

ProviDRs Pulse

ISSUE NO 04 | JULY 2020



ProviDRs Care Moved

ProviDRs Care has officially relocated its office with a new address! Our **NEW CLAIMS ADDRESS** is:

238 N. Waco
Wichita, KS 67202

Please make this change effective immediately for **ALL** claims that are sent to our previous address at:

1102 S. Hillside
Wichita, KS 67211

This includes **ALL** claims addressed to **Third Party Administrators** with our previous address in your system.

Please note that it could take up to one year for payers to update our address on their members' ID cards. Therefore, we request that you make this change for submission of claims within your system to prevent any delay in claims being paid.

Please help us communicate this change by forwarding this notice to all necessary personnel within your organization.

WHAT'S NEW?

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Essential How-Tos

Essential Resources

Pathology, ER, Anesthesia, Radiology, Hospitalists & Locum Tenens Providers*

Did you know Providers participating under the above specialties are not required to complete the formal credentialing process? Contracted providers are only required to submit either a provider roster or complete Sections 1, 2 & 5 of the [Provider or Practice Change form](#).

To become a contracted provider or for more information on becoming a contracted provider, please see the [Provider Group Contract requirements](#) or complete the [Declaration of Agreement \(DOA\)](#).

*Please refer to Page 1 of the [Credentialing Program Description](#) for the full list of providers and exclusions.

Provider Resource Guide

Unsure of who to contact? Let us help! We understand one of the biggest misconceptions about ProviDRs Care is we are both the payer and the network. ProviDRs Care is your resource for provider related questions and the Payer is your resource for all member related benefit, eligibility & prior authorization questions.

Unsure of the payer? We partner with many payers, so the best resource is to obtain a copy of the front and back of the member's ID card which will list the payer and their contact information. We understand a copy of the card is not always available and the patient can only provide the name of their payer and their network. To help our providers, we list the payers that use our network and a link to their website on our own [website](#).

Based on provider feedback, we have created a Provider Resource Guide to help providers reach the correct contact without having to make multiple phone calls.

Provider Resource Guide

Questions?	Claim Payment Status Prior Authorization Benefits or Eligibility	Claim Status Repricing Inquiries	Provider Changes and Termination Directory Listing Network Participation Status Claim Rejection Due to Additional Information Needed	Physician Credentialing Application Status
Contact	Payer	ProviDRs Care Claims Department (800) 801-9772 ext 776 ProviderRelations@ProviDRsCare.net	ProviDRs Care Provider Relations (800) 801-9772 ext 777 ProviderRelations@ProviDRsCare.net	ProviDRs Care Credentialing (800) 801-9772 ext 811 Credentialing@ProviDRsCare.net
Self Service Options	Member ID Card List of Our Payers	Claim Search	Provider Documents & Resources Provider FAQ Provider or Practice Change Form Provider Directory	Credentialing Applications and Guidelines



Credentialing Corner

- To prevent unnecessary delays in credentialing or recredentialing, please make sure CAQH information is up to date! Locations are critical for the accuracy of the provider directories that your patients' reference.
- Check the certificate of liability insurance termination date – if it will expire within 45 days of application submission, we will likely be reaching out to you for an updated certificate.
- One of the busiest times of the year is approaching for new graduates and new hires....send applications as quickly as possible so new hires can hit the ground running! Please note their license must be active before their credentialing can be completed.
- A reminder a Physician Group Declaration of Agreement (DOA) is required for each organization before any practitioner can be credentialed or recredentialed, even if it is a single provider practice. For more information on Physician Group Declaration of Agreement requirements, please see Provider Group Contract requirements. The form can be completed on our [website](#).
- RightSignature, the platform that allows electronic submission of credentialing application and supporting documents, has recently updated their platform, so you will notice a new look to the provider applications on our website. Unfortunately, RightSignature removed the function that allowed you to download a PDF version of the form. If you need to print a credentialing form, you can right click and save a copy of the image, which can be printed, completed and returned to us via email, fax or mail.

Onsite Meetings with Hospitals Temporarily Suspended

Due to the current COVID-19 pandemic, ProviDRs Care has temporarily suspended onsite meetings with our partner hospitals. We will keep you apprised of any updates as they become available. Questions or concerns about your current contract may be submitted to Contracting@ProviDRsCare.Net.



