



# Industry Alignment Behind a Platform for Provider Data Management

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May 23, 2019

# Uncovering an Industry Problem of Inaccurate Provider Directories

Research

## Original Investigation

### The Accuracy of Dermatology Network Physician Directories Posted by Medicare Advantage Health Plans in an Era of Narrow Networks

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**IMPORTANCE** Insurers are increasingly deploying "narrow networks" with fewer contracted physicians both in health plans offered in new state exchanges under the Affordable Care Act and in Medicare Advantage (MA) plans, which are commercial alternatives offered to Medicare beneficiaries. Patients choosing health plans rely on the accuracy of network directories posted by insurers. The MA plans must meet network adequacy requirements, and inaccurate directories of participating physicians might prejudice those determinations.

**OBJECTIVE** To determine the accuracy of MA plan directories of participating dermatologists, and the appointment availability of listed physicians.

**DESIGN, SETTING, AND PARTICIPANTS** Scripted telephone calls were placed to every dermatologist listed in directories for the largest MA plans in 12 US metropolitan areas. The caller sought an appointment on behalf of his fictitious father who had severe itch for several months, asked whether the dermatologist accepted the relevant plan, and asked for the next available appointment date.

**MAIN OUTCOMES AND MEASURES** Appointment availability and wait time.

**RESULTS** Among 4754 total physician listings, 45.5% represented duplicates in the same plan directory. Among the remaining unique listings, 48.9% of physicians were reachable, accepted the listed plan, and offered an appointment for our fictitious patient. Many of the dermatologists listed had incorrect contact information, were deceased, retired, or had moved, were not accepting new patients, did not accept the insurance plan, or were subspecialized. The mean (range) wait time for appointments among the remaining listings was 45.5 (1-414) days. Both the accuracy of network directories and the appointment wait times varied substantially by health plan and metropolitan area. For 1 plan, our caller was unable to obtain an appointment with any listed dermatologist.

**CONCLUSIONS AND RELEVANCE** Medicare Advantage physician directories for dermatology in many areas substantially overestimate the number of in-network physicians available to treat patients with medical skin conditions. These inaccuracies occurred in areas with long appointment wait times and where plans are terminating selected physician contracts. This suggests a lack of capacity that would be exacerbated by further network narrowing. Accurate physician directories are essential for proper oversight of network adequacy, and for patients who rely on these listings to evaluate health plan options during open enrollment.

