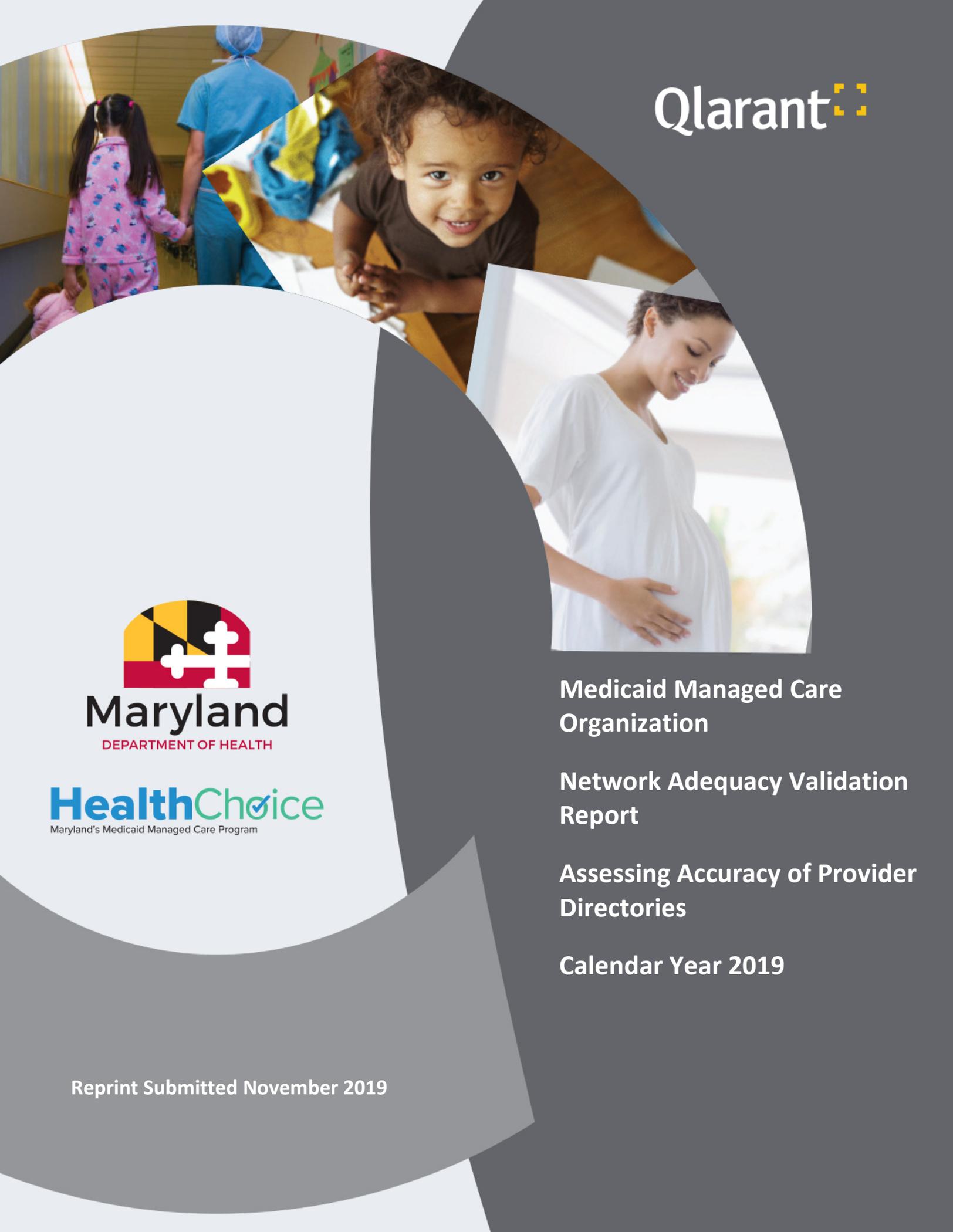




Qlarant



Maryland
DEPARTMENT OF HEALTH

HealthChoice
Maryland's Medicaid Managed Care Program

Medicaid Managed Care
Organization

Network Adequacy Validation
Report

Assessing Accuracy of Provider
Directories

Calendar Year 2019

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CY 2019 Network Adequacy Validation Report

Assessing Accuracy of MCO Provider Directories

Executive Summary

Maryland's HealthChoice Program (HealthChoice) is a statewide mandatory managed care program that provides health care to most Medicaid participants. Eligible Medicaid participants enroll in the Managed Care Organization (MCO) of their choice and select a primary care provider (PCP) to oversee their medical care. The HealthChoice Program is based upon a comprehensive system of continuous quality improvement that includes problem identification, analysis, corrective action, and ongoing evaluation. The objective of quality improvement efforts is to identify areas for improvement by developing processes and systems capable of profiling and tracking information regarding care received by HealthChoice enrollees.

HealthChoice's philosophy is to provide quality health care that is coordinated, accessible, cost effective, patient focused, and prevention oriented. The program's foundation hinges on providing a "medical home" for each enrollee by connecting each enrollee with a PCP responsible for providing preventive and primary care services, managing referrals, and coordinating all necessary care for the enrollee. HealthChoice emphasizes health promotion and disease prevention, and requires that enrollees be provided health education and outreach services.

The Maryland Department of Health (MDH) engages in a broad range of activities to monitor network adequacy and access. These areas have been subject to greater oversight since the Centers for Medicare and Medicaid Services (CMS) issued the Final Rule CMS-2390-F, the first major overhaul to Medicaid managed care regulations in more than a decade. The Final Rule requires states to adopt time and distance standards for certain network provider types during contract periods beginning on or after July 1, 2018. States must also publicize provider directories and network adequacy standards for each MCO.

Beginning in 2015, MDH collaborated with The Hilltop Institute at the University of Maryland, Baltimore County (Hilltop) to develop a validation method to test the accuracy of HealthChoice MCOs' provider directories. This was conducted in two phases. In Phase 1, Hilltop conducted a pilot survey from October to December of 2015. In Phase 2, MDH and Hilltop streamlined their survey tool and surveyed a statistically significant sample of 361 primary care providers from the entire HealthChoice network by combining online provider directories from all MCOs. Surveys were conducted between January and February of 2017.

Phase 2 verified the accuracy of information in provider directories, such as name, address, phone number, whether the provider practices as a PCP, whether the provider was accepting new patients, and patient age range. Phase 2 results found that while most directory information was accurate, discrepancies existed in key areas such as contact information and PCP status. Nearly 19% of all providers surveyed reported a telephone number different from the one provided in the directory. The percentage of group practices listed with an incorrect telephone number was 23.9%. In addition, approximately 13% of providers listed as PCPs in directories indicated that they do not provide primary care services. Further, over 22% of providers surveyed indicated that they were not accepting new patients, which contradicted information in MCO provider directories.

The Phase 2 Final Report indicated MDH would require MCOs to create a Network Directory Compliance Plan to demonstrate how they will correct provider directory issues identified within the report. Due to the timing of next provider surveys, MDH did not implement this requirement. However, MDH shared

information regarding inaccurate directory entries with the MCOs to ensure follow up with the surveyed providers in order to correct their directories. MDH also distributed this report to stakeholder groups, such as the Maryland Medicaid Advisory Committee (MMAC).

Following Phase 2, MDH transitioned the survey administration from Hilltop to its External Quality Review Organization (EQRO), Qlarant. Surveys were conducted in CY 2017 and CY 2018 to validate the MCO's online provider directories and assess compliance with State access and availability requirements. Qlarant adopted a methodology similar to Hilltop's survey and conducted calls to a statistically significant sample of PCPs within each MCO.

In CY 2019, Network Adequacy Validation Activities included PCP surveys and validation of the accuracy of MCO online provider directories in June and July. Qlarant's subcontractor, Cambridge Federal, conducted the telephonic surveys to each PCP office and validated each PCP in the MCO's online directory. Three of the four surveyors returned from CY 2018 survey activities, providing consistency in survey administration. Based on feedback provided from the CY 2018 surveys, the following improvements were made to the survey process:

- The CY 2019 survey instrument was revised. Changes included rearranging the order of questions for an easier and less burdensome call to the provider, elimination of the free text responses to improve the quality of data collection, and streamlined reporting categories to improve data analysis.
- Data requests to MCOs for contracted providers were revised to include a field for the National Provider Information (NPI) so that a unique sample size could be determined for survey calls.
- The cultural competency training question was removed from the provider directory validation due to a regulatory change.

Results of the CY 2019 surveys demonstrated the following:

- Successful PCP contacts increased by 10 percentage points (56%) over CY 2018 (46%); although still 10 percentage points lower than CY 2017 (66%).
- The correctness of the PCP telephone number and/or address remains an area of concern; although accuracy of the information increased by 14 percentage points.
- The majority of PCPs surveyed (100%) stated that they accepted the listed MCO, which is an increase over the CY 2018 rate of 98%.
- The majority of PCPs surveyed (88%) stated that they accepted new patients, which is a slight increase over the CY 2018 rate of 85%.
- The majority of PCPs surveyed (91%) were compliant with appointment compliance, which is consistent with CY 2017 results.
- There was 3 percentage point increase in the rate of PCPs that met compliance for urgent care appointments in CY 2019 at 93% compared to 90% in CY 2018.
- Almost all PCP online directories validated matched the address (93%) or telephone number (96%) responses provided in the telephone surveys; consistent with CY 2018 data (92% for PCP address accuracy and 97% for phone number accuracy).
- Over half of PCP online directories (725 or 67%) validated that PCPs accepted new Medicaid patients compared to responses during the telephone survey, a significant decrease of 20 percentage points from CY 2018 (87%).

- The majority of PCP online directories (86%) listed age ranges of patients served; a significant increase of 20 percentage points from CY 2018.
- The majority of the PCP online directories (90%) specified the languages spoken by the PCP; a significant increase of 29 percentage points from CY 2018.
- More than half of PCP online directories (692 or 64%) specified practice accommodations for patients with disabilities; a slight improvement over CY 2018 (53%).

MDH set an 80% minimum compliance score for the network adequacy assessment for CY 2019. As a result of the CY 2019 assessment, one MCO is required to submit a corrective action plan (CAP) to improve compliance with routine care appointment time frames, and eight MCOs failed to meet the minimum compliance score in the area of online provider directory accuracy and were required to submit CAPs to Qlarant.

CY 2019 Network Adequacy Validation Report

Assessing Accuracy of MCO Provider Directories

Introduction

As the contracted External Quality Review Organization (EQRO) for the HealthChoice Program, Qlarant annually evaluates the quality assurance program and activities of each managed care organization (MCO). To ensure MCOs have the ability to provide enrollees with timely access to a sufficient number of in-network providers, and members have access to needed care within a reasonable time frame, Qlarant evaluated the network adequacy of the HealthChoice Program MCOs.