World Hepatitis Day

Annually, July 28th is World Hepatitis Day and the birthday of Dr. Baruch Blumberg. Dr. Blumberg discovered the hepatitis B virus in 1967. Two years after his initial discovery, he helped to develop the first hepatitis B vaccine. World Hepatitis Day is used by organizations around the world to raise awareness of the problem. Hepatitis affects over 325 million people worldwide. Most people who have hepatitis are unaware of their infection. Increasing hepatitis awareness can help to prevent deaths. Healthcare providers are encouraged to recommend hepatitis screenings and vaccinations to your patients. Providers should not focus their conversations with patients on just the risk factors of hepatitis but also explain why the screenings and vaccinations are necessary and effective.



Not everyone will show symptoms but identifying who is at risk and encouraging screenings is critical in reducing risk. Some key factors in identifying who is at risk include

- Non-vaccinated or previously infected patients
- Those who live with an infected person
- Those who use drugs recreationally
- People who have an infected sexual partner
- HIV patients
- Healthcare workers that may have been exposed to blood
- Diagnosed patients with chronic kidney disease or liver disease
- Someone who has had a blood transfusion prior to 1992
- Those who were born to mothers infected with hepatitis
- Those that live in areas with poor sanitation and water supply

There are five types of hepatitis that occur around the world. Each virus is distinct and is transmitted different ways, affect different populations, and have different health outcomes.

- **Hepatitis A:** This virus is usually transmitted to a person when they unknowingly ingest small amounts of undetected stool from and infected person through contaminated objects, food, and drinks. Hepatitis A does not cause a chronic, lifelong infection and is rarely fatal, but can cause the person to have serious symptoms. The hepatitis A vaccine, good hand hygiene, sanitation and food safety help to prevent Hepatitis A.
- **Hepatitis B:** The hepatitis B virus is most commonly spread from an infected mother to her baby during birth. Other people can be infected with contact with blood and other body fluids through injection drug use, unsterilized medical equipment, and sexual contact. A person who is infected at birth or during early childhood are more likely to develop a chronic infection, leading to cirrhosis and liver cancer. The hepatitis B vaccine is the most effective way to prevent contracting the virus. It is recommended by the World Health Organization, for all infants to receive the hepatitis B vaccine immediately after delivery, followed by 2-3 additional immunizations.
- **Hepatitis C:** The virus is spread through contaminated blood. Most commonly, spread through the sharing of needles for drug use in the United States. Other routes of transmission; use of tattooing or piercing equipment without sanitizing, sharing of razors and toothbrush with an infected person, and unprotected sex with an infected person. Prior to 1992, hepatitis C was most commonly spread through blood transfusions and organ transplants. Now, there are procedures in place for the U.S. blood supply to be routinely tested for hepatitis C. Hepatitis C can cause both acute and chronic infections. There is currently no vaccine for hepatitis C, research for a vaccine is ongoing.
- **Hepatitis D:** The virus is also transmitted through contact with contaminated blood. Hepatitis D only occurs in people who already have the hepatitis B virus. People who do not have hepatitis B can protect themselves from hepatitis D by getting the hepatitis B vaccines.
- **Hepatitis E:** This virus is mainly spread through contaminated drinking water. However, pregnant women who are infected with hepatitis E are at considerable risk of mortality from the infection. This virus is rarely seen in the United States, but is found throughout the world. The highest number of cases are seen in East and South Asia. Improved water quality and sanitation can help prevent new cases of hepatitis E.

Ways to Raise Awareness

1. Identify at-risk patients
2. Encourage vaccinations
 - Safe and effective vaccines exist for hepatitis A and B. The Centers for Disease Control and Prevention (CDC) recommends the hepatitis A vaccine for children 1 year of age and the hepatitis B vaccine for infants at birth. The hepatitis B vaccine series should be completed by 6 to 18 months of age. Currently no vaccine exists for HCV; however, individuals can reduce their risk of infection by avoiding activities that put them in contact with infected blood. In particular, it's important to avoid the use of injected drugs.
3. Provide Educational Resources
 - There are multiple ways to spread information: social media, posters, pamphlets, talking to patients, and encouraging colleagues to do the same.
 - Don't solely focus on the risks; also explain why screenings and vaccinations are necessary and effective.
 - The CDC has a 5-minute hepatitis risk assessment that patients can take.

Resources:

1. Resources for Hepatitis Awareness Month and Hepatitis Testing Day. (2020, May 4). Retrieved from <https://www.cdc.gov/hepatitis/awareness/heppromoresources.htm>
2. Greenhalgh, T. (2020, January 16). 4 Ways to Increase Hepatitis Awareness. Retrieved from <https://www.infectiousdiseaseadvisor.com/home/advisor-channels/hepatitis-advisor/4-ways-to-increase-awareness-on-world-hepatitis-day/>