

SECTION 1

Provider Relations

Provider Relations Overview

The Provider Relation Representatives are responsible for coordinating the day-to-day functions as they relate to the non-medical administration of MercyCare Insurance Company (MCIC) participating provider offices. The following are the responsibilities of the Department:

Credentialing

The Application Form is key to the credentialing process. When fully completed and verified, it is forwarded to the MCIC Credentialing Committee for review. New applicants will be notified of their participation status after review by the MCIC Credentialing Committee.

Participation in MCIC may be extended to those applicants who comply with the standards set forth in the MCIC Credentialing Policies. MCIC is responsible for making the determination regarding a practitioner's participation and is responsible for reviewing the credentials, general qualifications and community relationships of all applicants.

If you have any questions or concerns regarding the credentialing process please contact the Credentials Specialists at 1-800-752-3431 ext. 3066.

Notification of Practitioner Termination

MercyCare Insurance Company (MCIC) is required to notify membership of practitioners leaving the MCIC network within 30 days **PRIOR** to their termination. MCIC does this to ensure continuity of care by notifying the member and assisting them in finding a suitable alternative.

If you have a physician leaving your practice, please notify MCIC in writing no later than 30 days prior to the termination date. Please send your notification to:

MercyCare Insurance Company
P.O. Box 2770
Janesville, WI 53547
Attn: Provider Relations Department

Requirements for Providers Regarding the Exchange of Confidential Information

MercyCare Insurance Company (MCIC) makes every effort to protect member identifiable information. We request that all member identifiable medical information be sent to MCIC be done in a consistent confidential manner. All information sent through inter-office mail or regular mail should be sent to MCIC in a sealed envelope/container and clearly marked "CONFIDENTIAL". All forms of communication to MCIC, including, but not limited to, phone calls, faxes and electronic communication, should be handled with the utmost regard for member confidentiality.

Provider Status Changes

Changes in status (i.e., address, name, open/closed/limited practice status) are maintained by the Provider Relations Representatives.

Providers may change their practice status (open, closed or limited) only twice a year, March 1st and September 1st, by notifying the MCIC Provider Relations Representatives in writing by March 1st or September 1st of each year. The status will remain in effect for a six-month period, e.g., from March 1st until September 1st.

Providers who add new offices or move to a new location are also requested to contact MCIC Provider Relations in writing about the change.

See Section 14 for the MCIC Provider Directory and updates.

Accessibility of Services

MercyCare Insurance Company (MCIC) maintains policy consistent with that of nationally recognized standards for appointment accessibility. The purpose of evaluating appointment accessibility is to measure the length of time it takes for MCIC's members to obtain services with MCIC participating network providers.

A representative of MCIC evaluates appointment accessibility with Primary Care Physicians and Behavioral Health Specialists, in person at least annually. Below are the standards adopted by MCIC:

- **Regular and Routine Care Medical Appointment:** Preventive Care (well child exams, physical exams, or routine wellness appointments) and primary care for non-urgent symptomatic conditions.
Members should be seen within 10 working days
- **Urgent Care Medical Appointment:** any request for medical care or treatment for a condition that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment or in the opinion of a practitioner with knowledge of the medical condition, would subject the member to severe pain that cannot be adequately managed without the care.
Members should be seen within 48 hours or 2 working days
- **After-Hours Care:** The member must be able to reach a live person who is capable of directing them to the appropriate medical care person when the practitioner's office is not open.

Practitioner Appeals Process

A practitioner may appeal decisions of the MercyCare Insurance Company (MCIC) claims payment/denial via telephone or letter to the MCIC Provider Relations Representatives. All appeals must be requested within 90 days of receiving their Explanation of Payment, or within their contractual timely filing limit. Upon receipt of a written appeal request the Provider Relations Representatives will send out a letter notifying the provider the appeal was received. The Provider Relations Representative will then investigate all supporting documentation regarding the appeal. If the Provider Relations Representative cannot overturn the appeal, it will then be forwarded to the Practitioner Appeals Committee. A letter of determination will be sent to the provider notifying them of the final decision. All appeals will be decided within 45 days.

Orientation for New and Existing Participating Providers

The Provider Relations Representatives are responsible for acquainting the new and existing Provider offices with the operations of MCIC. When a new Provider is entered into the MCIC Network, a Provider Relations Representative will contact the Provider's office to arrange an appointment for an orientation. **Feel free to contact Provider Relations if you have a staffing change and would like us to provide an orientation.**

Healthy Partners Newsletter

"Healthy Partners" is a communication tool to notify physicians and staff of pertinent information and operational changes such as:

- ◆ Utilization Review
- ◆ Quality Improvement activities
- ◆ Disease Management
- ◆ Formulary updates
- ◆ Clinical Practice Guideline updates
- ◆ Case management Availability
- ◆ Administrative policies and procedures
- ◆ Credentialing and Provider Highlights

The "Health Partners" newsletter is usually sent quarterly. We welcome your comments on "Healthy Partners" as well as your suggestions for topics to be featured.

Management Committees

MCIC has formed management committees that meet regularly to guide and direct both the day-to-day and strategic issues facing MCIC. The following is a listing of MCIC Committees:

- ◆ Quality and Utilization Management
- ◆ Credentialing and Peer Review
- ◆ Pharmacy and Therapeutics

If you are interested in serving on any of the committees, please contact the MCIC Medical Director at 608-758-7719.

Provider Records

Information pertaining to contracts, credentials, correspondence and other relevant information is kept in confidence by the Provider Relations Representatives. Information is not distributed without the explicit consent of the provider. All MCIC authorized employees are responsible to protect the confidentiality of provider information pertaining to all personal provider information.

Should you have questions about any of these issues, feel free to contact your representative.

Provider Reference Guide

This reference guide is prepared by MCIC to serve as a reference tool for our providers. Please contact us at 608-752-3431 if there is information you wish to see in the reference guide or if you have questions or comments.

Updates to this reference guide will be provided as needed.