Sleep Management

Provider Orientation Session for MassHealth

Agenda

- **eviCore healthcare Corporate Overview**
- **Sleep Management Prior Authorization - Program Overview**
- **Required Information**
- **Methods to Submit Requests**
- **Prior Authorization Outcomes & Special Considerations**
- **Provider Resources& Web Support Services**
- **Q & A Session**

Corporate Overview

266M Members Managed

Headquartered in Bluffton, SC
Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT

- Melbourne, FL
- Plainville, CT
- Sacramento, CA
- St. Louis, MO

10 Comprehensive Solutions

The industry's most **comprehensive clinical evidence-based guidelines**

5k[+] employees including **1k clinicians**

Engaging with 570k[+] providers

Advanced, innovative, and intelligent technology

NCQA Certification
Utilization Management

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

SIX SIGMA

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Prior Authorization of Sleep Management

Program Overview & Applicable Membership

eviCore healthcare will begin accepting requests on February 24, 2020 for dates of service March 1, 2020 and beyond

Prior authorization applies to services that are:

- Outpatient
- Medically Necessary
- Elective / Non-emergent

Prior authorization does not apply to services that are performed in:

- Emergency room
- Inpatient
- Observation Services

Authorization is required for MassHealth members enrolled in Medicaid health plans

It is the responsibility of the ordering provider to request prior authorization approval for services.

Applicable Membership

Authorization is required for MassHealth

- **Medicaid**
  - ➤ **Fee For Service**
  - ➤ **PCC Plans**
  - ➤ **Primary Care ACO plan**

Prior Authorization Required:

- **Home Sleep Testing**

- **Attended Polysomnography (PSG)**

- **Attended Polysomnography with PAP titration**

- **Multiple Sleep Latency Test (MSLT)**

- **Polysomnography; Younger Than 6 Years**

- **Sleep Study, Unattended, Simultaneous Recording**

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

https://www.evicore.com/resources/healthplan/masshealth

Non-Clinical Information Needed

The following information <u>must</u> 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 Information

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

Rendering Facility Information

- Facility Name
- Street Address (i.e. 111 Tennessee Rd. Franklin, TN 37067)
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Methods to Submit Requests

3 Methods to Submit Prior Authorization Requests

WEB

1. **eviCore online portal** www.evicore.com is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7. If you access the MMIS (POSC) portal, providers will be directed to eviCore where they can initiate a case for prior authorization.

2. Phone:
866-896-2201

3. Electronic Fax:
PA requests are accepted via fax and may be used to submit additional clinical
Fax: 866-999-3510

MMIS Home Page

eviCore healthcare website

- Point web browser to evicore.com

eviCore healthcare
www.evicore.com

- Login or Register
- To create a new account, click **Register Now**

Portal Login

User ID   Forgot User ID?

Password   Forgot Password?

☐ I agree to HIPAA Disclosure
☑ Remember User ID

LOGIN

Don't have an account? Register Now
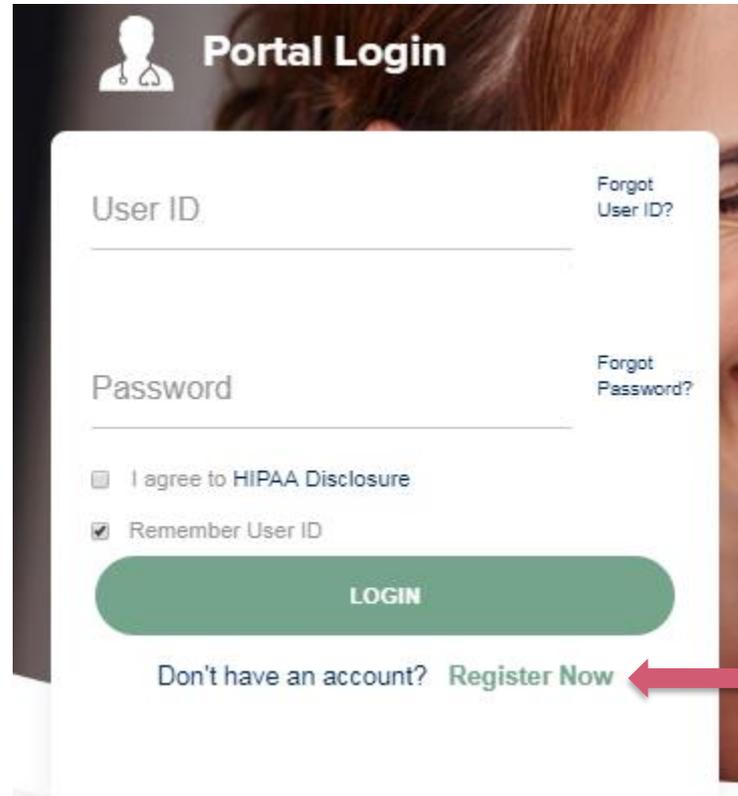
Sleep Study
Site of Service Authorization

Sleep Study Referral Workflow

eviCore Clinical Pathways direct to appropriate site of service or treatment based on information gathered from referring provider

Clinical indication for sleep study?

