



**Qlarant** 



## **Medicaid Managed Care Organization**

## **Network Adequacy Validation Report**

## **Assessing Accuracy of MCO Provider Directories**

**Calendar Year 2022**



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## Table of Contents

### CY 2022 Network Adequacy Validation Report Assessing Accuracy of MCO Provider Directories

Executive Summary.....	1
Introduction .....	3
CY 2022 Network Adequacy Validation Activities.....	4
Survey and Validation Methodology .....	4
HealthChoice Results .....	7
MCO-Specific Results .....	15
Conclusions .....	26
Recommendations.....	27
MCO Recommendations.....	27
MDH Recommendations.....	27
<b>Appendix A: 2022 PCP Survey Validation Tool.....</b>	<b>A-1</b>

# CY 2022 Network Adequacy Validation Report

## Assessing Accuracy of MCO Provider Directories

### Executive Summary

The Maryland HealthChoice Program (HealthChoice) is a statewide mandatory managed care program that provides health care to most Medicaid enrollees. HealthChoice's philosophy is to provide quality health care that is coordinated, accessible, cost-effective, patient-focused, and prevention-oriented. Eligible Medicaid recipients enroll in the managed care organization (MCO) of their choice and select a primary care provider (PCP) to oversee their medical care. HealthChoice provides a "medical home" for each enrollee by connecting each enrollee with a PCP responsible for providing preventive and primary care services, managing referrals, and coordinating all necessary care. HealthChoice emphasizes health promotion and disease prevention and requires health education and outreach services to be provided to enrollees. References to enrollee or patient indicate individuals enrolled in the HealthChoice program or seeing providers, as surveyed during Network Adequacy Validation (NAV) activities.

The Maryland Department of Health (MDH) engages in a broad range of activities to monitor network adequacy and access. Network adequacy and access have been subject to greater oversight since the Centers for Medicare and Medicaid Services (CMS) issued the Final Rule CMS-2390-F in May 2016, the first major overhaul to Medicaid managed care regulations in more than a decade. The Final Rule required states to adopt time and distance standards for certain network provider types during contract periods beginning on or after July 1, 2018. In November 2020, CMS issued another Final Rule, CMS-2408-F (effective December 14, 2020), requiring states to use a quantitative standard in addition to the time and distance standard. CMS acknowledges time and distance may not effectively evaluate network adequacy in all situations. For example, some states have found that results from the time and distance analysis do not accurately reflect provider availability<sup>1</sup>. No associated external quality review (EQR) protocol has been developed for network adequacy.

In 2015, MDH began conducting NAV activities by surveying MCOs and validating provider directories. These efforts required collaboration with The Hilltop Institute at the University of Maryland, Baltimore County (Hilltop), to develop validation methods testing the accuracy of HealthChoice MCOs' provider directories.

Hilltop's and MDH's collaboration were completed in two phases. The first phase included a pilot study, which was conducted between October and December 2015. Results from the pilot study were used to streamline processes, and, in Phase 2, MDH and Hilltop used MCO online provider directories to survey a sample of PCPs from the HealthChoice network. Surveys conducted between January and February of 2017 verified the accuracy of the information within the online provider directories, including:

- Provider's address and phone number
- Provider's patient age range
- If the provider practices as a PCP
- If the provider was accepting new patients

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<sup>1</sup> Page 49 of CMS-2408-F

Inaccuracies identified in the survey were addressed and MDH shared inaccurate entries with the MCOs to ensure their directories were updated. Phase 2 validations more accurately represent current approaches to the NAV task.

Following Phase 2, MDH transitioned the survey administration from Hilltop to its external quality review organization (EQRO), Qlarant. Surveys conducted since calendar year (CY) 2017 also validated the MCOs' online provider directories and assessed compliance with the State of Maryland's (State) access and availability requirements. Since taking on NAV, Qlarant has developed a streamlined and robust survey process to address inaccuracies in the MCOs' online provider directories to improve the enrollees' timely access to care.

NAV activities conducted in CY 2022 (June - July 2022) included PCP surveys and the validation of MCO online provider directories. Qlarant's subcontractor, Cambridge Federal, conducted the telephone surveys to each PCP office to validate their information within the MCO's online provider directory.

Results of CY 2022 surveys and comparisons to performance in previous CYs, when applicable, demonstrated the following:

- Successful PCP contacts increased from 53.5% in CY 2021 to 63.7% in CY 2022, demonstrating a 10.2 percentage point increase.
- The majority of surveys were successfully completed during the first call attempt each year (70% in CY 2020, 65.5% in CY 2021, and 78.8% in CY 2022).
- The percentage of providers refusing to participate in the survey increased by nearly five percentage points from 0.8% in CY 2021 to 5.7% in CY 2022.
- Most PCPs surveyed continued to accept the listed MCO, further maintaining an acceptance rate above 99% since CY 2020.
- The percentage of providers surveyed with accurate contact information maintained similar performance to previous CYs, achieving about 59% in CY 2022.
- Most PCPs surveyed (86.4%) accepted new patients for the listed MCO, which is an increase from the CY 2021 rate of 83.0%.
- The percent of providers whose information gathered during the telephone survey and matched their online provider directory declined across every review component by up to six percentage points.
- Over 90% of the MCOs' online provider directories validated matched the address (93.0%) or telephone number (91.0%) from the responses provided in the telephone surveys, which is lower than CY 2021 data (98.2%) for PCP address accuracy and 96.9% for telephone number accuracy).
- Responses matched the validation list during surveys regarding PCP acceptance of new Medicaid patients.
- The majority of validated online provider directories (78.3%) matched the validation list, which is comparable to CY 2021 results (80.5%).
- Almost all online provider directories (96.6%) listed age ranges of patients served, which is slightly lower than CY 2021 results (99.6%).
- Almost all online provider directories (96.9%) specified languages spoken by the PCP, which is slightly lower than CY 2021 results (99.9%).
- Over 90% of the online provider directories (91.9%) specified practice accommodations for patients with disabilities, exhibiting an increase since CY 2021 (80.5%).

- Approximately 88% of PCPs were able to provide a routine care appointment within 30 days. This is six percentage points lower than the percent of PCPs in CY 2021.
- Urgent care appointment compliance in CY 2022 is comparable to that of previous years at 85.2%, compared to 86.8% in CY 2021.

MDH set an 80% minimum compliance score for the CY 2022 network adequacy assessment. MCOs that do not meet the minimum compliance score for the accuracy of online provider directories or compliance with routine and urgent care appointment timeframes are required to submit corrective action plans (CAPs) to Qlarant. Based on the CY 2022 assessment, five MCOs (JMS, KPMAS, MPC, MSFC, and PPMCO) are required to submit CAPs to Qlarant to improve compliance. Specifically, JMS, KPMAS, MPC, and PPMCO are required to submit a CAP to improve compliance with online provider directory accuracy of accepting new Medicaid patients for the listed MCO. KPMAS and MSFC are required to submit a CAP to improve compliance with the urgent care timeframe.

## Introduction

As the contracted EQRO for the HealthChoice Program, Qlarant evaluates each MCO's quality assurance program and activities. In CY 2022, Qlarant evaluated the network adequacy of HealthChoice Program MCOs to ensure MCOs can provide enrollees with timely access to the care needed and timely access to a sufficient number of in-network providers.

Qlarant completed the first step of the CY 2022 network adequacy evaluation by conducting PCP surveys to assess the accuracy of MCOs' online provider directories. Surveys evaluated all nine HealthChoice MCOs active between January 1, 2022, and December 31, 2022:

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

In CY 2022, 2,094 PCPs were part of the survey sample, with successful contact made to 1,334 PCPs, yielding a response rate of 63.7%. This was an increase of nearly ten percentage points over last year's response rate of 53.5%. Qlarant's surveyors verified:

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

## CY 2022 Network Adequacy Validation Activities

MDH established the following goals for CY 2022 NAV activities:

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

Table 1 defines the State's directory requirements and access and availability requirements, outlined in the Code of Maryland Regulations (COMAR).

