



The Carolinas Center *for* Medical Excellence

Molina Healthcare of Mississippi
Provider Access Study and
Directory Validation
March 4, 2021

We help people by improving the quality of health care.

Our Mission

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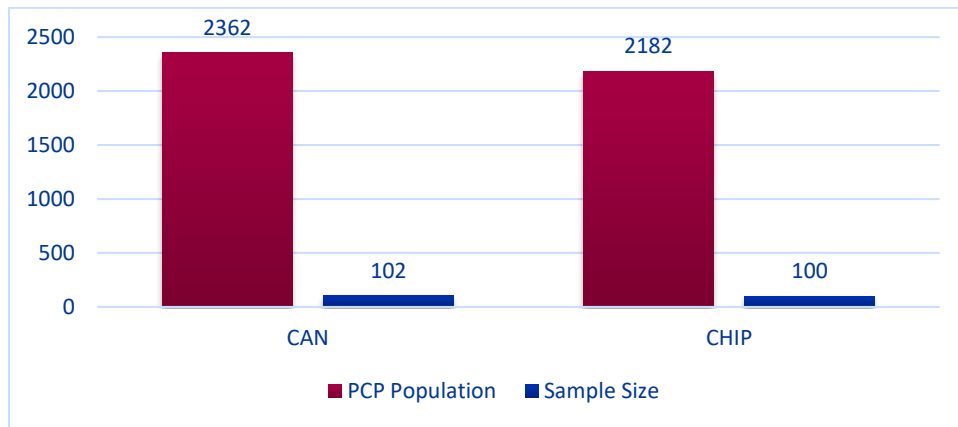
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I. Executive Summary

Beginning in CY 2020, The Carolinas Center for Medical Excellence (CCME) initiated biannual validation of network access and availability and provider directory accuracy for Mississippi Coordinated Care Organizations (CCOs).

For this review, Molina Healthcare of Mississippi (Molina) submitted a file from which a total of 2,362 unique primary care providers (PCPs) was identified for the CAN population. A random sample of 102 PCPs was selected for CAN. For CHIP, Molina submitted a file from which a total of 2,182 unique PCPs was identified. A random sample of 100 PCPs was selected. See *Figure 1: Provider Access Study Sample Sizes*.

Figure 1. Provider Access Study Sample Sizes



The methodology involved two phases: (1) Provider Access Study and (2) Provider Directory Validation. Once the sample sizes were determined, Phase 1 was conducted for both CAN and CHIP providers.

Phase 1: 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 formula:

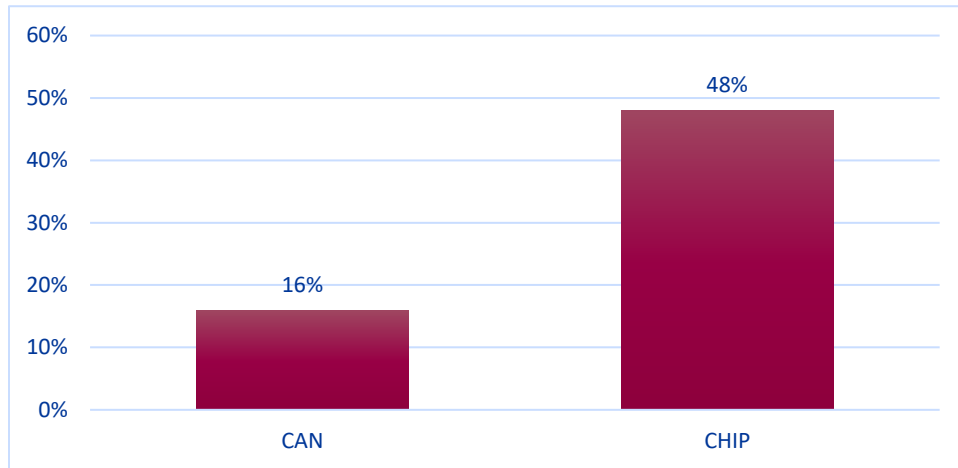
Success Rate = the number of providers contacted at the listed phone number and who confirmed contact information and accepting CCO divided by the number of calls completed that do not have a voicemail answering service, multiplied by 100.

