DirectAssure®: Proven Strategies for Improving Provider Directory Accuracy

Ann Brisk, Director, Business Development, CAQH
Ron Urwongse, Senior Product Manager, Solutions, CAQH

July 27, 2017
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Throughout the session, you may communicate a question via the web.
- Questions can be submitted with the **Questions panel on the right side of the GoToWebinar desktop**.
Webinar Speakers

Ann Brisk
Director, Business Development
CAQH
ABrisk@CAQH.org

Ron Urwongse
Senior Product Manager
CAQH
Runwongse@CAQH.org
Agenda

- About CAQH.
- Update on Provider Directory Requirements
- Leveraging CAQH ProView® to Improve Directory Quality.
- Addressing the Most Prevalent Provider Directory Errors per CMS.
- Results Report – CAQH and UnitedHealthcare.
- Summary.
About CAQH and its members

CAQH, a non-profit alliance, is the leader in creating shared initiatives to streamline the business of healthcare. Through collaboration and innovations, CAQH accelerates the transformation of business processes, delivering value to providers, patients and health plans.
CAQH initiatives streamline business processes in healthcare.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMITTEE ON OPERATING RULES FOR INFORMATION EXCHANGE</td>
<td>Maximizes business efficiency and savings by developing and implementing national operating rules. More than 140 participating organizations.</td>
</tr>
<tr>
<td>INDEX</td>
<td>Benchmarks progress and helps optimize operations by tracking industry adoption of electronic administrative transactions.</td>
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<tr>
<td>COB SMART.</td>
<td>Quickly and accurately directs coordination of benefits processes.</td>
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<tr>
<td>PROVIEW.</td>
<td>Eases the burden of provider data collection, maintenance and distribution for more than 1.4 million providers and 800 participating organizations.</td>
</tr>
<tr>
<td>VERIFIDE.</td>
<td>Streamlines credentialing by consolidating and standardizing primary source verification.</td>
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<tr>
<td>DIRECTASSURE.</td>
<td>Increases the accuracy of health plan provider directories.</td>
</tr>
<tr>
<td>SANCTIONSTRACK.</td>
<td>Delivers comprehensive, multi-state information on healthcare provider licensure disciplinary actions.</td>
</tr>
<tr>
<td>ENROLLHUB.</td>
<td>Reduces costly paper checks with enrollment for electronic payments and remittance advice for more than 500,000 providers.</td>
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</tbody>
</table>
# Update on Provider Directory Requirements: Federal

<table>
<thead>
<tr>
<th>Source</th>
<th>Requirement</th>
<th>Effective Date</th>
<th>Key Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Advantage 2016 Advance Notice</td>
<td>MA organizations must maintain “Regular, ongoing communications / contacts (quarterly) with providers...”</td>
<td>January 1, 2016</td>
<td>Penalties up to $25k per day per beneficiary. CMS has begun monitoring plans.</td>
</tr>
<tr>
<td>HHS Final 2016 Letter to Insurers in the Federally-Facilitated Marketplaces</td>
<td>QHP issuers must update their provider directory information at least once a month. Includes field-level requirements for data.</td>
<td>November 1, 2015</td>
<td>Penalties up to $100 per day per individual affected.</td>
</tr>
<tr>
<td>Medicaid and CHIP Proposed Rule</td>
<td>Medicaid MCOs must update electronic provider directories no later than 30 calendar days after updated provider information is received.</td>
<td>July 1, 2017</td>
<td>Machine-readable requirements are now aligning with QHP requirements.</td>
</tr>
</tbody>
</table>
## Update on Provider Directory Requirements: States and Others

<table>
<thead>
<tr>
<th>Source</th>
<th>Requirement</th>
<th>Effective Date</th>
<th>Key Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCQA Health Plan Accreditation 2016 Proposed Updates</td>
<td>Using valid sampling methods, analyze the accuracy of information within provider directories.</td>
<td>July 2016</td>
<td>Must annually identify opportunities to improve accuracy and take action.</td>
</tr>
<tr>
<td>California SB 137</td>
<td>Health plans must obtain an affirmative response from providers acknowledging notification was received, and providers must confirm information in directories is current and accurate.</td>
<td>July 1, 2016</td>
<td>Must investigate reported errors within 30 days. Providers who do not confirm information must be removed from directories.</td>
</tr>
<tr>
<td>Other state requirements</td>
<td>Twenty-seven states have now enacted rules on provider directories, with about half of the states specifying update frequency.</td>
<td>Varied</td>
<td>Varied</td>
</tr>
</tbody>
</table>
CAQH and its member health plans recognized that new requirements for health plans to maintain provider directories were unachievable with current processes.

