Qlarant

Medicaid Managed Care Organization

Network Adequacy Validation Report

Assessing Accuracy of MCO Provider Directories

Calendar Year 2021

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Maryland
DEPARTMENT OF HEALTH

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CY 2021 Network Adequacy Validation Report

Accessing Accuracy of MCO Provider Directories

Executive Summary

The Maryland HealthChoice Program (HealthChoice) is a statewide mandatory managed care program that provides health care to most Medicaid enrollees. Eligible Medicaid recipients enroll in the managed care organization (MCO) of their choice and select a primary care provider (PCP) to oversee their medical care. HealthChoice is based upon a comprehensive continuous quality improvement system 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. Uses of *enrollee* or *patient* in this report indicate individuals enrolled in the HealthChoice program or seeing providers, as surveyed during Network Adequacy Validation (NAV) activities.

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. HealthChoice emphasizes health promotion and disease prevention and requires health education and outreach services to 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 May of 2016, the first major overhaul to Medicaid managed care regulations in more than a decade. The Final Rule released in 2016 required states to adopt time and distance standards for certain network provider types during contract periods beginning on or after July 1, 2018. Since then, CMS issued another Final Rule in November 2020, CMS-2408-F, which became effective December 14, 2020. This final rule requires states to use a quantitative standard rather than only a time and distance standard. CMS indicated in some situations, time and distance may not be the most effective type of standard for determining network adequacy. Some states have found that time and distance analysis produces results that do not accurately reflect provider availability[1]. No associated external quality review (EQR) protocol has been developed for network adequacy.

Starting in 2015, MDH began conducting NAV by surveying the MCOs and validating provider directories. These efforts included collaboration 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 process 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 the information in provider directories, such as name, address, phone number, patient age range, whether the provider practices as a PCP, and

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whether the provider was accepting new patients. Inaccuracies were addressed, and MDH shared inaccurate entries with the MCOs to ensure their directories were updated.

Following Phase 2, MDH transitioned the survey administration from Hilltop to its external quality review organization (EQRO), Qlarant. Surveys have been conducted since the calendar year (CY) 2017 to validate the MCOs' online provider directories and assess compliance with the State of Maryland's (State) access and availability requirements. Qlarant adopted a methodology similar to Hilltop's survey and conducted calls to a random probability sample of PCPs within each MCO. Now in the 5th year since Qlarant has conducted this task, Qlarant has streamlined and developed a robust survey process to address inaccuracies in the MCOs directories and improve the enrollees' timely access to care.

In CY 2021, NAV activities included PCP surveys and validation of the accuracy of MCO online provider directories in June and July. Qlarant's subcontractor, Cambridge Federal, conducted the telephonic surveys to each PCP office and validated each PCP in the MCO's online directory. Two of the four surveyors and all three validators returned from CY 2020 survey activities, providing consistency in survey administration.

Based on feedback received from MCOs and surveyors/validators for the CY 2020 surveys, the following improvements outlined in Table 1 were made to CY 2021 survey and validation questions:

Table 1. 2021 Changes to Survey and Validation Questions

FIELD	2020 DESCRIPTION	2021 DESCRIPTION
Telephone Survey		
Can you provide me with the next available routine appointment date?	Surveyor selects from the following options in the drop-down menu: • Yes, PCP appointment was available at the service location with the requested provider within 30 days • Yes, PCP appointment was available at the service location with an alternative provider within 30 days • Yes, PCP appointment was available at another service location with the requested provider within 30 days • No, no appointment available	Surveyor selects from the following options in the drop-down menu: • Yes, PCP appointment was available at the service location with the requested provider within 30 days • Yes, PCP appointment was available at the service location with an alternative provider within 30 days • <u>Yes, telemedicine is available with the requested provider within 30 days</u> • <u>Yes, telemedicine is available with an alternative provider within 30 days</u> • Yes, PCP appointment was available at a different service location with the requested provider within 30 days • No, no appointment available
Can you give me the next available urgent care appointment with this provider <u>within 48 hours?</u>	Surveyor selects from the following options in the drop-down menu: • Yes • No	Surveyor selects from the following options in the drop-down menu: • Yes • <u>Yes, telemedicine is available within 48 hours</u> • No

FIELD	2020 DESCRIPTION	2021 DESCRIPTION
Telephone Survey		
If unable to give next available urgent care appointment with survey provider, could you give me an urgent care appointment with <u>another provider</u> at this <u>same practice within 48 hours?</u>	Surveyor selects from the following options: • Yes • No	Surveyor selects from the following options: • Yes • <u>Yes, telemedicine is available within 48 hours</u> • No
Online Provider Directory Validation		
Did the online provider directory specify whether the practice is accessible for patients with disabilities?	Validator reviews the online provider directory to see if it specifies if the provider's practice is accessible for patients with disabilities and selects from the following options: • Yes, no details provided • Yes, with specific details • No	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: • Yes, no specific details provided • Yes, with specific details • <u>No, provider stated no ADA accommodations are available</u> • <u>No, ADA information is not reported or blank</u>

* 2021 revisions are <u>underlined</u>.

Results of CY 2021 surveys demonstrated the following:

- Successful PCP contacts decreased by 1.8 percentage points (53.5%) below CY 2020 (55.4%) and 2.3 percentage points below CY 2019 (55.9%).
- The majority of surveys were successfully completed during the first call attempt each year (83% in CY 2019, 70% in CY 2020, and 65.5% in CY 2021).
- The majority of PCPs surveyed continued to accept the listed MCO; the rate of acceptance has remained above 99% since CY 2019.
- The majority of PCPs surveyed (83.3%) accepted new patients for the listed MCO, which is a slight increase from the CY 2020 rate of 81.7%.
- Almost all of the PCPs surveyed (94%) provided routine appointment availability, and of those, 99.6% were compliant with appointment timeframe requirements, comparable to CY 2020 results (100%).
- Urgent care appointment compliance decreased slightly by 1.3 percentage points in CY 2021, at 86.8% compared to 88.1% in CY 2020.
- Almost all PCP online directories validated matched the address (98.2%) or telephone number (96.9%) from the responses provided in the telephonic surveys, which is comparable to CY 2020 data (98% for PCP address accuracy and 95% for telephone number accuracy).

- The majority of PCP online directories (80.5%) validated the PCPs accepted new Medicaid patients compared to responses during the telephone survey, which is comparable to CY 2019 results (79%).
- Almost all PCP online directories (99.6%) listed age ranges of patients served, which is comparable to CY 2020 results (100%).
- Almost all PCP online directories (99.9%) specified languages spoken by the PCP, which is comparable to CY 2019 results (100%).
- The majority of PCP online directories (95.7%) specified practice accommodations for patients with disabilities, exhibiting a significant improvement over CY 2020 (84%).
- The HealthChoice average of PCP online directories (95.7%) that specified practice accommodations for patients with disabilities increased by almost 12 percentage points from CY 2020 (84%).

MDH set an 80% minimum compliance score for the CY 2021 network adequacy assessment. MCOs that do not meet the minimum compliance score in the areas of provider directory accuracy or compliance with routine and urgent care appointment timeframes are required to submit corrective action plans (CAPs) to Qlarant. Based on the CY 2021 assessment, five MCOs (JMS, KPMAS, MPC, MSFC, and PPMCO) are required to submit a CAPs to Qlarant to improve compliance. Specifically, JMS, KPMAS, MPC and PPMCO are required to submit a CAP to improve compliance with online provider directory accuracy of accepting new Medicaid patients for the listed MCO. KPMAS and MSFC are required to submit a CAP to improve compliance with the urgent care timeframe.

Introduction

As the contracted EQRO for the HealthChoice Program, Qlarant annually evaluates each MCO's quality assurance program and activities. In CY 2021, Qlarant evaluated the network adequacy of the HealthChoice Program MCOs to ensure MCOs have the ability to provide enrollees with timely access to the care needed and timely access to a sufficient number of in-network providers.

Qlarant completed PCP surveys in CY 2021 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, 2021, and December 31, 2021:

- Aetna Better Health of Maryland (ABH)
- AMERIGROUP Community Care (ACC)
- CareFirst BlueCross BlueShield Community Health Plan (CFCHP)[2]
- 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)

In CY 2021, 2,071 PCPs participated in surveys, with successful contact made to 1,109 PCPs, yielding a response rate of 53.5 percent. This trended as a slight decrease each year with CY 2020 (55.4%) and CY 2019 (55.9%). 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

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[2] Previously University of Maryland Health Partners (UMHP)

- The first available routine appointment
- The first available urgent care appointment

CY 2021 Network Adequacy Validation Activities

MDH has set the following goals for CY 2021 NAV activities:

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

Table 2 defines the State's directory requirements and access and availability requirements outlined in the Code of Maryland Regulations (COMAR).

Table 2. Provider Directory and Access and Availability Requirements

COMAR	Standard
Accuracy of Provider Directory *COMAR 10.67.05.02C(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), telephone number(s), website [uniform resource locator] URL as appropriate, group affiliation, cultural and linguistic capabilities, whether the provider has completed cultural competency training, practices accommodations for physical disabilities, whether the provider is accepting new patients, age range of patients accepted or no age limit.*
30-Day Non-Urgent Care Appointment *COMAR 10.67.05.07A(3)(b)(iv)*	Requests for routine and preventative primary care appointments shall be scheduled to be performed within 30 days of the request
48-Hour Urgent Care Appointment *COMAR 10.67.05.07A(3)(b)(iii)*	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 and Validation Methodology

Surveyor and Validator Training and Quality Assurance

Qlarant's subcontractor, Cambridge Federal, conducted telephonic surveys and validation of the online directories for each PCP in the sample. Orientation and training for the subcontractor in CY 2021 included:

- in-depth instruction by subject matter experts on the survey tool,
- an overview of survey question revisions,
- mock scenarios of survey calls and data entry,
- inter-rater reliability testing,
- an overview of online directory validation tools, and
- follow-up education.

