

High Tech Radiology & Advanced Cardiac Imaging Prior Authorization Management

Provider Orientation Session for Johns Hopkins HealthCare

+Agenda

- Company Overview
- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Company Overview

+Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Clinical Approach

+Evidence-Based Guidelines

The foundation of our solutions



Dedicated
pediatric
guidelines



Contributions
from a panel of
community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

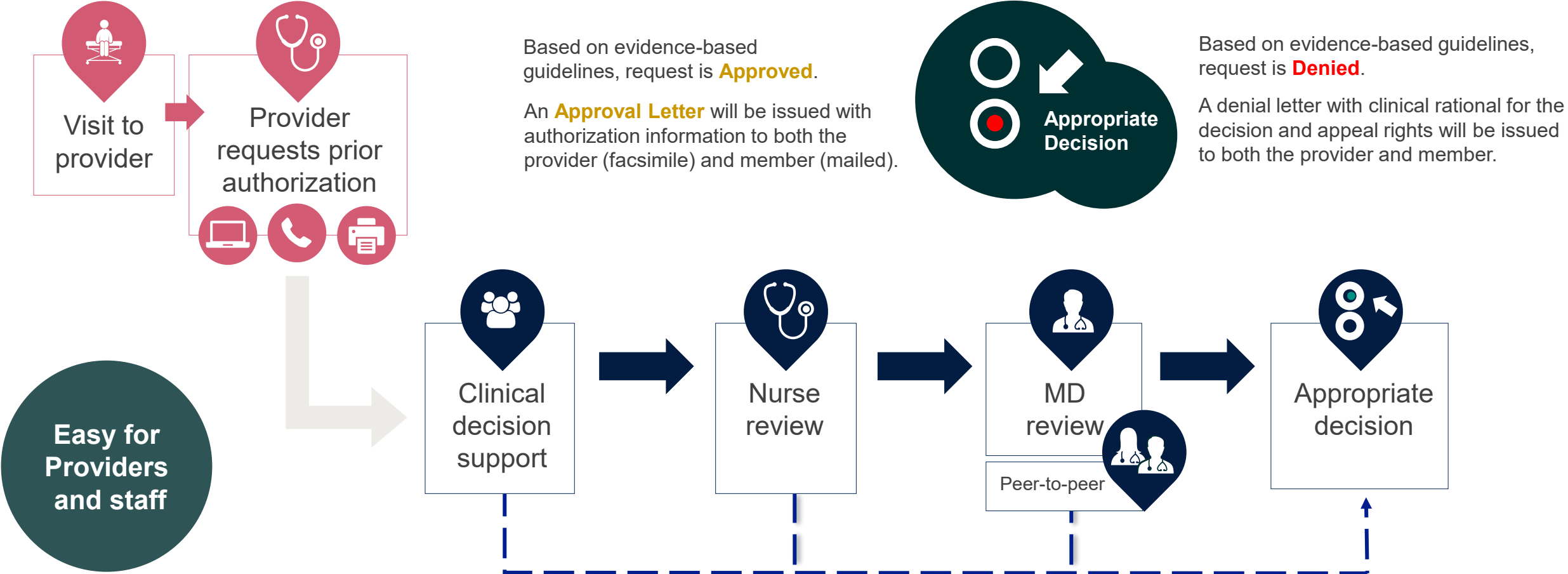
+Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of solutions

- ◆ **Anesthesiology**
- ◆ **Cardiology**
- ◆ **Chiropractic**
- ◆ **Emergency Medicine**
- ◆ **Family Medicine**
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- ◆ **Gastroenterology**
- ◆ **Internal Medicine**
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine
- ◆ **Medical Genetics**
- ◆ **Nuclear Medicine**
- ◆ **OB / GYN**
 - Maternal-Fetal Medicine
- ◆ **Oncology / Hematology**
- ◆ **Orthopedic Surgery**
- ◆ **Otolaryngology**
- ◆ **Pain Mgmt. / Interventional Pain**
- ◆ **Pathology**
 - Clinical Pathology
- ◆ **Pediatric**
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- ◆ **Physical Medicine & Rehabilitation**
 - Pain Medicine
- ◆ **Physical Therapy**
- ◆ **Radiation Oncology**
- ◆ **Radiology**
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- ◆ **Sleep Medicine**
- ◆ **Sports Medicine**
- ◆ **Surgery**
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ◆ **Urology**



+Utilization Management – the Prior Authorization Process



Program Overview

+Johns Hopkins HealthCare Prior Authorization Services

+eviCore healthcare (eviCore) will begin accepting prior authorization requests for radiology & cardiology services on **December 14, 2020** for dates of service **January 1, 2021** and after.

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

Prior authorization does **NOT** apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured provider log-in section at: <https://ehp.healthtrioconnect.com>

+Applicable Memberships

Prior Authorization is required for Johns Hopkins HealthCare members who are enrolled in the following lines of business/programs:

Medicare	<ul style="list-style-type: none">• Johns Hopkins Advantage MD
Medicaid	<ul style="list-style-type: none">• Priority Partners

Note: eviCore will not manage prior authorizations for Johns Hopkins Employer Health Programs (EHP) or Johns Hopkins US Family Health Plan.

