

# Radiology Management

Provider Orientation Session for Oregon Health and Science University



# Agenda

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- **Company Overview**
- **Clinical Approach**
- **Program Overview**
- **Methods to Submit Requests**
- **Prior Authorization Outcomes & Special Considerations**
- **Reconsideration Options**
- **Provider Portal Overview**
- **Additional Provider Portal Features**
- **Provider Resources**
- **Q & A**

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# Company Overview

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**250M  
Members  
Managed**

# 10 Comprehensive Solutions



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



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

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology

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

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



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

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# Clinical Approach

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# Evidence-Based Guidelines

## The foundation of our solutions



Dedicated  
pediatric  
guidelines



Contributions  
from a panel of  
community  
physicians



Experts  
associated  
with academic  
institutions



Current  
clinical  
literature

## Aligned with National Societies:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

# Clinical Staffing – Multi-Specialty Expertise

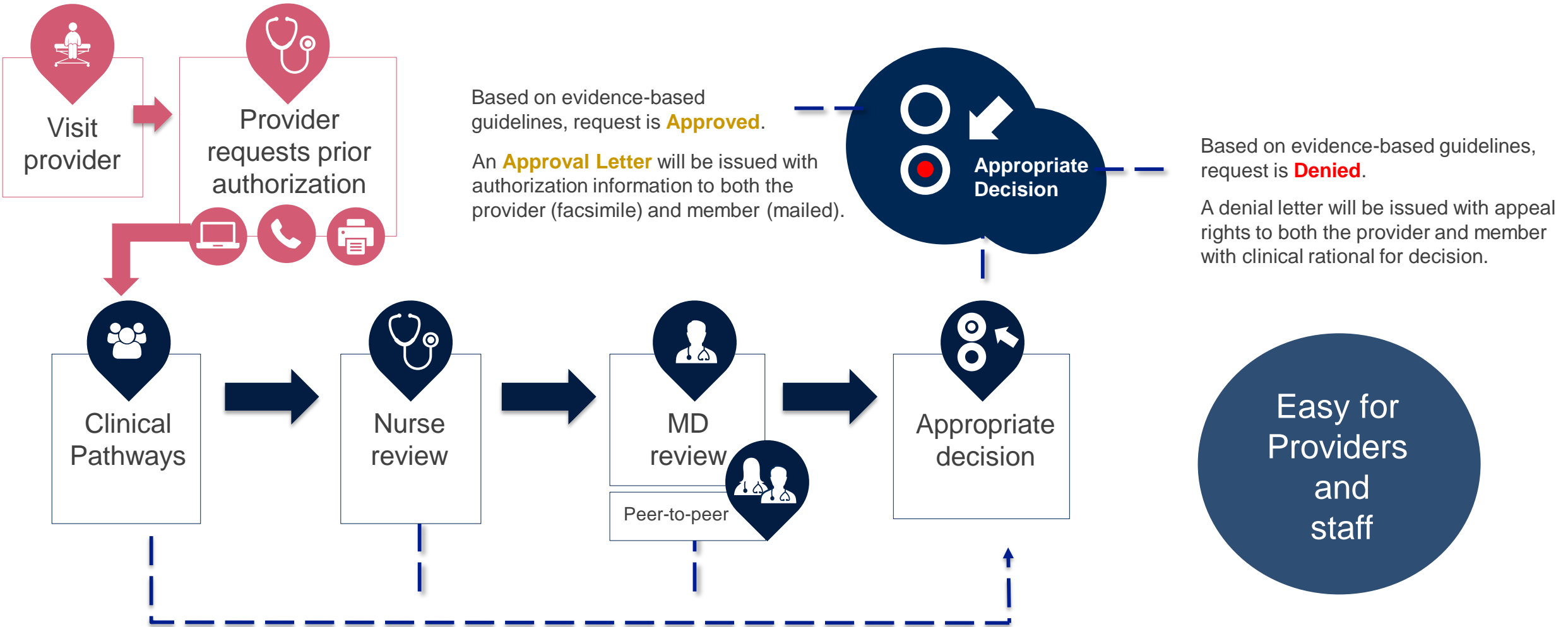
Dedicated nursing and physician specialty teams for various solutions

