

# Medical Oncology Management (Medicare Advantage members)

Provider Orientation Session for Cigna

March 2022



# Medical Oncology – Our Experience



**10+ Years**  
Managing Medical Oncology Services

**Client Experience**  
15+ Regional and National Clients

**Case Statistics**  
400+ requests processed per day

**Memberships Managed**  
25M Commercial Members  
660K Medicare Members  
3.7M Medicaid Members

# Clinical Staffing – Multispecialty Expertise

## Dedicated nursing and physician specialty teams for a wide range of solutions

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



# Evidence-Based Guidelines

The foundation of our solutions

National Comprehensive  
Cancer Network®  
(NCCN)

26 of the World's  
Leading Cancer  
Centers Aligned



Inclusive of  
**45**  
cancer types

Continually  
Updated

Represents  
**97%**  
of all cancers

# Cigna Prior Authorization Services

eviCore healthcare (eviCore) manages prior authorization requests for Medical Oncology services for Cigna Medicare Advantage members

## Prior authorization applies to the following services:

- Outpatient Medical Oncology
- Non-emergent treatment
- Primary/ Supportive agents

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

- Emergency Room Services / 23 Hour Observations / Inpatient stays
- Clinical Trials
- Transplant Patients
- Part D Medications
- CAR-T requests



Providers should verify member eligibility and benefits on the secured provider log-in section at: [HSConnectOnline.com](https://HSConnectOnline.com)

# How to Determine Benefits and Eligibility

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Resource	Contact
Cigna Customer Service	800.230.6138
HSCconnect Provider Portal	<a href="https://HSCconnectOnline.com">HSCconnectOnline.com</a> (login required)
eviCore provider portal	eviCore.com > Eligibility Lookup (login required) Note: If you are not a registered user, go to eviCore.com > Register Now.
eviCore Intake Team	866.686.4452 (7:00 a.m. to 7:00 p.m. ET)

# An Eligibility Lookup in the eviCore portal will confirm if authorization is needed for requested procedures

The screenshot shows the top navigation bar of the eviCore healthcare portal. The 'Eligibility Lookup' menu item is highlighted in yellow. Below the navigation bar, the page title is 'Eligibility Lookup'. There is a radio button option for 'OnePA: Prior Authorization Portal for Providers'. The search form includes fields for Healthplan (set to HEALTHSPRING), Provider NPI, Patient ID, and Patient Date of Birth. There are 'PRINT' and 'SEARCH' buttons at the bottom of the form. A yellow arrow points from the 'Eligibility Lookup' menu item to the search form.

Results will tell you what is needed.

The screenshot shows the search results for the eligibility lookup. It displays the Patient ID and Member Code: 02. The eligibility status is: **Prior Authorization required for: Radiation Therapy, Medical Oncology. No Prior Authorization required for: Gastroenterology.** Below the results are 'PRINT', 'DONE', and 'SEARCH AGAIN' buttons, and a 'Click here for help' link. A red arrow points from the text 'Results will tell you what is needed.' to the eligibility status text.

The screenshot shows the top navigation bar of the eviCore healthcare portal. The 'Eligibility Lookup' menu item is highlighted in yellow. Below the navigation bar, the page title is 'Eligibility Lookup'. The message states: 'CareCore National, LLC is unable to determine eligibility and preauthorization requirements at this time. Please contact the health plan for eligibility and benefits using the phone number on the back of the member's ID Card.' Below the message are 'PRINT', 'DONE', and 'SEARCH AGAIN' buttons, and a 'Click here for help' link. A red arrow points from the text 'Results will tell you what is needed.' to this error message.

# Medical Oncology Solution

## The following types of drugs are included if being used to treat cancer, and if billed under the Medical Benefit

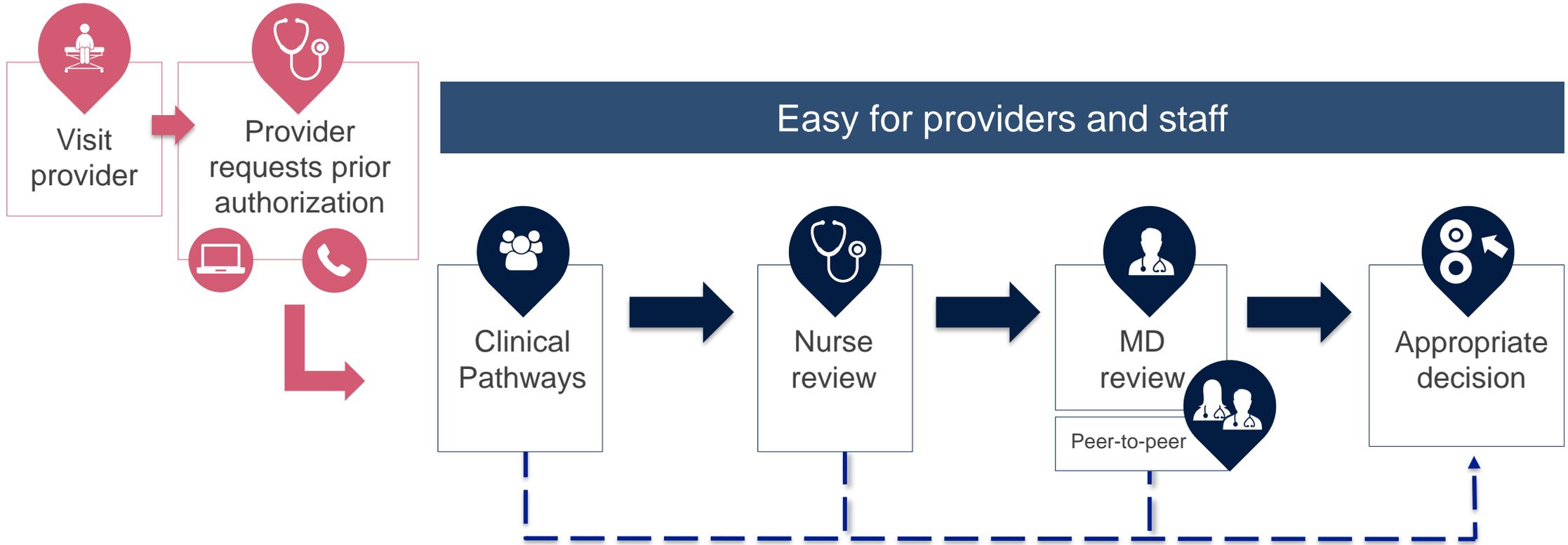
- Infused, oral, and self-administered drugs in the primary treatment of cancer
- Supportive agents included with the approved treatment regimen of cancer-related symptoms
- Primary Injectable Chemotherapy
- Companion diagnostics / precision medicine

