



Maryland
DEPARTMENT OF HEALTH



**Maryland HealthChoice Program
Network Adequacy Validation Report
Measurement Years 2024 and 2025**

Revised January 2026

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Maryland HealthChoice Program

Network Adequacy Validation

Executive Summary

Introduction

The Maryland Department of Health (MDH) is responsible for evaluating the quality of care provided to eligible enrollees by contracted managed care organizations (MCOs) through the Maryland Medicaid Managed Care Program, known as HealthChoice. HealthChoice operates under a Centers for Medicare & Medicaid Services (CMS) 1115 waiver of the Social Security Act and Code of Maryland Regulations (COMAR) to serve Marylanders on Medicaid. Guiding principles for HealthChoice’s operations are to provide quality healthcare that is equitable, patient-focused, prevention-oriented, coordinated, accessible, and cost-effective.

HealthChoice emphasizes health promotion and disease prevention. The program requires the provision of health education and outreach services 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 and COMAR. MDH contracts with Qlarant to meet federal regulations and evaluate quality, access, and timeliness of care for HealthChoice enrollees through focused validations of network adequacy (NAV).

In February 2023, CMS issued a new external quality review (EQR) protocol to assess MCO compliance with state and federal network adequacy standards: *Protocol 4, Validation of Network Adequacy*¹. This new protocol states that MCOs must maintain provider networks that are sufficient to provide timely and accessible care to Medicaid enrollees across the continuum of care. Prior to the implementation of CMS Protocol 4, MDH elected to conduct focused validation activities to assess network adequacy through revealed shopper telephone surveys and online provider directory validations. However, in May 2024, CMS issued the Medicaid Program; Medicaid and Children’s Health Insurance Program (CHIP)

¹ [CMS EQRO Protocols](#)

Managed Care Access, Finance, and Quality Final Rule (CMS-2439-F; RIN 0938-AU99²); this rule indicates that states must implement a secret shopper program and secret shopper provider directory validation by July 10, 2028. MDH is currently working towards the implementation of these new requirements by planning for the transition from a revealed shopper survey to a secret shopper survey.

The NAV activities for measurement year (MY) 2024's provider-to-enrollee ratios, time and distance standards, and MY 2025's telephone survey and provider directory validations have been combined into a comprehensive report. No MCOs were exempt from these tasks; therefore, Qlarant evaluated and assessed the following nine MCOs contracted to provide services in this report:

- Aetna Better Health of Maryland (ABH)
- CareFirst BlueCross BlueShield 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 Maryland (WPM)

Key Findings

MY 2024 is the first remeasurement period after MY 2023's baseline study for assessing provider-to-enrollee ratios and time and distance standards. A validation rating for each MCO was assigned to individual indicators, ranging from *No Confidence* to *High Confidence*.

Provider-to-Enrollee Ratios. MY 2024's activities observed the following about each MCO's indicator performance for provider-to-enrollee ratios:

- **ABH:** All required and additional indicators achieved a validation rating of *High Confidence* with a validation score of 100%.
- **CFCHP:** One of the two required indicators, PCP, achieved a validation rating of *High Confidence* with a validation score of 100%. The second required indicator, Pediatric PCP, achieved a validation rating of *Low Confidence* with a validation score of 50%. CFCHP submitted Pediatric PCP ratios of zero despite the enrollment file and provider file containing eligible counts. Three of the additional indicators (PCP subspecialties) achieved a validation rating of *High Confidence* with a validation score of 100%. The remaining seventeen additional

² [Medicaid Program; Medicaid and Children's Health Insurance Program \(CHIP\) Managed Care Access, Finance, and Quality: A Rule by the Centers for Medicare & Medicaid Services on 05/10/2024.](#)

indicators Obstetrics (OB)/Gynecology (GYN), Core Specialists, Major Specialists, Other Specialists) achieved a validation rating of *Moderate Confidence* with a validation score of 53.3%. The total enrollee counts CFCHP used to calculate the ratios for these specific specialties were less than the total enrollee counts that should have been used..

- **JMS:** All required and additional indicators achieved a validation rating of *High Confidence* with a validation score of 100%.
- **KPMAS:** All required indicators achieved a validation rating of *High Confidence* with a validation score of 100%.
- **MPC:** All required and additional indicators achieved a validation rating of *High Confidence* with a validation score of 100%.
- **MSFC:** All required and additional indicators achieved a validation rating of *High Confidence* with a validation score of 100%.
- **PPMCO:** One of the two required indicators, PCP, achieved a validation rating of *High Confidence* with a validation score of 100%. The second required indicator, Pediatric PCP, achieved a validation rating of *Moderate Confidence* with a validation score of 62.5%. After reviewing PPMCO’s submitted documentation, analysts determined that the total enrollee count remained the same for every provider type (i.e., adults were included in the counts focusing on the pediatric PCPs and specialties and all males were included in specialties focused on women’s health).
- **UHC:** All required and additional indicators achieved a validation rating of *High Confidence* with a validation score of 100%.
- **WPM:** One of the two required indicators, Pediatric PCP, achieved a validation rating of *High Confidence* with a validation score of 100%. The second required indicator, PCP, was not reported and could not be validated for all other PCPs not exclusively identified as Pediatric PCPs. One PCP subspecialty, Family/General Practitioners, was identified and achieved a validation rating of *High Confidence* with a validation score of 100%. All other additional indicators achieved a validation rating of *High Confidence* with a validation score of 100%.

Table 1. Validation Results for Provider-to-Enrollee Ratios

Validation Ratings	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Total Indicators Identified	28	22	33	2	26	28	26	22	26
High Confidence (90.0% to 100%)	28	4	33	2	26	28	21	22	25
Moderate Confidence (51.0% to 89.9%)	0	17	0	0	0	0	5	0	0
Low Confidence (10.0% to 50.9%)	0	1	0	0	0	0	0	0	0
No Confidence (0.0% to 9.9%)	0	0	0	0	0	0	0	0	0
Could Not Be Validated	0	0	0	0	0	0	0	0	1

Time and Distance Standards. MY 2024’s activities observed the following about each MCO’s indicator performance for time and distance standards:

- **ABH:** All required and additional indicators achieved a validation rating of *High Confidence* with a validation score of 100%.

- **CFCHP:** Fifty-four of the 75 required indicators achieved a validation rating of *High Confidence* with a validation score of 100%. The remaining 21 required indicators (Pediatric PCP, Prenatal Providers, OB/GYN, Pediatric Specialties) achieved a validation rating of *Moderate Confidence* with a validation score of 64.7%. Analysts identified that monitoring activities for these indicators looked at the entire enrollee population instead of the pediatric population and women’s population, respectively. Further follow-up determined this methodology was intentional by the MCO to ensure adequate coverage.
- **JMS:** All required indicators achieved a validation rating of *High Confidence* with a validation score of 100%. The additional indicators (Hematology/Oncology/Radiation Oncology, Podiatry) could not be validated. JMS monitored these provider types and reported a percentage for compliance, but did not provide the time or distance metrics such as, average or maximum time and distance.
- **KPMAS:** All required and additional indicators achieved a validation rating of *High Confidence* with a validation score of 100%.
- **MPC:** All required and additional indicators achieved a validation rating of *High Confidence* with a validation score of 100%.
- **MSFC:** All required and additional indicators achieved a validation rating of *High Confidence* with a validation score of 100%.
- **PPMCO:** Sixty of the 75 required indicators achieved a validation rating of *High Confidence* with a validation score of 100%. The remaining 15 required indicators (Pediatric PCP Pediatric Specialties) achieved a validation rating of *Moderate Confidence* with a validation score of 62.5%. Analysts identified that monitoring activities for these indicators looked at the entire enrollee population instead of the pediatric population. All additional indicators achieved a validation rating of *High Confidence* with a validation score of 100%.
- **UHC:** All required indicators achieved a validation rating of *High Confidence* with a validation score of 100%.
- **WPM:** Seventy-two of the 75 required indicators achieved a validation rating of *High Confidence* with a validation score of 100%. The other three required indicators, PCP, were not reported as a consolidated group and could not be validated. Two PCP subspecialties (Family/General Practitioners and Internal Medicine) were identified and their six indicators achieved a validation rating of *High Confidence* with a validation score of 100%. All other additional indicators achieved a validation rating of *High Confidence* with a validation score of 100%.

Table 2. Validation Results for Time and Distance Standards

Validation Ratings	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Total Indicators Identified	81	84	54	78	81	84	78	75	84
High Confidence (90.0% to 100%)	81	63	50	78	81	84	63	75	81
Moderate Confidence (51.0% to 89.9%)	0	21	0	0	0	0	15	0	0
Low Confidence (10.0% to 50.9%)	0	0	0	0	0	0	0	0	0
No Confidence (0.0% to 9.9%)	0	0	0	0	0	0	0	0	0

Validation Ratings	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Could Not Be Validated	0	0	4	0	0	0	0	0	3

Telephone Surveys and Provider Directory Validations. Qlarant evaluated network adequacy against COMAR standards to ensure timely access to necessary care and in-network providers. MY 2025’s sample included 2,060 PCPs to monitor available coverage for current HealthChoice enrollees. Successful contact yielded a response rate of 61.6%, which represents 1,268 PCPs. Qlarant surveyors verified:

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

MDH established MY 2025’s minimum compliance scores as 80% to ensure MCOs are complying with all state and federal regulations. MCOs not achieving the minimum compliance score are required to submit a corrective action plan (CAP), which details proposed actions to correct any deficiencies identified during MY 2025 NAV activities. Required CAPs for the accuracy of online provider directories or compliance with routine and urgent care appointment timeframes addressed areas of noncompliance and were calculated by individual requirements. Five MCOs (ABH, JMS, KPMAS, UHC, and WPM) should improve compliance rates with successfully implemented CAPs. The following tables identify the number of quarterly and annual CAPs required by each MCO compared to the number of CAPs reviewed, with those successfully closed, and identify any remaining CAP opportunities.

Table 3. MY 2025 Total CAP Comparison per MCO

MCO CAP Requirements	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Total Annual MY 2025 CAPs Required	0	0	1	0	0	0	2	1	0
Total Annual MY 2024 CAPs Closed	1*	1	0	1*	0	0	0	0	1*
MY 2024 to MY 2025 CAP Comparison	∅	↓	↑	∅	∅	∅	↑	↑	∅
Total Quarterly MY 2025 CAPs Required	1	0	0	2	0	0	0	0	0
Total Quarterly MY 2024 CAPs Closed	0	0	0	0	0	0	0	0	1
Remaining Quarterly CAP Opportunities	↑	∅	∅	↑	∅	∅	∅	∅	↑

Green and ↓ = positive improvement (decrease in CAPs); Pink and ↑ = negative increase in CAPs; White and ∅ = no change in required CAPs.

*Indicates annual CAP progressed to a quarterly CAP.

Quality Strategy Highlights

MDH aims to deliver high quality, accessible care to managed care enrollees. To achieve this goal, MDH developed a framework to focus quality improvement efforts for the HealthChoice program. MDH established task goals in the HealthChoice Quality Strategy for 2022-2024.

MDH's task goal is meeting time and distance standards per COMAR regulation 10.67.05.06A for MY 2024. Eight of the nine MCOs scored validation ratings of *Moderate Confidence* and *High Confidence*, indicating the likelihood that their methodology for validating network adequacy time and distance standards will provide accurate results.

MDH's task goal is to increase all requirements to 85% or above by MY 2025 for telephone surveys and provider directory validations. In MY 2025, HealthChoice's aggregate performance exceeded the MDH-established minimum compliance with a score of 80% for all requirements. Seven of the nine requirements exceeded the MDH Quality Strategy goal of 85%, and two requirements, *Specifies PCP Accepts New Medicaid Patients & Matches Survey Response* and *Specifies Age of Patient Seen*, fell below the goal by five and one percentage point, respectively. One of the nine requirements met or exceeded the specific MDH Quality Strategy Targets: *Specifies PCP Accepts New Medicaid Patients & Matches Survey Response* (80%).

Table 4. MY 2025 HealthChoice Performance Against Quality Strategy Targets

Requirement	HealthChoice	MDH Quality Strategy Targets
Compliance with Appointment Timeframe Requirements	Minimum Compliance: 80%	MY 2024: ≥85%
Routine Care Appointment Timeframe Requirement	94%	100%
Urgent Care Appointment Timeframe Requirement	89%	93%
Compliance with Provider Directory Validations	Minimum Compliance: 80%	MY 2024: ≥ 85%
PCP Listed in Online Directory	96%	97%
PCP's Practice Location Matched Survey Response	92%	98%
PCP's Practice Telephone Number Matched Survey Response	93%	96%
Specifies PCP Accepts New Medicaid Patients & Matches Survey Response	80%	80%
Specifies Age of Patient Seen	84%	100%
Specifies Languages Spoken by the PCP	95%	100%
Practice has Accommodations for Patients with Disabilities	93%	100%

Source: [HealthChoice Quality Strategy](#)

Network Adequacy Validation Report

Measurement Years 2024 and 2025

Methodology

Description of Data Obtained

Provider-to-Enrollee Ratios and Time and Distance Standards

To determine how each MCO measures these metrics, Qlarant sent a brief survey to obtain detailed information, including MCO-source data and supporting documentation, regarding how the MCO conducts NAV and their processes. Each MCO was requested to submit the following:

- Enrollment file from the measurement year containing demographic information for each enrollee, including date of birth, gender, and physical address.
- Provider file from the measurement year containing demographic information for each provider location, including the national provider identifier (NPI), provider specialty, and each unique physical address where enrollees can access the providers. The provider file also contained information regarding status as a primary care provider (PCP), acceptance of new patients, and any age restrictions a PCP implements.
- Data dictionary detailing the contents of the request files and possible values for each field.
- Documentation containing provider-to-enrollee ratios for each provider that the MCO (or affiliated contractor) monitors. The output could be from Excel or proprietary software, but it must contain counts for each provider type and for the number of enrollees.
- Documentation containing the number or percentage of enrollees whose physical address is within a set number of miles or minutes away from the nearest provider. The output could be from Excel or a proprietary software, but it must contain counts for enrollees within the geographic region and the distance or time (e.g., average minutes or maximum minutes) to the nearest provider type.
- Any supporting documentation detailing standards and action plans related to network adequacy.

Provider-to-Enrollee Ratios. Qlarant evaluated the NAV processes conducted by each MCO for provider-to-enrollee ratios. Due to the variances in how MCOs conduct network adequacy by provider type, Qlarant reviewed the different provider types based on COMAR 10.67.05.05 to analyze the MCOs' network adequacy processes and evaluate the following provider type indicators:

- PCP
- OB/GYN

- Core Specialties
- Major Specialties
- Pediatric Specialties
- Other Specialties not listed in COMAR

Time and Distance Standards. Qlarant evaluated the NAV processes conducted by each MCO for time and distance standards. Due to variances in how MCOs conduct network adequacy by provider type, Qlarant reviewed the different provider types based on COMAR 10.67.05.05 and the three time and distance standards for each provider type to analyze the MCOs' NAV processes for geographic location categories (rural, urban, and suburban). Time and distance standard indicators for each provider type are identified in the table below.

Table 5. Time and Distance Standard Indicators

Provider Type	Urban		Suburban		Rural	
	Max Time (min)	Max Distance (miles)	Max Time (min)	Max Distance (miles)	Max Time (min)	Max Distance (miles)
PCP	15	10	30	20	40	30
Obstetrics (OB)/Gynecology (GYN)	15	10	30	20	40	30
Prenatal Care	15	10	30	20	90	75
Core Specialties	30	15	60	45	90	75
Major Specialties	30	15	80	60	110	90
Pediatric Subspecialties	95	15	80	60	250	200
Pharmacy, Diagnostic Laboratory, X-Ray Facilities	15	10	30	20	40	30
Acute Inpatient Hospital	20	10	45	30	75	60
Other Specialties not listed in COMAR [^]	30	15	60 or 80	45 or 60	90 or 110	75 or 90

[^]Other specialties not listed in COMAR are monitored using standards for either Core Specialties or Major Specialties.

Telephone Surveys and Provider Directory Validations

Qlarant requested and received a list of contracted PCPs from each MCO. Qualifying providers for MY 2025 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:

- NPI;
- First and Last Name;
- Credentials;
- Provider type (MCO confirmed PCP status);
- Provider specialty;
- Practice location (address, suite, city, town, state, and zip); and
- Telephone number.

Qlarant also requested the uniform resource locator (URL) link enrollees use to access each MCO's online provider directory.

Sample. MCOs provided lists for PCPs contracted in contiguous states to Maryland (Delaware, District of Columbia, Pennsylvania, Virginia, and West Virginia). Listings included 116 PCPs from contiguous states:

- Delaware (32)
- District of Columbia (69)
- Pennsylvania (1)
- Virginia (4)
- West Virginia (10)

The HealthChoice program network has 18,519 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 meet sample size. 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 6,175 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. The table below shows the total number of contracted PCPs per MCO and unique PCPs by address, and the respective sample size. The final sample included 2,060 PCPs.

Table 6. MY 2025 Contracted PCPs and Sample Size by MCO

PCP Sample	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	Total
Contracted PCPs (#)	1,252	3,854	1,009	388	2,453	2,087	3,817	1,685	1,974	18,519
Unique PCPs by Address (#)	703	1,222	252	60	849	536	1,024	731	798	6,175
Sample Size (90% CL +/- 5%)	223	253	214	160*	244	240	253	234	239	2,060

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

Data Analysis

Provider-to-Enrollee Ratios and Time and Distance Standards

Qlarant reviews each MCO's submitted Information Systems Capabilities Assessment (ISCA), associated Healthcare Effectiveness Data and Information Set (HEDIS) Roadmap documentation, and Final Audit Report (FAR), if any, for accreditation. Qlarant reviews a complete provider directory and enrollment file with relevant fields submitted by the MCOs. Qlarant meets with the MCOs and discusses the methodology implemented to monitor network adequacy. Qlarant synthesizes findings and completes the scoring worksheet in Protocol 4 (4.6). Worksheet 4.6 comprises the results of reviewing the ISCA, the processes employed by the MCO in monitoring network adequacy, and the results of Qlarant's review and validation of submitted data. Lastly, Qlarant completes spot checks on a subset of data to evaluate the MCOs' overall process and use of software for the process.

Worksheet 4.6 has three parts and focuses on specific elements of the validation process. The first section, "Assessment of Data Collection Procedures," describes Qlarant's findings from review of the ISCA and submitted documentation. The second section, "Assessment of MCO Network Adequacy Methods," describes Qlarant's findings of the submitted documentation related specifically to network monitoring and interviews with the MCOs. The third section, "Assessment of MCO Network Adequacy Results," describes Qlarant's validation process of the MCOs' results. The questions are scored and provided with a corresponding confidence level. If MCOs achieved a score of less than 100%, Qlarant provided information identifying any possible issues discovered in the data or an analytic process.

Following the review of submitted documentation from the MCOs, virtual site reviews were held with each MCO to resolve any outstanding questions. At the conclusion of the site reviews, Qlarant conducted a systematic review of the data sources to ensure all data variables needed for network adequacy monitoring were included. Qlarant reviewed each MCO's data collection, data processes, and data analyses to determine how well the health plan's work aligned with state regulations. To determine if each MCO's results were valid, accurate, and reproducible, a random selection of one or two provider types was obtained for partial replication. Qlarant completed the Protocol 4 Worksheet 4.6 to determine a validation score from 0% to 100% for each indicator. Each validation score corresponds with a validation rating. The validation rating determined which confidence level was assigned to each MCO's individual indicator, ranging from *No Confidence* to *High Confidence*.

MCOs were scored according to the questionnaires in [Appendix A](#). Each score is converted to a validation rating, as identified in the table below.

Table 7. MY 2024 Validation Review Determinations

Validation Score	Validation Rating
90.0% or greater	High Confidence
51.0% to 89.9%	Moderate Confidence
10.0% to 50.9%	Low Confidence
Less than 10%	No Confidence

States are required to set quantitative network adequacy standards to account for regional factors and the needs of Medicaid populations. MDH has outlined quantitative network adequacy standards within COMAR regulations, outlined in the [Results](#) section of this report.

Telephone Surveys and Provider Directory Validations

MY 2025’s analysis included:

- **Data Collection Analysis.** Qlarant assessed each MCO’s submission of requested information for completeness. Corrections were requested if issues regarding incomplete data, non-PCPs included in the listings, or incomplete telephone numbers were identified.
- **Telephone Survey Analysis.** Telephone surveys were evaluated by two review determinations: *successful* and *unsuccessful*; their criteria follow.

Table 8. MY 2025 Validation Review Determinations

Review Determination	Criteria
Successful	<ul style="list-style-type: none"> • Surveyor reached the PCP within three call attempts and completed the survey. • Successful telephone surveys were validated against the details noted in each MCO’s online directory. If the PCP was not in the MCO’s online directory, the validation survey ended.
Unsuccessful	<p>Reasons for unsuccessful surveys fall within two categories, “No Contact” and “PCP Response,” with qualifying circumstances for each.</p> <ul style="list-style-type: none"> • “No Contact” unsuccessful surveys included calls in which the surveyor could not reach the PCP due to the number not reaching the intended provider (e.g., wrong number, office closed, or provider not with practice); no answer; reached voicemail; or hold time exceeded five minutes. • “PCP Response” unsuccessful surveys included calls that ended after the initial communication with a respondent for wrong location listed for the provider (provider was not with the practice or did not practice at that location); provider not being a PCP; PCP not accepting the listed MCO; or practice refusing to participate.
Compliance Score	MDH established the minimum compliance score for MY 2025 as 80%.

Key elements of the MY 2025 activity, broken down by the telephone survey and provider directory validation portions, follow. Survey questions and activities within the provider directory validation are identified in the table below.

Table 9. MY 2025 Summary of Activities

MY 2025 Activities	Assessment
<p>Telephone Survey</p>	<p>Telephone surveys solicited responses to verify PCP information, including:</p> <ul style="list-style-type: none"> • Name and address of PCP • Provider acceptance of the listed MCO and new Medicaid enrollees • Routine and urgent care appointment availability
<p>Validation of Network Adequacy Step 1</p>	<p>Verify information obtained during the ten-question telephone survey matched information provided by the MCO:</p> <ul style="list-style-type: none"> • PCP address • PCP phone number
<p>Validation of Network Adequacy Step 2</p>	<p>Verify the MCOs’ provider directories matched the following information for PCPs in the sample provided during the telephone surveys:</p> <ul style="list-style-type: none"> • 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)-specified equipment.

Qlarant’s subcontractor, Global Executive Staffing, conducted MY 2025 survey activities for each PCP in the sample. MY 2025 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 provider directory validation tools; and
- Follow-up education, as necessary.

Surveyors conducted and documented at least three call attempts unless the surveyor reached a wrong number or if the office was found to be 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 five minutes, or had no answer.

Responses to the survey questions were documented in the survey tool and stored electronically on Qlarant's secure, web-based portal. The MY 2025 PCP Survey Validation Tool can be found in [Appendix D](#).

To ensure quality survey and validation results, Qlarant performed quality checks and weekly oversight meetings with Global Executive Staffing's lead surveyor to review the following topics:

- Quality assurance activities;
- Progress reports;
- Surveyor/validator assignments; and
- Correction of data collection issues.

CAPs. CAPs are required for MCOs that score below the MDH-established threshold. CAPs are reviewed by MDH and Qlarant and are determined to be adequate 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; and
- Responsible party for each action item.

Timeline

Qlarant's analysis of MCOs' NAV activities for the January 1 to December 31, 2024, measurement year, for provider ratios and time and distance standards, was conducted from August to October 2025. MCOs submitted completed ISCA and NAV questionnaires in August 2025, which were reviewed and discussed during MCO interviews in September 2025.

MY 2025 NAV telephone survey and provider directory validation activities were conducted from June to August 2025. Surveys were conducted on weekdays during normal business hours from 9:00 am to 5:00 pm Eastern Standard Time. Each MCO must submit CAPs within 45 calendar days of receipt of the report results.

Results

Validation results are divided into sections: Provider-to-Enrollee Ratios, Time and Distance Standards, Accuracy of PCP Information, Successful Contacts, Unsuccessful Contacts, Compliance with Appointment Standards, and Provider Directory Validations.

Provider-to-Enrollee Ratios

Purpose. COMAR requires MCOs to maintain a ratio of one PCP per 200 enrollees, with a maximum limit of one provider per 2,000 enrollees. The table below summarizes the number of provider types MCOs included in their MY 2024 provider-to-enrollee ratios, how many provider types Qlarant was able to validate, and how many of the original 21 provider types were missing from validation.

