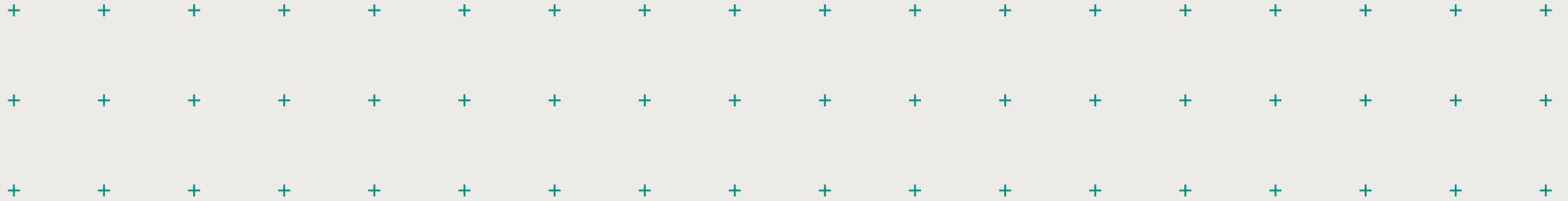


Radiology and Cardiology

Banner Health Portal Migration



Agenda

What is Changing: (Portal Migration)

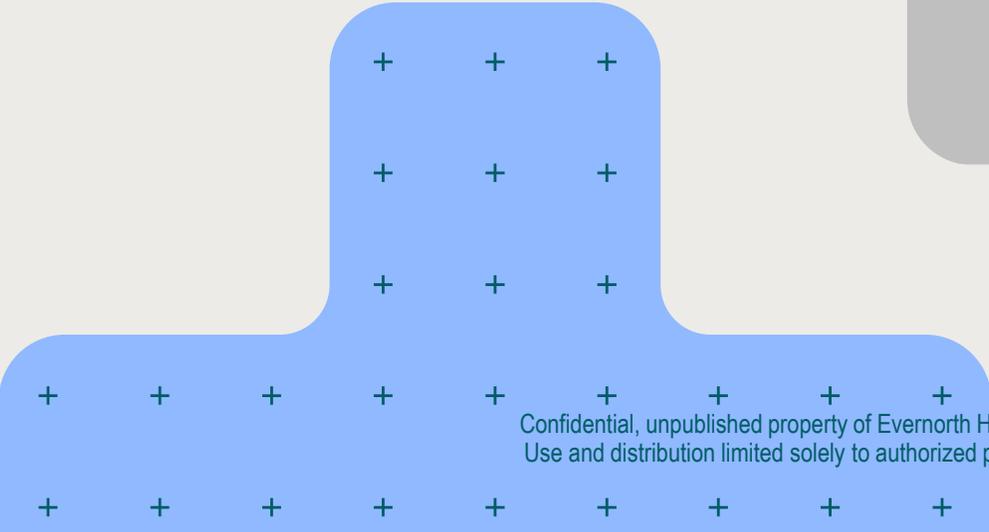
CareCore National Portal Overview

CareCore National Portal Features

Remember our Provider Resources

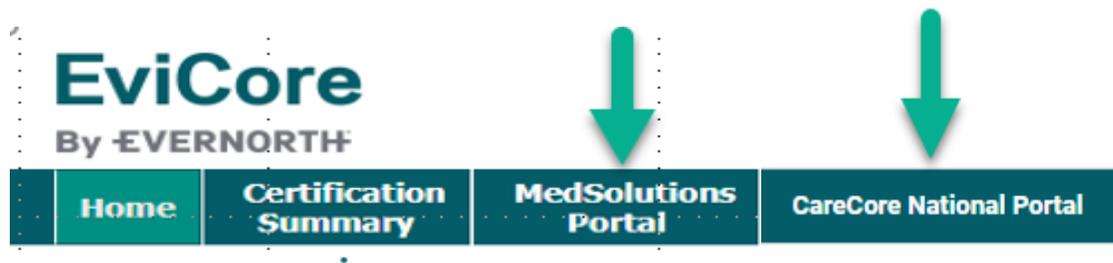
Questions

What is Changing: Portal Migration



Portal Migration-Effective 11/1/2024

- EviCore currently accepts Radiology and Cardiology prior authorization requests for Banner Health members through the MedSolutions portal. Beginning November 1, 2024, these requests should be entered through the CareCore National portal at www.evicore.com.
- If a provider has an existing login, the same credentials are used for both portals and a new account does not need to be created.
- Any authorizations requested prior to November 1, 2024 can still be viewed on the MedSolutions portal, but ***as of November 1, 2024 all new requests must be created on the CareCore National portal*** as shown below



