The Carolinas Center *for* Medical Excellence

2022 – 2023 Comprehensive Provider Access Study and Directory Validation Report

April 4, 2023

Our Mission

We help people by improving the quality of health care.

Table of Contents

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 for the most recent call studies ranged from 31% to 55%, and all rates were below the goal of 95% for all five studies conducted. The most common reason for unsuccessful contacts was that the provider was no longer active at the location. For one CCO, the primary reason was due to the providers not accepting the plan. The provider directory validation rates in the most recent studies ranged from 75% to 92%. Routine appointment

availability and access ranged from 46% to 69% and urgent appointment availability ranged from 23% to 47%. *Table 2: Overview of Findings 2022—2023* 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 study. 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 2: Overview of Findings 2022—2023

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q3 2022	Q1 2023	Q3 2022	Q1 2023
Successful Contact Rates	38%	40% ↑	31%	55% ↑	29%	31% ↑	28%	40% ↑	33%	37% ↑
Provider Directory Accuracy Rates	85%	80% ↓	89%	89%	92%	92%	88%	83% ↓	76%	75% ↓
Routine Appointment Availability	65%	58% ↓	70%	58% ↓	71%	46% ↓	72%	54% ↓	69%	69%
Urgent Appointment Availability	68%	23% ↓	56%	39% ↓	42%	33% ↓	52%	46% ↓	66%	47% ↓

The results of the trended Provider Access and Provider Directory Validation studies demonstrated an opportunity for improvement in provider contact information accuracy as well as appointment availability. 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.

ASSESSMENT OF CORRECTIVE ACTION PLANS

For the first of the two annual studies conducted for each health plan during this contract year, corrective action plans (CAPs) were required for each of the CCOs.

- For Molina's initial study in Q3 2022, CCME requested that Molina develop a CAP to include increasing the number of contact points with providers to request updates and verify contact information.
- For United CAN and CHIP, studies were conducted in Q2 2022 and Q4 2022. The Q2 2022 study culminated in corrective actions including: (1) Conducting additional internal analyses of the procedures for updating provider contact information that focus on updating panel status for PCPs and appropriately updating the provider's primary care status. (2) Developing a proactive process to seek updated provider information, such as

verifying provider contact information with every provider interaction.

- For the Q2 2022 study for Magnolia, CCME requested the CCO to develop a proactive process to seek updated provider information, such as verifying provider contact information with every provider interaction. Conducting additional internal analyses of the procedures for updating provider contact information that focus on the provider's acceptance of new patients and appropriately classifying the provider's area of practice (e.g., hospitalist vs primary practice) for all contracted locations, and conducting routine internal audits to validate provider contact information.

The successful contact rates improved for all CCOs during their second annual study, and thus, corrective actions were not requested, although several recommendations were offered based on appointment availability and provider directory validation activities.

Overall Recommendations

The following table provides an overview of strengths, weaknesses, and recommendations related to access to care identified as a result of the Provider Access Studies and Directory Validations conducted for the Coordinated Care Organizations.

Table 3: Evaluation of Access to Care

Strengths Related to Access to Care
• Successful contact rates improved for the call studies for among all the CCOs.

Weaknesses Related to Access to Care	Recommendations Related to Access to Care
• Routine and urgent appointment availability remained the same or declined for all CCOs. • Provider Directory Accuracy rates remained the same or declined for all CCOs.	• Provide additional education to providers regarding the contract requirements for routine and urgent appointment availability for members. • Continue educating PCPs about the appointment access standards. • Update and revise processes for updating the provider directory to ensure provider panel status is updated in a timely manner. • Conduct additional internal analyses of the procedures for updating provider contact information and conduct routine internal audits to validate provider contact information. • Verify provider contact information with every provider interaction. • Work with the providers' office staff to determine why members are informed during the calls that the provider does not accept their health plan.

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

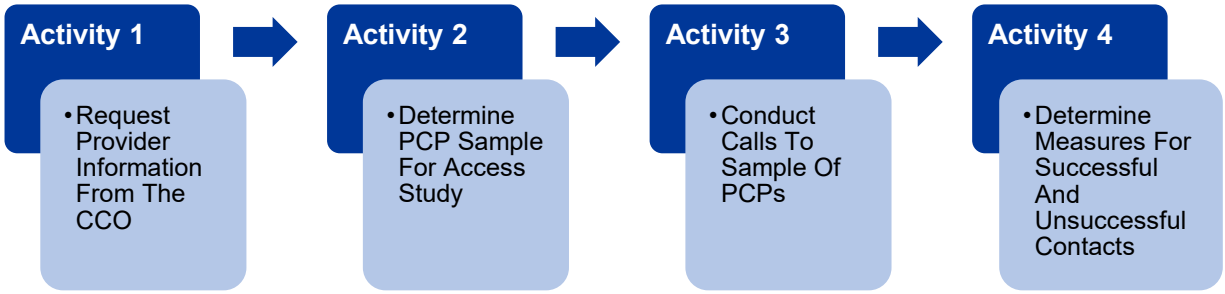
Table 4: Provider Access Study and Directory Validation Phases and Benchmarks

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

Phase 1: Provider Access Study

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

Figure 1: Phase 1—Provider Access Studies



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 via 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, excluding 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.

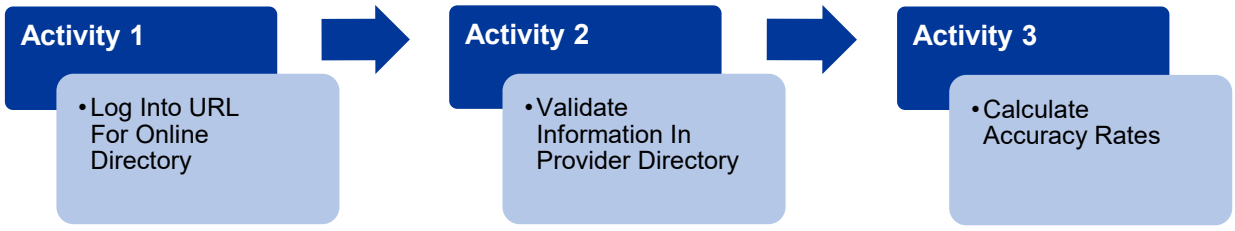
ACTIVITY 4: CALCULATE MEASURES FOR SUCCESSFUL AND UNSUCCESSFUL CONTACTS

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

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 during the 2022-2023 contract year.

Table 5: Contract Year 2022—2023

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 2022					
NETWORK ADEQUACY VALIDATION					
UnitedHealthcare	4/4/22	4/18/22	4/25/22	5/25/22	6/30/22
Magnolia	4/4/22	4/18/22	4/25/22	5/25/22	6/30/22
THIRD QUARTER 2022					
NETWORK ADEQUACY VALIDATION					
Molina	7/1/22	7/15/22	7/25/22	8/23/22	9/22/22
CAP REVIEW					
UnitedHealthcare	6/30/22	7/28/22			8/8/22
Magnolia	6/30/22	7/28/22			8/8/22
FOURTH QUARTER 2022					
NET10/3/22WORK ADEQUACY VALIDATION					
UnitedHealthcare	10/3/22	10/17/22	10/24/22	12/14/22	1/20/23
Magnolia	10/3/22	10/17/22	10/24/22	12/14/22	1/20/23
CAP REVIEW					
Molina	9/22/22	10/20/22			10/31/22
FIRST QUARTER 2023					
NETWORK ADEQUACY VALIDATION					
Molina	1/9/23	1/23/23	1/24/23	2/27/23	3/29/23

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 for studies completed during the 2022-2023 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 2022. Studies were conducted for Molina CAN and CHIP in Q3 2022 and Q1 2023. The results are reported for these referenced timepoints.

