

February 26, 2020

CMS Quarterly Updates

As a contracted Medicare Advantage provider, you are required to follow the Medicare guidelines. You have signed the Medicare Addendum that outlines these requirements. Under the Medicare Managed Care Manual – Chapter 4 – Benefits and Beneficiary Protections, you are required to assist us with ensuring our provider directories are accurate.

What you need to know:

- On or around March 2 you will get an email with the subject line **“Welcome to MyPlanTools for Provider Updates.”** Please open this email, as it will have your **username** and connect you to the MyPlanTools application Quartz will be using for CMS quarterly updates. You will then get another email, to reset your **password**.
- On the first Wednesday of each quarter you will get an email with the subject line **“Reminder: Complete Verification in MyPlanTools.”** You will continue to get this email until you complete verification in MyPlanTools. We ask that you complete these quarterly updates as soon as possible. We appreciate your help making sure our members have accurate data when going to the online provider directory as required by CMS.

Please Note: You may also get an email that your access to MyPlanTools will expire and you need to log into My Quartz Tools. This change is only for end users and day-to-day normal business such as member eligibility, claim status, EOB review, authorizations/referral submission. This change does not affect the request mentioned in this email. You will continue to use MyPlanTools for CMS and FOF verification, while you will begin to use My Quartz Tools for all other daily routine checks.

110.2.2 – Provider Directory Updates

MAOs are expected to update directory information any time they become aware of changes. All updates to the online provider directories are expected to be completed within 30 days of receiving information. Updates to hardcopy provider directories must be completed within 30 days, however, hardcopy directories that include separate updates via addenda are considered up-to-date.

MAOs should contact their network/contracted providers on a quarterly basis to update the following information in provider directories:

- Ability to accept new patients
- Street address
- Phone number
- Any other changes that affect availability to patients

MAOs should contact providers using a method that is likely to achieve the highest response rate. It is not sufficient to determine that a group practice is accepting new patients. Outreach does not apply to entities such as hospitals.

All providers listed in hard copy or online directories must have current contracts to participate in the MA plan network. Directories provided during the AEP for the upcoming plan year are expected to fairly represent the network for the upcoming plan year.

110.2.4 – Online Provider Directory Requirements

MAOs must post a provider directory for all products offered by service areas or by general geographic area. The provision of accurate provider information and ensuring adequate access to covered services are essential protections for enrollees. **Accurate provider directories are critical to helping enrollees make educated decisions about their MA plan choices.**