- ◆ **Anesthesiology**
- ◆ **Cardiology**
- ◆ **Chiropractic**
- ◆ **Emergency Medicine**
- ◆ **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- ◆ **Gastroenterology**
- ◆ **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Gastroenterology
  - Geriatric Medicine
  - Hematology
  - Hospice & Palliative Medicine
  - Medical Oncology
  - Pulmonary Disease
  - Rheumatology
  - Sleep Medicine
  - Sports Medicine
- ◆ **Medical Genetics**
- ◆ **Nuclear Medicine**
- ◆ **OB / GYN**
  - Maternal-Fetal Medicine
- ◆ **Oncology / Hematology**
- ◆ **Orthopedic Surgery**
- ◆ **Otolaryngology**
- ◆ **Pain Mgmt. / Interventional Pain**
- ◆ **Pathology**
  - Clinical Pathology
- ◆ **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- ◆ **Physical Medicine & Rehabilitation**
  - Pain Medicine
- ◆ **Physical Therapy**
- ◆ **Radiation Oncology**
- ◆ **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology
- ◆ **Sleep Medicine**
- ◆ **Sports Medicine**
- ◆ **Surgery**
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
  - Vascular
- ◆ **Urology**



Covering  
**51**  
different  
specialties

# Prior Authorization Process





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# Program Overview

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# OHSU Health Services Prior Authorization Services

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eviCore healthcare will begin accepting prior authorization requests for radiology services on February 28, 2020 for dates 3/1/2020 of service and after. Prior Authorization is required for OHSU Health Services members who are enrolled in Medicaid.

## Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

## Prior authorization does **NOT** apply to services that are performed in:

- Emergency Room Services
- Observation Services
- Inpatient Stays

# Keys to Successful Prior Authorizations

To obtain prior authorization on the very **first submission**, the provider submitting the request will need to gather 4 categories of information:

