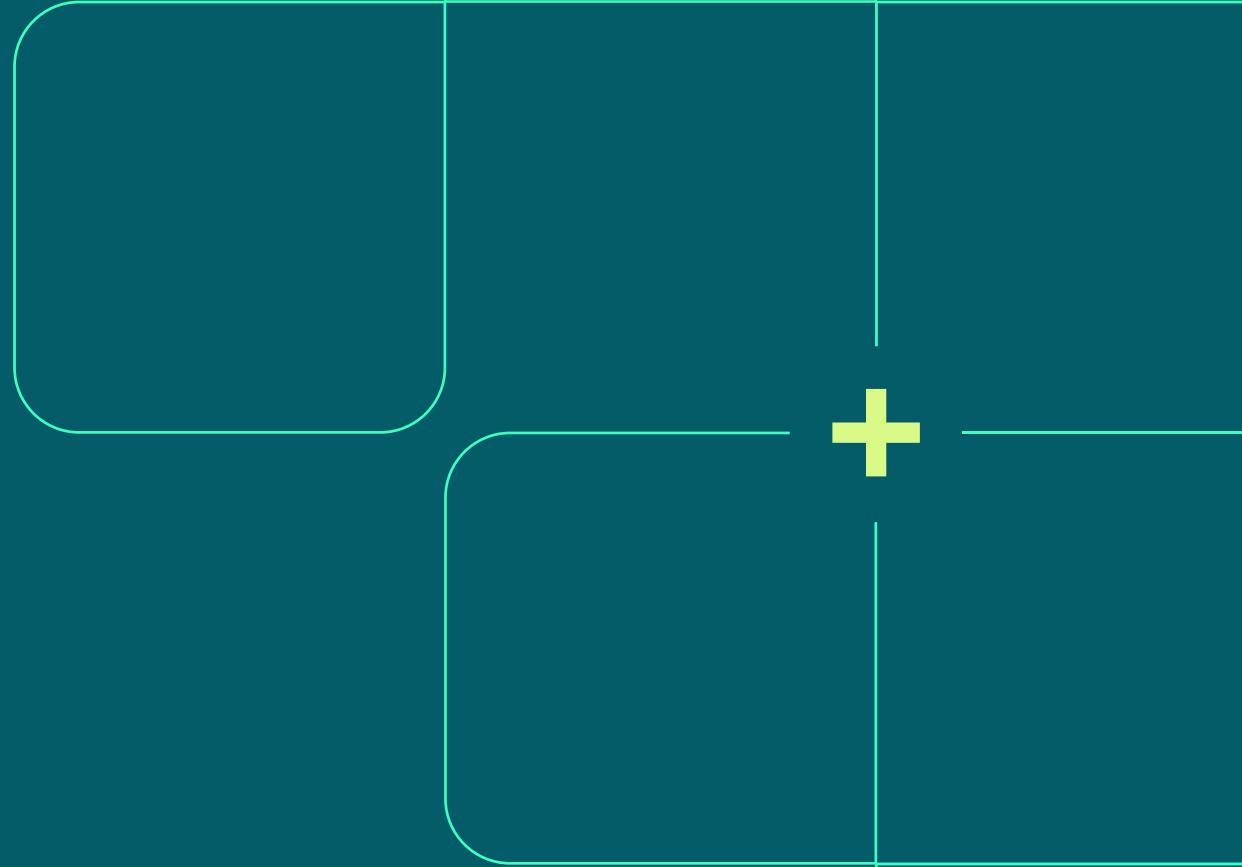


# Physical, Occupational, and Speech Therapies

Blue Care Network of Michigan



# Agenda

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## **Solutions Overview**

PT, OT, and ST

## **Submitting Requests**

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

## **EviCore Provider Portal**

Overview, Features, and Benefits

## **Provider Resources**

## **Questions & Next Steps**

# Solution Overview

# Blue Care Network of Michigan Prior Authorization Services

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## Applicable Membership:

- BCN HMO (Commercial)
- BCN Advantage (Medicare)

## Prior authorization applies to the following services:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Physical Medicine services performed by chiropractors\*

*\*BCN HMO beneficiaries only*

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

- Emergency Rooms
- Observation Services
- Inpatient Stays



**EviCore**  
By EVERNORTH

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

<https://www.EviCore.com/resources/healthplan/blue-care-network>

# Evidence-Based Guidelines

## The Foundation of Our Solutions



Contributions from a panel of community physicians



Experts associated with academic institutions



Current clinical literature

## Aligned with National Societies

- American Academy of **Neurology**
- American Academy of **Orthopedic Surgeons**
- American Academy of **Pediatrics**
- American Academy of **Sleep Medicine**
- American Association of **Child and Adolescent Psychiatrists**
- American Association of **Clinical Endocrinology**
- American Association of **Neurological Surgeons**
- American College of **Cardiology**
- American College of **Chest Physicians**
- American College of **Gastroenterology**
- American College of **Medical Genetics and Genomics**
- American College of **Obstetricians and Gynecologists**
- American **Massage Therapy** Association
- American **Occupational Therapy** Association
- American **Physical Therapy** Association
- American Society of **Acupuncturists**
- American Society of **Nuclear Cardiology**
- American **Speech–Language–Hearing** Association
- American **Thyroid** Association
- American **Urological** Association
- **Centers for Disease Control**
- College of American **Pathologists**
- **Endocrine** Society
- **Heart Rhythm** Society
- National Comprehensive **Cancer** Network
- North American **Spine** Society
- The Society of **Maternal-Fetal Medicine**
- United States **Food and Drug Administration**
- United States **Preventive Services** Task Force

# Clinical Approach

# Prior Authorization Program

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## Fundamental Approach

- Clinical reviewers evaluate clinical information to determine whether services meet medical necessity criteria.
- Providers are encouraged to request authorization before care is delivered to ensure payment for services rendered.
- A request can be made as early as **7 calendar days** prior to requested start date.

## Clinical Philosophy

- Support patient-centered care founded on best available evidence.
- Promote functionally oriented and measureable treatment programs.
- Focus on skilled, medically necessary treatment interventions.
- Empower patient independence.
- Eliminate practice variation that cannot be explained or justified.

