

Gastroenterology Preauthorization Program for Medicare Advantage Members

Provider Orientation Session for Prominence Health Plan



Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Program Overview

Prominence Health Plan Prior Authorization Services

eviCore healthcare will begin accepting prior authorization requests for Gastroenterology services on 11/14/2022 for dates of service 11/14/2022 and beyond.

Prior Authorization applies to the following services:

- Esophagogastroduodenoscopy (EGD)
- Capsule Endoscopy
- Colonoscopies – **High-risk screening (G0105) and non-screening**

Provider Resource Page

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

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

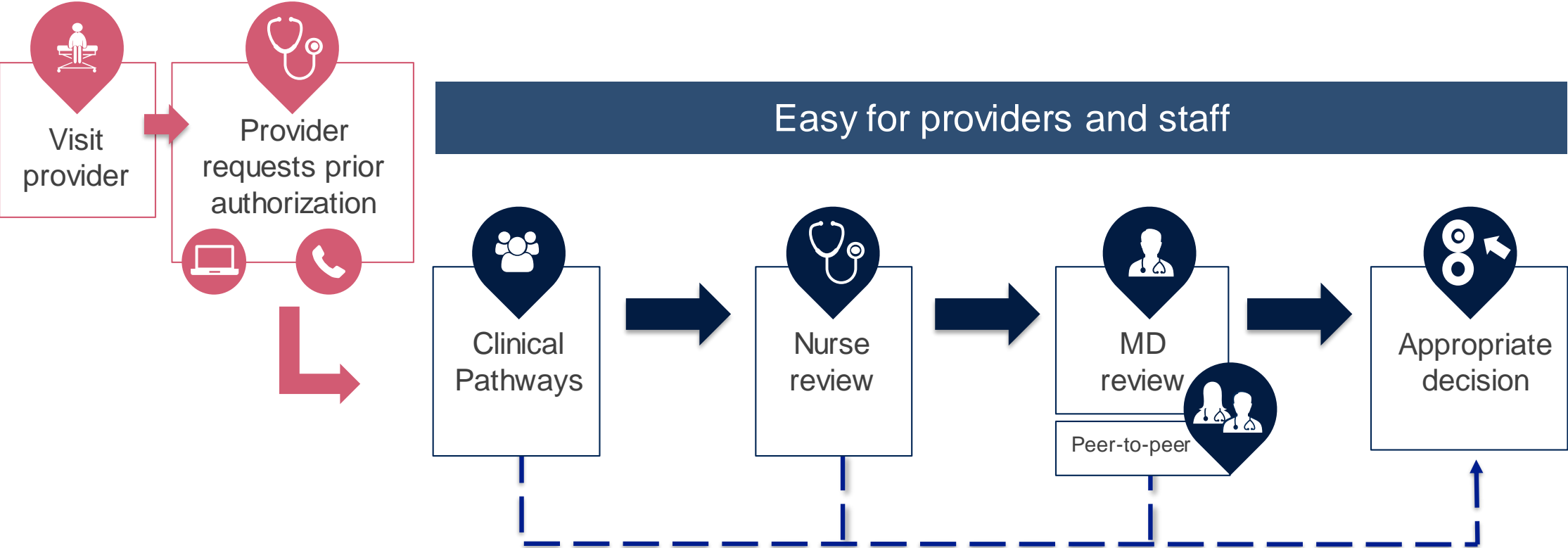
Prior Authorization does **NOT** apply to services that are in:

- Emergency Room Services
- 23-Hour Observations
- Inpatient Stays

Monitored Anesthesia Care (MAC)

All ancillary procedure codes, including Monitored Anesthesia, performed in conjunction with denied services, are not covered and will likely not be reimbursed by Prominence Health Plan if performed.

