Why are physicians and their practices constantly being contacted by health plans to update directories?

In January 2017, the Centers for Medicare and Medicaid Services (CMS) determined that nearly half of all health plan directories contain inaccuracies that can impede patients from receiving timely, affordable, patient-focused care. Federal and state agencies have recognized this as an opportunity to refocus their energy on requiring health plans to confirm practice and physician information on a regular basis. These requests will require immediate action. In some instances, payers can withhold reimbursement or remove a non-responding physician from their directories. VerifyHCP™ will simplify data updates and minimize practice interruptions, allowing physicians to redirect resources to patient care.

Which regulations are driving this?

There are several regulations that require updates and outreach on a variety of levels and frequencies, including:

- CMS regulation for Medicare Advantage
- CMS regulation for Medicaid Managed Care
- CMS regulations for Medicare-Medicaid plans (dual enrollees)
- QHP’s participating in the FFM (Federally Facilitated Marketplace)
- Various state specific rules (see map below)
VerifyHCP

Medicare Advantage Draft 2016 Call Letter
Medicare Advantage Organizations are required to maintain accurate physician and other provider network directories for the benefit of enrollees. CMS requires that plans update directories in real time and have regular, ongoing communications with clinicians (minimum of quarterly) to ascertain their availability and, specifically, whether they are accepting new patients.


CMS Online Provider Directory Review Report
First review round of Medicare Advantage online physician and other provider directories results.


Medicare Advantage 2017 Memorandum
After completion of the first review round of MA online physician and other provider directories, CMS published this memorandum re-iterating the problem.

HHS Notice of Benefit and Payment 2016
QHP issuers must update their physician and other provider directory information at least once a month. It includes field-level requirements for data network adequacy.


How is the AMA helping physicians with this issue?
The American Medical Association (AMA) and its subsidiary, AMA Business Solutions, have collaborated with industry leader LexisNexis® Risk Solutions to introduce VerifyHCP, a pre-populated physician data solution that allows practices to validate or update directory information once for all participating health plans. It is designed to help optimize staff efficiency by minimizing administrative efforts to maintain practice information with multiple payers.

If you have questions related to regulations in your state or county, you can contact Terri Marchiori at the AMA at 312-464-5271.

We have created a solution to solve a long-standing issue of inaccurate directories. This is the right thing to do.

Physician directory inaccuracy has been a long-standing issue with adverse impacts on all physicians and patients. We feel strongly that we can help solve the problem through this initiative. If your member physicians have received a communication via email, fax or telephone from LexisNexis, it is because VerifyHCP has received their information on behalf of one or more payers that currently have them contracted in-network.

If your member physician has not received any communication, it is likely because one or more of their payers is not on VerifyHCP. We have created a letter template for your physicians to send to their payers, requesting that they look into and become a VerifyHCP participating payer.

How can my Society get involved and help physicians in our constituency?
Our goal is to help physicians reduce administrative burdens associated with payers’ requests to update various network directories and to allow physicians to focus their time on patient care. This issue affects everyone. Practices are reporting an increase in requests while payers say physicians and practices are, understandably, responding at low rates. With your help, we will continue to inform physicians about this issue.

The AMA has a wealth of materials and resources you can use to educate and inform your members about how this issue is being addressed. As stated earlier, we have created a letter template for your members to share with their payers. Contact Terri Marchiori for information related to your state or county at 312-464-5271.