Musculoskeletal Management | Outpatient Physical and Occupational Therapy

Provider Orientation Session for First Choice by Select Health of South Carolina Family of Companies

June 2023

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Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations & Post Decision Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A
- Appendix
  - Portal Case Submission
  - Online P2P Scheduling Tool

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Program Overview

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First Choice of South Carolina Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for outpatient physical and occupational therapy services on May 1st for dates of service May 1, 2023 and after.

Applicable Membership:

First Choice by Select Health of South Carolina Family of Companies

- First Choice by Select Health of South Carolina Inc
- First Choice VIP Care Plus
- First Choice VIP Care

Prior authorization applies to the following services:

- Outpatient
- Elective / Non-emergent

Prior authorization from eviCore does NOT apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays

Providers should verify member eligibility and benefits with AmeriHealth Caritas on the secured provider log-in section at: www.navinet.net or call Provider Services at:

First Choice by Select Health South Carolina | 1-800-741-6605

First Choice VIP Care Plus | 1-888-978-0862

First Choice VIP Care | 1-888-978-0151

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Clinical Approach

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Prior Authorization Program

Fundamental Approach

- Clinical reviewers evaluate clinical information to determine whether services meet medical necessity criteria.
- Providers are encouraged to request authorization before care is delivered to ensure payment for services rendered.
- A request can be made as early as **7 calendar days** prior to requested start date.
- eviCore will review retro requests up to **180 business days** after services were rendered.

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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

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

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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Prior Authorization Overview

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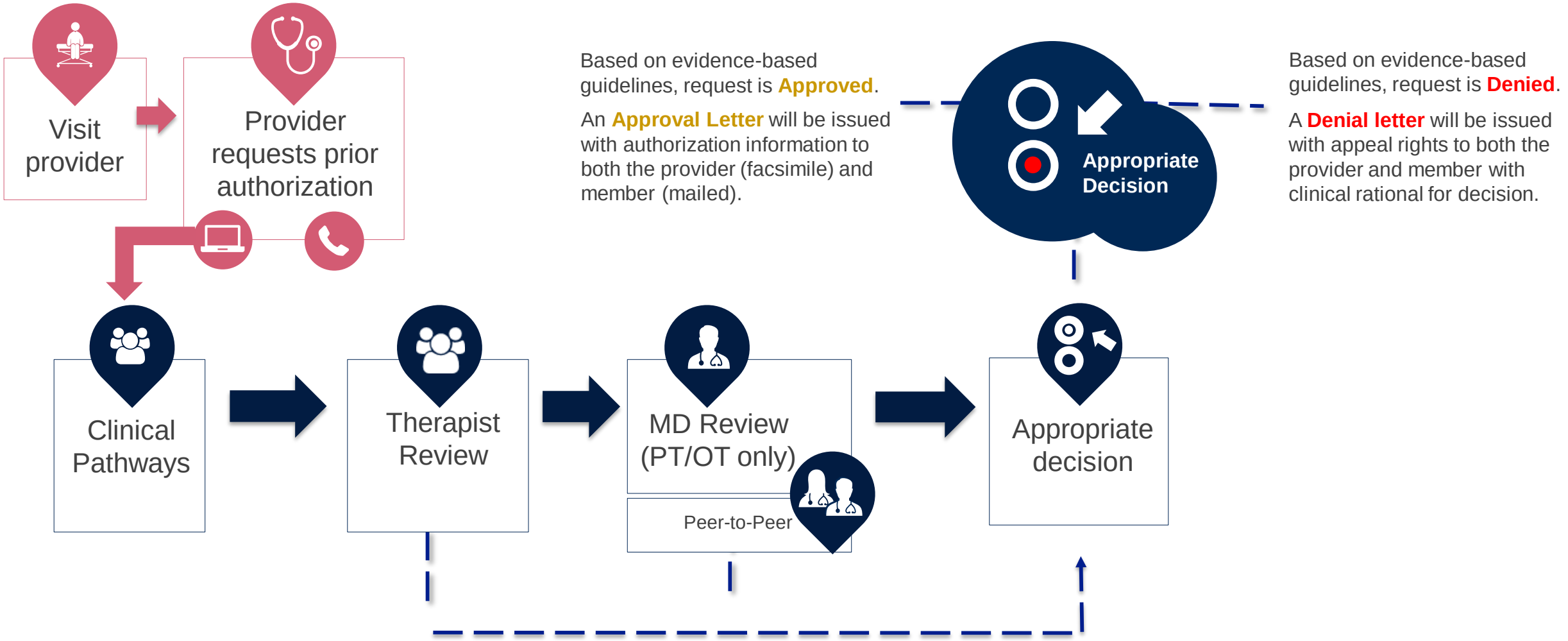
Prior Authorization Process



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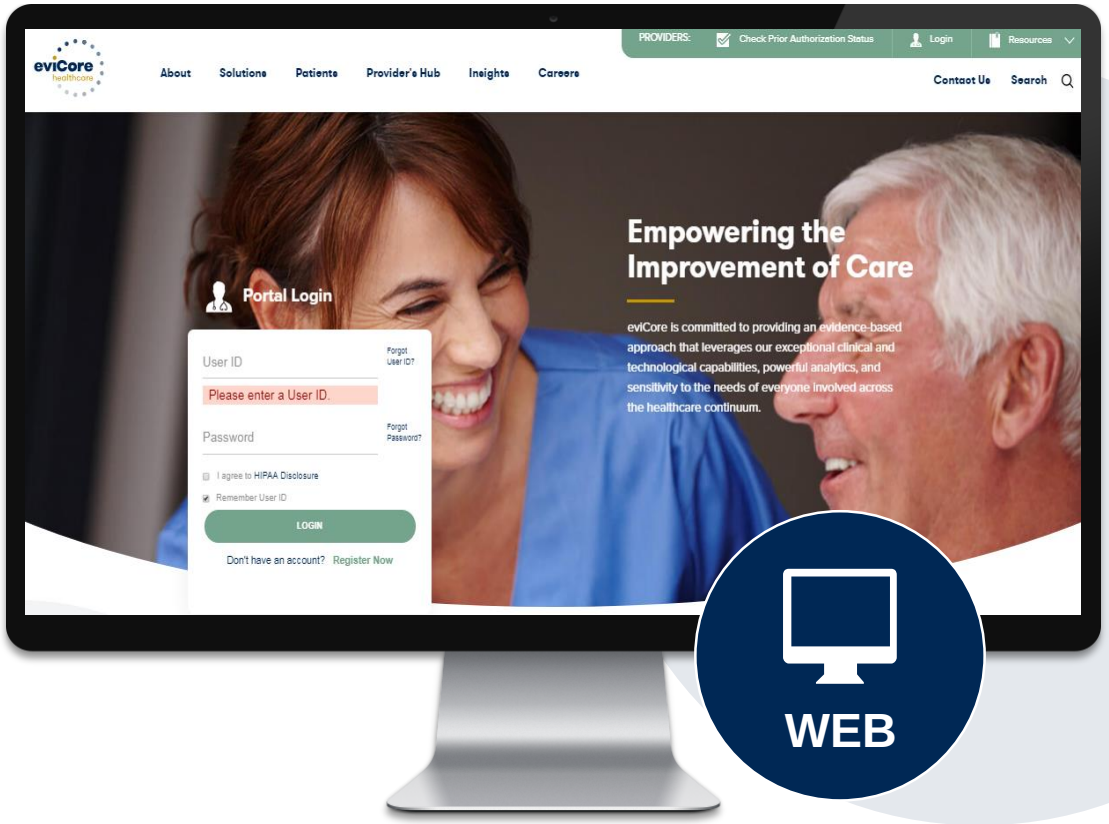
Methods to Submit Prior Authorization Requests

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
- **Self-service Tools**: schedule clinical consultations and initiate appeals via the portal
- **Duplication feature**: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals



Phone Number:
877-506-5193
Monday through Friday:
7 am – 7 pm local time

Fax Number:
PT/OT| 1-855-774-1319

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Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

Ordering Physician / Practitioner Information

- First and Last Name
- Practice Address
- Individual National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Rendering Facility Information

- Facility Name
- Street Address
- National Provider Identification (NPI) Number
  - ✓ Use group NPI if applicable for OPT
- Tax Identification Number (TIN)
- Phone and Fax Numbers

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Clinical Information Needed

When submitting clinical for review, please upload or fax the following information:

- Member's **baseline and current clinical information**
  - routine assessment, for example information contained within a **progress report**
  - **Completed patient reported outcome** (PRO) tools
- **Complexities** that will impact the therapy plan of care
- Practitioner's impression of the **member's response to care**

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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.
  - ✓ 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.
- 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.**

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Link to Clinical Worksheets: Physical & Occupational Therapy

Start at evicore.com, click on Resources

From the Resources dropdown, select Clinical Worksheets

Select Musculoskeletal: Therapies

Enter Health Plan name in the search field

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

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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 Provider must submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination
The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.	Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.	Determination notifications will be sent

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Prior Authorization 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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Prior Authorization Process – Important Concepts

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.

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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 Outcomes, Special Considerations, and Post Decision Options

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Providing Additional Information

I've received a request for additional clinical information. What's next? There are three ways to supply the requested information to eviCore for review:

- Additional clinical information must be submitted to eviCore in advance of the due date referenced
  - Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **faxed** to **844-545-9213** or **uploaded** directly into the case via the provider portal at **www.eviCore.com** **(preferred)**
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the eviCore website (see the end of this presentation for instructions).
  - The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If the additional clinical documentation is shared with eviCore via fax or uploaded on the portal, that clinical will be sent on to be reviewed for medical necessity determination. Once the documentation is shared, the case advances to review and 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 ordering provider, rendering lab and member, and status will be available on **www.eviCore.com**

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Prior Authorization Outcomes

Determination Outcomes:

- Approved Requests: Authorizations are valid for up to 180 calendar days from the date of approval
- Denied Requests: Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued
- 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).

Notifications:

- Authorization letters will be faxed to the ordering physician
- Web initiated cases will receive e-notifications when a user opts in 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 180 calendar days from the date of services *(NH requires submission within 120 calendar days, and Louisiana requires submission within 12 months)*
- 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 *(DC within 14 days & PA within 15 days)*
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours

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Special Circumstances cont.

Alternative Recommendation

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

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone at 1-877-506-5193.
- While eviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.

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Post-Decision Options: Medicaid Members

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call eviCore at 1-877-506-5193 to speak to an agent who can provide available option(s) and instruction on how to proceed. Alternatively, select 'All Post Decisions' on www.eviCore.com , under the authorization lookup function, to see available options.

Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will not process first-level appeals
- Please refer to the denial notice for instructions, and requirements, to submit an appeal

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Post-Decision Options: Medicare 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 first-level appeals
- Please refer to the denial notice for instructions, and requirements, to submit an appeal

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Provider Portal Overview

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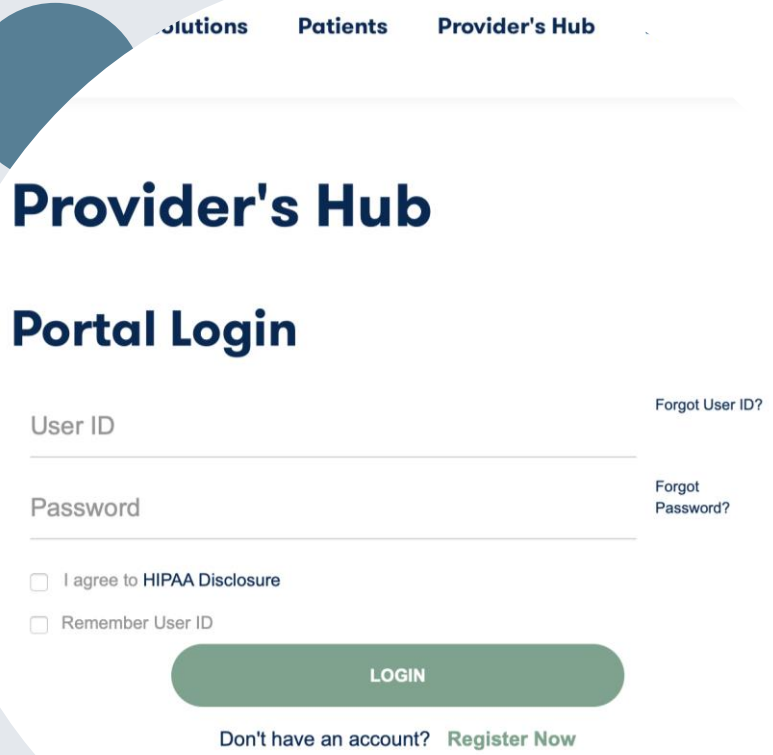
Portal Compatibility



The eviCore.com website is compatible with the following web browsers:

- Microsoft Edge
- Google Chrome
- Mozilla Firefox

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our Disabling Pop-Up Blockers guide.