Member appropriate for polysomnogram (PSG) → Approved sleep study

Member appropriate for Home Sleep Testing (HST) → Home sleep test approved

Member not appropriate for any test → Held for more information or goes to medical review
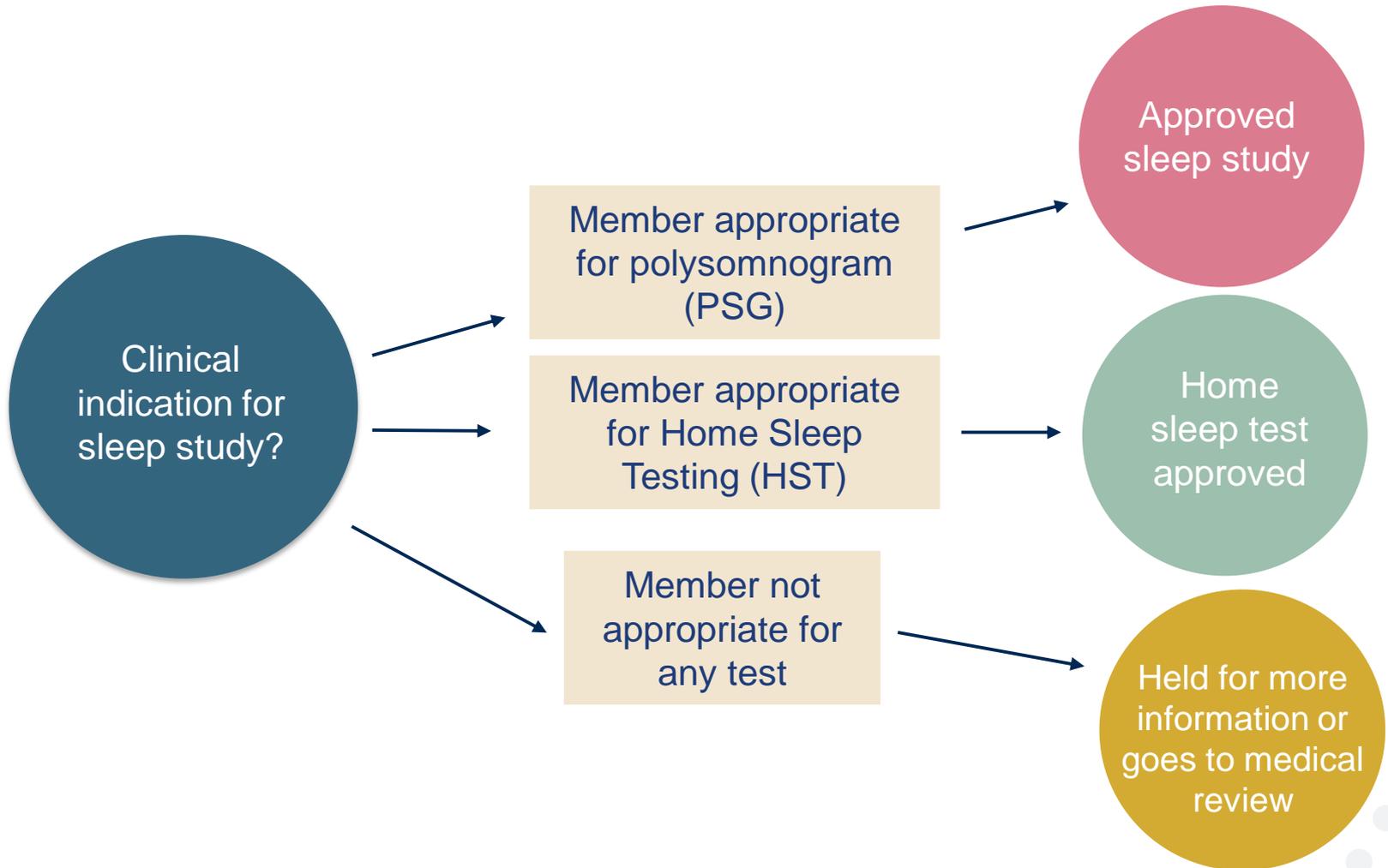
eviCore Clinical Guidelines

Home Sleep Test The patient must be physically able to perform the Home sleep test. The patient must have the mobility, dexterity and cognitive ability to use the available equipment safely at home AND have the ability to follow instructions. Home Sleep Study HST is the **preferred study**.

In Lab Indications The patient DOES NOT have the mobility, dexterity or cognitive ability to use the available equipment safely at home and the ability to follow instructions or HST has been attempted and is inconclusive. There must be at least one suspected or known **co-morbid** diagnosis.

Multiple Sleep Latency Testing The patient MUST have had a prior sleep study to either diagnose OR rule out Obstructive Sleep apnea before advanced testing will be considered.

Pediatric guidelines HST cannot be approved for a child. It is considered investigational and experimental. In Lab Studies are supervised by specialized Sleep Technicians.

Repeat Sleep Testing The patient MUST be compliant with the current treatment. Repeat testing is generally not necessary to supply new PAP equipment.

Sleep Study Clinical Guidelines are available on the eviCore website

Sleep Management Worksheet

Worksheets for attended Sleep Studies and Multiple Sleep Latency Test (MSLT) procedures are available on the eviCore website.

