

POLICY AND PROCEDURE

DEPARTMENT: Provider Relations	DOCUMENT NAME: Provider Relations Demographic, Roster & Affiliation Verification
PAGE: 1 of 4	REPLACES DOCUMENT:
APPROVED DATE: 3/16/2017	RETIRED:
EFFECTIVE DATE: 3/2017	REVIEWED/REVISED: 3/18, 3/19, 2/20
PRODUCT TYPE: ALL	REFERENCE NUMBER: LA.PRVR.41

SCOPE:

Louisiana Healthcare Connections Provider Network Department

PURPOSE:

To consistently verify provider demographics, provider rosters and affiliations in order to maintain a consistently accurate provider directory as well as to ensure claims are processed correctly. This policy is to explicitly state that whether or not we are visiting a provider for routine matters or another agenda, this validation must occur every time we meet with all providers.

POLICY:

It is the policy of Centene Corporation that each health plan establishes a Provider Network Department that verifies this information on every scheduled provider visit or through telephonic outreach when needed.

PROCEDURE:

1. In-network providers shall be contacted by the provider network specialist according to appropriate visit schedule and shall include verifying provider demographics for all locations, provider rosters as well as all affiliated locations that should be linked to each practitioner.
2. Prior to each visit, the provider network specialist should utilize Portico Reporting, the provider demographic update and/or web portal demographic tools to have this information ready for the provider to verify.
3. Meetings should be scheduled in advance, when possible, and the agenda shall encompass the following and documented in the provider visit record:
 - Verification of Provider Demographics
 - Practitioner Roster Verification
 - Verification of all Affiliations and Locations that should be linked to each Practitioner
4. Demographic, Roster and Affiliation information must be validated in every visit with the provider and when the provider contacts us for a claim issue that may be related to provider demographics. The attached attestation form must be signed by the provider ~~and presented to the health plan's PDM team for review and updating as necessary, as well as the contracting department if necessary.~~

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5. Information about the provider visit/encounter must be entered in the PVR within 24 hours of the visit/encounter.

REFERENCES:

ATTACHMENTS:

ATTACHMENT A: PROVIDER ATTESTATION

DEFINITIONS

REVISION LOG

REVISION:	DATE:
No revisions	3/18
No revisions	3/19
Added attachment A and updated required language	2/ 20

POLICY AND PROCEDURE APPROVAL

Please Sign and date on the lines provided (if applicable):

VP Network & Development: _____ Approval on file _____

Sr. Director of Provider Network: ____ Approval on file _____



Provider Demographic, Roster and Affiliation Attestation

This is to attest that the below referenced demographics and correct provider roster is affiliated with the correct location(s) in association with claims filed in the accurate location as filed by

(Provider's Legal Name) and all

future claims will include the correct provider associated with the proper affiliation.

Attesting Representatives Signature **Date**

Attesting Representatives Printed Name **Title**

Tax ID # **Group NPI**

