Musculoskeletal Management | Pain, Joint and Spine Surgery

Provider Orientation Session for Select Health of South Carolina Family of Companies

June 2023

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Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations & Post Decision Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A
- Appendix
  - Online P2P Scheduling Tool

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Clinical Approach

"Our guidelines are the foundation of who we are."

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Evidence-Based Guidelines

The foundation of our solutions

- **Dedicated pediatric guidelines**
- **Contributions from a panel of community physicians**
- **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 Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American Occupational Therapy Association
- American Physical Therapy Association
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

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Program Overview

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Prior Authorization from eviCore healthcare is required for:

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

Joint Surgery:
- Large joint replacement
  - Arthroscopic and open procedures

Spine Surgery:
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps
- Cervical/Lumbar
  - Decompressions
  - Fusions

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

www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies

Site of Care/Inpatient Stays:

Program Overview

- eviCore healthcare will review Spine and Joint surgery precertification requests for medical necessity and make a determination based on the clinical information provided.
- eviCore will collect the requested place of service during the precertification process. If the procedure requires an inpatient stay, eviCore will review the site of care for medical necessity in addition to the procedure.
- If an inpatient stay is deemed medically necessary, eviCore will communicate the appropriate length of the inpatient stay in the determination letter.
- eviCore does not provide concurrent bed day management for inpatient admissions. All modifications/extensions to the approved length of stay are managed by the healthplan using their existing concurrent review process.

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First Choice of South Carolina Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for MSK: Pain/Joint and Spine services on May 1st for dates of service **May 1, 2023** and after.

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization from eviCore does NOT apply to services performed in:
First Choice of South Carolina Family of Companies • First Choice by Select Health of South Carolina Inc • First Choice VIP Care Plus • First Choice VIP Care	• Outpatient • Elective / Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

Providers should verify member eligibility and benefits with AmeriHealth Caritas on the secured provider log-in section at: www.navinet.net or call Provider Services at:

First Choice by Select Health South Carolina | 1-800-741-6605 First Choice VIP Care Plus | 1-888-978-0862

First Choice VIP Care | 1-888-978-0151

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Submitting Requests

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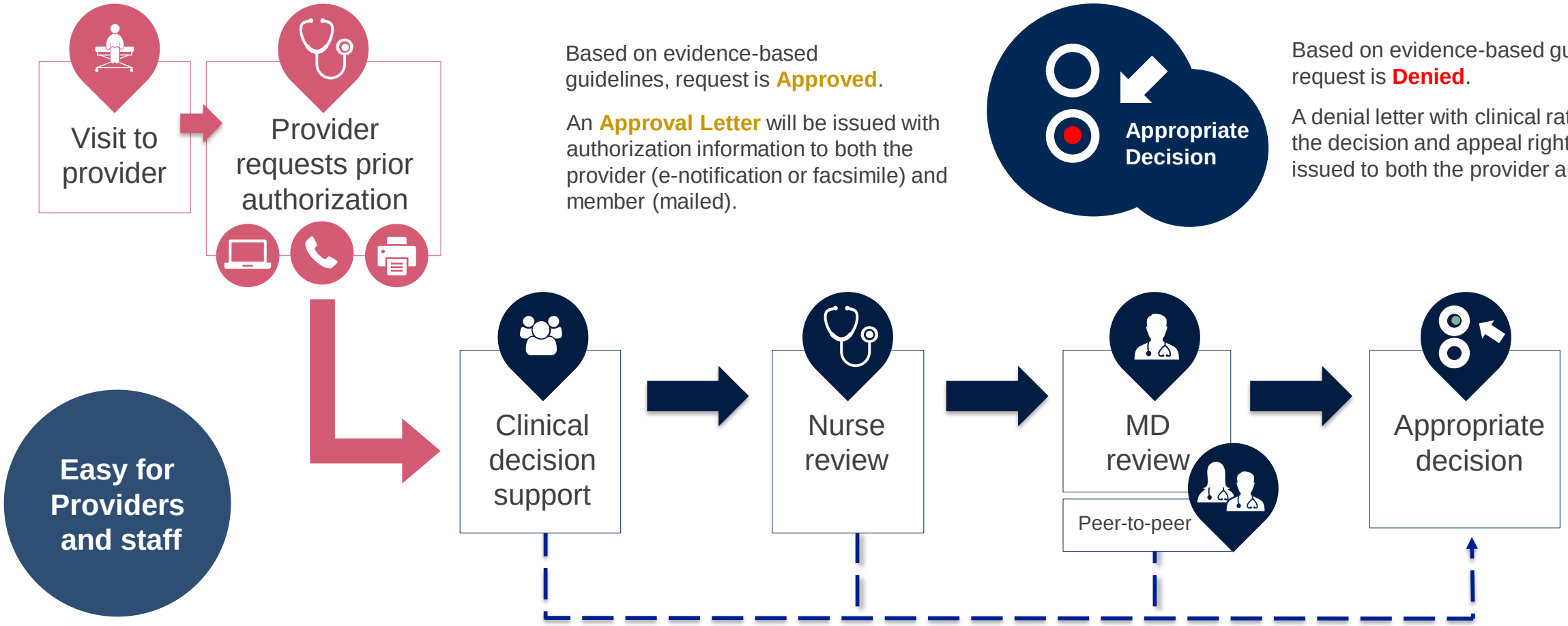
Utilization Management – The Prior Authorization Process



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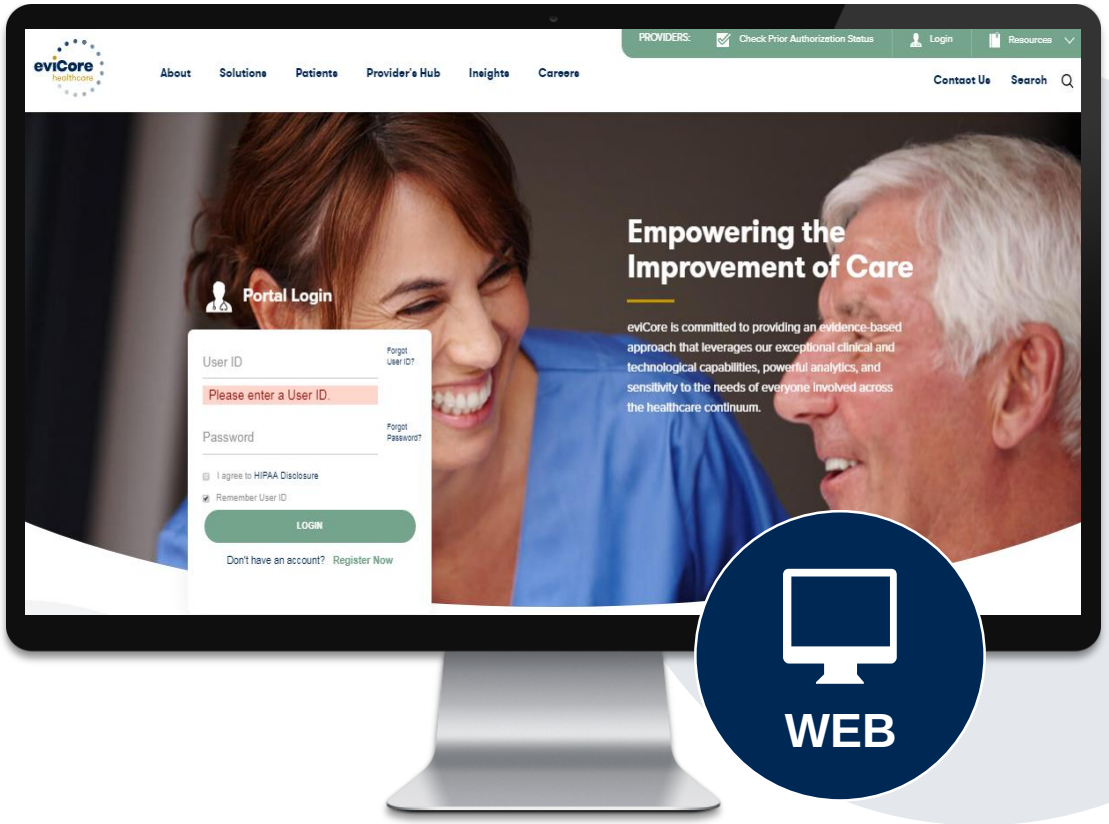
Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

- **Saves time**: Quicker process than phone authorization requests
- **Available 24/7**: You can access the portal any time and any day
- **Save your progress**: If you need to step away, you can save your progress and resume later
- **Upload additional clinical information**: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- **View and print determination information**: Check case status in real-time
- **Dashboard**: View all recently submitted cases
- **E-notification**: Opt-in to receive email notifications when there is a change to case status
- **Self-service Tools**: schedule clinical consultations and initiate appeals via the portal
- **Duplication feature**: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals



Phone Number:
877-506-5193
Monday through Friday:
7 am – 7 pm local time

Fax Number:
MSK | 800-540-2406

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Necessary Information for Prior Authorization

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

1. Member
- Health Plan ID
- Member name
- Date of birth (DOB)

2. Referring (Ordering) Physician
- Physician name
- National provider identifier (NPI)
- Phone & fax number

3. Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

4. Supporting Clinical
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

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Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination
The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.	Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.	Determination notifications will be sent

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Pre-Decision Options: Medicare Members

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

There are three ways to supply the requested information to eviCore for review:

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
  - Additional clinical information must be submitted to eviCore in advance of the due date referenced
- Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **faxed** to **1-844-545-9213** or **uploaded** directly into the case via the provider portal at **www.eviCore.com**
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the eviCore website (see the end of this presentation for instructions)
  - The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is **not** held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed
- Once the determination is made, notifications will go out to the provider and member, and status will be available on **www.eviCore.com**

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Prior Authorization Outcomes, Special Considerations and Post Decision Options

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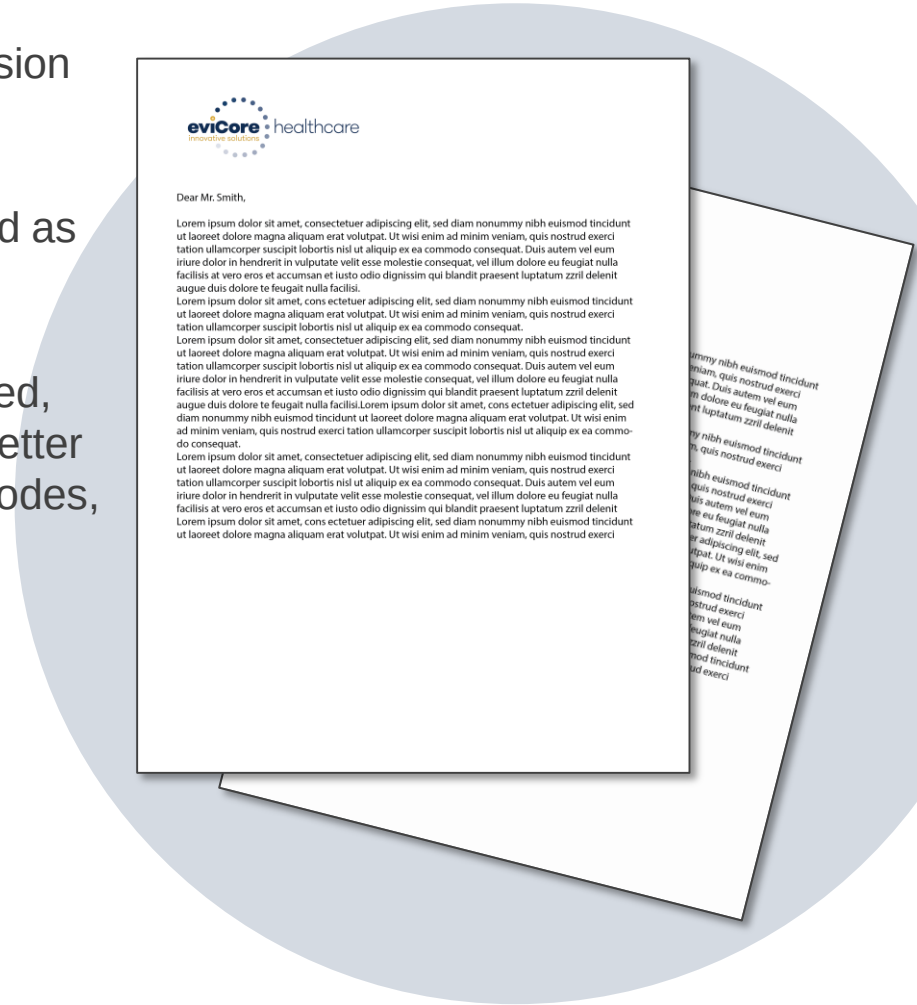
Prior Authorization Outcomes

Determination Outcomes:

- Approved Requests: Authorizations are valid for 90 days from the date of submission for outpatient procedures, and from the procedure date + 7 days for inpatient procedures
- Denied Requests: Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued
- Partially Approved Requests: In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).



Notifications:

- Authorization letters will be faxed to the ordering physician
- Web initiated cases will receive e-notifications when a user opts in to receive
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal: **www.eviCore.com**

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Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within 180 calendar days from the date of services *(NH requires submission within 120 calendar days)*
- Retro requests submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Retro requests are processed within 30 calendar days *(DC within 14 days & PA within 15 days)*
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours

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Post-Decision Options: Medicaid Members

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call eviCore at 877-506-5193 to speak to an agent who can provide available option(s) and instruction on how to proceed. Alternatively, select 'All Post Decisions' on www.eviCore.com, under the authorization lookup function, to see available options.

Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore **will not** process first-level appeals

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Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- However, once a denial decision has been made, the decision cannot be overturned via Clinical Consultation

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- eviCore **will not** process first-level appeals

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Provider Portal Overview

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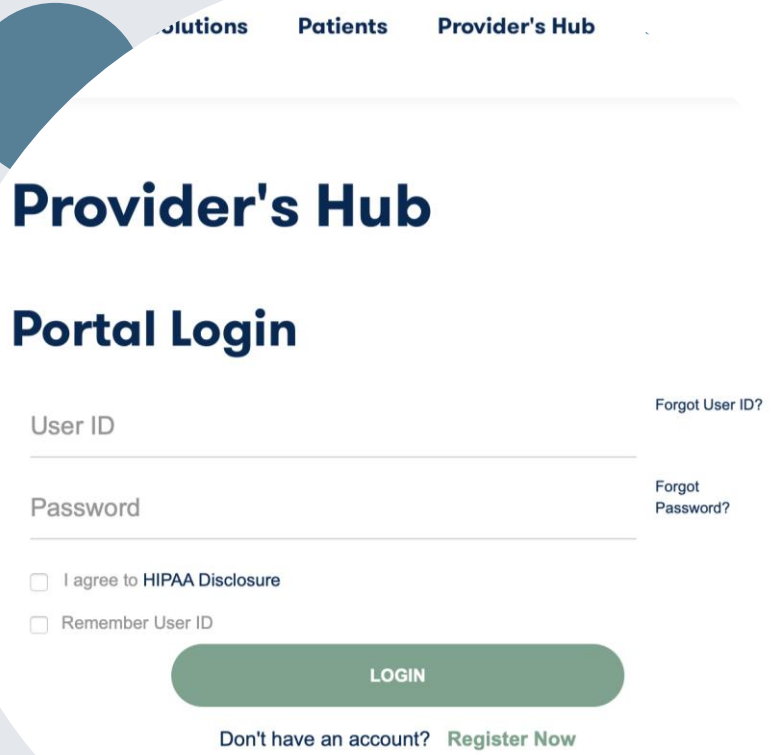

Portal Compatibility

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

- Microsoft Edge
- Google Chrome
- Mozilla Firefox

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

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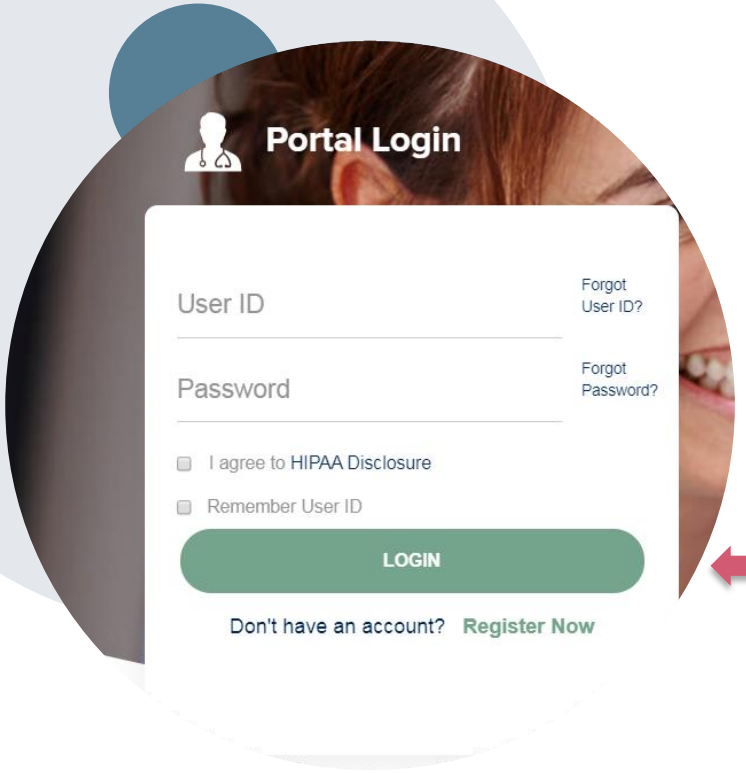
eviCore healthcare Website



Visit www.evicore.com

Already a user?

