Medical and Radiation Oncology

Health Partners Plans

EviCore By EVERNORTH

Health Partners Plans

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Solution Overview

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Health Partners Plans Prior Authorization Services

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
• Medicaid • CHIP	• 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 case status.

- **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: 888-444-6178
Monday – Friday
7 AM – 7 PM (local time)

Fax: 800-540-2406

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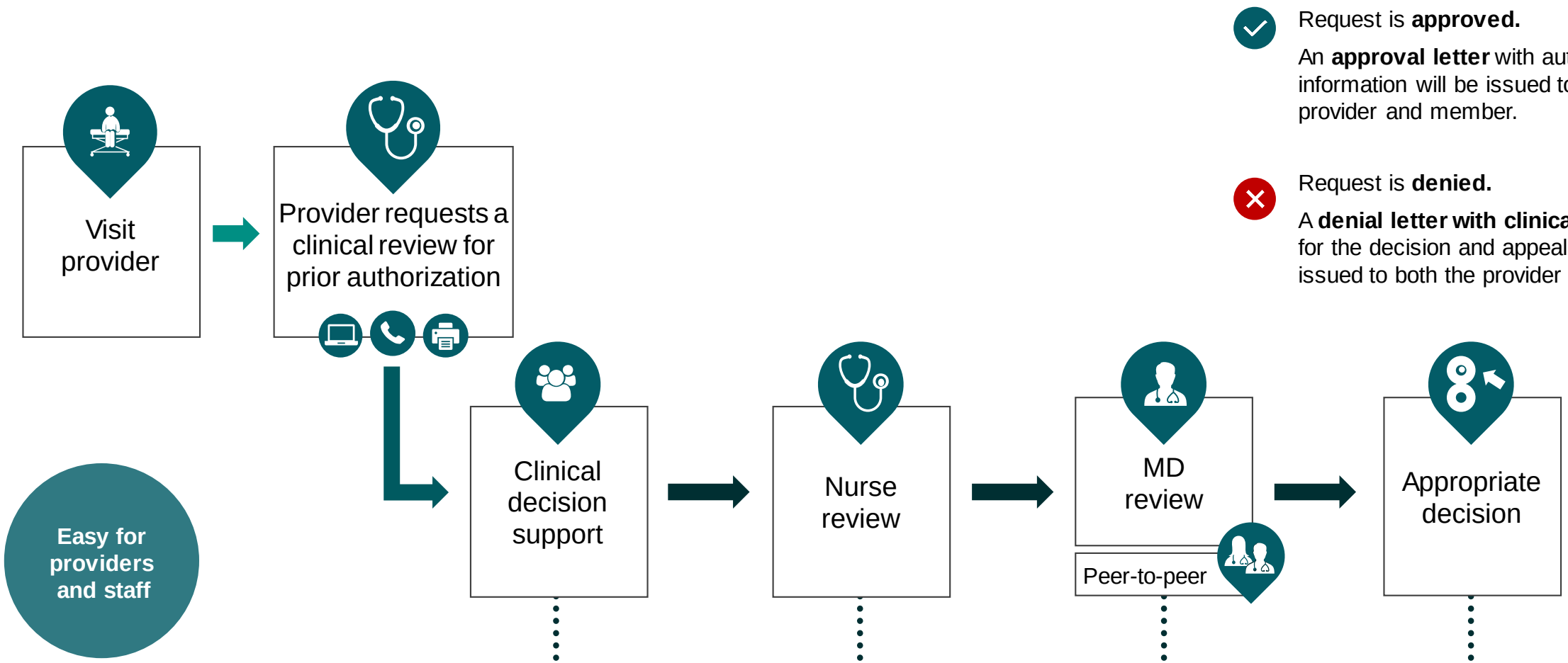
Utilization Management | Prior Authorization



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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Scope of the Medical Oncology Program

What types of drugs are included?	• **The following types of drugs are included if being used to treat cancer**
	  • Primary injectable and oral chemotherapy – Part B medications only (MEDICARE SPECIFIC).
	  • Supportive medications given with chemotherapy.
	• **The list of affected drugs can be viewed at https://www.evicore.com/resources/healthplan/health-partners-plans**
	• **Additionally, drugs covered under this program, but being used to treat non-cancer conditions may still require prior authorization through the health plan. Contact the number on the ID card to confirm requirements.**

What is covered in my authorization?	• **All drugs that are included in the treatment regimen – There are no partial approvals.** • **The HCPC codes associated with the approved drugs.** • **The time period indicated on the authorization (8-14 months).**
How often do I need to update my authorization?	• **When the authorization time has expired.** • **When there is a change in treatment including new or different drugs.** • **An update is not need if an approved drug is no longer being administered as a part of the approved regimen.**

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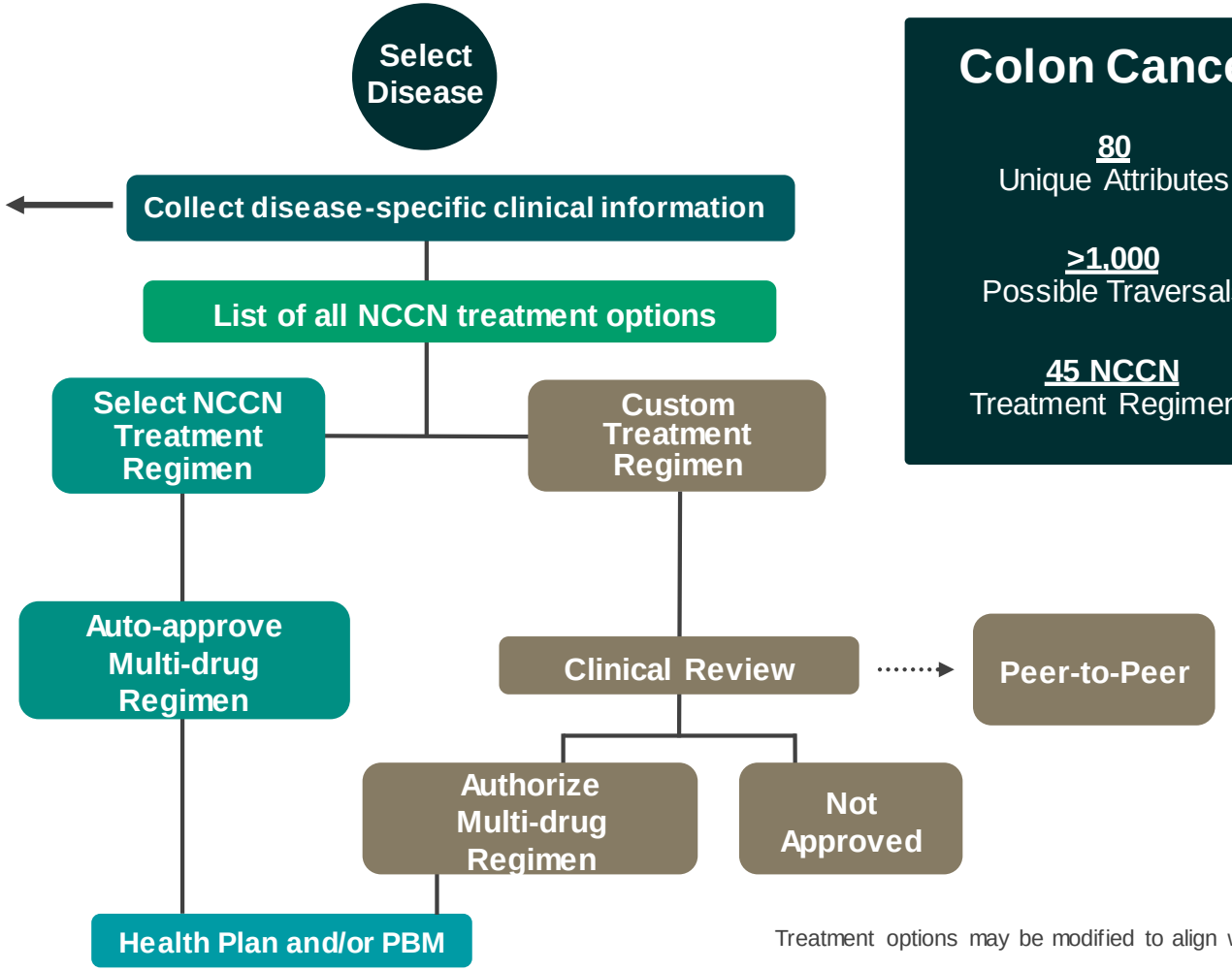
Medical Oncology Solution Defines a Complete Episode of Care

EviCore Medical Oncology Guideline Management

Disease-Specific Clinical Information

- Diagnosis at onset
- Stage of disease
- Clinical presentation
- Histopathology
- Comorbidities
- Patient risk factors
- Performance status
- Genetic alterations
- Line of treatment



Colon Cancer

80
Unique Attributes

>1,000
Possible Traversals

45 NCCN
Treatment Regimens

5-9 minutes to enter a complete case

Treatment options may be modified to align with formulary.

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Clinical Information Needed | Medical Oncology

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

- Patient's clinical presentation.
- Diagnosis codes.
- Type and duration of treatments performed to date for the diagnosis
- Disease-specific clinical information:
  - Diagnosis at onset
  - Stage of disease
  - Clinical presentation
  - Histopathology
  - Comorbidities
  - Patient risk factors
  - Performance status
  - Genetic alterations
  - Line of treatment

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Holistic Treatment Plan Review | Radiation Oncology

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 the diagnosis 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.
- Of the requested treatment technique and number of fractions, the approved and/or denied technique and number of fractions will be communicated to the provider and member.
- If Image Guidance (IGRT) is requested, it may or may not be approved, separate from the primary treatment technique.

For questions about billing best practices or about the clinical guidelines utilized by EviCore, please visit the resource page on eviCore.com. Go to: eviCore.com → resources → clinical guidelines → Radiation Oncology → Search for "Priority Health" →

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Necessary Information for Prior Authorization | Radiation Oncology

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

Member
EviCore requires name (first and last) and one additional identifier from the list below:
- Date of birth
- Correct case number/Episode ID
- Member identification number
- Full address (Street, City, State and zip code)
- Full phone number including area code
- Driver's license number or other government-issued ID

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

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

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

Supporting Clinical
- Site of treatment: non-cancerous or specific cancer type
- Diagnosis code(s)
- Anticipated treatment start date
- Pertinent clinical information such as the treatment plan, cancer stage etc.
  - Critical: Treatment technique, number of phases, number of treatment fractions, and identifying if Image Guided Radiation Therapy [IGRT] will be used
- As applicable, radiation oncology consultation note and/or treatment comparison plans

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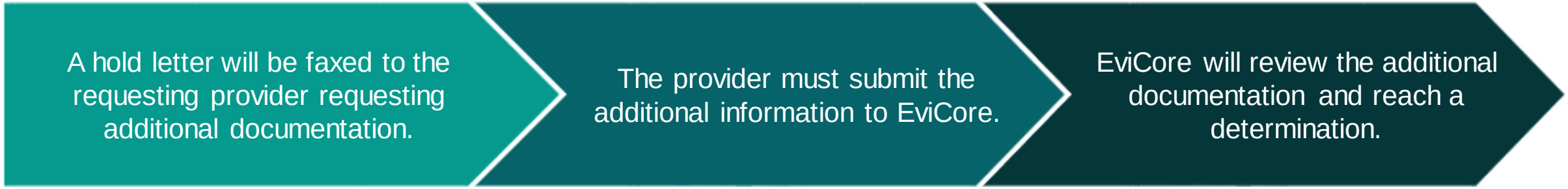
Insufficient Clinical | Additional Documentation Needed

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: Please refer to the authorization notification for specific timeframe.**
  - **Medical Oncology** - Authorizations are valid for **240-425 calendar days** from the date of approval.
  - **Radiation Oncology** - Authorizations are valid for up to **45-240 calendar days** from the date of approval.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).
- **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

Alternative Recommendations (Radiation Oncology Only)

- An alternative recommendation may be offered, based on EviCore's evidence-based clinical guidelines.
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.
- Providers have up to **14 calendar days** to contact EviCore to accept the alternative recommendation.

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **888-444-6178**.
- 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.

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Post-Decision Options | Medicaid & CHIP 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 **888-444-6178** 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

- Reconsiderations can be requested in writing or verbally via Clinical Consultation with an EviCore physician.
- Please refer to the determination letter for instructions.

Appeals

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

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Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **180 calendar days** from the date of service.
- Reviewed for clinical urgency and medical necessity.
- When authorized, the start date will be the submitted date of service.
- Retro reviews are **not** available for the Medical Oncology program. Please contact the health plan for processing.

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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Provider Portal Overview

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EviCore Provider Portal | Access and Compatibility

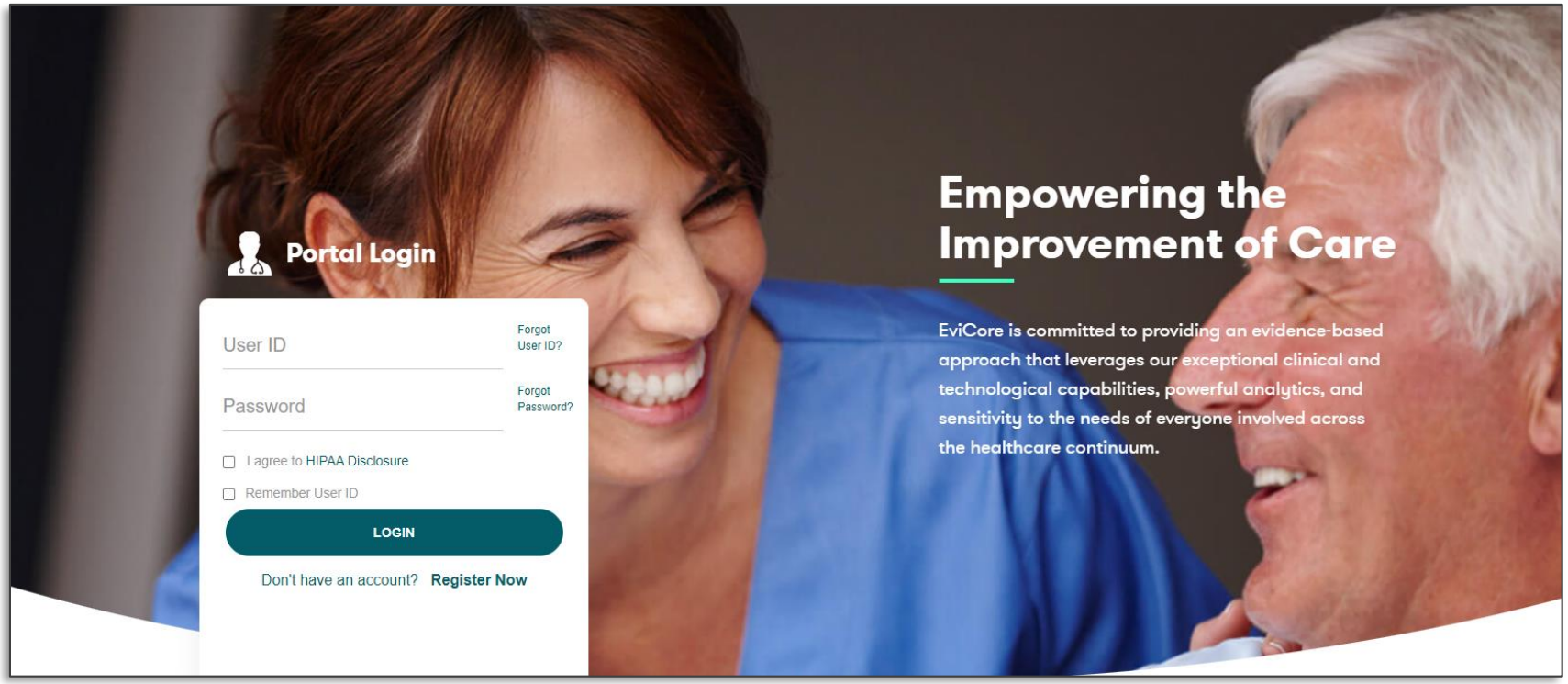
Most providers are already saving time submitting clinical review requests online vs. telephone.

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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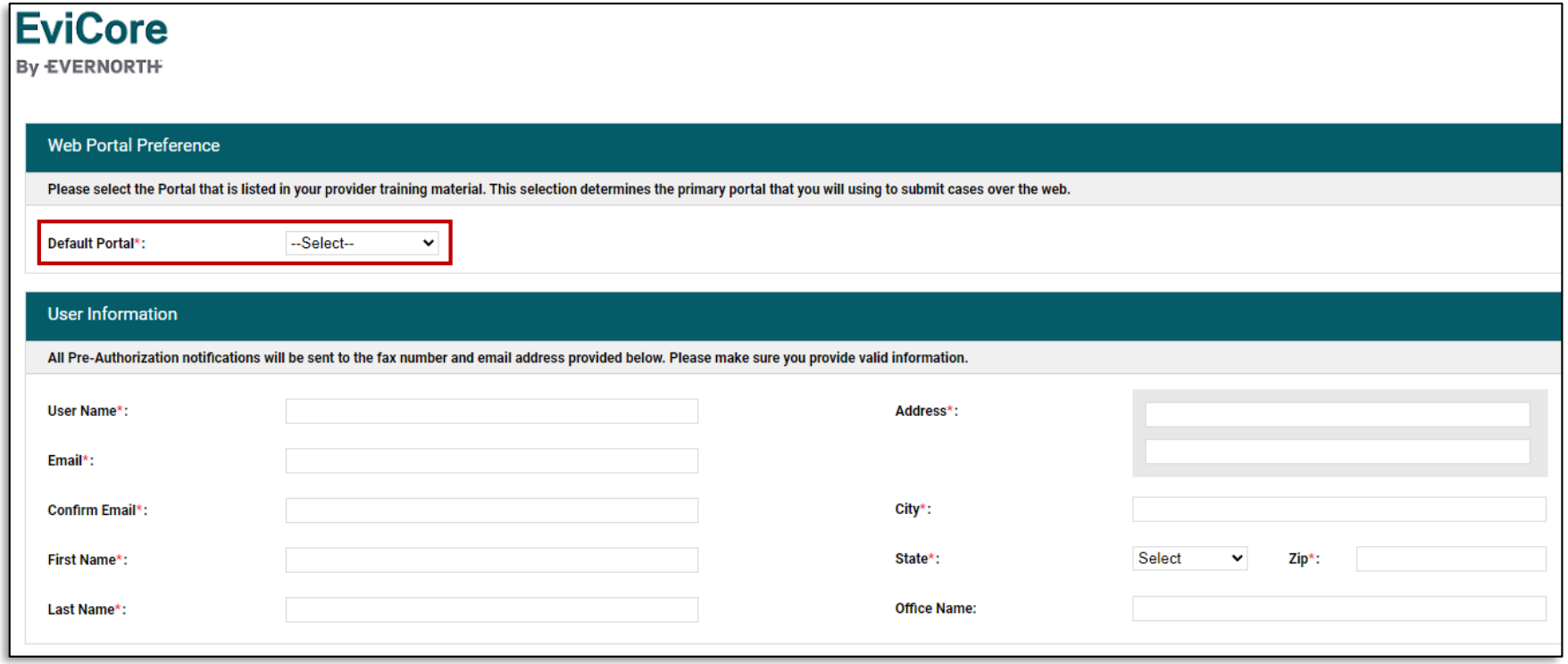
Creating an EviCore Provider Portal Account



