Prior Authorization of Lab Management

Provider Orientation for Prominence Health Plan

Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations, and Post Decision Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Program Overview

Prominence Health Plan Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for cardiology and radiology services on October 24, 2016 for dates of service November 1, 2016 and now expand this to include southern Nevada's HMO/POS/POS membership effective April 1, 2018.

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization does NOT apply to services performed in:
• Commercial HMO • Commercial PPO • Commercial POS • Members who **do not** require prior authorization: **Medicare**	• Outpatient • Elective / Non-emergent	• Emergency Rooms • 23-Hour Observation Services • Inpatient Stays

It is the responsibility of the **ordering provider** (or the Lab Site on behalf of the ordering provider) to request prior authorization approval for services.

Lab Management Solution

Covered Services

- Hereditary Cancer Syndromes

- Carrier Screening Tests

- Tumor Marker/Molecular Profiling

- Hereditary Cardiac Disorders

- Cardiovascular Disease and Thrombosis Risk Variant Testing

- Pharmacogenomics Testing

- Neurologic Disorders

- Mitochondrial Disease Testing

- Intellectual Disability/Developmental Disorders

Evidence-Based Guidelines

The foundation of our solutions

| | Annually Reviewed Guidelines | | Experts associated with academic institutions | | Current clinical literature |

Evidence-based medical policy incorporating:

- Independent health technology assessments

- Annual review of current clinical literature

- Internal specialty expertise

- National society recommendations

- External academic institution subject matter experts

- Medical Advisory Board

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Clinical Guidelines

How to access our Guidelines

1. Go to www.evicore.com and select the 'Resources' drop down menu on the far right hand side of your browser.

2. Then select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.

3. Scroll down and select the 'Laboratory Management' solution.

4. Type in desired health plan in the 'Search Health Plan' search bar and press enter.

5. Select the appropriate guideline specific to the requested test(s).

   Examples:
   • Specific genetic testing
   • Molecular and genomic testing
   • Huntington Disease testing

Resources

CLINICAL GUIDELINES

Laboratory Management
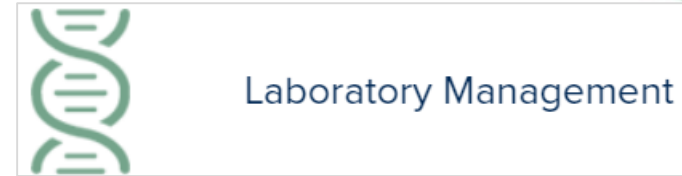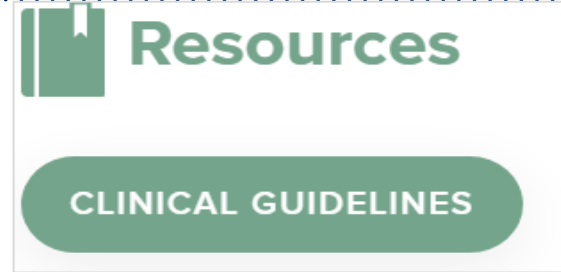
Laboratory Management

Instructions for accessing the guidelines:
1. Search by health plan name to view clinical guidelines.
2. Locate the **reason for denial** section found in your letter. Identify the guideline title and then search by the provided guideline title. Select appropriate guideline document.
Example for **4Kscore for Prostate Cancer Risk Assessment**: *We based this decision on the guidelines listed below: 4Kscore for Prostate Cancer Risk Assessment (MOL. TS. 120).*

Search Health Plan …

Clinical Guidelines

Health Plan specific Guidelines

1. Current, Future, and Archived lists and Guidelines are found here.

2. You can select the entire Code List or the health plan specific Policy Book.

3. Shown here is an example of the Administrative Guidelines you will find on our resource site.

4. There are also Lab Guidelines for Clinical Use and Test Specific Guidelines on our resource site. (not shown on this screen)

