



Constellation
Quality Health

Mississippi
External Quality

Provider Access Study and
Directory Validation Report

Contract Year
2023 – 2024

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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 provider types in the CCOs' networks. DOM contracts with Constellation Quality Health 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, Constellation Quality Health 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 validation, a two-phase methodology was used 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* lists each phase along with the associated objective and benchmark rates.

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 47% to 72%, and all were below the goal rate of 95%. The most common reason for unsuccessful contact was that the provider was not at the location, or the location was not a primary care practice.

The provider directory validation rates in the most recent studies ranged from 85% to 93%. Routine appointment compliance ranged from 6% to 49% and urgent appointment compliance ranged from 0% to 17%. *Table 2: Overview of Findings* 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

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q3 2023	Q1 2024	Q3 2023	Q1 2024	Q3 2023	Q1 2024	Q1 2023	Q4 2023	Q1 2023	Q4 2023
Successful Contact Rates	55%	68% ↑	40%	72% ↑	64%	66% ↑	40%	47% ↑	37%	61% ↑
Provider Directory Accuracy Rates	86%	92% ↑	82%	93% ↑	57%	85% ↑	83%	90% ↑	75%	88% ↑
Routine Appointment Availability	23%	23%	59%	16% ↓	61%	49% ↓	54%	17% ↓	69%	6% ↓
Urgent Appointment Availability	15%	5% ↓	22%	5% ↓	29%	17% ↓	46%	2% ↓	47%	0% ↓

The results of the trended Provider Access and Provider Directory Validation studies demonstrated an opportunity for improvement in routine and urgent appointment availability. Initiatives are needed to address gaps to ensure all members receive the needed care in an efficient manner.

As these are ongoing studies, improvement will continue to be evaluated twice annually for each CCO to achieve benchmark rates.

Assessment of Corrective Action Plans

There were no corrective actions for the most recent provider access studies. One plan (United) had corrective actions which were successfully addressed for the previous (Q3 2023) study.

- Molina was evaluated in Q1 2023 and Q4 2023. For Q1 2023, successful contact rates for both CAN and CHIP improved, which suggests the centralized process for updating provider contact information is improving accuracy. Given the improvement in the primary outcome for successful contacts, there were no corrective actions needed for the Q1 and Q4 2023 studies.
- For United CAN and CHIP, studies were conducted in Q3 2023 and Q1 2024. The Q3 2023 study culminated in corrective actions including: (1) Conduct additional internal analyses of procedures for updating provider contact information and conduct routine internal audits to validate provider contact information in the member facing directory; (2) Work with providers to determine why they are not accepting United members; and (3) Update provider enrollment files to reflect only those that are contracted with United. The Q1 2024 study demonstrated improvement in successful contact rates for both CAN and CHIP, and no corrective actions were required.
- Magnolia also had studies conducted in Q3 2023 and Q1 2024. The Q3 2023 study showed improvement in the successful contact rate and no corrective actions were required. Similarly, for Q1 2024 the successful contact rate improved, as did the assessment for provider directory accuracy, and thus, no corrective actions were required.

The successful contact rates improved for all CCOs during their second annual study, resulting in no corrective actions, although recommendations were offered based on the decline in appointment availability across all health plans.

Overall Recommendations

Table 3: Evaluation of Access to Care provides an overview of strengths, weaknesses, and recommendations related to access to care identified by the Provider Access Studies and Directory Validations.

Table 3: Evaluation of Access to Care

Strengths Related to Access to Care
<ul style="list-style-type: none">• Successful contact rates improved for all CCOs.• Provider directory accuracy improved for all CCOs.• CCOs use several software tools and applications to automate the flow of provider data to member directories.

Weaknesses Related to Access to Care	Recommendations Related to Access to Care
<ul style="list-style-type: none"> • Routine appointment availability declined for all CCOs. • Urgent appointment availability declined for all CCOs. 	<ul style="list-style-type: none"> • Increase touchpoints with providers regarding appointment availability requirements for routine and urgent appointments. • Continue conducting internal audits on provider directory files to improve toward the 95% successful contact rate benchmark. • Provide multiple methods (e.g., portal, written communication, central email) for providers to update contact information.

INTRODUCTION

As the contracted External Quality Review Organization (EQRO) for the Mississippi Division of Medicaid (DOM), Constellation Quality Health conducts biannual validations of provider access and provider directories to ensure CCOs can provide members with timely access to primary care providers (PCPs) and to assess 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.

Provider Access Study and Directory Validation Methodology

To conduct the validation, Constellation Quality Health 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.

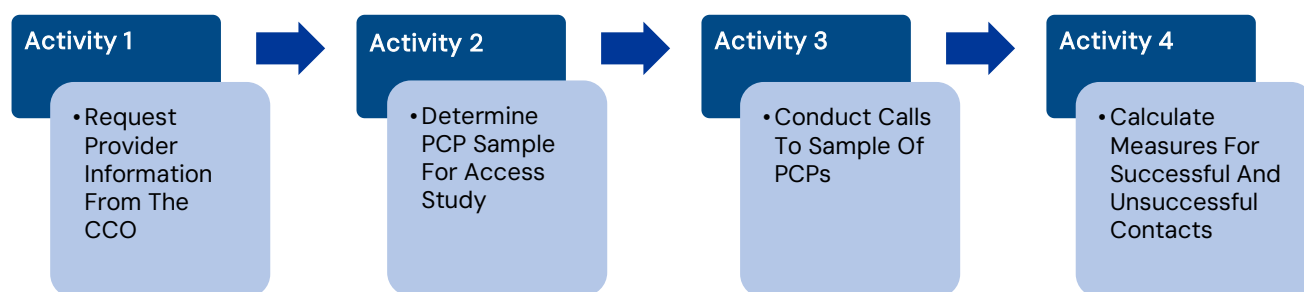
Table 4: Provider Access Study and Directory Validation Phases and Benchmarks

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 Telephone Study Methodology

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

Figure 1: Phase 1—Provider Access Telephone Studies



Activity 1: Request Provider Information from the CCO

Each health plan was notified of the initiation of the review and the information needed to determine the PCP sample. The health plans submitted the requested information to Constellation Quality Health’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
- URL Links to online Provider Directories for CAN and CHIP Providers

Activity 2: Determine PCP Sample Size 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 lunch hour from 12:00 pm – 1:00 pm. Call Center staff 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 an incorrect number or if the office was permanently closed. Call Center staff confirmed incorrect telephone numbers by calling the telephone number twice. The survey was ended after the third attempt if Call Center staff were prompted to leave a message, 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.

