

**Clover
Health**

Radiology and Cardiology

Provider Orientation Session for Clover Health



HITRUST
CSF Certified

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



Empowering
the Improvement
of Care

Company Overview



**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

Radiation Oncology – Our Experience



10 Years
Managing Radiation Oncology Treatments

Client Experience
30+ Regional and National Clients

Case Statistics
9.5k+ requests processed per day

Memberships Managed
31.3M Commercial Members
7.9M Medicare Members
6.4M Medicaid Members

Our Clinical Approach

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 College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Radiation Oncology
- National Comprehensive Cancer Network (NCCN)
- Medicare Guidelines
- American College of Chest Physicians
- American College of Rheumatology
- American Urological Association
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- American college of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

Prior Authorization Required:

Covered Services:

- CT/CTA
- MRI/MRA
- PET/PET CT
- Diagnostic Ultrasounds
- Myocardial Perfusion Imaging (Nuclear Stress)
- Echo/Echo Stress
- Diagnostic Heart Cath
- Cardiac Imaging (CT, MRI; PET)

To find a list of CPT codes that require prior authorization through eviCore, please visit:

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



Our Service Model

Enabling Better Outcomes

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



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.

Prior Authorization Overview

Clover Health Prior Authorization Services

eviCore healthcare will begin accepting prior authorization requests for Radiology and Cardiology on 7/22/2020 for dates of service 8/1/2020 and beyond.

Prior Authorization applies to the following:

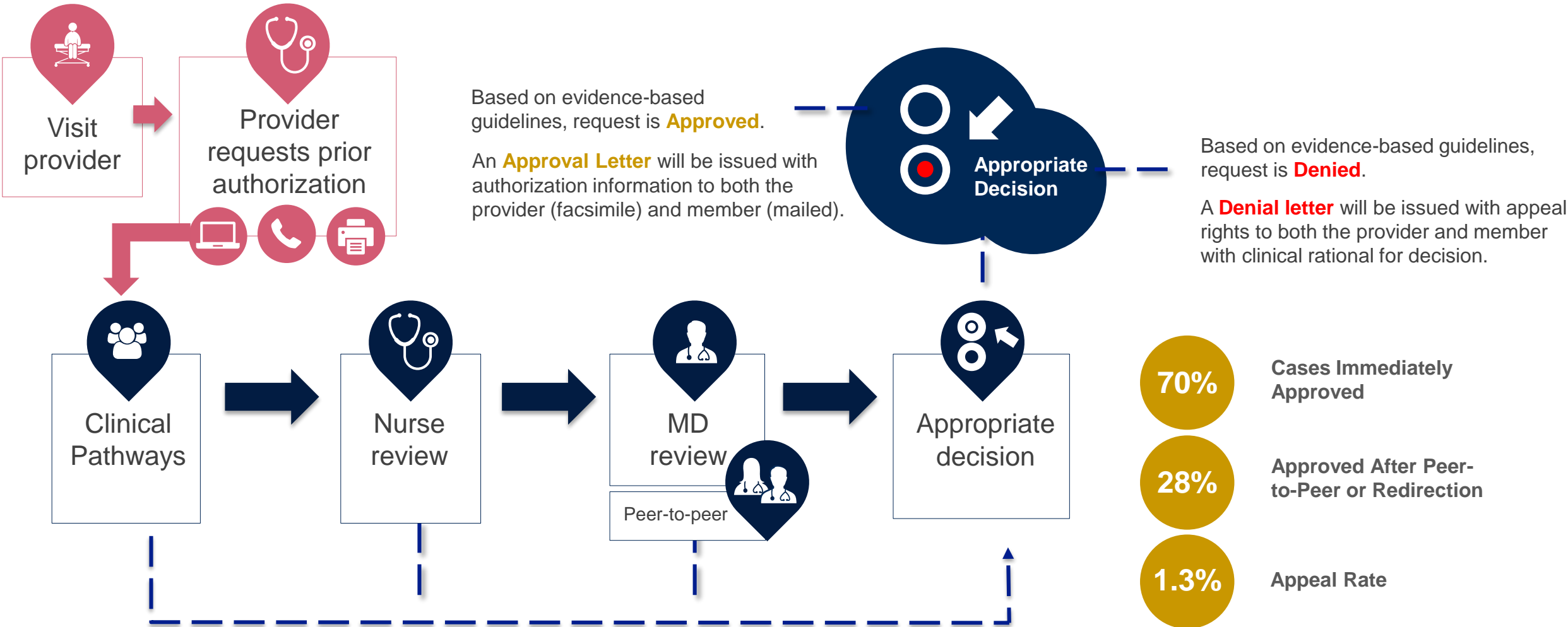
- **Outpatient**
- **Elective/Non emergent**
- **Diagnostic**

