

# Completing the Provider Data Attestation for Facilities

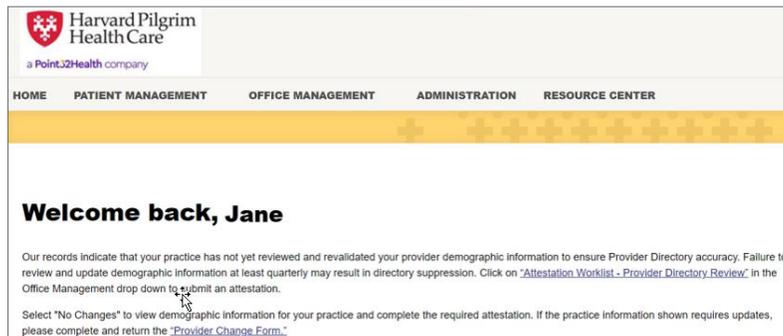
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## Provider Directory Review and Revalidation Requirement

Provider directories are an important resource for health care consumers, who utilize them to select providers, make appointments, and access care. Consistent with the No Surprises Act of 2021, Harvard Pilgrim Health Care requests that providers revalidate their demographic information every 90 days to ensure accuracy of the Provider Directory. Failure to review and update demographic information at least quarterly may result in directory suppression until such information is validated.

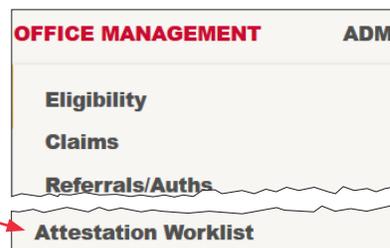
It is important to revalidate and submit confirmation that you have reviewed your facility information in a timely manner; to do so, please complete the attestation form at <https://hphcproviders.healthtrioconnect.com>. Your review should include revalidating the facility name and full addresses of all hospital locations. If you have not completed the attestation within the past 90 days, you will see the following message on the Home Screen:



After reviewing the information, if you determine that any data needs to be corrected, please do so by completing the [Provider Change Form](#) and submitting it to [PPC@point32health.org](mailto:PPC@point32health.org).

## Provider Data Verification

1. Select **Office Management** from the top navigation bar and select **Attestation Worklist**:



2. If your demographic information is correct, select **No Changes** from the **Provider Data Verification** screen:

**Provider Data Verification**

The providers listed below require review.

Search for Providers

Q Search By all criteria SEARCH

1 NAME A-Z

Provider	Provider ID	NPI	Due On
ABC Hospice	AA12345	012345678	3/31/2022

NO CHANGES

## Complete Attestation

1. The **Complete Attestation** screen will appear. Please verify that the information is correct and select **Confirm**.

Note: If any data needs to be corrected, this must be done by completing the [Provider Change Form](#) and submitting it to [PPC@point32health.org](mailto:PPC@point32health.org).

**Complete Attestation**

Please confirm the 1 providers below have no reported changes.

Name	ID	NPI
ABC Hospice 123 Main Street 555-555-5555 Hospice Care Yes	AA12345	0123456789
Boston Medical Center ABC Hospice		

CANCEL CONFIRM

2. After Confirm is selected, the following message will display to indicate that the **attestation has been completed**.

**Complete Attestation**

The changes are being sent and reviewed by the health plan.

CLOSE