

August 1, 2024



## PROVIDER NEWS

### Your monthly Prevea360 Health Plan Provider News

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## New Carelon prior authorization program rescheduled for Oct. 1

Trainings still available on MSK, cardiology and radiology authorizations

As previously announced, we'll soon partner with Carelon for prior authorization on select musculoskeletal (MSK), cardiovascular and radiology services. *The start date for this program's launch has been rescheduled for Oct. 1, 2024.* Carelon, a utilization management (UM) program third-party vendor, will support the provider submission and medical necessity review process for related authorizations.

For musculoskeletal and radiology services scheduled to be rendered through Sept. 30, 2024, please continue to work with NIA/Magellan to obtain necessary prior authorizations. Any authorizations obtained through NIA/Magellan prior to the transition date of Oct. 1, 2024, will be honored and claims will be processed accordingly.

As a reminder, you can still register for a provider training so you become familiar with the Carelon submission portal and Carelon's prior authorization process. See the upcoming Carelon training dates below, open to all of our network providers.

Service type/topic	Date	Time (CT)	Registration
Radiology/Cardiology (full training)	Aug. 13	2 – 3 p.m.	<a href="#">Click to register.</a>
Radiology/Cardiology (full training)	Aug. 15	2 – 3 p.m.	<a href="#">Click to register.</a>
MSK (full training)	Aug. 19	2 – 3 p.m.	<a href="#">Click to register.</a>
MSK (full training)	Aug. 21	2 – 3 p.m.	<a href="#">Click to register.</a>
MSK (Q&A only)	Sept. 9	2 – 3 p.m.	<a href="#">Click to register.</a>
Radiology/Cardiology (Q&A only)	Sept. 10	2 – 3 p.m.	<a href="#">Click to register.</a>

To learn more about this program's requirements, [see clinical guidelines](#) from Carelon.

## Including race + ethnicity during provider recredentialing

As part of our National Committee on Quality Assurance (NCQA) accreditation, our Health Plan follows credentialing and recredentialing processes to select and maintain a high-quality provider network. We recognize that addressing health inequities and promoting cultural awareness are key for delivering a diverse and inclusive experience for members. As such, we are deeply committed to Health Equity and the [CLAS standards](#).

Understanding the race, ethnicity, and language demographics of our provider network is an important part of our ability to support our members. While race and ethnicity fields are optional fields in the recredentialing process, consider providing this information to us so we can better connect members to practitioners that meet their cultural needs and preferences. For more information about Health Equity, visit our [Cultural Awareness & Health Equity web page](#).

## Medical Policy Committee updates

Highlights of recent medical and drug policy revisions, new policies, and formulary

updates approved by the Health Plan's Medical Policy Committee, as well as information on how to locate policies and criteria are published as part of our newsletter, linked below.

[See Provider News Policy Notice, August 1, 2024](#)

### **Drug policies**

Drug policies are applicable to all Health Plan products, unless directly specified within the policy. **NOTE: All changes to the policies may not be reflected in the written highlights in our Provider News Policy Notice. We encourage all prescribers to review the current policies.**

### **Medical policies**

In addition to our medical policies, all other clinical guidelines used by the Health Services Division, such as MCG (formerly known as Milliman) and the American Society of Addiction Medicine, are accessible to the provider upon request. To request the clinical guidelines, contact the Health Services Division at 1 (800) 356-7344, ext. 4012.

Coverage of any medical intervention in a medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate and applicable state and/or federal laws. A verbal request for a prior authorization does not guarantee approval of the prior authorization or the services. After a prior authorization request has been reviewed in the Health Services Division, the requesting provider and member are notified. Note that prior authorization through the Health Services Division is required for some treatments or procedures.

Prior authorization requirements for self-funded plans (also called ASO plans) may vary. Please refer to the member's Summary Plan Document or call the Customer Care Center number found on the member's card for specific prior authorization requirements.

Through Sept. 30, 2024, dates of service, we contract with National Imaging Associates (NIA, also referred to as Magellan Healthcare) for authorization of high-end radiology services and musculoskeletal services as found on our Medical Management page. A link to [the NIA/Magellan portal](#) is available on our Account Login page. (Starting with Oct. 1 dates of service, this will change to Carelon.) Providers can contact NIA by phone at 1 (866) 307-9729, 7 a.m. - 7 p.m. CT, Monday - Friday, or by email at [RadMDSupport@MagellanHealth.com](mailto:RadMDSupport@MagellanHealth.com).



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