Prior Authorization Process

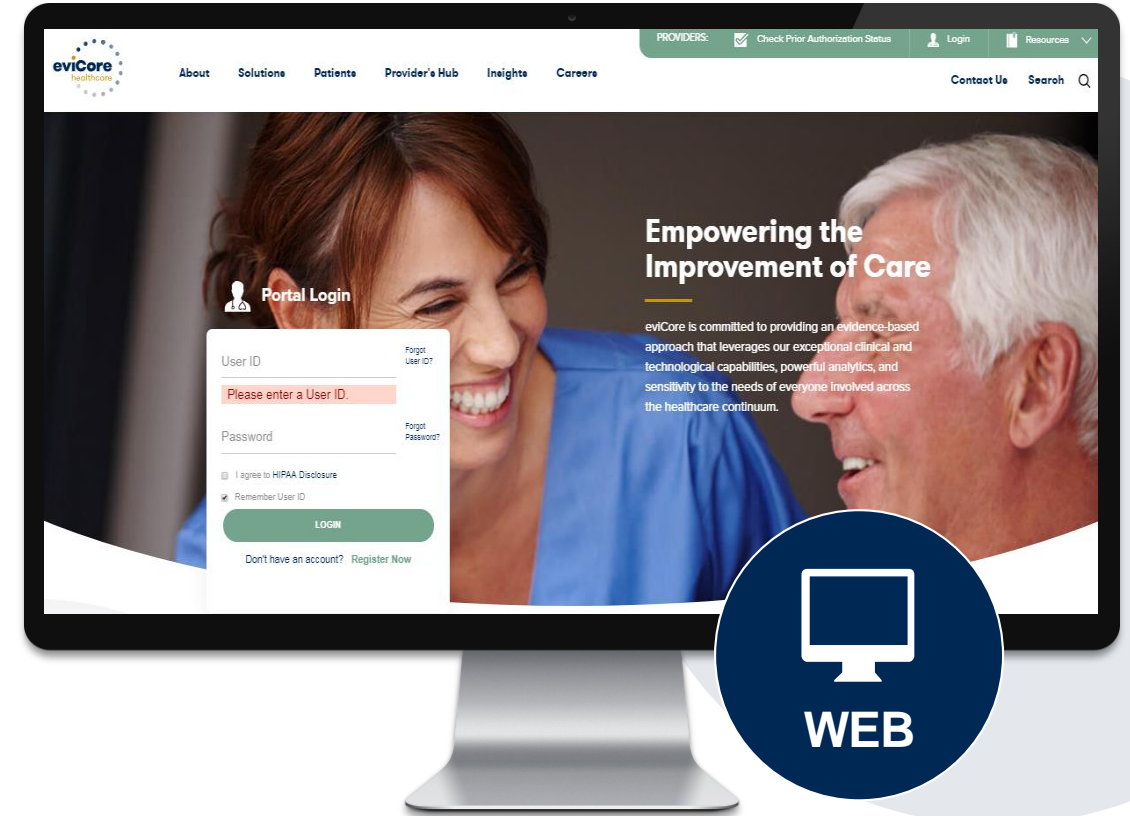


By submitting prior authorization requests through eviCore’s portal, providers have the potential to receive immediate authorization. Please ensure all necessary clinical information has been provided when answering the clinical pathway (clinical collection process) questions.

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

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



Phone Number:

844.224.0495

Monday through Friday:
7 am – 7 pm local time

Fax Number:

800.540.2406

Fax can be used to submit additional clinical information. PA requests are accepted via fax.

Information Required for Request



If clinical information is needed, and as appropriate, please provide:

- Relevant history and physical examination
- Relevant summary of the patient's clinical condition
- Imaging and/or pathology and/or laboratory reports, as indicated, relevant to the requested procedure
- Comorbidities, if relevant
- Indication for the specified procedure
- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)
- Results of prior endoscopic procedures, if relevant
- Genetic testing results, if applicable

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

Approved Requests

- Decisions for non-urgent prior authorization requests are typically made within two **2-3 business days** of receipt of all necessary clinical information, but will not take longer than **14 calendar days**.
- Authorizations are valid for **90 calendar days**.
- Authorization letters will be faxed to the ordering provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Authorization extensions are not allowed for Prominence Medicare Advantage members.
- Approval information can be printed from the eviCore portal at www.eviCore.com.



Prior Authorization Outcomes

Denied Requests

- Based on evidence-based guidelines, if a request is determined as not medically necessary, a notification with the rationale for the decision and post decision/appeal rights will be issued.
- Denial letters will be faxed to the ordering provider.
- Members will receive a letter by mail.

PLEASE NOTE: The determination letter is the best immediate source to determine what options exist on a case that has been denied.

Special Circumstances

Retrospective Authorization Requests

- Retro requests, or those submitted after the procedure has been performed, are not in scope for Prominence Medicare Advantage members and will be administratively denied.

