

Network Health Group Medicare Advantage PPO Billing and Coverage

Information for Members

Your Group Medicare plan is a passive Preferred Provider Organization (PPO) plan meaning you pay the same in- and out-of-network.

- You have the option to use any in- or out-of-network provider who accepts Medicare beneficiaries and is willing to bill your insurance, and you will pay the same throughout the United States and its territories.
- In emergency situations, you can see any provider who accepts Medicare beneficiaries.
- In-network providers have an agreement with Network Health to accept Network Health Group Medicare Advantage PPO members. As a member, you will pay copayments according to your *Evidence of Coverage*.
- Out-of-network providers do not have an agreement with Network Health; however, you can still go to those providers and will pay the same copayment amount as an in-network provider.
- Out-of-network providers can find information below on how to bill Network Health directly.

Information for Providers

Nationally, Network Health is one of three plans to earn a 5 Star health plan rating from the National Committee for Quality Assurance (NCQA) in 2025. For 2026, Network Health Medicare Advantage PPO plans earned a 5 Star Rating for customer service for the fifth consecutive year and an overall 4.5 out of 5 Star Rating from the Centers for Medicare & Medicaid Services (CMS).* We look forward to working with you.

With the Network Health Group Medicare Advantage plan,

- Members can seek care at any provider's office or facility that accepts Medicare and is willing to bill their insurance.
- Out-of-network providers receive reimbursement at 100% of Medicare rates following Medicare payment and reimbursement rules and regulations.
- Referrals or prior authorization are not required for out-of-network providers.

Information for Providers (continued)

Claims


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

Network Health MA Plans

PO Box 568

Menasha, WI 54952

Payer ID: 77076

 networkhealth.com	YYYY Plan Name PPO Group Name
Member <JOHN Q PUBLIC>	Network
Member ID <123456789>	Copays
Health Plan (80840) Group <2002674>	PC 00
	Rx BIN: 003858 RxPCN: MD RxGrp: NHPA H5215_808
	MedicareRx Prescription Drug Coverage X

Network Health will process claims using the Medicare Fee schedule.

Note: Out-of-state doctors are paid based on the fee schedule of the state where the service was provided.

Providers with questions about Network Health Medicare Group Advantage PPO plans can call our provider line at **855-580-9935** or locally at **920-720-1460**, Monday–Friday from 8 a.m. to 5 p.m.

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.

Single Case Agreement

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



*Based on CMS Star Rating data available at [cms.gov](https://www.cms.gov) and health plan rating data available at [ncqa.org](https://www.ncqa.org). Every year, Medicare evaluates plans based on a 5 Star rating system. Out-of-network/non-contracted providers are under no obligation to treat Network Health members, except in emergency situations. Please call our member experience number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services. H5215_3503-03b-1025_C