Table 10. MY 2024 Provider-to-Enrollee Standards

Requirement	COMAR
PCP. An MCO may include, as appropriate, any of the following practitioners to serve as the PCP for an enrollee: General practitioner, Family practitioner, Internist, Pediatrician, OB/GYN, Physician assistant, Certified nurse midwife, Nurse practitioner (certified in any of the following areas of specialization: Adult, Pediatric, Geriatric, OB/GYN, School nurse, and Family); and a physician practicing in a specialty other than those enumerated in §A(5)(b) –(e) of this regulation.	10.67.05.05A(5)
The nine core specialties are: Cardiology, Otolaryngology (ENT), Gastroenterology, Neurology, Oncology, Ophthalmology, Orthopedics, Surgery, and Urology.	10.67.05.05-1A(2)(b)
The six major specialties are: Allergy and immunology, Dermatology, Endocrinology, Infectious disease, Nephrology, and Pulmonology.	10.67.05.05-1A(2)(c)
The four pediatric subspecialties are: Cardiology, Gastroenterology, Neurology, and Surgery.	10.67.05.05-1A(2)(d)
Adequacy of Provider Network <ul style="list-style-type: none"> • Capacity <ul style="list-style-type: none"> ○ Unless the MCO can establish to MDH’s satisfaction the adequacy of a higher ratio, MDH shall determine the MCO’s capacity with respect to any local access area by assuming that in-plan individual practitioners, based on full-time equivalency, will be assigned no more than the number of enrollees that is consistent with a 200:1 ratio of enrollee to practitioner in the local access area. ○ MDH may not approve an enrollee-to-PCP ratio that is higher than 2,000:1. 	10.67.05.05B(8)(c-d)

Monitoring Activities. MY 2024’s validations observed the following about provider-to-enrollee ratios:

- Eight MCOs (except WPM) included the two required PCPs (adult/general and pediatric providers) in the NAV process for provider-to-enrollee ratios. WPM included Pediatric PCPs and Family/General practitioner PCPs (to account for the adult/general population).

- Six MCOs (ABH, CFCHP, JMS, MPC, PPMCO, and UHC) included OB/GYN providers in the NAV processes for provider-to-enrollee ratios. Three MCOs (ABH, MSFC, and WPM) included a dedicated GYN provider category in the NAV processes for provider-to-enrollee ratios and one MCO (MSFC) included a dedicated OB provider category in NAV processes for provider-to-enrollee ratios. Six MCOs (JMS, MPC, MSFC, PPMCO, UHC, and WPM) included a prenatal provider category in the NAV processes for provider-to-enrollee ratios. ABH included a doula category in NAV processes for provider-to-enrollee ratios, JMS included maternal and fetal medicine providers in NAV processes for provider-to-enrollee ratios, and PPMCO included Reproductive Endocrinology providers in the NAV processes for provider-to-enrollee ratios. KPMAS did not include any providers in the NAV processes for provider-to-enrollee ratios related to women’s health.
- Apart from CFCHP and KPMAS, MCOs included all Core Specialists, Major Specialists, and Pediatric Specialists in the NAV processes for provider-to-enrollee ratios.
- Five MCOs (JMS, MPC, MSFC, PPMCO, and WPM) included acute inpatient hospitals in the NAV processes for provider-to-enrollee ratios.
- Five MCOs included Diagnostic Laboratory and Radiology providers and facilities in the NAV processes for provider-to-enrollee ratios. Two MCOs (MPC and MSFC) included Diagnostic Laboratory and Diagnostic Radiology separately, and three MCOs (JMS, PPMCO, and WPM) included a combined Diagnostic Laboratory and Radiology in the NAV processes for provider-to-enrollee ratios.
- Four MCOs (JMS, MSFC, PPMCO, and WPM) included pharmacies in the NAV processes for provider-to-enrollee ratios.
- Five MCOs included Hematology and Oncology in the NAV processes for provider-to-enrollee ratios. CFCHP included Hematology providers and Oncology providers separately, MSFC included only Oncology providers, two MCOs (ABH and MPC) included Hematology/Oncology providers, and JMS included Hematology/Oncology/Radiation Oncology providers.
- CFCHP included Pain Management providers in the NAV processes for provider-to-enrollee ratios.
- JMS included Plastic Surgery providers and Podiatrists in the NAV processes for provider-to-enrollee ratios.

Table 11. MY 2024 MCO Provider-to-Enrollee Ratios by Provider Type

COMAR or Additional Provider Types	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Primary Care Physician <i>COMAR</i>	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA
Pediatric Primary Care Physician	✓	✓	✓	✓	✓	✓	✓	✓	✓
Primary Care Physician	✓	✓	✓	✓	✓	✓	✓	✓	NA
Family Medicine	NA	✓	NA	NA	NA	NA	NA	NA	NA
Family Medicine/General Medicine	✓	NA	✓	NA	NA	NA	NA	NA	✓
Internal Medicine	✓	✓	✓	NA	NA	NA	NA	NA	NA
Nurse Practitioner	✓	✓	✓	NA	NA	NA	NA	NA	NA
Physician Assistant	✓	NA	NA	NA	NA	NA	NA	NA	NA
Women’s Health <i>COMAR</i>	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA

COMAR or Additional Provider Types	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Doula	✓	NA	NA	NA	NA	NA	NA	NA	NA
GYN only	✓	NA	NA	NA	NA	✓	NA	NA	✓
Maternal and Fetal Medicine	NA	NA	✓	NA	NA	NA	NA	NA	NA
OB only	NA	NA	NA	NA	NA	✓	NA	NA	NA
OB/GYN	✓	✓	✓	NA	✓	NA	✓	✓	NA
Prenatal Provider	NA	NA	✓	NA	✓	✓	✓	✓	✓
Reproductive Endocrinology	NA	NA	NA	NA	✓	NA	✓	NA	NA
Core Specialists COMAR	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA
Cardiology	✓	✓	✓	NA	✓	✓	✓	✓	✓
ENT/Otolaryngology	✓	✓	✓	NA	✓	✓	✓	✓	✓
Gastroenterology	✓	✓	✓	NA	✓	✓	✓	✓	✓
Neurology	✓	✓	✓	NA	✓	✓	✓	✓	✓
Ophthalmology	✓	✓	✓	NA	✓	✓	✓	✓	✓
Orthopedics	✓	✓	✓	NA	✓	✓	✓	✓	✓
Surgery	✓	✓	✓	NA	NA	✓	✓	✓	✓
Urology	✓	✓	✓	NA	✓	✓	✓	✓	✓
Major Specialists COMAR	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA
Allergy and Immunology	✓	✓	✓	NA	✓	✓	✓	✓	✓
Dermatology	✓	✓	✓	NA	✓	✓	✓	✓	✓
Endocrinology	✓	✓	✓	NA	✓	✓	✓	✓	✓
Infectious Diseases	✓	✓	✓	NA	✓	✓	✓	✓	✓
Nephrology	✓	✓	✓	NA	✓	✓	✓	✓	✓
Pulmonology	✓	✓	✓	NA	✓	✓	✓	✓	✓
Pediatric Specialists COMAR	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA
Pediatric Cardiology	✓	NA	✓	NA	✓	✓	✓	✓	✓
Pediatric Gastroenterology	✓	NA	✓	NA	✓	✓	✓	✓	✓
Pediatric Neurology	✓	NA	✓	NA	✓	✓	✓	✓	✓
Pediatric Surgery	✓	NA	✓	NA	✓	✓	✓	✓	✓
Ancillary Facilities Additional	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA
Acute Inpatient Hospitals	NA	NA	✓	NA	✓	✓	✓	NA	✓
Diagnostic Laboratories	NA	NA	NA	NA	✓	✓	NA	NA	NA
Diagnostic Laboratories/X-Ray	NA	NA	✓	NA	NA	NA	✓	NA	✓

COMAR or Additional Provider Types	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Diagnostic Radiology	NA	NA	NA	NA	✓	✓	NA	NA	NA
Pharmacy	NA	NA	✓	NA	NA	✓	✓	NA	✓
Other Specialists Additional	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA
Hematology	NA	NA	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology	✓	NA	NA	NA	✓	NA	NA	NA	NA
Hematology/Oncology/Radiation Oncology	NA	NA	✓	NA	NA	NA	NA	NA	NA
Maternal & Fetal Medicine	NA	NA	✓	NA	NA	NA	NA	NA	NA
Oncology	NA	✓	NA	NA	NA	✓	NA	NA	NA
Pain Management	NA	✓	NA	NA	NA	NA	NA	NA	NA
Plastic Surgery	NA	NA	✓	NA	NA	NA	NA	NA	NA
Podiatry	NA	NA	✓	NA	NA	NA	NA	NA	NA

Table 12. Number of Indicators Included for MY 2024 MCO Provider-to-Enrollee Ratios

Indicator Analysis	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Required Indicators Identified	2	2	2	2	2	2	2	2	2^
Additional Indicators Identified	26	20	31	0	24	26	24	20	24
Total Indicators Identified	28	22	33	2	26	28	26	22	26
Number of Required Indicators Missing	0	0	0	0	0	0	0	0	1^

^WPM submitted ratios for only one subgroup for PCPs.

Time and Distance Standards

Purpose. COMAR requires MCOs to have a physical location accessible to enrollees that meets time or distance requirements. Time and distance standards are based on the geographical category of the enrollees’ physical addresses (e.g., urban, suburban, and rural) and provider types. MCOs are permitted to conduct NAV for *either* time or distance standards; validating both is not required.

Table 13. MY 2024 Time and Distance Standards

Requirement	COMAR
Except as provided in §C of this regulation, an MCO shall develop and maintain a provider network that meets the following time and distance standards: <ul style="list-style-type: none"> • For adult and pediatric primary care, pharmacy, diagnostic laboratory and x-ray, and gynecology: <ul style="list-style-type: none"> ○ In urban areas, within 15 minutes or 10 miles 	10.67.05.06A

Requirement	COMAR
<ul style="list-style-type: none"> ○ In suburban areas, within 30 minutes or 20 miles ○ In rural areas, within 40 minutes or 30 miles ● For prenatal care, as defined in §B of this regulation: <ul style="list-style-type: none"> ○ In urban areas, within 15 minutes or 10 miles ○ In suburban areas, within 30 minutes or 20 miles ○ In rural areas, within 90 minutes or 75 miles ● For acute inpatient hospitals: <ul style="list-style-type: none"> ○ In urban areas, within 20 minutes or 10 miles ○ In suburban areas, within 45 minutes or 30 miles ○ In rural areas, within 75 minutes or 60 miles ● For core specialty types, as defined in Regulation .05-1A(2)(b) of this chapter: <ul style="list-style-type: none"> ○ In urban areas, within 30 minutes or 15 miles ○ In suburban areas, within 60 minutes or 45 miles ○ In rural areas, within 90 minutes or 75 miles ● For major specialty types, as defined in Regulation .05-1A(2)(c) of this chapter: <ul style="list-style-type: none"> ○ In urban areas, within 30 minutes or 15 miles ○ In suburban areas, within 80 minutes or 60 miles ○ In rural areas, within 110 minutes or 90 miles ● For pediatric subspecialty types, as defined in Regulation .05-1A(2)(d) of this chapter: <ul style="list-style-type: none"> ○ In urban areas, within 30 minutes or 15 miles ○ In suburban areas, within 80 minutes or 60 miles ○ In rural areas, within 250 minutes or 200 miles 	
<p>Geographical Access: Local Access Areas- refer to COMAR standard for chart.</p> <ul style="list-style-type: none"> ● For purposes of this regulation: <ul style="list-style-type: none"> ○ Urban enrollment area includes Baltimore City. ○ Rural enrollment counties include: Allegany, Calvert, Caroline, Cecil, Charles, Dorchester, Frederick, Garrett, Kent, Queen Anne’s, Saint Mary’s, Somerset, Talbot, Washington, Wicomico, and Worcester. ○ Suburban enrollment counties include: Baltimore County, Anne Arundel, Carroll, Harford, Howard, Montgomery, and Prince George’s. 	<p>10.67.05.06 D-E</p>

Monitoring Activities. MY 2024’s validations observed the following about time and distance standards across MCOs:

- All MCOs monitor designated urban and suburban areas in their NAV processes for time and distance standards by provider type. JMS is exempt from monitoring designated rural areas.
- Eight MCOs (except WPM) included the two required PCPs (adult/general and pediatric providers) in NAV processes for time and distance standards. WPM included Pediatric PCPs and reported Family/General practitioners and Internal Medicine practitioners PCPs (to account for the adult/general population).
- All MCOs included the required Prenatal providers in NAV processes for time and distance standards. All MCOs included the required GYN providers in some capacity: three MCOs (ABH, KPMAS, and MSFC) reported GYN providers separately from OB providers, while the remaining MCOs (CFCHP, JMS, MPC, PPMCO, UHC, and WPM) reported an OB/GYN provider category. PPMCO included Reproductive Endocrinology providers in NAV processes for time and distance standards.
- All MCOs included all required Core Specialists, Major Specialists, Pediatric Specialists, Acute Inpatient Hospitals, and Pharmacies in NAV processes for time and distance standards.
- All MCOs included the required Diagnostic Laboratory and Radiology providers and facilities in NAV processes for time and distance standards in some capacity: MSFC included Diagnostic Laboratory and Diagnostic Radiology separately, and the remaining MCOs (ABH, CFCHP, JMS, KPMAS, MPC, PPMCO, UHC, and WPM) included a combined Diagnostic Laboratory and Radiology in NAV processes for time and distance standards.
- Five MCOs included Hematology and Oncology in NAV processes for time and distance standards. CFCHP included Hematology providers and Oncology providers separately; MSFC included only Oncology providers; two MCOs (ABH and MPC) included Hematology/Oncology providers; and JMS included Hematology/Oncology/Radiation Oncology providers.
- CFCHP included Pain Management providers in NAV processes for time and distance standards.
- JMS included Podiatrists in NAV processes for time and distance standards.

Table 14. MY 2024 MCO Time and Distance Standards by Provider Type

COMAR or Additional Provider Types	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Primary Care Physician <i>COMAR</i>	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA
Pediatric Primary Care Physician	✓	✓	✓	✓	✓	✓	✓	✓	✓
Primary Care Physician	✓	✓	✓	✓	✓	✓	✓	✓	NA
Family Medicine/General Medicine	NA	NA	NA	NA	NA	NA	NA	NA	✓
Internal Medicine	NA	NA	NA	NA	NA	NA	NA	NA	✓
Women’s Health <i>COMAR</i>	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA

COMAR or Additional Provider Types	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
GYN only	✓	NA	NA	✓	NA	✓	NA	NA	NA
OB only	✓	NA	NA	✓	NA	✓	NA	NA	NA
OB/GYN	NA	✓	✓	NA	✓	NA	✓	✓	✓
Prenatal Provider	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reproductive Endocrinology	NA	NA	NA	NA	NA	NA	✓	NA	NA
Core Specialists COMAR	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA
Cardiology	✓	✓	✓	✓	✓	✓	✓	✓	✓
ENT/Otolaryngology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gastroenterology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neurology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ophthalmology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Orthopedics	✓	✓	✓	✓	✓	✓	✓	✓	✓
Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓
Urology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Major Specialists COMAR	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA
Allergy and Immunology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dermatology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Endocrinology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Infectious Diseases	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nephrology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pulmonology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pediatric Specialists COMAR	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA
Pediatric Cardiology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pediatric Gastroenterology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pediatric Neurology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pediatric Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ancillary Facilities Additional	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA
Acute Inpatient Hospitals	✓	✓	✓	✓	✓	✓	✓	✓	✓
Diagnostic Laboratories	NA	NA	NA	NA	NA	✓	NA	NA	NA
Diagnostic Laboratories/X-Ray	✓	✓	✓	✓	✓	NA	✓	✓	✓
Diagnostic Radiology	NA	NA	NA	NA	✓	✓	NA	NA	NA
Pharmacy	✓	✓	✓	✓	✓	✓	✓	✓	✓

COMAR or Additional Provider Types	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Other Specialists Additional	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA	✓ or NA
Hematology	NA	✓	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology	✓	NA	NA	NA	✓	NA	NA	NA	✓
Hematology/Oncology/Radiation Oncology	NA	NA	✓	NA	NA	NA	NA	NA	NA
Oncology	NA	✓	NA	NA	NA	✓	NA	NA	NA
Pain Management	NA	✓	NA	NA	NA	NA	NA	NA	NA
Podiatry	NA	NA	✓	NA	NA	NA	NA	NA	NA

^ MCO conducted NAV for additional subpopulations.

Table 15. Number of Indicators Included for MY 2024 Time and Distance Standards

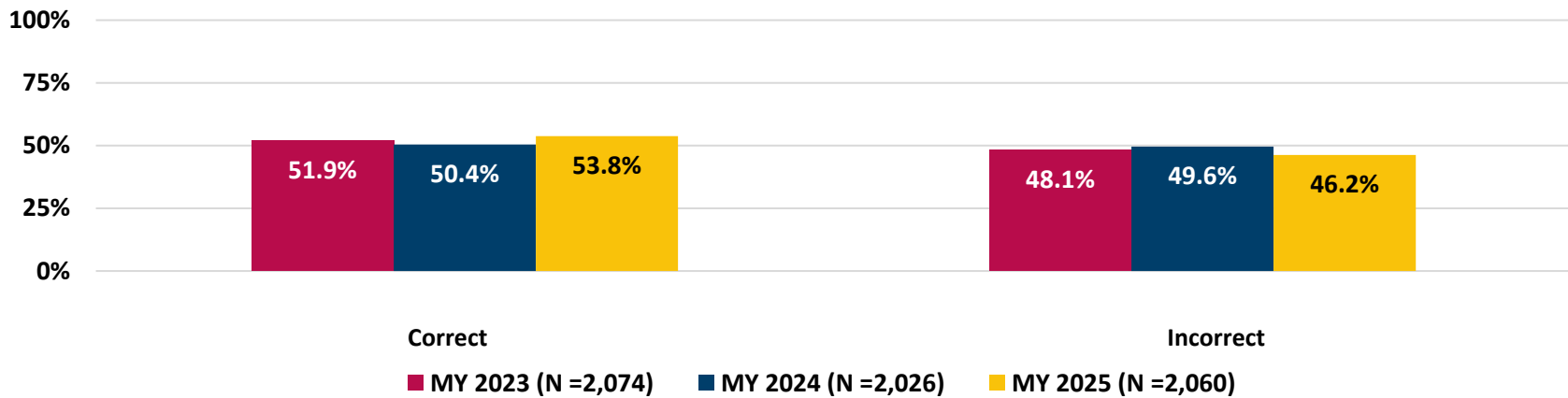
Indicator Analysis	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Required Indicators Identified	75	75	50	75	75	75	75	75	75
Additional Indicators Identified	6	9	4	3	6	9	3	0	9
Total Indicators Identified	81	84	54	78	81	84	78	75	84
Number of Required Indicators Missing	0	0	0	0	0	0	0	0	3

Note: JMS was exempt from including time and distance NAV for rural areas due to the primary locations of its enrollees/providers in urban and suburban areas.

Accuracy of PCP Information

Phone Numbers and Addresses. Compared to MY 2024 (50.4%), MY 2025 demonstrated an increase of 3.4 percentage points in the accuracy of provider contact information (53.8%). MY 2025 had the lowest percentage of incorrect provider information compared to MY 2023 (48.1%) and MY 2024 (49.6%).

Figure 1. MYs 2023 to 2025 Accuracy of Online Directory Contact Information (Phone Number and Address)



Successful Contacts

Survey Call Attempts. The number of attempted PCP surveys conducted increased from 2,026 in MY 2024 to 2,060 in MY 2025. The percentage of successful contacts increased by 6.2 percentage points from MY 2024 (55.4%) to MY 2025 (61.6%).

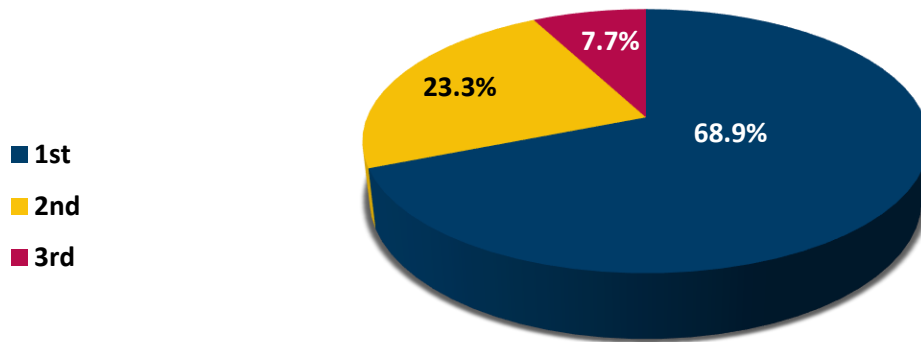
Table 16. MYs 2023 to 2025 Number of Surveys Conducted and Successful PCP Contacts

Measurement Year	Total Surveys Conducted	Number of Successful Contacts	Percentage of Successful Contacts
2023	2,074	1,229	59.3%
2024	2,026	1,122	55.4%
2025	2,060	1,268	61.6%

Values reported are rounded to the nearest tenth of a percent for reporting only.

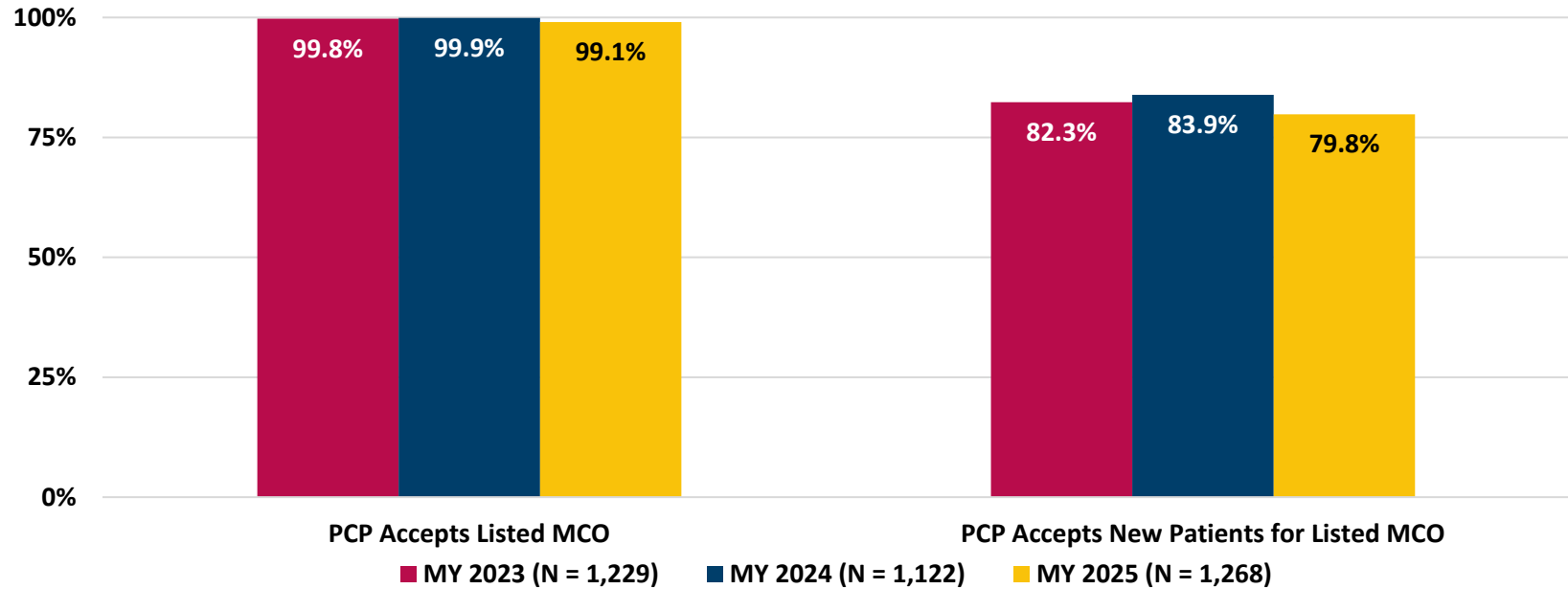
Approximately 68.9% of providers were successfully contacted on the first call attempt, 23.3% on the second, and 7.7% on the third and final attempt.

Figure 2. MY 2025 Responses by Call Attempt for Successful Contacts



PCP Affiliation and Open Access. MY 2025 results are consistent with MY 2023 and MY 2024. In MY 2025, performance declined, indicating 79.8% of PCPs accepted new patients for the listed MCO, which is a decrease of 4.1 percentage points from MY 2024 (83.9%).

Figure 3. MYs 2023 to 2025 PCP Affiliation and Open Access



MY 2025 Summary of Accuracy of PCP Information. Compared to all other MCOs, contact with CFCHP and PPMCO’s providers was least likely to be successful at 42.3% and 45.8%, respectively. PPMCO also had the lowest percentage of providers with accurate addresses (80.2%). All MCOs exceeded 97% for *Accepts Listed MCO* with KPMAS, MSFC, and PPMCO achieving performance at 100%. KPMAS had the lowest percentage of *Accepts New Medicaid Patients Listed for MCO* at 64.0%.

Table 17. MY 2025 MCO Results from Successful Contacts for Accuracy of PCP Information

MY 2025 Successful Calls	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	Total
Number of Calls	223	253	214	160	244	240	253	234	239	2,060
Successful Contacts (#)	150	107	136	125	159	135	116	172	168	1,268
%	67.3%	42.3%	63.6%	78.1%	65.2%	56.3%	45.8%	73.5%	70.3%	61.6%
Accurate PCP Address Provided (#)	132	90	117	123	137	119	93	165	144	1,120
%	88.0%	84.1%	86.0%	98.4%	86.2%	88.1%	80.2%	95.9%	85.7%	88.3%
Accepts Listed MCO (#)	146	104	135	125	157	135	116	171	167	1,256
%	97.3%	97.2%	99.3%	100.0%	98.7%	100.0%	100.0%	99.4%	99.4%	99.1%
Accepts New Medicaid Patients Listed for MCO (#)	126	89	98	80	135	124	87	139	134	1,012
%	84.0%	83.2%	72.1%	64.0%	84.9%	91.9%	75.0%	80.8%	79.8%	79.8%

Values reported are rounded to the nearest tenth of a percent for reporting only.