### Important Details

- There are no partial approvals.
- The Authorization is not for a specific dose or administration schedule.
  - *However, billing in excess of the appropriate # of units or frequency of administration based on **MUE/NCCN** guidelines for a drug may result in claims denial.*
- Supportive drugs will be issued as a separate authorization.
- Please call **866.686.4452** for any treatment changes.



# Prior Authorization Process



By submitting prior authorization requests through eviCore's portal, providers have the potential to receive immediate authorization. Please ensure all necessary clinical information has been provided when answering the clinical pathway (clinical collection process) questions.

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# Submitting Requests

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# Nonclinical Information Needed

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

## Member Information

- First and last name
- Date of birth
- Member ID
- Telephone number (if applicable)

## Ordering Provider Information

- First and last name
- Practice address
- National Provider Identifier (NPI)
- Taxpayer Identification Number (TIN)
- Telephone and fax numbers

## Rendering Facility Information

- Facility name
- Street address (e.g., 111 Tennessee Rd., Franklin, TN 37067)
- NPI
- TIN
- Telephone and fax numbers



# Clinical Information Needed

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**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



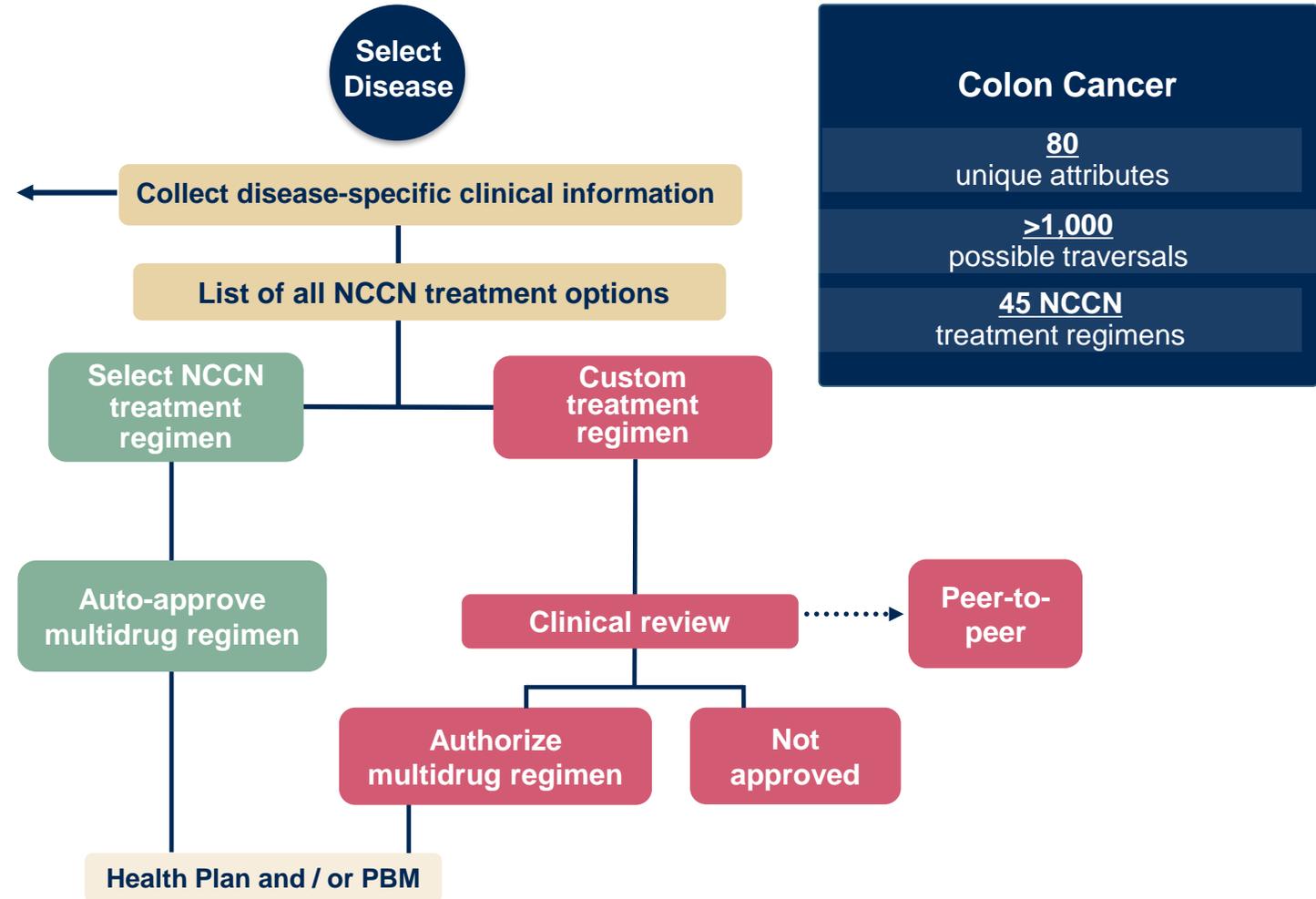
# Medical Oncology Solution Defines a Complete Episode of Care