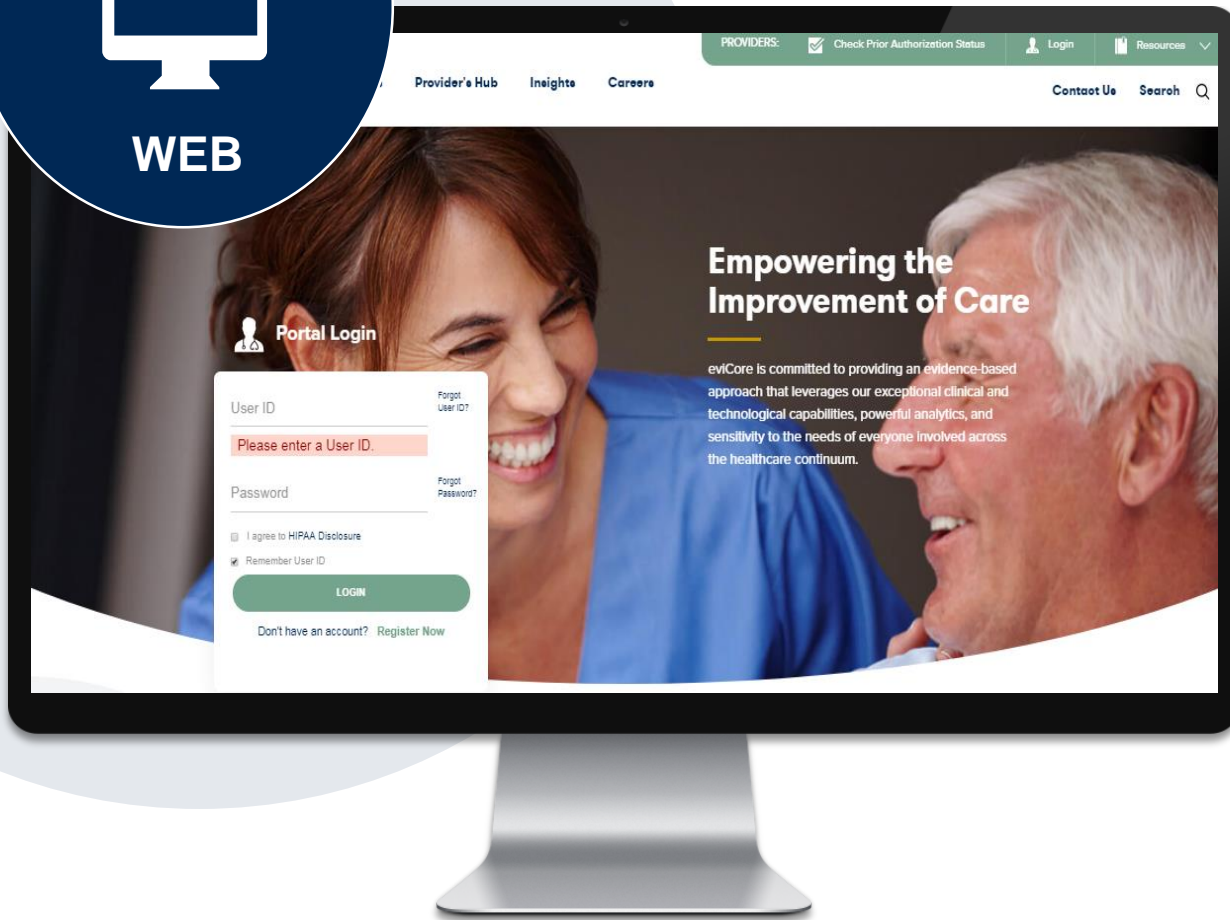


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# Methods to Submit Requests

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# Methods to Submit Prior Authorization Requests



## eviCore Provider Portal (preferred)

The eviCore online portal [www.eviCore.com](http://www.eviCore.com) is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7

### Phone Number:

844.303.8451

Monday through Friday:

7:00 a.m. to 7:00p.m EST

### Fax Number:

800.540.2406

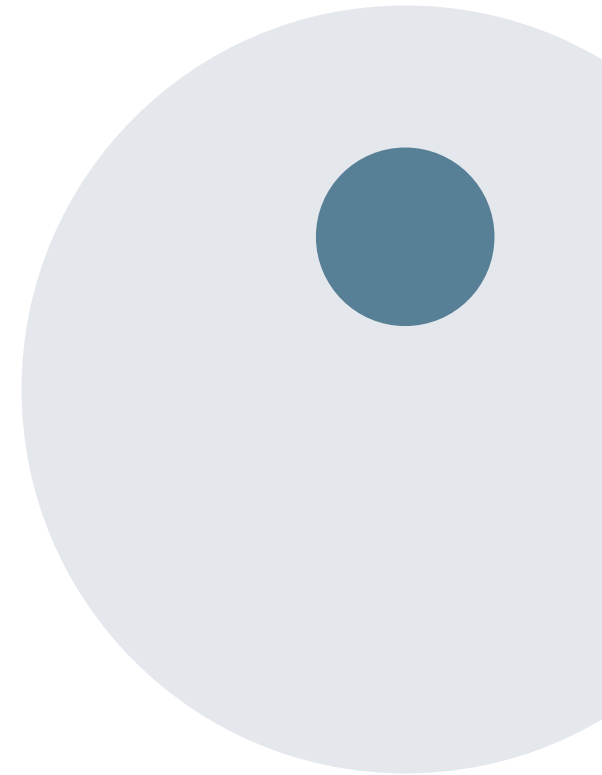
Requests are accepted via fax and may be used to submit additional clinical

# Benefits of Provider Portal

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**Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster, here are some benefits & features:**

- 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 return at a later time
- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal for a new request & 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 have more than one prior authorization request to submit, you have the ability to duplicate information



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# **Prior Authorization Outcomes & Special Considerations**

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# Prior Authorization Approval

## Approved Requests

- Standard requests are processed in 2 business days after receipt of all necessary clinical information
- Authorizations are valid for 180 days from the date of the **final determination**
- Authorization letters will be faxed to the ordering physician
- When initiating a case on the web you can receive e-notifications when a determination is made .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)





# When Request is Determined as Inappropriate



Based on evidence-based guidelines, request is determined as **inappropriate**.



A denial letter will be issued with appeal rights to both the provider and member with clinical rationale for decision.

# Special Circumstances

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## Retrospective (Retro) Authorization Requests

- Must be submitted within 90 calendar days from the date the services
- Retro requests that are submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Retro requests are processed in 2 business days
- When authorized, the start date will be the date of service submitted

## Urgent Prior Authorization Requests

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



# Special Circumstances cont.

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## Alternative Recommendation

- An alternate recommendation may be offered based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request

## Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim it may result in a claim denial



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# Reconsideration Options

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# Post Decision Options

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## My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to have a case reviewed for overturn consideration
- Your determination letter is the best immediate source to determine what options exist on a case that has been denied. You may also call us at **844.303.8451** to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.



