# Radiology

## Provider Presentation for Network Health

EviCore By EVERNORTH

network health

# Agenda

Solutions Overview

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal
- Portal Demo
- Overview, Features & Benefits

Provider Resources

Questions & Next Steps

Appendix
- Portal Case Submission
- Peer-to-peer Scheduling Tool

# Solution Overview

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# Network Health Prior Authorization Services

EviCore will begin accepting prior authorization requests for Radiology services on December 9, 2024 for dates of service January 1, 2025 and after.

## Applicable Membership

+ Commercial already exists
+ Adding Medicare

## Prior authorization applies to the following services

+ Outpatient
+ Elective/Non-emergent

## Prior authorization does NOT apply to services performed in:

+ Emergency Rooms
+ Observation Services
+ Inpatient Stays

## Verify member eligibility & benefits through your Network Health provider account at: https://login.networkhealth.com or by calling Network Health.

- Medicare 855-580-9935 or 920-720-1460
- Group 800-826-0940 or 920-720-1300
- Individual and Family 855-275-1400 or 920-720-1400
- State of Wisconsin (ETF) 844-625-2208 or 920-720-1811

# Radiology Solution – Covered Services

**Advanced imaging services**

+ CT, CTA
+ MRI, MRA
+ PET, PET/CT
+ Nuclear Medicine

**To find a complete list of radiology Current Procedural Terminology (CPT) codes that require prior authorization through EviCore, please visit:**
https://www.evicore.com/resources/healthplan/network-health-wisconsin

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# Submitting Requests

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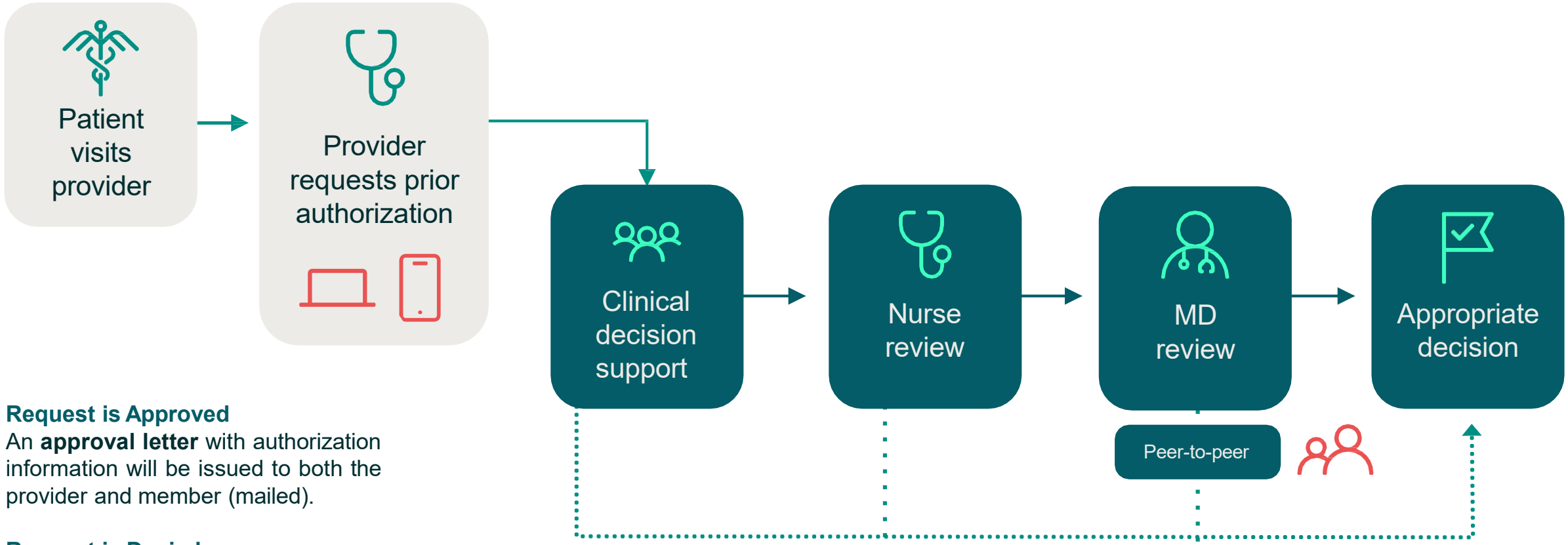
# Pre-service prior authorization workflow




**Request is Approved**
An **approval letter** with authorization information will be issued to both the provider and member (mailed).

**Request is Denied**
A **denial letter with clinical rationale** for the decision and appeal rights will be issued to both the provider and member.

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# How to Request Prior Authorization

## The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7**
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification: R**eceive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

To access the EviCore Provider Portal, visit EviCore.com/provider.

Or by phone**: 855-727-7444**

Monday – Friday
7 AM – 7 PM (central time)

Or by fax**: 800.540.2406**

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# Necessary Information for Prior Authorization

**To obtain prior authorization as quick as possible, the provider submitting the request will need to gather information within four categories:**

### Member

- ✓ Health Plan ID
- ✓ Member name
- ✓ Date of birth (DOB)

### Referring (Ordering) Physician

- ✓ Physician name
- ✓ National provider identifier (NPI)
- ✓ Phone & fax number

### Supporting Clinical

- ✓ Pertinent clinical information to substantiate medical necessity for the requested service
- ✓ CPT/HCPCS Code(s)
- ✓ Diagnosis Code(s)
- ✓ Previous test results

### Rendering Facility

- ✓ Facility name
- ✓ Address
- ✓ National provider identifier (NPI)
- ✓ Tax identification number (TIN)
- ✓ Phone & fax number

**All** Clinical Information pages must include 2 patient/member identifiers

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# Additional Documentation Needed

If during case build 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 requesting additional documentation.**

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed.**

**The provider must submit the additional information to EviCore.**

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

**EviCore will review the additional documentation and reach a determination.**

Determination notifications will be sent.

# I’ve received a request for additional clinical information. What’s next?

Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

**Important to note:** If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

**Once the determination is made, notifications will go out to the provider and member, and status will be available on EviCore.com**

## There are three ways to supply the requested information:

1. Upload directly into the case via the provider portal at EviCore.com. **All** Clinical Information pages must include 2 patient/member identifiers
2. Fax to 855-744-1319
3. Request a Pre-Decision Clinical Consultation This consultation can be requested via the EviCore website (see the appendix instructions), and must occur prior to the due date referenced

# Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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# Prior Authorization Determination Outcomes

## Determination Outcomes

+ Approved Requests: Authorizations are valid for 60 calendar days from the date of the determination.
+ Partially Approved Requests: In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes, including denied Site of Care (if applicable)
+ Denied Requests: If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

## Notifications

+ Members will receive a letter by mail.
+ For web-initiated cases, the requesting provider will receive e-notifications by default. However, if fax is preferred, the user can opt to receive updates by this method.
+ Authorization letters will be faxed to the ordering physician.
+ For Medicare cases, providers and members will also be notified by phone.
+ Approval information can be printed on demand from the EviCore portal.


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# Special Circumstances

## Retrospective Authorization Requests

- Must be submitted within 7 business days from the date of services
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Processed within 14 calendar days
- When authorized, the start date will be the submitted date of service

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# Special Circumstances

## Urgent Prior Authorization Requests

EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member

Can be initiated on provider portal or by phone

Urgent cases are typically reviewed within 48 hours

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# Special Circumstances

## Alternative Recommendation

An alternative recommendation may be offered based on EviCore's evidence-based clinical guidelines

The ordering provider can either accept the alternative recommendation by calling intake

Providers have up to14 calendar days to contact EviCore to accept the alternative recommendation


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# Special Circumstances

## Authorization Update

If updates are needed on an existing authorization, such as date of service or location, providers can contact EviCore by phone

If the authorization is not updated and a different facility location is submitted on the claim, it may result in a claim denial

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POST-DECISION OPTIONS

# Medicare Members

## My case has been denied. What's next?

+ Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
+ Once a denial decision has been made, however, the decision can not be overturned via Clinical Consultation.

### Reconsiderations

+ Medicare cases do not include a reconsideration option

### Appeals

+ EviCore will not process appeals.
+ Appeal requests must be submitted to Network Health within 60 calendar days from the initial determination.
+ Appeal requests can be submitted in writing

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# For the existing Commercial Members

## Options if your case is denied

+ Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.
+ You may also call EviCore at 855-727-7444 to speak with an agent who can provide available option(s) and instruction on how to proceed.
+ Alternatively, select ‘All Post Decisions’ under the authorization lookup function on EviCore.com to see available options.

### Reconsiderations

+ Reconsiderations must be requested within 14 calendar 855-727-7444 days after the determination date.
+ Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician. Refer to the 3 ways you can share additional information by clicking here.

### Appeals

+ EviCore will not process appeals.
+ Appeal requests can be submitted to Network Health. Please refer to your denial letter for timeframes.
+ A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

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# EviCore Provider Portal

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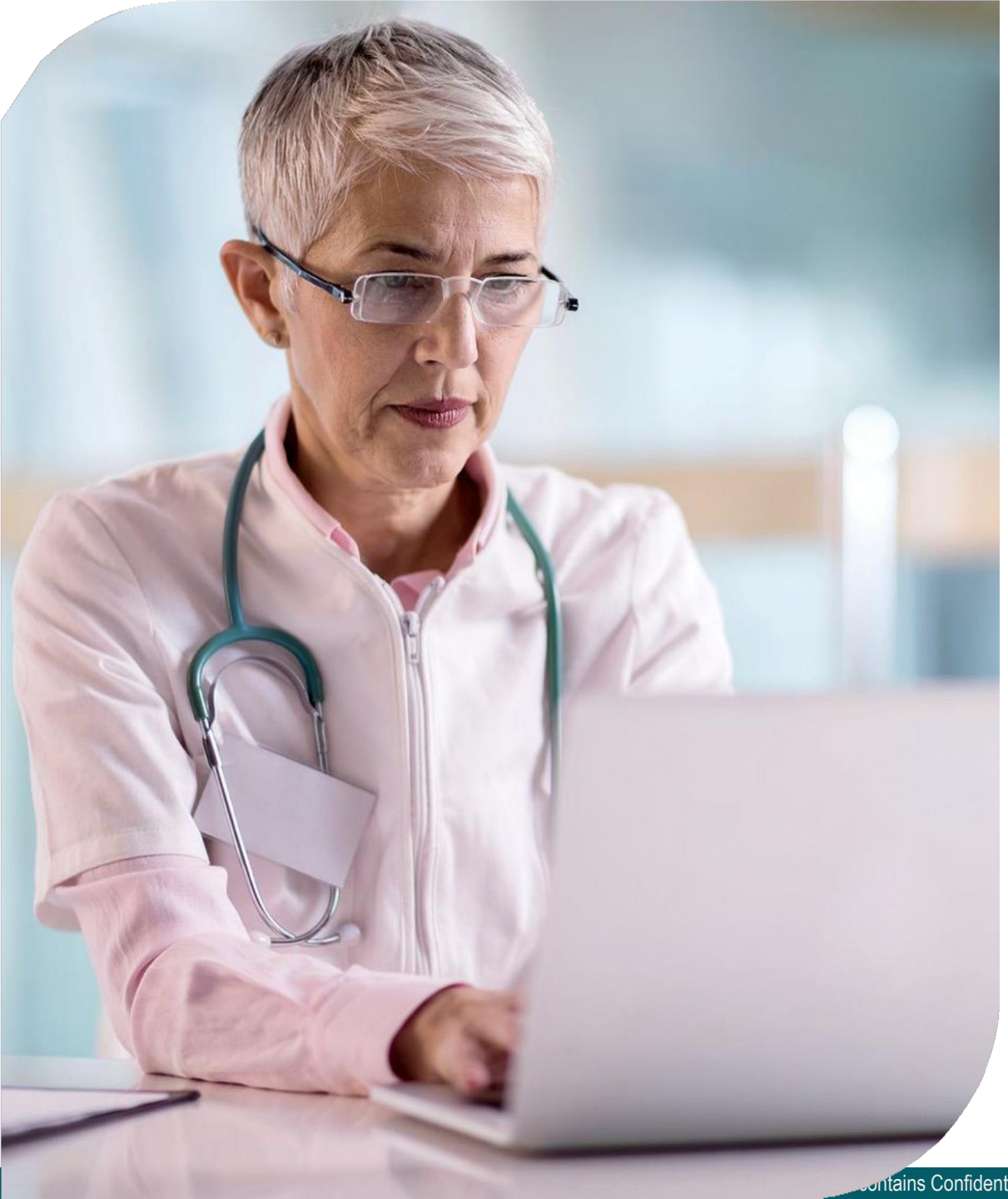


