PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE

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Business Unit: Provider Data</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Provider Directory Accuracy</td><td colspan="4">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 04/23/2018</td><td colspan="4">Next Review Date: 05/13/2027
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<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Mark Netherda, MD</td><td colspan="3">Approval Date: 05/13/2026</td></tr>
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I. RELATED POLICIES:

A. MPCR100 - Credentialing and Re-Credentialing Decision Making Process
B. MPCR300 - Practitioner Credentialing and Re-Credentialing Requirements
C. MPCR400 - Provider Credentialing and Re-Credentialing Verification Process D. MPCR700, Assessment of Organizational Providers
D. MPCR101 – Ensuring Non-discriminatory Credentialing and Re-credentialing processes

II. IMPACTED DEPTS:

A. Member Services
B. Network Services

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To ensure the information in the provider directory is consistent with provider credentialing information, including education, training, board certification, and specialty.

Background: The Network Services (NS) department is responsible for the accuracy of all data in the Provider Directory. All additional member materials are supported by the Member Services department. The only member materials that contain credentialing information are the provider directories. Practitioner fellowship program or completion of fellowship is not communicated to members in the directory, newsletter or by Member Services staff.

VI. POLICY / PROCEDURE:

The Provider Information Database is validated against provider credentialing information as well as submitted provider information change forms to ensure accuracy.

A. Directory Data Submission

1. All provider credentialing and re-credentialing documentation received by Partnership HealthPlan of California is verified, documented, and validated by Partnership's Provider Relations Credentialing and Audit staff in accordance with PHC Credentialing policies MPCR300, MPCR400, and/or MPCR700.
2. Newly credentialed provider information is entered into the Provider Database by NS data staff after review and approval by the Credentials Committee in accordance with Partnership Credentialing Policy MPCR100.
3. For delegates who credential providers, Partnership conducts an annual audit of the credentialing process to ensure listings for providers included in the provider directories are consistent with credentialing verification data.
4. Delegates submit quarterly provider profiles or reports containing newly credentialed provider information, as well as updates to credentialed provider's information, to the NS department. Appropriate delegated provider directory information is entered into the Provider Database by NS data staff.
5. All additions and/or corrections to provider directory information are submitted to the NS department from the provider through a Provider Information Change Form. Changes to provider directory information are entered into the Provider Database by NS data staff.

B. Directory Accuracy Validation

2. The Provider Database populates the online and print Provider Directory via automated data pull designed by the Partnership IT department. The NS Audit Team ensures directory accuracy by reviewing and validating, with a one-to-one data match against the Provider Database, 100% of all:
   a. Provider credentialing and re-credentialing provider information,
   b. Quarterly Provider Credentialing Reports and/or Provider Profiles from delegated entities
   c. Provider Information Change Forms
3. Directory discrepancies that are discovered by the Audit Team are directed back to the NS Data Team to make the correction and re-submit for final review.
4. The Provider Database is audited at 100% twice a year in accordance with SB 137. Data elements audited include:
   a. Provider Name
   b. Provider Address and Phone Number
   c. Provider Specialty
   d. Provider Hospital Affiliation(s)
   e. Provider Language
   f. Office Staff language
   g. Billing NPI
   h. Provider Group
   i. Office days and business hours

VII. REFERENCES:

A. NCQA - 2026 CR1, Element A, Factor 11
B. NCQA 2026 C1, Element A Factor 12

VIII. DISTRIBUTION: PHC Provider Manual

Policy/Procedure Number: MPCR102		Lead Department: Provider Relations
Policy/Procedure Title: Provider Directory Accuracy		☒ **External Policy** ☐ **Internal Policy**
Original Date: 04/23/2018 **Effective Date:** 07/01/2018 per NCQA		**Next Review Date: 05/13/2027** **Last Review Date: 05/13/2026**
Applies to:	☒ **Medi-Cal**	☐ **Employees**

IX. DEPARTMENT RESPONSIBLE FOR IMPLEMENTING PROCEDURE:
Network Services

X. REVISION DATES: 05/09/2018, 04/10/2019, 03/11/2020, 03/10/2021, 03/09/2022, 03/08/2023, 4/10/2024, 11/13/24, 05/13/26

PREVIOUSLY APPLIED TO:
N/A