Lab Management

Provider Orientation Session for AultCare

Updated September 1, 2023

AULTCARE
HEALTH PLANS

eviCore healthcare
by Evernorth

Agenda

Solutions Overview
Lab Management

Submitting Requests

Prior Authorization Outcomes, Special Considerations, and Post-Decision Options

eviCore Provider Portal
Overview, Features, and Benefits

Provider Resources

Questions & Next Steps

Appendix
- Portal Case Submission
- Peer-to-Peer Scheduling Tool

Solution Overview

Applicable Memberships

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

Fully Insured Commercial (excluding FEHBP)	• Radiology and Cardiology (Advanced Imaging and Nuclear Cardiology) • Oncology (Radiation Therapy and Medical Oncology) • Lab Management (Molecular Genomic)

AultCare Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for radiology services on March 29, 2021 for dates of service April 1, 2021 and after.

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization from eviCore does NOT apply to services performed in:
• Fully Insured Commercial *excluding FEHBP	• Outpatient • Diagnostic • Elective / Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at:
https://www.aultcare.com/providers

Lab Management Solution

Genetic Testing

- Hereditary Cancer Syndromes

- Carrier Screening Tests

- Tumor Marker / Molecular profiling

- Hereditary Cardiac Disorders

- Cardiovascular Disease and Thrombosis Risk Variant Testing

- Pharmacogenomics Testing

- Neurologic Disorders

- Mitochondrial Disease Testing

- Intellectual Disability / Developmental Disorders

Submitting Requests

Methods to Submit Prior Authorization Requests

Provider Portal (preferred)

To assure you get to the correct vendor, we recommend starting at the AultCare Portal. If AultCare has delegated eviCore to manage the Prior Authorization for the member, then you will be directed to eviCore.com. While phone and fax options are available, www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7.

WEB
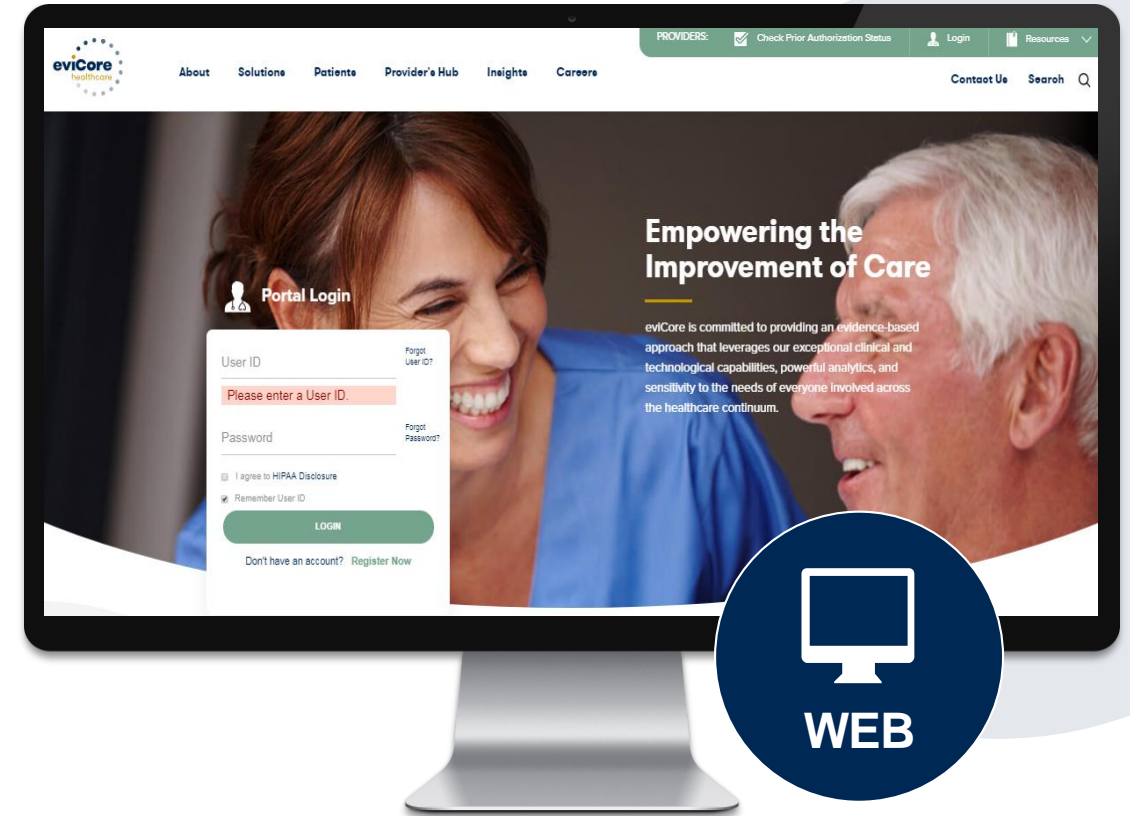
How to Request Prior Authorization

The eviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time**: Quicker process than requests by phone or fax.

- **Available 24/7.**

- **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 supporting clinical documentation, it can be uploaded on the portal.

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

- **Dashboard**: View all recently submitted cases.

- **E-notification**: Opt to receive email notifications when there is a change to case status.