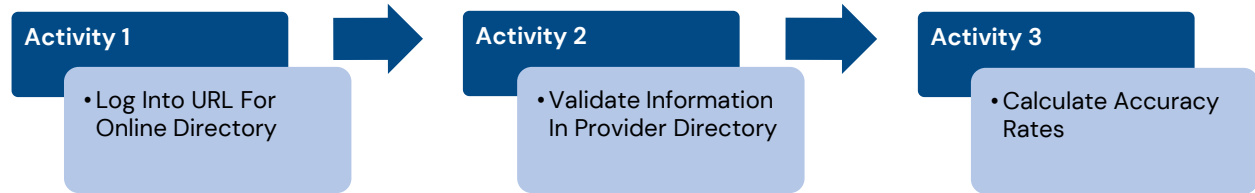
Activity 4: Calculate Measures for Successful and Unsuccessful Contacts

Contacts were successful when Call Center staff reached the PCP and obtained a response for the primary elements listed in Activity 3. Calls were 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 involves validation of information in the health plan’s online provider directory and includes 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

Constellation Quality Health accesses 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 which there is a successfully completed call, information in the provider directory is validated. The information checked in the provider directory includes the phone number, address, and whether the PCP is accepting new Medicaid patients.

Activity 3: Calculate Accuracy Rates

The measures determined 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 panel status information (whether they are accepting new patients)

Provider Access Study and Directory Validation Results

The following narrative and charts summarize the Provider Access Study findings and compare the plans’ studies completed during the 2023–2024 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 United CAN and CHIP and Magnolia CAN in Q2 2023 and Q1 2024. Studies were conducted for Molina CAN and CHIP in Q1 and Q4 2023. The results are reported for these referenced timepoints.

Phase 1: Provider Access Telephone Study Results

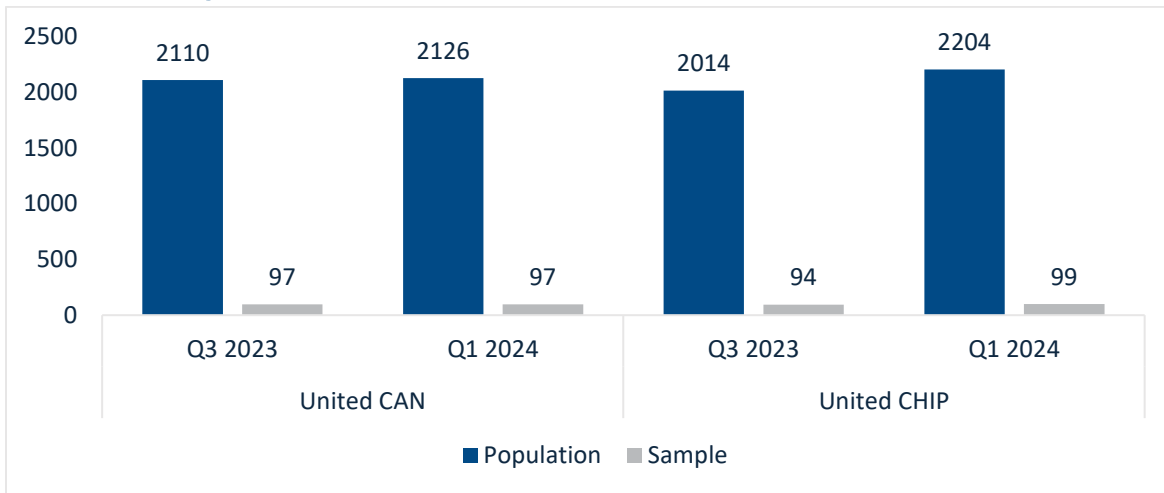
Constellation Quality Health notified each CCO of the initiation of the review and requested network provider information for the CAN and CHIP populations. Each CCO submitted the requested information to Constellation Quality Health’s secure file transfer portal. The submitted data was used to determine the PCP sample needed to conduct each study.

Population and Sample Size

United CAN – For Q3 2023, United CAN submitted a total of 2,110 unique PCPs and a random sample of 97 was drawn for Phase 1. For Q1 2024, United CAN submitted a total of 2,126 unique PCPs for the CAN population and a random sample of 97 was drawn for Phase 1.

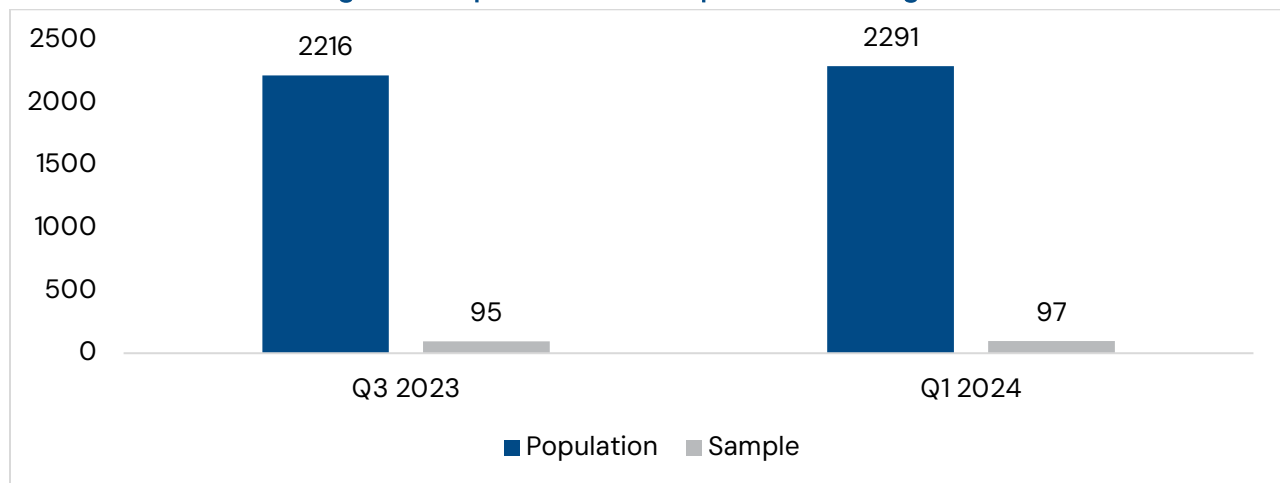
United CHIP – For Q3 2023, United CHIP submitted a total of 2,014 unique PCPs and a random sample of 94 was drawn for Phase 1. For Q1 2024, United CHIP submitted a total of 2,204 unique PCPs and a random sample of 99 was drawn for Phase 1. See *Figure 3*.

