Physical Therapy & Occupational Therapy Utilization Management Program

Provider Orientation for Johns Hopkins HealthCare

EviCore By EVERNORTH

JOHNS HOPKINS MEDICINE

+Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations, and Post Decision Options
- Provider Portal Overview
- Provider Resources
- Q & A
- Additional Provider Portal Features

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Program Overview

+Johns Hopkins HealthCare Prior Authorization Services

EviCore healthcare (eviCore) will begin accepting prior authorization requests for physical therapy and occupational therapy on August 29, 2022 for dates of service September 1, 2022 and after.

Applicable Membership:

- Advantage MD
- Priority Partners*

*Pediatric Priority Partners Members (Under 21) do not require authorization

Prior authorization applies to the following services:

- Outpatient
- Elective / Non-emergent

Prior authorization does NOT apply to services performed in:

- Emergency Rooms
- Inpatient Stays
- Home Health

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

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

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+Prior Authorization Program

Prior authorization is required for:

- Physical Therapy
- Occupational Therapy

To find a list of CPT (Current Procedural Terminology) codes that require prior authorization through eviCore, please visit: https://www.evicore.com/resources/healthplan/johnshopkinshealthcare

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+Prior Authorization Program

Goals

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

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+Prior Authorization Program

Clinical Philosophy

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

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+Prior Authorization Program

+Medical Necessity

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

You can view the therapy guidelines here: https://www.evicore.com/provider/clinical-guidelines

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Submitting Prior Authorization Requests

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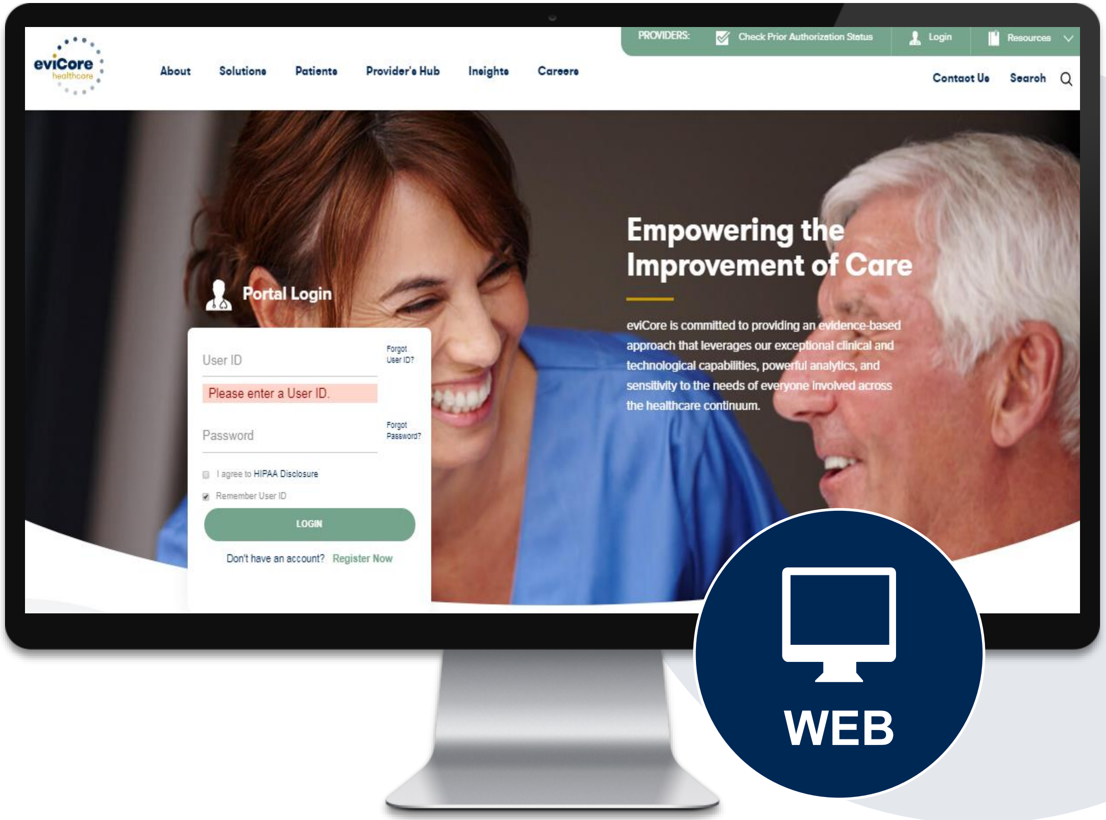
+Methods to Submit Prior Authorization Requests

EviCore Provider Portal (preferred)

- **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.
- **Dashboard**: View all recently submitted cases.
- **E-notification**: Opt-in to receive email notifications when there is a change to case status.
- **Duplication feature**: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals.



Phone Number:
866.220.3071
Monday through Friday:
7 am – 7 pm local time

Fax Number:
800.540.2406
PA requests are accepted via fax and can be used to submit additional clinical information.

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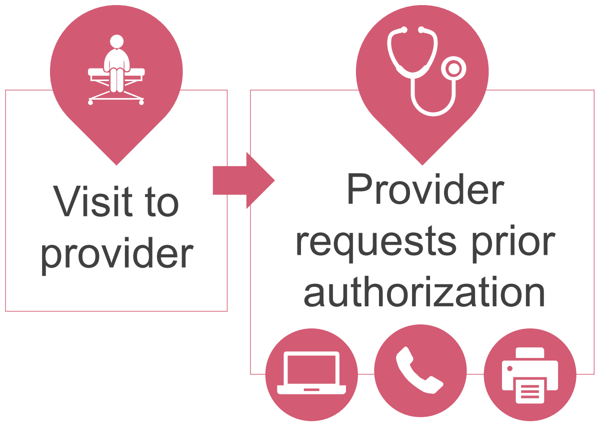
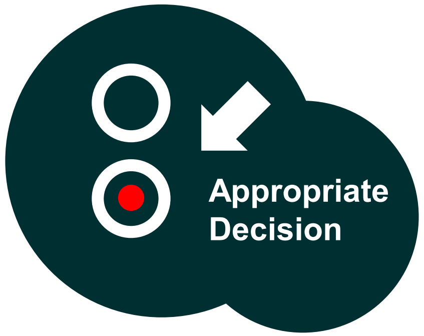
+Utilization Management – The Prior Authorization Process



