Maryland Department of Health

HealthChoice and Acute Care Administration
Division of HealthChoice Quality Assurance

MARYLAND
Department of Health

HealthChoice
Maryland's Medicaid Managed Care Program

Delmarva Foundation
A Quality Health Strategies Company

Medicaid Managed Care Organization

Network Adequacy Validation

Assessing Accuracy of Provider Directories Report

Calendar Year 2017

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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 continuous 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 the 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 foundation of the program hinges on providing a "medical home" for each enrollee by connecting each enrollee with a PCP who is 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 University of Maryland, Baltimore County (Hilltop) to develop a validation method to test the accuracy of HealthChoice MCO's provider directories. This was conducted in two phases. In Phase 1, Hilltop conducted a pilot survey from October to December of 2015. For Phase 2, MDH and Hilltop streamlined the 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 exist 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 indicates 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 the start of Phase 3 survey collection, MDH did not implement this requirement. However, MDH shared information regarding inaccurate directory entries with 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).

In Phase 3, MDH transitioned the survey administration from Hilltop to its External Quality Review Organization (EQRO), Delmarva Foundation for Medical Care, Inc. (Delmarva Foundation). Surveys were conducted in June and July of 2017 with the goal of validating the MCO's online provider directories and assessing compliance with State access and availability requirements. Delmarva Foundation adopted methodology similar to Hilltop's survey and conducted calls to a statistically significant sample of PCPs within each MCO.

Surveys were conducted to a total of 1,319 PCPs with successful contact made to 870 PCPs, yielding a response rate of 66%. This was an increase of 53% over Phase 2 response rate of 35%. In Phase 3, Delmarva Foundation 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 practices accepts new patients
- What age range the provider serves
- The first available routine appointment
- The first available urgent care appointment

Results demonstrated the following:

- The correctness of the provider telephone number and/or address continued to be an area of weakness across the HealthChoice MCOs.
- The majority of PCPs surveyed (94%) stated that they accepted the MCO listed in the provider directory.

- The majority of PCPs surveyed (87%) stated that they accepted new patients. This was an increase from the Phase 2 results at 71.7%.
- Similar to Phase 2, 76% of PCPs surveyed accepted all ages versus specific ages.
- The majority of the PCPs surveyed (89%) were compliant with the first available routine appointment requirement.
- An opportunity for improvement is noted regarding the compliance with the first available urgent care appointment requirement in which results for PCPs surveyed were 67%.

Beginning with the calendar year (CY) 2017 Phase 3 Assessment, MDH set an 80% minimum compliance score for the network adequacy assessment. MCOs that did 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 Delmarva Foundation.

Introduction

Delmarva Foundation is contracted as the EQRO for the Division of Quality Assurance (DQA). As such, Delmarva Foundation annually evaluates the quality assurance program and activities of each MCO contracting with the State of Maryland to provide care to Medical Assistance enrollees in the HealthChoice Program. To ensure that MCOs have the ability to provide enrollees with timely access to a sufficient number of in-network providers and ensure that members have access to needed care within a reasonable time frame, MDH contracted with Delmarva Foundation to evaluate the network adequacy of the HealthChoice Program MCOs.

Delmarva Foundation completed PCP Surveys in Calendar Year (CY) 2017 to assess the accuracy of MCO's provider directories as a first step in the evaluation of the network adequacy evaluation. Surveys evaluated all eight HealthChoice MCOs active between **January 1, 2017 and December 31, 2017:**

- 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)

Background

In 2015, MDH contracted with Hilltop to develop and conduct a direct test to assess HealthChoice network adequacy. Hilltop conducted Phase 1, the Direct Test Pilot, between October and December 2015 and Phase 2 between January 2017 and February 2017.

Phase 1 (Hilltop – October to December 2015)

The objective of Phase 1 was to pilot a survey instrument to deterimine if valid results could be obtained before scaling to a statistically significant sample in future surveys relating to the verification of the accuracy of each HealthChoice MCOs' primary care physician (PCP) directory information. Based on a review of direct test approaches adopted in other states and the provider directory requirements in the Code of Maryland Regulations (COMAR), MDH adopted a partial "secret shopper" approach. Unlike traditional secret shopper models that mask the surveyors' identity and affiliation with the surveying institution, MDH's partial approach required surveyors to identify their affiliation with MDH and the purpose of their call at the beginning of the survey. The purpose of increased transparency was to

reduce the potential for hang-ups and to avoid possible confusion for provider offices. However, in the spirit of a secret shopper-style initiative, MDH did not notify the MCOs or providers regarding the calls or the survey questions in advance to preserve the fidelity of the results.

MDH collaborated with Hilltop to design the Phase 1 survey instrument, determine a sampling strategy, define the scope of the effort, and develop and administer a training program for surveyors. The Phase 1 survey instrument was pilot tested from October through December 2015, and the results of that analysis validated the general approach.

Designed as a web-based form, the Phase 1 survey instrument included the following questions aimed at validating the accuracy of the provider directory elements required by COMAR for PCPs:

- Name
- Practice location or locations
- An indication of whether the provider is accepting new patients
- An indication of whether access to the provider is otherwise limited (for example, by age of patient or number of enrollees the provider will serve)

A total of 297 telephone calls were made to 205 MCO provider offices in Phase 1. The surveys were completed by 127 provider offices for a response rate of 62.9%. For the remaining 75 providers who did not complete the survey, the most common reason was that the provider did not practice at the location listed in the directory. Other reasons included inability to complete the survey, refusal to participate, and incorrect telephone numbers.

Results of Phase 1 showed that nearly 20% of surveyed telephone numbers were listed incorrectly in the MCO's directory. However, the majority of surveyed providers saw Medicaid patients enrolled with the specific MCO (92.1%), and approximately 74% were accepting new Medicaid patients.

Phase 1 survey questions were not designed to validate certain details about the provider's panel, including whether it was open or if the provider only served a limited population, such as participants aged 0 to 21 years. These fields were omitted from the Phase 1 survey because information regarding whether a provider's panel was open to specific age groups was not consistently listed in the MCO directories. MDH amended COMAR 10.09.66.02 to explicitly require these fields in 2016.

MDH forwarded individualized survey results to MCOs on March 9, 2016. Survey results identified MCO providers for whom there was a discrepancy between the information found in the MCO's directory and the information reported by the provider during the survey call. The survey results also identified the

subject of the discrepancy, including contact/address information, services provided, or participation/contract status. MCOs were encouraged to follow-up with the providers and make the necessary corrections to their online directories. One MCO suggested that, going forward, MDH provide MCOs with greater detail as to the elements of the directory entry that were incorrect to ease the follow-up and correction process.