CURRENT   FUTURE   ARCHIVED

Code Lists

Lab Management Code List

Guidelines

████████ Commercial Lab Policy Book
Effective 07/01/2020

ADMINISTRATIVE ⊖

Date of Service and Effective Date of the Authorization Period
Effective 07/01/2020

Molecular Pathology Tier 2 Molecular CPT Codes
Effective 07/01/2020

Information Requirements for Medical Necessity Review
Effective 07/01/2020

Unique Test Identifiers for Non-Specific Procedure Codes
Effective 07/01/2020

Submitting Requests

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

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

WEB
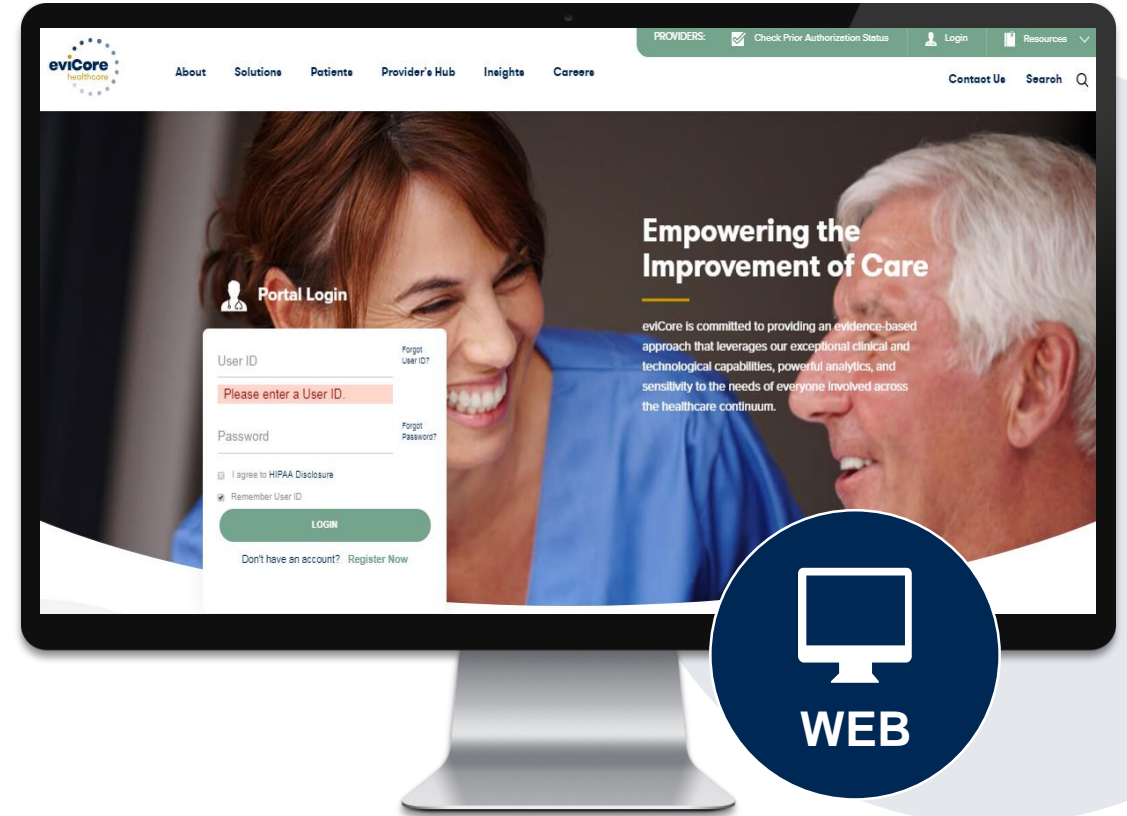
Phone Number:
844.224.0495
Monday through Friday:
7 am – 7 pm local time

Fax Number:
844.545.9213
PA requests are accepted via fax and can be used to submit additional clinical information

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, here 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 return at a later time

- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal for a new request & 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 have more than one prior authorization request to submit, you have the ability to duplicate information
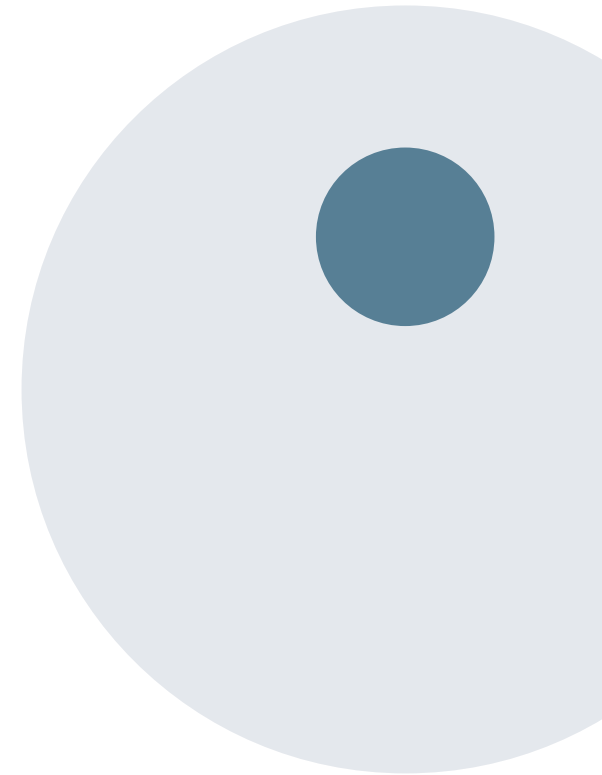
Non-Clinical Information Needed

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 Information

- First and Last Name

- Practice Address

- Individual National Provider Identification (NPI) Number

- Tax Identification Number (TIN)

- Phone and Fax Numbers

Rendering Laboratory Information

- Laboratory Name

- Street Address

- National Provider Identification (NPI) Number

- Tax Identification Number (TIN)

- Phone and Fax Numbers

Clinical Information Needed

If clinical information is needed, this may include, but is not limited to:

- Details about the test being performed (test name, description and/or unique identifier)

- All information required by applicable policy

- Test indication, including any applicable signs and symptoms or other reasons for testing

- Any applicable test results (laboratory, imaging, pathology, etc.)

- Any applicable family history

- How test results will impact patient care

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:
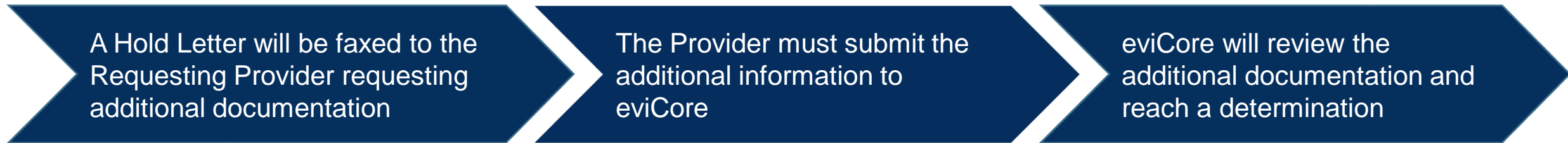
A Hold Letter will be faxed to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination
The Hold notification will inform the provider about what clinical information is needed as well as the <u>date by which it is needed.</u>	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

Appropriate Decision

Prior Authorization Outcomes & Special Considerations

Prior Authorization Outcomes

Approved Requests

- All requests are processed within **two (2) business days** after receipt of all necessary clinical information.

- Authorizations are typically valid for **60 days** from the date of specimen collection (if applicable).

- Notification letter will be faxed to referring provider and rendering laboratory.

- Notification letter will be mailed to the member.

- Authorization information can be printed on demand at www.eviCore.com.

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.

- Notification letter will be faxed to the referring provider and rendering laboratory. Texas providers will also receive a verbal denial.

- Notification letter will be mailed to the member.

