Genetic Testing

Provider Orientation Session for all WellSense members in the states of Massachusetts and New Hampshire
Effective date: 3/1/2023 phone live 2/27/23

Program Overview

WellSense Health Plan Prior Authorization Services

eviCore healthcare will begin accepting prior authorization requests for WellSense Genetic Testing Management services. Prior authorization requests will be accepted on February 27,2023 for specimen collection date March 1, 2023 and after.

Prior authorization applies to the following services:	Prior authorization does **NOT** apply to services that are performed in:
• Outpatient	• Emergency Room Services
• Diagnostic	• Observation Services
• Elective	• Inpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section in Health Trio Connect for WellSense

Applicable Memberships

Prior Authorization is required for all WellSense Health Plan members who are enrolled in the following lines of business/programs in the states of Massachusetts and New Hampshire:

WellSense Medicare Plans

WellSense Medicaid Plans
WellSense Commercial Plans

Note: When requesting pre-service authorization for these members, please select WellSense from the health plan dropdown list.

Lab Management-Genetic Testing Solution
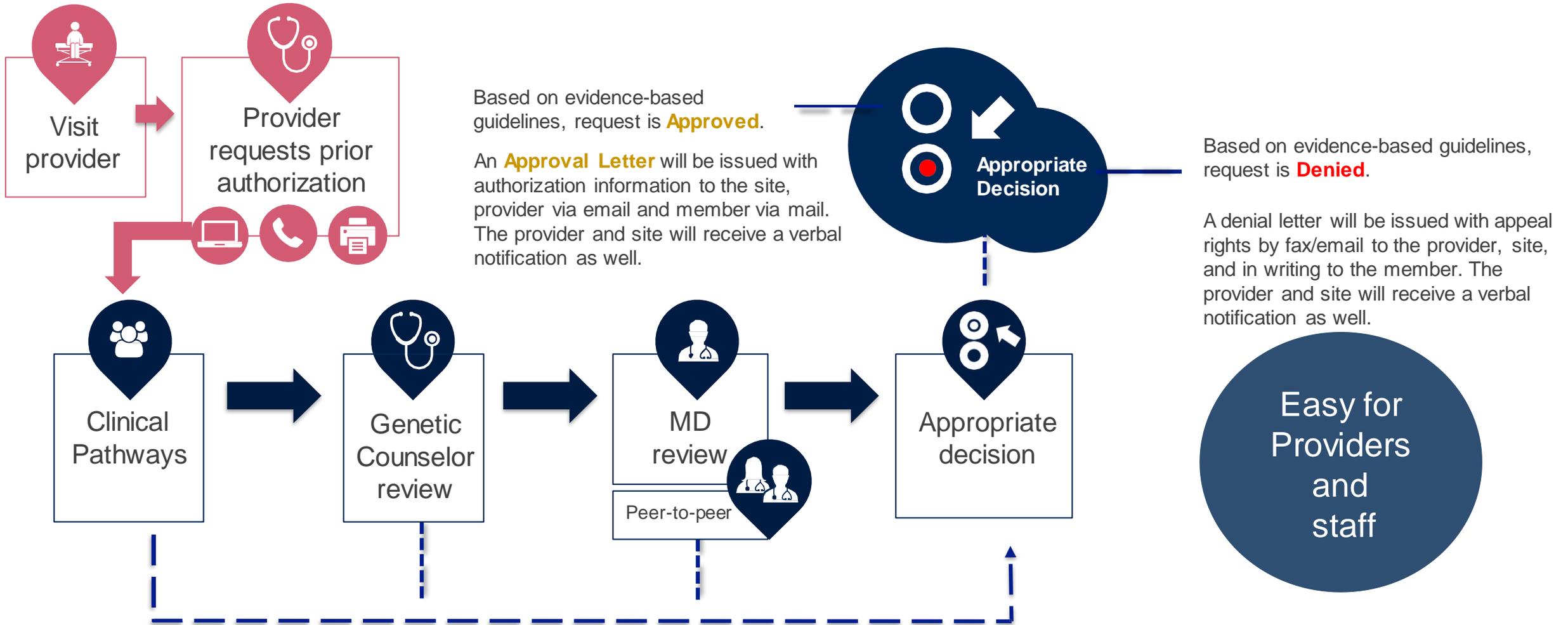
Managed Services

- Hereditary Cancer Syndromes

- Carrier Screening Tests

- Tumor Marker / Molecular profiling

- Hereditary Cardiac Disorders

- Cardiovascular Disease and Thrombosis Risk Variant Testing

- Pharmacogenomics Testing

- Neurologic Disorders

- Mitochondrial Disease Testing

- Intellectual Disability / Developmental Disorders

To find a list of codes that require authorization through eviCore, please visit:

https://www.evicore.com/resources/healthplan/wellsense

Prior Authorization Process

Visit provider → **Provider requests prior authorization**

Clinical Pathways → **Genetic Counselor review** → **MD review** (Peer-to-peer) → **Appropriate decision**

Based on evidence-based guidelines, request is **Approved**.