Phase 2 (Hilltop – January to February 2017)

In Phase 2, Hilltop and MDH target a statistically significant sample of providers across the HealthChoice program and streamlined the survey tool to automate information recording and limit transition times between calls. The following changes were made to the survey instrument for Phase 2 of the project:

- Revised two questions on the age range of patients that were perceived to be mutually exclusive categories. In the previous version of the questionnaire, patients who were 21 years of age were excluded.
- Removed comment boxes and the requirement to document correct contact information to administer the survey more quickly.
- Separately surveyed group practices in addition to individual providers.

Hilltop staff updated the questions and methodology with these changes and trained additional individuals hired to work on this project. This training included completing mock telephone calls prior to contacting provider offices. A Hilltop staff member monitored a portion of the survey calls to ensure consistency and adherence to the protocol.

MDH and Hilltop tested the Phase 2 survey instrument from January 24, 2017 through February 24, 2017. All telephone calls were performed on weekdays during normal business hours (9:00 am to 5:00 pm, except during the 12:00 pm to 1:00 pm lunch hour). As was instructed in Phase 1, Phase 2 surveyors identified themselves as calling on behalf of the Maryland Medicaid program and MDH. The type of staff member from the provider office who responded to the survey varied by practice. In general, they were individuals who speak directly with patients and schedule appointments.

The surveyors followed the protocol described below:

- If a person who could respond to the questions was unavailable at the time of the initial call, then call-backs were completed when office staff requested them.
- The surveyors were given a call-back log sheet and trained to keep track of the number of calls made and at the times at which they were placed.

- If a surveyor encountered an incorrect or disconnected telephone number, then the surveyor re-checked the telephone number on the MCO's website and dialed it at least one additional time before marking it as a wrong number on the data collection tool.
- If a surveyor was transferred to voicemail, or a live person could not be reached during the call, then no additional attempts were made to contact the provider, and the next provider on the list was contacted.

To develop the sample of providers to contact, Hilltop selected all providers listed as PCPs across the eight MCO online provider directories. The sample included individual providers (e.g., Dr. Smith) and group practices (e.g., Maryland Medical Practice) as they were listed in the MCO's directory. Provider sample lists were developed from October 2016 through January 2017.

PCPs were identified using a variety of data fields available on the MCO's website. This information could be listed as a yes/no field (e.g., is the provider a PCP?) or by the provider specialty type designated by the MCO. If specialty type was used, Hilltop selected providers whose specialty types aligned with the COMAR definition of a PCP (a provider classified as primary care, adult medicine, internal medicine, general practice, family medicine, or pediatrics) as potential survey participants. The list also included nurse practitioners and physician assistants who worked with one of these primary care specialty types.

Each unique combination of provider name, telephone number, and MCO contract generated a pool of 24,394 providers. Based on the number of unique telephone numbers, there were 4,095 unique primary care office locations identified. The unique telephone number criterion was used to ensure that the surveyors did not contact an office with numerous requests to respond to the survey. Hilltop found the data available on the MCO's provider directory website, which was used to generate the pool of eligible providers, to be unreliable. Use of this data would have generated misinformation related to primary care provider status, telephone number accuracy, age range of patients accepted, providers who refused to participate, and contacting group practices.

During Phase 2, a total of 1,209 telephone calls were made to 1,041 provider offices. The survey was completed by 361 provider offices for a response rate of 34.7%. Many providers completed the survey on the first attempt. The remaining providers required one or two follow-up calls. Results indicated that:

- 96.7% of surveys validated the name of the provider or the name of the group practice correctly in the MCO directory. The error rate found in different components of the provider's address ranged from about 8 to 14%. The most frequent part of the provider's address listed incorrectly was the suite number, followed by street number, street name, city, and ZIP code.
- 81.2% of surveys validated that the telephone number was listed correctly in the MCO directory.

- 76.5% of surveys validated that providers offered services for patients younger than 21 years of age as indicated in the provider directories.
- 73.1% of surveys validated that providers offered services for patients older than 21 years of age as indicated in the provider directories.
- 71.7% of surveys validated that providers were accepting new patients as indicated in the provider directories.

Phase 3 (Delmarva Foundation – June to July 2017)

In October 2016, MDH contracted with Delmarva Foundation to conduct the Phase 3 assessment of MCO provider directories. In collaboration with MDH, the goals of the assessment were expanded to include an assessment of the network adequacy of the HealthChoice program as follows:

- Validate the MCO's online provider directories; and
- Assess compliance with State access and availability requirements.

To complete the validation of the MCO's online provider directories and assess compliance for access and availability requirements, Delmarva Foundation adopted methodology like Hilltop's and expanded it by adding the compliance assessment of appointment timeframe requirements. Similar to Phases 1 and 2, a partial secret shopper model was utilized to complete the surveys, which included the surveyor identifying themselves as calling on behalf of the Maryland Medicaid program and MDH. MCOs and providers were not notified of the calls or survey questions in advance.

Sampling Methodology (Phase 3)

The sample for each MCO was determined based on the number of unique provider offices identified in Phase 2 by Hilltop in January/February of 2017. Based on the population size of 4,095 unique provider offices, the minimum recommended sample size of 250 primary care providers (PCPs) per MCO were selected, providing a 90% confidence level and a 5% margin of error. The minimum sample of PCPs was selected from each MCO's online provider directory except for JMS and KPMAS.

Both JMS and KPMAS have clinic-based service models where multiple providers offer services at a limited number of locations. Therefore, we were unable to reach the minimum samples of PCPs at unique provider locations. Additionally, KPMAS does not have a traditional provider directory; only lists the provider's name and practice location. KPMAS members are instructed to call Member Services to schedule an appointment. This further complicates verification activities for this MCO. Based on the MCO models for JMS and KPMAS, it is foreseen that this issue will be presented going forward. For these reasons, results for these MCOs are provided for informational purposes only and cannot be compared to other MCO results.

The sample of PCPs was randomly selected from each MCO's online directory one week prior to the surveys. PCPs included primary care, internal medicine, and general medicine. The provider information was obtained from the directory and uploaded into a survey tool on the portal for the surveyor. Provider information included:

- Name of Provider
- Practice Name, if available
- Address
- Telephone
- MCO Affiliation

Copies of the survey tool used by the surveyors is Attachment A-1. The responses to the survey questions were documented in the survey tool and stored electronically on Delmarva Foundation's secure web-based portal. Surveys were conducted during normal business hours (9:00 am – 5:00 pm, except during the 12:00 pm – 1:00 pm lunch hour) which was consistent with the Hilltop survey. Delmarva Foundation's subcontractor, Cambridge Federal, conducted the telephonic surveys to provider offices. Surveyors were trained by Delmarva Foundation on the purpose of the survey, the secure web-based portal, data collection tool, and survey instrument. Respondents of the surveys varied by practice; however, in general, they were individuals who have direct contact with patients and schedule appointments. Surveyors captured data in a data collection tool located on the portal while completing the interview with the providers. Delmarva Foundation monitored data submissions and progress daily.

