

WHITE PAPER

How to Harness Your Provider Data

- > Using a provider registry to increase efficiencies, improve identity management





The U.S. healthcare industry spends over **\$2 billion** annually to maintain provider data.

CAQH, DECEMBER 2011

Provider data – a physician’s name, services offered, managed care affiliations, and the like – is essential to the provision of healthcare. The industry relies on provider data for claims payment, referrals, sharing of patient information, hospital privileging, provider credentialing, payor contracting and network management.

Information needs to be not only accurate, but also attributed to the correct provider for quality and other regulatory reporting, shared savings, data analytics and consumer choice.

Today, provider data is rife with errors and inaccuracies as disparate systems struggle to integrate or communicate with one another. Consolidation, lack of widely shared standards for data definitions, and the growing number of sources contribute to poor data quality, leading to considerable frustrations for physicians and patients alike.

The need to harness high quality provider data is more critical than ever, as healthcare shifts focus from siloed fee for service medicine to value-based payment, care coordination and interoperability.

Challenge #1

Provider data is often wrong and difficult to match



It is well known that patient information is often incomplete, inconsistent and nonstandardized, leading to inefficiencies and potentially adverse clinical, financial and other consequences.

However, what's often overlooked is that provider data suffers from many of the same identification and matching problems. It is fragmented, incorrect, and conflicting, even within a single health care entity. It is also often uncontrolled, disconnected, and stored in different locations.

As a result, the data is wrong, unreliable and incomplete without manual intervention.

But maintaining and managing this unwieldy data is time consuming, arduous and expensive. It is difficult, if not impossible, to completely match providers to their own data and ultimately to their patients.

Root Causes of Poor Provider Identity Management

The Council for Affordable Quality Healthcare, Inc. (CAHQ), a non-profit alliance of health plans and others working to improve the business of healthcare, estimates that it costs the U.S. healthcare industry more than \$2 billion a year to maintain provider data, and even then the results are imperfect¹.

Without good provider identity management:

- Provider claims are delayed or denied
- Provider identification for referrals and other reasons is impeded
- Provider directories are fraught with errors
- Providers can't easily share or access patient or provider information
- Health information exchanges don't work as well
- Provider credentialing is harder and takes longer
- The security of patient data is at risk since it may be impermissibly disclosed to the wrong provider
- Fraud and abuse may go undetected

A recent report² on identity management by The Department of Health and Human Services (HHS) Office of the National Coordinator for Health IT flagged why provider identity management is so difficult:

- Provider directories, even those maintained by the government, contain inaccurate or incomplete data. For instance, a report³ by HHS' Office of Inspector General (OIG) found that 48% of provider records in the Centers for Medicare & Medicaid's (CMS) National Plan and Provider Enumeration System (NPPES) were inaccurate, as were 58% of provider records in

the Provider Enrollment, Chain and Ownership System (PECOS). The OIG also found that provider data was inconsistent between NPPES and PECOS for almost all (97%) of the records.

- Federal rules to ensure reliable provider directories are having little impact. A 2018 CMS report found 52% of Medicare Advantage provider directories were inaccurate⁴. Errors included providers not at the location listed, providers not accepting the insurance plan at that location, incorrect phone numbers and providers not accepting new patients when the directory indicated they were.
- Healthcare entities often have multiple NPIs, creating confusion and inconsistencies.
- Individual providers often use their organization's NPI rather than their individual NPI, causing more than one provider to use the same NPI.
- Provider data, such as addresses and telephone numbers, change often, so it's hard to keep directories up to date.



52% of provider directories for Medicare Advantage plans contain inaccurate, out-of-date information

THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS), JANUARY 2018

Challenge #2

Regulatory solution for provider data unlikely



The problem is so pervasive that CAHQ convened a coalition of industry stakeholders to identify industry needs and propose solutions to improve provider matching. This group, called the Provider Data Action Alliance, in May 2018 published a long-term industry wide roadmap⁵ which identified fundamental principles regarding provider data matching.

These include:

- ▶ The time and attention of providers must not be wasted
- ▶ The solution must be flexible and adaptable, as the uses and definitions of provider data change and the industry evolves
- ▶ The solution must be pragmatic and focused on near term business realities
- ▶ The solution should be industry governed and standards based

The Alliance also recommended, among other things, that there be unique identifiers for providers and provider groups and that data should be derived from existing sources.

How the right provider registry can help now

Employing an enterprise-wide digital provider registry is one of the best ways to ensure provider data integrity. Health plans, hospitals, and other health care organizations can leverage a provider registry as a tool to reduce inefficiencies, costs and waste in their identification, use and matching of provider data.

A provider registry solution creates a single, centralized location to clean up, maintain and share provider data by aggregating information in real time or in batch across an organization's enterprise. The provider registry pulls information from CMS, credentialing databases, financial systems and other external locations as well as an organization's internal sources of physician data.

A digital provider registry solution automatically synchronizes and reconciles both individual and organizational provider data, including a physician's specialties, office locations, hospital affiliations, languages spoken, practice hours, and accountable care organization (ACO) participation. A provider registry can be made available either on premise or in the cloud. It also simplifies the process for providers to input and update their information.

An automated, centralized platform for provider data management and integrity

“The availability of accurate provider data is a major component in the ability to communicate and drive positive experiences for patients, physicians and staff.”

ANDY ARODITIS, CEO, NEXTGATE

An enterprise solution for accurate provider data and coordinated care

NextGate's Provider Registry assigns providers a unique identifier at the enterprise level (the EUID). This provider data can then be queried directly or pushed to downstream directories and targets. NextGate's Provider Registry includes a Relation Registry, which assigns relationships between providers and patients to connect patients to the correct provider, improve medical records sharing and enable better coordination of care.

The results?

- More accurate, standardized provider data with fewer duplications
- Improved revenue cycle management with accurate attribution
- Fewer errors
- Enhanced interoperability to support data exchange of accurate provider data
- Reduced burden in collecting and retrieving provider information

With the added benefit of location intelligence as part of its Provider Registry solution, organizations can leverage geocoding to accurately map patient and provider address data. As another layer to ensuring the most accurate and up-to-date provider information, geocoding helps to identify precisely where physicians offer their services as well as map a radius around the patient's location to pinpoint which providers in their area are covered under their plan.

"The availability of accurate provider data is a major component in the ability to communicate and drive positive experiences for patients, physicians and staff," says Andy Aroditis, NextGate CEO.



Accurate, standardized provider data, free of errors and duplications



Enhanced interoperability to support workflow and accurate data exchange of provider data



Improved billing and productivity, faster claims reimbursement, lower administrative costs, and greater coding accuracy and quality reporting.

References

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With over 200 customers in four countries, NextGate is the global leader in healthcare enterprise identification. Committed to helping organizations overcome the clinical, operational and financial challenges that result from duplicate records and disparate data, our full suite of identity matching solutions connects the entire healthcare ecosystem to drive critical improvements in quality, efficiency and safety. NextGate's market-leading EMPI currently manages 300 million lives and is deployed by the nation's most successful healthcare systems and health information exchanges.

To learn more, please visit www.nextgate.com.

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