

Caring

Geisinger
Health Plan

CMS provider accuracy

Risk assessment and monitoring strategies
Medicare Advantage plans

Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Specialty Insurance Company, unless otherwise noted.

Who is Geisinger?

- Integrated health system
- Clinical side
 - 12 hospital campuses
 - 1,600 employed physicians
 - 30,000+ employees
- Health Plan
 - All lines of business
 - 560,000+ members
 - 110 hospitals
 - 30,000+ primary care and specialist providers



Geisinger Medical Center

Geisinger
Health Plan

2

Agenda

- Regulations
 - Understanding the Centers for Medicare and Medicaid Services (CMS) expectations
- Assessment
 - Determining the risk for your company
- Actions
 - Improving processes to increase accuracy
- Monitoring
 - Establishing routing activities to measure compliance

Geisinger
Health Plan

3

Regulatory expectations

- 2016 CMS fall conference included a session dedicated to review results and outline expectations
- Complaints and congressional inquiries led to pilot audit
- Focus on accuracy
 - Marketing to prospective members
 - Informed decision making
 - Ability to contact providers
 - Network availability standards



Geisinger Health Plan

4

CMS audits

- 2016 round one audit
 - February through August
 - 54 parent organizations
 - 108 providers per organization
- Provider focus
 - Primary care providers
 - Oncologists
 - Ophthalmologists
 - Cardiologists

Geisinger Health Plan

5

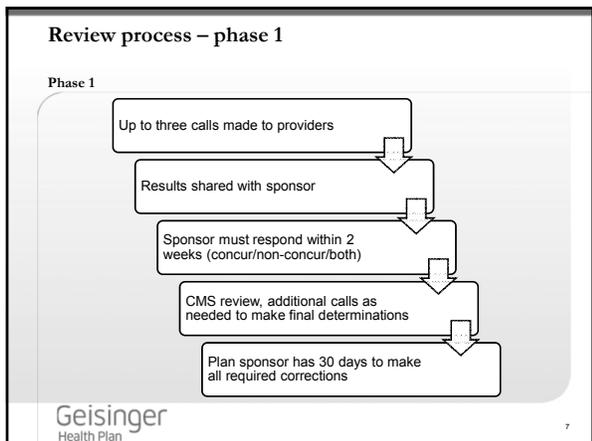
CMS review elements

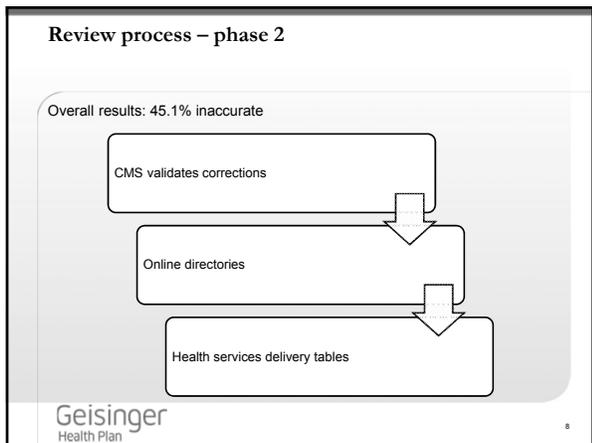
Provider name
National Provider Identification (NPI)
Provider specialty
Practice name
Phone number
Street address
Does the provider work at the location?
Is the plan accepted at location?
Is the provider accepting/not accepting new patients?

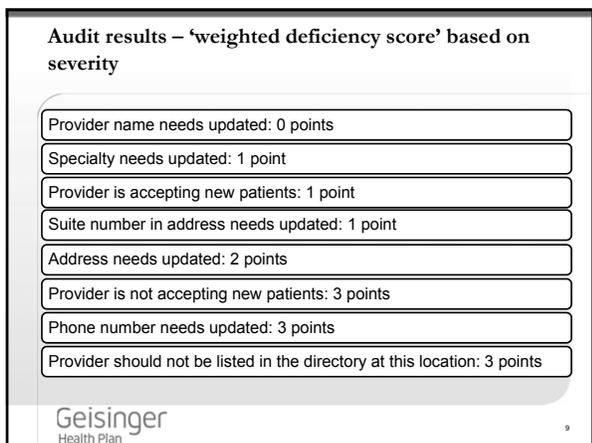


Geisinger Health Plan

6







How is the weighted deficiency score calculated?

- Maximum deficiency score example
 - Provider locations x 3

- Weighted final deficiency score example
 - Sum of location deficiency scores/maximum deficiency score

Geisinger Health Plan 10

Phase one audit results

Parent organizations	Deficiency score range	Compliance action
2	1.77% to 4.63%	No action taken
31	19.66% to 39.48%	Notice of non-compliance
18	41.37% to 58.79%	Warning letter
3	65.08% to 70.75%	Warning letter with business plan request

Geisinger Health Plan 11

Regulatory expectations

State level

- Pennsylvania (Notice 2015-07 45 Pa.B. 5744)
 - Pennsylvania law prohibits unfair or deceptive acts or practices by insurers, including publishing or circulating an advertisement, announcement, or statement which is untrue, deceptive, or misleading. If a person receives health care services from a provider listed in the insurer's provider directory as in-network, and the insurer then attempts to settle that claim as if the provider were out-of-network, her department will consider this to be an unfair claim settlement practice.
- New Jersey (§ 11:24C-4.6 Standards for accuracy of provider directory information)
 - Carriers shall confirm the participation of any provider who has not submitted a claim for a period of 12 months or otherwise communicated with the carrier in a manner evidencing the provider's intention to continue to participate in the carrier's network and for whom no change in provider status has been reported by CAQH.