- **Multiple, Redundant Inquiries and Responses**
  - Providers receive requests from multiple plans on a reoccurring basis.
  - Changes require providers to update each plan separately.

- **Outreach via Multiple Channels**
  - Plan outreach to providers via email, fax, direct mail and phone.

- **Excessive Resources**
  - Individual health plan

- **Questionable Data Integrity**
  - Little measurable improvement in provider data errors.
CAQH built upon the self-reported data from 1.4 million providers in CAQH ProView to create a new directory solution to resolve industry challenges.

- Trusted and used by healthcare providers and organizations for more than 15 years.
- 1.4 million unique participating providers, including allied providers (+8,000 each month).
- Over 900 participating health plans, hospitals, provider groups, state Medicaid agencies and other organizations.
- Twelve states and DC have adopted the CAQH Standard Provider Credentialing Application.
- Contains more than 225 self-reported and attested data elements, including those required for provider directories.
- Providers reminded to re-attest every 120 days. One million providers have re-attested in the past 120 days.
- 25K unique users per day.
DirectAssure offers a streamlined and centralized experience for providers that reduces the need for plan outreach.

CAQH conducts regular outreach to meet regulatory requirements, reminding providers to review and update their directory data.

Providers are prompted to review their data in the tailored Provider Directory Snapshot in CAQH ProView.

CAQH sends the updated data to all participating health plans and provides a comprehensive compliance report.
Provider outreach occurs through email and phone calls and meets CMS quarterly outreach requirements for directories.

Dashboard Alert:
A system-generated alert within CAQH ProView appears for providers who need to attest to their information.

Email Outreach:
Providers are emailed quarterly to review and attest their information.

Phone Outreach:
The CAQH staff will contact providers who do not attest.

Quarterly
All communication attempts and responses are logged and delivered in a monthly Outreach Compliance Report for audit purposes.
Providers review and update their directory-relevant data in a tailored “Provider Directory Snapshot.”

<table>
<thead>
<tr>
<th><strong>Personal Information</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td><strong>Type 1 NPI</strong></td>
</tr>
<tr>
<td><strong>Non-English Languages Spoken</strong></td>
</tr>
<tr>
<td><strong>Participating in Medicare</strong></td>
</tr>
<tr>
<td><strong>Participating in Medicaid</strong></td>
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<tr>
<th><strong>Education</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Professional School</strong></td>
</tr>
<tr>
<td>Georgetown University</td>
</tr>
<tr>
<td>Doctor of Medicine (MD)</td>
</tr>
<tr>
<td><strong>Undergraduate</strong></td>
</tr>
<tr>
<td>University of Virginia</td>
</tr>
<tr>
<td>Bachelor of Health Science (BHS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Specialties</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Specialty</strong></td>
</tr>
<tr>
<td>Pediatric Cardiology</td>
</tr>
<tr>
<td>American Board of Family Medicine</td>
</tr>
</tbody>
</table>
Providers review and update their directory-relevant data in a tailored “Directory Snapshot” (continued).

