MAY 2024

ISSUE BRIEF

Provider Directories

What Impacts Accuracy

The critical importance of accurate provider directories is top of mind for stakeholders across the healthcare industry, including federal and state policymakers and everyday consumers.[1,2,3] Imagine seeking urgent medical care but finding yourself entangled in a web of inaccurate provider information—wrong addresses, outdated contact numbers, and doctors who are not accepting new patients. Such directory errors may not only delay critical medical care but can also lead to unexpected and substantial expenses.[4] With a collective urgency, efforts at the federal, state, and local levels are intensifying to refine these directories, aiming to streamline the patient experience and alleviate the administrative burden on healthcare providers. CAQH dives deep into the persisting challenges of directory inaccuracies and approaches to resolve them.

Industry Efforts

Federal Oversight

The Centers for Medicare & Medicaid Services (CMS) focused its initial effort on conducting three rounds of reviews on Medicare Advantage (MA) online provider directories. During the most recent review from November 2017 to July 2018, CMS audited the accuracy of 108 provider locations identified via online directories for 52 Medicare Advantage Organizations (MAOs) by calling provider offices to verify the accuracy of information for each location listed in the provider directory. The results revealed that almost 50 percent of the locations were inaccurate. Inaccuracies included providers not at the location listed, incorrect phone numbers, and that a provider was not accepting new patients.[5]

Federal Initiative: No Surprises Act

As part of the No Surprises Act, beginning in 2022,[i] providers and healthcare facilities were required to have business processes in place to ensure timely provision of provider directory information to plans or issuers.[6] Requiring providers and health plans to keep network information current helps enhance directory accuracy and reduce patient frustration, care delays, and unexpected bills.[7] Despite this

[i] CMS has indicated that they will be issuing regulations specific to provider directories in future rulemaking which has resulted in plans and providers operating in good faith absent formal guidance/regulations.

new law, inaccuracies in provider directories persist.[8] Health plans suggest that the lack of standardization and frequent changes in provider information perpetuate the problem.[9]

Federal Regulations: Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality Final Rule

The Centers for Medicare & Medicaid Services (CMS) has recently released the final rule for the Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality, which includes requirements related to network adequacy, access, and provider directory accuracy.[10] The rule sets maximum appointment wait time standards for primary, obstetrical, and gynecological care, and outpatient mental health and substance use disorder services.

The rule also now requires State Medicaid agencies to use an independent entity to conduct annual secret shopper surveys. These surveys will validate managed care plans' compliance with appointment wait time standards and the accuracy of provider directories, identifying errors and providers that do not offer appointments.

Plans will be considered compliant with network adequacy, access, wait time, and directory accuracy requirements if the secret shopper results show an appointment availability rate of at least 90 percent. Additionally, directories must be promptly updated when errors are identified through the secret shopper surveys. The survey results must be analyzed, summarized, and reported to CMS and published on each state's website

State Initiatives

Over the past several years, many states have taken legislative and regulatory action with the goal of assuring more accurate provider directories.[11] In 2023 state actions included:

- The expansion of data required in provider directories, including data on race, ethnicity, gender, language spoken, interpreter availability, service delivery modality, appointment availability, and other special populations served;
- Alignment with the No Surprises Act;
- Measures to ensure the display of accurate information; and
- The enhancement of oversight and enforcement of provider directories through state level audits, including Medicaid.

Early legislative and regulatory activity in 2024 indicates directory accuracy remains a priority for many states.

Measuring Accuracy

Assessing the accuracy of provider directory data requires various sources and methods, like the National Plan and Provider Enumeration System (NPPES), because no single source or method can completely evaluate all directory elements. Data requirements vary based on the patchwork of federal and state regulations, as well as by plan product type, including government programs (Medicare, Medicaid, Medicare Advantage, Medicaid Managed Care, Qualified Health Plan) and commercial plans (Individual, Employer - both fully insured and self-funded), among others. Currently, accuracy is measured using approaches with differing levels of confidence and results, from auditing phone calls to data analytics. Understanding what is included in data sources, specifically the definitions of variables, is necessary when assessing the usefulness of information.

