Medicaid Managed Care Organization

Network Adequacy Validation Report

Assessing Accuracy of MCO Provider Directories

Measurement Year 2023

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Executive Summary

Introduction

The Maryland Department of Health (MDH) administers the state's Medicaid managed care program, Maryland HealthChoice Program (HealthChoice). HealthChoice operates under a Centers for Medicare and Medicaid Services (CMS) 1115 waiver and Code of Maryland Regulations (COMAR) to provide quality healthcare that is patient-focused, prevention-oriented, coordinated, accessible, and cost-effective. MDH is responsible for evaluating the quality of care provided to enrollees by HealthChoice's managed care organizations.

Federal regulations require MDH to contract with an external quality review organization (EQRO) to provide annual, independent reviews assessing quality, access, and timeliness of care. This independent review ensures services provided to enrollees meet the standards governing the HealthChoice program in the Code of Federal Regulations (CFR) and COMAR. MDH contracts with Qlarant to meet federal regulations and evaluate quality, access, and timeliness of care through validations of network adequacy and access for HealthChoice enrollees.

HealthChoice emphasizes health promotion and disease prevention and requires health education and outreach services to be provided to enrollees. Utilization of a "medical home" connects each enrollee with a primary care provider (PCP) of their choice and identifies a PCP responsible for overseeing their medical care by providing preventive and primary care services, managing referrals, and coordinating all necessary care. MDH engages in a broad range of activities to monitor network adequacy and access to ensure efficient use and coverage for these services.

This report identifies Qlarant's NAV activities conducted for measurement year (MY) 2023, which took place in June and July 2023, for all nine MCOs. MDH set an 80% minimum compliance score for the MY 2023 network adequacy assessment to ensure MCOs are complying with all state and federal requirements. The following MCOs were assessed in this report:

- Aetna Better Health of Maryland (ABH)
- CareFirst Community Health Plan (CFCHP)
- Jai Medical Systems, Inc. (JMS)
- Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS)

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- Maryland Physicians Care (MPC)
- MedStar Family Choice, Inc. (MSFC)
- Priority Partners (PPMCO)
- UnitedHealthcare Community Plan (UHC)
- Wellpoint (WPM)[1]

Qlarant evaluated the network adequacy of HealthChoice MCOs to ensure MCOs can provide enrollees with timely access to necessary care and a sufficient number of in-network providers. In MY 2023, 2,074 PCPs were part of the survey sample to monitor available coverage for current HealthChoice enrollees. Successful contact yielded a response rate of 59.3%, which represents 1,229 PCPs. Qlarant's surveyors verified:

- Accuracy of online provider directories, including telephone number and address;
- Provider acceptance of the MCO listed in the provider directory;
- Provider practice acceptance of new Medicaid patients;
- First availability for routine appointments; and
- First availability for urgent care appointments.

The corrective action process requires each MCO to submit a corrective action plan (CAP), which details the actions to be taken to correct any deficiencies identified during the NAV survey when the minimum compliance score has not been met for the accuracy of online provider directories or compliance with routine and urgent care appointment timeframes. CAPs must be submitted within 45 calendar days of receipt of the NAV results. CAPs are reviewed by Qlarant and determined adequate only if they address the following required elements and components:

- Action item(s) to address each requirement
- Methodology for evaluating the effectiveness of actions taken
- Timeframe for evaluating each action item, including plans for evaluation
- Responsible party for each action item

Based on the MY 2023 assessment, six MCOs (CFCHP, JMS, KPMAS, PPMCO, UHC, and WPM) are required to submit CAPs to Qlarant to improve compliance. The results are as follows:

- CFCHP is required to submit a CAP to improve compliance with online provider directory accuracy of accepting new Medicaid patients in alignment with the telephonic survey answers for the listed MCO.

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[1] Previously Amerigroup Community Care (ACC) as of January 1, 2023.

- JMS, PPMCO, and UHC are required to submit quarterly CAPs due to multiple years of not meeting the requirement of online provider directory accuracy of accepting new Medicaid patients in alignment with the telephonic survey answers for the listed MCO.
- KPMAS is required to submit a CAP to improve compliance with routine care appointment timeframes.
- KPMAS is required to submit a quarterly CAP due to multiple years of not meeting the requirement to improve compliance with urgent care appointment timeframes.
- PPMCO is required to submit a CAP to improve online provider directory specifications of available accommodations for individuals with disabilities at practice locations.
- WPM is required to submit a CAP to improve alignment with the online provider directory with staff responses regarding updated or corrected practice locations.

Qlarant recommends CAP closures for the following MCOs, as compliance was achieved for MY 2023 validations:

- CFCHP – "PCP's Practice Telephone Number Matched Survey Response"
- JMS - "Practice has Accommodations for Patients with Disabilities (with specific details)"
- KPMAS - "Specifies PCP Accepts New Medicaid Patients & Matches Survey Response"
- MSFC - "Compliance with Routine Care Appointment Timeframe (within 30 days)"
- MPC - "Specifies PCP Accepts New Medicaid Patients & Matches Survey Response"
- WPM - "Specifies PCP Accepts New Medicaid Patients & Matches Survey Response"

Quality Strategy Highlights

Per the HealthChoice Quality Strategy for 2022-2024[2], MDH has set a task goal based on pre-Covid public health emergency aggregate performance of increasing all NAV requirements to 90% or above by MY 2024. Based upon the HealthChoice Quality Strategy, specific HealthChoice performance metrics and targets are displayed in Table 1 below.

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[2] MDH HealthChoice Quality Strategy

Table 1. HealthChoice Aggregate Scores

Requirement: Minimum Compliance Score: >80%	HealthChoice Aggregate	MDH Quality Strategy Targets for MY 2024: >90%
Compliance with Routine Care Appointment Timeframe	90.5%	100%
Compliance with Urgent Care Appointment Timeframe	89.7%	93%
PCP Listed in Online Directory	97.3%	97%
PCP's Practice Location Matched Survey Response	90.5%	98%
PCP's Practice Telephone Number Matched Survey Response	92.6%	96%
Specifies PCP Accepts New Medicaid Patients & Matches Survey Response	77.8%	80%
Specifies Age of Patients Seen	97.4%	100%
Specifies Languages Spoken by PCP	96.9%	100%
Practice has Accommodations for Patients with Disabilities	94.7%	100%

Seven of the nine NAV requirements for MY 2023 exceeded MDH's goal of 90% or above; however, one out of the nine requirements met or exceeded the quality strategy target for MY 2024, *PCP Listed in Online Directory* (97.3%). Two of the nine NAV requirements for MY 2023 fell below MDH's goal of 90%. The HealthChoice Aggregate for *Compliance with Urgent Care Appointment Timeframe* was 0.3 percentage points from reaching the quality strategy goal percentage of 90% and *Specifies PCP Accepts New Medicaid Patients & Matches Survey Response* was 12.2 percentage points from reaching the quality strategy goal percentage. The latter category also fell below the MDH-established compliance threshold of 80% by 2.2 percentage points.

MY 2023 Network Adequacy Validation Activities

MDH established the following goals for MY 2023 NAV activities:

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

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

Qlarant

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 in the enrollee's county, 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, practices accommodations for physical disabilities, whether the provider is accepting new patients, and 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 telephone surveys and Qlarant conducted validation of online provider directories for each PCP in the sample. MY 2023 orientation training for Cambridge Federal and Qlarant provider directory validators included:

- In-depth instruction by subject matter experts on the survey tool
- Updates on survey question revisions
- Mock scenarios of survey calls and data entry
- Inter-rater reliability testing
- Updates on online directory validation tools
- Follow-up education

To ensure quality survey and validation results, Qlarant performed quality checks and weekly oversight meetings with Cambridge Federal's lead surveyor and Qlarant's provider directory validators to review the following topics:

- Quality assurance activities
- Progress reports

- Surveyor/validator assignments
- Correction of data collection issues

Data Sources

Qlarant requested and received a list of contracted PCPs from each MCO. Qualifying providers for MY 2023 NAV activities specialized in one of the following areas: primary care, adult medicine, internal medicine, general practice, family medicine, or pediatrics. Qlarant instructed MCOs to submit the following information for each PCP:

- 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 submission for completeness. Corrections were requested if issues regarding incomplete data, non-PCPs included in the listings, or incorrect telephone numbers were identified. MCOs provided lists for PCPs contracted in contiguous states to Maryland (Delaware, District of Columbia, Pennsylvania, Virginia, and West Virginia). Listings included 138 PCPs from contiguous states:

- Delaware (15)
- District of Columbia (102)
- Pennsylvania (1)
- Virginia (5)
- West Virginia (15)

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

Sampling

The HealthChoice program network has 22,312 contracted PCPs across all nine MCOs. A random sample, based on the number of contracted PCPs, was selected for each MCO using a 90% confidence level (CL) and a 5% margin of error. Table 3 shows the total number of contracted PCPs per MCO and the respective sample sizes. The final sample included 2,074 PCPs.

