The pulse

network health

Keeping you in **rhythm** with **provider news** and **updates**

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Claims Submitted with Incomplete Information Will Be Rejected

Network Health's goal is to process all claims at initial submission. Before we can process a claim, however, it must be a clean or complete claim submission.

If any of the necessary information is missing from the claim, we will not be able to process your claim in a timely fashion and it will be rejected.

To facilitate the timely processing of your claims, please follow the Claims Procedures and Polices provided at networkhealth.com/Provider-Resources/claims-policies-and-procedures.

If you are unable to find a claim on your remit report, please check the rejection report in the provider portal at login.networkhealth.com.

Pharmacy Benefits Manager Transitions to Express Scripts January 1, 2020

Walgreens added to Retail Pharmacy Network August 1

On January 1, 2020, Network Health will transition to Express Scripts (ESI) as the pharmacy benefits manager for all lines of business. ESI has provided pharmacy benefits management for Network Health Medicare members since 2005. Through the transition, the major retail pharmacy network will switch from CVS/caremark™ to Walgreens.

For our members' convenience, Network Health will provide access to Walgreens pharmacies beginning August 1, 2019. CVS/caremark™ will continue to be in-network until December 31, 2019. This gives you and your patients time to transition pharmacy files from CVS/caremark™ to Walgreens (or any in-network pharmacy).

If members decide not to participate in the early transition, we have advised them to refill prescriptions the last week of December 2019 to cover their medication needs until they can transfer their pharmacy files to an in-network pharmacy on January 1, 2020.

Members and providers can search the entire updated pharmacy network, both retail and mail order, through the Find a Pharmacy tool at networkhealth.com starting November 1, 2019.

Medicare Survey Must Be Completed by August 30

For Network Health to demonstrate compliance with the Centers for Medicare and Medicaid Services (CMS) requirements, providers must complete a short questionnaire by August 30.

You will receive an email invitation in August with a link to the survey. Please watch your inbox and complete your survey by the deadline.

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.

Provider Communication Survey: Please Share Your Feedback

At Network Health our mission is to improve the life, health and wellness of the people we serve. Our relationship with providers plays a vital role in that mission, and we want to hear from you.

In September, we will email you a short survey about provider communications—how we share information with you and the types of information we share.

When you receive the email, please take a few minutes to complete our survey. Your feedback helps us understand what is working and where we have opportunities to improve. Thank you for your participation. We appreciate your ongoing partnership.

Coming in October: Medicare Plan Changes and Member Events

It's that time of year again—we are in full swing preparing for the Medicare annual election period (AEP). We are busy finalizing plans and composing our annual notice of change (ANOC) to send to members by the end of September.

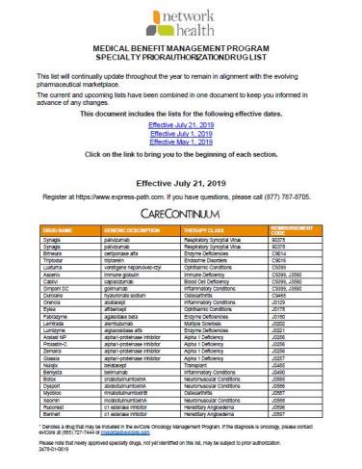
In October we will send provider offices an explanation of what benefits have been added and changed to help you prepare for January 2020.

We will also hold Medicare Member Events in October to announce the 2020 benefits.

Our provider partners are invited to participate in these events and promote their services to current and prospective members. If you are interested in setting up a booth at these events, please contact your contract manager.

Updated CCUM Drug List Published

Throughout the year, Network Health continually updates the list of medical drugs that require prior authorization through ESI Care Continuum (CCUM). Our updates maintain alignment with the evolving pharmaceutical marketplace. The most recent update has an effective date of July 29, 2019.



network health

MEDICAL BENEFIT MANAGEMENT PROGRAM
SPECIALTY PRIORAUTHORIZATIONDRUGLIST

This list will continually update throughout the year to remain in alignment with the evolving pharmaceutical marketplace.

The current and upcoming lists have been combined in one document to keep you informed in advance of any changes.

This document includes the lists for the following effective dates.

Effective July 21, 2019
Effective July 1, 2019
Effective May 1, 2019

Click on the link to bring you to the beginning of each section.

Effective July 21, 2019

Register at https://www.express-path.com. If you have questions, please call (877) 787-8705.

CARECONTINUUM

To keep you informed in advance of any changes, the current, upcoming and previous lists have been combined in one document.

The document currently includes the lists for the following effective dates with links to help you navigate by effective date.

Effective July 29, 2019
Effective July 21, 2019
Effective July 1, 2019
Effective May 1, 2019

Reminder: Updates Posted for Claims and Medical Policies

In June we announced additions to claims and medical procedures and policies. Based on feedback from providers, we combined a few claims policies and created several new procedures to clarify processes. We also added two new medical policies.
These changes took effect July 28, 2019.

