LexisNexis®
RISK SOLUTIONS

Health Care

EXECUTIVE BRIEF

Total Directory Resolution

Mitigate directory accuracy challenges by addressing large and delegated groups

2018

Insights from a LexisNexis Risk Solutions webinar

It's easy to underestimate the importance of the health care provider directories maintained by payers, but members often turn to these directories to choose a primary care physician, select a plan, identify in-network specialists and find contact information that facilitates necessary care. The integrity of these lists is vital to members looking for a doctor and to practices that need to ensure their information is available to potential patients. Health plans have to get them right.

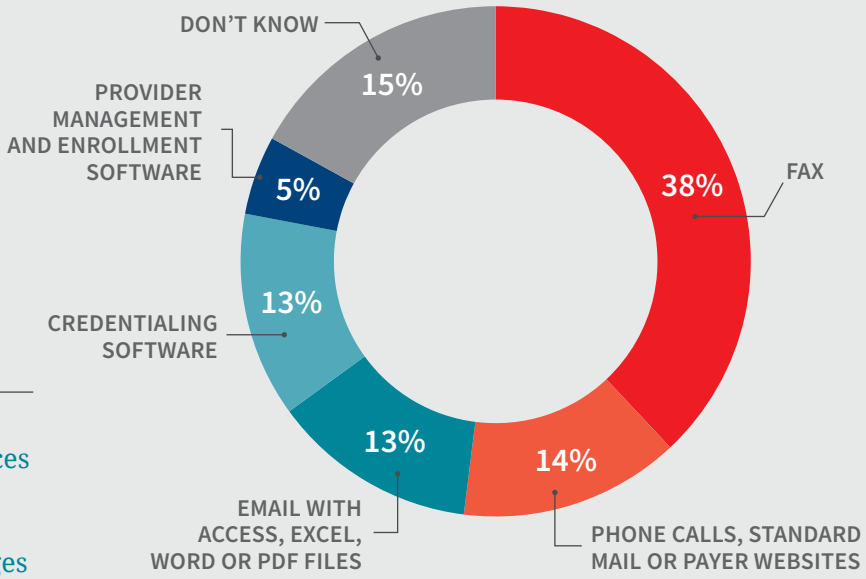
The integrity of these lists is vital to members looking for a doctor and to practices that need to ensure their information is available to potential patients.

However, maintenance of these directories poses an enormous challenge for insurers due to the extensive human resources and provider cooperation required to continually verify and update information. Health plans and providers alike know simple solutions have been hard to come by, but with plans increasingly being held accountable for mistakes in provider directories, a solution is needed.

Physicians want an update upgrade

State and federal requirements that payers maintain accurate physician directories mean health plans frequently send physicians update requests. Practices use a wide variety of means to report changes, including:[1]

Over two-thirds of practices surveyed expressed interest in using just one interface to submit changes to provider information.



The scope of the problem

In a recent study conducted by the American Medical Association, 74% of physician respondents said they were not aware of federal mandates related to directory accuracy, yet 89% said it's important to be correctly represented in the directories.[1] More than half of doctors said their patients experience coverage issues due to inaccurate directory listings at least once per month.

The most recent CMS directory audit confirms that directory accuracy continues to be a problem affecting member access to care, despite industry efforts to improve. In fact, 52% of the provider locations audited contained at least one critical error, 79% of which were related to inaccurate locations or phone numbers.[2]

52% of the provider locations audited contained at least one critical error, 79% of which were related to inaccurate locations or phone numbers.

Without collaboration and creative solutions to improve directories, inaccuracy will continue to be a problem. CMS fines are expected in 2019, so the stakes will rise. Health plans must focus on this area to improve compliance. A CMS audit identified three commonalities in directory deficiencies stakeholders should focus on.

Roster inflation: Medical groups tend to list all providers at all locations where the group has an office, even if a specific provider does not see patients at every location.

Unreliable practices: Medicare Advantage (MA) organizations have been placing faith in credentialing services, vendor support and in provider responses to ensure accuracy, but the CMS considers these to be unreliable practices.

Reactive protocols: MA plans have been assuming that they will be informed of needed changes. The CMS suggests that plans proactively reach out and use data they already have, including claims, to identify red flags such as inactive practice locations.

Real-world implications

In a real-world example, one medical group with 52 providers and 41 locations has 2,052 directory listings, with providers listed at an average of 39.5 locations each.[3] While any given provider may technically provide coverage at any location, clearly they aren't all performing services at 39-plus locations on a regular basis. This means not all 2,052 listings are appropriate. But how can a payer identify which locations to list for which provider? And how can medical groups ensure member claims aren't processed as out-of-network care? Consider the perspective of each side.

One medical group with 52 providers and 41 locations has 2,052 directory listings, with providers listed at an average of 39.5 locations each.

From the practice perspective, it's difficult to manage information on multiple locations and multiple providers, regularly send rosters to many payers in different formats, and ensure timely and accurate claims payment. Practices say it's important to list providers anywhere they could perform services, even if they don't actually provide care at every location on a daily basis.

On the payer side, difficulties lie with handling hundreds or even thousands of roster submissions quarterly, the complexity and resources required to compare and apply the information to underlying databases, and the risk of affecting other critical business processes in addition to directories.

The machine learning solution

Machine learning enables payers to leverage data they already have and tackle the provider directory problem differently by separating practice locations from coverage locations. In addition to identification of active and inactive practice locations and group affiliation, analytics can identify missing locations and missing providers for a given contracted group.

Machine learning in conjunction with precision outreach is a model that reduces administrative burdens on payers and providers, separates coverage locations from service locations and identifies the quickest opportunities to address network adequacy.

SOURCES:

1. American Medical Association Survey. 2018.
2. CMS online provider directory review report. 2018.
3. LexisNexis Risk Solutions analysis.

LexisNexis® RISK SOLUTIONS | Health Care

For more information, call 866.396.7703 or visit risk.lexisnexis.com/healthcare.

About LexisNexis® Risk Solutions

At LexisNexis Risk Solutions, we believe in the power of data and advanced analytics for better risk management. With over 40 years of expertise, we are the trusted data analytics provider for organizations seeking actionable insights to manage risks and improve results while upholding the highest standards for security and privacy. Headquartered in metro Atlanta, LexisNexis Risk Solutions serves customers in more than 100 countries and is part of RELX Inc., a world-leading provider of information and analytics for professional and business customers across industries. For more information, please visit www.risk.lexisnexis.com. Our healthcare solutions combine proprietary analytics, science and technology with the industry's leading sources of provider, member, claims and public records information to improve cost savings, health outcomes, data quality, compliance and exposure to fraud, waste and abuse.