

Section 1

Member Information

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Section 1

Member Information

Member Plans

NHP lines of business include the commercial, Commonwealth Care, and MassHealth plans. Primary care sites are notified daily via [NHPNet](#) of member enrollment changes to allow updates to their own practice management systems.

New NHP members receive an NHP member identification card and a member kit with information about how to use the plan. NHP also attempts to contact the new member shortly after being enrolled to conduct a Health Needs Assessment and provide education about benefits and the role of the primary care provider in managing his or her care.

For product specific benefit information, including access to the Member Handbooks, Covered Services, and Benefit Summaries, please refer to the Your Plan tab within the member's section of our website at www.nhp.org.

Commercial

NHP's commercial health maintenance organization (HMO) is made up of the **Business Choice** and **Commonwealth Choice** plans, which are sold to individuals and employer groups of various sizes. All NHP commercial plans meet minimum creditable coverage guidelines that have been established by the Massachusetts Department of Insurance.

Depending upon the selected product, NHP commercial members have access to either the Comprehensive or Select (i.e., limited) primary care networks. Commercial members participating in a Select plan design access the Select network of primary care providers. The full NHP non-primary care network is available to all commercial members, regardless of the plan selected.

Business Choice

NHP's Business Choice (also called NHP Care HMO) includes a number of standard HMO plans of various copayment and deductible amounts. NHP also offers several custom plans that are administered for larger employer groups.

To be eligible for Business Choice, all employer groups must be based within the NHP service area. Individuals and families who reside within the NHP service area are also eligible for coverage. Groups of six or more may enroll by calling NHP directly at 800-462-5449. Groups of five or less, and eligible individuals, must contact an intermediary to obtain coverage. A list of intermediaries is also available at www.nhp.org.

All NHP Care plans (Business Choice) are available to individuals and families who reside within the NHP service area. To enroll, individuals (and family members) may purchase a Business Choice plan directly through Health Services Administrators, a division of our preferred intermediary, the Massachusetts Business Association. Individuals are not required to join an association in order to enroll.

Members may contact Health Services Administrators at <https://www.hsinsurance.com/> or by calling 877-777-4414.

All NHP commercial plans are available on a guaranteed issue basis without any waiting periods or exclusion of pre-existing conditions.

For additional plan information about Business Choice, including access to the *Member Handbook* and *Benefit Summaries*, please refer to the Your Plan tab in the Members section at www.nhp.org.

Commonwealth Choice

Commonwealth Choice is a commercial plan that offers quality health care coverage at an affordable price to individuals earning 300% or more of the federal poverty level.

NHP is one of a select number of health insurance plans in Massachusetts that has received the Commonwealth Connector Authority's Seal of Approval to offer a range of Commonwealth Choice

product options. Commonwealth Choice is available to individuals and families in addition to those employer groups with 50 or fewer employees.

Commonwealth Choice recipients can choose from NHP's product options, including two Young Adults products designed for individuals between the ages of 19 and 26.

Depending on the product selection, NHP Commonwealth Choice members have access to NHP's full (Comprehensive) or limited (Select) primary care network. The full NHP non-primary care network is available to all Commonwealth Choice members, regardless of the product type.

Commonwealth Care

Commonwealth Care is run by the Commonwealth Connector Authority (known as the "Connector"). This plan connects eligible Massachusetts residents with approved health insurance plans and helps them pay for health insurance coverage through the plans.

Massachusetts residents who earn up to 300% of the federal poverty level may be eligible for Commonwealth Care plan types 1 through 3. To determine eligibility, members should contact the Connector at 877-MA-ENROLL, or at www.MAHealthConnector.org.

NHP is one of the participating managed care organizations that provides access to Commonwealth Care. Upon notification of eligibility, Commonwealth Care members can enroll with NHP by contacting the office of the Commonwealth Connector Authority.