Access and Availability Requirements (Phase 3)

To assess compliance with State access and availability requirements outlined in COMAR, the data gathered from the telephonic surveys were compared to the standards noted in Table 1:

Table 1. Access and Availability Requirements

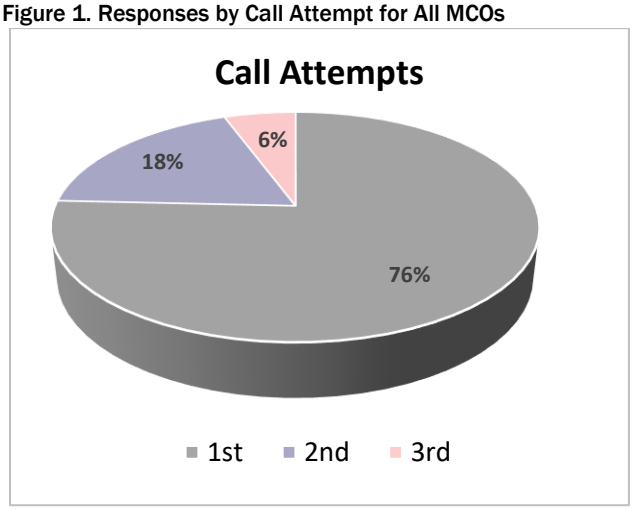
Access and Availability Requirement	Standard
Accuracy of Provider Directories *COMAR 10.09.66.02C(1)(d)*	MCOs shall maintain a provider directory listing individual practitioners who are the MCO's primary and specialty care providers, additionally indicating the PCP name, address, practice location(s), whether the provider is accepting new patients, ages served, and how access is limited.
30-Day Non-Urgent Care Appointment *COMAR 10.09.66.07A(3)(b)(iv)*	Routine and preventative care appointments shall be scheduled within 30 days.
48-Hour Urgent Care Appointment *COMAR 10.09.66.07A(3)(b)(iii)*	Urgent care appointments shall be scheduled within 48 hours of the request.

HealthChoice Aggregate Results (Phase 3)

Successful Contacts

Surveys were conducted with 1,319 PCPs in June and July of 2017. A contact was considered successful if the surveyor reached the PCP and complete the survey. Figure 1 illustrates the total percentages of successful contacts by call attempt for all MCOs.

Figure 1. Responses by Call Attempt for All MCOs



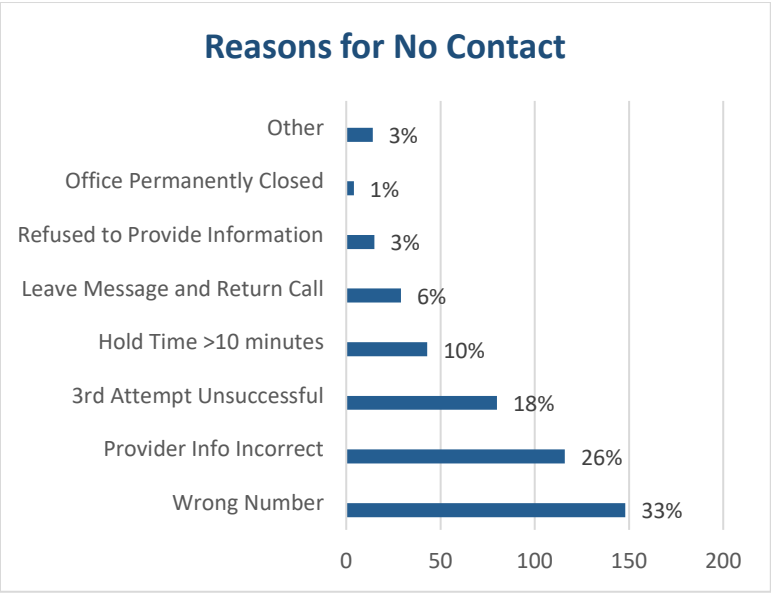
Successful contact was made to 870 PCPs, yielding a response rate of 66%. This was an increase of 53% over Phase 2 response rate of 35%.

Of the 870 successful contacts, 76% (659) of the surveys were completed on the first call, 18% (162) were completed on the second attempt, and 6% (49) were completed on the third attempt. All MCOs had similar percentages of successful contacts ranging from 14% to 18%.

Unsuccessful Contacts

If the surveyor was unable to reach a PCP to complete the survey, it was determined an unsuccessful contact. Reasons for the unsuccessful contacts to PCPs are captured in Figure 2.

Figure 2. Reasons for No Contact

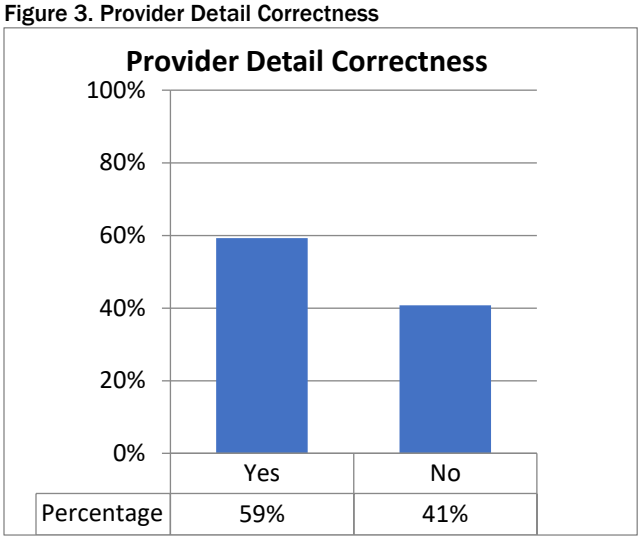


A total of 449 calls were unsuccessful. The majority of the unsuccessful contacts to PCPs (33%) resulted from an incorrect phone number followed by the second highest (26%) reason of incorrect provider information. Reasons for no contact also included responses such as the provider is no longer with the practice/facility, provider is retired, no provider by the listed name, or the provider practices at a different office than the one surveyed. An additional 18% of the calls were considered unsuccessful after the surveyor could not reach the PCP after the third attempt.

Accuracy of MCO Online Directories

Compliance with COMAR 10.09.66.02C(1)(d) requires that MCOs maintain a provider directory listing individual practitioners who are the MCO's primary care providers. The directory must indicate the PCP name, address, and practice location(s). Delmarva Foundation surveyed providers to verify the accuracy of information provided in each MCO's online directory. Results of this review for all HealthChoice MCOs are presented in Figure 3.