- **Duplication feature**: If you are submitting more than one request, you can duplicate information to expedite submissions.

To access the eviCore Provider Portal, visit **www.eviCore.com**

Phone: 844-635-7224
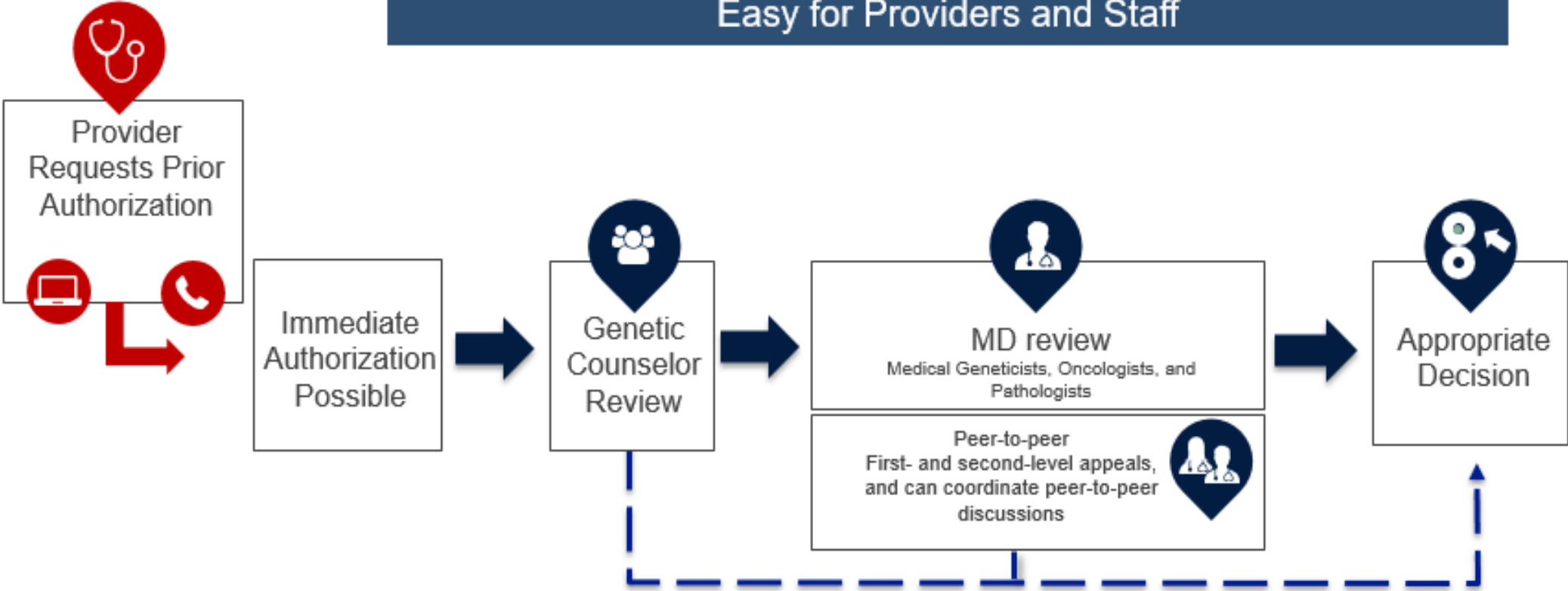Monday – Friday
7 AM – 7 PM (local time)

Fax: 844-545-9213

Utilization Management | Prior Authorization Process

**Recommend Prior Authorization for Approximately 280 CPT Codes**

Easy for Providers and Staff

Provider Requests Prior Authorization

Immediate Authorization Possible

Genetic Counselor Review

MD review
Medical Geneticists, Oncologists, and Pathologists

Peer-to-peer
First- and second-level appeals, and can coordinate peer-to-peer discussions

Appropriate Decision

Clinical Guidelines

How to access our Clinical Guidelines:

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

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

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

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

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

   - Specific genetic testing
   - Molecular and genomic testing
   - Huntington Disease testing

Resources

CLINICAL GUIDELINES

Laboratory Management
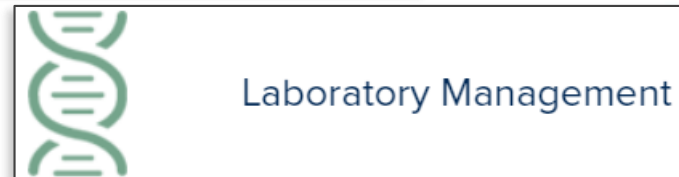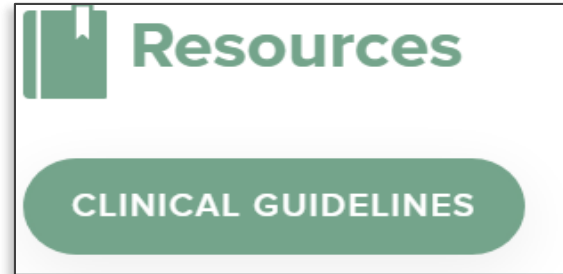
Laboratory Management

Instructions for accessing the guidelines:

1. Search by health plan name to view clinical guidelines.

2. Locate the **reason for denial** section found in your letter. Identify the guideline title and then search by the provided guideline title. Select appropriate guideline document.