Urgent Prior Authorization Requests

- Urgent requests can now be submitted on eviCore's portal (www.eviCore.com).
- Providers and/or staff can also contact our office by telephone and state that the prior authorization request is urgent. Urgent requests will be reviewed within **72 hours**.
- Medically urgent outpatient procedures must meet the National Committee for Quality Assurance's definition of medical urgency requests. To be considered urgent, the patient must have conditions that are a risk to life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.



Pre-Decision Options: Medicare Advantage Members

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

Submission of Additional Clinical Information

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

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information.
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced.
- If additional information was submitted and the due date has not yet lapsed, we may at our election hold the case for a Pre-Decision Clinical Consultation.

Post-Decision Options: Medicare Advantage Members

My case has been denied. What's next?

Clinical Consultation (Peer-to-Peer)

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

Written Reconsideration

- Medicare Advantage cases do not include a reconsideration option.

Appeals

- eviCore will not process first-level appeals for Prominence members.

Provider Portal Overview

Adding Providers

Portal Compatibility

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

- Google Chrome
- Mozilla Firefox
- Microsoft Edge

Note: You may need to disable pop-up blockers to access the site.

Solutions Patients Provider's Hub

Provider's Hub

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](#)

eviCore healthcare Website

Visit www.evicore.com

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!



Portal Login

User ID

[Forgot User ID?](#)

Password

[Forgot Password?](#)

I agree to HIPAA Disclosure

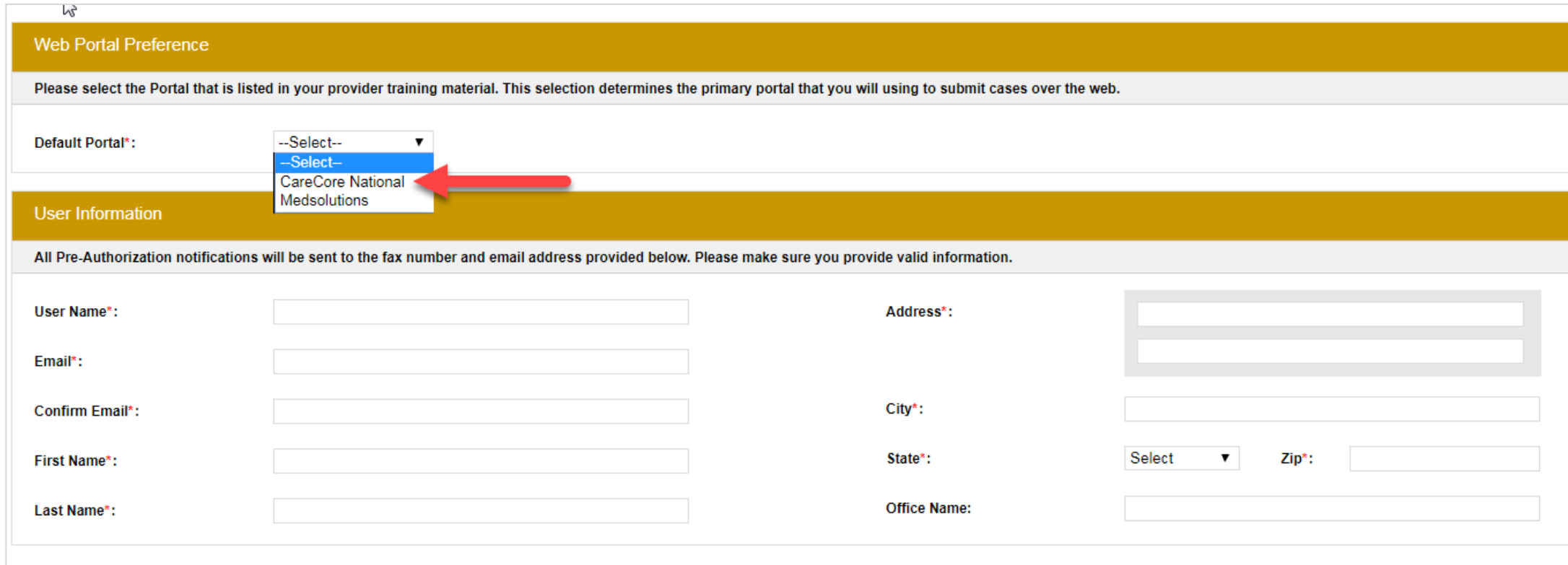
Remember User ID

LOGIN

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



Creating An Account



The screenshot shows a web form for account creation. The top section is titled "Web Portal Preference" and contains a dropdown menu for "Default Portal*:". The dropdown is open, showing three options: "--Select--", "--Select--", and "CareCore National Medsolutions". A red arrow points to the "CareCore National Medsolutions" option. Below this is the "User Information" section, which contains several input fields: "User Name*", "Email*", "Confirm Email*", "First Name*", "Last Name*", "Address*", "City*", "State*" (with a "Select" dropdown), "Zip*", and "Office Name". A note above the "User Information" section states: "All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information."

