

## **3 PROVIDER RELATIONS**

### **3.1 PROVIDER RELATIONS DEPARTMENT**

The Provider Relations Department is an important resource for our participating providers. This unit's primary function is to interact with participating providers and their staff for the purpose of training and educating about the Plan's policies and procedures. On-site provider training and education further emphasizes referral protocol, identification of eligible members, hospital admitting procedures and how to submit claims.

**The Provider Relations Department is Available  
Monday through Friday from 9:00 AM to 5:00 PM**

Provider Relations also performs the following tasks:

- Functions as a resource for other departments within the Plan such as Member Services, Utilization Management and Corporate Operations.
- Responds to and researches complaints and inquiries received from members regarding specific providers.
- Responds to, researches and tracks providers' questions and complaints.
- Responds to providers who wish to join our Plan.
- Maintains effective communication between members, providers and the Plan.
- Assists provider offices with the authorization and/or referral process.
- Assists in the creation of provider education materials, as well as conducts on-going provider training.
- Assists provider's offices in obtaining forms, manuals and care guidelines.

### **3.2 PROVIDER RELATIONS REPRESENTATIVES**

Provider Relations Representatives are each assigned a designated service area of responsibility and perform the following, for those providers within their designated service area:

- ❖ Welcome and orient the providers into the plan.
- ❖ Conduct Site Environment Reviews and Medical Records Review as part of the credentialing process for new providers, new or additional sites and as directed by the Assistant Vice- President for

Provider Network Management for existing providers as part of a general monitoring schedule (Provider Audits) or in response to a complaint.

- ❖ Visit each health center within the area at least twice per year (PR Representatives are required to schedule an appointment with the provider prior to the office visit).
- ❖ Conduct random monitoring of the schedule logs to determine compliance with access and availability standards.
- ❖ Liaise between the provider and other Plan departments.

Provider Relations Representatives are available to providers within their service area during normal business hours of operations for purposes of:

- ❖ Providing requested information and assistance on any inquiries;
- ❖ Setting appointments for plan-related meetings.
- ❖ Providing feedback on open issue(s).

Provider Relations Representatives complete a Provider File Update Form noting any change i.e., additional or new address, contact telephone(s), in the provider's practice and forward it to the attention of the Provider Network Support Analyst responsible for updating Provider information.

Provider Relations Representatives activities are documented in the Provider Site Visit Record, updates to practice and billing information are documented in the Provider File Update Form.

### **3.3 PROVIDER EDUCATION**

Provider Relations Representatives are responsible for the continuing education of our provider network.

Continuous education is done to ensure that providers are educated on Plan processes and requirements on an ongoing basis; and to enhance communication with participating providers and help create a positive working relationship.

For records and planning purposes, the Provider Relations Department tracks all continuing education activities undertaken by a Provider Relations Representative with each provider.

### **3.3.1 Provider Presentations**

Provider Relations Representatives coordinate provider presentations regarding managed care topics. Provider continuing education presentations may be conducted at participating hospitals or at a central network location. Provider Relations Representatives or management staff may make presentations for the Plan. Topics may include:

- Reinforcement of access, availability and referral procedures;
- Role of the primary care provider in a Medicaid Managed Care Plan or Child Health Plus plan;
- Recognition of specialty care problems in a primary care practice;
- Communication between PCPs and specialists;
- Changes in processes or benefit plan; and
- New and updated Provider Policies and Procedures.

### **3.3.2 Provider Newsletter**

A Provider Newsletter is mailed to all NHP Participating Providers on no less than a semi-annual basis. The goal of the newsletter is to educate providers on Federal, State and City regulation updates, QARR guidelines, communicate new Plan changes, reinforce policies and procedures, and to provide current topics in Medicaid Managed Care.

We recommend that you keep the Provider Newsletters with the Participating Provider Manual for reference.

Providers who wish to contribute ideas or articles should write to:

**Neighborhood Health Providers  
Suffolk Health Plan  
Attention: *Provider Relations*  
521 Fifth Avenue, 3<sup>rd</sup> Floor  
New York, NY 10175**

### **3.3.3 Fax Blasts**

Provider Network Management sends out fax blasts to all network providers with a fax number on record to update them of any revisions on Plan policies, Federal, State and City regulations affecting them or change or availability of revised provider information in the Plan website.

### **3.3.4 Plan Websites**

Participating providers can find comprehensive information and tools on our Plan websites such as the following:

- Member Eligibility
- Claim Status
- Submit Claims
- Request Review of a Claim
- Submit a Request for Prior Authorization of a Service or Inpatient Stay
- Provider Look-up by Name, Specialty or Condition
- NHP Provider Manual
- NHP Provider Directory
- Practice Information Change Form
- Transportation Reimbursement Log
- Incident Form
- AIDS Institute Order Form
- Benefits Summary
- DOH Reporting Requirements
- Practice and QARR Guidelines.

## **3.4 PROVIDER DIRECTORY**

The Provider Relations Department is responsible for producing a full updated provider directory no less than once a year. On a quarterly basis, an update of all changes for the quarter or a complete up to date provider directory is produced. Cumulative updates may be used for up to three consecutive quarters of changes.

On an annual basis, the Plan makes available an updated provider directory to each Medicaid, CHP, and FHP enrollee/household. Mental Health providers are included in the Provider Directory and quarterly updates.

An updated Provider Directory is available on our website.

### **3.5 PROVIDER NOTICES**

The Plan sends out Provider Notices periodically to keep providers informed of changes in NHP policy and procedure. These notices are also posted on our website. Please check the website on a frequent basis to make sure you are current with all provider notices.

### **3.6 PROVIDER COMPLAINTS**

A provider may register a complaint with the Plan by writing to or calling the Provider Services Department. The phone number and address for Provider Services can be found in Chapter 2 of this Provider Manual.

### **3.7 PROVIDER SATISFACTION**

NHP conducts an annual Provider Satisfaction Survey. If you are included in the survey sample, please take the time to complete the form so that we can incorporate your input in our performance improvements efforts.

