

Radiology and Cardiology

Provider Orientation Sessions for The Health Plan



Company Overview



**100M
Members
Managed**

9 Comprehensive Solutions



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



4.9k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology

Headquartered in Bluffton, SC Offices across the US including:

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



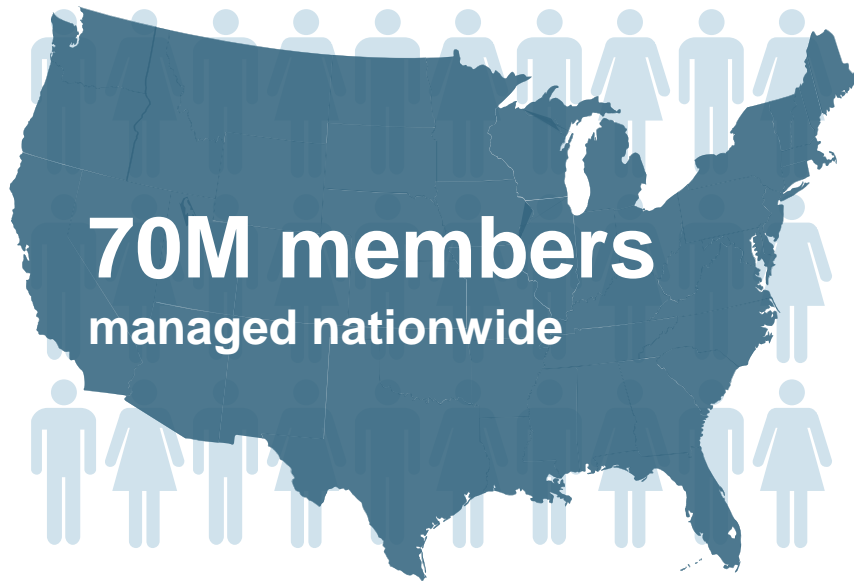
Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Radiology Solution - Our Experience

30+ Regional
and National Clients

37k+
Cases built per day

24 Years
Managing Radiology Services



Members Managed

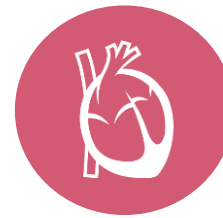
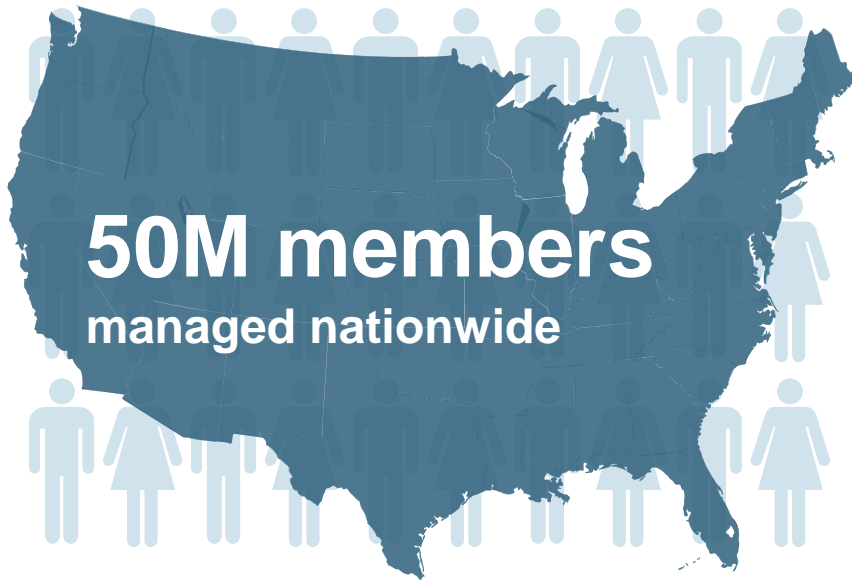
- 25.5M Commercial Memberships
- 2M Medicare Memberships
- 6.5M Medicaid Memberships

Cardiology Solution - Our Experience

20+ Regional
and National Clients

10k+
Cases built per day

13 Years
Managing Radiology Services



Members Managed

- **37.7M Commercial Memberships**
- **2.3M Medicare Memberships**
- **5.98M Medicaid Memberships**



Our Clinical Approach

Clinical Staffing

Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

>300
Medical
Directors

Covering
51
different
specialties

800
Nurses with
diverse
specialties /
experience

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

Evidence-Based Guidelines

The foundation of our solutions:



Dedicated
pediatric
guidelines



Contributions
from a panel
of community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies

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

Our Service Model

Enabling Better Outcomes

Enhancing outcomes through Client and Provider engagement



Client & Provider Operations

Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.



Client Experience Manager

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.



Regional Provider Engagement Managers

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.

Why Our Service Delivery Model Works



One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.



Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Radiology and Cardiology Prior Authorization Process

Program Overview

eviCore healthcare will begin accepting requests on December 16, 2019 for dates of service December 16, 2019 and beyond

Prior authorization from eviCore applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

Prior authorization from eviCore does not apply to services that are performed in:

- Emergency room
- Inpatient
- 23-hour observation

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

Applicable Membership

Authorization is required for The Health Plan members enrolled in the following programs:

- **Commercial plans;** HMO, PPO, POS, and WV PEIA plans
- **Medicare plans;** SecureCare HMO, SecureChoice PPO, and Dual Eligible Special Needs plans in West Virginia and Ohio
- **Medicaid plans;** Mountain Health Trust, SSI and WV Health Bridge plans



Prior Authorization Required:

