Provider Orientation for ILWU-PMA Welfare Plan

Post-Service Medical Necessity Determination Process (PSMND)



©2022 eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.





Methods to Submit Clinical Information

eviCore Provider Portal (preferred)

- **Saves time**: Quicker process than phone-initiated 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 when additional information is requested.
- **Dashboard**: View all recently submitted requests.
- **E-notification**: Opt-in to receive email notifications when there is a change in the request's status.



When needed, additional clinical can also be submitted via fax.

Portal Compatibility

Jutions Patients Provider's Hub

Provider's Hub

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	

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

- Google Chrome
- Mozilla Firefox
- Microsoft Edge

You may need to disable pop-up blockers to access the site.

Portal Login 10 Forgot User ID User ID? Forgot Password Password? I agree to HIPAA Disclosure Remember User ID LOGIN Don't have an account? Register Now

eviCore healthcare Website

Visit www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real-time.

Don't have an account?

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

Creating An Account

- 0				
Veb Portal Preference				
lease select the Portal that	t is listed in your provider training material. This selection determines the primary porta	al that you will using to submit cases ove	er the web.	
Default Portal*:	Select			
User Information	Medsolutions			
All Pre-Authorization notific	ations will be sent to the fax number and email address provided below. Please make s	ure you provide valid information.		
All Pre-Authorization notific	ations will be sent to the fax number and email address provided below. Please make s	aure you provide valid information.		
All Pre-Authorization notific User Name*:	ations will be sent to the fax number and email address provided below. Please make s	aure you provide valid information.		1
All Pre-Authorization notific User Name*: Email*:	ations will be sent to the fax number and email address provided below. Please make s	aure you provide valid information. Address*:]
All Pre-Authorization notific User Name*: Email*: Confirm Email*:	ations will be sent to the fax number and email address provided below. Please make s	aure you provide valid information. Address*: City*:		
All Pre-Authorization notific User Name*: Email*: Confirm Email*: First Name*:	ations will be sent to the fax number and email address provided below. Please make s	aure you provide valid information. Address*: City*: State*:	Select v Zip*:	

- 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.

Add Practitioners

Manage Your Account	
Office Name:	CHANGE PASSWORD EDIT ACCOUNT
Address.	Add Practitioner
Primary Contact: Email Address:	Enter Practitioner information and find matches. *If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip
	Practitioner NPI
Click Column Headings to Sort	Practitioner State
No providers on file	Practitioner Zip
CANCEL	FIND MATCHES CANCEL

- Select the Manage Your Account tab, then the Add Provider
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click Add Another Practitioner to add another provider to your account
- You can access the Manage Your Account at any time to make any necessary updates or changes

Authorization Lookup



When you receive the notice that additional clinical is required, you must first locate the associated case:

- Log into your account at eviCore.com.
- Click on either of the "Authorization Lookup" buttons pictured above.

Authorization Lookup



	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Reso
N	Monday, June 06, 2022 9:32 AM							

Authorization Lookup

Search by Member Information

Required Fields		
Healthplan:	ILWU-PMA	~
Provider NPI	1234567890	
Patient ID:		
Patient Date of Birth:		
	MM/DD/YYYY	
Optional Fields		
Case Number:		<u>NOTE</u> : Search by Case
or		Number and/or Authorization
Authorization Number:		ILWU-PMA providers.

Search by Member Information

- Select the appropriate healthplan from the dropdown • menu.
- Enter the provider NPI. •
- Please enter corresponding ID number into Patient ID
 - CIP members in WA/OR enter the number from • the members insurance card under Participant ID in the Patient ID field
 - CIP members in CA enter the number from the ٠ members insurance card under Participant ID, minus the WUE, in the Patient ID field
 - Kaiser members in WA/OR/CA enter the ٠ number from the members chiropractic insurance card under Member ID in the Patient ID Field
 - NOTE: Do not add any prefix when inputting any ٠ plans' ID number
- Enter Date of Birth.

Click the "Search" button.

Authorization Lookup



Search by Claim Information

- You may now search for an authorization using the claim number
- Select ILWU in the health plan drop down
- Enter the Claim number in the Claim ID# box
- Click the "Submit" button.



Upload Clinical Information

Authorization	Lookup	
Authorization Numbe		
Case Number:		P2P AVAILABILITY
Status: P2P Status: Approval Date:	Additional Information Required	
Service Code:	CHIRO	
Service Description:	CHIROPRACTIC	
Site Name:		
Expiration Date:		_
Date Last Updated:	5/25/2022 5:25:32 AM	
Correspondence:	UPLOADS & FAXES	
Clinical Upload:	UPLOAD ADDITIONAL CLINICAL	
	Run Clinical Questionnaire	
Procedures		
Details Not Available		
PRINT		
<u>Click here for help</u>		

 Once you have located your case, upload your clinical information by clicking on the "Upload Additional Clinical" button.

Upload Clinical Information

Clinical Document Upload

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG): Choose File No file chosen



File Upload History

File Name	Submitted Date	Statu
No files upl	oaded.	

CANCEL

- In order to upload your attachment, click the "Choose File" button.
- You can choose up to five files for upload.
- Once complete, click the "Upload" button.

Provider Resources

Web Support

Our dedicated Web Support team can assist providers in navigating the portal and addressing any web-related issues during the online clinical submission process.

- To speak with a Web Specialist, call 800.646.0418 (option 2) or email portal.support@evicore.com.
- Real-time chat is also available at eviCore.com.

Claim Inquiry

For additional questions regarding specifics of the claim, please contact Zenith at 800.955.7376.



Thank You!



©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.