

# Specialized Outpatient Therapies

Physical, Occupational and Speech Therapy

Provider Orientation Session for **Clover Health**



Empowering  
the Improvement  
of Care

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# Company Overview

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**250M  
Members  
Managed**

**Headquartered in Bluffton, SC  
Offices across the US including:**

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA
- St. Louis, MO

# 10 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



5k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology



**Quality Improvement Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES

# Evidence-Based Guidelines

## The foundation of our solutions



Guidelines  
updated at least  
annually



Experts associated with  
academic institutions



Current clinical  
literature

### Aligned with National Societies:

- American Academy of Neurology
- American College of Rheumatology
- American Association of Neurological Surgeons
- American Academy of Orthopedic Surgeons
- American Society of Interventional Pain Physicians
- North American Spine Society
- American College of Occupational and Environmental Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Association of Hip and Knee Surgeons
- American Pain Society
- Official Disability Guidelines
- Medicare Guidelines
- Spine Intervention Society
- American Academy of Orthopedic Surgeons
- The American Orthopedic Society for Sports Medicine
- Cochrane Reviews
- American Physical Therapy Association
- American Chiropractic Association
- American Occupational Therapy Association
- American Speech Language Hearing Association
- American Society of Anesthesiologists

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# Our Service Model

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# Enabling Better Outcomes

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Enhancing outcomes through Client and Provider engagement

## **Client and Provider Operations Team –**

Client Provider Representatives are cross-trained to investigate escalated provider and client related issues.

## **Client Experience Manager –**

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

## **Regional Provider Engagement Manager –**

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.



# Why Our Service Delivery Model Works

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



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



**Routine issues are handled by a team of representatives** who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

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# Prior Authorization Overview

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# Clover Health Prior Authorization Services

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**Effective 2/1/2023, eviCore healthcare will begin accepting prior authorization requests for Specialized Outpatient Therapy for Clover Health Medicare Members.**

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

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**Clover will continue to allow the first 15 Physical Therapy, Occupational Therapy, and/or Speech Therapy sessions without prior authorization per discipline, per year. All outpatient therapy visits beyond 15 require prior authorization.**

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

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

# Needed Information

## Non-Clinical Information

### Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

### Ordering Physician Information

- First and Last Name
- Practice Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

