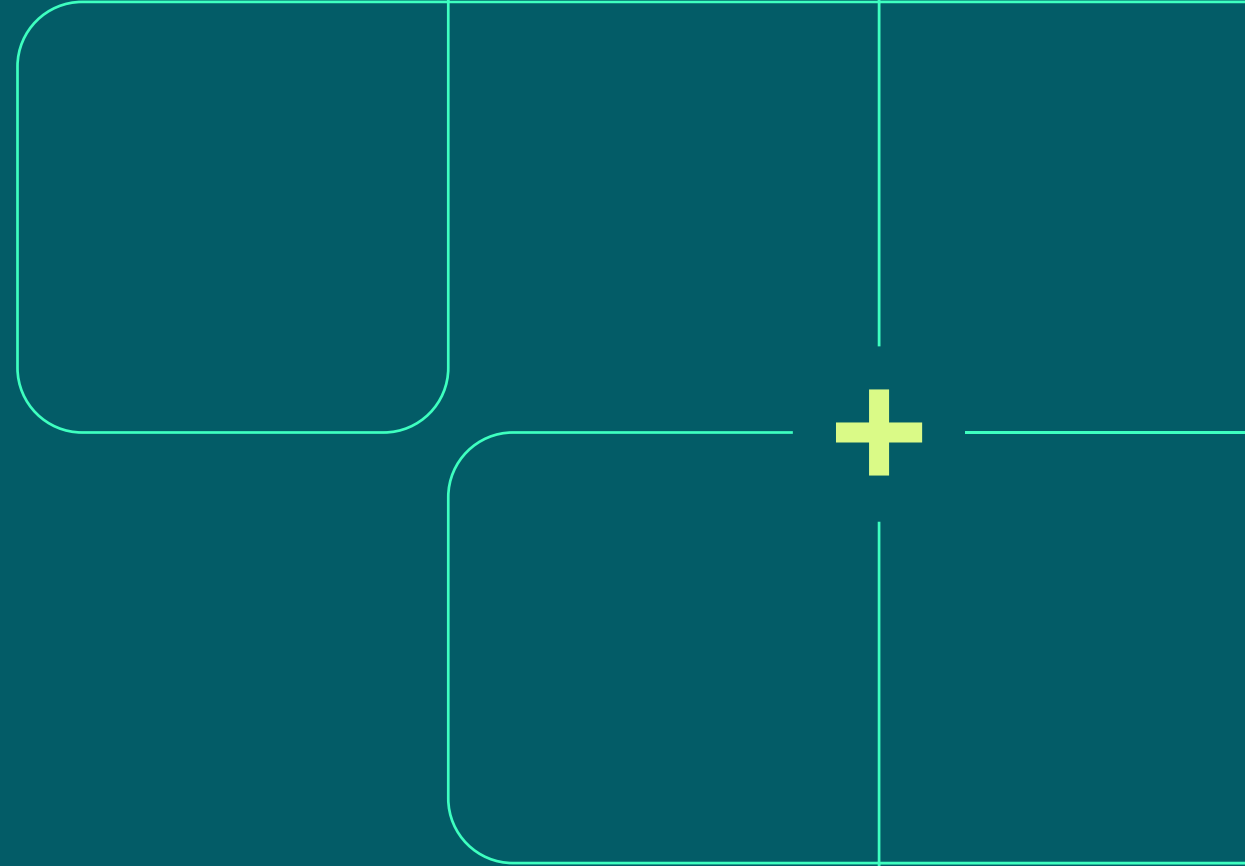




Post-Acute Care Utilization Management Program for Cigna Medicare Advantage Customers



Agenda

- **EviCore by Evernorth Company Overview**
- **Post-Acute Care Program Overview**
- **EviCore Provider Portal & Registration**
- **Submitting Precertification Requests**
- **Precertification Outcomes & Special Considerations**
- **Provider Resources**
- **Q & A**

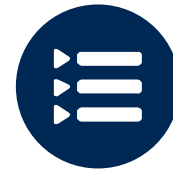
EviCore by Evernorth Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the health care system



10
comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Post-Acute Care Program Overview

Cigna Medicare Advantage Precertification Services

.....

EviCore by Evernorth (EviCore) began accepting precertification requests for post-acute care services on May 27, 2022 for Cigna customers with Medicare Advantage coverage for dates of service of June 1, 2022 and beyond.

Precertification applies to the following services:

- Skilled nursing facilities (SNF)
- Inpatient rehabilitation facilities (IRF)
- Long-term acute care facilities (LTAC)

To verify eligibility and benefits:

[Availity Essentials](#) website or call Cigna Medicare Advantage Provider Service at 800.230.6138

Eligibility may also be verified on the EviCore provider portal www.evicore.com/ep360

Precertification for Cigna Customers with Medicare Advantage Coverage Overview

Effective June 1, 2022:

- Hospitals are responsible for submitting the **initial** inpatient precertification for SNF, IRF or LTAC admissions for customers discharging from an acute care facility.
- PAC Facilities (SNF, IRF and LTAC) are responsible for submitting the initial precertification requests for customers admitting from the community*, emergency department*, or outpatient setting*, and to submit precertifications for concurrent review requests.
 - * PAC facilities – please notify EviCore when admission is for one of these situations
- **NOTE:** If a patient is transferred to the hospital directly from a PAC facility and stays >24 hours, a new precertification is required and should be requested by the hospital prior to discharge. If the patient stays 24 hours or less, they can be discharged back to the same PAC facility without a new authorization.
- IRF and LTAC facilities are responsible for submitting the initial precertification for customers transitioning to a lower level of care, such as a SNF.

Rationale for Hospital Submission of PAC Precertification Requests

- **Appropriate Level of Care Determination:**

- Hospitals present the most accurate clinical status for discharging patients
- Engagement with discharge planners to determine appropriate level based on medical necessity
- Patient-Centered alternative PAC setting recommendations
- Hospitals are encouraged to submit an authorization request at the same time they are sending clinical to a PAC facility to obtain a bed. **The authorization for PAC is tied to the level of care, not a specific facility.**

- **Coordinated Post Acute Care Placement:**

- Proactively identify facility for optimal outcomes and patient experience
- Early initiation of plan of care with goals and risk assessment by EviCore staff members
- Offer social work coordination to address discharge barriers

- **Medicare PAC Guidance:**

- Medicare's position on PAC placement provides guidance for the least intensive setting to adequately meet the patient's need

Post-Acute Care Prior Authorization Criteria includes, but not limited to:

- Medicare Benefit Policy Manuals (Medicare members only)
- MCG™ evidence-based care guidelines®
- Other Evidence-Based Tools

EviCore Provider Portal

Benefits of Provider Portal

Did you know that most providers are already saving time submitting precertification requests online? The provider portal allows you to go from request to decision much faster. The following are some benefits and features:

- Saves time: Quicker process than telephone precertification requests.
- Available 24/7: You can access the portal any time, any day.
- Upload additional clinical information: No need to fax 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.