+ Radiology Solution

Covered Services:

+Advanced imaging services

- CT, CTA
- MRI, MRA
- PET, PET/CT
- Nuclear Medicine

To find a **complete list** of radiology Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:

<https://www.evicore.com/resources/healthplan/johnshopkinshealthcare>

EviCore
By EVERNORTH



+Cardiology Solution

Covered Services:

+Advanced imaging and diagnostic services

- Cardiac Advanced Imaging; CT, MR, PET
- Nuclear Cardiology; includes Nuclear Stress Testing
- Echo Stress Testing
- Echocardiography
- Diagnostic Heart Catheterization

To find a **complete list** of cardiology Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:

<https://www.evicore.com/resources/healthplan/johnshopkinshealthcare>



Submitting Requests

+Methods to Submit Prior Authorization Requests

Johns Hopkins HealthCare Provider Portal (preferred)

+The online portal on HealthLINK - [HealthLINK portal for Priority Partners/Advantage MD patients](#) or eviCore's portal - www.eviCore.com, are the quickest, most efficient ways to request prior authorization and check authorization status, and are available 24/7

Phone Number:

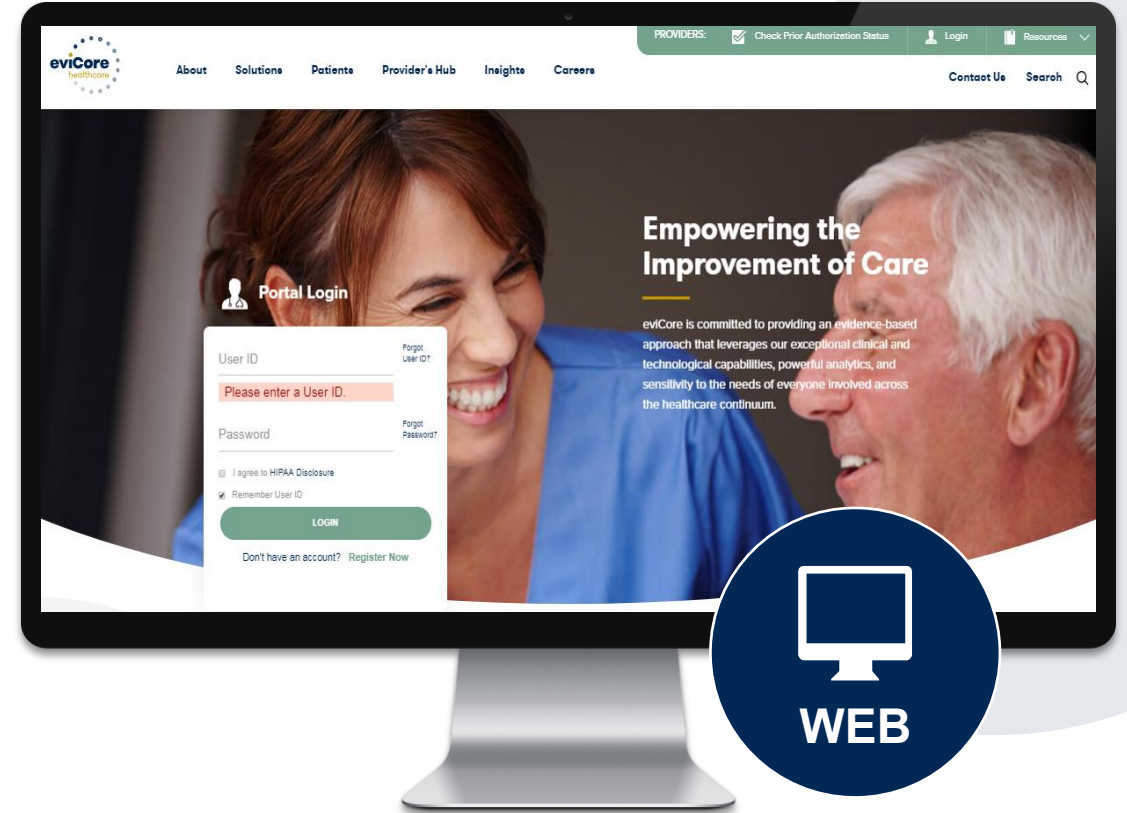
866-220-3071

Monday through Friday:
8 am – 7 pm EST

Fax Number:

800-540-2406

PA requests are accepted via fax and can be used to submit additional clinical information



+Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal (HealthLINK) allows you to go from request to approval faster. Following are some benefits & features:

- Saves time: Quicker process than phone authorization requests
- Available 24/7: You can access the portal any time and any day
- 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 in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- View and print determination information: Check case status in real-time
- Duplication feature: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals

+Keys to Successful Prior Authorizations

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

1. Member

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

4. Supporting Clinical

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results



2. Referring (Ordering) Physician

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

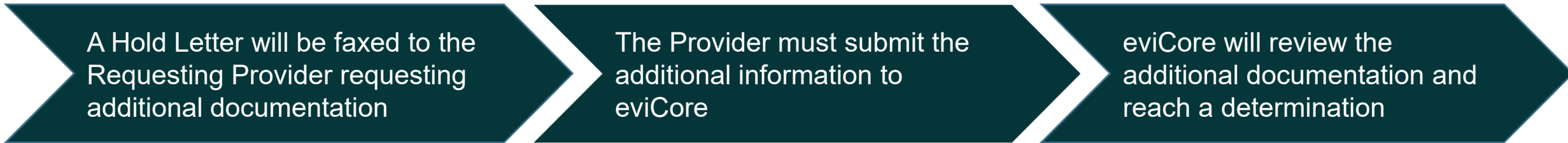
3. Rendering Facility

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

+Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

+If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



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

The Provider must submit the additional information to eviCore

eviCore will review the additional documentation and reach a determination

To ensure that a determination is completed within the designated timeframe for each LOB, the case will remain on hold as follows:

- Medicare: 1 calendar day
- Medicaid: 8 calendar days

Requested information must be received within the timeframe as specified in the Hold Letter.

