

POLICY AND PROCEDURE

DEPARTMENT: Provider Relations	DOCUMENT NAME: Provider Consultant Visits
PAGE: 1 of 4	REPLACES DOCUMENT:
APPROVED DATE: 9/11	RETIRED:
EFFECTIVE DATE: 1/12, 2/15	REVIEWED/REVISED: 1/14, 11/14, 2/15, 1/16, 1/17, 1/18, 1/19, 8/19
PRODUCT TYPE: ALLMedicaid	REFERENCE NUMBER: LA.PRVR.14

SCOPE:

Louisiana Healthcare Connections (LHCC) Provider Consultant Department

PURPOSE:

To foster and maintain relationships with contracted providers by establishing a provider relations/consulting team that regularly interacts with the health plan’s participating providers and that is available to respond to questions or issues that may come up from the provider network.

POLICY:

It is the policy of Centene Corporation that each health plan establishes a Provider Consultant Department that holds regularly scheduled meetings with in-network providers based on provider type and/or membership volume. These meetings, conducted by a health plan Provider Consultant, should be scheduled in advance, whenever possible, and should occur in the provider’s office or may consist of telephonic outreach to the providers. These visits or telephonic contacts will provide ongoing provider training, answer any operational questions or concerns the providers may have, review PCP’s provider performance profile education reports (PMPM reports and HEDIS measure reports) and verify provider demographics.

PROCEDURE:

1. In-network providers shall be contacted by the Provider Consultant according to the following schedule after the initial new provider orientation training:

Provider Type	Membership	Visit schedule
PCP	At Least 2,000 and above	Quarterly
PCP	1,999-1	Quarterly
Specialist	N/A	As Needed
Hospital	N/A	Bi-Annually
Ancillary	N/A	As Needed

*In addition to the standards outlined by above, visit frequency shall also occur to any network provider as deemed necessary by the Louisiana Department of Health and Hospitals (LDH) or management of LHCC. A minimum number of

POLICY AND PROCEDURE

DEPARTMENT: Provider Relations	DOCUMENT NAME: Provider Consultant Visits
PAGE: 2 of 4	REPLACES DOCUMENT:
APPROVED DATE: 9/11	RETIRED:
EFFECTIVE DATE: 1/12, 2/15	REVIEWED/REVISED: 1/14, 11/14, 2/15, 1/16, 1/17, 1/18, 1/19, 8/19
PRODUCT TYPE: ALL Medicaid	REFERENCE NUMBER: LA.PRVR.14

provider visits per week will be determined by LHCC management and reported on the Provider Consultants' weekly metrics report.

2. Meetings should be scheduled in advance, when possible, and the agenda shall encompass the provider visit record and any additional items indicated by the provider. The agenda outlined in provider visit record at a minimum includes:

- Verification of Provider Demographics
- Provider Billing Education
- Discuss Claims Issues, as needed
- Education on Accessing the Preferred Drug list on the LHCC website
- Provider Roster Verification
- Secure Provider Portal Education and User Account Maintenance
- Provider Performance Profile Education and Coaching
- Health Plan and LDH Policy Updates
- Specialty Referral Network Gaps
- Case/Disease Management Member Referrals
- Email Provider Satisfaction Survey
- Address Questions and Concerns
- Schedule Next Visit

3. Meeting minutes documenting attendees, items of discussion, and action items should be documented in the Provider Visit Report on the Share Point site for future reference.

4. Demographic information should be validated at every interaction with the provider and presented to the health plan's PDM and contract coordinator team(s) for review and updating as necessary and appropriate.

5. Information about the provider visit/encounter must be entered in the Provider Visit Report (PVR) the day of the visit, when possible. PVRs that are not entered into the Share Point site by the following Monday at 9:00 am will not be counted and reported in the Provider Consultants' weekly metric report.

REFERENCES:

ATTACHMENTS:

POLICY AND PROCEDURE

DEPARTMENT: Provider Relations	DOCUMENT NAME: Provider Consultant Visits
PAGE: 3 of 4	REPLACES DOCUMENT:
APPROVED DATE: 9/11	RETIRED:
EFFECTIVE DATE: 1/12, 2/15	REVIEWED/REVISED: 1/14, 11/14, 2/15, 1/16, 1/17, 1/18, 1/19, 8/19
PRODUCT TYPE: ALLMedicaid	REFERENCE NUMBER: LA.PRVR.14

DEFINITIONS

REVISION LOG

REVISION:	DATE:
Replaced Provider Relations Representative with Provider Relations Specialist under the policy and procedure sections	11/16/2014
Under the procedure section, added language indicating the visit frequency listed table begins after the initial new provider orientation	11/16/2014
Under the procedure section, a threshold was added for PCP that have 1000 or more members to be visited at minimum monthly	11/16/2014
Under the procedure section a change was made to the threshold of PCPs with membership between 500-999 to be visited at minimum bi-monthly	11/16/2014
Under the procedure section a change was made to the minimum frequency of visits to all specialist to annually	11/16/2014
Under the procedure section, an insertion was made to the minimum visit frequency table to include "as deemed necessary by the Louisiana Department of Health and Hospitals"	11/16/2014
Under the procedure section, an insertion was made regarding the agenda of the meetings and their topics	11/16/2014
<ul style="list-style-type: none"> Changes-Updated language regarding post-orientation provider contact based on volume and provider meeting agendas. RFP requirements – 10.5.1; 10.5.3	11/2014
Under the procedure section a change was made to the bi-monthly threshold to visit practices with membership between 200-999 on Bi-Monthly Basis.	2/9/2015
Under the procedure section a change was made to the quarterly threshold to now visit practices with a membership between 50-199 on a quarterly basis.	2/9/2015
Under the procedure section a new threshold of Semi-Annual was added to now visit practices with a membership between 10-49 on a semi-annual basis.	2/9/2015

POLICY AND PROCEDURE

DEPARTMENT: Provider Relations	DOCUMENT NAME: Provider Consultant Visits
PAGE: 4 of 4	REPLACES DOCUMENT:
APPROVED DATE: 9/11	RETIRED:
EFFECTIVE DATE: 1/12, 2/15	REVIEWED/REVISED: 1/14, 11/14, 2/15, 1/16, 1/17, 1/18, 1/19, <u>8/19</u>
PRODUCT TYPE: ALL Medicaid	REFERENCE NUMBER: LA.PRVR.14

Under the procedure section a change was made to the annual threshold for PCP providers to now visit practices with a membership of less than 10 on an annual basis	2/9/2015
Change Provider Relations to Provider Consultants In the Policy section, added to the tasks for the provider visits. Revised membership visit schedule Revised agenda items (section 2 in Procedure): removed: Claim reporting and provider complaints. Minutes documented in SharePoint instead of file. PVR to be documented by 9:00 next day.	1/16
Changed DHH to LDH	1/17
No revisions	1/18
Updated visit schedule for PCP and hospitals. Changed Provider Relations Department to Provider Consultant.	1/19
<u>Updated to match provider visit procedures</u> <u>Updated to match contract amendment #17 7.17.1.7</u>	<u>08/19</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in [RSA Archer](#) ~~GRC~~, Centene's P&P management software, is considered equivalent to a physical signature.

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

Sr. Director of Contract & Network: ____ Approval on file _____