An **Approval Letter** will be issued with authorization information to the site, provider via email and member via mail. The provider and site will receive a verbal notification as well.

Appropriate Decision

Based on evidence-based guidelines, request is **Denied**.

A denial letter will be issued with appeal rights by fax/email to the provider, site, and in writing to the member. The provider and site will receive a verbal notification as well.

Easy for Providers and staff

Non-Clinical Information Required

The following information must be provided to initiate the prior authorization request:

Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

Ordering Physician Information

- First and Last Name
- Practice Address
- Individual National Provider Identification (NPI) Number
- Tax Identification Number (TIN
- Phone and Fax Numbers

Rendering Laboratory Information

- Laboratory Name
- Street Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Clinical Information Required

If clinical information is needed, this may include, but is not limited to:

- Details about the test being performed (test name, description and/or unique identifier)

- All information required by applicable policy

- Test indication, including any applicable signs and symptoms or other reasons for testing

- Any applicable test results (laboratory, imaging, pathology, etc.)

- Any applicable family history

- How test results will impact patient care

Submitting Prior Authorization Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

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

Phone Number:
844-725-4448
Monday through Friday:
8 am – 7 pm EST

Fax Number:
844-545-9213
PA requests are accepted via fax and can be used to submit additional clinical information
- ❖ *Indicate case # when submitting additional clinical information*

WEB
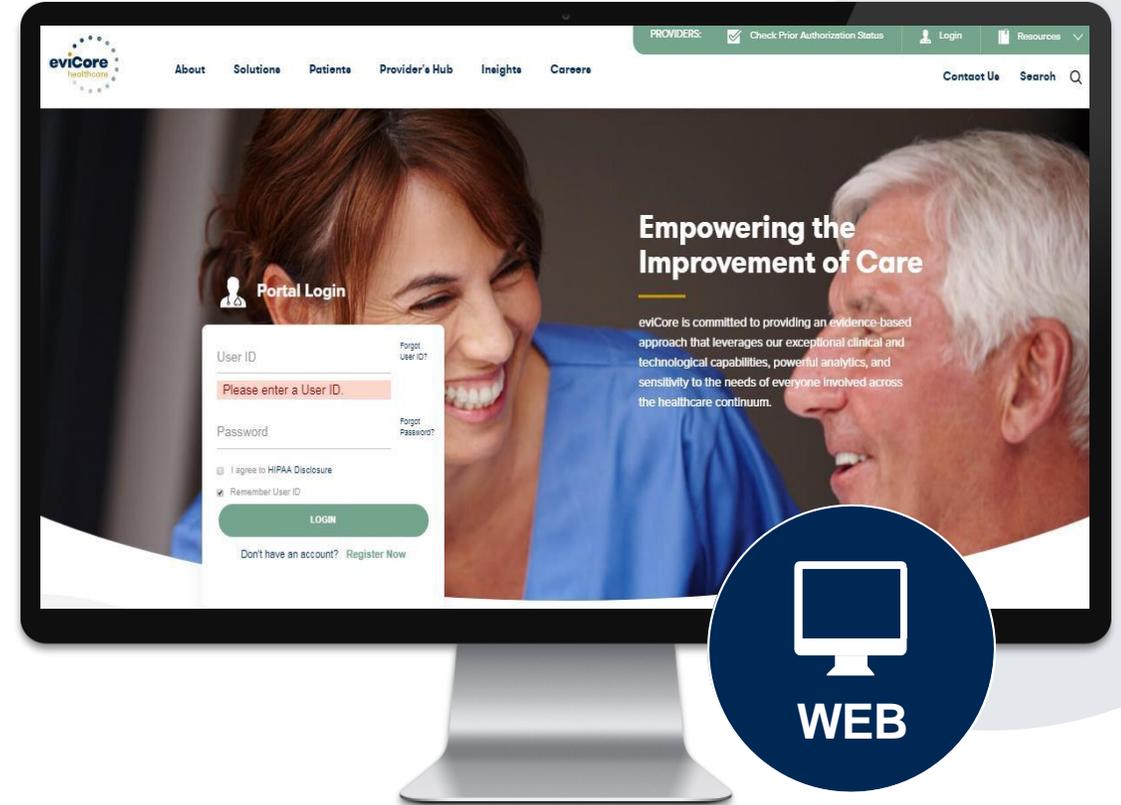
Benefits of Provider Portal

The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- Saves time: Quicker process than phone authorization requests

- Available 24/7: You can access the portal any time and any day

- Save your progress: If you need to step away, you can save your progress and resume later

- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested

- View and print determination information: Check case status in real-time

- Dashboard: View all recently submitted cases

- Duplication feature: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals

Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Standard Medicare and Medicaid requests are processed within two (2) business days after receipt of all necessary clinical information, but no later than fourteen (14) calendar days from the date of the initial request

- Standard Commercial requests are processed within two (2) business days after receipt of all necessary clinical information, but no later than fifteen (15) calendar days from the date of the initial request.

