



On-Line Provider Directory – Validation of Provider Information

Individuals

Item	Definition	Description of how the information is collected	Resulting Limitations	Description of how often item is validated
Provider Name	Provider's Name	Information obtained from the provider.	The Plan does not verify the accuracy of this information.	The Plan obtains this information during the provider's initial credentialing, recredentialing (occurs at least every three years), during routine provider visits (at least every three years), or upon notice from the provider.
Gender	Male or Female	Information obtained from the provider.	The Plan does not verify the accuracy of this information.	The Plan obtains this information during the provider's initial credentialing, recredentialing (occurs at least every three years), during routine provider visits (at least every three years), or upon notice from the provider.
Specialty	The area of medicine in which the provider specializes.	Information obtained from the provider.	The Plan verifies the accuracy of this information during credentialing and recredentialing.	The Plan obtains this information during the provider's initial credentialing, recredentialing (occurs at least every three years), during routine provider visits (at least every three years), or upon notice from the provider.
Hospital Affiliation	A participating hospital(s) where the provider has admitting privileges.	Information obtained from the Provider and verified with Hospital.	The Plan relies on the hospital for accuracy of information	The Plan obtains and verifies this information during the provider's initial credentialing, recredentialing (occurs at least every three years), during routine provider visits (at least every three years), or upon notice from the provider.*



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Medical Group Affiliation (if applicable)	The group of clinicians with which the provider works.	Information obtained from provider.	The Plan does not verify the accuracy of this information.	The Plan obtains this information during the provider's initial credentialing, recredentialing (occurs at least every three years), during routine provider visits (at least every three years), or upon notice from the provider.
Board Certification	A certification for health care providers who are trained in a medical specialty. Also given to those who pass special exams to prove how much they know about a specialty. Providers are required to be board certified, or be in the process of obtaining certification.	Information obtained from provider and verified with specialty board.	The Plan relies on the specialty board for accuracy of information.	The Plan obtains and verifies this information during the provider's initial credentialing, recredentialing (occurs at least every three years), or upon expiration of the provider's certification. This information can also be obtained and verified during routine provider visits (at least every three years) or upon notice from the provider.
Accepting New Patients	If a provider is accepting new patients he/she will see new patients who are not already seen by him/her.	Information obtained from provider.	The Plan does not verify the accuracy of this information.	The Plan obtains this information during the provider's initial credentialing, during routine provider visits (at least every three years), or upon notice from the provider.*
Languages	Languages spoken by the provider.	Information obtained from provider.	The Plan does not verify the accuracy of this information.	The Plan obtains this information during the provider's initial credentialing, during routine provider visits (at least every three years), or upon notice from the provider.



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Office Location & Phone Number	Physical practice location where the provider sees patients. The phone number to the provider's physical practice location.	Information obtained from provider.	The Plan does not verify the accuracy of this information.	The Plan obtains this information during the provider's initial credentialing, during routine provider visits (at least every three years), or upon notice from the provider.*

*In addition to the validation described above a sample of these elements are also verified on an annual basis.

Facilities

Item	Definition	Description of how the information is collected	Resulting Limitations	Description of how often item is validated
Facility Name	The name of the facility, as known by the patient.	Information obtained from the facility and verified using the state license.	The Plan relies on the state licensing board for accuracy of information.	The Plan obtains this information during the facility's initial credentialing, recredentialing (occurs at least every three years), or upon notice from the facility.
Location & Phone Number	The physical address of the facility. The phone number for the facility's physical address.	Information obtained from the facility.	The Plan does not verify the accuracy of this information.	The Plan obtains this information during the facility's initial credentialing, recredentialing (occurs at least every three years), or upon notice from the facility.
Accreditation	The facility has officially been recognized as having met a standard of care.	Information obtained from the facility and verified with accrediting body.	The Plan relies on the accrediting body for accuracy of information.	The Plan obtains this information during the facility's initial credentialing, recredentialing (occurs at least every three years), or upon notice from the facility.
Hospital Quality Data	Hospital performance rates including clinical success measures.	The Plan provides a link to a third party source who measures hospitals performance by conducting patient surveys which include the current nationally	The Plan relies on the quality data source for accuracy of information.	Annually



Item	Definition	Description of how the information is collected	Resulting Limitations	Description of how often item is validated
		standardized and endorsed set of measures which capture a hospitals performance in relation to patient safety and quality.		