

# Medical Oncology

Provider Orientation Session for Banner Health Network



Empowering  
the Improvement  
of Care

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# Program Overview

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# Applicable Memberships

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

## Medicare Plans

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

## Medicaid Plans

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

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

# Banner Health Prior Authorization Services

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

Prior authorization applies to the following services:

- Outpatient
- Elective / Non-emergent

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

- Emergency Rooms



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

# Medical Oncology Solution

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## Covered Regimens:

- Infused, oral, self-administered drugs
- Supportive agents
- Companion diagnostics / precision medicine
- Palliative and end-of-life care triggers

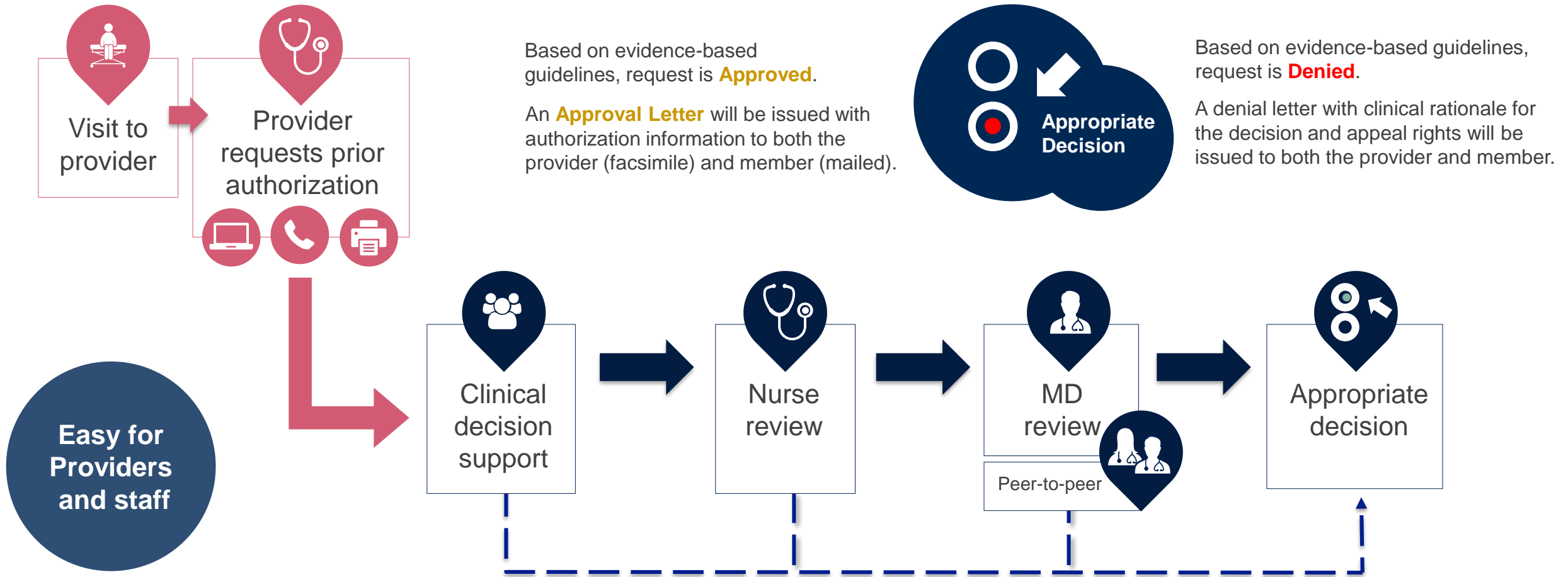


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# Submitting Requests

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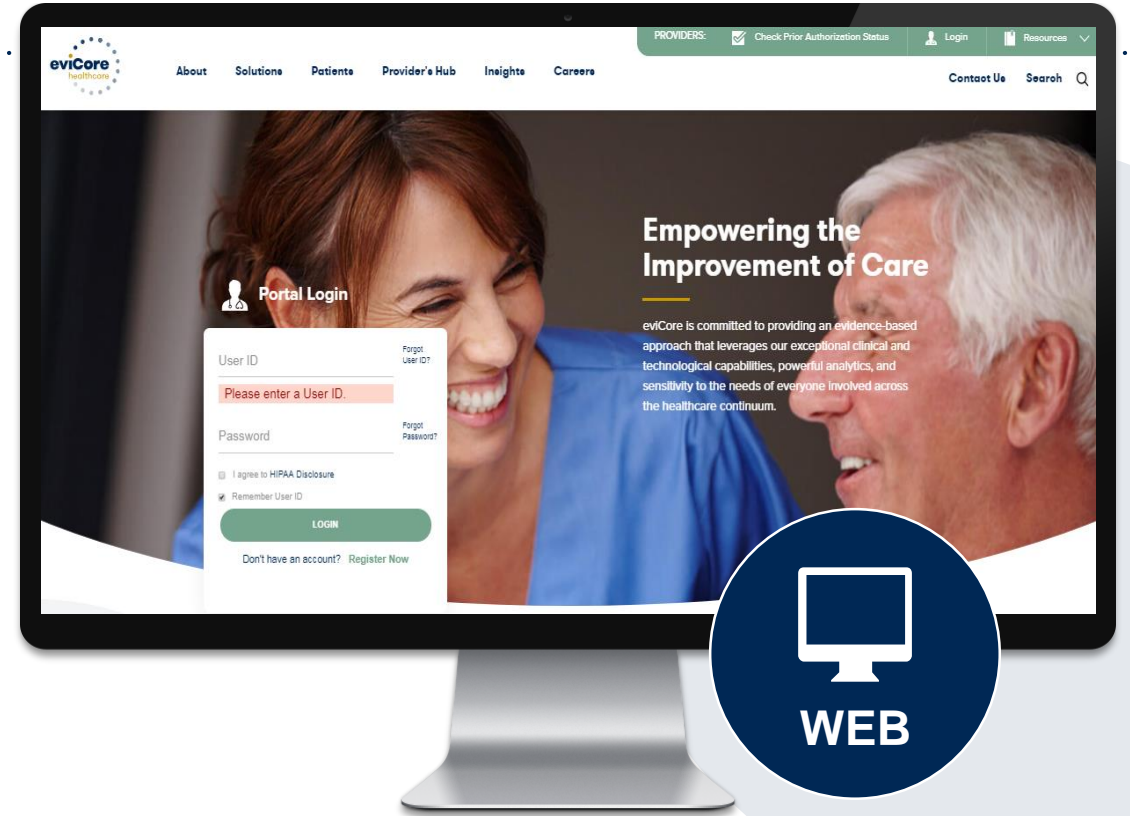
# Utilization Management – the Prior Authorization Process



# Methods to Submit Prior Authorization Requests

## eviCore Provider Portal [www.eviCore.com](http://www.eviCore.com) (preferred)

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



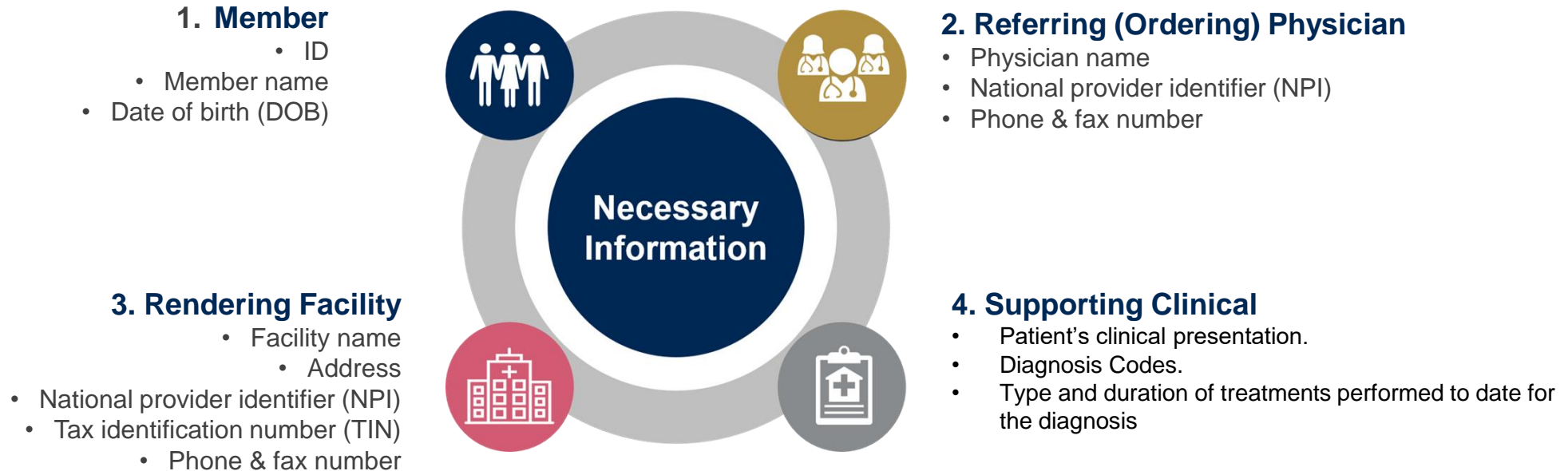
**Phone Number:**  
**888.444.9261**  
Monday through Friday  
7am – 7pm local time

