

eviCore Post Acute Care Web Portal

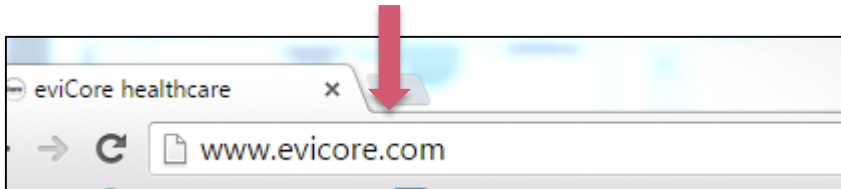
Registration & Web Portal Navigation Reference Guide



Portal Registration

eviCore healthcare website

- Point web browser to evicore.com



- Click on the “Providers” link



- Login or Register

Providers Delivering Medical
Solutions That Benefit **Everyone.**

UserID

Password

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".
Please also make sure your pop up blocker is turned off or set to allow for this site.

I Agree to [HIPAA Disclosure!](#)

LOGIN

[ForgotUserName](#) | [Password?](#) | [Register](#)

User Registration

Providers Delivering Medical
Solutions That Benefit **Everyone.**

 Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

 I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot UserName](#) | [Password?](#) | [Register](#)



To create a new account, click **Register**.

Select Default Portal and Account Type

eviCore healthcare

* 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:

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*:
Phone*:
Email*: Ext:
Confirm Email*: City*: Fax*:
First Name*: State*: Zip*:
Last Name*: Office Name:

Provider Information

Please Select the Facility that you represent. A notification will be sent to the organization regarding this registration.

Facility Name*: Street Address:
Zip Code: Tax ID*: NPI:

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-authorization.
Billing Office: A Billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax IDs after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

First, select Medsolutions as the **Default Portal** and choose the **Account Type**. There are (4) account types: Facility, Physician, Billing Office, and Health Plan. You should choose Facility. Now complete the remainder of the registration form.

User Information

The screenshot displays the eviCore healthcare registration interface. It is divided into three main sections: Web Portal Preference, User Information, and Provider Information. The User Information section contains fields for User Name, Address, Phone, Email, Confirm Email, City, State, Zip, First Name, Last Name, and Office Name. The Provider Information section contains fields for Facility Name, Street Address, Zip Code, Tax ID, and NPI. A red arrow points to the 'FIND' button in the Provider Information section, which is also circled in red. A legend in the top right corner indicates that an asterisk (*) denotes a required field.

eviCore healthcare

* 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 be using to submit cases over the web.

Default Portal: 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: TestFacility1 Address: 123 Main Street Phone: 999-999-9999
Email: testfacility@test.com Ext:
Confirm Email: testfacility@test.com City: Test Fax: 999-999-9999
First Name: Test State: TN Zip: 99999-
Last Name: Facility Office Name:
Account Type: Facility

Provider Information

Please Select the Facility that you represent. A notification will be sent to the organization regarding this registration

Facility Name: Tes Street Address:
Zip Code: Tax ID: 123456789 NPI:
FIND

Complete all fields and click **“Find”**

➔ When completing the Provider Information Section, enter only the Facility Name and Tax ID fields. For best results, enter only the first 3 letters of the name of the facility.

Select Facility

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*: Phone*:

Email*: Ext:

Confirm Email*: City*: Fax*:

First Name*: State*: Zip*:

Last Name*: Office Name:

Provider Information

Account Type:

Facility Name*: Street Address:

Zip Code: Tax ID*: NPI:

Facility will be notified of your user registration.

Facility Name	Address	City	State	Zip Code	Phone	Fax	NPI	Tax Id
TESKE JR, JOHN	800 WEST AV E S	LA CROSSE	WI	54601	6087919878	6087913955	1629056049	*****6789
<input checked="" type="checkbox"/> TEST1 FACILITY	123 MAIN ST	PASADENA	TX	77506	6155551212	6154864091		*****6789
TESKA, DANIEL A	3801 SPRING ST	RACINE	WI	53405	2626874011	2626875754	1639123284	*****6789
TEST FACILITY FOR PORTAL	PO	NASHVILLE	AA	37211	1231231231	1231231231		*****6789

1 - 4 of 4 items

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-Authorization.
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax Ids after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

Choose the correct facility name and click “Next”. If the Next button is grayed out, make sure all required fields (with red asterisk) are completed.

