September 2019

# The pulse

network health

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

## Table of Contents



# Complete Our Annual Provider Satisfaction Survey

Did you know providers rate Network Health well above other plans? In fact, in 2018, 92.9 percent said they would recommend Network Health to other providers. Network Health achieved an 81 percent overall satisfaction rating from providers in 2018. The next highest health plan was rated 65.5 percent.

For 2019, we'll be conducting our annual Provider Satisfaction survey through SPH Analytics. **The survey will start in the beginning of October. Please complete the survey and provide your feedback. All surveys are being emailed to the contract contact.** If you have any questions, contact Melissa Anderson at **meanders@networkhealth.com**.

As a valued partner of Network Health, thank you in advance for your feedback. Provider feedback is extremely important to us and we carefully review the results to implement improvements.

**Evaluating New Technologies**

**Access to Care Management Associates and Services**

**How Health Plan Make Decisions**

**2020 Prior Authorization Requirements**

**2020 Plan Changes (Medicare and Individual Family Plans)**

# Use ESI Care Continuum (CCUM) for Faster Medical Drug Prior Authorization

Network Health has partnered with ESI Care Continuum (CCUM) for medical drug prior authorizations. CCUM handles pre-determination and prior authorization requests for medical drug (excluding oncology drug) for all lines of business, including Medicare and Health Exchange. eviCore will continue to review oncology medical drug requests.

**The portal contains logic to save providers time by only requiring answers to the specific questions necessary to demonstrate medical necessity. This takes 5 to 10 minutes.**

- **Please avoid using the faxed questionnaire,** as there is not logic built in, so there are unnecessary questions in the fax document. If the portal isn't used, we recommend calling CCUM to provide the necessary information.

  Submit drug requests in the CCUM **ExpressPAth portal**, available 24 hours a day, seven days a week, through seamless access in the **Network Health provider portal**.

  **Learn more about ESI Care Continuum on the Authorization Information page.**

# New Portal Enhancement - Search Claims by Service Date Range

In the **Network Health provider portal**, a new function is now live in the claims section to search for claims by service date range. This enhancement was the direct result of feedback submitted by providers through the Network Health feedback tool inside the portal.

Thank you to those who submitted feedback and watch for more enhancements in the coming months.

# Customer Service Department Updates

We listened to your feedback regarding our customer service and claims' service levels. The customer service and claims departments have hired dedicated trainers to provide more comprehensive and continuous training to increase your satisfaction with our service.

Medicare open enrollment will be October 15, 2019 and December 7, 2019.

The State of Wisconsin employees open enrollment will be from October 1, 2019 and October 25, 2019.

To save you time during this busy season, please visit our **provider portal** to check member eligibility, benefits, authorization requests and claims status. With the new improvement to our provider portal, as noted above, you will be able to readily search claims.

# Preventive Services Reminder

As patients come in for a wellness preventive visit, Network Health follows U.S. Preventive Services Task Force (USPSTF) Guidelines on which services are considered 100 percent preventive and which are not.

This is particularly important when it comes to lab work. If lab or other services are

necessary during the preventive visit, these services do not fall under the USPSTF guidelines. In this case, please inform the patient they may be responsible for copayments, coinsurance or deductible amounts, depending on their plan, and that they can call us if they have benefit questions.

In addition to an annual wellness visit, Network Health covers other preventive services at no cost for most of our members when they visit doctors within our provider network. See the following preventive lists for more detail.

- **Medicare Preventive Health Checklist**
- **Commercial Preventive Services Guide**

## Check for Correct Fax Numbers

Network Health's Compliance Committee recently noted an increase of providers sending faxes to incorrect fax numbers. To ensure that patient information gets delivered to the correct recipient, please double check that faxes are always going to the correct number before sending.

- Network Health Customer Service Department Fax: **920-720-1909**
- Network Health Claims Department Fax: **920-720-1910**
- Network Health Medicare Utilization Department Fax: **920-720-1916**
- Network Health Commercial Utilization Department Fax: **920-720-1903**

## Claims Inventory Update

The claims department at Network Health has been busy implementing improvements in 2019. Currently, claims inventory is at two days of receipt and aging is under three percent. Auto-adjudication for claims for all lines of business is over 88 percent, well above industry standard at 80 to 85 percent.

