



# 2022 Provider Onboarding Guide

Welcome to  
**Prevea360 Health Plan**

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How to Use This Guide

This book is a provider’s guide to Prevea360 Health Plan resources. While it was designed to follow the onboarding process of the new in-network provider, keep this book handy for future reference. Each section of this document highlights a specific area of business or functionality. Refer to the Prevea360 Health Plan Resource Quick Reference to learn more about cited resources and how to easily access them.



Have questions?  
We are here to help.

Visit [prevea360.com/providers](https://prevea360.com/providers) to discover provider resources at your fingertips and take advantage of 24/7 self-service options.



**By Phone**  
Contact our Customer Care Center for questions about benefits and more.

**Prevea360 Health Plan Commercial and ACA Individual plans**  
**877-230-7555**

**Prevea360 Health Plan Medicare Advantage plans**  
**877-232-7566**  
Monday – Friday 8 a.m. to 8 p.m.  
Weekends October 1 – March 31  
8 a.m. - 8 p.m.

**Administrative Services Only (ASO)\***  
**877-234-4516**

Monday – Thursday 7:30 a.m. to 5 p.m.  
Friday, 8 a.m. to 4:30 p.m.

\* Phone numbers for specific enrollment groups can vary. For efficiency, please refer to the phone number listed on the member ID card.

Getting Started:  
New Provider Checklist

**Get Familiar With**  
[prevea360.com](https://prevea360.com)

**Create Your Portal Account at**  
[prevea360.com/account-login-page#providers](https://prevea360.com/account-login-page#providers)

**Tip: An Organization account must be registered first.** People within the organization may then create Individual accounts under the Organization account. Before registering, see page 9 for a Portal Registration Quick Reference.

✔ Sign up for the **Confirmation Reports Portal** (separate from the Provider Portal) to get electronic reports of your accepted and rejected claims. Contact your **Provider Network Consultant** to sign up.

**Tip: Eliminate paper reports!** Once signed up, Confirmation Reports will be the only acknowledgement of claim acceptance.

✔ Sign up to exchange HIPAA transactions with [prevea360.com/providers/hipaa-transactions](https://prevea360.com/providers/hipaa-transactions)  
– Payer ID 39113.

✔ Sign up to receive electronic funds transfers (EFT) with Change Healthcare ePayment Services by calling **866-506-2830** or via [changehealthcare.com/support/customer-resources/enrollment-services](https://changehealthcare.com/support/customer-resources/enrollment-services)

A Better Kind of Insurance  
experience for Providers  
and Members.

Prevea360 Health Plan offers health plan coverage in Northeastern and West Central Wisconsin. Prevea360 Health Plan partners with Dean Health Plan, a member of SSM Health, with more than 35 years of insurance industry expertise. Dean Health Plan headquartered in Madison, WI, serves as the underwriter for all Prevea360 Health Plan policies, network provider contracting and as the claims processing administrator for Commercial and Administrative Services Only (ASO) products in the Prevea360 network service areas.

A Note About Dean ASO

Through a strategic arrangement with Prevea Health and Hospital Sisters Health System (HSBS), Dean Health Plan administers self-funded Administrative Only Services (ASO) plans for enrolled employer groups using the Prevea360 provider network.

ASO product requirements, provider network, payer ID, provider portals, Customer Care Center numbers and processes such as where to submit claims vary from other Prevea360 Health Plan commercial and Medicare products.

Refer to our Dean ASO resources, listed in the Quick Reference on page 13, for specific Dean ASO information.



# Timely Filing Limits

Providers are responsible for submitting (and resubmitting, if necessary) claims within the timely filing limit outlined in their contractual agreement with the Health Plan.

If the health plan does *not* receive claims within this time frame, **rights to payment are forfeited and payment for the covered services cannot be collected from the member.** Refer to your organization's agreement with the health plan for your timely filing guidelines.