- Authorizations are valid for ninety (90) calendar days from the specimen collection date.
    - If specimen collection date is not provided, authorization start date is the date of determination

- Authorization letters will be faxed/emailed to the ordering physician & rendering facility and are available to view in the portal

- When initiating a case on the web you can receive e-notifications when a determination is made

- Members will receive a letter by mail

- Approval information can be printed on demand from the eviCore portal: www.eviCore.com

Special Circumstances

Urgent Prior Authorization Requests

- eviCore uses the CMS definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member

- A request should not be submitted as "urgent", unless it meets the CMS definition

- Can be initiated on provider portal or by phone

- Urgent cases are typically reviewed within 72 hours

Authorization Update

- If updates are needed on an existing case (which has not yet been approved) you can contact eviCore by phone at 844-725-4448

Post Service/Pre-Claim Retrospective Review

- Retrospective requests are not in scope unless the case is urgent/emergent.

Reconsideration Options

Post-Decision Options

My case has been denied. What's next?

- Depending on the line of business providers my be able to utilize post-decision activity to secure case review for overturn consideration

- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at 844-725-4448 to speak to an agent who can provide available option(s) and instruction on how to proceed.

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/or 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

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, please follow WellSense Health Plan's process at wellsense.org

- A denial letter with the rationale for the decision and post-service payment dispute rights will be issued to the provider.

Post-Decision Options: Commercial Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician.

Reconsiderations

- Providers and/or staff can request a reconsideration review

- Reconsiderations must be requested within 14 calendar days from the determination date

- Reconsiderations can be requested in writing, online via eviCore's portal or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will not process appeals, please follow WellSense Health Plan's process at wellsense.org

Post-Decision Options: Medicaid Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician.

Reconsiderations

- Providers and/or staff can request a reconsideration review

- Reconsiderations must be requested within 60 calendar days of denial date.

- Two (2) reconsiderations are allowed.

- Reconsiderations can be requested in writing, online via eviCore's portal or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will not process appeals, please follow WellSense Health Plan's process at wellsense.org

Provider Portal Overview

eviCore healthcare Website

Visit **www.evicore.com**

Already a user?

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

Don't have an account?

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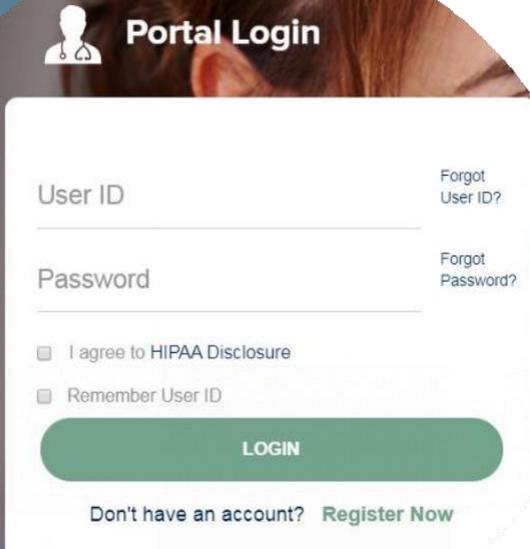
Portal Login