Phase 1 – Provider Access Study Results

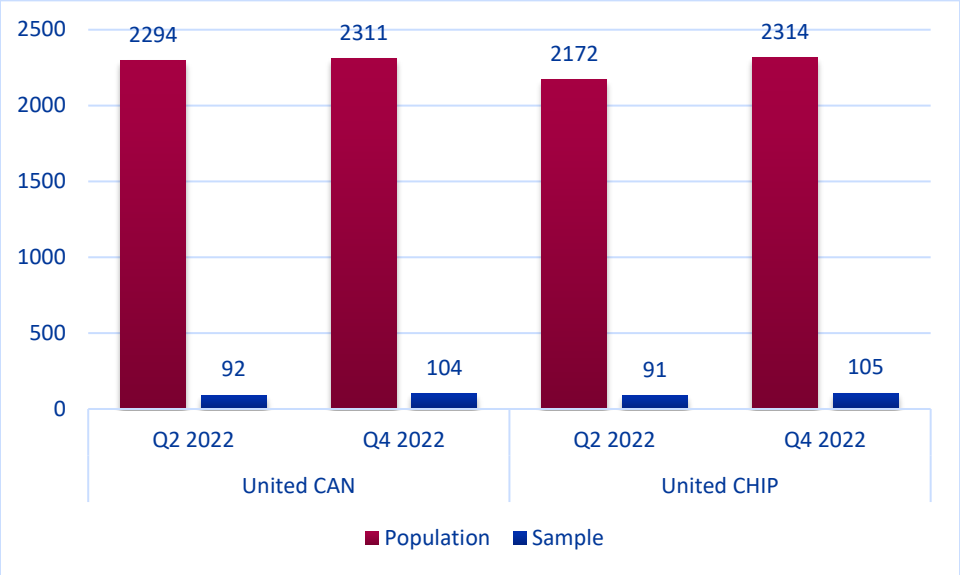
CCME notified each CCO of the initiation of the review and requested network provider information for the CAN and CHIP populations. Each CCO submitted the requested information to CCME's secure site. The submitted data was used to determine the PCP sample needed to conduct each study.

Population and Sample Size

United CAN – For Q2 2022, United CAN submitted a total of 2,294 unique PCPs. A random sample of 92 PCPs was drawn for Phase 1. For Q4 2022, United submitted a total of 2,311 unique PCPs for the CAN population and a random sample of 104 was drawn for Phase 1.

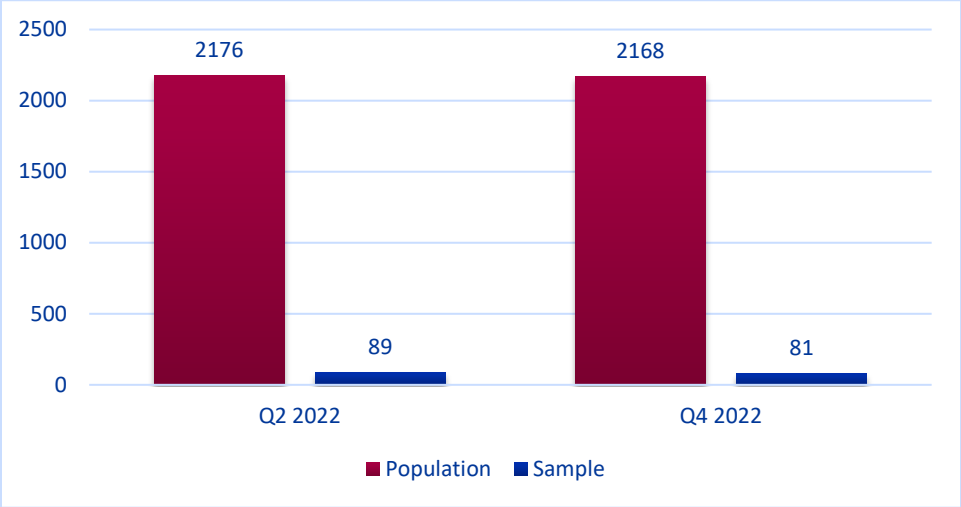
United CHIP – For Q2 2022, United CHIP submitted a total of 2,172 unique PCPs, and a random sample of 91 PCPs was drawn for Phase 1. For Q4 2022, United submitted a total of 2,314 unique PCPs and a random sample of 105 was drawn for Phase 1. See *Figure 3*.

Figure 3: Population and Sample Sizes for United CAN and CHIP



Magnolia CAN – For Q2 2022, a total of 2,176 unique PCPs was submitted. A random sample of 89 PCPs was drawn for Phase 1 (Provider Access Study). For Q4 2022, Magnolia submitted a total of 2,168 unique PCPs and a random sample of 81 was drawn for Phase 1. See *Figure 4*.

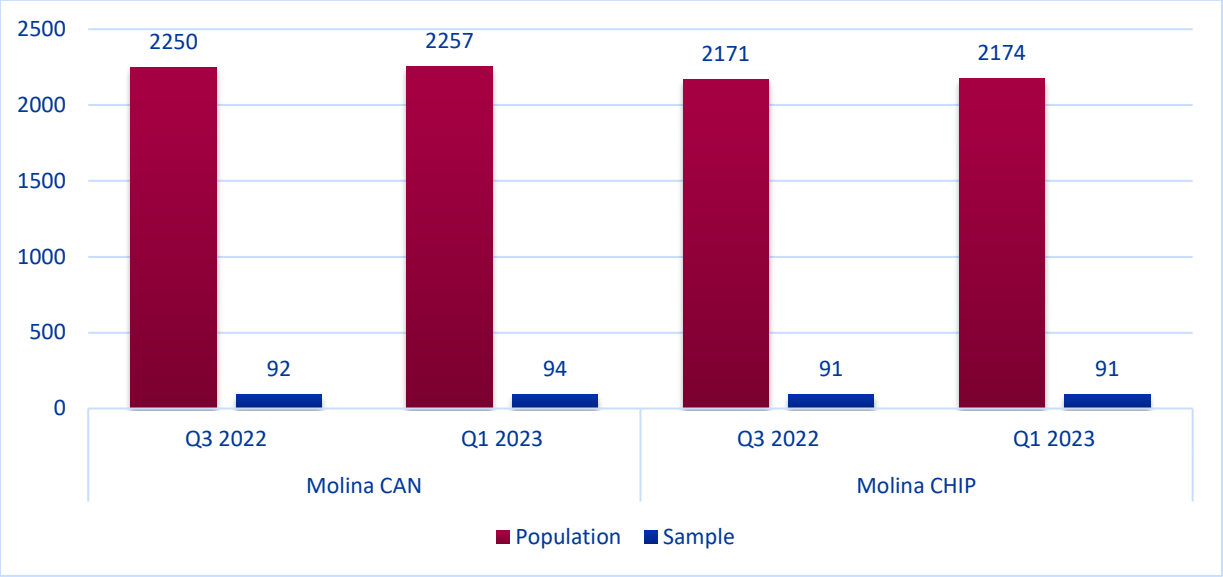
Figure 4: Population and Sample Sizes for Magnolia CAN



Molina CAN – For Q3 2022, Molina CAN submitted a total of 2,250 unique PCPs, and a random sample of 92 was drawn for Phase 1. For Q1 2023, Molina CAN submitted a total of 2,257 unique PCPs, and a random sample of 94 was drawn for Phase 1.

