

Health Equity, Provider Directories and Addressing Barriers to Care

NAIC Special Committee on Race and Insurance, Workstream Five

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**BlueCross
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Association

Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.

Agenda

- Review challenges and efforts to mitigate race-based barriers to insurance
- Recommendations for implementation of CAA provider directory requirements
- BCBSMA – Overview of Equity Activities

Race-based Barriers to Health Insurance

- Lack of diversity within the health care system and health education pipelines
- Limited availability of providers in areas that are predominantly communities of color or communities where English is not the primary language spoken
- Need for cross-cultural and implicit bias training within health professions
- Need to address documented/identified bias and discrimination in medical training programs

BCBS Plan Actions to Mitigate Workforce Challenges

- Blue Cross Blue Shield of Illinois has launched the Institute for Physician Diversity (IPD), a strategic partnership academic medical centers, teaching hospitals and not-for-profit associations designed to achieve greater racial and ethnic diversity in the physician workforce. The IPD will work with hospitals and academic medical centers to accelerate the recruitment of medical students, resident physicians, and clinical faculty who are underrepresented in medicine.
- Blue Cross Blue Shield of Michigan (BCBSM) is working collaboratively with its network providers to create awareness of unconscious bias in health care to help address health and health care disparities. BCBSM introduced unconscious (implicit) bias education to the 40 physician organizations that participate in the statewide [Physician Group Incentive Program \(PGIP\)](#).
- To support health care workers in identifying and addressing their own implicit biases, Blue Cross and Blue Shield of North Carolina (BCBSNC) helped March of Dimes launch its national Breaking Through Bias in Maternity Care program in North Carolina. The program's curriculum covers structural racism in the U.S., strategies to mitigate bias in maternity care and approaches to building a culture of equity in workplaces and communities.

Regulator Role in Increasing Access to Culturally Competent Care

- Collect, analyze and publish health care workforce supply data to inform strategies for workforce development and retention.
- Increase financial support for initiatives such as pipeline programs that improve the diversity of the health care workforce.
- Improve access to care for patients and increase the efficiency for providers and health plans to use technologies like telehealth to expand access to patients and beneficiaries.
- Promote culturally competent care by emphasizing the need for cross-cultural and implicit bias training.

Recommendations for Implementation of Consolidated Appropriations Act Provider Directory Requirements

Improving provider directory requires accountability on the part of health plans and providers

- The CAA lays out an expectation that providers will submit directory updates, but lacks enforcement mechanisms or compliance incentives
- States should require providers to respond to statutorily-required requests from health plans for directory information
- Penalties for non-compliance should be clear

Centralizing provider directory data would decrease provider burdens and simplify reporting for all parties

- Centralizing would allow providers to update all contracted health plans with a basic set of information through a single portal
- Leverage lessons learned from California's centralized provider directory, Symphony, the Council for Affordable Quality Healthcare (CAQH) and the National Plan and Provider Enumeration System (NPPES).
- Leverage a public-private stakeholder group to inform solutions and coordinate with CMS' interoperability work

Allow notation that a provider has not verified demographic information as an alternative to removing the provide from the directory

- Removing contracted but non-responsive providers from the directory will create consumer confusion and issues with measuring network adequacy
- Health plans have invested heavily in keeping their provider directories accurate, outreaching providers and coordinating across multiple departments and data sources to verify directory information
- Instead of removing non-responsive providers, including them in the directories with a clear indication that they have not recently verified their demographic information would offer a better experience for consumers.

Suggestions for State Regulators

- Encourage federal regulators to clarify in guidance, penalties for non-compliance and to establish a procedure for insurers to alert HHS about non-compliance
- Leverage public-private stakeholder groups to help develop a centralized provider directory solution
- Encourage federal regulators to provide flexibility to insurers that allows indication in the directory that a provider has not verified their information rather than removing them from the directory

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