The provider should complete this worksheet prior to contacting eviCore for an authorization

Please Note: The worksheet is a tool to help providers prepare for prior authorization requests via the **web portal** (preferred method) or by phone and should not be faxed to eviCore to build a case

Sleep Studies Online Resources

- **You can access Sleep Study resources at www.evicore.com**

- **Select <u>Resources</u> to view Clinical Guidelines and Worksheets for attended Sleep Studies**
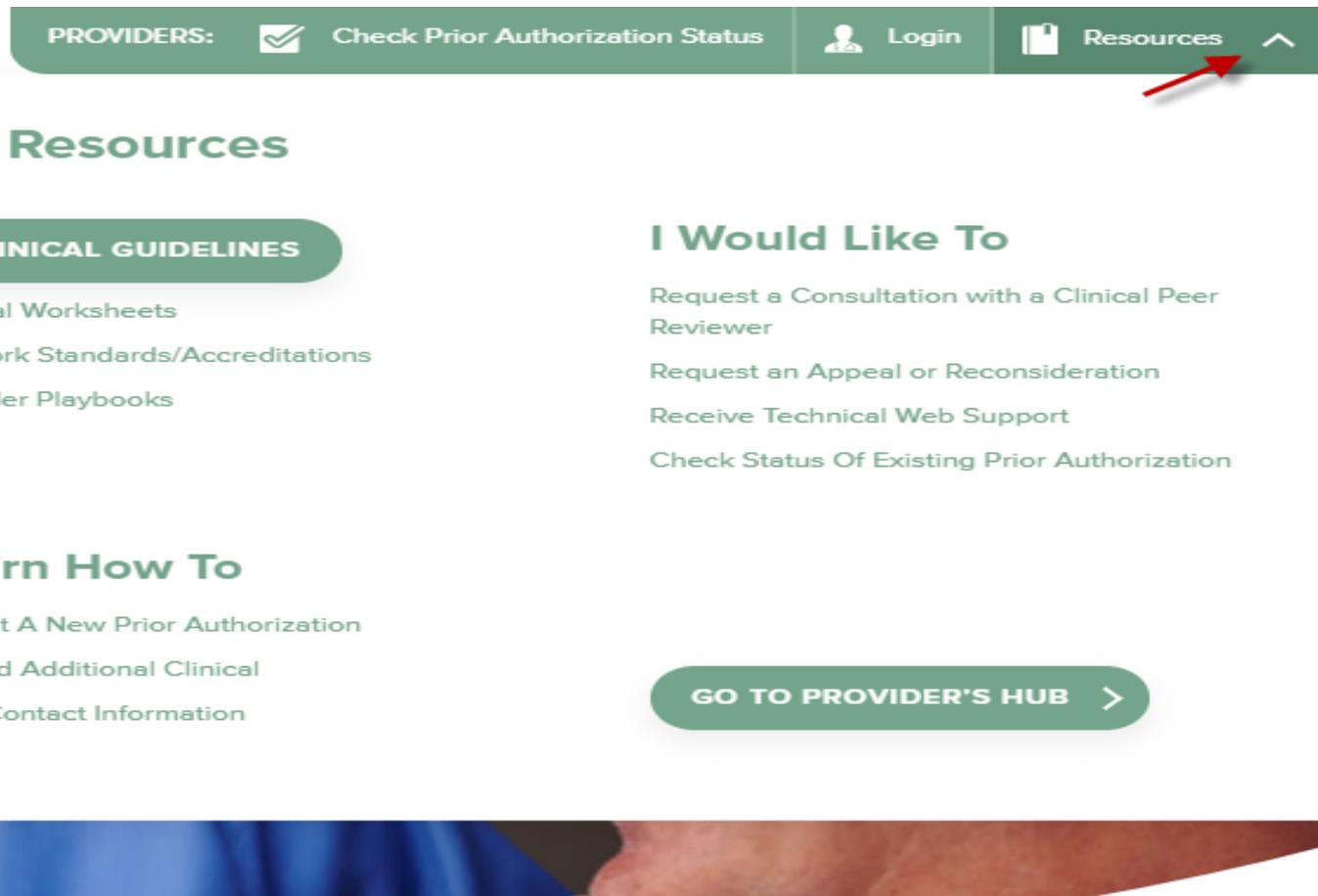
Sleep Study Site of Service Authorization

- **Sleep Study testing that meets medical necessity for the appropriate site of service will be authorized by eviCore.**

- **What happens if an attended sleep study is requested, but Home Sleep Testing (HST) is more appropriate?**

  - If the member meets medical appropriateness criteria for a HST instead, an authorization for an attended study will **not** be given.

  - The ordering clinician will be offered the choice to **suspend** the request for an attended study in favor of a HST.

  - If the provider selects the HST option, the CPT code will be changed and the HST will be **approved**.

  - If the provider does **not** select the HST option, the case will go to medical review and could lead to an **adverse determination** of the requested attended sleep study.

Prior Authorization Outcomes

Approvals and Denials

- **Approved Requests**
  - All requests are processed in 2 business days after receipt of all necessary clinical information.
  - **Sleep** authorizations are typically valid for 90 calendar days from the date of the final determination.

- **Denied Requests**
  - Communication of the denial determination and rationale.
  - Instructions on how to request a Clinical Consultation.

- **Authorization Letter**
  - The letter will be faxed to the ordering and rendering physician.
  - Approval information can be printed on demand from the eviCore portal.
  - If email address is supplied you can get an e-notification

- **Denial Letter**
  - The letter will be faxed to the ordering and rendering physician.
  - The member will receive the letter in the mail.

Educate and Pay

Effective 6/1/2022

For the timeframe of thirty (30) days, all prior authorization requests where the provider answered the questions in the pathway will be approved.

If the provider does not submit clinical, the prior authorization will be denied.

