



## **Case Study: State Consumer Health Advocates Ensure that Provider Directories are an Accurate and Useful Tools for Georgians**

During Georgia's 2016 legislative session, consumer health advocates were part of an effort to pass one of the nation's strongest provider directory bills to help consumers more easily shop for and navigate their health plans. Passing SB 302 in Georgia illustrates a growing, bipartisan interest in states across the country to put more tools in the hands of the consumer following the significant coverage gains of the Affordable Care Act (ACA).<sup>1</sup> It is especially notable that strong provider directory legislation could be successful in a state like Georgia that has a Republican-controlled House and Senate, as well as a Republican governor.

This case study examines how Georgians for a Healthy Future (GHF) led the consumer advocacy effort to shape and contribute to the success of SB 302, namely by working with key stakeholders and policymakers, growing their coalition, developing strategic messaging and crafting policy resources.

### **The Problem with Provider Directories in Georgia**

The ACA has provided pathways to health coverage for millions of Americans who are, for the most part, able to find a doctor and get a timely appointment for primary care with relative ease.<sup>2</sup> As of Jan. 31, 2017, 493,880 out of 1.2 million eligible Georgians are enrolled in a marketplace plan.<sup>3</sup> However, like much of the country, the growth in health coverage in Georgia has also exposed the need for additional policy remedies that address health insurance design and network issues, such as inaccurate provider directories.

Since provider directories are the main tool that consumers use to find doctors and health care services in their networks, it is imperative that they are accurate and up-to-date. Although the

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<sup>1</sup> Georgia Legislature. (2016). Senate Bill 302. Retrieved from [https://gov.georgia.gov/sites/gov.georgia.gov/files/related\\_files/document/SB%20302.pdf](https://gov.georgia.gov/sites/gov.georgia.gov/files/related_files/document/SB%20302.pdf)

<sup>2</sup> Collins, S.R., Rasmussen, P.W., Doty, M.M. & Beutel, S. (2015). Americans' Experiences with Marketplace and Medicaid Coverage. *The Commonwealth Fund*. Retrieved from

<http://www.commonwealthfund.org/publications/issue-briefs/2015/jun/experiences-marketplace-and-medicaid>

<sup>3</sup> Kaiser Family Foundation. Total Marketplace Enrollment November 1, 2016 – January 31, 2017. Retrieved from

<http://kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> and <http://kff.org/health-reform/state-indicator/marketplace-enrollment-as-a-share-of-the-potential-marketplace-population-2015/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

ACA set a floor (*see* Appendix A) for provider directory standards found in marketplace plans, states have had to make further improvements.<sup>4</sup>

GHF conducted a secret shopper survey (*see* Appendix B) of the metro Atlanta area and found that provider directories contain many concerning inaccuracies: three-quarters of the listings had at least one inaccuracy and over one in five health care providers was inaccurately listed as in-network.<sup>5</sup> Inaccurate provider directories impede consumers from properly shopping for plans and finding a doctor or health care service they need – which can lead to inadvertent out-of-network care and surprise medical bills.

## Policy Context and Background for Network Adequacy in Georgia

In the fall of 2015, Georgia's state Senate created the Consumer and Provider Protection Act study committee (the study committee), charged with examining network adequacy in the state.<sup>6</sup> The inception of the study committee came from earlier 2015 legislative session efforts by the Medical Association of Georgia (MAG) to pass a network adequacy bill. During this time, GHF saw an opportunity to engage with MAG to ensure that any network adequacy provisions also benefited consumers. GHF successfully positioned themselves for both MAG and legislators as a resource in that process – they helped message and develop policy provisions that were stronger for consumers and testified in committee during the bill's hearings. Ultimately, MAG's legislation stalled and then converted into the study committee. GHF pushed for a consumer representative position on the study committee and were selected to serve as that representative.