Submit Registration

eviCore healthcare

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

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:

User Registration

UserName:	TestFacility1	Address:	123 Main Street	Phone:	999-999-9999
Email:	testfacility@test.com	City:	Test	Ext:	
Account Type:	Facility	State:	TN	Zip:	99999
First Name:	Test	Office Name:		Fax:	999-999-9998
Last Name:	Facility				

Provider Information

Facility Name:	TEST1 FACILITY	Street Address:	123 MAIN ST	Zip Code:	77506	Tax ID:	****6789
NPI:							

Please read below to sign up as an appropriate user:
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-authorization.
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax IDs after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

[Back](#) [Submit Registration](#)



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

Accept Terms and Conditions

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

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 access the system.

Default Portal:

User Registration

UserName: TestFacility1
Email: testfacility@test.com
Account Type: Facility
First Name: Test
Last Name: Facility

Provider Information

Facility Name: TEST1 FACILITY
Street Address: 123 Main Street
City: TEST1
State: TX
Zip: 75001
Tax ID: ****5780

Accept Terms and Conditions *

Please read below to sign up as an appropriate user
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-authorization.
Billing Office: A billing Office who can check the status of Pre-authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax IDs after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-authorization and Claims.

USER REGISTRATION

User Access Agreement *Required

evCore

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

To obtain access to evCore'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" checkbox. If User accepts, this will result in a binding contract between User and evCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses evCore'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, evCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically evCore'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 plan medical services to members of health plans for which evCore provides radiological services, whether it is with evCore directly or said health plan).

Accept Terms and Conditions *



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

User Registration Successful

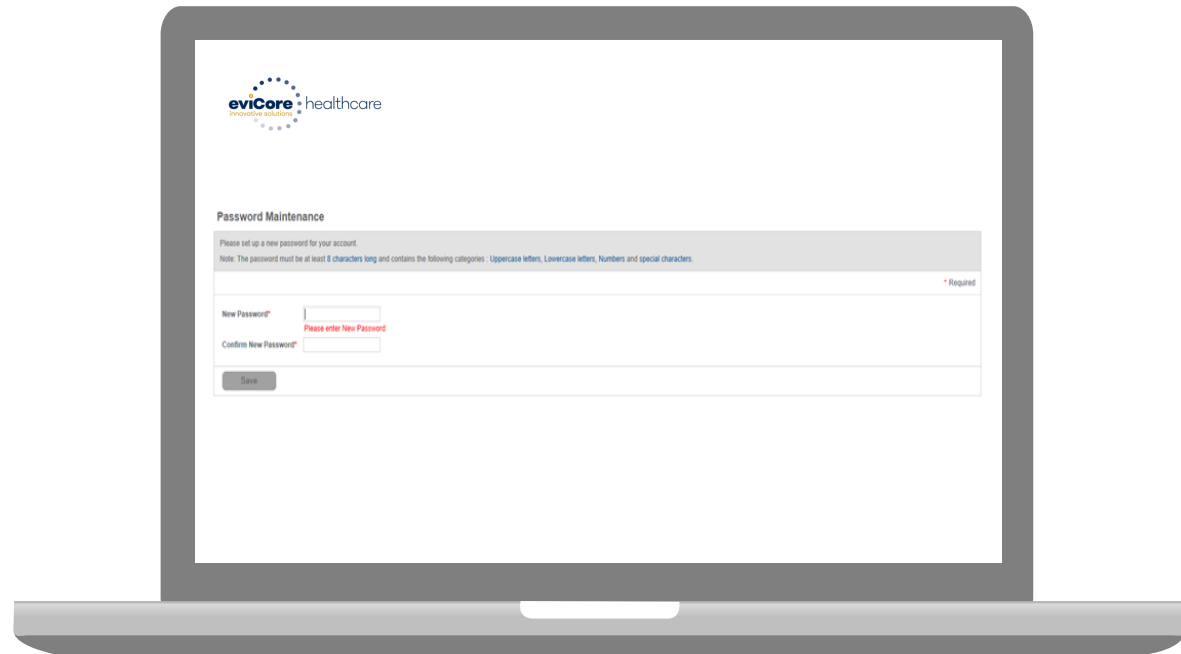


➔ You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

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

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



Web Account Overview

Account Log-In

Providers Delivering Medical
Solutions That Benefit Everyone.

Testfacility

.....

