Directory accuracy, how you can make a difference

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What we’ll be covering today

1. Why are you here?
2. Overview of the challenge and activity
3. Key findings from CMS audits
4. Federal and state mandates
5. How we are teaming up to make a difference
Why are you here?
One or more of your payers has contracted 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.
Before we get started, we’d like to better understand what size practices are represented today…
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. Answer your questions and provide you an opportunity to submit feedback
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 being inundated with requests for data updates
Practices agree this is an issue and is important

Nearly 50% of physician directory information is inaccurate*

52% Physicians surveyed say their patients encounter coverage issues due to inaccurate information included in payer directories at least once per month.

73% Physicians are not aware of mandates related to the accuracy of payer directories.

89% Vast majority say it’s important to be represented accurately in the directories.

67% Most clinicians express interest in having their practice use just one interface to send and update information about their providers to payers.

*

Physicians are not aware of mandates related to the accuracy of payer directories.
CMS has completed and published three rounds of audits

Net Results

Round 3 contained greater inaccuracies than Round 1 – with most deficiencies in *practice locations*. 

<table>
<thead>
<tr>
<th>Round</th>
<th>% of Deficient Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Round 1</td>
<td>45.10%</td>
</tr>
<tr>
<td>Round 2</td>
<td>55.07%</td>
</tr>
<tr>
<td>Round 3</td>
<td>48.74%</td>
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</table>
79% of all deficiencies impact the basics of making an appointment

- **41%** Clinician should not be listed in the directory at this location
- **19%** Clinician should not be listed at any of the directory-indicated locations
- **19%** Phone number needs to be updated
- **21%** All others
Identified three common drivers of deficiencies

1. Group practices continue to provide data at the group level rather than at the clinician level
Identified three common drivers of deficiencies

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2. There is a general lack of internal audit and testing of directory accuracy among many MAOs.

3. (Remaining 3)
Identified three common drivers of deficiencies

1. Group practices continue to provide data at the group level rather than at the clinician level.

2. There is a general lack of internal audit and testing of directory accuracy among many MAOs.

3. MAOs cannot assume that they will be informed when a change in provider location occurs.
What federal and state regulations require?
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 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
Provider directories are required to be “up-to-date” or updated in a timely manner
No additional state-level guidance or requirements specific to provider directories
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

✓ MAOs 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
States are putting their own regulations in place
California Senate Bill 137 (SB137)

**Partial Directories**
Plan must update **printed** directory quarterly & **online** directory weekly

**Entire Directories**
Plan must review & update entire directory at least **annually** (every six months for those unaffiliated with a provider group)

**Directory Validation**
Plan must require an **affirmative response** from clinician or group confirming directory information is current & accurate or requires updates

**Clinician Removal**
If a plan is unable to verify clinician directory information, clinician **should be notified** that he or she will be removed from the directory
Other examples of various regulations

- Accreditation Status
  - State License #
  - Most Granular Panel Status

- Chip ID
- Provider Email & URL
- Provider Email Part of Contact Information

- TennCare Kids
  - Services Performed
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
  - Requires payers to reach out to practices on a quarterly basis
  - 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
We are trying to solve the problem and ensure practices have a voice
Making it easier
4 things we are doing to alleviate the burden

1. Minimizing outreach
2. Avoiding interruption
3. Office manager focus
4. GOAL: Frictionless Solution
1) Minimizing outreach

BY IDENTIFYING HISTORICAL INFORMATION UP FRONT

BY PLAN AND BY GROUP
2) Avoiding interruption

BY STARTING WITH THE LEAST INTRUSIVE METHOD
3) Office manager focus

BY ENABLING GROUP-LEVEL REVIEW AND UPDATE
4) GOAL: Frictionless solution

BY EXPLORING MORE EFFICIENT WAYS OF EXCHANGING INFORMATION BETWEEN PROVIDERS AND PLANS
To Recap: 4 things we are doing to alleviate the burden

1. Minimizing outreach
2. Avoiding interruption
3. Office manager focus
4. GOAL: Frictionless Solution
What can you expect
Clinician focused 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
Practice focused workflow

✓ Confirm your contact information
✓ Review pre-populated data
✓ Update/confirm information
✓ Return data to VerifyHCP agent
✓ VerifyHCP agents will input the data in the system

VerifyHCP actively working to simplify and improve this process – ideas under consideration

- Links embedded in email
- Practices able to submit rosters
- Standardizing a data format
Best practices: How to make the process easier

1. Respond as quickly as possible
2. Break updates into segments
3. Update critical items as they change
Polling question

• What is your preferred method of reviewing and confirming directory information?
  • A – Go to an online portal and update information
  • B – Provide a roster or data file
  • C – Review a spreadsheet and update
  • D – Review a fax
  • E – Over the phone
  • F – other
This is an important issue that impacts patients

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

We need you to ENGAGE!
For more information

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Visit [www.ama-assn.org/verifyhcp](http://www.ama-assn.org/verifyhcp) to learn more