



The Carolinas Center *for* Medical Excellence

UnitedHealthcare Community Plan
Mississippi
Provider Access Study and
Directory Validation
November 17, 2020

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

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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). The methodology involved two phases: (1) Provider Access Study and (2) Provider Directory Validation.

In Phase 1, CCME conducted a telephonic survey to determine if the CCO-provided primary care provider (PCP) contact information was accurate with regard to the provider's telephone number, address, accepting the CCO, and if the provider was accepting new Medicaid members. Appointment availability for urgent and routine care was also evaluated. An overall success rate was determined using the formula:

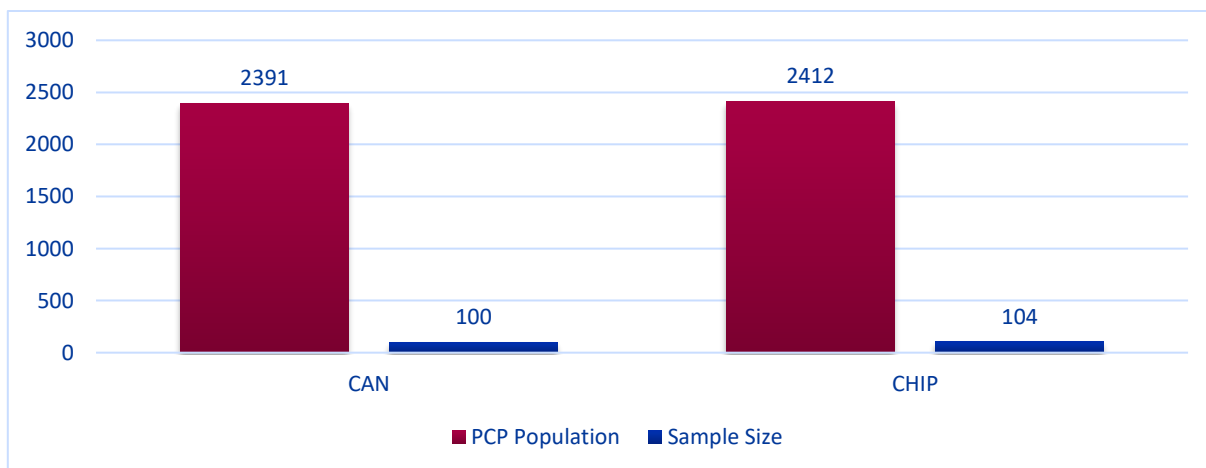
Success Rate = the number of providers contacted at the listed phone number and who confirmed contact information and accepting CCO divided by the number of calls completed that do not have a voicemail answering service, multiplied by 100.

In Phase 2, CCME verified the accuracy of the providers' 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.

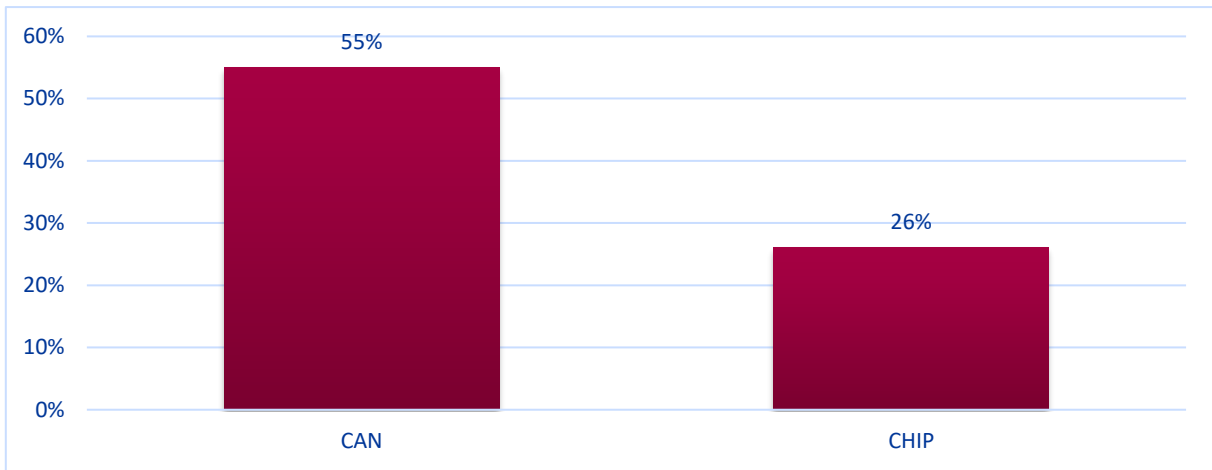
For Q4 2020, United submitted a total of 2,391 unique PCPs for the CAN population. A random sample of 100 PCPs was drawn and Phase 1 (Provider Access Study) was conducted. For CHIP, United submitted a total of 2,412 unique PCPs. A random sample of 104 PCPs was drawn and Phase 1 was conducted (see *Figure 1: Provider Access Study Sample Sizes*).