# Post-Decision Options: Commercial and Medicaid Members

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**My case has been denied. What's next?**

## **Reconsiderations**

- Providers and/or staff can request a reconsideration review
- Reconsiderations can be requested in writing within 45 calendar days of the initial date of the denial
- Peer-to-peer reviews can be requested within 10 business days of the initial date of the denial

## **Appeals**

- eviCore will not process first level appeals



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# Provider Portal Overview

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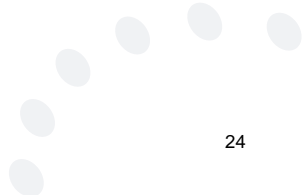
# Portal Compatibility

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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)



## 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](#)

## Already a user?

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

## Don't have an account?

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

# 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 **MedSolutions Portal**

Tuesday, May 12, 2020 4:20 PM

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

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

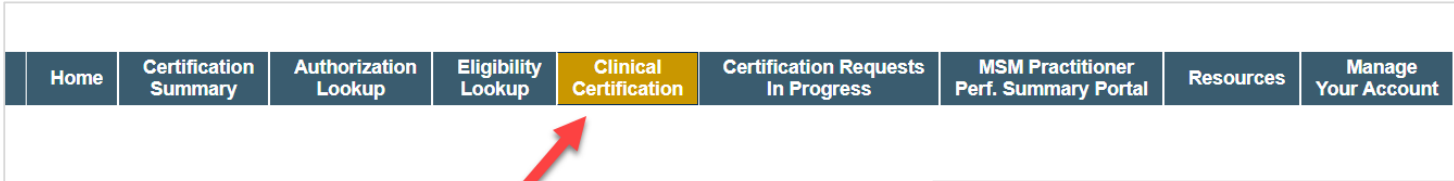
**Note:** You can access the **MedSolutions Portal** at any time without having to provide additional log-in information. Click the MedSolutions Portal on the top-right corner to seamlessly toggle back and forth between the two portals.

# Add Practitioners

The image shows two overlapping web forms. The background form is titled "Manage Your Account" and contains fields for "Office Name:", "Address:", "Primary Contact:", and "Email Address:". It also features buttons for "CHANGE PASSWORD" and "EDIT ACCOUNT", and an "ADD PROVIDER" button. Below these is a table with the text "No providers on file" and a "CANCEL" button. The foreground form is titled "Add Practitioner" and includes the instruction "Enter Practitioner information and find matches." followed by a note: "\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip". It has input fields for "Practitioner NPI", "Practitioner State" (a dropdown menu), and "Practitioner Zip", along with "FIND MATCHES" and "CANCEL" buttons.

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

# Initiating A Case



The screenshot shows a navigation bar with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, **Clinical Certification** (highlighted with a red arrow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account.

### 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**

### 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	
<b>SELECT</b>	[Redacted]
[Redacted]	

**BACK** **CONTINUE**

- Choose **Clinical Certification** to begin a new request
- Select the appropriate program
- Select “Requesting Provider Information”

# Select Health Plan & Provider Contact Info

**Choose Your Insurer**

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

**BACK** **CONTINUE**

[Click here for help.](#)

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

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

**Add Your Contact Info**

Provider's Name:\* [REDACTED] [?]

Who to Contact:\* [REDACTED] [?]

Fax:\* [REDACTED] [?]

Phone:\* [REDACTED] [?]

Ext.: [REDACTED] [?]

Cell Phone: [REDACTED]

Email: [REDACTED]

**BACK** **CONTINUE**

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

# Member & Request Information

**Patient Eligibility Lookup**

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

**ELIGIBILITY LOOKUP**

**BACK**

**Requested Service + Diagnosis**

This procedure has not been performed. **CHANGE**

**Radiology Procedures**

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

73721 MRI LOWER EXTREMITY JOINT W/O

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

**Diagnosis**

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

**LOOKUP**

Trouble selecting diagnosis code? Please follow [these steps](#)

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

*Secondary diagnosis is optional for Radiology*

**LOOKUP**

- Enter the **member information**, including the patient ID number, date of birth, and last name. Click **Eligibility Lookup**
- Next screen you can enter CPT code & diagnosis code

# Verify Service Selection

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## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** TBD  
**CPT Code:** 73721  
**Description:** MRI LOWER EXTREMITY JOINT W/O  
**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](#)

BACK

CONTINUE

[Click here for help](#)

- Verify requested service & diagnosis
- Edit any information if needed by selecting Change Procedure or Primary Diagnosis
- Click **continue** to confirm your selection



# Site Selection

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

## Add Site of Service

### Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code:

Site Name:

TIN:

City:

- Exact match  
 Starts with

LOOKUP SITE

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

# Clinical Certification

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## 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

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

# Standard or Urgent Request?

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

## Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

# Proceed to Clinical Information – Example of Questions

**Proceed to Clinical Information**

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?  
 Yes  No

**SUBMIT**

**Attention!**

Is this a request for a bilateral procedure of a previously requested authorization?