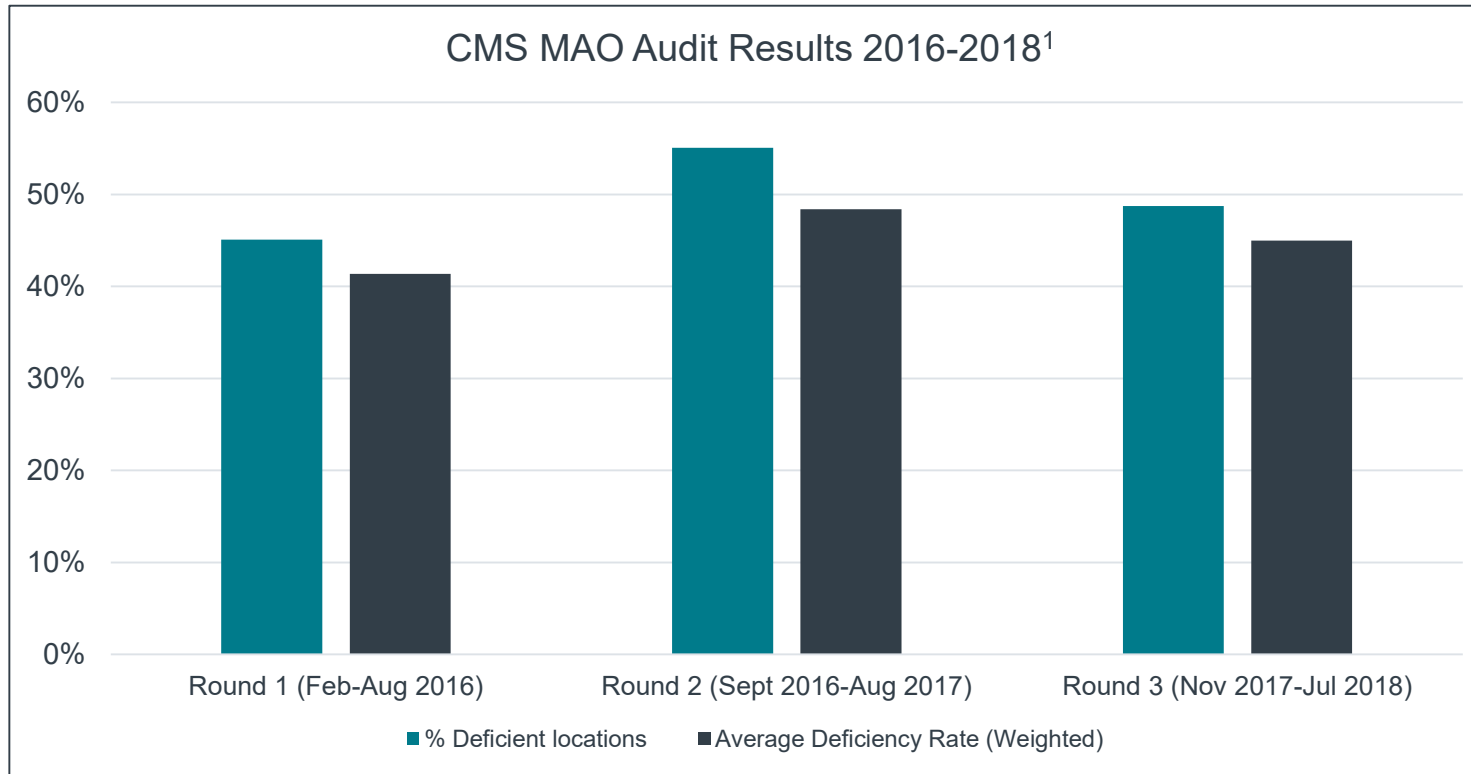
**Author Affiliations:** Department of Dermatology, University of California, San Francisco, School of Medicine (Resneck); Philip R. Lee Institute for

The 2014 JAMA study on physician directories cast a spotlight on the directory problem and served as a catalyst for increased regulatory scrutiny and action.

## Highlights from JAMA Dermatology

- Among 4,754 total dermatologist listings in the largest MA plans in 12 metropolitan areas, 45.5% represented duplicates in the same plan directory
- Among remaining unique listings, 48.9% of dermatologists were reachable, accepted the listed plan, and was able to offer an appointment

# CMS Provider Directory Audit Results



<sup>1</sup>CMS Medicare Advantage Online Provider Directory Review Report -November 28, 2018.

- CMS has completed three audit rounds since 2016 of health plan provider directories, and no significant improvement in accuracy has been identified.
- In Round 3, 49% of directory locations were found inaccurate, with 66% of errors attributed to 'Provider is not practicing at location'.
- Majority of Medicare Advantage plans have between 30% to 60% inaccurate locations.

# Increasing CMS Interest to Identify a Solution

***CMS continues to feel MAOs are in the best position to ensure the accuracy of their provider directories. Through the insight gained from our reviews, it has become clear that a centralized repository for provider data is a key component missing from the accurate provider directory equation.”<sup>1</sup>***

<sup>1</sup> Excerpt from the Medicare Advantage Online Provider Directory Review Report – November 2018.

***“One common struggle expressed by industry is that there is no centralized repository for provider directory data, often referred to as a ‘source of truth’. As a consequence, the current process of verifying the accuracy of provider information can present an undue burden on providers, as multiple plans, in an effort to validate their directory information, ask providers the same validation questions. CMS will continue its focus on and work with stakeholders to improve provider directory accuracy.”<sup>2</sup>***

<sup>2</sup> Excerpt from CMS Medicare Advantage 2020 Call Letter Advance Notice – February 2019

- CMS released its Medicare Advantage Online Provider Directory Review Report in November 2018, summarizing the results of the health plan directory audits.
- In this report, CMS pointed out that little progress has been made in health plan directories (the industry is still averaging ~50% accuracy), and that a **“centralized repository”** is **“a key component missing.”**
- These observations were echoed in the Medicare Advantage 2020 Call Letter Advance Notice, issued in February 2019.

