

MSK Specialized Therapies

Migration from the Landmark portal to the eviCore portal for Chiropractic services

Provider Orientation Session for
Hawaii Medical Service Association (HMSA)



Empowering
the Improvement
of Care

From Landmark to eviCore

eviCore healthcare is pleased to announce an enhancement to the authorization process for members with coverage under Hawaii Medical Service Association (HMSA).

Effective **January 1, 2021**, HMSA members with plans that require prior authorization will require prior authorization directly from eviCore healthcare, as outlined below. Any services performed without authorization may be denied for payment, and you may not seek reimbursement from members.

Under the enhanced authorization process, you will be directed to submit requests electronically via the eviCore web portal at www.evicore.com, telephonically by contracting the eviCore prior authorization unit, or via fax utilizing the new eviCore healthcare request form. As a result of this enhancement, effective **January 1, 2021**, you will no longer be able to submit authorization requests via Landmark Connect.

	Prior to 1/1/21	Effective 1/1/21
Web	Log into Landmark Connect via www.lmhealthcare.com	Log onto eviCore web portal via www.evicore.com
Telephone	Telephonic authorizations not available	Call 888-638-7876
Fax	Treatment Plan form to 800-599-8350	eviCore healthcare request form to 855-774-1319



Landmark Portal vs. eviCore Portal



LANDMARK
HEALTHCARE

Innovative Physical Medicine Management

[Home](#)[About Landmark](#)[Services & Solutions](#)[Contact Us](#)

California Member, Broker or Provider? [Click Here](#)

Landmark Healthcare is a physical medicine utilization management company that has been supporting the delivery of evidence-based medicine for health plans since 1985. Today we manage over seven million lives throughout the country and promote best practices in:

- Physical, Occupational and Speech Therapy
- Chiropractic and Acupuncture
- Pain Management
 - Spine Surgery
 - Interventional Procedures

Payers



Landmark improves the delivery of plan benefits by promoting evidence-based practices while reducing unnecessary utilization. [Continue...](#)

Providers



By accessing [Landmark Connect](#), providers can submit treatment plans, retrieve authorization letters, check eligibility/benefits and perform other administrative tasks. [Continue...](#)

Members




Health plan members can read a description of our services and nominate a practitioner for participation in Landmark's network. [Continue...](#)

Brokers



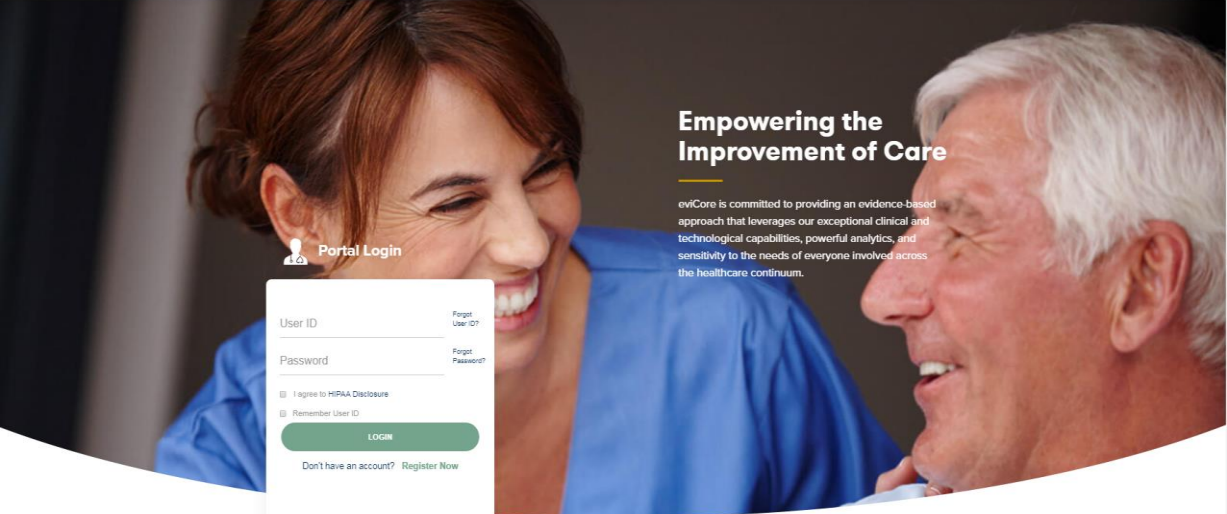
Visit <http://www.lhp-ca.com/> to access all the tools needed to sell Landmark Healthplan of California's chiropractic and acupuncture products. [Continue...](#)



About Solutions Patients Provider's Hub Insights Careers


PROVIDERS: ☒ Check Prior Authorization Status [Login](#) [Resources](#)

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Empowering the Improvement of Care

eviCore is committed to providing an evidence-based approach that leverages our exceptional clinical and technological capabilities, powerful analytics, and sensitivity to the needs of everyone involved across the healthcare continuum.

**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](#)

“How does this change impact my process?”....

Program Differences

	Current Experience (Landmark)	Future Experience (eviCore)
Opportunity for real time decision	No	Yes
Clinical Collection	Lengthy process that requires providers to submit clinical information including range of motion, strength, pain level, Patient Specific Functional Scale.	Abbreviated process leveraging the condition, complexities, patient reported outcomes, and response to care.
Patient Reported Outcomes	Limited to Patient Specific Functional Scale	Provider may choose from a variety of condition specific tools. Note: PSFS will no longer be accepted for MSK conditions. Please see eviCore worksheets to determine which tools are accepted for each condition.
Submission Method	Web (eform) and fax	Web, phone, fax
Clinical Criteria		Unchanged
Worksheets		Yes but different than the worksheets currently used by providers. Note: Landmark treatment plans are not aligned with the clinical collection process and will no longer be accepted.
Date extensions	Requested by fax	Requested by Web or phone
Peer to Peer/Clinical Consultation	Provider/office must call to request/schedule	May be requested either by using online tool or calling. Pre-decision discussions available for Medicare cases where an adverse determination is recommended.*
Authorization Look Up Tools	Yes for individual cases	Yes for individual case. All authorizations requested by a specific group/provider can also be viewed in a dashboard format.

Clinical Approach



corePath for Specialized Therapy

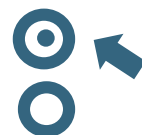
Evidence-based, condition-specific approach



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

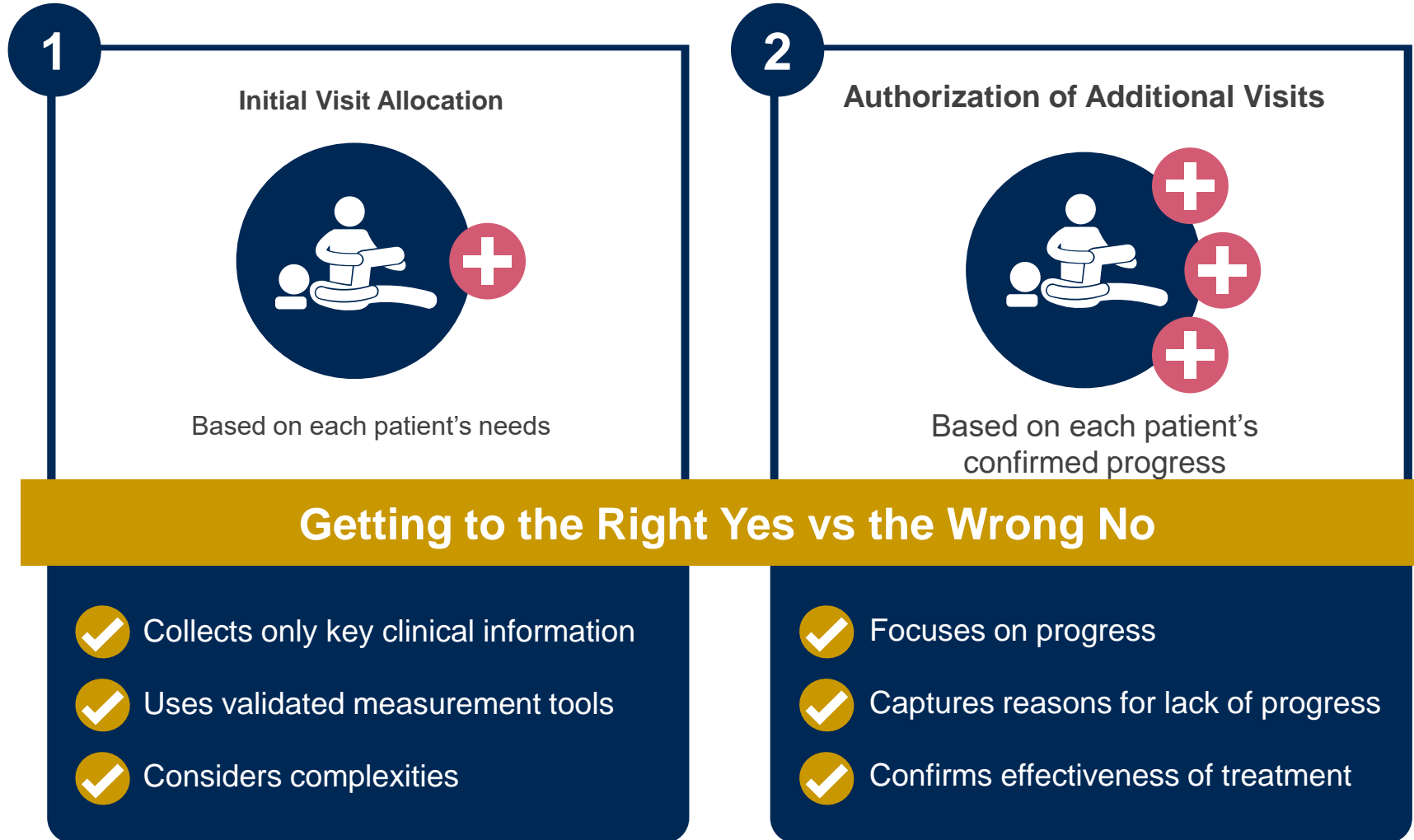


Streamlined for providers: Providers will experience a simplified and consistent prior authorization process that requires only key clinical information