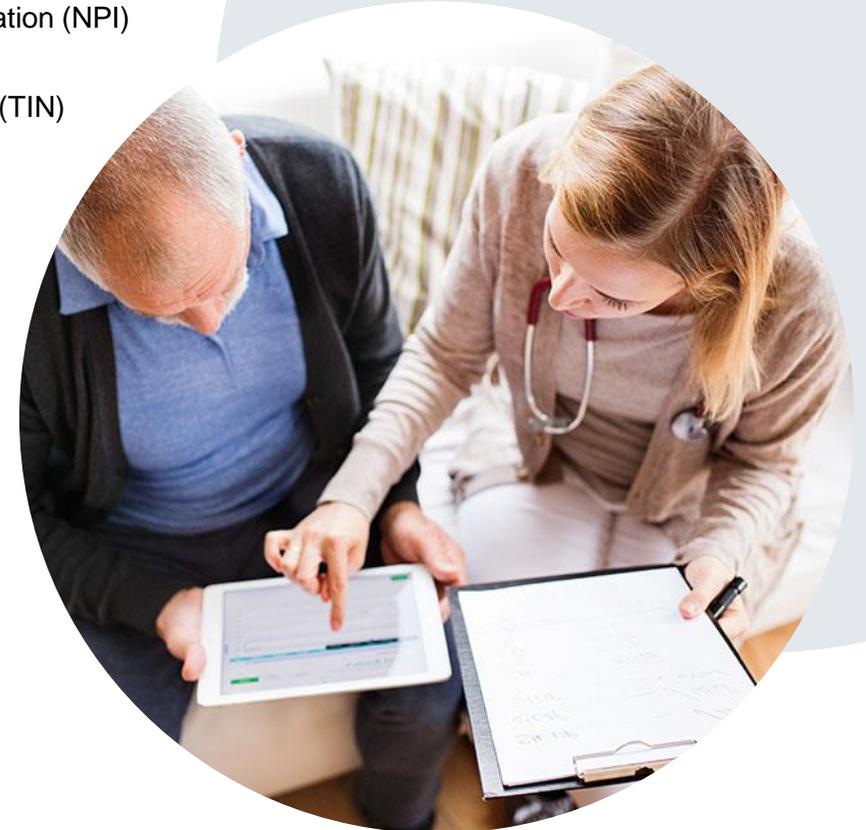
### Rendering Facility Information

- Facility Name
- Street Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

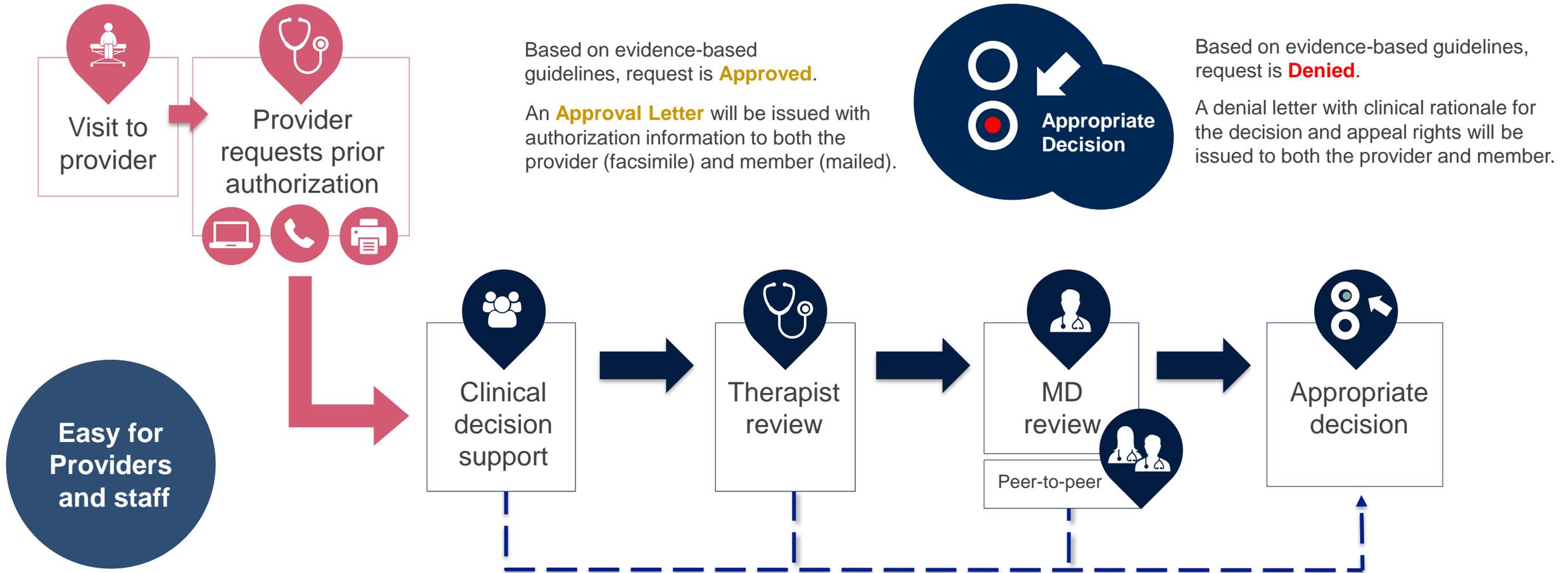
## Supporting Clinical Information

Supporting clinical information is only needed if request is not approved immediately

- Imaging studies and prior test results related to the diagnosis
- Office notes related to the current diagnosis
- Therapy notes related to the current diagnosis



# Utilization Management – the Prior Authorization Process





## corePath

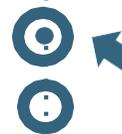
Evidence-based, condition-specific approach