To ensure quality survey and validation results, Qlarant performed weekly quality oversight meetings with Cambridge Federal's lead surveyor and lead validator to review:

- quality assurance activities,
- progress reports,
- surveyor assignments, and
- correction of data collection issues, as applicable.

Data Sources

Qlarant requested and received a listing of contracted PCPs from each MCO. For the purpose of this survey, in order to identify as a PCP, a provider had to meet one or more of the following criteria: specializing in primary care, adult medicine, internal medicine, general practice, family medicine, or pediatrics. Qlarant provided the MCOs with 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); and
- Telephone Number.

Qlarant assessed each MCO's PCP listings for completeness. Corrections and resubmissions from the MCOs were required if issues were identified regarding incomplete data, non-PCPs included in the listings, and incorrect telephone numbers. Additionally, MCOs provided listings that included PCPs contracted in contiguous states (Delaware, District of Columbia, Virginia, and West Virginia). Included in the listings were 176 PCPs from the following contiguous states:

- Delaware – 7;
- District of Columbia – 155;
- Virginia – 3; and
- West Virginia – 11.

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

Sampling

The nine MCOs submitted information for a total of 20,596 contracted PCPs. A random probability sample was selected for each MCO, based on a 90% Confidence Level (CL) and a 5% margin of error. The sample size is based on each MCO's total number of contracted PCPs. Table 3 shows the total number of PCPs each MCO submitted, including the size for each sample, using the 90% confidence level and +/- 5% confidence interval. The final sample selected included 2,071 PCPs.

Table 3. CY 2021 MCO Contracted PCPs and Sample Size

MCO	Number of Contracted PCPs	Sample Size (90% CL with 5% Error)
ABH	3,839	255
ACC	2,687	248
CFCHP	2,681	248
JMS	592	187
KPMAS	433	168
MPC	1,516	231
MSFC	1,713	236
PPMCO	5,227	259
UHC	1,908	239
Total	**20,596**	**2,071**

A PCP was only sampled once for each MCO; therefore, once selected, if a PCP at the same address was included in the MCO's sample, it was replaced with a different PCP. This practice increased the number of unique PCPs in the sample for each MCO. Once the sample was selected for each MCO, all MCO samples were combined in an Excel Spreadsheet. PCPs with the same NPI who provided services at other practice locations (a different address), as submitted by the MCOs, were not removed as duplicates from the sample.

Survey and Directory Validation Tool

After validating the sample of PCPs selected, Qlarant loaded the list into the online survey and directory validation tool. The survey and directory validation tool are included as Appendix A1.

To minimize provider burden, the CY 2021 NAV process was separated into two parts, a telephone survey, and a validation survey, as depicted in Figure 1.

Figure 1. CY 2021 Network Adequacy Validation Process

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

Step 1 of the validation survey verified the following information obtained from the telephone survey was listed in 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

Step 2 of the validation survey verified the MCOs' online provider directories included the following information for the PCPs in the sample:

- Ages served by the PCP
- Languages spoken by the PCP
- Whether the practice had accommodations for disabled patients and identified specific ADA accessible equipment

Data Collection

Surveyors made and documented 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 at least three attempts for each call unless they reached a wrong number or if they found 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; and
- 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. This included validation of the phone numbers and addresses provided as well validating the response from the provider indicating whether they were accepting new Medicaid patients. Next, validators verified if ages served by the PCP, languages spoken, whether the practice had accommodations for disabled patients, and identified specific ADA-accessible equipment was listed in the online provider directory for those same providers who had successful telephone surveys. 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 a.m. – 5:00 p.m. Eastern Time. 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 were broken down into the following categories:

- Successful Contacts
- Unsuccessful Contacts
- Accuracy of PCP Information

- o PCP Information
- o 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 with a random sample of 2,071 PCPs in June and July 2021. If the surveyor reached the PCP and completed the telephonic survey, the survey was considered successful. Figure 2 illustrates the total number of calls attempted and successful contacts for CY 2019 through CY 2021. The percentage of successful contacts by year is demonstrated by Figure 3.

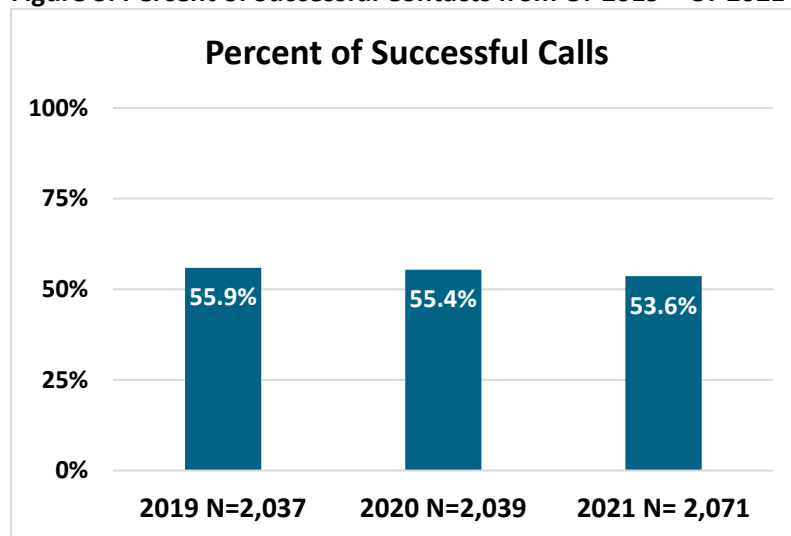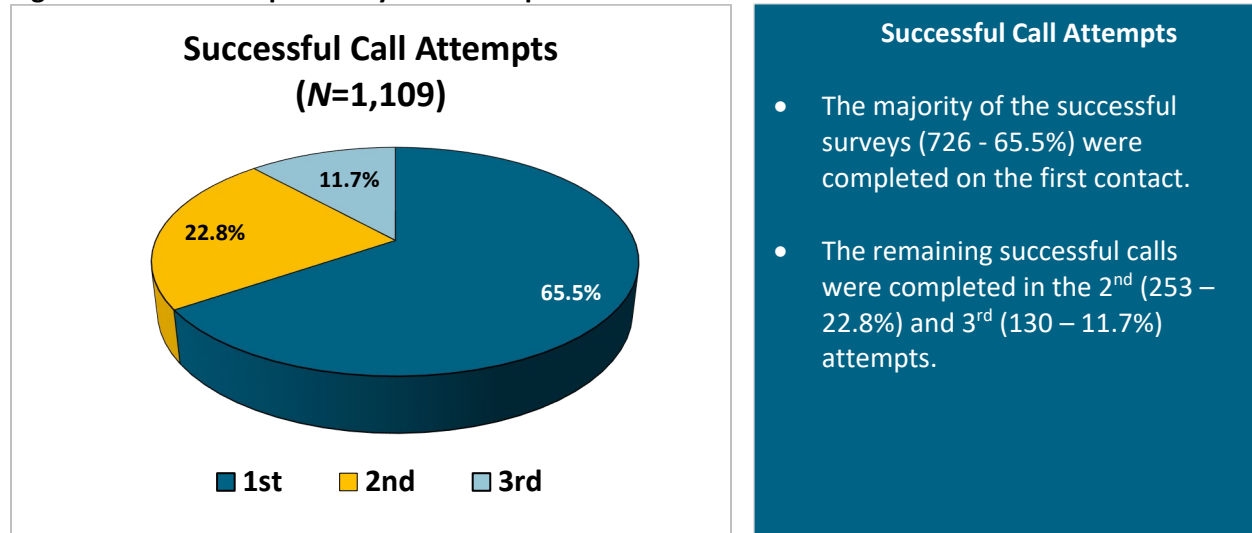**Figure 2. CY 2019-CY 2021 Successful PCP Contacts**
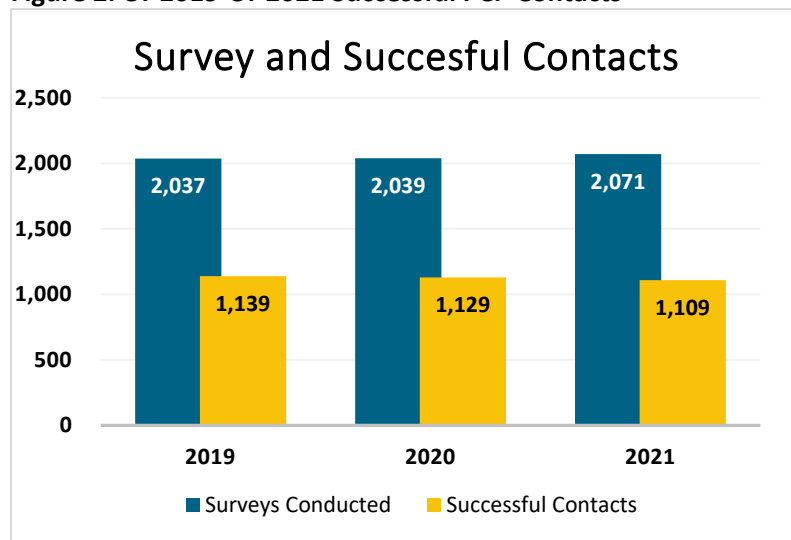
Successful PCP Contacts

- The number of attempted PCP surveys conducted increased from 2,039 in CY 2020 to 2,071 in CY 2021.

- The percentage of successful contacts has slightly decreased each year since CY 2019, from 55.9% to 53.6% in CY 2021

Figure 3. Percent of Successful Contacts from CY 2019 – CY 2021

*N represents the denominator

Figure 4. CY 2021 Responses by Call Attempt for All MCOs

Successful Call Attempts
(N=1,109)

11.7%

22.8%

65.5%

■ 1st ■ 2nd ■ 3rd

Successful Call Attempts

- The majority of the successful surveys (726 - 65.5%) were completed on the first contact.

- The remaining successful calls were completed in the 2nd (253 – 22.8%) and 3rd (130 – 11.7%) attempts.