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

Don't have an account?

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

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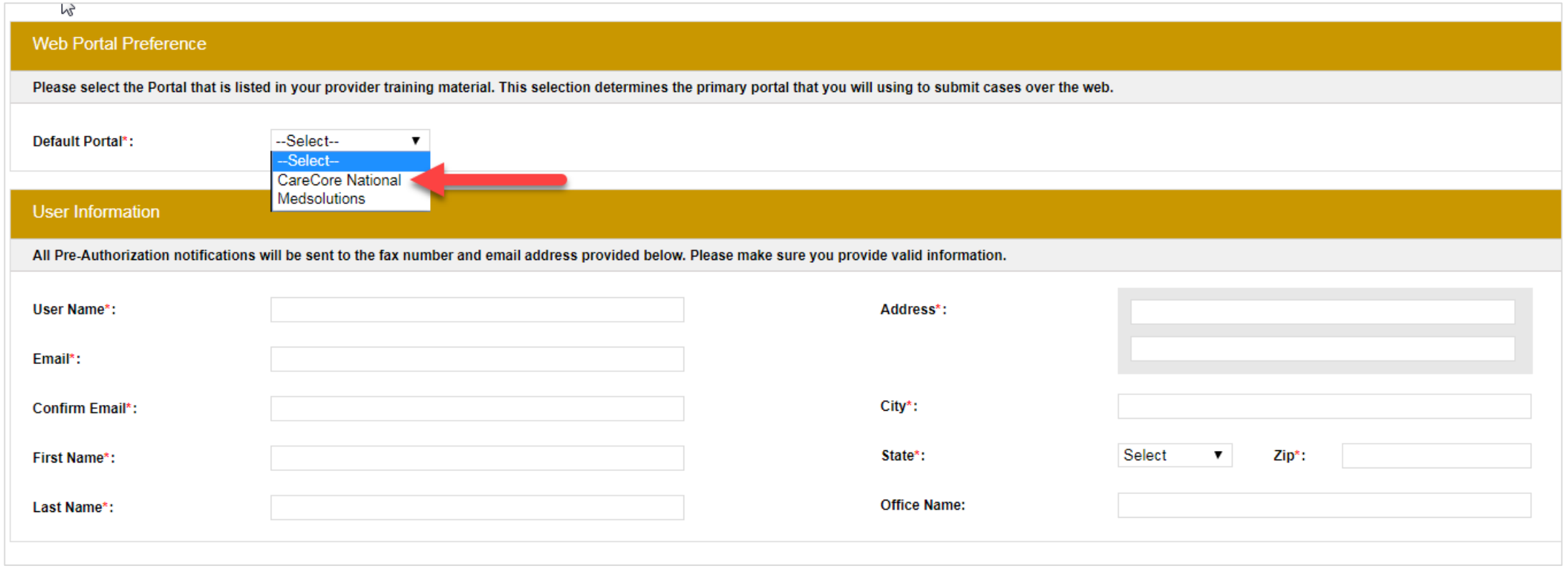
Creating an Account



- Select CareCore National as the Default Portal, complete the User Information section in full, and Submit Registration.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.

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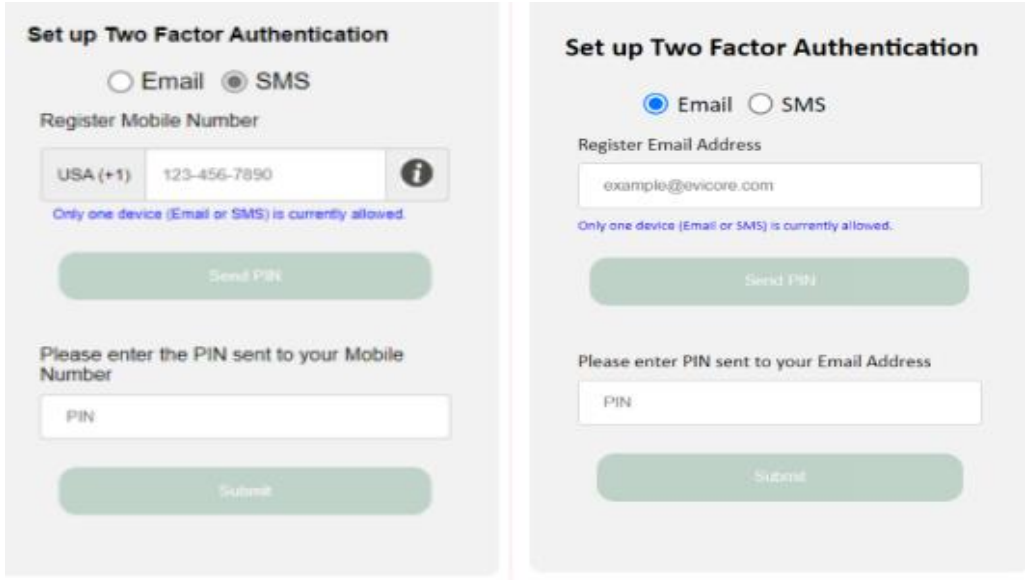
Multi-Factor Authentication MFA



- To safeguard your patients' private health information (PHI) we have implemented a multifactor authentication (MFA) process.
- After you log in, you will be prompted to enter your email address or mobile phone number. This preference will be saved for future use.
- Select "Send Pin," and a 6-digit pin is generated and sent to your chosen device.
- After entering the provided PIN# in the portal display, you will successfully be authenticated and logged in. You will need to perform the MFA process every time you log in.

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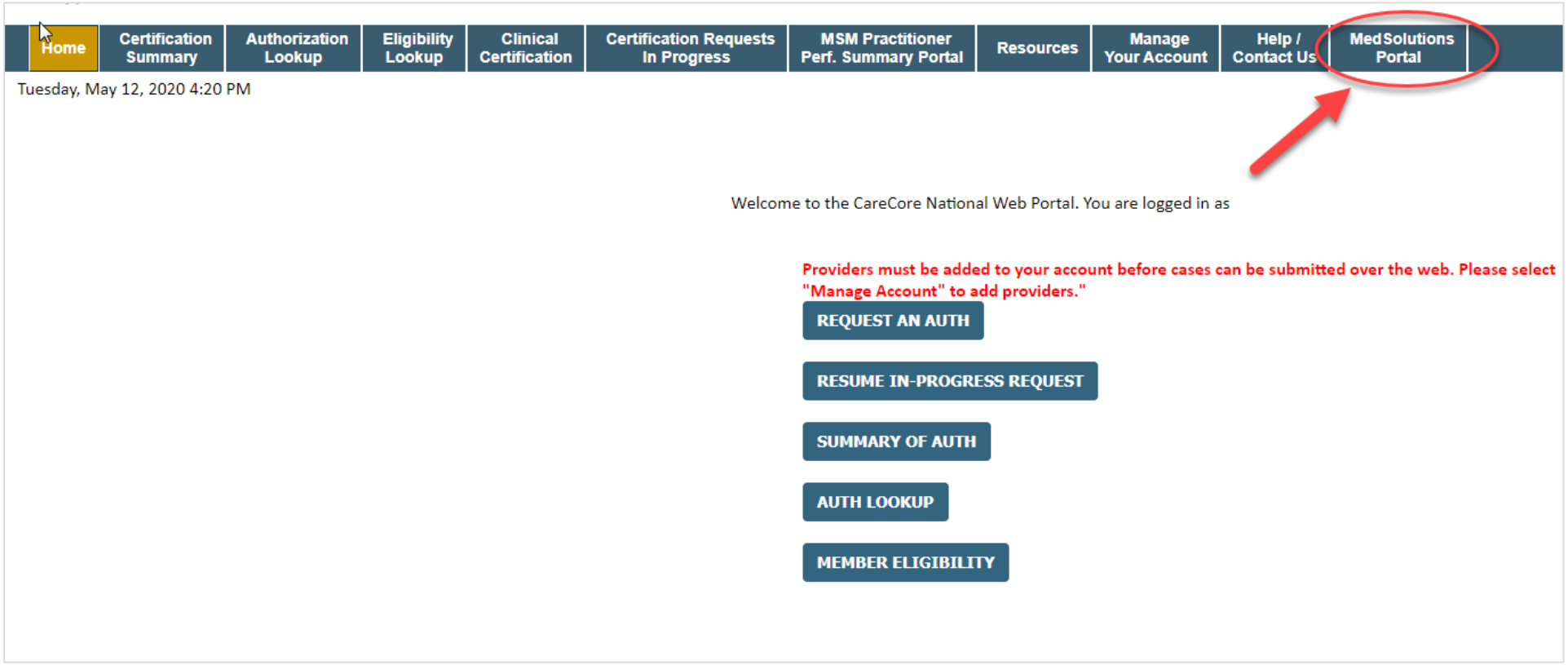
Welcome Screen



Note: You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal on the top-right corner to seamlessly toggle back and forth between the two portals.

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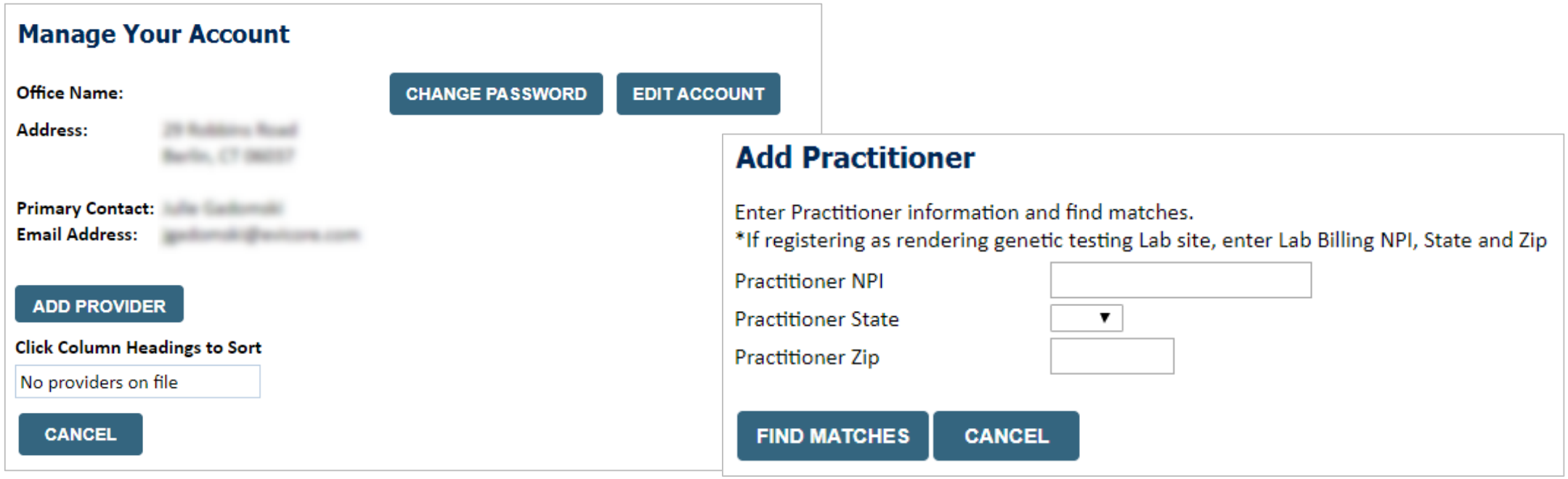
Add Practitioners



- Select the "Manage Your Account" tab, then the "Add Provider" option
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based on your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click "Add Another Practitioner" to add another provider to your account
- You can access the "Manage Your Account" tab at any time to make any necessary updates or changes

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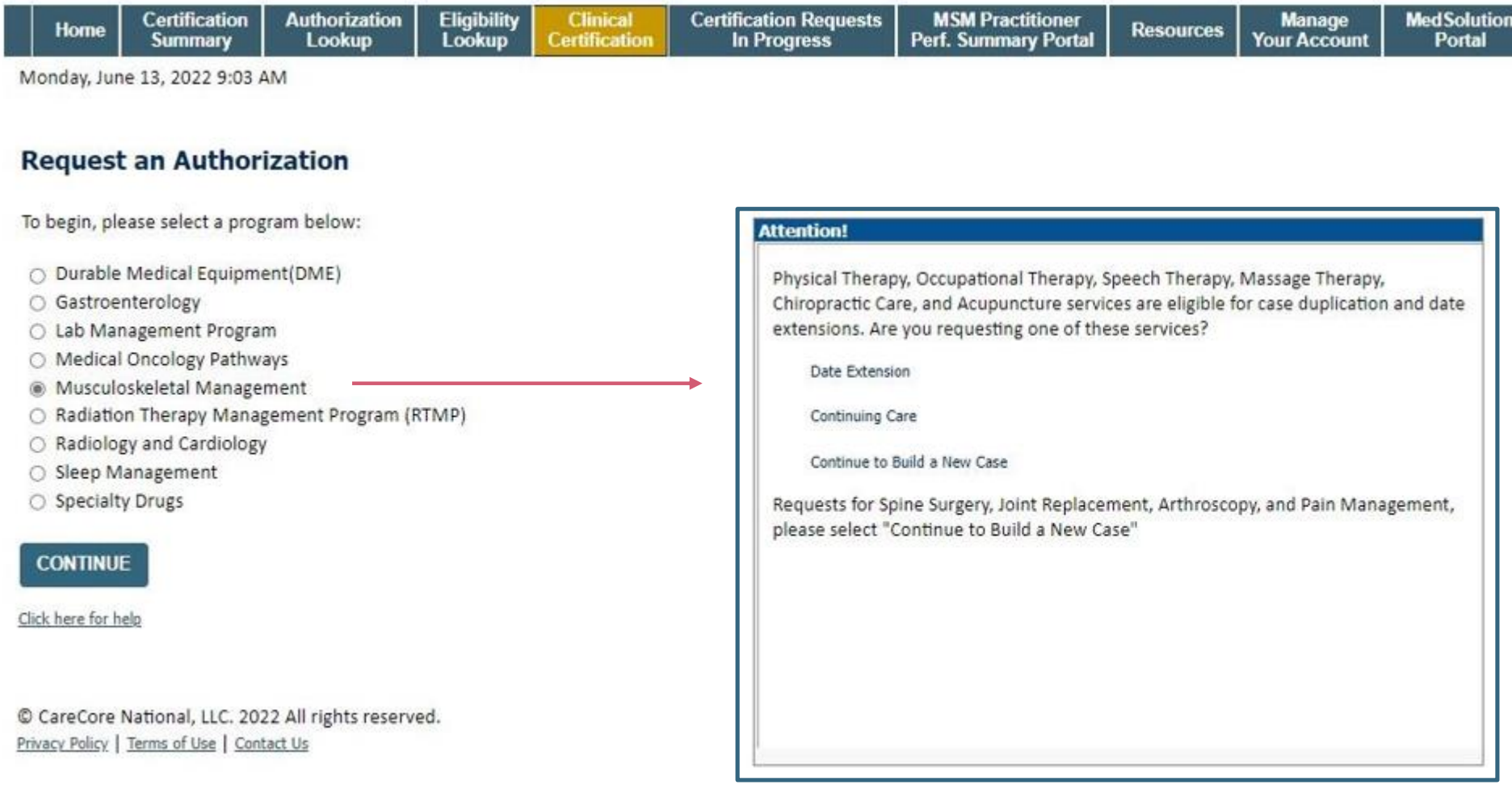
Select Program