Table 3. MY 2023 Contracted PCPs and Sample Size by MCO

MCO	Number of Contracted PCPs	Sample Size (90% CL +/- 5%)
ABH	2,343	243
CFCHP	3,266	250
JMS	724	198
KPMAS	392	161
MPC	2,364	243
MSFC	1,902	237
PPMCO	6,394	260
UHC	1,538	231
WPM	3,389	251
Total	22,312	2,074

Each PCP can only be sampled once for each MCO; therefore, if a PCP of a different name but 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. PCPs with the same NPI number who are providing services at other practice locations (different addresses), as submitted by the MCOs, were not removed as duplicates from the sample.

Survey and Directory Validation Tool

The survey and directory validation tools are included in **Appendix A**.

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

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

The validation of network adequacy was completed in two steps. Step 1 verified that the information obtained during the ten-question telephone survey matched the information provided by the MCO:

- Address
- Phone number

Step 2 verified the MCOs' online provider directories matched the following information for PCPs in the sample provided during the survey calls:

- Status of accepting new Medicaid patients
- Ages served by the PCP
- Languages spoken by the PCP
- Availability of accommodations for disabled patients and identified specific Americans with Disabilities Act of 1990 (ADA)-accessible equipment

Data Collection

Surveyors conducted 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. At least three attempts were made for each call unless the surveyor reached a wrong number or if the office was found 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 was not with the practice or did not practice at that location
- PCP was not a primary care provider
- PCP listed was not in the identified MCO's network

Surveys were considered 'successful' if the surveyor reached the PCP within three call attempts and completed the survey. Successful telephone surveys were validated against the details noted in the MCO's online directory. If the PCP was not in the MCO's online provider directory, the validation survey ended.

Surveys were conducted on weekdays during normal business hours from 9:00 a.m. to 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 telephone and validation surveys are broken down into the following categories:

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

Accuracy of PCP Information

As noted above, the Validation Tool is pre-populated by MCOs 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 are verified. Results for the percentage of PCPs where the provided phone number and address match the information provided by the MCO are demonstrated in Figure 1.

Figure 1. Accuracy of Provider Contact Information (Phone Number and Address)

| | MY 2021 (N = 2,071) | MY 2022 (N = 2,094) | MY 2023 (N = 2,074) |
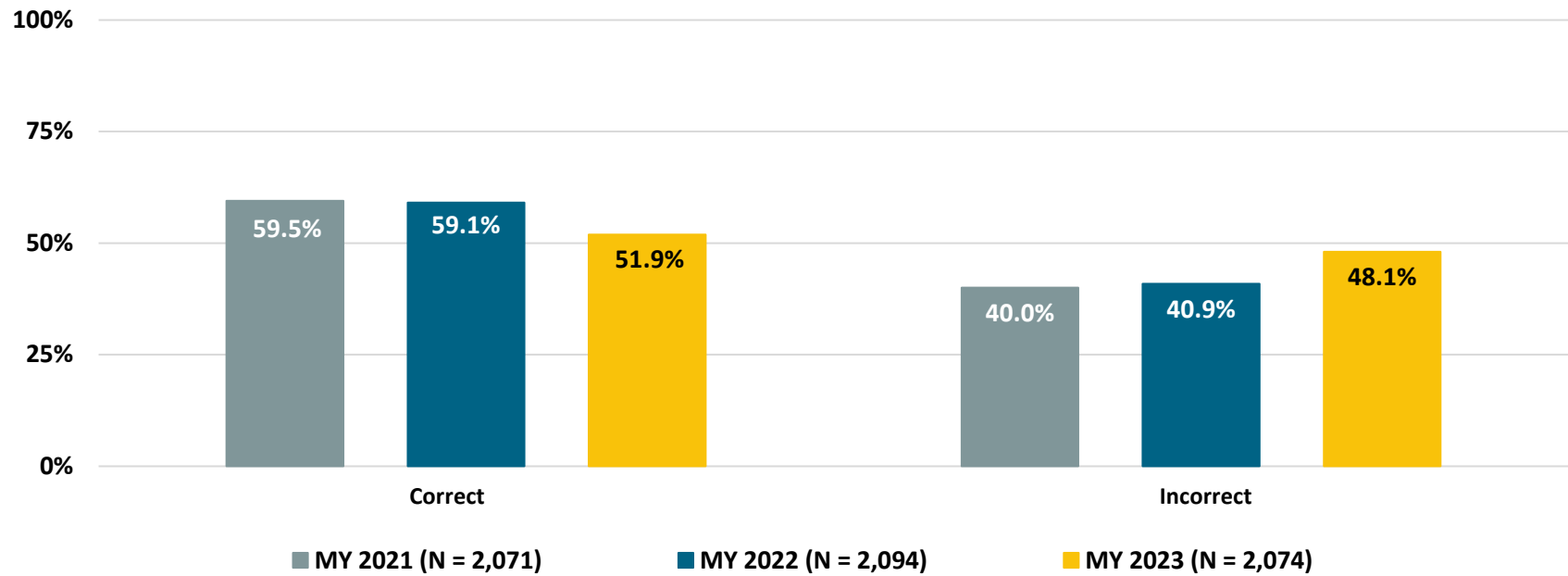
In MY 2023, there was an increase of 7.2 percentage points for incorrect provider information compared to MY 2022 at 40.9%. Incorrect provider information increased by 8.1 percentage points in MY 2023 at 48.1% from MY 2021 at 40.0%.

Successful Contacts

The total successful PCP contacts are displayed in Figure 2 below.

Figure 2. Number of Surveys Conducted and Number of Successful PCP Contacts
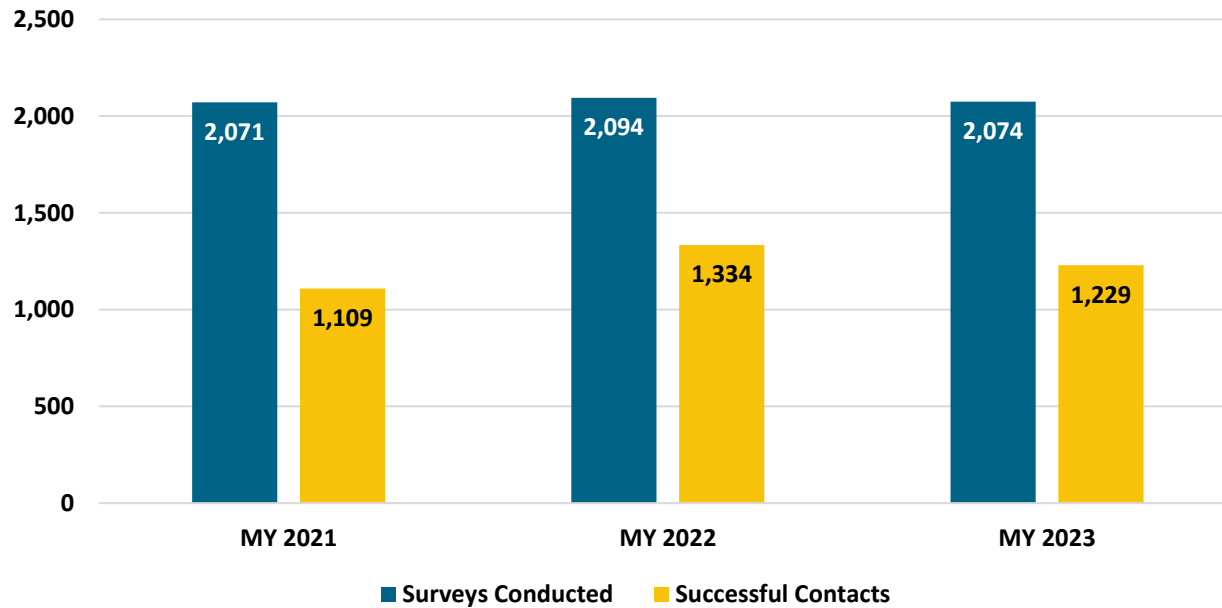
The number of attempted PCP surveys conducted decreased from 2,094 in MY 2022 to 2,074 in MY 2023. The percentage of successful contacts decreased by 4.4 percentage points from MY 2022 (63.7%) to MY 2023 (59.3%).

The percentage of successful contacts from MY 2021 to MY 2023 is displayed in Figure 3 below.

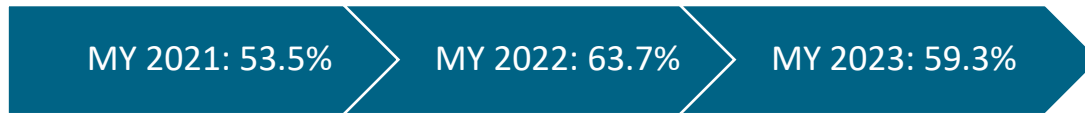**Figure 3. Percent of Successful PCP Contacts from MY 2021 to 2023**

MY 2021: 53.5% 〉 MY 2022: 63.7% 〉 MY 2023: 59.3%

Figure 4 illustrates the number of call attempts surveyors used to reach PCPs before making contact and successfully completing the survey.