**Fax Number:**  
**866.210.0512**  
PA requests are accepted via  
fax and can be used to submit  
additional clinical information



# Information needed for Prior Authorizations

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



## Disease-Specific Clinical Information:

- ✓ Diagnosis at onset
- ✓ Stage of disease

- ✓ Clinical presentation
- ✓ Histopathology
- ✓ Comorbidities
- ✓ Patient risk factors
- ✓ Performance status

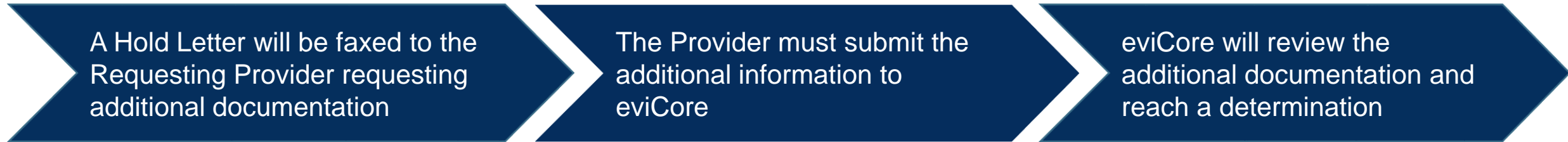
- ✓ Genetic alterations
- ✓ Line of treatment

# Insufficient Clinical – Additional Documentation Needed

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## 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:



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



# Prior Authorization Outcomes

## Determination Outcomes:

- **Approved Requests:** Authorizations vary from 240-425 days, depending on cancer type/treatment technique, and will be communicated on the authorization letter.
- **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](http://www.eviCore.com)



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# Additional Provider Portal Features

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# Portal Features

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## Certification & Summary

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

## Authorization Lookup

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

## Eligibility Lookup

- Confirm if member requires prior authorization

## eNotification Alerts

- You can opt in to case status email alerts



# Duplication Feature

## Success

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

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

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

Start a new request using the same:

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

GO

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

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# Provider Resources

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## Dedicated eviCore Teams

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### Call Center

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

### Web Support

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

### Client & Provider Operations Team

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

### Provider Engagement

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





# Provider Resource Website

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## Provider Resource Pages

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

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

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/banner-health>

**Banner Health Network Provider Services: 888.444.9261**



# Provider Newsletter

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## Stay Updated With Our Free Provider Newsletter

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

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



# Provider Resource Review Forums

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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](http://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](http://www.eviCore.com) → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



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# Thank You!