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".
Please also make sure your pop up blocker is turned off or set to allow for this site.

I Agree to HIPAA Disclosure!

LOGIN

[Forgot Username](#) [Password?](#) [Register](#)

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome



To log-in to your account, enter your **User ID** and **Password**, agree to the HIPAA Disclosure, and click "**Login.**" Make sure pop up blocker is turned off.

Announcements



Announcements



eviCore Website Redirect- Posted on: 21 Nov 2016

Beginning December 3rd, users visiting the legacy MedSolutions (medsolutions.com and myportal.medsolutions.com) and CareCore National (carecorenational.com) sites will be automatically redirected to the new eviCore.com site. Please login with your existing username/password through the new unified portal located on eviCore.com: <https://www.evicore.com/pages/providerlogin.aspx>.

Cigna MSK Wellness Questions- Posted on: 28 Sep 2016

eviCore will add a series of wellness questions to Cigna MSK cases starting 9/29/2016. These questions are optional, and responses will not affect the medical necessity determination of the case.

Aetna Better Health of West Virginia- Posted on: 25 Sep 2016

For Aetna Better Health of West Virginia members, please create the case using the ID# displayed on the Aetna branded ID card.

This ID# is by default, the member's state Medicaid ID.

Medically Urgent- Posted on: 01 Jun 2015

Medically Urgent cases must be submitted by calling eviCore healthcare at 1-888-693-3211. For Texas Medicaid, please call 1-800-572-2116.

Urgent Care: is any request for medical care or treatment with respect to which the application of the time periods for making non-urgent care determinations could result in the following circumstances:

- * Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment, or
- * In the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request. (NCQA HUM8)

Once you have logged in to the site, you will be directed to the main landing or Announcement page.

Click on **Post Acute Care**

Account Settings

The **Options Tool** allows you to access your Account Settings to update information:

- Change password
- Update user account information (address, phone number, etc.)
- Set up preferred Tax ID numbers of Facilities and view summary of cases for providers with affiliated Tax ID numbers



Adding Multiple Facility Locations

Adding **Preferred Tax ID numbers** will allow you to view the summary of cases submitted for those providers:

- Search for a Tax ID by clicking **Physician** or **Facility**.
- Confirm you are authorized to access PHI by clicking the check box, and hit **Save**.

The screenshot shows the 'Preferences' section of the eviCore healthcare system. At the top left is the eviCore healthcare logo with the tagline 'innovative solutions'. Below the logo is the heading 'Preferences'. A grey banner contains the text: 'Please set up Preferred Provider Tax IDs for your account. You can search and add a Physician or Facility Tax ID. Adding preferred tax id would allow you to view the summary of cases submitted for these provider Tax IDs. The Case Summary can be viewed via Case Lookup, Patient History and Recently Submitted grids. It also allows you to view the Claims details of your preferred Facilities.'

Below the banner are two radio buttons: 'Physician' (selected) and 'Facility'. To the right is a 'Tax ID*' input field with an 'Add' button. Below this is a table titled 'Preferred Tax Ids on my account' with two columns: 'Tax ID' and 'Provider Type'. The table contains one entry: Tax ID '123456789' and Provider Type 'Physician', with a red 'X' icon in the right margin.

On the right side of the form, there are several paragraphs of text: 'Before proceeding, you must confirm that you are authorized to access Protected Health Information (PHI) as defined under the Health Insurance Portability and Accountability Act on behalf of the Tax ID/s added.', 'You must also agree to limit your access to the minimum amount of information necessary to perform a permitted treatment or other health care operations activity.', 'In the event you obtain access to information that you are not authorized to view, please notify eviCore immediately.', and 'Failure to comply with these terms may result in immediate termination of you and your organization's access to eviCore' website.' Below this is a 'Privacy Breaches' section with a warning about checking physician details before selecting them. At the bottom right, there is a checkbox with the text '* I hereby agree that I have read and understood the above message' and two buttons: 'Save' and 'Cancel'.

Case Creation

Case Creation Overview

1

Click on Member/Case Look Up

2

Click Create Case Button

3

Enter Service Details

4

Add Attachments & Submit

Search Case – Member Lookup

On the Home Page you will start with **Member/Case Look Up**



PATIENT & CASE LOOKUP

Patient Search Result(s)

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:

Date of Birth:

Member ID:

First Name:

Last Name:

Reset Search

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number

Search

Choose the appropriate Healthplan

To conduct a **Patient Lookup**, enter the *Member ID* or *First Name, Last Name* and *Date of Birth* for the result to be returned. Make sure to follow the MM/DD/YYYY format.

