Health New England

Where you matter.

Administrative Procedures

Effective Date 1/1/2021 | Revised Date 11/1/2023

Provider Record Changes

Based on the requirements of the No Surprise Act of 2022, providers are obligated to verify their provider directory information at least once every 90 days. Failure by providers to confirm current and accurate provider directory information requires the removal of the provider or facility from the Health New England (HNE) directory.

Provider should validate and update their provider directory data in CAQH for distribution to HNE. Please refer to the Provider Directory Validation and CAQH Initiative at http://hnetalk.com/provider for more information

Please notify HNE of changes involving telephone numbers, addresses, hospital affiliations, tax identification numbers, coverage arrangements and panel status by completing the Standardized Provider Information Change Form located at: https://www.hcasma.org/attach/Provider_Information_Change_Form.PDF

Mail:	Health New England Attn: Provider Enrollment One Monarch Place, Suite 1500 Springfield, MA 01144
Fax	(413) 233-2665
Website	https://www.hnedirect.com/login

Provider Address and Telephone Number Changes

Changes of address and telephone number must be communicated to HNE in writing no less than

60 days from the effective date of the change. When informing HNE of an address or telephone number change, providers should specify whether the change is for an office address or phone number, billing address or phone number, or both.

Physician Participation in PHOs or Medical Groups

Physicians that establish or terminate membership(s) in a Physician Hospital Organization (PHO) or Medical Group, or enter into other arrangements that may affect participation status must notify HNE in writing not less than 60 days prior to the effective date of the change. Such change in status may have an impact on payment terms and contractual obligations. The failure of physicians to properly notify HNE of such change in participation status may result in delayed or incorrect payments.

Physician Primary Hospital Affiliation Changes/Additional Hospital Affiliations

If physicians want to add, change or delete their primary hospital affiliation with HNE, the request must be submitted no less than 60 days prior to such change. The notification must indicate the reason for the change and the effective date of the change.

Provider Tax Identification Number Changes

When providers have a change in their Federal Tax ID number, HNE must be notified in writing at least 60 days prior to the change. When notifying HNE of the change, the following information must be provided:

- New Federal Tax ID number
- Need W-9
- The name to which checks should be made payable
- Billing address
- Billing phone number
- Effective date of change

Provider Coverage Arrangements

HNE requires all providers to make arrangements for care for members 24 hours a day. HNE must be notified in writing of any provider coverage arrangements. HNE also must be notified in writing at least 60 days prior to any changes in provider

coverage arrangements. If a physician does not properly notify HNE of coverage arrangements or changes in such arrangements, delayed or incorrect payments may result.

PCP Panel Status Changes

PCPs may change their panel status by notifying HNE in writing. PCPs may change the age restriction placed on their panels and may change restrictions on accepting new patients. If a change places a greater restriction on the PCP's panel, the change will be effective 30 days from the date that HNE received the request. Any change that reduces or eliminates a restriction to a PCP's panel will be effective immediately upon receipt of the request. Categories of PCP panel status are described below:

ALL	Any member who chooses this PCP will be added to the PCP's panel provided the member is within the age restrictions that the PCP has provided to HNE. A PCP with a panel status of "ALL" will appear in the Provider Directory with no asterisk (*) following his or her name.
EXISTING	Only members who are patients of this PCP at the time they became HNE members will be added to this PCP's panel. All HNE members are asked if they are existing patients of the PCP that they have selected. A member who answers Yes will be added to the PCP's panel. If the member answers No, the member will not be added to the PCP's panel. The PCP's name will appear in the HNE Provider Directory with an asterisk (*) to denote that the PCP is accepting existing patients only.
CLOSED	Neither new nor existing patients will be added to this PCP's panel. PCPs with a closed panel will not appear in the HNE Provider Directory. PCPs must not treat HNE members differently from non-HNE members with respect to closed panel status.

PCP – Removing a Member from the Panel

The physician-patient relationship is a personal one that may become unacceptable to either party. If this happens, the PCP may request that a member be transferred to another PCP. The PCP may not request a member's transfer for discriminatory reasons, because of the amount of medical services required or because of a member's physical or mental condition. The PCP's reason for removing a member from his or her panel must be approved by HNE.

To remove a member from a PCP's panel, the PCP must send a letter to the member, with a copy mailed to HNE, requesting that the member choose another PCP and explaining why the PCP is making the request. Once HNE receives the letter, the HNE Member Services Department will contact the member to assist with selecting a new PCP. From the time HNE contacts the member, the member will have 30 days to select a new PCP. After 30 days, HNE will assign the member a new PCP if necessary. HNE will then send a letter to the member advising them of the change. You may not remove a member from your panel until another PCP is selected. You must continue to treat the member during this transition period.

Provider Communications

Material changes to policies and procedures that require provider notification occur at least 60 days in advance of the effective date of the change. These changes are communicated in writing and will be available online. Online provider resources include http://healthnewengland.org/provider, https://www.hnedirect.com/login or http://hnetalk.com/provider/.