Process:

- Provider must request a prior authorization

- eviCore will review for medical necessity

- Prior authorization will be approved

- If the request did not meet medical necessity, the provider will be notified of the denial rational for educational purposes only

- MassHealth will adjudicate the claim

Note: Starting 7/1/2022, approval will be based on the prior authorization request meeting medical necessity and will be approved/denied appropriately

Special Circumstances

Appeals

- eviCore <u>will not</u> process first level member or provider appeals.
- Appeal requests should be submitted to the Health Plan.
- The appeal process is outlined on the written denial notification.

Retrospective (Retro) Authorization Requests

- All Retrospective requests must be submitted within 14 business days from the date the services were performed. Retrospective requests that are submitted beyond this timeframe will be administratively denied.
- Retrospective authorization requests are reviewed for clinical urgency and medical necessity.
- Turn around time on retro requests is 14 calendar days.

Urgent Prior Authorization Requests

- Urgent requests can now be submitted on eviCore's website www.evicore.com. When asked "Is this request standard/routine?" simply answer no and the case will be sent to the urgent work list.
- Providers and/or staff can also contact our office by phone , 866-896-2201, and state that the prior authorization request is Urgent. Urgent requests will be reviewed within 24 hours upon receiving the prior authorization request.

Prior Authorization Outcomes

Clinical Consultations and Reconsiderations

Clinical Consultations

If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions with referring physicians. In certain circumstances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Providers, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting:

 www.evicore.com. Go to Authorization Look-up, Request a Peer to Peer

Reconsiderations

Additional clinical information can be provided within 14 calendar days after the denial without the need for a physician to participate. Reconsiderations can only be requested one (1) time.

eviCore Web Portal Services

Creating an Account

To create a new account, Login to www.evicore.com and click **Register**

Creating an Account

Web Portal Preference

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

Default Portal*:

--Select--
CareCore National
Medsolutions

User Information

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

User Name*: _____   Address*: _____   Phone*: _____

Email*: _____   _____   Ext: _____

Confirm Email*: _____ City*: _____   Fax*: _____

First Name*: _____   State*: [Select ▼] Zip*: _____

Last Name*: _____   Office Name: _____

- **Select CareCore National as the Default Portal, complete the User Information section in full and Submit Registration.**
- **You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log in page.**

Welcome Screen

eviCore healthcare

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

Friday, July 22, 2016 12:02 PM

Log Off (MALLOR

Welcome to the CareCore National Web Portal. You are logged in as

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers."
Request a clinical certification/procedure >>

Request a clinical certification/procedure for

Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.

Look up an existing authorization >>

Check member eligibility >>

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

Adding Practitioners

Friday, March 23, 2018 2:57 PM

Manage Your Account

Office Name:

Address: 730 Cool Springs Blvd
              Franklin, TN 37067

Primary
Contact: User Account
Email Address: Test@email.com

[Change Password]   [Edit Account]

[Add Provider]

Click Column Headings to Sort

No providers on file

[Cancel]

Click the "**Add Provider**" button.

Adding Practitioners

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State ▼

Practitioner Zip

Find Matches | Cancel

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Privacy Policy | Terms of Use | Contact Us

Enter the Provider's NPI, State, and Zip Code to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Practitioners

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

Friday, March 23, 2018 2:57 PM

Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

Add This Practitioner   Cancel

Select the matching record based upon your search criteria

Manage Your Account

Friday, March 23, 2018 2:57 PM

Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

[Add Another Practitioner] [Continue]

- Once you have selected a practitioner, your registration will be completed. You can then access the "**Manage Your Account**" tab to make any necessary updates or changes.

- You can also click "**Add Another Practitioner**" to add another provider to your account.

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Case Initiation

Welcome Screen

- Providers 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.*

Select Program - Sleep Management
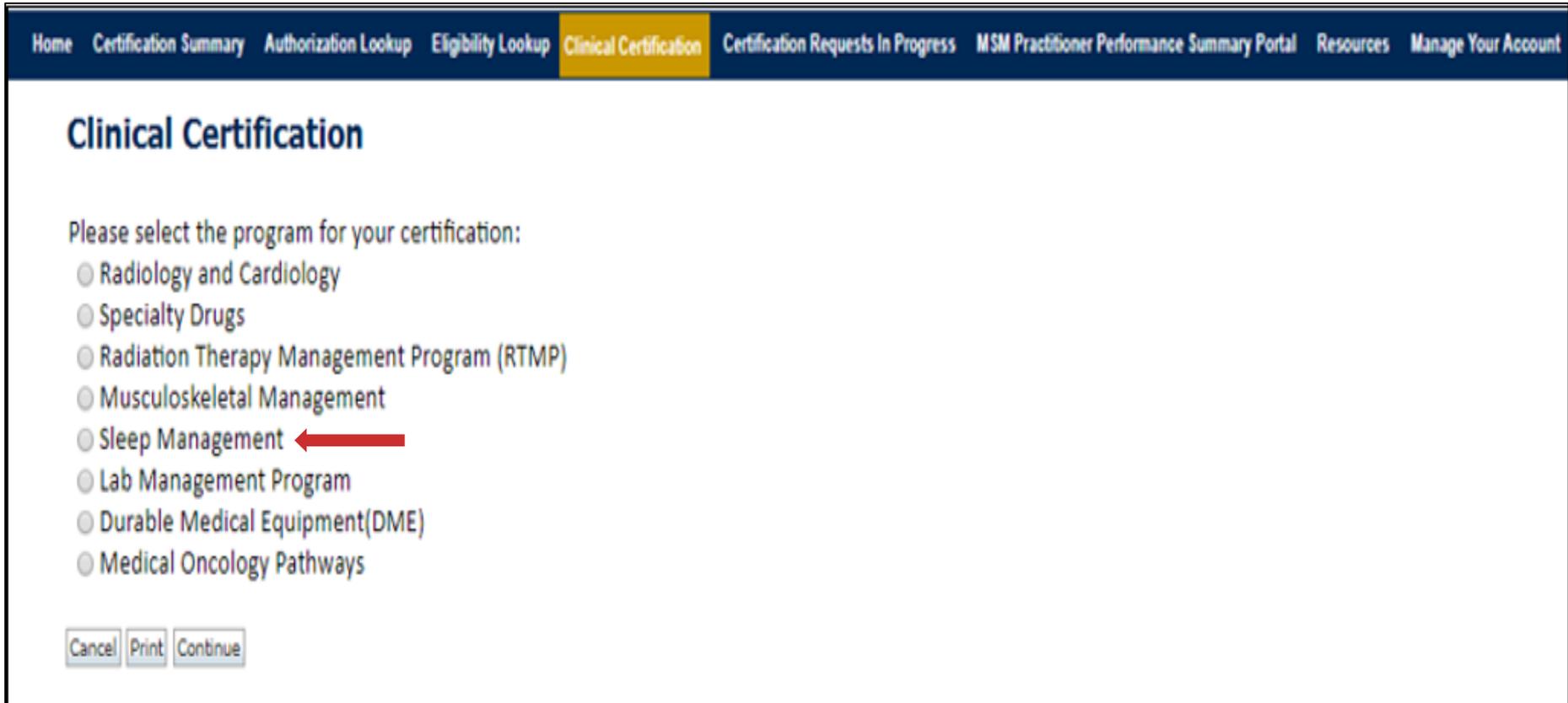
Clinical Certification

