The Carolinas Center *for* Medical Excellence

2021 – 2022
Provider Access Study and
Directory Validation Report
April 29, 2022

Our Mission
We help people by improving the quality of health care.

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I. Executive Summary

Federal Regulation *42 CFR § 438.206* and the Mississippi Division of Medicaid (DOM) require the Mississippi Coordinated Care Organizations (CCOs) to have adequate networks to ensure all covered services are available and accessible to members in a timely manner and to develop and regularly maintain provider directories that include information for all types of providers in the CCOs' networks. DOM contracts with The Carolinas Center for Medical Excellence (CCME) to conduct a biannual validation of network access and availability along with provider directory accuracy for the CCOs participating in the MississippiCAN (CAN) and Mississippi CHIP (CHIP) Medicaid Managed Care Programs. The CCOs include UnitedHealthcare Community Plan – Mississippi (United), Magnolia Health Plan (Magnolia), and Molina Healthcare of Mississippi (Molina).

As the contracted External Quality Review Organization (EQRO) for DOM, CCME completed provider access studies and provider directory validations for each CCO to assess member access to network providers and accuracy of the CCOs' online provider directories.

The objectives of the verification activities were to:

- Determine the telephonic provider access study success rate
- Evaluate the accuracy of each CCO's online provider directory

To conduct the validations, CCME used a two-phase methodology to examine provider contact information and provider access and availability for CAN and CHIP members. *Table 1: Provider Access Study and Directory Validation Phases and Benchmarks* defines each phase along with the objective and benchmark rates for each phase.

Table 1: Provider Access Study and Directory Validation Phases and Benchmarks

Phase	Objective	Benchmark Rate
Phase 1: Provider Access Study	Improve accuracy of provider file information	Baseline Study: >80% successful contact rate for initial access study Subsequent Studies: 95% successful contact rate
Phase 2: Provider Directory Validation	Ensure provider directory contains accurate information for members	Baseline Study: >80% for initial provider accuracy rate Subsequent Studies: 95% accuracy rate

Overall Findings

The overall successful contact rates in the most recent call study ranged from 30% to 41% and were below the goal of 95% for all five studies conducted. Across the CCOs, the most common reason for unsuccessful contacts was that the provider was no longer active at the location. The provider directory validation rates in the most recent study ranged from 56% to 89%. Routine appointment availability and access ranged from 60% to 87% and urgent appointment availability

ranged from 40% to 87%. *Table 2: Overview of Findings 2021—2022* provides a summary of the rates of successful contacts, provider directory accuracy, and appointment availability for each CCO. The arrows indicate a change in the rate from the previous review. For example, an up arrow (↑) would indicate the rate for the element improved from the previous study and a down arrow (↓) indicates the rate was lower than the previous study.

Table 2: Overview of Findings 2021—2022

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q2 2021	Q4 2021	Q2 2021	Q4 2021	Q2 2021	Q4 2021	Q3 2021	Q1 2022	Q3 2021	Q1 2022
Successful Contact Rates	38%	35% ↓	45%	41% ↓	31%	30% ↓	29%	32% ↑	37%	37%
Provider Directory Accuracy Rates	73%	71% ↓	0%	82% ↑	85%	56% ↓	96%	89% ↓	90%	86% ↓
Routine Appointment Availability	91%	61% ↓	67%	54% ↓	93%	60% ↓	71%	74% ↑	68%	66% ↓
Urgent Appointment Availability	73%	87% ↑	3%	39% ↑	7%	40% ↑	53%	63% ↑	7%	59% ↑

Inaccuracy of provider contact information does not allow members easy access to providers. Once a PCP is identified, it is difficult for members to contact the PCP to schedule appointments. When issues arise with contacting PCPs for urgent appointments, members are likely to seek care from other settings, such as urgent care centers or emergency departments. For routine care, inability to contact a PCP may lead to delays in preventive care for members and their children.

The results of the trended Provider Access and Provider Directory Validation studies demonstrated an opportunity for improvement in provider contact information accuracy. Initiatives are needed to address gaps to ensure all members can contact a PCP using information in the online directory and receive the needed care in an efficient manner.

Strengths, identified weaknesses, and recommendations to improve provider access and availability for subsequent studies are noted below.

Strengths

- Urgent appointment availability improved for all five studies.

Weaknesses

- The successful contact rates were below the 95% benchmark rate for all five studies.

- Four of five studies showed a decline in successful contact rates. The fifth study showed no change.
- Routine and urgent appointment availability was less than 95% for all CCOs.
- Provider Directory accuracy rates declined for four out of five studies.

Recommendations

- Conduct internal analyses of procedures for updating provider contact information and status for all contracted provider locations.
- Conduct outreach for providers, particularly primary care providers, on a routine basis to verify demographic information and to re-educate staff about appointment standards and lines of business for network participation.
- Identify barriers for provider compliance with routine and urgent appointment standards. Develop and document an action plan to address those barriers.
- Conduct additional internal audits to verify the accuracy of the provider file.
- Remove providers that do not accept the plan from Provider Directories.
- Determine best practices that will enable members to have access to urgent care appointments, with a focus on the CHIP PCP providers.

II. Introduction

As the contracted External Quality Review Organization (EQRO) for the Mississippi Division of Medicaid (DOM), CCME conducts biannual validations of provider access and provider directories to ensure CCOs can provide members with timely access to primary care providers (PCPs). CCME completed a PCP telephonic access study and provider directory validation to assess provider access and the accuracy of CCOs' online provider directories.

The objectives of the verification activities are to:
- Determine the telephonic provider access study success rate.
- Evaluate the accuracy of CCO online provider directories.

A. Provider Access and Directory Validation Methodology

To conduct the validation, CCME initiated a two-phase methodology to examine provider contact information, provider access, and provider availability to Medicaid members. The following sections outline the two-phase methodology and results of the provider access study and provider directory validation activities.

Table 3: Provider Access Study and Directory Validation Standards and Benchmarks defines the phases, objectives, and benchmark rates for each phase.
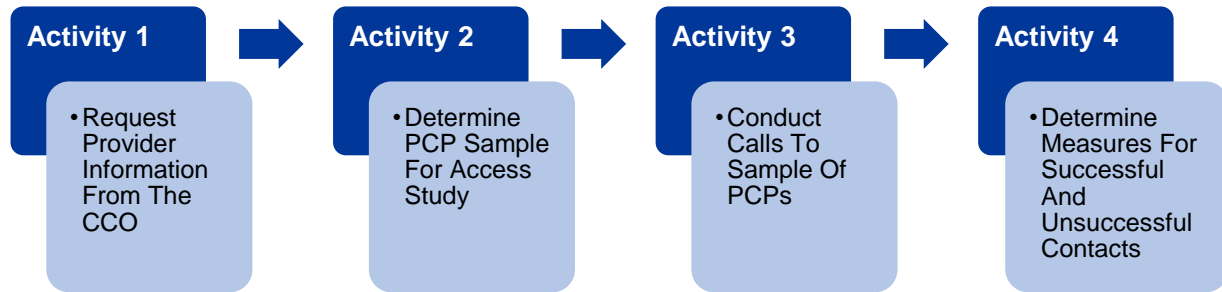
Table 3: Provider Access Study and Directory Validation Phases and Benchmarks

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Phase 1: Provider Access Study

The four activities included in Phase 1 are described in *Figure 1: Phase 1—Provider Access Studies.*

Activity 1	Activity 2	Activity 3	Activity 4
• Request Provider Information From The CCO	• Determine PCP Sample For Access Study	• Conduct Calls To Sample Of PCPs	• Determine Measures For Successful And Unsuccessful Contacts

ACTIVITY 1: REQUEST PROVIDER INFORMATION FROM THE CCO

Each of the health plans was notified of the initiation of the review and the information needed to determine the PCP sample. The health plans submitted the requested information to CCME's secure File Transfer Portal. The requested information included the web address for online Provider Directories for CAN and CHIP providers and the following information for each provider:

- National Provider Identifier (NPI)
- Last and First Name
- Credentials
- Provider Type
- Provider Specialty
- Practice Location (Address, Suite, City, Town, State, Zip)
- Telephone Number
- Panel Status

ACTIVITY 2: DETERMINE PCP SAMPLE FOR ACCESS STUDY

When the requested information was received from the health plans, the data was reviewed for missing and/or duplicate information. CCME randomly selected the sample from the PCP lists after omitting any duplicate records and records with missing information for any of the required elements. Using the adjusted PCP population files, a statistically significant sample based on a 90% confidence level (CL) and 10% margin of error was drawn for the provider access study.