Provider Resource Page

Providers and/or staff can utilize Clover Health Provider Resource page to access a list of covered treatment plans, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

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

Prior Authorization Process



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

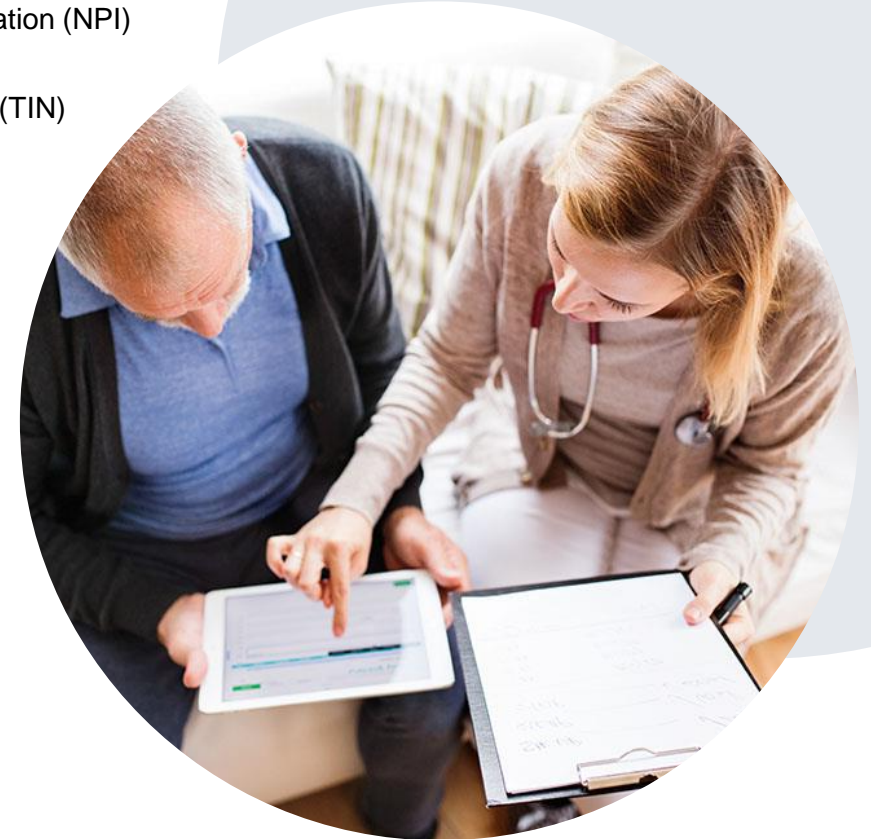
Rendering Facility Information

- 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

- Prior tests, lab work, and /or imaging studies performed related to the diagnosis
- The notes from the patients last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis



Prior Authorization Outcomes

Approvals and Denials

Approved Requests

- All requests are processed within **3** days from receipt of all necessary clinical information.
- Approvals are typically good for 45 calendar days from the date of determination.

- The letter will be faxed to the ordering physician and performing facility.
- The member will receive the letter in the mail.
- Approval information can be printed on demand from the eviCore portal.

