June 2022

The pulse

New and Updated Network Health Payment Policies Effective August 1, 2022

- Network Health created a new payment policy for Modifier 78, providers will be reimbursed 84 percent of the allowed amount when professional claims are submitted with Modifier 78.
- Network Health created a new payment policy for partial inpatient authorizations.
- Network Health updated the Anesthesia policy when HCPC codes J3490 and/or J3590 are billed in an office setting.

If you have any questions regarding the new or updated payment policies, please reach out to your provider operations manager.

Site Visits

We are really looking forward to offering site visits again. If you would like us to come to your office to review new material, provide education on our provider portal or meet new staff, please contact your provider operations manager to arrange a time that works best for you.

Reminder – Sequestration Policy

Just a reminder that effective with dates of service April 1, 2022 through June 30, 2022, the sequestration payment reduction was increased to 1 percent. Effective with dates of service July 1, 2022, the sequestration payment reduction will be increased to 2 percent.

Provider Portal Reminder

Due to continued staffing shortages, we are asking our providers to continue using our secure provider portal to verify member eligibility, member benefits and claim status. By using the portal, you will avoid long hold times when contacting our member experience team. If you or your team are not currently registered for the provider portal, please click **here** to begin the process. If you have questions regarding the registration process, please reach out to your provider operations manager.

Annual Provider Attestation

Just a reminder that the annual provider attestation is available for providers 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 August 31, 2022. There will also be a Frequently Asked Questions (FAQ) document available in the provider portal to assist with the attestation. If you are not a registered user on our provider portal, please click **here** to begin the process. If you have questions regarding the portal registration, you may contact our member experience team at 800-769-3186 or your provider operations manager.

Medical Record Requests for Risk Adjustment

As a Medicare Advantage Plan, Network Health is required to submit member diagnosis and demographic information to the Centers for Medicare & Medicaid Services (CMS). Health plans like Network Health create internal risk adjustment programs to help monitor population, improve

quality of care and increase the accuracy and completeness of these data submissions in order to achieve the most accurate payments from CMS for their member population.

Providers may be contacted by Inovalon or GeBBS Healthcare on behalf of Network Health to submit medical records, or have the vendor come on site to review medical records. A letter outlining the program will be sent to the provider, along with a list of requested records, as well as several retrieval options to select from based on what works best for your office. Please note this is not a medical necessity review.

Please **click here** for additional information on the Risk Adjustment process. We truly appreciate your partnership and cooperation in this process. If you have any questions, please contact Emily Vander Heiden, supervisor risk adjustment at 920-628-7107 or **evanderh@networkhealth.com**.

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.

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