



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

Be Prepared for CMS Provider Directory Audits

CMS conducts audits on provider directory information in accordance with the Consolidated Appropriations Act that was signed into law in 2020.

We recommend that you assign someone in your office to be responsible for managing all activities related to provider directory information. If your office receives a call from a patient, LexisNexis or CMS, forward the call to your designated associate to be sure that questions are answered correctly.

Clinicians who do not respond to verification requests may face delayed claim reimbursements and removal from provider directories.

Your contact should be able to answer the following questions:

- ☐ Does the provider see patients at this location?
- ☐ Does the provider accept Medicare Advantage Prescription Drug plans at this location?
- ☐ Does the provider accept new patients who have a MA-PD plan? (The provider directory is considered accurate if it correctly indicates the provider is or is not accepting new patients.)
- ☐ Is the provider a primary care physician, cardiologist, oncologist or ophthalmologist?
- ☐ What is the address?
- ☐ What is the telephone number for making appointments? (Usually confirmed by dialing the phone number.)
- ☐ What is the provider's name?
- ☐ What is the practice name?

PRV20693-2311

LexisNexis in an independent company that provides products and services including Verify-HCP.



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