



Navis, Kari

From: Kari Navis <knavis@networkhealth.com>  
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**About The Pulse**

Our quarterly provider newsletter offers you a snapshot view of all things provider related. Read about the latest Network Health news, information and announcements. Be sure to forward this newsletter to others at your practice to ensure everyone on the team is up-to-date on Network Health provider news.



Is there something else you would like to see in *The Pulse*? [Take this quick survey](#) to offer your feedback on the value of the content we provide and how we could make *The Pulse* even more beneficial to you.

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## Discussing Chlamydia with Women Ages 24 and Younger

*Katherine Lind, RN, BSN, Quality Improvement Coordinator*

The Wisconsin Department of Health Services reported more than 15,000 young men and women were diagnosed with chlamydia and other reportable sexually transmitted diseases (STDs) in its 2014 results.

Dr. Paul Hunter, MD, from the City of Milwaukee Health Department, was able to shed some light on local trends, impacting Wisconsin communities. "I think there's an ongoing trend nationally of an increase in adherence by clinicians to the national recommendations for annual screening for asymptomatic girls and young women up to age 24 for chlamydia. I think that's terrific, but we need to do more than that."

According to Dr. Hunter, "Learning how to take a good sexual history is key. Those questions are very important. You're not going to know if you don't ask."

Dr. Hunter suggests the Centers for Disease Control and Prevention's (CDC) ["A Guide to Taking a Sexual History"](#) as a good starting place for clinicians and providers. "You're going to miss a lot of diagnostic testing that you should be doing as a clinician if you don't ask the right history."

Dr. Hunter believes the opportunities for age appropriate education often begin when providers recommend the human papillomavirus (HPV) vaccination at ages 9, 10, 11 and 12. "There's such a precedent when you recommend the HPV vaccination for parents to bring up sex, when really you should be talking about cancer. That's where as a clinician you should direct the [HPV] conversations."

Providers can take a similar approach when discussing Sexually Transmitted Infections (STIs) with parents and young patients. By approaching the conversation as preserving future fertility, doctors may have more success in discussing chlamydia and STI screening. "Fertility is an important part of people's lives which makes screening for STIs very, very important."

For older adolescents, he suggests approaching the topic in broad terms with the parents, by mentioning statistics like, "Nearly 20 million new sexually transmitted infections occur every year in this country, half among young people aged 15-24" or "Did you know that undiagnosed STIs cause more than 20,000 women to become infertile each year?" Dr. Hunter suggests, "When the parent leaves the room for the exam, that's the appropriate time to begin taking a history."

### Provider Recommendations

Based on recommendations from the CDC, U.S. Preventive Services Task Force and the Healthcare Effectiveness Data and Information Set (HEDIS), Network Health recommends the following chlamydia screening.

- Annual chlamydia screening of all sexually active women younger than 25 years (including those on birth control)
- Annual screening for females older than 25 with risk factors such as a new partner, multiple partners or an infected partner

A strong communication strategy about chlamydia and other STIs between practitioners and patients is pivotal in preventing potentially life-altering diseases such as infertility and cancer.



Network Health offers an annual chlamydia screening as part of our preventive services. For more information, contact Network Health's Quality Improvement Department at 920-720-1759 or [klind@networkhealth.com](mailto:klind@networkhealth.com).

[Connect with Dr. Paul Hunter on LinkedIn.](#)

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### **Improving Survival After a Heart Attack**

*Cheryl Holm, Coordinator of Population Health Condition Management and Medicare Quality Improvement*

At Network Health, we often see HEDIS results that are above average or even in the top 90 percentile ranges. However, in the area of persistent beta blocker treatment after a heart attack, we are seeing results in the 25-50 percentile range. This quality measure looks at persistence of beta blocker treatment in individuals who have had a myocardial infarction (MI) in the six months following their heart attack. Remember to consider the importance of beta blocker therapy when treating your post-MI patients not only to improve these quality scores, but to promote optimal survival rates of individuals who have experienced a heart attack.

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### **Chronic Kidney Disease/End Stage Renal Disease Management**

*Cheryl Holm, Coordinator of Population Health Condition Management and Medicare Quality Improvement*

The National Kidney Foundation estimates that more than 26 million U.S. adults have chronic kidney disease (CKD), and most are undiagnosed. Two of the top risk factors for CKD are diabetes and high blood pressure, however, there are other less frequent causes.

