

# ATTACHMENT J Provider Network Submission Instructions

# A. Participating Provider Network Reports:

The Provider Network Data System (PNDS) was implemented by the New York State Department of Health (DOH) in December of 1996 to gather information about the provider and service networks contracted to Health Insurers operating in New York State. PNDS is accessed through an Internet connection to the Health Commerce System (HCS), also known as the Health Provider Network (HPN), a secure Intranet site requiring an ID and password.

The primary purpose for the PNDS is to collect data needed to evaluate the provider networks including physicians, hospitals, labs, home health agencies, durable medical equipment providers, etc., for all types of Health Insurers in New York State.

Applicants shall submit electronically, to the Health Commerce System (HCS), an updated provider network report on a quarterly basis for all plan types offered through the NYSOH. Applicants shall also submit an annual notarized attestation that the providers listed in each submission have executed an agreement with the NYSOH Participant to serve the Participant's Enrollees. The report submission must comply with the Provider Network Data Dictionary. Networks must be reported separately for each county in which the Applicant operates and on a product-by-product basis.

#### B. Uses of PNDS Data:

#### 1. Provider eligibility assessment:

PNDS data is matched against information on professional licensing, Office of Professional Medical Care sanctions, and Medicaid and Medicare provider eligibility, to assure that only qualified providers are delivering health care to plan members. Facilities are checked for valid operating certificate numbers, verifying that operating certificate numbers match the type of facility indicated.

### 2. Comprehensive services assessment:

DOH conducts network assessments to assure that comprehensive health services are available as required under Section 4403 of the Public Health Law. The NY State of Health uses data from the PNDS to assess whether a plan has contracted with an appropriate range of primary care practitioners, clinical specialists and service facilities (hospitals, labs, etc.) within the plan's service area. Evaluations are completed on plans serving all populations.

#### 3. Provider Directory Look-up Tool for NYSOH:

The information supplied through the PNDS system is presented to consumers as a tool they can use to select a QHP. Consumers have the ability to search for their provider and obtain a listing of QHPs in which the provider participates.

# C. Connection to the Health Commerce System (HCS) and Provider Network Data System (PNDS)

Connection to the PNDS is through a secure connection within the Health Commerce System, at <a href="https://commerce.health.state.ny.us/hcsportal/appmanager/hcs/">https://commerce.health.state.ny.us/hcsportal/appmanager/hcs/</a> home. All users must have an HCS account, and access to the PNDS page. The first time a user attempts to access the PNDS page they will be prompted with an access permission form, which they must fill out and submit. It takes about ten (10) days to obtain an HCS account once the notarized forms are received by the Department of Health. PNDS access forms are processed daily. NYSOH Applicants having difficulty accessing the PNDS page can contact Joe Gagnon at (518) 486-9158 for further assistance.

#### D. Data Submission Schedule

Provider network submissions are a snapshot of the network taken the week of the quarter in which the last day falls. For the purposes of the NYSOH PNDS submissions, quarters end on approximately January 31, April 30, July 31, and October 31. The snapshot week includes the last day wherever it falls in the week. For example, if the 31st is a Wednesday, the week would be the 29th through the 2nd.

## E. Updates to Provider Network Information

Consistent with the 2014 Out-of-Network Bill, such directories shall be updated within fifteen (15) days of the addition or termination of a provider from the insurer's network or a change in a physician's hospital affiliation.