**Provider Directory Validation Collaboration**

Uniform Provider Directory Spreadsheet Instructions

Maintaining accurate provider directories is a shared responsibility between carriers and providers. With the passing of laws in states such as California and Georgia, it is essential for directories to reflect the most current and accurate information about participating facilities and providers. In an effort to achieve compliance in an efficient manner, members of the National Association of Dental Plans, (NADP), representing both Carriers and Dental Service Organizations, came together to create a process for the validation of information utilizing the Uniform Provider Directory Spreadsheet. The instructions for participation are described therein.

1. Definitions:

**Attestation** – The tool utilized by the Dental Group to confirm to the accuracy of the information on the Uniform Provider Directory Spreadsheet.

**Carrier** – Dental Plans participating in the Provider Directory Validation Collaboration.

**Carrier Specific Spreadsheet** – A second spreadsheet used to communicate information between a specific Carrier and the Dental Group.

**Dental Group** – Dental Service Organizations (DSOs), and other dental groups who are willing to utilize the Spreadsheet to communicate information about dentists and facilities.

**Directory**- Comprehensive listings of the dentists and facilities that are contracted with a Carrier to provide services to their enrollees.

**Directory Validation Laws** – State and federal laws, such as California’s Senate Bill 137, outlining the requirements for directory validation

**Uniform Provider Directory Spreadsheet, (Spreadsheet)** – The excel spreadsheet utilized by the Dental Group to display current information about their dentists and facilities.

1. Process

On a monthly basis, Dental Groups complete the Spreadsheet per the Instructions, along with the carrier specific spreadsheet, if applicable. The Spreadsheet is then exported to all Carriers along with the signed attestation. The method of export should be determined between the Carrier and Group, (FTP, XML file or other secure method). The Carrier will utilize the Spreadsheet to update their internal databases supporting the provider directory.

1. Instructions for completing the Spreadsheet

Enter complete information for each dentist and corresponding facility associated with the Group. For dentists practicing at multiple locations, utilize a different row on the spreadsheet for each additional location. Remember the purpose of the Spreadsheet is to communicate to the Carrier how a dentist’s information should be displayed in the Directory. Below is a description of the information to be provided in each column of the Spreadsheet:

*Column A. Name of DSO/Group* – Enter the name of Group Completing Spreadsheet information.

*Column B. Last Name (as listed on license issued by the State):* enter the last name of the dentist as it appears on the state dental license.

*Column C. First Name (as listed on license issues by the State)* – enter the first name of the dentist as it appears on the state dental license.

*Column D. Middle Name* – enter the dentist’s middle name or initial.

*Column E. Preferred Last Name if Different* – enter the “preferred” last name of the dentist if different from the one listed on the state dental license.

*Column F. Preferred First Name if Different* – enter the “preferred” first name of the dentist if different from the one listed on the state dental license.

*Column G. Gender* – enter the gender of the dentist, Male/Female.

*Column H. Provider NPI # (Type 1*) – enter the National Provider Information (NPI) number assigned to the dentist.

*Column I. Type of Practitioner* – enter the practitioner type, Dentist/Hygienist/Physician.

*Column J. License Number* – enter the license number as it appears on the state dental license, include applicable prefixes.

*Column K. License State* – enter the applicable state where the dental license is held.

Column L. DDS/DMD/MD/Other – enter the applicable designation.

*Columns M-T. Columns for General Dentist, Endodontist, Oral Surgery, Orthodontist, Oral Pathologist, Pedodontist, Periodontist, Prosthodontist* – Place an “X” in the column describing the type of dentist/specialist.

*Column U. Board Certified Y/N* – Enter a Y or N to identify board certification. Note, a blank field = no.

*Column V. Accepting new patients Y/N* – enter a Y or N to identify whether or not a dentist is accepting new patients. Note, a blank field = yes.

*Column W. TIN* – enter the Tax Identification Number corresponding with the address location.

*Column X. Facility Address\** – enter the street address of the facility.

*Column Y. Facility Address 2\* – Enter suite/office number.*

*Column Z. City\** – enter the city location of the facility.

*Column AA. State\** – enter the state location of the facility.

*Column AB. Zip\** – enter the zip location of the facility.

*Column AC. Facility Phone* – enter the facility phone number. Note, this should be the phone number used by patients to make a dental appointment.

*Column AD. Facility Email* – enter the facility email address if it is to be displayed in the directory. Note – all three disclosures on the Attestation must be checked for the email address(es) to be displayed in the directory. *See attestation.*

*Column AE. Display email Y/N* – enter a Y or N to indicate whether an email should be displayed in the directory. Note, a blank field = no.

*Column AF. Facility fax number* – enter the facility fax number.

*Column AG. Facility Website* – enter the facility website to be displayed in directory.

*Column AH. Office Name for Directory – enter the name of the office, as it is to appear in the directory.*

*Column AI. Legal Name (W9)* – enter the legal name of the facility as it appears on the W9

*Column AJ – Group NPI Number –* enter the National Provider Information (NPI) number assigned to the corresponding TIN.

*Columns AK through AO. Non English language spoken in the office* – enter up to five non-English languages spoken at the office. Do not abbreviate the language, spell out fully.

*Column AP. “Primary Location” Dentist Practices at this location* – enter an X if the dentist should be listed in the directory as practicing at corresponding location. Patients should be able to make an appointment with the specific dentist at the specific location when marking X. Do not mark an X if the dentist does not routinely practice at this location.

*Column AQ. Secondary Location (claim payments only)* – Mark an X if the dentist occasionally practices at the corresponding location. This field is to instruct the carrier to pay dental claims for the dentist as “in network,” at a secondary location(s). Do not indicate a secondary location if the dentist does not currently practice at the location. Marking every dentist at every location should be limited because it does not meet the spirit of directory accuracy.

*Column AR. Facility ID Number* – For Carrier use

*Column AS. Provider Location ID Number* – For Carrier use

*Column AT. Dentist ID Number* – For Carrier use

\*Format the address information according to the United States Postal Standards. These standards are available at <http://pe.usps.gov/cpim/ftp/pubs/Pub28/pub28.pdf>

Summary of standards:

* Use upper case letters (preferred);
* Fully spell out street names, abbreviate using the approved USPS abbreviations in chart below.

USPS approved abbreviations:

APT – APARTMENT

BLDG – BUILDING

FL – FLOOR

STE – SUITE

UNIT – UNIT

RM – ROOM

DEPT – DEPARTMENT

* Spell city names in their entirety where possible. Abbreviations follow the logic of using existing abbreviations, such as for suffix or directions words.



 Refer to the USPS standards for full list of accepted abbreviations.

* Use postal service ZIP+4 file.
* With the exception of the hyphen in the ZIP+4 Code, omit punctuation.
* Do not use punctuation.