Radiation Oncology - Special Circumstances

Alternative Recommendations

- An alternate treatment plan recommendation may be offered based on eviCore's evidence-based clinical guidelines

- The ordering provider can either accept the alternative recommendation by building a new case, or by requesting a reconsideration of the original request

- Providers must contact eviCore to accept the alternative recommendation before the start of treatment

Authorization Updates

- If updates are needed to an existing authorization, you can contact eviCore by phone.

- Changes in treatment type or technique will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn.

- If there is a change in technique(s) or number of fractions and this update is not communicated then it may impact claims payment. The billed services should align with the requested and approved treatment plan.

- If it is known the authorization time span will not cover the entirety of the radiation therapy episode of care/treatment plan, then eviCore should be notified before the services are billed by the provider.

Post-Decision Options

When Request is Determined as Inappropriate

Inappropriate Decision
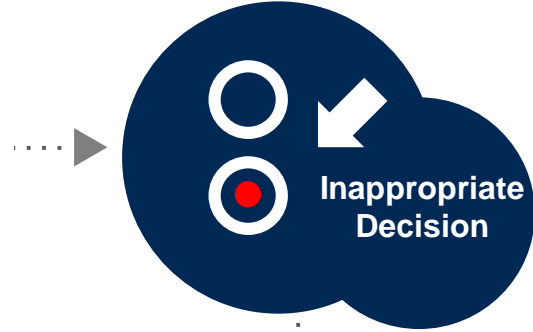
Based on evidence-based guidelines, request is determined as **inappropriate**.

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

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to have a case reviewed for overturn consideration.

- Your **determination letter** is the best immediate source to determine what options exist on a case that has been denied. You may also call us at **844.224.0495** to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.

Post-Decision Options

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review.

- Reconsiderations can be requested within **14 calendar days** after the determination date.

- Reconsiderations can be requested by phone or in writing.

Appeals

- eviCore healthcare will be delegated for first-level member and provider appeals.

- Requests for appeals must be submitted to eviCore within **180 calendar days** of the initial determination.

- A written notice of the appeal decision will be mailed to the member and faxed to the provider.

Post-Decision Options

Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate.

- Must be requested on or before the anticipated date of service.

Peer-to-Peer Review

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

- Peer-to-Peer reviews can be scheduled at a time convenient for your physician by logging into eviCore's Provider Portal at www.eviCore.com.

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.
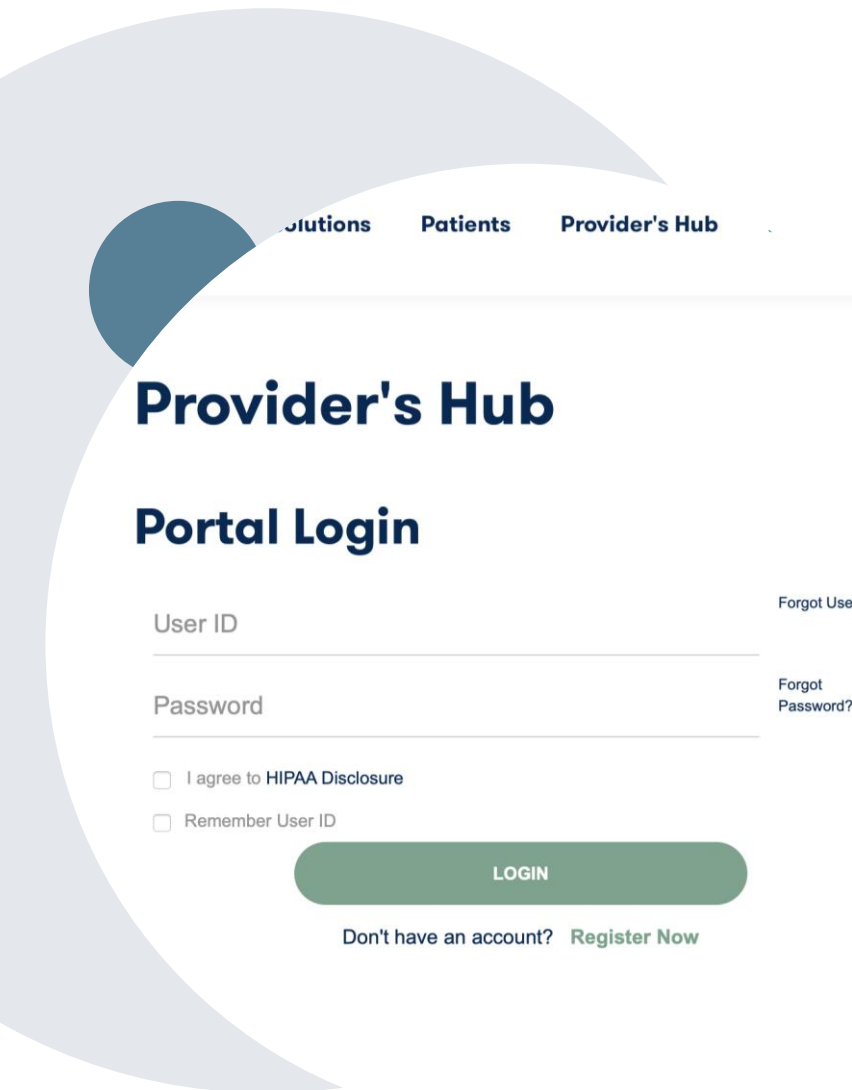
eviCore healthcare Website