For CAN, of 102 PCPs contacted, calls to 13 providers 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 for CAN was 16% (14 of 89). For CHIP, of 100 PCPs contacted, calls to 17 providers 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 for CHIP was 48% (40 of 83).

The results are displayed in *Figure 2: Provider Access Study Successful Contact Rates*.

Figure 2: Provider Access Study Successful Contact Rates

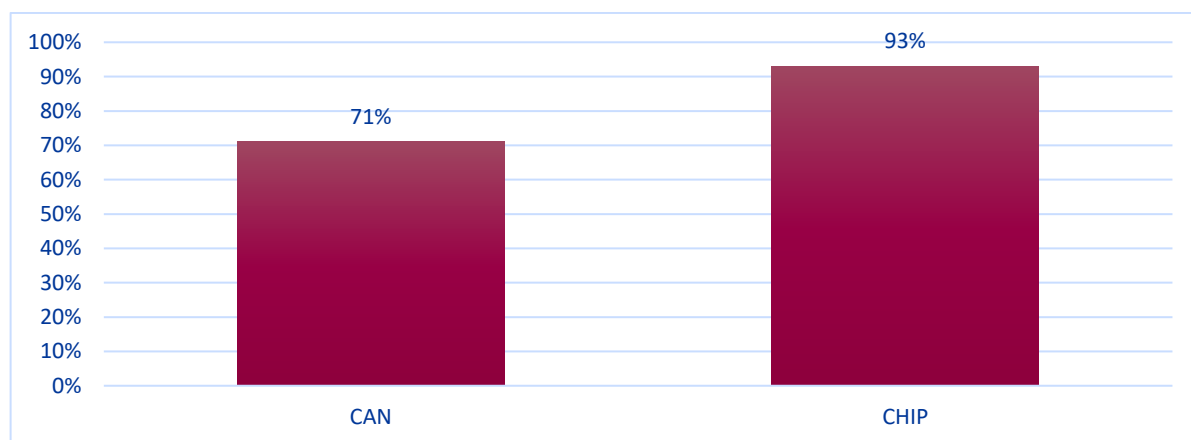


Phase 2: CCME verified the accuracy of the provider’s address, phone number, and panel status listed in the CCO’s provider directory against the PCP contact information confirmed during Phase 1. An overall accuracy rate was determined using the formula:

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.

For CAN, there were 14 attempted PCP verifications—the accuracy rate was 71%. For CHIP, there were 40 attempted PCP verifications—the accuracy rate was 93%. The results are displayed in *Figure 3: Molina CAN and CHIP Provider Directory Accuracy Rate*.

Figure 3: Molina CAN and CHIP Provider Directory Accuracy Rate



Summary of Results and Corrective Actions

CAN. Phase 1 results found that 21 of 89 (24%) providers confirmed the file contained the correct address and phone number. Of those 21, 14 (83%) confirmed they accepted Molina Healthcare CAN. Of the 14, 12 (86%) indicated they were accepting new patients. Availability for routine appointments was 75% and availability for urgent appointments was 67%.

Phase 2 results found that of the 14 providers evaluated, 71% (n=10) had accurate information for the three components evaluated: address, phone number, and panel status information. There were providers with some specific elements listed accurately but with inaccuracies in other elements. Of the 14 CAN providers evaluated in the provider directory, 12 (86%) had the provider name listed in the directory; 10 (71%) had the accurate phone number listed; 10 (71%) had the accurate address; and 10 (71%) had accurate panel status information. Discrepancies in the directory were most common for telephone number, location, and status for accepting new patients (29% reported a different phone number during the access study call in relation to the phone number provided in the directory and 29% reported a different panel status). When compared to the access study results, 29% (4 of 14) reported a different address in the provider directory.

CHIP. Phase 1 results found that 55 of 83 (66%) providers confirmed the file contained the correct address and phone number. Of those 55, 40 (72%) confirmed they accept Molina Healthcare CHIP. Of the 40, 34 (85%) indicated they were accepting new patients. Availability for routine appointments was 68% and availability for urgent appointments was 33%.

