

MSK Specialized Therapies

Migration from the Landmark portal to the eviCore portal for PT/OT/ST and Chiro

Provider Orientation for Health Partners Plans



Prior Authorization Overview

Health Partners Plans Prior Authorization Services

eviCore healthcare will begin accepting prior authorization requests for outpatient therapy services on September 1, 2020 for dates of service September 1st and beyond.

Prior Authorization applies to the following services:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Chiropractic Therapy Services
- Outpatient Therapy Services delivered in a skilled nursing facility (SNF) where the member is receiving custodial care

Prior Authorization does **NOT** apply to services that are preformed during:

- Emergency Room Services
- 23 Hour Observations
- Inpatient Stays

Provider Resource Page

Providers and/or staff can utilize Health Partners Plans' Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

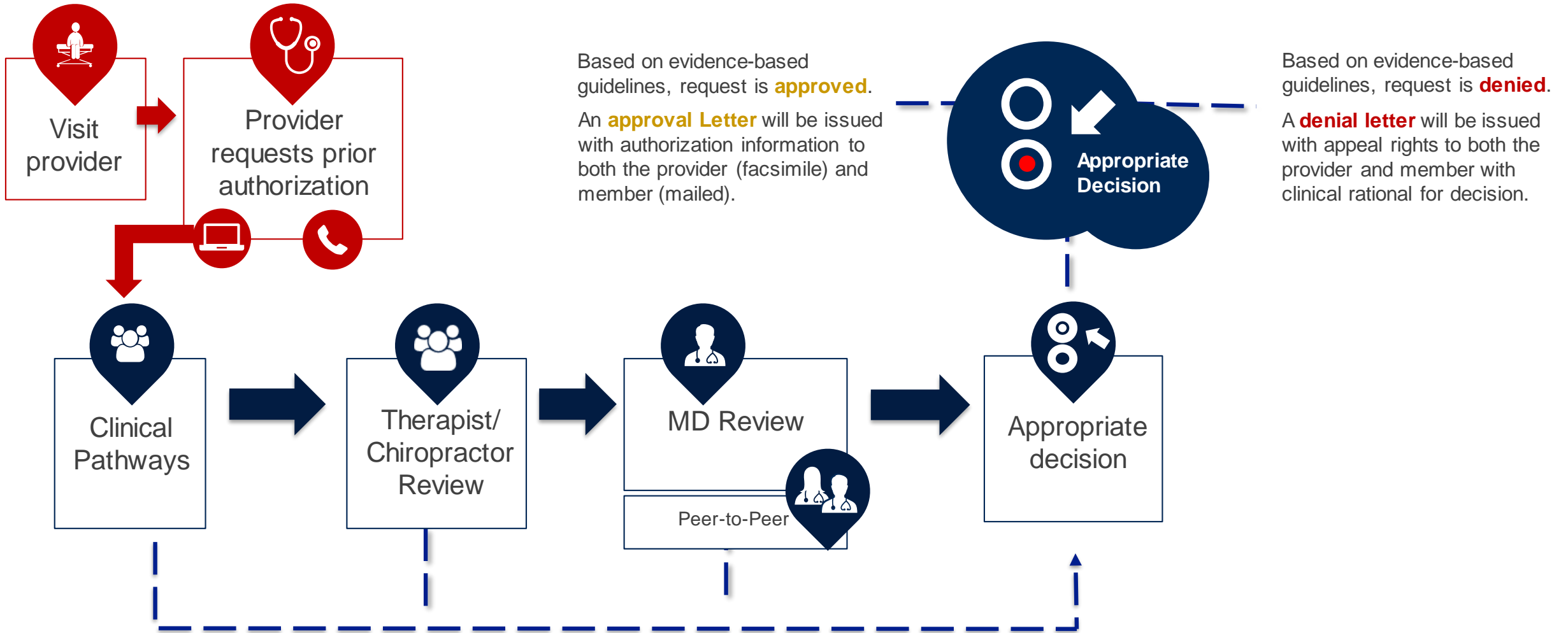
<https://www.evicore.com/resources/healthplan/health-partners-plans>

Applicable Memberships

Prior Authorization is required for HPP members who are enrolled in the following lines of business/programs:

- **Medicare**
- **Medicaid**

Prior Authorization Process



Non-Clinical Information Needed

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

Member Information

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

Ordering Physician / Practitioner Information

- First and Last Name
- Practice Address
- **Individual National Provider Identification (NPI) number of the referring MD, DO, NP, PA, podiatrist, chiropractor, and licensed practitioners within the scope of their practice under state law**
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Rendering Facility Information

- Facility Name
- Street Address
- National Provider Identification (NPI) Number
 - Use group NPI if applicable for OPT
- Tax Identification Number (TIN)
- Phone and Fax Numbers



Clinical Information Needed

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

- Initial evaluation for therapy services
- A relevant summary of the patient's clinical condition
- Imaging and/or pathology and/or laboratory reports as indicated relevant to the requested services
- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)
- Identifying complexities that will impact the therapy plan of care
- Completed patient reported outcome (PRO) tools



Prior Authorization Outcomes

Approvals and Denials

Approved Requests

- All requests are processed within 14 calendar days after receipt of all necessary clinical information – most cases are likely to get a real-time approval when you use the web portal.
- Authorizations are typically valid for up to 180 days from the date of the final determination.

