EviCore Portal Migration

Fallon Health

EviCore
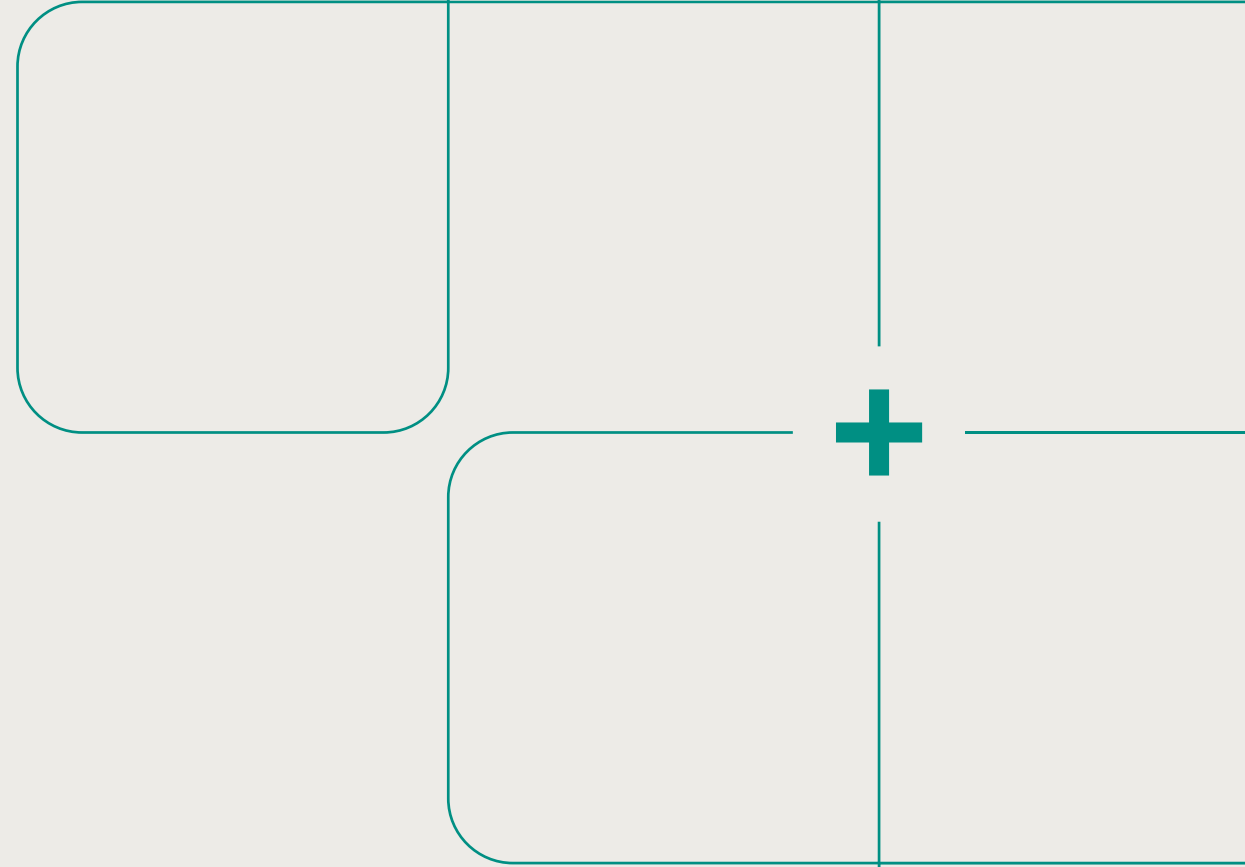By EVERNORTH

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Agenda

- **What is Changing: Migration to CareCore National Portal**

- **CareCore National Portal Overview**

- **CareCore National Portal Features**

- **Provider Resources**

- **Questions**

- **Appendix**

# What is Changing: Platform Migration

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Platform Migration: Effective 10/01/2025

- **EviCore currently accepts prior authorization requests for Fallon Health members through the MedSolutions portal. Beginning 10/01/2025, these requests should be entered through the CareCore National portal at EviCore.com.**

- **If a provider has an existing login, the <u>same</u> credentials are used for both portals and a new account does <u>not</u> need to be created.**

- **Any authorizations requested prior to 10/01/2025 can still be viewed on the MedSolutions portal, but as of 10/01/2025, all new requests must be created on the CareCore National portal, as shown below.**