## 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

**5-9  
minutes  
to enter a  
complete  
case**



**Colon Cancer**

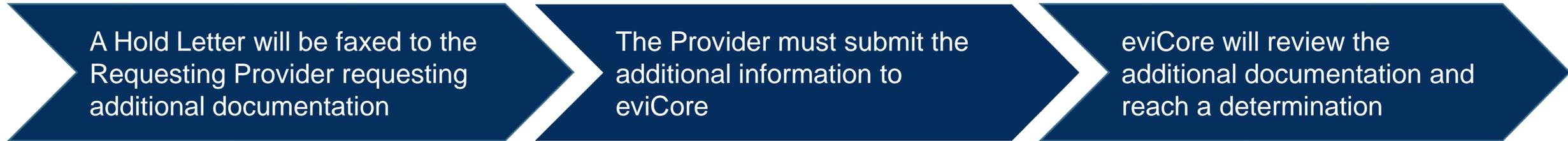
- 80** unique attributes
- >1,000** possible traversals
- 45 NCCN** treatment regimens

Treatment options may be modified to align with formulary

# Insufficient Clinical – Additional Documentation Needed

## Additional Documentation to Support Medical Necessity

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



The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.

Determination notifications will be sent.



# Pre-Decision Options: Medicare Members

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I've received a request for additional clinical information. What's next? There are three ways to supply the requested information to eviCore for review:

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- Additional clinical information must be submitted to eviCore in advance of the due date referenced
- Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **uploaded** directly into the case via the provider portal at [www.eviCore.com](http://www.eviCore.com)
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be scheduled via the eviCore portal (see the P2P Scheduling Tool in the appendix for further instruction).
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed
- Once the determination is made, notifications will go out to the provider and member, and status will be available on [www.eviCore.com](http://www.eviCore.com)

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# **Prior Authorization Outcomes, Special Considerations, and Post Decision Options**

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# Prior Authorization Outcomes

## Approvals and Denials

### Approved Requests

- All requests are typically processed in two business days after receipt of all necessary clinical information.
- Authorizations are typically valid for 8-12 months from the date of the final determination.

### Approval Letter

- The letter will be faxed to the ordering provider and performing facility.
- The member will receive the letter in the mail.
- Approval information can be printed on demand from the eviCore portal.

### Denied Requests

- Communication of the denial determination and rationale.
- Instructions on how to request a clinical consultation.

### Denial Letter

- The letter will be faxed to the ordering provider and performing facility.
- The member will receive the letter in the mail.
- The letter will contain the denial rationale and appeal options and instructions.



# Special Circumstances

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## Out of Network/Non-Participating Provider

- Care must be administered at an in-network facility if the patient does not have out-of-network (OON) benefits in order to be covered.

## Retrospective Authorization Requests

- Authorization must be provided in advance of the service, unless the service is urgent or there are extenuating circumstances. In those cases, retrospective requests must be submitted:
  - For Cigna contracted providers, within 1 business day from the date of service.
  - For non-contracted providers, within 1 year from the date of service as long as the course of treatment is not complete.
- Retrospective requests are reviewed for urgency and for medical necessity.

## Urgent Prior Authorization Requests

- Medically urgent outpatient procedures must meet the National Committee for Quality Assurance's definition of medical urgency requests. To be considered urgent, the patient must have conditions that are a risk to his or her life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.
- Urgent requests will be reviewed within 24 hours.



# Post Decision Options

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## Reconsiderations

Medicare does not allow reconsiderations.

## Clinical Consultations

If a request requires further clinical review, we welcome requests for a clinical consultation with an eviCore medical director.

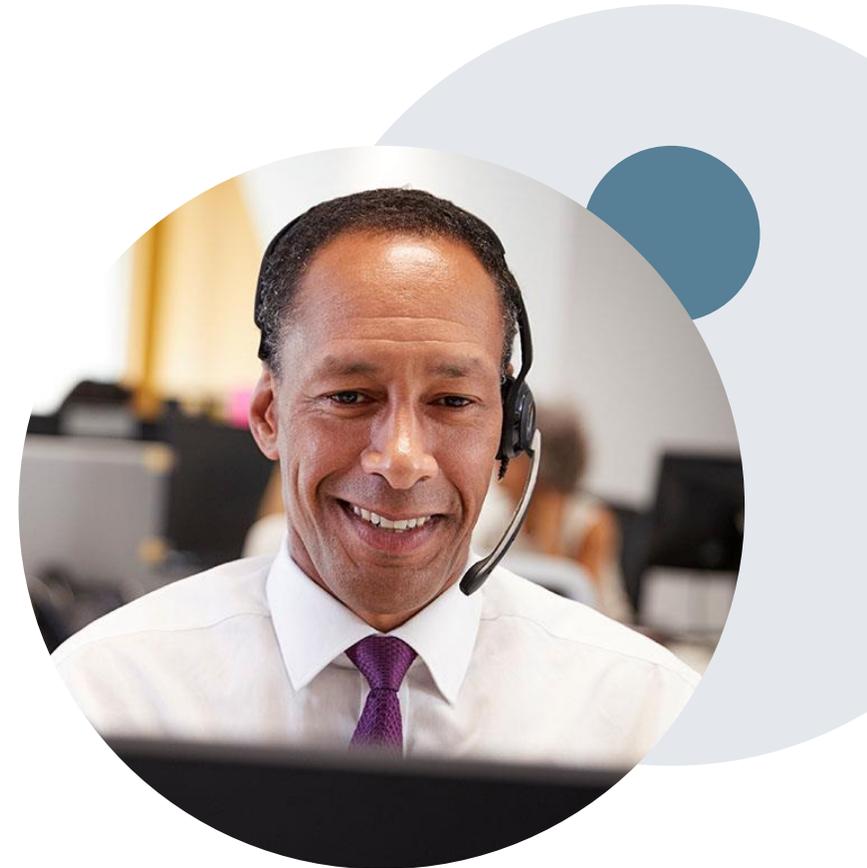
**Please note:** Clinical Consultations that occur on already denied cases will be consultative only. eviCore is not delegated to change initial determinations on Medicare cases.

