Provider Resource Manual

Version 1.0 July 2026

Introduction

Purpose of this manual

This online provider manual is designed as a quick-reference resource to help participating providers, billing teams, clinical staff, office managers and facilities quickly locate the information needed to work with SummaCare.

The manual is organized by the tasks providers perform most often. Each section includes a brief overview, practical reminders and links to current SummaCare webpages, forms, policies, portal guidance and support contacts.

Providers should use the online source links throughout the manual to access the most current resources. Requirements, forms, policies, prior authorization lists, vendor guidance and portal instructions may change, so saved copies or older communications should not be used as the primary reference when current online resources are available.

How to Use This Manual

1. Start with the task	2. Use current links	3. Verify before action
Choose the section that matches the workflow, such as eligibility, authorization, claims or support.	Open the related SummaCare webpage, form, guide or portal for current information.	Confirm eligibility, benefits, network, authorization requirements and claim information before taking action.

Common Provider Tasks Covered

- Verify member eligibility and benefits
- Review member ID cards and provider networks
- Submit prior authorization requests
- Use GuidingCare and eviCore resources
- Submit claims electronically
- Review claims in Plan Central
- Upload claim documentation
- Understand disputes, appeals and grievances
- Locate provider policies, forms and news
- Find the appropriate support contact

Important reminder

This manual guides providers to the appropriate SummaCare resources. Providers should always verify eligibility, benefits, network participation, authorization requirements and claim information through the appropriate SummaCare system or online resource before taking action.

Provider Manual Contents

Quick guide: Use this page to scan the major provider manual sections. Each item includes a short focus area for easy navigation.

Provider Manual Contents

Connect With Your Provider Engagement Specialist

All contracted providers have an assigned SummaCare Provider Engagement Specialist that can provide support, education and guidance when using this manual. Use the button below to locate the specialist assigned to your office or facility and start building your relationship today.

Use the button below to locate your assigned Provider Engagement Specialist.

Find Your Provider Engagement Specialist >

1. SummaCare Plan Types and Product Lines

Product Line Quick Reference

Plan type / product line	What providers may see	Provider office reminder
Medicare Advantage	Medicare Advantage products, including HMO and HMO-POS plan types.	Use Medicare Advantage resources and Plan Central to confirm coverage details and authorization requirements.
Commercial - fully insured employer group	Employer group coverage where SummaCare issues and administers the plan.	Review the plan name and benefits in Plan Central before services are rendered.
Commercial - self-funded employer group	Self-funded employer groups; the employer name may appear on the member ID card.	Check Plan Central for benefits and any group-specific requirements.
Individual and Family / Marketplace	Individual and Family plans offered in metal tiers such as Gold, Silver and Bronze.	Review the plan benefits and authorization requirements in Plan Central.
Chamber Health Benefits Plan	A small-business health benefits option offered through the Greater Akron Chamber and SummaCare.	Confirm group/product details and benefit requirements in Plan Central.

Provider Office Use Guidance

- Use the current member ID card to identify the plan type, plan name and network name.
- Use Plan Central to verify eligibility, benefits, claim status, authorization status and group-specific information.
- Benefits, networks and authorization requirements may vary by product line.
- When in doubt, contact Provider Support Services or the assigned Provider Engagement Specialist for help identifying the correct resource.

Related online resources: Provider Orientation | Provider Orientation Booklet/Flipbook | Medicare Advantage | Individual and Family | Employer Group Products

2. Member ID Cards and Provider Networks

We would like to remind network providers of the importance of verifying member eligibility, benefits and network participation before services are rendered.

A contracted SummaCare provider may not participate in every network. Provider offices should check the provider contract or use the online Provider Search to confirm each physician's participation. Scheduling staff should understand the applicable network and in-network lab facilities before members are scheduled.

Because a patient's network and/or benefits may change from year to year, provider offices should complete the following steps to avoid payment delay and help ensure coverage:

- Request the most current member ID card at each visit or encounter.
- Confirm your participation in each member's network.
- Verify eligibility and benefits through Plan Central before services are rendered.
- Use the network name on the ID card together with Plan Central and the provider directory when network participation is unclear.

Sample ID Card Layouts

Example #1: Medicare HMO/POS

Example #2: Self-Insured (employer name listed)

Examples from the network participation memo: Medicare HMO/POS and self-insured ID card layouts.

ID Cards Include

- Plan type, such as Group PPO, Individual Solutions PPO or Self-Funded PPO.
- Name of the plan, such as Plan 5620A, Plan 3700A or Qualified Plan Q1501A.
- Network name, which identifies the provider network that applies to the member.
- Member Services contact information and instructions on where to seek care outside the SummaCare network when applicable.

Networks

Network Name Shown on ID Card	Notes / Examples
SCMedicare	Medicare Advantage network.
SCPremier	Commercial network.
SCSelect	Commercial network.
SCConnect	Marketplace network. Limited to 4 counties: Summit, Medina, Stark and Wayne
Mercy Choice	Network will be active through December 31st, 2026.
Preferred Choice	Commercial network.
NewHealthConnect Summa Health	Summa Health Employee Health Plan. Self-funded
NewHealthConnect Summa Home Health	Summa Home Health and Hospice Employee Health Plan. Self-funded
NewHealthConnect Pioneer	Pioneer Physician Network Employee Health Plan. Self-funded

Important: Double Check Network Participation

- Request the most current ID card for each patient/member.
- Confirm participation in each member's network.
- Verify eligibility and benefits by signing into Plan Central and consulting the online provider directory.

Directory accuracy reminder: SummaCare maintains printed and online provider directories. Providers should review the online provider directory and notify SummaCare at sccontracting@summacare.com if listing information is incorrect. Providers should also respond to directory outreach even when all information is correct.

