Managing Provider Data: Much Deeper than Directories

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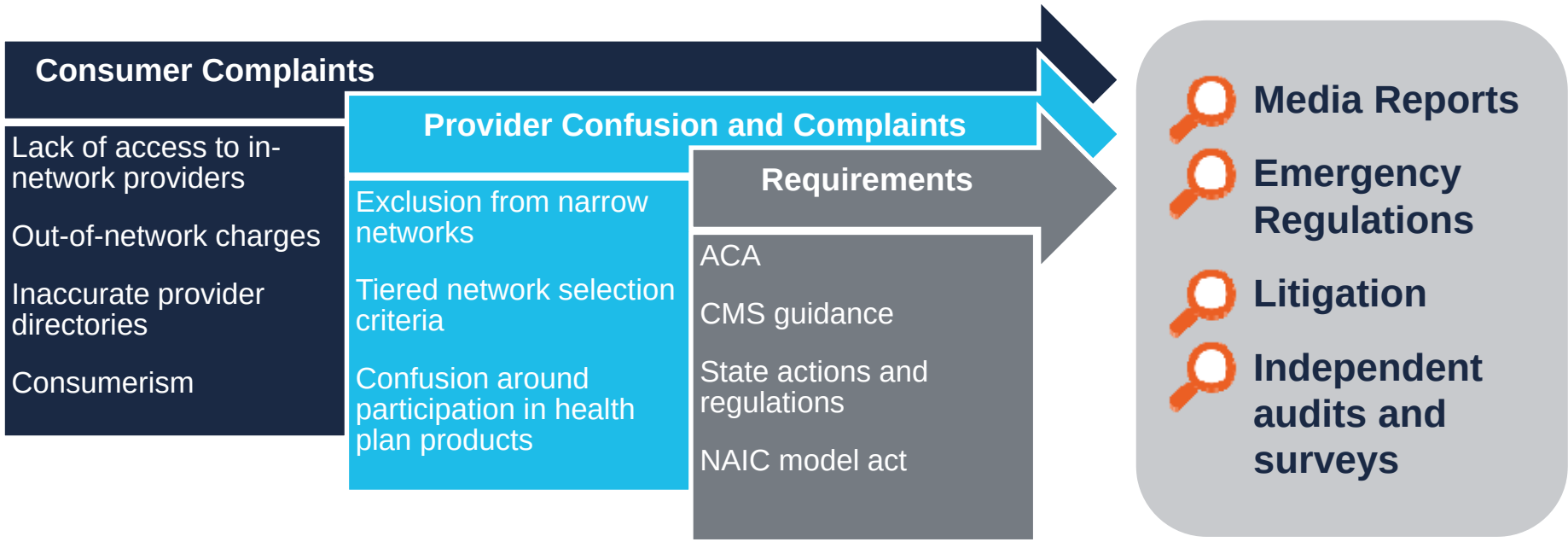
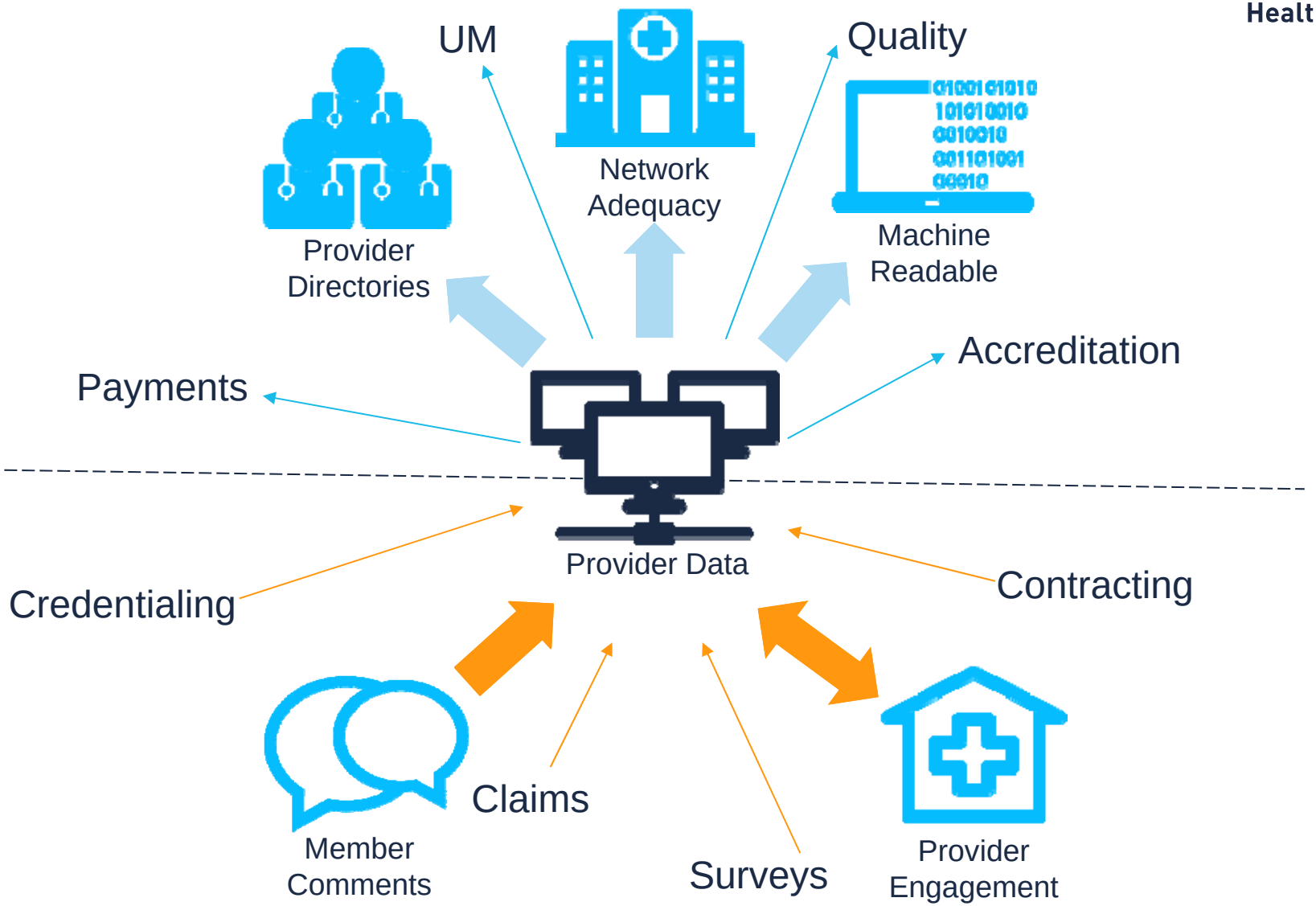
Provider Directories are Garnering Attention

