

November 2020



Keeping you in rhythm  
with provider news  
and updates

## **2021 Prior Authorization Requirements**

Network Health is pleased to share that we will not be making any changes to our prior authorization requirements for January 1, 2021. However, we are currently investigating opportunities, we will surely announce any changes a minimum of 30 days in advance.

Our utilization management team is focused on ensuring our members receive the right care, at the right place and at the right time. Our aim is to maximize value for our members by delivering the highest quality services at the lowest cost with the least disruption of their daily lives.

A complete 2021 listing of services that require prior authorization can be found on our website at <https://networkhealth.com/provider-resources/authorization-information.html>.

For commercial authorization requests, call our care management department at 800-236-0208 or 920-720-1600, 8 a.m. to 5 p.m., Monday through Friday. For behavioral health services, call 800-555-3616 or 920-720-1340, 8 a.m. to 5 p.m., Monday through Friday.

For all Medicare authorization requests, call our care management department with medical or behavioral health authorization requests at 866-709-0019 or 920-720-1602, 8 a.m. to 5 p.m., Monday through Friday.

---

## **All Network Health Medicare Advantage Members to Receive Health and Wellness Care Package**

There is nothing more important to us than the health and wellness of our members, your customers. Recently, we started shipping gift boxes to all our 65,000 Medicare Advantage members. Each box is filled with gifts to keep our Medicare members feeling well this winter. This is just another way Network Health goes above and beyond to improve the health care quality for our members.

### Here's what we're sending each member.

- Hand sanitizer because sometimes it's difficult to find
- Pen with sanitizer so have protection on the go
- Alcohol wipes for added protection
- Two custom face masks because it's important to rotate and clean your masks
- Digital thermometer to monitor your health
- Sherpa blanket to keep you warm and healthy this winter



---

## Prior Authorization List with Codes

Network Health is excited to announce that we are finally able to publicly post our master prior authorization list, which includes CPT and HCPCs codes. The master list is in excel format and will be posted with our other authorization information and resources in the provider resources section of networkhealth.com. A recorded tutorial will also be available, to help explain how the list is organized.

Please note any additions to the prior authorization requirements will be communicated a minimum of 30 days in advance via our monthly newsletter, The Pulse.

If you have any questions you may reach our utilization management department at 920-720-1602.

---

**Provider Resources**

Quick Links ▾

## Welcome Providers

At Network Health, our mission is to create healthy and strong Wisconsin communities. Our relationship with providers plays a vital role in that mission, so we make it a priority to provide you and your staff with helpful tools to streamline the process of serving our members.

[Coronavirus Information for Our Provider Partners](#)  
[Provider Reference Guide](#)

## Save the Date for Virtual Practice Manager Meetings

Mark your calendar for our 2020 Practice Manager Meetings. Click on the date you would like to attend to register.

- November 17
- November 19

### Provider Portal Access

Registered providers have access to view patient eligibility, check status of claims, submit online authorizations and more. Registration is now available for both contracted and non-contracted providers. [Sign up now.](#)

### Authorization Information

Network Health uses online authorization systems to streamline our process and improve turnaround times for submissions. Learn more about [Exchange](#) and [ESI Care](#).

### Continuum

Find resources such as tutorials, [auth](#) and [ID](#) card explanations.

### Authorization Lists by Code

Network Health provides a downloadable Excel document of the Master Authorization list by code (CPT/HCPCs). \*Please note, inpatient services require prior auth, but may not have a corresponding CPT or HCPC's code. The lists are separated by line of business; Medicare PPO, Medicare HMO, Assure, ETF, Commercial Fully Insured, Small Group IFF, HIX, Horizon HH and Hospice and Network Health. Please double check the member's plan before verifying the

### Become a Contracted Provider

Are you looking for the biggest health plan in the nation, that's not us. We are careful when selecting our provider partners—we look for those who are the best at what they do and bring value to our network. [Read more](#) to see if Network Health is the place for you.

### Credentialing

The credentialing process plays a vital role in providing safe, quality patient care to our members. Our credentialing department evaluates the qualifications of providers who wish to become affiliated with Network Health.

### Quality Health Integration

Network Health collaborates with providers to ensure members receive the highest quality care. Review clinical practice guidelines, learn more about quality measures and rankings (NCQA, HEDIS, CAHPS) and find resources and tools to meet quality goals.

### Wellness Programs

Learn more about Network Health's programs for members, including Care Management.

# Provider Data Validation Using NPPES NPI Provider data

Network Health is asking providers to begin updating their NPPES provider data to help maintain the accuracy of their provider directories. NPPES allows providers to attest to the accuracy of their NPI data.

If a provider's information is correct, they will be able to attest to it and NPPES will record and reflect the attestation date. If the provider's information is not correct when they request any change to the NPI record, the provider will be able to attest to their changed NPI data, resulting in an updated certification date.

CMS will publish the latest certification date for each NPI in the NPI Registry as well as the NPPES dissemination file. Network Health will be using this data to aid us in the development of our provider directories, however, we can only use the most current data published, therefore, it would be imperative that you attest to the data regularly.

**NPPES was recently updated to allow providers to input multiple addresses to support other work locations.**

Network Health will access core NPPES data weekly i.e., provider name, provider specialty, provider address, provider telephone number. Collectively, these data elements represent 91% of the CMS provider directory review errors found. NPPES data will be compared to your provider data which is already being submitted and serve as an important resource to improve Network Health's provider directory reliability and accuracy.