ACTIVITY 3: CONDUCT CALLS TO SAMPLE OF PCPS

After selecting the sample of PCPs, CCME loaded the list into a secure web survey tool. A copy of the secure web survey tool is included in *Appendix A.* Calls were conducted to the sample of PCPs to determine the following:

- Primary Elements:
  - Correct Phone Number
  - Correct Address
  - Correct CCO Affiliation
  - Accepting New Patients/Panel Status

- Secondary Elements:
  - Appointment Availability for Routine Care
  - Appointment Availability for Urgent Care

Calls were made during normal business hours from 9:00 am – 5:00 pm local time, except for the hour from 12:00 pm – 1:00 pm. The Call Center made at least three call attempts when a respondent did not answer on the first call attempt. If the first call attempt resulted in no contact with a live respondent, the call team member attempted to call again on another day and at a different time. No additional attempts were made if the first attempt resulted in reaching a wrong number or if the office was permanently closed. Call Center team members confirmed incorrect telephone numbers by calling the telephone number twice. Call Center team members ended the survey for a PCP on the third attempt if they were prompted to leave a message, if they were on hold for more than five minutes, or if there was no answer. If the respondent stated there was a separate number to call for appointment scheduling, the surveyor requested to be transferred or hung up and contacted the new number to obtain routine and urgent appointment availability. The responses to the survey questions were documented in the web survey tool and stored electronically on CCME's secure web-based portal.
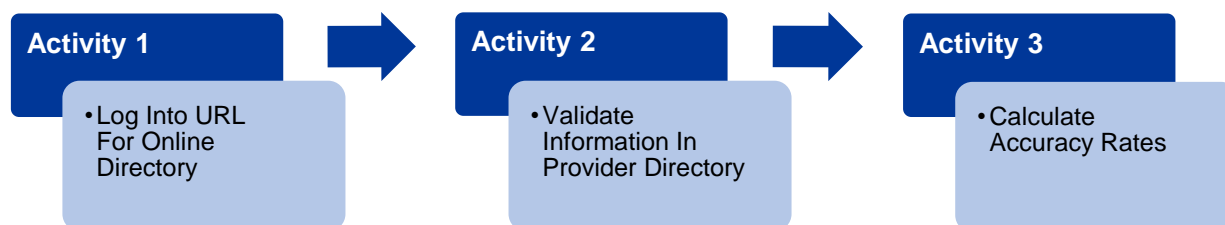
ACTIVITY 4: CALCULATE MEASURES FOR SUCCESSFUL AND UNSUCCESSFUL CONTACTS

A contact was considered successful when Call Center team reached the PCP and obtained a response for the primary elements listed in Activity 3. Calls were considered to be unsuccessful when the survey was incomplete due to hold time, no answer, provider not with practice, refusal to participate, etc. Voicemail responses were not included in the successful or unsuccessful contact rates. For PCPs with successful contacts, Phase 2 activities were initiated.

Phase 2: Validation of Online Provider Directory Information

Phase 2 involved validation of information in the health plan's online provider directory and included the three activities described in *Figure 2: Validation of Provider Directory*.

Figure 2: Validation of Provider Directory

Activity 1
- Log Into URL For Online Directory

Activity 2
- Validate Information In Provider Directory

Activity 3
- Calculate Accuracy Rates

ACTIVITY 1: LOG INTO URL FOR ONLINE DIRECTORY

CCME confirmed the URL for the health plan's online provider directory used by members to search for providers.

ACTIVITY 2: VALIDATE INFORMATION IN PROVIDER DIRECTORY

For the PCPs for whom there was a successfully completed call, information in the provider directory was validated. The information validated included the phone number, address, and whether the PCP was accepting new Medicaid patients.

ACTIVITY 3: CALCULATE ACCURACY RATES

The measures included in the calculation of accuracy rates included:

- The percentage of PCPs listed in the online directory.
- The percentage of PCPs with matching phone number.
- The percentage of PCPs with matching address.
- The percentage of PCPs with matching information regarding panel status (whether they were accepting new patients).

The following table displays the timeline for the activities conducted for the 2021-2022 contract year.

Table 4: Contract Year 2021—2022

Health Plan	Initial Notification and Request for Provider Data or CAP Response	Provider Data or CAP Response Received from CCO	Provider Calls & Directory Validation		Report or CAP Response Submitted to DOM
			Begin	End	
SECOND QUARTER 2021					
NETWORK ADEQUACY VALIDATION					
UnitedHealthcare	4/1/21	4/15/21	4/21/21	5/20/21	6/30/21
Magnolia	4/1/21	4/15/21	4/21/21	5/20/21	6/30/21
THIRD QUARTER 2021					
NETWORK ADEQUACY VALIDATION					
Molina	7/1/21	7/14/21	7/26/21	8/23/21	9/17/21
CAP REVIEW					
UnitedHealthcare	9/1/21	9/9/21	N/A	N/A	9/10/21
Magnolia	9/1/21	9/10/21	N/A	N/A	9/15/21
FOURTH QUARTER 2021					
NETWORK ADEQUACY VALIDATION					
UnitedHealthcare	10/1/21	10/11/21	10/15/21	11/8/22	12/2/21
Magnolia	10/18/21	10/21/21	11/8/21	11/22/22	12/8/21
CAP REVIEW					
Molina	12/1/21	12/10/21	N/A	N/A	12/17/21
FIRST QUARTER 2022					
NETWORK ADEQUACY VALIDATION					
Molina	1/5/22	1/12/22	1/19/22	2/9/22	2/22/22
CAP REVIEW					
UnitedHealthcare	3/1/22	3/9/22	N/A	N/A	3/18/22
Magnolia	3/1/22	3/9/22	N/A	N/A	3/18/22

B. Provider Access and Directory Validation Results

The following narrative and charts summarize CCME's Provider Access and Availability Study findings and compare the plans with studies completed during the 2021-2022 contract year. A copy of the tool used for the Provider Access and Directory Validation Study is included in *Appendix A* of this report. Studies were conducted for Magnolia CAN and United CAN and CHIP in Q2 and Q4 2021. Studies were conducted for Molina CAN and CHIP in Q3 2021 and Q2 2022. The results are reported for those referenced timepoints.

Phase 1 – Provider Access Study Results

CCME notified each CCO of the initiation of the review and requested network provider information for the CAN and CHIP populations. Each CCO submitted the requested information to CCME's secure site. The submitted data was used to determine the PCP sample needed to conduct each study.

Population and Sample Size

United CAN – For Q2 2021, United CAN submitted a total of 2,384 unique PCPs. A random sample of 92 PCPs was drawn for Phase 1. For Q4 2021, United CAN submitted a total of 2,286 unique PCPs, and a random sample of 92 was drawn for Phase 1.
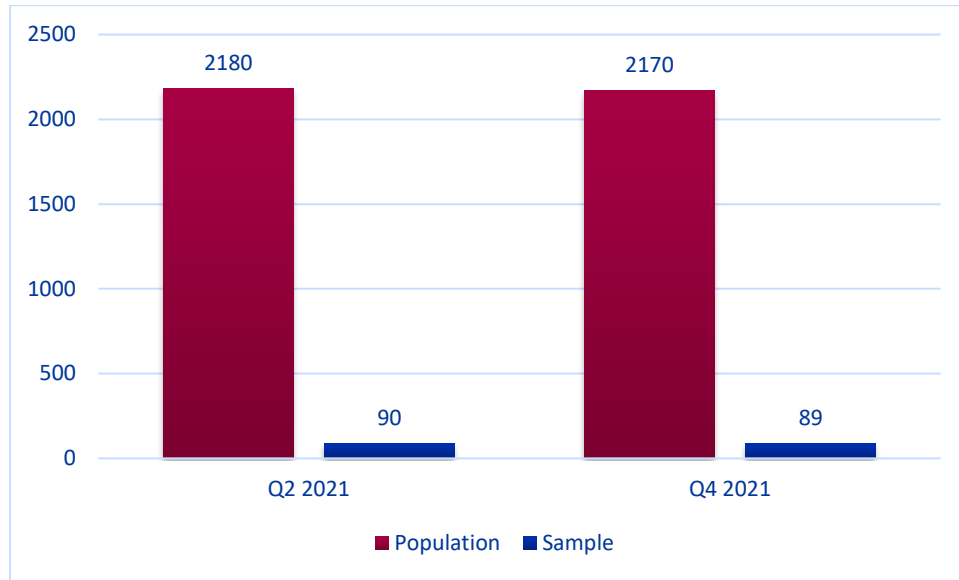
United CHIP – For Q2 2021, United CHIP submitted a total of 2,388 unique PCPs, and a random sample of 92 PCPs was drawn for Phase 1. For Q4 2021, United CHIP submitted a total of 2,168 unique PCPs, and a random sample of 90 was drawn for Phase 1. See *Figure 3*.