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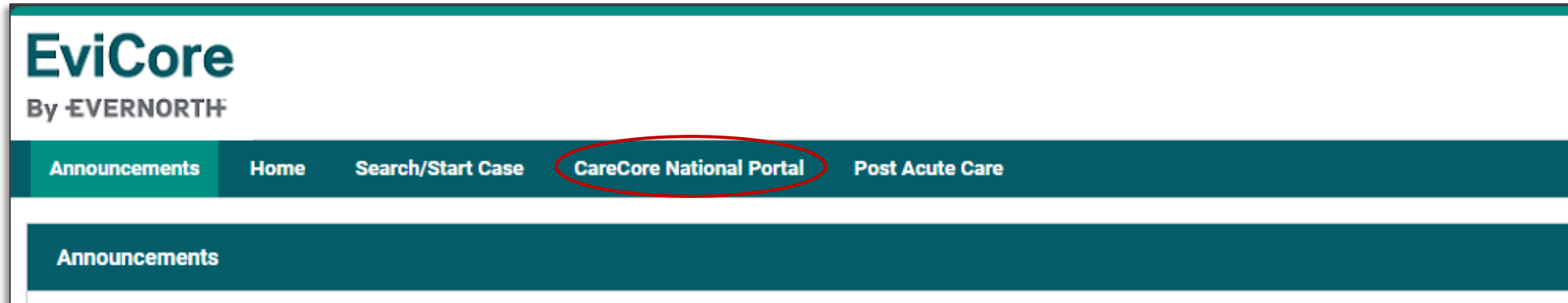
- If your login takes you to the MedSolutions Portal, you can click the **CareCore National Portal** button (as seen above) to seamlessly toggle back and forth between the two portals.

- 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.

Welcome Screen | CareCore National

- You can access the MedSolutions Portal at any time.
- Click the MedSolutions Portal on the banner to seamlessly toggle back and forth between the two portals.
- Any authorizations requested prior to 10/01/2025 can still be viewed on the MedSolutions portal.

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 | MedSolutions Portal | Help / Contact Us |

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:

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.
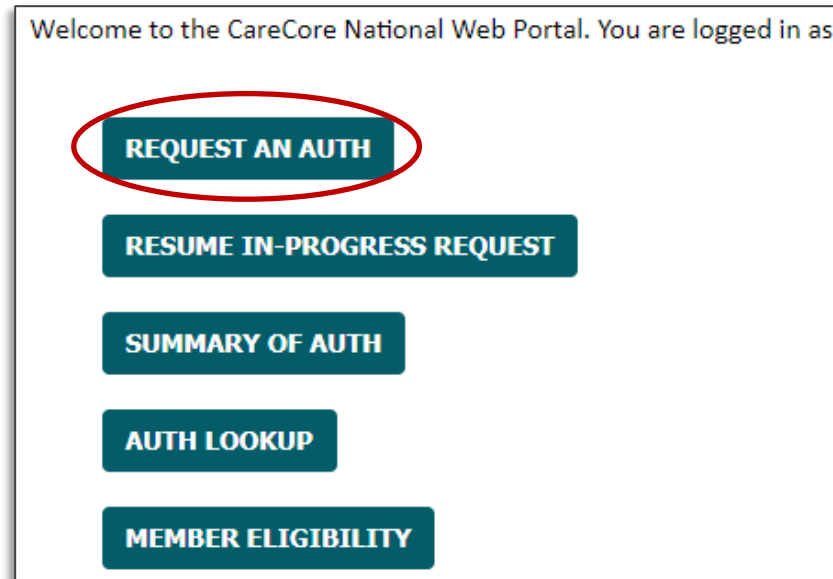*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES   CANCEL

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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.

Select Program

| 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 |

Request an Authorization

To begin, please select a program below:

- ○ Durable Medical Equipment(DME)
- ○ Evicore Medical Oncology Pathways
- ○ Gastroenterology
- ○ Lab Management Program
- ○ Medical Specialty Drugs
- ○ Musculoskeletal Management
- ○ Pharmacy Drugs (Express Scripts Coverage)
- ○ Radiation Therapy Management Program (RTMP)
- ○ Radiology and Cardiology/Vascular Intervention
- ○ Sleep Management

CONTINUE

Click here for help

- Select the **Program** for your certification.(Radiology and Cardiology)

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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 | MedSolutions Portal | Help / Contact Us |

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

- 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	MedSolutions Portal	Help / Contact Us

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**.