*N represents the denominator

Of the 2,071 PCP surveys attempted in CY 2021, 1,109 successful PCP surveys were completed, achieving a response rate of 53.6%. The majority of successful surveys (726 or 65.5%) were completed upon the first contact to the PCP. The remaining 34.5% were completed on the second and third attempts. The percentage of successful call attempts completed by the surveyors to the phone numbers for PCPs provided by the MCOs provide insight regarding patients' experience when attempting to reach the PCP utilizing the information provided in the provider directory.

Unsuccessful Contacts

Of the 2,071 PCP surveys attempted in CY 2021, 962 were unsuccessful. Reasons for unsuccessful surveys were divided into two categories, "No Contact" and "PCP Response."

Unsuccessful surveys categorized as "No Contact" included calls in which the surveyor could not reach the PCP for one of the following reasons:

- The number did not reach the intended provider (e.g., "wrong number," "office closed," "provider not with practice")
- No answer
- Reached voicemail
- Hold time exceeded 5 minutes

Unsuccessful surveys categorized as "PCP Response" included calls that ended after the initial communication with a respondent for one of the following reasons:
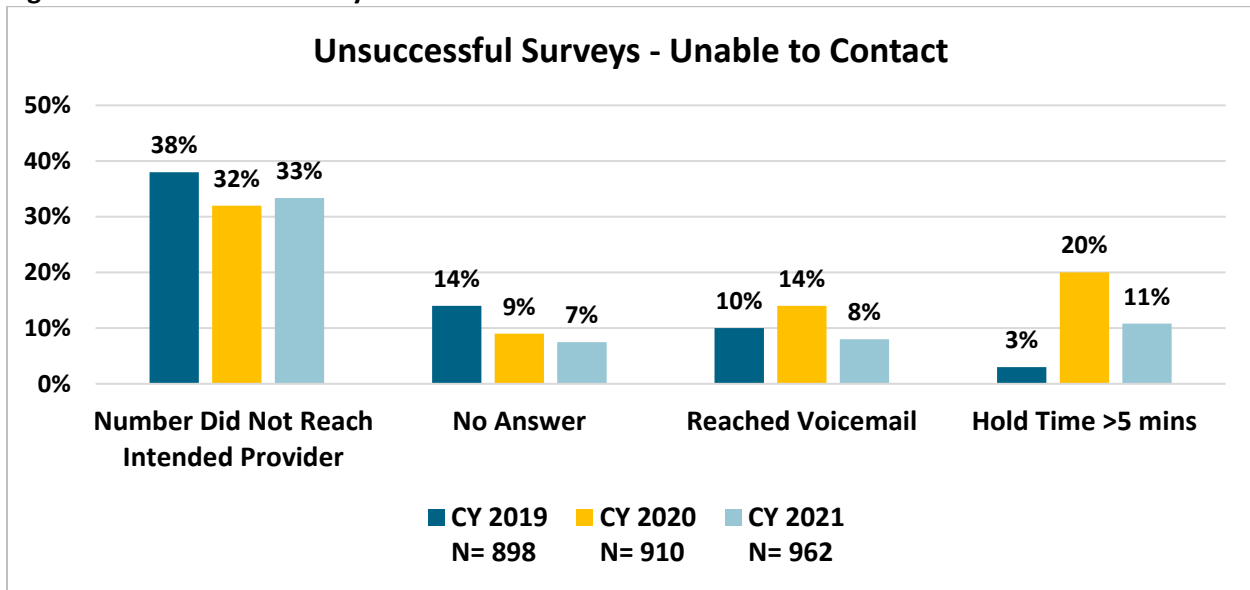
- Wrong location was listed for the provider
- Provider is not a PCP
- Provider does not accept the listed insurance
- Refused to participate

Of the 962 unsuccessful surveys, 3 were unable to be surveyed because of COVID-19. Two of these offices had transitioned to a COVID-19 testing facility, providing a different number for callers.

No Contact

A total of 574 (59.7%) telephonic surveys were unsuccessful due to "No Contact." Reasons for unsuccessful contact with the PCP are demonstrated by year in Figure 5.

Figure 5. Unsuccessful Surveys - Unable to Contact CY 2019-CY 2021

Unsuccessful Surveys - Unable to Contact

Category	CY 2019 N= 898	CY 2020 N= 910	CY 2021 N= 962
Number Did Not Reach Intended Provider	38%	32%	33%
No Answer	14%	9%	7%
Reached Voicemail	10%	14%	8%
Hold Time >5 mins	3%	20%	11%

*N represents the denominator

If surveyors waited on hold for more than five minutes, they disconnected the call and ended the survey. Surveyors attempted to call back twice on various days and times to complete the survey. However, if the survey was not completed by the third attempt, the survey was then deemed unsuccessful. The percentage of unsuccessful contacts due to hold times decreased from 20% (180) in CY 2020 to 11% (104) in CY 2021.

If the surveyor was prompted to leave a message without speaking with 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. The percent of PCP offices that required the surveyor to leave a message decreased from 14% (128) in CY 2020 to 8% (77) in CY 2021. The percentage of calls that went unanswered decreased slightly over the past 3 years, from 14% (130) in CY 2019 to 7% (72) in CY 2021. When a member is unable to speak to a live attendant, it presents a barrier to PCP access that MCOs should address.

If there was a permanent closure of an office, the provider was not with the practice, or the phone number provided was incorrect, the surveyor was then deemed not able to reach the intended provider. The percent of surveys attempted in CY 2021 that did not reach the intended provider was similar to CY 2020.

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PCP Response

A total of 388 (40%) of the telephonic surveys were unsuccessful due to "PCP Response." Reasons for unsuccessful contact where a PCP provided a response that ended the survey are demonstrated in Figure 6.

Figure 6. Unsuccessful Surveys - PCP Responded CY 2019-CY 2021
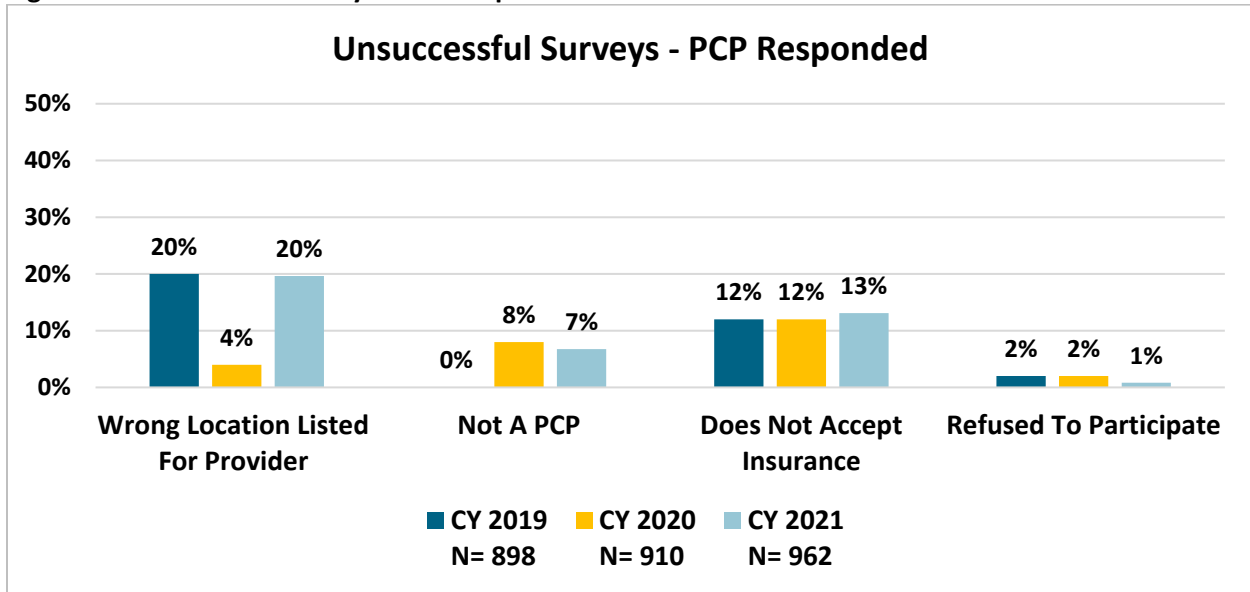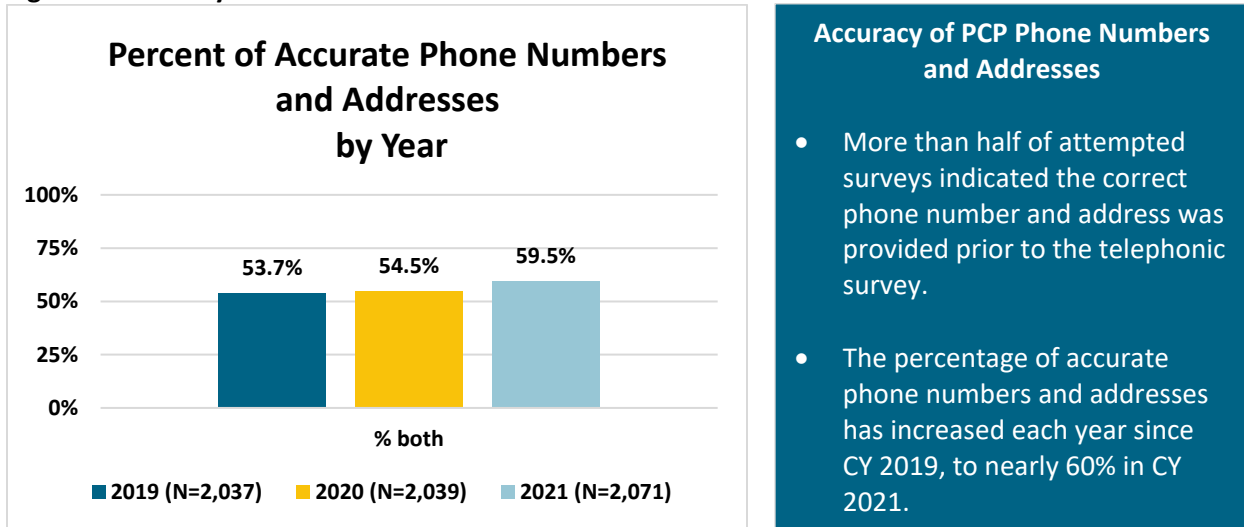

*N represents the denominator

The purpose of the survey is to identify real barriers enrollees may face when attempting to contact their PCP to obtain primary care services, with the exception of PCP offices that refused to participate. Data regarding unsuccessful surveys due to "PCP Response" was collected for the first time in CY 2018. Since that time, refusal to participate has remained at approximately one or two percent.