Figure 3: Population and Sample Sizes for United CAN and CHIP
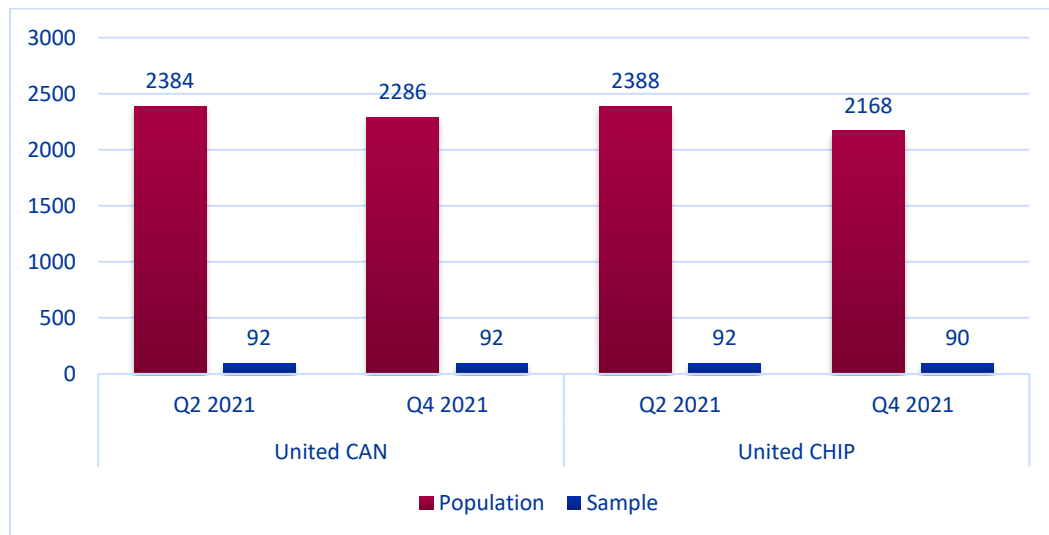
Magnolia CAN – For Q2 2021, a total of 2,180 unique PCPs was submitted. A random sample of 90 PCPs was drawn for Phase 1 (Provider Access Study). For Q4 2021, a total of 2,170 unique PCPs was submitted, and a random sample of 89 was selected for Phase 1. See *Figure 4*.

Figure 4: Population and Sample Sizes for Magnolia CAN

Molina CAN – For Q3 2021, Molina CAN submitted a total of 2,160 unique PCPs, and a random sample of 90 was drawn for Phase 1. For Q1 2022, Molina CAN submitted a total of 2,168 unique PCPs, and a random sample of 91 was drawn for Phase 1.

Molina CHIP – For Q3 2021, Molina CHIP submitted a total of 2,171 unique PCPs, and a random sample of 91 was drawn for Phase 1. For Q1 2022, Molina CHIP submitted a total of 2,174 unique PCPs, and a random sample of 93 was drawn for Phase 1. See *Figure 5*.

Figure 5: Population and Sample Sizes for Molina CAN and CHIP
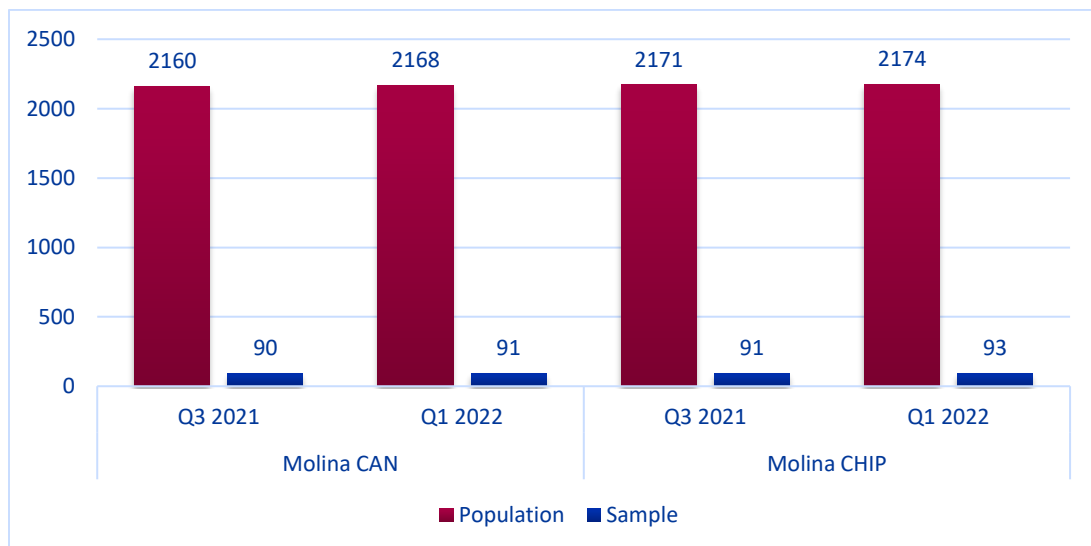
CCME conducted a telephonic survey to determine if the CCO-provided PCP contact information was accurate, including the provider's telephone number and address, and whether the provider was accepting the CCO and accepting new Medicaid members. Appointment availability for urgent and routine care was also evaluated. An overall success rate was determined using the following formula:

Success Rate = the number of providers contacted at the listed phone number and who confirmed contact information and accepting CCO divided by the number of calls completed that do not have a voicemail answering service, multiplied by 100.

Provider Access Study Successful Contacts

United CAN – For Q2 2021, of the 92 PCPs contacted, four calls were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for the calls answered by voicemail, the Phase 1 success rate was 38% (33 of 88). For Q4 2021, of the 92 PCPs contacted, 12 calls were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 35% (28 out of 80).
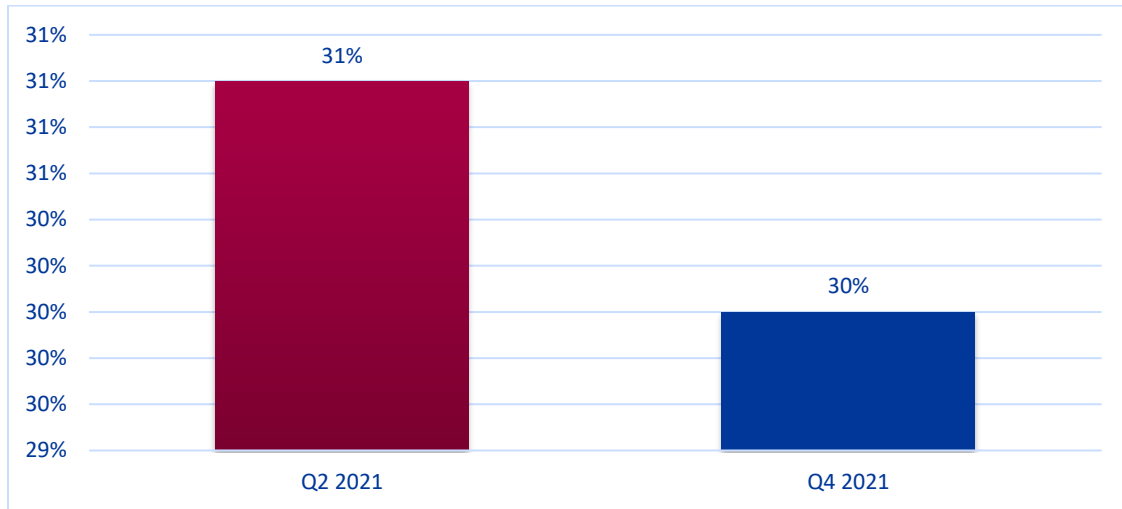
United CHIP – For Q2 2021, of the 92 PCPs contacted, five were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 45% (39 of 87). For Q4 2021, of the 90 PCPs contacted, seven were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 41% (34 of 83). Both CAN and CHIP success rates for both studies were below the goal rate of 95% (see *Figure 6*).