Link to EviCore provider portal:

www.evicore.com/ep360

Electronic Medical Records Access

EMR Access allows EviCore to adjudicate decisions more timely and help mitigate the risk of inappropriate decisions.



Full clinical notes can be obtained through the EMR access, which helps mitigate the risk of inappropriate decisions from being made, and ensures patients are at the appropriate level of care



More efficient and effective processes due to streamlined case management



Decrease in the administrative burden on your facility

Decrease
fax time

Decrease
computer
time

Decrease
phone
time

Please reach out to the PAC Provider Engagement Manager in your region for more information and to get started [PAC Provider Relations](#)

EviCore Portal Registration

EviCore Provider Portal Registration

Administrators or first time portal users should:

- Log in directly to EviCore www.evicore.com/ep360
- Choose “Sign up now” to create an EviCore account.

EviCore
By EVERNORTH

Sign in with your existing account

Email Address

Password

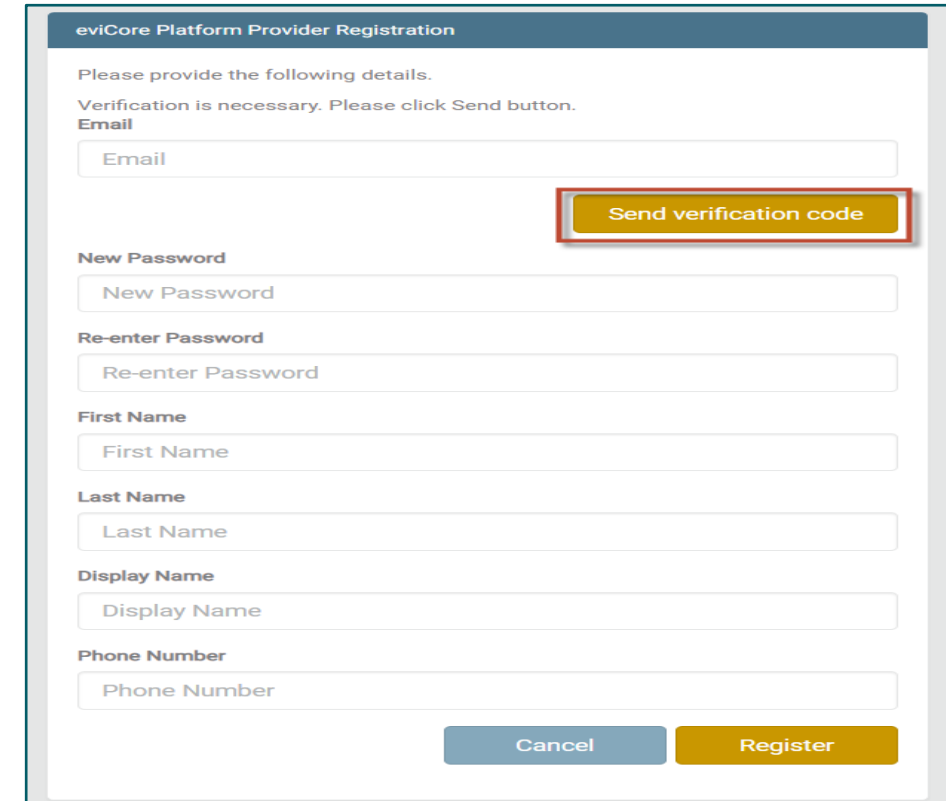
Forgot your password?

Sign in

Don't have an account? **Sign up now**

Administrator Registration

- Begin by completing the brief registration process.
- Enter the admin's email and click on "Send verification code," which will be sent via email.
- Enter the code provided in the email, click on "Verify Code," and complete the provider demographics.



The screenshot shows a web form titled "eviCore Platform Provider Registration". The form contains several input fields and buttons. The "Email" field is highlighted with a red box, and the "Send verification code" button is highlighted with a red box. The "New Password" and "Re-enter Password" fields are also highlighted with red boxes. The "First Name", "Last Name", "Display Name", and "Phone Number" fields are also highlighted with red boxes. The "Cancel" and "Register" buttons are at the bottom right.

eviCore Platform Provider Registration

Please provide the following details.
Verification is necessary. Please click Send button.

Email

Send verification code

New Password

Re-enter Password

First Name

Last Name

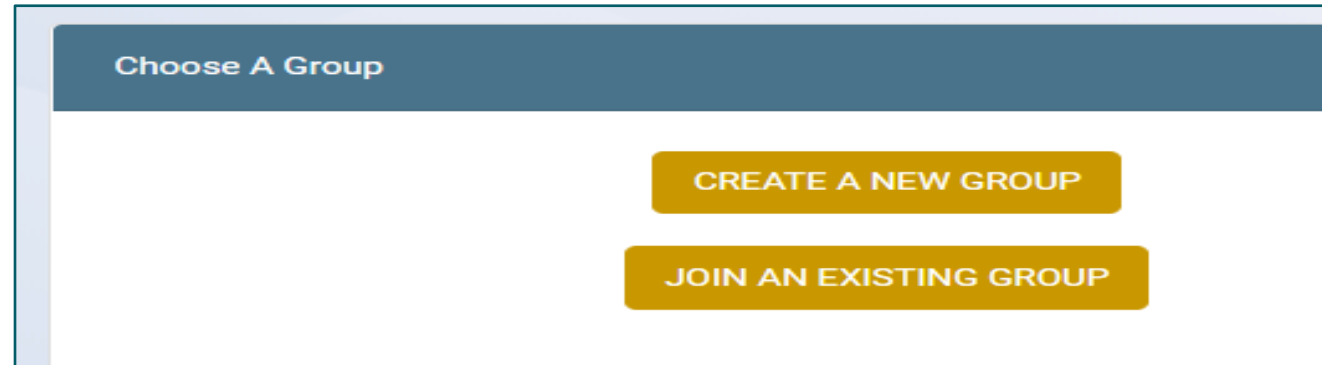
Display Name

Phone Number

Cancel Register

Create a Group

- Next, the admin or individual user will Create A New Group.



The image shows a screenshot of a web application interface. At the top, there is a dark blue header bar with the text "Choose A Group" in white. Below this header, the background is white. In the center, there are two yellow buttons with black text. The top button says "CREATE A NEW GROUP" and the bottom button says "JOIN AN EXISTING GROUP".

Group Details

- User will enter the required details to create a new group.
- Accept the terms and conditions and privacy policy on the next screen.