Denied Requests

- Communication of the denial determination and rationale.
- Letter contains reconsideration options based on the members health plan and line of business.
- Instructions on how to request a Clinical Consultation.

Denial Letter

- The letter will be faxed to the ordering physician and performing facility.
- The member will receive the letter in the mail.
- The letter will contain the denial rationale and reconsideration options and instructions.

Authorization Letter



Peer To Peer

Clinical Consultations

Peer to peer conversations are available any time. However, our Medical Directors aren't able to change Medicare determinations. A clinical appeal would be required with supporting documentation.

Providers, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting:

www.evicore.com/provider/request-a-clinical-consultation



Special Circumstances

Appeals

- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider with instructions on how to proceed with a clinical appeal through Clover Health.

Retrospective (Retro) Authorization Requests

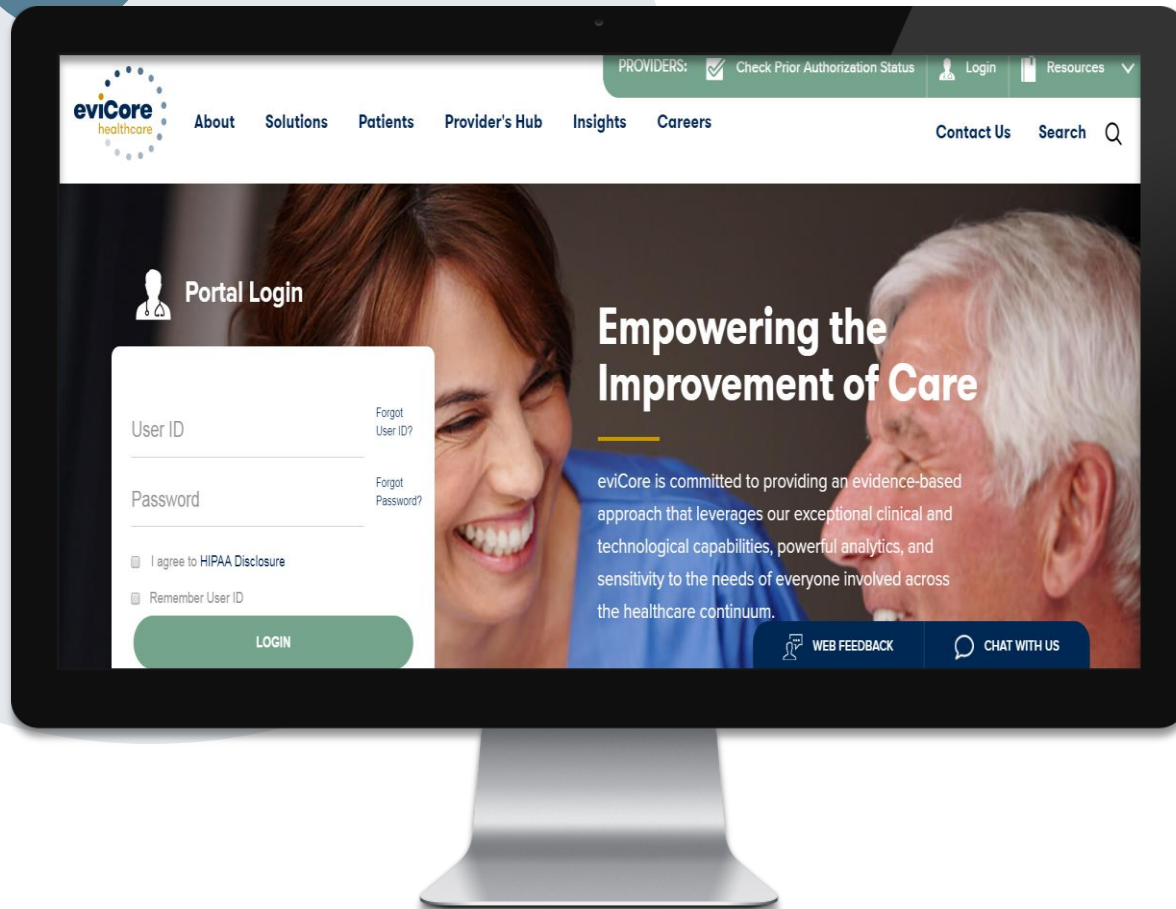
- All Retrospective requests for in-network providers must be submitted within 60 calendar days from the date the services were performed. Out-of-network providers will have 365 calendar days from the date services were performed. Retrospective requests that are submitted beyond this timeframe will be administratively denied.
- Retrospective authorization requests are reviewed for clinical urgency and medical necessity.