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


corePath for Specialized Therapy: How It Works



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



Sample corePath® Chiropractic Worksheet

		Musculoskeletal Program: Chiropractic, Physical Therapy, and Occupational Therapy Intake Form <i>Required for all MSK Conditions (Including Hand & Pelvic Pain)</i>														
<small>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 under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.</small>																
URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE																
Previous Reference/Auth Number (If Continued Care):		Date of Submission:														
Service Type Requested: <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input checked="" type="checkbox"/> Chiropractic																
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 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:													
ADMINISTRATIVE	Diagnoses:															
	<table border="1"><thead><tr><th>Code</th><th>Description</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table>		Code	Description					<table border="1"><thead><tr><th>Code</th><th>Description</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table>		Code	Description				
	Code	Description														
	Code	Description														
	Start Date for this Request:															
	Is this request for fabricating a splint/orthotic or developing a home exercise program only? <input type="checkbox"/> Yes <input type="checkbox"/> No															
	If yes, stop here. If no, please continue.															
	This is a request for (select the most appropriate): <input type="checkbox"/> Initial care (for a condition not treated in the previous 60 days) <input type="checkbox"/> Continuing care															
	Primary Treatment Area: Choose only one.															
	<table border="1"><tbody><tr><td>Spine:</td><td><input type="checkbox"/> Cervical / Upper Thoracic</td><td><input type="checkbox"/> Lower Thoracic / Lumbosacral</td></tr><tr><td>Upper Extremity:</td><td><input type="checkbox"/> Shoulder / Arm</td><td><input type="checkbox"/> Elbow / Wrist / Forearm <input type="checkbox"/> Hand</td></tr><tr><td>Lower Extremity:</td><td><input type="checkbox"/> Hip / Thigh</td><td><input type="checkbox"/> Knee <input type="checkbox"/> Ankle / Foot / Leg</td></tr><tr><td>Other:</td><td colspan="2"><input type="checkbox"/> Pelvic Pain / Incontinence</td></tr></tbody></table>				Spine:	<input type="checkbox"/> Cervical / Upper Thoracic	<input type="checkbox"/> Lower Thoracic / Lumbosacral	Upper Extremity:	<input type="checkbox"/> Shoulder / Arm	<input type="checkbox"/> Elbow / Wrist / Forearm <input type="checkbox"/> Hand	Lower Extremity:	<input type="checkbox"/> Hip / Thigh	<input type="checkbox"/> Knee <input type="checkbox"/> Ankle / Foot / Leg	Other:	<input type="checkbox"/> Pelvic Pain / Incontinence	
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Lower Extremity:	<input type="checkbox"/> Hip / Thigh	<input type="checkbox"/> Knee <input type="checkbox"/> Ankle / Foot / Leg														
Other:	<input type="checkbox"/> Pelvic Pain / Incontinence															
Secondary Treatment Area: Choose only one. <input type="checkbox"/> No second area being treated																
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Other:	<input type="checkbox"/> Pelvic Pain / Incontinence															
Date of initial evaluation: Date of onset of condition: Date of current findings:																
Previous Treatment																
Has the member been treated for any other condition in the past 6 months? <input type="checkbox"/> N/A																
<table border="1"><tbody><tr><td>Spine:</td><td><input type="checkbox"/> Cervical / Upper Thoracic</td><td><input type="checkbox"/> Lower Thoracic / Lumbosacral</td></tr><tr><td>Upper Extremity:</td><td><input type="checkbox"/> Shoulder / Arm</td><td><input type="checkbox"/> Elbow / Wrist / Forearm <input type="checkbox"/> Hand</td></tr><tr><td>Lower Extremity:</td><td><input type="checkbox"/> Hip / Thigh</td><td><input type="checkbox"/> Knee <input type="checkbox"/> Ankle / Foot / Leg</td></tr></tbody></table>				Spine:	<input type="checkbox"/> Cervical / Upper Thoracic	<input type="checkbox"/> Lower Thoracic / Lumbosacral	Upper Extremity:	<input type="checkbox"/> Shoulder / Arm	<input type="checkbox"/> Elbow / Wrist / Forearm <input type="checkbox"/> Hand	Lower Extremity:	<input type="checkbox"/> Hip / Thigh	<input type="checkbox"/> Knee <input type="checkbox"/> Ankle / Foot / Leg				
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Prior Authorization Overview

HMSA Prior Authorization Services

eviCore healthcare will begin accepting prior authorization requests for chiropractic services on December 21, 2020 for dates of service January 1st and beyond. Providers will have 7 days from the requested start date to submit an authorization request.

Prior Authorization applies to the following services:

- Chiropractic Services
- Therapy Services performed by chiropractors for the Fed 87 program

Prior Authorization does **NOT** apply to services that are preformed during:

- Emergency Room Services
- 23 Hour Observations
- Inpatient Stays

Provider Resource Page

Providers and/or staff can utilize HMSA's Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

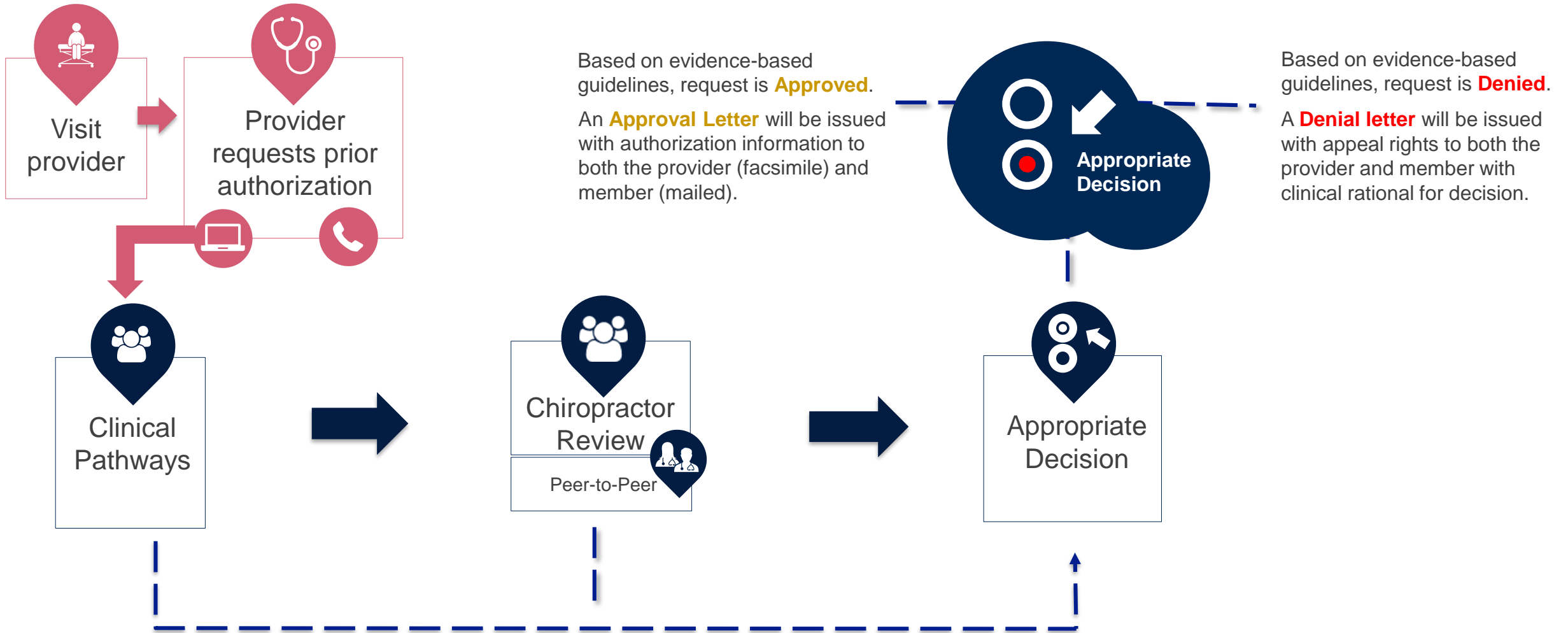
<https://www.evicore.com/resources/healthplan/hmsa>

Applicable Memberships

Prior Authorization is required for HMSA members who are enrolled in the following lines of business/programs:

- **Medicare Advantage**
- **HMO/PPO & Fed 87 (Commercial)**

Prior Authorization Process



Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

Member Information

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

Rendering Facility Information

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

Ordering Physician / Practitioner Information

- First and Last Name
- Practice Address
- HMSA ID, Individual National Provider Identification (NPI) Number or Tax Identification Number (TIN)
- Phone and Fax Numbers

Please note the Chiropractor is both the ordering and rendering provider.