Phase 2 results found 93% (n=37) of providers had accurate information for all three components evaluated including address, phone number, and panel status information. There were providers with specific elements listed accurately, but with inaccuracies in other elements. Of the 40 CHIP providers evaluated in the provider directory: 38 (95%) had the provider name listed in the directory and 37 (93%) had an accurate phone number, address, and panel status information.

Corrective Actions include:

- Develop a standard procedure to update provider information in the online provider directory.
- Inspect online provider directories to ensure the status of accepting new Medicaid patients is accurate and educate provider office staff.
- Note the primary location for each provider in the online directory.
- Consider adding appointment call center telephone numbers to the online directory so members know what number to contact to schedule appointments for providers that use a centralized scheduling process.

II. INTRODUCTION

As the contracted External Quality Review Organization (EQRO) for the Mississippi Division of Medicaid (DOM), CCME conducts biannual validation 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.

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

A. PROVIDER ACCESS AND DIRECTORY VALIDATION METHODOLOGY

The objectives of the verification activities are to:

- Determine the telephonic provider access study success rate.
- Evaluate the accuracy of CCO online provider directories.

Table 1: Provider Access Study and Directory Validation Standards and Benchmarks defines the phase, objective, and benchmark rates for each phase.

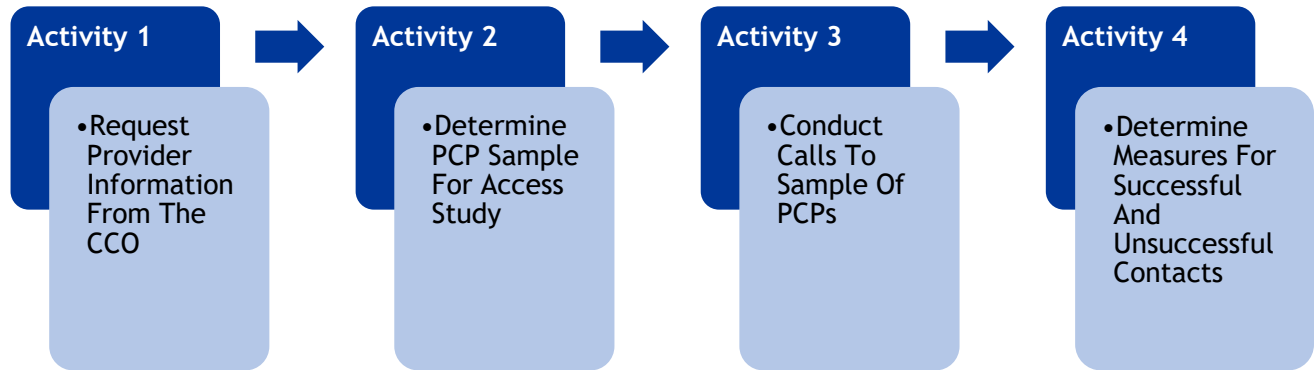
Table 1: Provider Access Study and Directory Validation Standards and Benchmarks

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

Phase 1: Provider Access Study Methodology

The four activities included in Phase 1 are described in *Figure 4: Phase 1—Provider Access Studies*.

Figure 4: Phase 1—Provider Access Studies



ACTIVITY 1: REQUEST PROVIDER INFORMATION FROM THE CCO

The health plan will be notified of the initiation of the review and the information that will be required to determine the PCP sample. Health plans will submit the requested information to CCME’s secure File Transfer Portal. The requested information will include 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 information is received from the health plan, the data will be reviewed for missing information. CCME will request the CCO to complete any missing data elements and upload a new file within seven days of the request. If missing data are found in the new file, those entries will be omitted from the PCP population for the provider access study. CCME randomly selects the sample from the PCP list after duplicate records are omitted. Records with missing information for any of the required elements are also omitted from the PCP population file. Using the adjusted PCP population file, a statistically significant sample size based on a 90% confidence level (CL) and 10% margin of error will be drawn for the provider access study. For subsequent biannual studies, the providers chosen for any study within the previous calendar year will be omitted from the provider access study sample.