EVICORE PROVIDER PORTAL

# Features

## Eligibility Lookup

+ Confirm if patient requires clinical review

## Clinical Certification

+ Request a clinical review for prior authorization on the portal

## Prior Authorization Status Lookup

+ View and print any correspondence associated with the case
+ Search by member information OR by case number with ordering national provider identifier (NPI)
+ Review post-decision options, submit appeal, and schedule a peer-to-peer

## Certification Summary

+ Track recently submitted cases

# Access and Compatibilit

Most providers are already saving time submitting clinical review requests online vs. telephone

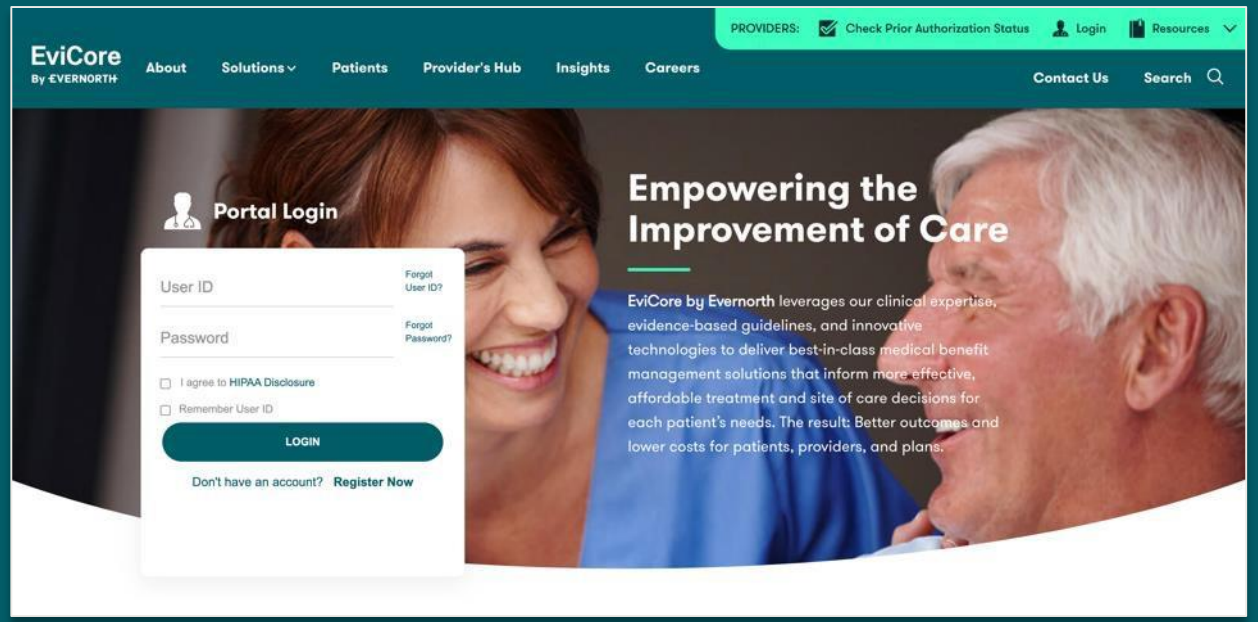
**Access resources on the EviCore Provider Portal**

Visit [evicore.com/provider](evicore.com/provider)

**Already a user?**

**Log in** with User ID & Password

**Don't have an account?**
Click **Register Now**




EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

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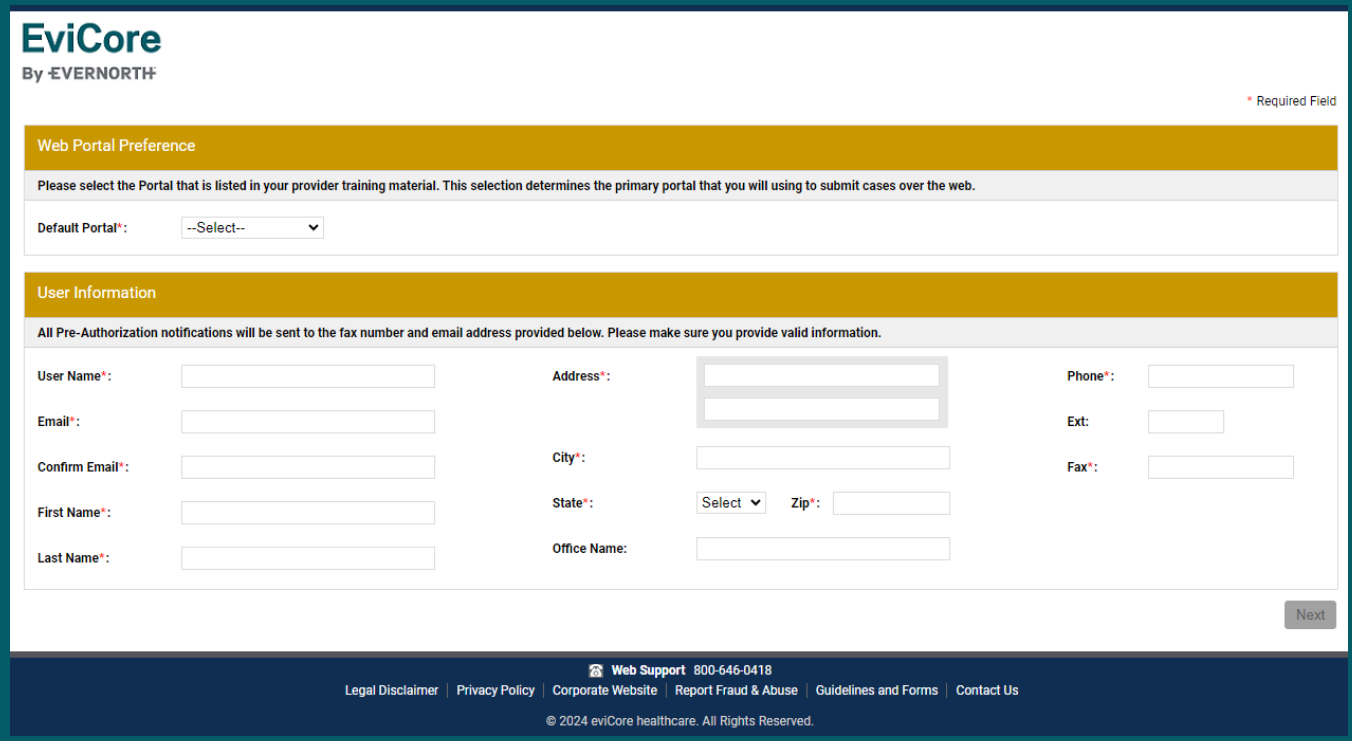
# Creating an Account

**Select CareCore National as the Default Portal.**

Complete the User Information section in full and **Submit Registration.**

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.



# Setting Up Multi-Factor Authentication (MFA)

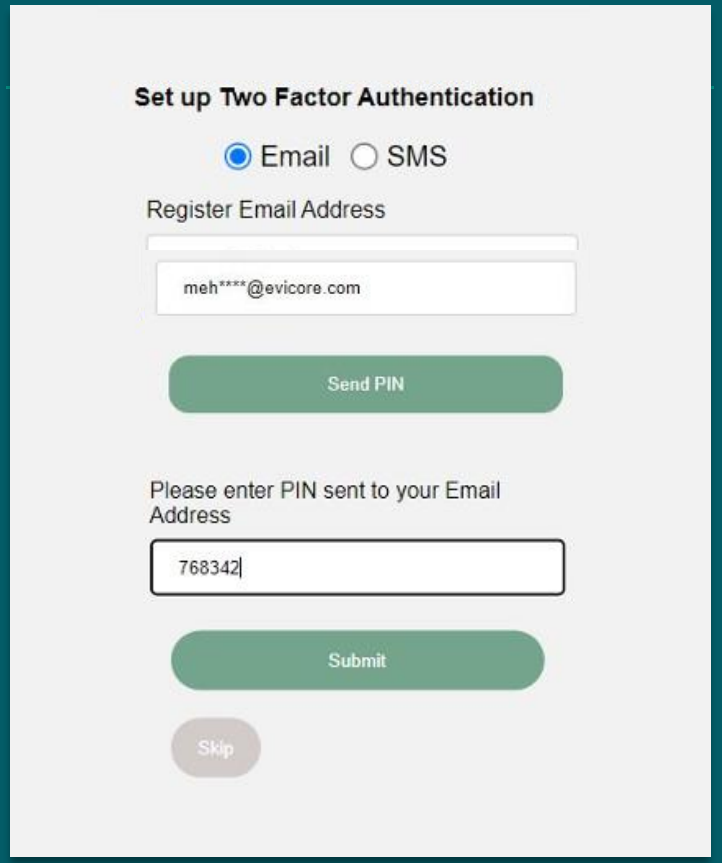
## Most providers are already saving time submitting clinical review requests online vs. telephone

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS. Then, enter your email address or mobile phone number.

Select Send PIN, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

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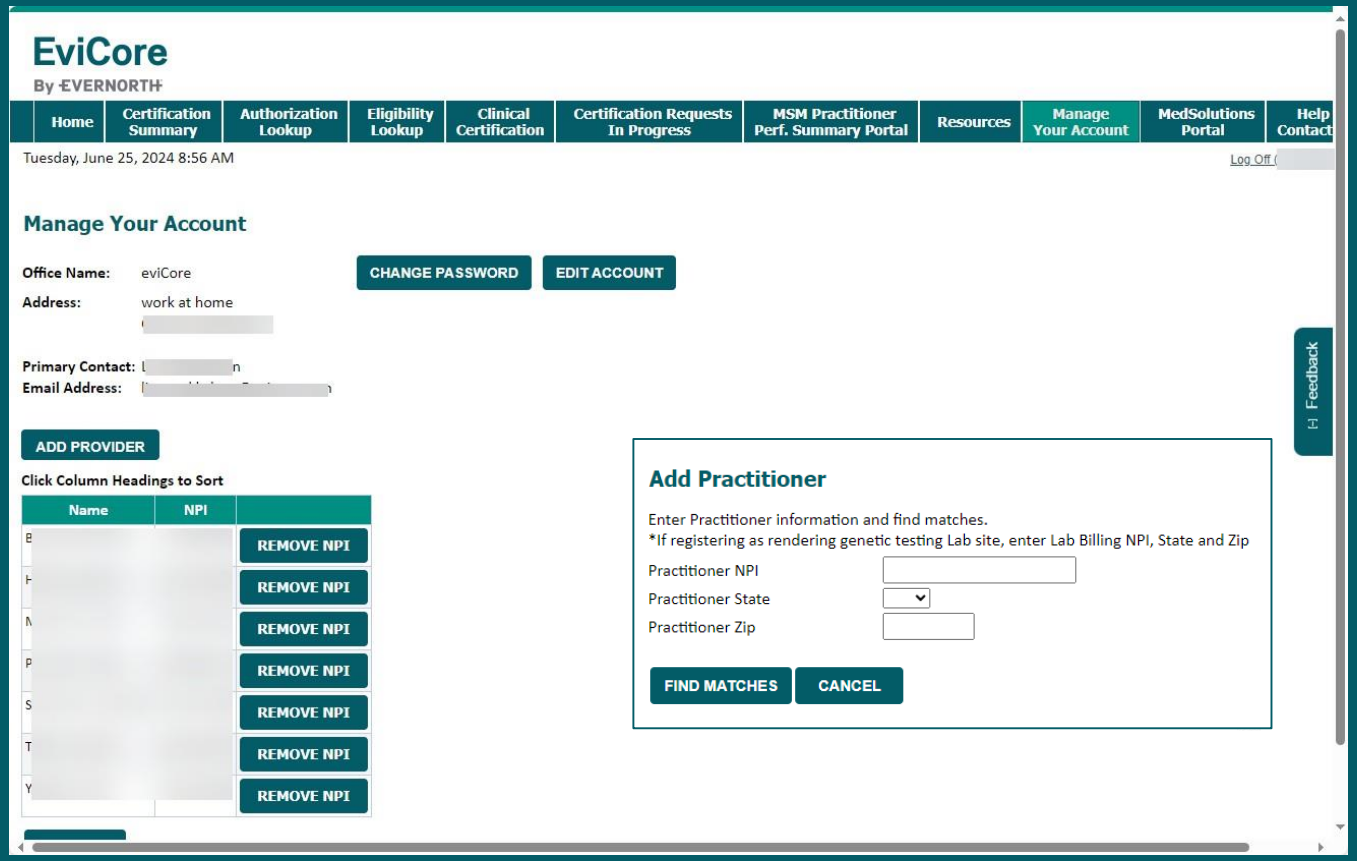
# Add Providers