Qlarant completed primary care provider (PCP) surveys in calendar year (CY) 2019 to assess the accuracy of MCOs' online provider directories as a first step of the network adequacy evaluation. Surveys evaluated all nine HealthChoice MCOs active between **January 1, 2019 and December 31, 2019**:

- Aetna Better Health of Maryland (ABH)
- AMERIGROUP Community Care (ACC)
- Jai Medical Systems, Inc. (JMS)
- Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS)
- Maryland Physicians Care (MPC)
- MedStar Family Choice, Inc. (MSFC)
- Priority Partners (PPMCO)
- UnitedHealthcare Community Plan (UHC)
- University of Maryland Health Partners (UMHP)

Beginning in CY 2017, MDH transitioned the survey administration from Hilltop to its EQRO, Qlarant. Each year, surveys are conducted in June and July to validate the MCO's online provider directories and assess compliance with State access and availability requirements. Qlarant adopted a methodology similar to Hilltop and conducted calls to a statistically significant sample of PCPs within each MCO.

In CY 2019, surveys were conducted to a total of 2,037 PCPs with successful contact made to 1,139 PCPs, yielding a response rate of 56%. This was an increase of ten percentage points over CY 2018, although still lower than our initial contact rate in CY 2017 (66%). Qlarant's surveyors verified:

- Accuracy of online provider directories, including telephone number and address.
- Whether the provider accepts the MCO listed in the provider directory.
- Whether the provider practice accepts new Medicaid patients.
- The first available routine appointment.
- The first available urgent care appointment.

Results of the CY 2019 surveys demonstrated the following:

- Correctness of the provider telephone number and/or address remains an area of weakness across HealthChoice MCOs.
- All PCPs surveyed (100%) stated that they accepted the MCO listed in the provider directory.
- An opportunity for improvement was noted regarding ensuring that PCP staff responses for accepting new Medicaid patients align with the responses in the MCO's online directory entries. Despite all PCP's staff stating on the survey calls that they accepted the listed MCO insurance, only 67% were validated in the online PCP directory.

- The majority of PCPs surveyed (91%) were compliant with the first available routine appointment requirement.
- Almost all PCPs providing urgent care availability (93%) met compliance with the urgent care appointment requirement.

MDH has set an 80% minimum compliance score for the network adequacy assessment. MCOs that do not meet the minimum compliance score in the areas of provider directory accuracy or compliance with routine and urgent care appointment time frames are required to submit corrective action plans (CAPs) to Qlarant. Following the CY 2018 activities, CAPs were submitted by all MCOs and approved by Qlarant.

CY 2019 Network Adequacy Validation Activities

MDH has set the following goals for the CY 2019 Network Adequacy Validation Activities:

- Validate the accuracy of MCOs' online provider directories; and
- Assess compliance with State access and availability requirements.

Table 1 defines the State's directory requirements and access and availability requirements outlined in COMAR.

Table 1. Provider Directory and Access and Availability Requirements

COMAR	Standard
Accuracy of Provider Directory <i>COMAR 10.09.66.02C(1)(d)</i>	MCOs shall maintain a provider directory listing individual practitioners who are the MCO's primary and specialty care providers, additionally indicating the PCP name, address, practice location(s), telephone number(s), website URL as appropriate, group affiliation, cultural and linguistic capabilities, whether the provider has completed cultural competence training, practice accommodations for physical disabilities, whether the provider is accepting new patients, age range of patients accepted or no age limit.*
30-Day Non-Urgent Care Appointment <i>COMAR 10.09.66.07A(3)(b)(iv)</i>	Requests for routine and preventative primary care appointments shall be scheduled to be performed within 30 days of the request
48-Hour Urgent Care Appointment <i>COMAR 10.09.66.07A(3)(b)(iii)</i>	Individuals requesting urgent care shall be scheduled to be seen within 48 hours of the request

*CMS proposed in the November 14, 2018 Federal Register that §438.410(h)(1)(vii) be amended to eliminate the indication of cultural competency training of the PCP requirement in the online directory. Therefore, MDH does not require a review of this component. COMAR will be updated when the Federal Regulation is formally updated.

Several process improvements were implemented in CY 2019 in response to CY 2018 report recommendations and comments from stakeholders. Table 2 notes the CY 2018 recommendation and the CY 2019 process improvement implemented.

Table 2. CY 2019 Process Improvements Implemented

CY 2018 Recommendation	CY 2019 Process Improvement
Survey Tool and Data Sample Improvements	
Develop a web-based data collection tool that involves skip logic and other enhancements that will provide for easier surveying, data collection, quality monitoring, and data analysis.	The survey instrument used in CY 2019 was revised. Changes included rearranging the order of questions for an easier and less burdensome call to the provider, elimination of free text to improve the quality of data collection, and streamlined reporting categories to improve data analysis.
Request National Provider Information (NPI) numbers in the MCO PCP information listings to identify unique PCP samples. This will also provide MDH with an accurate representation of the number of individual PCPs statewide.	Data requests to MCOs for contracted providers now include a field for the National Provider Information (NPI) so that a unique sample size can be determined for survey calls.

In addition to the above process improvements, Qlarant implemented the following activities as a result of our continual quality improvement process:

- Removed the option for “Other” as well as comment boxes on the survey tool to eliminate ambiguity. Clarified response options for surveyors to improve data collection integrity.
- Provided a more in-depth training with surveyors to include scenarios that may contribute to confusion when documenting in the tool. Conducted weekly quality checks to mitigate inaccurate reporting and to provide ongoing training support if warranted.
- Removed cultural competency training question from provider directory validation due to a regulatory change.

Survey Methodology

Surveyor Training and Quality Assurance

Qlarant’s subcontractor, Cambridge Federal, conducted the telephonic surveys to each PCP office. Three of the six surveyors have participated for the past two years, providing consistency in survey administration. Orientation and training were enhanced for the subcontractor in CY 2019 to include an in-depth instruction by subject matter experts on the revised survey tool and guidance of its use; mock scenarios of survey calls and data entry; post-test/inter-rater reliability; and follow-up education. Qlarant performed weekly status reports with the Cambridge Federal Lead Surveyor including review of weekly call completion and quality assurance activities, surveyor assignments, and correction of data collection issues, as applicable.

Data Sources

Qlarant requested and received from each MCO a listing of contracted primary care providers (PCPs). The PCPs were defined as providers specializing in primary care, adult medicine, internal medicine, general practice, family medicine, or pediatrics. The MCOs were provided an Excel spreadsheet template to submit information on each PCP, including:

- National Provider Identifier (NPI)
- Last and First Name
- Credentials
- Provider Type (MCO confirmed PCP status)

- Provider Specialty
- Practice Location (Address, Suite, City, Town, State, Zip)
- Telephone Number

Qlarant assessed the MCO's PCP listings for completeness. Issues were identified regarding incomplete data, non-PCPs included in the listings, and incorrect telephone numbers. MCOs were requested to make the appropriate corrections and resubmit the PCP listings. Additionally, MCOs were requested to validate the list of PCPs contracted in contiguous states (PA, WV, VA, DE and DC) to ensure that PCPs met the distance standards noted in COMAR 10.09.64. If the PCP met these requirements, they could be included in the listing. Included in the listings were 193 PCPs from the following contiguous states: DC – 163; Delaware – 8; West Virginia – 19, Virginia – 8.

Qlarant requested additional information from the MCOs regarding how members access the MCO online provider directory. MCOs provided a URL link to the directory. The MCOs were given the individual PCP information components that would be included in the validation activity, to which many MCOs submitted detailed descriptions of how this information was displayed and located.

Sampling

The 9 MCOs submitted a total of 21,882 contracted PCPs. The survey sample selected for each MCO was determined using the number of PCPs each MCO submitted. A statistically significant sample size based on a 90% confidence level (CL) and 5% error rate was determined based on each MCO's total number of contracted PCPs. Table 3 shows the total number of PCPs each MCO submitted, including the statistically significant sample size using the 90% confidence level.

Table 3. CY 2019 MCO Contracted PCPs and Sample Size

MCO	Number of Contracted PCPs	Sample Size 90% CL with 5% Error
ABH	1,005	213
ACC	3,025	247
JMS	550	181
KPMAS	412	163
MPC	6,599	259
MSFC	879	243
PPMCO	4,202	253
UHC	2,052	238
UMHP	2,158	240
TOTAL	21,882	2,037

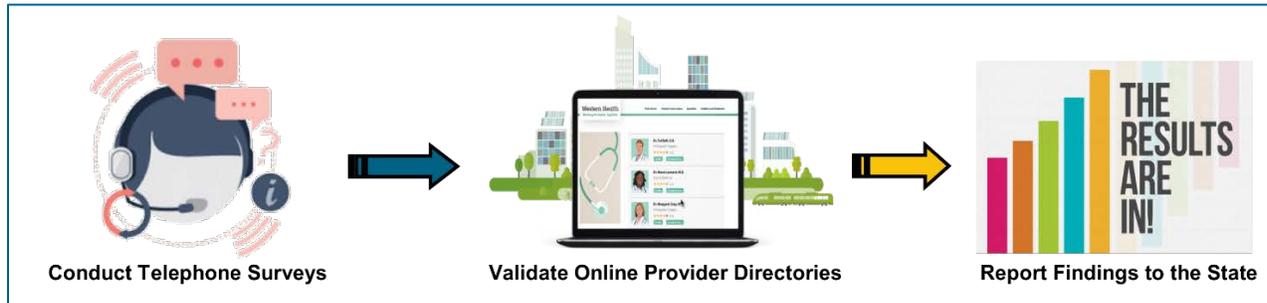
Qlarant randomly selected the sample from each MCO's PCP listing and merged all MCO sample PCPs in an Excel spreadsheet. If a PCP was repeated at the same address on the spreadsheet, it was replaced with a different PCP on the spreadsheet. This practice increased the number of unique PCPs in the sample for each MCO.

Survey Validation Tool

After validating the list of un-duplicated PCPs, Qlarant loaded the list into the electronic survey instrument. A copy of the survey validation tool is in Appendix A1.

To minimize provider burden, the CY 2019 surveys were separated into two parts, a telephone survey and a validation survey, as depicted in Figure 1.