ACTIVITY 3: CONDUCT CALLS TO SAMPLE OF PCPS

After selecting the sample of PCPs, CCME loads the list into a secure web survey tool. A copy of the secure web survey tool is included in *Appendix A*. Calls are 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

Prior to the access studies, CCME conducted orientation and training for Call Center team members, including in-depth instruction by subject matter experts on the survey tool and guidance for its use; mock scenarios of survey calls and data entry; inter-rater reliability; and follow-up education. Calls are 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 will make at least three call attempts when the PCP does not answer on the first call attempt. If the first call attempt results in no contact with a live respondent, the call team member will attempt to call again on another day and at a different time. No additional attempts will be made if the first attempt results in reaching a wrong number or if the office is permanently closed. Call Center team members will confirm wrong PCP telephone numbers by calling the telephone number twice. Call Center team members will end 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 states there is a separate number to call for appointment scheduling, the surveyor will request to be transferred or will hang up and contact the new number to obtain routine and urgent appointment availability. The responses to the survey questions are documented in the web survey tool and stored electronically on CCME's secure web-based portal.

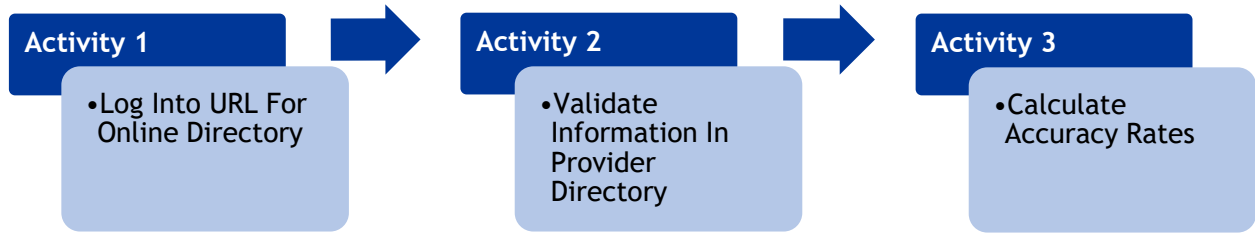
ACTIVITY 4: CALCULATE MEASURES FOR SUCCESSFUL AND UNSUCCESSFUL CONTACTS

A contact is considered successful if the Call Center team reaches the PCP and obtains a response for the primary elements listed in Activity 3. Unsuccessful calls occur when the survey is incomplete due to hold time, no answer, provider not with practice, refusal to participate, etc. Voicemail responses are not included in successful or unsuccessful contact rates. For PCPs with successful contacts, Phase 2 activities are initiated.

Phase 2: Validation of Online Provider Directory Information

Phase 2 involves validation of information in the health plan's online provider directory and includes the three activities described in *Figure 5: Validation of Provider Directory*.

Figure 5: Validation of Provider Directory



ACTIVITY 1: LOG INTO URL FOR ONLINE DIRECTORY

CCME will confirm 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 will be validated. The information validated in the provider directory will include the phone number, address, and whether the PCP is accepting new Medicaid patients.

ACTIVITY 3: CALCULATE ACCURACY RATES

The measures determined will include:

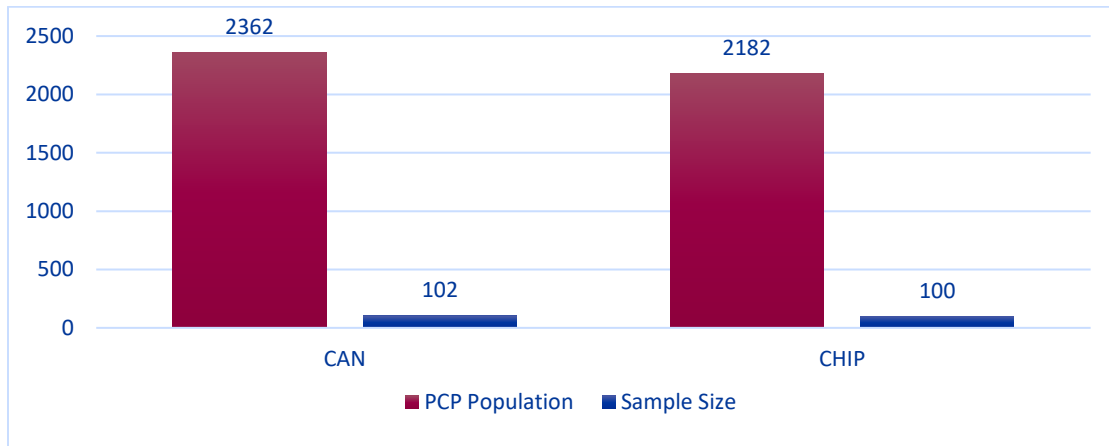
- The percentage of PCPs listed in the online directory.
- The percentage of PCPs with matching phone number.
- The percentage of PCPs with matching address.
- The percentage of PCPs with matching information regarding panel status (whether they are accepting new patients).