Figure 4. MY 2023 Responses by Call Attempt for Successful Contacts

- 1st Attempt
- 2nd Attempt
- 3rd Attempt
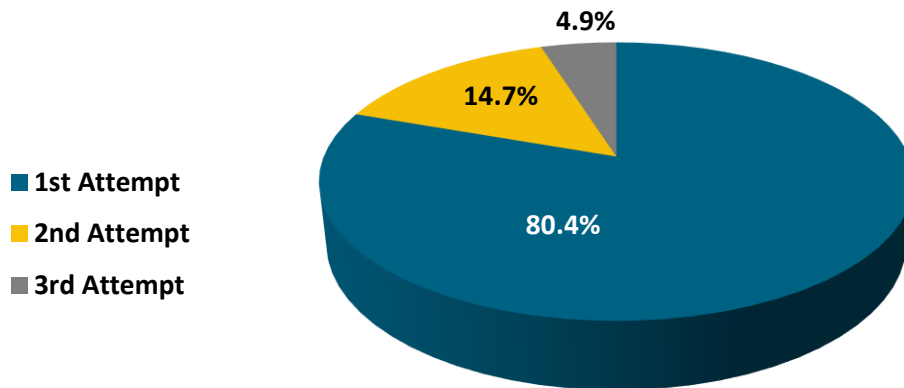
Approximately 80% of providers were contacted on the first call attempt, 14.7% on the second call attempt, and 4.9% on the third attempt.

The MY 2023 telephone surveys also validated whether PCPs accepted the listed MCO and new Medicaid patients. Figure 5 displays the results for these survey elements per MY.

Figure 5. PCP Affiliation & Open Access
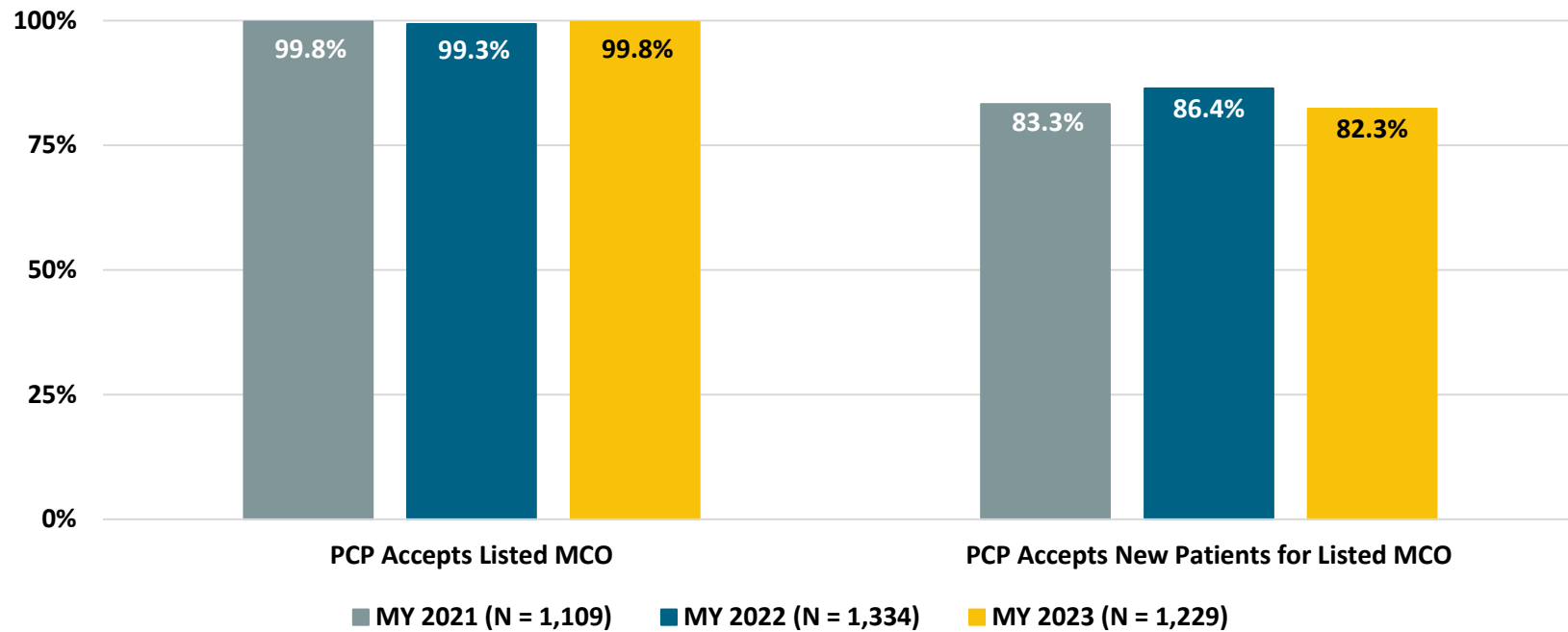
MY 2023 results are consistent with MYs 2021 and 2022. MY 2021 and 2023's results both indicated 99.8% of PCPs accepted the listed MCO. MY 2023 performance decreased from both MY 2021 and 2022, indicating 82.3% of PCPs accepted new patients for the listed MCO, which is a 4.1 percentage point decrease from MY 2022.

Accuracy of PCP information for successful survey contacts for MY 2023 is displayed in Table 4 below.

Table 4. MY 2023 MCO Results from Successful Contacts for Accuracy of PCP Information

Calls Per MCO		Successful Contacts		Accurate PCP Address Provided		Accepts Listed MCO		Accepts New Medicaid Patients Listed for MCO	
MCO	**# of Calls**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
ABH	243	127	52.3%	108	85.0%	127	100.0%	113	89.0%
CFCHP	250	149	59.6%	133	89.3%	148	99.3%	117	78.5%
JMS	198	116	58.6%	110	94.8%	115	99.1%	85	73.3%
KPMAS	161	103	64.0%	102	99.0%	103	100.0%	76	73.8%
MPC	243	159	65.4%	136	85.5%	159	100.0%	140	88.1%
MSFC	237	156	65.8%	144	92.3%	156	100.0%	137	87.8%
PPMCO	260	114	43.8%	101	88.6%	114	100.0%	95	83.3%
UHC	231	168	72.7%	157	93.5%	167	99.4%	131	78.0%
WPM	251	137	54.6%	109	79.6%	137	100.0%	118	86.1%
Total	**2,074**	**1,229**	**59.3%**	**1,100**	**89.5%**	**1,226**	**99.8%**	**1,012**	**82.3%**

Compared to all other MCOs, contact with PPMCO's providers was least likely to be successful (43.8%). WPM had the lowest percentage of providers with accurate addresses (79.6%). All nine MCOs achieved greater than 99% for acceptance of the listed MCO. JMS and KPMAS had the lowest percentage of PCP acceptance of new Medicaid patients at 73.3% and 73.8%, respectively.

Unsuccessful Contacts

Of the 2,074 PCP surveys attempted in MY 2023, 845 PCP surveys 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:
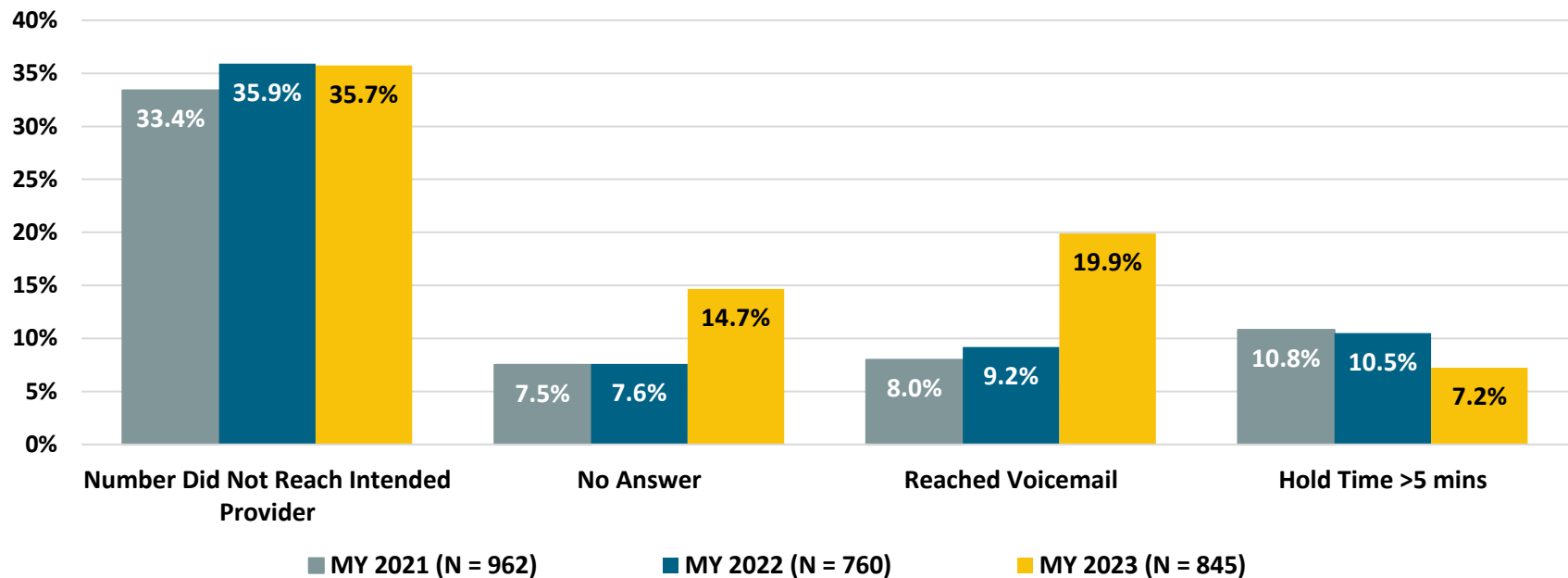
- The number did not reach the intended provider (e.g., wrong number, office closed, or provider not with practice)
- No answer
- Reached voicemail
- Hold time exceeded 5 minutes

