Radiation Oncology

AmeriHealth Administrators

EviCore By EVERNORTH

AmeriHealth

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3/5/2024

Agenda

Solutions Overview
Radiation Oncology

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal
Overview, Features & Benefits

Provider Resources

Questions & Next Steps

Appendix

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Solution Overview

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AmeriHealth Administrators Prior Authorization Services

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
• Commercial	• Outpatient • Elective/Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

It is the responsibility of the ordering provider to request prior authorization approval for services.

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Submitting Requests

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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: 866-686-2649
Monday – Friday
7 AM – 7 PM (local time)

Fax: 844-545-9213

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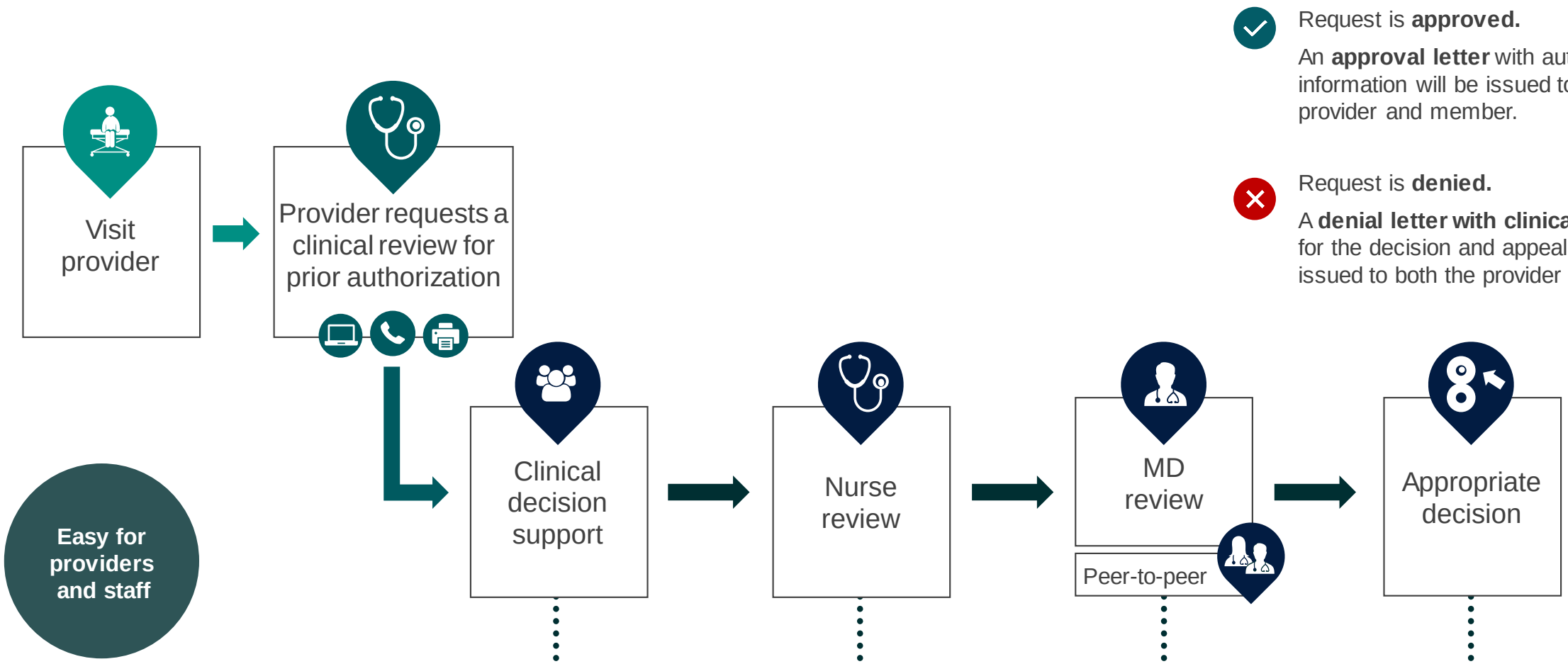
Utilization Management | Prior Authorization



Request is **approved.**

An **approval letter** with authorization information will be issued to both the provider and member.

Request is **denied.**

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

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Holistic Treatment Plan Review

EviCore relies on information about the patient's unique presentation and physician's intended treatment plan to authorize all services.

- Providers specify the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes.
- The intended treatment plan for cancer type is compared to the evidence-based guidelines developed by our Medical Advisory Board.
- For Medicare Cases, LCD and NCDs are followed if there is one applicable to the treatment.
- If a request is authorized or partially authorized, then the requested treatment technique and number of fractions will be provided, and the provider and member will be notified.
- If Image Guidance (IGRT) is requested, it may or may not be approved, separate from the primary treatment technique.

For questions about specific CPT codes that are generally included with each episode of care, please reference the **EviCore Radiation Therapy Coding Guidelines**.

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Necessary Information for Prior Authorization

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

Want to make it easier?
Use our clinical worksheets on EviCore.com to ensure all the necessary information is included in your requests.

Member
- Health plan ID
- Member name
- Date of birth (DOB)

Referring (Ordering) Physician
- Physician name
- National provider identifier (NPI)
- Phone & fax number

Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

Supporting Clinical
- Pertinent clinical information to substantiate medical necessity for the requested treatment plan
- Diagnosis code(s)
- Anticipated treatment start date
- Site of treatment and/or cancer type
- Previous test results, recent imaging (if applicable)

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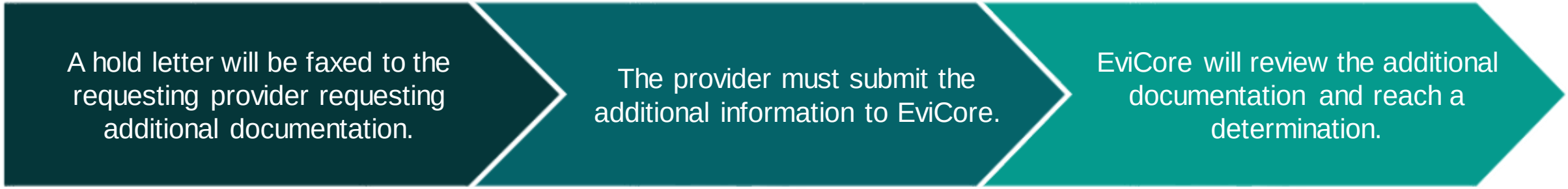
Insufficient Clinical | Additional Documentation Needed

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:



The hold letter 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.

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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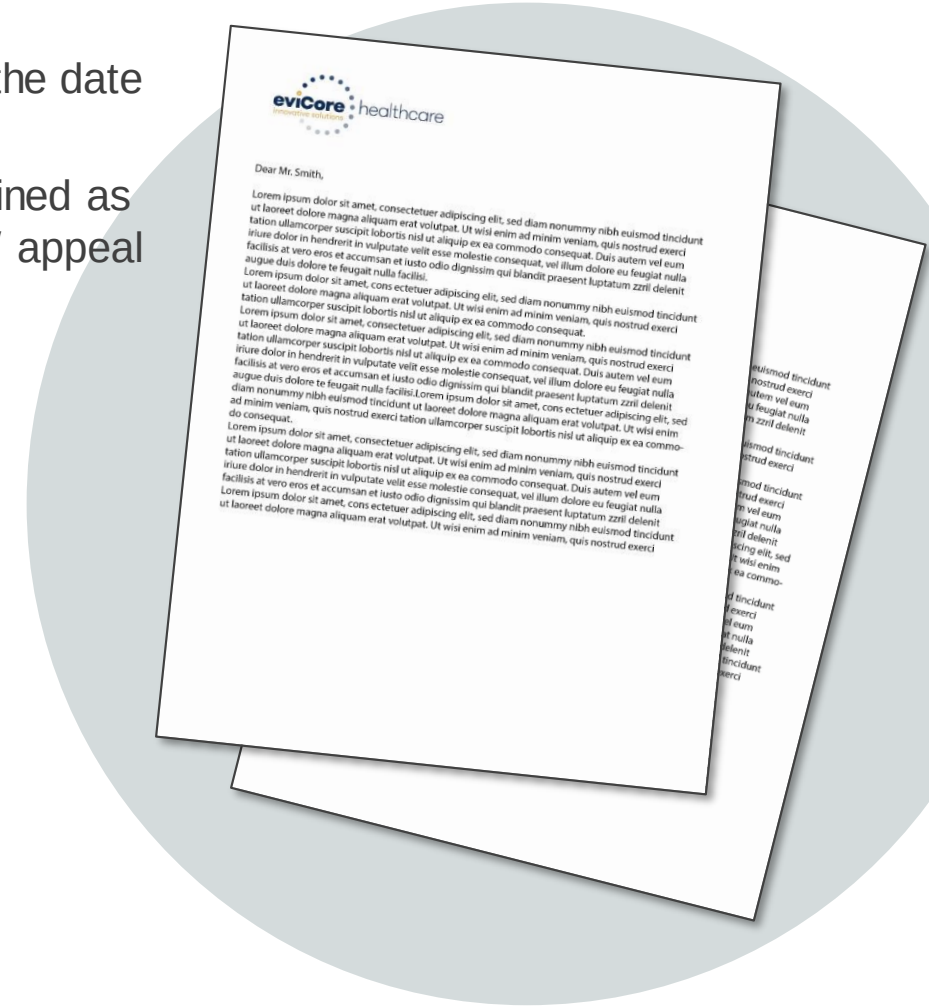
Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for **45-240 calendar days** from the date of approval. Please refer to the authorization notification for specific timeframe.
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, 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 provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal: www.EviCore.com



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Special Circumstances

Retrospective (Retro) Authorization Requests

- Retrospective requests may be made within **30 calendar days** from the date of service.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are 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 within 24 to 72 hours.

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Special Circumstances | Alternative Recommendations

An alternative treatment plan recommendation may be offered based on EviCore's evidence-based clinical guidelines.

When this occurs, the ordering provider can accept the alternative recommendation by building a new case.

Providers must contact EviCore to accept the alternative recommendation *before* the start of treatment.