B. RESULTS

PROVIDER ACCESS STUDY SAMPLE

Molina submitted a total of 2,362 unique providers for the CAN population. Studies were conducted to a statistically significant sample of 102 PCPs. For CHIP, Molina submitted a file of 2,182 unique PCPs. Studies were conducted to a statistically significant sample of 100 PCPs. See *Figure 6: Population and Sample Size*.

Figure 6: Population and Sample Size



PROVIDER ACCESS STUDY SUCCESS RATE

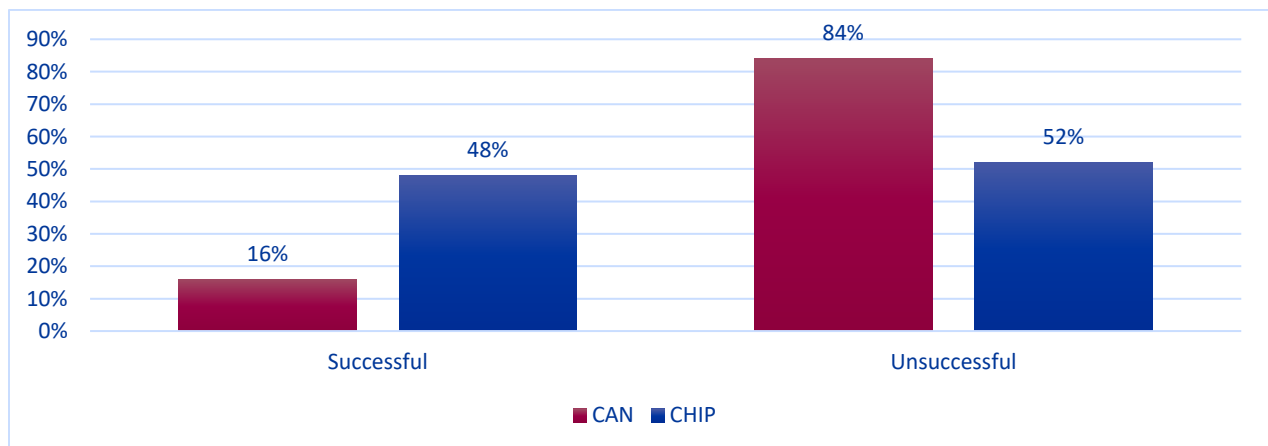
A contact was considered successful if the call team member reached the PCP and was able to obtain an affirmative response for the four primary elements of provider access: phone number, address, CCO affiliation, and panel status. If other survey items (e.g., appointment availability) were unable to be answered or were refused by the respondent, the call was still considered a successful contact if responses were obtained for the four primary elements.

CAN: A live respondent answered 89 calls. Of those 89 calls, a response for the four primary elements was successfully obtained for 14 PCPs (16%), yielding an unsuccessful contact rate of 84%.

CHIP: A live respondent answered 83 calls. Of those 83 calls, a response for the four primary elements was successfully obtained for 40 PCPs (48%), yielding an unsuccessful contact rate of 52%.

Figure 7: Successful and Unsuccessful Contacts for Provider Access Study illustrates the total number of calls attempted and successful contacts for CAN and CHIP.