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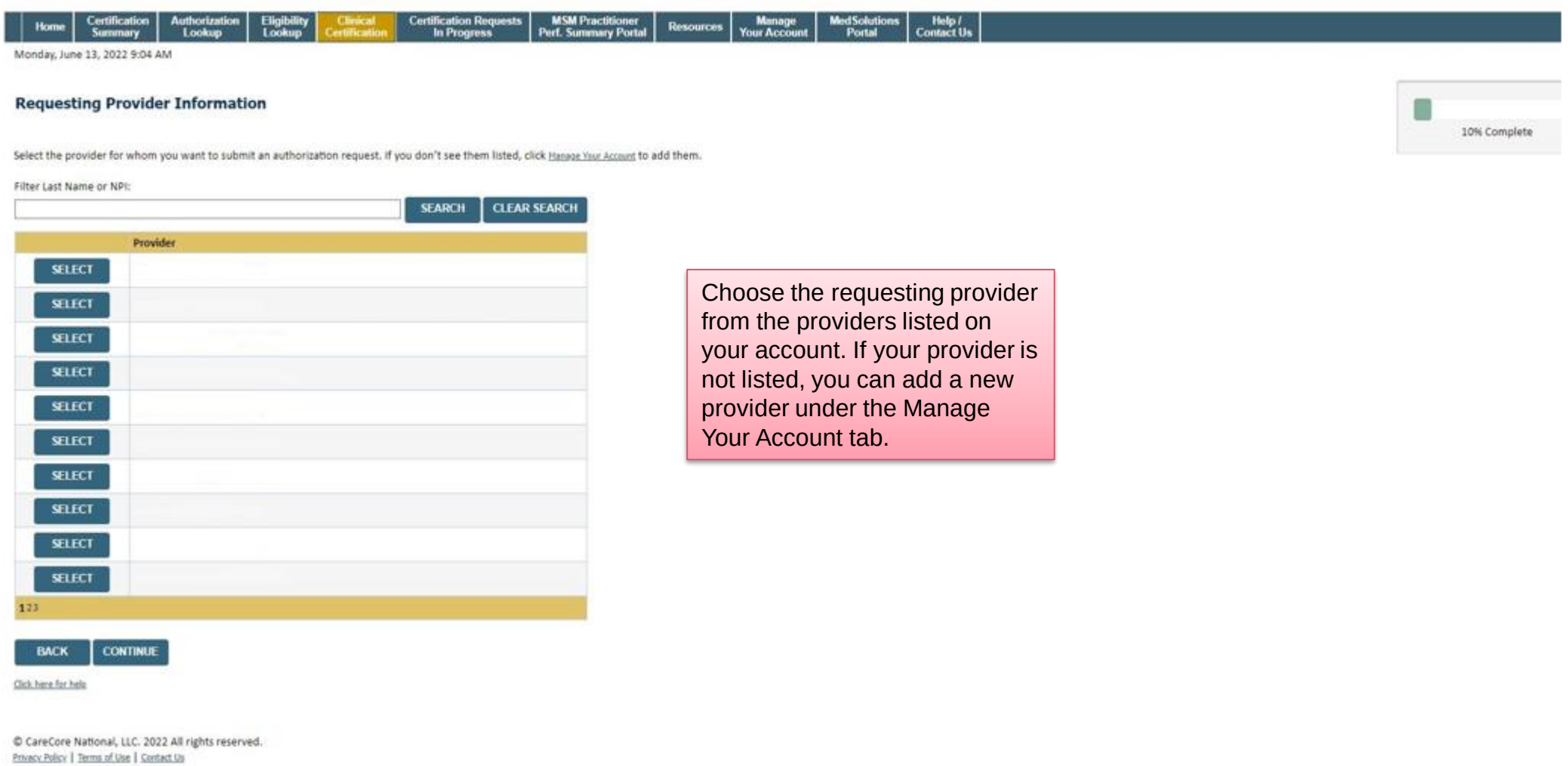
Select Provider



Choose the requesting provider from the providers listed on your account. If your provider is not listed, you can add a new provider under the Manage Your Account tab.

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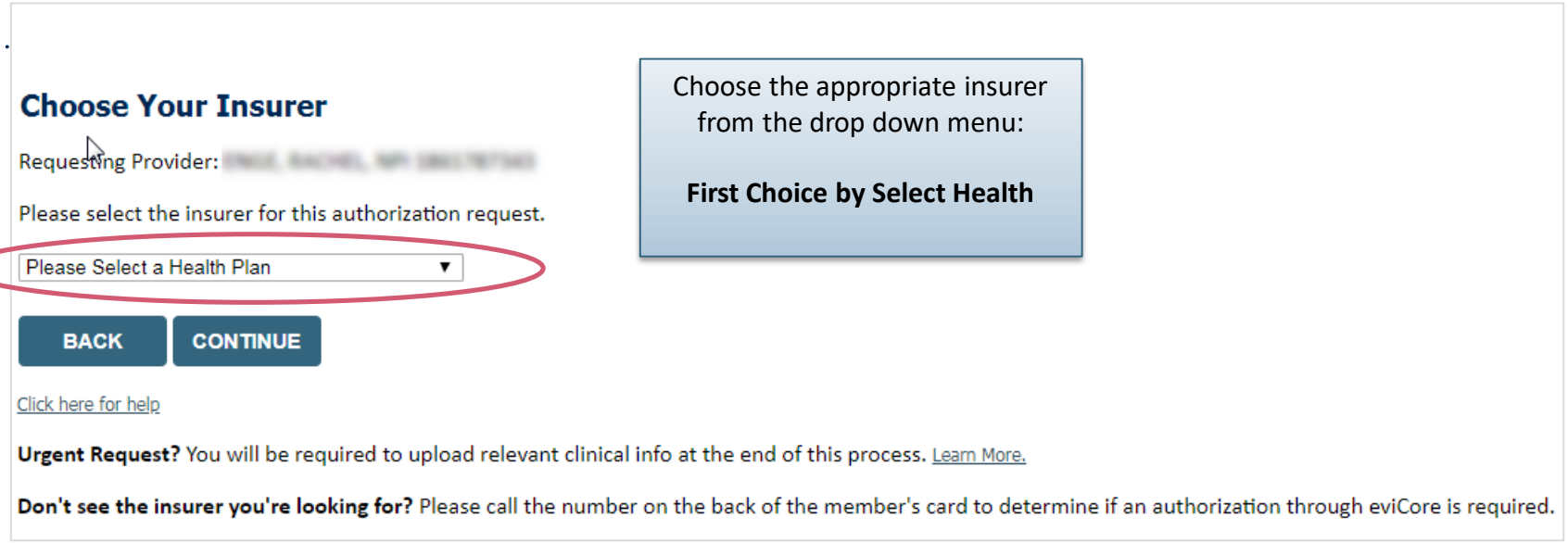
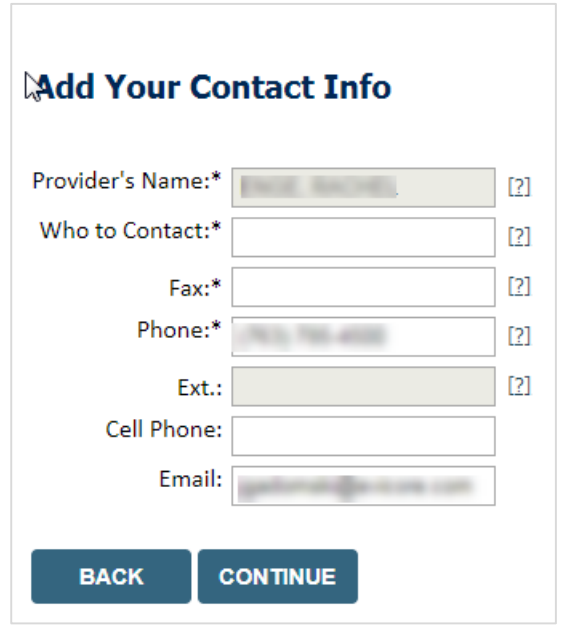
Select Health Plan & Provider Contact Info



Choose the appropriate insurer from the drop down menu:

First Choice by Select Health



- Choose the appropriate Health Plan for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select CONTINUE and on the next screen add your contact info
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid email you can receive e-notifications

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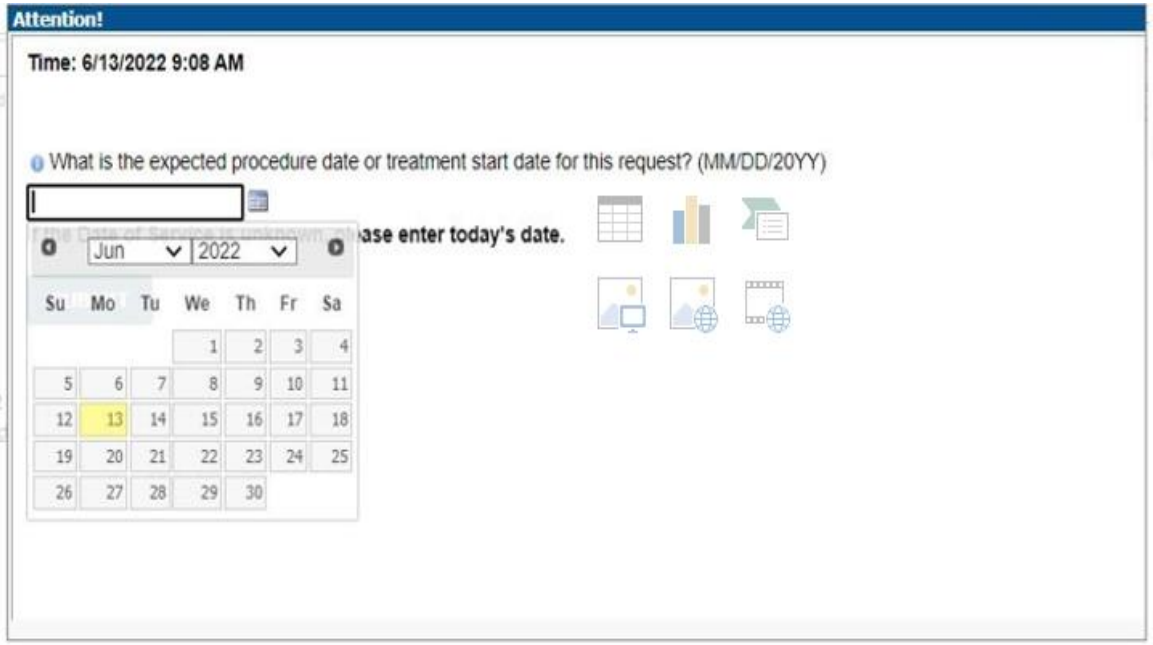
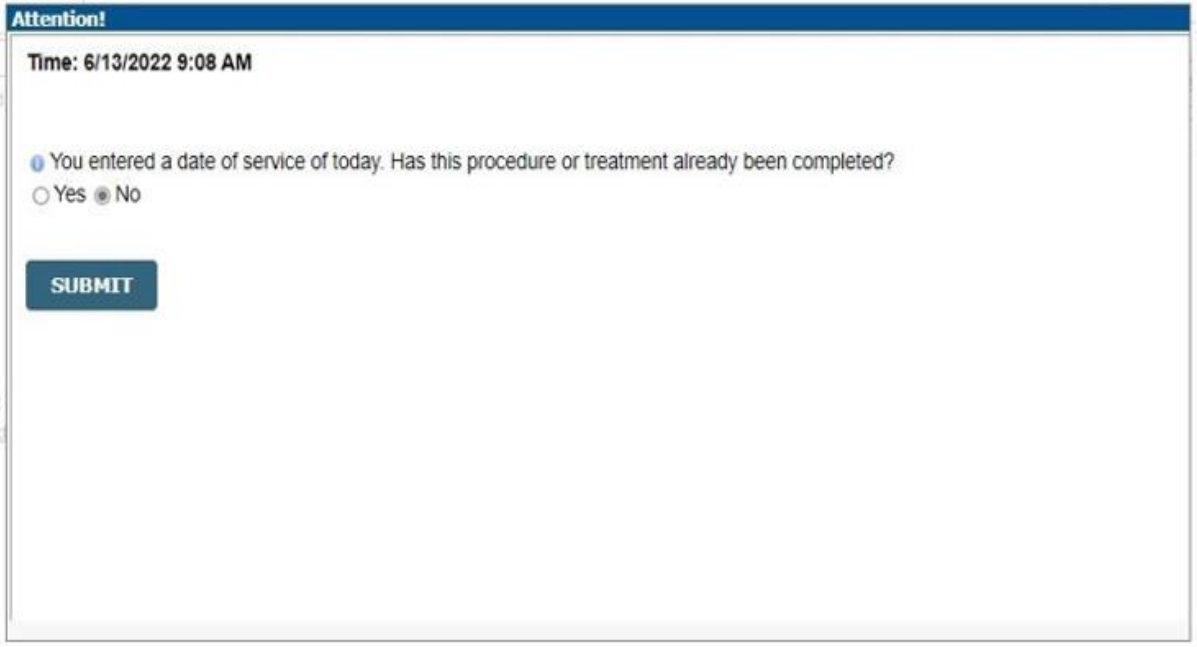
Procedure Date





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Patient Eligibility Lookup

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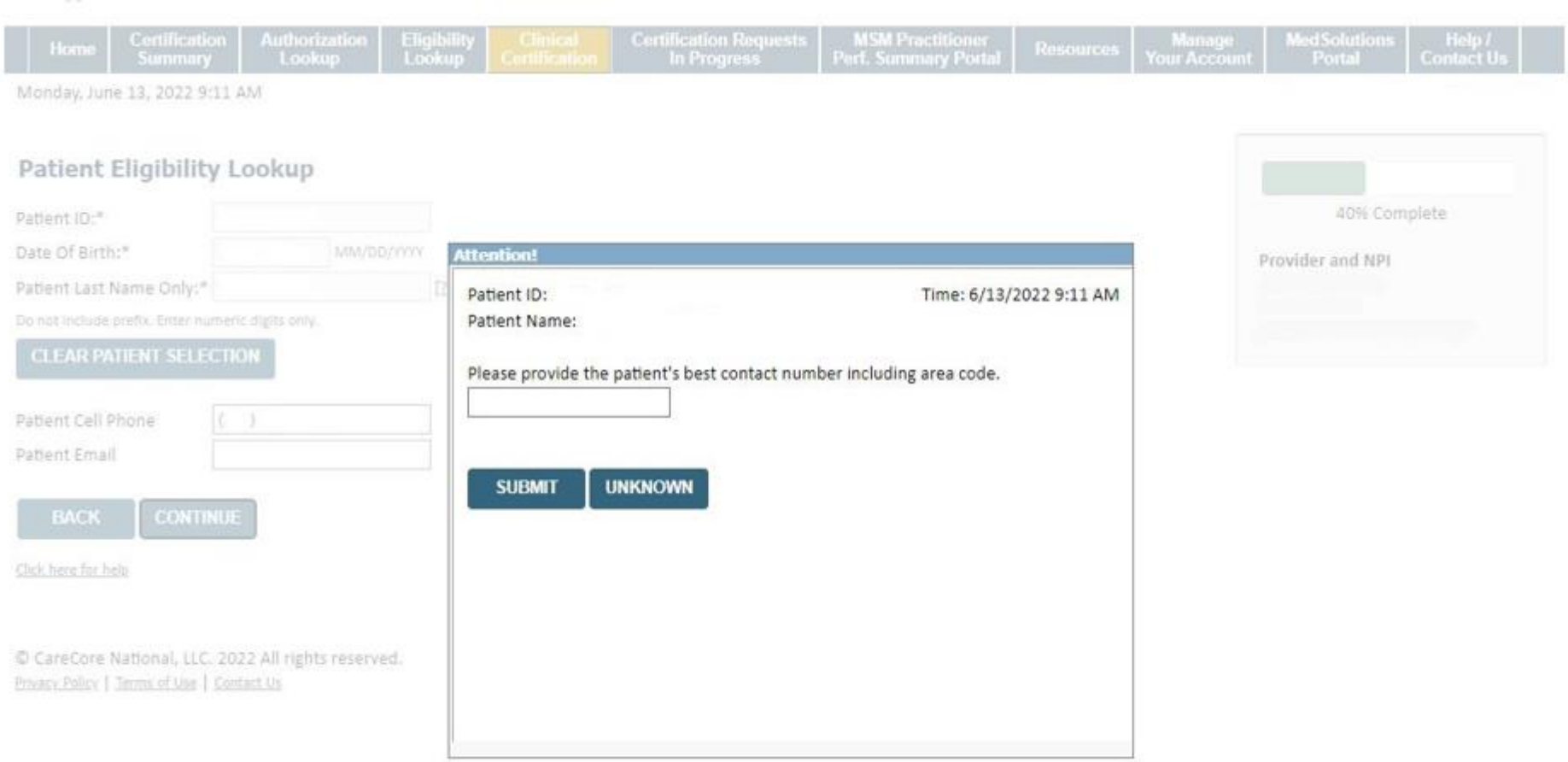
Patient Eligibility Lookup



