

Making Provider Directories Meaningful to Consumers

Consumers continue to face challenges determining which doctors are in plan networks. This information is crucial for choosing a plan as well as for deciding which providers can be accessed without incurring burdensome out-of-network costs. Specific problems consumers face include navigating provider directories online, assessing the accuracy of provider directories, effectively comparing providers across plans, and understanding how to proceed when a listed provider leaves a plan's network during the plan year.

Below is a list of key protections that should be put in place to improve consumers' experience with and ability to rely on provider directories:

- I. Policymakers should require that provider directories on plan websites be available to the general public, without requiring a policy number or establishment of an account or other identifying information in order to access them.
- II. Provider directories should include clear, searchable information that identifies:
 - A. A comprehensive list of providers, including medical groups, individual providers, independent practice associations (IPAs), hospitals, and other facilities.
 - B. Providers accepting new patients.
 - C. Whether a provider is able to serve individuals with limited English proficiency (LEP), low literacy, and/or disabilities.
 - i. If the office is physically accessible for those with disabilities
 - ii. Non-English language, if any, spoken by health professional
 - D. Hours of operation.
 - E. Whether providers are accessible by email.
 - F. Provider or office's use of electronic patient portals/online medical records.
 - G. Board certification.

- H. Hospital privileges and IPA affiliations.
 - I. Uniform distance search categories (e.g. 5 miles, 25 miles, 50 miles from a certain location) across all issuers to allow consumers to search for providers based on distance from their home or workplace.
 - J. The health plan's formulary or formularies (including tiering information).
- III. Policymakers should require that issuers update their provider directories at least weekly, with the goal of phasing in updates within 48 hours of change of status.
- IV. Policymakers should require transparency on the part of issuers by ensuring that:
- A. Provider directories describe the issuer's process for regularly auditing and updating the accuracy of provider information.
 - B. Provider directories should indicate which in-network providers are practicing or have admitting privileges at in-network hospitals. Consumers should be able to see that a hospital's in-network status may not mean that all (or any) providers practicing at a particular hospital are in-network.
 - C. For plans that tier their in-network providers, there should be a clear indication that tiers exist, a clear explanation of the significance of the tiers (including cost implications), and which providers are in which tier.
- V. Issuers should ensure that consumers can link the correct provider with the correct plan (e.g. a consumer should easily be able to tell from the directory if a provider is in a specific plan)
- VI. Policymakers should require that issuers certify that directories reflect their networks and are accurate within 97% at each update.
- VII. Policymakers should provide clear information about how they monitor and assess the accuracy of provider directories, including:
- A. Specify the method by which consumers can inform issuers and policymakers about inaccuracies in the directory and explain clearly how to do so .
 - B. Summarize and make public consumer complaints about accuracy of provider directory for prior three years.
- VIII. Policymakers should require that issuers measure and report to HHS or their state-based Exchange and the public on provider "churn" in the network – the percent of providers that drop out of network during the plan year for reasons other than ill health, death, or relocation out of state.

IX. Policymakers should require that issuers fully cooperate with efforts by HHS and state-based Exchanges to create integrated provider directories by providing machine-readable versions of their provider directories in the prescribed format and updating the file on a timely basis.

X. Policymakers should create a special enrollment option for consumers who sign-up for a plan with specific providers identified as in-network and later discover that the provider directory was inaccurate or misleading.

XI. Policymakers should establish administrative penalties for any willful violation of provider directory standards or when there is a pattern and practice of noncompliance.

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