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Special Circumstances | Authorization Updates

We understand that treatment plans can sometimes change.

- If updates are needed for an existing authorization, providers can contact EviCore by phone.
- **Changes in treatment type or technique** will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn.
- If there is a **change in technique(s) or number of fractions** and this update is not communicated, it may impact claim payment. The billed services should align with the requested and approved treatment plan.
- If the **authorization time span will not cover the entirety** of the **radiation therapy treatment plan**, EviCore should be notified before the services are billed by the provider.

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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 may also call EviCore at **866-686-2649** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select **All Post Decisions** under the **Authorization Lookup** function on **EviCore.com** to see available options.

Reconsiderations

- Although EviCore **does not** offer a reconsideration option for AmeriHealth Administrators commercial members, providers can request a Clinical Consultation with an EviCore medical director to better understand the reason for denial.

Appeals

- EviCore **will not** process first-level appeals. Please refer to the denial letter for instructions.

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EviCore Provider Portal

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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.

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EviCore Provider Portal | Access and Compatibility

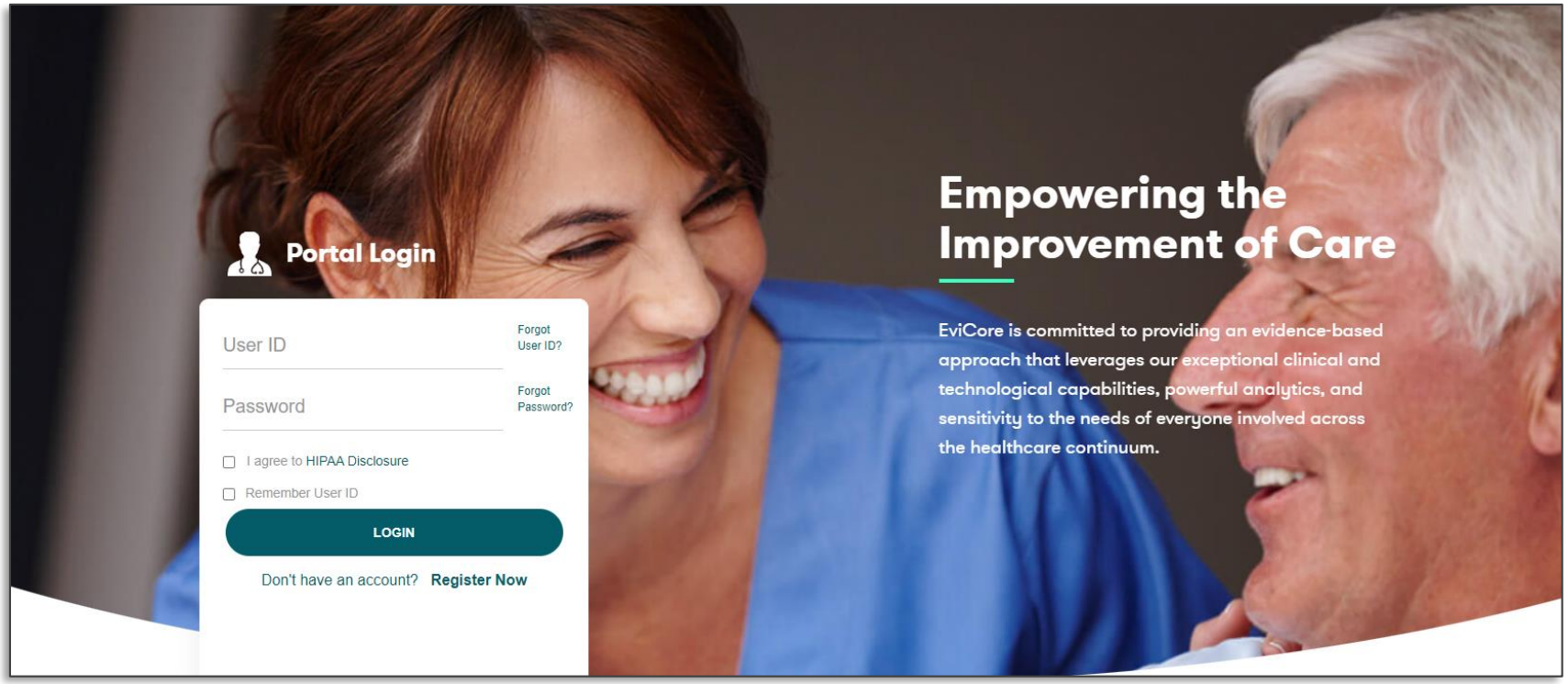
Most providers are already saving time submitting clinical review requests online vs. telephone.

To access resources on the EviCore Provider Portal, visit **EviCore.com/provider**

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.

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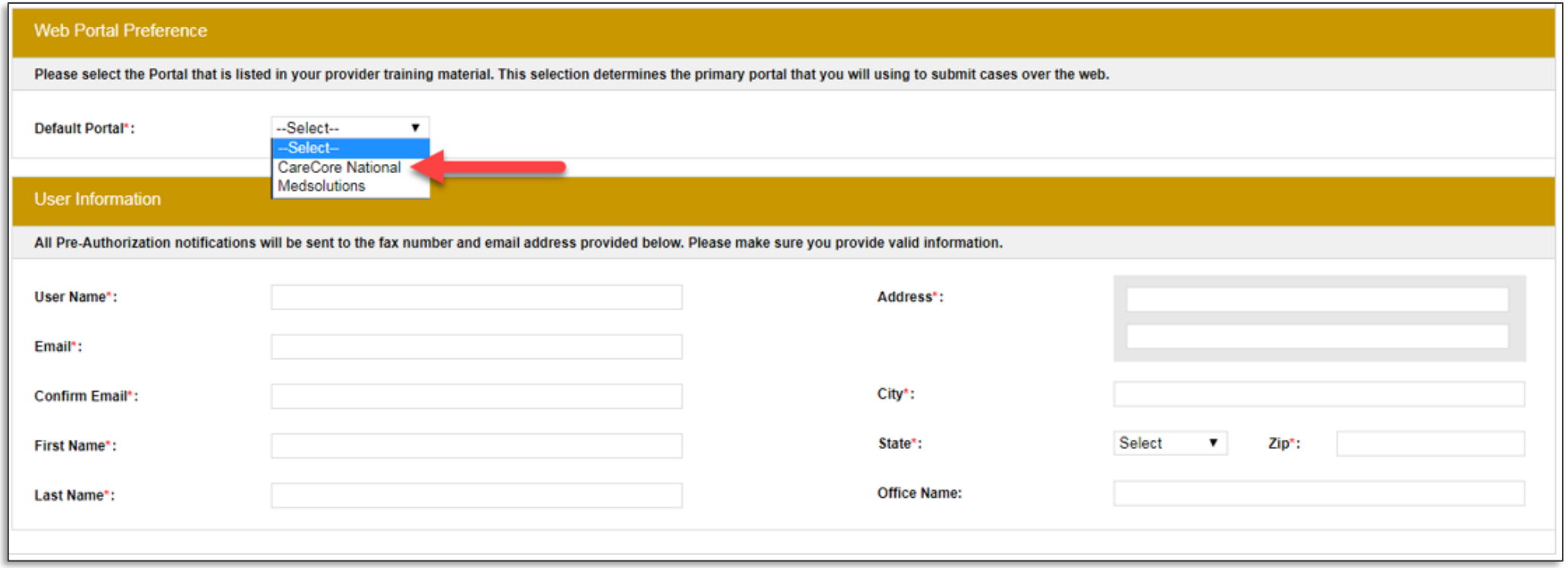
Creating an EviCore Provider Portal Account



- 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.

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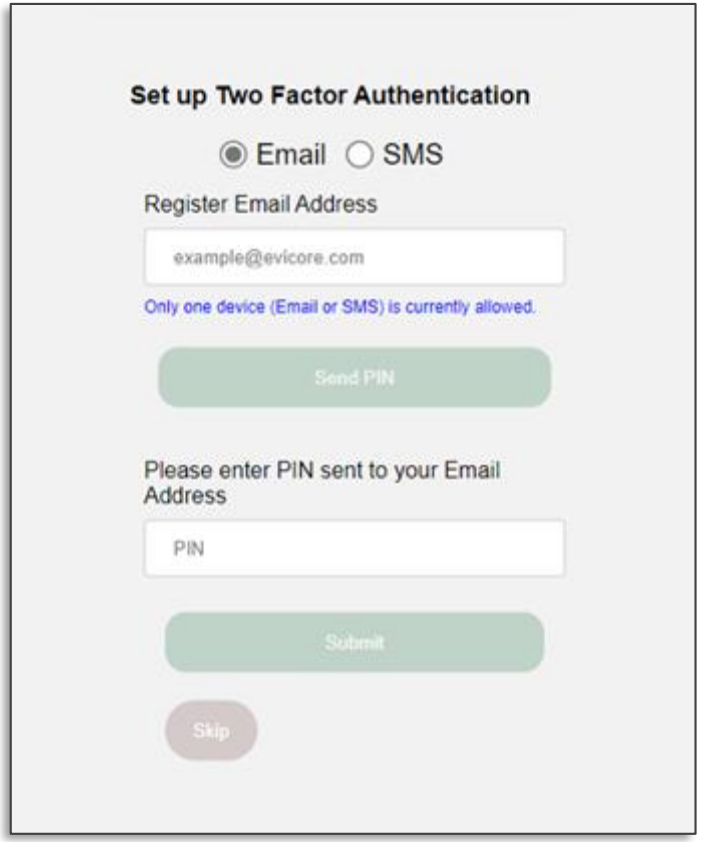
Setting Up Multi-Factor Authentication (MFA)

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.**
- Once you select **Send PIN**, 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.