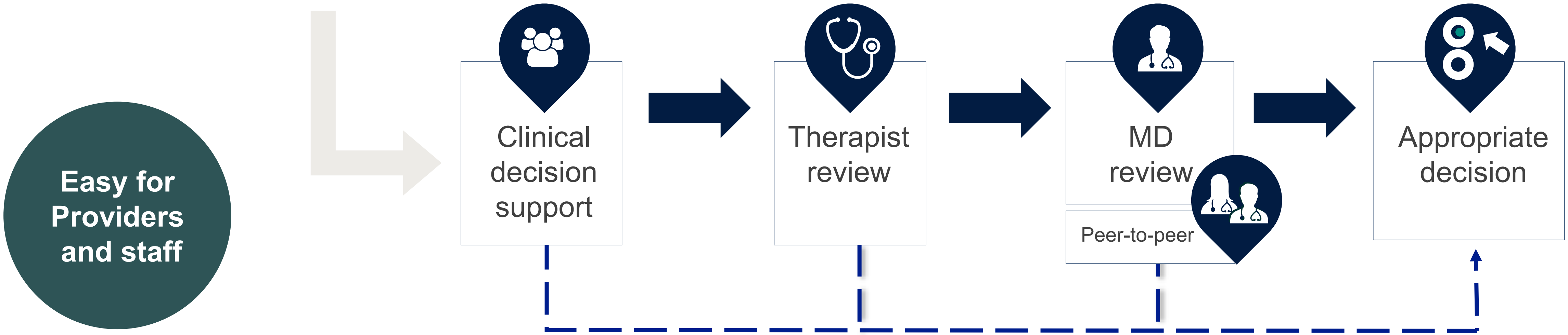
Based on evidence-based guidelines, request is **Approved**.

An **Approval Letter** will be issued with authorization information to both the provider (e-notification or fax) and member (mailed).



Based on evidence-based guidelines, 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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Prior Authorization Process - Information Required for Request

Member
Member ID
Member name
Date of birth (DOB)

Rendering Provider
Provider name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number
Street Address

Requests
Select MSMPT or MSMOT, for requested services

The appropriate diagnosis code for the working of differential diagnosis

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

- Patient’s subjective complaints, objective examination findings, and level of function
- Information from Treatment Request Clinical Worksheet
- Information should be current (collected within the past 14 days)
- Office notes will be requested as needed

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Prior Authorization Process – Clinical Information

Clinical Information – What eviCore needs and why we need it

- Clinical information is required to determine whether the services requested are medically necessary.
- Use clinical worksheets located at eviCore.com as a guide to determine what clinical information is required.
- Be prepared to provide patient reported functional outcome measures with your submission (for example: ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR).
- Clinical information should be current – typically something collected within 14 days prior of the request.
- **Missing or incomplete clinical information will delay case processing.**
- **Medicare cases with incomplete or missing information will receive special handling. CMS allows eviCore to reach out multiple times over a 14 day period to obtain the information required to complete our review.**

Clinical information worksheets

- The clinical worksheet is specific to conditions and designed to assist with the submission of the patient and provider information for medical necessity review.
- Worksheets should be used as a guide for questions and the provider will be prompted to answer when completing the online requests.
- These worksheets should be completed by the provider during the initial consultation/evaluation and treatment planning, collecting the clinical information to allow for ease of submission.
- Physical & occupational therapy requests have the ability for a real time decision for the 1st request.
- The clinical worksheets are available on the eviCore website.

Link to Clinical Worksheets: Physical & Occupational Therapy

Start at evicore.com, click on Resources

Login | Resources

From the Resources dropdown, select Clinical Worksheets

CLINICAL GUIDELINES

Clinical Worksheets

Select Musculoskeletal: Therapies

Musculoskeletal: Therapies

Enter Health Plan name in the search field

Musculoskeletal: Therapies

Search by health plan name to view clinical worksheets. Adobe PDF Reader is required to view clinical worksheets documents.

Search by Health Plan ...

The PT/OT worksheets will be listed under
The PT/OT Header

Physical Therapy and Occupational Therapy

corePath 3 MSK PTOTChiro

corePath PTOT Neurologic

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+Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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

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

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

The Provider must submit the additional information to eviCore

Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.

eviCore will review the additional documentation and reach a determination

Determination notifications will be sent.

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Prior Authorization Process

Requesting Authorization

- For the first request
  - Evaluate the member before you request prior authorization.
    - Evaluation codes do not require prior authorization. (only applies to 97xxx codes)
  - Submit your request within 7 days of the requested start date.
- If additional care is needed:
  - You may submit your request as early as 7 days prior to the requested start date.
  - This allows time for the request to be reviewed and prevents a gap in care.
  - Remember to provide complete, current clinical information including patient reported functional outcome measures.
- Notes: Requests with a start date of > than 7 days in the future will not be accepted. If the member is away from therapy, reassess the condition once therapy has resumed. This allows you to provide current information to allow eviCore to determine medical necessity of ongoing therapy.

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Extensions

- Requests for extensions must be submitted prior to the current authorization date of expiration.
- Information you provide should explain why the visits could not be spread over the approved period.
- Provider has **30 days** from the original authorization expiration date to request an extension.
- Date extension can be requested via the online portal.

Prior Authorization Process - Treating Multiple conditions

Treating Multiple Conditions Within The Same Authorization Period

- If you are treating multiple conditions within the same period, there is no need to request authorization for treatment for each condition.
- The authorization covers all conditions treated within the same period of time.
- If you are treating more than 1 condition, advise eviCore to ensure adequate units are approved.
    - When submitting by the web, you will be asked if you are treating a second condition.
        - Answer = Yes; report information specific to the second condition
    - When requesting authorization over the phone, inform the agent that you are requesting authorization for two conditions
    - If submitting by fax, complete clinical worksheets for both conditions

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Prior Authorization Process – Duplicate Care

Duplicate Care

- eviCore will approve care by two different providers within the same period only when it is medically necessary.
- Examples – PT and OT for therapy following a CVA; PT treating a knee condition and PT treating a vestibular condition.
- eviCore will not approve care by two providers within the same period if the care is duplicative.
- If a provider submits a request for authorization and there is an existing authorization for the same condition with a different provider, eviCore will reach out to the second provider to ask if the member has discontinued care with their original therapist. If this has occurred, please provide the date of discharge from the original therapist.
- If the condition being treated is the same and the member has not discontinued care with their original provider, the request for duplicate care will be denied.

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Prior Authorization Process – Important Concepts

- **Authorization decisions include:**
- **Visits**
- **Approved Time Period**

Example: 1 visit from 1/1/22 to 1/1/22

Spread the Visits over the approved period to prevent a gap in care.

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Prior Authorization Process – Important Concepts

Important Program Updates:

- Prior authorization for physical therapy and occupational therapy will now be required after the initial assessment.
- Previously, prior authorization was required after the 12th visit for Priority Partners and JH Advantage MD; now prior authorization will be required after the first visit/assessment with the therapist.

