January 2024

The pulse

network health

Keeping you in **rhythm** with **provider news** and **updates**

New Payment Policy Effective 3/1/2024

Anesthesia Policy: Anesthesia services provided for Commercial members will require a modifier on all anesthesia procedure lines in alignment with CMS to denote if the service was personally performed, medically directed or medically supervised.

If you have any questions related to this policy, please reach out to your Provider Operations Manager.

Medical Record Request for Risk Adjustment

As a Medicare Advantage Plan, Network Health is required to submit member diagnosis and demographic information to the Centers for Medicare & Medicaid Services (CMS). Health plans like Network Health create internal risk adjustment programs to help monitor population, improve quality of care and increase the accuracy and completeness of these data submissions in order to achieve the most accurate payments from CMS for their member population. Providers may be contacted by CIOX Health or Inovalon on behalf of Network Health to submit medical records, or have the vendor come on site to review medical records. A letter outlining the program will be sent to the provider, along with a list of requested records, as well as several retrieval options to select from based on what works best for your office. Please note this is not a medical necessity review. Please click here for additional information on the Risk Adjustment process.

We truly appreciate your partnership and cooperation in this process. If you have any questions, please contact Emily Vander Heiden, manager risk adjustment at 920-628-7107 or evanderh@networkhealth.com.

Outpatient Specialty Physical and Occupational Therapy Reminders

The prior authorization requirements for outpatient physical and occupational therapy services continue in 2024.

To ensure the most efficient prior authorization review and avoid delays in response time, we are reminding providers to **please start authorizations under the individual therapist's NPI.** You do not need to contact Network Health or eviCore to update your group NPI; Network Health pays claims at the group level.
As a reminder, a new authorization is not required if the member receives services from a different provider within the same practice.

For a full list of codes requiring prior authorization at eviCore please visit the Network Health dedicated pages at https://www.evicore.com/resources/healthplan/network-health-wisconsin.

Prior Authorization Changes Effective April 1, 2024

Effective April 1, 2024, Category III codes will require prior authorization for all Network Health Medicare Advantage membership. Category III authorization requirement is currently in place for all Network Health Commercial Membership and will remain in place.

If you have specific questions regarding a service, please contact our customer service or health management teams for assistance. For more information about authorization requirements, forms or services that require review under the experimental and/or genetic process visit the **Provider Authorization Information** section of our website at www.networkhealth.com.

Please forward this information to those within your facility who will need to follow these processes. For prior authorization requests or questions, contact our population health department Monday through Friday; 8 a.m. to 5 p.m. They can be reached at 920-720-1602 or 866-709-0019.

Language assistance is available for members or practitioners to discuss utilization management issues. Network Health also offers TDD/TTY services for deaf, hard of hearing or speech-impaired individuals. Anyone needing these services should call 800-947-3529. All callers may leave a message 24 hours a day, seven days a week.

Attention - Skilled Nursing Facility Providers

This communication is to inform you our care managers may attempt to reach our members or their representative early in their stay at your facility to educate them on the Medicare Part A SNF Benefit. Our goal is to and alleviate confusion and support them as needed with discharge planning or other needs related to their transition in care.

Our talking points with the members/representatives include:

- How their SNF benefit works
- What “medically necessary” means
- Where they can find their coverage documents
- What custodial care means
- How often their continued stay will be reviewed for ongoing approval for Medicare Part A coverage
- What Notice of Medicare Non-Coverage (NOMNC) means
- Conversation related to early discharge planning

Our care managers do their best to try and reach the member on their own phone, however there are times we need to ask your staff to help us reach the members directly in your facility.

We hope this communication helps to understand the purpose of the Network Health Care Management outreach. If you have any questions, please contact Sarah, VP Care Services at 920-720-1694.

Thank you for providing care for our Network Health members.

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 threating, 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.

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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