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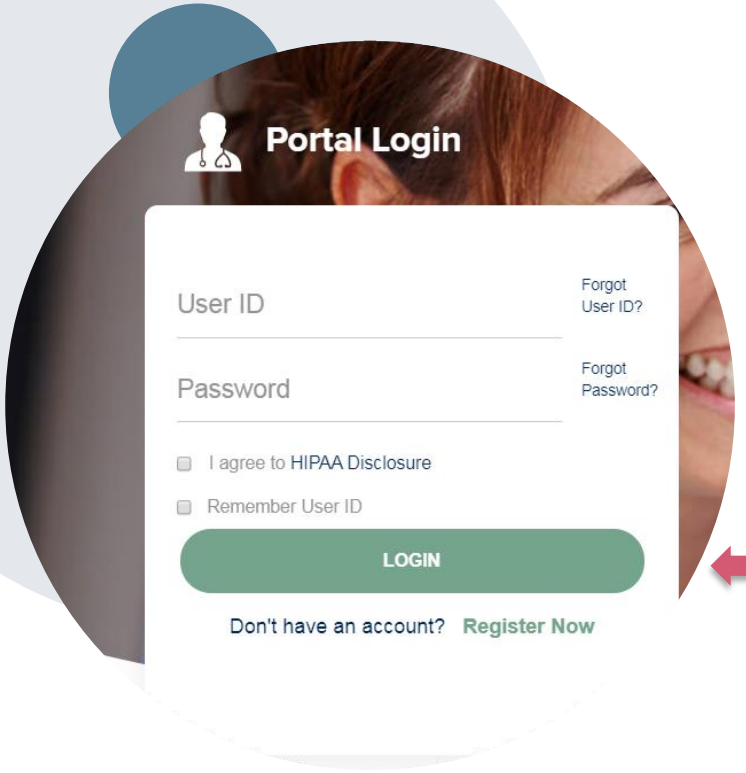
eviCore healthcare Website



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, complete the Multi-Factor Authentication, 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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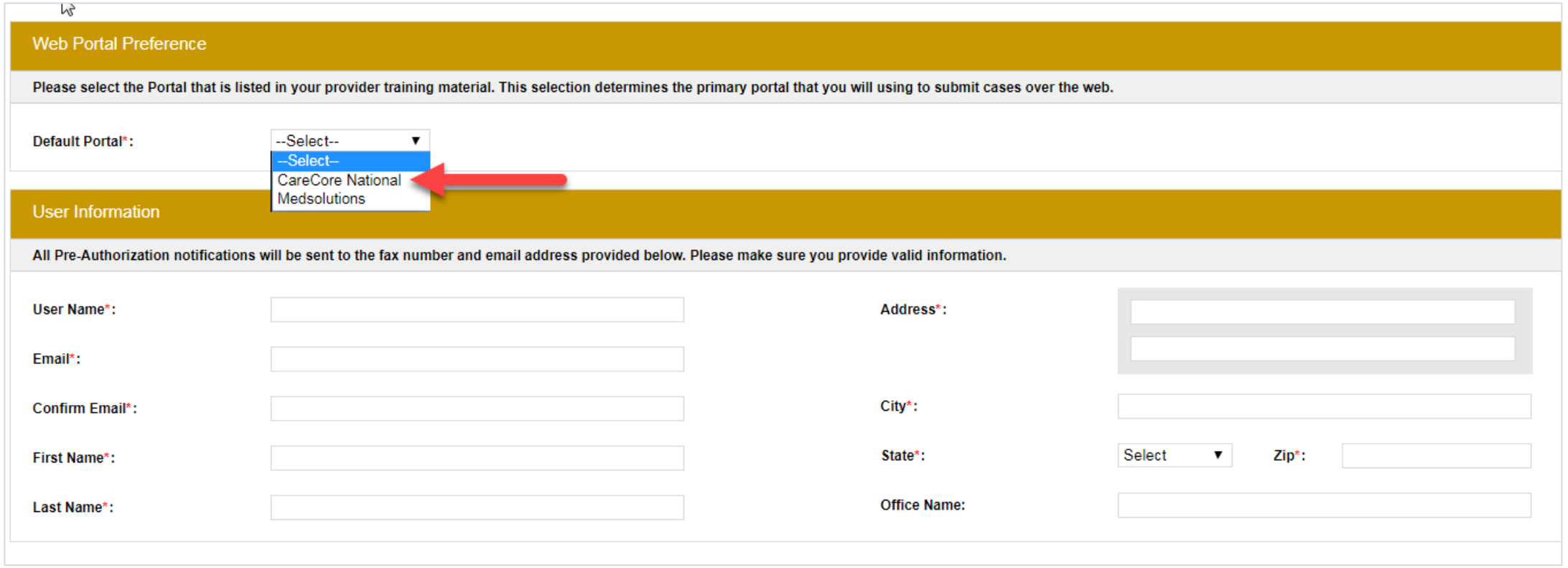
Creating An Account



- 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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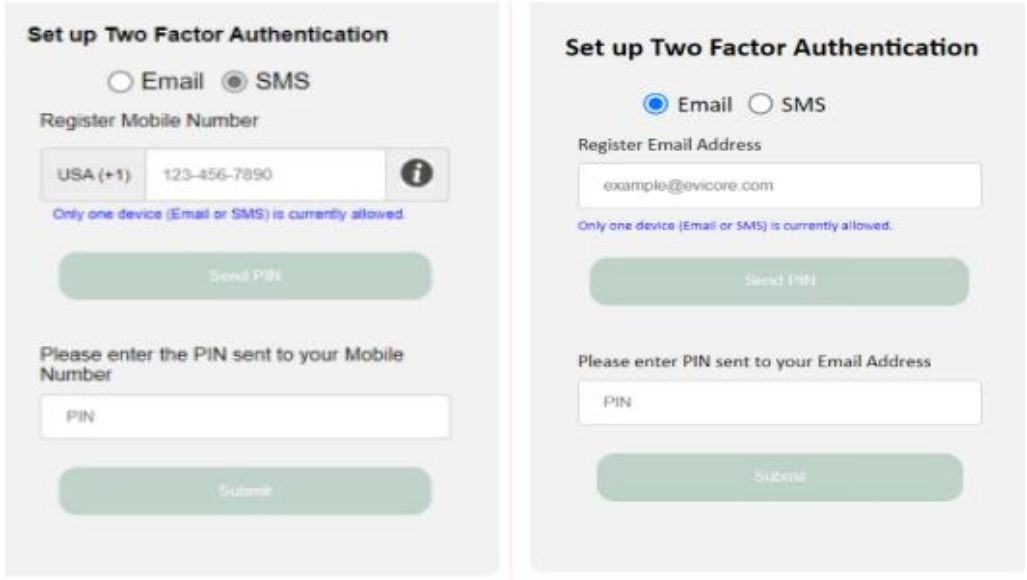
Multi-Factor Authentication MFA



- To safeguard your patients' private health information (PHI) we have implemented a multifactor authentication (MFA) process.
- After you log in, you will be prompted to enter your email address or mobile phone number. This preference will be saved for future use.
- Select "Send Pin," and a 6-digit pin is generated and sent to your chosen device.
- After entering the provided PIN# in the portal display, you will successfully be authenticated and logged in. You will need to perform the MFA process every time you log in.

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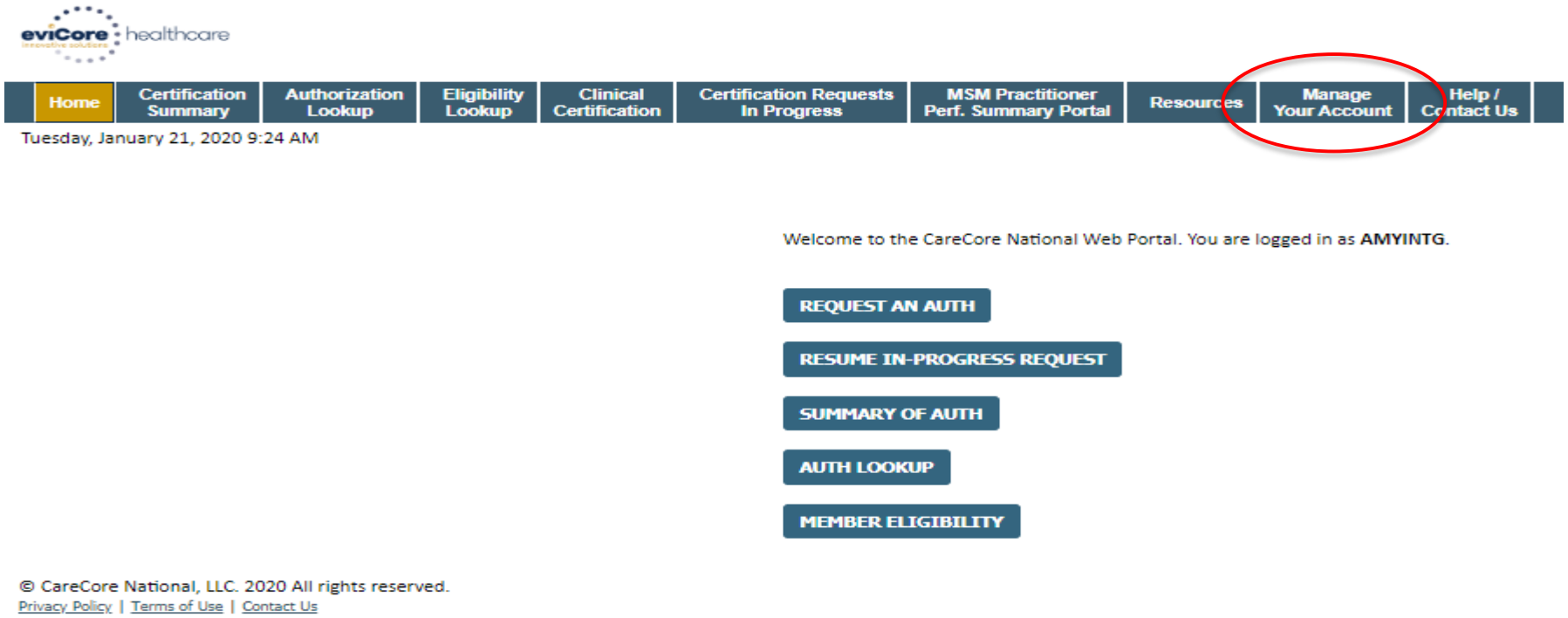
Welcome Screen



- Providers / Practitioners will need to be added to your account prior to case submission - Click the "**Manage Account**" tab to add provider information

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

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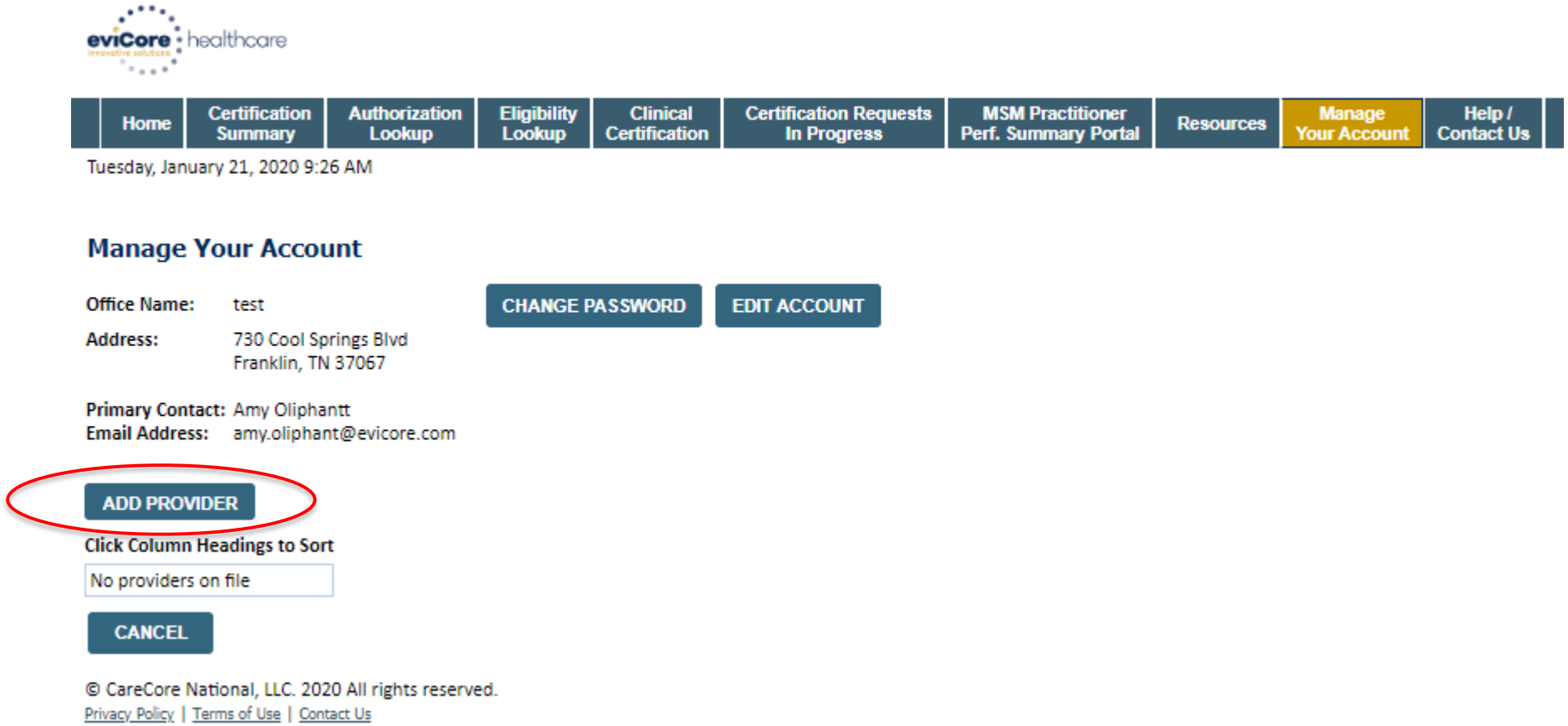
Adding Providers



