

Radiology & Cardiology 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 will begin accepting prior authorization requests for cardiology and radiology services on October 24, 2016 for dates of service November 1, 2016, and now will expand this to include Medicare Advantage members for dates of service November 14, 2022 and after.

Applicable Membership:

- Commercial HMO
- Commercial PPO
- Commercial POS
- Medicare Advantage (Nevada Only)

Prior authorization applies to the following services:

- Outpatient
- Elective / Non-emergent

Prior authorization does NOT apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



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

Radiology Solution

Covered Services:

Advanced Imaging Services

- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)

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

https://www.evicore.com/-/media/files/evicore/microsites/implementation/prominence/prominence_cptlist_cardrad.pdf

Cardiology Solution

Covered Services:

Advanced Imaging and Diagnostic Services

- Stress Testing
 - Myocardial Perfusion Imaging (SPECT & PET)
 - Stress Echocardiography
- Cardiac CT & MRI
- Echocardiography; Transthoracic, Transesophageal
- Diagnostic Heart Catheterization

Implantable Device Services

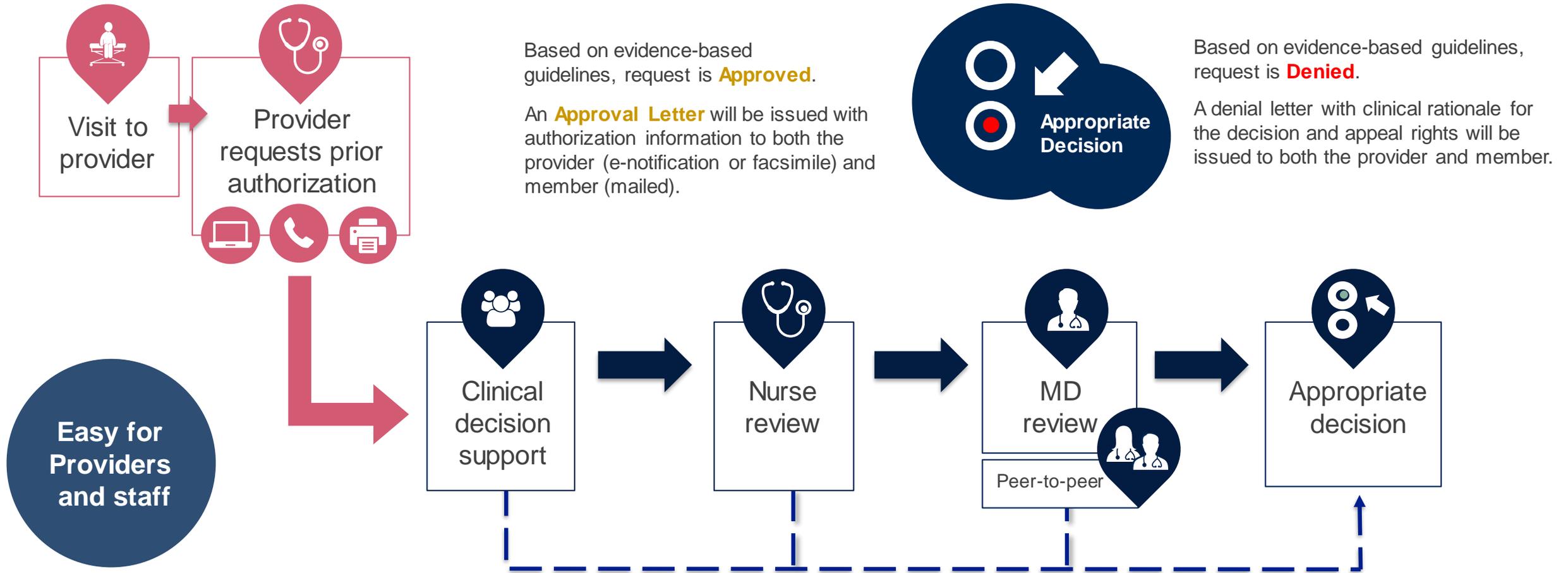
- Pacemakers
- Implantable Cardioverter Defibrillator (ICD)