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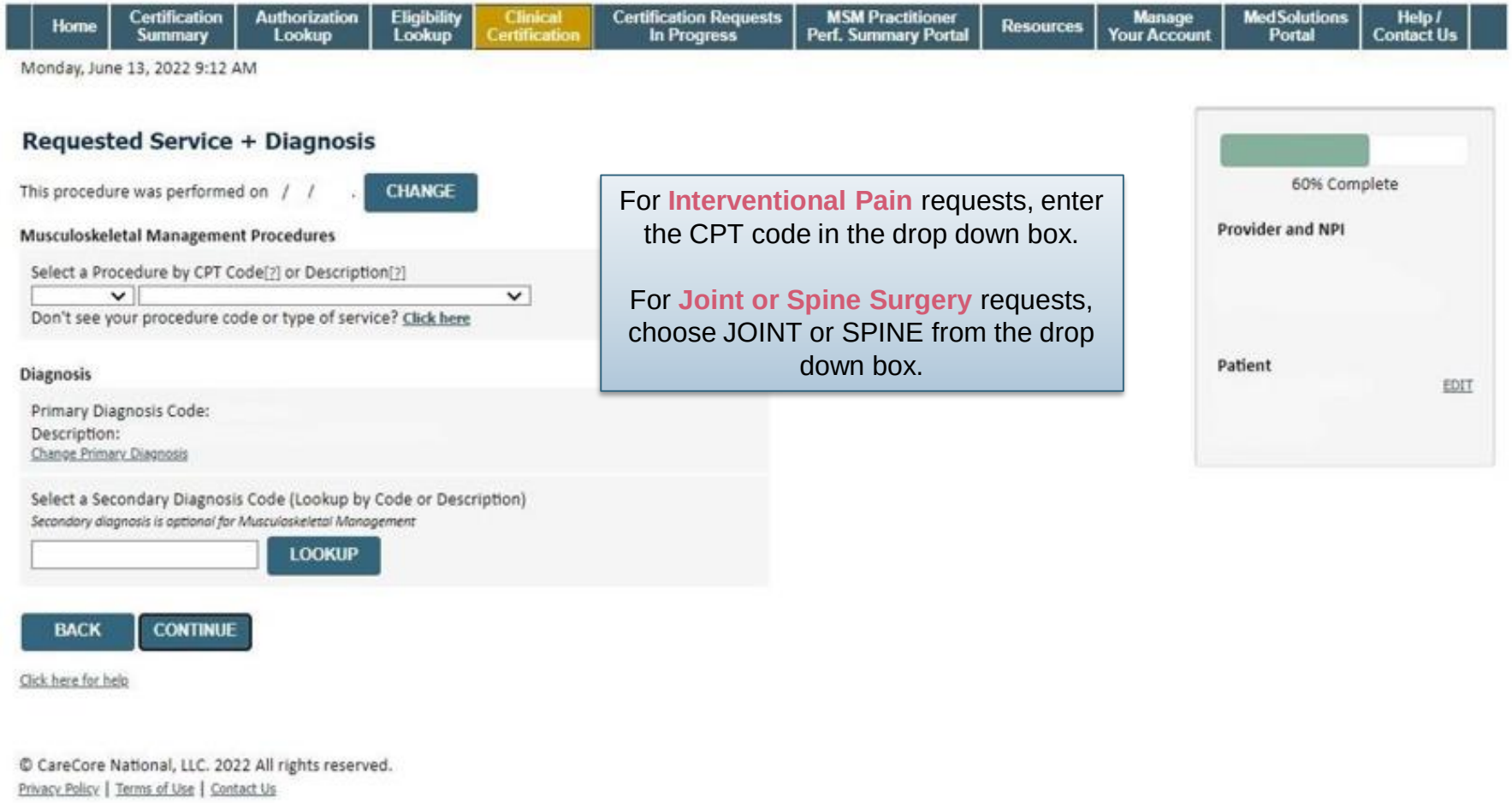
Clinical Details



For **Interventional Pain** requests, enter the CPT code in the drop down box.

For **Joint or Spine Surgery** requests, choose JOINT or SPINE from the drop down box.

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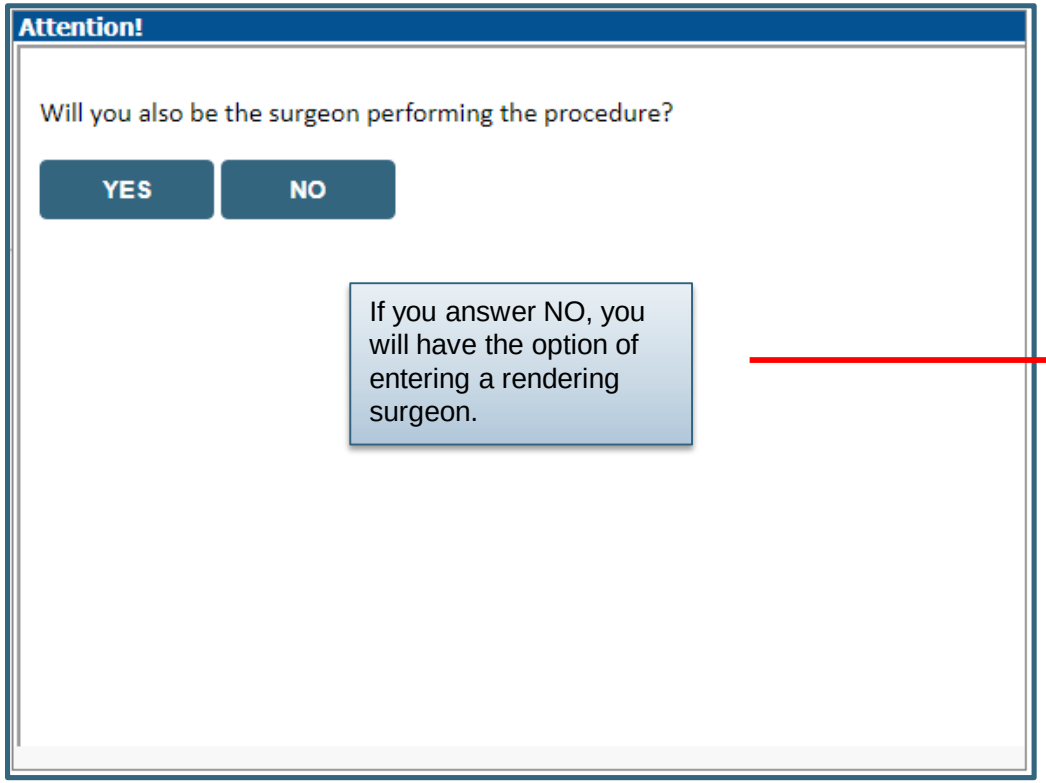
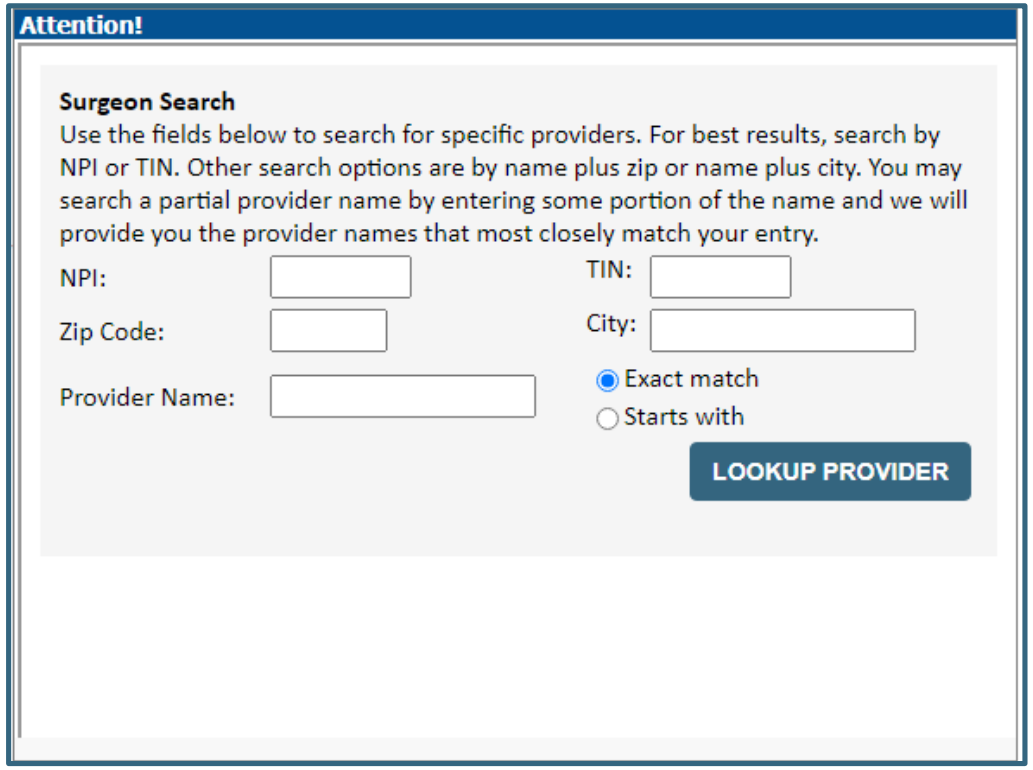
Clinical Details





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Verify Treatment Selection

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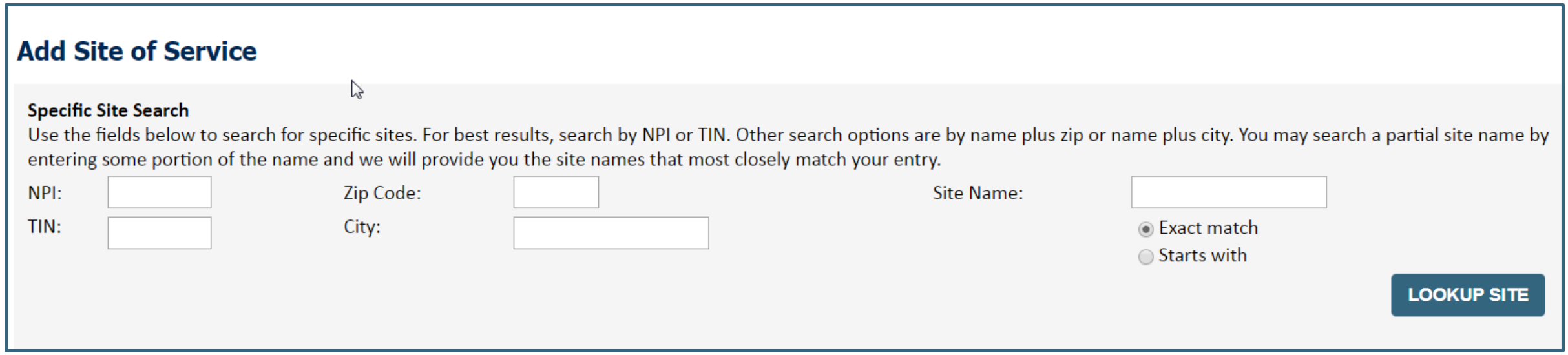
Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI or TIN, and zip code is the most efficient.



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

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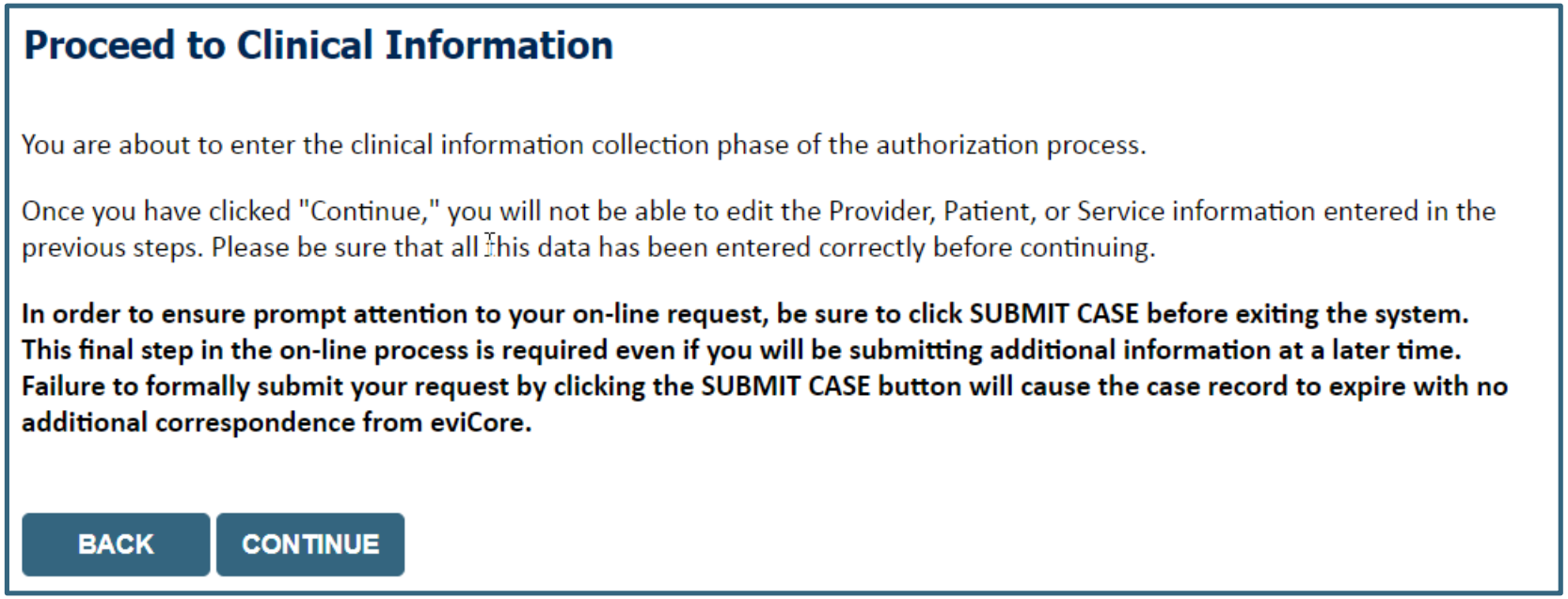
Clinical Certification



- Verify that all information is entered and make any changes needed
- You will not have the opportunity to make changes after this point