MassHealth

Any MassHealth member who is eligible to enroll in a managed care organization may enroll in NHP, provided that the member resides in NHP's service area. To enroll in MassHealth, members can contact MassHealth's Customer Service Center at 1-800-841-2900 (TTY 1-800-497-4648). They are open to assist members Monday through Friday 8:00 a.m. to 5:00 p.m. NHP members enrolled through MassHealth receive a full range of health care benefits. NHP MassHealth enrollees may also be

eligible for coverage of any service covered directly by MassHealth, such as routine dental care. Please refer to the [MassHealth Member Handbook](#) and the [Covered Services](#) booklet for specific coverage and other information.

NHP identifies MassHealth members by rating categories, a specific grouping of MassHealth enrollees based on, but not necessarily equivalent to, MassHealth coverage types and disability status, for which a discrete capitation rate may apply.

See the "Appendix B" section of this manual for a glossary with definitions of each rating category.

Member Enrollment

Primary Care Assignments

All NHP members must select a primary care site and a primary care provider at the time of enrollment. Family members may choose different primary care sites and/or primary care providers. If one is not selected upon enrollment, one will be selected for the member, based on various criteria:

- NHP will select sites that are within 15 miles of a member's home address
- NHP will take into consideration gender and specialty of the provider (i.e., internal medicine, pediatrics or family medicine)
- NHP will take into consideration whether the member has a history with a previous site/practitioner in order to promote continuation of care.

Providers with access to NHP's online referral and eligibility application, [NHPNet](#), can update missing or discrepant primary care provider assignment information online without contacting the health plan. Additionally, practitioner and/or site changes can be reported to NHP via a completed [PCP/Site Change Form](#) that can be faxed to NHP's Customer Care Center. Members can also contact the NHP Customer Care Center for help updating practitioner and site information.

Providers with general concerns or questions regarding provider panel assignments should

contact their NHP Provider Relations Representative directly.

Enrollment Activities

Primary care sites are notified daily via [NHPNet](#) of enrollment activity specific to their practice. This information is provided to assist primary care sites in identifying those members who have not yet registered as new patients.

To ensure proper reimbursement, providers are strongly encouraged to monitor enrollment activity regularly and notify NHP's Customer Care Center of any discrepancies.

To enroll in [NHPNet](#), please visit our website at www.nhp.org or contact NHP's e-Commerce department at 617-772-5550.

Customer Care Center

NHP's centralized Customer Care Center provides a single toll-free option for assisting members and providers. Customer Care Representatives are cross-trained to answer questions from members and providers on eligibility, benefits and policies or procedures. Please contact the NHP Customer Care Center at 1-800-462-5449 (TTY: 1-800-655-1761). Hours are Monday, Tuesday, Wednesday and Friday from 8:00 a.m. to 6:00 p.m., and Thursday from 8:00 a.m. to 8:00 p.m. Beacon Health Strategies, NHP's managed behavioral health organization, is available 24 hours a day, 7 days per week at 1-800-414-2820 (TTY: 1-781-994-7660).

When not initiated by the member, a primary care site change requires submission of the [PCP/ Site Change Form](#), signed by the member. Verbally reported primary care site assignment discrepancies are verified with the member prior to processing.

The Member Kit

All new members receive a member kit in the mail. Items in this packet include but are not limited to:

- A welcome letter

- The *Member Handbook*
- A card outlining "Six Easy Steps" to obtaining health care through NHP

The Welcome Call

New NHP members receive a welcome call from an NHP representative. Calls are made by bilingual representatives who are able to speak the more prevalent languages represented by NHP members. In addition, NHP has access to interpreters in over 150 languages.

Representatives outreach to new members by telephone and through written communication in order to provide an introduction to NHP and to explain how to access services. Topics covered during the welcome call include:

- Verification of demographics and language preference
- Explanation of the role of the primary care provider
- Overview of NHP benefits and covered services (i.e., pharmacy, behavioral health, DME, preventative care, hospital care)
- Member discounts
- Special care programs

At the time of the welcome call, members are also asked to complete a *Health Needs Assessment*.

Multiple attempts are made to reach a new NHP member telephonically during the day and evenings and on weekends. Members who could not be reached telephonically receive a welcome letter and a *Health Needs Assessment* with a self-addressed preposted return envelope through the mail. Members who trigger positive on key questions may automatically receive educational information about their condition and/or become eligible for care management intervention through one of the Clinical Programs.