Figure 1. CY 2019 Surveys



The telephone survey solicited responses to verify PCP information, including:

- The name and address of the PCP
- Whether the PCP accepts the listed MCO and new Medicaid patients
- Routine and urgent care appointment availability

The validation survey verifies the following information using the MCOs' online directory:

- Correct address as furnished by the MCO
- Correct phone number as furnished by the MCO
- Acceptance of new Medicaid patients
- Ages served by the PCP
- Languages spoken by the PCP
- Whether the practice had accommodations for disabled patients, as well as identified specific ADA accessible equipment

Data Collection

Surveyors made at least three call attempts. If the first call attempt resulted in no contact with a live respondent, surveyors attempted to call again on another day and time. They made up to three attempts for each call unless they reached a wrong number or the office was permanently closed. Surveyors confirmed wrong PCP telephone numbers by calling the telephone number twice. If the call resulted in a wrong number or the office was permanently closed, the survey ended. Surveyors ended the call on the third attempt if they were prompted to leave a message, were on hold for more than 5 minutes, or had no answer. Other reasons for a surveyor ending the call were:

- Respondent refused to participate
- PCP listed was not with the practice or did not practice at that location
- PCP listed was not a primary care provider
- PCP listed was not with the identified MCO

Surveys were considered successful if the surveyor was able to reach the listed PCP and complete the survey. Successful telephone surveys with completed data entries were then validated against the details noted in the MCO's online directory. However, if the PCP was not in the MCO's online provider directory, the validation survey ended.

Surveys were conducted during normal business hours from 9:00 am – 5:00 pm, except for the hours from 12:00 pm – 1:00 pm, which was consistent with the CY 2017 and CY 2018 approaches. The responses to the survey questions were documented in the survey tool and stored electronically on Qlarant's secure web-based portal.

HealthChoice Results

This section details the results of the telephonic and validation surveys in the following categories:

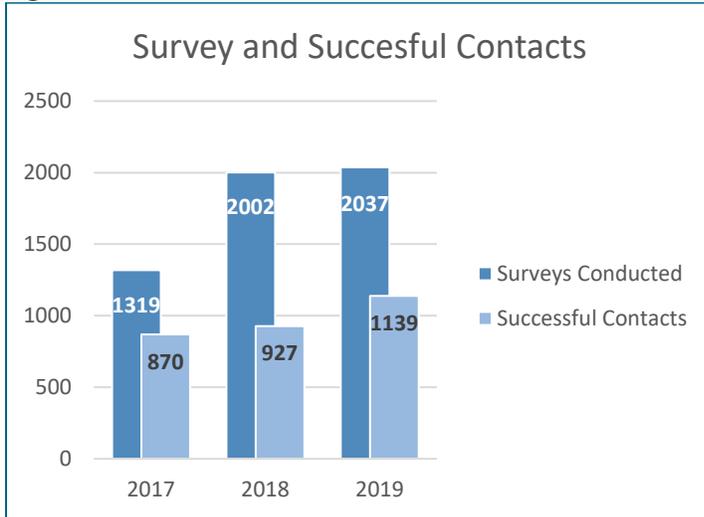
- Successful Contacts
- Unsuccessful Contacts
- Accuracy of PCP Information
 - PCP Information
 - PCP Affiliation & Open Access
- Validation of MCO Online Provider Directories
- Compliance with Routine Appointment Requirements
- Compliance with Urgent Care Appointment Requirements

Successful Contacts

Surveys were conducted to a statistically significant sample of 2,037 PCPs in June and July 2019. A contact was considered successful if the surveyor reached the PCP and completed the telephonic survey.

Figure 2 illustrates the total number of calls attempted and successful contacts for CY 2018 and CY 2019.

Figure 2. CY 2017-CY 2019 Successful PCP Contacts

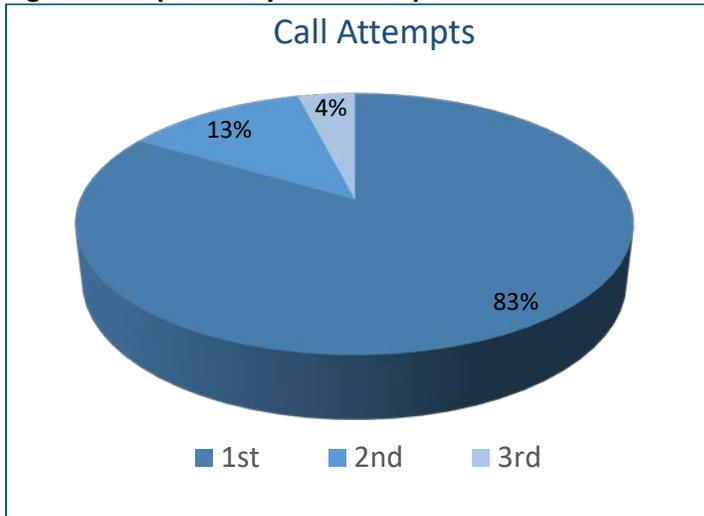


Successful PCP Contacts

- PCP surveys conducted nominally increased by 2% (35) in CY 2019 over CY 2018.
- Successful PCP contacts increased by nearly 23% (212) in CY 2019 over CY 2018.

Figure 3 illustrates the total percentages of successful PCP contacts by call attempt for all MCOs.

Figure 3. Responses by Call Attempt for All MCOs



Successful Call Attempts

- Attempts were made to contact 2,037 PCPs in CY 2019.
- Successful surveys were completed for 1,139 PCPs, yielding a response rate of 56%.
- The majority of the surveys (951 - 83%) were completed on the first contact.

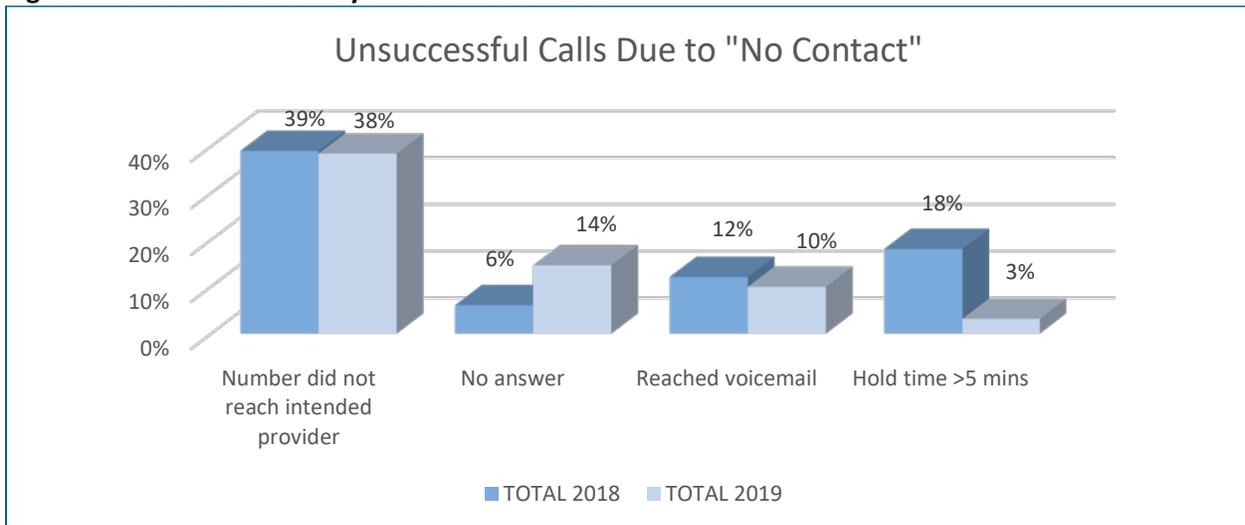
Of the 2,037 PCP surveys attempted in CY 2019, there were 1,139 successful PCP surveys completed, yielding a response rate of 56%. This was a 10 percentage point improvement over CY 2018; however, the results remain 10 percentage points lower than the CY 2017 rate of 66%. Low percentages of successful PCP contacts may indicate that members would be unable to reach the PCPs identified by the MCOs. The majority of successful surveys (951 or 83%) were completed upon the first contact to the PCP. The remaining 17% were completed on the second and third attempts.

Unsuccessful Contacts

Of the 2,037 PCP surveys attempted in CY 2019, 898 PCP surveys were unsuccessful. The reasons for unsuccessful surveys were divided into two categories, “No Contact” or “PCP Response”. Unsuccessful surveys categorized as “No Contact” were calls in which the surveyor could not reach the PCP, such as a “hold time exceeding 5 minutes” or “no answer”. Unsuccessful survey calls identified as “wrong number,” “office closed,” and “provider not with practice” were recategorized to “number did not reach intended provider” for 2019. Data from CY 2017 could not be matched and data from CY 2018 was restructured to align with the new reporting. Unsuccessful surveys categorized as “PCP Response” were calls that ended after initial contact with a live respondent. In these circumstances, the respondent may have refused to participate or noted that the provider was not a PCP.

A total of 592 (66%) telephonic surveys were unsuccessful due to “No Contact.” Reasons for unsuccessful contact with the PCP along with process descriptions are noted in Figure 4:

Figure 4. Unsuccessful Surveys Due to No Contact



If surveyors waited on hold for more than five minutes, the call was ended. Surveyors attempted to call back twice on various days and times to complete the survey. However, after the third contact, the survey was deemed unsuccessful. Hold times substantially decreased from 18% (192) in CY 2018 to 3% (28) in CY 2019.

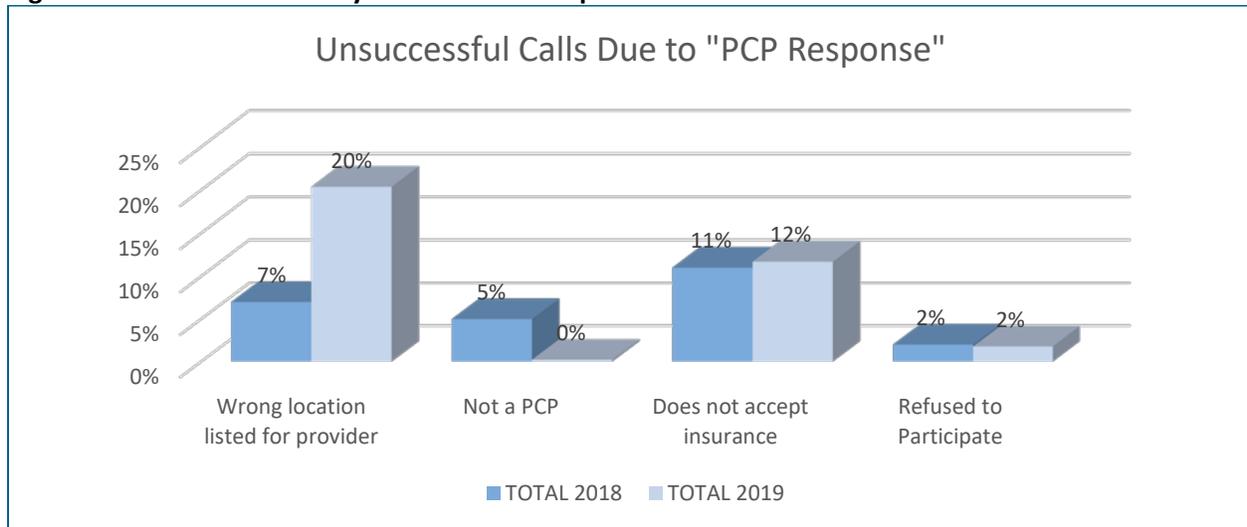
If the surveyor was asked to leave a message without getting through to a live attendant, the call was ended after the third attempt without leaving a message. PCP offices that required the surveyor to leave a message decreased from 12% (130) in CY 2018 to 10% (89) in CY 2019. However, calls that went unanswered increased significantly from 6% (62) in CY 2018 to 14% (130) in CY 2019. Members unable to speak to a live attendant or leave a message is a barrier to PCP access that MCOs should address.

