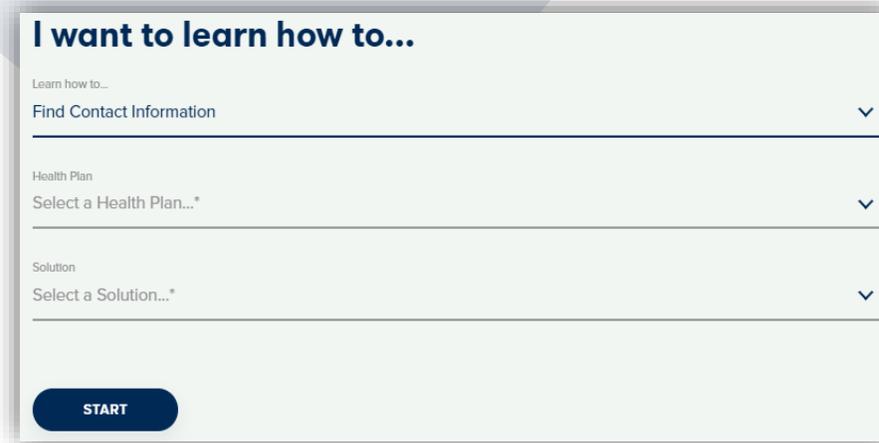
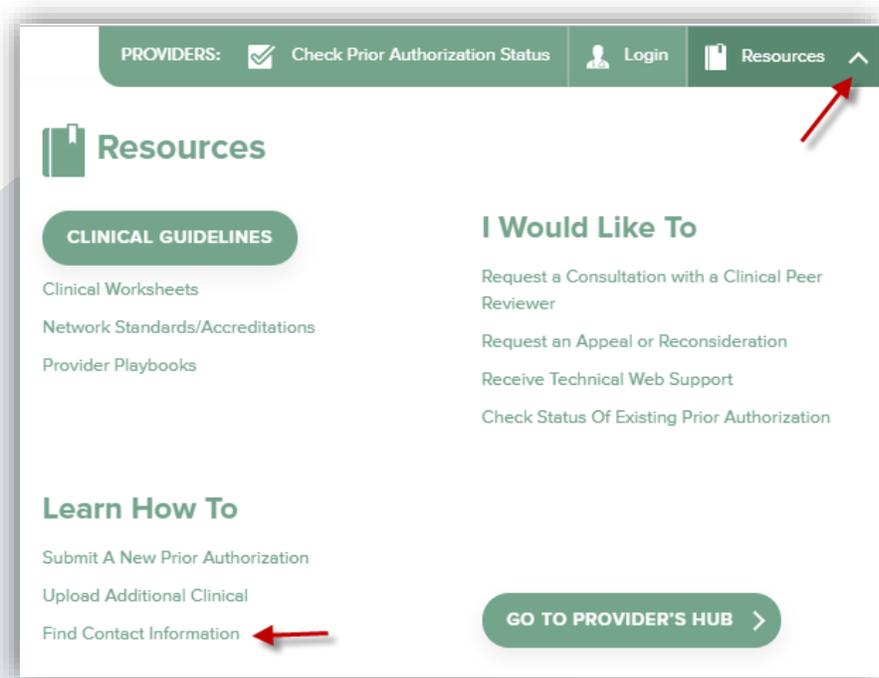
- Important tools, health plan-specific contact information, and resources can be found at www.evicore.com
- Select the **Resources** to view Clinical Guidelines, Online Forms, and more.

Provider Resource Page

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

Web Support

- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com



eviCore Provider Support Teams

Client and Provider Services

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

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.

Provider Engagement team

You can find a list of Regional Provider Engagement Managers at www.eviCore.com →
Provider's Hub → Training Resources



Provider Newsletter

Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Thank You!