For a complete list of covered services by plan type, please visit the Member section of our website at www.nhp.org.

Member Eligibility and Identification

All members receive an NHP member identification card. An NHP card itself does not indicate that an individual is currently enrolled with NHP. Providers are responsible for verifying eligibility at each encounter.

NHP's online eligibility application, [NHPNet](#), is designed to give NHP contracted providers around the clock access to member information and other administrative functions.

Except in emergencies, member eligibility should be determined prior to rendering services. This can be done through [NHPNet](#) or the Customer Care Center.

Providers are responsible for verifying eligibility daily, including but not limited to while a member is hospitalized. NHP will only reimburse for covered services rendered to a member eligible on the date of service and when all other authorization and payment requirements are met.

When in doubt, please call the NHP Customer Care Center. When verifying five or more members, providers may fax eligibility verification requests to the Customer Care Center.

Copayments, Coinsurance, and Deductibles

Unless otherwise agreed upon, members must pay any applicable copayments, coinsurance, and deductibles. Members are fully liable for copayment, coinsurance, and deductible amounts, and the provider may bill the member accordingly. Some NHP members have no office visit copayments, coinsurance, or deductibles.

MASSHEALTH PHARMACY COPAYMENTS

Occasionally a MassHealth member may not be able to pay the copayment at the time the prescription is filled. Under these circumstances, NHP's MassHealth enrollees must not go without the medication but should notify the pharmacist of their inability to afford the copayment. Under federal law and as contractually required, the pharmacy must still dispense the medication as prescribed. NHP is not responsible for the copayment due to the pharmacy and the member remains liable for the copayment amount. The pharmacy may exercise its legal rights to collect the amount due from the member.

Member Identification (ID) Cards

Each NHP member is issued an ID card* with the following information:

MassHealth Member ID Card

The diagram shows a MassHealth Member ID Card with the following information and callouts:

- Member Name:** Sample, John A
- NHP Identification Number:** NHP0123456
- Group:** Group 003
- DOB:** 05/01/2009
- MassHealth Enrollee ID Number:** MassHealth #123456789101
- Prescription Drug Coverage Identifier:** RX 1/2/3
- MedMetrics:** RxBIN: 610593, PCN: SXC, Group: MHPNHP

MEMBERS:

- When In Need Of Medical Care, always call your Primary Care Provider first.
- In an Emergency, seek immediate care at the nearest facility, and call your Primary Care Provider within 48 hours.
- For help with Mental Health or Substance Abuse services, call Beacon Health Strategies at 1-800-414-2820.
- For other questions or assistance (including pharmacy), call Neighborhood Health Plan Customer Care Center at 1-800-462-5449.

PROVIDERS:

- Emergency Room, after stabilization, call the NHP Clinical Services Department at 1-800-462-5449 for coordination and authorization of care.
- To ensure payment for services rendered, a Notification, Referral or Prior Authorization may be required. For more information call the NHP Clinical Services Department at 1-800-462-5449, or consult NHP's Provider Manual at www.nhp.org.
- For pharmacy questions, call MedMetrics Pharmacist Help Desk at 1-800-918-7545.

This card is void if membership terminates.
Neighborhood Health Plan, 253 Summer St., Boston, MA 02210 NHP-90 (5/09)

Commercial Member ID Card

The diagram shows a Commercial Member ID Card with the following information and callouts:

- Member Name:** Sample, John A
- NHP Identification Number:** NHP0123456
- Group:** Group 001
- DOB:** 05/01/2009
- Copayment/Deductible Amounts:** OV 10/18, RX 10/20/40, ER 50
- Prescription Drug Coverage Identifier:** MedMetrics (RxBIN: 610593, PCN: SXC, Group: MHPNHP)

*An NHP ID card itself does not indicate an individual is currently enrolled in the Plan. When in doubt, call the Customer Care Center at 800-462-5449 for verification. For CMA program members call 866-414-5533.

NHP commercial members can also opt to enroll online and print out a temporary version of the NHP member ID card. This temporary card is valid until the permanent card is received.

