



**NX Health Network** is a High Value PPO Network offering providers a cutting edge alternative to the standard “any willing provider” PPOs that provide limited ability to increase patient volume and revenue. As a contracted NX Health Network provider, you have been selected to be a premier provider of this select network and we ask that your office become familiar with the below information.

## **PROVIDER RESPONSIBILITIES**

### **THE PRIMARY CARE PROVIDER**

Primary Care Physicians (PCPs) are responsible for rendering quality care effectively and efficiently. Each PCP is responsible and accountable for the coordination, supervision, delivery and documentation of medical services to their patients.

### **SPECIALTY CARE PROVIDER ROLE**

Specialty Care Providers are qualified and licensed to provide comprehensive medical services in a designated specialty.

### **PATIENT CARE RESPONSIBILITIES**

#### **After-Hours Coverage**

Network providers must have 24 hours per day, 7 days per week coverage. It is not acceptable to use the emergency department as coverage. The emergency department should only be utilized for members that require emergency services. Network Providers should have an afterhours/holiday(s) answering service or recorded message which directs the patient when the practitioner is not available.

All Network providers shall provide adequate access to routine and urgent appointments.

Appointment Availability access standards are as follows:

- \*For preventive care services from a contracted PCP or Specialist – within 4 weeks from the date of request.
- \*For routine-care services from a contracted PCP or Specialist – within 7 business days from the date of request if medically necessary.
- \*For Urgent or Sick visits from a contracted PCP or Specialist – within 24 hours from the date of request. If request is made after hours or on a holiday, the patient should be referred to the nearest contracted urgent care or emergency room.

All Network providers shall instruct their patients on the appropriate use of the emergency room vs. the use of an urgent care facility after hours and on holidays.

Network providers are required to provide education to their Members regarding various and/or applicable disease states and the importance of regular health maintenance visits.

#### **Preventive Care**

PCPs are responsible for providing appropriate preventive care to all Members; including, but not limited to, immunizations, well baby visits, well woman visits and well man visits.

### **Co-Payments/Co-Insurance**

A co-payment is a payment that a Member is required to make to a Participating Provider under a Service Agreement, which is calculated as a fixed dollar payment. Co-Payments should be collected at the time of service. Co-Insurance is an amount that a member is required to make for certain services as their share of the contract rate. Co-Insurance can be collected at the time of service or after the claim has been adjudicated indicating the correct amount to collect from the member or as patient responsibility. Services may not be denied to an NX Health Network Member who is unable or unwilling to pay estimated co-insurance at the time of service.

### **Eligibility Verification**

Providers are responsible for verifying member eligibility prior to providing medical services. Eligibility can be obtained by contacting the Member Services telephone number indicated on the member's identification card.

### **CREDENTIALING AND RE-CREDENTIALING PROCESS**

The Credentialing Program is designed to reflect NX Health Network standards, as well as federal and state regulatory requirements and national standards. In order to establish consistent standards for participation, and to meet regulatory requirements, NX Health Network has developed participation criteria in which NX Health Network will verify the credentials of physicians and other health care practitioners and incorporate ongoing assessments of the quality of care services provided by those physicians and health care practitioners as they participate in the network.

### **Credentialing Application**

The Credentialing application is used to identify and gather specific information for all Providers that wish to participate with NX Health Network. This application also assists in the determination whether physicians or other health care practitioners are qualified to perform their services and meet the minimum standards as defined by state and/or national standards. Primary source verification of all required credentials is an essential component of the program.

Applications will be considered complete under the following circumstances:

- The application is filled out in its entirety;
- The attestation page is signed and dated;
- The following documentation is enclosed with the application:

Certain provider types may have a site visit and chart content audit prior to completion of the credentialing process.

All primary source information is to be no more than 180 days old, including the attestation when the process is complete.

### **Recredentialing Process**

All Practitioners will be re-credentialed at a minimum of every three years. Recredentialing must be completed prior to the recredentialing date or the process cannot proceed. If recredentialing is not completed by the due date, the provider's contract may be terminated and, if applicable, members will be notified. The recredentialing process will be the same as the initial credentialing process.

### **Suspected Fraud, Waste and/or Abuse**

The following list provides examples of fraud, waste and abuse. The list is intended for informational purposes and does not represent the actions which may be construed as fraud, waste and/or abuse.

#### **Falsifying Claims/Encounters**

Up-coding

Incorrect Coding Mental Abuse, Emotional Abuse and/or Sexual Abuse (other types of abuse)

Billing for Services/Supplies Not Provided

Misrepresentation of Services/Supplies

Substitution of Services Financial Exploitation

Submission of Any False Documents

Misrepresentation of Medical Condition

### **Claim Submission**

Claims are to be submitted to the claims address or to the electronic payer ID indicated on the member's identification card. To ensure timely filing, please see the timeframe indicated in your contract with NX Health Network or see below:

Provider agrees to submit its claims for reimbursement and encounter forms, as required by NXHN or Payor, on a UB92 Form or Centers for Medicare and Medicaid Services ("CMS") 1500 forms with current CMS coding or its successor billing form, current International Classification of Diseases, Tenth Revision ("ICD10"), and Current Procedural Terminology Fourth Edition ("CPT4")\* coding in accordance with the then current Medicare guidelines, whichever NXHN or Payor prefers. Provider shall submit bills within ninety (90) days of the date of service and/or discharge unless coordination of benefit issues exist. (\*CPT copyright 2007 American Medical Association. All rights reserved.)

### **Claims Reimbursement**

Provider shall be paid for Covered Services. Payors shall use their best efforts to make payment within thirty (30) calendar days of Payor's receipt of an accurate and complete bill submitted by Provider.

### **Electronic Payer ID**

NX Health Network: 08354

### **NON-DISCRIMINATION POLICY**

Members utilizing the NX Health Network have the right to receive or expect courteous, considerate care regardless of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual preference, genetic information, physical or mental handicap, source of payment, visual or hearing limitations, or the ability to speak English.

Providers must be compliant with the Americans with Disabilities Act (ADA), which prohibits discrimination on the basis of disability as applicable.



### **Quality Management and Quality Improvement**

Quality Management and Quality Improvement oversight will be the responsibility of the Employer Group that is utilizing NX Health Network.

Please see [www.NXHealthnetwork.com](http://www.NXHealthnetwork.com) for a listing of contracted providers by geographic area

All information is subject to change. It is the contracted provider's responsibility to check [www.nxhealthnetwork.com/providers](http://www.nxhealthnetwork.com/providers) for updated information.

### **Reporting Fraud and Abuse**

If you have information about potential fraud, waste and/or abuse that is committed by a member, someone claiming to be a member, or a health professional or his/her staff, please contact NX Health Network (602) 726-1947 or [information@nxhealthnetwork.com](mailto:information@nxhealthnetwork.com). You may also forward information about suspected fraud and abuse to:

NX Health Network  
Attn: Network Contracting  
23048 N. 15<sup>th</sup> Ave  
Phoenix, Arizona 85027

All information provided to NX Health Network regarding a potential fraud and abuse occurrence is maintained in the strictest confidence. Any information developed, obtained or shared among participants in an investigation of a potential fraud and abuse occurrence is maintained specifically for this purpose and no other.

### **Provider Information Changes**

For any changes to provider practice including but not limited to: Staffing, provider Name, Address, Tax Identification Number or NPI number, please contact the contracting department at NX Health Network. Expedient notification enhances our ability to provide excellent service to your office.

[Contracting@NXHealthNetwork.com](mailto:Contracting@NXHealthNetwork.com)