Molina CHIP – For Q3 2022, Molina CHIP submitted a total of 2,171 unique PCPs, and a random sample of 91 was drawn for Phase 1. For Q1 2023, Molina CHIP submitted a total of 2,174 unique PCPs, and a random sample of 91 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:

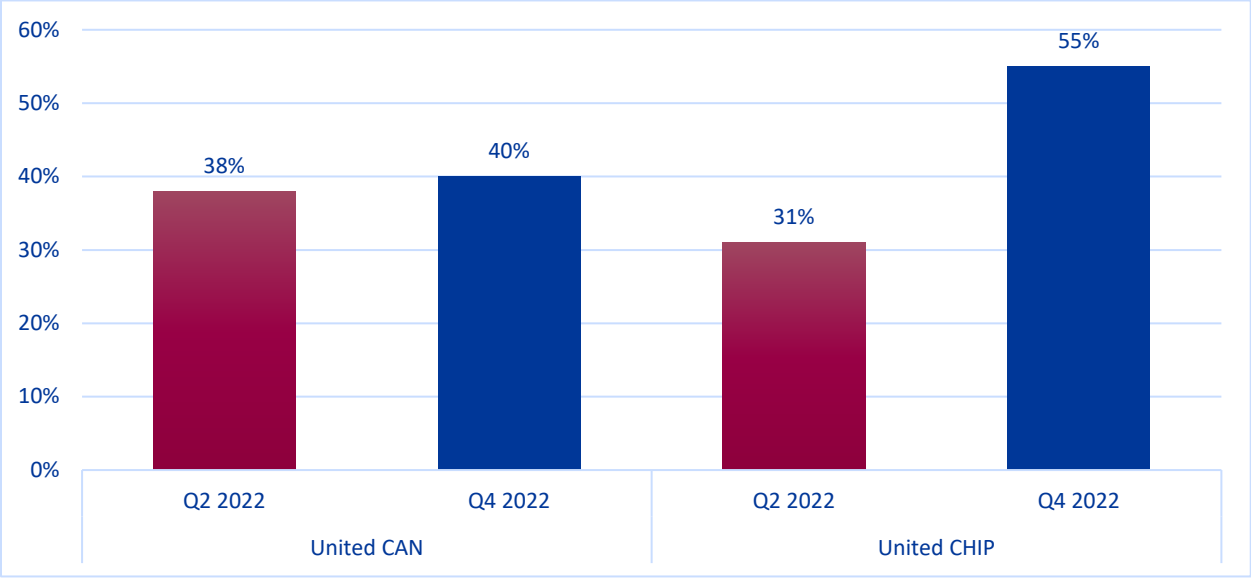
Success Rate = the number of providers contacted at the listed phone number and who confirmed contact information and accepting CCO divided by the number of calls completed that do not have a voicemail answering service, multiplied by 100.

Provider Access Study Successful Contacts

United CAN – For Q2 2022, a live respondent answered 89 calls. Of those 89 calls, a response for the four primary elements was successfully obtained for 34 PCPs (38%), yielding an unsuccessful contact rate of 62%. For Q4 2022 CAN, of the 104 PCPs contacted, five 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 40% (40 out of 99).

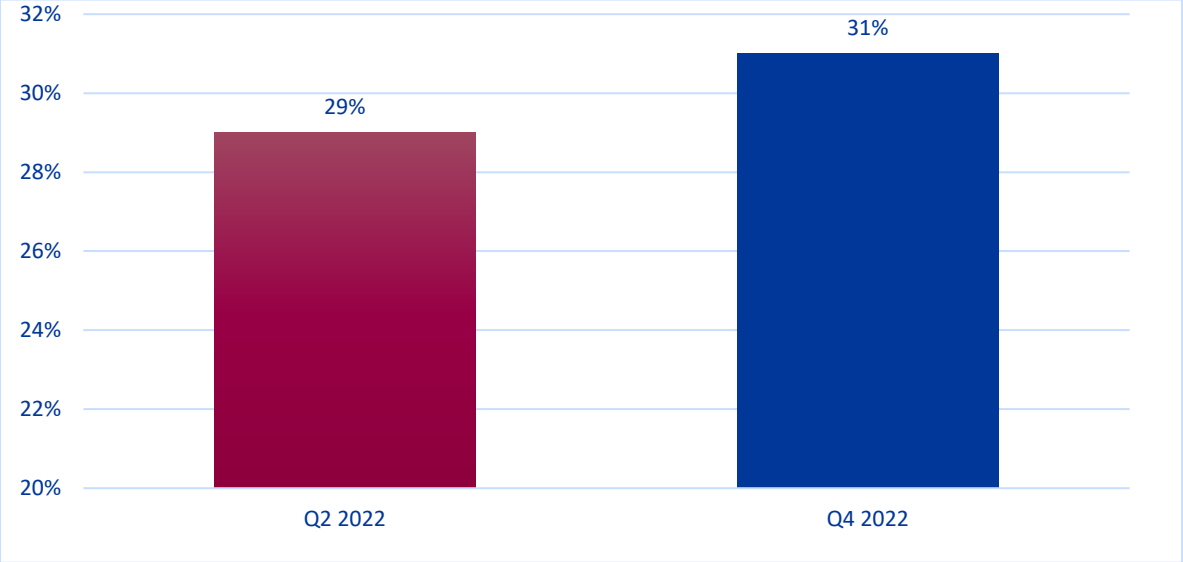
United CHIP For Q2 2022, a live respondent answered 87 calls. Of those 87 calls, a response for the four primary elements was successfully obtained for 27 PCPs (31%), yielding an unsuccessful contact rate of 69%. For Q4 2022, of the 105 PCPs contacted, two were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 55% (57 of 103). 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 2022, of the 89 PCPs contacted, 6 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 out of 83). For Q4 2022, of the 81 PCPs contacted, 3 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% (24 of 78). For both quarters, the success rates were below the target rate of 95% for Phase 1 successful contacts (see *Figure 7*).

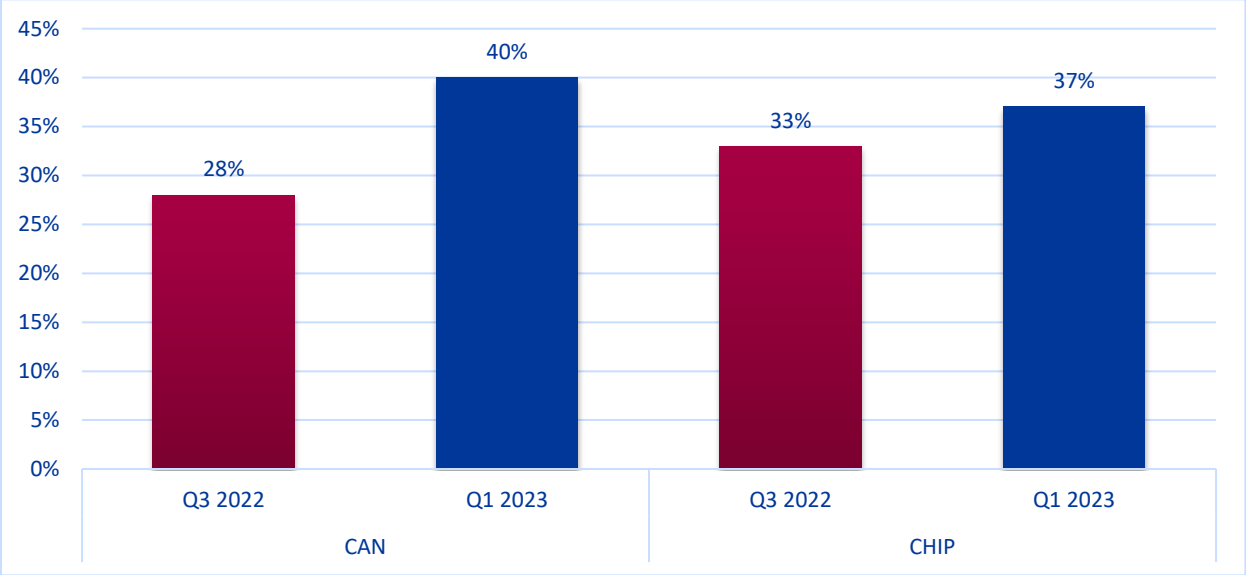
Figure 7: Magnolia CAN Successful Contact Rates



Molina CAN – For Q3 2022, of 92 PCPs contacted, 3 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 28% (25 of 89). For Q1 2023, of the 94 PCPs contacted, 6 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 40% (35 of 88).