Patient Relations

Member Rights and Responsibilities

NHP members are entitled to specific rights, including accessing and correcting medical records information, as defined within NHP's [Member Rights and Responsibilities](#) document. Members must be allowed to freely apply these rights without negatively affecting how they are treated by providers and/or NHP. In addition, NHP providers must treat NHP members with fairness, honesty and respect, including refraining from any biases based on income status, physical or mental condition, age, gender, sexual orientation, religion, creed, race, color, physical or mental disability, national origin, English proficiency, ancestry, marital status, veteran's status, occupation, claims experience, duration of coverage, pre-existing conditions, actual or expected health status, need for health care services, ultimate payer for services or status as a member.

Assistance with Interpretation

In accordance with the NHP provider agreement, a practice must provide interpreter services free of charge when necessary, including but not limited to over the phone communication, to limited English proficiency (LEP) members. This requirement is in keeping with Title VI of the Civil Rights Act of 1964 that requires recipients of federal financial assistance to provide translation or interpretation services as a means of ensuring that their programs and activities normally provided in English are accessible to LEP persons and thus do not discriminate on the basis of national origin. The provision of translation or interpreter services must comply with applicable state and federal mandates and take into account relevant guidance issued by the Department of Health and Human Services Offices of Civil Rights Minority Health, as well as the Massachusetts Office of Health Equity.

The following resources are available to assist you in meeting this obligation:

- The US Department of Health and Human Services Office of Minority Health's publication, "A Patient-Centered Guide to Implementing Language Access Services in Healthcare

Organizations," can be found at: <http://www.omhrc.gov/templates/content.aspx?ID=4375>

- Additional information on Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency," and its applicability to health care providers can be found at: www.lep.gov.
- The Massachusetts Department of Public Health regulations for hospital interpreter services programs requirements can be found at: www.mass.gov/Eeohhs2/docs/dph/regs/105cmr130_interpreter.pdf.

Privacy Rights

NHP believes strongly in safeguarding the personal and health information of our members and expects all NHP providers to fully comply with all applicable state and federal regulations regarding confidentiality of health information, including but not limited to the privacy and security regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

It is important that privacy regulations do not impact patient treatment or quality of care. To that end, NHP providers should be aware that, absent specific authorization from the member, HIPAA allows for the exchange of information needed for treatment, payment and health care operations. Examples that are applicable to the relationship between NHP and our providers include but are not limited to:

- *Payment*—The exchange of information needed to ensure that appropriate payment is made for services provided to members, including fulfilling authorization requirements, rendering payment, and conducting retrospective audits.
- *Health care operations*—The collection of information for quality assessment and improvement activities such as Healthcare Effectiveness Data and Information Set (HEDIS) audits, medical record reviews, the investigation of grievances, quality of care issues or suspected fraud and abuse. The exchange of information that enables the coordination of medical care for an NHP

member by our team of Care Managers or the provision of information to our providers concerning their patients' utilization of medical services.

NHP members are informed of their privacy rights, including how NHP uses their information, via distribution of our Notice of Privacy Statement.

Treatment of Minors (Privacy)

State law allows minors, under certain circumstances, to consent to medical treatment without parental consent. In such situations, the minor would 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 minors' consent to medical treatment and patient confidentiality and privacy. Additional information regarding consent of minors for medical treatment can be found at: http://www.bc.edu/schools/law/jrap/meta-elements/pdf/jrap_medical_consent.pdf.

If you have any questions or concerns about NHP's privacy practices, you may call the NHP Privacy Officer at 800-433-5556 or send an email* to qualityandcompliance@nhp.org.

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

Accessing Emergency Services

NHP members are covered for care in emergencies. They can go to any emergency room of any hospital. The hospital does not have to be in the NHP provider network. They are also covered for use of an ambulance and post-stabilization care services that are related to an emergency.

An emergency is a health condition a member believes will put their health in serious danger if immediate medical attention is not received.