- 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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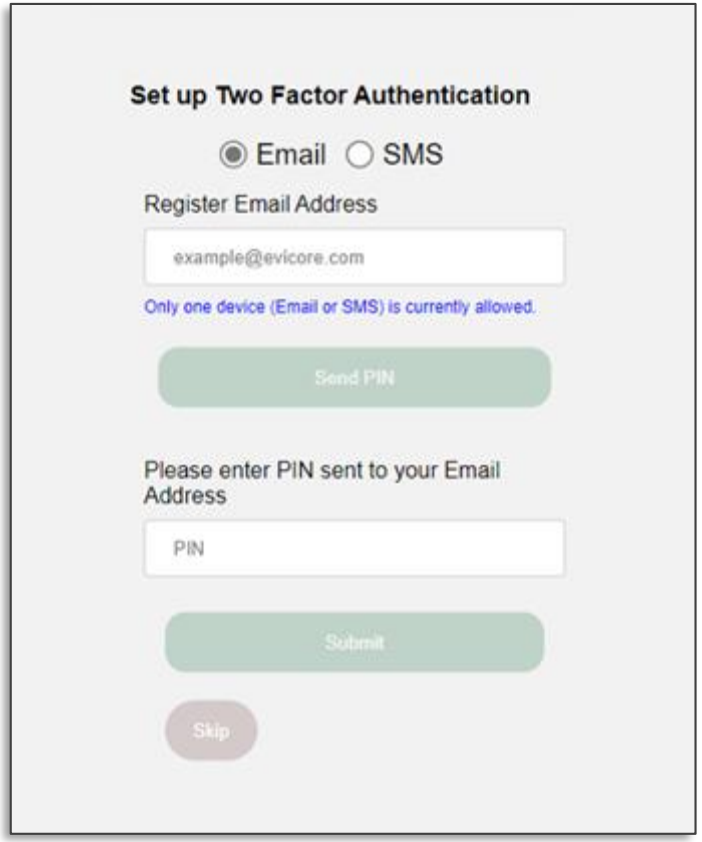
Setting Up Multi-Factor Authentication (MFA)

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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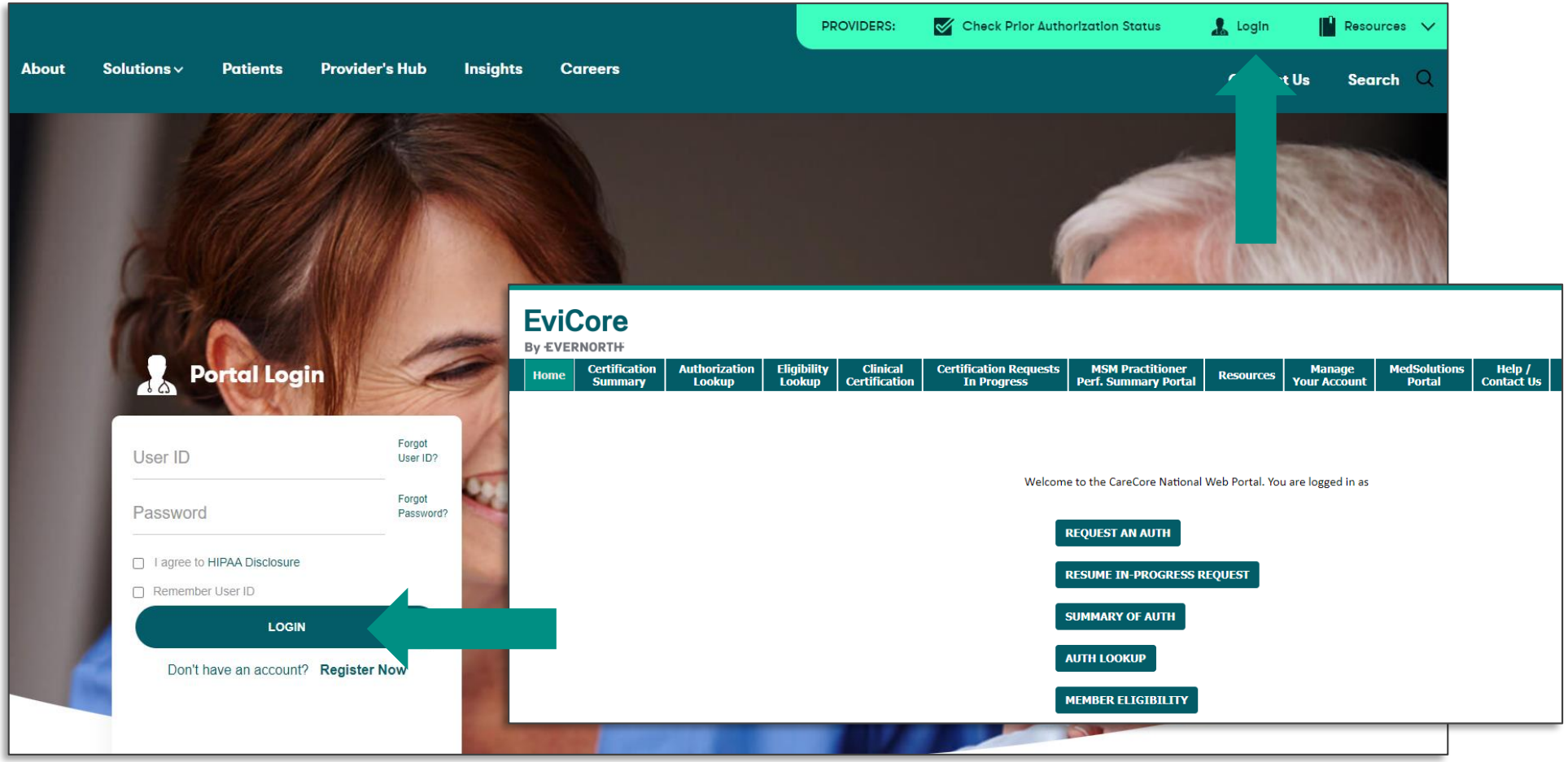
Medical Oncology Case Initiation



- **Prior to the patient starting treatment, log into EviCore's Web Portal: www.EviCore.com**
- **Navigate to the CareCore National portal.**
- **Select Request an Auth from the Home screen.**

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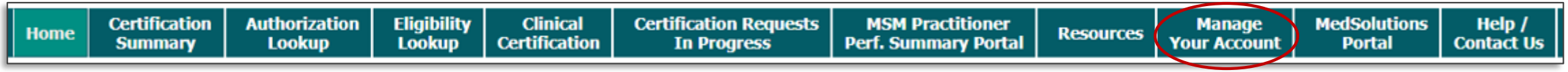
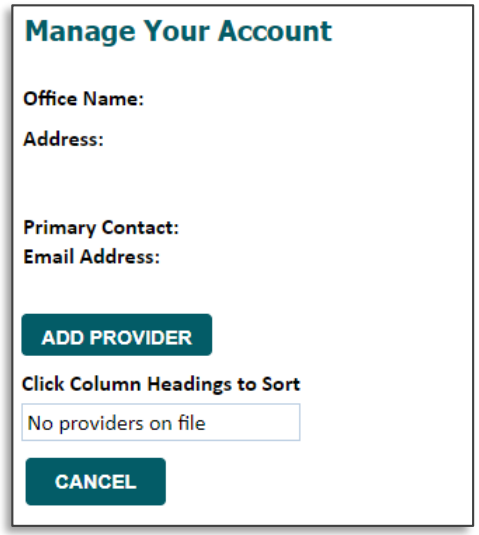
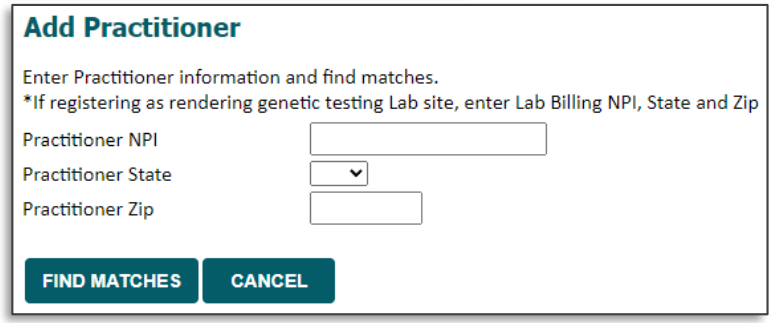
EviCore Provider Portal | Add Providers



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.





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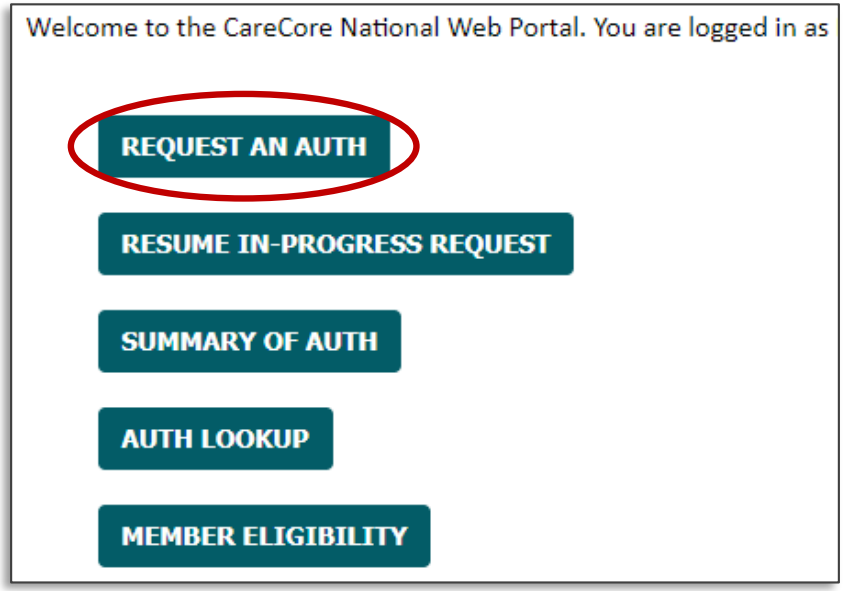
Initiating a Case



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

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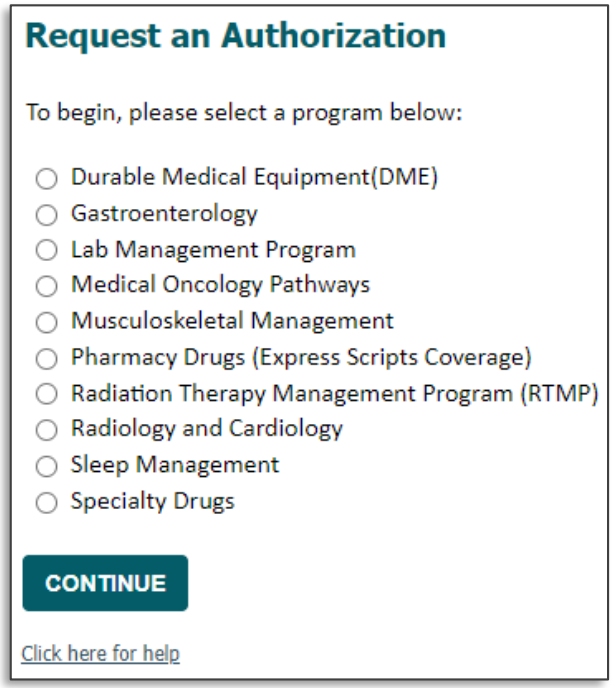
Select Program



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

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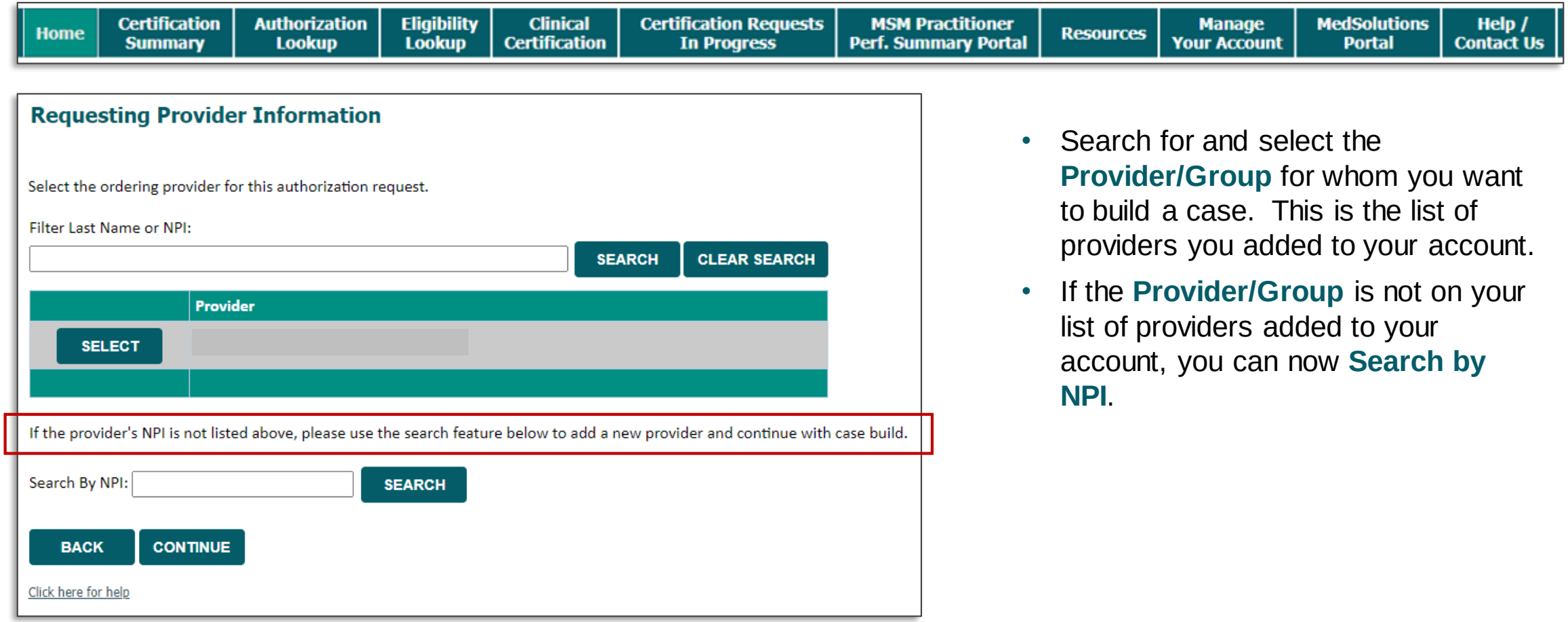
Clinical Certification Request | Search and Select Provider



- 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**.

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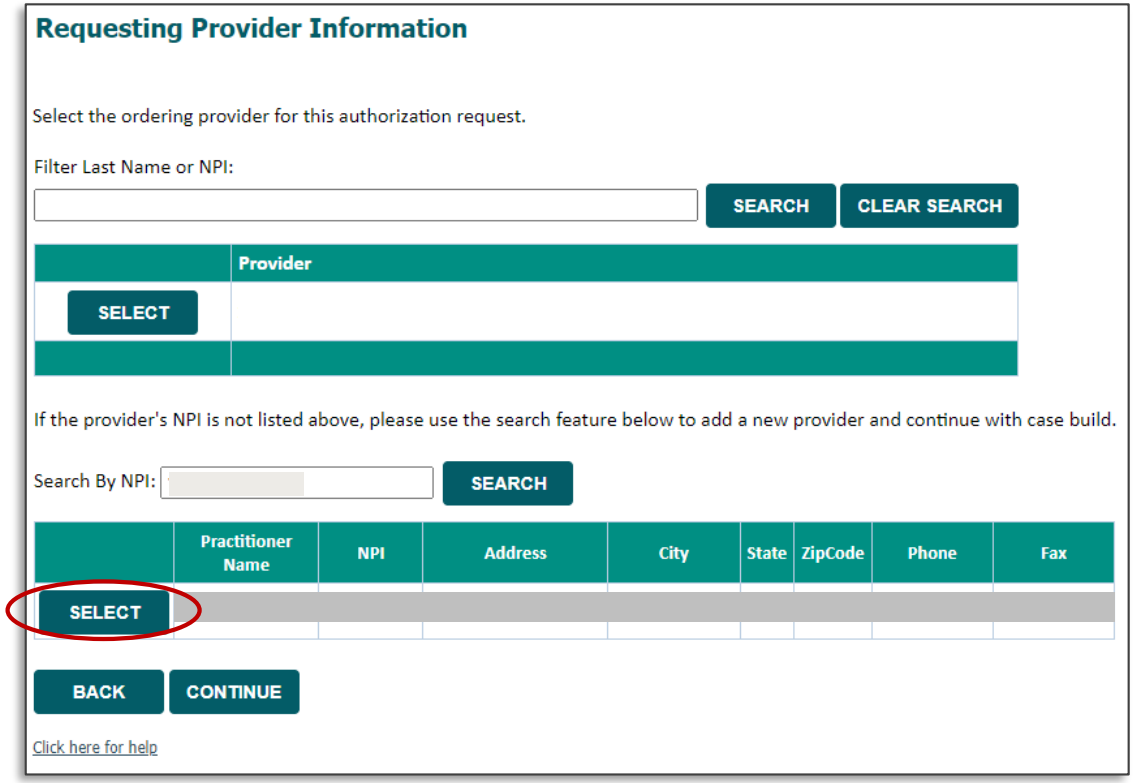
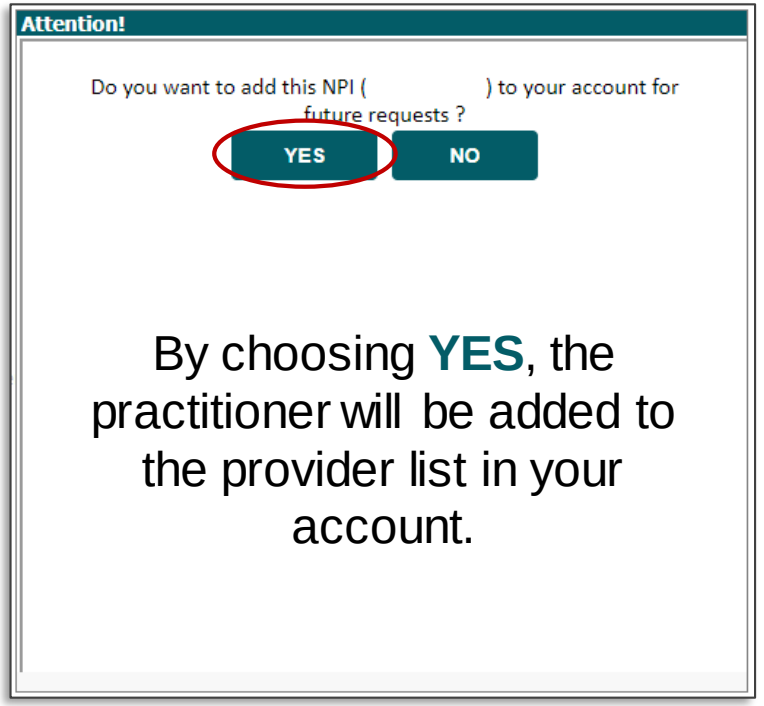
Clinical Certification Request | Search and Select Provider



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



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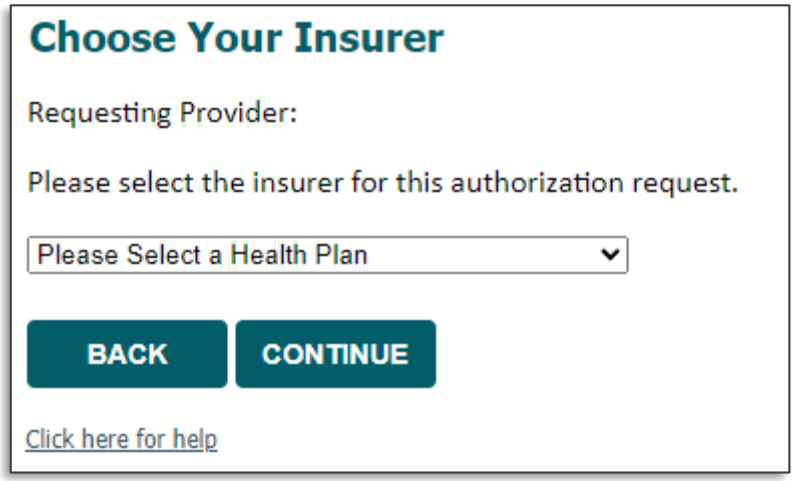
Clinical Certification Request | Select Health Plan



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

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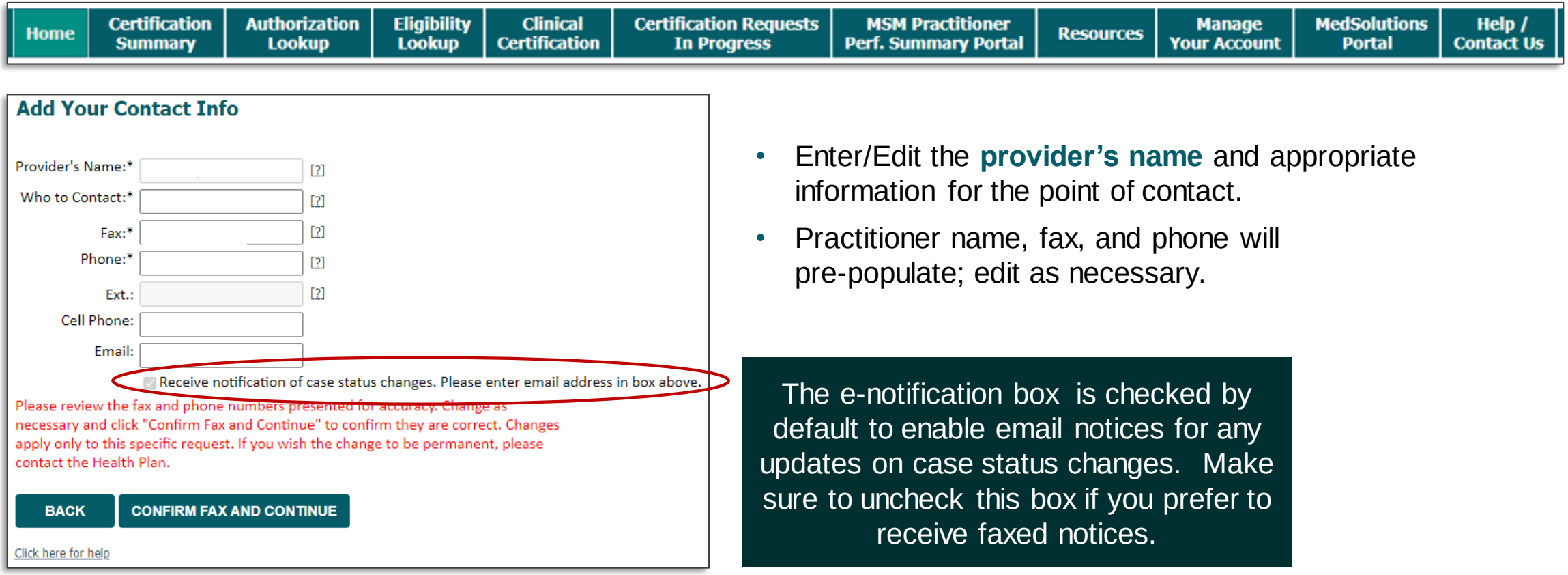
Clinical Certification Request | Enter Contact Information



- 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.

