

Home Health Care

Provider Orientation Session
for Aetna

NJ / NY / WV / PA

EviCore
By EVERNORTH

aetnaSM

Agenda

1. Solutions Overview
2. Submitting Requests
3. Prior Authorization Outcomes, Special Considerations & Post-Decision Options
4. EviCore Provider Portal
5. Provider Resources
6. Questions & Next Steps
7. Appendix

Company & Solution Overview

Medical Benefits Management (MBM)

Addressing the complexity of the health care system



10 Comprehensive solutions

5k+ Employees, including **1k+** clinicians



Evidence-based clinical guidelines



Advanced, innovative & intelligent technology

Aetna Prior Authorization Services

EviCore will begin accepting prior authorization requests for Home Health services on December 29, 2025, for dates of service January 1, 2026, and after.



Applicable Membership

Medicare Advantage

Prior authorization applies to the following services

- + Home Based
 - + Nursing
 - + Therapies
 - + Social Work
 - + Home Health Aides
-

Prior authorization does NOT apply to services performed in:

- + Hospital Setting
- + Skilled Nursing Facilities (SNF)
- + Surgical Settings

Providers should verify member eligibility and benefits on the secured provider log-in section at: <https://www.aetna.com/health-care-professionals/availability>.

or by calling Aetna at 800-624-0756.

How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- + **Save time:** Quicker process than requests by phone or fax
- + **Available 24/7**
- + **Save your progress:** If you need to step away, you can save your progress and resume later
- + **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- + **View and print determination information:** Check case status in real-time
- + **Dashboard:** View all recently submitted cases
- + **E-notification:** Receive email notifications when there is a change to case status
- + **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

To access the EviCore Provider Portal, visit evicore.com/provider

Or by phone: **888-622-7329**

Monday – Friday

8am - 8pm Central Time

Saturday

8am - 4:30pm Central Time

Sunday & Holidays

8am - 1pm Central Time

Or by fax: **866-705-3574**

Necessary Information for Prior Authorization



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



Member

- ✓ Health Plan ID
- ✓ Member name
- ✓ Date of birth (DOB)



Referring (Ordering) Physician

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



Supporting Clinical/Mobility & Functional Status

- ✓ Pertinent clinical information to substantiate medical necessity for the requested service
 - ✓ HCPCS Code(s) & Diagnosis Code(s)
 - ✓ Prior and current level of functioning
 - ✓ Focused Therapy Goals PT/OT
 - ✓ Therapy Progress notes including level of participation
 - ✓ Discharge plans (including discharge barriers, if applicable)



Rendering Facility

- ✓ Facility name
- ✓ Address
- ✓ National provider identifier (NPI)
- ✓ Phone & fax number
- ✓ Contact Name

All Clinical Information pages must include the patient/member's name and at least one additional identifier. The authorization form can be found on the provider resource site:

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

Home Health Care Authorization Overview

- Initial home health authorization requests must be made within **7 days** of the first visit*
- Requests prior to the current date may be submitted on the EviCore portal, phone, or fax
- EviCore will provide initial authorizations by service type in the following ways:

Initial Authorizations			
Service	HCPSC Codes	Standard Bundle	Orthopedic Bundle *
Skilled Nursing	G0299, G0300	3 visits each in the first 30 days	6 visits in the first 30 days
Physical Therapy	G0151, G0157, G0159		10 visits in the first 30 days
Home Health Aide	G0156		6 visits in the first 30 days
 			
Speech Therapy	G0153	1 visit each in the first 30 days	1 visit in the first 30 days
Occupational Therapy	G0152, G0158, G0160		3 visits in the first 30 days
Social Worker	G0155		1 visit in the first 30 days

- If the above bundle of services is requested on the initial request, a real-time approval will be provided
- Additional visits needed in the first 30 days will be approved based on medical necessity
- Authorizations for continued services will be approved based on medical necessity
- The above are examples of many bundles that are available

* *Orthopedic Bundle: Applies only if the patient has had recent orthopedic surgery for hip or knee replacement*

Home Health Care Authorization Overview (continued)

EviCore will use substitution logic for Skilled Nursing, Physical Therapy, Occupational Therapy, and Speech Therapy

- Nursing: G0299 covers ALL other nursing codes
- PT: G0151 covers all PT codes
- OT: G0152 covers all OT codes
- ST: G0153 covers all ST codes



Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Additional Documentation Needed

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



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.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed**.

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

Determination notifications will be sent.

- The hold will be in place for 3 calendar days for standard cases and 3 hours for urgent cases.
- **Important:** If no additional clinical information is received and no Peer-to-Peer is requested, the case moves to the medical director for review and denial.

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



Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on [EviCore.com](https://www.evicore.com)

There are three ways to supply the requested information:

1. Fax to 866-705-3574
2. Upload directly into the case via the provider portal at [EviCore.com](https://www.evicore.com). **All Clinical Information pages must include 2 patient/member identifiers**
3. Request a Pre-Decision Clinical Consultation
This consultation can be requested via the EviCore website, band must occur prior to the due date referenced

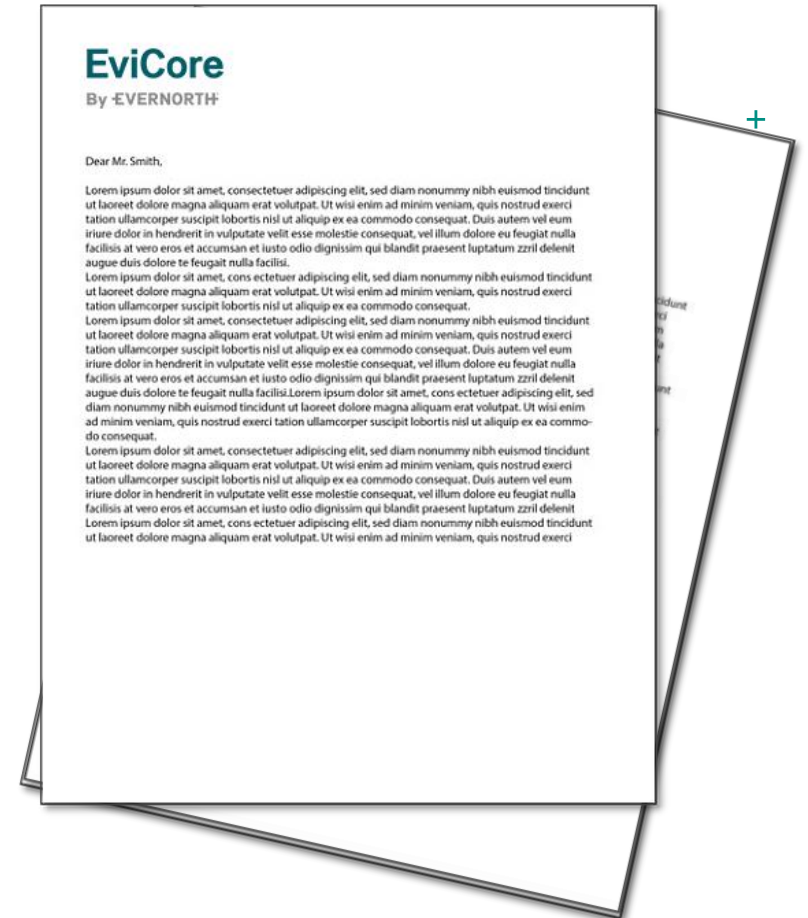
Prior Authorization Determination Outcomes

Determination Outcomes

- + Approved Requests: Authorizations are typically valid for 30 days from the date of the approved start of care date.
- + EviCore will provide 1 transitional visit if clinical is insufficient or the member appears to be at a stable or baseline LOF so that the member can continue to have services until firmly discharged or information received.
- + Partially Approved Requests: In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes, including denied Site of Care (if applicable)
- + Denied Requests: If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

Notifications

- + Authorization letters will be faxed to the ordering physician.
- + Web-initiated cases will receive e-notifications if a user opted in to this method.
- + Members will receive a letter by mail.
- + Approval information can be printed on demand from the [EviCore portal](#).