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



Magnolia CAN – For Q3 2023, Magnolia submitted a total of 2,216 unique PCPs and a random sample of 95 was drawn for Phase 1. For Q1 2024, Magnolia submitted a total of 2,291 unique PCPs and a random sample of 97 was drawn for Phase 1. See *Figure 4*.

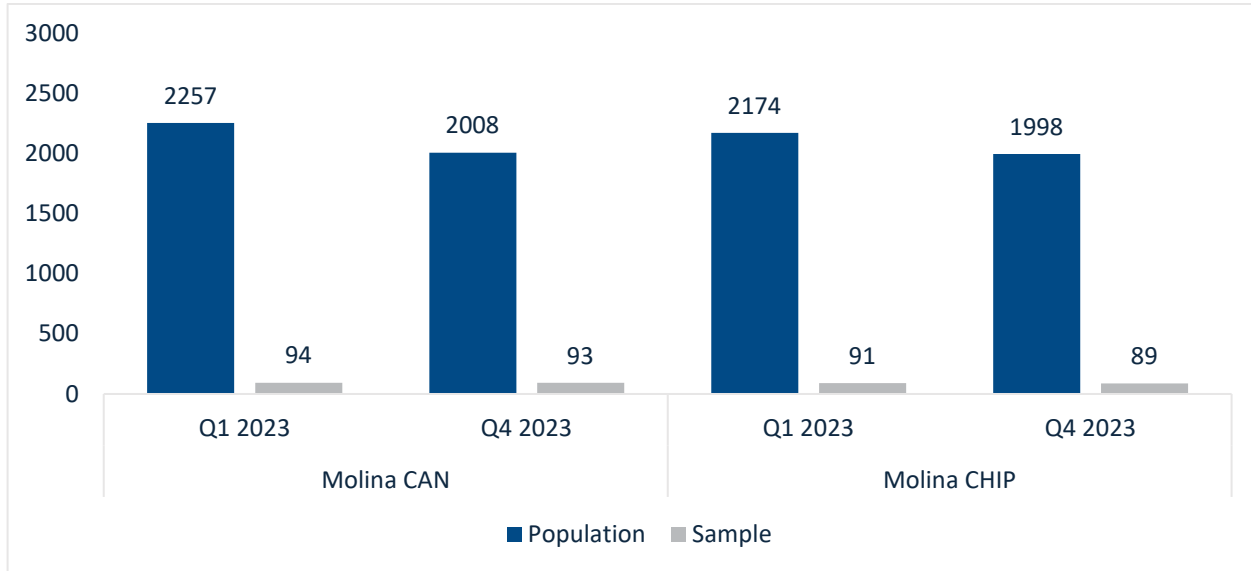
Figure 4: Population and Sample Sizes for Magnolia CAN



Molina CAN – For Q1 2023, Molina CAN submitted a total of 2,257 unique PCPs, and a random sample of 94 was drawn for Phase 1. For Q4 2023, Molina CAN submitted a total of 2,008 unique PCPs, and a random sample of 93 was drawn for Phase 1.

Molina CHIP – For Q1 2023, Molina CHIP submitted a total of 2,174 unique PCPs, and a random sample of 91 was drawn for Phase 1. For Q4 2023, Molina CHIP submitted a total of 1,998 unique PCPs, and a random sample of 89 was drawn for Phase 1. See *Figure 5*.

Figure 5: Population and Sample Sizes for Molina CAN and CHIP



Constellation Quality Health 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 new Medicaid members. Appointment availability for urgent and routine care was also evaluated. An overall success rate was determined using the following formula:

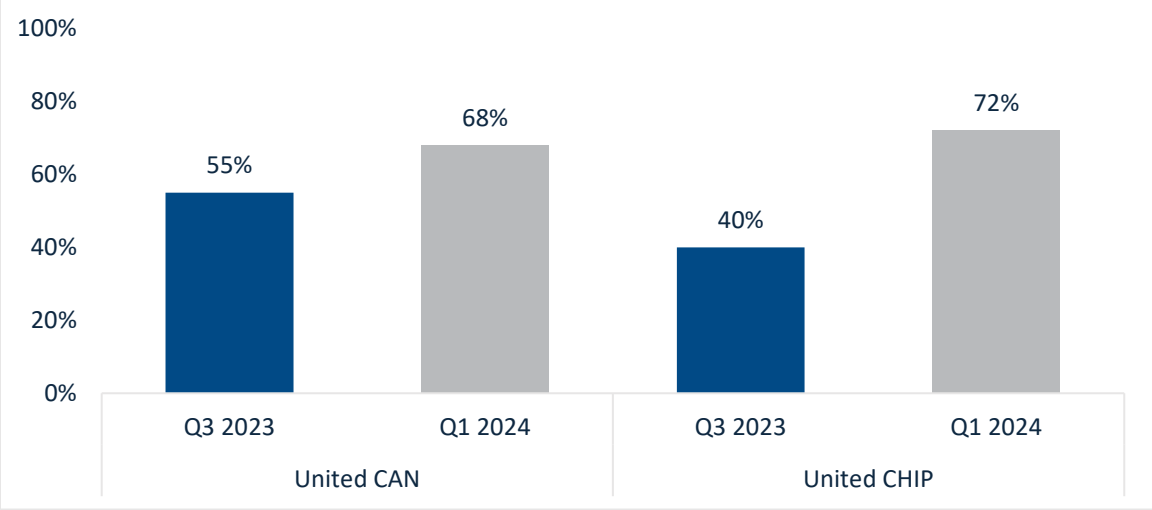
Success Rate = the number of providers contacted at the listed phone number and who confirmed contact information and accepting CCO divided by the number of calls completed that do not have a voicemail answering service, multiplied by 100.