Figure 7: Successful and Unsuccessful Contacts for Provider Access Study



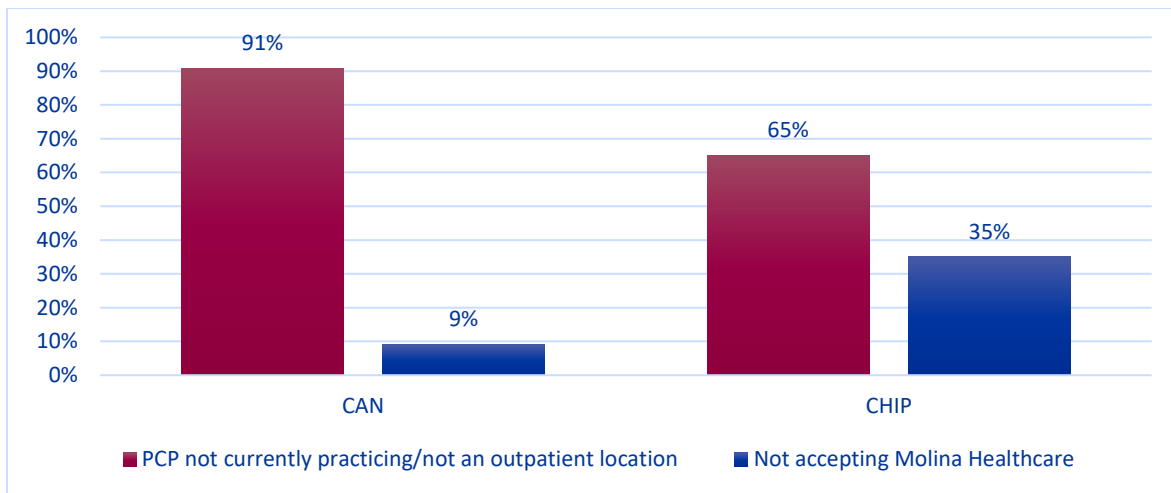
PROVIDER ACCESS STUDY UNSUCCESSFUL CONTACTS

CAN: For the 89 calls answered by a live respondent but considered unsuccessful, 68 were considered unsuccessful because the caller was informed that the provider was no longer at that location. The other 7 were considered unsuccessful because the provider was not accepting Molina Healthcare CAN.

CHIP: For the 83 calls answered by a live respondent but considered unsuccessful, 28 were not successful because the provider was currently not practicing at the location or the location was not a primary care outpatient facility. The other 15 provider contacts were considered unsuccessful because the provider was not accepting Molina Healthcare CHIP.

Reasons for unsuccessful contacts with the PCP are noted in *Figure 8: Provider Access Study Successful Contacts*.

Figure 8: Provider Access Study Unsuccessful Contacts

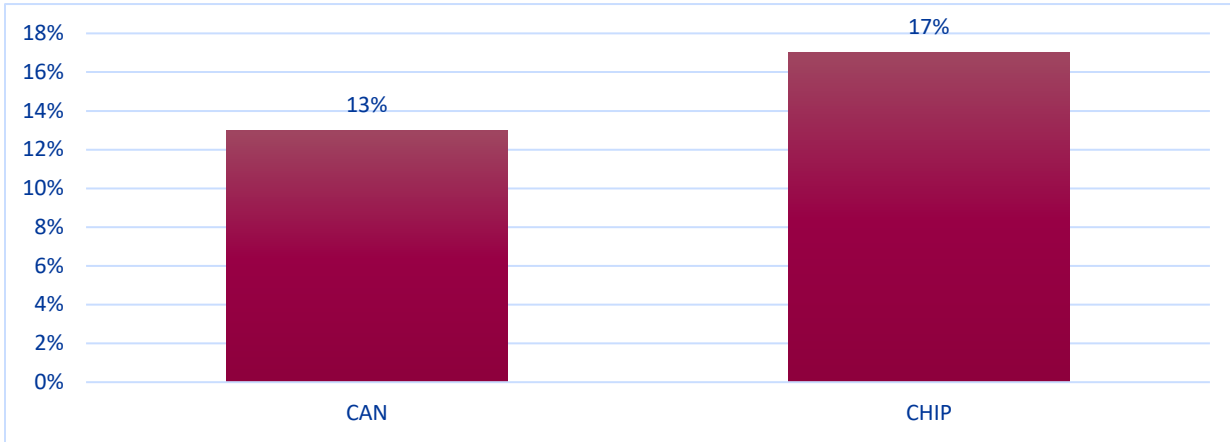


The most common reasons for unsuccessful surveys for the CAN population were that the provider was not actively practicing at the location called and that the respondent indicated the facility was not a primary care outpatient facility.