If you have the Case ID or the Authorization Number, you can enter it here instead and hit **Search**.

Create a Case

Once you choose your member, the member's name and all demographics will be listed with the insurance effective dates. Click the **Create Case** button. This will direct the user to the next screen where the service level details will be entered.

Announcements Home Search/Start Case Claim Search Payment Status CareCore National Portal **Post Acute Care**

Announcements **Member / Case Look Up**

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:

Date of Birth:

Member ID:

or

First Name:

Last Name:

*Select the Insurer, Date of Birth and Member ID
Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number

Patient Search Result(s)

Patient Name	Date Of Birth	Gender	Address	Plan Code	Insurance Effective Date	Insurance Term Date
TEST MEMBER	01/01/2001	M	HERE		01/02/2017	Not Provided
TEST MEMBER	01/01/2001	M	HERE		01/01/2001	01/01/2017

Patient Detail Information

Member ID: TEST0001 Gender: M Plan Code:

Name: TEST MEMBER Address: HERE, TEST, TN, 33333 Insurance Effective Date: 01/02/2017

Date of Birth: 01/01/2001 Insurer: Insurance Term Date: Not Provided

Patient History - 0 Records found

Clear Filters Refresh Data

Case ID	Service Requested	Auth Number	Submit Date	Decision Status	Start of Care Date	Authorization End Date	ICD Codes	ICD Verison
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Enter Service Details

- Choose a **service category** from the drop down box, such as Skilled Nursing Facility or Long term Acute Care.
- **Enter the ICD10 Code.** If you do not know the ICD10 code, type the name of the diagnosis and a list with a corresponding ICD10 code will populate.
- Enter the **PAC Start of Care Date and Expected Acute Care (or Hospital) Discharge Date.** Review the information again to make sure that you have completed all of the service details correctly. To save the service details, click the **"Save & Next"** button.

Announcements Home Search/Start Case Claim Search Payment Status CareCore National Portal **Post Acute Care**

Announcements Member / Case Look Up

PATIENT & CASE LOOKUP SERVICE DETAILS

Patient Lookup

Insurer: BCBSMI
Date of Birth: 01/01/2001
Member ID: test0001
First Name:
Last Name:
Reset Search
*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup
Case ID Auth Number
Search

Member
Insurer: Member ID: TEST0001 Health Plan/Program:
First Name: TEST Last Name: MEMBER Date of Birth: 01/01/2001 Gender: MALE

Service Selection

Service Category
Select Category : Skilled Nursing Facility

Code	Description	Bill Code	Rev Code
SNF	Skilled Nursing Facility		190

ICD10 Code
 ICD10 Code Unknown
Search:
Code Description
I67.1 Cerebral aneurysm, nonruptured

Service Dates
Start Date of Care: 06/05/2017 Expected Acute Discharge Date: 05/11/2017
Save & Next

Ordering Physician Details

Enter the **Ordering Physician** Details. You will be asked for the physician's NPI number. If you do not know the NPI Number, start typing in the physician's name and it will auto populate. Hit **Save & Next** and you will be directed to the next screen

Announcements Home Search/Start Case Claim Search Payment Status CareCore National Portal Post Acute Care

Announcements Member / Case Look Up

PATIENT & CASE LOOKUP SERVICE DETAILS

Patient Lookup

Insurer*

Date of Birth*

Member ID:

or

First Name:

Last Name:

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number

Insurer: Member ID: TEST0001 Health Plan/Program:

Member First Name: TEST Last Name: MEMBER Date of Birth: 01/01/2001 Gender: MALE

Service Selection Service Category: Skilled Nursing Facility ICD10 Code: I67.1

Start Date of Care: 06/05/2017 Expected Acute Discharge Date: 06/08/2017

Ordering Physician

Ordering Physician

Search:

NPI	Physician Name
111111111	Test Doctor

Requesting and Servicing Provider

Enter the **Requesting Provider** and **Servicing Provider** details. If you do not know the NPI number, start typing the provider name and the corresponding NPI number will auto-populate and allow to select the correct provider. Hit **Save and Next**.

