



Qlarant<sup>®</sup>



**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 2020**

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# CY 2020 Network Adequacy Validation Report

## Accessing 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 enrollees. Eligible Medicaid members 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 health education and outreach services be provided to enrollees.

The Maryland Department of Health (MDH) engages in a broad range of activities to monitor network adequacy and access. Network adequacy and access have been subject to greater oversight since the Centers for Medicare and Medicaid Services (CMS) issued the Final Rule CMS-2390-F in 2016, the first major overhaul to Medicaid managed care regulations in more than a decade. The Final Rule required 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. Hilltop's and MDH's collaboration was completed 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 and surveyed a statistically significant sample of 361 PCPs 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, patient age range, whether the provider practices as a PCP, and whether the provider was accepting new patients. 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 did not provide primary care services.

Further, over 22% of providers surveyed were not accepting new patients, which contradicted information in MCO provider directories.

To address inaccuracies in provider directories discovered from Phase 2 results, MDH shared inaccurate directory entries with the MCOs to ensure their directories were updated. MDH also distributed the Phase 2 Final Report to stakeholder groups, such as the Maryland Medicaid Advisory Committee.

Following Phase 2, MDH transitioned the survey administration from Hilltop to its external quality review organization, Qlarant. Surveys have been conducted since calendar year (CY) 2017 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 2020, network adequacy validation activities included PCP surveys and validation of the accuracy of MCO online provider directories in September and October. Qlarant's subcontractor, Cambridge Federal, conducted the telephonic surveys to each PCP office and validated each PCP in the MCO's online directory. Two of the four surveyors and two of the three validators returned from CY 2019 survey activities, providing consistency in survey administration.

Based on feedback received from MCOs and surveyors/validators for the CY 2019 surveys, the following improvements were made to CY 2020 survey questions:

- Added clarification to the question, "Is the provider accepting new Medicaid patients for this MCO?" to determine if the provider surveyed accepted new Medicaid patients for the specific MCO being surveyed.
- Incorporated Routine appointment availability choices to capture alternate provider or location options:
  - PCP appointment was available at the service location with **the requested provider** within 30 days
  - PCP appointment was available at the service location with **an alternative provider** within 30 days
  - PCP appointment was available at **a different service location** with the requested provider within 30 days
- Collected directory validation dates to provide the MCOs with the date their online directory was validated, if needed.

Results of CY 2020 surveys demonstrated the following:

- Successful PCP contacts decreased by 1 percentage point (55%) below CY 2019 (56%) and 9 percentage points below CY 2018 (46%).
- The first call attempt is where the majority of surveys are successfully completed each year (83% in CY 2019 and 70% in CY 2020).
- The majority of PCPs surveyed continue to accept the listed MCO; the percentage has remained above 98% since CY 2018.
- The majority of PCPs surveyed (82%) accepted new patients for the listed MCO, which is a slight decrease below the CY 2019 rate of 88%.

- Almost all of the PCPs surveyed (94%) provided routine appointment availability, and of those, 100% were compliant with appointment timeframe compliance, exhibiting a nine percentage point improvement over CY 2019 results (91%).
- Urgent care appointment compliance declined 5 percentage points in CY 2020 at 88% compared to 93% in CY 2019.
- Almost all PCP online directories validated matched the address (98%) or telephone number (95%) responses provided in the telephone surveys, demonstrating an improvement over CY 2019 data (89% for PCP address accuracy and 92% for phone number accuracy).
- The majority of PCP online directories (79%) validated that PCPs accepted new Medicaid patients compared to responses during the telephone survey, demonstrating an increase of 15 percentage points from CY 2019 (64%).
- All PCP online directories (100%) listed age ranges of patients served, achieving a 5 percentage point increase over CY 2019 (95%).
- All PCP online directories (100%) specified languages spoken by the PCP, demonstrating a significant increase of 23 percentage points from CY 2019 (77%).
- The majority of PCP online directories (84%) specified practice accommodations for patients with disabilities, exhibiting a significant improvement over CY 2019 (61%).

MDH set an 80% minimum compliance score for the CY 2020 network adequacy assessment. As a result of the CY 2020 assessment, four MCOs (ABH, KPMAS, MSFC, and PPMCO) are required to submit a corrective action plan (CAP) to improve compliance with online provider directory accuracy and are required to submit those CAPs to Qlarant.

## Introduction

As the contracted external quality review organization for the HealthChoice Program, Qlarant annually evaluates the quality assurance program and activities of each 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 timeframe, Qlarant evaluated the network adequacy of the HealthChoice MCOs.

Qlarant completed PCP surveys in CY 2020 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, 2020 and December 31, 2020:

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

In CY 2020, of 2,039 PCPs were surveyed with successful contact made to 1,129 PCPs, yielding a response rate of 55%. This was a one percentage point decrease over CY 2019, although nine percentage points higher than the contact rate in CY 2018 (46%). 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 2020 surveys demonstrated the following:

- Accuracy of the provider telephone number and/or address remains an area of weakness across HealthChoice MCOs.
- All PCPs surveyed (99%) accepted the MCO listed in the provider directory.
- Almost all of the PCPs surveyed (94%) provided routine appointment availability.
- The majority of PCPs providing urgent care availability (88%) met compliance with the urgent care appointment timeframe requirement.
- The HealthChoice Aggregate categories of “Online Directory Specifies Languages Spoken by PCP” and “Online Directory Specifies Practice Accommodations for Patients with Disabilities” both improved 23 percentage points (100% and 84%) from CY 2019 (77% and 61%).

## CY 2020 Network Adequacy Validation Activities

MDH has set the following goals for CY 2020 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 Code of Maryland Regulations (COMAR).

**Table 1. Provider Directory and Access and Availability Requirements**

COMAR	Standard
<b>Accuracy of Provider Directory</b> <i>COMAR 10.67.05.02C(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 [uniform resource locator] 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.*
<b>30-Day Non-Urgent Care Appointment</b> <i>COMAR 10.67.05.07A(3)(b)(iv)</i>	Requests for routine and preventative primary care appointments shall be scheduled to be performed within 30 days of the request
<b>48-Hour Urgent Care Appointment</b> <i>COMAR 10.67.05.07A(3)(b)(iii)</i>	Individuals requesting urgent care shall be scheduled to be seen within 48 hours of the request

\*CMS finalized in the November 13, 2020 Federal Register that §438.10(h)(1)(vii) eliminated the indication of cultural competency training of the PCP requirement in the online directory. Therefore, MDH does not require a review of this component.

## Survey Methodology

### Surveyor Training and Quality Assurance

Qlarant's subcontractor, Cambridge Federal, conducted telephonic surveys to each PCP office. Orientation and training were enhanced for the subcontractor in CY 2020 to include an in-depth instruction by subject matter experts on the revised survey tool and question revisions, mock scenarios of survey calls and data entry, post-test/inter-rater reliability, online directory validation tools, 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 a listing of contracted PCPs from each MCO. 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 each 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 provided listings that included PCPs contracted in contiguous states. Included in the listings were 156 PCPs from the following contiguous states: Delaware – 9; District of Columbia – 124; Virginia – 5; West Virginia – 18.

Qlarant also requested and received the URL link members use to access each MCO's online provider directory.

### Sampling

The nine MCOs submitted a total of 17,188 contracted PCPs. 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. Survey samples selected for each MCO were determined using the number of PCPs each MCO submitted on the provider listings. Table 2 shows the total number of PCPs each MCO submitted, including the statistically significant sample size using the 90% confidence level.

**Table 2. CY 2020 MCO Contracted PCPs and Sample Size**

MCO	Number of Contacted PCPs	Sample Size 90% CL with 5% Error
ABH	1,959	240
ACC	2,408	245
JMS	582	186
KPMAS	425	167
MPC	1,275	225
MSFC	2,491	246
PPMCO	4,281	256
UHC	1,446	230
UMHP	2,321	244
<b>Total</b>	<b>17,188</b>	<b>2,039</b>

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. PCPs with the same NPI who provided services at other practice locations as submitted by the MCOs were not removed as duplicates from the sample.

## Survey Validation Tool

After validating the list of unduplicated PCPs at practice locations, Qlarant loaded the list into the electronic survey instrument. The survey validation tool is included as Appendix A1.

To minimize provider burden, the CY 2020 surveys were separated into two parts, a telephone survey and a validation survey, as depicted in Figure 1.