Determination will be completed within 1 business day



Prior Authorization Outcomes & Special Considerations

+Prior Authorization Approval

Approved Requests

- Standard requests are processed within 2 business days after receipt of all necessary clinical information, but no later than 14 calendar days from the date of the initial request
- Authorizations are valid for 45 days from the request date
- Authorization letters will be faxed to the ordering physician & rendering
- When initiating a case on the web you can receive e-notifications when a determination is made
- Members will receive a letter by mail
- Approval information can be printed on demand from the web portal



+When a Request is Determined as Inappropriate



Based on evidence-based guidelines, request is determined as **inappropriate**.

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

Special Circumstances

+Retrospective (Retro) Authorization Requests

- Must be submitted within 180 business days from the date of services
- Retro requests submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Retro requests are processed within 30 calendar days
- When authorized, the start date will be the submitted date of service

+Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent request will be reviewed within 72 hours



Special Circumstances cont.

+Alternative Recommendation

- 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

+Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial

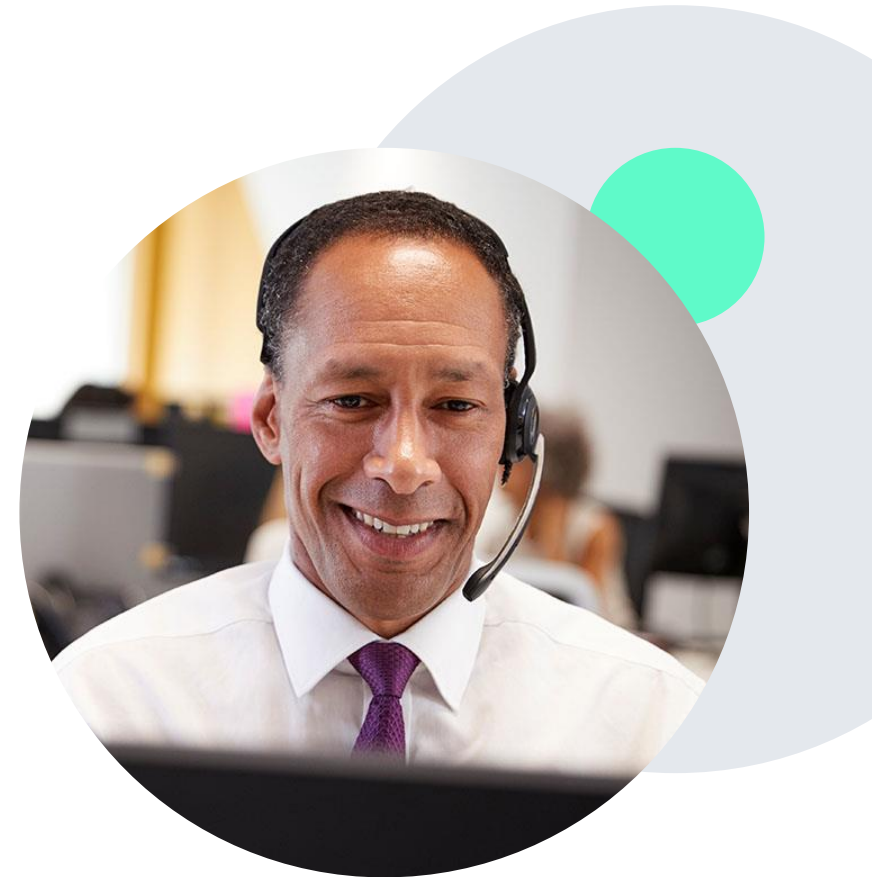


Reconsideration Options

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to secure case review for overturn consideration
- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at 866-220-3071 to speak to an agent who can provide available option(s) and instruction on how to proceed.



Post-Decision Options: Priority Partners Members

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 3 business days from the determination date
- eviCore has 5 calendar days after receipt of clinical information to complete the determination
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will process pre-service appeals for Priority Partners
- A denial letter with the rationale for the decision and pre-service appeal rights will be mailed to the member and faxed to the ordering provider.
- Appeal requests must be submitted to eviCore within 60 calendar days from the initial determination
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider
- Post-service appeals will be processed by Priority Partners

Pre-Decision Options: Advantage MD Members

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

Submission of Additional Clinical Information

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- You can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

Post-Decision Options: Advantage MD Members

My case has been denied. What's next?

