Section 3
Provider Management

Provider Recruitment

The various ways providers can join an NHP provider network include:

- A provider may submit a request in writing to NHP’s Provider Network Operations
- NHP may recruit providers in geographic areas where there is a deficit of specific provider types
- NHP may respond to requests from employer groups or primary care sites seeking to access particular providers within a given service area.

Becoming a Participating Provider

Participation in an NHP 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.

When applicable, credentialing requirements must be met before becoming a contracted provider.

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

- Change in practice location to a different state
- 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 send an email* to pec@nhp.org.

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

Board Certification Requirement

NHP requires board certification for PCPs and specialty physicians to ensure that the percentage of board-certified PCPs and specialty physicians participating in NHP’s provider networks, at a minimum, is approximately equivalent to the community average for PCPs and specialty physicians. Participating physicians are required to be either board-certified or board-eligible and to be actively pursuing board certification in order to participate with NHP.

During the initial credentialing process and then every two years, NHP will validate a participating physician’s board certification status. If the participating physician is not board-certified, he/she must provide written documentation that they are board-eligible and are actively pursuing board certification within the required time period as defined by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA). Any provider that is not board-certified and not appropriately board-eligible must receive approval to be added to an NHP provider network.
Primary Care Provider Group (PCPG)

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

Role of the Primary Care Provider

The primary care provider (PCP) 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, a registered nurse practitioner, or a physician assistant eligible to practice one of the following specialties:

- Family practice
- Internal medicine
- OB/GYN
- Pediatrics

Specialty Providers

A specialty provider is responsible for the provision of covered specialty care services working in collaboration with the member’s PCP. NHP’s specialty provider networks includes specialists in over 120 specialties.

Role of the Specialty Provider

NHP expects specialty providers to communicate their findings in a timely manner to the PCP and when applicable, other referring providers. A consultation is not considered complete until the specialist’s provision of a written report to be incorporated by the PCP’s office into the patient’s medical record.

Concierge Providers

If any provider intends to offer certain amenities or special services not considered covered services in exchange for payment of any additional fee or charges by the member, he or she must notify NHP in writing at least 90 days before charging such fee to any NHP member.

The provider must also give the following information in writing to all NHP members receiving care from such provider:

- A copy of the member notification and decision to charge a fee
- The amount and frequency of the fee
- Benefits and relevant services covered in the fee
- A statement indicating that NHP is not responsible for the payment of the fee and is only responsible for payment of medically necessary services covered by NHP

Written requests should be emailed to NHP at pec@nhp.org.

Continuity of care must be provided to any member who is unable or chooses not to pay this fee. 90 days must be provided for continuity of care. Whenever possible, information regarding patient reassignment to other providers and support for the patients through this transition should be provided.

Upon submission of this request to NHP, NHP will notify the DOI as required. NHP’s Provider Directory will be updated to reflect concierge status for your practice to inform members of potential fees.

Credentialing

NHP has a full credentialing delegation agreement with Harvard Pilgrim Healthcare.

Credentialing is a process used to ensure that providers who intend to participate and practice in an NHP network meet a level of quality compared to established standards. NHP uses the National
Committee on Quality Assurance (NCQA) guidelines in the credentialing process. NHP continuously strives to expand the capacity of its provider networks through the credentialing process in order to have multilingual practitioners available to members who are responsive to linguistic, cultural, ethnic, and other unique needs of minority groups or special populations and who do not unlawfully discriminate based upon state or federal laws and regulations. The credentialing application collects information on a practitioner’s languages spoken.

NHP expects that all credentialed practitioners obtain the required Continuing Education Units in their practice areas as recommended by their applicable licensing board. Unless based on access requirements where exceptions are granted, all credentialed physicians must be board-certified in their medical specialty or be in the process of achieving initial certification in a time frame relevant to guidelines established by their respective medical specialty board. In some cases, NHP retains the right to contract and enroll providers who are not board certified if there is a shortage of providers in that specialty. Upon receipt of a physician’s new certification status, the physician is required to notify NHP of his or her new certification status. NHP monitors all non-board certified physicians’ board certification at least every two years or at the time of the physician’s re-credentialing cycle.