Portal users can schedule a clinical consultation, on behalf of the treating provider, directly on the eviCore portal (see the P2P Scheduling Tool in the appendix for further instruction).

Physicians, nurse practitioners, and physician assistants can request a clinical consultation by visiting [www.eviCore.com/provider/request-a-clinical-consultation](http://www.eviCore.com/provider/request-a-clinical-consultation).

## Appeals

Appeals need to be submitted to Cigna within 60 days of the initial determination. Please follow the appeal instructions referenced in the denial letter.

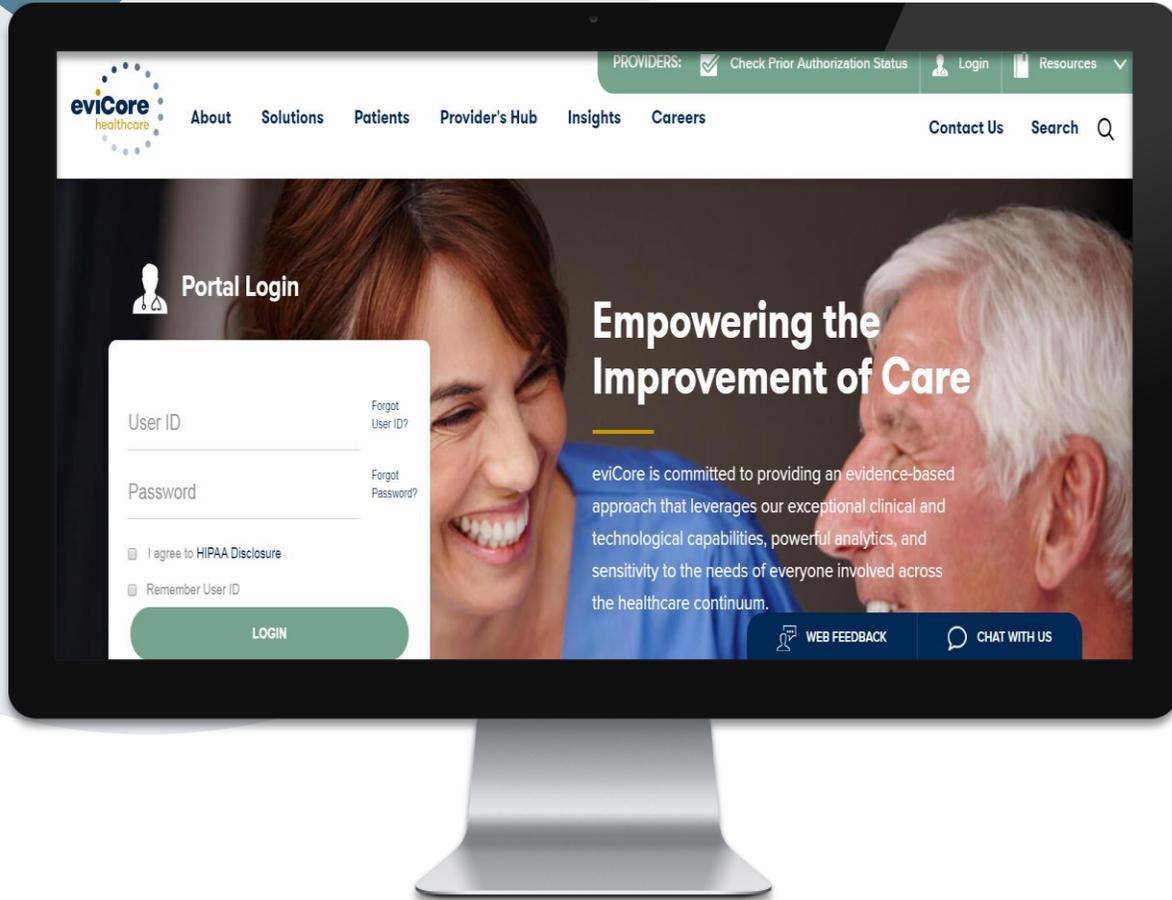


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# Provider Portal Overview

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# How to Request Prior Authorizations



The eviCore portal is the quickest, most efficient way to request prior authorization and check authorization status.

[www.eviCore.com](http://www.eviCore.com)

By phone:

**866.686.4452**

7:00 a.m. to 7:00 p.m. local time

Monday - Friday

By fax:

**866-699-8160**

# Benefits of the Provider Portal

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**Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows providers to go from request to approval faster. The following are some benefits and features:**

- Saves time: Providers experience a faster processing time online than via telephone.
- Available 24/7: The portal is available at any time.
- Option to save progress: If a provider needs to step away, he or she can save his or her progress and resume later.
- Upload option for additional clinical information: There is no need to fax in supporting clinical documentation; providers can upload it on the portal to support a new request or when additional information is requested.
- Ability to view and print determination information: Providers can check case status in real time.
- Dashboard: Providers can view all recently submitted cases.
- Duplication feature: If a provider is submitting more than one prior authorization request, he or she can duplicate information to expedite submittals.