Denied Requests

- Communication of the denial determination and rationale.
- Letter contains reconsideration options based on the members health plan and line of business.
- Instructions on how to request a Clinical Consultation (peer to peer).

Authorization Letter

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

Denial Letter

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



Post-Decision Options: Medicaid Members

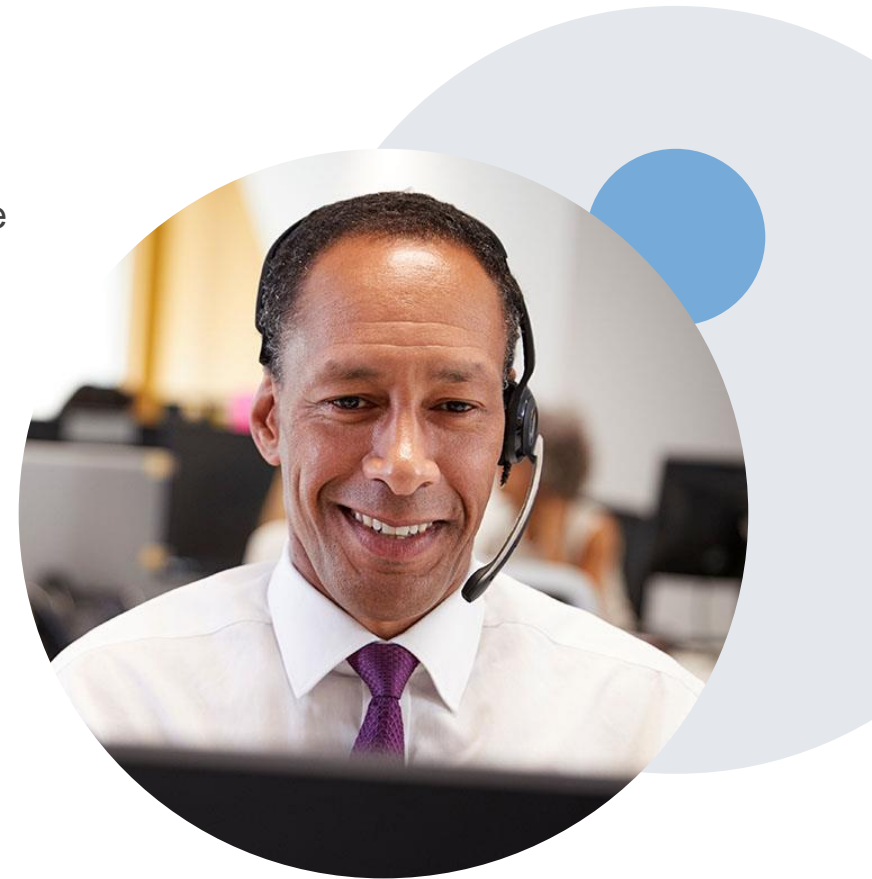
My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review.
- Reconsiderations must be requested within 2 business days after the determination date.
- Reconsiderations can be requested verbally via a Clinical Consultation (P2P) with an eviCore physician for a physician to physician conversation.
 - Therapists who wish to speak to a therapist reviewer or a Medical Director at eviCore are welcome to schedule a clinical consultation – however it would be *consultative* in nature and cannot result in an overturned decision on the case.

Appeals

- eviCore is **not** delegated for appeals.



Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical

- eviCore will notify Providers telephonically and in writing before a denial decision is issued on Medicare cases.
- You may submit additional clinical to eviCore for consideration per the instructions received.
- Additional clinical must be submitted to eviCore in advance of the due date referenced.

Pre-Decision Clinical Consultation

- Providers may choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information .
- The Pre-Decision Clinical Consultation must occur **before** the due date referenced.
- If additional information was submitted, we will 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 next?

Clinical Consultation

- Providers may request a Clinical Consultation with an eviCore physician to 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 have a Reconsideration option.

Appeals

- eviCore is **not** delegated for appeals.