Molina CHIP – For Q3 2022, of the 91 PCPs contacted, 4 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 33% (29 of 87). For Q1 2023, of the 91 PCPs contacted, 4 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% (23 of 87). Both CAN and CHIP success rates were below the goal rate of 95% for the Q3 2022 and Q1 2023 studies. See *Figure 8*.

Figure 8: Molina CAN and CHIP Successful Contact Rates

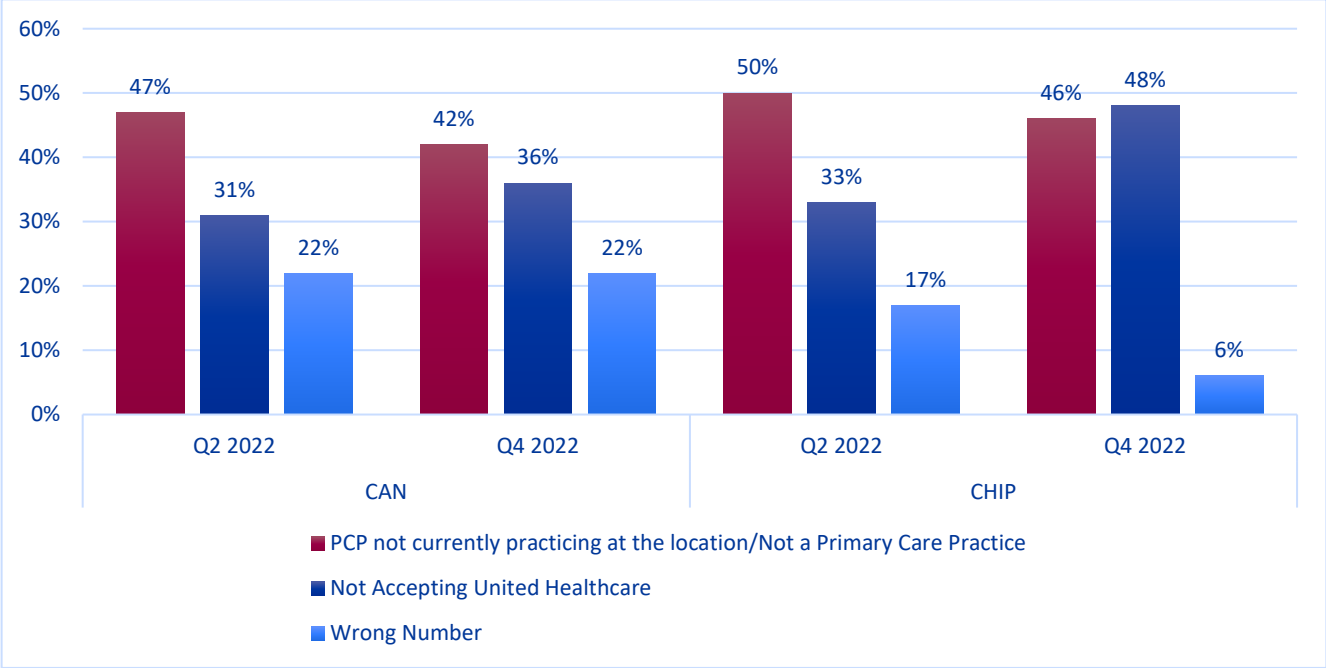


Provider Access Study Unsuccessful Contacts

United CAN – For Q2 2022, for the 55 calls that were answered by a live respondent but considered unsuccessful, 26 (47%) were because the provider was no longer at the location or the location was not a primary care practice, 17 (31%) were because the provider was not accepting United CAN, and 12 (22%) were confirmed to be a wrong number. For Q4 2022 for the 59 calls that were answered by a live respondent but considered unsuccessful, 25 (42%) were because the provider was no longer at the location or the location was not a primary care practice, 21 (36%) were because the provider was not accepting United CAN, and 13 (22%) were confirmed to be a wrong number.

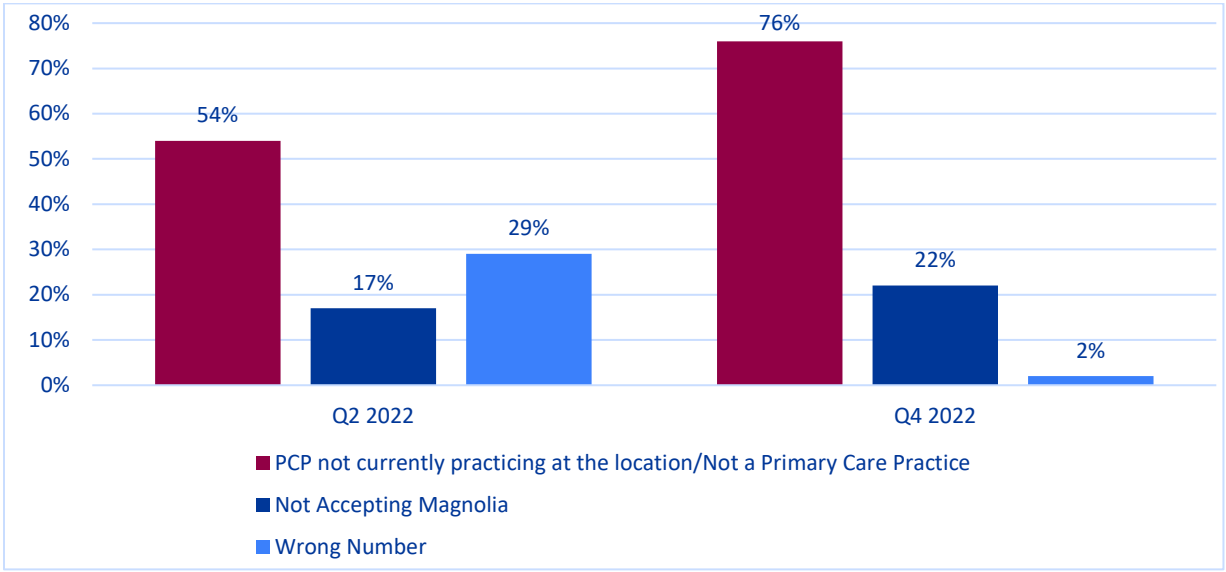
United CHIP – In Q2 2022 for the 60 calls that were answered by a live respondent but considered unsuccessful, 30 (50%) were because the provider was currently not practicing at the location or the location was not a primary care practice, 20 (33%) were unsuccessful because the provider was not accepting United CHIP, and 10 (17%) were confirmed to be a wrong number. In Q4 2022, for the 46 calls that were answered by a live respondent but considered unsuccessful, 21 (46%) were because the provider was currently not practicing at the location or the location was not a primary care practice, 22 (48%) were unsuccessful because the provider was not accepting United CHIP, and three (6%) were confirmed to be a wrong number (see *Figure 9*).

