

# Assessing the Persistence of Provider Directory Inaccuracies in Pennsylvania ACA Marketplace Plans Using Repeated Secret Shopper Surveys

Brief Version  
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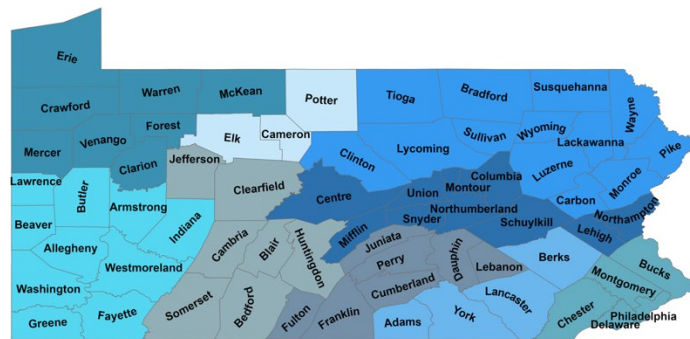
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# Summary of Findings

A secret shopper survey of almost 7,000 providers listed in provider directories for Pennsylvania’s ACA Marketplace plans indicates that inaccuracies often persist for long periods of time and beyond the requirements set by recent federal law. Most notably, the analysis showed only 13% of provider contact information in directories were accurate and up to 44% of providers were unable to be reached due to inaccurate information in the provider directory. Analyses indicated substantial differences by carrier, and, to a lesser degree, specialty. Persistent inaccuracies negatively affect consumers and reduce the efficacy of regulatory efforts and oversight.

## Introduction

Provider directory inaccuracies have important implications for care navigation and access, as well as ongoing regulatory efforts.<sup>1,2</sup> A growing literature has identified substantial inaccuracies in consumer-facing provider directories.<sup>1,3-7</sup> Errors in provider directories are more than mere nuisances and may contribute to delayed or forgone care,<sup>8</sup> exacerbate health disparities,<sup>8-10</sup> and may compromise the effectiveness of existing network adequacy regulations.<sup>1,4,11,12</sup> However, it is unclear how long these inaccuracies persist, particularly given new regulatory requirements included in the *No Surprises Act of 2021*, which went into effect in 2022.

To better understand whether and how long provider directory inaccuracies persist in the ACA Marketplace in Pennsylvania, two initial secret shopper surveys were conducted from June 13 to November 28, 2022 (Survey 1), and from March 30 to August 31, 2023 (Survey 2). Survey 1 focused on seven specialties (cardiology, dermatology, endocrinology, gastroenterology, neurology, obstetrics-gynecology, primary care) and assessed five carriers (Ambetter, Capital BlueCross, Highmark BlueCross BlueShield, Independence Blue Cross, Oscar). Survey 2 included a variety of specialties for adults (cardiology, dermatology, endocrinology, gastroenterology, neurology, obstetrics-gynecology, primary care, psychiatry, psychology) and children (general pediatrics and pediatric mental health services from psychiatrists and psychologists) and surveyed eight carriers (Ambetter, Capital BlueCross, Cigna, Geisinger, Highmark BlueCross BlueShield, Independence Blue Cross, Oscar, UPMC). Survey 1 identified a total of 2,134 providers with at least one inaccuracy while Survey 2 identified 5,453 such providers. Subsequently, a second wave of secret shopper surveys was conducted from December 11, 2023, to January 8, 2024, for providers identified as exhibiting at least one inaccuracy in Survey 1 and Survey 2. In this second wave, 1,802 providers (out of 2,134) from Survey 1 and 5,170 providers (out of 5,453) from Survey 2 were surveyed a second time to assess if inaccurate provider listings had been removed or updated.

