Symphony Provider Directory | **Integrated Healthcare** ASSOCIATION

White Paper

Implementation Insights From the Inaugural Year of California's Statewide Provider Directory

The Symphony Provider Directory serves as California's statewide platform for provider data management, streamlining the way plans and providers share and reconcile provider information in compliance with state and federal regulatory requirements. Led by non-profit organization Integrated Healthcare Association (IHA) and launched in January 2019, Symphony is the result of collaboration among stakeholders across the healthcare industry, including plans, providers, purchasers, regulators and others.

IHA is excited to share insights and lessons learned from the inaugural year of the Symphony Provider Directory as it rolls out in one of the nation's largest and most complex healthcare marketplaces.

Key insights from the white paper include the importance of:

- accommodating complex contractual relationships in compliance with state and federal requirements
- building a foundation of data quality metrics and facilitating data reconciliations between plans and providers
- meeting clients where they are and enabling actionable improvements and best practices over time
- accelerating growth with a strong network of participation among California's largest healthcare entities

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Moving in Concert: Centralizing Provider Data Management in California

Provider directories play a critical role in helping consumers navigate the healthcare system, make decisions on plan enrollment and access the care they need. Yet, consumer-facing directories are often incomplete and inaccurate, creating confusion and barriers to care.[1]

The responsibility for maintaining provider directory information largely falls on plans and providers, and the process can be costly and administratively burdensome.[2,3]

In California, arguably the most complex healthcare market, state legislators passed **Senate Bill 137** in 2016, a comprehensive provider directory compliance law. To address industry challenges and regulatory requirements, the **Symphony Provider Directory** (Symphony) was launched statewide in January 2019 to help plans and providers in California to improve the quality of provider information that consumers depend on.

Led by the non-profit organization, Integrated Healthcare Association (IHA), the Symphony Provider Directory is the centralized platform for provider data management in California. Though not currently consumer-facing, Symphony enables plans and providers to more easily and accurately maintain the information that consumers access through a plan's member directory.

What is SB 137?

California Senate Bill 137 outlines requirements for publishing and maintaining accurate provider directory information based on uniform data standards defined by state regulators. The 2016 law requires health plans to update their online directories weekly and to validate the accuracy of that information with contracted providers on a bi-annual or annual basis. Providers must respond to validation or attestation requests within the allotted time. Failure to comply may lead to financial penalties for plans — including reimbursement costs, fines and delayed payment — or removal from provider directories for providers.[4]

Current Challenges with Provider Directory Maintenance

- **The current process is enormously costly** – Each year, an estimated **$2.1 billion** is spent nationally by plans and providers to maintain provider databases.[2]

- **It is administratively burdensome** – On average, providers contract with **12 health plans**, each of which may reach out quarterly to validate provider data.[3]

- **Directories are consistently inaccurate** – **49% of online provider** directories for Medicare Advantage organizations had at least one inaccuracy.[1]

The Genesis of a Statewide Provider Directory Utility

In 2015, in recognition of industry challenges and as a condition of the Department of Managed Healthcare's (DMHC) approval of their acquisition of Care1st Health Plan (now Promise Health Plan), Blue Shield of California committed $50 million to establish a statewide provider directory utility.

IHA was selected by a multi-stakeholder advisory committee to implement and govern the statewide directory due to its experience as a trusted convener and builder of robust, scalable data infrastructure in California. Shortly thereafter, IHA began planning efforts to design and develop the platform with the goal to roll-out starting in 2019.

Bringing the Symphony Vision to Life

To successfully execute the vision of centralizing provider data management and strenghtening provider data quality in California, IHA engaged in a thorough assessment of the provider data management industry to find partners who could meet the strict business and technical requirements. After a comprehensive search, IHA and a multi-stakeholder committee selected two key technology partners with extensive market share in California to help build the Symphony Provider Directory—**Gaine Healthcare** (a software company specializing in enterprise data management) and **Availity** (a multi-payer platform that improves collaboration between plans and providers.)

Symphony's path to industry-wide participation is focused on three principal phases:
- **Phase 1 – Soft Launch:** In 2018, to help test functionality and user experience, IHA soft launched Symphony with three of the largest health plans in California, Blue Shield of California, Anthem Blue Cross and Health Net, two large provider organizations, Hill Physicians Medical Group and Global Care Medical Group IPA and 10 small independent practices.
- **Phase 2 – Build the Base:** In 2019, IHA initiated outreach to large health plans and provider organizations across California to establish a strong foundation of participation. As of October 2019, 10 health plans and more than 90 provider organizations are currently onboarding with Symphony.
- **Phase 3 – Accelerate Growth:** Starting in 2020, IHA will begin recruiting additional provider organizations, independent practices, ancillary providers and other facility and plan types.