Create Provider Group

Enter your group details:

Group Name

test group

☒ Ordering Provider

☐ Rendering Provider

Address 1

123 Main Street

Address 2

City

Test

State

TN

Zip

99999

Phone

5555555555

Fax

5555555555

Back

Create

Administrator Registration Details

Once a user has successfully created a group, you should:

1. Add Providers - Add both TIN and NPI numbers for all providers associated with the group.
2. Invite other users to your group. (see next slide for added details)
3. Make note of the Provider Group Join Code and provide to all invited users for that group.
4. Once complete, click on “Go to website” to access the EviCore portal.

The screenshot displays the 'eviCore Platform Provider User Group Administration' interface. At the top right is a 'Go to website' button. The 'Office' section shows details for a 'medical external provider - Ordering' with address '#203, 52 W, 60th street Westmont, IL 60559', phone '(331) 481-3612', and fax '(456) 456-4645'. The 'Provider Group Join Code' is 'sYx113', with a red arrow pointing to it from callout 3. Below this are two panels: 'Users' and 'Providers'. The 'Users' panel has an 'Invite' button with a red arrow from callout 2. The 'Providers' panel has an 'Add' button with a red arrow from callout 1. Both panels contain tables with headers: 'Name', 'Status', 'Permissions' for Users, and 'Name', 'NPI', 'Tools' for Providers. A table row for 'Erica Brown' is visible in the Users table.

Name	Status	Permissions
Erica Brown		

Name	NPI	Tools
------	-----	-------

Managing Account Users

1) Click on “Invite” in the Users section

Users

1

+ Invite

Name	Status	Action
------	--------	--------

2) Enter the User’s Name and Email

1) There is an option to assign that user as an additional administrator

2) Recommendation is to have at least one other administrator

Add User

2

✕

First Name:

Last Name:

Make Admin:

Email:

Test

User

☒ Yes ☐ No

testuser@test.com

Validate & Save

3) In the Users section:

1) The “star” in the status section indicates the user is an administrator. If you want to add an administrator after you’ve invited them to your group, use the admin check box.

2) Use the Delete icon in the Action section if users need to be deleted

Users

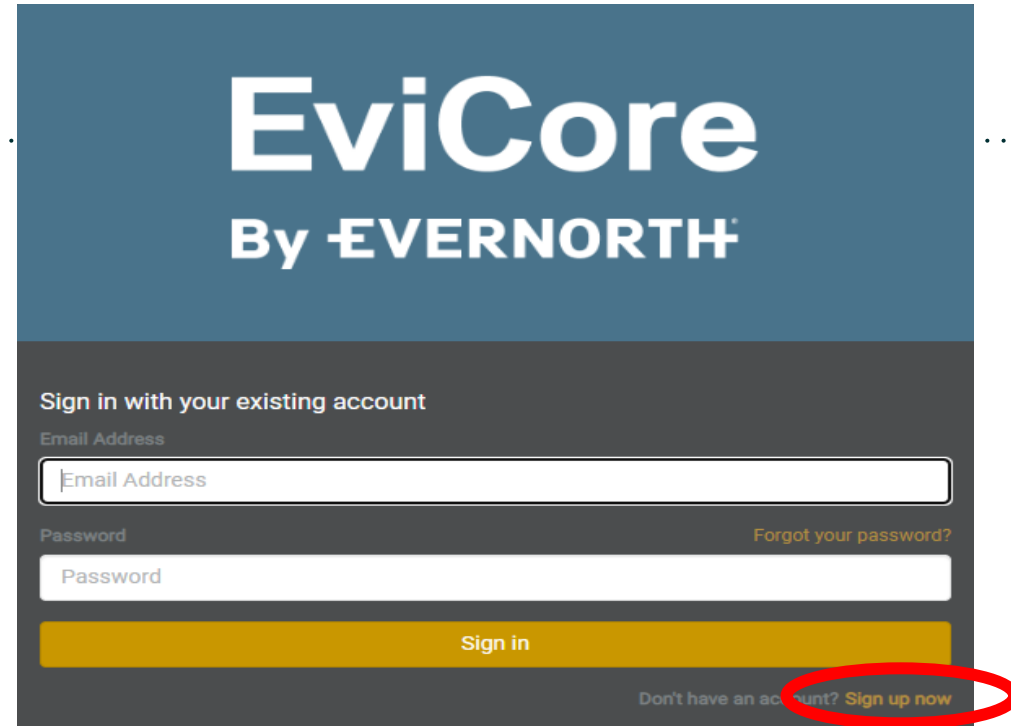
+ Invite

Name	Status	Action	Admin
Admin User	★		<input checked="" type="checkbox"/>
Provider Office	★		<input checked="" type="checkbox"/>

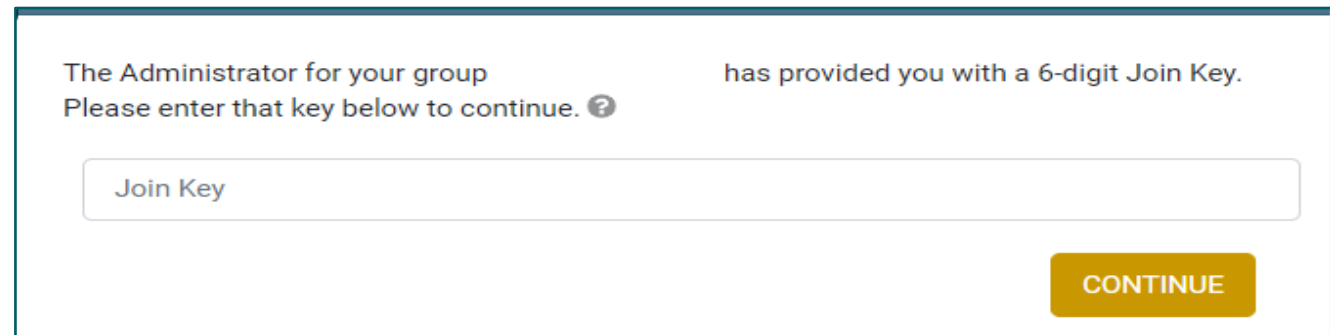
3

All Other Users

- The Join Code provided should be emailed to all invited users by the administrator.
- Each invited user will also receive an email to join the group.
- Follow the link in the email to join the group.
- At the main screen, choose “Sign up Now” to start the registration process
- User will be directed to “Join An Existing Group.”
- User should enter the Join Code provided by their admin. Once complete, user will be directed to the EviCore portal dashboard.