- Authorizations obtained from JHHC for members currently in treatment (for visits after 12) will be honored until that authorization expires.
- Authorization for any additional visits or authorization for a patient in treatment who had less than 12 visits on or after 9/1/22 would need to be obtained through eviCore.

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Prior Authorization Outcomes, Special Considerations, and Post Decision Options

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+Prior Authorization Outcomes

Approved Requests

- All requests are processed within 2 business days after receipt of all necessary clinical information, but not later than 14 calendar days from the date of the initial request
- Authorizations are typically valid for 60 calendar days.
- Authorization letters will be faxed to the ordering provider & rendering site.
- 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

+Retrospective (Retro) Authorization Requests

- Must be submitted within 90 calendar days from the date of service
- 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, reviewed within 24 hours.
- If a member meets this definition, it is advised they seek treatment in an emergency department.

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Post-Decision Options

My case has been denied. What's next?

- 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.
- Denial letters will be faxed to the ordering provider and rendering site.
- Members will receive a letter by mail.
- Providers may be able to utilize post-decision activity to have a case reviewed for overturn consideration.
- Your **determination letter** is the best immediate source to determine what options exist on a case that has been denied. You may also call us at 866.220.3071 to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.

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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

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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

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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

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- 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.

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Provider Portal Overview

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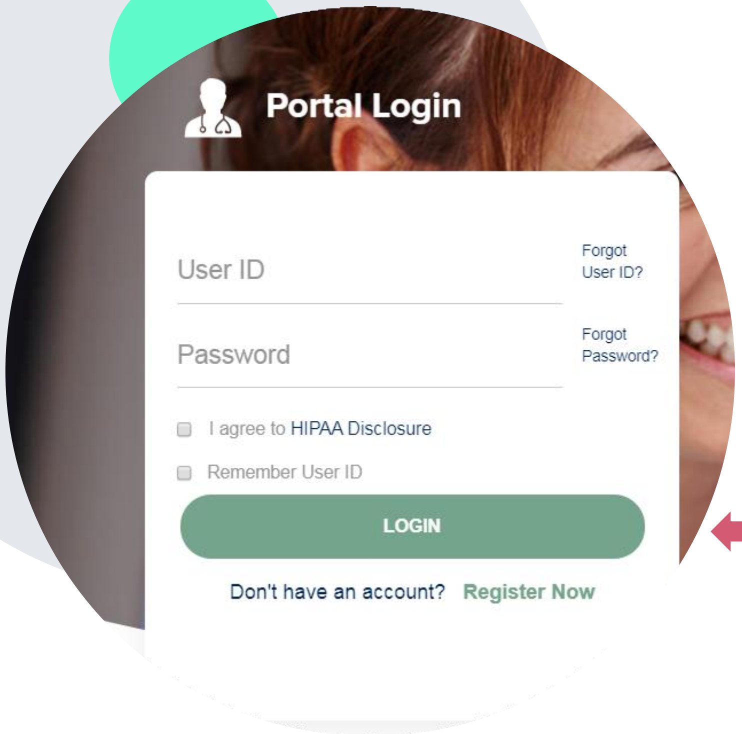
+eviCore healthcare Website

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!

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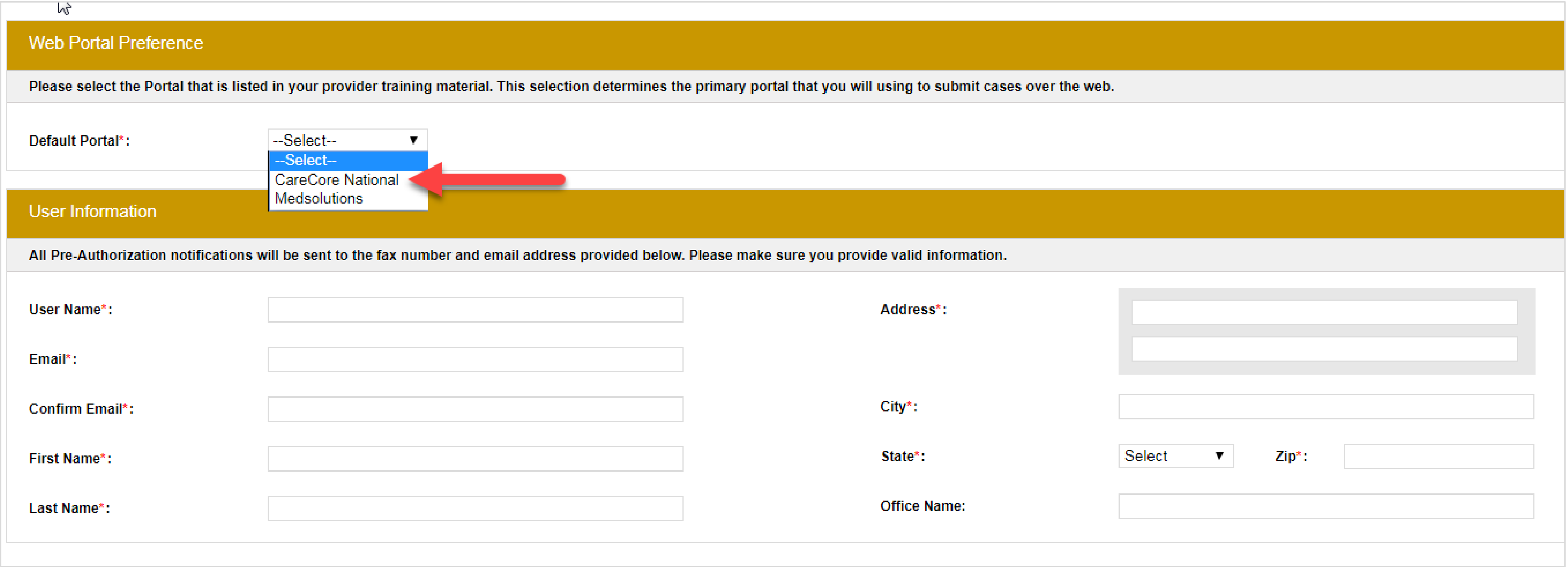
+Creating An Account



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.

