

Network Health Group Medicare Advantage PPO Billing and Coverage

Information for Providers

Network Health's Group Medicare Advantage plan is a **Passive Preferred Provider Organization (PPO)** plan that provides coverage for members throughout the United States and its territories. As a passive PPO, benefits are the same in and out of network.

Nationally, Network Health is the only Medicare Advantage Prescription Drug PPO plan to achieve both a 5 Star Rating from the Centers for Medicare & Medicaid Services (CMS) in 2025, and a 5 Star health plan rating from the National Committee for Quality Assurance (NCQA).* We look forward to working with you.

With the Network Health Group Medicare Advantage plan,

- Members can seek care at any provider's office or facility that accepts Medicare.
- Out-of-network providers receive reimbursement at 100% of Medicare rates following Medicare payment and reimbursement rules and regulations.
- Referrals or prior authorization are **not** required for out-of-network providers.

Claims

Submit claims for all members services to Network Health electronically or by mail. Claims are processed within 30 days of receipt of a clean claim.

Electronic Claims Submission

Payer ID: 77076

Mail Claims Submission

Network Health MA Plans
PO Box 568
Menasha, WI 54952

network health networkhealth.com		2025 Plan Name PPO Group Name	
Member	<JOHN Q PUBLIC>	Copays	In Network
Member ID	<123456789>	PCP	\$ <0> \$ <0>
		Specialist	\$ <0> \$ <0>
Health Plan (80840)		Rx BIN: 003858	RxPCN: MD
Group <2002674>		RxGrp: NHPA	
		H5215_808	
MedicareX Prescription Drug Coverage			

MEMBER EXPERIENCE: 855-232-2814 (TTY 800-947-3529) Pharmacy Team: 800-316-3107 (TTY 800-899-2114) MOLIVE: 877-959-5455 (TTY 800-770-5531)	
FOR PROVIDERS ONLY: 855-580-9935 Network Health MA Plans, P.O. Box 568, Menasha, WI 54952 Payer ID: 77076 Pharmacist Help Desk: 800-922-1557 Prior Authorization: networkhealth.com/provider-resources/authorization-information or 866-709-0019	
EyeMed® Vision: 833-279-4359 Say Cheese Dental Network: Member: 888-454-4127 (TTY 711) Provider: 844-368-6878 PO Box 2176, Milwaukee, WI 53201 PayerID: GP133 Medicare limiting charges apply.	

network health networkhealth.com		YYYY Plan Name PPO Group Name	
Member	<JOHN Q PUBLIC>	Deductible:	Network In/Out
Member ID	<123456789>	Individual	\$
		Out-of-Pocket Maximum:	
Health Plan (80840)		Individual	\$
Group 2001699		Preventive	\$
		Rx BIN: 003858	RxPCN: MD
		RxGrp: NHPA	
		H5215_808	
MedicareX Prescription Drug Coverage			

MEMBER EXPERIENCE: 855-232-2814 (TTY 800-947-3529) Pharmacy Team: 800-316-3107 (TTY 800-899-2114) MOLIVE: 877-959-5455 (TTY 800-770-5531)	
FOR PROVIDERS ONLY: 855-580-9935 Network Health MA Plans, P.O. Box 568, Menasha, WI 54952 Payer ID: 77076 Pharmacist Help Desk: 800-922-1557 Prior Authorization: networkhealth.com/provider-resources/authorization-information or 866-709-0019	
EyeMed® Vision: 833-279-4359 Medicare limiting charges apply.	

Additional Information

Contact us directly for information on eligibility, benefits, or claims payment.

- Call our **provider** line at **855-580-9935**, Monday–Friday from 8 a.m. to 5 p.m.
- Access our **provider portal** at networkhealth.com. Click on My Login to register.

Provider Resource Page

Our provider resource page has helpful information on how to submit claims, how to obtain rejected claims reports and payment policies. Visit networkhealth.com/provider-resources/index.

Single Case Agreement

If a single case agreement is required, please email nhpmanagedcarecontracting@networkhealth.com. A contract manager will contact you to provide the necessary information.



*Based on CMS Star Rating data available at cms.gov and health plan rating data available at ncqa.org. Every year, Medicare evaluates plans based on a 5 Star rating system. H5215_5457-01-0125_C