



2021

Provider Manual



Contents

Introduction.....	2
How to Use This Manual	2
About WPPA, Inc. dba ProviDRs Care.....	2
How to Contact ProviDRs Care.....	3
Provider Responsibilities	3
Introduction	3
Primary Care Physician (PCP) Responsibilities.....	4
Specialists Responsibilities	4
Responsibilities of All Network Providers.....	4
Physician Access & Availability.....	6
Appointment Scheduling.....	6
After-Hours Services.....	7
Provider Information Changes	7
Provider Data Audit	7
Contracting	8
Eligible Providers	8
Contracting Status Determination	9
Locum Tenens Provider.....	9
ProviDRs Care Network Directory Listing	10
Provider Services.....	10
Provider Communication	10
Provider Relations Customer Service Center	10
Member Identification.....	10



Introduction

How to Use This Manual

The purpose of this Manual is to provide ProviDRs Care policy and billing guidance to providers participating in ProviDRs Care. It is intended to provide:

- Instructions about how to become a participating network provider
- Guidance about ProviDRs Care services
- Information relating to billing procedures
- Links to additional information

Policy statements and requirements governing participation in ProviDRs Care network are included. The Manual is formatted to incorporate changes as additional information and periodic clarifications are necessary.

Before rendering service to a member, providers are responsible for familiarizing themselves with all ProviDRs Care procedures and regulations, currently in effect and those issued going forward for all products. Updates and revisions to this manual are available at www.ProviDRsCare.net and can also be provided electronically.

When questions arise regarding programs and plans associated with ProviDRs Care, we ask that you please check the appropriate section of the manual prior to calling customer service. If you are unable to find the answer, please check our website or contact the Provider Relations Department.

About WPPA, Inc. dba ProviDRs Care

Our Mission is...

- To sustain a comprehensive statewide network of physicians, hospitals and ancillary providers dedicated to delivering high-quality and cost effective medical care to covered members at a reasonable fee.
- To maximize the benefits of employee health care plans while controlling health care costs by partnering with insurance carriers, employers and our network of providers and facilities.

ProviDRs Care works in partnership with insurance agents, brokers and carriers to provide cost-effective, quality health care coverage to individuals, employers and groups ranging from 2 to



20,000 members. Our extensive network of physicians, health care providers and medical facilities helps employers maximize their plan benefits and gain control of their costs.

How to Contact ProviDRs Care

Phone Number: (316) 683 4111 or (800) 801-9772

Fax Numbers: General (316) 683-6255 or Claims (316) 683-1271

Business hours are Monday through Friday, 8:30 am to 4:30 CST.

	Phone Extension	Email Address
Provider Relations	(800) 801-9772, Option 4	ProviderRelations@ProviDRsCare.net
Credentialing	(800) 801-9772, Option 4	Credentialing@ProviDRsCare.net
Claims Department	(800) 801-9772, Option 3	Claims@ProviDRsCare.net
Facility Contracting	(800) 801-9772	Contracting@ProviDRsCare.net

Provider Responsibilities

Introduction

This section of the Provider Manual addresses the respective responsibilities of Participating Providers.

ProviDRs Care does not prohibit or restrict Network Providers from advising or advocating on behalf of a Participating Member about:

- (1) The Participating Member's health status, medical care or treatment options (including alternative treatments that may be self-administered), including providing sufficient information to Participating Member to provide an opportunity to decide among all relevant treatment options;
- (2) The risks, benefits and consequences of treatment or non-treatment; and
- (3) The Participating Member's right to refuse treatment and express preferences about future treatment decisions. Providers must provide information regarding treatment options in a culturally competent manner, including the option of no treatment. They must also ensure that individuals with disabilities are presented with effective communication on making decisions regarding treatment options.



Providers may freely communicate with patients about their treatment, regardless of benefit coverage limitations.

A Provider's responsibility is to provide or arrange for Medically Necessary Covered Services for Participating Members without regard to race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment. A Physician is further responsible to render Medically Necessary Covered Services to Participating Members in the same manner, availability and in accordance with the same standards of the profession as offered to the Provider's other patients.

Primary Care Physician (PCP) Responsibilities

The following is a summary of responsibilities specific to Primary Care Physicians who render services to Plan Members:

- Coordinate, monitor and supervise the delivery of health care services to each Participating Member who has selected the PCP for Primary Care services.
- Assure the availability of Physician services to Participating Members in accordance with Physician Availability & Accessibility.
- Arrange for on-call and after-hours coverage.
- Ensure Members utilize network Providers. If unable to locate a participating Provider for services required, contact Provider Relations for assistance.
- A PCP will consider Member input into proposed treatment plans.

Specialists Responsibilities

Specialists are responsible for communicating with the PCP in supporting the Medical Care of a Member.

Responsibilities of All Network Providers

The following is an overview of responsibilities for which all network Providers are accountable. Please refer to your contract, or contact your Provider Relations Representative for clarification of any of the following:

- All Providers must comply with the appointment scheduling requirements as stated in the Appointment Scheduling Section.