Examples of emergencies are:

- Chest pain
- Poisoning
- Trouble breathing
- Severe bleeding
- Convulsions
- Having thoughts of hurting yourself or others

If a member believes their health problem is an emergency and needs immediate attention, they should be instructed to call 911 at once, or go to the nearest emergency room right away.

At the emergency room, they will be examined and stabilized before being discharged or transferred to another hospital.

If a member is experiencing a behavioral health emergency, they should call 911, go to the nearest emergency room, or contact the emergency services program (ESP) in their area.

A list of emergency rooms and ESPs in all areas of the state can be found in the NHP [Provider Directory](#).

Members should contact their primary care provider within 48 hours of any emergency care. The primary care provider will arrange follow-up care. If the member experienced a behavioral health emergency they should be instructed to contact their behavioral health provider, if they have one.

Members are covered for emergency care 24 hours a day and seven days a week, even if traveling or outside the service area.

Emergency Service Providers (ESP)

ESPs are services that are provided through designated contracted state-wide ESPs, and which are available 24 hours a day and seven days a week. ESPs provide treatment of any individual who is experiencing a behavioral health crisis. Each ESP encounter shall include at a minimum: the core services of crisis assessment, intervention, and stabilization. In addition, access to medication evaluation and specialing services will be provided if medically necessary. The core ESP services are

provided to children, adolescents and adults primarily through the ESP's mobile crisis intervention services, in addition to ESP services provided at the ESP's community-based location and hospital emergency departments.

- If any member requires emergency care for Behavioral Health needs, they should contact the ESP in their area, go to the nearest emergency room or call 911. The ESP will provide screening services to see if behavioral health inpatient hospital care is needed.
- If the ESP does not think a hospital stay is needed, the ESP will provide or recommend other behavioral health services.

For a listing of ESPs in all areas of the state, members can refer to their [Provider Directory](#). They can also call NHP's managed behavioral health organization, Beacon Health Strategies (800-414-2820), or their primary care provider.

NHP/Beacon Partnership

NHP has contracted with Beacon Health Strategies (Beacon) to manage the delivery of behavioral health services for all NHP members.

NHP delegates these areas of responsibility to Beacon:

- Claims processing and claims payment
- Member rights and responsibilities
- Member connections
- Provider contracting and credentialing
- Quality management and improvement
- Service authorization
- Utilization management/case management

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. NHP actively attempts to increase awareness of its adult members, participating providers, and NHP staff of the importance of members executing an advance directive.

When applicable, providers should discuss with patients their wishes for an advance directive as part of office visits. The discussion should be documented in the patient's medical record and updated regularly, including whether or not the patient chooses to execute an advance directive. If a patient establishes a written advance directive, it is advised that a provider maintain a copy of this in the patient's medical record. If patients need information on advance directives, they can go to www.caringinfo.org.

Communicating with Patients

Effective patient-provider communication is vital to good health outcomes and patient satisfaction. Low literacy rates can sometimes compromise a patient's understanding, in spite of the clinician's efforts. Many patients struggle with understanding, and patients with limited health literacy are more likely to be hospitalized or more frequently use emergency services. Limited English proficiency and/or a patient's medical and emotional health can also affect communication between patients and medical practice staff.

Patients should be educated at the first visit as to what to expect from providers and office staff. Information such as practice policies, Patient Rights and Responsibilities, turnaround for returning phone calls and the process for filling prescriptions must be covered early on to ensure a mutual understanding of expectations. The patient must receive a clear explanation of what is acceptable and what is not acceptable behavior to proactively enhance patient-provider interactions. Office staff should receive adequate training for dealing with patients up to and including:

- Respect for their bill of rights
- Avoiding using the caregiver status as a threat to the patient

- Incorrect assumptions about contributing factors to patient behaviors
- Dismissive verbal or body language that can fuel anger
- Adequate communication of acceptable and unacceptable patient behavior
- De-personalizing patient behavior
- Escalating protocols.

Partnering with the patient in his or her care is key to effective patient-provider relationships. It is recommended that clinicians start by creating rapport with the patient, asking for his or her goal in seeking care and understanding the impact of the illness on the patient's life. Remaining open to their emotions, conveying empathy verbally and non-verbally, delivering the diagnosis in terms of his or her original concerns and educating the patient are key to successfully completing an office visit.

