

10 Steps to Improve Provider Directory Accuracy

Consumers need accurate provider directories for many reasons. Accurate directories are necessary for consumers to find an insurance plan that fits their needs. Also, once enrolled, consumers must have accurate directories to find a provider to deliver services at an affordable cost.

When consumers are faced with inaccurate directories, they feel like they've experienced a bait-and-switch. And the costs can be high—if they inadvertently see an out-of-network provider, they can be hit with a large bill. Inaccurate health plan provider directories have been a long-standing problem for consumers navigating the health care system.

Inaccurate directories can also mask problems with network adequacy. If directories make networks appear more robust than they truly are, it can be challenging for regulators to identify when health plans lack sufficient numbers or types of providers to meet their enrollees' needs and deliver all covered services in a timely manner.

Here are 10 steps to improve provider directory accuracy. They can be enacted legislatively. Regulators may also have authority to take these steps administratively. And of course, health plans can voluntarily adopt these measures.

1. **Public complaints**—Require directories to have an email address or phone number for the public to use to report inaccuracies, and require plans to modify directories accordingly in a timely manner.
2. **Audits**—Require health plans to audit all, or at least a sample, of their directories every six months or at least each year to determine whether information such as providers' contact phone numbers, locations, and in-network status is correct and make modifications accordingly.
3. **Drop inactive providers**—For providers that are inactive (those that haven't filed a claim with the plan in the last 6 months or one year), require the health plan to reach out to the providers to determine whether they still intend to participate in the plan's network, and if not, to remove them from the directory.
4. **No surprises**—Put in place a guarantee that if a consumer relies on a recent provider directory, but a listed provider is actually out of network, the consumer will not have to pay any costs beyond in-network cost-sharing.
5. **Simple fixes**—Ensure that health plans have easy processes— such as simple online interfaces— for providers to update their contact, location, network status, and other information included in the provider directory at any time to increase the likelihood that directory information will stay accurate.
6. **Require updates**—Ensure that providers and facilities have legal and contractual obligations to provide health plans with up-to-date information that is required for provider directory inclusion.
7. **Use existing databases**—Explore with health plans whether the databases they use to determine whether to pay providers in-network or out-of-network rates when people receive care can also be used to populate provider directories with accurate information about which providers are in-network.
8. **Multilingual provider access**—Require that provider directories will *not* list providers as speaking languages other than English unless the providers themselves or individuals trained in medical interpretation— not other office staff such as receptionists— have proficiency in non-English languages.
9. **Multilingual error reporting**—Ensure that health plans can accept reports of provider directory inaccuracies in multiple languages so that directories are accurate and accessible for all communities.
10. **Report to regulators**—Require health plans to submit data to regulators each year on the reports they receive from the public and audit results regarding the number and type of inaccuracies in their directories so that regulators can perform targeted oversight of troubled plans and share best practices of well-performing plans.

For more, see: *Improving the Accuracy of Health Insurance Plans' Provider Directories* at www.familiesusa.org