Special Circumstances

Retrospective (Retro) Authorization Requests

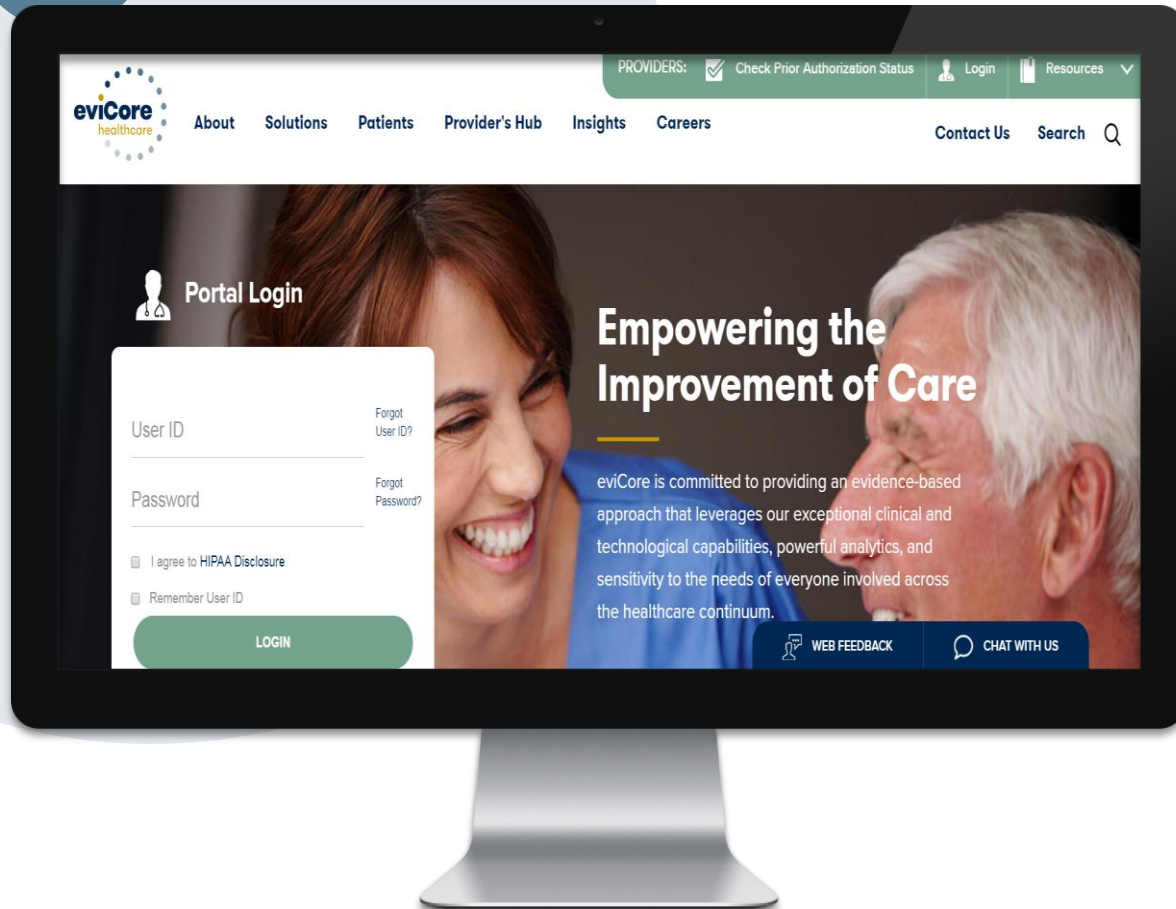
- All Retrospective requests must be submitted within 180 days from the date the services were performed. Retrospective requests that are submitted beyond this timeframe will be administratively denied.
- Retrospective authorization requests are reviewed for clinical urgency and medical necessity. eviCore has **30 days** to provide a final determination for retrospective authorization requests.

Urgent Prior Authorization Requests

- Urgent requests can now be submitted on eviCore's website www.evicore.com. When asked "Is this request standard/routine?" simply answer "no" and the case will be sent to the urgent work list.
- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent. Urgent request will be reviewed within **72 hours** upon receiving the prior authorization request.



eviCore Provider Portal



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

By visiting www.eviCore.com providers can spend their time where it matters most — with their patients!