**Figure 1. CY 2020 Surveys**

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

- Name and address of the PCP
- Whether the PCP accepts the listed MCO and new Medicaid enrollees
- Routine and urgent care appointment availability

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

- 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, and identified specific Americans with Disabilities Act (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. Responses to the survey questions were documented in the survey tool and stored electronically on Qlarant's secure web-based portal.

## HealthChoice Results

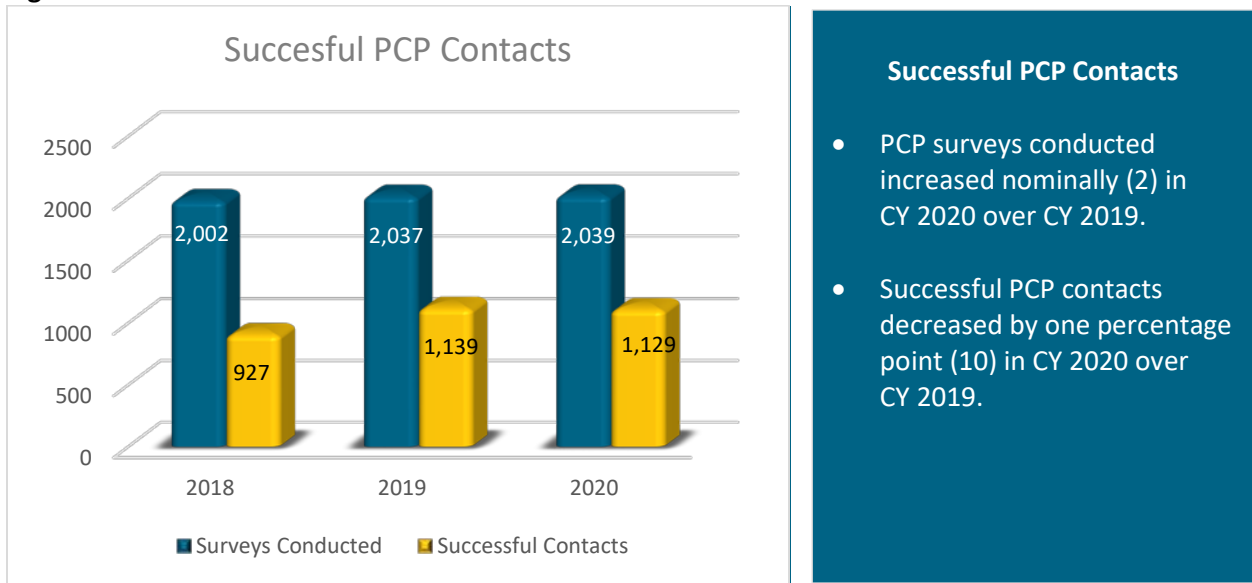
Results of the telephonic and validation surveys are outlined in the following categories:

- 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 2,039 PCPs in September and October 2020. 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.

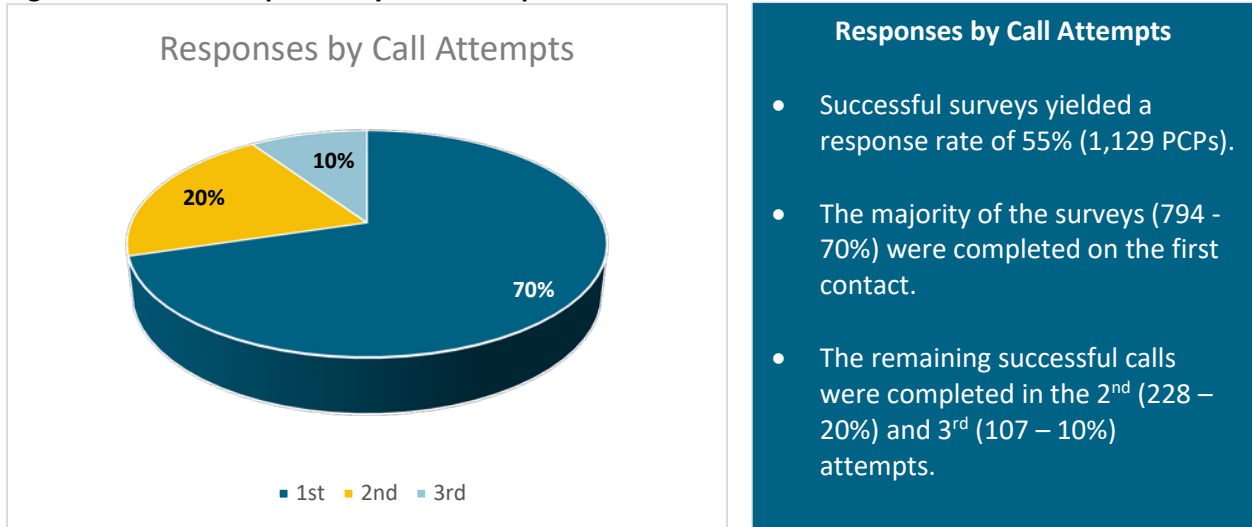
**Figure 2. CY 2018-CY 2020 Successful PCP Contacts**



- Successful PCP Contacts**
- PCP surveys conducted increased nominally (2) in CY 2020 over CY 2019.
  - Successful PCP contacts decreased by one percentage point (10) in CY 2020 over CY 2019.

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

**Figure 3. CY 2020 Responses by Call Attempt for All MCOs**



- Responses by Call Attempts**
- Successful surveys yielded a response rate of 55% (1,129 PCPs).
  - The majority of the surveys (794 - 70%) were completed on the first contact.
  - The remaining successful calls were completed in the 2<sup>nd</sup> (228 - 20%) and 3<sup>rd</sup> (107 - 10%) attempts.

Of the 2,039 PCP surveys attempted in CY 2020, 1,129 successful PCP surveys were achieved, yielding a response rate of 55%. This was a 1 percentage point decline over CY 2019. The majority of successful surveys (794 or 70%) were completed upon the first contact to the PCP. The remaining 30% were

completed on the second and third attempts. Low percentages of successful PCP contacts may indicate members would be unable to reach PCPs identified by the MCOs.

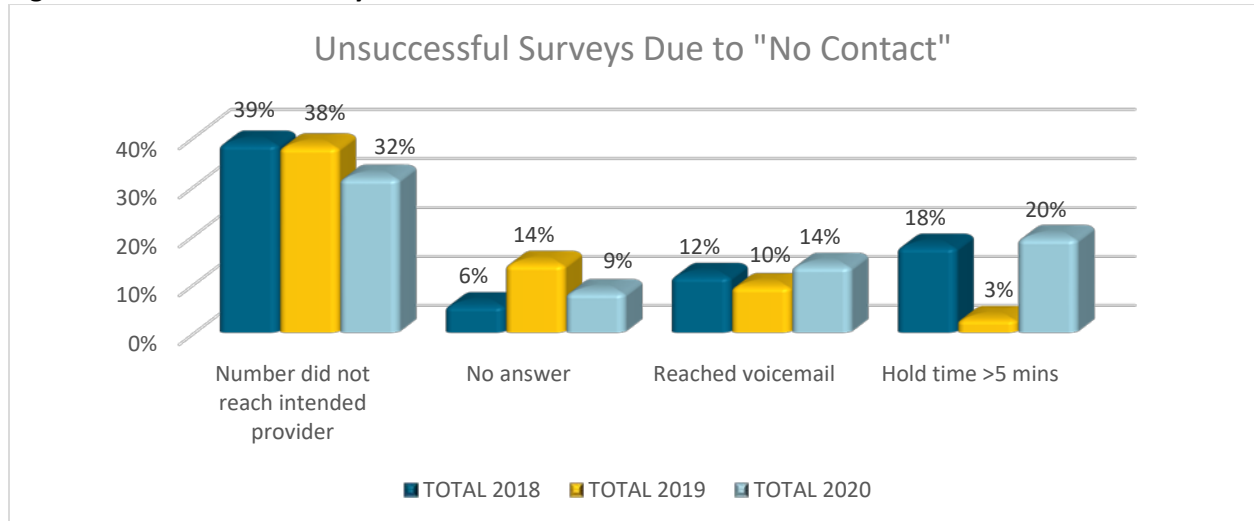
### Unsuccessful Contacts

Of the 2,039 PCP surveys attempted in CY 2020, 910 PCP surveys were unsuccessful. 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 “number did not reach intended provider”, “no answer”, “reached voicemail”, and “hold time exceeding 5 minutes.” Unsuccessful survey calls identified as “wrong number,” “office closed,” and “provider not with practice” were collectively attributed to “number did not reach intended provider” category for 2019 and 2020.

