

Building a Golden Provider Record

Provider data is constantly changing; creating challenges among providers, payers and other organizations for referrals, claims, and coordination of care, while causing considerable frustrations for consumers.

50% of Provider Data is Inaccurate

Managing provider data—a physician’s name, practice location, clinical specialties, accreditations, accepted insurance, whether or not they are taking new patients, office hours and hospital affiliations—is essential for referrals, claims payment, payor contracting, administrative efficiencies and patient satisfaction. Old phone numbers and outdated address information hinder access to care. It’s also costly. The Council for Affordable Quality Healthcare, Inc. (CAHQ) estimates that it costs the U.S. healthcare industry more than \$2 billion a year to maintain provider data.

Unfortunately, provider data is rife with errors. CMS found 52% of Medicare Advantage provider directories were inaccurate. Errors included providers not at the location listed, providers not accepting the insurance at that location, and providers not accepting new patients when the directory indicated they were. Another survey, from the American Medical Association, found that over half of physicians encounter patients each month with insurance issues due to inaccurate directories of in-network physicians.

2.5% of Provider Data Changes Monthly

Provider data is constantly changing and as a result, demands around the clock attention to ensure information is accurate and up to date.

Research shows that 2 to 2.5% of provider demographic data changes each month, and an estimated 20 to 30% of physicians change their affiliations annually.

Additionally, 5% of doctors each year either retire, lose their license, pass away or are sanctioned.

Consolidation, lack of widely shared standards for data capture, and the growing number of disparate sources, contribute to poor and outdated information, leading to significant frustrations for physicians and consumers alike.



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Source: CAHQ

A Single Source of Truth for Provider Demographics

NextGate’s **Provider Registry** automates the process of continuously reconciling provider data across the enterprise. The registry collects, cleanses and updates provider demographics including a physician’s specialties, office locations, hospital affiliations, languages spoken, practice hours, and ACO participation. Data is pulled from credentialing databases, financial systems and CMS’ NPPES NPI Registry, as well as an organization’s internal sources of physician data, including admitting, attending, referring and residents.

With the added benefit of **address verification technology** embedded into the NextGate Provider Registry, the solution is able to identify precisely where physicians offer their services and leverage the address of the patient to pinpoint which providers within a specific radius are covered under their plan.

To learn more about how NextGate’s Provider Registry can help your institution gain access to accurate and current provider data to reduce inefficiencies, improve member and patient satisfaction, and empower consumers to make informed decisions, visit nextgate.com.