For approximately 20% (189) of the unsuccessful surveys in CY 2021, the wrong location was listed for the provider, which is an increase of 16 percentage points from CY 2020 (4% or 34). The proportion of unsuccessful surveys due to "Does not Accept Insurance" has remained consistent since CY 2019, at approximately 12 to 13 percent. This consistent trend may reveal a need for additional front-line staff education as to which MCO insurance they accept; however, it may be creating confusion for enrollees attempting to schedule appointments with their PCP. Consistent with CY 2020, a small percentage of surveys were attempted with providers who were not PCPs, 7% (65) in CY 2021 and 8% (74) in CY 2020.

Accuracy of PCP Information

As noted above, the Validation Tool is pre-populated with information about the PCPs prior to the start of the survey. When contact is made with the PCP, the PCP's pre-populated phone number and address is verified. Results for the percentage of phone numbers and addresses that match are demonstrated in Figure 7, trended by year. Each percentage is based on the total number of calls attempted.
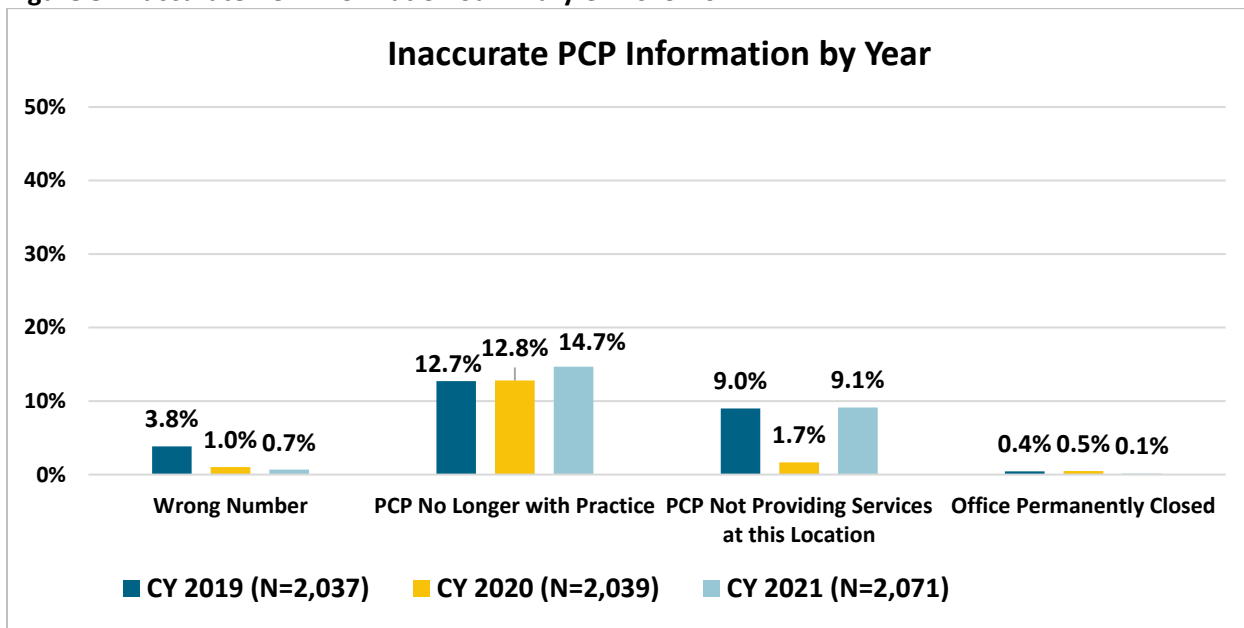
Figure 7. Accuracy of PCP Phone Numbers and Addresses 2019-2021

Percent of Accurate Phone Numbers and Addresses by Year

- 2019 (N=2,037): 53.7%
- 2020 (N=2,039): 54.5%
- 2021 (N=2,071): 59.5%

Accuracy of PCP Phone Numbers and Addresses

- More than half of attempted surveys indicated the correct phone number and address was provided prior to the telephonic survey.

- The percentage of accurate phone numbers and addresses has increased each year since CY 2019, to nearly 60% in CY 2021.

*N represents the denominator

Survey results demonstrate the accuracy of PCP information provided by the MCOs has increased over the last three years, as indicated in Figure 7.

Figure 8. Inaccurate PCP Information Summary CY 2019-2021

Inaccurate PCP Information by Year

	Wrong Number	PCP No Longer with Practice	PCP Not Providing Services at this Location	Office Permanently Closed
CY 2019 (N=2,037)	3.8%	12.7%	9.0%	0.4%
CY 2020 (N=2,039)	1.0%	12.8%	1.7%	0.5%
CY 2021 (N=2,071)	0.7%	14.7%	9.1%	0.1%

*N represents the denominator

Overall telephone survey results for unsuccessful calls demonstrates, as indicated in Figure 8:

- There was a minimal variance in offices reported as permanently closed from CY 2019 to CY 2021.
- CY 2021 compared similarly to CY 2019, whereas both years demonstrated the same percentage of PCPs who did not provide services at the location listed in the directory. However, in CY 2020,

there was a decrease of more than 7 percentage points in this area compared to CY 2019 and CY 2021.

- While consistent in CY 2019 (12.7% or 259) and CY 2020 (12.8% or 261), the percentage of PCPs identified as no longer with the practice increased 2 and 1.9 percentage points in CY 2021 (14.7% or 304), respectively.
- The percentage of wrong numbers steadily decreased each year from CY 2019 through CY 2021.

The CY 2021 telephonic surveys also validated whether PCPs accepted the listed MCO and whether they are accepting new Medicaid patients, as illustrated in Figure 9. Of note, beginning in CY 2020, the methodology changed whereby 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."

Figure 9. PCP Affiliation and Open Access
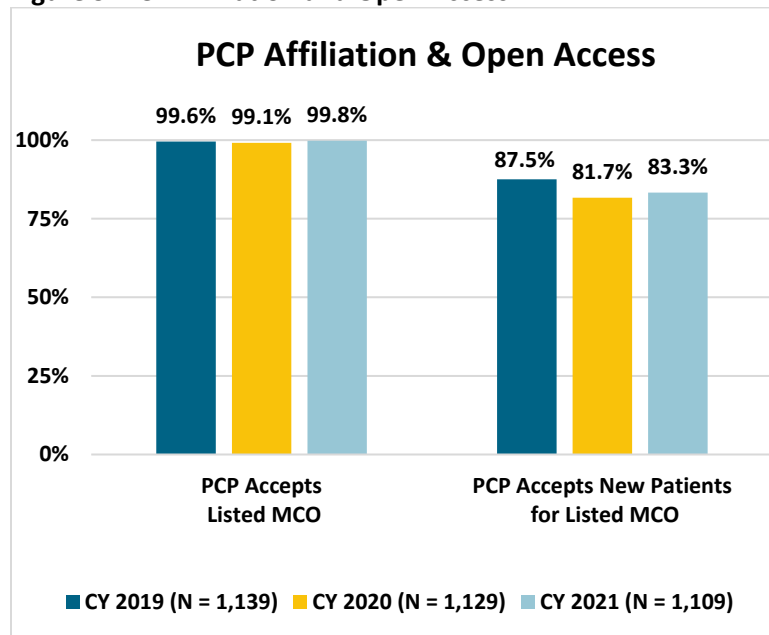
PCP Affiliation and Open Access

- In CY 2021, 99.8% of PCPs surveyed confirmed acceptance of the listed MCO. Only two PCPs surveyed were unable to confirm acceptance of the listed MCO.

- The majority of PCPs surveyed (83.3%) reported accepting new patients in CY 2021. Of those not accepting new patients, 13 were due to COVID-19.

*N represents the denominator

Although the survey rate of 83.3% for PCPs accepting new Medicaid patients seems satisfactory, it is important to note only 53.6% of the PCPs were successfully contacted by surveyors. Therefore, further analysis into open panels may warrant additional MCO oversight, as recommended in both CY 2020 and CY 2019 reports.

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):** Whether the practice location has specific accommodations for individuals with disabilities.
- **New Patients:** Whether the PCP is accepting new patients.
- **Age Range:** What ages the PCP serves.
- **PCP Languages:** What languages are spoken by the PCP.

Results of the online provider directory survey validation are demonstrated in Figure 10. In CY 2021, 1,109 PCPs reported they were active with an MCO; however, 46 PCPs were not found in the MCO's online provider directory; therefore, 1,063 PCPs were validated against the MCO's online provider directories for compliance with the regulations. The proportion of PCPs not found in the online directory has been consistent across CY 2019, CY 2020, and CY 2021, with rates of 4.8%, 3.3%, and 4.1%, respectively. It was not possible to validate whether 4 PCPs found in the online directory were accepting new Medicaid patients because the respondent(s) did not specify if the provider accepted new patients; as a result, this survey question was validated for 1,059 PCPs.

