

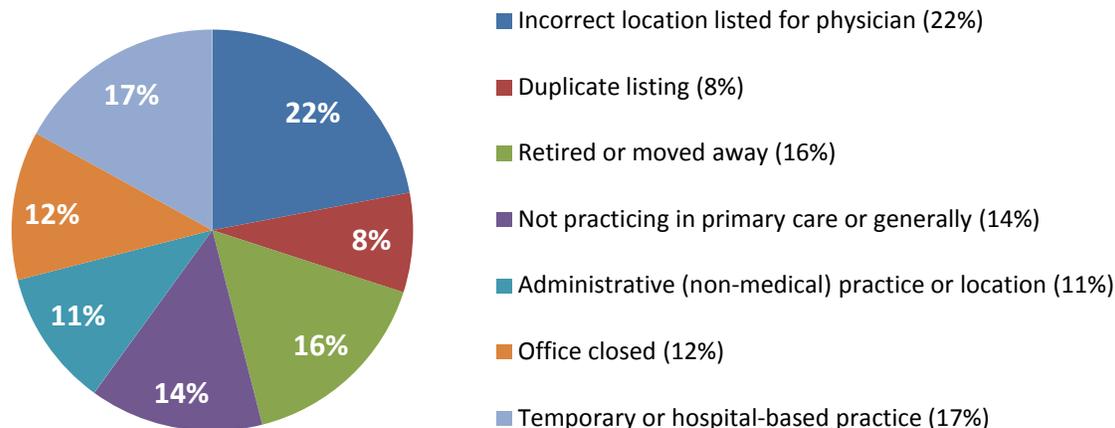
# A Case Study in Inaccurate Directories: Humboldt County<sup>1</sup>

*An analysis of Anthem Blue Cross's family practice physician directory in Humboldt County finds that two-thirds of the listings are inaccurate and that roughly three-quarters of the directory listings would not connect a consumer to a physician accepting new Covered California patients.*

In June 2014, the Humboldt-Del Norte County Medical Society conducted an email survey of 110 Humboldt County practices listed in the specialty of family practice as participating in the Anthem Blue Cross exchange (i.e., Covered California), and broader individual market, health plans. The survey was to verify whether the practice was accurately listed and accepting patients for the new individual market products. California's Department of Managed Health Care (DMHC) has undertaken a similar audit on a statewide level in response to consumer and provider complaints about access in the Anthem Blue Cross and Blue Shield of California individual market products, which include those offered through Covered California. Thus, this survey may offer a preview of DMHC's statewide network adequacy assessment, which should be reported prior to Covered California's November 15, 2014, open enrollment start date.

**The Humboldt County survey found that 66 percent of Anthem Blue Cross's family practice listings for Covered California products were inaccurate.** The inaccuracies broke down as follows:

## Inaccuracies in the Anthem Family Practice Physician Directory, Humboldt Co. (June 2014)



No single factor accounted for a substantial number of the inaccurate listings. The most common reason for inaccuracy was that a number of physicians were listed at multiple practice addresses while only practicing at one location. The second most common inaccuracy was the listing of *locum tenens*

<sup>1</sup> Del Norte County was also included in the initial Anthem Blue Cross directory search for primary care physicians, but no participating physician listings were found to examine for accuracy.

physicians and physicians who only provided hospital coverage of perinatal care or emergency services.<sup>2</sup> Finally, in the third most common category of those physicians who moved or retired, two of the physicians listed moved out of Humboldt County over two years ago, while others were retiring as recent as late-June to early-July.

**Of the roughly one-third of physicians accurately listed by Anthem for these products, 24 percent of them were unavailable to see general enrollees in the products.<sup>3</sup> Considering the unavailable practices, a Humboldt County consumer with this product would have to make, on average, four phone calls to find one practice accepting new patients.**

## Policy Implications

The results of the Humboldt County survey should be concerning to policymakers. Inaccurate provider directories are symptomatic of the underlying challenges faced by California's regulators in effectively monitoring and enforcing network adequacy standards, as such directories are produced from the same network data upon which regulators base their adequacy assessments.

The impact of an erroneous physician listing on patients, especially as it relates to specialist care, may be increased by an order of magnitude when the overall provider network has been reduced by half or more, which is consistent with reported figures of Anthem and Blue Shield. For instance, a health plan dropping three ophthalmologists from a product's network in a town where twelve of the fifteen ophthalmologists were under contract for a particular product is less significant than if only six of the fifteen were under contract. Furthermore, access issues become much more serious if one of those remaining three ophthalmologists has since retired and the insurer's records do not reflect it.

California's ability and standards for monitoring network adequacy and consequently directory accuracy must evolve to meet the challenges of this new health insurance environment where minor fluctuations in a network can have major ramifications on access. CMA urges California's regulators and Covered California to do more to meet the new challenges to ensuring adequate access for Californians in this era of shrinking networks, and we believe DMHC has taken an important first step towards this with its statewide audit of Anthem and Blue Shield networks. Other steps might include:

- The adoption of technological tools, as well standards to facilitate such adoption, to automate adequacy assessments, reporting, directory updating, and even preliminary listing verifications;
- Requirements that plans routinely verify provider directory information;
- Tougher penalties for directory inaccuracies and inadequate networks; and
- The implementation of a reliable cross-plan directory for Covered California health plans.

We hope California can soon reach a place where such audits are unnecessary and consumers can have faith that a physician's directory listing will lead to a convenient appointment.

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<sup>2</sup> CMA believes it is inappropriate to list *locum tenens* physicians, who temporarily serve for 60-calendar days or less until a permanent physician is found or who provide seasonal coverage, in a health plan's family practice directory. Only primary care physicians with which an enrollee may establish a lasting physician-patient relationship should be listed, as *locum tenens* contracts may be abruptly terminated and consequently disrupt any continuity of care.

<sup>3</sup> This portion consists of seven practices closed to new patients and two practices exclusively serving the Native American population.