

June 2023



## **Coming Soon: Annual Provider Satisfaction Survey**

Our partner, SPH, will begin emailing you the survey in mid-August. If you do not respond to the email, they will contact you via phone. We have changed the survey this year to make it shorter and easier to answer. We would appreciate if you could provide comments on our performance at the end of the survey so we can best plan for process improvements for 2024. If you have any questions about the survey, please contact your Provider Operations Manager.

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## **Reminder to review the EDI Claim Rejection Report**

If you have not received payment within 30 days of claim submission from Network Health, please review the EDI Claim Rejection Report located within the provider portal. The report will indicate if claims have been rejected due to a provider or member submission error. Your clearinghouse may indicate the claim was accepted, and the claim may not go back through your clearinghouse as rejected. If you have any questions on how to access this report, please reach out to your provider operations manager.

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## **Reminder: Corrected Claim Submissions**

Please review Network Health's Claim Submission Policy to ensure all corrected claims are submitted per our policy.

- All providers have 120 days from the date of the original claim remittance advice to submit a corrected claim.
- Network Health requires the provider submit the entire original claim electronically/EDI when submitting a corrected claim. We will not accept a corrected claim when listing only the corrected line/lines. If a corrected claim is not appropriately marked as a corrected claim, it will be processed as an original claim submission and may deny for timely filing or as a duplicate claim.

Please click [here](#) to review the Corrected Claims information located on pages 3 and 4 of the Claim Submission Policy. If you have any questions, please reach out to your Provider Operations Manager.

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## 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.

## At Home Test Kits Expanding Patient Access

This year, Network Health partnered with Everlywell to offer at-home tests kits for colorectal cancer screening and blood sugar testing. The program encourages members who are due, or past due for care, to complete an at-home test and will be sent to eligible Medicare and commercial members. This test assists Network Health in achieving important quality scores, and the colorectal testing has saved lives.

In June 2023 Everlywell will send an opt in letter or email to the eligible member. Once the member opts in, Everlywell will send an at-home test kit, at no cost to the member. Members will complete the test and send it directly to a lab. The lab results will be sent to each member, their primary care physician and Network Health. If you have any questions, please reach out to [QI@networkhealth.com](mailto:QI@networkhealth.com)

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## Provider Resources for New and Existing Customers

Please remind all providers, those established or new to your practice, of the following:

1. Member's Rights and Responsibilities
2. Prior Authorization Requirements
3. Payment Policies and Procedures
4. Appointment Access Standards (Network Management policy, click [here](#))
5. Population Health Standards and Initiatives
6. Pharmacy Formulary and Authorization Requirements
7. Credentialing Policies and Procedures

You can find all the information at <https://networkhealth.com/provider-resources/index>

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