



ENSURING ACCESS TO CARE

IMPROVING PROVIDER DIRECTORY
ACCURACY AND USABILITY

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The health insurance market is rapidly changing. More Georgians are enrolling in health insurance and most report satisfaction with their plans. At the same time, in response to cost pressures, insurers are increasingly turning to narrow networks and high deductible plans to help restrain premium growth. As consumers navigate this new landscape, they need the right tools and information to choose a health insurance plan that best fits their medical needs and their household budgets. Provider directories are the primary tool available to consumers to determine whether the plan they are selecting has a narrow or broad network and to identify which providers are in their plan. As such, these directories should be accurate, up-to-date, and should truly function as a tool. Despite the important role directories play, they are notorious for being rife with errors and for lacking the functionality to help consumers make optimal choices in the market. By drawing upon model legislation from the National Association of Insurance Commissioners (NAIC) and best practices from other states, Georgia can take steps to improve directories.

THE GOALS OF THIS POLICY BRIEF ARE TO:

- » Explain the role provider directories play as a tool for consumer decision-making
- » Describe current provider directory provisions in Georgia
- » Describe common problems with provider directories
- » Outline recent policy activity around provider directories
- » Highlight other state examples of provider directory improvements

THE ROLE OF PROVIDER DIRECTORIES AS A TOOL FOR CONSUMER DECISION-MAKING

Provider directories are an important guide for consumers when they are shopping for coverage and after they enroll in a plan. Many consumers use directories to compare provider networks across plans to understand their choices and select a plan based on the type of network and participating providers. A 2013 Health Reform Monitoring Survey of people shopping for plans found about fifty-six percent of consumers considered a plan's provider network a very important factor in choosing a plan. And about forty-nine percent of people surveyed considered the availability of current providers in a plan as another very important deciding factor for plan choice¹. After enrolling in a plan, many consumers use provider directories to determine which providers and facilities they can visit in-network.

Information about deductibles, co-payments, covered services, and other plan features is generally easy to find (through the Summary of Benefits and Coverage form, for example) and is very rarely listed inaccurately. Information about provider networks, another key plan feature, should also be easy to find and understand. Provider directories are the tool that consumers have to understand this aspect of their health plan. As such, this tool should be up-to-date, accurate, and easy to understand.

CURRENT PROVIDER DIRECTORY PROVISIONS IN GEORGIA

Georgia's current standards around provider directory accuracy and usability have not been updated in many years, are out of sync with the regulatory framework that exists at the federal level, and could be improved in several ways (See Appendix for comparison table). Current standards require plans to provide enrollees and prospective enrollees with a directory upon request. Directories are required to be updated at least every 30 days and posted on the insurer's website¹¹. Although these standards appear sufficient, in practice they are not. A monthly update generally entails updating directories with any new information that a plan receives from a provider within one month of receiving the information. This does not account for any information that is not reported by a provider. Thus it is possible for inaccurate information that has remained unchanged, because it was not reported, to be in a directory for many years. Therefore it is important to require stronger standards for insurer auditing. Also, current standards do not explicitly require insurers to establish and publish notices on public complaint processes in the event that consumers identify errors in directories. Further, Georgia's standards do not contain consumer protections against out-of-network bills due to inaccurate information. If a consumer seeks care based upon inaccurate directory information, only to find out through a surprise bill that the provider was out-of-network, an insurer is not liable for any costs unduly incurred. Lastly, there is no guidance on how directories should be formatted to ensure people can easily read, understand and search them.

We all expect the labels on the food we
buy in the grocery store to be accurate.
We should expect no less from our health
insurance.