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

- **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

- Select the **Manage Your Account** tab, then **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 Lab Management Program.**
- **Select if you are the referring provider or rendering lab then proceed to entering information.**

Select Referring Provider

- **Select the ordering Practitioner or Group for the requested service.**
- **Choose the appropriate Health Plan for the case request.**

Select Rendering Lab

Requesting Provider Information

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.

Please Select a Health Plan ▼

SUBMIT

Requesting Provider Information

ⓘ Do you have the ordering physician's NPI Number?

◉ Yes ◯ No

ⓘ Enter NPI Number

SUBMIT

Add Your Contact Info

Provider's Name:* [_____] [?]

Who to Contact:* [_____] [?]

Fax:* [_____] [?]
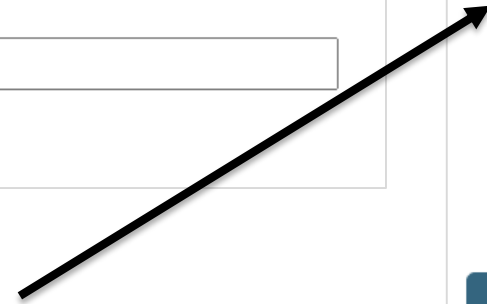
Phone:* [_____] [?]

Ext.: [_____] [?]

Cell Phone: [_____]

Email: [_____]

BACK   CONTINUE

Click here for help

This window will populate with the ordering physician's name and contact information, and will be based on the NPI number you entered.

Member & Request Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*   MM/DD/YYYY

Patient Last Name Only:*   [?]

ELIGIBILITY LOOKUP

BACK

Requested Service + Diagnosis

Lab Management Program Procedures

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

LABTST ▼   MOLECULAR GENETIC TEST ▼

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

Diagnosis

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

LOOKUP

Trouble selecting diagnosis code? Please follow **these steps**

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

Secondary diagnosis is optional for Lab Management Program

LOOKUP

- **Enter the member information including the patient ID number, date of birth and last name. Click Eligibility Lookup.**
- **Next screen you can enter LABST.**

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

CPT Code:	LABTST
Description:	MOLECULAR GENETIC TEST
Primary Diagnosis Code:	R97.1
Primary Diagnosis:	Elevated cancer antigen 125 [CA 125]
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

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

Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

Some tests can be automatically authorized by responding to a set of specific clinical questions. In order to determine the right clinical questions to ask, we need to know exactly which test(s) and procedure code(s) are being considered. The next several questions will guide test and procedure code selection.

ⓘ To the best of your knowledge, has a previous prior authorization request been made for this member and this test?
○ Yes ○ No ○ Unknown

ⓘ Has the specimen been collected?
○ Yes ○ No ○ Unknown

SUBMIT

Proceed to Clinical Information

ⓘ What is the specimen collection or retrieval from storage date? If the date is unknown, please use today's date.

