

n05382 Provider Data Validation

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC and Marketplace (NHP/NHIC/NHAS/) 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:

Provider and Facility Information Validation

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 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 provider annual cultural competency training attestation
- 26. Practice Location Name
- 27. Practice Location Status (Primary/Secondary)
- 28. Location Term Date (date provider no longer provides services at this
- 29. location)
- 30. Practice Location Address
- 31. Practice Location City
- 32. Practice Location State
- 33. Practice Location Zip
- 34. Practice Location Phone
- 35. Practice Location Fax
- 36. Practice languages spoken in clinic
- 37. Completion of practice/facility annual cultural competency training attestation
- 38. Does practice have access to a skilled medical interpreter
- 39. Hospital Information Validation
- 40. 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 recredentialing process (See related policy #00198 Credentialing Process Policy).
- 41. Website Provider Searches
- 42. Provider demographic data, which feeds NHP/NHIC/NHAS/Marketplace online website search, is from QNXT data source and refreshed daily
- 43. Hospital quality data, which feeds NHP/NHIC/NHAS/Marketplace 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/NHAS/Marketplace 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 Medicare Managed Care Manual Chapter 3, 100.4

Related Policies:

n00198 Credentialing Process n05481 Provider Directory Compliance

Related Documents:

None

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| Andrea Albright | Credentialing | 6 |
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| 10/12/2016 - Transferred to | new policy template. | |
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| | v. Oveman and NCOA alamant | |

05/14/2019 – Updated Policy Owner and NCQA element.

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4/12/2021 – Annual Review

4/11/2022 – Annual Review

1/1/2022 – Annual Review

9/22/2023 – Updated further Health Equity Requirements

11/16/2023 – Approved at QMC.

8/23/2024 – Annual Review and added HE requirements

9/12/2024 – Approved at QMC