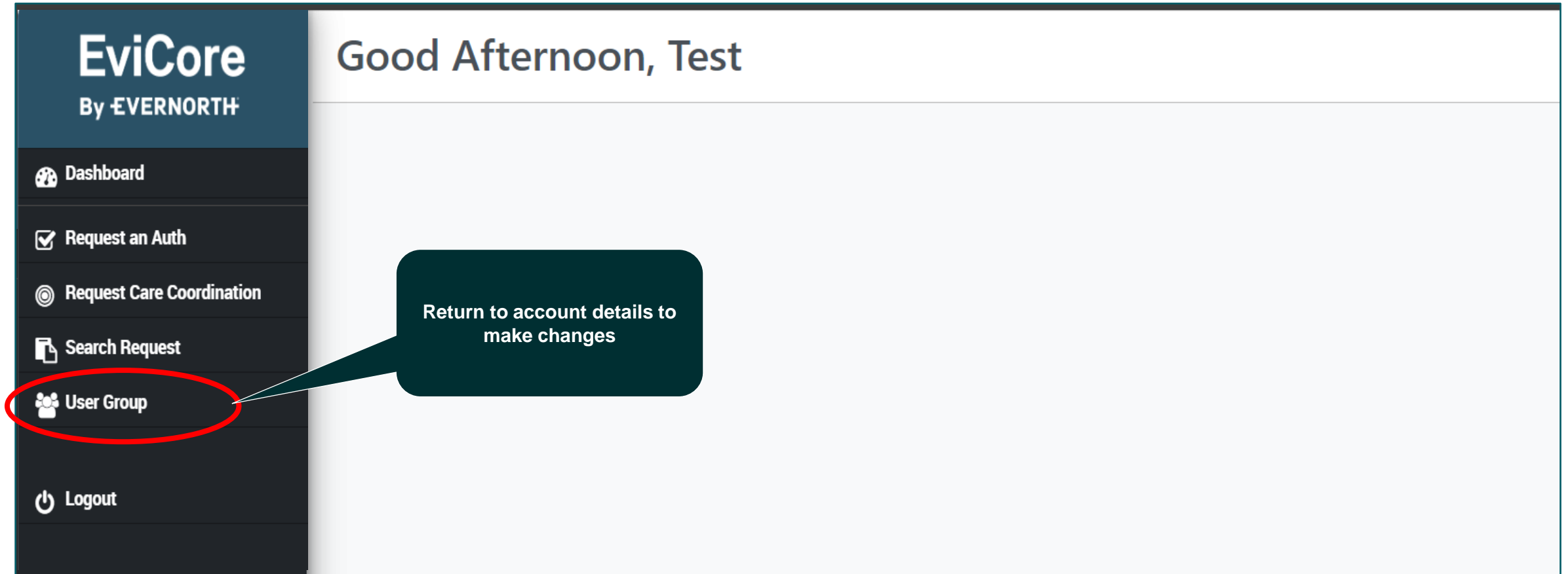
The image shows the EviCore By EVERNORTH login and sign-up interface. At the top, the logo "EviCore By EVERNORTH" is displayed. Below the logo, there is a section for "Sign in with your existing account" which includes input fields for "Email Address" and "Password", a "Forgot your password?" link, and a "Sign in" button. At the bottom of this section, there is a link that says "Don't have an account? Sign up now", which is circled in red.



The image shows a screen for entering a join key. It states: "The Administrator for your group has provided you with a 6-digit Join Key. Please enter that key below to continue." Below this text is a text input field labeled "Join Key". At the bottom right of the screen is a yellow "CONTINUE" button.

Account Changes From Dashboard

- Administrators and Users can return to account details by selecting the User Group link on the menu bar



Submitting Precertification Requests

Methods to Submit Precertification Requests

EviCore by Evernorth Provider Portal (preferred)

The EviCore online portal www.evicore.com/ep360 is the quickest, most efficient way to request precertification and check status.

Fax:

800.575.4429

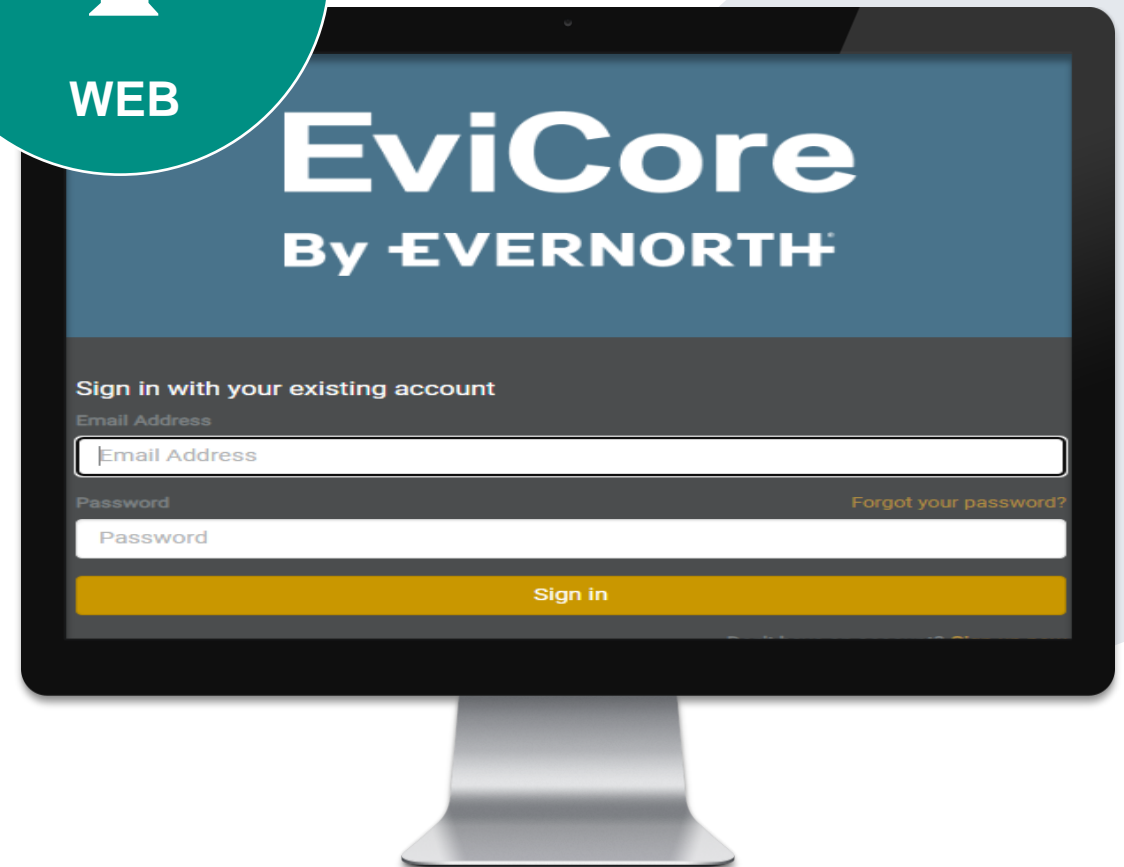
Precertification requests are accepted via fax and can be used to submit additional clinical information.