Unsuccessful Contacts

Of the 2,060 PCP surveys attempted in MY 2025, 792 PCP surveys were unsuccessful.

Unsuccessful Contacts within the “No Contact” Category. The total of unsuccessful contact due to “No Contact” for MY 2025 (792) is the lowest compared to MY 2023 (845) and MY 2024 (904). Most of the unsuccessful contacts for MY 2025 (35.9%) were due to *Number Did Not Reach Intended Provider*, which is consistent with MY 2023 (35.7%); however, there was an increase of nine percentage points from MY 2024 (26.9%) to MY 2025. MY 2025 also resulted in an increase of 3.6 percentage points for *No Answer* (17.2%) compared to MY 2024 (13.6%). Additional findings per MCO indicate the following:

- JMS had the highest percentage of unsuccessful survey calls due to *Did Not Reach Intended Provider* at 63.9%, followed by PPMCO at 58.4%.
- CFCHP and KPMAS providers were more likely to not answer survey calls at 35.8% and 31.6%, respectively.
- ABH and MSFC providers were more likely to send survey calls to voicemail at 35.0% and 31.2%, respectively.

- KPMAS and UHC providers were more likely to place the surveyor on hold for more than five minutes at 21.1% and 22.4%, respectively.
- CFCHP had the highest total of unsuccessful survey calls due to “No Contact” at 109, followed by PPMCO at 101.

Figure 4. MYs 2023 to 2025 Unsuccessful Surveys due to "No Contact"

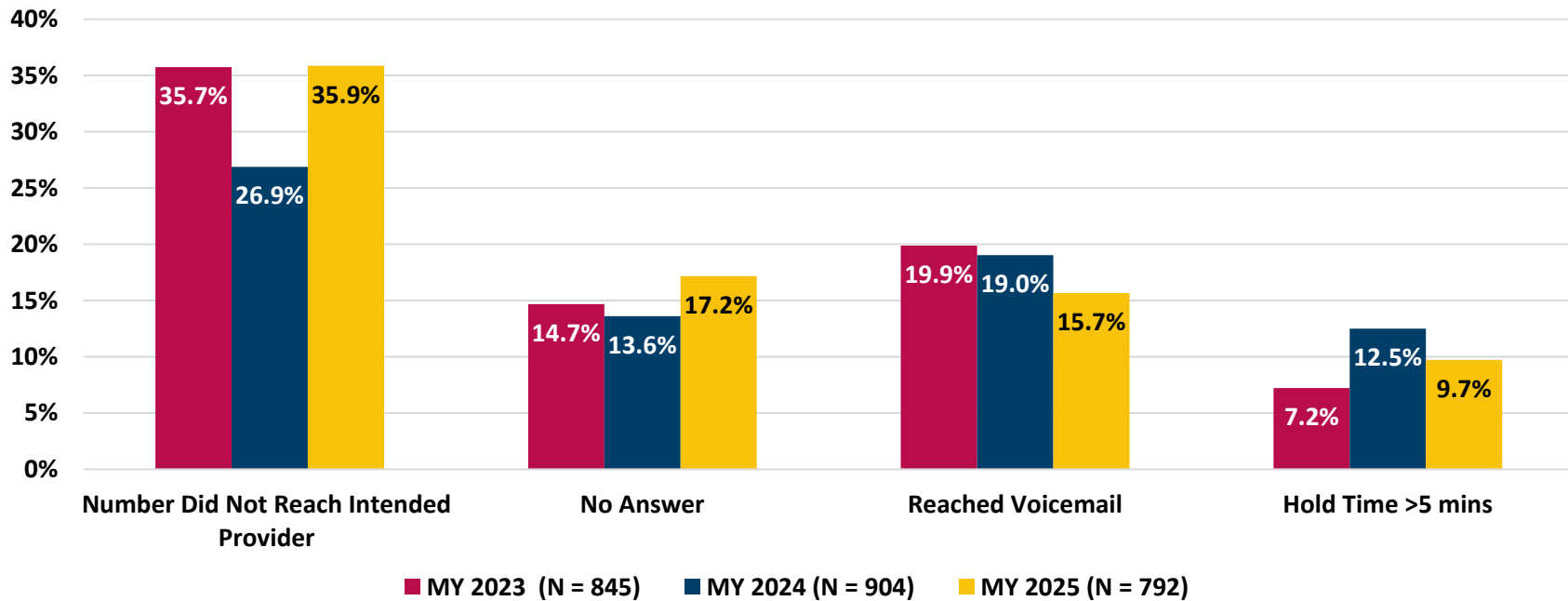


Table 18. MY 2025 "No Contact" Categories by MCO

MY 2025 "No Contact" Calls	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	HealthChoice
Did Not Reach Intended Provider	35.0%	53.2%	63.9%	36.8%	34.2%	32.3%	58.4%	36.7%	48.2%	45.7%
No Answer	16.7%	35.8%	16.4%	31.6%	26.0%	29.0%	10.9%	14.3%	12.5%	21.9%
Reached Voicemail	35.0%	0.0%	8.2%	10.5%	27.4%	31.2%	20.8%	26.5%	23.2%	20.0%
Hold Time >5 Minutes	13.3%	11.0%	11.5%	21.1%	12.3%	7.5%	9.9%	22.4%	16.1%	12.4%
Total Unsuccessful "No Contact" Call Counts	60	109	61	19	73	93	101	49	56	621

Denominator utilized only unsuccessful calls categorized as *No Contact*.
 Values reported are rounded to the nearest tenth of a percent for reporting only.

Unsuccessful Contacts within the “PCP Response” Category. Unsuccessful survey calls due to *Wrong Location Listed for Provider* significantly decreased from MY 2024 (12.7%) to MY 2025 (1.8%). Unsuccessful survey calls due to *Not a PCP* have consistently decreased from MY 2023 (5.0%) to MY 2025 (4.0%). Unsuccessful survey calls due to *Does Not Accept Insurance* increased by 3.6 percentage points from MY 2024 (9.2%) to MY 2025 (12.8%). There was an increase of 1.3 percentage points for unsuccessful survey calls due to *Refused to Participate* from MY 2024 (1.7%) to MY 2025 (3.0%). Most of the unsuccessful survey calls due to “PCP Response” for MY 2025 is *Does Not Accept Insurance*, which is a change from MY 2024, *Wrong Location Listed for Provider*. Additional findings per MCO indicate the following:

- MSFC was more likely to have the wrong location listed for its providers at 25.0%.
- CFCHP was more likely to have a provider listed that was not a PCP at 54.1%.
- KPMAS was more likely to have PCPs not accept the MCO’s insurance at 93.8%, followed by JMS at 82.4%.
- WPM was more likely to have PCPs refuse to participate in the survey at 40.0%, followed by ABH at 23.1%.
- CFCHP and PPMCO had the highest total of unsuccessful call counts due to “PCP Response” at 37 and 36, respectively.

Figure 5. MYs 2023 to 2025 Unsuccessful Surveys due to "PCP Response"

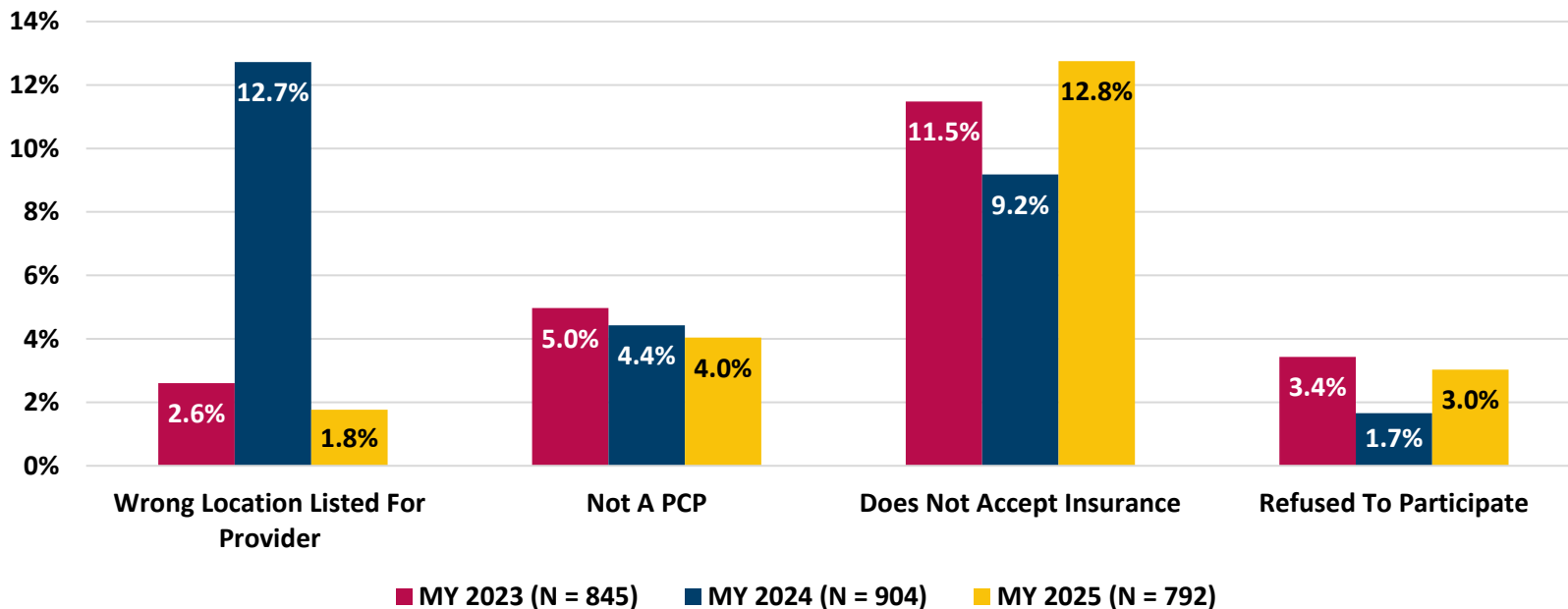


Table 19. MY 2025 "PCP Response" by MCO

MY 2025 "PCP Response" Calls	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	HealthChoice
Wrong Location Listed for Provider	15.4%	13.5%	5.9%	0.0%	16.7%	25.0%	2.8%	0.0%	0.0%	8.2%
Not a PCP	15.4%	54.1%	11.8%	0.0%	0.0%	0.0%	19.4%	7.7%	0.0%	18.7%
Does Not Accept Insurance	46.2%	13.5%	82.4%	93.8%	66.7%	75.0%	69.4%	76.9%	60.0%	59.1%
Refused to Participate	23.1%	18.9%	0.0%	6.3%	16.7%	0.0%	8.3%	15.4%	40.0%	14.0%
Total Unsuccessful "PCP Response" Call Counts	13	37	17	16	12	12	36	13	15	171

Denominator utilized only unsuccessful calls categorized as *PCP Response*.

Values reported are rounded to the nearest tenth of a percent for reporting only.

Compliance with Appointment Standards

MCO-specific results for compliance with routine care and urgent care appointment availability standards are displayed in the tables below.

Purpose. COMAR requirements guiding MY 2025 activities for access and availability follow.

Table 20. MY 2025 Network Adequacy Appointment Requirements

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

Compliance with Routine Care Availability Requirements. Compliance with routine care appointment requirements increased by 4.6 percentage points from MY 2024 (89.4%) to MY 2025 (94.0%). MCO compliance with routine care appointment availability within 30 days ranged from 86.8% (MPC) to 98.3% (UHC). All MCOs met the MDH-required minimum compliance score (80%). The average wait time for a routine care appointment was between seven days (CFCHP and UHC) and ten days (KPMAS, MPC, and WPM).

Figure 6. MYs 2023 to 2025 Percent of PCPs in Compliance with Routine Care Appointment Standards

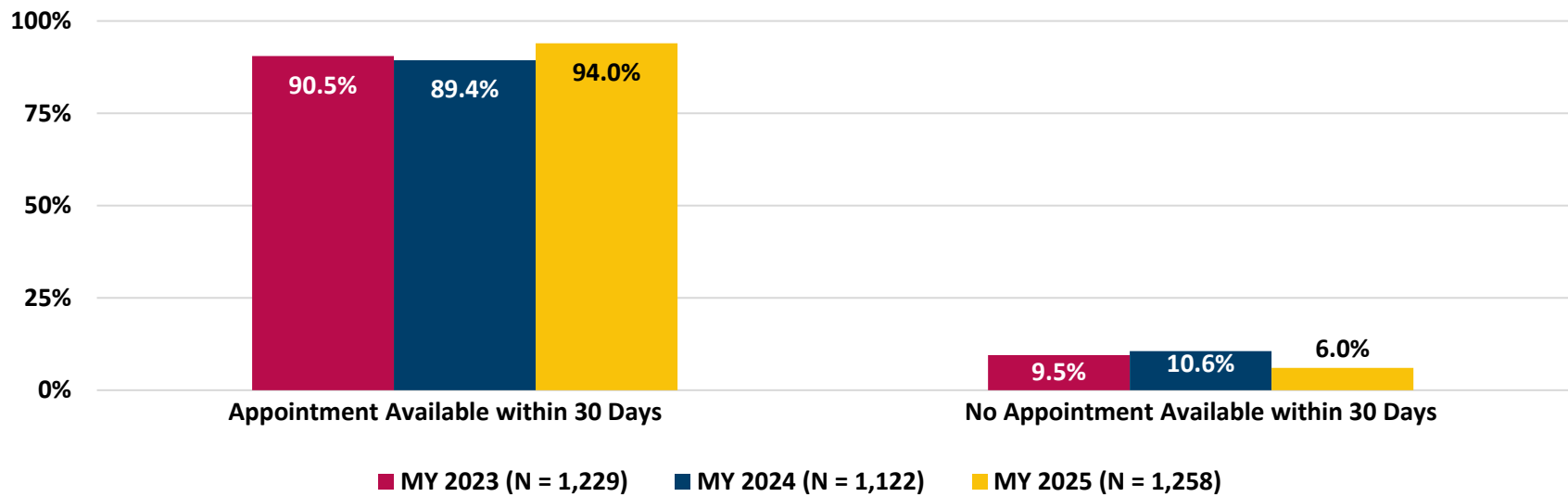


Table 21. MY 2025 MCO and HealthChoice Results for Compliance with Routine Care Appointment Standards (within 30 days)

Requirement	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	HealthChoice
Compliance with Routine Care Appointment	94.0%	96.3%	94.1%	94.4%	86.8%	91.1%	95.7%	98.3%	95.8%	94.0%
# of Wait Days (Average)	9	7	8	10	10	8	8	7	10	10
# of Wait Days (Range)	0-125	0-125	0-29	0-118	0-63	0-71	0-29	0-26	0-126	0-56

^M Minimum compliance score is unmet; ^Q Quarterly CAP required.
 Values reported are rounded to the nearest tenth of a percent for reporting only.

Compliance with Urgent Care Availability Requirements. PCP compliance with urgent care appointment requirements decreased by 2.5 percentage points from MY 2024 (91.0%) to MY 2025 (88.5%). MCO compliance with urgent care appointments within 48 hours ranged from 71.2% (KPMAS) to 96.4% (WPM). All MCOs, except for KPMAS (71.2%), exceeded the MDH-required minimum compliance score (80%). KPMAS will be required to submit a quarterly CAP to improve compliance with the urgent care appointment timeframe.

Figure 7. MYs 2023 to 2025 Percent of PCPs in Compliance with Urgent Care Appointment Standards

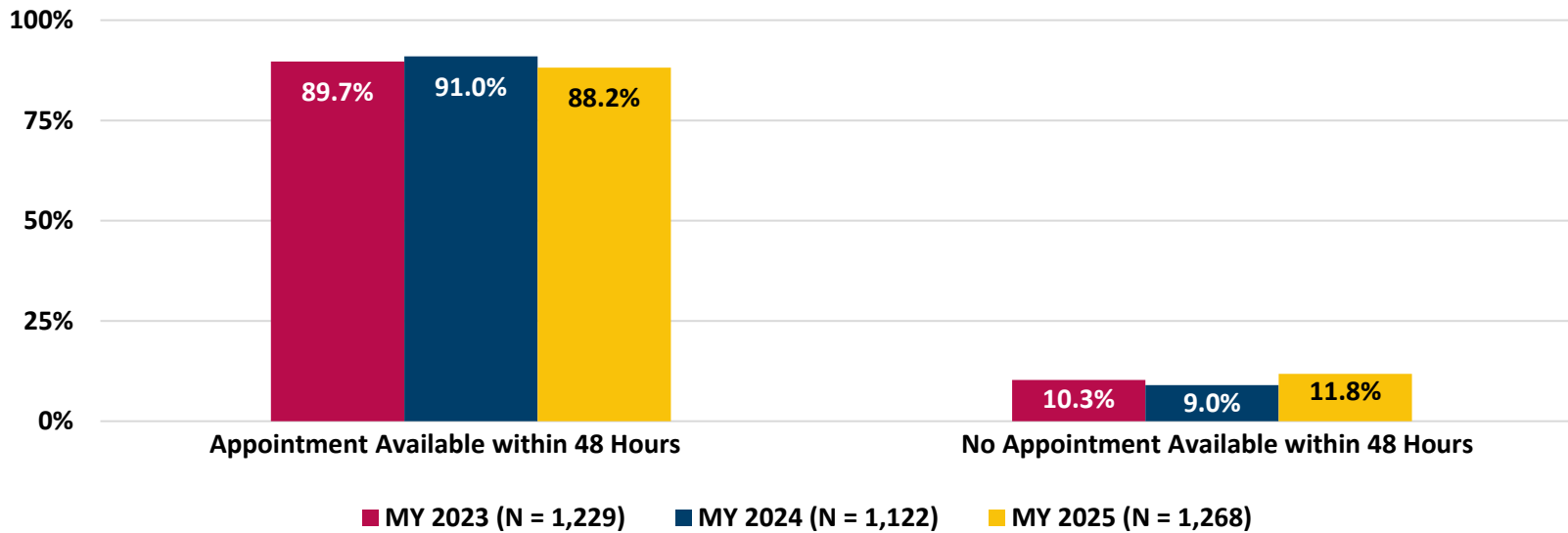


Table 22. MY 2025 MCO and HealthChoice Results for Compliance with Urgent Care Appointment Standards (within 48 hours)

Requirement	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	HealthChoice
Compliance with Urgent Care Appointment	86.7%	89.7%	93.4%	71.2% ^Q	89.3%	84.4%	89.6%	91.9%	96.4%	88.5%
Appointment Available with Requested PCP at Same Location within 48 hours (including telemedicine)	78.0%	76.6%	85.3%	39.2%	79.9%	70.4%	80.0%	79.7%	86.9%	75.8%

Requirement	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	HealthChoice
Appointment Available with Another PCP at Same Location within 48 hours (including telemedicine)	8.7%	13.1%	8.1%	32.0%	9.4%	14.1%	9.6%	12.2%	9.5%	12.6%

Bold denotes that the 80% minimum compliance score is unmet. ^Q denotes that a quarterly CAP required. Values reported are rounded to the nearest tenth of a percent for reporting only.

Provider Directory Validations

Purpose. COMAR requirements guiding MY 2025 activities for provider directories follow.

Table 23. MY 2025 Network Adequacy Requirements for Provider Directories

COMAR	Standard
<p>Accuracy of Provider Directory COMAR 10.67.05.02C(1)(d)</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 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>

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.

Validation Activities. Qlarant validated the information in the MCOs’ online provider directories for each PCP that successfully completed the telephone survey. The online directories were reviewed for the following information:

- **PCP Address** assesses accuracy of the information presented in the online directory, such as the PCP’s name, address, and practice location(s).
- **PCP Phone Number** assesses accuracy of the telephone number presented in the online directory.
- **ADA (Practice Accommodations for Physical Disabilities)** assesses availability of specific accommodations for individuals with disabilities in the practice location, by indication in the online directory for the PCP.
- **New Patients** assesses acceptance of new patients by the PCP, through indication in the online directory for the PCP.
- **Age Range** assesses ages served by the PCP, through indication in the online directory for the PCP.
- **PCP Languages** assesses languages spoken by the PCP, by indication in the online directory of the languages spoken by the PCP.

Providers who were not listed in the online provider directories were not included in the validation activities. The proportion of the telephone survey results matching the online directories by each of the review components listed above demonstrate the following observations:

- The classification of successful telephone surveys matching the information within the online directories for MY 2025 is comparable to MY 2024 for *PCP Address, Phone Number, ADA, and New Patients*.
- There was a significant decrease for specified *Age Range* (97.1% to 83.6%) from MY 2024 to MY 2025.
- Specified acceptance of *New Patients* continues to be the lowest performing category at 79.6% for MY 2025.

Validation of the MCO online provider directories demonstrates the following observations:

- All MCOs met or exceeded the minimum compliance score of 80% for five of the seven online directory requirements (*PCP Listed in Online Directory, PCP's Practice Location Matched Survey Response, PCP's Practice Telephone Number Matched Survey Response, Specifies Languages Spoken by PCP, and Practice States if Accommodations for Patients with Disabilities are Available*).
- Five out of nine MCOs' scores failed to meet the minimum compliance score for *Specifies if PCP Accepts New Medicaid Patients and Directory Matched Survey Response* (JMS at 75.0%, KPMAS at 78.4%, PPMCO at 73.3%, UHC at 78.5%, and WPM at 70.8%).
- PPMCO was the only MCO whose scores failed to meet the minimum compliance score for *Specifies Ages of Patients Seen* (0.0%).

Figure 8. MYs 2023 to 2025 Provider Directory Validation Results

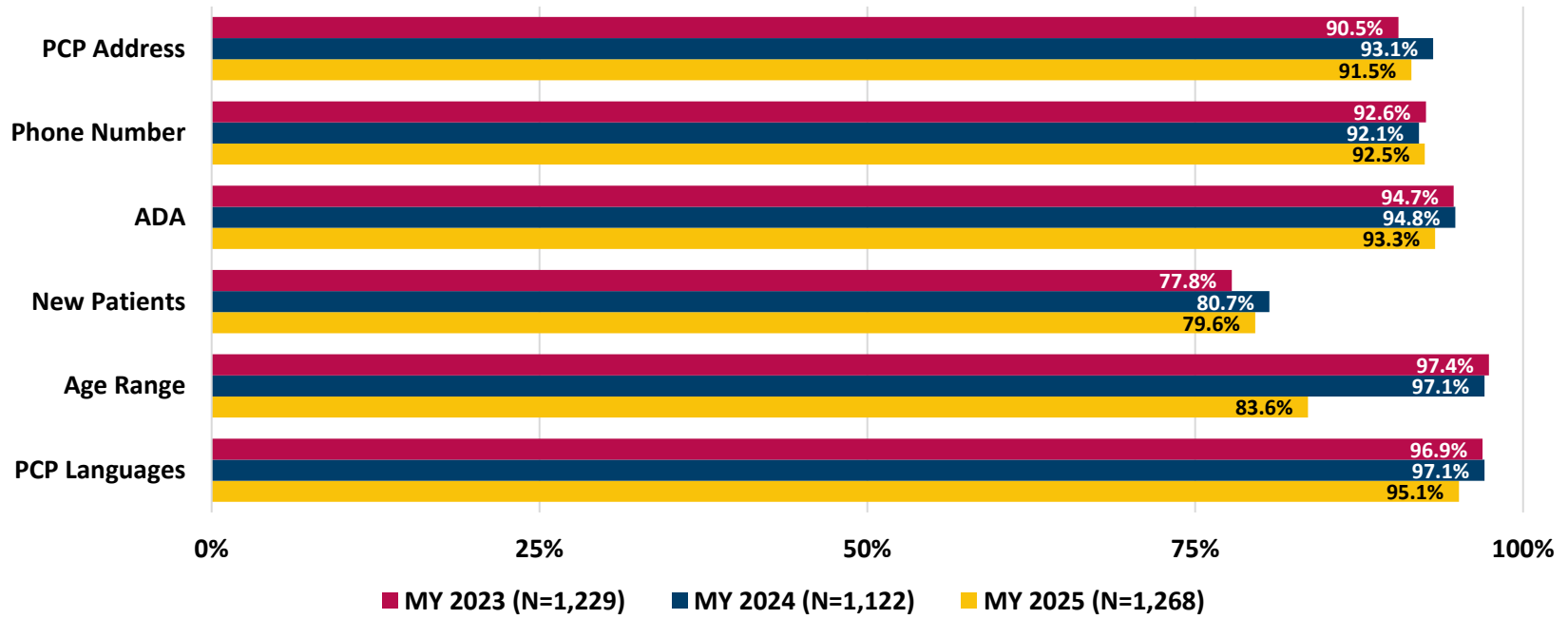


Table 24. MY 2025 MCO and HealthChoice Results for Provider Directory Validations

Requirement	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	HealthChoice Aggregate
PCP Listed in Online Directory	96.0% ↑	97.2% ↓	98.5% ↓	97.6% ↓	96.9% ↓	96.3% ↓	98.3% ↓	94.8% ↑	92.9% ↑	96.3% ↓
PCP’s Practice Location Matched Survey Response	94.7% ↑	93.5% ↓	95.6% ↓	96.8% ↓	93.7% ↓	91.9% ↓	85.3% ↓	89.0% ↑	84.5% ↓	91.5% ↓
PCP’s Practice Telephone Number Matched Survey Response	95.3% ↑	89.7% ↑	94.1% ↓	96.8% ↑	91.2% ↓	98.5% ↑	92.2% ↓	91.3% ↑	85.1% ↓	92.5% ↑
Specifies PCP Accepts New Medicaid Patients & Matches Survey Response	80.7% ↑	84.1% ↓	75.0% ↓	78.4% ^Q ↑	85.5% ↓	91.1% ↑	73.3% ↓	78.5% ↓	70.8% ^Q ↓	79.6% ↓
Specifies Ages of Patients Seen	91.3% ↓	87.9% ↓	98.5% ↓	96.0% ↓	91.2% ↓	83.0% ↓	0.0% ↓	94.8% ↑	92.3% ↓	83.6% ↓
Specifies Languages Spoken by PCP	96.0% ↑	97.2% ↓	98.5% ↓	87.2% ↓	97.5% ↓	97.0% ↓	94.8% ↓	94.8% ↑	92.9% ↓	95.1% ↓
Practice has Accommodations for Patients with Disabilities	81.3% ↓	98.1% ↓	94.9% ↓	96.8% ↓	89.3% ↓	97.8% ↓	98.3% ↑	94.8% ↑	92.3% ↑	93.3% ↓

Light green and ↑ = improvement from MY 2024; Blue and ↓ = Decline from MY 2024; Pink and ↓ = Decline from MY 2024; White = No change from MY 2024. **Bold** denotes that the 80% minimum compliance score is unmet. ^Q denotes that a quarterly CAP required. Values reported are rounded to the nearest tenth of a percent for reporting only.