What is driving the discussion around provider directories?



Provider Data Are Integral



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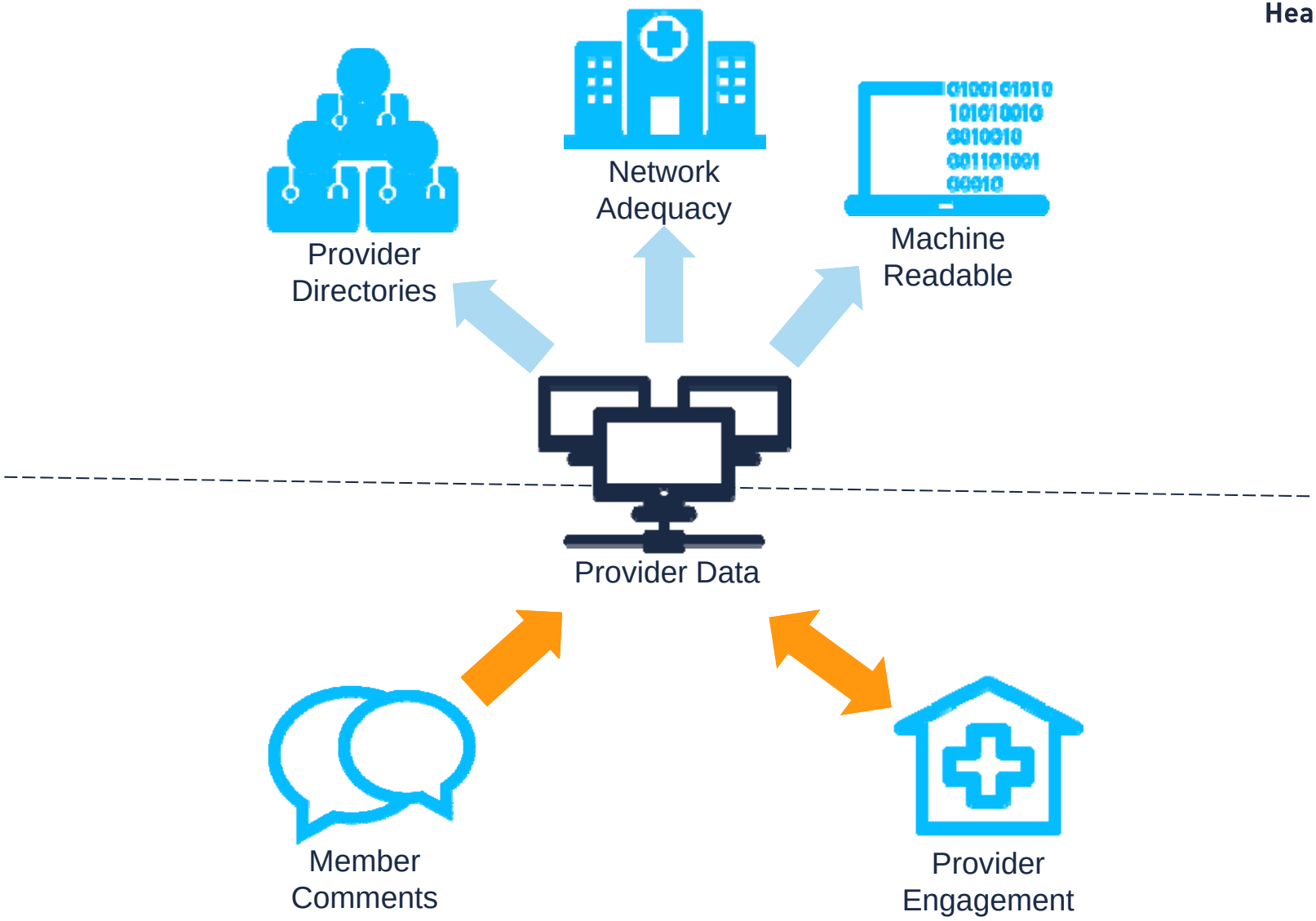
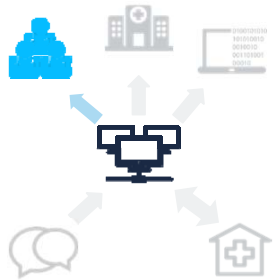


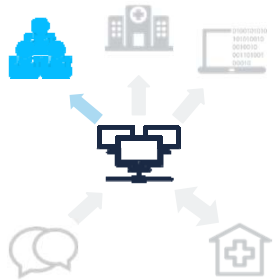
Provider Directories



Federal 2016 Guidance

- "A QHP issuer must make its provider directory for a QHP available to the Exchange for publication online in accordance with guidance from the Exchange and to potential enrollees in hard copy upon request. In the provider directory, a QHP issuer must identify providers that are not accepting new patients." *45 CFR § 156.230(b)*
- "[I]n order for [CMS] to consider the MAO compliant with § § 422.111 and 422.112, MAOs must include in their online provider directories all active contracted providers, with specific notations to highlight those providers who are closed or not accepting new patients." *Final 2016 Call Letter to MA Plans*
- MCO "must provide the following information to all enrollees: … Names, locations, telephone numbers of…current contracted providers..." *42 CFR § 438.10(f)(6)*

Provider Directories



Federal 2016 Guidance

QHPs

- Accepting new patients
- Location and contact information
- Specialty
- Medical group
- Institutional affiliations
- Plan(s) and provider network(s), including tier

Medicare Advantage

- Indicate providers that are not accepting new patients
- Address and phone number
- Specialty
- Provider name
- Type of provider (PCP, specialist, hospital, etc.)

