



Title:	Provider Directories (Medicare ALL)				
Department/Line of Business:	Provider Network Management / Medicare				
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LINE OF BUSINESS

This document applies to the following line(s) of business:
Medicare ALL

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.

Network – a group of doctors, hospitals, and other medical care providers that a specific managed care plan has contracted with to deliver medical services to its members.

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.

Participating Provider – a physician/practitioner, group of physicians/practitioners, hospital/facility, ancillary provider, or supplier of medical services who have signed a Participating Provider Agreement with Scott & White Health Plan (SWHP), Insurance Company of Scott & White (ICSW) or FirstCare Health Plan (FirstCare) to furnish covered services to members.

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 Physician, Practitioner, group of Physicians and/or Practitioners, a Hospital/Facility, an Ancillary Provider, or other supplier of medical services.

Provider Directory – listing of Participating Providers

Provider Address Change Form – method of collecting changes in Participating Provider information

Provider Information Form (“PIF”) – method of collecting new Participating Provider information.

Roster Spreadsheet – method of collecting new Participating Provider information.

POLICY

Provider Directories are published with current and accurate information in a timely manner to assist members and prospective members in selecting a physician and/or hospital.

PROCEDURE

The Provider Network Management Department creates Provider Directories that are available to members and prospective members and are current and accurate by updating the online provider search directories every 2 weeks and updating the PDF versions of directories once a month. The online provider search directories are web-based, and the PDF versions of directories are posted on SWHP and FirstCare's website for access by members and prospective members.

- The Provider Directories include the following information on physicians and hospitals: name, specialty, address, phone number, gender, board certification status, medical group affiliation, languages spoken other than English, whether or not accepting new patients, where physician has hospital privileges, and contract participation.
- The Participating Provider information contained in the Provider Directories is updated when new Providers join the Network or when the Provider Network Management Department is notified that the information for a Participating Provider has changed. Provider Directory information for new Participating Providers is collected using a Provider Information Form (PIF) or Roster Spreadsheet. Existing Participating Providers can update their information using a Provider Information Form (PIF) or Provider Address Change Form. These changes can be communicated to the Provider Relations Department via the website (<http://swhp.org/en-us/>) or <http://firstcare.com/en/Home>), phone, email, fax, or during face-to-face provider visits.
- When the Provider Network Management Department receives notification that a Participating Provider's directory information has changed, the Provider Network Management Department validates the requested changes with the Participating Provider via phone or email, and then updates the Participating Provider's information in the provider database used to Provider Directories no later than 7 days after receipt of the notification. The updated information is then reflected in the online provider search directories within 2 weeks and in the PDF versions of the Provider Directories within 30 days following the changes being made in the provider database.
- In addition to directory information changes self-reported by Participating Providers, Provider Relations Representatives proactively validate the information for existing Participating Providers during face-to-face provider visits and when the Participating Provider contacts the Provider Network Management Department about other issues. If a Provider Relations Representative identifies directory information that needs to be updated, they collect the correct information from the Participating Provider. The Participating Provider's information is updated in the provider database no later than 7 days after receipt of the notification. The updated directory information is then reflected in the online provider search directories within 2 weeks and in the PDF versions of directories within 30 days following the changes being made in the provider database.
- Members and prospective members can access Provider Directories by going to SWHP's website at <http://swhp.org/en-us/> or <http://firstcare.com/en/Home>). Members and prospective members can also contact the Customer Advocacy Department at 1-866-334-3141 to request a printed copy of the Provider Directory. Upon request from a member or prospective member, Member Services emails or mails a printed copy of the Provider Directory. Also, Member Services can perform a directory search for a member or prospective member if they call and provide the member or prospective member with Provider Directory information over the phone.

ATTACHMENTS

None.

RELATED DOCUMENTS

None.

REFERENCES

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

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