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

COMAR	Standard
<b>Accuracy of Provider Directory*</b> COMAR 10.67.05.02C(1)(d)	MCOs shall maintain a provider directory listing individual practitioners who are the MCO's primary and specialty care providers, additionally indicating the PCP name, address, practice location(s), telephone number(s), website [uniform resource locator] URL as appropriate, group affiliation, cultural and linguistic capabilities, practices accommodations for physical disabilities, whether the provider is accepting new patients, and age range of patients accepted or no age limit.
<b>30-Day Non-Urgent Care Appointment</b> COMAR 10.67.05.07A(3)(b)(iv)	Requests for routine and preventative primary care appointments shall be scheduled to be performed within 30 days of the request.
<b>48-Hour Urgent Care Appointment</b> COMAR 10.67.05.07A(3)(b)(iii)	Individuals requesting urgent care shall be scheduled to be seen within 48 hours of the request.

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

## Survey and Validation Methodology

### Surveyor and Validator Training and Quality Assurance

Qlarant's subcontractor, Cambridge Federal, conducted telephone surveys and validation of online provider directories for each PCP in the sample. Orientation training for the subcontractor in CY 2022 included:

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

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

- Quality assurance activities,

- Progress reports,
- Surveyor assignments, and
- Correction of data collection issues, as applicable.

## Data Sources

Qlarant requested and received a list of contracted PCPs from each MCO. Qualifying providers for CY 2022 NAV activities specialized in one of the following areas: primary care, adult medicine, internal medicine, general practice, family medicine, or pediatrics. Qlarant provided MCOs with a spreadsheet to submit the following information for each PCP:

- National Provider Identifier (NPI),
- Last and First Name,
- Credentials,
- Provider Type (MCO confirmed PCP status),
- Provider Specialty,
- Practice Location (Address, Suite, City, Town, State, Zip), and
- Telephone Number.

Qlarant assessed each MCO's submission for completeness. Corrections were requested if issues regarding incomplete data, non-PCPs included in the listings, or incorrect telephone numbers were identified. MCOs provided lists for PCPs contracted in contiguous states to Maryland (Delaware, District of Columbia, Virginia, and West Virginia). The following contiguous states included listings from 191 PCPs:

- Delaware – 8,
- District of Columbia – 157,
- Virginia – 9, and
- West Virginia – 17.

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

## Sampling

Nine MCOs submitted information for a total of 21,289 contracted PCPs. A random sample based on the number of contracted PCPs was selected for each MCO, using a 90% Confidence Level (CL) and a 5% margin of error. Table 2 shows the total number of contracted PCPs, by MCO, and their respective sample sizes. The final sample included 2,094 PCPs.



**Table 2. CY 2022 Contracted PCPs and Sample Size by MCO**

MCO	Number of Contracted PCPs	Sample Size (90% CL +/- 5%)
ABH	3,729	250
ACC	2,927	248
CFCHP	2,668	246
JMS	843	206
KPMAS	422	166
MPC	2,183	241
MSFC	2,332	243
PPMCO	4,172	255
UHC	2,013	239
<b>Total</b>	<b>21,289</b>	<b>2,094</b>

Each PCP can only be sampled once for each MCO; therefore, if a PCP of a different name but the same address was included in the MCO's sample, it was replaced with a different PCP. This practice increased the number of unique PCPs in the sample for each MCO. PCPs with the same NPI providing services at other practice locations (different addresses) as submitted by the MCOs were not removed as duplicates from the sample.

## Survey and Directory Validation Tool

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

To minimize provider burden, the CY 2022 NAV process was separated into two parts: a telephone survey and a validation survey, as depicted in Figure 1.

**Figure 1. CY 2022 Network Adequacy Validation Process**

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

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

The validation survey was completed in two steps. Step 1 verified the information obtained during the telephone survey matched the information listed in the MCOs' online provider directories:

- Correct address, as furnished by the MCO,



- Correct phone number, as furnished by the MCO, and
- Correct status of accepting new Medicaid patients.

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

- Ages served by the PCP,
- Languages spoken by the PCP, and
- Available accommodations for disabled patients and identified specific Americans with Disabilities Act of 1990 (ADA)-accessible equipment.

## Data Collection

Surveyors made and documented at least three call attempts. If the first call attempt did not result in contact with a live respondent, surveyors attempted to call again at a later date and time. Surveyors confirmed wrong PCP telephone numbers by calling the telephone number twice. If the call resulted in a wrong number, or if the office was permanently closed, the survey ended. Surveyors ended the call on the third attempt if they were prompted to leave a message, were on hold for more than 5 minutes, or had no answer. Other reasons for ending the call include:

- Respondent refused to participate
- PCP was not with the practice or did not practice at that location
- PCP was not a primary care provider
- PCP was not in the identified MCO's network

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

Surveys were conducted during normal business hours from 9:00 a.m. - 5:00 p.m. Eastern Time. Responses to the survey questions were documented in the survey tool and stored electronically on Qlarant's secure web-based portal.

## HealthChoice Results

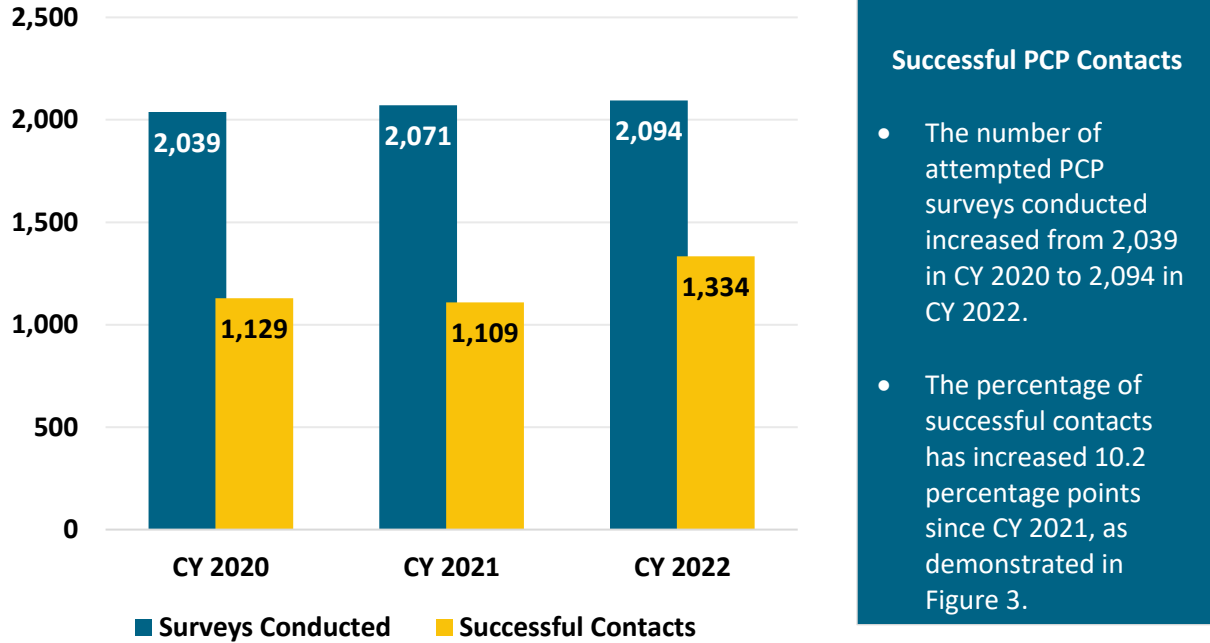
Results of the telephone and validation surveys are broken down into the following categories:

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

## Successful Contacts

Surveys were conducted between June and July 2022, with a random sample of 2,094 PCPs.

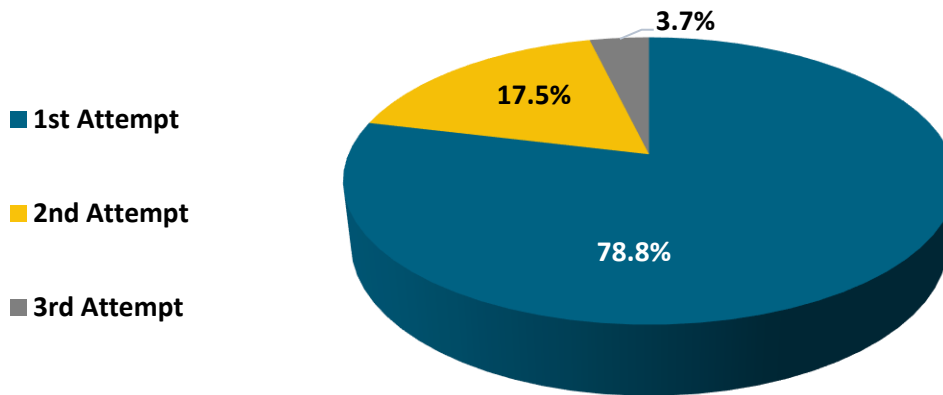
**Figure 2. Number of Surveys Conducted and Number of Successful PCP Contacts**



**Figure 3. Percent of Successful PCP Contacts from CY 2020 to CY 2022**



Figure 4 illustrates the number of call attempts surveyors used to reach PCPs before making contact and successfully completing the survey. Approximately 79% of providers were contacted on the first call attempt.