Announcements Home Search/Start Case Claim Search Payment Status CareCore National Portal Post Acute Care

Announcements Member / Case Look Up

PATIENT & CASE LOOKUP

SERVICE DETAILS

Member Insurer: Member ID: TEST0001 Health Plan/Program:
First Name: TEST Last Name: MEMBER Date of Birth: 01/01/2001 Gender: MALE

Service Selection Service Category: Skilled Nursing Facility ICD10 Code: I67.1
Start Date of Care: 06/05/2017 Expected Acute Discharge Date: 06/08/2017

Ordering Physician Physician Name:
NPI:

Provider Information

Requesting Provider

Search*:
Select Facility Type: Long Term Acute Care

Provider Name	Address	Network ID	Tax ID	NPI	Phone	Fax
ABC HOSPITAL	215 NORTH AVE			222222222	1234567890	

Phone*: Fax*:

Servicing Provider

Servicing Provider Unknown

Search:

Provider Name	Address	Network ID	Tax ID	NPI	Phone	Fax
ABC SKILLED NURSING FACILITY				33333333	2345678901	

Save & Next

Verify details

The next screen will show all details related to the service line. This will allow you to review and edit by clicking the “pencil” icon. Now hit the **Save Service** button.

Announcements Home Search/Start Case Claim Search Payment Status CareCore National Portal **Post Acute Care**

Announcements Member / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* BCBSMI

Date of Birth:* 01/01/2001

Member ID: test0001

First Name:

Last Name:

Reset Search

*Select the Insurer, Date of Birth and Member ID Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number

Search

SERVICE DETAILS

Member
 Insurer: BCBSMI Member ID: TEST0001 Health Plan/Program: BMM
 First Name: TEST Last Name: MEMBER Date of Birth: 01/01/2001 Gender: MALE

Service Selection
 Service Category: Long Term Acute Care ICD10 Code: I67.1
 Start Date of Care: 05/18/2017 Expected Acute Discharge Date: 05/19/2017

Ordering Physician
 Physician Name: AMY JOHNSON
 PIN: 1194706169

Provider Information
 Requesting Provider Name: HENRY FORD MACOMB HOSPITAL
 Servicing Provider Name: EVERGREEN HEALTH AND LIVING CENTER

Save Service

Here you will hit the **Next** button to add attachments and notes.

Announcements Home Search/Start Case Claim Search Payment Status CareCore National Portal **Post Acute Care**

Announcements Member / Case Look Up

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* BCBSMI

Date of Birth:* 01/01/2001

Member ID: test0001

First Name:

Last Name:

Reset Search

*Select the Insurer, Date of Birth and Member ID Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number

Search

CASE DETAIL

Member
 Insurer: BCBSMI Member ID: TEST0001 Health Plan/Program: BMM
 First Name: TEST Last Name: MEMBER Date of Birth: 01/01/2001 Gender: MALE

Services
 Total Services: 2

Action	Referral ID	Service Requested	Auth Number	Submit Date	Decision Status	Start of Care Date	Authorization End Date	ICD Codes	ICD Verison
Edit	0	LTAC		5/17/2017		5/26/2017	Not Provided	I67.1	10
Edit	0	LTAC		5/17/2017		5/18/2017	Not Provided	I67.1	10

1 - 2 of 2 Items

Next

Submit

Attaching Clinical Notes

At this point, you should **attach** the completed Pre-Authorization form along with the other requested clinical documents. You are also able to enter additional notes by typing in the **Clinical Notes text box**.

Note: Use this clinical notes text box for **clinical information ONLY**– e.g. anything that is extenuating or important to the determination. Please do **NOT** copy and paste information here. All clinical notes should be attached instead.

Once you **Save** and **Submit**, you will get a pop-up message which will verify your Case has been submitted to eviCore for review and authorization determination.

PATIENT & CASE LOOKUP

Patient Lookup

Insurer: [dropdown]
Date of Birth: 01/01/2001 [calendar icon]
Member ID: test0001
OR
First Name: [text box]
Last Name: [text box]
Reset Search
*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number
Search

CASE DETAIL

Member: Member ID: TEST0001 Health Plan/Program:
First Name: TEST Last Name: MEMBER Date of Birth: 01/01/2001 Gender: MALE

Services: Total Services: 1

Notes & Attachments

Attachments

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

Please upload the following applicable documentation: eviCore prior authorization form, Face Sheet, PMH, H&P, Diagnostic test, Labs results, Consult, Therapy notes, Discharge summary, Medication list, Notes

File Name: PAC Prior Auth Form.pdf [Browse]

PAC Prior Auth Form.pdf 100%

Clinical Notes

Note Text

Maximum Character limit on each note is 1000.

