

Medical Oncology

Provider Orientation Session for FirstCarolinaCare



Empowering
the Improvement
of Care

Agenda

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

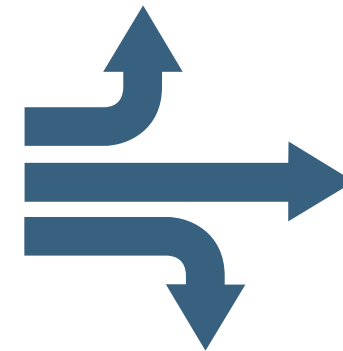
Clinical Approach

Evidence-Based Guidelines

The foundation of eviCore solutions

National Comprehensive
Cancer Network®
(NCCN)

26 of the World's
Leading Cancer
Centers Aligned



eviCore Guideline
Management

Inclusive of
45
cancer types

Continually
Updated

Represents
97%
of all cancers

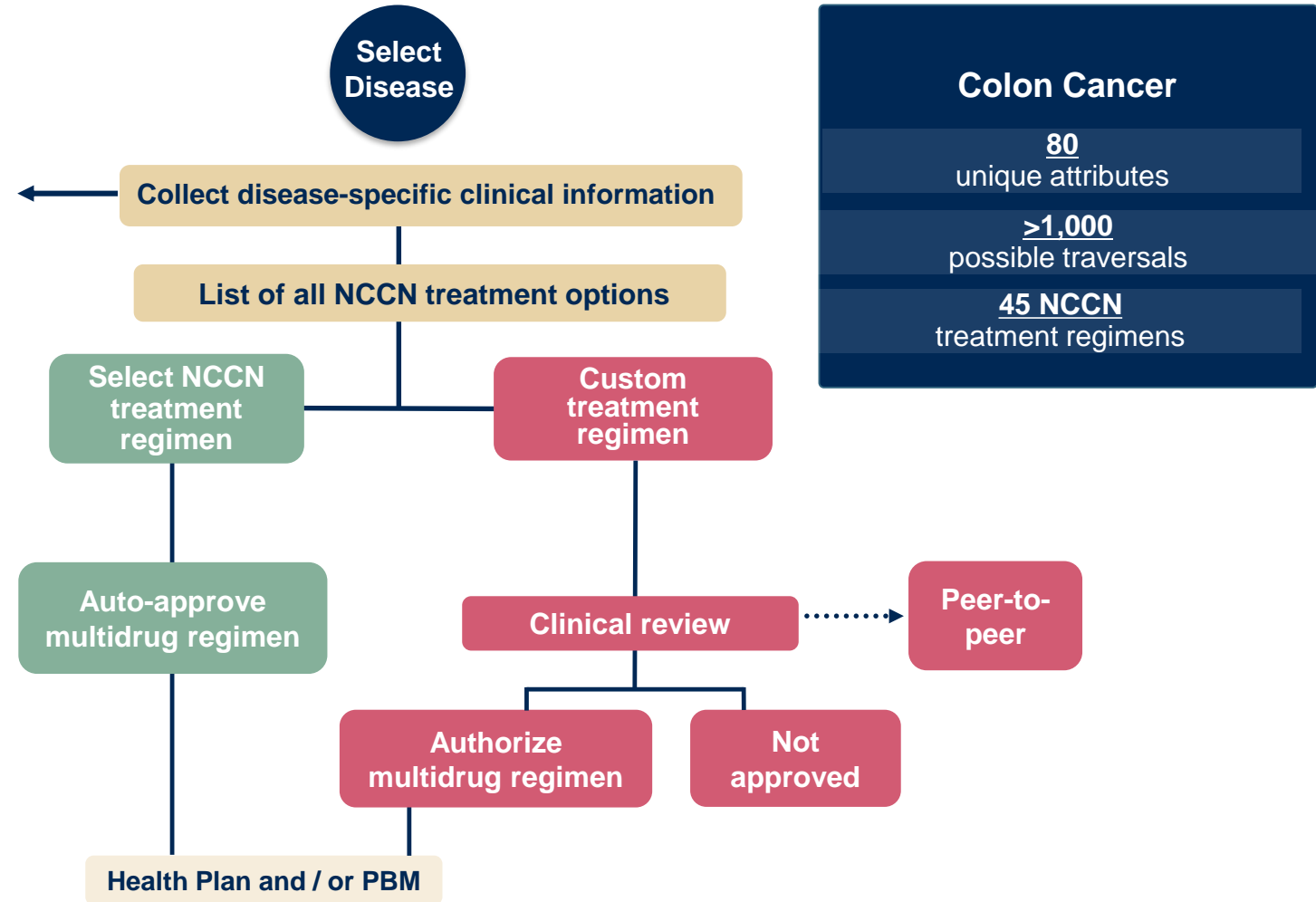
Medical Oncology Solution Defines a Complete Episode of Care