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# Appendix

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# Provider Portal Overview

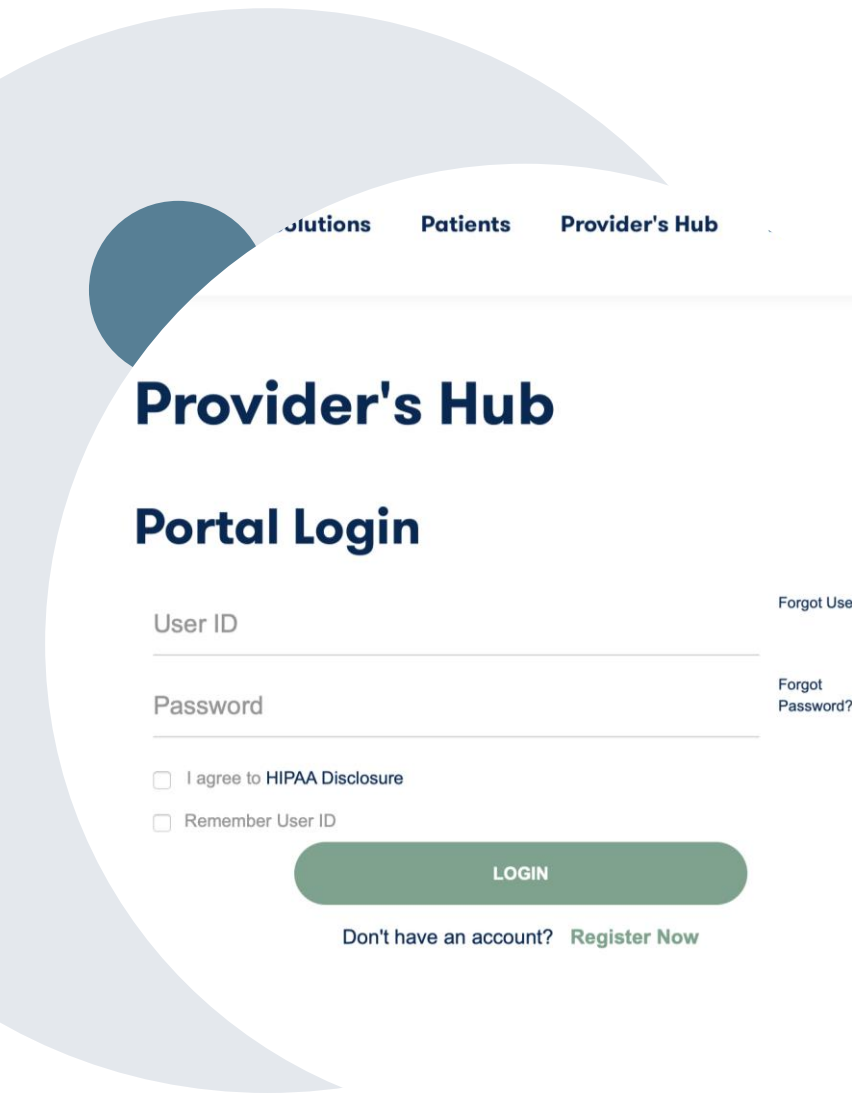
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# Portal Compatibility

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

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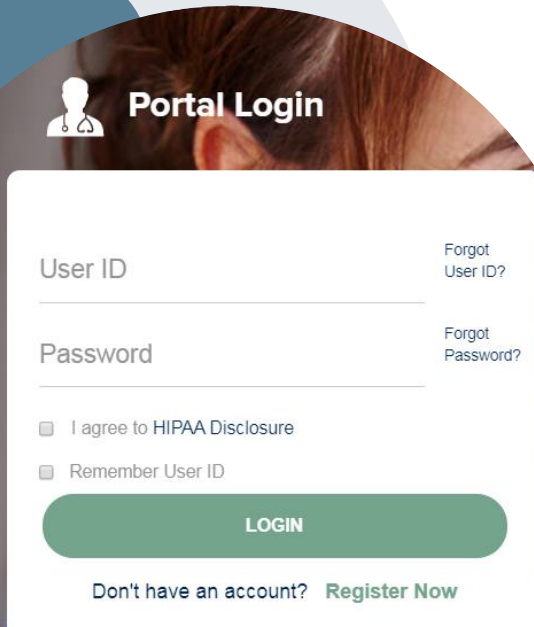
Visit [www.evicore.com](http://www.evicore.com)

## Already a user?

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

## Don't have an account?

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



**Portal Login**

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

**LOGIN**

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



# 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\*:

--Select--  
--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\*:

Email\*:

Confirm Email\*:

First Name\*:

Last Name\*:

Address\*:

City\*:

State\*:

Zip\*:

Office Name:

- 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.

