Neighborhood Health Plan

Doing Business with NHP

2018

Yesenia Fajardo Provider Relations Manager Neighborhood values what you value.





NHP Will Become AllWays Health Partners Beginning on 1/1/19





What to Expect?



- What is changing?
 - Employee and company email addresses
 - Member ID cards
 - Commercial ID number prefix (from "NHP" to "COM")
 - Product names
 - Complete Access to full network
 - Choice Access to full network with hospital tiering
 - Provider portal and company web address



What to Expect?

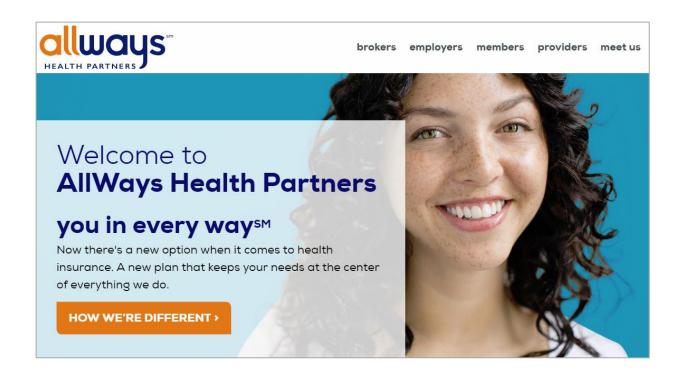


What is not changing?

- Employee and company telephone numbers
- Company addresses
- Provider network
- Provider portal functionality
- Payer ID
- Claims process and existing claims numbers (remember to bill with the new ID number)
- Authorization process and existing authorization numbers
- Payment policies and medical policies

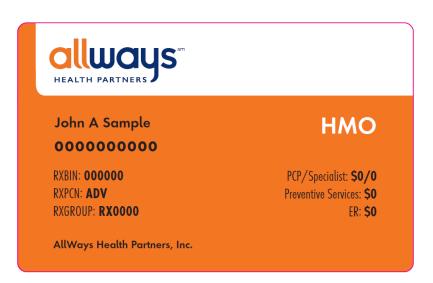


allwayshealthpartners.org





Sample Member ID Card (HMO)



MEMBERS

Customer Service: **1-866-414-5533** (TTY 711)

Optum Behavioral Health Services: **1-844-451-3518** (TTY 711)

Secure Member Portal: **allwaysmember.org** for detailed plan and provider information

Call your treating provider within 48 hours of an emergency visit.

PROVIDERS

Claims Info and Provider Manual: allwaysprovider.org

Provider Services: **1-855-444-4647**Behavioral Health: **1-844-451-3518**

Pharmacy: **1-800-421-2342**

allwaysmember.org

This card does not guarantee coverage.

ID-51 (08/18)



Sample Member ID Card (PPO)



John A Sample **000000000**

RXBIN: **000000**RXPCN: **ADV**RXGROUP: **RX0000**

AllWays Health Partners, Inc.

PPO Plus

PCP/Specialist: \$0/0
Preventive Services: \$0
FR: \$0

ck. 30

MEMBERS

Customer Service: **1-866-414-5533** (TTY 711)

Optum Behavioral Health Services: 1-844-451-3518 (TTY 711)

Secure Member Portal: **allwaysmember.org** for detailed plan and provider information

Out-of-network services may require a Prior Authorization.

Call your treating provider within 48 hours of an emergency visit.

PROVIDERS

PHCS

Claims Info and Provider Manual: allwaysprovider.org

Provider Services: 1-855-444-4647

Behavioral Health: 1-844-451-3518

Pharmacy: 1-800-421-2342

Submit paper medical claims to:

P.O. Box 852099

Richardson, TX 75085-2099

Submit paper behavioral health claims to:

P.O. Box 30757

Salt Lake City, UT 84130-0757

allwaysmember.org

This card does not guarantee coverage.