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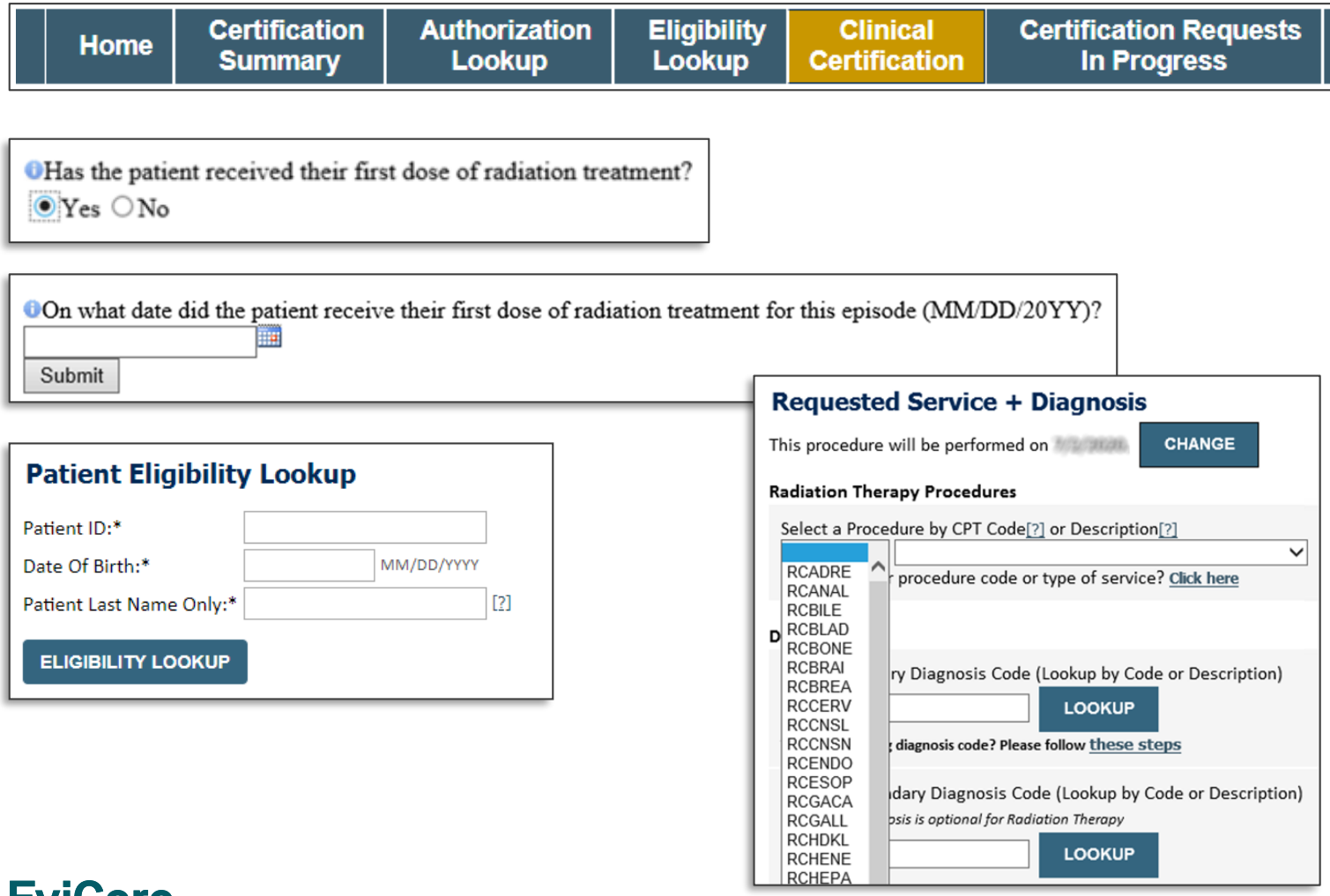
Clinical Certification Request | Patient Eligibility Lookup



- You will be asked the **expected treatment start date**, the date of the member's **initial radiation therapy treatment**. The case will be backdated to cover simulation and treatment planning.
- You will then be asked to enter the **member information** (patient ID number, date of birth and last name), click **Eligibility Lookup** and verify the member.
- Next, select the **cancer type/body part** being treated (**RC code**) and **diagnosis code** associated with the member's cancer type

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Clinical Certification Request | Service Selection

- Confirm that the correct cancer type and diagnoses have been selected
- Edit any information if needed by selecting **Change Procedure or Primary Diagnosis**.
- Click **CONTINUE** to confirm your selection

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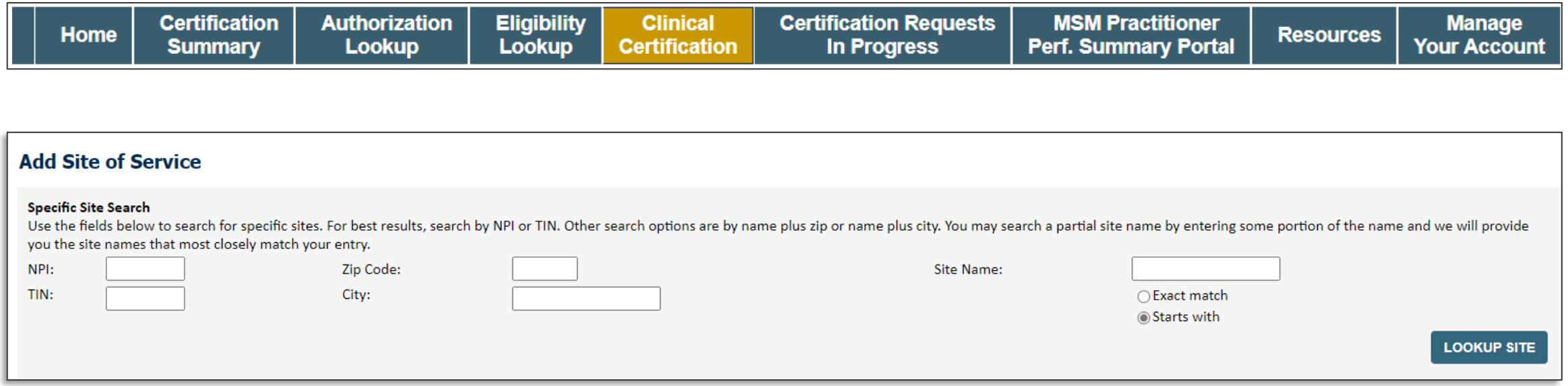
Clinical Certification Request | Site Selection



- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **or** zip code).
- **Select** the specific site where the procedure will be performed.

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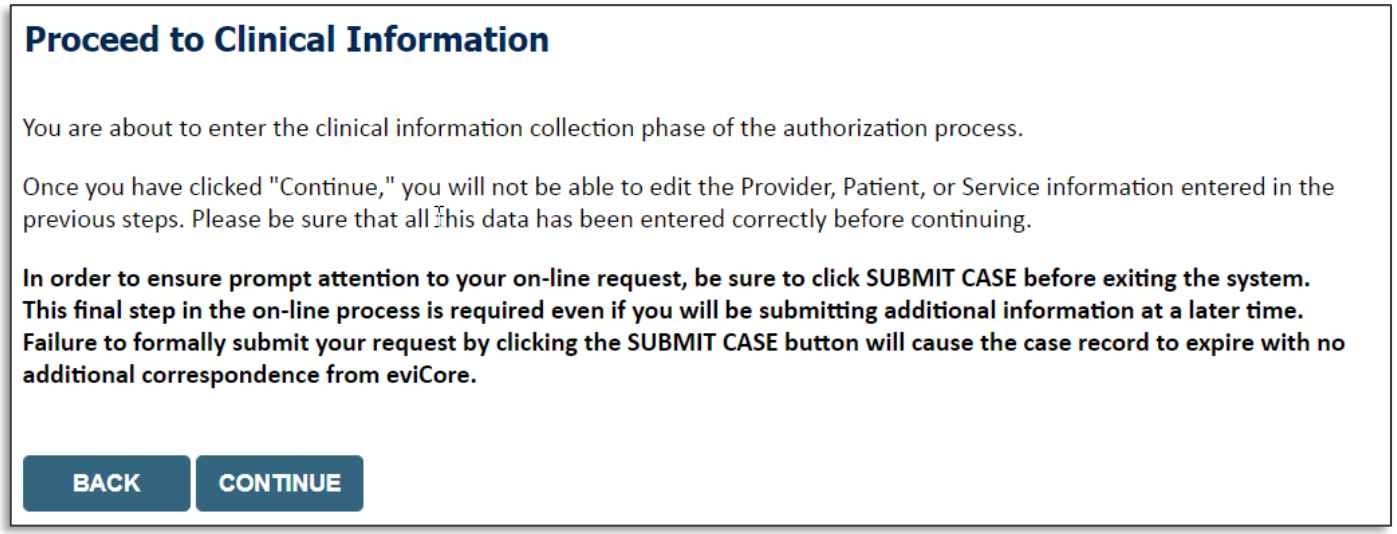
Clinical Certification Request | Clinical Certification



- Verify that all information is entered and correct.
- **You will not have the opportunity to make changes after this point.**