If the office was closed permanently, the provider was not with the practice, or the phone number provided was incorrect, the surveyor was not able to reach the intended provider. When the telephone number was wrong, the surveyor dialed the number again to ensure that the number was dialed correctly. The number of surveys attempted that did not reach the intended provider remained consistent from CY 2018 (39% or 416) to CY 2019 (38% or 345).

A total of 306 telephonic surveys were unsuccessful due to “PCP Response”. The PCP telephonic survey ended if any of the following criteria was met and are illustrated in Figure 5.

- The provider identified for the survey was not a PCP.
- The PCP did not practice at the listed address.
- The PCP did not accept the listed insurance.
- The respondent refused to participate in the survey.

Figure 5. Unsuccessful Surveys Due to “PCP Response”



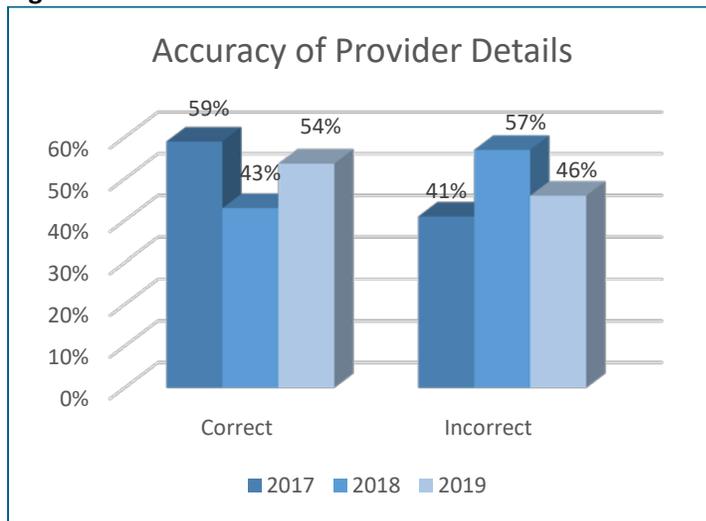
Survey scenarios mimic real barriers to members attempting to contact their PCP to obtain primary care services with the exception of respondents who refused to participate. Data regarding unsuccessful surveys due to “PCP Response” was collected for the first year in CY 2018, apart from respondents’ refusal to participate. In CY 2017, 11 PCP offices refused to participate in the surveys, in CY 2018, 25 PCP offices refused, and in CY 2019, 16 offices refused to participate. Year over year, refusal to participate has remained consistent at 2%.

The largest category for unsuccessful surveys was “Wrong Location Listed for Provider.” This misinformation may create a significant challenge for members attempting to locate PCPs in their desired area. It could also create network adequacy assessment issues, considering MDH relies on accurate location data to determine appropriate PCP coverage. These barriers can result in members seeking care from urgent care facilities or emergency departments, or delaying annual preventative care visits, if unable to locate the PCP of their choice to schedule an appointment.

Accuracy of PCP Information

Qlarant conducted telephonic surveys from June to July 2019 based on the PCP information provided by the MCOs. Telephonic surveys verified the accuracy of the PCP information used to populate each MCO's online provider directory. Results of the telephonic survey for all HealthChoice MCOs are presented in Figure 6.

Figure 6. PCP Information



PCP Information

- Correct PCP telephone numbers and addresses were found in 1,094 (54%) of the 2,037 attempted surveys.
- Of the 1,139 successful calls, a total of 1,055 (93%) of PCPs had accurate contact information or details (phone number or address).
- The accuracy of PCP information remained consistent from CY 2018 to CY 2019 at 93%.

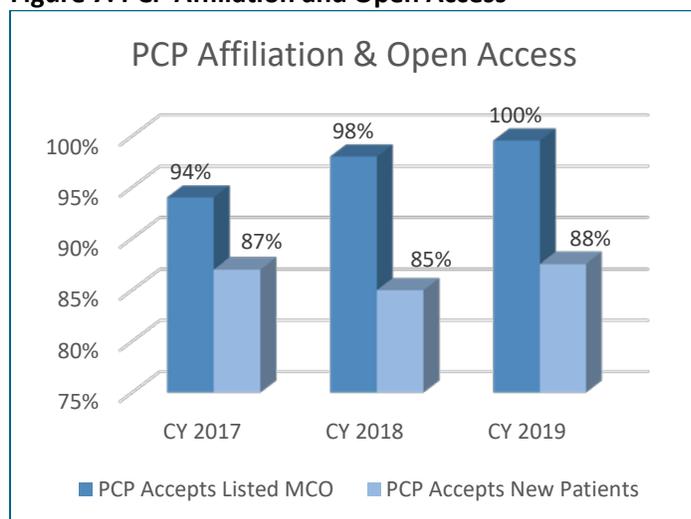
The MCOs provided sample PCP data in both CY 2018 and CY 2019. Survey results demonstrate that the accuracy of the PCP information provided by the MCOs improved in CY 2019 by 14 percentage points over CY 2018. Survey results exhibited that:

- There was a 1 percentage point decrease in CY 2019 (78 or 4%) for incorrect PCP telephone numbers over CY 2018 (105 or 5%) results.
- There was a 4 percentage point increase in CY 2019 (84 or 7%) for incorrect PCP addresses over CY 2018 (61 or 3%) results.
- There was a 6 percentage point decrease in CY 2019 (259 or 13%) of PCPs identified as no longer with the practice or at the location provided over CY 2018 (374 or 19%) results.

Members who cannot contact their PCPs due to no answer and changes in practice designations and/or locations can create access issues and continuity of care concerns for both MDH and the MCOs. The CY 2019 results denotes the need for the MCOs to measure and monitor the accuracy of PCP directory information more closely.

The CY 2019 telephonic surveys validated that PCPs accepted the listed MCO and new Medicaid patients, as illustrated in Figure 7.

Figure 7. PCP Affiliation and Open Access



PCP Affiliation & Open Access

- In CY 2019, less than 1% (5) of PCPs surveyed were unable to confirm acceptance of the listed MCO.*
- The majority of PCPs surveyed (88%) report accepting new patients in CY 2019.

* Due to rounding, graph reflects 100%.

Survey results demonstrated that by CY 2019, 100% of PCPs surveyed stated that they were affiliated with the listed MCO. Additionally, the majority of PCPs surveyed in CY 2019 (88%) stated that they accepted new Medicaid patients. The number of PCPs accepting new Medicaid patients decreased by 2 percentage points in CY 2018 and increased by 3 percentage points in CY 2019. It should be noted that beginning in CY 2018, the methodology changed whereby the surveyors specifically asked if the PCP accepted “new Medicaid patients,” whereas in past years, surveyors simply asked if the PCP accepted “new patients.”

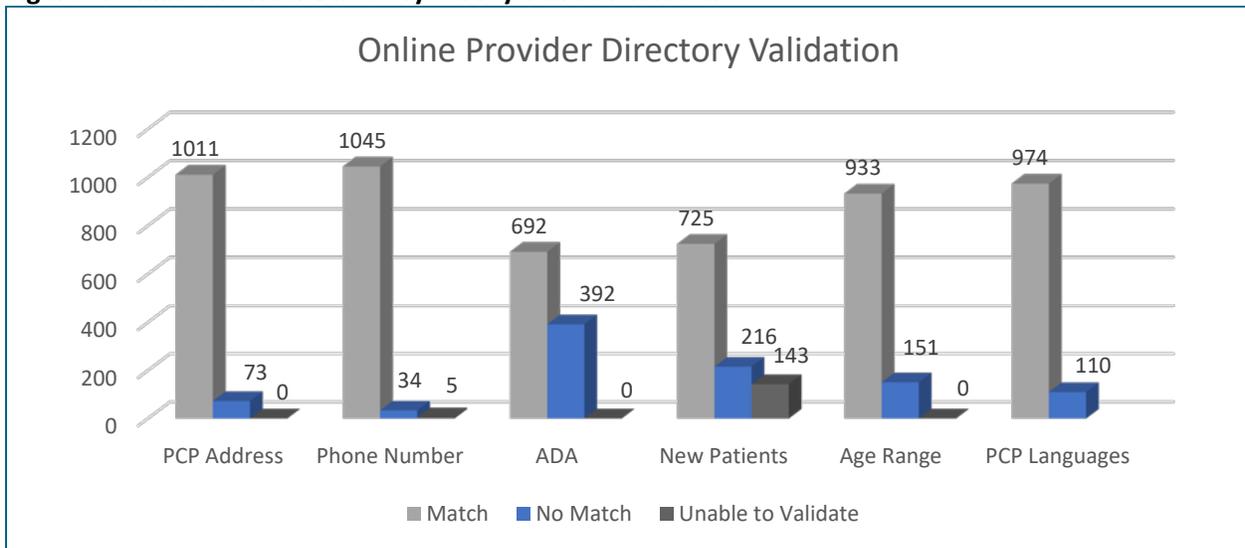
Although the rate of 88% of PCPs accepting new Medicaid patients seems satisfactory, note only 56% of the PCPs were successfully contacted by surveyors, due to continued inaccurate information provided by the MCOs. Therefore, further analysis into open panels may warrant further MCO oversight.

Validation of MCO Online Provider Directories

Qlarant validated the information in the MCO’s online provider directory for each PCP that completed the telephone survey. The online directory was reviewed for the following information:

- **PCP Address:** Accuracy of the information presented in the online directory such as the PCP’s name, address, and practice location(s).
- **PCP Phone Number:** Accuracy of the telephone number presented in the online directory.
- **ADA (Practice Accommodations for Physical Disabilities):** An indication in the online directory for the PCP as to whether the practice location has accommodations for individuals with disabilities.
- **New Patients:** An indication in the online directory for the PCP as to whether the PCP is accepting new patients.
- **Age Range:** An indication in the online directory for the PCP as to what ages the PCP serves.
- **PCP Languages:** An indication in the online directory of the languages spoken by the PCP.

Results of the online provider directory survey validation are presented in Figure 8.

