



## December 2018

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## NEW - Submit Prior Authorization Requests via iExchange

Providers may now submit authorization requests directly to Network Health through the iExchange platform.

You may use iExchange to submit authorization requests for inpatient hospital stays, durable medical equipment, outpatient procedures and more. Online submissions will streamline communication and improve turnaround times for these authorizations.

If you are currently using iExchange with other payers, you will now see Network Health in your payer drop-down menu on the iExchange platform. You will also be able to seamlessly access your iExchange account through the Network Health [provider portal](#).

When you are logged into the portal, select the Authorizations drop down and select iExchange. When prompted, select the Tax ID for the provider making the authorization request. You will be taken directly to your iExchange dashboard to enter the authorization request.

iExchange is available 24 hours a day, seven days a week, and provides real-time entry into Network Health's Care Management Platform. Users of iExchange experience the following benefits:

- Confirmation of requests with tracking numbers
- Ability to provide clinical notes to Network Health
  - Attach documents or provide additional information in the comments section
- Ability to print an authorization request confirmation for your patient and your files
- Alerts from Network Health when a request has been reviewed and updated
- Ability to check the status of requests and avoid duplicate requests

For guidance, view our Inpatient and Outpatient tutorials at: [www.networkhealth.com/provider-resources/authorization-information](http://www.networkhealth.com/provider-resources/authorization-information).

For additional information, please contact Network Health's Utilization Management Department or your contract manager.

## Medicare Claims Reprocessing Update

Thank you for your ongoing patience as we work through reprocessing Medicare claims. We appreciate your understanding as we address the challenges involved in the claims system migration.

We have the following claims updates to report:

1. There were some instances of flu shots, pneumonia, and hepatitis B shots taking the incorrect copayment and they are being processed.
2. Certain preventive exams were taking an incorrect copayment. The claims impacted have been processed to the correct benefit.
3. Cataract hardware was not processing correctly for all services rendered post cataract surgery. These are being processed to the correct benefit.
4. If authorization was on file for services above medically unlikely edits, those claims will be reprocessed with review of the authorization.
5. A small number of mammograms were processed due to an adjustment in the member cost share.

You may view claims in the new provider portal at <https://login.networkhealth.com>. We encourage you to register, so you may view the status of claims and remits 24 hours a day. If you have questions regarding the provider portal please call customer service at 1-800-826-0940.

## 2019 Prior Authorization Updates Include eviCore Expansion

In our ongoing efforts to serve our members and provider partners, we are making improvements to both our provider portal experience and the prior authorization process.

Last month we announced the launch of our new provider portal, and we now offer single-sign-on access to iExchange for easy online submission of authorization requests. In addition to these exciting new tools, we are making a few changes to commercial and Medicare authorization requirements for 2019. A complete 2019 listing of services that will require prior authorization can be found at <https://networkhealth.com/provider-resources/authorization-information.html>.

### ***eviCore Healthcare Program Expansion***

Health care treatment options are rapidly evolving, particularly in specialty fields such as oncology and genetic testing. Network Health stays up-to-date on the latest treatment options to ensure that our members receive the very best medical care possible.

For certain specialized fields we have chosen to partner with outside experts to review authorization requests on our behalf. These specialist physicians use national standards to determine the medical necessity of services, ensuring that our members benefit from high-quality medical care and cost-effective treatment plans.

February 1, 2019, we are expanding the contract with eviCore to include authorizations for medical oncology, genetic laboratory testing and expanded radiation therapy. eviCore will also handle oncology drug requests (under the medical benefit, not pharmacy).

For specific program materials, FAQs, and training information, please visit the Network Health implementation page at [www.evicore.com/healthplan/nhpwi](http://www.evicore.com/healthplan/nhpwi).

eviCore uses National Comprehensive Cancer Network (NCCN) evidence-based cancer guidelines to make determinations. Anything that does not follow the NCCN guidelines, or considered experimental, will require further review (peer-to-peer review with an oncologist).

Currently, eviCore processes the following authorizations on behalf of Network Health: advanced imaging scans, large joint procedures of the hip, shoulder and knee, interventional pain management, spinal procedures, ambulatory cardiac diagnostics and radiation therapy.

### **Training & Materials**

Providers are currently being offered the opportunity to attend program-specific orientation sessions via WebEx. **Please watch your inbox for orientation invitations.** Training materials will also be available at <http://www.evicore.com/healthplan/nhpwi> on an ongoing basis.

In addition, eviCore offers ongoing training on the functionality of its own web portal. These sessions are free of charge, but do require advance registration. To register for one of these general sessions, please visit <https://evicore.webex.com/>. Click on the Webex Training link on the left side, and choose “eviCore Web Portal Training” under the “Upcoming” tab.