Welcome Screen | MedSolutions

EviCore
By EVERNORTH

Online Chat   Logout

Announcements Home Search/Start Case **CareCore National Portal** Post Acute Care

Announcements



Banner Health - Posted on: 16 Oct 2024

Effective November 1, 2024, all Radiology and Cardiology requests for Banner Health must be submitted using the CareCore National Portal. Please click the CareCore National Portal tab at the top to toggle over to submit your authorization request. You may still utilize the MedSolutions Portal to lookup older authorization requests that were submitted prior to November 1, 2024.

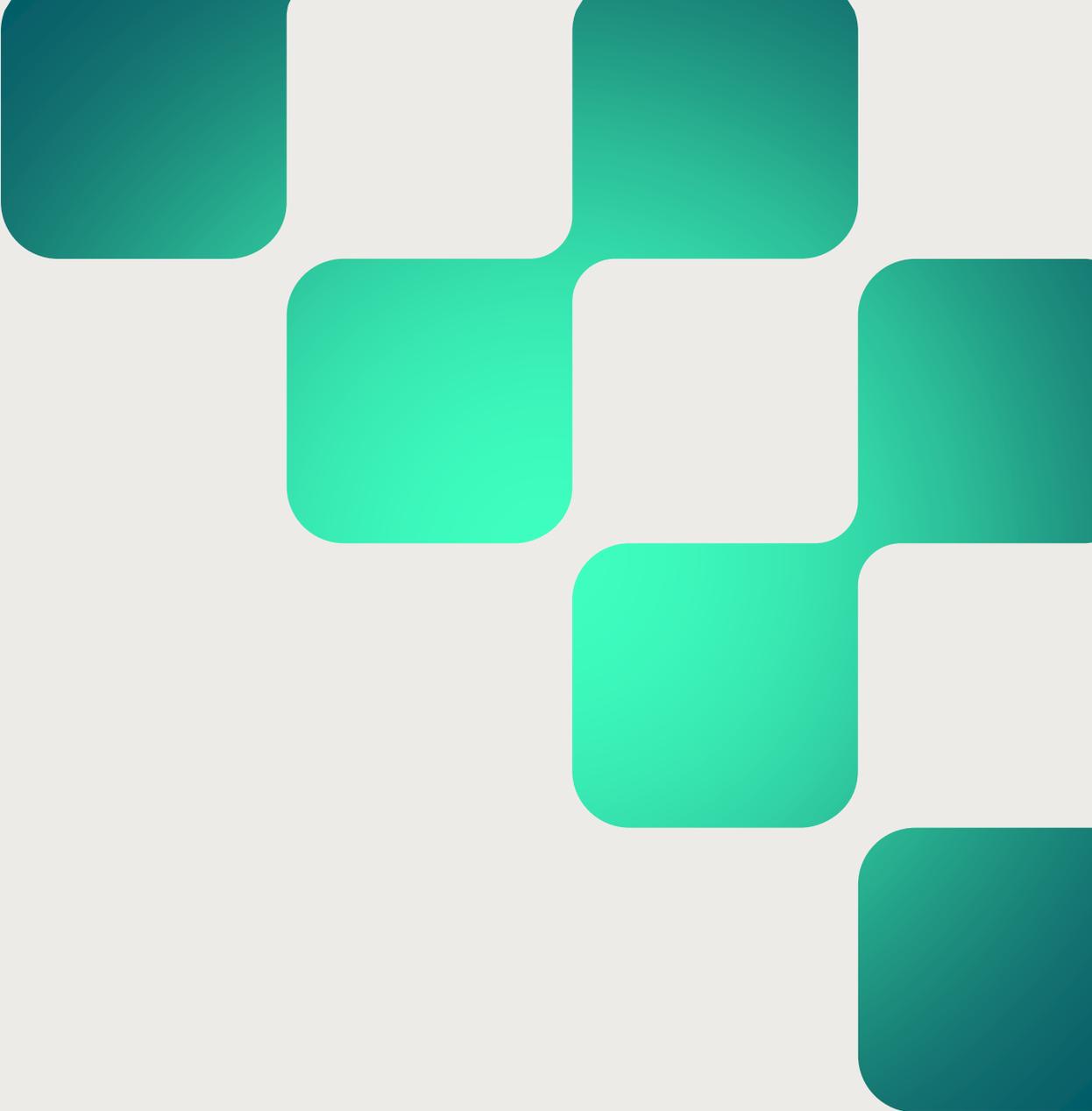
CareFirst Radiology and Cardiology Go-Live- Posted on: 15 Jul 2024

