Gastroenterology

Provider Orientation Session for Network Health

Company Overview

100M Members Managed

Headquartered in Bluffton, SC
Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT

- Melbourne, FL
- Plainville, CT
- Sacramento, CA
- St. Louis, MO

10 Comprehensive Solutions

The industry's most **comprehensive clinical evidence-based guidelines**

5k[+] employees including **1k clinicians**

Engaging with 570k[+] providers

Advanced, innovative, and intelligent technology

Gastroenterology - Our Tenth Solution!

10 | Comprehensive Solutions

Laboratory
19M lives

Radiology
70M lives

Radiation Oncology
39M lives

Cardiology
50M lives

Medical Oncology
13.5M lives

Musculoskeletal
40M lives

Specialty Drug
723k lives

Sleep
16M lives

Post-Acute Care
1.7M lives

Gastroenterology
New solution 2019

Our Clinical and Service Approach

Evidence-Based Guidelines

The foundation of our solutions

Aligned with National Societies:

- American Society for Gastrointestinal Endoscopy

- American College of Physicians

- American College of Gastroenterology

- American Gastroenterological Association

- Canadian Association of Gastroenterology

- European Society of Gastrointestinal Endoscopy

Clinical Staffing – Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

- **Anesthesiology**
- **Cardiology**
- **Chiropractic**
- **Emergency Medicine**
- **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- **Gastroenterology**
- **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Gastroenterology
  - Geriatric Medicine
  - Hematology
  - Hospice & Palliative Medicine
  - Medical Oncology
  - Pulmonary Disease
  - Rheumatology
  - Sleep Medicine
  - Sports Medicine

- **Medical Genetics**
- **Nuclear Medicine**
- **OB / GYN**
  - Maternal-Fetal Medicine
- **Oncology / Hematology**
- **Orthopedic Surgery**
- **Otolaryngology**
- **Pain Mgmt. / Interventional Pain**
- **Pathology**
  - Clinical Pathology
- **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- **Physical Medicine & Rehabilitation**
  - Pain Medicine
- **Physical Therapy**
- **Radiation Oncology**
- **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology

- **Sleep Medicine**
- **Sports Medicine**
- **Surgery**
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
  - Vascular
- **Urology**

400+ Medical Directors

Covering **51** different specialties

800+ Nurses

Why Our Service Delivery Model Works

One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Program Overview

Gastroenterology

eviCore healthcare will begin accepting prior authorization requests for Gastroenterology services on 6/29/2021 for dates of service 7/1/2021 and beyond.

Prior Authorization applies to the following services:

- **Esophagogastroduodenoscopy (EGD)**

- **Capsule Endoscopy (CAP)**

- **Colonoscopy (COL), non-screening only**

Prior Authorization does **NOT** apply to services that are in:

- **Emergency Room Services**

- **23 Hour Observations**

- **Inpatient Stays**

Monitored Anesthesia Care (MAC)

All ancillary procedure codes, including Monitored Anesthesia, performed in conjunction with <u>denied services</u>, are not covered and will likely not be reimbursed
by Network Health if performed.

Provider Resource Page

Providers and/or staff can utilize Network Health Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

https://www.evicore.com/resources/healthplan/network-health-wisconsin?solutionid=061D5D92-A3E1-42CF-96C2-3A96ABDF4F15#solutiondocs

Colonoscopy Management

Non-screening and surveillance colonoscopies will be reviewed in this program

➢ **All non-screening colonoscopies will require medical necessity review.**

➢ **If an authorization is not on file for non-screening colonoscopy, claims payment may be denied.**

➢ **Network Health Plan will conduct retrospective claims analyses on screening colonoscopies to ensure proper utilization of screening indications.**

➢ **Medical necessity review is not required for average-risk* or high-risk** screening colonoscopies**

  ➢ * Average risk applies to those asymptomatic individuals undergoing a screening colonoscopy with no previously diagnosed colon cancer, colonic adenomas, or inflammatory bowel disease involving the colon.

  ➢ ** High risk apples to those asymptomatic individuals undergoing screening colonoscopy due to family history of colorectal cancer or polyps.