Unsuccessful surveys categorized as “PCP Response” were calls that ended after initial contact with a live respondent; for example, “wrong location listed for provider”, “not a PCP”, “does not accept insurance, and “refused to participate”. Of the 910 unsuccessful surveys, only 8 provider offices (<1%) were unable to be surveyed as a result of the COVID-19 public health emergency. These provider offices indicated that enrollees should leave voicemails or the location was a COVID-19 testing facility.

A total of 678 (75%) telephonic surveys were unsuccessful due to “No Contact.” Reasons for unsuccessful contact with the PCP along with process descriptions and percentages 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. Unsuccessful contacts due to hold times substantially increased from 3% (28) in CY 2019 to 20% (180) in CY 2020, which could have been due to the COVID-19 public health emergency.

If the surveyor was asked to leave a message without getting through to a live attendant, the call was ended without leaving a message. Surveys were ended after three attempts if the surveyor was asked to

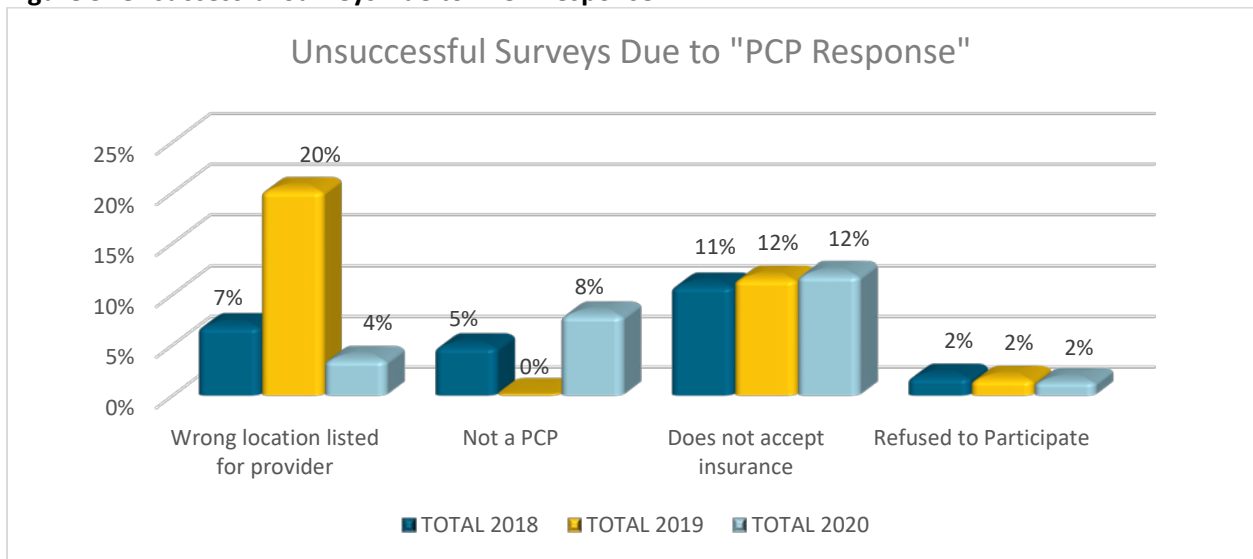
leave a message on the third attempt. PCP offices that required the surveyor to leave a message increased from 10% (89) in CY 2019 to 14% (128) in CY 2020. However, calls that went unanswered decreased slightly from 14% (130) in CY 2019 to 9% (78) in CY 2020. Members unable to speak to a live attendant 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. The number of surveys attempted that did not reach the intended provider decreased from CY 2019 (38% or 345) to CY 2020 (32% or 292). A positive trend was identified over a three-year period (lower rate is better).

A total of 232 (25%) of the 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 PCP did not practice at the listed address.
- The provider identified for the survey was not a PCP.
- The PCP did not accept the listed insurance.
- The respondent refused to participate in the survey.

**Figure 5. Unsuccessful Surveys Due to “PCP Response”**



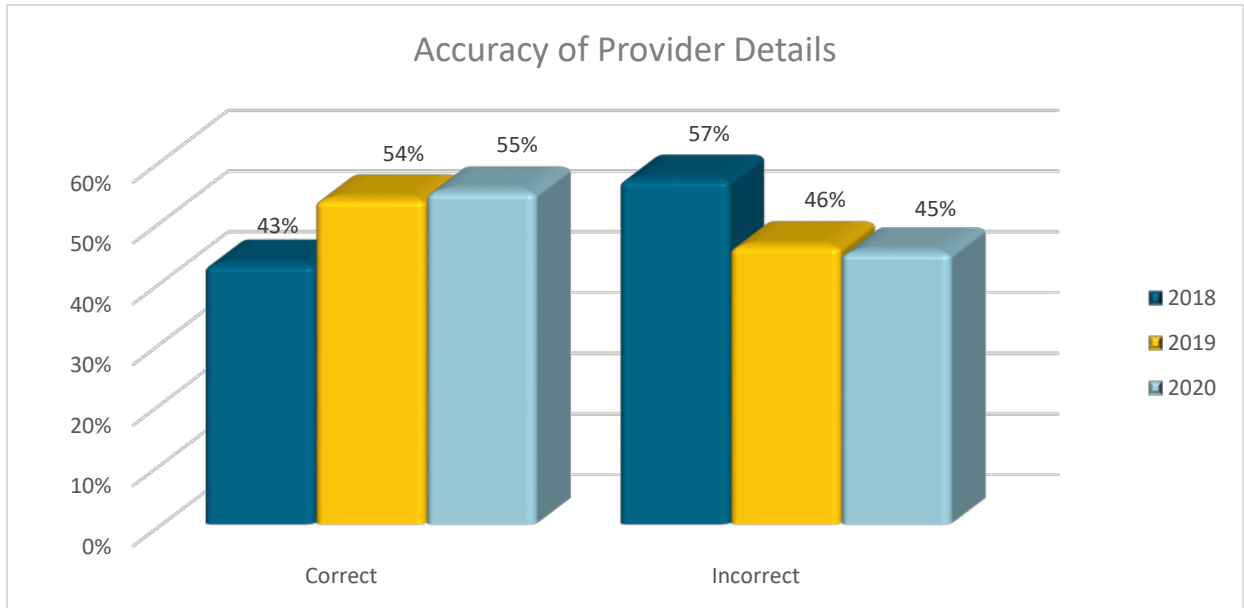
Survey scenarios mimic real barriers to members attempting to contact their PCP to obtain primary care services with the exception of respondents who refused to participate. Data regarding unsuccessful surveys due to “PCP Response” was collected for the first year in CY 2018. Year over year, refusal to participate has remained consistent at 2%. In CY 2018, 25 PCP offices refused to participate in the surveys, in CY 2019, 16 PCP offices refused; and in CY 2020, 14 offices.

The largest category for unsuccessful surveys was “Does not accept insurance” at 12% (110) and is consistent with CY 2019 at 12% (105). This may be a lack of front line staff education as to which MCO insurance they accept and may create confusion for members attempting to schedule appointments with their PCP.

## Accuracy of PCP Information

Telephonic surveys verified the accuracy of PCP information in each MCO's online provider directory. Accuracy of PCP information results of the telephonic survey for all HealthChoice MCOs are presented in Figure 6.