Figure 9: United Unsuccessful Contact Reasons



Magnolia CAN – For Q2 2022, for the 59 calls that were answered by a live respondent but considered unsuccessful, 32 (54%) were because the provider was no longer at the location or the location was not a primary care practice, 10 (17%) were because the provider was not accepting Magnolia CAN, and 17 (29%) were confirmed to be a wrong number. For Q4 2022, for the 54 calls that were answered by a live respondent but considered unsuccessful, 41 (76%) were because the provider was no longer at the location or the location was not a primary care practice, 12 (22%) were because the provider was not accepting Magnolia CAN, and one (2%) was confirmed to be a wrong number. See *Figure 10*.

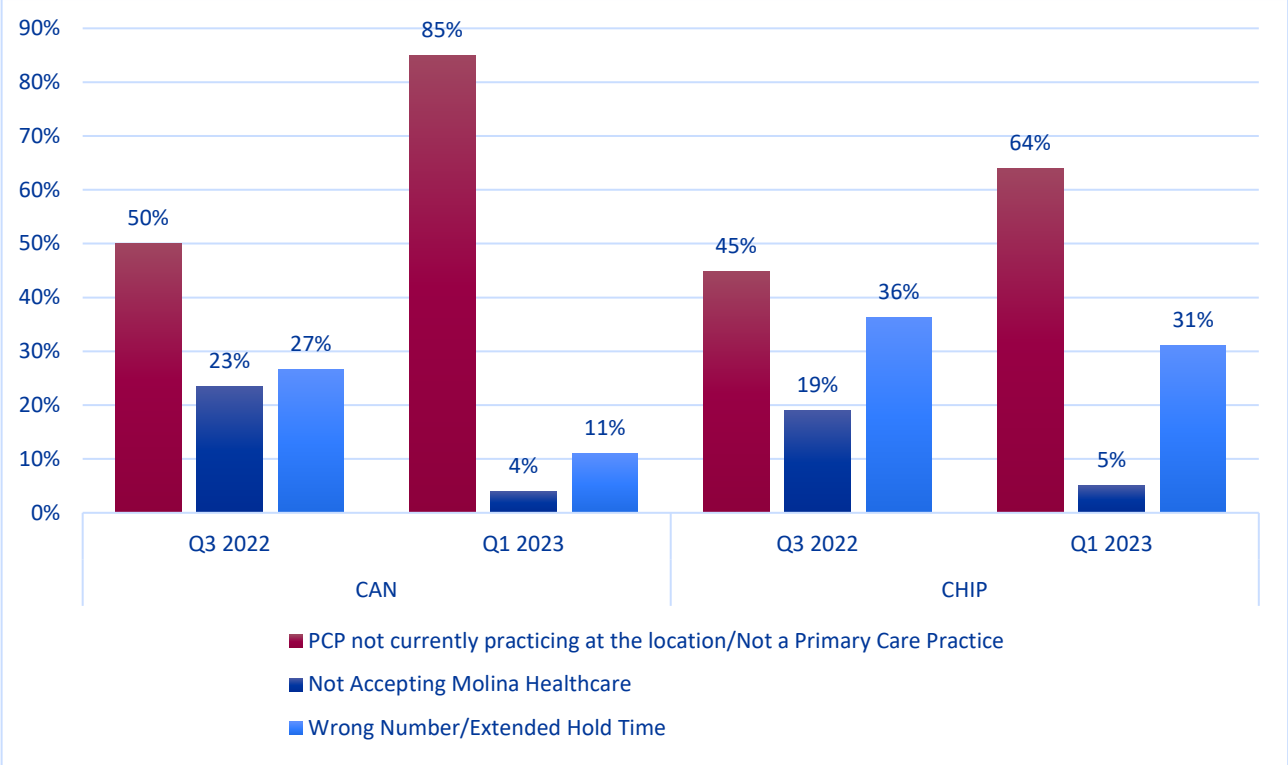
Figure 10: Magnolia Unsuccessful Contact Reasons



Molina CAN – For Q3 2022, for the 64 calls that were answered by a live respondent but considered unsuccessful, 32 (50%) were because the provider was no longer at the location or the location was not a primary care practice, 15 (23%) were because the provider was not accepting Molina CAN, and 17 (27%) were confirmed to be a wrong number. For Q1 2023, for the 53 calls that were answered by a live respondent but considered unsuccessful, 45 (85%) were because the provider was no longer at the location or the location was not a primary care practice, 2 (4%) were because the provider was not accepting Molina CAN, and 6 (11%) were confirmed to be a wrong number.

Molina CHIP – In Q3 2022, for the 58 calls that were answered by a live respondent but considered unsuccessful, 26 (45%) were because the provider was no longer at the location or the location was not a primary care practice, 11 (19%) were because the provider was not accepting Molina CHIP, and 21 (36%) were confirmed to be a wrong number. In Q1 2023, for the 55 calls that were answered by a live respondent but considered unsuccessful, 35 (64%) were because the provider was no longer at the location or the location was not a primary care practice, 3 (5%) were because the provider was not accepting Molina CHIP, and 17 (31%) were confirmed to be a wrong number (see *Figure 11*).

Figure 11: Molina Unsuccessful Contact Reasons



The most common reason for unsuccessful surveys for four studies was that the provider was no longer actively practicing at the location, or the location was not a primary care practice. For one study, the most common reason was that the provider was not accepting the health plan.

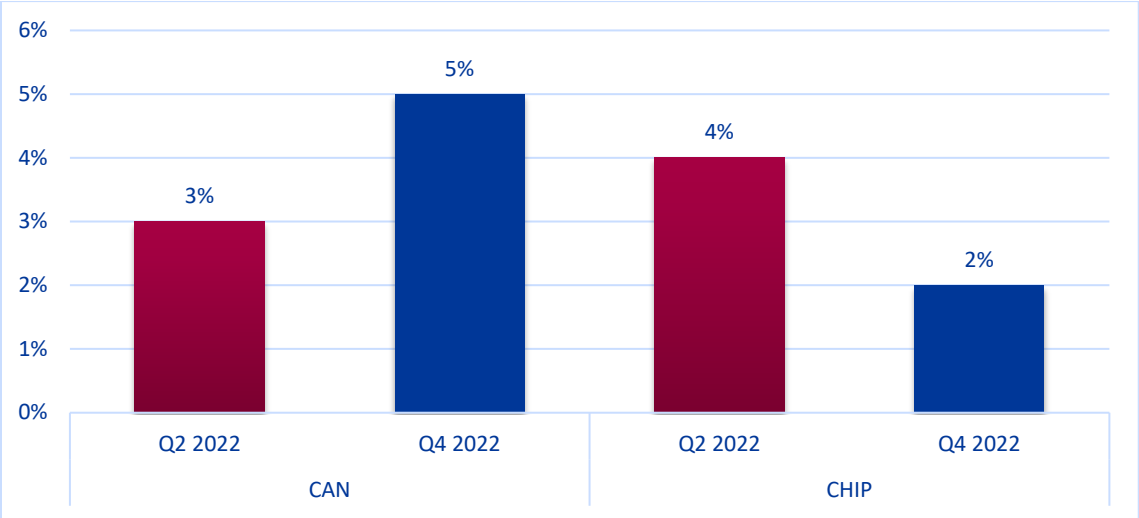
Provider Access Study Voicemail Answered Calls

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 3 of 92 (3%) for Q2 2022. The number of PCP offices requiring the caller to leave a message was 5 of 104 (5%) for Q4 2022.