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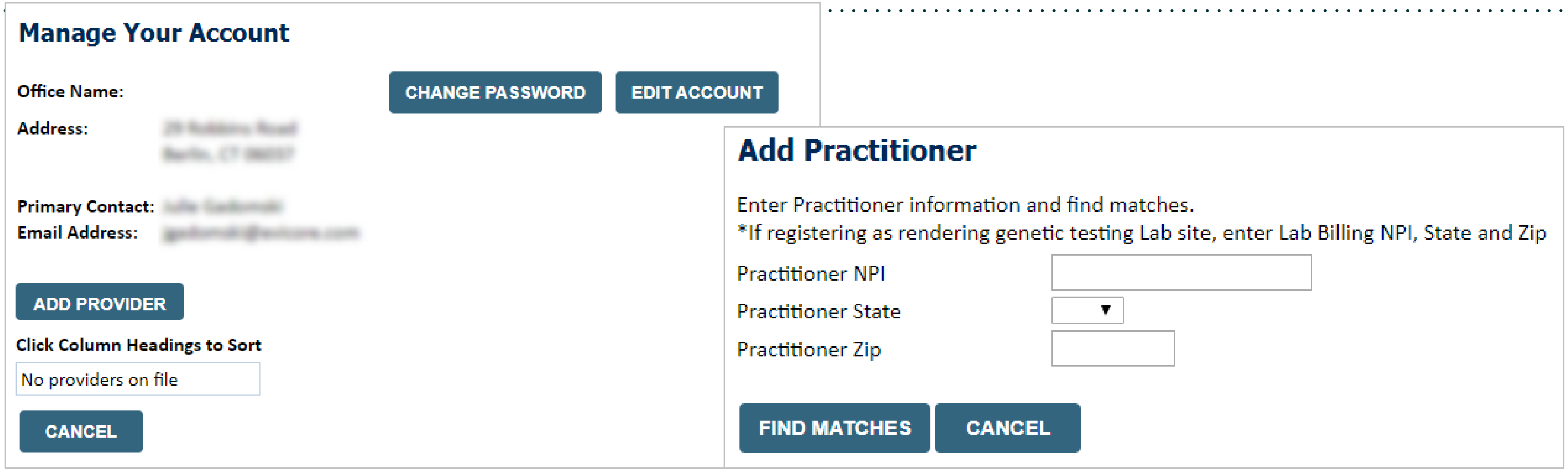
+Add Practitioners



- Select the **Manage Your Account** tab, then **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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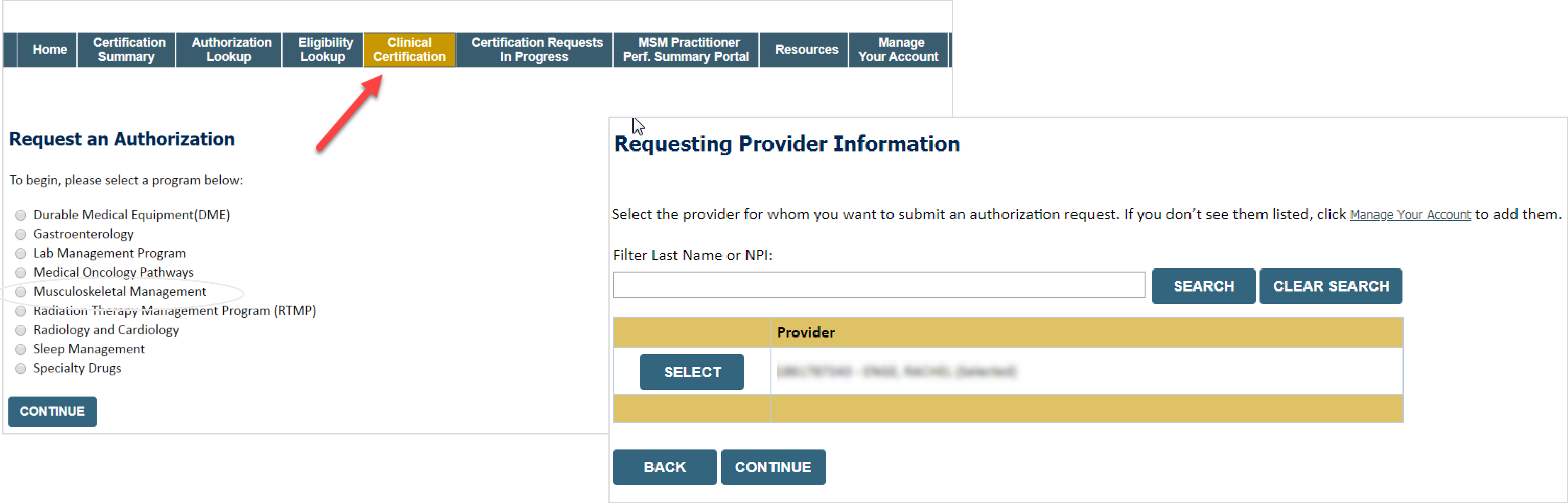
+Initiating A Case



- Choose **Clinical Certification** to begin a new request
- Select the appropriate program **Musculoskeletal Management**
- Select "Requesting Provider Information"