### Verify Member Eligibility

- Get real-time details about a member's eligibility plus current cost share, deductible, and coinsurance amounts
- 270/271 Eligibility and Benefit Inquiry and Response Transaction; or
- **Prevea360 Health Plan Provider Portal** secure Eligibility application; or
- Call the Customer Care Center



### Submit Authorization Requests and View Authorization Status

- **Prevea360 Health Plan Provider Portal** Authorization Submission and Authorization View applications; or
- **Navitus/Navi-Gate Portal** for authorization of pharmacy benefit drugs; or
- **NIA Magellan's RadMD Portal** for authorization of physical and occupational therapy, high-end radiology and musculoskeletal services



### Check Acknowledgment of Submitted Claims

- 277 Claims Acknowledgement (277CA) transaction; or
- Confirmation Reports Portal



### Check Claim Status

- 276/277 Health Care Claim Status Request and Response transaction; or
- **Prevea360 Health Plan Provider Portal** Claim Status application; or
- Call the Customer Care Center



### Submit Claims

- **Electronic claims are preferred:**
  - 837 Health Care Claim transactions; or
  - Our free EDI claim submission alternative. Sign up at [sdata.us](https://sdata.us); or
- **If unable to submit electronically,** paper claims are accepted from providers without online access:



### View Weekly Claim Payments

- **Prevea360 Health Plan Provider Portal** Claim Payments application; or
- 835 Health Care Claim Payment/Advice; or
- Weekly Explanation of Payments (EOP)

**Please note,** some vendors may charge providers for this information; our Portal function is available to in-network providers at **no cost**.



### Correct A Claim\*

**Submitted a claim with an error (e.g., changes or corrections needed to codes, dates of service, etc.)?** Within your filing limit window, correct and submit for reconsideration of payment:

- 1 Create a new claim with the corrected claim detail(s) that need to be corrected.
- 2 Include all lines billed on the original claim on the corrected claim.
- 3 Include the Claim Frequency Code ('7' for replacement claims) and the Payer Claim Control Number (original claim ID).



### Submit A Claim Appeal\*\*

**Do you believe your claim is correct and was denied in error?** Within the contracted time frame, request a health plan review of your finalized claim through the Prevea360 Health Plan Provider Portal Claim Appeals application:

- 1 Start a New Claim Appeal action to prompt the Select Claim Appeal Type.
- 2 Validate the claim by entering the **Claim Number** and **Member Number**, and complete prompted fields.
- 3 In the Comments Field, include a brief but detailed explanation why the claim is being appealed.
- 4 Attach applicable documents to support your appeal.
- 5 Submit.

\* Full instructions are in your Provider Manual.

\*\* Full instructions are in the Prevea360 Health Plan Provider Portal User Guide in the secure Portal.

# Check if You Need Authorization *Before* Providing Services

Know Prevea360 Health Plan's authorization requirements to avoid claim denials and payment delays.



## Separate Resources for Medicare Advantage

Prevea360 Health Plan's Prior authorization services list, medical drug injectables, and Medical policies for Medicare Advantage are separate resources from those for other Prevea360 Health Plan products. Refer to the **Prevea360 Health Plan Advantage Medical Management** web page for Medicare Advantage information.

### ■ What is a prior authorization?

Prior authorization is written approval from Prevea360 Health Plan prior to a member receiving services. Certain services require an approved authorization based on medical policy or when the servicing provider is out-of-network.

### ■ What is concurrent authorization?

Concurrent authorization is required for all urgent/emergent inpatient admissions to a hospital facility. Notification of the admission must be made to Prevea360 Health Plan on the next business day following the admission or within the time frame outlined in the provider agreement/contract.

### ■ How do I know if a servicing provider is in-network?

In-network providers are listed in the online **Prevea360 Health Plan Provider Directory** accessible from the **Find A Doctor** link at the top right of Prevea360 Health Plan's website at [prevea360.com](http://prevea360.com). Any provider not listed is out-of-network. An authorization request from an in-network provider needs to be submitted for approval of an out-of-network servicing provider.

### ■ What services require prior authorization?

Refer to the **Prevea360 Health Plan Master Service List (MSL)** and the **Medical Injectables List** for services that require approved authorization. If the service is not listed, also refer to the non-covered services list to verify the service is not on that list.