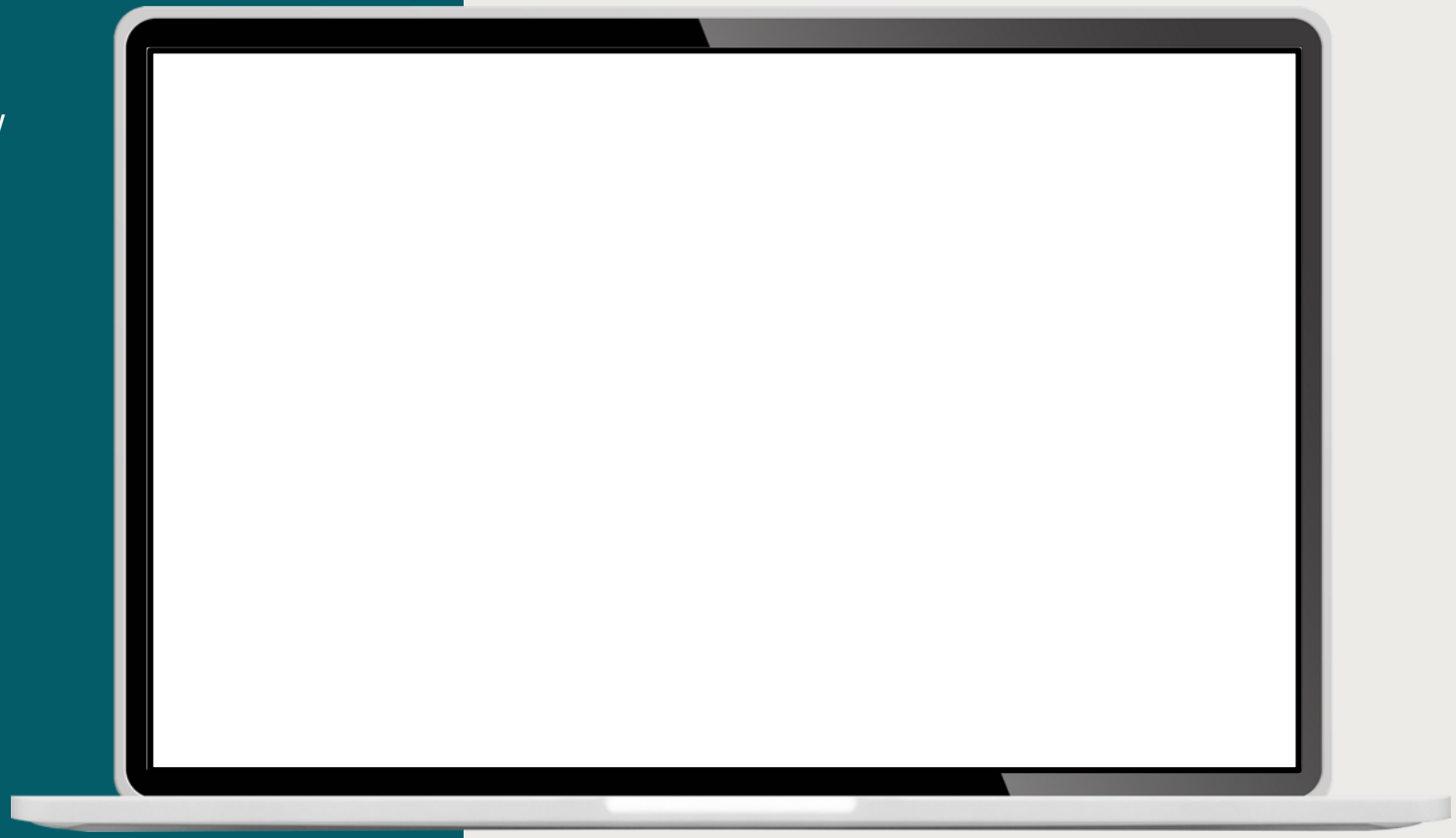
- **You can add providers and their NPI's to your account prior to case submission**
- Click the **Manage Your Account** tab to add provider information
- Select **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- You can also click **Add Another Practitioner** to add another provider to your account
- You can access the **Manage Your Account** at any time to make any necessary updates or changes



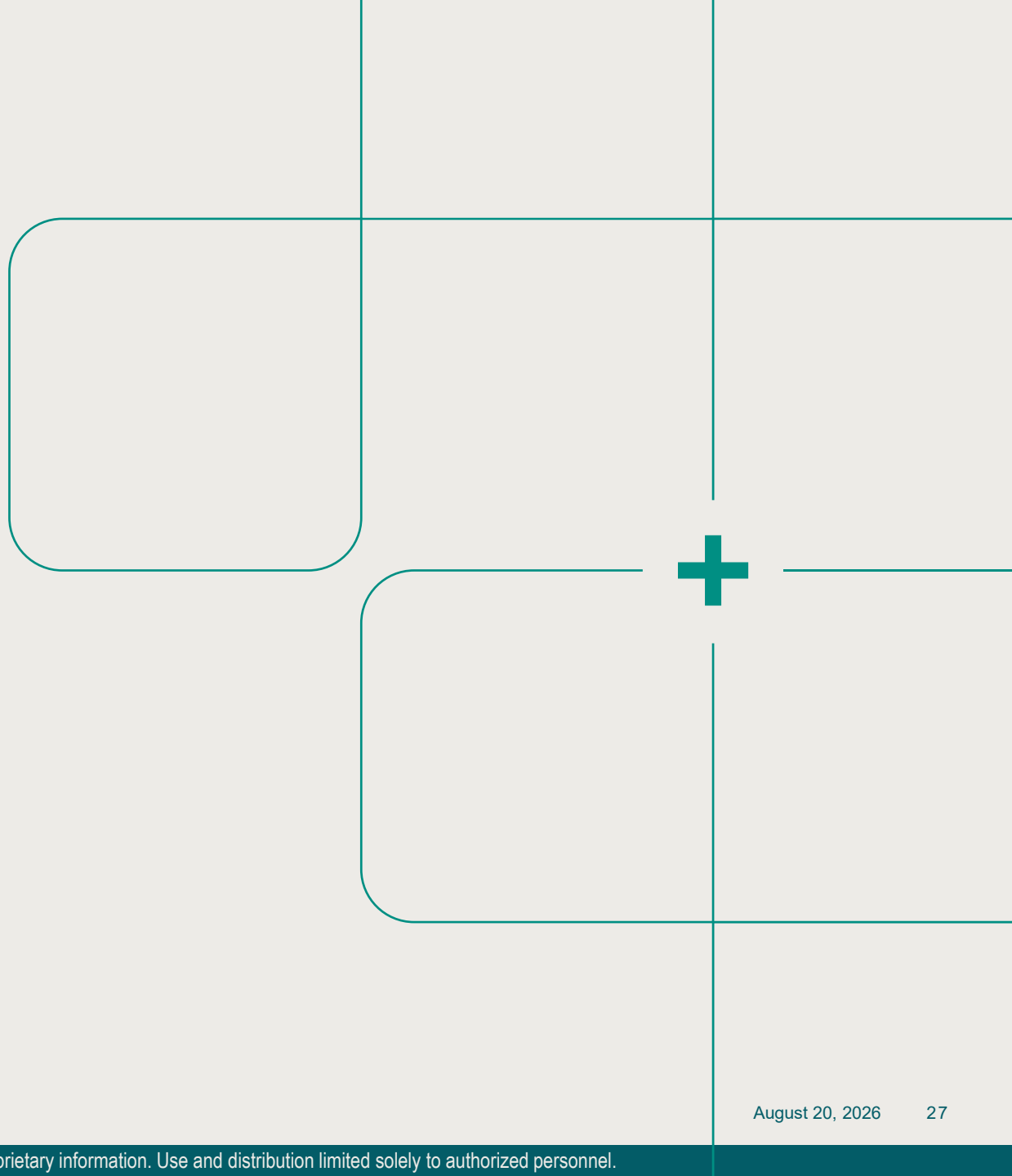
# Provider Portal Demo

**Radiology**

Click on the screen to view a video (2 min)



*Radiology*



# Provider Resources

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# EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore's provider portal
  - You can also call a Web Support Specialist at 800-646-0418 (option 2)
  - Chat with web support on the EviCore Provider Resource page

ECRM is available **24/7**. Users can login or register **HERE**.

Additional Information about ECRM can be found on the **Providers' Hub**.

# Contact EviCore's Dedicated Teams

### Web-Based Services and Portal Support

- Live chat
- ECRM
- Phone: **800-646-0418** (option 2)

### Provider Engagement

Regional team that works directly with the provider community.

### Lisa Mekkelsen

Email: lisa.mekkelsen@evicore.com

+ Phone: **843-949-0022**

### Call Center/Intake Center

Call **855-727-7444.** Representatives are available from 7 a.m. to 7 p.m. local time.

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# Provider Resource Website

Provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

+ Frequently asked questions
+ Quick reference guides
+ Provider training
+ CPT code list

To access these helpful resources, visit Network Health Wisconsin Provider Resources | EviCore by Evernorth

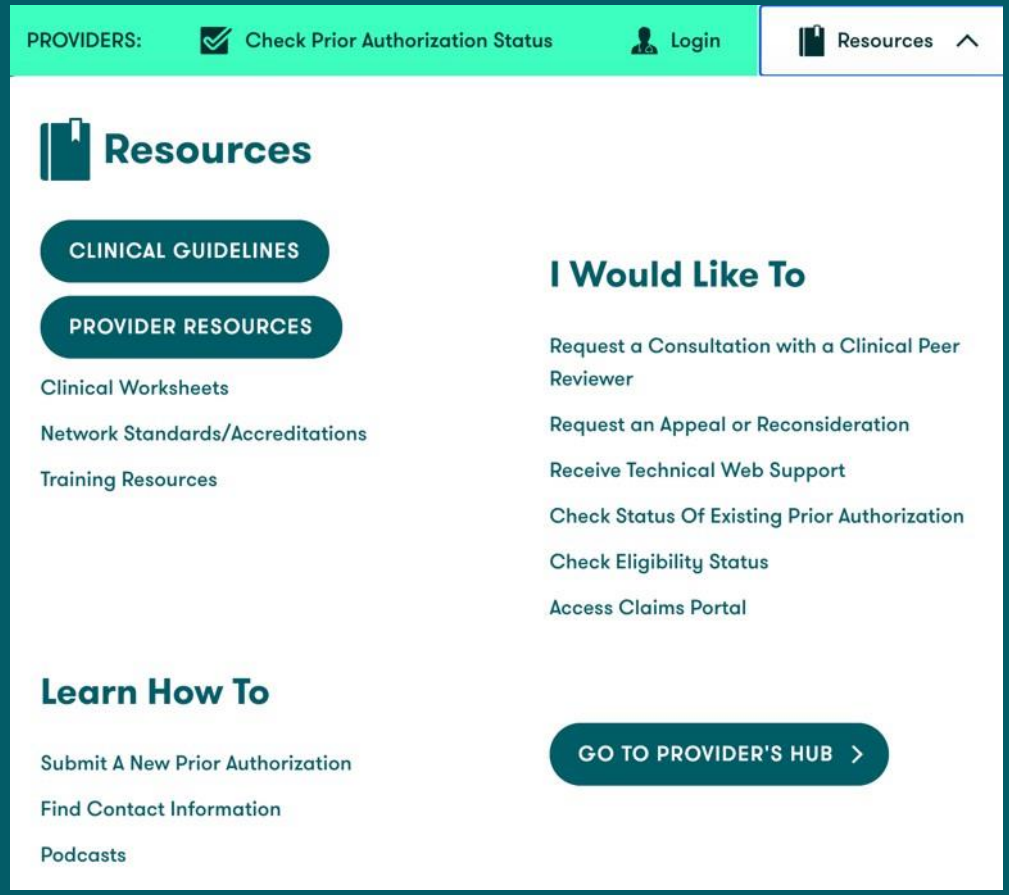
To access additional authorization information via Network Health provider resources, visit Network Health | Authorization Information

PROVIDER RESOURCES

# EviCore Provider's Hub

Providers and staff can access important tools and resources at [EviCore.com](EviCore.com)

1. Open the **Resources** menu in the top right of the browser
2. Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more

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# Clinical Guidelines

## How do I access EviCore's clinical guidelines?

1. Open the **Resources** menu in the top right of the browser
2. Select **Clinical Guidelines**
3. Select the solution/program associated with the requested guidelines
4. Search by health plan name to view clinical guidelines


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# EviCore Online Provider Resources Review Forum

The EviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to Evicore.com and the prior authorization process.