Because an adequate provider network requires accurate data, provider directory accuracy and network adequacy are often discussed together.[12,13] Network provider directory data is used to assess health plans' adherence to network adequacy standards.[14] These requirements, established at both the federal and state levels, "refer to a health plan's ability to deliver benefits promised to enrollees by providing reasonable access to a sufficient number of in-network providers. Inadequate networks

can make it more likely that enrollees obtain care from out-of-network providers, which can be more expensive."[15]

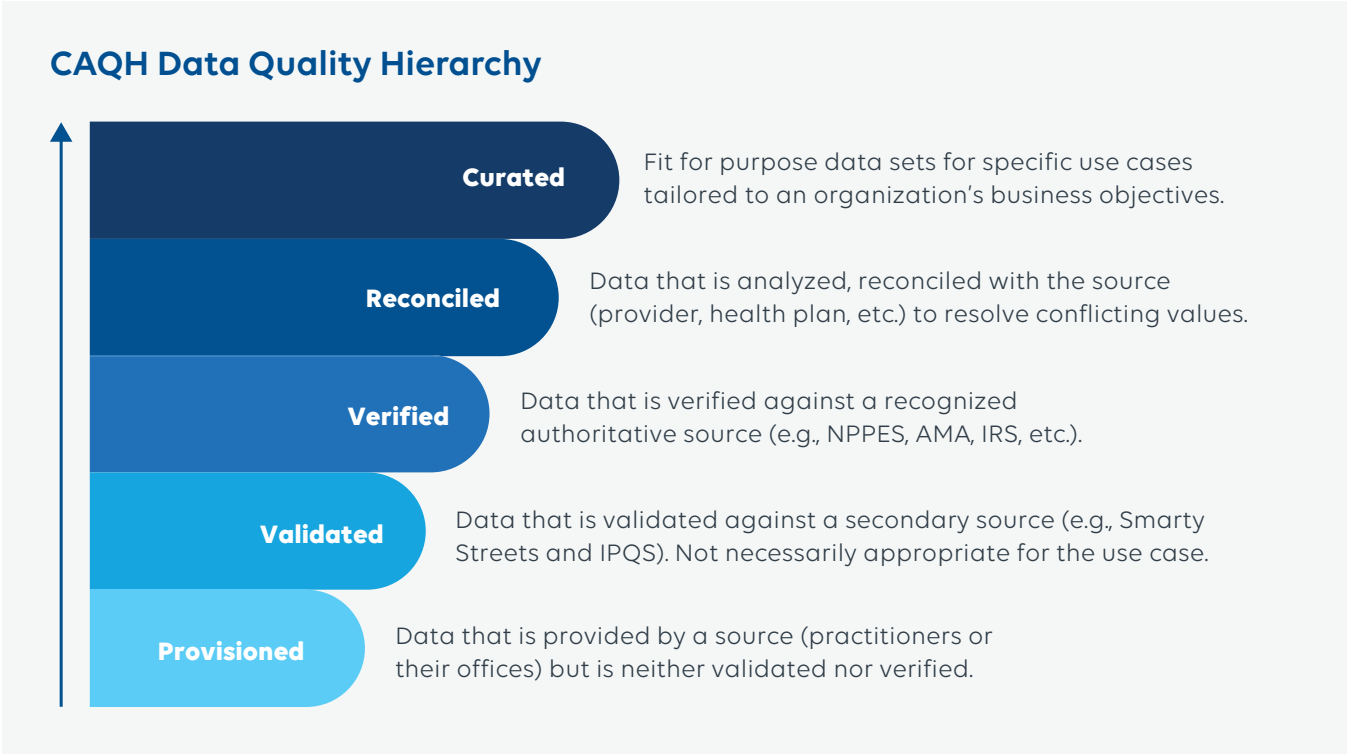
Assessing network adequacy helps identify if a provider is in a network, how often the provider is utilized, and general location of the provider.[16] While healthcare claims data is one of many sources used to assess network adequacy,[17] claims data alone or as a primary source cannot fully assess the accuracy of provider directories, specifically provider addresses.[18,19] Claims data usually includes a provider's billing address, not the actual location where they see patients. For patients, having the correct service location is essential to accurately locate and access their healthcare providers' offices, underscoring the need for accurate and up-to-date provider directories.