Medicaid Managed Care

- Provider name
- Group affiliation
- Street address
- Telephone number
- Website URL
- Accepting new enrollees
- Cultural and linguistic capabilities
- Accessible for physical disabilities

Provider Directories

State Requirements

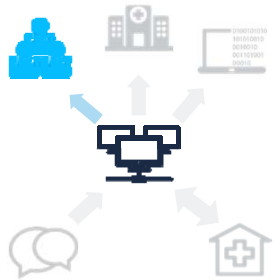
California

- Provider's name and gender
- Office locations and contact information
- Languages spoken
- Specialty and admitting privileges
- Accepting new patients
- ADA accessibility status

New York

- Provider's name
- Address and phone number
- Specialty
- Practice group
- Hospital affiliation(s)
- Board certification(s)

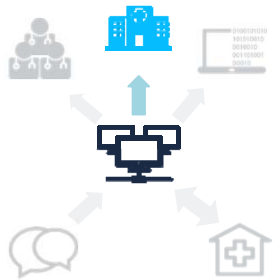
Provider Directories



Data Challenges

- Dynamic provider information (e.g., location, accepting new patients)
- Complex contracting relationships across networks and products
  - Direct contract vs. rental networks
  - Narrow, “partial,” and tiered network arrangements
- Provider information—including contracts—often maintained in disparate systems
  - Propagating to provider directories requires aggregating and standardizing these data
- Provider-specific data often present data integrity challenges
  - For example, multiple locations or specialties across networks per provider

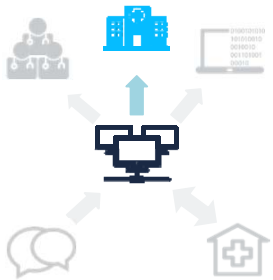
Network Adequacy



Federal Regulations

- QHP issuers must "maintain a network that is sufficient in number and types of providers…to assure that all services will be accessible to enrollees without unreasonable delay." *45 CFR § 156.230(a)(2)*
  - "CMS will take into consideration the NAIC's final recommendation as we assess these policies." *HHS Notice of Benefit and Payment Parameters for 2017*
- Medicare Advantage Organizations must "[m]aintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to covered services to meet the needs of the population served." *42 CFR § 422.112(a)(1)*
- Medicaid MCOs must maintain and monitor a "network of appropriate providers that is … sufficient to provide adequate access to all services covered under the contract." *42 CFR § 438.206(b)(1)*

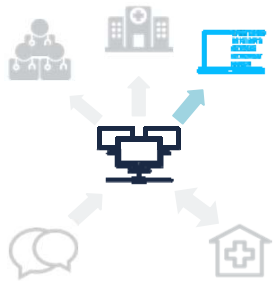
Network Adequacy



Data Challenges

- CMS has provided the Network Management Module within the Health Plan Management System
- NMM to be utilized by MAOs to submit HSD files for evaluation against CMS HSD criteria
- CMS has signaled a “more robust version of the NMM…[that]…will be highly flexible and will support a broader variety of reasons for HSD submissions.”
- CMS’s stated goal is for MAOs to use this functionality to “self-evaluate their networks against CMS criteria.”
- Currently, there are 27 states that have network adequacy requirements.

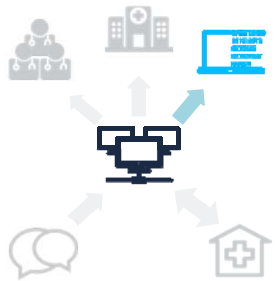
Machine Readable



Federal Guidance

- "CMS is also requiring issuers to make this information publicly available on their websites in a machine-readable file and format specified by HHS…"
  - *FINAL 2016 Letter to Issuers in the FFMs, February 20, 2015*
- "CMS is considering, beginning on or after CY 2017, instituting and new regulatory requirement for MAOs to provide…network information in a standardized electronic format…including pursuit of similar requirements for QHPs"
  - *Final 2016 Call Letter for Medicare Advantage, April 6, 2015*
- CMS proposed that MCOs "must post provider directories on their websites in a machine readable file and format specified by the secretary.
  - *CMS Medicaid Managed Care Proposed Rule, June 1, 2015*