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

https://www.evicore.com/-/media/files/evicore/microsites/implementation/prominence/prominence_cptlist_cardrad.pdf

Submitting Requests

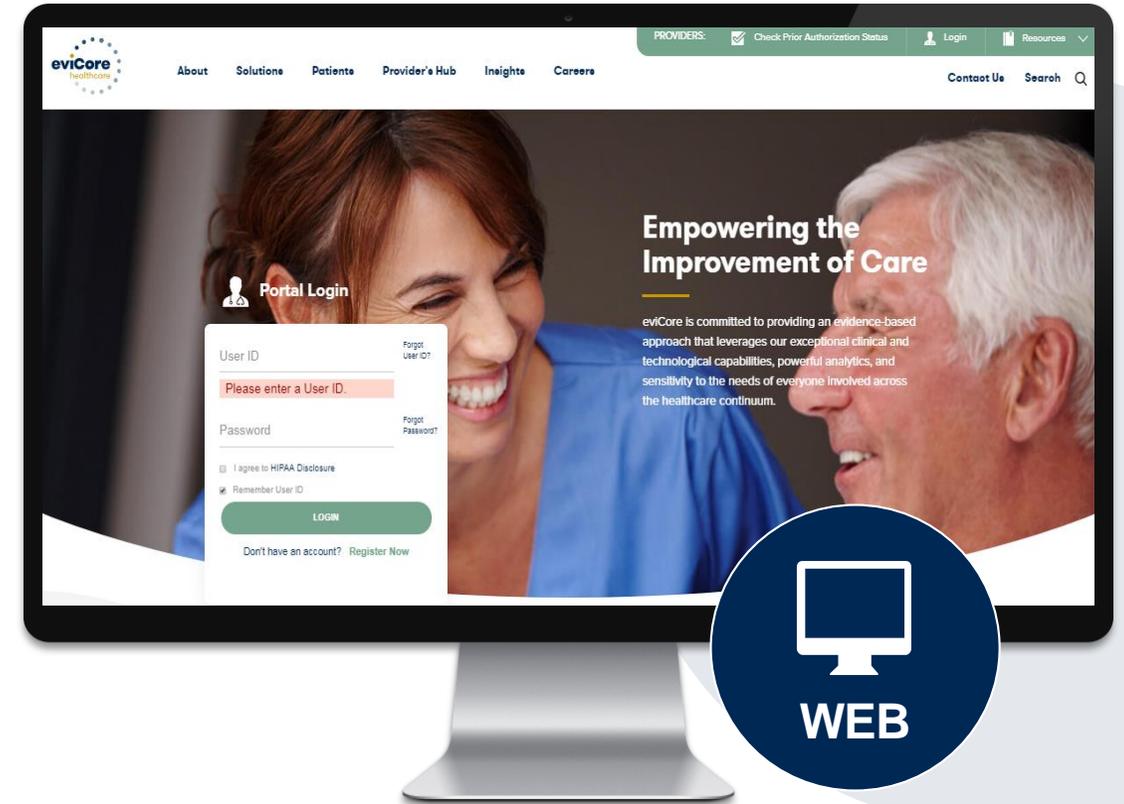
Utilization Management – The Prior Authorization Process



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



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

Fax Number:
800.540.2406
PA requests are accepted via
fax and can be used to submit
additional clinical information

Necessary Information for Prior Authorization

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

1. Member

- Health Plan ID
- Member name
- Date of birth (DOB)



2. Referring (Ordering) Provider

- Provider name
- National provider identifier (NPI)
- Phone & fax number

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 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 Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

The Provider must submit the additional information to eviCore

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.

eviCore will review the additional documentation and reach a determination

Determination notifications will be sent



Prior Authorization Outcomes, Special Considerations, Pre-Decision Options, and Post Decision Options

Prior Authorization Outcomes

Approved Requests

- **Commercial** - Decisions for non-urgent prior authorization requests are typically made within **2-3 business days** of receipt of all necessary clinical information.
- **Medicare Advantage** - Decisions for non-urgent prior authorization requests are typically made within **2-3 business days** of receipt of all necessary clinical information, but will not take longer than **14 calendar days**.
- Commercial and Medicare Advantage authorizations are valid for **45 calendar days** from the date of the determination.
- Authorization letters will be faxed to the ordering provider.
- Web initiated cases will receive e-notifications when a user opts in to receive.
- Members will receive a letter by mail.
- Authorization extensions are not allowed for Prominence Medicare Advantage members.
- Approval information can be printed on demand from the eviCore portal: www.eviCore.com.

