Written testimony for the United States Senate Committee on Finance

Hearing on *"Barriers to Mental Health Care: Improving Provider Directory Accuracy to Reduce the Prevalence of Ghost Networks"*

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10am

By

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Executive Summary

The Integrated Healthcare Association (IHA) is a California leadership group whose members include physician groups, health plans, hospital systems, regulatory agencies, and other healthcare stakeholders. One of IHA's key programs is a California-wide Provider Data Management program called Symphony, with a goal to simplify and unify how providers and health plans share, reconcile, and validate provider data. With our technology partner Availity[1], we are creating a single utility to increase accuracy and reduce administrative burden, designed to be the primary source of data and to replace non-aligned existing processes between health plans and providers.

As an output of the process, Symphony creates a "golden record" by applying a strict set of agreed upon rules that determine what the best information is when information from multiple organizations is conflicting. The more organizations, the greater likelihood to finding and correcting errors before this information goes back to plans and providers for inclusion in their directories. Ultimately, sustainable provider data improvement requires an industry solution. As the Centers for Medicare and Medicaid Services noted in a 2018 report[2], "it has become clear that a centralized repository for provider data is a key component missing from the accurate provider directory equation." Symphony is exactly that type of centralized repository.

Some key findings from our work

- Provider data encompasses literally hundreds of specific data elements. Some are critical for consumers, such as license verification or accepting new patients. Others may be less critical, but all need to be verified on a very frequent basis, some as frequently as weekly. In addition, providers need to attest to the accuracy of the information on a very frequent basis and are much more willing to do so if they can attest once for multiple plans.

- In order to function, Symphony has created data quality standards centered around: 1) timeliness; 2) data quality and completeness; and 3) data accuracy that conform with regulatory requirements and are standardized across multiple plans and provider organizations. Symphony also has created a standardized data validation and mastering processes to identify inconsistencies or errors and resolve them. This is what creates a "golden record" that uses the most accurate information available from all participant organizations- both plans and providers.

- Identifying inaccuracies and correcting them is necessary and feasible- In the last 30 days, review of provider data from three plans representing 169,731 unique providers, with up to 300 data attributes each (which translates to over 50 million data elements), Symphony's data mastering identified 138,124 inconsistent data elements ("updates" or "corrections") that required health plan and provider changes based on validation and survivorship rules adopted by all parties. Of these, over 5,000 were errors in the physical office address, while nearly 2,127 were related to license issues.

  Of the 300 data elements that IHA tracks, all stakeholders have agreed to a standard tiering process for data elements most important to consumers –such accepting new patients.

- Provider data accuracy should be measured with robust and agreed upon metrics including (but not limited to) timeliness, completeness, and benchmarks against peers. Currently accuracy is measured through phone surveys of provider's offices, which have been shown to be an inaccurate and inconsistent way to measure. Audits of individual plans may actually increase the burden on providers unless the audits are coordinated across multiple plans.

  A Council for Affordable Quality Healthcare (CAQH)survey of 1,240 physician practices, conducted in September 2019, determined that updating directory information costs each practice $998.84 on average every month, the equivalent of one staff day per week[3]. For independent providers—of which mental health providers are more likely to be—this can be cost prohibitive to network participation.

- Symphony market research and customer feedback suggests that without a centralized data repository that supports a multi-plan provider directory, health plans and providers will be unable to maintain accurate provider data and directories individually, even with the best of intentions. This is particularly true in states with delegated entities such as Independent Physician Associations (IPAs) and Provider Organizations that are also responsible for provider data accuracy creating additional contractual and relationship complexities. It is even more important for mental and behavioral health providers who are increasingly less likely to be in health plan networks[4], making it even more critical for them to be able to update their data in a convenient, single, centralized repository.

I.   Background

Provider directory inaccuracy has been a challenge for decades. These challenges were magnified with the implementation of the Affordable Care Act (ACA). There was an influx of consumers entering the marketplace looking to confirm that their provider of choice was part of their new health plan. This coupled with a rise in "narrow network" plans and consumers moving between health plans more frequently made provider directory accuracy critically important for consumers.

