

Online Provider Directory Review



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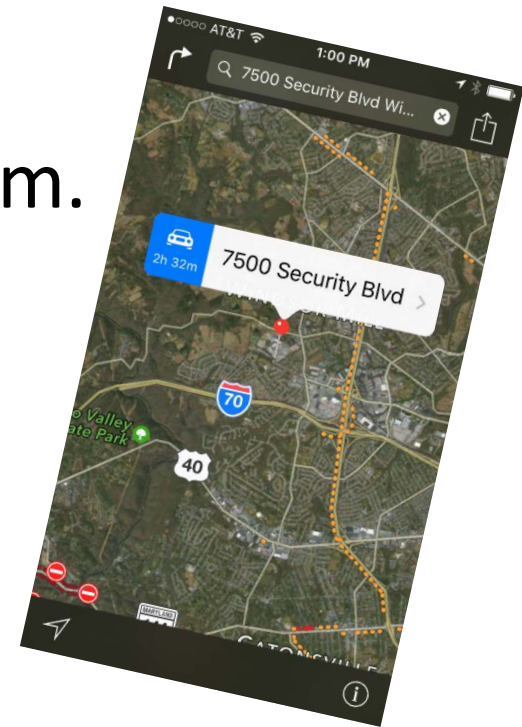
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September 8, 2016

The Importance of Provider Directories

Think of the tools you use on a daily basis and how much you rely on them.

What if Google Maps got you to the right destination 60% of the time?



The Importance of Provider Directories (cont.)

The provider directory is a tool used to find and connect beneficiaries and their caregivers to network providers. The accuracy of the provider directory is critical to allow for informed decisions regarding beneficiary health care choices.

Current Environment

- Newspaper/journal articles
- Beneficiary complaints
- Congressional inquiries
- Previous directory reviews

Two-Phase Review Process

- Phase I
 - Review of online provider directory
- Phase II
 - Verification that corrections have been made

Today's presentation will focus on Phase I

Methodology

- Review of 54 Parent Organizations (POs)
- One contract per PO
- 108 providers, split evenly between 4 provider types
- Review of all locations for each provider

Methodology (cont.)

- Focused on four provider types (highly utilized specialists in FFS)
 - Primary Care Physicians
 - Oncologists
 - Ophthalmologists
 - Cardiologists

Methodology (cont.)

- Selection for review
 - POs selected (enrollment, random, audit)
 - One contract per PO
 - One PBP per contract
 - Selection of county or zip code
 - Selection of providers (every x^{th} provider)
 - Mix of urban versus rural

Elements Reviewed

- Provider name
- National Provider Identification number
- Provider specialty
- Practice name
- Does provider work at location listed

Elements Reviewed (cont.)

- Does provider accept plan at location listed
- Street address
- Provider accepting/not accepting new patients
- Phone number

Important Points to Remember

- Review is from a beneficiary perspective
 - What will the beneficiary be told when they call the office?
- CMS' review is transparent
 - Only asking to verify items that PO included in their directory

Review Process – Phase I

- Calls are made to selected providers
 - Attempt to verify information for multiple locations on first call
 - If unable to verify, next location called
 - If unable to reach, up to three calls per provider
- CMS identifies initial deficiencies

Review Process – Phase I (cont.)

- PO is provided initial deficiencies
- PO responds to CMS with a concur, non-concur, or both to initial deficiencies
 - Two weeks to respond
- CMS reviews responses and makes additional calls as needed to make a final determination for non-concurs

Review Process – Phase I (cont.)

- CMS makes final deficiency determinations and shares with the PO
- Required correction within 30 calendar days after receiving final deficiencies

Review Process – Phase II

- CMS will validate that corrections have been made to:
 - Online Directory
 - Health Services Delivery Tables

Common Problems with Plan Responses

- Failure to provide adequate review/response
 - Responses such as “most recent roster,” “credentialing stated,” “per human resources representative” have proven to be inaccurate
- Failure to respond to all identified deficiencies
 - Address and Practice Name identified but only responded to Practice Name

Common Problems with Plan Responses (cont.)

