

# Radiation Oncology Portal Migration Training

Provider Orientation Session for Health Partners Plans



Empowering  
the Improvement  
of Care

# Legacy MedSolutions Portal vs. Legacy CareCore Portal

	Past Experience	Experience starting 10/15/2021
<b>Opportunity for Real Time Decision</b>	Yes	Yes
<b>Clinical Collection</b>	Ability to upload online or fax	Ability to upload online or fax
<b>Authorization Lookup</b>	Yes for individual case lookup and all recently submitted cases	Yes for individual case lookup and all recently submitted cases
<b>Worksheets</b>	Worksheets are available and required with each submission	Worksheets are available and required with each submission
<b>User View</b>	Single screen view of all case information	Step-by-step case build using multiple screens
<b>Case Submission</b>	Requests are submitted based on individual codes	Requests are submitted based on treatment information by cancer type
<b>Notification Letters</b>	Codes are included on the letters	<b>Treatment plan information is included on the letters (not codes)</b>
<b>Date of Service</b>	Request by simulation date	<b>Request by treatment start date</b>

# Radiation Oncology - Holistic Treatment Plan Review



PROVIDERS:  Check Prior

 Resources

CLINICAL GUIDELINES

Clinical Worksheets

.....  
eviCore healthcare relies on information about the patient's unique presentation and physician's intended treatment plan to authorize all services from the initial simulation through the delivery of the last fraction of radiation.

- Providers specify the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes . For example, Breast Cancer, Skin Cancer etc. A non-cancerous and 'other' cancer type can be requested if the diagnosis does not fit into a pre-defined cancer type category.
- The intended treatment plan for the cancer type is compared to the evidence-based guidelines developed by our Medical Advisory Board. *[For Medicare Cases, LCD and NCDs are followed if there is one applicable to the treatment.]*
- If request is authorized/covered or partially authorized/covered, then the requested/approved treatment technique and number of fractions will be provided and will be included on the notifications that are sent to the provider and the member.
- If Image Guidance (IGRT) is requested it may or may not be approved, separate from the primary treatment technique. This will be communicated in the case notifications. The eviCore IGRT Policy is included in our guidelines on [www.eviCore.com](http://www.eviCore.com)
- For questions about specific CPT codes that are generally included with each episode of care, please reference the eviCore Radiation Therapy Coding Guidelines located online at [www.eviCore.com](http://www.eviCore.com), in the Clinical Guidelines section of the Resource tab.

# Keys to Successful Prior Authorizations

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



# Health Partners Plans Prior Authorization Services

---

eviCore healthcare (eviCore) will begin accepting prior authorization requests for radiation oncology services for Medicare and Medicaid members on **October 15, 2021** for dates of service **October 15, 2021** and after.

## Prior authorization applies to the following services:

- Outpatient
- Elective / Non-emergent
- *Note: if you currently have a MedSolutions authorization, you do not need to get a new authorization unless the treatment (modality and/or # of fractions) has changed*

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

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured provider log-in section at: <https://www.evicore.com/resources/healthplan/health-partners-plans>

# Radiation Oncology - Special Circumstances

---

## Alternative Recommendations

- An alternate treatment plan recommendation may be offered based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation by building a new case, or by requesting a reconsideration of the original request
  - [Reconsiderations are not allowed for Medicare cases; a new case would need to be started to accept the alternate recommendation]
- Providers must contact eviCore to accept the alternative recommendation before the start of treatment

## Authorization Updates

- If updates are needed to an existing authorization, you can contact eviCore by phone
- Changes in treatment type or technique will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn
- If there is a change in technique(s) or number of fractions and this update is not communicated then it may impact claims payment. The billed services should align with the requested and approved treatment plan
- If it is known the authorization time span will not cover the entirety of the radiation therapy episode of care/treatment plan then eviCore should be notified before the services are billed by the provider

