The #HCBiz Show! Episode 18
PD08 – The Patient Perspective on Provider Directories – Tam Ma – Health Access California
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Don Lee: You're listening to the HCBiz Show. The podcast dedicated to unraveling the most intermediated business in the history of the World, the business of healthcare. I'm your host, Don Lee. We are continuing our conversation around the concept of provider directories and provider data this week. I pointed out that intermediation in healthcare for a very important reason this week is that, all along we've talked vendors who are working on this problem. We've talked with health plans, providers. Organizations that represent providers. In general, in my travels and what I do in the Health IT business is, we're always talking and looking at things from those perspectives, from the perspective of the business. This here, the HCBiz Show, the business of healthcare that's the tact that we take. The intermediation comes in the play because there's always somebody in between. The person receiving the care. The person who is ultimately paying for that care. Whether be indirect or not. Whoever they're getting care from or whoever they're dealing with and that, of course, is the patient. I can tell you in the back of my head, I'm thinking about the patients when I'm doing my work. I know that other people are too. That's always a concern of ours to make sure that we're ultimately delivering a service, delivering on a business that is going to provide for those patients. We don't actually talk about them now much. We may not like to admit that, but I think we can all sit here and say that it's true. When we're thinking about things, we're talking about MIPS and MACRO. We're talking about provider directories. In or out the probability and everything else that we do, we're doing it because we want to take care of patients. But, they're not in the forefront of our mind and they are not the conversation as much as they need to be. That's the intermediation I speak of and that's what we're here to address today. Joining us to give the patient perspective on this whole provider directory issue that we've spent the last six or eight weeks talking about is Tam Ma. She is the Legal and Policy Director at Health Access California. Tam, welcome to the HCBiz Show.

Tam Ma: Hi. Thank you, Don. Thanks for having me this morning.

Don Lee: Absolutely. We're very excited to have you here for all of those reasons that I just said and for a bunch more. Let's start by framing you up a little bit for the guest and tell them a little bit who you are. What is Health Access California and what is your role there?

Tam Ma: Sure. Health Access California is California's health care consumer advocacy coalition. We advocate on behalf of consumers and patients in

the state capitol in Sacramento. What we work to do, strive to do is to get as many people covered with health coverage as possible. When they are covered, make sure that the consumers can get the care they need when they need it. So, we too work a combination of legislative and policy advocacy getting good consumer protection law pass. We represent consumers at state regulatory and agencies that touch on health care and we also represent the consumer voice in the media and all know it now that the healthcare is one of the hottest topics in terms of current events and political interest. There is a lot going on so we wanted to make sure that a patient voice is out there and it doesn't get lost in discussions about health care.

Don Lee: This is so important, as I said in the opening there, that we do continuously go back and think about the patients because, in the day-to-day struggles that we go through and what we're trying to accomplish, we don't keep in the forefront of the mind. Actually, I had a personal kind of awakening or a personal reminder very recently. I had a couple of meetings lined up. One of them ended up being with a gentleman who was talking about basically, how he was trying to come up with a way to better manage medications for elderly people who are on multiple medications because they often contribute to their fall risks. That's one thing that happens. They are one of the top risks to somebody who's trying to live at home late in the life is they fall down and then they require a bunch of additional care that could in a lot of cases then lead to a worse situation after the fact. A second meeting, after that, was with someone who was talking about basically, in the long-term care space, one of the number one ways that people pass on and those settings is from the respiratory infection. I had these two meetings and we're talking about again, how do we take care of this and how do we put the tools in place and how do we do all of these things? Then I get home that night and my mother calls me and my great uncle, someone that I haven't seen in a while, all of this was news to me, my great uncle had just passed away. The back story was that he had fallen down. He had gone to a nursing home and he had acquired a respiratory infection which then ultimately took him. It was that kind of shock moment where was like brought everything back in the fall perspective. Literally, the things that I was talking about all day long just happened to somebody that was part of my family and somebody that I grew up with and everything else. It was that good, strong reminder of why it's so important to do that. Why it's so important to keep the patient in mind. Sorry for that big, long insight, but the story just popped into my head and I figured it was good for some additional framing for listeners here.fall perspective. Literally, the things that I was talking about all day long just happened to somebody that was part of my family and somebody that I grew up with and everything else. It was that good, strong reminder of why it's so important to do that. Why it's so important to keep the patient in mind. Sorry for that big, long insight, but the story just popped