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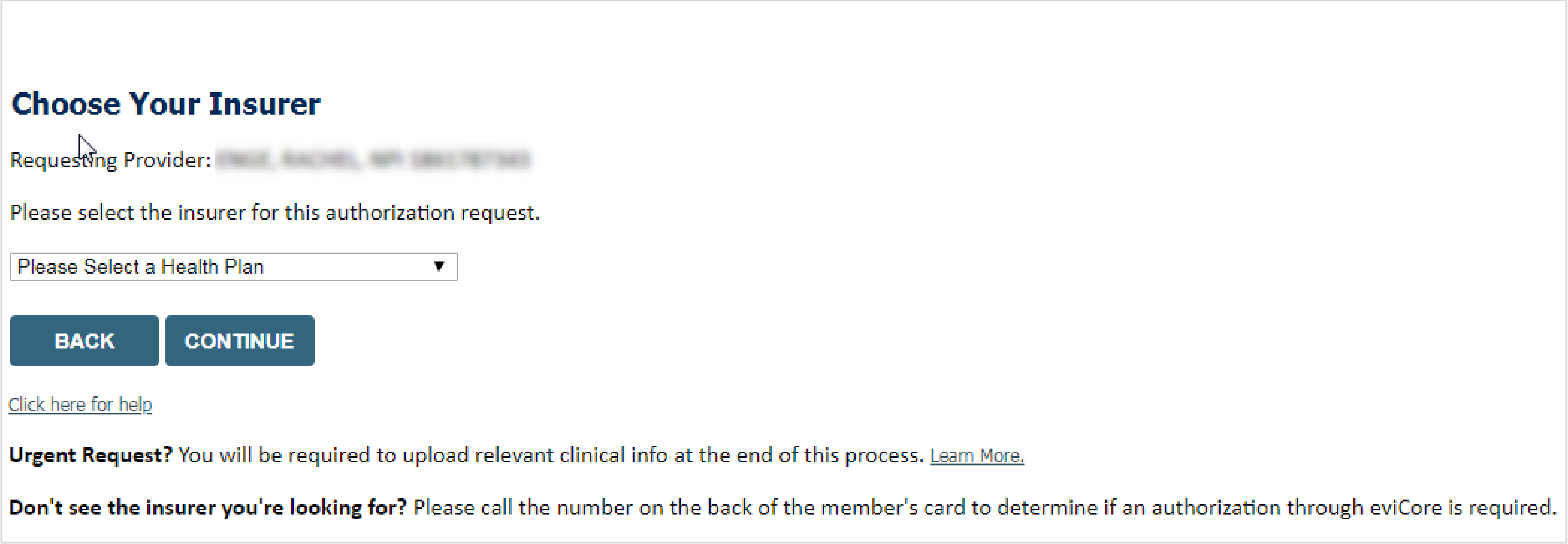
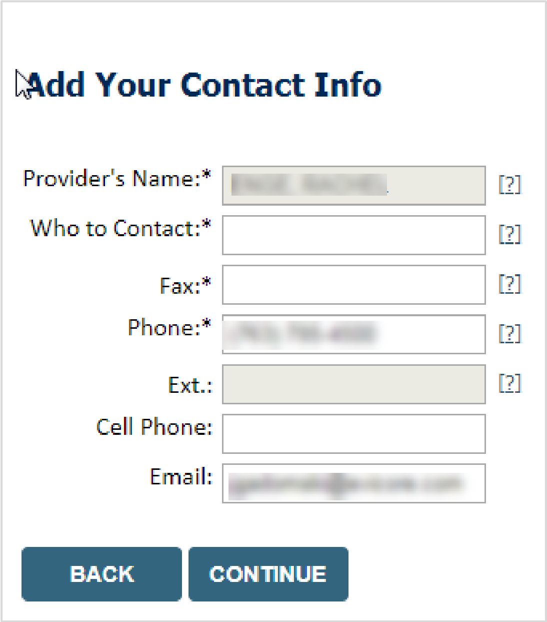
+Select Health Plan & Provider Contact Info





- **Choose the appropriate Health Plan Johns Hopkins HealthCare for Priority Partners & JH Advantage MD requests. Priority Partners or JH Advantage MD will not be an option when utilizing the portal. All requests are processed through Johns Hopkins HealthCare.**
- **Select CONTINUE and on the next screen Add your contact info**
- **Provider name, fax and phone will pre-populate, you can edit as necessary**
- **By entering a valid email you can receive e-notifications**

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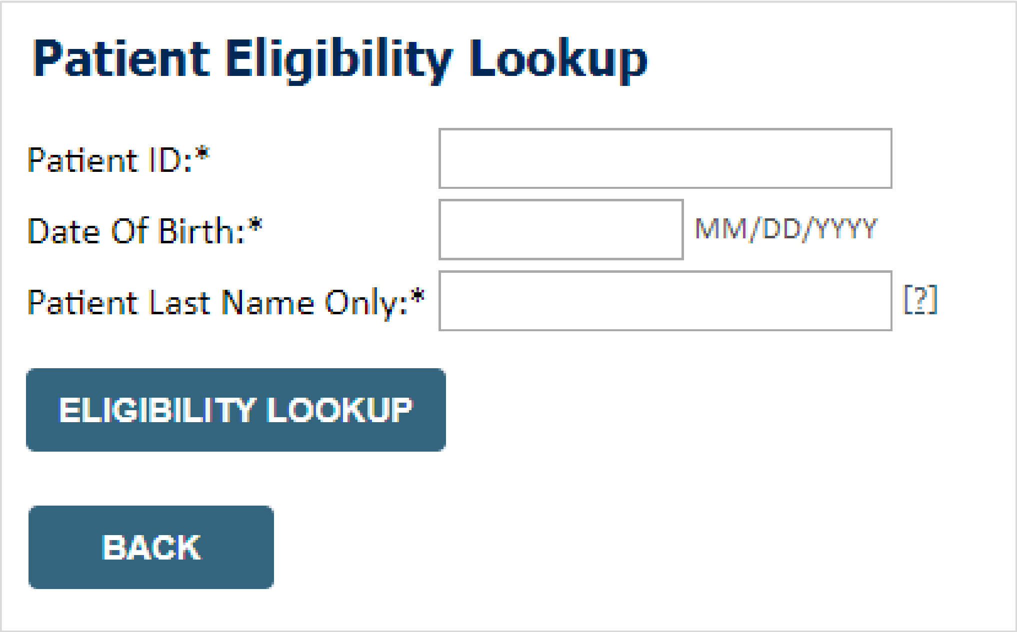
+Member & Request Information



- Enter the member information, including the patient ID number, date of birth, and last name. Click Eligibility Lookup

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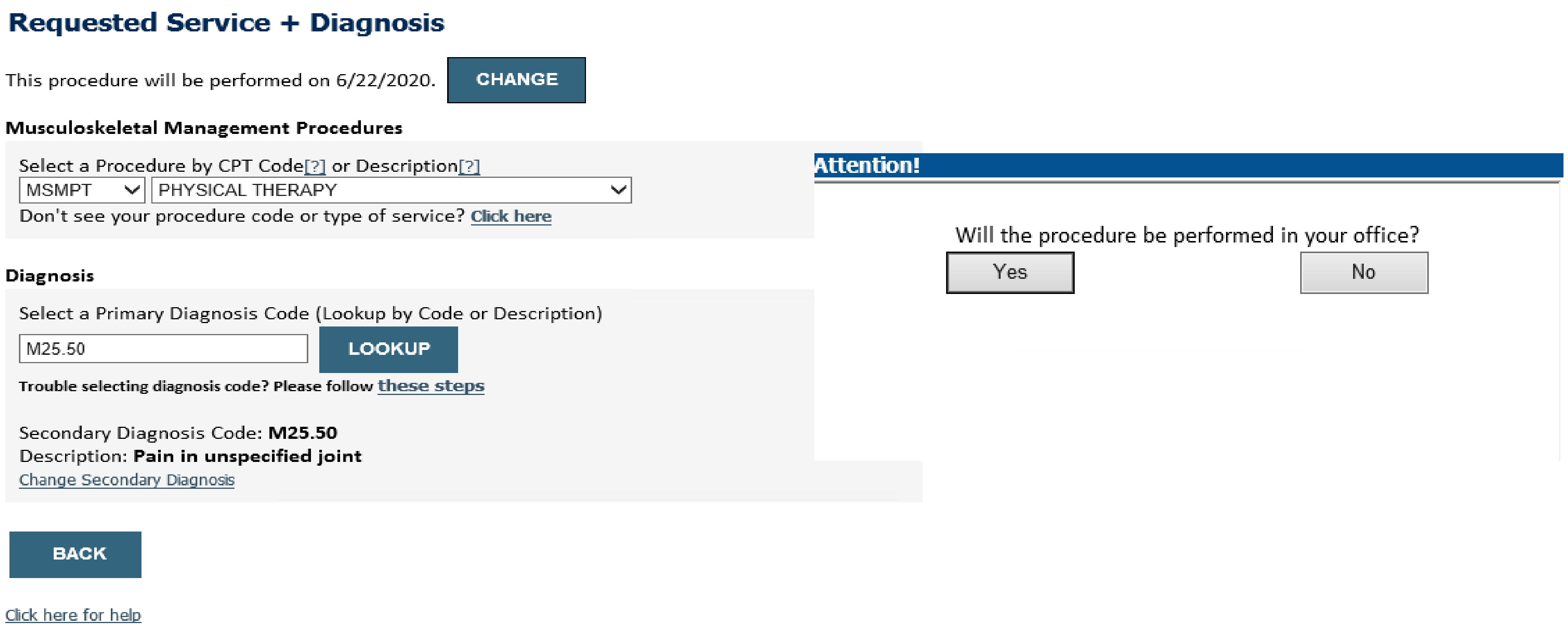
+Request Information