At a minimum, all medical doctors (MDs), doctors of osteopathy (DOs), doctors of optometry (ODs), doctors of chiropractic medicine (DCs), doctors of podiatric medicine (DPMs) and any independently licensed and practicing practitioner must be credentialed by NHP. Doctors of dental medicine (DMDs) and doctors of dental surgery (DDSs) must be credentialed in order to be participants in NHP’s network. Allied professionals such as physical therapists (PTs), occupational therapists (OTs), and speech and language therapists (SLTs) are also subject to credentialing requirements at a group level. Nurse practitioners (NPs) and Physician assistants (PAs) (acting in the role of a PCP), and certified nurse midwives (CNMs) are also eligible for credentialing and billing under their corresponding National Provider Identifier (NPI) number.

A nurse practitioner or a physician assistant, practicing within the scope of his or her license, including all regulations requiring collaboration with a physician, may choose to enroll as a PCP subject to member assignments.

Re-credentialing occurs in a two-year cycle consistent with the practitioner’s birth month and year.

Hospital-based physicians with specialties in pathology, emergency room, anesthesiology and radiology (also known as HERAP providers) practicing exclusively in a facility setting or facility-based emergency room are not credentialed by NHP. That list would also include NPs (specialists), Covering providers, Locum Tenens, Urgent Care providers, and Critical Care Medicine specialists. However, they are reviewed and privileged through their respective licensed institutions, which includes review of their credentials.

Behavioral health practitioners are credentialed by NHP’s behavioral health benefits manager, Beacon Health Options.

The Credentialing Committee

The Credentialing Committee, a subcommittee of the Patient Care Assessment Committee, is NHP’s peer review body with responsibility for oversight of the credentialing and re-credentialing functions. The committee also meets quarterly or on an as-needed basis to review other applications and includes consultants actively practicing in some of the same specialties as those practitioners credentialed by NHP.

NHP’s Chief Medical Officer is responsible for oversight of the credentialing program. Portions of the credentialing process may be delegated. However, NHP retains the right to approve new clinicians and to terminate or suspend existing clinicians.
At each meeting the Credentialing Committee makes one of the following credentialing decisions about inclusion in or exclusion from NHP’s provider networks:

- Approve
- Conditionally approve (with a corrective action plan and follow-up)
- Table for more information and further review
- Decline/deny

**Practitioner Rights**

NHP does not discriminate against any qualified applicant for practitioner network membership solely because of race, color, national origin, ancestry, age, sex, religion, disability, sexual orientation or type of procedure or patient served. NHP’s credentialing policies do not discriminate against particular clinicians who service “high-risk” populations or who specialize in conditions or procedures requiring costly treatment.

Practitioner rights in the credentialing and re-credentialing processes include:

- The right to review information submitted to support their credentialing application (except National Practitioner Data Bank [NPDB] reports, as required by law)
- The right to correct erroneous information
- The right to be informed of the status of their credentialing or re-credentialing application, upon request.

For more information, contact NHP Provider Service at 855-444-4647.

**Sanctioned Providers**

To ensure a quality network and the safety of enrolled members, NHP reserves the right to alter a contractual relationship when a practitioner fails to meet NHP’s quality standards.

NHP monitors the following activities on an ongoing basis as a part of the re-credentialing and re-licensure process:

- Sanctioned providers
- Adverse events
- Complaints

Decisions about altering a practitioner’s relationship with NHP are guided by patient care considerations and based on information submitted by the practitioner as well as other objective evidence.

If at any time a practitioner’s license is suspended or terminated, or if a practitioner is excluded from participation in MassHealth or Medicare/Medicaid specific programs, that practitioner becomes ineligible for providing services to any member. NHP will not reimburse such excluded practitioners/providers for services furnished, directed or prescribed by such a practitioner.

