Radiology Management

Provider Orientation Session for Arkansas Blue Cross and Blue Shield

January 1, 2021

Agenda

- Company Overview
- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Provider Portal Overview
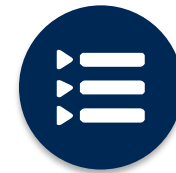- Additional Provider Portal Features
- Provider Resources
- Q & A

Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system

10 Comprehensive solutions

Evidence-based clinical guidelines

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

Advanced, innovative, and intelligent technology

Clinical Approach

Evidence-Based Guidelines

The foundation of our solutions

Dedicated pediatric guidelines

Contributions from a panel of community physicians

Experts associated with academic institutions

Current clinical literature

Aligned with National Societies:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association

- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
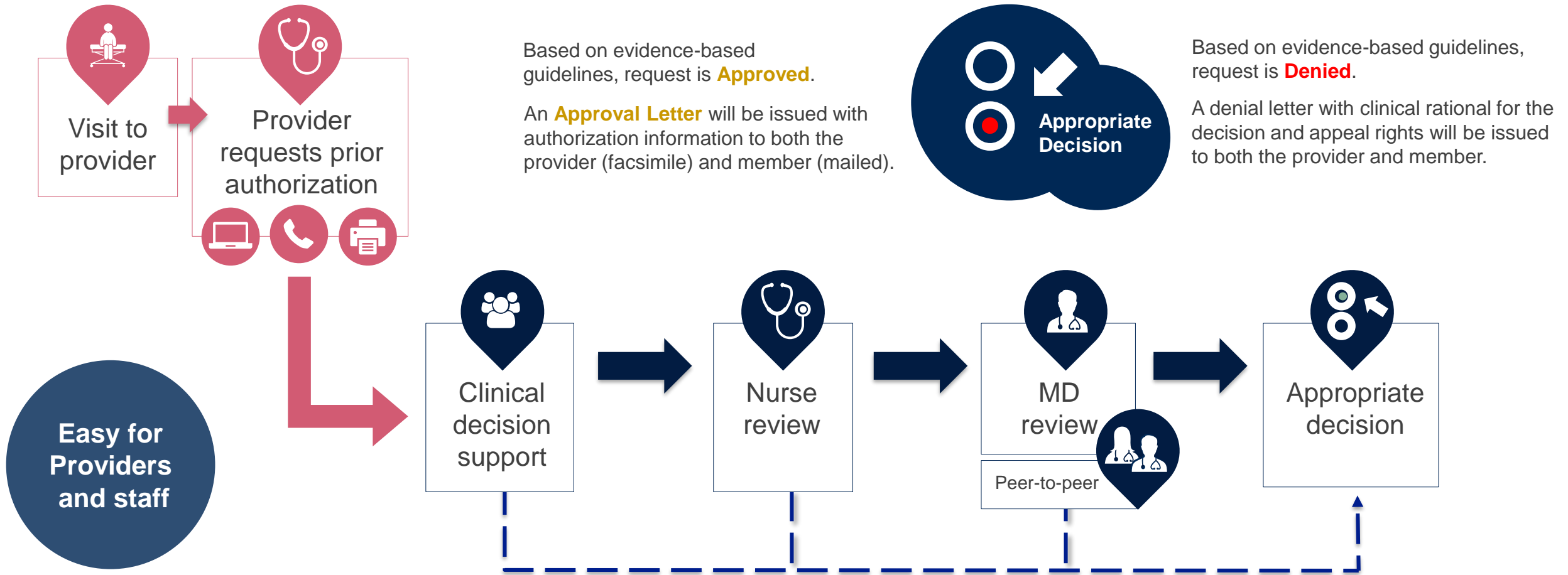- The Society of Maternal-Fetal Medicine

Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of solutions

- **Anesthesiology**
- **Cardiology**
- **Chiropractic**
- **Emergency Medicine**
- **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- **Gastroenterology**
- **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Geriatric Medicine
  - Hematology
  - Hospice & Palliative Medicine
  - Medical Oncology
  - Pulmonary Disease
  - Rheumatology
  - Sleep Medicine
  - Sports Medicine

