Northwood, Inc. Provider FAQs

At Network Health, our mission is to create healthy and strong Wisconsin communities. Our relationship with providers plays a vital role in that mission, so we make it a priority to provide you and your staff with helpful tools to streamline the process of serving our members.

Below are a few frequently asked questions regarding Network Health.

Who should I call if I have a question?

Network Health encourages providers to use our secure provider portal for questions related to member eligibility, member benefits and claim status.

- For step-by-step details on how to register for our provider portal, download the Network Health Provider Portal Information Sheet. You may also reach out to your provider operations manager with questions regarding the registration process.
- Providers may also use the Provider Reference Guide, which provides a listing of the most frequently used phone numbers.

What is Network Health's website?

You can find Network Health on the web at networkhealth.com.

- Network Health also has a provider-specific web page located at networkhealth.com/provider-resources.

Does the service I am providing require prior authorization?

Network Health created a master authorization list by code for providers.

- On the Provider Resources page, click on the **Authorization Lists by Code** link, select the appropriate member benefit plan tab at the bottom of the spreadsheet, then search for the specific code you are looking for to determine if prior authorization is required.

May I submit the authorization request through the portal?

You may use iExchange which is available 24/7 for prior authorization requests. You must be a registered user of Network Health's Provider Portal to access iExchange.

Does Network Health have any claims payment policies?

All claims payment policies are located on our Provider Resources page under the Claims Resources link.

Does Network Health have any medical policies?

All Network Health medical policies are located on our [Provider Resources page](#) under [Policies and Forms](#).

What is the timeframe to submit a claim for payment?

Network Health's Claim Submission Policy states providers have ninety (90) days from the date of service to submit claims for review.

What are Network Health's Payer IDs?

- Commercial – 77076
- Medicare – 39144

What is the timeframe to submit a corrected claim?

Network Health's Claim Submission Policy states providers have one hundred twenty (120) days from the date of the original provider remittance advice to submit a corrected claim.

What is the timeframe to submit a provider dispute/appeal?

Network Health's Provider Dispute Policy states providers have one hundred twenty (120) days from the date of the original provider remittance advice to submit a provider dispute/appeal.

How do I submit a provider dispute/appeal?

Network Health's Provider Dispute Procedure states all providers must be registered users on Network Health's Provider Portal to submit a provider dispute/appeal.

- Once registered, users enter the claim number they wish to dispute/appeal via the provider portal to begin the process.
- If the dispute/appeal is submitted via paper, it will be returned to the provider.