Figure 10. Online Provider Directory Survey Validation Results
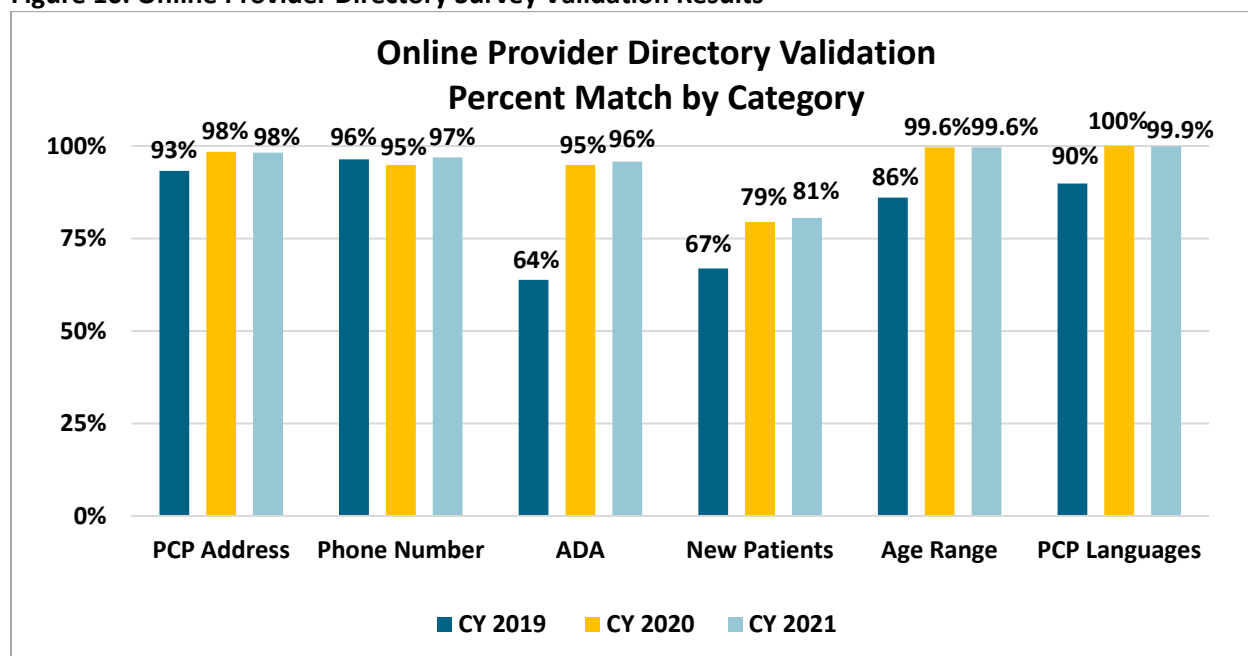
Providers who were unable to be validated have been excluded from this figure.

CY 2021 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 1,063 online provider directory validation:
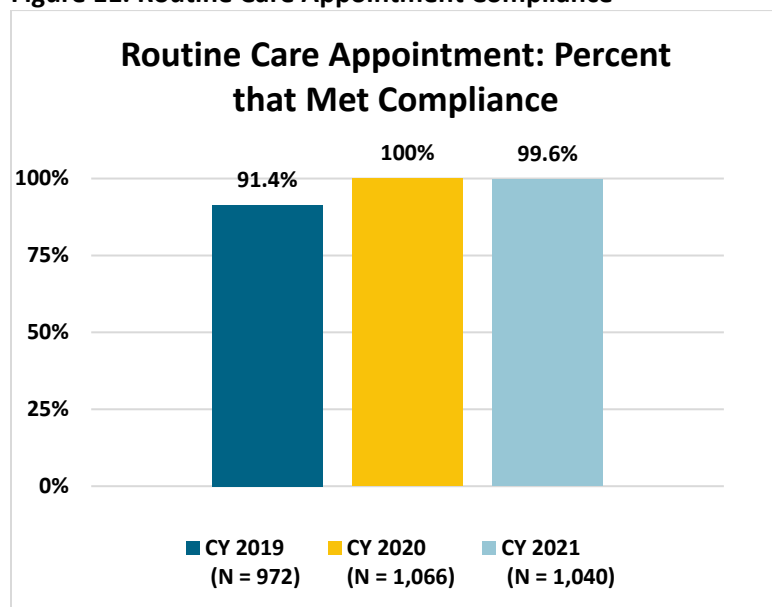
- Most validated addresses (1,044 or 98%) and phone numbers (1,030 or 97%) matched the information provided during the survey. The percent of matched addresses remained consistent in CY 2021 with respect to CY 2020.
- The provider directory telephone number matches to the survey responses increased by two percentage points in CY 2021 (97%) from CY 2020 (95%).

- The proportion of PCPs for which the online directory specified practice accommodations for patients with disabilities also remained consistent in CY 2021 (1,018 or 96%) with respect to CY 2020 (1,036 or 95%).
- The match rate for accepting New Medicaid Patients increased significantly in CY 2020 (868 or 79%) from CY 2019 (725 or 67%) and has continued to increase in CY 2021 (853 or 81%).
- The majority of PCP directory entries in CY 2021 (99.6%) listed the age ranges of patients served. The percentage is consistent with CY 2020's percent reported at 99.6%; this is a significant increase from CY 2019 (86%).
- All of the PCP directories specified languages spoken by the PCP in CY 2021 (99.9%), which is consistent with CY 2020; this is also a significant increase from CY 2019 (90%).

Compliance with Routine Appointment Requirements

Survey results of PCP compliance with routine appointment requirements are demonstrated in Figure 11.

Figure 11. Routine Care Appointment Compliance

Routine Care Appointment: Percent that Met Compliance

CY 2019 (N = 972): 91.4%
CY 2020 (N = 1,066): 100%
CY 2021 (N = 1,040): 99.6%

Routine Care Appointment Compliance

- Of the 1,109 PCPs successfully surveyed in CY 2021, 94% (1,040) provided routine care appointment availability, which is consistent with the percent in CY 2020.

- 99.6% (1,036) of PCPs that provided routine care appointment availability (1,040), met compliance with the routine appointment timeframes.

*N represents the denominator

It is important to note that in CY 2020, the survey instructions were modified to include a change in the methodology for obtaining appointment availability. This change in methodology required the surveyor to ask respondents if they could schedule appointments. As discovered 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 there was a separate number to contact in order to schedule appointments, the surveyor either requested to be transferred or otherwise disconnected the call and contacted the new telephone number to obtain appointment availability.

Surveyors also accepted PCP appointments with the same provider at another location if there was not an appointment available at the location surveyed. Surveyors additionally accepted appointments with an alternative provider if no appointments were available with the provider selected during the survey attempt. These scenarios offer evidence that provider offices are able to accommodate enrollees with
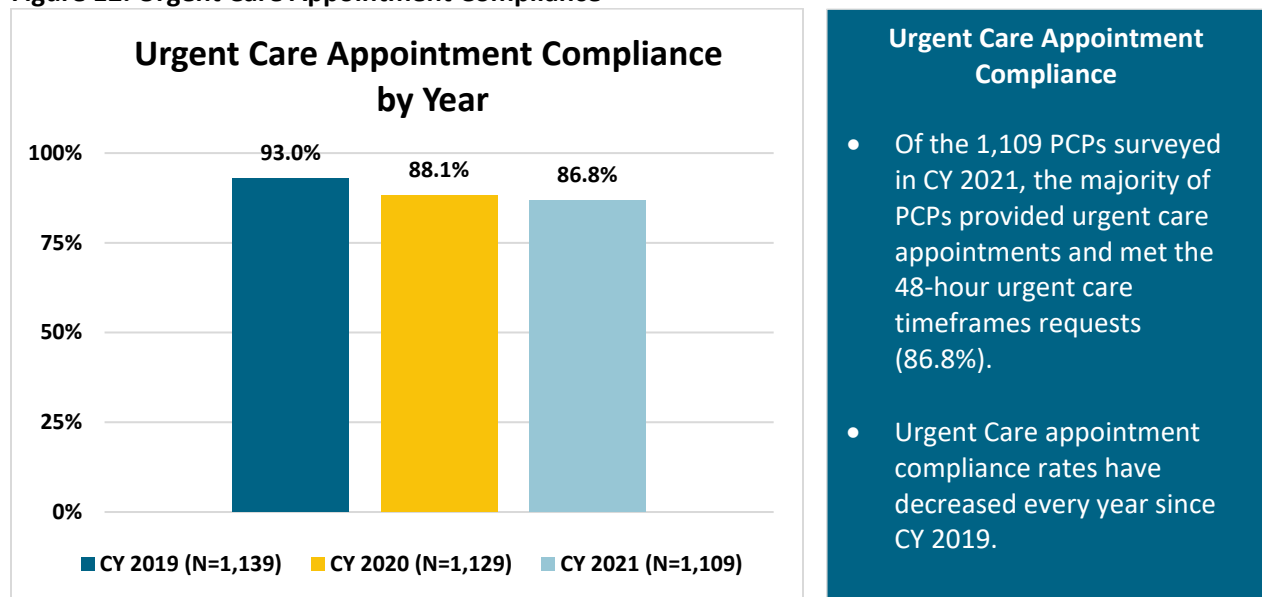
appointments even when the requested provider is not available at the designated address but are available at another location.

The percentage of PCPs meeting compliance within 30 days for routine care appointment availability in CY 2021 (99.6%) was consistent with the percentage of PCPs who were compliant in CY 2020 (100%). Of the compliant PCPs in CY 2021, 85 indicated telemedicine was available with the requested provider, and three indicated telemedicine was available with an alternate provider.

Compliance with Urgent Care Appointment Requirements

Survey results for PCP compliance with urgent care appointments are presented in Figure 12.

Figure 12. Urgent Care Appointment Compliance

Urgent Care Appointment Compliance by Year

CY 2019 (N=1,139): 93.0%
CY 2020 (N=1,129): 88.1%
CY 2021 (N=1,109): 86.8%

Urgent Care Appointment Compliance

- Of the 1,109 PCPs surveyed in CY 2021, the majority of PCPs provided urgent care appointments and met the 48-hour urgent care timeframes requests (86.8%).