More on Colonoscopy Management

As you know, colonoscopies are performed for two basic reasons:

➢ for asymptomatic, routine colorectal cancer screening and

➢ for diagnostic reasons or for surveillance of a previous colonoscopy's findings.

For this program, asymptomatic routine screening colonoscopies do NOT require an authorization with eviCore and ONLY surveillance/diagnostic colonoscopies do.

For cases in which the indication for the colonoscopy is asymptomatic routine colorectal cancer screening, should the procedure become therapeutic (e.g., removal of a polyp) during its course, authorization is <u>not</u> required.

➢ **In this situation, the code for the therapeutic procedure should be submitted with a PT modifier (or, in the case of Medicare- modifier 33) signifying that the colonoscopy started as screening but turned therapeutic due to the detection of polyps or other abnormalities during the procedure.**

News about Colorectal Cancer Screenings

While this program does <u>not</u> require prior authorization for Colorectal Cancer Screenings, we wanted to share an important update.

➢ In May 2021 the United States Preventative Task Force (USPSTF) published the anticipated update to their recommendation for the age at which to be screened.

➢ The updated USPSTF recommendation is to be effective January, 2022.

➢ As a result of this anticipated update, Network Health proactively adopted this recommendation, and <u>has already begun</u> to cover Colorectal Cancer Screenings for patients ages 45 to 49 years.

Prior Authorization Process

Visit provider → Provider requests prior authorization

Easy for providers and staff

Clinical Pathways → Nurse review → MD review → Appropriate decision

Peer-to-peer
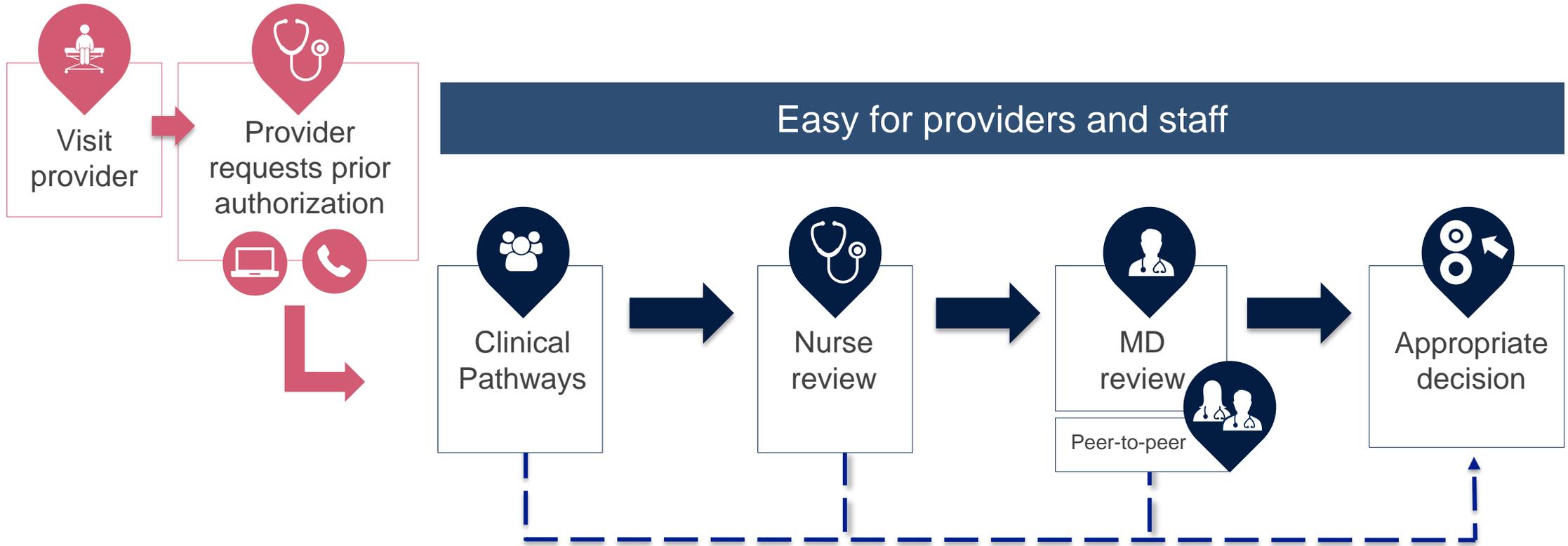
By submitting Prior Authorization requests through eviCore's online portal, providers have the potential to receive immediate authorization. Please ensure all necessary clinical information has been provided when answering the clinical pathway (clinical collection process) questions.