Or by phone:

Phone Number:

888-444-6178

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

Monday - Friday

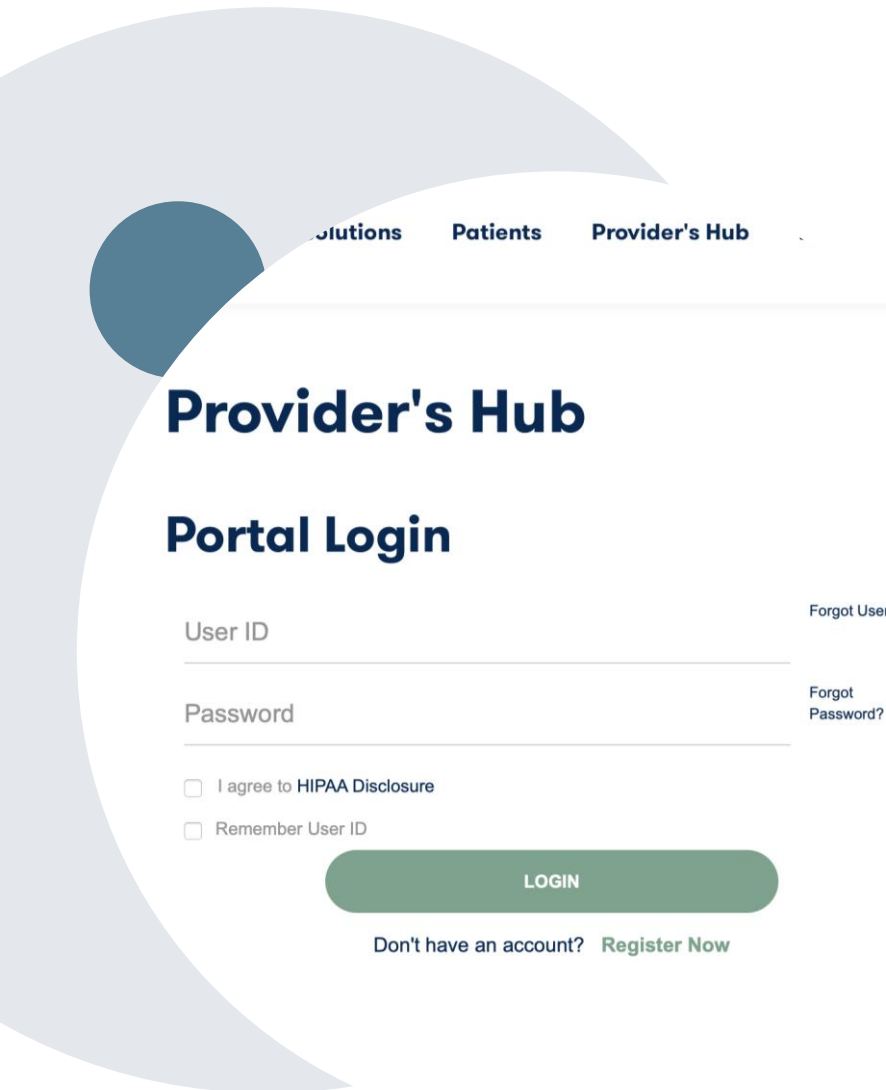
Provider Portal Overview

Portal Compatibility

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

- Microsoft Edge
- Google Chrome
- Mozilla Firefox

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



eviCore healthcare Website

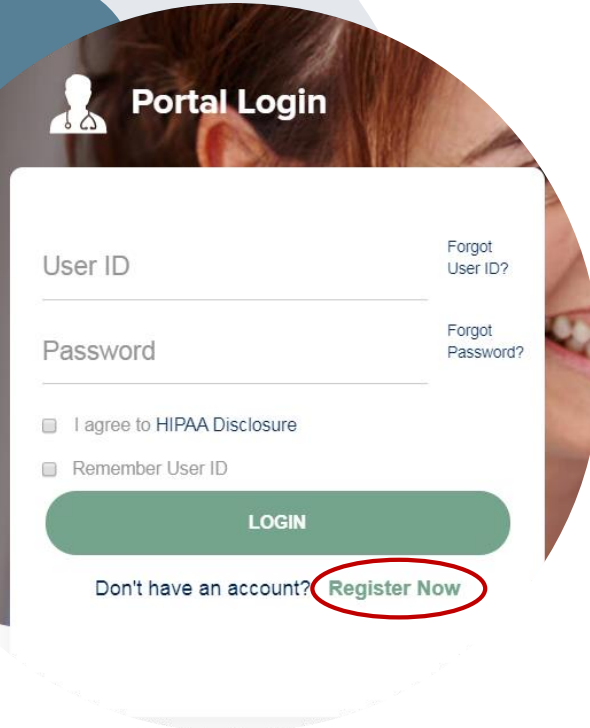
Visit www.eviCore.com

Already a user?

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

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today.



Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)

Creating An Account

Web Portal Preference

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

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

User Information

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

User Name*: Address*:
Email*:
Confirm Email*: City*:
First Name*: State*: Zip*:
Last Name*: Office Name:

- Select **CareCore National** as the Default Portal, complete the User Information section in full, and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.