Many of the plan provider directories they were searching had inaccurate data, causing confusion and frustration for patients, providers, and plans. Health plans expressed frustration that they were unable to keep their directories up to date without providers updating their information. Providers were frustrated that they had to update their information with each health plan and for each contract they participate under. It was difficult for everyone, and made it more urgent for plans, providers, and regulators to come up with a solution.

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[3] CAQH Survey: Maintaining Provider Directories Costs U.S. Physician Practices $2.76 Billion Annually, November 13, 2019, https://www.caqh.org/about/press-release/caqh-survey-maintaining-provider-directories-costs-us-physician-practices-276
[4] Susan Busch and Kelly Kyanko, Incorrect Provider Directories Associated with Out-Of-Network Mental Health Care and Outpatient Surprise Bills, Health Affairs, June 2020 https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.01501

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In November 2015, California's Department of Managed Health Care fined its two largest network plans, Anthem Blue Cross and Blue Shield of California, for their inaccurate directories[5]. Additionally, Blue Shield of California committed $50 million to addressing provider data inaccuracy as part of its acquisition of Care1st[6].

II.   The Need for a Multi-Plan Directory

In early 2016, the industry began to coalesce around the same basic idea – the need to create one location for plans and providers to go and update information[7]. The problem was providers, plans and even Covered California were all working with different vendors to pilot different solutions.

The vision: centralized provider data management in California
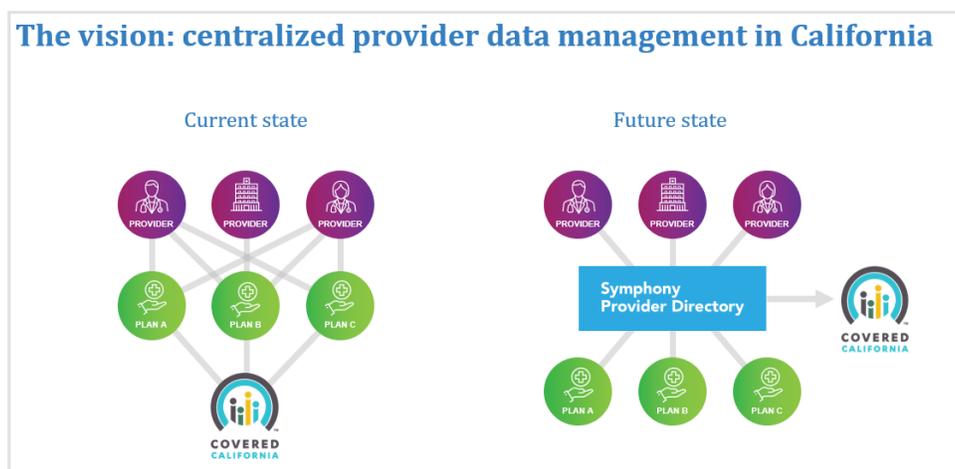
Around this time, California legislators passed Senate Bill 137. This bill was instrumental in bringing the industry together. It stipulated a shared responsibility between providers and plans to make sure directories were accurate.

In August 2016, California held the California Provider Directory Summit to inform and align key stakeholders. The result was the formation of three working groups made up of representatives from plans, hospitals, provider groups, health information exchanges, consumer groups and regulators to drive towards creating a single, statewide provider directory utility/repository:

- Data definitions and standards group – this group defined each data element, who was responsible for submitting it and what, if any, the authoritative data source would be. What we learned was that even something as straightforward as "name" could vary based on who was asking and when, which demonstrated the need for standardized and agreed upon definitions.