COMMON PROBLEMS WITH PROVIDER DIRECTORIES

The accuracy of provider directories is crucial to helping consumers pick a plan that meets their needs and protects them from unnecessarily high out-of-pocket costs. Oftentimes directories include information that has been inaccurate for months or even years regarding whether a provider has left a plan or changed their contact information. This is not a new or isolated problem. A study conducted of PPO plans in New Jersey in 2013 found that one-third of psychiatrists had inaccurate contact information listed in plans' provider directoriesⁱⁱⁱ. A national survey found that 1 in 7 privately insured people have been surprised to find out that a doctor, lab, or facility that they thought was in-network was actually out-of-network^{iv}. If directories are not up-to-date, consumers are left to rely on inaccurate information, leaving them vulnerable to disruption of care, balance bills and other burdens. For example, if a person sees a doctor that was listed as in-network in their plan's directory, when in fact they no longer participate in the plan, that consumer could get hit with a surprise bill for out-of-network costs. The risk associated with inaccurate provider directories is high and the costs can fall undeservingly on consumers.

Another issue is that consumers cannot always get accurate information about whether providers are taking new patients. This particular issue may mask the inadequacy of a network. If a person is under the impression that a network has a large number of providers to choose from, based upon the listing in a directory, but the majority of the providers are not taking new patients, then the true adequacy of that network is being masked. Consumers need transparent information about which in-network providers and facilities can treat them.

The accuracy of provider directories is also important to Georgia's regulators because this information helps to identify and correct problems with access to care. In 2014 the U.S. Department of Health and Human Services Inspector General released a report on the evaluation of states' adequacy of access to care for enrollees in their Medicaid managed care programs^v. The report found that Georgia had an issue with inaccurate information causing consumers to experience challenges with getting the care that they needed. The state identified access to care violations through secret shopper calls to providers to confirm the accuracy of information included in directories. More recently, in California, regulators fined Blue Shield and Anthem Blue Cross for inaccurate provider directories which contained erroneous information for more than twenty-five percent of providers listed. Some of the inaccuracies included providers of all types listed with incorrect phone numbers, providers listed as participating in-network when they actually were not, and providers listed practicing at locations where they don't see patients^{vi}. If Georgia regulators are to fully assess whether a plan is adequate and honors the networks that they guarantee Georgians, provider directory information must be accurate.

RECENT POLICY ACTIVITY AROUND PROVIDER DIRECTORIES

Federal requirements^{vii} have been put in place to improve the transparency and accuracy of information in provider directories for plans sold on the Health Insurance Marketplace. These new federal standards require plans to publish a current, accurate and complete provider directory including information regarding providers accepting new patients, the provider's location, contact information, specialty, medical group, and any institutional affiliations. Directories must be easily accessible to enrollees and prospective enrollees and updated at least monthly. The directory for each plan must be viewable on the plan's public website without the need to create an account or enter a policy number. And provider directory information must be in a machine-readable format to allow third parties to create new digital provider directory tools. These requirements are a big improvement, but they don't apply to all plans in Georgia, creating inconsistencies for consumers. In addition, there now exists a model act from the NAIC that provides guidance for states to make improvements that can apply to all plans and thus protect all consumers.

STATE EXAMPLES OF PROVIDER DIRECTORY IMPROVEMENTS

CALIFORNIA^{VIII}



At least annually, health plans must review and update their entire provider directories. This process includes notifying providers of their information currently listed, where and how they can confirm or update information, and a statement that failure to respond may result in delayed payment or reimbursement of claim. If a provider fails to respond within 30 business days, the plan must make further attempts to contact provider and document communication. If a provider does not respond within 15 business days of second attempts, the plan should notify the provider 10 business days prior of their removal from directories.

NEW JERSEY^{IX}



Insurers must confirm the participation of any provider that has not submitted a claim for twelve months. The insurer must contact the provider to request confirmation of their intention to continue participation in the network. The insurer must update directories as necessary based on the provider's response. If the provider fails to respond, the insurer must mail a follow-up with return receipt requested. If the provider does not respond in thirty days, the insurer shall remove the provider from the network and update directories.

DISTRICT OF COLUMBIA^x



Insurers are required to prominently post a phone number or email address in online and print directories for people to report inaccurate provider directory information. Insurers are required to investigate complaints within thirty days, and correct when necessary. Insurers are required to maintain a log of consumer-reported directory complaints and make available to the insurance department or marketplace authority upon request.