# Prior Authorization Program

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## Goals

- Authorize medically necessary services which require the skills of a licensed professional.
- Promote evidence-based practice.
- Identify and review treatment interventions where evidence does not support use.
- Provide evidence-based guidelines to support authorization decisions and educate practitioners.
- Decrease or eliminate unexplained practice variation and unnecessary visits.
- Manage costs efficiently so members can continue to receive **quality care** and **skilled services**.



# Prior Authorization Program

---

## Medical Necessity

- The services must be specific and effective treatment for the condition.
- The condition is expected to improve significantly in a reasonable (and generally predictable) period of time. Therapy duration should **not** be ongoing without end.
- The amount, frequency, and length of the services must be reasonable under accepted standards of practice.
- The medical benefit is designed to allow therapy to return the patient to essential activities of daily living.
  - It was **not** designed to allow continued therapy to return to recreational or athletic activities.
  - It was **not** designed to cover therapy for the purpose of improving or maintaining general fitness.

You can view the therapy guidelines at <https://www.EviCore.com/provider/clinical-guidelines>

# Submitting Requests

# 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.

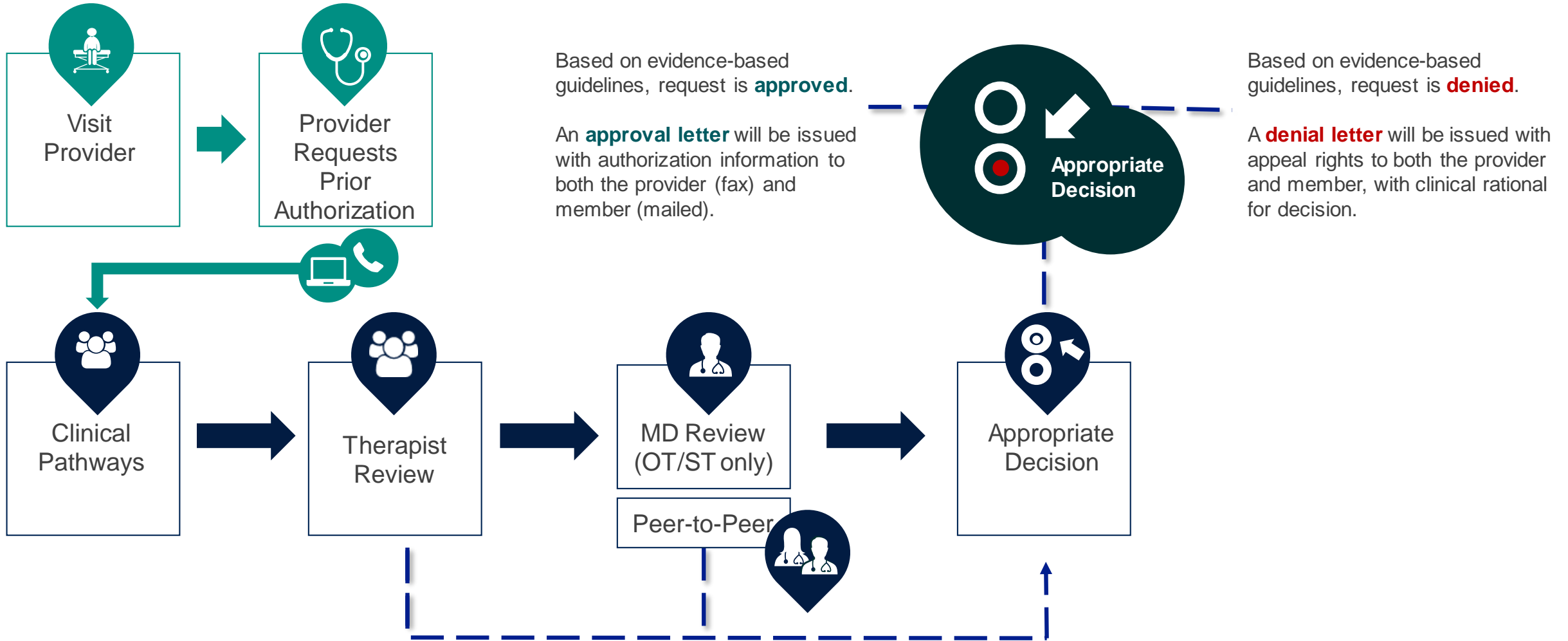
To access the EviCore Provider Portal, visit [EviCore.com/provider](https://EviCore.com/provider)

