

Provider Directory FAQs

What are the benefits of this provider directory solution?

HCAS and our member health plans recognize that establishing a comprehensive, centralized process to collect and update provider directory information will ease the burden providers face in notifying plans separately of changes in their directory information. This provider directory solution will allow for more accurate provider directories for health plans, without creating an undue burden on healthcare providers as they submit and update their information. Key benefits include the following:

- Improve the experience of members who rely on directories to select and contact providers.
- Enable providers to update their demographic information with multiple health plans in a streamlined way.
- Support timely, efficient directory updates.

What vendor has been selected to implement the provider directory solution?

After a nationwide process to evaluate business solutions, HCAS member health plans selected CAQH® to implement a provider directory solution in Massachusetts and throughout New England. CAQH stood out based upon several factors, including provider familiarity with CAQH's ProView system, service quality, and CAQH's willingness to work collaboratively with health plans and providers.

The CAQH provider directory solution, DirectAssure®, functions within the current ProView workflow and prompts providers to verify practice location information.

What local HCAS health plans will be implementing this provider directory solution?



What are providers expected to do and how is this being communicated?

Providers will be asked to update and confirm their directory data in the CAQH directory solution called DirectAssure. DirectAssure enables providers to submit professional and practice information and share it with multiple health plans, streamlining the data submission process for providers. This work will be essential to ensure that consumers have accurate and current information to access providers for patient care.

Please visit the HCAS website for the latest training videos, announcements and directory information:

<http://www.hcasma.org/Directory.htm>

In addition, HCAS health plans will provide ongoing communications regarding their specific directory updates.

What information will providers be asked to review and update?

Providers will be asked to review the following information, including, but not limited to:

1. Provider office locations, addresses, and phone numbers
2. Institutional affiliations
3. Specialty
4. Open or closed panel status
5. Languages spoken
6. Accommodations for disabilities
7. Accessibility information for each practice location
8. Confirmation of completion of cultural competency training
9. Behavioral health clinical areas of interest

How often do providers need to confirm and/or update their directory information?

Providers must update their directory information any time there is a change, i.e., phone number, address, panel status, and providers should confirm their directory information no less frequently than every ninety (90) days. All required fields will need to be completed or updated prior to attestation.

What if I don't have all the information available to complete the session, can I attest?

All required fields will need to be completed prior to attestation. There is the ability to save your data entries and complete your attestation upon your next login. **Please note:** until the application is attested to it will not be communicated back to the health plans.

When will health plans implement this provider directory solution?

Implementation will be staggered by health plans, beginning with a subset of individual and behavioral health providers expected to be implemented later this year. Health plans will increase providers included in the directory over time.

HCAS and its member health plans will continue to share information including project announcements and implementation timelines as they are developed.

Why will health plans use a phased implementation?

Health Plans are working together to align implementation timing where possible, however, each health plan will be following their own phased implementation approach. HCAS health plans will continue to communicate the timing of their implementations to providers. Until all plans have phased in the CAQH solution, providers will continue to receive separate notifications from health plans as appropriate.

What is the health plan directory data upload process to CAQH and how will it impact providers?

When a health plan adds a provider to their directory, they will upload the information they have to the DirectAssure website. That is the only time the health plan will have the opportunity to enter information on your behalf. Providers are then prompted for a decision regarding each practice location. Locations that are "Accepted" require additional data entry to be completed. "Rejected" locations will appear in the practice locations table and have the ability to be "Restored". If

a Provider selects 'I don't know' they will be prompted to answer this question the next time they login. There are no updates to existing data with a response of "I don't know"

The screenshot shows a web interface titled "Do you practice here?" with a "Learn More" link. Below the title, it states: "These locations may appear in health plan directories. Reject locations where you do not practice." In the top right corner, it says "Showing 5 locations". The main content is a list of four locations, each with a number, address, and three buttons: "Accept", "Reject", and "I don't know". Location 2 is highlighted with a yellow border. At the bottom, there are buttons for "Locations currently in your Profile", "Not Now", and "Confirm". A note at the very bottom states: "Note: All rejected locations can be accessed from Practice Locations page".

Number	Address	Accept	Reject	I don't know
1	123 CHESTNUT STREET SUITE 100 WASHINGTON, D.C. 20020 1234	Accept	Reject	I don't know
2	123 AMBER STREET SUITE 100 WASHINGTON, D.C. 20020 1234	Accept	Reject	I don't know
3	123 MAIN STREET SUITE 100 WASHINGTON, D.C. 20020 1234	Accept	Reject	I don't know
4	404 WASHINGTON ST SUITE 100	Accept	Reject	I don't know

When will large provider groups and organizations be included in this initiative?

HCAS and member health plans are working with CAQH to develop a data submission process to allow large organizations to submit demographic information for multiple providers through a bulk process. Providers in this category will continue data submissions as they do today until this new functionality is available.

How will behavioral health providers be impacted?

Behavioral health providers will be included in this initiative for those health plans that include them in their networks. For health plans that do not include them in their networks (carve-outs), behavioral health providers should follow the process as defined by their managed behavioral health organization for updating information unless directed otherwise. BH providers will be asked to identify specific conditions that they treat and by age limitation as required by state regulatory requirements. **Important note:** this is directory information only. Any contract information must still be sent to the health plan.

Providers have difficulty sharing usernames and passwords for provider record access today. How is CAQH addressing this?

CAQH is working to develop the ability for the system to allow for multiple user access in one provider record. HCAS and health plans will communicate additional information as it becomes available.

How do I update my directory information in CAQH ProView?

- Log in to [CAQH ProView](#) by entering your username and password.
- On the Attestation page, follow these three steps:
 1. Click the link to view your Provider Directory Snapshot. If any data is incorrect, click X (in the upper right-hand corner) to close the snapshot and make changes within your CAQH ProView profile.

2. Click Verify Review once you have made updates or if no changes are needed.
 3. Indicate that you have reviewed your Provider Directory Snapshot and then click Attest.
- The Attestation Completed screen will appear and you will receive a confirmation email.

If you need additional information on how to update your provider directory information within CAQH ProView, please review the detailed [Provider Directory Data Confirmation Initiative Reference Guide](#).

What tools and resources are available if I need assistance?

To learn more please visit the following websites for the latest training videos, announcements and directory information:

<http://www.hcasma.org/Directory.htm>

<https://www.caqh.org/solutions/directassurance/>

Health plans will be reaching out to assist providers as well. Contact provider relations at each health plan for specific questions.

Providers that require assistance using ProView can utilize a Virtual Assistant that was added to the Chat Support functionality or contact the CAQH helpdesk at:

For Providers or Practice Managers

For Live Chat:

- Login to your account [here](#) for providers or [here](#) for practice managers and click on the blue chat icon at the bottom of the page
- Chat hours are Monday – Friday: 8:30 AM – 6:30 PM (EST)

For Phone:

- Contact us by calling [1-888-599-1771](tel:1-888-599-1771)
- Phone hours are:
 - Monday – Thursday: 7 AM – 9 PM (EST)
 - Friday: 7 AM – 7 PM (EST)

For Participating Organizations

For Live Chat:

- Login to your account [here](#) and click on the blue chat icon at the bottom of the page
- Chat hours are Monday – Friday: 8:30 AM – 5:30 PM (EST)

For Phone:

- Contact us by calling [1-888-600-9802](tel:1-888-600-9802)
- Phone hours are: Monday – Friday: 8 AM – 6 PM (EST)