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
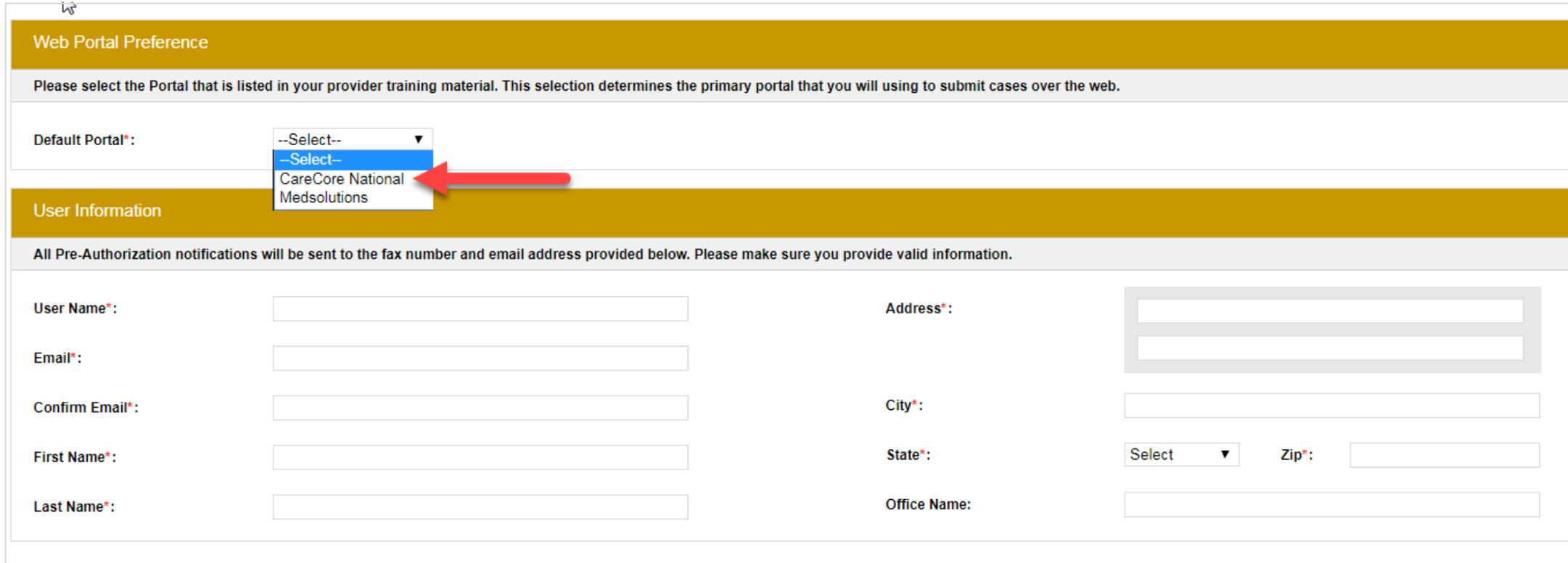
Web Portal Preference

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

Default Portal*: --Select--
--Select--
CareCore National
Medsolutions

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:		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.**

Add Practitioners

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

Initiating A Case

- **Choose Clinical Certification to begin a new request**
- **Select Lab Management Program**
- **Select if you are the Referring Provider or Rendering Lab who is submitting the request**

Select Requesting Provider

eviCore healthcare

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

Monday, June 13, 2022 9:04 AM

Requesting Provider Information

10% Complete
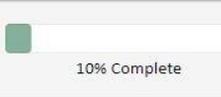
Select the provider for whom you want to submit an authorization request. If you don't see them listed, click Manage Your Account to add them.

Filter Last Name or NPI:

[   ]   SEARCH   CLEAR SEARCH

	Provider
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	

1 2 3

BACK   CONTINUE

Click here for help

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innovative solutions

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

Monday, June 13, 2022 9:07 AM

Choose Your Insurer

Requesting Provider:

20% Complete

Please select the insurer for this authorization request.

[dropdown ▼]
[dropdown ▼]

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.

Member & Request Information

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. Click Eligibility Lookup**

Service and Diagnosis

Requested Service + Diagnosis

Lab Management Program Procedures

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

| LABTST ▼ | MOLECULAR GENETIC TEST ▼ |

Don't see your procedure code or type of service? **Click here**

Diagnosis

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

| | **LOOKUP** |

Trouble selecting diagnosis code? Please follow these steps

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

Secondary diagnosis is optional for Lab Management Program

| | **LOOKUP** |
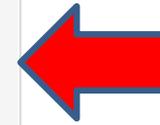
For Genetic Testing choose LABTST as the CPT Code

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

CPT Code:	LABTST
Description:	MOLECULAR GENETIC TEST
Primary Diagnosis Code:	R97.1
Primary Diagnosis:	Elevated cancer antigen 125 [CA 125]
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK   CONTINUE

Click here for help

- Verify requested service & diagnosis code(s)
- Edit any information if needed by selecting change procedure
  or primary diagnosis
- Click **continue** to confirm your selection

Site Selection

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

Add Site of Service

Specific Site Search

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

NPI: [ ]   Zip Code: [ ]   Site Name: [ ]

TIN: [ ]   City: [ ]   ◉ Exact match
                                      ○ Starts with

LOOKUP SITE

Enter the specific site where the testing/treatment will be performed.

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

Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

Some tests can be automatically authorized by responding to a set of specific clinical questions. In order to determine the right clinical questions to ask, we need to know exactly which test(s) and procedure code(s) are being considered. The next several questions will guide test and procedure code selection.