Conclusions

Provider-to-Enrollee Ratios. Qlarant identified two provider types for MY 2024 that required MCOs to report provider-to-enrollee ratios: PCPs and Pediatric PCPs.

- Most MCOs reported ratios for additional provider types listed in COMAR as PCP subspecialties, women’s specialties, core specialties, major specialties, and pediatric subspecialties.
- Some MCOs reported ratios for provider types not listed in COMAR based on each MCO’s needs. These provider types include high-volume specialties, high-impact specialties, and additional specialties that must be monitored to maintain their accredited status.

Across all MCOs, 212 out of 213 identified provider-to-enrollee ratios were reported: 17 of the 18 ratios were required, and MCOs reported an additional 195 ratios.

- Eight MCOs included the two required PCPs (adult/general and pediatric providers). WPM included Pediatric PCPs, but focused on one PCP specialty type, Family/General practitioners PCPs, to account for the adult/general population.
- Four MCOs (ABH, CFCHP, JMS, and WPM) reported ratios for specific PCP specialties for their adult/general population.
- Eight MCOs (except KPMAS) reported ratios for one or more women’s health providers listed in COMAR. Three MCOs (ABH, JMS, and PPMCO) reported ratios for one or more women’s health providers not listed in COMAR.
- Eight MCOs (except KPMAS) reported ratios for all core specialties listed in COMAR.
- Eight MCOs (except KPMAS) reported ratios for all major specialties listed in COMAR.
- Seven MCOs (except CHFCHP and KPMAS) reported ratios for all pediatric subspecialties listed in COMAR.
- Five MCOs (JMS, MPC, MSFC, PPMCO, and WPM) reported ratios for facilities listed in COMAR for geographic access (i.e., acute inpatient hospitals, diagnostic laboratories, pharmacies).
- Five MCOs (ABH, CFCHP, JMS, MPC, and MSFC) reported ratios for other provider types not listed in COMAR.

MCOs’ calculations of their provider-to-enrollee ratios scored validation ratings of *Low Confidence* to *High Confidence* with validation scores ranging from 50% to 100%.

- Six MCOs (ABH, JMS, KPMAS, MPC, MSFC, and UHC) achieved a validation rating of *High Confidence* with a validation score of 100% for all required and additional indicators.
- CFCHP achieved a validation rating of *High Confidence* with a score of 100% for the required PCP providers and a validation rating of *Low Confidence* with a validation score of 50% for the required Pediatric PCPs. CFCHP achieved a validation rating of *High Confidence* with a validation score of 100% for the three PCP specialty types monitored and a validation rating of *Moderate Confidence* with a validation score of 53.3% for OB/GYN providers, Core Specialists, Major Specialists, and other specialties not listed in COMAR.
- PPMCO achieved a validation rating of *High Confidence* with a validation score of 100% for the required PCP providers and a validation rating of *Moderate Confidence* with a validation score of 62.5% for the required Pediatric PCPs. PPMCO achieved a validation rating of *High Confidence* with a validation score of 100% for the remaining additional providers.
- WPM achieved a validation rating of *High Confidence* with a validation score of 100% for the required Pediatric PCP providers. The ratio of PCP providers could not be validated because WPM only reported a ratio for one PCP specialty type. This PCP specialty type, Family/General PCPs, achieved a validation rating of *High Confidence* with a validation score of 100%. The remaining providers achieved a validation rating of *High Confidence* with a validation score of 100%.

Time and Distance Standards. Qlarant identified 25 provider types for MY 2024 that required MCOs to report geographic access metrics (time and/or distance) across three geography types: urban, suburban, and rural. Note: JMS is contractually required to provide metrics for two geography types: urban and suburban.

- Most MCOs reported geographic access metrics as required for PCPs and Pediatric PCPs.

- All MCOs reported geographic access metrics as required for OB/GYN providers and prenatal providers.
- All MCOs reported geographic access metrics as required for core specialties.
- All MCOs reported geographic access metrics as required for major specialties.
- All MCOs reported geographic access metrics as required for pediatric subspecialties.
- All MCOs reported geographic access metrics as required for facilities (i.e. acute inpatient hospitals, diagnostic laboratories, pharmacies).
- Some MCOs reported geographic access metrics not listed in COMAR based on each MCO's needs. These provider types include high volume specialties, high impact specialties, and additional specialties that must be monitored to maintain their accredited status.

Across all MCOs, 692 out of 699 identified geographic access metrics were reported: 647 of the 650 ratios were required, and MCOs reported an additional 45 of 49 metrics.

- Eight MCOs (except WPM) included all geographic access metrics for the two required PCPs (adult/general and pediatric providers). WPM included Pediatric PCPs, but focused on two PCP specialty types, Family/General practitioners PCPs and Internal Medicine PCPs, to account for the adult/general population.
- All MCOs included all geographic access metrics as required for OB/GYN providers (collectively or separately) and prenatal providers as listed in COMAR.
- PPMCO included geographic metrics for one women's health provider not listed in COMAR.
- All MCOs reported geographic access metrics as required for core specialties, major specialties, pediatric subspecialties, and facilities.
- Some MCOs reported geographic access metrics for provider types not listed in COMAR.

MCOs' calculations of their geographical access scored validation ratings of *Moderate Confidence* to *High Confidence*, with validation scores ranging from 64.7% to 100%.

- Six MCOs (ABH, JMS, KPMAS, MPC, MSFC, and UHC) achieved a validation rating of *High Confidence* with a validation score of 100% for all required and additional indicators.
- CFCHP achieved a validation rating of *High Confidence* with a validation score of 100% for 54 of the 75 required indicators and 9 additional indicators. The remaining 21 required indicators (Pediatric PCP, Prenatal Providers, OB/GYN, Pediatric Specialties) achieved a validation rating of *Moderate Confidence* with a validation score of 64.7%. Analysts identified that monitoring activities for these indicators looked at the entire enrollee population instead of the pediatric population and women's population, respectively.
- PPMCO achieved a validation rating of *High Confidence* with a validation score of 100% for 60 of the 75 required indicators and 3 additional indicators. The remaining 15 required indicators (Pediatric PCP and Pediatric Specialties) achieved a validation rating of *Moderate Confidence* with a validation score of 64.7%. Analysts identified that monitoring activities for these indicators looked at the entire enrollee population instead of the pediatric population.

- WPM achieved a validation rating of *High Confidence* with a validation score of 100% for 72 of the 75 required indicators and 9 additional indicators. The remaining three indicators could not be validated.

Telephone Surveys and Provider Directory Validations. The overall percentage of successful contacts for MY 2025 improved by 6.2 percentage points from MY 2024 (55.4%) to MY 2025 (61.6%). However, MY 2025 continued to have *Number Did Not Reach Intended Provider* (35.9%) as the main reason for unsuccessful calls due to “No Contact.” Most unsuccessful calls for MY 2025 was due to the “PCP Response” *Does Not Accept Insurance*, which is a change from MY 2024, *Wrong Location Listed For Provider*.

Compliance with standards for routine care appointments improved from MY 2024 (89.4%) to MY 2025 (94.0%). All MCOs exceeded the minimum compliance score of 80%, with an overall HealthChoice average of 94.0%.

Performance declined for compliance with standards for urgent care appointments from MY 2024 (91.0%) to MY 2025 (88.5%). Eight of the nine MCOs (except for KPMAS) exceeded the minimum compliance score of 80%, with an overall HealthChoice average of 88.5%.

The classification of successful telephone surveys matching the information within the online directories for MY 2025 is comparable to MY 2024 for *PCP Address, Phone Number, ADA, and New Patients*. MCOs specifying acceptance of *New Patients* within online directories continues to be the lowest performing category from MY 2023 (77.8%) to MY 2025 (79.6%). All MCOs met or exceeded the minimum compliance score of 80% for five of the seven online directory requirements (*PCP Listed in Online Directory, PCP’s Practice Location Matched Survey Response, PCP’s Practice Telephone Number Matched Survey Response, Specifies Languages Spoken by PCP, and Practice States if Accommodations for Patients with Disabilities are Available*).

Quality, Access, and Timeliness

- Quality - MCOs must conduct network adequacy monitoring activities to ensure provider-to-enrollee ratios and time and distance standards meet requirements for members’ ability to receive quality care. MCOs must also 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 desired health outcomes. Areas of impact during the MY 2024 NAV activity and MY 2025 NAV telephone surveys and provider directory validations include:
 - An increased likelihood that enrollees will have access to correct provider phone numbers and addresses in the MCO online provider directories.
- 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 and MY 2025 NAV telephone surveys and provider directory validations include:

- The continued likelihood that contracted providers will accept the enrollee’s MCO.
- 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 and MY 2025 NAV telephone surveys and provider directory validations include:
 - An increase in the likelihood that enrollees can schedule routine care appointments within 30 days.
 - A decrease in the likelihood that enrollees can schedule urgent care appointments within 48 hours.

Table 25. HealthChoice Strengths, Improvements, and Recommendations

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, and/or Timeliness	Provider-to-Enrollee Ratios and Time and Distance Standards	↑, ↓, or NA
Access	Strengths: <ul style="list-style-type: none"> ● All MCOs performed at validation ratings of <i>Moderate Confidence</i> and <i>High Confidence</i> for time and distance standards. 	↑
NA	Improvements: <ul style="list-style-type: none"> ● There are no formal improvements. 	NA
NA	Recommendations: <ul style="list-style-type: none"> ● There are no formal recommendations. 	NA
Quality, Access, and/or Timeliness	Telephone Surveys and Provider Directory Validations	↑, ↓, or NA
Quality, Timeliness	Strengths: <ul style="list-style-type: none"> ● HealthChoice’s aggregate performance exceeded the 80% minimum compliance score and the MDH Quality Strategy goal of 85% in seven of the nine requirements for appointment timeframes and provider directory validations. 	↑
Timeliness	Improvements: <ul style="list-style-type: none"> ● All MCOs exceeded the 80% minimum compliance score for compliance with routine care appointment standards. 	↑
Quality, Access, Timeliness	Recommendations: <ul style="list-style-type: none"> ● All MCOs requiring a CAP received recommendations that, if implemented, should improve performance for future reviews. ● 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. 	↑

Domain	Strengths, Improvements, and Recommendations	Assessment
	<ul style="list-style-type: none"> • 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. • Review and address root causes for the decrease in <i>PCP Accepts New Patients for Listed MCO</i>. • Review and address root causes for the increase in <i>Number Did Not Reach Intended Provider</i>. • Review and address root causes for the increase in <i>No Answer</i>. • Review and address root causes for the increase of unsuccessful surveys due to “PCP Response” related to <i>Does Not Accept Insurance</i>, which was the reason for most of the unsuccessful surveys due to “PCP Response.” • Review and address root causes for the decrease in compliance of standards for urgent care appointments. • Review and address root causes for <i>Specifies if PCP Accepts New Medicaid Patients and Directory Matched Survey Response</i> being the requirement with the lowest HealthChoice Aggregate performance. • Provide education to provider staff members to ensure staff responses match the online provider directories. • Clearly differentiate acceptance of new patients and/or acceptance of MCO patients. • Clearly identify the age ranges served by the PCP. 	

MCO Summaries

Assessments of previous recommendations are only included for telephone surveys and provider directory validations activities, as CAPs are not currently issued for Protocol 4 activities.

ABH Summary

Table 26. ABH Strengths, Improvements, and Recommendations

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, and/or Timeliness	Provider-to-Enrollee Ratios and Time and Distance Standards	↑, ↓, or NA
Quality, Access	Strengths: <ul style="list-style-type: none"> Results for all 28 indicators focused on network capacity achieved a validation rating of <i>High Confidence</i> with validation scores equaling 100%. Results for all 81 indicators focused on time and/or distance standards achieved a validation rating of <i>High Confidence</i> with validation scores equaling 100%. 	↑
NA	Improvements: <ul style="list-style-type: none"> There are no formal improvements identified. 	NA
Quality, Access	Recommendations: <ul style="list-style-type: none"> Maintain monitoring levels. 	↓
Quality, Access, and/or Timeliness	Telephone Surveys and Provider Directory Validations	↑, ↓, or NA
Access, Timeliness	Strengths: <ul style="list-style-type: none"> Scores for compliance with routine care and urgent care appointment timeframes remained above the 80% minimum compliance score by 14.0 and 6.7 percentage points, respectively. 	↑
Quality	Improvements: <ul style="list-style-type: none"> Performance has improved for <i>Specifies if PCP Accepts New Medicaid Patients and Directory Matched Survey Response</i> (80.7%) from MY 2024 to MY 2025. 	↑
Quality, Access, Timeliness	Recommendations: <ul style="list-style-type: none"> Monitor timeframes for urgent care appointments due to the decrease in performance from MY 2024 to MY 2025 to ensure continued compliance in MY 2026. Review and address root causes for the continued increase in “No Contact” due to <i>Reached Voicemail</i> (35.0%). 	↓

Table 27. ABH Assessment of Previous Recommendations

Recommendation	Assessment and Action(s) Taken	MCO Addressed Recommendations
MY 2024 NAV Focused Study Activities	MY 2025 NAV Telephone Surveys and Provider Directory Validations Action(s) Taken	↑, ↓, or ■
<p>Ensure staff responses regarding accepting new Medicaid patients for ABH 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.</p>	<p>ABH initiated a corrective action plan that was reviewed by both Qlarant and MDH. ABH was then found to be compliant with <i>Specifies PCP Accepts New Medicaid Patients and Matches Survey Response</i>. Qlarant recommends the MY 2024 CAP to be closed.</p>	<p>↑</p>

CFCHP Summary

Table 28. CFCHP Strengths, Improvements, and Recommendations

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, and/or Timeliness	Provider-to-Enrollee Ratios and Time and Distance Standards	↑, ↓, or NA
NA	<p>Strengths:</p> <ul style="list-style-type: none"> There are no formal strengths identified. 	NA
NA	Improvements:	NA

Domain	Strengths, Improvements, and Recommendations	Assessment
	<ul style="list-style-type: none"> There are no formal improvements identified. 	
Quality, Access	Recommendations: <ul style="list-style-type: none"> In addition to reporting current metrics for the pediatric and female population, consider including additional monitoring for specific populations, especially if access falls below 100%, but still meets state standards. 	↓
Quality, Access, and/or Timeliness	Telephone Surveys and Provider Directory Validations	↑, ↓, or NA
Quality, Access	Strengths: <ul style="list-style-type: none"> Scores for compliance with routine care and urgent care appointment timeframes remained above the 80% minimum compliance score by 16.3 and 9.7 percentage points, respectively. All online provider directory requirements exceeded the 80% minimum compliance score; therefore, no CAP is required. 	↑
Quality, Access	Improvements: <ul style="list-style-type: none"> After implementing corrective action for MY 2024, CFCHP improved the accuracy of <i>PCP's Practice Telephone Number Matched Survey Response</i> by 11.7 percentage points from MY 2024 (78.0%) to MY 2025 (89.7%); therefore, Qlarant recommends the MY 2024 CAP to be closed. 	↑
Quality, Access, Timeliness	Recommendations: <ul style="list-style-type: none"> Monitor urgent care appointment timeframes due to the decrease in performance from MY 2024 to MY 2025 to ensure continued compliance in MY 2026. Review and address root causes for the highest percentages of unsuccessful contacts due to <i>No Answer</i> (35.8%) and unsuccessful surveys due to <i>Not a PCP</i> (54.1%). 	↓

Assessment of Previous Recommendations

Table 29. CFCHP Assessment of Previous Recommendations

Recommendation	Assessment and Action(s) Taken	MCO Addressed Recommendations
MY 2024 NAV Focused Study Activities	MY 2025 NAV Telephone Surveys and Provider Directory Validations Action(s) Taken	↑, ↓, or ●

Recommendation	Assessment and Action(s) Taken	MCO Addressed Recommendations
<p>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.</p>	<p>CFCHP initiated a corrective action plan that was reviewed by both Qlarant and MDH. CFCHP was then found to be compliant with <i>PCP’s Practice Telephone Number Matched Survey Response</i>. Qlarant recommends the MY 2024 CAP to be closed.</p>	<p>↑</p>

JMS Summary

Table 30. JMS Strengths, Improvements, and Recommendations

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, and/or Timeliness	Provider-to-Enrollee Ratios and Time and Distance Standards	↑, ↓, or NA
Quality, Access	<p>Strengths:</p> <ul style="list-style-type: none"> Results for all 33 indicators focused on network capacity achieved a validation rating of <i>High Confidence</i> with validation scores equaling 100%. 	↑
Quality, Access	<p>Improvements:</p> <ul style="list-style-type: none"> All indicators for network capacity achieved a validation rating of <i>High Confidence</i> with validation scores equaling 100%. 	↑
Quality, Access	<p>Recommendations:</p> <ul style="list-style-type: none"> Maintain monitoring levels; however, provide all relevant metrics. 	↓
Quality, Access, and/or Timeliness	Telephone Surveys and Provider Directory Validations	↑, ↓, or NA
Access, Timeliness	Strengths:	↑

Domain	Strengths, Improvements, and Recommendations	Assessment
	<ul style="list-style-type: none"> Scores for compliance with routine care and urgent care appointment timeframes remained above the 80% minimum compliance score by 14.1 and 13.4 percentage points, respectively. 	
NA	Improvements: <ul style="list-style-type: none"> There are no formal improvements identified. 	NA
Quality, Access	Recommendations: <ul style="list-style-type: none"> Review and address root causes for having the highest percentage of unsuccessful contacts due to <i>Did Not Reach Intended Provider</i> (63.0%). CAP. Performance has declined for <i>Specifies if PCP Accepts New Medicaid Patients and Directory Matched Survey Response</i> (75.0%). JMS must submit a CAP to achieve compliance in MY 2026. <ul style="list-style-type: none"> Ensure staff responses regarding accepting new Medicaid patients for JMS align with the online provider directory. Enrollees use the online provider directory to search for new PCPs and should receive the same information when calling the provider directly. 	↓

Assessment of Previous Recommendations

Qlarant did not provide MY 2024 recommendations for telephone surveys and provider directory validation activities that would require corrective action.

KPMAS Summary

Table 31. KPMAS Strengths, Improvements, and Recommendations

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, and/or Timeliness	Provider-to-Enrollee Ratios and Time and Distance Standards	↑, ↓, or NA
Quality, Access	Strengths: <ul style="list-style-type: none"> Results for all 80 indicators focused on time and/or distance standards achieved a validation rating of <i>High Confidence</i> with validation scores equaling 100%. 	↑
NA	Improvements: <ul style="list-style-type: none"> No formal improvements identified. 	NA
Quality, Access	Recommendations:	NA

Domain	Strengths, Improvements, and Recommendations	Assessment
	<ul style="list-style-type: none"> Maintain monitoring levels; however, consider monitoring additional specialties. 	
Quality, Access, and/or Timeliness	Telephone Surveys and Provider Directory Validations	↑, ↓, or NA
Quality, Access, Timeliness	Strengths: <ul style="list-style-type: none"> Compliance with routine care appointment timeframes exceeded the 80% minimum compliance score by 14.4 percentage points. Highest percentage of successful contacts (98.4%), accurate PCP addresses (98.4%), and <i>Accepts Listed MCO</i> (100%). Lowest percentage of unsuccessful contacts due to <i>Wrong Location Listed for Provider</i> (0%). One of three MCOs to not have unsuccessful surveys due to <i>Not a PCP</i>. All online provider directory requirements exceeded the 80% minimum compliance score; therefore, no CAP is required. 	↑
NA	Improvements: <ul style="list-style-type: none"> There are no formal improvements identified. 	NA
Quality, Access, Timeliness	Recommendations: <ul style="list-style-type: none"> Review and address root causes for having the lowest percentage for <i>Accepts New Medicaid Patients Listed for MCO</i> (64.0%). Review and address root causes for having the second-highest percentage for unsuccessful contacts due to <i>Hold Time Greater than Five Minutes</i> (21.1%) and <i>No Answer</i> (31.6%). Review and address the root causes for having the highest percentage of unsuccessful surveys due to <i>Does Not Accept Insurance</i> (93.8%). CAP. KPMAS initiated a corrective action plan that was reviewed by both Qlarant and MDH. Despite implementing corrective action, KPMAS' scores remain below the compliance score for urgent care appointment timeframes (71.2%) and <i>Specifies if PCP Accepts New Medicaid Patients and Directory Matched Survey Response</i> (78.4%). Due to multiple years of not meeting this requirement, KPMAS must submit quarterly CAPs for both categories to achieve compliance in MY 2026. <ul style="list-style-type: none"> Ensure provider offices are meeting requirements for urgent care appointment scheduling within 48 hours of the call date at the same 	↓

Domain	Strengths, Improvements, and Recommendations	Assessment
	location with either the requested provider, an alternate provider, or telemedicine. <ul style="list-style-type: none"> Ensure staff responses regarding accepting new Medicaid patients for KPMAS align with responses provided in the online provider directory. Enrollees use the online directory to search for new PCPs and should receive the same information when calling the provider directly. 	

Assessment of Previous Recommendations

Table 32. KPMAS Assessment of Previous Recommendations

Recommendation	Assessment and Action(s) Taken	MCO Addressed Recommendations
MY 2024 NAV Focused Study Activities	MY 2025 NAV Telephone Surveys and Provider Directory Validations	Action(s) Taken ↑, ↓, or ●
Despite KPMAS’ improvement with urgent care appointment timeframes (77.7% for MY 2023 to 79.3% for MY 2024), the score for urgent care appointment timeframes remains 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: <ul style="list-style-type: none"> Ensure provider offices are able to 	KPMAS initiated a corrective action plan that was reviewed by both Qlarant and MDH. Despite implementing corrective action, KPMAS’ scores remain below compliance score for urgent care appointment timeframes (71.2%) and <i>Specifies if PCP Accepts New Medicaid Patients and Directory Matched Survey Response</i> (78.4%). Due to multiple years of not meeting this requirement, KPMAS must submit quarterly CAPs for both categories to achieve compliance in MY 2026.	↓

Recommendation	Assessment and Action(s) Taken	MCO Addressed Recommendations
<p>accommodate requirements for 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.</p> <p>KPMAS' scores for <i>Specifies if PCP Accepts New Medicaid Patients & Directory Matched Survey Response</i> decreased by 11.2 percentage points. To achieve compliance in the MY 2025 validations, KPMAS must submit CAPs to address the following:</p>		

Recommendation	Assessment and Action(s) Taken	MCO Addressed Recommendations
<ul style="list-style-type: none"> Ensure staff responses regarding accepting new Medicaid patients for KPMAS 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 Summary

Table 33. MPC Strengths, Improvements, and Recommendations

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, and/or Timeliness	Provider-to-Enrollee Ratios and Time and Distance Standards	↑, ↓, or NA
Quality, Access	Strengths: <ul style="list-style-type: none"> Results for all 26 indicators focused on network capacity achieved validation rating of <i>High Confidence</i> with validation scores equaling 100%. Results for all 81 indicators focused on time and/or distance standards achieved <i>High Confidence</i> with validation scores equaling 100%. 	↑
Quality, Access, Timeliness	Improvements: <ul style="list-style-type: none"> All indicators for network capacity and time and distance standards achieved <i>High Confidence</i> with validation scores equaling 100%. 	↑
Quality, Access	Recommendations: <ul style="list-style-type: none"> Maintain monitoring levels. 	↓
Quality, Access, and/or Timeliness	Telephone Surveys and Provider Directory Validations	↑, ↓, or NA
Quality, Access, Timeliness	Strengths: <ul style="list-style-type: none"> Compliance with routine care and urgent care appointment timeframes exceeded the 80% minimum compliance score by 6.8 and 9.3 percentage points, respectively. One of three MCOs to not have unsuccessful surveys due to <i>Not a PCP</i>. All online provider directory requirements exceeded the 80% minimum compliance score; therefore, no CAP is required. 	↑
NA	Improvements: <ul style="list-style-type: none"> There are no formal improvements identified. 	NA
Quality, Access, Timeliness	Recommendations: <ul style="list-style-type: none"> Monitor routine care and urgent care appointment timeframes due to the decrease in performance from MY 2024 to MY 2025 to ensure continued compliance in MY 2026. Monitor performance for <i>Specifies if PCP Accepts New Medicaid Patients and Directory Matched Survey Response</i> to ensure continued compliance in MY 2026. 	↓

Assessment of Previous Recommendations

Qlarant did not provide MY 2024 recommendations for telephone surveys and provider directory validations activities that would require corrective action.