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Back to the topic at hand is the provider directory. As the head of legal and policy there and being in California, we've talked a bunch about SB-137 here and I know you were involved in that legislation. My question for you is how did that come to your attention in the first place? Why did Health Access California start thinking about that issue in terms of why was a problem for the patients?

Tam Ma: Provider directories have been around as long as health plans. They've been around. They are important tools for consumers. When someone signs up for health insurance, their first question is: "What's the premium going to be? What are my 'out of pocket costs'? My co-payers are deductible. What benefits are covered?" The next question is: "Which doctors and networks and doctors and hospitals are in that work?" We firmly believe that consumers should be both to rely on the information that health plans and insurance companies provide. So, they can make important decisions about their health care. No one suspects that provider directories and their accuracy have always been a problem, but I think in the recent years where health plans were moving toward using more

narrow networks in part ways for some good reasons to help control cost but also that at the same time we want to make sure that the consumer can still get timely care. Greater use of narrow networks but also more awareness as California specifically started implementing the Affordable Care Act a few years ago. We had more people getting coverage, that didn't even have coverage before. Then, also more people for the first time were able to actually shop around and switch health plans. [00:07:03] with the days where people were being excluded from a pre-existing condition or people that are just stuck with a health plan that may or may not have what they need so people could actually for the first-time shop around with the standard benefit designs we have now. Be able to make apple to apple comparison between the health plans and know what the premiums are going to be, what level benefits. They are having clarity there but then, a challenge that people were then encountering as they signed up for plans was that they had trouble finding doctors because the provider directories were inaccurate.

Don Lee: Was this just something as a group who's aware of what the needs of the patients are? That you saw this coming, you saw the [00:07:40] going up with the people getting the insurance they hadn't had it before. Did you just perceive this to be the problem and were corrective about it or people coming to you with issues and that's what brought you into it?

Tam Ma: Yes, people started to seek out more and I think with all the changes with the Affordable Care Act and people enrolling, 2014 was a very hectic year for a lot of reasons. This is when the ACA was being rolled out when people were able to sign up for the first time. Either through covered California which is our state exchange or into to medical expansion. There was a lot of things happening at the same time. There were a lot of glitches and hiccups when they signed up enrollment processes, getting people into plans. But a lot of people were in the plans and trying to use their plans to find a doctor. They were having trouble to find their doctors. I think that's when people encountered... there was a lot of attention paid to that. When the people started complaining about these provider directories being inaccurate, that really shifted our focus a lot to just not getting people enrolled and to for [00:08:39] their eligible afford but all for making sure they are able to use the new coverage. Around 2014 a lot of new stories started coming out and then in 2015 there was a big study that was released as well as some major enforcement actions. First, there is the study that was published in Health Affairs that showed that people were getting difficulty accessing primary care providers. That was equally challenging both inside and outside of the insurance market place. Whether you bought through covered California or outside, people were having trouble. That study they used secret shoppers posing as patients to try and schedule an appointment with a primary care doctor. And people had trouble scheduling appointment 30% of the time. For consumers, this

is really frustrating to it's like health plans are playing bait and switch. They advertise they have a robust network: "Look, we have these many hundreds or thousands of doctors for you to choose from", but turns out not to be true. We thought that was wrong, we don't let grocery stores sell products that have inaccurate food labels and the [00:09:46] out of applying to the insurance company as well. Also in 2015, this is also right about the same time when the SB-137 was moving through the legislative process. Our state department of managed health care which regulates health plans in California finds our two largest insurers Anthem and Blue Shield about 600.000$ because those two health plans had unacceptable inaccuracies in their provider directories. The department have managed health care found that 25% of their information in their directories are inaccurate that requires the health plans to improve their directories and reimburse the consumers who may have been harmed by the errors including people who had been charged for going out of network even though the directory showed that the doctor they chose was in network. One insurance company actually had to refund over 38 million $ to patients. So...

