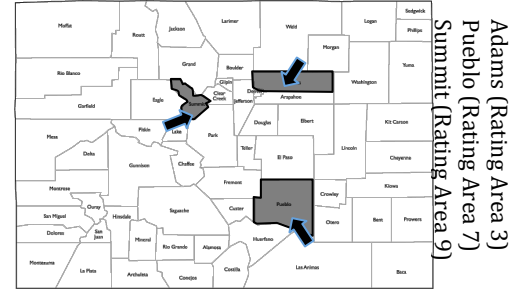
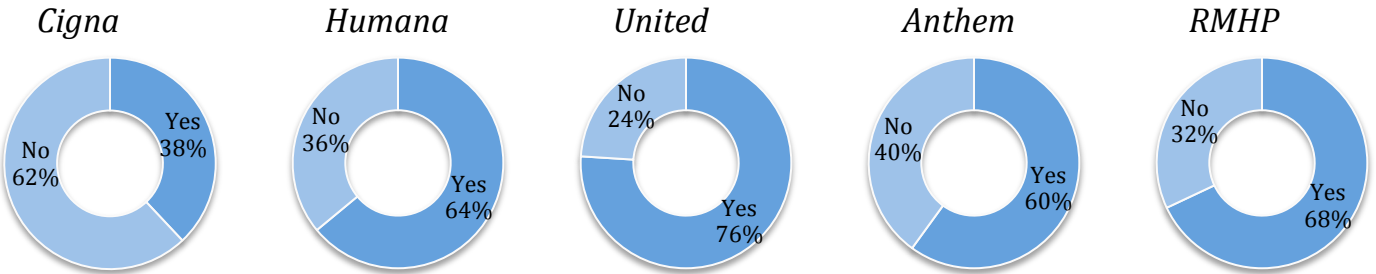




In 2016, the Colorado Consumer Health Initiative (CCHI) conducted an informal survey of pediatric and family medicine providers listed on five carriers' online, on-exchange provider directories in three different counties (see map). Two carriers were surveyed per county, with one carrier repeated in two counties. This survey was intended to assess the accuracy of the information that consumers are provided and the adequacy of the carrier's network. Our findings indicate significant inaccuracies in all five directories, using five questions.



Is this Dr. X's office?



Are you still at [physical address]?*

	Yes	No
Cigna	74%	11%
Humana	84%	16%
United	97%	3%
Anthem	86%	0%
RMHP	91%	6%

Does Dr. X accept [specified] insurance?

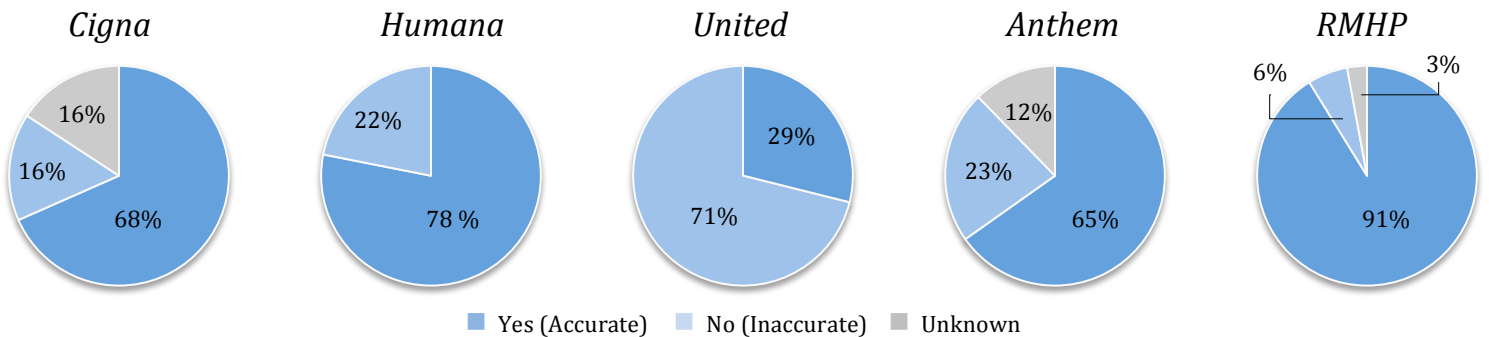
	Yes	No	Unknown
Cigna	74%	0%	26%
Humana	88%	12%	0%
United	95%	0%	5%
Anthem	88%	0%	12%
RMHP	88%	3%	9%

Does Dr. X accept Medicaid/CHP+?