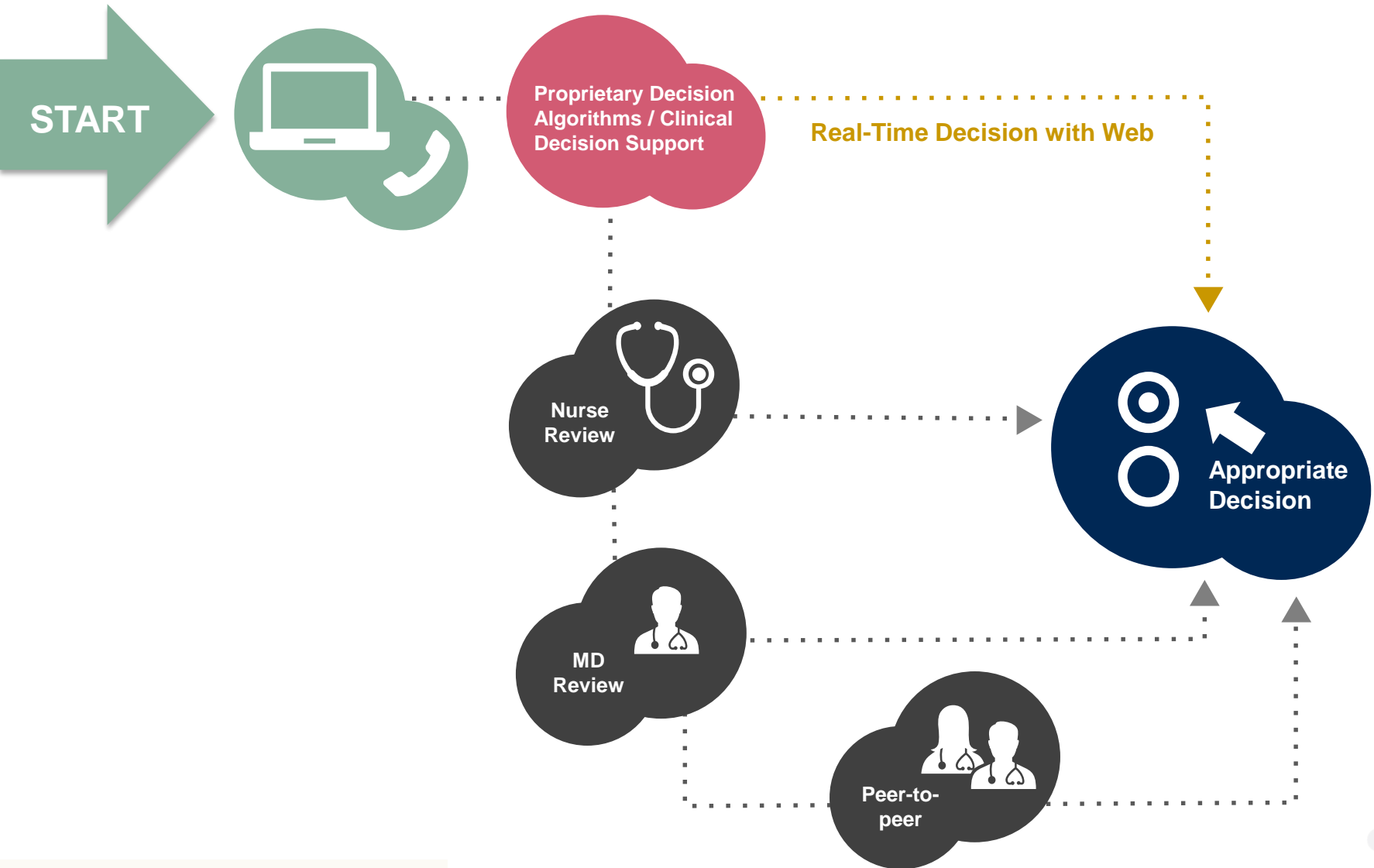
- CT / CTA
- MRI / MRA
- PET / PET CT
- Myocardial Perfusion Imaging (Nuclear Stress)
- Echo / Echo Stress
- Diagnostic Heart Cath
- Cardiac Imaging (CT, MRI, PET)
- Cardiac Rhythm Implantable Device (CRID)

To find a list of CPT (Current Procedural Terminology) codes that require prior authorization through eviCore, please visit:

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

Clinical Review Process – Easy for Providers and Staff

Methods of Intake



When Request is Determined as Inappropriate



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



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

Needed Information



If clinical information is needed, please be able to supply:

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- The notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis

Prior Authorization Outcomes

➤ Approved Requests

Once all clinical information is received requests are processed as follows:

- **Commercial** – within 2 business days (not to exceed 10 calendar days OH, and not to exceed 7 calendar days for WV)
- **Medicaid** – within 7 calendar days (not to exceed 14)
- **Medicare** – within 14 calendar days

Delivery Method

- Faxed to ordering provider and rendering facility
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

Authorizations are good for 45 calendar days from the date of determination

➤ Denied Requests

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery Method

- Faxed to the ordering provider
- Mailed to the member

Prior Authorization Outcomes – Commercial and Medicaid

Clinical Consultations

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval
- **Clinical Consultations** can be scheduled at a time convenient to your physician by visiting www.evicore.com/pages/requestaconsultation.aspx

Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within 7 calendar days of the determination for OH Commercial & WV Medicaid, and 14 calendar days for WV Commercial

Prior Authorization Outcomes – Medicare / Dual Needs

Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval

Special Circumstances

Appeals

- eviCore will process first level appeals for Commercial and Medicaid members
- Requests for appeals must be submitted to eviCore within 180 days of the initial determination
- The imaging request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the provider within 5 business days of the decision (not to exceed 30 days OH / WV Commercial), and 30 days for WV Medicaid
- Appeal requests for Medicare cases need to be submitted to The Health Plan within 60 calendar days of the adverse determination

Retrospective Studies

- *Retrospective Requests are only allowed when a study had to be performed on an urgent basis on a holiday or over a weekend; All other retro requests will be directed to The Health Plan*

Outpatient Urgent Studies

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed within 48 hours of the request with written notification within 3 days of oral notification for OH/WV commercial cases. WV Medicaid cases within 2 business days with written notification within 72 hours of request. And Medicare cases within 72 hours with written notification within 3 days of verbal notification

Methods for Authorization Requests



WEB

Providers should verify member eligibility and benefits on the secured provider login section at:

<https://myplan.healthplan.org/Account/Login>

- ✓ Go to www.eviCore.com and log on to the secure portal to submit prior authorization requests
 - ❑ **Available 24/7** and is the **quickest** way to create prior authorizations and check existing case status



Phone: 877-791-4104
Call Center Hours:
7AM – 7PM Monday – Friday

Note: PA requests are not accepted via fax. *Clinical documentation for existing cases can be faxed to 800-540-2406*

Important: Providers will access eviCore web portal directly through eviCore.com - However we recommend you go to THP's website to ensure redirection to eviCore for the appropriate CPT Code(s)

Web Portal Services



Home > Log in

Access your account

Secure Log in

User ID

Password

Log In »

[Need Help!](#) [Forgot User ID](#) [Forgot Password](#)

Registered providers input User ID & Password here

First-time users

[Register](#)

Resource Library

[Access posted announcements](#)
[Announcements](#)

Click the appropriate button if you need help, have forgotten your User ID or password



Hey Demo,

We noticed you have not confirmed your email address. It is really important that you confirm your email address for a couple reasons:

- It will be easier for you to access your account if you forget your sign in information.
- We can notify you if your employer has posted any important documents or links.

The process is really easy. We just send you an email with a special link in the email body. All you need to do is open the email and click on the link.

Let's do this! Email me the link!