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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 | MedSolutions Portal | Help / Contact Us

Add Your Contact Info

Provider's Name:* _____ [?]
Who to Contact:* _____ [?]
Fax:* _____ [?]
Phone:* _____ [?]
Ext.: _____ [?]
Cell Phone: _____
Email: _____
☑ Receive notification of case status changes. Please enter email address in box above.

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

BACK | CONFIRM FAX AND CONTINUE

Click here for help

- 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

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

Patient Eligibility Lookup

Patient ID:* [_____]

Date Of Birth:* [_____] MM/DD/YYYY

Patient Last Name Only:* [_____] [?]

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

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
SELECT		01			F	

BACK

Click here for help

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

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Clinical Certification Request | Procedure and Diagnosis Codes

Requested Service + Diagnosis

This procedure will be performed on   [CHANGE]

Musculoskeletal Management Procedures

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

[dropdown]   [dropdown]

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

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

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 Musculoskeletal Management

[   ]   [LOOKUP]

[BACK]

Click here for help

- Enter the primary CPT code.
- Add diagnosis code(s).

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.

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	MedSolutions Portal	Help / Contact Us

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "**CONFIRM AND 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 online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ **I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.**

BACK   CONFIRM AND CONTINUE

- 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.

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.

Clinical Certification Request | Proceed to Clinical Information

Example Questions

Proceed to Clinical Information

ⓘ Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

⚪ Yes ⚪ No

SUBMIT

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

YES   **NO**

ⓘ Which anatomy will be examined with the requested study?

⚪ Hip ⚪ Knee ⚪ Ankle

SUBMIT

☐ Finish Later

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

- **Clinical Certification** questions may populate based on the information provided.

- You can save your request and finish it later if needed.
  Note: You will have until the end of the business day to complete the case.

- Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single-sign- on (SSO) users).

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Clinical Certification Request | Request for Clinical Upload

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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 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 number and indicates "Your case has been sent to clinical review."

Direct link to document: Required Medical Information Check List.pdf (evicore.com)

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Clinical Certification Request | Criteria Met

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 AKKARA VEETIL
Provider Address: 1200 6TH AVE N
SAINT CLOUD, MN 56303

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:
Site Address:

Site ID:

Primary Diagnosis Code: R68.89
Secondary Diagnosis Code:
Date of Service: Not provided
CPT Code: 73721
Authorization Number:
Review Date: 5/13/2020 1:52:08 PM
Expiration Date: 6/27/2020
Status: Your case has been Approved.

Description: Other general symptoms and signs
Description:

Description: MRI LOWER EXTREMITY JOINT W/O

[CANCEL] [PRINT] [CONTINUE]

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

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CareCore National Portal Features