### ■ What is automated authorization?

Only available through the **Prevea360 Health Plan Provider Portal**, automated authorization provides an instant approval response when all medical policy criteria are met on authorization requests for certain services. Refer to our **Automated Authorization** web page for a current list of services eligible for automated authorization approval.

### ■ How will I submit authorization requests to Prevea360 Health Plan?

Submit authorizations through the **Prevea360 Health Plan Provider Portal** for most services.

### ■ Are there exceptions to the kinds of authorization requests that can be submitted to Prevea360 Health Plan?

Yes. We contract with other entities for authorization of services, such as **Navitus/Navi-Gate** for authorization of pharmacy benefit drug authorizations and **NIA Magellan** for authorization of physical and occupational therapy, certain high-end radiology services and musculoskeletal services.

### ■ How can I tell if an authorization request should be submitted to Prevea360 Health Plan or to one of its contracted entities?

Refer to the **Prevea360 Health Plan MSL** and the **Medical Injectables List** to verify where an authorization request should be submitted.



# Provider Portal 24/7 Access

Available to in-network providers free of charge, our secure Prevea360 Health Plan Provider Portal is a direct line between your organization and the health plan to exchange electronic transactions and share current health care information.

Establish your Portal account and connect with us at your convenience, no matter what time of day (or night!).

## Question about your Portal Account?

Check first with your organization's Site Administrator.

# Create Your Portal Account

Using Google Chrome, access the Provider Portal Log In page via one of two ways:

- From the **Providers** page on [prevea360.com/providers](https://prevea360.com/providers)
- Or at [prevea360.com/account-login-page#providers](https://prevea360.com/account-login-page#providers)

On the **Provider Portal Log In** page, **Sign Up** at the bottom of the page. On the Initial Registration screen, choose the applicable account type:

- Select "Organization" if an Organization account is not yet registered. (The first user to register will

need to register both the Organization account and their Individual account. They will also become a Site Administrator.)

- Select Individual if registering as a new user under an existing Organization account.
- Refer to the Prevea360 Health Plan Provider Portal Registration User Guide for a more detailed step-by-step registration process.

## Portal Self-Service Applications

### Eligibility

Access real-time EDI 270/271 transactions with member eligibility, benefit plan coverage, co-payments and deductibles. 271 also lists the member's primary health insurance, if applicable.

### Authorization

Submit electronic prior authorization requests for most services. (Refer to our partner portals, Navitus/NaviGate for pharmacy benefit drug authorizations or NIA Magellan RadMD portal for physical and occupational therapy, certain high-end radiology services and musculoskeletal services.)

### Authorization View

See your authorizations that have been started and saved, and authorizations that have been completed and submitted.

### Claim Status

Access real time EDI 276/277 transactions to see if your submitted claim is pending, processed, or in a finalized status.

### Claim Payments

View online electronic remittance advice (ERAs) documenting payments of claims.

### Claim Appeals

Submit online claim appeals for claims that have finished processing and are in a finalized status (paid/denied).

### Provider Admin Application

Allows Provider Portal Site Administrators to make updates to Individual or Organization account information.

### Provider Resources Page

Repository of convenient links to provider resources such as medical policies, user guides, provider manuals and partner portals.

### Organization Registration

- Enter the primary billing NPI and Tax ID that is used by the Organization on the Initial Registration screen and click **Continue**.
- Complete the Questionnaire. Entered information will be used to populate the information on the next screen.
- Update and enter information on the Organization Enrollment screen.
- Click **Continue** to complete Organization registration, and begin Individual registration

**Note:** Organization registration details will not be saved until Individual registration is also complete. If the web browser is closed or you encounter an error prior to completing Individual registration, you will need to re-register beginning with the Organization registration.

### Individual Registration

- Select Individual on the Initial Registration screen, enter the primary NPI and TIN, and click **Continue**.
- Complete the Individual Enrollment screen and click **Send Code**. An email will be sent to the email address provided with a confirmation code.
- Enter confirmation code and click **Verify**.
- Choose Opt in or Opt out for communications and Click **Continue**. (The first individual to register under an Organization will automatically become the Organization's Site Administrator.)
- Set up password and complete authentication.
- Read Terms And Conditions and click **Accept**.
- Click **OK**.