Appendix

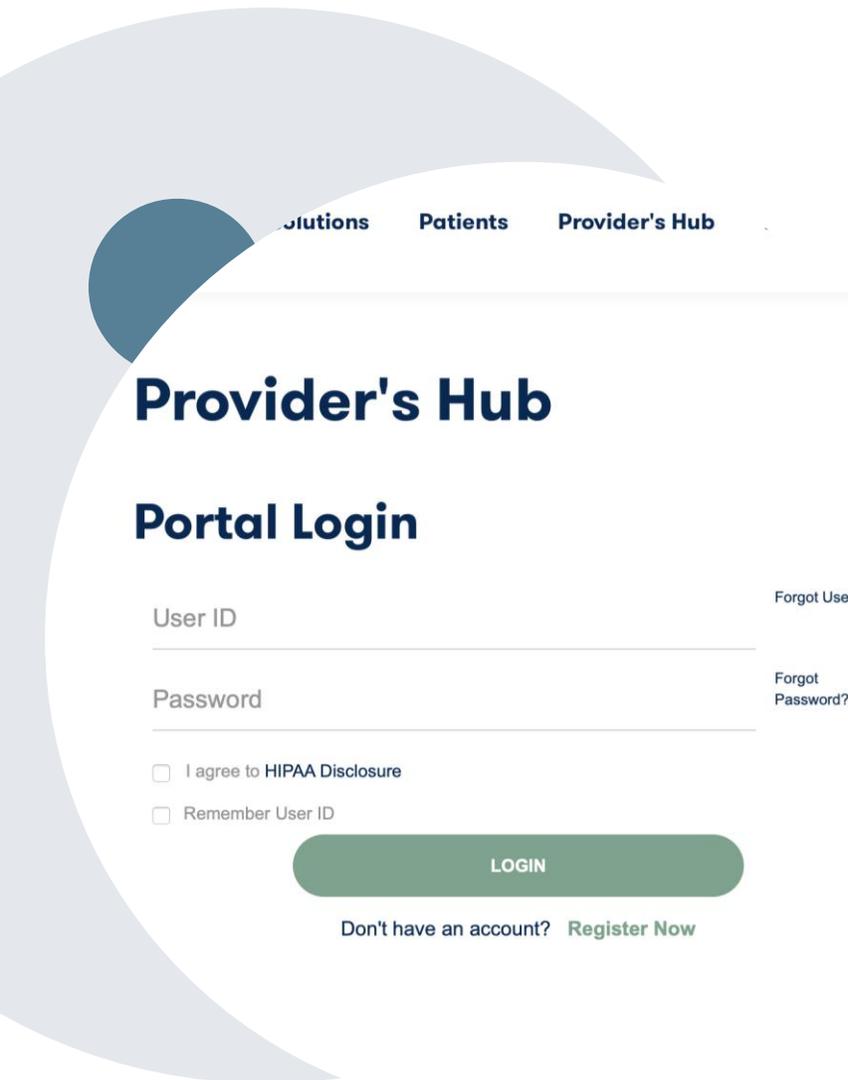
Provider Portal Overview

Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).



eviCore healthcare Website

Visit www.evicore.com

Already a user?

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

Don't have an account?

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

Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

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

Welcome Screen



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:24 AM

Welcome to the CareCore National Web Portal. You are logged in as **AMYINTG**.

- REQUEST AN AUTH
- RESUME IN-PROGRESS REQUEST
- SUMMARY OF AUTH
- AUTH LOOKUP
- MEMBER ELIGIBILITY

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- Providers will need to be added to your account prior to case submission. Click the “**Manage Account**” tab to add provider information.
- **Note:** You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:26 AM

Manage Your Account

Office Name: test

CHANGE PASSWORD

EDIT ACCOUNT

Address: 730 Cool Springs Blvd
Franklin, TN 37067

Primary Contact: Amy Oliphant

Email Address: amy.oliphant@evicore.com

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

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Click the “Add Provider” button.

Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:26 AM

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

Practitioner State

Practitioner Zip

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Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Providers



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

Tuesday, January 21, 2020 9:29 AM

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
Last. First	12312312	1 MD Address	Franklin	TN	37067	(999)999-9999	(999)999-9999

- ADD THIS PRACTITIONER
- CANCEL

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Select the matching record based upon your search criteria

Manage Your Account



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:38 AM

Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

ADD ANOTHER PRACTITIONER

CONTINUE

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- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.

Certification Summary

eviCore healthcare

Home Certification Summary Authorization Lookup

Tuesday, January 21, 2020 9:39 AM

Log Off (AMYINTG)

Certification Summary

Search..  

Single Status
Show All

Filter By Multiple Statuses
Show All

Date
7 days

Submit Close

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical

No records to display

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- CareCore National Portal now includes a Certification Summary tab, to better track your recently submitted cases.
- The work list can also be filtered - as seen above.

Initiating A Case



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:41 AM

Welcome to the CareCore National Web Portal. You are logged in as AMYINTG.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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Choose **“request an auth”** to begin a new case request.

Select Program



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

Tuesday, January 21, 2020 9:42 AM

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

CONTINUE

[Click here for help](#)

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Select the **Program** for your certification.