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Non-Clinical Information Needed

The following information <u>must</u> be provided to initiate the prior authorization request:

Member Information

- First and Last Name

- Date of Birth

- Member Identification Number

- Phone Number (If Applicable)

Ordering Physician Information

- First and Last Name

- Practice Address

- National Provider Identification (NPI) Number

- Tax Identification Number (TIN)

- Phone and Fax Numbers

Rendering Facility Information

- Facility Name

- Street Address (i.e. 111 Tennessee Rd. Franklin, TN 37067)

- National Provider Identification (NPI) Number

- Tax Identification Number (TIN)

- Phone and Fax Numbers

Clinical Information Needed

If clinical information is needed, please be able to supply the following information:

- A relevant history and physical examination

- A relevant summary of the patient's clinical condition

- Imaging and/or pathology and/or laboratory reports as indicated relevant to the requested procedure

- Co-morbidities if relevant

- The indication for the specified procedure

- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)

- Results of prior endoscopic procedures if relevant

- Genetic testing results, if applicable

Prior Authorization Process

- ➢ **Questions are included in the pathway to help eviCore create a case correctly.**

- ➢ **Clinical information is required to determine whether the services requested are medically necessary.**

- ➢ **To assist provider's understanding of the medical necessity expectations, we have resources available on our website:**

  - ➢ **Specific questions and answers about Gastroenterology procedures can be found under solution resources for Gastroenterology: FAQs and eviCore delegated CPT code lists are available**

  - ➢ **Clinical Guidelines are also available on our Providers Hub (screen shots shown later in the presentation)**

- ➢ **Medicare cases with incomplete or missing information will receive special handling. CMS allows eviCore to reach out multiple times over a 14 day period to obtain the information required to complete our review.**

- ➢ **Missing or incomplete clinical information will delay case processing.**

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A Hold Letter will be faxed to the Requesting Provider inviting additional documentation	The Provider will need to submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination

To ensure that a determination is completed within the designated timeframe for each LOB, the case will remain on hold as follows:
- Medicare: 1 calendar day
- Commercial: 10 calendar days

Requested information must be received within the timeframe as specified in the Hold Letter.

Determinations will be completed within 14 calendar days

Prior Authorization Outcomes & Special Considerations

Prior Authorization Outcomes

Approvals and Denials

Approved Requests

- Requests are processed within 2 business days after receipt of all necessary clinical information.

- Authorizations are typically valid for 90 days from the date of the final determination.

Denied Requests

- Communication of the denial determination and rationale.

- Instructions on how to request a Clinical Consultation.

Approval Letter

- The letter will be faxed to the ordering physician and performing facility.

- The member will receive the letter in the mail.

- Approval information can be printed on demand from the eviCore portal.

Denial Letter

- The letter will be faxed to the ordering physician and performing facility.

- The member will receive the letter in the mail.

- The letter will contain the denial rationale and appeal options and instructions.

Reconsideration Options

Reconsiderations – available only for Commercial memberships

Physicians and/or staff can request a reconsideration by submitting additional clinical information without the need for a physician to participate.

Reconsideration must be requested on or before the anticipated date the services will be performed. Reconsiderations are available in most states and should be submitted prior to submitting an appeal request.

Clinical Consultations

If a request requires further clinical review, we welcome requests for a Clinical Consultation with an eviCore Medical Director. In certain instances (non-Medicare), additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Physicians, Nurse Practitioners and Physician Assistants can request a clinical consultation directly through the portal via Authorization Lookup (shown later in this presentation)

Special Circumstances

Appeals

- eviCore will not be delegated to process appeals at this time for gastroenterology procedures. Appeals should be submitted directly to Network Health by following the appeal instructions referenced in the denial letter.