**Figure 4. CY 2022 Responses by Call Attempt for Successful Contacts (N = 1,334)**

## Unsuccessful Contacts

Of the 2,094 PCP surveys attempted in CY 2022, 760 were unsuccessful. Reasons for unsuccessful surveys were divided into two categories: “No Contact” or “PCP Response.”

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

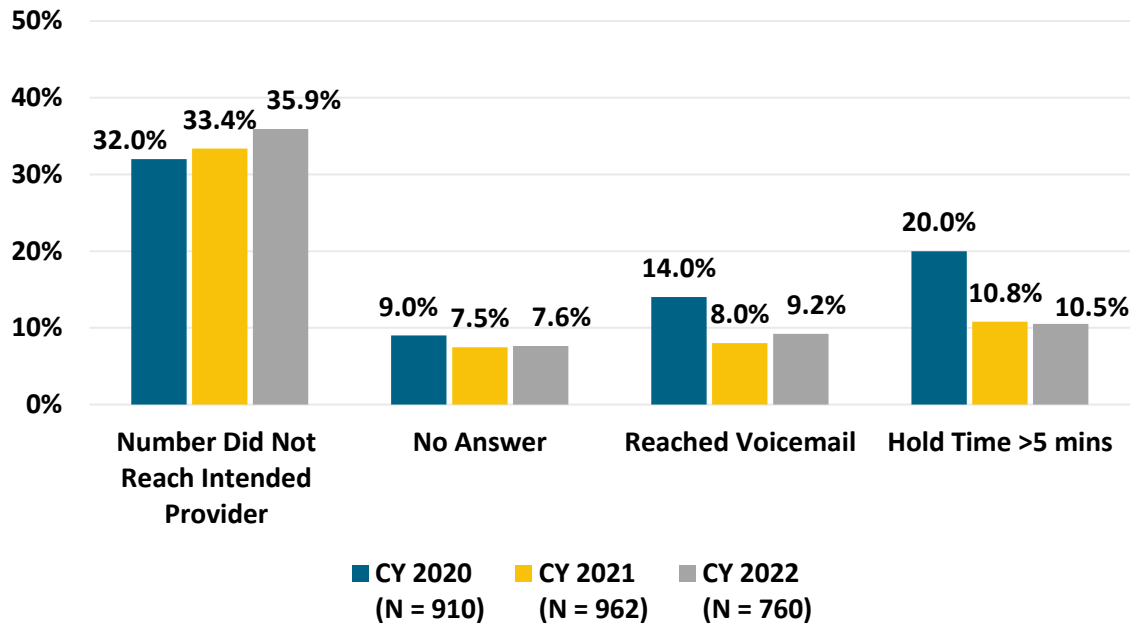
- The number did not reach the intended provider (e.g., “wrong number,” “office closed,” “provider not with practice”),
- No answer,
- Reached voicemail, and
- Hold time exceeded 5 minutes.

Unsuccessful surveys categorized as “PCP Response” included calls that ended after the initial communication with a respondent for one of the following reasons:

- Wrong location was listed for the provider,
- Provider is not a PCP,
- Provider does not accept the listed insurance, and
- Provider refused to participate.

Approximately 63% of telephone surveys were unsuccessful due to “No Contact.” Reasons for unsuccessful contact with the PCP, along with process descriptions and percentages, are noted in Figure 5.

Figure 5. Unsuccessful Surveys due to “No Contact”

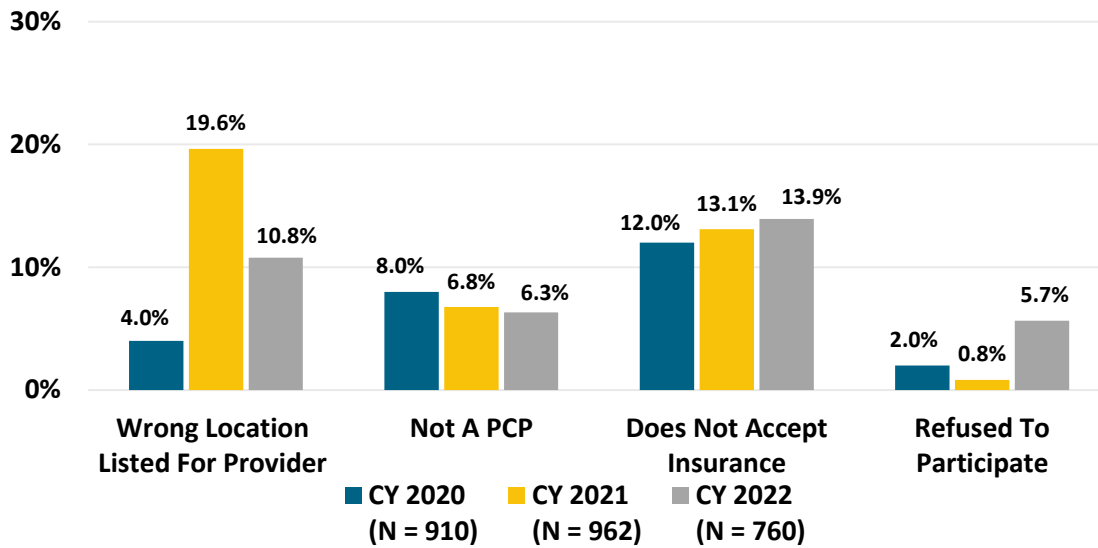


Approximately 37% of telephone surveys were unsuccessful due to “PCP Response.” The PCP telephone survey ended if any of the following criteria applied:

- The PCP did not practice at the listed address
- The provider identified for the survey was not a PCP
- The PCP did not accept the listed insurance
- The respondent refused to participate in the survey

The purpose of the survey is to identify barriers enrollees may face when attempting to contact their PCP to obtain primary care services, except for PCP offices that refused to participate. Data regarding unsuccessful surveys due to “PCP Response” was collected for the first time in CY 2018. Since that time, refusal to participate had remained at approximately one or two percent; however, in CY 2022, the percent of providers who refused to participate increased to nearly six percent. Figure 6 shows the percentage of unsuccessful calls due to “PCP Response” by calendar year.

Figure 6. Unsuccessful Surveys due to “PCP Response”

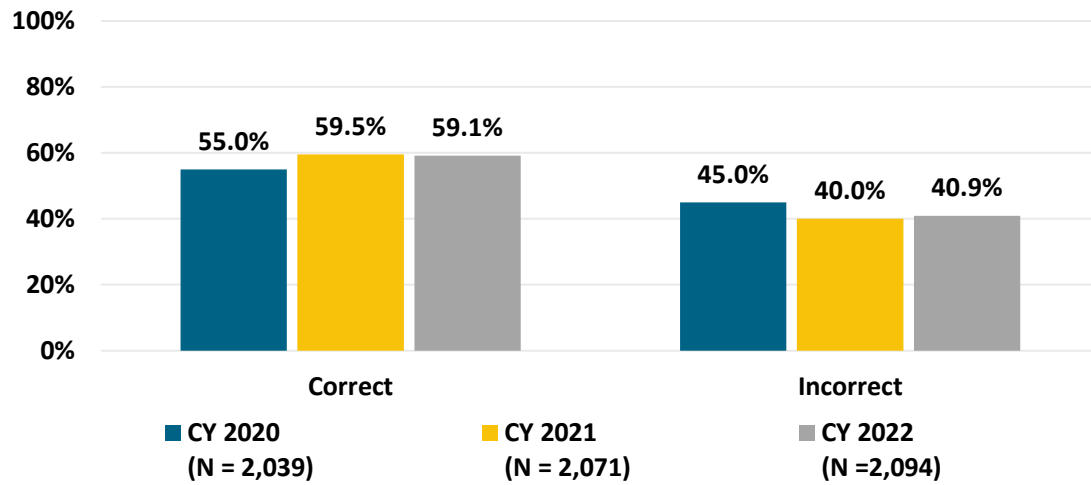


Since CY 2021, the proportion of unsuccessful surveys due to providers having the wrong location information declined from 19.6% to 10.8% in CY 2022. The proportion of unsuccessful surveys due to “Does Not Accept Insurance”, meaning the provider office does not accept the applicable insurance, has remained consistent since CY 2020, at approximately 12% to 14%. This trend may reveal a need for additional front-line staff education as to which MCO insurances they accept. Consistent with CY 2020, a small percentage of surveys were attempted with providers who were not PCPs, 8% in CY 2020, 6.8% in CY 2021, and 6.3% in CY 2022. There was an increase in providers that refused to participate in the validation, moving from 0.8% in CY 2021 to 5.7% in CY 2022.