Requests for Medical Records

To the extent permitted by state and federal law, HNE may request medical records or other appropriate records of members from providers for the orderly delivery of care, peer review or claims processing. Providers may not charge HNE for the photocopying of medical records or invoices, nor will HNE pay a hospital fee or be required to produce a separate signed patient authorization.

PCP Data

HNE collects and maintains data regarding utilization of services, membership, and financial performance with respect to PCPs. This data is sorted by risk unit, provider group, and individual practitioner. The data is compiled and summarized, and these

reports are presented to physician unit leadership on a regular basis. Reports may contain data that is specific to individual physicians and may pertain to pharmacy utilization, adherence to clinical guidelines, performance within clinical initiatives or individual patterns of utilization. Case mix and efficiency scores also are reported on a regular basis.

HNE will monitor all data for possible under- or over-utilization of services. Such findings will be presented to practitioners in a manner appropriate to their importance. All measures are compared to peer benchmarks, and confidentiality is maintained at all times.

HIPAA Privacy Requirements and Patient Information Needed for Utilization Management, Case Management and Care Coordination

HNE conducts utilization review, case management and care coordination activities for payment and health care operations purposes. In order to perform these activities, HNE often needs patient information such as office notes, diagnostic results, and treatment plans.

Some physicians have expressed concern about whether they may disclose medical record information to HNE in light of the Privacy Rule requirements of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA allows covered entities, which includes physicians and health plans, to use or disclose protected health information (PHI) without an individual authorization from the patient for treatment, payment and some health care operation purposes, and for certain other specific purposes outlined by the HIPAA Privacy Rule [45 C.F.R. & 164.506(c)(4)].

Specifically, covered entities may disclose PHI to other covered entities for the other covered entity's treatment, payment and limited health care operation purposes, as defined by the Privacy Rule, as long as the request relates to current or former patients or members [45 C.F.R. & 164.506(c)(4)] .

Under the Privacy Rule, HNE's utilization review activities qualify as both payment and health care operations, and care coordination activities qualify as health care operations. Therefore, the disclosure of health information by physicians to HNE for these purposes is permissible without an individual authorization from the patient under the HIPAA Privacy Rule.

HNE recognizes that physicians are concerned with compliance with applicable privacy laws. We share those same concerns and will proceed only in a manner that is consistent with applicable laws, as outlined above. For more information on HNE Privacy and Compliance, visit https://healthnewengland.org/privacy-and-disclaimer-statement. Providers can contact HNE's Compliance Department as follows:

Email: compliancedepartment@hne.com

Ethics/Compliance Hotline: (800) 453-3959

Concierge Services

A provider may not charge a member a fee as a condition of being part of the provider's panel of patients. Notwithstanding the foregoing, the Massachusetts Division of Insurance requires that physicians provide advance disclosure to HNE that the physician intends to charge members an annual fee as a condition of inclusion in the physician's panel of patients. HNE requires sixty (60) days prior written notice of the establishment of any such fees.

Provider Collection Policy

Provides should submit claims to HNE prior to collecting any portion of a member's deductible and coinsurance. If a provider collects from the member prior to submitting a claim to HNE, providers and members are responsible to coordinate mutually acceptable terms for collection of a member's deductible and coinsurance obligations.

In no event may a provider collect payment from an HNE member for an HNE covered service for more than the member's current estimated remaining deductible obligation as of the date of service.

In the event that an amount in excess of member's actual obligation is inadvertently collected, the provider or facility must promptly remit such excess amount to the member upon verification from the provider's or facility's EOP or member's EOB.

HNE supports the use of standardized disclosure and authorization forms to facilitate dialogue between providers and members regarding financial responsibility and to establish expectations and facilitate collection of member deductible and coinsurance payments. In all cases, HNE expects providers or facilities to apply collection practices that are no more restrictive to HNE members than those applied to members of any other commercial payers.

Sample Statement of Understanding

Use the Statement of Understanding for services that HNE will not cover for which the member intends to accept full financial liability. If your office uses a different Statement of Understanding, it is only valid upon HNE's review and approval. This form is <u>not</u> applicable for Medicare Advantage Members. This form should only be used in one of the four circumstances described on the form:

<u>Member Assumption of Financial Responsibility for Medical Services</u>

<u>Statement of Understanding</u>

I understand that a Health New England provider may not require me to sign this Statement of Understanding as a condition of receiving services unless one or more of the following conditions exist on the date below (date services provided):

1. These services are normally provided by my primary care provider and I have decided to request services from the below named provider who is not my primary care provider.

or

2. These services exceed my benefit limitation.

or

3. These services are not covered services under my plan.

or

4. These services have not received prior approval.

I acknowledge that I have voluntarily sought the services of (name of provider) _____ who is an HNE participating provider. I accept full responsibility for paying for these services provided today by the above named provider. I understand that Health New England will not pay the provider, or reimburse me, for the cost of today's services, or any subsequent or ancillary medical services that the provider may order today on my behalf as a result of today's visit.

I understand that this Statement of Understanding is not an acceptance of financial responsibility for any services other than those services provided or ordered today.

_____ _____

Patient's Name *(please print or type)* Patient's HNE ID Number

_____ _____

Patient's Signature Today's Date

_____

Parent/Guardian Signature
(if under 18 years of age)