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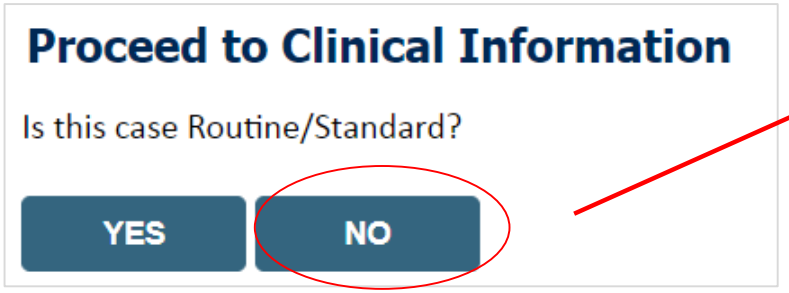
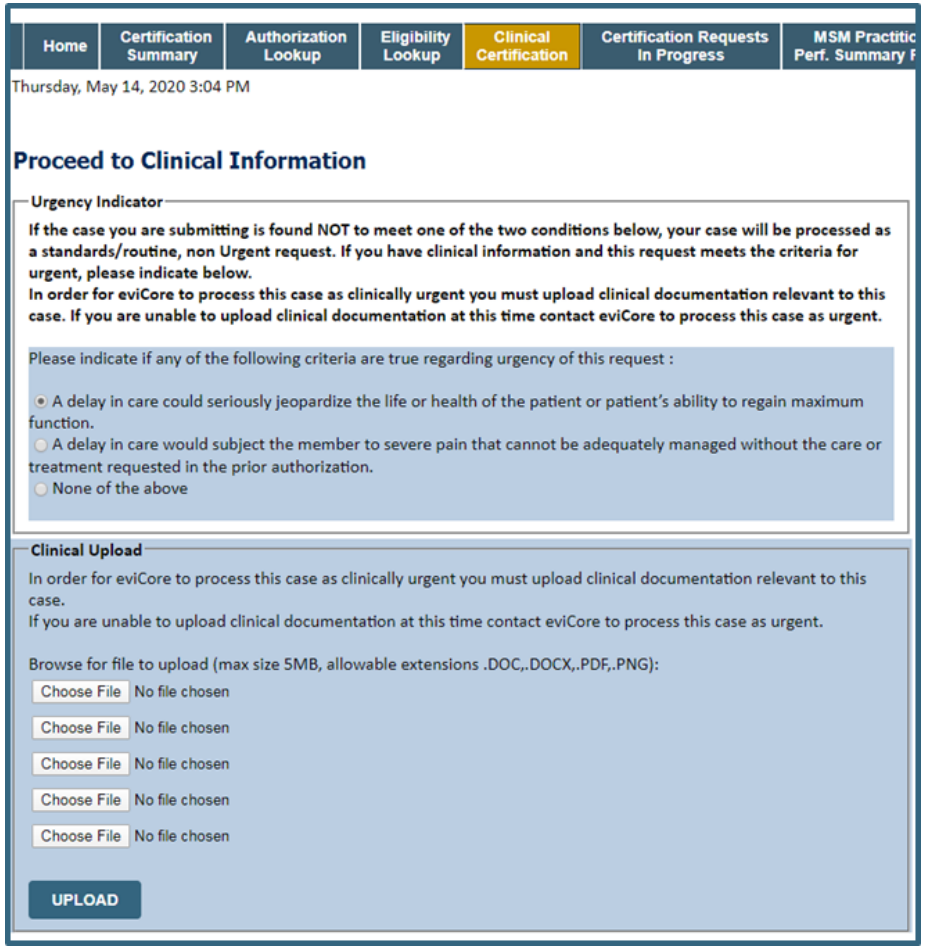
Standard or Urgent Request?

- If your request is urgent select **No**
- When a request is submitted as Urgent, you will be required to upload relevant clinical information
- If the case is standard select **Yes**
- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 5MB document size
- Your case will only be considered Urgent if there is a successful upload





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Spine Surgery Pathway

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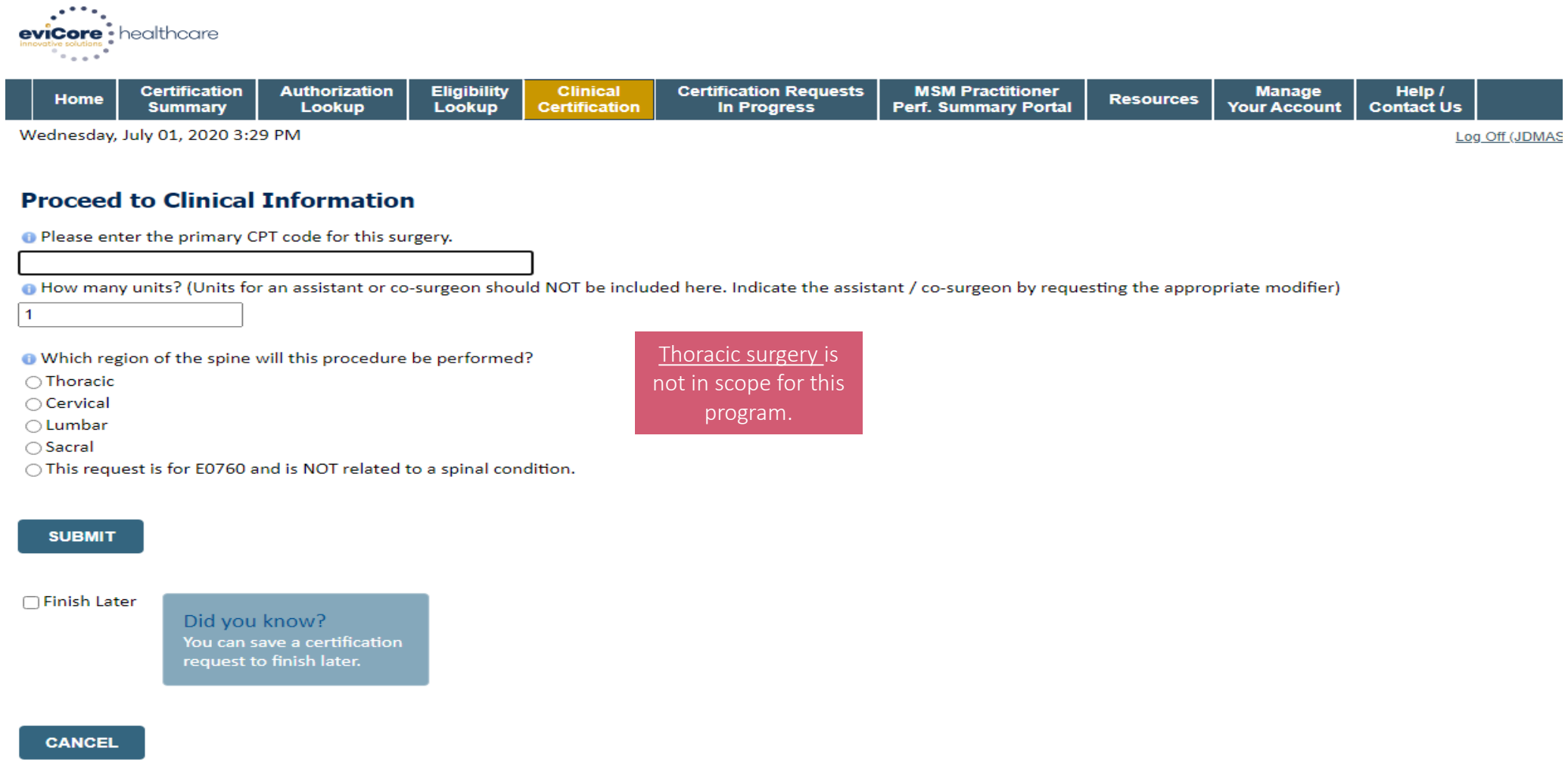
Clinical Collection Process – Pathway Questions



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Clinical Collection Process – Pathway Questions

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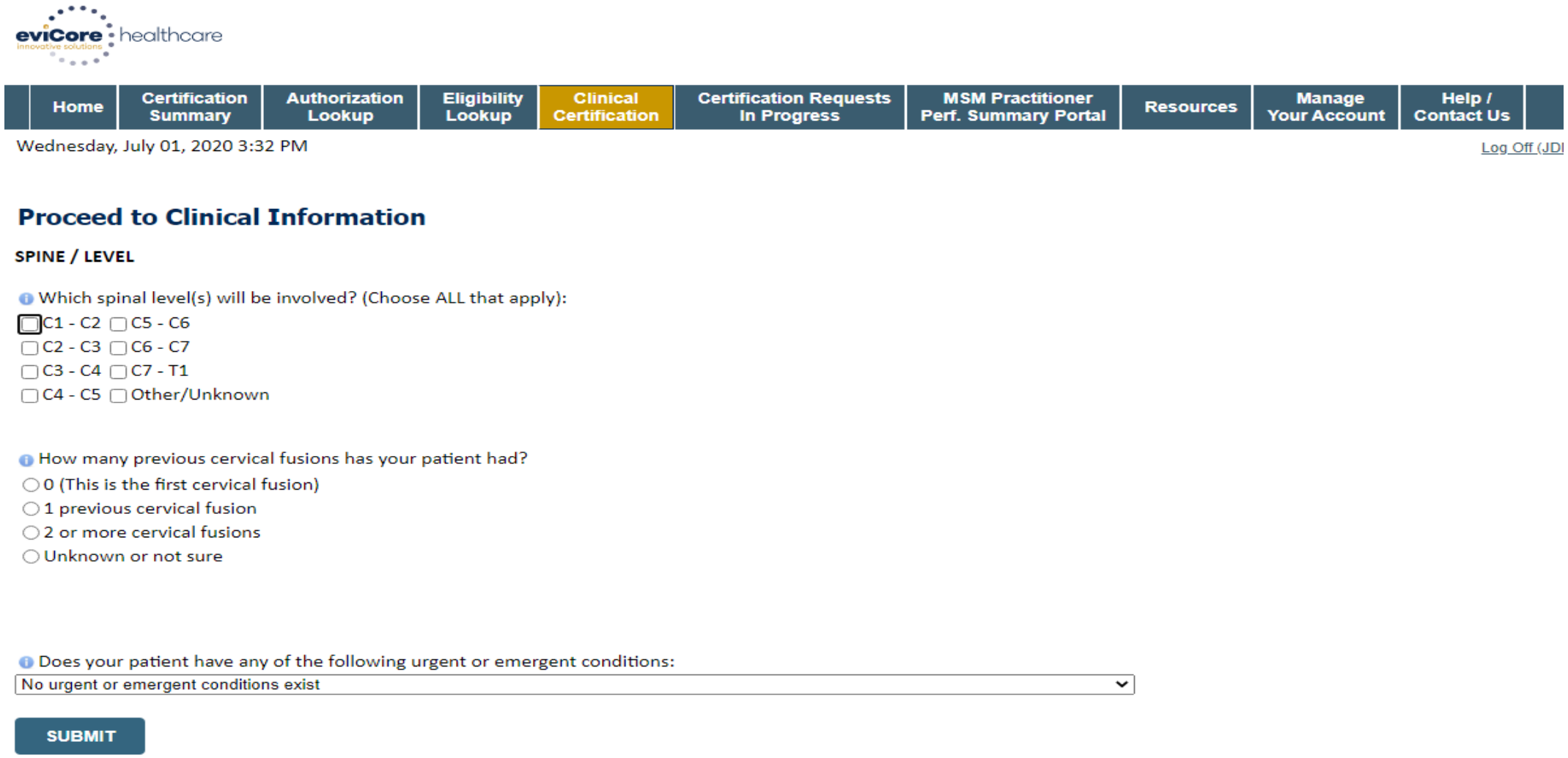
Clinical Collection Process – Pathway Questions



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Joint Surgery Pathway

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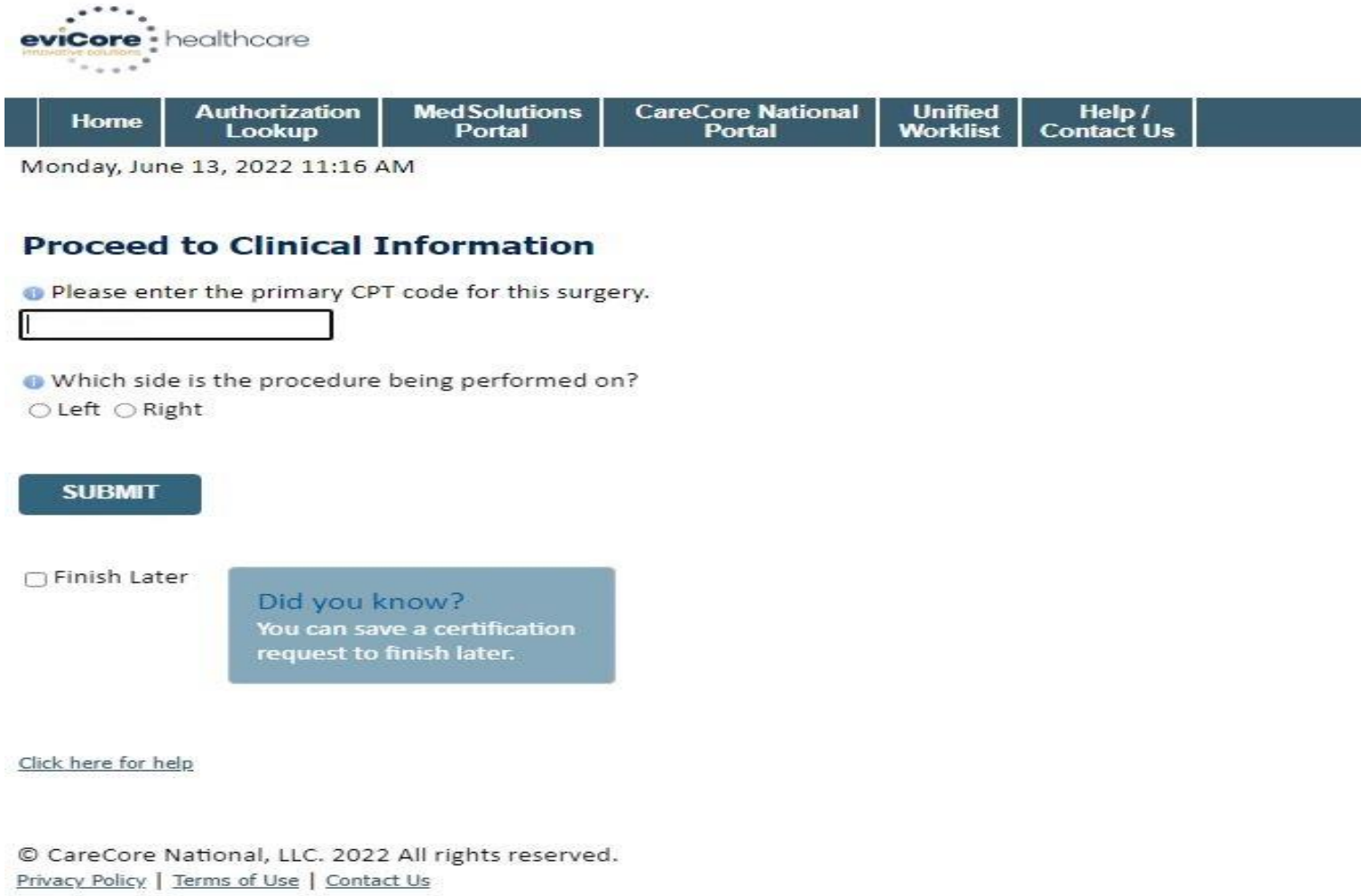
Clinical Collection Process – Pathway Questions