Outpatient Urgent Treatments

- Urgent requests can now be submitted on eviCore's website www.evicore.com. When asked "Is this request standard/routine?" simply answer no and the case will be sent to the urgent work list.
- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent. Urgent request will be reviewed within 72 hours upon receiving the prior authorization request.



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 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

Provider Portal Overview

Account Access and Adding Ordering Providers

eviCore healthcare Website

Visit www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply login with your User ID and Password and begin submitting requests 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](#)



Registration Form

The screenshot shows the registration form with the following sections:

- Web Portal Preference:** A dropdown menu for 'Default Portal' is set to 'CareCore National'. A red arrow points to this dropdown.
- User Information:** A form with fields for 'User Name', 'Address', 'Phone', 'Email', 'City', 'State', 'Zip', 'First Name', 'Last Name', and 'Office Name'. A 'Next' button is at the bottom right.

Footer: Legal Disclaimer | Privacy Policy | Corporate Website | Report Fraud & Abuse | Guidelines and Forms | Contact Us

Select a **Default Portal**, and complete the registration form.

Review information provided, and click
“**Submit Registration**”

The screenshot shows the registration form with the following sections:

- Web Portal Preference:** A dropdown menu for 'Default Portal' is set to 'CareCore National'.
- User Registration:** A form with fields for 'UserName', 'Address', 'Phone', 'Email', 'City', 'Ext', 'Account Type', 'State', 'Fax', 'First Name', and 'Office Name'. 'Back' and 'Submit Registration' buttons are at the bottom right.

Footer: Legal Disclaimer | Privacy Policy | Corporate Website | Report Fraud & Abuse | Guidelines and Forms | Contact Us

User Access Agreement

The screenshot displays the eviCore healthcare user registration interface. A modal window titled "USER REGISTRATION" is open, showing the "User Access Agreement" section, which is marked as "*Required". The agreement text includes:

eviCore
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health

At the bottom of the modal, there is a checked checkbox labeled "Accept Terms and Conditions" and two buttons: "Submit" and "Cancel".

The background registration form includes fields for: Web Portal Preference, Default Portal* (set to CareCore National), Username, Email, Account Type, First Name, Last Name, Phone, Ext, Fax, and Zip. A "Submit Registration" button is visible at the bottom right of the form.

Accept the **Terms and Conditions**, and click **"Submit."**

Registration Successful

You will receive a message on the screen confirming your registration is successful.
You will be sent an email to create your password.



Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

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

Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

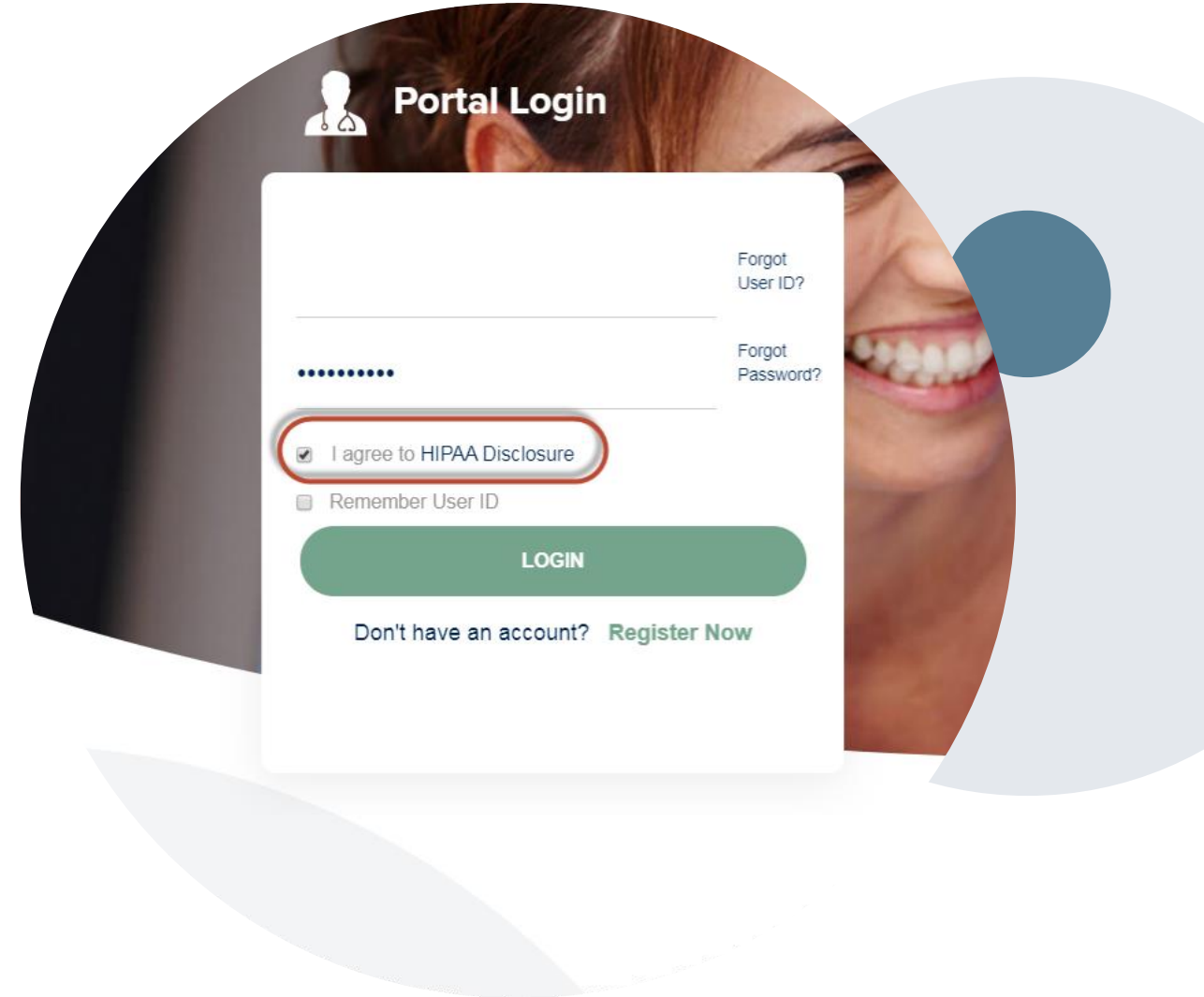
Save

- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? *)

Account Login

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

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



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
- MedSolutions Portal

Thursday, January 30, 2020 12:59 PM

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

HORIZON PILOT PROGRAM

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[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

Your provider will need to be added to your account prior to case submission.
Click the “Manage Your Account” tab to add provider information.

Add Practitioner



| | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|---------------------|
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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



| | | | | | | | | | | |
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Thursday, January 30, 2020 1:04 PM

Add Practitioner

Enter Practitioner information and find matches.

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

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES

CANCEL

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.

Add Practitioner



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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 | 1790930113 | 500 W MAIN ST | BABYLON | NY | 11702 | (631)422-6166 | |

- ADD THIS PRACTITIONER
- CANCEL

Select the matching record based upon your search criteria

Add Practitioner



| | | | | | | | | | | |
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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.