Don Lee: Wow. That's a big number, yes.

Tam Ma: It's a lot. It is a big number so when you look at the 600.000$ fine between the two plans that's a drop in the bucket compared to what they actually had to pay back to consumers. That's really important, but then one of the things were, it seems like health plans have been neglecting their provider directories for years, they hadn't been updated. We thought it was very important to push for a state law that required them to update their directories regularly.

Don Lee: Sure. The history of this is that the provider directories that were out there, were out there as a nice to have, it wasn't like there was a ... I don't want to say that it wasn't huge [00:11:15]. But there was no mandate. There were no rules around it or regulations around it. This was just a health plan saying, probably a lot of their marketing department saying: "Hey, let's do this." Obviously, that changed now, especially when we had the big jump in the number of people that were going to be seeking care. That makes a lot of sense. In terms of the problems that the patients face, I'll link up that health affair study that you've mentioned. That's a really good piece and I recommend people checking that out. What other types of problems do the patients run into? What are other types of things patients looking for in a provider directory? I guess the first question is: "What's broken about the provider directories that we can fix or just make more accurate that would make life a little bit easier for these folks?" Secondly, what do we look for as patients that just aren't included at all on provider directories to say that we can expand upon and make them better?

Tam Ma: Right. Some of the basic information that people should be able to get today is the basic information about the provider. Their names, where they practice, their phone number. What specialties they are in if any? What medical groups they're in? Whether they're accepting new patients? What languages do they speak? For most provider directories, today even up to when SB-137 was going through had, was supposed to have this basic information. The challenges are not always correct. As a result, consumers had a hard time finding a doctor who's accepting new patients. They've spent a lot of time calling down the list and encountering bad phone numbers or doctors that are not in the network. Or doctors who had retired or dead. They ended up encountering surprise out of network fill when they stopped being in the network. A couple of examples of stories that we've heard from, there's one woman who when she was shopping for a plan she checked and make sure that plan she was switching to included her oncologist. Then, she didn't know that the oncologist is out of network for her new plan until after she enrolled. She just relied on the provider directory because she assumed it to be accurate. There's a woman who, you know the cancer survivor has to go back for check-ups and ongoing care for her oncologist who she had a relationship was certainly this person was not in her new plan's network and so she had to scramble and find a new oncologist.

Don Lee: Geez. They were actually listed on the provider directory as being in their network and that was why she was okay with selecting that plan. Okay, that's the problem, you can say the least.

Tam Ma: Yes. There was another consumer who had consulted his health plan directory to make sure that has primary care provider within the network and he even called the insurance company to double check. Of course, a company works off the same directory. He asked them if the doctor is in the network. It turns out that the doctor wasn't in the plan and patient ended up getting up to also the 500$ for that visit. Again, very frustrating one. You know, there are co-pays normally would've been 20-30 bucks. It took months for this particular consumer to resolve the matter. Fighting with the insurance company. This was not before the doctor's office threatened to send the bill to the collections, because of the consumer again, normally and rightfully said: "I shouldn't have to pay this out of network charge. Try to get the insurance company to cover it." In the meantime, the doctor just wants to get paid and he threatened to send the bill to the collections. This is where it's truly frustrating for a while for the consumers because they can fight and appeal or they have the where with all to do it. It's one thing not any of consumers should be put in that position. But there are a lot of consumers if they can afford it and if the bill is 50 or 100 dollars or even 500 dollars, they are just going to pay it. Even if they are not supposed to because they don't want their credit wrecked. These inaccurate provider directories have put consumers in very

untenable positions. Some of us are lucky we have enough savings and money set aside where we can absorb this cost but most consumers don't have that kind of money sitting around for an unexpected bill. Particularly one that is unfair that they shouldn't be responsible for.