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

Search Health Plan ...   🔍

Clinical Guidelines

Health Plan Specific Guidelines

- Current, future, and archived code lists and guidelines are found here.

- You can select the entire code list or the health plan specific policy book.

- Shown here is an example of the administrative guidelines you will find on our resource site.

- There are also lab guidelines for clinical use and test-specific guidelines on our resource site (not shown on this screen).

CURRENT   FUTURE   ARCHIVED

Code Lists

Lab Management Code List

Guidelines

████████ Commercial Lab Policy Book
Effective 07/01/2020

ADMINISTRATIVE (-)

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

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

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

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

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 Information

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

Rendering Laboratory Information

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

Clinical Information Needed

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

- Details about the test being performed (test name, description and/or unique identifier).
- All information required by applicable policy.
- Test indication, including any applicable signs and symptoms or other reasons for testing.
- Any applicable test results (laboratory, imaging, pathology, etc.).
- Any applicable family history.
- How test results will impact patient care.

Insufficient Clinical | Additional Documentation Needed

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:

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 LOB, the case will remain on hold as follows: • Commercial plans: 3 calendar days	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 will be completed within 2 calendar days after the additional information is received.

Prior Authorization Outcomes, Special Considerations, and Post-Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- Standard requests are processed after receipt of all necessary clinical information within:
  - Fully Insured - 10 calendar days
  - HMO - 2 business days
- **Approved Requests:** Authorizations are valid for 90 calendar days from the date of the final determination.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/appeal rights will be issued.

Notifications

- Authorization letters will be faxed to the ordering physician.
- Web-initiated cases will receive e-notifications if a user opted for this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the **eviCore Portal.**

Special Circumstances

Retrospective Authorization Requests

- Must be submitted within 60 calendar days from the date of service for in-network providers.
- Must be submitted within 180 calendar days from the date of service for out-of-network providers.
- Any submitted beyond this timeframe will be administratively denied.
- Reviewed for **clinical urgency** and medical necessity.
- Processed within 30 calendar days.
- When authorized, the start date will be the submitted date of service.

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 cases are typically reviewed 48 hours for HMO and Fully Insured after receiving complete clinical information.

Special Circumstances

Alternative Recommendation

- An alternative recommendation may be offered based on eviCore's evidence-based clinical guidelines.

- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.

- Providers have up to 14 calendar days to contact eviCore to accept the alternative recommendation.

Authorization Update

- If updates are needed on an existing authorization, providers can contact eviCore **by phone**.

- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial.
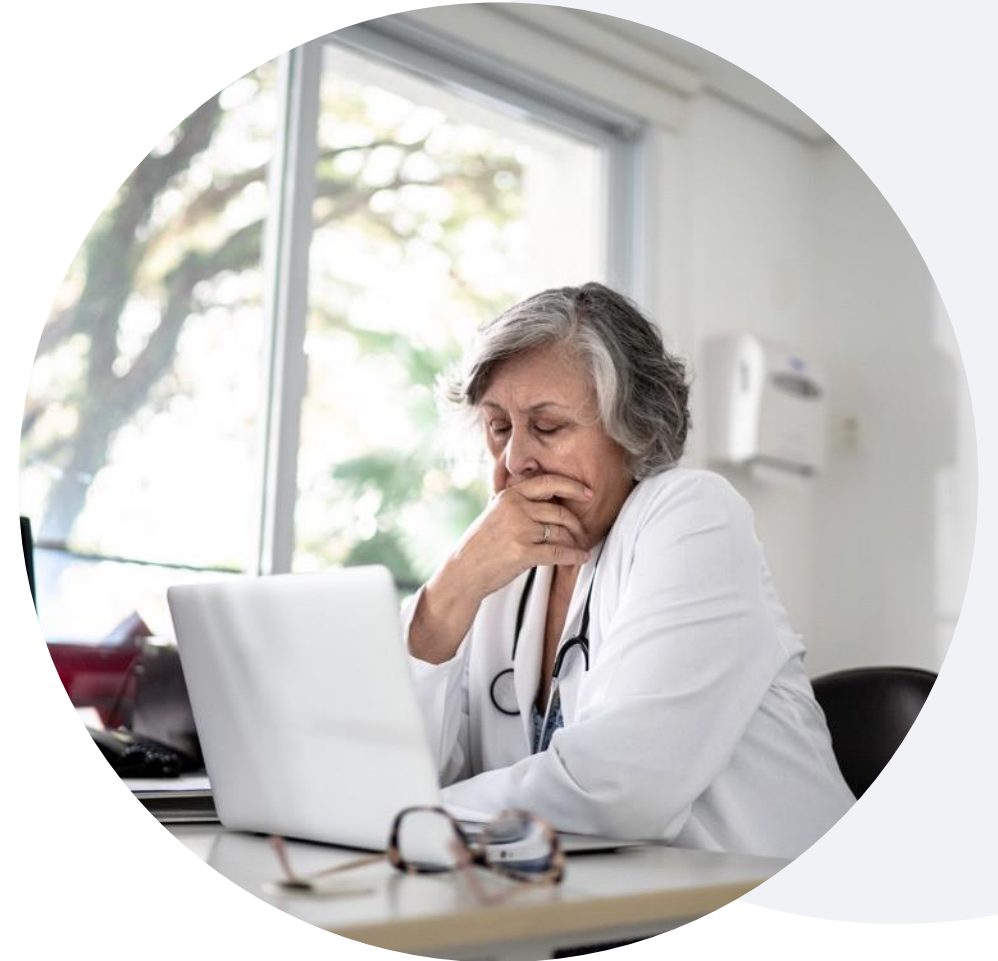
Post-Decision Options: Commercial Members

My case has been denied. What's next?

