

September/October 2026



Provider/Delegated Group Update: Wisconsin APRN License Transition

Wisconsin Department of Safety and Professional Services (DSPS) is transitioning APNP, CRNA, NP and CNM licenses to the APRN license effective September 1, 2026.

Network Health Call Center

As we approach Open Enrollment, we want to remind our provider partners that increased call volume may result in longer hold times in our call center. To help avoid delays, please utilize our secure provider portal to verify claim status, member eligibility and authorization requirements. If you are not currently registered on our provider portal, [please click here](#) to begin the process.

If you have any questions, please reach out to your provider operations manager.

A Quick Reminder for Delegated Groups with Network Health

This update is intended to help ensure your organization's policies and procedures remain current with Wisconsin's licensure requirements and support compliance with your Network Health delegation agreement or shall be used as information to provider groups. Please make any applicable changes to support this licensing transition. Should you have any questions, please email NHPcredentialingdepartment@networkhealth.com

Practice Manager Meetings

This year, we will be hosting our annual Practice Manager Meeting virtually on Thursday November 19, from 12 p.m. - 1 p.m.

To be respectful of your time, meeting invitations will be sent via email along with an agenda outlining the topics we will be covering, and the speakers for this year's meeting.

We hope you are able to join us!

2026 Annual Provider Attestation

Beginning Monday, October 12, 2026, Network Health's annual Provider Attestation will be available on the home page of the provider portal. This is a requirement by the Centers for Medicare & Medicaid Services (CMS), for any participating provider who offers health care or administrative services to Network Health members enrolled in a federal health care program. The due date to complete the attestation is Monday, November 30th.

A [Frequently Asked Questions \(FAQ\) document](#) will be added to the Provider Portal to assist with completing the attestation. If you are not yet registered for the Provider Portal, [please click here](#) to begin the registration process. If you have any questions, please reach out to your provider operations manager.

CPT and HCPCS Code Updates

Quarterly, the American Medical Association updates Current Procedural Terminology (CPT) codes and the Centers for Medicare and Medicaid Services updates Healthcare Common Procedure Coding System (HCPCS) codes.

There are new codes that will require prior authorization and these services fall within our current authorization, experimental and/or genetic review processes. You can find a list of all services requiring prior authorization online at www.networkhealth.com.

If you have specific questions regarding a service, please contact our customer service or health management teams for assistance. For more information about authorization requirements, forms or services that require review under the experimental and/or genetic process visit the **Provider Authorization Information** section of our website

at www.networkhealth.com

Please forward this information to those within your facility who will need to follow these processes. For prior authorization requests or questions, contact our population health department Monday through Friday; 8 a.m. to 5 p.m.

They can be reached at 920-720-1602 or 866-709-0019.

Language assistance is available for members or practitioners to discuss utilization management issues. Network Health also offers TDD/TTY services for deaf, hard of hearing or speech-impaired individuals. Anyone needing these services should call 800-947-3529. All callers may leave a message 24 hours a day, seven days a week.

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 threatening, 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.

MDPP Elevator Speech

Nearly half of American adults aged 65 or older have prediabetes. Without weight loss or routine moderate physical activity, many of them will develop type 2 diabetes within a few years. People with prediabetes are also at higher risk of having a heart attack and stroke.[The Medicare Diabetes Prevention Program \(MDPP\)](#), offered by Network Health, can help make lasting changes to prevent type 2 diabetes and improve overall health. The program is free for participants who are enrolled in Medicare or Medicare Advantage plans and it is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC). It is backed by years of research showing that program participants aged 60 and older can cut their risk of type 2 diabetes by 71 percent—by losing weight, eating better, and being more active.

Participants will receive a full year of support from a lifestyle coach and peers with similar goals, along with tips and resources for making lasting healthy changes. The program provides weekly 1-hour core sessions for up to 6 months and then monthly sessions for the rest of the year. Participants will also learn how to manage stress, set and achieve realistic goals, stay motivated, and solve problems. Participants may even be able to manage other conditions like high cholesterol or high blood pressure with fewer medications.

Reminder to Review the EDI Claim Rejection Report

Please review the EDI Claim Rejection Report if you have not received a payment or denial from Network Health within 30 days of submitting your claim. This report is available on our secure provider portal and shows whether a claim was rejected due to a member or provider billing error. Our portal also provides claim status for you to confirm the claim has been accepted into our claims processing system.

Please note that while your clearinghouse may indicate the claim was accepted, rejected claims may not be returned through the clearinghouse. If the claim is not available in our system, we are unable to review it for payment. It's the providers responsibility to review the rejection report to confirm the claim has been accepted into our claims processing system.

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.