ⓘ To the best of your knowledge, has a previous prior authorization request been made for this member and this test?
◯ Yes ◯ No ◯ Unknown

ⓘ Has the specimen been collected?
◯ Yes ◯ No ◯ Unknown

SUBMIT

Proceed to Clinical Information

ⓘ What is the specimen collection or retrieval from storage date? If the date is unknown, please use today's date.

[   ] 📅

SUBMIT

Proceed to Clinical Information

ⓘ What kind of testing is being done?
☐ Testing related to cancer
◯ Testing related to pregnancy
◯ Other
◯ Unknown

ⓘ What test is being requested? Please provide the test name or a short description.
[   ]

ⓘ Do you know the procedure codes that will be billed for this test?
◯ Yes ◯ No

SUBMIT

☐ Finish Later

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

- **Clinical Certification** questions will populate based upon the information provided

- You can save your request and **Finish Later** if needed
  - You will have to complete the case by the end of the business day.
  - When logged in, you can resume a saved request by going to Certification Requests in Progress

Proceed to Clinical Information – More Examples

Proceed to Clinical Information

What is the name of the test you are requesting? A selection from the list below is REQUIRED in order to proceed with this request.

This is a list of commonly requested tests from the lab you selected. They are in alphabetic order by the lab's actual test name, which can usually be found on the test requisition.

ⓘ Submitting your request will be much faster if the test name can be found.

	Test Brand Name	Test Category
○	None Of These	
○	ATM Analysis	ATM Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis {Integrated BRACAnalysis; CPT 81162}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis {Integrated BRACAnalysis; CPT 81163, 81164)}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81162, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81163, 81164, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81162, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2020 codes; Integrated BRACAnalysis and PALB2; 81162, 81307}	Hereditary Breast and Ovarian Cancer Panel Tests

1 2 3 4 5 6 7

<u>All</u> | A | B | C | E | G | M | N | P | S | T

** NOTE: If you know the name of the test, choose the first letter of the test name above. Otherwise, you can scroll through all tests using the page numbers. If you cannot find the test, please return to page 1 of the "All" tab and select "None of These".

***FOR LAB REPRESENTATIVES: If you would like to correct or add to this list, please email labmanagement@evicore.com.

Test Brand Name & Test Category will populate based upon the information previously provided

Proceed to Clinical Information – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

ⓘ Why is this test being requested and how will the results be used to change management?

ⓘ Describe any applicable current or past medical history, lab testing, or procedure results.

ⓘ If relevant to the testing, describe the family history, including the applicable clinical findings, diagnoses, and/or test results.

Free text answers allow for further explanation that may be needed.

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

- <u>You will not have the opportunity to make changes after this point</u>

Next Step: Case to Medical Review

If case is not approved after initial submission, you will receive a request for additional info:

Tips:
- Upload clinical notes on the portal to avoid any delays by faxing
- 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

Summary of Your Request

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

> **The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.**

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

Patient Name:	**Patient Id:**
Insurance Carrier:	

Site Name:	**Site ID:**
Site Address:	

Primary Diagnosis Code:	Z01.419	**Description:**	Encounter for gynecological examination (general) (routine) without abnormal findings
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	LABTST	**Description:**	MOLECULAR GENETIC TEST
Authorization Number:			
Review Date:	7/15/2020 5:21:21 PM		
Expiration Date:	1/9/2021		
Status:	The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.		

CANCEL	PRINT	CONTINUE

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

Additional Provider Portal Features

Certification Summary

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

Authorization Lookup

- You can lookup authorization status on the portal
- Search by member information OR
- Search by authorization or case number with ordering provider NPI
    - View and print any Correspondence
    - Upload Additional Clinical Information
    - Initiate a Reconsideration (new)
    - Schedule a Peer to Peer

eviCore Reconsideration Review Process on the Web

- Select "All Post Decision Options" to view available options

eviCore Reconsideration Review Process on the Web (cont.)

- If a reconsideration or first level appeal is delegated through eviCore, the user will see the following question at the bottom of available appeal options

- User can answer "Yes" to move forward

- If the user answers "No" an appeal or reconsideration will not be started and the following notation will be placed on the case: **Post Decision Review process opened and abandoned by Web User. Case will not proceed to Reconsideration or Appeal review at this time.**

