

Prior Authorization Provider Orientation for Oscar

Provider Orientation 2022

oscar



HITRUST
CSF Certified

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



Agenda

- Company Overview
- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Addendum

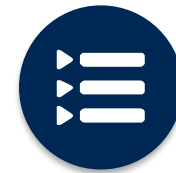
Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Clinical Approach

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

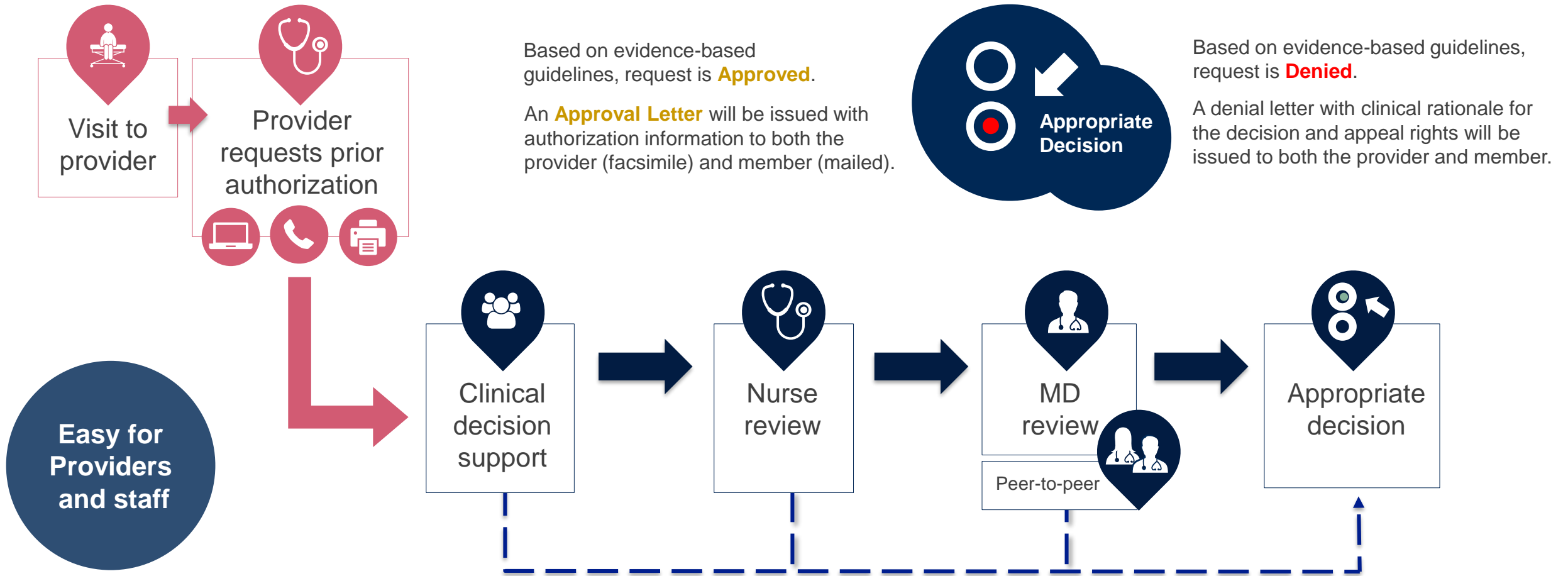
Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of 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
 - 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**



Utilization Management – The Prior Authorization Process



Program Overview

Oscar Prior Authorization Services

eviCore healthcare will begin accepting prior authorization requests on 12/20/2021 for dates of service 1/1/2022 and beyond for the expanded membership network.

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

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

- Emergency Rooms
- Observation Services
- Inpatient Stays

Inpatient services always require prior authorization and are reviewed by Oscar. Please contact Oscar to submit an inpatient authorization request.

Expanded Membership Network

- As a part of the 2022 membership expansion, Oscar will offer Individual and Family Plans for the first time in:
 - **Arkansas**
 - **Illinois**
 - **Nebraska**

Applicable Membership as of 1/1/2022

Authorization is required for Oscar members enrolled in Commercial (fully insured) plans in the following states/cities:

Arizona	Phoenix
Arkansas	
Colorado	Boulder & Denver
Florida	Daytona, Homosasss Springs, Jacksonville, Miami, Ocala, Orlando, Sarasota, Tallahassee, Tampa, Port St. Luci & Punta Gorda
Georgia	Atlanta
Illinois	
Iowa	Des Moines, Sioux City, Waterloo & Dubuque
Kansas & Missouri	Kansas City
Nebraska	
New Jersey	
New York	
North Carolina	Asheville
Ohio	Cleveland & Columbus
Oklahoma	Oklahoma City
Pennsylvania	Philadelphia, Allentown, Scranton & East Stroudsburg
Tennessee	Memphis & Nashville
Texas	Austin, Dallas-Fort Worth, El Paso, Houston & San Antonio
Virginia	Richmond

Covered Services

Prior authorization is required for:

- Lab Management
- Medical Oncology
- Radiation Oncology
- Radiology
- Cardiology
- Sleep
- Spine Surgery
- Joint Surgery
- Interventional Pain
- Chiropractic

Submitting Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

The eviCore online portal at www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status. It is available 24/7.

