



Medicaid Managed Care Organization

Network Adequacy Validation Report

**Assessing Accuracy of MCO Provider
Directories**

Measurement Year 2024

Revised November 2024

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Assessing Accuracy of MCO Primary Care Network Network Adequacy Validation Focused Review Report Measurement Year 2024

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.

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.

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 focused validations of network adequacy and access for HealthChoice enrollees.

This report identifies Qlarant’s focused study for network adequacy validation (NAV) activities conducted for measurement year (MY) 2024, which took place in June and July 2024, for all nine MCOs. MDH set an 80% minimum compliance score for the MY 2024 focused 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)
- 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 to a number of in-network primary care providers. In MY 2024, 2,026 PCPs were part of the survey sample to monitor available coverage for current HealthChoice enrollees. 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 2024 assessment, four MCOs are required to submit CAPs to Qlarant to improve compliance. The results are as follows:

- ABH is required to submit a CAP to improve the accuracy of PCPs accepting new Medicaid patients matching survey responses.
- CFCHP is required to submit a CAP to improve the accuracy of PCP's practice telephone numbers matching survey responses.

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

- KPMAS is required to submit a quarterly CAP, due to multiple years of not meeting the requirement to improve compliance with routine care appointment timeframes.
- KPMAS is required to continue to submit a quarterly CAP, due to multiple years of not meeting the requirement to improve compliance with urgent care appointment timeframes.
- KPMAS is required to submit a CAP to improve the accuracy of PCP’s practice telephone numbers matching survey responses.
- KPMAS is required to submit a CAP to improve the accuracy of PCPs accepting new Medicaid patients matching survey responses.
- WPM is required to submit a CAP to improve the accuracy of PCPs accepting new Medicaid patients matching survey responses.

Qlarant recommends CAP closures for the following MCOs, as compliance was achieved during MY 2024 validations:

Table 1. Recommended CAP Closures

MCOs	NAV Requirements
CFCHP	<i>Accuracy of Accepting New Medicaid Patients</i>
JMS	<i>Accuracy of Accepting New Medicaid Patients</i>
PPMCO	<i>Specifies Accommodations for Patients with Disabilities & Accuracy of Accepting New Medicaid Patients</i>
UHC	<i>Accuracy of Accepting New Medicaid Patients</i>
WPM	<i>Updated or Corrected Practice Locations</i>

Quality Strategy Highlights

Per the HealthChoice Quality Strategy for 2022-2024², MDH has set a task goal based on pre-Covid public health emergency aggregate performance for increasing all NAV requirements to 85% or above by MY 2024. Based upon the HealthChoice Quality Strategy, specific HealthChoice performance metrics and targets are displayed in Table 2 below.

² MDH HealthChoice Quality Strategy

Table 2. MY 2024 NAV HealthChoice Aggregate Performance Against Quality Strategy Targets

Requirement	HealthChoice Aggregate	MDH Quality Strategy Targets
Compliance with Appointment Timeframe Requirements	Minimum Compliance (80%)	MY 2024: ≥85%
Routine Care Appointment Timeframe	88%	100%
Urgent Care Appointment Timeframe	91%	93%
Compliance with Validation of Online Provider Directories	Minimum Compliance (80%)	MY 2024: ≥85%
PCP Listed in Online Directory	97%	97%
PCP’s Practice Location Matched Survey Response	93%	98%
PCP’s Practice Telephone Number Matched Survey Response	83%	96%
Specifies if PCP Accepts New Medicaid Patients & Directory Matches Survey Response	81%	80%
Specifies Age of Patient Seen	97%	100%
Specifies Languages Spoken by PCP	97%	100%
Practice States if Accommodations for Patients with Disabilities are Available	95%	100%

Source: [HealthChoice Quality Strategy](#)

In MY 2024, HealthChoice's aggregate performance exceeded the MDH-established minimum compliance threshold of 80% in each of the nine requirements. Seven of the nine requirements met or exceeded the MDH Quality Strategy goal of 85%, with *PCP’s Practice Telephone Number Matched Survey Response* falling short by two percentage points at 83% and *Specifies if PCP Accepts New Medicaid Patients & Directory Matches Survey Response* falling short by four percentage points at 81%. Two of the nine requirements met or exceeded the specific MDH Quality Strategy Targets, *PCP Listed in Online Directory* and *Specifies PCP Accepts New Medicaid Patients & Matches Survey Response*.

MY 2024 Network Adequacy Validation Activities

MDH established the following goals for MY 2024 focused NAV activities:

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

Table 3 defines MDH’s access and availability requirements, and directory requirements as outlined in the Code of Maryland Regulations (COMAR).

Table 3. Provider Directory and Access and Availability Requirements

COMAR	Standard
<p>Accuracy of Provider Directory* <i>COMAR 10.67.05.02C(1)(d)</i></p>	<p>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.</p>
<p>30-Day Non-Urgent Care Appointment <i>COMAR 10.67.05.07A(3)(b)(iv)</i></p>	<p>Requests for routine and preventative primary care appointments shall be scheduled to be performed within 30 days of the request.</p>
<p>48-Hour Urgent Care Appointment <i>COMAR 10.67.05.07A(3)(b)(iii)</i></p>	<p>Individuals requesting urgent care shall be scheduled to be seen within 48 hours of the request.</p>

*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 MY 2024 survey activities for each PCP in the sample. MY 2024 orientation training for surveyors and validators included:

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

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; and
- Correction of data collection issues.

Data Sources

Qlarant requested and received a list of contracted PCPs from each MCO. Qualifying providers for MY 2024 focused 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)
- First and Last 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 incomplete 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 158 PCPs from contiguous states:

- Delaware (21)
- District of Columbia (102)
- Pennsylvania (2)
- Virginia (20)
- West Virginia (13)

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

Sampling

The HealthChoice program network has 26,891 contracted PCPs across all nine MCOs. 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 when possible to still meet sample. 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. A total of 6,125 of the contracted PCPs across MCOs displayed a unique address.

A random sample, based on the number of contracted PCPs with unique addresses, was selected for each MCO using a 90% confidence level (CL) and a 5% margin of error. Table 4 shows the total number of contracted PCPs per MCO, total number of unique PCPs by address, and the respective sample sizes. The final sample included 2,026 PCPs.

Table 4. MY 2024 Contracted PCPs and Sample Size by MCO

MCO	Total Number of Contracted PCPs	Total Number of Unique PCPs by Address	Sample Size (90% CL +/- 5%)
ABH	1,658	805	228
CFCHP	6,619	908	246
JMS	1,081	228	202
KPMAS	381	371*	157
MPC	3,179	861	244
MSFC	1,996	510	239
PPMCO	7,309	1,031	253
UHC	874	407	207
WPM	3,794	1,004	250
Total	26,891	6,125	2,026

*Due to KPMAS’ PCP model structure, unique addresses were selected when possible.

Survey and Directory Validation Tool

The survey and directory validation tools are included in [Appendix A](#).