Pre-Authorization for CareFirst members is now live for dates of service 08/02/2024 & beyond for Radiology & Cardiology procedures. Please click the CareCore National Portal tab above to toggle over to submit or lookup authorization requests for CareFirst. For any member lookup issues please do not include the state suffix when entering the patient ID.

+ If your login takes you to the MedSolutions Portal, you can click the CareCore National Portal button (as seen above) to seamlessly toggle back and forth between the two portals.

+ As you can see from the Announcements on this screen, many health plan programs are migrating from the MedSolutions Portal to the CareCore National portal.

CareCore National Portal Overview



+Welcome Screen | CareCore National

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By EVERNORTH

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

- **Navigate** between both CareCore and MedSolutions Portal.
- Authorizations requested **prior to 5/1/2024** can still be viewed on the MedSolutions portal.

Toggle over to the MedSolutions portal

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

+EviCore Provider Portal | Add Providers

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

You can add providers to your account by:

- Click the **Manage Your Account** tab
- Select **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria and the provider will be added to your provider list in your account.
- Click **Add Provider** to add other providers 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

[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](#)

+Clinical Certification Request | Initiating a Case

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

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Drug Management
- Medical Oncology Pathways
- Musculoskeletal Management
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management

CONTINUE

[Click here for help](#)

- Click **Clinical Certification** to begin a new request
- Select the **Program** for your certification

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Public Information

+Clinical Certification Request | Search for 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:

Provider
<input type="button" value="SELECT"/> [Redacted]
1 2 3 4

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:

[Click here for help](#)

Search for and select the **Practitioner/Group** for whom you want to build a case. If the **Practitioner/Group** is not on your list (of providers added to your account), you can now **Search By NPI**.

+Clinical Certification Request | Search for and Select Provider

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

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

	Provider
<input type="button" value="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:

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
<input type="button" value="SELECT"/>								

[Click here for help](#)

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HEALTH SERVICES

P Public Information

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.

When selecting the practitioner that was found by searched NPI, the line will turn gray to show it is selected.

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+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: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan

BACK

CONTINUE

- Choose the appropriate **Health Plan** for the request
- Another drop down will appear to select the appropriate address for the **practitioner/group**
- Select **CONTINUE**

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+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](#)

- Enter/edit the **Practitioner's name** and appropriate information for the point of contact/who to contact individual
- 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.

+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:* [?]

Enter **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

ELIGIBILITY LOOKUP

BACK

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	<input type="text"/>					

Confirm your 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 has not been performed.

[CHANGE](#)

Radiology Procedures

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

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

Additional Procedure codes will be collected/presented during the clinical questionnaire

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

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

Diagnosis

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

[LOOKUP](#)

Trouble selecting diagnosis code? Please follow [these steps](#)

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

Secondary diagnosis is optional for Radiology

[LOOKUP](#)

Select appropriate **CPT** and **Diagnosis codes**

Note: OB ultrasound requests entered as 'OBUS'

[BACK](#)

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+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: TBD
CPT Code: 73721
Description: MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
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

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+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 checked="" type="radio"/> Exact match	
				<input 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, **and** zip code)
- **Select** the specific site where the procedure will be performed

eviCore
intelliPath[®]

Real-time decision
Request is complete

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+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
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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**

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+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