- 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.

Adding Providers



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

Wednesday, February 23, 2022 11:23 AM

[Log Off](#)

Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

- CHANGE PASSWORD
- EDIT ACCOUNT

ADD PROVIDER

Click Column Headings to Sort

Name	NPI
	REMOVE NPI
	REMOVE NPI

CANCEL

Under the Manage Your Account tab, click Add Provider.

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Adding Providers



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

Wednesday, February 23, 2022 11:44 AM

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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

- Enter the **Practitioner 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.

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Adding Providers



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

Wednesday, February 23, 2022 11:51 AM

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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
-------------------	-----	---------	------	-------	-----	-------	-----

[ADD THIS PRACTITIONER](#) [CANCEL](#)

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Select the matching record based upon your search criteria.

Adding Providers



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

Wednesday, February 23, 2022 11:56 AM

[Log Off](#)

Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

ADD ANOTHER PRACTITIONER

CONTINUE

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- Once you have selected a practitioner, your registration will be complete. 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 practitioner to your account.

Provider Portal Overview

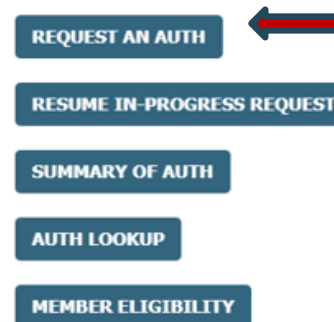
Submitting Online Prior Authorization Requests

Initiating a Request



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

Under the **Clinical Certification** tab, or click **REQUEST AN AUTH** to begin a new case request.



Select Program

Select the program for your certification and indicate if you are requesting as a referring provider or rendering site.



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification
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Thursday, April 14, 2022 4:32 PM

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

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Select Provider

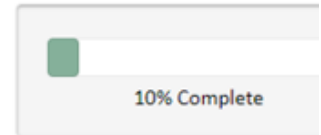


- Home
- Certification Summary
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification**
- Certification Requests In Progress
- MSM Practitioner Perf. Summary Portal
- Resources
- Manage Your Account
- Med Solutions Portal
- Unified Worklist
- Help / Contact Us

Thursday, April 14, 2022 4:33 PM

[Log Off](#)

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"/>	123456789 – Provider Last, First Name
<input type="button" value="SELECT"/>	123456789 – Provider Last, First Name
<input type="button" value="SELECT"/>	123456789 – Provider Last, First Name



[Click here for help](#)

Select the practitioner or group for whom you want to build a case.

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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	MedSolutions Portal	Unified Worklist	Help / Contact Us	
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	------------------	-------------------	--

Thursday, April 14, 2022 4:34 PM

[Log Off](#)

Choose Your Insurer

Requesting Provider: Last, First Name, NPI 123456789

Please select the insurer for this authorization request.

[BACK](#) [CONTINUE](#)

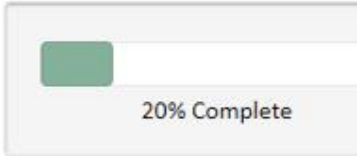
[Click here for help](#)

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

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

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Choose the appropriate health plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's ID card.

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	Unified Worklist	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	------------------	-------------------

Thursday, April 14, 2022 4:35 PM

[Log Off](#)

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

BACK


CONTINUE

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Enter the Provider's Name and appropriate information for the point-of-contact individual.

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 30% Complete

Provider and NPI

- Last, First Name
- Provider NPI
- Health Plan

Member Information



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

Thursday, April 14, 2022 4:36 PM

[Log Off](#)

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK


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Attention!

Time: 4/14/2022 4:36 PM

What is the expected date of service for this request? (MM/DD/20YY)

SUBMIT



40% Complete

Provider and NPI

Last, First Name
Provider NPI
Health Plan

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- Enter the member information, including the patient's ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.
- Enter the expected date of service.