**YES** **NO**

Which anatomy will be examined with the requested study?  
 Hip  Knee  Ankle

**SUBMIT**

Finish Later

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

- **Clinical Certification** questions may populate based upon the information provided
- You can save your request and finish later if needed
- **Note:** You will have 2 business days to complete the case
- When logged in, you can resume a saved request by going to Certification Requests in Progress

# Next Step: Criteria not met

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

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

## Tips:

- Upload clinical notes on the portal, to avoid any delays (e.g., by faxing)
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print-out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

# Criteria Met

If your request is authorized during the initial submission, you can print the summary of the request for your records.

### Summary of Your Request

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

**Your case has been Approved.**

<b>Provider Name:</b>	DR. BHARATH MANU ANJANA VETTEL	<b>Contact:</b>	Info
<b>Provider Address:</b>	1200 6TH AVE W SAINT CLOUD, MN 56303	<b>Phone Number:</b>	(320) 252-3333
		<b>Fax Number:</b>	(320) 252-3333
<b>Patient Name:</b>	ANTHONY GALLI	<b>Patient Id:</b>	ANTHONY
<b>Insurance Carrier:</b>	WELLSURE		
<b>Site Name:</b>	COMMONWEALTH MEDICAL LLC	<b>Site ID:</b>	ANTHONY
<b>Site Address:</b>	875 UNIVERSITY BLVD SE CORNING, AL 36201		
<b>Primary Diagnosis Code:</b>	R68.89	<b>Description:</b>	Other general symptoms and signs
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided	<b>Description:</b>	MRI LOWER EXTREMITY JOINT W/O
<b>CPT Code:</b>	73721		
<b>Authorization Number:</b>	600000000		
<b>Review Date:</b>	5/13/2020 1:52:08 PM		
<b>Expiration Date:</b>	6/27/2020		
<b>Status:</b>	Your case has been Approved.		

**CANCEL** **PRINT** **CONTINUE**

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## **Additional Provider Portal Features**

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# Certification Summary

**Certification Summary**

Search..

Page 1 of 0

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>					

Page 1 of 0

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered



# Authorization Lookup

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

**Authorization Lookup**

Search by Member Information                       Search by Authorization Number/ NPI



- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence

# 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:

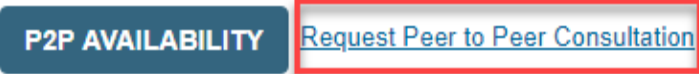
- Program (Radiation Therapy Management Program)
- Provider ( [REDACTED] )
- Program and Provider (Radiation Therapy Management Program and [REDACTED] )
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

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


# 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:	

 **P2P AVAILABILITY**

# 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.

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.

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...	-	-	-

# How to Schedule a Peer to Peer

## Confirm Contact Details

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

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

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

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

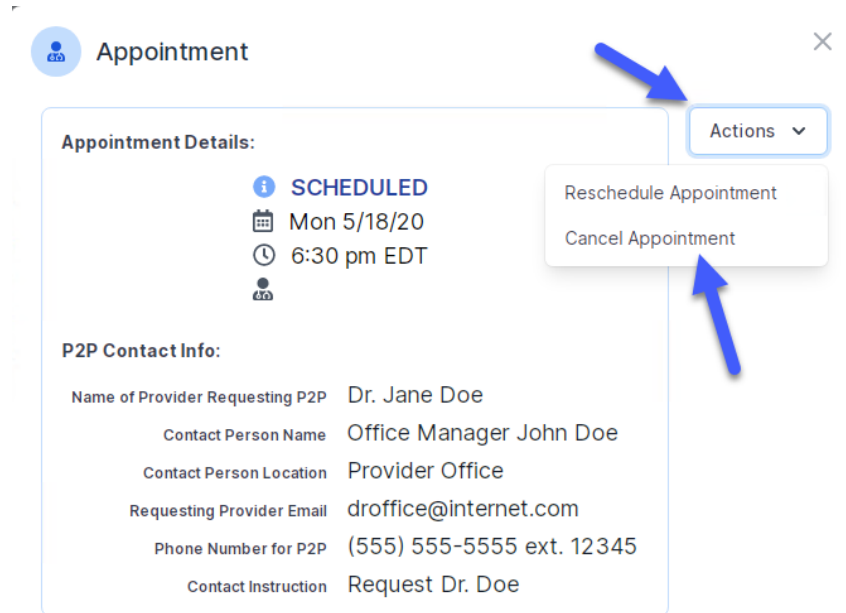
The screenshot displays a web interface for scheduling a Peer-to-Peer (P2P) appointment. At the top, a progress bar shows four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The main form is divided into two columns. The left column contains 'P2P Info' with date and time, and 'Case Info' with a list of case details. The right column is titled 'P2P Contact Details' and includes several input 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), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). Blue arrows point to the provider name, phone number, and contact instructions fields. A 'Submit >' button is located at the bottom right of the form.