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES

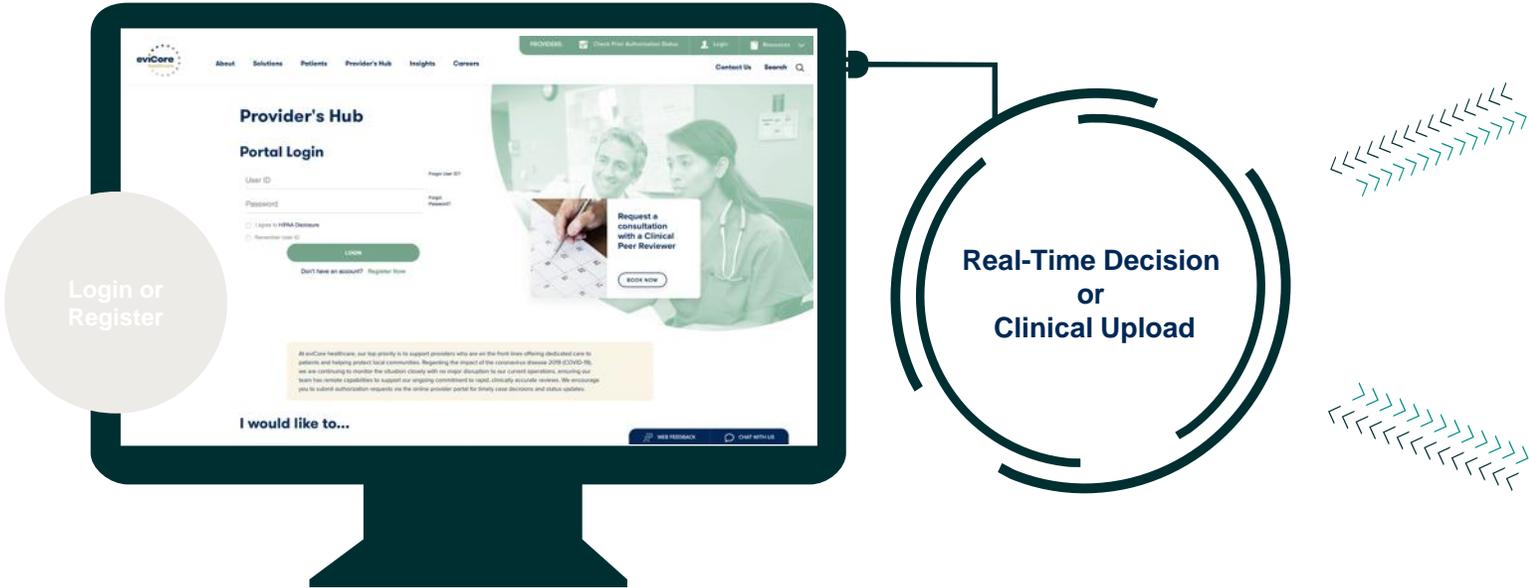
NO

- 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

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Improved Provider Experience | Real-Time Decision or Clinical Documentation Upload



You'll be asked to complete a short series of clinical questions which may result in an immediate approval. If an immediate approval does not occur, you'll be prompted to upload clinical information.

Top Screenshot: Clinical Certification - Approved

Provider Name:	DR. JYH-HAUR LU	Contact:	WED
Provider Address:	3916 PRINCE ST FLUSHING, NY 11354	Phone Number:	(646) 409-4402
		Fax Number:	(718) 888-9025
Patient Name:	GARY TURCO	Patient ID:	W249262910
Insurance Carrier:	AETNA		
Site Name:	PARK PLACE MEDICAL IMAGING	Site ID:	73C73C
Site Address:	255 GREENWICH STREET NEW YORK, NY 10007		
Primary Diagnosis Code:	R51	Description:	Headache
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	72148	Description:	MRI LUMBAR SPINE W/O CONTRAST
Authorization:	A123615501		
Review Date:	7/30/2019 7:39:39 PM		
Status:	Your case has been Approved.		

Bottom Screenshot: Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

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

Choose File | Sample4Upload_1.docx

Choose File | No file chosen

UPLOAD | SKIP UPLOAD

BACK | SUBMIT

Clinical Certification Request | Request for Clinical Upload

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

Required Medical information checklist ←

Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File No file chosen

UPLOAD

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Required Medical Information Check List

Radiology

- Rule out/diagnosis
- Symptoms
- Physical Exam findings
- Treatment such as medications, physical therapy, surgery; chemotherapy. Please include dates and duration of treatment.
- Re-evaluation post treatment for some indications
- Recent relevant imaging
- Recent relevant laboratory work
- Pertinent medical history and family history
- For imaging exam requests for cancer, indicate if the exam is requested for initial staging or restaging following treatment or surveillance. Please provide the type and stage of cancer, date of diagnosis, type of treatment and date of treatment completion.

If **additional information** is required, you will have the option to upload more clinical information. Review the list of *required medical information* EviCore requires in order for the prior authorization to meet medical necessity.