TEXAS^{xi}



The consumer is protected from some or all (depending on the type of plan) of the additional costs for care from a provider, if that provider is out-of-network and the consumer receives care from the provider because they were inaccurately listed as in-network in the directory. The consumer must have obtained the information no more than thirty days before receiving care from the provider.

POLICY RECOMMENDATIONS TO IMPROVE PROVIDER DIRECTORY ACCURACY AND USABILITY

Provider directories are the primary tool consumers have to determine which providers are in their network. As narrow networks become more common, it is more important than ever that consumers have accurate and usable information about which providers are in their network. The NAIC's new model act, a new federal regulatory framework, and promising practices from other states have informed the following policy recommendations. These recommendations are intended to improve the accuracy and usability of provider directories in Georgia:

1

Set standards to achieve provider directory accuracy.

Despite an existing requirement that directories be updated every 30 days, directory inaccuracies persist. To address this problem, standards should be set that include systematic steps for insurers to regularly update, audit and provide consumers with a process to report inaccuracies. These standards should include:

- » Regular updating of provider directories no less than every 30 days
- » Annual audits of all provider directories with a protocol in place for health plans to follow up with providers
- » Health plans to contact providers participating in networks who have not submitted claims within 12 months to determine their network participation status
- » A dedicated email address, telephone number, and electronic link that consumers can use to report inaccuracies to the insurer
- » Honoring provider directory information if it is inaccurate and a consumer ends up out-of-network based on that information
- » Health plans to report periodically to the Department of Insurance

2 Set standards to improve provider directory usability.

The accessibility and functionality of search tools for provider directories greatly affect the ability of a consumer to locate and use a directory effectively. Standards that require insurers to format and make directories easily readable, searchable and available mitigate some of the problems with using directories. Below are ways Georgia's current usability standards can be improved:

- » Electronic (and in print upon request) availability to all consumers and prospective consumers through a clearly identifiable link or tab
- » Plain language information about what provider directory applies to which plan and the criteria used by plans to build the provider network and to tier providers
- » All pertinent information about participating providers and facilities
- » Search functionality that allows consumers to search by health care professional, whether a provider is accepting new patients, participating office locations, participating hospitals, and other key pieces of information
- » Accommodations for the needs of individuals with disabilities and people with limited English proficiency

3 Ensure accountability. How standards are enforced ultimately affects the level of accountability plans uphold for maintaining accurate provider directories.

State regulators are given ultimate oversight authority over plans, thus we recommend the following:

- » The Georgia Department of Insurance should have authority to enforce provider directory accuracy and usability provisions. This authority shall extend to fines, sanctions, requiring insurance companies to pay all costs incurred because of inaccurate provider directory information, and other appropriate means to protect consumers.

CONCLUSION

Provider directories function as the tool that consumers that consumers need to purchase and utilize a health insurance plan and to access needed health care services without having to go out-of-network and suffer cost repercussions. Clear, updated standards for provider directories will ensure that consumers are provided with the resource they need to make informed decisions. Georgia's current standards are outdated and out-of-step with federal guidelines. However, Georgia policymakers can and should set and enforce provider directory standards that are appropriate for today's health insurance market by drawing upon the NAIC model act, best practices from other states, and the expertise of regulators, stakeholders, and consumer groups. Such standards can ensure that Georgia's consumers are armed with the complete and accurate information that they need to navigate the health insurance market and to access essential health care services.