Special Circumstances

Retrospective Authorization Requests



Must be submitted within 7 calendar days from the date of services



Any submitted beyond this timeframe will be administratively denied



Reviewed for **clinical urgency** and medical necessity



Processed within 7 calendar days.



When authorized, the start date will be the submitted date of service



Special Circumstances

Urgent Prior Authorization Requests



EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member



Can be initiated on provider portal or by phone



Urgent cases are typically reviewed within 24 to 72 hours



Special Circumstances

Authorization Update



Reconsiderations

- + A reconsideration is a post-denial, pre-appeal opportunity to provide additional clinical information.
 - A reconsideration can be requested any time, up until an appeal is received.
 - Once a denial decision has been made; the decision cannot be overturned via clinical consultation.
- + Reconsiderations can be requested by phone, by calling 888-622-7329.
- + Clinical consultations may result in either a reversal of decision to deny or an uphold of the original decision.
- + Providers can request a clinical consultation with an EviCore physician to better understand the reason for denial.



Appeals

- + Aetna will process first-level appeals. Delegation of second level appeals will vary by plan and/or state regulations.
- + The timeframe to submit an appeal request will be outlined on the determination letter.
- + Customers or providers with appeal questions may call the number indicated on the customer's ID card.
- + The appeal determination will be communicated by Aetna to the ordering provider and the customer.
- + Appeal turnaround times:*

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- Expedited: 72 hours
- Standard: 30



Please complete the questions on the authorization request form to assist EviCore with the Home Health review process.

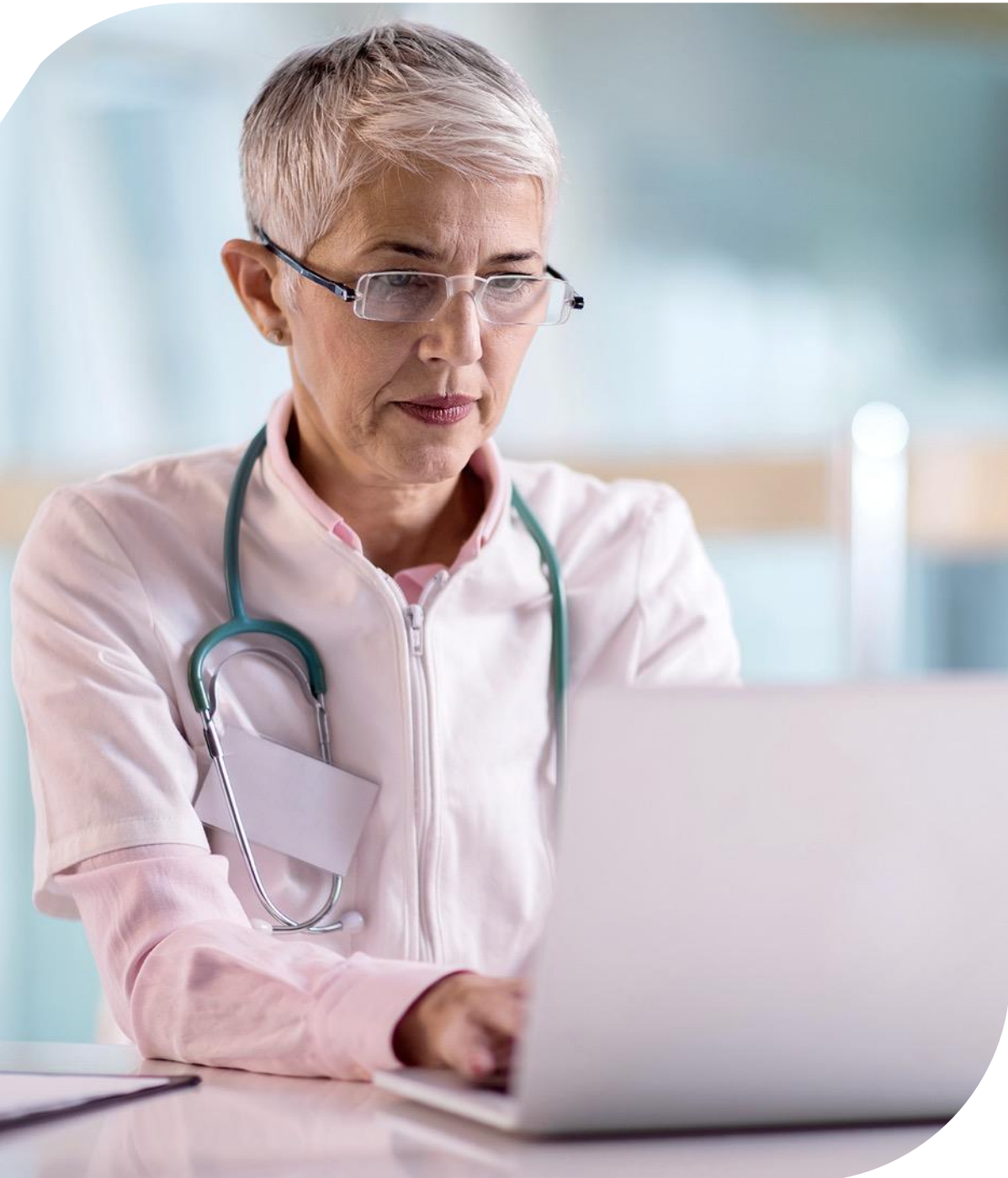


Member Information:	
Name:	DOB:
Health Plan:	Member ID:
Address:	
Phone:	Alt Contact:

Ordering Provider Information:		Home Health Provider Information:	
Name:	NPI:	Name:	NPI:
Address:		Address:	
Phone:	Fax:	Phone:	Fax:
		Contact Person:	Phone/Ext.

Initial Home Health Checklist:	
Patient is homebound with documentation supporting homebound status	Clinical documentation Needed H&P, Progress Note, Therapy notes, most recent MD office notes, F2F documentation, OASIS, Evaluations, Most recent discipline notes
Is there a caregiver at home? Yes <input type="button" value="v"/>	HH Orders: Signed orders from provider, 485, Supplemental orders
Patient should have seen the ordering MD within last 90 days for reason of HH admission. Patient has a following MD.	Disciplines Reviewed: We use substitute logic and review for specific codes that will cover other G codes for that discipline: Nurse (G0299), PT (G0151), OT (G0152), ST (G0153), SW (G0155), HH Aide (G0156)
Bundles for Real Time Approval: Bundles include services for nursing, therapies, Social Worker and HH Aides. Bundles are based on Primary HH Diagnosis and for Initial Requests only. <i>Initial bundle is to get started when primary diagnosis is unspecified</i> Choose One from dropdown <input type="button" value="Initial"/> <input type="button" value="v"/>	Request for services if not choosing bundle: Approvals are for 30-day increments. Please include service and # of visits. <i>Example: G0299 x6 1/1-1/30/2026</i> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

