

August 2022



ECHO Health Inc, Electronic Remittance Advice (ERA) issue identified

It has come to our attention that ECHO Health Inc (ECHO) generated ERAs from July 26, 2022, through August 8, 2022, with the incorrect Payer ID. Here is what you need to know:

- ECHO remediated the error and only reissued new ERAs in the providerpayments.com portal.
- The corrected ERAs did not have the Claim Adjustment Segment (CAS) which caused balancing issues.
- ECHO fixed the CAS segment issue and reissued corrected ERAs in the providerpayments.com portal.
- Providers that use clearinghouses that require a matching Payer ID and payer tax identification number did not receive any ERAs through the clearinghouses from July 26, 2022, through August 8, 2022.
- Providers that use clearinghouses that do not require matching logic, corrected ERAs with the CAS segment issue were not sent to the clearinghouses.
- If you do not use a clearinghouse, the correct ERAs are posted at the providerpayments.com portal.

We are working with our vendor to identify the root cause to ensure these issues do not continue.

Here is how you can obtain the correct ERA:

- Providers may reach out to their clearinghouse to receive an updated ERA. The clearinghouse will reach out to ECHO if needed.
- Providers may reach out to ECHO directly at EDI@echohealthinc.com to request an ERA be pushed to their clearinghouse. ECHO will coordinate with the clearinghouse.
- Providers may log into the providerpayments.com portal to download a corrected ERA
- If you have contacted ECHO and were not able to resolve your issue, please contact your Provider Operations Manager

If you have questions regarding your ERA and payment method, please contact ECHO at 888-834-3511.

Member Flu Shot Clinics

Network Health continues to work with area pharmacies to promote vaccinations for our Medicare Advantage members. We're bringing back the flu vaccine clinics this September and October and are partnering with various Walgreens and Walmart locations across northeast and southeast Wisconsin. Drive-through and in-person clinics are offered. Member invitations will be mailed in August providing further details on locations and how to sign up.

Updated Payment Policy effective 10/1/2022

Facility claims submitted with bill type XX5, XX7 or XX8 will now require a condition code. If the claim is not submitted with the appropriate condition code, the claim will be denied. Click [here](#) to view the updated Claim Submission Policy which provides the billing criteria for this update. If you have any questions, please reach out to your provider operations manager.

Hyaluronic Acid and Prolia Prior Authorization Removed from CCUM

Effective August 15, 2022, Network Health has removed the prior authorization requirements for hyaluronic acids and Prolia. Providers no longer need to submit prior authorization requests to CCUM for these two products when used for FDA approved indications. All other drug prior authorization requirements remain unchanged. Providers can learn more about pharmacy benefits, review prior authorization drug lists and pharmacy materials available to both commercial and Medicare members on our provider webpages [here](#).

Member Annual Enrollment

The Medicare Annual Enrollment Period starts October 1, 2022 and runs through December 7, 2022. Several commercial customers will have their open enrollment periods in the fourth quarter of 2022. Members and future members are always encouraged to call our Member Experience team if they have questions or concerns. During the annual enrollment period, we have higher than normal call volumes. Due to this increase, we encourage you to use our provider portal to review member eligibility, benefits and accumulators, claims status, authorization requirements, payment policies, etc. This will save you time as you wait to speak to a Member Experience representative. If you do not have access to our provider portal, sign up [here](#).

If you would like an overview of the provider portal, please reach out to your provider operations manager.

Reminder to Review the EDI Claim Rejections Report

Please review the EDI Claim Rejection Report located within the provider portal. Your clearinghouse may indicate the claim was accepted, and the claim may not go back through your clearinghouse as rejected. It is very important to check this report if you have not received payment within 30 days. The report will indicate if claims have been rejected due to a provider or member submission error. If you have any questions on how to access this report, please reach out to your provider operations manager.

2022 Provider Attestation due August 31, 2022

The annual provider attestation is available on the home page of the provider portal. This is a requirement per the Centers for Medicare & Medicaid Services (CMS) for all participating

providers who offer health care or administrative services to Network Health members enrolled in a federal health care program. Please have the attestation completed on or before Wednesday, August 31, 2022. If you have questions related to the attestation or the provider portal, please reach out to your provider operations manager.

New Provider Information Form (PIF)/Facility Information Form (FIF)/Provider Termination Form

We recently redesigned our PIF and FIF forms to accurately capture the required information necessary to add a provider to your contract. This redesign provides the capability of sending the form to the correct departments to ensure that the forms are not lost in emails or faxes. Additionally, we also added a provider termination form. This form is used when a provider provides you notice of their departure from your practice. We did not have a consistent method to provide termination notices to us to term a provider timely. You can access these forms by logging into our [_provider portal](#) and clicking on the bottom right corner of the quick links box on the left hand side of the portal main page. Please start using this form immediately and cease sending in the Word or PDF versions of the PIF and/or FIF form.

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.



Don't forget to check us out
on social media



networkhealth.com
1570 Midway Place
Menasha, WI 54952
800-826-0940 or 920-
720-1300