The telephone surveys 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:

- PCP Address
- PCP 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 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. If the first call attempt resulted in no contact with a live respondent, surveyors attempted to call again on another day and time. 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

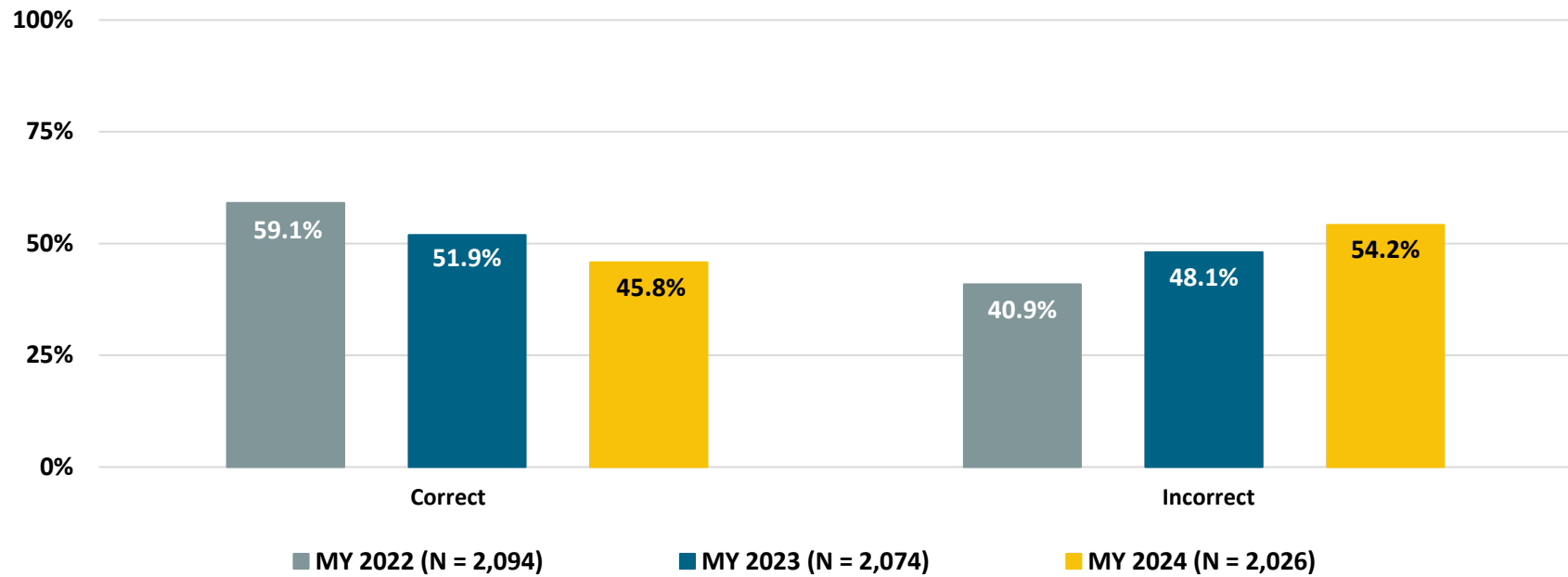
Results of the telephone and validation surveys are broken down into the following categories:

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

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 2024 demonstrated a decrease of 6.1 percentage points in the accuracy of provider contact information. There was an increase of 6.1 percentage points for incorrect provider information when compared to MY 2023 (48.1%). Incorrect provider information increased by 13.3 percentage points from MY 2022 (40.9%) to MY 2024 (54.2%).

Successful Contacts

The total successful PCP contacts are displayed in the table below.

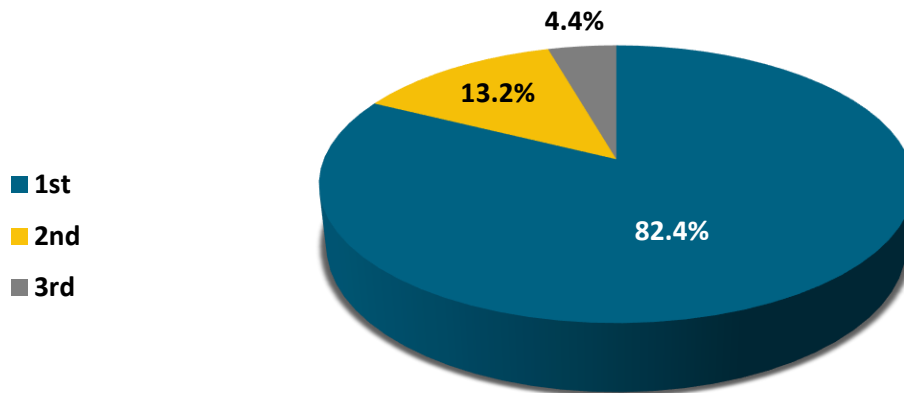
Table 5. Number of Surveys Conducted and Number of Successful PCP Contacts

Measurement Year	Total Surveys Conducted	Number of Successful Contacts	Percentage of Successful Contacts
2022	2,094	1,334	63.7%
2023	2,074	1,229	59.3%
2024	2,026	1,130	55.8%

The number of attempted PCP surveys conducted decreased from 2,074 in MY 2023 to 2,026 in MY 2024. The percentage of successful contacts decreased by 3.5 percentage points from MY 2023 (59.3%) to MY 2024 (55.8%).

Figure 2 illustrates the number of call attempts surveyors used to reach PCPs before making contact and successfully completing the survey.

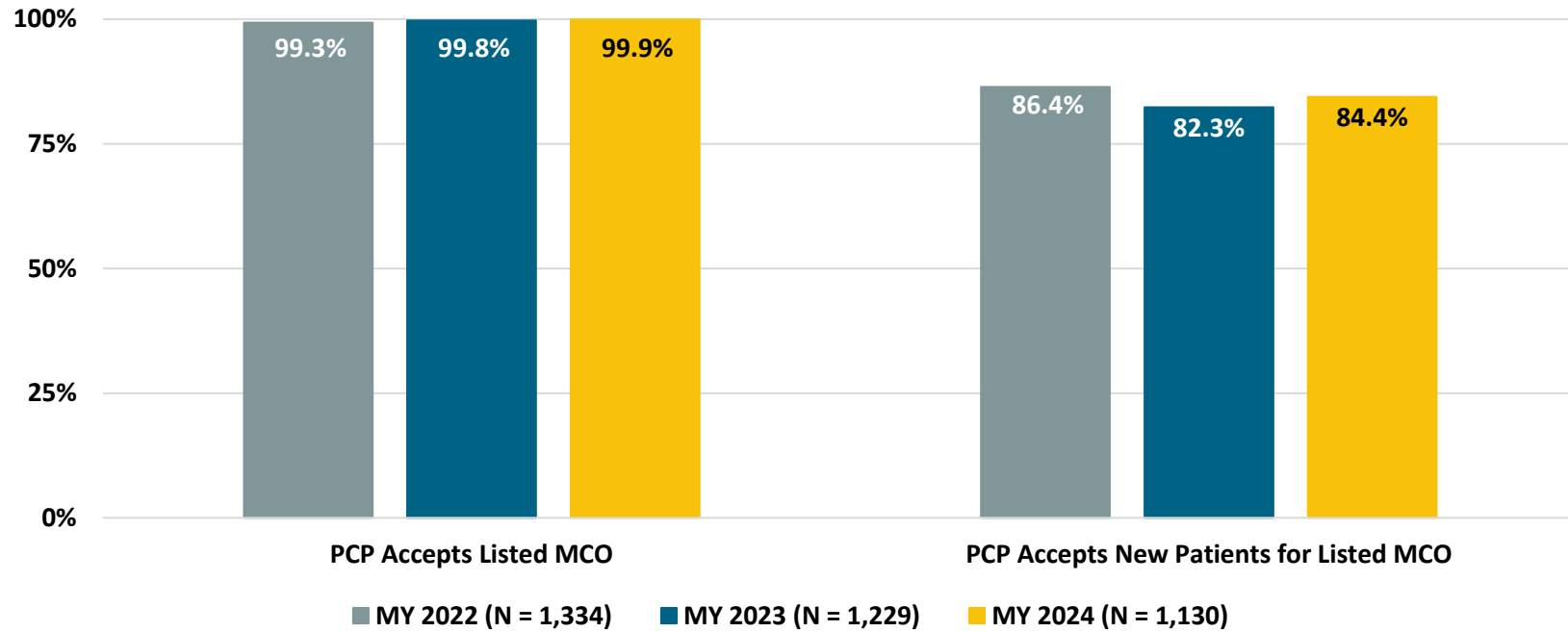
Figure 2. MY 2024 Responses by Call Attempt for Successful Contacts



Approximately 82.4% of providers were successfully contacted on the first call attempt, 13.2% on the second, and 4.2% on the third and final attempt.

The MY 2024 telephone surveys also validated whether PCPs accepted the listed MCO and new Medicaid patients. Figure 3 displays the results for these survey elements per MY.