Clinical Information Needed

.....
If clinical information is needed, please be prepared to supply the following information:

- Initial evaluation for chiropractic services
- A relevant summary of the patient's clinical condition
- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)
- Identifying complexities that will impact the plan of care
- Completed patient reported outcome (PRO) tools



Prior Authorization Outcomes

Approvals and Denials

Approved Requests

- All requests are processed within 2 business days for Commercial and 2 calendar days for Medicare, after receipt of all necessary clinical information – most cases are likely to get a real-time approval when you use the web portal.
- Authorizations are typically valid for 30 calendar days from the date the treatment authorization begins (for Chiro it is the 9th visit)

Authorization Letter

- The letter will be faxed to the ordering physician.
- 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 (peer to peer).

Denial Letter

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



Post-Decision Options: Commercial Members

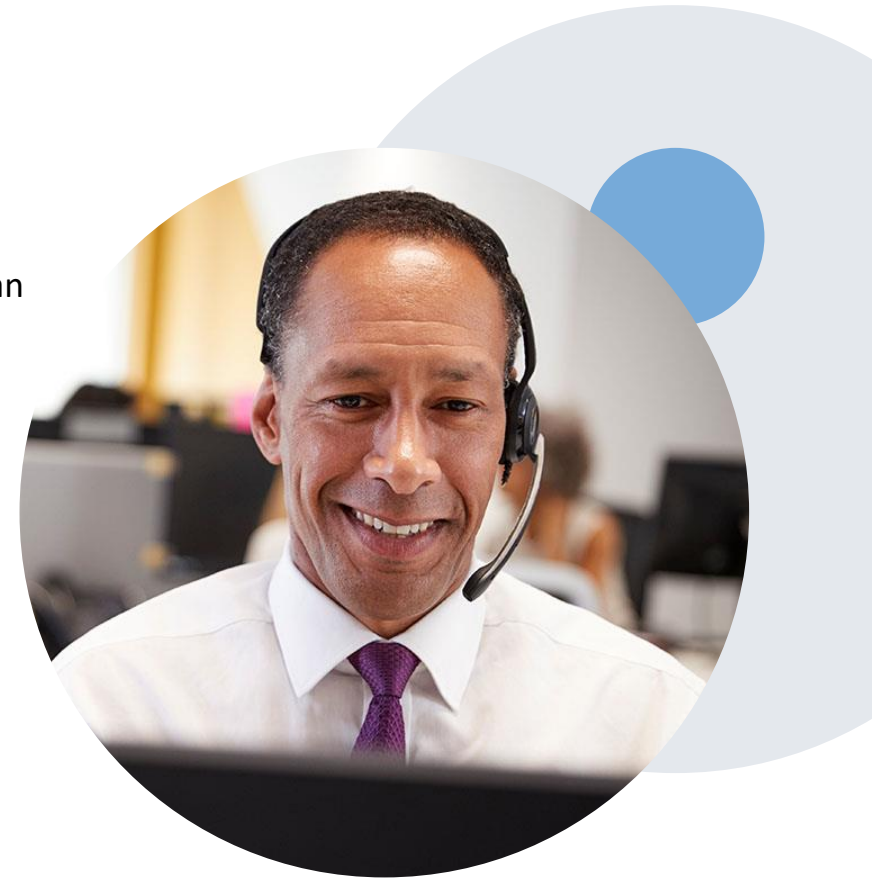
My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 60 calendar days after the determination date
- Reconsiderations can be requested verbally via a Clinical Consultation (P2P) with an eviCore physician for a physician to physician conversation

Appeals

- eviCore is not delegated for appeals



Pre-Decision Options: Medicare Members

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

Submission of Additional Clinical

- eviCore will notify Providers telephonically and in writing before a denial decision is issued on Medicare cases
- You may submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers may choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur **before** the due date referenced
- If additional information was submitted, we will proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed



Post-Decision Options: Medicare Members

My case has been denied. What next?

Clinical Consultation

- Providers may request a Clinical Consultation with an eviCore physician to understand the reason for denial
- Once a denial decision has been made, however, the decision **cannot** be overturned via Clinical Consultation

Reconsideration

- Medicare cases do not have a Reconsideration option

Appeals

- eviCore is not delegated for appeals



Special Circumstances

Retrospective (Retro) Authorization Requests

- All Retrospective requests must be submitted **within 180 calendar days** from the date the services were performed. Retrospective requests that are submitted beyond this timeframe will be administratively denied.
- *Retrospective authorization requests are reviewed for medical necessity. eviCore has 30 days to provide a final determination for retrospective authorization requests.*

Urgent Prior Authorization Requests

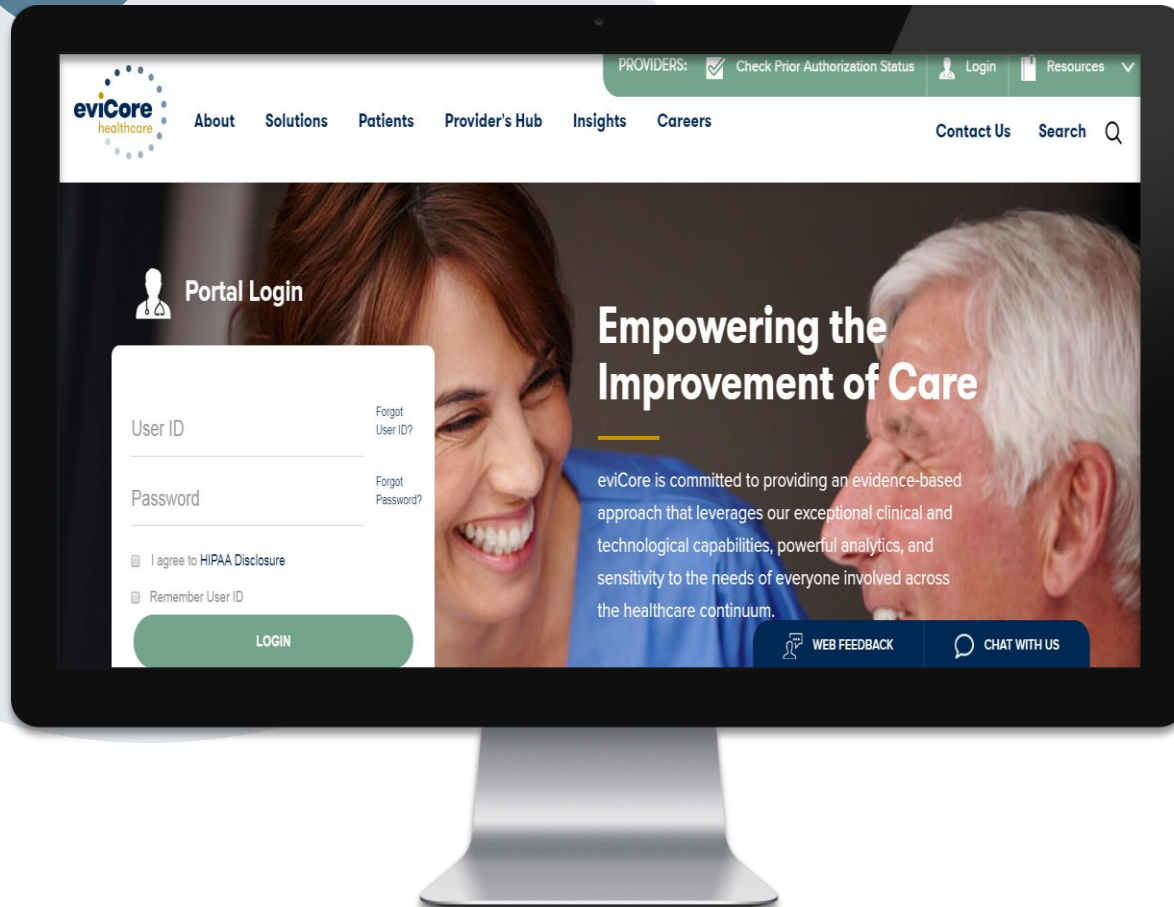
- Urgent requests can now be submitted on eviCore's website www.evicore.com. When asked "Is this request standard/routine?" simply answer no and the case will be sent to the urgent work list.
- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent. Urgent requests will be reviewed within 72 hours upon receiving the prior authorization request.
- Urgent requests must meet the NCQA definition, which states that urgent refers to "conditions that are a risk to the member's life, health, or ability to regain maximum function."