- Failure to actually verify the information
 - Non-concurring on “phone number disconnected”
 - “Cut and paste responses”
- Information provided by group practices that focus on location versus actual provider presence

Decision Validation

- CMS reviews non-concurs very closely
- CMS may call a location again to determine accuracy/inaccuracy of provider directory
 - Majority of the time (90% +) CMS' validation call confirmed initial plan directory deficiency

Lessons Learned/ Helpful Suggestions

- Difficult to determine the provider directory for a specific product
 - One PO may have all MA plans in one directory
- Make sure providers are only listed one time for each location – scrub your source data!
 - If a location has two phone numbers, don't duplicate the provider/location to account for the other phone number

Lessons Learned/ Helpful Suggestions (cont.)

- Review the number of locations for each provider
 - Highly unlikely a provider sees patients at 17 different locations
- Audit data to verify information received from providers, human resources, credentialing, vendors, etc. is correct

Lessons Learned/ Helpful Suggestions (cont.)

- Verify provider locations based on individual provider and individual provider location – not based on group practice locations
- Claims data – doesn't always show the full picture
 - Often shows provider participation and not the locations that the provider participates

Lessons Learned/ Helpful Suggestions (cont.)

- List providers once they are active or notate active date
- Notate providers who see subsets of members

Future Policy Considerations (cont.)

- Properly list providers who are limited in scope
 - Do not list providers that are “on call” or “fill in” for a specific location
 - Specialists listed at hospitals where they only have admitting privileges should be notated as such
 - Do not list Primary Care Providers at urgent care facilities (urgent care facility should be listed separately)

Findings

- 54 Parent Organizations reviewed
- 5,832 providers contacted
 - Just under 6,000 calls made
- 11,646 number of locations reviewed

Polling Question

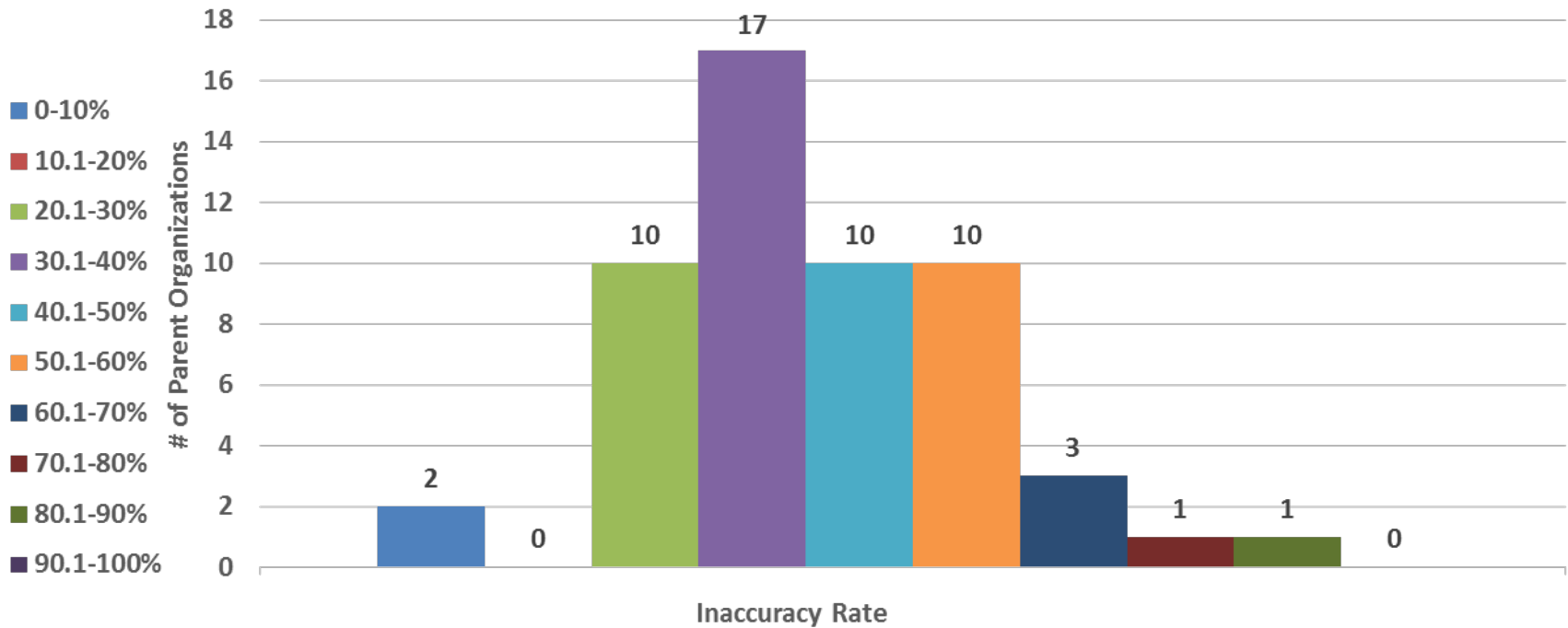
What percentage of locations had inaccuracies?