- **Note:** Select 'No' to go back to schedule a Peer- to-Peer
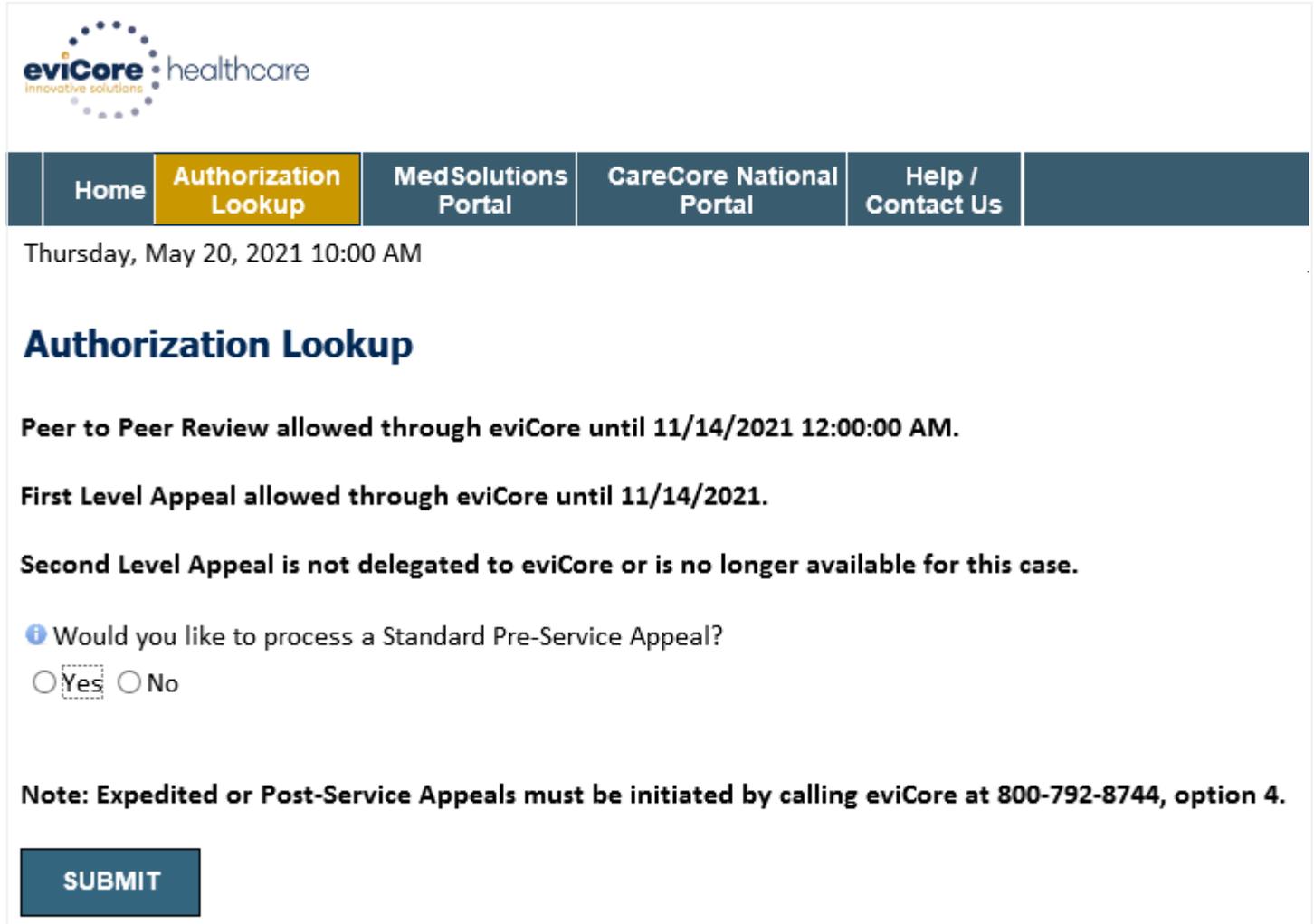
eviCore healthcare
innovative solutions

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

Thursday, May 20, 2021 10:00 AM

Authorization Lookup

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

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

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

ⓘ Would you like to process a Standard Pre-Service Appeal?

○ Yes ○ No

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

SUBMIT

eviCore Reconsideration Process on the Web (cont.)

- New or additional clinical documentation is required

- Failure to upload new or additional clinical documentation will cancel the request

- Once the clinical information is uploaded, the user will receive message "Your Post Decision Review request has been successfully submitted"

- Select 'Submit' to initiate the request

Clinical Guidelines

How to access our Guidelines

1. Go to www.evicore.com and select the 'Resources' drop down menu on the far right hand side of your browser.

2. Then select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.

3. Scroll down and select the 'Laboratory Management' solution.

4. Type in desired health plan in the 'Search Health Plan' search bar and press enter.

5. Select the appropriate guideline specific to the requested test(s).

> Examples:
> - Specific genetic testing
> - Molecular and genomic testing
> - Huntington Disease testing

Resources

CLINICAL GUIDELINES

Laboratory Management

Laboratory Management

Instructions for accessing the guidelines:

1. Search by health plan name to view clinical guidelines.
2. Locate the **reason for denial** section found in your letter. Identify the guideline title and then search by the provided guideline title. Select appropriate guideline document.

