Help Patients Find You - Local Health Plans Adopt Streamlined Provider Directory Process
Action Required

We've made it easier to update your information
HCAS member health plans utilize a single source to collect provider directory information, CAQH. This streamlined process simplifies data entry for providers and ensures that consumers have accurate and up-to-date information to contact you when they select a new provider or when they need care.

Requirements
As of January 1, 2022, Federal requirements in the No Surprises Act have placed greater importance on provider directory accuracy. Health Plans will be required to verify provider directory information every 90 days and remove providers from directories if unable to validate a provider's information.

Examples of information that providers need to review, and update include:

- open/closed patient panel
- practice location where a patient can make an appointment
- patient appointment telephone number
- practice email address
- hospital affiliations
- website address
- group name

It is essential for providers to update their provider directory information when demographic information changes and at least every 90 days. **If details about your practice have not changed, you must still verify and attest to data quarterly in CAQH.** Please log into CAQH Provider Data Portal (CAQH ProView - Sign In) to review and/or update your information today.

Thank you for your cooperation.