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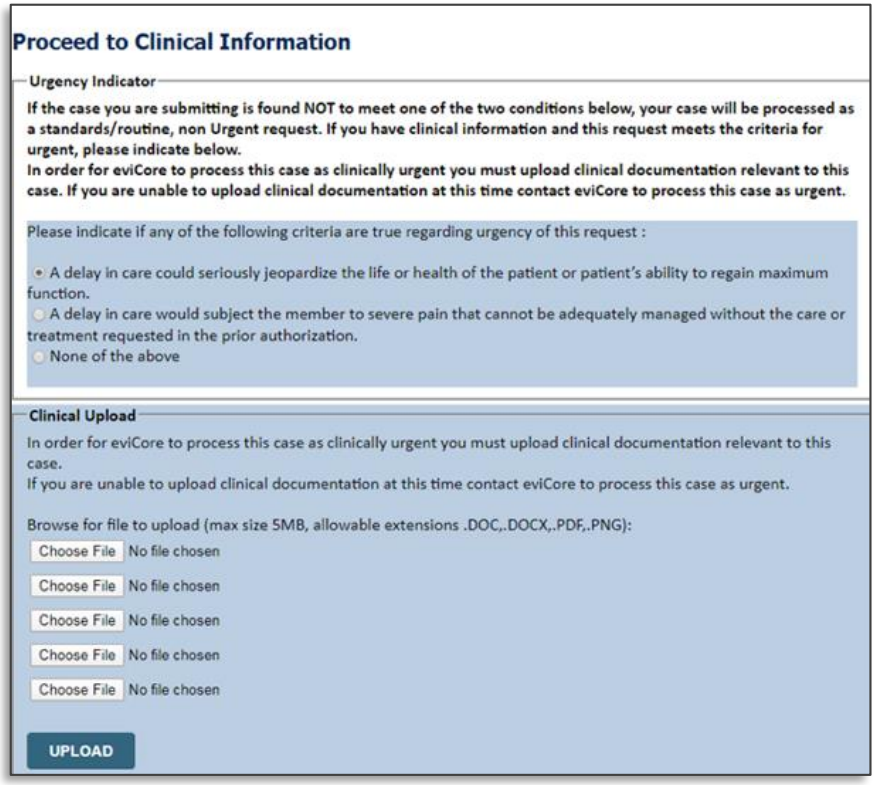
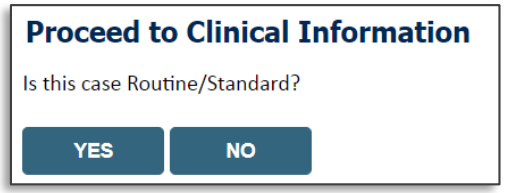
Clinical Certification Request | Standard or Urgent?

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





- If the case is **standard,** select **Yes**.
- If your request is **urgent,** select **No**.
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information.
- Upload up to **FIVE** documents.
  (.doc, .docx, or .pdf format; max 5MB size)
- Your case will only be considered urgent if there is a successful upload.

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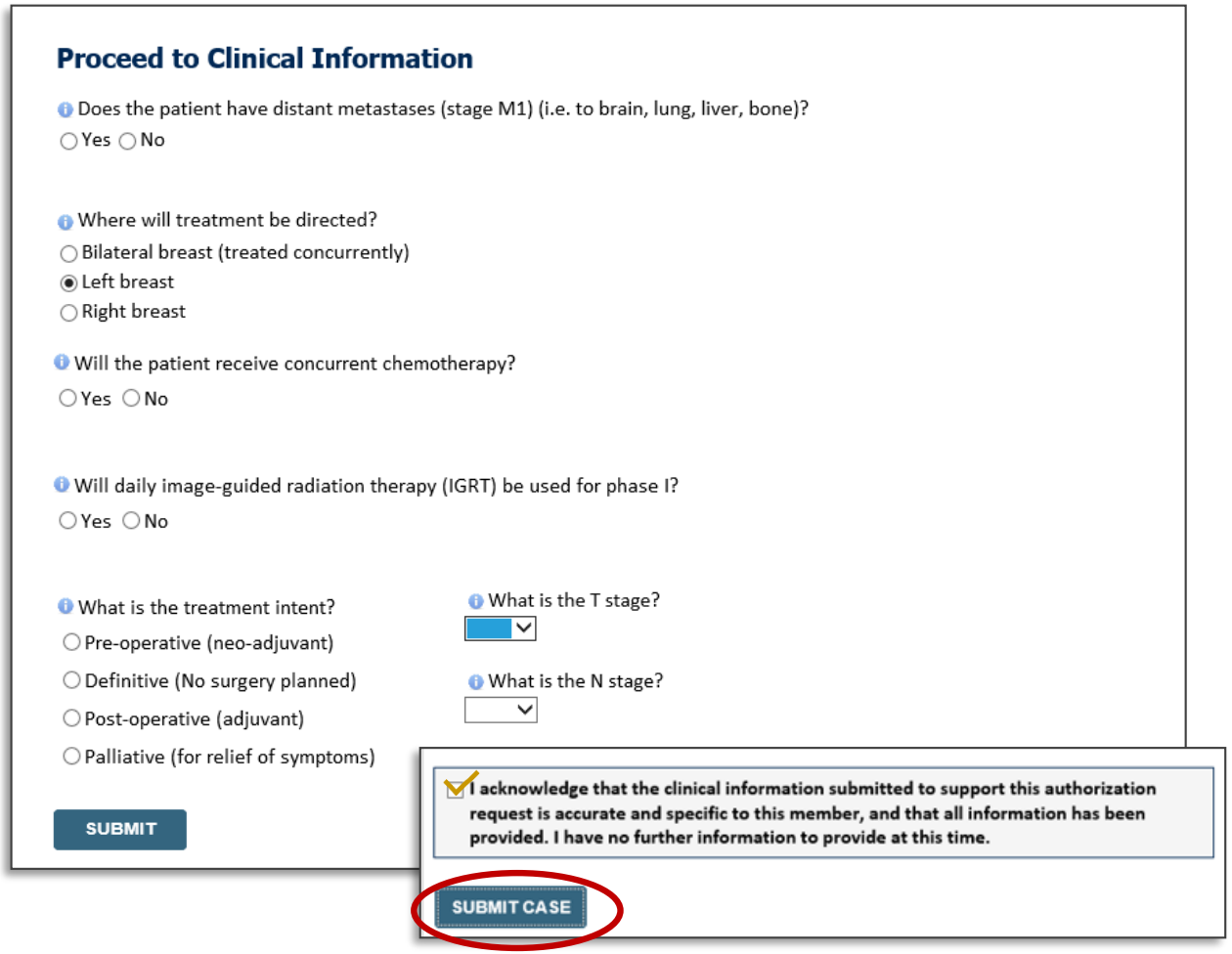
Clinical Certification Request | Proceed to Clinical Information

- **Clinical Certification** questions may populate based upon the information provided in previous questions.
- **Clinical worksheets/CDS online documents** located on www.EviCore.com can be used as a guide and will help prepare the requestor for the questions that are presented
- You can save your request and finish later if needed.

  Note: You will have until the end of the day to complete the case.
- When logged in, you can resume a saved request by going to **Certification Requests in Progress**.
- Once the clinical questions have been answered, click the attestation and click **Submit Case**.



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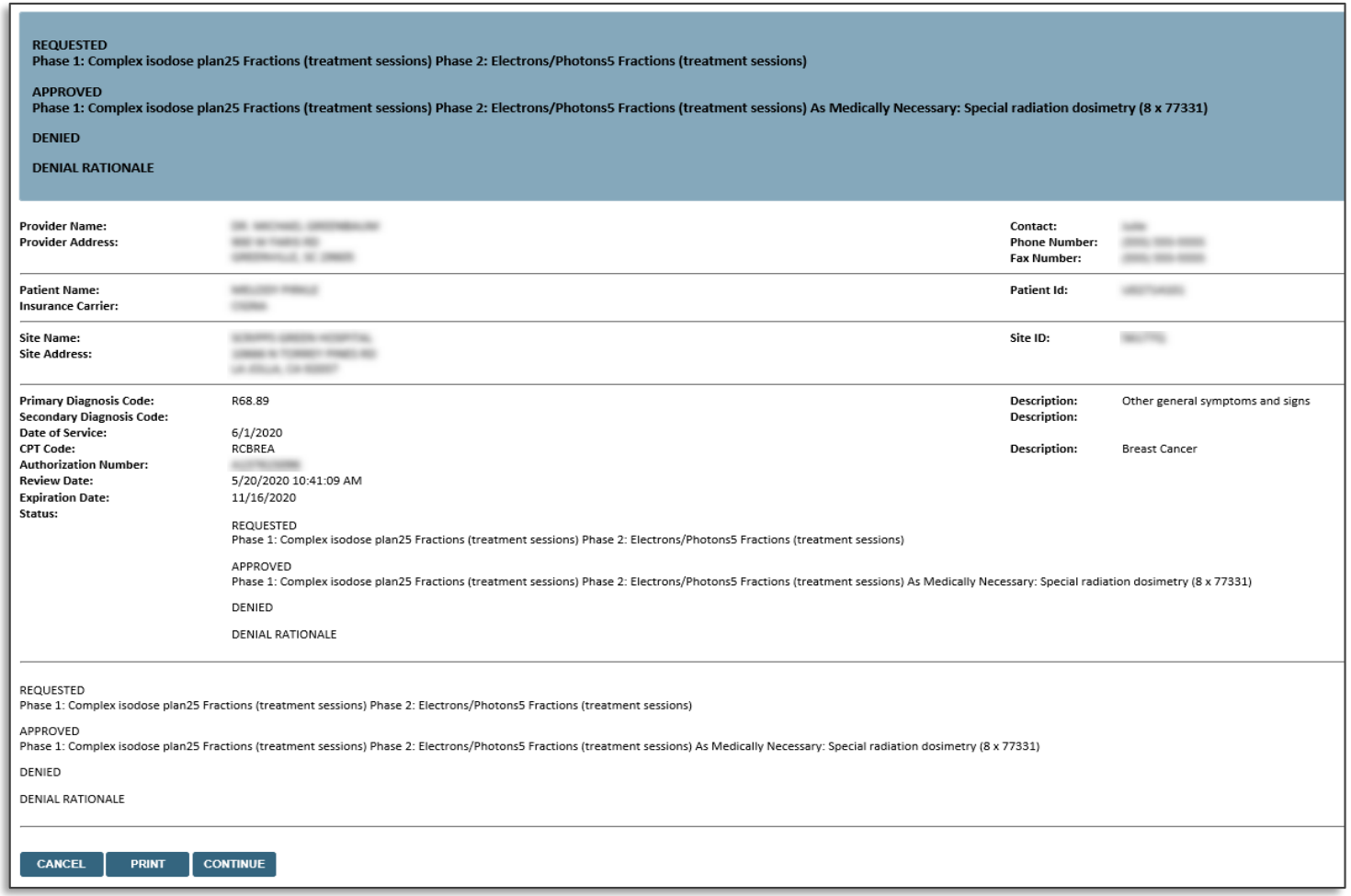
Clinical Certification Request | Criteria Met



REQUESTED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

Provider Name:	[redacted]	**Contact:**	[redacted]
Provider Address:	[redacted]	**Phone Number:**	[redacted]
		Fax Number:	[redacted]
Patient Name:	[redacted]	**Patient Id:**	[redacted]
Insurance Carrier:	[redacted]		
Site Name:	[redacted]	**Site ID:**	[redacted]
Site Address:	[redacted]		
Primary Diagnosis Code:	R68.89	**Description:**	Other general symptoms and signs
Secondary Diagnosis Code:		**Description:**	
Date of Service:	6/1/2020		
CPT Code:	RCBREA	**Description:**	Breast Cancer
Authorization Number:	[redacted]		
Review Date:	5/20/2020 10:41:09 AM		
Expiration Date:	11/16/2020		

Status:

REQUESTED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

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APPROVED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

CANCEL PRINT CONTINUE

- If your request is authorized during the initial submission, you can print the summary of the request for your records.
- Review the details of the request and select **CONTINUE**.