Clinical Certification

Please select the program for your certification:

- ○ Radiology and Cardiology
- ○ Specialty Drugs
- ○ Radiation Therapy Management Program (RTMP)
- ○ Musculoskeletal Management
- ○ Sleep Management ⬅
- ○ Lab Management Program
- ○ Durable Medical Equipment(DME)
- ○ Medical Oncology Pathways

[Cancel] [Print] [Continue]

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account

Choose Clinical Certification to begin a new case request
- Select Sleep management

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Select Ordering Provider

Friday, March 23, 2018 2:57 PM

10% Complete

Clinical Certification

Select the practitioner or group for whom you want to build a case.

If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit Manage Your Account to associate the new practitioner, group, or lab.

Filter Last Name or NPI:

[FILTER] [CLEAR FILTER]

Selected Physician:
Last, First
NPI 1234567890

	Provider
SELECT	1234567890 - Last, First

[Cancel] [Back] [Print] [Continue]

Click here for help or technical support

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

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Select Health Plan

Clinical Certification

20% Complete

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. Click here for more information!

You selected

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

[▼]
[▼]

Cancel   Back   Print   Continue

Click here for help or technical support

Choose the appropriate Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card.
Once the plan is chosen, please select the provider address in the next drop down box.

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Contact Information

eviCore · healthcare
innovative solutions

| 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 |

Monday, October 18, 2021 4:12 PM

Add Your Contact Info

Provider's Name:* [BL SUCAI] [?]
Who to Contact:* [   ] [?]
Fax:* [(802) 485-0445] [?]
Phone:* [(802) 258-4875] [?]
Ext.: [   ] [?]
Cell Phone: [   ]
Email: [amynlibby@gmail.com]

☐ Receive notification of case status changes

BACK **CONTINUE**

New feature! This option allows you to receive e-notification updates for case status updates/changes.

Click here for help

30% Complete

Provider and NPI
BL SUCAI
1659363794
(AETNA)

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Enter the Expected Procedure Date

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal | Resources | Manage Your Account |

Clinical Certification

Patient ID:

Date Of Birth:

Patient Last Name Only:

ELIGIBILITY LOOKUP

Cancel | Back | Print

Click here for help or technical support

Attention!

What is the expected treatment start date? [_____] MM/DD/20YY

SUBMIT

- **Enter the expected date the procedure will be performed**

Member Information

40% Complete

Provider and NPI

Clinical Certification

Patient ID: _____

Date Of Birth: _____ MM/DD/YYYY

Patient Last Name Only: _____ [?]

ELIGIBILITY LOOKUP

Cancel | Back | Print

Click here for help or technical support

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

Clinical Details

Clinical Certification

This procedure will be performed on 4/1/2019. CHANGE

Sleep Management Procedures

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

95811 ▼ | POLYSOM >6 YRS >=4 ADD W/ PAP | ▼

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

Diagnosis

Primary Diagnosis Code: **R68.89**
Description: **Other general symptoms and signs**
Change Primary Diagnosis

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Sleep Management

[   ] LOOKUP

Cancel Back Print Continue

Click here for help or technical support

60% Complete

Provider and NPI

Patient   EDIT

Enter the **CPT** and **Diagnosis** Codes

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Site Selection

Clinical Certification

80% Complete

Provider and NPI

Patient

EDIT

Service

EDIT

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code:

Site Name:

TIN:

City:

○ Exact match
○ Starts with

LOOKUP SITE

Cancel | Back | Print

Click here for help or technical support

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

Site Selection

- **Enter your Fax and Phone number**
- **Enter an email address to receive email notifications of status updates**

Clinical Certification

Clinical Certification

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

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.

| Cancel | Back | Print | Continue |

Click here for help or technical support

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

- **You will not have the opportunity to make changes after that point.**

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Urgent vs. Standard

Clinical Certification

Is this case Routine/Standard?