## Accuracy of PCP Contact Information

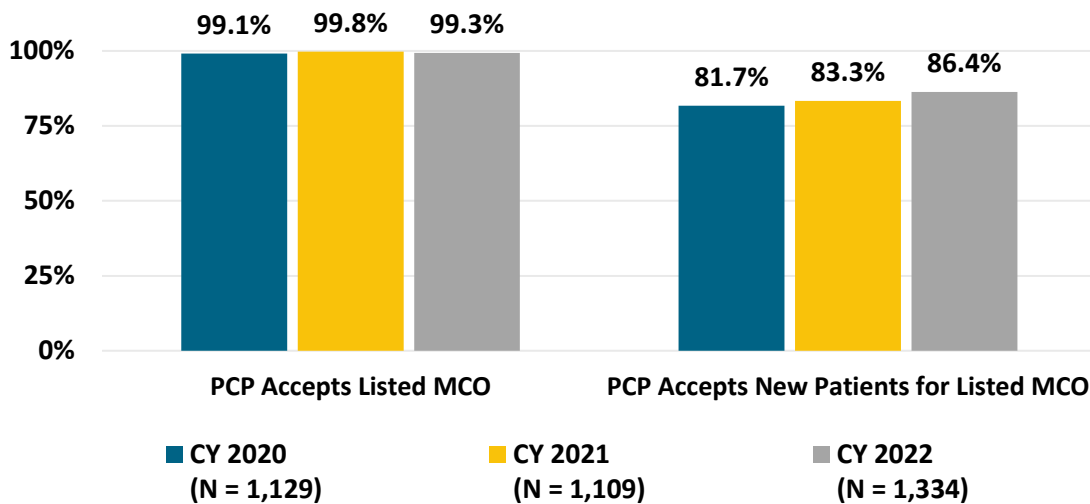
As noted above, the Validation Tool is pre-populated by MCOs with information about the PCPs prior to the start of the survey. When contact is made with the PCP, the PCP’s pre-populated phone number and address are verified. Results for the percentage of PCPs where the provided phone number and address match the information provided by the MCO are demonstrated in Figure 7. In CY 2022, 59.1% (1,238) of surveyed providers had accurate contact information, demonstrating a slight decline from CY 2021, where 59.5% had accurate information.

**Figure 7. Accuracy of Provider’s Contact Information (Phone Number and Address)**



The CY 2022 telephone surveys also validated whether PCPs accepted the listed MCO and new Medicaid patients. Of note, beginning in CY 2020, the methodology changed whereby surveyors specifically asked if the PCP accepted “new Medicaid patients for [the MCO],” whereas, in past years, surveyors simply asked if the PCP accepted “new patients” or “new Medicaid patients.” Results for these elements of the survey are presented by CY in Figure 8. Similar to past calendar years, about 99% (1,325) of PCPs accepted the listed MCO. Over 86% (1,152) of PCPs surveyed in CY 2022 indicated they were accepting new Medicaid patients – a 4.1 percentage point increase since CY 2020.

**Figure 8. PCP Affiliation & Open Access**



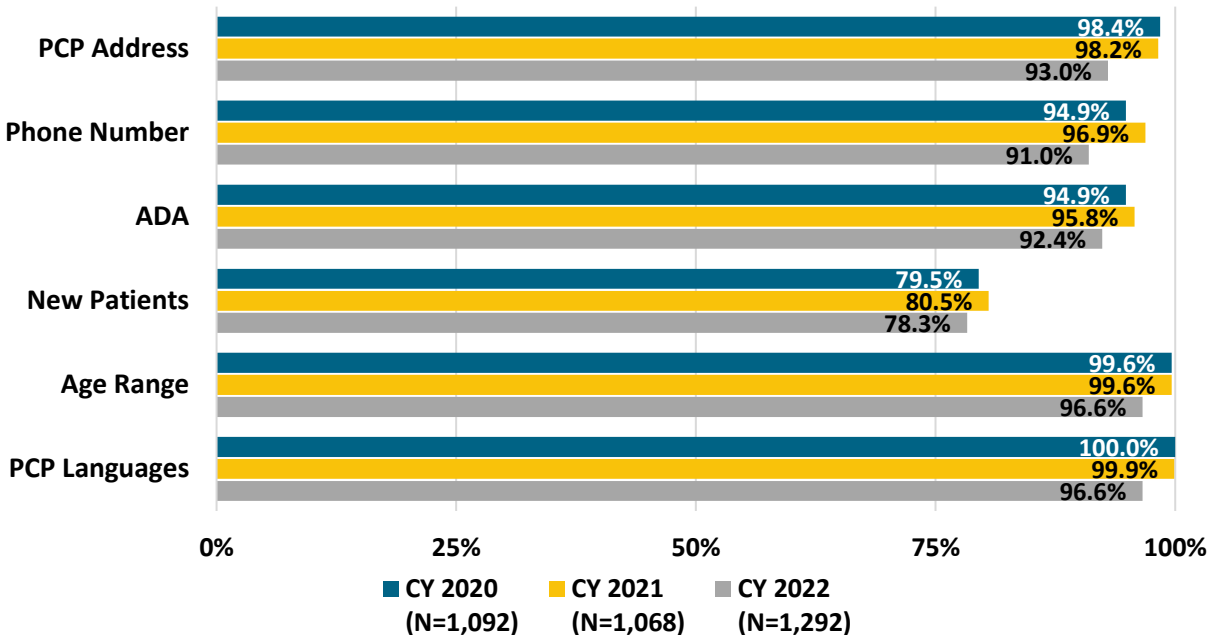
## Validation of MCO Online Provider Directories

Qlarant validated the information in the MCO’s online provider directory for each PCP that completed the telephone survey. The online directory was reviewed for the following information:

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

Figure 9 shows the proportion of telephone survey results matching the online provider directories by each of the review components listed above.<sup>2</sup> Since CY 2021, the proportion of telephone surveys matching the information within the online directory declined in CY 2022 across all review components. The largest declines were seen for the percentage of telephone surveys with matching addresses (down 5.2 points) and matching phone numbers (down 5.9 points). The area least likely to match the online provider directory across all three CYs regarded whether the PCP was accepting new patients – 78.3% in CY 2022. The area most likely to match the online provider directory across all three CYs concerned the PCP’s age ranges and languages – 96.6% in CY 2022.

Figure 9. Online Provider Directory Validation Results



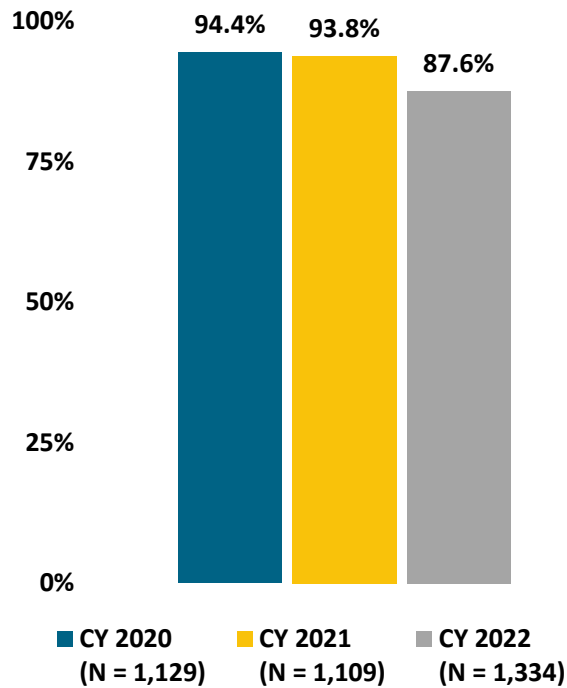
<sup>2</sup> Providers who were not listed in the online provider directory are not included in this measure.