The treatment goal in individuals with CKD is to delay its progression. CKD education and monitoring is part of developing an effective treatment plan to delay progression. This can also help ward off other complications individuals with CKD are at increased risk for developing, including coronary vascular disease, anemia, mineral and bone disorders, some electrolyte imbalance and malnutrition.

Nationally recognized clinical guideline recommendations stress that the timing and frequency of CKD monitoring and follow up depends on the disease severity and risk of progression.

A Glomerular Filtration Rate (GFR) test, a urine test that determines the current stage of chronic kidney disease, should be completed a minimum of once per year. GFR test results provide the information you need to help guide a successful treatment plan.

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### **Change to Network Health Unbundling Procedure**

Effective May 15, 2016, Procedure 1208-Unbundling now includes venipuncture on the list of always-bundled services, procedures and supplies. Network Health sources its bundling edits based on the claims editing system which apply methodologies both used and recognized by third party authorities.

### **Services/Procedures/Supplies Always Bundled**

Network Health considers the following services/procedures to be included in the overall management of a patient and are not separately reimbursable when submitted with another code, or when submitted as the only code on a claim for the same date of service. These services include but are not limited to the following.



- Alcohol and/or other drug testing - collection and handling only, specimens other than blood
- Collection of capillary blood specimen
- Collection of venous blood by venipuncture
- Implantable external access catheter
- Initial preventive physician examination - face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
- Permanent, long-term, nondissolvable lacrimal duct implant
- Postoperative follow-up visit
- Prostate cancer screening, digital rectal examination
- Services provided in an urgent care center (services listed in addition to the code for the urgent care service provided)
- Specimen handling and/or conveyance of specimen for transfer from the office to a laboratory
- Specimen handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory
- Surgical trays
- Visual acuity screen

Access Network Health claims procedures by visiting [networkhealth.com/providers/](http://networkhealth.com/providers/) and clicking on **Claims** then **Procedures** in the menu at the right.

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## Care Management Services Available to Your Patients

*Renee Corral, Manager of Population Health Management, Medicare Quality Improvement*

We know that personalized service is important to your patients. At Network Health, it's our goal to support them with their health care needs. Our care management staff work with providers and their patients to assist them in meeting their health care needs through case, condition and utilization management.

**Case Management** - Case Management is a Network Health service which assists in improving the overall health and functioning of individuals who suffer from a chronic condition, have an illness that could lead to a high-risk condition or have a need for increased use of health care services. We work to prevent complications and disease progression in a cost-effective setting. This service is available to the commercial, Medicare and dual-eligible special needs plan population.

**Special Needs Plan (SNP)** - Our dual-eligible SNP members, who are eligible for both Medicare and Medicaid, are enrolled in the NetworkCares plan. Each SNP member is assigned a personal care management coordinator (RN or social worker) who works with the member to help meet their health goals, coordinate Medicare and Medicaid benefits and assist in accessing resources.

**Case Managers** - Case managers support you and your patients who are facing social, economic or physical challenges. We will collaborate and communicate with you about patient needs and progress towards mutually agreed-upon goals to help them achieve the best possible outcome.

**Condition Management** - Our condition management team works to empower individuals to take charge of their health and better manage chronic health conditions. Our team of registered nurses provide educational information, connect members with resources and offer continuous support.

**Utilization Management** - Utilization management monitors and manages the appropriateness of all medically necessary and covered services for inpatient and outpatient care.

### How Do I Refer Patients to the Program?

Fill out the [online referral form](#) or call the Network Health Care Management Department.



- Commercial: 800-236-0208
- Self-funded: 844-547-9373
- Medicare: 866-709-0019

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## Self-care Workshops Available to Patients

*Sue Srnka, Outreach Assistant*

### Living Well with Chronic Conditions

This six-week workshop is for anyone living with a chronic condition such as chronic obstructive pulmonary disease (COPD), arthritis, heart disease, anxiety, migraines, depression, asthma and beyond. This workshop teaches self-management skills including goal setting, reducing stress and fatigue, physical activities, healthy eating, stress relief, relaxation and more. This class meets once a week for two and a half hours and caregivers are welcome to attend.

### Healthy Living with Diabetes

For any adult living with type 2 diabetes or prediabetes and their caregivers, this six-week workshop helps improve condition management. Each session is designed to help attendees learn practical ways to deal with diabetes, discover better nutrition and physical activities, meal planning, carb counting, label reading, sick days, monitoring and preventing low blood sugar, and talking with providers and health systems. This workshop meets once a week for two and a half hours. Attendees will set goals and create a step-by-step plan for improved health.