Phone Number:

855-252-1118

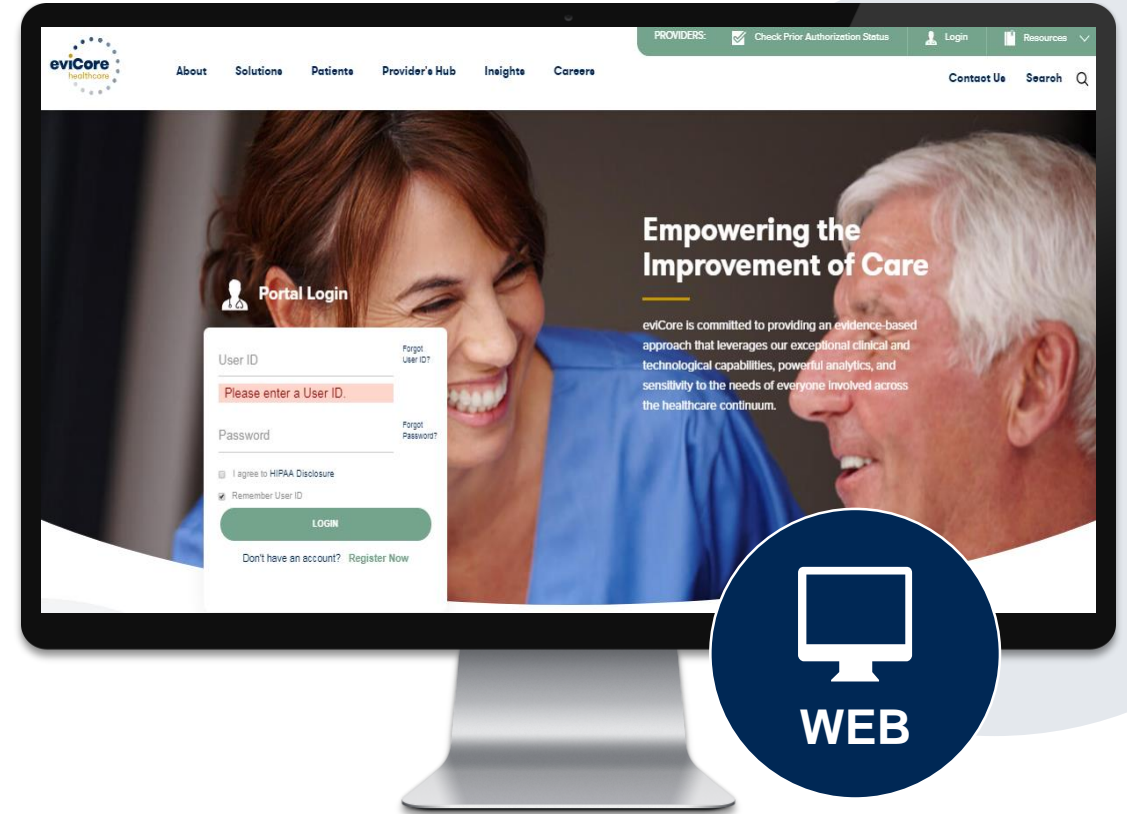
Monday through Friday:

7 am – 7 pm local time

Fax Number:

800-540-2406

The fax number can be used to submit additional clinical information (PA requests are accepted via fax for Texas programs only)