An appeal process is available for practitioners who are not offered network participation after initial credentialing or re-credentialing. Notification of their right to appeal a credentialing decision and a description of the appeal process is included in NHP’s letter to the practitioner at the time they are notified of the adverse credentialing or re-credentialing decision. Practitioners have the right to review information submitted to support their credentialing and re-credentialing application (excluding NPDB information) at any time. The practitioner may request to review his or her credentialing or re-credentialing file in writing, verbally or electronically, and a member of NHP’s Credentialing staff will contact him or her to schedule a mutually agreed upon time to review the file. If desired by the practitioner, copies of the file can be forwarded to the practitioner by certified, returned receipt mail.

Practitioners have the right to correct erroneous information submitted to NHP in support of their credentialing or re-credentialing application.

NHP reports all terminations of network practitioners for quality of care reasons to the appropriate authorities, including the NPDB and the state licensing board. Reporting of
practitioners terminated for quality reasons occurs within 15 calendar days of the practitioner’s final appeal outcome in accordance with the regulations governing the NPDB and the procedures set forth below. The provider always has the opportunity to appeal any negative credentialing decision.

In the event that there is a negative report, disciplinary action, sanction or other evidence of serious quality deficiencies regarding a practitioner, an objective assessment of the practitioner’s practice is undertaken by the NHP Credentialing Committee to determine whether the practitioner’s status or contract should be reduced, suspended, or terminated. Events leading to a change in the practitioner’s participation status with NHP include but are not limited to:

- Sanctions rendered by a state or federal agency
- Refusal to comply with NHP, local, state, or federal requirements or regulations on clinical or administrative practices
- A pattern of practice that falls below applicable standards and expectations
- Failure to maintain full and unrestricted licensure in the Commonwealth of Massachusetts
- Failure to comply with accepted ethical and professional standards of behavior

When any of the following situations comes to the attention of NHP staff, the information regarding the practitioner, as well as all available historical credentialing and performance information, is presented for review by the chairperson of the Credentialing Committee, or his or her designee:

- The practitioner’s application for staff privileges or membership with any group/facility is denied or rejected for disciplinary cause or reason
- The practitioner’s staff privileges, membership, or employment with any group/facility is terminated or revoked for disciplinary cause or reason
- The practitioner voluntarily accepts, or restrictions are imposed on, staff privileges, membership, or employment with any group/facility for disciplinary cause or reason
- Malpractice complaints
- Any sanction imposed by the Massachusetts Board of Registration in Medicine, Board of Nursing, MassHealth, the Office of the Inspector General or any state or federal agency
- A pattern of practice that falls below applicable standards and expectations
- Failure to maintain full and unrestricted licensure in the Commonwealth of Massachusetts
- Failure to comply with accepted ethical and professional standards of behavior
- Refusal to comply with NHP, local, state, or federal requirements or regulations on clinical or administrative practices

The chairperson, or his or her designee, will make an immediate and temporary decision on whether to suspend or reduce the practitioner’s participation status with NHP. A decision to immediately suspend or curtail a practitioner’s participation status is made when the event indicates that a practitioner may be a threat to the health and/or safety of his or her patients and/or is in a situation where the practitioner cannot serve the health needs of his or her patients appropriately.

Where a determination that the seriousness of the deficiency warrants an immediate alteration of a practitioner’s participation status, the practitioner is notified in writing that a professional review action has been brought against him or her, including the reasons for the action and a summary of the consideration process and appeal rights.

The practitioner is invited to attend a meeting within 30 calendar days to have his or her case heard and provided with the corresponding date, time, location and other relevant information.

The practitioner may present appropriate materials supporting his/her case. After full consideration of the facts, the committee will decide as follows:

- Continued full participation
• Continued participation with supervision
• Continued participation with mandatory education, counseling and/or training
• Continued participation with limits
• Reduction or restriction of participation privileges
• Suspension from the network for a given time period or until conditions for full participation are met
• Termination from an NHP provider network

The practitioner is notified by registered mail within 10 business days of the Credentialing Committee’s determination. When applicable and depending on the decision, the notification may include the following information:

• That a professional review action has been brought against the practitioner, reasons for the action and a summary of the appeal rights and process
• That the practitioner is allowed to request an appeal hearing no later than 30 calendar days from the date of the letter
• That the practitioner may be represented by an attorney or another person of his or her choice during the appeal proceedings
• That if an appeal is requested by the practitioner, NHP will appoint a panel of individuals to review the appeal and notify the practitioner in writing of the appeal decision and reasons.