Figure 1. Provider Access Study Sample Sizes



Phase 1 calls were made during business hours to determine the successful contact rate for the PCPs. The results are displayed in *Figure 2: Provider Access Study Successful Contact Rates*.

Figure 2: Provider Access Study Successful Contact Rates

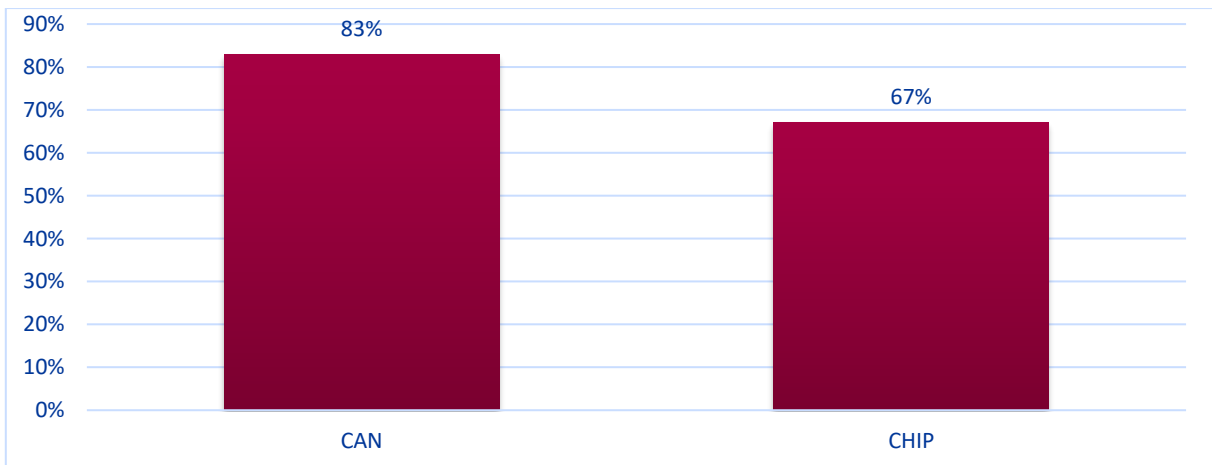


For CAN, of 100 PCPs contacted, there were 13 answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 55% (48 of 87). For CHIP, of the 104 PCPs contacted, there were 11 answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 26% (24 of 93).

For those PCPs that confirmed the contact information, Phase 2 was initiated, and United’s online provider directory was examined to verify the phone number, address, and panel status of PCPs successfully contacted in Phase 1.

For CAN, there were 48 attempted PCP verifications; the accuracy rate was 96%. For CHIP, there were 24 attempted PCP verifications; the accuracy rate was 67%. The results are displayed in *Figure 3: United CAN and CHIP Provider Directory Accuracy Rate*.