TEST NOTES

Save Submit

Case submitted successfully.

OK

tail Information

TEST0001
TEST MEMBER
h: 01/01/2001

Plan Code:
Insurance Effective Date:
Insurance Term Date:

Search an Authorization Status

Search Case – Case Lookup

Once you have submitted a case, you can check the pre-authorization status.

Follow the member look up steps and the patient demographic details will show. Also shown will be cases associated with that patient and REAL TIME status of each case with Authorization Number(s).

Patient Search Result(s)

Patient Name	Date Of Birth	Gender	Address	Plan Code	Insurance Effective Date	Insurance Term Date
TEST MEMBER	01/01/2001	M	TESTMEM ADDR1	BMO	11/01/2016	11/30/2016

Patient Detail Information

Member ID: TEST0001 Gender: M Plan Code: BMO
Name: TEST MEMBER Address: TESTMEM ADDR1 TESTMEM ADDR2, TESTMEMCITY, TN, 33333 Insurance Effective Date: 11/01/2016
Date of Birth: 01/01/2001 Insurer: BLUE CROSS BLUE SHIELD MICHIGAN Insurance Term Date: 11/30/2016

Patient History - 3 Records found

Case ID	Service Requested	Auth Number	Submit Date	Decision Status	Start of Care Date			
20567	SNF	ASNF11739001	11/22/2016	AUTHORIZED	11/18/2016	11/25/2016	A00.0	10
20567	LTAC	ALTC11549001	11/19/2016	AUTHORIZED	11/15/2016	11/28/2016	A00.0	10
20567	LTAC	ALTC11730001	11/22/2016	DENIED	11/23/2016	11/25/2016	A00.0	10

If there are cases associated with the patient, they will populate once the patient is selected. Double click on a case ID in the **Patient History** to open that case.

Search Case – Case Lookup – Active

The Case Summary screen will open with the Authorization details and Decision Status. Active will show if we are actively working the case with no decision yet.

CASE SUMMARY

Case/Authorization

Case ID: 20567 Authorization Number: N/A Service Requested: SNF Start of Care Date: 11/19/2016
Authorization Expiration Date: N/A Total Days: N/A Decision Date: N/A Decision Status: ACTIVE
Post Acute Care Facility Discharge Date: N/A Ordering Physician: TEST PHYSICIAN

Patient

First Name: TEST
Last Name: MEMBER
Date of Birth: 01/01/2001
Address: TESTMEM ADDR1 TESTMEM ADDR2, TESTMEMCITY, TN,
33333
Phone: 111-111-1111
Member Plan ID: TEST0001

Requesting Provider

Name: TEST FACILITY
Address: TESTFACILITY ADDR1 TESTFACILITY ADDR2
TESTFACILITYCITY TN 12345
Phone: 111-111-1111
Fax: 555-555-1234
Tax ID: 860938204

Servicing Provider

Name: TEST FACILITY
Address: TESTFACILITY ADDR1 TESTFACILITY ADDR2,
TESTFACILITYCITY, TN, 12345
Phone: 111-111-1111
Fax: 555-555-1234
Tax ID: 860938204
NPI: 111

ICD Codes

ICD Code: A00.0
ICD Code Version: 10

Search Case – Case Lookup – Authorized

The Decision Status will show “Authorized” once the authorization is complete.

Announcements Member / Case Look Up Case Summary - ASNF11739001 x

CASE SUMMARY

Case/Authorization

Case ID: 20567 Authorization Number: ASNF11739001 Service Requested: SNF Start of Care Date: 11/18/2016
Authorization Expiration Date: 11/25/2016 Total Days: 8 Decision Date: 11/19/2016 Decision Status: AUTHORIZED
Post Acute Care Facility Discharge Date: N/A Ordering Physician: TEST PHYSICIAN

Patient

First Name: TEST
Last Name: MEMBER
Date of Birth: 01/01/2001
Address: TESTMEM ADDR1 TESTMEM ADDR2, TESTMEMCITY, TN, 33333
Phone: 111-111-1111
Member Plan ID: TEST0001

Requesting Provider

Name: TEST FACILITY
Address: TESTFACILITY ADDR1 TESTFACILITY ADDR2
TESTFACILITYCITY TN 12345
Phone: 111-111-1111
Fax: 555-555-1234
Tax ID: 860938204