- Provide or coordinate health care services that meet generally recognized professional standards in the areas of operations, clinical practice guidelines, medical quality management, customer satisfaction and fiscal responsibility.
- Use Physician extenders appropriately. Physician Assistants (PA) and Advanced Practice Registered Nurses (APRN) may provide direct Member care within the scope or practice established by the rules and regulations of the State of Kansas and Payor guidelines.
- The sponsoring Physician will assume full responsibility to the extent of the law when supervising PA's and APRN's whose scope of practice should not extend beyond statutory limitations.
- PA's and APRN's should clearly identify their titles to Members, as well as to other health care professionals.
- A request by a Member to be seen by a Physician, rather than a Physician extender, must be honored at all times.
- Admit Members only to participating Hospitals, Skilled Nursing Facilities (SNF's) and other inpatient care facilities, except in an emergency.
- Respond promptly to Network or Payor requests for medical records in order to comply with regulatory requirements, and to provide any additional information about a case in which a Member has filed a grievance or appeal.
- Not bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from or have any recourse against any Participating Member, other than for patient responsibility in accordance with benefit plan.
- Treat all Member records and information confidentially, and not release such information without the written consent of the Member, except as indicated herein, or as needed for compliance with State and Federal law.
- Apply for a Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable. Maintain quality medical records and adhere to all Network policies governing the content of medical records as outlined in the quality improvement guidelines. All entries in the Member record must identify the date and the Provider.
- Maintain an environmentally safe office with equipment in proper working order in compliance with city, state and federal regulations concerning safety and public hygiene.
- Communicate clinical information with treating Providers timely.
- Preserve Member dignity, and observe the rights of Members to know and understand the diagnosis, prognosis and expected outcome of recommended medical, surgical and medication regimen.
- Not to discriminate in any manner between Participating Members and non-participating Members.
- Fully disclose to Members their treatment options and allow them to be involved in treatment planning.



- A Providers will consider Member input into proposed treatment plans.

Physician Access & Availability

Providers agree to make necessary and appropriate arrangements to ensure the availability of services to Members on a 24-hour per day, 7-day per week basis, including arrangements for coverage of Members after hours or when the Provider is otherwise unavailable.

In the event participating Providers are temporarily unavailable to provide care or referral services to Plan Members, they should make arrangements with another network contracted and credentialed provider to provide these services on their behalf.

Additionally, Physicians are to establish an appropriate appointment system to accommodate the needs of Participating Members, and shall provide timely access to appointments to comply with the following schedule:

- Urgent Care within 2 days of an illness;
- Sick care within 1 week of an illness; and
- Well visit within 2 months of an appointment request.

Appointment Scheduling

The following criteria comply with access standards:

1. Primary Care Providers should:
 - Provide medical coverage 24-hours a day, seven days a week;
 - Scheduled appointments should be seen within 30 minutes;
 - Schedule urgent care within 2 days;
 - Schedule routine care within one 30 days; and
 - Schedule preventive care within 60 days.
2. Specialty Care Providers should:
 - Schedule urgent care within 2 days;
 - Schedule routine care within 30 days;

ProviDRs Care may collect and perform an annual analysis of access and availability data, and measures compliance to required thresholds. The analysis can include access to:

- well visit;



- sick care;
- urgent care; and/or
- after hours care.

After-Hours Services

The Primary Care Physician or covering Physician should be available after regular office hours to offer advice and to assess any conditions, which may require immediate care.

To assure accessibility and availability, the Primary Care Physician should provide one of the following:

- 24-Hour answering service;
- Answering system with an option to page the Physician; or
- An advice nurse with access to the PCP or on-call Physician.

Provider Information Changes

30 day prior notice to our Provider Relations Department is required for any of the following changes:

- Tax identification number
- Group name or affiliation
- Physical or billing address
- Telephone or facsimile number

Updates can be sent to ProviderRelations@ProviDRsCare.net by completing the online form available at <https://providrcare.net/wp-content/uploads/2019/09/Provider-Changes.pdf>.

Provider Data Audit

ProviDRs Care performs an annual audit of provider demographics to ensure our provider directories are providing the most up-to-date information for our members. Providers are selected through a random sample and are notified via email of the audit. Providers have no more than five (5) business days to either confirm the correct information is on file or adjustments need to be made to the provider's demographic information. Providers who do not comply with the timeframe will be asked for additional information before claims will be processed accordingly.



Contracting

Eligible Providers

The following providers are eligible for membership in the ProviDRs Care Network:

Physicians	BA (Behavior Analyst)
Physician Assistants	SLP (Speech & Language Pathologists)
Podiatrists	AuD (Audiologists)
Occupational Therapists	RD (Registered Dietician)
Oral Surgeons	RDN (Registered Dietician Nutritionist)
Optometrists	CRNA (Nurse Anesthetists)
Physical Therapists	Behavior Health Specialists
Psychologists	Hospitals & Specialty Hospitals
Psychiatrists	Hospices
Chiropractors	Laboratories
APRN (Nurse Practitioners)	Ambulatory Surgery Centers
LSCSW (Clinical Social Workers)	Minor Emergency Centers
LCP (Licensed Clinical Psychotherapist)	Radiological Facilities
LPC (Licensed Professional Counselor)	Home Health Care Agencies
LCMFT (Licensed Marriage & Family Therapist)	Outpatient Mental Health Facilities
LMFT (Licensed Marriage Therapist)	Durable Medical Equipment
LAC (Licensed Addiction Counselor)	Infusion Therapy Companies
LCAC (Licensed Clinical Addiction Counselor)	Specialty Pharmacies
LMLP (Licensed Master Level Psychologist)	Ambulance Providers
LP (Licensed Psychologist)	Diabetic Supply Companies