The screenshot shows a summary page for a scheduled appointment. It features a 'Scheduling' header with a calendar icon. Below it, the text 'Scheduled' is followed by a summary bar containing a calendar icon, the date and time 'Mon 5/18/20 - 6:30 pm EDT', and a person icon. A red oval highlights the word 'SCHEDULED' in the bottom right corner of the summary bar.

# Canceling or Rescheduling a Peer to Peer Appointment

## To cancel or reschedule an appointment:

- Access the scheduling software per the instructions above.
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, click on the schedule link. An appointment window will open.
- Click on the Actions drop-down and choose the appropriate action
  - If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
  - If choosing to cancel, you will be prompted to input a cancellation reason.



- **Close browser once done**



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# Provider Resources

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# Dedicated Call Center

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## Prior Authorization Call Center – 844.303.8451

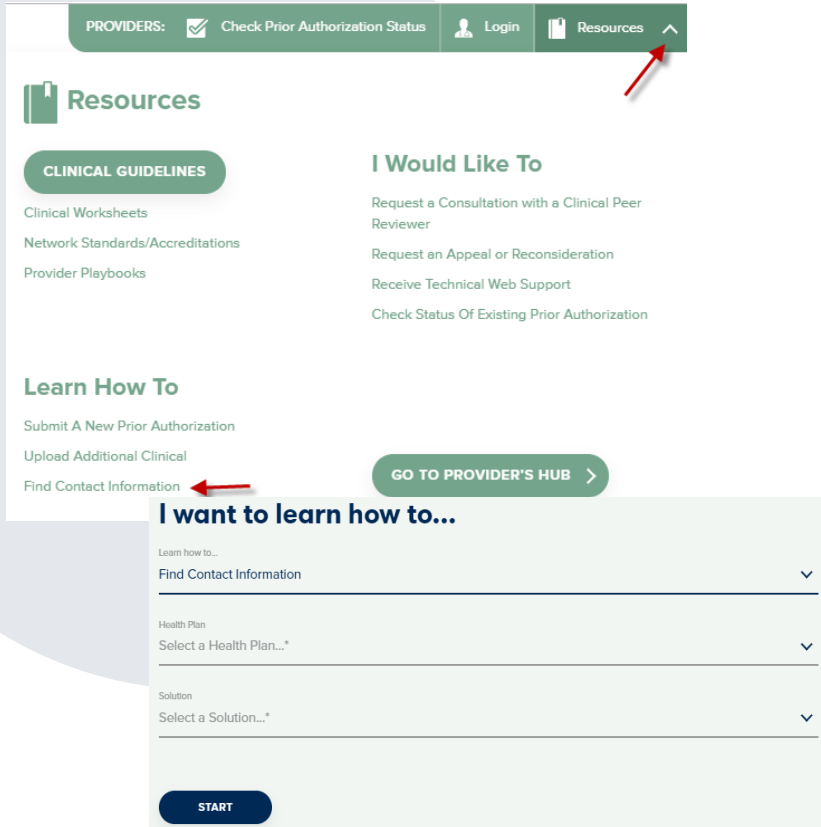
Our call centers are open from 7 a.m. to 7 p.m. (local time).

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

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



# Online Resources



## Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at [www.evicore.com](http://www.evicore.com)
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider's Hub section includes many resources
- Provider forums and portal training are offered weekly, you can find a session on [www.eviCore.WebEx.com](http://www.eviCore.WebEx.com), select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"
- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call 800.646.0418 (Option #2) or email [portal.support@evicore.com](mailto:portal.support@evicore.com)

# Client & Provider Operations Team

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## Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- 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

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

**Phone:** 800.646.0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.



# Provider Engagement Team

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## Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

## How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at [evicore.com](https://www.evicore.com) → Provider's Hub → Training Resources

# Provider Resource Website

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## Provider Resource Page

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/ohsu-health-services>



# 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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