Figure 3. Provider Detail Correctness



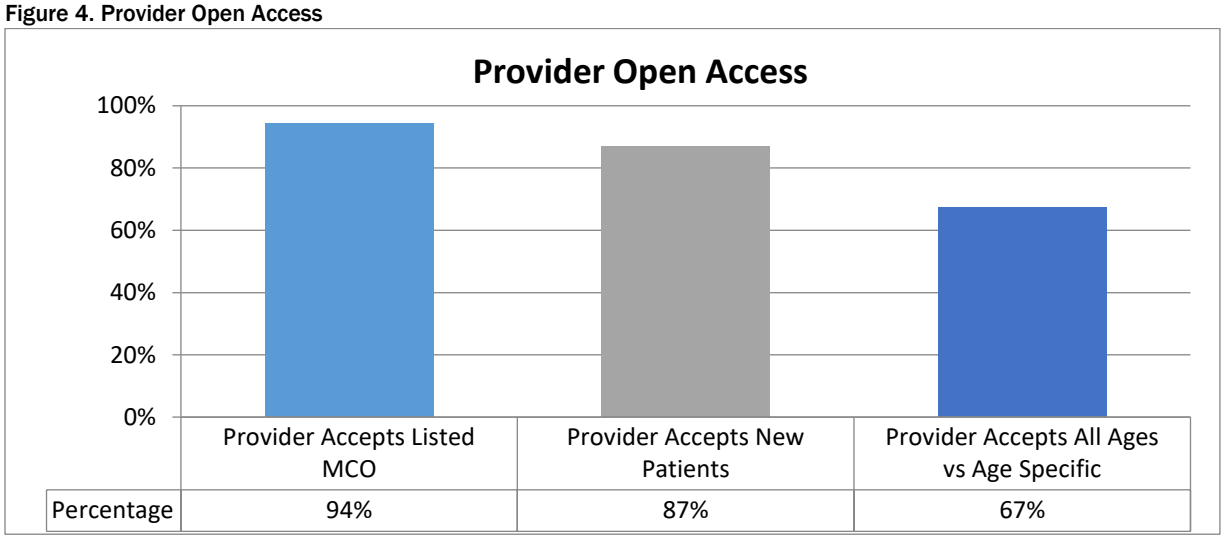
Of the 1,319 providers surveyed, 781 (59%) had correct addresses and telephone numbers. The remaining 538 (41%) providers had incorrect contact information. An attempt was made by the surveyors to obtain corrected information. In some cases, surveyors made successful contacts based on the updated information. This resulted in an increase in the total successful contacts (from 781 to 870).

The Phase 2 Survey completed separated incorrect phone number and address in their findings. They noted 18.8% of respondents had an incorrect telephone number and an incorrect component of the provider's address ranged from 8 to 14%. Phase 3 Survey results demonstrated that from the 1,319 providers surveyed, 197 (15%) had incorrect telephone numbers, 87 (7%) had incorrect addresses, and 213 (16%) providers were no longer with the facility or at the location noted in the directory.

Assessment of Open Access

Compliance with COMAR 10.09.66.02C(1)(d) requires that MCOs maintain a provider directory listing individual practitioners who are the MCO's PCPs. The provider directory must indicate whether the provider accepts new patients. The CY 2017 survey reviewed acceptance of new patients, acceptance of listed MCO, and the age of patients served by the provider, as illustrated in Figure 4. Due to the inconsistency of data available on the MCO's online provider directories, the only verifiable factor linking back to the provider directory was whether the PCP accepted the listed MCO.

Figure 4. Provider Open Access



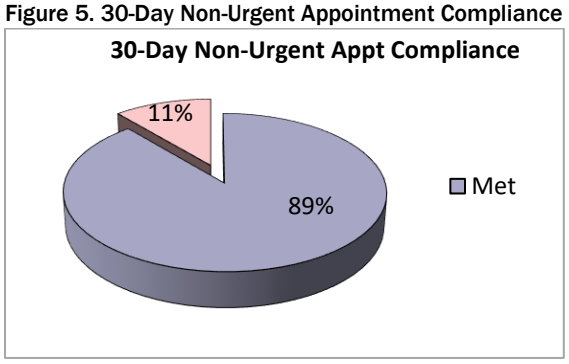
A summary of provider open access survey results follows:

- The majority of PCPs surveyed (94%) stated that they accepted the MCO listed in the provider directory.
- The majority of PCPs surveyed (87%) stated that they accepted new patients. This was an increase from the Phase 2 Survey at 71.7%.
- Sixty-seven percent of PCPs surveyed accepted all ages versus specific ages. This was a decrease from the Phase 2 Survey at 73.1%.

Compliance with Routine Appointment Requirements

Compliance with COMAR 10.09.66.07A(3)(b)(iv) requires routine and preventative care appointments to be scheduled within 30 days of the request. The results of the MCOs compliance with routine appointment requirements are presented in Figure 5.

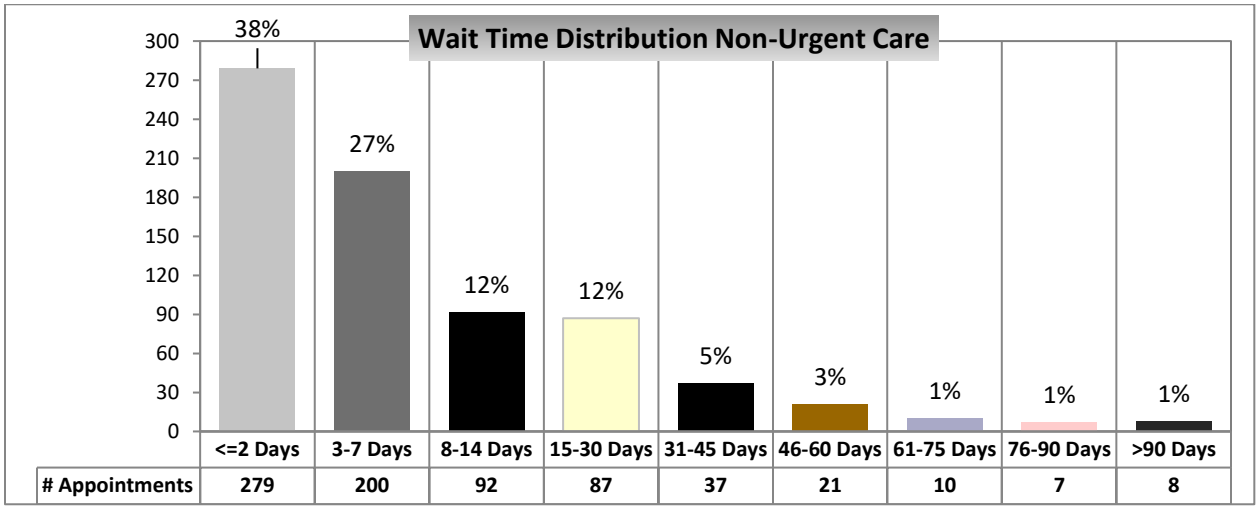
Figure 5. 30-Day Non-Urgent Appointment Compliance



Of the 870 PCPs successfully contacted, 741 (85%) provided appointment availability for non-urgent care appointments. Overall, 658 providers (89%) met compliance with the 30-day non-urgent care appointment requirement.

