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November 2025



Streamlining Prior Authorizations Through Automation: A Focus on GLP-1s and Beyond

Throughout 2024, glucagon-like peptide-1 (GLP-1) receptor agonists remained the most frequently requested medication class under the pharmacy benefit, accounting for approximately one-third of all prior authorization (PA) submissions. In response, Network Health implemented automated approval logic for GLP-1 prescriptions for the treatment of type 2 diabetes mellitus within its Medicare and Commercial population, leveraging medical claims data and prescription history to streamline the review process.

This initiative led to a substantial reduction in administrative burden, saving providers the extra step of completing a prior authorization. Comparing the first half of 2024 to the same period in 2025, GLP-1 PA volume decreased by 60%. This decline translates to improved patient access, reduced provider workload, and lower administrative costs.

Building on this success, Network Health has expanded automation efforts to include continuous glucose monitors (CGMs) for diabetes management and calcitonin gene-related peptide (CGRP) inhibitors for migraine treatment.

Importantly, the automation system is designed exclusively to facilitate approvals. If a qualifying diagnosis or medication history is not identified, the request defaults to the standard PA review process, ensuring no automated denials occur.

As we continue to explore innovative approaches to enhance the provider and patient experience, these targeted solutions demonstrate the potential for meaningful, system-wide improvements in healthcare delivery. If you have any questions related to this topic, please reach out to a member of our pharmacy team.

Network Health Member Experience Call Center

We are happy to share that we are having a successful open enrollment, and our Medicare Advantage and ACA membership continues to grow. While this is great news, it's also led to more calls to our Member Experience Team, and we're starting to see longer hold times on the Provider lines. We expect this trend to continue through January. We encourage you to utilize our secure provider portal to verify the following items.

- Claim status
- Member eligibility, benefits & accumulators
- Submit medical and pharmacy authorizations
- Submit provider disputes

If you haven't registered for our Provider Portal yet, [please click here to get started](#). If you have any questions, please reach out to your provider operations manager.

2025 Practice Manager Meeting

The 2025 Practice Manager meetings were a great success. We appreciate all who participated, whether virtually or in person. If you were unable to attend, [please click here to review the presentation](#). If you have any questions, please reach out to your provider operations manager.

2026 Benefits at a Glance – Medicare Benefits for Providers

The [2026 Benefits at a Glance](#) is now available for our provider partners. This resource provides a useful comparison of our Medicare Advantage benefits, outlining member cost-share requirements and visit limitations per plan.

Holiday Hours

Network Health will be closed for the holiday season on Thursday November 27, 2025 and Friday November 28, 2025. We will also be closed Wednesday December 24, 2025, Thursday December 25, 2025, and also Thursday January 1, 2026. During this time, please visit our secure provider portal to verify claim status, member benefits and eligibility. Happy Holidays.

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.

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.

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