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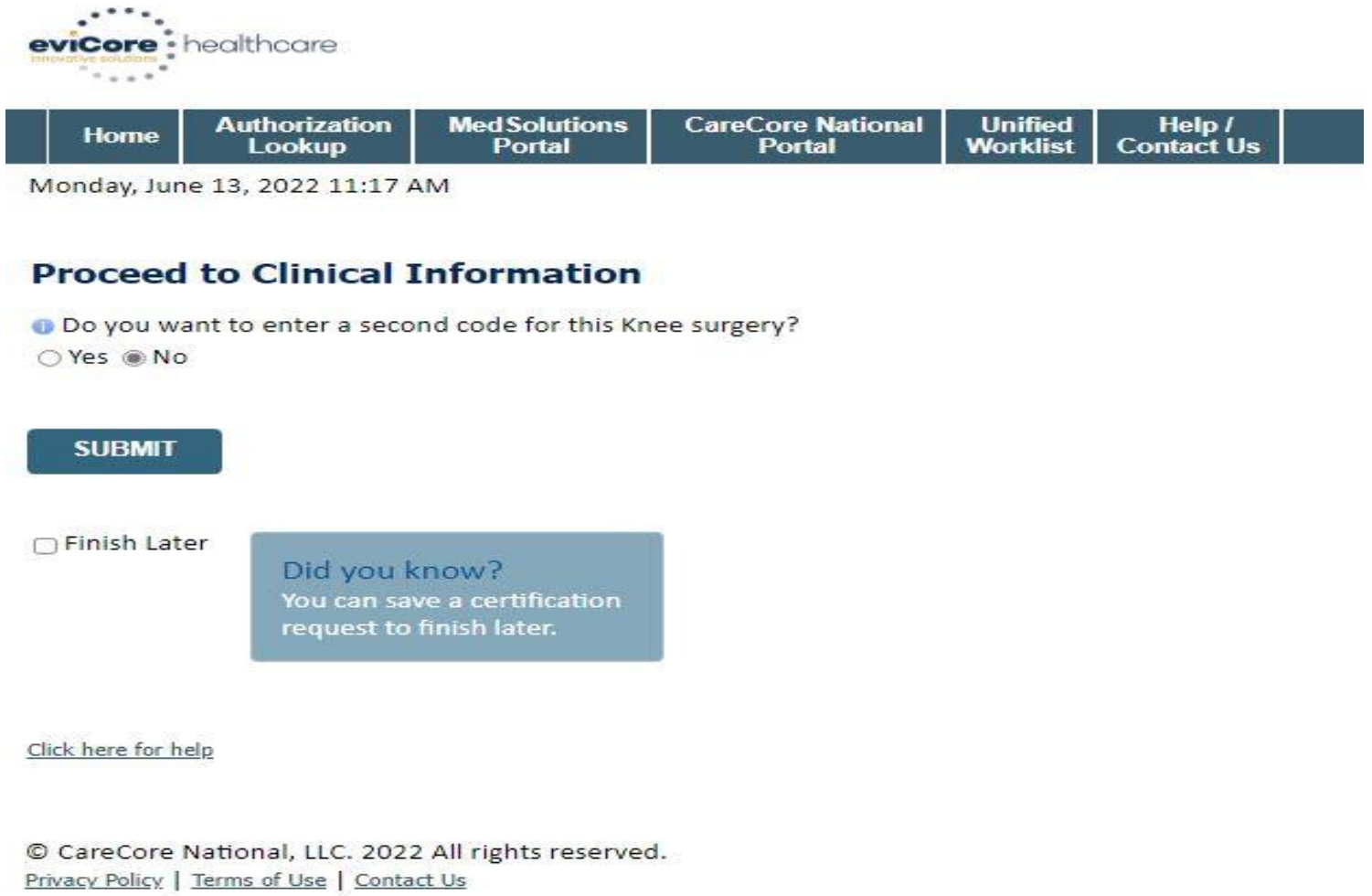
Clinical Collection Process – Pathway Questions



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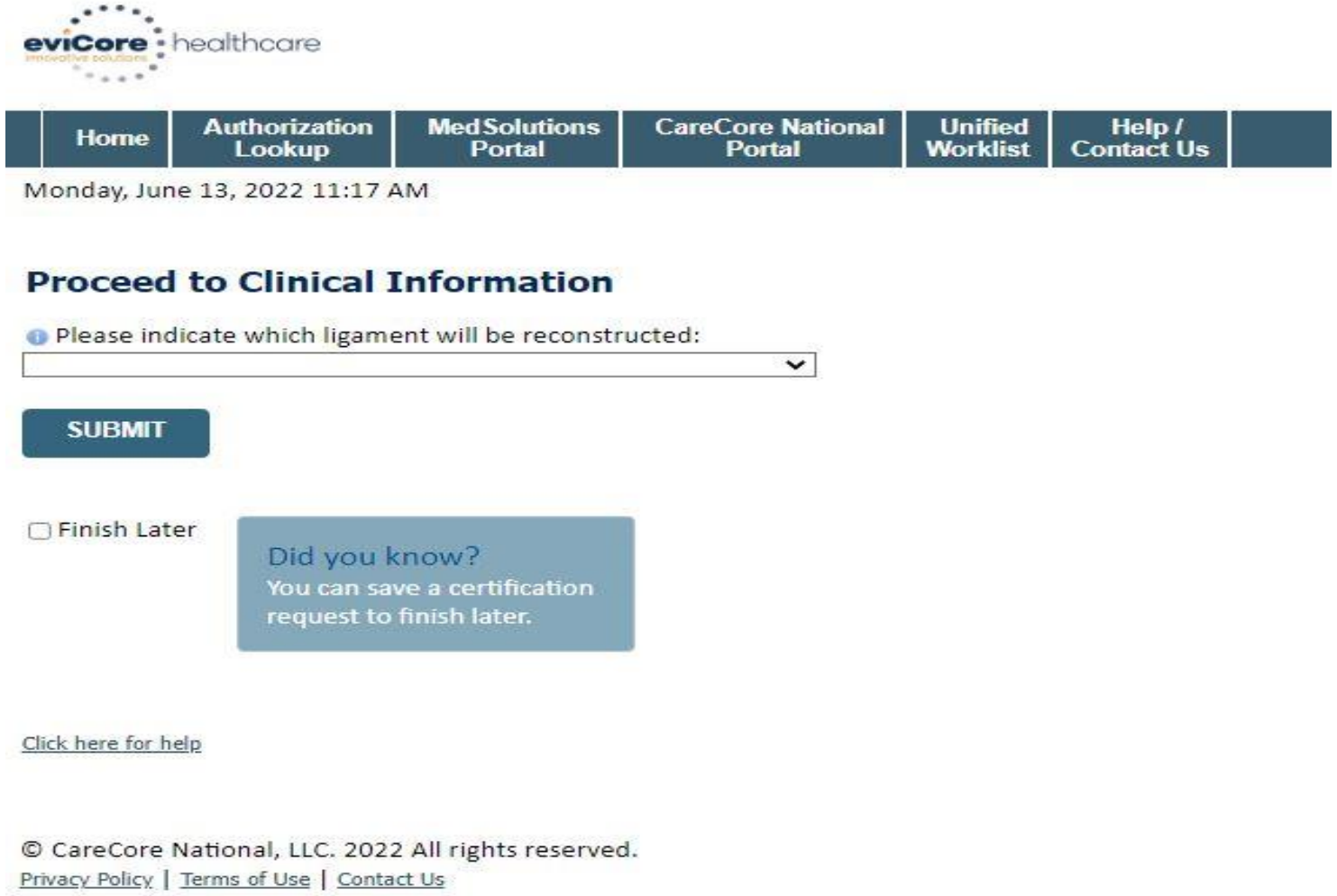
Clinical Collection Process – Pathway Questions



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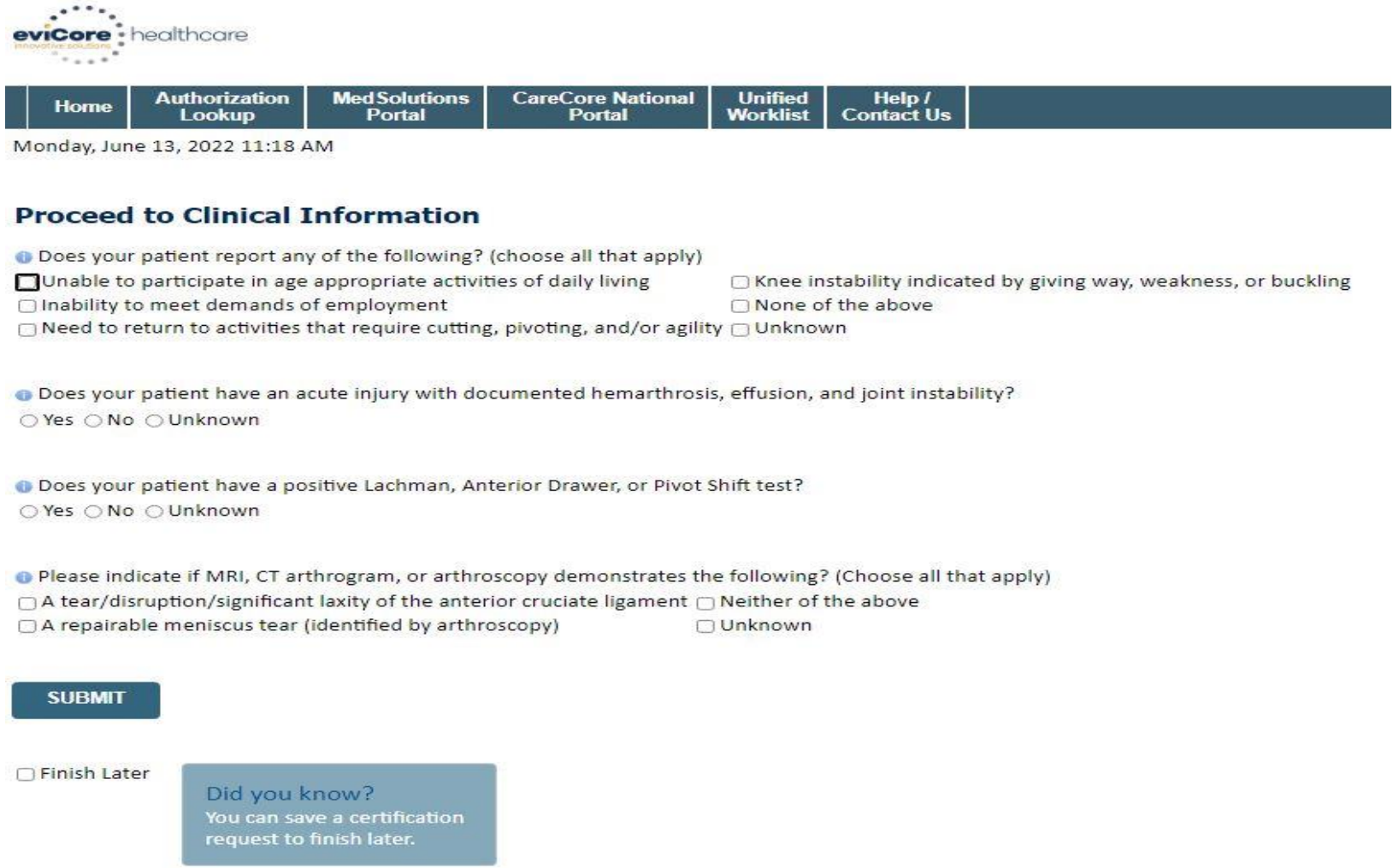
Clinical Collection Process – Pathway Questions



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Interventional Pain Pathway

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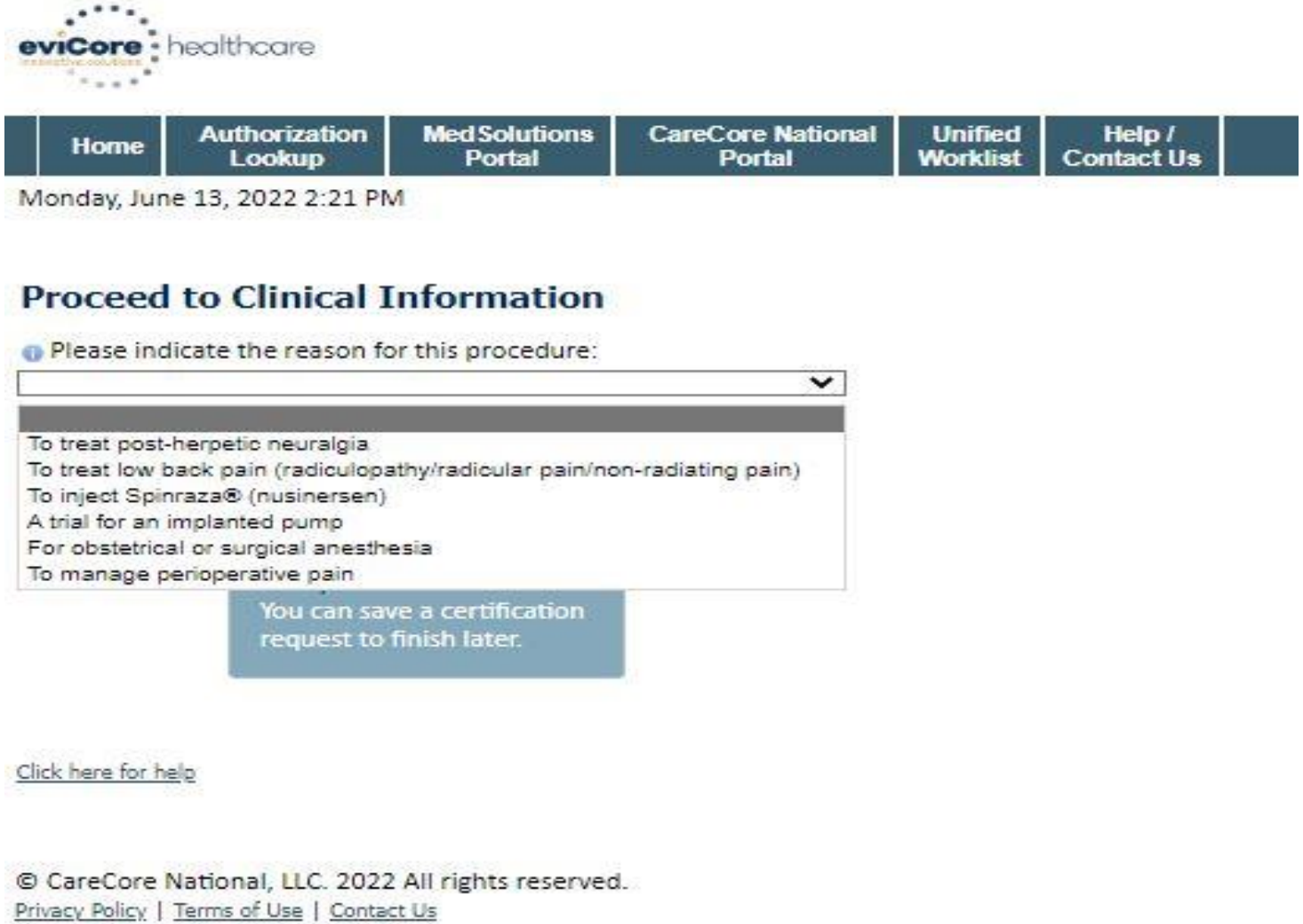
Clinical Collection Process – Pathway Questions



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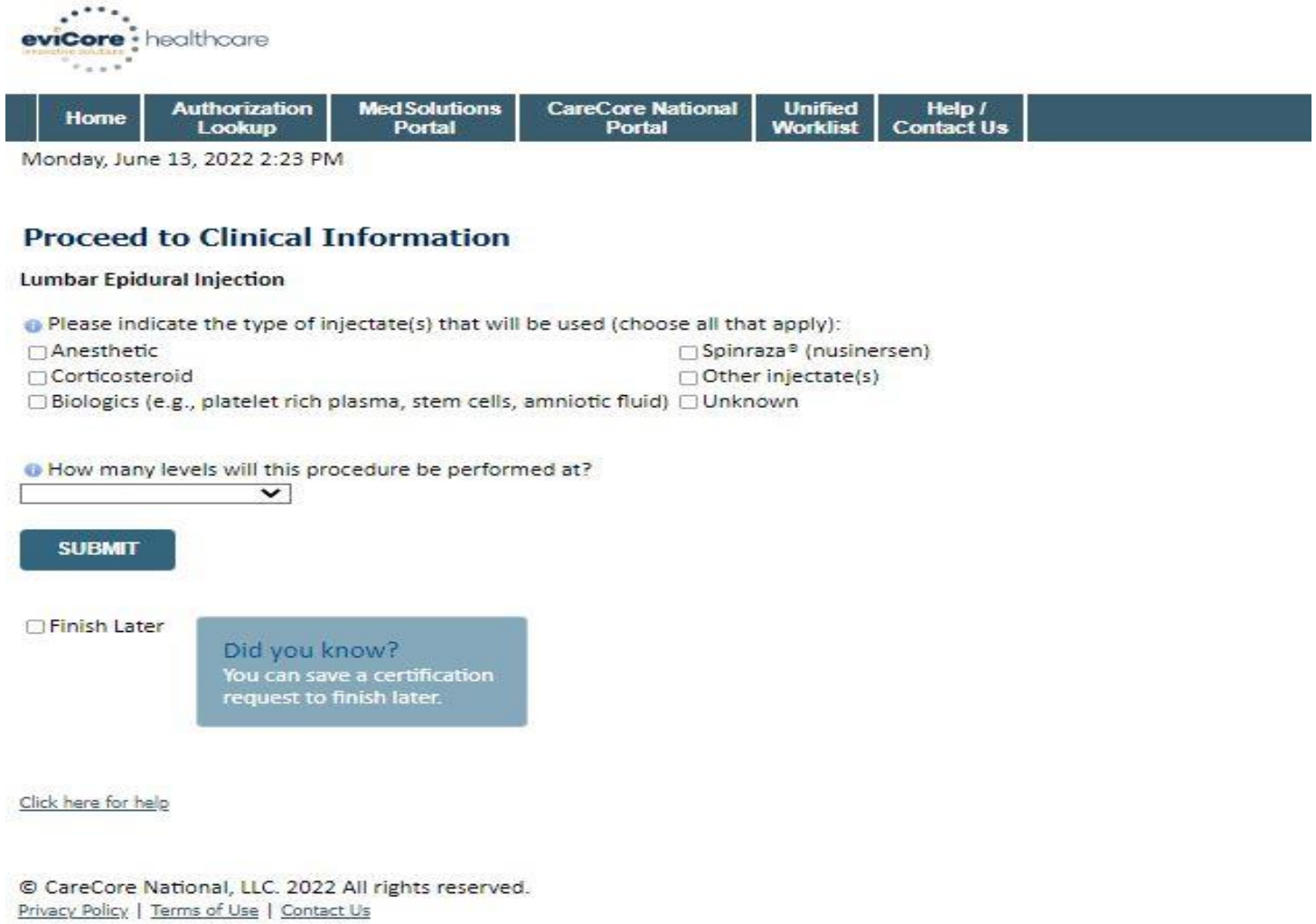
Clinical Collection Process – Pathway Questions