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

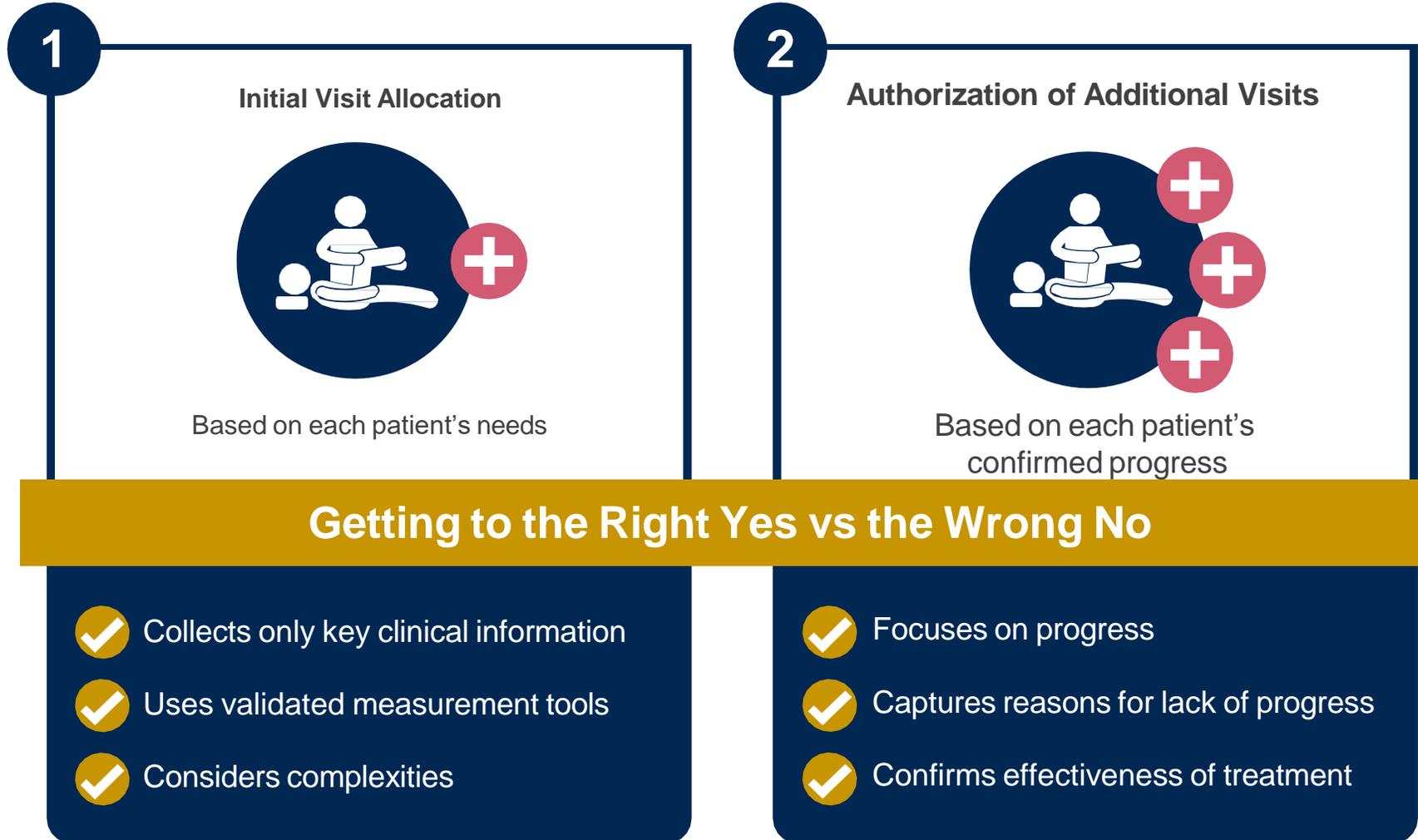


**Streamlined for providers:** Providers will experience a simplified and consistent prior authorization process that requires only key clinical information



**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](http://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

## Timely Filing

- **Clover Health** allows 15 visits per discipline, per year. All outpatient treatment beyond 15 will require authorization.
- The evaluation code does not require prior authorization, but treatment does.
- Authorization for treatment beyond the initial 15 visits allowed by plan must be requested prior to providing care.
- Retrospective requests will be accepted up to 7 business days. Please note that any cases after 7 business days will be expired.

# Care Management Process – Important Concepts

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Authorization decisions include:

- **Visits** – represent the total # visits per authorization period
- **Approved Time Period**

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

# Date Extensions

Date extensions are available if you are unable to use all visits 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 800-421-7592
- Online

[www.evicore.com](http://www.evicore.com)

**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"

# Clinical Certification – Clinical Guidelines

The screenshot displays the eviCore healthcare website interface. At the top, there is a navigation bar with the eviCore logo and links for 'About', 'Solutions', and 'Patients'. A secondary green navigation bar contains 'PROVIDERS:' with a checkmark icon, 'Check Prior Authorization Status', 'Login' with a person icon, and 'Resources' with a folder icon and an upward arrow. Below this, a sidebar titled 'Resources' lists several categories: 'CLINICAL GUIDELINES' (highlighted with a red arrow), 'Clinical Worksheets', 'Network Standards/Accreditations', 'Provider Playbooks', and 'Training Resources'. The main content area features a breadcrumb trail '< Clinical Guidelines' and a large heading 'Musculoskeletal: Advanced Procedures'. Below the heading, there are instructions for accessing guidelines, including a search tip: 'If you would like to view all eviCore core guidelines, please type in "eviCore healthcare" as your health plan.' A search bar at the bottom left contains the text 'Clover' and a magnifying glass icon. On the right side, a section titled 'I Would Like To' lists various actions such as 'Request a Consultation with a Clinical Peer Reviewer', 'Request an Appeal or Reconsideration', 'Receive Technical Web Support', 'Check Status Of Existing Prior Authorization', 'Check Eligibility Status', and 'Access Claims Portal'. At the bottom right, there is a prominent green button labeled 'GO TO PROVIDER'S HUB >'.



# Sample Speech Therapy corePath® Form

Worksheets for corePath® are available  
for:

Speech Therapy  
Physical Therapy  
Occupational Therapy

For Clinical Worksheets / Intake Forms, Please visit;

<https://www.evicore.com/provider/online-forms>



### Musculoskeletal Program: Speech Therapy

Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on [evicore.com](http://www.evicore.com) under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.

URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE

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Previous Reference/Auth Number (If Continued Care):

Date of Submission:

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PATIENT

First Name:	MI:	Last Name:		
Member ID:	DOB (mm/dd/yyyy):	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address:	Apt #:			
City:	State:	Zip:		
Home Phone:	Cell Phone:	Primary:	<input type="checkbox"/> Home	<input checked="" type="checkbox"/> Cell
Member Health Plan/Insurer:				

---

PROVIDER

First Name:	Last Name:			
Primary Specialty:	TIN:	NPI:		
Physician Phone:	Physician Fax:			
Address:	Suite #:			
City:	State:	Zip:		
Office Contact:	Ext:	Email:		

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ADMINISTRATIVE

Diagnoses - Medical and SLP Diagnoses Relevant to Your Patient:

Code	Description	Code	Description

Is this request for any of the following? If no, select "None of the Above":

Voice Prosthetic Fitting    
  Instrumental Examination    
  Specialty Team Evaluation  
 Auditory Processing Evaluation    
  None of the Above

Start Date for this Request:     This is an:    
  INITIAL: New condition not previously treated within past 60 days  
 ONGOING: Same/previous condition    
  UNKNOWN

Date of most recent evaluation:     Date of Onset of Condition:     Date of Current Findings:

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For an INITIAL request, please complete the following section.  
Note: If there has been a gap in care greater than 60 calendar days, consider this as an initial request.