Further detail regarding the distribution of appointment times for the 30-day non-urgent appointment compliance is captured below in Figure 6.

Figure 6. Distribution of Appointment Wait-times for the 30-Day Non-Urgent Appointment

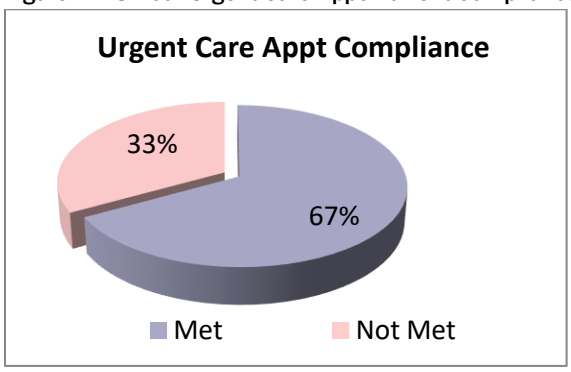


Of the 870 PCPs successfully contacted, a total of 741 non-urgent care appointments were scheduled. The majority of appointments (38%) were scheduled for the same or next day. Collectively, 77% of appointments were scheduled within the following 2-week timeframe. Of concern are the 83 (11%) appointments scheduled that did not meet compliance with the 30-day requirement. Thirty-seven of these appointments were scheduled within 31 to 45 days; 21 were scheduled within 46 to 60 days; 10 were scheduled within 61 to 75 days; 7 were scheduled within76 to 90 days; and 8 were scheduled after more than 90 days.

Compliance with Urgent Care Appointment Requirements

Compliance with COMAR 10.09.66.07A(3)(b)(iii) requires that urgent care appointments be scheduled within 48 hours of the request. The results of the MCOs compliance are presented in Figure 7.

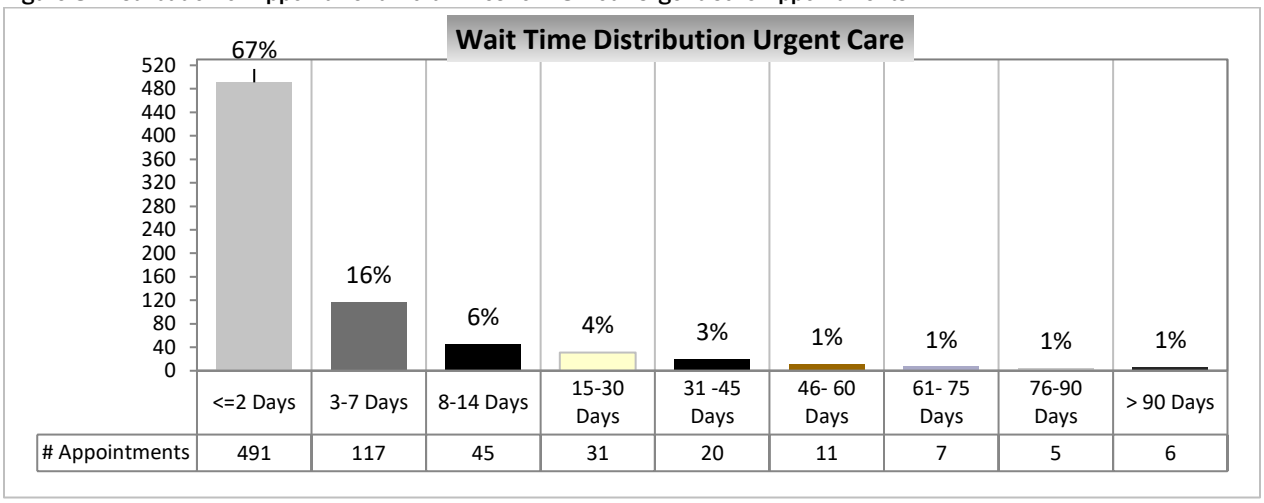
Figure 7. 48-Hour Urgent Care Appointment Compliance



Of the 870 PCPs that were successfully contacted, 733 provided information regarding the next available urgent care appointment. The overall 48-hour urgent care appointment compliance rate was 67%.

Further detail regarding the distribution of appointment times provided by PCPs for the 48-hour urgent care appointments is captured in Figure 8.

Figure 8. Distribution of Appointment Wait Times for 48-Hour Urgent Care Appointments



	<=2 Days	3-7 Days	8-14 Days	15-30 Days	31 -45 Days	46- 60 Days	61- 75 Days	76-90 Days	> 90 Days
# Appointments	491	117	45	31	20	11	7	5	6

Survey results showed that 67% of appointments were scheduled within 48 hours of the request, which complied with the regulation. Of concern were 242 (33%) urgent care appointments scheduled outside of the required 48-hour time frame. There were 16% scheduled within the week; 6% were scheduled between 1 and 2 weeks; and the remaining 11% exceeded a 2-week wait time.

MCO-Specific Results (Phase 3)

AMERIGROUP Community Care		
Standard	**Phase 3 CY 2017 ACC Rate**	**Phase 3 CY 2017 HealthChoice MCO Aggregate***
Successful Contacts	63%	66%
Unsuccessful Contacts	37%	34%
Accuracy of MCO Online Directories	56%	59%
Assessment of Open Access**		
Provider Accepts Listed MCO	97%	94%
Provider Accepts New Patients	86%	87%
Provider Accepts All Ages vs Age Specific	66%	67%
Compliance with Routine Care Appointment (w/i 30-days)	88%	89%
Average Routine Care Appointment Wait Time	12.5 Days	12.5 Days
Median Routine Care Appointment Wait Time	4 Days	5 Days
Max Routine Care Appointment Wait Time	229 Days	231 Days
Compliance with Urgent Care Appointment (w/i 48-hrs)	76%	67%
Average Urgent Care Appointment Wait Time	6 Days	7.25 Days
Median Urgent Care Appointment Wait Time	1 Days	1 Days
Max Urgent Care Appointment Wait Time	229 Days	231 Days

*JMS and KPMAS had fewer providers in the sample survey.
**Open Access elements were collected for informational purposes only in CY 2017; not subject to CAPs.
_Denotes that the MCO did not meet the minimum compliance score.

