

February 2026



New Prior Authorization requirements with EviCore by Evernorth effective April 1, 2026

Effective April 1, 2026, Network Health is expanding its partnership with EviCore by Evernorth, and new prior authorization requirements will be added for the following services:

- Site of Care program for Medical Oncology services for Commercial and ACA members

This requirement is specific for oncology treatment delivered in a hospital setting (outpatient). Providers will be directed to choose a non-hospital / preferred site of service. When a hospital or non-preferred site is selected, the requester will be required to select an appropriate exception reason to be assessed by an EviCore clinical reviewer.

Services performed in conjunction with an inpatient stay, 23-hour observation or emergency room visit are not subject to authorization requirements.

EviCore by Evernorth will be leading orientation sessions designed to assist you and your staff with the new prior authorization program. We encourage you and your teams to attend one of these informative sessions to ensure your understanding of the prior authorization process and changes. All orientation sessions require advance registration and will last approximately one hour. Please [click here](#) for more information on how to register and to select training dates that work best for your schedule.

Claim Submission-Member Name

When submitting claims for payment review, please ensure the members name is entered exactly as it appears on the member ID card to avoid claim rejections. If you do not have a recent copy of the member ID card, you may access the member's information through our secure provider portal. If you have not yet registered for our provider portal, please [click here to get started](#).

New Provider Locations

Please complete the Facility Information form when adding a new location to your practice. This will help ensure any required credentialing processes are completed and allow your patients to receive care without delay. If you have any questions, please reach out to your provider operations manager.

Appointment Access Requirements

As a reminder, as part of our NCQA accreditation, our providers must meet the following appointment access times in order for us to maintain our accreditation. Here are the appointment access standards that must be met.

For Primary Care Services

1. Regular or routine care within 60 days of request
2. Urgent care appointment within 48 hours of request

For Specialist Services

1. Care within 30 days of the request
2. Non-life threatening, urgent appointment within 48 hours of request

For Behavioral Health Services

1. Non-life-threatening emergency within 6 hours of request
2. Urgent care appointment within 48 hours of request
3. Initial visit for routine care within 10 business days of request

4. Follow up appointment for a routine care visit within 30 days of request

Additionally, you must have an answering service, on-call provider, or message to direct patients to the emergency room for after-hours calls.