

August 2025



Reminder for Providers and Groups Contracted with Network Health

As part of your contractual obligation, you are required to notify our Credentialing team if any of the following occurs.

- Any cancellation, reduction or termination of professional liability Insurance
- Any involvement in a professional liability action
- Changes in health status that would affect my ability to practice medicine
- Changes in staff membership and/or privilege status, current employment status whether voluntary or otherwise, at any hospitals, health care facilities, or managed care organizations.
- Licensure actions including, but not limited to expirations, limitations, restriction, revocations, sanctions, or suspension
- Medicare/Medicaid sanctions or exclusions
- Sanctions or final adverse actions of any kind imposed by a health care institution, professional health care organization, licensing authority, or the DEA.

Any and all of these changes need to be reported to Network Health's Credentialing team within 7 days. This information can be emailed to nhpcredentialingdepartment@networkhealth.com.

Thank you for your collaboration in ensuring our members have access to safe, quality care.

Update to Provider Selection in EviCore Authorization Platform-Effective September 1, 2025

Effective September 1, 2025, EviCore will automate its individual provider and facility selection options to include only active/ billable providers and facilities. As a result, expect the following.

- This automation will streamline the authorization-to-claims process and ensure accurate claims processing.
- Some provider and facility options you've used previously may no longer appear during the authorization process. This is because they are not connected to an active billable provider or facility and have been termed.

If you have questions or encounter issues regarding provider or facility availability, please contact our Member Experience Team.

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.