



# THE BRIDGE

March 2020 | Volume 3

## Provider Directory and Data Accuracy

Because members rely on provider directories to locate an in-network provider, inaccuracies could pose a significant access-to-care barrier. As a result, CMS can, and does, issue compliance actions as a result of directory inaccuracies.

Earlier this year CMS announced the use of the National Plan and Provider Enumeration System (NPPES) to help increase the accuracy of directories and reduce the burden of directory preparation for providers and plans.

National Plan and Provider Enumeration System (NPPES):

- Could reduce the need for contact between plans and providers.
- Is available to virtually every provider in the U.S.
- Is available to all in an application programming interface (API) format.
- Has core data elements for directories.
- Is free to both plans and providers.
- Was recently updated so providers can enter multiple addresses and the date they certified that data.



### What Should Plans and Providers Do?

Plans should communicate with network providers on why and how to use NPPES to update their data with the addresses where they see patients on a regular basis. Then, plans should review their data against NPPES and make updates accordingly. The NPPES database is available for download and also is periodically available as a change file, making updates easier. Providers should use NPPES to review, update, and certify their data.

### What Will CMS Do?

CMS will begin provider directory reviews in May 2020. The focus will be on PCP, Oncologists, Cardiologists, and Ophthalmologists with data accuracy as the focus. CMS will no longer be reviewing if providers are accepting new patients. Further, with the focus on data accuracy, it is no longer a requirement for quarterly calls to providers. This makes using NPPES even more beneficial.

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## Upcoming Events

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Enhancing Appeals & Grievances and  
Improving ODAG & CDAG Readiness  
**JUNE 8-10, 2020 (NEW DATES)**

AC Hotel Downtown  
Nashville, TN  
[#AppealsGrievancesIEN](#)

### Appeals & Grievance Summit 2020 DATES HAVE CHANGED

The Enhancing Appeals & Grievances and Improving ODAG & CDAG Readiness conference has been rescheduled. This industry event was originally scheduled for March 25-27, 2020 at the AC Hotel in Downtown Nashville and **has been changed to June 8-10, 2020 at the same venue.**

Madena will still be presenting the Wednesday morning session, *Universe Production: Combining the Operational and Compliance Perspectives to Optimize Accuracy and Effectiveness.*

If you have a room booked at the AC Hotel, please contact them directly at 615-514-2500 to change your reservation. If you've booked at the Margaritaville Hotel, please call 877-505-7223.

[Register](#)

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## Service Spotlight

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- Provide a summary of EDV packets indicating identified errors and process improvements needed to avoid recurrence.

Our team would be happy to set up a demo of our EDV Module or provide [BPO services](#) for your monthly EDV.

[Contact us](#) to discuss how we can help your plan maximize your data and efficiency.

**Dates**  
& DEADLINES

**March 2020**  
PROGRAM AUDITS BEGIN

**April 2020**  
D-SNP STATE CONTRACT REVISIONS FINALIZED;  
NEW MEDICAID ALIGNMENT PROCESSES  
DEVELOPED

**May 2020**  
CMS WILL BEGIN PROVIDER DIRECTORY REVIEWS

### March Recon - Avoid CAT 3 Submission

Monthly Reconciliation is an opportunity to confirm that the health plan systems correctly reflect the member information and is in sync with CMS' system MARx. When discrepancies are identified quickly, updates can be made with minimal impact to members and health plan capitation. Discrepancies that linger over several months will cause member abrasion, a barrier to accessing benefits.

CMS monitors RPC Category (CAT) 2 & 3 submissions and considers health plans with high volumes to be "outliers." These outlier plans will be investigated by CMS Account Managers to identify the root causes associated with the increased volume. Note that entitlement reinstatements are the result of a CMS action, not the health plan. Therefore, it is important to track root cause for all RPC submissions.

**CMS' expectation is that health plans have zero Category 3 submissions.**

March Reconciliation is the last chance to avoid CAT 3 submissions for January 2020 enrollments that require correction. Make sure to closely review all of the January effective date enrollment discrepancies identified from the MMR to determine if retro-action is required. If so, the RPC packets can be submitted as a CAT 2 as long as uploaded by 3/31/2020.

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**MADENA**  
BRIDGING HEALTHCARE OPERATIONS



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