## Results

### Findings for Re-Survey for Inaccurate Providers Identified in Survey 1

Of the 1,802 inaccurate provider listings identified in Survey 1, at the time of the re-survey 451 providers (25.0%) had been removed from carrier directories, 240 providers (13.3%) were listed without any inaccuracies, and 726 providers (40.3%) continued to have at least one piece of inaccurate directory information. Callers were not able to reach and verify information for the remaining 385 providers (21.4%). Inaccurate contact information was the most prevalent listing error for the re-survey (N=558, 31.0% of searched providers), followed by inaccuracies related to medical specialty (N=201, 11.2%). Inaccuracies related to network status were less common, occurring for 1.9% of providers (N=34). Among providers with persistent inaccuracies, the mean number days between the two survey contacts was 540 days (median 544 days). Analyses indicate substantial differences by carrier (Figure 1) and specialty (Figure 2) while differences between rural and non-rural areas were generally small (Figure 3).

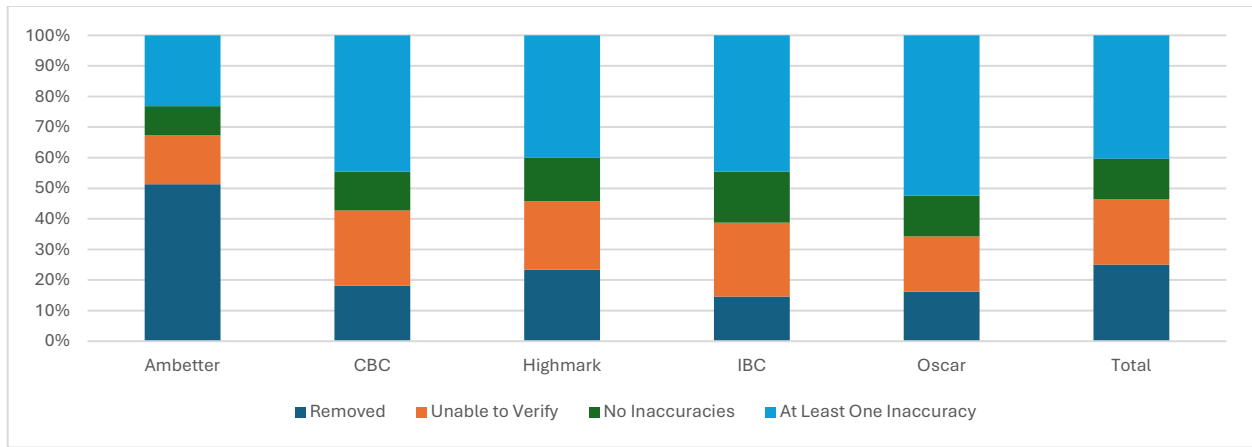


Figure 1: Percentage of Providers Removed or Verified as Accurate or Inaccurate, by Carrier, Re-survey of Survey 1

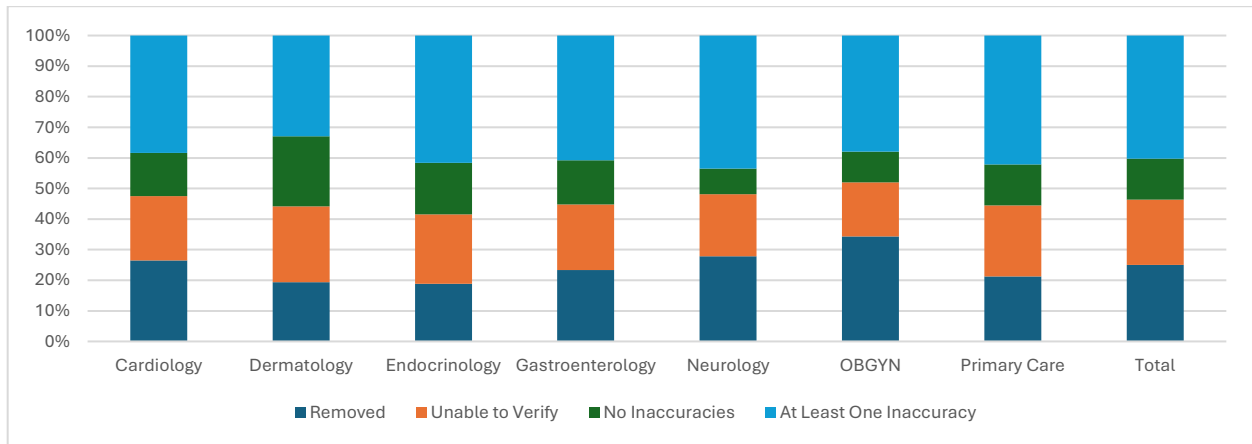


Figure 2: Percentage of Providers Removed or Verified as Accurate or Inaccurate, by Specialty, Re-survey of Survey 1