Figure 8. Online Provider Directory Survey Validation Results

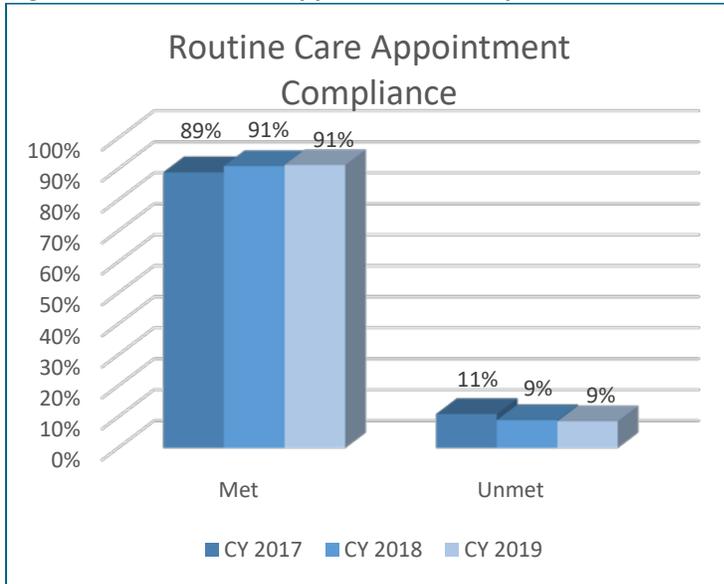
In CY 2019, 1,139 PCPs reported that they were active with an MCO; however, 55 PCPs were not found in the MCO's online provider directory. CY 2018 results were similar with 58 PCPs not found in the MCO's online provider directory from the 928 successful survey calls. CY 2019 directory validation included PCP address, phone number, ADA accessibility, accepting new patients, identified service age ranges, and languages spoken. Previously, directory validation included completion of cultural competency training and has been removed for CY 2019. Therefore, 1,084 PCPs were validated against the MCO's online provider directories for compliance with the regulations. Online provider directory results indicate that:

- Almost all PCP directory entries validated matched the address (1,011 or 93%) or telephone number (1,045 or 96%) responses provided in the telephone surveys, which is consistent with CY 2018 data (92% for PCP address accuracy and 97% for phone number accuracy).
- Over half of PCP directory entries (725 or 67%) validated that PCPs accepted new Medicaid patients compared to responses during the telephone survey, a significant decrease of 20 percentage points from CY 2018 (87%). Just over 13% (143) of the PCP directory entries did not confirm or deny acceptance of new Medicaid patients.
- The majority of PCP directory entries (933 or 86%) listed age ranges of patients served, a significant increase of 20 percentage points over CY 2018.
- The majority of the PCP directories (974 or 90%) specified the languages spoken by the PCP, a significant increase of 38 percentage points over CY 2018. The remaining directories did not specify languages spoken.
- More than half of PCP directory entries (692 or 64%) specified practice accommodations for patients with disabilities, a slight improvement over CY 2018 (53%). All PCP offices are required to be ADA accessible.

Compliance with Routine Appointment Requirements

Survey results of PCP compliance with routine appointment requirements are presented in Figure 9.

Figure 9. Routine Care Appointment Compliance



Routine Care Appointment Compliance

- Of the 1,139 PCPs successfully surveyed, 85% (972) provided routine care appointment availability.
- 91% of PCPs that provided routine care appointment availability (888) met compliance with the routine care appointment time frame.
- CY 2019 routine care appointment compliance results remained consistent with CY 2018 results.

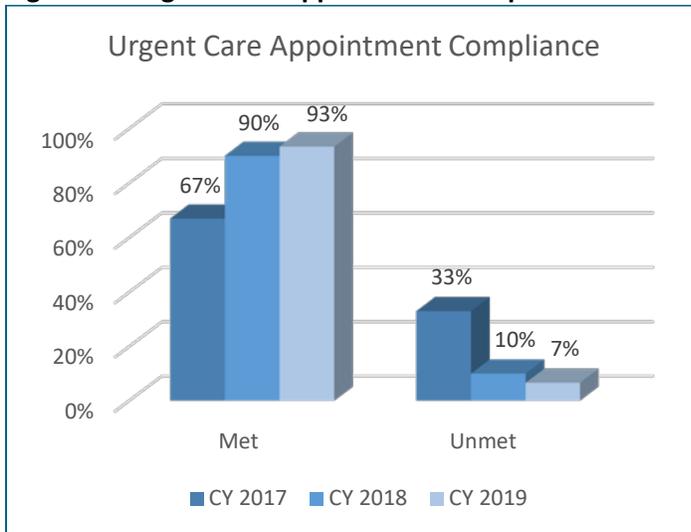
The methodology for CY 2019 remained consistent in obtaining appointment availability where surveyors were instructed to ask respondents if they could schedule appointments. As learned in previous surveys, some PCP offices and MCOs utilize separate staff or scheduling centers to provide support in booking appointments for PCPs. If the respondent stated that there was a separate number to contact in order to schedule appointments, the surveyor requested to be transferred or hung up and contacted the new number to obtain appointment availability.

The number of PCPs that provided routine care appointment availability to surveyors decreased by 14 percentage points, from 99% in CY 2018 to 85% in CY 2019. Nevertheless, compliance with the 30-day appointment time frame remained consistent with CY 2018 results at 91% for those PCPs that provided appointment availability.

Compliance with Urgent Care Appointment Requirements

Survey results for PCP compliance with urgent care appointments are presented in Figure 10.

Figure 10. Urgent Care Appointment Compliance



Urgent Care Appointment Compliance

- Of the 1,139 PCPs surveyed, the majority of PCPs provided and met the 48-hour urgent care timeframes (93% - 1,059). Compliance timeframes were achieved by offering appointments with another provider in the same practice (22% - 250).
- Results for urgent care appointment compliance in CY 2019 were significantly higher than CY 2018.

Based on feedback from the MCOs, the survey was revised in CY 2018 regarding urgent care appointments. Surveyors asked providers if the practice could provide an appointment with another provider in the same practice location as an alternative when the surveyed PCP was unable to see a patient within the urgent care time frame. Additionally, data was collected on alternative options offered by the practice, such as referring the member to urgent care services, referring the member to the emergency room, or to another option. Due to this change in methodology, results for Urgent Care Appointment Compliance increased significantly since CY 2017. The number of PCPs that provided urgent care appointment availability increased from 67% in CY 2017 to 90% in CY 2018, and again in CY 2019 to 93%. This demonstrates an increase of 3 percentage points over CY 2018 and an increase of 26 percentage points over CY 2017.

A review of the results revealed that 71% of surveyed PCPs offered an urgent care appointment within the required 48-hour time frame; an additional 22% of PCPs offered an appointment within the required time frame with another provider in the same practice. Of the 7% (75) surveyed PCPs not meeting the appointment compliance timeframes, 88% (66) directed enrollees to an urgent care clinic or an emergency department, and 12% (9) did not provide any guidance. The option of directing the enrollee to an urgent care clinic appears to be a standard practice among PCPs when an urgent care appointment cannot be made upon request. Investigation of member complaints or grievances may provide MDH further insight into whether enrollees are accessing urgent care services because of PCP referrals to urgent care centers.

MCO-Specific Results for Successful Contacts

Table 4 presents MCO-specific results of successful calls, including the total number of PCP calls attempted, the total number of calls successfully completed, the call attempt on which the call was successfully completed, and the percentage of successfully completed calls.

Table 4. CY 2019 MCO Results of Successful Contacts

CY 2019 MCO Successful Contacts						
MCO	Number of Call Attempts	1 st Call Attempt	2 nd Call Attempt	3 rd Call Attempt	Total Successfully Completed Calls	Percent of Successfully Completed Calls
ABH	213	103 (81%)	17 (13%)	8 (6%)	128	60%
ACC	247	131 (80%)	28 (17%)	4 (3%)	163	66%
JMS	181	77 (77%)	17 (17%)	6 (6%)	100	55%
KPMAS	163	110 (97%)	4 (3%)	0 (0%)	114	70%
MPC	259	55 (75%)	16 (22%)	2 (3%)	73	28%
MSFC	243	90 (76%)	21 (18%)	7 (6%)	118	49%
PPMCO	253	133 (92%)	8 (6%)	3 (2%)	144	57%
UHC	238	130 (86%)	16 (11%)	5 (3%)	151	63%
UMHP	240	122 (82%)	16 (11%)	10 (7%)	148	62%
TOTAL	2,037	951 (83%)	143 (13%)	45 (4%)	1,139	56%

Of the 2,037 PCP surveys attempted in CY 2019, there were 1,139 successful PCP surveys completed, thus yielding a response rate of 56%. MCO-specific results demonstrated that KPMAS had the highest percent of successful calls with 70%, and MPC had the lowest with 28%. By far, the majority of all calls were completed on the 1st call attempt.

MCO-Specific Results of Unsuccessful Contacts

Of the 2,037 PCP surveys attempted in CY 2019, there were 898 unsuccessful PCP surveys. The reasons for unsuccessful surveys were divided into two categories, “No Contact” or “PCP Response”. Unsuccessful surveys categorized as “No Contact” were calls in which the surveyor could not reach the PCP, such as a “hold time exceeding 5 minutes” or “no answer”. Unsuccessful survey calls identified as “wrong number,” “office closed,” and “provider not with practice” were recategorized to “number did not reach intended provider” for 2019. Data from CY 2017 could not be matched and data from CY 2018 was restructured to align with the new reporting. Unsuccessful surveys categorized as “PCP Response” were calls that ended after initial contact with a live respondent. In these circumstances, the respondent may have refused to participate or noted that the provider was not a PCP.

A total of 592 (66%) telephonic surveys were unsuccessful due to “No Contact” and a total of 306 (34%) were due to “PCP Response”. Tables 5 and 6 present the MCO-specific results of unsuccessful contacts due to “No Contact” and “PCP Response.”

Table 5. CY 2019 MCO Result of Unsuccessful Contacts Due to “No Contact”

CY 2019 MCO Unsuccessful Contacts Due to “No Contact”						
MCO	Did Not Reach Intended Provider	No Answer	Reached Voicemail	Hold Time > 5 min	Other	MCO Total
ABH	37	6	15	3	0	61 (10%)
ACC	41	8	5	7	0	61 (10%)
JMS	23	13	6	0	0	42 (7%)
KPMAS	12	6	0	0	0	18 (3%)
MPC	78	46	15	7	0	146 (25%)
MSFC	50	12	20	2	0	84 (14%)
PPMCO	39	13	8	0	0	60 (10%)
UHC	37	13	12	0	0	62 (11%)
UMHP	28	13	8	9	0	58 (10%)
Total	345 (58%)	130 (22%)	89 (15%)	28 (5%)	0 (0%)	592

MCO results demonstrate that 345 or 38% of the telephone numbers provided by the MCOs did not reach the intended provider, and 130 or 14% of the telephone numbers were unanswered. These two categories contributed to the majority of unsuccessful contacts due to “No Contact.” MPC had the highest number of unsuccessful calls (78) due to the number of calls that did not reach the intended provider, followed by MSFC with 50 calls. MPC also had the highest number of calls that were unanswered at 46, followed by JMS, PPMCO, UHC and UMHP each having 13 unanswered calls. MSFC had the highest number of calls reaching a voicemail (20).

