

Updating the Provider Directory

Provider Information Management
April 2024

The Agenda

- Why do we do what we do?
- How did we get here?
- CMS and the provider Directories
- We need your help
- Ways to Win
- What is Highmark doing to improve accuracy?
- Update your information today
- Fines and Penalties
- Importance of Provider Directories
- Key Takeaways



Why do we do what we do?



Our members!

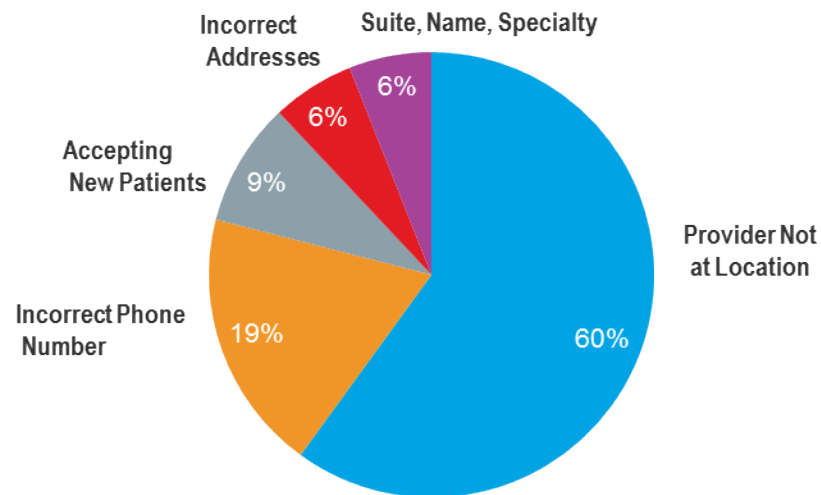
How did we get here?

CMS received a complaint from a Medicare beneficiary regarding an inaccurate provider directory. This generated concerns that beneficiaries may not be able to find providers in the directory. Based on this complaint, CMS conducted directory reviews on Medicare Advantage Organizations throughout the industry.

CMS published an industry report with the results of their directory reviews. The deficiencies that were identified signify a high likelihood that an obstacle to member care exists in the current state. The review found that 52% of the provider directories were inaccurate. Listed below are some of the inaccuracies identified:

The top three deficiencies identified throughout the reviews were:

- **Providers listed at locations where they do not actually see patients**
- **Incorrect phone numbers**
- **Not Accepting New Patients when the directory said they were**



CMS and the Provider Directories

For years, CMS has focused their efforts in auditing areas that protect Medicare Advantage Members. Provider Directories have become a top priority because of access to care in the last few years.



**Highmark has been audited twice in the last year by CMS.
Late In 2016 and May of 2017**

Both audits resulted in error rates over 50%

- **Audits-** CMS has a three-pronged approach to ensure compliance
 1. Direct Monitoring of Online Provider Directories
 2. Development of a New Audit Protocol
 3. Delivery of Compliance and Enforcement Actions (including civil monetary penalties or environment sanctions)

We need your Help

- Know your practice information
- Submit practitioner/practice changes as they occur through Availity or The Provider Information Management Forms on the Provider Resource Center
- Educate practices on CMS requirements
- Respond to verification calls from Atlas to ensure that our customers have access to the most up-to-date information available to make an informed decision about their care
- Be prepared for an audit
 - What you can expect during an audit:
 - Secret shopper approach
 - Potential questions might be:
 - I'm interested in scheduling an appointment, is this provider at this location?
 - Is the practitioner's name correct?
 - Is he/she taking new patients?
 - Is this his/her correct specialty?
 - Is this the correct name of your practice?
 - Is this the correct address and phone number for the practice?
 - Do you accept Highmark Medicare insurance?

Ways to Win

CMS defines success as a 98% accuracy result during an audit with the follow criteria also satisfied.

Timeliness

- Providers are updating their data on a quarterly basis.
- The Online and Paper directories are updated with the new data within 30 days of receipt of the data.
- Paper Directories mailed within three days of receipt of the Member Request.
- Directories notate Appointment and Termination dates, especially during AEP.

Availability

- Directories accessible within 3 clicks on the Portal.
- Members can request paper directories and receive within 5 business days.
- Provider Panel (Accepting, Closed) is up to date.



Data Accuracy

- Providers Practicing Specialty is documented.
- Provider's and Group's accurate telephone and address is accurate and up to date.
- Providers Practicing Locations are truly up to date and accurate
- Provider Plan Acceptance
- Plans develop Auditing and Oversight Processes.

Access

- Online Directory accurately displays providers for right Product.
- HSD Tables are submitted timely for Directory Audits
- Geo-access and Network Adequacy are frequently monitored to identify gaps in care.
- Online Directories are 508C Compliance

Update your Information Today

Success is measured by positive outcomes on data accuracy and timeliness

Data Accuracy

1. Practitioner name
2. Practitioner's practicing specialty
3. Practice name
4. Practicing locations
5. Practitioner accepting new patients for Medicare Advantage
6. Phone numbers for member appointments
7. Practice addresses including suite numbers
8. Health Insurance Plans accepted

Update your Information by:

- Log in to Availity
- Navigate to Payer Spaces and choose the appropriate Highmark plan(s)
- Select **Provider Data Maintenance** from the menu.

Fines and Penalties

CMS can issue Civil Monetary Penalties, Fines, and Sanctions to Health Plans that are out of compliance.

CMS may issue the penalty per enrollee or per determination. If CMS does not have enrollee-specific data, it will calculate on a per determination basis.

Per Enrollee	Fine
Inaccurate or untimely plan benefit information provided	\$25 per enrollee
Aggravating factors - Prior Offense	\$15 for each prior offense

Per Determination	Fine
Other violations	\$20,000 per violation/per contract
Aggravating factors - Prior Offense	\$5000

Source Referenced** 12/15/16 memo – “Civil Money Penalty Methodology”

Importance of Provider Directories

- Regulations were mandated in 2016 by CMS to hold health plans accountable to maintain accurate provider directories.
- The provider directory is a method to connect members with network providers.
- The accuracy of the provider data in the directory is critical for members to make informed decisions regarding their healthcare.
- As part of this policy, health plans must conduct outreach to network providers, at least quarterly, to verify specific data elements as set forth by CMS.



Highmark manages a Medicare network of 47,500 practitioners

Key Takeaways

- Ensuring your directory information is up-to-date protects your network status with Highmark
- **Providing accurate directory information helps our members – your patients – receive the care they need**
- When CMS conducts an audit, it's important to know your practice's correct location, office hours, phone number, the provider's specialty and their new patient status



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