Existing Landmark Authorizations

- All existing authorizations via Landmark will end on 12/31/20. eviCore will manage all authorizations from 1/1/21 and beyond.



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:

888-638-7876

7:00 a.m. to 4:30 p.m. Hawaiian Time

Monday - Friday

Provider Portal Overview

Portal Compatibility

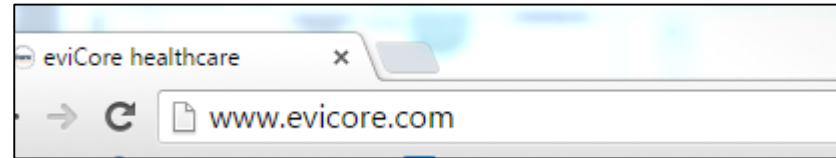
The eviCore.com website is compatible with the following web browsers:

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

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

eviCore healthcare Website

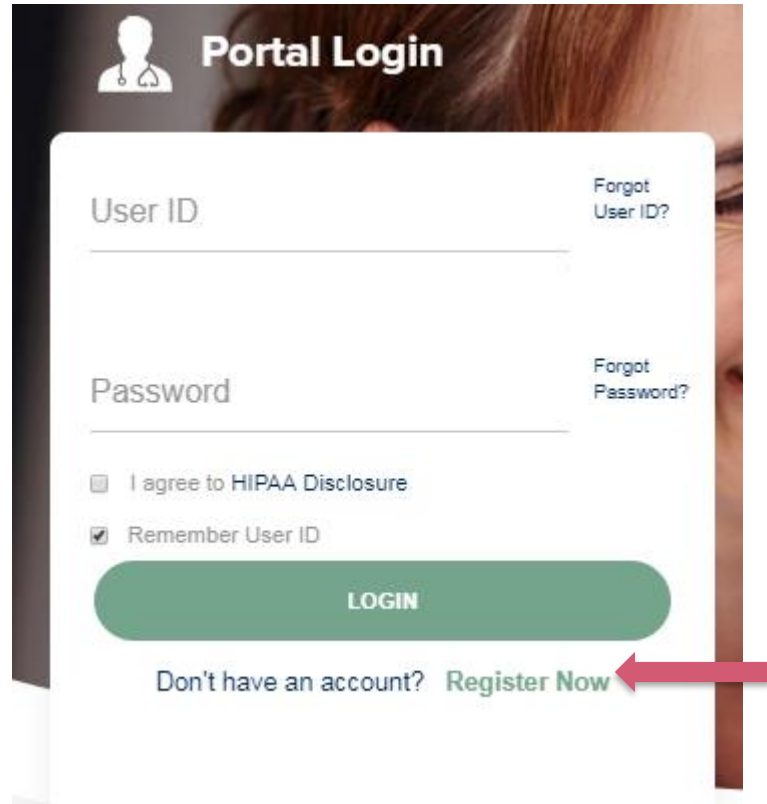
- Point web browser to evicore.com



- Login or Register

A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is white with a green header bar containing a doctor icon and the text 'Portal Login'. It features two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A large green 'LOGIN' button is centered below the checkboxes. At the bottom, there is a link 'Don't have an account? Register Now'.

Creating an Account



The image shows a 'Portal Login' form. At the top left is a white icon of a person with a stethoscope. To its right is the title 'Portal Login'. Below the title are two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' and 'Remember User ID'. Below the checkboxes is a green rounded button labeled 'LOGIN'. At the bottom of the form is the text 'Don't have an account?' followed by a green link 'Register Now'. A red arrow points to the 'Register Now' link.

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](#)

To create a new account, click **Register**.


Creating an Account



* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: --Select--
CareCore National
Medsolutions 

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

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

Next

Select CareCore National as the **Default Portal**, and complete the user registration form

Please note: If you've previously registered for a MedSolutions portal account, you do not need to create a separate account to use the CareCore National portal

Creating an Account

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:

User Registration

UserName:	MYoder	Address:	731 Cool Springs Blvd	Phone:	800-575-4517
Email:	evicorejedi1234@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Mallory	Office Name:	eviCore	Fax:	615-468-4408
Last Name:	Yoder				

Provider Information

Physician FirstName:	TEST	Physician LastName:	DOCTOR	Street Address:	730 COOL SPRINGS BLVD
State:	TN	Tax ID:	*****6789	NPI:	7417417410

Please read below to sign up as an appropriate user.

Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.

Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-Authorization.

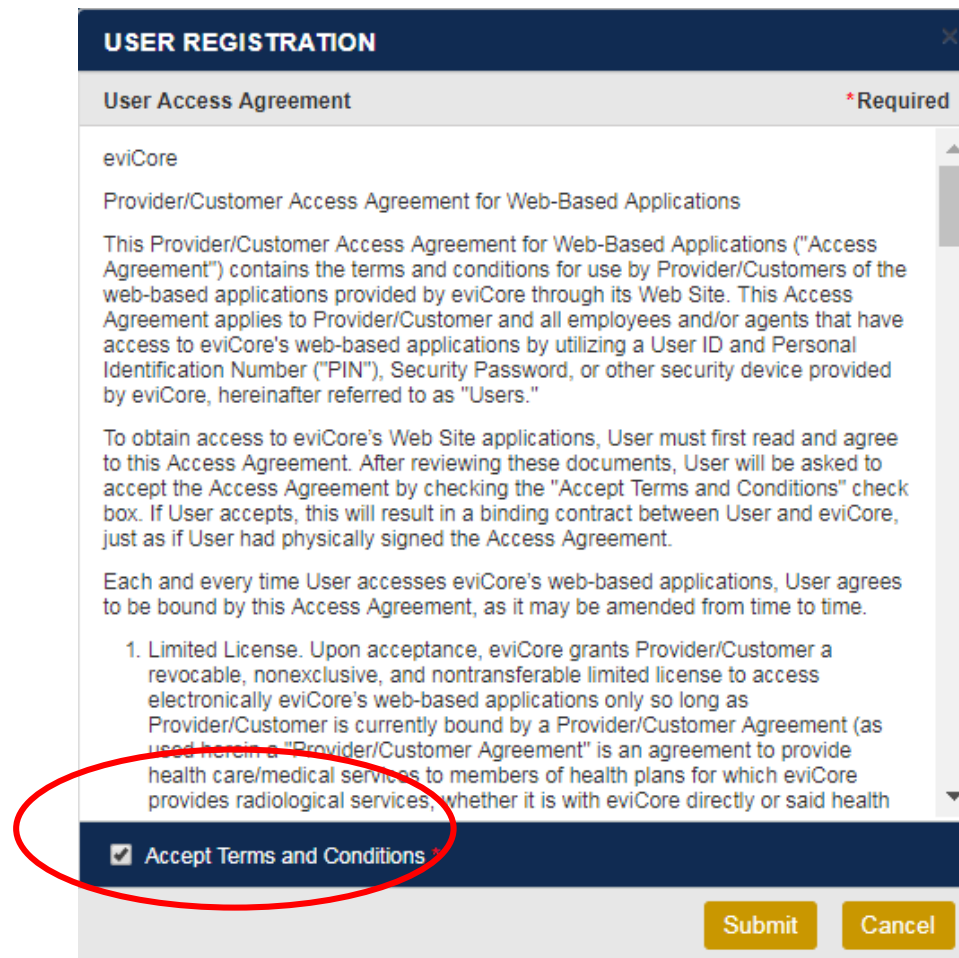
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax Ids after your initial login.

Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

[Back](#) [Submit Registration](#)

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

User Registration – Continued



USER REGISTRATION

User Access Agreement *Required

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

☒ Accept Terms and Conditions

Submit Cancel

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

User Registration – Continued



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.



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

Create a Password

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

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



Password Maintenance

Please set up a new password for your account.

