



Title:	SWHP Provider Manual				
Department/Line of Business:	Provider Network Operations / All Lines of Business				
Approver(s):	VP, Provider Network Management				
Location/Region/Division:	SWHP				
Document Number:	SWHP.PNO.050.P				
Effective Date:	11/15/2018	Last Review/ Revision Date:	11/15/2018	Origination Date:	10/21/2011

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.

Provider Manual – A detailed written guide that specifies the contractual and regulatory requirements and policies and procedures providers delivering health care or services to SWHP members are required to abide by and follow.

POLICY

The Scott & White Health Plan (SWHP) Provider Manual provides specific guidance regarding SWHP policies and procedures, as well as, federal and state regulations and requirements. The SWHP Provider Relations Department reviews and updates the Provider Manual at least once per calendar year, and as needed based on changes in SWHP policies and procedures and/or federal and state regulations.

PROCEDURE

Provider Manual

The SWHP Provider Manual is reviewed and updated at the end of each calendar year, and as needed to ensure compliance with federal and state regulatory requirements and to reflect SWHP’s most current policies and procedures. The updates are available to providers via SWHP’s website once they are complete. Providers receive notification of proposed changes to the Provider Manual at least thirty (30) days prior to the effective date of the changes.

Participating providers are notified of the updates to the Provider Manual by fax and email blasts, as well as a notification posted on the SWHP website. Instructions are included as to how providers can access the updated Provider Manual. The notification also includes a statement to let providers know that if they do not have access to the internet or if they wish to obtain a paper copy of the Provider Manual, they may contact the SWHP Provider Relations Department for assistance.

A designated Provider Relations staff member coordinates the review process for the Provider Manual. A request will be sent to various SWHP departments via email to submit changes and updates for the Provider Manual within thirty (30) days of request. These departments include, but are not limited to:

- Member Services
- Customer Service
- Claims
- Appeals and Grievances
- Credentialing
- Quality Improvement
- Provider Contracting
- Enrollment
- Sales & Marketing
- Provider Relations
- Health Services
- Medicaid Operations
- Medicare Operations

For Medicaid, the Provider Manual contains the critical elements defined in the Uniform Managed Care Manual (UMCM), Chapter 3: Critical Elements, including sections relating to special requirements of the Managed Care Organization's program and the enrolled populations.

After responses are received, the designated Provider Relations staff member reviews the changes and updates and forward the draft copy of the updated Provider Manual to the following Medical Delivery Division staff for approval:

- Medical Delivery Division Network Managers
- Medical Delivery Division Directors
- Medical Delivery Division Vice Presidents
- Medicaid Entity Director
- Medicare Entity Director

Once approved, the final copy of the Provider Manual will be distributed and updated on the SWHP website.

ATTACHMENTS

None.

RELATED DOCUMENTS

None.

REFERENCES

UMCM, Chapter 3: Critical Elements

The information contained in this policy is confidential and proprietary and may not be shared without the express permission of the Scott & White Health Plan. Further, the information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.