Core Building Blocks

Utilizing diverse sources and methods, such as the National Plan and Provider Enumeration System (NPPES) for unique identification, address verification services for accurate location details, and direct provider outreach for current information, enhances the ability to spot discrepancies and ensure the accuracy of published provider data.[20] Often providers are unable to respond to audit calls and messages due to workload, resulting in data tagged as inaccurate when, in fact, it may not be. In the CMS audit of MAOs, deficiencies were cited when a provider location was unable to be reached via phone after three attempts. Using external sources and limiting provider interaction reduces the burden placed on practices as they manage patient needs and administrative tasks.[21]

Data Quality Hierarchy

To minimize provider burden, CAQH's experience demonstrates that 80 to 99 percent data accuracy can be achieved on key provider contact fields[ii] by following a similar data quality hierarchy as



[ii] Is the phone number correct? Is provider accepting new patients? Is provider accepting plan at this location? Is the address correct? Is the suite number correct? Is the specialty correct?

illustrated below. Data collected from providers is evaluated against primary and secondary data sources, verified authoritative data sources, health plan data, data quality algorithms and machine learning. Where differences exist, data is then shared with providers for reconciliation and correction for all plans at one time.

The goal of the hierarchy is to achieve the most complete, comprehensive profile using validated, verified, reconciled, and curated elements while minimizing provider burden. Confidence in data elements is built upon at each level after completing each data quality check.

CAQH Data Quality Hierarchy

Data Quality Checks

CAQH maintains an inventory of authoritative and secondary sources which are used to validate and verify **provisioned** data elements initially received from providers. The receipt of the initial data from the provider triggers a workflow of data quality checks against the external sources within the hierarchy.

For example, an address is **validated** with an external service to determine if it is in the correct format and recognized by the United States Postal Service (USPS). Provider (Type I) and organization (Type II) National Provider Identifiers (NPIs) are **verified** against NPPES, which is the industry authoritative source for NPIs. If a data element cannot be verified against the corresponding authoritative source, the conflicting element is presented to the provider for **reconciliation**. If an authoritative source is deemed to be inaccurate, CAQH works with the provider to update that source. Once data elements are reconciled, the profile is complete and can be **curated** to satisfy the requirements of different use cases and objectives for data consumers. At each check in the hierarchy, timely and current data sources must be used and communicated.

Streamline the Provider Data Lifecycle –
At CAQH, we simplify provider data management. Over two million healthcare practitioners use our Provider Data Portal to enter, verify, and update their professional information. This information is then shared directly with designated health plans, enhancing accuracy, and saving time for both providers and payers.

Provider Engagement

To help ensure that timely and correct information is received from providers, ongoing engagement is needed, yet connecting with providers is one of the biggest challenges associated with verifying contact information.[22] Addressing directory requests often diverts time from patient care, appointments, and essential administrative duties, leading to delays in response due to competing priorities.[23] While the lack of engagement can result in unusable and incomplete directory data, unresponsiveness does not necessarily mean that information is inaccurate.

Use of provider attestation data[iii], which is updated regularly and time-stamped, as a primary data source for directories can help ensure that directory information is up-to-date and limits provider burden if directory and attestation review cycles are aligned. Research indicates that a physician practice has, on average, 20 plan contracts resulting in practices spending at least one full day a week on directory maintenance, at a cost of almost $1000 a month.[24] To address this burden, the centralization of the CAQH Provider Data Portal allows providers to verify information once, instead of multiple times for various plans.

[iii] Attestation is part of the credentialing lifecycle. A provider is required to attest with CAQH every 120 days to ensure that their individual demographic and practice location data is correct and that required state disclosure questions are answered accurately. Attestation period and disclosure question requirements vary by state.

Federal and most state requirements indicate directories be reviewed at least every 90 days (in alignment with the No Suprises Act, Consolidated Appropriation Act)[25] though more frequent updates may be needed. CAQH is uniquely positioned to easily access and use provider-attested data. Its provider engagement processes and platform support the entire provider data lifecycle, making it easier to update data, comply with regulations, facilitate credentialing, improve billing accuracy, and reduce the workload on providers. CAQH reviews and checks time-stamped data elements and makes the information available to industry partners.

Impacting Factors

Improving provider directory data quality is challenging.[26] Many factors impact the accuracy of provider data including:

Lack of standardization

Research highlights the need to align the industry on standardizing data elements where inaccuracies are most common and impactful to patients.[27] For example, according to CMS provider directory audits, nearly 70 percent of inaccuracies are related to provider location.[28] A key focus should be on standardizing data elements related to provider location and considering the development of a Type 3 NPI for provider service location.

Clarity around data elements

The lack of common definitions between health plans and states adds to inaccurate and incomplete data submissions as well as provider frustration[29] As the information in directories continues to evolve and expand, clearly defining what should be included is necessary. Awareness and understanding of legal and federal and state regulatory requirements by both health plans and providers will be beneficial in obtaining accurate and timely information particularly for multistate providers and health plans.