No thanks, maybe later



Click here if you have previously confirmed your email address



- Provider
- Home
- Administration
- Search Patients
- Claims
- Pre-Authorizations
- Roster
- Performance
- Voucher
- Forms
- Policies
- Resource Library
- Case Tracker Lite
- Member Search
- My Reminders

Provider Home

Quick Claim Search

Please enter the claim number



Click here to pre-authorize services

Announcements

- HP website claims going through Edifecs and Eligibility edit implemented on all claims**
[Read more](#)
- West Virginia Family Health members will be receiving a letter informing them that they must choose another managed care organization**
[Read more](#)
- THP will be implementing new claims editing software**
[Read more](#)
- Corporate address update**
Please update your mailing address for The Health Plan to
1110 Main Street
Wheeling, WV 26003
- Drugs Requiring Medical Necessity Review**
The Health Plan may require a medical necessity review for various medically billable drug Current Procedural Terminology (CPT) codes (J-codes) prior to performing a procedure or service effective April 15, 2019.
[Read more](#)
- Clinical Drug Testing Prior Authorization Requirement and Coverage Guideline Update**
Effective July 1, 2018, based on The American Society of Addiction Medicine's (ASAM) published consensus statement, The Health Plan will be updating the guideline related to review of clinical drug testing for addiction treatment programs and pain management programs for all lines of business. [Read more](#)
- Palladian Health Partnership**
The Health Plan is announcing our partnership with Palladian Health™ to improve outcomes for musculoskeletal conditions and spine pain management, effective January 1, 2019.
[Read more](#) | [Webinar Schedule](#)



Pre-Authorization

Check Pre-Authorization Status

Submit Pre-Authorization

Check Palladian Pre-Authorization Status

Check EviCore Pre-Authorization Status



Submit a pre-authorization request here

Drugs Requiring Medical Necessity Review

The Health Plan may require a medical necessity review for various medically billable drug Current Procedural Terminology (CPT) codes (J-codes) prior to performing a procedure or service effective **April 15, 2019**. Medically billable drugs are predominantly injectable or infusion drugs that are submitted on a medical claim and are reimbursed based on the member's medical benefit rather than their pharmacy benefit. This affects all lines of business with The Health Plan: Commercial (including HMO, PPO and POS plans), WV Medicaid (including Mountain Health Trust, WV Health Bridge and SSI), Self-Funded and Medicare (including SecureCareHMO, SecureChoicePPO, DSNP and Supplemental plans).

For a complete listing of medically billable drug codes, please review the list below.

- Commercial and Self-Funded
- Medicare
- WV Medicaid

Pre-Authorization Lists

Please review the pre-authorization lists below.

- Pre-Authorization Lists

Provider

- Home
- Administration
- Search Patients
- Claims
- Pre-Authorizations
- Roster
- Performance
- Voucher
- Forms
- Policies
- Resource Library

Case Tracker Lite

- Member Search
- My Reminders



Submit a Pre-Authorization Request

The Service Date defaults to today's date



Member HID

H 12345678 01

Service Date

10/07/2019

Find Member

To submit a request for a Pre-Authorization you must know the member's THP ID number AND include the suffix.

- Employers
 - Search Members
 - Manage Documents
 - Databytes Login
- Provider
 - Home
 - Administration
 - Search Patients
 - Claims
 - Pre-Authorizations
 - Roster
 - Voucher
 - Forms
 - Policies
 - Resource Library



Submit a Pre-Authorization Request

Member HID
Service Date

Patient demographic information pre-populates below based on the member's Health Identification Number (HID)

Patient Information

Member Name	Member HID	Plan Group	Line of Business
		01373702	DSNP
Gender	Member Date of Birth	Member Age	Member Effective Date
M			2/15/2018
Member Exit Date	Member PCP		
12/31/9999			



The exit date will end in 9999 to indicate this is an active THP member. Termed members will have the exact date w/year they termed coverage.

Ordering Provider Information

Ordering Provider
Please select a provider in the list below to auto-complete the fields to the right. You can narrow the list of providers by typing a name or provider number.

* **Provider Name**

* **Provider TIN**

* **Provider NPI**

* **Provider ID**

- Employers
 - Search Members
 - Manage Documents
 - Databytes Login
- Provider
 - Home
 - Administration
 - Search Patients
 - Claims
 - Pre-Authorizations
 - Roster
 - Voucher
 - Forms
 - Policies
 - Resource Library



Submit a Pre-Authorization Request

Member HID

H

Service Date

Find Member

Patient Information

Member Name	Member HID	Plan Group 01373702	Line of Business DSNP
Gender M	Member Date of Birth	Member Age	Member Effective Date 2/15/2018
Member Exit Date 12/31/9999	Member PCP		

Ordering Provider Information

Ordering Provider

Please select a provider in the list below to complete the fields to the right. You can narrow the list of providers by typing a name or provider number.

Select Ordering Provider

* Provider Name

* Provider NPI

* Provider TIN

* Provider ID

Provider demographics pre-populates upon selecting the Ordering Provider from the drop down box

- Employers
 - Search Members
 - Manage Documents
 - Databytes Login
- Provider
 - Home
 - Administration
 - Search Patients
 - Claims
 - Pre-Authorizations
 - Roster
 - Voucher
 - Forms
 - Policies
 - Resource Library

Member HID **Service Date**

Patient Information

Member Name	Member HID	Plan Group	Line of Business
		01373702	DSNP
Gender	Member Date of Birth	Member Age	Member Effective Date
			2/15/2018
Member Exit Date	Member PCP		
12/31/9999			

Ordering Provider Information

Ordering Provider
Please select a provider in the list below to auto-complete the fields to the right. You can narrow the list of providers by typing a name or provider number.

* Provider Name	<input type="text"/>	* Provider NPI	<input type="text"/>
* Provider TIN	<input type="text"/>	* Provider ID	<input type="text"/>

Procedure Code

 Type CPT Procedure Code here

- Databytes Login
- Provider
- Home
- Administration
- Search Patients
- Claims
- Pre-Authorizations
- Roster
- Voucher
- Forms
- Policies
- Resource Library

Patient Information

Member Name
Gender
Member Exit Date
12/31/9999

You are now being redirected to eviCore process these procedures and services. You will be required to use your eviCore credentials to log in.

Close Continue

Line of Business
DSNP
Member Effective Date
2/15/2018

Ordering Provider Information

Ordering Provider
Please select a provider in the list below to auto-complete the fields to the right. You can narrow the list of providers by typing a name or provider number.