Select Provider

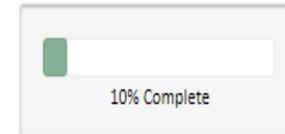


- Home
- Certification Summary
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification**
- Certification Requests In Progress
- MSM Practitioner Perf. Summary Portal
- Resources
- Manage Your Account
- Help / Contact Us

Tuesday, January 21, 2020 9:43 AM

[Log Off \(AMYINTG\)](#)

Requesting Provider Information



Select the provider 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:

Provider	
<input type="button" value="SELECT"/>	12312312 - Provider Name

-
-

[Click here for help](#)

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Select the **Practitioner/Group** for whom you want to build a case.

Select Health Plan



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:46 AM

[Log Off \(AMYINTG\)](#)

Choose Your Insurer

Requesting Provider: [CALIFORNIA UNITED NP 120282022](#)

Please select the insurer for this authorization request.

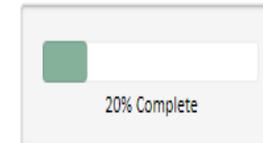
[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More](#).

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

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Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.

Contact Information



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

Monday, October 18, 2021 4:12 PM

[Log Off \(AMYNLIBBY2\)](#)

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

BACK

CONTINUE

New feature! This option allows you to receive e-notification updates for case status updates/changes.

[Click here for help](#)

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30% Complete

Provider and NPI

BI, SUCAI
3639363794
(AETNA)

Member/Procedure Information

Attention!

Time: 1/21/2020 9:53 AM

Has this procedure been performed?

Verify if the procedure has already been performed.

Member Information



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

Tuesday, January 21, 2020 9:53 AM

[Log Off \(AMYINTG\)](#)

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

40% Complete

Provider and NPI
GROUP, UNAR
UNAR
(MEDICARE)

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	00000000000000000000000000000000		WATSON, JONATHAN	01/01/1980	M	100 WATSON RD SPRINGVILLE, FL 32049

BACK

[Click here for help](#)

Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **“Eligibility Lookup.”**

Confirm your patient's information and click select to continue.

Requested Procedure & Diagnosis



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

Tuesday, January 21, 2020 10:03 AM

[Log Off \(AMYINTG\)](#)

Requested Service + Diagnosis

This procedure has not been performed.

[CHANGE](#)

Radiology Procedures

Select a Primary Procedure by CPT Code[?] or Description[?]

73721 | MRI LOWER EXTREMITY JOINT W/O

Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

r68.89 | LOOKUP

Trouble selecting diagnosis code? Please follow [these steps](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Radiology

| LOOKUP

[BACK](#)

[Click here for help](#)

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60% Complete

Provider and NPI
GALIND, ANNE
123456789
(MFL00000)

Patient
123456789
123456789
123456789

[EDIT](#)

Select the **CPT** and **Diagnosis** codes.

Verify Service Selection



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

Tuesday, January 21, 2020 10:07 AM

[Log Off \(AMYINTG\)](#)

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: TBD
CPT Code: 73721
Description: MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

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60% Complete

Provider and NPI
[Redacted] (MELLCARE)

Patient
[Redacted] [EDIT](#)

Click **continue** to confirm your selection.

Site Selection



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

Tuesday, January 21, 2020 10:12 AM

[Log Off \(AMYINTG\)](#)

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
SELECT	BELLEVUE NURSING CENTER - BELLEVUE NURSING CEN	2000 CITRUS BLVD LEESBURG, FL 34748
SELECT	BELLEVUE NURSING CENTER - DIAGNOSTIC & NURSING	2000 CITRUS BLVD LEESBURG, FL 34748
SELECT	BELLEVUE NURSING CENTER - WILSON COUNTY DIAGNOS	2000 DE AVENUE BLVD BELLEVUE, FL 32822
SELECT	BELLEVUE NURSING CENTER - BELLEVUE NURSING CEN	10000 US HIGHWAY 90 BELLEVUE, FL 32822

BACK

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80% Complete

Provider and NPI
 GAUHAU, UNANI
 370800020
 (MFL/CARE)

Patient
 73721 MRI LOWER EXTREMITY
 JOINT W/O
 R68.89 Other general symptoms
 and signs [EDIT](#)

Service
 73721 MRI LOWER EXTREMITY
 JOINT W/O
 R68.89 Other general symptoms
 and signs [EDIT](#)

Select the **specific site** where the testing/treatment will be performed.

Site Selection



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:15 AM

Add Site of Service

Selected Site: BELLEVUE IMAGING CENTER -- BELLEVUE IMAGING GEN

FIND NEW SITE

Site Email (optional)

BACK

CONTINUE

[Click here for help](#)

This page allows you to enter an email address for a facility representative.

Clinical Certification



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

Tuesday, January 21, 2020 10:17 AM

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

[Click here for help](#)

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- 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 that point.