IHA will continue to leverage its vast network in California to build a strong foundation and accelerate growth. The value that Symphony drives increases as participation grows: more data from plans and providers enables Symphony to provide a comprehensive view of data quality.

IHA's eventual goal is for Symphony to become self-sustainable through subscription fees paid by plans and provider organizations. Thanks to the initial grant, IHA was able to fully subsidize participation for the duration of 2019. In order to achieve sustainability, Symphony strives to onboard a critical mass of industry participation, or 50% of all plans and providers in California, by 2022.

Figure 1

2016
SB 137 goes into effect in California with new requirements for plans and providers

2017
IHA selected by DMHC, Blue Shield of California and a multi-stakeholder committee to lead roll-out of statewide utility

2018
IHA selects technology partners after extensive RFP

Symphony soft launches with select plans, groups and practices

2019
Symphony begins statewide roll-out with plans and provider organizations in California

2020
Expansion continues with smaller, independent practitioners, specialty and ancillary providers and other facility types as noted in SB 137.

2021
Anticipated SB 137 update by DMHC

2022:
Targeting to achieve critical mass in CA

Improving Provider Data in California with Symphony

While state and federal requirements for directory accuracy have grown — particularly with regard to outreach, data reconciliation and attestation — plan directory data quality has remained inconsistent.[1]

The Symphony Provider Directory strives to simplify and strengthen data management by facilitating a transparent process for plans and providers to hold each other accountable at every step and achieve better results together.

Figure 2

How Symphony Works

| Health plans, provider organizations, and small practices update their data with Symphony | Symphony leverages a variety of authoritative and collaborative sources to validate each data element | Symphony issues reports and notifications that flag data disagreements for plans and providers | Plans update member directories based on this information and the validation cycle begins again |

Lessons Learned from the Symphony Soft Launch

To validate Symphony's functionality, establish baseline data quality metrics and develop the processes and materials needed to launch at scale across the state, IHA soft-launched the platform in the summer of 2018 with 6,000 provider records from soft launch participants. As shown in Figure 3, most plans saw an improvement in Provider Count disagreements but some discrepancies and fluctuations still existed due to open enrollment changes and the continued evolution of internal processes.

Figure 3

Provider Count Metric	Plan	Baseline Metrics (Aug 18)	End of Soft Launch Metrics (Jan 19)
Percentage of Practitioners Who Should be Removed from a Health Plan's Directory	Plan A	20.4%	35.8%
	Plan B	6.7%	5.0%
	Plan C	10.3%	5.2%
Percentage of Practitioners Who are Missing from a Health Plan's Directory	Plan A	47.2%	38.3%
	Plan B	24.8%	19.4%
	Plan C	19.7%	17.8%

Qualitative feedback included the need for more data standardization, high-touch engagement throughout the onboarding process and the importance of a simple user experience. Insights from soft launch have been instrumental in informing enhancements and ongoing improvements as Symphony scales statewide. IHA has continued to partner with soft launch participants to improve their business processes and expand their ability to share and consume more data.

The Importance of Data Quality

Improving data quality means improving the usefulness of the information consumers depend on to navigate the healthcare system.
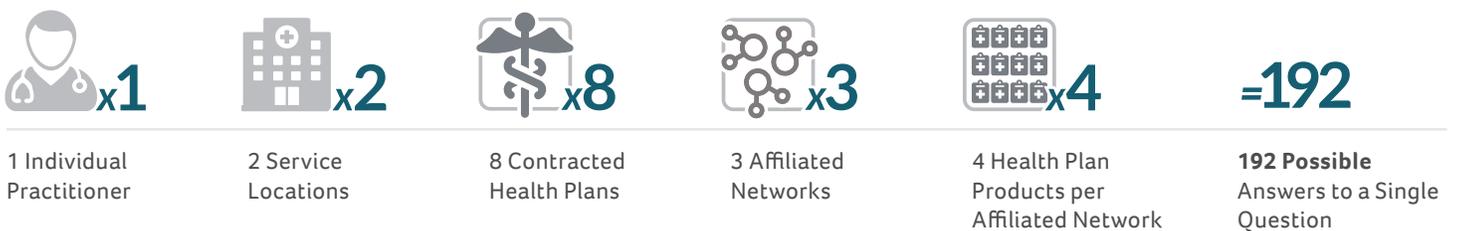
State and federal regulators require plans to validate information about provider identification, specialization, network and service location at the health plan product level with all contracted entities on a regular basis. However, because of the rise of the delegated provider organization model in California, it is common for a single provider to have both direct and delegated contracts with plans.

Due to data complexity, there is high variability in the way that plans and providers currently understand, interpret and act on these requests.

As an example, a simple question like 'Is a provider accepting new patients?' can generate 192 possible answers.