EviCore Provider Portal



Features

Eligibility Lookup

- + Confirm if patient requires clinical review

Clinical Certification

- + Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

- + View and print any correspondence associated with the case
- + Search by member information OR by case number with ordering national provider identifier (NPI)
- + Review post-decision options, submit appeal, and schedule a peer-to-peer

Certification Summary

- + Track recently submitted cases

Access and Compatibility

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

Access resources on the **EviCore Provider Portal**

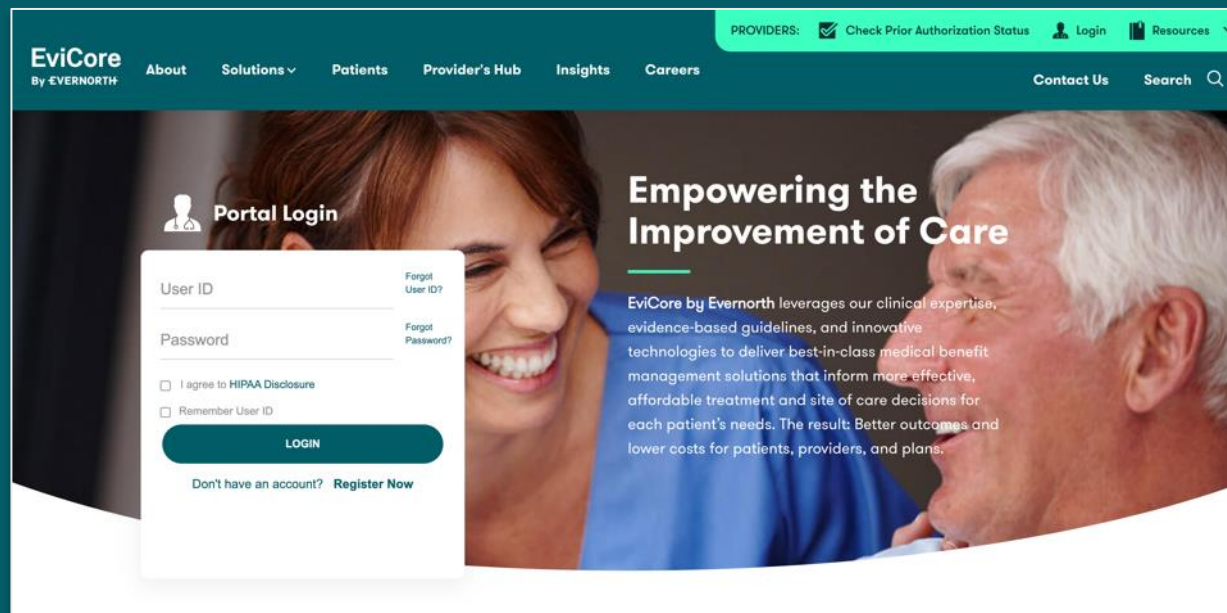
Visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register Now**



EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Portal Registration

Enter your information here then click 'Next'

Read and accept the Terms and Conditions

User Information

First Name: Last Name: User Name:

Contact Info

Email: Confirm Email: Phone: Ext (optional):

Physician/Facility Information

Individual NPI:

Next

User Information

First Name:

Contact Info

Email:

Physician/Facility Information

Individual NPI:

Terms and conditions

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Accept **Cancel**

Next Ext (optional) Extension

Portal Registration

+Confirm the details are correct, then click 'Next'

+You will then be sent a verification code to the email provided

+Enter the 6-digit code, then click 'Next'

Create a Password

+ Password must be at least 8 characters long and contain the following:

- ✓ Uppercase Letters
- ✓ Lowercase Letters
- ✓ Numbers
- ✓ Characters (e.g., !#*)

Registration Summary

User Information

First Name: Test

Last Name: PAC

User Name: TestPAC1

Contact Info

Email: ashley.good@evicore.com

Phone: 5555555555

Physician/Facility Information

Individual NPI: 1356331565

Back

Next



Verify your account



Check your inbox

A verification code has been sent to .com. If you don't receive it within 5 minutes, check your spam or junk folder.

Email id

.com

Enter 6-digit code

Enter code

Next

Didn't receive a code?

Check your spam or junk folder or [Resend](#).

Cancel



Success!

Your account has been created.

Log in

Setting Up Multi-Factor Authentication (MFA)

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

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS. Then, enter your email address or mobile phone number.

Select Send PIN, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

Set up Two Factor Authentication

Email SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

Submit

Skip

Landing Page

You may edit your password, email, and phone number by linking on your name in the upper right-hand corner and select “Profile”.

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Authorization Lookup Request An Authorization Worklist **Portals** Help / Contact User Access Hello, M Johnson

My Worklist

Pending Approved Partially Approved Denied Cancelled All Statuses

Start typing to search...

Request ID	Authorization ID	Patient	Status	Submitted	End Date	Procedure	Ordering Provider	Site of Service	Insurer
No Data Available									

Feedback

Shared Worklist

To allow others to view your worklist while you are out of the office you can add them by selecting “User Access” and add their User ID and Email Address. They must have an EviCore account to be added.

The screenshot shows the EviCore By EVERNORTH logo on the left, a 'Hello, [user]' greeting, and a search bar. On the right, there are navigation links: 'Authorization Lookup', 'Request An Authorization', 'Worklist', 'Portals', 'Help / Contact', and 'User Access'. The 'Worklist' and 'User Access' links are circled in red. Below the navigation bar is the 'My Worklist' section with tabs for 'Pending', 'Approved', 'Partially Approved', 'Denied', 'Cancelled', and 'All Statuses'. A search bar is present below the tabs. Below the search bar is a table with columns: Request ID, Authorization ID, Patient, Status, Submitted, End Date, Procedure, Ordering Provider, Site of Service, and Insurer.

The screenshot shows a notification: 'David Gates will have access to your worklist' with a close button. Below it is the heading 'Give access to your worklist' and the instruction 'Use this form to give users access to your worklist'. The form has two input fields: 'User ID' and 'Email', followed by an 'Allow access' button. At the bottom, a notification states '35 people have access to your worklist.' with a 'View List' button and a close button.

Add Providers

- + You can add providers and their NPI's to your account prior to case submission
- + Click the **Add Provider** 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
- + You can also click **Add Another Practitioner** to add another provider to your account
- + You can access the **Add Provider** at any time to make any necessary updates or changes

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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Friday, May 08, 2026 1:24 PM

Add Provider

Change password and Edit account have moved to Unified dashboard

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

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Initiating a Case

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

The screenshot shows the EviCore web application interface. At the top, the EviCore logo is displayed with the tagline "By EVERNORTH". Below the logo is a navigation menu with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in green), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, and Help / Contact Us. The main content area is titled "Request an Authorization" and contains the instruction "To begin, please select a program below:". A list of radio button options is provided, with "Home Health" selected. The options are: Durable Medical Equipment(DME), EviCore Medical Oncology Pathways, Gastroenterology, Gene Therapy, Home Health, Lab Management Program, Medical Specialty Drugs, Musculoskeletal Management, Other Services [?], Pharmacy Drugs (Express Scripts Coverage), Radiation Therapy Management Program (RTMP), Radiology and Cardiology/Vascular Intervention, and Sleep Management. A green "CONTINUE" button is located below the list. A link "Click here for help" is provided at the bottom of the main content area. The footer of the page contains the copyright notice "© 2026 eviCore healthcare. All Rights Reserved." and links for "Privacy Policy", "Terms of Use", "Site Specific Terms", and "Contact Us".