eviCore Medical Oncology Guideline Management

Disease-Specific Clinical Information

- Diagnosis at onset
- Stage of disease
- Clinical presentation
- Histopathology
- Comorbidities
- Patient risk factors
- Performance status
- Genetic alterations
- Line of treatment

2-5 minutes
to enter a complete case



Treatment options may be modified to align with formulary

eviCore Program Overview – Medical Oncology

FirstCarolinaCare Prior Authorization Services performed by eviCore

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Medical Oncology services on December 17, 2020 for treatments starting January 1, 2021 and after.

Treatments that are ongoing through January 1, 2021 do not need to be registered with eviCore, unless the treatment regimen changes.

Prior authorization applies to the following Medical Oncology services:

- Outpatient
- Diagnostic

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

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured provider log-in section at: login.firstcarolinacare.com

Applicable Memberships

Prior Authorization is required for FirstCarolinaCare members who are enrolled in the following lines of business/programs and ID # begins with 94:

Medicare	<ul style="list-style-type: none">• FirstMedicare Direct• New Hanover Health FirstMedicare
Commercial	<ul style="list-style-type: none">• Fully Insured• Self Insured

Prior Authorization requests should NOT be requested through eviCore for FirstCarolinaCare members who are enrolled in the following lines of business/programs:

- FirstMedicare Direct Smart HMO

Medical Oncology Solution

Covered Regimens:

- Infused, oral, self-administered drugs
- Supportive agents

Requests for Chemotherapeutic agents must be made separately from requests for supportive agents.

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

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



Submitting Requests

Methods to Submit Prior Authorization Requests

FirstCarolinaCare Provider Portal (preferred)

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

Phone Number:

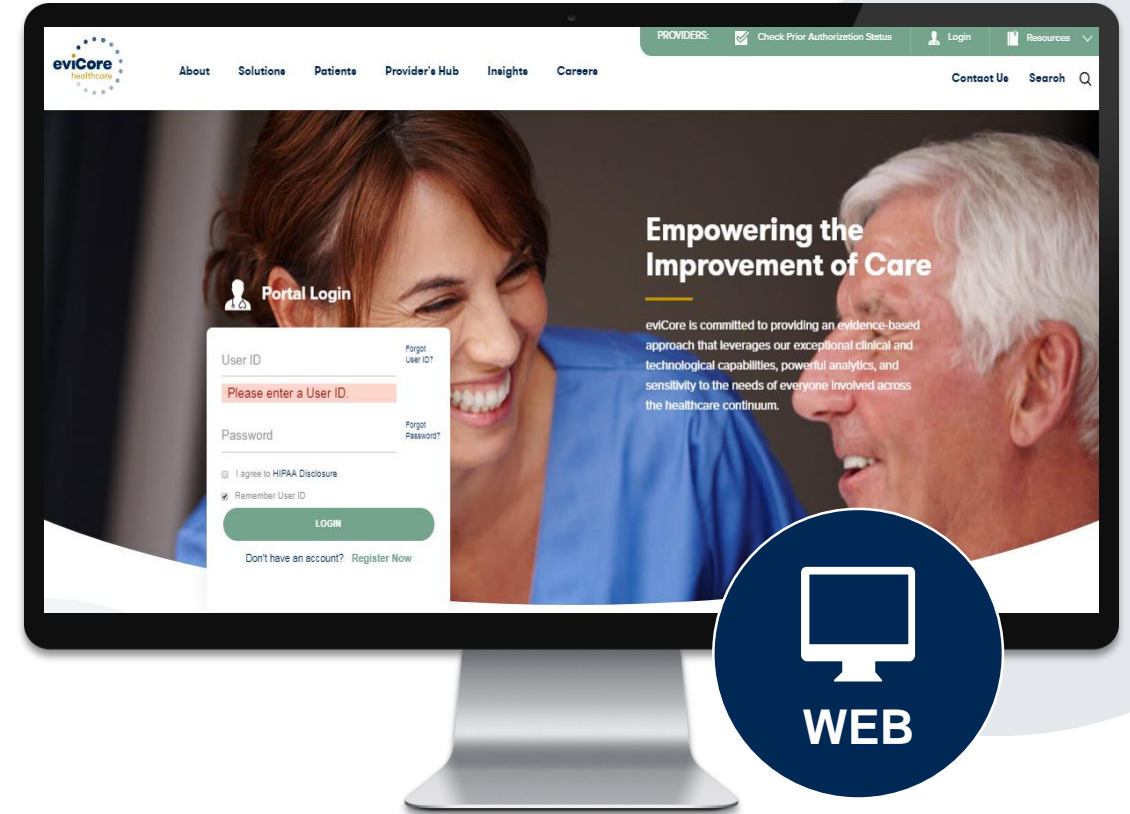
877-872-4161

Monday through Friday:
7am to 7pm EST

Fax Number:

866-699-8160

This fax number can be used to submit additional clinical information



Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? 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

Keys to Successful Prior Authorizations

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



Clinical Information Required

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

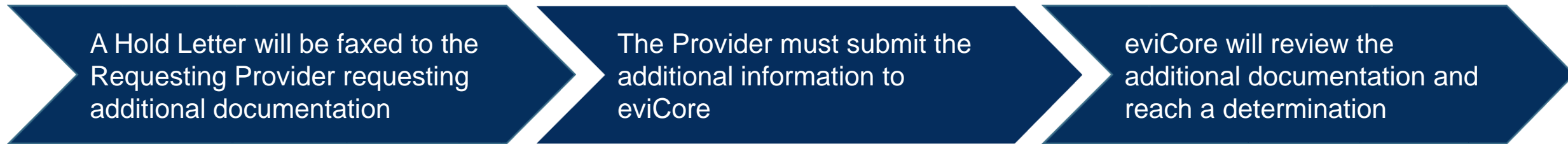
- Patient's clinical presentation.
- Diagnosis Codes.
- Type and duration of treatments performed to date for the diagnosis
- Disease-Specific Clinical Information:
 - ✓ Diagnosis at onset
 - ✓ Stage of disease
 - ✓ Clinical presentation
 - ✓ Histopathology
 - ✓ Comorbidities
 - ✓ Patient risk factors
 - ✓ Performance status
 - ✓ Genetic alterations
 - ✓ Line of treatment



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

The Provider must submit the additional information to eviCore

eviCore will review the additional documentation and reach a determination

To ensure that a determination is completed within the designated timeframe for each line of business, the case will remain on hold as follows:

- Medicare: **1** calendar day
- Commercial: **10** calendar days

Requested information must be received within the timeframe as specified in the Hold Letter. Failure to submit this information may result in a medical necessity denial.

Determination will be completed within:

- **Medicare:** 14 calendar days. Part B drugs, within 72 hours of receipt
- **Commercial:** 3 business days of receipt of clinical information



Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

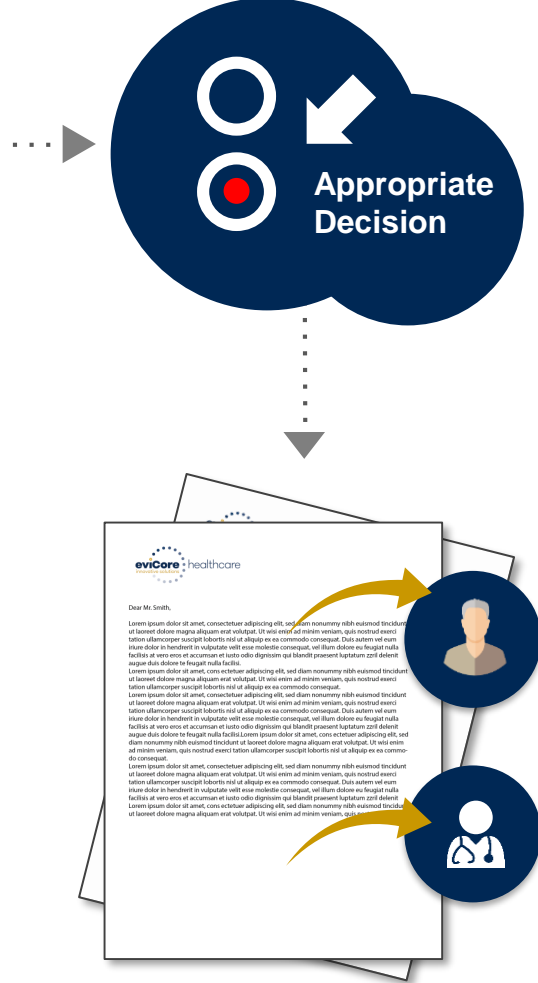
Approved Requests

- Prior authorization timeframes vary based on the cancer type and treatment technique. Refer to the determination letter to learn how long the authorization is valid.
- Prior authorization letters will be faxed to the ordering provider & rendering facility
- 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 accessed and printed on demand from eviCore via the FCC portal: login.firstcarolinacare.com



When a Request is Determined to Not Meet Clinical Criteria

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



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

Medical Oncology - Special Circumstances

Alternative Recommendations

- An alternate treatment plan recommendation may be offered based on eviCore's evidence-based clinical guidelines
 - Alternative recommendations are available for Commercial only
- The ordering provider can either accept the alternative recommendation or requesting a reconsideration of the original request
- Providers must contact eviCore to accept the alternative recommendation before the start of treatment

Authorization Updates

- If updates are needed to an existing authorization, you can contact eviCore by phone 877-872-4161
- Changes in treatment will require another Medical Necessity review on a new prior authorization. If approved, the original case will be withdrawn.
- If there is a change treatment and this update is not communicated then it may impact claims payment. The billed services should align with the requested and approved prior authorization.



Medical Oncology - Special Circumstances (continued)

Retrospective (Retro) Authorization Requests

- Retrospective requests are not in scope for FirstCarolinaCare.

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent requests will be reviewed within 72 hours



Reconsideration and Post Decision Options

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to secure case review for overturn consideration. The reconsideration processes is not available for Medicare Advantage members.
- 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 877-872-4161 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 in writing before a denial decision is issued on Medicare cases
- You can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

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

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- eviCore will not process appeals. Refer to the appeal flier contained within the denial letter for instructions on how to file an appeal.
- The determination letter that goes out on denied/partially denied cases will contain appeal rights

Post-Decision Options: Commercial Members

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 14 calendar days after the determination date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician
- Clinical consultations can also be scheduled via the online self service scheduling tool on the FCC web portal
- Only one Reconsiderations is allowed. Subsequent requests will be treated as an appeal and redirected to the health plan.

Appeals

- eviCore will not process appeals. Refer to the appeal flier contained within the denial letter for instructions on how to file an appeal.
- The determination letter that goes out on denied/partially denied cases will contain appeal rights

Provider Portal Overview

Single-Sign On Experience

First CarolinaCare
INSURANCE COMPANY

Forms & Resources 9+ Notifications Announcements Contact Account Log Out Office Personnel

Request Preauthorization Authorizations Claims Claim Reprocessing Inquiries Attach To Member


Attention! Claim Reprocessing Inquiries Need More Information

Request Preauthorization


Do I Need to File?

[Look up the member](#) to view Preauthorization Lists

Filing Options



File at Altruista



File at eviCore

What if I get into Altruista or eviCore and the Procedure Code says NOT available or Covered or Not Covered for the member I'm working with?

If the member's Preauthorization Lists OR the Customer Service representative indicates that the procedure requires a referral/preauth then notify [Health Alliance](#) that the member's Altruista or eviCore information is incorrect.