Partially Approved Requests

- In instances where multiple CPT codes are requested, some may be approved and some denied.
- In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).



Prior Authorization Outcomes

Denied Requests

- Based on evidence-based guidelines, if a request is determined as not medically necessary, a notification with the rationale for the for the decision and post decision/appeal rights will be issued.
- Denial letters will be faxed to the ordering provider.
- Members will receive a letter by mail.

PLEASE NOTE: The determination letter is the **best** immediate source to determine what options exist on a case that has been denied.

Special Circumstances

Retrospective (Retro) Authorization Requests

- Retro Requests for **Commercial members** must be submitted within **3 business days** following the date of service. Requests submitted after **3 business days** will be **administratively denied**.
- Retros are reviewed for clinical urgency and medical necessity. Turnaround time on retro requests is **30 calendar days**.
- When authorized, the start date will be the submitted date of service.
- Retro requests are **not** in scope for **Medicare Advantage** members and will be administratively denied.



Special Circumstances Continued

Urgent Prior Authorization Requests

- Urgent requests can now be submitted on eviCore's portal (www.eviCore.com).
- Providers and/or staff can also contact our office by telephone and state that the prior authorization request is urgent. Urgent requests will be reviewed within **72 hours**.
- Medically urgent outpatient procedures must meet the National Committee for Quality Assurance's definition of medical urgency requests. To be considered urgent, the patient must have conditions that are a risk to life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.

Authorization Updates

- If updates are needed on an existing authorization, you can contact eviCore by phone at **844.224.0495**.
- 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

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 Advantage 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

When Request is Determined as Inappropriate



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



A denial letter will be issued to the member, provider, and site with clinical rationale 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: Commercial

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 from members must be submitted to eviCore within **180 calendar days** of the initial determination.
- Requests for appeals from providers must be submitted to eviCore within **365 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: Commercial

Written 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.
- Decision will be rendered within **5 calendar days** of receipt of the clinical information necessary to perform the reconsideration review.

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.

Post-Decision Options: Medicare Advantage

My case has been denied. What's next?

Clinical Consultation (Peer-to-Peer)

- 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

Written Reconsideration

- Medicare Advantage cases do not include a Reconsideration option

Appeals

- eviCore will not process first-level appeals for Prominence Medicare Advantage members.