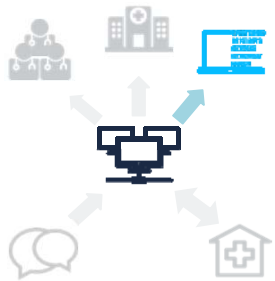
Machine Readable



CMS Signals its Intentions

- "…to provide the opportunity for third-parties to create resources that aggregate information on different plans. We believe this will increase transparency by allowing software developers to access this information and create innovative and informative tools to help enrollees better understand the availability of providers in a specific plan"
  - *FINAL 2016 Letter to Issuers in the FFMs, February 20, 2015*
- "requirement for MAOs to provide…network information in a standardized electronic format for eventual inclusion in a nationwide provider database…CMS anticipates that a common format…would enable greater interoperability across provider directories"
  - *Final 2016 Call Letter for Medicare Advantage, April 6, 2015*

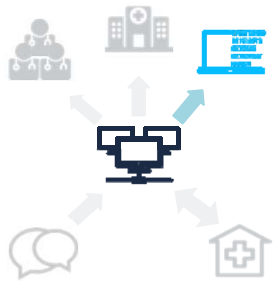
Machine Readable



CMS Signals its Intentions

- "This would allow CMS State Medicaid, or private third parties to 'plug into' the provider directories to perform automated accuracy checks. This could be done by comparing the directories against other data sources with bidirectional connections and interfaces, such as death registries and licensure registries."
- "…Provider directories with standardized APIs could also be leveraged by developers to create applications that are more useful for consumers than static, non-standardized websites."
  - *CMS Medicaid Managed Care Proposed Rule, June 1, 2015*

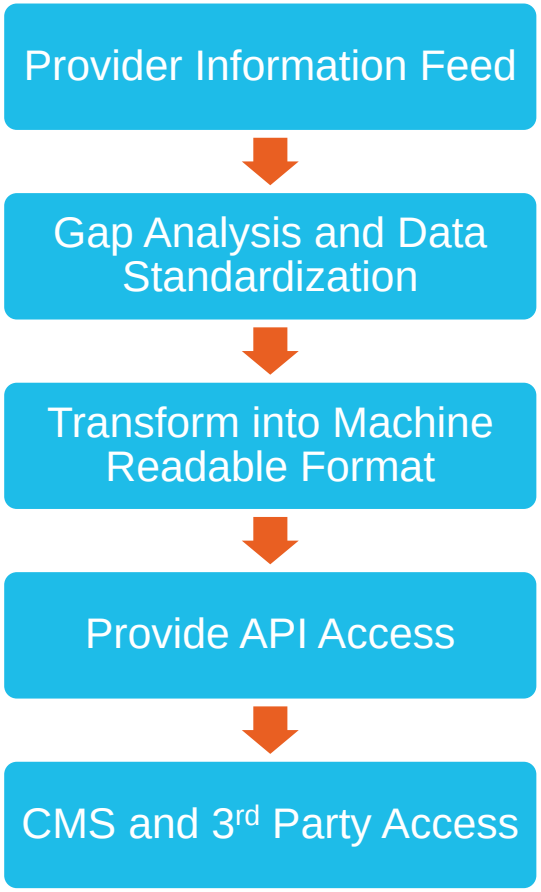
Machine Readable



QHPs as the Standard Bearer

- Reasons for Machine-Readable
  - CMS has a plan
  - Cross-platform, interoperable data format allows for common exchange of data with no surprises.
  - There's an app for that
- What is Machine-Readable?
  - Standardized data structure allowing automatic machine interpretation.
  - QHPs as standard bearer
    - JSON (JavaScript Object Notation)
    - Issuers may need to provide information on how to interact with the provider directory through an API