Figure 6: United CAN and CHIP Successful Contact Rates
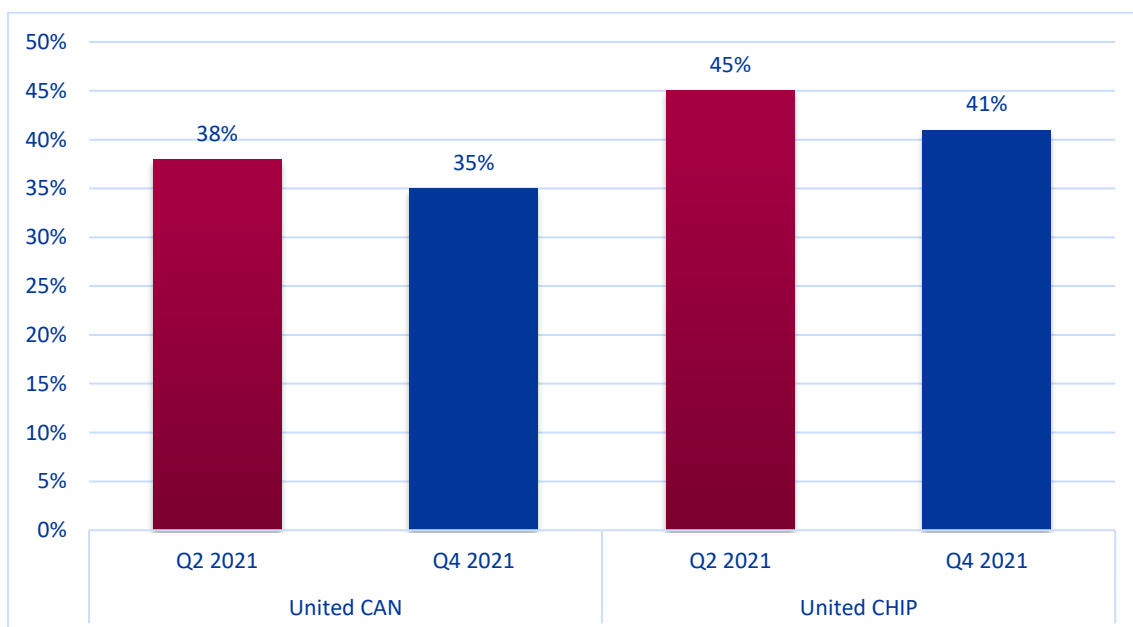
Magnolia CAN – For Q2 2021, of the 90 PCPs contacted, two were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 31% (27 out of 88). For Q4 2021, of the 89 PCPs contacted, seven were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 30% (25 of 82). For both quarters, the success rates were below the target rate of 95% for Phase 1 successful contacts (see *Figure 7*).

Figure 7: Magnolia CAN Successful Contact Rates

Molina CAN – For Q3 2021, of 90 PCPs contacted, eight calls were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 29% (24 of 82). For Q1 2022, of the 91 PCPs contacted, seven calls were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 32% (27 of 84).

Molina CHIP – For Q3 2021, of the 91 PCPs contacted, eight calls were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 37% (31 of 83). For Q1 2022, of the 93 PCPs contacted, fifteen were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 37% (29 of 78). Both CAN and CHIP success rates were below the goal rate of 95% for the Q3 2021 and Q1 2022 studies (see *Figure 8*).

**Figure 8: Molina CAN and CHIP Successful Contact Rates**
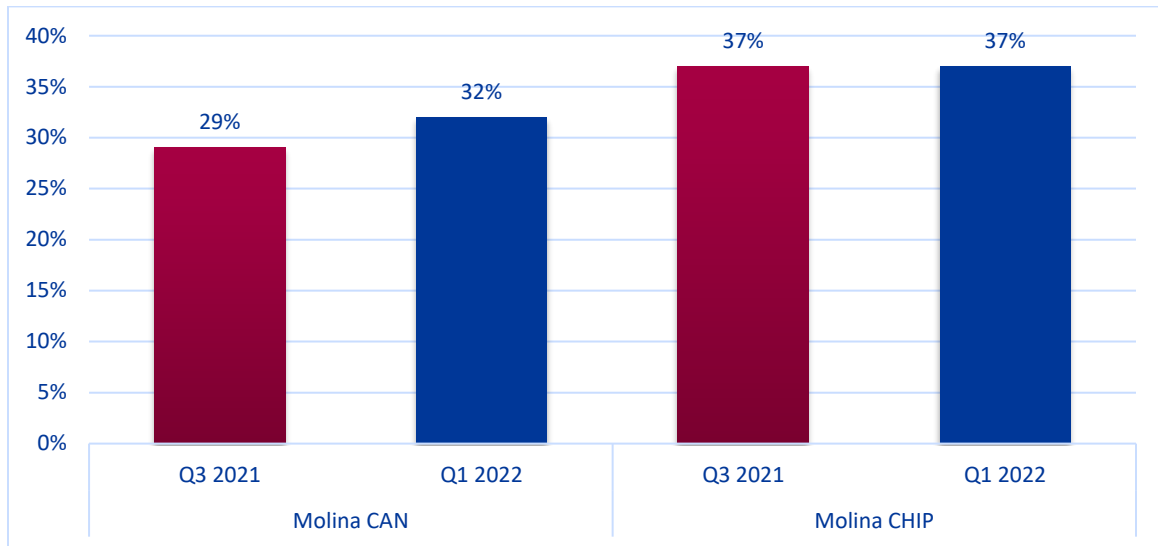
Provider Access Study Unsuccessful Contacts

United CAN – For Q2 2021, for the 46 calls that were answered by a live respondent but considered unsuccessful, 37 (80%) were because the provider was no longer at the location, the location did not offer primary care services, or the provider was not a primary care physician, and the remaining nine (20%) were because the provider was not accepting United CAN. For Q4 2021, of the 37 calls that were answered by a live respondent but considered unsuccessful, 20 (54%) were because the provider was no longer at the location, the location was not a practice location offering primary care services, or the provider was not a primary care physician, and 17 (46%) were because the provider was not accepting United CAN.
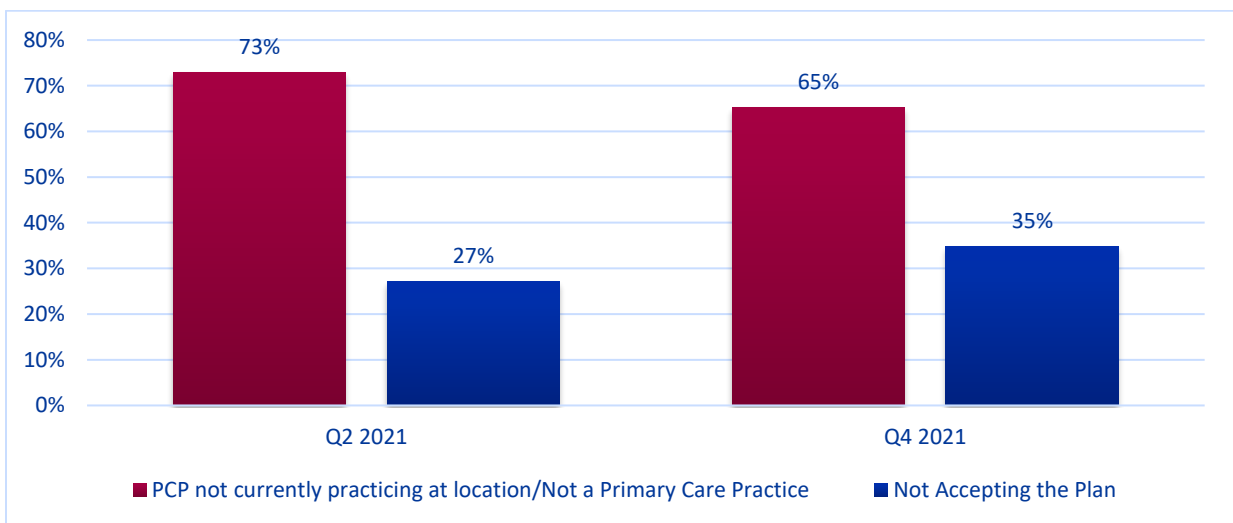
United CHIP – In Q2 2021, of the 39 calls that were answered by a live respondent but considered unsuccessful, 28 (72%) were because the provider was currently not practicing at the location, the location did not offer primary care services, or the provider was not a primary care physician; and the remaining 11 (28%) were unsuccessful because the provider was not accepting United CHIP. In Q4 2021, for the 36 calls that were answered by a live respondent but considered unsuccessful, 18 (50%) were because the provider was currently not practicing at the location, or the location was not a practice location offering primary care services. The remaining 18 (50%) were unsuccessful because the provider was not accepting United CHIP (see *Figure 9*).