Related online resources: Network Participation & Directory Listing | Provider Directory | Plan Central | Member ID Card

3. Provider Quick Start Checklist

Provider task	Recommended action	Online resource
Before the visit	Request current ID card; confirm member network; verify eligibility and benefits.	Plan Central
Before scheduled services	Review whether the service or drug requires prior authorization; use the procedure code lookup resource when applicable.	Prior Authorization
When authorization is required	Submit the request electronically when available and upload supporting documentation.	GuidingCare Authorization Portal / eviCore as applicable
After claim submission	Check claim status and review payment or denial details.	Plan Central
When payment review is needed	Submit claim adjustment or dispute requests through Plan Central using the appropriate workflow.	Plan Central
For office support	Contact the assigned Provider Engagement Specialist for training, Plan Central education, complex claim support and provider updates.	Provider Engagement Specialists providerengagement@summacare.com

4. Plan Central

Plan Central is SummaCare's secure provider portal for many of the most common provider functions. Providers should be encouraged to use Plan Central as the primary online tool for member and claim-related research.

- Verify patient eligibility and benefits.
- Check claims status and payment details.
- Retrieve Explanation of Payment information.
- View authorization status and self-funded prior authorization lists where applicable.
- Submit claim disputes and adjustment requests through the portal workflow.
- Upload supporting documentation for claim disputes and adjustment requests when required; see Section 10 for the step-by-step upload resource.
- Review clinical edits and clarifications when available.

Related online resources: Plan Central

> Providers who do not have a Plan Central account should request access before they need to verify benefits, submit a dispute or research authorization information.

5. Eligibility and Benefits

Eligibility and benefit verification should occur before services are rendered and should include both ID card review and Plan Central verification.

- Confirm the member is active for the date of service.
- Review the applicable network shown on the member ID card and in Plan Central.
- Review member benefits, cost-share and authorization requirements.
- Review for year-to-year benefit or network changes before services are rendered.
- When a provider's directory listing or participation is unclear, verify before the member is scheduled or seen.

Related online resources: Plan Central | Network Participation & Directory Listing

Common eligibility mistakes: Please check the member history tab in Plan Central to view the most current eligibility for each member. Do not rely only on an ID card, prior eligibility checks or the main screen term date.

6. Prior Authorization

Some services and drugs require prior authorization. Providers should use the current SummaCare prior authorization resources rather than relying on saved copies of lists or older communications.

- Review the current prior authorization list and procedure code lookup tool noted below in the online resource listing.
- Electronic prior authorization requests is the preferred method for submission.
- If electronic submission is not available, use the correct authorization request form only when necessary.
- For self-funded groups, review prior authorization lists in Plan Central after logging in.
- For drugs covered under the medical benefit, use the medical benefit drug prior authorization resources.
- When applicable, review CMS inpatient-only list guidance and site-of-care drug information.
- Use eviCore Healthcare for applicable prior authorization categories as directed by SummaCare resources.

Related online resources: Prior Authorization | Procedure Code Lookup for Prior Auths | Utilization Management | Medical Criteria | Musculoskeletal and Cardiovascular

Operational reminder: Authorization requirements can vary by product, service, code, benefit and date. Once again, please use the prior authorization tools and source pages rather than relying on copied lists.

6A. DME, Orthotics and Prosthetics - HOMELINK

DME/O&P network manager
HOMELINK serves as SummaCare's Durable Medical Equipment (DME) and Orthotics & Prosthetics (O&P) network manager and provides access to a national network for DME-related products and services.

Key provider reminders	Prior authorization and coordination
• HOMELINK is considered in-network for SummaCare Commercial and Medicare networks. • DME and O&P requests from providers or members should be directed to HOMELINK Customer Service. • Providers that dispense DME or O&P items are required to participate in the HOMELINK Provider Network. • Providers that do not participate in the HOMELINK Provider Network are considered out-of-network for DME/O&P services.	• HOMELINK is the DME/O&P provider listed in the SummaCare provider directory. • Prior authorizations are handled by HOMELINK based on SummaCare criteria. • Upon approval, HOMELINK determines the appropriate HOMELINK Network Provider and coordinates delivery/setup with the member. • Questions about the DME/O&P process should be directed to HOMELINK.

Claims and Member Billing

HOMELINK network providers submit claims to HOMELINK. HOMELINK then submits claims to SummaCare, and SummaCare reimburses HOMELINK. Members may receive an Explanation of Benefits showing HOMELINK's name, regardless of which HOMELINK network provider supplied the service.

HOMELINK Customer Service	For DME/O&P requests, questions, order status or supply reorders.
Phone	844-358-2549
Fax	844-582-3858
Email	HomelinkSummaCare@vgm.com
To join HOMELINK	NetworkDevelopment@VGMHomelink.com or call 319-274-4510

Provider office reminder
DME/O&P questions, requests and process-related issues should be directed to HOMELINK Customer Service.

7. eviCore Healthcare Prior Authorization

SummaCare uses eviCore Healthcare for medical necessity review and prior authorization support for certain specialty service categories.

- eviCore reviews and determines medical necessity for provider requests involving high-tech radiology, medical oncology, radiation therapy and genetic lab tests, musculoskeletal and cardiovascular services.
- For musculoskeletal and cardiovascular services, static CPT code reference lists for services requiring prior authorization through eviCore Healthcare are listed on the website but providers should use the SummaCare Prior Authorization Code Look Up Resource for the most current and complete list of codes requiring prior authorization.
- Submitting requests through eviCore is required for applicable services to support appropriate utilization and coverage.
- Providers with questions about eviCore prior authorization requirements or the submission process should use the EviCore SummaCare/Apex Provider Resource Portal or contact eviCore.

eviCore area	Provider manual guidance
High-tech radiology	Refer to SummaCare vendor and prior authorization resources for eviCore medical necessity review requirements.
Medical oncology and radiation therapy	Review eviCore requirements and use the appropriate submission process for applicable services.
Genetic lab testing	Review eviCore requirements and the current prior authorization code lookup resource.
Musculoskeletal services	Use the static MSK CPT code reference list as a guide and verify current requirements through the Prior Authorization Code Lookup Resource.
Cardiovascular services	Use the static cardiovascular CPT code reference list as a guide and verify current requirements through the Prior Authorization Code Lookup Resource.

eviCore contact information for SummaCare accounts: Phone 855.774.1315; Fax 800.542.2406.