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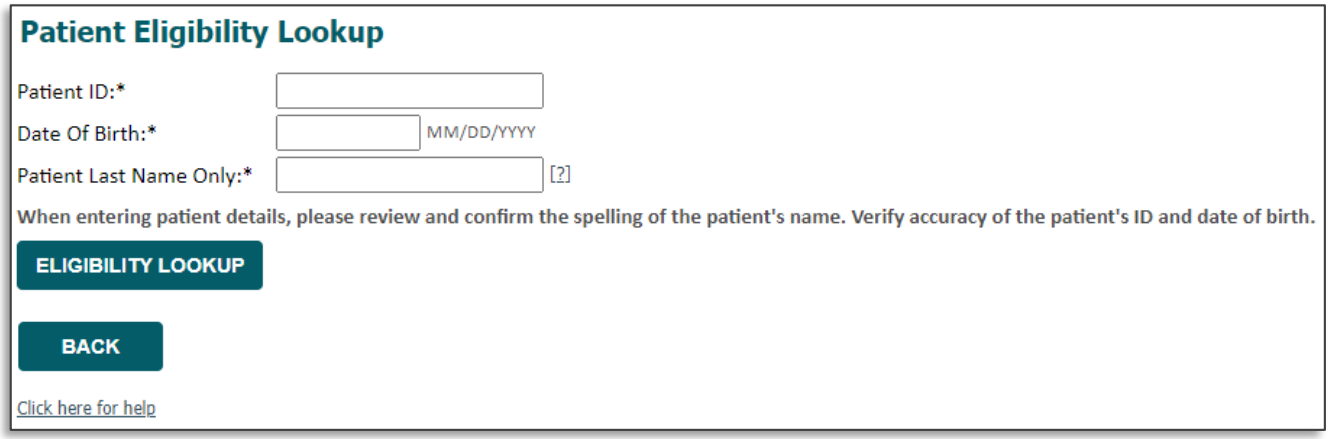
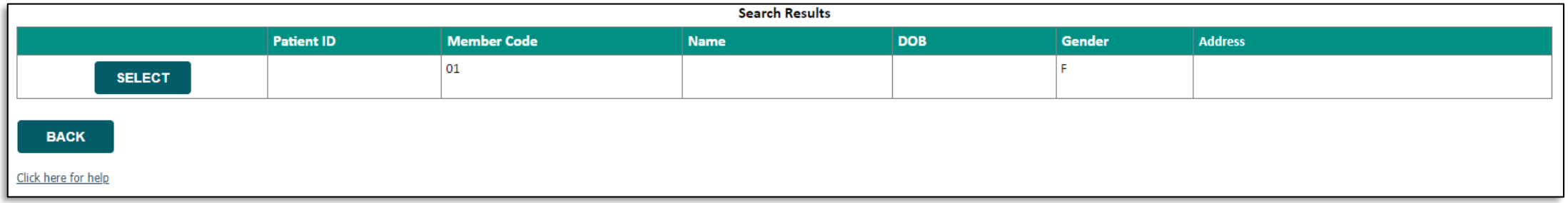
Clinical Certification Request | Enter Member Information



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



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

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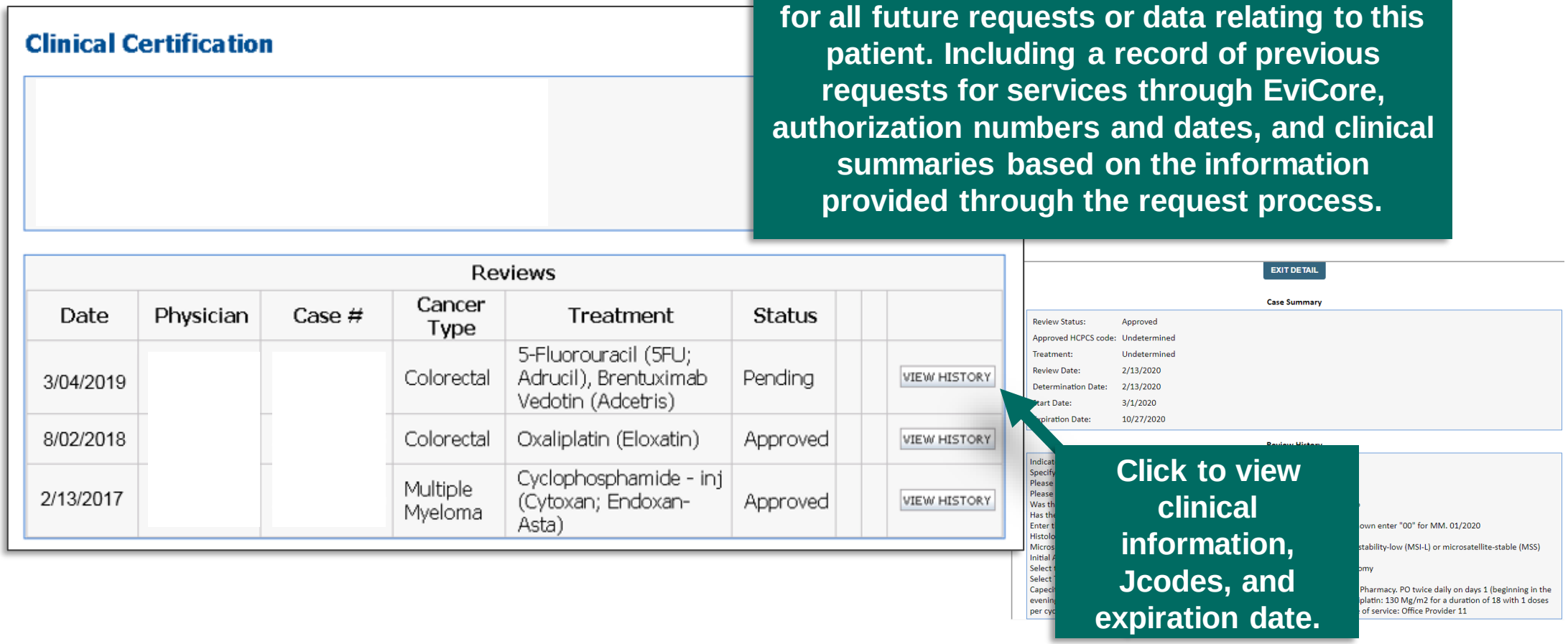
Patient History Screen

The Patient History Screen becomes the hub for all future requests or data relating to this patient. Including a record of previous requests for services through EviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.



Click to view clinical information, Jcodes, and expiration date.

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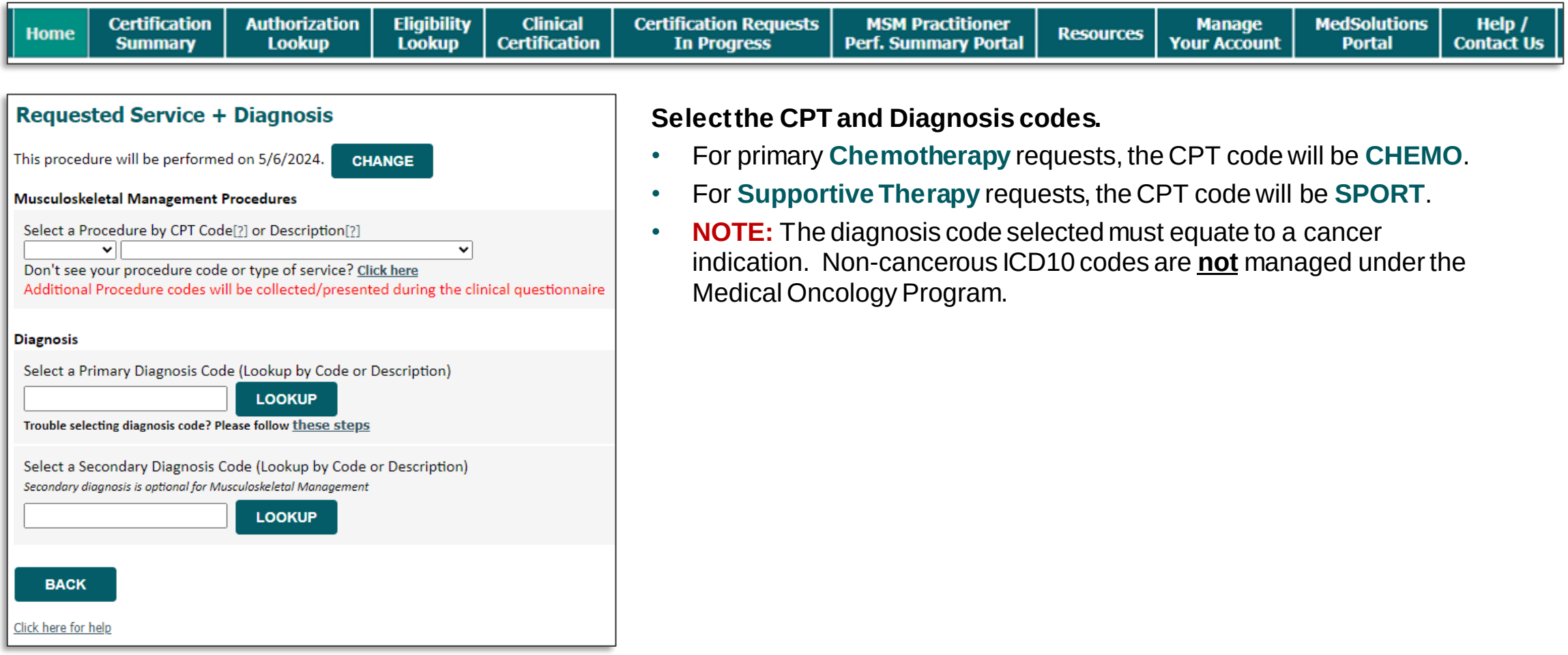
Clinical Certification Request | Procedure and Diagnosis Codes



Select the CPT and Diagnosis codes.

- For primary **Chemotherapy** requests, the CPT code will be **CHEMO**.
- For **Supportive Therapy** requests, the CPT code will be **SPORT**.
- **NOTE:** The diagnosis code selected must equate to a cancer indication. Non-cancerous ICD10 codes are **not** managed under the Medical Oncology Program.

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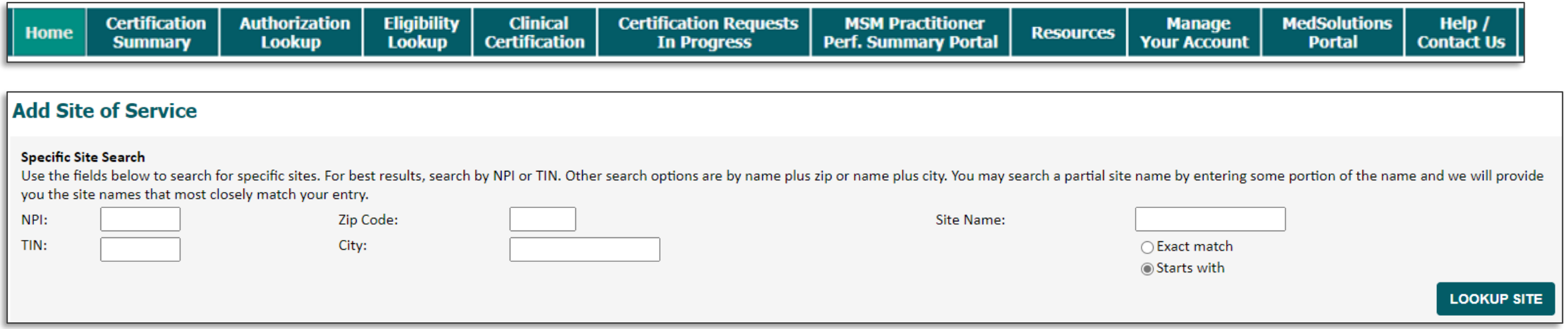
Clinical Certification Request | Site Selection



- 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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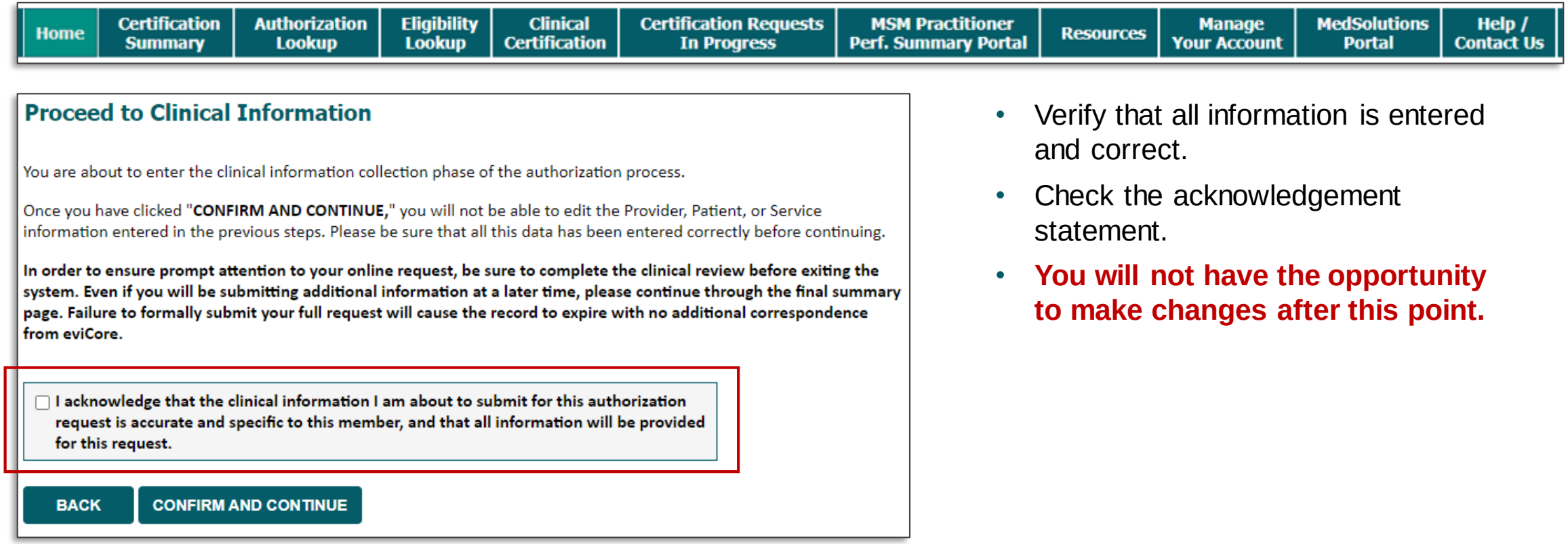
Clinical Certification Request | Clinical Certification



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

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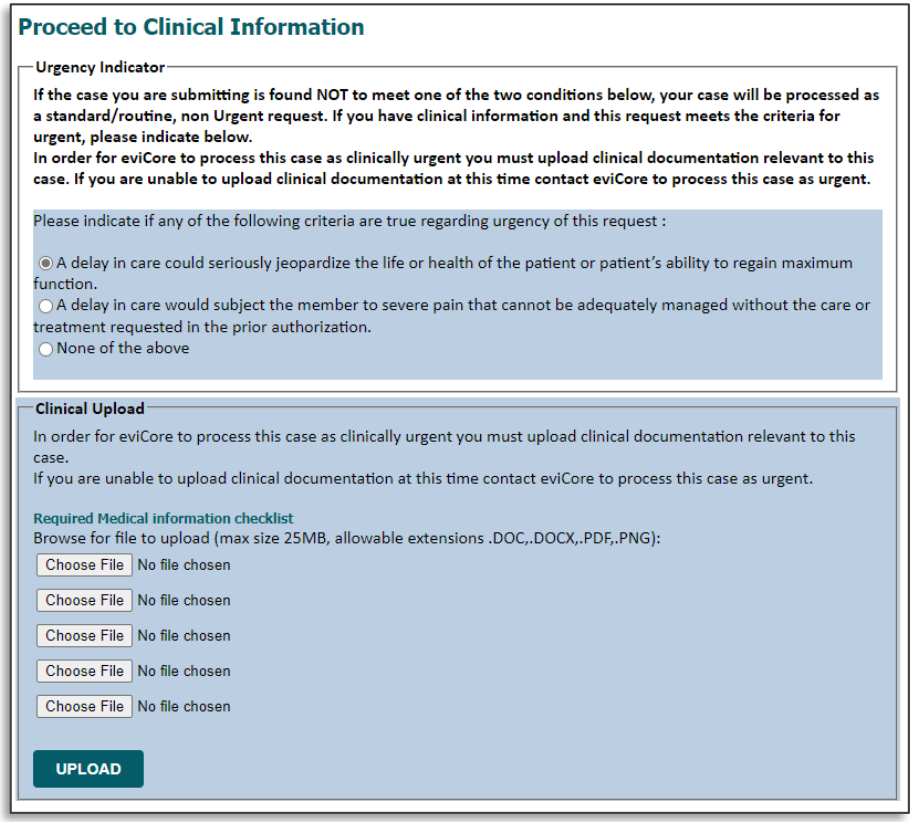
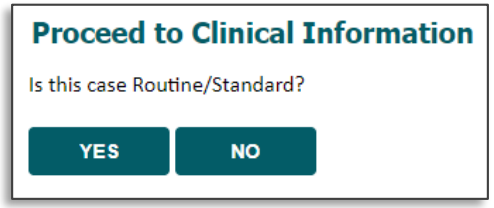
Clinical Certification Request | Standard or Urgent Request





- 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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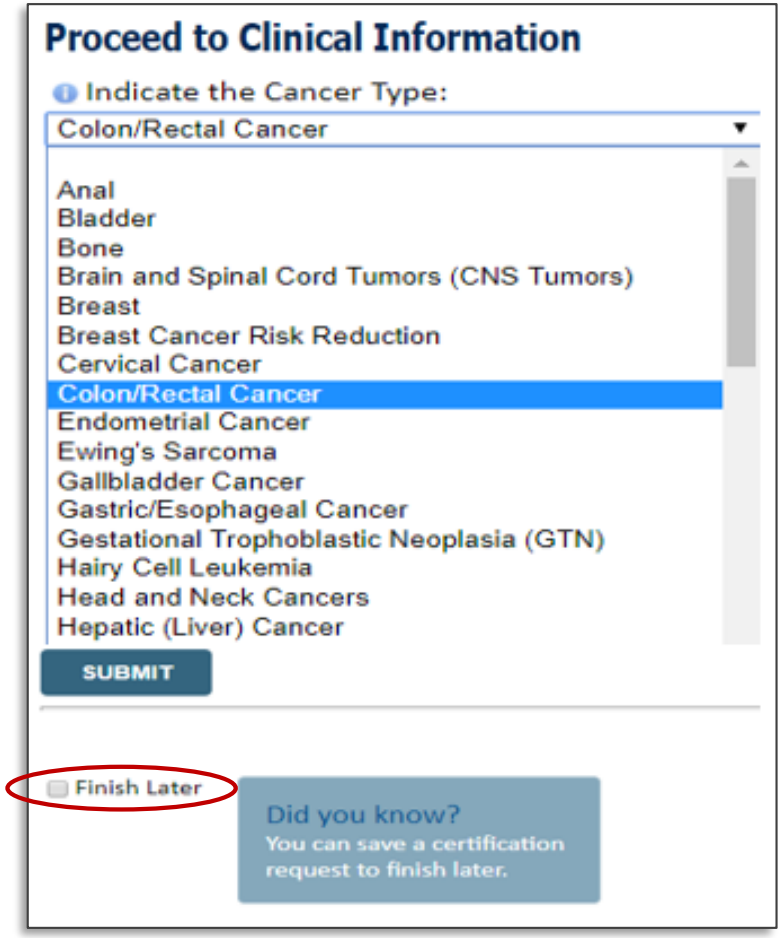
Clinical Information



The Clinical pathways begin with selection of the cancer type. This will dictate the questions that will be asked in the following screens.

