Directory accuracy
Making it easier in 2019

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Our goal for today’s presentation

1. Provide an overview of the issue and regulations

2. Give you a preview of how we are working with payers and what we will be asking from you

3. Best practices, demo, and training to respond to verification requests

4. Answer any questions you may have
Let’s get started.....
Health plans are working with LexisNexis® Risk Solutions and AMA Business Solutions, a wholly-owned subsidiary of the AMA, to keep your directory data up-to-date in accordance with federal and state regulations.

This work is distinct and separate from any work you are doing for credentialing and enrollment.
Overview of the challenge and activity

- High levels of inaccurate data in directories
- Hindering a patient’s ability to make informed decisions and seek care
- Both federal and state authorities issued regulations and legislation requiring improvement
- Payers are working hard to comply
- Practices are also working hard to comply, but being inundated with requests for data updates
What federal and state regulations require
What CMS is requiring for Medicare Advantage plans

Centers for Medicare & Medicaid Services – Official Requirements

✓ All updates to online directories are expected to be completed within **30 days** of receiving the information

✓ Medicare Advantage Organizations (MAO) should contact their network/contracted clinicians on a **quarterly basis** to update information included in directories.

✓ MAOs should contact providers using a method likely to achieve the highest response rate.

Other Expectations

Payers must verify….

✓ Ability to accept new patients
✓ Street address
✓ Phone Number
✓ Taxonomy/specialty
✓ Any other changes that affect availability to patients

Source: *Medicare Managed Care Manual*, Section 110.2 Provider Directories
Many directory requirements

- **Qualified Health Plans**: at least monthly
- **Medicare Advantage**: within 30 days
- **Medicaid Managed Care**: within 30 days
- **National Association of Insurance Commissioners**: at least monthly

Provider directories are required to be “up-to-date” or updated in a timely manner.
- Provider directory updated at least on a monthly basis with potential additional provider validation requirements.
- Provider directory updated required between a quarterly-to-an-annual basis.
- No additional state-level guidance or requirements specific to provider directories.

*Graphic intended for informational purposes only*
Where does that leave us?

• Audits have revealed substantial inaccuracies, hindering patients’ access to care
• Federal and state authorities are addressing through regulation and legislation
  o Requires payers to reach out to practices on a quarterly basis
  o Payers are subject to audits and fines
• Payers are working hard to comply with these new regulations
• Practices are reporting increasing requests for information that are repetitive and inconsistent
• Payers may start dropping clinicians who do not respond and/or begin withholding reimbursements
Making it easier
Our approach

1. Minimizing outreach
2. Avoiding interruption
3. Office manager focus
4. GOAL: Frictionless Solution
What can you expect
VerifyHCP® outreach*

One or more of your contracted payers is using our solution to conduct this outreach.

How it works:

- Health plans provide us with their directory data
- We cleanse and pre-populate the data into our portal for your review
- You receive an email with instructions to validate (quarterly)

*VerifyHCP is a collaboration between LexisNexis and AMA Business Solutions.
### Clinician and small group workflow

#### Step 1
- **Watch for an email from VerifyHealthCarePortal**
  - Click
  - Register
  - Update/Confirm
  - Submit
  - Your data will be submitted to the plans you work with

#### Step 2
- **Watch for a Fax with AMA and LexisNexis Logos**
  - Review
  - Update
  - Sign
  - Fax back
  - We will enter the data in our system

#### Step 3
- **Listen for a call from LexisNexis**
  - Confirm
  - Update
  - Provide email address for next time
  - We will enter the data in our system
Large group workflow

Dear Practice Administrator,

We are requesting your assistance with verification of your provider directory data. Your contracted payers are required by federal and state regulations to keep directory information up to date, ensuring patients have timely access to care.

Why are you being asked to do this?
- Federal and state regulations require payers to ensure directory accuracy.
- Accurate directories help patients prevent unanticipated expenses or medical care delays.

Please review and update the attached set of clinician locations provided by your contracted health plans. This spreadsheet is NOT a complete directory of your group. Please use the provider listed next verification.

We are happy to work with you to give you online access to our portal, VerifyHCP™, a quick and easy clinician directory verification portal developed by batchMD® Risk Solutions collaboration with the American Medical Association and AMA business solutions®. Please request if you would like to help setting up an account to verify your provider with the portal rather than with the spreadsheet attached.

Should you have difficulty editing the form, or if you have any questions regarding the information, please feel free to contact me. To assist you in your review, please scroll down for some tips.

Please verify you clinicians by 9/30/XXXX.

Thank you very much for your help and cooperation.

Sincerely,
[Name]
[Position]
[Contact Information]

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✓ Agents confirm contact information
✓ Practice:
- Review pre-populated data via spreadsheet or online portal
- Update/confirm information
- Return data to VerifyHCP agent
✓ Agents will input the data in the system when confirming outside of portal.

We are actively working to simplify and improve this process.
This is an important issue that impacts patients

We want to work with you to make it as easy as possible

The health plans you work with are requesting your support.
For more information

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