NETWORKING

HEALTH NETWORK ONE

QUARTER THREE • 2025

WHAT'S INSIDE:

COMING SOON

Annual Provider Satisfaction Survey

In the coming weeks, you will receive an email from Health Network One inviting you to provide feedback on your experience with us.

Your insights are incredibly valuable and will help us continue to improve, so please take a few moments to share your thoughts. We look forward to hearing from you!

Simplify Practice Management: Free Credentialing Tools from CAQH

The Council for Affordable Quality Healthcare (CAQH) makes it easier for providers to manage the administrative side of healthcare. If you're not yet registered with CAQH, complete your profile and take advantage of their no-cost tools designed to:

- **Centralize and automate credentialing**
  Submit your credentialing application once and share with multiple payer organizations.
- **Reduce administrative burden**
  Eliminate repetitive data requests and manual processes.
- **Improve visibility and access**
  Provide your details and be listed as a verified, high-quality provider, making it easier for health plans and payers to find you.
- **Support compliance**
  Help ensure accurate and up-to-date provider directories in compliance with federal regulations.

Click here to register your practice or go to https://www.caqh.org/providers

A few minutes today can save hours down the road for your practice and your health plan partners.

If you're already registered with CAQH, please log in to confirm your profile is current, and remember to update it quarterly to avoid reminder calls and emails.

Have questions? Learn more about CAQH here: https://www.caqh.org/resources?#faqs

Medical Records Documentation

Medical records documentation must meet state, federal, and contractual standards. When records are requested for quality improvement activities or quality audits, please ensure that you submit complete documentation within the timeframe specified in the request letter.

A complete medical record should be consistently maintained for every patient who receives clinical services. This ensures coordinated care and allows for timely access to information when needed for audits or quality reviews.

Operational and Plan Updates

Medicare Advantage Plan Changes

As we have shared in other communications, AvMed and Humana have announced discontinuations of some Medicare Advantage plans, effective December 31, 2025.

AvMed will discontinue its Medicare Advantage plans in Florida. We currently serve AvMed members with eye care and outpatient therapy in the state and will continue to do so through the end of 2025.

Humana will discontinue Medicare Advantage plans in Puerto Rico. As members shift to new coverage, we expect services to continue smoothly, with minimal disruption.

We're Streamlining to Serve You Better

As part of our ongoing efforts to improve efficiency and enhance provider support, we're making some operational updates, including changes to some of our mailing addresses.

To see if any updates apply to your practice, please check the section of this newsletter specific to your specialty. Staying informed ensures smooth communication and uninterrupted service.

Network Operations

Fraud, Waste and Abuse

All providers are required to report concerns about actual, potential or perceived misconduct to our Corporate Compliance Department at 866-321-5550.

Demographic Updates

If your practice has any demographic changes, including changes in address, services, providers, etc., please be sure to contact your provider relations rep at the appropriate number in the Provider Hotlines section.

Annual Quality Improvement Documents

Annually, Health Network One's Quality Improvement (QI) department develops quality documents, which includes QI and UM evaluations, program description, and work plan. The development of the quality documents satisfies health plan and NCQA accrediting body requirements. The QI and UM evaluations analyze the QI department's previous-year quality indicators and key accomplishments as well as identify any areas needing improvement and develop action plans to improve results. The program description and work plan establish objectives, goals, QI activities, and the QI program structure for the current year.

Copies of the annual QI documents are available by contacting the QI department at the address below:

4565 Ponce De Leon Blvd., Suite 200
Coral Gables, FL 33146

Phone: 800-422-3672 Ext. 4701
Fax: 305-614-0364

Affirmative Statement About UM Decision Making

All Health Network One clinical staff who make utilization management (UM) decisions are required to adhere to the following principles:

- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support benefit denials.

Medical Necessity Determinations

Health Network One and its entities use Apollo, Milliman Care, CASP's Applied Behavior Analysis Practice Guidelines or our health plan partners' clinical guidelines (depending on the line of business) for medical necessity determinations. These guidelines are based on appropriateness and medical necessity standards. Each guideline is current and has references from peer-reviewed medical literature and other authoritative resources, such as the Centers for Medicare & Medicaid Services. For any medical necessity Recommendation of Denial, the Medical Director shall make an attempt to contact the requesting provider for peer-to-peer consultation.

The relevant clinical guidelines are annually reviewed and approved by the Health Network One Medical Advisory Committee and are available in both electronic and hard copy format. If providers would like copies of specific guidelines, they may contact their assigned provider relations representatives to request them.

