



2021 iExchange and Document Provider Resources

At Network Health, we understand that prior authorization processes can be difficult and time consuming. As a valued partner in the delivery of care to our members, we have worked to streamline prior authorization processes and create resource documents for your reference.

First, are you a registered user of iExchange, our electronic prior authorization portal? If not, that's ok, we're here to help. This is the first step to making your prior authorization submission to Network Health more efficient. For assistance creating your iExchange account, or training on how submit a request, please reach out directly to Sara Froeming at Network Health via email at sfroemin@networkhealth.com or 920-720-1627.

Second, are you aware of our provider resources page on networkhealth.com? If not, check it out asap [here](#). This page is dedicated to you and ensuring you have the resources and tools to make it easy to do business with Network Health.

We have recently added some new documents in the [Appeals and Grievances Policies and Forms](#) section to assist with the peer to peer, appeal and dispute processes. Look for other new documents coming soon that will walk you through what is needed to prior authorize several frequently requested procedures or services.

Reminder to Review the EDI Claims Rejection Report

As a reminder for all providers, you must review the EDI Claims Rejection Report located within the provider portal, to ensure claims did not reject due to clerical errors or a provider/member not added to the system. Network Health does not reject the claims through the EDI process.

Your clearinghouse may indicate the claim was accepted; however, the claim will not come back through your clearinghouse as rejected. It is very important to check this report if you have not received payment within 30 days.

If you have any questions on how to access this report, please reach out to your Provider Operations Manager.

Member Rights and Responsibilities

Per NCQA requirements, providers must inform their new hires upon participation with Network Health of our member's rights and responsibilities policy. Providers must also educate existing staff of this policy as well.

To view this policy please go to [Members Rights and Responsibilities](#) webpage. Additionally, please educate all staff on how to access Network Health's provider resources as the page serves as our provider manual. You can find the information [here](#).

Annual Provider Satisfaction Survey

It's that time of year again. Network Health partnered with SPH to conduct our annual provider satisfaction survey. The survey will begin on September 15, 2021 and will be emailed to the contracting contact. You will receive reminders to complete the survey by SPH. If they do not receive your survey, they will contact you via phone to conduct the survey. We would appreciate you taking five minutes to fill out the survey as provider satisfaction is one of our key metrics of performance.

If you have any questions about the survey, please contact your Provider Operations Manager.

Refer Members to Network Health Participating Providers

Please remember to use Network Health participating providers when referring a member to a specialist, hospital, genetic laboratory, general laboratory, pathology or radiology provider. Members are unaware when a physician refers them to an out of network ancillary provider, and the member is left financially responsible.

If you would like to know which providers are in the plan, please visit our Find a Doctor option on the Network Health website. If you would like to refer a member to an out of plan specialized laboratory for testing, please ensure you have obtained a prior authorization before performing any laboratory tests.

Member Open Enrollment

Medicare Advantage's open enrollment period starts October 1, 2021 and runs through the end of the year. Additionally, various other commercial customers will be having their open enrollment periods in the fourth quarter of 2021.

Members and future members are always encouraged to call our Member Experience team if they have questions or concerns. During this open enrollment period, we have higher than normal call volumes. Due to this increase, we want to encourage you to use our provider portal to check claims status, eligibility, benefits, authorization requirements, policies, etc. This will save you time as you wait to speak to a customer experience representative.

If you do not have access to our provider portal, we highly encourage you to sign up [here](#).

Prior Authorization Requirement

We wanted to remind all our providers about following the prior authorization requirements and process. As a participating provider, if a service requires prior authorization, you must obtain that authorization. You have seven business days to request the authorization from the date of service. If you do not request prior authorization, that service will be denied as provider liability.

Please ensure that you submit all pertinent medical documentation with your prior authorization requests. This will eliminate phone calls and a potential denial due to lack of information. We encourage you to exercise your option of a peer to peer review if you are informed of a denial. [Here](#) is the authorization page for reference.

Additionally, use of or referral to a non-participating provider requires you to submit an authorization to Network Health for approval.

Provider Data Validation Using NPPES

NPI Provider Data

Network Health is asking providers to begin updating their NPPES provider data to help maintain the accuracy of their provider directories.

NPPES allows providers to attest to the accuracy of their NPI data. If a provider's information is correct, they will be able to attest to it and NPPES will record and reflect the attestation date. If the provider's information is not correct when they request any change to the NPI record, the provider will be able to attest to their changed NPI data, resulting in an updated certification date.

CMS will publish the latest certification date for each NPI in the NPI Registry as well as the NPPES dissemination file. Network Health will be using this data to aid us in the development of our provider directories; however, we can only use the most current data published, therefore, it is imperative that you attest to the data regularly. **NPPES was recently updated to allow providers to input multiple addresses to support other work locations.**

Network Health will access core NPPES data weekly i.e., provider name, provider specialty, provider address, provider telephone number. Collectively, these data elements represent 91percent of the CMS provider directory review errors found. NPPES data will be compared to your provider data which is already being submitted and serve as an important resource to improve Network Health's provider directory reliability and accuracy.

We encourage you to access the NPPES webpage at <https://nppes.cms.hhs.gov> today as well as quarterly to update and/or attest to your provider data. It is imperative to ensuring provider directory accuracy to our members.

Provider Data Validation

Network Health's Provider Informatics Department is now required by CMS and NCQA to obtain quarterly updates on provider and/or facility data. In the past, you may have worked with an external company on behalf of Network Health.

As of February 15, 2021, Network Health has brought this process in-house. Now, someone from our Provider Informatics team will be reaching out to your group quarterly to obtain information to confirm that the information we have is accurate.

Member Flu Shot Clinics

Network Health continues to work with area pharmacies to promote vaccinations for our Medicare Advantage members. We're bringing back the flu vaccine clinics this September and are partnering with various Walgreens and Walmart locations across northeast and southeast Wisconsin. Drive through and in-person clinics are offered at both locations. Member invitations were mailed mid-August providing further details on locations and how to sign up.

Provider Practice Manager Meeting Slide Deck On Provider Webpage

The July Provider Practice Manager meeting slide deck is available to view under [News and Announcements](#) on the Provider Resources webpage.

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](#).

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



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