Figure 3. PCP Affiliation & Open Access



MY 2024 results displayed a consistent pattern when compared to MY 2022 and MY 2023. In MY 2024, performance improved from MY 2023, indicating 84.4% of PCPs accepted new patients for the listed MCO; which is a 2.1 increase in percentage points from MY 2023.

Accuracy of PCP information for successful survey contacts for MY 2024 is displayed in Table 6 below.

Table 6. MY 2024 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	228	143	62.7%	139	97.2%	143	100.0%	115	80.4%
CFCHP	246	127	51.6%	123	96.9%	127	100.0%	112	88.2%
JMS	202	104	51.5%	100	96.2%	104	100.0%	89	85.6%
KPMAS	157	119	75.8%	119	100.0%	119	100.0%	95	79.8%
MPC	244	120	49.2%	117	97.5%	120	100.0%	108	90.0%
MSFC	239	137	57.3%	129	94.2%	137	100.0%	127	92.7%
PPMCO	253	107	42.3%	91	85.0%	107	100.0%	93	86.9%
UHC	207	141	68.1%	133	94.3%	141	100.0%	118	83.7%
WPM	250	132	52.8%	120	90.9%	131	99.2%	97	73.5%
Total	2,026	1,130	55.8%	1,071	94.8%	1,129	99.9%	954	84.4%

Compared to all other MCOs, contact with PPMCO’s and MPC’s providers was least likely to be successful at 42.3% and 49.2%, respectively. PPMCO also had the lowest percentage of providers with accurate addresses (85%). All nine MCOs exceeded 99% for *Acceptance of Listed MCO*. WPM and KPMAS have the lowest percentages of PCP acceptance of new Medicaid patients at 73.5% and 79.8%, respectively.

Unsuccessful Contacts

Of the 2,026 PCP surveys attempted in MY 2024, 896 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:

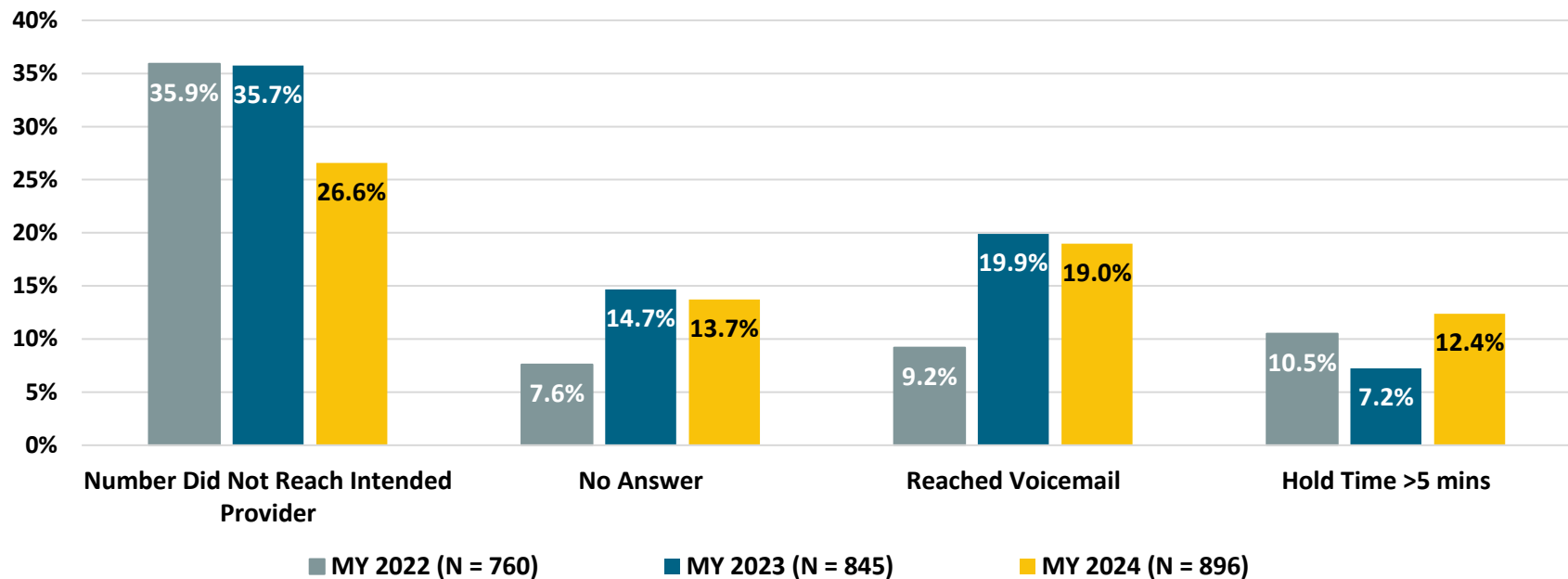
- The number did not reach the intended provider (e.g., wrong number, office closed, or provider not with practice)
- No answer
- Reached voicemail
- Hold time exceeded 5 minutes

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

The majority of the unsuccessful surveys were due to “No Contact.” Reasons for unsuccessful contacts, process descriptions, and percentages, are noted in Figure 4.

Figure 4. Unsuccessful Surveys due to “No Contact”



The most significant decrease in unsuccessful surveys due to “No Contact” was for *Number Did Not Reach Intended Provider* at 26.6%, 9.1 percentage points from MY 2023 (35.7%). However, it has been noted that MY 2024 demonstrates an increase of 5.2 percentage points for *Hold Times >5 mins*, compared to MY 2023 (7.2%).

Table 7 provides MCO-specific information regarding the “No Contact” categories.

Table 7. “No Contact” Categories by MCO

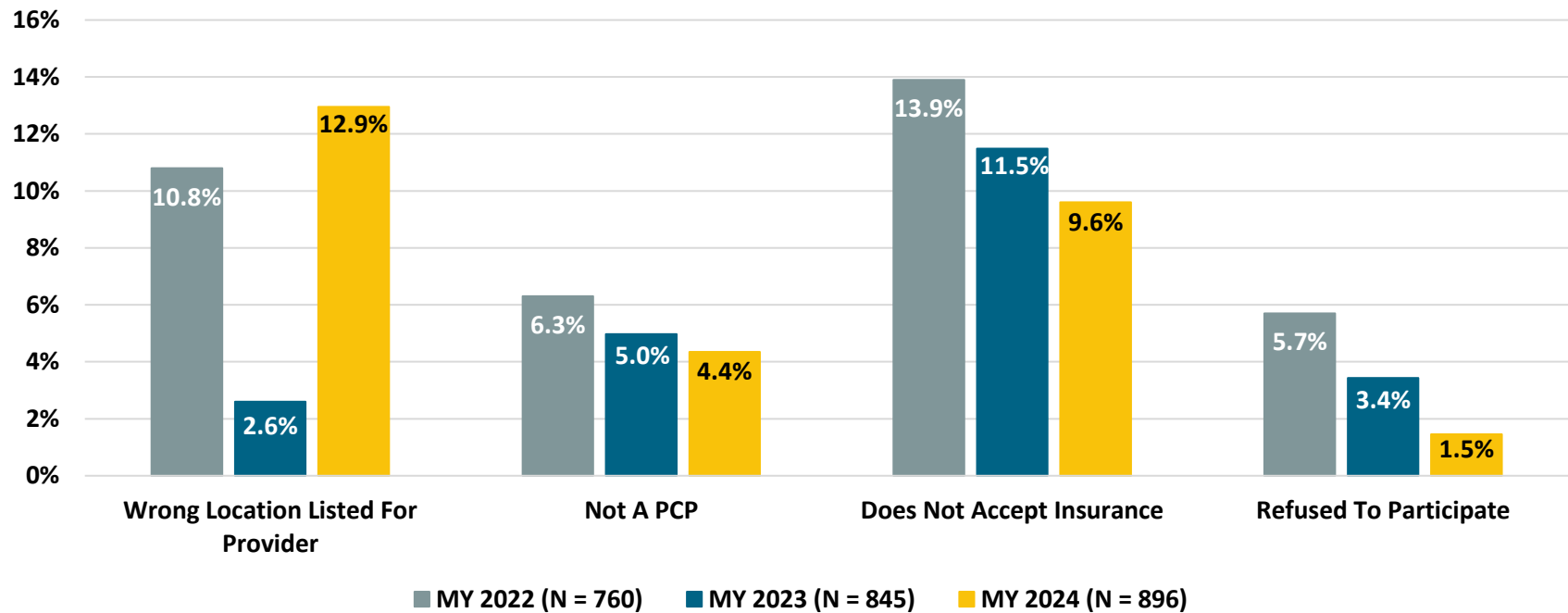
MCO	Did Not Reach Intended Provider	No Answer	Reached Voicemail	Hold Time >5 Minutes	MCO Total
ABH	24.6%	17.5%	33.3%	24.6%	57
CFCHP	37.1%	30.3%	24.7%	7.9%	89
JMS	37.3%	13.4%	23.9%	25.4%	67
KPMAS	37.0%	14.8%	14.8%	33.3%	27
MPC	30.4%	21.7%	32.6%	15.2%	92
MSFC	28.0%	18.7%	34.7%	18.7%	75
PPMCO	50.9%	17.0%	17.0%	15.1%	106
UHC	34.0%	14.9%	29.8%	21.3%	47
WPM	45.1%	17.1%	25.6%	12.2%	82
Total	37.1%	19.2%	26.5%	17.3%	642