Search for and Select Provider

Search for and select the **Practitioner/Group** for whom you want to build a case

EviCore
By EVERNORTH

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

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI: **SEARCH** **CLEAR SEARCH**

	Provider
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
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**

Select Health Plan

- + Choose the appropriate **Health Plan** for the request
- + Another drop down will appear to select the appropriate address for the **provider**
- + Select **CONTINUE**

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

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

INSURER NAME

Please Select an Address provider

Please Select an Address

- 911 E 20TH ST STE 300
- 2100 S MARION RD STE 310
- 6215 S CLIFF AVE STE 110
- 1333 MAY ST
- 300 S BRUCE ST
- 1521 CARLSON ST
- 506 E BRIDGE ST
- 366 E GEORGE ST
- 6100 S LOUISE AVE STE 2100
- 6800 S LOUISE AVE

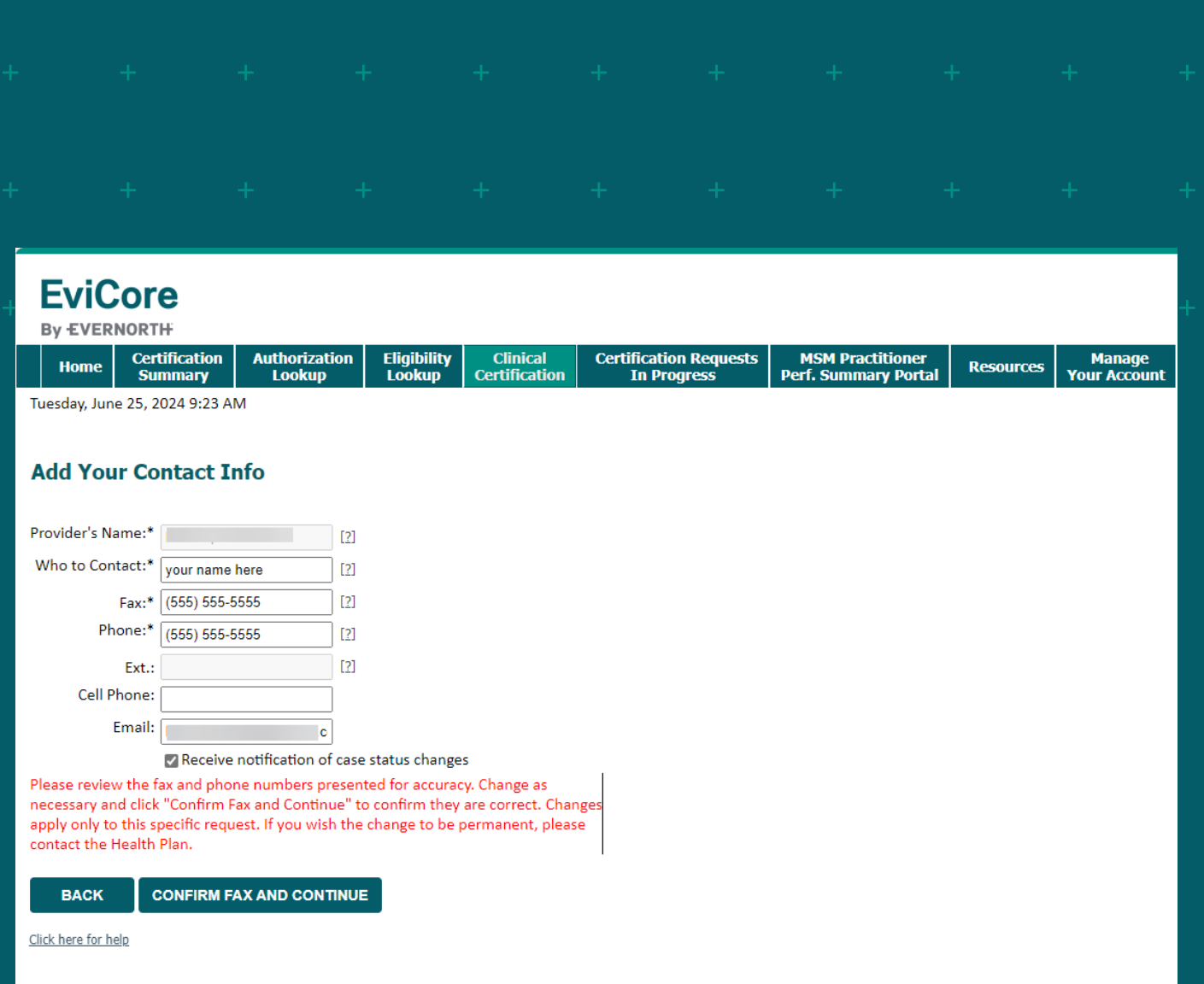
and relevant clinical info at the end of this process. [Learn More.](#)

se call the number on the back of the member's card to determine if an authorization

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Enter Contact Information

- + Enter the **Provider's name** and appropriate information for the point of contact individual
- + Provider name, fax and phone will pre-populate, edit as necessary



Enter Requested Procedure and Diagnosis

- + Home Services will use the 'header code' HomeH.
- + Select appropriate **Diagnosis codes**
- + The CPT codes will be collected during the clinical questionnaire

The screenshot shows the EviCore web application interface. At the top, there is a navigation bar with the EviCore logo and the text "By EVERNORTH". Below the logo is a horizontal menu with several tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (which is highlighted in green), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, and Resources. Below the navigation bar, the date and time "Thursday, May 07, 2026 2:22 PM" are displayed. The main content area is titled "Requested Service + Diagnosis". Under this title, it says "This procedure was performed on 5/7/2026." followed by a "CHANGE" button. Below this is a section for "Home Health Procedures" with a dropdown menu showing "HOMEH" and "HOME HEALTH". A note below the dropdown states: "Don't see your procedure code or type of service? [Click here](#). Additional Procedure codes will be collected/presented during the clinical questionnaire". The next section is "Diagnosis", which has two input fields for "Primary Diagnosis Code" and "Secondary Diagnosis Code", each with a "LOOKUP" button. A note below the secondary diagnosis field says "Secondary diagnosis is optional for Home Health". At the bottom of the form, there is a "BACK" button and a link "Click here for help".

Enter Start of Care Information

- + Select "Initial" to start a new case
- + Enter the expected date of service. If unknown, enter today's date.

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Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Add Provider MedSolutions Portal

Thursday, May 07, 2026 2:08 PM

Requested Service + Diagnosis

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

Home Health Procedures

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

HOMEH HOME HEALTH

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

Additional Procedure codes will be collected/presented during the clinical

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 Home Health

LOOKUP

Attention!

Is this an initial home health request or an extension to an existing home health authorization?

Extension

Initial

Submit

Attention!

What is the start of care date for this home health request?*

mm/dd/yyyy

Date must be in MM/DD/20YY or M/D/20YY format

Submit

BACK

Enter Member Information

- + Then, enter the **member information**, including patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**
- + Confirm your patient's information and click **SELECT** to continue

The screenshot shows the EviCore web application interface. At the top, the EviCore logo is displayed with 'By EVERNORTH' underneath. A navigation menu includes 'Home', 'Certification Summary', 'Authorization Lookup', 'Eligibility Lookup', 'Clinical Certification', 'Certification Requests In Progress', 'MSM Practitioner Perf. Summary Portal', and 'Resources'. The current page is titled 'Patient Eligibility Lookup' and shows a form with the following fields: 'Patient ID:*' (text input), 'Date Of Birth:*' (date input with 'MM/DD/YYYY' format), 'Patient Last Name Only:*' (text input with a character limit of 2), and 'Patient First Name: *' (text input). Below the form, there is a note: 'If Patient ID is 10 alpha & numeric characters, it will start with a single letter prefix. Some Patient ID's are 10 or 12 numeric only digits.' A red box highlights the 'ELIGIBILITY LOOKUP' button. Below this button is a 'BACK' button and a link that says 'Click here for help'.

