

3 Provider Relations

3.1 Overview of Network Management and Provider Relations

The Health Plus Network Management and Provider Relations Department establishes, maintains, and supports the plan's extensive provider network, which includes office-based clinicians, hospitals, health centers, and ancillary providers. The department is responsible for provider recruitment, contracting, credentialing and recredentialing. Once providers join the network, Provider Relations staff orient them to Health Plus programs and policies, keep them up-to-date on vital plan-related information, and address all customer service issues.

The department also maintains a provider database for quarterly reporting to the New York State Department of Health (NYSDOH), and for printing and mailing of the provider directory and other provider communication materials.

In the area of contracting and contract implementation, Provider Relations reviews and updates all contracts as needed, and investigates and resolves all provider complaints on payment issues.

Ongoing provider communication and training is accomplished by the Provider Relations Field Staff and the Provider Care Center (see below). The department also reviews performance evaluation data (based on New York State-mandated quality measures) with the Health Plus primary care physician network to ensure that members receive optimum primary preventive care.

3.2 Provider Care Center

The Health Plus Provider Care Center is a telephone-based support service—a 'one-stop shop' designed to give providers direct access to:

- The Provider Relations, Behavioral Health, Health Services and Quality Improvement Departments
- Member eligibility, benefit, claim and authorization information
- INFO PLUS by phone (24-hour automated service for member eligibility, claims status, and optometry benefit information, and for authorization of specialty visits)
- Answers to customer service and administrative issues

Providers need only remember the Provider Care Center number: 1-800-450-8753. By calling this number and following the voice prompts, providers may speak to a customer service representative from any of the departments mentioned above, or to a clinician if the call is routed to Health Services or Behavioral Health. Providers can also bypass the call center cues and be routed to the 24-hour INFO PLUS by Phone automated system.

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3.3 Provider Care Representative (PCR)

The PCR is a customer service representative who responds to Provider Care Center calls routed to the Provider Relations Department. PCRs provide initial intake and response to provider issues and complaints, and assist with their tracking and timely resolution. Each inquiry or complaint is recorded in the plan's computer system for follow-up and resolution. PCRs also handle inquiries that are sent by fax or mail.

Providers with inquiries on administrative issues, member eligibility, credentialing or claims status may call the Provider Care Center (1-800-450-8753) and speak with a Provider Care Representative Monday through Friday between the hours of 9 am and 6 pm.

After hours or for faster service during the day, providers may call the Provider Care Center and use the INFO PLUS by Phone automated system for their member eligibility, claims and authorization inquiries (call 1-800-450-8753 and press 1).

3.4 Provider Relations Field Staff

Health Plus provides all contracted providers with a designated plan representative, known as a Provider Relations Associate (PRA). The PRA is the provider's direct advocate within the plan and helps troubleshoot any issue or concern the provider may have. PRAs conduct on-site orientation sessions and regular follow-up visits to assure provider understanding of and compliance with Health Plus participation standards.

In order to maintain the accuracy of provider data, PRAs conduct periodic surveys to monitor provider office hours, appointment availability, and 24-hour access compliance.

Senior PRAs and Provider Relations Field Supervisors investigate broader provider concerns and develop strategies to resolve common issues in an effort to enhance the overall working relationship between Health Plus and the provider network.

The Health Plus Clinical Provider Educator (CPE) visits providers as needed to share information related to the plan's clinical guidelines, and provider performance on specific quality measures. The CPE also tracks trends of medical practice and collects, analyzes and reports data on provider practice and utilization patterns to the plan.



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3.5 Provider Complaints Review Process

The Health Plus Network Management and Provider Relations Department reviews and resolves provider inquiries and complaints that are unrelated to utilization review determinations.

Providers with complaints should contact their Provider Relations Associate (PRA) for assistance. If the matter cannot be solved by the PRA, then the provider will be referred to a senior associate or field supervisor. If the matter continues to be unresolved, it will be referred to a Provider Relations manager for final resolution.

To register their complaint, providers may call the Health Plus Provider Care Center (1-800-450-8753) or submit their inquiry or complaint in writing to:

Health Plus Provider Relations Department
335 Adams Street
Suite 2600
Brooklyn, NY 11201

A Provider Relations Associate (PRA) will acknowledge receipt of any provider inquiry or complaint within 5 business days. All cases handled by the Provider Relations Department are closed within 30 business days.

3.6 Provider Services

The following services are available to providers once they join the Health Plus network:

3.6.1 INFO PLUS Automated Services

INFO PLUS online is Health Plus's web-based information retrieval system. The enhanced web portal, available at www.healthplus-ny.org (click *Providers*, then *INFO PLUS*), allows all participating providers to obtain real-time member eligibility, claims, and authorization information.

INFO PLUS by phone is an interactive voice response system that provides member eligibility and claims information and allows primary care providers to request authorization for specialist visits. Call **1-800-450-8753** and press 1 to reach INFO PLUS by phone.

