



Provider Data Collective | September 2026

Provider Directory Data Quality Standard: A Common Framework for Measuring Provider Data Quality

The data quality measurement standard creates a foundation for defining, tracking, and accelerating improvement across the provider data ecosystem

Overview

Accurate provider data helps patients find timely, in-network care and gives clinicians and health plans greater confidence in provider directories. It also lends to more efficient operations, removing administrative burden and cost from health plans, providers, and patients. A shared approach to measuring quality creates a consistent foundation for tracking progress and accelerating improvement in both healthcare organizations and government programs.

The Provider Data Collective, convened by DataSpring, powered by CAQH, reached consensus on a standard that provides a shared approach for provider data quality measurement. The Standard creates a common framework for the evaluation of the quality of individual clinician data in provider directories. The Standard, built on foundations laid out by CMS and other industry stakeholders, enables apples-to-apples comparison of provider directory accuracy and accelerates industry data quality improvement efforts.



The Provider Data Collective: Convening Industry to Tackle Challenges No One Organization Can Solve Alone

The Provider Data Collective unites perspectives from health plans, providers, and accreditation bodies to solve provider data challenges no organization can address alone. The Collective's mission is to create shared solutions that strengthen data quality and reduce friction for patients, clinicians, and health plans. Backed by organizations from across the industry, the PDC drives meaningful change at scale.

The Standard at a Glance

What's Measured

The standard measures eight core clinician data elements: **clinician name, address, phone number, accepting new patient status, specialty, health plan accepted, practice name, and gender.**

How Quality Is Measured

The standard measures quality through two complementary lenses that provide a complete view of provider directory accuracy.

- **Data field-level assessment** evaluates the accuracy of individual data elements, weighting discrepancies by their likelihood of blocking care. This allows errors to be pinpointed.
- **Record-level assessment** evaluates the proportion of records that are completely error-free, mirroring real-life patient experiences of trusting a directory entry.

How It's Verified

Accuracy of a provider directory is verified through direct outreach, ideally using “secret shopper” calls that mimic an actual patient trying to book. The Standard further empowers implementers to test alternative methods, like claims analysis.

How Sampling Works

Evaluation is built around a statistically representative sample (95% confidence, 5% margin of error) covering all clinician types, specialties, and insurance products in a directory. Assessments are performed at least quarterly since directory data changes over time.

Optional Evaluation Criteria

The standard also encourages implementers to assess structural validity, consistency, and accuracy across clinician locations.

Bottom Line

The Standard supports apples-to-apples comparison of provider directory quality across industry implementers — a consistent way to compare provider directory quality, pinpoint opportunities for improvement, and measure progress over time.

Why high-quality provider data matters

Provider data is foundational to how people find, access, and receive care. When it is accurate and current, patients can more easily connect with the right in-network clinician, clinicians can participate in networks more efficiently, and health plans can operate directories with greater confidence. High-quality provider data reduces friction across the healthcare system, supporting better access, lower administrative burden, and more reliable experiences for everyone who depends on it.

The Benefits

Better patient access to accurate provider information

Less administrative burden

More efficient credentialing, enrollment, and network management

Greater confidence in provider directories and network adequacy

Consistency across healthcare operations

For more information or to learn how to apply the standard to your organization, contact Michael Phillips, Director of Advisory & Insights, mphillips@dataspring.com.