Table 6. CY 2019 MCO Result of Unsuccessful Contacts Due to “PCP Response”

CY 2019 MCO Unsuccessful Contacts Due to “PCP Response”					
MCO	Wrong Location Listed for Provider	Not a PCP	Does Not Accept Insurance	Refused to Participate	MCO Total
ABH	8	0	13	3	24 (8%)
ACC	12	1	8	2	23 (8%)
JMS	26	0	12	1	39 (13%)
KPMAS	2	0	29	0	31 (10%)
MPC	30	0	2	8	40 (13%)
MSFC	35	0	6	0	41 (13%)
PPMCO	33	0	15	1	49 (16%)
UHC	11	1	13	0	25 (8%)
UMHP	26	0	7	1	34 (11%)
Total	183 (60%)	2 (0%)	105 (35%)	16 (5%)	306

MCO results demonstrate that the majority (183 or 60%) of unsuccessful contacts due to “PCP Response” were because the wrong location was listed for the provider. An additional 105 contacts, or 35% of the unsuccessful contacts, were because the PCP did not accept the insurance. PPMCO had the highest number of total unsuccessful calls (49) due to the wrong location being listed for the provider along with provider not accepting the insurance. MSFC had 41 unsuccessful calls, with the majority (35) identified as wrong location listed for the provider, followed closely by MPC (30) and UMHP (26).

MCO-Specific Results for Accuracy of PCP Information

MCO-specific results from the successful contacts for the accuracy of PCP information are presented in Table 7.

Table 7. CY 2019 MCO Results from Successful Contacts for Accuracy of PCP Information

CY 2019 MCO Successful Contacts for Accuracy of PCP Information				
MCO	Successful Contacts	Accurate PCP Information Provided	Accepts Listed MCO	Accepts New Medicaid Patients
ABH	128	117 (91%)	128 (100%)	122 (95%)
ACC	163	149 (91%)	162 (99%)	138 (85%)
JMS	100	93 (93%)	100 (100%)	80 (80%)
KPMAS	114	114 (100%)	114 (100%)	110 (96%)
MPC	73	62 (85%)	72 (99%)	64 (88%)
MSFC	118	105 (89%)	118 (100%)	101 (86%)
PPMCO	144	133 (92%)	142 (99%)	123 (85%)
UHC	151	144 (95%)	151 (100%)	131 (87%)
UMHP	148	138 (93%)	147 (99%)	128 (86%)
TOTAL	1,139	1,055 (93%)	1,134 (100%)	997 (88%)

Results demonstrated that the accuracy of PCP information, such as name, address, and telephone numbers for successful contacts ranged between 85% and 100%. One MCO (KPMAS) had an accuracy rate of 100%. PCPs reporting that they accepted the listed MCO ranged from 99% to 100%, with five MCOs (ABH, JMS, KPMAS, MSFC, and UHC) results at 100%. PCPs that reported accepting new Medicaid patients ranged from 80% (JMS) to 96% (KPMAS).

MCO-Specific Results for Compliance with Appointment Requirements

MCO-specific results for compliance with routine and urgent care appointment time frame requirements are presented in Table 8.

Table 8. CY 2019 MCO Results for Compliance with Appointment Requirements

Requirement	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP	HealthChoice Aggregate
Compliance with Routine Care Appointment Time Frame (within 30 Days)										
Compliant with Time Frame	100%	100%	80%	98%	93%	92%	83%	<u>78%</u>	100%	91%
# of Wait Days (Average)	7	7	17	4	11	11	18	18	8	12
# of Wait Days (Range)	0-28	0-30	0-95	0-45	0-56	0-70	0-135	0-131	0-30	0-135
Compliance with Urgent Care Appointment Time Frame (within 48 Hours)										
Appointment Available w/ Requested PCP At Same Location w/48 hours	81%	66%	74%	75%	71%	64%	72%	63%	76%	71%
Appointment Available w/ Another PCP At Same Location w/48 hours	18%	29%	22%	19%	22%	25%	17%	21%	22%	22%
COMPLIANCE W/ URGENT CARE APPOINTMENT	99%	96%	96%	94%	93%	90%	89%	84%	98%	93%

*Underline denotes that the minimum compliance score of 80% set by MDH is unmet.

Results for compliance with routine care appointments within 30 days ranged from 78% (UHC) to 100% (ABH, ACC, and UMHP). The average wait time for a routine care appointment ranged from 4 days (KPMAS) to 18 days (PPMCO and UHC). UHC's compliance score for routine appointments within 30 days was below the minimum compliance score set by MDH at 80%. A corrective action plan (CAP) is required to improve compliance with routine care appointment time frames.

Results for compliance with urgent care appointments within 48 hours with the PCP surveyed or another PCP at the same location ranged from 84% (UHC) to 99% (ABH).

Results for PCPs that provided an alternative option when urgent care appointments were not available with the PCP surveyed or another PCP at the same location ranged from 1% (ABH) to 31% (UHC). Four MCOs (ABH, ACC, JMS, and UMHP) had PCPs that did not provide any options when urgent care appointments were unavailable.

MCO-Specific Results for Validation of Online Provider Directories

MCO-specific results for the validation of Online Provider Directories are presented in Table 9.

Table 9. CY 2019 MCO Results for Validation of Online Provider Directories

Requirement	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP	HealthChoice Aggregate
PCP Listed in Online Directory	94%	93%	98%	99%	<u>78%</u>	97%	99%	95%	97%	95%
PCP's Practice Location Matched Survey Response	81%	85%	94%	91%	<u>64%</u>	91%	99%	90%	94%	89%
PCP's Practice Telephone Number Matched Survey Response	89%	89%	96%	99%	<u>62%</u>	97%	98%	95%	91%	92%
Specifies that PCP Accepts New Medicaid Patients and Matches Survey Response	84%	<u>79%</u>	<u>74%</u>	<u>72%</u>	<u>68%</u>	89%	<u>47%</u>	<u>2%</u>	<u>74%</u>	64%
Specifies Age of Patients Seen	94%	93%	98%	99%	<u>78%</u>	100%	99%	95%	<u>0%</u>	95%
Specifies Languages Spoken By PCP	94%	93%	98%	99%	<u>78%</u>	100%	99%	94%	<u>24%</u>	77%
Specifies Practice Accommodations for Patients with Disabilities	<u>70%</u>	93%	<u>9%</u>	99%	<u>78%</u>	97%	<u>13%</u>	92%	<u>0%</u>	61%

*Underline denotes that the minimum compliance score is unmet.

Validation of the MCO online provider directories demonstrates:

- Rates for PCPs being listed in the online provider directories ranged from 78% (MPC) to 99% (KPMAS and PPMCO).
- Rates for the PCP's practice location matching the survey response ranged from 64% (MPC) to 99% (PPMCO).
- Rates for the PCP's telephone number matching the survey response ranged from 62% (MPC) to 99% (KPMAS).
- Rates for the directories specifying that the PCP accepts new Medicaid patients ranged from 2% (UHC) to 89% (MSFC).
- Rates for the directories specifying the ages seen by the PCP ranged from 0% (UMHP) to 100% (MSFC).
- Rates for the directories specifying the languages spoken by the PCP ranged from 24% (UMHP) to 100% (MSFC).
- Rates for the directories specifying the practice has accommodations for patients with disabilities ranged from 0% (UMHP) to 99% (KPMAS).

The minimum compliance score is 80% for the validation of online directories. Based on the CY 2019 results, eight MCOs are required to submit CAPs to Qlarant to correct PCP details noted in the online provider directory. Snapshots of MCO Online Provider Directories follow with recommendations for improvements necessary to become compliant with current requirements.

ABH Online Provider Directory

ABH's online provider directory is easy to review and complete with designated placeholders for each of the components required by regulation. ABH provides icons with a colored legend specifying language spoken, provider training, and handicap accessibility. Placeholders that do not have information are left blank. Information icons with a question mark inform the enrollee when accessed that the self-reported information is "updated with changes in the provider's professional standing or every three years".

Following the CY 2018 validations, ABH was required to submit a CAP to address the following:

- Online provider directories must specify whether the office practice has ADA accommodations. If "Handicap Accessibility" means that the office is handicap accessible, it would be clearer to the member to state "Handicap Accessible" or "Handicap Accessibility: Yes".
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.
- Online provider directories must specify whether the provider has completed cultural competency training.

The CY 2019 validation demonstrated that although ABH's CY 2018 CAP proposed solutions to address the above issues, the online directory still does not reflect the required changes to add ADA accommodation specifics and continued opportunities remain.

In order to be compliant in the CY 2020 validations, ABH must submit a CAP addressing the following:

- Online provider directories must specify whether the office practice has ADA accommodations. If "Handicap Accessibility" means that the office is handicap accessible, it would be clearer to the member to state "Handicap Accessible" or "Handicap Accessibility: Yes".
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.

Qlarant makes the following recommendations for ABH:

- Provide a clear response such as "yes" or "none specified" instead of "not available" in placeholders. "Not available" could be interpreted by the member as handicap accessibility is not available or that there is no information available about handicap accessibility.

ACC Online Provider Directory

ACC's online provider directory is easy to read, available on one page, and includes placeholders for each of the components required by regulation. The directory also includes a feature that allows an enrollee to select and review up to three providers side by side.

ACC provides a statement in the glossary for members indicating that the provider information is updated on a daily basis and may change. ACC encourages members to ask if the provider is still with Amerigroup and accepting new patients when they contact them. The ACC member services contact number is also noted in the glossary.

Following the CY 2018 validations, ACC was required to submit a CAP to address the following:

- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.
- Online provider directories must consistently include placeholders and responses that specify whether the provider has completed cultural competency training.

The CY 2019 validation demonstrated that although ACC's CY 2018 CAP proposed solutions to address the above issues, the online directory still does not reflect the required changes to add ADA accommodation specifics and continued opportunities remain.

In order to be compliant in the CY 2020 validations, ACC must submit a CAP addressing the following:

- Ensure staff responses regarding accepting new Medicaid patients align with the responses provided in the online directory. Members use the online directory to search for new PCPs and should receive the same information when calling the provider directly.
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.

JMS Online Provider Directory

JMS's online provider directory is easy to read, and includes placeholders and responses for each of the components required by regulation. If there is no information for a component, the response is not left blank; it is noted as "None Reported".

JMS provides the customer service department telephone number visibly on the main provider directory page as well as in the glossary. JMS states that directory information is updated daily and that providers report and validate their information at least annually.

Following the CY 2018 validations, JMS was required to submit a CAP to address the following:

- Online provider directories must indicate what ages the provider serves.
- Online provider directories must indicate that the office practice has Accommodations for Physical Disabilities.
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.
- Online provider directories must indicate whether the provider has completed cultural competency training.