- Urgent Care appointment compliance rates have decreased every year since CY 2019.

*N represents the denominator

Consistent with previous years, 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 patient to urgent care services or the emergency room. The number of PCPs who provided urgent care appointment availability has decreased every year since CY 2019.

Results indicated 57.7% or 640 of surveyed PCPs offered an urgent care appointment from the requested PCP within the required 48-hour timeframe. This included 51 appointments via telemedicine. An additional 29.2% or 324 of PCPs offered an appointment within the required timeframe with another provider in the same practice, including 10 via telemedicine. Of the 145 PCPs not meeting the urgent appointment compliance timeframes, 93.1% (135) directed enrollees to an urgent care clinic or an emergency department, and 6.8% (10) 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. An investigation of member complaints or grievances may

provide MDH further insight into whether the enrollees are accessing urgent care services or emergency services due to PCP referrals.

MCO-Specific Results

MCO-Specific Results for Successful Contacts

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

Table 4. CY 2021 MCO Results of Successful Contacts

			CY 2021 MCO Successful Contacts			
MCO	**Number of Call Attempts**	**1st Call Attempt**	**2nd Call Attempt**	**3rd Call Attempt**	**Total Successfully Completed Calls**	**Percent of Successfully Completed Calls**
ABH	255	73	16	13	102	40.0%
ACC	248	77	30	8	115	46.4%
CFCHP	248	70	31	24	125	50.4%
JMS	187	63	31	6	100	53.5%
KPMAS	168	37	27	35	99	58.9%
MPC	231	98	35	11	144	62.3%
MFSC	236	107	30	9	146	61.9%
PPMCO	259	94	26	5	125	48.3%
UHC	239	107	27	19	153	64.0%
Total	**2,071**	**726**	**253**	**130**	**1,109**	**53.5%**

MCO-specific results demonstrate that UHC had the highest percentage of successful calls (64%), while ABH had the lowest percentage of successful calls (40%). The majority of calls were successful on the 1st call attempt, with the exception of KPMAS, where successful calls were more evenly distributed.

MCO-Specific Results of Unsuccessful Contacts

A total of 574 (59.7%) unsuccessful telephonic surveys were unsuccessful due to "No Contact," and a total of 388 (40.3%) were due to "PCP Response." Tables 5 and 6 demonstrate the MCO-specific results of unsuccessful contacts due to "No Contact" and "PCP Response."

Table 5. CY 2021 MCO Result of Unsuccessful Contacts Due to "No Contact"

MCO	CY 2021 MCO Unsuccessful Contacts Due to "No Contact"				
	Did Not Reach Intended Provider	No Answer	Reached Voicemail	Hold Time >5 Min	MCO Total
ABH	63.9%	18.6%	7.2%	10.3%	97
ACC	54.6%	13.4%	15.5%	16.5%	97
CFCHP	70.0%	2.9%	17.1%	10.0%	70
JMS	61.8%	11.8%	26.5%	0.0%	34
KPMAS	22.6%	6.5%	9.7%	61.3%	31
MPC	62.5%	17.9%	7.1%	12.5%	56
MFSC	41.8%	11.9%	11.9%	34.3%	67
PPMCO	54.7%	13.3%	16.0%	16.0%	75
UHC	53.2%	10.6%	14.9%	21.3%	47
Total	**55.9%**	**12.5%**	**13.4%**	**18.1%**	**574**

Results indicate that with one exception, MCOs were most likely to have "did not reach the intended provider" as a contact issue (55.9%). KPMAS was much less likely than other MCOs for the surveyor to not be able to reach the intended provider (22.6%); however, it was much more likely for the surveyor to be put on hold for over five minutes (61.3%).

Table 6. CY 2021 MCO Results of Unsuccessful Contacts Due to "PCP Response"

MCO	CY 2021 MCO Unsuccessful Contacts Due to "PCP Response"				
	Wrong Location Listed for Provider	Not a PCP	Does Not Accept Insurance	Refused to Participate	MCO Total
ABH	60.7%	28.6%	10.7%	0.0%	56
ACC	58.3%	19.4%	22.2%	0.0%	36
CFCHP	83.0%	13.2%	3.8%	0.0%	53
JMS	22.6%	7.5%	69.8%	0.0%	53
KPMAS	13.2%	2.6%	84.2%	0.0%	38
MPC	19.4%	35.5%	22.6%	22.6%	31
MFSC	60.9%	17.4%	21.7%	0.0%	23
PPMCO	72.9%	11.9%	13.6%	1.7%	59
UHC	25.6%	20.5%	53.8%	0.0%	39
Total	**48.7%**	**16.8%**	**32.5%**	**2.1%**	**388**

Of the 388 unsuccessful contacts due to PCP response, results demonstrate MCOs were most likely to list the wrong location for the PCP (48.7%). The second most-often cited reason was not accepting the listed insurance (32.5%). KPMAS (84.2%) and JMS (69.8%) were most likely to have had PCPs not accepting the insurance. Seven of the eight PCPs who refused to participate in the survey were in MPC's sample.

MCO-Specific Results for Accuracy of PCP Information

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

Table 7. CY 2021 MCO Results from Successful Contacts for Accuracy of PCP Information

CY 2021 MCO Successful Contacts for Accuracy of PCP Information								
Calls Per MCO		Successful Contacts		Accurate PCP Address Provided		Accepts Listed MCO		Accepts New Medicaid Patients For Listed MCO
MCO	# of Calls	#	%	#	%	#	%	#	%
ABH	255	102	40.0%	91	89.2%	102	100%	95	93.1%
ACC	248	115	46.4%	110	95.7%	115	100%	100	87.0%
CFCHP	248	125	50.4%	124	99.2%	125	100%	104	83.2%
JMS	187	100	53.5%	98	98.0%	100	100%	82	82.0%
KPMAS	168	99	58.9%	98	99.0%	99	100%	70	70.7%
MPC	231	144	62.3%	127	88.2%	144	100%	114	79.2%
MFSC	236	146	61.9%	135	92.5%	146	100%	132	90.4%
PPMCO	259	125	48.3%	109	87.2%	125	100%	100	80.0%
UHC	239	153	64.0%	148	96.7%	151	98.7%	127	83.0%
Total	2,071	1,109	53.5%	1,040	93.8%	1,107	99.8%	924	83.3%

Compared to all other MCOs, contacts with ABH were least likely to be successful. All but two PCPs accepted the listed MCO. Accuracy of provider addresses averaged 93.8% and ranged from 87.2% (PPMCO) to 99% (KPMAS and CFCHP). Providers accepting new Medicaid patients for the listed MCO ranged from 70.7% for KPMAS to 93.1% for ABH. While KPMAS showed the lowest rate for accepting new Medicaid patients, this represented an increase from 63% in CY 2020.

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 8.

Table 8. CY 2021 MCO Results for Compliance with Appointment Requirements

Requirement	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
Compliance with Routine Care Appointment Timeframe (within 30 days)*										
Compliant w/ Routine Care Appointment Timeframe	**96.1%**	**94.8%**	**95.2%**	**96.0%**	**97.0%**	**93.8%**	**88.4%**	**93.6%**	**89.5%**	**93.4%**
Ave # of Wait Days	5.8	5.9	8.4	7.2	7.8	7.2	7.3	8.0	8.3	7.4
Range of Wait Days	0-28	0-30	0-28	0-28	0-27	0-29	0-30	0-29	0-29	0-30
Compliance with Urgent Care Appointment Timeframe (within 48 hours)										
Appointment Available from Requested PCP at Same Location	65.7%	66.1%	70.4%	65.0%	30.3%	62.5%	51.4%	43.2%	61.4%	57.6%
Appointment Available w/ Another PCP at Same Location w/in 48 hours	29.4%	27.0%	23.2%	31.0%	38.4%	22.2%	28.1%	39.2%	28.1%	29.2%
Compliant w/ Urgent Care Appointment Timeframe	**95.1%**	**93.0%**	**93.6%**	**96.0%**	**<u>68.7%</u>**	**84.7%**	**<u>79.5%</u>**	**82.4%**	**89.5%**	**86.8%**

<u>Underline</u> denotes that the 80% minimum compliance score is unmet.
*Compliance is evaluated by determining compliance with appointment timeframes out of successful contacts for each MCO.

Results for compliance with routine care appointment availability within 30 days ranged from 88.4% (MSFC) to 97% (KPMAS). All MCOs met the MDH-required minimum compliance score (80%) for compliance with the routine care appointment timeframe.The average wait time for a routine care appointment, 7.4 days, ranged from 5.8 (ABH) to 8.4 (CFCHP).

Of the 1,040 available routine PCP appointments, 99.6% of the PCPs were compliant with routine appointment compliance within 30 days, and six MCOs' (ABH, CFCHP, JMS, MPC, MSFC, and PPMCO) PCPs were 100% compliant. Three MCOs (ACC, KPMAS, and UHC) had one or two PCPs who were out of compliance and had appointments available within 31 days.

Results for compliance with urgent care appointments within 48 hours with the PCP surveyed or another PCP at the same location ranged from 68.7% (KPMAS) to 96% (JMS). Most MCOs demonstrated a greater percentage of appointments with the requested PCP; however, KPMAS demonstrated a greater percentage of surveyors were offered an appointment with an alternate PCP (38.4%). All MCOs met the MDH-required minimum compliance score (80%) for compliance with the urgent care appointment timeframe, except KPMAS (68.7%) and MSFC (79.5%). Both KPMAS and MSFC are required to submit a CAP to improve compliance with the urgent care appointment timeframe.

When urgent care appointments were not available with the PCP surveyed or another PCP at the same location (146 calls), the surveyor recorded if other options were provided, such as "go to the nearest emergency room or urgent care facility." An alternative option was offered for the majority of calls, with only 10 surveys indicating no other option had been provided.

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MCO-Specific Results for Validation of Online Provider Directories

MCO-specific results for the validation of online provider directories are demonstrated in Table 9.