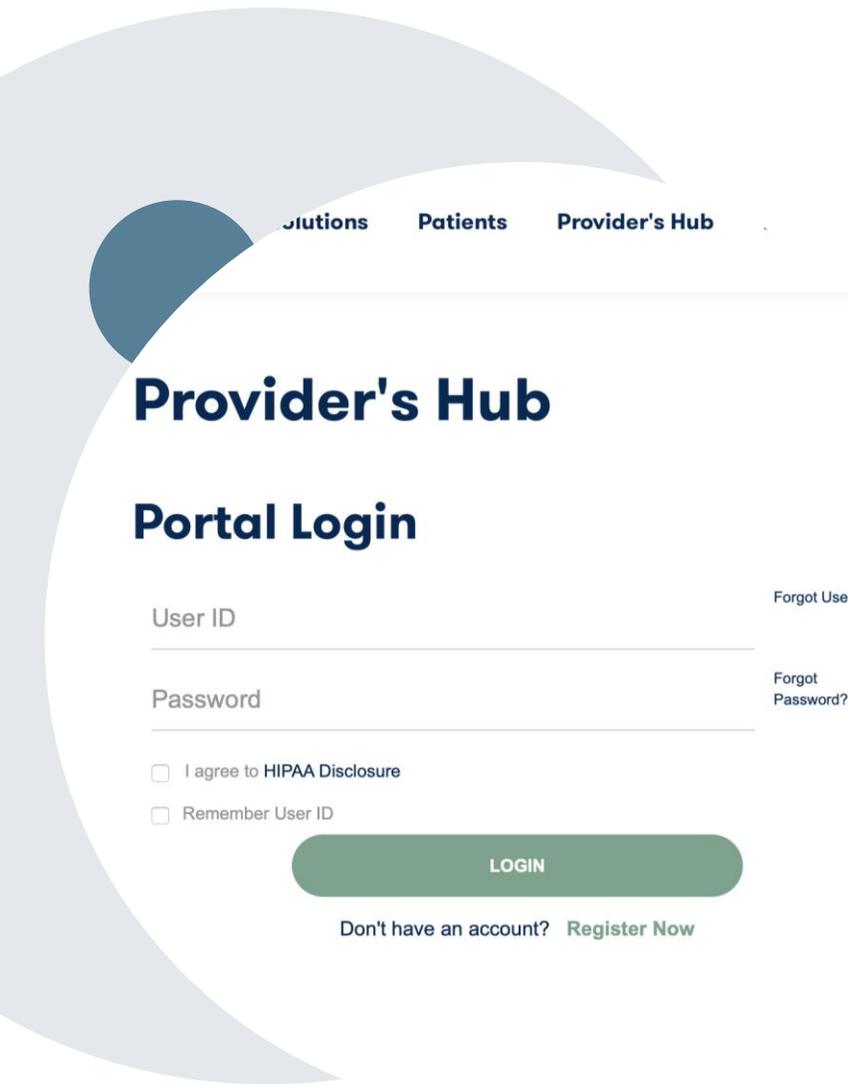
Provider Portal Overview

Portal Compatibility

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

- Google Chrome
- Mozilla Firefox
- Microsoft Edge

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



eviCore healthcare Website

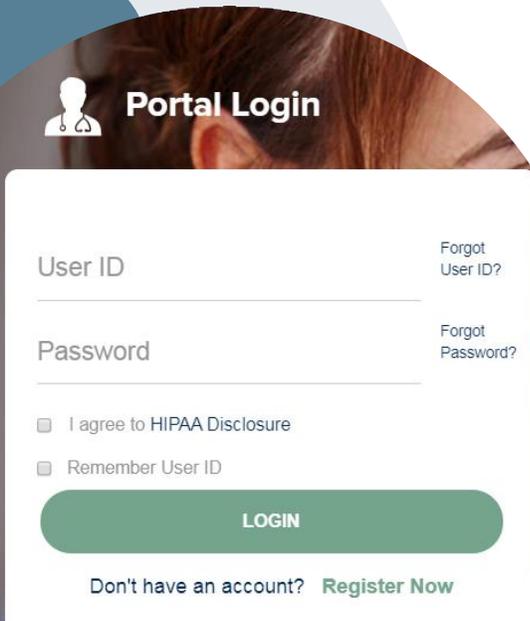
Visit www.evicore.com

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!



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](#)

Creating An Account

The screenshot shows a web form for account creation. It is divided into two main sections: 'Web Portal Preference' and 'User Information'.
1. **Web Portal Preference:** A yellow header bar. Below it, a grey instruction bar says: '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.' Below this is a 'Default Portal*' dropdown menu. The menu is open, showing three options: '--Select--', '--Select--', and 'CareCore National Medsolutions'. A red arrow points to the 'CareCore National Medsolutions' option.
2. **User Information:** A yellow header bar. Below it, a grey instruction bar says: 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.' Below this are several input fields:
- 'User Name*': text input field.
- 'Email*': text input field.
- 'Confirm Email*': text input field.
- 'First Name*': text input field.
- 'Last Name*': text input field.
- 'Address*': a multi-line text area.
- 'City*': text input field.
- 'State*': dropdown menu with 'Select' as the current selection.
- 'Zip*': text input field.
- 'Office Name': text input field.