Ordering Provider

- + Search for the **ordering provider** (for best results, search with NPI, TIN, and zip code)

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

Attention!

Is the requesting provider also the ordering physician?

YES NO

Options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name

Attention!

Please enter the Ordering Provider's Individual NPI:

SEARCH BACK

Options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name

Attention!

Please enter the Ordering Provider's Individual NPI: 1154554335

BACK

	Practitioner Name	NPI	Address	City	State	ZipCode
SELECT	BUETTNER, KERSTIN	1154554335	435 PHALEN BLVD	SAINT PAUL	MN	55130

Site Selection

- + Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, and zip code)
- + **Select** the specific site where the procedure will be performed

Clinical Certification

- + You may get pop up windows along the submission process, so make sure to read the messages carefully and follow the guidance.
- + Verify that all information is entered and correct
- + You will not have the opportunity to make changes after this point

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Tuesday, June 25, 2024 9:44 AM

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**

[Click here for help](#)

Clinical Certification

- + Verify where the patient is being referred from
- + Verify that the patient is homebound.

- + You can save your request and **'Finish later'** if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.

The screenshot shows a navigation bar with seven tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, and MSM Practitioner Perf. Summary Portal. Below the navigation bar, the heading "Proceed to Clinical Information" is displayed. The main content area contains a form with the question "Member is being referred to home health directly from:" followed by four radio button options: "Acute care (hospital) stay", "SNF/IRF stay", "Community (MD office visit, urgent care visit)", and "Unknown". A "Submit" button is located at the bottom of the form.

The screenshot shows the "Proceed to Clinical Information" heading. The first question is "Is the patient homebound?" with radio button options for "Yes" (selected) and "No/Unknown". Below this is a prompt: "If applicable, please select the admitting diagnosis. If none apply, please select 'None Of The Above'.*" followed by a dropdown menu. A "Submit" button is present. Below the form is a toggle switch for "Show Review History" which is currently turned off. Under the heading "Review History:", the text "Member is being referred to home health directly from: [Acute care \(hospital\) stay](#)" is displayed.

Requesting Full Bundle

- + Select bundle option - Yes
- + Select submit to verify.

EviCore
By EVERNORTH

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

Proceed to Clinical Information

The following bundle of Home Health services will be approved without further clinical review. If you would like to add services later in the treatment plan, there will be an opportunity to make an additional request. You will have 30 days to complete the below bundle.

Registered/Skilled Nurse (G0299) - 12 visit(s)
Physical Therapy (G0151) - 12 visit(s)
Occupational Therapy (G0152) - 8 visit(s)
Speech Therapy (G0153) - 1 visit(s)
Home Health Aide (G0156) - 8 visit(s)
Social Worker (G0155) - 2 visit(s)

Do you want to proceed with the presented bundle?

Yes, proceed with the FULL bundle of services above.

No, I will select the services and visits I need.

Disclaimer: I understand if I do not select the bundle, the request will move forward for a full medical necessity review.

Submit

Show Review History

Review History:

Member is being referred to home health directly from: [Acute care \(hospital\) stay](#)

Proceed to Clinical Information

The following will be approved:

Registered/Skilled Nurse (G0299) - 12 visit(s)
Physical Therapy (G0151) - 12 visit(s)
Occupational Therapy (G0152) - 8 visit(s)
Speech Therapy (G0153) - 1 visit(s)
Home Health Aide (G0156) - 8 visit(s)
Social Worker (G0155) - 2 visit(s)

Submit

Show Review History

Real-Time Decision or Clinical Documentation Upload



Workflow that reduces provider administrative burden by reducing the clinical survey experience



Real-time decisions

Expedites evidence-based patient care



When a Real-Time approval does not occur, simply upload clinical information that supports the request



Clinical Certification

Your case has been Approved.

Provider Name:		Contact:	WED
Provider Address:		Phone Number:	()
		Fax Number:	()

Patient Name:		Patient ID:	
Insurance Carrier:			

Site Name:	P	Site ID:	
Site Address:	II		
	2		
	N		

Primary Diagnosis Code:	R51	Description:	Headache
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	72148	Description:	MRI LUMBAR SPINE W/O CONTRAST

Authorization Number:			
Review Date:			
Expiration Date:			
Status:	Your case has been Approved.		

Clinical Certification

Clinical Upload

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

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

Choose File	Sample4Upload_1.docx
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen

UPLOAD SKIP UPLOAD

Customize Services

- + Select bundle option - No
- + Select requested services and enter quantity
- + Select Submit

The screenshot displays the EviCore web application interface for a Clinical Certification Request. At the top, the EviCore logo and 'By EVERNORTH' are visible. A navigation menu includes: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, and Help / Contact Us.

The main content area is titled 'Proceed to Clinical Information' and contains the following text: 'The following bundle of Home Health services will be approved without further clinical review. If you would like to add services later in the treatment plan, there will be an opportunity to make an additional request. You will have 30 days to complete the below bundle.'

The bundle includes:
Registered/Skilled Nurse (G0299) - 12 visit(s)
Physical Therapy (G0151) - 12 visit(s)
Occupational Therapy (G0152) - 8 visit(s)
Speech Therapy (G0153) - 1 visit(s)
Home Health Aide (G0156) - 8 visit(s)
Social Worker (G0155) - 2 visit(s)

A question asks: 'Do you want to proceed with the presented bundle?' with two radio button options:
 Yes, proceed with the FULL bundle of services above.
 No, I will select the services and visits I need.

A red disclaimer states: 'Disclaimer: I understand if I do not select the bundle, the request will move forward for a full medical necessity review.'

Below the text is a 'Submit' button and a 'Show Review History' toggle switch.

A 'Review History:' section is present, with a note: 'Member is being referred to home health directly from: Acute care (hospital) stay'.

On the right side, a secondary form titled 'Proceed to Clinical Information' allows for customization. It includes input fields for:
Home Health Services
Skilled Nurse Visits Requested: 0
Physical Therapy Visits Requested: 0
Occupational Therapy Visits Requested: 0
Speech Therapy Visits Requested: 0
Social Worker Visits Requested: 0
Home Health Aide Visits Requested: 0
Dietitian Visits Requested: 0
Timeframe for visits (Days):*
A 'Submit' button is located at the bottom of this form.

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)
- + Your case will only be considered urgent if there is a successful upload

EviCore
By EVERNORTH

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

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

Choose File No file chosen

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

Proceed to Clinical Information

Is this case Routine/Standard?

