



IMMEDIATE ACTION REQUIRED: PROVIDERS MUST ENSURE ACCURATE DIRECTORY INFORMATION

CMS FEDERAL REGULATION MANDATES ACCURATE DELAWARE MEDICAID PROVIDER DATA

The Centers for Medicare & Medicaid Services (CMS) requires Highmark Health Options to have the most current information for our network providers. We use this information to populate our Provider Directory, help our members contact practitioners, and to ensure correct and timely claims processing.

Remember, our members use Highmark Health Options' Provider Directory to make the most informed decisions when selecting a provider. It is, therefore, to your advantage to make sure your directory information is correct and current.

Highmark Health Options is committed to ensuring the information in the Provider Directory meets our standards for quality and the standards set forth by CMS. Failure to do so can result in fines, penalties, or even sanctions against Highmark Health Options.

CMS requires ongoing review of all physician information listed in the directory. For example:

- **The provider name is correct.** For example, if a provider marries, we must ensure the provider's name in the directory matches the name on their medical license.
- **The practice name is correct.** For example, is there a difference between the practice name that is being used when phones are answered vs. the practice name listed in the directory? CMS encourages the name listed within the Provider Directory to match the office name that is stated when phones are answered to assist patients. This extra step of due diligence prevents any confusion for a patient looking to schedule an appointment.
- **The provider's specialties are correctly listed.** Is there more than one specialty listed in the directory? Are both specialties being practiced? For example, a Cardiologist may serve as Primary Care Physicians for some patients and should list their specialties as such.
- **There are not providers listed at practice locations where they don't actually practice.** Providers listed must be affiliated with the group and accept appointments and see patients at that specific location on a regular basis. Providers who provide coverage on an occasional basis are not required to be listed. Providers who do not see patients on a regular basis at a location should not be listed at that location. For example, regular basis can be defined as seeing patients at a specific location for 1 or more days a week.
- **The provider is accepting new patients, or not accepting new patients, at the location.** Patient Acceptance Panels are critical to CMS and will be reviewed during an

audit. Highmark Health Options requires its providers to keep their Patient Acceptance Panels updated on a quarterly basis at minimum. If you need to update your Patient Acceptance Status, please log into Provider File Management and update as soon as possible to prevent any confusion for our patients seeking care.

- **The provider’s street address and phone number are correct.** Even the smallest changes in office location matter. For Example: Suite changes in an office building that are not reported are considered to be out of compliance for a provider. Please ensure you are reviewing phone and fax numbers quarterly to ensure your data is displaying appropriately on the Provider Directory.

As stated, it is vital that all providers review and update their information in NaviNet® as soon as a change occurs. All data should be reviewed at a minimum of once a quarter to ensure it’s accurate. Detailed instructions are available in the [Provider File Management NaviNet Guide](#), which is available on the [Provider Resource Center](#) under **Education/Manuals**.

Highmark Health Options is currently in the process of making outreach calls to providers to verify the accuracy of provider data. If you receive a call, please provide the agent with the requested information.

Don’t wait for this call to take action. Log in to NaviNet now to review/update your practice information.

For your convenience, some basic steps for reviewing/updating your practice information are included below.

Step	Action in NaviNet
1.	Click Provider File Management .
2.	If your office has multiple billing provider numbers, select the number you want to review and click Go . All items underlined in blue are links to access the information provided within the title. Note: This only appears if you have multiple provider numbers.
3.	Click View Group Details to access the information provided within the title.
4.	Click View Group Details to access your group level numbers, networks, etc.
5.	For Patient Review, click on the Practitioner whose information you wish to access. The words “Patient Review” will appear next to the practitioner’s name if there are patient reviews on file. Click Patient Review to open.

TIPS

- Click **Change Group** to return to the Billing Provider list so you can choose a different vendor.
- The **Add/Edit** buttons allow you to make updates to the information identified on the button.
- Instructional business rule pop-up windows will guide you through the process. Please read them carefully.
- There is no Start/Save option. All updates, additions, etc., must be done in one login session.
- To view and print a copy of your submitted changes, click **Review Submitted Changes**.

Providers who do not have NaviNet should visit the [Provider Resource Center](#), select **Forms**, then **Provider Information Management Forms**, then **Provider File Maintenance Request**. Please follow the submission instructions within the form to ensure it is properly routed.

FACILITIES

Facilities can update their information in the [Provider Resource Center](#) by accessing the **Address/Phone Number Change Form for Facility & Ancillary Providers Form** via **Miscellaneous Forms**. This process will formally notify Highmark when a facility anticipates mergers, acquisitions, changes of ownership, legal name changes, new or changed locations or services, or related events.

Note: Any and all requirements set forth in the provider's contract(s) with Highmark Health Options that are applicable to a Facility Event must also be observed by the provider in order to avoid a breach of such contract(s).

ALL PROVIDERS

Please note that your up-to-date information must include your current address, phone number and fax number, and any and all required data elements set forth in the provider contract(s) with Highmark Health Options.

THANK YOU

We appreciate your attention to maintaining accurate data for the sake of our members, your patients.