# Welcome Screen



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

Tuesday, January 21, 2020 9:24 AM

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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

# Manage Your Account



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

## Add Practitioner

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

ADD ANOTHER PRACTITIONER

CONTINUE

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

# Adding Providers



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

Tuesday, January 21, 2020 9:26 AM

## Add Practitioner

Enter Practitioner information and find matches.

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

Practitioner NPI

Practitioner State

Practitioner Zip

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

# Adding Providers



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

Tuesday, January 21, 2020 9:29 AM

## Add Practitioner

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

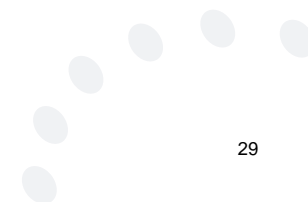
Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last. First	12312312	1 MD Address	Franklin	TN	37087	(999)999-9999	(999)999-9999

**ADD THIS PRACTITIONER** **CANCEL**

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Select the matching record based upon your search criteria



# Select Program



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

Tuesday, January 21, 2020 9:42 AM

## Request an Authorization

To begin, please select a program below:

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

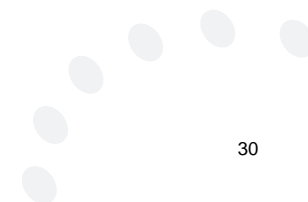
**CONTINUE**

[Click here for help](#)

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Select the **Program** for your certification.



# Select Provider

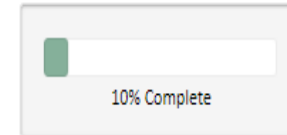


- Home
- Certification Summary
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification**
- Certification Requests In Progress
- MSM Practitioner Perf. Summary Portal
- Resources
- Manage Your Account
- Help / Contact Us

Tuesday, January 21, 2020 9:43 AM

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

## Requesting Provider Information



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

Filter Last Name or NPI:

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

- 
- 

[Click here for help](#)

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



# Select Health Plan



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

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

## Choose Your Insurer

Requesting Provider: [CALVIN, LARRY, NP 328282828](#)

Please select the insurer for this authorization request.

Please Select an Address

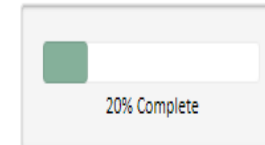
[Click here for help](#)

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

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

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



# Contact Information



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Monday, October 18, 2021 4:12 PM

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

## Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

Receive notification of case status changes

BACK

CONTINUE

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

[Click here for help](#)

30% Complete

**Provider and NPI**  
BI, SUCAI  
3679363794  
(AETNA)

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# Member/Procedure Information

**Attention!**

Time: 1/21/2020 9:53 AM

Has this procedure been performed?

Verify if the procedure has already been performed.



# Member Information



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

Tuesday, January 21, 2020 9:53 AM

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

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

**ELIGIBILITY LOOKUP**

**BACK**

[Click here for help](#)

40% Complete

**Provider and NPI**  
GROUP, UNIT  
UNEMPLOYED  
(MEDICARE)

## Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<b>SELECT</b>	00000000000000000000000000000000		WATSON, JONATHAN	01/01/1980	M	100 WATSON RD SPRINGVILLE, FL 32084

**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.

# Clinical Details



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

Tuesday, November 05, 2019 9:09 AM

Log Off

60% Complete

Provider and NPI

Patient

EDIT

## Clinical Certification

This procedure will be performed on . [CHANGE](#)

### Medical Oncology Pathways

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

CHEMO | CHEMOTHERAPY

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

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

### Diagnosis

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Medical Oncology Pathways

[LOOKUP](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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

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

# Verify Service Selection



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

Tuesday, November 05, 2019 9:09 AM

Log Off

60% Complete

Provider and NPI

Patient

EDIT

## Clinical Certification

Confirm your service selection.