Don Lee: Yes, especially if they did their homework ahead of time to make sure they were doing the right thing and they were using all of the information that they have access to and if it's incorrect, I agree that it needs to be worked out. Now, that does create an interesting problem because like you said, from a doctor's office, they had a patient come in, the patient received service and now they want to be paid for the delivery of that service. That makes the complete sense. They either want the health plan to pay or they want the patient to pay but they did their part of the equation and now they want to be paid. The patient, obviously, paid something, somewhere and here for the premium of their health plan and they've received their service so they feel like they're square. Now, the plan in this scenario doesn't want to pay because that provider is not in the contract. They are just following the rules and that all make sense. Who's responsibility is this? This is the million-dollar question, so to speak, with this whole problem. Who's responsibility is? In terms of keeping that data correct, the only person in this scenario we can rule out is the patient. The patient has no responsibility in making sure that the data they read on a health plan's website is correct. But the provider and the health plan definitely are involved. It's easy to say. Who is responsible? Who should be held accountable? Do you think California got it right with the way they have structured the 137 law?

Tam Ma: Sure. It's something that we worked through this process. We started out with a bill. We thought: "Okay, it can't be that hard to figure out who is in the health plans that work, right?" Health plans are the one who's contracting with the doctors, they ought to know who they're contracted with and for what products they have. When I think that one of the things that is complicated about this is that just because doctors may contract with the health plan but not be contracted with all the plans products. You may take Anthem for the large group market but not for covered California for example. A lot of doctor's office is actually confused about what plans and plans products there in contract with too. This isn't just a consumer problem but it's also a problem for providers. I think, ultimately, the plan simply point the finger to the doctors as they go: "Well, the doctors didn't tell us they're not taking new patients, or they've moved or their phone number changed..." and then we hear from doctors saying they've tried to tell the plans that for whatever reason the plan wasn't updating their directories. They're pointing their fingers at each other. From the consumers perspective, it's not the consumer's problem. The plans and the doctors have to figure it out. **From our perspective, it's the health plan who's collecting the premiums, it's the health plan selling**

their products. It's the health plans that's contracting with the doctors and ultimately, it's the health plans responsibility to ensure that their provider directories are accurate. We've recognized that there are complicated relationships. Business relationships within healthcare between the health plans and the providers but at the end of the day, it's the health plan who's collecting the premium. It's a health plan that are mandated to provide timely access to care. They are the ones that are ultimately responsible and should be held accountable and they need to figure out how to work with the providers that are in their network to get the information they need to keep the provider directories updated.

Don Lee: Got it. That's obviously where SB-137 landed, for the most part, all of that pressure is on the health plans, a little bit on the providers as well, but much more directly on the health plans. The things that CMS is doing with MediCare Advantage certainly put in that pressure on the health plans, so you think that's in the right place, basically.

Tam Ma: Right, yes. SB-137 included the provisions where as a health plan reaches to a doctor and the doctor doesn't respond, you know, sets like a chain of events where the health plan de-lists the doctor. They can withhold certain portions of payments that they owe the doctor and everything. To try to correct and create incentives for doctors to respond. At the end of the day, it's the health plan responsibility.

Don Lee: Yes, that's a... even that one is a really interesting point. I'm glad you brought that up about the de-listing. On the last week show, maybe the week before, depending on when it airs. the Martin Dunn who's from a Gain Healthcare, you might be familiar with them because they're doing a lot of work in California. He pointed out, and I think rightly so that's a double-edged sword provision for the health plans because of the network's adequacy laws.

Tam Ma: Right.

Don Lee: If I'm a health plan and I de-list a provider because they're not providing accurate information and I'm going to get fined or otherwise something bad is going to happen if I leave them in the directory then I take them out. Now, I may have just broken my network adequacy which I'm under pressure on the other side to make sure that that's covered. I guess from your perspective again, you're coming at this all from the patient's side, obviously, both of those things need to be resolved. What do you think from the health plan's perspective or do you think that, do you agree that that issue takes away off of their provision or do you see a different way?