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[5] Joanne Finnegan, Blue Shield of California, Anthem Blue Cross Fined for Inaccurate Provider Directories, November 4, 2015, https://www.fiercehealthcare.com/payer/blue-shield-california-anthem-blue-cross-fined-for-inaccurate-provider-directories
[6] DMHC Approves Blue Shield's Acquisition of Care1st Health Plan, https://californiahealthline.org/morning-breakout/dmhc-approves-blue-shields-acquisition-of-care1st-health-plan/
[7] CAQH Survey: Maintaining Provider Directories Costs U.S. Physician Practices $2.76 Billion Annually, November 13, 2019, https://www.caqh.org/about/press-release/caqh-survey-maintaining-provider-directories-costs-us-physician-practices-276 (Practices that use one channel for all plans spend 39.6% less per month than those who use multiple approaches. Assuming similar efficiencies, using a single channel to update directory information could save the average physician practice $4,746 annually. Nationwide, streamlining directory maintenance through a single platform could save physician practices at least $1.1 billion annually.

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- Business and technical requirements group – this group defined what functions the provider directory utility/repository had to do based on the use cases developed during the summit.
- Governance group – this group decided who would own the database and created criteria that any governance body would have to meet – a nonprofit with a history of successfully working with diverse stakeholders that was financially sound and agile enough to act quickly.

There was some urgency to find a solution because of SB 137 requirements, but also, the more time people spent on the pilots already in flight, the less likely they would be to pivot to this new solution.

The Governance group chose Integrated Healthcare Association as the governance body for the statewide provider directory in September 2017. The statewide directory was piloted in January 2018 and the utility was fully launched in January 2019 with the name Symphony Provider Directory.

III.   IHA's Market Research

As part of its planning, IHA did market research and targeted interviews with 27 plans, providers, and purchasers to assess current directory management processes and desired features for a statewide utility. IHA confirmed the current challenges:

- **Directory update processes are manual and labor-intensive**, with reporting requirements, data definitions and templates varying across health plans.
- **Data quality is inconsistent**, specifically regarding data accuracy, completeness, and timeliness.
- **Data validation requires significant time and resources**, and often must be done manually across each individual health plan's network.
- Most plans are unable to accurately estimate resources devoted to directory management activities, as many of the resources support other plan activities (e.g., labor, IT infrastructure).
- **Providers vary in the level of resources dedicated to directory management activities**, ranging from 0.5 to 7 full-time equivalents (FTEs) to support directory updates, manual data validation and IT infrastructure. In fact, a CAQH survey of 1,240 physician practices, conducted in September 2019, determined that directory maintenance costs practices nationwide $2.76 billion annually. Updating directory information costs each practice $998.84 on average every month, the equivalent of one staff day per week[8].

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[8] CAQH Survey: Maintaining Provider Directories Costs U.S. Physician Practices $2.76 Billion Annually, November 13, 2019, https://www.caqh.org/about/press-release/caqh-survey-maintaining-provider-directories-costs-us-physician-practices-276

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IHA's market research also showed what features and functionality the provider utility had to have to meet its customer's needs:

Data inputs & usability	Data validation	Data outputs & reporting	Regulatory compliance
• Adopt flexible data and file submission architecture that extends beyond SB 137 data attribute requirements. • Utilize standard and comprehensive data definitions and taxonomies. • Support multiple data exchange modalities between providers and plans that minimize manual data entry.	• Support data validation processes (e.g., integrate with third party databases). • Allow medical groups/IPAs to approve provider updates to ensure data accuracy. • Provide notifications to providers and health plans on data discrepancies and updates.	• Provide data outputs and reports in health plan-specific and customizable formats (e.g., report showing all plan and product relationships for a provider). • Support multiple output formats (e.g., comma-separated values).	• Provide a pathway to regulatory compliance for SB 137 and potentially for other state and federal compliance requirements. • Establish robust privacy and security policies and practices. • Adapt to evolving regulatory requirements.

It called for the industry to come together and collaborate to ensure a fully functioning utility that provides value and drives the outcomes needed.

IV.   Symphony's Progress To-Date

The Symphony Provider Directory, enabled by IHA's technology partner Availity, is an advanced cloud-based platform, uniting California health plans and providers around a centralized solution to improve the efficiency, quality, and ease of provider directory data.