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Provider Portal | Feature Access
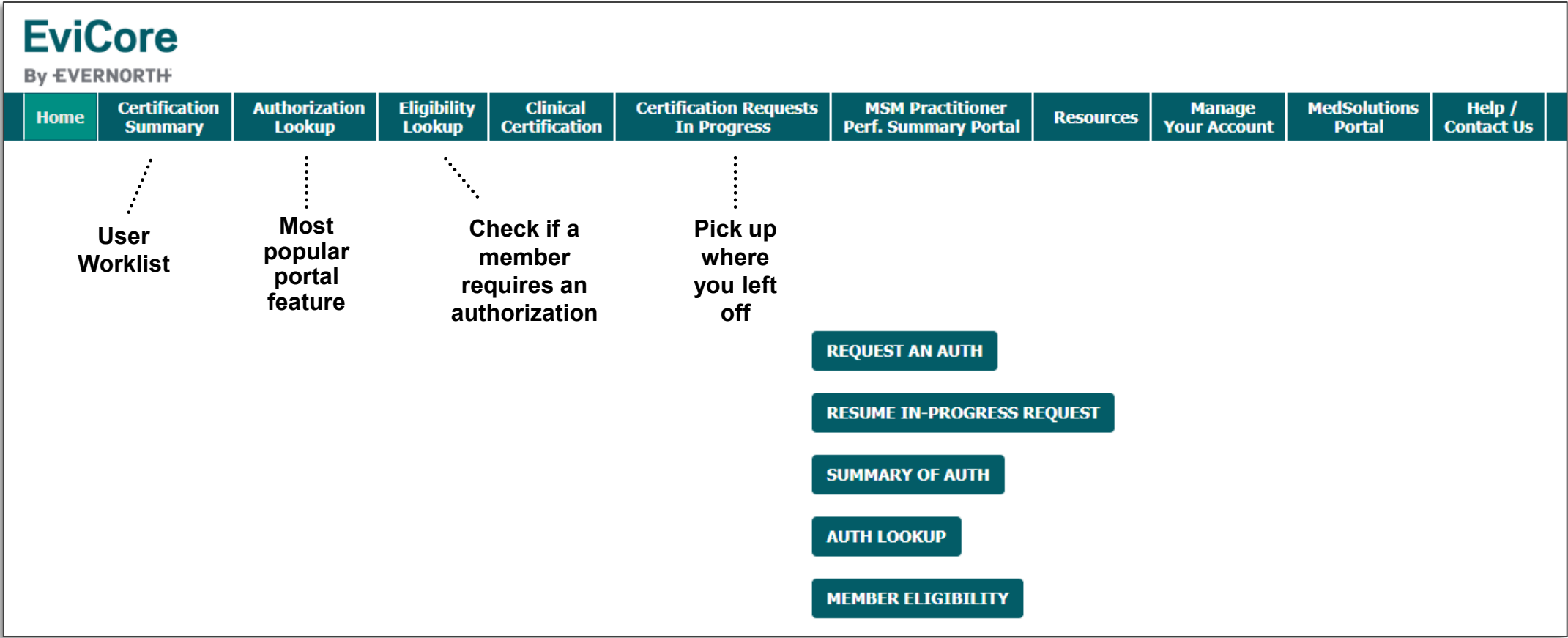
Certification Summary | User Worklist

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

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.

Provider Resources

Contact EviCore's Dedicated Teams

Client and Provider Services

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

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

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 **888-693-3211**, 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 Experience team maintains provider resource pages that contain specific Sleep Diagnostic educational materials to assist providers and their staff daily. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)

To access these helpful resources, please visit:

https://www.EviCore.com/resources
(Choose specific health plan from the dropdown menu)

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

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

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, then 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

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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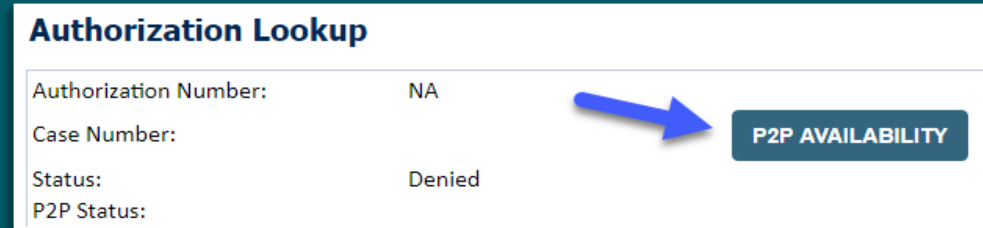
Appendix

Online Peer-to-Peer 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.*
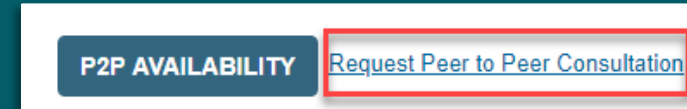
Authorization Lookup
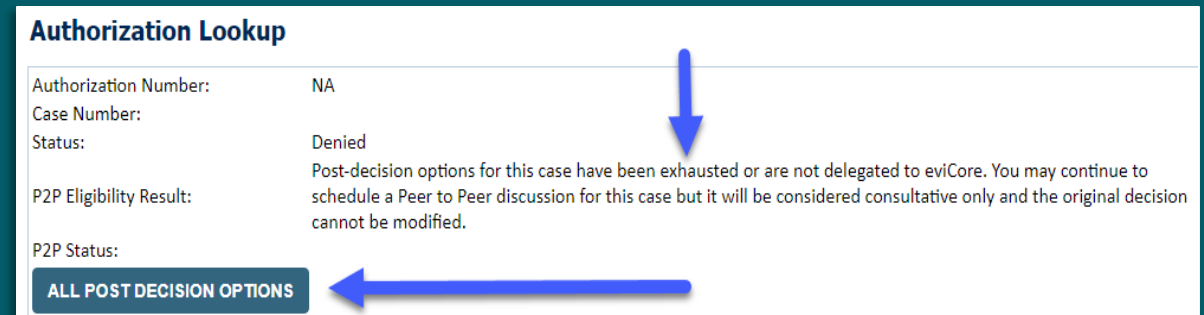
Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

[P2P AVAILABILITY]

[P2P AVAILABILITY]   [Request Peer to Peer Consultation]

Authorization Lookup

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

[ALL POST DECISION OPTIONS]

*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.