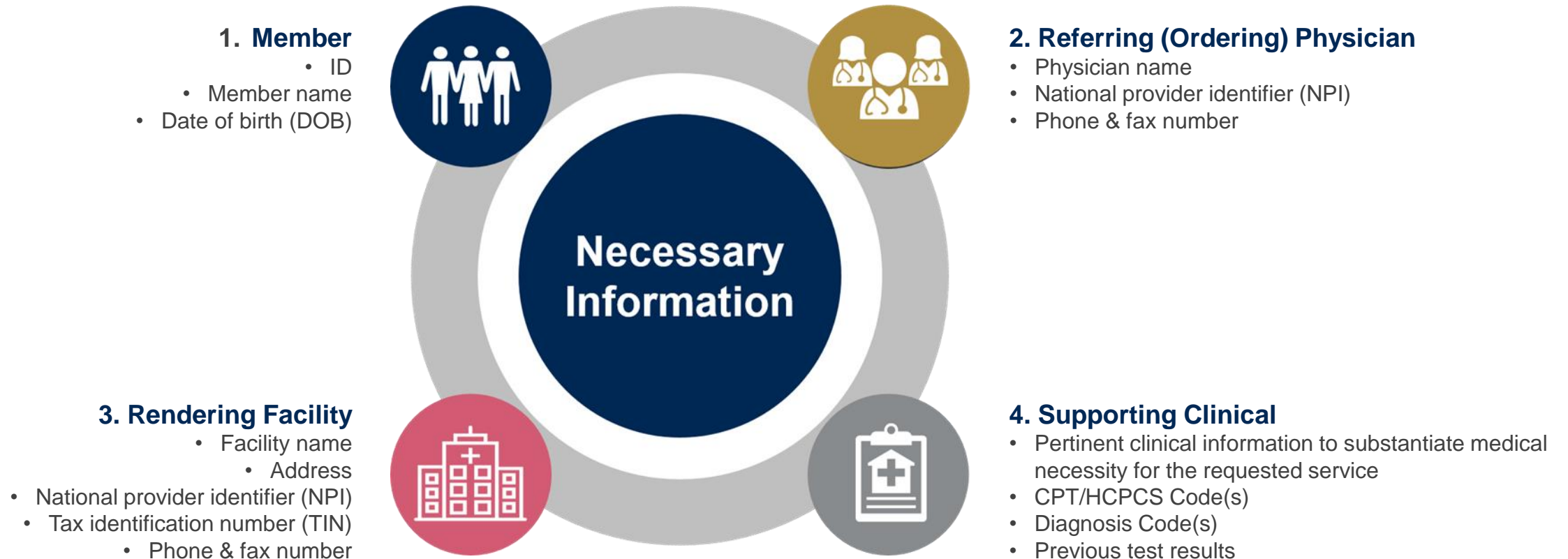
Benefits of Provider Portal

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. Following 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 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

Keys to Successful Prior Authorizations

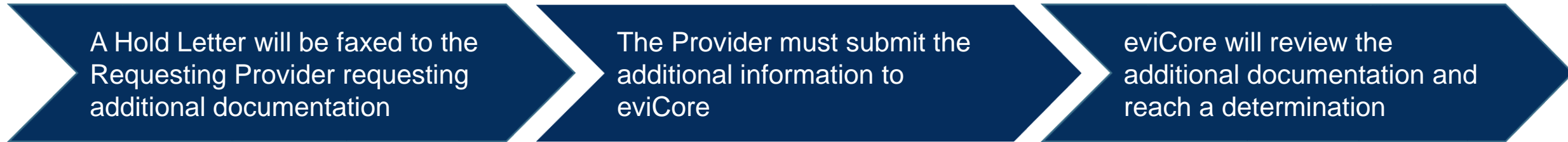
To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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



A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

The Provider must submit the additional information to eviCore

eviCore will review the additional documentation and reach a determination

To ensure that a determination is completed within the designated timeframe for each LOB, the case will remain on hold as follows:

- Commercial: 10 calendar days

Requested information must be received within the timeframe as specified in the Hold Letter.

Determination will be completed within 2 business days



Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

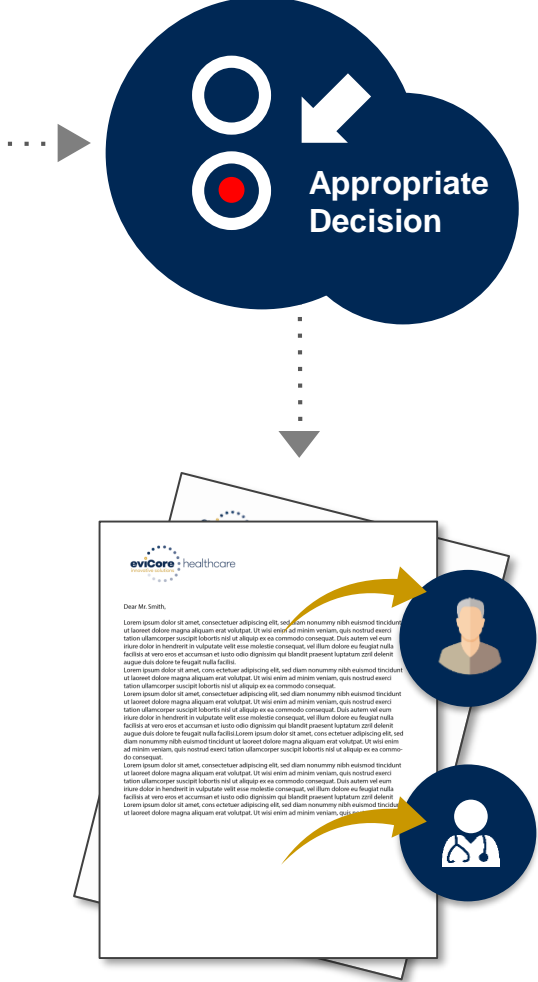
- Each case is reviewed in the order it is received and cases are typically handled within 2 business days from the receipt of all relevant clinical information
- Authorization letters will be faxed to the ordering physician and rendering facility
- When initiating a case on the web you can enter your email address to receive e-notifications when a determination is made
- Members will receive a letter by mail (or verbal advisement when required by state regulations)
- Approval information can be printed on demand from the eviCore portal: www.eviCore.com



When a Request is Determined as Inappropriate

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

A denial letter with the rationale for the decision and the appeal rights will be issued to the ordering provider, rendering facility, and member.



Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within 180 calendar days from the date of services (retro policy applies to all programs EXCEPT Lab and Medical Oncology)
- Retro requests submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Retro requests are processed within 2 business days
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours (less than 4 hours is the eviCore standard)
- Once a decision is made eviCore will make verbal outreach to the provider



Special Circumstances (cont.)

Alternative Recommendation

- Depending on the program, an alternative 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
- Providers have up to 60 calendar days to contact eviCore to accept the alternative recommendation

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



Reconsideration Options

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to secure case review for overturn consideration
- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at **855-252-1118** to speak to an agent who can provide available option(s) and instruction on how to proceed.



Post-Decision Options

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 14 calendar days after the determination date
- The 14 day rule applies to all states EXCEPT the following:
 - AZ – Up to 2 years
 - CO – 5 calendar days
 - NJ – 1 business day
 - TX – No reconsiderations are allowed
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will process first-level appeals
- Appeal requests must be submitted to eviCore within 180 calendar days from the initial determination
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider

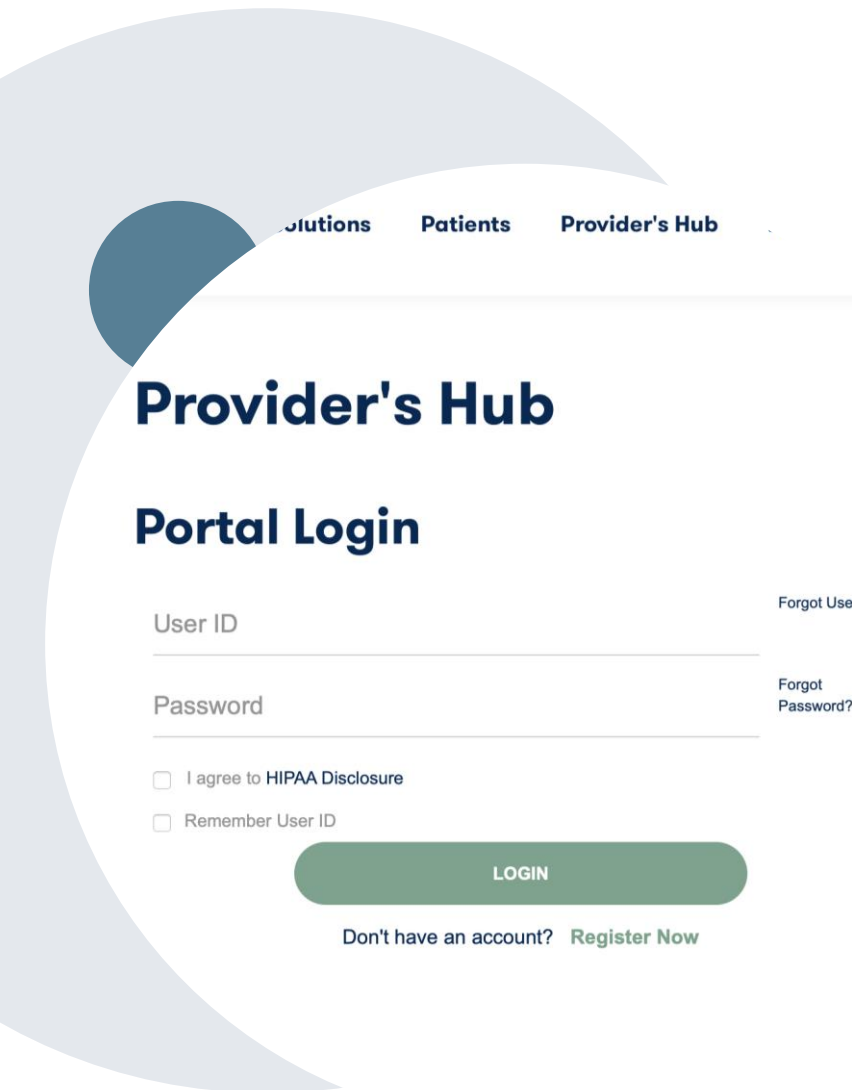
Provider Portal Overview

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

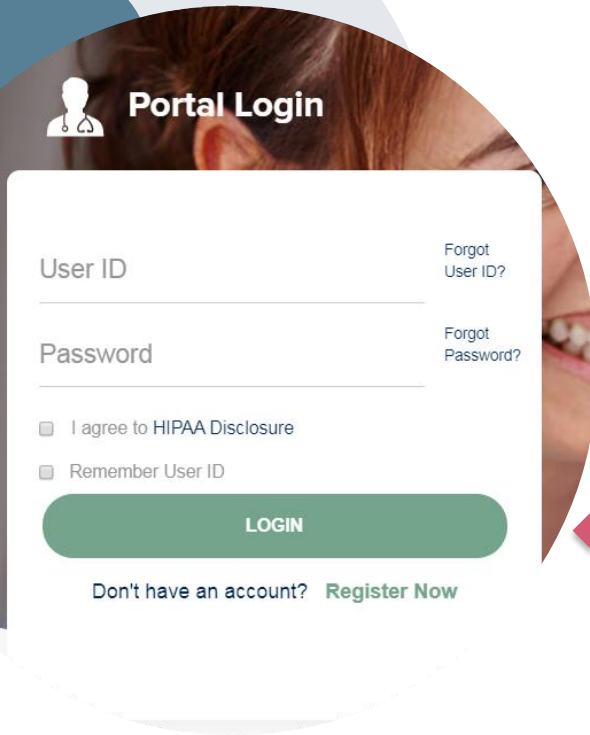
Visit www.evicore.com

Already a user?

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

Don't have an account?

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



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*: Select 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', and 'Primary Contact: Email Address'. It has buttons for 'CHANGE PASSWORD', 'EDIT ACCOUNT', 'ADD PROVIDER', and 'CANCEL'. Below the 'ADD PROVIDER' button is a message box that says 'No providers on file'. The foreground form is titled 'Add Practitioner' and contains instructions: 'Enter Practitioner information and find matches.' and '*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'. It has buttons for 'FIND MATCHES' and 'CANCEL'.

- Select the **Manage Your Account** tab, then **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 displays two adjacent web application screens. The top navigation bar includes: 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	
SELECT	[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.

- 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

Add Your Contact Info

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

Who to Contact:* [?]

Fax:* [?]

Phone:* [REDACTED] [?]

Ext.: [?]

Cell Phone:

Email: [REDACTED]

BACK

CONTINUE

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, then click **Eligibility Lookup**
- Next screen you can enter CPT code and diagnosis code*
- *Note: Not all programs are driven by CPT code (e.g. Medical Oncology, Radiation Oncology, Lab)

Verify Service Selection

