



# Neighborhood Health Partnership

## Answers to Frequently Asked Questions

### Q. Who do I call for assistance?

A. Our Member Services phone numbers are on your NHP ID card.

### Q. Does NHP have a website, and can I e-mail my questions?

A. Yes. Our website address is [www.myNHP.com](http://www.myNHP.com). Our website offers helpful information about NHP and your coverage. The NHP homepage offers a useful link for contacting us (click on "contact us"), with e-mail addresses and telephone numbers for other NHP departments, such as marketing.

### Q. What is on the NHP Web page?

A. NHP's website provides members with useful tools and guidelines. The website contains Members' Rights & Responsibilities Statement, Notice of Privacy Practices, Vaccines, Referral Reminder, Preferred Drug List, Behavioral Health Benefit Information, the latest member newsletters, Provider Lookup. If you would like a summary of the tools and/or guidelines, please contact Member Services at the phone numbers on your NHP ID card.

### Q. How do I order a new ID card, change my Primary Care Physician (PCP), or order a new Provider Directory?

A. Please call Member Services at the phone numbers on your NHP ID card.

### Q. How can I add a dependent to my NHP coverage?

A. You need to coordinate adding dependents through the HR department of the employer group through which you are covered. Your HR department can provide you with an NHP enrollment form. There are special rules regarding when dependents can be added. Your HR department can help you with this.

### Q. How do I obtain a referral?

A. Unless you are a member of the Access Option plan, you must coordinate all of your care through your PCP. You will need a referral from your PCP to visit an NHP specialist. However, you may access the following specialties without a referral from your PCP:

- Podiatry
- Chiropractic (12 visits per calendar year)
- Gynecology (one well-woman visit annually plus related follow-up care)

- Dermatology (5 visits annually)

- Alcohol/substance abuse treatment (services must be provided by NHP's Behavioral Health Network)

- Mental Health (services must be provided by NHP's Behavioral Health Network)

### Q. What is included in a referral?

A. A referral is a written recommendation from your primary care physician for you to see a specialist or receive certain healthcare services. Your PCP must issue the referral through NHP's automated referral system or by contacting NHP directly prior to your visit. Please discuss with your practitioner the tests and services which are included in the referral.

Test and services, not included in the referral or performed outside the specialist's office, require a separate authorization.

### Q. Who do I contact if I have a complaint?

A. If you have an inquiry or complaint about the service you received, your coverage or a provider, you may call Member Services at the phone numbers on your NHP ID card.

### Q. What if I'm still not satisfied with the resolution of the complaint?

A. If you are not satisfied with the resolution of your complaint you may file a formal written grievance within 180 days of the occurrence of the incident. Written grievances must be mailed to:

Neighborhood Health Partnership, Inc.  
PO Box 025680  
Miami, Florida 33102-5680  
Attn: Grievance Coordinator

If you need assistance preparing your grievance, you may call Member Services at the phone numbers on your NHP ID card.

### Q. How do I add my newborn baby to my coverage?

A. Please complete and return an NHP enrollment form within 60 days of your baby's date of birth. You can obtain



enrollment forms through the HR department of the employer group through which you are covered. If NHP receives your baby's enrollment form within 30 days of birth, NHP will not charge an additional premium for the first 30 days of coverage. NHP must receive your completed enrollment form within 60 days of your baby's date of birth.

**Q. Does NHP have a Quality Improvement program?**

**A.** Yes. To request a summary of the NHP Quality Improvement program's progress and achievements, you may call our Customer Service at the phone numbers on your NHP ID card, Monday through Friday between 8:00am and 6pm. For the hearing impaired (TTY), call 305-715-2322.

**Q. What drugs are generally not covered?**

**A.** In general, the following categories of drugs are either excluded, or have limitations:

- Appetite suppressants
- Erectile dysfunction drugs
- Infertility drugs
- Drugs used for cosmetic purposes
- Smoking cessation products
- Some injectables

**Q. How do I get care after my doctor's office hours?**

**A.** If it is not an emergency, you may call your doctor's office and work with his/her answering service to put you in contact with your doctor. If you are sick or injured, it can be difficult to make health care decisions. You may not know if you should go to the emergency room, visit an urgent care center, make a doctor's appointment or use self care. Nurseline Services can provide you information, support, and education for any health-related question or concern. An experienced Nurseline nurse can give you information to help you decide. You can call the 1-866-780-9857 Nurseline toll free number anytime, 24 hours every day.

If you have an emergency, go to the nearest emergency room. If you need urgent care services (minor injuries or illnesses that require immediate attention, but are not severe enough to go to the emergency room), go to one of the urgent care centers in NHP's network. If you are not sure you are experiencing an emergency, go to the nearest emergency room or call 911.