1

* Provider Name	<input "="" type="text" value="("/>	* Provider NPI	<input type="text" value=":]"/>
* Provider TIN	<input type="text" value="!"/>	* Provider ID	<input type="text" value="V"/>

Procedure Code

[Add Code](#)

The CPT code selected drives to eviCore's website if recognized as a code requiring pre-auth by eviCore

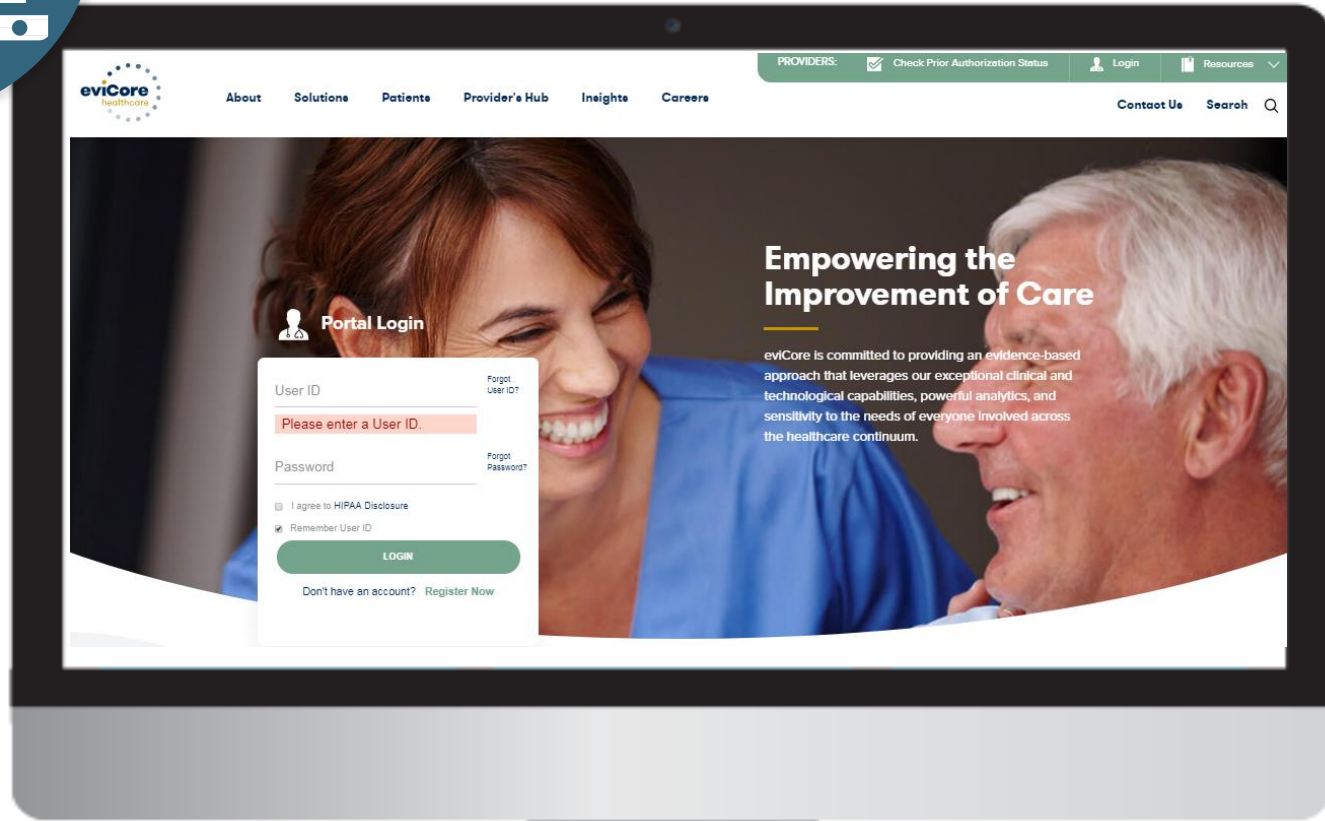
Where can we best reach you?

* Your Name:	<input type="text"/>	* Your Phone #:	<input type="text"/> - <input type="text"/> - <input type="text"/>	Extension #:	<input type="text"/>
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Pre-Authorization Information



Redirection to eviCore's Provider Web Portal – You will need to log in using your eviCore User ID and Password



eviCore Portal

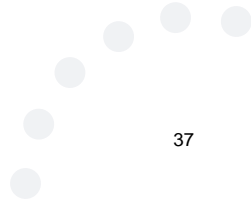
Registration Process

Portal Compatibility

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

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).



eviCore healthcare website

- Point web browser to evicore.com



- Login or Register

A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is white with a green 'LOGIN' button. It includes fields for 'User ID' and 'Password', each with a 'Forgot' link. There are checkboxes for 'I agree to HIPAA Disclosure' and 'Remember User ID'. A red circle highlights the 'Register Now' link at the bottom of the form. The background of the form is a blurred image of a person's face.

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



* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:

--Select--
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*:	<input type="text"/>	Address*:	<input type="text"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	Select <input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

Next

➤ Select CareCore National or MedSolutions as the **Default Portal**, and complete the user registration form.

➤ Please note: For the MedSolutions portal, you will also need to select the appropriate **Account Type**: Facility, Physician, Billing Office, and Health Plan.

Creating An Account



* Required Field

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*:

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

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*:	<input type="text"/>	Address*:	<input type="text"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	<input type="text" value="Select"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next



Review information provided, and click **“Submit Registration.”**



User Registration-Continued

USER REGISTRATION

User Access Agreement *Required

eviCore

Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health

Accept Terms and Conditions *

Submit Cancel

Accept the **Terms and Conditions**, and click **"Submit."**

User Registration-Continued



Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.



You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

Your password must be at least (8) characters long and contain the following:

- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? *)



Password Maintenance

Please set up a new password for your account.

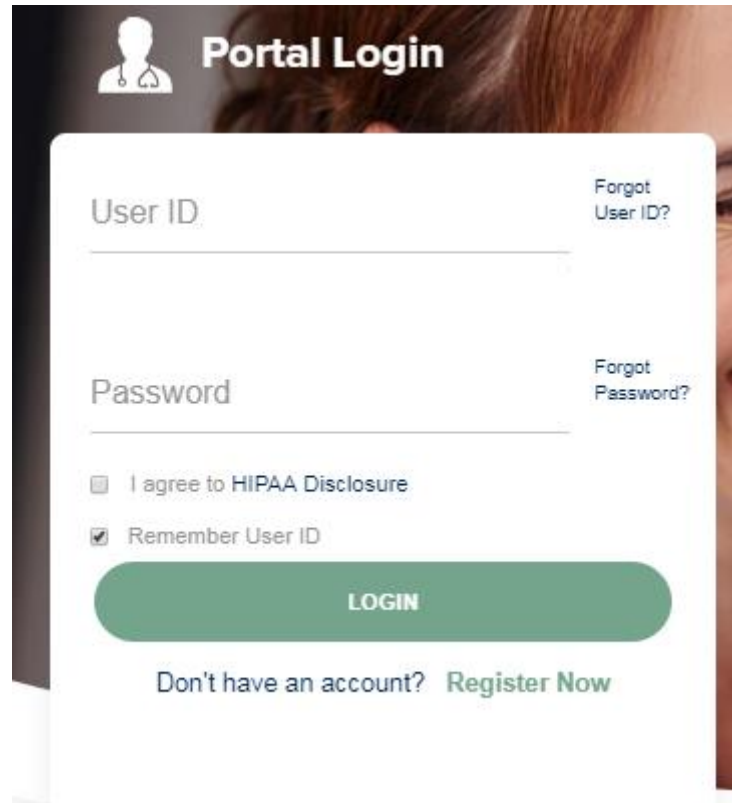
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