Clinical Details - GECAP

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Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification**

Friday, August 19, 2022 12:39 PM

Requested Service + Diagnosis

This procedure will be performed on 8/22/2022. [CHANGE](#)

Gastroenterology Procedures

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

GECAP Capsule Endoscopy

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 Gastroenterology

[LOOKUP](#)

[BACK](#)

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- If you select the GECAP capsule endoscopy code, you'll then be asked to select the specific numeric CPT code as it pertains to your request

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Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification**

Friday, August 19, 2022 12:41 PM

Proceed to Clinical Information

Please select the CPT code you plan to perform.

91110

91111

91113

[SUBMIT](#)

[BACK](#) [CONTINUE](#)

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Site Selection



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

[Log Out](#)

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](#)

[BACK](#)

[Click here for help](#)

80% Complete

Provider and NPI

Last, First Name
Provider NPI
Health Plan

Patient

Last, First Name
Member ID
Patient Birthdate

Service

2/24/2022
GEEGD EGD-
esophagogastroduodenoscopy
R14.2 Eructation

Site

Facility Name

Enter NPI or TIN to select the specific site where the testing/treatment will be performed.

Advance to the Clinical Collection Process



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

Thursday, April 14, 2022 4:49 PM

[Log Off](#)

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

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Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

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Urgency Indicator



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification
------	-----------------------	----------------------	--------------------	------------------------

Thursday, April 14, 2022 4:49 PM

Proceed to Clinical Information

Is this case Routine/Standard?

YES	NO
-----	----

Select an **urgency indicator** and upload your patient's relevant medical records that support your request.

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

Wednesday, February 23, 2022 5:09 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 standard/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 Pathway Sample Questions



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

Thursday, April 14, 2022 5:18 PM

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

Proceed to Clinical Information

i Do you know the CPT code for the primary procedure you plan to perform? If yes, please select it from the drop down list of codes. If you do not know the CPT code, please build this case with CPT code 43235. (Please note that eviCore only needs to collect one code at this time, but a medical necessity determination will be made for all delegated EGD procedures. You will not have to contact eviCore if you need to perform multiple delegated procedure(s) different from the one you are requesting.)

SUBMIT

BACK

CONTINUE

A few preliminary questions will be asked to direct the user to the right set of clinical questions.

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Clinical Pathway Sample Questions



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification
------	-----------------------	----------------------	--------------------	------------------------

Thursday, April 14, 2022 5:18 PM

Proceed to Clinical Information

Do you know the CPT code for the primary procedure you plan to perform? It only needs to collect one code at this time, but a medical necessity determination is required for the one you are requesting.)

- Providers can choose a general diagnostic EGD (CPT 43235) or colonoscopy code (CPT45378), or another code that might more closely resemble the anticipated procedure.
- Please see the FAQs for additional details on submitting general diagnostic or multiple CPT codes for EGD and/or colonoscopy procedure(s).

Proceed to Clinical Information



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification
------	-----------------------	----------------------	--------------------	------------------------

Thursday, April 14, 2022 4:53 PM

Proceed to Clinical Information

What is the date of the most recent contact with the requesting provider for

Enter the type of contact.

SUBMIT

Finish Later

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

BACK

CONTINUE

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- Enter the place of service, indicating where the procedure will be performed.
- Then, enter the most recent date of contact, along with the type of contact last had with the patient.

Clinical Pathway Sample Questions

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Innovative Solutions

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress

Thursday, April 14, 2022 5:21 PM

Proceed to Clinical Information

Please select the PRIMARY reason for the EGD.

Is Monitored Anesthesia Care (MAC) planned for this EGD?
 Yes No Unknown

SUBMIT

Finish Later

Did you know?
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BACK **CONTINUE**

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- Select the primary reason for the procedure.
- Then, indicate if monitored anesthesia care is planned.

Clinical Pathway Sample Questions



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

Thursday, April 14, 2022 5:30 PM

Proceed to Clinical Information

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 (Recommended)
- 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

Please note that faxes received by eviCore may take up to 24 hours to process. Web uploaded documents have faster processing.

SUBMIT

Finish Later

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

BACK

CONTINUE

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- If you need to confirm information you are entering or need to add additional data, check **Finish Later** and then click **SUBMIT**.
- You will then have **48 hours** to complete the case.

Clinical Collection Process – Pathway Questions



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

Thursday, April 14, 2022 5:30 PM

Proceed to Clinical Information

Enter text in the space provided below.

