

SEPTEMBER 2024

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:

a Point	Harvard Pilgrim Health Care						
HOME	PATIENT MANAGEMENT	OFFICE MANAGEMENT	ADMINISTRATION	RESOURCE CENTER			
				A			
We	lcome back,	Jane					
Our records indicate that your practice has not yet reviewed and revalidated your provider demographic information to ensure Provider Directory accuracy. Failure to review and update demographic information at least quarterly may result in directory suppression. Click on " <u>Attestation Worklist - Provider Directory Review</u> " in the Office Management drop down to extend to an attestation.							
Select *I please o	No Changes" to view demographic is complete and return the <u>"Provider Ct</u>	nformation for your practice and com nange Form."	plete the required attestation	n. If the practice information shown requires updates,			

After reviewing the information, if you determine that any data needs to be corrected, please do so by completing the <u>Provider Change Form</u> and submitting it to <u>PPC@point32health.org</u>.

Provider Data Verification OFFICE MAN 1. Select Office Management from the top navigation bar and select Attestation Worklist: Eligibility Claims Referrals

OFFICE MANAGEMENT	ADMI
Eligibility	
Claims	
Referrals/Auths	
Attestation Worklist	~

For more information, visit https://hphcproviders.healthtrioconnect.com/

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

Provider Data V	erification				
The providers listed below require revie	w.				
Search for Providers					
Q. Search				By all criteria	v SEARCH
	b.				1 V NAME A-Z V
Provider	L2	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 <u>Provider Change Form</u> and submitting it to <u>PPC@point32health.org</u>.

Complete Attestatio	on		×
Please confirm the 1 providers below have	no reported changes.		
Name	ID	NPI	
ABC Hospice 123 Main Street 555-555-5555 Hospice Care Yes Boston Medical Center ABC Hospice	AA12345	0123456789	
CANCEL			CONFIRM

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