# State Activity Related to Provider Directories

## *State-Level Draft Legislation: Relevant Provider Directory Implications*

- **Maryland:** Insurance Commissioner may elect to select a designated online provider directory information system for use by carriers in the state.
- **Massachusetts:** Require plans to take steps to ensure directory accuracy and include minimum data in their directories.
- **Minnesota:** Require health plans to notify providers and any enrollees who received service from those providers during the past 12 months before it can switch the participation status from in-network to out-of-network.
- **Oklahoma:** Require health plans to include minimum data in their directories.
- **New Jersey:** Establish oversight program that would audit directory accuracy for Medicaid MCOs annually.
- **Washington:** Requires health plans to indicate which providers in its directory are accepting new patients, to implement a directory data quality process, and to make updates to its directory within seven days after determining that information is inaccurate.

# Rationale for Support for a Primary Channel for Demographic Updates

## Improved Provider Relations

- Providers benefit from a simple, fast way to submit demographic updates for multiple health plans at the same time.

## Improved Data Quality

- Coordinated industry action is needed to fully leverage the combination of technology and provider engagement to address pervasive and long-standing data quality issues.

## Operational Cost Savings

- Multi-state health plans, as well as those with both state and federal business, are challenged to support multiple operating requirements and interfaces.

## Enable Constructive Regulator Dialogue

- Health plan alignment will help drive constructive cross-industry dialogue about how best to achieve improved provider directory and enrollment outcomes quickly, economically and with minimal provider abrasion.

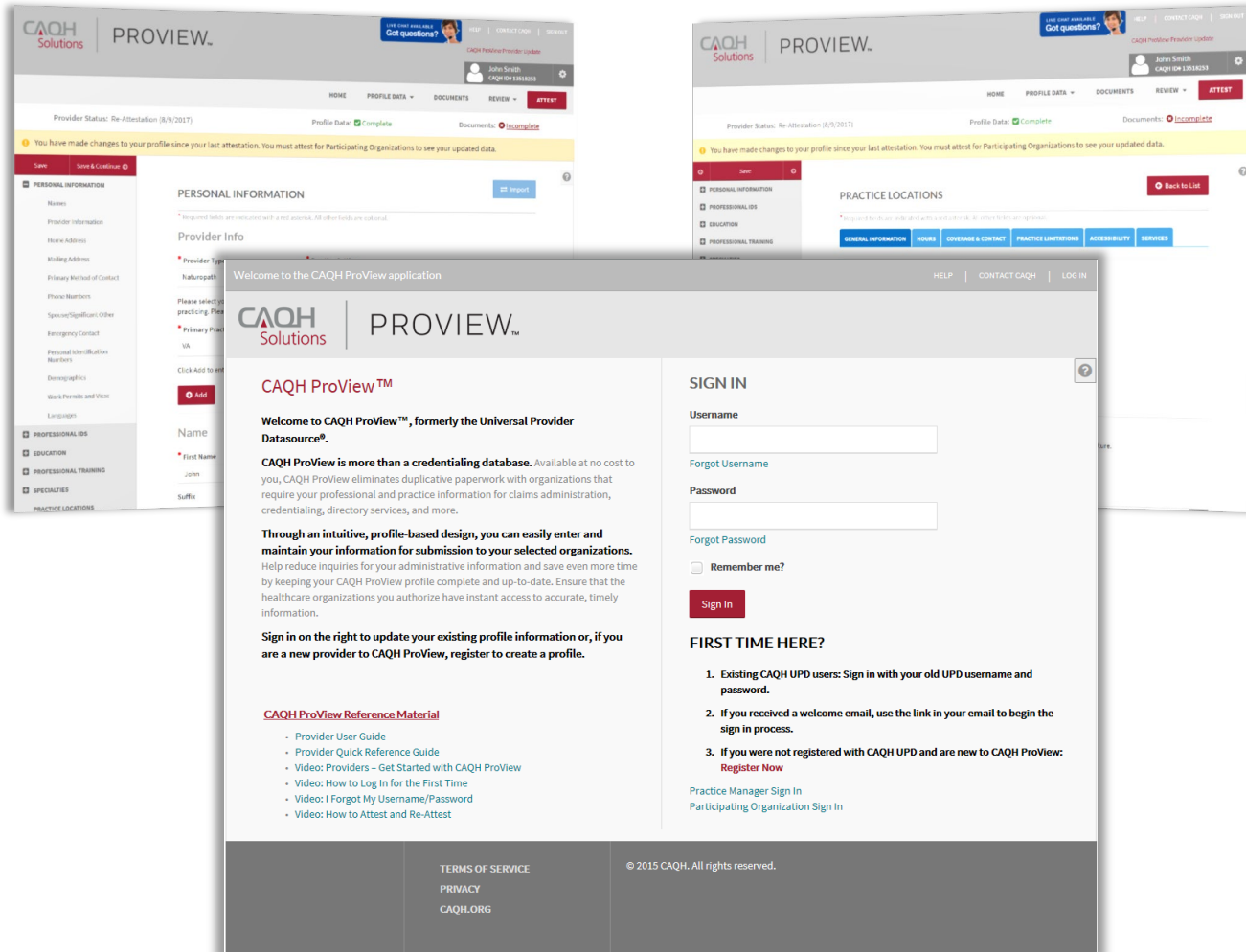
## Audience Question:

**Do you think providers prefer one standardized method to submit demographic data updates?**

- A. Yes
- B. No



# A Multi-Stakeholder Collaborative Solution: CAQH ProView



- Initially designed to standardize, centralize and automate paper credentialing and enrollment forms.
- Spearheaded by CAQH member health plans at first, leading to broad industry-wide adoption by nearly 1,000 health plans, hospitals and other organizations participating.
- The CAQH ProView solution has since evolved to help address the directory challenge and serves as a one-stop shop solution for providers to submit both credentialing and demographic data updates.
- Plans implementing ProView to process demographic data updates have seen 25%+ improvements in their directory accuracy.

# Enhancements to CAQH ProView to Address the Directory Challenge

Over the past few years, CAQH has made usability enhancements to ProView with a specific focus on directory data accuracy.

1

**Directory Information** Provider Directory Snapshot

**Scott Everline MD**

Please review information from your CAQH profile that will be used by health plans to update their provider directories. If information is missing or incorrect, please navigate to Profile Data to update. When information is correct, please complete your attestation. Please note that updates affecting your contractual agreement with a health plan may require additional follow-up.

**Authorized health plans requesting confirmation that your directory information is correct:**

CAQH Directory Validation

PERSONAL INFORMATION	
<b>Gender</b> Male	<b>Non-English Languages Spoken</b> French, Spanish
<b>Type 1 NPI</b> 1234567890	<input checked="" type="checkbox"/> Participating in Medicare <input checked="" type="checkbox"/> Participating in Medicaid

EDUCATION	
<b>Professional School</b> Georgetown University Doctor of Medicine (MD)	
<b>Undergraduate</b> University of Virginia Bachelor of Health Science (BHS)	

SPECIALTIES	
<b>Primary Specialty</b> Pediatric Cardiology American Board of Family Medicine	

Provider views “directory snapshot” in CAQH ProView and updates data as needed.

2

CAQH Solutions | PROVIEW.

HOME | PROFILE DATA | DOCUMENTS | REVIEW & ATTEST

Provider Status: Profile Data Submitted (11/9/2017) | Profile Data:  Complete | Documents:  Incomplete

You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.

**JACK, you are ready to attest!**

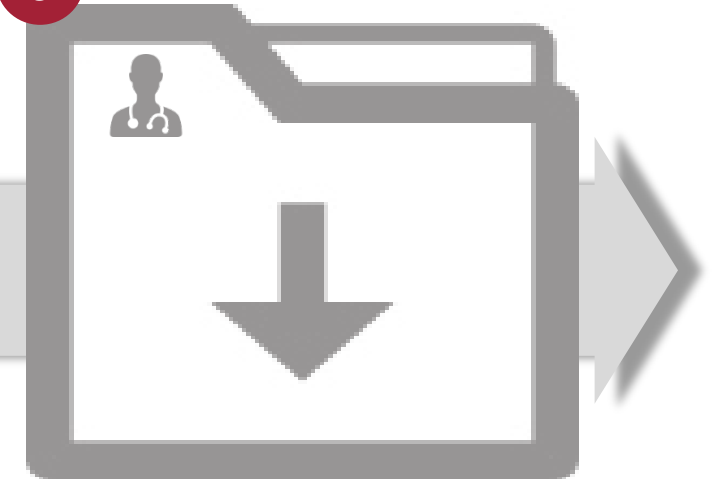
Click Attest to certify that you have carefully reviewed all information contained within your CAQH ProView Profile and that all information provided by you in the profile is true, correct and complete to the best of your knowledge. You also acknowledge that your CAQH ProView Profile will not be considered complete until supporting documentation and properly executed Authorization, Attestation and Release Form is remitted. Once you attest, you can go to the Documents page to upload your supporting documents.