Tips:

- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

• Direct link to document: [Required Medical Information Check List.pdf \(evicore.com\)](#)

+Clinical Certification Request | Criteria Met

Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ARKARA VEETIL	Contact:	688
Provider Address:	1200 6TH AVE NE SAINT CLOUD, MN 56303	Phone Number:	(320) 250-1000
		Fax Number:	(320) 250-1000
Patient Name:	WILLIAM WILSON	Patient Id:	WILSON
Insurance Carrier:	WELLS FARGO		
Site Name:	COMMONWEALTH HOSPITAL LLC	Site ID:	WILSON
Site Address:	875 LAMAR BLVD CORNING, FL 32909		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:	601000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

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

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+Provider Portal Demo | Radiology



Click on the
screen to view
a video (2 min)

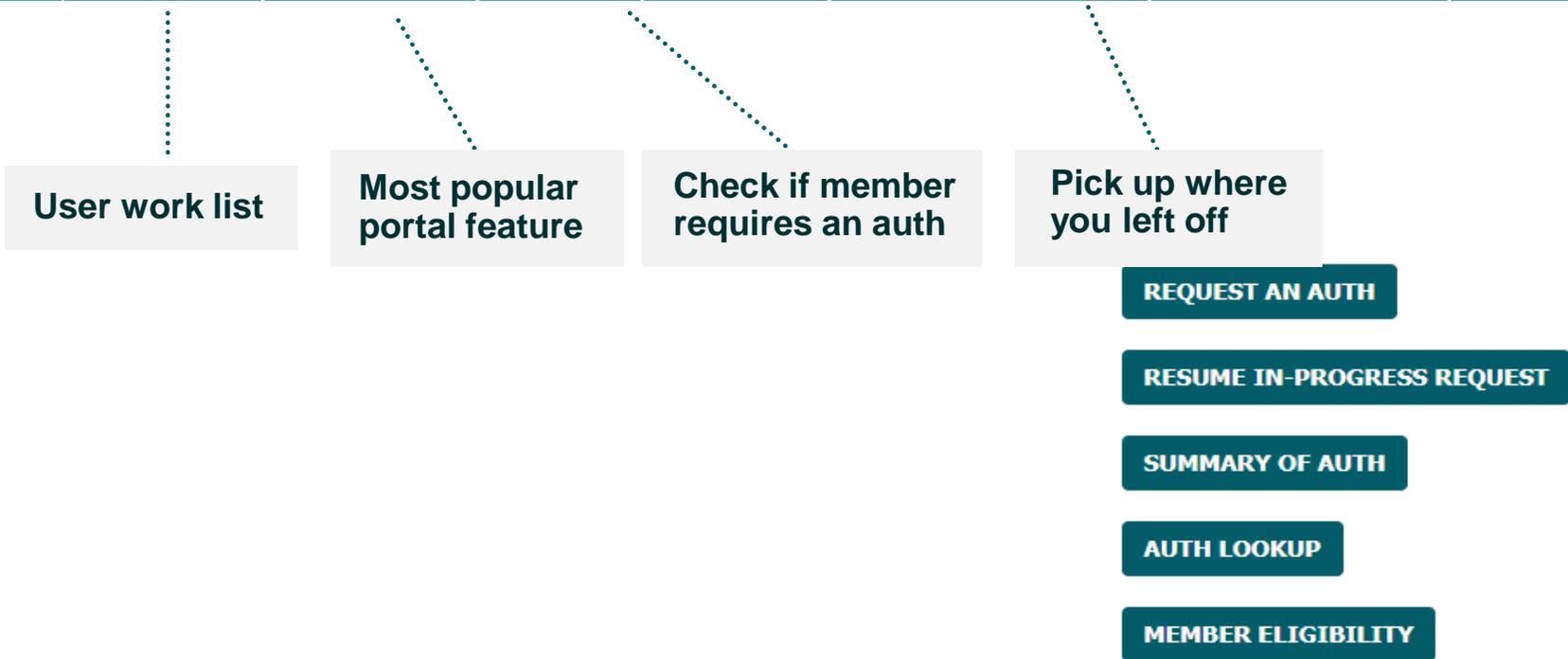
CareCore National Portal Features

+Provider Portal | Feature Access

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

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

Certification Summary

Search For: All Other Programs

Search..

