

The Importance of Maintaining Accurate Health Care Provider Information

Originally published by Smartbrief SmartBlog on Leadership.

LexisNexis, a leading provider of health care data intelligence solutions and services recently spoke with SmartBrief on the challenges of maintaining accurate information on practitioners and how health plans can solve them.

Q: Why is having accurate provider information so important for patients and the industry?

LexisNexis: As more consumers enroll for benefits and seek care, having access to accurate and up-to-date information on the doctors servicing them is critical. Consider a consumer dependent on public transportation – to that person geographical location is critical in coordinating his or her care. The same is true for languages spoken, hours, specialties, ability to see new patients and more. All of this information affects how consumers access and utilize care. If this or other types of information are incorrect, there are waterfall effects that not only impact the individual patient but also other entities such as payers that are responsible for the administration and coordination of benefits across the programs they offer.

Q: Why is provider data such a challenge for health plans?

LexisNexis: Provider data changes constantly. At LexisNexis, we see 33,000 primary address changes weekly, 30% of doctors change their affiliations each year and 5% of doctors change their status annually. This information is often dispersed throughout the payer organization to serve specific purposes (billing, credentialing, network directories, contact info, etc.). Compounding the situation is the consolidation of the industry as networks acquire other networks. Payers focus on delivery and coordination of care and are not necessarily experts in data management, linking, de-duplication, standardization, or monitoring changes across their provider data. Managing provider information

requires a strong infrastructure including experienced data stewards, systematic processes and automation – and that is just to start. Unfortunately most health plans are not in a position to build that type of infrastructure if it's not already in place. For those that have a framework up and running, it still proves difficult to stop long enough to identify and address gaps.

Q: What is driving this push for provider directory accuracy?

LexisNexis: Historically, the desire to avoid member dissatisfaction tied to inaccurate information being published was enough. More recently, CMS issued a mandate in February 2015, making inaccurate provider directories a matter of non-compliance – not just member dissatisfaction. To stress the seriousness of the matter, CMS has tied fines and other disciplinary actions to non-compliance. We have also seen individual states begin to issue similar and in some cases more aggressive requirements for health plans serving their communities.

Q: What role does technology play in solving this problem?

LexisNexis: Historically, the desire to avoid member dissatisfaction tied to inaccurate information being published was enough. More recently, CMS issued a mandate in February 2015, making inaccurate provider directories a matter of non-compliance – not just member dissatisfaction. To stress the seriousness of the matter, CMS has tied fines and other disciplinary actions to non-compliance. We have also seen individual states begin to issue similar and in some cases more aggressive requirements for health plans serving their communities.

Q: How can plans be more proactive in updating provider data?

LexisNexis: The key will be employing an automated and systematic methodology to monitor claims activity and other important data sources for changes that the health plan will be able to act on.

Broadly speaking, the continuum model is both simple and powerful:

- Access to the most current and comprehensive identity-based information
- The ability to seamlessly integrate non-health care data sources for added insight
- A data engine that continuously aggregates and links large volumes of data from an expanding list of data sources
- Confidence that data is processed to ensure the highest quality
- Applied analytics to view the data from many angles and reveal the key information hidden in the data
- Visualization tools for users to absorb and understand the information

- Consultative services and health care data steward experts that help users optimize the results of the data analysis
- Insight and intelligence fuel well-informed business decisions across the entire enterprise

The ways in which insights gained from data analytics can be used to manage risk, optimize network coverage, improve compliance and maximize profitability are practically limitless, and the value of network visibility and transparency is undeniable. Detailed medical and non-medical information on health care organizations, providers, patients, claims and the relationships between them are being collected and maintained. The advanced technology to use that data to run operations and manipulate that data to reveal potential risks and opportunities is available. Gaining the full power of the data and its intrinsic intelligence requires a shift from the idea of purchasing data for specific tasks to adopting a holistic strategic approach involving the integration of a scalable solutions continuum capable of meeting the many different operational needs of health care organizations.

For more information on a complete, end-to-end data strategy, call 866.396.7703 or visit lexisnexis.com/risk/healthcare.

About LexisNexis® Risk Solutions

LexisNexis Risk Solutions (www.lexisnexis.com/risk) is a leader in providing essential information that helps customers across all industries and government assess, predict and manage risk. Combining cutting-edge technology, unique data and advanced analytics, LexisNexis Risk Solutions provides products and services that address evolving client needs in the risk sector while upholding the highest standards of security and privacy. LexisNexis Risk Solutions is part of RELX Group plc, a world-leading provider of information solutions for professional customers across industries.

Our health care solutions combine proprietary analytics, science and technology with the industry's leading sources of provider, member, claims and public records information to improve cost savings, health outcomes, data quality, compliance and exposure to fraud, waste and abuse.



Health Care