Figure 3: United CAN and CHIP Provider Directory Accuracy Rate



CAN Summary. Phase 1 results found that 63 of 87 (72%) providers called confirmed the file contained the correct address and phone number. Of those 63, 48 (76%) confirmed they accepted UnitedHealthcare CAN. Of those 48, 27 (56%) indicated they were accepting new patients. Access and availability for routine appointments was 73% and availability for urgent appointments was 69%.

Phase 2 results found that for the 48 providers evaluated, 79% (n=38) had accurate information for all 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 48 CAN providers evaluated in the provider directory: 40 (83%) had the provider name listed in the directory; 38 (79%) providers had the accurate phone number listed; 39 (81%) had the accurate address; and 38 (79%) had accurate panel status information. Discrepancies in the directory were most common for telephone and status for accepting new patients (21% reported a different phone number during the access study call in relation to the phone number provided in the directory and 21% reported a different panel status). When compared to the access study results, 19% reported a different address in the provider directory.

CHIP Summary. Phase 1 results found that 57 of 93 (61%) providers called confirmed the file contained the correct address and phone number. Of those 57, 24 (51%) confirmed they accept United CHIP. Of those 24, 16 (67%) indicated they were accepting new patients. Access and availability for routine appointments was 70% and availability for urgent appointments was 58%.

Phase 2 results found 67% (n=16) 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 24 CHIP providers evaluated in the provider directory: 22 (92%) had the provider name listed in the directory with an accurate phone number and accurate address. Sixteen of 24 (67%) had accurate panel status information. Discrepancies in the directory were most common in status for accepting new patients (33% reported a different panel status). When compared to the access study results, only 8% reported a different address and phone number in the provider directory.

Corrective Actions include:

- Developing a standard procedure to update provider information in the online provider directory
- Inspecting online provider directories to ensure the status of accepting new Medicaid patients is accurate and communicating this information to provider office staff
- Noting the primary location for each provider in the online directory
- Considering adding appointment call center telephone numbers to the online directory so members know what number to contact to schedule appointments for those providers using a centralized scheduling process

I. INTRODUCTION

As the contracted External Quality Review Organization (EQRO) for the Mississippi Division of Medicaid, CCME conducts biannual validation of provider access and provider directories to ensure CCOs can provide members with timely access to PCPs. CCME completed a primary care provider (PCP) telephonic access study and provider directory validation in CY 2020, Quarter 4 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 if improvement occurred for the telephonic provider access study success rate
- Evaluate the accuracy of CCO online provider directories

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

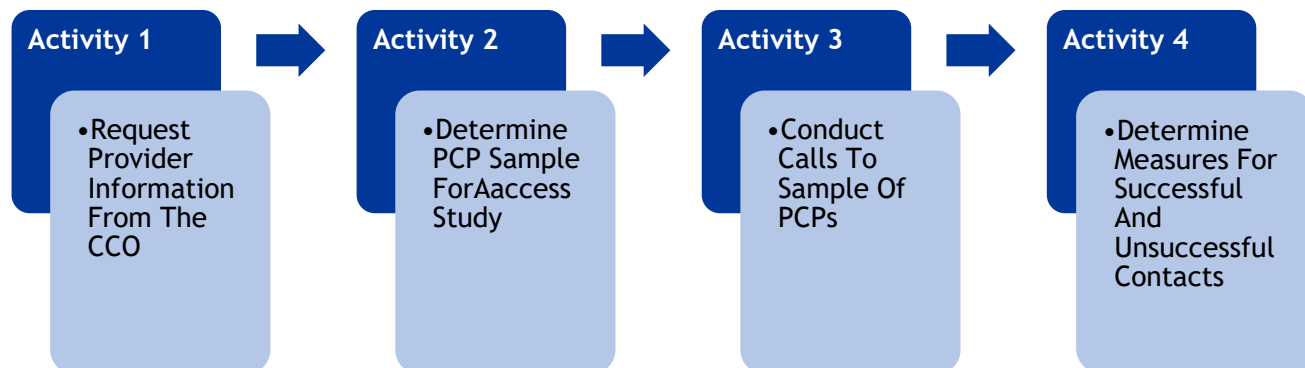
Table 1: Provider Study and Directory Validation Standards and Scoring