Click the "Add Provider" button

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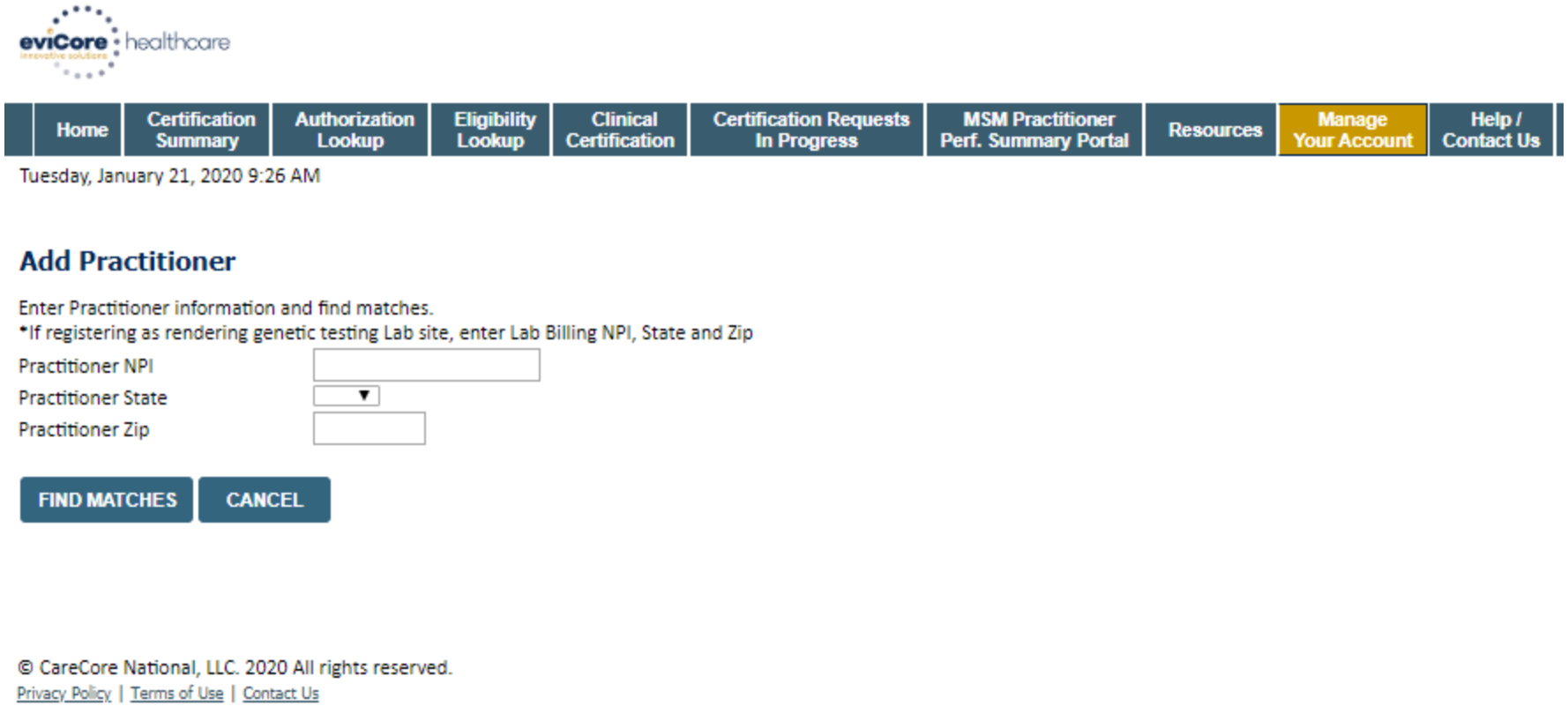
Adding Providers



Enter the **Practitioner's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account - you are able to add multiple practitioners to your account

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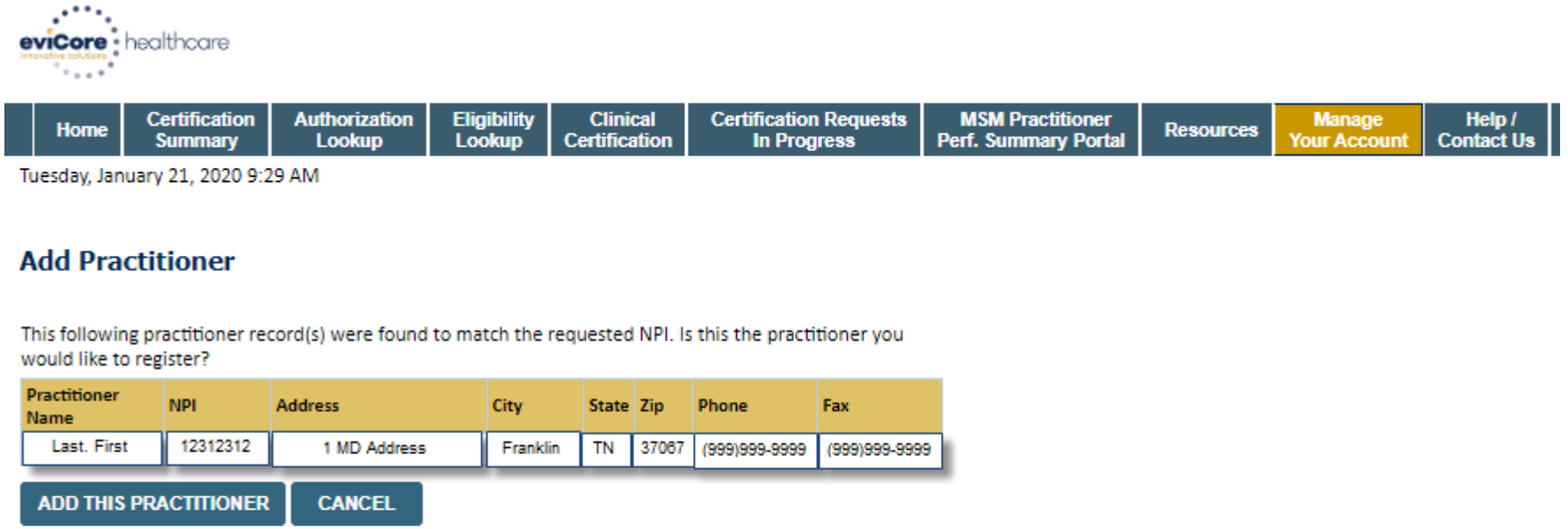
Adding Providers



Select the matching record based upon your search criteria

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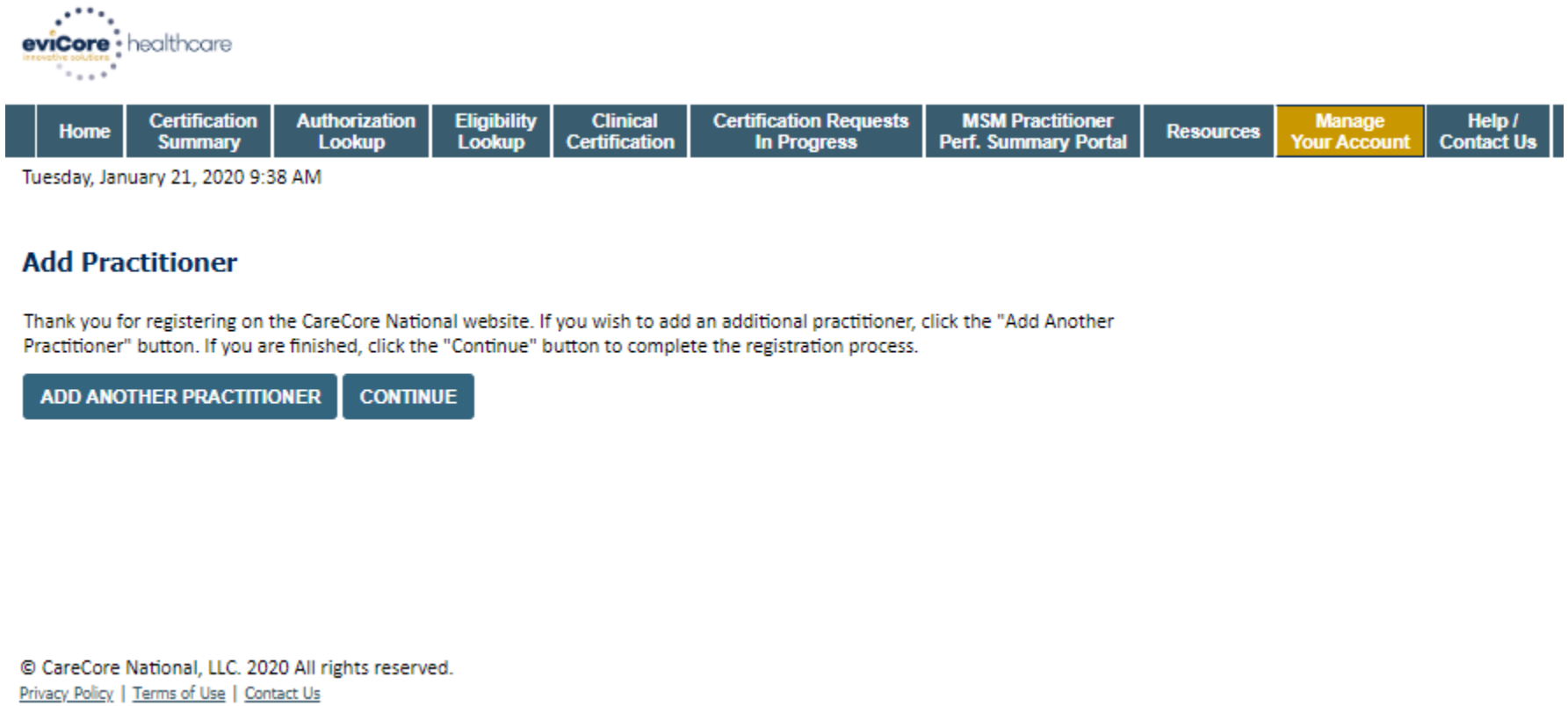
Manage Your Account



- Once you have selected a practitioner, your registration will be complete
- You are able to access the **"Manage Your Account"** tab at any time to make necessary updates or changes

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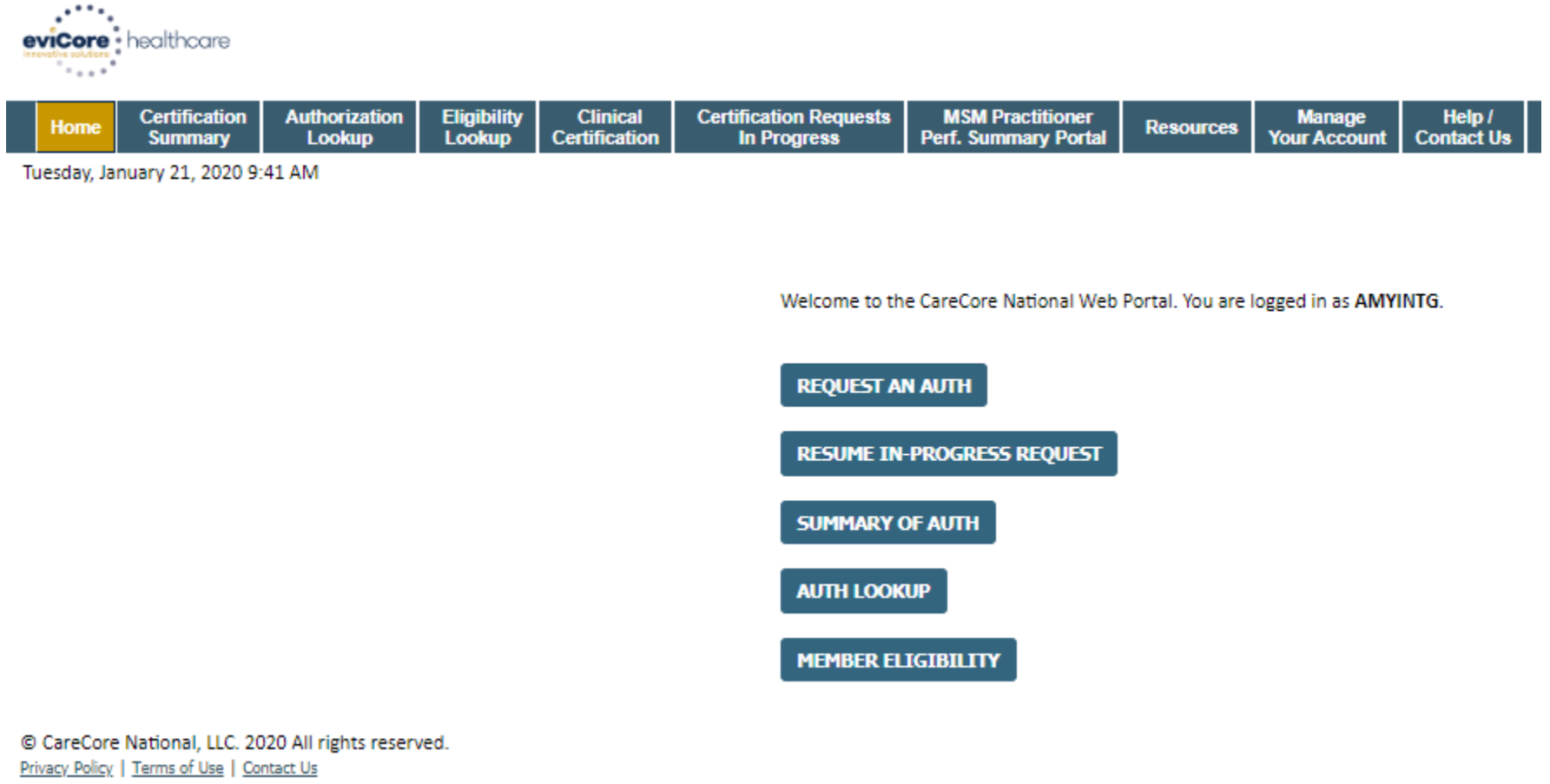
Initiating A Case