Information Flow



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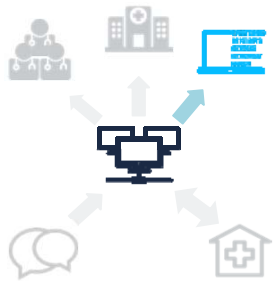
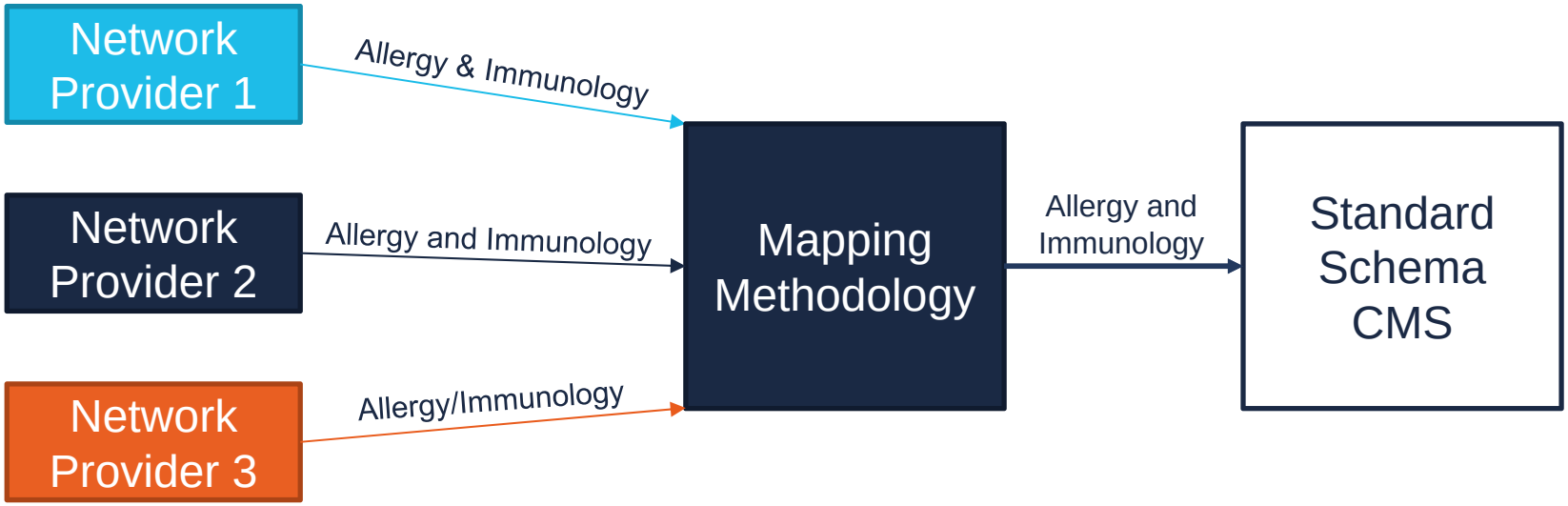
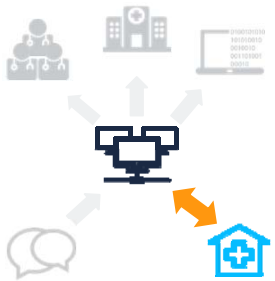


Data Challenges

- Lack of Standard Data Field Nomenclature
  - Necessary to standardize disparate sources
  - Development of a standardized schema & nomenclature



Provider Communications



Federal 2016 Guidance

QHPs

- Silent on communications
- Updated at least monthly

Medicare Advantage

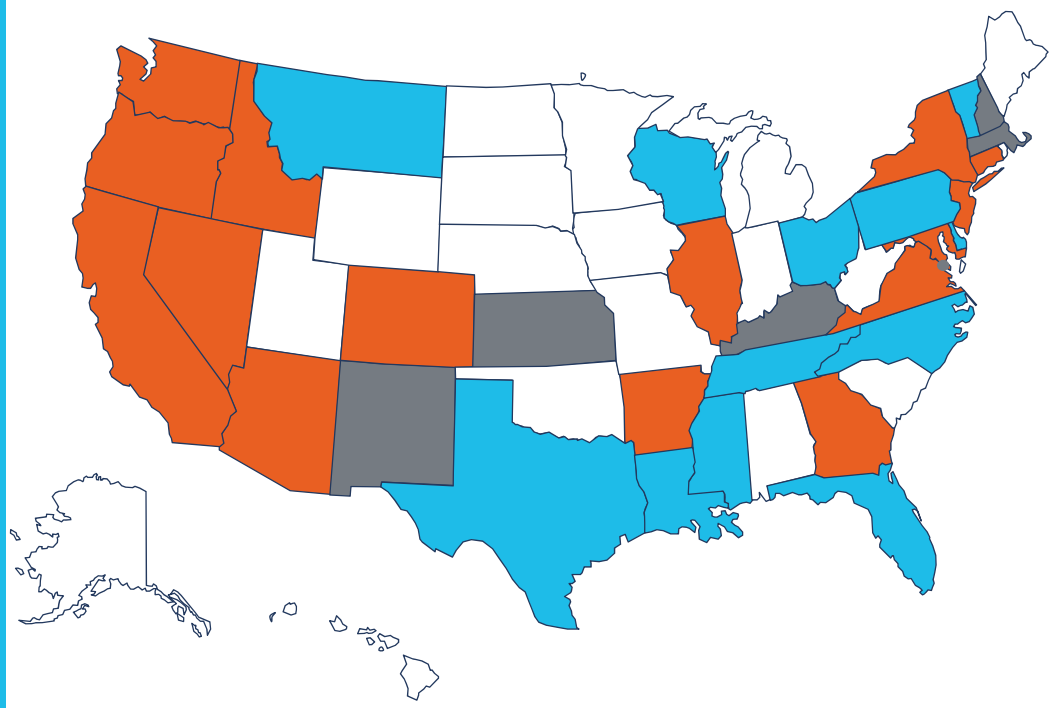
- Quarterly communications
- Updated within 30 days

