

HCA ACP Provider Data End to End Process Final

1. HCA will provide Regence with the Tax IDs of the providers with whom the ACP has contracted with as part of the ACP Partner and/or affiliate provider organizations.
 - a. This will include overlapping exclusivity (attribution) status of each provider TIN on the roster. Each provider must only attribute to one ACP network and a provider in both ACPs (“overlapping” provider) must be assigned to attribute to one ACP.
2. HCA will email changes to the content of the network (i.e. Tax ID adds, terminations, etc.) to Regence monthly and those Tax IDs will be maintained using Regence’s existing process internally along with any supporting contractual documents.
3. HCA will supplement the ACPs with a distinct list of provider specialties (Ancillary specialties) of providers who are practicing in the counties specified (Ancillary Network) and contracted/credentialed in the Regence PPO network.
4. Regence contracts with the providers who will comprise these ACPs. The HCA will send Regence one roster for each ACP that addresses provider adds and terminations (changes to previous roster) for partner and affiliate providers at the TIN level through the contract term by August 31st for the following year, and each month for the months of January – August.
5. Regence will maintain routine individual provider credentialing.
6. Regence can produce a monthly extract of the ACPs in the format specified by HCA for their internal use if necessary.

Routine Roster Submission

1. HCA OPS will send roster submission to Regence (email box listed below) by the last day of the month.
2. Regence will have the Provider TIN roster submission live and in production by the 1st of the following Month excluding any discrepancies or errors. (Example: Provider TIN Roster is received on August 31st from HCA OPS, Regence would have the roster live on October 1st)
3. Details of confirmation of errors/discrepancies:
 - a. Total # of TINs submitted by ACP
 - b. Total # of changes
 - c. Whole record for those that error out so that its easily identifiable by ACP
4. Create naming standards for the reports, e.g.: **June2016PSHVNRoster** or **June2016UWMedACMRoster** (date, name of ACP). This will allow Regence to track and archive rosters and easily identify information to/from the ACPs/HCA regarding particular rosters. Also, use the naming convention in the Subject line of the email for easy identification.
 - a. Whole record for those that error out so that its easily identifiable by ACP
 - b. Regence will review roster and return to ACP within 10 business days of receipt. ACP will provide updates on next roster cycle via the HCA.
 - i. PSHVN: Ilir Cerekja, Ilir.Cerekja@virginiamason.org
 - ii. UWMedACN: Michele Fisher, mafisher@uw.edu
5. Email Distribution List for ROSTERS ONLY address –
 - a. HCADLACPOps@hca.wa.gov
 - b. DL-HCAACP@regence.com (for use by HCA only)

STANDARD MAINTENANCE:

1. When adding an existing Regence PPO contracted provider or group to an ACP Custom Network, it will take approximately 10 working days to be visible on PSearch.
2. If a provider requests termination of their Regence contract, there is a 90 day notification requirement. Regence asks that ACPs/Provider groups follow the standard process they use today when notifying Regence of any changes to their groups at the TIN level, e.g. adding a provider, changing an address, terming a provider, etc. including all current timelines.
3. Once the provider signs the contracts and Regence counter-signs, the effective date of the networks is the first day of the month that the provider completed credentialing or signed their contract - whichever is greater
4. Once the credentialing application is approved, a notice goes out to Provider Enrollment to load the provider record to PIMS and send out contracts
5. The terms of our contracts require a 90 day notice of termination - whether it's initiated by us or by the provider

Participating Provider Update/timelines

Type of update	Input – how received?	Timeline
Standard provider demographic changes, terms	Email, returned mail, claim, weekly credentialing report	20 business days
Negotiated MGA Demographic, Terms	Email, returned mail, claim, weekly credentialing report	20 business days
Standard Provider TIN change	Email, returned mail, claim, weekly credentialing report	20 business days
Negotiated MGA Tax ID change	Email, returned mail, claim, weekly credentialing report	20 business days
Delegated Group (any changes)	Email with Delegated Group Profile or Roster	10 business days
Hospital Based Provider Group demographic changes	Email with HBF B Application	20 business days