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 MCO
- Refused to participate

Approximately 77.5% of telephone surveys were unsuccessful due to "No Contact." Reasons for unsuccessful contact with the PCP, with process descriptions and percentages, are noted in Figure 6.

Figure 6. Unsuccessful Surveys due to "No Contact"

Legend: MY 2021 (N = 962) | MY 2022 (N = 760) | MY 2023 (N = 845)

	MY 2021 (N = 962)	MY 2022 (N = 760)	MY 2023 (N = 845)
Number Did Not Reach Intended Provider	33.4%	35.9%	35.7%
No Answer	7.5%	7.6%	14.7%
Reached Voicemail	8.0%	9.2%	19.9%
Hold Time >5 mins	10.8%	10.5%	7.2%

There was an increase in "No Contact" made to provider offices due to "No Answer" (14.7%) and "Reached Voicemail" (19.9%) compared to MY 2022 at 7.6% and 9.2%, respectively.

Table 5 provides MCO-specific information regarding the "No Contact" categories.

Table 5. "No Contact" Categories by MCO

MCO	Did Not Reach Intended Provider	No Answer	Reached Voicemail	Hold Time >5 Minutes	MCO Total
ABH	38.5%	21.9%	27.1%	12.5%	96
CFCHP	38.9%	20.0%	32.2%	8.9%	90
JMS	57.4%	14.8%	25.9%	1.9%	54
KPMAS	30.8%	11.5%	23.1%	34.6%	26
MPC	54.4%	11.8%	32.4%	1.5%	68
MSFC	30.3%	31.8%	27.3%	10.6%	66
PPMCO	50.4%	15.7%	20.9%	13.0%	115
UHC	40.0%	24.0%	22.0%	14.0%	50
WPM	62.2%	16.7%	20.0%	1.1%	90
Total	**46.1%**	**18.9%**	**25.6%**	**9.3%**	**655**

Results indicate the most common reason for unsuccessful calls for all MCOs was due to not reaching the intended provider (46.1%). Additional findings by MCO indicate the following:

- WPM had the highest percentage of survey calls that were unsuccessful due to not reaching the intended provider at 62.2%, followed by JMS at 57.4% and MPC at 54.4%.
- MSFC and UHC providers were more likely than other MCOs not to answer the survey call at 31.8% and 24.0%, respectively.
- CFCHP and MPC providers were more likely than other MCOs to send the surveyor to voicemail at 32.2% and 32.4%, respectively.
- JMS, MPC, and WPM providers were less likely than other MCOs to place the surveyor on hold for more than five minutes at 1.9%, 1.5%, and 1.1%, respectively. KPMAS providers had the highest rate of placing the surveyor on hold for more than five minutes at 34.6%.

Approximately 23% of telephone surveys were unsuccessful due to "PCP Response." The PCP telephone survey ended if any of the following criteria applied:

- 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 MCO.
- The respondent refused to participate in the survey.

The purpose of the survey is to identify barriers enrollees may face when attempting to contact their PCP to obtain primary care services, except for PCP offices that refused to participate. The percent of providers who refused to participate in the survey for MY 2023 was 3.4%. Figure 7 displays the percentage of unsuccessful calls due to "PCP Response" by measurement year.

Figure 7. Unsuccessful Surveys due to "PCP Response"
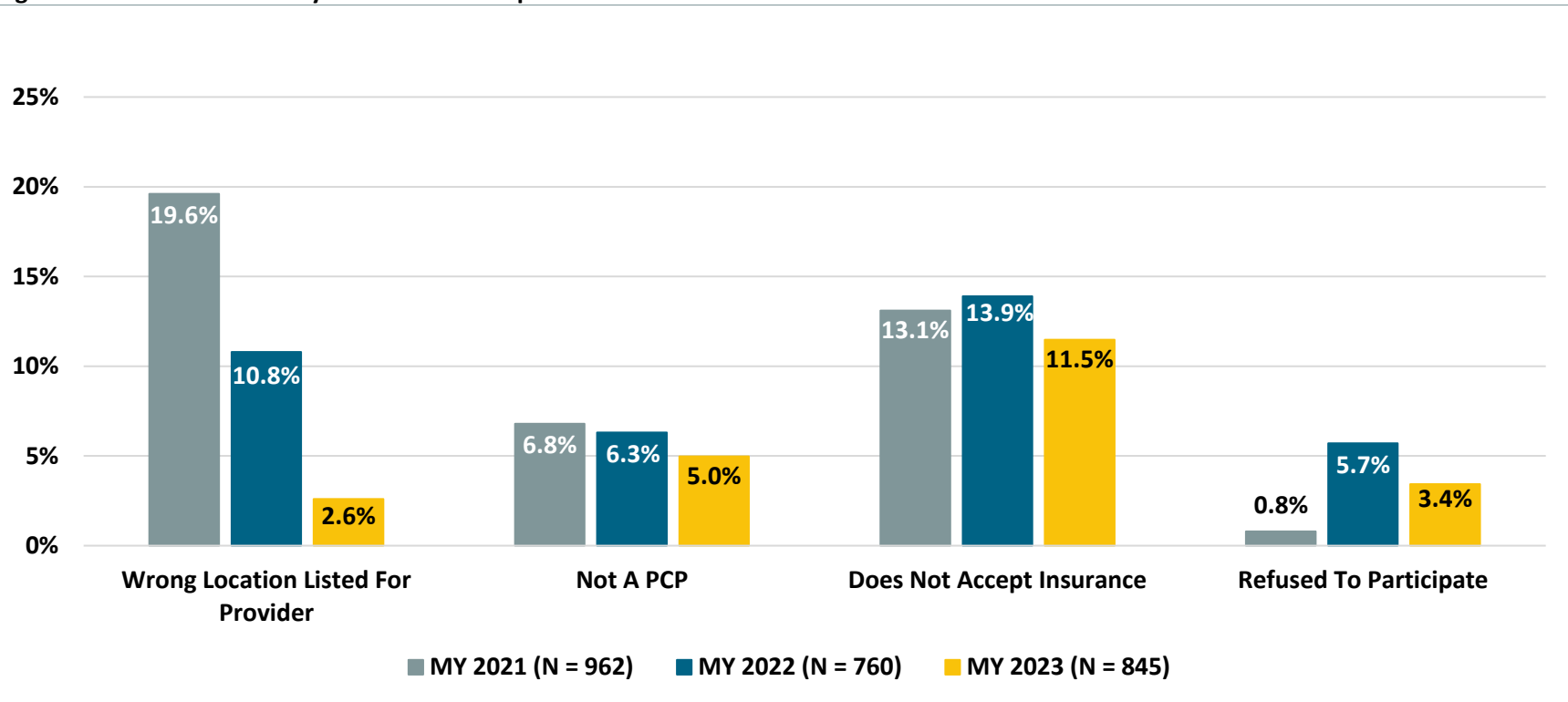
All four categories for unsuccessful surveys declined from MY 2022 to MY 2023. The proportion of unsuccessful surveys due to providers having the wrong location information declined from 10.8% to 2.6% in MY 2023. The proportion of unsuccessful surveys due to providers that were not PCPs declined from 6.3% to 5.0% from MY 2022 to MY 2023. After a slight increase from MY 2021 at 13.1% to MY 2022 at 13.9%, providers that

did not accept the MCO insurance decreased to 11.5% in MY 2023. After an increase from MY 2021 at 0.8% to 5.7% in MY 2022, PCP offices that refused to participate in the survey declined to 3.4% in MY 2023.

