

TODAY'S MESSAGE

PROVIDERS MUST ENSURE ACCURATE DIRECTORY INFORMATION TO BE LISTED

CMS FEDERAL REGULATION MANDATES ACCURATE PROVIDER DATA

The Centers for Medicare & Medicaid Services (CMS) require Highmark to have the most current information on our network providers. We use this information to populate our Provider Directory and to ensure correct claims processing.

Remember, our members use Highmark's Provider Directory to make the best, informed decisions when selecting a provider. It is to your advantage to make sure your directory information is correct and current.

Highmark is committed to ensuring the information in the Provider Directory meets our standards for quality. To that end, **providers who do not validate their data will be immediately removed from the directory.** Additionally, your status within Highmark's networks may be impacted.

CMS requires ongoing review of all physician information listed in the directory to confirm:

- **The provider name is correct.** For example, if a provider marries, we must ensure the provider's name in the directory matches the name on their medical license.
- **The practice name is correct.** For example, is there a difference between the practice names that is being used when phones are answered vs. the practice name listed in the directory?
- **The provider's specialties are correctly listed.** Is there more than one specialty listed in the directory? Are both specialties being practiced?
- **There are providers listed at practice locations where they don't actually practice.** Providers listed must be affiliated with the group and practice at that specific location on a regular basis. Providers who cover on an occasional basis are not required to be listed. Providers who do not see patients on a regular basis at a location should not be listed at that location.
- **The provider is accepting new patients, or not accepting new patients, at the location.**
- **The provider's street address and phone number are correct.**

It's vital that all providers review and update their information in NaviNet® as soon as a change occurs. All data should be reviewed at a minimum of once a quarter to ensure it's accurate. For details, [view the Special eBulletin here](#). Thank you for your attention to maintaining accurate data for the sake of our members, your patients.

Note: Providers who do not have NaviNet should visit the Provider Resource Center, select **Provider Forms**, then **Provider Information Management Forms**, then **Provider File Maintenance Request**. Please follow the submission instructions within the form to ensure it is properly routed.