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# The challenges behind fixing provider directory data

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Maintaining provider directory data and keeping it up to date is not easy. Health plans expend significant resources to ensure that data published on their sites is accurate so consumers can find care, billing and contracting runs smoothly, and plans comply with all applicable regulations.

BetterDoctor's white paper, *The Challenges Behind Fixing Provider Directory Data*, explores the main challenges health plans and providers<sup>1</sup> face as the industry works to improve the quality of provider data. The paper also offers best practices for improving the process of making provider directories more accurate for consumers.

## Background

Finding the right doctor shouldn't be difficult. Health plan provider directories, often available in a searchable format online, are an important tool in helping individuals and families find the care they need. Yet, despite federal and state laws designed to ensure the accuracy of these listings, key information often is missing or out of date. Individuals who rely on the information in provider directories may be denied care or end up with unexpected medical bills.

America's health plans understand the importance of providing accurate provider data, but maintaining up-to-date information is not easy. Providers may not give health plans updated information in a timely fashion, and health plans may have a difficult time keeping up

In this free white paper, you'll learn:

- Challenges health plans face in keeping provider directory data accurate
- Challenges providers face in updating their information
- A summary of provider directory regulations across the country
- Best practices for keeping provider directories up to date

with frequent changes. This not only causes problems for individual patients, but also may overstate the adequacy of provider networks.

To test different approaches to improving the accuracy of provider directories, America's Health Insurance Plans (AHIP) conducted [a pilot program](#) in three states—California, Florida, and Indiana. During the pilot, BetterDoctor reached out to 109,857 providers, out of which over 47.5% provided at least a partial response to validation questions and 18.4% responded to a full set of data validation questions. BetterDoctor was pleased to participate in the pilot study, and to reflect some of its learnings in this paper.

## Health Plans Face Challenges in Keeping Provider Directory Data Accurate

Health plans understand the importance of keeping their provider directories up to date to meet applicable state and federal regulations. Though they recognize the difficulty in doing so, they are committed to creating accurate directories that serve their members' needs.

However, provider information changes quickly, and almost every piece of information contained in provider directories can become problematic. Among providers with whom BetterDoctor has worked, physician rosters and types of insurance that providers accept may change as often as every 90 days.

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<sup>1</sup> Here and throughout, "providers" refers to physician practices, physician group practices, and independent practitioners.

In fact, a secret shopper study conducted by Simon Haeder and other researchers found that shoppers could not successfully make appointments 70% of the time when they called the 743 primary care providers (in the study) listed in California health insurance directories. This indicates provider directory data changes very often; at least twenty percent of the data changes each year.



**20%**  
of provider directories change  
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Health plans use various methods for updating provider information. Some do so during the credentialing process, but this happens infrequently, usually every two to three years. Other health plans

conduct regular, systematic audits on a random sample of their providers. In addition, contracts between health plans and providers typically require providers to submit regular updates to the data contained in their directories. However, few health plans take action against providers that don't supply this information.

Ultimately, health plans face three main challenges in updating provider directory data:

- Updating directories via credentialing is too infrequent and ineffective.
- Claims data does not give health plans correct provider locations or contact details.
- High administrative burdens for providers prevent health plans from talking to the right person.

## Providers Have Multiple Responsibilities and Incomplete Understanding of the Process

Many clinicians delegate requests for updating directory information to their practice managers or administrative staff. These staff frequently wear many hats and give priority to what they perceive as more urgent, such as ensuring payment for the provider.

In fact, some providers report being unclear about their role in maintaining directories. In some practices, more than one person may receive requests to update information, which makes tracking changes difficult. Those providers that do attempt to keep their directory up to date have trouble getting accurate and timely responses from individual practitioners, many of whom may be unaware about (all) their network affiliations. In addition, some providers report confusion about providing the same information, often in different formats, to multiple health plans, health systems, and medical groups.