YES **NO**

Requesting an Extension

Request for Extension

- + Select "Authorization Lookup" from menu bar
- + Enter healthplan name along with site NPI
- + Select submit
- + Enter member id and DOB
- + Select search

The screenshot displays the EviCore web application's "Authorization Lookup" page. At the top, a navigation menu includes "Home", "Certification Summary", "Authorization Lookup" (highlighted), "Eligibility Lookup", "Clinical Certification", "Certification Requests In Progress", "MSM Practitioner Perf. Summary Portal", "Resources", and "Add Provider". Below the menu, the page title "Authorization Lookup" is centered. There are three search tabs: "Search by Member Information" (selected), "Search by Authorization Number/NPI", and "OnePA: Prior A". Under "Required Fields", the "Healthplan:" dropdown is set to "AETNA" and the "Provider NPI" text box contains "123456789". A dark teal "SUBMIT" button is positioned below these fields. To the right, a second "Authorization Lookup" form is partially visible, showing "Healthplan:" as "AETNA", "Provider NPI" as "1861499840", and empty boxes for "Patient ID:" and "Patient Date of Birth:". Below these are "Optional Fields" for "Case Number:", "Authorization Number:", and "Plan Of Care:". At the bottom right of this second form are "PRINT" and "SEARCH" buttons.

Request for Extension

+ Select Request Extension

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Add Provider
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	--------------

Authorization Number: A270378747

Case Number: 1264512142 (Initial) **P2P AVAILABILITY** **REQUEST EXTENSION** **DISCHARGE MANAGEMENT**

Patient Name: KATELAN, BEVERLY

DOB: 12/4/1931

Status: Approved

P2P Status:

Referring Provider: GALLAGHER, HOME HEALTH SER

Referring Provider NPI: 1861499840

Approval Date: 3/26/2026 2:08:00 PM

Service Code: HOMEH

Service Description: HOME HEALTH

Site Name: GALLAGHER HOME HEALTH SERVICES

Site NPI: 1861499840

Site Address: 1370 WASHINGTON PIKE
SUITE 401

Site City: BRIDGEVILLE

Site State: PA

Site Zip: 15017

Start Date: 3/31/2026

Expiration Date: 4/24/2026

Date Last Updated: 3/31/2026 2:08:45 PM

Correspondence: **UPLOADS & FAXES**

Request for Extension

- + Complete request
- + Select Submit

Home Certification Summary **Authorization Lookup** Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Add Provider

Authorization Lookup

Which would you like to request?

Date Extension

Additional Visits

Both

Submit

Authorization Lookup

Enter number of days to add onto existing expiration date:*

Submit

Authorization Lookup

Enter text in the space provided below. (Leave empty if no additional information is needed)

Additional Information - Notes

Submit

Authorization Lookup

Home Health Extension

Current Services Approved:

G0151:12 Visits
G0156:12 Visits
G0153:6 Visits
G0299:12 Visits
G0155:1 Visits
G0152:16 Visits

Please select which previously approved procedures you would like to extend (Leave as '0' if additional procedures are not being requested)

G0151 Visits
0

G0156 Visits
0

G0153 Visits
0

G0299 Visits
0


G0155 Visits
0

G0152 Visits
0

Submit

Criteria Met

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


By EVERNORTH

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

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 MANKU ARKANA VEETHI	Contact:	(800) 222-2222
Provider Address:	1234 5TH AVE NE SAINT CLOUD, MN 56301	Phone Number:	(800) 222-2222
		Fax Number:	(800) 222-2222
Patient Name:	JOHN DOE	Patient Id:	123456789
Insurance Carrier:	WELLS FARGO		
Site Name:	CLINICAL TRIALS CENTER LLC	Site ID:	123456
Site Address:	8765 MARKET STREET SW CORNING, FL 32110		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Authorization Number:	123456789		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL
PRINT
CONTINUE

Discharge Management

Discharge Management

- + Select "Authorization Lookup" from menu bar
- + Enter healthplan name along with site NPI
- + Select Submit
- + Enter member id and DOB
- + Select Submit
- + Select "Discharge Management"

Authorization Lookup

Authorization Number: A269782411

Case Number: 1263897832 (Initial) **P2P AVAILABILITY** **REQUEST EXTENSION** **DISCHARGE MANAGEMENT**

Patient Name:
DOB:
Status: Approved
P2P Status:
Referring Provider:
Referring Provider NPI: 1780663898
Approval Date: 3/24/2026 12:00:00 AM
Service Code: HOMEH
Service Description: HOME HEALTH
Site Name:
Site NPI:
Site Address:
Site City:
Site State:
Site Zip:
Start Date: 3/24/2026
Expiration Date: 4/23/2026
Date Last Updated: 3/24/2026 9:35:13 AM
Correspondence: **UPLOADS & FAXES**

REFRESH

Procedures

Discharge Management

- + Enter the discharge date.
- + Enter the discharge disposition
- + Enter the discharge reason
- + Select Submit

Home Certification Summary **Authorization Lookup** Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Add Provider

Authorization Lookup

Select discharge date:*

mm/dd/yyyy

What is the discharge disposition?*

What is the discharge reason?*

Submit

What is the discharge disposition?*

- Acute care hospital
- Assisted Living
- Custodial care/Long term care facility
- Home with DME
- Home with Home Health
- Home with Home Health and DME
- Home with no services
- Hospice Care
- Inpatient Rehabilitation facility
- Long term acute care hospital
- Patient expired
- Patient still in same facility but different payer
- Psychiatric center
- Readmission to acute setting
- Skilled nursing facility

What is the discharge reason?*

- Discharged with Goals Met
- Member Benefits exhausted
- No Admittance
- Patient Left Against medical advice
- Patient expired
- Patient no longer delegated to evicore-not in service area
- Patient no longer delegated to evicore-not participating
- Patient readmitted to Hospital
- Patient referred to transitional care
- Patient transitioned to Private Pay
- Patient transitioned to custodial care
- Patient transitioned to different facility with same level of care
- Patient transitioned to higher level of care
- Patient transitioned to lower level of care
- Service extensions are not medically necessary-Facility in agreement
- Service extensions are not medically necessary-Facility in not agreement
- Service identified as MVA related
- Service identified as workers camp related
- Other

Provider Resources

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research. Requests will be initiated through EviCore's self-service application, ECRM.

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

Provider Engagement

- + You can contact your Provider Engagement Representative by visiting the [Provider's Hub](#) and viewing the Provider Engagement Territory Map in the Training Resources.

Call Center

Call 888-622-7329, representatives are available from 8 a.m. – 8 p.m. Central time, Monday through Friday.



Contact EviCore's Dedicated Teams

Provider Resource Website

EviCore's Provider Engagement team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

- + Frequently asked questions
- + Quick reference guides
- + Provider training
- + CPT code list

- + To access these helpful resources, visit [Provider Resources | EviCore by Evernorth](#)