Yes | No

Select an Urgency Indicator

If the request is **Routine/Standard**, select Yes
If the request is Urgent, select No*****

*Important: In order to reduce denials, a request **should not be submitted as "urgent"**, unless it meets the CMS definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member. Urgent Requests determinations will be rendered within 24 hours and will be based **solely** on clinical information received within that timeframe.

Upload Clinical Documentation

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 | No file chosen

Choose File | No file chosen

Choose File | No file chosen

Choose File | No file chosen

Choose File | No file chosen

UPLOAD | SKIP UPLOAD

If the case requires additional information, you will have the option to free text in a provided field or upload up to FIVE documents in .doc, .docx, or .pdf format.

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Upload Clinical Documentation

- **To attach documents, you will navigate to your desktop, locate the document, and choose upload**
- **Once complete, you can submit the case**

Clinical Certification

Clinical Certification

🛈 Please select the intended purpose for this 95811 request:

☐ This is a planned "split-night" study
○ This is a second night titration for a patient recently diagnosed with OSA
○ This is a re-titration for a patient currently receiving PAP therapy
○ This is a titration for a patient undergoing treatment for OSA with an oral appliance

SUBMIT

☐ Finish Later

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

Cancel   Print

Click here for help or technical support

Once you have entered the clinical collection phase of the case process, you can save the information and return within two business days to complete.

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Clinical Certification Pathway

Clinical Certification

ⓘ What are the patient's complaints?

☐ excessive daytime sleepiness (EDS) ☐ non-restorative sleep
☐ disturbed or restless sleep ☐ no complaints

ⓘ What documented symptoms does this patient report?

☐ choking during sleep ☐ dry mouth
☐ witnessed apneas during sleep ☐ memory loss
☐ gasping during sleep ☐ decreased libido
☐ loud snoring ☐ irritability
☐ hypertension ☐ nocturia
☐ decreased concentration during the daytime ☐ retrognathia, tonsillar hypertrophy, or other physiologic abnormalities compromising respiration
☐ morning headaches ☐ none of these symptoms
Other (specify) [_____]

ⓘ How many weeks has the patient experienced these symptoms (if there are no symptoms, enter "0")?

[_____]

ⓘ What is the patient's Body Mass Index (BMI)? Whole numbers only, no decimals. If you do not have the BMI, please enter 0.

[_____]

ⓘ Do you know the patient's Epworth Sleepiness Scale (ESS) score?

○ Yes ○ No

ⓘ If known, what is the patient's Epworth Sleepiness Scale score? (if not known, please insert "0")

[_____]

ⓘ What medications is the patient currently taking? (Please write "none" if the patient is not taking any medications.)

[_____]

ⓘ Has the patient had a previous sleep test?

○ Yes ○ No ○ Unknown

ⓘ Does the patient present with any of the following comorbid medical illnesses?

☐ narcolepsy ☐ suspicion of nocturnal seizures
☐ neuromuscular weakness affecting respiratory function or impairing activities ☐ symptomatic lung disease not controlled by medical therapy
☐ moderate to severe pulmonary disease (e.g. COPD, cystic fibrosis) ☐ sustained complex sleep behaviors, not recalled by the patient, but are suspicious of REM sleep behavior disorder
☐ developmentally incapable of following instructions or functionally incapable of applying a home testing device ☐ history of stroke or myocardial infarction
☐ unexplained documented pulmonary hypertension ☐ arrhythmia
☐ congestive heart failure (CHF) - NYHA Class III or IV only ☐ none of the listed co-morbidities

[SUBMIT]

☐ Finish Later

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

Please be thorough and answer **all** questions including the open text boxes.

Attestation / Submit Case

Clinical Certification

☐ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Print | SUBMIT CASE

Click here for help or technical support

Acknowledge the Clinical Certification statements, and hit "Submit Case."

Approval

Clinical Certification

Your case has been Approved.

Provider Name: Contact:
Provider Address: Phone
                                        Number:
                                        Fax Number:

Patient Name: Patient Id:
Insurance Carrier:

Site Name: Site ID:

Site Address:

Primary Diagnosis Code: R68.89   Description: Other general symptoms and signs
Secondary Diagnosis   Description:
Code:
CPT Code: 95811   Description: POLYSOM>6 YRS>=4 ADD VVIPAP

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

Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient's file.

Medical Review

Clinical Certification

Your case has been sent to Medical Review

Provider Name: **Contact:**

Provider Address: **Phone Number:**

                                        Fax Number:

Patient Name: **Patient Id:**

Insurance Carrier:

Site Name: **Site ID:**

Site Address:

Primary Diagnosis Code: R68.89   **Description:** Other general symptoms and signs

Secondary Diagnosis Code: **Description:**

CPT Code: 95811   **Description:** POLYSOM>6 YRS>=4 ADD VWIPAP

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: Pending

Once the clinical pathway questions are completed and the case has not met clinical criteria, the status will reflect pending and the top of the screen will state "Your case has been sent to Medical Review."

Print the screen and store in the patient's file.

