



New Provider Portal, Online Authorizations Coming This Fall

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At the provider update meetings July 9-12, Network Health announced some exciting new changes coming this fall for providers.

Provider Portal

In October, we will launch a new provider portal with features such as mobile responsive design for easy access via smartphones and tablets as well as single-sign-on capability for submitting online authorization requests.

Online Authorization Requests

In our ongoing efforts to better serve providers, we are making improvements to the prior authorization process. Online submissions of authorizations should streamline communication and improve turnaround times. We have partnered with the following vendors for authorization requests through the provider portal:

iExchange - In August, we will launch a pilot program for submitting authorization requests through the iExchange platform. These are for authorizations submitted directly to Network Health, such as inpatient hospital stays, durable medical equipment, etc. The full iExchange rollout to all providers will coincide with the provider portal launch in October.

eviCore - In October, we are expanding the contract with eviCore to include authorizations for medical oncology services, genetic laboratory and expanded radiation therapy.

Care Continuum - In late fall, Care Continuum will handle pre-determination and authorization requests for medical drug, excluding oncology drugs which will be processed via eviCore.

Prior to launch of these programs, providers will be offered the opportunity to attend training sessions via WebEx. Training materials will also be available in the portal on an ongoing basis. Watch your inbox for messages related to training.

Do You Know How to Use Network Health's Peer-to-Peer Review Process?

Network Health's Utilization Management Department works to ensure that authorization requests are thoughtfully considered. As such, Network Health RNs will conduct outreach to the requesting provider or facility for multiple reasons, including:

- If additional clinical information is needed to render a determination. Three outreach attempts are made via phone and fax.
- If the RN suspects the case will need to go for Medical Director review. The RN reaches out to the provider or facility for one additional opportunity to submit further clinical information, if time permits.

When a denial determination is made, however, there may still be an opportunity to present additional information for clinical review through the peer-to-peer process.

If a request has been denied, Network Health allows for a peer-to-peer case review to occur up to **seven** days after the determination has been made. The process includes the following steps:

- CMS requires that requests to revise or reopen a request be made in writing. The request may be completed by an MD, APNP or PA.
- The provider or facility requesting the peer review should contact Network Health via phone at 920-720-1602 or 920-720-1600 to arrange a call from a Network Health Medical Director. Network Health encourages the call to take place with the Medical Director who made the decision, but can offer an alternate if needed.
 - The caller should provide several dates and times for the call, in addition to the requesting physician's name and best callback number. If the callback number is for a receptionist/unit/office, please indicate that.
 - If the peer review request is related to an inpatient hospital stay, Network Health asks that the treating physician complete the peer review, when possible.
 - Network Health's Medical Director will make one telephonic outreach attempt during the date and time requested by the caller.
 - If a clear decision can be made following the discussion, the Network Health Medical Director will relay the decision at that time. Otherwise, the additional information provided will be reviewed with the Network Health team.
 - If the case is reviewed by the team following the peer review, the Network Health RN will notify the provider of the decision.
 - If the decision is different than the original, the Network Health RN will make appropriate member, provider and facility notifications.

Reminder: Network Health Conducts Hospital Readmission Reviews

We would like to take a moment to remind our hospital partners that we do conduct readmission reviews. Here are some things about our process to keep in mind:

- Inpatient hospital stays require prior authorization for all lines of business.
- Network Health's Utilization Management department will review to determine:
 - Is the readmission inpatient stay medically necessary?
 - Was the patient discharged within the last **30** days?
 - Did the readmission occur at the same **or** affiliated hospital?

For timely processing of your readmission inpatient authorization requests, please provide the medical records from the first admission **and** the readmission.

2018 HEDIS Measures: STD Screenings and Women's Health

Chlamydia Screening Reduces Disease Spread

According to a 2016 report from the Centers for Disease Control and Prevention (CDC) the incidences of sexually transmitted diseases (STD) are increasing. At any given time in the United States, there are an estimated 110 million sexually transmitted infections.

Screening for Chlamydia, the most common bacterial sexually transmitted disease, is included as a HEDIS 2018 measure. This HEDIS indicator measures the percentage of women 16-24 years of age who were identified as sexually active and who were screened for chlamydia infection annually.

To prevent the spread of STDs, we need your help:

- Make STD screening and timely treatment a standard part of medical care, especially for young women 16-24 years of age who are sexually active, pregnant women and homosexual men.
- Talk openly about STDs to your patients, test regularly and discuss reducing risk by using condoms or practicing mutual monogamy.

Regular Cervical Cancer Screening Improves Odds

Cervical Cancer is the easiest gynecologic cancer to prevent with regular screening tests and follow-up. It is also highly curable when found and treated early. Network Health encourages young women to see their doctor regularly for a Pap test, to follow up with their doctor if Pap test results are not normal and to get the HPV vaccine.

HEDIS 2018 technical specifics require that women ages 21-64 are screened for cervical cancer using either of the following methods:

Cervical cytology performed every three years for women age 21-64 years.

Cervical cytology/human papillomavirus (HPV) co-testing (must occur within four days of each other) performed every five years for women age 30-64 years.

Women who have had a hysterectomy without a residual cervix are excluded from this measure.

We encourage members to develop trusting relationships with their personal doctors. Because members rely on advice and direction from providers, we ask you to address regular cervical cancer screenings with your patients.

Please contact us at Network Health if you have any suggestions or questions regarding Cervical Cancer Screenings. Feel free to email us at QI@networkhealth.com.

Pharmacy Updates Available Online

Network Health's pharmacy newsletter, *The Script*, can be found at networkhealth.com/the-script. Make sure to mark this page in your favorites, take time to read the latest pharmacy information from Network Health and remember to check back often for updates.

If you have any questions about the pharmacy newsletter, please contact Gary Melis, R. Ph., at gmelis@networkhealth.com.

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