In the CY 2017 Phase 3, successful contact was made to 63% of ACC's PCPs. This was slightly lower (3 percentage points) than the HealthChoice Aggregate's total of 66%. The accuracy of ACC online directory was found to be 56% and again, slightly lower than the HealthChoice Aggregate of 59%. Compliance with routine care appointment time frames was 88% and only 1 percentage point lower than the HealthChoice Aggregate at 89%. Although ACC's compliance score for urgent care appointment time frames at 75% was 9 percentage points above the HealthChoice Aggregate, it did not reach the minimum compliance score set by MDH at 80%.

A corrective action plan (CAP) is required to correct provider details noted in the online provider directory and improve compliance with urgent care appointment time frames. ACC will be provided a spreadsheet attached to this report identifying providers surveyed that had incorrect provider directory information and were noncompliant with appointment time frames.

Jai Medical Systems, Inc.		
Standard	Phase 3 CY 2017 JMS Rate	Phase 3 CY 2017 HealthChoice MCO Aggregate*
Successful Contacts	51%	66%
Unsuccessful Contacts	49%	34%
Accuracy of MCO Online Directories	27%	59%
Assessment of Open Access**		
Provider Accepts Listed MCO	69%	94%
Provider Accepts New Patients	91%	87%
Provider Accepts All Ages vs Age Specific	36%	67%
Compliance with Routine Care Appointment (w/i 30-days)	88%	89%
Average Routine Care Appointment Wait Time	10 Days	12.5 Days
Median Routine Care Appointment Wait Time	1.5 Days	5 Days
Max Routine Care Appointment Wait Time	115 Days	231 Days
Compliance with Urgent Care Appointment (w/i 48-hrs)	83%	67%
Average Urgent Care Appointment Wait Time	5 Days	7.25 Days
Median Urgent Care Appointment Wait Time	0 Days	1 Days
Max Urgent Care Appointment Wait Time	73 Days	231 Days

*JMS and KPMAS had fewer providers in the sample survey.
**Open Access elements were collected for informational purposes only in CY 2017; not subject to CAPs.
_Denotes that the MCO did not meet the minimum compliance score.

In the CY 2017 Phase 3, successful contact was made to 51% of JMS's PCPs. This was 15 percentage points lower than the HealthChoice Aggregate's total of 66%. The accuracy of JMS' online directory was found to be 27%, significantly lower than the HealthChoice Aggregate at 59%. Compliance with routine care appointment time frames was 88% and only 1 percentage point lower than the HealthChoice Aggregate. JMS' compliance score for urgent care appointment time frames was 83% which was 16 percentage points above the HealthChoice Aggregate.

A corrective action plan (CAP) is required to correct provider details noted in the online provider directory. JMS will be provided a spreadsheet attached to this report identifying providers surveyed that had incorrect provider directory information and were noncompliant with appointment time frames.

Kaiser Permanente of the Mid-Atlantic States, Inc.		
Standard	**Phase 3 CY 2017 KPMAS Rate**	**Phase 3 CY 2017 HealthChoice MCO Aggregate***
Successful Contacts	76%	66%
Unsuccessful Contacts	24%	34%
Accuracy of MCO Online Directories	53%	59%
Assessment of Open Access**		
Provider Accepts Listed MCO	90%	94%
Provider Accepts New Patients	75%	87%
Provider Accepts All Ages vs Age Specific	44%	67%
Compliance with Routine Care Appointment (w/i 30-days)	100%	89%
Average Routine Care Appointment Wait Time	4 Days	12.5 Days
Median Routine Care Appointment Wait Time	3 Days	5 Days
Max Routine Care Appointment Wait Time	13 Days	231 Days
Compliance with Urgent Care Appointment (w/i 48-hrs)	60%	67%
Average Urgent Care Appointment Wait Time	3 Days	7.25 Days
Median Urgent Care Appointment Wait Time	1.5 Days	1 Days
Max Urgent Care Appointment Wait Time	13 Days	231 Days

*JMS and KPMAS had fewer providers in the sample survey.
**Open Access elements were collected for informational purposes only in CY 2017; not subject to CAPs.
_Denotes that the MCO did not meet the minimum compliance score.

In the CY 2017 Phase 3, successful contact was made to 76% of KPMAS' PCPs. This was 10 percentage points higher than the HealthChoice Aggregate's total of 66%; however, KPMAS had significantly fewer providers surveyed. The accuracy of KPMAS' online directory was found to be 53%, what was 6 percentage points lower than the HealthChoice Aggregate at 59%. Compliance with routine care appointment time frames was 100%. However, KPMAS' compliance score for urgent care appointment time frames at 60% which was 7 percentage points lower than the HealthChoice Aggregate and below the minimum compliance score set by MDH at 80%.

A corrective action plan (CAP) is required to correct provider details noted in the online provider directory and improve compliance with urgent care appointment time frames. KPMAS will be provided a spreadsheet attached to this report identifying providers surveyed that had incorrect provider directory information and were noncompliant with appointment time frames.

Maryland Physicians Care		
Standard	**Phase 3 CY 2017 MPC Rate**	**Phase 3 CY 2017 HealthChoice MCO Aggregate***
Successful Contacts	65%	66%
Unsuccessful Contacts	35%	34%
Accuracy of MCO Online Directories	54%	59%
Assessment of Open Access**		
Provider Accepts Listed MCO	94%	94%
Provider Accepts New Patients	88%	87%
Provider Accepts All Ages vs Age Specific	69%	67%
Compliance with Routine Care Appointment (w/i 30-days)	90%	89%
Average Routine Care Appointment Wait Time	11 Days	12.5 Days
Median Routine Care Appointment Wait Time	5 Days	5 Days
Max Routine Care Appointment Wait Time	108 Days	231 Days
Compliance with Urgent Care Appointment (w/i 48-hrs)	75%	67%
Average Urgent Care Appointment Wait Time	5 Days	7.25 Days
Median Urgent Care Appointment Wait Time	1 Days	1 Days
Max Urgent Care Appointment Wait Time	108 Days	231 Days

*JMS and KPMAS had fewer providers in the sample survey.
**Open Access elements were collected for informational purposes only in CY 2017; not subject to CAPs.
_Denotes that the MCO did not meet the minimum compliance score.

In the CY 2017 Phase 3, successful contact was made to 65% of MPC's PCPs. This was slightly lower (1 percentage point) than the HealthChoice Aggregate's total of 66%. The accuracy of MPC's online directory was found to be 54%, which was 5 percentage points below the HealthChoice Aggregate at 59%. Compliance with routine and urgent care appointment time frames were 90% and 75% respectively, both of which were higher than the HealthChoice Aggregates at 89% and 67% respectively. However, the urgent care appointment time frame did not reach the minimum compliance score set by MDH at 80%.

A corrective action plan (CAP) is required to correct provider details noted in the online provider directory and improve compliance with urgent care appointment time frames. MPC will be provided a spreadsheet attached to this report identifying providers surveyed that had incorrect provider directory information and were noncompliant with appointment time frames.