Around this time, two things happened: the National Association of Insurance Commissioners (NAIC) network adequacy model language was finalized<sup>7</sup> and the Consumer and Provider Protection Act study committee report findings urging improvements in Georgia's network adequacy standards were finished.<sup>8</sup> However, GHF learned that comprehensive network adequacy legislation was not likely that year. Instead, discussions between advocates and key policymakers on the study committee lead them to focus on provider directory legislation because they saw an opportunity to gain support from industry players (health plans and provider groups) and legislators.

Among those legislators, state Sen. P.K. Martin – secretary of the Committee on Insurance and Labor – sponsored and provided legislative leadership to SB 302. After legislative introduction in January of 2016, strong consumer advocacy and policymaker leadership led to its unanimous passage and enactment. The following are some of the core consumer protections of this bill:

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<sup>4</sup> As of January 1, 2017, health plans will face fines up to \$25,000 per beneficiary for incorrect provider directory listings. However, it is left unseen how this will be enforced and its impact on the accuracy of provider directories without direct policy action strengthening the standards of provider directories themselves.

<sup>5</sup> Georgians for a Healthy Future. (2016). Network Error. Retrieved from [http://healthyfuturega.org/ghf\\_resource/network-error/](http://healthyfuturega.org/ghf_resource/network-error/)

<sup>6</sup> Georgia Senate Committee on Health and Human Services SR 561. Retrieved from <http://www.legis.ga.gov/Legislation/20152016/152745.pdf>

<sup>7</sup> NAIC. (2015). Health Benefit Plan Network Access and Adequacy Model Act. Retrieved from <http://www.naic.org/store/free/MDL-74.pdf>

<sup>8</sup> Georgia State Senate. (2015) Retrieved from <http://www.senate.ga.gov/sro/Documents/StudyCommRpts/2015ConsumerProviderProtectionActFinal.pdf>

- Ensures that directories contain timely and accurate information that is updated at least every 30 days by encouraging plans and providers to communicate regularly;
- Requires accurate and available information about providers, hospitals and other facilities. For providers, this includes contact information, specialty, whether they are accepting new patients, languages spoken by staff, participating facility affiliations and locations;
- Provides a convenient mechanism for consumers and other stakeholders to report inaccuracies;
- Allows consumers to preview provider directory information while shopping for plans; and
- Includes the possibility for the insurance commissioner to hold consumers harmless for out-of-network charges if the information they relied on was inaccurate.

### **The Path to Victory: Best Practices and Lessons Learned from Georgia Consumer Health Advocates**

Lead by GHF, advocates in Georgia used the following advocacy best practices to shape SB 302 and ensure its successful passage.

#### **Growing a New Coalition**

Mobilizing a coalition of the right partners and organizations is integral to network adequacy advocacy efforts, particularly to bring diverse voices to the fold and optimize consumer advocacy capacity. GHF created the Access to Care and Equity coalition (ACE) to increase consumer advocacy capacity to tackle network adequacy issues, barriers to care and provider cultural competency. ACE was comprised of a diverse number of organizations that allowed them to bring the voices of many different constituencies to policy opportunities like SB 302 to ensure both health care access and equity. In addition to other consumer advocacy organizations, the coalition also included organizations who represent individuals with chronic diseases and communities of color.

GHF continually convened and grew ACE through regular coalition meetings, policy forums and workshops to discuss policy and advocacy priorities. ACE members provided testimony at committee hearings in support of the bill, educated their constituents and supported sign-on opportunities during key advocacy moments during the campaign. ACE organizations also helped turn out attendees and materials for several lobby days.

#### **Shaping Legislation**

Advocates should create and capitalize on key opportunities to shape legislation to ensure that there are adequate policy provisions that serve and protect consumer interests. GHF used their time on the state Senate study committee to present testimony on ways Georgia could improve its network adequacy standards and provider directories. GHF also drew on a variety of sources to construct provisions that would ensure a consumer-friendly provider directory bill: the NAIC model act, analysis of state legislation

GHF provided the consumer voice on a state Senate study committee charged with examining network adequacy. Advocates used this opportunity to share testimony and the results of their secret shopper survey.