Your **determination letter** is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at **844-635-7224** to speak to an agent who can provide available option(s) and instruction on how to proceed.

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.

Appeals

- eviCore will process first-level appeals

- Appeal requests must be submitted to eviCore within 180 calendar days days from the initial determination.

- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician.

- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination.

- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

eviCore Provider Portal

eviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires clinical review.

Clinical Certification

- Request a clinical review for prior authorization on the portal.

Prior Authorization Status Lookup

- View and print any correspondence associated with the case.
- Search by member information OR by case number with ordering national provider identifier (NPI).
- Review post-decision options, submit appeal, and schedule a peer-to-peer.

Certification Summary

- Track recently submitted cases.

eviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone.

To access resources on the eviCore Provider Portal, visit
www.eviCore.com

Already a user?

Log in with User ID & Password.

Don't have an account?
Click **Register Now**.
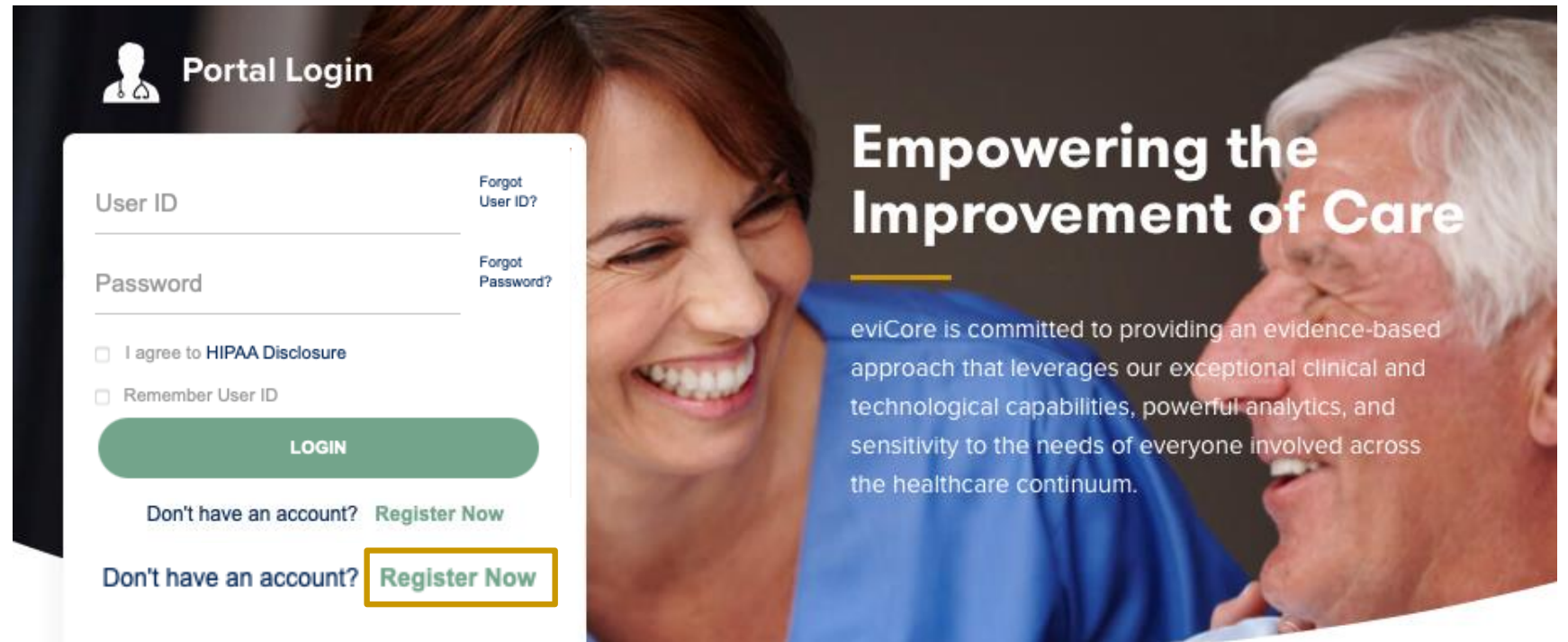
eviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an eviCore Provider Portal Account

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 login page.

Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number.**

Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

Set up Two Factor Authentication

◉ Email ○ SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

Submit

Skip

eviCore Provider Portal | Add Providers
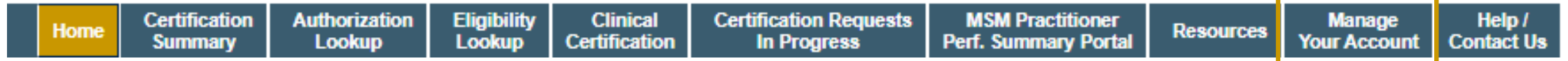
Providers will need to be added to your account prior to case submission.