**Phone: 855-774-1317**  
Monday – Friday  
7AM – 7PM (local time)

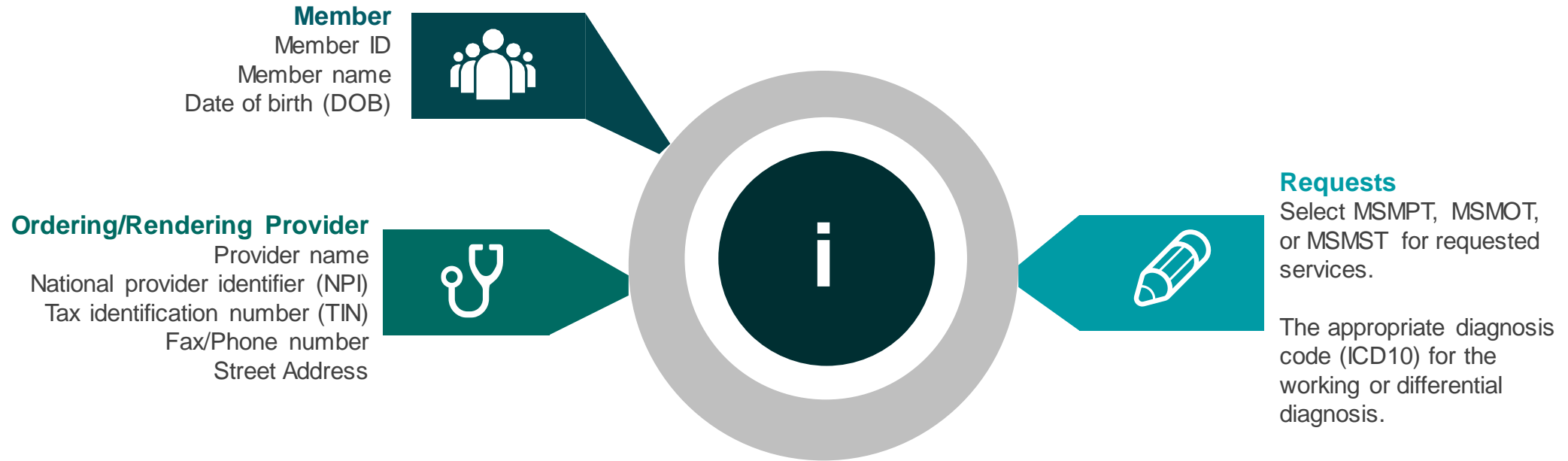
**Fax: 855-774-1319**



# Prior Authorization Process



# Information Required for Request



## Clinical information needed for requests:

- Patient's subjective complaints, objective examination findings, and level of function.
- Baseline clinical information from the initial evaluation.
- Current clinical information from follow-up visit.
- Provider's impression of the member's response to therapy (follow-up visits).
- Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.
- Complexities that will impact the therapy plan of care.

# Prior Authorization Process | Clinical Information

## Clinical Information – What EviCore needs and why we need it:

- Clinical information is required to determine whether the services requested are medically necessary.
- Use clinical worksheets located at EviCore.com as a guide to determine what clinical information is required.
  - The **clinical worksheets** are specific to conditions and designed to assist with the submission of the patient and provider information for medical necessity review.
  - Worksheets should be used as a guide for questions and the provider will be prompted to answer when completing the online requests.
  - These worksheets should be completed by the provider during the initial consultation/evaluation and treatment planning, collecting the clinical information to allow for ease of submission.
  - Physical & occupational therapy requests have the ability for a real time decision for the first **two (2)** requests for an episode of care.
  - The clinical worksheets are available on the EviCore website.
- Be prepared to provide patient-reported functional outcome measures with your submission (for example: ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR).
- Clinical information should be current – typically something collected within **14 days** prior of the request.
- **Missing or incomplete clinical information will delay case processing.**

# Prior Authorization Process

---

## Clinical Pathway

- Simplified approach to clinical collection attempting to reduce administrative efforts for providers.
- Improves the ability to receive a real time decision when submitting a request via the web or phone.
- “Gets out of the way” of providers who are practicing efficiently and effectively.
- Adds quality measures via inclusion of patient reported functional outcomes.
- Uses data collected over the years from claims data (managed and unmanaged) to set the average number of visits for a condition.
- Acknowledges complexities that may require a greater frequency or intensity of care.
- Allows providers to provide additional information for cases that are not “average.”

# Tips to Improve Efficiency

---

## Medical Necessity and Patient-Focused Care

### The member's needs determine medical necessity.

- The member's clinical presentation and specific needs are the primary factors considered when determining medical necessity.
- The physician's prescription for treatment frequency and duration does not demonstrate medical necessity.

### Review medical necessity regularly.

- The member's response to care should be evaluated each visit to allow modification of the treatment plan based on the member's current status.
- Complete a review of continuing medical necessity at least every **30 days**. This allows you to assess how the member is responding to treatment.
- Clinical documentation should include the member's response to care, functional improvement, and remaining functional deficits.
- Consider whether the skills of a provider are still necessary and, if it is, identify the specific interventions that require that skill.



# Prior Authorization Process

## If you are requesting authorization before treatment begins:

- Complete your initial evaluation, then submit for prior authorization within **2 business days**. The initial evaluation **does not** require prior authorization.
- Start date should be the **first day of treatment** (Date of initial evaluation or visit following if treatment was not provided during the initial evaluation visit).
- When requesting ongoing or continuing care, you can submit up to **7 calendar days** prior to the next start date for authorization.
- Notification requires submission of the following information:
  - Patient demographics
  - Provider demographics
  - Minimal clinical information
    - Type of condition
    - Post-surgical therapy? If so, please provide the date of surgery.
    - Functional outcome measures
- If there was prior therapy, questions will be asked to determine if this is a new condition.

# Prior Authorization Process

## How to Request Additional Visits:

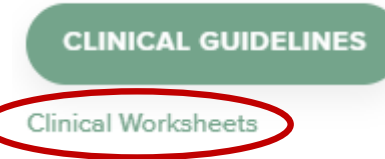
- Additional visits may be requested as early as **7 calendar days** prior to the requested start date.
- The **start date** will be the first date you need additional visits to begin.
- Clinical information should be **current**. Recommended timeframes:
  - Adult and non-developmental pediatric patients = **14 calendar days**
  - Developmental pediatric patients = **30 calendar days**
- Use the appropriate **Clinical Worksheet** as a guide. Please provide initial and current functional outcome measure scores.
- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as “additional information” via upload, fax, or text box summary.
- Address any complexities that will impact the therapy plan of care.
- Provider’s impression of the member’s response to care.

# Link to Clinical Worksheets| Physical & Occupational Therapy

Start at EviCore.com, click on **Resources**



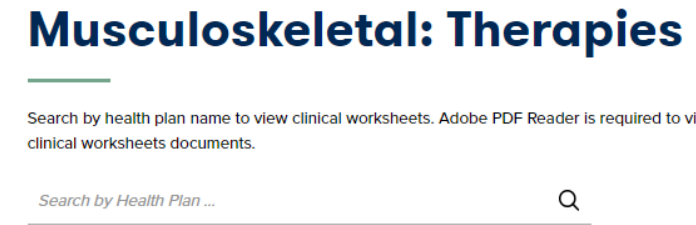
From the Resources dropdown, select **Clinical Worksheets**



Select Musculoskeletal: **Therapies**



Enter **Health Plan** name in the search field



The PT/OT **worksheets** will be listed under  
The PT/OT header

## Physical Therapy and Occupational Therapy

corePath 3 MSK PTOTChiro

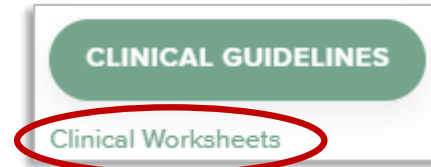
corePath PTOT Neurologic

# Link to Clinical Worksheets | Speech Therapy

Start at EviCore.com, click on **Resources**.



