



March 2018

The Challenges Behind Fixing Provider Directory Data

Maintaining provider directory data and keeping it up to date is not easy. Health plans and other organizations, such as healthcare exchanges and provider groups, 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 providers¹ 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.

In this 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 and accurate

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. With the consumerization of healthcare, the need to find doctors has become paramount to properly delivering any healthcare service.

Yet, despite federal and state laws designed to ensure the accuracy of these listings and other industry efforts, key information often is missing or out of date.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 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 in 2016 [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.

Today, BetterDoctor has scaled their successful provider data management services nationally. Over 517,700 unique providers work with BetterDoctor every quarter to attest their data and help health plans and other organizations keep their data up to date.

¹ Here and throughout, "providers" refers to physician practices, physician group practices, and independent practitioners.

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.

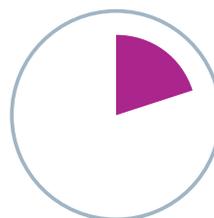
In fact, in January 2018, The Centers for Medicare and Medicaid Services (CMS) released the results of their second round of [Medicare Advantage \(MA\) online provider directory audits](#) performed in 2017. The CMS provider directory data audit in question covered 12,780 locations for 55 Medicare Advantage health plans and found that 52.6% of the locations listed on provider directories had at least one inaccuracy.

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, any organization with provider data faces 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.



20%
of provider directories change each year

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, a vast majority of the over half a million providers who BetterDoctor contacts every quarter overwhelmingly report that they prefer receiving requests for directory updates by email. This preference is also shown in the results: email has the highest conversion rate. 70 percent of providers who receive email outreach, attest to their information in our online

portal from one quarter to another.

However, 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 the

aforementioned CMS audits, the common errors included providers not practicing at the location listed, incorrect phone numbers, closed or wrong practice and providers not accepting new patients when the directory indicated they were.

In the light of these results, the agency issued 23 notices of noncompliance (for health plans with an error rate between 10.4% and 38.8%), 19 warning letters (error rate between 40.1% and 58.3%) and 12 warning letters with a request for a business plan to define fix for the issue (error rate between 60.9% and 97.2%).



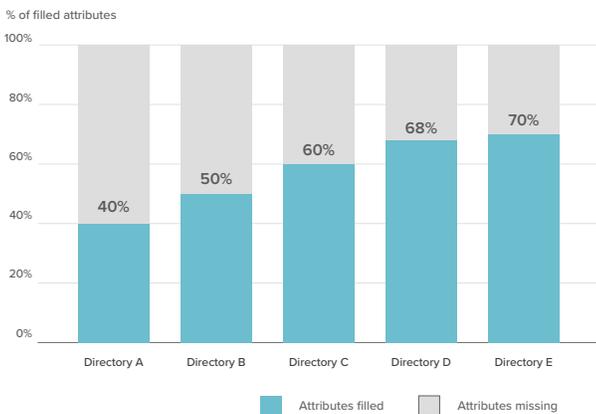
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Best Practices: Collecting missing data, Multimodal outreach, Effective contacting tools, and Educating the providers

Findings from BetterDoctor's provider management and attestation work point to several ways in which organizations can ensure the accuracy of their provider data. They include the following:

1. Collect Missing Attributes

Up to 50% of Provider Data Attributes Are Missing. While analyzing data from dozens of health plans we have discovered that improving data is not just about data accuracy and validation, but also about collecting missing data attributes.



The most common missing directory data attributes include the following (not all attributes are required by CMS Medicare Advantage):

- Office Hours
- Staff Languages
- Specialities
- Middle Names
- Additional Phone Numbers
- Fax Numbers

- Emails
- Websites
- Types of Affiliation
- ADA Accessibility

2. Multimodal Outreach Campaigns Work Best and Deliver the Highest Response Rate

In 2015, BetterDoctor started its large-scale data validation operation by making phone calls, and we quickly learned that providers, practices and provider groups have different communication preferences. During our 2016 AHIP Pilot, we created multimodal outreach processes that use five different communication channels:

- Email
- Fax
- Post mail
- Phone
- Voice mail



3. Use Online Attestation Tools to Collect Data and Minimize Errors

One of the challenges health plans face is reaching out to providers without adding to their workload. Traditionally, most health plans ask for updated directory information by fax or phone.

After testing outreach methods, we found that directing providers to an online pre-populated form yields the most accurate information. We are able to reach out to providers via fax, post mail, phone, or email depending on what works best for a particular office. Providers then can easily update their information without having to deal with pesky paper forms and health plans receive updates quickly and efficiently. Today, BetterDoctor receives 96% of the data attestations via online tools optimized to minimize human errors.

4. Educate Providers and Provider Groups

To align the provider, provider group and health plans efforts to increase provider directory data quality, it's critical to educate the providers and groups about the benefits of accurate provider data. Providers who understand the health plan provider directory update requirements are much more likely to update and comply with the requirements. It's important to not just communicate with providers and groups that regulations exist, but we also need to underscore the following things:

- The name and purpose of the regulation
- Frequency data update requirements
- The provider benefits of having accurate directory listings

Let's Fix Provider Data Together!



If all of this sounds like one more responsibility in an already complex healthcare environment, BetterDoctor can help. BetterDoctor 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 healthcare for your members, contact BetterDoctor at data@betterdoctor.com today.