



New Payment Policy Effective 9/1/2023

The [Infusion Alternative Site of Care](#) Policy provides criteria for specialty medication infusion services in an outpatient setting. This policy is specific to our Commercial, State of Wisconsin (ETF) and Self Funded (SF) lines of business. If you have questions regarding this new policy, please reach out to your provider operations manager.

Reminder - Annual Provider Satisfaction Survey

Please take a moment to complete the survey you received from our partner, SPH. This year's survey is shorter and easier to answer. We would appreciate your feedback on our performance at the end of the survey so we can plan for process improvements in 2024. If you have any questions regarding the survey, please reach out to your provider operations manager.

Network Health Plans/Products

Network Health administers the following products.

- Commercial, State of Wisconsin (ETF)
- Individual and Family/Marketplace
- Medicare Advantage
- Employer Group Waiver Plan (EGWP)

Network Health does not administer the Medicaid plan/product that you may be contracted with. Managed Health Services administers these plans through our contract with the Wisconsin Department of Health Services. If you have questions regarding Medicaid with Network Health's name on the card, please reach out to Managed Health Services at 888-713-66180.

CPT and HCPCS Code Updates

Quarterly, the American Medical Association updates Current Procedural Terminology (CPT) codes and the Centers for Medicare and Medicaid Services updates Healthcare Common Procedure Coding System (HCPCS) codes.

There are new codes that will require prior authorization and these services fall within our current authorization, experimental and/or genetic review processes. You can find a list of all services requiring prior authorization online at www.networkhealth.com.

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.

At-Home Test Kits Expanding Patient Access

This year, Network Health partnered with Everlywell to offer at-home tests kits for colorectal cancer screening and blood sugar testing. The program encourages members who are due, or past due for care, to complete an at-home test and will be sent to eligible Medicare and commercial members. This test assists Network Health in achieving important quality scores, and the colorectal testing has saved lives.

In June 2023, Everlywell sent an opt-in letter or email to the eligible member. Once the member opts in, Everlywell will send an at-home test kit, at no cost to the member. Members will complete the test and send it directly to a lab. The lab results will be sent to each member, their primary care physician and Network Health. If you have any questions, please reach out to QI@networkhealth.com.

Do You Need to Add a Provider to Your Practice?

Effective March 1, 2023, Network Health no longer accepts the paper Provider Information Form(s) for adding new providers to your practice. We enhanced our Provider Portal, allowing providers to add or remove providers 24/7 via the Provider Information Form Quick Link located on the landing page of the provider portal. Please click [here](#) to review the form titled Locating and Submitting Provider, Facility and Termination Forms in the Provider Portal.* If you would like assistance locating the forms or a tutorial on how to use the forms, please reach out to your provider operations manager.

*Groups with delegated credentialing agreements may continue to submit updates via the roster process.

Provider Resources for New and Existing Customers

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

1. Member's Rights and Responsibilities
2. Prior Authorization Requirements
3. Payment Policies and Procedures
4. Appointment Access Standards (Network Management policy, click [here](#))
5. Population Health Standards and Initiatives
6. Pharmacy Formulary and Authorization Requirements
7. Credentialing Policies and Procedures

You can find all the information at <https://networkhealth.com/provider-resources/index>

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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