



2020 Annual Provider Data Audit

ProviDRs Care recently sent out the 2020 Provider Data Management Audit forms to a random sample of network providers. The audit helps to ensure your provider demographics, such as addresses and phone numbers, are displayed correctly in our online provider directory. The Provider Data Audit forms were sent to the provider's current Council for Affordable Quality Healthcare (CAQH) credentialing contact.

[Annual Provider Data Management Audit Attestation Form](#)

If you have received an audit form email and NO changes are needed or if the provider has terminated from the practice, you have the option to reply to the email or access the form found on our website: [Annual Provider Data Management Audit Attestation Form](#).

Will you pass? Ensure your provider information is accurate by reviewing our online [Provider Directory](#). If you search for a provider and the provider is not found, or found but with outdated information, please complete the [Provider or Practice Changes Form](#). Submit the completed form along with a copy of the W-9 to ProviderRelations@ProviDRsCare.net.

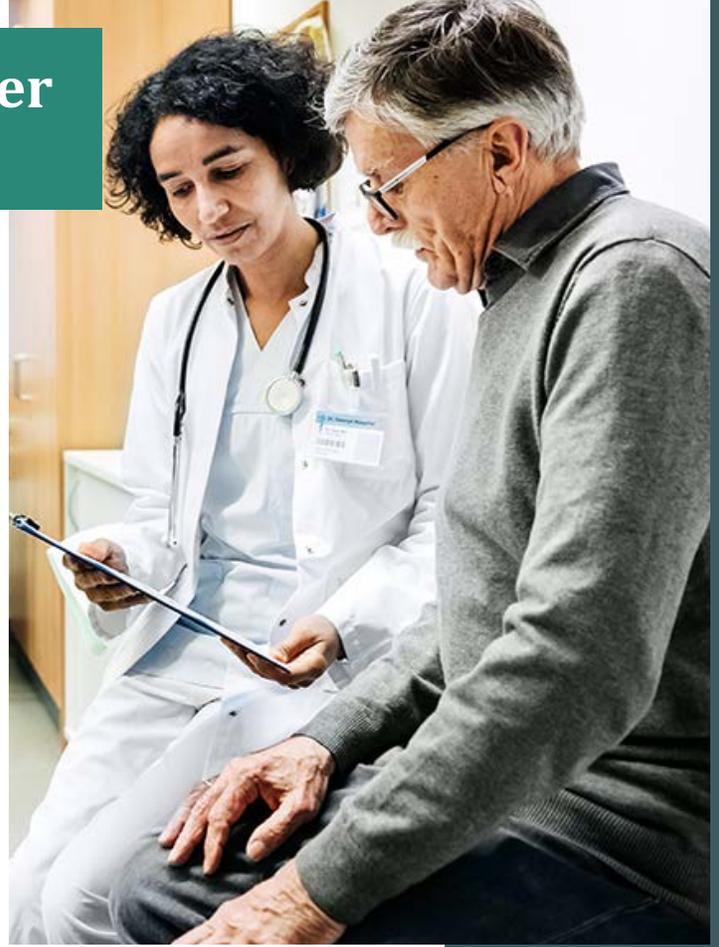
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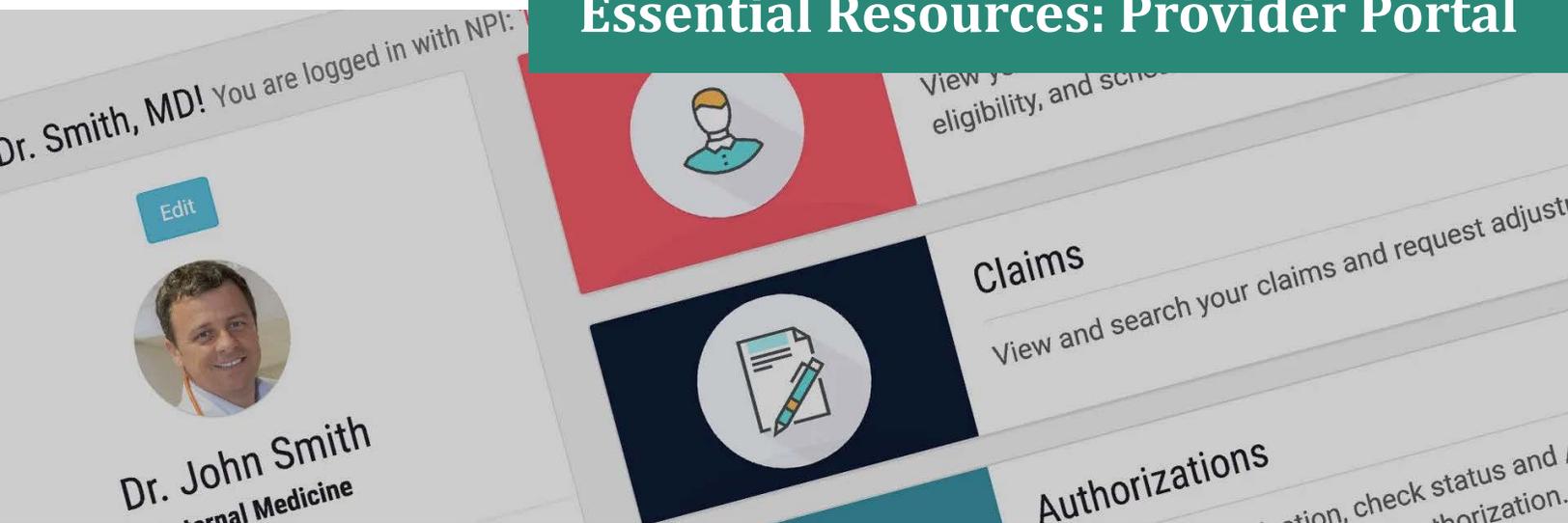
Provider Social Security Number Requirement