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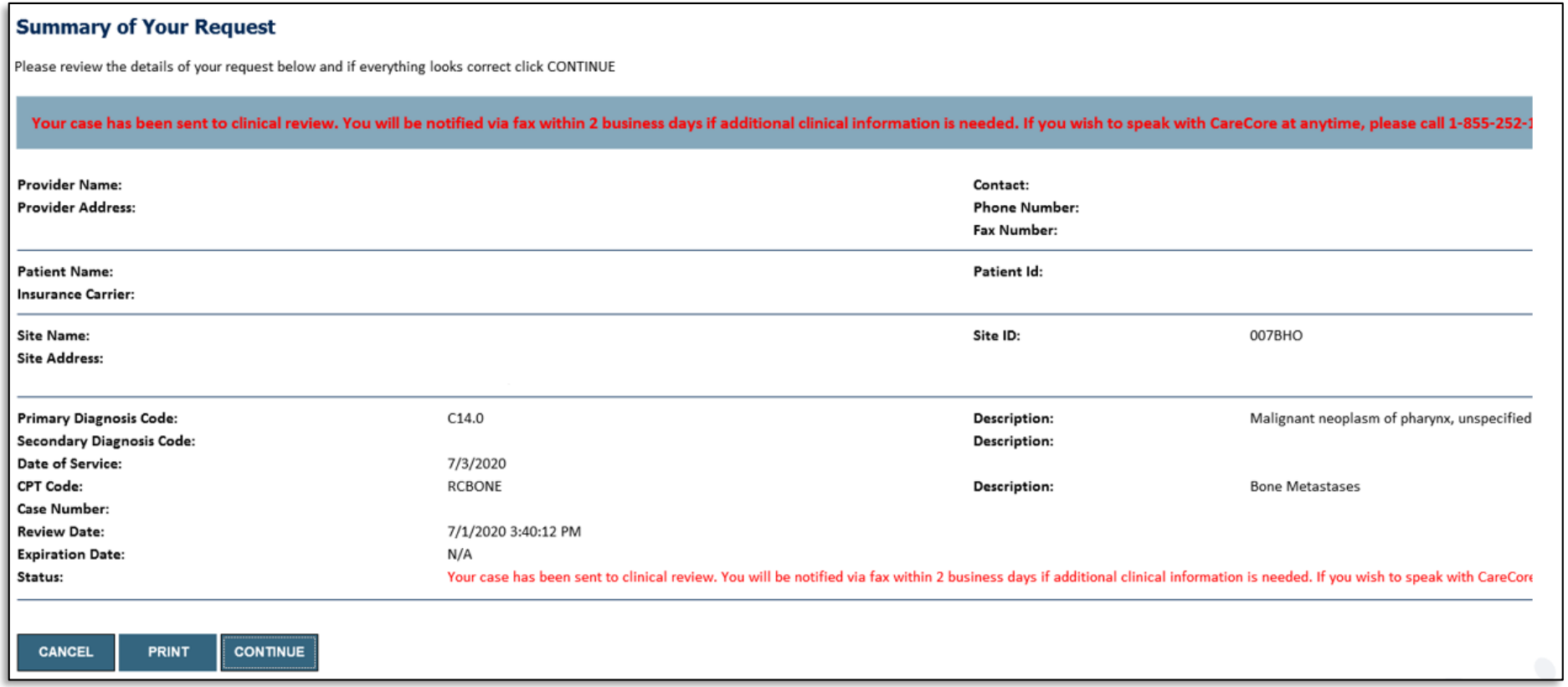
Clinical Certification Request | Criteria Not Met



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 clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore at anytime, please call 1-855-252-1

Provider Name:		**Contact:**	
Provider Address:		**Phone Number:**	
		Fax Number:	
Patient Name:		**Patient Id:**	
Insurance Carrier:			
Site Name:		**Site ID:**	007BHO
Site Address:			
Primary Diagnosis Code:	C14.0	**Description:**	Malignant neoplasm of pharynx, unspecified
Secondary Diagnosis Code:		**Description:**	
Date of Service:	7/3/2020		
CPT Code:	RCBONE	**Description:**	Bone Metastases
Case Number:			
Review Date:	7/1/2020 3:40:12 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 CareCore		

CANCEL PRINT CONTINUE

- If your request cannot be immediately approved during the initial submission, you will get a summary stating the case has been sent to clinical review, where any free text notes and/or uploaded clinical information will be reviewed for medical necessity.
- You can print the summary of the request for your records, then click **CONTINUE**.

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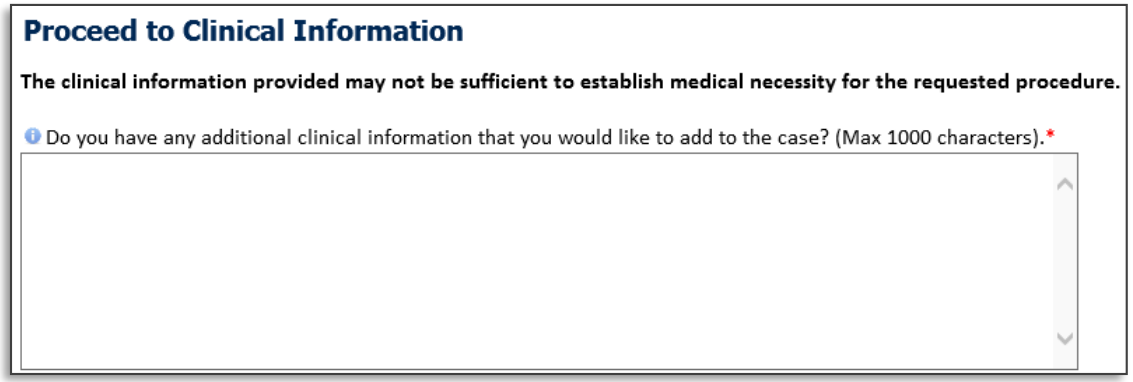
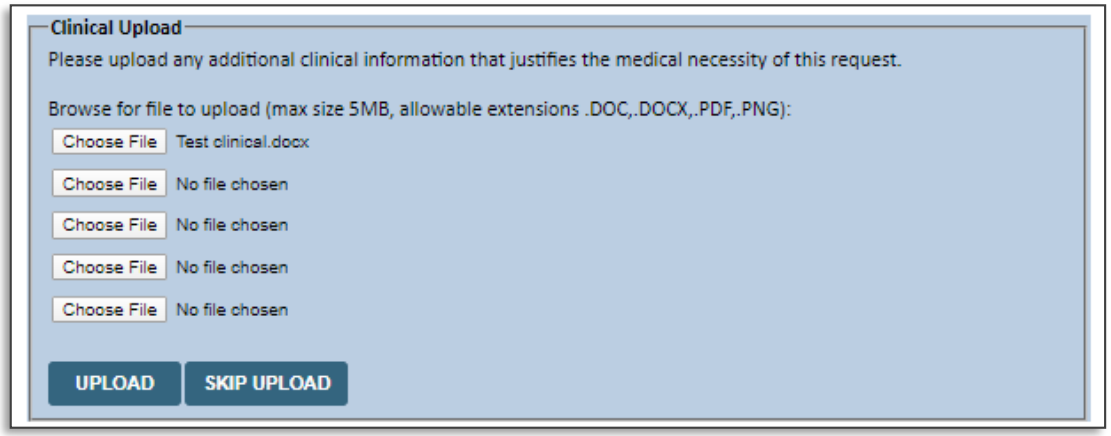
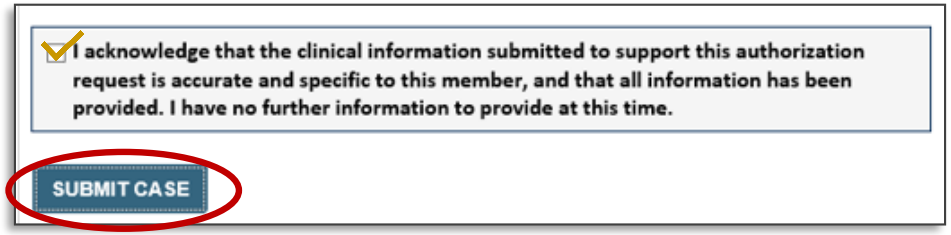
Clinical Certification Request | Criteria Not Met

Submitting additional clinical information





- If the pathway questions do not lead to immediate approval, you will be asked if additional clinical information can be included.
- Enter **additional notes** in the free text space provided only when necessary.
- Upload up to **five documents**
  (.doc, .docx, or .pdf format; max 5MB size)
- When finished, **SUBMIT CASE** for review.
- Clinical cannot be uploaded for cases that have reached a **final status**.
  (Approved, Denied, Partially Approved Withdrawn, or Expired)



