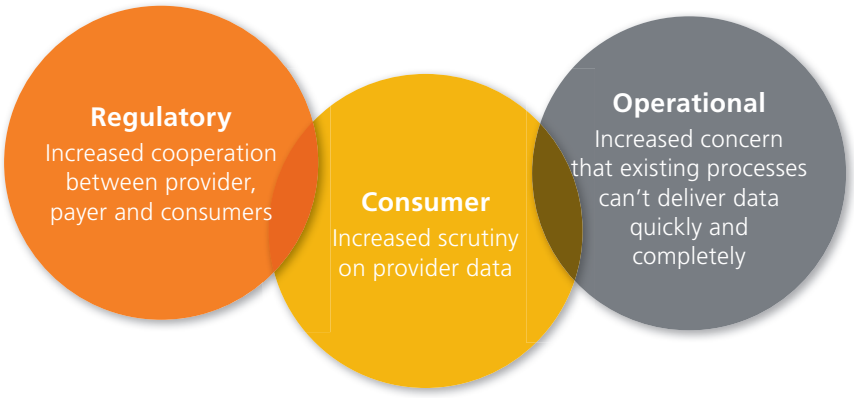
Provider directory data management: Integrating the latest CMS and state requirements

Accurate, robust provider directory data is key to helping consumers find care. But each year:[1]

- 20% of physicians change their address and/or phone number.
- 30% change their health plan, hospital or group affiliations.
- 5% have status changes (licenses, sanctions, retirement).

Other inaccuracies are the result of data entry errors and poor data matching. Many health insurers have expansive outreach programs to keep their data current, yet these efforts cannot keep up with the amount of provider movement.

The problem with inaccurate, incomplete data isn't new. But now there is increased focus on getting it right, based on three main drivers:



One-third of all provider addresses and phone number are erroneous, based on an analysis by Optum® of more than 75 health insurer data files.

CMS call letter

On April 6, 2015, the Centers for Medicare and Medicaid Services (CMS) issued a call letter which put Medicare Advantage organizations on notice — an increase in the scrutiny of data quality in online provider directories will be a focal point. Placing renewed emphasis on data quality requirements, it is CMS's intention to drive to that next layer of data cleanliness and granularity — and in doing so it will help provide consumers with more of what they need to make better choices on their health care.

Points of emphasis	High-level summary
1. Network adequacy and access	Your membership and provider networks are constantly evolving. Based on federal and state regulations, you need to review and ensure that your provider network is sufficient.
2. Real-time directory updates	When a provider shares a directory update with a plan, the plan is expected to make the update in real-time, within a three-day turnaround. However, real-time updates are challenging to execute based on existing processes.
3. Monthly provider contact	By providing meaningful, more frequent coordination between plan and provider, directories can be more complete and accurate. To achieve better collaboration, align communication preferences with your providers.
4. Online provider directory content	This content ensures consumers have access to the information they need to make informed care decisions. Data sets should go beyond name, address and specialty as consumers also want and need a profile, open/closed panel, languages spoken, office hours, a detailed list of services and more.

CMS point 1: Network adequacy and access

Compare your membership to your network to ensure you have the right providers for the members in a particular area, based on driving time and geographical and demographic access. For example:

- For every 5,000 members, you may determine you need two cardiologists within a 15-minute drive or 10 mile radius.
- If you have a highly concentrated Spanish-speaking area, you must have sufficient access to serve that membership.

Tips for aligning to CMS letter provisions

✓ Monitor network adequacy constantly. Your network and membership are constantly changing, requiring ongoing adjustment.

✓ Increase frequency of adequacy data refreshes. Some organizations refresh as infrequent as 30 days. Decrease that time to deliver data faster.

✓ Centralize organization adequacy rules. If you have multiple locations, have a consistent data set so that all are aligned or refreshed at the same time.

CMS point 2: Real-time directory updates

Directories have to be available in real time and in a format that can be shared effectively and efficiently. This CMS point centers on meeting the three-day notification turnaround time.

Machine-readable formats make the content easy to consume for quicker intake by downstream organizations. In other words, the exchanges, Medicaid, etc., need to get consistent data that is easy to read.

Tips for aligning to CMS letter provisions

✓ Consider overhauling existing processes to move toward real-time processing. This is one of the most fundamental pieces.

✓ Transition from full-file processing to delta (change) file processing. That technique can help manage the three-day turnaround time provision.

✓ Move from batch data exchange to service-based data exchange, which helps eliminate the time it takes to get through the process. This piece from the CMS letter will have one of the biggest impacts on organizations.

✓ Find ways to consolidate the process so there aren't as many stops.

CMS point 3: Monthly provider contact

An important way to improve accuracy is to provide meaningful, more frequent coordination between you and your providers. This enables you to confirm that you have demographic, name and address, specialty, plan participation, etc. correct. You can also align the preferred communication methods: email, phone, mail, provider portal.

Tips for aligning to CMS letter provisions

✓ Expand existing provider touch points. That doesn't mean increasing quantity, just scope. For example, when you are on the phone with a clinic for one issue, take another minute or two to confirm provider data.

✓ Personalize the provider's contact method. One group prefers email; another fax. Responding to these preferences increases cooperation.

✓ Use just-in-time data verification outreach to ensure secure delivery for sensitive data. When you have to send sensitive data, don't assume it is correct: Determine that you have the latest update.

