

n05382

Provider Data Validation

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Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC and Marketplace (NHP/NHIC/NHAS/Marketplace) ensures its demographic data for contacted providers is accurate.

Policy Detail:

NHP/NHIC/NHAS/Marketplace, validates at a minimum, quarterly and when new information is provided from the contracted group, ensuring that members have timely current information.

Procedure Detail:

- I. Provider and Facility Information Validation
 - A. Individual Provider, Ancillary Service Provider, and Facility Provider demographic data is reviewed and validated three months prior to scheduled annual contract renewal activities. Provider Board Certifications, and Provider Hospital Affiliations are verified by the Credentialing department during the initial credentialing process, and again every three years. Provider Informatics initiates a process and works in conjunction with NHP's Credentialing Department to validate the following information by a contract within the contracted provider group:
 1. Group Affiliation
 2. Remit Name
 3. Remit Address 1
 4. Remit Address 2
 5. Remit City
 6. Remit State
 7. Remit Zip
 8. Remit Phone
 9. Remit Fax
 10. Provider Name
 11. Provider Gender
 12. Provider Email Address
 13. Provider Languages Spoken
 14. Provider Acceptance of New Patients

15. Provider Specialty
16. Provider Specialty Count (number of specialties practiced/contracted)
17. Provider Board Certifications
18. Provider Hospital Affiliations
19. Practice Location Name
20. Practice Location Status (Primary/Secondary)
21. Location Term Date (date provider no longer provides services at this
22. location)
23. Practice Location Address
24. Practice Location City
25. Practice Location State
26. Practice Location Zip
27. Practice Location Phone
28. Practice Location Fax

II. Hospital Information Validation

1. Hospital accreditations are verified by the Credentialing department during the initial credentialing process, and again every three years. Facility name and location are obtained on the credentialing application and validated every 3 years as part of the re-credentialing process (See related policy #00198 Credentialing Process Policy).

III. Website Provider Searches

1. Provider demographic data, which feeds NHP/NHIC/NHAS/Marketplace online website search, is from QNXT data source and refreshed daily
2. Hospital quality data, which feeds NHP/NHIC/NHAS/Marketplace online website search, is from Medicare.gov/Hospital Compare data source and refreshed daily

IV. Printed Directories

1. For procedures followed surrounding the generation of printed directories, and frequency of printed directories being updated and available on the NHP/NHIC/NHAS/Marketplace websites see related policies

Definitions:

None

Regulatory Citations:

NET 6, Elements C, D, G, H

Medicare Managed Care Manual Chapter 3, 100.4

Related Policies:

[n00198 Credentialing Process](#)

[n05481 Provider Directory Compliance](#)

Related Documents:

None

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