

April 2021



Network Health Expanding Prior Authorization Programs with eviCore healthcare

The new prior authorization programs being implemented include chiropractic services, physical & occupational therapy services (PT/OT) and gastroenterology services.

- Beginning May 24, 2021, eviCore will begin accepting prior authorization requests for chiropractic services for **Medicare members only** for dates of service beginning on or after June 1, 2021.
- Also beginning May 24, 2021, eviCore will begin accepting prior authorization requests for specialty therapy (PT/OT) for **Medicare and Commercial members** for dates of service beginning on or after June 1, 2021.
- Beginning June 29, 2021, eviCore will begin accepting prior authorization requests for gastroenterology services (EGD, capsule endoscopy, colonoscopy) for **Medicare and Commercial members** for dates of service beginning on or after July 1, 2021.

eviCore's Clinical Guidelines, CPT code lists, Frequently Asked Questions and request forms are available [here](#). Please keep in mind, services performed without authorization may not be reimbursed and you may not seek reimbursement from members.

The following orientation sessions have been designed to assist you and your staff with the new utilization management programs. These sessions will discuss the prior authorization requirements for therapy, chiropractic and gastroenterology services and how to navigate the eviCore portal. We encourage you to attend one of these sessions to ensure your understanding of the requirements and to promote your

successful navigation of the eviCore authorization portal. Each online orientation session is free of charge and will last approximately one hour. All sessions are scheduled in Central Time.

| Name of Session | Date | Time |
|--|-----------------------|---------|
| Network Health Provider Orientation Training for Chiropractic Services | May 12 th | 11 a.m. |
| Network Health Provider Orientation Training for Specialty Therapy (PT/OT) | May 18 th | 11 a.m. |
| Network Health Provider Orientation Training for Specialty Therapy (PT/OT) | May 20 th | noon |
| Network Health Provider Orientation Training for Specialty Therapy (PT/OT) | May 25 th | 1 p.m. |
| Network Health Provider Orientation Training for Chiropractic Services | May 26 th | 11 a.m. |
| Network Health Provider Orientation Training for Chiropractic Services | May 27 th | noon |
| Network Health Provider Orientation Training for Specialty Therapy (PT/OT) | June 2 nd | 10 a.m. |
| Network Health Provider Orientation Training for Chiropractic Services | June 4 th | 11 a.m. |
| Network Health Provider Orientation Training for Gastroenterology Services | June 22 nd | 11 a.m. |
| Network Health Provider Orientation Training for Gastroenterology Services | June 23 rd | 11 a.m. |
| Network Health Provider Orientation Training for Gastroenterology Services | June 28 th | 11 a.m. |
| Network Health Provider Orientation Training for Gastroenterology Services | July 1 st | noon |

How to Register:

All online orientation sessions require advance registration.

1. Once you have selected a provider specific session, please go to <http://eviCore.webex.com/>
2. Click on the menu bar on the far left hand side, then choose "Webex Training"
3. Under Live Sessions, click the "Upcoming" tab, then enter the desired topic name exactly as below and search: **Network Health Provider Orientation Training for Specialty Therapy or Network Health Provider Orientation Training for Chiropractic Services or Network Health Provider Orientation Training for Gastroenterology Services.**
4. Click "Register" next to the session(s) with the date and time you wish to attend
5. Complete the registration information

An e-mail is sent to confirm registration. **Please keep the registration e-mail** as it will contain the toll-free phone number, meeting number, conference password, and a link to the web training session you have registered to attend.

If you have any questions regarding the eviCore web portal, please contact the Web Support team via email at portal.support@evicore.com or via phone at 800.646.0418 (Option 2). For any Client or Provider inquiries not associated with this training, please email ClientServices@evicore.com.

eviCore Implant Audit Program

Effective June 1, 2021, Network Health and eviCore will begin to audit all lines of business and all implants billed with Revenue codes 274-276 and Revenue code 278 for dates of service 6/1/2020 and forward.

eviCore will review the claim to ensure accurate billing of the implant. If additional information is required, medical records will be requested via fax to the medical records department. If we do not have a fax number, a letter will be mailed to the address submitted on the claim form. You may not bill Network Health for the cost of the records.

If eviCore does not receive a response after 90 days, Network Health will recoup the charge in full. If a billing discrepancy is found, Network Health will recoup the cost associated with the implant. This recoupment may be partial or in its entirety. Providers will have the option to appeal the determination within 45 days of the decision through eviCore.

If you have questions on the audit, please contact your Provider Operations Manager.

Network Health Payment Policies

As of June 1, 2021 Network Health will be implementing two new payment policies. Please ensure you are visiting our payment policies [page](#) on a regular basis.