The Symphony solution is complex and outlines the various inputs, processes, validations, and outputs needed to facilitate an end-to-end solution.
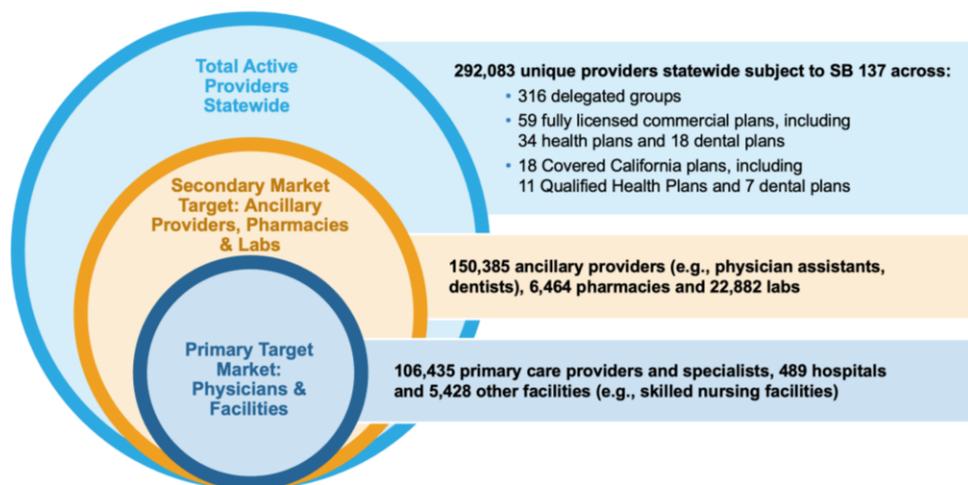
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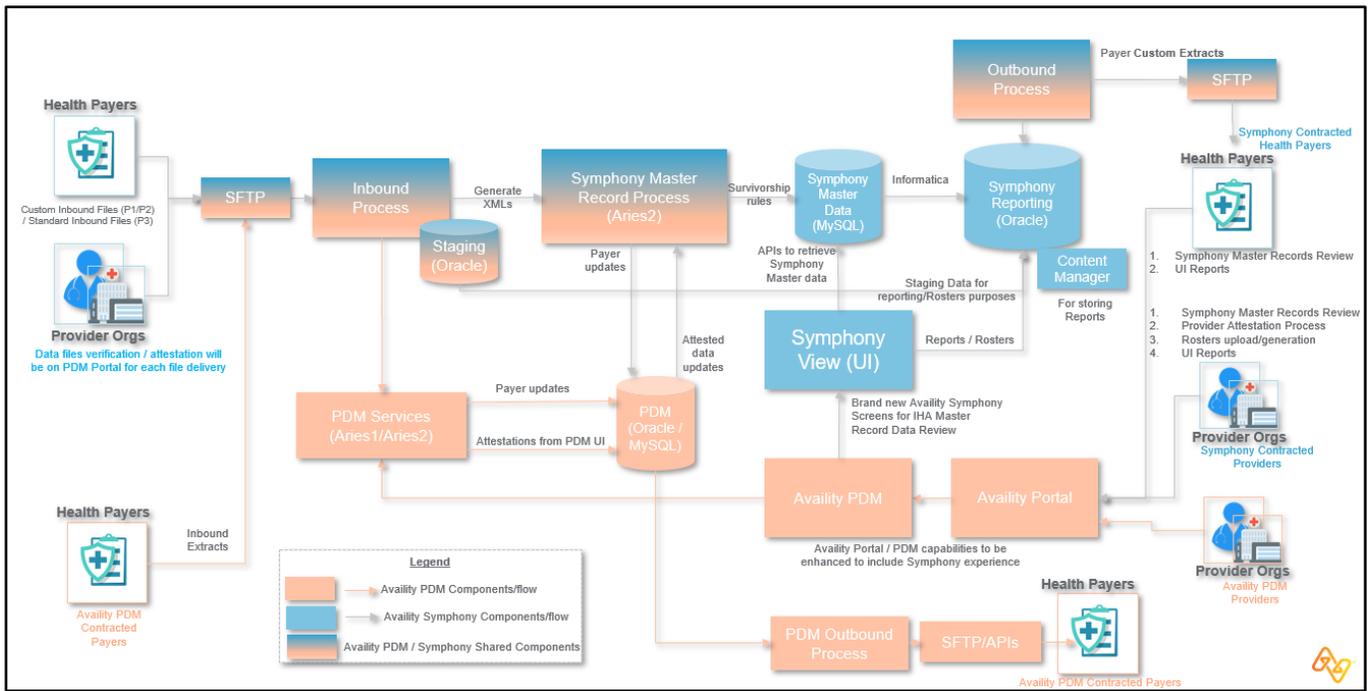
Symphony commitments:

- Support **compliance** by ensuring highest-level data accuracy for complex regulatory mandates, while streamlining cumbersome data exchange between providers and health plans. It ensures frequent, routine updates and automated attestation outreach on behalf of contracted health plans.

- Ensure provider **data is high-quality** by validating data from numerous primary and secondary resources, while simplifying provider data updates via routine, automated outreach. This enables health plans to quickly act on provider data inaccuracies.

- Leverage **industry experts**, including California's Department of Managed Healthcare, to maximize industry alignment. The Symphony Data Governance Committee is broadly represented across client organizations who advise on provider directory data standards, develop recommendations, and consult on interpretation and application of compliance requirements.

To-date Symphony includes:

- 17 contracted health plans

- 100+ contracted provider organizations

- 550,000+ total provider records in production

- 300+ supported data elements.

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California Provider Landscape

IHA conducted an analysis of active providers and health plan provider networks to determine the total number of potential provider Utility users.*

Total Active Providers Statewide

Secondary Market Target: Ancillary Providers, Pharmacies & Labs

Primary Target Market: Physicians & Facilities

292,083 unique providers statewide subject to SB 137 across:
- 316 delegated groups
- 59 fully licensed commercial plans, including 34 health plans and 18 dental plans
- 18 Covered California plans, including 11 Qualified Health Plans and 7 dental plans

150,385 ancillary providers (e.g., physician assistants, dentists), 6,464 pharmacies and 22,882 labs

106,435 primary care providers and specialists, 489 hospitals and 5,428 other facilities (e.g., skilled nursing facilities)

*Data sources include state medical boards, state agencies, Cattaneo & Stroud, Centers for Medicare & Medicaid Services, Kaiser Family Foundation and the Bureau of Labor Statistics.

V.   Symphony's Approach to Accuracy

Symphony supports complex contractual relationships in California, it does so at the granularity needed to comply with regulatory requirements. Each data attribute in Symphony has a specific data policy that helps determine how data is validated and which value survives as the recommended "golden master record." In addition to primary reference sources, Symphony leverages provider attestation, as well as the democratic opinion of other participants, offering a more complete view of data quality.

Symphony's data accuracy is structured around three pillars 1) timeliness; 2) validity and completeness; and 3) accuracy. A recent review of provider data from the three largest network plans in California surfaced over 138,124 data events requiring data validation, mastering and corrections. Participants show confidence that Symphony reduces suppressed providers by nearly 25 percentage points.

ABOUT INTEGRATED HEALTHCARE ASSOCIATION (IHA):

At Integrated Healthcare Association (IHA), we bring the healthcare community together to overcome barriers to high-value, equitable care. For the past 25+ years, we've championed a more integrated care system that improves quality and affordability for patients in California and beyond.

 As a 501(c)(6) business league, we're funded by the healthcare industry to take on big, systemic challenges that stand in everyone's way. Because we envision a future where providers can focus on patients, health plans can better serve their customers, purchasers can get the most value for their money and consumers can get quality, equitable care at an affordable price. As a non-profit industry association, we use objective data, our decades of expertise, and our unique role as a trusted facilitator to make the healthcare system work better for everyone.

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