Provider Access Study Successful Contacts

United CAN –For Q3 2023, of the 97 PCPs contacted, five calls were answered by voicemail and therefore omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 55% (51 out of 92). For Q1 2024, of the 97 PCPs contacted, three calls were answered by voicemail and omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 68% (30 out of 94).

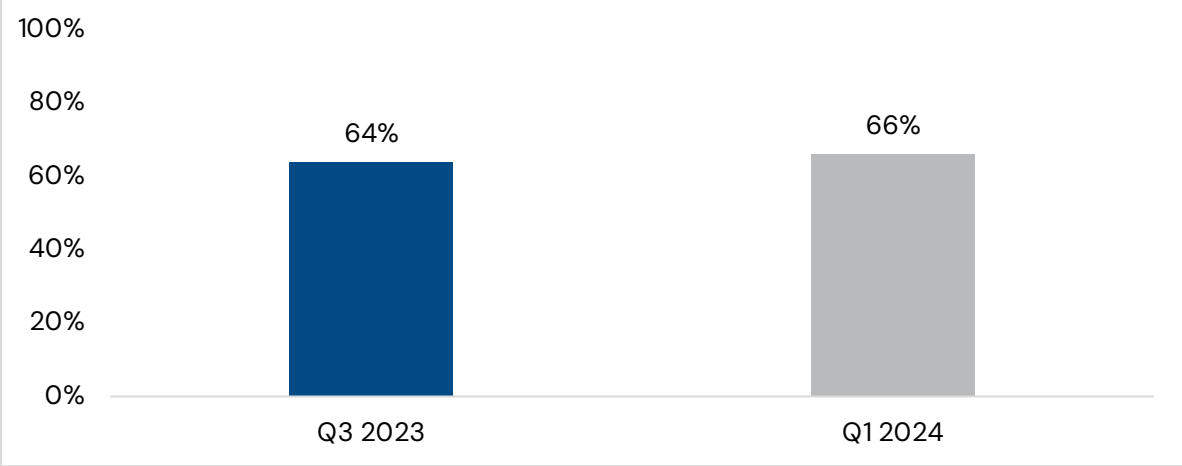
United CHIP For Q3 2023, of the 94 PCPs contacted, 11 were answered by voicemail and therefore omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 40% (33 of 83). For Q1 2024, of the 99 PCPs contacted, five were answered by voicemail and omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 72% (68 of 94). 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 Q3 2023, of the 95 PCPs contacted, five calls were answered by voicemail and therefore omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 64% (58 of 90). For Q1 2024, of the 97 PCPs contacted, three were answered by voicemail and omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 66% (62 of 94). For both quarters, the success rates were below the target rate of 95% for Phase 1 successful contacts (see *Figure 7*).

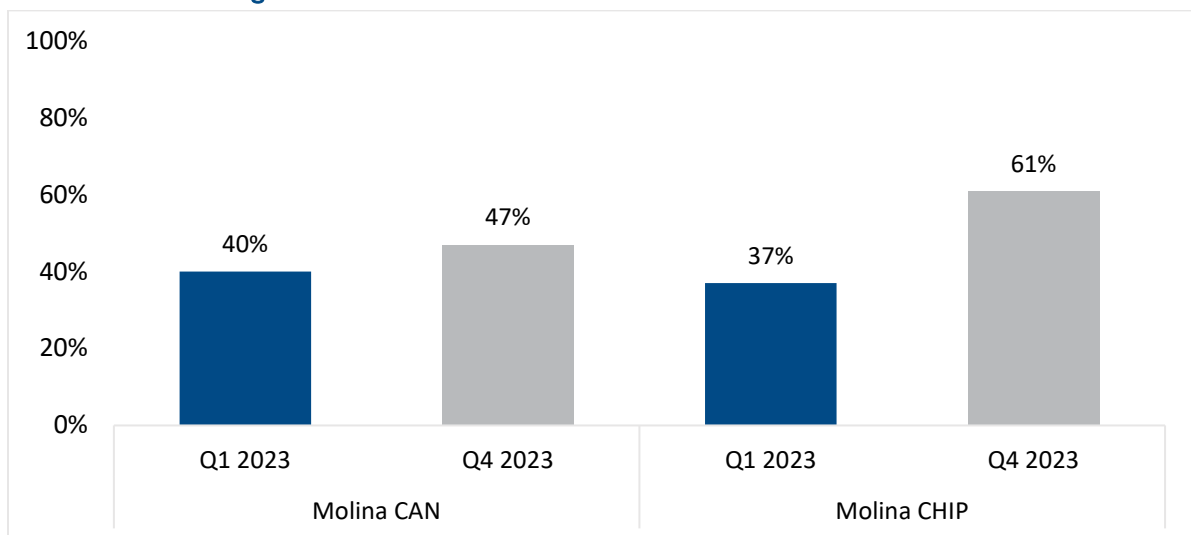
Figure 7: Magnolia CAN Successful Contact Rates



Molina CAN – For Q1 2023, of 94 PCPs contacted, six calls were answered by voicemail and 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). For Q4 2023, of the 93 PCPs contacted, six (6%) of 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 47% (41 of 87).

Molina CHIP – For Q1 2023, of the 91 PCPs contacted, four calls were answered by voicemail and omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 37% (32 of 87). For Q4 2023, of the 89 PCPs contacted, five (6%) were answered by voicemail and omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 61% (51 of 84). Both CAN and CHIP success rates were below the goal rate of 95% for the Q1 2023 and Q4 2023 studies. See *Figure 8*.