Retrospective (Retro) Authorization Requests

- All Retrospective requests must be submitted within 7 business days from the date the services were performed. Retrospective requests that are submitted beyond this time frame would be advised to submit an appeal.
- Retrospective authorization requests are reviewed for medical necessity.

Urgent Prior Authorization Requests

- Urgent requests can now be submitted on eviCore's website www.evicore.com. When asked "Is this request standard/routine?" simply answer no and the case will be sent to the urgent work list.
- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent. Urgent request will be reviewed within 24 hours upon receiving the prior authorization request.
- Medically urgent outpatient procedures must meet the NCQA definition of medical urgency requests defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that requires a medically urgent procedure.

Provider Portal Overview

Registration

eviCore Provider Portal
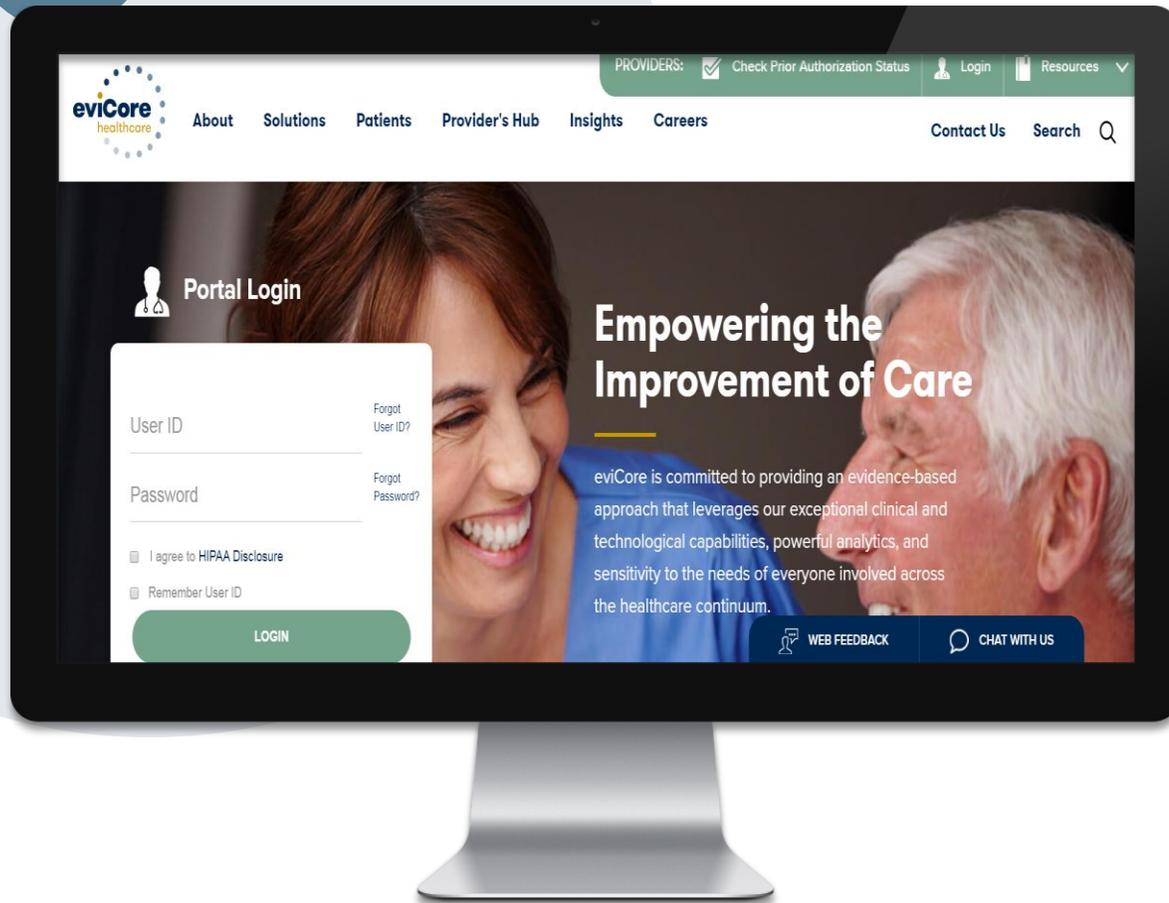
The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7.