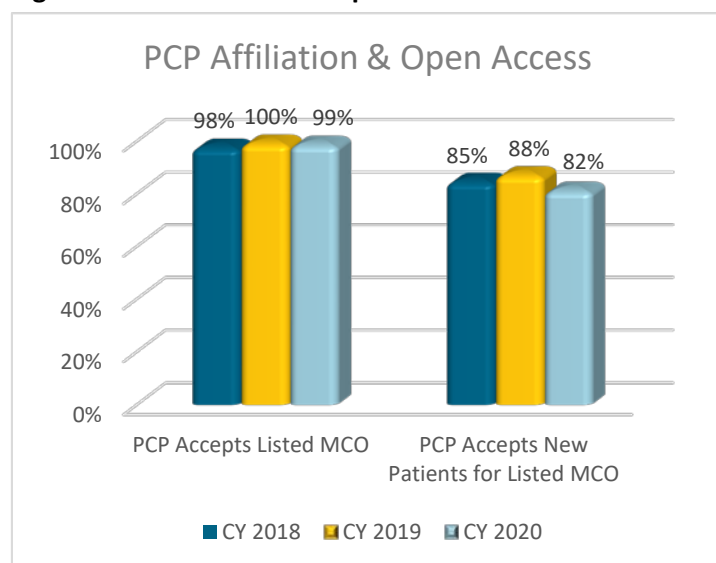
**Figure 6. Accuracy of Provider Details**



Survey results demonstrate the accuracy of PCP information provided by the MCOs has remained steady in CY 2019 and CY 2020. Overall survey results exhibited:

- A 3 percentage point decrease in CY 2020 (21 or 1%) from CY 2019 (78 or 4%) for incorrect PCP telephone numbers.
- Percentage consistency for PCPs identified as no longer with the practice in CY 2020 (261 or 13%) and in CY 2019 (259 or 13%).
- A 7 percentage point decrease for PCPs identified as not providing services at the location provided in CY 2020 (34 or 2%) from CY 2019 (183 or 9%).
- Both CY 2020 (<1% or 9) and CY 2019 (<1% or 10) saw no change in reported office closures.

The CY 2020 telephonic surveys validated whether PCPs accepted the listed MCO and new Medicaid patients, as illustrated in Figure 7.

**Figure 7. PCP Affiliation & Open Access****PCP Affiliation & Open Access**

- In CY 2020, 99% of PCPs surveyed confirmed acceptance of the listed MCO. Only 11 PCPs surveyed were unable to confirm acceptance of the listed MCO.
- The majority of PCPs surveyed (82%) report accepting new patients in CY 2020.

Survey results demonstrated that in CY 2020, 99% of PCPs surveyed stated that they were affiliated with the listed MCO. Additionally, the majority of PCPs surveyed (82%) accepted new patients for the listed MCO, exhibiting a decrease of 6 percentage points from CY 2019 (88%). It should be noted that beginning in CY 2020, the methodology changed whereby the surveyors specifically asked if the PCP accepted “new Medicaid patients for the listed MCO,” whereas in past years, surveyors simply asked if the PCP accepted “new patients” or “new Medicaid patients.”

Although the rate of 82% of PCPs accepting new Medicaid patients seems satisfactory, note only 55% of the PCPs were successfully contacted by surveyors. Therefore, further analysis into open panels may warrant further MCO oversight as recommended in CY 2019.

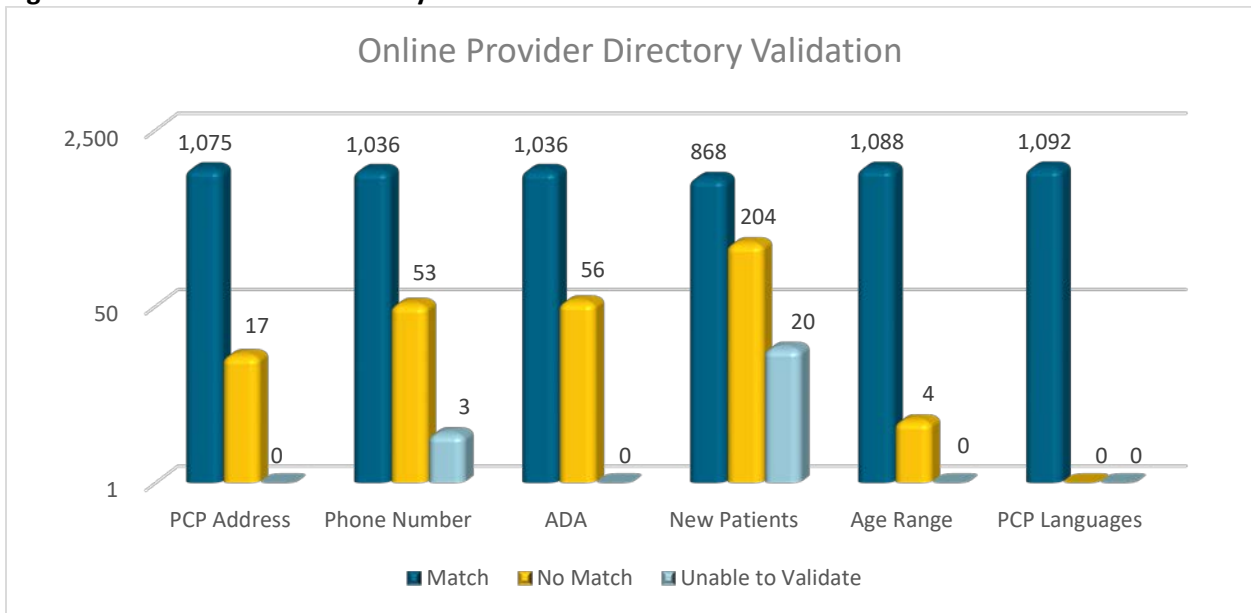
## Validation of MCO Online Provider Directories

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 specific 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 Validation Results**



In CY 2020, 1,129 PCPs reported that they were active with an MCO; however, 37 PCPs were not found in the MCO’s online provider directory; therefore, 1,092 PCPs were validated against the MCO’s online provider directories for compliance with the regulations. CY 2019 results were similar with 55 PCPs not found in the MCO’s online provider directory from 1,139 successful survey calls.

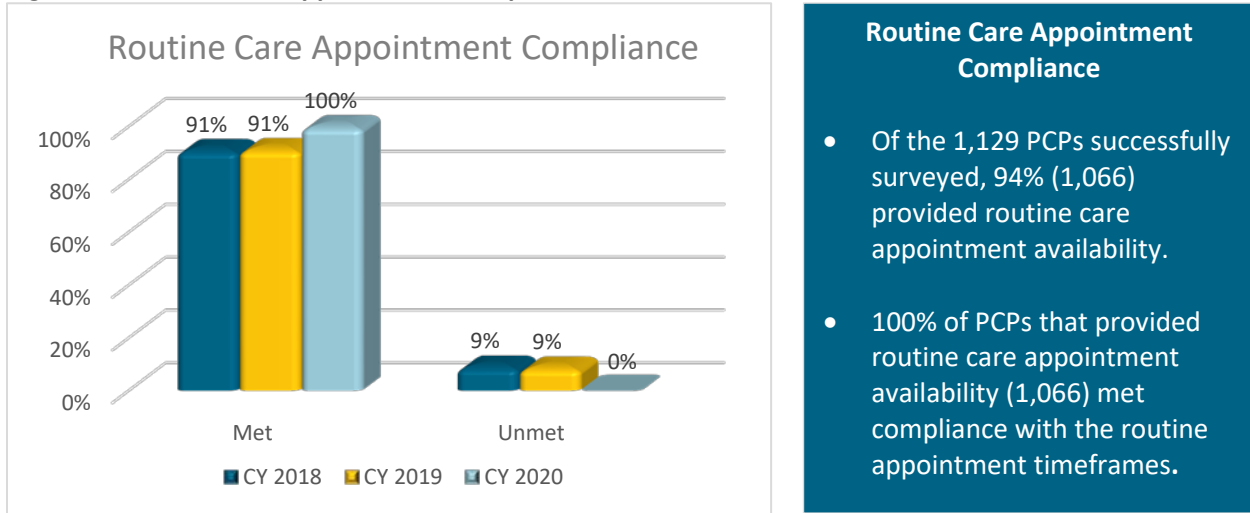
CY 2020 directory validation included PCP address, phone number, ADA accessibility, accepting new patients, identified service age ranges, and languages spoken. Below are the results from the 1,092 online provider directory validations:

- Almost all PCP directory entries validated matched the address for CY 2020 (1,075 or 98%), which is a 5 percentage point increase or over CY 2019 (1,011 or 93%).
- Provider directory telephone number matches to survey responses decreased slightly by 1 percentage point in CY 2020 (1,036 or 95%) from CY 2019 data (1,045 or 96%).
- The majority of PCP directory entries (1,036 or 95%) specified practice accommodations for patients with disabilities, a significant improvement over CY 2019 (692 or 64%). All PCP offices are required to be ADA accessible.
- Over half of PCP directory entries (868 or 79%) validated that PCPs accepted new Medicaid patients, an increase of 12 percentage points from CY 2019 (67%). About 2% (20) of the PCP directory entries did not confirm or deny acceptance of new Medicaid patients for the listed MCO which is a 11 percentage point improvement over CY 2019 (143 or 13%).
- The majority of PCP directory entries (1,088 or 99.6%) listed age ranges of patients served, an increase of 13 percentage points over CY 2019 (86%). Figure 8 demonstrates rounding this category to 100%.
- All of the PCP directories (1,092 or 100%) specified languages spoken by the PCP, an increase of 23 percentage points over CY 2019 (77%).

