Central PA Connect
HEALTH INFORMATION | EXCHANGE

Policy Title:	Annual Provider Count Reporting				
Effective Date:	5/19/2026	Revision Date:	7/22/2026	Review Date:	7/22/2026
Policy Owner:	Marianne Smith				
Policy Approver:	Keith Cromwell				

POLICY PURPOSE:
This policy establishes requirements for members whose billing is based on provider count to submit updated provider rosters annually, ensuring accurate and consistent billing.

POLICY STATEMENT:
Member Organizations with provider-count-based billing are required to submit an updated provider count on an annual basis.

APPLICABILITY/SCOPE/EXCLUSION:
This policy applies to all members whose fees are calculated using a provider count methodology.

DEFINITIONS:
Member Organization (MO): means individuals and entities (including, but not limited to, Health Care Providers, physician practices health care facilities, medical laboratories, payers, etc.) that enroll in and connect to CPC-HIE to send and/or receive health information.

Provider: A provider is a person or resource responsible for delivering or authorizing patient care and clinical actions in the system. This is typically a licensed clinician such as: physician, nurse practitioner, physician assistant or other credentialed care professional. Full time, part time, or PRN clinicians meeting this definition are providers.

PROCEDURE:
- MOs must submit their updated provider count using the form in Appendix A no later than October 31 of each calendar year.
- The submitted provider count should reflect the member's anticipated active providers as of January 1 of the upcoming calendar year.
- The provider count submitted by the October deadline will be used to calculate billing effective January 1 of the following calendar year.
- Mid-year changes, including provider reductions or additions, will not result in billing adjustments during the current billing year.
- Any changes occurring during the year will be reflected in the next annual provider count submission and corresponding billing cycle.

COMPLIANCE:
Failure to submit an updated provider count by the required deadline will result in continued billing based on the most recently submitted provider count until updated information is received and applied in the next applicable billing cycle.

If updated information is not provided within 15 days of the deadline, we reserve the right to determine the provider count using available data sources and internal validation tools. In such cases, the provider count may be established using a conservative estimation methodology designed to reasonably account for potential underreporting.

If subsequently submitted or validated data indicates that the member underreported its provider count, we reserve the right to **retroactively adjust billing to reflect the corrected provider count**, including invoicing for any underpayment for the applicable period.

APPENDICES: N/A

FORMS: N/A

REFERENCES: N/A

Central PA Connect
HEALTH INFORMATION | EXCHANGE

Appendix A: Annual Provider Count Reporting Form

Member Organization Name: _____

Report Submission Date: _____
This report must be submitted no later than October 31 of each calendar year.

Number of Providers: _____
This number should reflect the Member Organization's anticipated active providers as of January of the upcoming calendar year.

- This number will be used to calculate billing effective January 1 of the upcoming calendar year.
- Mid-year changes, including provider reductions or additions, will not result in billing adjustments during the current billing year.
- Any changes occurring during the year will be reflected in the next annual provider count submission and corresponding billing cycle.

Current Technical Contact: _____

Current Billing Contact: _____

Upon completion, this form should be submitted to info@centralpaconnect.org.