Clinical Consultation

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

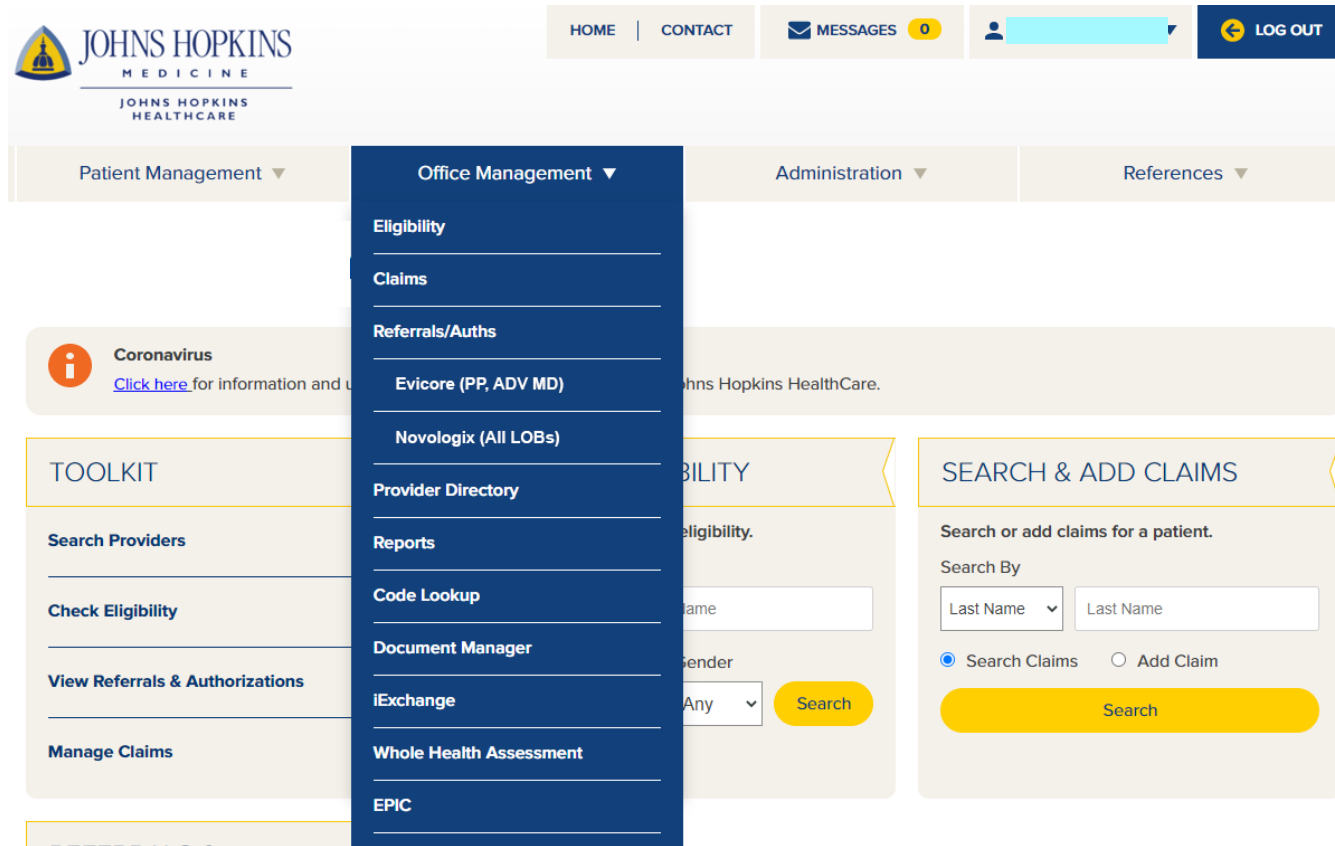
- eviCore will not process pre-service member appeals, please follow JH Advantage MD process
- Only members have appeal rights. A denial letter with the rationale for the decision and appeal rights will be issued to the member.
- A denial letter with the rationale for the decision and post-service payment dispute rights will be issued to the provider.

Reconsideration

- Medicare cases do not include a Reconsideration option

Provider Portal Overview

+Single-Sign On Experience



[HealthLINK portal for Priority Partners/Advantage MD patients](#)

- Providers can access the eviCore portal from **HealthLINK**
- To access the eviCore portal, click on **Office Management**, then select **eviCore** in the dropdown.

+eviCore healthcare Website

Visit www.evicore.com

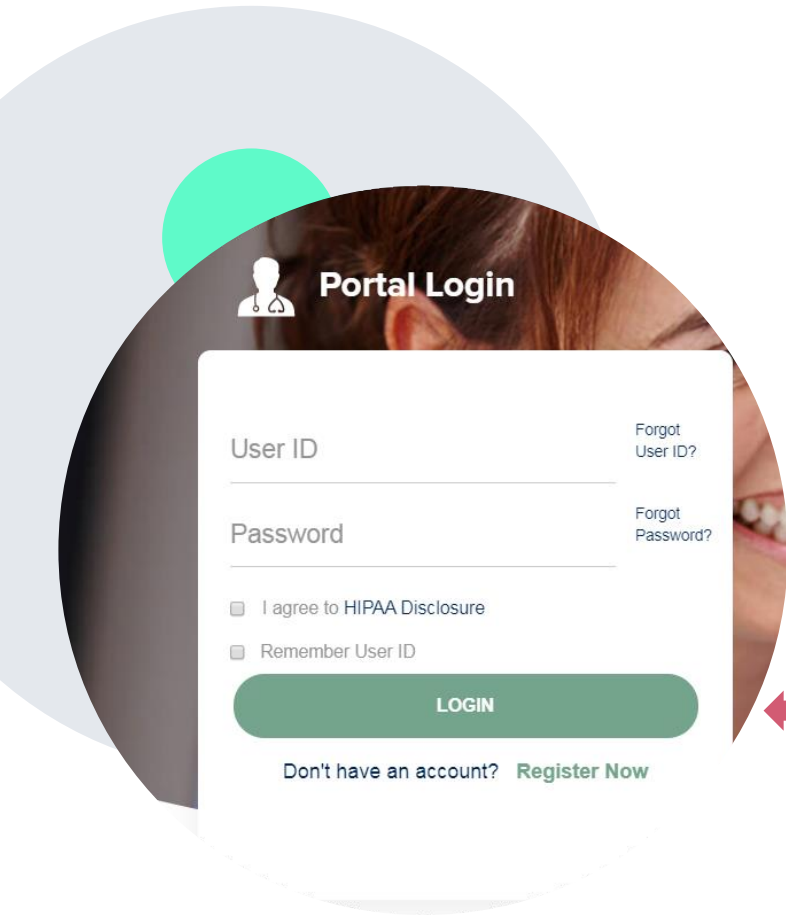
+Already a user?