Servicing Provider

Name: TEST FACILITY
Address: TESTFACILITY ADDR1 TESTFACILITY ADDR2,
TESTFACILITYCITY, TN, 12345
Phone: 111-111-1111
Fax: 555-555-1234
Tax ID: 860938204
NPI: 111

ICD Codes

ICD Code: A00.0
ICD Code Version: 10

Search Case – Case Lookup – Denied

CASE SUMMARY

Case/Authorization

Case ID: 20667

Authorization Expiration Date: N/A

Post Acute Care Facility Discharge Date: N/A

Auth
To
Or

Review the Decision Status. If there are further questions, please call eviCore.

Start of Care Date: 11/23/2016

Decision Status: DENIED

Patient

First Name: TEST
Last Name: MEMBER
Date of Birth: 01/01/2001
Address: TESTMEM ADDR1 TESTMEM ADDR2, TESTMEMCITY, TN, 33333
Phone: 111-111-1111
Member Plan ID: TEST001

Requesting Provider

Name: TEST FACILITY
Address: TESTFACILITY ADDR1 TESTFACILITY ADDR2
TESTFACILITYCITY TN 12345
Phone: 111-111-1111
Fax: 555-555-5555
Tax ID: 860938204

Servicing Provider

Name: TEST FACILITY
Address: TESTFACILITY ADDR1 TESTFACILITY ADDR2,
TESTFACILITYCITY, TN, 12345
Phone: 111-111-1111
Fax: 555-555-5555
Tax ID: 860938204
NPI: 111

ICD Codes

ICD Code: A00.0
ICD Code Version: 10

Search Case – Case Lookup

After completing review of the case, close the Case Summary tab to Return to the Member/Case Look Up screen.

Announcements | **Member / Case Look Up** | **Case Summary - ASNF11739001**

CASE SUMMARY

Case/Authorization

Case ID: 20567	Authorization Number: ASNF11739001	Service Requested: SNF	Start of Care Date: 11/18/2016
Authorization Expiration Date: 11/25/2016	Total Days: 8	Decision Date: 11/19/2016	Decision Status: AUTHORIZED
Post Acute Care Facility Discharge Date: N/A	Ordering Physician: TEST PHYSICIAN		

Patient	Requesting Provider	Servicing Provider
First Name: TEST Last Name: MEMBER Date of Birth: 01/01/2001 Address: TESTMEM ADDR1 TESTMEM ADDR2, TESTMEMCITY, TN, 33333 Phone: 111-111-1111 Member Plan ID: TEST0001	Name: TEST FACILITY Address: TESTFACILITY ADDR1 TESTFACILITY ADDR2, TESTFACILITYCITY TN, 12345 Phone: 111-111-1111 Fax: 555-555-1234 Tax ID: 860938204	Name: TEST FACILITY Address: TESTFACILITY ADDR1 TESTFACILITY ADDR2, TESTFACILITYCITY, TN, 12345 Phone: 111-111-1111 Fax: 555-555-1234 Tax ID: 860938204 NPI: 111

ICD Codes

ICD Code:	A00.0
ICD Code Version:	10

Search Case – Case Lookup

You can have multiple cases open at one time.

Announcements Home Search/Start Case Claim Search Payment Status CareCore National Portal Post Acute Care

Announcements Member / Case Look Up Case Summary - ASNF11739001 x Case Summary - ALTC11549001 x

CASE SUMMARY

Case/Authorization

Case ID: 20567	Authorization Number: ASNF11739001	Service Requested: SNF	Start of Care Date: 11/18/2016
Authorization Expiration Date: 11/25/2016	Total Days: 8	Decision Date: 11/22/2016	Decision Status : AUTHORIZED
Post Acute Care Facility Discharge Date: N/A	Ordering Physician: TEST PHYSICIAN		

Patient

First Name: TEST
Last Name: MEMBER
Date of Birth: 01/01/2001
Address: TESTMEM ADDR1 TESTMEM ADDR2, TESTMEMCITY, TN, 33333
Phone: 111-111-1111
Member Plan ID: TEST0001

Requesting Provider

Name: TEST FACILITY
Address: TESTFACILITY ADDR1 TESTFACILITY ADDR2
TESTFACILITYCITY TN 12345
Phone : 111-111-1111
Fax : 555-555-1234
Tax ID: 860938204