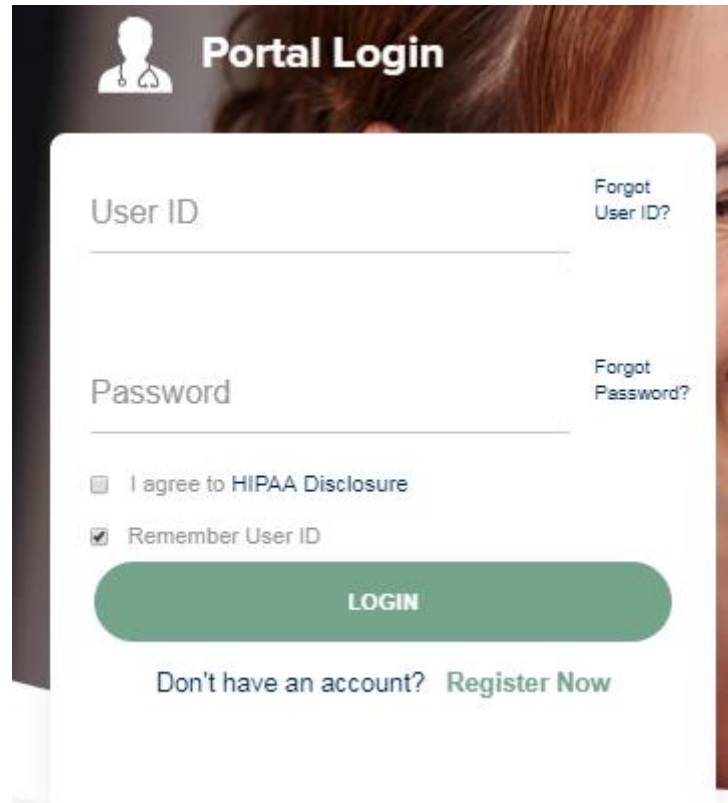
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

Save

Account Log-In



The image shows a 'Portal Login' form with a white background and rounded corners, set against a blurred background of a person's face. At the top left is a white icon of a person with a stethoscope. To its right is the title 'Portal Login' in bold black text. Below the title are two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the 'Password' field are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). Below these checkboxes is a large green rounded button with the text 'LOGIN' in white. At the bottom of the form is the text 'Don't have an account? Register Now', where 'Register Now' is a green link.

Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

☐ I agree to HIPAA Disclosure

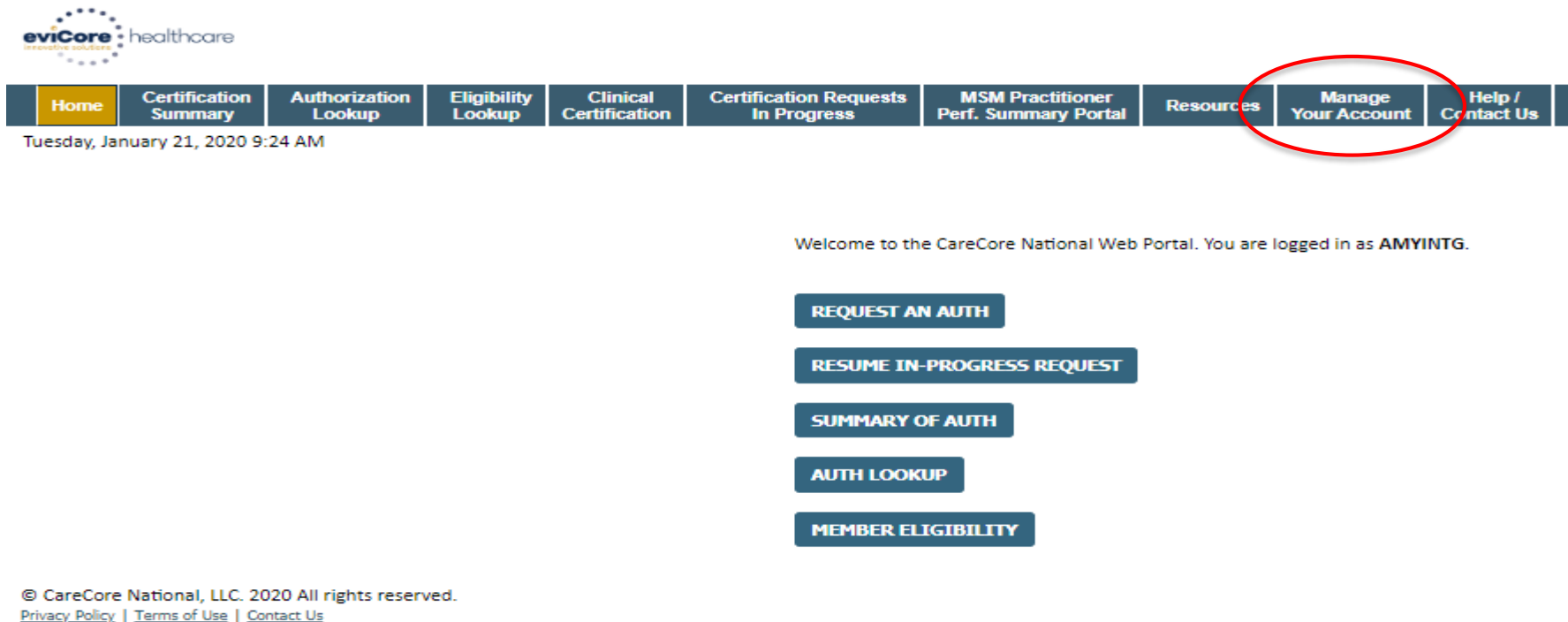
☒ Remember User ID

LOGIN

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

To log-in to your account, enter your **User ID** and **Password**
Agree to the HIPAA Disclosure, and click “**Login**”

Welcome Screen



The screenshot shows the CareCore National Web Portal. At the top left is the logo for eviCore healthcare, with 'eviCore' in orange and 'healthcare' in blue. Below the logo is a navigation bar with ten tabs: Home (highlighted in yellow), Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account (circled in red), and Help / Contact Us. Below the navigation bar, the date and time 'Tuesday, January 21, 2020 9:24 AM' are displayed. The main content area has a welcome message: 'Welcome to the CareCore National Web Portal. You are logged in as AMYINTG.' Below this message are five buttons stacked vertically: REQUEST AN AUTH, RESUME IN-PROGRESS REQUEST, SUMMARY OF AUTH, AUTH LOOKUP, and MEMBER ELIGIBILITY. At the bottom left, there is a copyright notice: '© CareCore National, LLC. 2020 All rights reserved.' followed by links for Privacy Policy, Terms of Use, and Contact Us.