Related online resources: Musculoskeletal and Cardiovascular | Procedure Code Lookup for Prior Auths | Vendors Serving SummaCare Providers | Prior Authorization

8. GuidingCare Authorization Portal

The GuidingCare Authorization Portal supports electronic authorization submission and status tracking. Services that are not managed by eviCore should be submitted through the GuidingCare portal directly to SummaCare.

- Submit prior authorization requests for outpatient, inpatient and medical pharmacy requests.
- Check authorization status and receive real-time updates when available.
- Upload supporting documentation.
- Request continued stays for inpatient admissions.
- Update authorizations with discharge information.
- View letters and faxes.
- Use direct messaging and communication features within the portal.

For questions regarding authorizations submitted in GuidingCare, please check the GuidingCare portal and if you need additional assistance, contact Provider Support Services at **330.996.8400 or toll-free at 800.996.8401**.

Related online resources: GuidingCare Authorization Portal | Portal Registration Guide | Portal Authorization User Guide | GuidingCare Do's and Don'ts | GuidingCare Login

GuidingCare Training Videos and Task-Based Resources

Training videos are available on the SummaCare GuidingCare Authorization Portal page. Open the current online page to view the videos, scroll to the bottom of the page and then select the topic that matches the task you are completing.

Task area	Training video topics available	Where to access
Registration and access	Portal Registration Guide; GuidingCare Login; Authorization Portal User Guide	Registration Guide | Login
Portal navigation	GuidingCare Authorization Portal; Navigating the Portal	GuidingCare videos page
Outpatient authorization	Outpatient Authorization; Surgical Authorization; Outpatient Transplant Evaluation Authorization; Transplant Authorization	GuidingCare videos page
Inpatient authorization	Inpatient Acute Hospitalization; Request Extension; Submitting Inpatient Authorization for a NICU baby	GuidingCare videos page
Medical pharmacy authorization	Submitting a Medical Pharmacy Authorization	GuidingCare videos page
Documentation, messages and status follow-up	Request Additional Information; Adding Discharge Information to an Authorization; Viewing letters/faxes and direct messaging	GuidingCare videos page
eviCore code messaging	Visual Messaging for EviCore Codes	GuidingCare videos page

Provider training documents: Use these documents with the videos when training office staff or troubleshooting authorization submissions.

Resource	Use this for
Portal Registration Guide	Step-by-step registration instructions for requesting portal access with a valid NPI.
Portal Authorization User Guide	Registration, navigation, authorization submission, authorization lists, drafts, withdrawals and portal messages.
GuidingCare Do's and Don'ts	Operational reminders to reduce duplicate submissions, enable messaging, use the procedure code lookup tool, and submit complete/correct information.
GuidingCare Login	Direct provider authorization portal access after account activation.

9. Claim Submission

Providers have **365 days from the date of service** to submit claims. Use the references below for paper claim submission, payor IDs, electronic submission options and current trading partner contact information.

Mail paper claims to	Electronic claim submission	Register for electronic submission
SummaCare PO Box 3620 Akron, Ohio 44309	**95202** SummaCare **34196** Apex Health Solutions	EFT/ERA form

Current Trading Partners

Trading partner	Phone	Trading partner	Phone
ApexEDI	800.840.9152	Practice Insight (WayStar)	713.333.6000
Availity	1.800.282.4548	Quadax	440.777.6300
eProviderSolutions	605.323.0800	RycanRevenueCycleSolutions (TruBridge)	412.322.2100
eSolutions (WayStar)	913.276.7578	Smart Data Solutions	855.297.4436
G4HealthSystem (Myability)	301.809.4000	The SSI Group Inc	800.820.4774
HealthCare IP	855.413.0191	TriZetto (Formerly Gateway)	800.556.2231
Infinedi	800.688.8087	ZirMed (WayStar)	866.591.5281
MEDXM (ClaimMD)	855.757.6060	Zotec Partners LLC	317.705.5050
Nuesoft (AdvancedMD Inc)	800.825.0224		

EFT/ERA questions or issues: Contact the EDI helpline at **EDISupport@SummaCare.com**

10. Claim Inquiry and Disputes

- Use Plan Central to locate claims using the Claim Inquiry menu.
- When requesting a claim adjustment, open the claim details and use the Adjustment Request option.
- Submit claim disputes through the Plan Central portal workflow.
- Use the claims page for guidance on claim editing software and billing reminders.
- Contact Provider Support Services or Provider Engagement when additional assistance is needed.
- Additional details regarding inquiries and disputes are noted in the next section.

Related online resources: Claims | Plan Central

11. Reviewing Claims in Plan Central

Recommended first step: Before contacting SummaCare or submitting a dispute, locate the claim in Plan Central and review the claim details, service lines, payment information and any denial or remark information available.

Plan Central claim review workflow

Step	Action	Provider office reminder
1	Log in to Plan Central	Use the SummaCare Plan Central provider portal. Providers without access should request access before claim follow-up is needed.
2	Open claim inquiry	From the main menu or dashboard, go to the claim inquiry/search area to begin looking up the claim.
3	Search for the claim	Search using available information such as claim number, member information, date of service, provider information or other search criteria available in Plan Central.
4	Select the correct claim	Review the search results carefully and open the claim that matches the member, provider, date of service and billed services.
5	Review claim details	Check claim status, service lines, allowed amount, paid amount, denial or adjustment reason information, and EOP/payment details when available.
6	Determine the next action	If additional review is needed, use the claim details to decide whether to submit an adjustment/dispute request, upload documentation or contact the appropriate SummaCare support area.