## 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**



Methodology for CY 2020 changed slightly for obtaining appointment availability and coordinated with surveyor instructions 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. Additionally, surveyors accepted PCP appointments with the same provider at another location if there was not an appointment available at the location surveyed as well as appointments with an alternative provider if no appointments were available with the provider selected during the survey attempt. This is evidence that provider offices are able to accommodate enrollees with appointments even when the requested provider is not available at the designated address but available at another location.

The number of PCPs that provided routine care appointment availability to surveyors increased by 9 percentage points from 85% in CY 2019 to 94% in CY 2020. Compliance with the 30-day appointment timeframe also increased 9 percentage points in CY 2020 (1066 or 100%) from CY 2019 (888 or 91%) for those PCPs that provided appointment availability.

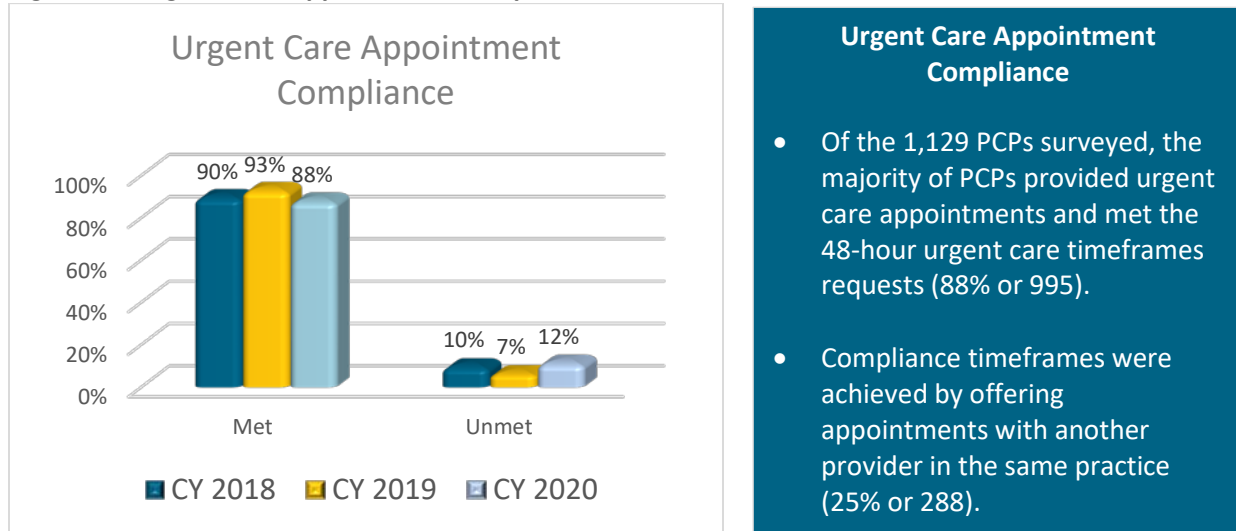
Of the 1,129 successful surveys, 8.5% (96) of providers identified COVID-19 for scheduling accommodations or issues. Of those, 74 provider offices (77%) offered telemedicine appointments when in-person appointments were not available or offered both a telemedicine or in-person appointment due to the COVID-19 public health emergency. The remaining 22 providers (23%) offered some of the following reasons for their scheduling issues during the COVID-19 public health emergency: they could offer appointments to current patients but were not accepting appointments for new Medicaid enrollees or the provider was on leave due to the COVID-19 public health emergency. It should be noted that even during a pandemic, HealthChoice providers were flexible in their accommodations and achieved higher routing appointment compliance rates when compared to CY 2018 and CY 2019.



## 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**



Consistent with CY 2018 and CY 2019, surveyors continued to ask 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 timeframe. Additionally, data was collected on alternative options offered by the practice, such as referring the member to urgent care services or emergency room. The number of PCPs that provided urgent care appointment availability decreased slightly from 93% in CY 2019 to 88% in CY 2020.

Results revealed that 63% of surveyed PCPs offered an urgent care appointment within the required 48-hour timeframe; an additional 25% of PCPs offered an appointment within the required timeframe with another provider in the same practice. Of the 12% (131) surveyed PCPs not meeting the urgent appointment compliance timeframes, 96% (126) directed enrollees to an urgent care clinic or an emergency department, and 4% (5) 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 or emergency services due to PCP referrals.

## MCO-Specific Results

### MCO-Specific Results for Successful Contacts

Table 3 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 3. CY 2020 MCO Results of Successful Contacts**

CY 2020 MCO Results of Successful Contacts						
MCO	Total Number of Call Attempts	1 <sup>st</sup> Call Attempt	2 <sup>nd</sup> Call Attempt	3 <sup>rd</sup> Call Attempt	Total Successfully Completed Calls	Percent of Successfully Completed Calls
ABH	240	88	27	10	125	52%
ACC	245	103	13	4	120	49%
JMS	186	88	7	6	101	54%
KPMAS	167	49	19	13	81	49%
MPC	225	98	28	9	135	60%
MFSC	246	85	29	14	128	52%
PPMCO	256	83	31	19	133	52%
UHC	230	99	30	13	142	62%
UMHP	244	101	44	19	164	67%
<b>TOTAL</b>	<b>2,039</b>	<b>794</b>	<b>228</b>	<b>107</b>	<b>1,129</b>	<b>55%</b>

MCO-specific results demonstrated that UMHP had the highest percent of successful calls with 67%, and both KPMAS and ACC had the lowest with 49%. By far, the majority of all calls were completed on the 1st call attempt.

## MCO-Specific Results of Unsuccessful Contacts

A total of 678 (75%) telephonic surveys were unsuccessful due to “No Contact” and a total of 232 (25%) were due to “PCP Response.” Tables 4 and 5 present the MCO-specific results of unsuccessful contacts due to “No Contact” and “PCP Response.”

**Table 4. CY 2020 Unsuccessful Contacts Due to “No Contact” by MCO**

CY 2020 Unsuccessful Contacts Due to “No Contact” by MCO					
MCO	Did Not Reach Intended Provider	No Answer	Reached Voicemail	Hold Time >5 Min	MCO Total
ABH	46	6	12	23	<b>87</b>
ACC	36	18	10	33	<b>97</b>
JMS	30	8	9	0	<b>47</b>
KPMAS	14	2	16	33	<b>65</b>
MPC	32	11	14	10	<b>67</b>
MSFC	34	17	20	18	<b>89</b>
PPMCO	54	5	19	22	<b>100</b>
UHC	19	6	12	16	<b>53</b>
UMHP	27	5	16	25	<b>73</b>
<b>TOTAL</b>	<b>292</b>	<b>78</b>	<b>128</b>	<b>180</b>	<b>678</b>

Out of 678 total unsuccessful contacts, MCO results demonstrate that 292 or 43% of the telephone numbers provided by the MCOs did not reach the intended provider, and 180 or 27% of the calls exceeded the 5-minute hold time allowed. These two categories contributed to the majority of unsuccessful contacts due to “No Contact.” PPMCO had the highest number of unsuccessful calls (100)

due to the number of calls that did not reach the intended provider, followed by ACC with 97 calls. ACC also had the highest number of calls that were unanswered at 18, followed by MSFC having 17 unanswered calls. MSFC had the highest number of calls reaching a voicemail (20). KPMAS and ACC had the highest number of calls exceeding hold times (33).

**Table 5. CY 2020 MCO Results of Unsuccessful Contacts Due to “PCP Response”**

CY 2020 MCO Results of 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	1	11	16	0	28
ACC	9	8	9	2	28
JMS	1	2	35	0	38
KPMAS	0	1	12	8	21
MPC	6	7	9	1	23
MSFC	10	12	5	2	29
PPMCO	4	6	13	0	23
UHC	1	24	10	0	35
UMHP	2	3	1	1	7
<b>TOTAL</b>	<b>34</b>	<b>74</b>	<b>110</b>	<b>14</b>	<b>232</b>

Out of the total 232 unsuccessful contacts due to PCP response, MCO results demonstrate that the majority (110 or 47%) of unsuccessful contacts due to “PCP Response” were because the office did not accept the listed MCO’s insurance. An additional 74 contacts, or 32% of the unsuccessful contacts, were because the provider was not a PCP. For unsuccessful contacts due to “PCP Response”, JMS had the highest number of total unsuccessful calls (38) and majority were due to the provider not accepting the insurance; while UMHP had the lowest amount (7).