Provider Portal Overview

Submitting Online Prior Authorization Requests

Initiating A Request



| | | | | | | | | | | |
|----------------------|---------------------------------------|--------------------------------------|------------------------------------|--|--|---|---------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
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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



| | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|----------------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|----------------------|

Thursday, January 30, 2020 1:23 PM

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

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](#)

Select the Program for your certification.

Select Provider



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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

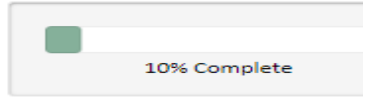
CLEAR SEARCH

| | Provider |
|------------------------|-------------------------------------|
| SELECT | 1639143951 - BACH, MATT |
| SELECT | 1023177409 - CAGGIA, JOSEPHINE |
| SELECT | 1417955519 - CARRIER, DAVID |
| SELECT | 1639339716 - CICHETTI, CORINE |
| SELECT | 1164644183 - CICHETTI, MICHAEL |
| SELECT | 1437419017 - CRUZ, ELIZABETH |
| SELECT | 1013215896 - DEPER SIS, MICHAEL |
| SELECT | 1720017825 - DITONTO, MD, ELIZABETH |
| SELECT | 1083787485 - DRIVAS, ANTONIOS |
| SELECT | 1790930113 - FINKELSTEIN, JONATHAN |

1 2 3

BACK

CONTINUE



Select the ordering provider for whom you want to build a case.

Select Health Plan



| | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|----------------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|----------------------|

Thursday, January 30, 2020 1:15 PM

[Log Off](#) JENNIFERMAS

Choose Your Insurer

Requesting Provider: BACH, MATT, NPI 1639143951

Please select the insurer for this authorization request.

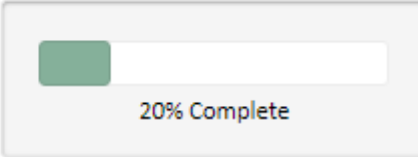
Please Select a Health Plan

[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



| | | | | | | | | | | |
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Thursday, January 30, 2020 1:17 PM

[Log Off](#) (JENNIFER)

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

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

[Click here for help](#)

30% Complete

Provider and NPI
BACH, MATT
1639143951
(HORIZON)

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

Member Information



| | | | | | | | | | | |
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|---------------------|

Thursday, January 30, 2020 1:26 PM

[Log Off](#) (JENNIFERMASK)

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

BACH, MATT
1639143951
(HORIZON)

Enter the member health plan ID number, date of birth, and the patient’s last name. Click “Eligibility Lookup.”

Clinical Details



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Tuesday, April 28, 2020 2:35 PM

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

Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

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

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

Diagnosis

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

[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](#)

60% Complete

Provider and NPI
CAGGIA, JOSEPHINE
1023177409
(HORIZON)

Patient
BARBARA ROSE
3HZN97520770
10/17/1958 [EDIT](#)

Enter the CPT code/Description and Diagnosis.

Verify Treatment Selection



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Tuesday, April 28, 2020 2:38 PM

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

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: TBD
CPT Code: 72146
Description: MRI THORACIC SPINE W/O CONTRAS
Primary Diagnosis Code: M54.16
Primary Diagnosis: Radiculopathy, lumbar region
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

- BACK
- CONTINUE

[Click here for help](#)

60% Complete

Provider and NPI
CAGGIA, JOSEPHINE
1023177409
(HORIZON)

Patient
BARBARA ROSE
3HZN97520770
10/17/1958

Confirm the procedure and diagnosis are appropriate.

Site Selection



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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
BACH, MATT
1639143951
(HORIZON)

Patient
VICKI J BARON
3HZN81093440
7/1/1959 [EDIT](#)

Service
2/2/2020 [EDIT](#)
RCBREA Breast Cancer
C50.811 Malignant neoplasm of overlapping sites of right female breast

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

Clinical Collection Process



| | | | | | | | | | | |
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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



| | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|---------------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|---------------------|

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

Thursday, January 30, 2020 2:47 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

No file chosen

No file chosen

No file chosen

No file chosen

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

Clinical Collection Process – Pathway Questions



| | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|-----------------|
| 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 | MedSolut Portal |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|-------------------|-----------------|

Thursday, January 30, 2020 2:43 PM

Proceed to Clinical Information

1 Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?