After the claim is reviewed: If documentation is needed, follow the Uploading Claim Documentation in Plan Central section. If the provider disagrees with the processed claim outcome, use the claim adjustment/dispute workflow described in the Claims and Claim Disputes section.

12. Uploading Claim Documentation in Plan Central

Step-by-step resource: How to Upload Documentation for a Claim in Plan Central

When providers should upload documentation

- When submitting a claim dispute or adjustment request that requires clinical or billing support.
- When medical records, clinical notes, itemized statements, Coordination of Benefits information, prior authorization information or other documentation is needed to evaluate the claim.
- When SummaCare requests additional information to complete review of a claim-related request.

Plan Central upload workflow

Step	Action	Provider office reminder
1	**Log in to Plan Central**	Use the SummaCare Plan Central provider portal. Providers without access should use the provider registration link.
2	**Locate the claim**	From the main dashboard, select Inquiries, then Claims. Search by claim number or by member ID and date of service.
3	**Open claim details**	Select the correct claim row to open the claim details.
4	**Start the adjustment request**	Scroll to the Claim Adjustments and Corrections area and select Adjustment Request.
5	**Choose the appropriate reason**	Select the best adjustment reason. When sending medical records, use “Other adjustment reason not listed above” when it applies.
6	**Complete required fields**	Enter the contact name, phone number, email and other required information. Indicate whether the claim has been previously discussed.
7	**Attach the document**	Check the medical records disclaimer, then select or drag the file into the upload box for review.
8	**Submit the request**	Use the explanation box for additional information, then submit. If multiple documents are needed, repeat the upload process for each document.

Need help? Contact Provider Support Services or the assigned Provider Engagement Specialist for failed uploads or technical issues. Provider offices may call 330.996.8400, 800.996.8401 or email contactproviderservices@summacare.com.

13. Appeals and Grievances

Pre-Service Appeals In-Network and Out of Network Providers

When a request for prior authorization of a service is denied due to medical necessity, as a provider, you may appeal the denial if the service has not taken place.

All providers may appeal on behalf of the member in writing with additional clinical documentation.

Expedited pre-service appeals are accepted verbally by the Appeals Department. To request an expedited pre-service appeal, call the Appeals Department directly at 330.996.8480.

CMS rules allow an expedited appeal (aka Fast Appeal) when the beneficiary's "life, health, or ability to regain maximum function" could be seriously jeopardized by waiting for a standard-time decision.

Appeal Turnaround Time Summary

Product line	Expedited pre-service	Standard pre-service	Post-service
Commercial fully insured	48 hours	10 days	30 days
Medicare	Up to 72 hours	30 days	60 days
Self-funded	Up to 72 hours	15 days	30 days

Provider reminder: Do not request an expedited appeal unless the situation is medically urgent. If documentation is missing and SummaCare is unable to obtain it before the required deadline, the case may need to be decided based on the information available.

Important distinction: A provider dispute is not the same as an appeal. Claim disputes generally address processed claims or payment decisions. Appeals generally address adverse authorization or coverage decisions, including medical necessity denials.

Appeal vs. Dispute Quick Reference

Process	When to use it	How to submit / key timeframe
Claim dispute / claim adjustment request	Use when the provider disagrees with the outcome of a processed claim or payment decision, including payment amount, denial, takeback or other claim processing issue.	Submit through Plan Central. Locate the claim using Claim Inquiry, open the claim detail and select Adjustment Request. Submit within 60 days from the remittance advice or EOP and include a clear explanation with supporting documentation.
Appeal	Use when a prior authorization or service request is denied due to medical necessity and the service has not taken place, or when the applicable appeal process applies to the adverse determination.	Submit in writing by fax, mail, email or in person. Expedited appeals for urgent situations may be requested orally or in writing. **Contact: 330.996.8480; fax 330.996.8545; appeals@summacare.com; ATTN: Appeals & Grievances, SummaCare, PO Box 1107, Akron, OH 44309-1107.**
Member grievance	Used when a member expresses dissatisfaction with the health plan, a provider, a facility or care/service experience. This may include concerns related to wait times, staff demeanor, facilities, respect or access to services.	SummaCare responds to member grievances within required timeframes. Provider offices should respond promptly to SummaCare requests and provide complete supporting documentation or medical records when requested.

14. Electronic Data Interchange (EFT, ERA and HIPAA Transactions)

EDI supports faster, more accurate exchange of claims. Use electronic workflows whenever available instead of paper or manual processes.

Electronic Transaction Resource Tabs

Resource tab	Use this tab for	Current links
ERA / EFT enrollment	Enroll, update or cancel EFT and ERA. Online enrollment through Plan Central should be used when available; PDF submissions remain available when needed.	ERA and EFT Registration Form | Plan Central
Trading partner setup	Resources for direct submitters and trading partners that exchange transactions directly with SummaCare.	Trading Partner Agreement | EDI Employer Registration Form
Vendor / FTP registration	Vendor FTP registration and technical setup support for organizations exchanging files with SummaCare.	Vendor FTP Registration Form
Companion guides	HIPAA companion guides for acknowledgment, enrollment, remittance and claim transactions.	277CA | 834 | 835 | 837P | 837I

Submission and Support Routing

Need	Where to route
Submit HIPAA transaction forms	Mail to SummaCare, Attn: EDI Support, PO Box 3620, Akron, OH 44309-3620, or fax to 330.996.8877. Apex Health Solutions EDI Support uses the same PO Box and fax number.
Direct submitter or trading partner setup	Complete the applicable registration form and Trading Partner Agreement before submitting transactions directly to SummaCare.
EFT/ERA enrollment	submit the current ERA/EFT Registration Form.