## Ongoing sessions for Web Portal Training (non health plan specific)

+ Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
+ Includes Portal registration, Case lookup, and Scheduling Peer to Peer Consultations

## Register for Provider sessions:

Provider's Hub > Scroll down to EviCore Provider Orientation Session Registrations > Upcoming

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PROVIDER RESOURCES

# Contacts and Helpful Links

| | |
|---|---|
| **Web-Based Services** | portal.support@evicore.com<br>800-646-0418, option 2 |
| **Client Provider Operations** | clientservices@evicore.com |
| **Provider Engagement:**<br>Lisa Mekkelsen<br>Regional Provider Engagement Manager | Lisa.mekkelsen@evicore.com<br>843-949-0022 |
| **Worksheets** | evicore.com/provider/online-forms |
| **Clinical Guidelines** | evicore.com/provider/clinical-guidelines |
| **Request a Clinical Consultation** | evicore.com |

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# EviCore's Provider Newsletter

## Stay up-to-date with our free provider newsletter

**To subscribe:**

+ Visit EviCore.com
+ Scroll down to the section titled Stay Updated With Our Provider Newsletter
+ Enter a valid email address

# Thank You

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# Appendix

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# Portal Case Submission

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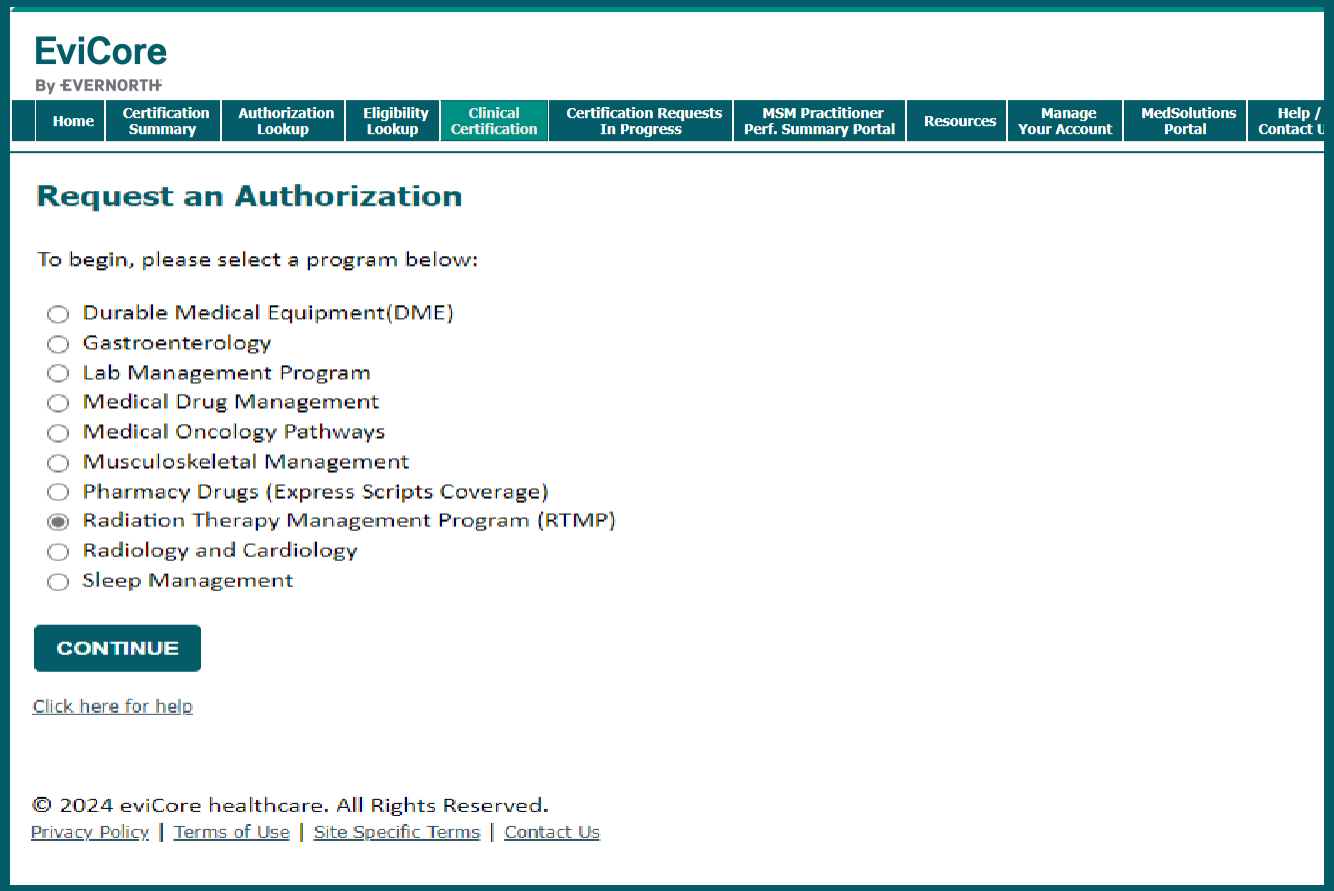
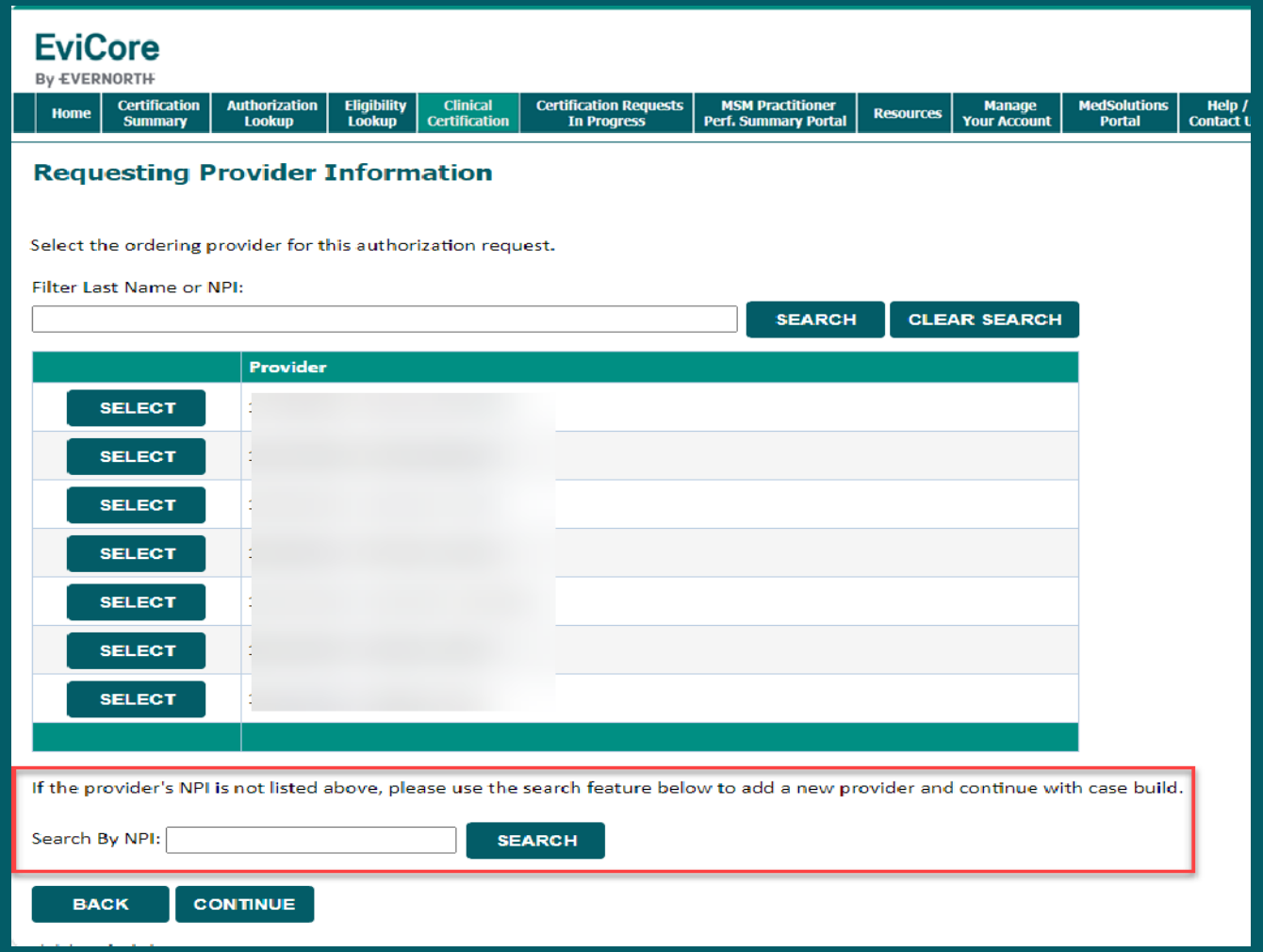
# Initiating a Case

+ Click **Clinical Certification** to begin a new request
+ Select the **Program** for your certification



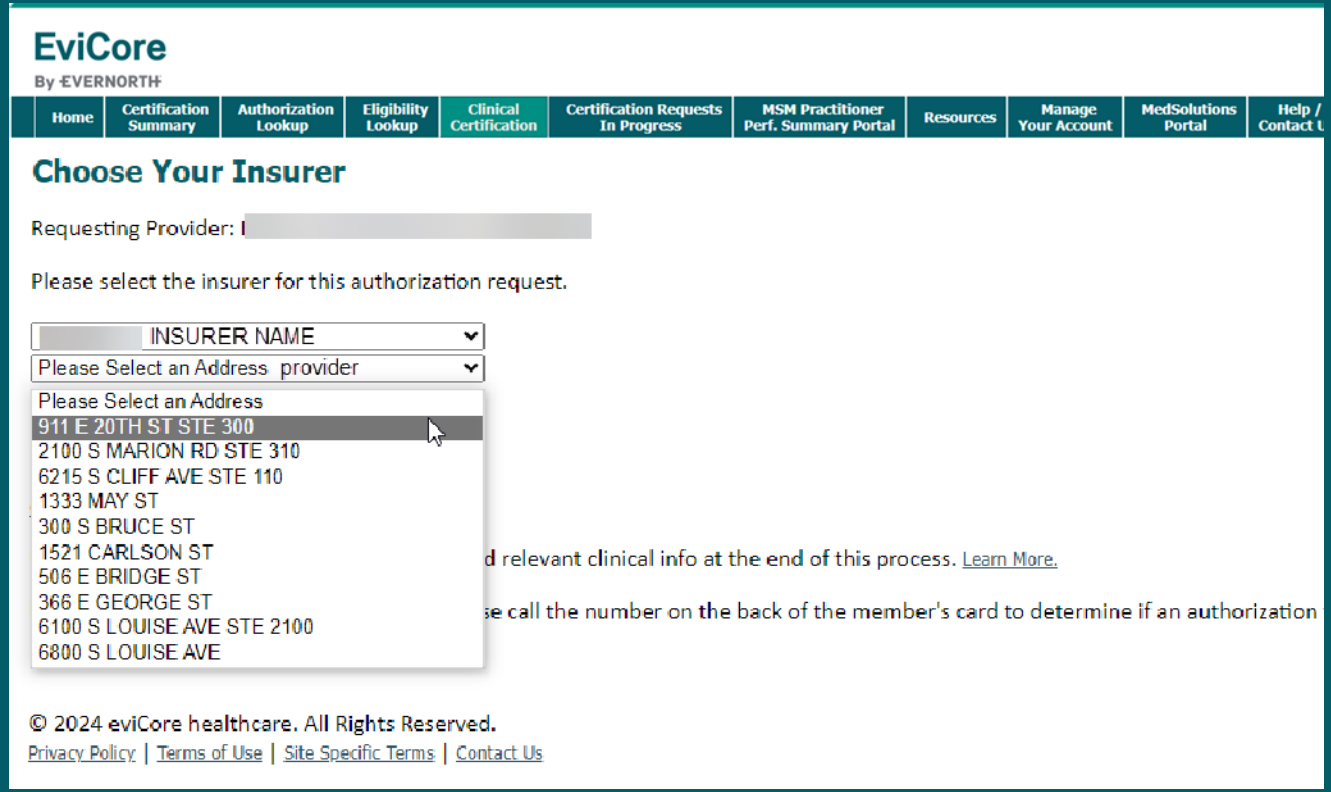
# Search for and Select Provider

Search for and select the **Practitioner/Group** for whom you want to build a case