# eviCore Portal and Compatibility

eviCore.com is compatible with the following web browsers:

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

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

## Already a user?

If you already have access to eviCore's portal ([www.eviCore.com](http://www.eviCore.com)), simply log in with your User ID and Password and begin submitting requests.

**Don't have an account? Click "Register Now"**



## 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](#)

# Registration Form



## 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\*: CareCore National 

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

## User Information

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

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

Select a **Default Portal**, and complete the registration form.

# Creating an Account



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 using to submit cases over the web.

Default Portal\*:

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

## User Registration

UserName:	Address:	Phone:
Email:	City:	Ext:
Account Type:	State:	Fax:
First Name:	Office Name:	
Last Name:		

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

[Web Support 800-646-0418](#)  
[Legal Disclaimer](#) | [Privacy Policy](#) | [Corporate Website](#) | [Report Fraud & Abuse](#) | [Guidelines and Forms](#) | [Contact Us](#)

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

# User Access Agreement

The screenshot displays the eviCore healthcare user registration interface. A modal window titled "USER REGISTRATION" is open, showing the "User Access Agreement" section, which is marked as "\*Required". The agreement text includes:

eviCore  
Provider/Customer Access Agreement for Web-Based Applications

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

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

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

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

At the bottom of the modal, there is a checkbox labeled "Accept Terms and Conditions" which is checked, and two buttons: "Submit" and "Cancel".

The background registration form includes fields for: Username, Email, Account Type, First Name, Last Name, Phone, Ext, Fax, and Zip. A "Default Portal" dropdown is set to "CareCore National". A "Submit Registration" button is visible at the bottom right of the form.

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

# Registration Successful

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



## Registration Successful

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

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

### Password Maintenance

Please set up a new password for your account.

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

New Password\*

Confirm New Password\*

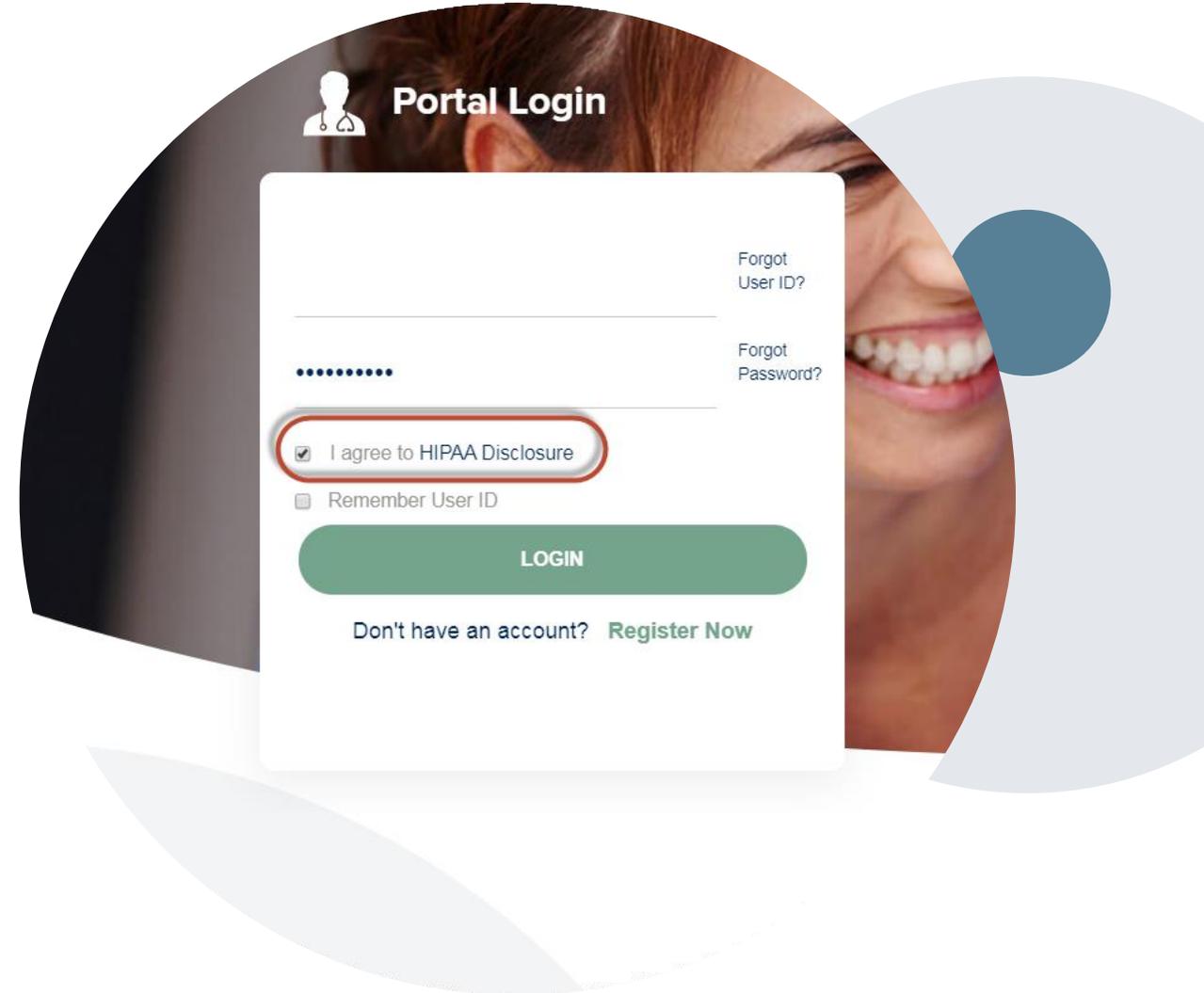
Save

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

# Account Login

To log in to your account,  
enter your **User ID** and  
**Password**.