MedStar Family Choice, Inc.		
Standard	**Phase 3 CY 2017 MSFC Rate**	**Phase 3 CY 2017 HealthChoice MCO Aggregate***
Successful Contacts	68%	66%
Unsuccessful Contacts	32%	34%
Accuracy of MCO Online Directories	65%	59%
Assessment of Open Access**		
Provider Accepts Listed MCO	98%	94%
Provider Accepts New Patients	95%	87%
Provider Accepts All Ages vs Age Specific	72%	67%
Compliance with Routine Care Appointment (w/i 30-days)	86%	89%
Average Routine Care Appointment Wait Time	15 Days	12.5 Days
Median Routine Care Appointment Wait Time	7 Days	5 Days
Max Routine Care Appointment Wait Time	88 Days	231 Days
Compliance with Urgent Care Appointment (w/i 48-hrs)	45%	67%
Average Urgent Care Appointment Wait Time	11.25 Days	7.25 Days
Median Urgent Care Appointment Wait Time	3 Days	1 Days
Max Urgent Care Appointment Wait Time	88 Days	231 Days

*JMS and KPMAS had fewer providers in the sample survey.
**Open Access elements were collected for informational purposes only in CY 2017; not subject to CAPs.
_Denotes that the MCO did not meet the minimum compliance score.

In the CY 2017 Phase 3, successful contact was made to 68% of MSFC's PCPs. This was slightly higher (2 percentage points) than the HealthChoice Aggregate's total of 66%. The accuracy of MSFC's online directory was found to be 65%; although 6 percentage points higher than the HealthChoice Aggregate at 59%, it does not reach the 80% minimum compliance score set by MDH. Compliance with routine care appointment time frames was 86%, only 3 percentage point lower than the HealthChoice Aggregate at 89%. MSFC's compliance score for urgent care appointment time frames was 45%, which is significantly lower than both the HealthChoice Aggregate at 67% and the minimum compliance score set by MDH at 80%.

A corrective action plan (CAP) is required to correct provider details noted in the online provider directory and improve compliance with urgent care appointment time frames. MSFC will be provided a spreadsheet attached to this report identifying providers surveyed that had incorrect provider directory information and were noncompliant with appointment time frames.

Priority Partners		
Standard	**Phase 3 CY 2017 PPMCO Rate**	**Phase 3 CY 2017 HealthChoice MCO Aggregate***
Successful Contacts	80%	66%
Unsuccessful Contacts	20%	34%
Accuracy of MCO Online Directories	77%	59%
Assessment of Open Access**		
Provider Accepts Listed MCO	96%	94%
Provider Accepts New Patients	86%	87%
Provider Accepts All Ages vs Age Specific	71%	67%
Compliance with Routine Care Appointment (w/i 30-days)	91%	89%
Average Routine Care Appointment Wait Time	13.25 Days	12.5 Days
Median Routine Care Appointment Wait Time	3 Days	5 Days
Max Routine Care Appointment Wait Time	231 Days	231 Days
Compliance with Urgent Care Appointment (w/i 48-hrs)	77%	67%
Average Urgent Care Appointment Wait Time	7.5 Days	7.25 Days
Median Urgent Care Appointment Wait Time	1 Days	1 Days
Max Urgent Care Appointment Wait Time	231 Days	231 Days

*JMS and KPMAS had fewer providers in the sample survey.
**Open Access elements were collected for informational purposes only in CY 2017; not subject to CAPs.
_Denotes that the MCO did not meet the minimum compliance score.

In the CY 2017 Phase 3, successful contact was made to 80% of PPMCO's PCPs. This was significantly higher (14 percentage points) than the HealthChoice Aggregate's total of 66%. PPMCO exceeded the HealthChoice Aggregate significantly in each of area assessed. The accuracy of PPMCO's online directory was found to be 77%; although 18 percentage points higher than the HealthChoice Aggregate at 59%, it did not reach the minimum compliance score set at 80% by MDH. Compliance with routine care appointment time frames was 91%, which was 2 percentage points higher than the HealthChoice Aggregate at 89%. Compliance with urgent care appointment time frames at 77% was 10 percentage points higher than the HealthChoice Aggregate at 67%, but did not reach the minimum compliance score set at 80% by MDH.

A corrective action plan (CAP) is required to correct provider details noted in the online provider directory and improve compliance with urgent care appointment time frames. PPMCO will be provided a spreadsheet attached to this report identifying providers surveyed that had incorrect provider directory information and were noncompliant with appointment time frames.

UnitedHealthcare Community Plan		
Standard	Phase 3 CY 2017 UHC Rate	Phase 3 CY 2017 HealthChoice MCO Aggregate*
Successful Contacts	60%	66%
Unsuccessful Contacts	40%	34%
Accuracy of MCO Online Directories	56%	59%
Assessment of Open Access**		
Provider Accepts Listed MCO	91%	94%
Provider Accepts New Patients	78%	87%
Provider Accepts All Ages vs Age Specific	65%	67%
Compliance with Routine Care Appointment (w/i 30-days)	89%	89%
Average Routine Care Appointment Wait Time	11.5 Days	12.5 Days
Median Routine Care Appointment Wait Time	6 Days	5 Days
Max Routine Care Appointment Wait Time	110 Days	231 Days
Compliance with Urgent Care Appointment (w/i 48-hrs)	68%	67%
Average Urgent Care Appointment Wait Time	5 Days	7.25 Days
Median Urgent Care Appointment Wait Time	1 Days	1 Days
Max Urgent Care Appointment Wait Time	60 Days	231 Days

*JMS and KPMAS had fewer providers in the sample survey.
**Open Access elements were collected for informational purposes only in CY 2017; not subject to CAPs.
_Denotes that the MCO did not meet the minimum compliance score.

In the CY 2017 Phase 3, successful contact was made to 60% of UHC's PCPs. This was 6 percentage points lower than the HealthChoice Aggregate's total of 66%. The accuracy of UHC online directory was found to be 56%, which is 3 percentage points lower than the HealthChoice Aggregate at 59%. Compliance with routine care appointment time frames was equal to the HealthChoice Aggregate at 89%. Although UHC's compliance score for urgent care appointment time frames at 68% was 1 percentage point above the HealthChoice Aggregate at 67%, it did not reach the minimum compliance score set by MDH at 80%.

A corrective action plan (CAP) is required to correct provider details noted in the online provider directory and improve compliance with urgent care appointment time frames. UHC will be provided a spreadsheet attached to this report identifying providers surveyed that had incorrect provider directory information and were noncompliant with appointment time frames.