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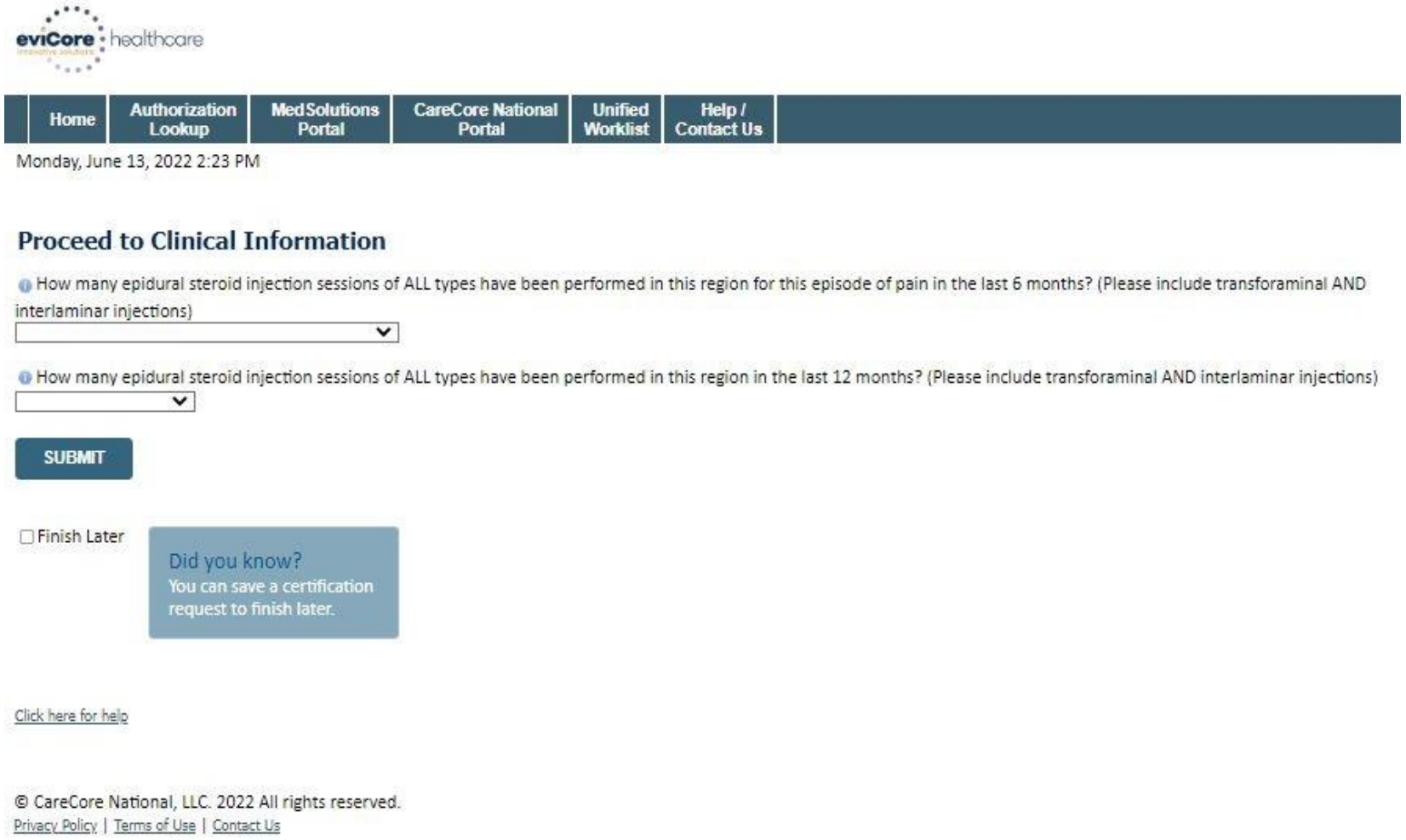
Clinical Collection Process – Pathway Questions



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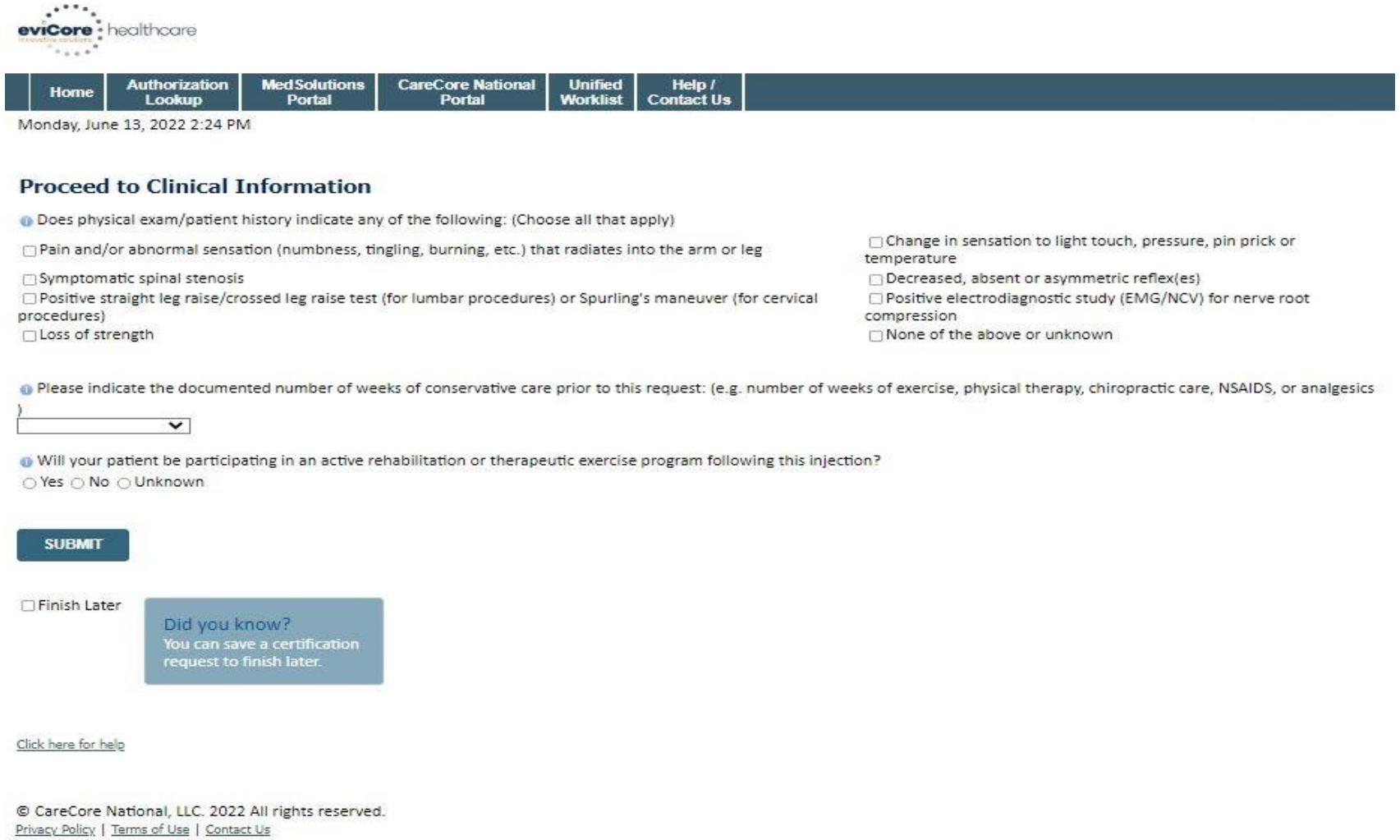
Clinical Collection Process – Pathway Questions



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Case Summary – Medical Review

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 eviCore at anytime, please call 1-888-333-8641.

Provider Name:	[redacted]	**Contact:**	[redacted]
Provider Address:	[redacted]	**Phone Number:**	[redacted]
		Fax Number:	[redacted]
Patient Name:	[redacted]	**Patient Id:**	[redacted]
Insurance Carrier:	[redacted]		
Site Name:	[redacted]	**Site ID:**	[redacted]
Site Address:	[redacted]		
Primary Diagnosis Code:	[redacted]	**Description:**	Other cervical disc displacement, unspecified cervical region
Secondary Diagnosis Code:		**Description:**	
Date of Service:	[redacted]		
CPT Code:	[redacted]	**Description:**	Spine Surgery
Case Number:	[redacted]		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

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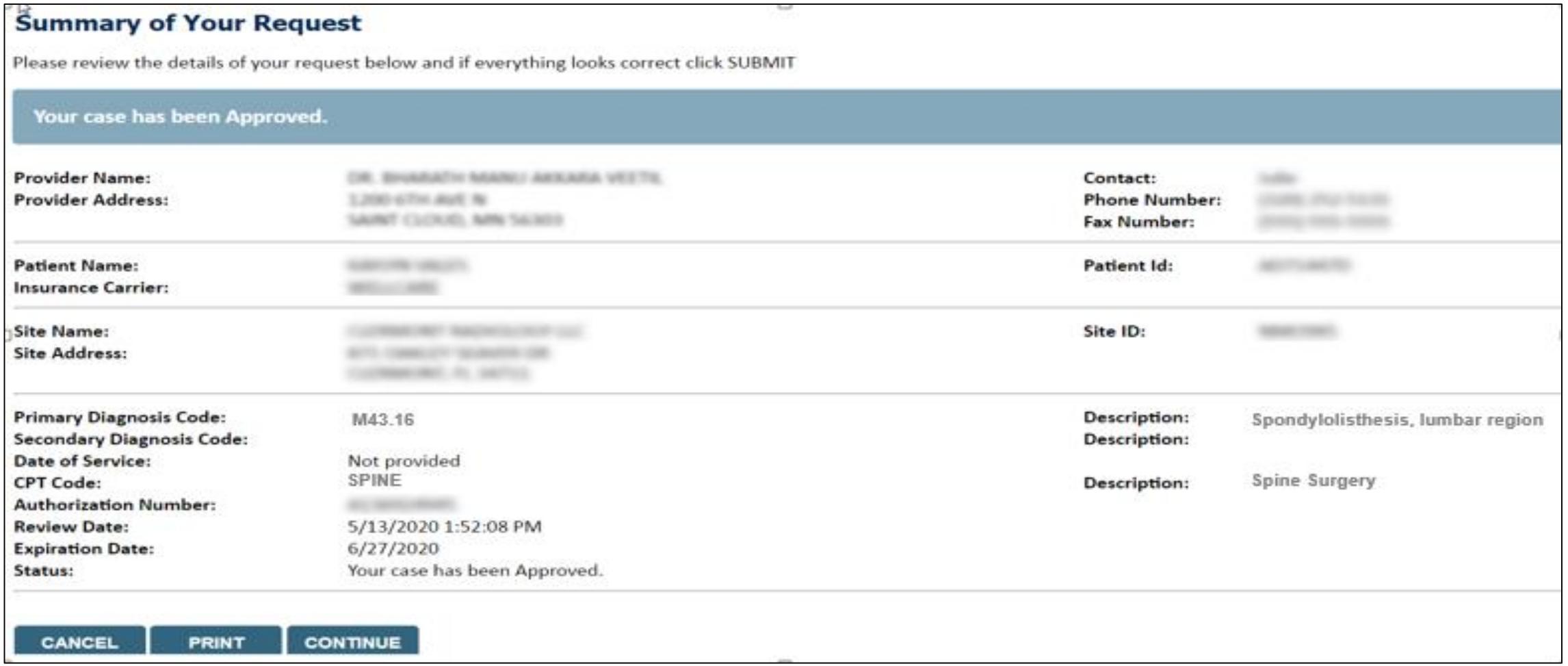
Case Summary – Approval



Summary of Your Request

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

Your case has been Approved.

Provider Name:	[redacted]	**Contact:**	[redacted]
Provider Address:	[redacted]	**Phone Number:**	[redacted]
		Fax Number:	[redacted]
Patient Name:	[redacted]	**Patient Id:**	[redacted]
Insurance Carrier:	[redacted]		
Site Name:	[redacted]	**Site ID:**	[redacted]
Site Address:	[redacted]		
Primary Diagnosis Code:	M43.16	**Description:**	Spondylolisthesis, lumbar region
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	SPINE	**Description:**	Spine Surgery
Authorization Number:	[redacted]		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL PRINT CONTINUE

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Additional Provider Portal Features

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Portal Features

Certification Summary

- Allows you to track recently submitted cases

Authorization Lookup

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

Eligibility Lookup

- Confirm if member requires prior authorization

Clinical Certification

- You can begin an authorization request

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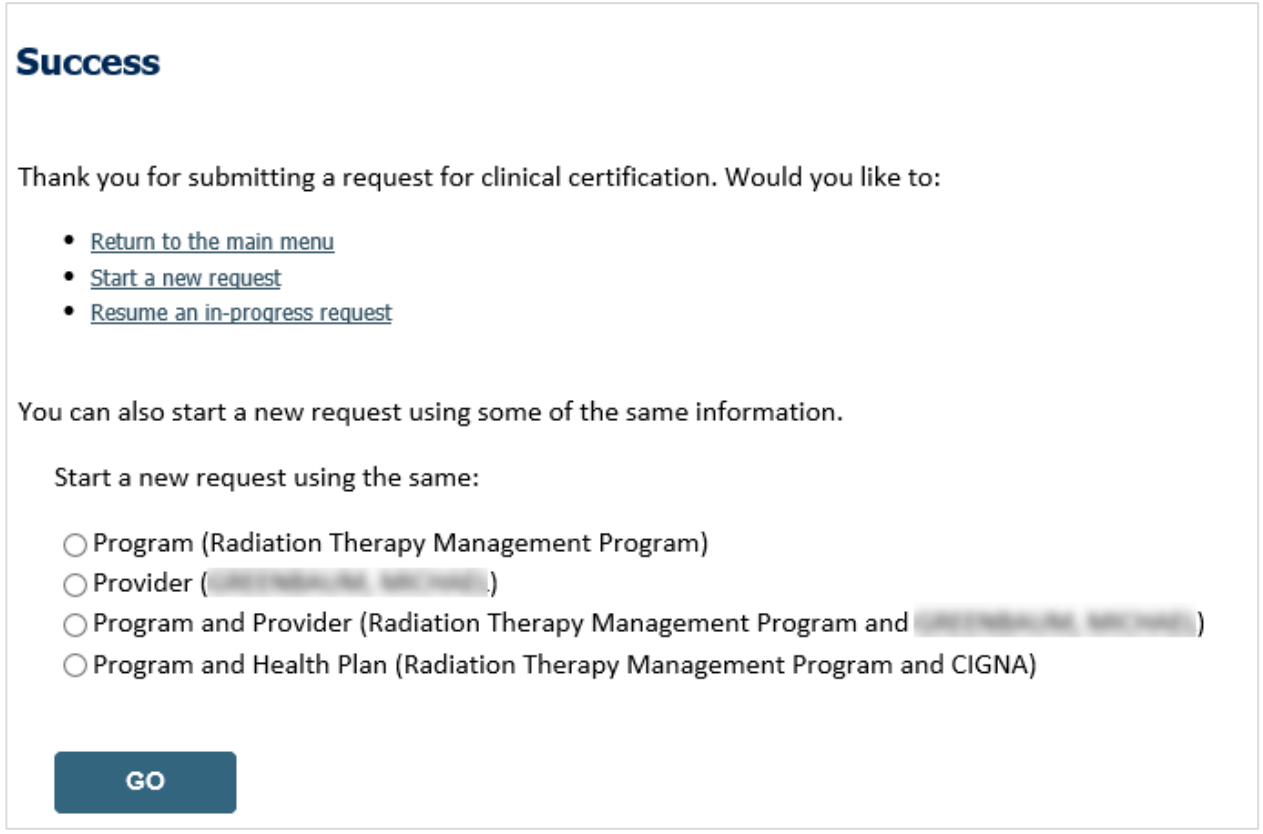
Duplication Feature



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

Provider Resources

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Dedicated eviCore Teams | South Carolina

Call Center

- Phone: (877) 506-5193
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

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

Client & Provider Operations Team

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

Provider Engagement

Regional team that works directly with the provider community

Oncology, Lab, MSK, PT/OT

Chris Plante

p: 912-312-2007

e: cplante@evicore.com

Sleep and DME

Latrice Anderson

p: 502-546-8685

e: landerson2@evicore.com

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59

Provider Resource Website

Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

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

To access these helpful resources, please visit:

www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies

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Provider Newsletter

Stay Updated With Our Free Provider Newsletter

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

- Go to eviCore.com
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates

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Provider Resource Review Forums

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

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

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

How to register for a Provider Resource Review Forum?