NHP Provider Service and other relevant staff are notified of any change in the practitioner’s relationship with NHP, along with notification to the Executive Office of Health and Human Services, applicable state licensing boards, the National Practitioner Data Bank and other applicable entities of any reportable incidents. Updates to NHP’s online Provider Directory are made immediately and automatically scheduled for the next publication of the NHP printed directory.

If the practitioner is a PCP, the practitioner’s member panel will be closed and arrangements will be made for the transfer of the membership to another credentialed primary care network provider.

Appeals Process
In the event that a practitioner chooses to appeal a network participation decision made by NHP, the request must be made in writing within 30 calendar days from NHP’s notification. The notification should include whether the practitioner will bring an attorney or another person of his or her choice.

Pending the completion of the appeal process and unless specified otherwise, the initial decision of the Credentialing Committee remains in full force and effect.

Upon timely receipt of the request, a meeting is scheduled with NHP’s Appeals Panel to review the appeal. The Appeals Panel consists of: NHP’s Vice President of Provider Network Management, the Chair of the Credentialing Committee (NHP’s Chief Medical Officer), and the Vice President of Quality and Compliance. Each panel member can appoint a designee of his or her choice, and NHP’s legal counsel will be present when deemed appropriate.

The practitioner is notified of the Appeals Panel decision in writing, including the specific reasons for the decision.

Reporting to Appropriate Authorities
After a final determination has been made resulting in a practitioner’s termination, a letter is issued to the practitioner advising him or her of NHP’s determination, including its responsibility to report such termination to the NPDB, EOHHS and appropriate state board licensing entities. The practitioner may dispute the language of the NPDB or state reports. A dispute can be based upon any one of the following reasons:

• The factual accuracy of the report
• Whether the report was submitted in accordance with the NPDB or other state guidelines
• NHP’s eligibility as an NPDB reporting entity
• Upon receipt, NHP will review the applicable
reason(s) and make a determination as to whether any changes should be made. When applicable, necessary changes are processed.

Subsequent notification to the practitioner, the NPDB, applicable state board licensing entities and EOHHS is made indicating one of the following actions:

- Void of the initial report
- No action
- Correction to the language reported

When no appeal is initiated by the practitioner within 30 calendar days following notice of the NHP decision, or when an appeal is upheld, the practitioner’s name remains removed from NHP’s Provider Directory. When applicable, arrangements are made by NHP staff to have affected members assigned to another contracted provider.

**Credentialing Requirements**

In order to participate in an NHP provider network and, where applicable, be listed in NHP’s paper and online provider directories, practitioners must be credentialed by NHP. Providers listed in the Provider Directory are those who a member can choose when accessing care.

NHP does not recognize interim or provisional credentialing or providers still in training. Providers must be fully credentialed before they can be compensated for care rendered to NHP members.

Practitioners seeking enrollment with NHP and who work for an NHP-contracted group must first submit a request through NHP’s Provider Enrollment Portal. Alternatively, the group can also submit a completed HCAS Enrollment Form to NHP with preliminary information about the practitioner and his or her practice. The form may be sent to:

**Address**

Neighborhood Health Plan
Credentialed Department
399 Revolution Drive, Suite 940
Somerville, MA 02145

**Fax**

617-526-1982

**Email**

pec@nhp.org

Shortly after receipt and processing of the enrollment request, the practitioner or his or her credentialing administrator will receive a welcome packet with instructions for completing the initial credentialing submission process by registering with Council for Affordable Quality Healthcare (CAQH) that contains a replica of the Integrated Massachusetts Application (IMA). Those practitioners submitting an enrollment request but already registered with CAQH and who have authorized release of their CAQH information to NHP will not receive a welcome packet but may receive an email requesting that they re-attest to their data. Provided that the attestation is current, NHP will then initiate the credentialing process.