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. The number of PCP offices requiring the call team member to leave a message was 13 of 102 (13%) for CAN and 17 of 100 (17%) for CHIP. *Figure 9: Percentage of Provider Access Study Calls Answered by Voicemail* displays the voicemail-answered rate for the current provider access study.

Figure 9: Percentage of Provider Access Study Calls Answered by Voicemail



PROVIDER ACCESS AND AVAILABILITY FOR ROUTINE AND URGENT APPOINTMENTS

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

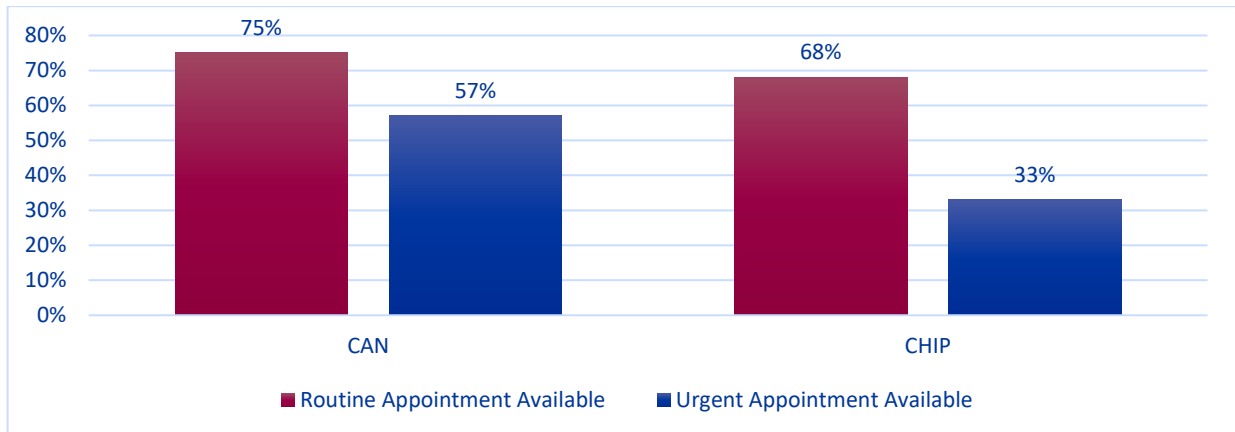
CAN: Of the 12 PCPs queried, nine (75%) reported a routine appointment within the contract requirements. Of the seven PCPs queried, four (57%) reported an urgent appointment with the contract requirements.

CHIP: Of the 37 PCPs queried, 25 (68%) reported a routine appointment within the contract requirements and 10 (33%) of the 30 PCPs queried reported an urgent appointment within the contract requirements.

The number of queries for routine appointment availability and urgent appointment availability varies due to inability to obtain the data required to answer the question.

The results are presented in *Figure 10: Access and Availability for Routine and Urgent Appointments*.