eviCore healthcare

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

Tuesday, January 21, 2020 9:24 AM

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

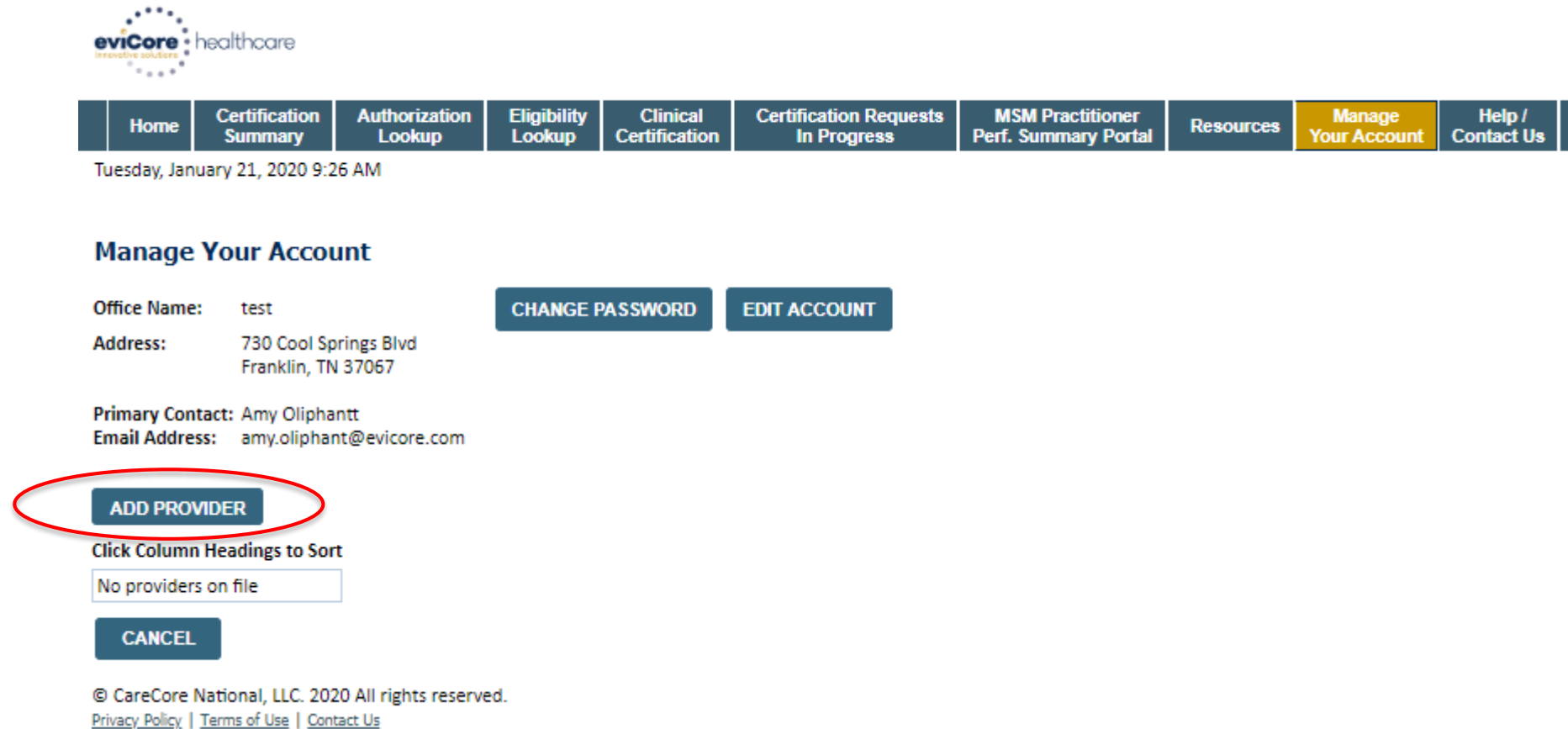
AUTH LOOKUP

MEMBER ELIGIBILITY

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

Adding Providers



The screenshot shows the eviCore healthcare portal interface. At the top is the eviCore healthcare logo. Below it is a navigation bar with buttons for Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account (highlighted in yellow), and Help / Contact Us. Below the navigation bar, the date and time 'Tuesday, January 21, 2020 9:26 AM' are displayed. The main section is titled 'Manage Your Account'. It contains fields for Office Name (test), Address (730 Cool Springs Blvd, Franklin, TN 37067), Primary Contact (Amy Oliphant), and Email Address (amy.oliphant@evicore.com). To the right of these fields are buttons for 'CHANGE PASSWORD' and 'EDIT ACCOUNT'. Below the contact information, the 'ADD PROVIDER' button is highlighted with a red oval. Underneath this button is a text box that says 'Click Column Headings to Sort' and 'No providers on file'. At the bottom of this section is a 'CANCEL' button. The footer contains the copyright notice '© CareCore National, LLC. 2020 All rights reserved.' and links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'.

eviCore healthcare

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

Tuesday, January 21, 2020 9:26 AM

Manage Your Account

Office Name: test **CHANGE PASSWORD** **EDIT ACCOUNT**

Address: 730 Cool Springs Blvd
Franklin, TN 37067

Primary Contact: Amy Oliphant
Email Address: amy.oliphant@evicore.com

ADD PROVIDER

Click Column Headings to Sort


No providers on file

CANCEL

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Click the “Add Provider” button

Adding Providers



Home

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Tuesday, January 21, 2020 9:26 AM

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES

CANCEL

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Enter the **Practitioner's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account - you are able to add multiple practitioners to your account

Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:29 AM

Add Practitioner

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

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	1 MD Address	Franklin	TN	37067	(999)999-9999	(999)999-9999

ADD THIS PRACTITIONER

CANCEL

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Select the matching record based upon your search criteria

Manage Your Account



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Tuesday, January 21, 2020 9:38 AM

Add Practitioner

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

ADD ANOTHER PRACTITIONER

CONTINUE

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- Once you have selected a practitioner, your registration will be complete
- You are able to access the **"Manage Your Account"** tab at any time to make necessary updates or changes

Initiating a Case



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Tuesday, January 21, 2020 9:41 AM

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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Choose **“REQUEST AN AUTH”** to begin a new case request

Select Program



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Tuesday, January 21, 2020 9:42 AM

Request an Authorization

To begin, please select a program below:

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

CONTINUE

[Click here for help](#)

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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"

Select the **Program** for your certification

Select Provider



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:43 AM

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

Requesting Provider Information

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

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

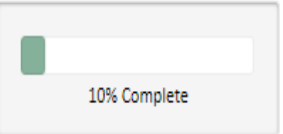
	Provider
SELECT	12312312 - Provider Name

BACK

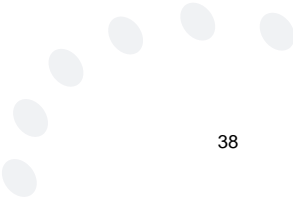
CONTINUE

[Click here for help](#)

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



Select Health Plan



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Tuesday, January 21, 2020 9:46 AM

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

Choose Your Insurer

Requesting Provider: [GALANT, LINDA, RN 310626023](#)

Please select the insurer for this authorization request.

▼

VERU-CHIE

▼

Please Select an Address

BACK

CONTINUE

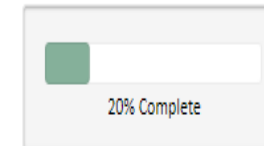
[Click here for help](#)

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.

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Choose the appropriate **Health Plan** for the case request
Once the plan is chosen, please select the provider address in the next drop down box

Contact Information



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Tuesday, January 21, 2020 9:49 AM

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

Add Your Contact Info

Provider's Name: [?]
Who to Contact: [?]
Fax: [?]
Phone: [?]
Ext.: [?]
Cell Phone:
Email:

BACK

CONTINUE

[Click here for help](#)

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30% Complete

Provider and NPI

Enter the **Provider's name** and appropriate information for the point of contact individual

Expected Treatment Date

Note: The request for services should be initiated after the evaluation is completed

Attention!

Time: 8/27/2020 8:12 AM


What is the expected procedure date or treatment start date for this request?

MM/DD/20YY

SUBMIT

NOTE: For Chiro requests, this is the date of the 1st visit that requires authorization

Member Information



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Tuesday, January 21, 2020 9:53 AM

Log Off (AMYINTG)

Patient Eligibility Lookup

Patient ID:*
Date Of Birth:*
Patient Last Name Only:*

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

40% Complete

Provider and NPI

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT						

BACK

[Click here for help](#)

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

Confirm your patient's information and click select to continue

Select Procedure and Enter Diagnosis Code

eviCore

healthcare

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MedSolutions Portal

Thursday, January 30, 2020 2:18 PM

Log Out / Sign Out

Requested Service + Diagnosis

This procedure will be performed on 5/1/2020.

CHANGE

Musculoskeletal Management Procedures

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

CHIROPRACTIC

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

Diagnosis

Primary Diagnosis Code: M62.49

Description: Contracture of muscle, multiple sites

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

LOOKUP

BACK

CONTINUE

[Click here for help](#)

60% Complete

Provider and NPI

BACH, MATT

1639143951

(HORIZON)

Patient

VICKI J BARON

3H2N81093440

7/1/1959

EDIT

Enter “CHIROPRACTIC” and Diagnosis code.

Verify Service Selection



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	MedSolutions Portal	
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Thursday, January 30, 2020 2:20 PM

[Log Out JENNIFER MASO](#)

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 5/1/2020
CPT Code: CHIRO
Description: CHIROPRACTIC
Primary Diagnosis Code: M62.49
Primary Diagnosis: Contracture of muscle, multiple sites
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)



60% Complete

Provider and NPI

BACH, MATT
1639143951
(HORIZON)

Patient

VICKI J BARON
3HZN81093440
7/1/1959

[EDIT](#)

Confirm the correct diagnosis information was entered.

Site Selection



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
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Thursday, May 14, 2020 2:55 PM

[Log Off](#)

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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

LOOKUP SITE

BACK

[Click here for help](#)

80% Complete

Provider and NPI

Patient

EDIT

Service

EDIT

Select the specific site where the treatment will be performed

*For chiropractic services, the provider is both the referring and rendering (treating) provider in eviCore's system. For most health plans, you will want to enter the group NPI (if applicable) as the site of service.

Clinical Collection Process



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Thursday, May 14, 2020 3:01 PM

[Log Off](#)

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

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
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Thursday, May 14, 2020 3:02 PM

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

If your case is ‘urgent’ you will be prompted to upload clinical to continue the case build

Home

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Thursday, May 14, 2020 3:04 PM

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

☐ A delay in care could seriously jeopardize the life or health of the patient or patient’s ability to regain maximum function.

☐ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

☐ None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

Clinical Collection



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
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Thursday, August 27, 2020 8:20 AM

[Log Off \(JCARPENTER1\)](#)

Proceed to Clinical Information

TYPE OF CONDITION

Please select Developmental/Pediatric for all Pediatric cases EXCEPT primary musculoskeletal injuries 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.

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

☐ Yes ☒ No

SUBMIT

Clinical Collection – From the Clinical Worksheets

- 1 This request is for treatment of:
- ☐ New condition that has not had previous treatment
 - ☐ An existing condition that has had treatment or is currently being treated
 - ☐ Unknown

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

1 Is there a second area being treated? If so, choose only one.

SUBMIT

☐ Finish Later

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

Dates:

You requested a treatment start date of 04/01/2019

1 Date of initial evaluation

1 Date of onset of CONDITION:

1 Enter date of current findings:

1 If this request is for post-surgical care, please identify the type of surgery:

1 If "Other" surgery, please enter the procedure:

1 Please indicate the levels of surgery (If applicable):

SUBMIT

You can click the "Finish Later" button
to save your progress - You have two
(2) business days to complete the case

Criteria Not Met

If criteria is **not met** based on clinical questions, you will receive a request for additional info:

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

☐ I would like to upload a document after the survey

☐ I would like to enter additional notes in the space provided

☐ I would like to upload a document and enter additional notes

☐ I have no additional information to provide at this time

SUBMIT

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:	DR. ROBERTO GARCIA-RODRIGUEZ MD	Contact:	John
Provider Address:	1234 5TH AVE SE SUITE 1000, ALBUQUERQUE	Phone Number:	505-456-7890
Patient Name:	JOHNSON, JANE	Fax Number:	505-456-7890
Insurance Carrier:	WELLS FARGO	Patient Id:	ABC123456
Site Name:	CLINICAL REVIEW REQUESTED FOR	Site ID:	WELLS FARGO
Site Address:	1234 5TH AVE SE SUITE 1000, ALBUQUERQUE, NM 87102		
Primary Diagnosis Code:	992	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	99201	Description:	OB Ultrasound
Case Number:	1234567890		
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.		

