



POLICY TITLE	Physician and Hospital Directory Updates	NUMBER	NET 006
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PURPOSE

To ensure accurate and timely changes to provider directory information in support of providing high quality member services.

POLICY

This policy and procedure describes how Embright obtains updated information from practitioners and providers, administers the changes in a timely manner, and validates accuracy based on those changes. All directory changes are implemented within 30 calendar days of receiving new information from the practitioner or the provider.

DEFINITION

Member	A person insured or otherwise provided coverage by a health insurance organization.
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PROCEDURE

1. Notification of Changes

- 1.1. Embright works to proactively identify changes that impact member-facing directory information and efficiently administers those changes. The methods used to identify change information includes:
 - 1.1.1. Monthly roster information from provider partners includes change information and is reconciled against current information in order to identify the specific changes (eg. provider deletion, new addresses, additions)
 - 1.1.2. Provider orientation with office and administrative staff includes reminders to notify Embright of changes and how to submit those changes
 - 1.1.3. The Embright provider manual includes contact names, email and phone information on who and how to contact Embright when there is a change in directory related information
 - 1.1.4. Embright monitors external information from providers that may indicate changes such as a press release that a provider group is opening a new office
 - 1.1.5. Provider engagement staff routinely contacts provider offices to validate whether there have been changes.
- 1.2. The Provider Data Manager is responsible for receiving, validating and processing change information related to the directory.
- 1.3. If the change is a deletion or termination of a provider, the network development team follows the processes in the policy NET 005 Continued Access to Care.

2. Directory Updating Based on Changes

- 2.1. When the Embright Provider Data Manager receives new directory information from the providers as part of an updated roster, the receipt date is the roster file date. When the information is received through other means such as a phone call, email or change notification, the receipt date is logged in the Embright directory change tracker. The tracker and rosters are managed by the Provider Data Manager.



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- 2.2. The Provider Data Manager is responsible for implementing the changes and notifies the network development team when complete.
- 2.3. Once completed, the Senior Provider Network Manager reviews the information, corrects any errors and updates the tracker with the completion date.
- 2.4. The Senior Provider Network Manager reviews the tracker once a week in order to ensure timely administration of all changes within 30 calendar days and also validates roster changes once a month or quarter dependent on roster submission timeframes.

3. Validation of Changes

- 3.1. The Provider Data Manager is responsible for quality checking of the new information to include:
 - 3.1.1. Validation in the provider file that the changes are accurate.
 - 3.1.2. Validation and viewing of the online version of the directory to ensure the changes are correct.
 - 3.1.3. Printing and validation of the hardcopy version to ensure changes are correct.

REGULATION

NCQA HP 2020 NET 5.B,G: Physician and Hospital Directories

REVISION

Revision Date	Revision