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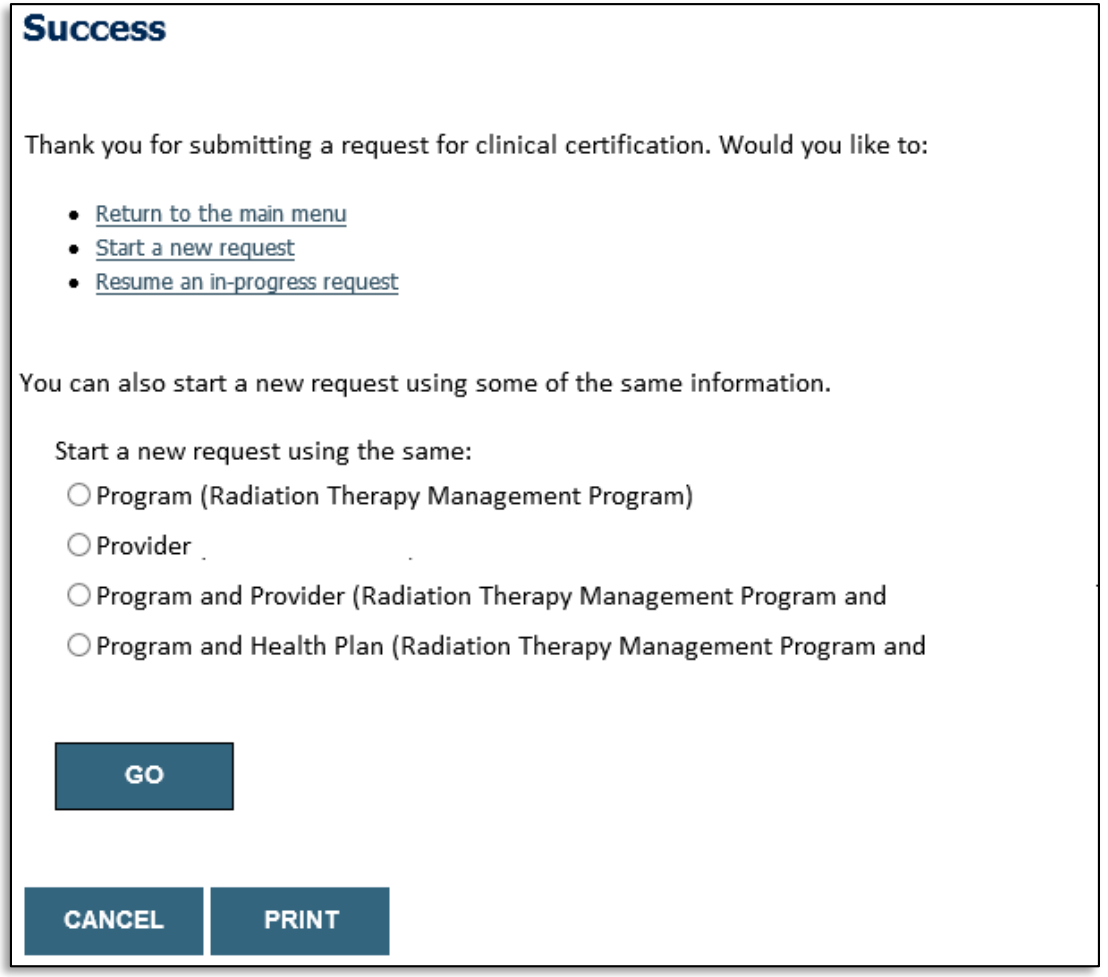
Clinical Certification Request | Case Submission Success

- After clicking continue on the case summary screen, you will see a **Success** screen.
- You can **PRINT** the summary of the request for your records, then select **CONTINUE**.
- From here, you can start a new request, return to the main menu, or resume an in-progress request.



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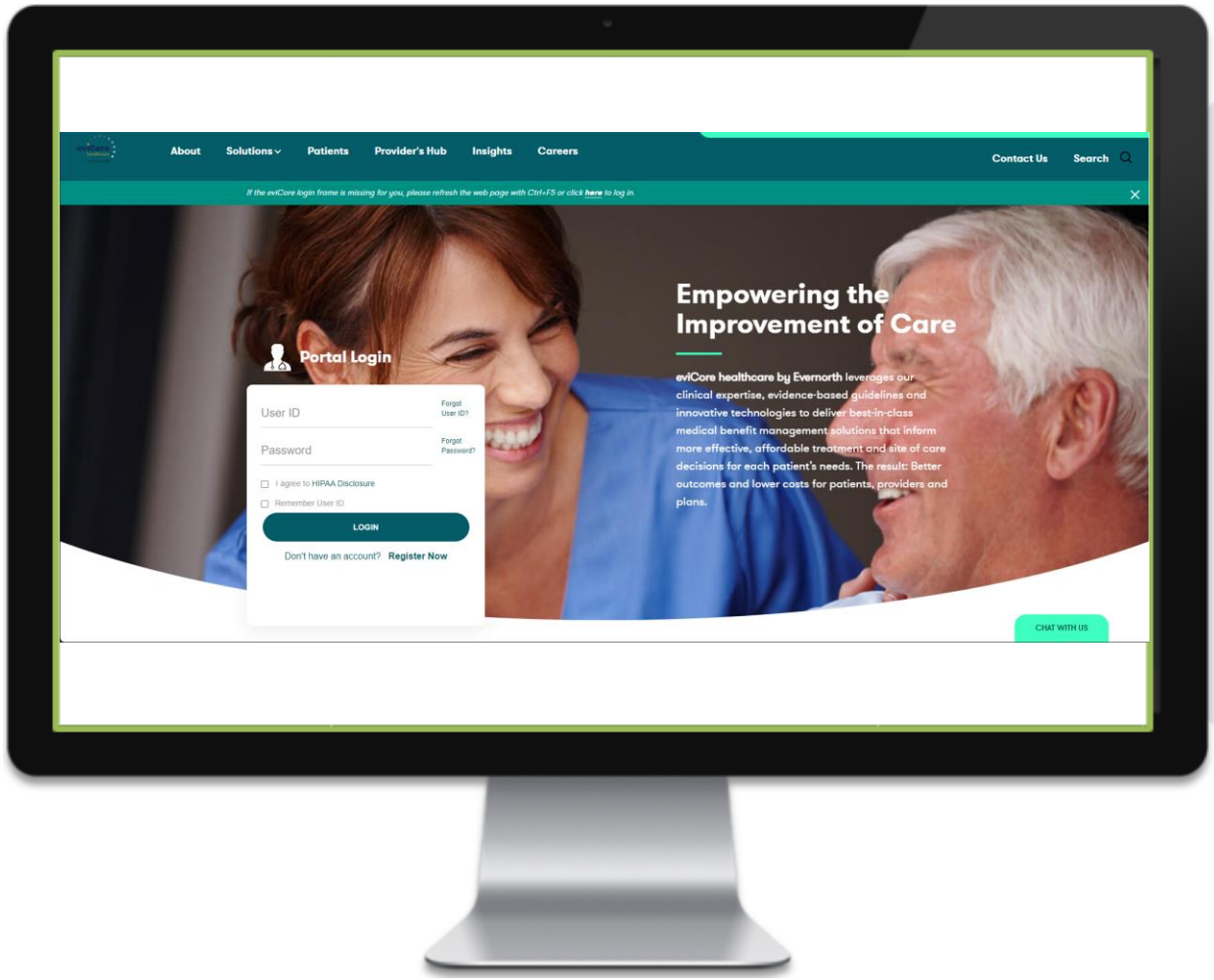
Provider Portal Demo | Radiation Oncology

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

Click HERE to view a video demo (2 min)



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CareCore National Portal Features

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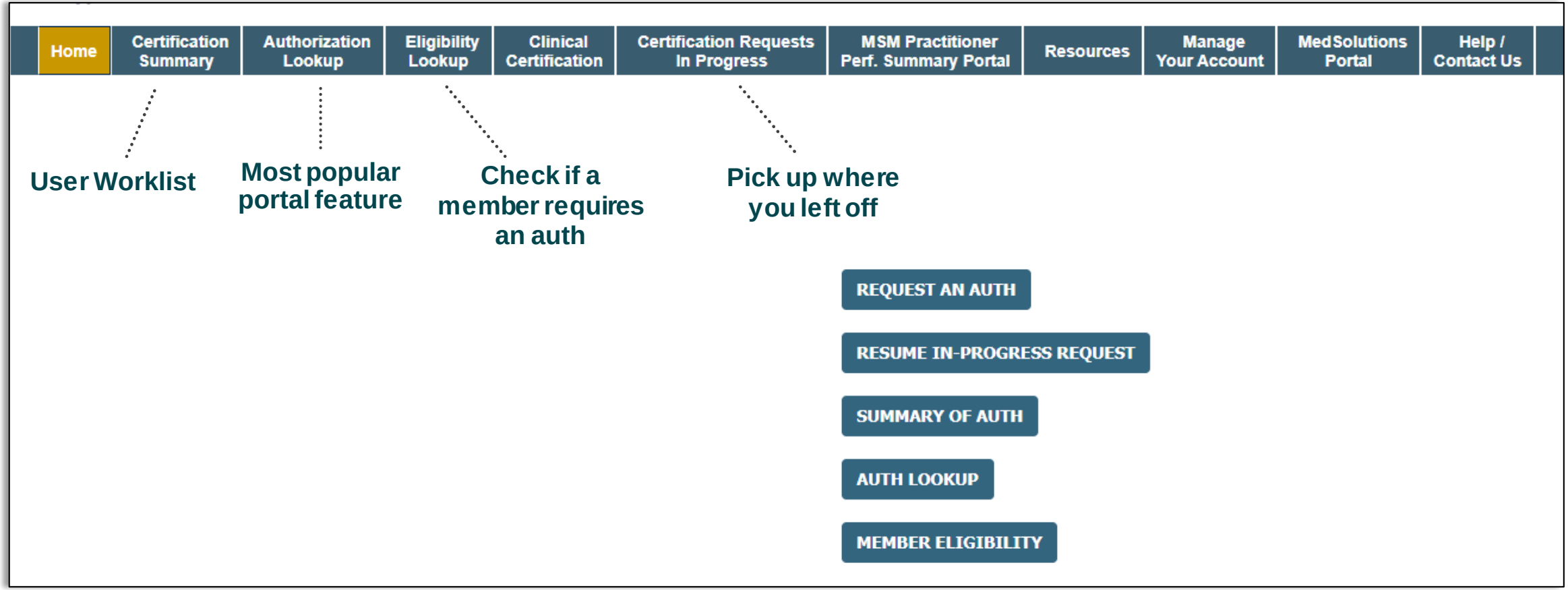
3/5/2024