The CY 2019 validation demonstrated that although JMS's CY 2018 CAP proposed solutions to address the above issues and results for ADA accommodations improved, the results remain significantly below the minimum compliance rate.

In order to be compliant in the CY 2020 validations, JMS must submit a CAP addressing the following:

- Ensure staff responses regarding accepting new Medicaid patients align with the responses provided in the online directory. Members use the online directory to search for new PCPs and should receive the same information when calling the provider directly.
- Online provider directories must indicate that the office practice has Accommodations for Physical Disabilities.
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.

KPMAS Online Provider Directory

KPMAS's online provider directory is easy to read and includes placeholders and responses, and includes all of the components required by regulation. A red banner alerts enrollees that the provider directory will be linked to a new URL on September 30, 2019. The glossary contains general information and advises enrollees that updates are made between 15 and 30 days.

KPMAS provides a "secondary language" placeholder to specify other languages than English spoken by the provider and staff. This placeholder indicates "none" if no additional language is spoken other than English.

Following the CY 2018 validations, KPMAS was required to submit a CAP to address the following:

- Online provider directories must indicate other languages spoken by the provider. If there are no other languages, the placeholder should clearly specify "None" and not be left blank.
- Online provider directories must specify whether each office practice has ADA Accommodations.
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.
- Online provider directories must specify whether each provider has completed cultural competency training.

The CY 2019 validation demonstrated that KPMAS' CY 2018 CAP addressed the deficiencies and results reflected significant improvements in validation rates for directories specifying other languages identified (21% in CY 2018 to 99% in CY 2019) as well as specifying ADA accommodations (0% in CY 2018 to 99% in CY 2019).

In order to be compliant in the CY 2020 validations, KPMAS must submit a CAP addressing the following:

- Ensure staff responses regarding accepting new Medicaid patients align with the responses provided in the online directory. Members use the online directory to search for new PCPs and should receive the same information when calling the provider directly.

MPC Online Provider Directory

MPC's online provider directory is easy to read, available on one page, and includes placeholders for all of the components required by regulation. The placeholder for ADA accessibility provides a response including an icon for more information. When the icon is accessed, a table appears with an accessibility legend listing accommodations available at the provider site such as Braille signage, accessible exam rooms, ramps, and equipment. It was found during the validation process that when accessing the icon placed next to a "yes"

response for some PCPs, the table appeared, but information pertaining to the specific accessibility accommodations of the practice location was not included.

Following the CY 2018 validations, MPC was required to submit a CAP to address the following:

- Online provider directories must consistently include responses for languages spoken by the PCP.
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.
- Online provider directories must specify whether each provider has completed cultural competency training.

The CY 2019 validation demonstrated that MPC's CY 2019 CAP addressed the deficiencies, and significant improvement was made in validation rates for directories specifying other languages spoken by the provider (from 2% in CY 2018 to 78% in CY 2019).

In order to be compliant in the CY 2020 validations, MPC must submit a CAP addressing the following:

- Online provider directories must consistently reflect accurate providers, phone numbers, and address information so enrollees can identify and contact new PCPs in their area.
- Ensure staff responses regarding accepting new Medicaid patients align with the responses provided in the online directory. Members use the online directory to search for new PCPs and should receive the same information when calling the provider directly.
- Online provider directories must indicate what ages the provider serves.
- Online provider directories must consistently include responses for languages spoken by the PCP.
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.

Qlarant continues to recommends MPC complete the following:

- Ensure the icon next to the accessibility response includes specifics and is not left blank. If the provider does not have ADA accommodations, the icon should be deleted or it should state "None" or "No Accommodations".

MSFC Online Provider Directory

MSFC's online provider directory is easy to read, available on one page, and includes placeholders and responses for all of the components required by regulation. MSFC shares how current the provider information is with a date at the bottom of the page, which is a best practice.

Following the CY 2018 validations, MSFC was required to submit a CAP to address the following:

- Online provider directories must include the age ranges served by the PCP.
- Online provider directories must specify other languages spoken by the provider. If there are no other languages, the placeholder should clearly specify "None" and not be left blank.
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.

- Online provider directories must specify whether each provider has completed cultural competency training.

The CY 2019 validation demonstrated that MSFC's CY 2018 CAP addressed the deficiencies and significant improvement was made in validation rates, including directories specifying the age ranges served by the PCP (from 64% in CY 2018 to 100% in CY 2019) and in specifying other languages spoken by the provider (from 2% in CY 2018 to 100% in CY 2019). There are no opportunities or recommendations for MSFC at this time.

PPMCO Online Provider Directory

PPMCO's online provider directory takes several clicks to access, and the provider information is on two pages named "details" and "contact information." The directory is complete with designated placeholders for all of the components required by regulation except for cultural competency training. Additionally, although there is a placeholder for Accessibility, it was left blank. Other responses communicate that the information is "not specified" when information is not available.

Following the CY 2018 validations, PPMCO was required to submit a CAP to address the following:

- Online provider directories must specify other languages spoken by the provider. If there are no other languages, the placeholder should clearly specify "None". This information should be collected, and the response should not be left blank or state "not specified".
- Online provider directories must specify ADA accessibility responses for the provider.
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.
- Online provider directories must specify whether each provider has completed cultural competency training.

The CY 2019 validation demonstrated that PPMCO's CY 2018 CAP proposed solutions to address the deficiencies. While there were not any improvements in validation rates regarding the information members may receive when calling a provider to check if they accept Medicaid versus what the provider directory reflects or in identifying ADA accessibility or accommodations, there were significant improvements in validation rates for directories specifying the age ranges served by the PCP (from 4% in CY 2018 to 99% in CY 2019) and in specifying other languages spoken by the provider (from 28% in CY 2018 to 99% in CY 2019).

In order to be compliant in the CY 2020 validations, PPMCO must submit a CAP addressing the following:

- Ensure staff responses regarding accepting new Medicaid patients align with the responses provided in the online directory. Members use the online directory to search for new PCPs and should receive the same information when calling the provider directly.
- Online provider directories must specify ADA accessibility responses for the provider.
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.

UHC Online Provider Directory

UHC's online provider directory is easy to read and includes placeholders and responses for all of the components required by regulation. The site includes a feature at the bottom of the individual providers' directory page entitled "report incorrect information," encouraging members to notify UHC of incorrect information.

Best practices found on the UHC's online directory include:

- The Accessibility placeholder specifies what accommodations are available at the providers' practice location.
- There is a link to "contact us" at the bottom of the page which directs the member to call the member services number located on the back of their member ID card to report inaccurate information.
- There is a five-star patient experiences rating system for each provider where feedback and reviews are available for enrollees to read.

Following the CY 2018 validations, UHC was required to submit a CAP to address the following:

- Online provider directories must include a response to the languages spoken placeholder.
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.
- Online provider directories must specify whether each provider has completed cultural competency training.

The CY 2019 validation demonstrated that UHC's CY 2018 CAP addressed the deficiencies and significant improvements were made in validation rates for directories specifying other languages spoken by the provider (from 26% in CY 2018 to 94% in CY 2019) and in specifying practice accommodations for patients with disabilities (83% in CY 2018 to 92% in CY 2019). However, there was a significant decline in rates regarding the alignment for staff responses with accepting new Medicaid patients (from 70% in CY 2018 to 2% in CY 2019). Members use the online directory to search for new PCPs and should receive the same information when calling the provider directly.

In order to be compliant in the CY 2020 validations, UHC must submit a CAP addressing the following:

- Ensure staff responses regarding accepting new Medicaid patients align with the responses provided in the online directory. Members use the online directory to search for new PCPs and should receive the same information when calling the provider directly.

UMHP Online Provider Directory

UMHP's online provider directory contains five of the seven components required by regulation. The directory is missing placeholders and/or responses for age ranges served and accommodations for ADA compliance. UMHP leaves placeholders blank if information is not received by the providers. The online provider directory includes a disclaimer on the provider search site that states UMHP receives, validates, and updates directories using self-reported information every three years during the credentialing process. Enrollees are directed to call the provider directly or UMHP for the most up-to-date information.

Following the CY 2018 validations, UMHP was required to submit a CAP to address the following:

- Online provider directories must specify ages served by the provider.
- Online provider directories must specify ADA accessibility responses for the provider.
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.
- Online provider directories must specify whether each provider has completed cultural competency training.

The CY 2019 validation demonstrated that UMHP's CY 2018 CAP addressed the deficiencies resulting in slight improvement in validation rates for online directories specifying other languages spoken by the provider (from 21% in CY 2018 to 24% in CY 2019). There were no improvements in rates identifying practice accommodations for patients with disabilities (3% in CY 2018 to 0% in CY 2019) or in the alignment of staff responses with accepting new Medicaid patients (from 75% in CY 2018 to 74% in CY 2019). Members use the online directory to search for new PCPs and should receive the same information when calling the provider directly.

In order to be compliant in the CY 2020 validations, UMHP must submit a CAP addressing the following:

- Ensure staff responses regarding accepting new Medicaid patients align with the responses provided in the online directory. Members use the online directory to search for new PCPs and should receive the same information when calling the provider directly.
- Online provider directories must specify ages served by the provider.
- Online provider directories must specify ADA accessibility responses for the provider.
- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.

Conclusions

Significant CY 2019 survey process improvements facilitated an easier and less burdensome call to the provider. The changes allowed for a streamlined data collection process with reporting categories that produced an efficient and accurate data analysis.

The overall response rate for the CY 2019 surveys was 56%, an increase of 10 percentage points over CY 2018 although lower than the CY 2017 year response rate of 66%. Even though the sample data was provided directly from the MCOs, a fluctuating trend of inaccurate information continues. The rate of accuracy with PCP addresses and phone numbers was the highest in CY 2017 at a rate of 59%. In CY 2018, the accuracy rate dropped by 16 percentage points to 43%. However, the rate increased in CY 2019 by 11 percentage points to 54%. Of the successful calls available for online provider directory validation, there was a 1 percentage point increase in the PCP address match from the CY 2018 rate of 92% to 93% in CY 2019. There was a 1 percentage point decrease in the PCP phone number match from the CY 2018 rate of 97% to 96% in CY 2019.

All but 5 of 2,037 PCPs surveyed for open access in 2019 (100%) demonstrated that they accepted the listed MCO; this is a 2 percentage point increase from the CY 2018 results (98%) and a 6 percentage point increase over the CY 2017 (94%) results. Additionally, the majority of PCPs stated in CY 2019 (88%) that they accepted new patients, a 3 percentage point increase over CY 2018 (85%) results and a 1 percentage point increase over the CY 2017 (87%) results. Of the successful calls available for online provider directory validation, acceptance of new Medicaid patients match rates declined 20 percentage points from CY 2018 at 87% to 67% in CY 2019.

