



DirectAssure for Medicaid: Improving the Accuracy of Provider Network Directories

Accurate provider directories are critical for consumers to identify and access timely, affordable, and high quality care. Improving the quality and transparency of provider information within health plan directories has been a long-standing challenge for health plans and providers. Past audits by the Centers for Medicare & Medicaid Services (CMS) found that 52% of provider locations listed in health plan network directories had at least one inaccuracy¹.

These findings have resulted in Federal and State requirements and penalties for health plans to maintain accurate provider directories. Federal and State requirements for Medicaid, Medicare Advantage, and the Exchange Marketplaces specify that provider directories must be updated on a regular basis ranging from every 30 days to every three months. Inaccuracies in provider directories can result in fines for health plans of up to \$25,000 per day per member.

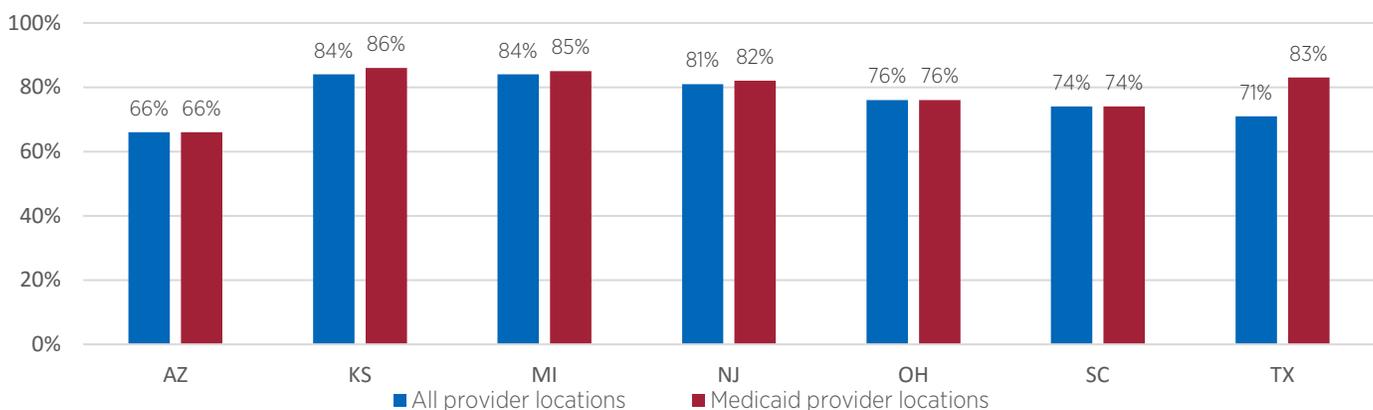
Health plans have used a number of methods to update provider directory information including regular phone, fax, and email communications with providers, in-person provider visits, online provider portals, and mining of internal and external data sources. These methods are time consuming and

costly for health plans and result in administrative burdens for providers who are often providing similar information repeatedly to multiple health plans.

DirectAssure® helps alleviate the challenges and burden plans and providers face related to maintaining accurate provider directories. Working in concert with CAQH ProView, used by over 1.4 million providers, DirectAssure enables providers to update and confirm their professional, practice, credentialing and directory information all in one place. This information is shared once with multiple health plans, eliminating redundant requests to providers.

To help illustrate the impact of DirectAssure on provider directory accuracy, data from multiple health plans and providers across seven states was analyzed after use of DirectAssure for at least 120 days. These states were selected to represent diverse geographies with at least five percent of physicians in the state included in the health plans participating in DirectAssure for Medicaid. As depicted in Figure 1, provider directory accuracy ranged from 66% to 86% for Medicaid provider locations across these seven states, surpassing CMS audit results. Accuracy rates for Medicaid provider locations mirror or exceed the rates for all provider locations in these states.

Figure 1: Accuracy of All Provider Locations vs. Medicaid Provider Locations, After Use of DirectAssure



As the largest purchaser of health care coverage in the nation, covering many enrollees with complex care needs, Medicaid agencies and health plans need to ensure that Medicaid enrollees can effectively locate and access the care that they need. DirectAssure offers a unified solution to this challenge, one that is free to providers, reduces administrative burden for health plans and providers, and enables consumers to make more informed decisions about their care.