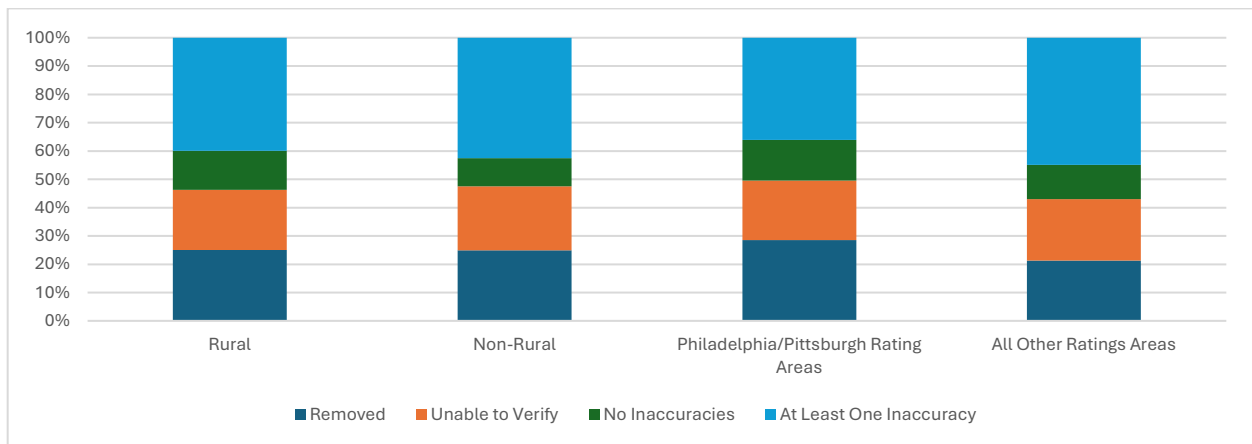


Figure 3: Percentage of Providers Removed or Verified as Accurate or Inaccurate, by Geography, Re-survey of Survey 1

## Findings for Re-Survey for Inaccurate Providers Identified in Survey 2

Of the 5,170 providers provider listings identified in Survey 2, at the time of the re-survey 983 providers (19.0%) had been removed from the provider directory, 600 providers (11.6%) were listed without any inaccuracies, and 2,316 (44.8%) providers were listed with at least one inaccuracy at the time of the re-survey. Callers were unable to reach 24.6% (N=1,271) of providers. Inaccurate contact information was again the most prevalent listing error (N=1,860, 44.8% of searched providers), followed by inaccuracies related to medical specialty (N=472, 9.1%). Inaccuracies related to network status were less common, occurring for 3.7% of providers (N=189). Among those

providers who continued to be listed inaccurately, the mean number of days between survey contacts was 190 days (median 189) with a range of 117 to 279 days (Figure 2 & Appendix Tables 13 & 14). The analyses again indicated substantial differences across carriers (Figure 4) and specialties (Figure 5) with very limited differences based on rurality (Figure 6).