Save

Account Log-In

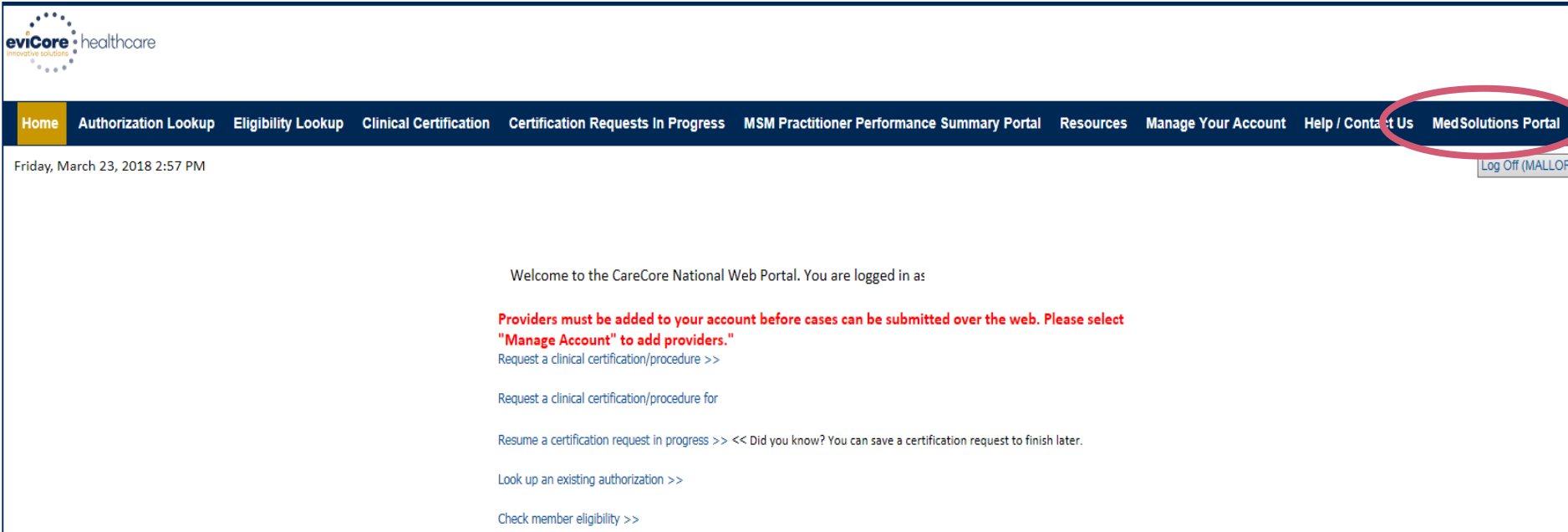


The image shows a 'Portal Login' form. At the top left is a white icon of a person with a stethoscope. To its right is the text 'Portal Login'. Below this is a white rounded rectangle containing the form fields. The first field is 'User ID' with a 'Forgot User ID?' link to its right. The second field is 'Password' with a 'Forgot Password?' link to its right. Below the password field are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). At the bottom of the form is a green rounded button with the text 'LOGIN'. Below the button is the text 'Don't have an account? Register Now'.



To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click “**Login**.”

Welcome Screen



eviCore healthcare
innovative solutions

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

Friday, March 23, 2018 2:57 PM [Log Off \(MALLORCA\)](#)

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 a clinical certification/procedure >>](#)

[Request a clinical certification/procedure for](#)

[Resume a certification request in progress >>](#) << [Did you know? You can save a certification request to finish later.](#)

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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

Add Practitioners

Manage Your Account

Office Name:

Change Password

Edit Account

Address: 730 Cool Springs Blvd
Franklin, TN 37067

Primary

Contact: User Account

Email Address: Test@email.com

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

Click the “Add Provider” button.

Add Practitioners

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

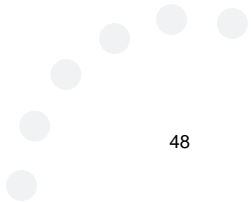
Adding Practitioners

Add Practitioner

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

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

Select the matching record based upon your search criteria



Manage Your Account

Add Practitioner

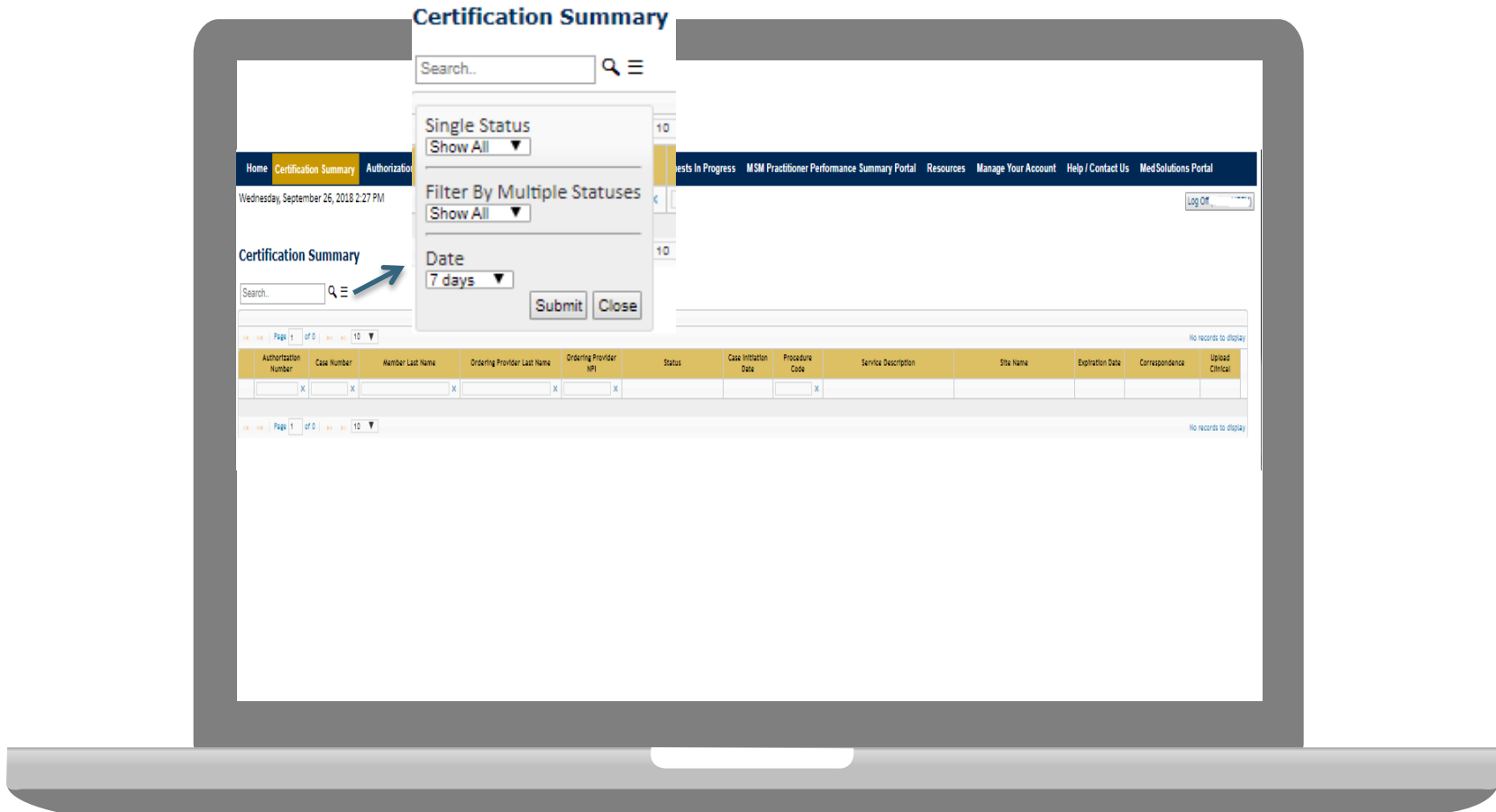
If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