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 and 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:	<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

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

Clinical Certification

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?

- 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**
- If marked as Urgent, you can upload up to FIVE documents in .doc, .docx, or .pdf format – max 5MB document size
- Your case will only be considered Urgent if there is a successful upload

Proceed to Clinical Information

Is this case Routine/Standard?

YES **NO**

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary F
------	-----------------------	----------------------	--------------------	-------------------------------	------------------------------------	----------------------------------

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

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
- 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**
- **Note: Questions will vary depending on the program**

Criteria Met

Once you submit the case, if your request meets criteria, you will receive the authorization which you can print 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.

Provider Name:	DR. BHARATH MANU ARJARA VETTU	Contact:	Info
Provider Address:	1200 6TH AVE W SAINT CLOUD, MN 56303	Phone Number:	(320) 250-3000
		Fax Number:	(320) 250-3000
Patient Name:	ANTHONY GALLI	Patient Id:	ANTHONY
Insurance Carrier:	WELLSURE		
Site Name:	COMMONWEALTH MEDICAL LLC	Site ID:	ANTHONY
Site Address:	875 UNIVERSITY BLVD SE CORNING, AL 36201		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:	603000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**

Medical Review / Clinical Upload

Once you submit the case, if criteria is not met based on the information provided, the case will go through further medical review and might require additional information.

The screenshot displays the 'Clinical Certification' section of a web portal. On the left, the 'Clinical Upload' area prompts the user to upload additional clinical information, showing a file named 'Sample4Upload_1.docx' and a 'SUBMIT' button being clicked. On the right, the 'Summary of Your Request' section provides details about the case, including provider and patient information, and a status message indicating the case has been sent to clinical review.

Clinical Certification

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

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

Choose File Sample4Upload_1.docx

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD SKIP UPLOAD

BACK 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. BRADLEY WOOD, M.D. (M.D.)	Contact:	1-888-333-8641
Provider Address:	1000 W. 10TH ST. S.W. SUITE 1000 LAKELAND, FL 33801	Phone Number:	352-284-7800
Patient Name:	BRADY, JESSICA	Fax Number:	352-284-7800
Insurance Carrier:	WELLS FARGO	Patient Id:	000000000
Site Name:	COMBENT MEDICAL PC	Site ID:	000000
Site Address:	875 UNIVERSITY AVENUE SE CORVALLIS, OR 97331		
Primary Diagnosis Code:	99.05	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	OB Ultrasound
CPT Code:	90000		
Case Number:	000000000		
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 a summary of the request that includes the case number and indicates 'Your case has been sent to clinical review'

Additional Provider Portal Features

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!