Phone:

800.298.4806

Hours of operation

- Monday – Friday 8 a.m. to 8 p.m. CST
- Saturday 8 a.m. to 4 p.m. CST
- Sunday 8 a.m. to 1 p.m. CST
- Holidays 8 a.m. to 1 p.m. CST
- 24 hour on call coverage



Required Information for Initial Post-Acute Care Precertification Requests

➤ Admission Details

- Facility type being requested
- Accepting facility demographics (if known)
- Patient demographics
- Anticipated date of hospital, LTAC, or IRF discharge (if applicable)

➤ Clinical Information

- Hospital admitting diagnosis
- History and physical
- Progress notes, i.e., attending physician, consults & surgical (if applicable)
- Medication list
- Wound or Incision/location and stage (if applicable)

➤ Mobility & Functional Status

- **Prior and current level of functioning**
- **Prior living situation**
- **Current therapy evaluations: PT/OT/ST (Within 24-48 hours of request)**
- Therapy progress notes, including level of participation

Please note: EviCore precertification form and supporting clinical documentation are required for all post-acute care requests.

Required Information for Date Extensions (PAC Concurrent Review Requests)

➤ Extension Details

- Facility name and NPI
- Patient demographics
- Facility contact person name, phone and fax #

➤ Clinical Information

- Current admission ICD-10 code
- Clinical progress notes
- Medication list
- Wound or Incision/location and stage (if applicable)

➤ Mobility & Functional Status

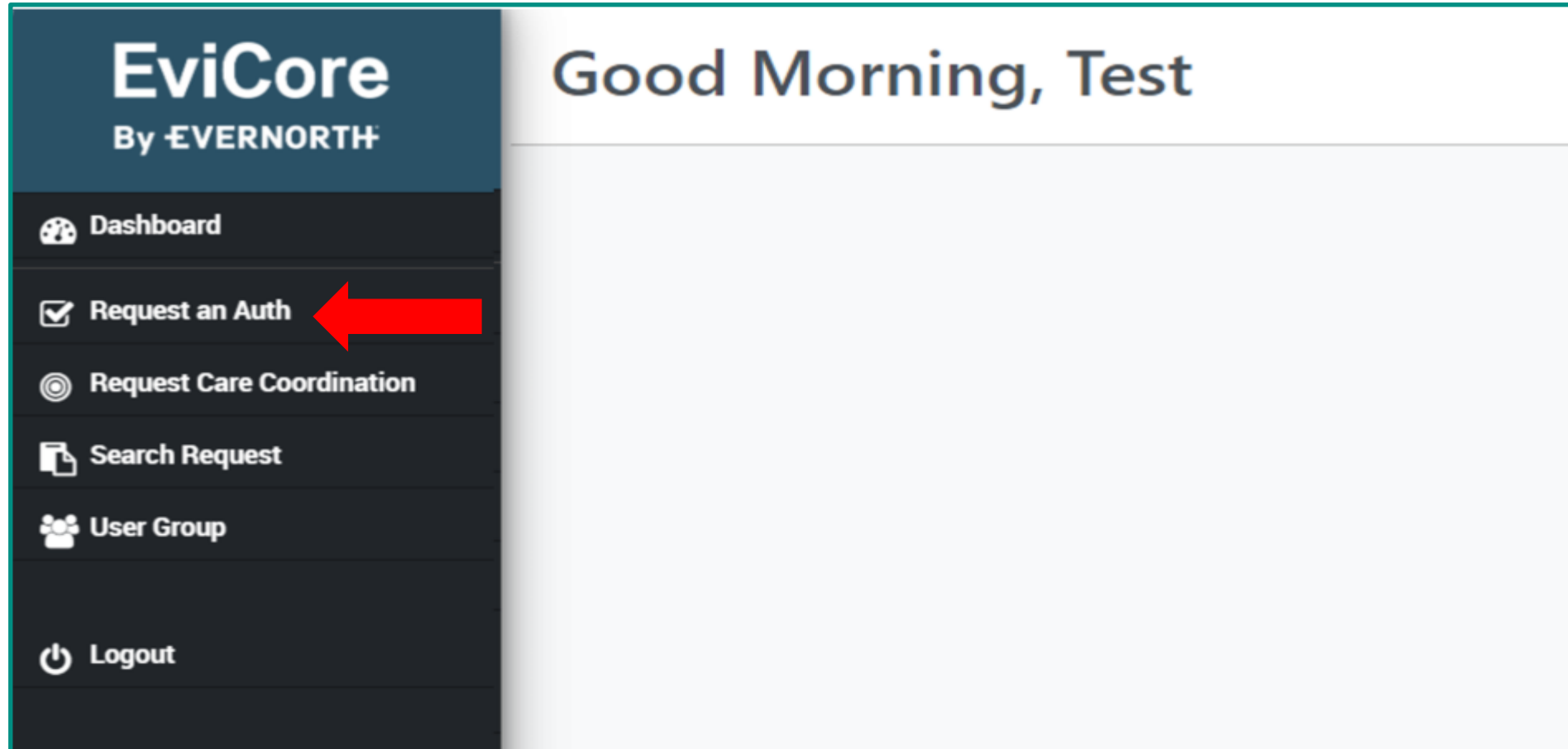
- Prior and current level of functioning
- Focused therapy goals: PT/OT/ST
- Therapy progress notes, including level of participation
- Discharge plans (include discharge barriers, if applicable)

Important: SNFs should submit clinical for date extension (PAC concurrent review) precertification requests 72 hours prior to the last covered day to allow time for Notice of Medicare Non-Coverage (NOMNC) to be issued. Only updated information since the last review needs to be sent. The provider is responsible to issue the NOMNC to the customer to review, sign and return to EviCore.

Initial Case Creation

Initial Case Creation

- After logging in, you will see the main screen and user dashboard. To begin, choose Request an Auth.



Create a Case

- Select the appropriate health plan and service type. Menu will show only service types available for the chosen health plan.

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Submit a Request for Service

Member Search

Healthplan

Choose Requesting Service Type

☐ 3rd Party is the primary payer

☐ LTAC

☐ IRF

☐ SNF

☐ HomeHealth

[? Don't see the service you're looking for?](#)

Member Details

- Start of Care Date and Diagnosis (smart search box - either description of diagnosis or ICD-10 code). Enter either member ID or First Name, Last Name, and Date of Birth. Then choose patient from search results. System will confirm if patient is eligible for the requested plan for requested services.
- Make note; you are not able to mark a request as urgent on the portal.

Submit a Request for Service

Continue

Member Search

Healthplan

Cigna Medicare Advantage

3rd Party is the primary payer

Choose Requesting Service Type

LTAC

IRF

SNF

HomeHealth

Don't see the service you're looking for?