Overall, routine and urgent care appointment compliance rates remained consistent year over year. A total increase of 2 percentage points was reflected in routine care appointment compliance, from 89% in CY 2017 to 91% in CY 2018, and remained at 91% for CY 2019. However, urgent care appointment compliance rates remain consistent and increased another 3 percentage points in CY 2019 (93%) over the 90% appointment compliance rate in CY 2018. The CY 2017 appointment compliance rate was considerably lower (67%) and did not incorporate survey methodology that allowed practices to schedule an appointment with another provider in the same practice location as an alternative when the surveyed PCP was unable to see a patient within the required urgent care time frame.

Several barriers to network adequacy have been identified through conducting the surveys. Primarily, the inaccuracy of PCP contact information does not allow for members to easily access PCPs. Once a PCP is identified, it is difficult for members to contact their PCP appointments. Additionally, staff at provider offices and online provider directories are not accurately communicating or reflecting whether or not they are accepting new Medicaid patients, which prevents enrollees from scheduling appointments with their preferred PCP. Considering MDH relies on accurate data from the MCOs to ensure appropriate PCP coverage statewide, these barriers warrant further investigation to determine if they impact network adequacy determinations. Such barriers may cause members who are unable to contact their PCP to seek care from urgent care facilities or emergency departments. Furthermore, members may delay annual preventative care visits for themselves or their children if they are unable to contact a PCP and/or obtain an appointment.

MDH set a minimum compliance score of 80% for the Network Adequacy Assessment. Based on the CY 2019 results, eight of the MCOs are required to submit CAPs to Qlarant to correct PCP details noted in the

online provider directory. Additionally, UHC is required to complete a CAP to improve compliance with routine care appointment time frames.

Recommendations

The following recommendations are resultant of the CY 2019 surveys.

MCO Recommendations

- **Provide complete and accurate PCP information** and current URLs to online provider directories.
- **Notify PCPs of the MD NAV survey time frame** and promote participation one month before the surveys begin.
- **Refrain from completing any MCO-specific provider surveys** within the same time frame as the MD NAV surveys to optimize PCP participation.
- **Frequently inspect online provider directories** to ensure the status of accepting new Medicaid patients is accurate and communicate this information with provider office staff.
- **Ensure that MCO's online provider directory specifies the following information for each PCP:**
 - Whether they accept new Medicaid patients
 - The ages of patients served
 - All languages spoken by the PCP
 - That the practice location has accommodations for patients with disabilities, including offices, exam room(s), and equipment.
- **Clearly indicate appointment call center telephone numbers** in online directory webpages so members know what number to contact to schedule appointments for those MCOs with centralized scheduling processes.
- **Add the customer service department's telephone number on the bottom of each directory page** for member reference.
- **Share how current the information is in the online directory** by adding a date at the bottom of each page.

MDH Recommendations

- **Promote standards/best practices** for MCOs' online provider directory information, including:
 - Use of consistent lexicon for provider detail information
 - Use of placeholders with consistent descriptions for provider details that are missing, such as "none" or "none specified" rather than blanks
 - List all languages spoken by providers, including English
 - List age ranges of patients served. Members, especially parents of children or adolescents, rely on this information when searching for PCPs.
 - Update online directories identifying accommodations for patients with disabilities, including offices, exam room(s), and equipment in a manner that is easily accessible.
 - Require all directories to state the date the information was last updated for easy monitoring
- **Continue to monitor MCO complaints** regarding the use of urgent care and emergency department services and review utilization trending to ensure members are not accessing these services due to an inability to identify or access PCPs.
- **Review and revise COMAR 10.09.66.07(A)(3)(iii)** to specify which provider types are required to schedule patients within 48 hours of an appointment request.

2019 PCP Survey Validation Tool

FIELD	DESCRIPTION
Telephone Survey	
Surveyor Identifier	Identifier number given to a surveyor
Provider Name	This field is prepopulated based on the data sample
Provider Credentials	This field is prepopulated based on the data sample
Provider Type	This field is prepopulated based on the data sample
Provider Specialty	This field is prepopulated based on the data sample
Provider's Address	This field is prepopulated based on the data sample
Provider's Phone	This field is prepopulated based on the data sample
MCO	This field is prepopulated based on the data sample
NPI	This field is prepopulated based on the data sample
Survey Type	This field is prepopulated with "Traditional Survey"
Call Attempt	Surveyor clicks on radio button for 1 st , 2 nd , or 3 rd call attempt
Call Attempt Comments	Surveyor uses the comment box to make internal notes only related to call attempts. This information will not be included in reported data.
Call Date	Surveyor will enter the MM/DD/YYYY only when a successful contact or FINAL unsuccessful contact has been completed to the provider
Is the Provider's Address Correct?	Surveyor selects an option from the following options: <ul style="list-style-type: none"> <input type="radio"/> Yes, pre-populated address is correct. <input type="radio"/> No, entire practice of office moved, correct address given
If Corrected Address Given:	If respondent stated entire practice/office moved, surveyor enters corrected address given.
Does Provider Accept the listed Insurance?	Surveyor selects from the following options: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to confirm acceptance of the listed insurance
Is This A Successful Contact?	Surveyor notes whether they successfully reached a respondent at the provider office by selecting from the following options: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
If Not A Successful Contact, Reason:	If the surveyor was unable to reach the provider office/reason for unsuccessful contact, they select a reason from the following options: <ul style="list-style-type: none"> <input type="radio"/> Wrong number <input type="radio"/> Not a Primary Care Provider <input type="radio"/> Refused to participate in survey <input type="radio"/> Office permanently closed <input type="radio"/> No answer or phone not in service <input type="radio"/> Prompted to leave message <input type="radio"/> Hold time greater than 5 minutes <input type="radio"/> Provider not with this practice <input type="radio"/> Provider at other address <input type="radio"/> Provider doesn't take listed insurance <p>Once one of the above options is selected, the survey ends. Surveyor changes Survey Status at end of tool to: <i>Complete – no validation required.</i></p>

FIELD	DESCRIPTION
Were you able to reach the provider office with prepopulated phone information?	Surveyor selects from the following options: <ul style="list-style-type: none"> ○ Yes, pre-populated phone number is correct ○ Yes, reached office, but caller was transferred to another department and/or scheduler ○ Yes, reached office, but caller had to dial a different number for scheduler
Number given to reach scheduler:	Surveyor enters the phone number given to reach scheduler
Is The Provider Accepting New Medicaid Patients?	Surveyor selects from the following options: <ul style="list-style-type: none"> ○ Yes ○ No ○ Unable to answer question
Can you provide me with the next available routine appointment date?	Surveyor selects from the following options in the drop down menu: <ul style="list-style-type: none"> ○ Yes ○ No, no appointment available
What is the next available routine or non-urgent appointment date?	Surveyor enters date of next available routine/non-urgent appointment date in date picker (MM/DD/YYYY).
Can you give me the next available urgent care appointment with this provider within 48 hours?	Surveyor selects from the following options in the drop down menu: <ul style="list-style-type: none"> ○ Yes ○ No
What is the date of the next available urgent care appointment?	If yes is selected, surveyor enters date of urgent care appointment date in date picker (MM/DD/YYYY).
If unable to give next available urgent care appointment with survey provider, could you give me an urgent care appointment with another provider at this same practice within 48 hours?	Surveyor selects from the following options: <ul style="list-style-type: none"> ○ Yes ○ No
Date of next available urgent care appointment	Surveyor enters date of next available urgent care appointment date in date picker (MM/DD/YYYY).
If you still could not give me an urgent care appointment, what other options could you offer?	Surveyor selects from the following options (multiple selections may be chosen): <ul style="list-style-type: none"> ○ Go to Urgent Care Facility ○ Go to nearest Emergency Services ○ Did not provide another option
What is your next available routine or non-urgent appointment date?	Surveyor enters date (MM/DD/YYYY) of the appointment in the date picker
Online Provider Directory Validation	
Did the pre-populated or corrected address in this tool <u>match</u> the address listed in the online provider directory?	Validator compares the prepopulated or correct address to address in MCO's online provider directory. Surveyor selects from the following options: <ul style="list-style-type: none"> ○ Yes, prepopulated or corrected address matches the online provider directory address ○ No, there was not a match ○ Provider not listed in the online provider directory

FIELD	DESCRIPTION
If no, what did not match?	Validator selects from the following options (multiple selections may be chosen): <ul style="list-style-type: none"> ○ Phone Number ○ Street Number ○ Street Name ○ Suite Number ○ City ○ State ○ Zip Code ○ Provider's address was not listed
Did the provider office phone number (pre-populated or number provided) match the phone number listed in the online provider directory?	Validator compares the pre-populated or corrected phone number to the phone number listed in the online provider directory. Validator selects from the following options: <ul style="list-style-type: none"> ○ Yes, the pre-populated or corrected phone number matches the online provider directory phone number ○ No, there was not a match ○ Online provider directory did not list provider's phone number
Did the survey response to "are you accepting new Medicaid patients" match what is specified in the online provider directory?	Validator reviews the online provider directory to see if it indicates if the provider is accepting new patients and compares the directory information to the answer provided by the respondent during survey. Validator selects from the following options: <ul style="list-style-type: none"> ○ Yes, the survey response matches the information in the online provider directory ○ No, the survey response did not match the information in the online provider directory ○ Survey respondent was unable to answer whether or not the provider accepted new Medicaid patients ○ Online provider directory did not specify whether the provider accepted new patients
Did the online provider directory specify the ages of patients accepted by the provider?	Validator reviews the online provider directory to see if it specifies what patient ages are accepted by the provider and selects from the following options: <ul style="list-style-type: none"> ○ Yes ○ No
Did the online provider directory specify the languages spoken by provider?	Validator reviews the online provider directory to see if it specifies what languages are spoken by provider and then selects from the following options: <ul style="list-style-type: none"> ○ Yes ○ No
Did the online provider directory specify whether the practice is accessible for patients with disabilities?	Validator reviews the online provider directory to see if it specifies if the provider's practice is accessible for patients with disabilities and selects from the following options: <ul style="list-style-type: none"> ○ Yes, no details provided ○ Yes, with specific details ○ No
Specific ADA accessible details identified.	Validator lists the accessibility details provided in the online directory. For example: Exam rooms, ramps, bathrooms, elevators.
Survey Status	Survey Status is changed to one of the following options upon completion of the telephonic survey portion and/or the online provider directory validation:

FIELD	DESCRIPTION
	<ul style="list-style-type: none">○ Incomplete: Survey automatically default to this status until complete○ Complete, No Validation Required: Call was unsuccessful○ Ready for Validation: Prompt for online provider directory validators that telephonic survey has been completed○ Validation Complete: Both telephonic survey and online provider directory validation have been completed.