All cancer types covered by NCCN are available and an "Other" option is included for rare cancers not addressed by NCCN.

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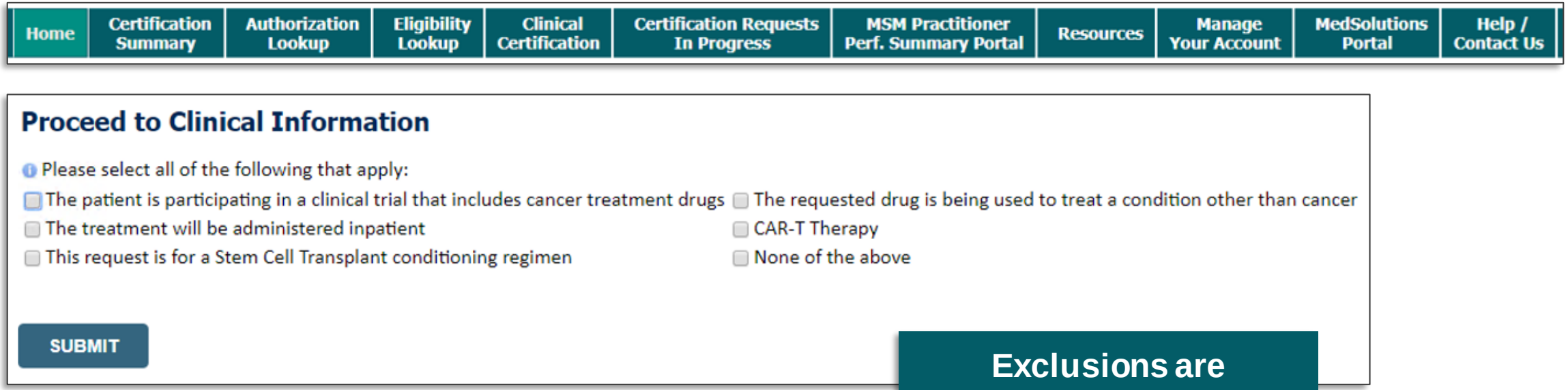
Exclusion Confirmation



Exclusions are confirmed, if applicable

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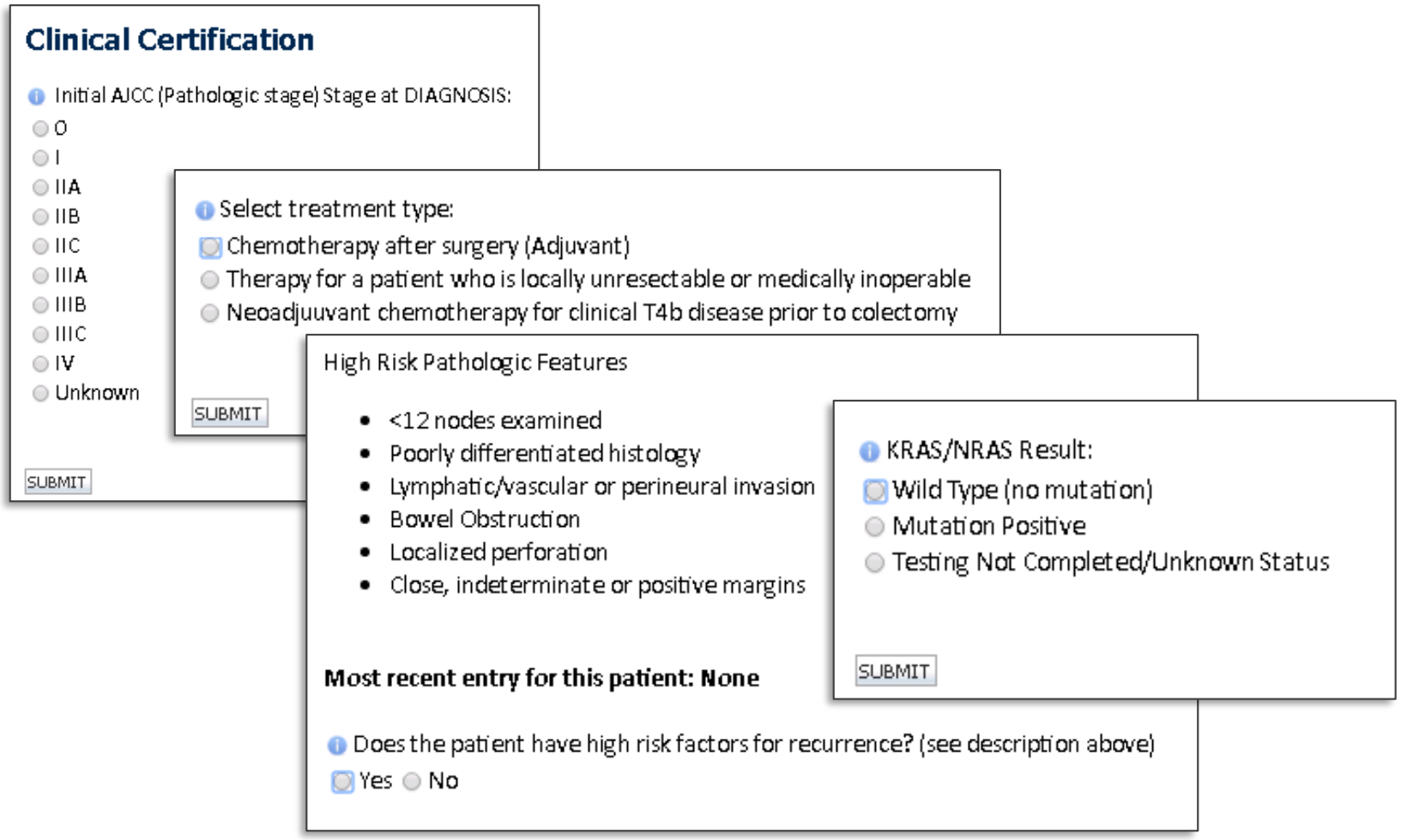
Clinical Pathway



The user will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions needed to complete the review. Almost all answers are in drop down or click selection to allow for quick entry.

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Clinical Pathway | Review History

- **Review History** can be used to go back and change the answer to a previous question if necessary.
- Answers to previous questions are displayed for reference.
- Going back and changing an answer will prompt subsequent questions to be re-answered.

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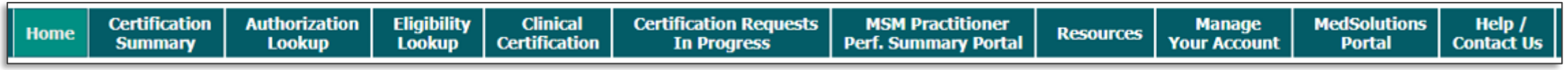
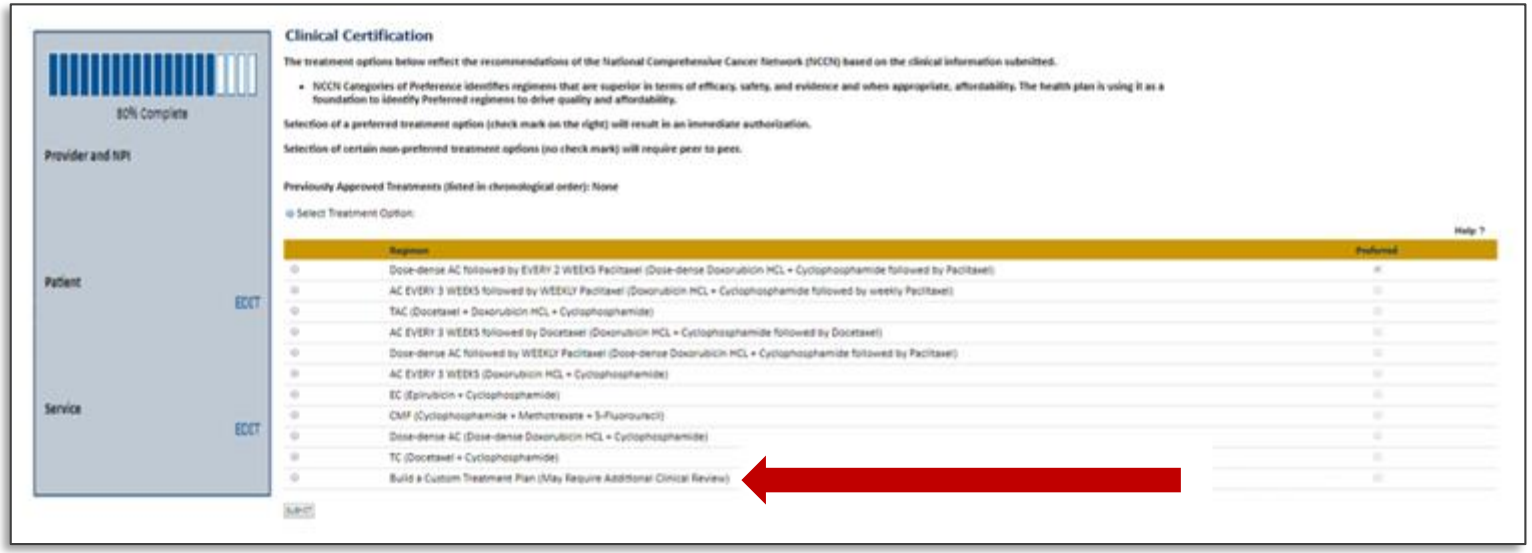
Select Treatment Regimen





- A list of all NCCN treatment options will be presented based on the answers to the clinical questions.
- Select an NCCN Recommendation from the list.
  - These options will vary based on the clinical & diagnosis submitte
  - There is also an option to **Build a Custom Treatment Plan**.

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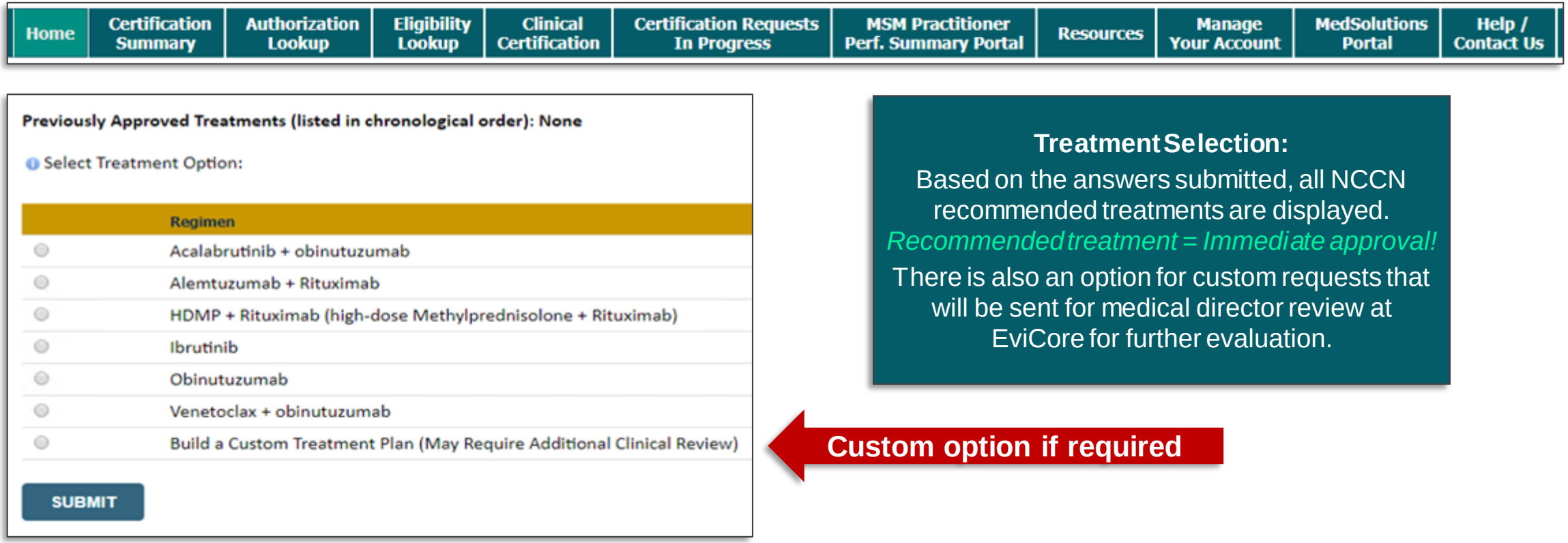
Provider Experience | Case Submission



Treatment Selection:

Based on the answers submitted, all NCCN recommended treatments are displayed.

Recommended treatment = Immediate approval!

There is also an option for custom requests that will be sent for medical director review at EviCore for further evaluation.

Custom option if required

- The system is designed to manage injectable chemotherapy only or injectable + oral chemotherapy.
- This will be decided as part of the program design conversation.

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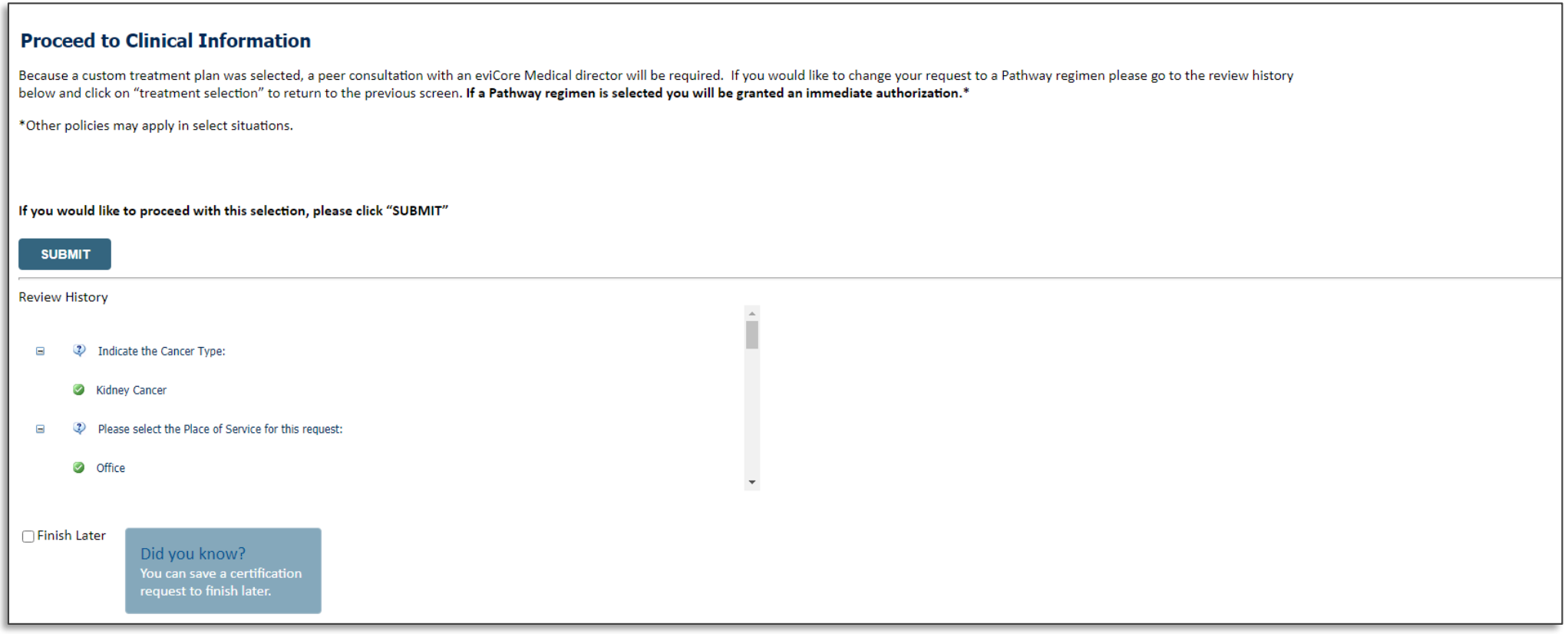
Custom Regimen Selection

If a **custom regimen** is selected, a popup will alert you that a peer to peer conversation with a medical director is required, and given the option to select a different treatment option or continue with the custom request.



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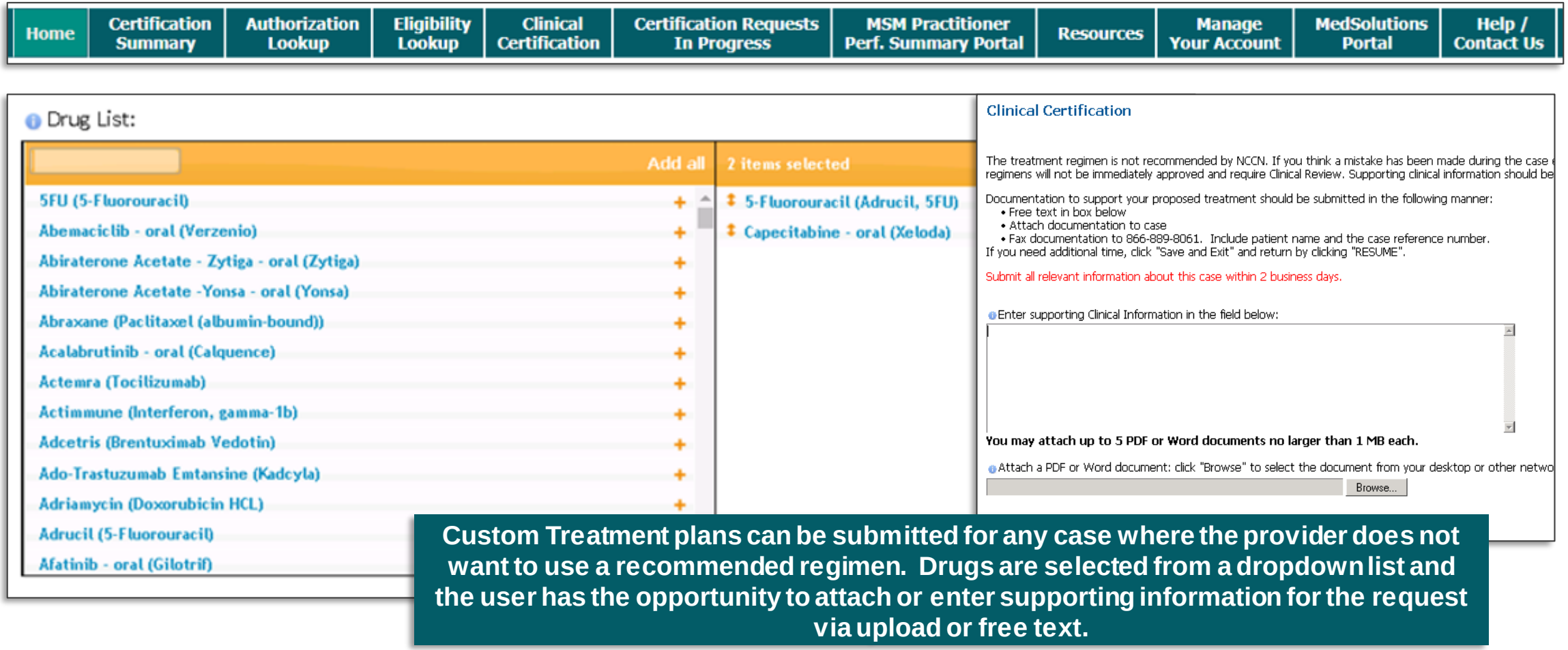
Provider Experience | Case Submission



Custom Treatment plans can be submitted for any case where the provider does not want to use a recommended regimen. Drugs are selected from a dropdown list and the user has the opportunity to attach or enter supporting information for the request via upload or free text.

