

Provider Directory Accuracy

Data Points that CMS Requires Plans to Monitor and Maintain Monthly¹



Ability to accept new patients



Street address



Phone number



Any other changes that affect availability

3 Month Contact

Medicare Advantage plans must contact doctors and other providers every 3 months and update their online directories in "real time."²



Monthly Update

Online directories for federal exchange plans must be updated monthly.²

A study into the availability of providers in the Medicaid Managed Care program found:³



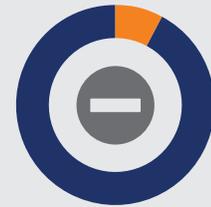
43%

of providers were not participating in the Medicaid managed care plan at the listed location and could not offer appointments



35%

of providers could not be found at the location listed and were therefore not participating at the location listed by the plan



8%

of providers were at the location listed but said that they were not participating in the plan

Maintaining accurate provider information is difficult due to:³



Inherent and increasing complexity in the insurance products being offered



The dynamic nature of participating provider information



Limited resources to adequately execute and maintain provider directories

Sources:

- 1) Data Source: CMS Letter, Clarification of CY 2016 Medicare Marketing Guidelines. August 13, 2015. <https://www.gormanhealthgroup.com/wp-content/uploads/2015/11/CY-2016-MMG-Corrections-Memo.pdf>
- 2) Obamacare, Private Medicare Plans Must Keep Updated Doctor Directories In 2016. Kaiser Health News, March 9, 2015. <http://khn.org/news/health-exchange-medicare-advantage-plans-must-keep-updated-doctor-directories-in-2016/>
- 3) Data Source: Provider Directories, Litigation, Regulatory and Operational Challenges. BRG Healthcare White Paper. March 2015. http://www.thinkbrg.com/media/publication/579_Hoyt_DirectoryWhitePaper_032015_WEB.pdf



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