



Title:	Provider Directories (Commercial ALL)				
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LINE OF BUSINESS

This document applies to the following line(s) of business:
Commercial 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 Scott & White Care Plans (SWCP) 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 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

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

Provider Directories should be 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 ensures that the Provider Directories that are available to members and prospective members are current and accurate by updating the online provider search directories every 2 weeks.

- 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/>), 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 physician or hospital via phone or email, and then updates the physician or hospital's information in the provider database used to produce Provider Directories 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.
- 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.
- Members and prospective members can access physician and hospital directories by going to SWHP's website at <http://swhp.org/en-us/>. Members and prospective members can also contact the Customer Advocacy Department at 1-800-321-7947 to request a printed copy of the Provider Directory. Upon request from a member or prospective member, a Customer Service Advocate will email or mail a printed copy of the Provider Directory. Also, the Customer Service Advocate can perform a Provider Directory search for a member or prospective member if they call the Customer Advocacy Department, and provide the member or prospective member with physician or hospital 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, Subsections (a) through (e)

National Committee for Quality Assurance (NCQA): Standards and Guidelines for the Accreditation of Health Plans, Chapter NET 6, Element A, Factors 1-9; Chapter NET 6, Element B; Chapter NET 6, Element C, Factors 1-9; Chapter NET 6, Element F, Factors 1-8, and Chapter NET 6, Element G, Factors 1-4

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