Additional Information - Notes (Character limit of less than or equal to 500 characters):

SUBMIT

Finish Later

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

BACK

CONTINUE

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If additional information is required, you will have the option to freehand text in the additional information box.

Clinical Collection Process – Clinical Upload



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

Thursday, April 14, 2022 5:31 PM

Proceed to Clinical Information

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,.PNG):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

Uploading clinical information via the portal is the quickest, most efficient method. Select **Choose File** to bring you to the upload documentation page.

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Clinical Certification Statements



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------

Thursday, April 14, 2022 5:31 PM

Acknowledge the Clinical Certification statements, and click **SUBMIT CASE**.

Proceed to Clinical Information

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

[Click here for help](#)

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Clinical Certification – Approval Case Summary

- Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.
- Print the screen and store in the patient's file.

The screenshot shows the eviCore healthcare interface. At the top, there is a navigation bar with the following tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, Med Solutions Portal, Unified Worklist, and Help / Contact Us. Below the navigation bar, the date and time are displayed as "Thursday, April 14, 2022 5:53 PM" and a "Log Off" link is visible in the top right corner.

The main heading is "Summary of Your Request". Below this, a message states: "Please review the details of your request below and if everything looks correct click CONTINUE". A large blue banner across the middle of the page reads "Your case has been Approved."

The details are organized into several sections:

- Provider Information:**
 - Provider Name:
 - Provider Address:
 - Contact:
 - Phone Number:
 - Fax Number:
- Patient Information:**
 - Patient Name:
 - Insurance Carrier:
 - Patient Id:
- Site Information:**
 - Site Name:
 - Site Address:
 - Site ID:
- Diagnosis and Service Details:**
 - Primary Diagnosis Code: A04.8
 - Secondary Diagnosis Code: K21.9
 - Date of Service: 4/21/2022
 - CPT Code: 43235
 - Authorization Number: A170033269
 - Review Date: 4/14/2022 5:47:49 PM
 - Expiration Date: 7/13/2022
 - Status: Your case has been Approved.
- Descriptions:**
 - Description: Other specified bacterial intestinal infections
 - Description: Gastro-esophageal reflux disease without esophagitis
 - Description: EGD transoral diagnostic

At the bottom of the page, there are three buttons: CANCEL, PRINT, and CONTINUE. Below the buttons is a link that says "Click here for help".

Clinical Certification – Pending Case Summary



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

Thursday, April 14, 2022 5:01 PM

[Log Off / RE:](#)

Summary of Your Request

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

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 855-727-7444.

Provider Name:	Contact:		
Provider Address:	Phone Number:		
	Fax Number:		
Patient Name:	Patient Id:		
Insurance Carrier:			
Site Name:	Site ID:		
Site Address:			
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	4/21/2022	Description:	COLONOSCOPY THRU STOMA SPX
CPT Code:	44388		
Case Number:	1163755199		
Review Date:	4/14/2022 4:49:47 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 855-727-7444.		

- CANCEL
- PRINT
- CONTINUE

[Click here for help](#)

- If the clinical pathway questions are completed and the case has not meet clinical review. The status will reflect pending and at the top “Your case has been sent to Medical Review.”
- Print the screen and store in the patient’s file.

Additional Provider Portal Features

Eligibility Lookup Tool

The screenshot shows the eviCore healthcare website's navigation menu with the 'Eligibility Lookup' tab highlighted. Below the menu, the date and time are displayed as 'Wednesday, August 10, 2022 4:29 PM'. The main heading is 'Eligibility Lookup'. The interface displays the following information:

- Health Plan: PROMINENCE HEALTH PLAN
- Patient ID: [Redacted]
- Member Code: [Redacted]
- Cardiology Eligibility: **Precertification is Required**
- Radiology Eligibility: **Precertification is Required**
- Radiation Therapy Eligibility: **Precertification is Required**
- MSK Eligibility: **Precertification is Required**
- Sleep Management Eligibility: **Precertification is Required**
- Laboratory Eligibility: **Precertification is Required**
- Medical Oncology Eligibility: **Precertification is Required**

At the bottom, there are three buttons: 'PRINT', 'DONE', and 'SEARCH AGAIN'. A link for 'Click here for help' is also present.

You can also confirm the patient’s eligibility by selecting the **Eligibility Lookup** tab.