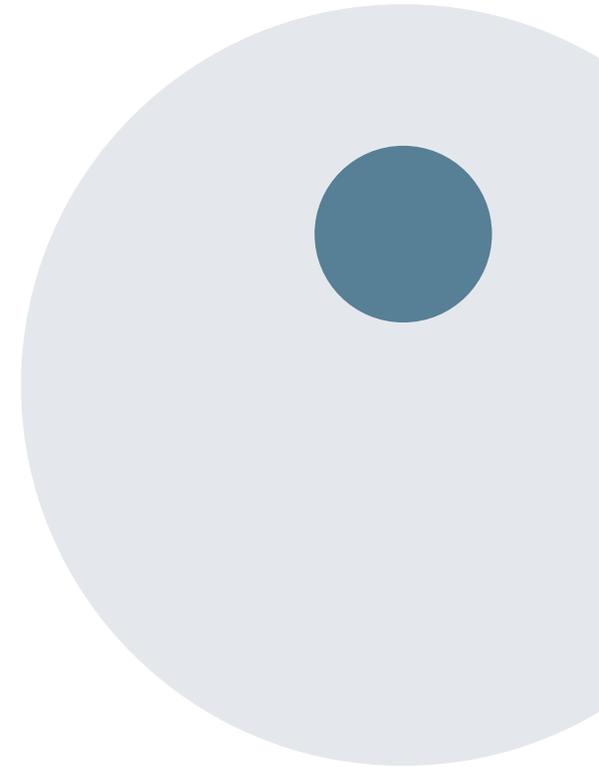


# Radiation Oncology - Special Circumstances Cont.

---

## Retrospective Reviews

- Retrospective requests may be made within 180 calendar days from the date of service, prior to the claim being submitted
- Retrospective requests will be reviewed for clinical urgency as well as medical necessity



# Post-Decision Options: Medicaid Members

---

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

### Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within two business days after the determination date
- Reconsiderations can be requested through the web portal, or verbally via a Clinical Consultation with an eviCore physician

### Appeals

- eviCore will not process appeals
- Appeal requests can be submitted in writing by mail or fax, or verbally to HPP within 60 calendar days of the denial notification

# Pre-Decision Options: Medicare 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 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, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

# Post-Decision Options: Medicare Members

---

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

### Clinical Consultation

- 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

### Reconsideration

- Medicare cases do not include a Reconsideration option

### Appeals

- eviCore will not process appeals
- Appeal requests can be submitted in writing by mail or fax, or verbally to HPP within 60 calendar days of the denial notification

---

# Provider Portal Overview

Registration & Submitting Online Prior Authorization Requests

---

# eviCore healthcare Website

---

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

**Web Portal Preference**

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use 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\*:  Address\*:   
Email\*:    
Confirm Email\*:  City\*:   
First Name\*:  State\*: Select Zip\*:   
Last Name\*:  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.

# Adding Practitioners

### Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

Click Column Headings to Sort

No providers on file

### 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

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

# Initiating a Case

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources 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	
<input type="button" value="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 Information

## Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help.](#)

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

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

## Add Your Contact Info

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

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

Fax:\* [REDACTED] [?]

Phone:\* [REDACTED] [?]

Ext.: [REDACTED] [?]

Cell Phone: [REDACTED]

Email: [REDACTED]

BACK

CONTINUE

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

# Member Information & Case Details

**Patient Eligibility Lookup**

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

**ELIGIBILITY LOOKUP**

**BACK**

- Enter the **member information** including the patient ID number, date of birth, and last name, then click **Eligibility Lookup**
- Next screen you can choose the cancer type & diagnosis code

**Primary Diagnosis Code (Lookup by Code or Description)**

will be performed on 5/21/2020. **CHANGE**

**Secondary Diagnosis Code (Lookup by Code or Description)**

is optional for Radiation Therapy

**BACK**

**RCADRE**  
RCANAL  
RCBILE  
RCBLAD  
RCBONE  
RCBRAI  
**RCBREA**  
RCCERV  
RCCNSL  
RCCNSN  
RCENDO  
RCESOP  
RCGACA  
RCGALL  
RCHDKL  
RCHENE  
RCHEPA  
RCKIDN  
RCLIVE  
RCMETS  
RCMUMY  
RCNHDL  
RCNONC

