QUALIFIED HEALTH PLAN DIRECTORY PILOT FACT SHEET

BACKGROUND

In September 2024, the Centers for Medicare & Medicaid Services (CMS) announced a first-of-its-kind pilot program (hereinafter referred to as "the pilot") to establish and launch an automated, one-stop shop, statewide, centralized provider directory through a Qualified Health Plan (QHP) Directory Pilot User Interface (hereinafter referred to as "the portal"). The pilot is taking place in collaboration with Oklahoma, a state served by a Federally-facilitated Marketplace. The pilot targets QHP issuers, providers, and provider networks in Oklahoma as its first test market.

WHY PARTICIPATE?

This pilot aims to:

Reduce Burden for Providers and QHPs:

The pilot will allow providers to review and update pre-populated information in a centralized location. This data will go through a cleansing process to ensure it is as accurate as possible. The largely pre-populated verified provider information will then be accessible to all participating health plans, minimizing the need for providers to update their information in multiple locations across multiple plans and reducing the time health plans spend requesting and tracking updates from providers in their network.

Provide a Streamlined and Interoperable

Solution: The pilot will utilize Fast Healthcare Interoperability Resources® (FHIR®) and support bidirectional data exchange with health plans, leading to improved data consistency, reduced data discrepancies, and better collaboration across stakeholders.

CURRENT RESEARCH DEMONSTRATES THE NEED FOR INNOVATIVE SOLUTIONING:

- Provider directories are often inaccurate, fragmented, and burdensome to maintain.
 One study found that up to 35% of provider directory listings in two Oklahoma counties may contain errors.
- Current directories rarely support interoperable data exchange and are costly to the health care industry.
- There are over 5,000 individual healthcare directories nationwide.
- On average, providers update directory information for 20 different payers and plans.
- Physicians collectively spend \$2.76 billion annually on directory maintenance.
- A single streamlined platform could save physician practices \$4,746 annually and approximately \$1.1 billion in collective annual savings across the nation.

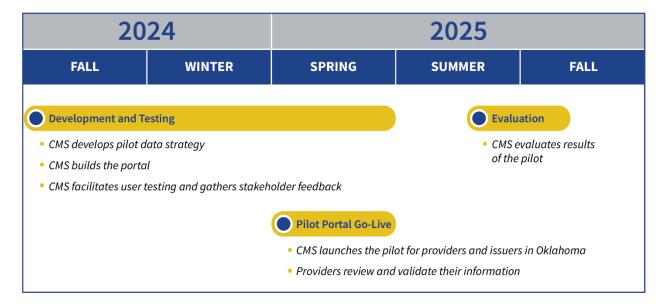
Improve Data Accuracy: A set of accurate provider information will be created from existing federal and state data after it is reviewed and updated, using a specially designed data cleansing method. The cleansed data will be uploaded to the portal where participating Oklahoma providers will be able to review and verify the accuracy of, or update, their directory data. Data will then be available to be shared across participating health plans.

Ultimately benefit consumers: Accurate provider directories ensure consumers are able to effectively utilize their health plans.

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TIMELINE

The timeline below provides a tentative overview of the major milestones and accomplishments CMS intends to achieve during the pilot. The information below is subject to change.





KEY INFORMATION FOR ISSUERS

The Oklahoma Insurance Department is requiring QHP issuers in Oklahoma to participate in this pilot. Issuers will:

- 1. Engage with their providers to encourage participation;
- 2. Use the data from the portal to update their respective issuer websites to reflect the latest data for providers participating in their plans; and
- 3. Have the ability to push updates made on their systems into the portal database.

Participating issuers may see:

- ✓ **Improvements in data accuracy** resulting in improved provider network management;
- ✓ **Decreases in costs** due to reduced errors and administrative overhead;
- ✓ Efficiencies associated with standardized provider directory processes; and
- ✓ Opportunities to drive innovation by participating in a pilot project that aims to shape future directory standards.

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KEY INFORMATION FOR PROVIDERS

During the pilot's development phase, CMS will extract provider information from existing data sources (e.g., National Plan and Provider Enumeration System [NPPES]) and pre-populate a set of cleansed, provider-specific data in the portal. CMS will engage a subset of volunteers to test the portal prior to launch. When the portal goes live around April 2025, participating providers, or their delegates, will be asked to:

- 1. Log into the portal, validate their pre-populated information, and/or correct inaccuracies in their records;
- 2. Promptly update directory information consistent with federal and state guidelines; and
- 3. Optionally provide feedback to CMS on their experiences using the portal.

Participating providers may see:

- ✓ **Reductions in administrative burden** due to streamlined data submission in one location (versus 7+ locations) and improved data sharing processes;
- ✓ Decreases in costs due to reduced administrative overhead;
- ✓ Improved data accuracy for patients when referring to other physicians; and
- ✓ Opportunities to drive innovation by participating in a pilot project that aims to shape future directory standards.



KEY INFORMATION FOR CONSUMERS

At this time, the portal is for QHP issuers and their providers in the state of Oklahoma only. Consumers will not be able to access directory information through the portal during this pilot. However, we anticipate that participating QHP issuers will use the updated and validated data from the portal to update their directory data and websites, which may subsequently benefit consumers through improved data accuracy.

CONTACT US

Please contact QHPDirectoryPilot@cms.hhs.gov with any questions or concerns.