October/November 2026

The pulse

network health

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

Register Here for our Annual Practice Manager Meeting

Please join us for our virtual, end-of-year Practice Manager meeting on Thursday, November 19, from noon–1 p.m. Please click here to register. Registration closes at **noon on Wednesday, November 18**.

You will be emailed the meeting invite, so please block time on your calendar.

Below is the agenda for our meeting. We hope to see you there.

1. **Network Updates** Coreen Dicus-Johnson, President and CEO
2. **Utilization Management Updates** Sarah Dencker, Senior Vice President, Population Health
3. **Pharmacy Updates** Andy Wheaton, Director, Pharmacy Benefits
4. **Provider Data Updates** Jen Delebreau, Director, Provider Integration
5. **Product Development Updates** Becky Pashouwer, Director Product Development

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Endoscopic and Bilateral Processing for Medicare Advantage Members

As a reminder, the endoscopic and bilateral claims specific to our Medicare Advantage members process a bit differently in our system than they do for our commercial membership. When a multiple endoscopic or 2-line bilateral claim is processed, the reimbursement is consolidated to a single claim line.

The payment amount is correct; however, the reimbursement does not display on the subsequent line(s) because it has been rolled up to the primary procedure.

This reimbursement methodology has been in place for several years and is not new configuration. If you have any questions or would like assistance reviewing a claim, please reach out to your provider operations manager.

Catch Kidney Concerns Earlier: The Power of Two Tests

Completing both eGFR and uACR testing helps clinicians recognize kidney health concerns and guide individualized care. Making both components a consistent part of diabetes care workflows can reduce missed opportunities for early detection and support more complete KED reporting.

Understanding the KED Measure

The HEDIS Kidney Health Evaluation for Patients with Diabetes (KED) measure evaluates whether eligible patients ages 18–85 with type 1 or type 2 diabetes received both an estimated glomerular filtration rate (eGFR) and a urine albumin-to-creatinine ratio (uACR) during the measurement period. Both components are needed; completing only one does not satisfy the measure. The eGFR and uACR may be completed on the same or different dates within the measurement period.

Make Kidney Health Evaluation Part of Routine Care

- **Review both results.** Check for a completed eGFR and uACR when reviewing diabetes care gaps, including results from outside laboratories or specialists.
- **Pair orders when appropriate.** Include both tests in diabetes care workflows and arrange urine collection alongside scheduled blood work when feasible.
- **Explain the purpose.** Remind patients that kidney disease may not cause early symptoms and that blood and urine tests provide different, complementary information.
- **Track completion, not just orders.** Follow up on outstanding laboratory orders and address barriers to specimen collection.

- **Close the loop.** Review results, communicate findings, and arrange additional evaluation or follow-up based on the patient's clinical circumstances.

Holiday Hours

Network Health will be closed for the holiday season on November 26–27, 2026, December 24–25, 2026, and January 1, 2027. During this time, please visit our secure provider portal to verify claim status, member benefits and eligibility.

Happy Holidays!

Network Health Provider Directory Enhancements

We are excited to share enhancements to the **Network Health Provider Directory**, including our **Find a Doctor** and **Find a Pharmacy** search experiences.

Beginning **November 16, 2026**, members will see a new look and feel designed to make it easier and more intuitive to find **doctors, pharmacies and facilities** that meet their needs.

What's New? A More Guided, Location-First Search Experience

The enhanced search experience puts **location and care needs at the center of the search process**.

Where am I? → What type of care am I looking for? → What options are nearby? → How can I narrow my results?

This approach is designed to make the search experience easier for members who may not know the exact:

- Specialty or diagnosis they need to search for
- Provider's full name
- Pharmacy name
- Facility name
- Type of provider or facility they need

- Network Health terminology for a particular service

More Guided Search Options

The enhanced experience provides clearer ways to search for:

- **Providers**
- **Pharmacies**
- **Facilities**
- **Services and diagnoses**

Members can also use **quick search suggestions** that appear as they type, helping them find relevant search options more easily.

Search by Diagnosis

Members will now have the ability to **search by diagnosis**, providing another way to find appropriate providers and care based on their healthcare needs.

Enhanced Filtering and Advanced Search

Additional search and filtering options make it easier for members to narrow their results based on what matters most to them.

This allows members to move from a broad search to a more personalized list of providers, pharmacies, or facilities.

Enhanced Location and Map Features

The enhanced experience makes it easier for members to **find care around them** with improved location functionality and map features.

Members can more easily identify nearby options and use location information to help compare their choices.

Why This Matters

These enhancements are designed to make finding care **simpler, more intuitive and more member friendly**.

Rather than requiring members to know exactly what to search for, the new experience provides more guidance and flexibility throughout the search process.

This means a more modern and intuitive resource to help members locate **in-network doctors, pharmacies and facilities**.

Appointment Access Requirements

As a reminder, as part of our NCQA accreditation, our providers must meet the following appointment access times in order for us to maintain our accreditation. Here are the appointment access standards that must be met.

For Primary Care Services

1. Regular or routine care within 60 days of request
2. Urgent care appointment within 48 hours of request

For Specialist Services

1. Care within 30 days of the request
2. Non-life threating, urgent appointment within 48 hours of request

For Behavioral Health Services

1. Non-life-threatening emergency within 6 hours of request
2. Urgent care appointment within 48 hours of request
3. Initial visit for routine care within 10 business days of request
4. Follow up appointment for a routine care visit within 30 days of request

Additionally, you must have an answering service, on-call provider, or message to direct patients to the emergency room for after-hours calls.

Provider Resources for New and Existing Providers

- Member's Rights and Responsibilities
- Prior Authorization Requirements
- Payment Policies and Procedures
- Appointment Access Standards (Network Management policy)

- Population Health Standards and Initiatives
- Pharmacy Formulary and Authorization Requirements
- Credentialing Policies and Procedures You can find all the information here.

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