Provider Hotlines

Therapy – Georgia: 855-825-7818, option 1

Therapy – New Jersey: 855-825-7818, option 2

Therapy – Florida: 888-550-8800, option 4

Therapy – Puerto Rico: 877-614-5056, option 2

Specialty Networks – HN1: 800-595-9631, option 2

Eye Management – EMI: 800-329-1152, option 2

Eye Management – Premier Eye Care: 800-738-1889

Updates by Network

Therapy Network

Facility Attestations and Background Check Documentation

All participating facility providers are required to complete our Medicare Compliance Program FDR Attestation. By completing this annual attestation, you acknowledge your organization's compliance with CMS requirements for all first tier, downstream, and related entities (FDRs).

Your attestation must be completed before the end of the year to maintain active status within our network, so please access the form and fulfill this annual requirement.

In addition, before hiring new therapists, facilities are required to conduct federal and state sanction checks, including exclusion screenings. Documentation confirming that these screenings were completed must be provided to us. This includes checks done through the System for Award Management (SAM), Office of Inspector General (OIG), and the prehire background screening for Medicaid providers. Such documentation should be submitted to your provider relations representative.

Mandatory Trainings

All providers are required to complete mandatory trainings within 30 days of their contract-effective date and annually thereafter. Your attestation confirms that your office has received all mandatory trainings for the year.

Training must be completed before Dec. 31, 2025 to maintain active status within our network. If you have not yet completed your 2025 training, please access your training here, and get started today.

Subspecialty Survey: Tell Us More About Your Services

We'd like to better understand the range of services your practice provides, so we can accurately reflect the full scope of care delivered at your location. This information will help us make smarter, faster placements when our health plan partners request services for members.

Please take a few minutes to complete our short survey. Your input is essential to strengthening care coordination and supporting better outcomes.

Click Here to Complete the Short Survey

Mailing Address Changes

We have changed our mailing addresses. Please update your records to ensure that mail, claims, forms, and documentation are directed to our new addresses.

Please submit claims to:

Health Network One
PO Box 240328
Apple Valley, MN 55124

Please send all other correspondence to:

Health Network One
PO Box 980216
West Sacramento, CA 95798-0216

Therapy Continued Next Page

Therapy Network

Therapy Network of Puerto Rico: Appropriate Billing of CPT® 76942

To support accurate billing and documentation, reduce denials, and ensure compliance with coding guidelines, providers should bill CPT 76942 when ultrasound is specifically used to guide needle placement for procedures such as injections, aspirations, or biopsies.

To bill CPT 76942 appropriately, providers must:

- Indicate medical necessity for the use of ultrasound
- Describe the procedure and how ultrasound was used for guidance
- Retain images as part of the patient record

CPT 76942 should not be billed separately if the injection code already includes ultrasound guidance. Improper billing may result in audits or denials. See the chart below for additional details.

Injection Procedure CPT Code	Ultrasound Guidance Included?	Can CPT 76942 be Reported Separately?
20604 (Small joint aspiration/injection)	Yes	No
20606 (Intermediate joint)	Yes	No
20611 (Large joint)	Yes	No
20552/20553 (Trigger point injections)	No	Only if ultrasound meets criteria
64450 (Peripheral nerve block)	No	Only if ultrasound meets criteria

Premier Eye Care

Mailing Address Changes

Please note that while our claims mailing address remains unchanged, we've updated our general correspondence address.

As always, claims may be submitted to:

Premier Eye Care
P.O. Box 21503
Eagan, MN 55121

Please send all other correspondence to:

Health Network One
4565 Ponce De Leon Blvd., Suite 200
Coral Gables, FL 33146

Eye Management

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EMI - Health Network One
PO Box 240247
Apple Valley, MN 55124

Please send all other correspondence to:

Health Network One
PO Box 980216
West Sacramento, CA 95798-0216

Regional Networks: Dermatology, Podiatry, Gastroenterology, Urology

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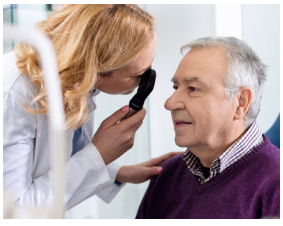

Share Your Success Stories!

Every day, you're making a difference on the front lines of healthcare, managing patient needs, developing care plans, and incorporating preventive strategies. We'd love to hear how your work is making an impact. Tell us about a time your intervention changed a patient's life. Your story could be featured in our provider spotlight or shared as a success story with our health plan partners. **Submit a brief summary of your story using this form.**