## Common Questions

### I forgot my password. How do I retrieve it?

Click **Need help signing in?** at the bottom of the Portal Login panel, and then select **Forgot Password?**.

### What is my Provider Portal login ID?

Your login ID is the email address that you use to create your Individual Provider Portal account. It must be your professional, work email address.

### Why am I getting an error message when trying to log in to the Portal?

One reason may be due to the web browser. Try using **Google Chrome** when accessing the Provider Portal.

### Whom do I contact if I have issues with or questions about the Portal?

Please first contact a **Site Administrator** for your account. If your Site Administrator cannot assist, contact your Provider Network Consultant.

## Registration Completion Confirmation

Once registration is completed, a confirmation message will display.

- If new registration was completed for both the Organization and Individual, the registration will be reviewed by a Prevea360 Health Plan Administrator within two business days.

- If a new Individual registered under an existing Organization account, the organization's Site Administrator will review the registration.

# Provider Network Consultants

Provider Network Consultants (PNCs) are a team of specialized individuals dedicated to supporting our in-network providers.

While online self-service resources and the Customer Care Center are your first sources of information, PNCs assist with more in-depth inquiries to provide information beyond these resources when necessary.

## Who is your PNC?

Go to [prevea360.com/providers](https://prevea360.com/providers) and scroll to the bottom of the web page to find the PNC for your specialty. If your specialty does not have a designated PNC, contact the PNC for your county.



### ■ When is a PNC your first point of contact?

Contact the Prevea360 Health Plan PNC team to report changes or updates to your demographic information, practitioners, office or practice locations, and services/specialties for your organization. Offer as much advance notice of changes as possible. PNCs work with you to keep your provider file up-to-date with your reported changes to avoid negative impacts to your claims processing and payments that may result when your current information is not on-file.

- 1 Refer to self-service resources **first** for 24/7, on-demand information.
- 2 Call our Customer Care Center. Most questions can be answered with one simple call.
- 3 Contact a PNC when a question is not easily addressed by other resources.

### ■ How to Request New Practitioners, Locations or Services\*

- 1 Submit a written request in advance to your Prevea360 Health Plan PNC (emails are acceptable as written requests).
    - If adding a new practitioner who is replacing a practitioner in the organization, include the name, specialty, degree and termination date of the practitioner who left.
  - 2 Respond promptly to any requests from the PNC for additional information.
  - 3 Prevea360 Health Plan reviews and decides on the request:
    - If denied, the PNC will notify you of the denial. Denials remain on file for 12 months.
    - If approved, the PNC will notify you of the approval and instruct on whether the new practitioner must undergo credentialing.
- 4 If credentialing is required, the health plan will send the practitioner a credentialing application to complete and submit. (The practitioner cannot provide services to Prevea360 Health Plan members until credentialing is approved.)
  - 5 The PNC will notify when credentialing is successfully passed, and the practitioner can provide services.

\* Full details are in the Provider Manual, including instructions for requests pertaining to specific practitioner types.

Refer to the **How to...** column in the grid below and look across the row for guidance on available health plan resources best suited to help you accomplish common tasks.

How to...	Self-Service	Customer Care Center	PNC
Request orientation and ongoing education for you and your organization			Contact your <b>PNC</b> for training tailored to your organization.
Access health plan medical and authorization policies	Go to our online <b>Medical Management</b> page.	If you cannot find the online resource or have further questions, call our <b>Customer Care Center</b> .	For escalated questions about policies as they affect your organization after calling the Customer Care Center, contact your <b>PNC</b> .
Stay informed of upcoming and recent updated policies and Health Plan news	See our Online quarterly <i>Provider News</i> editions or <b>Provider Communications</b> web page.	If you cannot find the online resource or have further questions, call our <b>Customer Care Center</b> .	For escalated questions about policies as they affect your organization after calling the Customer Care Center, contact your <b>PNC</b> .
Refer to your provider contract	Contact your organization's <b>Provider Agreement</b> signatory.		Contact your <b>PNC</b> if you cannot find your contract or have further questions.
Refer to your timely filing limit	See the terms in your <b>Provider Agreement</b> .		Contact your <b>PNC</b> if you cannot find your contract or have further questions.
Monitor your claims	Use online claim resources listed on <b>page 4</b> of this book.	If you cannot find the online resource or have further questions, call our <b>Customer Care Center</b> .	For complex questions after calling the Customer Care Center contact, contact your <b>PNC</b> .
Request updates to your provider file (see <i>When is a PNC your first point of contact</i> on page 10)			Always promptly contact your <b>PNC</b> to report changes to demographic information, your practitioners, office or practice locations, billing information, and services/specialties.