Following the Centers for Medicare & Medicaid Services (CMS) guidelines, ProviDRs Care requires the provider's Social Security Number to be on file to ensure that a provider is not listed on the Social Security Administration's Death Master File (DMF). We will capture this information for providers going through the formal credentialing and recredentialing process through the Council for Affordable Quality Healthcare (CAQH) application. This field has been added to the Provider or Practice Changes form. Providers not required to complete the credentialing process (i.e. hospital based providers), or providers that do not have a social security number listed in their CAQH application, are encouraged to use the Change Form to ensure the social security number is on file with ProviDRs Care.

To ensure all providers in your practice are compliant, please submit a request via email to ProviderRelations@ProviDRsCare.net with your group's Tax ID number. ProviDRs Care will indicate which providers are compliant and/or non-compliant



Essential Resources: Provider Portal



The Provider Portal will give you real-time access to the data that feeds to the many payers who utilize our network. The Portal will make it easy for you to manage and access:

- Directory Listings
- Network Effective Dates
- Recredentialing Dates
- Provider information management
- Practice / Group information management
- Referrals

Help & Training

The Provider Portal is set to be released late October 2020 and our Provider Relations team will be available to walk you through this new platform by phone, Webex and scheduled Webinars.

Services Provided by Non-Physicians and Resident Physicians

All non-physicians, who are defined as eligible providers under the ProviDRs Care contract and who are providing services as defined in their Kansas licensure or certification, are required to bill their charges to ProviDRs Care under their own National Provider Identifier (NPI) or specific rendering provider number, if applicable. The name of the ordering provider, when applicable, (including NPI, except when exempt by law) must appear on every claim.

Important Message for Durable Medical Equipment Suppliers

Upon joining the ProviDRs Care network and annually thereafter, we will request supplemental information from durable medical equipment (DME) suppliers to better connect patients to appropriate care providers.

Please be on the lookout for a request to submit an inventory of supplies you currently offer (i.e. breast pump supplies, diabetic supplies, etc.)

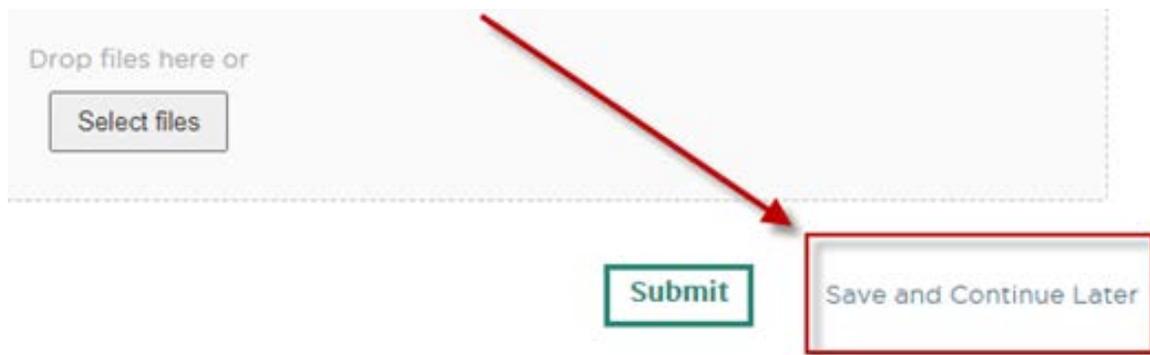
Facility/Ancillary Credentialing Application Updates