MSFC Summary

Table 34. MSFC Strengths, Improvements, and Recommendations

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, and/or Timeliness	Provider-to-Enrollee Ratios and Time and Distance Standards	↑, ↓, or NA
Quality, Access	Strengths: <ul style="list-style-type: none"> Results for all 28 indicators focused on network capacity achieved <i>High Confidence</i> with validation scores equaling 100%. Results for all 84 indicators focused on time and/or distance standards achieved <i>High Confidence</i> with validation scores equaling 100%. 	↑
Quality, Access	Improvements: <ul style="list-style-type: none"> All indicators for network capacity achieved <i>High Confidence</i> with validation scores equaling 100%. 	↑
Quality, Access	Recommendations: <ul style="list-style-type: none"> Maintain monitoring levels. 	↓
Quality, Access, and/or Timeliness	Telephone Surveys and Provider Directory Validations	↑, ↓, or NA
Quality, Access, Timeliness	Strengths: <ul style="list-style-type: none"> Compliance with routine care and urgent care appointment timeframes exceeded the 80% minimum compliance score by 11.1 and 4.4 percentage points, respectively. One of three MCOs to not have unsuccessful surveys due to <i>Not a PCP</i>. All online provider directory requirements exceeded the 80% minimum compliance score; therefore, no CAP is required. Highest percentage for <i>Accepts New Medicaid Patients Listed for MCO</i> (91.9%). 	↑
NA	Improvements: <ul style="list-style-type: none"> There are no formal improvements identified. 	NA

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, Timeliness	Recommendations: <ul style="list-style-type: none"> Monitor timeframes for urgent care appointments due to the decrease in performance from MY 2024 to MY 2025 to ensure continued compliance in MY 2026. Review and address root causes for having the highest percentage for <i>Accepts New Medicaid Patients Listed for MCO</i> (91.9%) and second highest percentage for unsuccessful surveys due to <i>Wrong Location Listed for Provider</i> (25.0%). Review and address root causes for performance for <i>Specifies Ages of Patients Seen</i> to ensure continued compliance. 	↓

Assessment of Previous Recommendations

Qlarant did not provide MY 2024 recommendations for telephone surveys and provider directory validations activities that would require corrective action.

PPMCO Summary

Table 35. PPMCO Strengths, Improvements, and Recommendations

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, and/or Timeliness	Provider-to-Enrollee Ratios and Time and Distance Standards	↑, ↓, or NA
NA	Strengths: <ul style="list-style-type: none"> There were no formal strengths identified. 	NA
NA	Improvements: <ul style="list-style-type: none"> There were no formal improvements identified. 	NA
Quality, Access	Recommendations: <ul style="list-style-type: none"> Maintain monitoring levels; however, provide all relevant metrics. 	↓
Quality, Access, and/or Timeliness	Telephone Surveys and Provider Directory Validations	↑, ↓, or NA
Access, Timeliness	Strengths: <ul style="list-style-type: none"> Compliance with routine and urgent care appointment timeframes exceeded the 80% minimum compliance score by 15.7 and 9.6 percentage points, respectively. 	↑
NA	Improvements:	NA

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, Timeliness	<ul style="list-style-type: none"> There were no formal improvements identified. <p>Recommendations:</p> <ul style="list-style-type: none"> Review and address root causes for having the second-highest total of unsuccessful contacts due to “No Contact” and “PCP Response.” Monitor urgent care appointment timeframes due to the decrease in performance from MY 2024 to MY 2025 to ensure continued compliance in MY 2026. CAP. Performance has declined for <i>Specifies if PCP Accepts New Medicaid Patients and Directory Matched Survey Response (73.3%)</i> and <i>Specifies Ages of Patients Seen (0%)</i>. PPMCO must submit a CAP for each requirement to achieve compliance in MY 2026. <ul style="list-style-type: none"> Ensure staff responses regarding accepting new Medicaid patients for PPMCO align with the online provider directory. Enrollees use the online provider directory to search for new PCPs and should receive the same information when calling the provider directly. Update the online provider directory to clearly specify age ranges seen by provider. 	↓

Assessment of Previous Recommendations

Qlarant did not provide MY 2024 recommendations for telephone surveys and provider directory validations activities that would require corrective action.

UHC Summary

Table 36. UHC Strengths, Improvements, and Recommendations

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, and/or Timeliness	Provider-to-Enrollee Ratios and Time and Distance Standards	↑, ↓, or NA
Quality, Access	<p>Strengths:</p> <ul style="list-style-type: none"> Results for all 22 indicators focused on network capacity achieved <i>High Confidence</i> with validation scores equaling 100%. Results for all 75 indicators focused on time and/or distance standards achieved <i>High Confidence</i> with validation scores equaling 100%. 	↑

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, Timeliness	Improvements: <ul style="list-style-type: none"> All indicators for network capacity and time and distance standards achieved <i>High Confidence</i> with validation scores equaling 100%. 	↑
Quality, Access	Recommendations: <ul style="list-style-type: none"> Maintain monitoring levels. 	↓
Quality, Access, and/or Timeliness	Telephone Surveys and Provider Directory Validations	↑, ↓, or NA
Quality, Access, Timeliness	Strengths: <ul style="list-style-type: none"> Compliance with routine and urgent care appointment timeframes exceeded the 80% minimum compliance score by 18.3 and 11.9 percentage points, respectively. 	↑
NA	Improvements: <ul style="list-style-type: none"> There are no formal improvements identified. 	NA
Quality, Access, Timeliness	Recommendations: <ul style="list-style-type: none"> Review and address root causes for having the highest percentage of unsuccessful contacts due to <i>Hold Time Greater Than Five Minutes</i> (21.1%). CAP. UHC’s performance has declined for <i>Specifies if PCP Accepts New Medicaid Patients and Directory Matched Survey Response</i> (78.5%). UHC must submit a CAP to achieve compliance in MY 2026. <ul style="list-style-type: none"> Ensure staff responses regarding accepting new Medicaid patients for UHC aligns with the online provider directory. Enrollees use the online provider directory to search for new PCPs and should receive the same information when calling the provider directly. 	↓

Assessment of Previous Recommendations

Qlarant did not provide MY 2024 recommendations for telephone surveys and provider directory validations activities that would require corrective action.

WPM Summary

Table 37. WPM Strengths, Improvements, and Recommendations

Domain	Strengths, Improvements, and Recommendations	Assessment
Quality, Access, and/or Timeliness	Provider-to-Enrollee Ratios and Time and Distance Standards	↑, ↓, or NA
NA	Strengths: <ul style="list-style-type: none"> There are no formal strengths identified. 	NA
NA	Improvements: <ul style="list-style-type: none"> There are no formal improvements identified. 	NA
Quality, Access, Timeliness	Recommendations: <ul style="list-style-type: none"> Monitor PCPs as one group, including PCP specialties. 	↓
Quality, Access, and/or Timeliness	Telephone Surveys and Provider Directory Validations	↑, ↓, or NA
Quality, Access, Timeliness	Strengths: <ul style="list-style-type: none"> Compliance with routine care and urgent care appointment timeframes exceeded the 80% minimum compliance score by 15.8 and 16.4 percentage points, respectively. Highest percentage for compliance with urgent care appointment timeframes (96.4%). 	↑
NA	Improvements: <ul style="list-style-type: none"> There are no formal improvements identified. 	NA
Quality, Access	Recommendations: <ul style="list-style-type: none"> Review and address root causes for having the highest percentage of unsuccessful surveys due to <i>Refused to Participate</i> (40.0%). Ensure staff responses regarding accepting new Medicaid patients for WPM align with the online provider directory. Enrollees use the online provider directory to search for new PCPs and should receive the same information when calling the provider directly. Review and address the root causes for performing below the minimum compliance score in areas requiring a quarterly CAP. 	↓

Assessment of Previous Recommendations

Table 38. WPM Assessment of Previous Recommendations

Recommendation	Assessment and Action(s) Taken	MCO Addressed Recommendations
MY 2024 NAV Focused Study Activities	MY 2025 NAV Telephone Surveys and Provider Directory Validations Action(s) Taken	↑, ↓, or ●
<p>WPM’s score for the provider directory validation requirement <i>Specifies if PCP Accepts New Medicaid Patients & Directory Matched Survey Response</i> (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:</p> <ul style="list-style-type: none"> • Ensure staff responses regarding accepting new Medicaid patients for WPM align with responses provided in the online directory through provider staff education. Enrollees use the online directory to search for new PCPs and 	<p>WPM initiated a corrective action plan that was reviewed by both Qlarant and MDH. Despite implementing corrective action, WPM’s score remains below compliance. Due to multiple years of not meeting this requirement, WPM must submit a quarterly CAP to achieve compliance in MY 2026.</p>	↓

Recommendation	Assessment and Action(s) Taken	MCO Addressed Recommendations
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

Qlarant provides the following recommendations for observations from MY 2024 activities for provider-to-enrollee ratios and time and distance standards:

- Consider requiring MCOs provide additional ratios for high-volume and high-impact specialties to demonstrate adequate coverage based on MCO billing processes.

Qlarant provides the following recommendations for observations from the MY 2025 telephone surveys and provider directory validations:

- 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 implementing policies and procedures to promote health equity and monitor the availability of diverse providers with language fluencies other than English.

Appendix A: CMS Protocol 4: Worksheet 4.6 MCO Findings

Table 39. ABH Validation

Question	Yes	No	Not Applicable	Comments
Overview	#	#	#	
Did the MCO address this indicator in its network adequacy monitoring activities?	109	0	0	Ratios: 2 required and addressed with 26 additional (28 total) GeoAccess: 75 required and addressed with 6 additional (81 total)
Assessment of data collection procedures	#	#	#	
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	109	0	0	
For each data source, were all variables needed to calculate this indicator included?	109	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	109	0	Inverse "No" receives the point
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	109	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	109	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	109	0	Inverse "No" receives the point
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	109	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	109	Not Applicable

Question	Yes	No	Not Applicable	Comments
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	109	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP identification card (ID) or medical record number needed to speak with provider offices?	0	0	109	Not Applicable
Assessment of MCO Network Adequacy Methods	#	#	#	
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	109	0	0	Ratio: PCP subspecialties for provider to enrollee ratios do not need to meet COMAR specs since ratio for consolidated PCP group is within maximum threshold
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	109	0	0	
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	109	0	0	
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	109	0	0	
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	109	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population? A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.	0	0	109	Not Applicable

Question	Yes	No	Not Applicable	Comments
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	109	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	109	Not Applicable
In calculating this indicator, were valid sampling techniques used to protect against bias? Specify the type of sampling used in the “comments” field.	0	0	109	Not Applicable
If applicable to this indicator, does the MCO’s approach for measuring distance (e.g., “as the crow flies” or using road distances) match the state’s expectation?	81	0	28	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state’s expectation?	81	0	28	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state’s expectation?	6	0	109	Ratios: 2 of 2 required; 4 of 28 additional; 24 of 28 not applicable GeoAccess: Not applicable (81)
If applicable to this indicator, does the MCO’s approach for determining the maximum wait time for an appointment match the state’s expectation?	0	0	109	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If “no,” please describe in the “comments” field.	109	0	0	
Assessment of MCO Network Adequacy Results	#	#	#	
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	109	0	0	
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO’s calculated values reflect the true values?	109	0	0	

Question	Yes	No	Not Applicable	Comments
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO’s results reproducible and consistent?	109	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	109	0	0	

Table 40. ABH Ratios

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or Not Applicable	%	Confidence Level
Primary Care Physician	✓	100.0%	High
Family Medicine	NA	NA	NA
Family Medicine/General Medicine	✓	100.0%	High
Internal Medicine	✓	100.0%	High
Nurse Practitioner	✓	100.0%	High
Physician Assistant	✓	100.0%	High
Pediatric Primary Care Physician	✓	100.0%	High
Women’s Health	✓ or Not Applicable	%	Confidence Level
Doula	✓	100.0%	High
GYN only	✓	100.0%	High
Maternal and Fetal Medicine	NA	NA	NA
OB only	NA	NA	NA
OB/GYN	✓	100.0%	High
Prenatal Provider	NA	NA	NA
Reproductive Endocrinology	NA	NA	NA
Core Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
ENT/Otolaryngology	✓	100.0%	High
Gastroenterology	✓	100.0%	High
Neurology	✓	100.0%	High

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Ophthalmology	✓	100.0%	High
Orthopedics	✓	100.0%	High
Surgery	✓	100.0%	High
Urology	✓	100.0%	High
Major Specialists	✓ or Not Applicable	%	Confidence Level
Allergy and Immunology	✓	100.0%	High
Dermatology	✓	100.0%	High
Endocrinology	✓	100.0%	High
Infectious Diseases	✓	100.0%	High
Nephrology	✓	100.0%	High
Pulmonology	✓	100.0%	High
Pediatric Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
Gastroenterology	✓	100.0%	High
Neurology	✓	100.0%	High
Surgery	✓	100.0%	High
Ancillary Providers	✓ or Not Applicable	%	Confidence Level
Acute Inpatient Hospitals	NA	NA	NA
Diagnostic Laboratories	NA	NA	NA
Diagnostic Laboratories/X-Ray	NA	NA	NA
Diagnostic Radiology	NA	NA	NA
Pharmacy	NA	NA	NA
Other Specialists	✓ or Not Applicable	%	Confidence Level
Hematology	NA	NA	NA
Hematology/Oncology	✓	100.0%	High
Hematology/Oncology/Radiation Oncology	NA	NA	NA
Maternal & Fetal Medicine	NA	NA	NA
Oncology	NA	NA	NA

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Pain Management	NA	NA	NA
Plastic Surgery	NA	NA	NA
Podiatry	NA	NA	NA

Table 41. ABH GeoAccess

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Primary Care Physician	✓	100%	High	100%	High	100%	High
Family Medicine/General Medicine	NA	NA	NA	NA	NA	NA	NA
Internal Medicine	NA	NA	NA	NA	NA	NA	NA
Pediatric Primary Care Physician	✓	100%	High	100%	High	100%	High
Women’s Health	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
GYN only	✓	100%	High	100%	High	100%	High
OB only	✓	100%	High	100%	High	100%	High
OB/GYN	NA	NA	NA	NA	NA	NA	NA
Prenatal Provider	✓	100%	High	100%	High	100%	High
Reproductive Endocrinology	NA	NA	NA	NA	NA	NA	NA
Core Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
ENT/Otolaryngology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High
Ophthalmology	✓	100%	High	100%	High	100%	High
Orthopedics	✓	100%	High	100%	High	100%	High

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Surgery	✓	100%	High	100%	High	100%	High
Urology	✓	100%	High	100%	High	100%	High
Major Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Allergy and Immunology	✓	100%	High	100%	High	100%	High
Dermatology	✓	100%	High	100%	High	100%	High
Endocrinology	✓	100%	High	100%	High	100%	High
Infectious Diseases	✓	100%	High	100%	High	100%	High
Nephrology	✓	100%	High	100%	High	100%	High
Pulmonology	✓	100%	High	100%	High	100%	High
Pediatric Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High
Surgery	✓	100%	High	100%	High	100%	High
Ancillary Providers	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Acute Inpatient Hospitals	✓	100%	High	100%	High	100%	High
Diagnostic Laboratories	NA	NA	NA	NA	NA	NA	NA
Diagnostic Laboratories/X-Ray	✓	100%	High	100%	High	100%	High
Diagnostic Radiology	NA	NA	NA	NA	NA	NA	NA
Pharmacy	✓	100%	High	100%	High	100%	High
Other Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Hematology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology	✓	100%	High	100%	High	100%	High

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Hematology/Oncology/Radiation Oncology	NA	NA	NA	NA	NA	NA	NA
Oncology	NA	NA	NA	NA	NA	NA	NA
Pain Management	NA	NA	NA	NA	NA	NA	NA
Podiatry	NA	NA	NA	NA	NA	NA	NA

Table 42. CFCHP Validation

Question	Yes	No	Not Applicable	Comments
Overview	#	#	#	
Did the MCO address this indicator in its network adequacy monitoring activities?	106	0	0	Ratios: 2 required and addressed with 20 additional (22 total) GeoAccess: 75 required and addressed with 9 additional (84 total)
Assessment of data collection procedures	#	#	#	
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	106	0	0	
For each data source, were all variables needed to calculate this indicator included?	106	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	106	0	Inverse "No" receives the point
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	106	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	106	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator	0	106	0	Inverse "No" receives the point

Question	Yes	No	Not Applicable	Comments
(e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?				
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	106	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	106	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	106	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	106	Not Applicable
Assessment of MCO Network Adequacy Methods	#	#	#	
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	67	39	0	Ratios: 1 of 2 required; 3 of 20 additional. Pediatric PCP reported a ratio of 0. Member count for reported specialties did not match total population for each region. GeoAccess: 54 of 75 required; 9 of 9 additional. Pediatric PCP, OB/GYN, Prenatal, and Pediatric Specialties focused on total population.
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	67	39	0	Ratios: 1 of 2 required; 3 of 20 additional. Pediatric PCP reported a ratio of 0. Member count for reported specialties did not match total population for each region. GeoAccess: 54 of 75 required; 9 of 9 additional. Pediatric PCP, OB/GYN, Prenatal, and Pediatric Specialties focused on total population.

Question	Yes	No	Not Applicable	Comments
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	67	39	0	Ratios: 1 of 2 required; 3 of 20 additional. Pediatric PCP reported a ratio of 0. Member count for reported specialties did not match total population for each region. GeoAccess: 54 of 75 required; 9 of 9 additional. Pediatric PCP, OB/GYN, Prenatal, and Pediatric Specialties focused on total population.
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state’s expectations and follows how the state defines a specialist?	106	0	0	
If applicable, does the MCO’s approach for addressing telehealth match the state’s expectations?	0	0	106	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population? A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.	0	0	106	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	106	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	106	Not Applicable
In calculating this indicator, were valid sampling techniques used to protect against bias? Specify the type of sampling used in the “comments” field.	0	0	106	Not Applicable

Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO’s approach for measuring distance (e.g., “as the crow flies” or using road distances) match the state’s expectation?	84	0	20	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state’s expectation?	84	0	20	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state’s expectation?	2	0	104	Ratios: 1 of 2 required; Not applicable for additional 20. Pediatric PCP reported a ratio of 0. GeoAccess: Not applicable (84)
If applicable to this indicator, does the MCO’s approach for determining the maximum wait time for an appointment match the state’s expectation?	0	0	106	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If “no,” please describe in the “comments” field.	106	0	0	
Assessment of MCO Network Adequacy Results	#	#	#	
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	67	39	0	Ratios: 1 of 2 required; 3 of 20 additional. Pediatric PCP reported a ratio of 0. Member count for reported specialties did not match total population for each region. GeoAccess: 54 of 75 required; 9 of 9 additional. Pediatric PCP, OB/GYN, Prenatal, and Pediatric Specialties focused on total population.
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO’s calculated values reflect the true values?	67	39	0	Ratios: 1 of 2 required; 3 of 20 additional. Pediatric PCP reported a ratio of 0. Member count for reported specialties did not match total population for each region. GeoAccess: 54 of 75 required; 9 of 9 additional. Pediatric PCP, OB/GYN, Prenatal, and Pediatric Specialties focused on total population.

Question	Yes	No	Not Applicable	Comments
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO’s results reproducible and consistent?	106	0	0	Ratios: 1 of 2 required; 3 of 20 additional. Pediatric PCP reported a ratio of 0. Member count for reported specialties did not match total population for each region. GeoAccess: 75 of 75 required; 9 of 9 additional.
In calculating this indicator, did the MCO accurately interpret its results?	67	39	0	Ratios: 1 of 2 required; 3 of 20 additional. Pediatric PCP reported a ratio of 0. Member count for reported specialties did not match total population for each region. GeoAccess: 54 of 75 required; 9 of 9 additional. Pediatric PCP, OB/GYN, Prenatal, and Pediatric Specialties focused on total population.

Table 43. CFCHP Ratios

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or Not Applicable	%	Confidence Level
Primary Care Physician	✓	100.0%	High
Family Medicine	✓	100.0%	High
Family Medicine/General Medicine	NA	NA	NA
Internal Medicine	✓	100.0%	High
Nurse Practitioner	✓	100.0%	High
Physician Assistant	NA	NA	NA
Pediatric Primary Care Physician	✓	50.0%	Low
Women’s Health	✓ or Not Applicable	%	Confidence Level
Doula	NA	NA	NA
GYN only	NA	NA	NA
Maternal and Fetal Medicine	NA	NA	NA
OB only	NA	NA	NA
OB/GYN	✓	53.3%	Moderate
Prenatal Provider	NA	NA	NA
Reproductive Endocrinology	NA	NA	NA

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Core Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	53.3%	Moderate
ENT/Otolaryngology	✓	53.3%	Moderate
Gastroenterology	✓	53.3%	Moderate
Neurology	✓	53.3%	Moderate
Ophthalmology	✓	53.3%	Moderate
Orthopedics	✓	53.3%	Moderate
Surgery	✓	53.3%	Moderate
Urology	✓	53.3%	Moderate
Major Specialists	✓ or Not Applicable	%	Confidence Level
Allergy and Immunology	✓	53.3%	Moderate
Dermatology	✓	53.3%	Moderate
Endocrinology	✓	53.3%	Moderate
Infectious Diseases	✓	53.3%	Moderate
Nephrology	✓	53.3%	Moderate
Pulmonology	✓	53.3%	Moderate
Pediatric Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	NA	NA	NA
Gastroenterology	NA	NA	NA
Neurology	NA	NA	NA
Surgery	NA	NA	NA
Ancillary Providers	✓ or Not Applicable	%	Confidence Level
Acute Inpatient Hospitals	NA	NA	NA
Diagnostic Laboratories	NA	NA	NA
Diagnostic Laboratories/X-Ray	NA	NA	NA
Diagnostic Radiology	NA	NA	NA
Pharmacy	NA	NA	NA
Other Specialists	✓ or Not Applicable	%	Confidence Level

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Hematology	NA	NA	NA
Hematology/Oncology	NA	NA	NA
Hematology/Oncology/Radiation Oncology	NA	NA	NA
Maternal & Fetal Medicine	NA	NA	NA
Oncology	✓	53.3%	Moderate
Pain Management	✓	53.3%	Moderate
Plastic Surgery	NA	NA	NA
Podiatry	NA	NA	NA

Table 44. CFCHP GeoAccess

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Primary Care Physician	✓	100%	High	100%	High	100%	High
Family Medicine/General Medicine	NA	NA	NA	NA	NA	NA	NA
Internal Medicine	NA	NA	NA	NA	NA	NA	NA
Pediatric Primary Care Physician	✓	64.7%	Moderate	64.7%	Moderate	64.7%	Moderate
Women’s Health	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
GYN only	NA	NA	NA	NA	NA	NA	NA
OB only	NA	NA	NA	NA	NA	NA	NA
OB/GYN	✓	64.7%	Moderate	64.7%	Moderate	64.7%	Moderate
Prenatal Provider	✓	64.7%	Moderate	64.7%	Moderate	64.7%	Moderate
Reproductive Endocrinology	NA	NA	NA	NA	NA	NA	NA
Core Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
ENT/Otolaryngology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High
Ophthalmology	✓	100%	High	100%	High	100%	High
Orthopedics	✓	100%	High	100%	High	100%	High
Surgery	✓	100%	High	100%	High	100%	High
Urology	✓	100%	High	100%	High	100%	High
Major Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Allergy and Immunology	✓	100%	High	100%	High	100%	High
Dermatology	✓	100%	High	100%	High	100%	High
Endocrinology	✓	100%	High	100%	High	100%	High
Infectious Diseases	✓	100%	High	100%	High	100%	High
Nephrology	✓	100%	High	100%	High	100%	High
Pulmonology	✓	100%	High	100%	High	100%	High
Pediatric Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	64.7%	Moderate	64.7%	Moderate	64.7%	Moderate
Gastroenterology	✓	64.7%	Moderate	64.7%	Moderate	64.7%	Moderate
Neurology	✓	64.7%	Moderate	64.7%	Moderate	64.7%	Moderate
Surgery	✓	64.7%	Moderate	64.7%	Moderate	64.7%	Moderate
Ancillary Providers	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Acute Inpatient Hospitals	✓	100%	High	100%	High	100%	High
Diagnostic Laboratories	NA	NA	NA	NA	NA	NA	NA
Diagnostic Laboratories/X-Ray	✓	100%	High	100%	High	100%	High
Diagnostic Radiology	NA	NA	NA	NA	NA	NA	NA