<table>
<thead>
<tr>
<th>Directory Information</th>
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<tbody>
<tr>
<td><strong>PRACTICE LOCATIONS</strong></td>
</tr>
<tr>
<td><strong>Practice Location #1</strong></td>
</tr>
<tr>
<td><strong>Cardiovascular Consultants Medical Group</strong></td>
</tr>
<tr>
<td>365 Hawthorne Ave, Suite 220</td>
</tr>
<tr>
<td>Oakland, CA 94609</td>
</tr>
<tr>
<td><strong>Group Name</strong></td>
</tr>
<tr>
<td>Cardiovascular Consultants Medical Group</td>
</tr>
<tr>
<td><strong>Office Hours</strong></td>
</tr>
<tr>
<td>Monday 8:00 AM - 4:00 PM</td>
</tr>
<tr>
<td>Tuesday -</td>
</tr>
<tr>
<td>Wednesday -</td>
</tr>
<tr>
<td>Thursday 8:00 AM - 4:00 PM</td>
</tr>
<tr>
<td>Friday 8:00 AM - 12:00 PM</td>
</tr>
<tr>
<td>Saturday -</td>
</tr>
<tr>
<td>Sunday -</td>
</tr>
<tr>
<td><strong>Non-English Languages Spoken</strong></td>
</tr>
<tr>
<td>French, Spanish, Portuguese</td>
</tr>
<tr>
<td><strong>Type 2 NPI</strong></td>
</tr>
<tr>
<td>1122334455</td>
</tr>
<tr>
<td><strong>HOSPITAL AFFILIATIONS</strong></td>
</tr>
<tr>
<td><strong>Alameda Cnty Medical Center (Oakland, CA)</strong></td>
</tr>
<tr>
<td>1411 East 31st Street</td>
</tr>
<tr>
<td>Oakland, CA 94602</td>
</tr>
<tr>
<td>510-437-4800</td>
</tr>
</tbody>
</table>
Providers then confirm the accuracy of their directory data and re-attest.

**Step 1**
**REVIEW DATA SUMMARY**
Click the Review button below to display and review a summary of all of the data you entered in your profile.

[Click here](#) to view the Provider Directory Snapshot that participating organizations will use to update your record in their publicly available provider directories.

If you need to make a change, close the summary window and click on the appropriate section in Profile Data.

**Step 2**
**VERIFY REVIEW**
Click Review Complete to verify that you have reviewed and/or corrected your data. Once you verify that your review is complete, an Attestation button will appear.

**Step 3**
**ATTESTATION**
Click Attest to certify that you have carefully reviewed all information contained within your CAQH ProView Profile and that all information provided by you in the profile is true, correct, and complete to the best of your knowledge.

You also acknowledge that your CAQH ProView Profile will not be considered complete until supporting documentation and properly executed Authorization, Attestation and Release Form is remitted.

☑️ I have reviewed the information in my Provider Directory Snapshot.
Adoption rates to-date have been significant and continue to grow. More than 600K providers have attested and over 35 health plans are now participating.

Rostered Providers

- Over 810k rostered providers (i.e., requests for directory profiles from participating health plans).

Provider Outreach

- Over 3.6M total emails sent.
- Over 500k phone calls made.

Participating Plans

- Over 35 participating plans.

Provider Responses

- More than 600k completed and attested DirectAssure directory profiles.
- 72% of providers reviewed and confirmed their information within the past 120 days.
- Over 90% of providers respond after one e-mail.
In 2016, CMS conducted reviews of practice location accuracy in Medicare Advantage health plan directories.

Fifty-four organizations were monitored and 5,832 providers at 11,646 locations were contacted.*

Elements reviewed related to locations:
- Provider name
- Practice name
- Specialty
- Acceptance of plan
- Address, including suite number
- Accepting/not accepting new patients
- Phone number

Sixty-six percent of location inaccuracies fell into the category “provider is not practicing at location.”

* Results reported by CMS Medicare Drug & Health Plan Contract Administration Group on September 8, 2016. N=11,646 practice locations.
CAQH has expanded its focus and leveraged strong provider engagement to further address wide-spread directory data quality issues.

Prioritized Errors Based on CMS Data: Prevalence and Weighting

Percentage of practice locations that are accurate
CAQH worked with health plans to identify practice locations scenarios that are currently appearing in directories, but that should be suppressed.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Health Plan</th>
<th>CAQH</th>
<th>CAQH Practice Status</th>
<th>Publish?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seth Hollander</td>
<td>123 Main Street</td>
<td>Match in CAQH</td>
<td>Seeing patients at least once per week</td>
<td>✔️</td>
</tr>
<tr>
<td>Seth Hollander</td>
<td>987 Maple Avenue</td>
<td>No match in CAQH</td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>Julie Nangia</td>
<td>231 Broad Street</td>
<td>Match in CAQH</td>
<td>Stopped Practicing as of 03/15/2017</td>
<td>✗</td>
</tr>
<tr>
<td>Julie Nangia</td>
<td>180 Ridge Park Drive</td>
<td>Match in CAQH</td>
<td>Seeing patients at least once per week</td>
<td>✔️</td>
</tr>
<tr>
<td>Victor Sung</td>
<td>231 Broad Street</td>
<td>Match in CAQH</td>
<td>Seeing patients at last once per week</td>
<td>✔️</td>
</tr>
<tr>
<td>Victor Sung</td>
<td>882 Gessner Avenue</td>
<td>Match in CAQH</td>
<td>Covering or filling-in for colleagues</td>
<td>✗</td>
</tr>
</tbody>
</table>

- If a health plan has a location, but the provider did not report that location to CAQH.
- If a health plan has a location, but the provider reported no longer practicing there.
- If a health plan has a location, but the provider reported a non-publishable status.
A drop-down menu enables providers to include additional details about the nature of their practice at each location.

