

Section 2 Provider Management

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Provider Recruitment

The various ways providers can join NHP's network include:

- A provider may submit a request in writing to NHP's Provider Network Management department
- NHP may recruit providers in geographic areas where there is a deficit of specific provider types

NHP may respond to requests from employers or primary care sites seeking to access particular providers within a given service area.

Becoming a Participating Provider

Participation in NHP's provider network requires the execution of a provider agreement. This agreement contains the provisions that govern the relationship between NHP and the provider.

A clinician or group will be considered a participating provider only upon successful execution of a provider agreement. The provider must notify NHP of any changes to the information submitted in the initial application request to contract. Material omissions and/or misstatements in the application request to contract will deem the contract voidable.

The contract will be effective as of a date determined by NHP, and the provider will be notified accordingly. NHP will not reimburse for any services provided prior to the effective date of the contract. Requests for exceptions to this policy must be discussed with NHP prior to the rendering of any care in the form of an out-of-network authorization request.

When applicable, credentialing requirements must be met before becoming a contracted provider. Please refer to the "Quality Programs" section of this manual for more information on NHP's credentialing requirements.

Some changes in a provider's practice may require reconsideration by NHP, up to and including re-application for continued participation as a network provider. These changes include but are not limited to:

- Change in practice location
- Change in practice specialty
- Change in ownership
- Entering into or exiting from a group practice
- Changes in hospital privileges
- Change in insurance coverage
- Disciplinary and/or corrective action by a licensing or federal agency
- Material changes in the information submitted at the time of contracting.

When in doubt, please contact NHP's Provider Network Management department at 800-462-5449 or at prweb@nhp.org.*

*Please do not send Protected Health Information (PHI) through email.

Primary Care Provider Group (PPG)

A primary care provider group (PPG) is an entity whose practice is in general/internal medicine, pediatrics or family practice and is contracted with NHP to provide and coordinate comprehensive health care services to all assigned members. A PPG may be a health center, hospital ambulatory care clinic, or other physician practice and can consist of one or more primary care locations.

Role of the Primary Care Provider (PCP)

The primary care provider provides or manages first-contact, continuous and comprehensive health care services for a defined group of assigned members at his/her primary care site. The PCP is responsible for providing, arranging for and coordinating the provision of covered services to his or her NHP patients.

A PCP can be an individual physician or registered nurse practitioner eligible to practice one of the following specialties: family practice, internal medicine, OB/GYN or pediatrics.

Specialty Providers

A specialty provider is responsible for the provision of covered specialty care services working in collaboration with the member's primary care provider. NHP's specialty provider network includes specialists in over 90 specialties.

Role of the Specialty Provider

NHP expects specialty providers to communicate their findings in a timely manner to the referring provider or clinician. A consultation is not considered complete until the consultant's written report is incorporated into the patient's medical record at his or her primary care site.

Provider Enrollment

NHP requires that when applicable, all providers be credentialed prior to enrollment. NHP's credentialing staff is available for questions or advice on the necessary enrollment documentation.

Upon completion of the provider's enrollment, the provider will be notified by NHP's Credentialing department. Claims submitted for dates of service prior to NHP's confirmation of the provider's effective date will not be honored.

NHP Provider Relations Representatives also review rosters at each provider visit as additional confirmation of enrolled providers and panel status.

Provider Enrollment Changes

In an effort to keep accurate network provider information, NHP must be promptly notified *in writing* of relevant changes pertaining to a provider's practice. Providers are strongly encouraged to notify NHP via a signed document on the provider's stationery. Verbal requests and/or those submitted by third parties or billing agents

not on record as authorized to act on a provider's behalf cannot be accepted.

For providers terminating from a practice, NHP requires written notification at least 45 days prior to the practitioner's termination date.