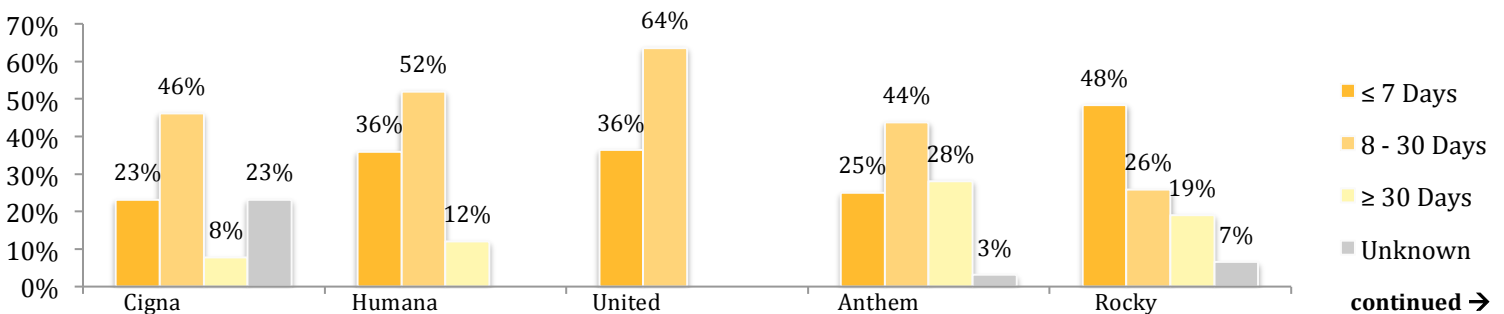
	Yes	No	Unknown
Cigna	58%	26%	16%
Humana	56%	28%	16%
United	50%	40%	10%
Anthem	57%	20%	23%
RMHP	68%	29%	3%

The "unknown" data points for all questions in this survey are explained on the back of this document. *An explanation of why these numbers do not add up to 100% is also available on the second side.

Is Dr. X accepting new patients?



For those providers accepting new patients... When is the next available appointment with Dr. X?



continued →

PROVIDER DIRECTORIES: CONCLUSIONS AND TAKEAWAYS

Survey Statistics: 5 carriers surveyed, 3 counties included, 5 survey questions asked, 281 total calls made, 50 calls made per insurer**

**One carrier had a total of 81 calls made, as it was repeated in two counties, one of which did not have 50 directory listings to call.

Accuracy of Provider Directories

⌘ We found significant inaccuracies in terms of phone numbers and calling the correct office.

Between 24% to 62% of phone numbers in a given directory were incorrect or the provider was no longer at that phone number. In most cases, the numbers were wrong, but there were also instances of retired providers, ones who have moved practices, or disconnected lines.

⌘ The physical addresses were, for the most part, accurate.

Ranging from 74% to 97% accuracy, directories generally had the correct physical addresses of providers. The percentages reported for this question do not add up to 100% because for a small percentage of the calls (4%) the surveyor did not get the chance to ask this question.

⌘ In 3 of the 5 cases, directories were completely accurate in terms of insurance acceptance.

Three of the five directories were 100% accurate in terms of providers accepting the specified insurance, with the other two having rates of 3% and 12% inaccuracy. The unknown factor for this question comes from front desk staff with whom surveyors spoke not knowing the answers to billing and insurance questions.

⌘ There was significant variability in terms of whether providers were accepting new patients.

Rocky Mountain Health Plans had a rate of 91% accuracy for their providers listed as accepting new patients. In contrast, the United directory had an accuracy rate of only 29%. For the other three carriers, the accuracy ranged from 65% to 78%. The unknown statistic comes from some offices saying new patients were accepted on a case-by-case basis or that paperwork would have to be filled out before a new patient was granted acceptance.

⌘ There were different levels of timely accessibility of appointments between carriers.

Across all carriers surveyed, appointments were generally available within less than 30 days. For one carrier, Anthem, 28% of the time appointments could only be scheduled 30 or more days out.

Adequacy of Carrier Networks

Incorrect information listed in provider directories has the potential to make a carrier's network appear more robust to a consumer than it may be in actuality. If providers that are unreachable or no longer practicing are still listed, it indicates a larger network; if providers that are not accepting new patients are listed as available, it is not an accurate picture of how easily a patient may be seen. In addition, directories had the following issues:

- The same provider was listed on multiple networks' directories, increasing the number of providers returned under search criteria but not giving an accurate picture of how many providers are in practice.
- Many providers were listed as pediatricians or family medicine practitioners but were in fact specialists. In our calls, oncologists, vein specialists, and geriatricians are examples of providers who were mislabeled.
- Because multiple providers from the same practice are often in the carrier's network, it is difficult to understand the geographic distribution of doctors. For example, in Anthem's Summit County provider directory, they list 31 available providers, however 12 of these providers are at the same two practices. Some of these providers practice at multiple locations, however they cannot offer services at both or all locations full time, still making them potentially inaccessible to a consumer.
- An average of 58% of the offices we called knew that they accepted either Medicaid or CHP+, or both programs, across the carriers; this data indicates a potential issue with access for Medicaid consumers. In a recent Department of Health Care Policy and Financing (HCPF) analysis, it was reported that no access issues were identified based on the data sources they used. We commented that we did not believe this was an accurate assessment and HCPF recognized they will need to consider additional data sources that would be useful to understanding access.