



DEPARTMENT OF

HEALTH AND MENTAL HYGIENE



Assessing the Accuracy of Provider Directories in the HealthChoice Program

Maryland Medicaid's Direct Test Pilot Program

MMAC Meeting – 3.28.16



Background

- Network adequacy and the accuracy of provider directories are central issues at both the State and Federal level.
- Planning staff were tasked with looking into ways the Department can help ensure the accuracy of MCO directories.
- Reviewed direct test approaches in three states:
 - Ohio, New York, Tennessee



Design Elements

- Design decisions balanced two concerns - mirroring the Medicaid beneficiary experience while incorporating best practices learned from other states.
- Verified provider directory information only
- Telephone survey of 200 primary care providers across all eight MCOs.
- Verify address, contact, status in the MCO network, and provider services information:
 - Outlined at COMAR 10.09.66.02.



Purpose and Scope of the Pilot

- Gauge the efficacy of the Department's survey instrument:
 - Not intended to be a statistically significant sample of providers polled;
 - No action to be taken against MCOs as a result of any findings;
- Gain knowledge of best practices and potential challenges through a trial run.



Methodology

- Sampling Strategy:
 - A sample of 25 PCPs per MCO was randomly selected from the MMIS2 provider files;
 - Providers in those samples were then checked against MCO online directories;
 - If a PCP was not present in the MCO online directory, then additional names were pulled from MMIS2.



Methodology

- Information Verified:
 - The provider information verified during the call was generated from MCO online directories within 48 hours of the call being placed;
 - Some data elements verified with providers were not listed on every MCO website.



Methodology

- Call Strategy:
 - Up to 3 calls per provider;
 - All calls made during standard business hours, unless directed to do otherwise;
 - Attempted to avoid contacting the same office location to limit the time required for each provider office to participate in this project;
 - Outgoing calls only; surveyors did not leave messages or call back numbers for providers.



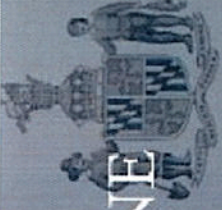
Logistical Issues

- Telephone Trees:
 - Many larger provider offices used IVR systems to manage their incoming calls.
- Hold Times:
 - As surveyors called busy provider offices, they were often placed on hold while initiating the call or were being transferred to another staff member.
- Multiple Transfers within a Call



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Telephone Call Outcomes

| Outcome | Percentage |
|---|------------|
| Response rate | 62.9% |
| Wrong number | 7.4% |
| Provider does not see patients at this location | 14.9% |
| Refused | 2.0% |
| Other – Provider not available | 12.9% |



Provider Contact Information

- First and last names of provider were listed correctly with only one exception;
- Most frequently incorrect component of address was suite number;
- Telephone number listed for patients to make appointments was listed incorrectly for 19.4% respondents.



Provider Services Information

- 92.1% of respondents saw Medicaid patients enrolled with the MCO identified during call;
- 90.6% said they provided primary care services to that MCO's patients;
- 74% of survey respondents indicated they were accepting new patients enrolled with that MCO.



Next Steps

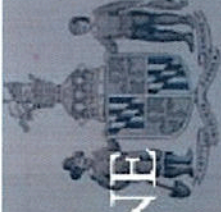
- Finalizing the pilot evaluation and following up with each MCO to discuss individual results;
- Presenting a final report with aggregate results and recommendations to the MMAC;
- Improving the survey process;
- Revisiting COMAR 10.09.66.02;
- Scaling up to a statistically significant sample size.



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Questions?