- Click the **Manage Your Account** tab to add provider information.

- Select **Add Provider**.

- Enter the NPI, state, and zip code to search for the provider.

- Select the matching record based upon your search criteria.

- Once you have selected a practitioner, your registration will be complete.

- You can also click **Add Another Practitioner** to add another provider to your account.

- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

Initiating A Case

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

- **Select Lab Management Program.**

- **Select if you are the referring provider or rendering lab then proceed to entering information.**

Select Referring Provider

- **Select the ordering practitioner or group for the requested service.**
- **Choose the appropriate Health Plan for the case request.**

Select Rendering Lab

Member & Request Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

Requested Service + Diagnosis

Lab Management Program Procedures

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

LABTST ▾ MOLECULAR GENETIC TEST ▾

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

Diagnosis

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

LOOKUP

Trouble selecting diagnosis code? Please follow these steps

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

Secondary diagnosis is optional for Lab Management Program

LOOKUP

- **Enter the member information including the patient ID number, date of birth, and last name. Click Eligibility Lookup.**

- **Next screen you can enter LABST.**

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

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

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK   CONTINUE

Click here for help

- **Verify requested service & diagnosis.**
- **Edit any information if needed by selecting change procedure or primary diagnosis.**
- **Click Continue to confirm your selection.**

Site Selection

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

Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

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

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

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

SUBMIT

Proceed to Clinical Information

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

[   ] 📅

SUBMIT

Proceed to Clinical Information

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

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

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

SUBMIT

☐ Finish Later

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

- **Clinical Certification** questions will populate based upon the information provided.
- You can save your request and **finish later** if needed.
  - Please complete the case before the **end of the day**.
  - When logged in, you can resume a saved request by going to **Certification Requests in Progress**.

Proceed to Clinical Information – More Examples

Proceed to Clinical Information

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

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

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

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

1 2 3 4 5 6 7

All | A | B | C | E | G | M | N | P | S | T

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

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

Clinical Certification questions will populate based upon the information provided.

Proceed to Clinical Information – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

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

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

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

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

Next Step: Criteria Not Met

If criteria is **not** met based on clinical questions, you will receive a similar request for additional info:

ⓘ 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 CONTINUE

Your case has been sent to Medical Review.

Provider Name:		**Contact:**
Provider Address:		**Phone Number:**
		Fax Number:
Patient Name:		**Patient Id:**
Insurance Carrier:		
Site Name:		**Site ID:**
Site Address:		

Primary Diagnosis Code:	R68.89	**Description:**	Other general symptoms and signs
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	LABTST	**Description:**	MOLECULAR GENETIC TEST
Case Number:			
Review Date:	7/15/2020 5:27:45 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review.		

CANCEL   **PRINT**   **CONTINUE**

Tips:

- Upload clinical notes on the portal to avoid any delays related to faxing.

- Additional information uploaded to the case will be sent for clinical review.

- Print the request summary, which includes the case ID and indicates "Your case has been sent to clinical review."

Criteria Met

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

Summary of Your Request

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

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

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:
Site Address:

Site ID:

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

CANCEL | PRINT | CONTINUE

Provider Resources

Contact eviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: **ClientServices@eviCore.com**
- Phone: **800-646-0418** (option 4).

Provider Engagement

Regional team that works directly with the provider community.

Michael Morgan, RN, BSN

- Email: Michael.Morgan@eviCore.com
- Phone: **615-468-4000, ext 27165**

Web-Based Services and Portal Support

- Live chat
- Email: **Portal.Support@evicore.com**
- Phone: **800-646-0418** (option 2)

Call Center

Call **844-635-7224**, representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

eviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational material to assist providers and their staff on a daily basis.

This page will include:

- Frequently asked questions

- Quick reference guides

- Provider training

- CPT code list

To access these helpful resources, visit:
https://www.evicore.com/resources/healthplan/aultcare

Contact our Client and Provider Services team via email at **ClientServices@eviCore.com** or by phone at **800-646-0418 (option 4)**.

Ongoing Provider Portal Training

The eviCore Portal Team offers general portal training, twice a week, every week.

All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

How To Register:

1. Go to **http://eviCore.webex.com/**

2. Click on the "hamburger" menu on the far left hand side (below the eviCore logo), then choose **"Webex Training."**

3. On the **Live Sessions** screen, click the **"Upcoming"** tab. In the search box above the tabs, type: **eviCore Portal Training.**

4. Choose the date and time for the session you would like to attend, and click the **"Register"** link beside it. You will need to register separately for each session.

5. Complete the required information and click the **"Register"** button.

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. **Please keep the registration e-mail so you will have the Web conference information for the session in which you will be participating.**

Provider Resource Review Forum

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 learn how to navigate **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
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to eviCore Provider Orientation Session Registrations > Upcoming

eviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter!

To subscribe:

- Visit **eviCore.com**.
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address.