APPENDIX A COMPARISON OF PROVIDER DIRECTORY STANDARDS

	Law or Code	Regulatory Agency	Updates	Availability	Readability	Content	Audits	Drop Inactive Providers	Consumer Complaints	Honor Inaccurate Information	Searchability
Marketplace Plans (Qualified Health Plans)	Affordable Care Act	CMS	once a month	electronic/print (upon request) to current and prospective enrollees	machine-readable	provider contact information, status of accepting new patients, affiliations	no standard	no standard	no standard	no standard	no standard
Managed Care Plans	Georgia Code Section 33-20A-5	Georgia DOI	once per month	electronic/print (upon request) to current and prospective enrollees	"readable, understandable, and on a standardized form"	"the number, mix, and distribution of participating providers"	no standard	no standard	no standard	no standard	no standard
NAIC Act	2015 NAIC The Health Benefit Plan Network Access and Adequacy Model Act	NAIC Act	once per month	electronic/print (upon request) to current and prospective enrollees	"in plain language" and "accommodate the needs of individuals with disabilities and limited English"	provider contact information, status of accepting new patients, affiliations, languages spoken, facility	"at least a reasonable sample of directories"; "available audits for commissioner"	insurer contact providers that have been inactive for 6 months; drop non-responsive	required link or information in directory to notify carrier of inaccurate information	"state regulator should refer issue to consumer complaint division for resolution, such as requiring carrier to cover benefits"	search by provider type, accepting new patients, participating locations and hospitals, other key information
Recommendations for Georgia	Georgia Code Section 33-20A-5 and DOI regulations	N/A	once per month	electronic/print (upon request) to current and prospective enrollees	machine-readable	provider contact information, status of accepting new patients, affiliations, languages spoken, facility, accreditations	"at least a reasonable sample of directories"; "available audits for commissioner"	insurer contact providers that have been inactive for 12 months; drop non-responsive providers	required link or information in directory for consumers to notify carrier of inaccurate information	"state regulator should refer issue to consumer complain division for resolution, such as requiring carrier to cover benefits"	search by provider type, accepting new patients, participating locations and hospitals, other key information

APPENDIX B

COMPARISON OF KEY PROVIDER DIRECTORY ACCURACY STANDARDS

Standard	Georgia	Other States
Auditing Requirement	No standard	CA, DC
Contact inactive providers requirement	No standard	CA, DC, NJ
Consumer Protection	Georgia	Other States
Process for consumers to report inaccuracies	No standard	CA, DC, TX
Guarantee to honor provider directory information	No standard	CA, PA, TX

APPENDIX C

NAIC MODEL ACT LANGUAGE ON PROVIDER DIRECTORIES

Section 9. Provider Directories

- A. (1) (a) A health carrier shall post electronically a current and accurate provider directory for each of its network plans with the information and search functions, as described in Subsection C.
- (b) In making the directory available electronically, the carrier shall ensure that the general public is able to view all of the current providers for a plan through a clearly identifiable link or tab and without creating or accessing an account or entering a policy or contract number.
- (2) (a) The health carrier shall update each network plan provider directory at least monthly.

Drafting Note: In addition to requiring health carriers to update their provider directories at least monthly, to help improve the accuracy of the directories, states could consider the following: 1) a requirement that health carriers in some manner, such as through an automated verification process, contact providers listed as participating providers who have not submitted claims within the past six months or other time frame a state may feel is appropriate, to determine whether the provider still intends to be in network; and 2) closely monitoring consumer complaints.

Drafting Note: In situations in which a covered person receives covered services from a non-participating provider due to a material misrepresentation in the provider directory indicating that the provider is a participating provider, state insurance regulators should refer the issue to their consumer complaint division for a resolution, such as requiring the health carrier to cover the benefit claim as if the services were obtained from a participating provider.

- (b) The health carrier shall periodically audit at least a reasonable sample size of its provider directories for accuracy and retain documentation of such an audit to be made available to the commissioner upon request.
- (3) A health carrier shall provide a print copy, or a print copy of the requested directory information, of a current provider directory with the information described in Subsection B upon request of a covered person or a prospective covered person.
- (4) For each network plan, a health carrier shall include in plain language in both the electronic and print directory, the following general information:
- (a) In plain language, a description of the criteria the carrier has used to build its provider network;
- (b) If applicable, in plain language, a description of the criteria the carrier has used to tier providers;
- (c) If applicable, in plain language, how the carrier designates the different provider tiers or levels in the network and identifies for each specific provider, hospital or other type of facility in the network which tier each is placed, for example by name, symbols or grouping, in order for a covered person or a prospective covered person to be able to identify the provider tier; and
- (d) If applicable, note that authorization or referral may be required to access some providers.
- (5) (a) A health carrier shall make it clear for both its electronic and print directories what provider directory applies to which network plan, such as including the specific name of the network plan as marketed and issued in this state.
- (b) The health carrier shall include in both its electronic and print directories a customer service email address and telephone number or electronic link that covered persons or the general public may use to notify the health carrier of inaccurate provider directory information.