# Claims Rejection Reports Available in Provider Portal

As a reminder, providers can log in to the **Network Health provider portal** to check any claims that may have rejected via the EDI process.

If you can't find a claim on your remit report, please check the EDI Claim/Error Log Report posted in the provider portal under Claims. If any of the necessary information is missing from a claim, it will be rejected.

# Evaluating New Technologies

Network Health's Medical Policy Committee (MPC) evaluates new technology or new ways of using existing technologies on a regular basis. The evaluation process considers effectiveness of the technology, its appropriate use and evidence base. Network Health follows the Centers of Medicare and Medicaid Services (CMS) coverage determinations and technology assessments. Decision-making on technologies is based on, but not limited to the following.

- Scientific evidence
- Information from government regulatory agencies
- Risk/benefit analysis
- Manufacturer information
- Assessments done by agencies specializing in technology
- Opinion of provider experts

The following technology assessments have been completed over the past 12 months.

- **Zio XT/ZioPatch cardiac monitors** - Network Health determined that this technology is safe and effective; Network Health will continue to utilize MCG criteria for requests.

- **ClariVein (treatment for varicose veins)** - Network Health has determined that this treatment is safe and effective. A new medical policy for varicose vein procedures has been developed.

If you have a question about a technology assessment, contact our care management departments Monday through Friday, 8 a.m. to 5 p.m.

- **Commercial: 920-720-1600** or **800-236-0208**
- **Medicare: 920-720-1602** or **866-709-0019**

# Access to Care Management Services and Associates

Network Health assures access to commercial and Medicare Advantage care management and behavioral health care management associates for members/participants, practitioners and provider office staff seeking information about our case management and utilization management programs. Our associates are identified by name, title and organization name when initiating or returning calls. To make an authorization request, refer a member/participant for case management services or if you have questions about the utilization or case management process, or to request a copy of specific utilization criteria you may call the care management department. Our associates are available Monday through Friday, 8 a.m. to 5 p.m.

- **Commercial: 920-720-1600** or **800-236-0208.** For questions specific to behavioral health utilization, call **920-720-1340** or **800-555-3616.**
- **Medicare: 920-720-1602** or **866-709-0019.**

Network Health offers TDD/TTY services for deaf, hard of hearing or speech-impaired individuals. Anyone needing these services should call **800-947-3529.** Bilingual language assistance or translation services are also available. Callers may leave a message 24 hours a day, seven days a week.

# How Health Plan Make Decisions

Did you know that utilization decisions made about care by Network Health are based on the appropriateness of care and service? Care and service include medical procedures,

behavioral health procedures, pharmaceuticals and devices. Decisions are based on written criteria founded on sound clinical evidence and on the benefits outlined in the various Coverage documents. Written criteria are reviewed and approved annually by actively-participating practitioners. Criteria are available to providers, practitioners and/or members/participants upon request. Requests for criteria can be submitted via telephone, fax, electronically, or USPS. Once the request is received, care management associates send the requested criteria to the requestor via fax, electronically or USPS.

Network Health does not reward in any way practitioners or other individuals conducting utilization review for denying coverage for care or service. Nor does Network Health Plan prohibit providers from advocating on behalf of members/participants within the utilization management program. Network Health does not use incentives to encourage barriers to care and service, and it does not make decisions about hiring, promoting or terminating practitioners or other associates based on the likelihood, or the perceived likelihood, that the practitioner or associate supports, or tends to support, denial of benefits. The medical directors, associates (or designees), care management staff and supervisors of this staff receive no financial incentive to encourage decisions that result in underutilization.

In addition, treating practitioners may discuss medical necessity denial determinations with the physician review medical director by contacting us.