Servicing Provider

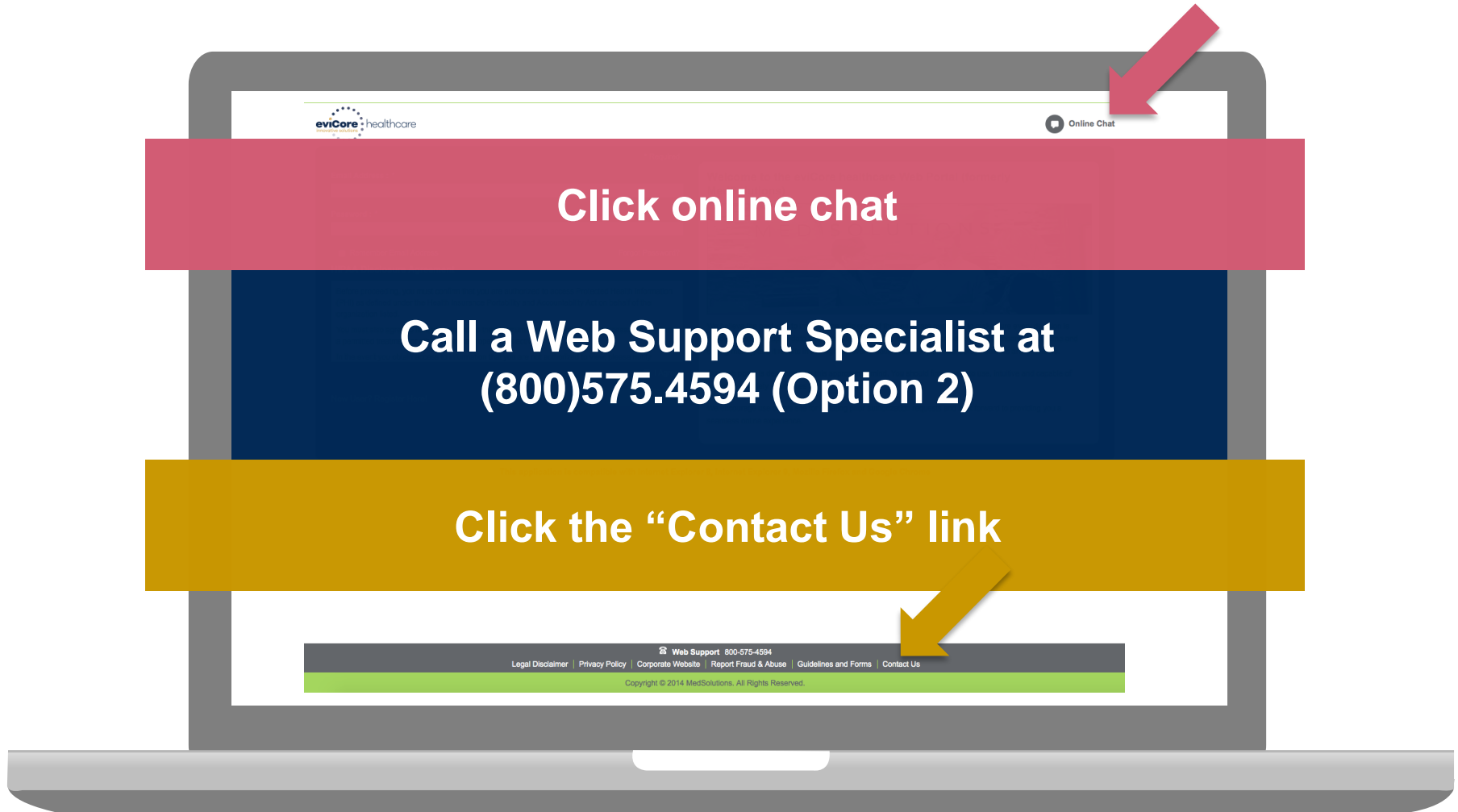
Name: TEST FACILITY
Address: TESTFACILITY ADDR1 TESTFACILITY AD
TESTFACILITYCITY, TN, 12345
Phone: 111-111-1111
Fax: 555-555-1234
Tax ID: 860938204
NPI: 111

ICD Codes

ICD Code: A00.0
ICD Code Version: 10

Web Support Information

Web Portal Services-Assistance



Web Portal Services-Available M-F 8am-7pm EST

Thank You!

Questions??