3.6.2 Provider Directory

The Health Plus Provider Directory is available both in hard copy and online. Our online directory service enables providers and members to create, download, and print directories customized according to their desired specifications (e.g., provider location, specialty, and gender). The online directory database is updated weekly and thus represents the most current information available on our network. Providers can access our online directory by logging on to our web site: www.healthplus-ny.org (click *Find a Provider*).

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3.6.3 Provider Notices

Health Plus sends out periodic Provider Notices to inform providers of important changes in plan policy and procedure. These notices are also posted on our web site: www.healthplus-ny.org (click *Providers* and then *News and Notices* on the provider home page).

3.6.4 Health Plus Web Site

The Provider Section of the Health Plus web site is updated regularly with important plan-related information and general health topics relevant to Health Plus members and their care. Go to www.healthplus-ny.org and click *Providers*.

3.6.5 Provider Newsletter

Health Plus publishes a periodic newsletter, *Health Plus News—Provider*, to keep providers up-to-date on plan news, health care quality issues, and policy changes. Each newsletter also includes a section entitled *Claims Corner*, specifically devoted to claims-related matters.

3.6.6 Provider Education Packets

Health Plus also distributes provider information packets on a variety of topics, including many of the quality measures used by the New York State Department of Health (NYSDOH) to rate our plan and its providers. Some of these topics include asthma management, diabetes care, appropriate antibiotic use, and childhood immunization.

3.6.7 Health Plus Physician Advisory Board

Health Plus Physician Advisory Board meetings are held twice a year to give physicians an opportunity to meet key Medical Management and Provider Relations staff and to raise issues of interest or concern. Health Plus invites a cross-section of participating primary care and specialty physicians to each meeting, during which the Chief Medical Officer gives a presentation outlining recent plan changes or new policy initiatives. The providers are then given an opportunity to comment and offer feedback or suggestions. Provider comments and suggestions are recorded by Health Plus and discussed in subsequent staff meetings. At the time of the next meeting, the Chief Medical Officer provides a detailed summary of the ways in which the plan has followed up on provider suggestions.

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3.7 Provider Credentialing and Recredentialing

To obtain an application and other credentialing information, providers may call the Health Plus Provider Care Center at 1-800-450-8753 and request a Provider Enrollment Kit. The initial credentialing process commences upon receipt of a completed application and all necessary supporting documents. If a provider meets Health Plus's eligibility standards as indicated in the Provider Enrollment Kit, Health Plus will follow a rigorous review process designed to ensure compliance with the plan's credentialing standards.

After initial credentialing, all contracted providers are recredentialled at least once every three years. Providers who are credentialed by delegated entities must also be recredentialled at least once every three years by that entity.

The recredentialing process requires that providers send updated credentialing information, a new signed attestation form, and current copies of the following documents (as appropriate):

- New York State Registration
- DEA certificate
- Professional liability coverage (face sheet of policy)

The Health Plus recredentialing process will also involve a review of provider performance indicators, which may include the following:

- Member complaints
- Results of the Provider Performance Analysis (see section 4.7)
- Results of quality reviews and quality improvement activities (e.g., focused studies, incident reporting, and QARR/HEDIS performance)
- Utilization management performance
- Member satisfaction surveys
- Sanctions, adverse professional actions and malpractice history

Upon receipt of a completed recredentialing packet, Health Plus conducts another rigorous review process, in accordance with the plan's credentialing standards.

The provider is notified in writing of Health Plus's recredentialing decision. If recredentialing is denied, the provider is informed of his or her right to appeal the decision and given instructions on how to initiate this process.



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Processing of Initial Applications

In order to comply with New York State Department of Health regulations, Health Plus must review health care provider applications and notify applicants of the outcome within 90 days of receiving a completed application. Notification will confirm one of the following:

- The health care provider has been credentialed.
-or-
- Additional time is necessary to make a determination in spite of Health Plus' best efforts.
-or-
- Additional time is necessary for review due to failure of a third party to provide necessary documentation, or to other non-routine or unusual circumstances.

When additional time is required due to a lack of necessary documentation, Health Plus will make every effort to obtain such information as soon as possible.

If an incomplete application is received, or if Health Plus is not currently accepting additional providers, Health Plus will notify the applicant as soon as possible, but no later than 90 days from receipt of the application. For incomplete applications, Health Plus will establish a new completion date (and subsequent review period) once all required information has been received.

A completed application must include:

- All information and documentation required for review and consideration for Health Plus network participation, submitted by the applicant (or his/her designee).
- Complete response to all parts of the credentialing application, including full details and summaries, as applicable.

The application package includes specific instructions on the items necessary to complete an application.

Board Certification Requirement

Physicians must be Board Certified in the specialty for which they are seeking privileges. These specialty boards must be recognized by Health Plus (ABMS or AOA boards for physicians). Podiatry specialty board certification is not mandatory, but appropriate education and training will be confirmed. If not board certified at the time of application, physicians must become board certified within five years of completing their training program.

If trained outside the United States, Canada or Puerto Rico, physicians must have Educational Commission for Foreign Medical Graduates (ECFMG) certification.