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

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Q & A

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Thank You!

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Appendix

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Online P2P Scheduling Tool

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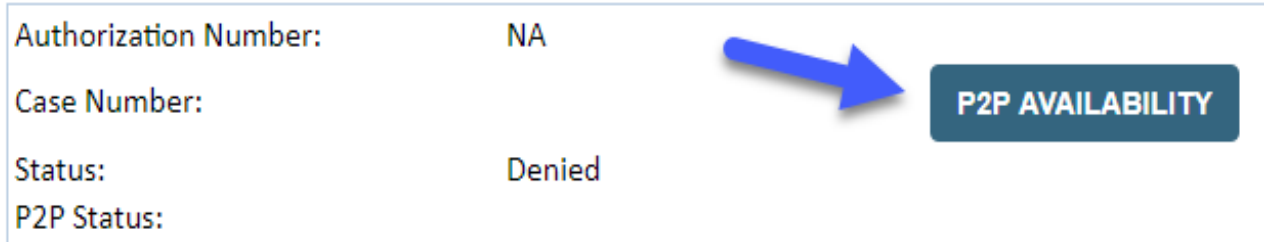
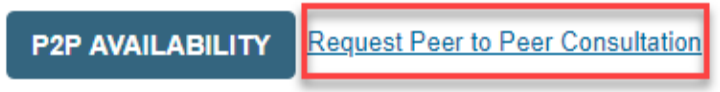
How to Schedule a Peer to Peer Consultation

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:



- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



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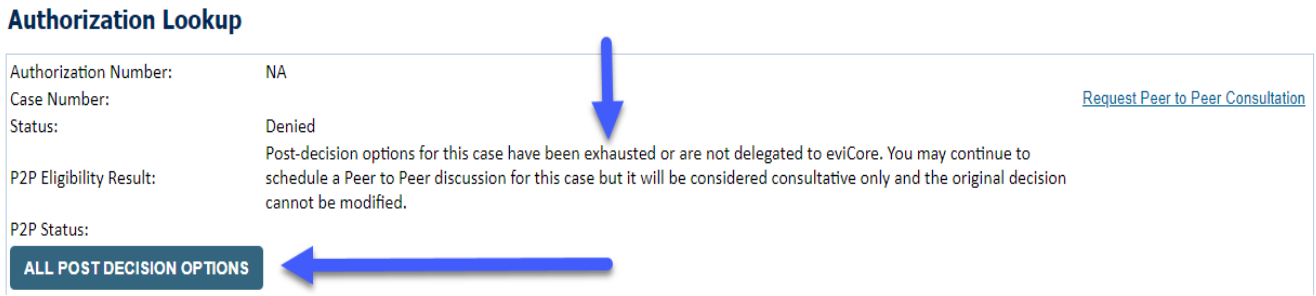
How to Schedule a Peer to Peer Consultation

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.



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

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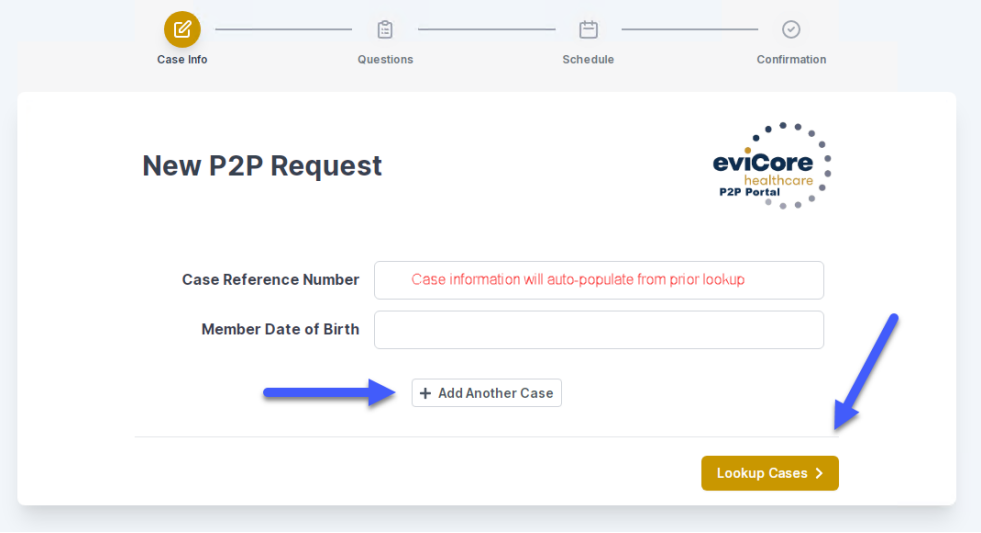
How to Schedule a Peer to Peer Consultation



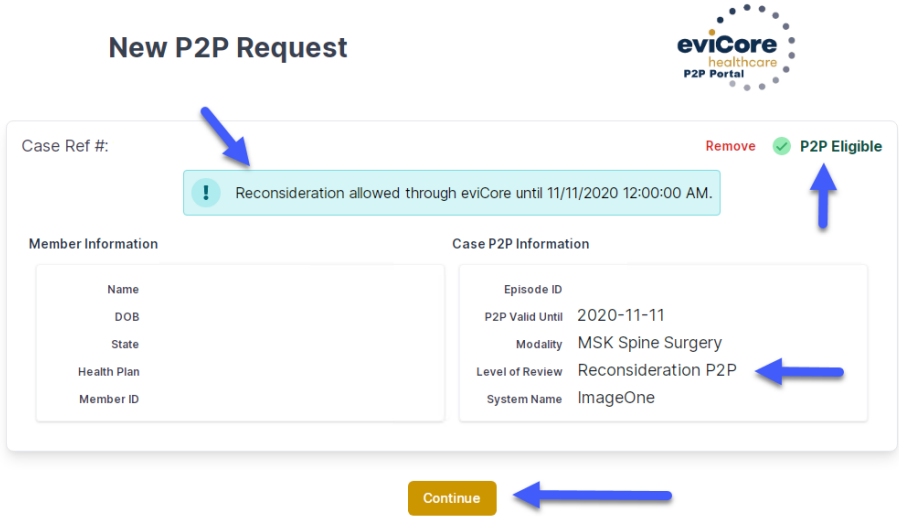
Upon first login, you will be asked to confirm your default time zone.

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.



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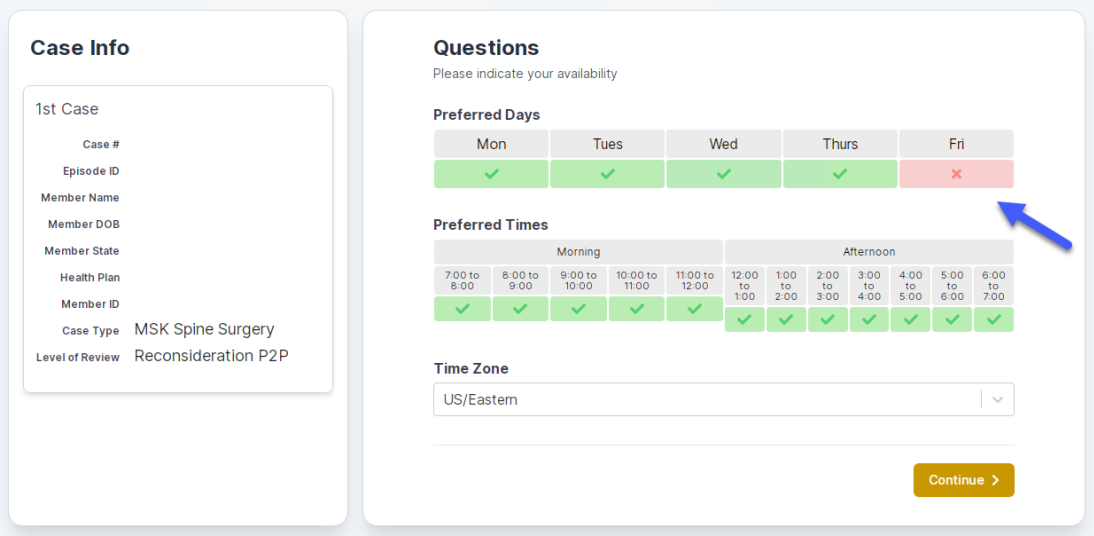
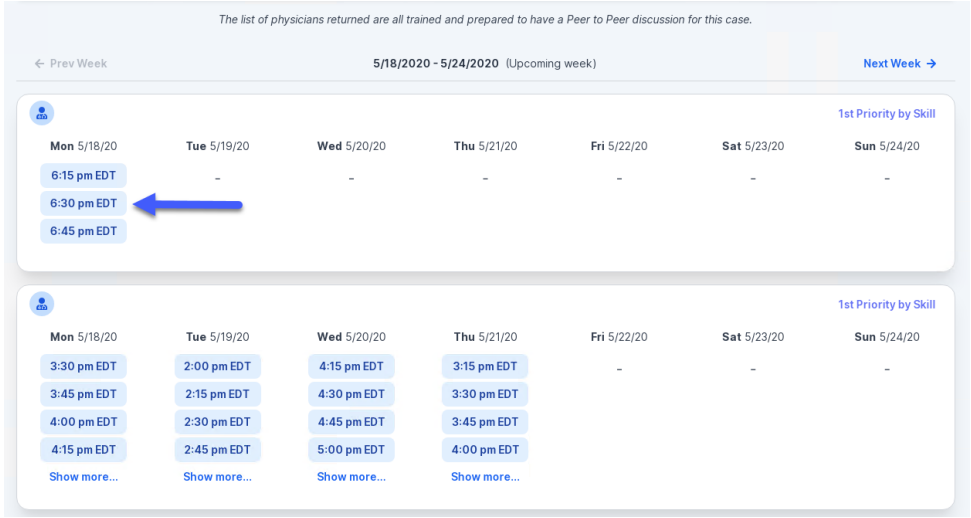
How to Schedule a Peer to Peer Consultation



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.



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.

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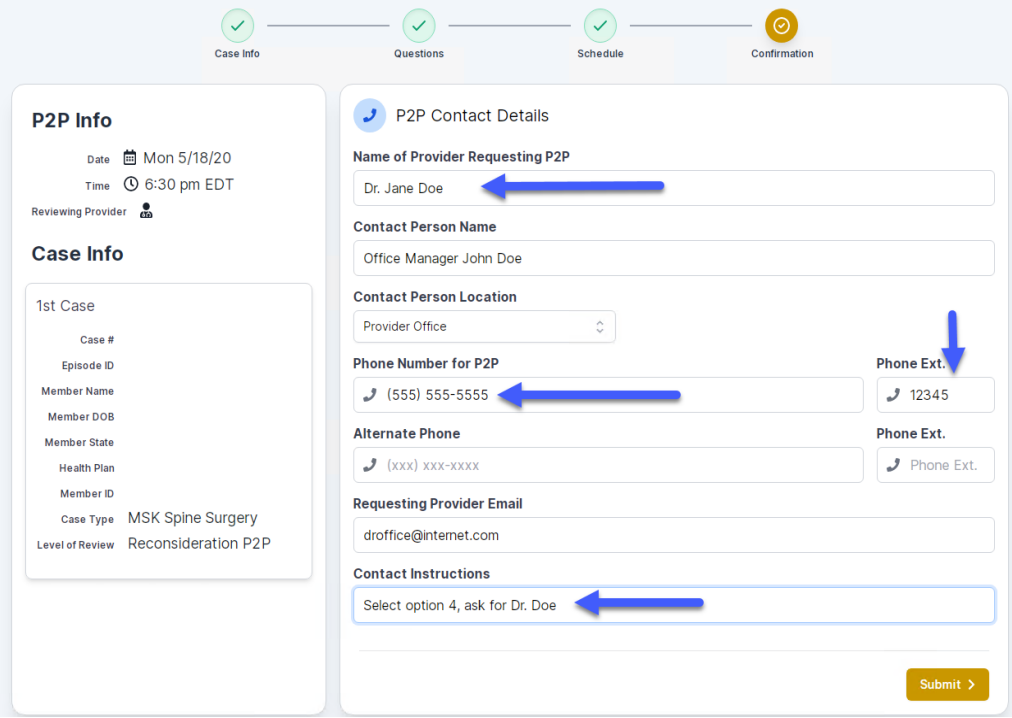
How to Schedule a Peer to Peer Consultation

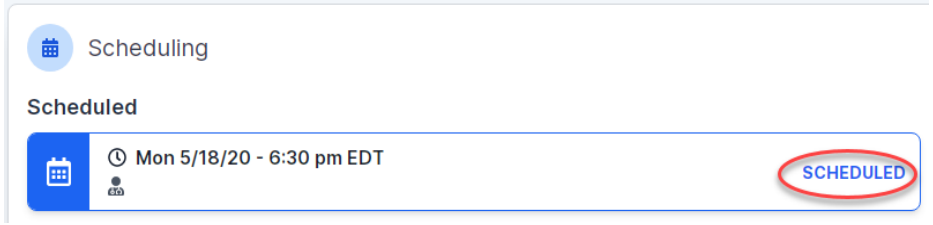
Confirm Contact Details

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



- 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.



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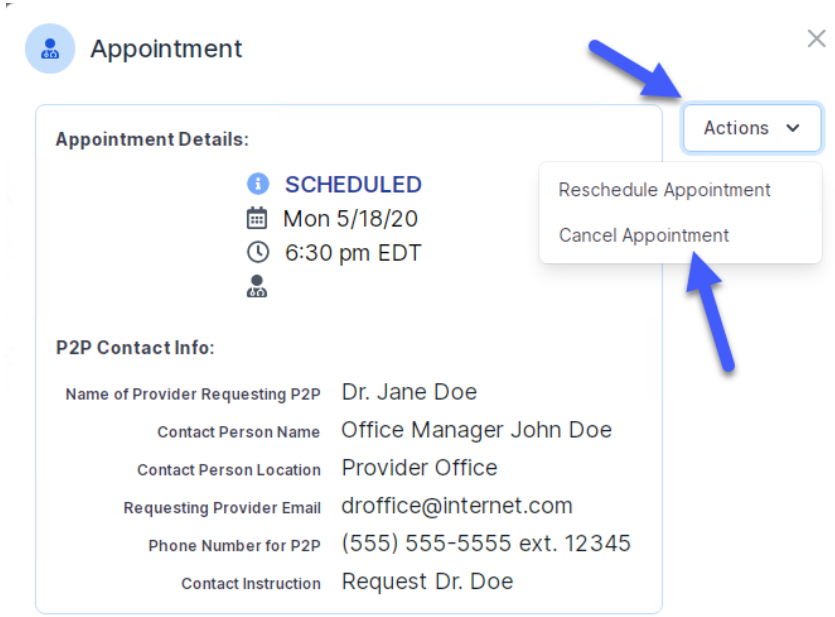
Canceling or Rescheduling a Peer to Peer Appointment

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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