Choose **"REQUEST AN AUTH"** to begin a new case request

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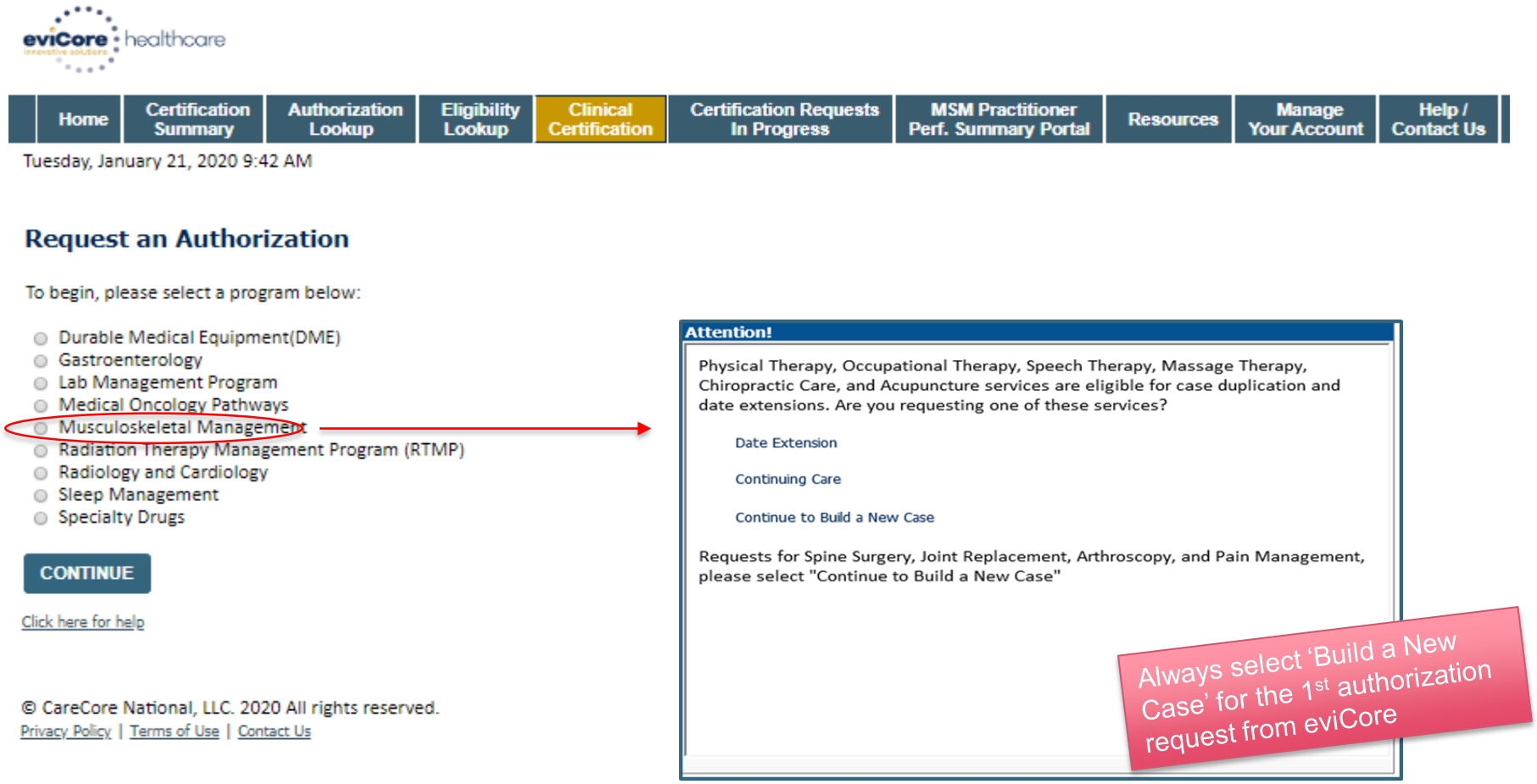
Select Program



Select the Program for your certification

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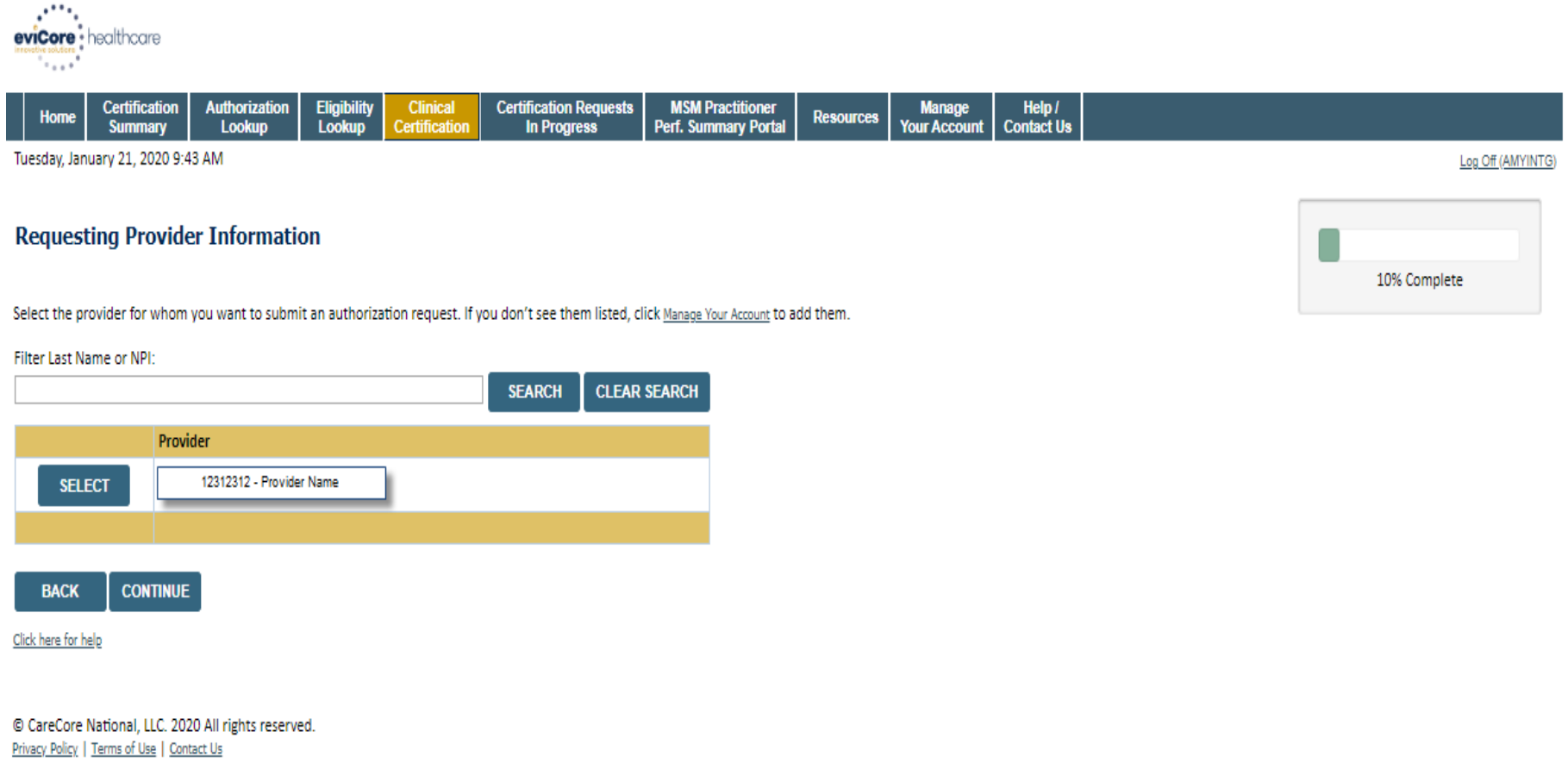
Select Provider



Select the **Practitioner/Group** for whom you want to build a case

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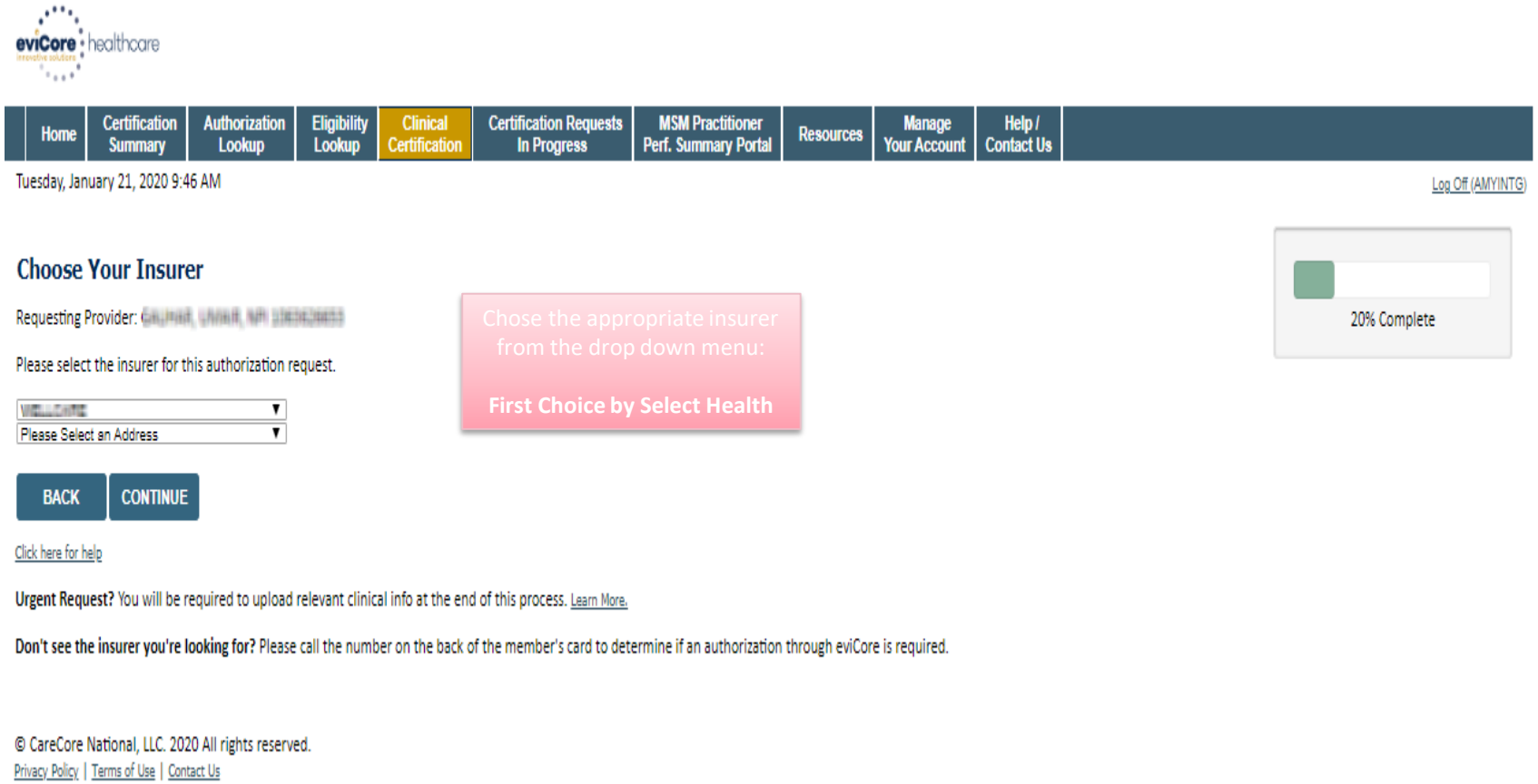
Select Health Plan



Choose the appropriate Health Plan for the case request
Once the plan is chosen, please select the provider address in the next drop down box

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Contact Information

Enter the **Provider's name** and appropriate information for the point of contact individual

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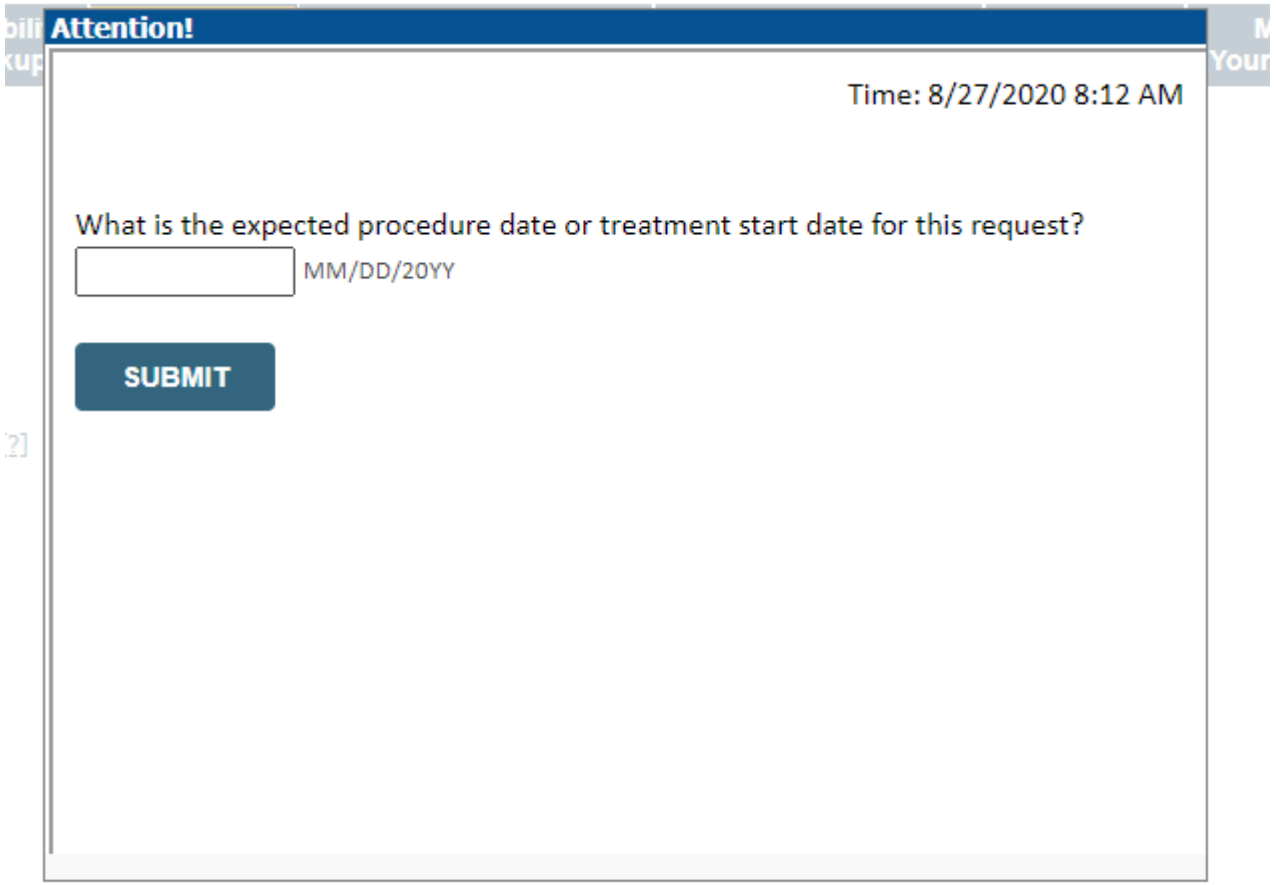
Expected Treatment Date