Provider administrative burden

Providers face daily administrative tasks like documenting clinical notes and requesting prior authorizations. They also manage frequent requests from multiple health plans to update directory information, often through phone calls, emails, and web portals. Juggling these tasks for an average of 20 health plans not only increases their workload but also raises the risk of data inaccuracies.

To alleviate provider burden and increase accuracy related to reviewing and updating provider directories, consideration should be given to allowing providers the ability to designate a source to submit data on their behalf. The use of a designated entity not only reduces provider burden associated with directories but also has the potential to increase standardized data across providers.

Lack of coordination

Obtaining updates and corrections to provider information in a timely fashion is dependent on maintaining an open dialogue with providers who are often difficult to engage given the demands on their time. By aligning on "asks," the industry could increase provider engagement by minimizing burden. Greater predictability could be achieved allowing providers to better prepare for the asks and respond in a timely manner. Consolidated asks combined with data quality analytics can also identify and correct errors quickly and efficiently.

Provider engagement

If a provider can respond to a well-defined inquiry, the information is typically accurate as it is from the source. Routine engagement by a known entity with providers, such as attestation, increases the likelihood of ongoing dialogue and timely responses. Tactics on how to engage providers should be considered as part of efforts to improve provider data quality.

Conclusion

As provider directories evolve with changing policies, requirements, and services, maintaining up-to-date and accurate directories is essential. Patients rely on these directories daily to make informed healthcare decisions and rightfully expect accurate contact information. To address challenges with directory accuracy, the industry must collaborate to pinpoint what enhances accuracy, standardize data elements, and actively engage with providers. Employing a multi-pronged strategy that integrates quantitative sources and provider involvement will improve the accuracy and timeliness of the data. By uniting to establish best practices, the industry can streamline processes, reduce the burden on providers, and ensure patients are better informed.

About CAQH Insights

Through research and partnerships across the industry, CAQH Insights identifies opportunities to streamline business practices and measure the impact of a more automated healthcare workflow. For more information about research conducted by Insights, please visit caqh.org/insights.

End Notes

1 Deborah Schreiber, Michael Adelberg, "Network Adequacy and Provider Directory Accuracy Methods of Review —A Comparative Analysis," 2020, https://assets.hcca-info.org/Portals/0/PDFs/Resources/Conference_Handouts/Managed_Care_Compliance_Conference/2020/GST2_POLLING_ManagedCarePlanNetworkAdequacy.pdf

2 Gary Anderson, "Provider Directory Task Force," 2020, https://malegislature.gov/Reports/10278/SD3088_Report%20of%20the%20Provider%20Directory%20Task%20Force.pdf.

3 Brian Hoyt, "Industry Voices—Making provider directories accurate is hard. Finding a solution could solve a lot of problems," Fierce healthcare, February 11, 2019, https://www.fiercehealthcare.com/hospitals-health-systems/industry-voices-when-it-comes-to-provider-directories-accuracy-hard.

4 Kelly Kyanko, Susan Busch, "Surprise Bills from Outpatient Providers: a National Survey," 2020, https://doi.org/10.1007%2Fs11606-020-06024-5.

5 Online Provider Directory Review Report," Centers for Medicare & Medicaid Services, 2018, https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/Provider_Directory_Review_Industry_Report_Round_3_11-28-2018.pdf.

6 "The No Surprises Act's Continuity of Care, Provider Directory, and Public Disclosure Requirements," Centers for Medicare & Medicaid Services, 2022, enters for Medicare & Medicaid Services, 2022 https://www.cms.gov/files/document/a274577-1b-training-2nsa-disclosure-continuity-care-directoriesfinal-508.pdf

7 Kelly Kyanko, Susan Busch, "Incorrect Provider Directories Associated With Out-Of-Network Mental Health Care And Outpatient Surprise Bills," Health Affairs, June 2020, https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.01501

8 Rebecca Pifer, "Provider directories remain inconsistent, despite No Surprises Act provisions," Healthcare Dive, March 17, 2023, https://www.healthcaredive.com/news/inconsistent-physician-directories-no-surprises-act/645307/.

9 Michael Adelberg et al, "Improving the Accuracy of Health Plan Provider Directories," Commonwealth Fund, June 7, 2019 https://www.commonwealthfund.org/publications/journal-article/2019/jun/improving-accuracy-health-plan-provider-directories.