- **Commercial: 920-720-1600** or **800-236-0208**. For questions specific to behavioral health utilization, call **920-720-1340** or **800-555-3616.**
- **Medicare: 920-720-1602** or **866-709-0019.**

Callers have the option to leave a message 24 hours a day, seven days a week. Messages are retrieved at 8 a.m., Monday through Friday and periodically during the business day. All calls are returned promptly. Calls received after business hours are returned the next business day. Members/participants, practitioners and/or providers may also send inquiries to the care management department via fax, courier system and USPS. You can fax the Medicare care management department at **920-720-1916** or the commercial care management department at **920-720-1903.**

# 2020 Prior Authorization Requirements

Network Health is currently completing annual review all prior authorization requirements. You will receive notice of any changes to the current requirements prior to implementation.

# 2020 Plan Changes

**New $25 Insulin Program for Commercial Members**

At Network Health, we're on a mission to create healthy and strong Wisconsin communities. To do this, we strive to increase medication accessibility and affordability for our members. For the past few years, insulin prices have been skyrocketing. According to a research letter published in the *Journal of the American Medical Association (JAMA) Internal Medicine*, one in four patients reports insulin underuse. High medication costs can lead to poor adherence, which can lead to long-term complications or even death.

**Beginning January 1, 2020,** Network Health is introducing the Patient Assurance Program which provides less expensive insulin options for our commercial members—including those who get insurance through their employer and those who purchase on their own.*

The Patient Assurance Program lists insulin as a preventive drug, which brings preferred brand (tier 3) insulin copayments down to **$25 for a 30-day supply** or $75 for a 3-month supply. This allows all commercial members—even those on HSA-qualified plans—to access this $25 insulin benefit before they meet their deductible.

To determine which drugs fit into this program, you can view and search our drug lists on the **Look Up Medications page** of our website.

**Not available for Medicare plans and transitional, grandmothered or grandfathered commercial plans.*

**Pharmacy Network Updates**

**On January 1, 2020,** Network Health pharmacy benefits for our employer and individual commercial products will be administered by Express Scripts, Inc.® (ESI). ESI has been the pharmacy benefits manager for Network Health Medicare members since 2005, so they are not impacted by this change. By adding commercial members to the same PBM, we will create additional efficiencies and cost savings.

Beginning August 1, 2019, Walgreens pharmacies became in-network for all Network Health members. All other pharmacy benefits remain the same until January 1, 2020.

With the PBM change, many large retailers, including Walgreens, Costco, Meijer, Pick 'n Save, Walmart and Sam's Club will continue to be in-network. CVS/caremarkTM (including Target) pharmacies will be out-of-network beginning January 1, 2020.

If members currently use a CVS/caremark pharmacy, we have advised them to refill prescriptions in December 2019 to cover their medication needs until they 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 our **Find a Pharmacy tool** starting November 1, 2019.

**Medicare and Individual and Family Plan Highlights**

Save the date for our new 2020 Medicare Advantage and individual and family plan benefit overview, which will be available via Webex on October 15 and 16. Watch for a formal invite from Melissa Anderson coming soon. In this Webex presentation, you'll learn about key changes and highlights for our 2020 plans and benefits.

In addition, 2020 Network Health Medicare Advantage plan documents will be available on our **Plan Materials page** on October 1. A few other highlights include the following.

- To ensure all of our Medicare Advantage members have ID cards early this year, members will receive their 2020 ID card in October.
- A few other enhancements to our Medicare plans include the following.
    - No drug deductible on Tier 1-3 medications (most plans with drug coverage)
    - A caregiver benefit has been added to all plans, offering support and local resources for members who are caring for other loved ones and for members' authorized representatives
    - An over-the-counter drug benefit of $50 per quarter has been added to some plans
    - Wellness rewards are being added for our NetworkPrime (MSA) members to encourage them to have their annual wellness visit, routine labs and get a flu shot.

2020 individual and family plan information will be available at **networkhealth.com/individual** mid-October. Watch for some great new benefits being added to these plans.

**The individual and family plan enrollment period runs from November 1 – December 15.**

**The Medicare Annual Enrollment period runs from October 15 – December 7.**

**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