[Add Another Practitioner](#) [Continue](#)

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

Certification Summary



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

Requesting Prior Authorization

Initiating A Case

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Performance Summary Portal

Resources

Manage Your Account

Help / Contact Us

Med Solutions Portal

Wednesday, January 16, 2019 10:50 AM

Log Off, N

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

[Review a summary of recent certifications >>](#)

[Request a clinical certification/procedure >>](#)

[Resume a certification request in progress >>](#) << Did you know? You can save a certification request to finish later.

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

[Horizon Pilot Designation Program >>](#)

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Choose **“request a clinical certification/procedure”** to begin a new case request.

Select Program

Clinical Certification

Please select the program for your certification:

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

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

Select the **Program** for your certification.

Select Provider

Wednesday, January 12, 2016 11:05 AM

Clinical Certification

Select the practitioner or group for whom you want to build a case. If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name

or NPI:

Selected Physician:

Provider	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
1 2 3	

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

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Select Health Plan



20% Complete

Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. Click [here](#) for more information!

You selected


Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan ▼

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

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

Contact Information



30% Complete

Provider and NPI

Clinical Certification

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone

Email

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

Enter the **Provider's name** and appropriate information for the point of contact individual.

Member/Procedure Information

[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) **[Clinical Certification](#)** [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [Med Solutions Portal](#)

Wednesday, January 16, 2019 11:05 AM

Log Off


Attention!

Time: 1/16/2019 11:23 AM

Has this procedure been performed?

Verify if the procedure has already been performed.

Member Information



40% Complete

Provider and NPI

Clinical Certification

Patient ID:

Date Of Birth:

MM/DD/YYYY

Patient Last Name Only:

[?]

ELIGIBILITY LOOKUP

Cancel


Back

Print

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

Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **“Eligibility Lookup.”**

Clinical Details


60% Complete

Provider and NPI

Patient [EDIT](#)

Clinical Certification

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

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

73721 MRI LOWER EXTREMITY JOINT W/O

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

Diagnosis

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Radiology


[LOOKUP](#)

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

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

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

Verify Service Selection



60% Complete

Provider and NPI

Patient

[EDIT](#)

Clinical Certification

Confirm your service selection.

Procedure Date: TBD
CPT Code: 73721
Description: MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

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

Click **continue** to confirm your selection.

Site Selection

Clinical Certification

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

Cancel Back Print

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

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

Site Selection

Clinical Certification

Selected Site:

FIND NEW SITE

Site Email (optional)

Cancel

Back

Print

Continue

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

This page allows you to enter an email address for a facility representative.

Clinical Certification

Clinical Certification

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 CareCore National.

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

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- You will not have the opportunity to make changes after that point.

Contact Information

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select **No**, if the case is standard select **Yes**.

Clinical Certification

Is this case Routine/Standard?

Yes No



You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Medical Review

Clinical Certification

Clinical Upload

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

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

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

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If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Providing clinical information via the web is the quickest, most efficient method.

Clinical Certification

Clinical Certification

Is this request to evaluate suspicion of cancer, screening for cancer, active evaluation or monitoring of known cancer?

Yes No

SUBMIT

Finish Later

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

Cancel Print

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

Clinical Certification questions may populate based upon the information provided.

Clinical Certification

Clinical Certification

1 Which one of the following best describes the reason for the requested study.

SUBMIT

Finish Later

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

Cancel Print

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

- You can click the **“Finish Later”** button to save your progress.
- You have **two (2) business days** to complete the case.

Clinical Certification

Clinical Certification

1 What is the date of the most recent contact with the requesting provider for this problem? (Enter an approximate date if the exact date is not known)

1 Enter the type of contact.

- Email
- Office visit
- Phone call
- Other
- Unknown

SUBMIT

Finish Later

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

Cancel Print

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

Select a **reason** for the requested study, or choose “Not Listed” if none of the available options are appropriate.

Medical Review

Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?

Yes No

Enter text in the space provided below or continue.

Additional Information - Notes:

SUBMIT

Finish Later

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

Cancel Print

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

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Providing clinical information via the web is the quickest, most efficient method.

Medical Review

Clinical Certification

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.

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

Acknowledge the Clinical Certification statements, and hit “**Submit Case.**”

Approval

Clinical Certification

Your case has been Approved.

Provider Name: _____ Contact: _____
Provider Address: _____ Phone Number: _____
Fax Number: _____

Patient Name: _____ Patient ID: _____
Insurance Carrier: _____

Site Name: _____ Site ID: _____
Site Address: _____

Primary Diagnosis Code: M25.562 Description: Pain in left knee
Secondary Diagnosis Code: _____ Description: _____
Date of Service: Not provided
CPT Code: 73721 Description: MRI LOWER EXTREMITY JOINT W/O

Authorization Number: _____
Review Date: 2:12:39 PM
Expiration Date: _____
Status: Your case has been Approved.

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an **approval** will be issued.

Print the screen and store in the patient's file.