Certification Summary

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

Certification Summary

Search.. 🔍 ☰

Page 1 of 0 10 ▾

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

Page 1 of 0 10 ▾

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

Authorization Lookup

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 lookup authorization status on the portal
- Search by member information OR search by authorization number with ordering NPI
- You will also be able to view and print any correspondence

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 855.252.1118

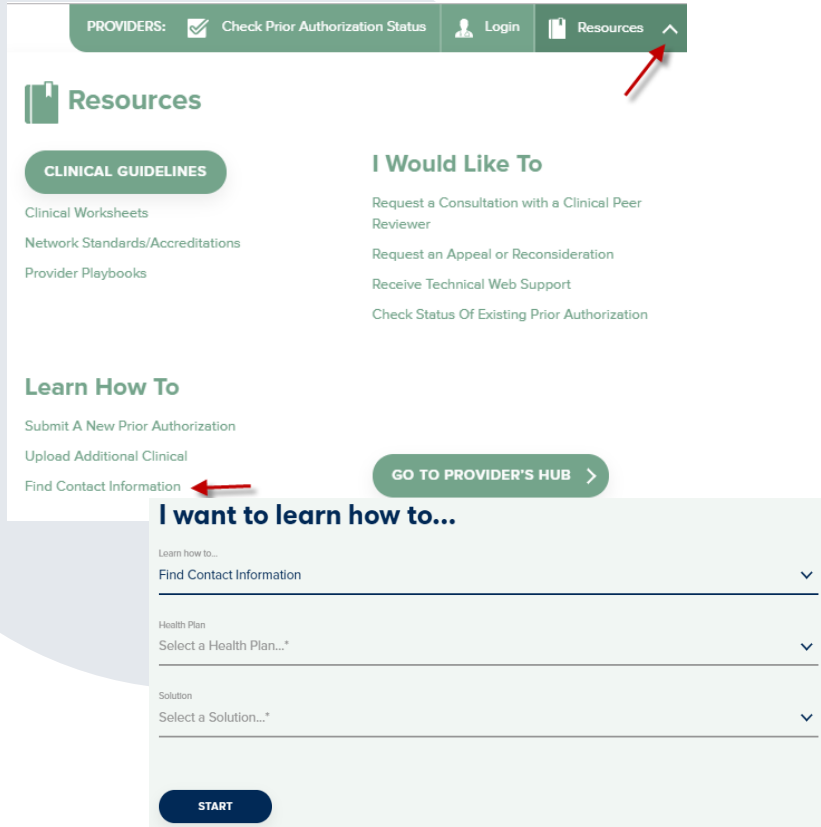
Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check the 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
- 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, 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

Client & Provider Operations Team

Client and Provider Services

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

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 (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 Resource Website

Provider Resource Pages

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

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training Materials

To access these helpful resources, please visit

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

For provider enrollment questions or other health plan-specific questions, please contact Oscar Provider Services at 855.672.2788.



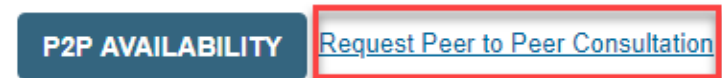
Thank You!



Addendum


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.



Authorization Lookup

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



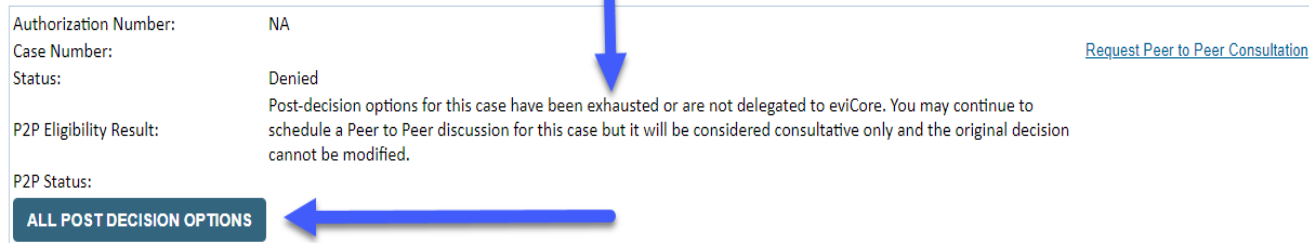
How to Schedule a Peer to Peer Request

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:		Request Peer to Peer Consultation
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 Case information will auto-populate from prior lookup

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 Request

Confirm Contact Details

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

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 content is divided into two panels. The left panel, titled 'P2P Info', shows the date (Mon 5/18/20) and time (6:30 pm EDT). Below this is a 'Case Info' section with a table of case details. The right panel, titled 'P2P Contact Details', contains 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.

- 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 shows a 'Scheduling' summary page. It features a calendar icon and the text 'Scheduled'. Below this, a date and time are displayed: 'Mon 5/18/20 - 6:30 pm EDT'. A small person icon is visible next to the date. In the bottom right corner, the word 'SCHEDULED' is enclosed in a red oval.