NHP’s (HPHC’s) credentialing process involves accumulating and verifying many elements of a practitioner’s professional history including licensure, training, hospital privileges and malpractice history. At a minimum, NHP is required to:

- Check each applicant with the National Practitioner Data Bank (NPDB)
- Verify licensure to practice, DEA (as applicable), and malpractice insurance coverage of $1,000,000 per occurrence and $3,000,000 aggregate
- Determine if an applicant has any pending Medicare or Medicaid sanctions
- Where applicable, verify that an applicant has clinical privileges in good standing at a licensed facility designated by the applicant as the primary admitting facility. If an applicant does not have admitting privileges, the applicant must have a coverage relationship with an NHP credentialed provider.
NHP has a process in place to provide ongoing performance monitoring of practitioners between credentialing and re-credentialing cycles. In addition to monitoring practitioner performance through member complaints and grievances, at least twice a month NHP’s Credentialing staff checks state licensing boards’ disciplinary action lists for license restrictions/sanctions and the Office of the Inspector General’s latest Exclusion and Reinstatement Lists of individuals and organizations excluded from Medicare/Medicaid/federal programs. Complaints received by NHP and sentinel events regarding practitioners are also compiled periodically for review.

If a credentialed, contracted practitioner has been disciplined, excluded, or is shown to have other performance issues after his or her initial credentialing, NHP will immediately take appropriate actions to address the issue, in accordance with its policies and procedures. Possible actions taken may range from establishing corrective action plans with close monitoring for compliance until the issues are resolved to reconsideration of the credentialing decision, up to and including termination from the network. NHP also has a process in place to notify applicable state licensing boards and the National Practitioner Data Bank of any reportable incidents.

**The Credentialing Process**

NHP is a member of Healthcare Administrative Solutions, Inc. (HCAS). This non-profit entity was founded in 2007 with collaboration from several Massachusetts health plans to streamline the credentialing and re-credentialing processes.

Submission of those elements of the credentialing and re-credentialing transactions that are common to participating HCAS health plans can occur through a centralized database. The CAQH allows providers to submit credentialing information once into its Universal Credentialing DataSource to be used by all HCAS health plans in which the practitioner participates or is in the process of contracting.

As part of the full delegation agreement with Harvard Pilgrim Health Care, NHP is committed to the turn-around of completed credentialing applications submitted by Medical Doctors (MDs), Doctors of Osteopathy (DOs) and other PCPs within 30 days of receipt of a completed application. Upon completion of the credentialing process, providers are notified within four business days of the Credentialing Committee decision and are included in the NHP Provider Directory. Providers who do not meet the credentialing standards are given an opportunity to appeal the decision.

**HPHC Credentialed Providers**

NHP has a full delegated credentialing agreement with Harvard Pilgrim Health Care for both their initial credentialing and re-credentialing process.

**The Re-credentialing Process**

Re-credentialing occurs in a two-year cycle consistent with the practitioner’s birth month and year.

A practitioner who has been successfully credentialed by NHP, and either leaves the practitioner network voluntarily or has been terminated by NHP for any reason with a break in service greater than 30 calendar days, must go through NHP’s initial credentialing process again prior to reinstatement in the network.

**Locum Tenens**

NHP defines locum tenens as a physician covering for another physician temporarily for six months or less and not subject to full credentialing. Providers must specifically indicate that the physician is being enrolled in a locum tenens capacity. Enrollment for these clinicians require completion of request in NHP’s Provider Enrollment Portal or an HCAS Enrollment Form, and malpractice information as well as hospital privileges or covering arrangements otherwise.

Locum tenens providers are not eligible to render and bill for services until written confirmation from NHP of their successful enrollment and are held to the same expectations of all other NHP providers.
If the locum tenens physician will be in place beyond six months, NHP must be notified at least 45 days ahead of time such that NHP can initiate the abbreviated credentialing process. Failure to timely notify NHP will result in claim denials and the retroactive processing of any denied claim cannot be considered.