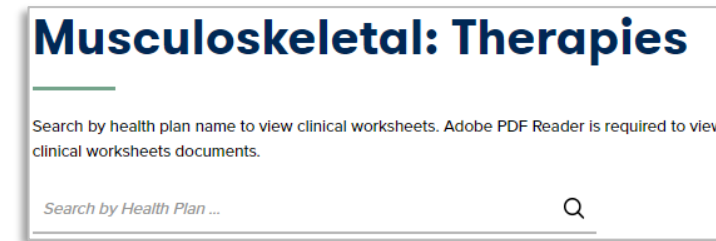
From the Resources dropdown, select **Clinical Worksheets**.



Select Musculoskeletal: **Therapies**.



Enter **Health Plan** name in the search field.



The **ST worksheets** will be listed under the Speech Therapy header.



# PT-OT-ST | Summary of Portal Benefits

- ✓ Elimination of pre-set waivers
- ✓ Increased provider satisfaction
- ✓ Reduced administrative burden for providers
- ✓ Increased opportunity for real-time decisions
- ✓ Expanded, member-focused decisions
- ✓ Decreased case review turn-around-times.
- ✓ Patients able to receive the right amount of care in a timely manner.



# Prior Authorization Process | Important Concepts

## +Authorization decisions include:

- Visits or units (depending on health plan)
- Approved time period (i.e, 6 visits, authorized from 1/1/24 to 1/31/24)
- EviCore recommends approved visits be spread over the approved period to prevent a gap in care.



# Prior Authorization Process | Important Concepts

## Overlapping Requests

- Request for more visits within the existing approved time period.
- Review to determine if additional visits are medically necessary.

## Authorization Extensions

- Providers can request a **one-time** 30-day authorization extension.
- Provider must request extension prior to the original authorization's expiration date.
- Date extension can be requested via the online portal.



# Prior Authorization Process | Treating Multiple Conditions

## Treating Multiple Conditions Within The Same Authorization Period

- If you are treating multiple conditions within the same period, there is no need to request authorization for treatment for each condition.
- The authorization covers all conditions treated within the same period of time.
- If a member is receiving treatment from a different therapist within the same clinic with a new plan of care for a specialty condition (vestibular treatment, wound care, etc.), then a separate authorization may be indicated. Be sure to submit under the appropriate ICD10 code and state this request is for a new condition by a different therapist.
- When treating more than one condition, please advise EviCore to ensure adequate units are approved.
  - When submitting by the web, you will be asked if you are treating a second condition.
    - **Answer = Yes; report information specific to the second condition.**
  - When requesting authorization over the phone, inform the agent that you are requesting authorization for two conditions.
  - If submitting by fax, complete clinical worksheets for both conditions.



# Insufficient Clinical | Additional Documentation Needed

## Additional Documentation to Support Medical Necessity

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

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

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


The Provider must submit the additional information to EviCore

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.

EviCore will review the additional documentation and reach a determination

Determination notifications will be sent.





# Prior Authorization Outcomes, Special Considerations & Post-Decision Options

# Prior Authorization Outcomes

## Approvals and Denials

### Approved Requests

- All requests are processed within **three (3) business days** after receipt of all necessary clinical information.

### Authorization Letter

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

### Denied Requests

- Communication of the denial determination and rationale.

### Denial Letter

- The letter will be faxed to the ordering provider and rendering facility.
- The member will receive the letter by mail.
- The letter contains the denial rationale and reconsideration options based on the members health plan and line of business, including instructions on how to request a Clinical Consultation (peer-to-peer).

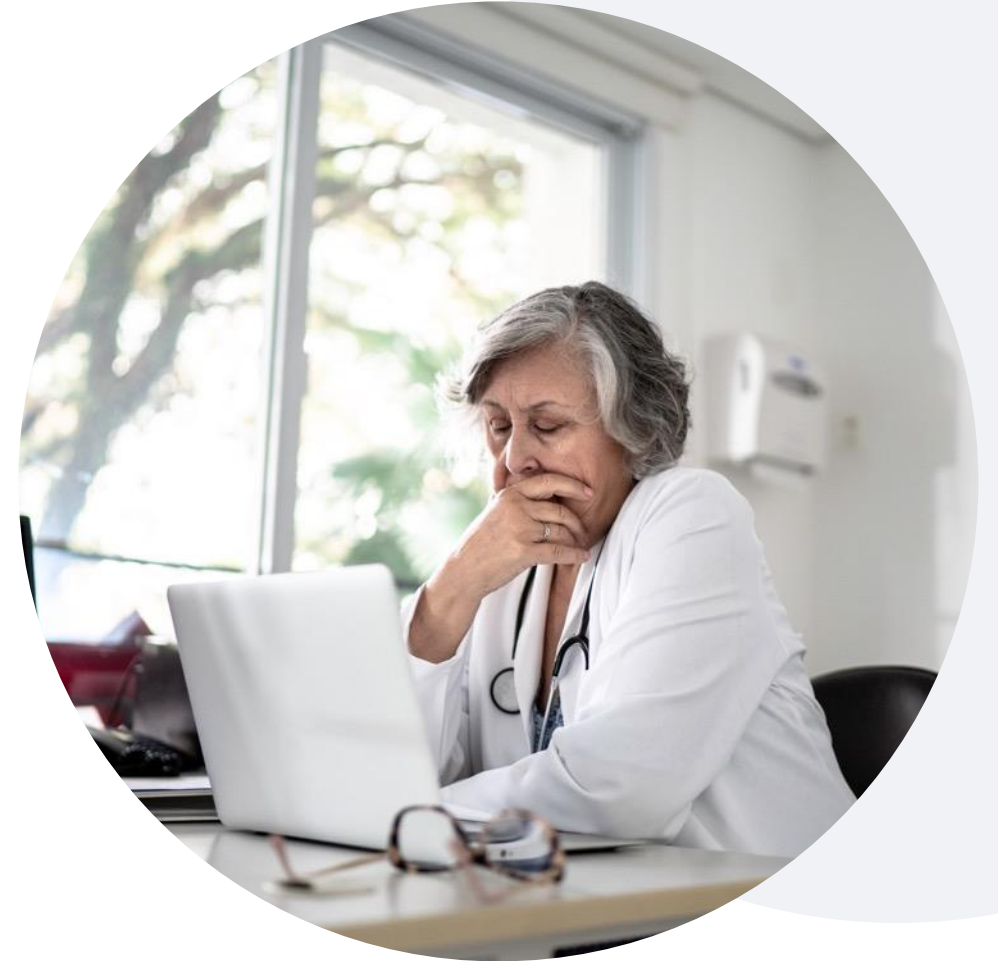


# Special Circumstances

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## Authorization Update

- If updates are needed on an existing authorization, you should contact EviCore by phone.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.