Start of Care Date

mm/dd/yyyy

This is an urgent request

Diagnosis Codes

enter code# or description

Field is required

Patient

Member ID

OR

First Name

Last Name

Date of Birth

mm/dd/yyyy

Search

Member Name	DOB	Address	Member #	Insurance Category	Eligibility Dates
TEST MEMBER	01/01/1900	555 Main St NY, NY 55555	123456789	Medicare	01-01-2022 to 12-31-2078

Enter Provider Details

- Enter the Requesting Provider, Ordering Physician, and Servicing Provider details. Smart search allows NPI, TIN, or provider name. Each provider has their own contact directory - contacts that our system has captured for the facility. Complete all fields, then Submit Case.

Please fill out the information below. You must add a Requesting Provider or an Ordering Physician (or both).

Requesting Provider

Change

ST LUKES HOSPITAL INC (NON-PAR)

101 HOSPITAL DR, COLUMBUS, NC 28722

8288943311

N/A

NPI

1497944912

TIN

XXXXX4222

Contact Person

Choose a contact person at this facility

Save & Continue

Ordering Physician

Search by NPI, TIN, Name or Address

☐ The Ordering Physician is not known

Ordering Physician is only required for Home Health

Servicing Provider

Search by NPI, TIN, Name or Address

☐ The Servicing Provider is not known

Check this box if Servicing Provider is not yet known for post-acute care providers.

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Case View/Attach Clinical

- Next, you will be prompted to submit clinical documents. Select **Submit Clinical info now**.

ABCDE12345

Request ID

Status: Waiting On Clinical Info

Test Member

Member ID 123456789

Clinical information is required in order to review this Request. [Submit Clinical info now](#)

SNF

Information

Dates of Care

START

Feb 18

LAST

SERVICING PROVIDER

Skilled Nursing Facility

test test - 5555555555

Showing 1 - 1 of 1 entries

Requests & Reviews

FEB 17

Test Test submitted a **Request for Authorization (Initial)**

2/17/2022 (Today) at 11:28 am

Request for SNF (submitted via Web)

Attachments & Notes

No activity yet.

Notifications & Letters

No activity yet.

Additional Member Info

Test Member

Primary Care Physician

Member Insurance Information

Member ID:

123456789

Insurance Category:

Medicare

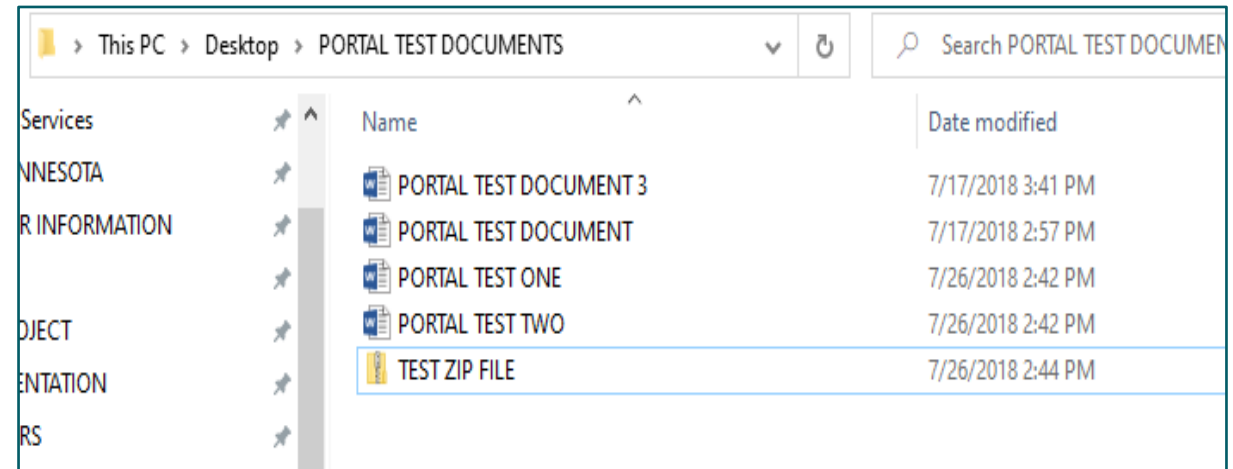
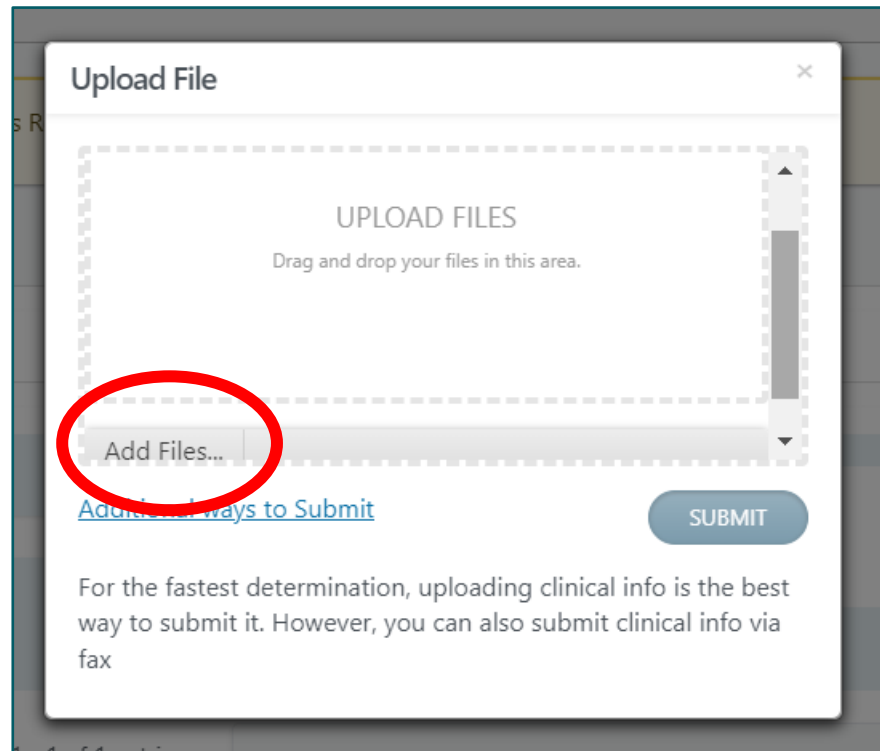
Member Plan Type:

Group ID:

Group Name:

Attach Clinical

- Now you will see a pop up window to upload clinical documents. Select “Add Files”.
- You will navigate to your system to locate the documents and attach to the case.
- All information will now be transmitted to begin the precertification review process.