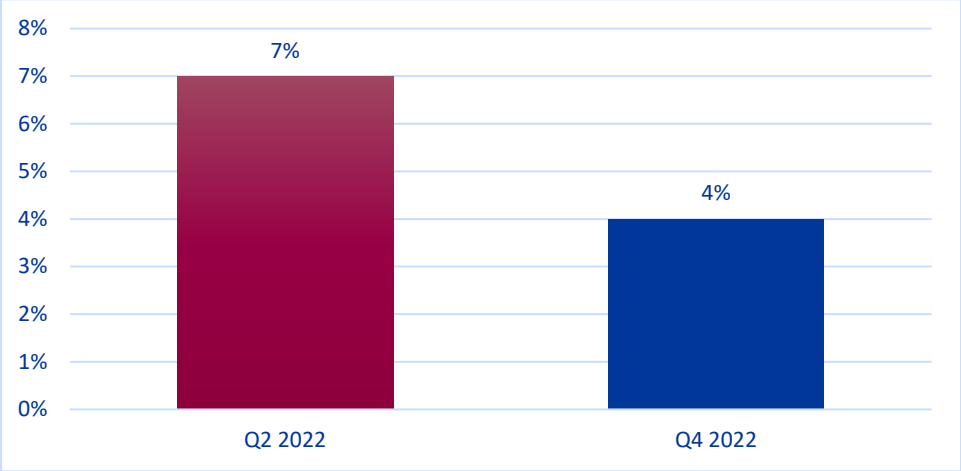
United CHIP – For Q2 2022, the rate was 4 of 91 calls (4%). In Q4 2022, the rate was 2 of 105 calls (2%) for Q4 2022. See *Figure 12: Calls Answered by Voicemail for United CAN and CHIP.*

Figure 12: Calls Answered by Voicemail for United CAN and CHIP



Magnolia CAN – In Q2 2022, the number of PCP offices requiring the caller to leave a message was 6 of 89 (7%). This decreased to 4% (3 of 81) in Q4 2022. See *Figure 13: Calls Answered by Voicemail for Magnolia*.

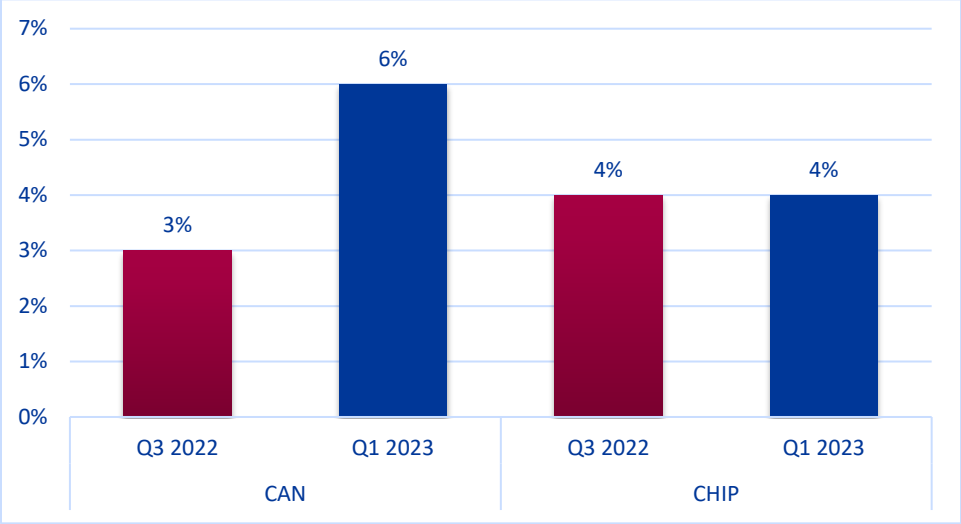
Figure 13: Calls Answered by Voicemail for Magnolia



Molina CAN – For Molina CAN in Q3 2022, the number of PCP offices requiring the call team member to leave a message was 3 of 92 (3%) in Q3 2022. For Q1 2023 Molina CAN, the number of PCP offices requiring the caller to leave a message was 6 of 94 (6%).

Molina CHIP – For CHIP, 4 of 91 (4%) PCP offices required the call team member to leave a message in Q3 2022. For Q1 2023, the rate was 4 of 91 calls (4%). See *Figure 14: Calls Answered by Voicemail for Molina CAN and CHIP.*

Figure 14: Calls Answered by Voicemail for Molina CAN and CHIP



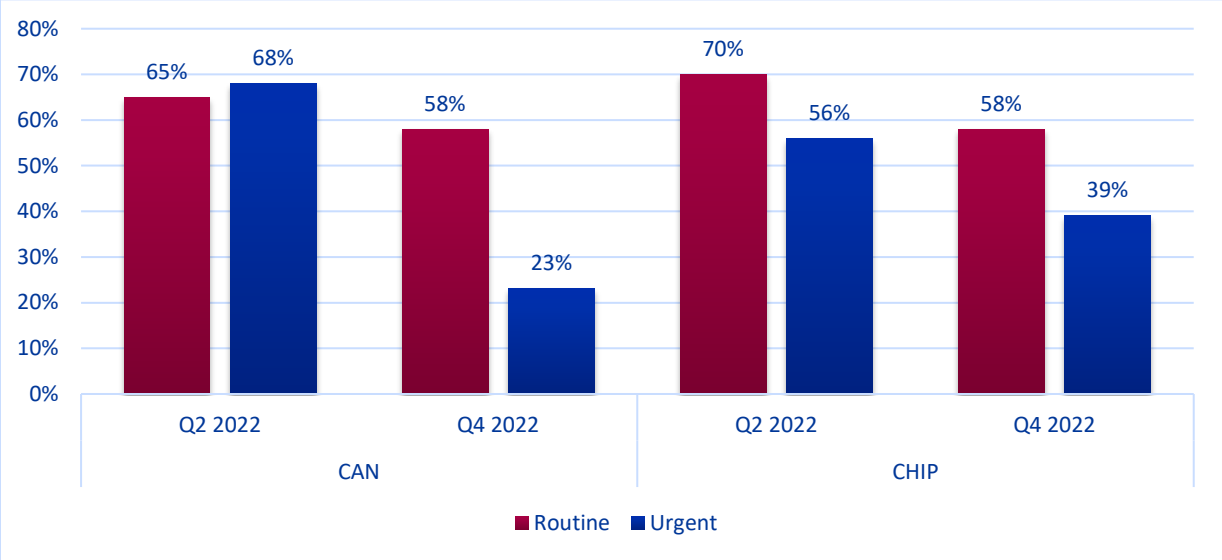
Provider Access and Availability for Routine and Urgent Appointments

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 2022, of the 34 PCPs contacted, 22 (65%) reported routine appointment availability within the contractual requirement and 23 (68%) reported urgent appointment availability within the contractual requirement. For Q4 2022, of the 40 PCPs contacted, 23 (58%) reported routine appointment availability within the contractual requirement and 9 (23%) reported urgent appointment availability within the contractual requirement.