**Primary Diagnosis Code (Lookup by Code or Description)**

procedure by CPT Code[?] or Description[?]

procedure code or type of service? [Click here](#)

**LOOKUP**

**LOOKUP**

# Site Selection

Start by searching NPI or TIN for the site of 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 all information entered and make any changes needed
- You will not have the opportunity to make changes after this point

# Standard or Urgent Request?

## Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

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

# Proceed to Clinical Information – Example of Questions

**Proceed to Clinical Information**

Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?  
 Yes  No

Where will treatment be directed?  
 Bilateral breast (treated concurrently)  
 Left breast  
 Right breast

**SUBMIT**

**Proceed to Clinical Information**

What is the T stage?

What is the N stage?

**SUBMIT**

**Proceed to Clinical Information**

Will respiratory gating/deep inspiration breath hold (DIBH) be used?  
 Yes  No

Will daily image-guided radiation therapy (IGRT) be used for the initial phase?  
 Yes  No

Will IGRT be used for the boost?  
 Yes  No

**SUBMIT**

Finish Later

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

**CANCEL**



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

# Next Step: Criteria Not Met

If criteria is not met based on clinical questions, you will receive a similar request for additional 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
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

**SUBMIT**

**Summary of Your Request**

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

**Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.**

Provider Name:	DR. BRADLEY BAKER, DENTIST, DENTIST	Contact:	John
Provider Address:	1234567890 St 1234567890 St 1234567890 St	Phone Number:	1234567890
Patient Name:	BRADLEY BAKER	Patient Id:	1234567890
Insurance Carrier:	ABCDEF	Site ID:	1234567890
Site Name:	1234567890 St 1234567890 St 1234567890 St	Primary Diagnosis Code:	999
Site Address:	1234567890 St 1234567890 St 1234567890 St	Secondary Diagnosis Code:	Not provided
Primary Diagnosis Code:	999	Date of Service:	5/13/2020 2:36:00 PM
Secondary Diagnosis Code:	Not provided	CPT Code:	999
Date of Service:	5/13/2020 2:36:00 PM	Case Number:	1234567890
CPT Code:	999	Review Date:	5/13/2020 2:36:00 PM
Case Number:	1234567890	Expiration Date:	N/A
Review Date:	5/13/2020 2:36:00 PM	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.
Expiration Date:	N/A	Description:	
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.	Description:	

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

# Criteria Met

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

<b>REQUESTED</b> Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)	
<b>APPROVED</b> Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)	
<b>DENIED</b>	
<b>DENIAL RATIONALE</b>	
<b>Provider Name:</b> <b>Provider Address:</b>	<b>Contact:</b> <b>Phone Number:</b> <b>Fax Number:</b>
<b>Patient Name:</b> <b>Insurance Carrier:</b>	<b>Patient Id:</b>
<b>Site Name:</b> <b>Site Address:</b>	<b>Site ID:</b>
<b>Primary Diagnosis Code:</b> R68.89 <b>Secondary Diagnosis Code:</b> <b>Date of Service:</b> 6/1/2020 <b>CPT Code:</b> RCBREA <b>Authorization Number:</b> <b>Review Date:</b> 5/20/2020 10:41:09 AM <b>Expiration Date:</b> 11/16/2020 <b>Status:</b>	<b>Description:</b> Other general symptoms and signs <b>Description:</b> <b>Description:</b> Breast Cancer
<b>REQUESTED</b> Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)	
<b>APPROVED</b> Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)	
<b>DENIED</b>	
<b>DENIAL RATIONALE</b>	
<input type="button" value="CANCEL"/> <input type="button" value="PRINT"/> <input type="button" value="CONTINUE"/>	