## 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 6.

**Table 6. CY 2020 MCO Results from Successful Contacts for Accuracy of PCP Information**

CY 2020 MCO Results from Successful Contacts for Accuracy of PCP Information				
MCO	Successful Contacts	Accurate PCP Address Provided	Accepts Listed MCO	Accepts New Medicaid Patients For Listed MCO
ABH	125	108 (86%)	123 (98%)	98 (78%)
ACC	120	111 (93%)	120 (100%)	107 (89%)
JMS	101	90 (89%)	101 (100%)	81 (80%)
KPMAS	81	80 (99%)	81 (100%)	51 (63%)
MPC	135	124 (92%)	133 (99%)	123 (91%)
MSFC	128	104 (81%)	123 (96%)	108 (84%)
PPMCO	133	114 (86%)	133 (100%)	106 (80%)
UHC	142	135 (95%)	142 (100%)	113 (80%)
UMHP	164	135 (82%)	164 (100%)	135 (82%)
<b>TOTAL</b>	<b>1,129</b>	<b>1,001 (89%)</b>	<b>1,120 (99%)</b>	<b>922 (82%)</b>

Accuracy of provider address ranged from 81% (MSFC) to 99% (KPMAS). Most providers were able to identify that they accepted the listed MCO and ranged from 96% (MSFC) to 100% (ACC, JMS, KPMAS, PPMCO, UHC and UMHP). Providers accepting new Medicaid patients for the listed MCO ranged from 63% (KPMAS) to 91% (MPC).

## MCO-Specific Results for Compliance with Appointment Requirements

MCO-specific results for compliance with routine and urgent care appointment timeframe requirements are presented in Table 7.

**Table 7. CY 2020 MCO Results for Compliance with Appointment Requirements**

Requirement	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP	HealthChoice Aggregate
<b>Compliance with Routine Care Appointment Timeframe (within 30 days)*</b>										
Compliant with Timeframe	96%	97%	100%	99%	94%	95%	87%	93%	93%	94%
# of Wait Days (Average)	8	6	8	8	8	7	8	8	8	7
# of Wait Days (Range)	0-30	0-26	0-26	0-21	0-25	0-28	0-29	0-30	0-30	0-30
<b>Compliance with Urgent Care Appointment Timeframe (within 48 hours)</b>										
Appointment Available w/ Requested PCP at Same Location w/ 48 hours	54%	80%	69%	60%	76%	53%	58%	68%	50%	63%

Requirement	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP	HealthChoice Aggregate
<b>Compliance with Urgent Care Appointment Timeframe (within 48 hours)*</b>										
Appointment Available w/ Another PCP at Same Location w/ 48 hours	28%	13%	28%	40%	12%	28%	33%	22%	30%	25%
<b>Compliance w/ Urgent Care Appointment</b>	<b>82%</b>	<b>93%</b>	<b>97%</b>	<b>100%</b>	<b>87%</b>	<b>81%</b>	<b>91%</b>	<b>89%</b>	<b>80%</b>	<b>88%</b>

\*Due to rounding, some totals may not correspond with the sum of the separate figures.

Results for compliance with routine care appointments availability within 30 days ranged from 87% (PPMCO) to 100% (JMS). The average wait time for a routine care appointment ranged from six to eight days across all MCOs. Of the 1,066 available routine PCP appointments, all MCOs achieved 100% routine appointment timeframe compliance within 30 days.

Results for compliance with urgent care appointments within 48 hours with the PCP surveyed or another PCP at the same location ranged from 80% (UMHP) to 100% (KPMAS).

Results for PCPs that provided an alternative option (an urgent care clinic or emergency department) when urgent care appointments were not available with the PCP surveyed or another PCP at the same location ranged from 3% (ABH) to 20% (UMHP). Only five providers for three MCOs (ACC, MPC, and PPMCO) 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 8.

**Table 8. CY 2020 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*	95% ↑	88% ↑	100% ↑	100% ↑	100% ↑	97% =	98% ↓	94% ↓	100% ↑	<b>97%</b> ↑
PCP's Practice Location Matched Survey Response	97% ↑	97% ↑	100% ↑	100% ↑	97% ↑	98% ↑	99% =	98% ↑	99% ↑	<b>98%</b> ↑
PCP's Practice Telephone Number Matched Survey Response	95% ↑	97% ↑	100% ↑	100% ↑	93% ↑	98% ↑	98% =	99% ↑	81% ↓	<b>95%</b> ↑
Specifies PCP Accepts New Medicaid Patients & Matches Survey Response	<b>79%</b> ↓	91% ↑	82% ↑	<b>68%</b> ↓	89% ↑	85% ↓	<b>56%</b> ↑	81% ↑	81% ↑	<b>79%</b> ↑

Requirement	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP	HealthChoice Aggregate
Specifies Age of Patients Seen	100% ↑	98% ↑	100% ↑	100% ↑	100% ↑	100% =	98% ↓	100% ↑	100% ↑	100% ↑
Specifies Languages Spoken by PCP	100% ↑	100% ↑	100% ↑	100% ↑	100% ↑	100% =	100% ↑	100% ↑	100% ↑	100% ↑
Practice has Accommodations for Patients with Disabilities (with specifics details)	<u>69%</u> ↓	100% ↑	93% ↑	88% ↓	100% ↑	<u>2%</u> ↓	99% ↑	99% ↑	100% ↑	84% ↑

Underline denotes that the 80% minimum compliance score is unmet

\*Providers not listed in online directories (37) were included in the HealthChoice Aggregate (denominator = 1,129) and excluded from the other categorical calculations (denominator = 1,092)

↑ Improvement from CY 2019; ↓ decline from CY 2019; = no change from CY 2019

Validation of the MCO online provider directories demonstrates:

- Rates for PCPs being listed in the online provider directories ranged from 88% (ACC) to 100% (JMS, KPMAS, MPC, and UMHP). A total of 37 providers were not listed in online directories (ABH – 6, ACC – 15, MSFC – 4, PPMCO – 3, and UHC – 9).
- Rates for the PCP's practice location matching the survey response ranged from 97% (ABH, ACC, and MPC) to 100% (JMS and KPMAS).
- Rates for the PCP's telephone number matching the survey response ranged from 81% (UMHP) to 100% (JMS and KPMAS).
- Rates for the directories specifying that the PCP accepts new Medicaid patients ranged from 56% (PPMCO) to 91% (ACC).
- Rates for the directories specifying the ages seen by the PCP ranged from 98% (ACC and PPMCO) to 100% (the remaining 7 MCOs).
- All MCOs scored 100% for directories specifying the languages spoken by the PCP.
- Rates for the directories specifying the practice has accommodations for patients with disabilities with details ranging from 2% (MSFC) to 100% (ACC, MPC, and UMHP). MSFC did have 98% of their provider directories listing ADA Accommodations, but without specific details.

The minimum compliance score is 80% for the validation of online directories. Based on CY 2020 results, four MCOs (ABH, KPMAS, MSFC, and PPMCO) are required to submit CAPs to Qlarant to correct PCP details noted in the online provider directory. Information about specific 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 includes designated placeholders for each component required by regulation. ABH provides icons with a colored legend specifying board certifications, ages served, languages spoken, ease of access to public transportation, handicap accessibility, and if the provider is accepting new patients. Information icons with a question mark inform the enrollee when accessed that the self-reported information is updated no less than every

three years and/or when the health plan is notified of changes. Enrollees are directed to call ABH for assistance in locating a provider or pharmacy.

Following CY 2019 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.

ABH scored above the 80% compliance threshold established by MDH in five of the seven categories and achieved 100% in two online directory categories in the CY 2020 validation. Follow up from ABH’s CY 2019 CAP demonstrated that although ABH proposed solutions to address CY 2019 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 CY 2021 validations, ABH must submit a CAP addressing the following:

- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.
- Ensure staff responses regarding accepting new Medicaid patients for the MCO align with 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.

## ACC Online Provider Directory

ACC’s online provider directory is easy to read, available on one page, and includes placeholders for each component required by regulation. The directory also includes a map feature that allows an enrollee to view provider locations in comparison to one another. The directory also allows an enrollee to compare multiple providers side-by-side.

