## NAVIGATING REQUIREMENTS

FOR PROVIDER DIRECTORIES

**Provider Data Fields** 

**Contact Method for Incorrect Data** 

**Network Plan Data** 

**Locations & Accessibility** 

**Verification & Update Frequency** 





46% Board Certification



23% Record Last Update



92% Network Plan Coverage/Accepted

92% Accepting New Patients

31% Plan Tier-Preferred /Non-Preferred

8%
Contract Coverage
Start/End Date

77% Hospital Name

54% Non-Hospital Name

23% Accessibility



**46%** Monthly-Weekly







\*Averages based upon analysis of 13 state & federal regulations & proposed standards as of September 6, 2016.

For complete details, see the following page.







## **Provider Directories - Required Data Fields**

Regulation / Requirement / Standard	CMS Health Insurance Marketplace Machine Readable Standard - Final Rule	Medicaid & CHIP Managed Care - Final Rule	Medicare Advantage Provider Directory Model 2016	Health Benefit Plan Network Access and Adequacy Model Act	National Committee for Quality Assurance (NCQA) Physician and Hospital Directory Standard	California Senate Bill 137	New Jersey Administrative Code 11:24C-4.5 4.6	New Mexico Qualified Health Plan Submission Guide	New York Dept of Health - Provider Network Data System	North Carolina General Statute 58- 3-245	Ohio Required Provider Network Disclosures	TennCare Policy Manual Policy CON 06-001 Revision 4	Washington Administrative Co 284-43-220 Netw Reports
Insurance Plan Applicability Date Posted / Approved / Enacted	21-Mar-16	25-Apr-16	5-May-15	4th Quarter 2015	All ACA plans 2016 Standards	All Plans 8-Oct-15	Managed Care Org. 26-Jan-12	QHPs	All plans (various submit regs.) Sep-15	All plans	All plans 21-Sep-15	Managed Care Org. 23-Jul-12	All plans 26-May-14
Reference Website URL	https://www.cms.gov/CCHO/Besources/Data Resources/Downloads/Machine_Readable_ Data_Dictionary.pdf	https://s3.amazonaws.com/public inspection federal register aps/201 6-09581.pdf	https://www.cms.gov/Medicare/Health- Plans/ManagedCareMarketing/MarketingN odelsStandardDocumentsandEducationalN	http://www.naic.org/store/free/MDL- 74.pdf	http://erew.ncpa.ore/Portals/0/PublicCom ment/HPA2016/AppendicK201 %20Propos ed%20Updates%20to%20HPA%202016%20	https://kepinfo.legislature.ca.gov/fac es/bilNavClient.shtml?bill_id=2015 2016058137	http://www.state.nj.us/dobi/proposed/p rn12 36.ndf	http://osi.state.mm.us/Healthcareflef orm/docs/2016%20New%20Mexico %20Qualified%20Nealth%20Plan%20	https://www.health.ny.gov/health_care/m anaeed_care/docs/dictionary.odf	http://www.ncga.state.nc.us/enac. tedlepislation/statutes/pdf/bysect. ion/chapter_58/jgs_58-3-245.pdf	http://codes.ohio.gov/oac/3901-8- 16	https://www.tn.gov/assets/entities/ tempcare/attachments/cor06001.pd	https://www.insurance.wa.go insurers/filine-instructions/file-c access/enructions/file-c
State	District Confession Co	0033130	aterial html		Standards%20and%20Guidelines.pdf	California	New Jersey	New Mexico	New York	North Carolina	Ohio	Tennessee	# Washington
- Provider Data Fields -													
Name (First & Last) Gender	4	✓	✓	<b>*</b>	<b>*</b>	✓	4	✓	*	✓	*	✓	✓
Contact Information per Address (including telephone) Address(es)	3	1	4	4	1	1	4	4	4	1	* *	1	1
Board Certifications / Status	•	<b>V</b>	<b>*</b>	,	,	1	•	, ,	* *	•	* *	·	*