Agree to the HIPAA  
Disclosure, and click  
“**LOGIN.**”



# Welcome Screen

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

Tuesday, May 12, 2020 4:20 PM

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

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

**Note:** You can access the **MedSolutions Portal** at any time without having to provide additional log-in information. Click the MedSolutions Portal on the top-right corner to seamlessly toggle back and forth between the two portals.

# Add Practitioners

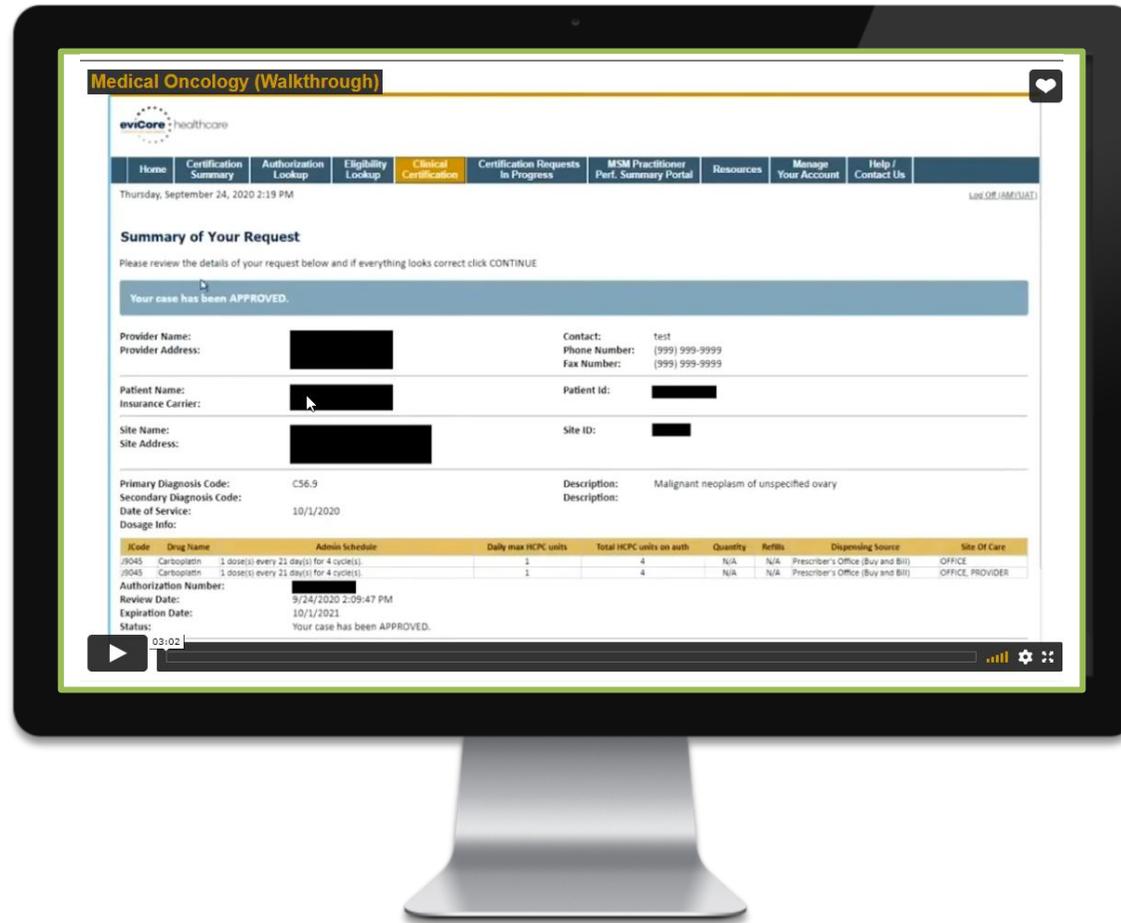
The image shows two overlapping web forms. The background form is titled "Manage Your Account" and contains fields for "Office Name:", "Address:", "Primary Contact:", and "Email Address:". It also features buttons for "CHANGE PASSWORD" and "EDIT ACCOUNT", and an "ADD PROVIDER" button. Below these is a table with the text "No providers on file" and a "CANCEL" button. The foreground form is titled "Add Practitioner" and includes the instruction "Enter Practitioner information and find matches." followed by a note: "\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip". It has input fields for "Practitioner NPI", "Practitioner State" (a dropdown menu), and "Practitioner Zip", along with "FIND MATCHES" and "CANCEL" buttons.

- 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

# Portal Demo

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Please click here to view the portal demonstration:  
[Portal Demo](#)



# Clinical Collection Process – Clinical Upload



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

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:

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

- Select an NCCN Recommended Regimen from the list - these options will vary based on the clinical & diagnosis submitted.
- If a Custom Regimen is requested, please upload clinical information necessary to support the request.