- **Medical Genetics**
- **Nuclear Medicine**
- **OB / GYN**
  - Maternal-Fetal Medicine
- **Oncology / Hematology**
- **Orthopedic Surgery**
- **Otolaryngology**
- **Pain Mgmt. / Interventional Pain**
- **Pathology**
  - Clinical Pathology
- **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- **Physical Medicine & Rehabilitation**
  - Pain Medicine
- **Physical Therapy**
- **Radiation Oncology**
- **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology

- **Sleep Medicine**
- **Sports Medicine**
- **Surgery**
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
  - Vascular
- **Urology**

400+ medical directors

Covering **51** specialties

1k+ nurses

Utilization Management – The Prior Authorization Process

Visit to provider

Provider requests prior authorization

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

An **Approval Letter** will be issued with authorization information to both the provider (facsimile) and member (mailed).

Appropriate Decision

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

A denial letter with clinical rational for the decision and appeal rights will be issued to both the provider and member.

Easy for Providers and staff

Clinical decision support

Nurse review

MD review

Peer-to-peer

Appropriate decision

Program Overview

Radiology Solution

Covered Services:

Advanced imaging services

- CT, CTA
- MRI, MRA
- PET, PET/CT
- Nuclear Medicine

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

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

Arkansas Blue Cross and Blue Shield Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Radiology services on **December 23, 2020** for dates of service **January 1, 2021** and after.

Prior authorization applies to the following services:	Prior authorization does **NOT** apply to services performed in:
• Outpatient	• Emergency Rooms
• Diagnostic	• Observation Services
• Elective / Non-emergent	• Inpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at: www.arkansasbluecross.com

Applicable Memberships

Prior Authorization is required for Arkansas Blue Cross and Blue Shield members who are enrolled in the following lines of business/programs. The PPO and HMO plans require prior authorization, but it does <u>not</u> include Private Fee-for-Service members.

Submitting Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

The eviCore online portal www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

Phone Number:
866-220-4699
Monday through Friday:
7 am – 7 pm your local time

Fax Number:
800-540-2406
PA requests are accepted via fax and can be used to submit additional clinical information

WEB
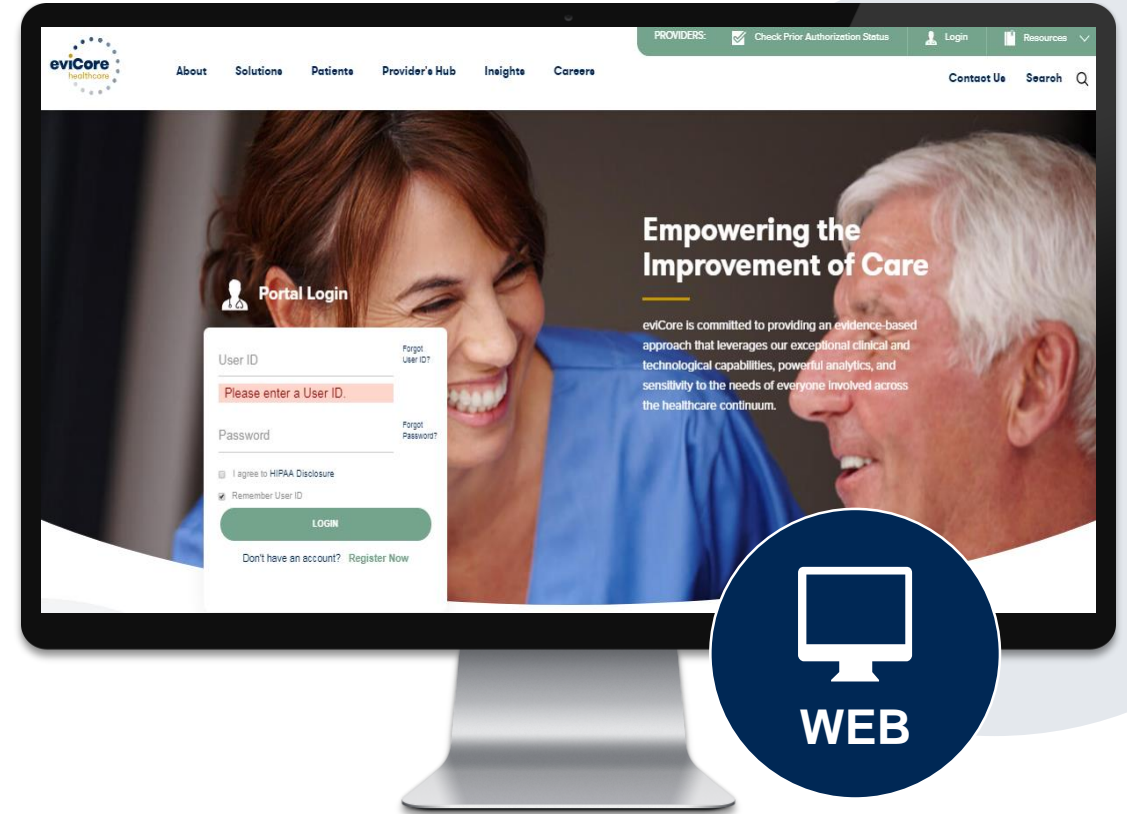
Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- 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

