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Retail Pharmacy Network Transitions to Walgreens

On January 1, 2020, Network Health will transition to Express Scripts (ESI) as the pharmacy benefits manager for all lines of business. ESI has provided pharmacy benefits management for Network Health Medicare members since 2005. Through the transition, the major retail pharmacy network will switch from CVS/caremark™ to Walgreens.

For our members' convenience, Network Health will provide access to Walgreens pharmacies beginning August 1, 2019. CVS/caremark™ will continue to be in-network until December 31, 2019. This gives you and your patients time to transition pharmacy files from CVS/caremark™ to Walgreens (or any innetwork pharmacy).

If members decide not to participate in the early transition, we have advised them to refill CVS/caremark™ prescriptions in December 2019 to cover their medication needs until they can 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 <u>Find a Pharmacy</u> tool at <u>networkhealth.com</u> starting November 1, 2019.

Condition Management Spotlight

Condition Management Program Benefits Members

Our condition management team works to empower individuals to take charge of their health and better manage their health condition. Our team of registered nurses provide your patients with the information, educational resources and help they need.

Hello, I'm Amanda. I'm a registered nurse at Network Health. I work with members who are living with chronic health conditions.

As their coach, I will provide them with tools and living strategies that will keep them healthy and active. Your patients and I will work together to identify both strengths and potential challenges. This process will be filled with discovery and growth, but we will ultimately reach your personal health goals.

Amanda graduated from Fox Valley Technical College with an applied science degree in nursing.

Hello, I'm Sally. I'm a registered nurse and certified health and wellness coach at Network Health. I guide Network Health members in managing their chronic conditions.

I create plans to help members achieve their goals. When your patients participate in health coaching, they will receive the support they need to get and stay healthy.

Sally graduated from Hocking College with a nursing degree and is nationally board certified in health and wellness coaching.





Hello, I'm Jessica. I'm a registered nurse at Network Health. I provide one-on-one health coaching related to chronic conditions.

My goal is to help our members be the healthiest they can be and to have the resources they need to get there. As a health coach, I partner with members to identify, understand and set goals to help them live their best life.

Jessica graduated from Western Governors University with a bachelor's degree in nursing.



Shoot for the Stars - Introducing the Final Countdown

The population health department at Network Health will be working to close additional quality gaps before the end of the year. The goal is to help members stay healthy by scheduling their annual wellness exam and having preventative screenings including mammogram, blood pressure, colonoscopy and bone density tests.

This work will impact our 2019 Star rating. Network Health will be taking extra opportunities to encourage members and their families to get a flu shot and schedule their annual checkup. We will also be reaching out to you with members who would benefit from additional screenings and tests before the end of 2019. Please join us in striving for health and wellness for our members.



The Final Countdown
Shooting for the Stars by Closing Care Gaps

Special Needs Plan (SNP) Model of Care

As part of our continued relationship to ensure the best service to our special needs plan (SNP) members, the Centers for Medicare & Medicaid Services (CMS) requires that we provide Medicare Advantage SNP training to our providers. CMS also requests that we maintain documentation showing which providers completed the training. As a Network Health Medicare provider who may see members enrolled in our SNP plan, this training applies.

To help you complete the training, we've posted a <u>PowerPoint</u> on our website. Once you've viewed the training, click the <u>attestation link</u> to submit verification that you've completed the training.

We can accept an attestation from a panel of providers or it can be completed by each individual provider. If you have any questions or concerns about this training, please contact Laura Reinsch, MSW, CAPSW, manager of Medicare special needs plan and social services, at 920-720-1711 or Ireinsch@networkhealth.com.

ADHD Monitoring Guidelines

Family physicians are frequently asked to evaluate and treat children who display attention or hyperactivity problems, for whom a combination of behavioral interventions and medications may be deemed appropriate. Individuals may respond better to one medication than another, and maximal benefit may require dosage titration, making follow up visits imperative.

Because stimulants might produce positive but suboptimal effects at a low dose in some children, the American Academy of Pediatrics (AAP) recommends titration to maximum doses that control symptoms without adverse effects rather than titration strictly on a milligram-per-kilogram basis. To increase compliance with follow up visits, providers should advise parents and children of the need for monitoring at regular intervals to effectively titrate medication doses.

During the initial titration phase, symptoms and side effects ideally are assessed weekly. Assessments can be done either through in-person visits, phone, electronic portals, or other methods that are convenient for the family. An in-person visit is recommended by the fourth week of medication titration to allow clinicians an opportunity to review response to varying doses, monitor adverse effects, and track weight, height, heart rate, and blood pressure. Generally, in-person visits should occur monthly until there is a

consistent optimal response, and then every 3 months for the first year of treatment. Subsequent visits depend on medication response, but should occur at least twice per year until target goals are progressing and stable.

Resources:

Krull, KR. Attention deficit hyperactivity disorder in children and adolescents: Treatment with medications. In: Augustyn M, ed. UpToDate. Waltham, Mass.: UpToDate; 2019. www.uptodate.com. Accessed August 9, 2019

ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management. Pediatrics 2011; 128; 1007. DOI: 10.1542/peds.2011-2654 originally published online October 16, 2011.

2020 Medicare Updates

The Medicare annual election period (AEP) is October 15 through December 7. We are busy finalizing plans and composing our annual notice of change (ANOC) to send to members by the end of September.

In October, we will send provider offices an explanation of new benefits and changes to help you prepare for January 2020.

Because this is also the start of the open enrollment period for the State of Wisconsin Group Health Insurance Program, our hold times may be longer than usual as we work to answer questions from members and prospects. To help you get the information you need quickly, we strongly encourage using our provider portal at login.networkhealth.com or our IVR functionality to request eligibility or claims status updates.

Read the latest issue of The Script Newsletter

The Script is the quarterly newsletter produced by the Network Health Pharmacy department to inform providers of current and upcoming pharmacy-related news. This might include the following.

- Changes to the formulary
- Changes to Prior Authorization lists or processes
- Trends in prescribing medications
- Quality measures or tips for closing care gaps

The digital newsletter is available in the Provider Resources News and Announcements section of networkhealth.com.



Subscribe to Our Operations Newsletter - The Pulse

Every month, The Pulse newsletter delivers the latest industry news, claims updates, tips about programs available to you and your patients, pharmacy notifications, treatment information, code changes and more.

Email us today to subscribe to The Pulse or read it online at networkhealth.com/provider-resources/the-pulse-newsletter.



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Medicare Survey Must Be Completed by August 30 Medicare Plan Changes and Member Events

Updated Drug List Published for CCUM Updates Posted to Claims and Medical Policies

Claims Submitted with Incomplete Information Will Be Rejected

Network Health's goal is to process all claims at initial submission. Before we can process a claim, however, it must be a "clean" or complete claim submission.

If any of the necessary information is missing from the claim, we will not be able to process your claim in a time fashion and it will be rejected.

To facilitate the timely processing of your claims, please follow the claims procedures and polices provided at networkhealth.com/Provider-Resources/claims-policies-and-procedures.

If you are unable to find a claim on your remit report, please check the rejection report in the provider portal at login.networkhealth.com.

If you are not a current subscriber to *The Consult* 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

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