[   ] 📅

SUBMIT

Proceed to Clinical Information

ⓘ What kind of testing is being done?
☐ Testing related to cancer
○ Testing related to pregnancy
○ Other
○ Unknown

ⓘ What test is being requested? Please provide the test name or a short description.
[   ]

ⓘ Do you know the procedure codes that will be billed for this test?
○ Yes ○ No

SUBMIT

☐ Finish Later

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

- **Clinical Certification** questions will populate based upon the information provided.

- You can save your request and **finish later** if needed
  - 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**.

Proceed to Clinical Information – More Examples

Proceed to Clinical Information

What is the name of the test you are requesting? A selection from the list below is REQUIRED in order to proceed with this request.

This is a list of commonly requested tests from the lab you selected. They are in alphabetic order by the lab's actual test name, which can usually be found on the test requisition.

ⓘ Submitting your request will be much faster if the test name can be found.

	Test Brand Name	Test Category
○	None Of These	
○	ATM Analysis	ATM Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis {Integrated BRACAnalysis; CPT 81162}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis {Integrated BRACAnalysis; CPT 81163, 81164)}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81162, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81163, 81164, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81162, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2020 codes; Integrated BRACAnalysis and PALB2; 81162, 81307}	Hereditary Breast and Ovarian Cancer Panel Tests

1 2 3 4 5 6 7

All | A | B | C | E | G | M | N | P | S | T

** NOTE: If you know the name of the test, choose the first letter of the test name above. Otherwise, you can scroll through all tests using the page numbers. If you cannot find the test, please return to page 1 of the "All" tab and select "None of These".

***FOR LAB REPRESENTATIVES: If you would like to correct or add to this list, please email labmanagement@evicore.com.

Clinical Certification questions will populate based upon the information provided.

Proceed to Clinical Information – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

ⓘ Why is this test being requested and how will the results be used to change management?

ⓘ Describe any applicable current or past medical history, lab testing, or procedure results.

ⓘ If relevant to the testing, describe the family history, including the applicable clinical findings, diagnoses, and/or test results.

Free text answers allow for further explanation that may be needed.

Next Step: Criteria not met

If criteria is 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 by faxing.
- Additional information uploaded to the case will be sent for clinical review.
- Print out summary of request that includes the case number and indicates "Your case has been sent to clinical review."

Criteria Met

If your request is authorized during the initial submission you can print out 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 CONTINUE

The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.

Provider Name: **Provider Address:**		**Contact:** **Phone Number:** **Fax Number:**
Patient Name: **Insurance Carrier:**		**Patient Id:**
Site Name: **Site Address:**		**Site ID:**

Primary Diagnosis Code:	Z01.419	**Description:**	Encounter for gynecological examination (general) (routine) without abnormal findings
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	LABTST	**Description:**	MOLECULAR GENETIC TEST
Authorization Number:			
Review Date:	7/15/2020 5:21:21 PM		
Expiration Date:	1/9/2021		
Status:	The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.		

[CANCEL]   [PRINT]   [CONTINUE]

Authorization Lookup example

Authorization Lookup

Authorization Number:	NA
Case Number:	[redacted]
Status:	Pending eviCore Review
P2P Status:	
Approval Date:	
Service Code:	LABTST
Service Description:	MOLECULAR GENETIC TEST
Site Name:	MOUNT SINAI GENOMICS
Expiration Date:	
Date Last Updated:	7/15/2020 5:30:44 PM
Correspondence:	**UPLOADS & FAXES**
Clinical Upload:	Upload Additional Clinical

P2P AVAILABILITY

The option to attach clinical information is not available for this case at this time:
Please fax clinical information to 800-540-2406

Authorization Number:	[redacted]
Case Number:	[redacted]
Status:	Approved
P2P Status:	
Approval Date:	7/13/2020 12:00:00 AM
Service Code:	LABTST
Service Description:	MOLECULAR GENETIC TEST
Site Name:	MOUNT SINAI GENOMICS
Expiration Date:	1/9/2021
Date Last Updated:	7/15/2020 5:25:14 PM
Correspondence:	**UPLOADS & FAXES**

P2P AVAILABILITY

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.

