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September 2024



## Annual Provider Satisfaction Survey

Our annual provider satisfaction survey will be kicking off in October with our partner, SPH. The survey will be sent via email, and the questions are quick and easy to answer. If SPH does not receive a response via email, they will reach out to you via phone call.

Provider Satisfaction is a corporate goal for Network Health, and your time and feedback is greatly appreciated so we have the opportunity to evaluate our performance as we approach 2025.

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

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## It's Time for Practice Manager Meetings

Network Health will be having in person practice manager meetings in our Menasha and Brookfield locations for our provider partners. The Menasha location will be on Tuesday, November 5th from noon-1pm, and the Brookfield location will be on Wednesday November 13th from noon-1pm.

We realize everyone is extremely busy, so we will send an email prior to the meetings which will include the agenda, speakers, and the option to attend virtually or in person, (lunch will be served).

Please share the invite with those that will benefit from attending, and we look forward to seeing you!

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## **Provider Attestation**

Beginning Monday, October 14, 2024, Network Health's annual Provider Attestation will be available on the home page of the provider portal. The Centers for Medicare & Medicaid Services (CMS) requires this for all participating providers who offer health care or administrative services to Network Health members enrolled in a federal health care program. Please have the attestation completed on or before November 30, 2024.

We have included a [Frequently Asked Questions \(FAQ\) document](#) at this link or in the provider portal to assist with completing the attestation. If you are not a registered user on our provider portal, [please click here to begin the process](#).

If you have questions regarding the portal registration, you may contact our member experience team at 800-769-3186. If you have questions related to the provider attestation, please reach out to your provider operations manager.

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## **New Medicare Prior Authorization Requirements with EviCore Healthcare Effective January 1, 2025:**

Effective January 1, 2025, Network Health is expanding its partnership with EviCore Healthcare. Prior authorization requirements will be added for our Medicare Advantage membership for radiology, including imaging and non-cardiac nuclear medicine, which are in place today for our Commercial members.

EviCore Healthcare will be providing orientation sessions designed to assist you and your staff with these prior authorization requirements. In the coming weeks, we will provide the specific training session dates, as well as the registration information from EviCore Health.

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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.

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## **Provider Resources for New and Existing Providers**

Please remind all providers, those established or new to your practice, of the following.

- Member's Rights and Responsibilities
- Prior Authorization Requirements
- Payment Policies and Procedures
- Appointment Access Standards (Network Management policy)
- Population Health Standards and Initiatives
- Pharmacy Formulary and Authorization Requirements
- Credentialing Policies and Procedures You can find all the information at: [networkhealth.com/provider-resources/index](https://networkhealth.com/provider-resources/index)

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## **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.