## Compliance with Routine Appointment Requirements

Survey results of PCP compliance with routine appointment requirements are presented in Figure 10. To meet compliance, providers had to have an appointment (in-person or telemedicine) available within 30 days with the service provider or an alternative provider.

**Figure 10. Percent of PCPs in Compliance with Routine Care Appointment Requirements**



**Routine Care Appointment Compliance**

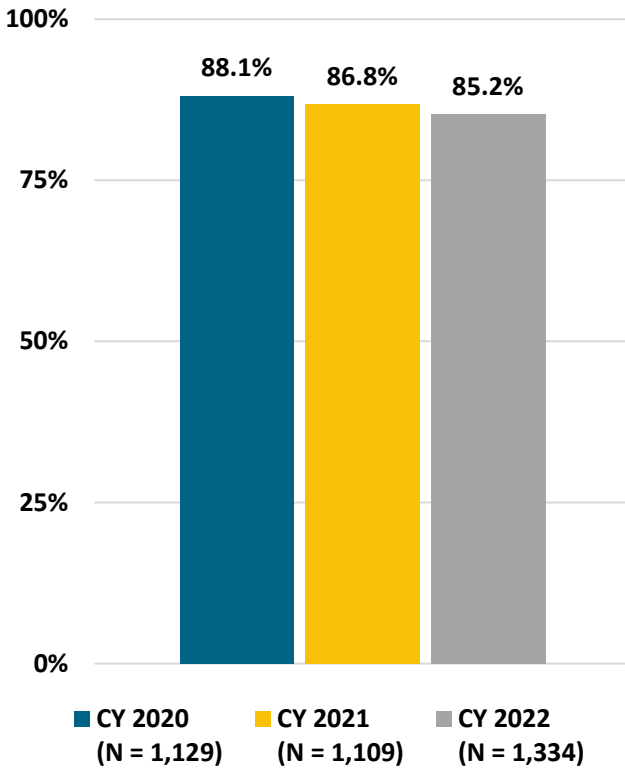
- Of the 1,334 PCPs successfully surveyed in CY 2022, 87.6% (1,168) provided routine care appointment availability within 30 days. This is 6.2 percentage points lower than the percent in CY 2021.
- Among the 1,166 providers in compliance,
  - 93% (1,088) had an appointment available with the requested service provider within 30 days.
  - 4% (52) had an appointment available with a different service provider within 30 days.
  - 2% (28) had a telemedicine appointment available with the requested provider, or an alternative provider, within 30 days.

It is important to note that in CY 2020, the survey instructions were modified to include a change in the methodology for obtaining appointment availability. This change required surveyors to ask respondents if they could schedule appointments. As discovered in previous surveys, some PCP offices and MCOs utilize separate staff or scheduling centers to provide support PCPs in booking appointments. If the respondent stated there was a separate number to contact to schedule appointments, the surveyor either requested to be transferred or otherwise disconnected the call and contacted the new telephone number to obtain appointment availability.

## Compliance with Urgent Care Appointment Requirements

Survey results for PCP compliance with urgent care appointments are presented in Figure 11. To meet compliance, providers had to have an urgent care appointment (in-person or telemedicine) available within 48 hours either at the service location or with an alternative provider.

**Figure 11. Percent of PCPs in Compliance with Urgent Care Appointment Requirements**



**Urgent Care Appointment Compliance**

- Of the 1,334 PCPs successfully surveyed in CY 2022, 85.2% (1,137) provided an urgent care appointment within 48 hours. This is 1.6 percentage points lower than CY 2021.
- Among the 1,137 providers in compliance,
  - 90% (1,024) had an appointment available at the service location with the requested provider within 48 hours.
  - 8% (95) had an appointment available at a different service provider within 48 hours.
  - 2% (18) had a telemedicine appointment available with the requested provider, or an alternative provider, within 48 hours.

## MCO-Specific Results

### MCO-Specific Results for Successful Contacts

Table 3 presents MCO-specific results for successful calls, including the total number of PCP calls attempted, the call attempt on which the call was successfully completed, the number of successfully completed calls, and the percent of successfully completed calls.

**Table 3. CY 2022 MCO Results of Successful Contacts**

MCO	Total Number of Call Attempts	1 <sup>st</sup> Call Attempt	2 <sup>nd</sup> Call Attempt	3 <sup>rd</sup> Call Attempt	Total Successfully Completed Calls	Percent of Successfully Completed Calls
ABH	250	196	22	3	221	88.4%
ACC	248	106	23	7	136	54.8%
CFCHP	246	151	23	1	175	71.1%
JMS	206	86	20	4	110	53.4%
KPMAS	166	71	34	7	112	67.5%
MPC	241	104	40	4	148	61.4%
MSFC	243	106	24	9	139	57.2%
PPMCO	255	81	20	7	108	42.4%
UHC	239	150	27	8	185	77.4%
<b>Total</b>	<b>2094</b>	<b>1,051</b>	<b>233</b>	<b>50</b>	<b>1,334</b>	<b>63.7%</b>

MCO-specific results demonstrate that ABH had the highest percentage of successful calls (88.4%), while PPMCO had the lowest percentage of successful calls (42.4%). Most calls were successful on the first call attempt.

## MCO-Specific Results of Unsuccessful Contacts

A total of 481 telephone surveys were unsuccessful due to “No Contact,” and 279 were due to “PCP Response.” Tables 4 and 5 present MCO-specific results for unsuccessful contacts due to “No Contact” and “PCP Response,” respectively.

**Table 4. CY 2022 Unsuccessful Contacts due to “No Contact” by MCO**

MCO	Did Not Reach Intended Provider	No Answer	Reached Voicemail	Hold Time >5 Minutes	MCO Total
ABH	86.4%	0.0%	0.0%	13.6%	22
ACC	64.4%	8.0%	3.4%	24.1%	87
CFCHP	76.5%	0.0%	0.0%	23.5%	17
JMS	60.4%	12.5%	22.9%	4.2%	48
KPMAS	43.5%	21.7%	13.0%	21.7%	23
MPC	62.1%	13.6%	18.2%	6.1%	66
MSFC	43.8%	4.1%	20.5%	31.5%	73
PPMCO	56.9%	17.6%	14.7%	10.8%	102
UHC	34.9%	23.3%	25.6%	16.3%	43
<b>Total</b>	<b>56.8%</b>	<b>12.1%</b>	<b>14.6%</b>	<b>16.6%</b>	<b>481</b>

Results indicate the most common reason for unsuccessful calls for all MCOs was due to not reaching the intended provider (56.8%). Additional findings by MCO indicate the following:

- KPMAS and UHC were more likely than other MCOs to not answer the phone – 21.7% and 23.3%, respectively.

- JMS and UHC were more likely than other MCOs to send the surveyor to voicemail – 22.9% and 25.6%, respectively.
- ACC, CFCHP, and MSFC were more likely than other MCOs to place the surveyor on hold for more than five minutes – 21.7%, 23.3%, and 31.5% respectively.

**Table 5. CY 2022 Unsuccessful Contacts due to “PCP Response” by MCO**

MCO	Wrong Location Listed for Provider	Not a PCP	Does Not Accept Insurance	Refused to Participate	MCO Total
ABH	57.1%	0.0%	42.9%	0.0%	7
ACC	20.0%	40.0%	20.0%	20.0%	25
CFCHP	1.9%	13.0%	85.2%	0.0%	54
JMS	56.3%	6.3%	25.0%	12.5%	48
KPMAS	0.0%	12.9%	45.2%	41.9%	31
MPC	3.7%	37.0%	40.7%	18.5%	27
MSFC	32.3%	22.6%	16.1%	29.0%	31
PPMCO	60.0%	11.1%	22.2%	6.7%	45
UHC	63.6%	18.2%	0.0%	18.2%	11
<b>Total</b>	<b>29.4%</b>	<b>17.2%</b>	<b>38.0%</b>	<b>15.4%</b>	<b>279</b>

The most common reason for unsuccessful calls due to “PCP Response” had to do with PCPs not accepting the MCO (38%). The second most-often cited reason was due to MCOs listing the wrong location for the provider (29.4%). CFCHP was most likely to have had PCPs not accepting the insurance (85.2%), and KPMAS was most likely to have PCPs who refused to participate in the survey (41.9%)

## MCO-Specific Results for Accuracy of PCP Information

MCO-specific results for the accuracy of PCP information from the successful contacts are presented in Table 6.