+If you already have access to eviCore's online portal, simply log-in with your

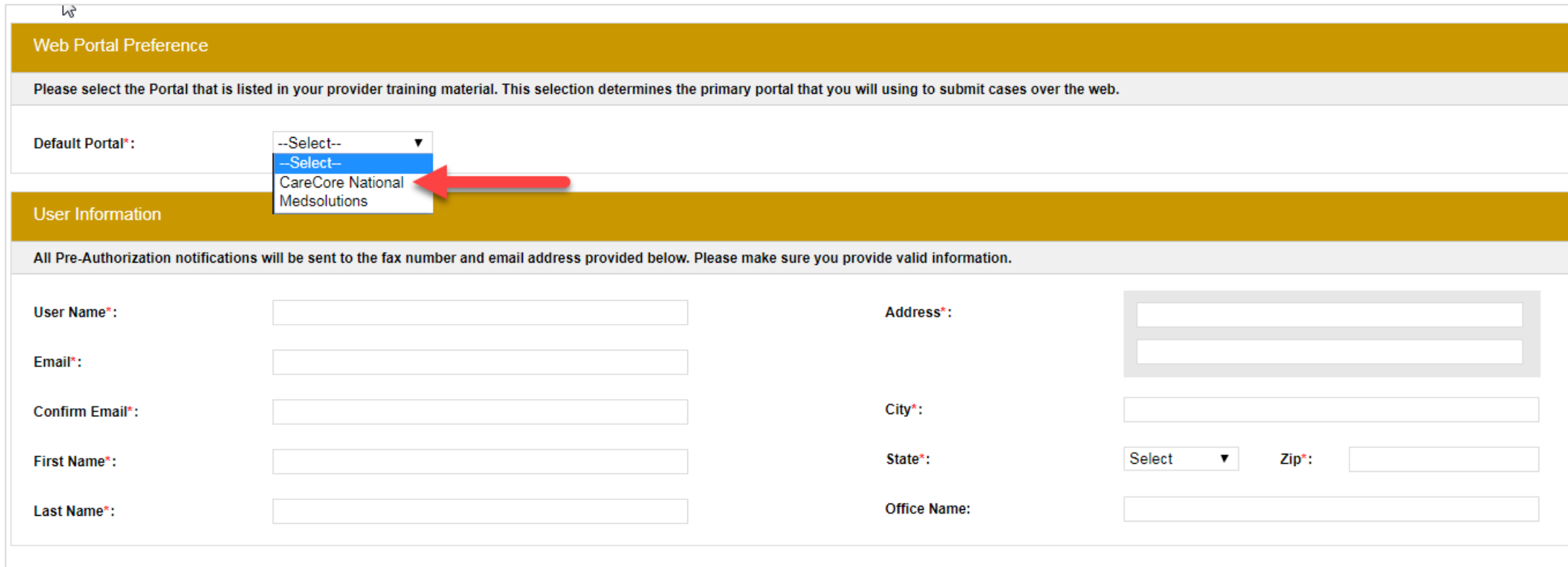
+User ID and Password and begin submitting requests in real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!



+Creating An Account



Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: --Select-- --Select-- CareCore National Medsolutions

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:

Email*:

Confirm Email*:

First Name*:

Last Name*:

Address*:

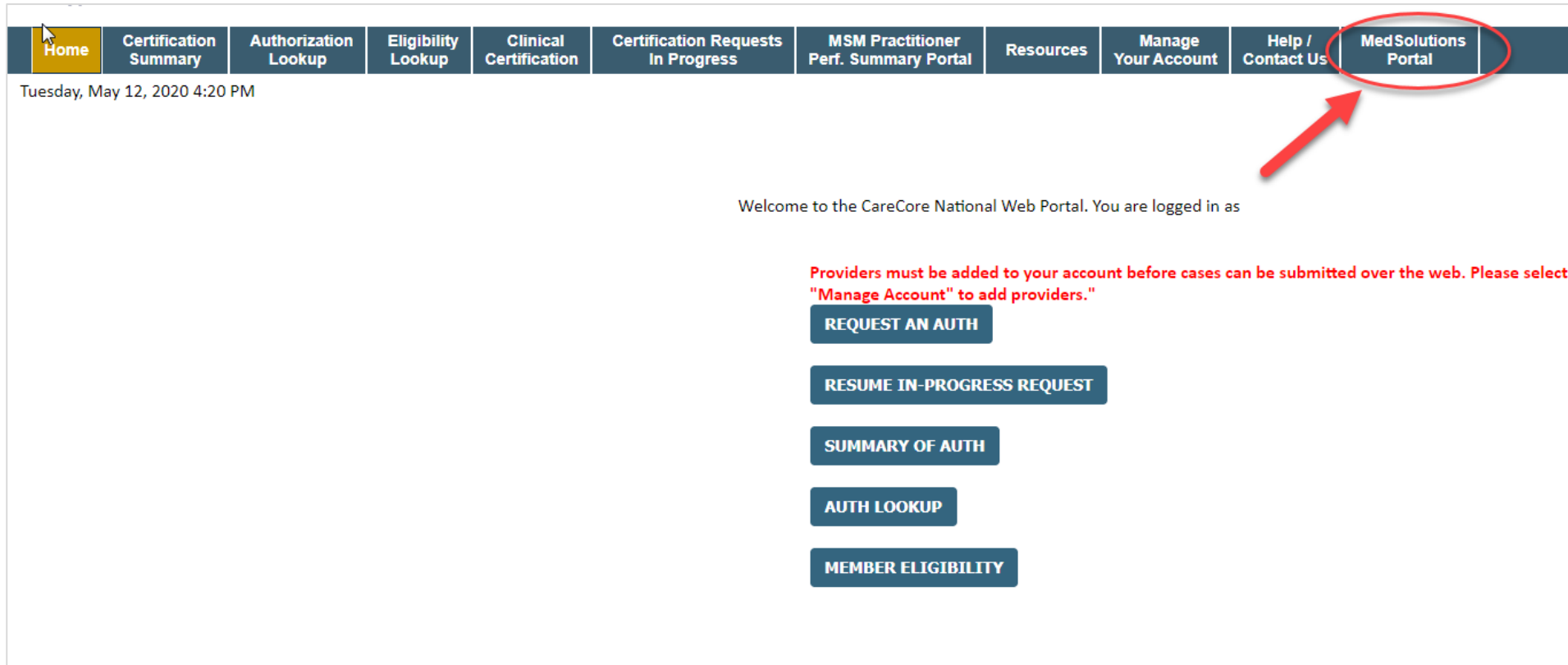
City*:

State*: Select ▼ Zip*:

Office Name:

- 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 log-in page.

+Welcome Screen



Note: You can access the **MedSolutions Portal** at any time without having to provide additional log-in information. Click the MedSolutions Portal on the top-right corner to seamlessly toggle back and forth between the two portals.

+Add Practitioners

The screenshot displays the 'Manage Your Account' section on the left and a modal window for 'Add Practitioner' on the right. The 'Manage Your Account' section includes fields for Office Name, Address, Primary Contact, and Email Address, along with buttons for 'CHANGE PASSWORD' and 'EDIT ACCOUNT'. Below these is an 'ADD PROVIDER' button and a table with the text 'No providers on file' and a 'CANCEL' button. The 'Add Practitioner' modal contains instructions to enter practitioner information, a note about Lab Billing NPI, State, and Zip, and input fields for Practitioner NPI, State (a dropdown menu), and Zip. It also features 'FIND MATCHES' and 'CANCEL' buttons.

- Select the “**Manage Your Account**” tab, then the **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

EviCore

By EVERNORTH

+Initiating a Case

eviCore healthcare

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Help / Contact Us Test

Monday, November 02, 2020 10:23 AM

Request an Authorization

To begin, please select a program below:

Radiology and Cardiology

CONTINUE

[Click here for help](#)

eviCore healthcare

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Help / Contact Us Test

Monday, November 02, 2020 10:31 AM

Requesting Provider Information

Identify a referring provider by name, location, and insurance carrier to proceed.

Filter Last Name or NPI:

SEARCH **CLEAR SEARCH**

Provider

SELECT

BACK **CONTINUE**

[Click here for help](#)

- Choose Clinical Certification to begin a new request
- Select the appropriate program – Radiology and Cardiology
- “Requesting Provider Information” will populate based on your entry in the Johns Hopkins HealthCare portal

EviCore

By EVERNORTH

+Member & Request Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

Requested Service + Diagnosis

This procedure has not been performed. **CHANGE**

Radiology Procedures

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

73721 MRI LOWER EXTREMITY JOINT W/O

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

- Enter the member information, including the patient ID number, date of birth, and last name. Click Eligibility Lookup
- Next screen you can enter CPT code & diagnosis code

EviCore

By EVERNORTH

+Verify Service Selection

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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+Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

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

- **Select the specific site where the testing/treatment will be performed.**

+Clinical Certification

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 make any changes needed**
- **You will not have the opportunity to make changes after this point**

EviCore

By EVERNORTH

+Standard or Urgent Request?