Results indicate the most common reason for unsuccessful calls for all MCOs was due to not reaching the intended provider (37.1%). Additional findings per MCO indicate the following:

- PPMCO had the highest percentage of survey calls that were unsuccessful due to not reaching the intended provider at 50.9%, followed by WPM at 45.1%.
- CFCHP and MPC providers were more likely than other MCOs not to answer survey calls at 30.3% and 21.7%, respectively.
- ABH and MSFC providers were more likely than other MCOs to send survey calls to voicemail at 33.3% and 34.7%, respectively.
- CFCHP was less likely than other MCOs to place the surveyor on hold for more than five minutes at 7.9%. KPMAS providers had the highest rate of placing the surveyor on hold for more than five minutes at 33.3%.

Figure 5 displays the percentage of unsuccessful calls due to “PCP Response” by measurement year.

Figure 5. Unsuccessful Surveys due to “PCP Response”



Three of the four categories for unsuccessful surveys declined from MY 2023 to MY 2024. The category of unsuccessful surveys due to providers having the wrong location listed for provider increased significantly from MY 2023 (2.6%) to MY 2024 (12.9%). The category of unsuccessful surveys due to providers that were not PCPs decreased slightly from MY 2023 (5%) to MY 2024 (4.4%). The category of unsuccessful surveys due to not accepting insurance displayed a steady decline from MY 2022 (13.9%) to MY 2024 (9.6%). The decline continued for PCP offices that refused to participate, from MY 2022 at 5.7% to MY 2024 at 1.5%.

Table 8 displays unsuccessful surveys due to “PCP Response” per MCO.

Table 8. “PCP Response” per MCO

MCO	Wrong Location Listed for Provider	Not a PCP	Does Not Accept Insurance	Refused to Participate	MCO Total
ABH	75.0%	10.7%	10.7%	3.6%	28
CFCHP	53.3%	10.0%	30.0%	6.7%	30
JMS	54.8%	6.5%	35.5%	3.2%	31
KPMAS	18.2%	0.0%	81.8%	0.0%	11
MPC	40.6%	25.0%	28.1%	6.3%	32
MSFC	51.9%	33.3%	11.1%	3.7%	27
PPMCO	30.0%	10.0%	55.0%	5.0%	40
UHC	26.3%	47.4%	10.5%	15.8%	19
WPM	44.4%	2.8%	50.0%	2.8%	36
Total	45.7%	15.4%	33.9%	5.1%	254

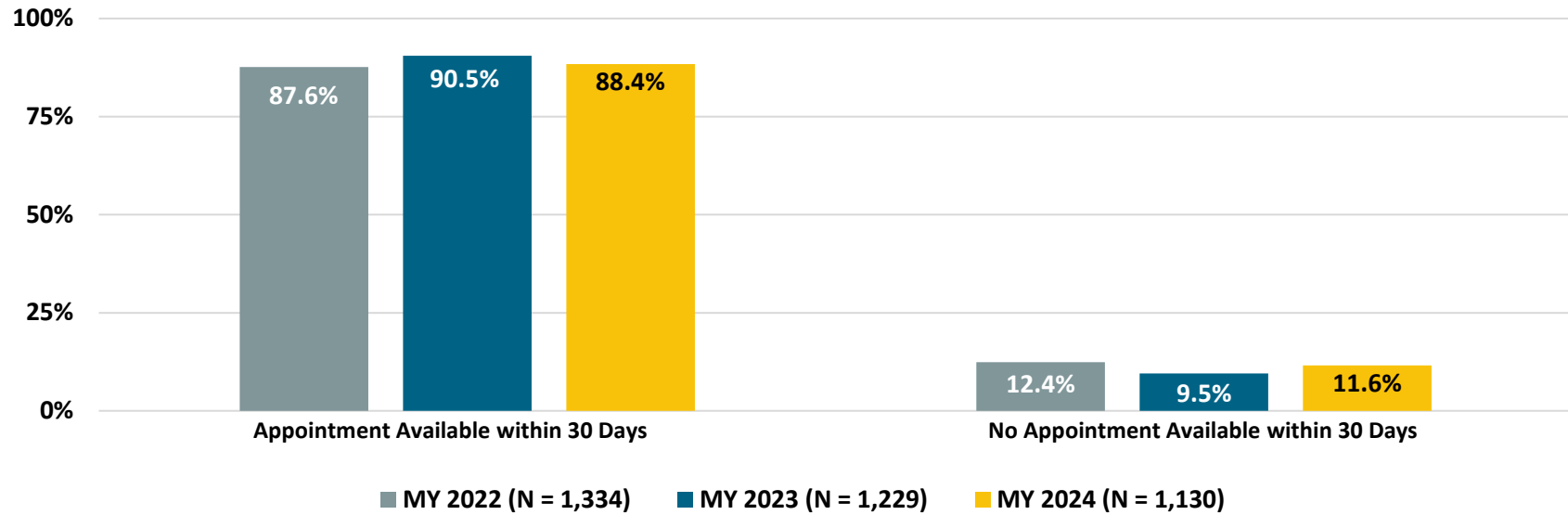
Results indicate the most common unsuccessful survey reason for “PCP Response” for all MCOs was the wrong location was listed for the provider (45.7%). Additional findings per MCO indicate the following:

- CFCHP, JMS, and MSFC were more likely than other MCOs to have the wrong location listed for the provider at 53.3%, 54.8% and, 51.9%, respectively.
- UHC was more likely than other MCOs to have a provider listed that was not a PCP at 47.4%, followed by MSFC at 33.3%.
- KPMAS was more likely than other MCOs to have PCPs not accept the MCO’s insurance at 81.8%.
- UHC was more likely than other MCOs to have PCPs refuse to participate in the survey at 15.8%.

Compliance with Routine Appointment Requirements

Survey results of PCP compliance with routine care appointment requirements are displayed in Figure 6. 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 with an alternative provider at the same location.