Related online resources: **EDI and HIPAA** | **Claims** | **ERA and EFT Registration Form** | **Trading Partner Agreement**

15. Pharmacy Management

SummaCare's prescription drug benefit includes utilization management programs that may apply restrictions to certain drugs. Providers should use the Pharmacy Management page and related tools to review current requirements.

- Prior authorization requirements for certain medications.
- Step therapy rules for selected medications.
- Quantity limit rules for selected medications.
- Online drug lookup and criteria resources.
- Medical benefit drug prior authorization resources when the drug is covered under the medical benefit.

To view the drugs that require prior authorization under the medical benefit, please click the prior authorization link below. For step therapy and quantity limits access the pharmacy management link.

Related online resources: Pharmacy Management | Prior Authorization

> Drug coverage and restriction rules may depend on the member's benefit, formulary, line of business and whether the drug is covered under the pharmacy benefit or medical benefit.

16. Provider Policies

Providers are notified prior to the effective date of a new policy or policy change. The links below will direct you to the following policy areas:

- Claims Processing Policies.
- Credentialing Policies.
- Medical Management Policies.
- Pharmacy Policies.
- Utilization Management policies and medical criteria resources when applicable.

Related online resources: Provider Policies | SummaCare UM Policies | Medical Criteria

17. Provider Orientation

Provider orientation resources help new and existing offices understand key aspects of working with SummaCare.

- Virtual or in-person orientation for office or facility staff.
- Orientation presentation and booklet resources.
- Information about service area, product lines, health services management, claims and appeals.
- Behavioral health orientation materials when applicable
- Provider directory verification reminder.

Related online resources: Provider Orientation | Provider Engagement Specialists

Orientation resources: The provider orientation page offers virtual or in-person training and links to a PowerPoint presentation with voiceover and an orientation booklet. If you would like virtual or in office training, please contact your assigned Provider Engagement Specialist or email providerengagement@summacare.com. Orientation training is designed to help you staff better understand SummaCare service areas, product lines, health services management, claims, appeals and more. It also provides an opportunity to receive answers to any questions you may have and to build a relationship with your specialist.

18. Provider Support Services

Provider Support Services is a general provider support resource for provider offices that need assistance or direction on SummaCare-related questions. Provider offices should use Plan Central and online provider resources when available, then contact Provider Support Services when additional help is needed.

Provider Support Services contact: Phone: 330.996.8400 (TTY 711) or 800.996.8401 (TTY 711). Email: contactproviderservices@summacare.com. Provider offices should continue to use providerengagement@summacare.com when the question relates to provider education, training, orientation, escalated issues or determining your assigned Provider Engagement Specialist.

When to Contact Provider Support Services

Provider need	Recommended first step	When to contact Provider Support Services
Eligibility or benefit question	Verify the member in Plan Central and review the current member ID card.	Contact Provider Support Services when eligibility or benefit information needs clarification or additional support.
Claim status or payment question	Use Plan Central to check claim status, claim details and EOP information.	Contact Provider Support Services when you need assistance

		understanding next steps or where to route the issue.
Plan Central access or navigation help	Use the online request access/registration options and available Plan Central resources.	Contact Provider Support Services when the office cannot access the portal or needs assistance identifying the correct resource.
General provider support	Review the provider manual, Provider Resources page and Provider News for posted guidance.	Contact Provider Support Services for general provider questions, assistance or routing to the appropriate department.
Provider education, training or assigned specialist questions	Use the Provider Engagement Specialists page and assignment-by-county reference.	Contact the assigned Provider Engagement Specialist or email providerengagement@summacare.com

Holiday and limited-hours reminder: SummaCare posts provider holiday closures and limited-hours information on the Contact Us page for Utilization Management, Appeals & Grievances and Provider Support Services. Provider offices should check the current online notice for holiday schedule updates.

19. Provider Engagement Specialists

Provider Engagement Specialists support ongoing education and training with the SummaCare provider network. They can also assist with the duties below:

- In-office provider orientation and training.
- Plan Central access and training.
- Assistance with complex claim issues.
- Provider changes and contract issue research.
- Visits to check in with your office to assist with questions or additional training. (If you would like to schedule a visit with your Provider Engagement Specialist, please email your assigned specialist directly or via providerengagement@summacare.com

Provider Engagement Specialist Assignment by County

Use the current online Provider Engagement Specialist assignment by county reference sheet to identify the assigned specialist for your county or zip code.

Provider Engagement Specialists Assignment by County

If you are unable to locate your assigned Provider Engagement Specialist, please email providerengagement@summacare.com

Related online resources: Provider Engagement Specialists | Provider Engagement Specialist Assignment by County

A “Find Your Provider Engagement Specialist” button is included near the beginning of this manual and again in the Contact and Support section to help you quickly locate the current assignment-by-county reference sheet.

20. Provider News and Communications

Provider News is the source for newsletters, operational updates, memos and important reminders for providers and their staff. Please take the time to:

- Review current and archived provider newsletters and memos.
- Share relevant updates with front office, billing, authorization and clinical teams.
- Subscribe to provider communications when available.
- Use Provider News to find prior announcements and reminders related to policies, authorizations, claims and operational changes.

Click the link to access the provider news resources: Provider News

Communications are sent via email and occasionally by fax. If you are registered for Plan Central, you will automatically be added to the email distribution list.