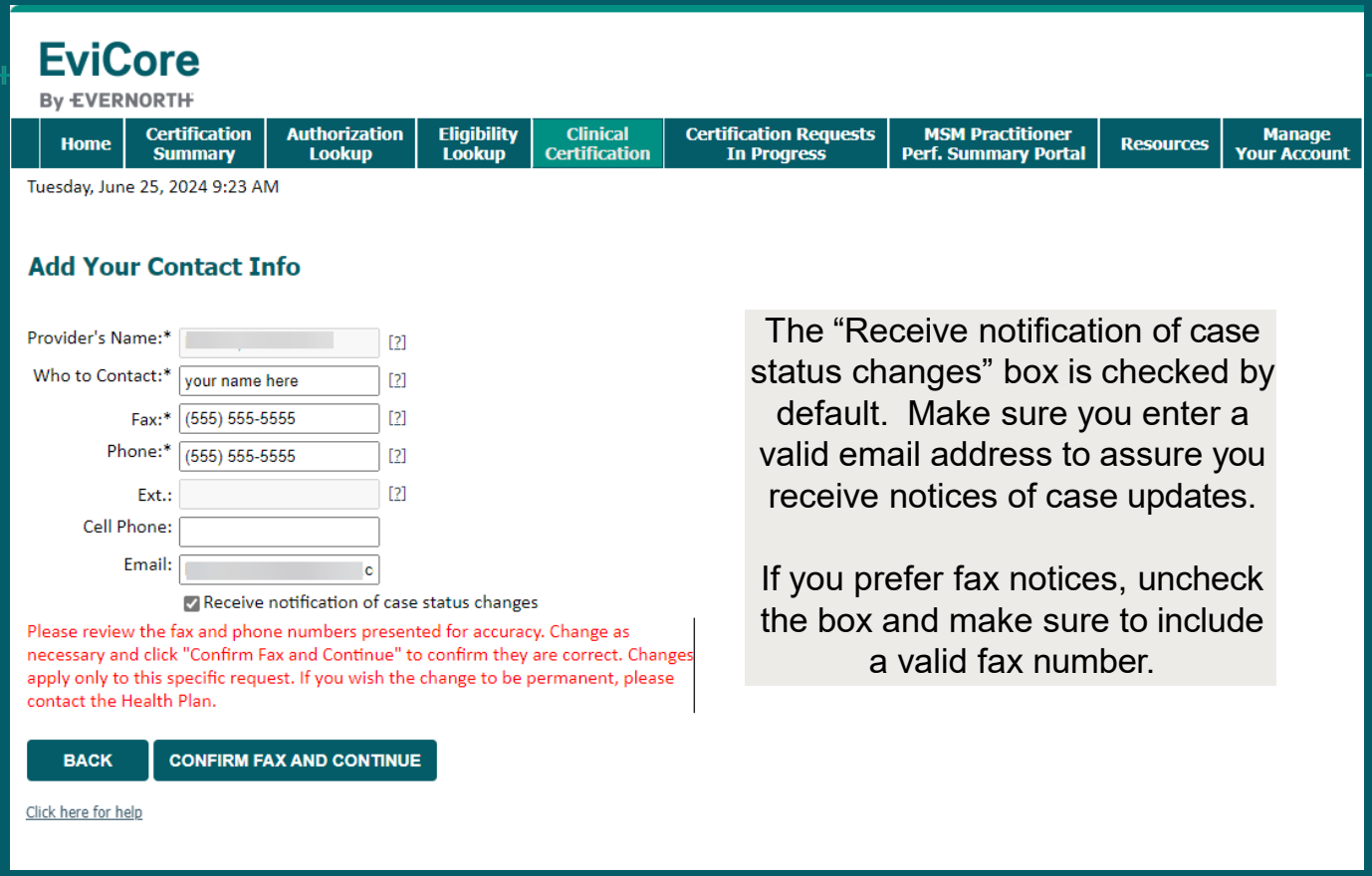
# Select Health Plan

+ Choose the appropriate **Health Plan** for the request
+ Another drop down will appear to select the appropriate address for the **provider**
+ Select **CONTINUE**



# Enter Contact Information

+ Enter the **Provider's name** and appropriate information for the point of contact individual
+ Provider name, fax and phone will pre-populate, edit as necessary

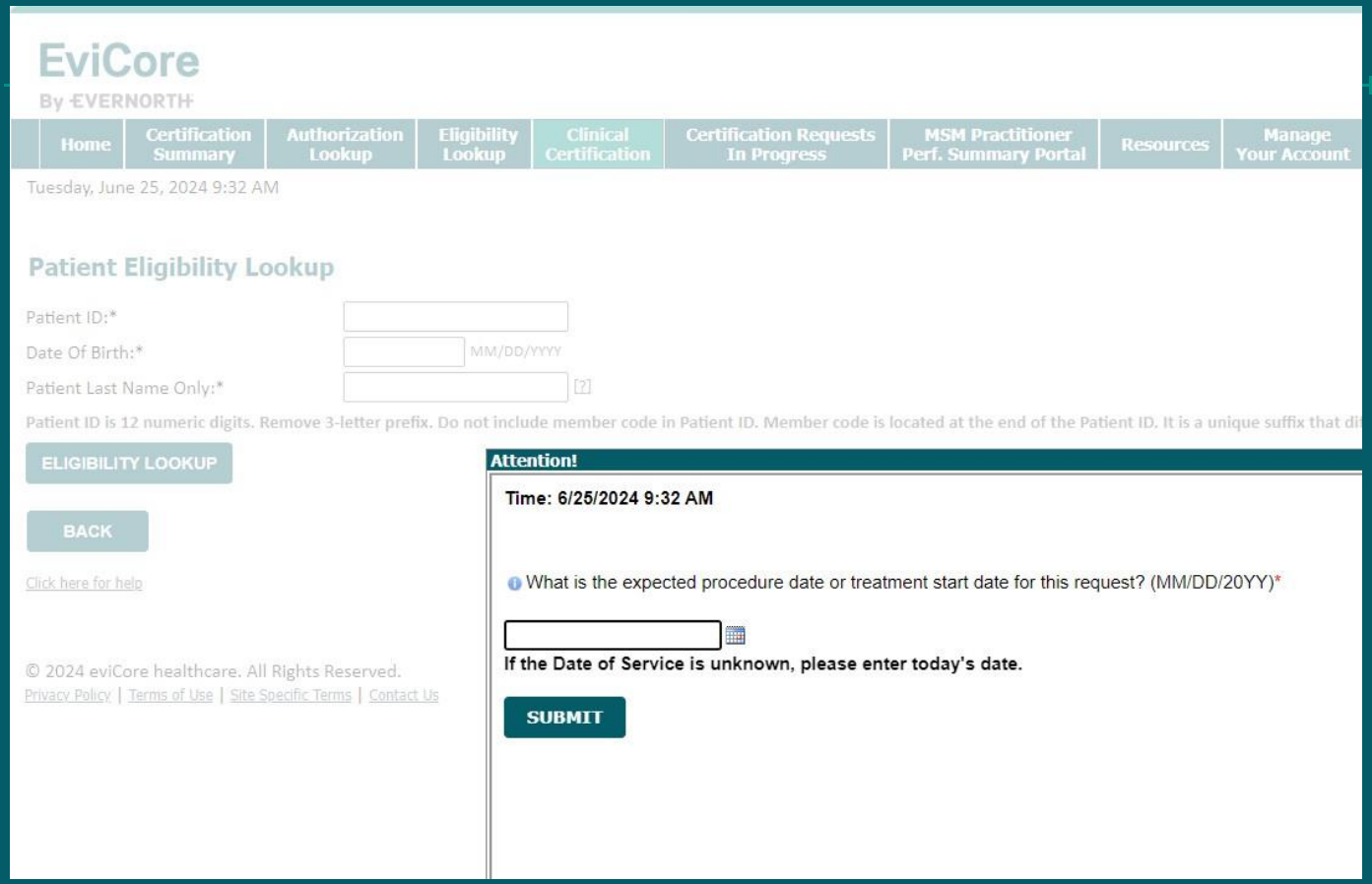



The "Receive notification of case status changes" box is checked by default. Make sure you enter a valid email address to assure you receive notices of case updates.

If you prefer fax notices, uncheck the box and make sure to include a valid fax number.

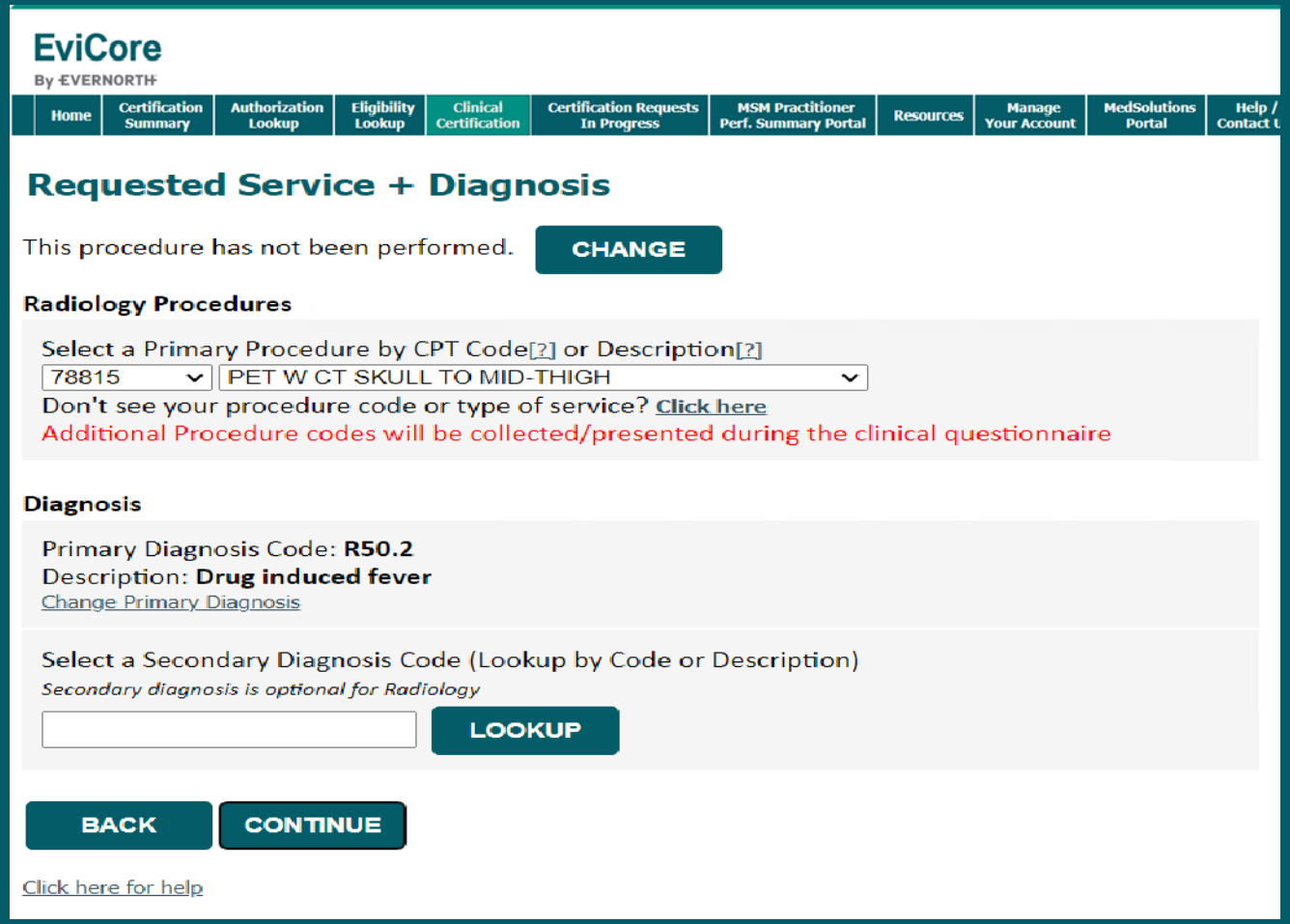
# Enter Member Information

+ Enter the expected date of service.  If unknown, enter today's date.
+ Then, enter the **member information,** including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**
+ Confirm your patient's information and click **SELECT** to continue