Figure 9: United Unsuccessful Contact Reasons
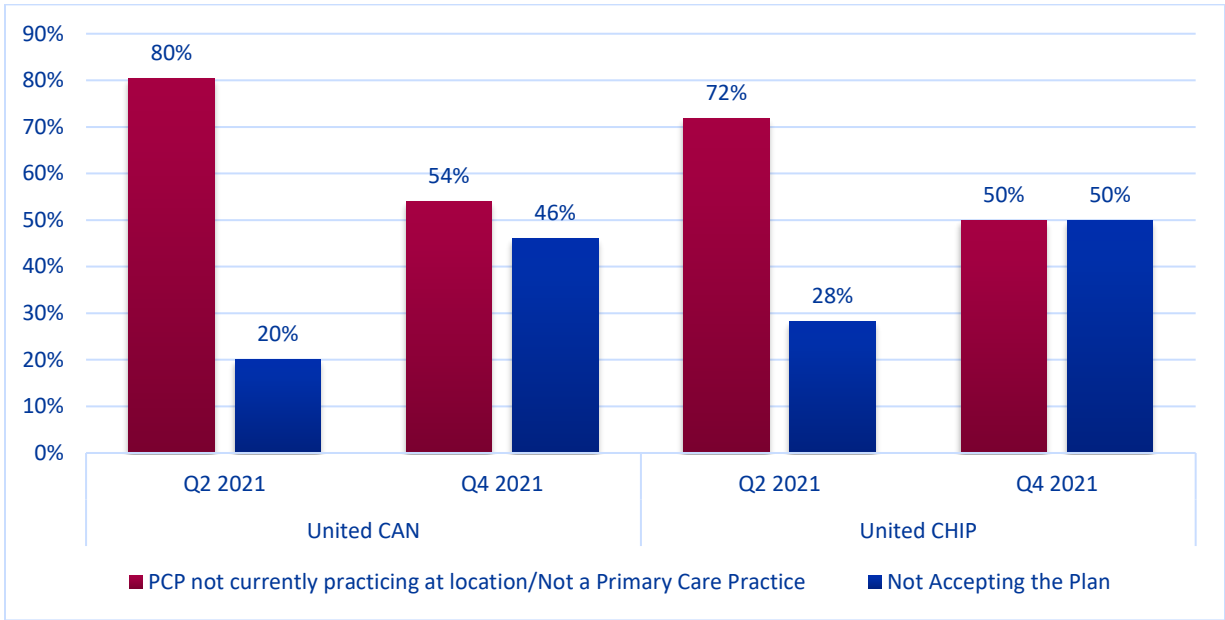
Magnolia CAN – For Q2 2021, of the 48 calls answered by a live respondent but considered unsuccessful, 35 (73%) were because the provider was not practicing at the location, the provider was not a primary care provider, or the location did not offer primary care services; and 13 (27%) were because the provider was not accepting Magnolia Health Plan. For Q4 2021, of the 46 calls answered by a live respondent but considered unsuccessful, 30 (65%) were because the provider was not practicing at the location, seven were because the location was not a location offering primary care services, and one was because the provider was not a PCP. The remaining 16 (35%) were unsuccessful because the provider was not accepting Magnolia. The most common reason for unsuccessful contacts was because the provider was not practicing at the location. See *Figure 10*.


Figure 10: Magnolia Unsuccessful Contact Reasons

Molina CAN – For Q3 2021, for the 48 calls that were answered by a live respondent but considered unsuccessful, 34 (71%) were considered unsuccessful because the caller was informed that the provider was no longer at the location, the location was not a primary care practice, or the provider was not a primary care physician, and the remaining 14 (29%) were considered unsuccessful because the provider was not accepting Molina CAN. For Q1 2022, of the 42 calls that were answered by a live respondent but considered unsuccessful, 30 (71%) were because the provider was no longer at the location, five were because the location was not a location offering primary care services, two were because the provider was not a primary care physician, and 12 (29%) were because the provider was not accepting Molina CAN.

Molina CHIP – In Q3 2021, for the 45 calls that were answered by a live respondent but considered unsuccessful, 29 (64%) were not successful because the provider was currently not practicing at the location, one was because the location was not a primary care practice, and the remaining 16 (36%) were considered unsuccessful because the provider was not accepting Molina CHIP. In Q1 2022, for the 46 calls that were answered by a live respondent but considered unsuccessful, 29 (63%) were because the provider was currently not practicing at the location and six were because the location was not a practice location offering primary care services. The remaining 17 (37%) were unsuccessful because the provider was not accepting Molina CHIP (see *Figure 11*).

Figure 11: Molina Unsuccessful Contact Reasons
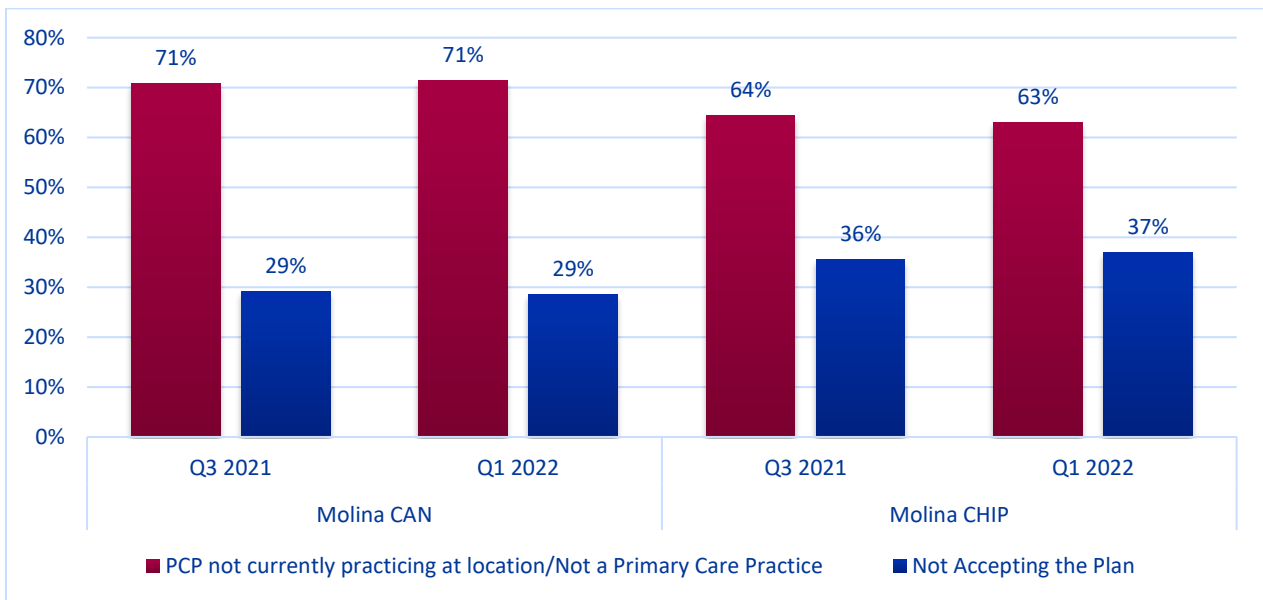
The most common reason for unsuccessful surveys for all CCOs was because the provider was no longer actively practicing at the location, or the location was not a primary care practice.

Provider Access Study Voicemail Answered Calls

The number of voicemail-answered calls was omitted from the denominator when calculating the successful and unsuccessful call rates.

United CAN – The number of PCP offices requiring the caller to leave a message was four of 92 (4%) for Q2 2021. The number of PCP offices requiring the caller to leave a message was 12 of 92 (13%) for Q4 2021.

United CHIP – For Q2 2021, the rate was five of 92 calls (5%). In Q4 2021, the rate was seven of 90 calls (8%) for Q4 2021. See *Figure 12: Calls Answered by Voicemail for United CAN and CHIP.*

Figure 12: Calls Answered by Voicemail for United CAN and CHIP
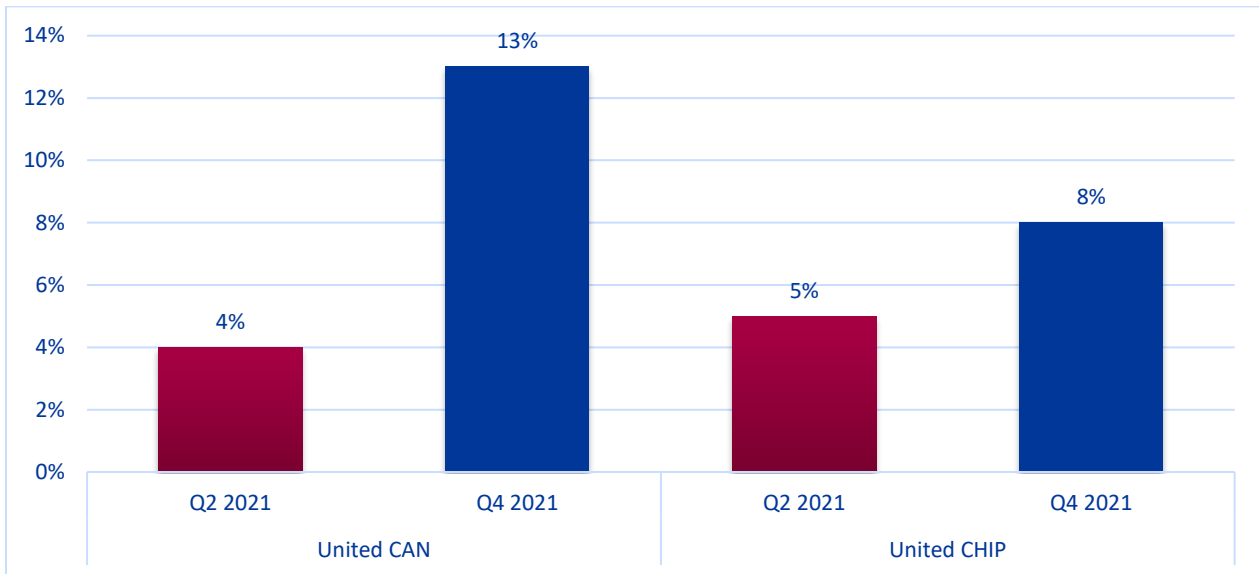
Magnolia CAN – In Q2 2021, the number of PCP offices requiring the caller to leave a message was two of 90 (2%). This increased to 8% (7 of 89) in Q4 2021 See *Figure 13: Calls Answered by Voicemail for Magnolia.*