- Tips:**
- You may upload clinical notes on the portal
 - Enter additional notes only when necessary
 - Additional information uploaded to the case will be sent for clinical review

Criteria Met – Approval in Real Time



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Wednesday, February 05, 2020 11:55 AM

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:

Provider Address:

Contact:

Phone Number:

Fax Number:

Patient Name:

Insurance Carrier:

Patient Id:

Site Name:

Site Address:

Site ID:

Primary Diagnosis Code:

G35

Secondary Diagnosis Code:

Date of Service:

CPT Code:

.CHIRO

Case Number:

10000000000000000000

Review Date:

2/5/2020 11:41:53 AM

Expiration Date:

2/5/2020

Status:

Your case has been Approved.

Description:

Multiple sclerosis

Description:

Description:

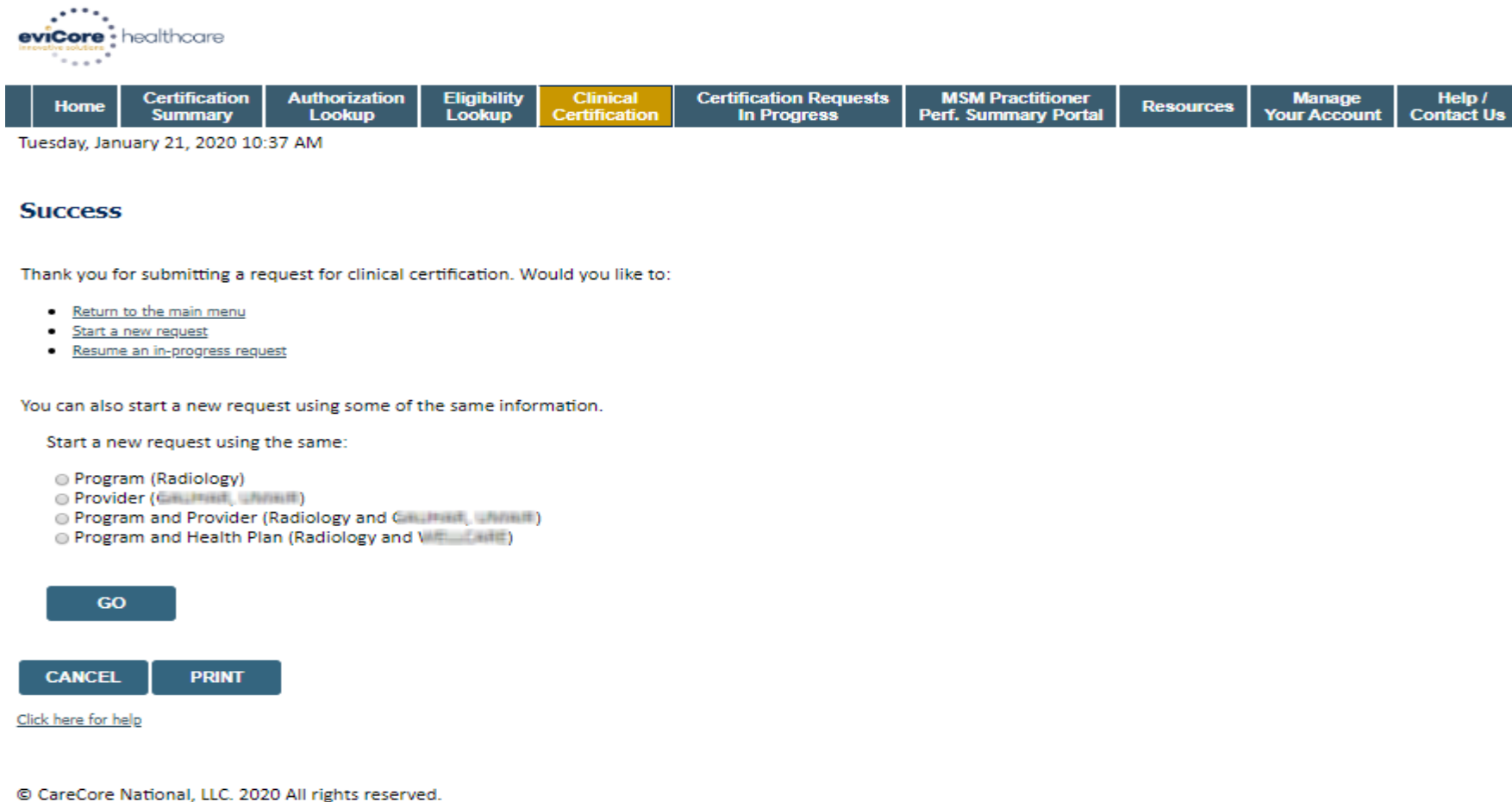
CANCEL

PRINT

GO TO PATIENT HISTORY

[Click here for help](#)

Building Additional Cases



The screenshot shows the eviCore healthcare portal interface. At the top, there is a navigation bar with the following links: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and Help / Contact Us. Below the navigation bar, the date and time are displayed: Tuesday, January 21, 2020 10:37 AM. The main content area features a 'Success' heading followed by a thank you message: 'Thank you for submitting a request for clinical certification. Would you like to:'. Below this message is a list of three links: 'Return to the main menu', 'Start a new request', and 'Resume an in-progress request'. Further down, there is a section titled 'You can also start a new request using some of the same information.' followed by a heading 'Start a new request using the same:'. Under this heading are four radio button options: 'Program (Radiology)', 'Provider (General, Urgent)', 'Program and Provider (Radiology and General, Urgent)', and 'Program and Health Plan (Radiology and Urgent)'. Below the radio buttons is a 'GO' button. At the bottom of the form area are 'CANCEL' and 'PRINT' buttons. A link 'Click here for help' is located below the buttons. The footer contains the copyright notice: '© CareCore National, LLC. 2020 All rights reserved.'

eviCore healthcare

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 (General, Urgent)
- ☐ Program and Provider (Radiology and General, Urgent)
- ☐ Program and Health Plan (Radiology and Urgent)

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.

Additional Provider Portal Features



Certification Summary

evicore healthcare

Home Certification Summary Authorization Lookup

Tuesday, January 21, 2020 9:39 AM

Certification Summary

Search..  

Single Status

Show All

Filter By Multiple Statuses

Show All

Date

7 days

Submit Close

No records to display

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

No records to display

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

Authorization Lookup Tool



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
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Tuesday, June 9, 2020 7:11 PM

Authorization Lookup

☒ [Search by Member Information](#)

☐ [Search by Authorization Number/ NPI](#)

☐ [OnePA: Prior Authorization Portal for Providers](#)

Required Fields

Healthplan:

PRINT

[Click here for help](#)

Search for an authorization by **Member Information** – select the **health plan, Provider NPI, patient’s ID number, and patient’s date of birth**

or

Select **Search by Authorization Number/NPI**, then enter the provider’s **NPI** and **authorization or case number**

Authorization Lookup Tool (Continued)



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, June 9, 2020 7:11 PM

Authorization Lookup

Authorization Number: NA

Case Number: 1130572795

Status: Additional Information Required

P2P Status:

Approval Date:

Service Description: Breast Cancer

Site Name: TRI COUNTY MEDICAL SERVICES INC

Expiration Date:

Date Last Updated: 5/14/2020 2:32:09 PM

Correspondence: **UPLOADS & FAXES**

Clinical Upload: **UPLOAD ADDITIONAL CLINICAL**

P2P AVAILABILITY



- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling.
- *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.