**Provider Enrollment**

NHP requires that, when applicable, all providers be credentialed or enrolled prior to rendering care. NHP does not recognize interim or provisional credentialing of practitioners still in training. Services rendered prior to a practitioner’s enrollment by NHP cannot be honored. Practitioners seeking enrollment with NHP and employed by an NHP contracted group must submit a request through NHP’s Provider Enrollment Portal or a completed HCAS Enrollment Form to NHP with preliminary information about the practitioner and his/her practice.

Provider sites can review a list of all NHP enrolled clinicians, including original effective dates of the affiliation via the Provider Roster reports available from our provider portal, NHPNet.

For new NHP providers, the practitioner is notified (by letter) of his/her ability to begin rendering care upon approval for network participation by NHP’s Credentialing Committee.

For questions on a clinician’s enrollment status, email NHP at pec@nhp.org or contact NHP Provider Service at 855-444-4NHP (4647).

**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. The primary way to notify NHP of enrollment changes is through the Provider Enrollment Portal within NHPNet. The Provider Enrollment Portal gives you easy access to submit requests such as the following:

- Enroll a new provider into your group
- Terminate an existing provider from your group
- Open and close your panels
- Submit demographic changes
- Generate a complete HCAS form

The Provider Enrollment Portal gives you real time status information of your enrollment request as well as send you an email notification when your request has been completed.

Providers can also submit provider enrollment changes on the Standardized Information Change Form or with a signed document on the provider’s stationery. Completed forms should be emailed to pec@nhp.org. 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.

**Provider Terminations**

For providers terminating from a practice, NHP requires written notification at least 60 days prior to the practitioner’s termination date unless otherwise agreed upon.

The notification must be submitted through the Provider Enrollment Portal on NHPNet, on the Standardized Provider Information Change Form, on the Provider Termination Request Form, or using a similar document on the provider’s stationery that includes at a minimum:

- The provider’s name
- National provider identification (NPI) number
- 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 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.

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 PCP
- 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. 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 Clinical staff will contact the provider to obtain more 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. Disputes in 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 closure notification does not apply to specialty providers. NHP requires that a practice maintain at least 50 percent of PCP panels open at all times. A PCP panel may not be closed to an existing patient who has transferred to NHP from another health plan.

PCPs may not close their panels to a specific NHP product. When a PCP’s panel reaches 1,500 members, the provider must request to close his or her panel by providing NHP with 30 days advance written notice. The PCP may decline new or additional NHP members only if his or her panel is also closed to all other health plans.

Members who had selected the PCP prior to NHP’s notification must be allowed assignment to his/ her panel. For terminated NHP MassHealth members who re-enroll within 12 months and do not make a new PCP selection, NHP will use the last PCP of record regardless of the PCP’s panel status at the time of member’s re-enrollment unless contractually agreed otherwise. Other exception requests for PCPs with closed panels will be discussed with the PCP’s office and processed only upon obtaining verbal approval.

PCPs are required to notify NHP through the Provider Enrollment Portal of any changes in their panels. The PCP can also submit a notification letter that must include the effective date of the panel closure and whenever possible, the anticipated duration of such closure. The PCP’s panel status will be reflected accordingly in the NHP Provider Directory. An NHP Provider Relations Manager reviews rosters at each provider visit as additional confirmation of panel status, to monitor the duration of closed panels, and to ensure accuracy of provider enrollment information and adequate access.

Through NHPNet, NHP provides updated PCP assignment information daily to PCP offices. Discrepancies in a member’s PCP information can be systematically corrected by the PCP office without assistance from NHP.
• This option is limited to PCP changes within the same site, to a PCP with an open panel.

• Changes to a member’s PCP and Primary Care Site must be initiated by the member calling NHP Member Service or by submitting the request through NHPNet and attesting to obtaining the member’s consent.

Behavioral Health Care Integration

NHP and its designated behavioral health contractor, Beacon Health Options (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-underutilization, 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, PCPs 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.

Provider Rights and Responsibilities

NHP does not prohibit or restrict network providers acting within the lawful scope of practice from advising or giving treatment options, including any alternative treatment.

To ensure effective relationships, and to be consistent 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 through 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, panel status, and other relevant 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 herein.