By visiting www.eviCore.com providers can spend their time where it matters most — with their patients!

Or by phone:
(866) 668 -9250
7:00 a.m. to 7:00p.m.
Monday - Friday

Portal Compatibility

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

- Google Chrome

- Mozilla Firefox

- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).
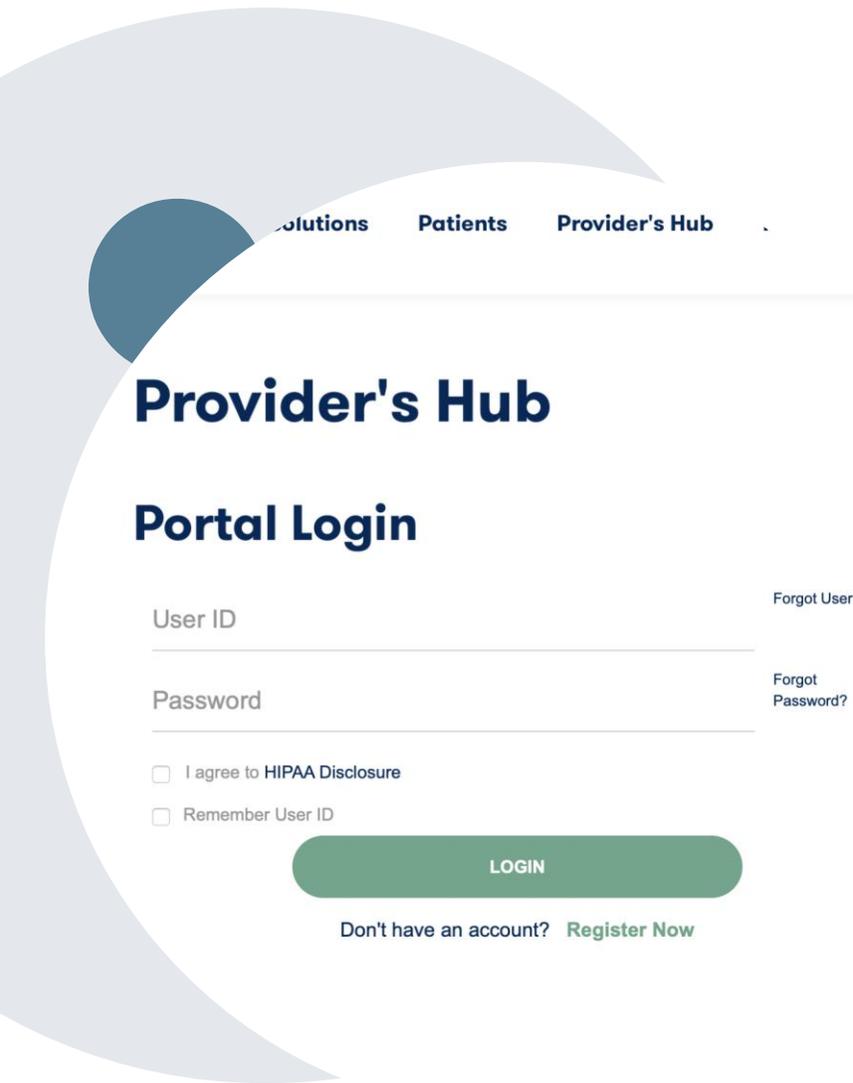
eviCore healthcare Website

Visit www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply login with your User ID and Password and begin submitting requests real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!

Registration Form

Select a **Default Portal**, and complete the registration form.

Review information provided, and click "**Submit Registration**"

Creating An Account

Review information provided, and click "**Submit Registration.**"

User Access Agreement

Accept the **Terms and Conditions**, and click **"Submit."**

Registration Successful

You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

Your password must be at least (8) characters long and contain the following:

Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

Save

✅ Uppercase letters

✅ Lowercase letters

✅ Numbers

✅ Characters (e.g., ! ? *)

Account Login

To log-in to your account, enter your User ID and Password.

Agree to the HIPAA Disclosure, and click "Login."

Provider Portal Overview

Adding Providers

Welcome Screen

Your provider will need to be added to your account prior to case submission.
Click the "Manage Your Account" tab to add provider information.