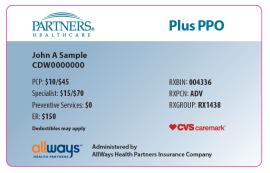
ID-57 (08/18)



Partners HealthCare Selects AllWays Health Partners on 1/1/19

- Over 100,000 PHS employees and covered dependents will switch to AllWays Health Partners
- PHS offers a PPO and EPO plan option
 - PCPs not required
 - Referrals not required
- PHS Plan member ID number will have a unique prefix: "CDW"
- PHS Plan members will have a unique member ID card. Look for the PHS and AllWays Health Partners logos on the front of the card







General Overview



More and More Members Are Choosing NHP!

Today

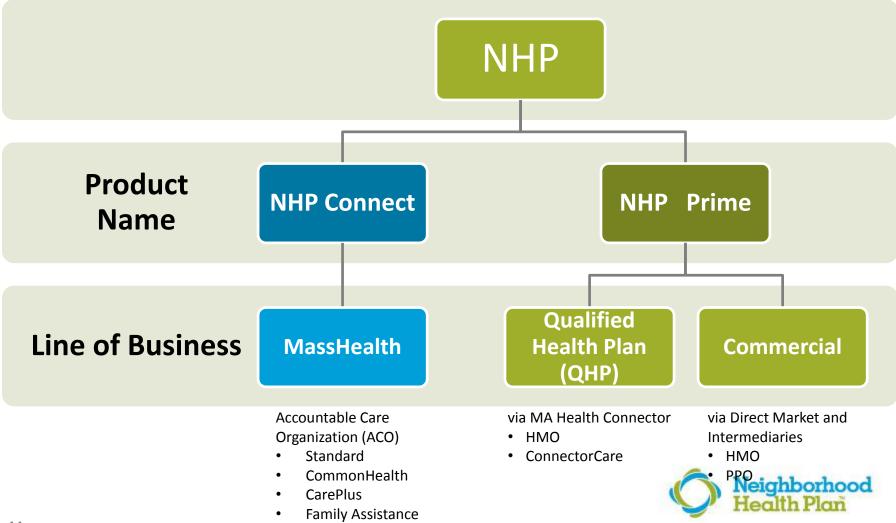
108K+ commercial members

2019

We are on track to exceed 200K members

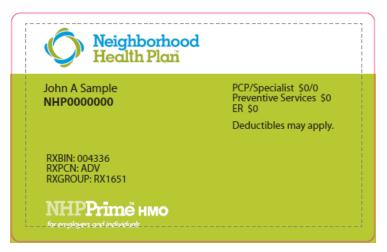


NHP Products



Commercial HMO ID Card

Commercial HMO



Commercial HMO (GIC)



- Commercial plans have the NHP Prime label
- GIC plans have the logo in the upper right hand corner



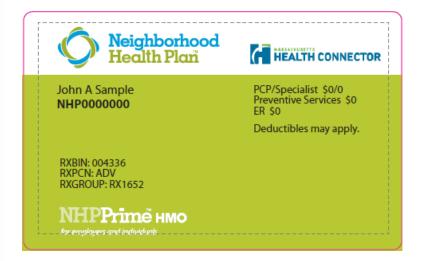
Back of Member ID Card

- Includes:
 - Unique Customer Service phone number
 - Vendor Contact information

MEMBERS **PROVIDERS** For health plan questions, visit mynhp.org or call · For medical referrals and authorizations, visit NHP Customer Service at 1-866-414-5533 nhpnet.nhp.org or call NHP Provider Services at (TTY 711), 1-855-444-4647. Please call your treating provider within 48 hours of For behavioral health referrals and authorizations. an emergency visit. consult Beacon's provider manual at nhp.org or call Beacon Health Options at 1-800-414-2820. For behavioral health (mental health and/or substance use) services, call Beacon Health Options at 1-800-414-2820 For pharmacy questions, call 1-800-421-2342. (TTY 711). For pediatric dental questions, call 1-855-264-7898. This card does not guarantee coverage. NHP-90 (09/15) mynhp.org