Medicaid Managed Care

- Silent on communications
- Updated within 3 business days

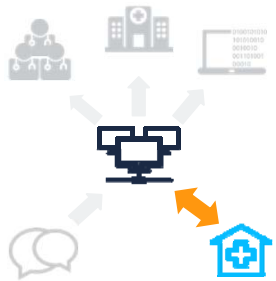
Provider Communications

State Regulations and Actions



Tier	Color	Description
1		Provider directory updates at least on a monthly basis with potential additional provider validation requirements
2		Provider directory updates required between a quarterly to an annual basis
3		Provider directories are required to be “up to date” or updated in a timely manner
4		No additional state-level guidance or requirements specific to provider directories

Provider Communications



Data Challenges

- Increasingly demanding regulations around verifying provider information
- Varying regulations around "updating" provider directories
- Mechanism to ensure that providers are updating accurately
- Significant standardization challenge

"Updating" Is a Two-Step Process

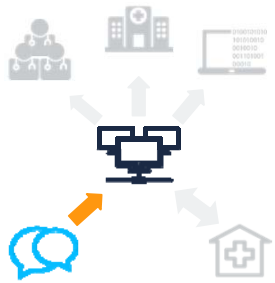
Verify provider information

- Performed according to a regular cycle
- E.g., annual, quarterly

Update Provider Directories

- Per specified timelines
- E.g., within 15 days.

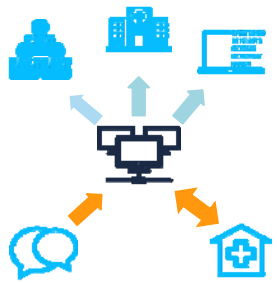
Member Comments



Federal Regulations

- "CMS will continue to monitor network adequacy…via complaint tracking to determine whether the QHP's network(s) continues to meet the network adequacy standards."
  - *FINAL 2016 Letter to Issuers in the FFMs, February 20, 2015*
- "MAOs are expected to establish and maintain a proactive, structured process that …includes a protocol to effectively address inquiries/complaints related to enrollees being denied access to a contracted provider with follow through to make corrections to the online directory."
  - *Final 2016 Call Letter for Medicare Advantage, April 6, 2015*
- "States would…provide an access point for complaints and concerns pertaining to…access to services."
  - *CMS Medicaid Managed Care Proposed Rule, June 1, 2015*

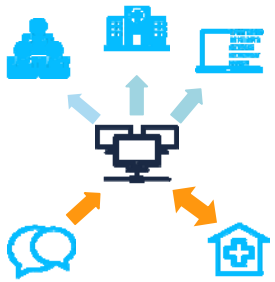
Provider Data Risks



Litigation Risk

- Putative class actions and cases by individuals challenging the adequacy of provider networks.
- Plaintiffs allege they were mislead about the network providers available to them in the plans they purchased.
- Allegations include fraud, false advertising, unlawful business practices, breach of contract and bad faith.
- Seeks: restitution, damages for failure to provide coverage, interest, and punitive damages
- Blue Shield of California has paid out $38 million in refunds related to one of these lawsuits; Anthem is expected soon to follow.