University of Maryland Health Partners		
Standard	**Phase 3 CY 2017 UMHP Rate**	**Phase 3 CY 2017 HealthChoice MCO Aggregate***
Successful Contacts	66%	66%
Unsuccessful Contacts	34%	34%
Accuracy of MCO Online Directories	64%	59%
Assessment of Open Access**		
Provider Accepts Listed MCO	96%	94%
Provider Accepts New Patients	86%	87%
Provider Accepts All Ages vs Age Specific	71%	67%
Compliance with Routine Care Appointment (w/i 30-days)	88%	89%
Average Routine Care Appointment Wait Time	13 Days	12.5 Days
Median Routine Care Appointment Wait Time	5 Days	5 Days
Max Routine Care Appointment Wait Time	229 Days	231 Days
Compliance with Urgent Care Appointment (w/i 48-hrs)	60%	67%
Average Urgent Care Appointment Wait Time	9.25 Days	7.25 Days
Median Urgent Care Appointment Wait Time	1 Days	1 Days
Max Urgent Care Appointment Wait Time	229 Days	231 Days

*JMS and KPMAS had fewer providers in the sample survey.
**Open Access elements were collected for informational purposes only in CY 2017; not subject to CAPs.
_Denotes that the MCO did not meet the minimum compliance score.

In the CY 2017 Phase 3, successful contact was made to 66% of UMHP's PCPs. This was equal to the HealthChoice Aggregate's total at 66%. The accuracy of UMHP's online directory was found to be 64%; although higher than the HealthChoice Aggregate at 59%, it does not reach the minimum compliance rate set at 80% by MDH. Compliance with routine care appointment time frames was 88% and only 1 percentage point lower than the HealthChoice Aggregate. UMHP's compliance score for urgent care appointment time frames was 60%, which is 6 percentage points lower than the HealthChoice Aggregate at 67% and lower than the minimum compliance score set by MDH at 80%.

A corrective action plan (CAP) is required to correct provider details noted in the online provider directory and improve compliance with urgent care appointment time frames. UMHP will be provided a spreadsheet attached to this report identifying providers surveyed that had incorrect provider directory information and were noncompliant with appointment time frames.

Conclusions and Recommendations

Overall, the process for collecting the desired data from the surveys were well organized and met established time frames. One of the greatest challenges for this task was obtaining the contact information from the MCO provider directories. A large portion of the information needed to be manually pulled from the MCO websites and entered into spreadsheets, which were later uploaded into the survey portal.

The overall response rate for Phase 3 was 66%. This was an increase of 53% over Phase 2 response rate of 35%. Surveys demonstrated an overall accuracy rate of the MCO online directories of 59% which was similar to Phase 2. The MCO compliance with routine and urgent care appointment requirements 89% and 67% respectively.

MDH set a minimum compliance score of 80% for the CY 2017 Assessment. If the minimum compliance score is not met, MCOs are required to submit a corrective action plan to Delmarva Foundation. All MCOs required to provide CAPs to correct provider details noted in the online provider directory. Additionally, seven MCOs (ACC, KPMAS, MPC, MSFC, PPMCO, UHC, and UMHP) are required to provide CAPs to improve compliance with urgent care appointment time frames.

Delmarva Foundation reviewed the data collected and entered by Cambridge Federal staff, focusing largely on the review of comments entered by the surveyors. The Phase 3 PCP surveys yielded the following observations and recommendations for the next phase of surveys:

Survey Tool and Data Sample Recommendations

- **Improve** the Survey Tool, Delmarva Foundation will 1) add options to the survey tool to capture options for respondents who were unable to or refused to answer survey questions and 2) add additional dropdown boxes to provide surveyors more options to limit the free text comments.
- **Explore** how to survey those MCOs with clinic-based staffing models so that a statistically significant sample of providers at unique provider locations can be surveyed and comparisons can be made across all HealthChoice MCOs.
- **Explore** with MDH expanding the surveys beyond PCPs to include assessment of compliance with access standards for obstetric, pediatric, and specialist providers.

MCO-Specific Recommendations

- **Submit** complete provider directory in comma separated value (CSV) format to ensure timely sampling and uploading to survey tool.

- **Ensure** provider online directories are up to date and accurate.
- **Ensure** provider directories include the ages and populations served by the provider.
- **Ensure** provider directories include information pertaining to open panels.
- **Instruct** provider offices to cooperate when they requested to complete a survey for MDH.
- **Educate** provider offices on COMAR regulations for provider access:
  - 30-day non-urgent care appointment wait time requirements.
  - 48-hour urgent care appointment wait time requirements.

MDH Specific Recommendations

- **Develop and enforce** regulations requiring the MCOs to provide current provider directories in comma separated value (CSV) format.
- **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 the request.

2017 Survey Tool

Urgent and Non-urgent Calls

FIELD	DESCRIPTION
Call Date and Time	Surveyor notes the MM/DD/YYYY and time 00:00 of call
Provider Name	This field will be prepopulated based on the data sample
Practice Name	This field will be prepopulated based on the data sample, if available
Provider's Address and Phone	This field will be prepopulated based on the data sample
MCO	This field will be prepopulated based on the data sample
Provider Type	This field will be prepopulated based on the data sample
Person contacted and title	Surveyor enters name and title of person contacted
Provider details correct? (Y/N)	Surveyor notes whether the provider contact information is correct
Participating MCO	Surveyor reviews all MCOs with provider and indicates which MCOs with provider is participating
Does provider accept the listed insurances? (Y/N)	Surveyor notes if the provider participates with the prepopulated MCO
If No, Explain:	Surveyor notes comments, if any, from respondent
Successful Contact (Y/N)	Surveyor notes whether they successfully reached a respondent at the provider office.
If No, Reason	If the surveyor was unable to reach the provider office, they select a reason from the following options in the drop down menu: • Wrong number • 3rd attempt unsuccessful • Hold time greater than 10 minutes • Leave a message and they will get back to you • Office permanently closed • Other
If Other, Explanation	If the surveyor selected other above, they will provide an explanation in this field
Date urgent appointment	If an urgent appointment was made, the surveyor inserts the date of the appointment When surveyor enters the appointment date, a formula is used to calculate the difference between the date surveyed and the date of the appointment to determine the appointment wait time and compliance with standards.
Date non-urgent/routine appointment	If non-urgent appointment was made, the surveyor inserts the date of the appointment When the appointment date is entered by surveyor, a formula is used to calculate the difference between the date surveyed and the date of the appointment to determine the appointment wait time
Are you accepting new patients? (Y/N)	The surveyor notes whether or not the provider is accepting new patients
What are the ages of patients accepted?	The surveyor choses from the following: • All ages

	• Age specific
If age specific, what ages?	The surveyor notes the ages specified by respondent
If needed, does your office provide assistance with transportation to and from the appointment? (Y/N)	The surveyor notes whether or not the provider offers transportation assistance
Review complete (Y/N)	The surveyor chooses “yes” once all attempts have been made and the survey has been completed