Duplication Feature



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

Wednesday, February 23, 2022 10:21 PM

[Log Off](#)

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 (Gastroenterology)
- Provider ()
- Program and Provider (Gastroenterology and)
- Program and Health Plan (Gastroenterology and)

GO

CANCEL

PRINT

[Click here for help](#)

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- With the duplication feature, you'll have the option to return to the main menu, resume an in-progress request, or start a new request.
- You can indicate if any of the previous case information will be needed for the new request.
- Time saver!

Certification Summary

eviCore healthcare

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

Wednesday, February 23, 2022 9:51 PM Log Off

Certification Summary

Search..

Single Status: 10 View 1 - 1 of 1

Expired

Filter By Multiple Statuses: View 1 - 1 of 1

Show All

Date: 10 View 1 - 1 of 1

7 days

Submit Close

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
RHONEY	BRIARWOOD OPERATOR		Expired / Cancelled	02/23/2022	43235	EGD-esophagogastroduodenoscopy		05/24/2022	Uploads & Fixes	

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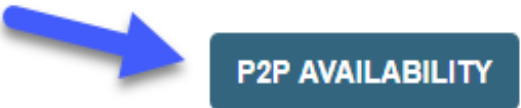
- The Portal now includes a **Certification Summary** tab to better track your recently submitted cases.
- The work list can also be filtered, as seen above.

How to schedule a Peer-to-Peer

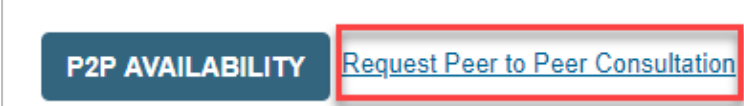
- Log into your account at www.evicore.com
- Perform **Authorization Lookup** to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer-to-Peer conversation:

Authorization Lookup

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



- 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.



How to Schedule a Peer-to-Peer

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

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 Reference 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

- 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**.

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 >](#)

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

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

1st Priority by Skill

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

1st Priority by Skill

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

- 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.

How to Schedule a Peer-to-Peer

Confirm Contact Details

- The point of contact's name and email address will auto-populate per your user credentials.

P2P Info
Date: Mon 5/18/20
Time: 6:30 pm EDT
Reviewing Provider

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

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

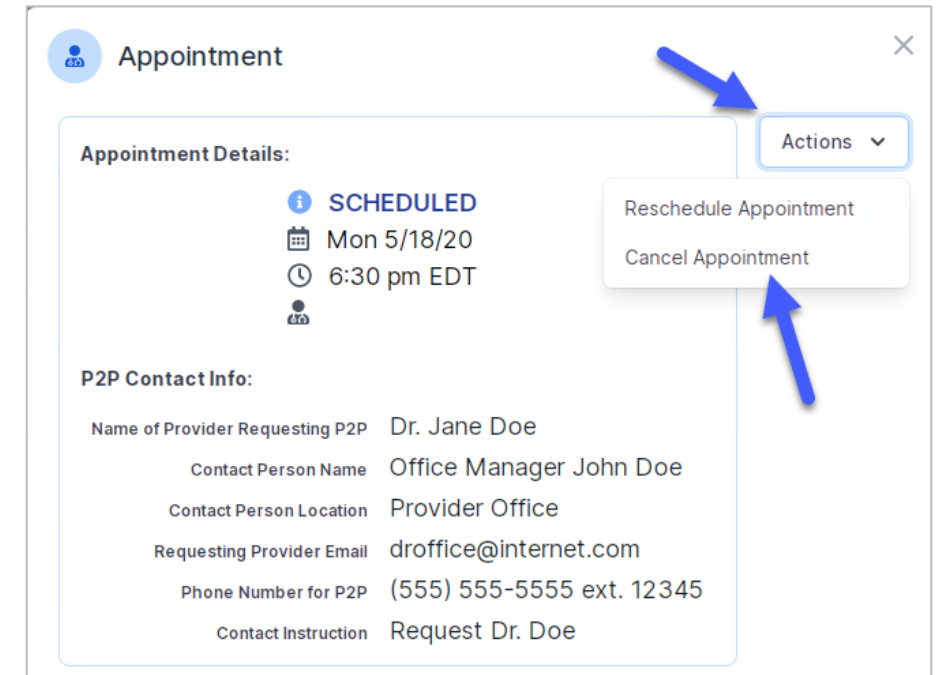
- Be sure to update the following fields so that we can reach the right person for the Peer-to-Peer appointment:
 - Name of Provider Requesting P2P
 - Phone Number for P2P
 - Contact Instructions
- Click **Submit** to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Scheduling
Scheduled
Mon 5/18/20 - 6:30 pm EDT
SCHEDULED