Is the request for Speech Therapy related to a neurological condition?      Yes      No

PLEASE COMPLETE THE FOLLOWING AS APPROPRIATE

Test	Standard Score	Impairment Rating: Check the level that best represents the impairment					
		Minimally Impaired = 1-19%			Maximally Impaired = 100%		
Speech		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Feeding / Swallowing		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Expressive Language		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Receptive Language		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Pragmatics		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Cognitive Communication		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Voice		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Fluency		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Oral Motor		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
Written Language		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%

If this is an ONGOING request, please submit medical records that include the most recent examination findings, test results and goals with current objective measures that can support a request for ongoing care.

# Portal Demonstration

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Right [Click for Portal demonstration.](#)

Choose **export** hyperlink



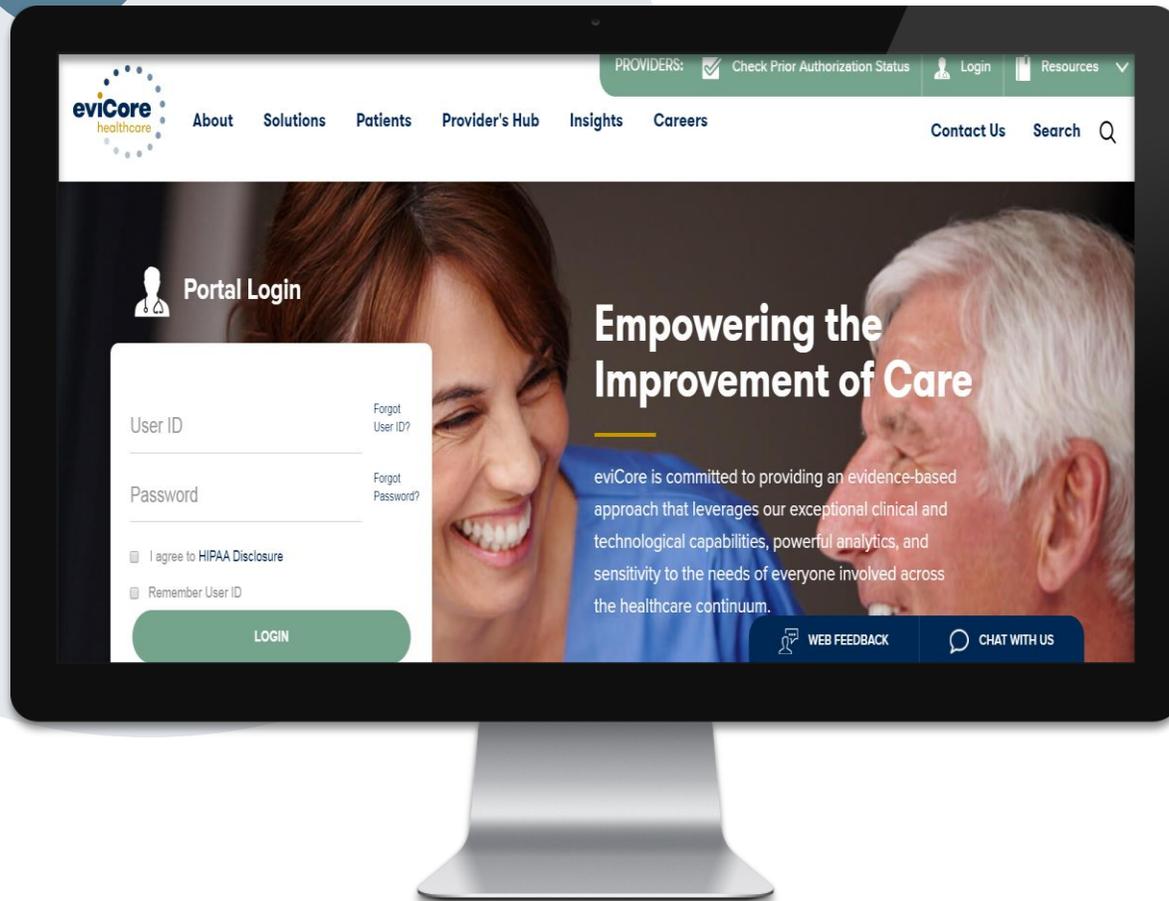
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# Provider Portal Overview

Account Access and Adding Ordering Providers

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# eviCore Provider Portal



The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7.

By visiting [www.eviCore.com](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!