Example for **4Kscore for Prostate Cancer Risk Assessment**: *We based this decision on the guidelines listed below: 4Kscore for Prostate Cancer Risk Assessment (MOL. TS. 120).*

Search Health Plan ... 🔍

Clinical Guidelines

Health Plan specific Guidelines

1. Current, Future, and Archived lists and Guidelines are found here.

2. You can select the entire Code List or the health plan specific Policy Book.

3. Shown here is an example of the Administrative Guidelines you will find on our resource site.

4. There are also Lab Guidelines for Clinical Use and Test Specific Guidelines on our resource site. (not shown on this screen)

CURRENT   FUTURE   ARCHIVED

Code Lists

Lab Management Code List

Guidelines

Commercial Lab Policy Book
Effective 07/01/2020

ADMINISTRATIVE   ⊖

Date of Service and Effective Date of the Authorization Period
Effective 07/01/2020

Molecular Pathology Tier 2 Molecular CPT Codes
Effective 07/01/2020

Information Requirements for Medical Necessity Review
Effective 07/01/2020

Unique Test Identifiers for Non-Specific Procedure Codes
Effective 07/01/2020

Dedicated Call Center

Prior Authorization Call Center – 844-725-4448

Our call centers are open from 7AM to 7PM (local time).

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

- Request Prior Authorization

- Check Status of existing authorization requests

- Discuss questions regarding authorizations and case decisions

- Change facility or CPT Code(s) on an existing case

- Request to speak to a clinical reviewer

- Schedule a clinical consultation with an eviCore Medical Director

Online Resources

Web Based Services and Online Resources

- You can access important tools, health plan specific contact information and resources at www.evicore.com

- Select the Resources to view Clinical Guidelines, Online Forms, and more.

- Provider's hub section includes many resources

- Provider forums and portal training are offered weekly, you can find a session on www.eviCore.WebEx.com, select WebEx Training and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"
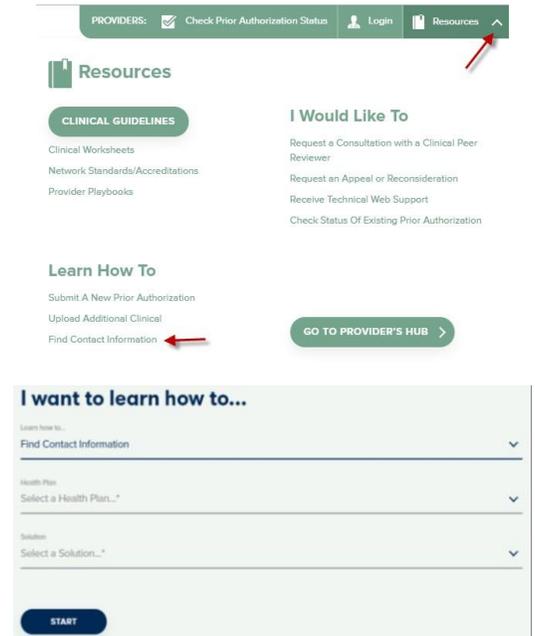
The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web related issues during the online submission process.

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

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider related requests and concerns that includes:

- General inquiries regarding laboratory claim reimbursement policies
- Transactional authorization related issues requiring research
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 (800) 646 - 0418 (option 4)

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

Provider Resource Website

Provider Resource Pages

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

- Frequently Asked Questions

- Provider Training

- CPT code list

To access these helpful resources, please visit

https://www.evicore.com/resources/healthplan/wellsense

WellSense Health Plan Provider Services MA: 8 8 8 - 5 6 6 - 0 0 0 8
WellSense Health Plan Provider Services NH : 8 7 7 - 9 5 7 - 1 3 0 0

Portal Features

Certification Summary

- You can begin an authorization request

- Allows you to track recently submitted cases

Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence

- Search by member information OR by authorization number with ordering NPI

- Review post-decision options, submit appeal and schedule a peer-to-peer

Eligibility Lookup

- Confirm if member requires prior authorization

e-Notification Alerts

- You can opt in to case status email alerts

WEB

Dedicated eviCore Teams

Call Center

- Phone: (844) 725-4448

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

Web Support

- Live chat

- Email: portal.support@evicore.com

- Phone: (800) 646-0418 (Option #2)

Client & Provider Operations Team

- Email: clientservices@eviCore.com

- Eligibility issues (member or provider not found in system)

- Transactional authorization related issues requiring research

Provider Engagement

- **Pat Allen**

  - pallen@evicore.com
  - 800.918.8924 x24176

- Regional team that works directly with the provider community

Provider Resource Review Forums

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

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

- eviCore's evidence-based clinical guidelines

- Clinical worksheets

- Check-status function of existing prior authorization

- Search for contact information

- Podcasts & Insights

- Training resources

How to register for a Provider Resource Review Forum?