Phase	Objective	Benchmark Rate
Phase 1: Provider Access Study	Improve accuracy of provider file information	Baseline Year 2020: >80% successful contact rate for initial access study Subsequent Years: 95% successful contact rate
Phase 2: Provider Directory Validation	Ensure provider directory contains accurate information for members	Baseline Year 2020: >80% for initial provider accuracy rate Subsequent Years: 95% accuracy rate

Phase 1: Provider Access Telephone Study Methodology

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

Figure 4: Phase 1—Provider Access Telephone 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 providers':

- 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
- URL Links to online Provider Directories for CAN and CHIP Providers

ACTIVITY 2: DETERMINE PCP SAMPLE FOR ACCESS STUDY

When the 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 omitted from the PCP population file. Using the un-duplicated and non-missing PCP population file, a statistically-significant sample size based on a 90% confidence level (CL) and 10% margin of error rate will be drawn for the provider access study. For subsequent biannual studies, the providers chosen for any of the previous biannual studies within one calendar year will be omitted from the provider access study sample.

ACTIVITY 3: CONDUCT CALLS TO SAMPLE OF PCPS

After selecting the sample of un-duplicated PCPs, CCME loads the list into our secure web survey tool. A copy of the secure web survey tool is 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 an in-depth instruction by subject matter experts on the revised 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 hours 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 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 is no answer. If the respondent stated that there was a separate number to contact to schedule appointments, 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 are documented in the web survey tool and stored electronically on CCME's secure web-based portal.

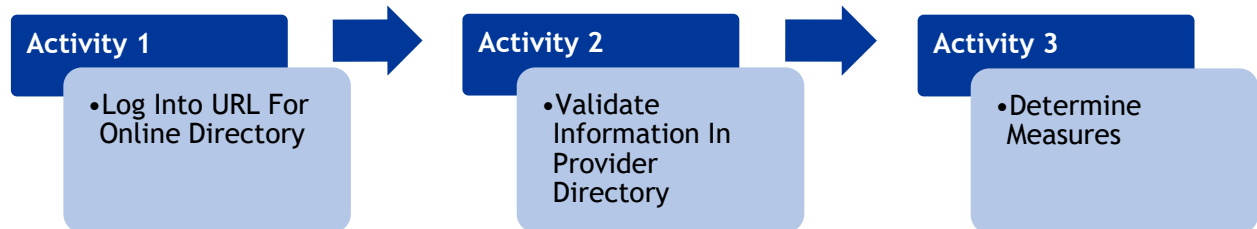
ACTIVITY 4: CALCULATE MEASURES FOR SUCCESSFUL AND UNSUCCESSFUL CONTACTS

A contact is considered successful if the Call Center team reached the PCP and obtained a response for the primary elements listed in Activity 3. Unsuccessful calls are calls where the survey was 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 rate. For PCPs with successful contacts, Phase 2 activities will be 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 that members use to search for providers.

ACTIVITY 2: VALIDATE INFORMATION IN PROVIDER DIRECTORY

For the PCPs for which there was a successfully completed call, information in the provider directory will be validated. The information checked 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:

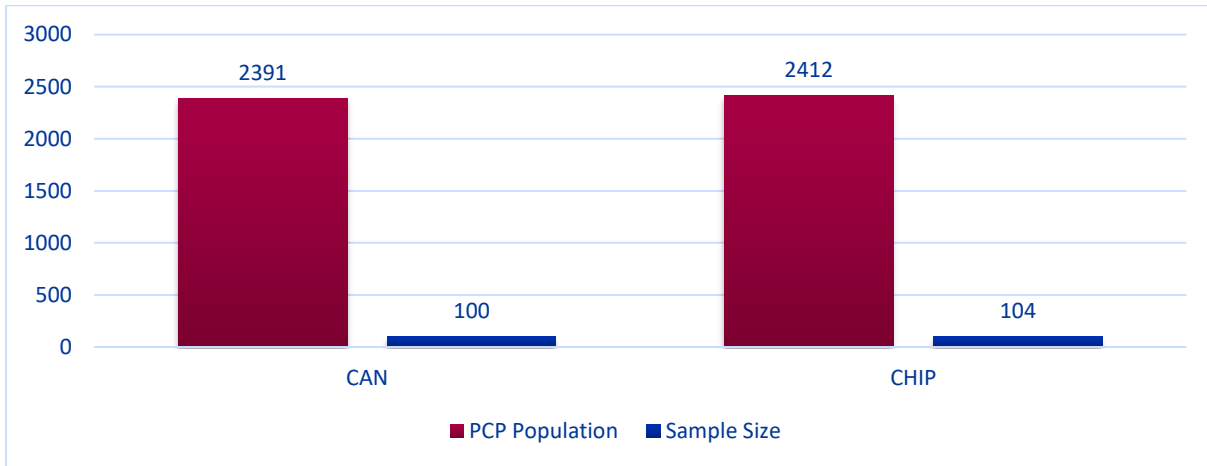
- The percentage of PCPs listed in the online directory
- The percentage of PCPs with matching phone number
- The percentage of PCPs with matching address
- The percentage of PCPs with matching information regarding panel status (whether they are accepting new patients)

B. RESULTS

PROVIDER ACCESS STUDY SAMPLE

United submitted a total of 2,391 unique providers for the CAN population, studies were conducted to a statistically significant sample of 100 PCPs. For CHIP, United submitted a file of 2412 unique PCPs, studies were conducted to a statistically significant sample of 104 PCPs. See *Figure 6: Population and Sample Size*.

Figure 6: Population and Sample Size



PROVIDER ACCESS STUDY SUCCESS RATE

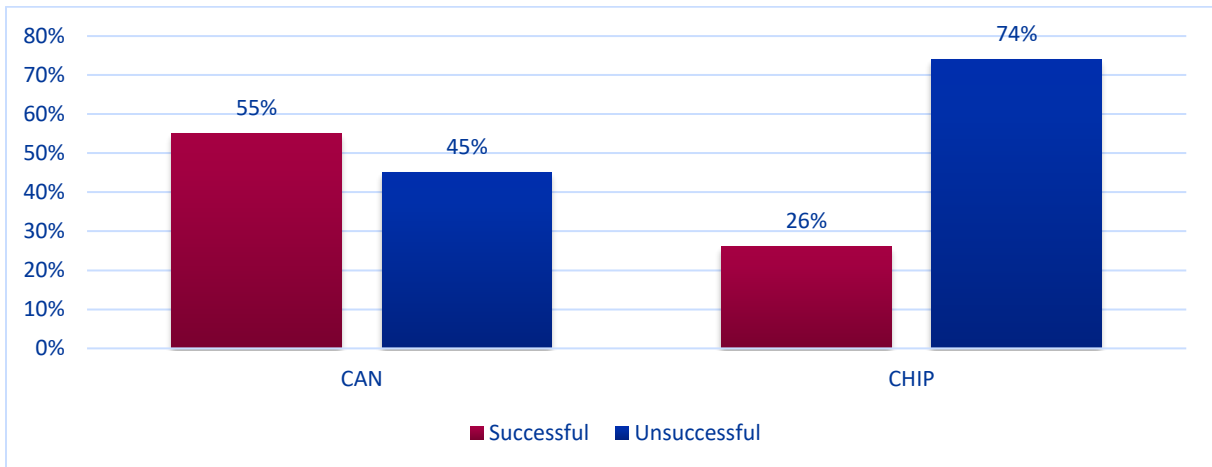
A contact was considered successful if the call team member reached the PCP and was able to obtain an affirmative response for the four primary elements of provider access: phone number, address, CCO affiliation, and panel status. If other survey items (e.g. appointment availability) were unable to be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

CAN: A live respondent answered 87 calls. Of those 87 calls, a response for the four primary elements was successfully obtained for 48 PCPs (55%), yielding an unsuccessful contact rate of 45%.

