

n05648

Contract Pricing Updates Procedure

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

To provide Network Health's guideline regarding changes to Commercial and Medicare fee schedules reliant on third party or Centers for Medicare and Medicare Services.

Procedure Detail:

Except as required by law, any updates to pricing required in connection with rates determined by a third party or governmental agency (e.g., CMS) required by a contract between Network and a provider shall be effective no later than 30 days from the date Network is made aware of such update. It is not possible to update Network pricing schedules immediately upon implementation of such changes and in the interest of pricing accuracy, such system updates must be made in a timeframe sufficient to allow loading and testing of pricing updates. Network will use good faith efforts to update the fee schedules as soon as practicable but in no event shall such updates be effective later than 30 days. Unless otherwise agreed to by Network, claims processed prior to the implementation of the pricing update will not be reprocessed.

Next Review Date: 6/20

This policy is not a guarantee of coverage or payment. The claim(s) will be denied if all of the terms and provisions of member coverage documents are not met. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC/NHAS. NHP/NHIC/NHAS reserves the right to periodically review and update all claim guidelines.