Additional Web Portal Services

Certification Summary

- **The portal includes a Certification Summary tab, to better track your recently submitted cases**

- **The work list can also be filtered - as seen above.**

Authorization look up

- You can search for an authorization by **Member Information**: Enter the health plan, Provider NPI, patient's ID number, and patient's date of birth
- Or search by **Authorization Number/NPI:** Enter the provider's NPI and authorization or case number

Authorization Status

- **The authorization status will then be accessible to review**
- **If pending, you can upload additional clinical. If approved, you can view and print the correspondence**

Eligibility Lookup

- **You may also confirm the patient's eligibility by selecting the Eligibility Lookup tab.**

Building Additional Cases

- Once a case has been submitted for clinical certification, you can return to the **Main Menu, start a new request** or **resume an in-progress request**
- You can also start a new request using the same information

Provider Resources

•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.

P2P AVAILABILITY   Request Peer to Peer Consultation

Authorization Lookup

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

P2P AVAILABILITY

•How to schedule a Peer to Peer Request

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

Authorization Lookup

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

ALL POST DECISION OPTIONS
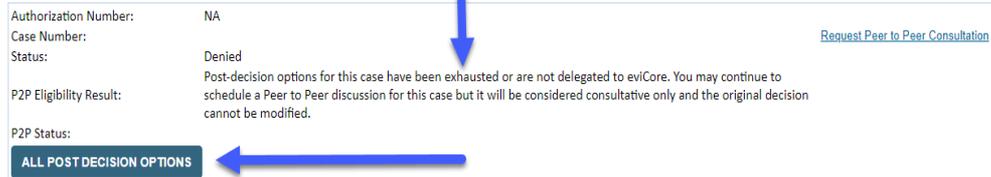
•How to Schedule a Peer to Peer Request

•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.

ault time zone.

nber 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"

•How to Schedule a Peer to Peer Request

•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.

...es for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

How to Schedule a Peer to Peer

• 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.

•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
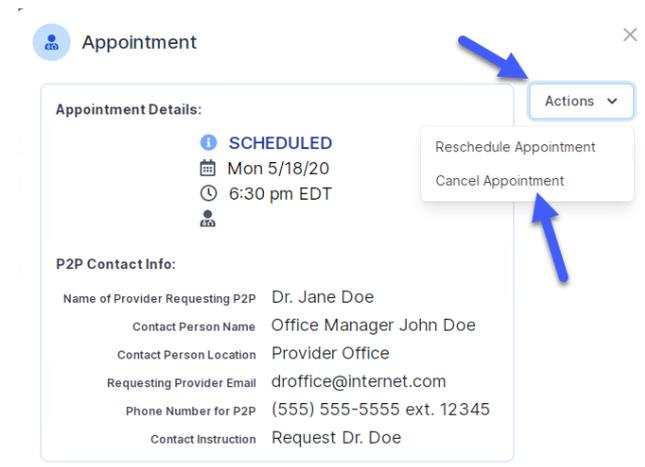
•Provider Newsletter