CHIP: A live respondent answered 93 calls. Of those 93 calls, a response for the four primary elements was successfully obtained for 24 PCPs (26%), yielding an unsuccessful contact rate of 74%.

Figure 7: Successful and Unsuccessful Contacts for Provider Access Study illustrates the total number of calls attempted and successful contacts for CY 2020 Quarter 4 for CAN and CHIP.

Figure 7: Successful and Unsuccessful Contacts for Provider Access Study



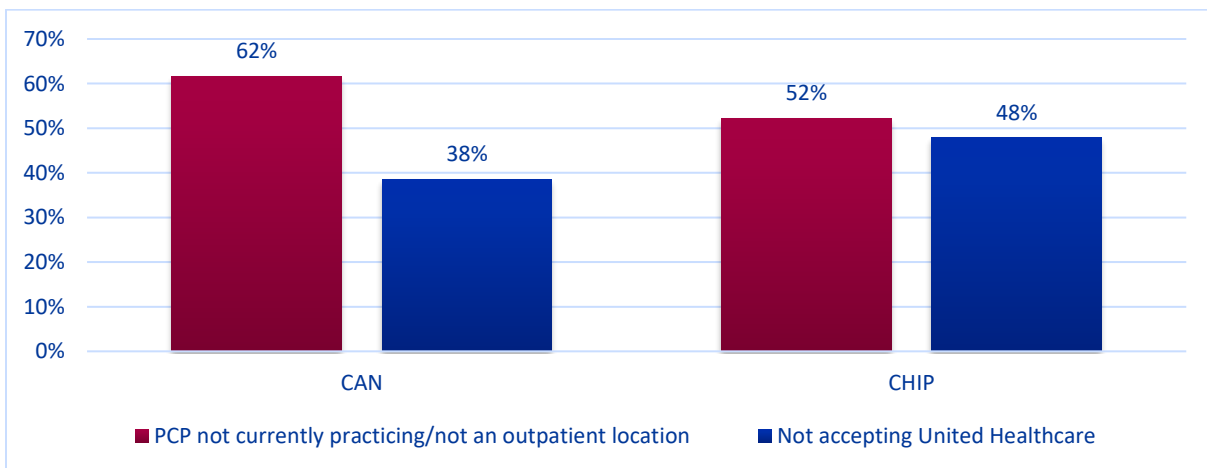
PROVIDER ACCESS STUDY UNSUCCESSFUL CONTACTS

CAN: For the 39 calls answered by a live respondent but considered unsuccessful, 24 were considered unsuccessful because the caller was informed that the provider was no longer at that location, and the other 15 were considered unsuccessful because the provider was not accepting UnitedHealthcare CAN.

CHIP: For the 69 calls answered by a live respondent but considered unsuccessful, 36 were not successful because the provider was currently not practicing at that location or the location was not a primary care outpatient facility. The other 33 provider contacts were considered unsuccessful because the provider was not accepting UnitedHealthcare 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



