

Assessing the Accuracy of Provider Directories in the HealthChoice Program, Phase 2

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Background

- Since 2014, there is increased Federal interest in network adequacy issues.
 - OIG reports in 2014 identified significant provider availability issues through direct tests.
 - CMS Final Rule CMS-2390-F, published May 2016, includes new network adequacy provisions, such as development of time and distance standard, and recommended direct tests.
- Phase One 2016: Piloted a survey tool to verify accuracy of Primary Care Provider information in provider directories
- Phase Two 2017: Samples a statistically significant number of primary care providers from all HealthChoice MCOs.

Phase Two

- Provider offices were contacted from January 24, 2017 through February 24, 2017.
- Verified directory information: Name, Address, Contact Information, is provider a PCP, is provider accepting new patients, does provider participate with MCO, and age range of patients seen.

| Outcome | Number | Percentage |
|---|--------|------------|
| Completed Survey | 361 | 34.7% |
| Wrong Number | 125 | 12.0% |
| Provider does not see patients at this location | 145 | 13.9% |
| Refused | 23 | 2.2% |
| Other - Provider not available* | 387 | 37.2% |
| Total | 1,041 | 100.0% |

Telephone Call Outcomes

Number and Percentage of MCO-Supplied Directory Fields that Did Not Match Provider Survey Response

| Field | Number | Total Responses | Percentage |
|---|--------|-----------------|------------|
| Provider First Name/Group Provider's Name | 10 | 361 | 2.8% |
| Provider Last Name | 7 | 326 | 2.1% |
| Telephone Number | 68 | 361 | 18.8% |
| Street Number | 53 | 361 | 14.7% |
| Suite Number | 59 | 361 | 16.3% |
| Street Name | 50 | 361 | 13.9% |
| City | 32 | 361 | 8.9% |
| ZIP Code | 30 | 361 | 8.3% |

Provider Contact Information

- First and last names of providers were listed correctly most often (~2.4% did not match).
- Most frequently incorrect component of address was suite number (16.3% did not match).
- Telephone number listed for patients to make appointments was listed incorrectly for 18.8% of respondents.

Provider Services Information

- 6.6% of respondents did not see Medicaid patients enrolled with the MCO identified during call.
- 13.3% said they did not deliver primary care services to that MCO's patients.
- 28.3% of survey respondents indicated the status of accepting new patients was listed incorrectly in the MCO Directory.

Provider Services Information, continued

- Disagreement between the provider's response and the entry on the MCO's website occurred for 47.4% of respondents regarding the provider's acceptance of patients aged 20 years and younger.
- Similar results were found for the providers who accepted patients aged 21 years and older (49.5%).

Sharing Report with MCOs

- Report addressing Phase 2 findings and individual entries with errors were distributed in Summer 2017.
- MCOs are asked to please make corrections to their online provider directory if necessary.

Next Steps

- Delmarva Foundation will administer Phase 3 of the provider directory verification survey.
- Phase 3 was administered in June and July 2017, and sample a statistically significant number of providers from each MCO's directory.
- Results are expected to be disseminated by the end of the year.
- MCOs will be required to develop a Network Directory Compliance Plan to address identified issues after Phase 3.

Questions?