



Title:	Provider Directories (SWHP Medicaid)				
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LINE OF BUSINESS

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

- SWHP Medicaid STAR
- FirstCare Medicaid STAR
- FirstCare Medicaid CHIP

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 – an 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/or other definitive medical or surgical treatment of similar extent.

Participating Provider – a Physician, Practitioner, group of Physicians and/or Practitioners, a Hospital/Facility, an Ancillary Provider, or other supplier of medical services who have signed a Participating Provider agreement with Medicaid/CHIP from Scott & White Health Plan and or FirstCare Health Plan 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 Information 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

SWHP and FirstCare Medicaid STAR/CHIP Provider Directories are published with current and accurate information in a timely manner to assist members and prospective members in selecting a Participating Provider.

PROCEDURE

SWHP/FirstCare’s Provider Network Management Department publishes Provider Directories that are available to members and prospective members are current and accurate by updating the online provider search directories every 2 weeks and updating the printed directories monthly. The online provider search directories are web-based, and the printed directories are mailed to members upon request.

- The Provider Directories include the following information: name, specialty, address, phone number, gender, board certification status, medical group affiliation, languages spoken other than English, whether or not accepting new patients, office hours when outside of the standard 8:00-5:00, where physician has hospital privileges, contract participation (plans in which the Participating Provider participates), if the provider is a TXHealth Steps provider, any limitations, and whether a provider has telemedicine, telehealth, or telemonitoring services.
- The Participating Provider information contained in the Provider Directories is updated when new Providers join Medicaid Networks 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 Change Form. These changes can be communicated to the Provider Network Management Department via the SWHP and/or FirstCare Medicaid websites, phone, email, fax, or during face-to-face provider visits.
- When the Provider Network Management Department receives notification that 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 produce 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 following the update of the provider record 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 then 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 notification. The updated directory information is then reflected in the online provider search directory within 2 weeks following the changes made in the provider database and in the PDF version of the Provider Directory within 30 days following changes being made in the provider database.
- Members and prospective members can access Provider Directories by going to RightCare’s website at <http://rightcare.swhp.org/en-us/>, FirstCare’s STAR Medicaid website at <https://www.firstcare.com/en/Individuals-and-Families/STAR-CHIP/STAR-Medicaid>, or FirstCare’s CHIP website at <https://www.firstcare.com/en/Individuals-and-Families/STAR-CHIP/CHIP>.

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

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, Subsection (a) through (e)

HHSC Uniform Managed Care Manual, Chapter 3.1 Medicaid Managed Care Provider Directory Required Critical Elements

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