- (6) For the pieces of information required pursuant to Subsections B, C and D in a provider directory pertaining to a health care professional, a hospital or a facility other than a hospital, the health carrier shall make available through the directory the source of the information and any limitations, if applicable.
 - (7) A provider directory, whether in electronic or print format, shall accommodate the communication needs of individuals with disabilities, and include a link to or information regarding available assistance for persons with limited English proficiency.
- B. The health carrier shall make available through an electronic provider directory, for each network plan, the information under this subsection in a searchable format:
- (1) For health care professionals:
 - (a) Name;
 - (b) Gender;
 - (c) Participating office location(s);
 - (d) Specialty, if applicable;
 - (e) Medical group affiliations, if applicable;
 - (f) Facility affiliations, if applicable;
 - (g) Participating facility affiliations, if applicable;
 - (h) Languages spoken other than English, if applicable; and
 - (i) Whether accepting new patients.
 - (2) For hospitals:
 - (a) Hospital name;
 - (b) Hospital type (i.e. acute, rehabilitation, children's, cancer);
 - (c) Participating hospital location; and
 - (d) Hospital accreditation status; and
 - (3) For facilities, other than hospitals, by type:
 - (a) Facility name;
 - (b) Facility type;
 - (c) Types of services performed; and
 - (d) Participating facility location(s).
- C. For the electronic provider directories, for each network plan, a health carrier shall make available the following information in addition to all of the information available under Subsection B:
- (1) For health care professionals:
 - (a) Contact information;
 - (b) Board certification(s); and
 - (c) Languages spoken other than English by clinical staff, if applicable.
 - (2) For hospitals: Telephone number; and
 - (3) For facilities other than hospitals: Telephone number.

- D. (1) The health carrier shall make available in print, upon request, the following provider directory information for the applicable network plan:
- (a) For health care professionals:
 - (i) Name;
 - (ii) Contact information;
 - (iii) Participating office location(s);
 - (iv) Specialty, if applicable;
 - (v) Languages spoken other than English, if applicable; and
 - (vi) Whether accepting new patients.
 - (b) For hospitals:
 - (i) Hospital name;
 - (ii) Hospital type (*i.e.* acute, rehabilitation, children's, cancer); and
 - (iii) Participating hospital location and telephone number; and
 - (c) For facilities, other than hospitals, by type:
 - (i) Facility name;
 - (ii) Facility type;
 - (iii) Types of services performed; and
 - (iv) Participating facility location(s) and telephone number.
- (2) The health carrier shall include a disclosure in the directory that the information in Paragraph (1) included in the directory is accurate as of the date of printing and that covered persons or prospective covered persons should consult the carrier's electronic provider directory on its website or call [insert appropriate customer service telephone number] to obtain current provider directory information.

