



Keeping you in rhythm
with provider news
and updates

Network Health Changes Skilled Nursing Facility (SNF) Benefit in 2020 for Medicare Advantage Members

In previous years, Network Health's SNF benefit operated similarly to original Medicare. We covered up to 100 days each benefit period, when medically necessary.

A new benefit period would start when a 60-day break from any inpatient hospital or skilled nursing care had been reached.

Effective January 1, 2020, Network Health has removed the benefit periods, meaning our members are eligible for up to 100 days of skilled nursing facility care per admission, when medically necessary.

Do You Need to Add a Provider or Location to Your Contract?

If you need to add a provider or a new location to your contract, please fill out a provider or facility information form found at [the location here](#).

Once you have completed that form, please send it to your contract manager, nhpmanagedcarecontracting@networkhealth.com, not the credentialing department.

Your contract manager will then forward the information to our credentialing department, if credentialing is required per Network Health's policy. If credentialing is required, credentialing will send you a credentialing application.

It is imperative that you **fully complete the application** and return it to credentialing as soon as possible.

There is an average 90-day credentialing period which may take up to 180 days. It is imperative to complete and return the application as soon as possible.

If you have questions on your credentialing application, please contact our credentialing team at 920-720-1790. Upon completion of credentialing, you will be notified via a letter. If you are going through the **initial** contracting process, an executed contract must be in place prior to any providers seeing our members, regardless of the credentialing date.

It is important to note that contracting is dependent upon the credentialing approval. Additionally, for **existing groups**, if a provider is currently in the credentialing process and has not received approval, they may not see our members.

If a provider sees our members without being approved for credentialing, the claim(s) will be denied provider liability. If you have any questions regarding this process, please contact your contract manager.

Provider Directory Accuracy

Network Health would like to partner with you about supplying the most accurate and up-to-date provider data within our directories.

How can you help?

1. Use Provinfo@networkhealth.com to supply your provider data at least quarterly. If you would like Network Health to supply you with a formatted roster for completion, please email us and we will be happy to share with you.
2. At least quarterly, ensure that you are supplying Network Health with your provider data or roster to include Provider Name, Clinic Address(es), phone number where a member may schedule an appointment to see such provider, all hospital affiliations, specialty, contact phone number for hospital affiliation(s), whether the provider is accepting new patients and any medical groups to which the provider belongs.
3. Ensure all phone numbers given to Network Health lead directly to the front desk where an appointment can be scheduled with said provider.
4. Only add locations for providers in which they work regularly. On average clinics have less than five locations submitted to Network Health. We do not want to list every clinic at which a provider could potentially see patients, only those at which they are actively seeing patients.
5. Ensure any changes to your quarterly data outside of the quarterly submission are submitted to us timely to guarantee accuracy.
6. Ensure your front-end desk staff answering phone calls are aware of what providers are practicing within the clinic and are ready to verify the above information. CMS will place random secret shopper calls to verify provider directory information by calling your clinics. It is important to verify that what Network Health has published within their directories is well known to your front-end staff.
7. Please email us if you would like to connect on how we can help.

Enhancement to Provider Dispute Process coming April 1, 2020

Network Health will be introducing an updated Provider Dispute application in April. To utilize this application, you must be a registered user of our Provider Portal. If you are not currently registered, please visit the [Network Health Provider Resources](#) and click on Provider Portal Access.

For those providers with generic email domains, a PIN will be mailed to the office location within 5-7 business days to complete the registration process. If you have any questions regarding this process, please contact our Customer Service Department at 800-826-0940.

Final Thoughts

Network Health Plan/Network Health Insurance Corporation is committed to treating our members and their rights with the utmost respect. This commitment is communicated best through our Member Rights and Responsibilities, [which you can read here](#). If you have any questions or concerns, we'd love to help. Contact us by calling 800-826-0940.

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



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