Note: Prior authorization from eviCore should begin after the member has used their initial visits for BCC

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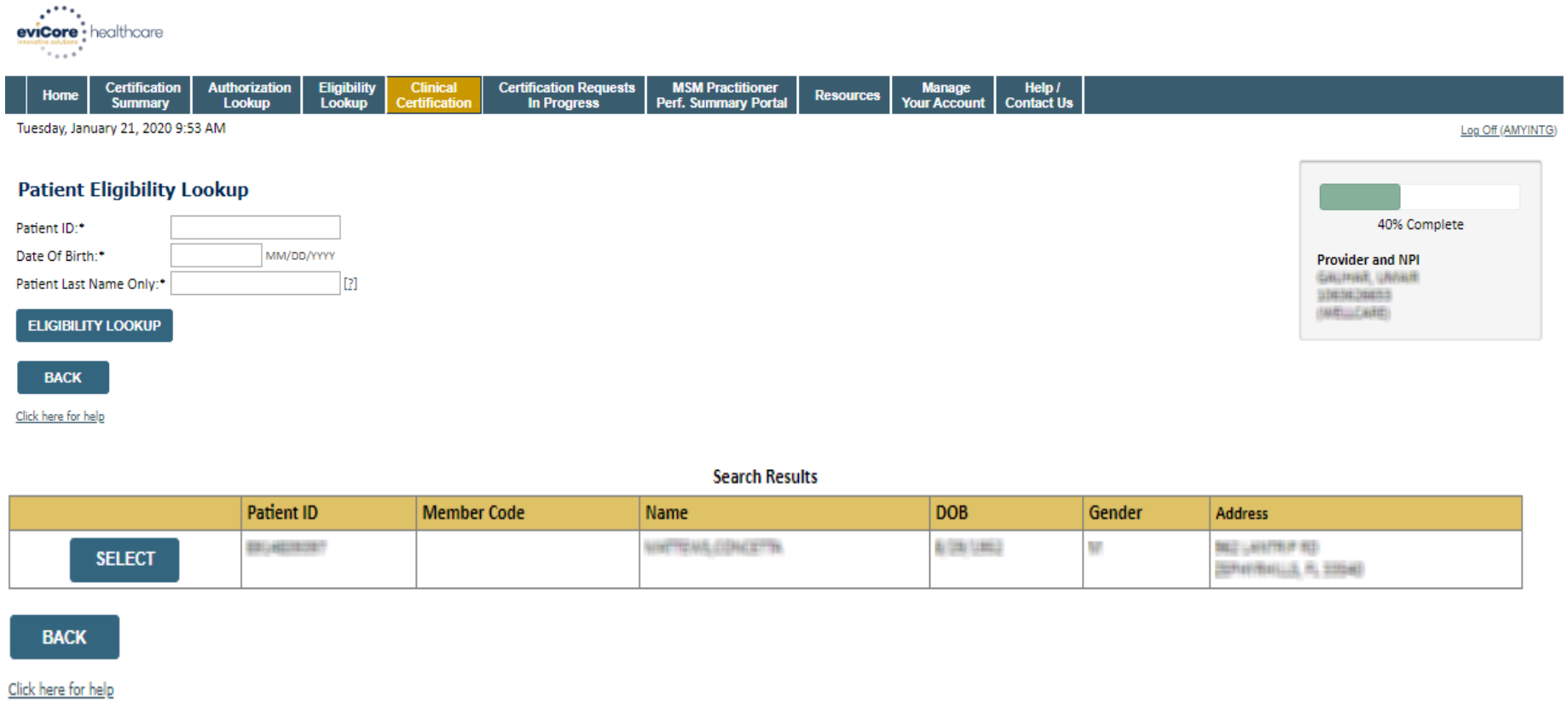
Member Information



Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **"Eligibility Lookup"**

Confirm your patient's information and click select to continue

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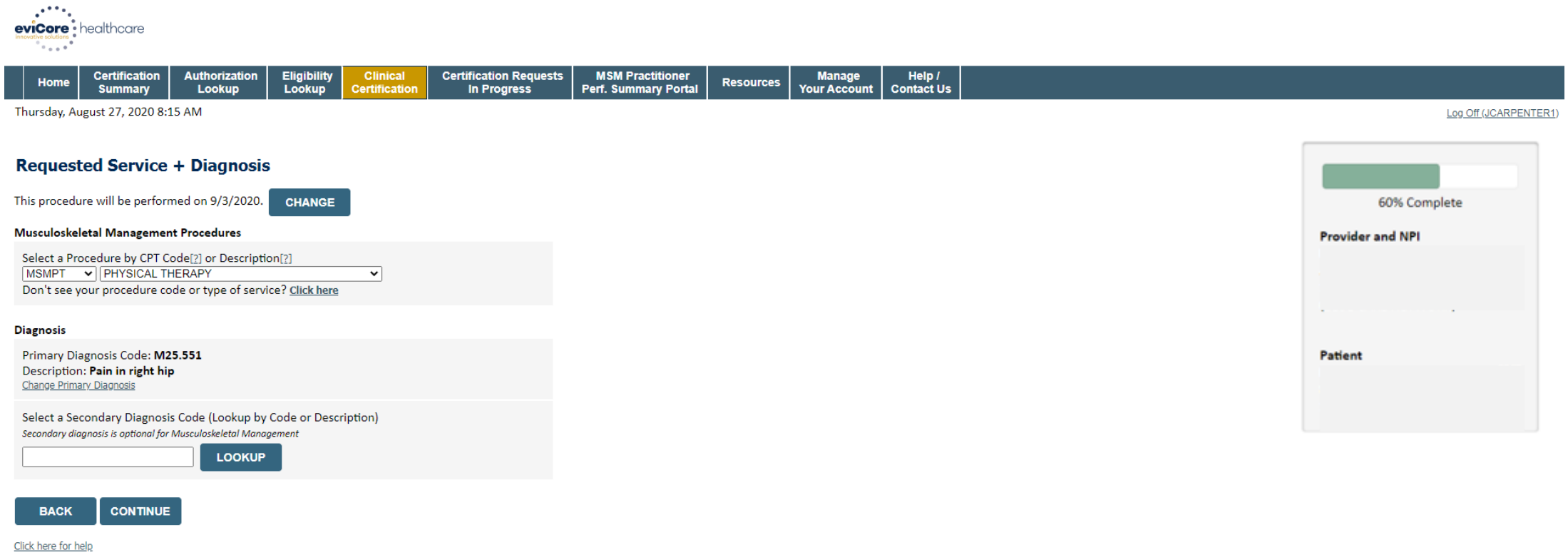
Select Procedure and Enter Diagnosis Code



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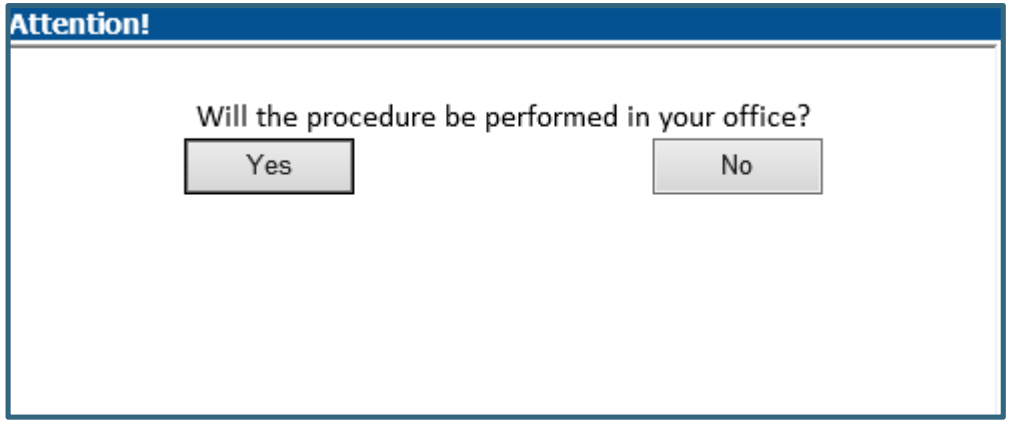
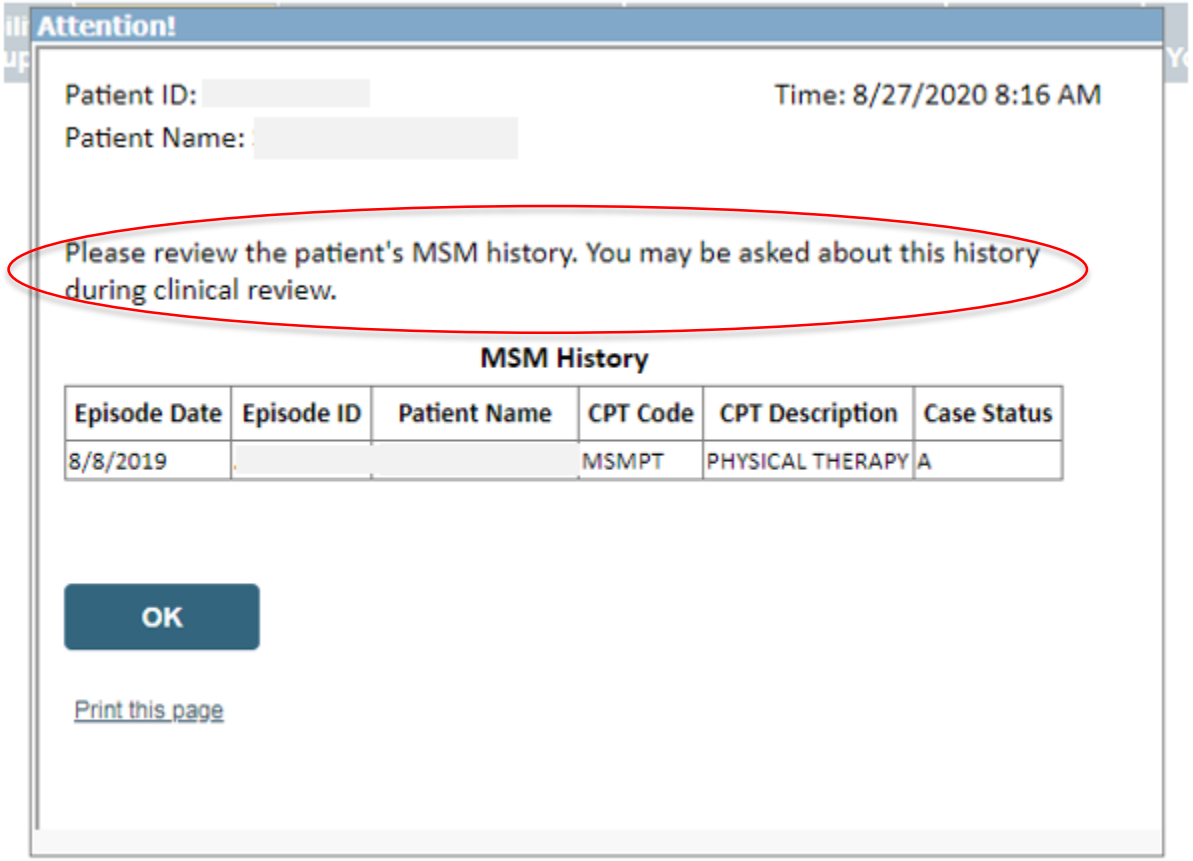
Read Pop-Up Messages





Public Information

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 9/3/2020
CPT Code: MSMPT
Description: PHYSICAL THERAPY
Primary Diagnosis Code: M25.551
Primary Diagnosis: Pain in right hip
Secondary Diagnosis Code:
Secondary Diagnosis:

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK CONTINUE

Click here for help

60% Complete

Provider and NPI

Patient

EDIT

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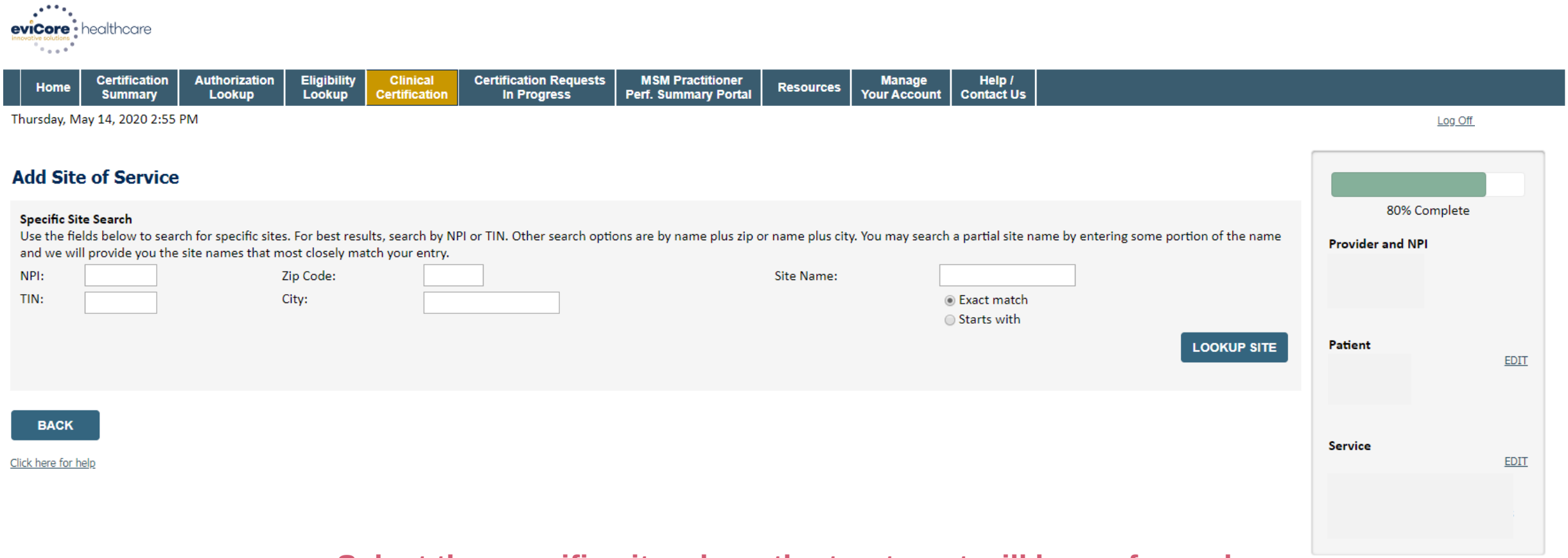
Site Selection