We encourage you to access the NPPES webpage at <https://nppes.cms.hhs.gov> today as well as quarterly to update and/or attest to your provider data. It will be imperative to ensuring provider directory accuracy to our members.

---

# Practice Manager Meetings Q & A

Network Health's Practice Manager meetings were held virtually on November 17<sup>th</sup> and November 19<sup>th</sup>. Thank you to those who attended to help make our virtual event a success! There were two questions that came in through the group chat.

## **iExchange – Provider Authorization Portal:**

**Q:** Does an entire organization have one sign on for iExchange? Or does each prior auth or nurse need to have their own sign on?

**A:** An organization can be registered with multiple users to submit a prior authorization through iExchange. If your group is interested in learning more about iExchange, and possibly setting up a training session through WebEx, please call 800-236-0208 and ask to speak with Sara Froeming in Utilization Management.

You can register for iExchange through Network Health's [Provider Portal](#) or registering directly with [iExchange](#) (please use Internet Explorer or Firefox browsers only).

You can view [Inpatient](#) and [Outpatient](#) tutorials on Network Health's website in the Provider Resources section.

## **Real-Time Benefit Tool (RTBT) for prescription benefits:**

**Q:** Is there a cost to get contracted for RTBT for pharmacy assistance? Would like more info on this program.

**A:** Most of the RTBT apps that are integrated with EMRs such as EPIC, will not cost anything if that clinic is already using Surescripts. Surescripts is the platform for electronic prescribing that is used by 85% of prescribers out there. If Surescripts is in place, there would

---

## CS Modifier

We wanted to make all of our providers aware that we do not require a CS modifier to be appended to services you provided during the PHE period. By appending the CS modifier, it will not allow for payment. Please ensure that you are removing the modifier when submitting claims to us

---

## Discovery Health Claim Audit

Effective January 1, 2021, Network Health has partnered with Discovery Health to conduct Diagnosis Related Group (DRG) validation and Intensity Modulated Radiation

Therapy (IMRT) reviews. The reviews will include claims processed as of October 1, 2020.

Discovery Health will request records to validate the level of service which need to be returned within 30 days. Upon completion of the audit, you will be notified if there are any findings, schedule a discussion on the findings if necessary and complete a letter of agreement. If you do not agree with the findings, you have the opportunity to submit a dispute.

---

## **Attention Skilled Nursing Facility Providers:**

### **Important Instructions for Notice of Medicare Non-Coverage (Skilled Nursing Facility and Home Health Care Providers Only)**

When Network Health Medicare Advantage members are discharged from a skilled nursing facility (SNF) or home health care (HHC) services, the Centers for Medicare and Medicaid Services (CMS) requires that the standard CMS Notice of Medicare Non-Coverage (NOMNC) form be sent by providers to members on a timely basis.

You can find the NOMNC in our online [Provider Medicare Manual](#).

To be compliant with the Code of Federal Regulations, 42 CFR 422.624, members must receive the NOMNC from their provider **no later than two days before the proposed end of services**.

The NOMNC informs members that their SNF or HHC services are ending and of their right to appeal through LiVanta, an independent quality improvement organization that is contracted with and paid by CMS.

The completed notice must include the following.

- Services to end
- The date coverage ends (dates must be no smaller than 12-point type, and if handwritten, notice entries must be no smaller than 12-point type and legible)
- The date the member received notification
- The member's unique identification number
- The member's signature

To access CMS' instructions on how to properly fill out a NOMNC form, **visit the CMS website**.



Additionally, Network Health would like to make you aware of a new letter to our members we'll be asking you to deliver. Starting 11/10/20, Network Health developed a letter for our members who are confined in a skilled nursing facility (SNF). The purpose of the letter is to inform them of their SNF benefits at the point of care, as well as make them aware of the resources and assistance available to them, provided by Network Health.

We appreciate your partnership in delivering this letter to our members. Please reach out to Network Health's utilization management department at 920-720-1602 with any questions.

---

## Message from Provider Operations

Thank you to all that took the time to fill out our annual provider satisfaction survey. This important feedback is analyzed and presented to our board of directors. It is also part of our corporate goals for all employees to ensure our providers have a good experience with our staff.

Action plans are created based upon the feedback and process improvements are made throughout the year.

We value your thoughts and opinions, thank you for your participation.

---

## Public Health Emergency Extended to January 21, 2021

Health and Human Services Secretary Alex Azar has extended the public health emergency (PHE). \$0 Telehealth copays are extended from December 31, 2020 to January 21, 2021.

If you are not a current subscriber to *The Pulse* and you would like to be added to the mailing list, please [email us today](#).

Current and archived issues of *The Pulse*, *The Script* and *The Consult* are available at [networkhealth.com/provider-resources/news-and-announcements](https://networkhealth.com/provider-resources/news-and-announcements).



Don't forget to check us out on social media



[networkhealth.com](https://networkhealth.com)  
1570 Midway Place  
Menasha, WI 54952  
800-826-0940 or 920-720-1300

---

We respect your right to privacy - [View our privacy policy](#)

[One-Click Unsubscribe](#) | [Facebook](#) | [Twitter](#) | [Network Health Blog](#)