CMS point 4: Online provider directory content

As consumers take more ownership of their health, they want to know more about their providers so they can make more informed care decisions. Directory content is a key area of consumer interest and demand. The CMS and several states are requiring quality and quantity improvements to online provider directories.

Name, address and specialty data sets are no longer enough. Consumers also want to know the provider's patient profile, cost, quality, open/closed panel, languages spoken, office hours and other services provided.

Tips for aligning to CMS letter provisions

✓ Use monthly provider contact to harvest clean data. Grab as much cleansed data as possible.

✓ Use real-time directory updates to relay verified, clean data to consumers quickly.

✓ Include expanded data sets in your directory to improve consumers' ability to make intelligent choices.

✓ Leverage electronic capture capabilities to decrease inaccurate data and improve turnaround time.

Provider data management best practices

Recognizing that provider data is one of the most important currencies within a provider network, consider all the areas provider data influences:

- Provider/network contracting
- Credentialing
- Member enrollment
- Claims processing
- Provider payment
- Network management
- Case/utilization management
- Disease management
- Medication therapy management
- Member services
- Medical economics

Given all the areas provider data touches, sustainable data management must be considered from end-to-end to be effective. This includes:

- **Business process:** from credentialing and member enrollment, to care management, provider contracting, etc.
- **Systems:** from data entry into administrative systems to consumers of provider data (network management claims processing, etc.)

If you are an organization that has multiple sources of entry — regions, systems, internal tools (Enterprise Data Warehouse), sources of truth, etc., it's important to document those and develop a process flow so you can understand the places where breakdowns might occur.

The power of proactive data management

Proactive data management has strong transformative possibilities for your enterprise:

Provider source of truth	As data becomes the ultimate source of truth about providers, data quality and management gain primary importance.
Future health strategies	Newly enhanced data provides critical inputs into strategic initiatives, such as participation in health care exchanges, development of ACOs and more strategic management of provider networks through enhanced analytics.

The "3 Cs" of provider data

How does your data measure up?

Complete
Is your data complete? Do you see missing spreadsheet data? If you want email addresses, what percent are you missing?

Correct
Is your data accurate? The cells may be complete, but is the information correct? There are tools and techniques to ensure your data is accurate, such as checking against the Social Security database to ensure providers are not deceased, etc.

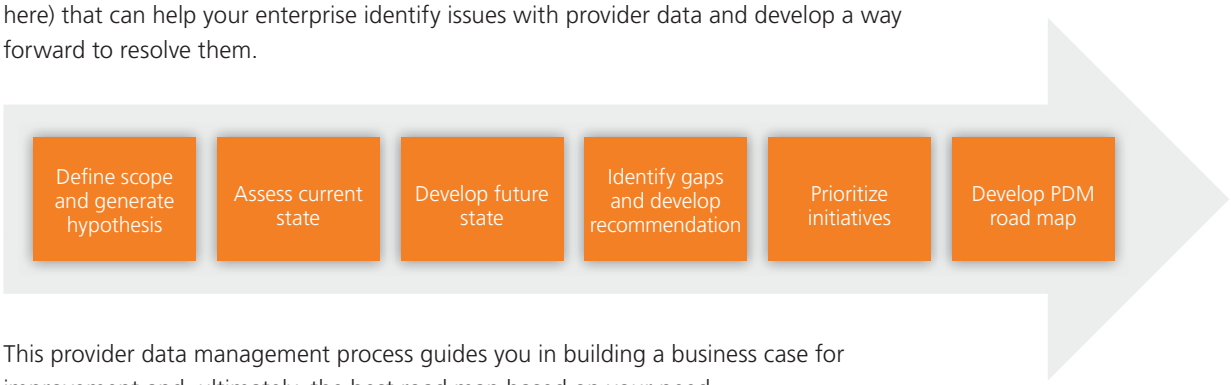
Consistent
Is your data consistently formatted to eliminate versions of the provider's name and/or address?

Once you've identified your current state, it's important to understand your provider source of truth. Many organizations use various sources of truth for provider data. This can be a disadvantage. Even if you separate your provider source of truth, you need a pristine source of truth for credentialing and more.

Think innovatively about what information needs to be stratified. Ask yourself, "How is our network performing?" To support future strategies around ACOs, for example, it's important to have a flexible environment. Many providers are aligned to different groups or separate specialties. You need to be able to distinguish between them on a case-by-case basis.

Why Optum

Optum has developed a proven provider data management (PDM) process (outlined here) that can help your enterprise identify issues with provider data and develop a way forward to resolve them.



This provider data management process guides you in building a business case for improvement and, ultimately, the best road map based on your need.

Existing footprint: Optum has the experience and expertise in managing provider data. Optum manages 3 million providers data today. Optum serves 395 customers, including payers/TPAs (349), government (12), brokers/employers (11).

Interfacing experience: Optum has the experience and expertise in managing intake and distribution of provider data.

Scale: Optum services and solutions have the ability to scale to grow as an organization's network footprint grows.

Configurable: Optum services and solutions are configurable to allow for an organization to consume as much or as little of the solution to fit individual organizational goals.

Operational and strategic expertise: Optum has several of the industry-leading experts on provider data, including how to integrate, improve and analyze and plan for optimal provider data across your enterprise agnostic to the assets available currently within the organization.

About Optum

Optum is an information and technology-enabled health services business platform serving the broad health care marketplace, including care providers, plan sponsors, life sciences companies and consumers.

Sources

1. Thomson Gale Publications.

Learn how we can apply our best-practice approach to help you elevate your provider data management process.

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