- A) 1-15%
- B) 15.1-30%
- C) 30.1-45%
- D) 45.1-60%
- E) Over 60%

Findings

- 5,257 (45.86%) Locations with Deficiencies
- 5,352 Total Final Deficiencies
 - Total deficiencies exclude practice name findings

Range of Provider Directory Deficiencies



Polling Question

Which deficiency below was most common?

- A) Provider is NOT accepting new patients
- B) Provider is NOT at the location
- C) Incorrect address
- D) Incorrect address – suite number
- E) Phone number

Top Five Deficiencies—Number 5

Address—Suite Number

Occurred 221 times, 4.1% of all deficiencies

Top Five Deficiencies—Number 4

Provider is NOT Accepting
New Patients

Occurred 338 times, 6.3% of all deficiencies

Top Five Deficiencies—Number 3

Address

Occurred 450 times, 8.4% of all deficiencies

Top Five Deficiencies—Number 2

Phone Number

Occurred 521 times, 9.7% of all deficiencies

Top Five Deficiencies—Number 1

Provider is NOT at the Location

Occurred 3,544 times, 66.2% of all deficiencies

Polling Question

Do you think there is a significant difference in accuracy based on provider specialty?

A) Yes

B) No

Overall Rates of Deficiencies by Specialty

Specialty	Locations with Inaccuracies	Percentage of Locations with Inaccuracies
Cardiology	1,843 (out of 3,616)	50.96%
Oncology	1,140 (out of 2,480)	45.97%
Ophthalmology	1,035 (out of 3,061)	33.81%
Primary Care	1,239 (out of 2,489)	49.78%

Polling Question

Do you think there is a significant difference in accuracy based on county density?

A) Yes

B) No

Deficiencies by County Type

County Type	Number of Locations	Number of Locations with Inaccuracies	Inaccuracy Rate
CEAC	123	63	51.2%
Rural	541	277	51.2%
Micro	1,533	771	50.3%
Metro	6,078	2,637	43.4%
Large Metro	3,371	1,509	44.8%

CMS Concerns

- Excessive number of “Provider is not at the location” findings
- Providers not aware that they are contracted with PO
 - In one review, plan had expanded in 2014, and providers weren’t aware of their contracting status

CMS Concerns (cont.)

- Implications for Network Adequacy
 - Majority of POs contacted use the same underlying database to populate both the online directory and their HSD tables

Food For Thought

Based on the data gathered from our review, if a beneficiary picks a provider via the online directory, there is a 46% chance something in the directory is inaccurate. There is a 30% chance of the provider not being at the location.

Compliance Approach

- Waited until all POs were reviewed
- Weighting deficiencies based on egregiousness
- Multiple deficiencies carry the weight of the most egregious finding
 - CMS considering whether multiple errors should result in greater weight
- Compliance actions can come as a result of Phase I or Phase II

Challenges

CMS recognizes there are challenges; but based on our findings, combined with the importance of the directory, accuracy **MUST** improve. Plans and providers must work collectively to make improvements now.

Next Review Cycle

- Approximately 54 Parent Organizations
- Review to begin in Fall 2016
- Review will look at the same provider types

Questions?