

June 2025



Why is Network Health Asking Me to Complete Annual Education for Cultural Competency?

Any provider contracted with Network Health is required to complete annual cultural competency training to meet regulatory requirements. Upon completion of this training, providers will be positioned to provide more effective care delivery and decrease health disparities. Documentation of completion should be retained in the event regulatory bodies request proof of completion.

- **Providers can complete their own in-house cultural competency training, if available.**
- **[HHS Think Cultural Health External Link](#) online through the Department of Health & Human Services**
- **Any Cultural Competency training that is suggested/recommended as part of your board certification renewal/continuing education course(s).**

Who will see the information and how will it be shared?

As part of this requirement, Network Health is required to display Cultural Competency information for all contracted providers in our Network Health “Find A Doctor/Facility” online search and our printable provider directories.

Since this is a regulatory requirement, we are obligated to remove from our panel any providers or groups that do not complete this. Please ensure you are completing this training at least annually.

New Payment Vendor

Network Health has partnered with Zelis to facilitate payments to our provider partners. [Our Claims Resources Page](#) has been updated to include a FAQ document as well as enrollment details.

For questions related to your Zelis payments, please contact Zelis at 877-828-8770.

Provider Dispute Application

Our provider dispute application has been enhanced to support TPA provider disputes and medical record review requests. If you are not already registered, please take a moment to [complete your registration here](#).

As a reminder, all provider disputes must be submitted through the provider portal. To support a smooth transition to the provider portal, we are offering a grace period through August 1 for TPA disputes. After that date, disputes submitted outside the portal will be rejected.

If you have questions on the provider dispute application, please reach out to your provider operations manager.

Updated Payment Policy

The [Infusion Alternative Site of Care Policy](#) was updated to remove Table 1 and include a link to our Pharmacy page to ensure access to the most current information.

Reminder to Review the EDI Claim Rejection Report

If you have not received a payment or denial from Network Health within 30 days of claim submission, please review the EDI Claim Rejection Report located within our secure provider portal. This report will indicate if claims have been rejected due to a provider or member submission error. Your clearinghouse may indicate the claim was accepted, and the claim may not go back through your clearinghouse as rejected. If the claim is not in our system, we are unable to review it for claims payment.

If you have any questions about how to access this report, please reach out to your provider operations manager.

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.

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](#).

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