# Health Plan Communications

In most cases, we communicate to providers through email.

To receive direct and expedited communications from us, select **Opt In for electronic communications** in the Prevea360 Health Plan Provider Portal during Provider Portal registration. This option also can be selected after registration through Account Settings.

# Administrative Services Only (ASO) Product Resources

Dean Health Plan administers self-funded Administrative Only Services (ASO) plans for enrolled employer groups using the Prevea360 provider network.

In some cases, provider resources for ASO products are different than those for other products. Refer to the ASO Quick Reference below to learn more about ASO resources available from the Dean Health Plan website and how to easily access them.

## Stay in the know!

Prevea360 Health Plan issues a variety of communications to in-network providers about changes to health plan procedures, benefits, and other areas of interest involving health plan products and services.

### Prevea360 Health Plan Provider News

Our quarterly online newsletter that informs in-network providers about changes to health plan procedures, benefits, and other areas of interest involving health plan products and services.

### As-needed Communications

To communicate changes outside of the quarterly newsletter schedule due to the planned implementation date and for larger initiatives that require more detail.

### Provider Communications Page

Links to a variety of our past and current provider notifications for easy, on-demand retrieval of information. Examples of the notifications that are available are pharmacy material change notices and the annual end-of-year plan and benefit changes information. All of the published

notifications were originally communicated to in-network providers, as applicable, via postal mailings or emails.

### Portal Flash Messages

Accessible from the Notifications page in the **Prevea360 Health Plan Provider Portal** to temporarily communicate general messaging regarding topics such as system outages, directing providers to resources, resource updates, or more detailed communications for full information. These messages are archived in the provider portal and available for review after acknowledgement.

**Tip:** The Notifications page also stores all notifications that are delivered through the Provider Portal, including Claim Appeal Acknowledgements and Claim Appeal Determination Letters.

## ASO Product Resources

Resource / Direct Link	Description	Path to Access
<a href="#">Dean ASO Provider Manual</a>	Details health plan policies and procedures specific to ASO products.	Click the Go to manuals link located under Manuals at <a href="#">deancare.com/providers</a> and select Dean ASO Provider Manual.
<a href="#">Dean ASO Provider Portal</a>	Specific to ASO plan business to review group reports, check eligibility and claim status, and accumulator balances.	Click the Provider ASO Login link under Dean Health Plan Health Plan Administrative Services at <a href="#">deancare.com/account-login-page#providers</a>
<a href="#">Dean ASO Medical Management</a>	Links to authorization forms and medical policies.	Click the See more link located under ASO Medical Management at <a href="#">deancare.com/members/aso-member</a>
<a href="#">Dean ASO Members</a>	Links to provider network directories and benefit plan coverage information.	Click the ASO link located under From My Employer at <a href="#">deancare.com/members</a>



