

August 2024



## **Reminder: Multifactor Authentication (MFA) Enhancement for Provider Portal**

MFA has been added as an extra security step when you log in to our provider portal. This added layer helps to protect your account with additional methods to verify your identity, as well as your username and password. We recommend selecting one of our authenticator options which include Okta Verify or Microsoft Authenticator and Google Authenticator. We also provide options for additional security via text message or via email.

Once MFA has been implemented for all of our provider partners, we will begin the same process for our members, your patients. For assistance with this process, please contact our Member Experience team at 855-580-9935.

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## **CMS Approved Behavioral Health Licensure Process**

Effective January 1, 2024, CMS recognizes Marriage and Family Therapists and Counselors as billable licensures. If you have one of these licensures and would like to begin seeing Medicare Advantage members, please make sure you are registered with CMS, and that you opt-in to the CMS program.

Our Medicare pricer updates the provider enrollments on a quarterly basis, therefore, you will not need to send us any documentation; we will reprocess claims based upon the enrollment date as reflected within our pricer.

If you have any questions regarding the above information, please reach out to your provider operations manager.

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## Corrected Claim Submissions

Please review Network Health's Claim Submission Policy to ensure all corrected claims are submitted per our policy.

- All providers have 120 days from the date of the original claim remittance advice to submit a corrected claim.
- Network Health requires the provider submit the entire original claim electronically/EDI when submitting a corrected claim. We will not accept a corrected claim when listing only the corrected line/lines.

If a corrected claim is not appropriately marked as a corrected claim, it will be processed as an original claim submission and may be denied for timely filing or as a duplicate claim.

[Please click here to review the Corrected Claims information located on pages 4 and 5 of the Claim Submission Policy.](#) If you have any questions, please reach out to your Provider Operations Manager.

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## 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.