- Duplication feature: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals

Keys to Successful Prior Authorizations

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

1. Member
- ID
- Member name
- Date of birth (DOB)

2. Referring (Ordering) Physician
- Physician name
- National provider identifier (NPI)
- Phone & fax number

Necessary Information

3. Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

4. Supporting Clinical
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If 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
To ensure that a determination is completed within the designated timeframe for each LOB, the Medicare case will remain on hold for 1 calendar day	Requested information must be received within the timeframe as specified in the Hold Letter.	Determination will be completed within 14 calendar days

Appropriate Decision

Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Standard requests are processed within 14 calendar days from receipt of request

- Authorizations are valid for 45 calendar days from the date of the final determination

- Authorization letters will be faxed to the ordering physician & rendering facility

- When initiating a case on the web you can receive e-notifications when a determination is made if you have provided an email address

- Members will receive a letter by mail

- Approval information can be printed on demand from the eviCore portal: www.eviCore.com

When a Request is Determined as Inappropriate

Appropriate Decision

Based on evidence-based guidelines, request is determined as **inappropriate**.
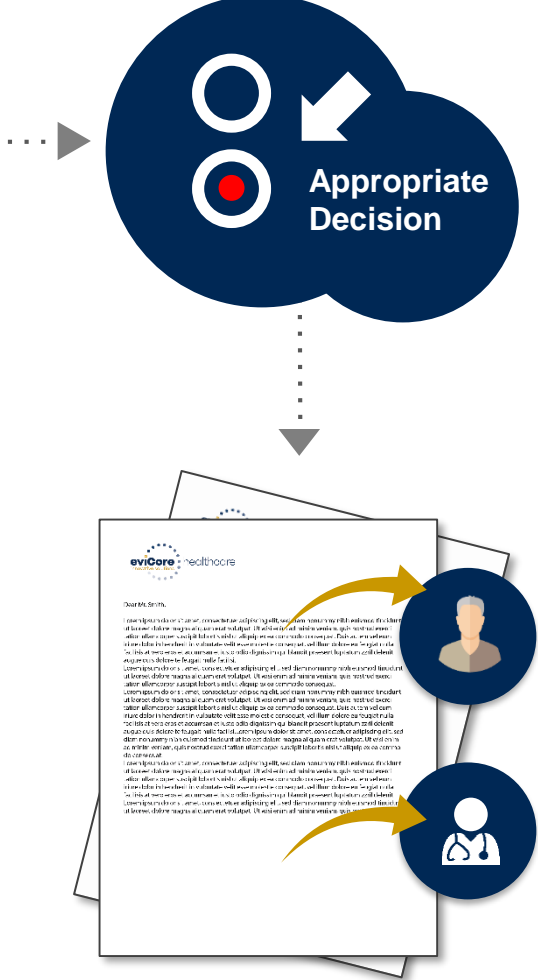
A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.

Special Circumstances

Retrospective (Retro) Authorization Requests

- Retrospective review is not allowed for Medicare requests and will not be accepted

- Providers can follow the post claim appeal process if needed

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 request will be reviewed within 72 hours

Special Circumstances cont.