Figure 4

Information Complexity

x1	x2	x8	x3	x4	=192
1 Individual Practitioner	2 Service Locations	8 Contracted Health Plans	3 Affiliated Networks	4 Health Plan Products per Affiliated Network	**192 Possible** Answers to a Single Question

To determine the quality of a specific answer, one must consider the specific attribute in question, the various contractual inputs for this attribute and the sources of truth available to validate it.

How Does Symphony Determine Data Quality?

Not only does Symphony support the complex contractual relationships in California, it does so at the granularity needed to comply with SB 137. Each data attribute in Symphony has a specific data policy that helps determine how data is validated and which value survives as the recommended "golden record."

For data with strong, authoritative sources, reference databases such as the National Plan and Provider Enumeration System (NPPES) or a medical licensing board can be helpful. In addition to primary reference sources, Symphony leverages provider attestation as well as the democratic opinion of other participants, offering a more complete view of data quality.

Data Standardization in a Complex Marketplace
A common language and methodology is needed in order to truly determine accuracy in a meaningful way. To address the need for increased standardization, DMHC has published an initial list of **uniform data standards**[5] that are designed to promote alignment in how plans track and manage directory information. While Symphony has incorporated these initial standards, further clarification and refinement are still needed. IHA is proactively seeking participant and industry feedback in support of DMHC's efforts to update SB 137 and data standards in 2020–2021.

2019 Symphony Snapshot

IHA's main focus in 2019 has been actively onboarding and engaging with plans and provider organizations as they implement Symphony internally.

Whether it is simply taking the data in its existing format or automating a manual data clean-up process, Symphony strives to understand current challenges and add value at each stage.

Focusing on Actionable Improvements

A typical plan can begin with hundreds of thousands of unique records in conflict or disagreement with the recommended Symphony record. It's important to note that these data disagreements can range from differing formats to completely different inputs. In many cases, both parties may believe they have the correct answer when in fact, they may not even be attempting to answer the same question.

Reconciling disagreements in the data has traditionally been highly manual and time-consuming but Symphony streamlines this process by identifying root cause issues and proposing resolutions.

Prioritizing High Impact Data Reconciliations

Symphony segments data based on consumer impact to help plans prioritize their data reconciliation efforts and other process improvements.

Tier 1 issues have significant consumer impact if incorrect and should be addressed immediately. These include data disagreement issues in identification, such as a provider missing from a network, a provider listed incorrectly in a network, or "accepting new patients" status is in disagreement.

Tier 2 issues are medium priority issues that may not prevent a consumer from accessing care but can be confusing if not corrected, such as an incorrectly listed phone number.

Tier 3 issues are of lower priority and have little or no direct impact to consumers if incorrect, such as back-office or operational information. Often times, corrections are available due to mapping and analysis that has been completed by Symphony.

Feedback on these tiers and how feasible it is for plans to make updates is part of ongoing conversations with participants and industry stakeholders including regulators.

Early analysis based on 2019 Symphony data show that:

- **Nearly 30,000 records*** contained at least 1 major provider identification issue that could cause significant consumer confusion

- **317 records*** service locations listed are actually PO boxes

- **Nearly 4,000 unique providers**** were listed with a specialty inconsistent with their medical degree or training

- **276 unique providers**** still listed were actually deceased

Note:
Many Symphony participants are still actively onboarding. Further analysis will be shared as more data is available.

*Based on 475,000 provider data records
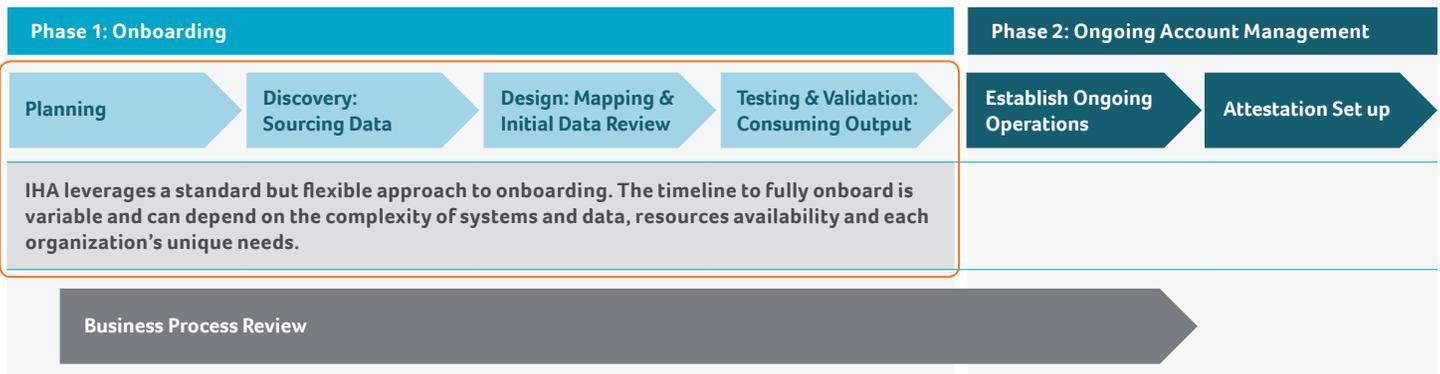**Based on 160,000 unique providers