Multi-Factor Authentication MFA

The image displays two side-by-side screenshots of the 'Set up Two Factor Authentication' interface. The left screenshot shows the 'SMS' option selected, with a 'Register Mobile Number' field containing 'USA (+1) 123-456-7890' and a 'Send PIN' button. The right screenshot shows the 'Email' option selected, with a 'Register Email Address' field containing 'example@evicore.com' and a 'Send PIN' button. Both screens include a 'Submit' button for the PIN verification step.

- To safeguard your patients' private health information (PHI) we have implemented a **multifactor authentication (MFA)** process.
- After you log in, you will be prompted to enter your email address or mobile phone number. This preference will be saved for future use.
- Select **Send Pin** and a 6-digit pin is generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in. **You will need to perform the MFA process every time you log in.**

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

Tuesday, January 21, 2020 9:24 AM

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

- REQUEST AN AUTH
- RESUME IN-PROGRESS REQUEST
- SUMMARY OF AUTH
- AUTH LOOKUP
- MEMBER ELIGIBILITY

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

Adding Providers



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
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Tuesday, January 21, 2020 9:26 AM

Manage Your Account

Office Name: test
Address: 730 Cool Springs Blvd
Franklin, TN 37067

CHANGE PASSWORD

EDIT ACCOUNT

Primary Contact: Amy Oliphant
Email Address: amy.oliphant@evicore.com

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

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Click the **Add Provider** button.

Adding Providers



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
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Tuesday, January 21, 2020 9:26 AM

Add Practitioner

Enter Practitioner information and find matches.

*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

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- Enter the **Referring Provider (MD, DO, NP, PA, podiatrist, chiropractor, and licensed practitioners within the scope of their practice under state law), NPI, State, and Zip Code** to search for the provider record to add to your account.
- You are able to add multiple practitioners to your account.

Adding Providers



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
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Tuesday, January 21, 2020 9:29 AM

Add Practitioner

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

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	1 MD Address	Franklin	TN	37067	(999)999-9999	(999)999-9999

ADD THIS PRACTITIONER **CANCEL**

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Select the matching record based upon your search criteria.

Manage Your Account



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Tuesday, January 21, 2020 9:38 AM

Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

[ADD ANOTHER PRACTITIONER](#) [CONTINUE](#)

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- Once you have selected a practitioner, your registration will be complete.
- You are able to access the **Manage Your Account** tab at any time to make necessary updates or changes.

Certification Summary



eviCore healthcare

Home Certification Summary Authorization Lookup

Tuesday, January 21, 2020 9:39 AM

Log Off (AMYINTG)

Certification Summary

Search..  

Single Status

Show All

Filter By Multiple Statuses

Show All

Date

7 days

Submit Close

Authorization Number	Case Number	Member Last name	Underlying Provider Last name	Referring Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical

No records to display

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

Initiating A Case



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
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Tuesday, January 21, 2020 9:41 AM

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

[REQUEST AN AUTH](#)

[RESUME IN-PROGRESS REQUEST](#)

[SUMMARY OF AUTH](#)

[AUTH LOOKUP](#)

[MEMBER ELIGIBILITY](#)

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Choose **REQUEST AN AUTH** to begin a new case request.

Select Program



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Tuesday, January 21, 2020 9:42 AM

Request an Authorization

To begin, please select a program below:

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

CONTINUE

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Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

- Date Extension
- Continuing Care
- Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

Select the Program for your certification.

Select Provider

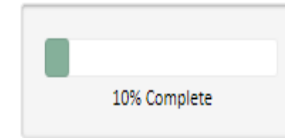


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- Help / Contact Us

Tuesday, January 21, 2020 9:43 AM

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

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:

Provider	
<input type="button" value="SELECT"/>	12312312 - Provider Name

-
-

[Click here for help](#)

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- Select the MD, DO, NP, PA, podiatrist, chiropractor, or licensed practitioners within the scope of their practice under state law who referred the member for outpatient therapy.
- If you do not have the requesting provider's NPI, you will **not** be able to submit the case.

Select Health Plan



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Tuesday, January 21, 2020 9:46 AM

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

Choose Your Insurer

Requesting Provider: [GALUMBA, LINDA, NP 1200000000](#)

Please select the insurer for this authorization request.

▼
 ▼

BACK

CONTINUE

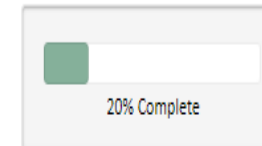
[Click here for help](#)

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.

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- Choose the appropriate **Health Plan** for the case request.
- Once the plan is chosen, please select the provider address in the next drop down box.

Contact Information



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Tuesday, January 21, 2020 9:49 AM

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

Add Your Contact Info

Provider's Name: [?]