(Appendix A), and feedback from national partners, ACE and consumers. GHF's testimony, based on core consumer priorities and key messages (Appendix C), successfully ensured that standards critical to consumers would not get lost during the drafting process and as the bill moved through the Legislature.<sup>9</sup>

### **Navigating Stakeholder Politics**

Health care providers and their organizations, the insurance industry, and patient and consumer groups all have a stake in network adequacy and provider directory issues, yet have different priorities, perspectives and policy proposals. As stakeholders struggle to come to a consensus around a solution, patient and consumer groups may get caught in the fray of industry stakeholder politics. For instance, the insurance industry may resist the greater requirements they would be subject to under stronger network adequacy and provider directory standards, while supporting policies that address surprise out-of-network billing. At the same time, provider and hospital organizations opposing surprise out-of-network billing consumer protections are usually in support of network adequacy and provider directory improvements.

Advocates in Georgia were able to navigate these stakeholder dynamics to ensure the success of SB 302 by developing working relationships with industry stakeholders and cultivating and sharing expertise in consumer priorities. Through GHF's appointment and participation on the Consumer and Provider Protection Act study committee, GHF worked with industry stakeholders, insurance-focused legislators, the state Department of Insurance (DOI) and insurance representatives to maintain a dialogue and share strategies for improving network adequacy and provider directories. In doing so, they established a greater level of credibility, transparency and trust with all stakeholders crafting the bill. Positioning themselves as a trusted resource will also be important to their future work around network adequacy and surprise billing.

### **Engaging with Policymakers and Cultivating Leadership**

During the bill drafting process, GHF engaged state legislators and the state Department of Insurance in a number of strategic ways. For example, GHF held a forum at the beginning of the legislative session to provide a space for learning and discussion between the advocacy community, legislators and state insurance regulators. This event included a panel that addressed the impact of network adequacy issues, provider directories and surprise bills on Georgians, as well as relevant policy opportunities. In particular, GHF invited a consumer to speak about their personal experience with an out-of-network bill that arose from an inaccurate provider directory. GHF also distributed policy briefs to attendees. Ultimately, the forum helped generate greater awareness of network adequacy and provider directory issues and built a compelling case for policymakers to address them.

In response to a key state House committee chair who doubted the existence of provider directory issues, GHF was able to develop their very informative secret shopper survey, which not only changed the legislator's mind, but was a powerful tool to get other representatives on board as well as attract media attention.

<sup>9</sup> GHF's testimony in support of SB302 can be found here: [http://healthyfuturega.org/ghf\\_resource/ghf-testimony-on-sb-302-to-senate-insurance-committee/](http://healthyfuturega.org/ghf_resource/ghf-testimony-on-sb-302-to-senate-insurance-committee/)

GHF also met frequently with bill sponsor state Sen. P.K. Martin to educate him on the nuances of bill language revisions as well as the consumer position in relation to industry stakeholders. GHF also met regularly with other crucial legislators, such as those in the state Senate and House Insurance Committees to educate and address opposition to the bill. For example, GHF shared the results of the secret shopper and discussed the implications of the bill with members of the state House of Representatives to neutralize their misconceptions that inaccurate provider directories were not a problem. This resulted in a greater base of support for the legislation.

### **Generating Data through a Secret Shopper Survey**

Data is a useful way to promote awareness and make a case for policy change and GHF's secret shopper survey proved that generating effective data for policy change is within the reach of advocates.<sup>10</sup> In the survey, GHF's secret shoppers examined a set of plans both on and off the marketplace offered by three of the state's largest insurers. The secret shoppers called each doctor's office with a uniform script (see Appendix B) that covered the following elements: the provider's name, office address, telephone number, whether or not they are accepting new patients, languages spoken and plan participation information. The survey revealed that three-quarters of the listings had at least one inaccuracy and that more than one in five health care providers was inaccurately listed as in-network.