Figure 8: Molina CAN and CHIP Successful Contact Rates

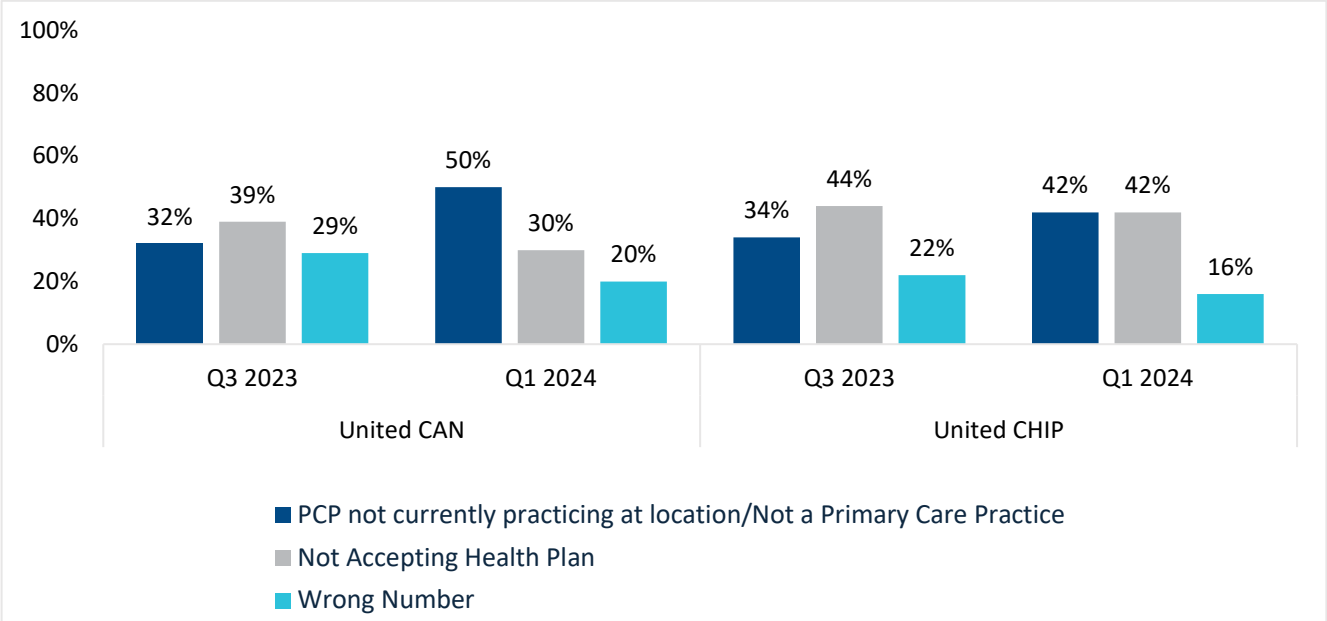


Provider Access Study Unsuccessful Contacts

United CAN – In Q3 2023, for the 41 calls that were answered by a live respondent but considered unsuccessful, 13 (32%) were because the provider was no longer at the location or the location was not a primary care practice, 16 (39%) were because the provider was not accepting United CAN, and 12 (29%) were confirmed to be a wrong number. In Q1 2024, for the 30 calls that were answered by a live respondent but considered unsuccessful, 15 (50%) were because the provider was currently not practicing at the location or the location was not a primary care practice, nine (30%) were unsuccessful because the provider was not accepting United CAN, and six (20%) were confirmed to be a wrong number.

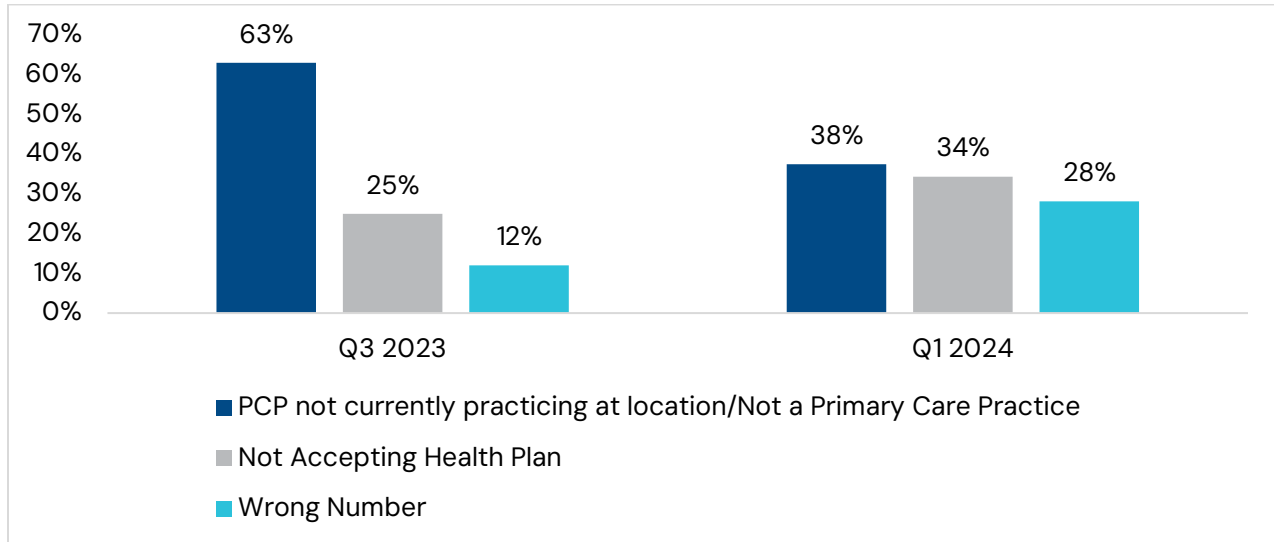
United CHIP – In Q3 2023, for the 50 calls that were answered by a live respondent but considered unsuccessful, 17 (34%) were because the provider was currently not practicing at the location or the location was not a primary care practice, 22 (44%) were unsuccessful because the provider was not accepting United CHIP, and 11 (22%) were confirmed to be a wrong number. In Q1 2024 for the 26 calls that were answered by a live respondent but considered unsuccessful, 11 (42%) were because the provider was no longer at the location or the location was not a primary care practice, 11 (42%) were because the provider was not accepting United CHIP, and four (16%) were confirmed to be a wrong number. See *Figure 9*.