Who to Contact: [?]

Fax: [?]

Phone: [?]

Ext.: [?]

Cell Phone:

Email:

[BACK](#) [CONTINUE](#)

[Click here for help](#)

30% Complete

Provider and NPI

GUY, JENNIFER
3309620033
(MFL) (L) (P)

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- Enter the name of the person at the outpatient therapy office and the appropriate information as the “Who to Contact.”
- The text boxes will populate with information from the referring provider’s office.

Expected Treatment Date

Note: The request for services should be initiated after the evaluation is completed.

Attention!

Time: 8/27/2020 8:12 AM

What is the expected procedure date or treatment start date for this request?

MM/DD/20YY

SUBMIT

Select Procedure and Enter Diagnosis Code



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Thursday, August 27, 2020 8:15 AM

[Log Off \(JCARPENTER1\)](#)

Requested Service + Diagnosis

This procedure will be performed on 9/3/2020. [CHANGE](#)

Musculoskeletal Management Procedures

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

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

Diagnosis

Primary Diagnosis Code: **M25.551**
Description: **Pain in right hip**
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

60% Complete


Provider and NPI

Patient

Read Pop-Up Messages

Attention!

Will the procedure be performed in your office?



If you select "No," then you will enter the outpatient therapy office or individual therapist's NPI as the rendering site selection.

Attention!

Patient ID: [redacted] Time: 8/27/2020 8:16 AM
Patient Name: [redacted]

Please review the patient's MSM history. You may be asked about this history during clinical review.

MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status
8/8/2019	[redacted]	[redacted]	MSMPT	PHYSICAL THERAPY A	[redacted]

[Print this page](#)

Verify Service Selection



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Thursday, August 27, 2020 8:16 AM

[Log Off \(JCARPENTER1\)](#)

Requested Service + Diagnosis


Confirm your service selection.

Procedure Date: 9/3/2020
CPT Code: MSMPT
Description: PHYSICAL THERAPY
Primary Diagnosis Code: M25.551
Primary Diagnosis: Pain in right hip
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)



60% Complete

Provider and NPI

Patient

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Site Selection

Add Site of Service

Specific Site Search

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

NPI:

Zip Code:

Site Name:

TIN:

City:

Exact match

Starts with

LOOKUP SITE

- Select the **specific site** where the treatment will be performed.
- For **outpatient therapy and chiropractic services**, the provider is both the referring and rendering (treating) provider in eviCore's system. For most health plans, you will want to enter the group NPI (if applicable) as the site of service.

Clinical Collection Process



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Thursday, May 14, 2020 3:01 PM

[Log Off \(JCARPENTER1\)](#)

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

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CONTINUE

[Click here for help](#)

- Verify **all information entered** and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

Clinical Collection



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Thursday, August 27, 2020 8:20 AM

[Log Off \(JCARPENTER1\)](#)

Proceed to Clinical Information

TYPE OF CONDITION

Please select Developmental/Pediatric for all Pediatric cases EXCEPT primary musculoskeletal injuries such as ankle sprain, fracture, WITHOUT an underlying developmental or neuromuscular condition like cerebral palsy.)

i Please indicate the type of condition that therapy is being requested for.

i Is this request for fabricating a hand splint/orthotics OR developing a home exercise program ONLY?

Yes No

SUBMIT

Clinical Collection – From the Clinical Worksheets

Proceed to Clinical Information

1 This request is for:

- Initial care (for a condition not treated in the previous 60 days)
- Continuing care

1 Please indicate the primary treatment area (Choose only one):

Knee

1 Please indicate the secondary treatment area. (Choose only one)

No second area being treated

SUBMIT

Proceed to Clinical Information

1 Please indicate the side being treated.

- Right
- Left
- Both / Bilateral
- Unknown

1 Do you want to enter a functional outcome measure for the Knee?

Yes No

SUBMIT

Finish Later

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

Proceed to Clinical Information

1 Please select the Functional Outcome measure used:

- LEFS (Lower Extremity Functional Scale)
- HOOS Jr (HIP Osteoarthritis Outcome Score Jr)
- KOOS Jr (KNEE Osteoarthritis Outcome Score Jr)

1 Please enter the functional outcome score:

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

Criteria Not Met

Once you complete the clinical questions, you will have an opportunity to upload additional clinical information. Also, you will receive a summary of your request to print for your records.