The notification must be mailed or faxed to NHP using NHP's [Provider Termination Form](#) or a similar document on the provider's stationery that includes at a minimum:

- The provider's name
- Effective date of termination
- Reason for termination
- If PCP, panel re-assignment instructions
- Signature and title of the person submitting the notification

Upon receipt of the notification, NHP's staff will work with affected members, the provider's office and specialty providers and when applicable, specialty providers to ensure continuity of care.

Involuntary terminations (those initiated by NHP) will include notification to the provider and the practice as needed. For additional information, please see the "Quality Programs" section of this manual.

Except when a provider's termination is based upon quality related issues or fraud, NHP may allow continuation of treatment for covered services for:

- Up to 30 days following the effective date of the termination if the provider is a primary care provider
- Up to 90 days for members undergoing active treatment for a chronic or acute medical condition; or through the lesser of the current period of active treatment with the treating provider
- Members in their second or third trimester of pregnancy with the provider treating the member in conjunction with said pregnancy through the initial post-partum visit.

- Services for members who are terminally ill until their death.

The provider must accept payment at the applicable fee schedule as payment in full and must not seek any payment from the member for covered services, except for any applicable copayments, deductibles, or coinsurance. Additionally, the provider must adhere to NHP's quality assurance programs and other NHP policies and procedures including, but not limited to, procedures regarding prior authorization and notification.

For members who will continue receiving care from the provider, NHP staff will contact the provider to obtain additional information including confirmation of any scheduled services to be authorized on an out of network basis, with the provider being notified accordingly.

Claims for members who continue to see a terminated provider without NHP's knowledge will be automatically denied. These cases can be addressed through NHP's administrative appeals process and, depending on the outcome, the provider will be reimbursed for services rendered at the applicable fee schedule.

Panel Changes

Panel closures apply only to primary care providers.

NHP requires that a practice maintain at least 50% of provider panels open at all times. A provider's panel may not be closed to an existing patient who has transferred to NHP from another health plan. When a provider's panel reaches 1,500 members, the provider must request to close his or her panel by providing NHP with 30 days advanced written notice. The provider may decline new or additional NHP members *only* if his or her panel is also closed to all other health plans. Additionally, providers may not close their panels to a specific NHP product.

Providers are required to notify NHP of any changes in their panels. The notification letter must include the effective date of the panel closure and the anticipated duration of such closure. The provider's panel status will be reflected accordingly in the NHP *Provider Directory*.

Members who had selected the provider prior to NHP's notification must be allowed assignment to that provider. For terminated members who re-enroll within six months and do not make a new provider selection, NHP will use the last provider of record regardless of the panel status at the time of re-enrollment unless contractually agreed otherwise. Other exception requests for provider's with closed panels will be discussed with the provider's office and processed only upon obtaining the provider's verbal approval.

Provider Relations Representatives review the status of provider panels on a regular basis to ensure adequate access.

Patient Relations

Member Rights and Responsibilities

NHP members are entitled to certain rights, including accessing and correcting medical records information as defined within NHP's [Member Rights and Responsibilities](#). Members must be allowed to freely apply these rights without negatively affecting how they are treated by providers and/or NHP. In addition, providers may not refuse to accept and/or treat an NHP member on the basis of his or her income, physical or mental condition, age, gender, sexual orientation, religion, creed, color, physical or mental disability, national origin, ancestry, marital status, veteran's status, occupation, claims experience, duration of coverage, race/ethnicity, English proficiency, pre-existing conditions, health status or ultimate payer of services.

Complaints or grievances reported to NHP concerning providers whose behaviors are discriminatory and/or not culturally sensitive to a member are forwarded to NHP's Provider Relations department, who will then contact and/or visit the provider, to inform him/her of the registered grievance and when applicable, educate about NHP's policies on non-discrimination and cultural sensitivity.

Grievances become part of providers' file for review at the time of re-credentialing. Additional grievances are reviewed by NHP's Credentialing Committee and may result in a request for a corrective action

plan, suspension and/or termination from the NHP network.