I have reviewed my Directory Data. To view your Directory Data, click [here](#).

eligibility for Participation. Each Entity and its representatives, employees, and agent(s) acknowledge that the information obtained relating to the application process will be held confidential to the extent permitted by law. I acknowledge that each Entity has its own criteria for acceptance, and I may be accepted or rejected by each independently. I further acknowledge and understand that my cooperation in obtaining information and my consent to the release of information do not guarantee that any Entity will grant me clinical privileges or contract with me as a provider of services. I understand that my application for Participation with the Entity is not an application for employment with the Entity and that acceptance of my application by the Entity will not result in my employment by the Entity. Authorization of Investigation Concerning Application for Participation. I authorize the following individuals including, without limitation, the Entity, its representatives, employees, and/or designated agent(s), the Entity's affiliated entities and their representatives, employees, and/or designated agents, and the Entity's designated professional credentials verification organization to:

Easy-to-use and very familiar web-based process.

3



Plans receive updated provider directory information via CAQH ProView.

# Enhancements to CAQH ProView to Address the Directory Challenge (continued)

**\* 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.**

--Select--

|

--Select--

I see patients here at least one day per week on a regular basis.

I see patients here at least one day per month, 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.

- In its audits, CMS identified “provider not at location” as the most important and prevalent directory deficiency.
- CAQH worked with health plans and providers to define more detailed questions as to how this practice location information is communicated to health plans.
- In ProView, specific questions are asked about the nature of a provider’s practice, helping separate publishable addresses from those that should be suppressed.

# Enhancements to CAQH ProView to Address the Directory Challenge (continued)

**Do you practice here?** [Learn More](#) ×

These locations may appear in health plan directories.  
Reject locations where you do not practice. Showing 2 locations

1	170 FINLEY RD STE 3B BELLE VERNON, PA 15012-3823	Accept	Reject	I don't know
2	1007 LINCOLNWAY 13TH MAIN CROSS LAPORTE, IN 46350-3201	Accept	Reject	I don't know

**Do you practice here?** [Learn More](#) ×

These locations may appear in health plan directories.  
Reject locations where you do not practice. Showing 2 locations

	170 FINLEY RD STE 3B BELLE VERNON, PA 15012-3823	Added to your profile	<a href="#">Edit</a>
	1007 LINCOLNWAY 13TH MAIN CROSS LAPORTE, IN 46350-3201	Rejected	--Reason <a href="#">Edit</a>

Locations currently in your Profile Not Now **Confirm**

Note: All rejected locations can be accessed from Practice Locations page

- The practice location feature compares provider-reported practice location data to health plan-supplied data.
- Health plan directory data is loaded into ProView and compared to a provider's existing CAQH ProView profile.
- The provider is asked to review and confirm any discrepancies.
- Any inactive locations flagged by the provider are sent back to the submitting health plan for processing.

# Strategy to Drive Industry Alignment

- CAQH is working in target markets to achieve alignment behind CAQH ProView as a primary channel for demographic updates
- Initial target markets include: Massachusetts, Tennessee, Texas, New Jersey, and the Maryland/Virginia/Washington DC market area. These markets were chosen based on the following:



## Health Plan Participation

Strong participation in CAQH ProView by both local and national health plans with business in the specific market.



## Provider Adoption

Within all initial markets, greater than 80% of licensed, active physicians are using ProView.



## Stakeholder Support

Significant support is present by key stakeholders within the market, e.g. health plan association, legislature, Medicaid association, etc.