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

Provider Newsletter

Stay Updated With Our Free Provider Newsletter

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

- Go to eviCore.com

- Scroll down and add a valid email to subscribe

- You will begin receiving email provider newsletters with updates

Stay Updated With Our Provider Newsletter

Your email address

SUBSCRIBE

Self Service Peer to Peer Scheduling

How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com

- Perform Authorization Lookup to determine the status of your request.

- Click on the "P2P Availability" button to determine if your case is eligible for a Peer to Peer conversation:

- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

P2P AVAILABILITY   Request Peer to Peer Consultation
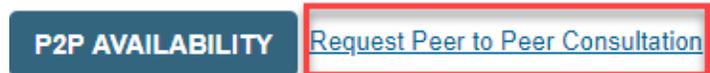
Authorization Lookup

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

P2P AVAILABILITY

How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the "All Post Decision Options" button to learn what other action may be taken.

Authorization Lookup

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

Request Peer to Peer Consultation

ALL POST DECISION OPTIONS
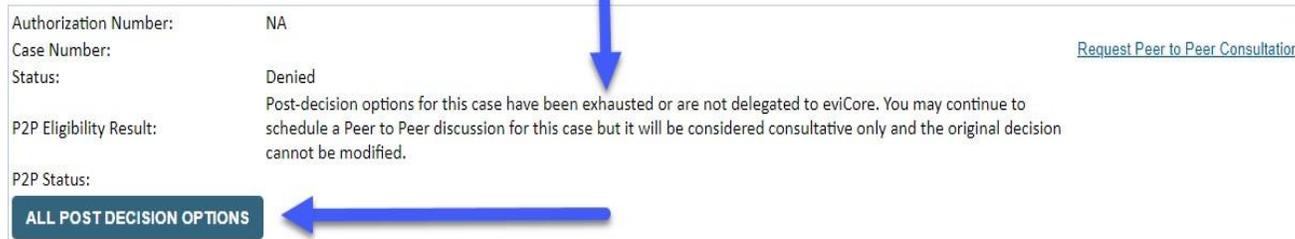
Once the "Request Peer to Peer Consultation" link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request

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.

How to Schedule a Peer to Peer Request

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.

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

How to Schedule a Peer to Peer

Confirm Contact Details

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

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions

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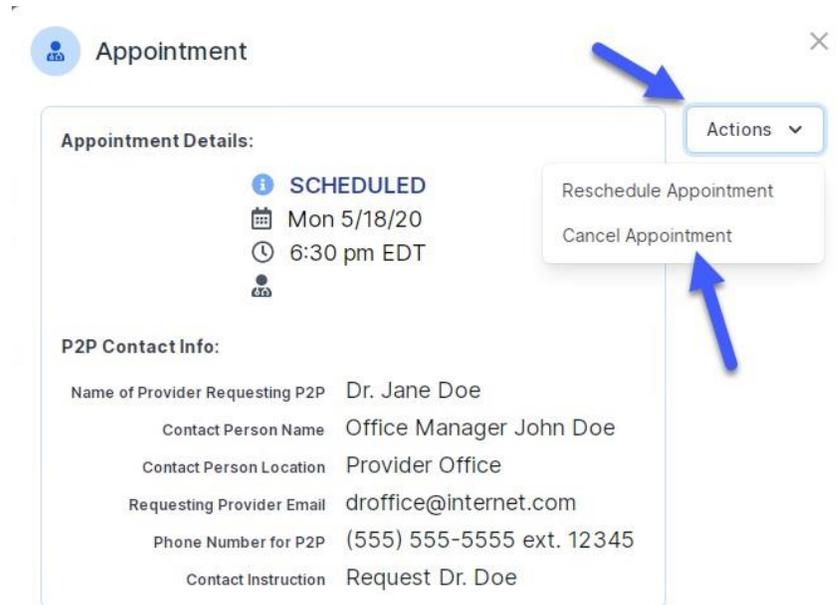
Canceling or Rescheduling a Peer to Peer Appointment

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

Resources- Links

- Worksheets: **https://www.evicore.com/provider/online-forms**

- Clinical Guidelines: **https://www.evicore.com/provider/clinical-guidelines**

- Request a Clinical Consultation: **https://www.evicore.com**

- Resource Page**: https://www.evicore.com/resources/healthplan/wellsense**

Thank You!