- 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

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

Tuesday, May 12, 2020 4:20 PM

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 AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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

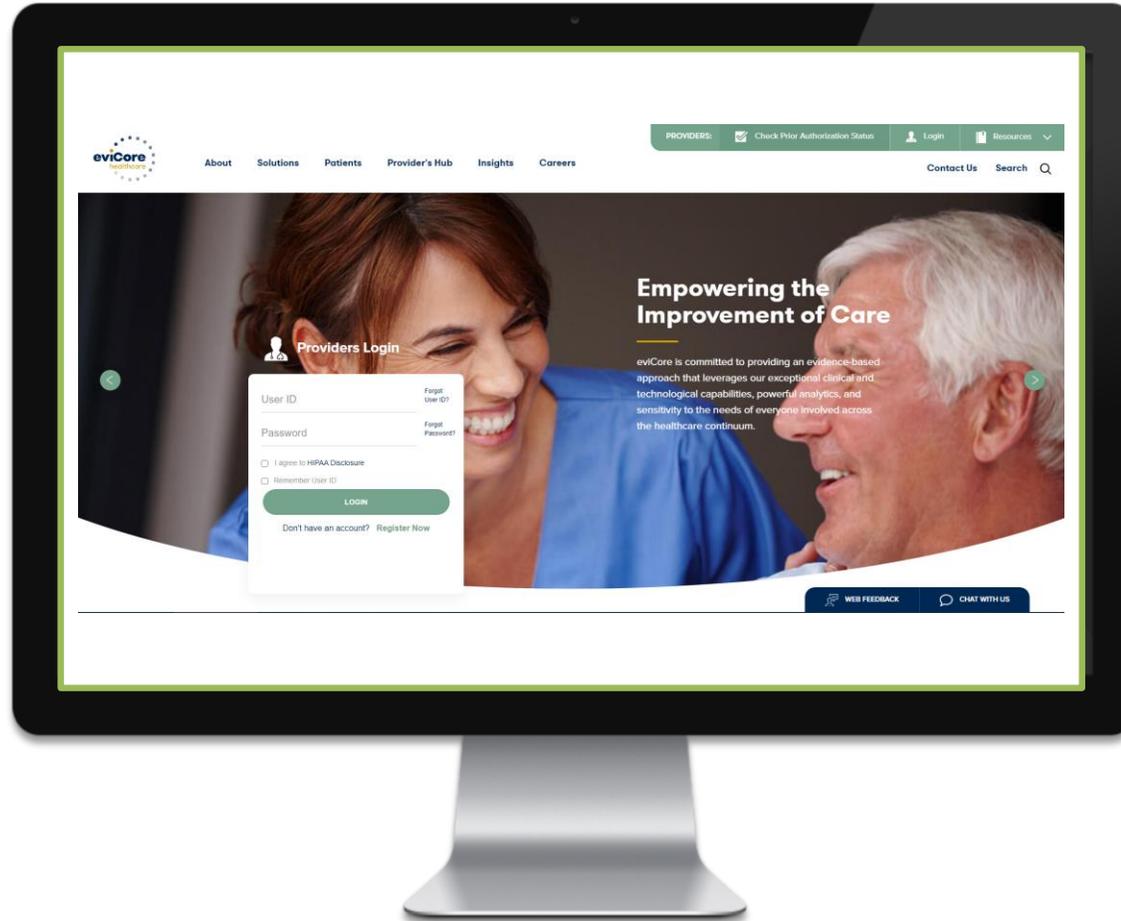
The image shows two overlapping web forms. The background form is titled 'Manage Your Account' and contains fields for 'Office Name', 'Address', 'Primary Contact', and 'Email Address'. It includes buttons for 'CHANGE PASSWORD', 'EDIT ACCOUNT', and 'ADD PROVIDER'. Below these is a table with the text 'No providers on file' and a 'CANCEL' button. The foreground form is titled 'Add Practitioner' and contains instructions: 'Enter Practitioner information and find matches.' and '*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip'. It has input fields for 'Practitioner NPI', 'Practitioner State' (a dropdown menu), and 'Practitioner Zip', along with 'FIND MATCHES' and 'CANCEL' buttons.

- 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.