Assistance with Interpretation

In accordance with the NHP provider agreement, a practice shall provide interpreting services free of charge when necessary or appropriate, including for over the phone communication to members with limited English proficiency. The provision of interpreter services shall comply with applicable state and federal mandates and take into account relevant guidance issued by the Department of Health and Human Services Office of Civil Rights, the Office of Minority Health and the Massachusetts Office of Health Equity.

Privacy Rights

NHP strongly believes in safeguarding the personal and otherwise protected health information (PHI) of our members. Additional information on how we protect member information is available via our Notice of Privacy Statement.

To prevent unauthorized use, providers must not exchange PHI via email that is not adequately secured, and must contact the recipient via phone to provide the password to access the information. When faxing PHI, the sender should contact the recipient to confirm receipt and/or to verify the appropriate fax number.

Rights of Minors

State law allows providers to diagnose and treat a minor for a specific list of medical conditions without parental consent provided that informed consent is obtained from the minor. In the absence of written consent from the minor, medical records or claims payment information associated with these health care related services may not be released to parents. The minor would also be able to initiate an appeal or designate an appeal representative with respect to that medical treatment without parental consent. Furthermore, in such circumstances, the minor may need to consent to the release of information concerning that medical treatment, even to the parent(s). Providers are encouraged to seek legal

counsel when in doubt about patient confidentiality and privacy.

When a minor is able, under law, to consent to a medical procedure, that minor can request an appeal of the denial of such treatment without parental/guardian consent and appoint an Appeal Representative without the consent of a parent or guardian.

Advance Directives

NHP members have the right to execute advance directives such as health care agents and proxies, living wills, and organ donation cards to inform health care providers what to do if they become unable to make decisions about their care.

When applicable, providers should discuss with patients their wishes in this regard as part of office visits. The discussion must be documented in the patient's medical record and updated regularly, including whether or not the patient chooses to execute an advance directive.

Evidence of advance directives documentation is monitored as part of NHP's annual review process for medical records documentation compliance.

For more information on effective patient relations, please see the "Member Information" section of this manual.

Communicating with Other Providers

NHP and its designated behavioral health contractor, Beacon Health Strategies (Beacon), are committed to fully integrating NHP members' medical and behavioral health care. NHP recognizes the importance of working collaboratively to create a coordinated treatment system where all providers work together to support the member in a seamless system of care. To this end, NHP has worked closely with Beacon to develop specific programs and provider procedures that standardize communication and linkage between NHP members' primary care and behavioral health providers. Linkage between all providers (primary care, mental

health and substance abuse providers, as well as state agencies) supports member access to medical and behavioral health services, reduces the occurrence of over-and-under utilization, and provides coordination within the treatment delivery system.

Communication among providers also improves the overall quality of both primary care and behavioral health services by increasing the early detection of medical and behavioral health problems, facilitating referrals for appropriate services and maintaining continuity of care.

Primary Care Provider and Behavioral Health Provider Communication Program

To improve the coordination of care between primary care and behavioral health providers, NHP and Beacon have implemented a program which emphasizes the importance of ongoing communication directly related to their patient's health status.

With informed member consent, primary care providers are required to provide behavioral health providers with any relevant health status information. Likewise, with proper consent, behavioral health providers are required to provide the member's PCP with information related to his/her behavioral health treatment needs and current treatment plans. The information shared between primary care and behavioral health providers must be included in the member's medical and behavioral health records and reviewed during retrospective and random chart reviews.

Serious Reportable Events/Occurrences

A serious reportable event (SRE) is an event that occurs on the premises of a provider's site that results in an adverse patient outcome, is identifiable and measurable, has been identified to be in a class of events that are usually or reasonably preventable, and is of a nature such that the risk of occurrence is significantly influenced by the policies and procedures of the provider.