Medical Review

Clinical Certification

Your Case has been sent to Medical Review

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
<hr/>	
Patient Name:	Patient Id:
Insurance Carrier:	
<hr/>	
Site Name:	Site ID:
Site Address:	
<hr/>	
Primary Diagnosis Code: M25.562	Description: Pain in left knee
Secondary Diagnosis Code:	Description:
Date of Service: Not provided	
CPT Code: 73721	Description: MRI LOWER EXTREMITY JOINT W/O
<hr/>	
Authorization Number:	
Review Date:	
Expiration Date:	
Status: Pending	

Once 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.

Building Additional Cases

Clinical Certification

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 (Musculoskeletal Management)
- Provider
- Program and Provider
- Program and Health Plan

GO

Cancel Print

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

Once a case has been submitted for clinical certification, you can 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.

Provider Resources



Authorization look up



Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status

Authorization Lookup

Authorization Number: :
Case Number: :
Status: Approved
Approval Date: 1/16/2019 11:21:14 AM
Service Code: 73721
Service Description: MRI LOWER EXTREMITY JOINT W/O
Site Name:
Expiration Date: 4/16/2019
Date Last Updated: 1/16/2019 11:21:15 AM
Correspondence: [VIEW CORRESPONDENCE](#)

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
73721 CHANGE SERVICE CODE	73721 Magnetic resonance imaging (MRI) (a special kind of picture) of your knee or ankle without contrast (dye)	1	1	

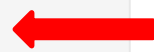
[Print](#) [Done](#) [Search Again](#)

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

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



- Provider
- Home
- Administration
- Search Patients**
- Claims
- Pre-Authorizations
- Roster
- Performance
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- Resource Library
- Case Tracker Lite
- Member Search
- My Reminders



Provider Home

Quick Claim Search

Please enter the claim number

Providers may check member eligibility here

Announcements

- HP website claims going through Edifecs and Eligibility edit implemented on all claims**
[Read more](#)
- West Virginia Family Health members will be receiving a letter informing them that they must choose another managed care organization**
[Read more](#)
- THP will be implementing new claims editing software**
[Read more](#)
- Corporate address update**
Please update your mailing address for The Health Plan to 1110 Main Street Wheeling, WV 26003
- Drugs Requiring Medical Necessity Review**
The Health Plan may require a medical necessity review for various medically billable drug Current Procedural Terminology (CPT) codes (J-codes) prior to performing a procedure or service effective April 15, 2019.
[Read more](#)
- Clinical Drug Testing Prior Authorization Requirement and Coverage Guideline Update**
Effective July 1, 2018, based on The American Society of Addiction Medicine's (ASAM) published consensus statement, The Health Plan will be updating the guideline related to review of clinical drug testing for addiction treatment programs and pain management programs for all lines of business. [Read more](#)
- Palladian Health Partnership**
The Health Plan is announcing our partnership with Palladian Health™ to improve outcomes for musculoskeletal conditions and spine pain management, effective January 1, 2019.
[Read more](#) | [Webinar Schedule](#)

Eligibility Look Up



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Thursday, March 15, 2018 4:43 PM

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

Eligibility Lookup

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification is Required**

Sleep Management Eligibility: **Medical necessity determination required.**

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

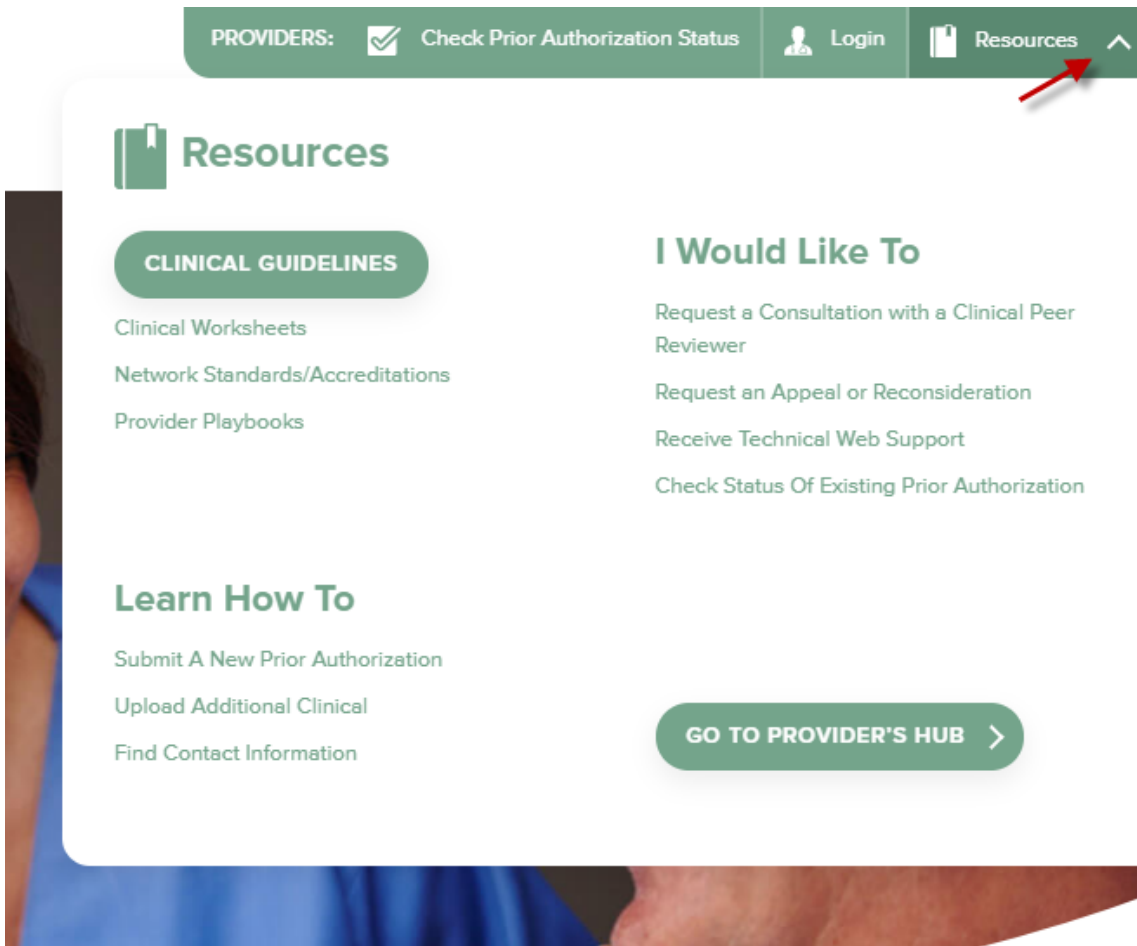
Click [here](#) for help or technical support

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You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tab.