**Table 6. CY 2022 MCO Results from Successful Contacts for Accuracy of PCP Information**

CY 2022 MCO Results from Successful Contacts for Accuracy of PCP Information									
Calls Per MCO		Successful Contacts		Accurate PCP Address Provided		Accepts Listed MCO		Accepts New Medicaid Patients Listed for MCO	
MCO	# of Calls	#	%	#	%	#	%	#	%
ABH	250	221	88.4%	217	98.2%	221	100.0%	214	96.8%
ACC	248	136	54.8%	129	94.9%	136	100.0%	117	86.0%
CFCHP	246	175	71.1%	169	96.6%	175	100.0%	174	99.4%
JMS	206	110	53.4%	108	98.2%	108	98.2%	86	78.2%
KPMAS	166	112	67.5%	112	100.0%	111	99.1%	68	60.7%
MPC	241	148	61.4%	136	91.9%	145	98.0%	116	78.4%
MSFC	243	139	57.2%	126	90.6%	138	99.3%	122	87.8%
PPMCO	255	108	42.4%	97	89.8%	107	99.1%	83	76.9%
UHC	239	185	77.4%	182	98.4%	184	99.5%	172	93.0%
<b>Total</b>	<b>2,094</b>	<b>1,334</b>	<b>63.7%</b>	<b>1,276</b>	<b>95.7%</b>	<b>1,325</b>	<b>99.3%</b>	<b>1,152</b>	<b>86.4%</b>

Compared to all other MCOs, contact with PPMCO's providers was least likely to be successful (42.4%). All but nine PCPs accepted the listed MCO (99.3%). Accuracy of the provider's addresses averaged 95.7% and ranged from 89.8% (PPMCO) to 100% (KPMAS). Providers accepting new Medicaid patients averaged 86.4% and ranged from 60.7% (KPMAS) to 99.4% (CFCHP).

## MCO-Specific Results for Compliance with Appointment Requirements

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

**Table 7. CY 2022 MCO Results for Compliance with Appointment Requirements**

Requirement	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
<b>Compliance with Routine Care Appointment Timeframe (within 30 days)*</b>										
<b>Compliant with Timeframe</b>	85.5%	83.8%	88.0%	83.6%	95.5%	93.2%	<u>78.4%</u>	93.5%	88.6%	87.6%
# of Wait Days (Average)	14	9	17	10	13	6	7	9	9	10
# of Wait Days (Range)	0-30	0-29	0-30	0-24	0-30	0-26	0-22	0-28	0-30	0-30
<b>Compliance with Urgent Care Appointment Timeframe (within 48 hours)*</b>										
<b>Compliance w/ Urgent Care Appointment</b>	80.1%	87.5%	84.6%	93.6%	<u>54.5%</u>	92.6%	90.6%	88.0%	92.4%	85.2%
Appointment Available w/ Requested PCP at Same Location w/ 48 hours (including telemedicine)	79.6%	86.8%	83.4%	86.4%	31.3%	76.4%	74.1%	83.3%	87.0%	77.7%
Appointment Available w/ Another PCP at Same Location w/ 48 hours (including telemedicine)	0.5%	0.7%	1.1%	7.3%	23.2%	16.2%	16.5%	4.6%	5.4%	7.5%

Underline denotes that the 80% minimum compliance score is unmet.

Results for compliance with routine care appointment availability within 30 days averaged 87.6% and ranged from 78.4% (MSFC) to 95.5% (KPMAS). All but one MCO (MSFC) met the MDH-required minimum compliance score (80%) for compliance with the routine care appointment timeframe. The average wait time for a routine care appointment fell between six days (MPC) to 17 days (CFCHP), with the average being ten days. MSFC will be required to submit a CAP to improve compliance with the routine care appointment timeframe.

Results for compliance with urgent care appointments within 48 hours averaged 85.2% and ranged from 54.5% (KPMAS) to 93.6% (JMS). Most MCOs demonstrated a greater percentage of appointments with the requested PCP (77.7%). KPMAS was more likely than other MCOs to offer an appointment with an alternate PCP (23.2%). All but one MCO (KPMAS) met the MDH-required minimum compliance score (80%) for

compliance with the urgent care appointment timeframe. KPMAS will be required to submit a CAP to improve compliance with the urgent care appointment timeframe.

## MCO-Specific Results for Validation of Online Provider Directories

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

**Table 8. CY 2022 MCO Results for Validation of Online Provider Directories**

Requirement	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
PCP Listed in Online Directory	94.6% ↓	95.6% ↑	98.9% ↓	99.1% ↓	99.1% =	100.0% ↑	99.3% =	100.0% =	89.7% ↑	<b>96.9%</b> ↑
PCP's Practice Location Matched Survey Response	93.2% ↓	94.9% ↓	95.4% ↓	95.5% ↓	94.6% ↓	92.6% ↓	89.9% ↓	95.4% ↓	87.6% ↓	<b>93.0%</b> ↓
PCP's Practice Telephone Number Matched Survey Response	92.8% =	93.4% ↓	<u>70.9%</u> ↓	98.2% ↓	86.6% ↓	99.3% ↑	97.8% ↓	99.1% ↑	88.1% ↓	<b>91.0%</b> ↓
Specifies PCP Accepts New Medicaid Patients & Matches Survey Response	88.7% ↓	<u>77.9%</u> ↓	86.3% ↑	<u>75.5%</u> ↓	<u>74.1%</u> ↓	<u>70.3%</u> ↓	87.1% ↓	<u>54.6%</u> ↓	<u>76.8%</u> ↓	<u>78.3%</u> ↓
Specifies Age of Patients Seen	93.2% ↓	95.6% ↓	98.9% ↓	99.1% ↓	99.1% ↓	99.3% ↓	99.3% ↓	100.0% =	89.7% ↓	<b>96.6%</b> ↓
Specifies Languages Spoken by PCP	93.2% ↓	95.6% ↓	98.9% ↓	99.1% ↓	99.1% ↓	100.0% =	98.6% ↓	100.0% =	89.7% ↓	<b>96.6%</b> ↓
Practice has Accommodations for Patients with Disabilities (with specific details)	93.2% ↓	95.6% ↓	96.6% ↓	<u>70.9%</u> ↓	99.1% ↑	100.0% ↑	99.3% ↑	83.3% ↓	88.1% ↓	<b>92.4%</b> ↓
<b>Total</b>	<b>221</b>	<b>136</b>	<b>175</b>	<b>110</b>	<b>112</b>	<b>148</b>	<b>139</b>	<b>108</b>	<b>185</b>	<b>1,334</b>

Underline denotes that the 80% minimum compliance score is unmet.

↑ Improvement from CY 2021; ↓ Decline from CY 2021; = No Change from CY 2021

\*Providers not listed in online provider directories (46) are excluded from all categorical calculations in this table, whereas, in CY 2020, providers not listed in online provider directories were included in the HealthChoice aggregate and excluded from the other categorical calculations.



Validation of the MCO online provider directories demonstrates:

- Rates for PCPs listed in the online provider directories ranged from 89.7% (UHC) to 100% (MPC and PPMCO).
- On average, the validation of online directory results has declined across every review component since CY 2021. By MCO, the following improvements were made since CY 2021:
  - The percentage of PCPs where the phone number obtained in the telephone survey matched the online directory increased in CY 2022 for MPC (97.2% to 99.3%) and PPMCO (85.6% to 99.1%).
  - The percentage of PCPs where results from the telephone survey regarding accepting new Medicaid patients matched the online directory increased in CY 2022 for CFCHP (80.8% to 86.3%).
  - The percentage of PCPs whose online directory included their practice's accommodations for patients with disabilities increased since CY 2021 for KPMAS (95.9% to 99.1%) and MSFC (95.0% to 99.3%).
- Other notable findings from CY 2022's online directory validation are outlined below:
  - Seven of nine MCOs scored above 90% for directories matching the address obtained from PCPs during the telephone survey. MSFC (89.9%) and UHC (87.6%) were less likely to have matching addresses compared to the seven other MCOs.
  - Six of nine MCOs scored above 90% for directories matching the phone number obtained from PCPs during the telephone survey. CFCHP (70.9%), KPMAS (86.6%), and UHC (88.1%) were less likely to have a matching telephone number between the telephone survey and the online provider directory than the other MCOs. CFCHP will be required to submit CAPs to Qlarant to correct their PCPs phone numbers in the online directory.
  - The average match rate indicating MCOs were accepting new Medicaid patients was below 80% - the minimum compliance score for the online provider directory. Based on CY 2022 results, six MCOs (ACC, JMS, KPMAS, MPC, PPMCO, and UHC) are required to submit CAPs to Qlarant to correct the PCP details noted in the online provider directory.
  - All MCOs, other than UHC (89.7%), scored above 90% for directories specifying the languages spoken by the PCP and the age of patients seen.
  - On average, 92.4% of online provider directories provide details for patients with disabilities; however, only 70.9% of PCPs with JMS had this information in the online directory. JMS will be required to submit CAPs to Qlarant to include ADA information in their online directory.