Canceling or Rescheduling a Peer-to-Peer Appointment

To cancel or reschedule an appointment:

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



Provider Resources

Provider Resources

Prior Authorization Call Center - 844.224.0495

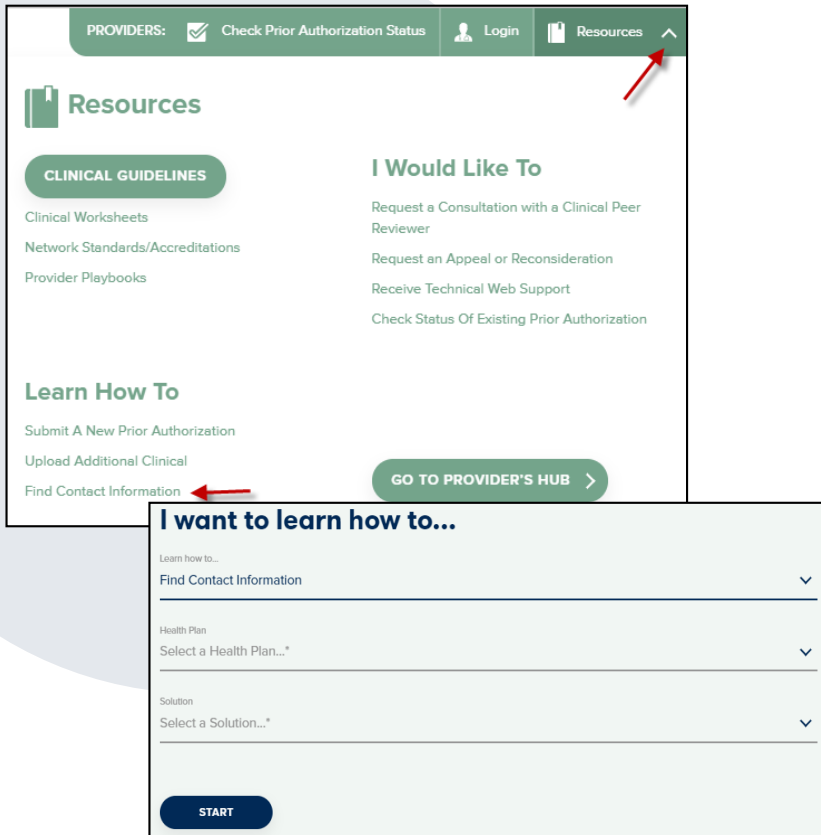
Our call centers are open from **7:00 a.m. to 7:00 p.m.** local time.

Providers can contact our call center to do the following:

- Request prior authorization.
- Check the status of existing authorization requests.
- Discuss questions regarding authorizations and case decisions.
- Change the facility or CPT code(s).
- Request to speak to a clinical reviewer.
- Schedule a clinical consultation with an eviCore medical director.



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 e-mail portal.support@evicore.com.

Client and Provider Services 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

E-mail: ClientServices@evicore.com (preferred)

Phone: 800.646.0418 (option 4)

For prompt service, please have all pertinent information available. When e-mailing, 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

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 Review Forums

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

We invite you to attend a **Provider Prior Authorization Online Portal Tips and Tools** session to learn how to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

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

How to register for a Provider Prior Authorization Online Portal Tips and Tools session:

You can find a list of scheduled **Provider Prior Authorization Online Portal Tips and Tools** sessions on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Provider Newsletter

Stay Updated With Our Free Provider Newsletter

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

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



Provider Resource Website

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/Prominence>



Dedicated eviCore Teams

Call Center

- Phone: 844.224.0495
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

- Live chat
- Email: portal.support@evicore.com
- Phone: 800.646.0418 (Option 2)

Client & Provider Operations Team

- Email: clientservices@evicore.com (preferred)
- Phone: 800.646.0418 (option 4)
- Eligibility issues (member or provider not found in system)
- Transactional, authorization-related issues requiring research

Provider Engagement

- Michael Morgan, RN, BSN
 - Email: Michael.Morgan@eviCore.com
 - Phone: 615.468.4000, ext. 24320
- Regional team that works directly with the provider community.

Thank You!