- If your request is urgent select **No**
- When a request is submitted as Urgent, you will be required to upload relevant clinical information
- If the case is standard select **Yes**
- You can upload up to FIVE documents in .doc, .docx, or .pdf format
- Your case will only be considered Urgent if there is a successful upload

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

+Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

i 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 upon the information provided
- You can save your request and finish later if needed
- **Note** You will have 2 business days to complete the case
- When logged in, you can resume a saved request by going to Certification Requests in Progress

+Next Step: Criteria not met

+If criteria are not met based on clinical questions, you will receive a similar request for additional info:

i Is there any additional information specific to the member's condition y

I would like to upload a document after the survey

I would like to enter additional notes in the space provided

I would like to upload a document and enter additional notes

I have no additional information to provide at this time

SUBMIT

Summary of Your Request

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

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

Provider Name:	<i>[Redacted]</i>	Contact:	<i>[Redacted]</i>
Provider Address:	<i>[Redacted]</i>	Phone Number:	<i>[Redacted]</i>
		Fax Number:	<i>[Redacted]</i>
Patient Name:	<i>[Redacted]</i>	Patient Id:	<i>[Redacted]</i>
Insurance Carrier:	<i>[Redacted]</i>		
Site Name:	<i>[Redacted]</i>	Site ID:	<i>[Redacted]</i>
Site Address:	<i>[Redacted]</i>		
Primary Diagnosis Code:	<i>[Redacted]</i>	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:	<i>[Redacted]</i>	Description:	
Date of Service:	<i>[Redacted]</i>	Description:	OB Ultrasound
CPT Code:	<i>[Redacted]</i>		
Case Number:	<i>[Redacted]</i>		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

Tips:

- Upload clinical notes on the portal, to avoid any delays (e.g., by faxing)
- 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’

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+Criteria Met

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

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 ARJARA VETTU	Contact:	Info
Provider Address:	1200 6TH AVE W SAINT CLOUD, MN 56303	Phone Number:	(320) 252-1000
		Fax Number:	(320) 252-1000
Patient Name:	ANTHONY WALKER	Patient Id:	ANTHONY
Insurance Carrier:	WELLS FARGO		
Site Name:	COMMONWEALTH HOSPITAL LLC	Site ID:	000000
Site Address:	875 UNIVERSITY AVENUE SW CORNING, AL 36708		
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:	0000000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**

Additional Provider Portal Features

+Certification Summary

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

Certification Summary

Search.. 🔍 ☰

Page 1 of 0 10

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical

Page 1 of 0 10

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

+Authorization Lookup

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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Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI

- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence

Duplication Feature

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Radiation Therapy Management Program)
- Provider ([REDACTED])
- Program and Provider (Radiation Therapy Management Program and [REDACTED])
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

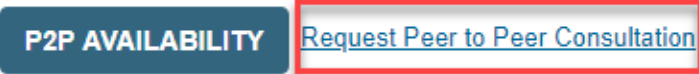
- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

+How to schedule a Peer to Peer Request

+Log into your account at <https://ehp.healthtrioconnect.com> or www.eviCore.com


- Perform Authorization Lookup to determine the status of your request.
- +
• Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:

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



Authorization Lookup

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



+How to schedule a Peer to Peer Request

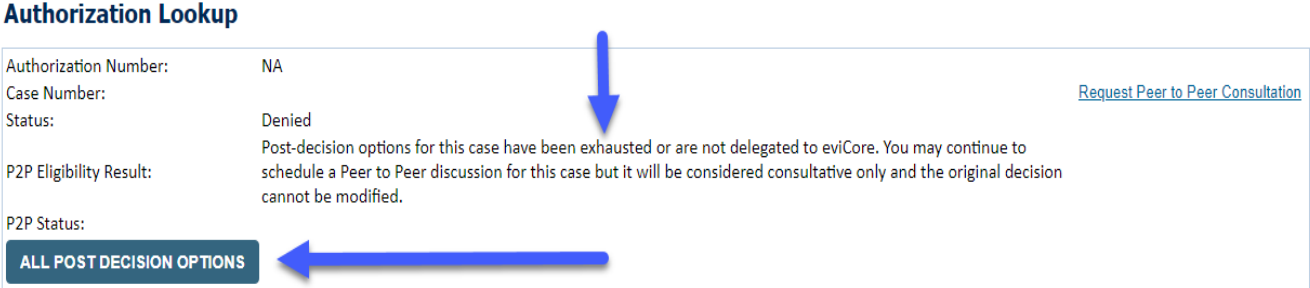
Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other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

Authorization Lookup

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

[Request Peer to Peer Consultation](#)

ALL POST DECISION OPTIONS



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

+How to Schedule a Peer to Peer Request

Case Info | Questions | Schedule | Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

- + Upon first login, you will be asked to confirm your default time zone.
- + You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.
- + You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”
- + To proceed, select “Lookup Cases”

+ You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove ✔ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

+How to Schedule a Peer to Peer Request Continued

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[Continue >](#)

+You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

+You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

+How to Schedule a Peer to Peer Continued

+Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

- + Name of Provider Requesting P2P
- + Phone Number for P2P
- + Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

