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RISK SOLUTIONS

Health Care

EXECUTIVE BRIEF

A New Model for Provider Data: Create more accurate, up-to-date directories by linking data sources

2019

The quality that separates payers that thrive from those that merely survive is not their size or market share. It is their ability to change quickly and move nimbly in the healthcare ecosystem. Turning data into value is becoming the differentiator, and accurate provider data is a significant source of that value.

Accurate provider information benefits both consumers and payers. As the health care sector moves toward value-based reimbursement and bundled care, payers rely on accurate provider information, as well as flexibility in establishing provider affiliations.

On the payer side, accurate directory data facilitates access to care and avoids non-par claims. Members expect directory information to be up to date so they can obtain the right care from the right provider at the right time. If the information isn't correct, the network is perceived as inadequate and the plan could face compliance penalties from states and the CMS.

As health care consumerism gains traction, it is more important than ever to ensure members have the right information when they need it.[1] Payers are positioning themselves as their members' partner in care, and data quality is key.

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The Provider universe is always changing.

Nearly 30% of provider data changes every year, through provider changes in practice patterns, employment and affiliations, so ensuring directory data quality and accuracy requires constant attention.

The pace of business leads to additional inaccuracies

- Human errors in data entry
- Data integration challenges across data sources, organizational silos and mergers
- Multi-method delivery of incoming transactions and updates with errors/omissions

2.4%	of provider demographics change each month
20%	of doctors change affiliations each year
5%	of doctors change status each year

Data quality challenges

Although accountability falls to the payer, payers depend on getting much of the information they need from the provider organizations.

And even within the health plan, data is often managed in disconnected silos. For instance, practice administration areas generally own provider location details, while enrollment and credentialing areas own provider credentialing information and the payer's contracts.

Meanwhile, claims has ownership over the provider information needed to adjudicate claims. This means every addition, correction, termination, match, investigation or compliance report could involve multiple groups of people, processes, software and methods. In short, the internal operations involved in preserving provider data quality are highly labor-intensive.

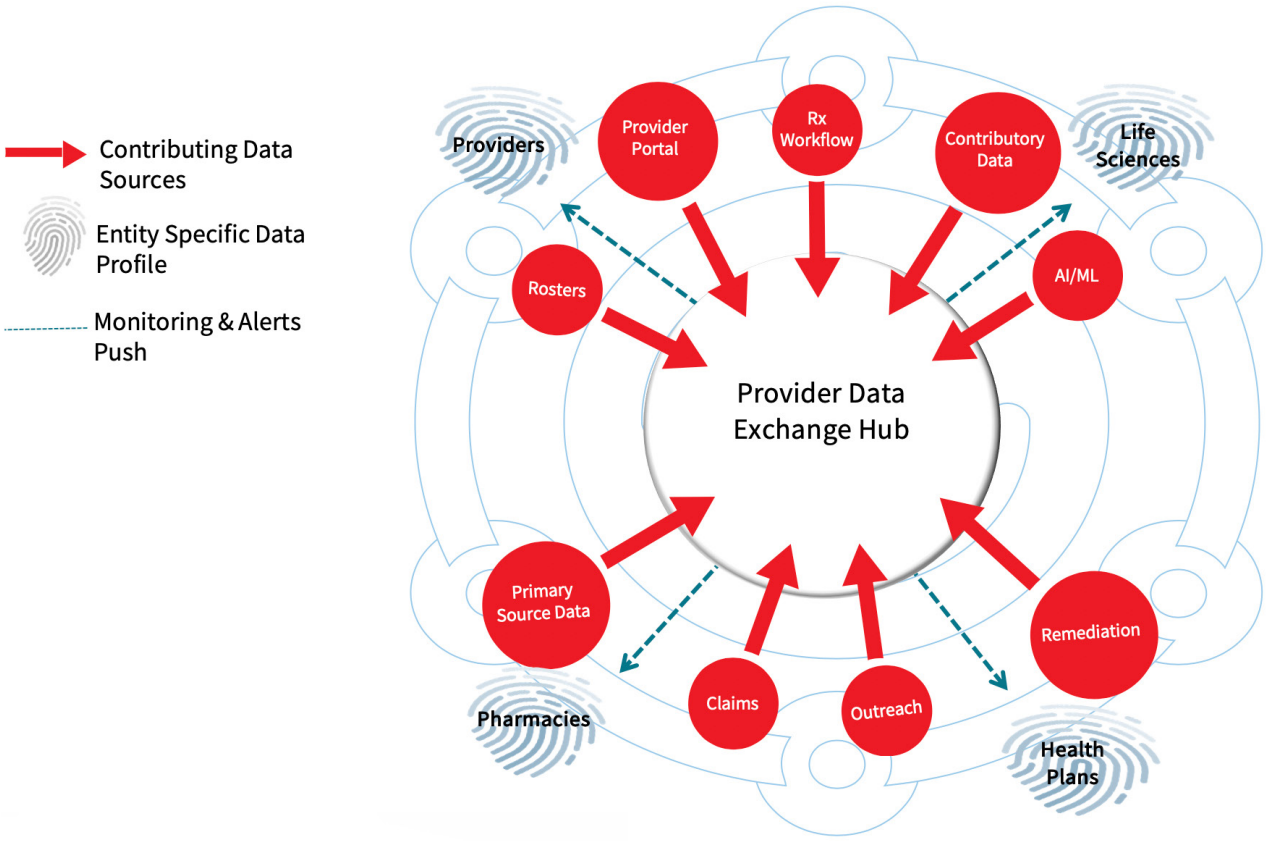
In addition to these workflow challenges, state requirements differ. In the past, a network would qualify if it had enough doctors in enough zip codes. Today's definition is more complex. Depending on the state, a network may now be required to meet specific transportation, accessibility, languages and training requirements. This complexity adds to the challenge of maintaining thorough data as specialties become more specific, payers cover new services such as telehealth, languages become more diverse and provider consolidation increases.