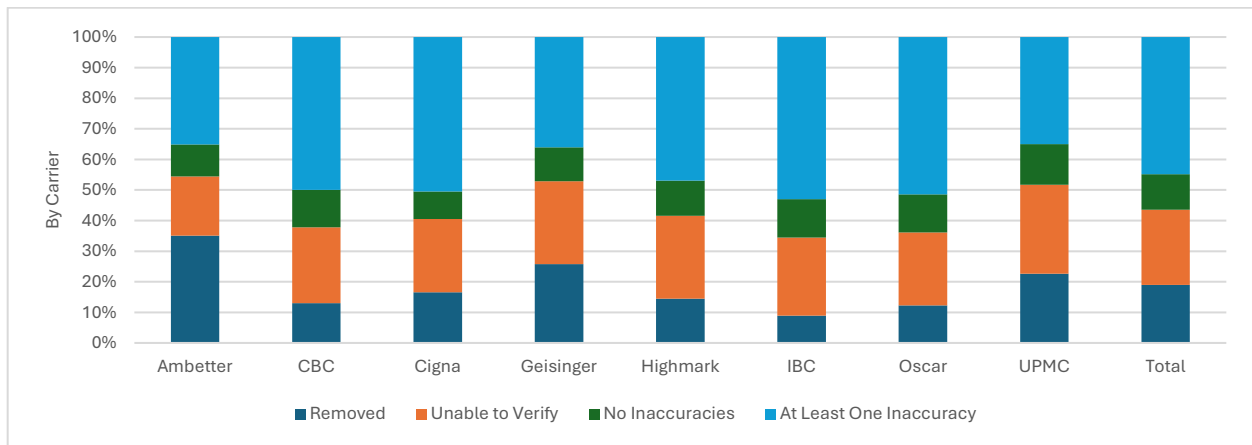


Figure 4: Percentage of Providers Removed or Verified as Accurate or Inaccurate, by Carrier, Re-survey of Survey 2

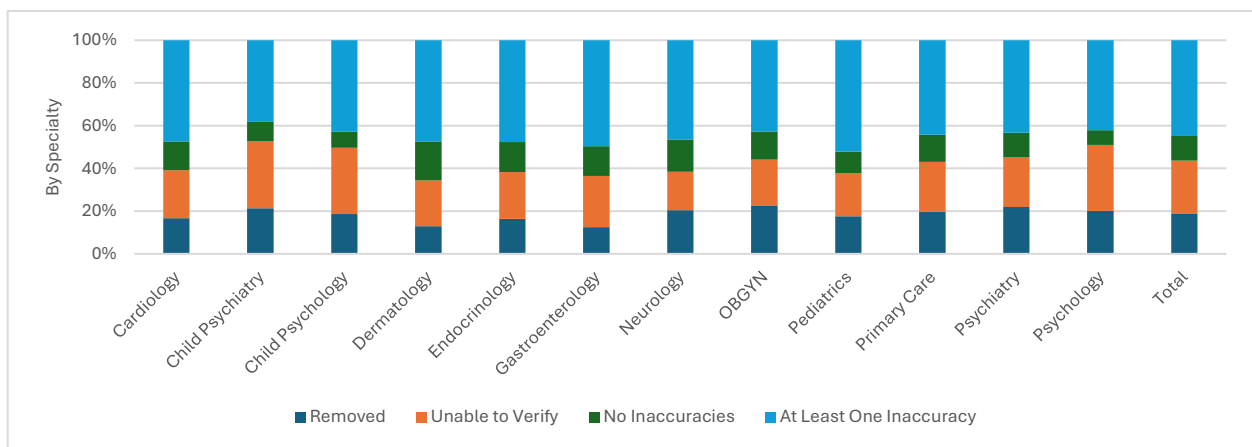


Figure 5: Percentage of Providers Removed or Verified as Accurate or Inaccurate, by Specialty, Re-survey of Survey 2

