

# Network Health Medicare Advantage Billing and Coverage

## Information for Providers

Network Health has Medicare Advantage, Dual-Eligible Special Needs (D-SNP) and Group Medicare Advantage plans. These are **Preferred Provider Organization (PPO)** plans which provide coverage for members throughout the United States and its territories.

Network Health also offers a **Medical Savings Account (MSA)** plan that does not have a designated network of providers.

### With a Network Health Medicare Advantage plan,

- Members can seek care at any provider's office or facility that accepts Medicare.
- For PPO plans, out-of-network providers receive reimbursement at 100% of Medicare rates following Medicare payment and reimbursement rules and regulations. This also applies to the MSA plan, however they do not have a network of providers and can see any doctor.
- Referrals or prior authorization are **not** required for out-of-network providers.

## Claims

Submit claims for all members services to Network Health electronically or by mail. Claims are processed within 30 days of receipt of a clean claim.

### Electronic Claims Submission

Payer ID: 77076

### Mail Claims Submission

Network Health MA Plans  
P.O. Box 568  
Menasha, WI 54952

network health PPO networkhealth.com			
YYYY Plan Name			
Member		Network	
<JOHN Q PUBLIC>	Copays	In	Out
Member ID	PCP	\$	\$
<123456789>	Specialist	\$	\$
Health Plan (80840)	Rx BIN: 3858	RxPCN: MD	
Group 2001899	RxGrp: NHPA		
	H5215_010		

MEMBER EXPERIENCE: 800-378-5234 (TTY 711) Pharmacy Team: 800-316-3107 (TTY 800-716-3231) MDLIVE®: 877-958-5455 (TTY 800-770-5531) EyeMed® Vision: 833-279-4359 Say Cheese Dental Network: 888-454-4127 (TTY 711)	
FOR PROVIDERS ONLY: 855-580-9935 Network Health MA Plans, PO Box 568, Menasha, WI 54952 Payer ID: 77076 Pharmacist Help Desk: 800-922-1557 Prior Authorization: networkhealth.com/provider-resources/ authorization-information or 866-709-0019	
Say Cheese Dental Network: 844-368-6878 PO Box 2176, Milwaukee, WI 53201 PayerID: GP133	
Medicare limiting charges apply.	

For plans with embedded dental

MEMBER EXPERIENCE: 800-378-5234 (TTY 711) Pharmacy Team: 800-316-3107 (TTY 800-716-3231) MDLIVE®: 877-958-5455 (TTY 800-770-5531) EyeMed® Vision: 833-279-4359 Pick Your Perks: 888-831-4733 (TTY 711)	
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Medicare limiting charges apply.	

For plans that have Pick Your Perks

## Additional Information

Contact us directly for information on eligibility, benefits, or claims payment.

- Call our **provider** line at **855-580-9935**, Monday–Friday from 8 a.m. to 5 p.m.
- Access our **provider portal** at [networkhealth.com](http://networkhealth.com). Click on My Login to register.

### Provider Resource Page

Our provider resource page has helpful information on how to submit claims, how to obtain rejected claims reports and payment policies. Visit [networkhealth.com/provider-resources/index](http://networkhealth.com/provider-resources/index).

### Single Case Agreement

If a single case agreement is required, please email [nhpmanagedcarecontracting@networkhealth.com](mailto:nhpmanagedcarecontracting@networkhealth.com). A contract manager will contact you to provide the necessary information.