- **Do you practice at this location?**
  - Select Yes if you currently practice at this location or will be practicing there in the near future.
  - Yes
  - No

- **Please describe your affiliation with this location.**
  - I see patients here at least one day per week on a regular basis.
  - I see patients here at least one day per week, but less than one day per week on a regular basis.
  - I cover or fill-in for colleagues within the same medical group on an as needed basis.
  - I read tests or provide other services but I do not see patients at this location.
  - Other

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Responses to “do you practice…” revealed a significant opportunity to use DirectAssure output to suppress inaccurate practice locations in provider directories.

Total practice locations with detailed responses to ‘do you practice?’

- I never practiced here and have no affiliation with this location: 378
- I do not practice here, but the location is within my group: 12,051
- I no longer practice at this location: 10,893
- I read tests or provide other services but do not see patients: 8,927
- I cover or fill-in for colleagues within the same group: 35,374
- I see patients here at least one day per month: 16,149
- I see patients here at least one day per week: 115,687

34% of response volume represent locations that should be suppressed within provider directories.
UnitedHealthcare (UHC) sought practical approaches to quickly improve accuracy by reducing the most prevalent directory error.

- **Business Objective:**
  - “Provider not at location” is the highest priority inaccuracy and represents a majority of directory errors.
  - Implement a solution that reduces the prevalence of this error to quickly achieve directory accuracy gains.

- **CAQH Approach:**
  - Define easily detectable scenarios where providers are not taking appointments at practice locations.
  - Implement a scalable process to identify these scenarios and stop publishing these locations.
UHC set a target of greater than 85% accuracy to minimize compliance risk.
Scenario #1: When a health plan has a location that DirectAssure does not have, there is an 80% probability that the location should not be published.

**Approach**

- UHC compares a location in its directory against provider data in DirectAssure.
- The absence of a location within DirectAssure is a strong signal to not publish the location within UHC’s directory.

**UHC Directory**

- 123 Main Street
- 987 Maple Avenue
- 231 Broad Street

**CAQH DirectAssure**

- 123 Main Street
- 987 Maple Avenue
- No match in CAQH

**Keep in UHC directory**

- 123 Main Street
- 987 Maple Avenue

**Stop publishing in UHC directory**

- 231 Broad Street
In this case, UHC validated the reliability of not displaying locations in this scenario and has now scaled this process to over 200k providers.

Initial Phase:
- 60k practice location sample.
- In cases where the UHC directory had locations not present in CAQH, **80% of these locations should not be published**.
- Validated in phone call audits to 60k locations within the UHC directory.

Production:
- UHC increased its usage of DirectAssure to 200k providers to further suppress locations within UHC's directory.
- Due to initial phase findings, UHC is automating the removal of these locations.
- UHC has used this method to suppress invalid locations for more than 10 months.
- Suppression can be reversed if additional information is identified by UHC.

Three additional health plans have independently validated in their own audits that locations fitting this scenario should be suppressed between 77-80% of the time.
Scenario #2: UHC leveraged the “…do you practice” status indicators to further identify locations to be removed from its provider directory.

Analysis:

- CAQH identified 3 scenarios that are strong predictors of suppression:
  - Currently practicing = No [83%]
  - Reads tests, no appointments [87%]
  - Covers or fills-in for colleagues [87%]

- UHC is validating these results across a population of 100k providers:
  - Currently practicing = No [87%]
  - Read tests, no appointments [61%]
  - Covers or fills-in for colleagues [60%]

Go-Forward Plan:

- CAQH will provide regular extracts of the “do you practice” status indicators to UHC for consumption and processing.

- UHC will seek opportunities to suppress these locations across an increased provider population in the next three months and report on gains.