Figure 6. Percent of PCPs in Compliance with Routine Care Appointment Requirements

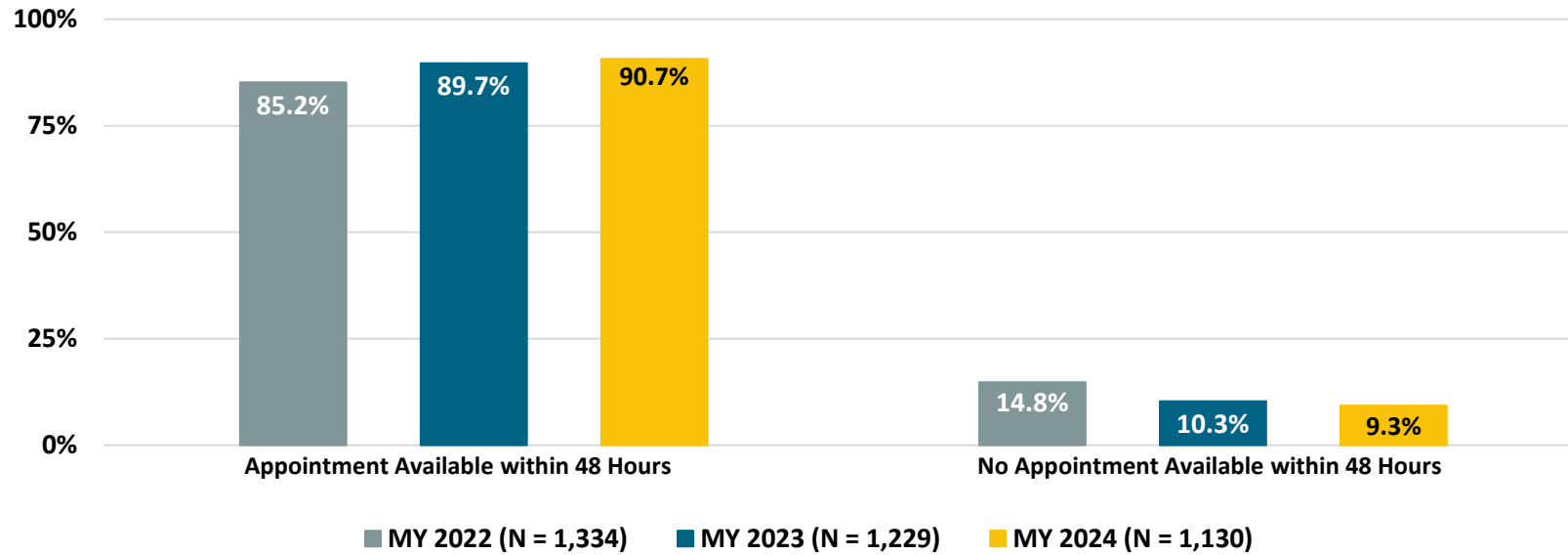


PCP compliance with routine care appointment requirements decreased by 2.1 percentage points in MY 2024 at 88.4% compared to MY 2023 at 90.5%.

Compliance with Urgent Care Appointment Requirements

Survey results for PCP compliance with urgent care appointments are displayed in Figure 7. 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 with an alternative provider at the same location.

Figure 7. Percent of PCPs in Compliance with Urgent Care Appointment Requirements



PCP compliance with urgent care appointment requirements for MY 2024 (90.7%) increased by 1 percentage point compared to MY 2023 (89.7%) and increased by 5.5 percentage points compared to MY 2022 (85.2%). MCO-specific results for compliance with routine care and urgent care appointment timeframe requirements are displayed in the tables below.

Table 9. MY 2024 MCO and HealthChoice Results for Compliance with Routine Care Appointment Timeframes (within 30 days)

Requirement	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	HealthChoice Aggregate
Compliance with Routine Care Appointment	83.9%	93.7%	91.3%	<u>75.6%*</u>	94.2%	92.7%	86.9%	87.2%	90.2%	88.4%
# of Wait Days (Average)	12	8	12	9	11	9	11	9	9	10
# of Wait Days (Range)	0-32	0-32	0-42	0-31	0-35	0-34	0-36	0-56	0-32	0-56

Underline denotes that the 80% minimum compliance score is unmet. (*) denotes quarterly CAP requirement.

Table 10. MY 2024 MCO and HealthChoice Results for Compliance with Urgent Care Appointment Timeframe (within 48 hours)

Requirement	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	HealthChoice Aggregate
Compliance with Urgent Care Appointment	91.6%	96.9%	92.3%	<u>77.3%*</u>	93.3%	89.8%	92.5%	91.5%	90.9%	90.7%
Appointment Available with Requested PCP at Same Location within 48 hours (including telemedicine)	76.2%	88.2%	83.7%	70.6%	89.2%	84.7%	81.3%	83.7%	76.5%	81.5%
Appointment Available with Another PCP at Same Location within 48 hours (including telemedicine)	15.4%	8.7%	8.7%	6.7%	4.2%	5.1%	11.2%	7.8%	14.4%	9.2%

Underline denotes that the 80% minimum compliance score is unmet. (*) denotes a quarterly CAP requirement.

Results for compliance with routine care appointment availability within 30 days averaged 88.4% and ranged from 75.6% (KPMAS) to 94.2% (MPC). All MCOs except for KPMAS met the MDH-required minimum compliance threshold (80%) for compliance with the routine care appointment timeframe. The average wait time for a routine care appointment was between eight days (CFCHP) and 12 days (ABH) and (JMS), with the average being ten days. KPMAS will be required to submit a quarterly CAP to improve compliance with the routine care appointment timeframe.

Results for compliance with urgent care appointments within 48 hours averaged 90.7% and ranged from 77.3% (KPMAS) to 96.9% (CFCHP). All MCOs, except for KPMAS, exceeded the MDH-required minimum compliance threshold (80%). KPMAS will be required to submit a quarterly 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 2024. 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.

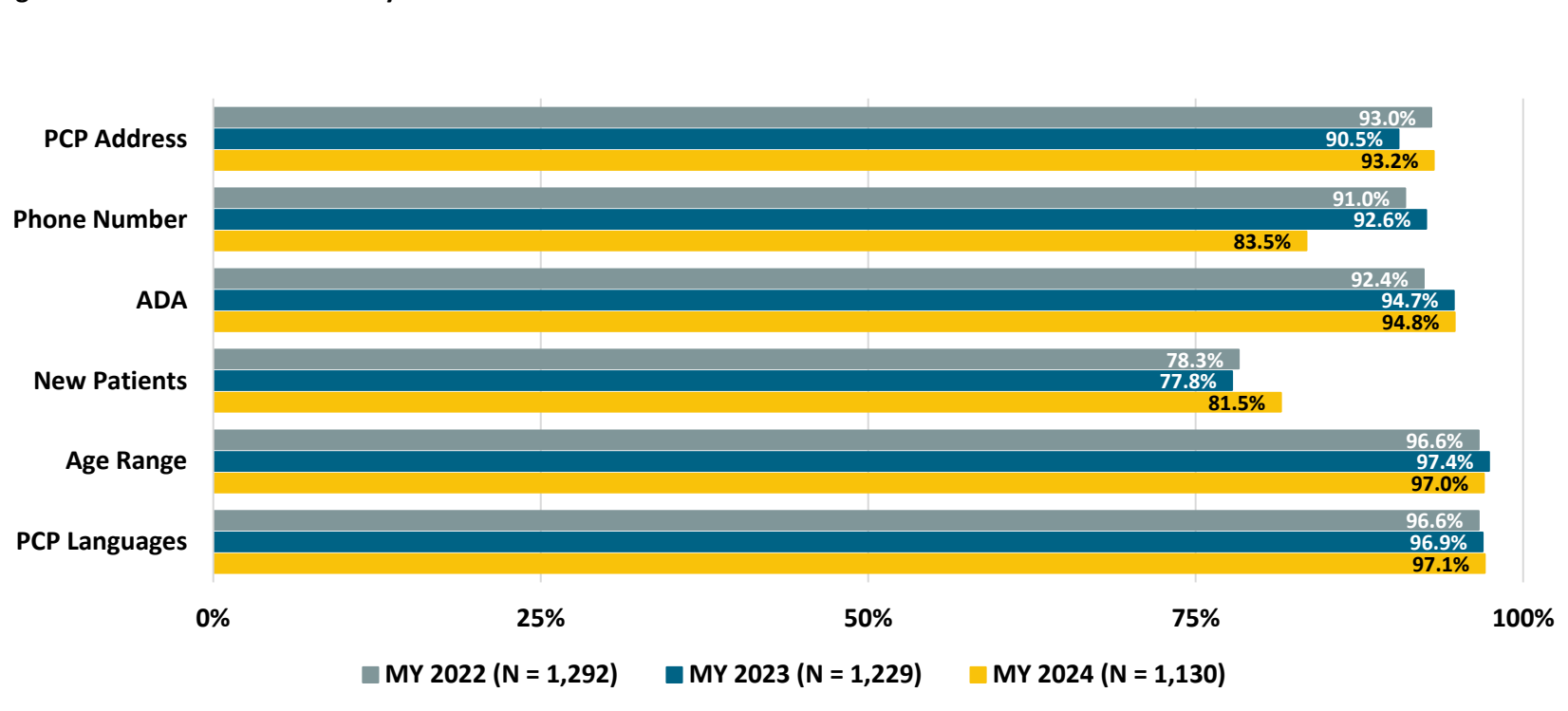
The MCOs' online provider directories demonstrated best practices including:

- Use of 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 location parameters.
- Continuing to share when provider information was last updated by adding a date stamp at the bottom of each page.

Figure 8 shows the proportion of telephone survey results matching the online provider directories by each of the review components listed above.³

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

Figure 8. Online Provider Directory Validation Results



The classification of successful telephone surveys matching the information within the online directory for MY 2024 is comparable to MY 2023 in all except one component, phone number, displaying a decline by 9.1 percentage points from MY 2023(92.6%) to MY 2024(83.5%). MY 2024 resulted in slight increases for accurate *PCP addresses* (90.5% to 93.2%), *ADA* (94.7% to 94.8%), *New Patients* (77.8% to 81.5%), and *PCP languages* (96.9% to 97.1%) compared to MY 2023.

MCO-specific results for the validation of online provider directories are displayed in Table 11.

Table 11. MY 2024 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	95.1% ↑	98.4% ↓	99.0% ↓	99.2% ↑	98.3% ↑	98.5% ↓	99.1% ↓	92.9% ↑	90.9% ↓	96.6% ↓
PCP’s Practice Location Matched Survey Response	91.6% ↑	98.4% ↑	96.2% ↓	98.3% ↓	97.5% ↑	93.4% ↓	91.6% ↓	87.9% ↑	85.6% ↑	93.2% ↑
PCP’s Practice Telephone Number Matched Survey Response	93.0% ↑	<u>78.0%</u> ↓	99.0% ↑	<u>17.6%</u> ↓	95.8% ↑	94.2% ↓	93.5% ↓	87.9% ↑	90.2% ↓	83.5% ↓
Specifies if PCP Accepts New Medicaid Patients & Directory Matched Survey Response	<u>75.5%</u> ↓	85.0% ↑	84.6% ↑	<u>78.2%</u> ↓	89.2% ↑	90.5% ↑	80.4% ↑	80.1% ↑	<u>71.2%</u> ↓	81.5% ↑
Specifies Ages of Patients Seen	94.4% ↓	98.4% ↓	99.0% ↓	99.2% ↑	98.3% ↑	98.5% ↓	99.1% ↓	92.9% ↑	93.2% ↓	96.9% ↓
Specifies Languages Spoken by PCP	95.1% ↑	98.4% ↓	99.0% ↓	99.2% ↑	98.3% ↑	98.5% ↑	100.0% ↑	92.9% ↑	93.9% ↓	97.1% ↓
Practice States if Accommodations for Patients with Disabilities are Available	92.3% ↓	98.4% ↓	99.0% ↓	99.2% ↑	98.3% ↑	97.8% ↓	88.8% ↑	92.9% ↑	87.1% ↓	94.8% ↑

Underline denotes that the 80% minimum compliance score is unmet. Green = Improvement from MY 2023, Pink = Decline from MY 2023

Validation of the MCO online provider directories demonstrates the following:

- Rates for PCPs listed in the online provider directories ranged from 90.9% (WPM) to 99.2% (KPMAS).
- Rates for PCP’s practice location match ranged from 85.6% (WPM) to 98.4% (CFCHP).
- Five out of nine MCOs’ scores failed to meet the minimum compliance in two key areas, PCPs Practice Telephone Number Matched Survey (CFCHP at 78.0% and KPMAS at 17.6%) and Specifies if PCP Accepts New Patients & Directory Matches Survey Response (ABH at 75.5%, KPMAS at 78.2%, and WPM at 71.2%).

Conclusions

The overall response rate for MY 2024 was 55.8%, which is a 3.5 percentage point decrease from MY 2023 (59.3%). MY 2024 resulted in an increase of unsuccessful contacts made to provider offices due to *hold times greater than five minutes* (12.4%) compared to MY 2023 (7.2%); however, the majority of unsuccessful contacts were related to *number did not reach intended provider* (26.6%). Seven out of nine MCOs (ABH, JMS, MPC, MSFC, PPMCO, UHC, and WPM) resulted in increases in *hold time greater than five minutes*, with JMS resulting in the most significant

increase from MY 2023 (1.9%) to MY 2024 (25.4%). CFCHP and MPC had the greatest increases in unsuccessful contacts due to “No Answer” by 10.3 and 9.9 percentage points, respectively. There was a significant increase of 10.3 percentage points in unsuccessful contacts due to “PCP’s response” of *wrong location listed for provider* from MY 2023 (2.6%) to MY 2024 (12.9%). All nine MCOs had significant increases in *wrong locations listed for provider*; however, ABH had the most significant increase of 60 percentage points from MY 2023 (15.0%) to MY 2024 (75.0%). Seven of nine MCOs (CFCHP, JMS, MPC, MSFC, PPMCO, UHC, and WPM) had a decrease in successful contacts from MY 2023 to MY 2024 with MPC resulting in the most significant decrease of 16.2 percentage points (65.4% in MY 2023 to 49.2% in MY 2024).

Compliance with routine and urgent care appointment requirements is consistent from MY 2022 to MY 2024. One of nine MCOs (KPMAS) did not meet the 80% minimum compliance score for routine and urgent care appointments; 75.6% for compliance with routine urgent care appointments and 77.3% for compliance with urgent care appointments.

Online provider directory validation results are consistent from MY 2022 to MY 2024. There was a decrease of 9.1 percentage points for *phone number* and an increase of 3.7 percentage points for *new patients* from MY 2023 to MY 2024 (92.6% to 83.5% and 77.8% to 81.5%, respectively). Five of nine MCOs (JMS, MPC, MSFC, PPMCO, and UHC) met the 80% minimum compliance for all online provider directory validation 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 2024 NAV activity include:
 - An increase in the likelihood that enrollees will not reach the intended PCP due to hold times that are greater than five minutes or numbers not reaching the intended providers.
 - An increase in the likelihood that enrollees will not receive the accurate location 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, schedule timely appointments, and providing PCPs within an adequate service area. Areas of impact during the MY 2024 NAV activity include:
 - Increased availability of network PCPs in neighboring states, such as Delaware, Pennsylvania, DC, Virginia, and West Virginia.
 - Increased accuracy of location information within online provider directories.
- **Timeliness** - MCOs must ensure that the network of PCPs is adequately supporting enrollees through the availability of routine and urgent care appointment times. Areas of impact during the MY 2024 NAV activity include:
 - An increase in the likelihood that enrollees will be able to schedule a routine care appointment within 30 days.
 - 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 2024 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. Provide the customer service department's telephone number or a scheduling assistance telephone number on each directory page for member reference.
- 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 contacts due to hold times being greater than five minutes and the majority of unsuccessful contacts being due to numbers not reaching the intended providers.
- Review and address root causes of the increase in unsuccessful contacts due to PCP offices' responses of *Wrong Location Listed for Provider*.
- 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 remained above the 80% threshold established by MDH by 3.9 to 11.6 percentage points; however, both scores have declined in comparison to MY 2023. ABH is encouraged to monitor requirements to ensure continued compliance in MY 2025.