ProviDRs Care strives to maintain accurate network information to help patients find providers when they need care. To ensure our data is correct and up-to-date, we recently made enhancements to our credentialing application including:

- Improved interactive functionality
- Field customization based on provider type/specialty
- Additional "upload document" fields
- Required information/documents checklist



You can save an application in progress by clicking "Save and Continue Later" at the bottom of the application to generate a link unique to your application to resume and submit at a later time. **Please note that this link is only valid for 30 days.**



Questions about the application or credentialing requirements may be submitted to FacilityCredentialing@ProviDRsCare.Net.

Credentialing Corner

- **Remember that a Group Declaration of Agreement (Group DOA) is required to be completed and on file before practitioners can be credentialed or recredentialed!**

The Group DOA replaces the individual Provider DOA that was previously required to participate in network and start the credentialing process. This change allows the provider group to start the credentialing process for all new providers without having to complete the DOA for each new provider. This document is required for all organization Tax ID numbers, even if the organization is a solo practitioner. This agreement does not change your existing contract in any way.

- **Credentialing file accuracy:** If there is a change to the Supervising Physician for your nurse practitioners or physician assistants, please contact us, or visit our website at: www.providrscare.net to complete and submit a Collaborative Practice form to notify us of the change. This will help us maintain the accuracy of the practitioner credentialing information.



Breast Cancer Awareness Month

Breast Cancer Awareness Month is observed worldwide during the month of October. It brings increased attention and support for the awareness, early detection, treatment, and palliative care of the disease. Breast cancer cells typically appear in the lobules or in the ducts that connect the lobules to the nipple. When the breast cancer tumor is small and can easily be treated, there are typically no symptoms, which is why early detection is important. Yearly mammograms can help save lives because they often show breast changes that may be cancer even before physical symptoms develop.



Have your patient's make an appointment if they notice any of the following breast changes:

- Lump, hard knot or thickening inside the breast or underarm area
- Swelling, warmth, redness, or darkening of the breast
- Change in size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of nipples
- Sudden nipple discharge
- New pain in one spot that doesn't go away

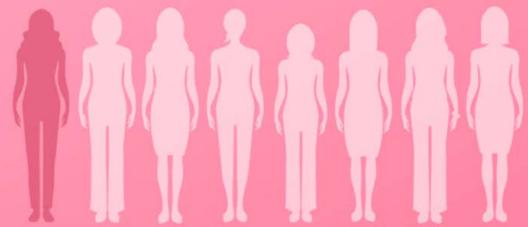


The American Cancer Society's current breast cancer screening guidelines are:

- Yearly mammograms should begin at age 40 and continue for as long as a woman is in good health.
- A clinical breast exam should be part of a periodic health exam – about every three years for women in their 20s and 30s and every year for women age 40 and older.
- Educate your female patients on the importance of knowing how their breasts normally look and feel. Advise them to contact your clinic if they notice any breast changes.

What increases your risk factors?

- Being female puts you at a greater risk for breast cancer but men can develop breast cancer too
- Increase in age
- Family history of a first degree relative (mother, sister, or daughter)
- Postmenopausal combined hormone therapy
- Overweight or obese, especially after menopause
- Alcohol use
- Sedentary lifestyle
- Long menstrual history
- Being a Non-childbearing women
- Previous chest radiation to the chest



1 IN 8 WOMEN
in the United States will develop
breast cancer in her lifetime.

Educate your patients on how to decrease their risk of breast cancer

- Maintain a healthy weight
- Exercise: 45 minutes or more of exercise on five or more days per week can help decrease the risk of breast cancer
- Limit alcohol consumption to no more than 1 drink per day (no more than two for men). A drink is defined as 12 oz. of beer, 5oz of wine, or 1.5 oz. of 80-proof liquor.
- Reducing tobacco consumption, Smoking is linked to breast cancer in younger, premenopausal women and can increase complications from breast cancer treatment.

Resources:

Breast Cancer: Breast Cancer Information & Overview. (2019, September 18). Retrieved August 06, 2020, from <https://www.cancer.org/cancer/breast-cancer.html>