Potential SREs or quality of care (QOC) occurrences may be identified by members, providers, or NHP staff and may come into NHP through the Customer Care Center or any other department. It is the responsibility of the individual facility or provider to report an SRE. The facility or provider must document their findings; and provide a copy of the report to both Department of Public Health and to the NHP Director of Quality Management and Improvement within the required time frame.

Issues of concern may also be found through claims data or when medical record audits are performed by NHP. Claims data are reviewed on a quarterly basis to identify possible SREs. Any problems identified include both acts of commission and omission, deficiencies in the clinical quality of care, inappropriate behavior during the utilization management process, and any instances of provider impairment documented to be a result of substance abuse or behavioral health issues. All contracted providers must participate in and comply with programs implemented by the Commonwealth of Massachusetts through its agencies such as, but not limited to, the Executive Office of Health and Human Services to identify, report, analyze and prevent SREs, and to notify NHP of any SRE.

NHP reviews and promptly responds within 30 calendar days to actual or potential QOC occurrences. The provider will have seven calendar days to report SREs. NHP uses the National Quality Forum's definition of SREs (referred to as "never events"), and the NQF's current listing of "never events."

NHP does not reimburse for services associated with SREs and/or "never events."

To administer this policy, NHP recognizes, but is not limited to the SREs identified by the National Quality Forum, *HealthyMass* and the Centers for Medicare & Medicaid Services (CMS) Medicare Hospital Acquired Conditions and Present on Admission indicator reporting.

This policy applies to all hospitals and sites covered by their hospital license, ambulatory surgery centers, and providers performing the billable procedure(s) during which an "event" occurred.

NHP will reimburse eligible providers who accept transferred patients previously injured by an SRE at another institution (facility) or under the care of another practitioner.

Provider Rights and Responsibilities

To ensure effective relationships and consistency with our joint commitment to enhance the quality of life for all NHP members, we require network providers to:

- Accept NHP members as patients to the extent other health plan members are accepted
- Make members aware of all available care options, including clinical care management
- Treat NHP members as equals to all other patients
- Be active participants in discharge planning and/or other coordination of care activities
- Comply with medical records requirements relative to proper documentation and storage, allowing access for review by individuals acting on NHP's behalf and supporting appropriate medical record information exchange at a provider and/or member's request
- Comply with patient access standards as defined within this manual
- Remain in good standing with local and/or federal agencies
- Be responsive to the cultural, linguistic and other needs of NHP members
- When applicable, inform members of advanced directive concurrent with appropriate medical records documentation
- Coordinate care with other providers via notification of findings, transfer of medical records, etc. to enhance continuity of care and optimal health
- Report findings to local agencies as mandated and to NHP when appropriate

- Promptly notify NHP of changes in their contact information
- Respect and support NHP Members Rights and Responsibilities

Of equal importance, NHP providers have the right to:

- Receive written notice of network participation decisions
- Exercise their reimbursement and other options as defined within this manual and/or the NHP Provider Agreement
- Communicate openly with patients about diagnostic and treatment options
- Expect NHP's adherence to credentialing decisions as defined within the "Quality Program" section of this manual

Member Complaints and Grievances

NHP is strongly committed to ensuring member satisfaction and the timely resolution of reported concerns regarding a member's experience with a health care provider.

For more information on NHP's processes for inquiries, complaints, and grievances, please see the "Appeals & Grievances" section of this manual.

Access and Availability Requirements

NHP's Provider Network Management staff regularly evaluates access and availability and the comprehensiveness of the provider network.

Access and availability of acute care facilities, primary care providers and obstetricians/gynecologists are evaluated at least quarterly. Access and availability of high-volume specialty care practitioners is evaluated at least annually. High-volume specialties are defined as the top five specialties based on claim volume.

Availability and access standards are defined as follows:

Additionally, NHP strives to ensure the availability of practitioners who are multilingual, understand and comply with state and federal laws requiring that practitioners assist members with skilled medical interpreters and resources, and are responsive to the linguistic, cultural, ethnic, and/or other unique needs of minority groups and special populations.