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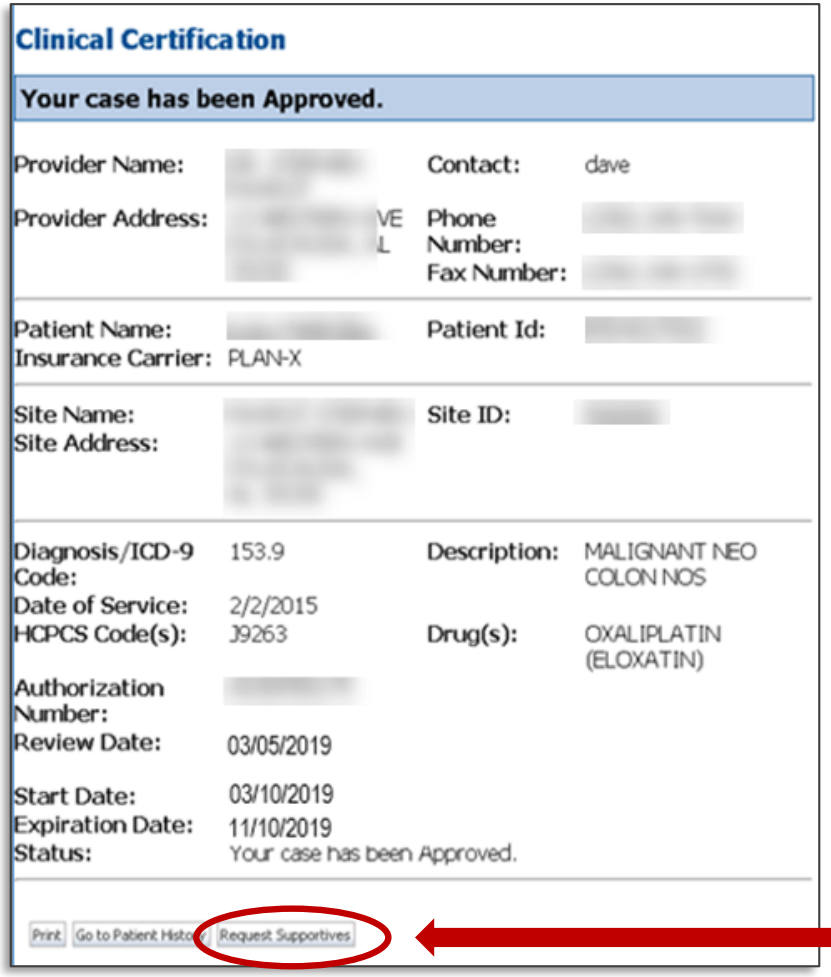
Provider Experience | Case Submission



Clinical Certification

Your case has been Approved.

Provider Name:	[redacted]	Contact:	dave
Provider Address:	[redacted] VE L	Phone Number:	[redacted]
		Fax Number:	[redacted]
Patient Name:	[redacted]	Patient Id:	[redacted]
Insurance Carrier:	PLAN-X		
Site Name:	[redacted]	Site ID:	[redacted]
Site Address:	[redacted]		
Diagnosis/ICD-9 Code:	153.9	Description:	MALIGNANT NEO COLON NOS
Date of Service:	2/2/2015		
HCPCS Code(s):	J9263	Drug(s):	OXALIPLATIN (ELOXATIN)
Authorization Number:	[redacted]		
Review Date:	03/05/2019		
Start Date:	03/10/2019		
Expiration Date:	11/10/2019		
Status:	Your case has been Approved.		

Print | Go to Patient Histo | Request Supportives

- Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen with an authorization time span sufficient to complete the entire treatment.
- No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.

Shortcut will populate for adding **supportive drugs**, if needed.

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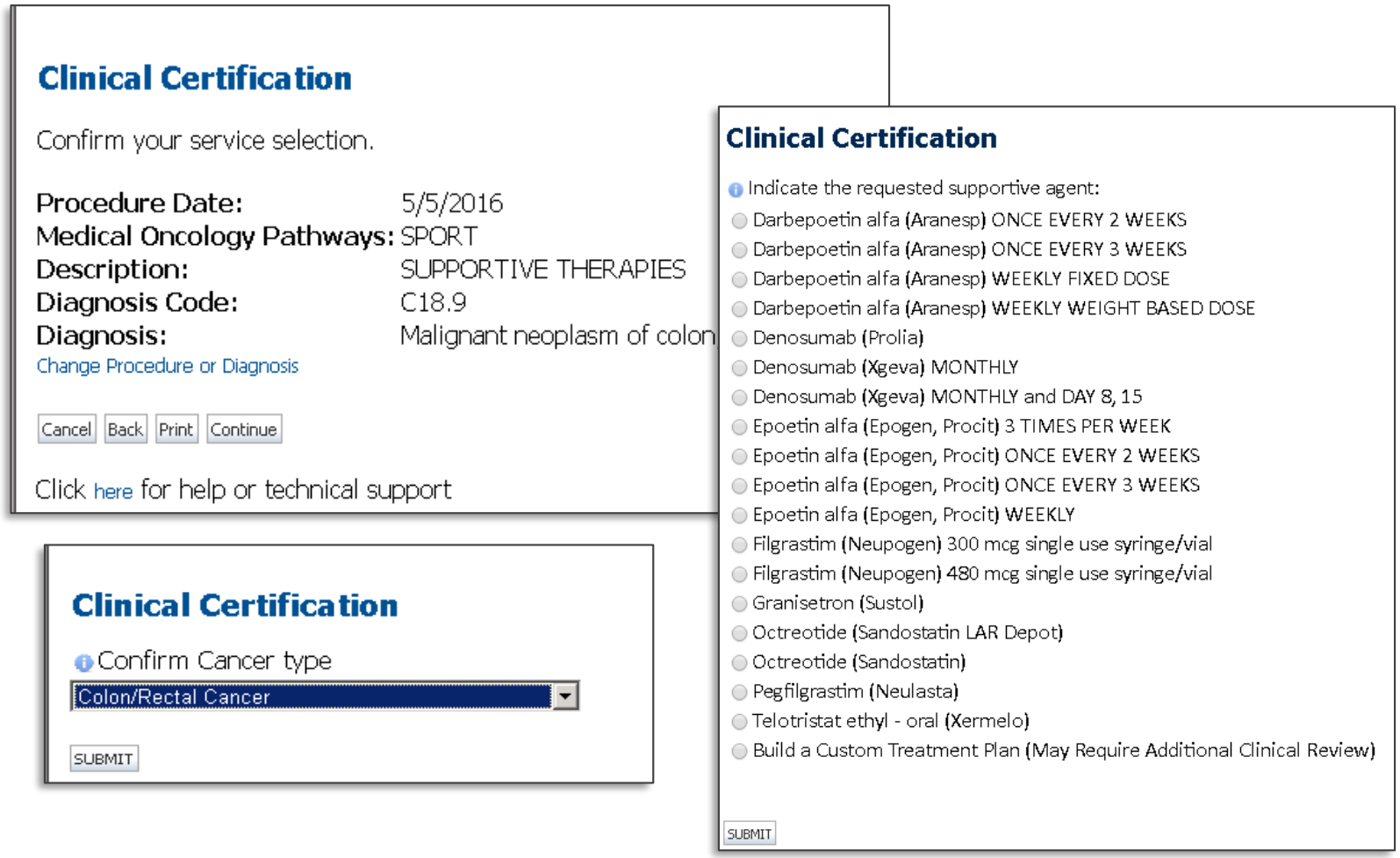
Case Submission | Supportives

- If **Request Supportives** is selected, a new case is started and the user is prompted to complete a supportive drug request.
- The start date, drug classification, and ICD10 are prepopulated to match the Chemotherapy case.
- Click **Continue** to proceed to the clinical portion of the request.
- User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request. If multiple classes of supportive drugs are needed, a separate request must be entered for each class (ex: anti-emetic and G-CSF).



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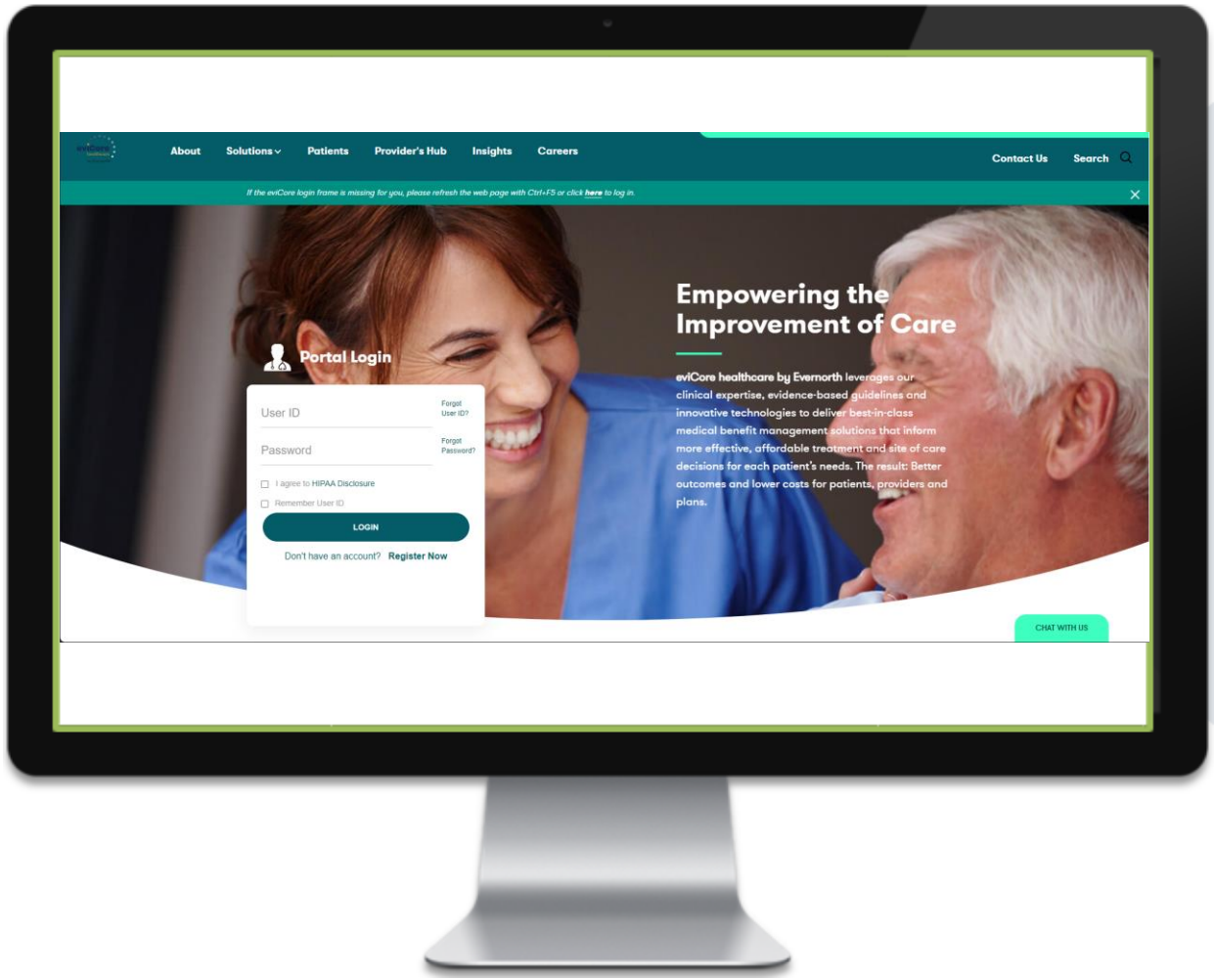
Provider Portal Demo | Medical Oncology

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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Case Submission for Radiation Oncology

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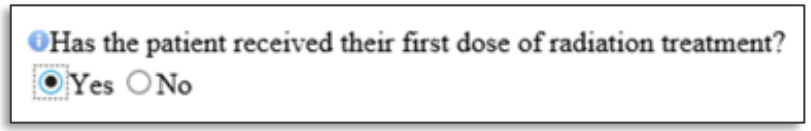
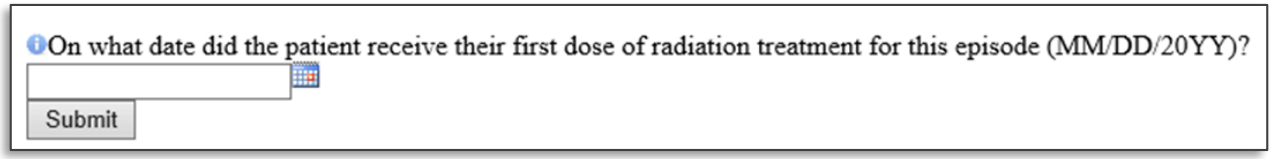
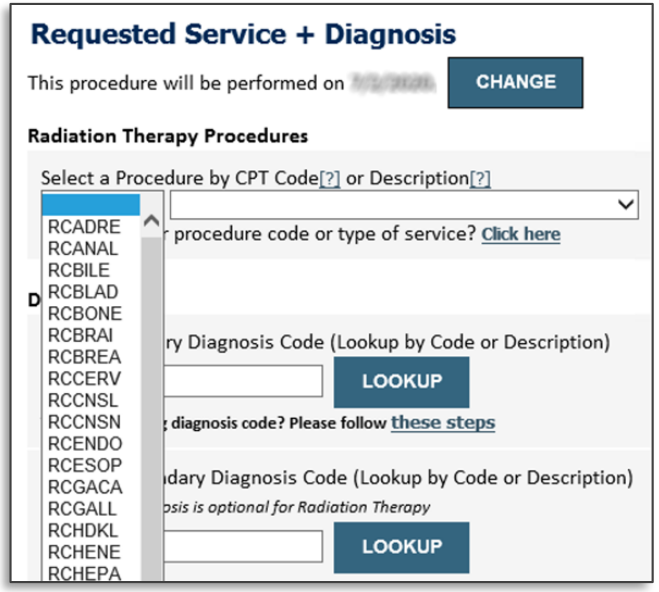
Clinical Certification Request







- 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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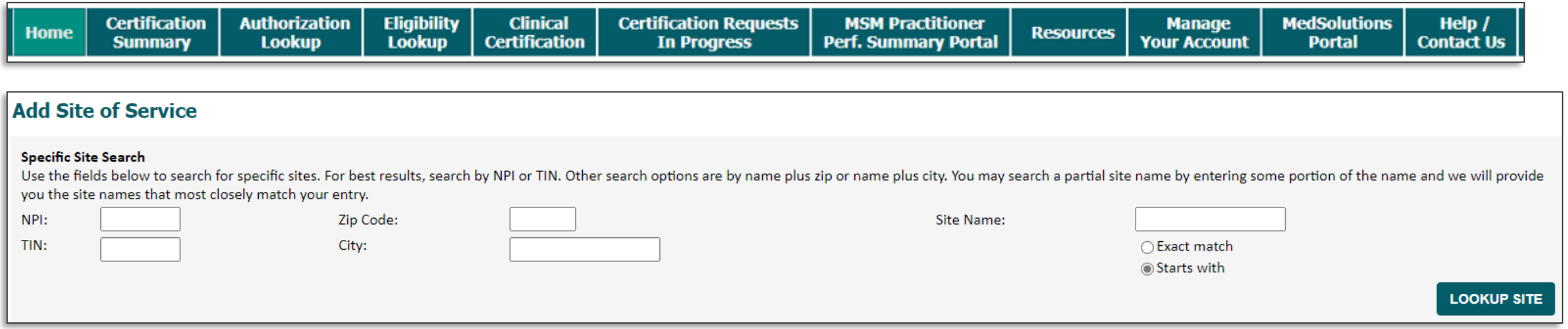
Clinical Certification Request | Site Selection



- 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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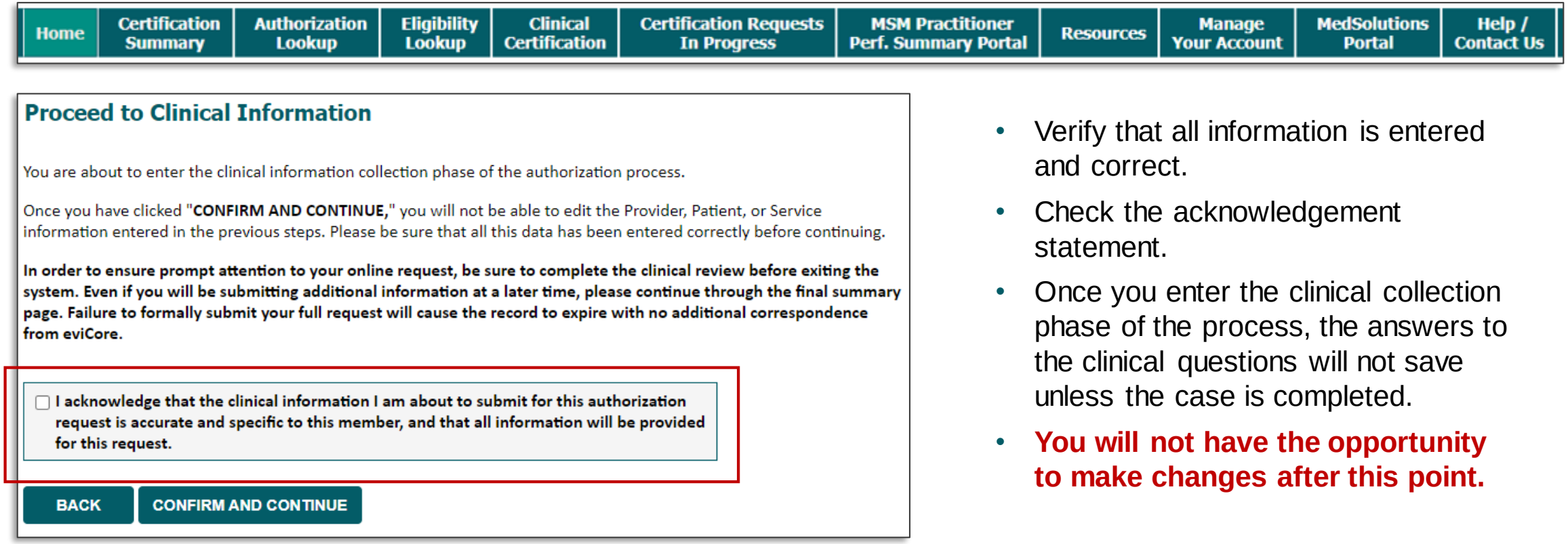
Clinical Certification Request | Clinical Certification



- Verify that all information is entered and correct.
- Check the acknowledgement statement.
- Once you enter the clinical collection phase of the process, the answers to the clinical questions will not save unless the case is completed.
- **You will not have the opportunity to make changes after this point.**