Figure 10: Access and Availability for Routine and Urgent Appointments



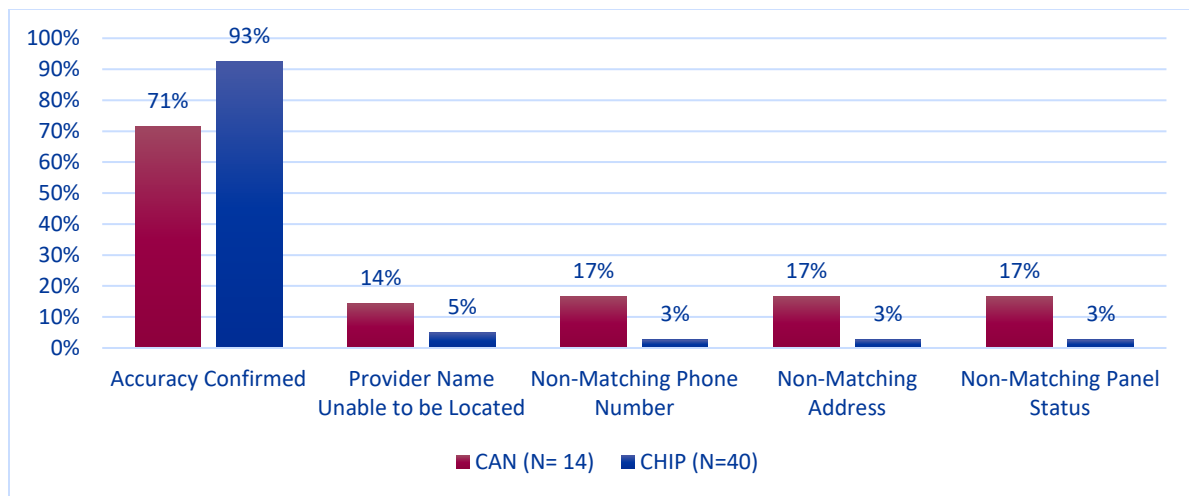
PROVIDER DIRECTORY VALIDATION

CCME validated the information in the CCO's online provider directory for each PCP completing the four primary elements of the provider access study. The online directory was reviewed to determine if the information in the directory matched the information confirmed during the provider access study.

- 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.
- New Patients: An indication in the online directory for the PCP as to whether the PCP is accepting new patients.

The provider directory accuracy rate is presented in *Figure 11: Online Provider Directory Validation Results*.

Figure 11: Online Provider Directory Validation Results



The names of the PCPs with all four primary elements confirmed during the provider access study were searched in the online provider directory using the CCO-provided web address.

CAN: Of the 14 searched PCPs, 10 (71%) had accurate contact information in the online directory for all evaluated elements, including name, address, phone number, and panel status. This was below the target rate of 80% accuracy for directory validation. For the remaining four PCPs in the search, two were unable to be located by provider name; therefore, CCME was unable to verify phone number and location. The remaining two had inaccurate phone information, inaccurate address, and inaccurate information regarding accepting new patients.

CHIP: Of the 40 searched PCPs, 37 (93%) had accurate contact information in the online directory for all evaluated elements including name, address, phone number, and panel status. This was above the target rate of 80% accuracy for directory validation. For the remaining three PCPs in the search, two were unable to be located by provider name; therefore, CCME was

unable to verify phone number and location. The other provider had inaccurate phone information, inaccurate address, and inaccurate information regarding new patients.

C. CONCLUSIONS

The overall successful contact rate for the Provider Access Study was 16% for CAN and 48% for CHIP. Routine and urgent care appointment compliance rates for CAN were 75% and 57%, respectively. Appointment rates for CHIP were slightly lower at 68% for routine and 33% for urgent care appointment availability.

The Directory Validation showed an accuracy rate of 71% among the 14 PCPs evaluated for CAN and 93% among the 40 PCPs evaluated for CHIP. The inaccuracy of provider contact information does not allow easy access for members. 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, the member is likely to seek care from another setting, such as an urgent care center or emergency department. Regarding routine care, the inability to contact a PCP may lead to delays in preventive care for members and their children.

The results of the Provider Access Study and Provider Directory Validation demonstrated an opportunity for improvement in provider contact information accuracy. Although the CHIP online directory had an accuracy rate of 93%, only 40 of 100 PCPs were able to be contacted during Phase 1 of the Provider Access Study. 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 and timely manner. The next section will outline corrective actions needed to improve provider access and availability for subsequent studies.

D. CORRECTIVE ACTIONS

The following corrective actions are needed to improve Molina's provider contact information, along with member access to, and availability of, PCPs:

- Develop and continually revise procedures to update provider information in online provider directories.
- Frequently inspect online provider directories to ensure the status of accepting new Medicaid patients is accurate and educate provider office staff.
- Notate the primary location for each provider in the online directory.
- Consider adding appointment call center telephone numbers to the online directory, informing members what number to contact to schedule appointments for those providers using a centralized scheduling process.

Appendix A - Provider Access Study Web Tool

Provider Access Study 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 speciality 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) _____

END OF SURVEY.

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

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:
