SB137 Accurate Provider Directories (Ed Hernández)

Empowering consumers to make informed decisions about their health care







<u>SB137</u> (*Ed Hernández*) **Accurate Provider Directories** creates standards for provider directories and requires regular updates so directories are accurate and people know what doctors and hospitals are in their network when they shop for coverage or when they seek care.

The Need for More Accurate Provider Directories

Consumers need accurate, up-to-date information about which providers are in their plan's network so they can understand their options for care and avoid visiting costly out-of-network providers. The problem of inaccurate directories was highlighted in recent investigations by the California Department of Managed Health Care, which found significant inaccuracies in directories for Covered California plans maintained by Anthem Blue Cross and Blue Shield. Accurate information is particularly important for underserved communities, including those with limited-English-proficiency (LEP), who may wish to keep their current providers or have less experience navigating the health care system.

What SB 137 Will Do

SB137 will ensure consumers have access to accurate provider directories by...

- Making updated provider directories available to consumers both when they are shopping for plans <u>and</u> when they are using their benefits.
- Updating provider directories <u>weekly</u>—better than the federal monthly standard.
- Providing accurate information on important specifics such as office location and whether the provider is accepting new patients.
- Allowing consumers from diverse backgrounds to identify health plans and providers that can best meet their needs by indicating what languages other than English (if any) providers and their staff speak.

Charlie's Story...

My main reason for switching to Blue Shield from an Anthem plan was the provider directory—it was of no use to me as I tried to find a primary care provider. Here I am a lawyer in private practice who sets his own schedule, and not even I could get any useful information out of Anthem's directory. There were bad phone numbers, some docs were long retired, or really no one was taking new patients. Then my back went into spasm, and my original need for basic care became urgent—I needed to see someone fast. "Let me tell you the trick," the Anthem customer service rep said to me (!).



"Don't bother calling anyone who is listed as both a specialist and as a general practice—chances are they are not taking new patients." Now things had gone from just plain wrong to ridiculous. Why should I have to call hundreds of providers to find one who can see me? Isn't that their job?

Frequently Asked Questions

Why is this law needed? What does it add to existing state law?

Existing state law requires plans to give enrollees or prospective enrollees, upon request, a list of contracting providers within a specific geographic area. The list, however, is only required upon request, is updated only quarterly, and is not audited for accuracy. This leaves consumers without timely information about a plan's actual network and who's in it. SB 137 also updates state law to reflect technological changes that have moved the industry away from paper-based directories.

New Federal standards for federally-facilitated Exchanges require that directories include "location, contact information, specialty, and medical group, any institutional affiliations for each provider, and whether the provider is accepting new patients." The links from the Exchange website must link directly to a specific plan's up-to-date online provider directory without requiring consumers to log in, enter a policy number, or navigate the plan's website. Since California operates its own Exchange, the new federal standards are guidelines—but set a strong basis for improving directories in California.

How will SB137 improve the consumers' experience using provider directories?

- The directories will be updated more frequently—weekly.
- Insurance companies typically offer lots of different products. The new provider directory format will make it easier to see which providers are in a specific network (and other details listed on reverse) for *a specific* product.
- People won't have to buy the product to see the provider directory for it.
- The directory will be easy to find on the plan's website. It will be available in hard copy upon request.
- If someone notices something is wrong in the directory, they will have the information they need to report the issue to the plan. The plan then has to take action.
- For people whose primary language is not English, the new directory standards will show which language(s) are spoken by the provider or her staff.

When will the new standards go into effect?

SB137 would take effect on January 1, 2016 if passed this year: the new standards would go into effect as early as September 15, 2016, allowing time for implementation.

Call to Action: You can help pass SB137

- Ask your elected representatives to support SB137.
- Share your story if you've had a problem with inaccurate provider directories: Judi: jhilman@health-access.org; Geraldine: geraldine.slevin@consumer.org or Aviva: aprager@cpehn.org

¹ San Jose Mercury News, *Two Covered California Plans Mislead Consumers, Regulators Say.* (November 19, 2014). Available at: http://www.mercurynews.com/health/ci_26965329/two-covered-california-health-insurance-plans-misled-consumers
¹¹ California Health and Safety Code §1367.26.

[&]quot; Center for Medicare and Medicaid Services, Center for Consumer Information and Insurance Oversight, 2015 Letter to Issuers in the Federally-facilitated Marketplaces, (Washington, D.C.: U.S. Department of Health and Human Services, March 14, 2014), available online at: http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-finalissuer-letter-3-14-2014.pdf.