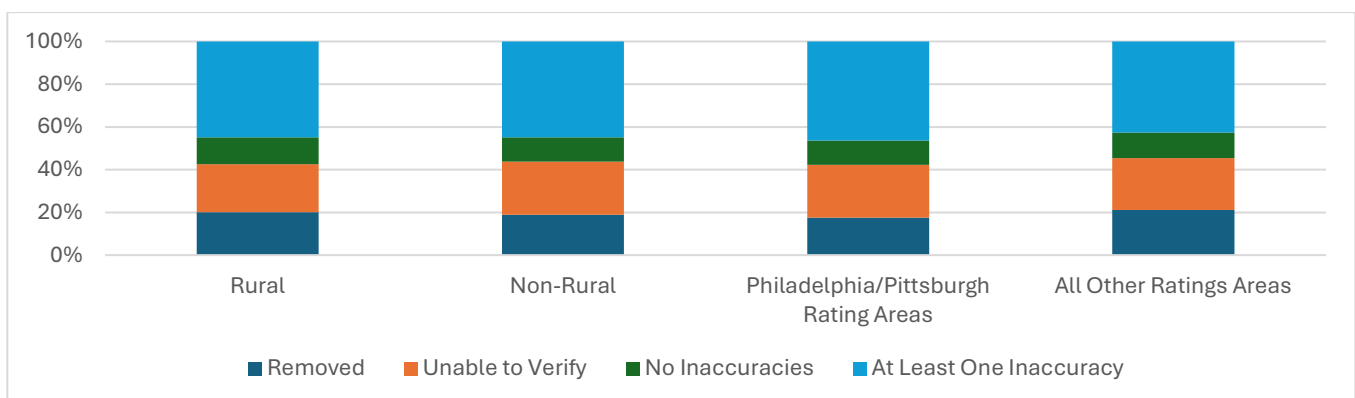


Figure 6: Percentage of Providers Removed or Verified as Accurate or Inaccurate, by Geography, Re-survey of Survey 2

## Discussion

Inaccuracies in provider directories persisted for a substantial period of time across all carriers and specialties in the Pennsylvania ACA Marketplace analyzed here. These findings run counter to the requirements specified by recent federal statutes that carriers verify and update provider directories at least every 90 days. The analyses identified substantial variation in provider directory inaccuracies, particularly by carrier, and, to a more limited degree by specialty. Geographic differences, when present, were generally smaller.

Contributing factors to persistent inaccuracies may include inadequate administrative capacity to verify and update provider directory information.<sup>13</sup> The findings also indicate that carriers may take different approaches to network adequacy verification, with variation in staffing, resources, administrative capacity, and institutional knowledge that could affect the frequency and accuracy of these efforts. Differences in rates of corrective action across carriers suggest potential administrative, operational, and health information technology levers that may facilitate more accurate and timely verification.<sup>12</sup> Providers participating in insurance networks may also experience challenges responding to different processes, documentation, and timelines for directory requests from multiple insurers. Better accuracy rates in metropolitan areas, albeit limited, may be explained by carriers prioritizing updates in areas with more claims or enrollees. Given that directory accuracy relies on the willingness or ability of providers to respond to heavy administrative demands involved with verifying, maintaining, and updating their information, it is plausible that providers in metropolitan areas are more likely to be part of larger health systems that are better equipped to respond to these administrative demands.

The prolonged duration of provider directory inaccuracies has implications for patients, making navigation of the health care system more challenging, delaying access to care, and increasing the likelihood of out-of-pocket costs.<sup>14</sup> If consumers select plans based on faulty information, persistent inaccuracies may also prevent consumers from selecting plans that fit their needs and accessing their preferred providers. Lastly, the duration of provider directory inaccuracies confounds efforts to respond to enrollees' needs. For example, insurance regulators may not be able to rely on directories to monitor and assess provider networks to produce reliable estimates of access to care and network adequacy, hampering the ability of regulators to provide helpful information to enrollees.

The findings indicate several opportunities for positive policy changes. The differential findings for insurers may indicate different administrative procedures and resource commitments on the part of insurers. To increase transparency, insurers could be required to share their verification procedures as well as resource commitments with the Pennsylvania Insurance Department. Suppressing providers from provider directories who fail to pass proper verification procedures until they can be fully verified would incentivize both providers and insurers to ensure accurate provider information. In addition, carriers could be required to suppress providers from their provider directories if they have failed to submit an in-network bill over a designated period of time. Stronger fines and penalties for non-complying insurers and providers could also provide better incentives to minimize inaccuracies. A centralized state provider registry that maintains accurate contact, specialty, and network information across insurers could offer a long-term technical solution. Irrespective of any specific policy changes, comprehensive annual secret shopper surveys could be put in place to assess insurer compliance to existing requirements as well as to assess changes over time. Findings from these surveys could be shared publicly as well as be made part of the information provided to Pennie consumers during their enrollment process. Lastly, resources for consumers in the form of patient advocates could help mitigate existing access challenges until long-term solutions can be implemented.<sup>7</sup>

# Notes

For in-depth analyses see:

Haeder SF, Zhu JM. Inaccuracies in Provider Directories Persist for Long Periods of Time. *Health Affairs Scholar*. 2024;2(6):qxae079. doi:10.1093/haschl/qxae079

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