If communicating with non-English speaking patients, using trained medical interpreters (versus a minor, family member, or non-trained personnel) can result in a more accurate diagnosis, greater patient compliance and, in some cases, a bridge to address patient-provider cultural gaps. Ideally this need is determined at the time of registration so that an interpreter can be involved early on and be scheduled for all of the patient's appointments. Otherwise, an interpreter should be called in immediately upon realizing the need.

There should be a brief discussion between the interpreter and the clinician beforehand to clarify the goals of the visit. On meeting with the patient, clinicians should speak directly to the patient and not to the interpreter. A trained medical interpreter should use the first person, thus speaking as the doctor and the patient. For effective interpretation, sentences should be kept short and simple, avoiding use of complicated medical terminology and repeating critical information such as medication names and/or dosage as requested.

When dealing with patients, understanding factors affecting their behavior can help greatly in developing a plan to manage them. It is sometimes possible to predict patients who may become easily

agitated, irrational, or violent, depending on their medical condition. Some patients also struggle with feeling let down by their ailing bodies or being spiritually betrayed.

Rushing through a visit can be counter-productive. Providers are encouraged to pay close attention to the patient's words, voice or attitude to pick up anger signs or levels that might express fear, anger, or violence. Providers should also watch for overly compliant behavior, which could suggest that the patient has lost his or her identity. Providers should directly address their patient's underlying feelings, making eye contact at all times, and addressing the patient as "Mr." or "Miss/Ms./Mrs." in a friendly manner. When appropriate, obtaining assistance from relatives may help break any isolation and create solutions while also providing support.

Disenrolling a Patient from Your Care

NHP recognizes the critical importance of a positive therapeutic relationship and is committed to working with provider practices in developing and maintaining strong patient relationships.

However, we recognize that at times this relationship may be jeopardized by the actions of a member and that on rare occasions a provider may contemplate terminating a member from the practice. A patient's behavior isn't always indicative of being angry at their health care providers. Because anger could stem from their own situations, it is important to try and get to the root of the problem by asking questions to determine unrealistic expectations and/or other issues.

Validating a patient's frustration and concerns may go a long way in improving therapeutic relationships. Medical office staff should be trained to maintain a professional demeanor and when appropriate, leave the room after conveying empathy with the patient's situation, giving him/her time to think about what is happening. Providers are expected to make every effort to resolve incompatible patient relationships and to notify their NHP Provider Relations Representative of unresolved patient issues as they are identified.

NHP is committed to collaborating closely with the provider and the member, and to act as a mediator. This includes but is not limited to:

- Facilitating access to behavioral health treatment and community resources
- Participating in case conferences
- Providing intensive care management.

If issues cannot be addressed to the satisfaction of both parties, and a decision is made that the only alternative is terminating the patient relationship, the decision should *not* be communicated to the member until after the NHP Provider Relations Representative has been contacted.

The Provider Relations Representative will request case-specific relevant documentation, such as attempts made to address the patient's behavior, or a copy of the practice's patient rights policy.

Notification to Member

The provider is responsible for communicating, in writing, to the member and to NHP the reason for the decision and the effective date of termination. Except in instances of imminent danger, the member must be provided with a period of at least 30 days in order to transition his or her care.

The letter should include:

- The reason for the decision
- A summary of attempts made by the provider's practice to work with the patient prior to reaching the decision, including provision of the Patient Rights document, when applicable
- The effective date of termination
- The option of continuing care for at least 30 days while the patient makes other arrangements
- Process for the transfer of medical records
- Instructions to contact NHP's Customer Care Center to select a new provider.

Termination from a practice while a member is in an emergent or urgent care situation, in the latter stages of pregnancy or is not mentally competent is rarely justifiable.

Upon notification, NHP will contact the member to facilitate transitioning of care and to ensure that decisions of this nature are made in an objective and fair manner.

Please contact your NHP Provider Relations Representative with any questions. You may also reach the Provider Relations department via fax at 617-772-5517 or email* at prweb@nhp.org.

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