ABH is encouraged to review and address root causes for the significant increase in "No Contact" due to *Reached Voicemail* (33.3%) and *Hold Time Greater than Five Minutes* (24.6%).

ABH is encouraged to review and address root causes for having the most significant increase in "PCP Response" for *Wrong Location Listed for Provider* by 60 percentage points.

ABH's performance has declined in the following provider directory requirements compared to MY 2023:

- *Directory Specifies PCP Accepts New Medicaid Patients and Matched Survey Response (75.5%)* declined by 6.4 percentage points from MY 2023 (81.9%).

To achieve compliance in the MY 2025 validations, ABH 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. ABH should consider reviewing the root causes for the decline in performance and address the identified issues to improve performance.

CFCHP's Strengths, Opportunities, and Recommendations

After implementing corrective action for MY 2023, CFCHP improved the accuracy of accepting new Medicaid patients by 19.9 percentage points (65.1% in MY 2023 to 85.0% in MY 2024).

CFCHP's scores for compliance with routine and urgent care appointment timeframes remained above the 80% threshold established by MDH by 13.7 and 16.9 percentage points, respectively.

CFCHP demonstrated an increase in the unsuccessful call categories "no answer" (20% in MY 2023 to 30.3% in MY 2024) and "wrong location listed for provider" when comparing MY 2023 to MY 2024 (0% in MY 2023 to 53.3% in MY 2024) results and is encouraged to review and address root causes for the decline in performance.

CFCHP's performance has declined in the following provider directory requirements compared to MY 2023:

- *PCP's Practice Telephone Number Matches Survey Response (78%)* declined by 14.6 percentage points from MY 2023 (92.6%).

To achieve compliance in the MY 2025 validations, CFCHP must submit a CAP to address the following:

- Ensure PCP's telephone numbers are accurate and updated in the online provider directory to improve enrollee access to contacting PCPs. CFCHP should consider reviewing the root causes for the decline in performance and address the identified issues to improve MY 2025 performance.

JMS' Strengths, Opportunities, and Recommendations

After implementing corrective action for MY 2023, JMS improved the accuracy of *accepting new Medicaid patients* by 12.3 percentage points (73.3% in MY 2023 to 85.6% in MY 2024).

JMS' scores for compliance with routine and urgent care appointment timeframes exceeded the 80% minimum compliance threshold established by MDH (91.3% and 92.3%, respectively). All online provider directory validations are comparable to MY 2023 and have exceeded the 80% minimum compliance threshold, therefore no CAP is required.

KPMAS' Strengths, Opportunities, and Recommendations

KPMAS' results for the Unsuccessful Contact categories *Wrong Location Listed for Provider* and *Does Not Accept Insurance* increased from 0% in MY 2023 to 18.2% in MY 2024 and 68.8% in MY 2023 to 81.8% in MY 2024, respectively.

Despite KPMAS' improvement with routine care appointment timeframes (68.0% for MY 2023 to 75.6% for MY 2024), the scores for routine and urgent care appointment timeframes remain below the 80% minimum compliance threshold established by MDH. To achieve compliance in the MY 2025 validations, KPMAS must submit quarterly CAPs 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 must review the root causes for the decline in performance and address the identified issues to improve performance.

KPMAS' scores for *PCP's Practice Telephone Number Matched Survey Response* and *Specifies PCP Accepts New Medicaid Patients & Matched Survey Response* decreased by 68.8 and 2.4 percentage points, respectively. To achieve compliance in the MY 2025 validations, KPMAS must submit CAPs to address the following:

- Ensure PCP's telephone numbers are accurate and updated in the online provider directory to improve enrollee access to contacting PCPs. KPMAS should consider reviewing the root causes for the decline in performance and address the identified issues to improve performance. Based on the survey information, all incoming calls are triaged through a call center instead of being directed to specific provider offices. KPMAS should consider if this infrastructure is the best practice for enrollees and potential new enrollees to navigate in order to access care.
- 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. KPMAS should consider reviewing the root causes for the decline in performance and address the identified issues to improve performance.

MPC's Strengths, Opportunities, and Recommendations

MPC improved or maintained all "Accuracy of PCP Information" components from MY 2023 to MY 2024. MPC had increases in unsuccessful contacts due to *No Answer* and *Hold Times Greater Than Five Minutes* by 9.9 and 13.7 percentage points, respectively. MPC is encouraged to review the root causes for the increase in these "No Contact" unsuccessful survey categories. MPC had an increase in *Wrong Location Listed for Provider*, from MY 2023 at 12.5% to MY 2024 at 40.6%, and *Providers Not a PCP* increasing 6.3% in MY 2023 to 25.0% in MY 2024.

Compliance with routine and urgent care appointment timeframes exceeded the 80% minimum compliance threshold established by MDH by 14.2 and 13.3 percentage points, respectively. All online provider directory validations are comparable to MY 2023 and have exceeded the 80% minimum compliance threshold, therefore no CAP is required.

MSFC's Strengths, Opportunities, and Recommendations

MSFC's scores for all components of "Accuracy of PCP Information" are comparable to MY 2023. There was a significant increase in *Wrong Location Listed for Provider* from 13.3% in MY 2023 to 51.9% in MY 2024. MSFC should consider reviewing the root causes for the increase in "PCP Response" reasons for unsuccessful surveys and address the identified issues to improve performance.

MSFC exceeded the minimum compliance timeframe for routine and urgent care appointments by 12.7 and 9.8 percentage points, respectively. MSFC's scores for online provider validations all exceeded the 80% minimum compliance threshold established by MDH, therefore no CAP is required.

PPMCO's Strengths, Opportunities, and Recommendations

After implementing corrective action for MY 2023, PPMCO improved the accuracy of accepting new Medicaid patients by 12 percentage points and PCPs specifying if accommodations for patients with disabilities are available by 11.6 percentage points exceeding the 80% minimum compliance threshold established by MDH.

PPMCO's scores for *Wrong Location Listed for Provider* significantly increased from MY 2023 (6.5%) to MY 2024 (30.0%). PPMCO is encouraged to review the root causes of the increase.

Compliance with routine and urgent care appointment timeframes exceeded the 80% minimum compliance threshold established by MDH by 6.9 and 12.5 percentage points, respectively. All online provider directory validations have exceeded the 80% minimum compliance threshold, therefore no CAP is required.

UHC's Strengths, Opportunities, and Recommendations

After implementing corrective action for MY 2023, UHC improved the accuracy of accepting new Medicaid patients by 5.7 percentage points exceeding the 80% minimum compliance threshold established by MDH.

UHC is encouraged to review and address the root cause for the significant increase in "No Contact" due to *Refused to Participate* from MY 2023 (0%) to MY 2024 (15.8%).

UHC's scores for compliance with routine and urgent care timeframes remained above the 80% minimum threshold established by MDH by 7.2 to 11.5 percentage points; however, both scores declined slightly in comparison to MY 2023 and UHC is encouraged to monitor requirements to ensure it continues to meet compliance requirements for MY 2025. All online provider directory validations have exceeded the 80% minimum compliance threshold, therefore no CAP is required.

WPM's Strengths, Opportunities, and Recommendations

After implementing corrective action for MY 2023, WPM improved the accuracy of PCP addresses by 11.3 percentage points exceeding the 80% minimum compliance threshold established by MDH.

Compliance with routine and urgent care appointment timeframes exceeded the 80% minimum compliance threshold established by MDH by 10.2 and 10.9 percentage points, respectively.

WPM's scores for "Accuracy of accepting new Medicaid patients" decreased in MY 2024 (73.5%) by 12.6 percentage points from MY 2023 (86.1%). WPM is recommended to review the root causes for the decline in performance and address the identified issues to improve performance.