Adding Providers

Under the "Manage Your Account" tab Click the "Add Provider" button.

Adding Providers

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

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Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI   [   ]

Practitioner State   [▾]

Practitioner Zip   [   ]

[FIND MATCH]   [CANCEL]

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Enter the Provider's NPI, State, and Zip Code to search for the provider record to add to your account.

You are able to add multiple Providers to your account.

Adding Providers

Select the matching record based upon your search criteria

Adding Providers and/or Laboratories

Once you have selected a practitioner, your registration will be completed. You can then access the "Manage Your Account" tab to make any necessary updates or changes.

You can also click "Add Another Practitioner" to add another provider to your account.

Provider Portal Overview

Submitting Online Prior Authorization Requests

Initiating A Request

Choose "request a clinical certification/procedure" to begin a new case request.

Select Program

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

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Log Off

Request an Authorization

To begin, please select a program below:

○ Durable Medical Equipment(DME)

◉ Gastroenterology

○ Lab Management Program

○ Medical Oncology Pathways

○ Musculoskeletal Management

○ Radiation Therapy Management Program (RTMP)

○ Radiology and Cardiology

○ Sleep Management

○ Specialty Drugs

CONTINUE

Click here for help

Select the Program for your certification and indicate if you are requesting as a referring provider or rendering lab.

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Select Provider

Select the Practitioner/Group for whom you want to build a case.

Select Health Plan

Choose the appropriate Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card.

Contact Information

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

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Add Your Contact Info

Provider's Name:*	Last, First	[?]	
Who to Contact:*		[?]	
Fax:*	(123) 456-7890	[?]	
Phone:*	(987) 654-3210	[?]	
Ext.:		[?]	
Cell Phone:			
Email:	email@test.com		

30% Complete

Provider and NPI
Last, First
1234567890
(Network Health)

Message from webpage ✕

⚠ Please review the fax and phone numbers presented for accuracy. Change as necessary and click CONTINUE to confirm they are correct. Changes apply only to this specific case. If you wish the change to be permanent, please contact the Health Plan.

OK

BACK   CONTINUE

Click here for help

Enter the Provider's name and appropriate information for the point of contact individual.

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Member Information

Enter the member information including the Patient ID number, date of birth, and patient's last name. Click "Eligibility Lookup."

Clinical Details

Enter the CPT Code and Diagnosis relevant to the requested test(s)

Verify Service Selection

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Requested Service + Diagnosis

Confirm your service selection.

Procedure Date:	TBD
CPT Code:	GECAP
Description:	Capsule Endoscopy
Primary Diagnosis Code:	R10.0
Primary Diagnosis:	Acute abdomen
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

[BACK]   [CONTINUE]

Click here for help

60% Complete

Provider and NPI
Last, First
1234567890
(Network Health)

Patient
Last, First   EDIT
98765432
1/1/2001

Service

GECAP Capsule Endoscopy
F98.5 Adult onset fluency disorder

Confirm the correct diagnosis has been selected.

Site Selection

Select the specific site where the testing/treatment will be performed.

Clinical Collection Process

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Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK   CONTINUE

Click here for help

Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process

Urgency Indicator

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

Clinical Collection Process - Pathway Questions

A few preliminary questions will be asked to direct to the right set of clinical questions.

Clinical Pathway Questions

If additional information is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Clinical Pathway Questions

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Proceed to Clinical Information

ⓘ Please select the PRIMARY reason for Capsule Endoscopy.

Screening and Surveillance of individuals with a Genetic Syndrome (Polyposis, Peutz-Jehger's, etc.)
Individual is unable to tolerate endoscopic procedure
GI bleeding
Known Celiac Disease
Suspected or Known Crohn's Disease
Small Bowel Tumors
Other not listed

Did you know?
You can save a certification request to finish later.

Select the primary reason for the requested capsule endoscopy.

BACK   CONTINUE

Click here for help

Clinical Pathway Questions

Clinical Pathway Questions +

Clinical Pathway Questions +

Clinical Pathway Questions +

Clinical Pathway Questions +

Clinical Pathway Questions +

Clinical Pathway Questions +

Clinical Pathway Questions +

Clinical Collection Process – Clinical Upload

Providing clinical information via the web is the quickest, most efficient method.