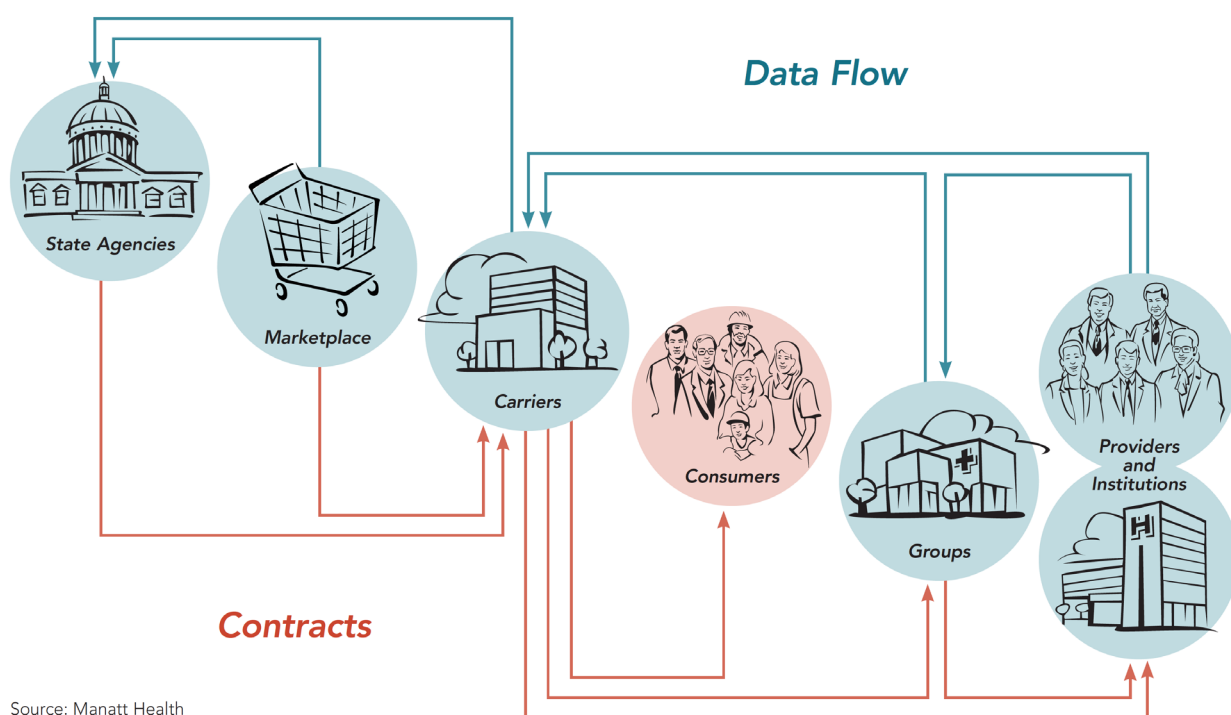
Drafting Note: In addition to the information provided in Subsections B, C and D health carriers may include or make available in their provider directories additional information, such as information concerning the structural accessibility, presence of accessible examination and diagnostic equipment and availability of programmatic accessibility.

Drafting Note: States should consider that the information included in electronic and print provider directories for limited scope dental and/or vision plans may have to differ from the information included in provider directories for major medical, comprehensive health benefit plans. For example, information on provider medical group affiliations and board certifications are not typically included in provider directories for limited scope dental and/or vision plans.

APPENDIX D

WHO IS ACCOUNTABLE FOR PROVIDER DIRECTORY INFORMATION? A CASCADE OF CONTRACTS & DATA

Figure 2. Who Is Accountable for Provider Directory Information? A Cascade of Contracts and Data.



Source: Manatt Health

END NOTES

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- ⁱⁱ O.C.G.A. § 33-20A-5, “Managed Health Care Plans Patient Protection” <http://www.lexisnexis.com/hottopics/gacode/Default.asp>
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- ^{vii} 42 US Code § 18031(c)(1)(B)
- ^{viii} California Legislature, SB 137 Health Care Coverage: Provider Directories, enrolled September 15, 2015, available online at: <http://www.leginfo.ca.gov>.
- ^{ix} N.J.A.C. 11:24C—4.6, “Standards for Accuracy of Provider Directory Information.”
- ^x Executive Board of the District of Columbia Health Benefit Exchange Authority, Resolution to Update the Qualified Health Plan Certification Requirements (Washington: DCHBX, February 9, 2015), available online at: <http://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/Resolution-20to%20Update%20the%20Qualified%20Health%20Plan%20Certification%20Requirement.pdf>;
- ^{xi} Tex. Admin. Code §3.3705, available online at: [http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=28&pt=1&ch=3&rl=3705](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=28&pt=1&ch=3&rl=3705).



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