**Procedure Date:** 1/20/2019  
**Medical Oncology Pathways:** CHEMO  
**Description:** CHEMOTHERAPY  
**Primary Diagnosis Code:** R68.89  
**Primary Diagnosis:** Other general symptoms and signs  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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

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Click **continue** to confirm your selection.

# Clinical Pathway Questions



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

Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

## Clinical Certification

Indicate the Cancer Type:

SUBMIT

Please select the Place of Service for this request:

- Off Campus-Outpatient Hospital
- Office
- On Campus-Outpatient Hospital
- Outpatient Home

Please select any/all services that the patient is participating in that includes injectable and oral chemotherapy drugs:

- Clinical Trials
- Non-cancer uses of the drug (not related to treatment of chemo or chemo side effects)
- Inpatient Chemo
- None of the above
- Stem Cell Transplant

SUBMIT

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**Clinical Certification** questions may populate based upon the information provided.

# Clinical Collection Process – Clinical Upload



Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

## Clinical Certification

The treatment options below reflect the recommendations of the National Comprehensive Cancer Network (NCCN) based on the clinical information submitted.

- NCCN Categories of Preference identifies regimens that are superior in terms of efficacy, safety, and evidence and when appropriate, affordability. The health plan is using it as a foundation to identify Preferred regimens to drive quality and affordability.

Selection of a preferred treatment option (check mark on the right) will result in an immediate authorization.

Selection of certain non-preferred treatment options (no check mark) will require peer to peer.

Previously Approved Treatments (listed in chronological order): None

Select Treatment Option:

Help ?

Regimen	Preferred
<input type="checkbox"/> Dose-dense AC followed by EVERY 2 WEEKS Paclitaxel (Dose-dense Doxorubicin HCL + Cyclophosphamide followed by Paclitaxel)	<input checked="" type="checkbox"/>
<input type="checkbox"/> AC EVERY 3 WEEKS followed by WEEKLY Paclitaxel (Doxorubicin HCL + Cyclophosphamide followed by weekly Paclitaxel)	<input type="checkbox"/>
<input type="checkbox"/> TAC (Docetaxel + Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="checkbox"/> AC EVERY 3 WEEKS followed by Docetaxel (Doxorubicin HCL + Cyclophosphamide followed by Docetaxel)	<input type="checkbox"/>
<input type="checkbox"/> Dose-dense AC followed by WEEKLY Paclitaxel (Dose-dense Doxorubicin HCL + Cyclophosphamide followed by Paclitaxel)	<input type="checkbox"/>
<input type="checkbox"/> AC EVERY 3 WEEKS (Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="checkbox"/> EC (Epirubicin + Cyclophosphamide)	<input type="checkbox"/>
<input type="checkbox"/> CMF (Cyclophosphamide + Methotrexate + 5-Fluorouracil)	<input type="checkbox"/>
<input type="checkbox"/> Dose-dense AC (Dose-dense Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="checkbox"/> TC (Docetaxel + Cyclophosphamide)	<input type="checkbox"/>
<input type="checkbox"/> Build a Custom Treatment Plan (May Require Additional Clinical Review)	<input type="checkbox"/>

Submit

Select an NCCN Recommendation from the list.  
These options will vary based on the clinical & diagnosis submitted.

# Authorization Lookup Tool (Continued)



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

Wednesday, November 06, 2019 10:06 AM

## Authorization Lookup

Authorization Number:	
Case Number:	
Status:	Approved
Approval Date:	1/2/2019 1:40:36 PM
Service Description:	Small Cell Lung Cancer
Site Name:	
Expiration Date:	4/12/2019
Date Last Updated:	1/16/2019 1:43:41 PM
Correspondence:	<a href="#">VIEW CORRESPONDENCE</a>

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

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

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



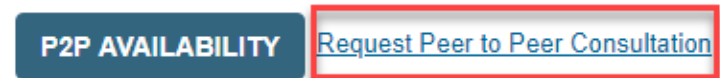
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# Online P2P Scheduling Tool

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# How to schedule a Peer to Peer Request