- Next you can enter “CPT code” (MSMPT/PHYSICAL THERAPY or MSMOT/OCCUPATIONAL THERAPY)
- Also add diagnosis code(s)

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+Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 6/22/2020
CPT Code: MSMPT
Description: PHYSICAL THERAPY
Primary Diagnosis Code: M25.50
Primary Diagnosis: Pain in unspecified joint
Secondary Diagnosis Code:
Secondary Diagnosis:

Change Procedure or Primary Diagnosis

Change Secondary Diagnosis

BACK CONTINUE

Click here for help

Attention!

Patient ID: [illegible]
Time: 6/19/2020 6:38 PM
Patient Name: [illegible]

Please review the patient's MSM history. You may be asked about this history during clinical review.

MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status
4/7/2020	[illegible]	[illegible]	MSMPT	PHYSICAL THERAPY	A
3/18/2020	[illegible]	[illegible]	MSMOT	OCCUPATIONAL THERAPY	A
9/17/2019	[illegible]	[illegible]	MSMOT	OCCUPATIONAL THERAPY	A
7/18/2019	[illegible]	[illegible]	MSMOT	OCCUPATIONAL THERAPY	A
4/26/2019	[illegible]	[illegible]	MSMPT	PHYSICAL THERAPY	A

- **Review the patient's history**
- **Verify requested service & diagnosis**
- **Edit any information if needed by selecting change procedure or primary diagnosis**
- **Click continue to confirm your selection**

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+Clinical Information – Example of Questions

Proceed to Clinical Information

TYPE OF CONDITION

Please select Developmental/Pediatric for all Pediatric cases EXCEPT primary musculoskeletal injuries such as

...Such as ankle sprain, fracture, WITHOUT an underlying developmental or neuromuscular condition like cerebral palsy.)

Please indicate the type of condition that therapy is being requested for.

Musculoskeletal - All (including hand and pelvic pain)

Is this request for fabricating a hand splint/orthotics OR developing a home exercise program ONLY?

- ◯ Yes
- ◉ No

SUBMIT

☐ Finish Later

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

This request is for:

- ◯ Initial care (for a condition not treated in the previous 60 days)
- ◯ Continuing care

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

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

No second area being treated

SUBMIT

Clinical Certification questions may populate based upon the information provided

Note: The worksheets are available to offer insight into the clinical questions that will be asked in the pathway

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+Clinical Information –Imbedded messages

You requested a treatment start date of 06/29/2020

Date of initial evaluation

06/29/2020

Date of onset of CONDITION:

06/19/2020

Enter date of current findings:

06/19/2020

The clinical information will be considered out-of-date if the "date of current findings" is greater than 14 days prior to the "treatment start date" for this request. Cases with out-of-date clinical information may be placed on hold awaiting current clinical information. This may delay an authorization decision.

☐ Finish Later

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

- **Questions may populate based upon the information provided**
- **Many screens have imbedded messages that help you understand the criteria.**

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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

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+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

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+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
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates

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+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 Prior Authorization Online Portal Tips and Tools** session, 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 Prior Authorization Online Portal Tips and Tools** session on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

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Thank You!

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Additional Provider Portal Features

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Portal Features

+Certification Summary

- Allows you to track recently submitted cases

+Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

+Eligibility Lookup

- Confirm if member requires prior authorization

+Clinical Certification

- You can begin an authorization request

WEB

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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!

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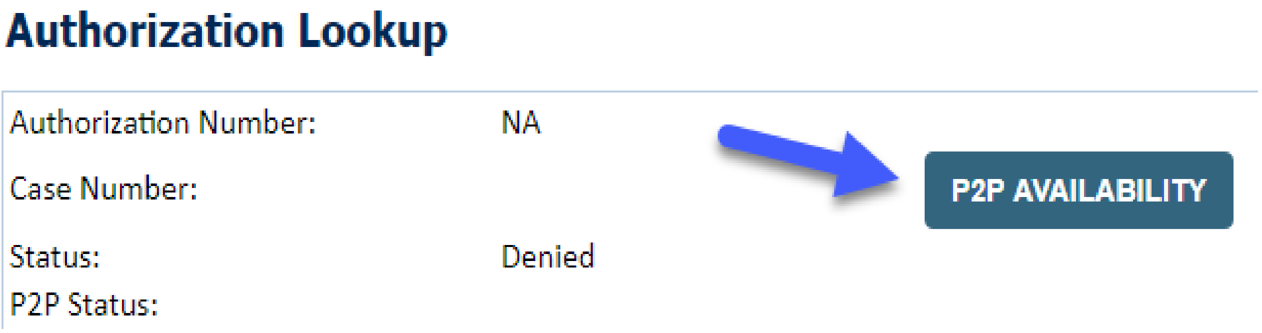
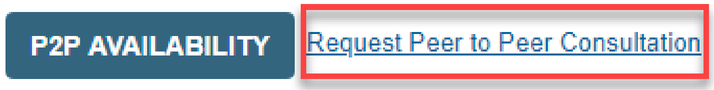
+How to schedule a Peer to Peer Request

- Log into your account at 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.



