

# Master Provider Index Building and Maintaining a Provider Golden Record

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HEALTH MARKET SCIENCE

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# Master Provider Index Building and Maintaining a Provider Golden Record

## Introduction

Accurate healthcare provider data is necessary to optimize core business processes across all segments of the healthcare spectrum.

- Health plans and PPOs rely on the data for claims adjudication or repricing, network development, contracting, credentialing and fraud and abuse investigations
- Hospitals, medical groups, home health agencies and other provider organizations use the data for billing, revenue cycle management, marketing, credentialing, and referrals
- Retail pharmacies and PBMs need accurate provider data to fill prescriptions and for pharmacy claims adjudication
- Pharmaceutical, medical device companies and group purchasing organizations leverage provider data for sales targeting, marketing campaigns, and compliance tracking

## The Complexities of Provider Data

Healthcare provider data resides in multiple, disparate sources including health plans, PPOs, group practices, hospitals, state license boards, the DEA, CMS, etc. As such, the data for the same provider at each of these sources is fragmented and incomplete. Each of these data sources maintains its own set of provider data attributes some of which are the same and others completely different. In addition, each of these sources has in place its own process for updating the data ranging from provider self-reported updates to email and/or telephone validation to web harvesting, all on different time schedules. Which source has the correct data – the right answer? Provider data files are full of errors, inaccuracies and inconsistencies as a result of:

- Manual data entry errors
- Name changes due to marriage or divorce
- Practice status changes due to retirement, sanctions or death
- Address, phone, fax changes due to moving or expanding to additional locations
- Multiple locations that may cross state lines
- Multiple state licenses
- Sanctions from different authoritative bodies
- Multiple tax id numbers
- NPIs that were never retroactively crosswalked to historical provider information

Keeping up with changes to provider data is a time consuming, labor-intensive task which requires access to multiple quality sources of provider information plus a quality control process to ensure that the data is accurate. Each source must be vetted on a regular basis to make sure that it is maintaining an acceptable level of data integrity.

## Why a Master Provider Index?

Most healthcare systems today recognize the need for a Master Patient Index (MPI) to aggregate patient information that is scattered in a federated fashion across multiple sources including hospitals, physician offices, labs and radiology centers. Healthcare providers, payers and administrators need an “enterprise” customer-centric view of the patient to optimize clinical care as well as administrative services.



Ironically, the healthcare industry has yet to embrace the concept of a Master Provider Index, opting instead for provider “directories” which are equivalent to phone book listings or mailing lists that contain basic contact and demographic information. Such thinking is fraught with peril because unlike patients, providers have 2 identities: a personal identity and a professional identity. The latter encompasses the provider’s medical qualifications and credentials to practice medicine. Deciding whether or not to authorize a healthcare provider to have access to clinical or claims information should take into account both of the provider’s identities, meaning that: 1) the provider is who he says he is and 2) he has up to date credentials that allow him to administer care to a patient. The ramification of authorizing a provider with “questionable” credentials is inappropriate access of protected health information (PHI) and/or sensitive health information (SHI) which is subject to substantial HIPAA data breach penalties.

Therefore, a Master Provider Index should be incorporated into any privacy and security infrastructure framework for the exchange of clinical information. The index should have the capability to:

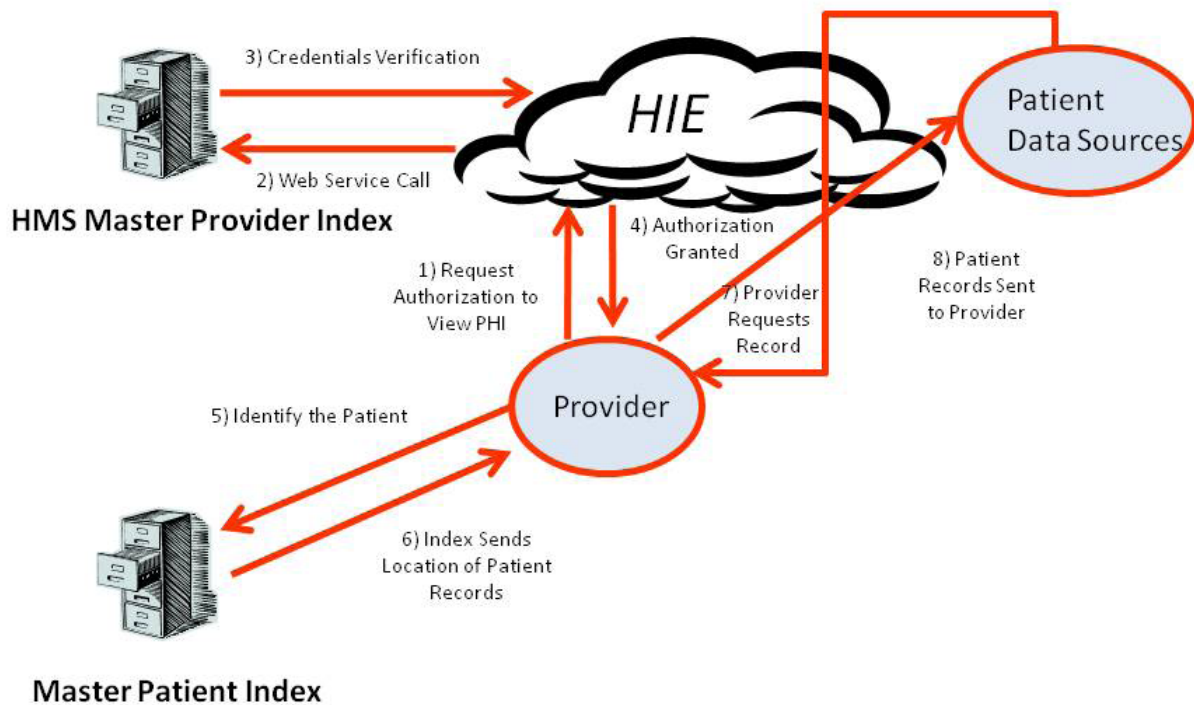
- aggregate data from multiple disparate provider data primary sources and secondary sources in their native formats on a regular basis
  - o primary data sources are authoritative bodies that issue definitive information about the provider such as: state license boards, DEA, SSA, CMS, OIG
- create a “golden record” for each provider to serve as a provider-centric source of truth
- be accessible via a web service for real time provider credential checks

## **Conclusions**

A Master Provider Index should be an essential component of an overall healthcare organization master data management strategy. It will enhance the privacy and security of PHI and SHI thereby mitigating the risk of a data breach and will also improve core healthcare administrative processes with more accurate provider data through the generation of a provider “golden record” as a provider record source of truth



## Provider HIE Provider Verification



Michael Nelson, DPM is the Product Market Manager for Payers and Providers at Health Market Science. Dr. Nelson has 16 years of clinical experience at hospitals, group, multispecialty and solo practices plus 14 years of healthcare informatics experience focusing on the master provider index and provider identity management. Dr. Nelson is a recognized thought leader in the area of health information exchange provider verification as part of the privacy and security framework to prevent inappropriate access to protected health information.

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