n05382

Provider Data Validation

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Third Party Administrator/Network Health Administrative Services, LLC (NHP/NHIC/NH TPA/NHAS) ensures its demographic data for contacted providers is accurate.

Policy Detail:

Network Health Plan/Network Health Insurance Corporation/Network Health Third Party Administrator/Network Health Administrative Services, LLC (NHP/NHIC/NH TPA/NHAS) validates at a minimum, quarterly and when new information is provided from the contracted group, ensuring that members have timely current information.

Procedure Detail:

Provider and Facility Information Validation;
Individual Provider, Ancillary Service Provider, and Facility Provider demographic data is reviewed and validated at a minimum, quarterly and when new information is provided from the contracted group.
Board Certifications, and Hospital Affiliations are verified by the Credentialing Department during the initial credentialing process, when new information is provided from the contracted group, and again every three years during Recredentialing.
Provider Informatics initiates a process and works in conjunction with NHP's Credentialing Department to validate the following information 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 at Birth
12. Gender Identity
13. Sexual Orientation
14. Pronoun
15. Provider offers sign language/Braille

16. Provider Race
17. Provider Ethnicity
18. Provider Email Address
19. Provider Languages Spoken
20. Provider Acceptance of New Patients
21. Provider Specialty
22. Provider Specialty Count (number of specialties practiced/contracted for)
23. Provider Board Certifications
24. Provider Hospital Affiliations
25. Completion of annual Cultural Competency training
26. Practice Location Name
27. Practice Location Status (Primary/Secondary)
28. Location Term Date (date provider no longer provides services at this location
29. Practice Location Address
30. Practice Location City
31. Practice Location State
32. Practice Location Zip
33. Practice Location Phone
34. Practice Location Fax
35. Practice languages spoken in clinic
36. Completion of practice/facility annual Cultural Competency training
37. Does practice have access to a skilled medical interpreter
38. Hospital Information Validation
39. Hospital accreditations are verified by the Credentialing Department during the initial credentialing process, and again every three years during Recredentialing..
40. Facility name and location are obtained on the credentialing application and validated every 3 years during Recredentialing. (See related policy #00198 Credentialing and Recredentialing Process).
41. Website Provider Searches
42. Provider demographic data, which feeds NHP/NHIC/NH TPA/NHAS online website search, is from QNXT data source and refreshed daily
43. Hospital quality data, which feeds NHP/NHIC/NH TPA/NHAS online website search, is from Medicare.gov/Hospital Compare data source and refreshed daily
44. Printed directories
45. For procedures followed surrounding the generation of printed directories, and frequency of printed directories being updated and available on the NHP/NHIC/NH TPA/NHAS websites see related policies

Should a contracted provider/group omit submission of validation of their provider(s) data on any given quarter, the provider(s) within said group will be removed from Network Health's provider directory for up to 30 days OR until submission is received by Network Health. If no receipt of data validation is received by Network Health from the provider or provider group after the above noted 30 days, the provider/group delinquent of supplying validation of provider data will be in breach of their contractual arrangements to maintain regulatory requirements and therefore their contract will be in jeopardy of termination.

Definitions:

None

Regulatory Citations:

NET 6, Elements C, D, G, H

Related Policies:

n00198 Credentialing Process
n05481 Provider Directory Compliance

Related Documents:

None

Origination Date:	Approval Date:	Next Review Date:
09/13/2022	8/11/2026	8/11/2027
Regulatory Body:	**Approving Committee:**	
CMS/NCQA	Quality Management Committee	
Policy Owner:	**Department of Ownership:**	**Revision Number:**
Andrea Albright	Credentialing	7

Revision Reason:

10/12/2016 – Transferred to new policy template.
08/14/2017 – Updated Policy owner.
05/14/2019 – Updated Policy Owner and NCQA element.
04/13/2020 – Updating policy owner and updating template
04/12/2021 – Annual Review
04/11/2022 – Annual Review
01/01/2022 – Annual Review
09/22/2023 – Updated further Health Equity Requirements
11/16/2023 – Approved at QMC.
08/23/2024 – Annual Review and added HE requirements
09/12/2024 – Approved at QMC
09/18/2025 – Approved at QMC
8/11/2026 – Annual Review