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

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

SUBMIT

Summary of Your Request

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

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

Provider Name:	DR. ROBERTO MENDOZA MENDOZA MD/MS 1000 17TH AVE SW SEASIDE, CA 94132	Contact:	708
Provider Address:		Phone Number:	(708) 494-7880
		Fax Number:	(708) 494-7880
Patient Name:	MARTIN MENDOZA	Patient ID:	88714470
Insurance Carrier:	WELLSFARGO		
Site Name:	COMMERCE MEDICAL CENTER 875 COMMERCE CENTER DR COMMERCE, IL 62531	Site ID:	88714470
Site Address:			
Primary Diagnosis Code:	99.02	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	OB Ultrasound
CPT Code:	59000		
Case Number:	1100000000		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

Criteria Met - Approval in Real Time



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- Help / Contact Us

Thursday, August 27, 2020 8:27 AM

[Log Off \(JCARPENTER1\)](#)

Summary of Your Request

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

You have been approved for 20 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. Your case has been approved for 20 visits

Provider Name:		Contact:	test
Provider Address:		Phone Number:	(555) 555-5555
		Fax Number:	(555) 555-5555
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	M25.551	Description:	Pain in right hip
Secondary Diagnosis Code:		Description:	
CPT Code:	MSMPT	Description:	PHYSICAL THERAPY
Authorization Number:			
Review Date:	8/27/2020 8:18:43 AM		
Approved Treatment Start Date:	9/3/2020		
Expiration Date:	12/31/2020		
Status:	You have been approved for 20 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. Your case has been approved for 20 visits		

- CANCEL
- PRINT
- CONTINUE

[Click here for help](#)

Building Additional Cases



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
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Tuesday, January 21, 2020 10:37 AM

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 (Radiology)
- Provider (CA, MD, NPI, etc.)
- Program and Provider (Radiology and CA, MD, NPI, etc.)
- Program and Health Plan (Radiology and VERISURE)

GO

CANCEL

PRINT

[Click here for help](#)

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- Once a case has been submitted for clinical certification, you can return to the **Main Menu**, then resume an in-progress request, or start a new request.
- You can indicate if any of the previous case information will be needed for the new request.

Additional Provider Portal Features

Portal Features

Clinical Certification

- You can begin an authorization request.

Eligibility Lookup

- Confirm if member requires prior authorization.

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.

Duplication Feature

- Allows use of information entered previously.



Authorization Lookup Example

Authorization Lookup

Authorization Number: NA
Case Number:
Status: Pending eviCore Review
P2P Status:
Approval Date:
Service Code: LABTST
Service Description: MOLECULAR GENETIC TEST
Site Name: MOUNT SINAI GENOMICS
Expiration Date:
Date Last Updated: 7/15/2020 5:30:44 PM
Correspondence:
Clinical Upload:

P2P AVAILABILITY

UPLOADS & FAXES

**The option to attach clinical information is not available for this case at this time:
Please fax clinical information to 800-540-2406**

Authorization Number:
Case Number:
Status: Approved
P2P Status:
Approval Date: 7/13/2020 12:00:00 AM
Service Code: LABTST
Service Description: MOLECULAR GENETIC TEST
Site Name: MOUNT SINAI GENOMICS
Expiration Date: 1/9/2021
Date Last Updated: 7/15/2020 5:25:14 PM
Correspondence:

P2P AVAILABILITY

UPLOADS & FAXES

A final decision has not yet been rendered on this case OR it requires special handling. If you have received a request for additional clinical information, please respond to our notice per the instructions received. If you would like to understand additional options available, please contact our Physician Support Unit at 1-800-792-8744, option 1.

Uploads & Faxes

Attached Faxes Sent Letters & Faxes Document Uploads

3 documents sent.

Episode ID	Date Sent	Time Sent	Document Name	Recipient	View
<input type="text"/>	07/15/2020	17:25:44	OSC0101 - Approval Standard PHYS	Physician	<input type="button" value="VIEW"/>
<input type="text"/>	07/15/2020	17:25:44	OSC0104 - Approval Standard SITE	Site	<input type="button" value="VIEW"/>
<input type="text"/>	07/15/2020	17:25:45	OSC0100 - Approval Standard MBR	Patient	<input type="button" value="VIEW"/>

CLOSE

Duplication Feature

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 ([REDACTED])
- Program and Provider (Radiation Therapy Management Program and [REDACTED])
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

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



Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: 888-444-6178
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

- Live chat
- Email: portal.support@eviCore.com
- Phone: 800-646-0418 (Option #2)

Client & Provider Operations Team

- Email: clientservices@eviCore.com
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

Provider Engagement

Regional team that works directly with the provider community

Michael Morgan

Phone: 615-468-4000, ext 27165

Email: Michael.Morgan@eviCore.com



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/health-partners-plans>



Provider Enrollment Questions – Contact HPP Provider Services at 888.991.9023 (M-F, 9 a.m. – 5:30 p.m. EST)

Prior Authorization Online Portal Tips and Tools

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 **Prior Authorization Online Portal Tips and Tools** session to learn how 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 Prior Authorization Online Portal Tips and Tools session:

You can find a list of scheduled **Prior Authorization Online Portal Tips and Tools** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Provider Newsletter

Stay Updated With Our Free Provider Newsletter

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

- Go to [eviCore.com](https://www.evicore.com).
- Scroll down and add a valid email address to subscribe.
- You will begin receiving email provider newsletters with updates.



