Why do I keep getting multiple requests to update payer’s 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.

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 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 me 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 in one place for all participating health plans. It is designed to help optimize staff efficiency by minimizing administrative efforts to maintain practice information with multiple payers. VerifyHCP will simplify data updates and minimize practice interruptions allowing you to redirect resources to patient care. This approach offers the promise of tremendous practice efficiencies that can free more time and resources for patient care.

How do I know if my health plans are participating in VerifyHCP?
If you have not received any communication or if one or more of your payers was not listed in the email you received, it is likely because those payers are not on VerifyHCP. We have created a letter template for you to send to their payers, requesting that they look into and become a VerifyHCP participating payer.

How often do I need to verify my information?
Depending upon the federal or state regulation, you will be contacted on some regular interval to update or validate your information. The portal allows you to update your information as it changes instead of waiting for those reminders. All updates are automatically fed back to each of your participating payers on a regular basis, which helps ensure the directory is as up-to-date as possible. As new payers join the consortium, VerifyHCP will reach out again for you to verify your plan participation and acceptance of new patients for each plan.
Is the information I submit on the portal secure? How will it be used?

The portal requires user authentication, so the information is secure. You and your staff will be able to easily review and edit practice information and indicate if your practice is accepting new patients. Please refer to the Privacy Policy on the VerifyHCP site for additional information.

What happens if I don’t update my information?

Choosing not to verify your information could lead to interruptions in patient care. The insurance payers you participate with will not have access to your most up-to-date data, which patients use to select health plans, budget for medical expenses and ensure that their physicians are in-network. In some states, not responding to these requests for verification could result in your removal from directories or a delay in claims reimbursements.

What happens if I/we participate in multiple plans, but not all are included in the VerifyHCP site?

The payers included in the VerifyHCP site have chosen to join in the solution and help make updates easier so your practice can focus on patient care. As additional payers join, we will add them to the site and contact you to verify your participation in those networks. If you participate with payers that have not joined, we will not have their plan information for you to verify, nor will your updates be fed back to them.

What makes the VerifyHCP solution better than other solutions currently on the market?

While other organizations are developing products to address accurate directory mandates, VerifyHCP is a flexible and holistic solution that leverages data science to determine directory errors, thereby maximizing office efficiency and data accuracy. VerifyHCP is the only physician directory solution that uses LexisNexis robust data systems and a portion of the primary-source verified data of the AMA Physician Masterfile.

- Its unique approach leverages data assets to do as much work as possible on behalf of the physician practice.
  - Applying algorithms and sophisticated business rules to assess the quality of data and root out inaccuracies.
  - A centralized repository that leverages a physician’s or office’s attestation information across all participating health plans.
  - VerifyHCP utilizes a proven technology infrastructure and proprietary linking rules to establish the most accurate and updated baseline data set before clinicians are asked to verify their information.
  - Data is cleansed of duplicates using the AMA Physician Data MasterFile and more than 2,000 or data sources. A persistent clinician ID is assigned so that attestation can be re-used from payer to payer for each clinician.
  - The VerifyHCP solution covers all US physicians and other providers.
- The unique collaboration (and agreement) between AMA and LexisNexis was announced in November, 2016 to combine and leverage the industry-leading data resources of the AMA, its wholly owned subsidiary AMA Business Solutions, and LexisNexis Risk Solutions to provide VerifyHCP, a pre-populated data solution to collect, monitor, cleanse and update or verify clinician data.