Table 6 displays unsuccessful surveys due to "PCP Response" per MCO.

Table 6. "PCP Response" per MCO

| MCO	Wrong Location Listed for Provider	Not a PCP	Does Not Accept Insurance	Refused to Participate	MCO Total
ABH	15.0%	35.0%	45.0%	5.0%	20
CFCHP	0.0%	27.3%	54.5%	18.2%	11
JMS	10.7%	21.4%	64.3%	3.6%	28
KPMAS	0.0%	3.1%	68.8%	28.1%	32
MPC	12.5%	6.3%	37.5%	43.8%	16
MSFC	13.3%	20.0%	60.0%	6.7%	15
PPMCO	6.5%	45.2%	41.9%	6.5%	31
UHC	7.7%	53.8%	38.5%	0.0%	13
WPM	37.5%	0.0%	37.5%	25.0%	24
Total	**11.6%**	**22.1%**	**51.1%**	**15.3%**	**190**

Results indicate the most common unsuccessful survey reason for "PCP Response" for all MCOs was that the provider did not accept the MCO's insurance (51.1%). Additional findings per MCO indicate the following:

- WPM was more likely than other MCOs to have the wrong location listed for the provider at 37.5%.
- PPMCO and UHC were more likely than other MCOs to have a provider listed that was not a PCP at 45.2% and 53.8%, respectively.
- JMS and KPMAS were more likely than other MCOs to have PCPs not accept the MCO's insurance at 64.3% and 68.8%, respectively.
- MPC was more likely than other MCOs to have PCPs refuse to participate in the survey at 43.8%.

Compliance with Routine Appointment Requirements

Survey results of PCP compliance with routine care appointment requirements are displayed in Figure 8. To meet compliance, providers had to have an appointment (in-person or telemedicine) available within 30 days of the survey call date with the service provider or an alternative provider at the same location.

Figure 8. Percent of PCPs in Compliance with Routine Care Appointment Requirements
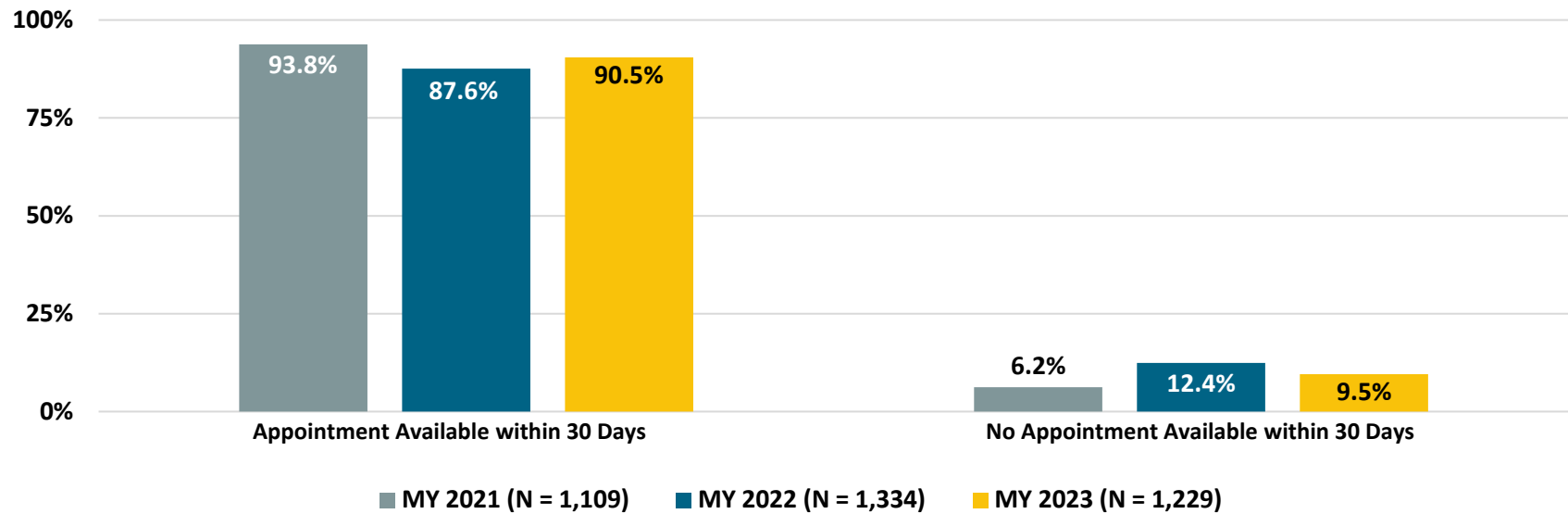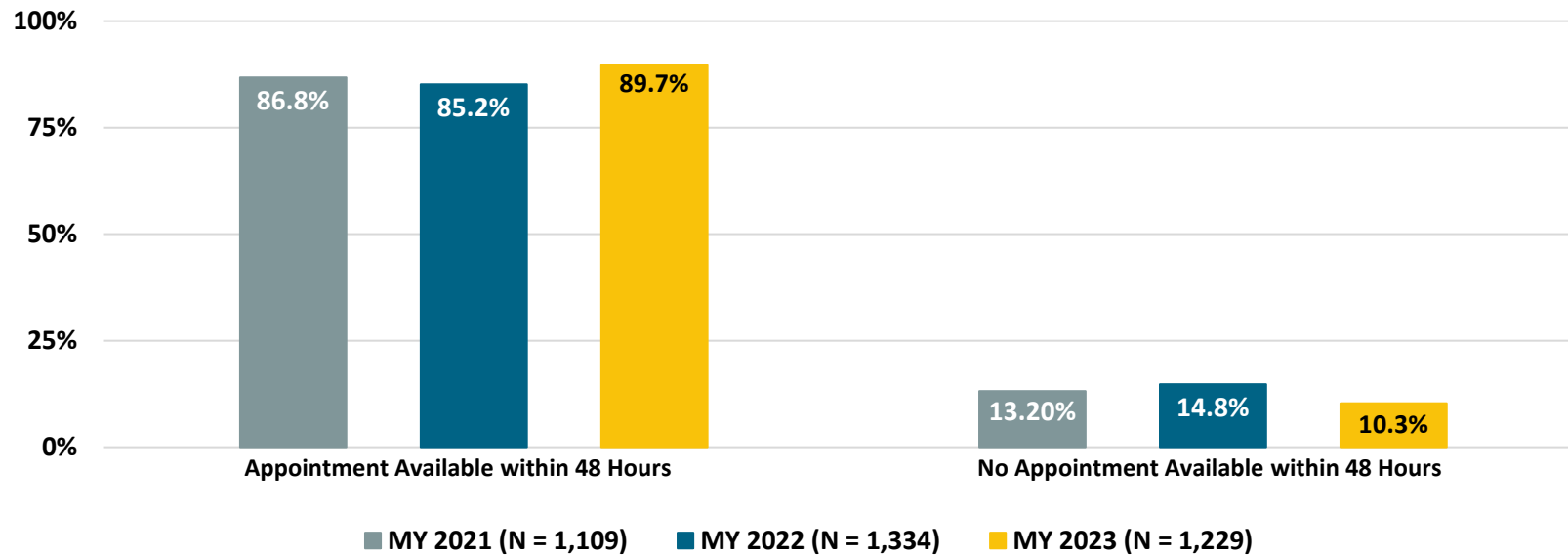

PCP compliance with routine care appointment requirements increased by 2.9 percentage points in MY 2023 at 90.5% compared to MY 2022 at 87.6%. A decline in percentage points remains when compared to MY 2021 at 93.8%.

Compliance with Urgent Care Appointment Requirements

Survey results for PCP compliance with urgent care appointments are displayed in Figure 9. To meet compliance, providers had to have an urgent care appointment (in-person or telemedicine) available within 48 hours either with the service provider or an alternative provider at the same location.

Figure 9. Percent of PCPs in Compliance with Urgent Care Appointment Requirements

PCP compliance with urgent care appointment requirements for MY 2023 (89.7%) increased by 2.9 percentage points compared to MY 2021 at 86.8% and increased by 4.5 percentage points compared to MY 2022 at 85.2%.