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines

- The ordering provider can accept the alternative recommendation by starting a new case

- Providers have up to 2 business 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

- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial

Pre-Decision Options: Medicare Members

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

Submission of Additional Clinical Information

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases

- You can submit additional clinical information to eviCore for consideration per the instructions received

- Additional clinical information must be submitted to eviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information

- The Pre-Decision Clinical Consultation must occur prior to the due date referenced

- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

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

- Appeal requests must be submitted directly to the health plan

Provider Portal Overview

Portal Compatibility

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

- Google Chrome

- Mozilla Firefox

- Internet Explorer 9, 10, and 11

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](#).
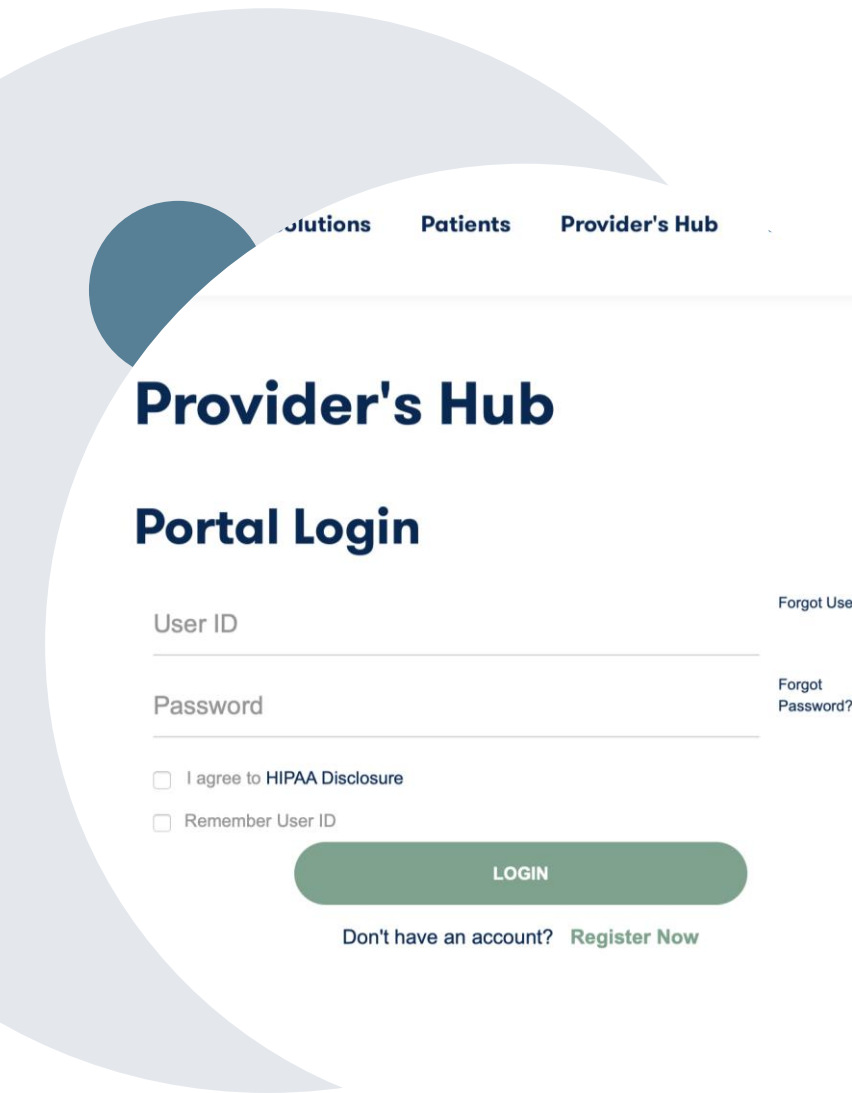
eviCore healthcare Website

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

Web Portal Preference

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

Default Portal*: --Select--
--Select--
CareCore National
Medsolutions

User Information

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

User Name*:

Email*:

Confirm Email*:

First Name*:

Last Name*:

Address*:

City*:

State*:   Select   Zip*:

Office Name:

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

Welcome Screen

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

Add Practitioners

Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

CHANGE PASSWORD   EDIT ACCOUNT

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

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

- 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

Initiating a Case

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

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK   CONTINUE

Click here for help

Urgent Request? You will be required to upload relevant clinical info at the end of this process. Learn More.

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Add Your Contact Info

Provider's Name:*		[?]
Who to Contact:*		[?]
Fax:*		[?]
Phone:*		[?]
Ext.:		[?]
Cell Phone:		
Email:		

BACK   CONTINUE

- **Choose the appropriate Health Plan for the request**
- **Once the plan is chosen, select the provider address in the next drop-down box**
- **Select CONTINUE and on the next screen Add your contact info**
- **Provider name, fax and phone will pre-populate, you can edit as necessary**
- **By entering a valid email you can receive e-notifications**

Member & Request Information

Patient Eligibility Lookup

Patient ID:* [   ]

Date Of Birth:* [   ] MM/DD/YYYY

Patient Last Name Only:* [   ] [?]