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

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

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

- Provider Name,
- Provider Address / Practice Location(s),
- Telephone Numbers,

- Website URL (when available),
- Provider Accepting New Patients,
- Accommodations for Persons with Disabilities,
- Group Affiliation (when applicable),
- Languages Spoken / Offered, and
- Age Range of Patients Accepted.

Between June and July 2022, each MCO's provider directory was evaluated to determine if the aforementioned criteria were included in their online provider directories. All MCOs had a Notice of Nondiscrimination on their sites. Additionally, all MCOs had the option to view if a provider is board certified, the provider's hospital affiliation, options to select providers by gender, and easily identifiable member services and TTY telephone numbers. Each MCO's online provider directory also provided information on how often their directories are updated. As a best practice based on previous recommendations, most MCOs currently use placeholders with consistent descriptions for provider details that are missing - such as "none" or "none specified" instead of 'blanks'. Of the provider profiles reviewed, ABH, CFCHP, and MPC did not pre-populate all fields with placeholders.

The MCOs' online provider directories demonstrated best practices including:

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

## ABH Online Provider Directory

ABH scored above the 80% compliance threshold established by MDH in all online validation categories in the CY 2022 validation. ABH's score for urgent care compliance in CY 2022 was 80.1% – a 15 point decline since CY 2021 and just above the compliance threshold. ABH should address this area to ensure their compliance remains above 80%.

## ACC Online Provider Directory

The CY 2022 validation demonstrated that ACC met compliance with six out of seven requirements for validation of the online provider directories. Additionally, ACC achieved 95% or more on five online validation categories. However, ACC's online provider directory does not appropriately demonstrate compliance with indicating the providers who are accepting new Medicaid patients for the assigned MCO (77.9%).

To achieve compliance in the CY 2023 validations, ACC must submit a CAP addressing the following:

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

## CFCHP Online Provider Directory

The CY 2022 validation demonstrated that CFCHP met compliance with six out of seven requirements for validation of the online provider directories. Additionally, CFCHP achieved 95% or more on five online validation categories. However, the phone number listed in CFCHP's online provider directory does not align with the phone number obtained during the telephone survey (70.9%).

To achieve compliance in the CY 2023 validations, CFCHP must submit a CAP addressing the following:

- Ensure staff responses regarding the PCP's phone number align with responses provided in the online directory. Enrollees use the online directory to search for new PCPs and should receive the same information when calling the provider directly.

## JMS Online Provider Directory

Following CY 2021 validations, JMS was required to submit a CAP to address the following:

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

Results from the CY 2022 online directory validation did not demonstrate that JMS met compliance with this requirement. The percentage of PCPs with responses regarding the acceptance of new Medicaid patients, which aligned with responses provided in the online directory, declined from 79% in CY 2021 to 75.5% in CY 2022. Further, the percentage of JMS PCPs with information in the online directory regarding their practice's accommodations for patients with disabilities was also below the compliance threshold of 80% (70.9%). All other validation requirements met the compliance threshold at 95% or higher.

To achieve compliance in the CY 2023 validations, JMS must submit a CAP addressing the following:

- Ensure staff responses regarding accepting new Medicaid patients for the assigned MCO align with responses provided in the online directory. Enrollees use the online directory to search for new PCPs and should receive the same information when calling the provider directly.
- Ensure PCP's online provider directories include information regarding their practice's accommodations for patients with disabilities.

## KPMAS Online Provider Directory

Following CY 2021 validations, KPMAS was required to submit a CAP to address the following:

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

The CY 2022 validation demonstrated that although KPMAS' CY 2021 CAP proposed solutions to address the above issues, the online directory still does not reflect the required changes to staff awareness with accepting new Medicaid patients for the assigned MCO; thus, KPMAS did not score above the 80% compliance threshold for this category in CY 2022. However, KPMAS scored above the 80% threshold in the remaining categories, achieving 99% in four online validation categories.

To achieve compliance in the CY 2023 validations, KPMAS must submit a CAP addressing the following:

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

## MPC Online Provider Directory

Following CY 2021 validations, MPC was required to submit a CAP to address the following:

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

The CY 2022 validation demonstrated that the online directory still does not reflect the required changes to staff awareness with accepting new Medicaid patients for the assigned MCO; thus, MPC did not score above the 80% compliance threshold for this category in CY 2022. However, MPC scored above the 80% threshold in the remaining categories, achieving 100% in three online validation categories.

To achieve compliance in the CY 2023 validations, MPC must submit a CAP addressing the following:

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

## MSFC Online Provider Directory

The CY 2022 validation demonstrated that MSFC met compliance with all of the requirements for validation of the online provider directories. However, results from the telephone survey indicate MSFC did not meet the compliance threshold of 80% for providing routine care appointments within 30 days. Since CY 2021, the percentage of PCPs meeting this requirement declined by ten percentage points from 88.4% to 78.4% in CY 2022.

To achieve compliance in the CY 2023 validations, MSFC must submit a CAP addressing the following:

- Ensure routine care appointments are made with the requested provider, or another provider, within the 30-day timeframe.

## PPMCO Online Provider Directory

Following CY 2021 validations, PPMCO was required to submit a CAP to address the following:

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

The CY 2022 validation demonstrated that PPMCO's online provider directory still does not reflect the required changes to staff awareness with accepting new Medicaid patients for the assigned MCO; thus, PPMCO did not score above the 80% compliance threshold for this category in CY 2022. However, PPMCO scored above the 80% threshold in the remaining categories, achieving 100% in three online validation categories.

To achieve compliance in the CY 2023 validations, PPMCO must submit a CAP addressing the following:

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

## UHC Online Provider Directory

The CY 2022 validation demonstrated that UHC met compliance with six out of seven requirements for validation of the online provider directories. However, UHC's online provider directory does not appropriately demonstrate compliance with indicating the providers who are accepting new Medicaid patients for the assigned MCO (76.8%).

To achieve compliance in the CY 2023 validations, UHC must submit a CAP addressing the following:

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

## Conclusions

The overall response rate for CY 2022 surveys was 63.7%, an increase of more than ten percentage points from CY 2021 (53.5%). Although the provider listings are offered directly by the MCOs, a fluctuating trend of inaccurate information remains an issue. For example, while the rate of accuracy with PCP addresses and phone numbers has improved since CY 2020 (55%), very little change was seen between CY 2021 (59.5%) and CY 2022 (59.1%).

In CY 2021, 99.8% of PCPs surveyed for open access demonstrated that they accepted the listed MCO; this is comparable to CY 2020 (99.1%) and CY 2021 (99.3%) results. Additionally, the majority of PCPs in CY 2022 (86.4%) accepted new patients for the listed MCO, which is a 3.1 percentage point increase compared to CY 2021 (83.3%).

MCO online provider directory validation results declined across all measures since CY 2021. Results show staff in provider offices and online provider directories are not accurately communicating or reflecting whether they are accepting new Medicaid patients, which prevents enrollees from scheduling appointments with their preferred PCP. MDH relies on accurate data from the MCOs to ensure appropriate PCP coverage statewide, therefore these barriers warrant further investigation to determine if they affect network adequacy determinations. Such barriers may cause enrollees who are unable to access a PCP to seek care from urgent care facilities or emergency departments; this may lead to an increase in healthcare costs in Maryland. Furthermore, enrollees may delay annual preventive care visits for themselves or their children if they are unable to contact a PCP and/or obtain an appointment, which could lead to adverse health care outcomes.

Overall, routine appointment compliance rates have declined since CY 2021. A total decline of 12 percentage points was reflected in routine care appointment compliance, dropping from 93.8% in CY 2021 to 87.6% in CY 2022. Urgent care appointment compliance rates continued to decrease to 85.2 percent in CY 2022 from 86.8% in CY 2021 and 88.1% in CY 2020.

