

POLICY AND PROCEDURE

DEPARTMENT: Provider Network	DOCUMENT NAME: Provider Directory and Electronic Files from Portico
PAGE: 1 of 5	REPLACES DOCUMENT:
APPROVED DATE: 11/11	RETIRED:
EFFECTIVE DATE: 1/12	REVIEWED/REVISED: 1/14, 11/15, 10/16, 10/17, 10/18, 10/19, 7/20, 9/21, 11/21, 11/22
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: LA.CONT.19

SCOPE:

Corporate Credentialing and IT, Louisiana Healthcare Connections (LHCC), Provider Network Department(s) and Member Services

PURPOSE:

To provide the written hard copy upon request and web-based provider directories that assist members and prospective members in choosing physicians and hospitals within LHCC's network of participating providers and to generate the electronic file or hard copy abbreviated version of the directory for the Louisiana Department of Health's (LDH) enrollment broker. Portico will be used as the directory source.

POLICY:

LHCC generates a hard copy provider directory (upon request), a searchable web-based provider directory and an electronic file of the directory that includes a listing of all physicians and providers with whom the LHCC contracts.

PROCEDURE:

1. Plan maintains a web-based practitioner and hospital directory that allows members to search for a practitioner or facility using demographic information that includes, but may not be limited to the following items:
 - a. Physician Directory:
 - Name (first/last)
 - Gender
 - Specialty (all applicable)
 - Hospital affiliations
 - Board Certification (if applicable, to include a list of board certifications as reported by the ABMS or AOA boards)
 - Medical group affiliations
 - Acceptance of new patients (for PCPs, OB/GYN & High-volume behavioral health providers)
 - Cultural and linguistic capabilities by each provider type
 - Office location (physical address and phone number)
 - ADA accessibility
 - Patient-centered Medical Home (PCMH)/Health Home recognition status, if applicable
 - Cultural competency training

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- Hours of operation
 - Telehealth– if a practitioner sees patients only virtually, the directory must indicate “virtual only” instead of a physical office location.
- b. Hospital Directory
- Facility name
 - Location
 - Phone number
 - Accreditation status
 - Hospital quality data

Note: board certification, office phone number fields, phone number, accreditation, office hours, website address and hospital quality data, ~~and website URLs fields~~ are not searchable

2. For all web-based directory items listed above, an explanation of each item is provided. The information is available for each provider listing and also includes:
 - A description of how information is collected and any limitations of the source from which the information is collected.
 - A description of how often each item is validated (e.g. every 3 years during the recredentialing process and when new information is received from a provider).
3. Web-based data is sourced directly from the Portico Provider Data Management system. Updates to the Portico system are automatically made to the Web-based Provider Directory to keep all data current. Practitioners that had no claims in the last 6 months while being in the network for over six months will be excluded.
4. Hard copy directories are sourced from the Portico Provider Data Management System. Print directories are updated according to regulatory requirements. Print directories are made available to members upon request. Print directories are updated/preprinted according to applicable state or federal regulations.

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- a. Plan Member Service Representatives may also provide physician/hospital information telephonically to assist members in choosing or locating services.
 - b. Plan Member Service Representatives also send the results of a specific online directory search upon request from a member.
 - c. Print directories will be developed in accordance with LA.MRKT.14 - Provider Directory for members.
5. Updates are made in Portico no more than 30 days after receipt and verification of updated provider information. The health plan staff will use the Provider Demographic Update (PDU) tool, where available, to make update to specific demographic data elements. Anything not available to update by the health plan will be made as a CenProv request to the Corporate Provider Data Management (PDM) team.
6. On an ongoing basis, health plans validate practitioner and facility data in the directories is accurate. This validation process is at least as stringent as the applicable state or federal regulations.
 - a. Physician directories are evaluated at a minimum for:
 - Accuracy of office locations and phone numbers.
 - Accuracy of hospital affiliations.
 - Accuracy of accepting new patients.
 - Awareness of physician office staff of physician's participating in the Plan's networks.
 - b. Plan completes an annual evaluation of directory accuracy using valid methodology. The evaluation includes:
 - Description of the methodology used.
 - Plan may assess the entire physician network or draw a statistically valid sample.
 - Data used may include but is not limited to surveys, self-reported information, member complaints, etc.
 - c. Based on the results of the annual analysis, plan identifies opportunities (if applicable) to improve the accuracy of the information and takes action to improve the accuracy.
7. Plan performs usability testing in the use of the web-based directory through its Member Advisory Committee or random survey initially and

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after any upgrades to functionality or design that directly affect how the members use the site. Usability is evaluated in the following areas and is evaluated at least every three years:

- Font size
- Reading level
- Content organization
- Ease of navigation
- Directories in other language (if applicable)

8. In addition to the hard copy directory (upon request) and the web based directory, an electronic file of the directory is submitted to the LDH's enrollment broker at least weekly following the specifications provided by LDH

REFERENCES:

Current NCQA Health Plan Standards and Guidelines

ATTACHMENTS:

DEFINITIONS:

REVISION:	DATE
Changed Provider Relations to Provider Consultants NCQA reference changed to current	11/15
Changed LHC to LHCC Changed hard copy to "hard copy (upon request)" Added specificity to directory (Physician and Hospital) Eliminated section for validation to match the corporate P&P for validation Changed "State's Enrollment Broker" to LDH's enrollment broker Eliminated section of distributing hard copy annually Changed CC.MRKT.03-Provider Directory to LA.MRKT.14 Provider directory for members	10/16
Added "or hard copy abbreviated version" of the directory will be sent to the Louisiana Department of Health's (LDH) enrollment broker Changed Languages spoken by Provider to Cultural and linguistic capabilities by each provider type	10/17

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Added Cultural Competency Training and Hours of Operations to Provider Directory Revised sentence on Provider updates to state no more than 30 calendar days after receipt of updated provider information	
Annual Review – no revisions	10/18
Changed that we can now make some changes at the plan level while others have to be sent to corporate through the cenprov system.	10/19
No Revisions	7/20
Amendment 7 changes	9/21
No Revisions	12/21
<u>Annual Review:</u> <u>Procedure added: Telehealth– if a practitioner sees patients only virtually, the directory must indicate “virtual only” instead of a physical office location</u> <u>Note: added web address and office hours are not searchable</u> <u>Referenced CC.PRVR.19: Provider Directory – Portico (rev.02/22)</u>	<u>11/22</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer is considered equivalent to an actual signature on paper.