Prevea360 Health Plan Resource Quick Reference

Resource / Direct Link	Description	Path to Access
<a href="#">Automated Authorization</a>	Automated authorization (Auto Auth) is available to in-network providers who submit a prior authorization request through the Provider Portal only. Prior authorization requests that meet the health plan's medical policy criteria or MCG Prevea360 Health Plan guideline will receive an approval notification generated within seconds of submitting the request.	Click the <b>Automated Authorization</b> link located under Information & forms at <a href="https://prevea360.com/providers/medical-management">prevea360.com/providers/medical-management</a>
<a href="#">Confirmation Reports Portal</a>	Separate from the Provider Portal. Confirmation reports shows whether claims, submitted electronically or on paper, were accepted or rejected for processing. Confirmation reports are available within 48 hours of when the health plan receives a claim. Once users sign up, this is the only method they will receive as acknowledgement of claim acceptance.	Click the <b>Go to Portals</b> link located under Provider portals at <a href="https://prevea360.com/providers">prevea360.com/providers</a>
<a href="#">Document Library</a>	Online document repository that allows users to search for manuals, policies, forms and other documents by using dropdowns for keyword, policy number, audience and/or category.	Click <b>Document Library</b> located under the top right <b>Providers</b> menu at <a href="https://prevea360.com/providers">prevea360.com/providers</a>
<a href="#">Electronic Funds Transfers (EFT)</a>	Receive electronic payments from the health plan through Change Healthcare ePayment Services.	Sign up by calling <b>866-506-2830</b> or online at <a href="https://changehealthcare.com/support/customer-resources/enrollment-services">changehealthcare.com/support/customer-resources/enrollment-services</a>
<a href="#">HIPAA Transactions Alternative to EDI Claim Submission</a>	Exchange HIPAA-compliant electronic transactions with the health plan, including an alternative EDI claim submission option.	Click the <b>HIPAA Transactions</b> link located under Additional Resources & Tools at <a href="https://prevea360.com/providers">prevea360.com/providers</a>  For EDI claim submission alternative, click the <b>Smart Data Stream Clearinghouse Portal</b> link at <a href="https://prevea360.com/Providers/HIPAA-transactions">prevea360.com/Providers/HIPAA-transactions</a>
<a href="#">Medical Policies Drug Policies</a>	Reviewed at least annually and based on technology assessment resources and feedback from in-network providers.  Material changes to our policies are communicated in the Prevea360 Health Plan Provider News or through special mailings or email distributions to those who have opted in to receive electronic communications from the health plan.	Click the <b>Medical Policy Search or Drug Policy Search</b> link under Additional Resources & Tools at <a href="https://prevea360.com/providers">prevea360.com/providers</a>  For Medicare Advantage, click the <b>Medicare Advantage Medical Management</b> link under Policies at <a href="https://prevea360.com/Medicare/Part-D-Pharmacy-Benefits/Medical-Management">prevea360.com/Medicare/Part-D-Pharmacy-Benefits/Medical-Management</a>
<a href="#">Medical Injectables List</a>	A reference of drugs covered under the medical benefit.	Click the <b>Medical Injectables</b> link at <a href="https://prevea360.com/providers/medical-management">prevea360.com/providers/medical-management</a>  For Medicare Advantage, the Medical Injectables that require prior authorization are listed within the Prevea360 Health Plan Medicare Advantage Plans Prior Authorization List, listed in the row directly below.
<a href="#">Medical Prior Authorization Service List</a> <a href="#">Prevea360 Health Plan Medicare Advantage Plans Prior Authorization List</a>	Also referred to as the Master Service List, it is divided by products and lists medical service codes that require prior authorization. It also links to medical policies that require prior authorization and/or have coverage limitations.	Click the <b>Medical Prior Authorization Services List</b> link located under Coverage and authorization on the Prevea360 Health Plan Medical Management web page at <a href="https://prevea360.com/providers/medical-management">prevea360.com/providers/medical-management</a>  For Medicare Advantage, click the <b>Medicare Advantage Prior Medical Services Authorization Service List</b> link at <a href="https://prevea360.com/Medicare/Part-D-Pharmacy-Benefits/Medical-Management">prevea360.com/Medicare/Part-D-Pharmacy-Benefits/Medical-Management</a>
<a href="#">Member Summary of Benefits and Coverage</a>	Documentation related to member health plan benefits, including certificate of coverage, member policy or certificate and member handbook including exclusions.	Using <b>Google Chrome</b> , go to <a href="https://memberbenefits.prevea360.com">memberbenefits.prevea360.com</a>