Forms & Resources
All Forms & Resources
Policy and Procedures
Clinical Guidelines
Members' Rights and Responsibilities

Contact
Contact Us
Website Feedback
Announcements
Informed Newsletter

FirstCarolinaCare Insurance Company's FirstMedicare Direct plans are HMO and PPO plans with a Medicare contract. Enrollment in a FirstMedicare Direct plan depends on contract renewal. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal source. In case of any discrepancy between this information and the legal source, the legal source will govern in all cases. Report a compliance concern or potential fraud, waste or abuse.

Notice of Medicare Privacy Practices
Legal Notice and Website Privacy Statement
Non-discrimination Notice

We recommend you download Adobe Reader to view all PDF files on this page.

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- Providers may access the eviCore online portal through the FirstCarolinaCare secure provider portal, login.firstcarolinacare.com
- You must create an account in order to access the secure provider portal. The 'Create an Account' option is available at login.firstcarolinacare.com
- Log in to the FCC site in order to be routed to eviCore. FCC prior authorizations can only be created when accessing eviCore through the single-sign-on (SSO) option
- If you are unable to create an account to access the online portal, please call or fax to submit your prior authorization request to eviCore:

Phone Number:

877-872-4161

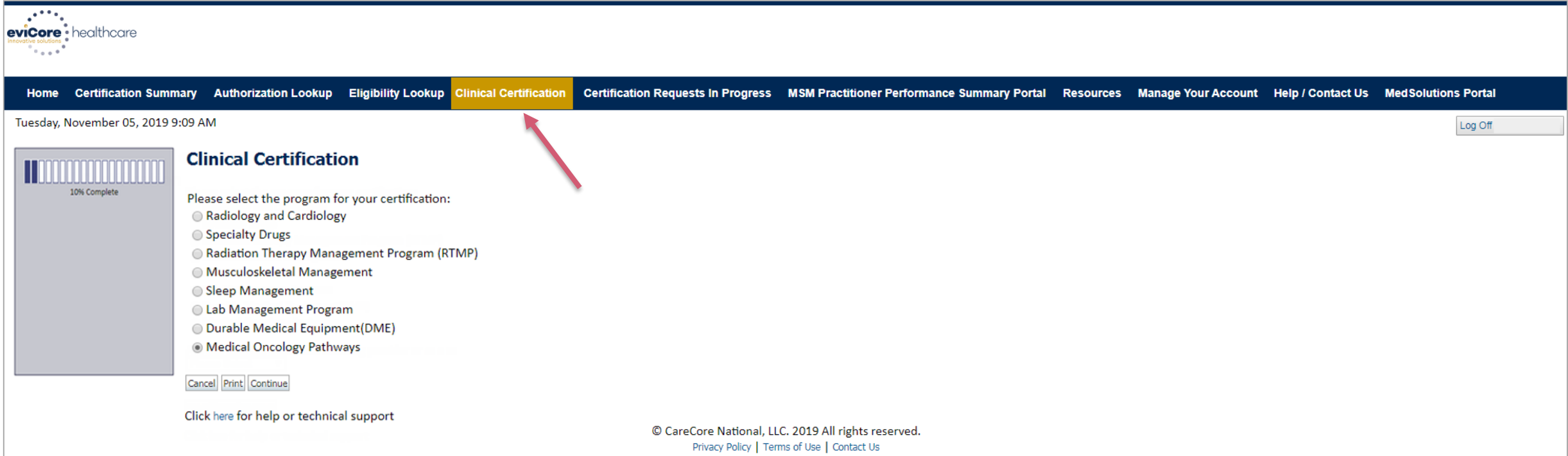
Monday through Friday:
7am to 7pm EST

Fax Number:

866-699-8160

This fax number can be used to submit additional clinical information

Initiating A Case



eviCore healthcare

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 MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM [Log Off](#)

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

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

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

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Choose **Clinical Certification** to begin a new request

Select the appropriate program **Medical Oncology Pathways** for your certification

Medical Oncology Pathways is used for Chemotherapeutic regimens and for Supportive Drugs

Select Referring Provider and Health Plan

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

Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	1 [REDACTED]
SELECT	[REDACTED]

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

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

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

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

Select the **Requesting Provider** for the requested service

Choose **FirstCarolinaCare** as the Health Plan for the case request

Confirm Contact Info is correct and update if necessary

Clinical Details



Tuesday, November 05, 2019 9:09 AM

Log Off

60% Complete

Provider and NPI

Patient

EDIT

Clinical Certification

This procedure will be performed on . [CHANGE](#)

Medical Oncology Pathways

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

CHEMO | CHEMOTHERAPY

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

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

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 Medical Oncology Pathways

[LOOKUP](#)

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

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

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

Select **CHEMOTHERAPY** for Chemo only or Chemo + Supportive drugs.