Tam Ma: No, I think it's hard. We would prefer that doctors not get de-listed if they

are actually in the contract because again, people want to see these doctors and these doctors wants to see the patients. I think it's hard to try to think of every possible scenario and to legislate... Not everything can be legislated, right? Health plans have every provider directory tools for you to help get you there. Try to get the providers to respond. They don't have to de-list someone. They don't have to withhold payments or anything. They need to from the plan's perspective they need to wage their business and how do they maintain their relations with providers that at the same time serve consumers and everything. There's a lot of complicated things that the plans have to deal with and to meet all of the different requirements, particularly around adequate networks. De-listing a provider may not be the best option in every case but at some point, if the provider is not responding to you, they [00:21:01] network. If it's not responding to you, if his phone number is inaccurate, you can't get it fixed, they're pretty much as good as not being in that work or maybe you drop them.

Don Lee: Right. Yes, that would be [00:21:11] probably a problem with that relationship if you couldn't resolve that simple of an issue. I would agree, from a business standpoint it might be a time to break.

Tam Ma: Right, yes. If the consumer can't access them then... yes, so it's like either they, technically, have an adequate network essentially don't, at some point it just doesn't really makes a difference to the consumer.

Don Lee: Yes. So, basically, you acknowledge the difficulties here and its part of the price of doing the business though. This is the landscape and you got to find the way to do it. I think that's fair. I think the people that are involved in making these decisions are well compensated for their time in most cases, so having to figure out some of these issues is fair game in my opinion. The second half we went off on a bunch of tangency here on my two-part question but the second part of it was, okay fine, let's say we get all of these directories are good, the phone numbers are good. We've got the specialties right, we know who's in the network, we know who's out of the network so great. Now if my billing issues are handled now as a patient, I know that if I go there, I'm covered. That's awesome. That's a great step in the right direction. But what else can we do? There's way more that we can do with a provider directory to improve access and then to improve the patient's experience. What else can we put into a provider directory once we've solved all these problems to make it improve this experience and improve access?

Tam Ma: I think one thing that could be done is to make more dynamic interactives in the sense that right now you have a provider directory where you can have some basic search functions where you can pick, based on their proximity to a location or their specialty or the language they speak. But it will be good to have a provider directory that can combine different

elements and different features that a consumer is looking for. An example is if you are a 65-year-old person, living in Los Angeles and you need a cardiologist. You do not speak English and you need a provider who speaks Spanish and you can't drive, you can only take the bus, for example. Or you have relatives who could take you to an appointment in the evening only. It would be good to have a provider directory where you can put in all that information and find a Spanish speaking cardiologist that's on a particular bus line and opened particular hours. People's health needs are going to be complicated and the technology should be able to allow folks to do that kind of search and find the right provider that's in the network and that meets their needs.

Don Lee: Yes, I love it. It's all of your typical barriers to getting care or the transportation, the language, the all of the convenience, it's not really a convenience because a lot of these are necessary, but it's if a patient has a serious issue they're going to find care because they are going to end up in the E.R. or something along those lines. I think what we need to think about from a health care standpoint and Population Health and lowering cost in all of these conversations that we're always having is if you take someone who does need care but can get by without it right now and you put all of these hurdles in front of them or at least you don't address all of these hurdles in front of them then it's more likely that issue is going to be left to progress and to eventually lead to one of those types of issues where they're in an ambulance on their way to the E.R.

Tam Ma: Right.

Don Lee: If we got someone that needs just the preventative care, can we find out they can take time off from work, they're working hourly, fixed monthly budgets and all those kinds of things. Can we say: "Yes, I need a Spanish speaking primary care doctor that's on the 72 bus line and that is going to be able to give me an appointment after 5 pm or an appointment on Saturday?" or something along those lines? I love that. I think that would be spectacular.

Tam Ma: Right. Another thing, they think creatively and out of the box. Having information about quality and that tricks, right? This is first to provide quality care have they had discipline issues with the medical board? Has their license been suspended? Are they on probation? A lot of things that we've been talking about in another context. Getting information to consumers so they can make the best choices for themselves under the greatest this information could be available in one place in the provider directory. So that the consumers can figure out: "Hey, there's a doctor but they're on probation right now. Why are they on probation? Maybe I want to stay away from that doctor."