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Pharmacy	✓	100%	High	100%	High	100%	High
Other Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Hematology	✓	100%	High	100%	High	100%	High
Hematology/Oncology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology/Radiation Oncology	NA	NA	NA	NA	NA	NA	NA
Oncology	✓	100%	High	100%	High	100%	High
Pain Management	✓	100%	High	100%	High	100%	High
Podiatry	NA	NA	NA	NA	NA	NA	NA

Table 45. JMS Validation

Question	Yes	No	Not Applicable	Comments
Overview	#	#	#	
Did the MCO address this indicator in its network adequacy monitoring activities?	50	4	0	Ratios: 2 required and addressed with 31 additional (33 total) GeoAccess: 50 required and addressed with 0 of 4 additional (50 total)
Assessment of data collection procedures	#	#	#	
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	83	0	0	
For each data source, were all variables needed to calculate this indicator included?	83	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	83	0	Inverse "No" receives the point
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	83	0	0	

Question	Yes	No	Not Applicable	Comments
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	83	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	83	0	Inverse "No" receives the point
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	83	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	83	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	83	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	83	Not Applicable
Assessment of MCO Network Adequacy Methods	#	#	#	
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	83	0	0	
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	83	0	0	
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	83	0	0	

Question	Yes	No	Not Applicable	Comments
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	83	0	0	
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	83	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population? A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.	0	0	83	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	83	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	83	Not Applicable
In calculating this indicator, were valid sampling techniques used to protect against bias? Specify the type of sampling used in the "comments" field.	0	0	83	Not Applicable
If applicable to this indicator, does the MCO's approach for measuring distance (e.g., "as the crow flies" or using road distances) match the state's expectation?	50	0	33	Applicable to geographic accessibility
If applicable to this indicator, does the MCO's approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state's expectation?	0	0	83	Uses distance instead of time

Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO’s approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state’s expectation?	5	0	58	Ratios: 2 of 2 required; 3 of 31 additional; 28 of 31 not applicable GeoAccess: Not applicable (50)
If applicable to this indicator, does the MCO’s approach for determining the maximum wait time for an appointment match the state’s expectation?	0	0	83	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If “no,” please describe in the “comments” field.	83	0	0	
Assessment of MCO Network Adequacy Results	#	#	#	
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	83	0	0	
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO’s calculated values reflect the true values?	83	0	0	
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO’s results reproducible and consistent?	83	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	83	0	0	

Table 46. JMS Ratios

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or Not Applicable	%	Confidence Level
Primary Care Physician	✓	100.0%	High Confidence
Family Medicine	NA	NA	NA
Family Medicine/General Medicine	✓	100.0%	High
Internal Medicine	✓	100.0%	High
Nurse Practitioner	✓	100.0%	High
Physician Assistant	NA	NA	NA

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Pediatric Primary Care Physician	✓	100.0%	High
Women’s Health	✓ or Not Applicable	%	Confidence Level
Doula	NA	NA	NA
GYN only	NA	NA	NA
Maternal and Fetal Medicine	✓	100.0%	High
OB only	NA	NA	NA
OB/GYN	✓	100.0%	High
Prenatal Provider	✓	100.0%	High
Reproductive Endocrinology	NA	NA	NA
Core Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
ENT/Otolaryngology	✓	100.0%	High
Gastroenterology	✓	100.0%	High
Neurology	✓	100.0%	High
Ophthalmology	✓	100.0%	High
Orthopedics	✓	100.0%	High
Surgery	✓	100.0%	High
Urology	✓	100.0%	High
Major Specialists	✓ or Not Applicable	%	Confidence Level
Allergy and Immunology	✓	100.0%	High
Dermatology	✓	100.0%	High
Endocrinology	✓	100.0%	High
Infectious Diseases	✓	100.0%	High
Nephrology	✓	100.0%	High
Pulmonology	✓	100.0%	High
Pediatric Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
Gastroenterology	✓	100.0%	High

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Neurology	✓	100.0%	High
Surgery	✓	100.0%	High
Ancillary Providers	✓ or Not Applicable	%	Confidence Level
Acute Inpatient Hospitals	✓	100.0%	High
Diagnostic Laboratories	NA	NA	NA
Diagnostic Laboratories/X-Ray	✓	100.0%	High
Diagnostic Radiology	NA	NA	NA
Pharmacy	✓	100.0%	High
Other Specialists	✓ or Not Applicable	%	Confidence Level
Hematology	NA	NA	NA
Hematology/Oncology	NA	NA	NA
Hematology/Oncology/Radiation Oncology	✓	100.0%	High
Maternal & Fetal Medicine	✓	100.0%	High
Oncology	NA	NA	NA
Pain Management	NA	NA	NA
Plastic Surgery	✓	100.0%	High
Podiatry	✓	100.0%	High

Table 47. JMS GeoAccess

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Primary Care Physician	✓	100%	High	100%	High	NA	NA
Family Medicine/General Medicine	NA	NA	NA	NA	NA	NA	NA
Internal Medicine	NA	NA	NA	NA	NA	NA	NA
Pediatric Primary Care Physician	✓	100%	High	100%	High	NA	NA

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Women’s Health	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
GYN only	NA	NA	NA	NA	NA	NA	NA
OB only	NA	NA	NA	NA	NA	NA	NA
OB/GYN	✓	100%	High	100%	High	NA	NA
Prenatal Provider	✓	100%	High	100%	High	NA	NA
Reproductive Endocrinology	NA	NA	NA	NA	NA	NA	NA
Core Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	NA	NA
ENT/Otolaryngology	✓	100%	High	100%	High	NA	NA
Gastroenterology	✓	100%	High	100%	High	NA	NA
Neurology	✓	100%	High	100%	High	NA	NA
Ophthalmology	✓	100%	High	100%	High	NA	NA
Orthopedics	✓	100%	High	100%	High	NA	NA
Surgery	✓	100%	High	100%	High	NA	NA
Urology	✓	100%	High	100%	High	NA	NA
Major Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Allergy and Immunology	✓	100%	High	100%	High	NA	NA
Dermatology	✓	100%	High	100%	High	NA	NA
Endocrinology	✓	100%	High	100%	High	NA	NA
Infectious Diseases	✓	100%	High	100%	High	NA	NA
Nephrology	✓	100%	High	100%	High	NA	NA
Pulmonology	✓	100%	High	100%	High	NA	NA
Pediatric Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Cardiology	✓	100%	High	100%	High	NA	NA
Gastroenterology	✓	100%	High	100%	High	NA	NA
Neurology	✓	100%	High	100%	High	NA	NA
Surgery	✓	100%	High	100%	High	NA	NA
Ancillary Providers	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Acute Inpatient Hospitals	✓	100%	High	100%	High	NA	NA
Diagnostic Laboratories	NA	NA	NA	NA	NA	NA	NA
Diagnostic Laboratories/X-Ray	✓	100%	High	100%	High	NA	NA
Diagnostic Radiology	NA	NA	NA	NA	NA	NA	NA
Pharmacy	✓	100%	High	100%	High	NA	NA
Other Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Hematology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology/Radiation Oncology	✓	NA	Could not validate	NA	Could not validate	NA	Could not validate
Oncology	NA	NA	NA	NA	NA	NA	NA
Pain Management	NA	NA	NA	NA	NA	NA	NA
Podiatry	✓	NA	Could not validate	NA	Could not validate	NA	Could not validate

Table 48. KPMAS Validation

Question	Yes	No	Not Applicable	Comments
Overview	#	#	#	
Did the MCO address this indicator in its network adequacy monitoring activities?	80	0	0	Ratios: 2 required and addressed (2 total) GeoAccess: 75 required and addressed with 3 additional (78 total)
Assessment of data collection procedures	#	#	#	
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	80	0	0	
For each data source, were all variables needed to calculate this indicator included?	80	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	80	0	Inverse "No" receives the point
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	80	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	80	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	80	0	Inverse "No" receives the point
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	80	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	80	Not Applicable

Question	Yes	No	Not Applicable	Comments
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	80	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	80	Not Applicable
Assessment of MCO Network Adequacy Methods	#	#	#	
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	80	0	0	
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	80	0	0	
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	80	0	0	
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state’s expectations and follows how the state defines a specialist?	80	0	0	
If applicable, does the MCO’s approach for addressing telehealth match the state’s expectations?	0	0	80	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population? A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.	0	0	80	Not Applicable

Question	Yes	No	Not Applicable	Comments
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	80	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	80	Not Applicable
In calculating this indicator, were valid sampling techniques used to protect against bias? Specify the type of sampling used in the “comments” field.	0	0	80	Not Applicable
If applicable to this indicator, does the MCO’s approach for measuring distance (e.g., “as the crow flies” or using road distances) match the state’s expectation?	78	0	2	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state’s expectation?	78	0	2	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state’s expectation?	2	0	78	Applicable to provider enrollee ratios
If applicable to this indicator, does the MCO’s approach for determining the maximum wait time for an appointment match the state’s expectation?	0	0	80	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If “no,” please describe in the “comments” field.	80	0	0	
Assessment of MCO Network Adequacy Results	#	#	#	
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	80	0	0	

Question	Yes	No	Not Applicable	Comments
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO’s calculated values reflect the true values?	80	0	0	
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO’s results reproducible and consistent?	80	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	80	0	0	

Table 49. KPMAS Ratios

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or Not Applicable	%	Confidence Level
Primary Care Physician	✓	100.0%	High
Family Medicine	NA	NA	NA
Family Medicine/General Medicine	NA	NA	NA
Internal Medicine	NA	NA	NA
Nurse Practitioner	NA	NA	NA
Physician Assistant	NA	NA	NA
Pediatric Primary Care Physician	✓	100.0%	High
Women’s Health	✓ or Not Applicable	%	Confidence Level
Doula	NA	NA	NA
GYN only	NA	NA	NA
Maternal and Fetal Medicine	NA	NA	NA
OB only	NA	NA	NA
OB/GYN	NA	NA	NA
Prenatal Provider	NA	NA	NA
Reproductive Endocrinology	NA	NA	NA
Core Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	NA	NA	NA
ENT/Otolaryngology	NA	NA	NA

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Gastroenterology	NA	NA	NA
Neurology	NA	NA	NA
Ophthalmology	NA	NA	NA
Orthopedics	NA	NA	NA
Surgery	NA	NA	NA
Urology	NA	NA	NA
Major Specialists	✓ or Not Applicable	%	Confidence Level
Allergy and Immunology	NA	NA	NA
Dermatology	NA	NA	NA
Endocrinology	NA	NA	NA
Infectious Diseases	NA	NA	NA
Nephrology	NA	NA	NA
Pulmonology	NA	NA	NA
Pediatric Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	NA	NA	NA
Gastroenterology	NA	NA	NA
Neurology	NA	NA	NA
Surgery	NA	NA	NA
Ancillary Providers	✓ or Not Applicable	%	Confidence Level
Acute Inpatient Hospitals	NA	NA	NA
Diagnostic Laboratories	NA	NA	NA
Diagnostic Laboratories/X-Ray	NA	NA	NA
Diagnostic Radiology	NA	NA	NA
Pharmacy	NA	NA	NA
Other Specialists	✓ or Not Applicable	%	Confidence Level
Hematology	NA	NA	NA
Hematology/Oncology	NA	NA	NA
Hematology/Oncology/Radiation Oncology	NA	NA	NA

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Maternal & Fetal Medicine	NA	NA	NA
Oncology	NA	NA	NA
Pain Management	NA	NA	NA
Plastic Surgery	NA	NA	NA
Podiatry	NA	NA	NA

Table 50. KPMAS GeoAccess

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Primary Care Physician	✓	100%	High	100%	High	100%	High
Family Medicine/General Medicine	NA	NA	NA	NA	NA	NA	NA
Internal Medicine	NA	NA	NA	NA	NA	NA	NA
Pediatric Primary Care Physician	✓	100%	High	100%	High	100%	High
Women’s Health	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
GYN only	✓	100%	High	100%	High	100%	High
OB only	✓	100%	High	100%	High	100%	High
OB/GYN	NA	NA	NA	NA	NA	NA	NA
Prenatal Provider	✓	100%	High	100%	High	100%	High
Reproductive Endocrinology	NA	NA	NA	NA	NA	NA	NA
Core Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
ENT/Otolaryngology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Ophthalmology	✓	100%	High	100%	High	100%	High
Orthopedics	✓	100%	High	100%	High	100%	High
Surgery	✓	100%	High	100%	High	100%	High
Urology	✓	100%	High	100%	High	100%	High
Major Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Allergy and Immunology	✓	100%	High	100%	High	100%	High
Dermatology	✓	100%	High	100%	High	100%	High
Endocrinology	✓	100%	High	100%	High	100%	High
Infectious Diseases	✓	100%	High	100%	High	100%	High
Nephrology	✓	100%	High	100%	High	100%	High
Pulmonology	✓	100%	High	100%	High	100%	High
Pediatric Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High
Surgery	✓	100%	High	100%	High	100%	High
Ancillary Providers	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Acute Inpatient Hospitals	✓	100%	High	100%	High	100%	High
Diagnostic Laboratories	NA	NA	NA	NA	NA	NA	NA
Diagnostic Laboratories/X-Ray	✓	100%	High	100%	High	100%	High
Diagnostic Radiology	NA	NA	NA	NA	NA	NA	NA
Pharmacy	✓	100%	High	100%	High	100%	High
Other Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Hematology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology/Radiation Oncology	NA	NA	NA	NA	NA	NA	NA
Oncology	NA	NA	NA	NA	NA	NA	NA
Pain Management	NA	NA	NA	NA	NA	NA	NA
Podiatry	NA	NA	NA	NA	NA	NA	NA

Table 51. MPC Validation

Question	Yes	No	Not Applicable	Comments
Overview	#	#	#	
Did the MCO address this indicator in its network adequacy monitoring activities?	107	0	0	Ratios: 2 required and addressed with 24 additional (26 total) GeoAccess: 75 required and addressed with 6 additional 81 total)
Assessment of data collection procedures	#	#	#	
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	107	0	0	
For each data source, were all variables needed to calculate this indicator included?	107	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	107	0	Inverse "No" receives the point
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	107	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	107	0	0	

Question	Yes	No	Not Applicable	Comments
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	107	0	Inverse "No" receives the point
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	107	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	107	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	107	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	107	Not Applicable
Assessment of MCO Network Adequacy Methods	#	#	#	
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	107	0	0	
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	107	0	0	
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	107	0	0	
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	107	0	0	

Question	Yes	No	Not Applicable	Comments
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	107	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population? A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.	0	0	107	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	107	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	107	Not Applicable
In calculating this indicator, were valid sampling techniques used to protect against bias? Specify the type of sampling used in the "comments" field.	0	0	107	Not Applicable
If applicable to this indicator, does the MCO's approach for measuring distance (e.g., "as the crow flies" or using road distances) match the state's expectation?	81	0	26	Applicable to geographic accessibility
If applicable to this indicator, does the MCO's approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state's expectation?	0	0	107	Uses distance instead of time
If applicable to this indicator, does the MCO's approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state's expectation?	2	0	105	Ratios: 2 of 2 required; 24 of 24 additional not applicable GeoAccess: Not applicable (81)

Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO’s approach for determining the maximum wait time for an appointment match the state’s expectation?	0	0	107	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If “no,” please describe in the “comments” field.	107	0	0	
Assessment of MCO Network Adequacy Results	#	#	#	
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	107	0	0	
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO’s calculated values reflect the true values?	107	0	0	
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO’s results reproducible and consistent?	107	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	107	0	0	

Table 52. MPC Ratios

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or Not Applicable	%	Confidence Level
Primary Care Physician	✓	100.0%	High
Family Medicine	NA	NA	NA
Family Medicine/General Medicine	NA	NA	NA
Internal Medicine	NA	NA	NA
Nurse Practitioner	NA	NA	NA
Physician Assistant	NA	NA	NA
Pediatric Primary Care Physician	✓	100.0%	High
Women’s Health	✓ or Not Applicable	%	Confidence Level
Doula	NA	NA	NA

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
GYN only	NA	NA	NA
Maternal and Fetal Medicine	NA	NA	NA
OB only	NA	NA	NA
OB/GYN	✓	100.0%	High
Prenatal Provider	✓	100.0%	High
Reproductive Endocrinology	✓	100.0%	High
Core Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
ENT/Otolaryngology	✓	100.0%	High
Gastroenterology	✓	100.0%	High
Neurology	✓	100.0%	High
Ophthalmology	✓	100.0%	High
Orthopedics	✓	100.0%	High
Surgery	NA	NA	NA
Urology	✓	100.0%	High
Major Specialists	✓ or Not Applicable	%	Confidence Level
Allergy and Immunology	✓	100.0%	High
Dermatology	✓	100.0%	High
Endocrinology	✓	100.0%	High
Infectious Diseases	✓	100.0%	High
Nephrology	✓	100.0%	High
Pulmonology	✓	100.0%	High
Pediatric Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
Gastroenterology	✓	100.0%	High
Neurology	✓	100.0%	High
Surgery	✓	100.0%	High
Ancillary Providers	✓ or Not Applicable	%	Confidence Level

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Acute Inpatient Hospitals	✓	100.0%	High
Diagnostic Laboratories	✓	100.0%	High
Diagnostic Laboratories/X-Ray	NA	NA	NA
Diagnostic Radiology	✓	100.0%	High
Pharmacy	NA	NA	NA
Other Specialists	✓ or Not Applicable	%	Confidence Level
Hematology	NA	NA	NA
Hematology/Oncology	✓	100.0%	High
Hematology/Oncology/Radiation Oncology	NA	NA	NA
Maternal & Fetal Medicine	NA	NA	NA
Oncology	NA	NA	NA
Pain Management	NA	NA	NA
Plastic Surgery	NA	NA	NA
Podiatry	NA	NA	NA

Table 53. MPC GeoAccess

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Primary Care Physician	✓	100%	High	100%	High	100%	High
Family Medicine/General Medicine	NA	NA	NA	NA	NA	NA	NA
Internal Medicine	NA	NA	NA	NA	NA	NA	NA
Pediatric Primary Care Physician	✓	100%	High	100%	High	100%	High
Women’s Health	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
GYN only	NA	NA	NA	NA	NA	NA	NA
OB only	NA	NA	NA	NA	NA	NA	NA

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
OB/GYN	✓	100%	High	100%	High	100%	High
Prenatal Provider	✓	100%	High	100%	High	100%	High
Reproductive Endocrinology	NA	NA	NA	NA	NA	NA	NA
Core Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
ENT/Otolaryngology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High
Ophthalmology	✓	100%	High	100%	High	100%	High
Orthopedics	✓	100%	High	100%	High	100%	High
Surgery	✓	100%	High	100%	High	100%	High
Urology	✓	100%	High	100%	High	100%	High
Major Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Allergy and Immunology	✓	100%	High	100%	High	100%	High
Dermatology	✓	100%	High	100%	High	100%	High
Endocrinology	✓	100%	High	100%	High	100%	High
Infectious Diseases	✓	100%	High	100%	High	100%	High
Nephrology	✓	100%	High	100%	High	100%	High
Pulmonology	✓	100%	High	100%	High	100%	High
Pediatric Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High
Surgery	✓	100%	High	100%	High	100%	High

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Ancillary Providers	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Acute Inpatient Hospitals	✓	100%	High	100%	High	100%	High
Diagnostic Laboratories	NA	NA	NA	NA	NA	NA	NA
Diagnostic Laboratories/X-Ray	✓	100%	High	100%	High	100%	High
Diagnostic Radiology	✓	100%	High	100%	High	100%	High
Pharmacy	✓	100%	High	100%	High	100%	High
Other Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Hematology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology	✓	100%	High	100%	High	100%	High
Hematology/Oncology/Radiation Oncology	NA	NA	NA	NA	NA	NA	NA
Oncology	NA	NA	NA	NA	NA	NA	NA
Pain Management	NA	NA	NA	NA	NA	NA	NA
Podiatry	NA	NA	NA	NA	NA	NA	NA

Table 54. MSFC Validation

Question	Yes	No	Not Applicable	Comments
Overview	#	#	#	
Did the MCO address this indicator in its network adequacy monitoring activities?	112	0	0	Ratios: 2 required and addressed with 26 additional (28 total) GeoAccess: 75 required and addressed with 9 additional (84 total)
Assessment of data collection procedures	#	#	#	
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	112	0	0	

Question	Yes	No	Not Applicable	Comments
For each data source, were all variables needed to calculate this indicator included?	112	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	112	0	Inverse "No" receives the point
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	112	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	112	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	112	0	Inverse "No" receives the point
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	112	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	112	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	112	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	112	Not Applicable
Assessment of MCO Network Adequacy Methods	#	#	#	

Question	Yes	No	Not Applicable	Comments
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	112	0	0	
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	112	0	0	
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	112	0	0	
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	112	0	0	
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	112	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population? A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.	0	0	112	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	112	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	112	Not Applicable
In calculating this indicator, were valid sampling techniques used to protect against bias? Specify the type of sampling used in the "comments" field.	0	0	112	Not Applicable

Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO’s approach for measuring distance (e.g., “as the crow flies” or using road distances) match the state’s expectation?	84	0	28	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state’s expectation?	84	0	28	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach to deriving provider-to-enrollee ratios or percentage of contracted providers accepting new patients match the state’s expectation?	2	0	110	Ratios: 2 of 2 required; 26 of 26 additional not applicable GeoAccess: Not applicable (84)
If applicable to this indicator, does the MCO’s approach for determining the maximum wait time for an appointment match the state’s expectation?	0	0	112	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If “no,” please describe in the “comments” field.	112	0	0	
Assessment of MCO Network Adequacy Results	#	#	#	
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	112	0	0	
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO’s calculated values reflect the true values?	112	0	0	
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO’s results reproducible and consistent?	112	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	112	0	0	

Table 55. MSFC Ratios

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or Not Applicable	%	Confidence Level
Primary Care Physician	✓	100.0%	High

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Family Medicine	NA	NA	NA
Family Medicine/General Medicine	NA	NA	NA
Internal Medicine	NA	NA	NA
Nurse Practitioner	NA	NA	NA
Physician Assistant	NA	NA	NA
Pediatric Primary Care Physician	✓	100.0%	High
Women’s Health	✓ or Not Applicable	%	Confidence Level
Doula	NA	NA	NA
GYN only	✓	100.0%	High
Maternal and Fetal Medicine	NA	NA	NA
OB only	✓	100.0%	High
OB/GYN	NA	NA	NA
Prenatal Provider	✓	100.0%	High
Reproductive Endocrinology	NA	NA	NA
Core Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
ENT/Otolaryngology	✓	100.0%	High
Gastroenterology	✓	100.0%	High
Neurology	✓	100.0%	High
Ophthalmology	✓	100.0%	High
Orthopedics	✓	100.0%	High
Surgery	✓	100.0%	High
Urology	✓	100.0%	High
Major Specialists	✓ or Not Applicable	%	Confidence Level
Allergy and Immunology	✓	100.0%	High
Dermatology	✓	100.0%	High
Endocrinology	✓	100.0%	High
Infectious Diseases	✓	100.0%	High

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Nephrology	✓	100.0%	High
Pulmonology	✓	100.0%	High
Pediatric Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
Gastroenterology	✓	100.0%	High
Neurology	✓	100.0%	High
Surgery	✓	100.0%	High
Ancillary Providers	✓ or Not Applicable	%	Confidence Level
Acute Inpatient Hospitals	✓	100.0%	High
Diagnostic Laboratories	✓	100.0%	High
Diagnostic Laboratories/X-Ray	NA	NA	NA
Diagnostic Radiology	✓	100.0%	High
Pharmacy	✓	100.0%	High
Other Specialists	✓ or Not Applicable	%	Confidence Level
Hematology	NA	NA	NA
Hematology/Oncology	NA	NA	NA
Hematology/Oncology/Radiation Oncology	NA	NA	NA
Maternal & Fetal Medicine	NA	NA	NA
Oncology	✓	100.0%	High
Pain Management	NA	NA	NA
Plastic Surgery	NA	NA	NA
Podiatry	NA	NA	NA

Table 56. MSFC GeoAccess

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Primary Care Physician	✓	100%	High	100%	High	100%	High
Family Medicine/General Medicine	NA	NA	NA	NA	NA	NA	NA
Internal Medicine	NA	NA	NA	NA	NA	NA	NA
Pediatric Primary Care Physician	✓	100%	High	100%	High	100%	High
Women’s Health	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
GYN only	✓	100%	High	100%	High	100%	High
OB only	✓	100%	High	100%	High	100%	High
OB/GYN	NA	NA	NA	NA	NA	NA	NA
Prenatal Provider	✓	100%	High	100%	High	100%	High
Reproductive Endocrinology	NA	NA	NA	NA	NA	NA	NA
Core Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
ENT/Otolaryngology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High
Ophthalmology	✓	100%	High	100%	High	100%	High
Orthopedics	✓	100%	High	100%	High	100%	High
Surgery	✓	100%	High	100%	High	100%	High
Urology	✓	100%	High	100%	High	100%	High
Major Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Allergy and Immunology	✓	100%	High	100%	High	100%	High
Dermatology	✓	100%	High	100%	High	100%	High

