



Neighborhood Health
Partnership

A UnitedHealthcare Company

MEMBER Newsletter

September 2008

Choosing Your PCP

**Keeping Your Health
Information Private**

**How to File a
Grievance or Voice
a Complaint**



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7600 Corporate Center Drive
Miami, FL 33126



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The Member Newsletter is published as a community service for the friends and patrons of NEIGHBORHOOD HEALTH PARTNERSHIP, Corporate Office, 7600 Corporate Center Drive, Miami, FL 33126, Customer Services: 305-715-2500 (in Miami-Dade County) or 800-354-0222 (outside Miami-Dade County), or 305-715-2322 (for the hearing-impaired), www.myNHP.com.

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New Technology

Through its affiliation with United Healthcare, NHP stays on the cutting edge with new medical technology, and reviews new and emerging technologies to determine their appropriate and safe application.

The team reviews literature developed by recognized medical and research groups, government agencies, and specialty societies. This information is presented to the National Medical Technology Assessment Committee to determine if a new technology should be included in benefit packages. If you have questions about whether a new technology is covered by NHP, call Customer Services at 800-354-0222 (outside Miami-Dade County), 305-715-2500 (inside Miami-Dade County) or 305-715-2322 (TTY), Monday through Friday, 8am to 6pm.

Here are some of the things you can find on our web site:

- Resources on myNHP.com
- Frequently Asked Questions (FAQ) including pharmacy questions.
- Preferred drug list (PDL)
- Vaccinations
- New Technology Assessments
- NHP Affirmative Statement regarding Utilization Management Decisions
- Search for in-network providers
- Grievance Rights and Process (including external), how to voice a complaint.
- Member's Rights and Responsibilities
- Referral information
- Articles on Patient Safety
- Member newsletters (issues and archive)
- Ordering a new ID card Web Privacy Statement
- NHP Utilization Management (Access and Information)
- Forms (Available for download: POS Claims form, Grievance forms, Member rights and responsibilities, Appointment of Representative, Authorization for Use and Disclosure of PHI, Preferred Drug List)
- Member Handbook

Keeping Your Health Information Private

NHP takes many steps to ensure that your Protected Health Information (PHI) remains confidential.

Routine notification of our privacy practices includes:

- A statement of our commitment to your privacy
- An explanation of how NHP uses and discloses your PHI, and other uses and disclosures permitted or required by law
- Your rights regarding your PHI
- How to obtain further information
- 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 and claims information upon written request.

Employees of NHP receive education and training to guarantee

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 we may disclose PHI for plan administrative purposes. To obtain a complete privacy notice outlining all of our privacy practices, please call Customer Services Monday through Friday from 8am to 6pm at: 305-715-2500 (in Miami-Dade County) or 1-800-354-0222 (outside Miami-Dade County). For the hearing impaired (TTY), call 305-715-2322.

Talks About Incentives

NHP has established a utilization management program with the primary goal of offering a health care delivery system that promotes the achievement of positive outcomes in the most cost-effective manner, without compromising the quality of care we offer. This allows us to be competitive in the market, and at the same time provide an affordable premium and health plan.

Underutilization of health care and services poses a risk to the health and safety of NHP members. Underutilization could mean our members were not receiving proper preventive care needed to stay healthy. It could also lead to limited member access to outpatient/inpatient care and inappropriate emergency room use.

NHP monitors the utilization practices of its practitioners and providers, looking to detect and correct potential underutilization.

NHP does not use incentives that encourage barriers to care and/or service, or that reward inappropriate restriction to care. Rather, we encourage appropriate utilization while discouraging any underutilization.

To do this, NHP distributes a statement describing the basis for our utilization management decision-making to all of our providers, employees and members. With this statement 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 underutilization.



Choosing your PCP

Finding an in-network physician and obtaining information on a provider

When you enrolled with Neighborhood Health Partnership, you should have chosen a Primary Care Physician (PCP) for yourself and each covered member of your family.

It's important to build a relationship with a provider who is right for you. If you need help choosing your PCP, or if you wish to choose another, NHP has several ways to assist you. Search online NHP now offers many member services through our web site, www.myNHP.com. You can search for a physician in your area with the online provider directory.

- Click on the "Find an NHP: Provider" link on the home page.

- Search by using any or all of the following pieces of information: a ZIP code, the county or the provider name (first or last).



If a physician or other health care provider does not appear in the directory, please contact Member choosing YOUR PCP Services for assistance. At the present time, this online feature is able only to locate a PCP that fits your needs. Once you select a provider, you will need to call Member Services at the numbers listed below to request a change of provider.

However, our NHP web site is continually being enhanced to serve your needs better. In the coming months, we will

be upgrading this feature so that you will be able to change your PCP directly through the web site, with no follow-up call required.

Provider directory: The NHP provider directory includes listings of our network pharmacies, hospitals, specialists and medical service locations. Provider listings include each provider's name, address and phone number; the office language capabilities; and the provider's hospital affiliation. If you wish to change your PCP, please use this directory, and then call Member Services at the numbers listed below to notify us of your selection. Additional copies of the provider directory can be ordered or printed from the web site.

We're here to help: Our Member Services representatives can assist you in choosing or changing your PCP. Our Member Services can also give you specific information about providers in the network that has been obtained through the credentialing process, such as languages spoken in the office.

Please have your member ID number (or Social Security number) and your new PCP selection available when you call. To protect your privacy, NHP allows only the member to change his or her PCP. Members may make changes on behalf of their minor children. Neighborhood Health Partnership is continually working to provide you with quick and easy access to the services you need most. Please call us or visit us online to let us help you choose your next PCP.

Call Our Customer Services representatives are available Monday through Friday, 8am to 6pm, at 305-715-2500 (in Miami-Dade County), 1-800-354-0222 (outside Miami-Dade County) or, for the hearing impaired (TTY), 305-715-2322.



Member's Rights and Responsibilities

Empowering you for better health care.

Empty words don't make you feel better. A better health care company does.

That's why we created the Member Bill of Rights and Responsibilities. It outlines exactly what you can expect from your health care experience and how you can improve that experience, too.

You have the right to:

- Be treated with respect and dignity by Neighborhood Health Partnership, Inc. personnel, network physicians and health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive.*
- Voice concerns about the service and care you receive.
- Register complaints and appeals concerning your health plan and the care provided to you.
- Receive timely responses to your concerns.
- Participate in a candid discussion with your physician about medically appropriate treatment options for your conditions, regardless of cost or benefit coverage.
- Be provided with access to physicians, health care professionals other health care facilities.
- Participate with your physician and other health care professionals in decisions about your care.
- Make recommendations regarding Neighborhood Health Partnership, Inc.'s member's rights and responsibilities policy.
- Receive information about Neighborhood Health Partnership, Inc., our services, network physicians and health care professionals.
- Be informed of, and refuse to participate in, any experimental treatment.
- Have coverage decisions and claims processed according to regulatory standards, when applicable.
- Choose an Advance Directive to designate the kind of care you wish to receive should you become unable to express your wishes.

*See notice of Privacy Practices in your Summary Plan Description or your Certificate of Coverage for a description of how Neighborhood Health Partnership, Inc. protects your personal health information.

You have the responsibility to:

- Know and confirm your benefits before receiving treatment.
- Contact an appropriate health care professional when you have a medical need or concern.
- Show your member ID card before receiving health care services.
- Pay any necessary co-payment at the time you receive treatment.
- Use emergency room services only for injury or illness that, in the judgment of a reasonable person, requires immediate treatment to avoid jeopardy to life or health.
- Keep scheduled appointments.
- Provide information needed for your care.
- Follow agreed-upon instructions and guidelines of physicians and health care professionals.
- Participate in understanding your health problems and developing mutually agreed-upon treatment goals.
- Notify your employer's human resource department of changes in your address or family status.

Visit our Web site myuhc.com, or call Customer Care when you have a question about your eligibility, benefits, claims and more.

Access our Web site mynhp.com or call Customer Care to verify that your physician or health care professional is participating in the Neighborhood Health Partnership, Inc. network before receiving services.

Pharmacy Information

As part of your pharmacy benefit, Medco Health Solutions, Inc. (Medco) offers access to a suite of online tools and information to help you get the most from your pharmacy benefit. All you have to do is log on to www.365wellst.com to:

- Find prescription drug costs
- Search for lower-cost alternative medications
- Order maintenance medications through mail order
- View your prescription claims history
- Locate a pharmacy



Prescription Drug List

Our Prescription Drug List is a list of prescription medications, including brand name and generic medications, that have been approved by the United States Food and Drug Administration (FDA) as safe and effective. It is a tool that helps guide you and your doctor in choosing medications that allow the most effective and affordable use of your pharmacy benefit. The Prescription Drug List is subject to review and modification.

For a copy of the Prescription Drug List please go to: www.mynhp.com/member/pharmacy Do you have questions? You may also call our Customer Services Department at 305-715-2500 (Miami Dade) or 1-800-354-0222, Monday through Friday between 8am and 6pm. For the hearing impaired (TTY), call 305-715-2322.



Helping you resolve your problems

How to file a grievance or voice a complaint

NHP strives to provide every opportunity to give you access to our grievance and appeals process when dealing with difficult situations. We believe that honest and open communication with our members is the best way to resolve conflicts. However, in some instances dialogue alone will not result in a resolution, and the formal grievance process must be used. We want to remind each of our members how best to gain access to this channel of communication with NHP.

File by phone or by mail

You may file a grievance by calling Customer Services at 305-715-2500 (in Miami-Dade County), 1-800-354-0222 (outside of Miami Dade County) or 305-715-2322 (for the hearing impaired) Monday through Friday, 8am to 6pm.

You may also write to the address below:

Attn: Grievance and Appeals
Neighborhood Health Partnership
P.O. Box 025680
Miami, FL 33102

If someone other than you requests a grievance on your behalf, an Appointment of Representative form (AOR) will be requested. Once a completed AOR is received, your case will be opened and you will receive an acknowledgment letter.