Concurrent Review Process

- To initiate a concurrent review for the PAC facility, providers should select **Search Request** from the portal dashboard. Providers may search by the customer ID # , request ID, or the customer's name and date of birth
- Once the patient is located on the dashboard, choose 'Request Extension' and follow the previously shown “attach the documents” process

The screenshot displays the EviCore portal interface. On the left is a dark sidebar with the EviCore logo and navigation links: Dashboard, Request an Auth, Request Care Coordination, Search Request (highlighted with a red arrow), User Group, and Logout. The main content area shows a request for 'Test Member' (Member ID 123456789) with status 'Waiting On Clinical Info'. A yellow banner states: 'Clinical information is required in order to review this Request. Submit Clinical info now'. Below this is a 'SNF' section with an 'Information' tab. It includes a 'Dates of Care' section with a 'START' date of Feb 18 and a 'LAST' date field. The 'SERVICING PROVIDER' is listed as 'Skilled Nursing Facility' with contact 'test test - 555555555'. A 'Requests & Reviews' section shows a submission on Feb 17 for a 'Request for Authorization (Initial)' at 11:28 am, with a note 'Request for SNF (submitted via Web)'. On the right, a 'Test Member' profile shows 'Primary Care Physician' and 'Member Insurance Information' (Member ID: 123456789, Insurance Category: Medicare). A 'Request Extension' button is circled in red.

Searching a Submitted Request

Status Request

- Choose **Search Request** on the left menu bar
- Then “Search by ID” or “Search by Patient”

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By EVERNORTH

Dashboard

☒ Request an Auth

☐ Request Care Coordination

☒ Search Request

☐ User Group

Logout

Search

Search by:

Search by Id

Search by Patient

ID/Number

Request ID, Auth # or Member ID

Search

Search

Search by:

Search by Id

Search by Patient

First name

Last name

Date of birth

mm/dd/yyyy

Search

Status Details/Attaching Documents

- Precertification status details will be available here
- ** You can attach documents to send to EviCore; for example – PAC facility notification letter, NOMNC, medication list

XXXX-1111

Status: Approved

You can now attach documents directly to this request. Click the "Attach document" button below to upload your file.

**

Attach document

SNF

Information

Dates of Care

START

Jan 24

Target Length of Stay is 17 Days

LAST

Jan 28

SERVICE PROVIDER

ABC SNF

Showing 1 - 2 of 6 entries

Requests & Reviews

JAN 24

EVICORE NURSE

completed a Clinical Review (Initial)

Approved: Initial Request for SNF

Approved for: SNF Level 2

Number Of days approved: 5 requested days

Showing 1 - 2 of 6 entries

Attachments & Notes

Jan 24

EVICORE NURSE

added General

Status of request will populate

If approved, from and through dates of precertification will be populated

EviCore
By EVERNORTH

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Precertification Outcomes and Special Considerations

Precertification Approval

Approved Requests

- Standard requests are processed within 48 hours **after** receipt of all necessary clinical information
- Authorization letters will be faxed to the requesting provider and can be printed on demand from the EviCore portal at www.evicore.com/ep360
- Customers will receive an authorization letter by mail



Precertification Approval

Approved Requests

Two Potential Scenarios & Outcomes:

- 1. PAC facility known: Precertification number issued to requesting and servicing provider
- 2. PAC facility NOT known: Precertification number issued to requesting provider only
- 3. Initial precertification's are **valid for 7 calendar days** to help acute providers (hospitals) with discharge planning and to enable them to request authorization well before the expected acute discharge date



Number of precertified days are provided by PAC facility type as follows:

Precertification	Skilled nursing facility	Inpatient rehab facility	Long-term acute care
Initial	Five (5) calendar days	Five (5) calendar days	Five (5) calendar days

Determination Outcomes: Unable to Approve/Alternate Recommendation

Unable to approve (pending additional review)

- When a request does not meet criteria during nurse review, it goes to second level MD review.
- If the MD is unable to approve the request based on the information provided, notification is made to the requesting provider.
- The provider is given the option to either send additional information to support medical necessity or schedule a clinical consultation (peer-to-peer).
- ***Important:** If this option is not utilized by the requesting provider within one business day, an adverse determination is made and the request is denied.

Alternate Recommendation

- The EviCore MD may also offer an alternate recommendation. The requesting provider can either accept or reject the alternate recommendation, or schedule a clinical consultation.
- The ordering provider has up to 48 hours to accept the alternate recommendation.
- If accepted, the initial requested service will be denied and the alternate recommendation will be approved.



Precertification Outcomes - Adverse Determination



- When a request does not meet medical necessity based on evidence-based guidelines, an adverse determination is made and the request is denied
- In those cases, a denial letter with the rationale for the decision and appeal rights will be issued by EviCore to the ordering physician, requesting provider and customer
- Adverse determinations letters can be printed on demand from the EviCore portal at www.evicore.com/ep360

Clinical Consultation Requests (Peer-to-Peer)

Unable to approve (pending additional review)

- If we are unable to approve a request with the provided information, we offer clinical consultations with the referring physician and an EviCore Medical Director
- Clinical consultations, after an Unable to Approve decision has been made, may result in either a reversal of decision to deny or an uphold of the original decision
- A clinical consultation may be requested by calling EviCore at **800.298.4806**. **Medical Directors are available for Clinical Consultations 365 days a year.**



Adverse determination

- For adverse determinations, or final denials, providers can request a clinical consultation with an EviCore physician to better understand the reason for denial.
- Once a final denial decision has been made, however, the decision cannot be overturned via a clinical consultation.

Special Circumstances

Requests submitted after care has started

If the customer is still receiving care in the PAC facility and a request is made within 1 business day from the start of care:

- The request will be reviewed for medical necessity
- The start date will be the date of the PAC admission

If the customer has already discharged from the PAC facility when the precertification request is made OR The customer is still receiving care in the PAC facility and the request is made more than 1 business day from the start of care:

- The request will not be started with EviCore. You will need to file a claim and do a claims appeal through Cigna.
- The only exception is when there is an eligibility issue with the customer.





Concurrent Review Authorization Form

For Concurrent Review Requests: Fax to 800.575.4429 or call 800.298.4806 to speak with an eviCore representative.

Please provide supporting clinical documentation when applicable.

Complete every field unless otherwise noted. Information must be legible. Place N/A if not applicable. Preauthorization and authorization for continued stays are not a guarantee of payment.