Contracting Status Determination

1. Any entity which provides and/or bills members and submits claims to ProviDRs Care for health care services which advertises or represents itself to the general public as being owned, controlled, managed, affiliated with, or operated by a contracting provider must also be contracting with ProviDRs Care unless otherwise permitted by ProviDRs Care. Failure of such providers to contract with ProviDRs Care shall be considered cause for termination of the Provider Agreement in accordance with the Provider Agreement. This provision is applicable to entities serving members in the ProviDRs Care servicing area. Contracting providers shall not subcontract other providers using their ProviDRs Care contracting agreement without the written consent of ProviDRs Care.
2. A provider who practices in multiple locations in the ProviDRs Care servicing area must be contracting or non-contracting in all locations.
3. If the name of the provider set forth in the Declaration of Agreement is a provider group or other legal entity, rather than that of an individual, then the contracting Provider Agreement applies to all providers within the provider group. Any new providers who join the provider group will be understood to be bound by the terms of the Provider Agreement. The party signing the Provider Agreement on behalf of the provider group warrants to ProviDRs Care that such party: (1) has the authority to sign such agreement on behalf of the provider group; (2) shall make the terms of the agreement known to members of the provider group; and (3) shall inform new members of the provider group of the terms of the agreement upon entry into the provider group.
4. It is the responsibility of the contracting provider or a representative to notify ProviDRs Care of any changes in practice information, e.g., license status, address, tax ID number, NPI, ownership, individual provider leaving/joining group practice, death of provider, closure of office, etc.

Locum Tenens Provider

In situations in which the regular provider is unavailable, a locum tenens can be used to provide a visit/service. The locum tenens must be the same type of provider as for whom the locum is substituting (for example, a physician can only authorize another physician as a locum tenens, an APRN/PA can only authorize another APRN/PA, etc.) and the locum tenens must be licensed in Kansas and only perform within his/her scope of license. The locum tenens must not provide services during a continuous period of longer than 90 days. For situations extending beyond 180 days, the provider is required to contract with ProviDRs Care as a participating network provider.



The Application for Locum Tenens Physicians is required to be completed and submitted prior to rendering services to participating members. In billing for services provided by a locum tenens, the claim must be filed using the NPI or specific performing provider number of the provider for whom the locum tenens is substituting and a Q6 modifier must be used. In addition, the medical record must indicate the services were provided by a locum tenens. Covering for a deceased provider and billing under that deceased provider's NPI does not meet the criteria for locum tenens and is not permissible.

ProviDRs Care Network Directory Listing

Upon becoming a participating provider in the ProviDRs Care Network, the Provider's demographic information will be listed in provider directories and made available online.

Provider Services

Provider Communication

ProviDRs Care publishes an annual update to inform our providers of any changes in administration and policies. Information may also be found on our website. Updates affecting participating providers will also be communicated via the ProviDRs Care Connect newsletter. To enroll in the ProviDRs Care Connect email distribution list, please send requests to

ProviderRelations@ProviDRsCare.net.

All provider applications are available online at <http://providrcare.net/providers/>. Providers may also verify their contracting status via our online directories at <http://providrcare.net/find-a-doctor/>.

Provider Relations Customer Service Center

Our Provider Relations staff is available to assist you with issues regarding contracting and credentialing policy and procedure information and provider education needs Monday through Friday from 8:30 am to 4:30 pm CST. Providers in the Wichita, KS area should call (316) 683-4111; all other callers may use (800) 801-9772.

Member Identification

ProviDRs Care partners with a variety of employers, carriers and third party administrators (TPA) throughout the state of Kansas. The health identification card is used to identify patients accessing



the ProviDRs Care Network. The member's identification card will list the name ProviDRs Care Network and/or the company logo. Additionally, the explanation of benefits (EOB) will also indicate ProviDRs Care Network. The below ProviDRs Care logos below will appear on the member's ID card.



ProviDRs Care Select Network is a select part of our provider network that is customized specific to meet the employer's needs. The Select Network may carve out certain provider types that are not subject to contracted PPO network rates or participation status. The ProviDRs Care Select logo below will appear on the member's ID card and will identify which providers are carved out from the ProviDRs Care PPO network and subject to allowances determined by employer.



Although each identification card may be slightly different, the following information is commonly found on each identification card:

- *Member Name, Group Number and Member Date of Birth*
- *Summary of Key Member Co-pay/Co-insurance Responsibilities*
- *How to Contact the payer for Eligibility, Benefits, Precert and Utilization Management*
- *Claims Submission Information (electronic and postal address)*
- *Pharmacy and Behavioral Health Services contacts*