



Meeting provider directory requirements included in the No Surprises Act

October 2021

For several years, the healthcare industry has struggled to improve the accuracy of health plan provider directories. Despite these efforts, the Centers for Medicare and Medicaid Services' (CMS) audits of Medicare Advantage online provider directories between 2016 and 2018 consistently determined that more than 50% of entries have at least one error.¹

Health plan directories allow members to search and view information about in-network providers, including the practice location, phone number, specialty, hospital affiliations, whether they are accepting new patients and other details. If this information is inaccurate or out-of-date, members may face unexpected costs or barriers to accessing the care they need.

In December 2020, the No Surprises Act was signed into law to help consumers avoid unexpected medical bills. Among other measures, the Act accelerates the average turnaround time in which commercial health plans must update directory information and requires that they implement a process to remove clinicians and healthcare facilities from directories when information cannot be verified.

To comply with these new requirements, health plans must implement a good faith reasonable interpretation of the statute by January 2022. This includes:

- Maintaining a database of provider directory information.
- Launching a verification process to update provider directory information quarterly.
- Implementing a process to remove unverified providers quarterly.
- Executing a process for updating provider directory information within two-days of receipt from the provider.
- Implementing a response protocol that ensures a provider's network status request is responded to within one business day and communication is maintained for two-years.
- Posting balance billing protections.

In addition, the No Surprises Act for the first time recognized that ensuring directories are complete and accurate is a shared responsibility of both plans and providers. Specifically, the Act directs physician practices to implement business processes that ensure the timely provision of provider directory information.² If a practice cannot meet the standards, it is at risk of being removed from a health plan's network—which would significantly impact its ability to attract new patients.

A COLLABORATIVE EFFORT

Meeting the standards mandated by the No Surprises Act will require significant collaboration between health plans and providers.

DirectAssure®, a CAQH solution developed in collaboration with CAQH member health plans, helps plans improve the accuracy of provider directories and meet Federal and State requirements, including those in the No Surprises Act, 2021.

Working in concert with CAQH ProView®—the industry standard for self-reported provider data that is relied on by more than 1.6 million providers and 1,000 health plans—DirectAssure enables practitioners to update their directory information once and share it with all participating health plans authorized to receive the data.

While entering information in their CAQH Proview user profiles, providers are presented with directory-related questions. Users are also shown previously captured practice location data to update, confirm or discard. This approach attracts high levels of provider engagement. It also ensures data accuracy and quality, while reducing the need for direct health plan outreach to practices--saving time and expense for both plans and providers.

In response to the passage of the No Surprises Act, DirectAssure was enhanced to remind providers to update, submit and confirm their practice information every 90-days.

The provider practice location screens within CAQH ProView also now highlight the date the practice location record was last confirmed. This makes it easier for health plans to discern how up-to-date the information is, and take any necessary action. And, if a provider's practice location record has not been reviewed or updated in the last 60 days, he or she will be alerted to confirm if the location information is still accurate.

Along with helping to ensure accurate directories, DirectAssure also facilitates greater visibility and accountability for both payers and providers--which is critical to ensure compliance with the new regulations.

Although new legislation often comes with costly and disruptive mandates, DirectAssure allows both plans and providers to meet certain provisions within the No Surprises Act within existing business workflows.

Endnotes

1 <https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing>

2 <https://www.congress.gov/bill/116th-congress/house-bill/3630/text>

To learn more about how DirectAssure is helping health plans meet No Surprises Act requirements by January 2022, contact DirectAssureInfo@CAQH.org.