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**.

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.

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.

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.

Contact Instructions

Contact Instructions

Call Notes

☐ ALT REC declined

☐ Procedure was performed on: mm/dd/yyyy

☐ Caller requested MD Specialty match

☐ Appeal LOR attestation requirement

☐ OH State Regulation: Member Consent obtained

☐ TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.
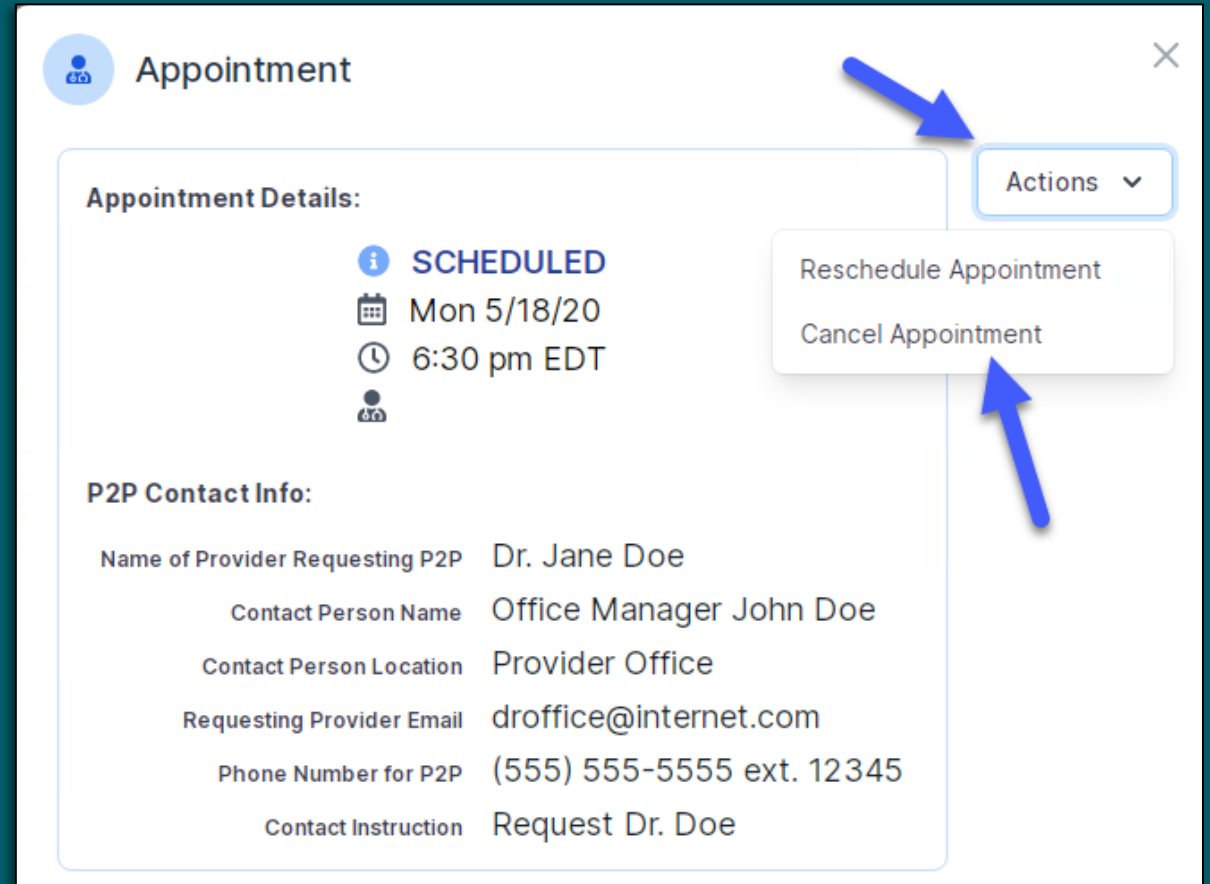
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

Schedule Appointment

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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