At least annually, NHP reviews data on NHP members’ cultural, ethnic, racial and linguistic needs to define quality initiatives, inform interventions and assess availability of practitioners within defined geographical areas to meet the needs and preferences of our membership.

Provider	Access Ratio to Members	Availability by Geographic Standards
Primary Care	1:200	Two primary care providers within 15 miles or 30 minutes travel time from the member’s residence
OB/GYN Specialists	1:500	One provider within 15 miles or 30 minutes travel time from the member’s residence
High Volume Specialists	1:1500	One provider within 15 miles or 30 minutes travel time from the member’s residence
Acute Care Facilities	N/A	One facility within 20 miles or 40 minutes travel time from the member’s residence
Rehabilitation Facility	N/A	One facility within 30 miles or 60 minutes travel time from the member’s residence
Urgent Care Services	N/A	One facility within 15 miles or 30 minutes travel time from the member’s residence

NHP reserves the right to either expand or limit its provider network according to NHP’s business objectives. In determining network expansion needs, NHP evaluates these availability and access standards along with other criteria.

Availability and Access Standard for Behavioral Health Services

NHP and Beacon are also required to monitor accessibility of behavioral health appointments based on the following standards:

Required Notification of Limitations in Appointment Access

To ensure up-to-date referral information, providers are required to notify Beacon of any changes or limitations in appointment access up to and including when a clinic or a member of the professional staff:

- No longer accepts new patients
- Is available during limited hours or only in certain settings

Type of care	Appointment must be offered:
Emergency Services	Immediately, 24 hours per day, seven days per week
ESP Services	Immediately, 24 hours per day, seven days per week
Urgent Care	Within 48 hours
Routine/Non-Urgent Services	Within 14 calendar days

- Has any other restrictions on treating members
- Is temporarily or permanently unable to meet Beacon standards for appointment access

Notification of access limitations may be made by contacting Beacon’s Provider Relations department. Providers may also leave a message on Beacon’s Got Openings (“GO”) line at 781-994-7594. To help provide timely appointments, providers with unexpected same-day or same-week openings are also encouraged to call the “GO” line, stating name, phone number, practice/organization, specific site location, days and times available, and whether openings are with psychopharmacologists or therapists.

Cultural Competency

NHP has a diverse membership in terms of linguistic abilities and cultural and ethnic backgrounds. To promote access to providers who have the ability to communicate with the member in a linguistically appropriate and culturally sensitive manner, NHP uses a number of strategies to capture robust and detailed linguistic, ethnic and cultural data on our members, including the use of Health Needs Assessment tools and querying members upon contact with our Customer Care Center. NHP captures linguistic capabilities of providers as part of the credentialing process for individual clinicians.

For access and availability assessment, the member's self-reported primary language serves as a measure of their linguistic needs and preferences as well as a proxy for cultural and ethnic identity. The providers' self-report of languages spoken serves as the measure of their linguistic ability and a proxy for cultural and ethnic backgrounds. NHP also employs US Census Data on prevalent non-English languages spoken in Massachusetts and identifies those languages spoken by 10,000 or more individuals, five years and older, within each Massachusetts county.

Please see the "Access and Availability Requirements" section of this manual.

Wait Time Access Standards

NHP providers must ensure the availability of prompt provider consultation, including arrangements to assure coverage for members after hours.

In addition to after hours access standards, patients should be seen within a reasonable time after their arrival. A reasonable time is defined as 30 minutes from the appointment time.

Patient calls received during routine office hours regarding active clinical problems should be returned within the hour or when clinically appropriate, on a same day basis. Telephone calls regarding routine administrative requests should be returned within two business days.

NHP is also required to monitor and report on member access to specific primary care and

specialty services. This is done via an access and availability survey administered by NHP Provider Relations Representatives.