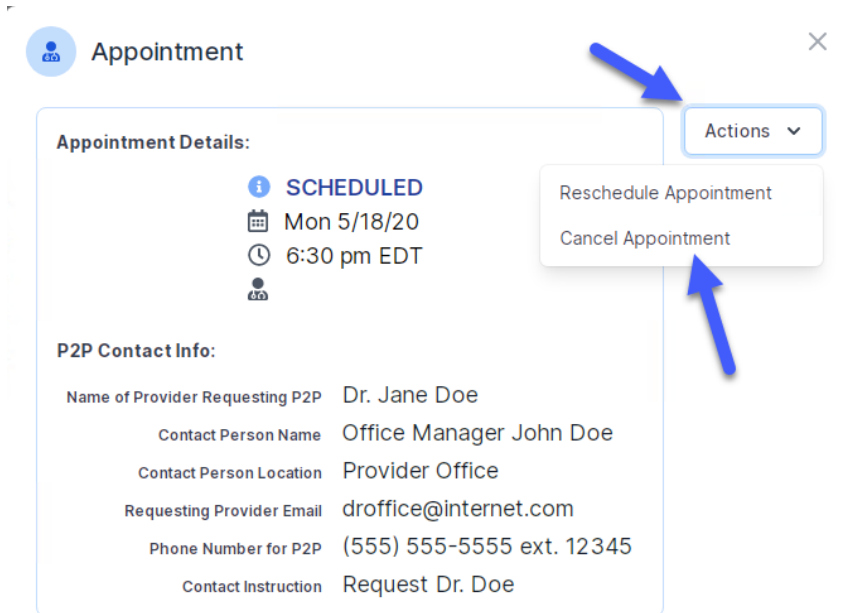
Canceling or Rescheduling a Peer to Peer Appointment

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

eviCore Reconsideration Review Process on the Web

- Select “Auth Lookup”, health plan and enter the patient information

eviCore healthcare

Home Authorization Lookup MedSolutions Portal CareCore National Portal Help / Contact Us

Welcome to the CareCore National Web Portal.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

© CareCore National, LLC. 2021 All rights reserved.
[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

eviCore healthcare

Home Authorization Lookup MedSolutions Portal CareCore National Portal Help / Contact Us

Authorization Lookup

Required Fields

Healthplan:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

Optional Fields

Case Number:

or

Authorization Number:

PRINT SEARCH

eviCore Reconsideration Review Process on the Web (cont.)

- Select “All Post Decision Options” to view available options

Authorization Lookup

Authorization Number: NA

Case Number: [P2P AVAILABILITY](#)

Status: Denied

P2P Status: [ALL POST DECISION OPTIONS](#)

Approval Date:

Procedure Code: SPINE

Units Requested: 1

Units Approved: 0

Service Description: SPINE SURGERY

Site Name:

Expiration Date:

Date Last Updated:

Correspondence: [UPLOADS & FAXES](#)

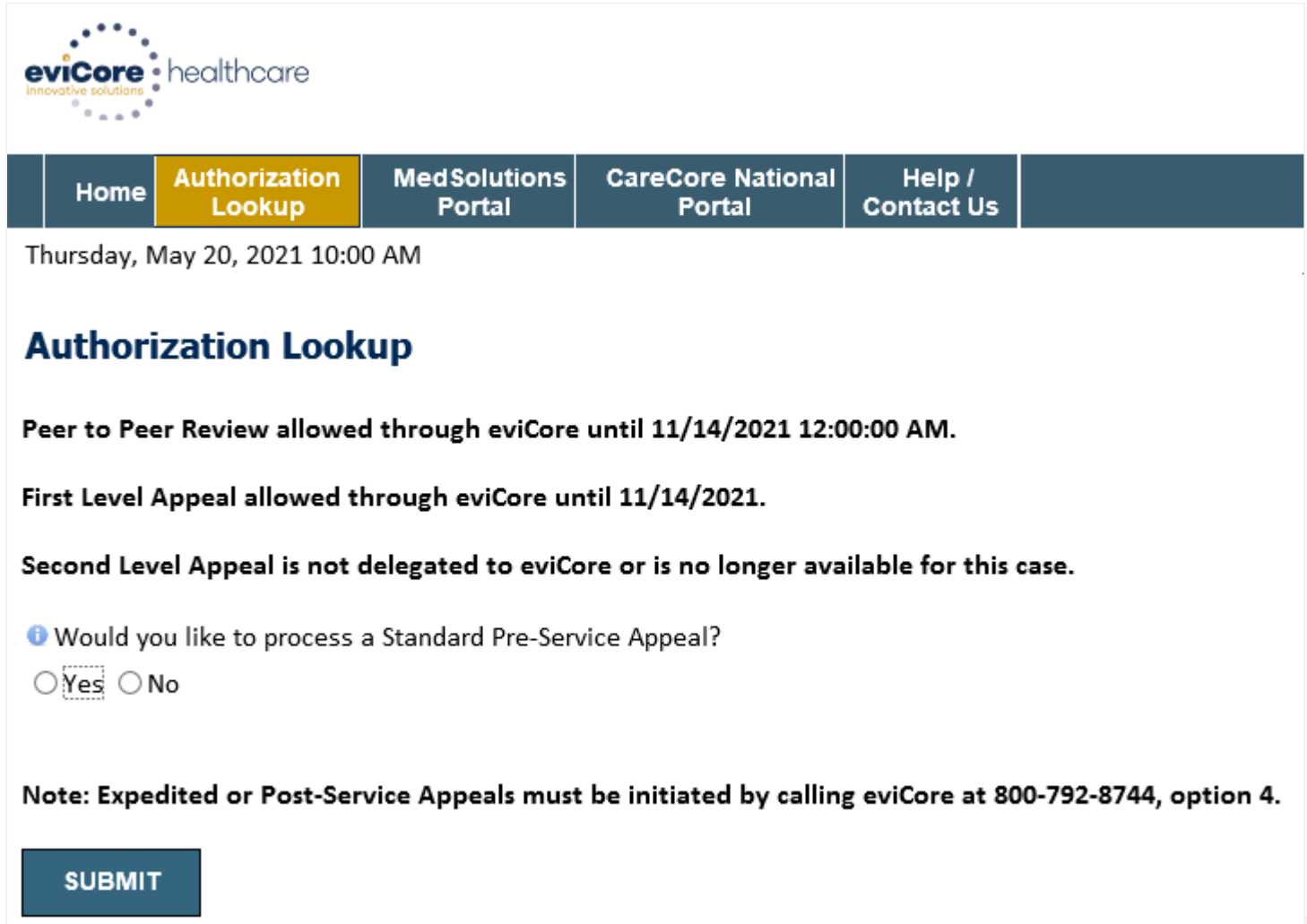
Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
		1	0	