Page 1 of 0

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Change Site	Expiration Date	C

Page 1 of 0

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- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered

Authorization Lookup | Popular Tool

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

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

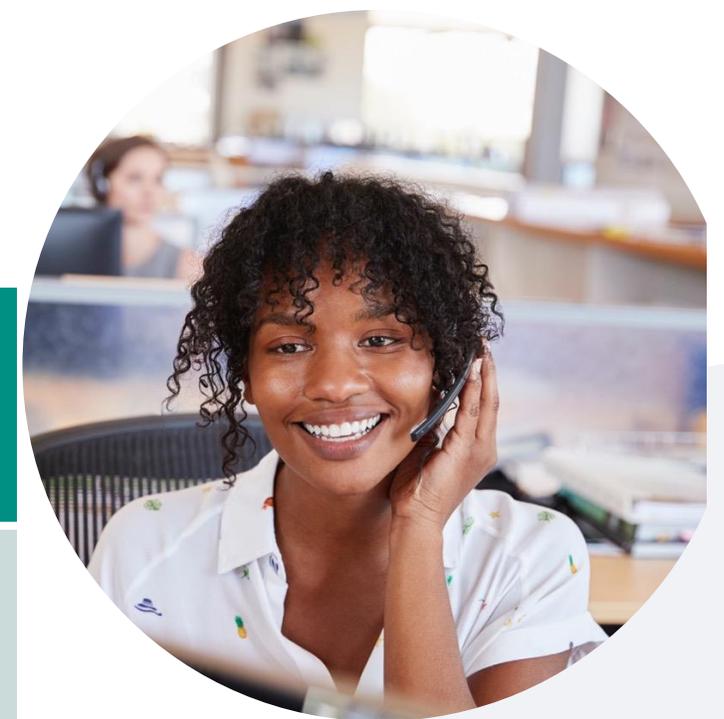
Required Fields
Healthplan:

- 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 Peers
- View and print any correspondence



Remember our Provider Resources

Contact EviCore's Dedicated Teams



EviCore Call Center (representatives are available from 7 a.m. to 7 p.m.)	EviCore Client and Provider Operations Team	EviCore Authorization Portal Team	EviCore Provider Engagement Contact (Kellie Thompson)
<ul style="list-style-type: none"> • Phone: 888-444-9261 • Initiating an authorization request • Status checks • Questions about your auth request or case decisions • Speak to a clinical reviewer • Schedule a Peer-to-Peer 	<ul style="list-style-type: none"> • Email: clientservices@EviCore.com • Phone: (800) 646-0418 (option 4) • Credentialing inquires • Eligibility questions • Assist with any issues/inquires encountered during case build 	<ul style="list-style-type: none"> • Email: portal.support@EviCore.com • Phone: 800-646-0418 (option 2) • (Live Chat) • Assist with any issues/inquires you might have, navigating the Portal or with your Portal account. 	<ul style="list-style-type: none"> • Email: kellie.thompson@EviCore.com • Phone: 800.918.8924 x27658 • Regional team that works directly with the provider community.

Banner Health Provider Experience Center;
 ProviderExperienceCenter@BannerHealth.com
 or
 call (480) 684-7070 or (800) 827-2464, option 4.
 Monday-Friday, from 7 am to 6 pm.

Provider Resource Website

EviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials 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/banner-health>

Contact our Client and Provider Services team via email at ClientServices@EviCore.com or by phone at **1-800-646-0418 (option 4)**

EviCore

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Public Information

+Provider Resource Review Forum | Tips and Tools

The **eviCore** website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Prior Authorization Online Portal Tips and Tools** 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:

Go to: [eviCore Healthcare \(webex.com\)](https://www.evicore.com)

Click the **Upcoming** tab and search for "Prior Authorization Online Portal Tips and Tools."

Click register next to the session that fits your schedule



eviCore's Provider Newsletter

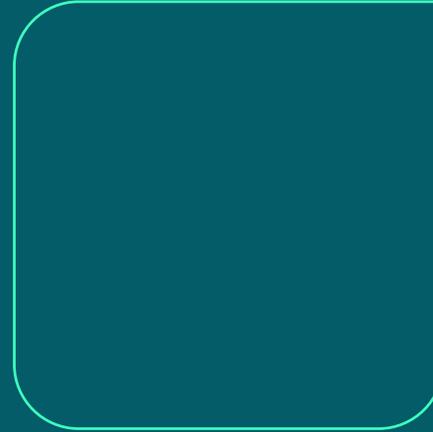
Stay up-to-date with our free provider newsletter

+To subscribe:

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



Thank You



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