

May 2023



## **Heads Up! Annual Provider Satisfaction Survey**

Our partner, SPH, will begin emailing you the survey in mid-August. If you do not respond to the email, they will contact you via phone. We have changed the survey this year to make it shorter and easier to answer. We would appreciate if you could provide comments on our performance at the end of the survey so we can best plan for process improvements for 2024. If you have any questions about the survey, please contact your Provider Operations Manager.

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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 Portal Access Changes

As part of our effort to monitor access to patient information, we have implemented a change to our provider portal. Access will now expire after 180 days of inactivity. Please make sure you log in within 180 days to maintain your access.

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## Reminder: Process for Adding Providers to Your Practice

Effective March 1, 2023, Network Health is no longer accepting the paper Provider Information Form(s) for adding new providers to your practice. We have 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.

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## Medical Record Requests 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 Inovalon or GeBBS Healthcare 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, supervisor risk adjustment at 920-628-7107 or [evanderh@networkhealth.com](mailto:evanderh@networkhealth.com)

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