



Provider Directory Validation

We need your help!

Triad HealthCare Network's (THN) Provider Data Management team uses BetterDoctor, the nation's most accurate provider data management platform, to validate HealthTeam Advantage's (HTA's) provider directory.

Why?

The Centers for Medicare & Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA) have enacted requirements that health plans engage providers in reviewing and maintaining provider directory information. Because of these requirements, CMS conducts annual Medicare Advantage plan directory audits during which they call provider's office(s) to verify the accuracy of the information for each location listed in a provider directory. During the calls, the following questions are asked to determine directory accuracy:

- Does the provider see patients by appointment at this location?
- Does the provider accept new patients with this health plan?
- Is the provider a primary care physician, cardiologist, oncologist, ophthalmologist, etc.?
- Is the address, telephone number, provider name, and practice name correct?

The regulations and the subsequent annual audits are designed to ensure patients have current and accurate provider demographic information. As a result, all health plans will ask each individual provider to verify their information every 90 days.

Who is BetterDoctor?

BetterDoctor is the Quest Analytics Accuracy solution enabling health plans to provide their members with an up-to-date, accurate directory of network providers.

Why are accurate provider directories important to consumers and health plan enrollees?

Health plan enrollees need accurate information about which providers and facilities they can visit in-network. Consumers need accurate information about the providers and facilities that are in health plan provider networks when shopping for coverage.

What if I already attest with CAQH? How is BetterDoctor different than CAQH?

Many providers are familiar with the Council for Affordable Quality Healthcare's (CAQH) online updates and use them to update *credentialing* information with some health plans. Some plans also use CAQH to update provider directory information, but *not all do*. It's important to understand the difference between credentialing and provider directory information. One is intended for plans, the latter, for patients.

What am I being faxed to verify my information?

BetterDoctor faxes providers on behalf of health plans to help fix provider directories so consumers can find the most current information. The fax we send provider's offices directs providers to an online portal where they can securely update their information. Additionally, federal and state rules require providers—doctors, practitioners, etc.—to verify information about providers and their practice with each health plan they contract with.

If BetterDoctor does not receive your verification, they will also email, call, and send the verification request via USPS.

How often am I required to verify my information?

CMS requires health plans to contact providers on a quarterly basis.

Why are these requests coming to my office when I have a credentialing department to address this?

Many times providers are listed at several group locations, however, they may only take patients by appointment at a singular location (and these additional locations are for coverage purposes only). Due to this finding, we know that each individual practice knows their provider roster better than anyone, therefore we're required to contact each one, individually.

How can I help?

You can help by completing the verification requests as they're sent each quarter and advising the plan (HealthTeam Advantage) of any changes in your provider roster. Examples include (but aren't limited to): providers joining and/or leaving the practice, a practice location move, a practice phone number change, etc.; essentially any change to your provider staff, physical location, or contact information.