Thank You!

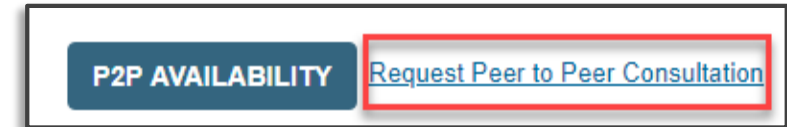


Appendix

Online Peer-to-Peer Scheduling Tool


How to schedule a Peer-to-Peer Request

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



Authorization Lookup

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

 **P2P AVAILABILITY**

How to schedule a Peer-to-Peer Request

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

Authorization Lookup

Authorization Number:	NA
Case Number:	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

The screenshot shows a user interface for an 'Authorization Lookup'. It contains a table with fields for 'Authorization Number', 'Case Number', 'Status', 'P2P Eligibility Result', and 'P2P Status'. A blue arrow points from the 'Case Number' field to a blue link labeled 'Request Peer to Peer Consultation'. Another blue arrow points from the 'ALL POST DECISION OPTIONS' button at the bottom left to the 'P2P Eligibility Result' field.

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 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, then click **Continue**.

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

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...	-	-	-

How to Schedule a Peer-to-Peer

- Confirm contact details.
- Contact's name and email address will auto-populate per user credentials.

- Be sure to update the following fields so that we can reach the right person for the Peer-to-Peer appointment:
 - Name of provider requesting P2P
 - Phone number for P2P
 - Contact instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

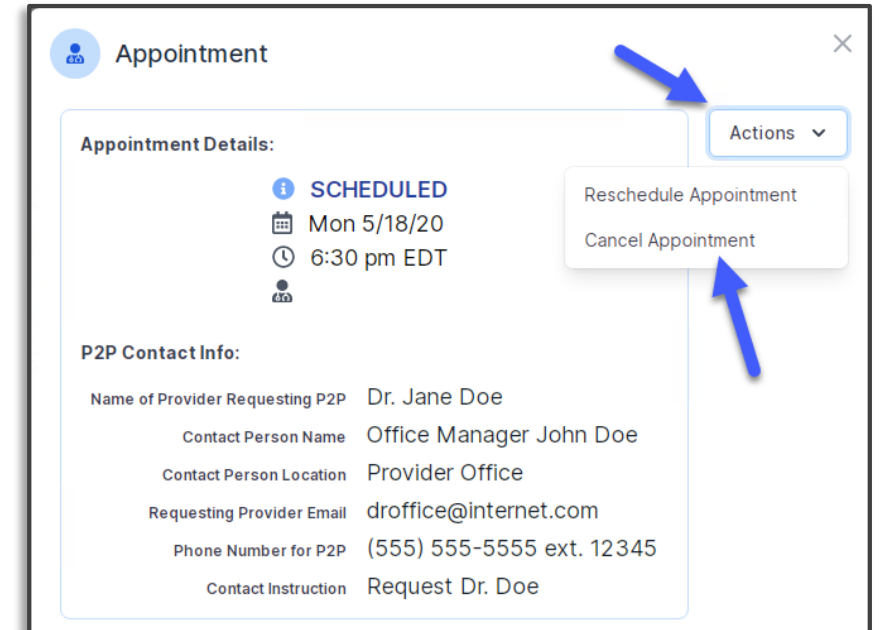
The screenshot shows a web interface for scheduling a Peer-to-Peer appointment. At the top, there are four progress indicators: 'Case Info' (checked), 'Questions' (checked), 'Schedule' (checked), and 'Confirmation' (not checked). The main content area is split into two columns. The left column, titled 'P2P Info', shows the appointment date and time, and the reviewing provider. The right column, titled 'P2P Contact Details', contains several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (a dropdown menu set to 'Provider Office'), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Requesting Provider Email' (filled with 'droffice@intemet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit' button is at the bottom right. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.

The screenshot shows a summary page for a scheduled appointment. At the top, there is a 'Scheduling' header with a calendar icon. Below it, the word 'Scheduled' is displayed. The appointment details are shown as 'Mon 5/18/20 - 6:30 pm EDT'. A 'SCHEDULED' status is highlighted in a red oval.

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.