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



## Authorization Lookup

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



# How to schedule a Peer to Peer Request

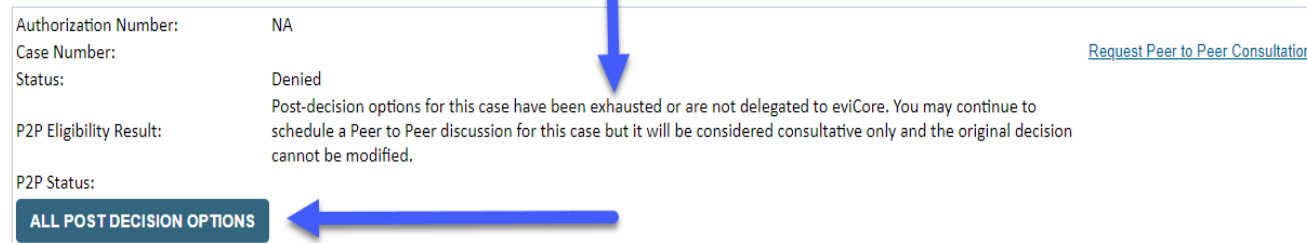
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Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All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

## Authorization Lookup

Authorization Number:	NA	
Case Number:		<a href="#">Request Peer to Peer Consultation</a>
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		

**ALL POST DECISION OPTIONS**



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

# How to Schedule a Peer to Peer Request

Case Info | Questions | Schedule | Confirmation

## New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

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

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

## New P2P Request

eviCore healthcare P2P Portal

Case Ref #:  Remove ✔ P2P Eligible

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

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

# How to Schedule a Peer to Peer Request

### Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

### Questions

Please indicate your availability

**Preferred Days**

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

**Preferred Times**

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Time Zone**

US/Eastern

[Continue >](#)

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week      5/18/2020 - 5/24/2020 (Upcoming week)      Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

# How to Schedule a Peer to Peer

## Confirm Contact Details

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

The screenshot shows a four-step process: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (pending). The 'P2P Contact Details' section includes the following fields:

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

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

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

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

The 'Scheduling' summary page displays the following information:

- Scheduling** (calendar icon)
- Scheduled**
- Date and Time:** Mon 5/18/20 - 6:30 pm EDT
- Status:** SCHEDULED (circled in red)

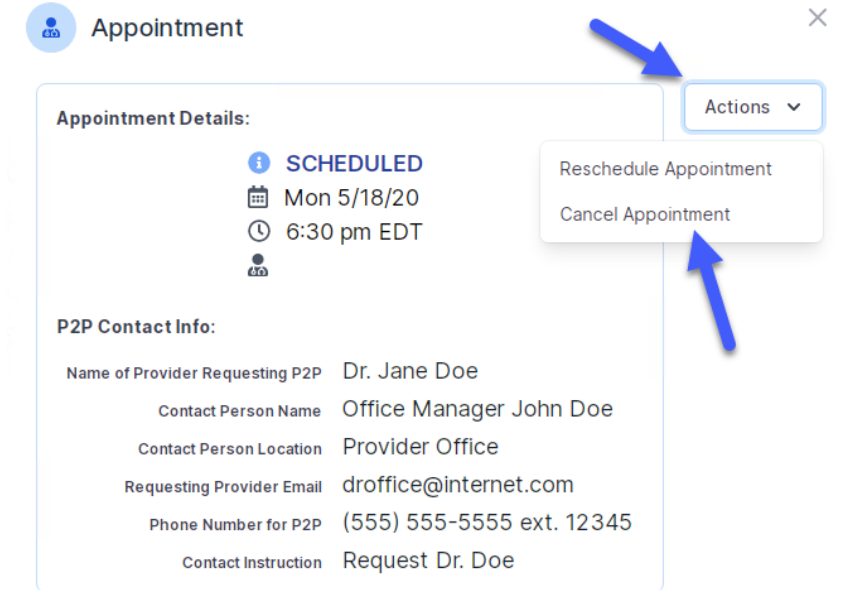
# Canceling or Rescheduling a Peer to Peer Appointment

## 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