Disclaimer statements and attestation

- Verify eligibility and benefits prior to request. SNF/LTAC or IRF benefits verified? ☐ Yes ☐ No
If "yes", number of days available _____
- Is the admission a result of a motor-vehicle accident or workplace injury? ☐ Yes ☐ No
- Are all therapy notes within 24-48 hours of admission date? ☐ Yes ☐ No
- SNF member is receiving at least one hour of therapy five days a week? (choose only one answer) ☐ Yes ☐ No
- Has this member started receiving services for this request? ☐ Yes ☐ No
- Has this member already been discharged from this service? ☐ Yes ☐ No

Sign and date here: _____

Documents to Attach: History & Physical Medication list Discharge Summary (if available) Clinical Progress Notes (for recertification requests)
Therapy notes including level of participation (evaluation and last progress notes within the last 24-48 hours)

Assessment Type

Facility Type Requesting: ☐ SNF ☐ SNF Level ☐ IRF ☐ LTAC Estimated Length of Stay (# of days) _____

Member/Facility Information

Member Name	Date of Birth	Member Address
Policy Number	Member Phone Number	PAC Facility Admission Date
Servicing Facility Name	Servicing Facility Address	
Servicing Facility Phone	Servicing Facility Contact Name	Servicing Facility NPI

Member Information

Primary Caregiver	Contact Number	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Self <input type="checkbox"/> Paid caregiver
-------------------	----------------	---

- Has this member started receiving services for this request? ☐ Yes ☐ No
- Has this member already been discharged from this service? ☐ Yes ☐ No

Please be sure to complete these questions on the authorization request form to determine if EviCore can review for retro. You can also provide these details on a cover sheet. The request forms can be found on our EviCore provider resource website under 'Solution Resources': [Cigna Medicare Advantage Provider Resource](#) | [EviCore by Evernorth](#)

Special Circumstances

Urgent precertification requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the customer.
- Urgent requests can be initiated by phone (recommended) or fax, and will be reviewed within 72 hours.



Post-Decision Options: Appeals Process

Appeals Process

- Cigna will process first-level appeals. Delegation of second level appeals will vary by plan and/or state regulations
- The timeframe to submit an appeal request will be outlined on the determination letter *
- Appeal requests can be submitted to Cigna in writing via US Mail or by fax. The Cigna appeal address and fax number will be provided on the determination letter
- Providers with appeal questions may call the number indicated on the customer's ID card
- The appeal determination will be communicated by Cigna to the ordering provider and customer
- Appeal turnaround times:
 - Expedited - 72 hours
 - Standard provider - 30 days

** May vary by plan and/or state regulations*

Provider Resources

Dedicated Call Center

Precertification Call Center – 800.298.4806

To reach a customer service representative, please call our call center at **800.298.4806** and choose options **2,1,1** for post-acute care.

Hours of operation:

- Monday – Friday 8 a.m. to 8 p.m. CST
- Saturday 8 a.m. to 4 p.m. CST
- Sunday 8 a.m. to 1 p.m. CST
- Holidays 8 a.m. to 1 p.m. CST
- 24 hour on call coverage

Note: If the start of care date on the post-acute care authorization changes, we recommend communicating this to EviCore to ensure the dates of service match the claim.



To ensure you have a successful experience in reaching the desired representative, please listen carefully to the phone prompts when calling the EviCore authorization call center.

EviCore

By EVERNORTH

Client & Provider Operations Team

Client and Provider Services

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

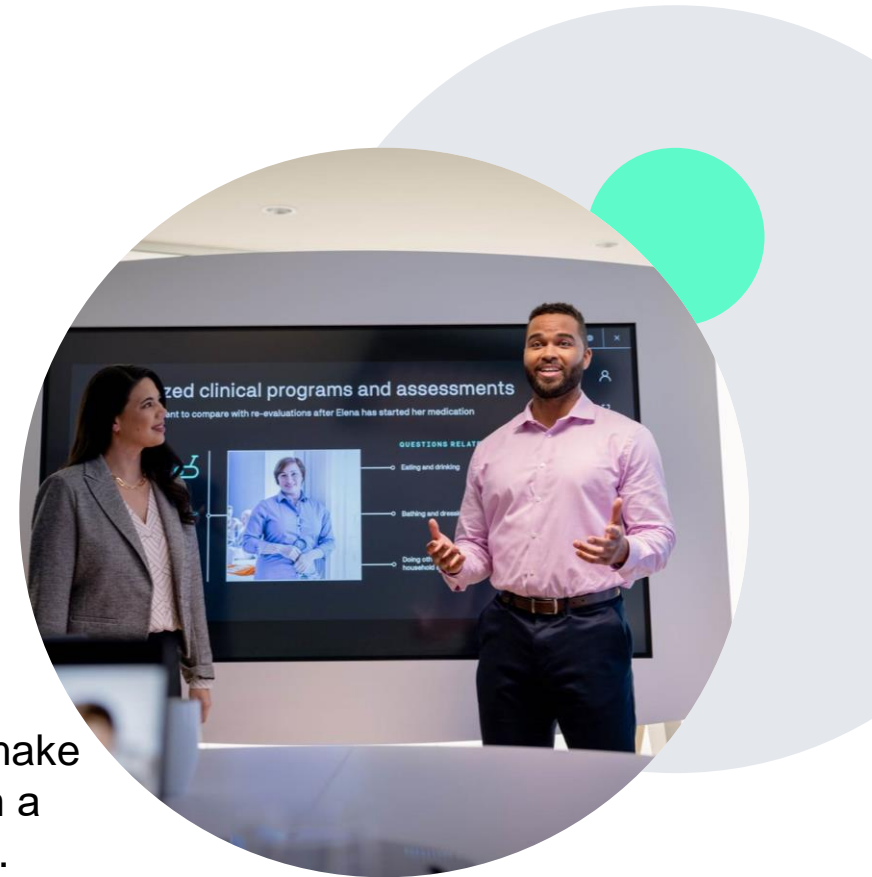
- Questions regarding accuracy assessment
- Requests for a precertification to be resent to the health plan
- Consumer engagement Inquiries
- Eligibility issues (customer, rendering facility, or ordering physician)
- Issues experienced during case creation

How to contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 800.575.4517 (option 3)

For prompt service, please have all pertinent information available. When emailing, make sure to include “Cigna Medicare Advantage (PAC) health plan” in the subject line with a description of the issue; include customer, provider and case details when applicable.



Provider Resource Website

Client Specific Provider Resource Site

EviCore's Provider Experience team maintains provider resource pages that contain 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:

- Provider Training Documents
- Frequently Asked Questions (FAQ) Documents
- Quick Reference Guides (QRG)
- Provider Training Sessions' Details
- Precertification and recertification forms

To access these helpful resources, please visit

[Cigna Medicare Advantage Provider Resource | EviCore by Evernorth](#)



EviCore Provider Portal Support

**For EviCore portal account questions -
contact a Portal Support Specialist**



Call: 800.646.0418 (option 2)



Email: portal.support@EviCore.com

Portal Support Services: Available Monday through Friday, 8:00 a.m. – 7:00 p.m. EST

Thank You