Figure 13: Calls Answered by Voicemail for Magnolia
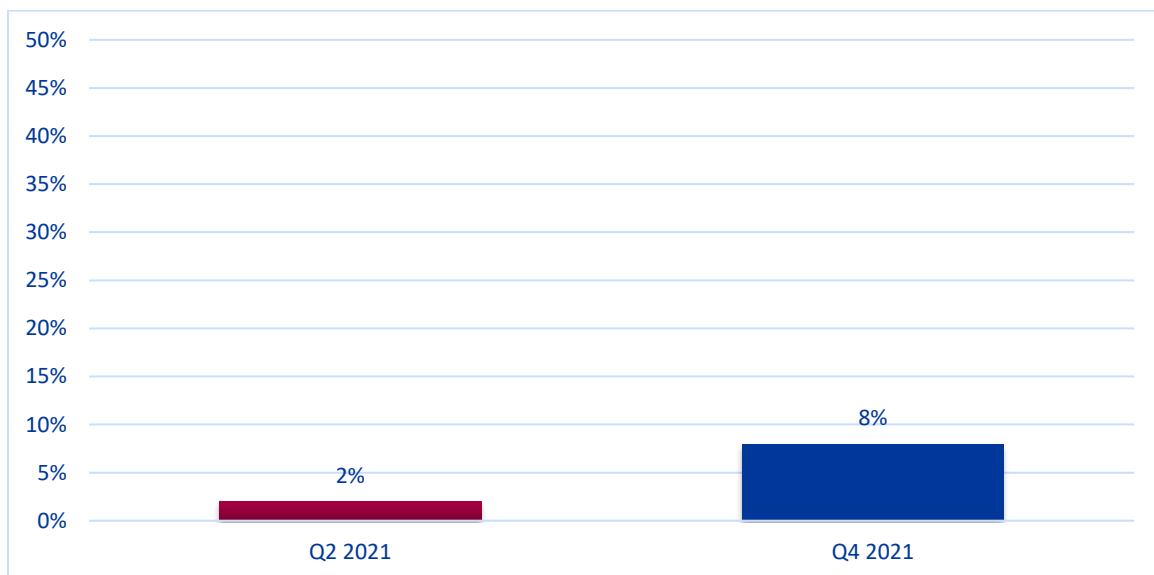
Molina CAN – For Molina CAN in Q3 2021, the number of PCP offices requiring the call team member to leave a message was eight of 90 (9%) in Q3 2021. For Q1 2022 Molina CAN, the number of PCP offices requiring the caller to leave a message was seven of 91 (8%).

Molina CHIP – For CHIP, eight of 91 (9%) PCP offices required the call team member to leave a message in Q3 2021. For Q1 2022, the rate was 15 of 93 calls (16%). See *Figure 14: Calls Answered by Voicemail for Molina CAN and CHIP.*

**Figure 14: Calls Answered by Voicemail for Molina CAN and CHIP**
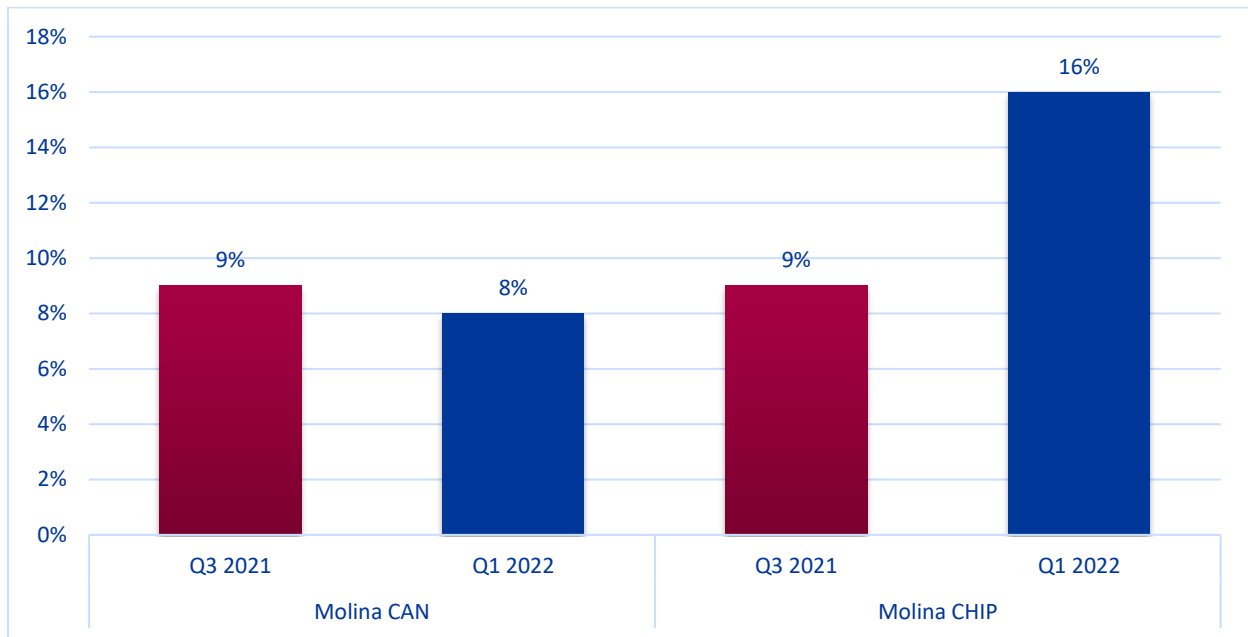
Provider Access and Availability for Routine and Urgent Appointments

Availability of routine and urgent appointments is included as part of the provider access study to determine if the PCP meets the requirements of 30-calendar days for a routine appointment and 48-hours for an urgent appointment.

United CAN – For Q2 2021, of the 33 PCPs contacted, 30 (91%) reported a routine appointment within the contract requirements and 24 (73%) reported an urgent appointment within the contract requirements. For Q4 2021, of the 28 PCPs contacted, 17 (61%) reported routine appointment availability within the contractual requirement and 15 (54%) reported urgent appointment availability within the contractual requirement.

United CHIP – For Q2 2021, of the 39 PCPs contacted, 26 (67%) reported a routine appointment within the contract requirements and one (3%) reported an urgent appointment within the contract requirements. For Q4 2021, of the 31 PCPs contacted, 27 (87%) reported routine appointment availability within the contractual requirement and 12 (39%) reported urgent appointment availability within the contractual requirement (See *Figure 15*).

Figure 15: United CAN and CHIP Availability for Routine and Urgent Appointments
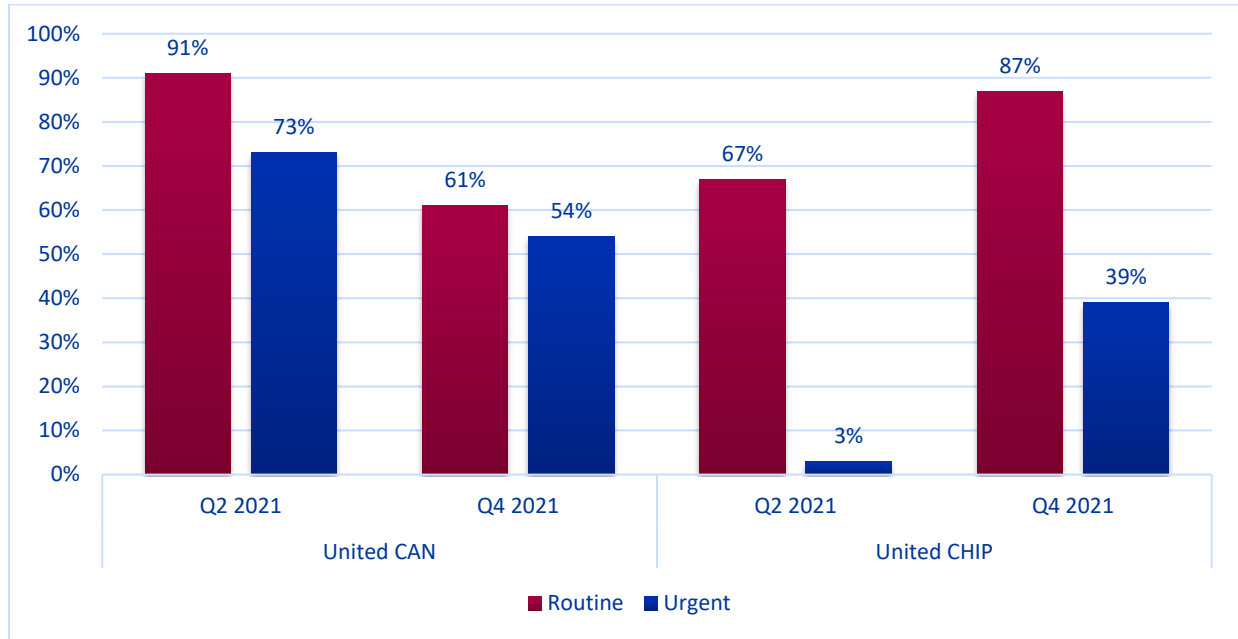
Magnolia CAN – For Q2 2021, of the 27 PCPs contacted, 25 (93%) reported a routine appointment within the contract requirements and two (7%) reported an urgent appointment within the contract requirements. For Q4 2021, of the 25 PCPs contacted, 15 (60%) reported routine appointment availability within the contractual requirement and 10 (40%) reported urgent appointment availability within the contractual requirement. See *Figure 16: Magnolia Availability of Routine and Urgent Appointments*.
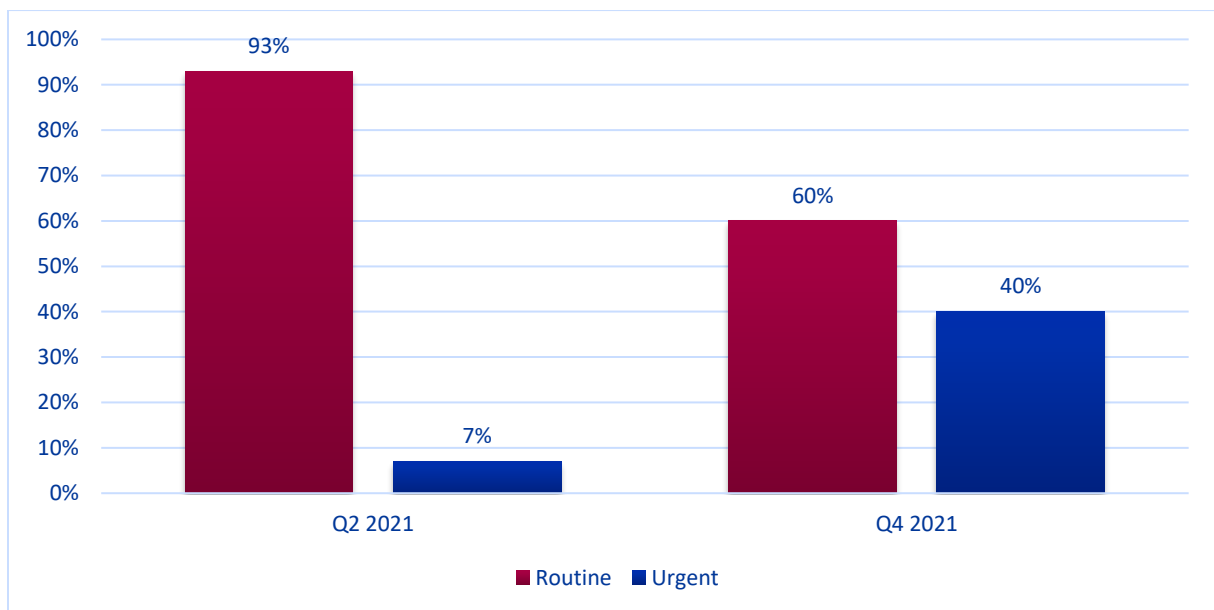
Figure 16: Magnolia Availability of Routine and Urgent Appointments

Molina CAN – In Q3 2021, of the 17 PCPs who responded, 12 (71%) reported routine appointment availability within the contract requirements and 9 (53%) reported urgent appointment availability within the contract requirements. In Q1 2022, of the 27 PCPs contacted, 20 (74%) reported routine appointment availability within the contractual requirement and 17 (63%) reported urgent appointment availability within the contractual requirement.

Molina CHIP – In Q3 2021, of the 31 PCPs contacted, 21 (68%) reported routine appointment availability within the contract requirements and two (7%) reported urgent appointment availability within the contract requirements. For Q1 2022, of the 29 PCPs contacted, 19 (66%) reported routine appointment availability within the contractual requirement and 17 (59%) reported urgent appointment availability within the contractual requirement. See *Figure 17: Molina CAN and CHIP Availability of Routine and Urgent Appointments.*

Figure 17: Molina CAN and CHIP Availability of Routine and Urgent Appointments
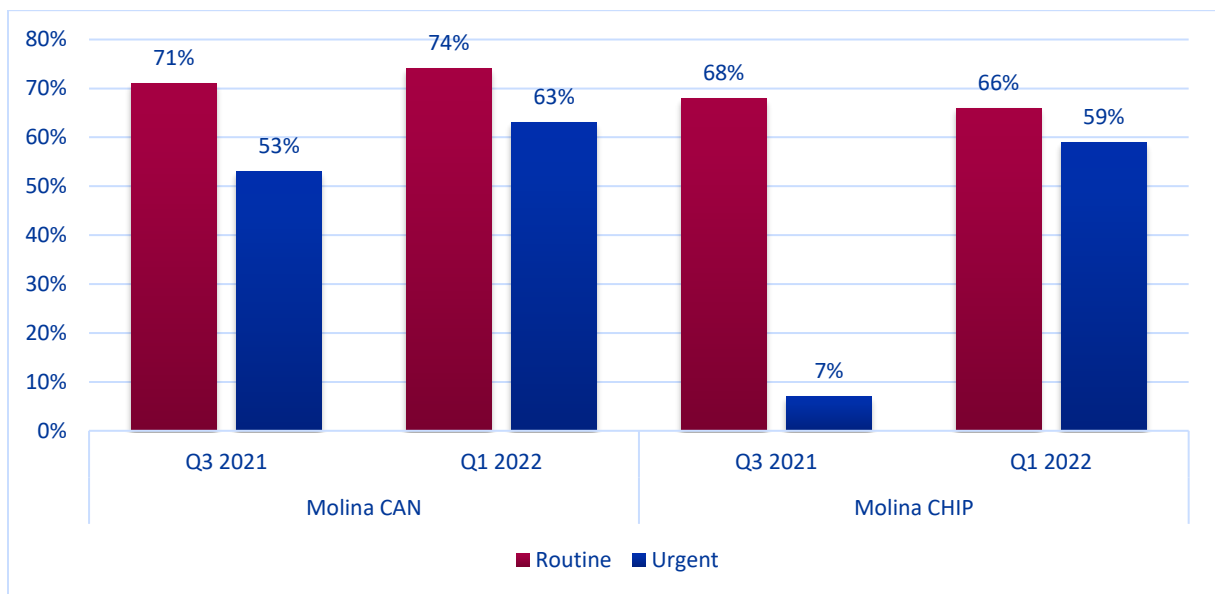
Table 5: Overview of Phase 1 Findings 2021—2022 displays a comparison of the successful contact rates, percentage of calls answered by voicemail, and percentage of providers who were compliant with appointment access standards for routine and urgent care. The arrows indicate a change in the rate from the previous access study. For example, an up arrow (↑) indicates the rate improved from the previous study, and a down arrow (↓) indicates the rate was lower than the previous study.

Table 5: Overview of Phase 1 Findings 2021−2022

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q2 2021	Q4 2021	Q2 2021	Q4 2021	Q2 2021	Q4 2021	Q3 2021	Q1 2022	Q3 2021	Q1 2022
Successful Contact Rates	38%	35% ↓	45%	41% ↓	31%	30% ↓	29%	32% ↑	37%	37%
Percentage of Voicemail Answered Calls	4%	13% ↑	5%	8% ↑	2%	8% ↑	9%	8% ↓	9%	16% ↑
Routine Appointment Availability	91%	61% ↓	67%	54% ↓	93%	60% ↓	71%	74% ↑	68%	66% ↓
Urgent Appointment Availability	73%	87% ↑	3%	39% ↑	7%	40% ↑	53%	63% ↑	7%	59% ↑

Phase 2 - Provider Directory Validation Results

CCME verified the accuracy of the provider's address, phone number, and panel status listed in the CCO's provider directory against the PCP contact information confirmed during Phase 1. An overall accuracy rate was determined using the formula:

Accuracy Rate = the number of providers with accurate name, phone number, address, and panel status in the online provider directory divided by the number of attempted provider verifications.