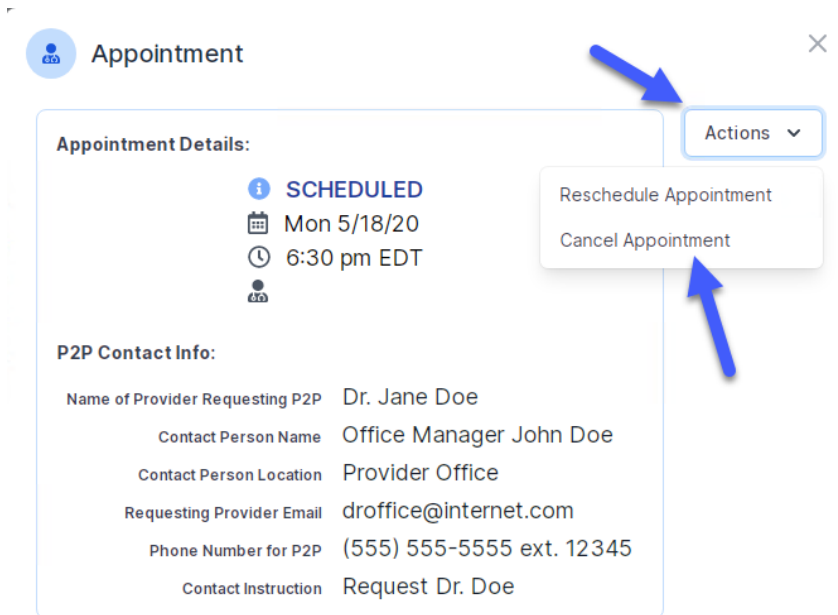
The screenshot displays a web form for scheduling a Peer-to-Peer (P2P) appointment. At the top, a progress bar shows four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The form is divided into two main sections. The left section, titled 'P2P Info', shows the date (Mon 5/18/20) and time (6:30 pm EDT). Below this is a 'Case Info' section with a table for '1st Case' containing fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, and Member ID. The Case Type is 'MSK Spine Surgery' and the Level of Review is 'Reconsideration P2P'. The right section, titled 'P2P Contact Details', contains several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu set to 'Provider Office'), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is located at the bottom right of the form. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.

The screenshot shows a summary page for a scheduled appointment. It features a calendar icon and the text 'Scheduling'. Below this, it says 'Scheduled' followed by a calendar icon and the date and time 'Mon 5/18/20 - 6:30 pm EDT'. At the bottom right, there is a red oval containing the word 'SCHEDULED' in white capital letters.

+Canceling or Rescheduling a Peer to Peer Appointment

+To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action
- If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
- If choosing to cancel, you will be prompted to input a cancellation reason
- Close browser once done



Provider Resources

Client and Provider Services

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

- + Access: [ECRM Services](#)
- + ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)
- + Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

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

Call **866-220-3071**, representatives are available from 7 a.m. to 7 p.m. local time.



Contact EviCore's Dedicated Teams

EviCore Communication Relationship Management (ECRM)

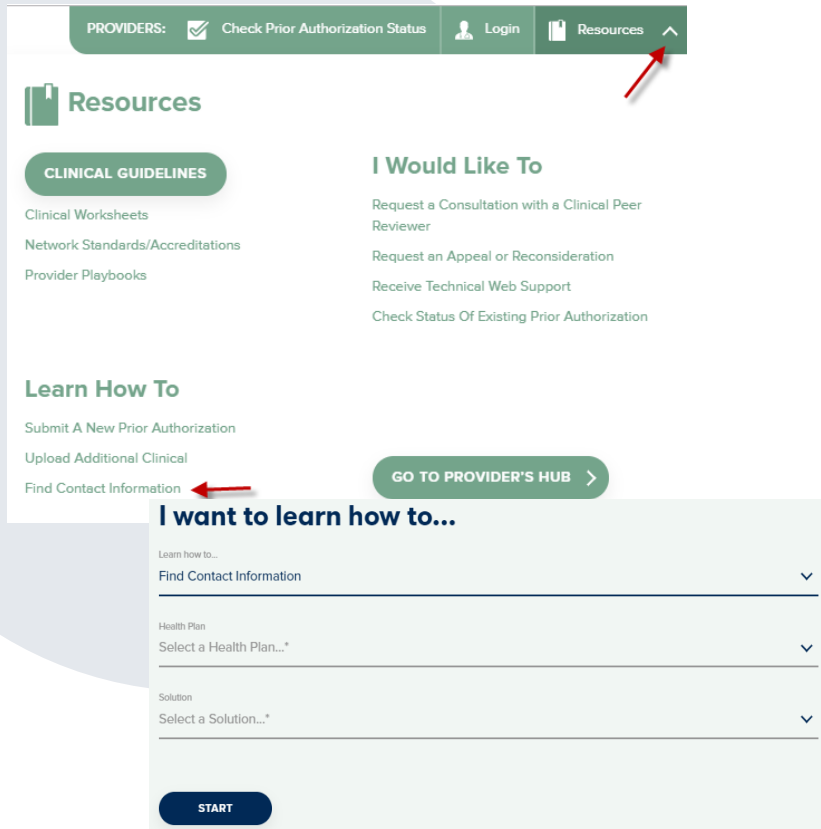
For program-related questions or concerns, please submit inquiries via the [EviCore Communication Relationship Management \(ECRM\)](#) application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore provider portal

ECRM is available **24/7**. Users can login or register here, [ECRM](#)

Additional Information about ECRM, including trainings, can be found on [Providers Hub](#)

+Online Resources



Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider's Hub section includes many resources
- Provider forums and portal training are offered weekly, you can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"
- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com

+Provider Resource Website

Provider Resource Pages

+eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

+To access these helpful resources, please visit

[+https://www.evicore.com/resources/healthplan/johnshopkinshealthcare](https://www.evicore.com/resources/healthplan/johnshopkinshealthcare)
Johns Hopkins HealthCare Provider Services: 888-895-4998



+Provider Newsletter

Stay Updated With Our Free Provider Newsletter

+eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



+Provider Resource Review Forums

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

+We invite you to attend a Provider Resource Review Forum, to navigate 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
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Thank You!