The new claims policies are located under Claims Policies and Procedures at networkhealth.com/provider-resources, and include the following procedures.

- Correcting Provider Overpayments and Underpayments
- Subrogation
- Contract Pricing Updates
- Bill Audit Review
- Emergency Observation Inpatient Copayment

The medical policies are listed under **Medial Policies** at networkhealth.com/provider-resources/policies-and-forms, and include the following policies.

- Carotid Artery Stenting

- Specialized Manual Wheelchairs

Reminder: Providers Are Required to Update 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 do not provide the information to Dial America, Network Health must follow up with your staff.

If you would rather not provide information over the phone, you have the option to submit your roster via email on a quarterly basis to Provider Informatics. If you would like to switch to email rosters, please contact your contract manager. For more information on what information is required, please read the Provider Data Validation policy.

Report changes in provider participation

It is also a contract requirement to promptly (within 30 days) inform Network Health of any provider participation changes such as location changes, terminations, part-time covering or no longer excepting new patients. Failure to report this information in a timely fashion affects the state and federal continuity of care provision for our members.

Read the latest issue of The Script Newsletter

The Script is the quarterly newsletter produced by the Network Health Pharmacy department to inform providers of current and upcoming pharmacy-related news. This might include the following.

- Changes to the formulary
- Changes to Prior Authorization lists or processes
- Trends in prescribing medications
- Quality measures or tips for closing care gaps

The digital newsletter is available in the Provider Resources News and Announcements section of networkhealth.com.

The Script
network health
Dispensing pharmacy updates and guidance

June 2019

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Remind patients with diabetes to take statins

Continuous Glucose Monitoring Systems Covered

Do Your Patients Struggle with Insulin Cost?

Medication Highlights Grid

Brand Inhalers Now Available as Generic

Breathe at Ease program offered to members at no cost

ProAir, Ventolin and Proventil inhalers are now available as a generic version.
If you write your prescription as **Albuterol HFA** inhaler, the pharmacy will fill the prescription with the generic version.

Network Health also offers members a proactive condition management program called *Breathe at Ease* that is designed to help patients with chronic conditions avoid flare-ups, control symptoms and potentially improve their lung conditions. The program is intended to supplement a physician's care of chronic bronchitis, emphysema and COPD.

Breathe at Ease is available to qualified members at no cost. To learn more about the program and available locations, or to refer a patient to the program, contact Network Health's condition management team at 920-720-1600.

Remind patients with diabetes to take statins

Network Health encourages members with diabetes to take their prescribed medications and undergo appropriate health screenings. Recently, our efforts revealed that some diabetic members are not taking a statin, or are unwilling to try a different statin, because of experienced side effects.

Statin-type cholesterol medications have been shown to greatly lower the risk of heart attack and stroke in patients with diabetes. The recommendation is that all diabetics, regardless of cholesterol levels, take a statin unless other medical reasons prevent it.

At Network Health, our pharmacists have created an informational member booklet that debunks the seven most common myths that discourage patients from taking statins. Statin Medications: Separating Truth from Myth was recently mailed to members with diabetes to encourage medication adherence. Please remind patients about the importance of taking their medications and review the benefits of statin medications with them.

Statin Medications
SEPARATING
Truth | Myth

Read Our New Clinical Newsletter - The Consult

In June, Network Health added a clinical-focus newsletter to our suite of provider communications.

The Consult is a monthly communication to strengthen collaboration with clinicians. This newsletter will notify you about our member programs designed to close care gaps, inform you about initiatives around specific quality measures, and share highlights and success stories from our health management teams and network providers.

Email us today to subscribe to The Consult. Read it online at networkhealth.com/provider-resources/the-consult.

June 2019

The Consult
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Collaborating with providers for the best quality care

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Meet the Network Health Medical Directors

Statins: Helping Patients Separate Truth from Myth

Quality Measures for Behavioral Health

Behavioral Health Care Managers Support Patients in Need

Network Health Launches New Clinical Newsletter

This month, Network Health adds a clinical-focus newsletter to our suite of provider communications which currently includes *The Pulse* (for operations news, such as claims updates) and *The Script* (for pharmacy news and updates).

The Consult is a monthly communication to strengthen collaboration with clinicians. Together, we can ensure our members, your patients, are satisfied they receive the best quality care in the right place at the right time.

This newsletter will notify you about our member programs designed to close care gaps, inform you about initiatives around specific quality measures, and share highlights and success stories from our health management teams and network providers.

Every month, we will feature a clinician doing innovative work in his or her practice to improve health outcomes and patient satisfaction. For our inaugural issue, we shined the spotlight on our Network Health Medical Director team.

Led by Dr. Gregory Buran, chief medical officer, this team of board certified physicians lends its clinical expertise to business practices in population health—including utilization management, health management, quality and clinical integration.

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.