United CAN - For Q2 2021, of the 33 PCPs searched, 24 (73%) had accurate contact information in the online provider directory for all evaluated elements, including name, address, phone number, and panel status. For Q4 2021, of the 28 PCPs searched, 25 (89%) had accurate contact information in the online provider directory for all the evaluated elements, including name. Of those 25, 20 had the correct address, phone number, and panel status. The overall accuracy rate was 71% (20 out of 28).

United CHIP - In Q2 2021, of the 39 PCPs searched in the provider directory using the URL provided, none of the providers (0%) were found by name. Thus, the address, phone number, and panel status were unable to be verified in the directory. In Q4 2021, of the 34 PCPs searched, 32 (94%) were located by name in the directory. The address, phone number, and panel status were verified in the directory for 28 of the 32 providers located by name. The overall accuracy rate was 82% (28 of 34). Both United CAN and CHIP were below the target rate of 95% accuracy for directory validation.

Magnolia CAN – For Q2 2021, of the 27 PCPs searched, 23 (85%) had accurate contact information in the directory for all evaluated elements including name, address, phone number, and panel status. For Q4 2021, of the 25 PCPs searched, 14 (56%) were found in the online directory by name. Of those 25, 15 had the correct address and 14 had the correct phone number and panel status. The overall accuracy rate was 56% (14 of 25). This was below the target rate of 95% accuracy for directory validation.

Molina CAN – In Q3 2021 of the 24 PCPs searched, 23 (96%) had accurate contact information in the online directory for all the evaluated elements including name, address, phone number, and panel status. For Q1 2022 CAN, there were 27 attempted PCP verifications, and the accuracy rate was 89%.

Molina CHIP – In Q3 2021, of the 31 PCPs searched, 28 (90%) had accurate contact information in the online directory for all the evaluated elements including name, address, phone number, and panel status. For Q1 2022 CHIP, there were 29 attempted PCP verifications, and the accuracy rate was 86%. Both Molina CAN and CHIP were below the target rate of 95% accuracy for directory validation.

Table 6: Provider Directory Accuracy Rates 2021-2022, displays the overall accuracy rates for the provider directory validations. The arrows indicate a change in the rate from the previous validation. For example, an up arrow (↑) indicates the rate for the element improved from the previous study and a down arrow (↓) indicates the rate was lower than the previous study.

Table 6: Provider Directory Accuracy Rates 2021-2022

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q2 2021	Q4 2021	Q2 2021	Q4 2021	Q2 2021	Q4 2021	Q3 2021	Q1 2022	Q3 2021	Q1 2022
Percentage of PCPs listed in the online provider directory	76%	89% ↑	0%	94% ↑	89%	68% ↓	96%	96%	90%	97% ↑
Percentage of PCPs with matching phone number	73%	71% ↓	0%	82% ↑	85%	60% ↓	96%	89% ↓	90%	93% ↑
Percentage of PCPs with matching address	73%	71% ↓	0%	82% ↑	85%	56% ↓	96%	89% ↓	90%	93% ↑
Percentage of PCPs with matching panel status	73%	71% ↓	0%	82% ↑	85%	56% ↓	96%	89% ↓	90%	86% ↓
Overall Provider Directory Accuracy Rating	**73%**	**71% ↓**	**0%**	**82% ↑**	**85%**	**56% ↓**	**96%**	**89% ↓**	**90%**	**86% ↓**

C. Conclusions

The overall successful contact rates for the most recent call studies ranged from 30% to 41% and were below the goal of 95%. Across the CCOs, the most common reason for unsuccessful contacts was that the provider was no longer active at the location, or the location did not provide primary care services. The provider directory validation rates in the most recent studies ranged from 56% to 89%. Routine appointment availability ranged from 60% to 87% and urgent appointment availability ranged from 40% to 87%.

The results of the trended Provider Access and Provider Directory Validation studies demonstrated an opportunity for improvement in provider contact information accuracy. Initiatives are needed to address gaps to ensure all members can contact a PCP using the online directory and receive the needed care in an efficient manner. Strengths, as well as identified weaknesses and recommendations to improve provider access and availability for subsequent studies are outlined below.

Strengths
- Urgent appointment availability improved for all five studies.

Weaknesses
- The successful contact rates were below the 95% benchmark rate for all five studies.
- Four of five studies showed a decline in successful contact rates. The fifth study showed no change.
- Routine and urgent appointment availability was less than 95% for all CCOs.
- Provider Directory accuracy rates declined for four of five studies.

Recommendations
- Conduct internal analyses of procedures for updating provider contact information and status for all contracted provider locations.
- Conduct outreach for providers, particularly primary care providers, on a routine basis to verify demographic information and to re-educate staff about appointment standards and lines of business for network participation.
- Identify barriers for provider compliance with routine and urgent appointment standards. Develop and document an action plan to address those barriers.
- Conduct additional internal audits to verify the accuracy of the provider file.
- Remove providers that do not accept the plan from Provider Directories.
- Determine best practices that will enable members to have access to urgent care appointments, with a focus on the CHIP PCP providers.

Appendix A – Provider Access Study Web Tool

Caller Name: _____

       1st Call Attempt Date: _____

       Time: _____

Caller Name: _____

       2nd Call Attempt Date: _____

       Time: _____

Caller Name: _____

       3rd Call Attempt Date: _____

       Time: _____

Q1. Was the call answered by a live respondent?

Button Responses: Yes or No

If call was not answered by a live respondent or the respondent refused to participate,
answer "No", enter reason and end call.

- Voicemail/ Prompted to leave message
- No answer/busy signal/not a working number
- Office permanently closed
- Yes, but refused to participate after answering
- Hold time greater than 5 minutes
- Other Record here: _____

Q2. Is [provider name] still actively practicing at this location?

Button Responses: Yes or No

If Q2 answer was "No" mark reason and end call.

- Not a primary care location (urgent care, hospital, etc.)
- Not at this address
- Doctor is a hospitalist or other non-PCP
- Doctor is retired
- Other Record here:_____

If Yes, verify:

- **Provider Speciality: (Pre-populated):** Pre-populated speiality matches Yes
  No: (Record correct speciality)_____

- **Provider Phone Number: (Pre-populated):** Pre-populated Phone Number Matches: Yes
  No: (Record correct Phone Number)_____

- **Provider Address: (Pre-populated):** Pre-populated address matches: Yes
  No: (Record New Address)

Street Number:_____

Street Name: _____

Suite Number:_____

City:_____ State:_____ Zip Code: _____

Q3. Are they accepting [health care plan]?

Button Response: Yes or No

If Q3 answer was "No" mark reason for no and end the call.

No (choose one)

- Provider doesn't take listed insurance
- Other: _____

Q4. Are they accepting new patients?

Button Response: Yes or No

If Q4 answer was "No" selection reason:

- Physician has a waiting list for new patients

- Physician has met their capacity limit

- Not accepting new patients until a specified month (example not accepting new patients until December 2021)

- No Reason given

- Other (please explain in comment field) _____

Q5. Is there a routine appointment date available in the next 4 weeks?

Button Yes or No.

If Yes, Date:_____(not to exceed 30 calendar days)

No (Choose One):

- Appointment date more than 30 calendar days
- Provider requires patient specific information (i.e., birthdate, Medicaid ID number, SSN etc.)
- Provider will have to get back with the caller for an appointment
- Depends on referring physician's recommendations
- Practice has a waiting list
- Depends on the patient's condition
- Other (please explain in comment field) _____

Q6. Is there an urgent appointment available in the next 1 day?
Button Yes or No.
If Yes, Date:_____ (not to exceed 24 hours)
No (Choose One)

- Appointment date more than 24 hours
- Provider requires patient specific information (i.e., birthdate, Medicaid ID number, SSN etc.)
- Provider will have to get back with the caller for an appointment
- Depends on referring physician's recommendations
- Practice has a waiting list
- Depends on the patient's condition
- Other (please explain in comment field) _____

<div align="center">

END OF SURVEY.
*If Questions 1,2,3 were answered YES and Question 4 was answered Yes or No,
proceed to provider directory validation*.

</div>

Provider Directory Validation

Q7. Were you able to locate the provider by name in the provider directory?
Button Yes or No
  If no, STOP here.

Q8. Did the pre-populated or corrected address in this tool match the address listed in the online provider directory?
Button Pre-populated matched
Corrected matched
No

Q9. Did the pre-populated or corrected phone numbers in this tool match the phone number listed in the online provider directory?
Button Pre-populated matched
Corrected matched
No

Q10. Did the survey response to "are you accepting new Medicaid patients" in Question 4 match what is specified in the online provider directory?
Button Yes or No
Other Comment:

_____
_____