Select **SUPPORTIVE THERAPIES** for Supportive drugs only.

Verify Service Selection



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 MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off

60% Complete

Provider and NPI

Patient

EDIT

Clinical Certification

Confirm your service selection.

Procedure Date: 1/20/2019
Medical Oncology Pathways: CHEMO
Description: CHEMOTHERAPY
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](#)

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Click **continue** to confirm your selection.

Standard or Urgent Request?

- 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

Is this case Routine/Standard?

YES

NO

Clinical Pathway Questions



Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

Indicate the Cancer Type:

SUBMIT

Please select the Place of Service for this request:

- Off Campus-Outpatient Hospital
- Office
- On Campus-Outpatient Hospital
- Outpatient Home

Please select any/all services that the patient is participating in that includes injectable and oral chemotherapy drugs:

- Clinical Trials
- Non-cancer uses of the drug (not related to treatment of chemo or chemo side effects)
- Inpatient Chemo
- None of the above
- Stem Cell Transplant

SUBMIT

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Clinical Certification questions may populate based upon the information provided.

Clinical Collection Process



Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

Clinical Certification

The treatment options below reflect the recommendations of the National Comprehensive Cancer Network (NCCN) based on the clinical information submitted.

- NCCN Categories of Preference identifies regimens that are superior in terms of efficacy, safety, and evidence and when appropriate, affordability. The health plan is using it as a foundation to identify Preferred regimens to drive quality and affordability.

Selection of a preferred treatment option (check mark on the right) will result in an immediate authorization.

Selection of certain non-preferred treatment options (no check mark) will require peer to peer.

Previously Approved Treatments (listed in chronological order): None

Select Treatment Option:

Help ?

Regimen	Preferred
<input type="radio"/> Dose-dense AC followed by EVERY 2 WEEKS Paclitaxel (Dose-dense Doxorubicin HCL + Cyclophosphamide followed by Paclitaxel)	<input checked="" type="checkbox"/>
<input type="radio"/> AC EVERY 3 WEEKS followed by WEEKLY Paclitaxel (Doxorubicin HCL + Cyclophosphamide followed by weekly Paclitaxel)	<input type="checkbox"/>
<input type="radio"/> TAC (Docetaxel + Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> AC EVERY 3 WEEKS followed by Docetaxel (Doxorubicin HCL + Cyclophosphamide followed by Docetaxel)	<input type="checkbox"/>
<input type="radio"/> Dose-dense AC followed by WEEKLY Paclitaxel (Dose-dense Doxorubicin HCL + Cyclophosphamide followed by Paclitaxel)	<input type="checkbox"/>
<input type="radio"/> AC EVERY 3 WEEKS (Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> EC (Epirubicin + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> CMF (Cyclophosphamide + Methotrexate + 5-Fluorouracil)	<input type="checkbox"/>
<input type="radio"/> Dose-dense AC (Dose-dense Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> TC (Docetaxel + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> Build a Custom Treatment Plan (May Require Additional Clinical Review)	<input type="checkbox"/>

Submit

All NCCN recommended treatments are displayed. Selection of a recommended regimen will result in immediate approval of all drugs in the requested regiment.

Custom Treatment plans can be submitted for any case where the provider does not want to use a recommend regimen.

Authorization Lookup Tool



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 MedSolutions Portal

Wednesday, November 06, 2019 10:06 AM


Authorization Lookup

Authorization Number:	
Case Number:	
Status:	Approved
Approval Date:	1/2/2019 1:40:36 PM
Service Description:	Small Cell Lung Cancer
Site Name:	
Expiration Date:	4/12/2019
Date Last Updated:	1/16/2019 1:43:41 PM
Correspondence:	VIEW CORRESPONDENCE

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

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

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

 [P2P AVAILABILITY](#)

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

Additional Provider Portal Features

Certification Summary

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

Certification Summary

Search..  