21. Directory, Credentialing, Training and Vendor Resources

Key Resource Areas

Resource	What providers should know
Provider Directory Accuracy and BetterDoctor Attestation	SummaCare requests provider data attestation every 90 days through BetterDoctor. Quarterly outreach may occur by email, fax, mail or phone. Providers with multiple service locations should attest each location. **Link:** BetterDoctor
Network Participation, Contracting and Credentialing	New provider requests and additions should follow the network participation process. Contracting reviews service area, specialty, provider type, services and network need. Providers may not see members until credentialing is complete; credentialing can take up to 90 days after required documentation is received. **Link:** Become a Network Provider
Provider Events, Webinars and Training	Use the Provider Events/Webinars page for annual provider update webinar recordings and slide decks. Topics may include coding, prior authorization, Medicare Advantage, pharmacy and provider resources. **Link:** Provider Events/Webinars
Vendors Serving SummaCare Providers	Use the vendor page for current vendor contact information and program descriptions, including eviCore, CareCentrix, Catalyst, HOMELINK, Matrix, Zelis and others. **Link:** Vendors Serving SummaCare Providers
No Surprises Act Resource	SummaCare complies with federal and state No Surprises Act requirements and partners with Zelis for QPA calculation and related disputes. Providers should refer to the NSA resource for open negotiation and dispute contact information. **Link:** No Surprises Act Resource

22. Health Services and Care Management

SummaCare Health Services programs support members with care coordination, condition management, maternity support, home-based services, palliative support and lifestyle coaching. Provider offices should use this section to identify referral options and connect members with the appropriate program.

How to refer members: To refer members to Health Services programs, call SummaCare Health Services Management at 330.996.8931 or toll-free at 877.888.1164, or email CaseManagement@SummaCare.com. Referrals may also be sent through Provider Support Services.

Program Quick Reference

Program	Primary focus	Provider office reminder
Care Management	Registered Nurse Care Managers and a Social Worker support members with transitions, complex needs, network navigation and social determinants of health.	Consider referral when a member has multiple co-morbid conditions, complex care needs, recent acute admission, care coordination concerns or community resource needs.
PregnancyCare - High Risk Maternity Program	Telephonic care management for high-risk pregnancies, including assessment, education, SDOH evaluation and coordination with the OB/GYN.	Consider referral for members with high-risk pregnancy indicators such as multiple gestation, history of preterm labor, hypertension/eclampsia, chronic conditions, tobacco use, unplanned admissions or fetal complications.
House Calls	Home visits by a Medical Doctor or Advanced Practice Nurse for members with chronic care needs who have difficulty getting to a PCP office.	Consider referral when the member has chronic conditions and requires a taxing effort to get to a provider office.
Enhanced Support by CareCentrix	Home-based palliative care for seriously ill members and families, coordinated with the physician.	CareCentrix direct referral: palliativereferrals@carecentrix.com or 234.867.7015.
Condition Management	Registered nurses provide chronic condition education, assessment, plan-of-care support, claim-pattern monitoring and outreach.	Programs include asthma, COPD, diabetes, depression, A-fib, CHF, HTN, CAD and CKD.
Health Coaching	Telephonic coaching by a registered dietitian and/or exercise specialist to support lifestyle change.	Includes nutrition counseling, weight management, physical activity planning, fall prevention, biometric risk review, SMART goals and accountability.

Program Details

Care Management Care coordination support for members with complex needs.	**Key services:** Registered Nurse Care Managers and a Social Worker assist with transitions home after acute admissions, finding needed in-network care, education for multiple co-morbid conditions, coordination for complicated plans of care or catastrophic/highly complex needs, community resource referrals, social determinants of health and advanced care planning. **Enrollment:** Available to SummaCare Medicare Individual and Group plans and Commercial Fully-Insured plans; Self-Insured groups may be reviewed on a case-by-case basis.

PregnancyCare - High Risk Maternity Program Support for high-risk expectant mothers through pregnancy.	**Key services:** Care Managers provide telephonic visits, assessment, condition education, evaluation of social determinants of health, referral to community resources, care coordination, early issue detection and communication with the OB/GYN. **Enrollment:** Available to SummaCare Fully-Insured and Medicare members and select Self-Insured group employees/dependents. High-risk indicators may include multiple gestation, history of preterm labor, history of hypertension/eclampsia, chronic conditions, tobacco use, unplanned admissions or fetal complications.
House Calls Home-based clinical visits for members who have difficulty getting to a primary care office.	**Key services:** Targets members with chronic care needs and ambulatory sensitive conditions. Members receive home visits from a Medical Doctor or Advanced Practice Nurse. **Enrollment:** Member should be a SummaCare member, have physical dependence in at least one ADL and two IADLs, have certain chronic conditions such as diabetes, hypertension, COPD, CHF, pneumonia, dementia, Alzheimer's disease or other chronic conditions, and require taxing effort to get to a provider office.
SummaCare Enhanced Support by CareCentrix Home-based palliative care for seriously ill members and families.	**Key services:** Provides support in coordination with the physician. Services include visits by palliative-prepared RN and LSW, ongoing physical/psychosocial/spiritual assessments, social determinants of health support, community resources, help relieving pain and other symptoms and advance care planning. **Enrollment:** Available to SummaCare Medicare Individual and Group plans and Commercial Fully-Insured plans; Self-Insured groups may be reviewed on a case-by-case basis. Members may have serious illnesses such as metastatic cancer, progressive neurological conditions, stroke or advanced pulmonary, cardiac or liver disease with difficult symptoms, declining ability to care for themselves, frequent hospital/ED visits, limited social support or treatment-decision uncertainty. Direct referrals: palliativereferrals@carecentrix.com or 234.867.7015.
Condition Management Chronic condition support to help members maintain and improve quality of life.	**Key services:** Registered nurses provide condition-specific preventive and self-care education, assessment and plan-of-care development, ongoing monitoring of claim patterns for gaps in recommended care, reminders to seek recommended care and nurse outreach for members newly diagnosed, high-risk for hospitalization or recently hospitalized for the condition. **Enrollment:** Available to SummaCare Medicare, Fully-Insured Commercial and Individual members and select Self-Insured groups. Conditions include asthma, COPD, diabetes, depression, A-fib, CHF, HTN, CAD and CKD. Excludes members enrolled in SNF/ICF, BTH, CCM or palliative care; includes assisted/independent living and home care.
Health Coaching Lifestyle coaching to help members make and sustain healthy changes.	**Key services:** Telephonic coaching is provided by a registered dietitian and/or exercise specialist. Support may include nutritional counseling and MNT, weight management, physical activity recommendations and planning, fall prevention, biometric results and risk-factor review, motivational interviewing, behavior-change techniques, SMART goal setting, follow-up and accountability. **Enrollment:** Available to SummaCare Medicare, Fully-Insured Commercial and Individual members and select Self-Insured groups. Excludes members enrolled in SNF/ICF, BTH, CCM or palliative care; includes assisted/independent living and home care.