Table 9. CY 2021 MCO Results for Validation of Online Provider Directories

Requirement	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MFSC	PPMCO	UHC	HealthChoice Aggregate
PCP Listed in Online Directory*	97.1% ↑	89.6% ↑	100.0% =	100.0% =	99.0% ↓	98.6% ↓	99.3% ↑	100.0% ↑	82.4% ↓	95.9% ↓
PCP's Practice Location Matched Survey Response	97.0% =	96.1% ↓	100.0% ↑	100.0% =	98.0% ↓	97.9% ↑	100.0% ↑	98.4% =	96.0% ↓	98.2% =
PCP's Practice Telephone Number Matched Survey Response	92.9% ↓	99.0% ↑	99.2% ↑	99.0% ↓	100.0% =	97.2% ↑	100.0% ↑	85.6% ↓	99.2% =	96.9% ↑
Specifies that PCP Accepts New Medicaid Patients for the listed MCO and Matches Survey Response	90.9% ↑	88.3% ↓	80.8% =	<u>79.0%</u> ↓	<u>77.6%</u> ↑	<u>73.2%</u> ↓	92.0% ↑	<u>61.6%</u> ↑	81.0% =	80.5% ↑
Specifies Age Specifications of Patient Seen	100.0% =	98.1% =	100.0% =	100.0% =	100.0% =	100.0% =	99.0% ↓	100.0% ↓	99.2% ↓	99.6% =
Specifies Languages Spoken By PCP	100.0% =	100.0% =	100.0% =	100.0% =	100.0% =	100.0% =	100.0% =	100.0% =	99.2% ↓	99.9% =
Specifies Practice Accommodations for Patients with Disabilities (with specifics)	100.0% ↑	99.0% ↓	99.2% ↓	87.0% ↓	95.9% ↑	98.6% ↓	95.0% ↑	87.2% ↓	99.2% =	95.7% ↑

<u>Underline</u> denotes that the 80% minimum compliance score is unmet
↑ Improvement from CY 2020; ↓ Decline from CY 2020; = No Change from CY 2020
*Providers not listed in online directories (46) are excluded from all categorical calculations in this table, whereas, in CY 2020, providers not listed in online directories were included in the HealthChoice aggregate and excluded from the other categorical calculations

Qlarant

Validation of the MCO online provider directories demonstrates:

- Rates for PCPs listed in the online provider directories ranged from 82.4% (UHC) to 100% (CFCHP, JMS, and PPMCO). A total of 46 providers were not listed, the greatest proportion from UHC (17.6%) (ABH – 3, ACC – 12, KPMAS – 1, MPC – 2, MSFC – 1, and UHC – 27).
- HealthChoice MCOs showed a high match rate between the online directory and information obtained through the surveys, scoring ~96% or higher for six of the seven areas measured.
- Most MCOs (ABH, ACC, CFCHP, JMS, KPMAS, MPC, MSFC, and PPMCO) scored 100% for directories specifying the languages spoken by the PCP and the age for patients seen.
- The average match rate indicating MCOs were accepting new Medicaid patients was just over 80%, which is the minimum compliance score for the online provider directory. Based on CY 2021 results, four MCOs (JMS, KPMAS, MPC, and PPMCO) are required to submit CAPs to Qlarant to correct PCP details noted in the online provider directory.

Specific MCO online provider directories profiles are provided below with recommendations for improvements necessary to become compliant with current requirements.

Summary of the Review of the MCO's Online Provider Directories

All MCOs' provider directories should include but not be limited to the following information for the provider:

- Provider Name
- Provider Address / Practice Locations(s)
- Telephone Numbers
- Website URL (when available)
- Provider Accepting New Patients
- Accommodations for Persons with Disabilities
- Group Affiliation (when applicable)
- Cultural Competence
- Languages Spoken / Offered
- Age Range of Patients Accepted

Each MCO's provider directory was evaluated, and the aforementioned criteria were included in their online provider directories. All MCOs had a Notice of Non Discrimination on their sites. Additionally, all MCOs had the option to view if a provider is Board Certified, the provider's hospital affiliation, options to select providers by gender, and easily identifiable member services and TTY telephone numbers. Each MCO's online provider directory also confirmed if a provider qualified for Cultural Competence and information on how often their directories are available. It should also be noted, based on our previous recommendations, that instead of blanks, most MCOs currently use placeholders with consistent descriptions for provider details that are missing - such as "none" or "none specified." Of the provider profiles reviewed, ABH, CFCHP, and MPC did not pre-populate all fields with placeholders.

Positive outliers amongst the MCOs' provider directories:

- ACC has an option to chat with a live member services representative. The directory also allows an enrollee to compare multiple providers side-by-side.
- JMS denotes within a provider's profile telemedicine options available, as well as their telemedicine availability and the telemedicine application options (e.g., Zoom). JMS also reports temporary COVID-19 hours, when applicable.
- KPMAS has options within a provider's profile to obtain directions to the provider's office from the enrollee's desired location via driving, transit, cycle, or walking. KPMAS also has the option to text or email a selected provider's profile information.
- MSFC provides a link for enrollees to schedule telemedicine appointments.
- UHC has a pop-up on their directory to view Additional Resources. They also have an option to select a provider with weekend/evening appointments. UHC's site includes a feature at the bottom of the individual providers' directory page entitled "Report Incorrect Information," encouraging enrollees to notify UHC of incorrect information.

ABH Online Provider Directory

Following CY 2020 validations, ABH was required to submit a CAP to address the following:

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

ABH scored above the 80% compliance threshold established by MDH in all online validation categories and achieved 100% in 3 online directory categories in the CY 2021 validation. Based on ABH's improved scores, it appears ABH's CY 2020 CAP, which proposed solutions to address CY 2020 issues, led to compliance in the deficient categories. The online validation category, Practice has Accommodations for Patients with Disabilities, rose from 69% in CY 2020 to 100% in CY 2021. In addition, the online validation category "PCP Accepts New Medicaid Patients and Matches Survey Response" climbed from 79% to 90%. There are no opportunities or recommendations for ABH in CY 2021.

ACC Online Provider Directory

The CY 2021 validation demonstrated that ACC scored above the 80% percent compliance threshold established by MDH in all areas, achieved 100% in 1 online validation category, and scored 99% in 2 other categories. There are no opportunities or recommendations for ACC in CY 2021.

CFCHP Online Provider Directory

The CY 2021 validation demonstrated that CFCHP scored above the 80% compliance threshold established by MDH in all online validation categories, achieved 100% in 4 online validation categories, and scored over 99% in 2 categories. There are no opportunities or recommendations for CFCHP in CY 2021.

JMS Online Provider Directory

The CY 2021 validation demonstrated that JMS met compliance with six out of the seven requirements for validation of the online provider directories. Additionally, JMS achieved 100% in 4 online validation categories and 99% in 1 online validation category. However, JMS' online provider directory does not appropriately demonstrate compliance with indicating the providers who are accepting new Medicaid patients for the assigned MCO; hence, JMS did not score above the 80% compliance threshold for this category.

In order to be compliant in the CY 2022 validations, JMS 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. Enrollees use the online directory to search for new PCPs and should receive the same information when calling the provider directly.

KPMAS Online Provider Directory

Following CY 2020 validations, KPMAS was required to submit a CAP to address the following:

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

The CY 2021 validation demonstrated that although KPMAS' CY 2020 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; thus, KPMAS did not score above the 80% compliance threshold for this category in CY 2021. However, KPMAS scored above the 80% threshold in the remaining categories, achieved 100% in 3 online validation categories, scored 98% percent in 1 validation category, and achieved 99% in another validation category.

 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. Enrollees use the online directory to search for new PCPs and should receive the same information when calling the provider directly.

MPC Online Provider Directory

The CY 2021 validation demonstrated that MPC met compliance with six out of the seven requirements for validation of the online provider directories. Additionally, MPC achieved 100% in two reporting categories and scored over 98% in two online validation categories. However, MPC's online provider directory does not appropriately demonstrate compliance with indicating the providers who are accepting new Medicaid patients for the assigned MCO; hence, MPC did not score above the 80% compliance threshold for this category.

In order to be compliant in the CY 2022 validations, MPC 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. Enrollees use the online directory to search for new PCPs and should receive the same information when calling the provider directly.

MSFC Online Provider Directory

Following CY 2020 validations, MSFC was required to submit a CAP to address the following:

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

The CY 2021 validation demonstrated that MSFC's CY 2020 CAP addressed deficiencies and made improvements within validation categories. MSFC scored above the 80% compliance threshold established by MDH in all categories, achieved 100% in 3 online validation categories, and scored 99% in 2 online validation categories. There are no opportunities or recommendations for MSFC in CY 2021

PPMCO Online Provider Directory

Following CY 2020 validations, PPMCO was required to submit a CAP to address the following:

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

The CY 2021 validation demonstrated that although PPMCO's CY 2020 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 three online directory categories. PPMCO also achieved above 98% in one online directory category.

In order to be compliant in the CY 2022 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. Enrollees use the online directory to search for new PCPs and should receive the same information when calling the provider directly.

UHC Online Provider Directory

The CY 2021 validation demonstrated that UHC has scored above the 80% compliance threshold established by MDH in all online validation categories and achieved 99% in 4 online validation categories. There are no opportunities or recommendations for UHC in CY 2021.

Conclusions

The overall response rate for CY 2021 surveys was 53.5%, a decrease of 1.9 percentage points from CY 2020 (55.4%). Although the provider listings are offered directly by the MCOs, a fluctuating trend of inaccurate information remains an issue. The rate of accuracy with PCP addresses and phone numbers improved continuously from CY 2019 (53.7%), CY 2020 (54.5%), and CY 2021 (59.5%) and resulted in a positive trend year over year. In CY 2021, 99.8% of PCPs surveyed for open access demonstrated that they accepted the listed MCO; this is comparable to both CY 2019 (99.6%) and CY 2020 (99.1%) results. Additionally, the majority of PCPs in CY 2021 (83.3%) accepted new patients for the listed MCO, which is a 1.6 percentage point increase compared to CY 2020 (81.7%) results but is a 4.2 percentage point decrease compared to CY 2019 (87.5%) results. Although acceptance of new Medicaid patients match rates remains the lowest percent match category, this category has increased 2 percentage points from CY 2020 (79%) to CY 2021 (81%); further, this category has increased 14 percentage points since CY 2019. Validation categories Age Range (99.6%) and PCP Languages (100%) remained the highest percent match category when compared to CY 2020.