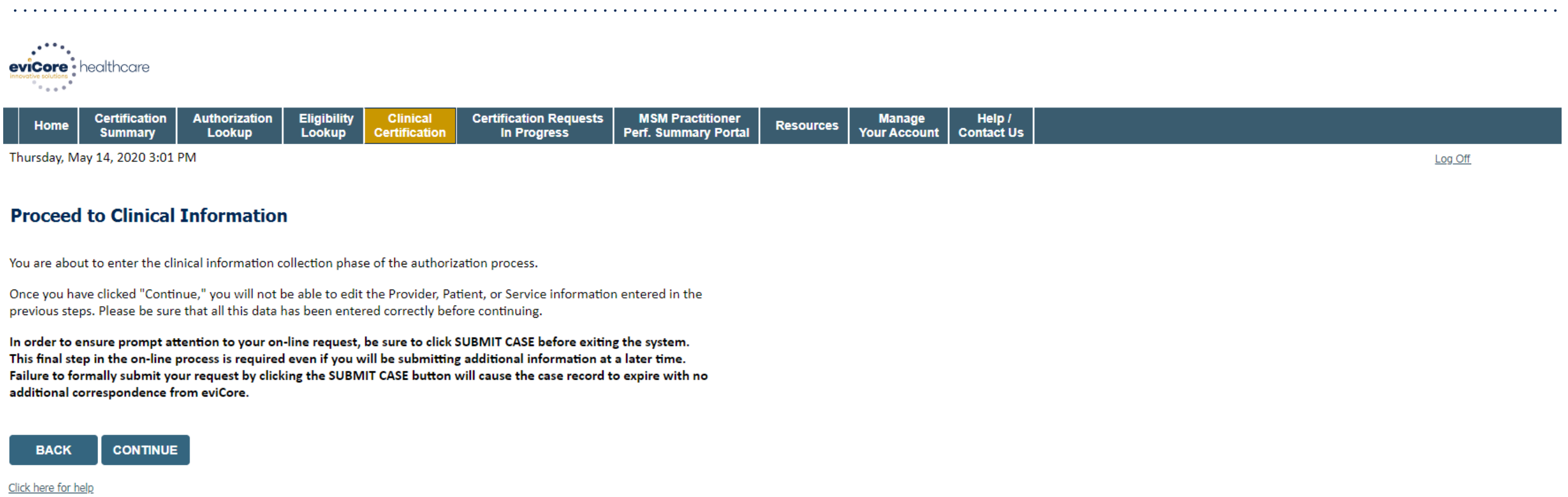


Select the specific site where the treatment will be performed

***For outpatient therapy and chiropractic services, the provider is both the referring and rendering (treating) provider in eviCore's system. For most health plans, you will want to enter the group NPI (if applicable) as the site of service**

P Public Information

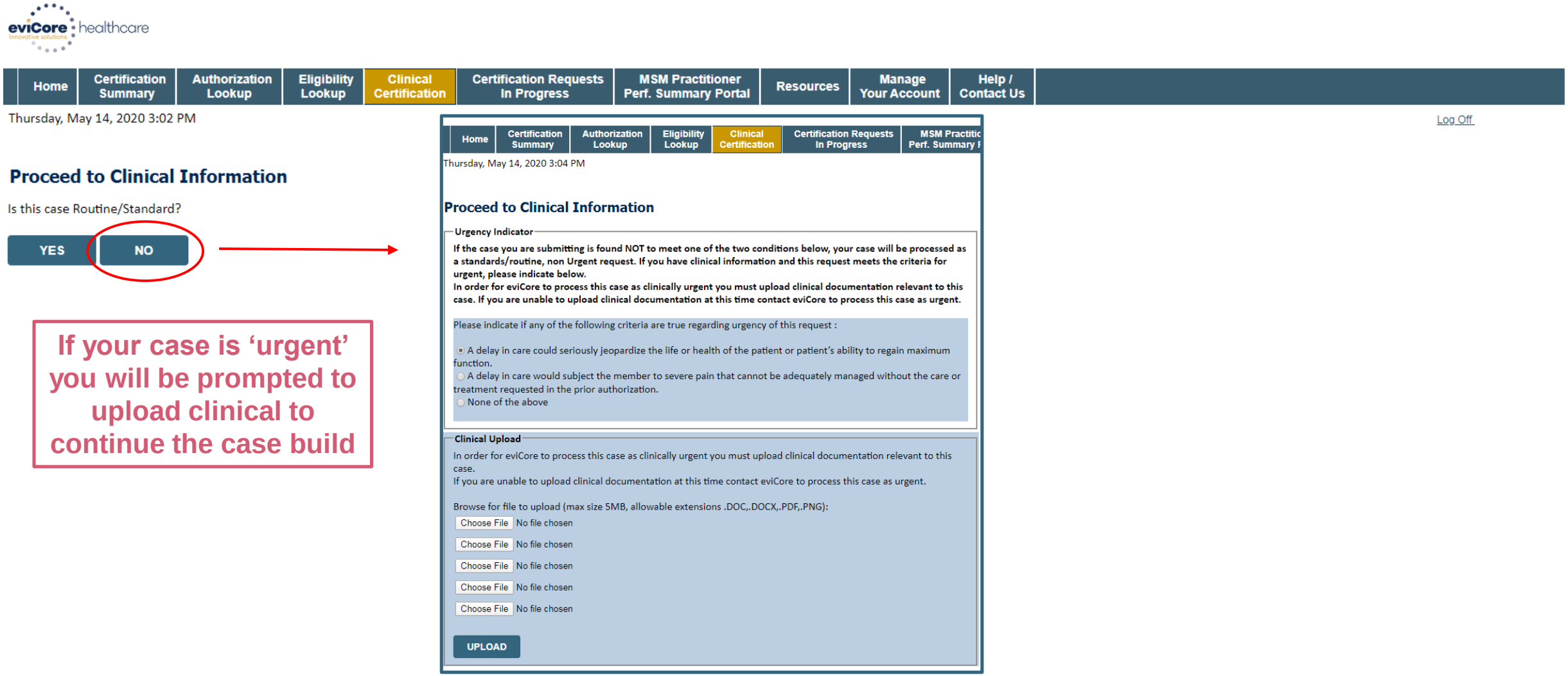
Clinical Collection Process



Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process

P Public Information

Urgency Indicator



Public Information

Clinical Collection

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

Thursday, August 27, 2020 8:20 AM

Log Off (JCARPENTER1)

Proceed to Clinical Information

TYPE OF CONDITION

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

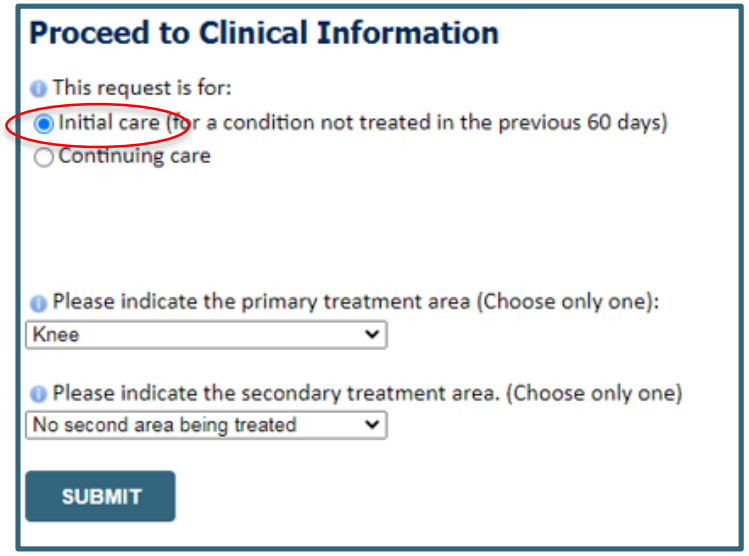
Is this request for fabricating a hand splint/orthotics OR developing a home exercise program ONLY?

○ Yes ◉ No

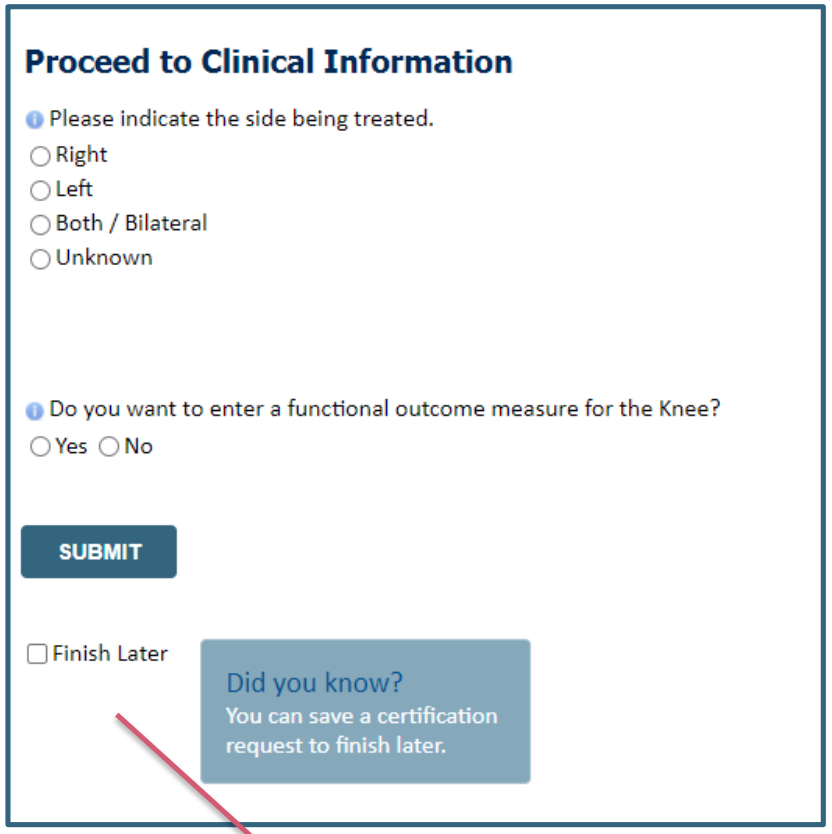
SUBMIT

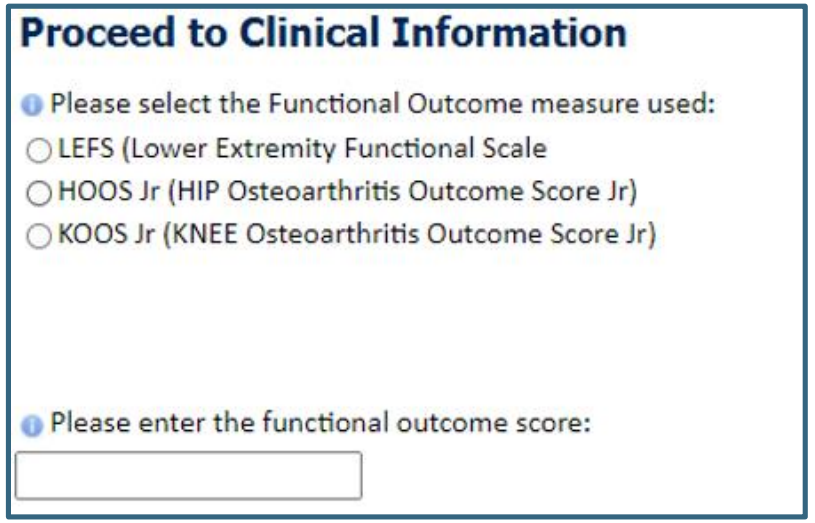
P Public Information

Clinical Collection – From the Clinical Worksheets



Even though the member may have had treatmet under their benefit program (BCC only), select 'Initial Care' for the 1st authorization from eviCore





You can click the "Finish Later" button to save your progress - You have two (2) business days to complete the case

Public Information

Criteria not met

Once you complete the clinical questions, you will have an opportunity to upload additional clinical information – also, you will receive a summary of your request to print for your records.

Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

SUBMIT

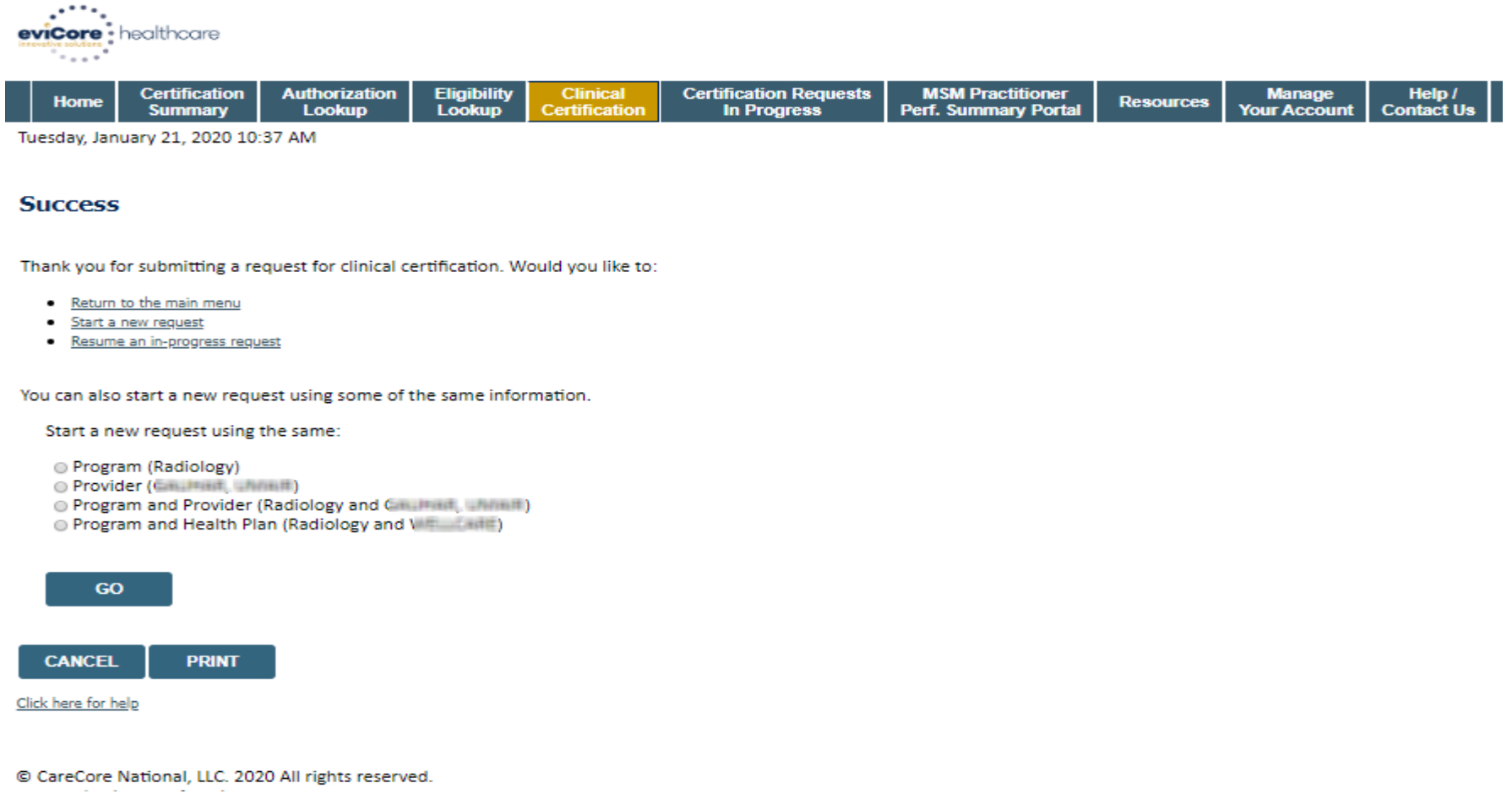
Summary of Your Request

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

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

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

Building Additional Cases



Once a case has been submitted for clinical certification, you can return to the Main Menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.

Public Information

Additional Provider Portal Features

Public Information

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

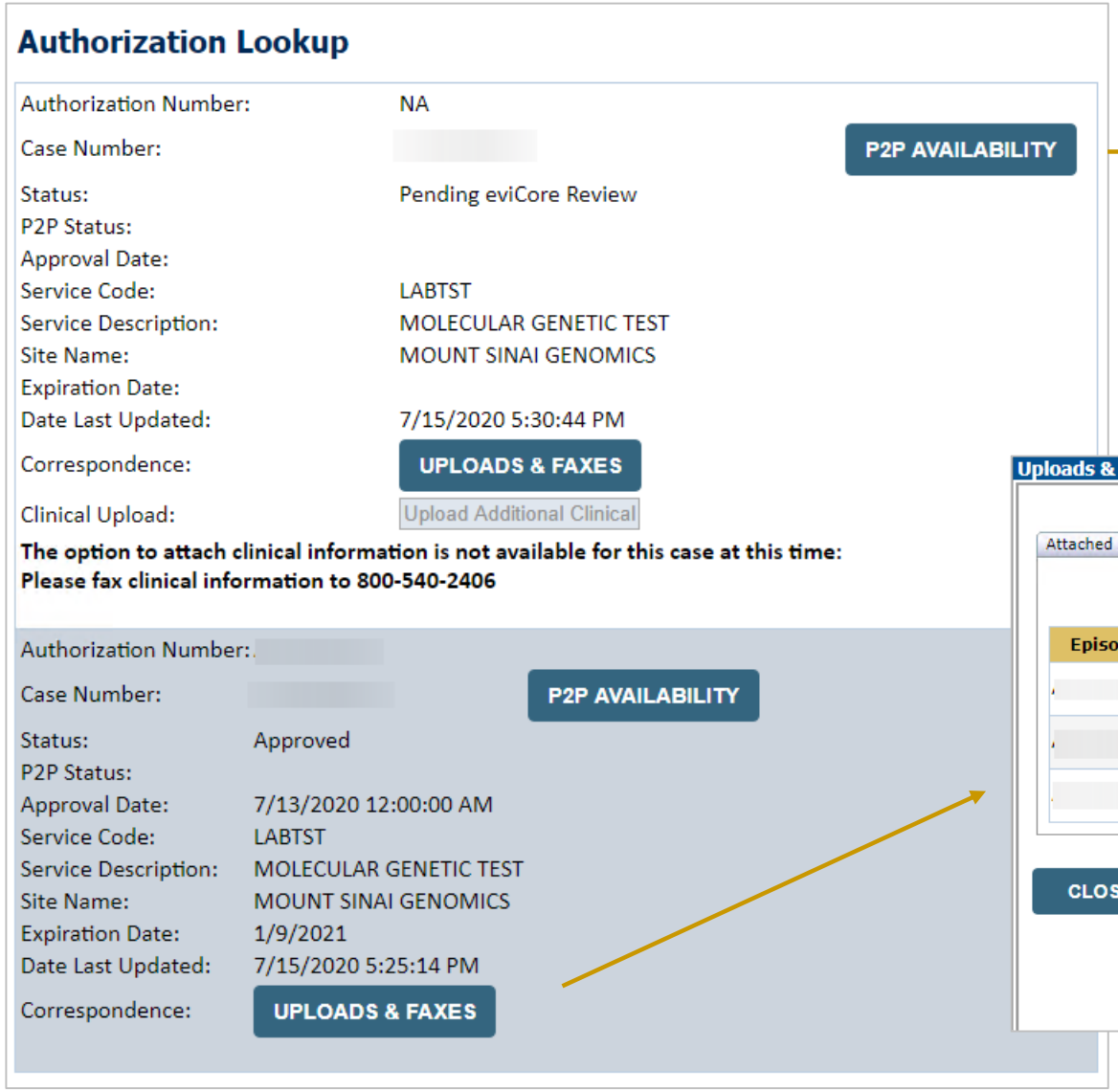
- Confirm if member requires prior authorization

Clinical Certification

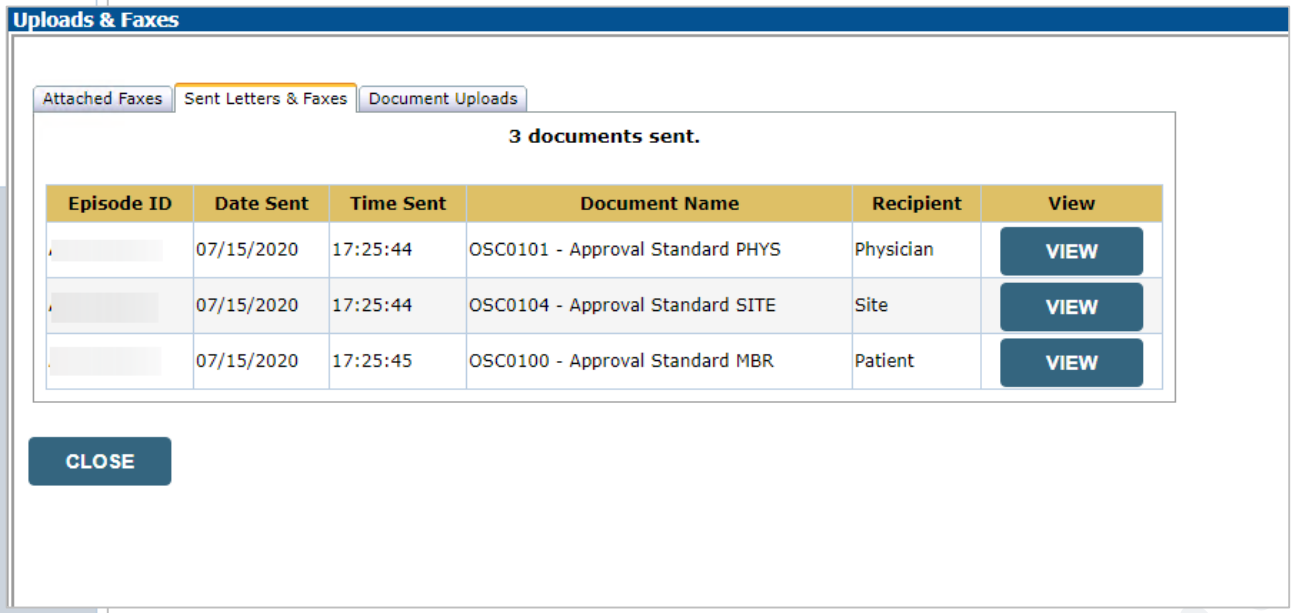
- You can begin an authorization request

P Public Information

Authorization Lookup example

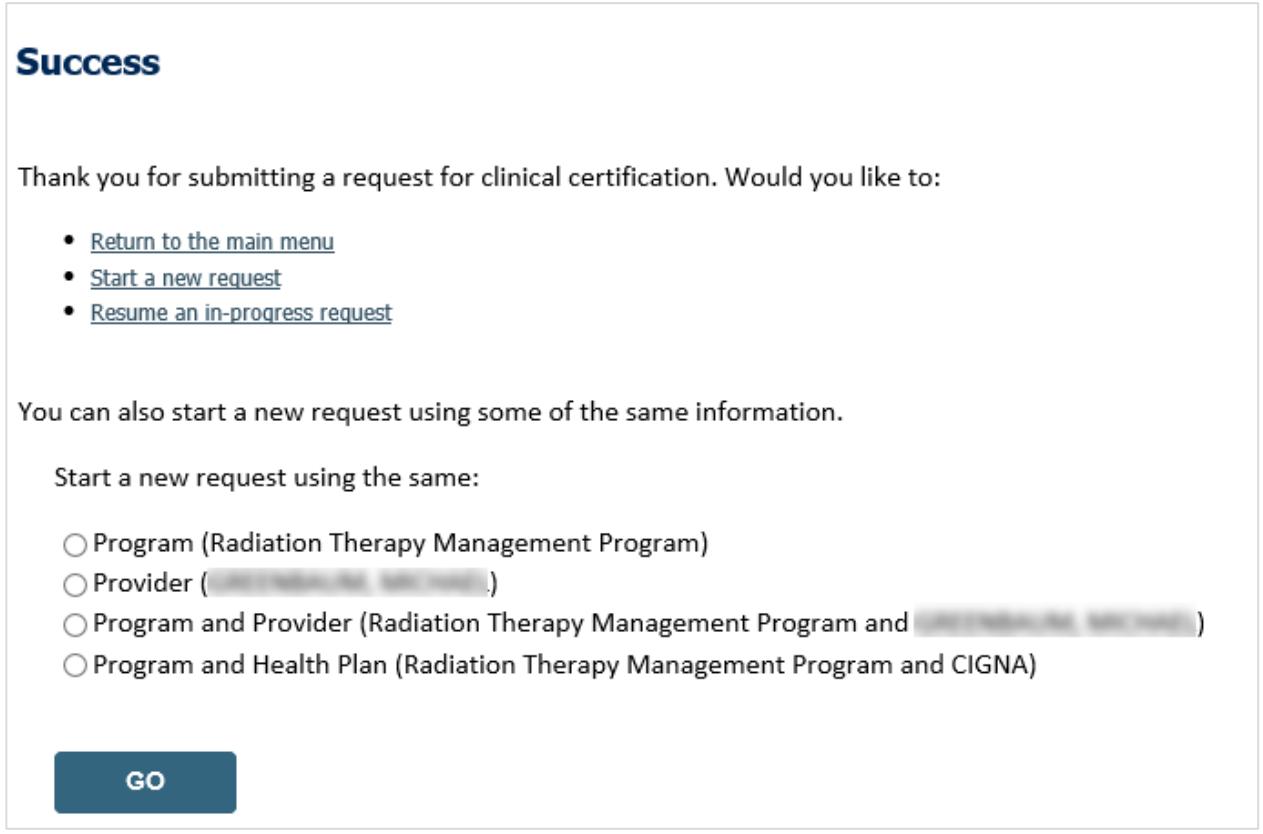


A final decision has not yet been rendered on this case OR it requires special handling. If you have received a request for additional clinical information, please respond to our notice per the instructions received.
If you would like to understand additional options available, please contact our Physician Support Unit at 1-800-792-8744, option 1



Public Information

Duplication Feature



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

Public Information

Provider Resources

Public Information

Dedicated eviCore Teams | South Carolina

Call Center

- Phone: (877) 506-5193
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

- Live chat
- Email: portal.support@evicore.com
- Phone: (800) 646-0418 (Option #2)

Client & Provider Operations Team

- Email: clientservices@eviCore.com
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

Provider Engagement

Regional team that works directly with the provider community

Oncology, Lab, MSK, PT/OT

Chris Plante

p: 912-312-2007

e: Cplante@evicore.com

Sleep and DME

Latrice Anderson

p: 502-546-8685

e: Landerson2@evicore.com

Public Information

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:

www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies

P Public Information

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

P Public Information

Provider Resource Review Forums

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

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

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

P Public Information

Thank You!