GHF used the data resulting from the secret shopper survey for policymaker education, legislative testimony and press outreach. Advocates in other states can use their methodology (see Appendix B) and apply it to their own provider directory campaigns.

### **Strategic and Effective Messaging**

GHF focused on developing messaging that would resonate with policymakers and consumers to help them easily understand the issues surrounding provider directories and compel them to take action. To reach consumers, GHF focused on regular listserv emails and social media outreach. Earlier that year, GHF created the Georgia Health Action Network (GHAN), a special email list focused on advocacy action alerts for interested people. This email list had a notably higher open and engagement rate than GHF's general email list and subscribers received frequent, short communications about the status of the bill in the Legislature and information on how readers could take action.

GHF also produced videos that showed bipartisan support using an interview with Republican bill sponsor, state Sen. P.K. Martin and Democratic bill signer, state Sen. Elena Parent. These videos had a high level of engagement. After each successful vote, GHF asked subscribers to email their thanks and support to bill sponsor Sen. Martin and other legislators. The result was a consistent flow of support for bill champions. Finally, operating in a conservative state where the governor and state Legislature are controlled by Republicans, advocates developed messaging that tapped into conservative policymakers' values of transparency and consumer responsibility (Appendix C).

### **Next Steps**

SB 302 went into effect on Jan. 1, 2017. Advocates have engaged with their state DOI to provide consumer perspective in shaping the bill's regulatory language and implementation. At this point

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<sup>10</sup> GHF. (2015). Network Error. Retrieved from [http://healthyfuturega.org/ghf\\_resource/network-error/](http://healthyfuturega.org/ghf_resource/network-error/)

in time, the DOI has been limited in its ability to quickly execute regulatory action and communicate with advocates. Nevertheless, advocates have been monitoring implementation of these new consumer protections. GHF and their partners will continue to collect consumer stories and complaints to provide regulators evidence of where the existing opportunities are for further policy action.

Improving provider directories in Georgia is part of a [broader network adequacy agenda](#) that also includes, but is not limited to, quantitative provider standards and eliminating surprise balance bills. The foundational momentum built from the provider directory campaign through policymaker education, media outreach, policy research and coalition development will position advocates for advancing more of their network adequacy agenda in 2017 and beyond.

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## Appendix A. Comparison of recent state provider directory legislation provisions

	ACA federal law <sup>11</sup>	GA <sup>12</sup>	AR <sup>13</sup>	CA <sup>14</sup>	WA
<b>Applicable plans</b>	QHPs	All plans	QHPs	All plans	All plans
<b>Update frequency</b>	Once a month	Every 30 days	14 days of any change	Weekly (online) quarterly (printed)	Monthly
<b>Is there a way to report inaccuracies ?</b>	No	Yes, telephone, email and website	No	Yes, telephone, email and website.	No
<b>Info about providers, hospitals and facilities</b>	Accepting new patients.	A variety of information for providers, hospitals and facilities.	Accepting new patients	A variety of information.	A variety of information.
<b>Search function</b>	No	Yes, see “provider info.” Can view without account info.	No	No	No
<b>Plan and provider communication</b>	No	Providers will be dropped if they do not respond or have not made a claim in 12 months.	No	Annually required communication.	No
<b>Language of plan information</b>	Taglines in top 15 languages. Translation into any languages spoken by 10 percent or more of	No language included in bill, would have to adhere to federal regulations.	N/a	Must describe availability of translations and interpreter services.	Must accommodate individuals with limited-English proficiency or disabilities. Must describe available

<sup>11</sup> [https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016\\_Letter\\_to\\_Issuers\\_2\\_20\\_2015.pdf](https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016_Letter_to_Issuers_2_20_2015.pdf)

<sup>12</sup> <http://www.legis.ga.gov/Legislation/20152016/162260.pdf>

<sup>13</sup> <http://www.insurance.arkansas.gov/Legal/Bulletins/11A-2013.pdf>

<sup>14</sup> [http://leginfo.legislature.ca.gov/faces/billCompareClient.xhtml?bill\\_id=201520160SB137](http://leginfo.legislature.ca.gov/faces/billCompareClient.xhtml?bill_id=201520160SB137)