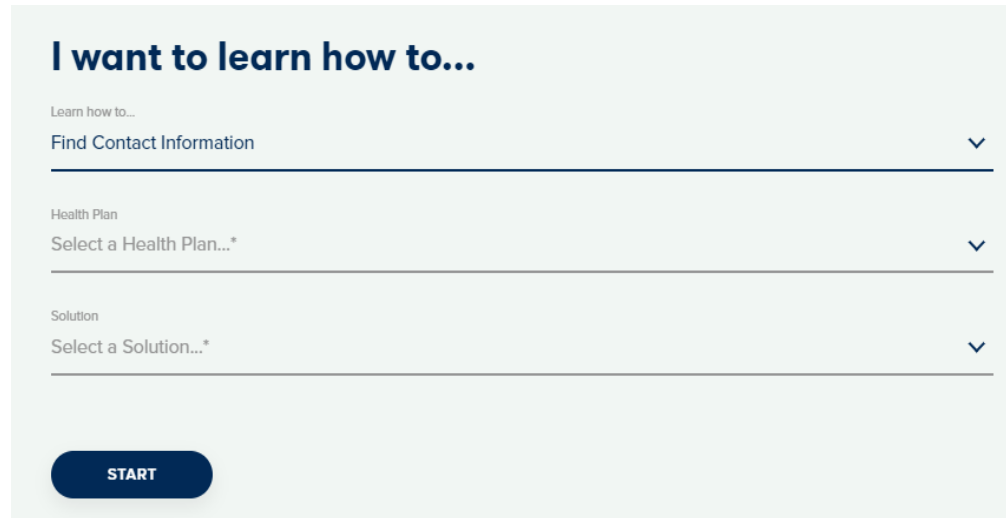
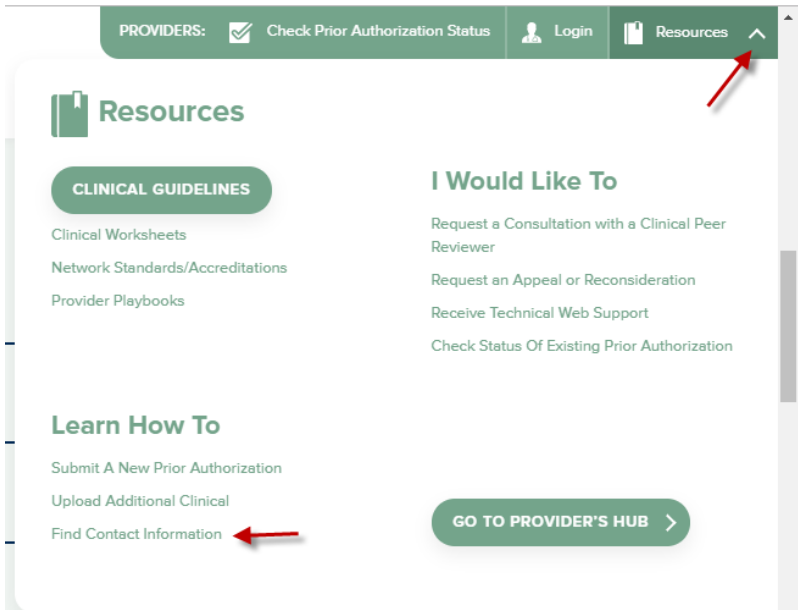
Online Resources

- You can access important tools and resources at www.evicore.com.
- Select the **Resources** to view **FAQs**, **Clinical Guidelines**, **Online Forms**, and more.



The screenshot displays the Evicore website interface. At the top, a green navigation bar contains the following items: 'PROVIDERS:' with a checkmark icon, 'Check Prior Authorization Status', a user icon with 'Login', and 'Resources' with a dropdown arrow. A red arrow points to the 'Resources' dropdown arrow. Below the navigation bar, the 'Resources' page is shown with a green header and a book icon. The page is divided into two main sections. The left section is titled 'CLINICAL GUIDELINES' in a green rounded button and lists 'Clinical Worksheets', 'Network Standards/Accreditations', and 'Provider Playbooks'. The right section is titled 'I Would Like To' and lists 'Request a Consultation with a Clinical Peer Reviewer', 'Request an Appeal or Reconsideration', 'Receive Technical Web Support', and 'Check Status Of Existing Prior Authorization'. At the bottom left, a 'Learn How To' section lists 'Submit A New Prior Authorization', 'Upload Additional Clinical', and 'Find Contact Information'. A green rounded button at the bottom right says 'GO TO PROVIDER'S HUB >'. The background of the page shows a person in a blue lab coat.

Quick Reference Tool



Access health plan specific contact information at www.evicore.com by clicking the resources tab then select **Find Contact Information**, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

Provider Resources: Prior Authorization Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

7:00 AM - 7:00 PM Monday – Friday (Local Time): (877) 791-4104

- Obtain prior authorization or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Web-Based Services



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

www.eviCore.com

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

To reach eviCore Client Services, call (800) 646 - 0418 (Option #4) or email clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the healthplan

Provider Resources: Implementation Website



Pre-Certification Call
Center



Web-Based
Services



Client Provider
Operations



Documents

Provider Enrollment Questions – Contact THP Provider Services at 1.877.847.7901

The Health Plan Provider Resources Page

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

- Provider Orientation Presentation
- CPT code list of the procedures that require prior authorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Questions?

Julie Carpenter, LPN
Regional Provider Engagement Manager
eviCore healthcare
730 Cool Springs Blvd., Suite 800
Franklin, TN 37067
Cell: 843.505.3280
Julie.Carpenter@evicore.com



Thank You!



The Health Plan

Provider Portal – *Voucher Payments & Claims Search*



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- Member Search
- My Reminders

Provider Home

Quick Claim Search

Please enter the claim number

Providers may search for claims paid, denied or in process

Announcements

- HP website claims going through Edifecs and Eligibility edit implemented on all claims**
[Read more](#)
- West Virginia Family Health members will be receiving a letter informing them that they must choose another managed care organization**
[Read more](#)
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Home > Claims > Search Claims

Search Claims

As an provider you may search claims for all members that you have provided service for.

Search By: Tax ID Provider Patient Claim Number

Date of Service: to

Provider:

Status Paid In Process Denied Credit Adjusted Re-Submitted

No claims found with this search criteria. Try changing the Date of Service date range and/or claim status and try your search again.

Claims payment is from The Health Plan.

Claims may be searched by provider tax ID#, provider name, patient name or claim number



- Provider
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Provider Home

Quick Claim Search

Please enter the claim number

Providers may access & download their payment vouchers here

Announcements

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Home > Voucher

Voucher

Search By: Tax ID Provider Check Number

Voucher Date: 09/15/2019 to 10/15/2019

Provider: N2406 - A PLUS CHIROPRACTIC CARE

Search

Providers may search for vouchers by provider tax ID#, provider name or check #

No vouchers found with this search criteria. Try changing the Date of Service date range and try your search again.

The voucher date defaults to one month prior to the current date. This may be changed.