



November 2018

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CMS survey must be completed

For Network Health to demonstrate compliance with the Centers for Medicare and Medicaid Services (CMS) requirements, providers need to have completed a short questionnaire by November 30. You should have received an email invitation with a link to the survey.

If you have not completed your survey, you will be contacted by our compliance department.

CMS requires all providers contracted to offer health care or provide services to Network Health members to meet these requirements. If you have any questions regarding CMS requirements or this questionnaire, please contact your assigned contract manager.

Update provider data with Dial America

We validate provider information quarterly and when new information is sent from a contracted group. Contracted providers and provider groups are required to participate in this process as part of their contractual obligation.

Dial America is a vendor that Network Health uses to update provider information as regulated by CMS. Please make sure to update your information with them when they call. If you have

questions, please contact your contract manager.

View provider portal or call customer service for claims questions

We encourage you to register for our new provider portal at <https://login.networkhealth.com> so you may view the status of claims and remits 24-7. The information available in the provider portal is the same information that customer service would give you on the phone.

If you have an issue with a specific claim, please call Customer Service and obtain a reference number for any follow-up.

Commercial Customer Service: 920-720-1300 or 800-826-0940

Hours of Operation

Monday, Wednesday, Thursday and Friday: 8 a.m. to 5 p.m.

Tuesday: 8 a.m. to 4 p.m.

Medicare Customer Service: 920-720-1345 or 800-378-5234

Hours of Operation

Monday–Friday: 8 a.m. to 8 p.m.

Watch the mail for other important updates

At the end of December, you will receive a packet in the mail with important updates for 2019.

Network Health to launch Medicare Diabetes Prevention Program

In 2019, Network Health will participate in a new initiative from the Centers for Medicare & Medicaid Services (CMS). The Medicare Diabetes Prevention Program (MDPP) focuses on decreasing the progression of prediabetes into Type 2 diabetes by empowering people to take steps to lower their risk.

CMS estimates that \$327 billion was spent on Type 2 diabetes in 2017. In addition to the staggering financial costs, diabetes has significant impact to long-term health outcomes and other comorbidities.

Patients with a diagnosis of prediabetes may be able to decrease their risk of transitioning to Type 2 diabetes by 58 percent or more by implementing simple lifestyle changes, according to recent CMS research.

The MDPP encourages participants to set realistic goals of losing 5-7 percent of their starting weight through a 12-month program that includes making healthier dietary choices and increasing their physical activity to at least 150 minutes a week.

Network Health members will be directed by trained lifestyle coaches who focus on acceptance, empathy, and developing support systems. For more information about referring patients to this program, contact the Network Health Wellness Department at 1-800-826-0940 or QI@networkhealth.com.

Best practices for diabetes management

Effectively managing diabetes is an ongoing challenge for both providers and patients, but it is

essential to improving health outcomes. As we wrap up November — American Diabetes Month and Diabetic Eye Disease Awareness Month — we offer these best practices for diabetes management.

Recommended screenings

- **Annual HgbA1c testing and effective HgbA1c control** (best practice recommends HgbA1c goals less than 7.0)
- **Blood pressure control** (best practice recommends BP goal of < 139/89)
- **Diabetic eye exam** (best practice recommends annual dilated eye exam)
- **Annual nephropathy screening** (best practices include an ACE/ARB prescription or treatment by a nephrologist)

Diabetic eye health management involves coordination of care between eye care providers and the member's personal doctor or primary care physician (PCP). This includes the eye care provider ensuring that the diabetic eye exam results are provided to the PCP and become part of the member's medical record.

The Wisconsin Lions Foundation has free resources you can recommend to patients regarding diabetic eye care, including an educational YouTube video, "Protect Your Vision: The Dilated Eye Exam." (www.youtube.com/watch?v=nALXjdxqjUY)

For more information, please feel free to contact the Quality Health Integration department at 920-720-1685 or QI@networkhealth.com.

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



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