	ACA federal law <sup>11</sup>	GA <sup>12</sup>	AR <sup>13</sup>	CA <sup>14</sup>	WA
	limited-English proficiency population.				interpreter/communication assistance services.
<b>Plans must protect enrollees from out-of-network charges due to inaccurate provider directory</b>	No	May be required by the Insurance Commissioner.	No	Yes	No

## Appendix B. Georgia Health Insurance Provider Directory Secret Shopper Investigation

**Objective:** Conduct a secret shopper web site investigation to identify some of the inaccuracy and usability issues consumers face with health insurance provider directories.

**Methodology:** Compare results from the information provided for the state's largest insurer silver plans online to the information obtained by calling the doctor's office directly.

1. Choose a zip code in a geographically diverse area (e.g. income, race, etc.)- 30312
2. Choose four plans from the state's largest insurers- two plans sold on the exchange and two plans sold off the exchange
3. To choose directories for plans sold on the exchange, go to <https://www.healthcare.gov/see-plans/>- enter zip code, choose insurer, silver plan- Blue Cross Blue Shield of Georgia (Silver Pathway X HMO 3500 25) and Aenta Health Inc. DBA Coventry Healthcare of Georgia Inc. (Coventry Silver \$10 Copay 2750 HMO Atlanta). Click on provider directory link
4. To choose directories for plans sold off the exchange, go to insurer's website- enter zip code, choose an HMO plan (comparable to silver tier)- Humana (Atlanta HMOx) and Blue Cross Blue Shield (Blue Essential Option Access HMO)
5. Search plan directories for primary care physicians (PCP), within 30 miles of zip code
  - a. Note PCP categories (i.e. general medicine, internal medicine, etc.)
6. Print list of PCPs/doctors in alphabetical order (usually an option on the website) (be sure the list is at least 100) and save electronically as a pdf if possible
  - a. Note date of search
7. Enter in spreadsheet
  - a. Name of insurer, plan name and type
  - b. Any naming inconsistencies on healthcare.gov vs. insurer's website
8. Enter provider information as listed online in spreadsheet. Refer to online directory for information not listed in pdf directory (i.e. accepting new patients, languages spoken, etc.)



9. Call each provider with the script below. Note: Sometimes a practice has a couple of doctors in the same office, so if you look through the list in advance and when you call the office, you ask about all the doctors in the practice that work there, you can get a lot done at once.
  - a. Document date of contact
  - b. Document receptionist responses rigorously
  - c. Refer to sample spreadsheet to note responses that should be documented in the “Notes/Limitations” column

**Script:**

“Hi I am calling on behalf of my mom. She is applying for a special enrollment and, we are comparing plans. Are you the right person to ask about participation of your doctors in the plans I’m comparing?”

1. Does Dr. \_\_\_\_\_ participate in the \_\_\_\_\_ (name(s) of plan – make sure you are clear that it is the name of the plan listed in the directory)?
2. Is Dr. \_\_\_\_\_ practicing at \_\_\_\_\_ (listed address[s])?
3. Is Dr. \_\_\_\_\_ accepting new patients?
4. What languages does Dr. \_\_\_\_\_ speak?

Thank you, this was most helpful! Have a great day.

**Appendix C. Georgians for a Healthy Future Network Adequacy Message Platform**

The following message platform provides an overarching positioning statement for Georgians for a Healthy Future’s network adequacy work. The message platform describes what this area of your work is and why it matters. Moving forward, all related communication should be consistent with this messaging approach.

The message platform does *not* need to be set in stone or memorized. Rather, the core concepts and language should serve as a guide for messengers to embrace as they communicate about the campaign. The message platform has four main points:

- **The Need:** This message point explains a problem or need that currently exists – the need to ensure network adequacy for all Georgians.
- **What We Are Doing:** This message point delineates what Georgians for a Healthy Future does to address the need or problem.
- **How We Do It:** This message point describes how Georgians for a Healthy Future works to address the need or problem, with specific actions or steps taken.