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

Table 7. MY 2023 MCO Results for Compliance with Appointment Requirements

Requirement	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	HealthChoice Aggregate
Compliance with Routine Care Appointment Timeframe (within 30 days) *										
Compliant with Timeframe	97.6%	91.3%	85.3%	<u>68.0%</u>	94.3%	91.7%	94.7%	91.7%	93.4%	90.5%
# of Wait Days (Average)	6	11	8	8	12	8	7	8	14	9
# of Wait Days (Range)	0-27	0-29	0-28	0-29	0-30	0-26	0-22	0-28	0-30	0-30
Compliance with Urgent Care Appointment Timeframe (within 48 hours) *										
Compliance w/ Urgent Care Appointment	94.5%	91.3%	88.8%	<u>77.7%</u>	89.9%	89.1%	89.5%	93.5%	89.1%	89.7%
Appointment Available w/ Requested PCP at Same Location w/ 48 hours (including telemedicine)	83.5%	84.6%	82.8%	48.5%	87.4%	82.7%	80.7%	82.7%	83.9%	80.7%
Appointment Available w/ Another PCP at Same Location w/ 48 hours (including telemedicine)	11.0%	6.7%	6.0%	29.1%	2.5%	6.4%	8.8%	10.7%	5.1%	9.0%

<u>Underline</u> denotes that the 80% minimum compliance score is unmet.

Results for compliance with routine care appointment availability within 30 days averaged 90.5% and ranged from 68.0% (KPMAS) to 97.6% (ABH). All MCOs except for KPMAS 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 fell between six days (ABH) and 14 days (WPM), with the average being nine days. KPMAS will be required to submit a CAP to improve compliance with the routine appointment timeframe.

Results for compliance with urgent care appointments within 48 hours averaged 89.7% and ranged from 77.7% (KPMAS) to 94.5% (ABH). Most MCOs demonstrated a greater percentage of appointments with the requested PCP at the same location within 48 hours at 80.7%, ranging from 48.5% (KPMAS) to 87.4% (MPC). All MCOs except for KPMAS exceeded the MDH-required minimum compliance score (80%). KPMAS will be required to submit a CAP to improve compliance with the urgent care appointment timeframe.

MCO-Specific Results for Validation of Online Provider Directories

Qlarant validated the information in the MCO's online provider directory for each PCP that completed the telephone survey between June and July 2023. The online directories were 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)**: Availability of specific accommodations for individuals with disabilities in the practice location, by indication in the online directory for the PCP.
- **New Patients**: Acceptance of new patients by the PCP, through indication in the online directory for the PCP.
- **Age Range**: Ages served by the PCP, through indication in the online directory for the PCP.
- **PCP Languages**: Languages spoken by the PCP, by indication in the online directory of the languages spoken by the PCP.

The MCOs' online provider directories demonstrated best practices including:

- Using placeholders for provider details that are missing, such as "none" or "none specified," rather than leaving a blank field.
- The ability to filter by additional search criteria, such as provider specialty and gender.
- Continuing to share when provider information was last updated by adding a date stamp at the bottom of each page.

Figure 10 shows the proportion of telephone survey results matching the online provider directories by each of the review components listed above.[3]

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[3] Providers who were not listed in the online provider directory are not included in this measure.

Figure 10. Online Provider Directory Validation Results
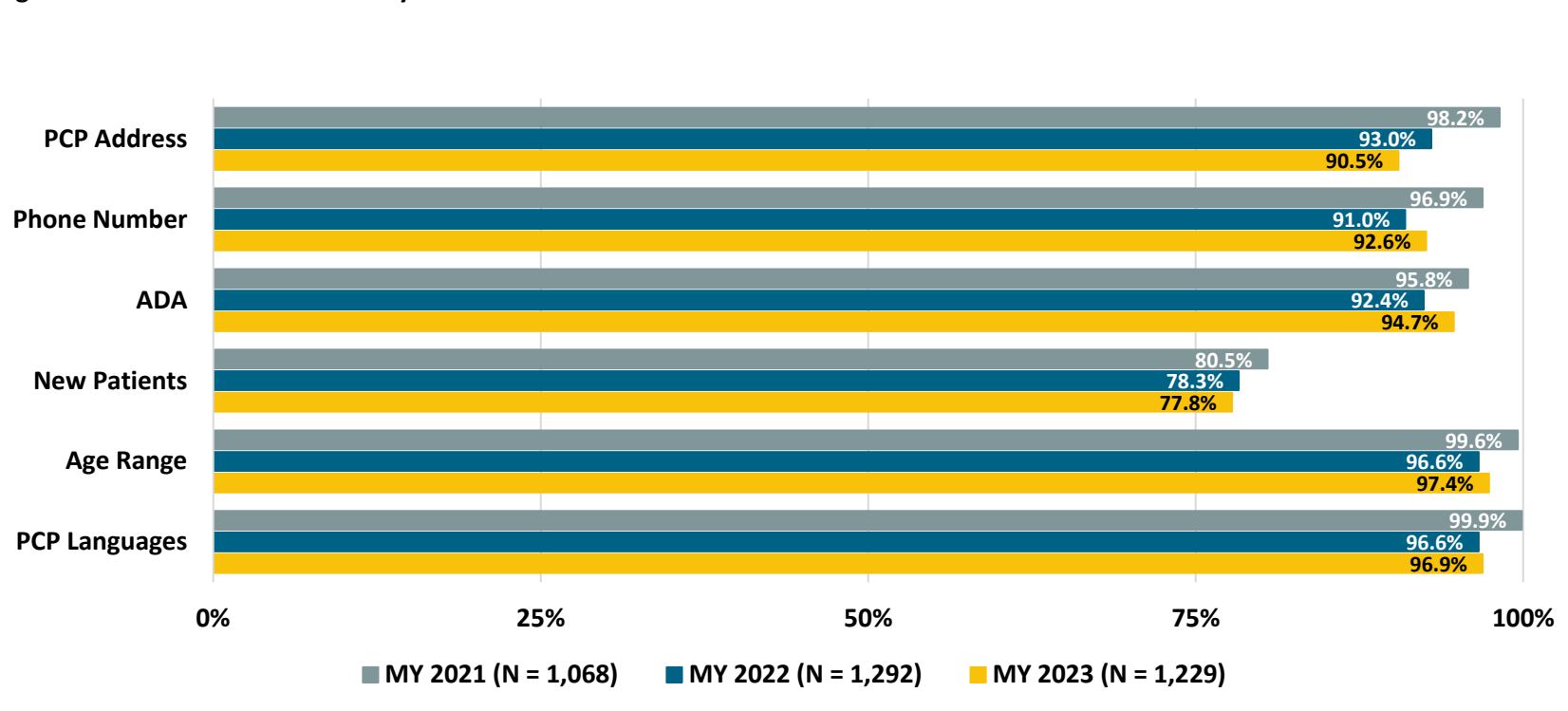
The proportion of successful telephone surveys matching the information within the online directory for MY 2023 is comparable to MY 2021 and MY 2022 across all review components. MY 2023 showed slight declines for PCP address (90.5% from 93.0%) and accepting new patients (77.8% from 78.3%) compared to MY 2022. MY 2023 showed increases for provider phone number (91.0% to 92.6%), ADA (92.4% to 94.7%), specifying age ranges (96.6% to 97.4%), and specifying PCP languages (96.6% to 96.9%) compared to MY 2022.

MCO-specific results for the validation of online provider directories are displayed in Table 8.

Table 8. MY 2023 MCO Results for Validation of Online Provider Directories

Requirement	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	HealthChoice Aggregate
PCP Listed in Online Directory	94.5% ↓	99.3% ↑	100.0% ↑	99.0% ↓	98.1% ↓	99.4% ↑	100.0% =	89.9% ↑	97.8% ↑	**97.3%** ↑
PCP's Practice Location Matched Survey Response	86.6% ↓	90.6% ↓	96.6% ↑	99.0% ↑	93.1% ↑	96.2% ↑	92.1% ↓	83.9% ↓	<u>79.6%</u> ↓	**90.5%** ↓
PCP's Practice Telephone Number Matched Survey Response	90.6% ↓	92.6% ↑	97.4% ↓	86.4% ↓	94.3% ↓	96.8% ↓	96.5% ↓	86.3% ↓	92.7% ↓	**92.6%** ↑
Specifies PCP Accepts New Medicaid Patients & Matches Survey Response	81.9% ↓	<u>65.1%</u> ↓	<u>75.9%</u> ↑	80.6% ↑	85.5% ↑	87.8% ↑	<u>68.4%</u> ↑	<u>72.0%</u> ↓	81.8% ↑	<u>**77.8%**</u> ↓
Specifies Age of Patients Seen	94.5% ↑	99.3% ↑	100.0% ↑	99.0% ↓	98.1% ↓	99.4% ↑	100.0% =	90.5% ↑	97.8% ↑	**97.4%** ↑
Specifies Languages Spoken by PCP	94.5% ↑	99.3% ↑	100.0% ↑	99.0% ↓	98.1% ↓	98.1% ↑	96.5% ↓	90.5% ↑	97.8% ↑	**96.9%** ↑
Practice has Accommodations for Patients with Disabilities	94.5% ↑	99.3% ↑	99.1% ↑	99.0% ↓	98.1% ↓	99.4% ↓	<u>77.2%</u> ↓	89.9% ↑	94.2% ↓	**94.7%** ↓

<u>Underline</u> denotes that the 80% minimum compliance score is unmet.
↑ Improvement from MY 2022; ↓ Decline from MY 2022; = No Change from MY 2022

Validation of the MCO online provider directories demonstrates:

- Rates for PCPs listed in the online provider directories ranged from 89.9% (UHC) to 100% (JMS and PPMCO).
- Four out of seven components of the online provider directory validation improved compared to MY 2022:
  - The HealthChoice Aggregate percentage of PCP's *Practice Location Matched Survey Response* decreased 2.5 percentage points in MY 2023 (90.5%) compared to MY 2022 (93.0%).
  - The percentage of *PCP's Practice Telephone Number Matched Survey Response* declined for all MCOs compared to MY 2022, except for CFCHP (92.6%).
  - The percentage of online provider directories that specified the age of patients seen increased for all MCOs except for KPMAS (99.0%) and MPC (98.1%). PPMCO remained at 100.0% from MY 2022 to MY 2023.
  - All MCOs scored above the 80% minimum compliance score for *PCP Listed in Online Directory*, *PCP's Practice Telephone Number Matched Survey Response*, *Specifies Age of Patients Seen*, and *Specifies Languages Spoken by PCP*.