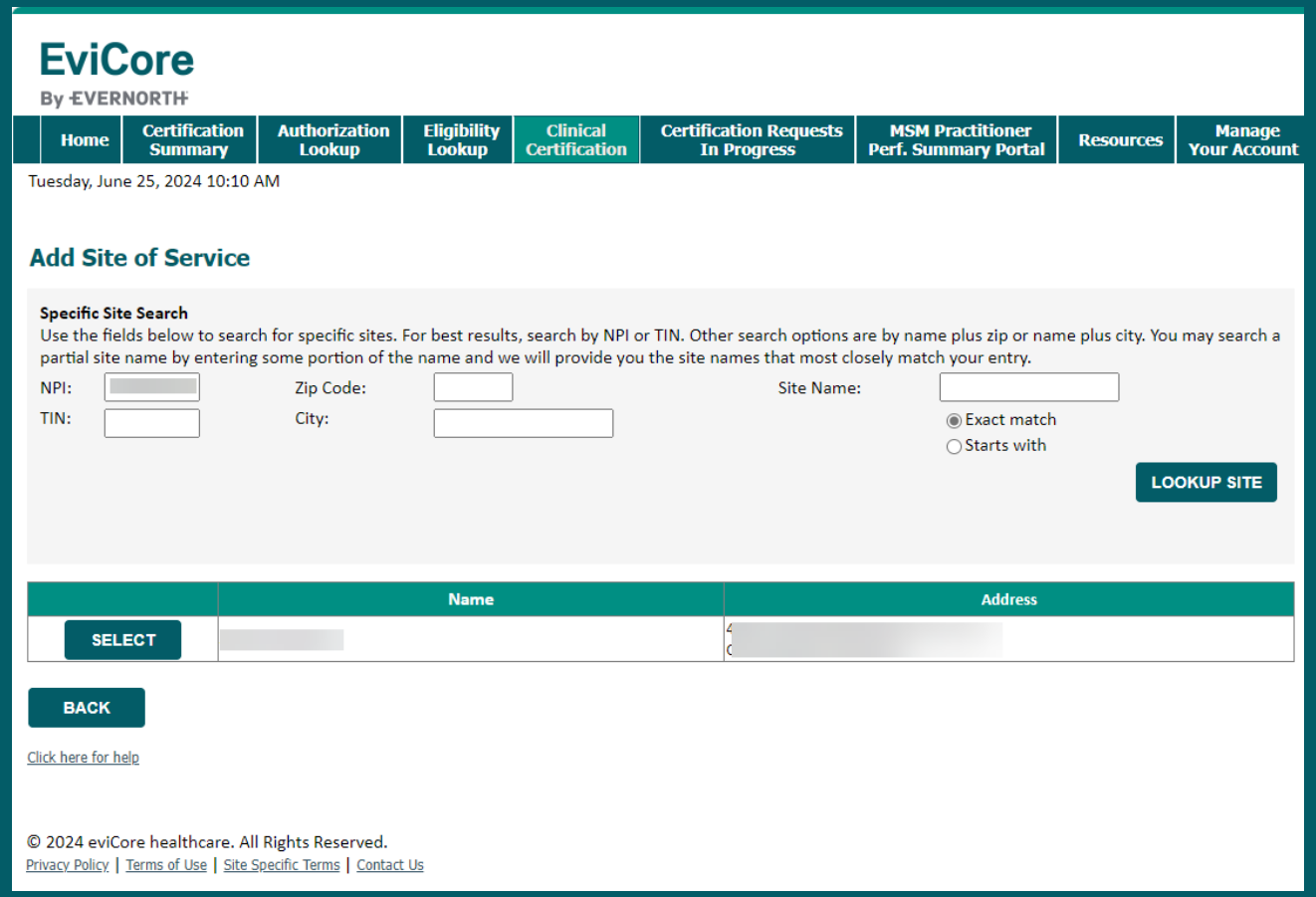
# Enter Requested Procedure and Diagnosis

+ Select appropriate **CPT** and **Diagnosis codes**



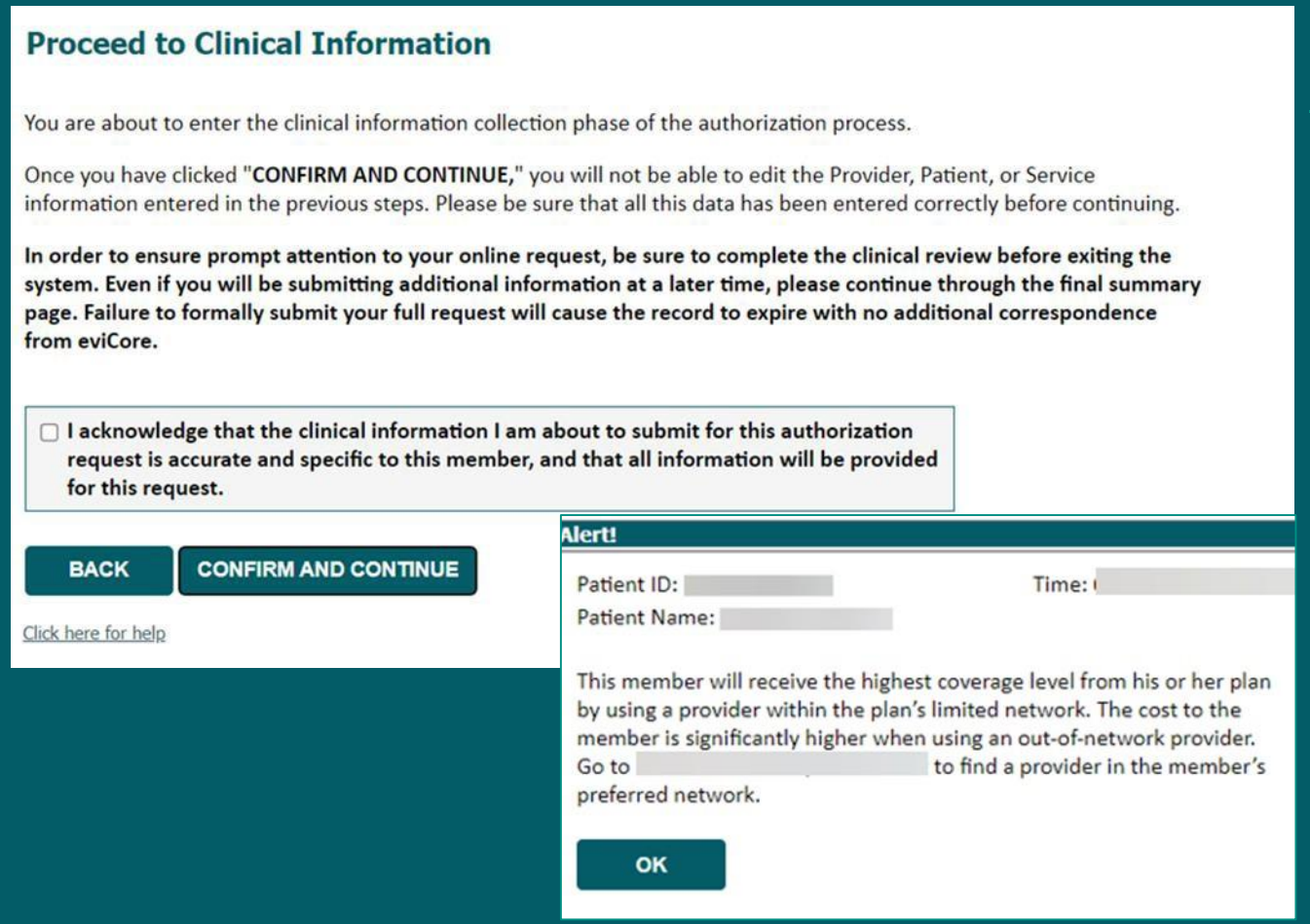
# Site Selection

+ Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **and** zip code)
+ Generally, the less fields that have information entered will yield a larger list of options.
+ **Select** the specific site where the procedure will be performed



# Clinical Certification

- You may get pop up windows along the submission process, so make sure to read the messages carefully and follow the guidance.
- Verify that all information is entered and correct
- **You will not have the opportunity to make changes after this point**

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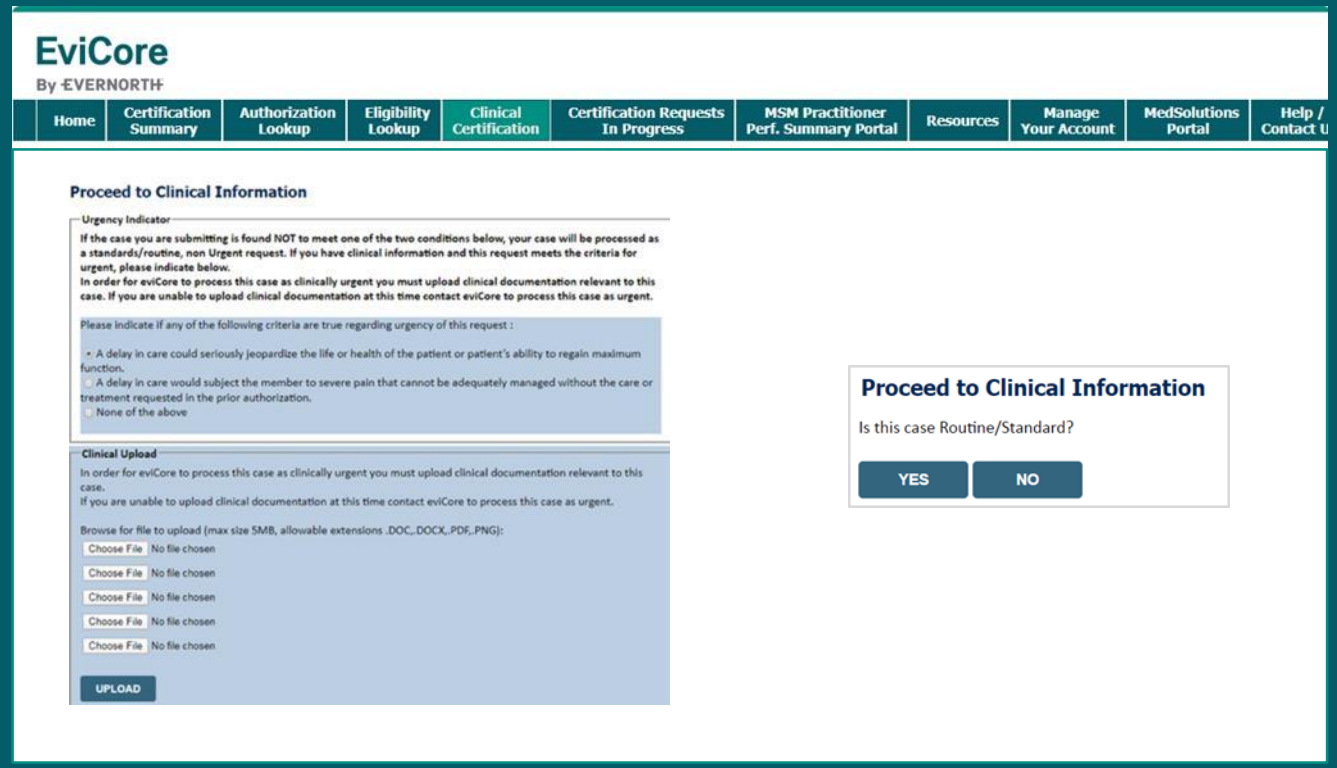
# Standard or Urgent Request?

+ If the case is **standard,** select **Yes**
+ If your request is **urgent,** select **No**
+ When a request is submitted as urgent, you will be **required** to upload relevant clinical information
+ Upload up to **FIVE documents** *(.doc, .docx, or .pdf format)*
+ Your case will only be considered urgent if there is a successful upload



# EviCore intelliPath®

## Real-Time Decision or Clinical Documentation Upload

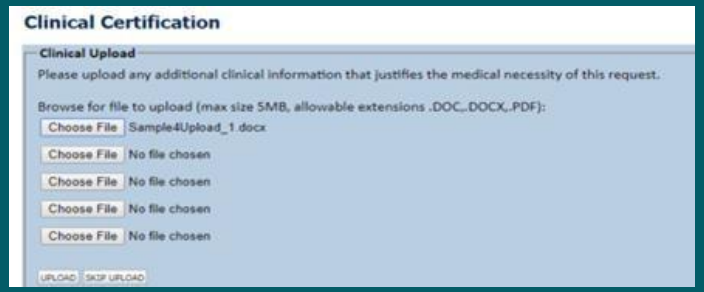
Workflow that reduces provider administrative burden by reducing the clinical survey experience

**Real-time decisions**

Expedites evidence-based patient care

When a Real-Time approval does not occur, simply upload clinical information that supports the request