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Endocrinology	✓	100%	High	100%	High	100%	High
Infectious Diseases	✓	100%	High	100%	High	100%	High
Nephrology	✓	100%	High	100%	High	100%	High
Pulmonology	✓	100%	High	100%	High	100%	High
Pediatric Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High
Surgery	✓	100%	High	100%	High	100%	High
Ancillary Providers	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Acute Inpatient Hospitals	✓	100%	High	100%	High	100%	High
Diagnostic Laboratories	✓	100%	High	100%	High	100%	High
Diagnostic Laboratories/X-Ray	NA	NA	NA	NA	NA	NA	NA
Diagnostic Radiology	✓	100%	High	100%	High	100%	High
Pharmacy	✓	100%	High	100%	High	100%	High
Other Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Hematology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology/Radiation Oncology	NA	NA	NA	NA	NA	NA	NA
Oncology	✓	100%	High	100%	High	100%	High
Pain Management	NA	NA	NA	NA	NA	NA	NA
Podiatry	NA	NA	NA	NA	NA	NA	NA

Table 57. PPMCO Validation

Question	Yes	No	Not Applicable	Comments
Overview	#	#	#	
Did the MCO address this indicator in its network adequacy monitoring activities?	104	0	0	Ratios: 2 required and addressed with 24 additional (26 total) GeoAccess: 75 required and addressed with 3 additional (78 total)
Assessment of data collection procedures	#	#	#	
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	104	0	0	
For each data source, were all variables needed to calculate this indicator included?	104	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	104	0	Inverse "No" receives the point
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	104	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	104	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	104	0	Inverse "No" receives the point
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	104	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	104	Not Applicable

Question	Yes	No	Not Applicable	Comments
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	104	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	104	Not Applicable
Assessment of MCO Network Adequacy Methods	#	#	#	
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	84	20	0	Ratios: 1 of 2 required; 20 of 24 additional. Pediatric PCPs and Pediatric Specialties focused on total population GeoAccess: 60 of 75 required; 3 of 3 additional. Pediatric PCP and Pediatric Specialties focused on total population.
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	84	20	0	Ratios: 1 of 2 required; 20 of 24 additional. Pediatric PCPs and Pediatric Specialties focused on total population GeoAccess: 60 of 75 required; 3 of 3 additional. Pediatric PCP and Pediatric Specialties focused on total population.
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	84	20	0	Ratios: 1 of 2 required; 20 of 24 additional. Pediatric PCPs and Pediatric Specialties focused on total population GeoAccess: 60 of 75 required; 3 of 3 additional. Pediatric PCP and Pediatric Specialties focused on total population.
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state's expectations and follows how the state defines a specialist?	104	0	0	
If applicable, does the MCO's approach for addressing telehealth match the state's expectations?	0	0	104	Not Applicable

Question	Yes	No	Not Applicable	Comments
<p>If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population?</p> <p>A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.</p>	0	0	104	Not Applicable
<p>If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?</p>	0	0	104	Not Applicable
<p>If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?</p>	0	0	104	Not Applicable
<p>In calculating this indicator, were valid sampling techniques used to protect against bias?</p> <p>Specify the type of sampling used in the “comments” field.</p>	0	0	104	Not Applicable
<p>If applicable to this indicator, does the MCO’s approach for measuring distance (e.g., “as the crow flies” or using road distances) match the state’s expectation?</p>	78	0	26	Applicable to geographic accessibility
<p>If applicable to this indicator, does the MCO’s approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state’s expectation?</p>	0	0	104	Uses distance instead of time
<p>If applicable to this indicator, does the MCO’s approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state’s expectation?</p>	2	0	102	Ratios: 2 of 2 required; 24 of 24 additional not applicable GeoAccess: Not applicable (78)

Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO’s approach for determining the maximum wait time for an appointment match the state’s expectation?	0	0	104	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If “no,” please describe in the “comments” field.	104	0	0	
Assessment of MCO Network Adequacy Results	#	#	#	
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	84	20	0	Ratios: 1 of 2 required; 20 of 24 additional. Pediatric PCPs and Pediatric Specialties focused on total population GeoAccess: 60 of 75 required; 3 of 3 additional. Pediatric PCP and Pediatric Specialties focused on total population.
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO’s calculated values reflect the true values?	84	20	0	Ratios: 1 of 2 required; 20 of 24 additional. Pediatric PCPs and Pediatric Specialties focused on total population GeoAccess: 60 of 75 required; 3 of 3 additional. Pediatric PCP and Pediatric Specialties focused on total population.
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO’s results reproducible and consistent?	104	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	84	20	0	Ratios: 1 of 2 required; 20 of 24 additional. Pediatric PCPs and Pediatric Specialties focused on total population GeoAccess: 60 of 75 required; 3 of 3 additional. Pediatric PCP and Pediatric Specialties focused on total population.

Table 58. PPMCO Ratios

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or Not Applicable	%	Confidence Level
Primary Care Physician	✓	100.0%	High

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Family Medicine	NA	NA	NA
Family Medicine/General Medicine	NA	NA	NA
Internal Medicine	NA	NA	NA
Nurse Practitioner	NA	NA	NA
Physician Assistant	NA	NA	NA
Pediatric Primary Care Physician	✓	62.5%	Moderate
Women’s Health	✓ or Not Applicable	%	Confidence Level
Doula	NA	NA	NA
GYN only	NA	NA	NA
Maternal and Fetal Medicine	NA	NA	NA
OB only	NA	NA	NA
OB/GYN	✓	100.0%	High
Prenatal Provider	✓	100.0%	High
Reproductive Endocrinology	✓	100.0%	High
Core Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
ENT/Otolaryngology	✓	100.0%	High
Gastroenterology	✓	100.0%	High
Neurology	✓	100.0%	High
Ophthalmology	✓	100.0%	High
Orthopedics	✓	100.0%	High
Surgery	✓	100.0%	High
Urology	✓	100.0%	High
Major Specialists	✓ or Not Applicable	%	Confidence Level
Allergy and Immunology	✓	100.0%	High
Dermatology	✓	100.0%	High
Endocrinology	✓	100.0%	High
Infectious Diseases	✓	100.0%	High

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Nephrology	✓	100.0%	High
Pulmonology	✓	100.0%	High
Pediatric Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	62.5%	Moderate
Gastroenterology	✓	62.5%	Moderate
Neurology	✓	62.5%	Moderate
Surgery	✓	62.5%	Moderate
Ancillary Providers	✓ or Not Applicable	%	Confidence Level
Acute Inpatient Hospitals	✓	100.0%	High
Diagnostic Laboratories	NA	NA	NA
Diagnostic Laboratories/X-Ray	✓	100.0%	High
Diagnostic Radiology	NA	NA	NA
Pharmacy	✓	100.0%	High
Other Specialists	✓ or Not Applicable	%	Confidence Level
Hematology	NA	NA	NA
Hematology/Oncology	NA	NA	NA
Hematology/Oncology/Radiation Oncology	NA	NA	NA
Maternal & Fetal Medicine	NA	NA	NA
Oncology	NA	NA	NA
Pain Management	NA	NA	NA
Plastic Surgery	NA	NA	NA
Podiatry	NA	NA	NA

Table 59. PPMCO GeoAccess

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Primary Care Physician	✓	100%	High	100%	High	100%	High
Family Medicine/General Medicine	NA	NA	NA	NA	NA	NA	NA
Internal Medicine	NA	NA	NA	NA	NA	NA	NA
Pediatric Primary Care Physician	✓	62.5%	Moderate	62.5%	Moderate	62.5%	Moderate
Women's Health	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
GYN only	NA	NA	NA	NA	NA	NA	NA
OB only	NA	NA	NA	NA	NA	NA	NA
OB/GYN	✓	100%	High	100%	High	100%	High
Prenatal Provider	✓	100%	High	100%	High	100%	High
Reproductive Endocrinology	✓	100%	High	100%	High	100%	High
Core Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
ENT/Otolaryngology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High
Ophthalmology	✓	100%	High	100%	High	100%	High
Orthopedics	✓	100%	High	100%	High	100%	High
Surgery	✓	100%	High	100%	High	100%	High
Urology	✓	100%	High	100%	High	100%	High
Major Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Allergy and Immunology	✓	100%	High	100%	High	100%	High
Dermatology	✓	100%	High	100%	High	100%	High

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Endocrinology	✓	100%	High	100%	High	100%	High
Infectious Diseases	✓	100%	High	100%	High	100%	High
Nephrology	✓	100%	High	100%	High	100%	High
Pulmonology	✓	100%	High	100%	High	100%	High
Pediatric Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	62.5%	Moderate	62.5%	Moderate	62.5%	Moderate
Gastroenterology	✓	62.5%	Moderate	62.5%	Moderate	62.5%	Moderate
Neurology	✓	62.5%	Moderate	62.5%	Moderate	62.5%	Moderate
Surgery	✓	62.5%	Moderate	62.5%	Moderate	62.5%	Moderate
Ancillary Providers	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Acute Inpatient Hospitals	✓	100%	High	100%	High	100%	High
Diagnostic Laboratories	NA	NA	NA	NA	NA	NA	NA
Diagnostic Laboratories/X-Ray	✓	100%	High	100%	High	100%	High
Diagnostic Radiology	NA	NA	NA	NA	NA	NA	NA
Pharmacy	✓	100%	High	100%	High	100%	High C
Other Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Hematology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology/Radiation Oncology	NA	NA	NA	NA	NA	NA	NA
Oncology	NA	NA	NA	NA	NA	NA	NA
Pain Management	NA	NA	NA	NA	NA	NA	NA
Podiatry	NA	NA	NA	NA	NA	NA	NA

Table 60. UHC Validation

Question	Yes	No	Not Applicable	Comments
Overview	#	#	#	
Did the MCO address this indicator in its network adequacy monitoring activities?	97	0	0	Ratios: 2 required and addressed with 20 additional (22 total) GeoAccess: 75 required and addressed with 0 additional (75 total)
Assessment of data collection procedures	#	#	#	
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	97	0	0	
For each data source, were all variables needed to calculate this indicator included?	97	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	97	0	Inverse "No" receives the point
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	97	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	97	0	0	
During the time period included in the reporting cycle, have there been any changes in the MCO's data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	97	0	Inverse "No" receives the point
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	97	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	97	Not Applicable

Question	Yes	No	Not Applicable	Comments
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	97	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	97	Not Applicable
Assessment of MCO Network Adequacy Methods	#	#	#	
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	77	22	0	
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	77	22	0	
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	77	22	0	
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state’s expectations and follows how the state defines a specialist?	97	0	0	
If applicable, does the MCO’s approach for addressing telehealth match the state’s expectations?	0	0	97	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population? A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.	0	0	97	Not Applicable

Question	Yes	No	Not Applicable	Comments
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	97	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	97	Not Applicable
In calculating this indicator, were valid sampling techniques used to protect against bias? Specify the type of sampling used in the “comments” field.	0	0	97	Not Applicable
If applicable to this indicator, does the MCO’s approach for measuring distance (e.g., “as the crow flies” or using road distances) match the state’s expectation?	75	0	22	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state’s expectation?	75	0	22	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state’s expectation?	2	0	95	Ratios: 2 of 2 required; 20 of 20 additional not applicable GeoAccess: Not applicable (75)
If applicable to this indicator, does the MCO’s approach for determining the maximum wait time for an appointment match the state’s expectation?	0	0	97	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If “no,” please describe in the “comments” field.	97	0	0	
Assessment of MCO Network Adequacy Results	#	#	#	
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	97	0	0	

Question	Yes	No	Not Applicable	Comments
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO’s calculated values reflect the true values?	97	0	0	
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO’s results reproducible and consistent?	97	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	97	0	0	

Table 61. UHC Ratios

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or Not Applicable	%	Confidence Level
Primary Care Physician	✓	100.0%	High
Family Medicine	NA	NA	NA
Family Medicine/General Medicine	NA	NA	NA
Internal Medicine	NA	NA	NA
Nurse Practitioner	NA	NA	NA
Physician Assistant	NA	NA	NA
Pediatric Primary Care Physician	✓	100.0%	High
Women’s Health	✓ or Not Applicable	%	Confidence Level
Doula	NA	NA	NA
GYN only	NA	NA	NA
Maternal and Fetal Medicine	NA	NA	NA
OB only	NA	NA	NA
OB/GYN	✓	100.0%	High
Prenatal Provider	✓	100.0%	High
Reproductive Endocrinology	NA	NA	NA
Core Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
ENT/Otolaryngology	✓	100.0%	High

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Gastroenterology	✓	100.0%	High
Neurology	✓	100.0%	High
Ophthalmology	✓	100.0%	High
Orthopedics	✓	100.0%	High
Surgery	✓	100.0%	High
Urology	✓	100.0%	High
Major Specialists	✓ or Not Applicable	%	Confidence Level
Allergy and Immunology	✓	100.0%	High
Dermatology	✓	100.0%	High
Endocrinology	✓	100.0%	High
Infectious Diseases	✓	100.0%	High
Nephrology	✓	100.0%	High
Pulmonology	✓	100.0%	High
Pediatric Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
Gastroenterology	✓	100.0%	High
Neurology	✓	100.0%	High
Surgery	✓	100.0%	High
Ancillary Providers	✓ or Not Applicable	%	Confidence Level
Acute Inpatient Hospitals	NA	NA	NA
Diagnostic Laboratories	NA	NA	NA
Diagnostic Laboratories/X-Ray	NA	NA	NA
Diagnostic Radiology	NA	NA	NA
Pharmacy	NA	NA	NA
Other Specialists	✓ or Not Applicable	%	Confidence Level
Hematology	NA	NA	NA
Hematology/Oncology	NA	NA	NA
Hematology/Oncology/Radiation Oncology	NA	NA	NA

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Maternal & Fetal Medicine	NA	NA	NA
Oncology	NA	NA	NA
Pain Management	NA	NA	NA
Plastic Surgery	NA	NA	NA
Podiatry	NA	NA	NA

Table 62. UHC GeoAccess

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Primary Care Physician	✓	100%	High	100%	High	100%	High
Family Medicine/General Medicine	NA	NA	NA	NA	NA	NA	NA
Internal Medicine	NA	NA	NA	NA	NA	NA	NA
Pediatric Primary Care Physician	✓	100%	High	100%	High	100%	High
Women’s Health	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
GYN only	NA	NA	NA	NA	NA	NA	NA
OB only	NA	NA	NA	NA	NA	NA	NA
OB/GYN	✓	100%	High	100%	High	100%	High
Prenatal Provider	✓	100%	High	100%	High	100%	High
Reproductive Endocrinology	NA	NA	NA	NA	NA	NA	NA
Core Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
ENT/Otolaryngology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Ophthalmology	✓	100%	High	100%	High	100%	High
Orthopedics	✓	100%	High	100%	High	100%	High
Surgery	✓	100%	High	100%	High	100%	High
Urology	✓	100%	High	100%	High	100%	High
Major Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Allergy and Immunology	✓	100%	High	100%	High	100%	High
Dermatology	✓	100%	High	100%	High	100%	High
Endocrinology	✓	100%	High	100%	High	100%	High
Infectious Diseases	✓	100%	High	100%	High	100%	High
Nephrology	✓	100%	High	100%	High	100%	High
Pulmonology	✓	100%	High	100%	High	100%	High
Pediatric Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High
Surgery	✓	100%	High	100%	High	100%	High
Ancillary Providers	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Acute Inpatient Hospitals	✓	100%	High	100%	High	100%	High
Diagnostic Laboratories	NA	NA	NA	NA	NA	NA	NA
Diagnostic Laboratories/X-Ray	✓	100%	High	100%	High	100%	High
Diagnostic Radiology	NA	NA	NA	NA	NA	NA	NA
Pharmacy	✓	100%	High	100%	High	100%	High
Other Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Hematology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology/Radiation Oncology	NA	NA	NA	NA	NA	NA	NA
Oncology	NA	NA	NA	NA	NA	NA	NA
Pain Management	NA	NA	NA	NA	NA	NA	NA
Podiatry	NA	NA	NA	NA	NA	NA	NA

Table 63. WPM Validation

Question	Yes	No	Not Applicable	Comments
Overview	#	#	#	
Did the MCO address this indicator in its network adequacy monitoring activities?	106	4	0	Ratios: 1 of 2 required and addressed with 24 additional (25 total) GeoAccess: 72 of 75 required and addressed with 9 additional (81 total)
Assessment of data collection procedures	#	#	#	
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCO to the EQRO?	106	0	0	
For each data source, were all variables needed to calculate this indicator included?	106	0	0	
Are there any patterns in missing data that may affect the calculation of this indicator? (Note: This assessment should be based on a systematic assessment of the proportion of missing data for each variable.)	0	106	0	Inverse "No" receives the point
Do the MCO's data enable valid, reliable, and timely calculations of this indicator?	106	0	0	
Did the MCO's data collection instruments and systems allow for consistent and accurate data collection for this indicator over the time periods studied?	106	0	0	

Question	Yes	No	Not Applicable	Comments
During the time period included in the reporting cycle, have there been any changes in the MCO’s data systems that might affect the accuracy or completeness of network adequacy data used to calculate this indicator (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCOs)?	0	106	0	Inverse "No" receives the point
If encounter or utilization data were used to calculate this indicator, did providers submit data for all encounters?	0	0	106	Not Applicable
If LTSS data were used to calculate this indicator, were all relevant LTSS provider services included (for example, through claims and encounter data, authorization systems, case management systems, or electronic visit verification [EVV] systems)?	0	0	106	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO include all phone calls made in the denominator? This means phone calls that do not reach a provider office may be excluded from the denominator.	0	0	106	Not Applicable
If access and availability studies were conducted to calculate this indicator, does the MCO have processes for addressing potential roadblocks in identification, such as lack of a Medicaid or CHIP ID or medical record number needed to speak with provider offices?	0	0	106	Not Applicable
Assessment of MCO Network Adequacy Methods	#	#	#	
Are the methods selected by the MCO to calculate this indicator appropriate for the state?	106	0	0	
Are the methods selected by the MCO to calculate this indicator appropriate to the state Medicaid and CHIP population(s)?	106	0	0	
Are the methods selected by the MCO adequate to generate the data needed to calculate this indicator?	106	0	0	
In calculating this indicator, does the MCO use a system for classifying provider types that matches the state’s expectations and follows how the state defines a specialist?	106	0	0	

Question	Yes	No	Not Applicable	Comments
If applicable, does the MCO’s approach for addressing telehealth match the state’s expectations?	0	0	106	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, did the sampling frame contain a complete, recent, and accurate list of the target population? A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target population, typically Medicaid and CHIP beneficiaries and providers. The completeness, currency, and accuracy of the sampling frame are key to the representativeness of the sample.	0	0	106	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, is the sample representative of the population?	0	0	106	Not Applicable
If the MCO is sampling a subset of the Medicaid and/or CHIP population to calculate this indicator, are sample sizes large enough to draw statistically significant conclusions?	0	0	106	Not Applicable
In calculating this indicator, were valid sampling techniques used to protect against bias? Specify the type of sampling used in the “comments” field.	0	0	106	Not Applicable
If applicable to this indicator, does the MCO’s approach for measuring distance (e.g., “as the crow flies” or using road distances) match the state’s expectation?	0	0	106	Uses distance instead of time
If applicable to this indicator, does the MCO’s approach for measuring time (e.g., during low traffic or high traffic time periods, using driving distance or public transit) match the state’s expectation?	81	0	25	Applicable to geographic accessibility
If applicable to this indicator, does the MCO’s approach to deriving provider-to enrollee ratios or percentage of contracted providers accepting new patients match the state’s expectation?	1	0	105	Ratios: 1 of 1 required; 24 of 24 additional not applicable GeoAccess: Not applicable (81)

Question	Yes	No	Not Applicable	Comments
If applicable to this indicator, does the MCO’s approach for determining the maximum wait time for an appointment match the state’s expectation?	0	0	106	Not Applicable
Are the methods used to calculate this indicator rigorous and objective? Are the methods used to calculate this indicator unlikely to be subject to manipulation? If “no,” please describe in the “comments” field.	106	0	0	
Assessment of MCO Network Adequacy Results	#	#	#	
In calculating this indicator, did the MCO produce valid results—that is, did the MCO measure what they intended to measure?	106	0	0	
In calculating this indicator, did the MCO produce accurate results—that is, did the MCO’s calculated values reflect the true values?	106	0	0	
In calculating this indicator, did the MCO produce reliable results—that is, were the MCO’s results reproducible and consistent?	106	0	0	
In calculating this indicator, did the MCO accurately interpret its results?	106	0	0	

Table 64. WPM Ratios

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or Not Applicable	%	Confidence Level
Primary Care Physician	NA	NA	Could not validate
Family Medicine	NA	NA	NA
Family Medicine/General Medicine	✓	100.0%	High
Internal Medicine	NA	NA	NA
Nurse Practitioner	NA	NA	NA
Physician Assistant	NA	NA	NA
Pediatric Primary Care Physician	✓	100.0%	High
Women’s Health	✓ or Not Applicable	%	Confidence Level
Doula	NA	NA	NA

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
GYN only	✓	100.0%	High
Maternal and Fetal Medicine	NA	NA	NA
OB only	NA	NA	NA
OB/GYN	NA	NA	NA
Prenatal Provider	✓	100.0%	High
Reproductive Endocrinology	NA	NA	NA
Core Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
ENT/Otolaryngology	✓	100.0%	High
Gastroenterology	✓	100.0%	High
Neurology	✓	100.0%	High
Ophthalmology	✓	100.0%	High
Orthopedics	✓	100.0%	High
Surgery	✓	100.0%	High
Urology	✓	100.0%	High
Major Specialists	✓ or Not Applicable	%	Confidence Level
Allergy and Immunology	✓	100.0%	High
Dermatology	✓	100.0%	High
Endocrinology	✓	100.0%	High
Infectious Diseases	✓	100.0%	High
Nephrology	✓	100.0%	High
Pulmonology	✓	100.0%	High
Pediatric Specialists	✓ or Not Applicable	%	Confidence Level
Cardiology	✓	100.0%	High
Gastroenterology	✓	100.0%	High
Neurology	✓	100.0%	High
Surgery	✓	100.0%	High
Ancillary Providers	✓ or Not Applicable	%	Confidence Level

Provider-to-Enrollee Ratios	Monitored	Validation Score	Rating
Acute Inpatient Hospitals	✓	100.0%	High
Diagnostic Laboratories	NA	NA	NA
Diagnostic Laboratories/X-Ray	✓	100.0%	High
Diagnostic Radiology	NA	NA	NA
Pharmacy	✓	100.0%	High
Other Specialists	✓ or Not Applicable	%	Confidence Level
Hematology	NA	NA	NA
Hematology/Oncology	NA	NA	NA
Hematology/Oncology/Radiation Oncology	NA	NA	NA
Maternal & Fetal Medicine	NA	NA	NA
Oncology	NA	NA	NA
Pain Management	NA	NA	NA
Plastic Surgery	NA	NA	NA
Podiatry	NA	NA	NA

Table 65. WPM GeoAccess

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Primary Care Physicians (PCP)	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Primary Care Physician	NA	NA	Could not validate	NA	Could not validate	NA	Could not validate
Family Medicine/General Medicine	✓	100%	High	100%	High	100%	High
Internal Medicine	✓	100%	High	100%	High	100%	High
Pediatric Primary Care Physician	✓	100%	High	100%	High	100%	High
Women’s Health	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
GYN only	NA	NA	NA	NA	NA	NA	NA

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
OB only	NA	NA	NA	NA	NA	NA	NA
OB/GYN	✓	100%	High	100%	High	100%	High
Prenatal Provider	✓	100%	High	100%	High	100%	High
Reproductive Endocrinology	NA	NA	NA	NA	NA	NA	NA
Core Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
ENT/Otolaryngology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High
Ophthalmology	✓	100%	High	100%	High	100%	High
Orthopedics	✓	100%	High	100%	High	100%	High
Surgery	✓	100%	High	100%	High	100%	High
Urology	✓	100%	High	100%	High	100%	High
Major Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Allergy and Immunology	✓	100%	High	100%	High	100%	High
Dermatology	✓	100%	High	100%	High	100%	High
Endocrinology	✓	100%	High	100%	High	100%	High
Infectious Diseases	✓	100%	High	100%	High	100%	High
Nephrology	✓	100%	High	100%	High	100%	High
Pulmonology	✓	100%	High	100%	High	100%	High
Pediatric Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Cardiology	✓	100%	High	100%	High	100%	High
Gastroenterology	✓	100%	High	100%	High	100%	High
Neurology	✓	100%	High	100%	High	100%	High