Figure 9: United Unsuccessful Contact Reasons



Magnolia CAN – For Q3 2023, for the 32 calls that were answered by a live respondent but considered unsuccessful, 20 (63%) were because the provider was no longer at the location or the location was not a primary care practice, eight (25%) were because the provider was not accepting Magnolia CAN, and four (12%) was confirmed to be a wrong number. For Q1 2024, for the 32 calls that were answered by a live respondent but considered unsuccessful, 12 (38%) were because the provider was no longer at the location or the location was not a primary care practice, 11 (34%) were because the provider was not accepting Magnolia CAN, and nine (28%) were confirmed to be a wrong number. See *Figure 10*.

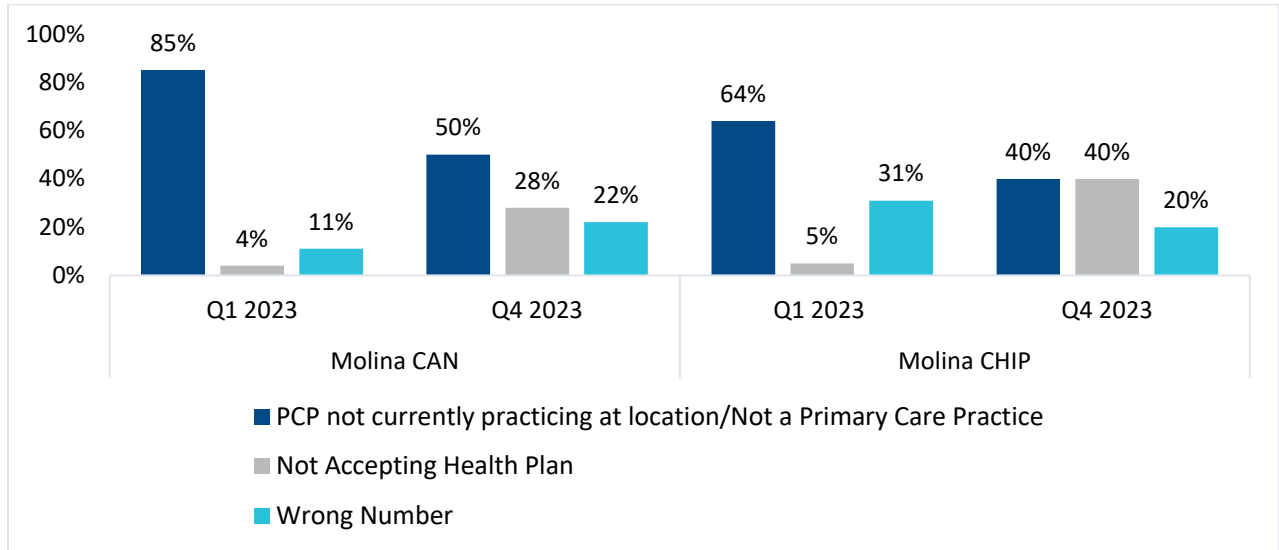
Figure 10: Magnolia Unsuccessful Contact Reasons



Molina CAN – 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, two (4%) were because the provider was not accepting Molina CAN, and six (11%) were confirmed to be a wrong number or place on hold for more than five minutes. For Q4 2023, for the 40 calls that were answered by a live respondent but considered unsuccessful, 20 (50%) were because the provider was no longer at the location or the location was not a primary care practice, 11 (28%) were because the provider was not accepting Molina CAN, and nine (22%) were confirmed to be a wrong number.

Molina CHIP 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, three (5%) were because the provider was not accepting Molina CHIP, and 17 (31%) were confirmed to be a wrong number or place on hold for more than five minutes. In Q4 2023, for the 33 calls that were answered by a live respondent but considered unsuccessful, 13 (40%) were because the provider was currently not practicing at the location or the location was not a primary care practice, 13 (40%) were unsuccessful because the provider was not accepting Molina CHIP, and seven (20%) were confirmed to be a wrong number. See *Figure 11*.

Figure 11: Molina Unsuccessful Contact Reasons



The most common reason for unsuccessful surveys for Q4 2023 and Q1 2024 studies was that the PCP was not currently practicing at the location, or the location was not a primary care practice.

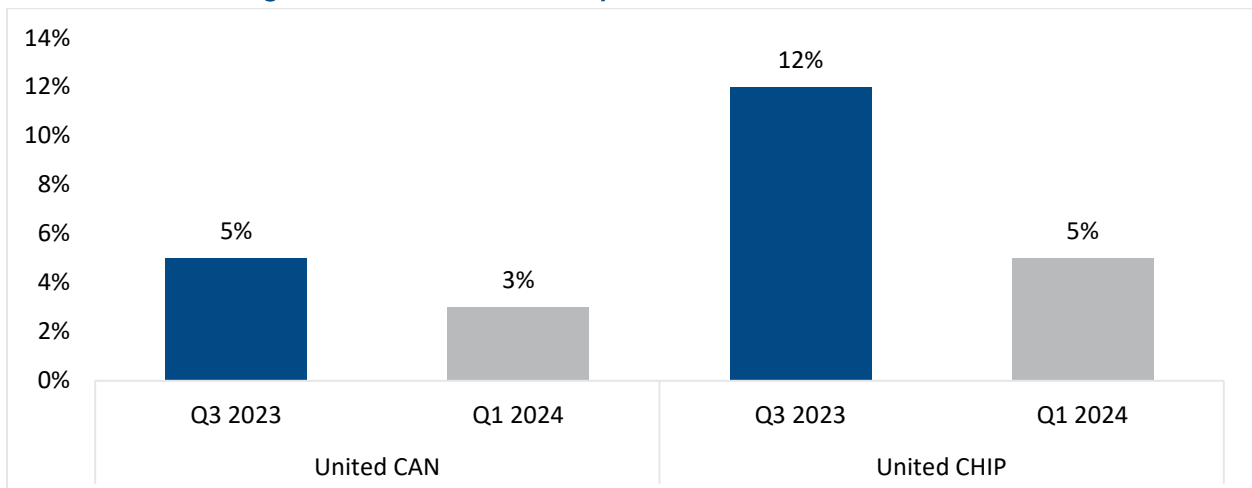
Provider Access Study Voicemail Answered Calls

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

United CAN – The number of PCP offices requiring the caller to leave a message was five of 97 (5%) for Q3 2023 and three of 97 (3%) for Q1 2024.