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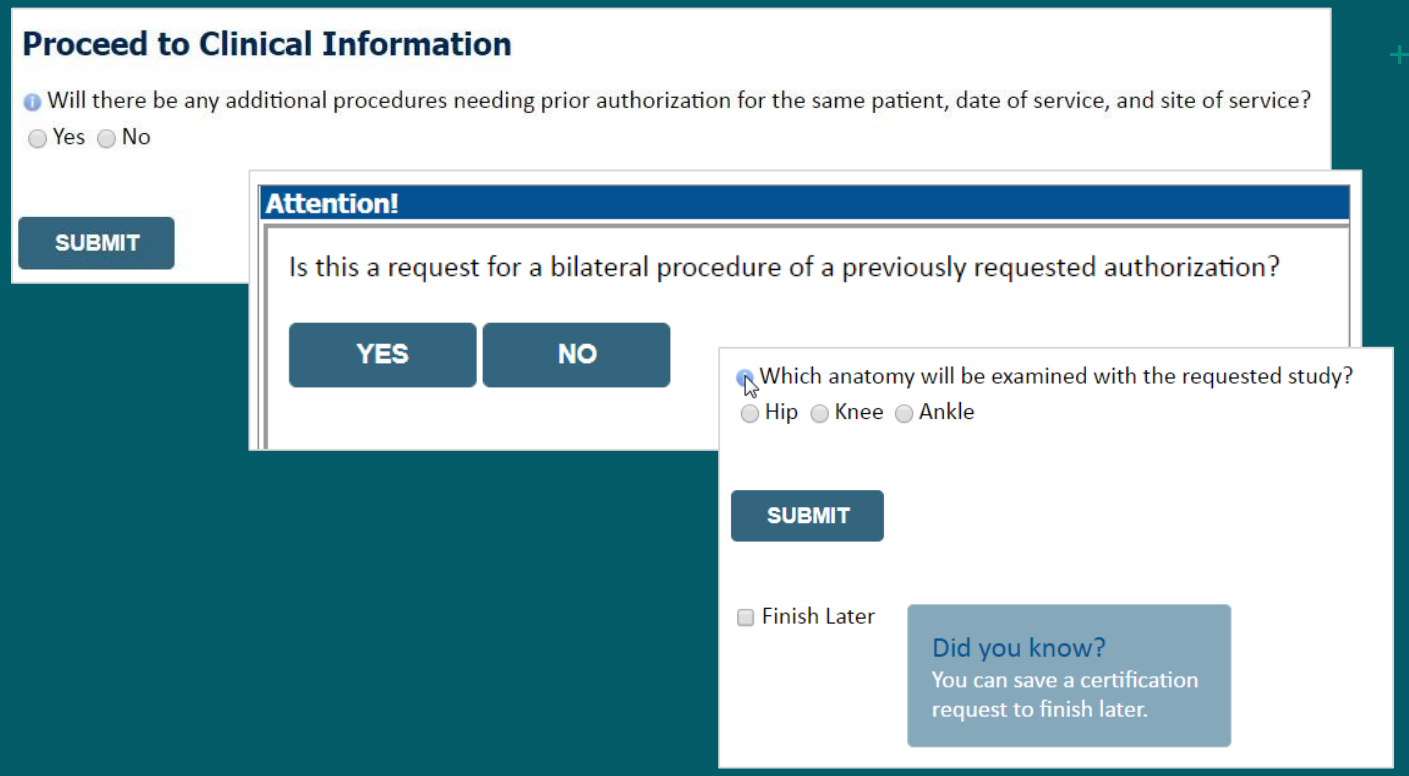
# Proceed to Clinical Information

- **Clinical Certification** questions may populate based on the information provided
- You can save your request and '**Finish later**' if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.
- Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

## Example Questions

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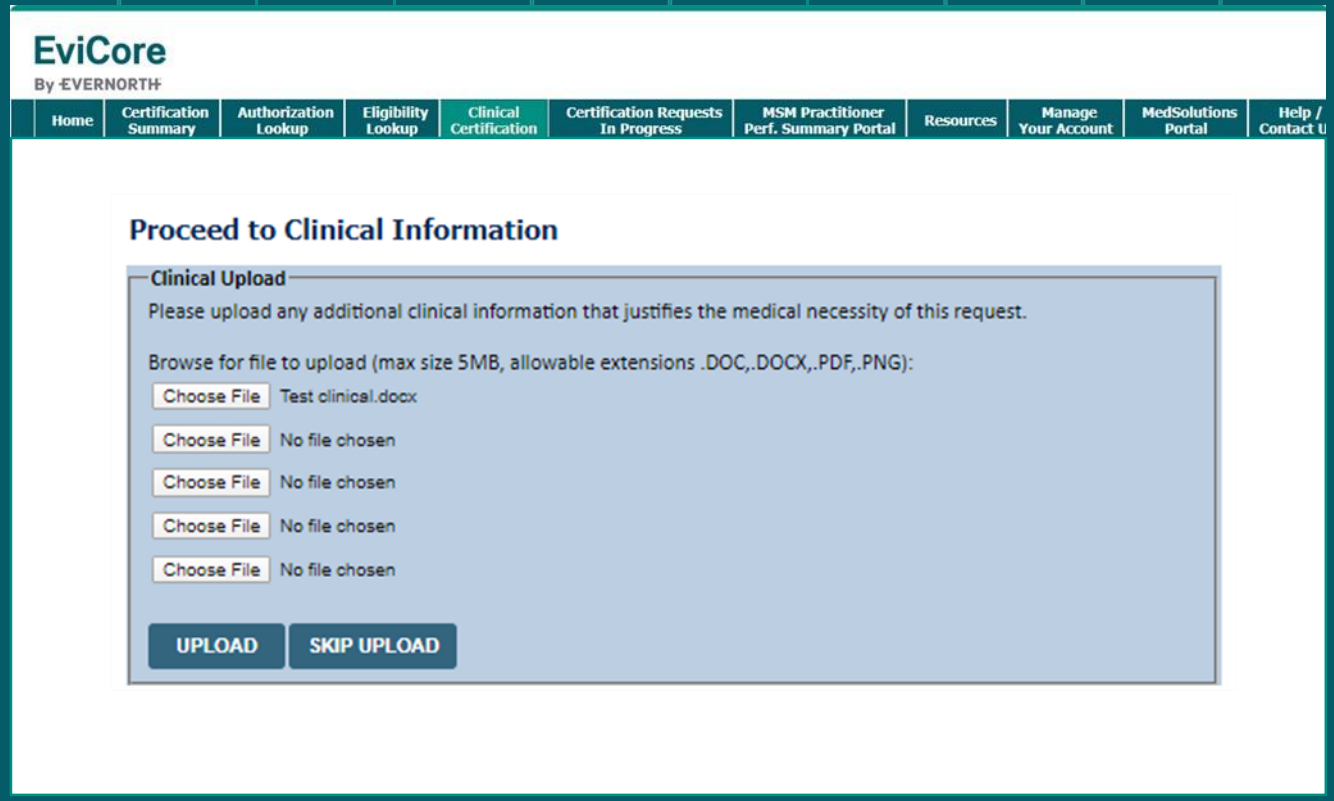
# Request for Clinical Upload

If **additional information** is required, you will have the option to upload more clinical information for review.

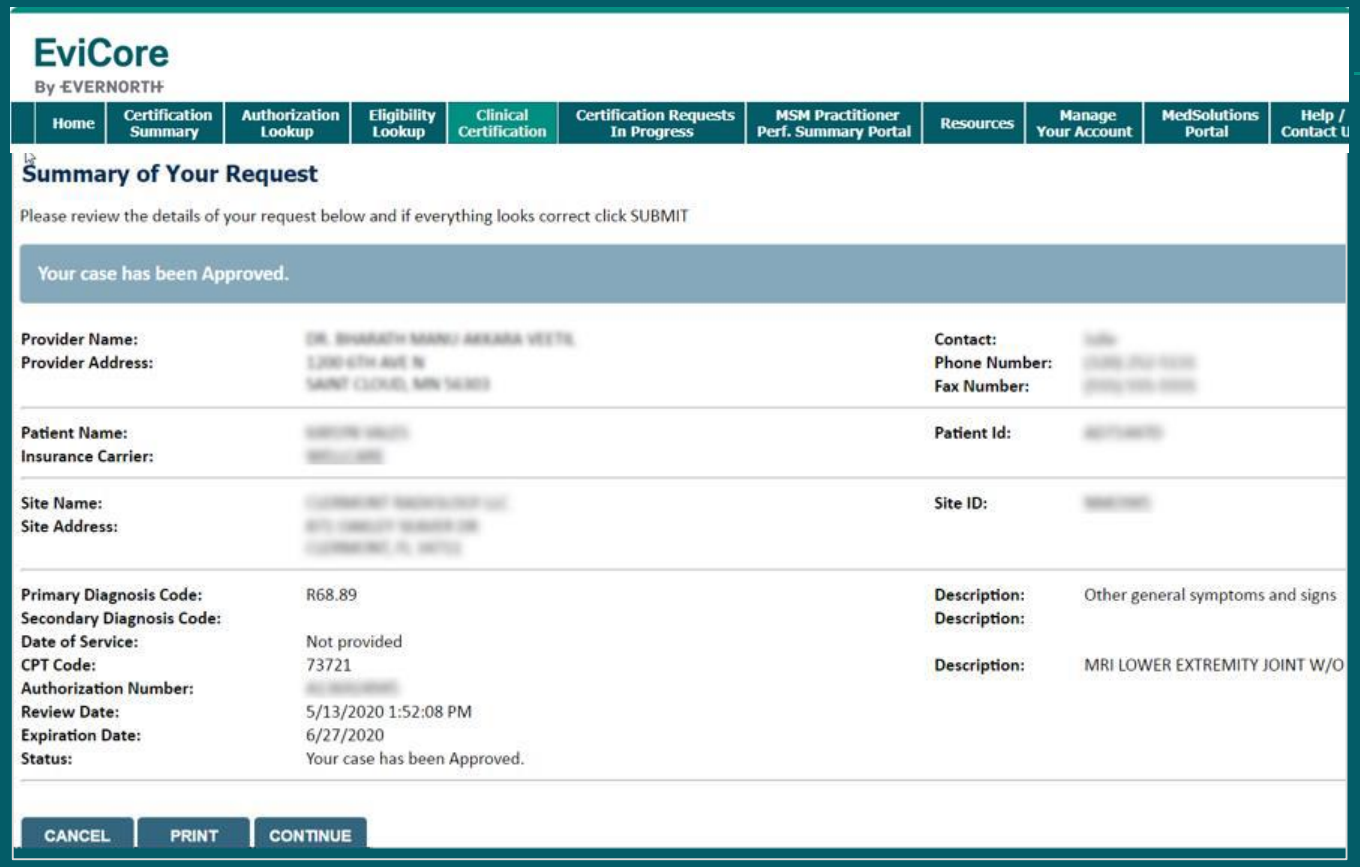
**Tips:**

+ Providing clinical information via the web is the fastest and most efficient method
+ Enter additional notes in the space provided only when necessary
+ Additional information uploaded to the case will be sent for clinical review
+ Print out a summary of the request that includes the case # and indicates ‘Your case has been sent to clinical review’



# Criteria Met

If your request is authorized during the initial submission, you can **PRINT the summary of the request** for your records.



# + Peer-to-Peer (P2P) Scheduling Tool

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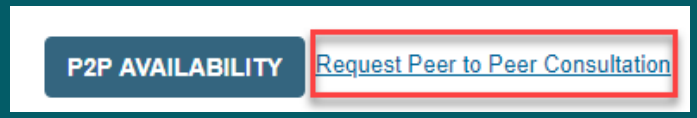
# Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

1. Log-in to your account at EviCore.com
2. Perform **Clinical Review Lookup** to determine the status of your request
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays*