Public Information

Appendix

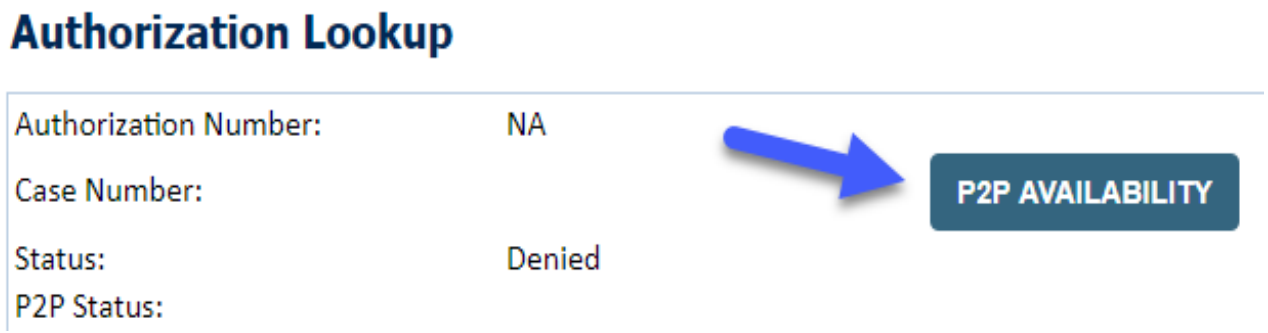
Public Information

Online P2P Scheduling Tool

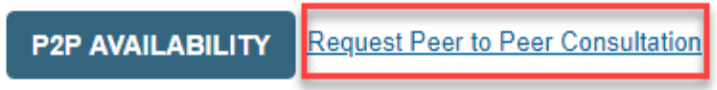
Public Information

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:



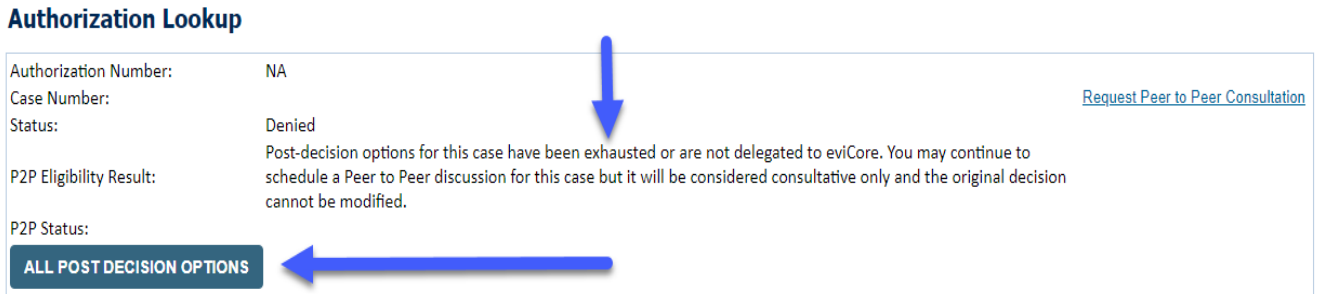
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



Public Information

How to schedule a Peer to Peer Request

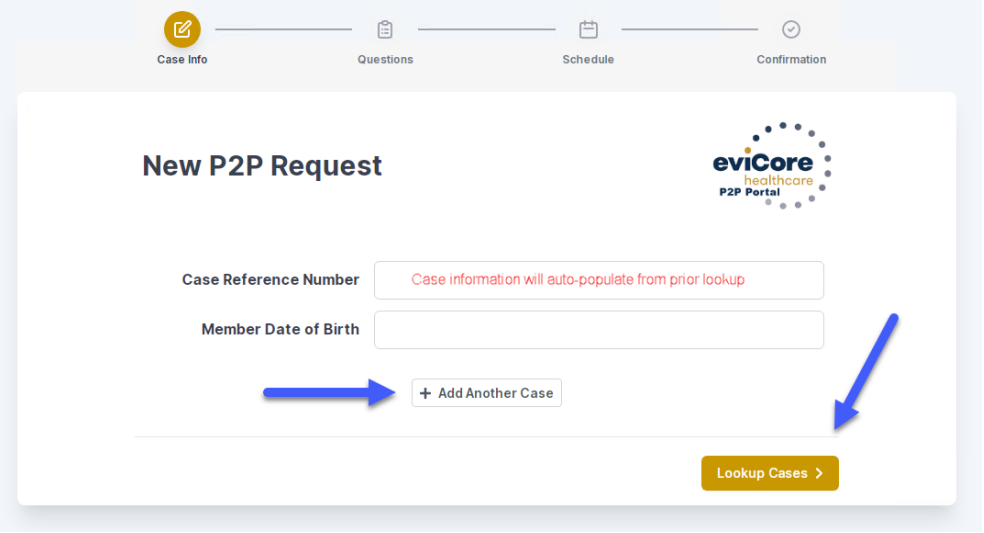
Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other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

Public Information

How to Schedule a Peer to Peer Request



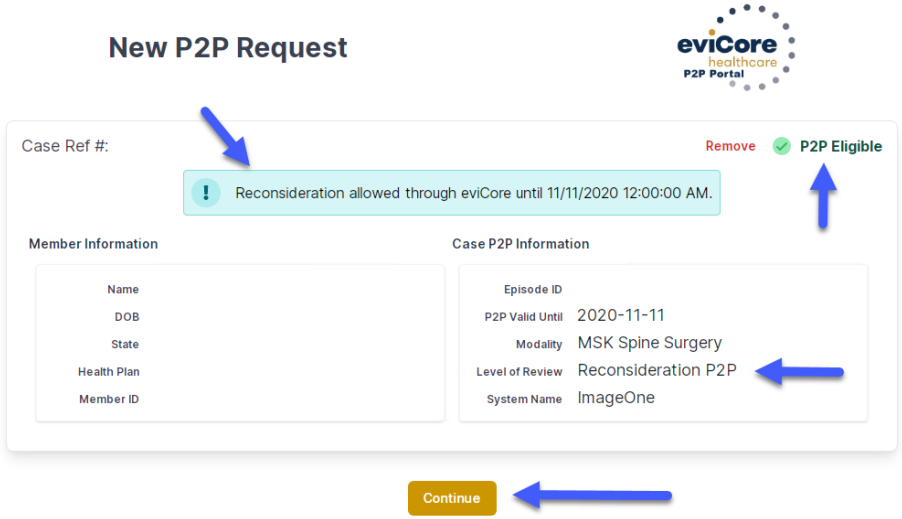
Upon first login, you will be asked to confirm your default time zone.

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”

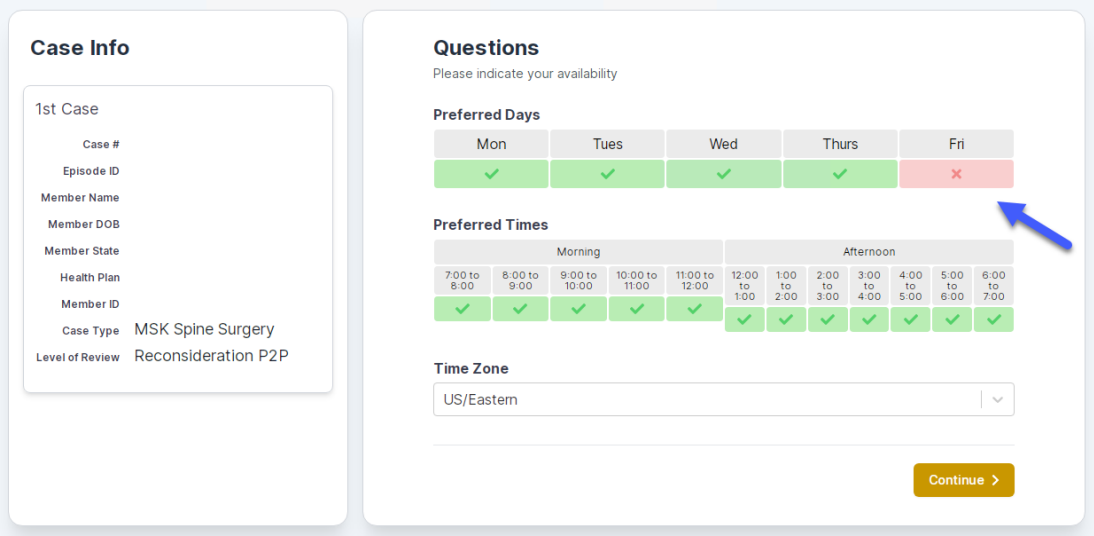
To proceed, select “Lookup Cases”

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.



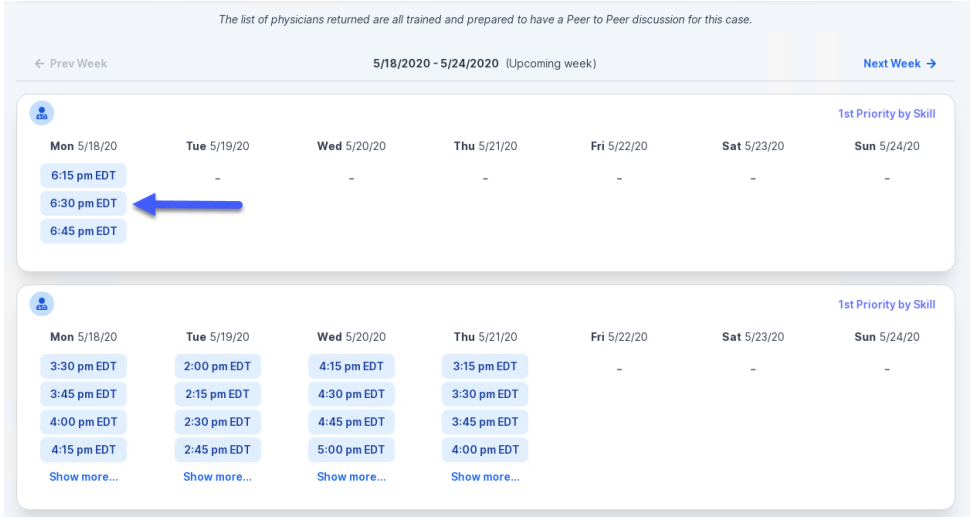
P Public Information

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.

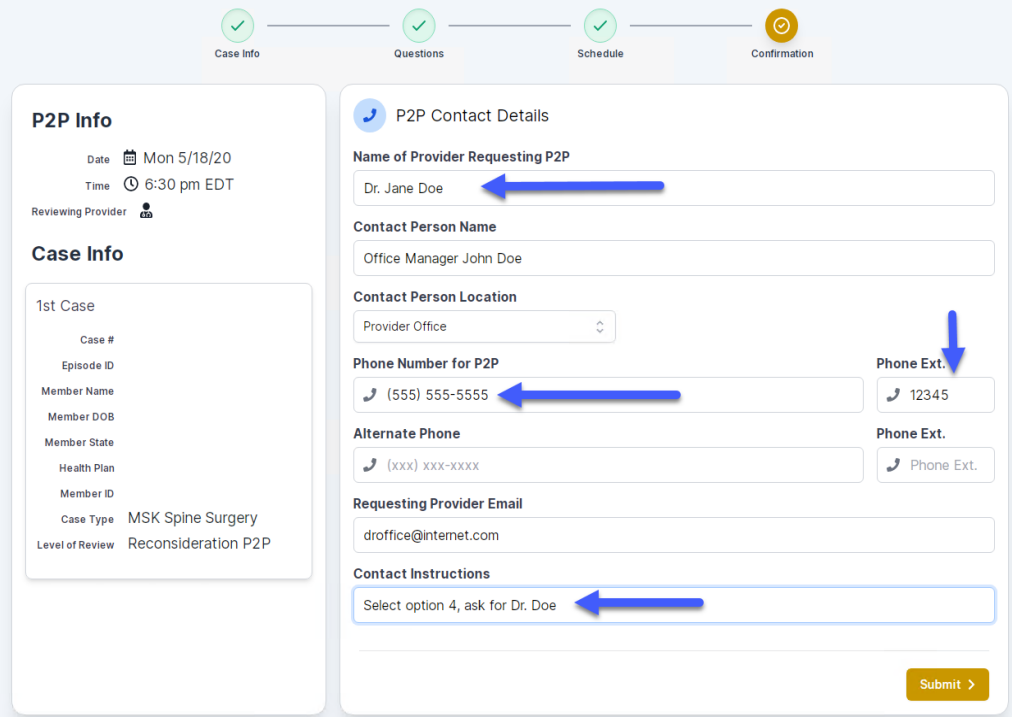


Public Information

How to Schedule a Peer to Peer

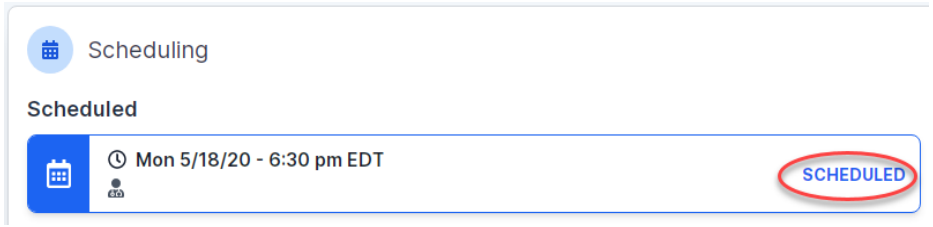
Confirm Contact Details

- 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.



Public Information

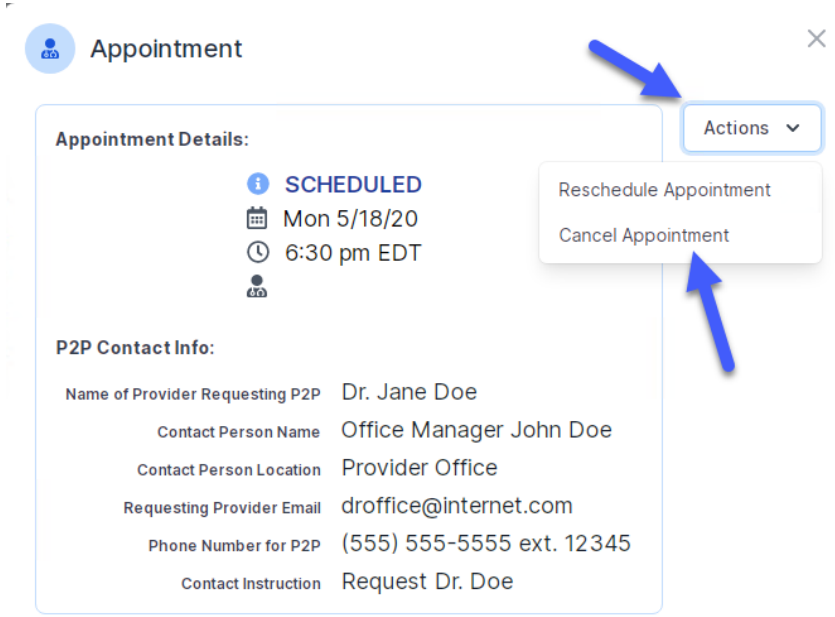
Canceling or Rescheduling a Peer to Peer Appointment

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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