- Scenarios with greater than 80% reliability will be targeted for automation.

“Do you practice…” status indicators are expected to contribute to significant directory accuracy gains for UnitedHealthcare.
Practical takeaways from the UnitedHealthcare case study.

- Health plans should immediately focus on the most prevalent and highest priority to maximize and accelerate directory accuracy gains and to reduce compliance risk.

- It is important to focus on scenarios that can be easily identified:
  - A health plan has a location (for a specific provider) and the provider did not report it to CAQH.
  - The provider has self-reported status indicators that suggest the location should be suppressed.

- Create a process (supported by technology) to automatically identify and stop publishing these locations at scale.

- Create a baseline of directory accuracy prior to the initiative, and measure it on an ongoing basis.

- Once “low-hanging fruit” accuracy gains have been secured, expand on these processes for other data that will address remaining directory errors: e.g., phone numbers, suite numbers, accepting new patients.
CMS findings on provider directory deficiencies reveal strategic opportunity for health plans to focus on solving for the most prevalent and priority deficiencies

<table>
<thead>
<tr>
<th>Deficiency</th>
<th>% Of All Deficiencies</th>
<th>Priority Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider not practicing at location</td>
<td>66%</td>
<td>Highest</td>
</tr>
<tr>
<td>Phone number</td>
<td>10%</td>
<td>Highest</td>
</tr>
<tr>
<td>Address</td>
<td>9%</td>
<td>Medium</td>
</tr>
<tr>
<td>Address (suite)</td>
<td>4%</td>
<td>Lowest</td>
</tr>
<tr>
<td>Accepting new patients</td>
<td>6%</td>
<td>Lowest</td>
</tr>
<tr>
<td>Other errors</td>
<td>5%</td>
<td>None or Lowest</td>
</tr>
</tbody>
</table>
CAQH recently introduced phone number confirmation. Providers are asked to confirm that practice location phone numbers are appropriate for appointments.

- All providers will be required to confirm phone numbers for all of their practice locations.

- If the phone number is correct, the provider clicks **Confirm** and the confirmation message disappears.

- If the phone number needs to be updated, the provider clicks **Edit** to return to the Practice Location General Information screen.
Preliminary results show the rate of phone number changes has increased 300% since release of the Direct Assure phone number confirmation enhancement in April.

- Average change rate for phone number throughout 2016 was approximately 1% of providers per attestation.
- The increase in the rate of change demonstrates positive provider engagement and responsiveness.
- As more phone number updates are collected, CAQH will audit the data to determine if changes are resulting in an expected increase in accuracy.
CAQH is continuing to address the directory practice location challenge through a significant enhancement to DirectAssure in Q4 2017.

Provider can accept or reject additional locations

Provider must indicate a reason for rejection

DirectAssure 2.0 will present additional locations that a health plan has (beyond those already entered by provider) and enable the provider to confirm or reject the location.
Providers will also be asked to confirm insurer participation and “…accepting new patients” for each location within the provider profile.

- DirectAssure enhancements coming in Q4:
  - All health plans that have rostered the provider for directory information will be presented for confirmation.
  - Insurer-level confirmation and “accepting new patients” will be captured and made available to health plans via an API output.
  - Health plans are able to use this data to update directories and identify misalignment in contract terms and provider responses.
In Summary: DirectAssure offers considerable benefits to health plans and providers.

- **Proven** – Mature solution adopted by leading health plans, resulting in measurable data improvement.
- **Time-saving** – Eliminates the need for each health plan to contact every provider in their network to obtain timely, correct information.
- **Compliant** – Helps health plans meet federal and state requirements, and avoid costly penalties for noncompliance.
- **Cost-effective** – Reduces administrative costs and inconvenience for health plans and providers.
- **Friction-reducing** – Provider offices need no longer respond to multiple plan requests for the same information.
- **Robust** – Enables the more than 1.4 million providers participating in CAQH ProView to easily review and update their self-reported professional data for use in provider directories.
Questions?
Please submit your questions

Via the Web – Enter your question into the “Questions” pane in the lower right hand corner of your screen.
Thank You for Joining Us

Ann Brisk
Director, Business Development
CAQH
ABrisk@CAQH.org

Ron Urwongse
Senior Product Manager
CAQH
RUrwongse@CAQH.org

www.directassure.org