Physician directory inaccuracies may impact physicians and their patients.

In 2016, the Centers for Medicare & Medicaid Services (CMS) conducted a review of online physician directories and found that nearly 50% of physician directory information was inaccurate. The most common inaccuracies pertained to physician office location, physician phone number and new patient acceptance—a critical factor impacting physician selection.

In fact, patients use this information to select their physicians and other health care providers. Inaccuracies put them at risk of unexpected medical costs and delays in care. Moreover, when physician information is inaccurate, it can complicate patient referrals and jeopardize the success of their practices.

Data accuracy is a focus of policymakers at the federal and state levels.

In response to findings of directory inaccuracies and errors, CMS and other federal and state policymakers have refocused the regulations on physician directory accuracy across the industry.

Federal regulations apply to the following markets:

- Medicare Advantage
- Medicaid Managed Care
- Medicare-Medicaid plans
- Qualified Health Plans (QHP) participating in the FFM (Federally Facilitated Marketplace)

Additionally, there is substantial variability among state rules. Several states are implementing their own requirements for state regulated plans that may differ from federal requirements.
While these regulations do not apply directly to your member physicians, they can have a direct impact on their practices.

- Payers may inundate physician offices with repetitive requests for directory data updates and verification to comply with regulations. This may detract from patient care.
- Patients use physician directory information to make informed choices about physicians. Inaccuracies put them at risk of unexpected medical costs and delays in care.
- Directory inaccuracies can complicate referrals and may impact physicians’ success.
- Incorrect data works directly against the reason physicians opt to participate with health plans and be listed in their directories.

For more specific information, please contact our Federation Representative, Terri Marchiori at 312-464-5271.

Encourage your member physicians to reach out to their payers.

The American Medical Association and its wholly owned subsidiary, AMA Business Solutions in collaboration with LexisNexis® Risk Solutions have developed a streamlined, easy-to-use solution called VerifyHCP™ that ensures payers have the most up-to-date physician data available with minimal physician abrasion. Its benefits include:

- Ensures that patients have the most accurate physician directory information to make important health decisions and maintains continued access to care.
- Minimizes physician office workflow disruptions with a single interface to update all participating directories at one time.
- Allows more time for patient care by pre-populating physician profiles with highly accurate data.
- Helps patients reduce the risk of unexpected medical costs and delays in care.

AMA Business Solutions has developed a template letter that your member physicians can send to payers, encouraging their participation. For more information on VerifyHCP, visit ama-assn.org/verifyhcp.