- **Vision:** This message point explains what Georgians for a Health Future's network adequacy work will accomplish and how it will ultimately meet the need.

**The Need:** Network adequacy serves as the link between having health insurance and accessing health care services. All insured Georgians should have meaningful access to all covered benefits.

- Today, too many Georgians are struggling to find healthcare providers in their plan's network.
- Some have to travel for hours or wait for months to see a doctor who can provide them with the care they need.
- As a result, many consumers end up either forgoing care or paying more to see doctors outside of their network.
- Because more Georgians are enrolled in health care than ever before, we must ensure that consumers know what they're getting when they purchase health insurance and that they can access all covered benefits in-network without facing financial hardship. We must ensure that all Georgians can get the right care, at the right time.

**What We Are Doing:** Georgians for a Healthy Future is working to set common sense standards for that will ensure that all insured Georgians get what they pay for – meaningful access to care at a price they can afford. These standards will ensure that Georgia's health insurance networks are:

1. **Comprehensive:** Strong networks have enough doctors and services that meet the needs of consumers.
2. **Accessible:** Doctors and facilities should be easily accessible to where consumers live or work.
3. **Affordable:** Georgia can do more to make sure insurers are using proven strategies to help Georgians get and stay healthy without driving up the cost of their care.
4. **Transparent:** Georgians who buy insurance should be able to count on clear, reliable, transparent information that can help them make an informed decision so they can get the care they need for themselves and their families.

**How We Do It:** Georgians for a Healthy Future is educating consumers and policymakers about the need to update Georgia's current standards to better serve consumers.

- We are advocating for a legislative study committee to meet outside of the legislative session to study in-depth the intricacies of network adequacy and the best standards for Georgia consumers.
- We are mobilizing consumer advocate organizations through a new coalition, the Access to Care and Equity (ACE) Coalition to be a strong voice for consumers on this issue.

**Vision:** Georgian's health care coverage will be meaningful and effective when we ensure that all Georgian can get the right care at the right time.

## Provider Directories Message Box

The following messages are designed to tap into the existing values and core concerns of conservative legislators in Georgia to overcome barriers or misconceptions they may have about network adequacy, and specifically the accuracy of provider directories. By tapping your audience's existing values, we create common ground and more easily motivate them to act. Effective messaging is also about narrowing the focus and making a few strong, memorable points. Throwing out multiple messages and leaving the audience to decide which one is most important is ineffective – it is the difference between a laser beam and a scattered shotgun blast. Successful messaging contains no more than four main points. Each point may include sub-points, but the main points need to be both concise and compelling. Spitfire approaches message development by dividing the message into four categories:

- **Value:** This is where you tap into a specific value that your audience holds. This message point reminds the audience of your common ground, and gets the audience to nod their heads in agreement with you.
- **Overcome the Barrier:** This point communicates new or unexpected information that will overcome any barriers that could prevent the audience from buying into your message.
- **Ask:** At least one message point should be focused on getting the target audience to *do* something. The “ask” should be specific and doable.
- **Vision:** This message point echoes the value message point. It says, “If you do what I ask, then you will get what you want.”

### Conservative Legislators

*Values to tap: Transparency, fiscal responsibility and value for consumers.*

*Barriers to overcome: Lack of awareness of the problem and how it affects their constituents.*

**Value:** Georgia consumers deserve to know what they are getting when they purchase health insurance.

**Overcome the Barrier:** Too many Georgians rely on inaccurate information in provider directories and end up either unable to access the care they need or with a large surprise out-of-network medical bill.

**Ask:** Support SB 302 to increase transparency and protect consumers by ensuring that provider directories are up-to-date and accurate.

**Vision:** By enacting this common sense measure, we can ensure that all Georgians can make informed decisions about the health care options for themselves and their families.