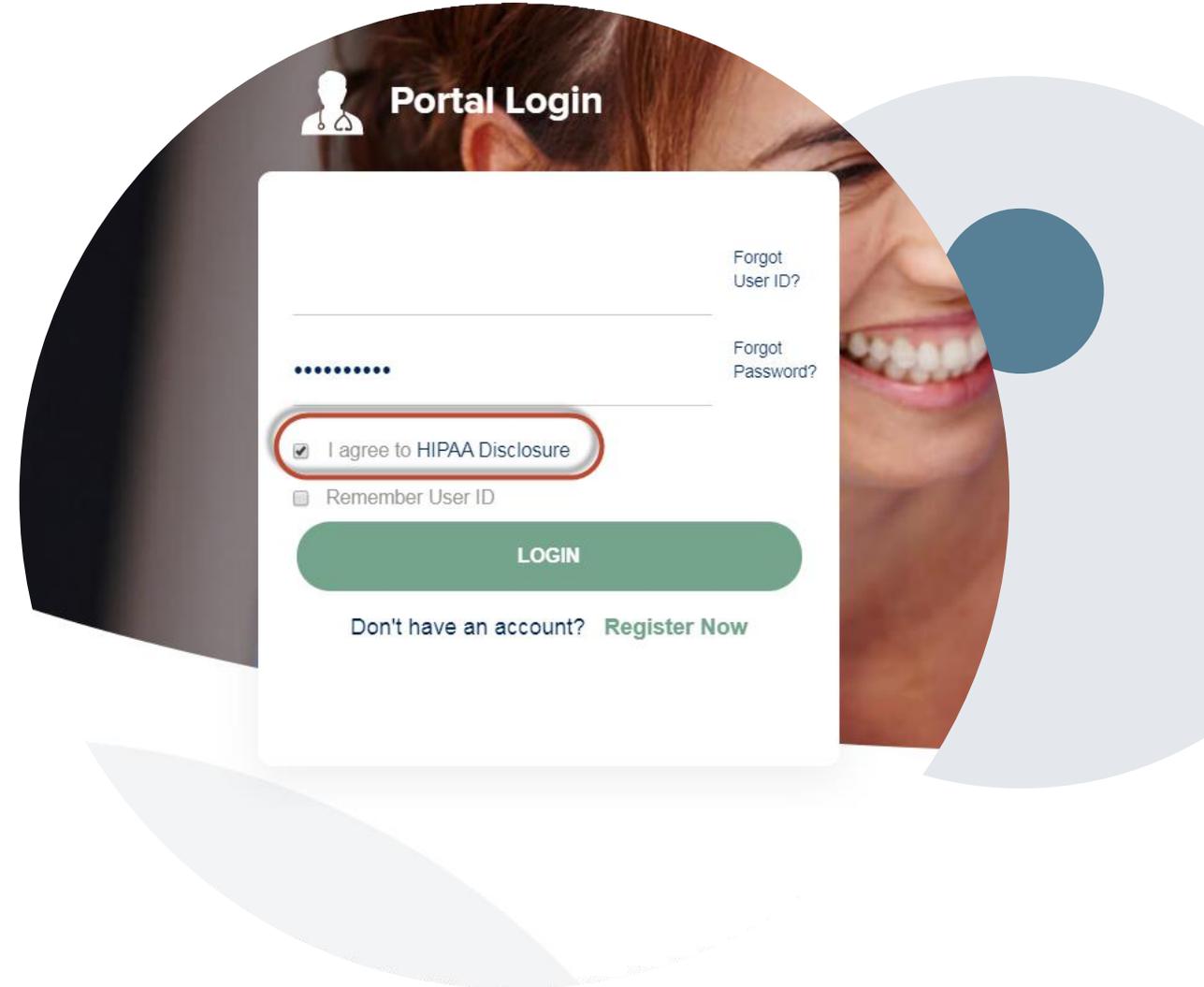
Or by phone:

**Phone Number:**  
**800-421-7592**  
7:00 a.m. to 7:00p.m.  
Monday - Friday

# Account Login

To log-in to your account,  
enter your **User ID** and  
**Password**.

Agree to the HIPAA  
Disclosure, and click “**Login**.”



# Add Practitioner



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	MedSolutions Portal
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Thursday, January 30, 2020 1:03 PM

## Manage Your Account

Office Name: Bluffton

CHANGE PASSWORD

EDIT ACCOUNT

Address: 400 Buckwalter Place Blvd  
Bluffton, SC 29910

Primary Contact: Jennifer Mason

Email Address: jmason@evicore.com

ADD PROVIDER

Click Column Headings to Sort

Name	NPI	
BACH, MATT	1639143951	REMOVE NPI
CAGGIA, JOSEPHINE	1023177409	REMOVE NPI

Under the “Manage Your Account” tab Click the “Add Provider” button.

# Add Practitioner



- 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
- MedSolutions Portal

Thursday, January 30, 2020 1:06 PM

## 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
FINKELSTEIN, JONATHAN	1750830113	500 W MAIN ST	BABYLON NY	NY	11702	(631) 422-6166	

- ADD THIS PRACTITIONER
- CANCEL

Select the matching record based upon your search criteria

# Add Practitioner

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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	Help / Contact Us	MedSolutions Portal
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Thursday, January 30, 2020 1:08 PM

## 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.

[ADD ANOTHER PRACTITIONER](#)

[CONTINUE](#)

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.