The survey seeks responses as to the availability or wait time access for services such as:

- Emergency care
- Urgent care
- Routine symptomatic care
- Routine non-symptomatic care
- After-hours care
- DSS custody initial exam
- DSS custody comprehensive exam.

Please refer to the "Quality Programs" section of this manual for additional information.

Preventing and Reporting Health Care Fraud

Prevention

NHP expects providers to comply with all federal and state regulations that prohibit fraudulent behavior, including but not limited to:

- Recording clear and accurate documentation of all services rendered in a timely manner as close as possible to the date of service
- Not signing blank certification forms that are used by suppliers to justify payment for home oxygen, wheelchairs, and other medical equipment
- Being suspicious of any vendor offering discounts, free services or cash in exchange for referrals
- Refusing to certify the need for medical supplies for patients not seen and/or examined
- Specifying the diagnosis when ordering a particular service (e.g., lab test)
- Knowing and adhering to the practice's billing policies and procedures

- Verifying the identity of patients since insurance cards can be borrowed, stolen and fabricated
- Carefully scrutinizing requests for controlled substances, particularly with new patients.

Reporting Health Care Fraud

Providers who suspect health care fraud should report any suspicions to their organization’s Compliance Office or Executive Director.

Suspicious or concerns involving an NHP member or provider can be reported to NHP’s Quality and Compliance Office in writing or via email. These concerns can also be reported anonymously to the NHP Compliance Hotline 24 hours a day, seven days a week. The Hotline is operated by an independent company and is *not* staffed by NHP employees.

Fraudulent acts or suspicions may be reported as follows:

- Mail* Neighborhood Health Plan
Quality and Compliance Office
253 Summer Street
Boston, MA 02210
- Phone* NHP Quality and
Compliance Office
800-433-5556 (then dial 0 to have
your call directed)
NHP Compliance Hotline
(anonymous)
800-826-6762
- Email** qualityandcompliance@nhp.org

*Please do not send protected health information (PHI) through email.

False Claims Act

In complying with our obligations under the Deficit Reduction Act of 2005, NHP provides detailed information to our employees, contractors and agents regarding the False Claims Act and comparable state anti-fraud statutes, including whistleblower protections. To that end, NHP has developed and continues to refine our policies and procedures regarding fraud and abuse detection, prevention

and reporting including but not limited to the following documents:

- Code of Ethics
- Compliance Hotline/ Helpline Policy
- Problem Reporting and Non-Retaliation Policy
- Fraud Reporting & Whistleblower Protections Policy

Preservation of Records and Data

In accordance with the provider agreement, network providers and NHP shall each preserve all books, records and data that are required to be maintained under the provisions of the agreement for a period of seven years or longer, as required by law from the date of final payment under the agreement for any specific contract year.

During the term of this agreement, access to these items shall be provided at the designated facility or NHP offices in Massachusetts at reasonable times. The facility and NHP shall retain such documents that are pertinent to adjudicatory proceedings, audits, or other actions, including appeals, commenced during seven years or longer as required by law after any specific contract year, until such proceedings have reached final disposition or until resolution of all issues if such disposition or resolution occurs beyond the end of the seven-year period.

If any litigation, claim, negotiation, audit, or other action involving the records is initiated before the expiration of the applicable retention period, all records shall be retained until completion of the action and resolution of all issues that arise from it or until the end of the retention period, whichever is later.

Furthermore, any such records shall be maintained upon any allegation of fraud or abuse or upon request by NHP or any state or federal government agency, for potential use in a specific purpose or investigation or as otherwise required by law. These records shall be maintained for a period of time determined by the requesting entity and at least as

long as until completion of the action and resolution of all issues that arise from it or until the end of the retention period, whichever is later.

Code of Ethics

NHP is committed to maintaining high ethical standards as reflected in our [Code of Ethics](#). Concerns regarding NHP's adherence to our Code of Ethics should be reported to our Quality and Compliance Office as directed above.