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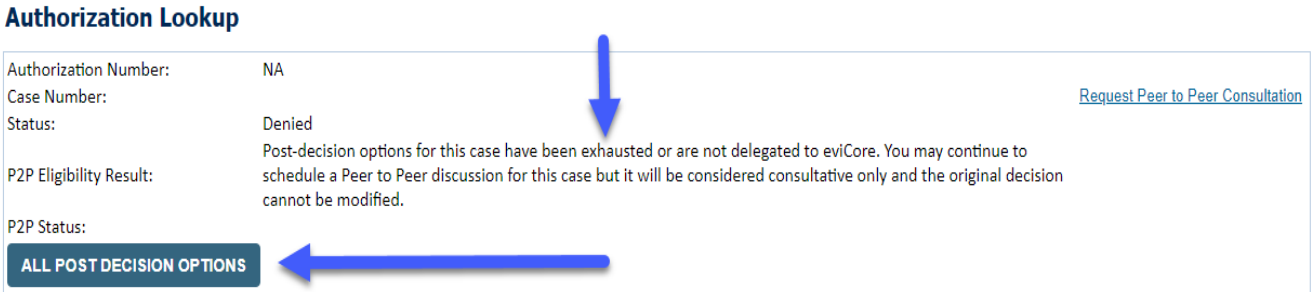
+How to schedule a Peer to Peer Request

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.



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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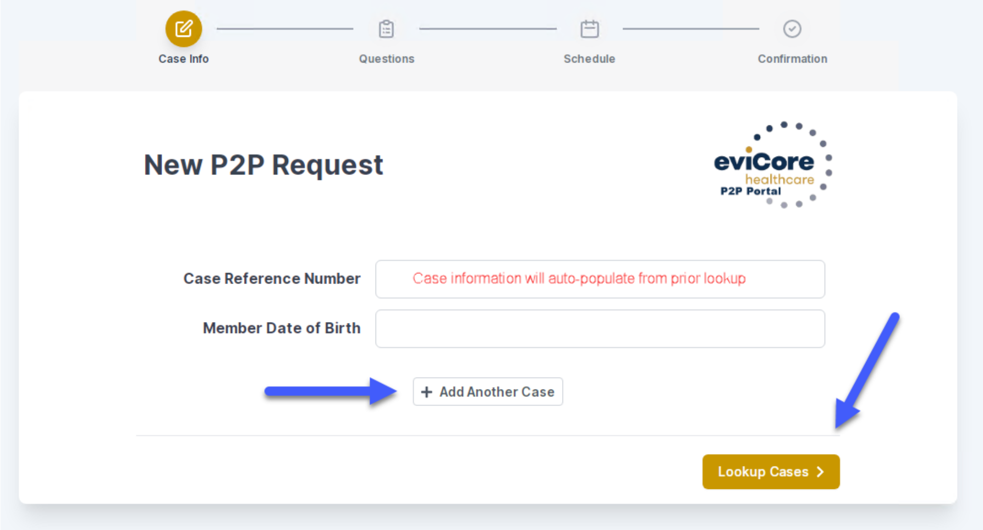
+How to Schedule a Peer to Peer Request



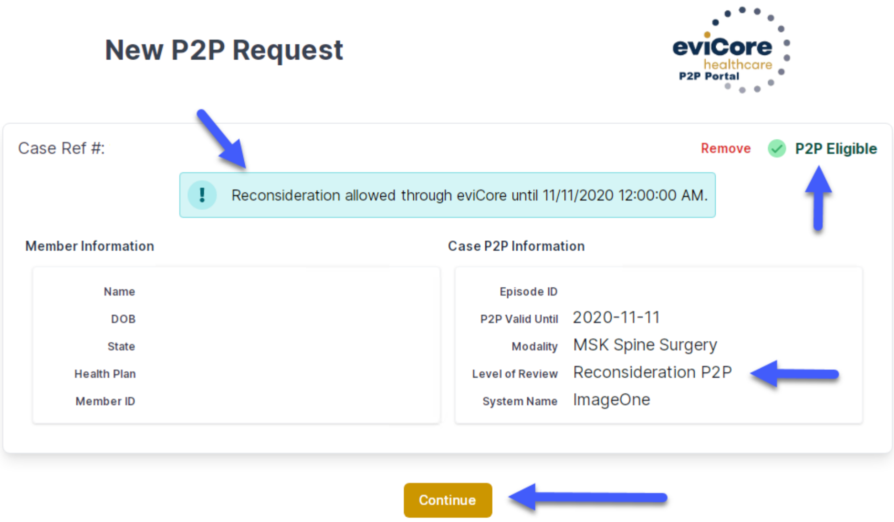
+Upon first login, you will be asked to confirm your default time zone.

+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.



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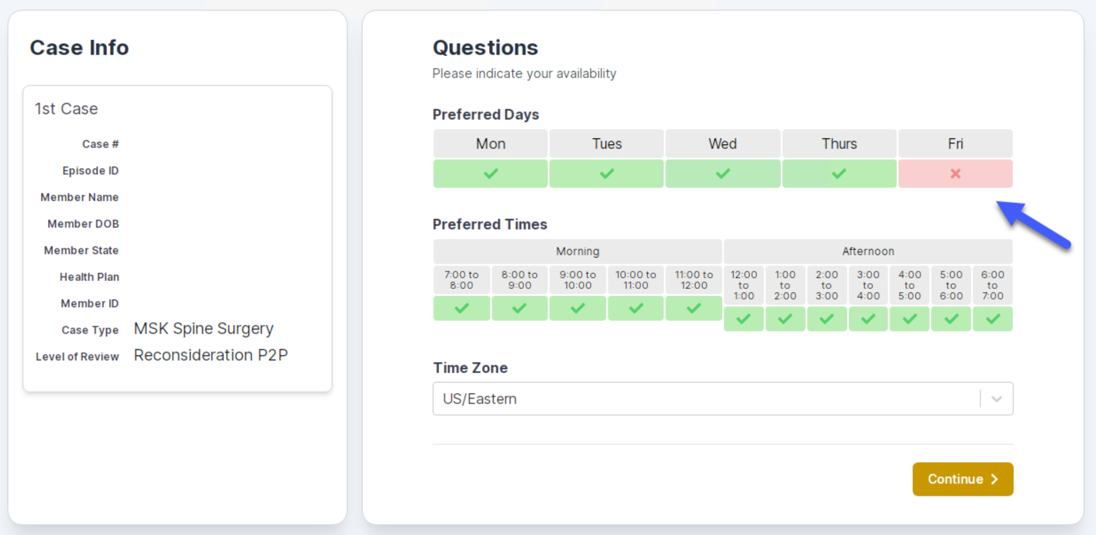
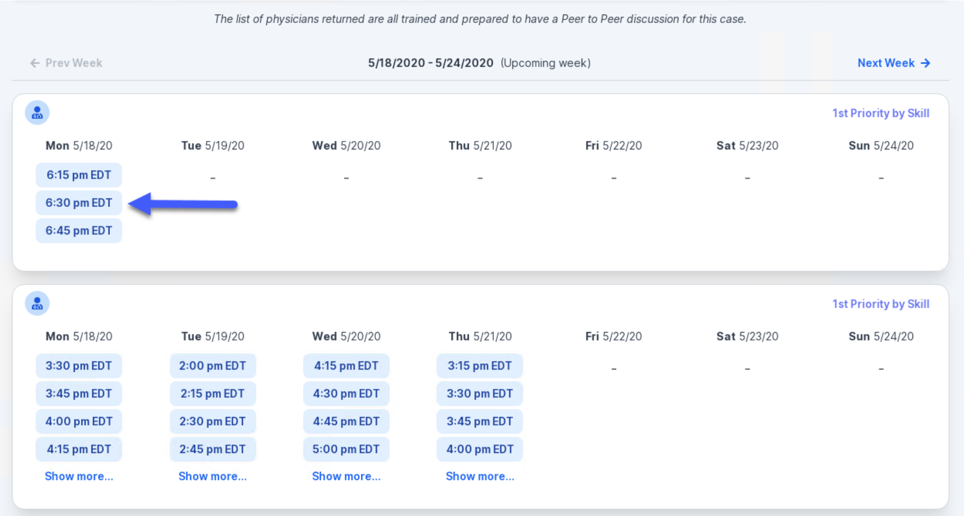
+How to Schedule a Peer to Peer Request