Related online resource: Health Services

23. Quality Management and Clinical Practice Guidelines

The quality and clinical guideline resources will help your office understand SummaCare's quality focus and access evidence-based recommendations.

- Quality Management Program information.
- Preventive health guidance.
- Clinical practice guidelines from evidence-based national sources.
- Behavioral health coordination and quality initiatives.
- Reminder that clinical guidelines do not replace provider clinical judgment and do not constitute benefit coverage.

Related online resources: Quality Management | Clinical Practice Guidelines

Behavioral Health Coordination of Care

SummaCare highlights coordination between behavioral healthcare and medical practitioners as part of quality improvement. Provider offices should support information exchange between behavioral health providers, primary care practitioners and other relevant providers when appropriate and with required consent.

Focus area	Provider office reminder
Communication after behavioral health admission	Discharge summaries help primary care and outpatient providers continue care and reduce readmission risk when information sharing is authorized.
Medication and treatment follow-up	Primary care and behavioral health providers should coordinate care for depression treatment, psychotropic medication use and related follow-up needs.
Coexisting medical and behavioral conditions	Timely medical consults, diabetes screening for members using antipsychotic medications, and coordinated follow-up can improve outcomes.

Related online resource: Behavioral Health

24. Member Rights and Responsibilities

SummaCare member rights and responsibilities help ensure members are treated with fairness and respect by SummaCare employees and contracted providers

Provider office reminder: Members should call SummaCare Customer Service at the number listed on the member ID card if they believe their rights have not been respected or if they have questions about available complaints and appeal processes.

Member Rights

- Receive timely and accurate information about SummaCare, services, providers and member rights and responsibilities.
- Be treated with fairness, respect and dignity.
- Have medical records and personal health information handled confidentially and privacy protected.
- Participate with healthcare professionals in healthcare decisions and receive candid discussion of appropriate treatment options.
- Voice complaints or appeals about SummaCare or care provided.
- Receive care in a safe, secure, clean and accessible environment and obtain understandable information about coverage and costs.
- Make recommendations regarding the Members Rights and Responsibilities statement.

Member Responsibilities

- Provide information needed by SummaCare and healthcare professionals, to the extent possible.
- Understand health problems, participate in treatment goals and follow agreed-upon care instructions.
- Keep appointments or notify the provider office when an appointment cannot be kept.
- Identify themselves with the SummaCare member ID card, use the card appropriately and prevent misuse by others.
- Respect SummaCare employees, healthcare professionals and other patients.
- Learn coverage rules and pay any required premiums, copayments, coinsurance or deductibles.
- Contact SummaCare Customer Service with questions, suggestions or problems with care or payment.

Related online resource: Member Rights & Responsibilities

25. Fraud, Waste and Abuse and Compliance Reporting

Fraud, waste and abuse prevention is part of SummaCare program integrity and supports quality care, accurate payment and responsible use of healthcare resources. Network providers are responsible for reporting suspected or actual compliance concerns, fraud, waste and/or abuse involving SummaCare.

SummaCare expects network providers and their organizations or offices to maintain a zero-tolerance policy for retaliation or retribution against anyone who reports suspected misconduct.

What to Report

- Any compliance concern, including suspected or actual misconduct.
- Violations of SummaCare's Code of Ethical Conduct.
- Violations related to PHI, HIPAA laws or HIPAA regulations.
- Fraud, waste or abuse concerns, including inaccurate billing, eligibility, enrollment or membership concerns.
- Conflict of interest issues.

How to Report a Potential Compliance or FWA Concern

Reporting method	Contact information
Compliance Hotline	330.996.8821 or 800.361.3908. Hotline access is available 24 hours a day, seven days a week.
Email	compliance@summacare.com
Mail	SummaCare, Compliance Officer, PO Box 3620, Akron, OH 44309-3620
Online	Use the confidential reporting form available through SummaCare's reporting page.

Why this matters

Providers are an important part of prevention, early detection, investigation and resolution of potential FWA issues. Reporting concerns helps protect members, providers and other stakeholders and supports the integrity of SummaCare operations.

Related online resources: Reporting Ethics & Compliance Concerns | Compliance | Report an Issue

26. Forms, Tools and Common Resources

Provider task	Recommended action	Online resource
Provider wants to join or update participation	Use network provider and directory resources.	Providers
Provider needs portal access	Request or sign in to Plan Central.	Plan Central
Provider needs to submit an authorization	Use prior authorization resources and GuidingCare or eviCore when applicable.	Prior Authorization Code Lookup GuidingCare eviCore
Billing office needs claim adjustment or dispute	Use Plan Central adjustment request link after locating claim.	Plan Central
Provider needs policies	Use Provider Policies and UM policy pages.	Provider Policies Utilization Management Policies
Provider needs education	Use Provider Orientation and Provider Engagement Specialists.	Provider Orientation
Provider needs recent announcements	Use Provider News.	Provider News
Appeal a medical necessity decision	Must be submitted in writing by fax, mail, email or in person.	Appeals

27. Contact and Support

Use the button below to open the current Provider Engagement Specialist Assignment by County reference sheet.