ACC encourages members to contact Member Services to ensure the provider is accepting patients. The ACC member services contact number is easily identified in this enrollee message.

Following CY 2019 validations, ACC was required to submit a CAP to address the following:

- Ensure staff responses regarding accepting new Medicaid patients align with 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.

The CY 2020 validation demonstrated that ACC implemented their CY 2019 CAP effectively and made significant improvements. ACC scored above the 80% compliance threshold established by MDH in all areas and achieved 100% in two online directory categories. There are no opportunities or recommendations for ACC at this time.

## JMS Online Provider Directory

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

JMS provides the customer service department telephone number visibly on the main provider directory page as well as in the descriptions glossary. JMS indicates that directory information is reported and validated by participating providers at least annually.

Following CY 2019 validations, JMS was required to submit a CAP to address the following:

- Ensure staff responses regarding accepting new Medicaid patients align with 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 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.

The CY 2020 validation demonstrated that JMS implemented their CY 2019 CAP effectively and made significant improvements. JMS scored above the 80% compliance threshold established by MDH in all areas and achieved 100% in five online directory categories with the most significant improvement in ADA specific accommodations. There are no opportunities or recommendations for JMS at this time.

## KPMAS Online Provider Directory

KPMAS's online provider directory is easy to read, includes placeholders and responses, and includes all components required by regulation. 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. Inaccuracies in provider information can be reported to Provider Relations via a toll free number provided or through an email hyperlink. KPMAS also provides the member services department telephone number visibly on the main provider directory page and in their glossary.

Following CY 2019 validations, KPMAS was required to submit a CAP to address the following:

- Ensure staff responses regarding accepting new Medicaid patients align with responses provided in the online directory.

The CY 2020 validation demonstrated that although KPMAS's CY 2019 CAP proposed solutions to address the above issues, the online directory still does not reflect required changes to staff awareness with accepting new Medicaid patients for the assigned MCO; Hence, KPMAS did not score above the 80% compliance threshold for this category again in CY 2020. However, KPMAS scored above the 80% threshold in the remaining categories and achieved 100% in five of the seven categories.



In order to be compliant in the CY 2021 validations, KPMAS must submit a CAP addressing the following:

- Ensure staff responses regarding accepting new Medicaid patients for the assigned MCO align with 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 components required by regulation. The placeholder for ADA accessibility provides a hyperlink to view accessibility details. The directory also provides links for public transportation and driving directions as well as a placeholder for gender limitations.

Following CY 2019 validations, MPC was required to submit a CAP to address 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.

The CY 2020 validation demonstrated that MPC's CY 2019 CAP addressed deficiencies, and made improvements in all validation categories. MPC scored above the 80% compliance threshold established by MDH and achieved 100% for four of the seven online directory categories. There are no opportunities or recommendations for MPC at this time.

## MSFC Online Provider Directory

MSFC's online provider directory is easy to read, available on one page, and includes placeholders and responses for all components required by regulation. MSFC continues to share how current the provider information is with a date at the bottom of the page, which is a best practice. MSFC provides a telephone number visibly on the main provider directory for those needing assistance as well as links to schedule a telehealth appointment. MSFC also provides the Maryland Public Behavioral Health System telephone number for enrollees to locate a mental health or substance use provider.

The CY 2020 validation demonstrated that MSFC did not meet the 80% compliance threshold for this category, practice has accommodations for patients with disabilities (with specifics details). While MSFC's online provider directory does have a placeholder for whether or not a provider is handicap accessible, there are no additional details or specifics about what accommodations are available. MSFC scored above the 80% compliance threshold established by MDH in six of the seven categories and achieved 100% in two online directory categories.

In order to be compliant in CY 2021 validations, MSFC must submit a CAP addressing the following:

- Online provider directories must include specifics regarding ADA accommodations for patients with disabilities including offices, exam room(s), and equipment.

## PPMCO Online Provider Directory

PPMCO's online provider directory is easy to read and includes placeholders and responses for all components required by regulation. Enrollees can select providers based on icons that identify handicap accessibility or accepting new patients. Once a provider is selected, information can be found in tabs on the second page to include provider details, contact information, and location information. The phone number for Customer Care is easily identified on the provider search page.

Following CY 2019 validations, PPMCO was required to submit a CAP to address the following:

- Ensure staff responses regarding accepting new Medicaid patients align with responses provided in the online directory.
- 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.

The CY 2020 validation demonstrated that one of PPMCO's CAPs proved to be effective and made improvements in the "practice has accommodations for patients with disabilities" category (including specific details). However, PPMCO's CY 2019 CAP proposed solutions to address the remaining issue, the online directory still does not reflect required changes to staff awareness with accepting new Medicaid patients for the assigned MCO. PPMCO did score above the 80% compliance threshold established by MDH in six of the seven categories and achieved 100% in one online directory category.

In order to be compliant in the CY 2021 validations, PPMCO must submit a CAP addressing the following:

- Ensure staff responses regarding accepting new Medicaid patients for the assigned MCO align with 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.

## UHC Online Provider Directory

UHC's online provider directory is easy to read and includes placeholders and responses for all 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 online directory include indications of how current the provider information is with a date stamp at the bottom of the page as well as a five-star patient experiences rating system for each provider where feedback and reviews are available for enrollees to read. The phone number to reach a HealthChoice plan specialist is easily identified on the main provider search page. Information to contact Member Services is also available.

Following CY 2019 validations, UHC was required to submit a CAP to address the following:

- Ensure staff responses regarding accepting new Medicaid patients align with 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.

The CY 2020 validation demonstrated that UHC's CY 2019 CAP addressed the deficiency, and made improvements within the validation category. UHC scored above the 80% compliance threshold established by MDH and achieved 100% in two online validation categories. There are no opportunities or recommendations for UHC at this time.

## UMHP Online Provider Directory

UMHP's online provider directory includes placeholders and responses for all components required by regulation. 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 CY 2019 validations, UMHP was required to submit a CAP to address the following:

- Ensure staff responses regarding accepting new Medicaid patients align with 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.

The CY 2020 validation demonstrated that UMHP's CY 2019 CAP addressed deficiencies, and made improvements within validation categories. UMHP scored above the 80% compliance threshold established by MDH and achieved 100% in four online validation categories. There are no opportunities or recommendations for UMHP at this time.

## Conclusions

The overall response rate for CY 2020 surveys was 55%, a decrease of 1 percentage points from CY 2019 (56%). Even though the provider listings are provided directly from the MCOs, a fluctuating trend of inaccurate information continues. The CY 2020 rate (55%) of accuracy with PCP addresses and phone numbers improved continuously from CY 2018 (43%) and CY 2019 (54%) and resulted in a positive trend year over year. All but 11 of 2,039 PCPs surveyed for open access in 2020 (99%) demonstrated that they accepted the listed MCO; this is a 1 percentage point decrease from CY 2019 results (100%) and a 1 percentage point increase over CY 2018 (98%) results. Additionally, the majority of PCPs in CY 2020 (82%) accepted new patients for the listed MCO, a 6 percentage point decrease over CY 2019 (88%) results, and a 3 percentage point decrease over the CY 2018 (85%) results. Of the successful calls available for online provider directory validation, acceptance of new Medicaid patients match rates increased 12 percentage points from CY 2019 at 67% to 79% in CY 2020.

Overall, routine appointment compliance rates improved from CY 2018 to CY 2020. A total increase of 9 percentage points was reflected in routine care appointment compliance, from 91% in both CY 2018 and CY 2019 to 100% in CY 2020. Improvements may be due to allowing 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 care timeframe. Urgent care appointment compliance rates decreased slightly to 88% in CY 2020 from CY 2019 (93%) and CY 2018 (90%).

While improvements were demonstrated in CY 2020, staff at provider offices and online provider directories are still 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, hence; driving up overall state healthcare cost. 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.

Several barriers to network adequacy have been identified through conducting the surveys but data should be evaluated with the current global pandemic in mind. While data does not appear to be overly impacted by COVID-19, there is still the possibility that improvements or declines in evaluated areas could have been a result of accommodations put in place to address enrollee needs during this time.

MDH set a minimum compliance score of 80% for the network adequacy assessment. Based on CY 2020 results, four MCOs (ABH, KPMAS, MSFC, and PPMCO) are required to submit CAPs to Qlarant to correct PCP details noted in the online provider directory.

## Recommendations

The following recommendations are resultant of the CY 2020 surveys.

