July 2024

Multifactor Authentication (MFA) Effective August 14

At Network Health, we are committed to ensuring your information and member personal health information is secure. Beginning August 14, 2024 we are adding MFA as an extra security step when you log in to our provider portal. This added layer helps to protect your account with additional methods to verify your identity, as well as your username and password.

Starting Wednesday, August 14, you will be required to set up MFA when you log in to your provider portal. We recommend selecting one of our authenticator options which include Okta Verify or Microsoft Authenticator and Google Authenticator. We also provide options for additional security via text message or via email.

Once MFA has been implemented for all of our provider partners, we will begin the same process for our members, your patients. For assistance with this process, please contact our Member Experience team at 855-580-9935.

ConnectCenter Update

Effective July 15, 2024 ConnectCenter has been reconnected, and Providers may visit the new platform **here.**

Providers may reset their password and Multifactor Authentication by following the instructions on the login page. For additional information, the release notes are available in the Product News section after you have signed in. If you any questions, you may contact ConnectCenter directly at 800-527-8133 (option 1), or via email at edienrollmentsupport@optum.com.

Discharge Planning Benefits Resource Document

Network Health acknowledges the hurdles providers may face when navigating the varying benefits offered by different payers. To assist your staff in discharge planning, we have created a discharge planning benefits resource document to help streamline what is available to our members. This resource will provide immediate and easy to access information about universal and supplemental benefits broken down by Medicare Plan type. This two-page resource is also in a printable format. Updates will be made annually to align with the start of the plan benefit year, and can be accessed online under provider resources located **here** under Discharge Planning Benefits.

Prior Authorization List Update for Category III and Unlisted/Miscellaneous Codes

The Network Health Prior Authorization List for Category III code ranges have been removed; all the Category III codes are now listed individually rather than within the range. Unlisted or miscellaneous codes (ending in 99) have also been removed from the prior authorization list. This is due to the fact that these codes can represent various procedures and/or services. Network Health does reserve the right to retrospectively review claims submitted with unlisted codes to confirm medical necessity. If possible, please submit supporting medical records with claims for these codes.

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.

New Provider Requirement - Cultural Competency Training

Network Health will ensure our providers/groups meet the unique and diverse needs of all members. All Network Health providers are required to complete **annual** cultural competency training, per the Centers for Medicare and Medicaid Services (CMS), and Network Health is to display said data in our provider directory and **Find A Doctor/Facility online tool**. With the approval and implementation of this training, participating providers will be positioned to provide more effective care delivery to enrollees and decrease health disparities.

Providers are required to use the cultural competency training option below:

HHS Think Cultural Health

Upon completion of the annual online training, Proof of Certification of such training should be kept on file by each provider/group for a period of ten years and said proof of completion shall be provided upon request to Network Health at any given time.

Process

Network Health has added this requirement to our initial credentialing and recredentialing applications attestations as well as to the provider portal for annual attestation to support validation of completion of said knowledge from our providers and provider groups. Network Health also requests this information from delegated entities it contracts with and said data is to be shared within delegated groups rosters submitted to Network Health on a quarterly basis or accessed via the attestation on the provider portal. Please note if you do not submit this information on the roster column, the Provider Informatics team will be contacting you to receive said data. Also note that Proof of Knowledge of interpreter requirements should be kept on file by each provider/group for a period of ten years and said proof of knowledge shall be provided upon request to Network Health at any given time.

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.