Items to include. The grievance request must contain the following information:

- The member's name, address and NHP identification number (ID)
- A summary of the grievance(s), any previous contact made with the plan and a description of the relief sought
- The member's signature
- The date the grievance was signed

Note: Please be advised that grievances must be submitted within 365 days of the occurrence about which the member is seeking redress.

Level 1 grievance process

The member files a complaint or formal written grievance with NHP. The grievance and appeals administrator or designee is responsible for reviewing and resolving a level 1 grievance. The grievance will be referred to the proper department head for the initial review and decision.

Level 2 grievance process

If the member is not satisfied with the outcome of the level 1 grievance, the member may request to have his or her grievance heard before the Grievance Committee Panel. The Grievance Committee Panel is composed of NHP personnel not involved in the decision at the previous level. The member may present his or her case before the committee in person or by other means agreed to by both the member and the committee, such as in a telephone conference or through other means of technology.

MEETING your CONCERNS

External Grievance and Appeals

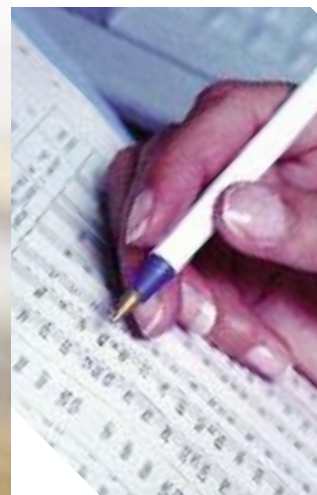
In an effort to serve our members in the best way possible, NHP strives to provide each of you with every opportunity to avail yourselves of the plan's grievance and appeals process in dealing with difficult situations. We believe that honest and open communication with members is the best way to resolve conflicts; however, in some instances, dialogue alone will not result in a resolution and the formal grievance process must be used. Therefore, we want to remind each of you how you can best gain access to this channel of communication at NHP.

Upon completion of NHP's internal grievance process or at any time during the grievance process, if you are not

satisfied with the resolution, you may also file a grievance with the Subscriber Assistance Program.

You may call them at 1-888-419-3456, or write to the panel at 2727 Mahan Drive, Tallahassee, FL 32308.

For more information about your external grievance and appeals rights, please refer to your Member Handbook or Evidence of Coverage. Call at any time during the grievance process, NHP members may contact the Agency for Health Care Administration about quality-of-care issues at 1-888-419-3456 or the Department of Insurance about billing issues at 1-800-342-2762.



**Subscriber
Assistance Program
1-888-419-3456**



QI Program

Neighborhood Health Partnership (NHP) has successfully maintained a Quality Improvement (QI) program since 1995. The QI program is responsible for coordinating and monitoring activities performed throughout NHP. The implementation and ultimate goal of the QI department is to improve the quality of clinical care and services offered to NHP members and providers. In order to ensure continued excellence in such, an annual schedule is generated that indicates how we monitor, report, and implement quality activities. Many NHP departments use performance goals and industry standards as the basis for determining quality. NHP has continued to demonstrate significant improvements in care and service initiatives.

The QI program applies continuous quality improvement guidelines to deliver the appropriate care and services to NHP members. It is NHP's priority to provide its members an effective and efficient way to make use of their healthcare resources. We believe the ability to achieve a desirable, healthy outcome for an NHP member begins with the delivery of quality care and services. The overall goal of the QI program is to provide quality care and services to NHP members through a comprehensive quality management system that addresses key aspects of clinical care and services. For example, NHP has continued to successfully implement the current health management programs for Cardiac diseases and OB patients. This included providing services to more than 10,000 members annually as well as continuity of care for its members.

If you would like a summary of NHP's QI program, its goals, progress and achievements please contact our Quality Assurance staff at 305-715-2279.

Accessibility to Medical Management Staff

NHP Staff is accessible to members to discuss Utilization Management (UM) issues including UM decisions and questions about the UM Program and process.

The Customer Services staff is available on normal business days from 8:30 a.m. to 5:00 p.m. You may call Customer Services at 305-715-2500 or 1-800-354-0222, outside Miami-Dade County, for questions about the UM process or to request a summary of the UM program. The Customer Services staff is trained in responding to question about the UM process. Additionally, access to the UM department can be obtained, if necessary, by contacting the Customer Services line. For the hearing impaired (TTY), call 305-715-2322.



Can You Benefit from Case Management?

Neighborhood Health Partnership, Inc., through its affiliation with Optum® to offer personal health management solutions to help our members stay healthy, get healthy and live with illness. Case Management involves the process of identifying members at risk, assessing and planning for their healthcare needs. Criteria for case management include, but are not limited to, specific conditions, frequent hospitalizations or emergency room visits. If you feel that you may benefit from case management services, please contact our Customer Services Department Monday through Friday from 8am to 6pm at: 305-715-2500 (in Miami-Dade County) or 1-800-354-0222 (outside of Miami-Dade County). For the hearing impaired (TTY), call 305-715-2322.