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# Provider Portal Overview

Submitting Online Prior Authorization Requests

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# Initiating A Request



<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">Help / Contact Us</a>	<a href="#">MedSolutions Portal</a>
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Thursday, January 30, 2020 1:11 PM

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

[REQUEST AN AUTH](#)

[RESUME IN-PROGRESS REQUEST](#)

[SUMMARY OF AUTH](#)

[AUTH LOOKUP](#)

[MEMBER ELIGIBILITY](#)

[HORIZON PILOT PROGRAM](#)

**Choose “request a clinical certification/procedure” to begin a new case request.**

# Select Program



<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<b><a href="#">Clinical Certification</a></b>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">Help / Contact Us</a>
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Monday, June 22, 2020 3:28 PM

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## 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 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
- MedSolutions Portal

Thursday, January 30, 2020 1:13 PM

[Log Off](#) / JENNIFER

## 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:

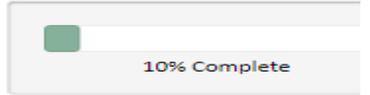
SEARCH

CLEAR SEARCH

Provider	
<a href="#">SELECT</a>	1635143851 - BACH, MATT
<a href="#">SELECT</a>	1029177409 - CAGGIA, JOSEPHINE
<a href="#">SELECT</a>	1417955519 - CARRIER, DAVID
<a href="#">SELECT</a>	1639339716 - CICHETTI, CORINE
<a href="#">SELECT</a>	1164644189 - CICHETTI, MICHAEL
<a href="#">SELECT</a>	1437419017 - CRUZ, ELIZABETH
<a href="#">SELECT</a>	1013215886 - DEPERIS, MICHAEL
<a href="#">SELECT</a>	1720017825 - DITONTO, MD, ELIZABETH
<a href="#">SELECT</a>	1083787485 - DRIVAS, ANTONIOS
<a href="#">SELECT</a>	1790930113 - FINKELSTEIN, JONATHAN

1 2 3

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



Select the provider 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	Med Solutions Portal
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Thursday, January 30, 2020 1:15 PM

[Log Off](#) JENNIFERMAS

## Choose Your Insurer

Requesting Provider: SACH, MATT, NPI 1639143951

Please select the insurer for this authorization request.

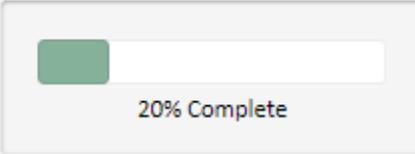
Please Select a Health Plan

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

[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.



**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.**

# 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
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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

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**  
Dr. SUCAI  
2023063794  
(AETNA)

Enter the point of contact and verify phone and fax numbers.



# 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: 000000000

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	000000000	FOGLE, GREGORY J	MSMPT	PHYSICAL THERAPY	A
3/18/2020	000000000	FOGLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
9/17/2019	000000000	FOGLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
7/18/2019	000000000	FOGLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
4/26/2019	000000000	FOGLE, GREGORY J	MSMPT	PHYSICAL THERAPY	A

# 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
- MedSolutions Portal

Thursday, January 30, 2020 2:21 PM

[Log Off](#) / [JENNIFERMASO](#)

## 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**

There are no sites associated with referer.

**BACK**

[Click here for help](#)

80% Complete

**Provider and NPI**

**Patient** [EDIT](#)

**Service** [EDIT](#)

2/2/2020  
RCBREA Breast Cancer  
C50.811 Malignant neoplasm of overlapping sites of right female breast

**Search and select the specific site where the testing/treatment will be performed.**

# Clinical Collection Process



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	MedSolutions Portal
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Thursday, January 30, 2020 2:40 PM

## 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](#)

**Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process**

# Clinical Collection Process - Urgency Indicator



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	MedSolutions Portal
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------	---------------------

Thursday, January 30, 2020 2:41 PM

## Proceed to Clinical Information

Is this case Routine/Standard?

YES	NO
-----	----

- Selecting “urgent” results in an expedited review. Such review, however, is conducted in the context the information submitted with limited liability to conduct a p2p (if a case can no be approved)
- Please select urgent for those cases that truly are urgent and not simply for a “quicker” review.
- If a request is selected as urgent, but does not meet guidelines to be considered urgent, the case may be reassigned as routine and follow those time frames.

# Clinical Collection Process – Clinical Upload



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

Thursday, January 30, 2020 2:47 PM

## 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):

No file chosen

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

# Clinical Information – Example of Pathway 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.)

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

Musculoskeletal - All (including hand and pelvic pain) ▼

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.

This request is for:

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

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

▼

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.