ELIGIBILITY LOOKUP

BACK

Requested Service + Diagnosis

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

Radiology Procedures

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

[73721 ▼] [MRI LOWER EXTREMITY JOINT W/O ▼]

Don't see your procedure code or type of service? <u>Click here</u>

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

[   ] **LOOKUP**

Trouble selecting diagnosis code? Please follow <u>these steps</u>

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Radiology

[   ] **LOOKUP**

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

[OBUS ▼] [OB Ultrasound ▼]

Don't see your procedure code or type of service? <u>Click here</u>

- **Enter the member information, including the patient ID number, date of birth, and last name. Click Eligibility Lookup**
- **Next screen you can enter CPT code & diagnosis code**
- **Note: OB ultrasound requests entered as 'OBUS'**

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date:	TBD
CPT Code:	73721
Description:	MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code:	R68.89
Primary Diagnosis:	Other general symptoms and signs
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK   **CONTINUE**

Click here for help

- **Verify requested service & diagnosis**
- **Edit any information if needed by selecting Change Procedure or Primary Diagnosis**
- **Click continue to confirm your selection**

Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

Add Site of Service

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

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

Clinical Certification

Proceed to Clinical Information

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 eviCore.

BACK   CONTINUE

- **Verify that all information is entered and make any changes needed**

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

Standard or Urgent Request?

- If your request is urgent select **No**

- When a request is submitted as Urgent, you will be required to upload relevant clinical information

- If the case is standard select **Yes**

- You can upload up to FIVE documents in .doc, .docx, or .pdf format

- Your case will only be considered Urgent if there is a successful upload

Proceed to Clinical Information

Is this case Routine/Standard?

YES   NO

Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

ⓘ Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

◯ Yes ◯ No

SUBMIT

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

YES **NO**

Which anatomy will be examined with the requested study?
◯ Hip ◯ Knee ◯ Ankle

SUBMIT

☐ Finish Later

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

- **Clinical Certification** questions may populate based upon the information provided
- You can save your request and finish later if needed
- **Note**: You will have 2 business days to complete the case
- When logged in, you can resume a saved request by going to Certification Requests in Progress

Next Step: Criteria Not Met

If criteria are not met based on clinical questions, you will receive a similar request for additional info:

Tips:

- Upload clinical notes on the portal, to avoid any delays (e.g., by faxing)
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print-out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

Criteria Met

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

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 MANU AKKARA VEETIL	**Contact:**	
Provider Address:	1200 6TH AVE N	**Phone Number:**	
	SAINT CLOUD, MN 56303	**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:**	
Date of Service:	Not provided		
CPT Code:	73721	**Description:**	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:			
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL   PRINT   CONTINUE

Additional Provider Portal Features

Duplication Feature

Success

Thank you for submitting a request for clinical certification. Would you like to:

- Return to the main menu
- Start a new request
- Resume an in-progress request

You can also start a new request using some of the same information.

Start a new request using the same:

- ○ Program (Radiation Therapy Management Program)
- ○ Provider ( )
- ○ Program and Provider (Radiation Therapy Management Program and)
- ○ Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

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

Certification Summary

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered

Authorization Lookup

- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence

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
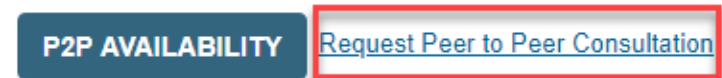
Authorization Lookup

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
	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:	

Request Peer to Peer Consultation

ALL POST DECISION OPTIONS

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

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"

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.

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.

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.