- WPM was the only MCO that scored below the minimum compliance score of 80% for *PCP's Practice Location Matched Survey Response* (79.6%).
- CFCHP (65.1%), JMS (75.9%), PPMCO (68.4%), and UHC (72.0%) scored below the minimum compliance score for *Specifies PCP Accepts New Medicaid Patients* & *Matches Survey Response*; however, JMS and PPMCO's individual percentages are an improvement from MY 2022 (75.5% and 54.6%, respectively).
- PPMCO was the only MCO that scored below the minimum compliance score of 80% for *Practice has Accommodations for Patients with Disabilities (with specific details)* (74.6%).
- All MCOs scored above 90% for *Specifies Age of Patients Seen* and *Specifies Languages Spoken by PCP* components.

Conclusions

The overall response rate for MY 2023 surveys was 59.3%, which is a 4.4 percentage point decrease from MY 2022 (63.7%). MY 2023 resulted in an increase of unsuccessful contacts made to provider offices due to no answer (14.7%) and having reached a voicemail (19.9%) compared to MY 2022 results of 7.6% and 9.2%, respectively. Successful survey calls per MCO varied in consistency with MY 2022 with declines in total percent of successful calls for ABH (88.4% to 52.3%), CFCHP (71.1% to 59.6%), KPMAS (67.5% to 64.0%), UHC (77.4% to 72.7%), and WPM (54.8% to 54.6%). MSFC had the most notable increase in successfully completed calls from 57.2% in MY 2022 to 65.8% in MY 2023. Unsuccessful survey calls due to "No Contact" per MCO are consistent from MY 2022 to MY 2023. There was an increase of 11 percentage points for surveyors reaching a PCP's voicemail (14.6% to 25.6%). Unsuccessful survey calls due to "PCP Response" per MCO varied compared to MY 2022. Overall, MCOs with the wrong location listed for a provider decreased from 29.4% to 11.6%, with CFCHP and KPMAS resulting in 0%. There was an increase in providers inaccurately listed as a PCP in the MCO-supplied provider list from 17.2% in MY 2022 to 22.1% in MY 2023, with PPMCO and UHC resulting in the highest percentages at 45.2% and 53.8%, respectively. The percentage of providers that did not accept the listed MCO increased from 38.0% to 51.1%.

The online provider directory validation results are consistent from MYs 2021 to 2023 for accuracy with PCP addresses, phone numbers, ADA specifications, accepting new patients, specified age ranges, and specified languages spoken by the PCP. Overall compliance with routine and urgent care appointments has improved from MY 2022 to MY 2023, scoring approximately 90% for compliance in both categories.

- **Quality** - MCOs must ensure that PCPs are providing accurate information during member calls and when utilizing MCO online provider directories with an "easy to use" system to increase the likelihood that enrollees are able to access timely healthcare services to promote the desired health outcomes. Areas of impact during the MY 2023 NAV activity include:
  - An increase in the likelihood that enrollees will not reach the intended PCP due to no answer or having reached a voicemail.
  - An increase in the likelihood that members will not receive the accurate phone number or address for PCPs.

- **Access** - MCOs must ensure that the network of PCPs is adequately supporting members through "easy to use" systems to access accurate PCP information, the ability for enrollees to successfully contact PCP offices, scheduling timely appointments, and providing PCPs within an adequate service area. Areas of impact during the MY 2023 NAV activity include:
  - o The availability of network PCPs in neighboring states, such as Delaware, Pennsylvania, DC, Virginia, and West Virginia.
  - o A decrease in the likelihood that enrollees will be able to view specific ADA accommodations in MCO online provider directories.
  - o A decrease in the likelihood that enrollees will be able to successfully identify and access providers that are accepting new Medicaid patients.
  - o An increase in the ability for enrollees to filter options for patient age requirements, gender, or language preferences.

- **Timeliness** - MCOs must ensure that the network of PCPs is adequately supporting enrollees through the availability of routine and urgent care appointment times.
  - o An increase in the likelihood that enrollees will be able to schedule a routine care appointment within 30 days.
  - o A decrease in the likelihood that enrollees will be able to schedule an urgent care appointment within 48 hours.

Recommendations

MCO Recommendations

The following recommendations are based on results from the MY 2023 surveys.

- Provide complete and accurate PCP information for MCO internal listings and online provider directories to continue to improve successful contact with the intended PCP office.
- Notify PCPs of the Maryland NAV survey timeframe and promote participation one month before the surveys begin to increase the likelihood of successful contacts.
- Refrain from completing any MCO-specific provider surveys within the same timeframe as the Maryland NAV survey 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.
- Consistently provide ADA-specific details when the provider identifies as being handicap accessible in online provider directories.
- Provide the customer service department's telephone number or a scheduling assistance telephone number on each directory page for member reference.
- Ensure the glossary is easily located.

- Use placeholders with consistent descriptions for provider details that are missing, such as "none" or "none specified" rather than blanks.
- Review and address root causes for the increase in unsuccessful surveys due to "No Contact," such as incorrect PCP phone numbers and limited staffing availability to answer calls.
- Review and address root causes of the decline in PCP acceptance of new Medicaid patients to ensure access and timeliness of care.
- Provide education to provider staff members to ensure staff responses match the online directory regarding accepting new Medicaid patients.

ABH's Strengths, Opportunities, and Recommendations

ABH's scores for compliance with routine and urgent care appointment timeframes were approximately 14 to 17 percentage points above the 80% threshold established by MDH. ABH scored above the 80% threshold in all online validation categories for MY 2023. ABH's performance has declined in the following provider directory requirements compared to MY 2022:

- *PCP's Practice Location Matched Survey Response* (86.6%) declined by 6.6 percentage points from MY 2022 and by 10.4 percentage points from MY 2021 (97.0%).
- *Specifies PCP Accepts New Medicaid Patients & Matches Survey Response* (81.9%) declined by 6.8 percentage points from MY 2022 and by 9 percentage points from MY 2021 (90.9%).

ABH should consider reviewing the root causes for the decline in performance for the above requirement areas and address the identified issues to improve MY 2024 performance.

CFCHP's Strengths, Opportunities, and Recommendations

After expanding its contract with Atlas, CFCHP implemented continuous validation of online provider directory information. This best practice resulted in significant improvement by 21.7 percentage points (70.9% in MY 2022 to 92.6% in MY 2023) in the accuracy of provider telephone numbers in the online provider directory.
CFCHP's scores for compliance with routine and urgent care appointment timeframes were 11.3 percentage points above the 80% minimum compliance threshold established by MDH. CFCHP's performance has declined in the following provider directory requirements compared to MY 2022:

- *Specifies PCP Accepts New Medicaid Patients & Matches Survey Response* (65.1%) declined by 21.2 percentage points from MY 2022 (86.3%).

To achieve compliance in the MY 2024 validations, CFCHP must submit a CAP to address the following:

- Ensure staff responses regarding accepting new Medicaid patients for the MCO align with responses provided in the online directory through provider staff education. Enrollees use the online directory to search for new PCPs and should receive the same information when calling the provider directly. CFCHP should consider reviewing the root causes for the decline in performance and address the identified issues to improve MY 2024 performance.

JMS' Strengths, Opportunities, and Recommendations

After implementing corrective action for MY 2022, JMS significantly improved "Practice has Accommodations for Patients with Disabilities (with specific details)" by 28.2 percentage points (70.9% in MY 2022 to 99.1% in MY 2023).