Residency Status / Attending Physician License Number Physician Extenders or Allied Health Professional for PCPs									4	1			
Participating office locations				<b>√</b>		<b>V</b>			<b>V</b>		₹.		<b>4</b>
Specialty Medical Group or Hospital Affiliations	<b>√</b>	1	<b>-</b>	, , , , , , , , , , , , , , , , , , ,		1	✓		* *	✓		7	· ·
Spoken Languages Cultural Competence training	✓	1		✓	✓	✓	✓	✓	✓		✓	✓	1
National Provider Identifier (Type 1, PNPI)	✓	•				✓			✓				✓
Provider Type as Individual (not Facility) Provider Type as PCP, Specialist, or PCP & Specialist	✓								J	<b>√</b>		1	1
Provider Type as Degree (MD, DO, DDS, CNP, DPM, etc.)						✓	✓	✓	1			7	4
vider Type as Specified (physician, hospital, pharmacy, behavioral health, or LTSS)  Indian Health Provider		✓						<b>√</b>					<b>√</b>
Website URL		✓	√ (optional)										✓.
State License Number Privileges to Identified Hospitals						1			*				<b>-</b>
Email Address			√ (optional) √ (optional)			√ (If available)			✓				
e-Prescribing Indicator Practice Office Hours			♥ (optional)									✓	
Practice Limitations (Age restrictions, Office days open, etc.)  Record Last Updated Date	1						✓				1		✓
- Network Plan Data -			•										
Network Plan Coverage / Accepted Plans or Status Accepted Network Plan Tier (Preferred, Non-Preferred, etc.)	4	✓	✓	✓	✓	<b>*</b>		✓	* *	<b>✓</b>		<b>✓</b>	✓
New Patients (Accepting, Not accepting, Accepting in some locations)	7	✓	✓	✓	✓	<i>,</i>	✓	<b>√</b>	* *	✓	7	1	
Network Plan Contract Coverage Dates (Start and End date) - Hospitals -													✓
Name	✓	✓	✓	✓	✓	✓	✓				✓	<b>✓</b>	1
Type (i.e. Acute, Rehabilitation, Children's, Cancer) Location Address	4	1	<b>4</b>	1	✓	✓	✓				* *	1	1
Phone Contact Information	1		✓	1	✓	✓						4	✓
Website URL		√ (as appropriate)	√ (optional)										
E-mail Address e-Prescribing Indicator			<ul><li>✓ (optional)</li><li>✓ (optional)</li></ul>										
Facility License Number			. (						✓				
Quality Data Accreditation Status				1	<b>*</b>	1							
- Non-Hospital Facilities -													
Name Type (i.e. Health center, Primary care clinic, Urgent care)	4		<b>-</b>	4		<b>√</b>			<b>1</b>			4	
Location Address (may include Borough / County) National Provider Identifier (Type 2, BNPI)	✓		✓	✓					✓			1	<b>*</b>
Phone Contact Information	✓		✓	✓								✓	7
Facility License Number After Hours Facility Indicator									4,				
Website URL			√ (optional)						•				
E-mail Address e-Prescribing Indicator			<ul><li>✓ (optional)</li><li>✓ (optional)</li></ul>										
Service(s) Available				✓					✓				
- Location Accessibility Data - Structural	<u> </u>	<b>√</b>		<b>-</b>					1				
Examination		4		4					·				
Diagnostic Programmatic	<u> </u>	✓		*									<u></u>
- Verification and Update Frequency -			I .						(Investigation)				
Annual to Quarterly Quarterly to Monthly	1		<b>✓</b>		√ (annual sampling)				✓ (outside of NYSOH)	✓	<b>√</b>		
Monthly to Weekly	<b>√</b>	√ (as accurately as possible)		<b>√</b>	✓		<b>√</b>						<b>√</b>
Weekly or Less		possible				<b>√</b>							
- Contact Frequency -				/ IS months)			.//12tu						
For Providers without claims during period contact Method for Incorrect Information (if known) -				√ (6 months)			√ (12 months)						
						,							
Phone Email				<b>4</b>		V							

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