Portal Demo

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

[Click Here for Portal Demonstration.](#)



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



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 ([REDACTED])
- Program and Provider (Radiation Therapy Management Program and [REDACTED])
- 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

eviCore healthcare

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

Wednesday, February 23, 2022 9:51 PM Log Off

Certification Summary

Search..

Single Status: 10 View 1 - 1 of 1

Expired

Filter By Multiple Statuses

Show All

Date: 10 View 1 - 1 of 1

7 days

Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
RHONEY	BRIARWOOD OPERATOR		Expired / Cancelled	02/23/2022	43235	EGD-esophagogastroduodenoscopy		05/24/2022	Unloads & Fixes	

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- The Portal now includes a **Certification Summary** tab to better track your recently submitted cases.
- The work list can also be filtered, as seen above.

How to schedule a Peer-to-Peer

- 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:

Authorization Lookup

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



- 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](#)

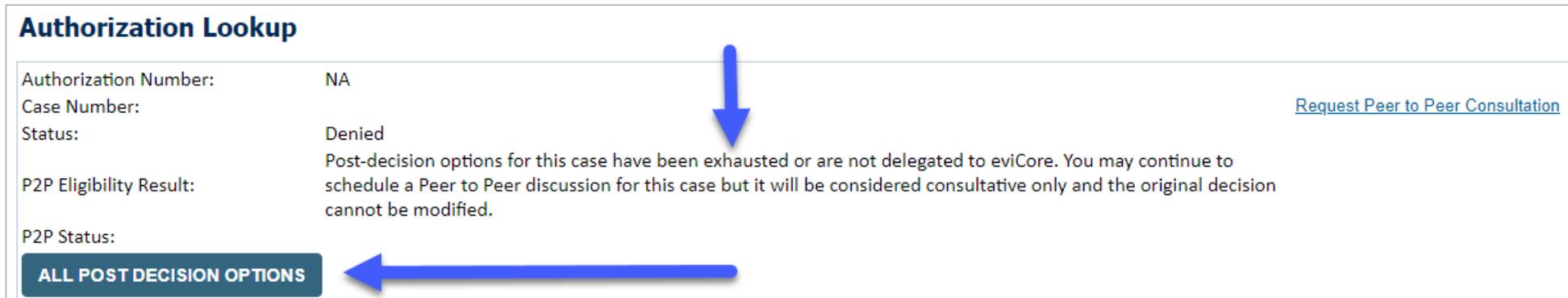
How to Schedule a Peer-to-Peer

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:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	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 Status:		

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

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone.
- You will be presented with the Case Reference Number and Member Date of Birth (DOB) for the case you just looked up.
- You can add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
- To proceed, select **Lookup Cases**.

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click **Continue** to proceed.

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove ✔ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

How to Schedule a Peer-to-Peer

- 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**.

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[Continue >](#)

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT	-	-	-	-	-	-
6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

- 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.

How to Schedule a Peer-to-Peer

Confirm Contact Details

- The point of contact's name and e-mail address will auto-populate per your user credentials.

P2P Info

Date Mon 5/18/20
Time 6:30 pm EDT
Reviewing Provider

Case Info

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type MSK Spine Surgery
Level of Review Reconsideration P2P

P2P Contact Details

Name of Provider Requesting P2P
Dr. Jane Doe

Contact Person Name
Office Manager John Doe

Contact Person Location
Provider Office

Phone Number for P2P **Phone Ext.**
(555) 555-5555 12345

Alternate Phone **Phone Ext.**
(xxx) xxx-xxxx Phone Ext.

Requesting Provider Email
droffice@internet.com

Contact Instructions
Select option 4, ask for Dr. Doe

Submit >

- 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.

