



Banner
University Health Plans



FAQs related to eviCore

1. Q: How will we know if an item needs to be sent to Banner or to eviCore for review?

A: the 2022 PA grid will specify based on CPT code whether the request goes to Banner or to eviCore.

2. Q: How can I submit my requests for prior authorization?

A: Providers will need to submit requests electronically to the eviCore website.

www.evicore.com or may call in a request to the eviCore client services phone line at: (800) 575-4517

3. Q: How do I get approval/denial updates for submitted requests?

A: A letter/fax will be sent to providers informing them of the decision within the required AHCCCS or Medicare timeframes. Providers can also sign in to the eviCore website and using their provider log-in check on the status of a request.

4. Q: Who do I contact for questions about claims issues for requests that were approved?

A: You can call to initiate your questions to Banner by contacting the Provider Experience Centers at:

ProviderExperienceCenter@BannerHealth.com or by calling (480) 684-7070 (choose option 6). Provider Experience Center hours are from 7 a.m. to 6 p.m. Direct questions about the Provider Experience Center to Sarah Fernandez, Accreditation consultant, who is leading the effort to initiate the PEC, at Sarah.Fernandez@BannerHealth.com.

You can also request your provider representative to assist with the research for you.

5. Q: Will training be available to providers offices before the transition to eviCore occurs?

A: Yes. Banner will schedule virtual training classes prior to the go-live for the new services with eviCore. Also, for practices that want specific training classes, if you let Banner know, individual classes can be arranged. Call and submit your request for individual classes by calling and notifying the Provider Experience Center.

6. Q: Will members be notified of a decision on a request?

A: AHCCCS members will be sent a letter of all denial decisions. Letters will be sent to the members home within the required time frames based on the type of request. (24 hours – standard pharmacy requests, 72 hours expedited requests, 14 days for standard requests). Providers will be notified of approvals.

Medicare members will receive a letter for all requests. Approvals, denials, and partially approved requests will cause member notifications to be mailed to the member's home within the required time frames. (24 hours expedited pharmacy requests, 72 hours standard pharmacy requests, within 72 hours for expedited medical requests and within 14 days for standard medical requests.

7. Q: Will peer to peer requests be available for eviCore denials?

A: Peer to peer discussions can be requested for up to 14 days after a denial decision is made. Contact eviCore to initiate a peer-to-peer discussion. Make sure that you are prepared to submit any additional documentation at the time of the peer-to-peer discussion.

8. Q: Will the process for requesting an appeal or reconsideration change?

A: Banner will continue to manage all appeal or reconsideration requests. This process will remain the same.

9. Q: Why has Banner decided to use eviCore for some of the prior authorization requests:

A:

1. eviCore provides improved automation and very timely decision reviews. For items that have the required medical records needed for review, decisions may be able to be completed within minutes from the time of the request.

2. eviCore has access to Medical Director resources who are experts in the following areas:

- Medical Oncology
- Radiation Oncology
- Spine Surgery
- Joint Surgery
- Pain Management Injections
- Cardiology
- Advanced Imaging procedures.

Medical Directors at eviCore reviewing complex cases in these areas will have ready access to expert physicians in all these areas to assist in their decision making.

3. Banner would like to standardize the Prior Authorization process across all lines of business.