Thank You

Appendix

Peer-to-Peer (P2P) Scheduling Tool

Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, 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

P2P AVAILABILITY   Request Peer to Peer Consultation

Authorization Lookup

Authorization Number:	NA
Case Number:	
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

- Log-in to your account at **eviCore.com.**
- Perform **Clinical Review 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 consultation.
- Note carefully any messaging that displays*.

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer.** You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

Provider Resources | Schedule a P2P Request (continued)

- 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.

- 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.

- Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.

- To proceed, select **Lookup Cases**.

Provider Resources | Schedule a P2P Request (continued)

- You will be prompted with a list of eviCore Physicians/Reviewers and appointment options.

- Select any of the listed appointment times to continue.

- You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented).

- Click on any **green checkmark** to **deselect** that option and then click **Continue**.

Provider Resources | Schedule a P2P Request (continued)

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
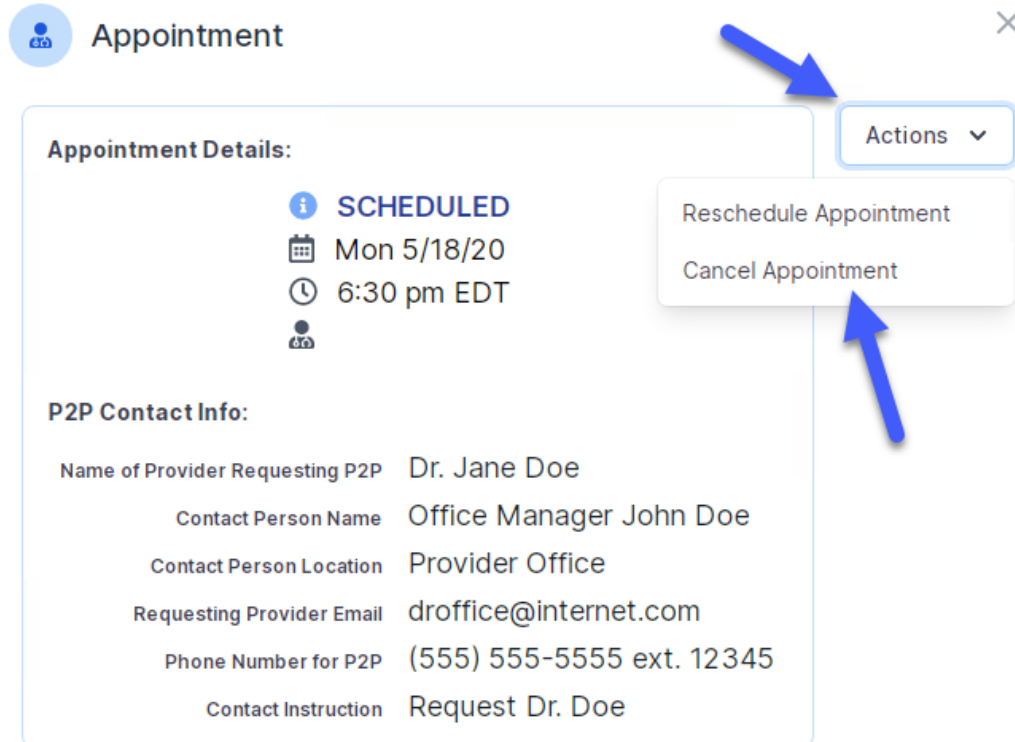
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment.

You will be presented with a summary page containing the details of your scheduled appointment.

Confirm contact details.

Provider Resources | Cancel or Reschedule a P2P Appointment


To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation.

- Select the request you would like to modify from the list of available appointments.

- When the request appears, 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,** select a new date or time as you did initially.

  ◦ **If choosing to cancel,** input a cancellation reason.

- Close the browser once finished.

Provider Resources | Contacts and Helpful Links

Web-Based Services	portal.support@eviCore.com	800-646-0418, option 2
Client Provider Operations	clientservices@eviCore.com	
Provider Engagement: Michael Morgan, RN, BSN, Regional Provider Engagement Manager	Michael.Morgan@eviCore.com	615-468-4000, ext 27165
Worksheets	evicore.com/provider/online-forms	
Clinical Guidelines	evicore.com/provider/clinical-guidelines	
Request a Clinical Consultation	eviCore.com	