[PRINT](#) [SEARCH](#)

eviCore Reconsideration Review Process on the Web (cont.)

- If a reconsideration or first level appeal is delegated through eviCore, the user will see the following question at the bottom of available appeal options
- User can answer “Yes” to move forward
- If the user answers “No” an appeal or reconsideration will not be started and the following notation will be placed on the case: **Post Decision Review process opened and abandoned by Web User. Case will not proceed to Reconsideration or Appeal review at this time.**
- **Note:** Select ‘No’ to go back to schedule a Peer-to-Peer



eviCore healthcare
innovative solutions

Home Authorization Lookup MedSolutions Portal CareCore National Portal Help / Contact Us

Thursday, May 20, 2021 10:00 AM

Authorization Lookup

Peer to Peer Review allowed through eviCore until 11/14/2021 12:00:00 AM.

First Level Appeal allowed through eviCore until 11/14/2021.

Second Level Appeal is not delegated to eviCore or is no longer available for this case.

i Would you like to process a Standard Pre-Service Appeal?
 Yes No

Note: Expedited or Post-Service Appeals must be initiated by calling eviCore at 800-792-8744, option 4.

SUBMIT

eviCore Reconsideration Process on the Web (cont.)

- New or additional clinical documentation is required
- Failure to upload new or additional clinical documentation will cancel the request
- Once the clinical information is uploaded, the user will receive message “Your Post Decision Review request has been successfully submitted”
- Select ‘Submit’ to initiate the request

The image displays two screenshots of the eviCore healthcare website's 'Authorization Lookup' page. The top screenshot, dated Thursday, May 20, 2021, 10:10 AM, shows the navigation menu with 'Authorization Lookup' selected. Below the menu, the page title is 'Authorization Lookup'. A message states: 'New or additional clinical is required when submitting a Post Decision Review request online. Please upload clinical in order to proceed. Failure to upload clinical information at this time will abandon the request.' Below this, a question asks: 'Do you acknowledge that the uploaded clinical information used to initiate this post decision request is new and not previously reviewed?' with radio buttons for 'Yes' and 'No'. A 'SUBMIT' button is visible at the bottom left. The bottom screenshot, dated Thursday, May 20, 2021, 10:12 AM, shows the same page after submission. The message now reads: 'Your Post Decision Review request has been successfully submitted.' and a 'SUBMIT' button is present at the bottom.

eviCore Reconsideration Review Process on the Web (cont.)

- After the post decision review is initiated, the user will return to the authorization lookup
- Status will be updated to show additional information was submitted and pending review
- A determination will be faxed to the provider

Home
Authorization Lookup
MedSolutions Portal
CareCore National Portal
Help / Contact Us

Thursday, May 20, 2021 10:18 AM [Log Off \(CSTATEN\)](#)

Authorization Lookup

Authorization Number: NA

Case Number: 1144128675 P2P AVAILABILITY

Health Plan Auth Number:

Status: Additional Information Received, Pending Medical Director Review ←

P2P Status:

Approval Date:

Service Code: 71250

Service Description: CT THORAX W/O CONTRAST

Site Name: ST VINCENTS MEDICAL CENTE

Expiration Date:

Date Last Updated: 5/20/2021 10:18:42 AM

Correspondence: UPLOADS & FAXES

Clinical Upload: Upload Additional Clinical Run Clinical Questionnaire

**The option to attach clinical information is not available for this case at this time:
Please fax clinical information to 800-540-2406**

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
71250	Computed tomography (CT) (a special kind of picture) of your chest without contrast (dye)	1	0	