### Stepping On

A program for older adults living independently who may have fallen, worry about falling or are at risk of falling. This program promotes confidence and awareness by teaching strength and balance exercises, as well as how medication, nutrition, footwear and vision play important roles in the risk of falls and injury. This seven-week workshop meets once a week for two hours and caregivers are welcome to attend. Community professionals such as a vision specialist, police or safety officer, physical therapist and pharmacist will also be in attendance to provide helpful information.

If you have any questions regarding these workshops, please call 800-769-3186 ext. 87160.

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## Appeal and Dispute Process for Medicare Providers

*Jeanne Skinner, Manager of Medicare Appeals and Grievances*

Network Health updated its process to ensure we meet Medicare requirements for contracted and non-contracted providers when appealing or disputing provider payments. An appeal is a challenge of a payment denial by the Medicare health plan that results in zero payment made to a non-contracted Medicare health plan provider. A dispute is when a contracted or non-contracted provider contends the amount paid by the plan for a covered service is less than the amount that would have been paid under original Medicare.

[View Network Health's full policy for the appeal and dispute process.](#)

Don't forget to check us out on social media.



## Pharmacy Updates Available Online

*Gary Melis R.Ph., Pharmaceutical Benefits*



Network Health's pharmacy newsletter, *The Script*, can be found at [networkhealth.com/the-script](http://networkhealth.com/the-script). Make sure to mark this page in your favorites, take time to read the latest pharmacy information from Network Health and remember to check back often for updates.

If you have any questions about the pharmacy newsletter, please contact Gary Melis, R. Ph., at [gmelis@networkhealth.com](mailto:gmelis@networkhealth.com).

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## Provider Portal and Electronic Prior Authorizations

The Network Health [Provider Portal](#) puts important information at your fingertips. View patient information, send secure emails to Network Health, search diagnosis, procedure or drug codes, update contact information and view claim information all in one place.

Please create an account if you haven't done so already. The [provider portal instructions](#) will walk you through the steps for setting up an account and adding users.

New for 2016, all providers are now able to submit prior authorization requests to Network Health electronically. Below are some important things you need to know.

- Submit prior authorization requests using our provider portal (be sure to create an account if you haven't done so already).
- You can find an [Online Authorization Tutorial](#) under Authorization Information at [networkhealth.com/providers](http://networkhealth.com/providers).
- Continue to follow the timeframe guidelines for authorization submission.

If you have questions, please call our utilization management department Monday through Friday from 8 a.m. to 5 p.m.

**Commercial:** 920-720-1600 or 800-236-0208

For questions specific to behavioral health utilization, call 920-720-1340 or 800-555-3616.

**Medicare:** 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. Callers may leave a message 24 hours a day, seven days a week. Or, call the customer service phone number located on the back of the member/participant's card.

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## Provider Information Updates

Network Health's Provider Informatics Department is required by the Centers for Medicare and Medicaid Services (CMS) to reach out to all of our contracted plan providers for regular practice information updates. It's important we have accurate and up-to-date information, as this affects your patients' ability to obtain services and affects how claims are processed.

You can expect to receive an email communication from Network Health each quarter with a link to a short questionnaire that can be completed online. To ensure Network Health has accurate



information as part of your provider contract with us, please provide any updates by completing this quarterly questionnaire.

These are the three simple questions you'll be asked.

1. Are all providers in your practice accepting new patients?
2. Has your practice location's physical address changed?
3. Has your appointment phone number changed?

If you have any questions about the quarterly provider information request, you can reach our provider informatics department at 920-720-1565 or 800-945-1178. If you need to review what information we have for your practice, use our Find a Doctor search tool to find your listing at [networkhealth.com](http://networkhealth.com) or [NetworkHealthMedicare.com](http://NetworkHealthMedicare.com).



Is there something you would like to see in the next issue of *The Pulse*? [Email us today.](#)

*HMO plans underwritten by Network Health Plan. POS Plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan. Self-funded plans administered by Network Health Administrative Services, LLC. Network Health Medicare Advantage plans include MSA and PPO plans with a Medicare contract. NetworkCares is a PPO SNP plan with a Medicare contract and a contract with the Forward Health Wisconsin Medicaid program. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.*

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