Yes No

1 Where will treatment be directed?

- Bilateral breast (treated concurrently)
- Left breast
- Right breast

SUBMIT

Finish Later

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

CANCEL

[Click here for help](#)

Questions will populate based upon the information provided.

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 – Approval Case Summary

Summary of Your Request

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

REQUESTED

Phase 1: 3D conformal 15 Fractions (treatment sessions)

APPROVED

Phase 1: 3D conformal 15 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (6 x 77331), Basic Radiation Dosimetry (10 x 77300)

DENIED

DENIAL RATIONALE

| | | | |
|----------------------------------|---|----------------------|--|
| Provider Name: | DR. MATT BACH | Contact: | j |
| Provider Address: | 222 SCHANCK ROAD FREEHOLD, NJ 07728 | Phone Number: | (732) 431-1332 |
| | | Fax Number: | (732) 431-1712 |
| Patient Name: | VICKI J BARON | Patient Id: | 3HCNS1093440 |
| Insurance Carrier: | HORIZON | | |
| Site Name: | SOMERSET MEDICAL CENTER | Site ID: | IL5022 |
| Site Address: | 110 REHILL AVE SOMERVILLE, NJ 08876 | | |
| Primary Diagnosis Code: | C50.811 | Description: | Malignant neoplasm of overlapping sites of right female breast |
| Secondary Diagnosis Code: | | Description: | |
| Date of Service: | 2/2/2020 | Description: | Breast Cancer |
| CPT Code: | RCBREA | | |
| Authorization Number: | | | |
| Review Date: | 1/30/2020 2:41:31 PM | | |
| Expiration Date: | 4/25/2020 | | |
| Status: | REQUESTED Phase 1: 3D conformal 15 Fractions (treatment sessions) | | |
| | APPROVED Phase 1: 3D conformal 15 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (6 x 77331), Basic Radiation Dosimetry (10 x 77300) | | |
| | DENIED | | |
| | DENIAL RATIONALE | | |

REQUESTED

Phase 1: 3D conformal 15 Fractions (treatment sessions)

APPROVED

Phase 1: 3D conformal 15 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (6 x 77331), Basic Radiation Dosimetry (10 x 77300)

DENIED

DENIAL RATIONALE

CANCEL

PRINT

CONTINUE

[Click here for help](#)

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 navigation bar includes 'PROVIDERS:' with a checkmark icon, 'Check Prior Authorization Status', 'Login', and 'Resources'. The main content area features a breadcrumb trail for 'Clinical Guidelines' and a large heading for 'Cardiology & Radiology'. Below this, there are instructions for accessing guidelines and a search bar. A sidebar on the right titled 'Resources' contains a list of links, with 'CLINICAL GUIDELINES' highlighted by a red arrow. Other sidebar links include 'Clinical Worksheets', 'Network Standards/Accreditations', 'Provider Playbooks', and 'Training Resources'. To the right of the sidebar, there is a section titled 'I Would Like To' with several action items and a 'GO TO PROVIDER'S HUB' button.

PROVIDERS: Check Prior Authorization Status Login Resources

eviCore healthcare About Solutions Patients

< Clinical Guidelines

Cardiology & Radiology

Instructions for accessing the guidelines:

1. Search by health plan name to view clinical guidelines. **If you would like to view all eviCore core guidelines, please type in "eviCore healthcare" as your health plan.**
2. Locate the **reason for denial** section found in your letter. Identify the guideline title and then search by the guideline title.
*Example for **Neck Imaging Guidelines**: Based on eviCore **Neck Imaging Guidelines** Section: **NECK 9.1** Imaging, we cannot approve this request.*
3. Scroll down to the table of contents page and select the appropriate guideline section from the denial reason.
*Example for **Neck 9**: Based on eviCore Neck Imaging Guidelines Section: **Neck 9.1** Imaging, we cannot approve this request.*

Search Health Plan ...