Page 1 of 0 10

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

Page 1 of 0 10

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

Authorization Lookup

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

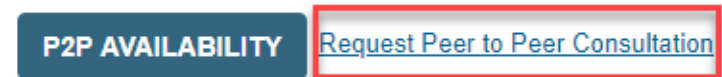
Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI

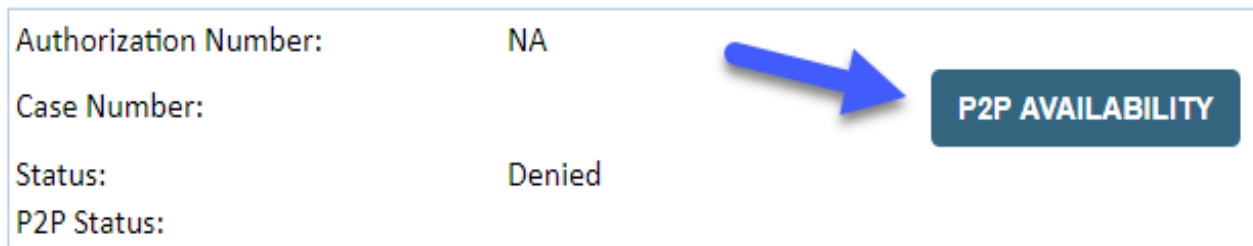
- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence

How to schedule a Peer to Peer Request

- Log into your account at login.firstcarolinacare.com
- Navigate to eviCore and 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.



Authorization Lookup



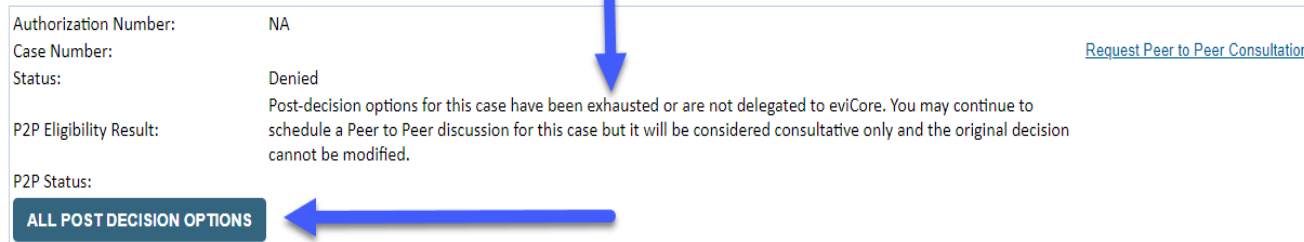
How to schedule a Peer to Peer Request

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

ALL POST DECISION OPTIONS



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

How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

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

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove ✔ P2P Eligible

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

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

Continue

How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

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

Time Zone

US/Eastern

[Continue >](#)

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

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

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

1st Priority by Skill

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

1st Priority by Skill

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

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

How to Schedule a Peer to Peer

Confirm Contact Details

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

The screenshot shows a four-step process: Case Info, Questions, Schedule, and Confirmation. The 'P2P Contact Details' section includes the following fields:

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

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

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

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

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

The 'Scheduling' summary page displays the following information:

- Scheduled:** Mon 5/18/20 - 6:30 pm EDT
- Status:** SCHEDULED (indicated by a red circle around the text)