Provider Marketing Activities

Provider site marketing is defined as any activity occurring at or originating from a provider site wherein NHP staff, designees, or contracted providers, including physicians and office staff, personally present NHP marketing materials or other marketing materials produced by the provider site to members that the Executive Office of Health and Human Services (EOHHS) can reasonably determine influence the member to enroll in NHP's MassHealth plan or to disenroll from NHP's MassHealth plan into another MassHealth plan. This shall include direct mail campaigns sent by the provider site to its patients who are members. Provider site marketing is prohibited with the exception of posting EOHHS approved written materials and promotional marketing materials at network provider sites throughout NHP's service area. Participating providers may display NHP marketing materials provided that appropriate notice is conspicuously posted for all other plans with which the provider has a contract.

Providers are encouraged to communicate with their patients about managed care options and to advise them in determining what plan best meets the health needs of the patient and his or her family. Such advice, whether presented verbally or in writing, must be individually based in consideration of treatment needs and not merely a promotion of one plan over another. Providers who wish to let their patients know of their affiliation with one or more managed care organizations (such as NHP) must list each plan with which they hold contracts. In the event marketing material is included with

such communication, and specifically in the case of MassHealth members, the material, together with the intended communication, must be pre-approved by MassHealth before distribution. In the event a provider is no longer affiliated with NHP but remains affiliated with other participant MCOs, the provider may notify his or her patients of the new status and the impact of such changes on the patient.

NHP representatives are required to wear proper identification (NHP photo ID badge) during all outreach and NHP business related activities, perform these activities only at NHP approved sites and regions, sign in as a representative of NHP and provide their own photocopying and/or other equipment.

Provider Notification and Training

The Provider Relations department works in partnership with provider offices to build and maintain positive working relationships and respond to the needs of both providers and members.

NHP believes in keeping providers informed and utilizes direct mail, its clinical and administrative newsletters and other vehicles for communicating policy or procedural changes and/or pertinent, updates and information.

Providers can also sign up for NHP's e-news provider community and receive relevant updates on many components of doing business with NHP, including updates to NHP's *Provider Manual* and other resources. To join our mailing list, please visit the Provider section of our website at www.nhp.org.

Providers receive a minimum of 30 days advanced notice on any changes that may affect how they do business with NHP. Where a policy or procedure change results in modification in payments or covered services or otherwise substantially impacts network providers, notification will be made at least 60 days prior to the effective date unless the change is mandated sooner by state or federal agencies.

Provider Relations representatives incorporate provider notifications into their agenda for provider visits to reiterate the communication and address any need for clarification.

Additionally, NHP hosts quarterly forums for network providers, focusing on administrative and clinical topics and policy and procedural changes.

NHP also maintains close communications with its delegated partners such as Beacon Health Strategies, MedSolutions, and others to ensure seamless operations and enhance members' and providers' experiences.

Role of the NHP Provider Relations Representative

Every new provider is assigned a dedicated Provider Relations Representative. The Provider Relations Representative serves as the primary liaison between NHP and our provider network. PR Representatives work in partnership with NHP's Contracting Department and other staff in administering contractual provisions of the Provider Agreement and/or to ensure contract compliance.

Provider Relations Representatives meet regularly with designated staff within their provider territories to:

- Coordinate and conduct on-site training and educational programs
- Respond to inquiries related to policies, procedures and operational issues
- Facilitate problem resolution
- Manage the flow of information to and from provider offices
- Ensure contract compliance
- Monitor performance patterns.

For further information or assistance in a specific area, to request an NHP orientation or to schedule an appointment with your NHP Provider Relations Representative, please contact the Customer Care Center or email Provider Relations at prweb@nhp.org.

Provider Relations Department

Phone 800-462-5449

Fax 617-772-5517

*Email** prweb@nhp.org

*Please do not send protected health information (PHI) through email.