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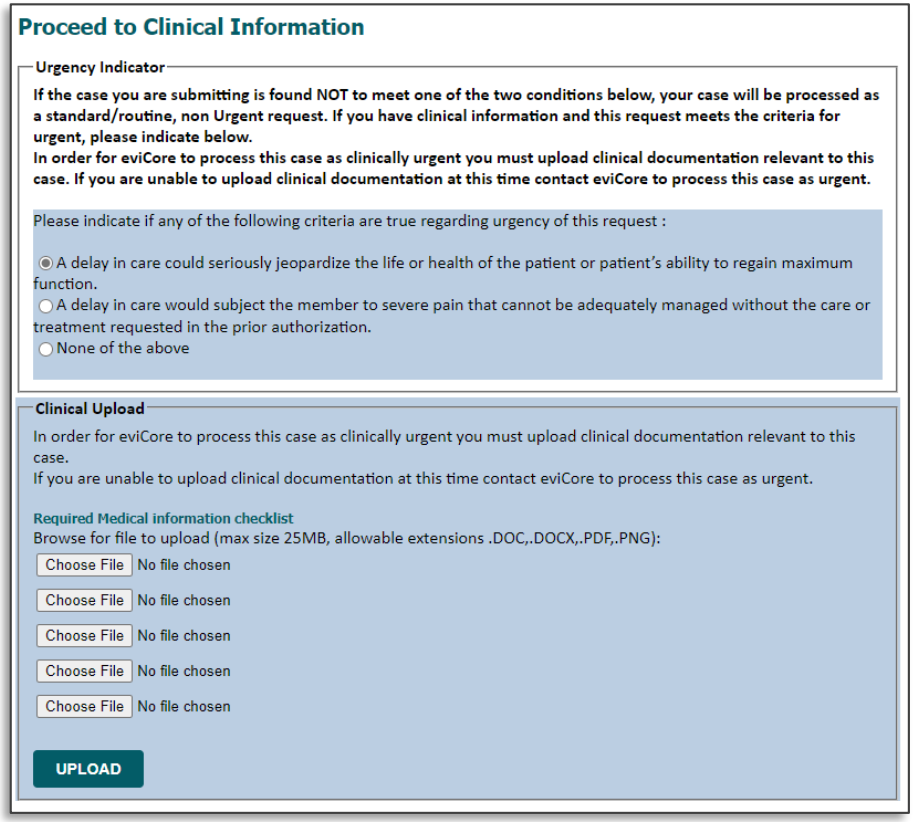
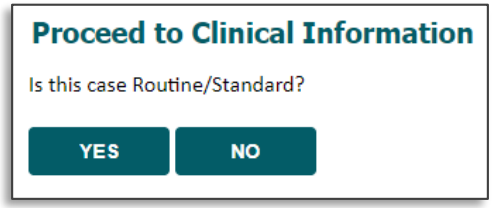
Clinical Certification Request | Standard or Urgent Request





- 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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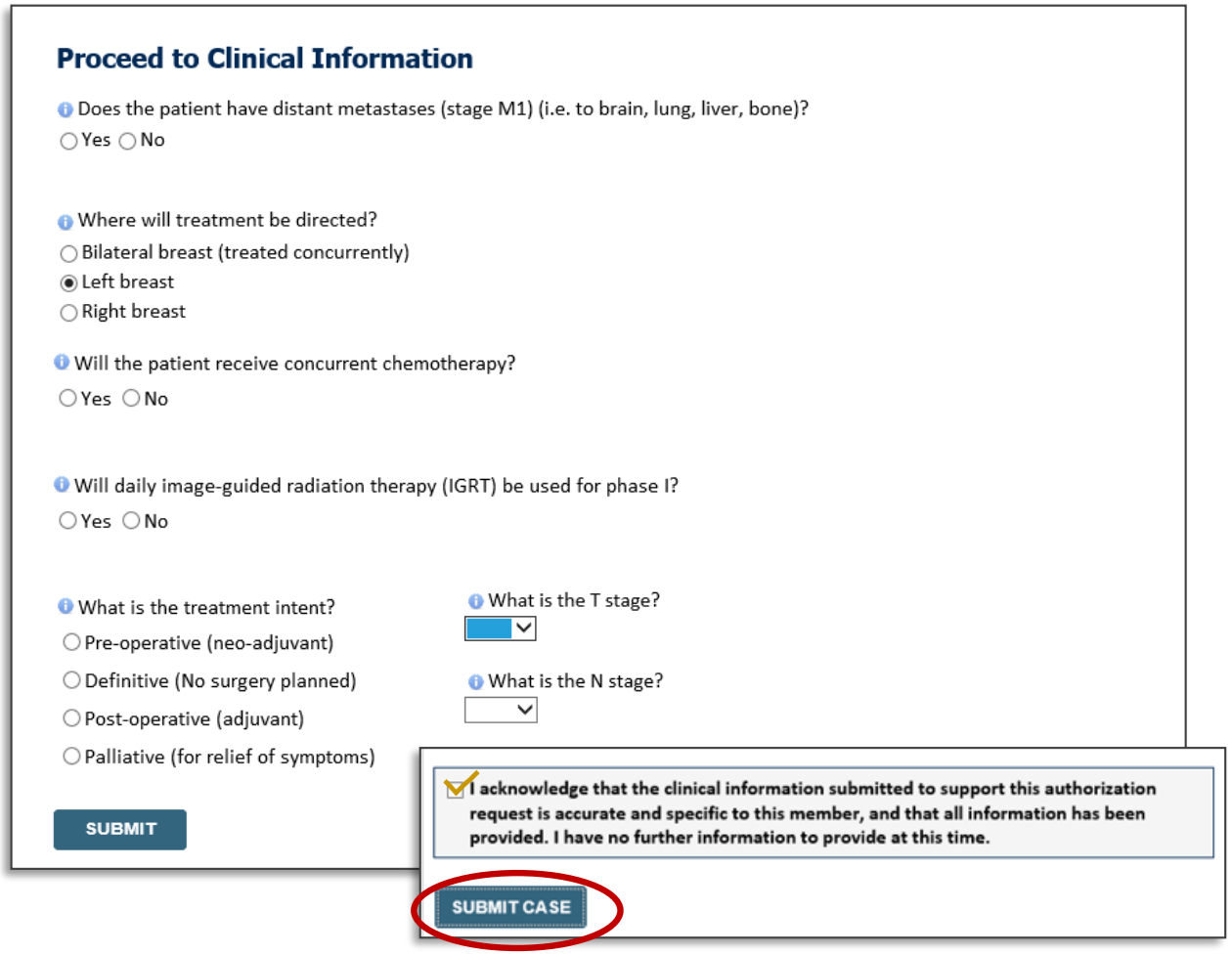
Clinical Certification Request | Proceed to Clinical Information

- **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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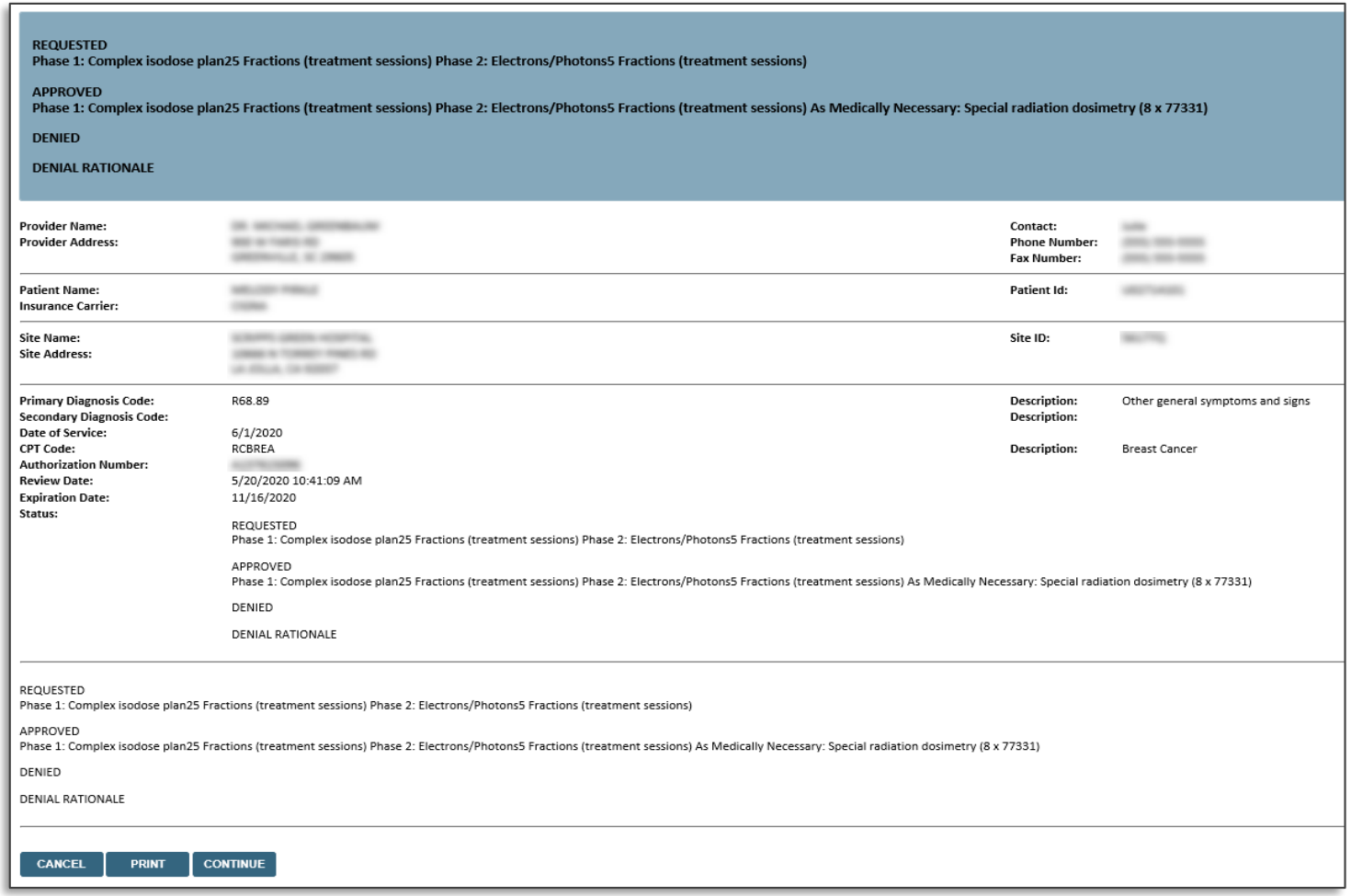
Clinical Certification Request | Criteria Met



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]
Provider Address: [redacted]
Contact: [redacted]
Phone Number: [redacted]
Fax Number: [redacted]

Patient Name: [redacted]
Insurance Carrier: [redacted]
Patient Id: [redacted]

Site Name: [redacted]
Site Address: [redacted]
Site ID: [redacted]

Primary Diagnosis Code: R68.89
Secondary Diagnosis Code:
Date of Service: 6/1/2020
CPT Code: RCBREA
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

DENIAL RATIONALE

Description: Other general symptoms and signs
Description:

Description: Breast Cancer

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

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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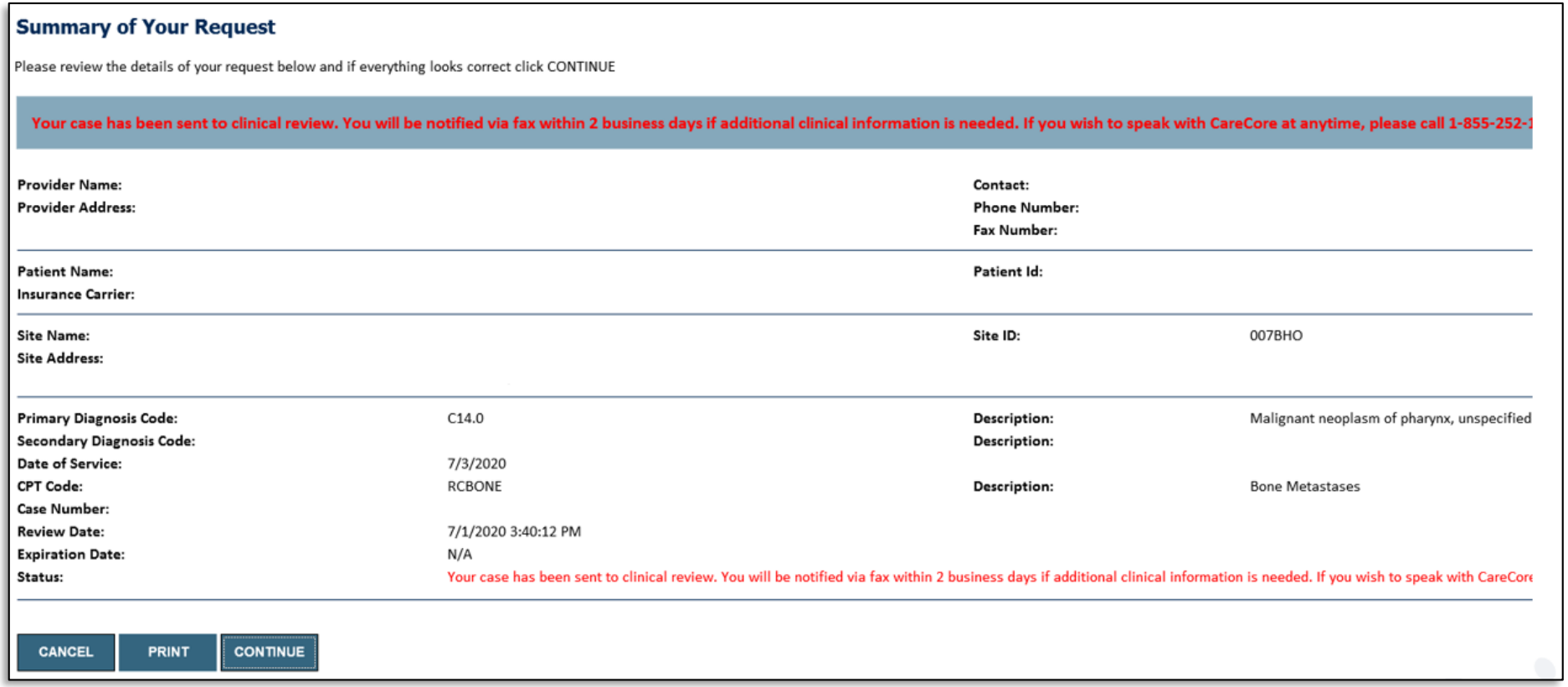
Clinical Certification Request | Criteria Not Met



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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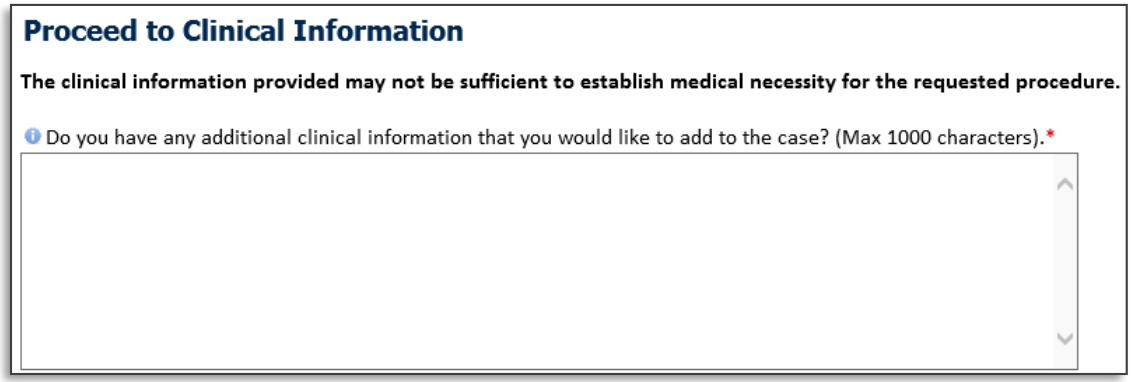
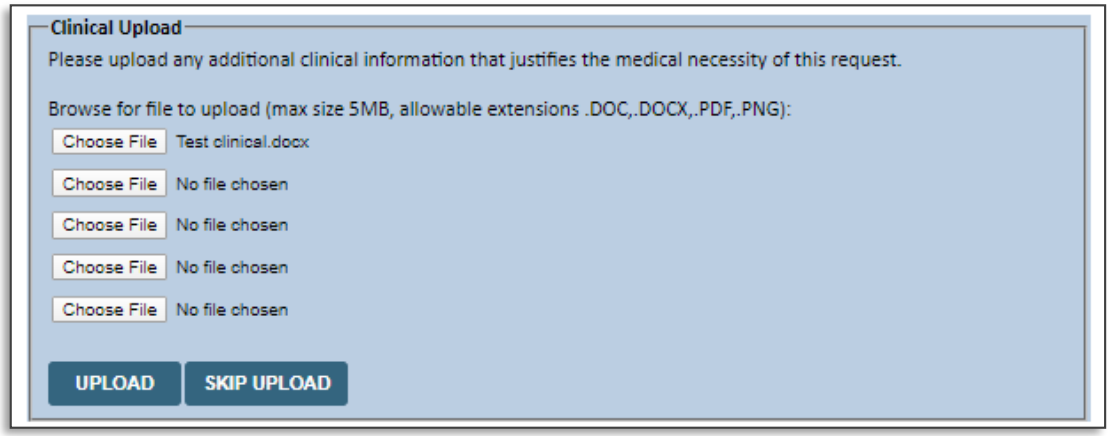
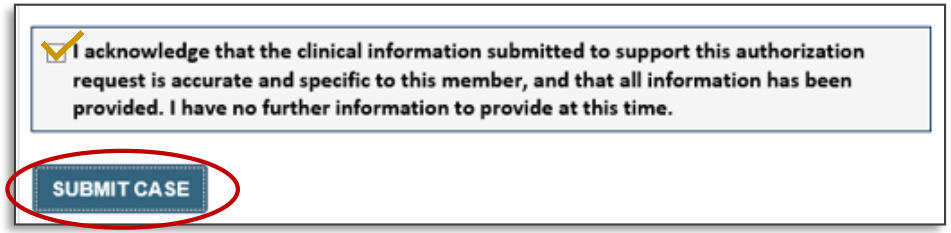
Clinical Certification Request | Criteria Not Met

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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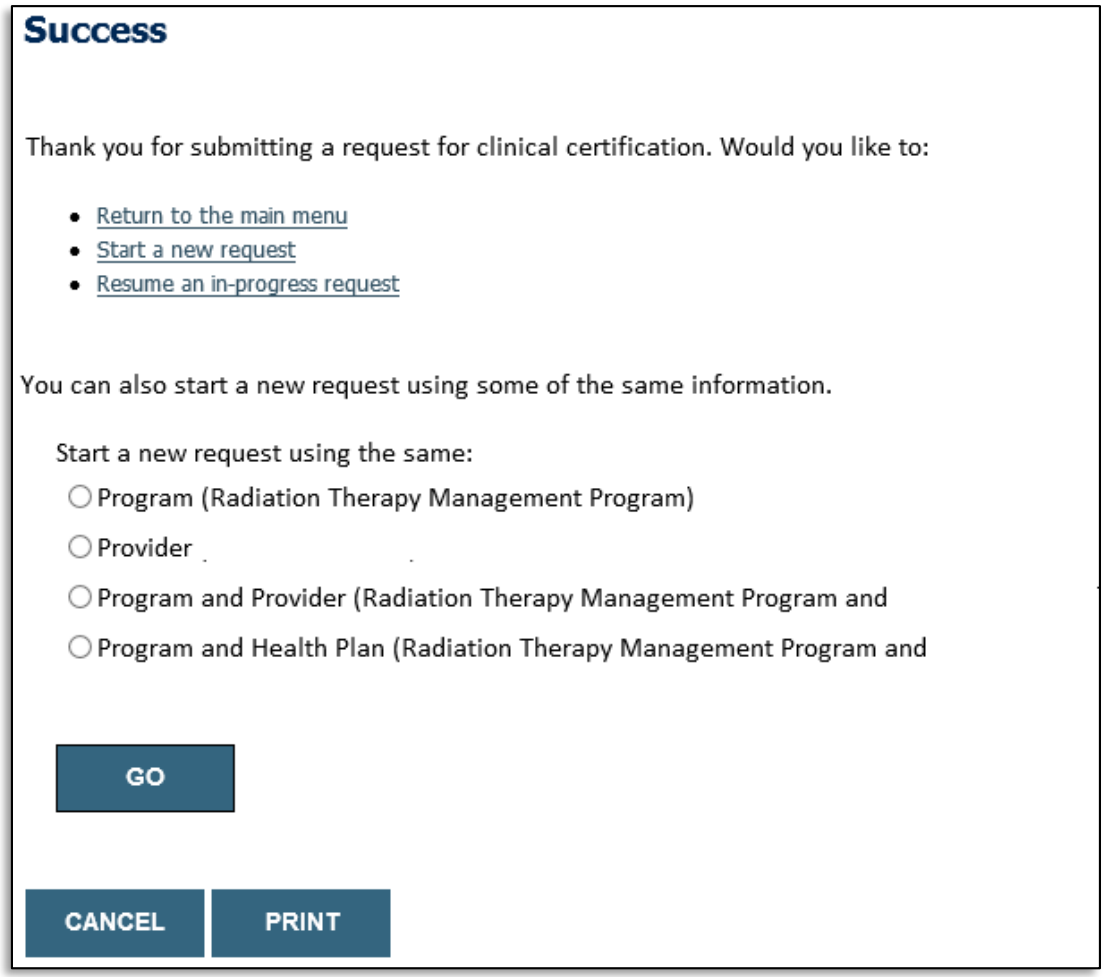
Clinical Certification Request | Case Submission Success