Don Lee: Yes. This one you're foreshadowing what's going to be our next series here which is going to be all about quality measures. I agree with you in principle and in concept for sure, that in so far as we can help people understand, this is a, you always want to try to pull on some of the niceties of the consumer market and I loved the fact that I can go on Amazon and I can search for a product and I can put them in order of number of ratings and I say: "I'm kind of indifferent whatever razor blades I get. But I can see that 6000 people gave that one five starts. Probably a safe bet." To have something like that in Healthcare I think would be very powerful. I think where it gets sketchy obviously is what is quality? What is it defined by? It's a slippery slope but if we can pick things that everybody can agree upon, then absolutely if we can make those available to the consumers, I think that would be amazing. I think some of the... If I can find out what patients like me think about this provider? Something like that could be beneficial. Even that has all of its problems.

Tam Ma: Right. Yes, it's...

Don Lee: I can go on with this for an hour or two.

Tam Ma: Yes, it's definitely and certainly easier said than done but some of those tools are available, right? Even just very basic objective information like whether a doctor is on probation or they've been suspended or they've had a malpractice law suits. That law suits against them are stuff for the medical board. That should be easily accessible and that stuff is really hard to find right now.

Don Lee: Yes. Really like if they've got sanctions for billing fraud and Medicare and something like that, I'd want to know that. It tells me something about their personality and the type of the person they are so, yes. I'm with you for sure.

Tam Ma: I think another thing that would be really helpful in the foreseeable future is being able to have a provider directory that combines all the different health plans so the consumers have one place to go to. To get which plans cover their doctors. That's one of the underlying goals of SB-137 which is not just to get the information of provider directories to be accurate but trying to get the health plans to have a standardized way of the displaying information and kind of using the same kind of [00:27:25] or classification for specialties for example and displaying the address information the same way so the data could be pulled and put in searching of combined directory where people can throw into shopping for a health plan during the open [00:27:39] and they want to continue seeing the doctor Don Lee and what plans does doctor Lee take. Being able to shop and compare easily without having to go to each individual health plan website looking at their provider directory.

Don Lee: I love it. I buy my health insurance on the New York State Exchange. They actually have a halfway decent website that lets you do a little bit of searching around, a little bit of comparison. The basis for it and really all of the ones that I have seen have been "How much do you want to spend on your premium?" That's like the ordering and that doesn't tell me the whole story. That's the premium is one variable in this whole equation. If you combine the some of the earlier kind of the barriers that we've talked about. Language, location and all of those kinds of things. That would be amazing if there was like this turbo-tax-wizard-thing that I could go through and say: "I got a wife, I got two kids, their age is three and six" and [00:28:35] like the things that I know and the care that we're going to need and where we're located and maybe what are language/transportation needs are. Then have it somehow, this is pipe-dream obviously, these are the best plans for you, based on your situation and your what we can guess you're going to need and of course based on your questions that you've asked. As we start to get more of these, as we solve these data problems and we have good information at this basic level that we're trying to solve, for now, these are the things that we can build onto and what sounds like a crazy idea right now, that's not that far off. We do that all over the place in another area. Once we solve the data problem. I like it. I think it's a cool idea.

We touched earlier on the concept of narrow networks and network adequacy and there's obviously a lot of interplay amongst all of these things here and just one off issue that came up again on our recent show that I wanted to throw-passed to you is this concept of this full-time equivalency. What that means to provider directories and to network adequacy. I'll frame it up a little bit more for you. If I have a cardiologist in my network but they are point two and I have 20% of their time in my network, then, that person on the provider directory is going to, in theory, look at least by today's standards is going to look exactly the same as a cardiologist that I have 100% of their time operating in my network. My question would be, I'm not framing this square right. That's not my question... When we're thinking about this from the consumer's side again, there's a lot of things, that even with the good data aren't' going to be apparent to me. That's one thing that wouldn't be apparent to me. That led me to think about the second issue is that in general, right now, if I go to a provider directory and I look at it and even if it's 100% correct and today during an open enrollment and November, December of 2017 and I'm doing that at the end of this year that says: "Yep. That doctor you're looking at is in the network, is accepting new patients and you are good to go." I sign up for that plan, pay my first month's premium, mid-January I call them up and they say: "I'm not accepting new patients." It's turning into more of a rant than a question but...