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

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



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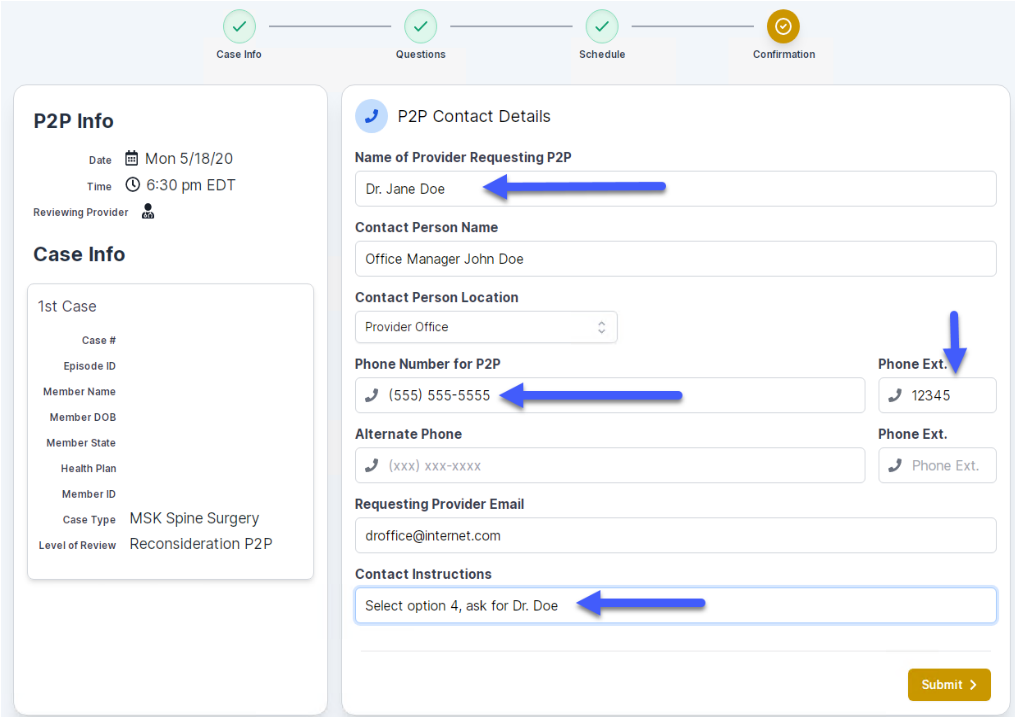
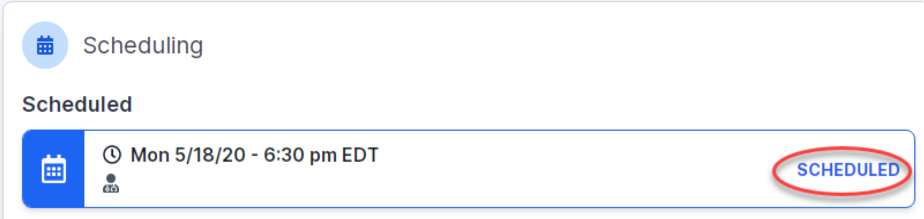
+How to Schedule a Peer to Peer

+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.



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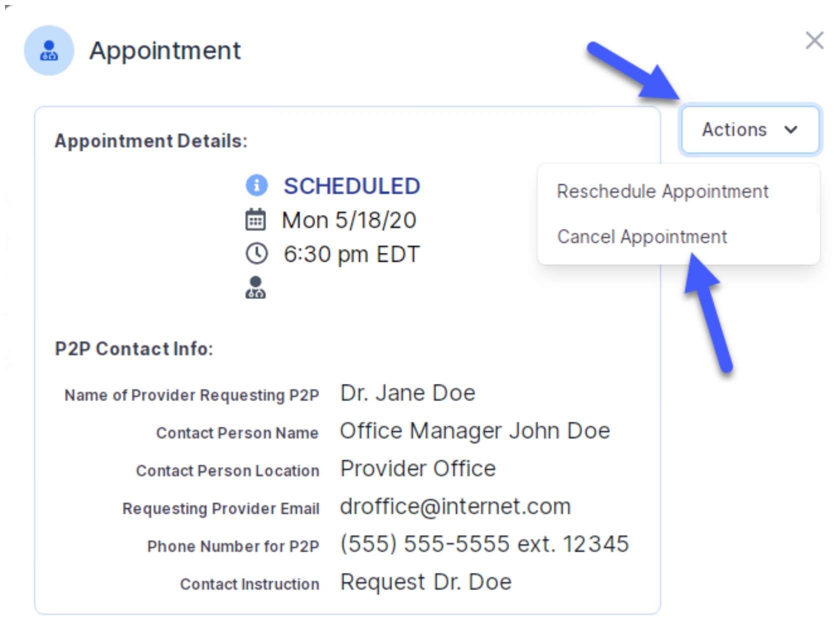
+Canceling or Rescheduling a Peer to Peer Appointment

+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



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