Scheduling

Scheduled

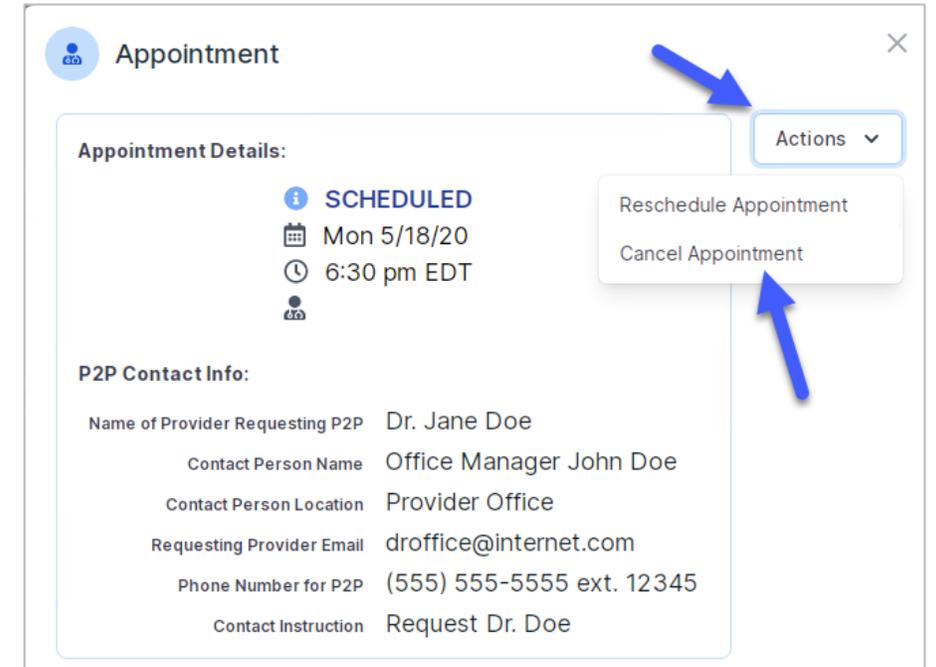
Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

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

Provider Resources

Prior Authorization Call Center - 844.224.0495

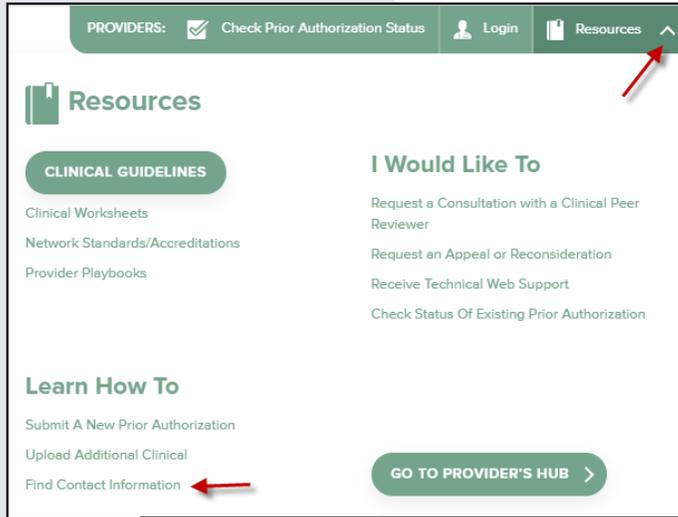
Our call centers are open from **7:00 a.m. to 7:00 p.m.** local time.

Providers can contact our call center to do the following:

- Request prior authorization.
- Check the status of existing authorization requests.
- Discuss questions regarding authorizations and case decisions.
- Change the facility or CPT code(s).
- Request to speak to a clinical reviewer.
- Schedule a clinical consultation with an eviCore medical director.



Online Resources



- You can access important tools, health plan-specific contact information, and resources at www.eviCore.com
- Select the **Resources** tab 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 e-mail portal.support@evicore.com.

Client and Provider Services 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

E-mail: ClientServices@evicore.com (preferred)

Phone: 800.646.0418 (option 4)

For prompt service, please have all pertinent information available. When e-mailing, 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](https://www.evicore.com) → Provider's Hub → Training Resources

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 learn how 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 Prior Authorization Online Portal Tips and Tools session:

You can find a list of scheduled **Provider Prior Authorization Online Portal Tips and Tools** sessions on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



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](https://www.evicore.com).
- Scroll down and add a valid e-mail to subscribe.
- You will begin receiving e-mail provider newsletters with updates.



Provider Resource Website

Provider Resource Page

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>



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.



Thank You!