Provider Portal | Feature Access



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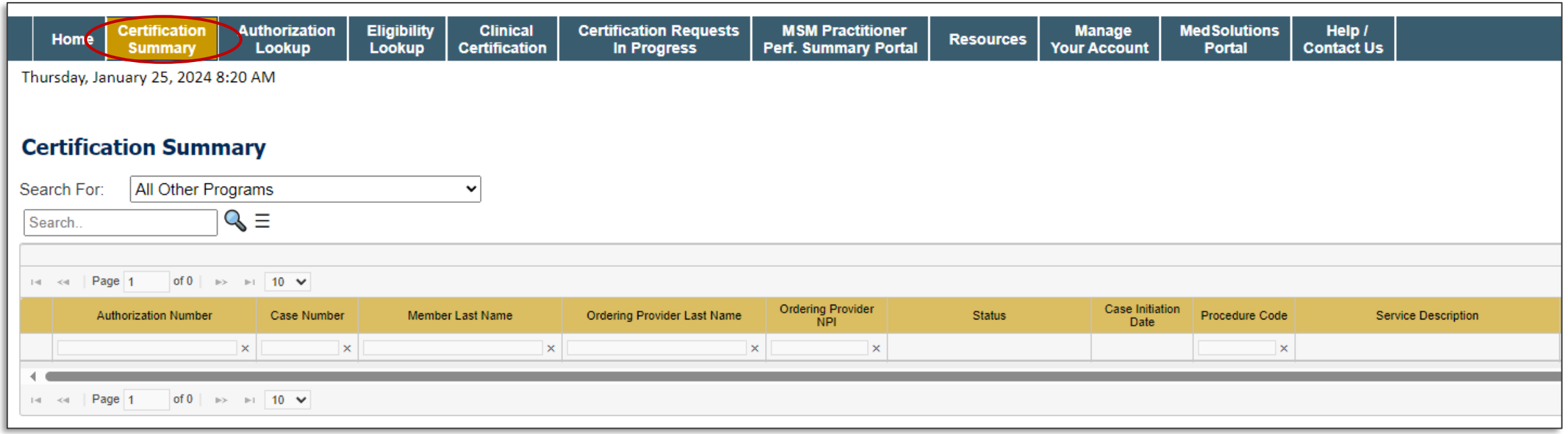
Certification Summary | User Worklist



- **Certification Summary** tab allows you to track recently submitted cases.
- The worklist can also be filtered.

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Authorization Lookup | Popular Tool

- You can lookup an authorization case status on the portal.
- Search by member information **OR**
- Search by authorization number with ordering NPI.
- Initiate appeals and/or schedule Peer-to-Peer calls.
- View and print any correspondence.

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Provider Resources

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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).

Web-Based Services and Portal Support

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

Provider Engagement

Regional team that works directly with the provider community.

Provider Engagement Manager Territory List

Call Center/Intake Center

Call **866-686-2649.** Representatives are available from 7 a.m. to 7 p.m. local time.

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Provider Resources at EviCore.com

EviCore maintains provider resource pages that contain health-plan-specific 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/amerihealth-administrators

EviCore also maintains online resources not specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's **Provider's Hub**.

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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.**

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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

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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.

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Thank You

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Appendix

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Peer-to-Peer (P2P) Scheduling Tool

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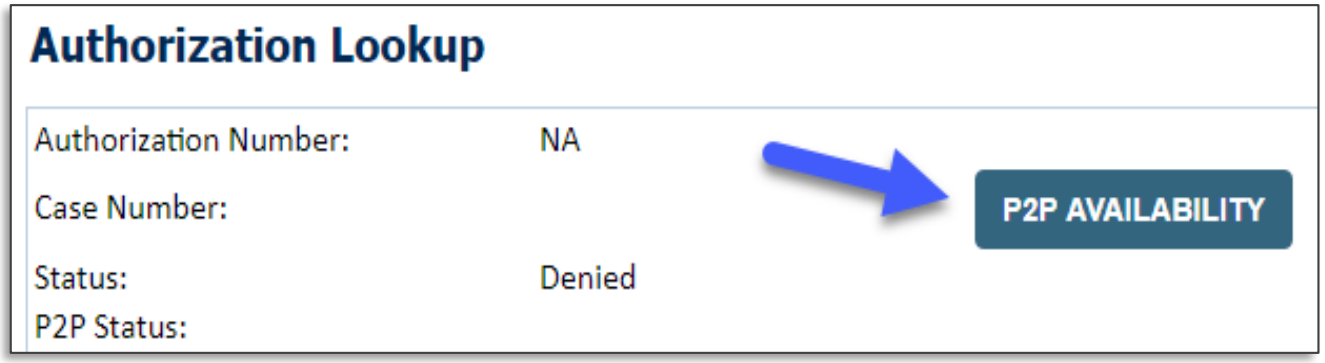
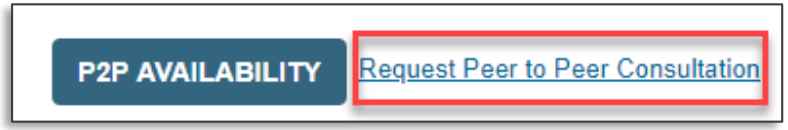
How to Schedule a Peer-to-Peer (P2P) Request

- 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.



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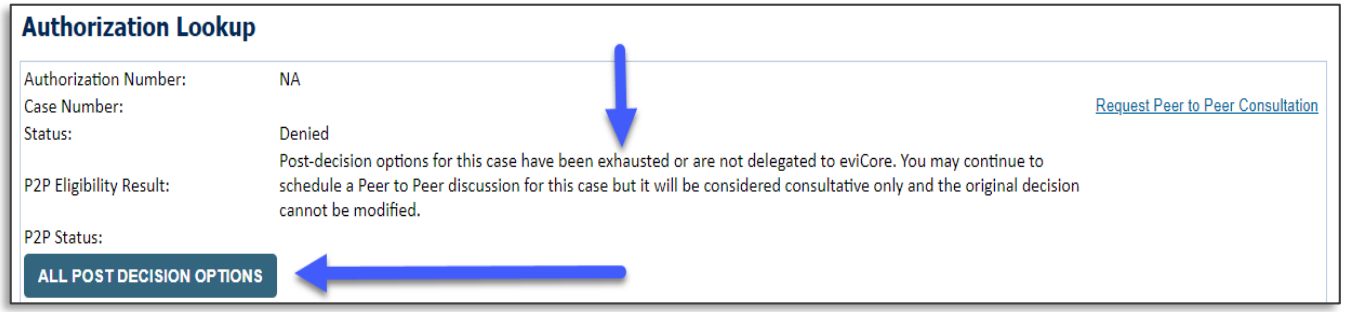
How to Schedule a Peer-to-Peer Request

- 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.



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

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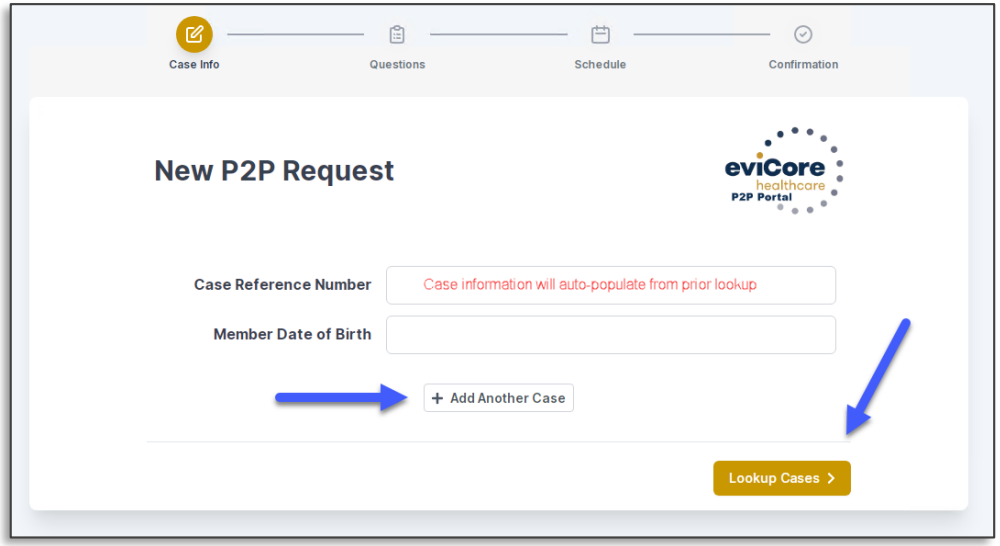
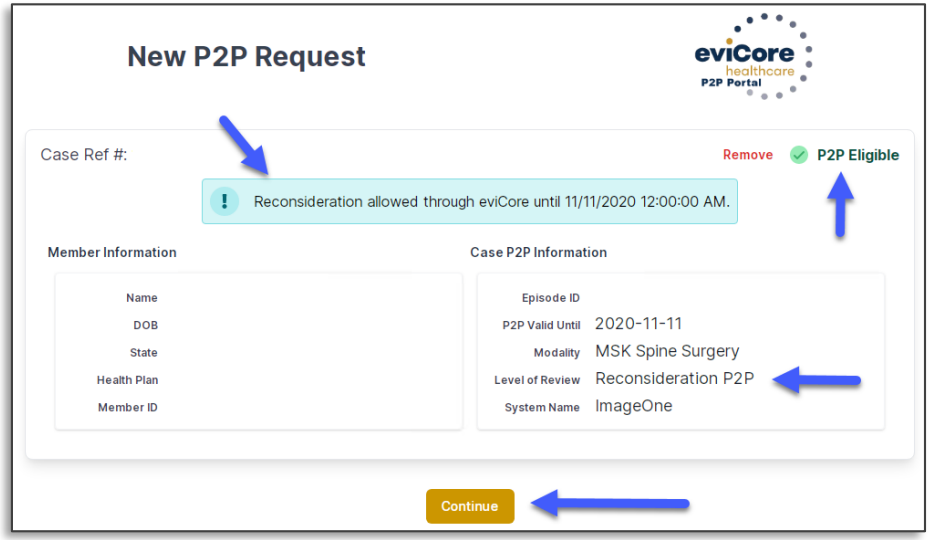
How to Schedule a Peer-to-Peer Request



- 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.