Overall, routine appointment compliance rates remained consistent from CY 2020 (100%) to CY 2021 (99.6%). A total increase of 8.2 percentage points was reflected in routine care appointment compliance, climbing from 91.4% in CY 2019 to 99.6% in CY 2021. 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 continued to decrease to 86.8% in CY 2021 from CY 2020 (88.1%) and CY 2019 (93%).

While improvements were demonstrated in CY 2021, staff at provider offices and online provider directories are still not accurately communicating or reflecting whether 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 affect network adequacy determinations. Such barriers may cause enrollees who are unable to access a PCP to seek care from urgent care facilities or emergency departments; this may lead to an increase in health care costs in Maryland. Furthermore, enrollees may delay annual preventive care visits for themselves or their children if they are unable to contact a PCP and/or obtain an appointment, which could lead to adverse health care outcomes.

Several barriers to network adequacy have been identified through conducting the surveys, but data should be evaluated with the continuing global pandemic in mind. Although only 1.4% of the surveys completed relayed COVID-19 public health emergency concerns, 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. Additionally, increased telemedicine options are available when in-person appointments are unavailable.

MDH set a minimum compliance score of 80% for the network adequacy assessment. Based on CY 2021 results, four MCOs are required to submit CAPs to Qlarant to improve online provider directory accuracy and two MCOs are required to submit CAPs to improve compliance with the urgent care timeframe.

Recommendations

The following recommendations are based on results from the CY 2021 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 to minimize the pushback from the PCPs staff to the surveyors.
- Refrain from completing any MCO-specific provider surveys within the same timeframe as the Maryland NAV surveys to optimize PCP participation.
- Frequently inspect online provider directories to ensure the status of accepting new Medicaid patients is accurate and communicate this information with provider office staff.
- Continue to ensure that MCO's online provider directory specifies ADA-specific information when the provider identifies as being handicap accessible.
    - That the practice location has accommodations for patients with disabilities, including offices, exam room(s), and equipment.
- Clearly indicate appointment call center telephone numbers in online directory webpages, so enrollees know what number to contact to schedule appointments for those MCOs with centralized scheduling processes.
- Continue adding the customer service department's telephone number or a scheduling assistance telephone number on the bottom of each directory page for member reference.
- Continue to 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.
- Use of placeholders with consistent descriptions for provider details that are missing, such as "none" or "none specified" rather than blanks.

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 enrollees are not accessing these services due to an inability to identify or access PCPs.
- Continue allowing telemedicine appointments for routine or urgent appointments to accommodate enrollee preferences.

2021 PCP Survey Validation Tool

FIELD	DESCRIPTION
Telephone Survey	
Surveyor Identifier	Identifier number given to a surveyor
Provider Name	These fields are pre-populated based on the data sample
Provider Credentials	
Provider Type	
Provider Specialty	
Provider's Address	
Provider's Phone	
MCO	
NPI	
Survey Type	This field is pre-populated with "Traditional Survey"
Call Attempt	Surveyor clicks on radio button for 1st, 2nd, or 3rd call attempt
Call Attempt Comments	Surveyor uses the comment box to make internal notes only related to call attempts (including comments pertaining to COVID-19).
Call Date	Surveyor will enter the MM/DD/YYYY only when a successful contact or FINAL unsuccessful contact has been completed to the provider.
Is the Provider's Address Correct? **If Corrected Address Given:**	Surveyor selects an option from the following options: o Yes, pre-populated address is correct. o No, pre-populated address is not correct, no correct address provided. o No, pre-populated address is not correct, correct address provided. If respondent stated entire practice/office moved, surveyor enters corrected address given.
Does Provider Accept the Listed MCOs Insurance?	Surveyor selects from the following options: o Yes o No o Unable to confirm acceptance of the listed insurance
Is This A Successful Contact?	Surveyor notes whether they successfully reached a respondent at the provider office by selecting from the following options: o Yes o No
If Not A Successful Contact, Reason:	If the surveyor was unable to reach the provider office/reason for unsuccessful contact, they select a reason from the following options: o Wrong number o Not a Primary Care Provider o Refused to participate in survey o Office permanently closed o No answer or phone not in service o Prompted to leave message o Hold time greater than 5 minutes o Provider not with this practice o Provider at other address

FIELD	DESCRIPTION
	o Provider doesn't take listed insurance Once one of the above options is selected, the survey ends. Surveyor changes Survey Status at end of tool to: *Complete – no validation required.*
Were you able to reach the provider office with pre-populated phone information?	Surveyor selects from the following options: o Yes, pre-populated phone number is correct. o Yes, reached office, but caller was transferred to another department and/or scheduler. o Yes, reached office, but caller had to dial a different number for scheduler.
Number given to reach scheduler:	Surveyor enters the phone number given to reach scheduler.
Is The Provider Accepting New Medicaid Patients for the Listed MCO?	Surveyor selects from the following options: o Yes o No o Unable to answer question
Can you provide me with the next available routine appointment date?	Surveyor selects from the following options in the drop down menu: o Yes, PCP appointment was available at the service location with the requested provider within 30 days. o Yes, PCP appointment was available at the service location with an alternative provider within 30 days. o Yes, telemedicine is available with the requested provider within 30 days. o Yes, telemedicine is available with an alternative provider within 30 days. o Yes, PCP appointment was available at a different service location with the requested provider within 30 days. o No, no appointment available.
What is the next available routine or non-urgent appointment date?	Surveyor enters the date of next available routine/non-urgent appointment date in date picker (MM/DD/YYYY).
Can you give me the next available urgent care appointment with this provider within 48 hours?	Surveyor selects from the following options in the drop down menu: o Yes o Yes, telemedicine is available within 48 hours. o No
What is the date of the next available urgent care appointment?	If yes is selected, surveyor enters date of urgent care appointment date in date picker (MM/DD/YYYY).
If unable to give next available urgent care appointment with survey provider, could you give me an urgent care appointment with another provider at this same practice within 48 hours?	Surveyor selects from the following options: o Yes o Yes, telemedicine is available within 48 hours. o No

FIELD	DESCRIPTION
Date of next available urgent care appointment	Surveyor enters the date of next available urgent care appointment date in date picker (MM/DD/YYYY).

If you still could not give me an urgent care appointment, what other options could you offer?	Surveyor selects from the following options (multiple selections may be chosen):
	
	    o Go to Urgent Care Facility
	    o Go to nearest Emergency Services
	    o Go to Urgent Care Facility and nearest Emergency Services
	    o Did not provide another option

Online Provider Directory Validation	

Did the pre-populated or corrected address in this tool <u>match</u> the address listed in the online provider directory?	Validator compares the pre-populated or correct address to address in MCO's online provider directory. Surveyor selects from the following options:
	
	    o Yes, pre-populated or corrected address matches the online provider directory address.
	    o No, there was not a match.
	    o Provider not listed in the online provider directory.

If no, what did not match?	Validator selects from the following options (multiple selections may be chosen):
	
	    o Phone Number
	    o Street Number
	    o Street Name
	    o City
	    o State
	    o Zip Code
	    o Provider's address was not listed

Did the provider office phone number (pre-populated or number provided) <u>match</u> the phone number listed in the online provider directory?	Validator compares the pre-populated or corrected phone number to the phone number listed in the online provider directory. Validator selects from the following options:
	
	    o Yes, the pre-populated or corrected phone number matches the online provider directory phone number.
	    o No, there was not a match.
	    o Online provider directory did not list provider's phone number.

Did the survey response to "are you accepting new Medicaid patients for the Listed MCO" match what is specified in the online provider directory?	Validator reviews the online provider directory to see if it indicates if the provider is accepting new patients and compares the directory information to the answer provided by the respondent during survey.
	
	Validator selects from the following options:
	
	    o Yes, the survey response matches the information in the online provider directory.
	    o No, the survey response did not match the information in the online provider directory.
	    o Survey respondent was unable to answer whether or not the provider accepted new Medicaid patients.
	    o Online provider directory did not specify whether the provider accepted new patients.

FIELD	DESCRIPTION
Did the online provider directory specify the ages of patients accepted by the provider?	Validator reviews the online provider directory to see if it specifies what patient ages are accepted by the provider and selects from the following options: ○ Yes ○ No
Did the online provider directory specify the languages spoken by provider?	Validator reviews the online provider directory to see if it specifies what languages are spoken by provider and then selects from the following options: ○ Yes ○ No
Did the online provider directory specify whether the practice is accessible for patients with disabilities?	Validator reviews the online provider directory to see if it specifies if the provider's practice is accessible for patients with disabilities and selects from the following options: ○ Yes, no details provided ○ Yes, with specific details ○ No, provider stated no ADA accommodations are available ○ No, ADA information is not reported or blank
Specific ADA-accessible details identified.	Validator lists the accessibility details provided in the online directory. For example: Exam rooms, ramps, bathrooms, elevators
Online Directory Validation Date	Validator enters the date of completed online directory validation in date picker (MM/DD/YYYY).
Survey Status	Survey Status is changed to one of the following options upon completion of the telephonic survey portion and/or the online provider directory validation: ○ Incomplete: Survey automatically default to this status until complete. ○ Complete, No Validation Required: Call was unsuccessful. ○ Ready for Validation: Prompt for online provider directory validators that telephonic survey has been completed. ○ Validation Complete: Both telephonic survey and online provider directory validation have been completed