Resource / Direct Link	Description	Path to Access
<a href="#">Navitus/Navi-Gate Portal</a>	Prevea360 Health Plan contracts with Navitus/Navi-Gate for the authorization of pharmacy benefit drug authorizations.	Click the Go to portals link located under Provider portals at <a href="https://prevea360.com/providers">prevea360.com/providers</a>
<a href="#">NIA Magellan RadMD Portal</a>	Prevea360 Health Plan contracts with NIA Healthcare for the authorization of physical and occupational therapy, radiology and musculoskeletal services. Providers must submit authorization requests for these services directly to NIA Magellan through their RadMD Portal.	Click the Go to portals link located under Provider portals at <a href="https://prevea360.com/providers">prevea360.com/providers</a>
<a href="#">Non-Covered Services</a>	List of medical procedures and services that are not covered by the health plan.	Click the <b>Non-covered Services</b> link <a href="https://prevea360.com/providers/medical-management">prevea360.com/providers/medical-management</a>
<a href="#">Opt In/Opt Out for Electronic Communications</a>	Available during the Provider Portal registration process. Select Opt In to receive direct email communications from the health plan. After registration and account setup, available through Provider Selection option under the Settings dropdown located at the top of the Provider Portal home page, select <b>Account Settings</b> . Click <b>Save Changes</b> once completed.	Click the <b>Go to Portals</b> link located under Provider portals at <a href="https://prevea360.com/providers">prevea360.com/providers</a>
<a href="#">Pharmacy Information</a>	Includes medical benefit drug policies, formulary coverage, and a listing of prior authorized drugs.	Click the <b>Go to pharmacy</b> link located under Pharmacy services at <a href="https://prevea360.com/Providers">prevea360.com/Providers</a>
<a href="#">Provider Communications</a>	Links to a variety of past and current provider notifications for on-demand retrieval of information. Includes communications to in-network providers about changes to health plan procedures, policies and benefits, and larger initiatives.	Click the <b>Communications Library</b> link located under Providers at <a href="https://prevea360.com">prevea360.com</a>
<a href="#">Provider Directory</a>	Titled as <b>Find A Doctor</b> on <a href="https://prevea360.com">prevea360.com</a> Interactive, up-to-date listing of in-network providers and locations contracted with the health plan that is publicly accessible to members and providers.	Click the <b>Find A Doctor</b> link located at <a href="https://prevea360.com">prevea360.com</a>
<a href="#">Provider Manuals</a>	Provider resource for health plan policies and procedures intended to serve as supplemental information to a provider's contract.	Click the <b>Go to Manuals</b> link located under Manuals at <a href="https://prevea360.com/providers">prevea360.com/providers</a>
<a href="#">Provider News</a>	Quarterly newsletter with health care interest stories, provider and health plan highlights, and updated medical and drug policies.  (See the Provider Communications page for monthly medical and policy updates released in advance of the newsletter. These are also communicated in the subsequent newsletter.)	Click the <b>See our latest provider newsletters</b> link located under Newsletter at <a href="https://prevea360.com/providers">prevea360.com/providers</a>
<a href="#">Provider Portal</a>	Secure Provider Portal accessible 24/7 as a direct line between your organization and the health plan's self-service applications to exchange electronic transactions and share current health care information and health plan resources.	Using Google Chrome, click the <b>Go to Portals</b> link located under Provider portals at <a href="https://prevea360.com/providers">prevea360.com/providers</a>
<a href="#">Provider Portal Registration Guide</a>	Details the registration process to create individual and organization Provider Portal accounts.	Click the <b>Go to Portals</b> link located under Provider portals at <a href="https://prevea360.com/providers">prevea360.com/providers</a>
<a href="#">Provider Portal User Guide</a>	Details how to use the self-service applications available in the Portal once a Provider Portal account is created.	Available to registered users in the secure Provider Portal once a Portal account is established.



Follow us on LinkedIn and Facebook



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## Prevea360 Health Plan

PO Box 56099  
Madison, WI 53705  
Toll-free **877.230.7555 (TTY:711)**  
**[prevea360.com](http://prevea360.com)**

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