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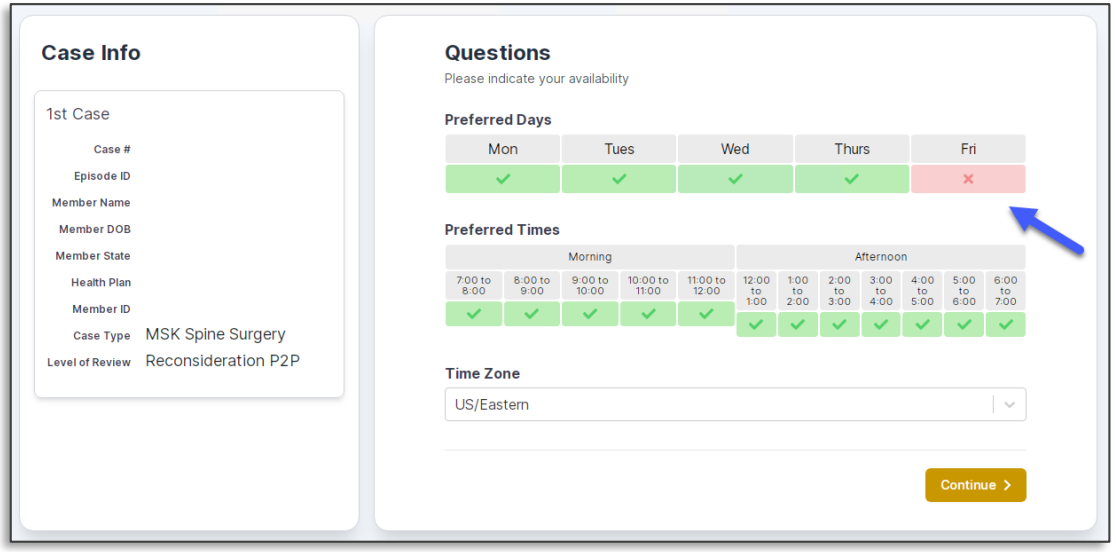
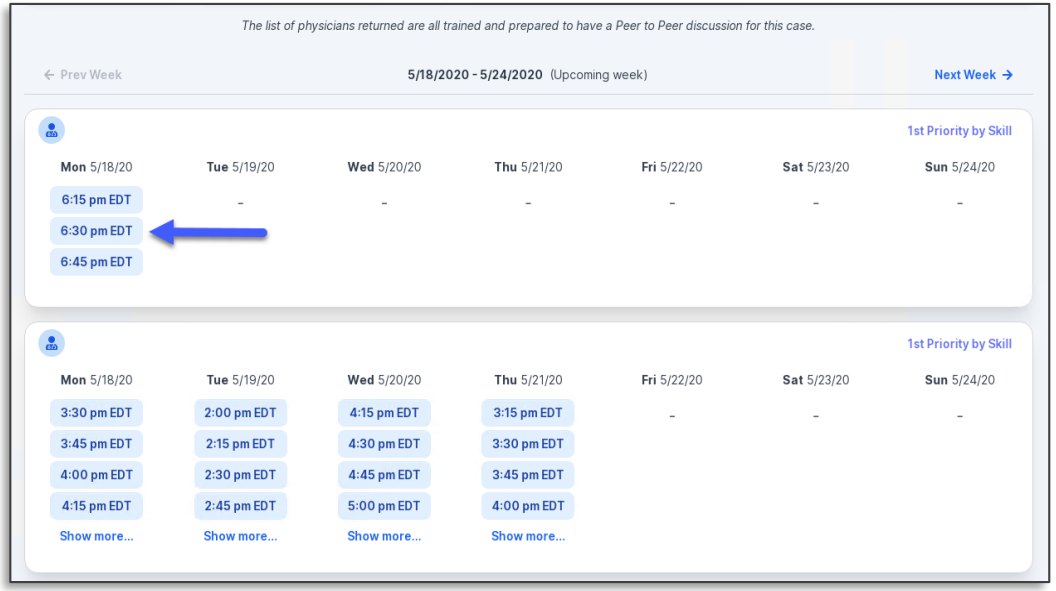
How to Schedule a Peer-to-Peer Request



- 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**.

- 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.



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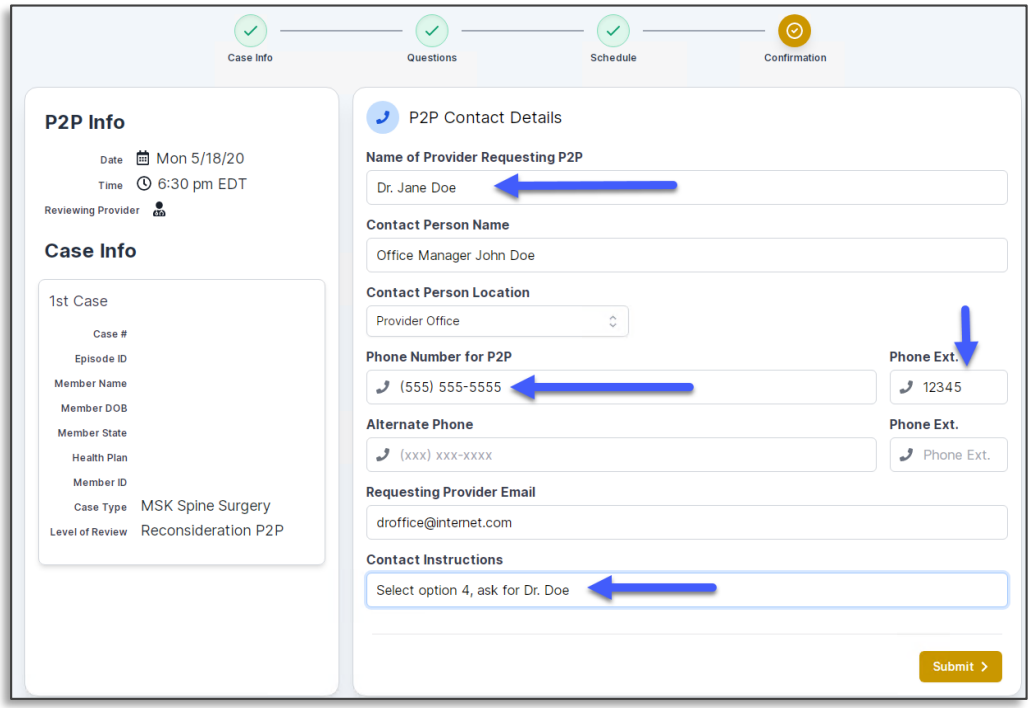
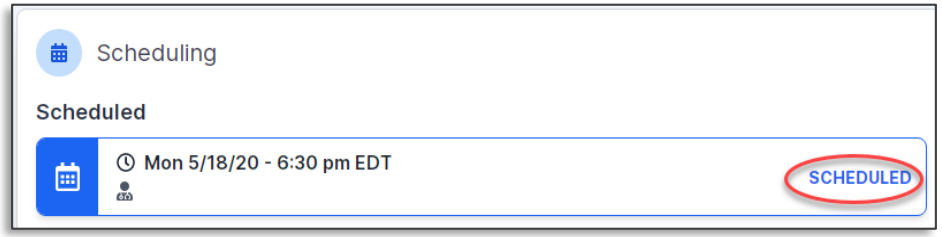
How to Schedule a Peer-to-Peer Request

Confirm Contact Details

- Contact person name and email address will auto-populate per your 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.



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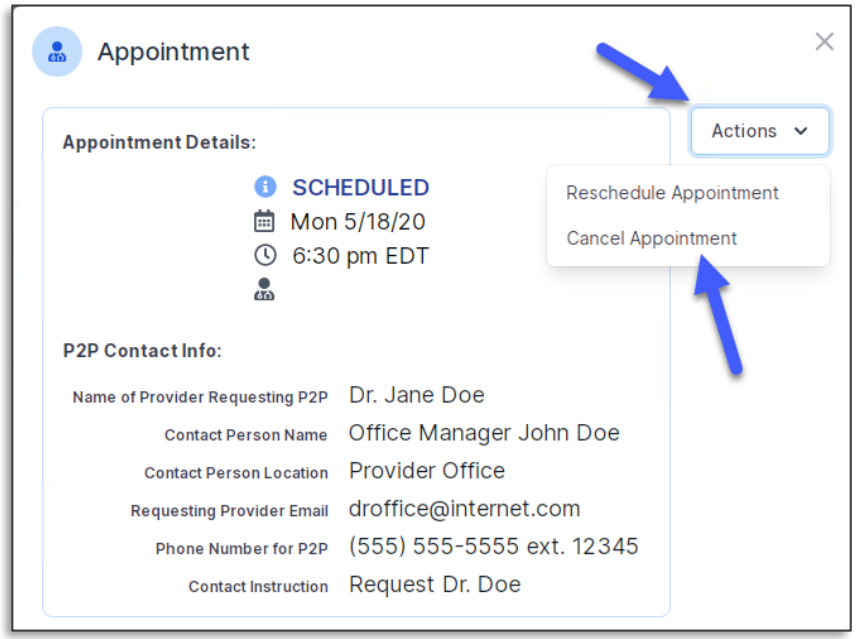
Canceling or Rescheduling a Peer-to-Peer Appointment

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 enter a cancellation reason.
- Close browser once done.



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