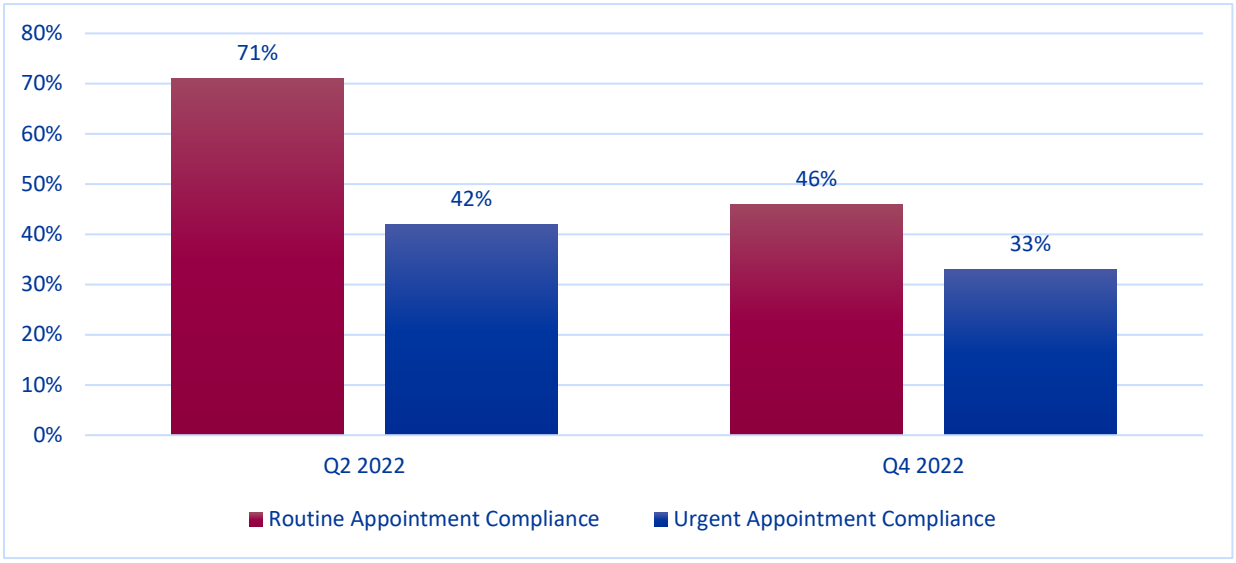
United CHIP – For Q2 2022, of the 27 PCPs contacted, 19 (70%) reported routine appointment availability within the contractual requirement and 15 (56%) reported urgent appointment availability within the contractual requirement. For Q4 2022, of the 57 PCPs contacted, 33 (58%) reported routine appointment availability within the contractual requirement and 22 (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 2022, of the 24 PCPs contacted, 17 (71%) reported routine appointment availability within the contractually required timeframe and 10 (42%) reported urgent appointment availability within the contractually required timeframe. For Q4 2022, of the 24 PCPs contacted, 11 (46%) reported routine appointment availability within the contractually required timeframe and eight (33%) reported urgent appointment availability within the contractually required timeframe. See *Figure 16: Magnolia Availability of Routine and Urgent Appointments*.

Figure 16: Magnolia Availability of Routine and Urgent Appointments



Molina CAN – In Q3 2022, of the 25 PCPs contacted, 18 (72%) reported routine appointment availability within the contractual requirement and 13 (52%) reported urgent appointment availability within the contractual requirement. In Q1 2023, of the 35 PCPs contacted, 19 (54%)

reported routine appointment availability within the contractual requirement and 16 (46%) reported urgent appointment availability within the contractual requirement.

Molina CHIP – In Q3 2022, of the 29 PCPs contacted, 20 (69%) reported routine appointment availability within the contractual requirement and 19 (66%) reported urgent appointment availability within the contractual requirement. For Q1 2023, of the 32 PCPs contacted, 22 (69%) reported routine appointment availability within the contractual requirement and 15 (47%) 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

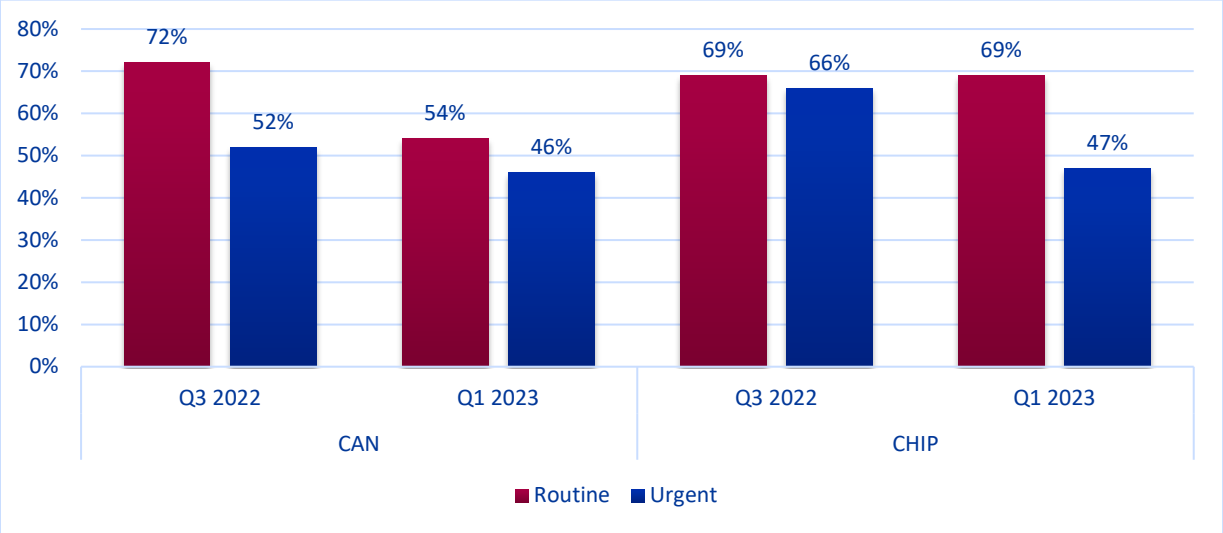


Table 6: Overview of Phase 1 Findings 2022—2023 displays a comparison of the successful contact rates, percentage of calls answered by voicemail, and percentage of providers who were compliant with appointment access standards for routine and urgent care. The arrows indicate a change in the rate from 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 6: Overview of Phase 1 Findings 2022—2023

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q3 2022	Q1 2023	Q3 2022	Q1 2023
Successful Contact Rates	38%	40% ↑	31%	55% ↑	29%	31% ↑	28%	40% ↑	33%	37% ↑
Percentage of Voicemail Answered Calls	3%	5% ↑	4%	2% ↓	7%	4% ↓	3%	6% ↑	4%	4%

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q3 2022	Q1 2023	Q3 2022	Q1 2023
Routine Appointment Availability	65%	58% ↓	70%	58% ↓	71%	46% ↓	72%	54% ↓	69%	69%
Urgent Appointment Availability	68%	23% ↓	56%	39% ↓	42%	33% ↓	52%	46% ↓	66%	47% ↓

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 2022, of the 34 searched PCPs, 32 (94%) were able to be located by name in the provider directory, 32 (94%) had the correct address, 32 (94%) had a matching phone number, and 29 (85%) had the correct panel status. The overall accuracy rate was 29 out of 34 (85%). For Q4 2022, of the 40 searched PCPs, 36 (90%) were able to be located by name in the provider directory, 34 (85%) had the correct address, 34 (85%) had a matching phone number, and 32 (80%) had the correct panel status. The overall accuracy rate was 32 out of 40 (80%).

United CHIP - In Q2 2022, of the 27 searched PCPs, 26 (96%) were able to be located by name in the directory using the URL provided, 26 (96%) had the correct address, 26 (96%) had a matching phone number, and 24 (89%) had the correct panel status. The overall accuracy rate was 89% (24 of 27). In Q4 2022, of the 57 searched PCPs, 56 (98%) were able to be located by name in the directory using the URL provided, 52 (91%) had the correct address, 52 (91%) had a matching phone number, and 51 (89%) had the correct panel status. The overall accuracy rate was 89% (51 of 57). Both United CAN and CHIP were below the target rate of 95% accuracy for directory validation.