Tam Ma: Yes. Rants are allowed.

Don Lee: Yes. My point is and I guess I'll just ask you to comment on it, finally. That's how it'll turn into a question. My point is as that even if we do this really well, there's going to be things that are true. There's going to be facts that as of today, at the time I look at them are true and then, later on, they're not true. That, in my opinion, is ok. That is just how the consumer world works. So, in so far, we're trying to pull in consumer concepts that's how this is going to work. I'll stop now. Comments? What do you think? Do you agree with that? Do you see any other wrinkles to it?

Tam Ma: Yes. I mean things are always changing in healthcare even in short of requiring health plans to have the same contract year with their provider. Have their contracts with providers lined up with their contracts with consumers. It's really hard to try to manage or control for all of these variables that could change. I think, certainly, provider directories are always accurate at that particular moment in time, you hold that they're accurate that moment in time when you look at them. Things can change, people may not be accepting new patients by the time you try to seek care or they may no longer be contracted with the plan. I think there are ways to give the consumers the information they need, for example, I think the provider directory can be set up where the consumer can subscribe to a particular provider and say: "Hey, send me information if anything about this doctor changes." If their phone number changes, their address changes, their panel changes, they leave the network. At least the people are alerted so that they know that this person is no longer in the network and hopefully the providers and plans will have other ways to notify the consumers too but are ways for people to stay on top of this information so they can again make the best decisions for themselves. Again, I think that people know they do have to regularly check their provider directories. Anyway [00:32:50] transparent upfront when there are changes and who wonders new information. Just the same way that we require health plans to be upfront when they change the benefits or cost-sharing or anything. In California, we've changed laws so they can only change the co-sharing once a year. They can only change premiums once a year. And everything some of this stuff kinds of getting plans into a more practice of being more transparent.

Don Lee: I like it. It helps the patients plan. Again, we can't expect to have 100% of the information we need at a 100% of the times and it's always 100% accurate.

Tam Ma: Right.

Don Lee: The goal would be to get as close as possible and then to throw out some tools. I could fill the gaps and I like the subscription idea. It goes along

with all of the different things we've talked about here. Two of them is later on. At the time, I set up my health plan and let's say I got my crazy turbo-tax thing I've described earlier. Then it says: "This thing changed about the plan that was true at the time and I can get notified about that so I can plan ahead and it's not a surprise when I call the doctor and set up an appointment." Or maybe the doctor has been sanctioned, that's an issue. Maybe a doctor has moved on to the bus route that identified as being my bus route that I need for a... or maybe a doctor has started to accept new patients or now started to offer Saturday appointments. I like that a lot. If we can mid-build a profile of myself as a patient and I get notified as things improve. This, to the listeners, is a app idea. Because SB-137 I think and the MediCare Advantage through CMS are requiring, I think ACA too requires online machine-readable files of this stuff. That's already out there, those machine-readable files are out there. As SB-137 and the efforts around it improved the update times and the quality of this data, builds something to watch those directories you can sense changes and then you can make notifications. That's a whole little app idea for somebody if they got some free time on their hands.

Tam Ma: Right.

Don Lee: All right. Awesome. We're getting right near to very end here and I wanted to give you an opportunity to just point people towards any online resource is where they can go to learn more about you, about Health Access California, about the initiatives that you're interested in and I guess just one last thing would be are there any particularly interesting pieces of legislation or policy you're working on right now that you'd like to call out even if they're off topic.

