



September 2018

Network Health works to enhance provider experience

New school year spurs immunizations, ADHD medications

Updated peer-to-peer process limits vendor participation

Network Health hosts Medicare member events with flu shots

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Improvements ongoing in claims, customer service and prior authorization processes

We value the important relationship between providers and payers, and we're continually looking for ways to support the quality clinicians who serve our members. In 2018, we implemented some major changes to business processes in claims, customer service and utilization management that will enhance both the provider and member experience with Network Health.

We appreciate your ongoing patience and feedback as we navigate some of the challenges that accompany change. Here's a recap of what's been put in place in each area.

Claims submission and payment

In January 2018, Network Health made changes to claims processing.

- Moved Medicare claims processing in-house - transitioning from a third-party vendor.
- Added code edit software for Medicare to address upfront editing and recognize local and national coverage determinations.
- Implemented Medicare pricers, which require taxonomy codes.
- Contracted with a new paper claim scanning vendor (SDS).

The merging of these various platforms affected claims processing timeframes. We continue to analyze and make changes to systems and processes and here are a few specific ways we are addressing claims challenges.

- A task force has been assigned to monitor issues from investigation through reprocessing.
- Prior to reprocessing, claims are evaluated in a test environment to ensure appropriate processing and avoid reprocessing the claims incorrectly.
- Employee resources have been dedicated to working through the corrected claims backlog, resolving provider disputes and addressing claims inquiries submitted to customer service.
- Changes to improve provider dispute turnaround time will be implemented beginning in Q4.
- Reprocessing of 2017 claims processed by previous vendor is slated to begin in October.

Customer Service

Early in 2018, our customer service department experienced a 40 percent increase in provider calls, resulting in longer wait times and decreased efficiency. To ensure we maintain our high standards to serve providers and members, we have made some adjustments.

- Hired additional staff.
- Hired a dedicated customer service trainer for ongoing training with existing and new staff.
- Created additional best practices for customer service calls.
- Started a pilot program for Medicare claims where a dedicated claims team takes over inquiries from customer service. The claims team investigates, remediates the claims and contacts providers with the outcome.

Utilization management

In 2018, inpatient hospital stay authorization requests took 30 days to process. Now, with increased staffing and cross-training, the turnaround time for inpatient authorizations is between 48 and 72 hours on average.

Provider feedback welcome

As we continue to make process improvements, we encourage you to give us feedback. Please watch your inbox in November for our annual provider satisfaction survey conducted by our partner SPH. We appreciate your participation in our survey and value your thoughtful responses. Thank you for your partnership.

New school year spurs immunizations, ADHD medications

The school year is in full swing, and parents of children and adolescents are contacting clinics to schedule well-child visits, which may include immunizations and prescribing ADHD medications.

The Centers for Disease Control and Prevention (CDC) provides quick links to recommended immunization schedules for children and adolescents, a synopsis of changes to this year's schedule, and resources for health care professionals and parents.

Follow-up regimens for children and adolescents starting or restarting ADHD medications are tailored to the individual based on providers' clinical judgement, however the American Academy of Pediatrics suggests the following general guidelines:

- A face-to face follow-up visit within four weeks so clinicians can review dose response and monitor for adverse effects.
- Monthly visits to ensure progress in symptom control is being maintained, until consistent optimal response is noted.
- Follow-up visits every three months for the first year once consistent optimal response is achieved. Please note, a telehealth visit by a provider or registered nurse can suffice for one of these subsequent visits (CPT codes 98966-98968 or 99441-99443)

Please see the HEDIS 101 Reference Guide for additional information regarding quality measures for Childhood Immunization Status (CIS) and Immunizations for Adolescents (IMA) as well as Follow Up Care for Children Prescribed ADHD Medication (ADD).

Updated peer-to-peer process limits vendor participation

To ensure our members (your patients) receive the best possible medical care, we have amended our peer-to-peer clinical review process to require that peer-to-peer requests are handled by the provider who is caring for the patient.

Hospital facilities that use third-party vendors such as EHR or Optum may still have vendors submit additional information on their behalf, however, peer-to-peer discussions need to occur between a Network Health Medical Director and the treating provider or hospital staff. This change affirms that pertinent medical information is shared in a timely fashion to speed response time.

Remember, if an authorization 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.

Network Health hosts Medicare member events with flu shots

It's that time of the year again when flu season is upon us. In this [video](#), Network Health's Chief Medical Officer, Dr. Gregory Buran, discusses the importance of getting the flu shot.

We will be promoting and administering the flu shot to our Medicare members at our "Experience Network Health" events throughout the month of October. We will give the standard quadrivalent flu shot, but we will have the high-dose vaccine available upon request.

These events are a great opportunity for members to learn about plan benefit changes, as well as interact with Network Health pharmacy representatives and members of our wellness, care management and condition management teams. Please encourage your Network Health Medicare patients to take advantage of an event near them.

Don't forget to check
us out on social media.



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