Health Connector ID Card

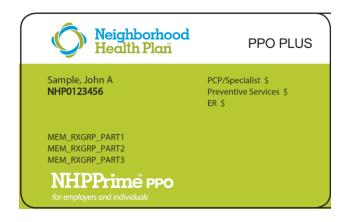




- Health Connector logo is located at the upper right corner
- ConnectorCare plans will be labelled



PPO Plus





- Sold alongside our HMO products
- NHP providers contracted for PPO Plus for available for in-network coverage. Outside NHP's service area, MultiPlan's PHCS Healthy Directions providers are available for in-network coverage.
- Members have the option to go to out-of-network for a higher cost share
- You can check eligibility and submit authorization/claims as you would with HMO
 Neighborhood
- PCPs and Referrals are not required

MassHealth ACO



MEMBERS

mycarefamily.org

- For health plan questions, visit mycarefamily.org or call NHP Customer Service at 1-800-462-5449 (TTY 711).
- Please call your treating provider within 48 hours of an emergency visit.
- For behavioral health (mental health and/or substance use) services, call Beacon Health Options at 1-800-414-2820 (TTY 711).

PROVIDERS

- For medical referrals and authorizations, visit nhpnet.org or call NHP Provider Services at 1-855-444-4647.
- For behavioral health referrals and authorizations, consult Beacon's provider manual at nhp.org or call Beacon Health Options at 1-800-414-2820.
- For pharmacy questions, call 1-800-421-2342.

This card does not guarantee coverage.

NHP-90 (09/15)

- Greater Lawrence Family Health Center, Lawrence General Hospital, and Neighborhood Health Plan have been awarded an ACO designation and will be known as My Care Family
- NHP MassHealth ACO ID card's have the My Care Family logo
- Referrals are required for members to see providers outside the My Care Family network



Provider Resources



Provider eNewsletter



January 2014 nhp.org/provider

Provider News

In this issue:

- Introducing The New NHP Provider e-Newsletter
- · Transition of Care
- · Commonwealth Care Extension
- Section 1202 PCP Rate Increase
- You Are Invited: MetroWest Regional Provider Meeting
- Sleep Management Solutions Portal
- · Access 90 and Mail Order Programs
- . New Standard Provider Information Change Form
- Prior Authorization, Notification, and Referral Guidelines
- . Electronic Funds Transfer and Electronic Remittance Advice
- Clinical Coverage Updates
- . Lifting the Referral Requirement for Routine Vision
- Provider Manual Update
- · Healthwise: Coronary Artery Disease

Introducing The New NHP Provider e-Newsletter

Update

We've simplified the look and feel of our Provider e-Newsletter. With this clean and simple format, you can easily read through the updates that are important to you and your organization.

Click on the hyperlinks listed in the table of contents at the top to quickly go to the selected article.

We hope you enjoy the new format and we welcome your



The monthly e-Newsletter is the primary way to receive the latest news and updates from NHP, including topics related to:

- **NHP Products**
- Health Care Reform
- Provider Technology
- Payment Policy
- Clinical Coverage
- **Authorization & Referrals**

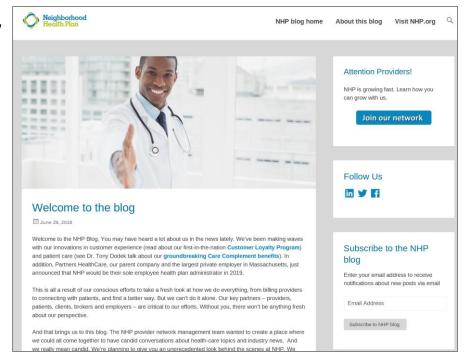
Sign Up Today on NHP.org/provider

Under the **News and Update** tab, click on **Provider Newsletter**. A sign up button is located on the left side of the page.