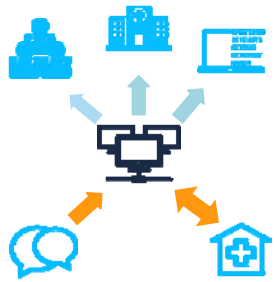
Provider Data Risks



Regulatory Risk

- For MAOs, CMS may impose three types of intermediate sanction:
  - (1) Suspension of enrollment;
  - (2) Suspension of payment;
  - (3) Suspension of all marketing activities; and
  - The sanctions continue “until CMS is satisfied that the deficiencies that are the basis for the sanction determination have been corrected and are not likely to recur.”
- CMS also may impose civil monetary penalties, as specified in 42 CFR § 422.760(b), up to $25,000 per affected enrollee.

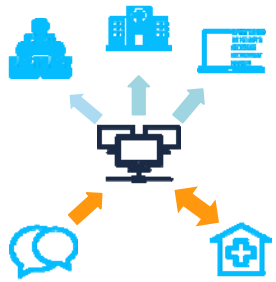
Provider Data Risks



Regulatory Risk: California

- DMHC surveys issued in November 2014 identified errors in Anthem Blue Cross and Blue Shield California provider directories
- DOI issued emergency regulations related to provider directories in January 2015
- CA State Auditor issued report on DMHC in June 2015
  - "Health Care Services did not verify that the provider network data it received from the health plans were accurate."
- DMHC fined Anthem and Blue Shield CA $600,000 in November 2015

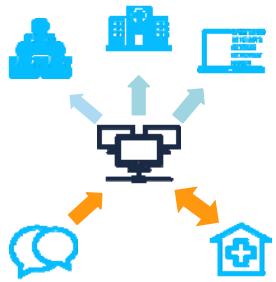
Provider Data Risks



Regulatory Risk: New York

- Starting in 2010, NY Office of Attorney General (OAG) Health Bureau Section reached settlements with six New York-area health insurers
- Settlements were initiated by the OAG based on member complaints related to alleged inaccuracies in health plan provider directories
- Plans were required to: pay a fine to OAG; offer restitution to members; verify participating provider information for all networks on an annual basis; perform regular internal audits and report to OAG; and agree to external monitoring

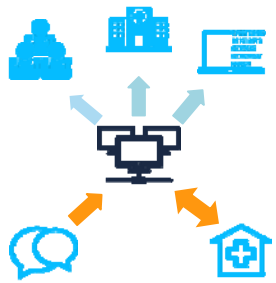
Actions to Take



Assess Current Provider Directories

- Perform a provider systems audit
  - How are provider data structured and managed?
  - Is data integrity being maintained across systems?
  - What provider information is being published?
  - How are provider directories published, both print and online?
- Review provider verification process
  - How frequently are providers being verified and what is being verified (i.e., participation status, location information, etc.)?
  - What process is in place to update existing provider information?
- Attempt to determine accuracy

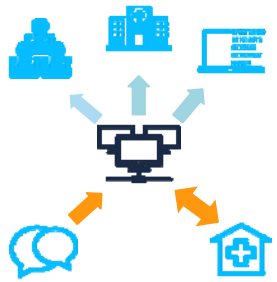
Actions to Take



Build a Robust Platform

- Identify relevant state and federal regulations and guidance
- Develop – and document – a regular and realistic verification schedule
- Document all changes and updates
- Treat all providers equally (i.e., leased networks, large provider groups)
- Do not rely on disclaimers

Actions to Take



Increase Communication

- Educate providers regarding the various plan products offered
- Monitor member complaints regarding provider availability and accessibility on a monthly basis
- "CMS does not have the authority to require providers to notify MAOs of their current status." *CMS Final 2016 Call Letter to MA Plans*
  - Mitigating factors are considered when imposing fines
    - Previous or ongoing record of compliance
    - Self-disclosure
- Incentivize providers to keep data accurate
  - Remind them that valid claims are denied due to bad data
  - Makes their lives easier

Managing Provider Data: Much Deeper than Directories

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