PRINT

[Click here for help](#)

To **print** approval or denial **notification letters**, select **UPLOADS & FAXES**


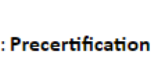
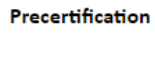
Eligibility Lookup Tool



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
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Tuesday, June 9, 2020 7:23 PM

Eligibility Lookup

Health Plan: 
Patient ID: 
Member Code: 
Radiation Therapy Eligibility: **Precertification is Required**
MSM Pain Mgt Eligibility: **Precertification is Required**

PRINT

DONE

SEARCH AGAIN

[Click here for help](#)

You can confirm the **patient's eligibility** by selecting the **Eligibility Lookup** tool

Provider Resources

Provider Resources

Prior Authorization Call Center – 888.638.7876

Our call centers are open from 7:00 a.m. to 4:30 p.m. Hawaiian Time
Providers can contact our call center to do one of the following:

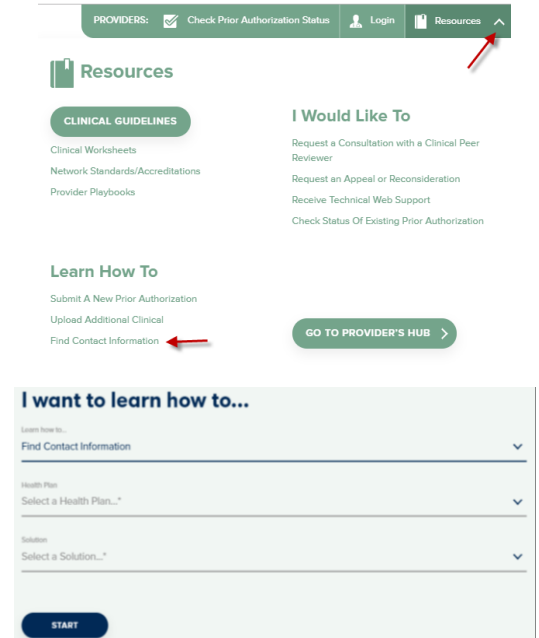
- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



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:

- 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

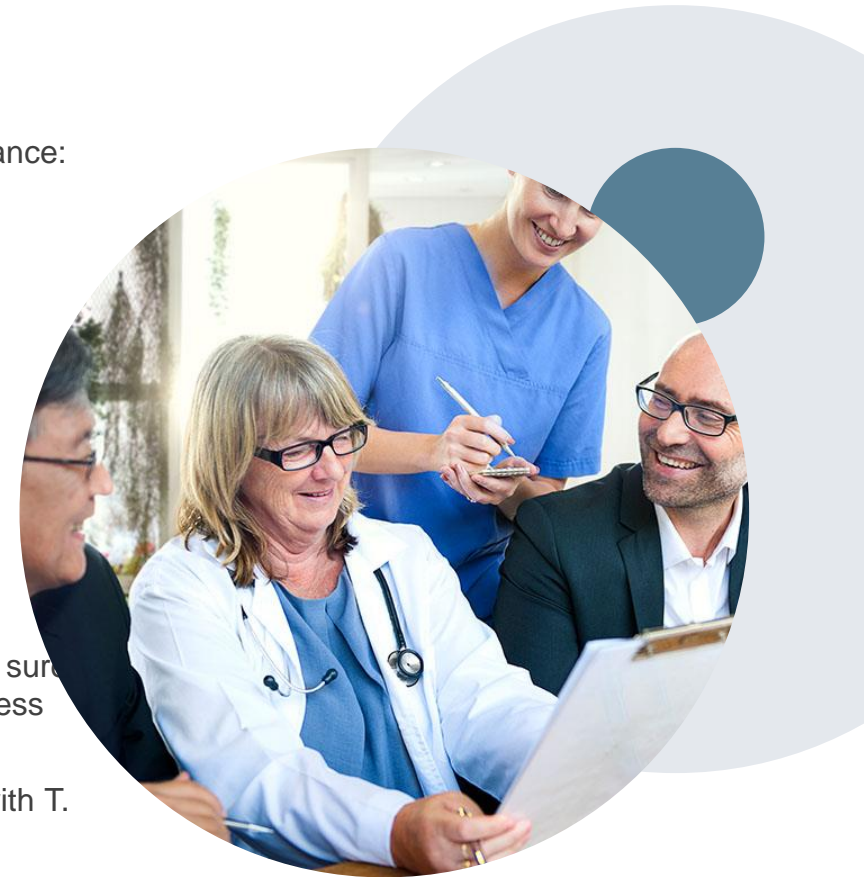
How to Contact our Client and Provider Services team

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/hmsa>

For provider questions that are health-plan specific, please contact HMSA directly as shown below:

Commercial and Medicare Advantage plans

Oahu: 808-948-6330

Neighbor Islands (toll-free): 1-800-790-4672



Q & A

Thank You!



Additional Information

Self Service Peer to Peer Scheduling

How to Schedule a Peer to Peer Request


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

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

Authorization Lookup

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



P2P AVAILABILITY

How to Schedule a Peer to Peer Request

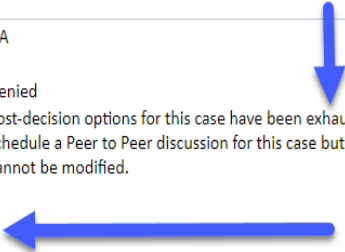
Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other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

Authorization Lookup

Authorization Number:	NA
Case Number:	
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:	

[Request Peer to Peer Consultation](#)

ALL POST DECISION OPTIONS



The diagram illustrates the user's path to scheduling a peer-to-peer request. A blue arrow points from the 'Denied' status in the 'Authorization Lookup' table to the 'Request Peer to Peer Consultation' link. Another blue arrow points from the 'ALL POST DECISION OPTIONS' button to the same link, indicating that either action leads to the scheduling software.

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

The screenshot shows the 'New P2P Request' form. At the top, there are four navigation tabs: 'Case Info' (active), 'Questions', 'Schedule', and 'Confirmation'. The form has the 'eviCore healthcare P2P Portal' logo in the top right. It contains two input fields: 'Case Reference Number' with a red placeholder text 'Case information will auto-populate from prior lookup' and 'Member Date of Birth'. Below these is a '+ Add Another Case' button with a blue arrow pointing to it. At the bottom right is a 'Lookup Cases >' button with a blue arrow pointing to it.

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.

The screenshot shows the 'New P2P Request' confirmation screen. It features the 'eviCore healthcare P2P Portal' logo. At the top left is 'Case Ref #:' with a blue arrow pointing to it. To the right are 'Remove' and 'P2P Eligible' (with a green checkmark) with a blue arrow pointing to it. Below this is a light blue banner with an exclamation mark icon and the text 'Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.' The main content is divided into two columns: 'Member Information' and 'Case P2P Information'. The 'Member Information' column lists Name, DOB, State, Health Plan, and Member ID. The 'Case P2P Information' column lists Episode ID, P2P Valid Until (2020-11-11), Modality (MSK Spine Surgery), Level of Review (Reconsideration P2P) with a blue arrow pointing to it, and System Name (ImageOne). At the bottom right is a 'Continue' button with a blue arrow pointing to it.

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

Level of Review

MSK Spine Surgery

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 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.

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	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT			
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT			
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT			
Show more...	Show more...	Show more...	Show more...			

How to Schedule a Peer to Peer Request

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

The screenshot shows a four-step process bar at the top: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The 'P2P Info' section on the left shows the date as Mon 5/18/20 and time as 6:30 pm EDT. The 'Case Info' section lists details for the 1st Case, including Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The 'P2P Contact Details' section on the right contains the following fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu set to 'Provider Office'), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Phone Ext.' (filled with '12345'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Phone Ext.' (filled with 'Phone Ext.'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is at the bottom right. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.

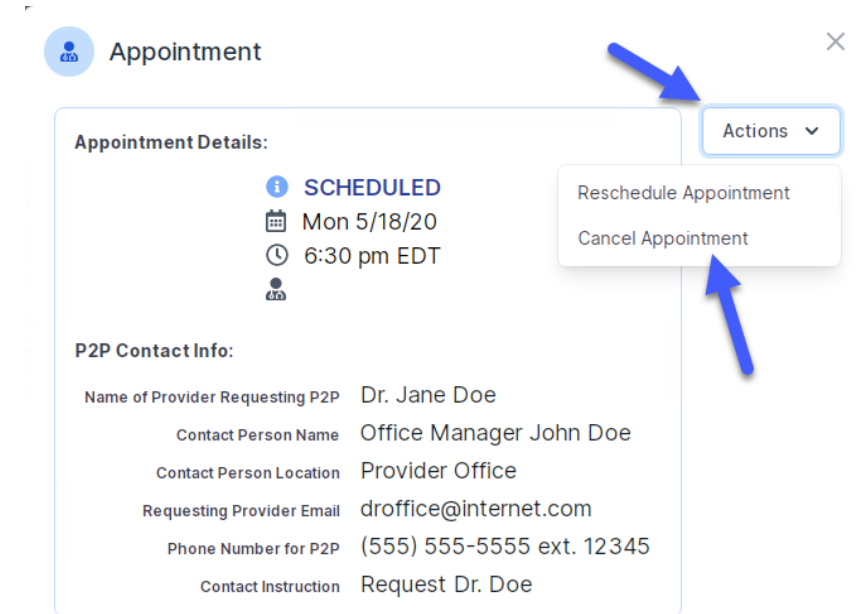
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a 'Scheduling' summary page. It includes a calendar icon and the text 'Scheduled'. Below this, it shows the scheduled date and time: 'Mon 5/18/20 - 6:30 pm EDT'. At the bottom right, there is a red oval containing the word 'SCHEDULED'.

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