# Sample Speech Therapy corePath® Pathway

## Initial Requests

**1** **This request is for treatment of:**

New condition that has not had previous treatment

An existing condition that has had previous treatment

Unknown

**2** **Is this request for any of the following? If no, select "None of the Above":**

Voice Prosthetic Fitting       Instrumental Examination

Auditory Processing Evaluation       None of the Above

---

Specialty Team Evaluation

**3** **Dates:**

You requested a treatment start date of 06/13/2017

**Date of initial evaluation**  
06/13/2017

**Date of onset of treatment:**  
06/13/2017

**Enter date of current findings:**  
06/13/2017

## Case related questions:

- Identify new care vs. continuing care based on treatment area, not time
- Request for specialty evaluations
- First indicator of complexity – second unrelated treatment area

# Sample Speech Therapy corePath® Pathway

## Initial Requests

1

Is the request for Speech Therapy related to a neurological condition?  
 Yes  No

2

Indicate all area(s) in which standardized testing was performed or deficit has been identified, if any

<input type="checkbox"/> Speech	<input type="checkbox"/> Voice
<input type="checkbox"/> Feeding/Swallowing	<input type="checkbox"/> Fluency
<input type="checkbox"/> Expressive Language	<input type="checkbox"/> Oral Motor
<input type="checkbox"/> Receptive Language	<input type="checkbox"/> Written Language
<input type="checkbox"/> Pragmatics	<input type="checkbox"/> No testing was performed
<input type="checkbox"/> Cognitive Communication	

3

Speech

Standard Score - If not done or score unknown please leave score as 0.  
45

Impairment Rating - If not done or rating unknown please select 0%.  
40-59% ▼

# Sample Speech Therapy corePath® Pathway

- Providers will have the ability to add information into a drop box- however- any additional information will make the request drop to review for initial requests.

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

 Additional Information:

 Please Select:

- Caller no additional information is available
- Information provided above

# Clinical Certification Statements



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	MedSolutions Portal
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------	---------------------

Thursday, January 30, 2020 2:48 PM

## 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](#)

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

# Clinical Certification – Case Summary



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 10:34 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.**

<b>Provider Name:</b>	DR. UNWAH SAUNDERS	<b>Contact:</b>	test
<b>Provider Address:</b>	463 E CHESTNUT ST LOUISVILLE, KY 40202	<b>Phone Number:</b>	(999) 999-9999
		<b>Fax Number:</b>	(999) 999-9999
<b>Patient Name:</b>	[REDACTED]	<b>Patient Id:</b>	[REDACTED]
<b>Insurance Carrier:</b>	[REDACTED]		
<b>Site Name:</b>	[REDACTED]	<b>Site ID:</b>	[REDACTED]
<b>Site Address:</b>	[REDACTED]		
<b>Primary Diagnosis Code:</b>	R68.89	<b>Description:</b>	Other general symptoms and signs
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	MRI LOWER EXTREMITY JOINT W/O
<b>Date of Service:</b>	Not provided		
<b>CPT Code:</b>	73721		
<b>Case Number:</b>	[REDACTED]		
<b>Review Date:</b>	1/21/2020 10:18:05 AM		
<b>Expiration Date:</b>	N/A		
<b>Status:</b>	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”.

# Clinical Certification – Case Summary

## Summary of Your Request

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

Your case has been sent to Medical Review.

<b>Provider Name:</b>		<b>Contact:</b>	me
<b>Provider Address:</b>		<b>Phone Number:</b>	(            )
		<b>Fax Number:</b>	(            )
<b>Patient Name:</b>		<b>Patient Id:</b>	SH2479521850
<b>Insurance Carrier:</b>			
<b>Site Name:</b>		<b>Site ID:</b>	IL5086
<b>Site Address:</b>			
<b>Primary Diagnosis Code:</b>	M50.20	<b>Description:</b>	Other cervical disc displacement, unspecified cervical region
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	7/5/2020	<b>Description:</b>	SPINE SURGERY
<b>CPT Code:</b>	SPINE		
<b>Case Number:</b>	1131305804		
<b>Review Date:</b>	7/1/2020 3:28:51 PM		
<b>Expiration Date:</b>	N/A		
<b>Status:</b>	Your case has been sent to Medical Review.		

# Clinical Certifications – Case Summary

## 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: 11/11/2011 2:12:39 PM

Expiration Date:

Status: Your case has been approved.

Print Continue

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

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 (~~CareMax, United~~)
- Program and Provider (Radiology and ~~CareMax, United~~)
- Program and Health Plan (Radiology and ~~VitalityCare~~)

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 <b>CHANGE SERVICE CODE</b>	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**.

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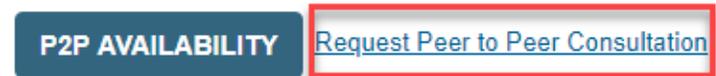
# Online P2P Scheduling Tool

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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:	



# How to schedule a Peer to Peer Request

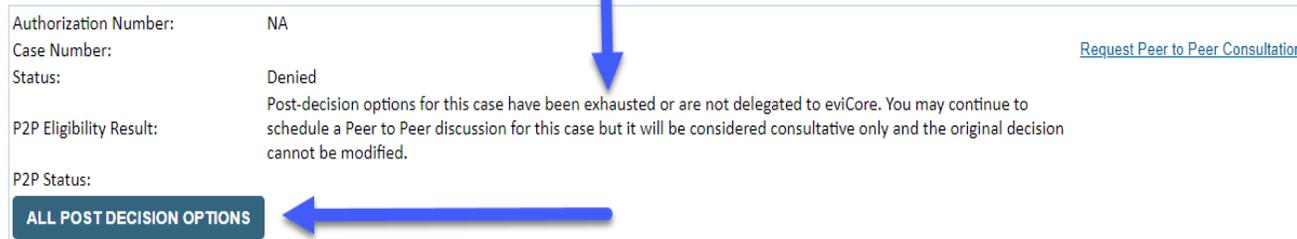
---

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

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 multi-step scheduling process with four stages: Case Info, Questions, Schedule, and Confirmation. The 'Schedule' stage is active. The 'P2P Contact Details' section includes the following fields:

- Name of Provider Requesting P2P:** Dr. Jane Doe (indicated by a blue arrow)
- Contact Person Name:** Office Manager John Doe
- Contact Person Location:** Provider Office
- Phone Number for P2P:** (555) 555-5555 (indicated by a blue arrow)
- Phone Ext.:** 12345 (indicated by a blue arrow)
- Alternate Phone:** (xxx) xxx-xxxx
- Phone Ext.:** Phone Ext.
- Requesting Provider Email:** droffice@internet.com
- Contact Instructions:** Select option 4, ask for Dr. Doe (indicated by a blue arrow)

A 'Submit >' button is located at the bottom right of the form.

- 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 with the following details:

- Scheduled:** Mon 5/18/20 - 6:30 pm EDT
- Status:** SCHEDULED (indicated by a red circle)

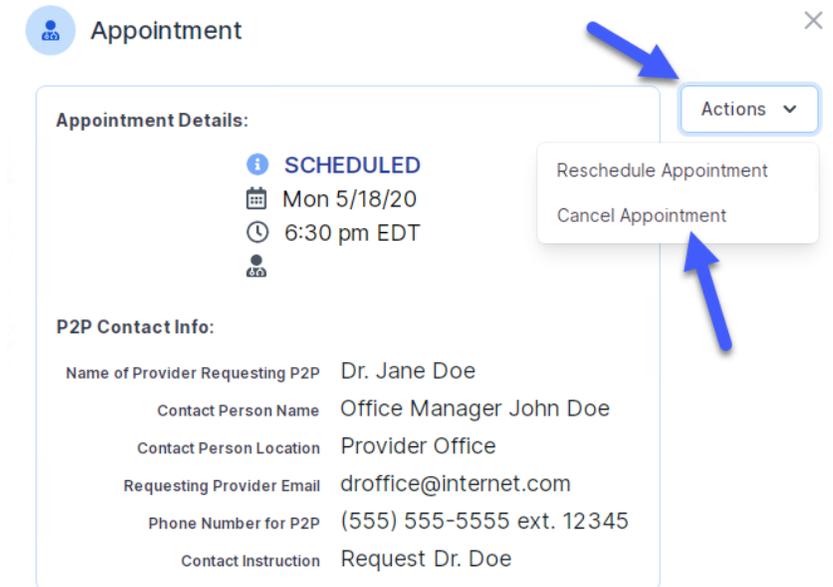
# Canceling or Rescheduling a Peer to Peer Appointment

## 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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# Provider Resources

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# Provider Resources

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## Prior Authorization Call Center – 800-421-7592

Our call centers are open from 7:00 a.m. to 7:00 p.m. (local time).

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

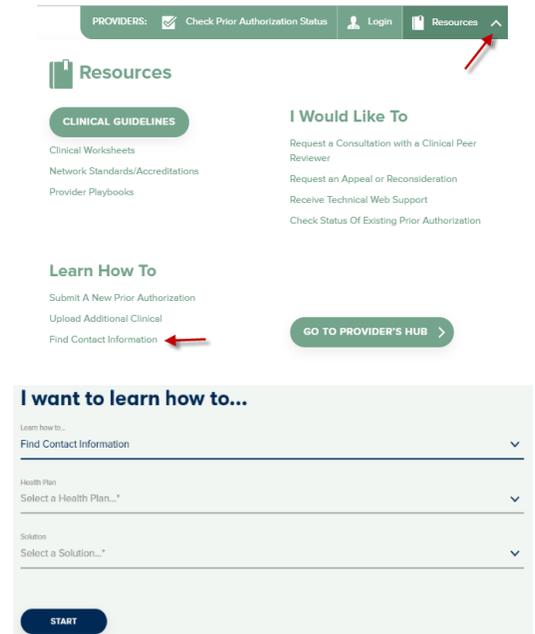
- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



# Provider Resources

## Web Based Services and Online Resources

- You can access important tools, health plan specific contact information and resources at [www.evicore.com](http://www.evicore.com)
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- The Quick Reference Tool can be found by clicking the resources tab then select Find Contact Information, under the Learn How to section. Simply select the Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.



The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that 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](mailto:portal.support@evicore.com)**

# Provider Resources

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## Client and Provider Services

eviCore healthcare has a dedicated Client and Provider Services team to address provider related requests and concerns. In most instances, this team can provide a resolution within 24-48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- 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

**Phone:** 1 (800) 646 - 0418 (option 4)

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

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/ provider/case details when applicable. Outside of normal business hours, please e-mail Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.



# 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:

- Frequently Asked Questions
- Quick Reference Guides
- Solution PowerPoint Overview
- Training Sessions
- Announcement Letter

To access these helpful resources, please visit

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

**Provider Enrollment Questions – Contact Provider Services at 877-853-8019**



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# Thank You!

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