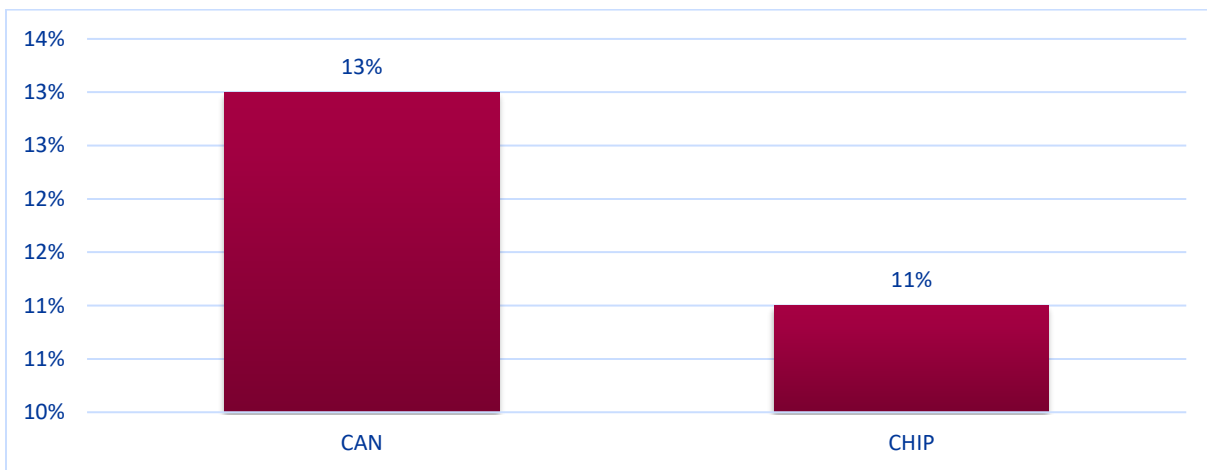
The most common reason for unsuccessful surveys was the provider was not actively practicing at the location called or the respondent indicated that the facility was not a primary care outpatient facility.

PROVIDER ACCESS STUDY VOICEMAIL ANSWERED CALLS

CCME revised the successful and unsuccessful contact rates to omit voicemail answered calls, as that has been noted as a standard practice for providers. If the call team member was asked to leave a message without getting through to a live attendant, the call was ended after the third attempt without leaving a message. The number of voicemail–answered calls was omitted from the denominator when calculating the successful and unsuccessful call rates.

The PCP offices requiring the call team member to leave a message was 13 of 100 calls (13%) for CAN and 11 of 104 calls (11%) 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

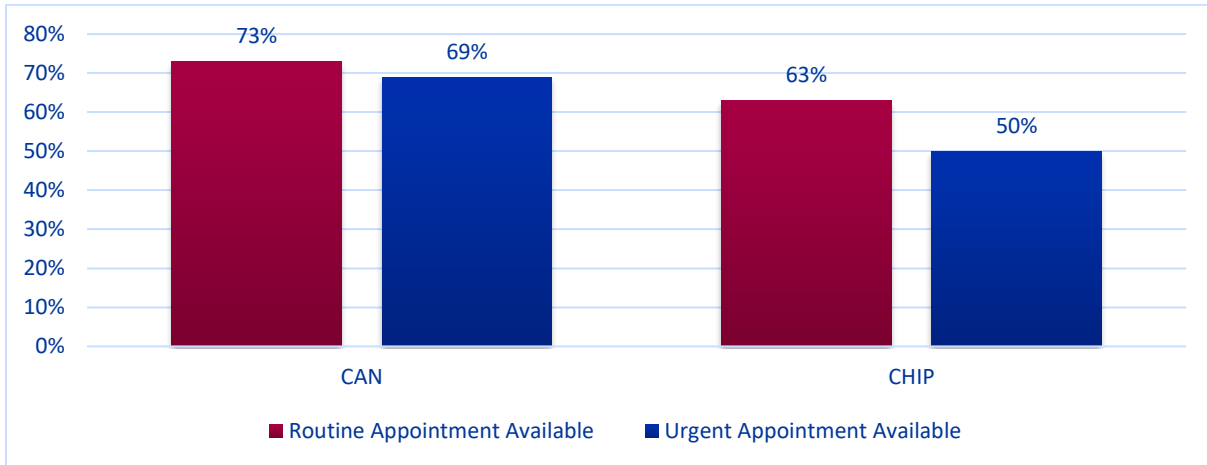
As part of the provider access study, availability for routine and urgent appointments is included to determine if the PCP meets the requirements of 30-calendar days for a routine appointment and 48-hours for an urgent appointment.

CAN: Of the 48 PCPs reached, 35 (73%) reported a routine appointment within the contract requirements and 33 (69%) reported an urgent appointment with the contract requirements.