Geisinger Health Plan 12

Assessment

- How often is your online directory updated?
- Is there a process in place to make updates?
- Do you have any providers listed at more than six locations?
- Have you received any member complaints?
- How many providers have not filed a claim within the last 12 months?
- Call providers randomly
 - Compare information to what is online and verify that it is being reviewed by CMS

Geisinger Health Plan 13

Actions for improvement – start now!

Geisinger Health Plan 14

Direct provider outreach

- Provider outreach
 - Vendor services (call centers or those offering full range of solutions)
 - Health plan alliance-type organizations
 - Call blitz; contact all network providers
- Challenges
 - Accuracy of third party information
 - Time consuming
 - Inconsistent information depending on who you speak to at providers office

Geisinger Health Plan 15

Creating tools and processes

- Create tools and develop processes to update information
 - Instruct front-line phone contact center to verify provider information upon receiving calls
 - Give providers the ability to update info via a web portal
 - Require confirmation of information at each logon
- Challenges
 - Dependent on providers initiating contact

Geisinger Health Plan 16

Direct mail

- Hard copy direct mail reminders
 - Include in provider communications
- Challenges
 - Static communication
 - Does not require provider action

Update your information
It is essential that we have your current information in order to best serve GHP members and ensure you receive important communications. You can update your information conveniently through our online tool. Visit the Healthcare Providers section at TheHealthPlan.com, or look in Provider Tools on the GHP plan central page at NavNet.net for links to the form. Options include:

- Add – add a provider or location (credentialing required for new providers)
- Change – indicate changes to an existing provider's profile, office location, TIN, etc.
- Both – make both additions and changes on one form
- Term – initiate a provider termination or remove a practice location
- Upload documents – attach existing files and documents that describe your changes

GHP asks that you review your demographic information on a monthly basis and report any changes or updates. You can verify your current provider profile by using the Find Providers function on the left navigation bar at TheHealthPlan.com to search the online directory for your office.
If you have any questions on how to use the online add/change form, please contact your account manager at 800-676-5337.

Geisinger Health Plan 17

Provider orientation

- Update and/or highlight new provider orientation
 - Presentations and hard copy materials
 - Stress importance of updated/correct directories
- Challenges
 - Time between orientation and any changes
 - Amount of information distributed at orientation
 - Dependent on provider action

Geisinger Health Plan 18

Utilizing claim information

- Utilizing claim information
 - Develop reporting to identify providers with zero claims activity over the past 12 months
 - Contact providers to verify network status
 - Remove providers who do not respond
- Challenges
 - Time consuming to develop reports and send letters via mail
 - Costly (especially if sending via certified mail for no first response)

Geisinger Health Plan 19

Correcting addresses

- Develop process to contact providers with incorrect address (returned mail, incorrect fax number, etc.)
 - Notify employee(s) responsible for accuracy of returned mail or fax
 - Utilize alternative information such as e-mail and phone
- Challenges
 - Timeliness
 - Manual process
 - Limited alternative information

Geisinger Health Plan 20

Updating contractual language

- Update contractual language
 - Include provision to hold provider financially responsible for any compliance actions taken by regulators; including monetary reimbursement
- Challenges
 - Provider acceptance
 - Legal costs associated with contract changes and enforcement

Geisinger Health Plan 21

Verifying contact information

- Verify contact information whenever a provider calls with a prior authorization request
 - Modify call scripts to gather information at the beginning of every call
- Challenges
 - Additional time on phone for staff
 - Provider discontent

Geisinger Health Plan 22

Audit readiness for immediate improvement

Focus on updating areas highlighted by CMS

- Cardiology
- Oncology
- Ophthalmologists
- Primary care

Perform call blitz activities

Geisinger Health Plan 23

Monitoring

- Communication
 - Compliance and audit staff call providers weekly to verify information
 - Develop process to notify provider network team of changes
 - Improve communication channels
- Tracking and reporting
 - Implement tracking system to identify providers that have not been contacted
 - Report results via metrics
 - Mimic CMS scoring



Geisinger Health Plan 24

References/Resources

- November 13, 2015 CMS Memo "Provider Directory Requirements – Update"
- May 26, 2016 CMS Memo "Continued Monitoring of Medicare-Medicaid Provider and Pharmacy Directories"
- September 8, 2016 HPMS E-mail "Follow Up to the MMP Provider and Pharmacy Directory Technical Assistance Webinar"
- January 13, 2017 HPMS E-mail "Release of CMS's Online Provider Directory Report and Supporting Data"
- January 17, 2017 CMS Memo "Provider Directory Policy Updates"

Geisinger
Health Plan

25

Contact information

- Philip Masser
- Phone: 570-214-9281
- pjmasser@thehealthplan.com

Geisinger
Health Plan

26

Questions?

Geisinger
Health Plan

27