Clinical Collection Process – Clinical Upload +

Clinical Collection Process – Clinical Upload +

Clinical Certification Statements

Clinical Certification – Approval Case Summary

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, a "Real Time" approval will be issued.

Print the screen and store in the patient's file.

Clinical Certification – Pending Case Summary

Once the clinical pathway questions are completed and if the case has not met clinical criteria, the status will reflect pending. At the bottom, there will be a note stating "Your case has been sent to clinical review".

Print the screen and store in the patient's file.

Certification Summary

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

Building Additional Cases

Return to the main menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.

Eligibility Lookup Tool

Authorization Lookup Tool

Select Search by Authorization Number/NPI. Enter the provider's NPI and authorization or case number. Select Search.

You can also search for an authorization by Member Information, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Lookup Tool (Continued)

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Authorization Lookup

Authorization Number:

Case Number:

P2P AVAILABILITY

Status: Approved

P2P Status:

Approval Date: 3/30/2021 11:58:21 AM

Service Code: GECAP

CHANGE SERVICE CODE

Service Description: Capsule Endoscopy

Site Name:

Expiration Date: 9/26/2021

Date Last Updated: 3/30/2021 11:58:21 AM

Correspondence: **UPLOADS & FAXES**

The authorization will then be accessible to review. To print authorization correspondence, select View Correspondence.

How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com

- Perform Authorization Lookup to determine the status of your request.

- Click on the "P2P Availability" button to determine if your case is eligible for a Peer to Peer conversation:

- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

P2P AVAILABILITY   Request Peer to Peer Consultation
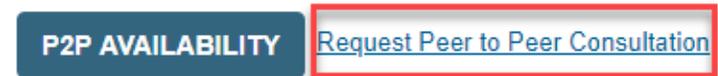
Authorization Lookup

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

P2P AVAILABILITY

How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the "All Post Decision Options" button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	

Request Peer to Peer Consultation

ALL POST DECISION OPTIONS
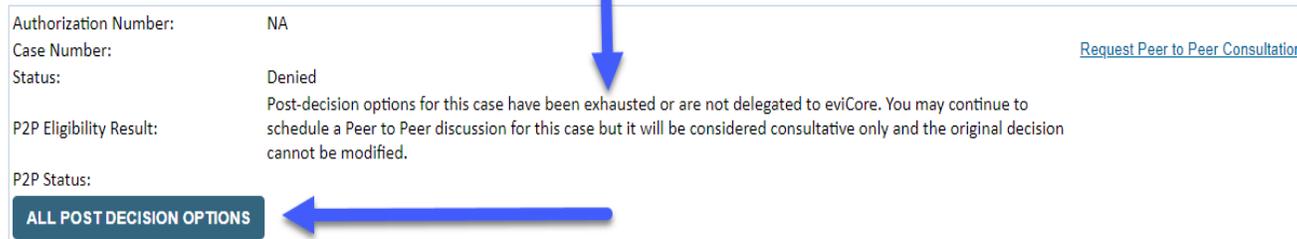
Once the "Request Peer to Peer Consultation" link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request

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

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting "Add Another Case"

To proceed, select "Lookup Cases"

How to Schedule a Peer to Peer Request

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

How to Schedule a Peer to Peer

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to "My P2P Requests" on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