---

# Additional Provider Portal Features

---

# Certification Summary / User Dashboard

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

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>					

Page 1 of 0

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

# Authorization Lookup

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
- View and print any correspondence

# eviCore Reconsideration Review Process on the Web

eviCore healthcare

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

### 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**

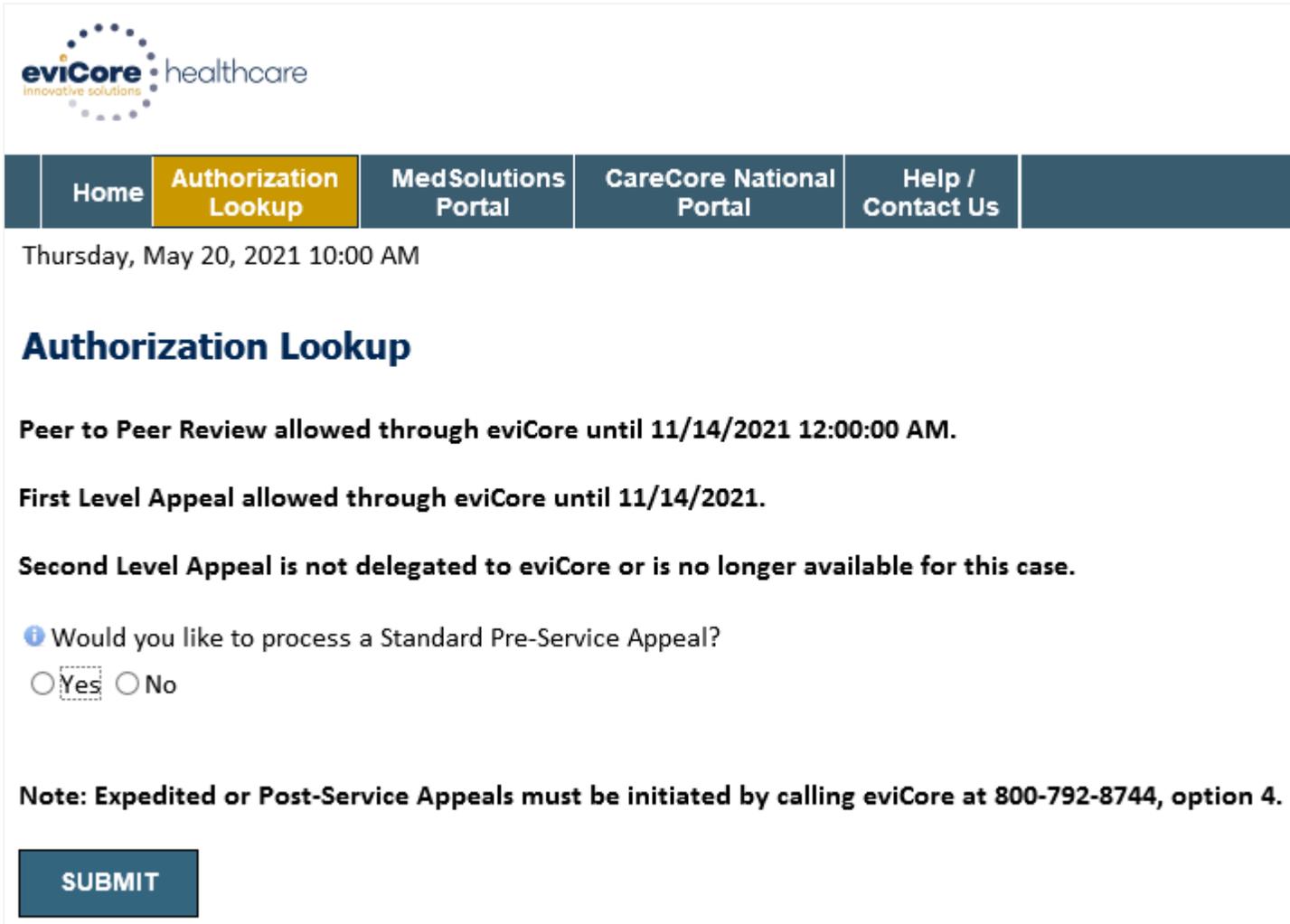
#### Procedures

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

**PRINT** **SEARCH**

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

# eviCore Reconsideration Review Process on the Web



The screenshot shows the eviCore healthcare website interface. At the top left is the logo with the tagline 'innovative solutions'. A navigation bar contains links for Home, Authorization Lookup (highlighted in yellow), MedSolutions Portal, CareCore National Portal, and Help / Contact Us. Below the navigation bar, the date and time 'Thursday, May 20, 2021 10:00 AM' are displayed. The main heading is 'Authorization Lookup'. The content area contains three lines of information: '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.', and 'Second Level Appeal is not delegated to eviCore or is no longer available for this case.' Below this is a question: 'Would you like to process a Standard Pre-Service Appeal?' with radio buttons for 'Yes' (selected) and 'No'. A note at the bottom states: 'Note: Expedited or Post-Service Appeals must be initiated by calling eviCore at 800-792-8744, option 4.' A blue 'SUBMIT' button is located at the bottom left of the form area.