JMS' scores for compliance with routine and urgent care appointment timeframes were between five to eight percentage points above the 80% minimum compliance threshold established by MDH. JMS has remained below the 80% compliance threshold in the following provider directory requirements:

- *Specifies PCP Accepts New Medicaid Patients & Matches Survey Response* (75.9%). Despite falling below, the compliance threshold, this is a slight increase of 0.4 percentage points from MY 2022 (75.5%).

Due to multiple years of not meeting this requirement, JMS must submit a quarterly CAP to achieve compliance in the MY 2024 validations to address the following:

- 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. JMS should consider reviewing the root causes for the decline in performance and address the identified issues to improve MY 2024 performance.

KPMAS' Strengths, Opportunities, and Recommendations

After implementing corrective action for MY 2022, KPMAS improved acceptance for new Medicaid patients by 6.5 percentage points (74.1% in MY 2022 to 80.6% in MY 2023).

KPMAS' scores for compliance with routine and urgent care appointment timeframes both fell below the 80% compliance threshold at 68.0% and 77.7%, respectively. Compliance with routine care appointment timeframes decreased by 27.5% from MY 2022 (95.5%).

To achieve compliance in the MY 2024 validations, KPMAS must submit a CAP to address the following:

- Ensure provider offices are able to accommodate requirements for routine care appointment scheduling within 30 days of the call date and urgent care appointment scheduling within 48 hours of the call date at the same location with either the requested provider, an alternate provider, or telemedicine. KPMAS should consider reviewing the root causes for the decline in performance and address the identified issues to improve MY 2024 performance.

MPC's Strengths, Opportunities, and Recommendations

MPC's score for compliance with routine and urgent care appointment timeframes was 94.3% and 89.9%, respectively, which are above the 80% threshold established by MDH by approximately ten to 14 percentage points. MPC had the third highest percentage of the nine MCOs for successful contacts and 100% of MPC's successful contacts accepted MPC enrollees. MPC scored above the compliance threshold for all online provider directory requirements.

After implementing corrective action for MY 2022, MPC significantly improved acceptance for new Medicaid patients by 15.2 percentage points (70.3% in MY 2022 to 85.5% in MY 2023). MPC's provider directory easily identified the phone number for member services at the top of the web page.

MSFC's Strengths, Opportunities, and Recommendations

MSFC has implemented an internal secret shopper campaign requiring corrective action for provider offices found to be noncompliant with routine care appointment timeframes. This best practice resulted in a significant improvement by 13.3 percentage points (78.4% in MY 2022 to 91.7% in MY 2023) in compliance with the routine care appointment timeframe.

MSFC's scores for routine and urgent care appointment timeframes were 91.7% and 89.1%, respectively, which are above the 80% threshold established by MDH by approximately nine to 11 percentage points. MSFC had the second highest percentage of the nine MCOs for successful contacts and 100% of MSFC's successful contacts accepted MSCF enrollees. MSFC remained above the compliance threshold for all provider directory requirements. MSFC's provider directory clearly has a link at the bottom of the web page for "Contact Us" that leads to useful enrollee phone numbers including member services.

PPMCO's Strengths, Opportunities, and Recommendations

PPMCO scored above the 80% compliance threshold for routine and urgent care appointment timeframes at 94.7% and 89.5%, respectively. PPMCO's performance has declined in the following provider directory requirements compared to MY 2022:

- *Specifies PCP Accepts New Medicaid Patients & Matches Survey* Response (68.4%). Despite having increased by 13.8 percentage points from MY 2022 (54.6%), PPMCO remains under the 80% compliance threshold.
- *Practice has Accommodations for Patients with Disabilities (with specific details*) (77.2%) declined by 6.1 percentage points from MY 2022 (83.3%).

Due to multiple years of not meeting this requirement, PPMCO must submit a quarterly CAP to achieve compliance in the MY 2024 validations to address the following:

- 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. PPMCO should consider reviewing the root causes for the decline in performance and address the identified issues to improve MY 2024 performance.

To achieve compliance in the MY 2024 validations, PPMCO must submit a CAP to address the following:

- Ensure PCP's online provider directories include information regarding their practice's accommodations for patients with disabilities. PPMCO should consider reviewing the root causes for the decline in performance and address the identified issues to improve MY 2024 performance.

UHC's Strengths, Opportunities, and Recommendations

UHC scored above the 80% compliance threshold for routine and urgent care appointment timeframes at 91.7% and 93.5%, respectively. UHC declined in performance from MY 2022 to MY 2023 for *PCP's Practice Locations Matched Survey Response* (83.9%) and *PCP's Practice Telephone Number Matched Survey Response* (86.3%). UHC's performance has declined in the following provider directory requirement compared to MY 2022:

- *Specifies PCP Accepts New Medicaid Patients & Matches Survey Response* (72.0%) declined by 4.8 percentage points from MY 2022 (76.8%).

Due to multiple years of not meeting this requirement, UHC must submit a quarterly CAP to achieve compliance in the MY 2024 validations to address the following:

- 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.

UHC should consider reviewing the root causes for the decline in performance and address the identified issues to improve MY 2024 performance.

WPM's Strengths, Opportunities, and Recommendations

WPM has implemented a Provider Self Service Tool that allows providers to directly update demographic information. This best practice resulted in an improvement by 3.9 percentage points (77.9% in MY 2022 to 81.8% in MY 2023) in compliance with "Specifies PCP Accepts New Medicaid Patients & Matches Survey Response."

WPM scored above the 80% compliance threshold for routine and urgent care appointment timeframes at 93.4% and 89.1%, respectively. WPM's performance has declined in the following provider directory requirement compared to MY 2022:

- *PCP's Practice Location Matched Survey Response* at 79.6%. This is a decline of 15.3 percentage points from MY 2022 (94.9%).

To achieve compliance in the MY 2024 validations, WPM must submit a CAP to address the following:

- Ensure staff responses regarding practice location match the online provider directory accurately. Enrollees use the online directory to search for new PCPs and should receive the same information when calling the provider directly. WPM should consider reviewing the root causes for the decline in performance and address the identified issues to improve MY 2024 performance.

MDH Recommendations

- Promote standards/best practices for MCOs' online provider directory information to include consistent and accurate provider detail information.
- 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 care appointments to accommodate enrollee preferences and needs when appropriate.
- Ensure MCOs are providing an adequate provider network to promote access and timeliness of care by monitoring MCO enrollee to provider ratios.
- Ensure MCOs are implementing policies and procedures to promote health equity and monitor the availability of diverse providers with language fluencies other than English.

Appendix A

2023 PCP Survey Validation Tool

FIELD	DESCRIPTION
Telephone Survey	
Surveyor Identifier	Surveyor name
Provider Name	
Provider Credentials	
Provider Type	
Provider Specialty	These fields are pre-populated based on the data sample
Provider's Address	
Provider's Phone Number	
MCO	
NPI	
Survey Type	This field is pre-populated with "Traditional Survey"
Call Attempt	Surveyor selects 1st, 2nd, or 3rd call attempt
Name of Contact at Physician's Office	Surveyor documents the name of the person at the physician's office answering the survey questions
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 in the calendar icon 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:

FIELD	DESCRIPTION
	o Yes o No
If Not A Successful Contact, Reason:	If the surveyor was unable to reach the provider office or there is another reason for an unsuccessful contact, the surveyor selects 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 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. o Yes, reached office, but caller had to dial a different number for scheduler due to COVID-19 ONLY.
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 No, due to COVID-19 ONLY 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:

FIELD	DESCRIPTION
	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 calendar icon (MM/DD/YYYY).
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: o Yes o Yes, telemedicine is available within 48 hours. o No
If you are unable to give me a next available urgent care appointment with the 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 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 the date of urgent care appointment date in the calendar icon (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	
Validator Identifier	Validator name
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.

FIELD	DESCRIPTION
	o No, there was not a match. o Provider not listed in the online provider directory. *If a **corrected address** was provided during the telephone survey call, validator looked for the corrected address in the online provider directory.*
If no, what did not match?	Validator selects from the following options (multiple selections may be chosen): o Street Number o Street Name o City o State o Zip Code
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. *If a **corrected phone number** was provided during the telephone survey call, validator looked for the corrected phone number in the online provider directory.*
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 the telephone 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 Medicaid patients.
Did the online provider directory specify the ages of patients accepted by the provider?	Validator reviews the online provider directory to see if it specifies what patient ages are accepted by the provider and selects from the following options:

FIELD	DESCRIPTION
	o Yes o 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: o Yes o 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 (first 3 bullets counting towards a positive result): o Yes, no details provided o Yes, with specific details o Yes, provider stated no ADA accommodations are available o 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 calendar icon (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: o Incomplete: Survey automatically defaults to this status until complete. o Complete, No Validation Required: Call was unsuccessful. o Ready for Validation: Prompt for online provider directory validators that telephonic survey has been completed. o Validation Complete: Both telephonic survey and online provider directory validation have been completed.