**Q. Does NHP have a Utilization Management program?**

**A.** Yes. NHP has a Utilization Management (UM) program to ensure that utilization decisions affecting the members' healthcare are done in a fair, impartial and consistent manner. The UM program components are pre-authorization, concurrent review, retrospective review and case management. The UM program is designed to make healthcare services available to members in a medically appropriate, accessible, cost-effective manner. These UM program components

coordinate their efforts to (a) evaluate service and care, and (b) make decisions regarding benefit coverage.

The following are brief summaries of each UM program component: **Pre-authorization** is the process of health services being reviewed before services are approved through the referral process. **Concurrent Review** is the process of continuous medical monitoring while the member is in an inpatient facility or receiving a plan of care. This review assures that all the days in the facility are medically appropriate. If services were needed after discharge, NHP would assist with the coordination of care in an alternative setting. **Retrospective Review** is the review of care rendered to a member without providing NHP appropriate notification or clinical data. NHP reviews the care rendered by requesting clinical information from the provider or facility. The review assures that services provided would have been approved as through the pre-authorization process. **Case Management** is the process where medical cases that are serious or medically complex are flagged and reviewed to assure that appropriate care is rendered to the member through a plan of treatment and the status of the member condition is updated. Close communication with the practitioner and the member are maintained.

The NHP Medical Management staff is accessible to practitioners and members to discuss UM issues, including UM decisions and questions about the program and process.

The Medical Management staff is available during normal business days from 8:30am to 5pm. Calls received after hours, weekends, and holidays are automatically forwarded to an after hours vendor that has access to NHP's Medical Director.

You may also call Member Services at the phone numbers on your NHP ID card.

**Q. How can I get copies of my medical records?**

**A.** You should request copies of your medical records from your PCP and your other providers.

**Q. What are the rules for changing my PCP?**

**A.** You may change your PCP once every month, and the change will be effective the first of the month following the request of the change.

**Q. How does NHP secure the confidentiality of my Protected Health Information (PHI)?**

**A.** NHP takes many steps to ensure that your Protected Health Information (PHI) remains confidential. Our routine notifications of our privacy practices includes: our commitment to your privacy; how NHP uses and discloses your PHI; other uses and disclosures permitted or required by law; your rights regarding your PHI; how to obtain further information; and how to file a complaint. NHP must ask for your authorization before disclosing your PHI for non-routine

purposes. NHP also allows you access to your PHI upon written request. Employees of NHP receive education and training to ensure that your written, oral, and electronic PHI is kept confidential. PHI transmitted electronically is encrypted and any documents containing your PHI are stored in a secure area with access limited to designated individuals. NHP uses, discloses and requests only the minimum amount of information necessary. NHP does not disclose PHI to your employer for employment-related purposes without your authorization, but may disclose PHI for plan administrative purposes. To obtain a complete Privacy Notice outlining all of NHP's Privacy Practices, call Member Services at the phone numbers on your NHP ID card.

**Q. How does NHP evaluate new technology for inclusion as a covered benefit?**

A. NHP reviews new technologies to determine their appropriate and safe application. NHP reviews literature developed by recognized medical and research groups, government agencies and UHC Medical Technology Assessment. This information is presented to NHP's Utilization Management committee, composed of primary care and specialist physicians, to determine if new technologies should be included in benefit packages. If you have questions on whether a new technology is covered by NHP, call Member Services at the phone numbers on your NHP ID card.

**Q. How do I obtain information about practitioners that participate in the NHP network (i.e. professional qualifications, specialty, address)?**

A. Call Member Services at the phone numbers on your NHP ID card.

**Q. Does NHP provide incentives for Utilization Management decisions?**

A. NHP does not use incentives that encourage barriers to care and/or service, or that reward inappropriate restriction of care. Rather, NHP encourages appropriate utilization while discouraging any under-utilization. NHP affirms that utilization management decision-making is based only on appropriateness of care and services and existence of coverage. NHP does not reward practitioners or other individuals conducting utilization review for issuing denials of coverage of service or care. No incentives are offered to encourage decisions that might result in under-utilization.

**Q. Why have an Advance Medical Directive?**

A. You can plan ahead by writing an Advance Medical Directive, also called an Advance Directive. This statement outlines the medical treatment you would want or names the person you would want to make healthcare decisions for you if you can no longer express your wishes. You can obtain additional information by contacting your Primary Care Physician's office or by calling NHP's Member Services at the phone numbers on your NHP ID card..