### 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 NHP’s provider networks.

Access and availability of acute care facilities, PCPs 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.

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.

### Availability and Access Standard for Behavioral Health Services

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
- Has any other restrictions on treating members
- Is temporarily or permanently unable to meet Beacon standards for appointment access
Availability and access standards are defined as follows:

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

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

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

<table>
<thead>
<tr>
<th>Type of care</th>
<th>Appointment must be offered:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Services</td>
<td>Immediately, 24 hours per day, seven days per week</td>
</tr>
<tr>
<td>ESP Services</td>
<td>Immediately, 24 hours per day, seven days per week</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Within 48 hours</td>
</tr>
<tr>
<td>Routine/Non-urgent Services</td>
<td>Within 14 calendar days</td>
</tr>
</tbody>
</table>

Notification of access limitations may be made by contacting Beacon’s Provider Relations department. Providers may also leave a message on Beacon’s Network/Provider Relations line at 781-994-7556. To help provide timely appointments, providers with unexpected same-day or same-week openings are also encouraged to call the Network/Provider Relations 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 NHP Member Service. 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.

For more information, 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. NHP also requires the hours of operation offered for all members to be the same regardless of their coverage.

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

Patient calls regarding active clinical problems and received during routine office hours should be returned within the hour when clinically appropriate, or on a same day basis otherwise. 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 with an access and availability survey administered by NHP Provider Relations Department.

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 see the “Quality Management Programs” section of this manual which provides the standards applicable to each of the above services.

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.

Suspicions or concerns involving an NHP member or provider can be reported to NHP's Quality and Compliance Office in writing or by 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 399 Revolution Drive, ste 810 Boston, MA 02210

Phone  NHP Quality & Compliance Office 800-433-5556 (then dial 0 to have your call directed)

NHP Compliance Hotline (anonymous) 844-556-2925  www.nhp.ethicspoint.com

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 Policy
• Non-Retaliation for Reporting of Compliance Violations
• Fraud Reporting and 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

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 (including cold calls) 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. If 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. However, such information must not be used to influence enrollment in conjunction with private insurance. If 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.

## “Hold Harmless” Provision

Providers contractually agree that in no event, including, but not limited to, non-payment by NHP, NHP’s insolvency, or breach of the Provider Agreement, should a provider or any of its medical personnel bill, charge, collect a deposit from, or have any recourse against any NHP member or person, other than NHP, acting on their behalf for services provided. The provider must not solicit or require from any member or in any other way payment of any additional fee as a condition for receiving care. Providers must look solely to NHP for payment with respect to covered services rendered to all NHP members.

This provision does not prohibit collection of supplemental charges or copayments on NHP’s behalf made in accordance with the terms of the applicable Subscriber Group Agreement between NHP and the member.

If you have questions about this contract provision, please contact your NHP Provider Relations Manager.
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 so uses direct mail, newsletters, and other vehicles for communicating policy or procedural changes and/or pertinent, updates and information. The provider network’s implementation and adherence to communicated procedural changes is monitored with internal reports, provider site visits, reported member grievances, and other resources.

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 mandated sooner by state or federal agencies.

NHP Provider News is our monthly e-newsletter for notifying our network of important changes and updates, including revisions to the NHP Provider Payment Guidelines and the Provider Manual. Providers are strongly encouraged to sign up to receive NHP’s updates by visiting the Provider section of our website.

Provider Relations Managers incorporate provider notifications into their agenda for provider visits to reiterate NHP provider notifications and to address any need for clarification.

NHP also hosts periodic forums for network providers, focusing on administrative and clinical topics, as well as policy and procedural changes. These forums may be offered in person or with a “webinar” option.

Role of the NHP Provider Relations Manager

Every contracted provider is assigned a dedicated Provider Relations Manager early in the contracting process, often before the provider sees his/her first NHP patient. The Provider Relations Manager serves as the primary liaison between NHP and our provider network. Provider Relations Managers 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 Managers 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 more information or assistance in a specific area, to request an NHP orientation or to schedule an appointment with your NHP Provider Relations Manager, please contact your Provider Relations manager.