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# Additional Provider Portal Features

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# Portal Features

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## Certification Summary

- Allows you to track recently submitted cases

## Authorization Lookup

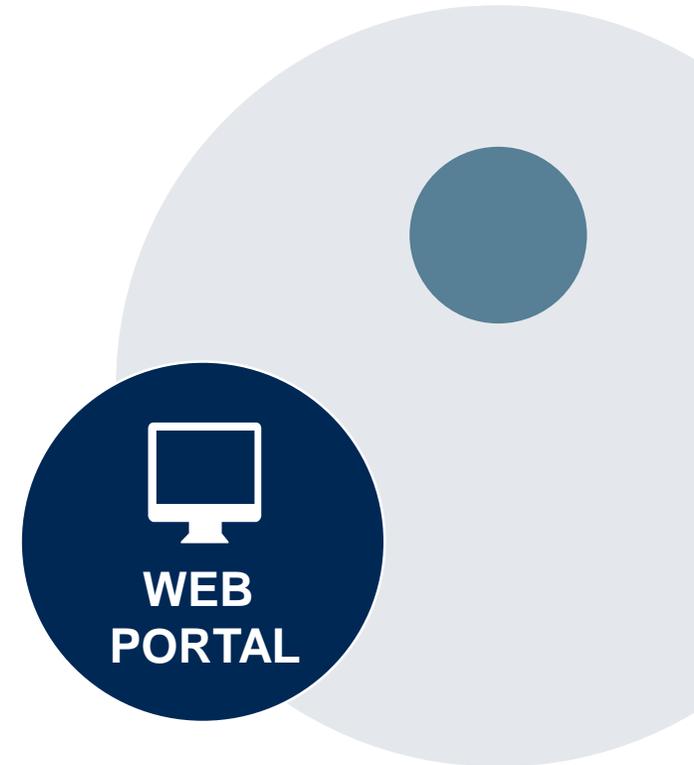
- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

## Eligibility Lookup

- Confirm if member requires prior authorization

## Clinical Certification

- You can begin an authorization request



# Authorization Lookup Tool (displayed)



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:	<a href="#">VIEW CORRESPONDENCE</a>

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

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

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[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

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

# Duplication Feature

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## Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Radiation Therapy Management Program)
- Provider (XXXXXXXXXX, XXXXXXXX)
- Program and Provider (Radiation Therapy Management Program and XXXXXXXXXXXX, XXXXXXXX)
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

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# Provider Resources

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# Provider Resources

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## Prior Authorization Call Center - 866.686.4452

Our call centers are open from 7:00 a.m. to 7:00 p.m. local time.

Providers can contact our call center to do the following:

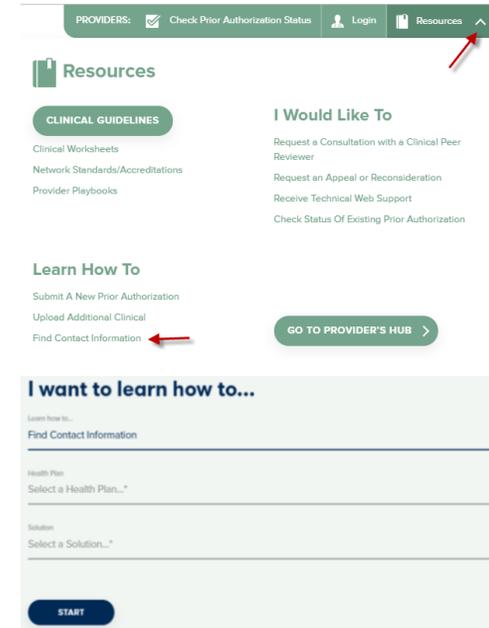
- Request prior authorization.
- Check the status of existing authorization requests.
- Discuss questions regarding authorizations and case decisions.
- Change the facility or CPT code(s).
- Request to speak to a clinical reviewer.
- Schedule a clinical consultation with an eviCore medical director.



# Provider Resources

## Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at [www.eviCore.com](http://www.eviCore.com).
- The “Resources” page includes clinical guidelines, online forms, and more.
- If you are unsure of how to contact eviCore, the quick reference tool can help.
  - Click the “Resources” tab.
  - Select “Find Contact Information” under the “Learn How To” section.
  - Type in Cigna and the solution to populate the contact telephone and fax numbers as well as the appropriate legacy portal to utilize for case requests.



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](mailto:portal.support@evicore.com).

# Provider Resources

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## Client and Provider Services

eviCore has a dedicated Client and Provider Services team to address provider-related requests and concerns. In most instances, this team can provide a resolution within 24 to 48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be re-sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering provider)
- Issues experienced during case creation
- Reports of system issues

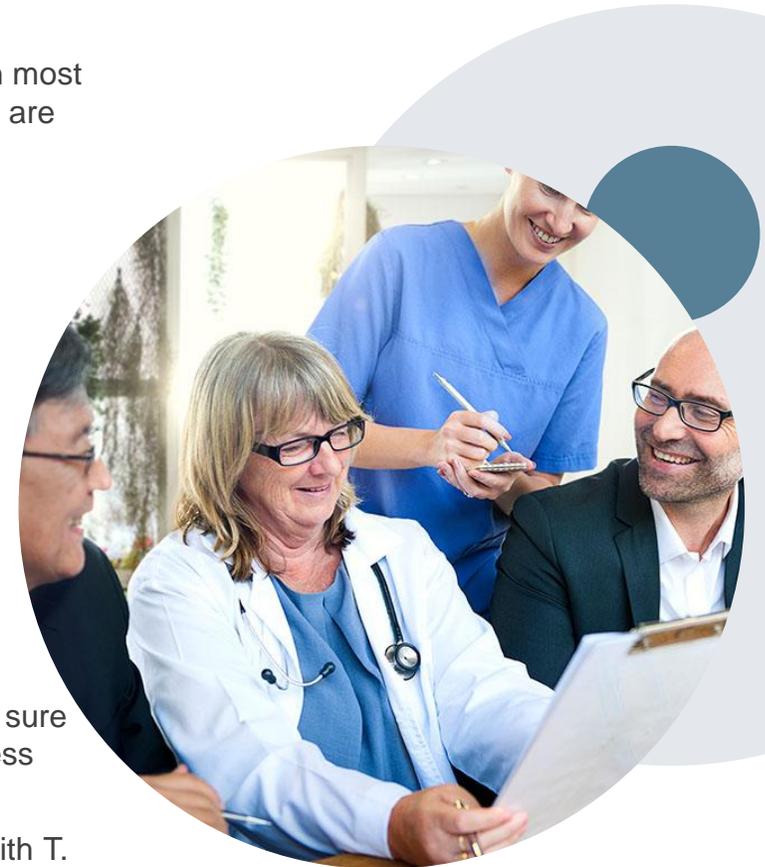
### How to Contact our Client and Provider Services team