How to Schedule a Peer to Peer Request

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
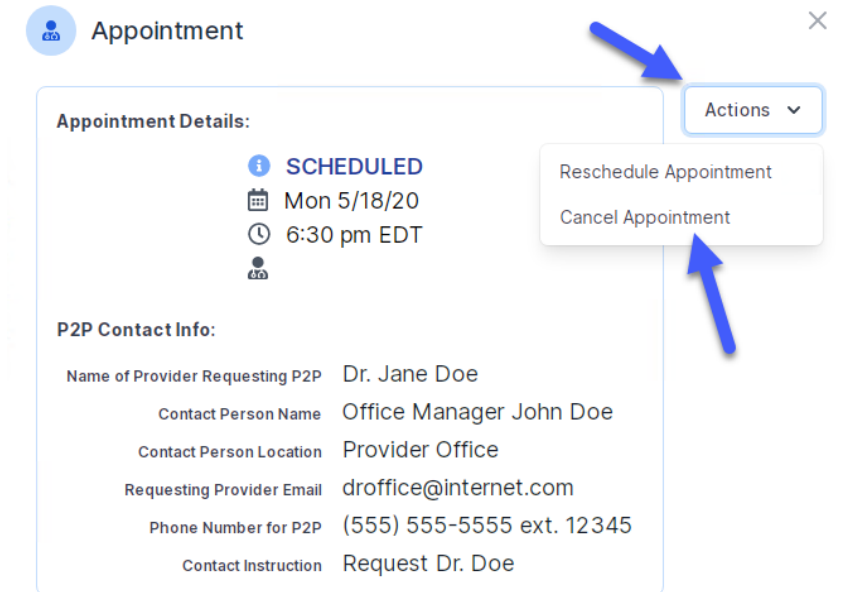
- Close browser once done

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 866.220.4699

Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to perform the following:

- Request Prior Authorization

- Check Status of existing authorization requests

- Discuss questions regarding authorizations and case decisions

- Change facility or CPT Code(s) on an existing case

- Request to speak to a clinical reviewer

- Schedule a clinical consultation with an eviCore Medical Director

Online Resources
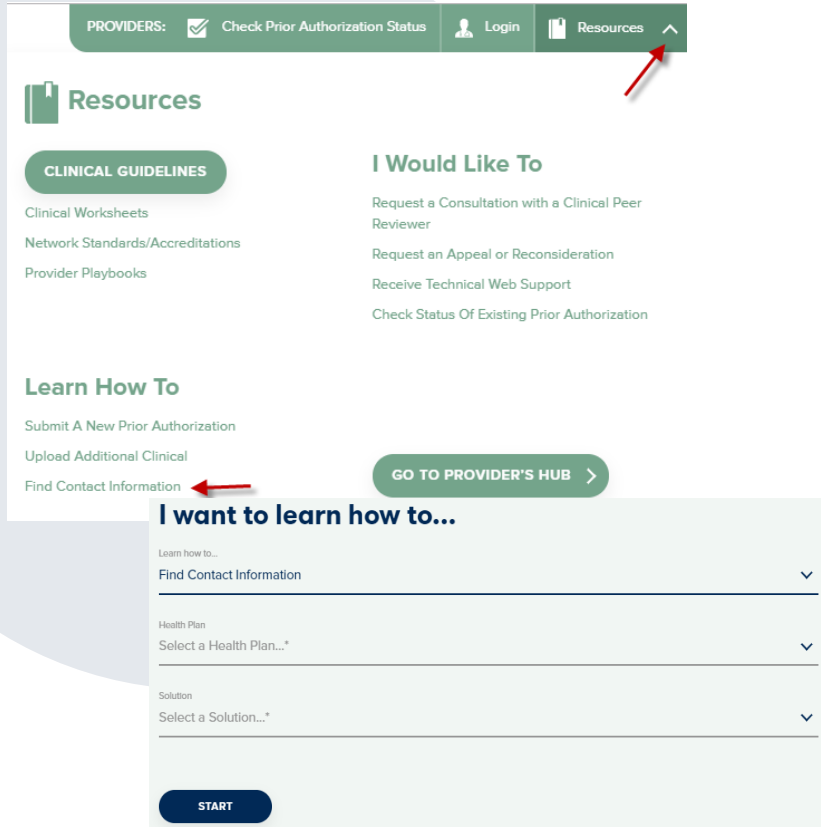
Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com

- Select the Resources to view Clinical Guidelines, Online Forms, and more.

- Provider's Hub section includes many resources

- Provider forums and portal training are offered weekly, you can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"

- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 (800) 646 - 0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.

Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at evicore.com → Provider's Hub → Training Resources

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/arkbluecross

For provider questions that are health-plan specific, please contact AR BCBS Provider Services at 800.287.4188

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

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

Q & A

Thank You!