CHIP: Of the 24 PCPs reached, 15 (63%) reported a routine appointment within the contract requirements and 12 (50%) reported an urgent appointment with the contract requirements.

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



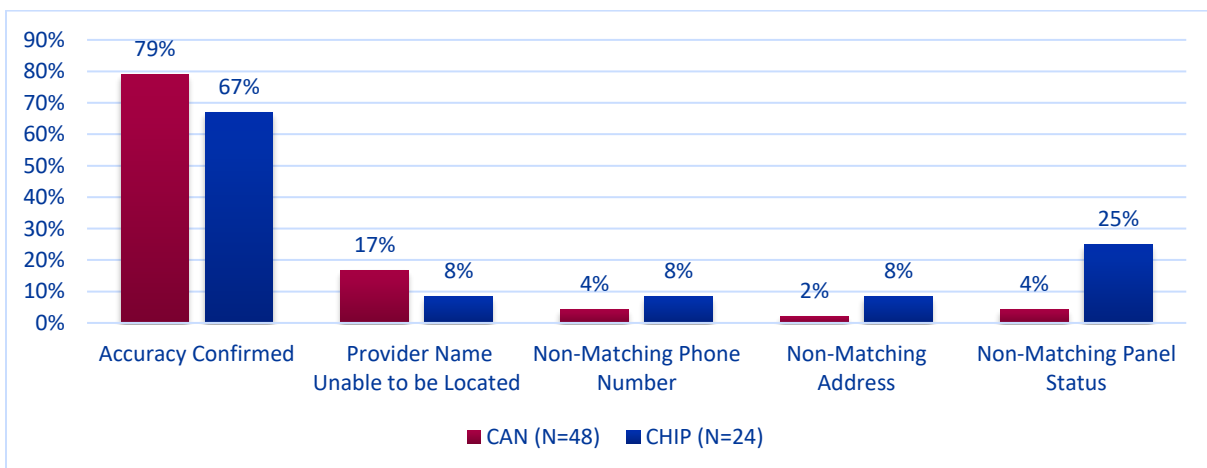
PROVIDER DIRECTORY VALIDATION

CCME validated the information in the CCO’s online provider directory for each PCP that completed the four primary elements of the provider access study. The online directory was reviewed to determine if the information in the directory matched the confirmed information elicited 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 URL.

CAN: Of the 48 searched PCPs, there were 38 (79%) with accurate contact information provided in the online directory for all the evaluated elements including name, address, phone number, and panel status. This was just below the target rate of 80% accuracy for directory validation. For the remaining 10 PCPs in the search, there were eight unable to be located by provider name, two with inaccurate phone information, one with an inaccurate address, and two with inaccurate information regarding accepting new patients.

CHIP: Of the 24 searched PCPs, there were 16 (67%) with accurate contact information provided in the online directory for all the 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 eight PCPs in the search, there were two unable to be located by provider name, therefore CCME was unable to verify phone number and location. Six providers had inaccurate information regarding accepting new patients.

C. CONCLUSIONS

The overall successful contact rate for the CY 2020 Q4 Provider Access Study was 55% for CAN, and 26% for CHIP. Routine and urgent care appointment compliance rates were 73% and 69% respectively for CAN. Appointment rates for CHIP were slightly lower, with 63% for routine and 50% for urgent care appointment availability.

The Directory Validation showed an accuracy rate of 79% among the 48 PCPs evaluated for CAN and 67% among the 24 PCPs evaluated for CHIP. The inaccuracy of the provider contact information does not allow easy access for members. Once a PCP is identified, it is difficult for members to contact their 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 urgent care or emergency departments. 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 for this quarter 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. 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 United's provider contact information and members' access to and availability of PCPs:

- Develop a standard procedure 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 communicate this information with provider office staff.
- Notate the primary location for each provider in the online directory.
- Consider adding appointment call center telephone numbers in the online directory so members know 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:
