

**Neighborhood Health Providers
Suffolk Health Plan
Personal Care Agency Quick Reference Guide**

CONTACTS

Name/Function	Title	Department	Phone	Fax	Email
Deborah Campbell	VP-Care Coordination and Member Services For Authorization Questions	Clinical Services Care Coordination	800-765-3805	800-338-4195	dcampbell@royalhcc.com
Nesha Sakur	Manager of Contracts	Provider Network Management	212-808-4775 X111		nsakur@royalhcc.com
Steve Schneider	Asst. Director, Provider Network Management	Provider Network Management	212-808-4775 X184		sschneider@royalhcc.com
Authorization, Precertification and Case Management Services	For Provider	Care Coordination	800-765-3805- Option 1	800-338-4195	
Member questions and member support	For Member	Member Services	800-826-6240		
Provider Inquiries	For Providers: Billing, Claims or benefit Inquiries	Provider Services	800-558-7970	888-892-6130	

CLAIMS SUBMISSION

Procedure Codes	Where to Bill	Billing Frequency
<ul style="list-style-type: none"> • Can use a UB04 or CMS 1500 • If using UB04- use revenue code 240 • For level 1 use HCPCS code: S5130 • For level 2 use HCPCS code: T1019 • Bill in 15 min increments which equals 1 unit • Each hour equals 4 Units-Example if the member has 8 hrs/wk approved bill 32 units • For agencies with a contracted per diem rates for sleep-in attendants: use HCPCS T1020 • Mutual Recipients: Billing to be determined by DOH 	<p>NHP P.O. Box 6008 Hauppauge, N.Y. 11788-9007 Electronic (EDI) Submission:</p> <p>Emdeon submitter ID # 11325. For questions about Emdeon please call 1-800-845-6592</p>	<p>Bill weekly</p>

OUR WEBSITE

Website Address	Features
<p>www.getnhp.com</p> <p>Access the web portal for authorization, eligibility and claims by clicking into "NHP ONLINE."</p>	<p>Providers can</p> <ul style="list-style-type: none"> • Access our provider manual, benefit guides and other important and useful forms • Utilize the web portal to obtain claims status, submit claims, obtain Member eligibility and submit and check authorization status.

AUTHORIZATIONS/CASE MANAGEMENT

General Information	Level of Care	Timeframe and Process	Notification/Authorization
<ul style="list-style-type: none"> • NHP schedules all re-assessments which are completed by NHPs contracted CHAA. • NHP' Care Coordination staff provide case management (CM) services • Agencies can make CM referral by calling Care Coordination Dep. 800-765-3805 • NHP develops the plan of care for all members receiving personal care services • Agencies are responsible for the nursing supervision of their home attendants • Agencies can report any problems that are identified by their home attendants or nurses immediately to the Care Coordination Department and ask for the Personal Care Coordinator- 9:00 AM-5:00 PM M-F 	<p>Level 1: only up to 8 hrs per regulation</p> <p>Level 2: Over 8 hours</p>	<p><u>Current Authorizations</u> NHP is honoring all existing authorization and their time frames as approved by HRA with the exception of the 8 hr limitation for housekeeping services</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> For renewal/re-assessments- determinations will be completed in advance of the HRA expiration date. <input checked="" type="checkbox"/> Will approve all medically necessary services for 6 month increments <input checked="" type="checkbox"/> The authorization will indicate the number of hours approved per week <p><u>New Authorizations/Requests</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> New requests for personal care services will be completed within 14-28 days after request <input checked="" type="checkbox"/> Care Coordination processes the M11Q completion for all new requests. <input checked="" type="checkbox"/> Members, providers, family, case manager, or community agencies can make new requests for PCA services <input checked="" type="checkbox"/> All are based on the medical necessity <p><u>Appeals (See Provider Manual)</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> All denials can be appealed by the member, designee or provider <input checked="" type="checkbox"/> Health Attendant cannot act as designee. 	<p>Authorization letters will be sent to the Agency, the member and the ordering physician.</p> <p>Denial letters are sent for any personal care service requests that are denied or decreased</p> <p>Authorization status can also be viewed on our web portal at www.getnhp.com</p> <p>To request web portal training or information about our web portal, please call Provider Relations (see above) or go to www.getnhp.com</p>