



Provider Directory Pilot Program Overview and FAQ

Program Overview

A critical issue for both health plans and consumers is the accuracy and completeness of provider directories. Provider directories are a key resource for individuals and their families as they consider which health plan to enroll in and select providers for their care.

Today, health plans employ a variety of approaches to maintain and update provider directory data, including scheduled phone calls, follow-up faxes, emails, and in-person visits. These multifaceted outreach efforts are in addition to contractual requirements between health plans and providers to ensure information is accurate and up-to-date.

However, given the diversity of providers in health plans' networks, data can quickly become out of date. Moreover, not all providers rely on the same method of communication. This often leads to delays in updating pertinent provider information. AHIP's latest initiative will explore solutions to proactively address these issues.

Frequently Asked Questions

When will the pilot run?

April – September 2016

Why is AHIP launching this pilot?

Health plans and providers have a shared responsibility for the accuracy of provider directories, and AHIP wants to advance joint solutions that will improve the quality of directory information, the timeliness of data updates, and coordination between providers and health plans.

Pilot Projects & Participants

12
plans

Twelve health plans, which span the commercial, Medicaid, and Medicare Advantage markets, are participating in the provider directory pilot. Participation may continue to grow over the next several months.

3
states

Pilot projects soon will be underway in Indiana and California with the support of BetterDoctor and in Florida with the help of Availity. Final results from these pilots are expected in Fall 2016.

Who is participating?

Currently, 12 health plans are participating across three states: Indiana, California, and Florida. Those plans include:

- Anthem
- AvMed
- Blue Shield of California
- Cigna
- Easy Choice (CA)/WellCare (FL)
- Florida Blue
- Health Net
- Humana
- LA Care
- Molina Healthcare of California
- SCAN Health Plan
- Western Health Advantage

More than 100,000 providers are estimated to take part in the effort over the next several months. Additional AHIP member health plans can join over the course of the pilot.

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Who are the pilot vendors?

AHIP is partnering with two vendors:

- (1) BetterDoctor for the California and Indiana pilots and
- (2) Availity for the Florida pilot. These vendors were chosen through a competitive selection process.

What type of data is being verified?

Providers will be asked to verify items such as their location (address, phone and fax number), specialty, whether the practice is accepting new patients, insurance network status, and medical group and hospital affiliations.

What can providers expect?

Rather than receiving requests or inquiries from multiple health plans, the pilot is designed to facilitate one primary point of contact for providers when updating or reporting changes to their practice information. Providers may be contacted by phone, email, or fax with instructions on how to update their information. BetterDoctor and Availity will then share data changes with the participating health plans to update their online and hard-copy directories.

What is the difference between the BetterDoctor and Availity pilots?

BetterDoctor will primarily use phone calls to validate information with providers based on aggregating all of the participating health plan data, but will also use emails driving providers to an online profile and fax outreach.

Availity will provide alerts asking providers to validate their information within Availity's existing provider portal. Availity will also conduct phone and email outreach directing providers to update their information within the portal which will be shared with all participating plans.

Both vendors will update information in their own centralized databases. Any updates received from providers (or non-response, non-working numbers, etc) are shared with all participating health plans through those portals.

Will consumers see any changes with their provider directories during this pilot?

Yes, our goal is for consumers to have access to even more accurate information when searching for a provider and to avoid unnecessary phone calls or delayed provider information as a result of network status changes.

How will you know if the pilot is successful?

We will conduct an independent evaluation based on feedback from providers, health plans and consumers with the goal of identifying best practices and joint solutions for improving data reporting.

Are these pilots incorporating recent regulatory changes related to network directories?

Yes. For example, new Medicare Advantage requirements for 2016 require quarterly outreach to providers to verify key provider directory data. The pilot also reflects recent California legislation (SB 137) that requires bi-annual validation of providers' data (individual and institutional providers) as well as recent California Department of Insurance (CDI) Network Adequacy Regulations. All pilots meet federal standards for qualified health plans participating in the Federal Marketplace (healthcare.gov).

Will all participating health plans incorporate these changes into their provider directories?

Yes, although some data (like changes in provider participation in a particular health plan network) may require additional follow up by the impacted health plan.

Who should I contact with further questions?

For more information on AHIP's pilot initiative, please contact Matt Eyles, Executive Vice President for Policy and Regulatory Affairs (meyles@ahip.org), and Jeanette Thornton, Senior Vice President for Health Plan Operations and Strategy (jthornton@ahip.org).