Uploads & Faxes

Attached Faxes | Sent Letters & Faxes | Document Uploads

3 documents sent.

Episode ID	Date Sent	Time Sent	Document Name	Recipient	View
[redacted]	07/15/2020	17:25:44	OSC0101 - Approval Standard PHYS	Physician	**VIEW**
[redacted]	07/15/2020	17:25:44	OSC0104 - Approval Standard SITE	Site	**VIEW**
[redacted]	07/15/2020	17:25:45	OSC0100 - Approval Standard MBR	Patient	**VIEW**

CLOSE

Additional Provider Portal Features

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

WEB

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!
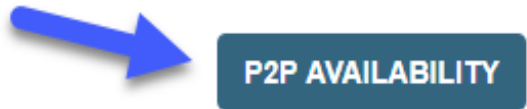
How to schedule a Peer to Peer Request

- 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
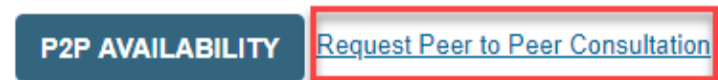
Authorization Lookup

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

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.

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."

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

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
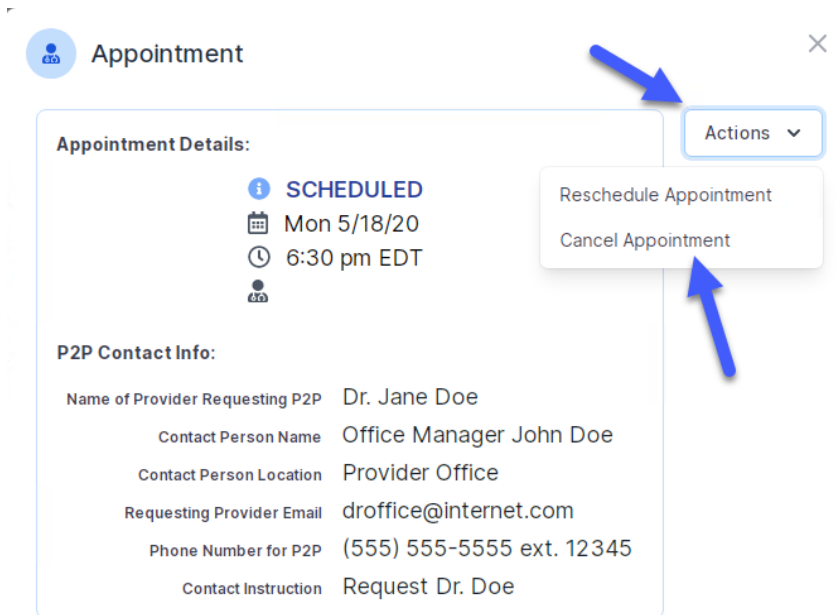 - Phone Number for P2P
  - Contact Instructions

- 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

Appointment

Appointment Details: Actions ⌄

    ⓘ SCHEDULED   Reschedule Appointment
    📅 Mon 5/18/20   Cancel Appointment
    🕒 6:30 pm EDT

P2P Contact Info:

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

- Close browser once done

Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: 844.224.0495
- 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 (preferred)
- Phone: 800.646.0418 (option 4)
- Eligibility issues (member or provider not found in system)
- Transactional, authorization-related issues requiring research

Provider Engagement

- Michael Morgan, RN, BSN
  - Email: Michael.Morgan@eviCore.com
  - Phone: 615.468.4000, ext. 24320
- Regional team that works directly with the provider community.

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

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

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 Prior Authorization Online Portal Tips and Tools** session, 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 Prior Authorization Online Portal Tips and Tools** session on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

Thank You!