Finally, though providers who participated in the AHIP pilot overwhelmingly reported that they prefer receiving requests for directory updates by email, they were more likely to respond when contacted by phone during the pilot. BetterDoctor's multimodal outreach approach, which includes phone, fax, and email to direct providers to online forms, recognizes that busy providers need to be able to use dynamic communication strategies best suited to their needs. In addition, because HIPAA rules for protected health information restrict health plans from publishing provider email addresses in their directories, most health plans don't retain this information. BetterDoctor is working to make it easier for providers to update their information via email, while recognizing that email is only one of many strategies that are effective.

## Regulations Differ Across the Country, States, and by Agency

Adding to the difficulty in maintaining accurate provider directories, the Centers for Medicare & Medicaid Services (CMS), the National Association of Insurance Commissioners, and most states have established regulations governing provider directories.

Three states that have passed separate bills focused on provider directories—California, Maryland, and Georgia—have some of the strictest requirements in the country. They mandate the inclusion of comprehensive information and require multiple updates a year. Other states, such as Florida and Pennsylvania, include strict provider directory requirements as part of broader laws aimed at protecting healthcare consumers. Still other states have yet to offer specific guidance.

[Federal regulations](#) mandate accurate provider directories for Medicare Advantage plans or policies sold in the federally run health exchange. In 2016, CMS surveyed 54 Medicare Advantage plans, representing approximately a third of all Medicare Advantage Organizations (MAOs), with

5,832 providers. It [reported](#) in 2017 that nearly half—45.1 percent—of the Medicare Advantage provider directories it reviewed were inaccurate. Common errors included providers not at the location listed, incorrect phone numbers, and providers not accepting new patients when the directory indicated they were.

“Because MAO members rely on provider directories to locate an in-network provider, these inaccuracies pose a significant access to care barrier,” CMS said. In response, the agency issued 31 notices of noncompliance and 21 warning letters. Penalties for the 21 insurers with high rates of errors range from [fines to sanctions](#), which could include suspending enrollment.



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## Best Practices: Collaboration, Engagement, Accountability, and Outreach

Findings from BetterDoctor’s work with the AHIP pilot point to several ways in which health plans can ensure the accuracy of their provider data. They include the following:

- **Share data.** Health plans believe strongly that collaboration among their colleagues is important in finding a solution to meet their needs. Health plans need to share data to ease the burden on providers and to speed up the process by which changes are made. Data changes quickly, but sharing data can save time for health plans.
- **Educate providers.** Provider staff may be unsure about their role in updating provider directories or too busy to give this the attention it deserves. Health plans can help educate provider staff about the importance of this work, not only as it relates to meeting federal and state regulations, but also in helping individuals find the right doctor at the right time.
- **Hold providers accountable.** Health plans are accountable to state and federal regulators for maintaining updated provider directories. Likewise, providers should be held

accountable, as well. Health plans can exercise provisions within provider contracts that require regular directory updates. As the AHIP pilot found, providers prioritize those activities they perceive are “required.”

- **Create sustainable outreach plans.** Outreach isn’t “one and done,” nor is it one-size-fits-all. Today, most health plans seek updated directory information by fax or phone. BetterDoctor helps ease the burden on health plans by using combinations of email, letters,

and voicemails that direct providers to online forms to quickly update their information. Health plans can create outreach plans that reduce provider burden, while ensuring a more effective response. For example, they may consider making contacting initially by fax and following up by phone. BetterDoctor is constantly testing which outreach frameworks work best to customize strategies to a health plan’s provider populations.

## Let’s Fix Provider Data Together!



If all of this sounds like one more responsibility in an already complex healthcare environment, BetterDoctor can help. Better Doctor works with health insurance companies, health systems, and doctors to improve the quality of doctor databases. Here’s how it works:

- Health plans share their doctor data with BetterDoctor.
- BetterDoctor validates the data and proactively contacts doctors.
- Validated doctor data is pushed back in real time to health plans.
- BetterDoctor notifies health plans of validated changes.
- Health plans quickly incorporate validated data into their member-facing directories.

When accurate information is made available on consumer web platforms, millions of individuals are empowered to make the choices that are best for themselves and their families. To help fulfill the promise of better health care for your members, contact BetterDoctor at [data@betterdoctor.com](mailto:data@betterdoctor.com) today.