Provider Resources | eviCore Provider's Hub

Providers and staff can access important tools and resources at eviCore.com
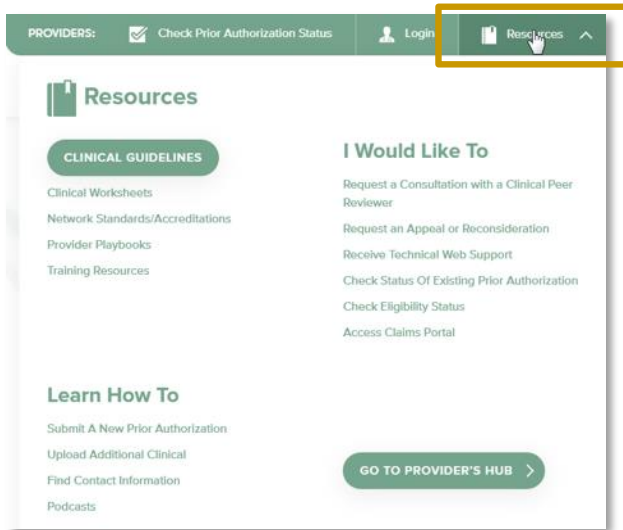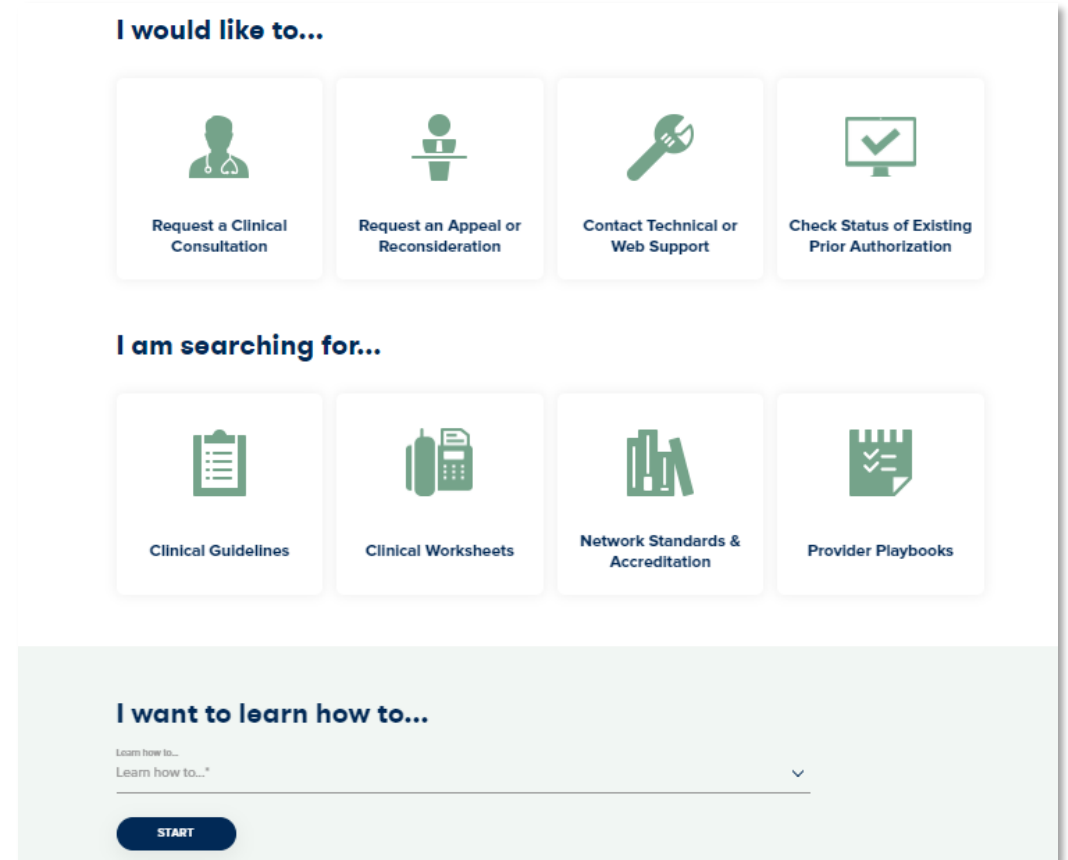

Step 1

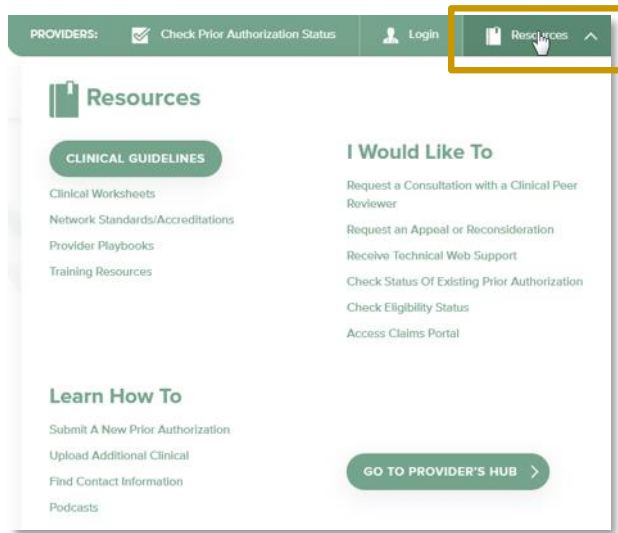Open the **Resources** menu in the top right of the browser.
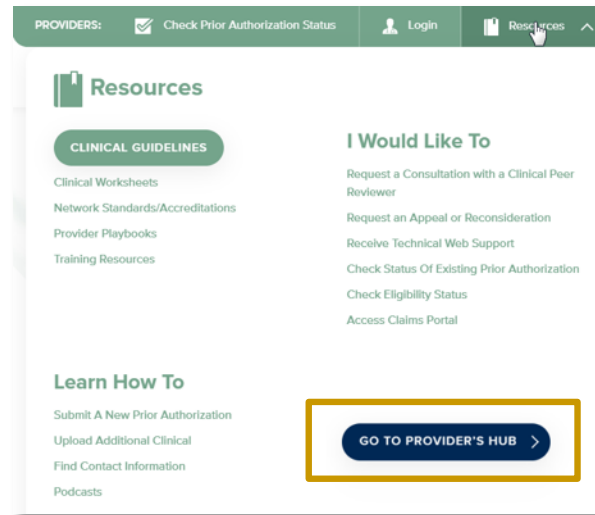
Step 2

Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more.
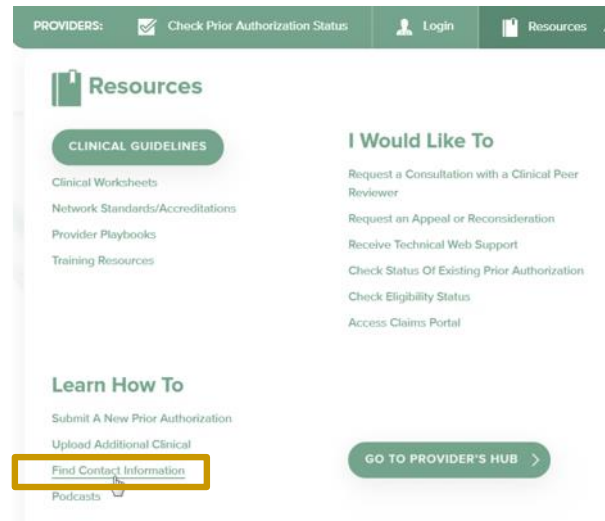
Provider Resources | Quick Reference Tool

Where can I locate plan-specific contact information?

Step 1

Open the **Resources** menu in the top right of the browser.

Step 2

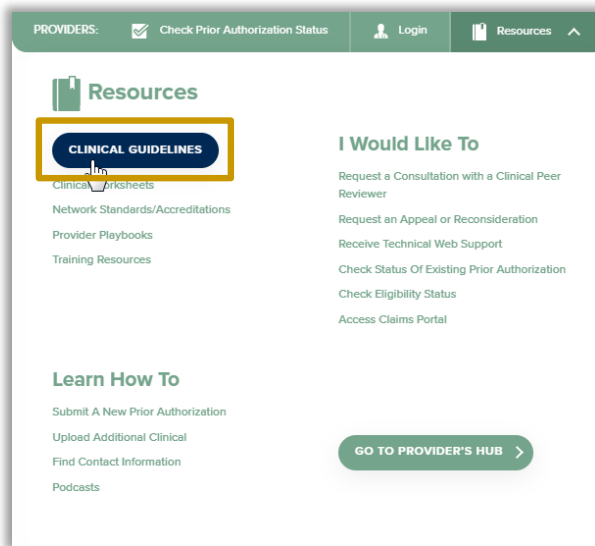Select **Find Contact Information**.

Step 3

- Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers.
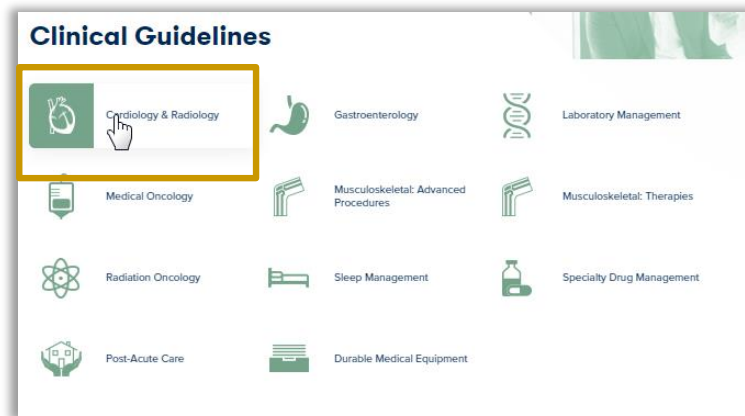- This will also advise which portal to use for case requests.

Provider Resources | Clinical Guidelines

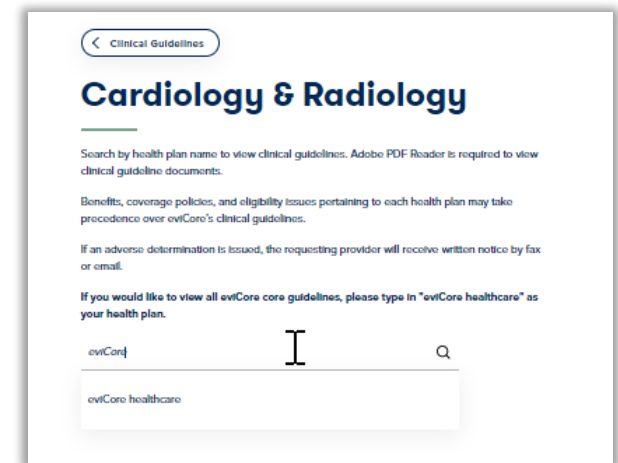## How do I access eviCore's clinical guidelines?

Step 1

- Open the **Resources** menu in the top right of the browser.
- Select **Clinical Guidelines**.

Step 2

Select the solution/program associated with the requested guidelines.

Step 3

- Search by health plan name to view clinical guidelines.
- If you would like to view all guidelines, type in "eviCore healthcare" as your health plan.