



Title:	Provider Data Maintenance & Validation				
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Approver(s):	VP, Provider Network Management				
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LINE OF BUSINESS

This document applies to the following line(s) of business:
All Lines of Business

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

Ancillary Provider – an establishment that offers auxiliary or supplemental services used to support diagnosis and treatment of a patient's condition.

Directory-Eligible Participating Provider – a Participating Provider who is credentialed by SWHP or approved delegate, and meets criteria needed to be listed in the Provider Directories.

Hospital/Facility – establishment that offers services, facilities, and beds for diagnosis, treatment or care for illness, injury, deformity, abnormality, and/or pregnancy; includes clinical laboratory services, diagnostic x-ray services, treatment facilities (such as surgery or obstetrical care or both), and other definitive medical or surgical treatment of similar extent.

Physician – a professional who practices medicine, which is concerned with promoting, maintaining, or restoring human health through the study, diagnosis, and treatment of disease, injury, and/or other physical and mental impairments.

Practitioner – a person who practices medicine or one of the allied health care professions.

Provider – a term used by managed care organization, referring to anyone rendering medical care, including physicians, nurse practitioners, physician assistants, and others.

Provider Directory – listing of Participating Providers

Participating Provider – a Physician/Practitioner, group of Physician/Practitioners, Hospital/Facility, Ancillary Provider, or supplier of medical services who has signed a Participating Provider Agreement with SWHP to furnish covered services to members.

Provider Relations Representative – staff member in the Provider Network Management Department who acts as a liaison between participating providers and SWHP.

POLICY

The Provider Network Management Department maintains current and accurate Participating Provider data to provide the most up-to-date and correct information is displayed in the Provider Directories. SWHP confirms provider data for Participating Providers on a quarterly basis at a minimum. The web-based Provider Directory includes an explanation for transparency for data source, frequency of collection, and verification process. The information contained in the Provider Directory comes from various sources. Scott & White Health Plan ("SWHP") may not be notified of information that changes in between the three (3) year verification cycle. The information provided is the most accurate information that SWHP has received from the Participating Provider.

PROCEDURE

Quarterly Validation of Directory - Eligible Participating Providers

1. The Provider Network Management Department performs quarterly verifications of Provider Directory data with Directory-Eligible Participating Providers to be published in the Provider Directories. In addition, Provider Relations Representatives validate Provider Directory information during on-site visits.
2. Data validation includes verification of the following Provider Directory information:
 - Participating Provider Name
 - Specialty
 - Service Address(es)
 - Phone Number
 - Gender
 - Board Certification Status
 - Medical Group Affiliation
 - Languages Spoken Other than English
 - Panel Status (whether or not accepting new patients)
 - Hospital Privileges
 - Hours (outside of the standard 8:00-5:00)
 - Limitations
 - Contract Participation (lines of business in which provider participates)
 - Telemedicine capabilities (required for Medicaid Provider Directory only)
3. The Provider Network Management Department updates the Participating Provider's record in the credentialing database within seven (7) business days following the report of changes by the Participating Provider.
4. If required, provider information changes submitted by Participating Providers that impact claims payments are sent to the Configuration Department, so that the claims payment system can be updated with the new and/or correct information.
5. Applicable changes to Participating Provider data reported to the Provider Network Management Department are reflected in the web-based online provider search within fourteen (14) days and within thirty (30) days in the PDF version of the Provider Directories.

Maintenance of Participating Provider Data

1. The Provider Network Management Department processes self-reported changes to Participating Provider data within seven (7) business days from receipt.
2. Participating providers can self-report changes to the Provider Relations Department using one of the following methods:
 - Email
 - Phone Call
 - Fax
 - Mail

- link in the Manage Provider Account section on the SWHP.org website
3. Members (or potential members) can report perceived inaccuracies to the Provider Network Management Department using one of the following methods:
 - Email
 - Phone Call
 - Fax
 - Mail
 4. The Provider Relations Department updates the Participating Provider's record in the credentialing database within seven (7) business days following the report of changes by the Participating Provider.
 5. If required, Participating Provider information changes submitted by Participating Providers that impact claims payments are sent to the Configuration Department, so that the claims payment system can be updated with the new and/or correct information.
 6. Applicable changes to Participating Provider data self-reported to the Provider Network Management Department are reflected in the web-based online provider search within fourteen (14) days and within thirty (30) days in the PDF version of the Provider Directories.

ATTACHMENTS

None.

RELATED DOCUMENTS

None.

REFERENCES

Texas Legislature HB1624 Section 1451.504 PHYSICIAN AND HEALTH CARE PROVIDER DIRECTORIES, Subsections (a) and (b); Section 1451.505 PHYSICIAN AND HEALTH CARE PROVIDER DIRECTORY ON INTERNET WEBSITE, Subsections (a) through (e)

Health and Human Services Commission (HHSC) Uniform Managed Care Manual, Chapter 3.1 – Medicaid Managed Care Provider Directory Required Critical Elements

Centers for Medicare & Medicaid Services (CMS), 2016 Medicare Marketing Guidelines, Section 60.4 – Directories and Section 100.4 – Online Provider/Pharmacy Directory Requirements

CMS, HPMS Memo 11-13-2015: Provider Directory

National Committee for Quality Assurance (NCQA), Standards and Guidelines for the Accreditation of Health Plans, Chapter NET6, Element A, Factor 1 and Chapter NET6, Element B, Factor 1

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