Submitting Urgent Cases

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?

YES

NO

You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Submitting Urgent Cases- Upload Required

Clinical Certification

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):

No file chosen

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If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Providing clinical information via the web is the quickest, most efficient method.

Clinical Certification



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

Tuesday, January 21, 2020 10:18 AM

Proceed to Clinical Information

- Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?
 Yes No

SUBMIT

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Clinical Certification questions may populate based upon the information provided.

Please answer each clinical question, as it applies to your patient.

Clinical Certification



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

Tuesday, January 21, 2020 10:19 AM

Proceed to Clinical Information

Which anatomy will be examined with the requested study?

Hip Knee Ankle

SUBMIT

Finish Later

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

[Click here for help](#)

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- Please answer each clinical question, as it applies to your patient.
- You can click the **“Finish Later”** button to save your progress.

Clinical Certification



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

Tuesday, January 21, 2020 10:20 AM

Proceed to Clinical Information

Which side will be examined with the requested study?

Left Right

SUBMIT

Finish Later

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

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- Please answer each clinical question, as it applies to your patient.
- You can click the **“Finish Later”** button to save your progress.

Clinical Certification



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:28 AM

Proceed to Clinical Information

Which one of the following best describes the reason for the requested study?

SUBMIT

Finish Later

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

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- Please answer each clinical question, as it applies to your patient.
- You can click the **“Finish Later”** button to save your progress.

Clinical Certification



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:30 AM

Proceed to Clinical Information

- Are you ready to upload the patient medical record now?
- No, I will upload at a later time
- Yes, I am ready to upload the record

SUBMIT

Finish Later

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

[Click here for help](#)

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If **additional information** is required, you will have the option upload additional clinical for review.

Providing clinical information via the web is the quickest, most efficient method.

Clinical Certification



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:31 AM

Proceed to Clinical Information

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Test clinical.docx

No file chosen

No file chosen

No file chosen

No file chosen

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If **additional information** is required, you will have the option upload additional clinical for review.

Providing clinical information via the web is the quickest, most efficient method.

Clinical Certification



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:33 AM

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

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Acknowledge the Clinical Certification statements, and hit “**Submit Case.**”

Medical Review



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:34 AM

[Log Off \(AMYINTG\)](#)

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 clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore at anytime, please call 1-888-333-8641.

Provider Name:	DR. UNWAH SAUNDERS	Contact:	test
Provider Address:	465 E CHESTNUT ST LOUISVILLE, KY 40202	Phone Number:	(999) 999-9999
		Fax Number:	(999) 999-9999
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	MRI LOWER EXTREMITY JOINT W/O
Date of Service:	Not provided		
CPT Code:	73721		
Case Number:	[REDACTED]		
Review Date:	1/21/2020 10:18:05 AM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore at anytime, please call 1-888-333-8641.		

CANCEL

PRINT

CONTINUE

[Click here for help](#)

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Once the clinical pathway questions are completed and the case has not meet clinical review. The status will reflect pending and at the top “Your case has been sent to Medical Review”.

Approval

Clinical Certification

Your case has been Approved.

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code: M25.562

Description: Pain in left knee

Secondary Diagnosis Code:

Description:

Date of Service: Not provided

CPT Code: 73721

Description: MRI LOWER EXTREMITY JOINT W/O

Authorization Number:

Review Date: 12/12/2011 2:12:39 PM

Expiration Date:

Status: Your case has been approved.

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an **approval** will be issued.

Print the screen and store in the patient's file.

Building Additional Cases



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:37 AM

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Radiology)
- Provider (~~CareCoord, UHMSH~~)
- Program and Provider (Radiology and ~~CareCoord, UHMSH~~)
- Program and Health Plan (Radiology and ~~VHEUCare~~)

GO

CANCEL

PRINT

[Click here for help](#)

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Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the new request.

Authorization look up



Authorization Lookup

Search by Member Information

Required Fields

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:

MM/DD/YYYY

Optional Fields

Case Number:

or

Authorization Number:

PRINT

SEARCH

[Click here for help](#)

Search by Authorization Number/ NPI

Search by Authorization Number/ NPI

Required Fields

Provider NPI:

Auth/Case Number:

SEARCH

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- 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.

