Industry estimates indicate that 75 percent of that cost is duplicative.

Providers maintain affiliations with an average of 17 to 20 health plans at a time.

Performing outreach and collecting attestation takes between 20 and 40 minutes per provider.

The United States spends a staggering $2.1B annually across the healthcare industry chasing and maintaining provider data.

Concepts impacting the provider information paradigm:

- **Multi-tenant/Consortium:** Reduces redundant requests and shares information
- **Crowd Sourcing:** Obtains information from large groups of people
- **Portals:** Provides data governance at the time of capture and retains information
- **APIs:** Enables applications to access real-time information and logic
- **Machine Learning:** Enables self-sustaining data driven conclusions
- **Blockchain:** Drives consensus and distribution of information
- **Standard Data Layout:** Drives interoperability and reduces redundant exchanges of information

Core Elements for Provider Data Exchange

**Plan Level**
- **Location Plan** (Plan name, Panel Status)

**Location Level**
- **Practice Locations** (Address, Phone, Hours, Accessibility)
- **Location Groups** (Group Name, NPI, TIN, Website)
- **Location Languages**
- **Hospital Affiliations** (Hospital Name, City, State)

**Provider Level**
- **Basic Info** (Name, Specialized Training, NPI)
- **Specialty** (Taxonomy, Indicator, Board Certified Indicator)
- **Provider Languages**
- **Hospital Affiliations** (Hospital Name, City, State)

A provider may have multiple answers for each of these element attributes.

LexisNexis’ Risk Solutions is leading the way in defining best practices and standards to streamline provider data integrity, exchange and operationalization. Learn more today. Call 1.866.396.7703.