- 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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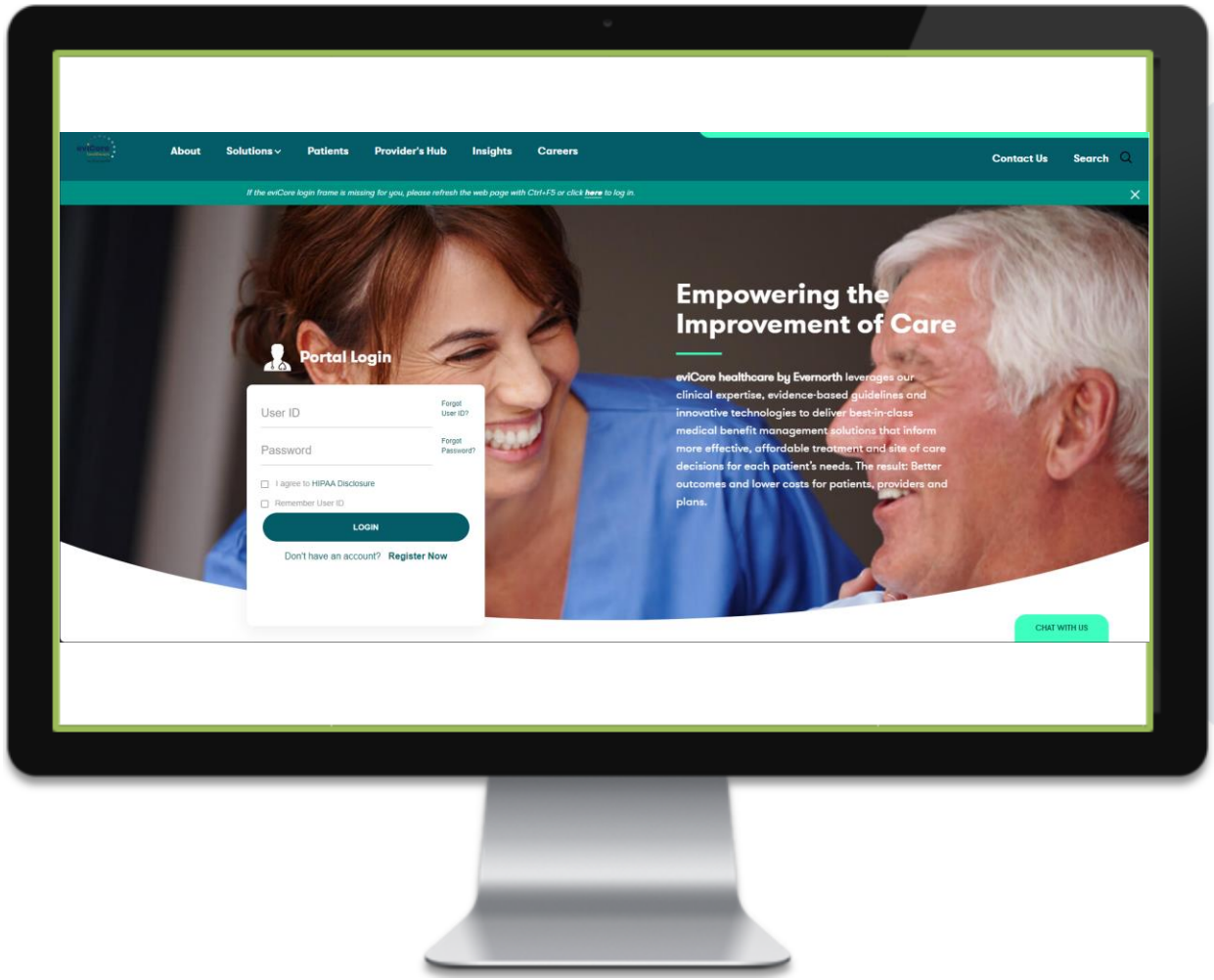
Provider Portal Demo | Radiation Oncology

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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EviCore Portal Features

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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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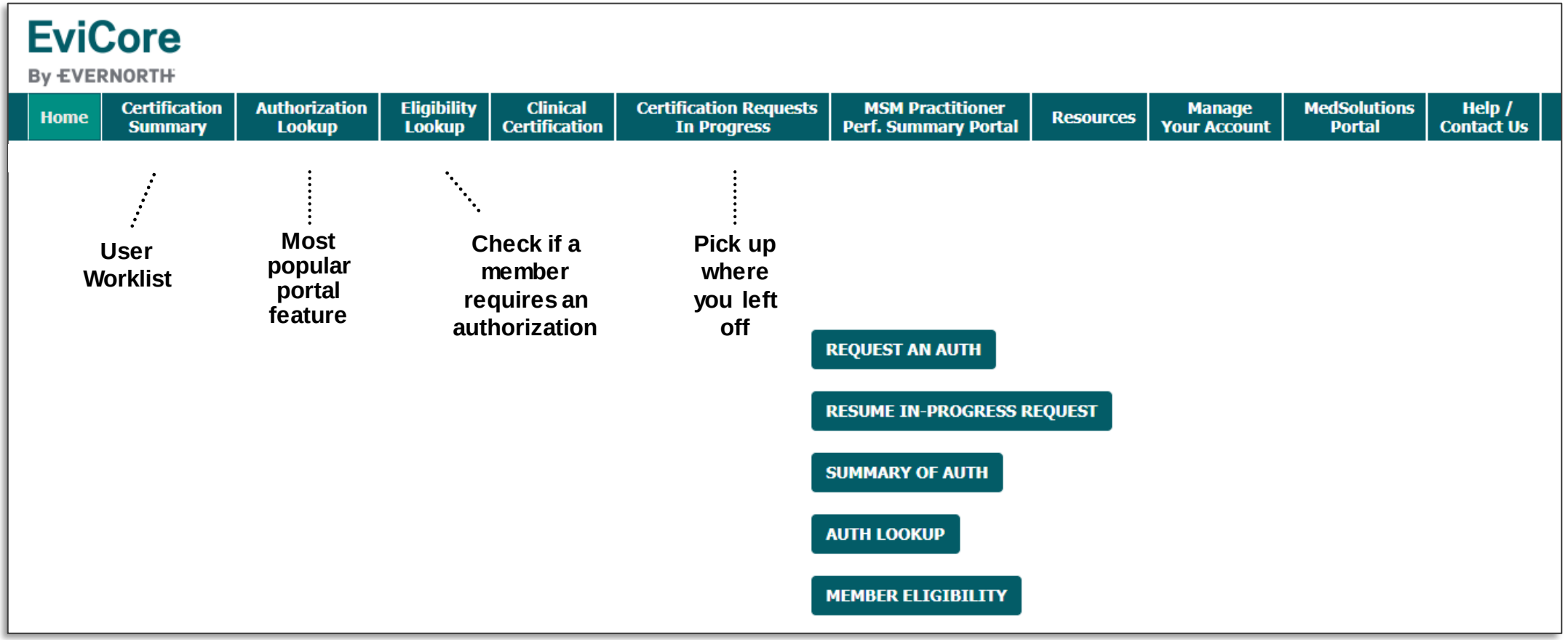
Provider Portal | Feature Access



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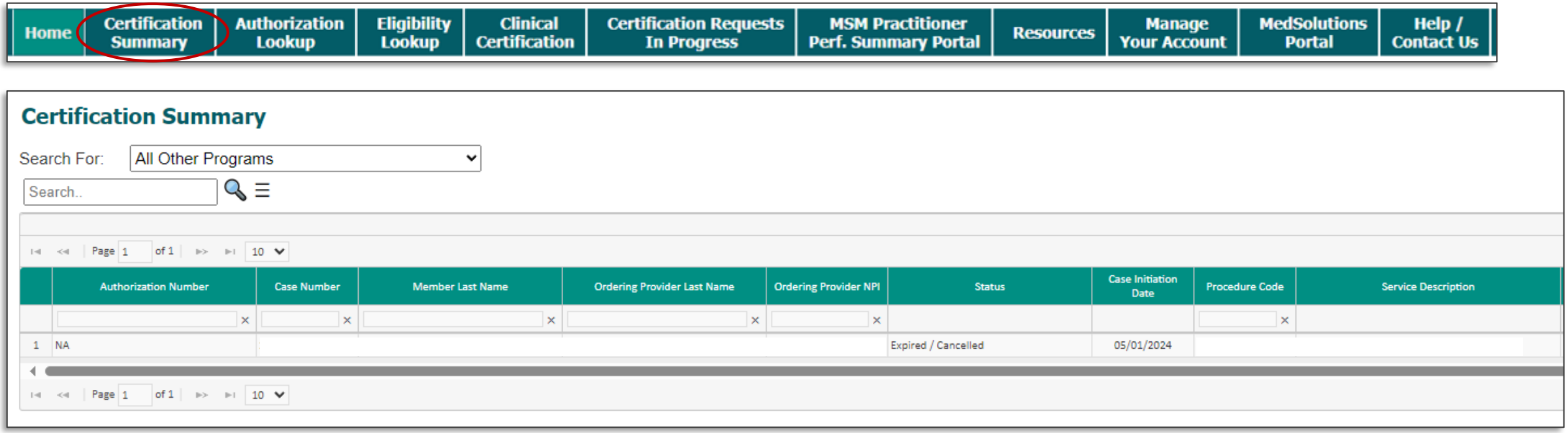
Certification Summary | User Worklist



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

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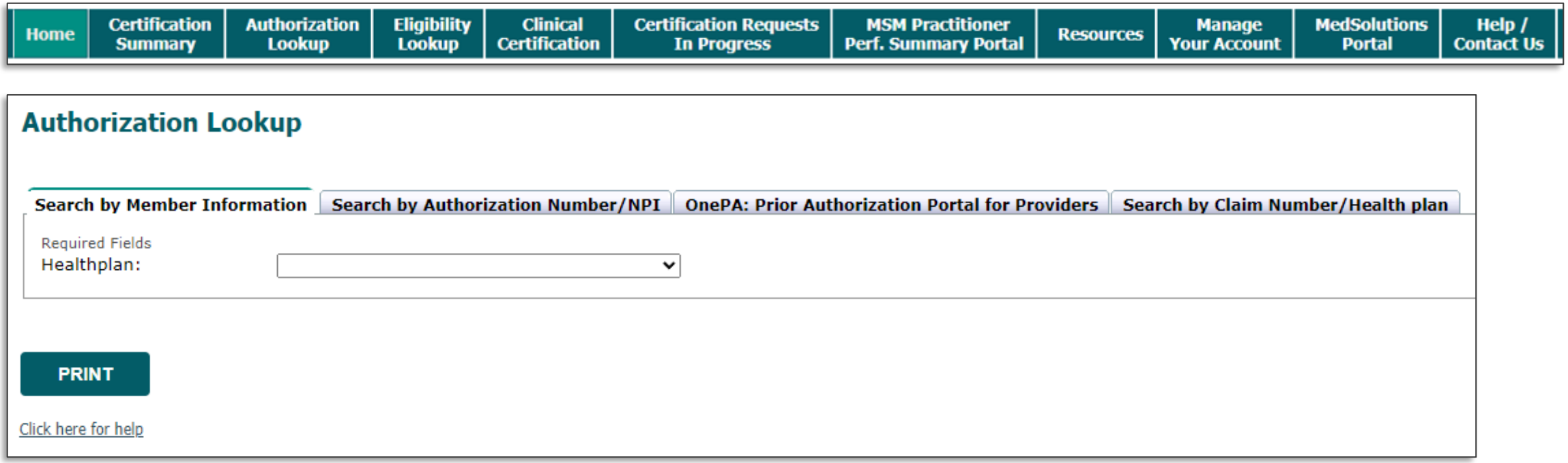
Authorization Lookup



- 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 **888-444-6178**. Representatives are available from 7 a.m. to 7 p.m. local time.

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Provider Resource Website

Provider Resource Pages

EviCore's Provider Engagement team maintains provider resource pages that contain educational material to assist providers and their staff on a daily basis. The provider resource pages include, but are not limited to, the following educational material:

- Provider training material
- CPT code list
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ)

To access these helpful resources, please visit:
https://www.evicore.com/resources/healthplan/health-partners-plans

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 **Intro to EviCore Online Resources** session 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

To register, go to EviCore.com, then:

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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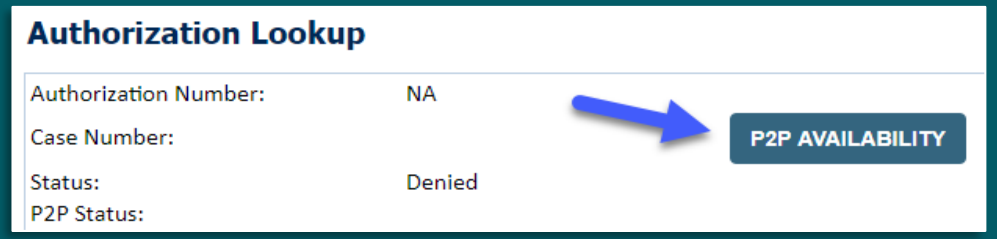
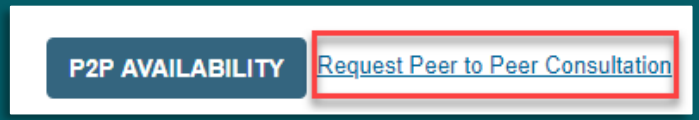
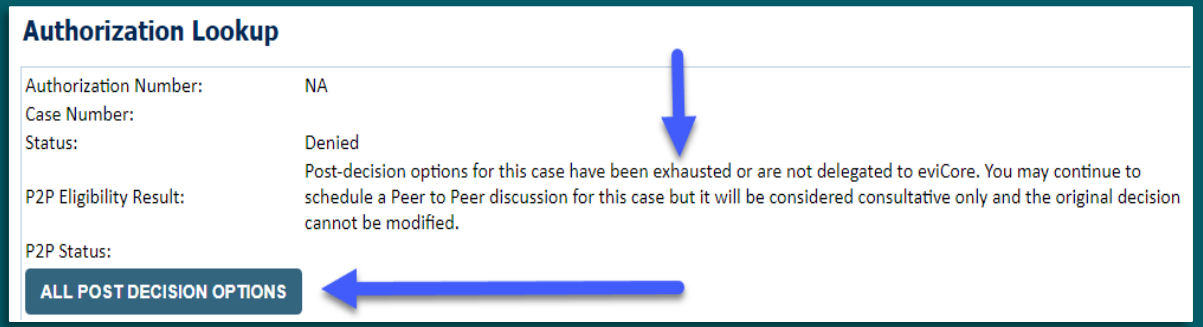
Schedule a P2P

If your case is eligible for a Peer-to-Peer (P2P) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging.

1. Log-in to your account at **EviCore.com**.
2. Perform **Clinical Review Lookup** to determine the status of your request.
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a. Peer-to-Peer consultation
4. Note carefully any messaging that displays.*







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

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

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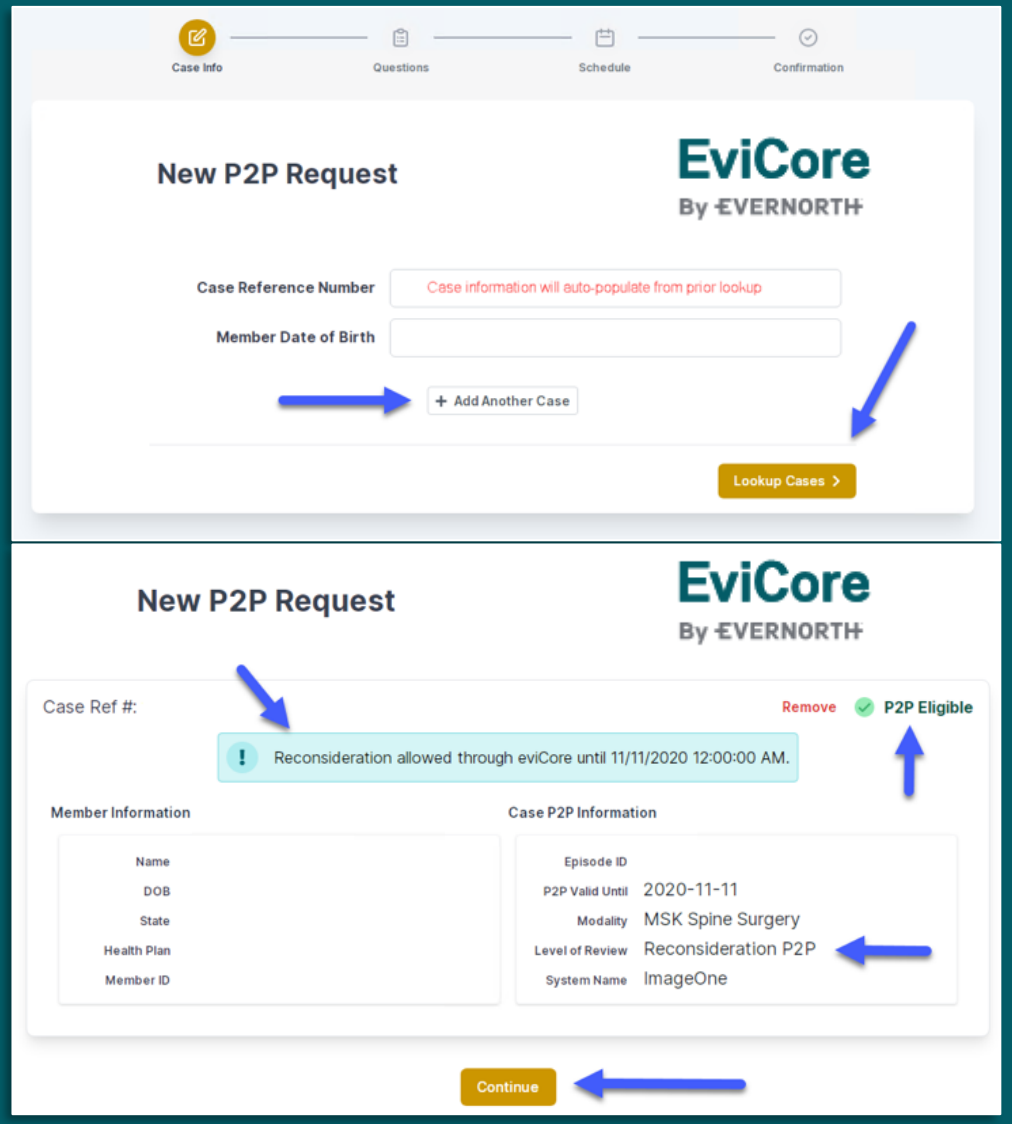
Schedule a P2P

1. Upon first login, you will be asked to confirm your default time zone.
2. You will be presented with the case number and member date of birth.
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
4. To proceed, select **Lookup Cases**.
5. You will receive a confirmation screen with member and case information, including the level of review for the case in question.
6. Click **Continue** to proceed.