### MCO Recommendations

- Provide complete and accurate PCP information.
- Notify PCPs of the Maryland network adequacy validation survey timeframe and promote participation one month before the surveys begin.
- Refrain from completing any MCO-specific provider surveys within the same timeframe as the Maryland network adequacy validation 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 includes ADA specific information when the provider identifies as being handicap accessible, namely 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 web pages 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 or a scheduling assistance 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 stamp at the bottom of each page.
- Ensure the glossary is easily located.

## 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.
  - 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.

## 2020 PCP Survey Validation Tool

FIELD	DESCRIPTION
<b>Telephone Survey</b>	
<b>Surveyor Identifier</b>	Identifier number given to a surveyor
<b>Provider Name</b>	These fields are pre-populated based on the data sample
<b>Provider Credentials</b>	
<b>Provider Type</b>	
<b>Provider Specialty</b>	
<b>Provider's Address</b>	
<b>Provider's Phone</b>	
<b>MCO</b>	
<b>NPI</b>	
<b>Survey Type</b>	
<b>Call Attempt</b>	Surveyor clicks on radio button for 1 <sup>st</sup> , 2 <sup>nd</sup> , or 3 <sup>rd</sup> call attempt
<b>Call Attempt Comments</b>	Surveyor uses the comment box to make internal notes only related to call attempts (including comments pertaining to COVID-19).
<b>Call Date</b>	Surveyor will enter the MM/DD/YYYY only when a successful contact or FINAL unsuccessful contact has been completed to the provider
<b>Is the Provider's Address Correct?</b>	Surveyor selects an option from the following options: <ul style="list-style-type: none"> <li><input type="radio"/> Yes, pre-populated address is correct.</li> <li><input type="radio"/> No, pre-populated address is not correct, no correct address provided</li> <li><input type="radio"/> No, pre-populated address is not correct, correct address provided</li> </ul>
<b>If Corrected Address Given:</b>	If the respondent stated the entire practice/office moved, the surveyor enters corrected address given.
<b>Does Provider Accept the Listed MCOs Insurance?</b>	Surveyor selects from the following options: <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Unable to confirm acceptance of the listed insurance</li> </ul>
<b>Is This A Successful Contact?</b>	Surveyor notes whether they successfully reached a respondent at the provider office by selecting from the following options: <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<b>If Not A Successful Contact, Reason:</b>	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"> <li><input type="radio"/> Wrong number</li> <li><input type="radio"/> Not a Primary Care Provider</li> <li><input type="radio"/> Refused to participate in survey</li> <li><input type="radio"/> Office permanently closed</li> <li><input type="radio"/> No answer or phone not in service</li> <li><input type="radio"/> Prompted to leave message</li> <li><input type="radio"/> Hold time greater than 5 minutes</li> <li><input type="radio"/> Provider not with this practice</li> <li><input type="radio"/> Provider at other address</li> </ul>

FIELD	DESCRIPTION
	<ul style="list-style-type: none"> <li>○ Provider doesn't take listed insurance</li> </ul> <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>
<b>Were you able to reach the provider office with pre-populated phone information?</b>	<p>Surveyor selects from the following options:</p> <ul style="list-style-type: none"> <li>○ Yes, pre-populated phone number is correct</li> <li>○ Yes, reached office, but caller was transferred to another department and/or scheduler</li> <li>○ Yes, reached office, but caller had to dial a different number for scheduler</li> </ul>
<b>Number given to reach scheduler:</b>	Surveyor enters the phone number given to reach scheduler
<b>Is The Provider Accepting New Medicaid Patients for the Listed MCO?</b>	<p>Surveyor selects from the following options:</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Unable to answer question</li> </ul>
<b>Can you provide me with the next available routine appointment date?</b>	<p>Surveyor selects from the following options in the drop down menu:</p> <ul style="list-style-type: none"> <li>○ Yes, PCP appointment was available at the service location with the requested provider within 30 days</li> <li>○ Yes, PCP appointment was available at the service location with an alternative provider within 30 days</li> <li>○ Yes, PCP appointment was available at another service location with the requested provider within 30 days</li> <li>○ No, no appointment available</li> </ul>
<b>What is the next available routine or non-urgent appointment date?</b>	Surveyor enters the date of the next available routine/non-urgent appointment date in the date picker (MM/DD/YYYY).
<b>Can you give me the next available urgent care appointment with this provider within 48 hours?</b>	<p>Surveyor selects from the following options in the drop down menu:</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<b>What is the date of the next available urgent care appointment?</b>	If yes is selected, surveyor enters date of urgent care appointment date in date picker (MM/DD/YYYY).
<b>If unable to give the next available urgent care appointment with the surveyed provider, could you give me an urgent care appointment with another provider at this same practice within 48 hours?</b>	<p>Surveyor selects from the following options:</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<b>Date of next available urgent care appointment</b>	Surveyor enters the date of the next available urgent care appointment date in the date picker (MM/DD/YYYY).

FIELD	DESCRIPTION
<b>If you still could not give me an urgent care appointment, what other options could you offer?</b>	<p>Surveyor selects from the following options (multiple selections may be chosen):</p> <ul style="list-style-type: none"> <li>○ Go to Urgent Care Facility</li> <li>○ Go to nearest Emergency Services</li> <li>○ Go to Urgent Care Facility and nearest Emergency Services</li> <li>○ Did not provide another option</li> </ul>
<b>Online Provider Directory Validation</b>	
<b>Did the pre-populated or corrected address in this tool <u>match</u> the address listed in the online provider directory?</b>	<p>Validator compares the pre-populated or corrected address to address in MCO's online provider directory. Surveyor selects from the following options:</p> <ul style="list-style-type: none"> <li>○ Yes, pre-populated or corrected address matches the online provider directory address</li> <li>○ No, there was not a match</li> <li>○ Provider not listed in the online provider directory</li> </ul>
<b>If no, what did not match?</b>	<p>Validator selects from the following options (multiple selections may be chosen):</p> <ul style="list-style-type: none"> <li>○ Phone Number</li> <li>○ Street Number</li> <li>○ Street Name</li> <li>○ City</li> <li>○ State</li> <li>○ Zip Code</li> <li>○ Provider's address was not listed</li> </ul>
<b>Did the provider office phone number (pre-populated or number provided) <u>match</u> the phone number listed in the online provider directory?</b>	<p>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:</p> <ul style="list-style-type: none"> <li>○ Yes, the pre-populated or corrected phone number matches the online provider directory phone number</li> <li>○ No, there was not a match</li> <li>○ Online provider directory did not list provider's phone number</li> </ul>
<b>Did the survey response to "are you accepting new Medicaid patients for the Listed MCO" <u>match</u> what is specified in the online provider directory?</b>	<p>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.</p> <p>Validator selects from the following options:</p> <ul style="list-style-type: none"> <li>○ Yes, the survey response matches the information in the online provider directory</li> <li>○ No, the survey response did not match the information in the online provider directory</li> <li>○ Survey respondent was unable to answer whether or not the provider accepted new Medicaid patients</li> <li>○ Online provider directory did not specify whether the provider accepted new patients</li> </ul>



FIELD	DESCRIPTION
<b>Did the online provider directory specify the ages of patients accepted by the provider?</b>	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"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<b>Did the online provider directory specify the languages spoken by the provider?</b>	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"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<b>Did the online provider directory specify whether the practice is accessible for patients with disabilities?</b>	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"> <li><input type="radio"/> Yes, no details provided</li> <li><input type="radio"/> Yes, with specific details</li> <li><input type="radio"/> No</li> </ul>
<b>Specific ADA accessible details identified.</b>	Validator lists the accessibility details provided in the online directory. For example: Exam rooms, ramps, bathrooms, elevators.
<b>Online Directory Validation Date</b>	Validator enters date of completed online directory validation in date picker (MM/DD/YYYY).
<b>Survey Status</b>	Survey Status is changed to one of the following options upon completion of the telephonic survey portion and/or the online provider directory validation: <ul style="list-style-type: none"> <li><input type="radio"/> Incomplete: Survey automatically default to this status until complete</li> <li><input type="radio"/> Complete, No Validation Required: Call was unsuccessful</li> <li><input type="radio"/> Ready for Validation: Prompt for online provider directory validators that telephonic survey has been completed</li> <li><input type="radio"/> Validation Complete: Both telephonic survey and online provider directory validation have been completed.</li> </ul>