Time and Distance Standards	Monitored	Urban		Suburban		Rural	
		Validation Score	Rating	Validation Score	Rating	Validation Score	Rating
Surgery	✓	100%	High	100%	High	100%	High
Ancillary Providers	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Acute Inpatient Hospitals	✓	100%	High	100%	High	100%	High
Diagnostic Laboratories	NA	NA	NA	NA	NA	NA	NA
Diagnostic Laboratories/X-Ray	✓	100%	High	100%	High	100%	High
Diagnostic Radiology	NA	NA	NA	NA	NA	NA	NA
Pharmacy	✓	100%	High	100%	High	100%	High
Other Specialists	✓ or NA	%	Confidence Level	%	Confidence Level	%	Confidence Level
Hematology	NA	NA	NA	NA	NA	NA	NA
Hematology/Oncology	✓	100%	High	100%	High	100%	High
Hematology/Oncology/Radiation Oncology	NA	NA	NA	NA	NA	NA	NA
Oncology	NA	NA	NA	NA	NA	NA	NA
Pain Management	NA	NA	NA	NA	NA	NA	NA
Podiatry	NA	NA	NA	NA	NA	NA	NA

Appendix B: MCO Service Areas

Table 66. Local Area Zip Codes as Identified in COMAR

Local Access Area	Zip Codes
Alleghany	21501, 21502, 21503, 21504, 21505, 21521, 21523, 21524, 21528, 21529, 21530, 21532, 21539, 21540, 21542, 21543, 21545, 21546, 21555, 21556, 21557, 21560, 21562, 21766
Anne Arundel North	20701, 20724, 20755, 21056, 21060, 21061, 21076, 21077, 21090, 21108, 21113, 21122, 21123, 21144, 21240
Anne Arundel South	20711, 20733, 20751, 20764, 20765, 20776, 20778, 20779, 21012, 21032, 21035, 21037, 21054, 21106, 21114, 21140, 21146, 21401, 21402, 21403, 21404, 21405, 21409
Baltimore City SE/Dundalk	21052, 21219, 21222, 21224, 21281
Baltimore City East	21202, 21203, 21205, 21213, 21231, 21287
Baltimore City North Central	21210, 21211, 21218
Baltimore City Northeast	21206, 21212, 21214, 21239
Baltimore City Northwest	21208, 21209, 21215, 21270
Baltimore City South	21225, 21226, 21230
Baltimore City West	21201, 21216, 21217, 21223
Baltimore County East	21021, 21022, 21027, 21051, 21087, 21128, 21156, 21162, 21220, 21221, 21236, 21237
Baltimore County North	21013, 21023, 21030, 21031, 21053, 21057, 21082, 21092, 21093, 21094, 21105, 21111, 21120, 21131, 21139, 21152, 21153, 21155, 21161, 21204, 21234, 21284, 21285, 21286
Baltimore County Northwest	21055, 21071, 21117, 21133, 21136, 21163, 21207, 21244, 21282
Baltimore County Southwest	21227, 21228, 21229
Calvert	20610, 20615, 20629, 20639, 20657, 20676, 20678, 20685, 20688, 20689, 20714, 20732, 20736, 20754, 20758
Caroline	21609, 21629, 21632, 21636, 21639, 21640, 21641, 21649, 21655, 21660, 21670
Carroll	21020, 21048, 21074, 21088, 21102, 21104, 21157, 21158, 21757, 21771, 21776, 21784, 21787, 21791
Cecil	21901, 21902, 21903, 21904, 21911, 21912, 21913, 21914, 21915, 21916, 21917, 21918, 21919, 21920, 21921, 21922, 21930
Charles	20601, 20602, 20603, 20604, 20611, 20612, 20616, 20617, 20622, 20625, 20632, 20637, 20640, 20643, 20645, 20646, 20658, 20661, 20662, 20664, 20675, 20677, 20682, 20693, 20695
Dorchester	21613, 21622, 21626, 21627, 21631, 21634, 21643, 21648, 21659, 21664, 21669, 21672, 21675, 21677, 21835, 21869

Local Access Area	Zip Codes
Frederick	21701, 21702, 21703, 21704, 21705, 21710, 21714, 21716, 21717, 21718, 21727, 21754, 21755, 21758, 21759, 21762, 21769, 21770, 21773, 21774, 21775, 21777, 21778, 21780, 21788, 21790, 21792, 21793, 21798
Garrett	21520, 21522, 21531, 21536, 21538, 21541, 21550, 21561
Harford East	21001, 21005, 21017, 21018, 21024, 21028, 21034, 21078, 21130
Harford West	21009, 21010, 21014, 21015, 21040, 21047, 21050, 21084, 21085, 21101, 21132, 21154, 21160
Howard County	20723, 20759, 20763, 20777, 20794, 21029, 21036, 21041, 21042, 21043, 21044, 21045, 21046, 21150, 21723, 21737, 21738, 21765, 21794, 21797
Kent	21610, 21620, 21635, 21637, 21645, 21646, 21650, 21661, 21667, 21678
Montgomery Mid-County	20812, 20813, 20814, 20815, 20816, 20817, 20818, 20824, 20825, 20827, 20830, 20832, 20833, 20848, 20849, 20850, 20851, 20852, 20853, 20854, 20855, 20857, 20859, 20889, 20891, 20892, 20895, 20896
Montgomery North	20837, 20838, 20839, 20841, 20842, 20847, 20871, 20872, 20874, 20875, 20876, 20877, 20878, 20879, 20880, 20882, 20883, 20884, 20885, 20886, 20898, 20997
Montgomery - Silver Spring	20860, 20861, 20862, 20866, 20868, 20901, 20902, 20903, 20904, 20905, 20906, 20907, 20908, 20910, 20911, 20912, 20913, 20914, 20915, 20916, 20918, 20990
Prince George's Northeast	20704, 20705, 20707, 20708, 20709, 20715, 20716, 20717, 20718, 20719, 20720, 20721, 20725, 20726, 20769
Prince George's Northwest	20703, 20706, 20710, 20712, 20722, 20731, 20737, 20738, 20740, 20741, 20742, 20743, 20768, 20770, 20771, 20780, 20781, 20782, 20783, 20784, 20785, 20787, 20788, 20789, 20791, 20792, 20797, 20799
Prince George's Southeast	20608, 20613, 20623, 20735, 20762, 20772, 20773, 20774, 20775
Prince George's Southwest	20607, 20744, 20745, 20746, 20747, 20748, 20749, 20750, 20752, 20753, 20757, 20790
Queen Anne's	21607, 21617, 21619, 21623, 21628, 21638, 21644, 21651, 21656, 21657, 21658, 21666, 21668
Somerset	21816, 21817, 21820, 21821, 21824, 21836, 21838, 21853, 21857, 21866, 21867, 21686, 21870, 21871, 21890
St. Mary's	20606, 20609, 20618, 20619, 20620, 20621, 20624, 20626, 20627, 20628, 20630, 20634, 20635, 20636, 20650, 20653, 20656, 20659, 20660, 20667, 20670, 20674, 20680, 20684, 20686, 20687, 20690, 20692
Talbot	21601, 21612, 21624, 21625, 21647, 21652, 21653, 21654, 21662, 21663, 21665, 21671, 21673, 21676, 21679
Washington	21711, 21713, 21715, 21719, 21720, 21721, 21722, 21733, 21734, 21740, 21741, 21742, 21746, 21750, 21756, 21767, 21779, 21781, 21782, 21783, 21795
Wicomico	21801, 20802, 21803, 21804, 21810, 21814, 21822, 21826, 21830, 21837, 21840, 21849, 21850, 21852, 21856, 21861, 21865, 21874, 21875
Worcester	21811, 21813, 21829, 21841, 21842, 21843, 21851, 21862, 21863, 21864, 21872

Table 67. HealthChoice MCO Open Service Areas

County	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Allegany	✓	✓			✓		✓	Voluntarily Frozen	✓
Anne Arundel	✓	✓	✓	✓	✓	✓	✓	✓	✓
Baltimore City	✓	✓	✓	✓	✓	✓	✓	✓	✓
Baltimore County	✓	✓	✓	✓	✓	✓	✓	✓	✓
Calvert	✓	✓		✓	✓	✓	✓	✓	✓
Caroline	✓	✓			✓		✓	✓	✓
Carroll	✓	✓	✓		✓		✓	✓	✓
Cecil	✓	✓			✓		✓	✓	✓
Charles	✓	✓		✓	✓	✓	✓	✓	✓
Dorchester	✓	✓			✓		✓	✓	✓
Frederick	✓	✓			✓		✓	✓	✓
Garrett	✓	✓			✓		✓	Voluntarily Frozen	✓
Harford	✓	✓	✓	✓	✓	✓	✓	✓	✓
Howard	✓	✓	✓	✓	✓		✓	✓	✓
Kent	✓	✓			✓		✓	✓	✓
Montgomery	✓	✓		✓	✓	✓	✓	✓	✓
Prince George's	✓	✓	✓	✓	✓	✓	✓	✓	✓
Queen Anne's	✓	✓			✓		✓	✓	✓
Somerset	✓	✓			✓		✓	✓	✓
St. Mary's	✓	✓		Frozen	✓	✓	✓	✓	✓
Talbot	✓	✓			✓		✓	✓	✓
Washington	✓	✓			✓		✓	✓	✓
Wicomico	✓	✓			✓		✓	✓	✓
Worcester	✓	✓			✓		✓	✓	✓

Appendix C: CMS Protocol 4: Worksheet 4.2 Network Adequacy Indicators to be Validated

Table 68. Network Adequacy Indicators to be Validated

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider for every 200 enrollees.	Primary Care Provider (PCP)	Ratio of PCP providers to enrollees with valid age ranges.	<i>Quantity of Practitioners: The number of unique primary care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with valid age ranges with a MD residence</i>
All enrollees must have access to one provider for every 200 enrollees.	Pediatric Primary Care Provider (PCP)	Ratio of PCP providers to enrollees with valid age ranges.	<i>Quantity of Practitioners: The number of unique primary care providers that take health plan</i> <i>Quantity of Beneficiaries: All enrolled beneficiaries with valid age ranges with a MD residence</i>
All enrollees must have access to one provider within 15 minutes or 10 miles travel time.	Primary Care Provider (PCP)	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 15 minutes or 10 miles from their residence.	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 15 minutes from beneficiary residence or • 10 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with valid age ranges with a MD residence in designated urban areas.</i>
All enrollees must have access to one provider within 30 minutes or 20 miles travel time.	Primary Care Provider (PCP)	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 30 minutes or 20 miles from their residence.	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 20 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with valid age ranges with a MD residence in designated suburban areas.</i>
All enrollees must have access to one provider within 40 minutes or 30 miles travel time.	Primary Care Provider (PCP)	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 40 minutes or 30 miles from their residence.	<i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i> <ul style="list-style-type: none"> • 40 minutes from beneficiary residence or • 30 miles from beneficiary residence <i>Denominator: All enrolled beneficiaries with valid age ranges with a MD residence in designated rural areas.</i>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
Pediatric enrollees must have access to one provider within 15 minutes or 10 miles travel time.	Pediatric Primary Care Provider (PCP)	Proportion of pediatric enrollees residing in designated urban areas who have one or more providers with a location within 15 minutes or 10 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 15 minutes from beneficiary residence or • 10 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid age ranges with a MD residence in designated urban areas.</i></p>
Pediatric enrollees must have access to one provider within 30 minutes or 20 miles travel time.	Pediatric Primary Care Provider (PCP)	Proportion of pediatric enrollees residing in designated suburban areas who have one or more provider with a location within 30 minutes or 20 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 20 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid age ranges with a MD residence in designated suburban areas.</i></p>
Pediatric enrollees must have access to one provider within 40 minutes or 30 miles travel time.	Pediatric Primary Care Provider (PCP)	Proportion of pediatric enrollees residing in designated rural areas who have one or more provider with a location within 40 minutes or 30 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location one of the following parameters:</i></p> <ul style="list-style-type: none"> • 40 minutes from beneficiary residence or • 30 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid age ranges with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 15 minutes or 10 miles travel time.	Gynecology Provider	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 15 minutes or 10 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 15 minutes from beneficiary residence or • 10 miles from beneficiary residence <p><i>Denominator: All enrolled female beneficiaries with a MD residence in designated urban areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 30 minutes or 20 miles travel time.	Gynecology Provider	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 30 minutes or 20 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 20 miles from beneficiary residence <p><i>Denominator: All enrolled female beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 40 minutes or 30 miles travel time.	Gynecology Provider	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 40 minutes or 30 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 40 minutes from beneficiary residence or • 30 miles from beneficiary residence <p><i>Denominator: All enrolled female beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 15 minutes or 10 miles travel time.	Prenatal Care Providers (<i>Obstetricians, Certified nurse midwives, family practitioners providing prenatal care, family practitioners who perform deliveries</i>)	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 15 minutes or 10 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 15 minutes from beneficiary residence or • 10 miles from beneficiary residence <p><i>Denominator: All enrolled female beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 30 minutes or 20 miles travel time.	Prenatal Care Providers (<i>Obstetricians, Certified nurse midwives, family practitioners providing prenatal care, family practitioners who perform deliveries</i>)	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 30 minutes or 20 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 20 miles from beneficiary residence <p><i>Denominator: All enrolled female beneficiaries with a MD residence in designated suburban areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 90 minutes or 75 miles travel time.	Prenatal Care Providers <i>(Obstetricians, Certified nurse midwives, family practitioners providing prenatal care, family practitioners who perform deliveries)</i>	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • <i>90 minutes from beneficiary residence or</i> • <i>75 miles from beneficiary residence</i> <p><i>Denominator: All enrolled female beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Core Specialty Provider: Cardiology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • <i>30 minutes from beneficiary residence or</i> • <i>15 miles from beneficiary residence</i> <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 60 minutes or 45 miles travel time.	Core Specialty Provider: Cardiology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • <i>60 minutes from beneficiary residence or</i> • <i>45 miles from beneficiary residence</i> <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 90 minutes or 75 miles travel time.	Core Specialty Provider: Cardiology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • <i>90 minutes from beneficiary residence or</i> • <i>75 miles from beneficiary residence</i> <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Core Specialty Provider: Gastroenterology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 60 minutes or 45 miles travel time.	Core Specialty Provider: Gastroenterology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 90 minutes or 75 miles travel time.	Core Specialty Provider: Gastroenterology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Core Specialty Provider: Neurology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 60 minutes or 45 miles travel time.	Core Specialty Provider: Neurology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 90 minutes or 75 miles travel time.	Core Specialty Provider: Neurology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Core Specialty Provider: Ophthalmology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 60 minutes or 45 miles travel time.	Core Specialty Provider: Ophthalmology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 90 minutes or 75 miles travel time.	Core Specialty Provider: Ophthalmology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Core Specialty Provider: Orthopedics	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 60 minutes or 45 miles travel time.	Core Specialty Provider: Orthopedics	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 90 minutes or 75 miles travel time.	Core Specialty Provider: Orthopedics	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Core Specialty Provider: Otolaryngology/ENT	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 60 minutes or 45 miles travel time.	Core Specialty Provider: Otolaryngology/ENT	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 90 minutes or 75 miles travel time.	Core Specialty Provider: Otolaryngology/ENT	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Core Specialty Provider: Surgery	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 60 minutes or 45 miles travel time.	Core Specialty Provider: Surgery	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 90 minutes or 75 miles travel time.	Core Specialty Provider: Surgery	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Core Specialty Provider: Urology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 60 minutes or 45 miles travel time.	Core Specialty Provider: Urology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 60 minutes or 45 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 60 minutes from beneficiary residence or • 45 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 90 minutes or 75 miles travel time.	Core Specialty Provider: Urology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 90 minutes or 75 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 90 minutes from beneficiary residence or • 75 miles from beneficiary residence <p><i>Denominator: All enrolled adult beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Major Specialty Provider: Allergy/Immunology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 80 minutes or 60 miles travel time.	Major Specialty Provider: Allergy/Immunology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 110 minutes or 90 miles travel time.	Major Specialty Provider: Allergy/Immunology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 110 minutes or 90 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 110 minutes from beneficiary residence or • 90 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Major Specialty Provider: Dermatology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 80 minutes or 60 miles travel time.	Major Specialty Provider: Dermatology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 110 minutes or 90 miles travel time.	Major Specialty Provider: Dermatology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 110 minutes or 90 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 110 minutes from beneficiary residence or • 90 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Major Specialty Provider: Endocrinology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in urban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 80 minutes or 60 miles travel time.	Major Specialty Provider: Endocrinology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in suburban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 110 minutes or 90 miles travel time.	Major Specialty Provider: Endocrinology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 110 minutes or 90 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in rural areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 110 minutes from beneficiary residence or • 90 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Major Specialty Provider: Infectious Disease	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in urban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 80 minutes or 60 miles travel time.	Major Specialty Provider: Infectious Disease	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in suburban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 110 minutes or 90 miles travel time.	Major Specialty Provider: Infectious Disease	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 110 minutes or 90 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in rural areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 110 minutes from beneficiary residence or • 90 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Major Specialty Provider: Nephrology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in urban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 80 minutes or 60 miles travel time.	Major Specialty Provider: Nephrology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in suburban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 110 minutes or 90 miles travel time.	Major Specialty Provider: Nephrology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 110 minutes or 90 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in rural areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 110 minutes from beneficiary residence or • 90 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Major Specialty Provider: Pulmonology	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in urban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 80 minutes or 60 miles travel time.	Major Specialty Provider: Pulmonology	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in suburban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 110 minutes or 90 miles travel time.	Major Specialty Provider: Pulmonology	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 110 minutes or 90 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location in rural areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 110 minutes from beneficiary residence or • 90 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas.</i></p>
Pediatric enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Core Specialty Provider: Cardiology	Proportion of pediatric enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated urban areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
Pediatric enrollees must have access to one provider within 80 minutes or 60 miles travel time.	Core Specialty Provider: Cardiology	Proportion of pediatric enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated suburban areas.</i></p>
Pediatric enrollees must have access to one provider within 250 minutes or 200 miles travel time.	Core Specialty Provider: Cardiology	Proportion of pediatric enrollees residing in designated rural areas who have one or more provider with a location within 250 minutes or 200 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 250 minutes from beneficiary residence or • 200 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated rural areas.</i></p>
Pediatric enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Core Specialty Provider: Gastroenterology	Proportion of pediatric enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated urban areas.</i></p>
Pediatric enrollees must have access to one provider within 80 minutes or 60 miles travel time.	Core Specialty Provider: Gastroenterology	Proportion of pediatric enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated suburban areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
Pediatric enrollees must have access to one provider within 250 minutes or 200 miles travel time.	Core Specialty Provider: Gastroenterology	Proportion of pediatric enrollees residing in designated rural areas who have one or more provider with a location within 250 minutes or 200 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 250 minutes from beneficiary residence or • 200 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated rural areas.</i></p>
Pediatric enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Core Specialty Provider: Neurology	Proportion of pediatric enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated urban areas.</i></p>
Pediatric enrollees must have access to one provider within 80 minutes or 60 miles travel time.	Core Specialty Provider: Neurology	Proportion of pediatric enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated suburban areas.</i></p>
Pediatric enrollees must have access to one provider within 250 minutes or 200 miles travel time.	Core Specialty Provider: Neurology	Proportion of pediatric enrollees residing in designated rural areas who have one or more provider with a location within 250 minutes or 200 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 250 minutes from beneficiary residence or • 200 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated rural areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
Pediatric enrollees must have access to one provider within 30 minutes or 15 miles travel time.	Core Specialty Provider: Surgery	Proportion of pediatric enrollees residing in designated urban areas who have one or more provider with a location within 30 minutes or 15 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 15 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated urban areas.</i></p>
Pediatric enrollees must have access to one provider within 80 minutes or 60 miles travel time.	Core Specialty Provider: Surgery	Proportion of pediatric enrollees residing in designated suburban areas who have one or more provider with a location within 80 minutes or 60 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 80 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated suburban areas.</i></p>
Pediatric enrollees must have access to one provider within 250 minutes or 200 miles travel time.	Core Specialty Provider: Surgery	Proportion of pediatric enrollees residing in designated rural areas who have one or more provider with a location within 250 minutes or 200 miles from their residence.	<p><i>Numerator: The number of enrolled pediatric beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 250 minutes from beneficiary residence or • 200 miles from beneficiary residence <p><i>Denominator: All enrolled pediatric beneficiaries with valid ages with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 15 minutes or 10 miles travel time.	Pharmacy Provider	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 15 minutes or 10 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 15 minutes from beneficiary residence or • 10 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 30 minutes or 20 miles travel time.	Pharmacy Provider	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 30 minutes or 20 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 20 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one provider within 40 minutes or 30 miles travel time.	Pharmacy Provider	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 40 minutes or 30 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 40 minutes from beneficiary residence or • 30 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one provider within 15 minutes or 10 miles travel time.	Diagnostic/Laboratory/X-Ray Provider	Proportion of enrollees residing in designated urban areas who have one or more provider with a location within 15 minutes or 10 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 15 minutes from beneficiary residence or • 10 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one provider within 30 minutes or 20 miles travel time.	Diagnostic/Laboratory/X-Ray Provider	Proportion of enrollees residing in designated suburban areas who have one or more provider with a location within 30 minutes or 20 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 30 minutes from beneficiary residence or • 20 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>

Network Adequacy Standard	Provider Type	Network Adequacy Indicator	Definition of Network Adequacy Indicator
All enrollees must have access to one provider within 40 minutes or 30 miles travel time.	Diagnostic/Laboratory/X-Ray Provider	Proportion of enrollees residing in designated rural areas who have one or more provider with a location within 40 minutes or 30 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest provider available with a location meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 40 minutes from beneficiary residence or • 30 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas.</i></p>
All enrollees must have access to one acute inpatient hospital within 20 minutes or 10 miles travel time.	Acute Inpatient Hospitals	Proportion of enrollees residing in designated urban areas who have one or more acute inpatient hospital within 20 minutes or 10 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest acute inpatient hospital available with a location in urban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 20 minutes from beneficiary residence or • 10 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated urban areas.</i></p>
All enrollees must have access to one acute inpatient hospital within 45 minutes or 30 miles travel time.	Acute Inpatient Hospitals	Proportion of enrollees residing in designated suburban areas who have one or more acute inpatient hospital within 45 minutes or 30 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest acute inpatient hospital available with a location in suburban areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 45 minutes from beneficiary residence or • 30 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated suburban areas.</i></p>
All enrollees must have access to one acute inpatient hospital within 75 minutes or 60 miles travel time.	Acute Inpatient Hospitals	Proportion of enrollees residing in designated rural areas who have one or more acute inpatient hospital within 75 minutes or 60 miles from their residence.	<p><i>Numerator: The number of enrolled beneficiaries with the closest acute inpatient hospital available with a location in rural areas meeting one of the following parameters:</i></p> <ul style="list-style-type: none"> • 75 minutes from beneficiary residence or • 60 miles from beneficiary residence <p><i>Denominator: All enrolled beneficiaries with a MD residence in designated rural areas.</i></p>

Appendix D: MY 2025 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
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

FIELD	DESCRIPTION
<p>If Not A Successful Contact, Reason:</p>	<ul style="list-style-type: none"> ○ No <p>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:</p> <ul style="list-style-type: none"> ○ Wrong number ○ Not a Primary Care Provider ○ Refused to participate in survey ○ Office permanently closed ○ No answer or phone not in service ○ Prompted to leave message ○ Hold time greater than 5 minutes ○ Provider not with this practice ○ Provider at other address ○ 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>
<p>Were you able to reach the provider office with pre-populated phone information?</p>	<p>Surveyor selects from the following options:</p> <ul style="list-style-type: none"> ○ Yes, pre-populated phone number is correct. ○ Yes, reached office, but caller was transferred to another department and/or scheduler. ○ Yes, reached office, but caller had to dial a different number for scheduler. ○ Yes, reached office, but caller had to dial a different number for scheduler due to COVID-19 ONLY.
<p>Number given to reach scheduler:</p>	<p>Surveyor enters the phone number given to reach scheduler.</p>
<p>Is The Provider Accepting New Medicaid Patients for the Listed MCO?</p>	<p>Surveyor selects from the following options:</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ No, due to COVID-19 ONLY ○ Unable to answer question
<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.

FIELD	DESCRIPTION
	<ul style="list-style-type: none"> ○ 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.
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: <ul style="list-style-type: none"> ○ Yes ○ Yes, telemedicine is available within 48 hours. ○ No
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?	Surveyor selects from the following options in the drop down menu: <ul style="list-style-type: none"> ○ Yes ○ Yes, telemedicine is available within 48 hours. ○ 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): <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
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: <ul style="list-style-type: none"> ○ Yes, pre-populated or corrected address matches the online provider directory address. ○ No, there was not a match.

FIELD	DESCRIPTION
	<ul style="list-style-type: none"> ○ 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. ○ Online provider directory did not specify whether the provider accepted new Medicaid patients.
<p>Did the online provider directory specify the ages of patients accepted by the provider?</p>	<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

FIELD	DESCRIPTION
<p>Did the online provider directory specify the languages spoken by provider?</p>	<p><input type="radio"/> No</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> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<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> <p><input type="radio"/> Yes, no details provided <input type="radio"/> Yes, with specific details <input type="radio"/> Yes, provider stated no ADA accommodations are available <input type="radio"/> No, ADA information is not reported or blank</p>
<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> <p><input type="radio"/> Incomplete: Survey automatically defaults to this status until complete. <input type="radio"/> Complete, No Validation Required: Call was unsuccessful. <input type="radio"/> Ready for Validation: Prompt for online provider directory validators that telephonic survey has been completed. <input type="radio"/> Validation Complete: Both telephonic survey and online provider directory validation have been completed.</p>