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

Online Resources

- **You can access important tools and resources at www.evicore.com.**

- **Select the Resources to view FAQs, Clinical Guidelines, Online Forms, and more.**
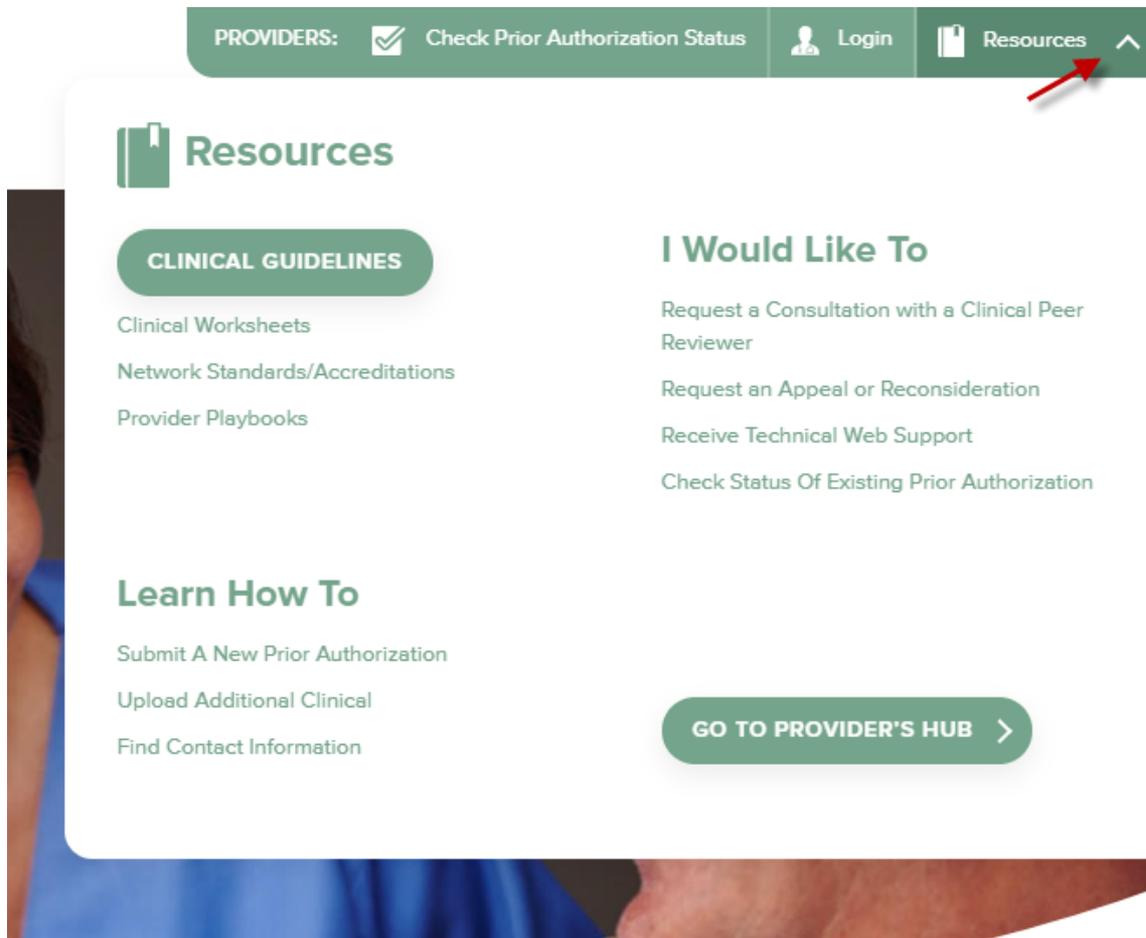
Quick Reference Tool
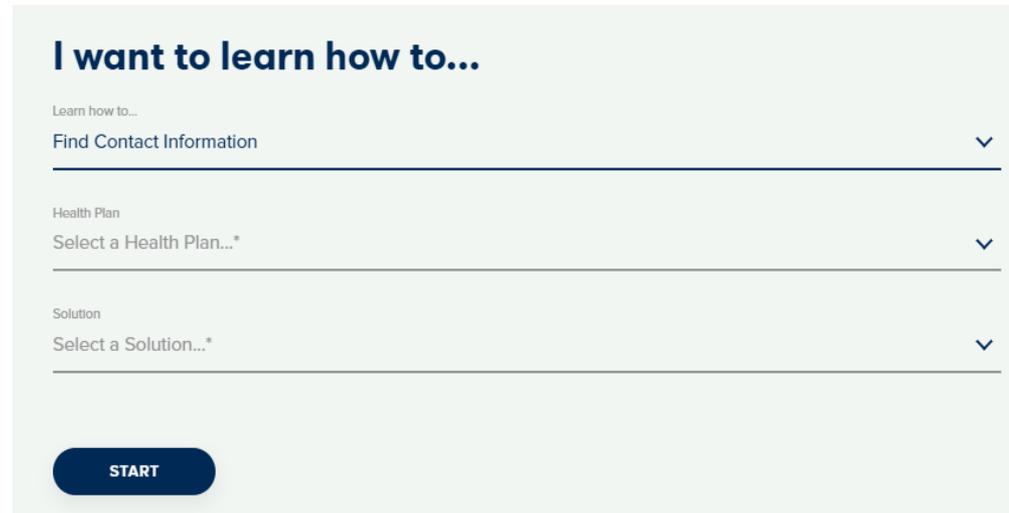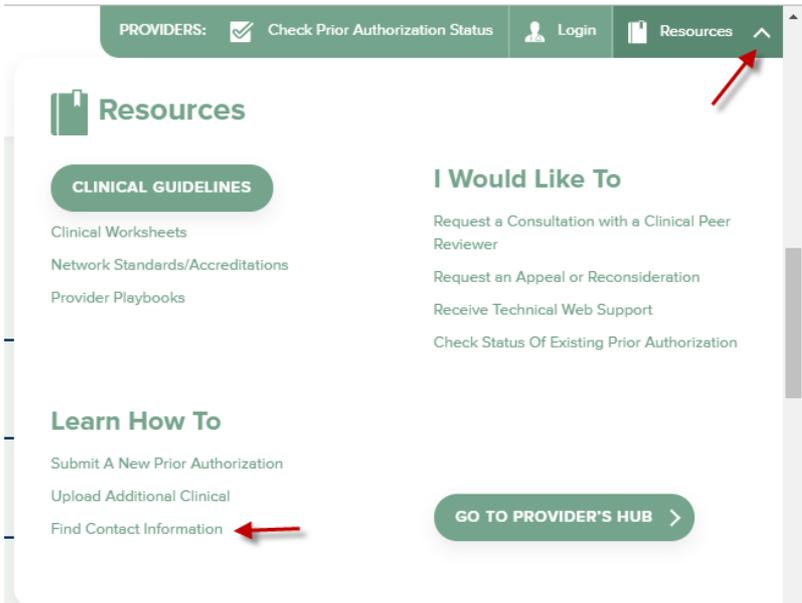
Access health plan specific contact information at www.evicore.com by clicking the resources tab then select Find Contact Information, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

Provider Resources: eviCore Web-Based Services

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

CHAT WITH US

www.evicore.com

To speak with a Web Specialist, Click the 'Chat with Us' Icon located on the lower right hand screen of our website, Call (800) 646-0418 (Option #2) or Click the "Contact Us" link or email

portal.support@evicore.com.

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Preauthorization Call Center & Client Provider Operations

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

eviCore Provider Customer Service
7:00 AM - 7:00 PM (Local Time): 866-896-2201

- Obtain prior authorization or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

To reach eviCore Client Provider Operations team, call (800) 575-4517 (Option #3) or email *clientservices@evicore.com*

- Member eligibility issues (member or rendering provider)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: Provider Resource Page

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

Contact MassHealth for provider enrollment questions 800-841-2900

MassHealth Company's Provider Resource Page

https://www.evicore.com/resources/healthplan/masshealth

- **Provider Orientation Presentation**
- **CPT code list of the procedures that require prior authorization**
- **Quick Reference Guide**
- **eviCore clinical guidelines**
- **FAQ documents and announcement letters**

Thank You!