Although several barriers to network adequacy have been identified through conducting the surveys, data should be evaluated with the continuing public health emergency in mind. While 1.4% of the surveys completed relayed COVID-19 public health emergency concerns, there is still the possibility that improvements or declines in evaluated areas could have been a result of accommodations put in place to address enrollee needs during this time. Additionally, increased telemedicine options are available when in-person appointments are unavailable.

MDH set a minimum compliance score of 80% for the network adequacy assessment. Based on CY 2022 results, seven MCOs are required to submit CAPs to Qlarant to improve online provider directory accuracy, one MCO is required to submit a CAP to improve compliance with routine care timeframe, and one MCO is required to submit a CAP to improve compliance with the urgent care timeframe.

## Recommendations

### MCO Recommendations

The following recommendations are based on results from the CY 2022 surveys.

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

### MDH Recommendations

- Promote standards/best practices for MCOs' online provider directory information, including:
  - Use of consistent lexicon for provider detail information.
  - Use of placeholders with consistent descriptions for provider details that are missing, such as "none" or "none specified" rather than blanks.
  - Require all directories to state the date the information was last updated for easy monitoring.
- Continue to monitor MCO complaints regarding the use of urgent care and emergency department services and review utilization trending to ensure enrollees are not accessing these services due to an inability to identify or access PCPs.
- Continue allowing telemedicine appointments for routine or urgent appointments to accommodate enrollee preferences.



## Appendix A

### 2022 PCP Survey Validation Tool

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

FIELD	DESCRIPTION
	<ul style="list-style-type: none"> <li>○ Hold time greater than 5 minutes</li> <li>○ Provider not with this practice</li> <li>○ Provider at other address</li> <li>○ Provider doesn't take listed insurance</li> </ul> <p>Once one of the above options is selected, the survey ends. Surveyor changes Survey Status at end of tool to: <i>Complete – no validation required.</i></p>
<b>Were you able to reach the provider office with pre-populated phone information?</b>	<p>Surveyor selects from the following options:</p> <ul style="list-style-type: none"> <li>○ Yes, pre-populated phone number is correct.</li> <li>○ Yes, reached office, but caller was transferred to another department and/or scheduler.</li> <li>○ Yes, reached office, but caller had to dial a different number for scheduler.</li> </ul>
<b>Number given to reach scheduler:</b>	Surveyor enters the phone number given to reach scheduler.
<b>Is The Provider Accepting New Medicaid Patients for the Listed MCO?</b>	<p>Surveyor selects from the following options:</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Unable to answer question</li> </ul>
<b>Can you provide me with the next available routine appointment date?</b>	<p>Surveyor selects from the following options in the drop down menu:</p> <ul style="list-style-type: none"> <li>○ Yes, PCP appointment was available at the service location with the requested provider within 30 days.</li> <li>○ Yes, PCP appointment was available at the service location with an alternative provider within 30 days.</li> <li>○ Yes, telemedicine is available with the requested provider within 30 days.</li> <li>○ Yes, telemedicine is available with an alternative provider within 30 days.</li> <li>○ Yes, PCP appointment was available at a different service location with the requested provider within 30 days.</li> <li>○ No, no appointment available.</li> </ul>
<b>What is the next available routine or non-urgent appointment date?</b>	Surveyor enters the date of next available routine/non-urgent appointment date in date picker (MM/DD/YYYY).
<b>Can you give me the next available urgent care appointment with this provider within 48 hours?</b>	<p>Surveyor selects from the following options in the drop down menu:</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ Yes, telemedicine is available within 48 hours.</li> <li>○ No</li> </ul>
<b>What is the date of the next available urgent care appointment?</b>	If yes is selected, surveyor enters date of urgent care appointment date in date picker (MM/DD/YYYY).
<b>If unable to give next available urgent care appointment with survey provider, could you give me an urgent care appointment</b>	<p>Surveyor selects from the following options:</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ Yes, telemedicine is available within 48 hours.</li> </ul>

FIELD	DESCRIPTION
<b>with another provider at this same practice within 48 hours?</b>	<ul style="list-style-type: none"> <li>○ No</li> </ul>
<b>Date of next available urgent care appointment</b>	Surveyor enters the date of next available urgent care appointment date in date picker (MM/DD/YYYY).
<b>If you still could not give me an urgent care appointment, what other options could you offer?</b>	<p>Surveyor selects from the following options (multiple selections may be chosen):</p> <ul style="list-style-type: none"> <li>○ Go to Urgent Care Facility</li> <li>○ Go to nearest Emergency Services</li> <li>○ Go to Urgent Care Facility and nearest Emergency Services</li> <li>○ Did not provide another option</li> </ul>
<b>Online Provider Directory Validation</b>	
<b>Did the pre-populated or corrected address in this tool match the address listed in the online provider directory?</b>	<p>Validator compares the pre-populated or corrected address to address in MCO's online provider directory. Surveyor selects from the following options:</p> <ul style="list-style-type: none"> <li>○ Yes, pre-populated or corrected address matches the online provider directory address.</li> <li>○ No, there was not a match.</li> <li>○ Provider not listed in the online provider directory.</li> </ul>
<b>If no, what did not match?</b>	<p>Validator selects from the following options (multiple selections may be chosen):</p> <ul style="list-style-type: none"> <li>○ Phone Number</li> <li>○ Street Number</li> <li>○ Street Name</li> <li>○ City</li> <li>○ State</li> <li>○ Zip Code</li> <li>○ Provider's address was not listed</li> </ul>
<b>Did the provider office phone number (pre-populated or number provided) match the phone number listed in the online provider directory?</b>	<p>Validator compares the pre-populated or corrected phone number to the phone number listed in the online provider directory. Validator selects from the following options:</p> <ul style="list-style-type: none"> <li>○ Yes, the pre-populated or corrected phone number matches the online provider directory phone number.</li> <li>○ No, there was not a match.</li> <li>○ Online provider directory did not list provider's phone number.</li> </ul>
<b>Did the survey response to "are you accepting new Medicaid patients for the Listed MCO" match what is specified in the online provider directory?</b>	<p>Validator reviews the online provider directory to see if it indicates if the provider is accepting new patients and compares the directory information to the answer provided by the respondent during survey.</p> <p>Validator selects from the following options:</p> <ul style="list-style-type: none"> <li>○ Yes, the survey response matches the information in the online provider directory.</li> <li>○ No, the survey response did not match the information in the online provider directory.</li> <li>○ Survey respondent was unable to answer whether or not the provider accepted new Medicaid patients.</li> </ul>

FIELD	DESCRIPTION
	<ul style="list-style-type: none"> <li>○ Online provider directory did not specify whether the provider accepted new patients.</li> </ul>
<b>Did the online provider directory specify the ages of patients accepted by the provider?</b>	Validator reviews the online provider directory to see if it specifies what patient ages are accepted by the provider and selects from the following options: <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<b>Did the online provider directory specify the languages spoken by provider?</b>	Validator reviews the online provider directory to see if it specifies what languages are spoken by provider and then selects from the following options: <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<b>Did the online provider directory specify whether the practice is accessible for patients with disabilities?</b>	Validator reviews the online provider directory to see if it specifies if the provider’s practice is accessible for patients with disabilities and selects from the following options (first 3 bullets counting towards a positive result): <ul style="list-style-type: none"> <li>○ Yes, no details provided</li> <li>○ Yes, with specific details</li> <li>○ No, provider stated no ADA accommodations are available</li> <li>○ No, ADA information is not reported or blank</li> </ul>
<b>Specific ADA-accessible details identified.</b>	Validator lists the accessibility details provided in the online directory. For example: Exam rooms, ramps, bathrooms, elevators
<b>Online Directory Validation Date</b>	Validator enters the date of completed online directory validation in date picker (MM/DD/YYYY).
<b>Survey Status</b>	Survey Status is changed to one of the following options upon completion of the telephonic survey portion and/or the online provider directory validation: <ul style="list-style-type: none"> <li>○ Incomplete: Survey automatically default to this status until complete.</li> <li>○ Complete, No Validation Required: Call was unsuccessful.</li> <li>○ Ready for Validation: Prompt for online provider directory validators that telephonic survey has been completed.</li> <li>○ Validation Complete: Both telephonic survey and online provider directory validation have been completed</li> </ul>