## **2019 Annual Pharmacy Notification**

*From Ted Regalia, RPh, Director of Pharmaceutical Benefits*

Important pharmacy information, references and current contact lists are available for providers at <https://networkhealth.com/provider-resources/pharmacy-information>.

### **Formulary Overview**

You will find our online formularies via the [Look Up Medications](#) tool. If you would like a printed copy of the formularies, you may print the PDF documents directly from the tool, or you can contact our pharmacy department to have a copy mailed to you.

Network Health manages commercial, exchange and Medicare formularies. All are very similar with slight differences found within tier structures, drug tier placements, utilization management rules and other requirements or restrictions.

Some of our utilization management strategies include prior authorization, step therapy protocols, quantity level limits and specialty drug restrictions. For commercial and Medicare, these rules are created and reviewed independently through our pharmacy and therapeutics committee and are administered through our pharmacy benefits managers, Express Scripts, Inc. (ESI) and CVS/caremark™. For the exchange, these rules are created and reviewed independently through CVS/caremark's pharmacy and therapeutics committee and are administered through our pharmacy benefits manager CVS/caremark.

ESI administers prescription benefits for our Medicare members, including the review of our utilization management rules and maintaining the pharmacy network. ESI is the designated contact for all clinical medication reviews, exceptions and authorizations, regardless of the drug or pharmacy. In addition, ESI offers mail order services for all Medicare members.

CVS/caremark administers prescription benefits for all our commercial and exchange members, including the review of our utilization management rules and maintaining the pharmacy network. CVS/caremark is the designated contact for all clinical medication reviews, exceptions and authorizations, regardless of the drug or pharmacy. In addition, CVS/caremark offers mail services for all commercial groups, most self-insured plans and individual and family plan members. Mail order for Network Health self-insured participants is handled through Ascension WI Retail Pharmacy Wausau.

### **Pharmacy Changes in 2019 for Medicare**

Beginning January 1, 2019, Network Health members can receive 90-day supplies of tier 1 adherence generics via mail-order for \$0 copayment (applicable during initial drug coverage only). This includes most generic statins, many antihypertensive medications, some oral diabetic agents (metformin, glipizide, glimepiride), many antidepressants, alendronate and others.

Additionally, a three-month supply of blood glucose testing supplies will be covered at \$0 copayment (does not apply to SNP/Cares members).

Some drugs will be available in different tiers in 2019.

- Fluticasone/salmeterol generic inhaler (same ingredients as Advair and AirDuo Resplick) now available at Tier 2. This is our first Tier 2 long-acting beta-agonist/inhaled corticosteroid inhaler. It will not be subject to initial drug deductible like the other inhalers of this class.
- Chantix is moving from Tier 4 to Tier 3.

### ***New Opioid Limits to Take Effect in 2019***

The Centers for Medicare & Medicaid Services (CMS) will place limitations on dispensing opioids to Medicare patients beginning January 1, 2019.

The 7-day supply limit for opioid naïve patients will require a prior authorization if >200 morphine milligram equivalents (MME) per day is prescribed. Members on hospice or those who have a cancer diagnosis are excluded from these requirements.

CMS has published additional information and resources for providers in [A Prescriber's Guide to the New Medicare Part D Opioid Overutilization Policies for 2019](#).

These limitations are already in effect for Network Health members who have purchased a health plan through the Health Exchange. Similar limitations are expected for commercial members beginning April 1, 2019.

### ***Prior Authorization and Appeals***

Prescribing physicians can get authorization in minutes through electronic prior authorization. Links and contact information for prior authorization are available 24 hours a day at <https://networkhealth.com/provider-resources/pharmacy-information>.

Our pharmacists frequently conduct direct outreach to prescribers to clarify information, discuss alternatives or address cost concerns. Ninety percent of drug appeals are handled within four hours of pharmacist notification.

## **Prescribers Should Note Shopko Pharmacies Closing**

Many local Shopko pharmacies are closing and the prescription files have been sold to Kroger. Kroger owns Pick N Save, Copps, and Metro Market businesses. Please remember to ask your patients which pharmacies they will be using as an alternative to Shopko, and update their profiles accordingly.

Don't forget to check  
us out on social media.



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*HMO plans underwritten by Network Health Administrative Services, LLC. POS Plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Administrative Services, LLC. Self-insured plans administered by Network Health Administrative Services, LLC. Network Health Medicare Advantage plans include MSA and PPO plans with a Medicare contract. NetworkCares is a PPO SNP plan with a Medicare contract*

*and a contract with the Wisconsin Medicaid program. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.*

HMO plans underwritten by Network Health Plan. POS plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan. Self-insured plans administered by Network Health Administrative Services, LLC. Network Health Medicare Advantage plans include MSA and PPO plans with a Medicare contract. NetworkCares is a PPO SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Network Health Medicare Advantage plans depends on contract renewal.