    If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

    If choosing to cancel, you will be prompted to input a cancellation reason
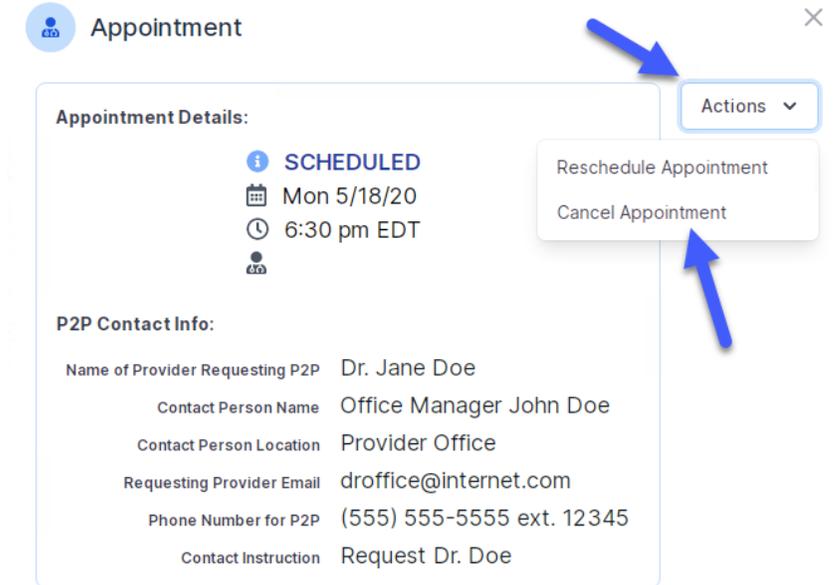
- Close browser once done

Provider Resources

Provider Resources

Prior Authorization Call Center – 855-727-7444

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

Providers can contact our call center to do one of the following:

- Request Prior Authorization

- Check Status of existing authorization requests

- Discuss questions regarding authorizations and case decisions

- Change facility or CPT Code(s) on an existing case

- Request to speak to a clinical reviewer

- Schedule a clinical consultation with an eviCore Medical Director

Online Provider Resources

Web Based Services and Online Resources

- You can access important tools, health plan specific contact information and resources at www.evicore.com

- Select the Resources to view Clinical Guidelines, Online Forms, and more.

- The Quick Reference Tool can be found by clicking the resources tab then select Find Contact Information, under the Learn How to section. Simply select Network Health and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

- Provider forums and portal training are offered weekly, you can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"
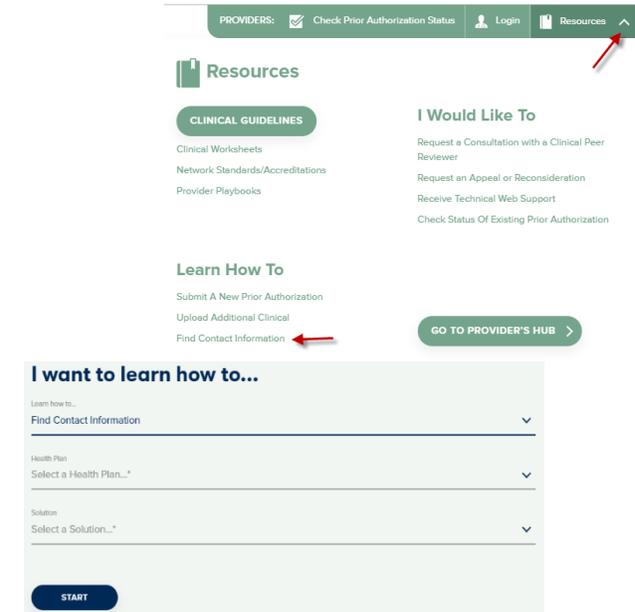
The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web related issues during the online submission process.

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com

More online Provider Resources

Client Specific Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include but is not limited to the following educational materials:

- Frequently Asked Questions

- Quick Reference Guides

- Solution PowerPoint Overview

- Announcements

- Detailed list of procedure codes that require prior authorization

- To access these helpful resources, please visit: https://www.evicore.com/resources/healthplan/network-health-wisconsin

Network Health Wisconsin Provider Services: 800-207-5769
TTY/TDD# 800-947-3529
Fax 920-720-1918

Provider Services - Resolution of Issues

Client and Provider Services

eviCore healthcare has a dedicated Client and Provider Services team to address provider related requests and concerns. In most instances, this team can provide a resolution within 24-48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing

- Requests for an authorization to be resent to the health plan

- Eligibility issues (member, rendering facility, and/or ordering physician)

- Issues experienced during case creation

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com

Phone: 1 (800) 646 - 0418 (option 4)

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/ provider/case details when applicable. Outside of normal business hours, please e-mail Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.

Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at evicore.com → Provider's Hub → Training Resources

Provider Newsletter

Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to eviCore.com

- Scroll down and add a valid email to subscribe

- You will begin receiving email provider newsletters with updates

Thank You!