Search Health Plan ...

Resources

CLINICAL GUIDELINES

Clinical Worksheets
Network Standards/Accreditations
Provider Playbooks
Training Resources

Learn How To

Submit A New Prior Authorization
Upload Additional Clinical
Find Contact Information
Podcasts

I Would Like To

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
Access Claims Portal

GO TO PROVIDER'S HUB

Building Additional Cases



[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) **[Clinical Certification](#)** [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Tuesday, November 05, 2019 9:09 AM

[Log Off](#)

Clinical Certification

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](#)
- [Program and Provider \(Radiation Therapy Management Program and](#)
- [Program and Health Plan \(Radiation Therapy Management Program and](#)

[GO](#)

[Cancel](#) [Print](#)

[Click here for help or technical support](#)

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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 Lookup Tool



Wednesday, November 06, 2019 10:06 AM

Authorization Lookup

New Security Features Implemented

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:

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

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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 Lookup Tool (Continued)



[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Wednesday, November 06, 2019 10:06 AM

Authorization Lookup

New Security Features Implemented

| | |
|-----------------------|-------------------------------------|
| Authorization Number: | |
| Case Number: | |
| Status: | Approved |
| Approval Date: | |
| Service Description: | |
| Site Name: | |
| Expiration Date: | |
| Date Last Updated: | |
| Correspondence: | VIEW CORRESPONDENCE |

[Print](#) [Done](#) [Search Again](#)

[Click here](#) for help or technical support

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The authorization will then be accessible to review. To print authorization correspondence, select View Correspondence.

Eligibility Lookup Tool



[Home](#) [Certification Summary](#) [Authorization Lookup](#) **Eligibility Lookup** [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Wednesday, November 06, 2019 10:14 AM

[Log Off \(PEWITT1996\)](#)

Eligibility Lookup

Health Plan:
Patient ID:
Member Code:
Cardiology Eligibility: **Medical necessity determination required.**
Radiology Eligibility: **Precertification is Required**
Radiation Therapy Eligibility: **Medical necessity determination required.**
MSM Pain Mgt Eligibility: **Precertification is Required**
Sleep Management Eligibility: **Medical necessity determination required.**

[Print](#) [Done](#) [Search Again](#)

[Click here for help or technical support](#)

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You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tool.

Provider Resources

Provider Resources

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:

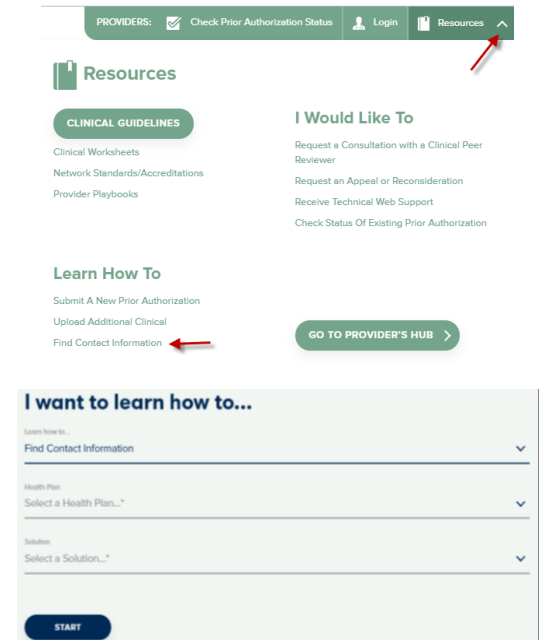
- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



Provider Resources

Web Based Services and Online Resources

- You can access important tools, health plan specific contact information and resources at www.evicore.com
- 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.



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

Provider Resources

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

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

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



Thank You!