- 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 Reconsideration Process on the Web

eviCore healthcare  
innovative solutions

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

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

## Authorization Lookup

**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.**

**i** Do you acknowledge that the uploaded clinical information used to initiate this post decision request is new and not previously reviewed?

Yes  No

**SUBMIT**

eviCore healthcare  
innovative solutions

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

Thursday, May 20, 2021 10:12 AM

## Authorization Lookup

**Your Post Decision Review request has been successfully submitted.**

**SUBMIT**

- 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

# eviCore Reconsideration Review Process on the Web

- 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	

---

# Provider Resources

---

# Dedicated Call Center

---

## Prior Authorization Call Center – 888.444.6178

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



# Provider 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
- CPT code list

To access these helpful resources, please visit

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

Receive tips and stay updated eviCore's provider newsletter. Subscribe at [www.eviCore.com](http://www.eviCore.com). Just scroll down and add a valid email so that we can send you monthly updates.



# Provider Resource Tools and Forums

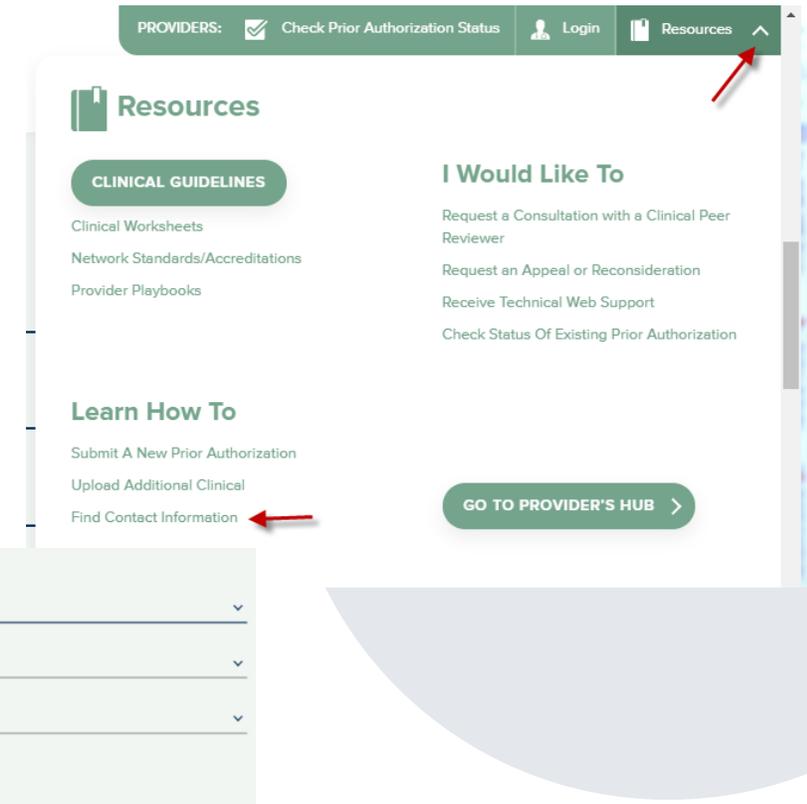
The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a Provider Resource Review Forum, to navigate [www.eviCore.com](http://www.eviCore.com) and understand all the resources available on the Provider's Hub. Learn how to access:

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

## How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on [www.eviCore.com](http://www.eviCore.com) → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



# 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](mailto: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 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

---

# Self Service Peer to Peer Scheduling

---

# Providers have the ability to schedule Peer to Peer requests entirely online

---

## How Does it Work?

Our scheduling system takes into consideration all case logic needed to determine if a case is eligible for a Peer to Peer conversation. No more waiting for email confirmation from an internal eviCore representative!

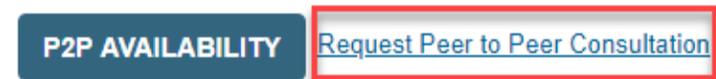
# How to schedule a Peer to Peer Request

---

- Select 'Authorization Lookup' from the Tool Bar
  - ✓ Enter the information required to initiate a case look up
- 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 (see slides 29-32).

## Authorization Lookup

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

**ALL POST DECISION OPTIONS**

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

# How to Schedule a Peer to Peer Request

Case Info | Questions | Schedule | Confirmation

## New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone.
- You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.
- You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”
- To proceed, select “Lookup Cases”

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

## New P2P Request

eviCore healthcare P2P Portal

Case Ref #:  Remove ✔ P2P Eligible

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

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

Continue

# How to Schedule a Peer to Peer Request

### Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

### Questions

Please indicate your availability

**Preferred Days**

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

**Preferred Times**

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

**Time Zone**

US/Eastern

[Continue >](#)

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

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

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

1st Priority by Skill

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

1st Priority by Skill

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

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

# How to Schedule a Peer to Peer

## Confirm Contact Details

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

The screenshot shows a multi-step scheduling process. The 'P2P Contact Details' section includes the following fields:

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

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

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

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

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

The 'Scheduling' summary page displays the following information:

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

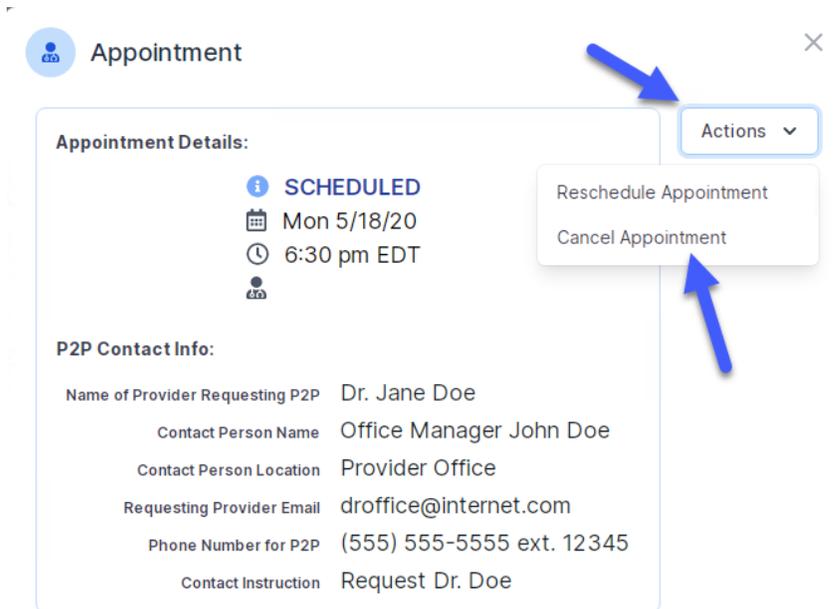
# Canceling or Rescheduling a Peer to Peer Appointment

## To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done

---

# Thank You!

---