Find Your Provider Engagement Specialist >

Provider need	Recommended action	Online resource
Provider Support Services	Use for general provider assistance and support routing. Phone: 330.996.8400 or 800.996.8401; email: contactproviderservices@summacare.com.	Contact Us / Provider Support Services
Provider Engagement Specialists	Use for office training, orientation, Plan Central training, complex claim issues, authorization portal and contracting questions, in-office meetings Email: providerengagement@summacare.com	Provider Engagement Specialists
Health Services Management	Use for Health Services referrals and care management program questions. Call 330.996.8931 or 877.888.1164; email CaseManagement@SummaCare.com. Enhanced Support by CareCentrix direct referrals: palliativereferrals@carecentrix.com or 234.867.7015.	Health Services
Authorization Support	Use Prior Authorization, GuidingCare and eviCore resources for authorization requirements, forms and submission guidance.	Prior Authorization
Provider Communications	Use Provider News and provider communication subscription resources for newsletters and operational updates.	Provider News

Appendix A. Source Links for Manual Maintenance

*****This page will not be included in the final manual posting. This appendix will be used to maintain the manual. I will check the links every 6 months to be sure they remain accessible.**

Resource	Link
Provider landing page	https://www.summacare.com/providers
Provider Manual / Provider Resources	https://www.summacare.com/providers/provider-resources
Member ID Card	https://www.summacare.com/seeking-care/your-member-id-card
Network Participation & Directory Listing	https://www.summacare.com/providers/provider-resources/network-participation-and-directory-listing
Healthcare Providers Outside of the SummaCare Service Area	https://www.summacare.com/find-your-doctor-or-hospital/outside-service-area
Plan Central	https://www.summacare.com/providers/provider-resources/plan-central
Provider Directory	https://www.summacare.com/find-your-doctor-or-hospital
Claims	https://www.summacare.com/providers/provider-resources/claims
EDI and HIPAA	https://www.summacare.com/providers/provider-resources/edi-and-hipaa
Prior Authorization	https://www.summacare.com/providers/utilization-management/prior-authorization
Procedure Code Lookup for Prior Auths	https://priorauth.myplancentral.com/home
Musculoskeletal and Cardiovascular	https://www.summacare.com/providers/utilization-management/prior-authorization/musculoskeletal-and-cardiovascular
Vendors Serving SummaCare Providers	https://www.summacare.com/providers/vendors
GuidingCare Authorization Portal	https://www.summacare.com/providers/utilization-management/guidingcare
Utilization Management	https://www.summacare.com/providers/utilization-management
Medical Criteria	https://www.summacare.com/providers/utilization-management/medical-criteria
SummaCare UM Policies	https://www.summacare.com/providers/utilization-management/summacare-policies
Pharmacy Management	https://www.summacare.com/providers/pharmacy-management
Provider Policies	https://www.summacare.com/providers/provider-resources/provider-policies
Provider Orientation	https://www.summacare.com/providers/provider-resources/provider-orientation

Provider Engagement Specialists	https://www.summacare.com/providers/provider-engagement
Provider News	https://www.summacare.com/providers/provider-news
Health Services	https://www.summacare.com/providers/health-services
Quality Management	https://www.summacare.com/providers/quality-management
Clinical Practice Guidelines	https://www.summacare.com/providers/clinical-practice-guidelines
Provider FAQs	https://www.summacare.com/-/media/Project/SummaCare/Website/Document-Library/Providers/Provider%20FAQs
Behavioral Health Provider Orientation Manual	https://www.summacare.com/-/media/project/summacare/website/document-library/providers/behavioral-health-provider-orientation-manual.pdf
Member Rights & Responsibilities	https://www.summacare.com/about-us/member-rights-and-responsibilities
Reporting Ethics & Compliance Concerns	https://www.summacare.com/compliance/reporting
Report an Issue	https://www.summacare.com/report-an-issue
Provider Engagement Specialist Assignment Map Reference Sheet	https://www.summacare.com/-/media/project/summacare/website/document-library/maps/pro-23-67456-provider-engagement-map-reference-sheet.pdf
Contact Us - Provider Support Services	https://www.summacare.com/contact-us
BetterDoctor / Provider Directory Attestation	https://www.summacare.com/providers/betterdoctor
Become a Network Provider / Credentialing	https://www.summacare.com/providers/become-a-network-provider
Provider Events/Webinars	https://www.summacare.com/providers/provider-education
Behavioral Health Quality Management	https://www.summacare.com/providers/quality-management/behavioral-health
No Surprises Act Resource	https://www.summacare.com/-/media/project/summacare/website/document-library/forms-and-resources/provider-forms-and-resources/oth-23-62326-no-suprises-act-flier.pdf
How to Upload Documentation for a Claim in Plan Central	https://www.summacare.com/-/media/project/summacare/website/document-library/providers/news/2026/feb/plan-central-how-to-upload-clinical-documentation.pdf
Provider Orientation Booklet / Flipbook	https://cloud.3dissue.net/43107/42891/43596/146407/index.html
Medicare Advantage Product Page	https://www.summacare.com/medicare
Individual and Family Product Page	https://www.summacare.com/individual
Employer Group Products	https://www.summacare.com/employer-group-products
Employers - Fully Insured and Self-Funded Products	https://www.summacare.com/employers
GuidingCare Authorization Portal / Training Videos	https://www.summacare.com/providers/utilization-management/guidingcare
GuidingCare Portal Registration Guide	https://www.summacare.com/-/media/project/summacare/website/document-library/providers/provider-portal-registration-guide.pdf
GuidingCare Portal Authorization User Guide	https://www.summacare.com/-/media/project/summacare/website/document-library/providers/summacare_guidingcare_user_guide.pdf

GuidingCare Do's and Don'ts	https://www.summacare.com/-/media/project/summacare/website/document-library/providers/guidingcare-dos-and-donts.pdf
GuidingCare Login	https://suma.guidingcare.com/AuthorizationPortal/Account/Login?ReturnUrl=%2FAuthorizationPortal%2F