About DirectAssure

DirectAssure enables providers to update their directory information once and share it with all participating health plans they authorize to receive their data. This process reduces the need for direct health plan outreach to providers, saving time and expense. It decreases the extraordinary number of redundant requests providers receive from each health plan for the same information.

As shown in Figure 2, DirectAssure emails reminders, on at least a quarterly basis, to select providers on behalf of participating health plans to

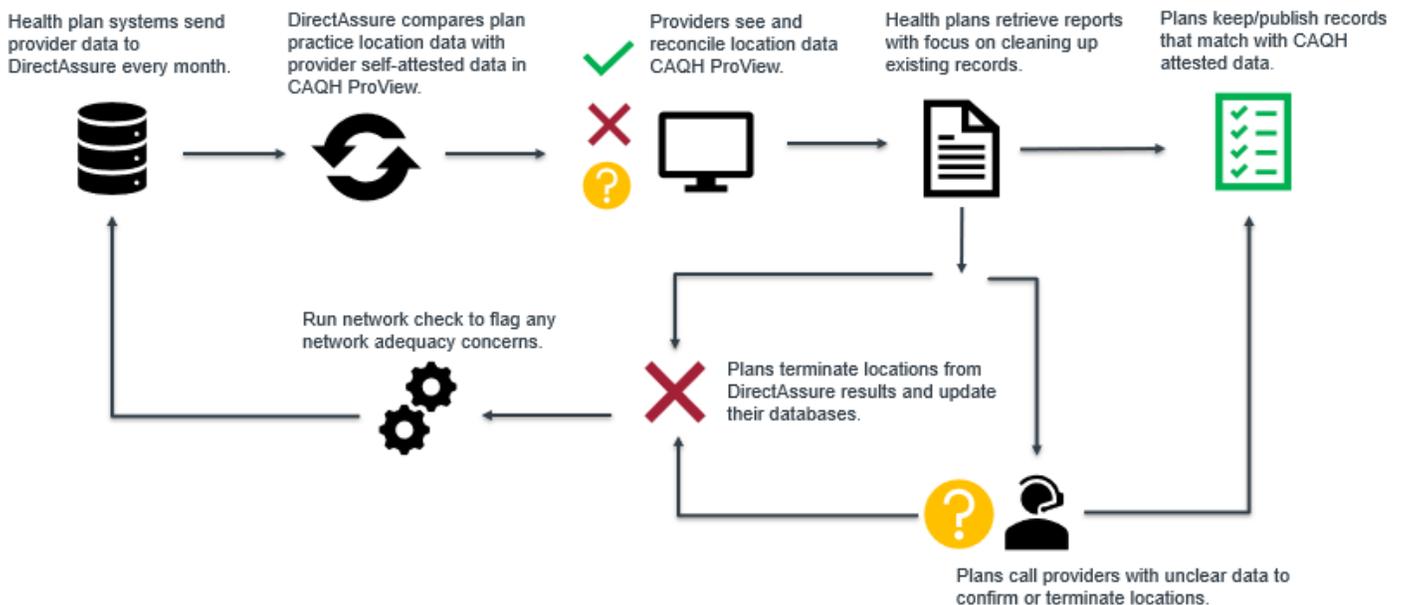
review their directory information, including provider location, contact information and whether they are accepting new patients. Providers log in to CAQH ProView, review a specific dataset in a Provider Directory Snapshot, make any necessary updates and then confirm that the directory information can be published. The confirmation is time stamped, and a snapshot of information is taken for audit purposes.

This directory data includes provider location, contact information, specialty, medical group, institutional affiliation and whether they are accepting new patients.

Participating health plans have access to the Outreach Compliance Report, an auditable record of provider outreach performed by DirectAssure. This report includes all active providers on a participating health plan’s directory roster who have reviewed and confirmed their directory information, a record of all provider-facing communications, and the outcomes of those communications.

New functionality will introduce machine learning to further improve directory accuracy.

Figure 2: DirectAssure Solution Overview



To learn more about DirectAssure, please contact sales@caqh.org or visit directassure.org.

ⁱ https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/Provider_Directory_Review_Industry_Report_Year2_Final_1-19-18.pdf