10 89 Fed. Reg. 41,002, May 10, 2024, https://www.govinfo.gov/content/pkg/FR-2024-05-10/pdf/2024-08085.pdf

11 "Directory Assistance: Maintaining Reliable Provider Directories for Health Plan Shoppers," Manatt Health, 2015, https://www.chcf.org/publication/directory-assistance-maintaining-reliable-provider-directories-for-health-plan-shoppers/#related-links-and-downloads.

12 Karen Pollitz, "Network Adequacy Standards and Enforcement," KFF, February 4, 2022, https://www.kff.org/health-reform/issue-brief/network-adequacy-standards-and-enforcement/.

13 Simon Haeder, David Weimer, Dana Mukamel, "Secret Shoppers Find Access To Providers And Network Accuracy Lacking For Those In Marketplace And Commercial Plans," Health Affairs, July 2016, https://doi.org/10.1377/hlthaff.2015.1554.

14 Abigail Burman, Simon Haeder, "Potemkin Protections: Assessing Provider Directory Accuracy and Timely Access for Four Specialties in California," J Health Polit Policy Law, 2022, https://doi.org/10.1215/03616878-9626866.

15 "Private Health Insurance State and Federal Oversight of Provider Networks Varies," United States Government Accountability Office, December 2022, https://www.gao.gov/assets/gao-23-105642.pdf.

16 "Medicare Advantage Network Adequacy Criteria Guidance," CMS, 2017, https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/Downloads/MA_Network_Adequacy_Criteria_Guidance_Document_1-10-17.pdf.

17 Yevgeniy Feyman et al, "Measuring Restrictiveness of Medicare Advantage Networks: A Claims-Based Approach," SSRN, 2023, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4383444.

18 "Top 5 Reasons Why Provider Directories are Often Inaccurate," Quest Analytics, 2023, https://questanalytics.com/news/why-provider-directories-are-inaccurate/.

19 "Machine-Readable Provider Directory Review Summary Report Plan Years 2017–2021," HHS, CMS, and CCIIO, 2022, https://www.cms.gov/files/document/2017-2021mrpdsummaryreportfinal508.pdf

20 "No Surprises Act: Three Ways To Address New Provider Directory Requirements," Healthcare Business Today, November 7, 2021, https://www.healthcarebusinesstoday.com/no-surprises-act-three-ways-to-address-new-provider-directory-requirements/.

21 "Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs," ONC HIT, 2020, https://www.healthit.gov/sites/default/files/page/2020-02/BurdenReport_0.pdf.

22 Eli Richman, "Medicare Advantage provider directories are riddled with errors. They're not the only ones," Fierce Healthcare, December 4, 2018, https://www.fiercehealthcare.com/tech/ma-online-directories-are-riddled-errors-and-they-re-not-only-ones.

23 Michael Adelberg et al, "Improving Provider Directory Accuracy: Can Machine-Readable Directories Help?," AJMC, May 2019, https://www.ajmc.com/view/improving-provider-directory-accuracy-can-machinereadable-directories-help.

24 The Hidden Causes of Inaccurate Provider Directories: How administrative burdens on physician practices may be undermining the accuracy of provider directories, and what the healthcare industry can do to address it," CAQH, 2019, http://go.caqh.org/hidden-cause-of-inaccurate-directories.

25 Consolidate Appropriation Act, 2021, Public Law, 116–260—DEC. 27, 2020, https://www.congress.gov/116/plaws/publ260/PLAW-116publ260.pdf

26 Lynda Rowe, "Provider Directories: How a Golden Record Can be a Big Hit," Healthleaders, July 30, 2020, https://www.healthleadersmedia.com/strategy/provider-directory-how-golden-record-can-be-big-hit.

27 "Improving Health Plan Provider Directories And the Need for Health Plan-Practice Alignment, Automation and Streamlined Workflows," CAQH and AMA, 2022, https://www.caqh.org/sites/default/files/other/CAQH-AMA_Improving%20Health%20Plan%20Provider%20Directories%20Whitepaper.pdf.

28 "Online Provider Directory Review Report," CMS, 2018, https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/Provider_Directory_Review_Industry_Report_Round_3_11-28-2018.pdf.

29 "Provider directory data management: Integrating the latest CMS and state requirements," Optum, 2016, https://www.optum.com.br/content/dam/optum/Health%20Plans/Executive%20Reports/provider_directory_data_management.pdf.