# Providing Additional Information (Medicare Intent to Deny)

---

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

There are three ways to supply the requested information to EviCore for review:

- EviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases.
  - Additional clinical information must be submitted to EviCore prior to the due date referenced in the request.
- Additional clinical information should be submitted to EviCore for consideration per the instructions received, clinical can be **faxed** to **855-774-1319** or **uploaded** directly into the case via the provider portal at [www.EviCore.com](http://www.EviCore.com)
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the EviCore website (see the end of this presentation for instructions).
  - The Pre-Decision Clinical Consultation (Peer-to-Peer) must occur prior to the due date referenced in the request.
- If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is **not** held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.
- Once the determination is made, notifications will go out to the provider and member, and status will be available on [www.EviCore.com](http://www.EviCore.com)

# 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 **855-774-1317** 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](https://www.evicore.com) to see available options.

## Reconsiderations

- Reconsiderations must be requested within **14 calendar days** of the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore medical director.



## Appeals

- EviCore **will** process first-level appeals.
- Appeal requests must be submitted to EviCore within **730 calendar days (two years)** from the initial determination date.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.



# Post-Decision Options | Medicare Members

---

## My case has been denied. What's next?

### Clinical Consultation

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

### Reconsideration

- Medicare cases **do not** include a reconsideration option.

### Appeals

- EviCore **will not** process first-level appeals for Medicare members.
- Please refer to the denial notice for instructions and requirements to submit an appeal.



# Special Circumstances

---

## Retrospective (Retro) Authorization Requests

- Must be submitted within **730 calendar days (two years)** from the date of services.
- Retro requests submitted beyond this timeframe will be administratively denied.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within **three (3) business days**.
- When authorized, the start date will be the submitted date of service.
- Clinical submitted for retrospective review should include:
  - The requested number of visits and date range.
  - Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.

## 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.





# Provider Portal Overview

## Provider's Hub

### 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](#)

# Portal Compatibility

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

- Microsoft Edge
- Google Chrome
- Mozilla Firefox

**Note:** You may need to disable pop-up blockers to access the site.

# EviCore Provider Portal | Access and Compatibility

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

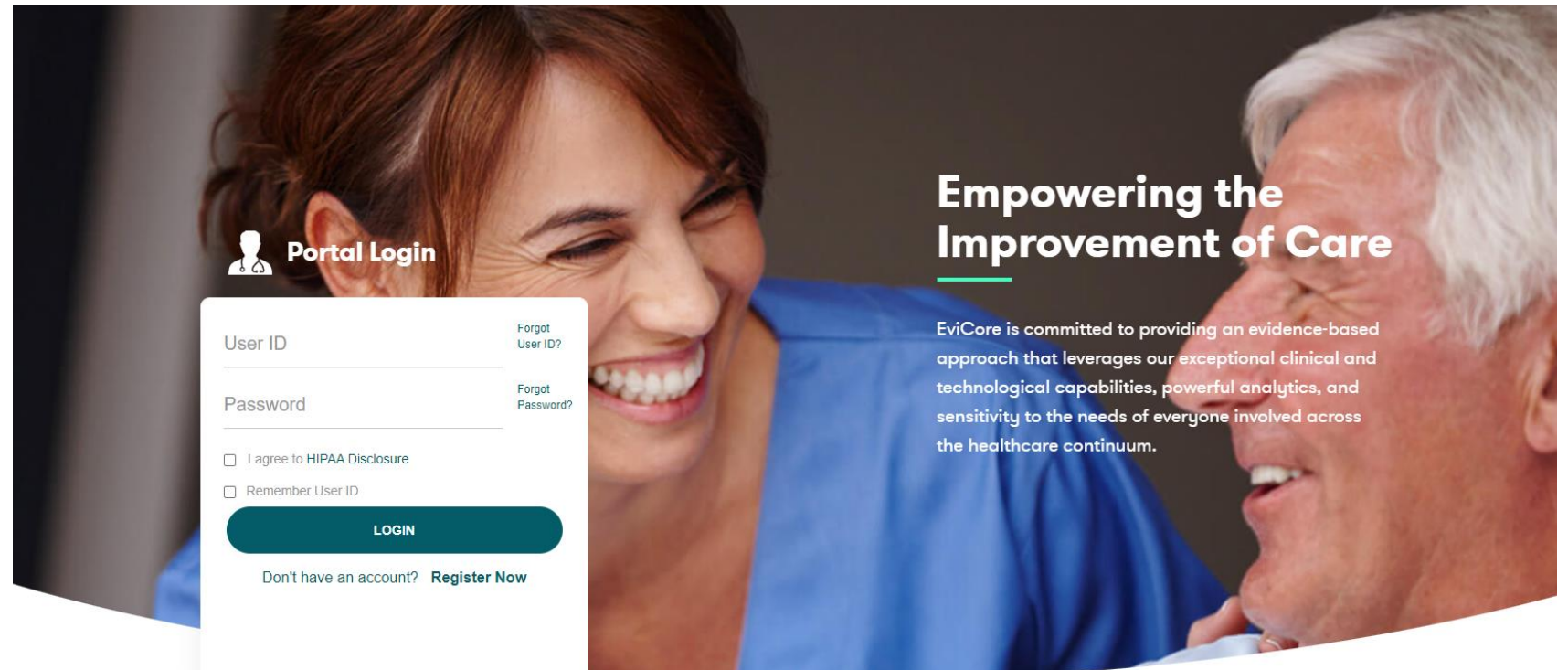
To access resources on the EviCore Provider Portal, visit [EviCore.com/provider](https://EviCore.com/provider)

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.