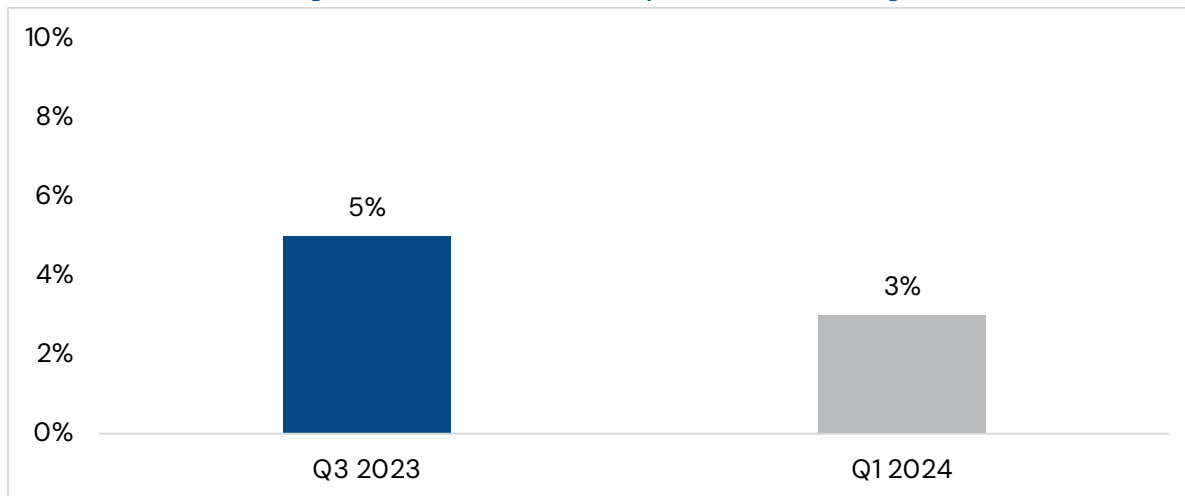
United CHIP – For Q3 2023, the rate was 11 of 94 calls (12%). In Q1 2024, the rate was five of 99 calls (5%). See *Figure 12: Calls Answered by Voicemail for United CAN and CHIP*.

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



Magnolia CAN – In Q3 2023, the number of PCP offices requiring the caller to leave a message was five of 95 (5%). In Q1 2024, the number decreased to 3% (3 of 97). See *Figure 13: Calls Answered by Voicemail for Magnolia*.

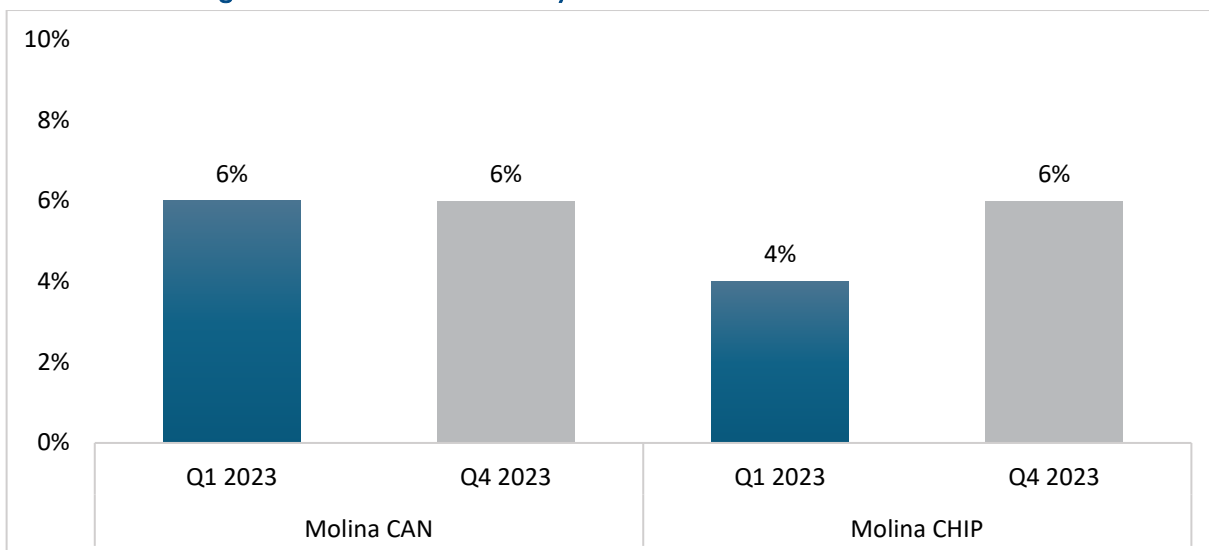
Figure 13: Calls Answered by Voicemail for Magnolia



Molina CAN – For Q1 2023, the number of PCP offices requiring the caller to leave a message was six of 94 (6%). For Q4 2023, the number of offices requiring the caller to leave a message was six of 93 (6%).

Molina CHIP – For Q1 2023, four of 91 (4%) PCP offices required the caller to leave a message. For Q4 2023, the rate was five of 89 calls (6%). See *Figure 14: Calls Answered by Voicemail for Molina CAN and CHIP*.