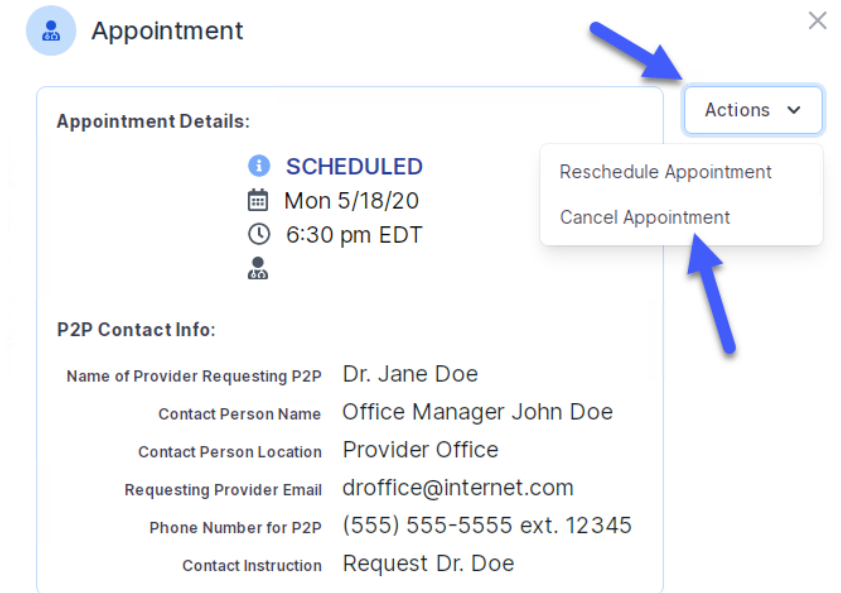
Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

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

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

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



- Close browser once done

Provider Resources

Dedicated eviCore Call Center

Prior Authorization Call Center – 877.872.4161

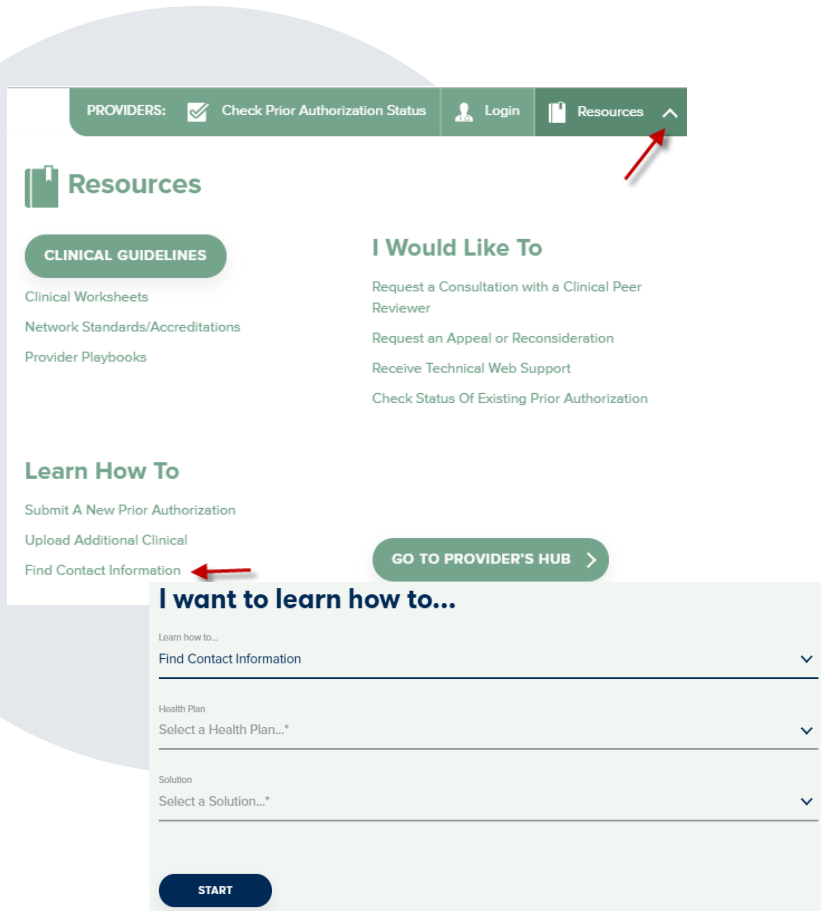
Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check Status of existing prior 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. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com
- If you do not have access to the internet, you can use the following contact information to submit a prior authorization request:

Phone Number:

877-872-4161

Monday through Friday:

7am to 7pm EST

eviCore Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (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.



eviCore Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at [evicore.com](https://www.evicore.com) → Provider's Hub → Training Resources

eviCore Provider Resource Website

Provider Resource Pages

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

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit

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

FirstCarolinaCare Provider Services: 910.715.8100



eviCore Provider Newsletter

Stay Updated With eviCore's 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



eviCore 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



Thank You!