New tools are needed

Today's tools need to evolve to meet these complex needs. Today's approaches are creating complex, redundant information exchanges, with the same data flowing back and forth from payer to provider via multiple methods. Providers share their information with payers while payers and plans then, as required by regulation, often reach out to confirm that same information. And once the information is received by the health plan, it must find its way through the maze of payer systems to update all the dependent systems within the payer.

The path forward: The provider data exchange hub

Multiple stakeholders — across payers, providers, pharmacies and life sciences organizations — have a need for high-quality information and already maintain information about providers. They require a sustainable model to keep up with changes and make better use of their existing data, and this is possible with a provider data exchange hub.



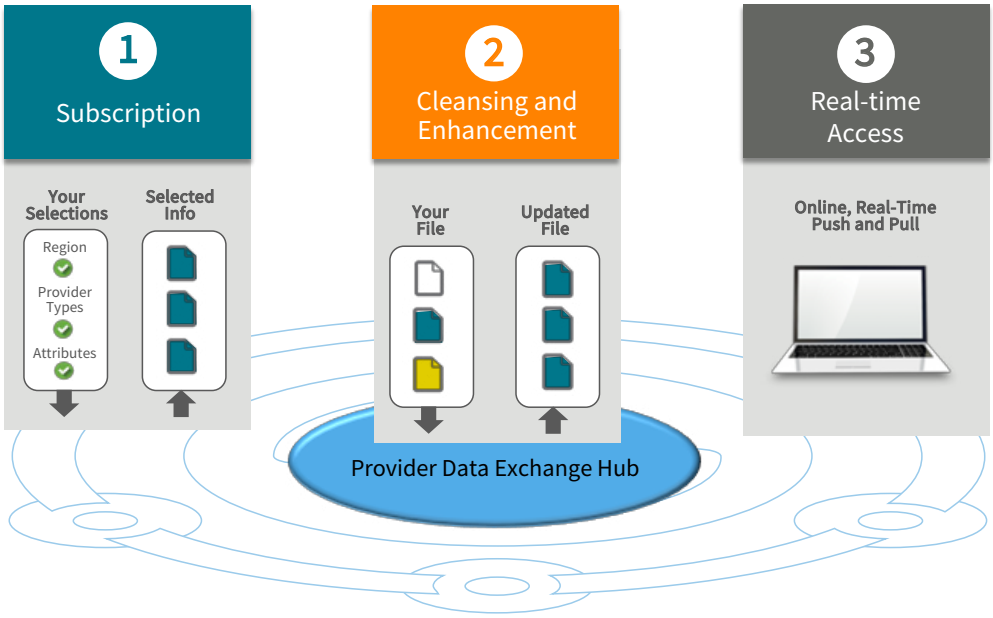
The data exchange hub facilitates the exchange of provider information, monitoring for changes in near real-time and pushing those updates to the stakeholders that need them.

It also leverages other industry activity to help payers identify anomalies. For example, a provider may appear in a directory listing; however, the hub can show they are no longer submitting claims from the same group, or have stopped writing prescriptions in a given state, or even that they have an inactive license. These issues can then be corrected, and the directory improved.

As value-based care and consumerism continue to bring changes to the sector, tools like a data exchange hub can help payers tap the full potential of available data and provide the right care and the best experience for their members.

Payers can access the LexisNexis hub via:

- subscription service, with data updates as frequently as daily
- comparison and cleansing services to identify data gaps
- real-time access through a web interface/application programming interface



INSIGHTS FROM A LEXISNEXIS RISK SOLUTIONS WEBINAR 2019

SOURCES:

1 https://healthcare.mckinsey.com/enabling-healthcare-consumerism

2 https://www.modernhealthcare.com/article/20181204/NEWS/181209985

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