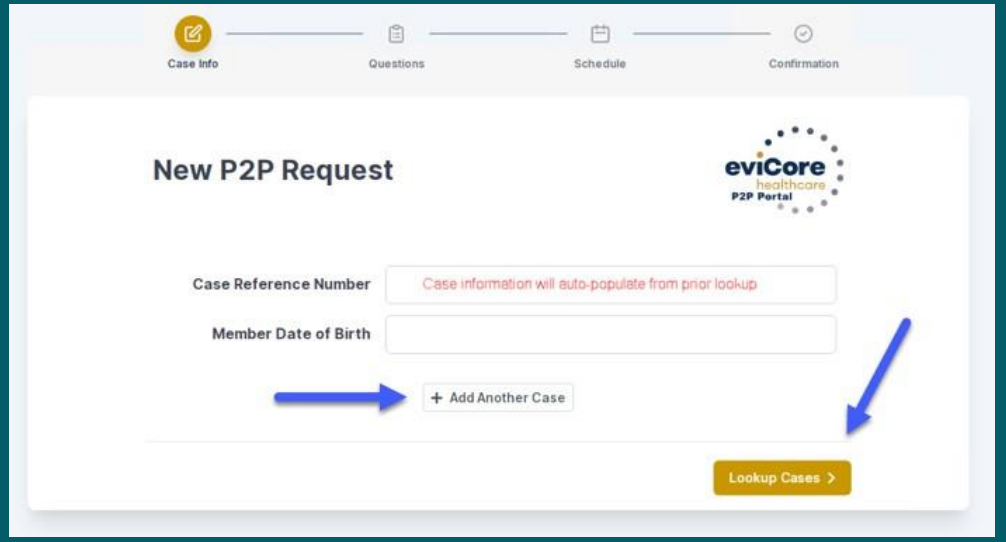


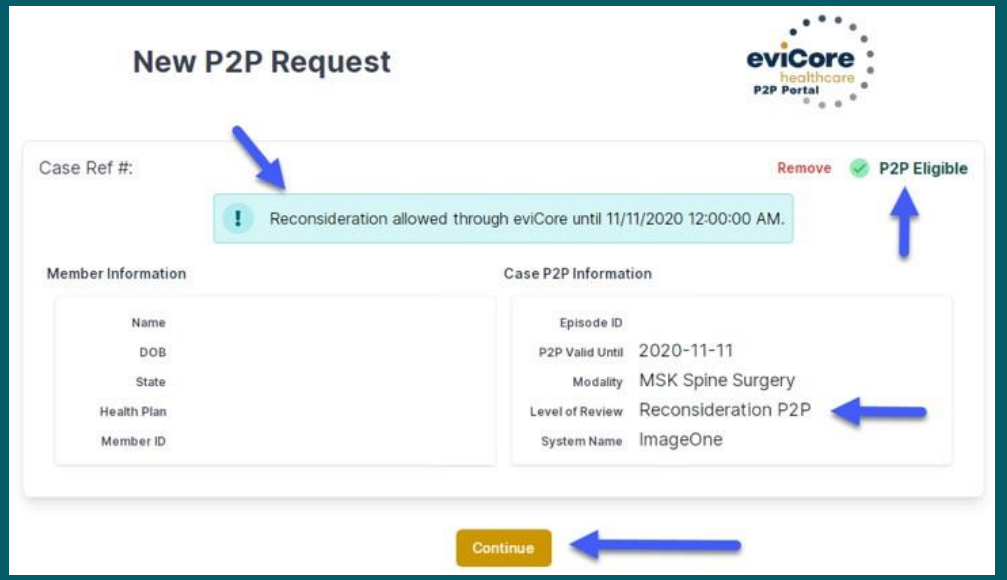
*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer.** You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

# Schedule a P2P Request
**(con't.)**

1. Upon first login, you will be asked to confirm your default time zone
2. You will be presented with the Case Number and Member Date of Birth
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
4. To proceed, select **Lookup Cases**
5. You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
6. Click **Continue** to proceed

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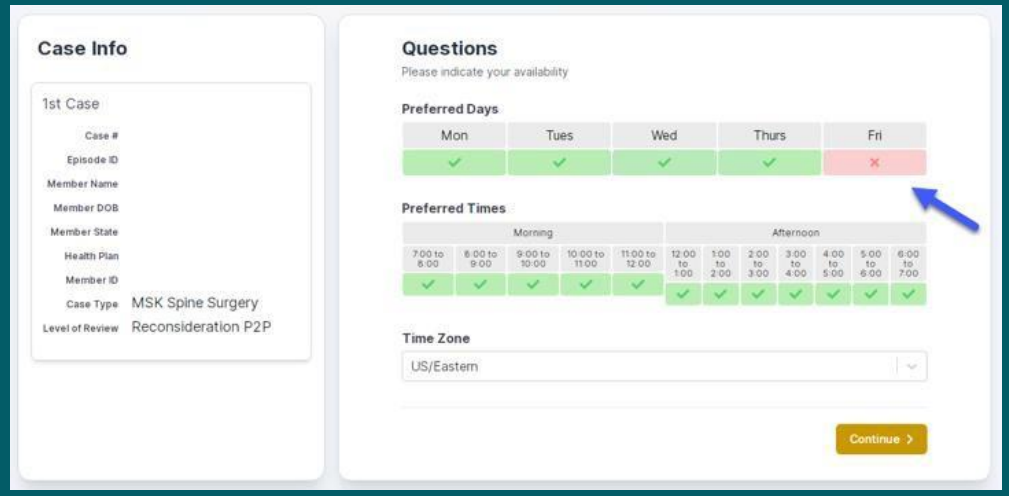
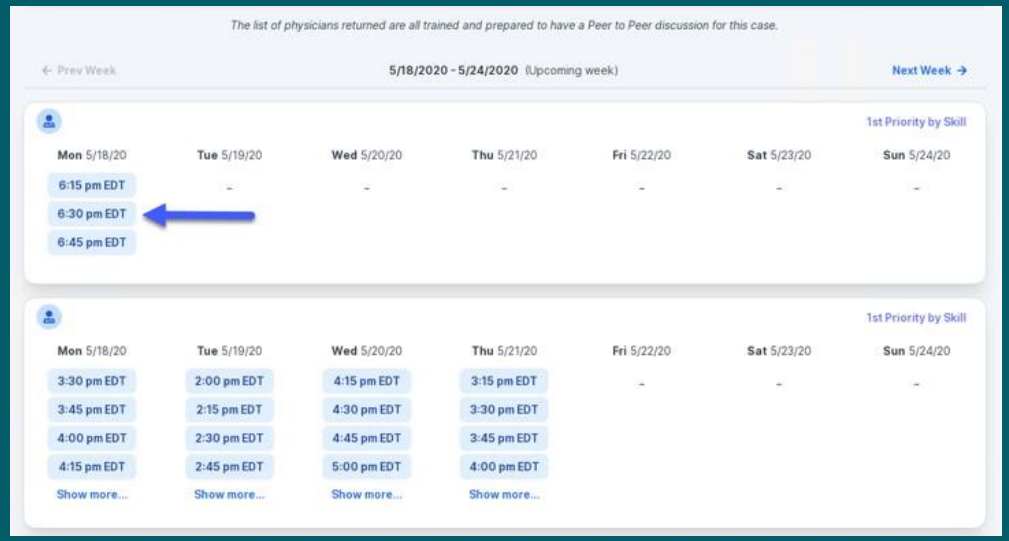
**(con't.)**

1. You will be prompted with a list of EviCore Physicians / Reviewers and appointment options
2. Select any of the listed appointment times to continue
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
4. Click on any **green checkmark** to **deselect** that option and then click **Continue**

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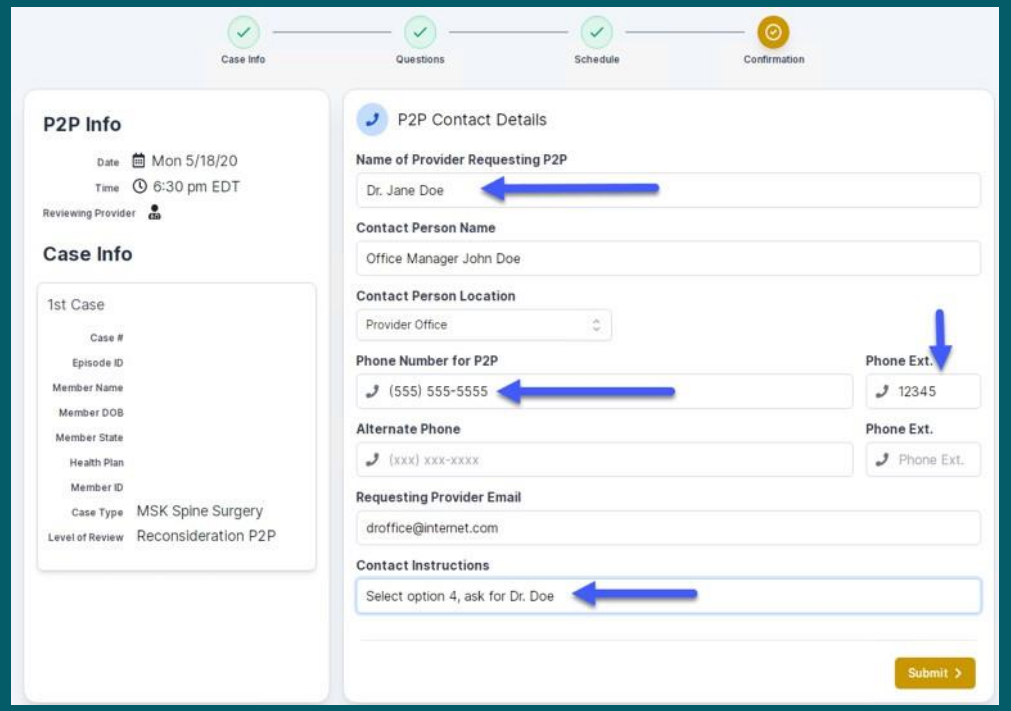
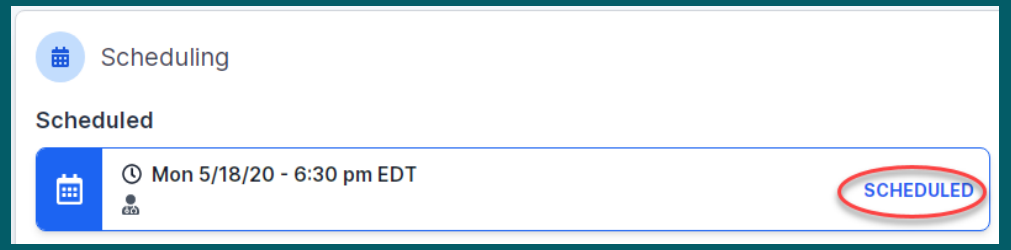
# Schedule a P2P Request
**(con't.)**

1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
   + Name of Provider Requesting P2P
   + Phone Number for P2P
   + Contact Instructions
2. Click **Submit** to schedule the appointment
3. You will be presented with a summary page containing the details of your scheduled appointment
4. Confirm contact details

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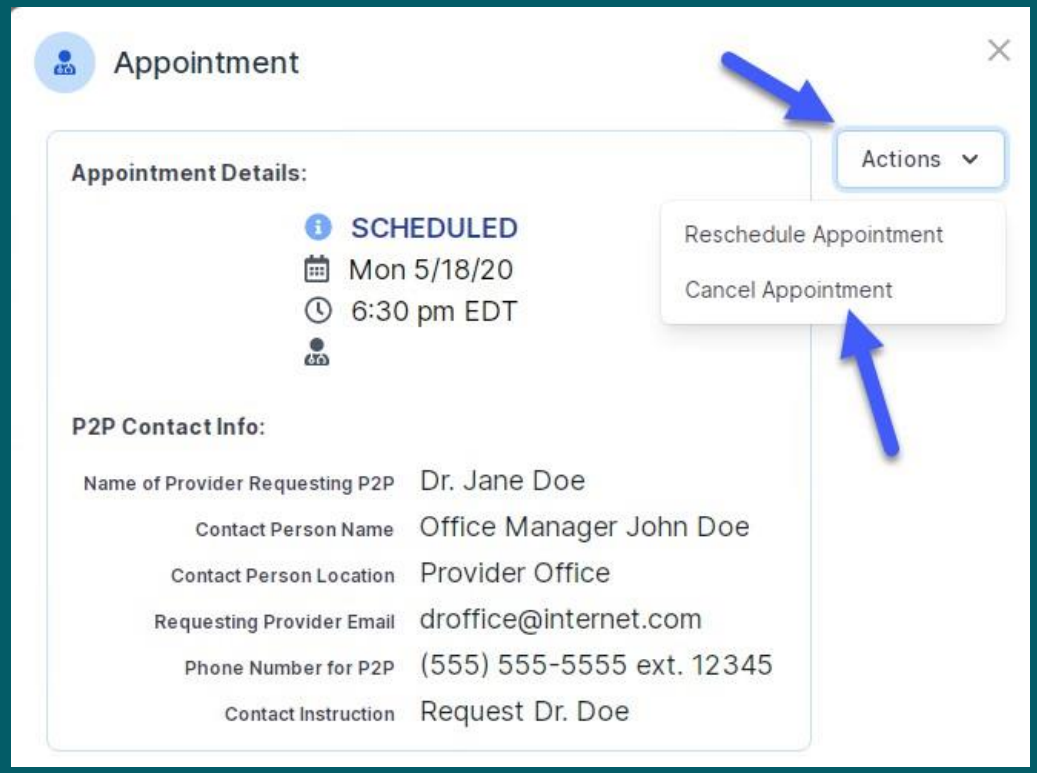
# Cancel or Reschedule a P2P Appointment

**To cancel or reschedule an appointment:**

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation
2. Select the request you would like to modify from the list of available appointments
3. When the request appears, click on the schedule link. An appointment window will open
4. Click on the **Actions** drop-down and choose the appropriate action
   - **If choosing to reschedule,** select a new date or time as you did initially
   - **If choosing to cancel,** input a cancellation reason
5. Close the browser once finished

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