Magnolia CAN – For Q2 2022, of the 24 searched PCPs, 18 (75%) had accurate contact information in the online directory for all the evaluated elements, including name. Of those 24, 20 (83%) had the correct address and correct phone number and 18 (75%) had the correct panel status. The overall accuracy rate was 75% (18 of 24). For Q4 2022 of the 24 searched PCPs, 16 (67%) had accurate contact information in the online directory for all the evaluated elements, including name. Of those 24, 16 (67%) had the correct address and 18 (75%) had the correct phone number. There were 22 (92%) of providers with the correct panel status. The overall

accuracy rate was 67% (16 of 24). This was below the target rate of 95% accuracy for directory validation.

Molina CAN – In Q3 2022 of the 25 searched PCPs, 25 (100%) were able to be located by name in the provider directory, 25 (100%) had the correct address, 25 (100%) had a matching phone number, and 22 (88%) had the correct panel status. The overall accuracy rate was 22 out of 25 (88%). For Q1 2023 CAN, of the 35 searched PCPs, 32 (91%) were able to be located by name in the provider directory, 29 (83%) had the correct address, 29 (83%) had a matching phone number, and 29 (83%) had the correct panel status. The overall accuracy rate was 29 out of 35 (83%).

Molina CHIP – In Q3 2022, of the 29 searched PCPs, 28 (97%) were able to be located by name in the directory using the URL provided, 28 (97%) had the correct address, 26 (90%) had a matching phone number, and 22 (76%) had the correct panel status. The overall accuracy rate was 76% (22 of 29). For Q1 2023 CHIP, of the 32 searched PCPs, 30 (94%) were able to be located by name in the directory using the URL provided, 27 (84%) had the correct address, 27 (84%) had a matching phone number, and 24 (75%) had the correct panel status. The overall accuracy rate was 75% (24 of 32). Both Molina CAN and CHIP were below the target rate of 95% accuracy for directory validation.

Table 7: Provider Directory Accuracy Rates 2022-2023, 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 7: Provider Directory Accuracy Rates 2022-2023

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q3 2022	Q1 2023	Q3 2022	Q1 2023
Percentage of PCPs listed in the online provider directory	94%	90% ↓	96%	98% ↑	92%	92%	100%	91% ↓	97%	94% ↓
Percentage of PCPs with matching phone number	94%	85% ↓	96%	91% ↓	83%	75% ↓	100%	83% ↓	97%	84% ↓
Percentage of PCPs with matching address	94%	85% ↓	96%	91% ↓	83%	67% ↓	100%	83% ↓	90%	84% ↓
Percentage of PCPs with matching panel status	85%	80% ↓	89%	89%	75%	92% ↑	88%	83% ↓	76%	75% ↓
Overall Provider Directory Accuracy Rating	**85%**	**80% ↓**	**89%**	**89%**	**75%**	**67% ↓**	**88%**	**83% ↓**	**76%**	**75% ↓**

C. Assessment of Corrective Action Plans

An assessment of the current year's provider access study validation findings revealed corrective actions for all CCOs for the Q2 and Q3 2022 studies. The successful contact rates improved for all CCOs during the Q4 2022 and Q1 2023 study; thus, corrective actions were not requested, although several recommendations were offered based on appointment availability and provider directory validation activities.

Molina CAN and CHIP

Molina was evaluated in Q3 3022 and Q1 2023. For the initial study in Q3 2022, CCME requested that Molina develop a Corrective Action Plan (CAP) to address the issues identified in the Provider Access Study and Directory Validation. The following corrective action was requested: Increase the number of contact points with providers to request updates and verify contact information. Following the Q3 2022 Provider Access Study and Directory Validation, Molina submitted a CAP to address the identified issues. The CAP included the development of an Access and Availability Checklist and a new Centralized Credentialing process. For Q1 2023, successful contact rates for both CAN and CHIP improved, which suggests the centralized process for updating provider contact information are improving accuracy. Given the improvement in the primary outcome for successful contacts, there were no corrective actions needed for the Q1 2023 study.

United CAN and CHIP

For United CAN and CHIP, studies were conducted in Q2 2022 and Q4 2022. The Q2 2022 study culminated in corrective actions including:

- Conduct additional internal analyses of the procedures for updating provider contact information that focus on updating panel status for PCPs and appropriately classifying the provider's area of practice (primary care provider, hospitalist, urgent care provider, etc.)
- Develop a proactive process to seek updated provider information, such as verifying provider contact information with every provider interaction.

United submitted a CAP and addressed the corrective actions including the establishment of Data Control and Proactive Business Rule Detections for updates to demographics. Additionally, enhanced data capture is conducted through Google API for demographic comparison, Trust Evaluator for accuracy confidence factors, and other automated tools. For Q4 2022, there were no corrective actions given the improvement in the primary outcome for successful contacts.

Magnolia CAN

For Magnolia CAN, studies were conducted in Q2 2022 and Q4 2022. For the Q2 2022 study, CCME requested that Magnolia:

- Develop a proactive process to seek updated provider information, such as verifying provider contact information with every provider interaction.
- Conduct additional internal analyses of the procedures for updating provider contact

information focusing on updating panel status for PCPs and appropriately classifying the provider's area of practice (primary care provider, hospitalist, urgent care provider, etc.) for all contracted locations.
- Conduct routine internal audits to validate provider contact information.

For Q4 2022, the findings showed an improvement in the successful contact rate. There were no corrective actions given the improvement in the primary outcome for successful contacts.

D. Conclusions

The overall successful contact rates in the most recent call study ranged from 31% to 55% and all rates were below the goal of 95% for all five studies conducted. For four studies, the most common reason for unsuccessful contacts was that the provider was no longer active at the location. For one study, the primary reason was that the provider was not accepting the plan. The provider directory validation rates in the most recent study ranged from 75% to 92%. Routine appointment availability and access ranged from 46% to 69% and urgent appointment availability ranged from 23% to 47%.

The results of the most recent 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.

Table 8: Access Study and Provider Directory Validation Comparative Data for 2022—2023 provides a summary of successful contact rates, provider directory accuracy rates, and compliance with appointment availability requirements for each CCO. The arrows indicate a change in the rate from the previous review. 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. The table also lists strengths, weaknesses, and recommendations.

Table 8: Access Study and Provider Directory Validation Comparative Data for 2022—2023

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q3 2022	Q1 2023	Q3 2022	Q1 2023
Successful Contact Rate	38%	40% ↑	31%	55% ↑	29%	31% ↑	28%	40% ↑	33%	37% ↑
Provider Directory Accuracy Rate	85%	80% ↓	89%	89%	92%	92%	88%	83% ↓	76%	75% ↓
Routine Appointment Availability Compliance	65%	58% ↓	70%	58% ↓	71%	46% ↓	72%	54% ↓	69%	69%
Urgent Appointment Availability Compliance	68%	23% ↓	56%	39% ↓	42%	33% ↓	52%	46% ↓	66%	47% ↓

▶ = *Quality*
▶ = *Timeliness*
▶ = *Access to Care*

Strengths:

▶ Successful contact rates improved for Phase 1 of the most recent studies.

Weaknesses:

▶ Routine and urgent appointment availability showed no improvement for all CCOs.

▶ Provider directory accuracy rates remained showed no improvement for all CCOs.

Recommendations:

- Provide additional provider education about the contract requirements for routine and urgent appointment availability.
- Revise processes for updating provider directories to ensure provider panel status is corrected in a timely manner.
- Conduct additional internal analyses of procedures for updating provider contact information and conduct routine internal audits to validate the contact information.
- Verify provider contact information with every provider interaction.
- Work with the providers' office staff to determine why members are informed that the provider does not accept their health plan.

.

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 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 2022)
- 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:

_____

_____