# 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.

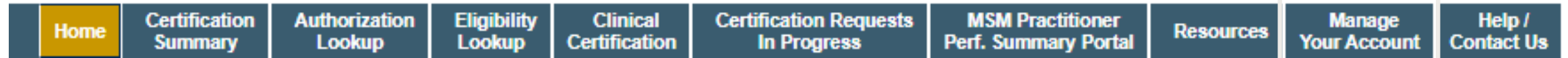
Choose which authentication method you prefer: Email or SMS. Then, enter your email address or mobile phone number.

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.

The screenshot shows a web interface for setting up two-factor authentication. At the top, it says "Set up Two Factor Authentication". Below this, there are two radio buttons: "Email" (which is selected) and "SMS". Underneath, there is a label "Register Email Address" followed by a text input field containing "meh\*\*\*\*@evicore.com". A green button labeled "Send PIN" is positioned below the input field. Further down, there is a label "Please enter PIN sent to your Email Address" followed by a text input field containing "768342". A green button labeled "Submit" is below this field, and a grey button labeled "Skip" is at the bottom.

# 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.

**Manage Your Account**

Office Name:  [CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

Address:

Primary Contact:

Email Address:

[ADD PROVIDER](#)

Click Column Headings to Sort

No providers on file

[CANCEL](#)

**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

[FIND MATCHES](#) [CANCEL](#)

# Initiating A Case

The screenshot displays the CareCore National Web Portal interface. At the top left is the EviCore healthcare logo. A navigation bar contains several tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (circled in red), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and Help / Contact Us. Below the navigation bar, the date and time 'Tuesday, January 21, 2020 9:41 AM' are shown. The main content area features a welcome message: 'Welcome to the CareCore National Web Portal. You are logged in as AMYINTG.' Below this message is a vertical stack of five buttons: 'REQUEST AN AUTH' (circled in red), 'RESUME IN-PROGRESS REQUEST', 'SUMMARY OF AUTH', 'AUTH LOOKUP', and 'MEMBER ELIGIBILITY'. At the bottom left, there is a copyright notice: '© CareCore National, LLC. 2020 All rights reserved.' followed by links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'.

- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

# Select Program

eviCore healthcare  
innovative solutions

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 9:42 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**

[Click here for help](#)

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

**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"

Always select "Build a New Case" for the 1<sup>st</sup> authorization request from EviCore.

- Select the **Program** for your certification.

# Clinical Certification Request | Search and Select Provider

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

## Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.
- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.



# Clinical Certification Request | Search and Select Provider

**Requesting Provider Information**

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

**SEARCH** **CLEAR SEARCH**

Provider	
<b>SELECT</b>	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:  **SEARCH**

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
<b>SELECT</b>								

**BACK** **CONTINUE**

[Click here for help](#)

**Attention!**

Do you want to add this NPI ( ) to your account for future requests ?

**YES** **NO**

By choosing **YES**, the practitioner will be added to the provider list in your account.

- Once the provider is found by searching **NPI**, the line will turn gray to indicate they are selected.

# Clinical Certification Request | Select Health Plan

---

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

## Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan

BACK

CONTINUE

[Click here for help](#)

- Choose the appropriate **health plan** for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click **CONTINUE**.

# Clinical Certification Request | Enter Contact Information

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

### Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

Receive notification of case status changes

[Click here for help](#)

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

- Enter/edit the **provider's name** and appropriate information for the point of contact.
- Practitioner name, fax, and phone will pre-populate; edit as necessary.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.


# Expected Treatment Date

---

**Attention!**

Time: 6/27/2023 9:07 AM

**i** What is the expected procedure date or treatment start date for this request? (MM/DD/20YY)



**If the Date of Service is unknown, please enter today's date.**

**SUBMIT**

# Clinical Certification Request | Enter Member Information

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

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

Leading zeros in the Patient ID will be ignored. Patient ID is 11 numeric digits.

**ELIGIBILITY LOOKUP**

**BACK**

[Click here for help](#)

- Enter **member information**, including patient ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.

## Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<b>SELECT</b>	000000000		WATSON, JONATHAN	6/25/1982	M	100 WINTHROP RD DEERFIELD, FL 33440

**BACK**

- Confirm the patient's information and click **SELECT** to continue.

# Clinical Certification Request |

## Enter Requested Procedure and Diagnosis

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

**Requested Service + Diagnosis**

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

**Musculoskeletal Management Procedures**

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

MSMPT PHYSICAL THERAPY

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](#)

- Enter **MSMPT** for physical therapy.
- Enter **MSMOT** for occupational therapy.
- Enter **MSMST** for speech therapy.
- Add diagnosis code(s).
- **Note:** Place of service can vary depending on health plan rules.

**Attention!**

Will the procedure be performed in your office?

# Clinical Certification Request | Verify Service Selection

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

### 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](#)

- Verify requested service & diagnosis.
- Edit any information if needed by selecting **Change Procedure or Primary Diagnosis**.
- Click **CONTINUE** to confirm your selection.

### Attention!

Patient ID: [REDACTED] Time: 6/19/2020 6:38 PM  
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
4/7/2020	[REDACTED]	[REDACTED]	MSMPT	PHYSICAL THERAPY	A
3/18/2020	[REDACTED]	[REDACTED]	MSMOT	OCCUPATIONAL THERAPY	A
9/17/2019	[REDACTED]	[REDACTED]	MSMOT	OCCUPATIONAL THERAPY	A
7/18/2019	[REDACTED]	[REDACTED]	MSMOT	OCCUPATIONAL THERAPY	A
4/26/2019	[REDACTED]	[REDACTED]	MSMPT	PHYSICAL THERAPY	A

# Clinical Certification Request | Site Selection

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

## 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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input type="radio"/> Exact match	
				<input checked="" type="radio"/> Starts with	

LOOKUP SITE

- 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.



# Clinical Certification Request | Clinical Certification

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

## 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.

BACK

CONTINUE

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

# Clinical Certification Request | Standard or Urgent Request?

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

**Proceed to Clinical Information**

**Urgency Indicator**  
If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.  
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

**Clinical Upload**  
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.  
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

**UPLOAD**

**Proceed to Clinical Information**

Is this case Routine/Standard?

**YES** **NO**

- 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.

# Clinical Collection



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

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

---

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

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

**SUBMIT**

## Proceed to Clinical Information

**Please indicate the side being treated.**

- Right
- Left
- Both / Bilateral
- Unknown

**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.

You can check the “Finish Later” box to save your progress. You’ll have until the end of the day to complete the case.

## Proceed to Clinical Information

**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)

**Please enter the functional outcome score:**

# Criteria Met - Approval

## Summary of Your Request

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

You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to [www.premera.com](http://www.premera.com) as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool. Your case has been approved for 4 visits

Provider Name:	DR. TREVOR ABBOTT	Contact:	Amy
Provider Address:	1675 WOODBROOKE DR SALISBURY, MD 21804	Phone Number:	(999) 999-9999
		Fax Number:	(999) 999-9999
Patient Name:	KERRY FOLLIS	Patient Id:	FBV60190732101
Insurance Carrier:	PREMERA BLUE CROSS		
Site Name:	WALSH RACHEALLE -- HEALTH CHIROPRACTIC P C	Site ID:	JN70IV
Site Address:	28336 AURORA AVE N STE 111 SHORELINE, WA 98133		
Primary Diagnosis Code:	M54.51	Description:	Vertebrogenic low back pain
Secondary Diagnosis Code:		Description:	
CPT Code:		Description:	
Authorization Number:	A179441323		
Review Date:	3/31/2023 9:22:20 AM		
Approved Treatment Start Date:	3/31/2023		
Expiration Date:	6/29/2023		
Status:	You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to <a href="http://www.premera.com">www.premera.com</a> as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool. Your case has been approved for 4 visits		

CANCEL PRINT CONTINUE

[Click here for help](#)

- Once the clinical pathway questions are completed and the answers have met the clinical criteria, an **approval** will be issued.
- You can print the certification and store in the patient's record if needed.

# Criteria Not Met

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

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

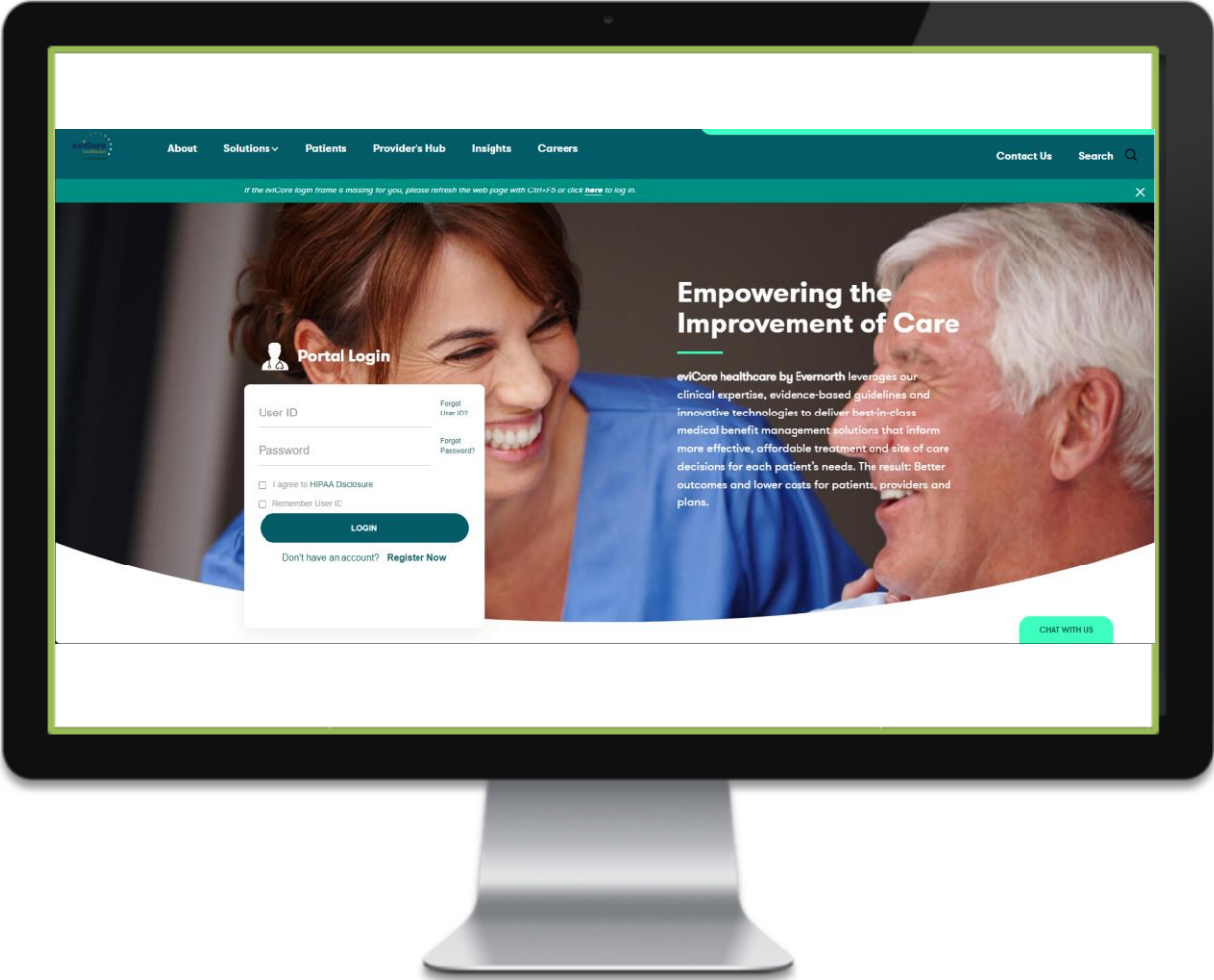
Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

Provider Name:	DR. BRADLEY DAVID MANN MD	Contact:	1-888-333-8641
Provider Address:	1000 W. 10TH ST SUITE 1000, TAMPA FL 33606	Phone Number:	813-288-1100
		Fax Number:	813-288-1100
Patient Name:	BRADY, BRADY	Patient Id:	12345678
Insurance Carrier:	WELLS FARGO		
Site Name:	WELLS FARGO BANK	Site ID:	123456
Site Address:	1000 W. 10TH ST SUITE 1000, TAMPA FL 33606		
Primary Diagnosis Code:	99.02	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:		Description:	
Date of Service:	5/13/2020	Description:	OB Ultrasound
CPT Code:	59000		
Case Number:	12345678		
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.		

# Provider Portal Demo

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)

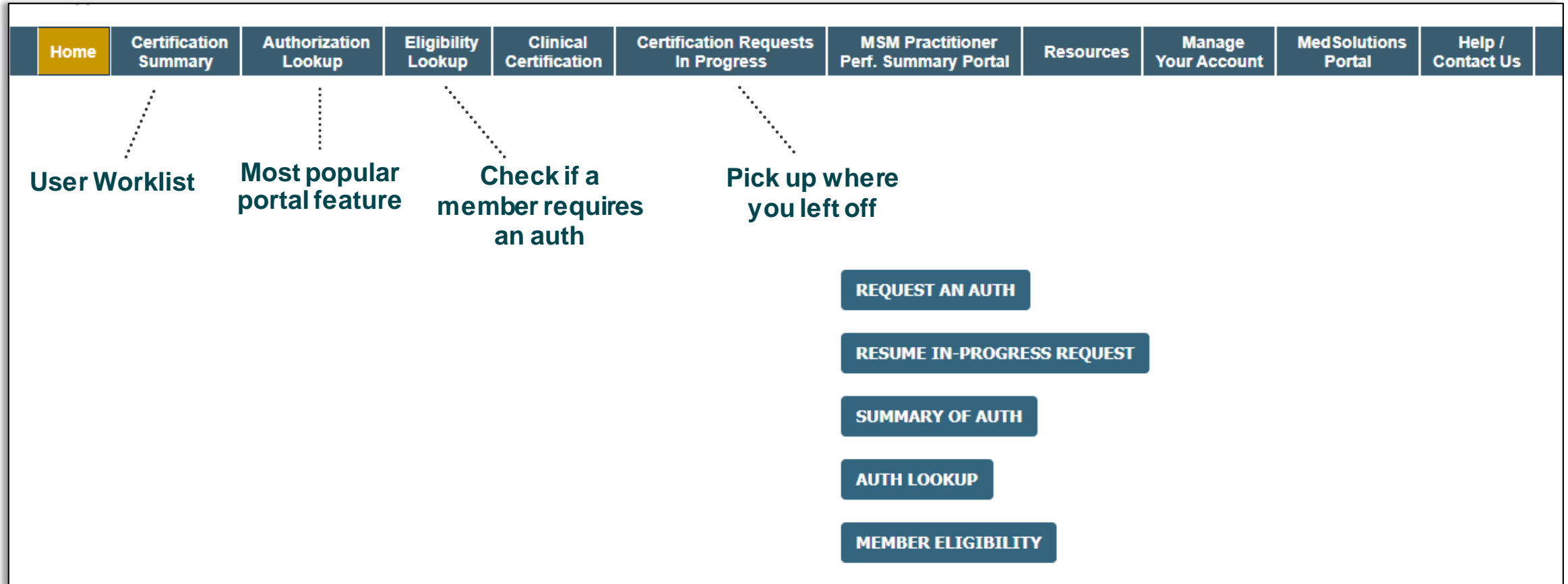


# CareCore National Portal Features



# Provider Portal | Feature Access

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# Certification Summary | User Worklist

Thursday, January 25, 2024 8:20 AM

## Certification Summary

Search For:  ▼

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

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

# Authorization Lookup | Popular Tool

Thursday, January 25, 2024 8:27 AM

**Authorization Lookup**

Search by Member Information       Search by Authorization Number/ NPI       OnePA: Prior Authorization Portal for Providers       Search by Claim Number/Health plan

Required Fields

Healthplan:

**PRINT**

[Click here for help](#)

- 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.

# Provider Resources

# Contact EviCore's Dedicated Teams

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## 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](mailto:ClientServices@EviCore.com)
- Phone: **800-646-0418** (option 4).

## Web-Based Services and Portal Support

- Live chat
- Email: [Portal.Support@EviCore.com](mailto: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 **855-774-1317**. Representatives are available from 7 a.m. to 7 p.m. local time.

# 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/blue-care-network>

**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](#).

# Ongoing Provider Portal Training

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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

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**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](https://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
- 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

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Stay up to date with our free provider newsletter!

To subscribe:

- Visit [EviCore.com](https://www.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

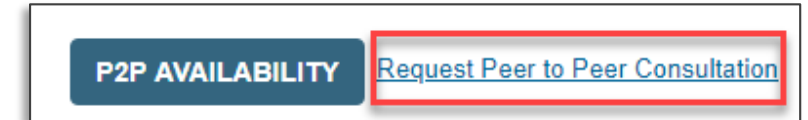
# How to Schedule a Peer-to-Peer (P2P) Request

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

### Authorization Lookup

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





# How to Schedule a Peer-to-Peer Request

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

**Authorization Lookup**

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

**ALL POST DECISION OPTIONS**

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

# How to Schedule a Peer-to-Peer Request

Case Info Questions Schedule Confirmation

## New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

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 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.

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	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-



# How to Schedule a Peer-to-Peer Request

## Confirm Contact Details

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

The screenshot shows a web interface for scheduling a Peer-to-Peer (P2P) appointment. At the top, there are four progress indicators: 'Case Info' (checked), 'Questions' (checked), 'Schedule' (checked), and 'Confirmation' (active). The main content area is divided into three columns. The left column contains 'P2P Info' (Date: Mon 5/18/20, Time: 6:30 pm EDT) and 'Case Info' (1st Case details). The middle column is the 'P2P Contact Details' form. It has several fields: 'Name of Provider Requesting P2P' (Dr. Jane Doe), 'Contact Person Name' (Office Manager John Doe), 'Contact Person Location' (Provider Office), 'Phone Number for P2P' ((555) 555-5555), 'Alternate Phone' ((xxx) xxx-xxxx), 'Requesting Provider Email' (droffice@internet.com), and 'Contact Instructions' (Select option 4, ask for Dr. Doe). Blue arrows point to the provider name, phone number, and instructions fields. A 'Submit' button is at the bottom right.

- 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 summary card for a scheduled appointment. It features a calendar icon, the text 'Scheduling', and a 'Scheduled' status. Below this is a summary bar with a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. A red oval highlights the word 'SCHEDULED' in the bottom right corner of the summary bar.

# 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.