A Philosophy of Client Success

Healthcare organizations typically have complex legacy processes and unique needs for consuming or ingesting data. Helping plans and providers overcome these legacy processes is a crucial part of Symphony's approach to ensuring client success.

Based on soft launch feedback and the need to address known implementation barriers, IHA established a Symphony Client Success team to guide plans and providers throughout the process. A dedicated Symphony Client Success Manager partners with each plan and provider organization to understand their current systems and processes, diagnose and address data quality issues and offer a tailored onboarding plan.

Client Success Managers may help establish key milestones, provide business process consulting, or assist with change management, which may be crucial for large organizations.

Figure 5

Phase 1: Onboarding				Phase 2: Ongoing Account Management	
Planning	Discovery: Sourcing Data	Design: Mapping & Initial Data Review	Testing & Validation: Consuming Output	Establish Ongoing Operations	Attestation Set up

IHA leverages a standard but flexible approach to onboarding. The timeline to fully onboard is variable and can depend on the complexity of systems and data, resources availability and each organization's unique needs.

Business Process Review

Meeting Clients Where They Are

IHA and its technology partners developed a maturity model to meet clients where they are and engage them in implementing actionable improvements in directory management. This high-touch, scalable engagement with plans and providers is crucial as they incorporate updates in their internal systems.

Client maturity can be classified into four stages, based on the following parameters:

Figure 6

Level	Description
1. Emerging	This is the status quo for most plans and providers as they begin working with Symphony. Data exchange and reconciliation are typically administratively burdensome and done on a quarterly basis through legacy roster exchanges that may be supported by Symphony.
2. Foundational	Symphony begins to coordinate roster exchange for providers, reducing handoffs between plans and providers. In this early stage, data may still be exchanged infrequently, typically on a quarterly basis.
3. Moderate	Data exchange becomes more routine, reducing change volume and internal turnaround time. Symphony begins to coordinate the reconciliation process between plans and providers with decreasing internal review times. Data may still be exchanged using legacy methods.
4. Optimal	Data exchange occurs weekly and may be automated. More robust transactional reports from Symphony are utilized and may be integrated directly with plans' and providers' internal systems leading to more optimal data reconciliations.

Orchestrating a Statewide Solution

The strong base of participation established in 2019 allows IHA to continue learning, building and accelerating the growth of Symphony on its path to achieving sustainability by the end of 2022. While some of the initial data metrics are promising, it is clear that the journey is just beginning. Not only is more definition and data standardization needed, additional support for plans and providers as they implement Symphony internally is necessary to make meaningful improvements to data quality.

Looking Ahead

Symphony strives to give plans and providers the tools and support they need to confidently maintain member directories in compliance with state and federal requirements while decreasing the time and resources spent on outreach and verification. The movement to improve provider data quality in California is just beginning. Work that remains on the horizon includes:

Additional Data Standardization — IHA is actively seeking feedback from participants on data definitions, formatting and other issues to inform ongoing engagement with DMHC regarding updates to SB 137 in 2020-2021 and other related policies.

Engaging New Audience Segments — IHA is actively preparing to engage additional types of providers and facilities that are subject to SB 137, including dental, vision and behavioral health providers. Symphony will also prepare to include additional entities such as skilled nursing facilities.

Optimizing the Symphony Experience — IHA is continuously improving the experience for Symphony clients. An optimized portal which will allow smaller, independent practice users to easily update, reconcile and attest to their information is being explored for a potential launch in 2020.

Determining Applications for New Technologies — IHA and its partners monitor industry trends and innovations to inform Symphony's roadmap of platform enhancements, new features or integrations.

Learn more at **symphony.iha.org** or reach out to **symphonyinfo@iha.org**

[1] Provider Directory Review Industry Report. CMS (July 2018)
[2] Issue Brief: Administrative Provider Data. CAQH
    [Analysis completed by Booz & Co., now Strategy&, Inc.] (December 2011)
[3] Reducing Administrative Costs and Improving the Health Care System.
    New England Journal of Medicine (November 2012)
[4] Health Care Coverage: Provider Directories. Senate Bill No. 137 (2015)
[5] Uniform Provider Directory Standards. DMHC (December 2016)