Authorization Status



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

Tuesday, January 21, 2020 10:43 AM

Authorization Lookup

Authorization Number: **XXXXXXXXXX**
Case Number: **XXXXXXXXXX**
Health Plan Auth Number: **XXXXXXXXXX**
Status: Approved
Approval Date: 1/21/2020 12:00:00 AM
Service Code: 71250
Service Description: CT THORAX W/O CONTRAST
Site Name: **BELLEVUE IMAGING CENTER**
Expiration Date: 3/6/2020
Date Last Updated: 1/21/2020 8:21:28 AM
Correspondence: **UPLOADS & FAXES**

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
71250 CHANGE SERVICE CODE	Computed tomography (CT) (a special kind of picture) of your chest without contrast (dye)	1	1	

PRINT

[Click here for help](#)

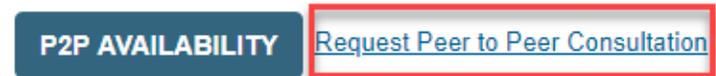
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The authorization will then be accessible to review. To print authorization correspondence, select **Uploads & Faxes**.

Online P2P Scheduling Tool

How to schedule a Peer to Peer Request

- Log into your account at 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:	



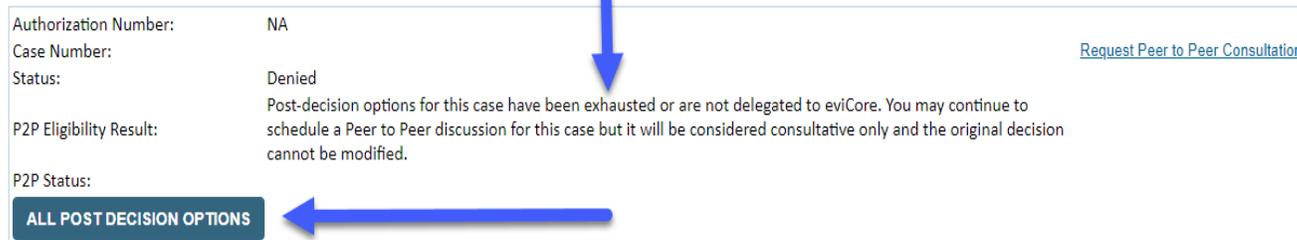
How to schedule a Peer to Peer Request

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:		Request Peer to Peer Consultation
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

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

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

eviCore healthcare P2P Portal

Case Ref #: Remove P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	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 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' with date and time, 'Case Info' with a list of case details, and a '1st Case' section. The right column is titled 'P2P Contact Details' and contains several input fields: 'Name of Provider Requesting P2P' (with 'Dr. Jane Doe' and a blue arrow), 'Contact Person Name' (with 'Office Manager John Doe'), 'Contact Person Location' (with a dropdown for 'Provider Office'), 'Phone Number for P2P' (with '(555) 555-5555' and a blue arrow), 'Alternate Phone' (with '(xxx) xxx-xxxx'), 'Requesting Provider Email' (with 'droffice@internet.com'), and 'Contact Instructions' (with 'Select option 4, ask for Dr. Doe' and a blue arrow). A 'Submit >' button is at the bottom right.

- 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 summary page for a scheduled appointment. It features a 'Scheduling' header with a calendar icon. Below it, the status '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 a 'SCHEDULED' button in the bottom right corner.

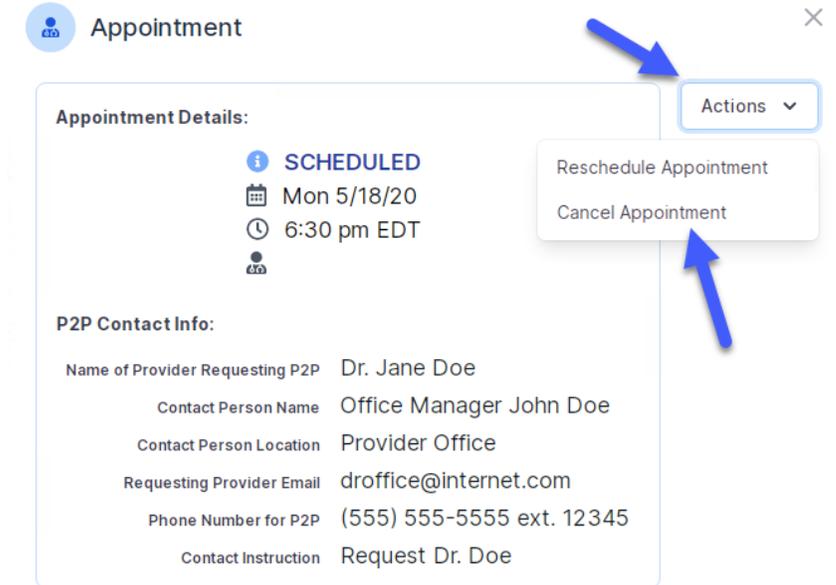
Canceling or Rescheduling a Peer to Peer Appointment

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