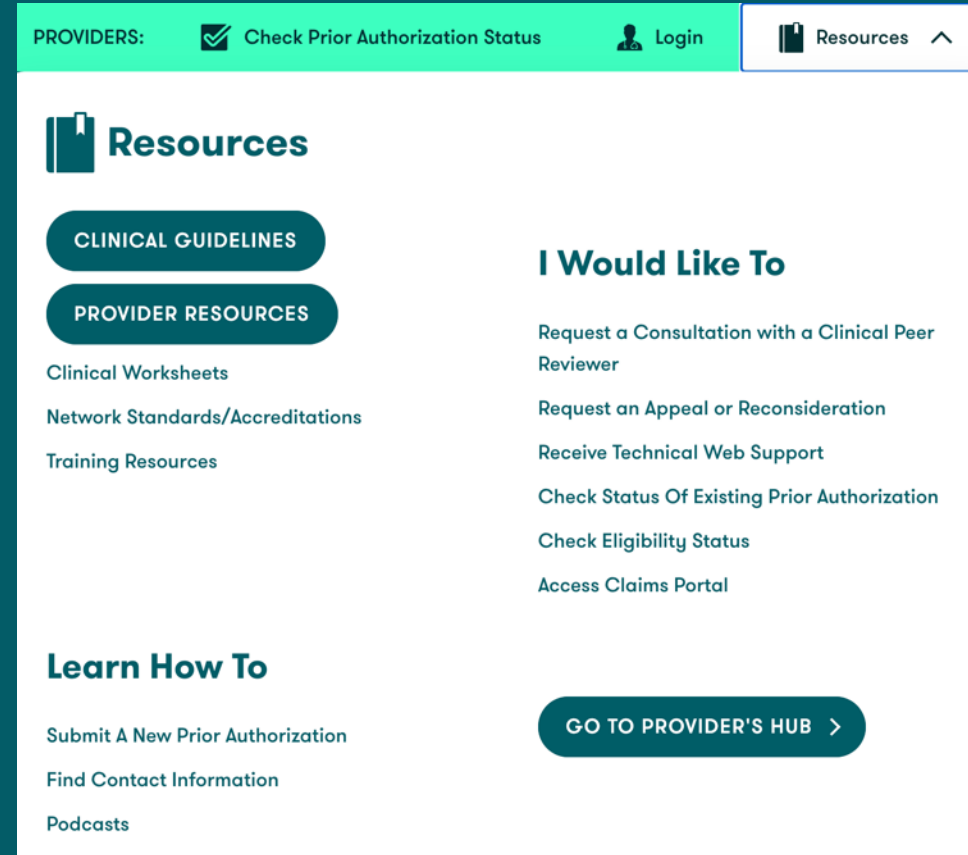
Contact our Client and Provider Services team via EviCore's self-service application, ECRM

- + <https://ecrm.evernorth.com/ecrm>
- + 1-800-646-0418 (option 4)

Quick Reference Tool

Where can I locate plan-specific contact information?

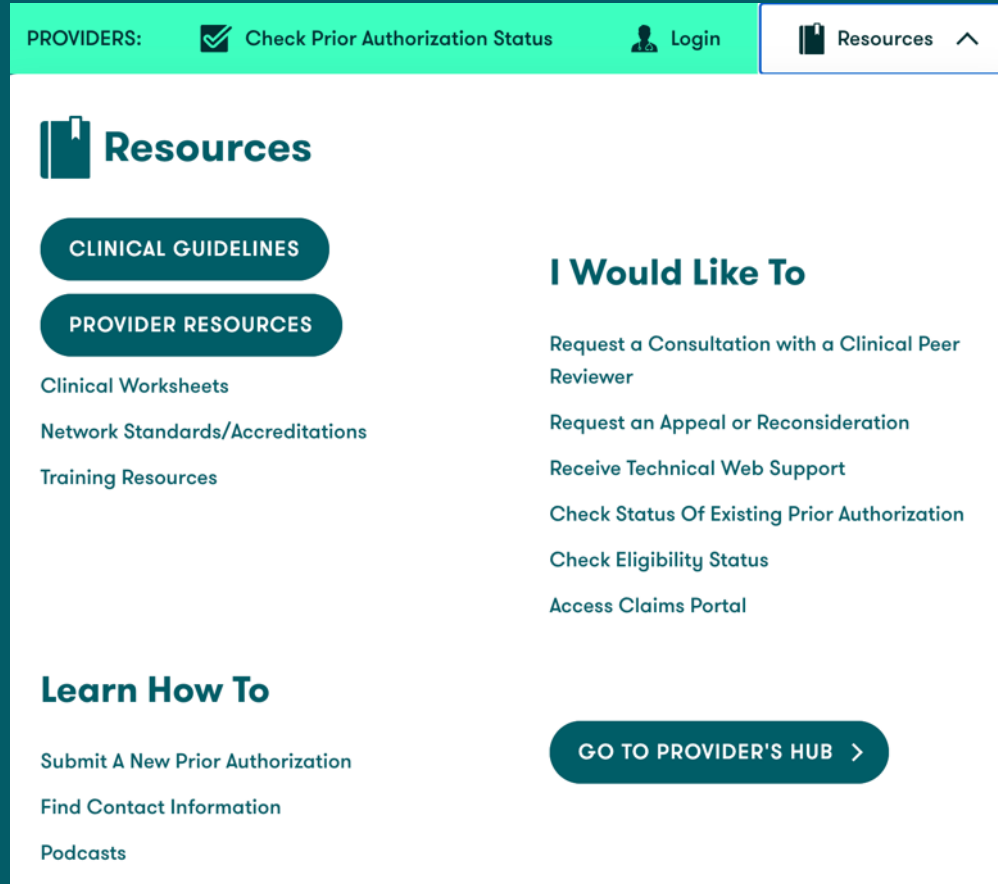
1. Open the **Resources** menu in the top right of the browser
2. Select **Find Contact Information**
3. Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
 - + This will also advise which portal to use for case requests



EviCore Provider's Hub

Providers and staff can access important tools and resources at EviCore.com

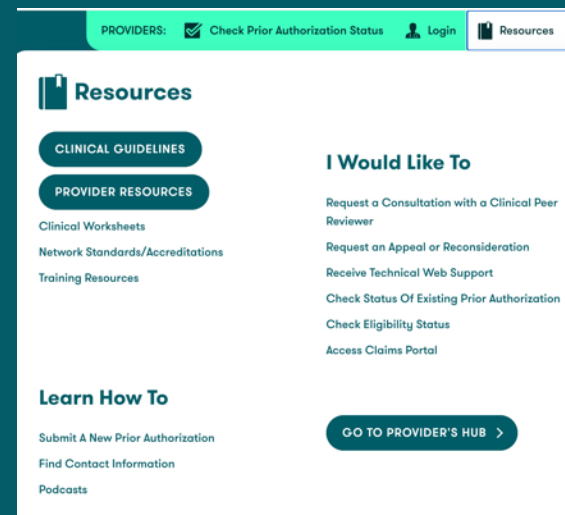
1. Open the **Resources** menu in the top right of the browser
2. Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more



Clinical Guidelines

How do I access EviCore’s clinical guidelines?

1. Open the **Resources** menu in the top right of the browser
2. Select **Clinical Guidelines**
3. Select the solution/program associated with the requested guidelines
4. Search by health plan name to view clinical guidelines
5. If you would like to view all guidelines, type in “EviCore healthcare” as your health plan



EviCore coverage policies include background and supporting information and citations for sources used to develop the policy. Some clinical policies may have a supplemental literature summary available which will provide additional commentary regarding clinical benefits and harms to the patient population being served. Additional literature summaries may be accessed by selecting 'Supplemental Information' and then entering "EviCore by Evernorth" in the search by health plan function.

Search by Health Plan ... 

Contacts and Helpful Links

Client & Provider Operations, Portal support, Network support, etc.

[ECRM Services](#)

Find Contact information

[Contact Us | EviCore by Evernorth](#)

Regional Provider Engagement Manager team

[Provider Engagement Territory List](#)

Clinical Guidelines

[Clinical Guidelines | EviCore by Evernorth](#)

Worksheets for some solutions

[Clinical Worksheets & Online Forms | EviCore by Evernorth](#)

Request a Clinical Consultation

[Request a Peer-to-Peer Discussion | EviCore by Evernorth](#)



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:

- Issues experienced during case creation
- Reports of system issues
- Support for EviCore's provider portal
 - You can also speak with Web Support at 800-646-0418 (option 2), or
 - Chat with Web Support online at www.EviCore.com Monday-Friday, 7AM-7PM ET.