**Telephone:** 800.646.0418 (option 4)

**Email:** [ClientServices@evicore.com](mailto:ClientServices@evicore.com)

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/provider/case details when applicable. Outside of normal business hours, please email Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.



# Provider Resources

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## Cigna-Specific 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 gastroenterology provider resource page includes the following educational materials:

- Frequently asked questions
- Quick reference guides
- Solution PowerPoint overview
- Training sessions
- Announcement letter
- Detailed list of procedure codes that require prior authorization

To access these helpful resources, please visit [www.eviCore.com/resources/healthplan/Cigna](http://www.eviCore.com/resources/healthplan/Cigna).

## Clinical Guidelines

Providers and/or staff can access eviCore's Clinical Guidelines by visiting [www.eviCore.com/Cigna](http://www.eviCore.com/Cigna).



# Cigna Medicare Advantage Provider Resources

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- Login at [HSConnectOnline.com](https://www.hsconnectonline.com)
- Information specific Cigna Medicare Advantage [Cigna Medicare Insurance Providers | Cigna](#)
- Learn more about Authorization Requirement at [Cigna Medicare Advantage Authorization Requirements](#)

For Provider Enrollment Questions – Contact Cigna Provider Services at 800.230.6138

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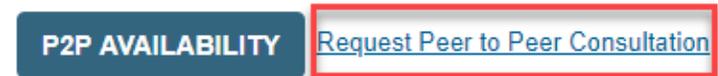
# Appendix - Online P2P Scheduling Tool

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# How to schedule a Peer to Peer Request

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- Log into your account at [www.evicore.com](http://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.



## Authorization Lookup

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



# How to schedule a Peer to Peer Request

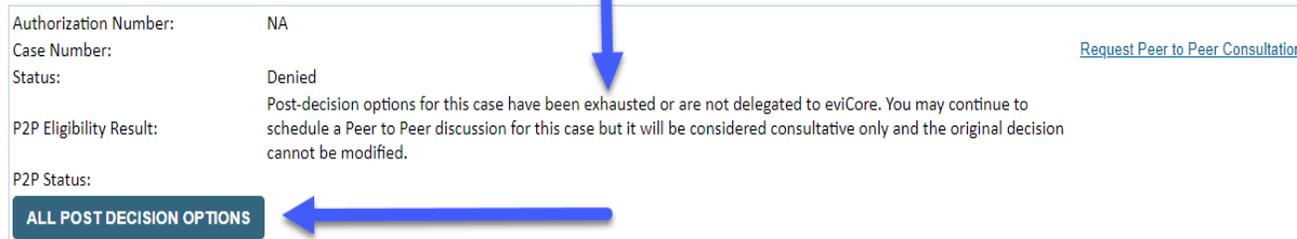
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Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All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

## Authorization Lookup

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

**ALL POST DECISION OPTIONS**



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

# How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

## New P2P Request

eviCore healthcare P2P Portal

Case Reference Number Case information will auto-populate from prior lookup

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 (checked), Questions (checked), Schedule (checked), and Confirmation (pending). The 'P2P Contact Details' section includes the following fields:

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

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

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

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

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

The 'Scheduling' summary page displays the following information:

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

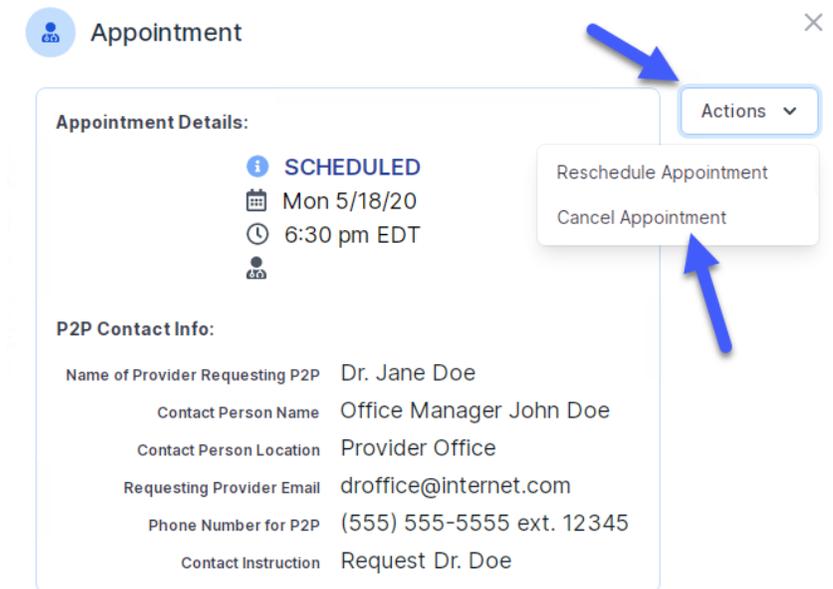
# Canceling or Rescheduling a Peer to Peer Appointment

## To cancel or reschedule an appointment

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

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

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



- Close browser once done