Medicare Advantage D-SNP Training

Each year, Network Health sends several communications regarding the annual model of care training requirements for providers who have delivered care to our Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) members. This training is required annually by the Centers for Medicare and Medicaid Services (CMS) and is designed to help educate providers on coordinating Medicare and Medicaid benefits for Network Health's D-SNP members.

If you have not completed the training and attestation yet in 2024, please complete this training as soon as possible. The training and attestation must be completed by individual providers, as Network Health cannot accept group attestations.

For your convenience, you can access the model of care training materials via our website at https://networkhealth.com/provider-resources/provider-training or via the link in the provider portal. Once the training is completed, please sign and return the attestation to Network Health. If you have any questions about the training, please contact Laura Reinsch, Director of Care Management at 920-720-1602 ext. 01711 or lreinsch@networkhealth.com. Thank you for the continued services and care you provide to our members.

Medicare Prior Authorization Requirements with EviCore HealthCare Effective January 1, 2025

Beginning December 9, 2024, EviCore will begin accepting prior authorization requests for select radiology services for dates of service January 1, 2025 and after for Medicare Advantage members, which includes the following.

- CT, CTA (Computed Tomography, Computed Tomography Angiography)

- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)

EviCore will be providing 3 training sessions to assist with these new requirements, and all sessions require advanced registration.

- Wednesday December 4, 2024 - 1-2 p.m. CST
- Thursday December 12, 2024 - 1-2 p.m. CST

We encourage you and your staff to attend one of the sessions as they are very informative. Please click here to select a training session that works best for you

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Holiday Hours

Network Health will be closed Tuesday December 24, 2024, Wednesday December 25, 2024, and also Wednesday January 1, 2025 for the holiday season. If you have questions during this time, our provider portal is available 24/7 to review claim status, as well as member benefits and eligibiilty. Happy Holidays.

2024 Practice Manager Meeting Recap

We recently hosted our annual Practice Manager Meetings, and want to extend our sincere appreciation to those who were able to attend in person and virtually. These annual meetings provide opportunities to review benefit changes for the upcoming year, review prior authorization and pharmacy updates and much more. If you would like a copy of the presentation, please click here, and we look forward to seeing you next year.

Why is Network Health Asking Me to Complete Annual Education for Cultural Competency?

Any provider contracted with Network Health that sees Medicare members is required to complete annual cultural competency training, per The Centers for Medicare and Medicaid Services (CMS). This training will assist providers to be well positioned to provide more effective care delivery and decrease health disparities.

Upon completion of this training, providers must attest to the completion via the annual fraud, waste, and abuse training located on our provider portal. Documentation of completion should be retained in the event CMS requests proof of completion.

To meet this requirement, there are three options available for completion of this training:

- Providers can complete their own in-house cultural competency training, if available.
- HHS Think Cultural Health External Link online through the Department of Health & Human Services
- Any Cultural Competency training that is suggested/recommended as part of your board certification renewal/continuing education course(s)

Who will see the information and how will it be shared?

As part of the CMS requirement, Network Health is required to display Cultural Competency information for all contracted providers in our Network Health "Find A Doctor/Facility" online search and our printable provider directories.

CMS Approved Behavioral Health Licensures

Effective January 1, 2024, CMS announced they will accept these providers as billable providers under the Medicare program. In addition to this announcement, they instructed providers must do one the following.

1. Enroll with Medicare and accept Medicare assignment. This means you accept the payment under the Medicare program and cannot balance bill the member.

OR

1. Enroll with Medicare and NOT accept Medicare assignment. This means you can balance bill the member only up to 15% over the Medicare payment.

OR

1. Opt Out of Medicare. This means you cannot see any Medicare member.

If you do not have a Medicare Advantage contract with Network Health Plan and wish to enroll with Medicare and accept assignment, please reach out to your contract manager and request a Medicare Advantage contract.

If you have a Medicare Advantage contract with Network Health Plan, you must opt into Medicare and accept assignment.

If you have a Medicare Advantage contract with Network Health Plan and you choose to enroll and do not accept assignment OR you opt out of Medicare, please contact your contract manager to terminate your Medicare Advantage contract.

If you have any questions or concerns, please reach out to your Provider Operations Manager and they will be able to assist you.

Balance billing prohibited for Medicare Qualified Beneficiaries

As a reminder for all providers that participate in Medicare, CMS strictly prohibits balance billing of Medicare Qualified Beneficiaries. For your reference, please see the CMS MLN Matters article.

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.