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

Additional Information about ECRM can be found on the [ECRM Resource site](#).





EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

- + Visit [EviCore.com](https://www.EviCore.com)
- + Scroll down to the section titled Stay Updated With Our Provider Newsletter
- + Enter a valid email address

Q & A

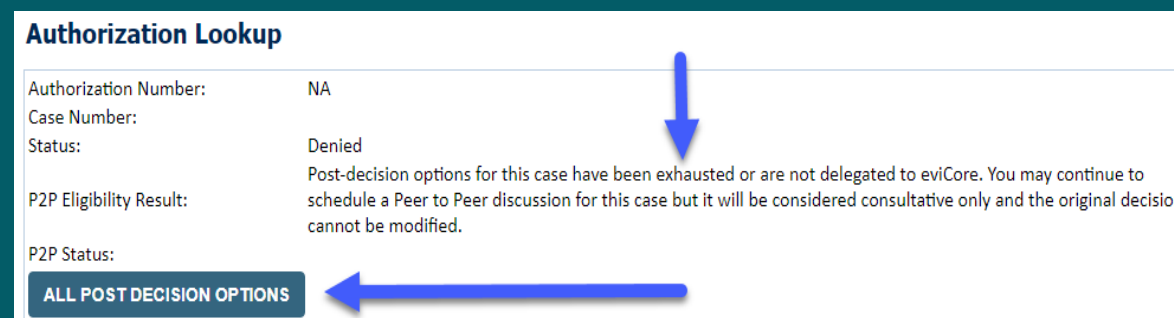
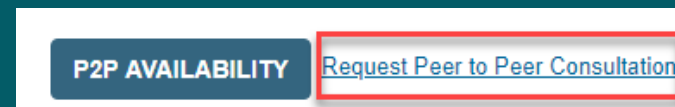
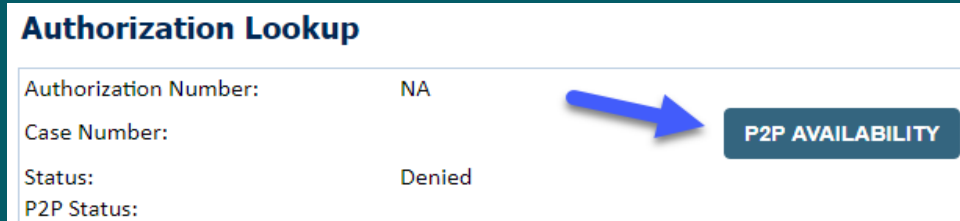
Thank You

Peer-to-Peer (P2P) Scheduling Tool

Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

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

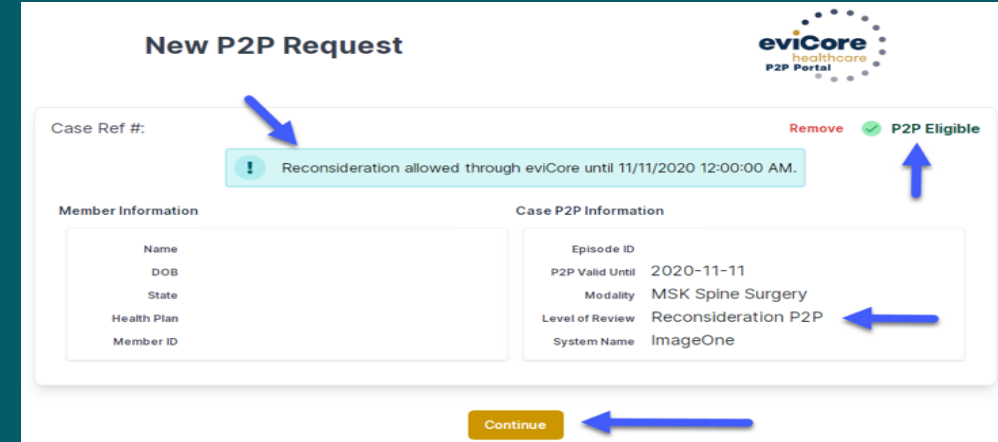
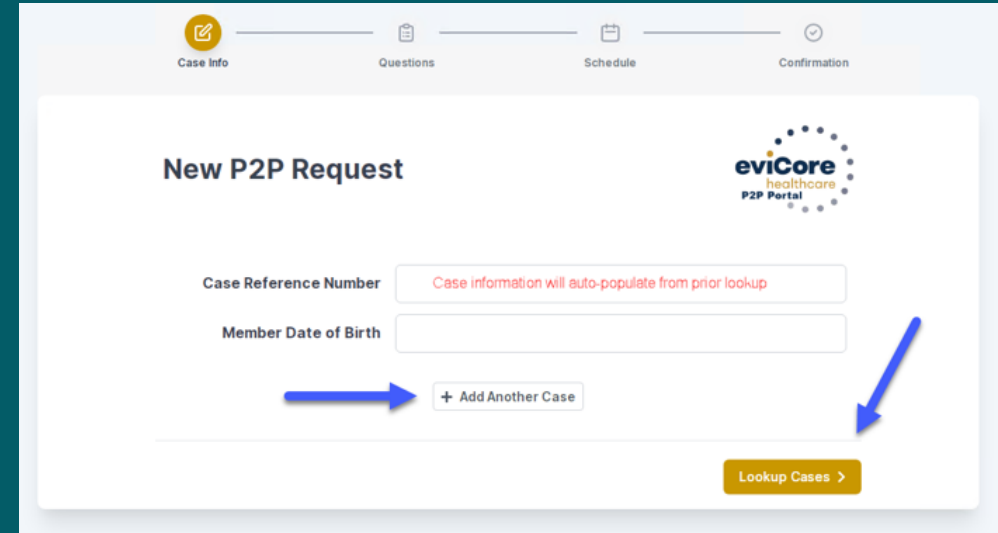


*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

Schedule a P2P Request (con't.)

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 Request (con't.)

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 and then click **Continue**

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 >](#)

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	-	-	-	-	-	-

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	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

Schedule a P2P Request (con't.)

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

The screenshot shows a web form for scheduling a P2P request. At the top, there are four progress indicators: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (not checked). The form is divided into three main sections:

- P2P Info:** Date: Mon 5/18/20, Time: 6:30 pm EDT, Reviewing Provider: [icon]
- Case Info:** 1st Case table:

Case #	
Episode ID	
Member Name	
Member DOB	
Member State	
Health Plan	
Member ID	
Case Type	MSK Spine Surgery
Level of Review	Reconsideration P2P
- P2P Contact Details:**
 - Name of Provider Requesting P2P: Dr. Jane Doe
 - Contact Person Name: Office Manager John Doe
 - Contact Person Location: Provider Office
 - Phone Number for P2P: (555) 555-5555
 - Alternate Phone: (xxx) xxx-xxxx
 - Requesting Provider Email: droffice@internet.com
 - Contact Instructions: Select option 4, ask for Dr. Doe

Blue arrows point to the Name of Provider Requesting P2P, Phone Number for P2P, and Contact Instructions fields. A blue arrow also points to the Phone Ext. field. A yellow Submit button is located at the bottom right of the form.

The screenshot shows a summary page for the scheduling process. It features a 'Scheduling' section with a calendar icon. Below it, the status is 'Scheduled' with a clock icon. The scheduled date and time are 'Mon 5/18/20 - 6:30 pm EDT'. A red oval highlights the word 'SCHEDULED' in a blue box.

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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