Tam Ma: Surely. Besides all that I'd want to make a one-time important plug about California's Provider Directory law and SB-137 and that includes a very important consumer protection where it requires health plans to hold consumers harmless if they rely on inaccurate information that's in a provider directory. We think this is a big step in protecting consumers from in and out of network bills. If a consumer relies on the plan directory, the information and goes to a doctor that's supposedly in the network and that person turns out to be out of network, the consumer's always responsible for their in-network co-sharing and the health plans have to hold that consumer harmless. We thought it was very important to include this provision and there to protect consumers. Knowing that's going to take a while for health plans to sort out the accuracy of their directories and everything. We wanted to make sure that the consumers are held harmless there. That's something that's really important. Health plans also have to have a phone number or an email address where consumers can report problems with provider directories and this is supposed to be properly displayed on their websites and in the provider directories. So,

consumers show the complaint, this is something where hopefully the plans are being proactive and scouring their directories for inaccuracies, but a lot of this is also a complaint driven so we certainly encourage consumers to raise problems when they do exist. As far as learning more about health access, we have a website www.healthaccess.org. We're also very active on Twitter so, [00:36:49] what's going on with health care and the things that affect consumers, reaching us online. There's one of the focus ways to get timely and up-to-date information. As far as things that we're working on, we're deeply immersed in conversation in Washington about the future of the Affordable Care Act and of the Medicaid program. We have a new administration that has a different vision for our health care. We are very concerned about some of the proposals which seem to change hourly these days. About who gets the access to care? How much federal funding is available and what not? We are fighting really hard to make sure that people don't lose coverage, that they don't lose access to affordability programs and subsidies of the available Affordable Care Act. That's something that's taking a lot of our time. Then, one last thing that I'll make a pitch for is we recently have to get legislation enacted to protect consumers from surprise medical bills and the [00:37:48]. This is where a consumer does the right thing and they go to a network hospital and they figure out they're in a network hospital, they go there for a procedure or a service, but they end up getting in out of network provider that they did not choose or have any control over. So, Don, you've made very hard this kind of stories to some people for getting hit a bill for an anesthesiologist or nobody picks an anesthesiologist, nobody picks a radiologist or assistant surgeon who gets called-in in a middle of your surgery.

Don Lee: Yes, when you're knocked out.

Tam Ma: When you're knocked out. Exactly. But there's always a long-standing problem here in California and we fight for many years between the health plans and the doctors and consumer groups that we were just this last year able to get to a solution under [00:38:31] are held harmless in these situations if they couldn't end up work hospital or other facilities for care. They just are always responsible their in-network [00:38:40]. Again, it's like looking at the business of healthcare no other different players that are out there feel long standing seats between the health plans and doctors they are contracted with. In terms of how many doctors should be reimbursed for his services. And consumers were stuck in the middle of that. We are very proud to be able to get the consumers out of the middle of this [00:38:59].

Don Lee: Yes, that's awesome. Now, I cannot think of a single argument that anybody could make that would make me feel any differently about that issue. That's just nuts. Some of those things are almost set up. On paper,

it's an outrage scam. It looks like it's done on purpose. Even if it's not, I can't imagine there is a sound argument against it, so that one I'm with you a 1000%. Yes, congratulations on getting that one done.

Tam Ma: Sure.

Don Lee: You guys got your hands full out there, there's obviously crazy time in healthcare. I don't know if there's ever been a sane time but it's particularly crazy now. You guys are in the thick of it. As a patient, even though I'm not in California, I thank you for your efforts. I think that's good. My family thanks you. Keep up the good work and thank you so much for joining us today. I will link up all those sites and resources that you've mentioned in our show notes. Good luck to you and on continuing with the fight. Thank you so much.

Tam Ma: Great one. Thank you so much, Don.

Don Lee: Awesome. Everybody else, check us out at thehcbiz.com. You can find all of our archives, podcast shows, videos, everything is up there. You can also subscribe to our weekly newsletter. That is a just text coming from me, it is not some kind of marketing thing. I'd just write you an email right from me, once a week, tell you what's going on with the show and what I've learned in my very travels. Check that out thehcbiz.com. Thank you so much for joining us and we'll see you next week.