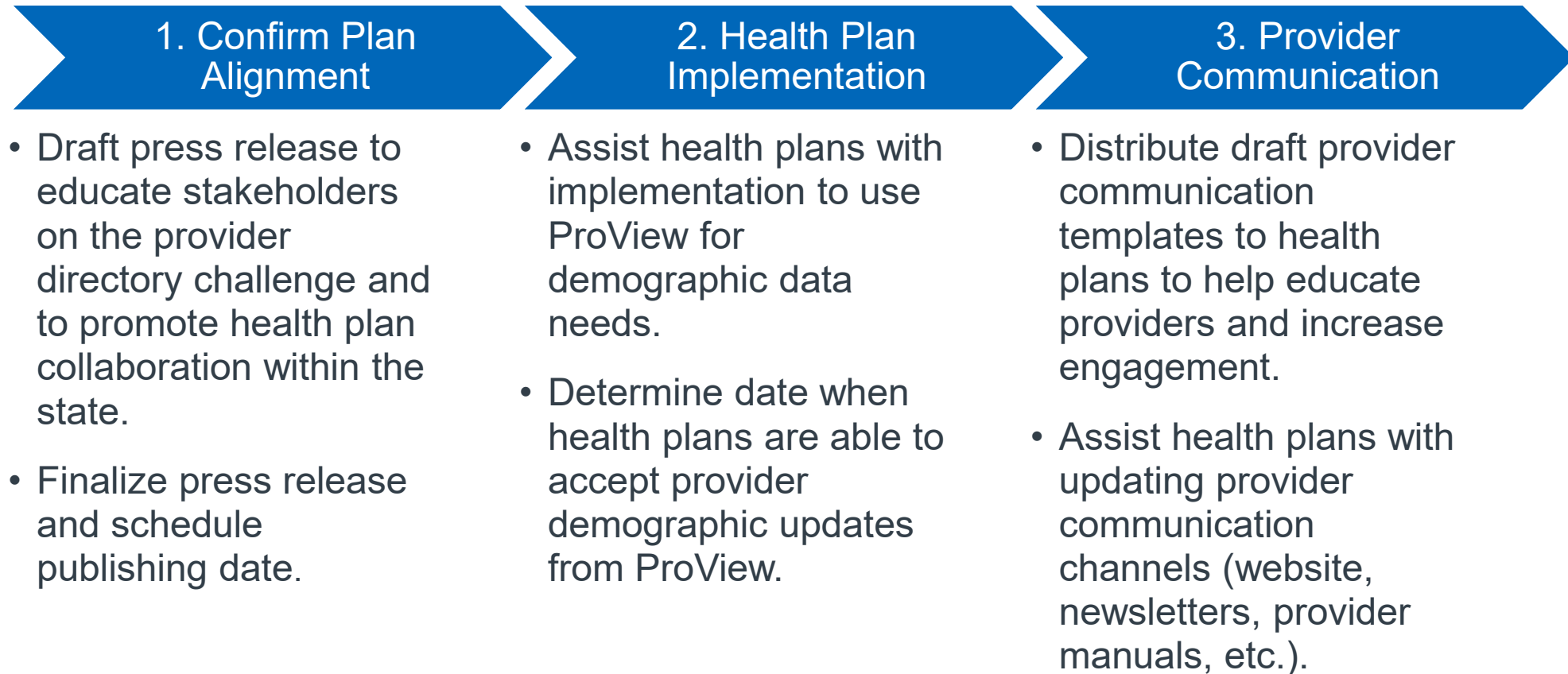
# Audience Question:

**What is most important to successfully establishing a primary channel for demographic updates?**

- A. Health Plan Participation
- B. Provider Adoption
- C. Stakeholder Support



# Critical Market Milestones



# Market Progress

Market	State Specific Activity	Next Steps
MA	<ul style="list-style-type: none"> <li>▪ Market press release announcing plans working together to address problem was released.</li> <li>▪ All plans in market are participating and CAQH assisting plans with implementation.</li> <li>▪ CAQH is engaging with HCAS, Mass Collaborative, local health plans, regulators and legislators to educate stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>▪ CAQH at the invitation of the Medical Society and the Hospital Association is hosting two provider-facing webinars in June to continue the provider education campaign.</li> </ul>
TN	<ul style="list-style-type: none"> <li>▪ Market press release announcing plans working together to address problem was released.</li> <li>▪ CAQH assisting several health plans with implementation.</li> <li>▪ CAQH and BCBST-TN very active in driving provider awareness, leveraging MGMA, Medical Society and TAMSS organizations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue with implementation and provider education efforts.</li> </ul>
TX	<ul style="list-style-type: none"> <li>▪ Several major health plans in the state are already leveraging DirectAssure for demographic updates.</li> <li>▪ Market specific press release is in final stages of approval.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Publish press release and continue with provider and stakeholder education efforts.</li> </ul>
NJ	<ul style="list-style-type: none"> <li>▪ Market specific press release is in final stages of approval.</li> <li>▪ CAQH is working with Health Plan Association and the New Jersey Healthcare Quality Institute.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Publish press release and continue with provider and stakeholder education efforts.</li> </ul>
DC/MD/VA	<ul style="list-style-type: none"> <li>▪ Market specific press release is in final stages of approval.</li> <li>▪ CAQH monitoring MD law (that has yet to be implemented) authorizing the DOI to designate a provider directory system</li> </ul>	<ul style="list-style-type: none"> <li>▪ Obtain approval on press release from key stakeholders.</li> </ul>

# Tennessee Case Study

# Tennessee Adoption of CAQH ProView



## Provider Adoption

- **48k+** unique providers using CAQH ProView.
- **97%<sup>1</sup>** ProView market share for registered and complete physicians in the system.



## Plan Adoption

- **6.0** plan to provider adoption.
- **>15** plans with at least 3,000 providers rostered.



## Delegate Group Adoption

- **5** delegated groups (over 1800 providers) are using ProView for Groups.



## Provider Satisfaction

- **94.2%** CSAT Score
- **Over 60%** NPS Score

1. CAQH leveraged the Kaiser Family Foundation (<https://www.kff.org/state-category/providers-service-use/>) for MD, DO, DDS and DMD data and the Bureau of Labor Statistics (<https://www.bls.gov/oes/>) to capture data for DC and DPM provider types.

# Industry Collaboration in Tennessee

## Leading Health Plans Adopt CAQH Solution to Streamline Provider Directories in Tennessee

**WASHINGTON, DC - 1/23/19** – Leading managed care plans in Tennessee have adopted [CAQH ProView®](#) to increase the accuracy of provider data in the state. Participating plans include Amerigroup Tennessee, BlueCross BlueShield of Tennessee, and UnitedHealthcare.

Across the nation, policymakers and industry stakeholders are determined to find a solution to the burdensome and highly manual process of maintaining up-to-date provider directories. High quality directory data helps ensure patients have access to accurate provider information, so they can find providers who accept their insurance and receive the care they need. Health plans in Tennessee are keenly focused on improving provider directory accuracy and have adopted CAQH ProView to streamline the process.

“TennCare applauds the collaborative efforts of the Tennessee Medicaid MCOs (BlueCare, UnitedHealthcare Community Plan, Amerigroup Community Care) to leverage a solution that simplifies the process for providers to submit provider directory updates,” said Dennis Elliot, Director of Provider Services, TennCare. “CAQH ProView is a system that plans and providers already know and trust.”

CAQH ProView is used by more than 1.4 million healthcare providers nationwide—including 97 percent of providers in Tennessee—to share their professional and practice information with participating health plans. The solution is also used by nearly 1,000 health plans, hospitals and provider groups, which saves millions of dollars in annual administrative costs across the healthcare system.

“We are thrilled to be working with health plans in Tennessee as they implement CAQH ProView to improve provider data,” said [Robin Thomashauer](#), President, CAQH. “Implementing a shared solution to improve provider directories in Tennessee sets a model for the nation to collaboratively solve provider data problems.”

Participating plans will adopt CAQH ProView throughout 2019, streamlining the process for Medicaid providers in the state to update directory information. Health plans in Tennessee will continue to collaborate and work with the provider community to increase awareness of CAQH ProView and the benefits of this shared solution.

The goals of this effort include:

- Increased provider awareness that ProView is being used for directory updates.
- Increased provider engagement in submitting demographic updates to ProView in a timely manner.
- Increased directory accuracy for those seeking care in the state of Tennessee.
- Reduced provider abrasion as the volume of validation calls decrease.

# BlueCross BlueShield of Tennessee Implementation Plans

- BCBS of Tennessee is in the process of implementing CAQH ProView to enable easy access to provider demographic updates.



Provider



Provider submits demographic updates to CAQH ProView.



**BlueCross BlueShield of Tennessee**

Receives CAQH ProView data profile with updated demographic information.

# Next Steps

*Educate regulators and other health plans that ProView can be used to help improve directory accuracy and reduce administrative burden.*



*Educate providers that ProView data is leveraged for both credentialing and provider directory needs.*



*Continue to promote widespread adoption and industry progress towards improved provider data quality.*



# Contact Us

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