- Commercial Consultation Code – Network Health requires the appropriate Evaluation and Management Code for reimbursement.
 - Medicare Annual Wellness/Preventive/Evaluation and Management – Network Health will no longer be reimbursing the preventive visit in full when services are rendered in conjunction with an annual wellness visit. The preventive visit will be further reduced when an annual wellness and evaluation and management visit are billed with the preventive visit. Network Health will be applying payment reductions when claims are submitted with an annual wellness visit billed in conjunction with a preventive visit and/or an evaluation and management visit.
 - Sequestration Policy – updated to reflect the extension of the Public Health Emergency Period.
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Annual Provider Attestation

Network Health's annual Provider Attestation will be available on the home page of the provider portal beginning May 1, 2021. This is a requirement per The Centers for Medicare and Medicaid (CMS) for all participating providers who offer health care or administrative services to Network Health members enrolled in a federal health care program.

Please have the attestation completed on or before **Saturday, July 31, 2021**. There will also be a Frequently Asked Questions (FAQ) document available in the provider portal to assist with the attestation. If you are not a registered user on our provider portal, please visit our website to [create an account](#).

If you have questions regarding the portal registration, please contact our Member Experience team at 800-769-3186.

Ancillary Services

As a reminder, please use participating ancillary providers when ordering services for our members. Ancillary services can be durable medical equipment, specialty laboratory, and genetic laboratory, etc. If you utilize a provider that is not participating, you must obtain prior authorization prior to rendering services. Your patients will be billed the full amount if authorization is not obtained for when referred to out of plan providers. This coordination between all parties lends to a better patient experience.

If you have any questions, please contact your Provider Operations Manager.

Paper Claims

Network Health has implemented a new free program for providers that submit their claims via paper. We have contracted with Change Healthcare to provide the ability to submit claims electronically to Network Health for no charge. This option will reduce your overhead and provide a time savings for you and your staff. Your Provider Operations Manager will be reaching out to you in the near future to go over this new, free option.

Acupuncture Auto-Approval Functionality Beginning June

As promised auto-approval functionality is coming in June in our iExchange portal, specific to acupuncture requests.

What does that mean? That means, if you submit your prior authorization request for acupuncture via the electronic prior authorization portal, iExchange and the request meets the benefit coverage and medical policy criteria, you could receive an automatic approval.

If you need assistance creating your iExchange account, or need training on how submit a request, please reach out directly to Sara Froeming at Network Health. She can be reached at sfroemin@networkhealth.com or 920-720-1627.

Provider Data Validation

Network Health's Provider Informatics Department is now required by CMS and NCQA to obtain quarterly updates on provider and/or facility data. In the past, you may have worked with an external company on behalf of Network Health.

As of February 15, 2021, Network Health has brought this process in-house. Due to this, someone from our Provider Informatics Department will be reaching out to your group quarterly to obtain information to confirm that the information we have is accurate.

Provider Data Validation Using NPPES NPI Provider Data

Network Health is asking providers to begin updating their NPPES provider data to help maintain the accuracy of their provider directories.

NPPES allows providers to attest to the accuracy of their NPI data. If a provider's information is correct, they will be able to attest to it and NPPES will record and reflect the attestation date. If the provider's information is not correct when they request any change to the NPI record, the provider will be able to attest to their changed NPI data, resulting in an updated certification date.

CMS will publish the latest certification date for each NPI in the NPI Registry as well as the NPPES dissemination file. Network Health will be using this data to aid us in the development of our provider directories, however, we can only use the most current data published, therefore, it would be imperative that you attest to the data regularly. **NPPES was recently updated to allow providers to input multiple addresses to support other work locations.**

Network Health will access core NPPES data weekly i.e., provider name, provider specialty, provider address, provider telephone number. Collectively, these data elements represent 91% of the CMS provider directory review errors found. NPPES data will be compared to your provider data which is already being submitted and serve as an important resource to improve Network Health's provider directory reliability and accuracy.

We encourage you to access the NPPES webpage at <https://nppes.cms.hhs.gov> today as well as quarterly to update and/or attest to your provider data. It will be imperative to ensuring provider directory accuracy to our members.

2020 Network Health Annual Report

Network Health's 2020 Annual Report is complete and ready to share. It is jam packed with information about our community investments, volunteerism, philanthropy, global pandemic response and employee accolades from 2020.

The report is available for you to view by visiting [**2020 Network Health Annual Report.**](#)

If you are not a current subscriber to *The Pulse* and you would like to be added to the mailing list, please [**email us today.**](#)

Current and archived issues of *The Pulse*, *The Script* and *The Consult* are available at [**networkhealth.com/provider-resources/news-and-announcements.**](https://networkhealth.com/provider-resources/news-and-announcements)



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