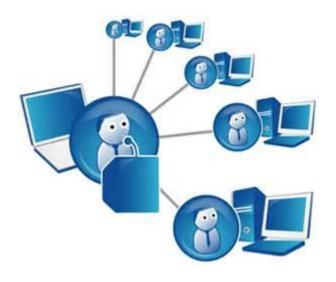
Provider Blog

- NHP recently launched a new Provider Blog to share our take on important healthcare and health insurance topics
- Join today at: www.nhp-blog.org





Network Trainings and Webinars

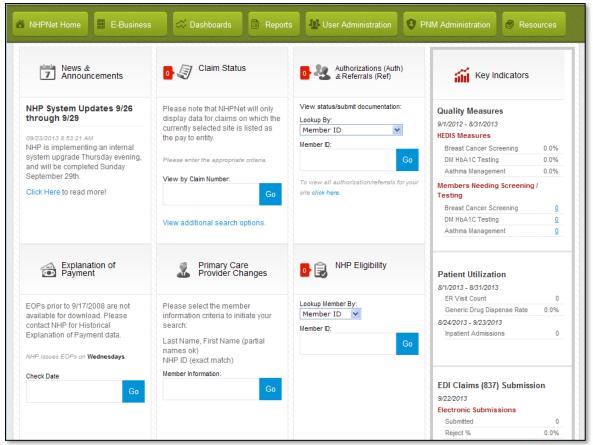


- NHP regularly offers webinar trainings to educate the network on updates
- Webinar included topics such as authorization updates and new provider technology demos
- We hope that your staff can join an upcoming training (future trainings will be announced in the newsletter and NHPNet)



Secure Provider Portal

Your Primary Resource for Member, Claims, and Provider Management





Provider Portal Capabilities

Member Management

- Check Eligibility
- Change PCP
- Member Roster Report
- Member Transaction Report
- Membership Redetermination Report

Provider Management

- Request Authorizations and Referrals
- Site Provider Roster Report
- Provider Documents
- Clinical Reports
- User Administration
- Site Authorization and Referral Report

Claims Management

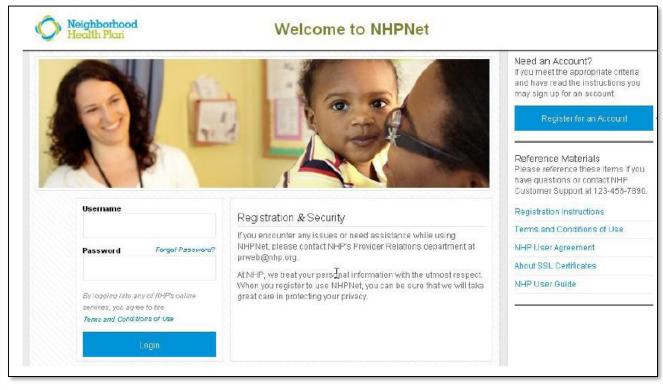
- Check Claim Status
- Claim Status Reports
- View Explanation of Payment
- Register for Electronic Funds Transfer,
 Electronic Remittance Advice,
 Explanation of Payment Suppression

nhpnet.org

Refer to the User Manual for specific functionality instructions



NHPNet - Register Today nhpnet.org



Registration Requirements:

- Provider/Group Name
- Federal Tax ID
- Choose your own Login
 ID & Password

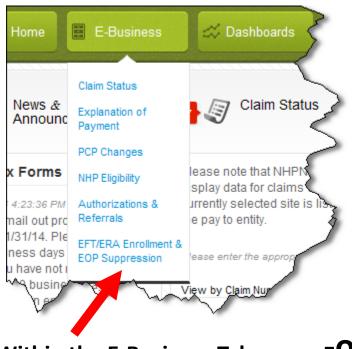
Access Requirements:

User Administrator



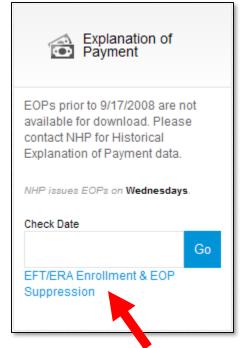
Register for EFT and ERA

You can access the **Electronic Funds Transfer and Electronic Remittance Advice** registration form on NHPNet by clicking on one of the available links from the homepage



Within the E-Business Tab

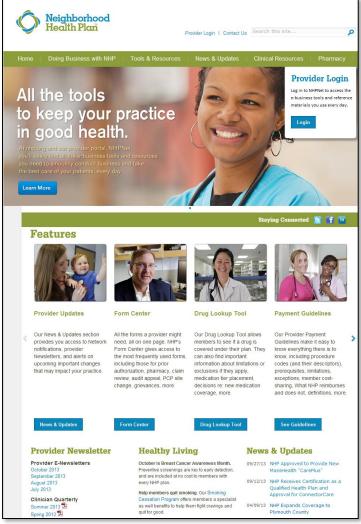
-or-



In the Explanation of Payment Box



NHP.org



NHP.org is our public site that includes resources for all our customers and partners.

Providers can find information on:

- News and Updates
- Provider Directory
- Provider Manual
- Payment Policy Guidelines
- Community Resources (SMART Neighbor)
- NHP Newsletters
- Covered Medications
- Forms & Applications
- Links to vendor websites
- Authorization Grid



Provider Manual

Policies and procedures **Provider Manual** Doing business with NHP Updated April 7, 2016 nhp.org **Neighborhood values** Neighborhood Health Plan what you value. A MEMBER OF PARTNER

The Provider Manual is a guide for providers to do business with NHP efficiently and effectively, and a resource for how to interact with NHP members.

Topics include:

- Member Processes
- Member Plan Information
- Benefit Coverage Information
- Provider Management
- Provider Portal
- Quality Management Programs
- Clinical Programs
- Utilization Management
- Billing Guidelines
- Pharmacy
- Appeals and Grievances

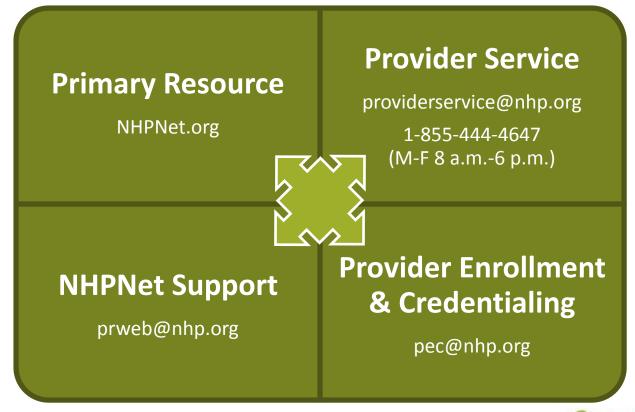


NHP Vendor Partners

Service	Vendor	Contact Info
Behavioral Health	Optum will be our BH partner beginning 1/1/19	
Preventative Dental Care	Delta Dental	Phone: 800-207-8214 deltadentalma.com
Electronic Funds Transfer	Change Healthcare	Phone: 877-389-1160 Email: WCO.Provider.Registration@changehealthcare.com
Select Cardiac Imaging, Select Molecular & Genomic Testing, Radiation Therapy, High-Tech Radiology	eviCore Healthcare	Phone: 888-693-3211 Fax: 888-693-3210 evicore.com
Sleep Studies	Sleep Management Solutions	Phone: 866-827-5861 Fax: 866-626-9338 sleepmanagementsolutions.com
Specialty UM Reviews	Medical Review Institute of America	Phone: 800-654-2422
Pediatric Vision	EyeMed	Phone: 888-581-3648



Contacting NHP

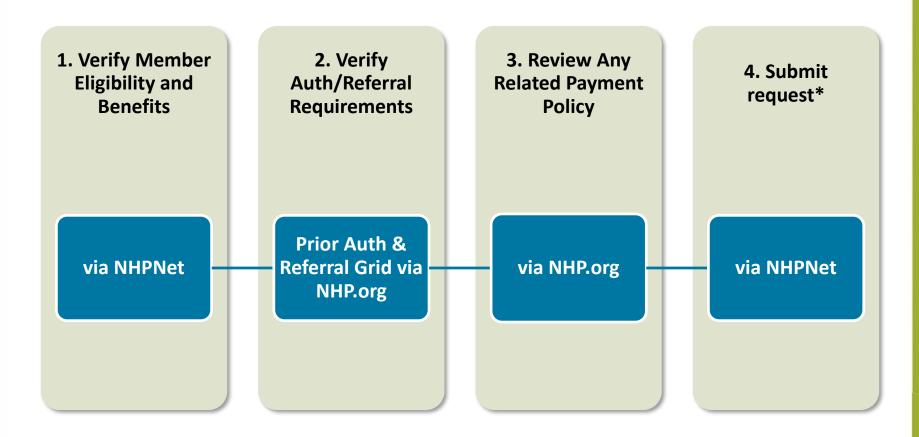




Processes and Programs



Authorizations and Referrals





^{*}Out-of-network requests must be faxed to NHP

Prior Authorization & Referral Grid



Prior Authorization, Notification and Referral Guidelines

The chart below is an overview of customary services that require prior authorization, notification for all Plans (MassHealth, Commonwealth Care and Commercial)

This Chart is not indented to be a statement on benefit coverage for all Products offered under a Plan type. Some Products in a Plan type may not cover a service included in this chart or may have restricted coverage. Limited benefit information has been included when this information is necessary to support a prior authorization, notification or referral requirement. Prior to scheduling a service, providers should check member eligibility, and evidence of coverage for the member's Product/Plan.

Service	Referral*	Prior Authorization Required	Notification	Comments
				★Not all Ambulatory Surgical Procedures require prior authorization. Please refer to the Surgical Day Care (SDC) Fact Sheet
				https://www.nhp.org/provider/Documents/SDCFactSheet.pdf
				Prior authorization must be obtained at least five (5) business days prior to an elective procedure date and may take up to 14 calendar days to complete.
Ambulatory Surgical Procedure		*Yes		Ambulatory Surgical Services include up to 8 hours of observation/recovery services. A separate notification/authorization number for the observation/recovery services up to the initial 8 hours is not required. When the observation/recovery services exceed the initial 8 hours, a separate and new notification/authorization is required.
day a second and a second and a second		A Same Sale	h. A 18th	When the observation/recovery services exceed the 8 hour period, a

The latest version can be found on nhp.org/provider



Verifying Benefits and Costshare

- Each group/member may have unique benefit and member costshare designs
- Remember to always verify benefits and costshare information
- Contact Provider Services for questions



eviCore Healthcare



- NHP partners with eviCore Healthcare for the following programs:
 - Selected Cardiac Imaging & Diagnostic Services
 - Selected Molecular & Genetic Testing
 - Radiation Therapy
- Submit requests through eviCore's portal at www.evicore.com





Provider Payment Guidelines

Find a Payment Guideline from our alphabetical list:

- · Allergy Testing and Allergy Immunotherapy
- · Ambulance Transportation Ground
- · Ambulatory Surgical Center
- · Anesthesia Services
- Bariatric Surgery
- · (Standard) Blood Products and Services
- · Chiropractic Care
- Coding
- · Colorectal Cancer Screening Colonoscopy
- Dermatology
- · Early Intervention Behavioral Analysis
- · Enteral Formulae Parenteral Nutritional Solutions
- Evaluation and Management (E/M) Services | Evaluation and Management (E/M) Services (Effective 8/1/2013)
- Hearing Aids (Effective 1/1/2013)
- · Home Health Care Agency
- · Home Infusion Including Enteral Nutrition
- Hospice
- Imaging Services | Imaging Services (Effective 1/1/2013)
- horton and Ratholog Prices

The latest version can be found on nhp.org/provider



Optum Selected as BH Partner Starting on 1/1/2019

- Starting in January 2019, Optum has been selected as our BH partner
- Optum will serve AllWays Health Partners Commercial and MassHealth members
- Optum has the largest behavioral health network in the U.S.
- We are dedicated to ensuring a smooth transition





Pharmacy Program

Pharmacy Benefit Manager: CVS/caremark

- Comprehensive over the counter (OTC) benefit
- Access 90
- Mail order (available only to Commercial members)
- Specialty Pharmacy program for certain injection & chemotherapy drugs
- NHP's Drug Lookup Webpage provides important pharmacy information to help you manage NHP's FlexRx pharmacy plans



Requesting Rx Prior Authorization

- 1) Complete an authorization request form: https://www.nhp.org/provider/pharmacy/Pages/Prior-Authorization.aspx
- 2) Contact CVS/caremark:

Non-Specialty Drugs

- Main Phone: 844-294-0395
- MassHealth
 - Phone: 877-433-7643
 - o Fax: 866-255-7569
- Commercial
 - o Phone: 800-294-5979
 - o Fax: 888-836-0730
- Qualified Health Plan (QHP)
 - o Phone: 855-582-2022
 - o Fax: 855-245-2134

Specialty Drugs

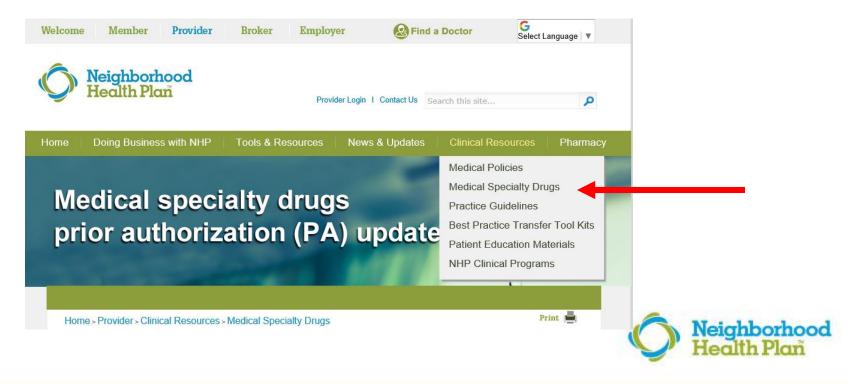
Phone: 866-814-5506

Fax: 866-249-6155



Medical Specialty Drugs

- Certain medical specialty drugs require prior authorization through CVS/caremark
- Visit the "Medical Specialty Drug" page for a full list



Supporting Our Members

- We provide members with various support options including:
- Understanding cost share
- Plan and benefit education opportunities
- Access to support tools and resources via our member portal





Claims Submissions

Submission Type	Filing Limit	Submit To:
Paper Claim	90 days from DOS	P.O. Box 853908 Richardson, TX 75085-3908
Electronic Claim (no attachments)	90 days from DOS	Payer ID: 04293
Level 1 Appeal (Universal Claims Appeal Form accepted)	90 days from EOP date	399 Revolution Drive, Suite 940 Somerville, MA 02145 Attn: Appeals
Level 2 Appeal (requires additional supporting documentation not submitted in the Level 1 appeal)	60 days from Level 1 denial date	399 Revolution Drive, Suite 940 Somerville, MA 02145 Attn: Appeals

On average, NHP pays clean commercial claims within 14 days



Thank you