WPM's score for the provider directory validation requirement *Specifies if PCP Accepts New Medicaid Patients & Directory Matched Survey Response* (71.2%) fell below the MDH-established minimum compliance threshold by 8.8 percentage points. To achieve compliance in MY 2025, WPM 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. WPM should consider reviewing the root causes for the decline in performance and address the identified issues to improve performance.

MDH Recommendations

Considering the results for measures of quality, access, and timeliness of care for the contracted MCOs, Qlarant developed the following recommendations for MDH:

- Continue to 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 the use of urgent care and emergency department services, and review utilization trends 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

2024 PCP Survey Validation Tool

FIELD	DESCRIPTION
Telephone Survey	
Surveyor Identifier	Surveyor name
Provider Name	These fields are pre-populated based on the data sample
Provider Credentials	
Provider Type	
Provider Specialty	
Provider’s Address	
Provider’s Phone Number	
MCO	
NPI	
Survey Type	This field is pre-populated with “Traditional Survey”
Call Attempt	Surveyor selects 1 st , 2 nd , or 3 rd 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
Date/Time of Call	Surveyor will enter the MM/DD/YYYY in the calendar icon during current call attempt
Call Attempt Comments	Surveyor uses the comment box to make internal notes only related to call attempts.
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?	Surveyor selects an option from the following options: <ul style="list-style-type: none"> <input type="radio"/> Yes, pre-populated address is correct. <input type="radio"/> No, pre-populated address is not correct, no correct address provided. <input type="radio"/> No, pre-populated address is not correct, correct address provided.
If Corrected Address Given:	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: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to confirm acceptance of the listed insurance

FIELD	DESCRIPTION
Is This A Successful Contact?	Surveyor notes whether they successfully reached a respondent at the provider office by selecting from the following options: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
If Not A Successful Contact, Reason:	If the surveyor was unable to reach the provider office or there is another reason for an unsuccessful contact, the surveyor selects a reason from the following options: <ul style="list-style-type: none"> <input type="radio"/> Wrong number <input type="radio"/> Not a Primary Care Provider <input type="radio"/> Refused to participate in survey <input type="radio"/> Office permanently closed <input type="radio"/> No answer or phone not in service <input type="radio"/> Prompted to leave message <input type="radio"/> Hold time greater than 5 minutes <input type="radio"/> Provider not with this practice <input type="radio"/> Provider at other address <input type="radio"/> Provider doesn't take listed insurance <p>Once one of the above options is selected, the survey ends. Surveyor changes Survey Status at end of tool to: <i>Complete – no validation required.</i></p>
Were you able to reach the provider office with pre-populated phone information?	Surveyor selects from the following options: <ul style="list-style-type: none"> <input type="radio"/> Yes, pre-populated phone number is correct. <input type="radio"/> Yes, reached office, but caller was transferred to another department and/or scheduler. <input type="radio"/> Yes, reached office, but caller had to dial a different number for scheduler. <input type="radio"/> 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: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, due to COVID-19 ONLY <input type="radio"/> Unable to answer question

FIELD	DESCRIPTION
<p>Can you provide me with the next available routine appointment date?</p>	<p>Surveyor selects from the following options in the drop-down menu:</p> <ul style="list-style-type: none"> ○ 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, telemedicine is available with the requested provider within 30 days. ○ Yes, telemedicine is available with an alternative provider within 30 days. ○ Yes, PCP appointment was available at a different service location with the requested provider within 30 days. ○ No, no appointment available.
<p>What is the next available routine or non-urgent appointment date?</p>	<p>Surveyor enters the date of next available routine/non-urgent appointment date in calendar icon (MM/DD/YYYY).</p>
<p>Can you give me the next available urgent care appointment with this provider <u>within 48 hours?</u></p>	<p>Surveyor selects from the following options in the drop down menu:</p> <ul style="list-style-type: none"> ○ Yes ○ Yes, telemedicine is available within 48 hours. ○ No
<p>If you are unable to give me the 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?</p>	<p>Surveyor selects from the following options in the drop down menu:</p> <ul style="list-style-type: none"> ○ Yes ○ Yes, telemedicine is available within 48 hours. ○ No
<p>What is the date of the next available urgent care appointment?</p>	<p>If yes is selected, surveyor enters the date of urgent care appointment date in the calendar icon (MM/DD/YYYY).</p>
<p>If you still could not give me an urgent care appointment, what other options could you offer?</p>	<p>Surveyor selects from the following options (multiple selections may be chosen):</p> <ul style="list-style-type: none"> ○ Go to Urgent Care Facility ○ Go to nearest Emergency Services ○ Go to Urgent Care Facility and nearest Emergency Services ○ Did not provide another option
<p>Online Provider Directory Validation</p>	
<p>Validator Identifier</p>	<p>Validator name</p>

FIELD	DESCRIPTION
<p>Did the pre-populated or corrected address in this tool <u>match</u> the address listed in the online provider directory?</p>	<p>Validator compares the pre-populated or correct address to address in MCO’s online provider directory. Surveyor selects from the following options:</p> <ul style="list-style-type: none"> ○ Yes, pre-populated or corrected address matches the online provider directory address. ○ No, there was not a match. ○ Provider not listed in the online provider directory. <p><i>If a corrected address was provided during the telephone survey call, validator looked for the corrected address in the online provider directory.</i></p>
<p>If no, what did not match?</p>	<p>Validator selects from the following options (multiple selections may be chosen):</p> <ul style="list-style-type: none"> ○ Street Number ○ Street Name ○ City ○ State ○ Zip Code
<p>Did the provider office phone number (pre-populated or number provided) <u>match</u> the phone number listed in the online provider directory?</p>	<p>Validator compares the pre-populated or corrected phone number to the phone number listed in the online provider directory. Validator selects from the following options:</p> <ul style="list-style-type: none"> ○ Yes, the pre-populated or corrected phone number matches the online provider directory phone number. ○ No, there was not a match. ○ Online provider directory did not list provider’s phone number. <p><i>If a corrected phone number was provided during the telephone survey call, validator looked for the corrected phone number in the online provider directory.</i></p>
<p>Did the survey response to “are you accepting new Medicaid patients for the Listed MCO” match what is specified in the online provider directory?</p>	<p>Validator reviews the online provider directory to see if it indicates if the provider is accepting new patients and compares the directory information to the answer provided by the respondent during the telephone survey.</p> <p>Validator selects from the following options:</p> <ul style="list-style-type: none"> ○ Yes, the survey response matches the information in the online provider directory. ○ No, the survey response did not match the information in the online provider directory. ○ Survey respondent was unable to answer whether or not the provider accepted new Medicaid patients.

FIELD	DESCRIPTION
<p>Did the online provider directory specify the ages of patients accepted by the provider?</p>	<ul style="list-style-type: none"> ○ Online provider directory did not specify whether the provider accepted new Medicaid patients. <p>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:</p> <ul style="list-style-type: none"> ○ Yes ○ No
<p>Did the online provider directory specify the languages spoken by provider?</p>	<p>Validator reviews the online provider directory to see if it specifies what languages are spoken by provider and then selects from the following options:</p> <ul style="list-style-type: none"> ○ Yes ○ No
<p>Did the online provider directory specify whether the practice is accessible for patients with disabilities?</p>	<p>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):</p> <ul style="list-style-type: none"> ○ Yes, no details provided ○ Yes, with specific details ○ Yes, provider stated no ADA accommodations are available ○ No, ADA information is not reported or blank
<p>Specific ADA-accessible details identified.</p>	<p>Validator lists the accessibility details provided in the online directory. For example: Exam rooms, ramps, bathrooms, elevators.</p>
<p>Online Directory Validation Date</p>	<p>Validator enters the date of completed online directory validation in calendar icon (MM/DD/YYYY).</p>
<p>Survey Status</p>	<p>Survey Status is changed to one of the following options upon completion of the telephonic survey portion and/or the online provider directory validation:</p> <ul style="list-style-type: none"> ○ Incomplete: Survey automatically defaults 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.