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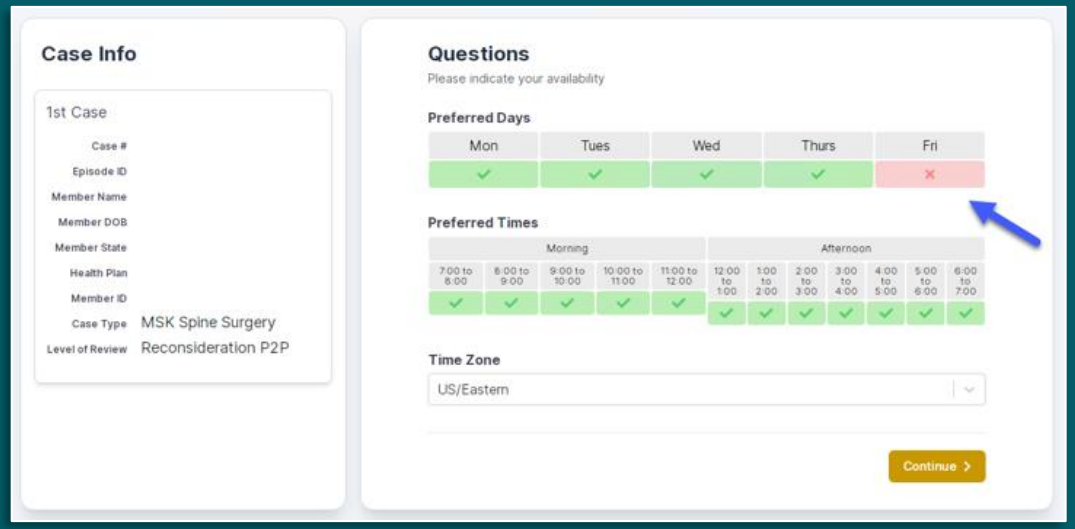
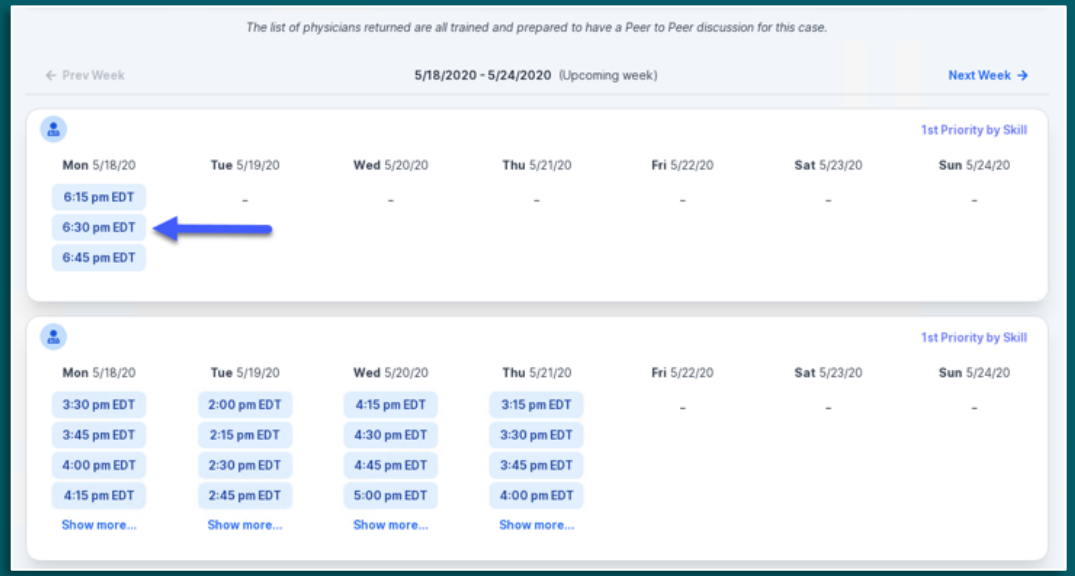
Schedule a P2P

1. You will be prompted with a list of EviCore Physicians/Reviewers and appointment options.
2. Select any of the listed appointment times to continue.
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented).
4. Click on any **green checkmark** to **deselect** that option, then click **Continue**.





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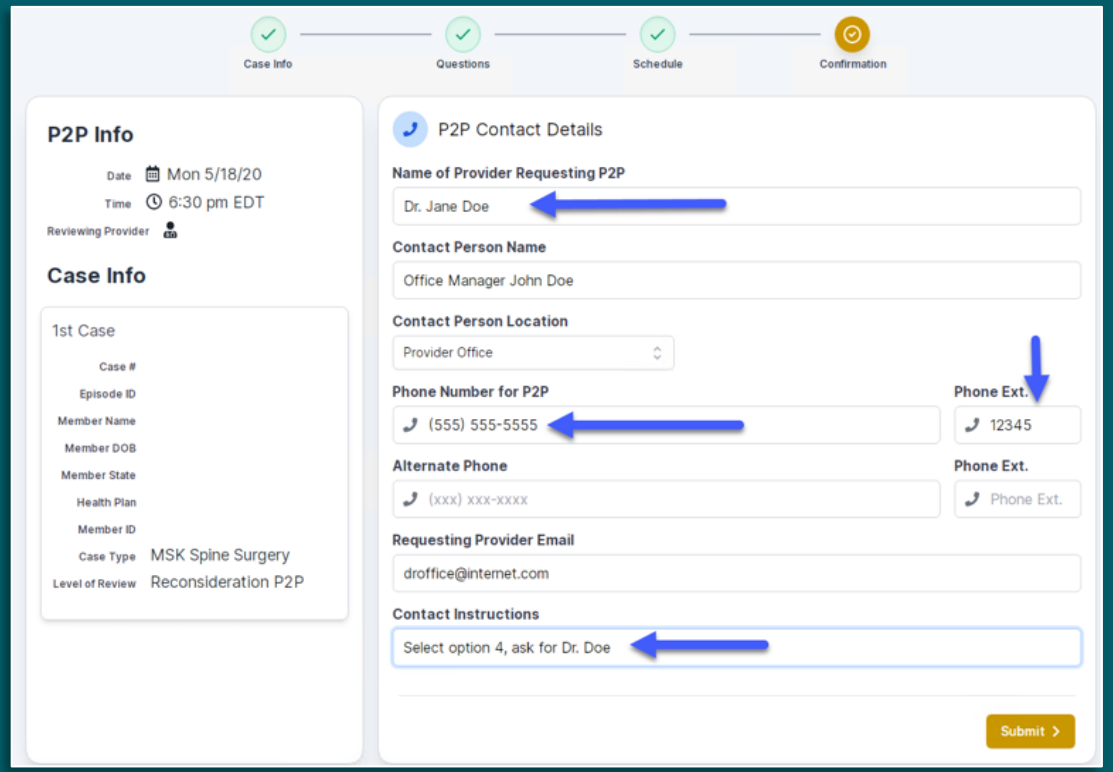
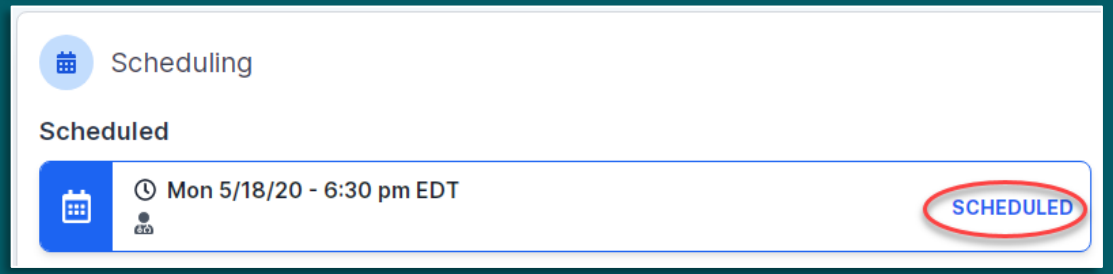
Schedule a P2P

1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
   + Name of Provider Requesting P2P
   + Phone Number for P2P
   + Contact Instructions
2. Click **Submit** to schedule the appointment.
3. You will be presented with a summary page containing the details of your scheduled appointment.
4. Confirm contact details.





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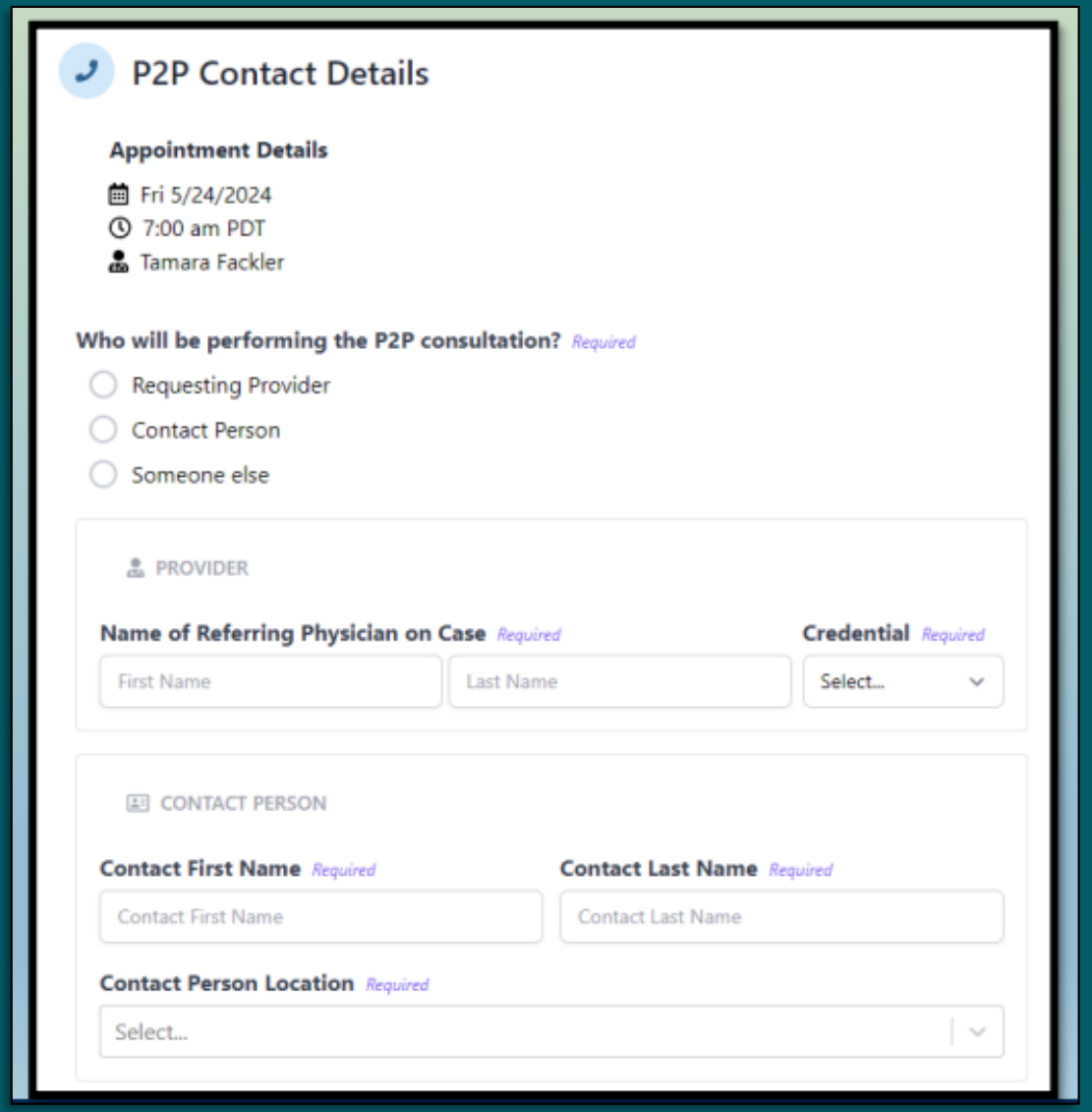
P2P Contact Details

1. Use the radio button option to select who will perform the P2P with the EviCore Medical Director.
2. Open fields will manually open to input the provider's first, last name, and their credential.



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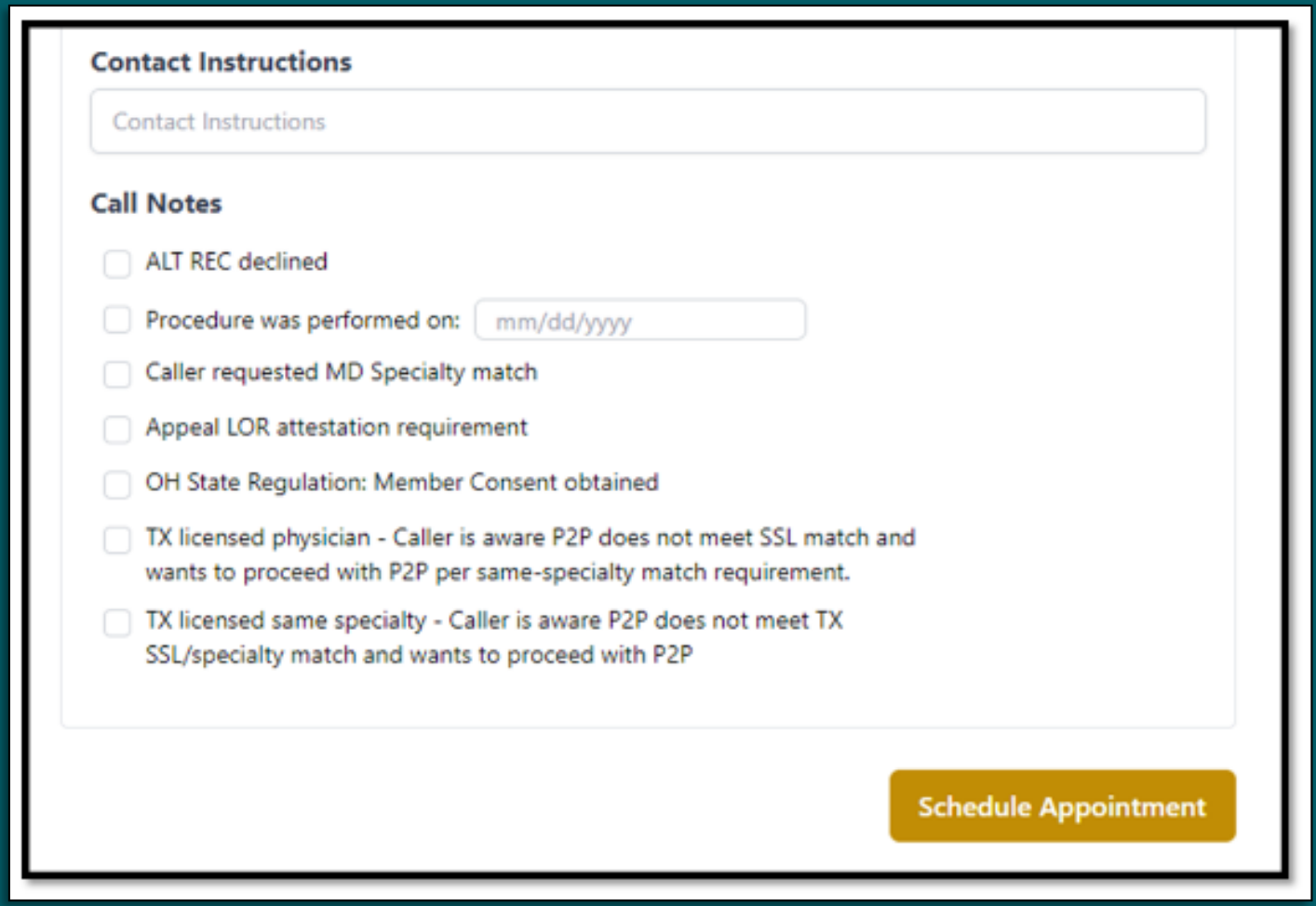
Call Notes

1. Use the radio button to select options if applicable.
2. If “Procedure was performed on” is selected, then the date is required.



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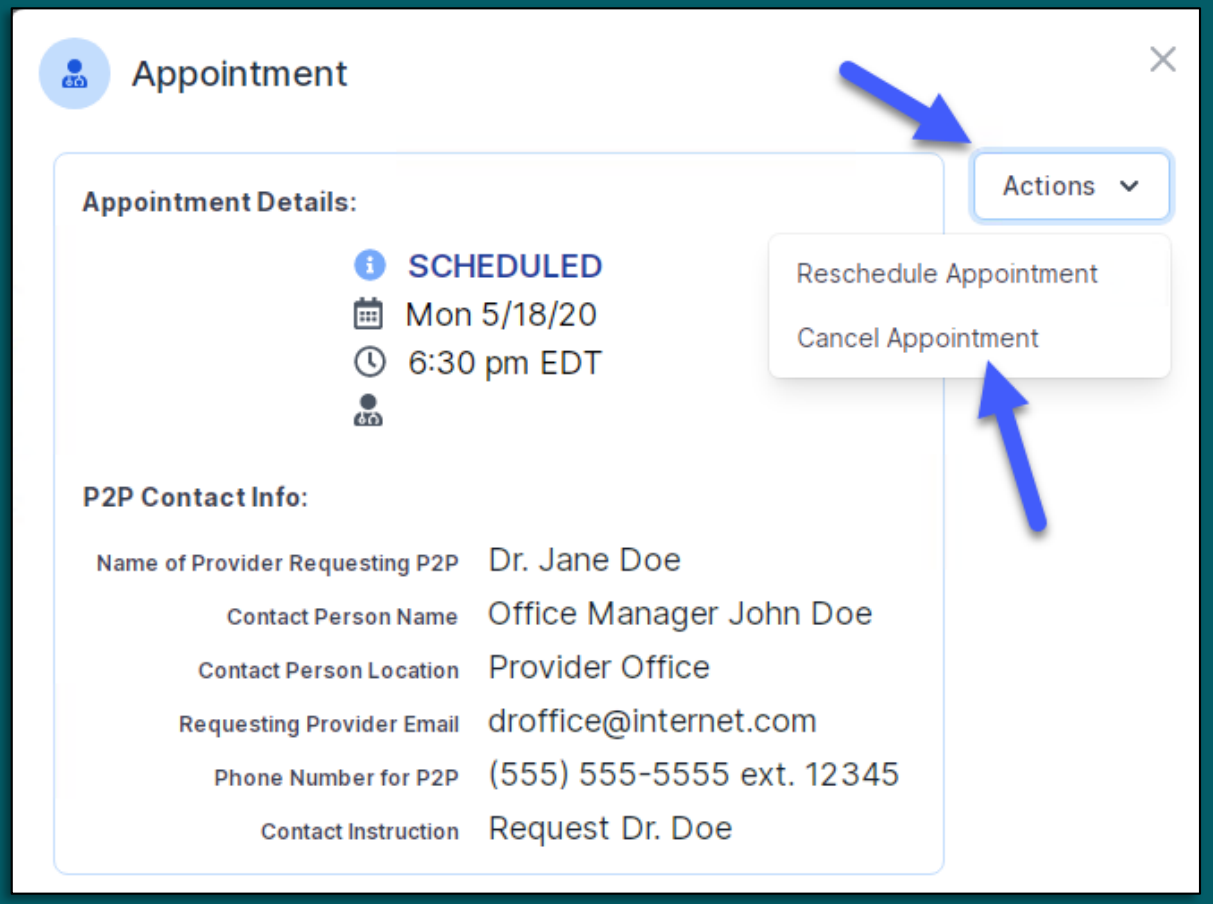
Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation.
2. Select the request you would like to modify from the list of available appointments.
3. When the request appears, click on the schedule link. An appointment window will open.
4. Click on the **Actions** drop-down and choose the appropriate action:
   - **If choosing to reschedule,** select a new date or time as you did initially.
   - **If choosing to cancel,** input a cancellation reason.
5. Close the browser once finished.



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