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



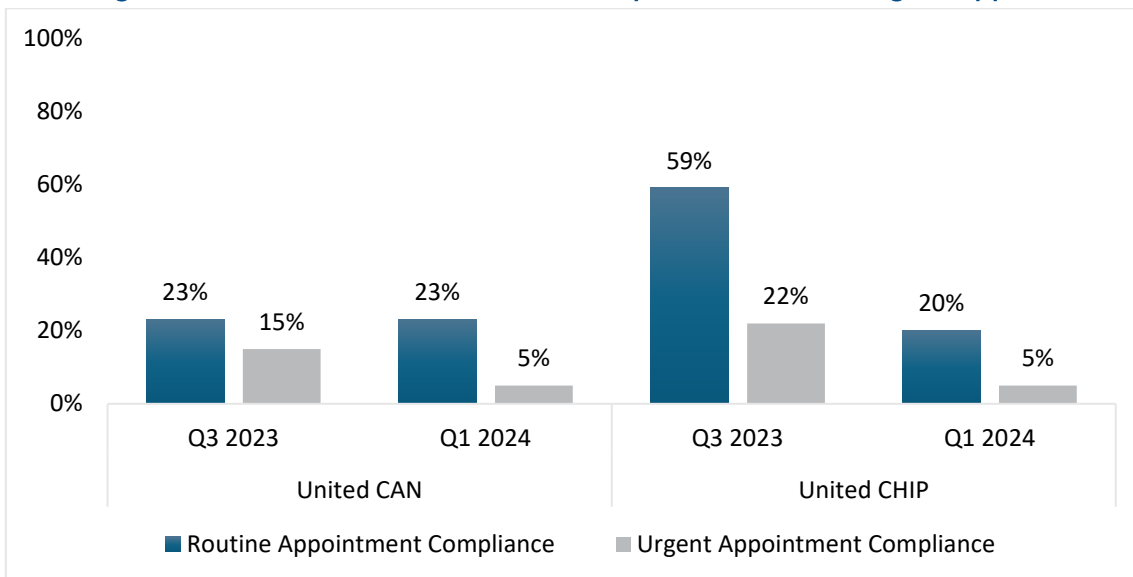
Provider Access and Availability for Routine and Urgent Appointments

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 routine appointments and 24 hours for urgent appointments.

United CAN – For Q3 2023, of the 40 PCPs contacted, nine (23%) reported routine appointment availability and six (15%) reported urgent appointment availability within the contractual requirements. For Q1 2024, of the 43 PCPs contacted, 10 (23%) reported routine appointment availability and two (5%) reported urgent appointment availability within the contractual requirements.

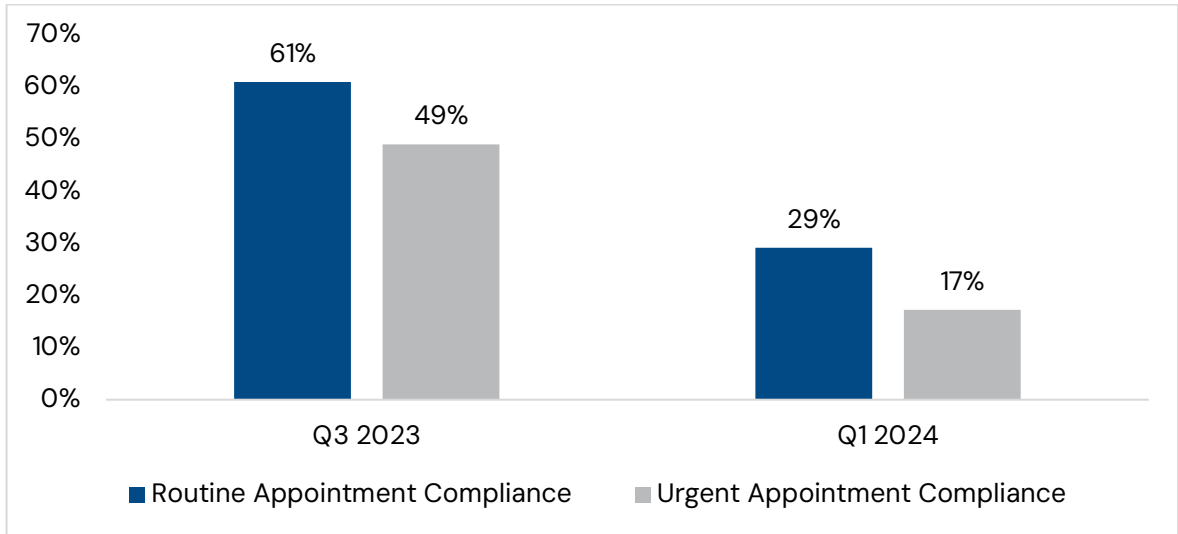
United CHIP – For Q3 2023, of the 27 PCPs contacted, 16 (59%) reported routine appointment availability and six (22%) reported urgent appointment availability within the contractual requirements. For Q1 2024, of the 56 PCPs contacted, 11 (20%) reported routine appointment availability and three (5%) reported urgent appointment availability within the contractual requirements. See *Figure 15*.

Figure 15: United CAN and CHIP Availability for Routine and Urgent Appointments



Magnolia CAN – For Q3 2023, of the 41 PCPs contacted, 25 (61%) reported routine appointment availability within the contractually required timeframe and 20 (49%) reported urgent appointment availability within the contractually required timeframe. For Q1 2024, of the 58 PCPs contacted, 14 (29%) reported routine appointment availability within the contractually required timeframe and eight (17%) 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 Q1 2023, of the 35 PCPs contacted, 19 (54%) reported routine appointment availability and 16 (46%) reported urgent appointment availability within the contractually required timeframes. In Q4 2023, of the 41 PCPs contacted, seven (17%) reported routine appointment availability and one (2%) reported urgent appointment availability within the contractually required timeframes.

Molina CHIP – In Q1 2023, of the 32 PCPs contacted, 22 (69%) reported routine appointment availability and 15 (47%) reported urgent appointment availability within the contractually required timeframes. In Q4 2023, of the 33 PCPs contacted, two (6%) reported routine appointment availability and zero (0%) reported urgent appointment availability within the contractually required timeframe. See *Figure 17: Molina CAN and CHIP Availability of Routine and Urgent Appointments*.

Figure 17: Molina CAN and CHIP Availability of Routine and Urgent Appointments

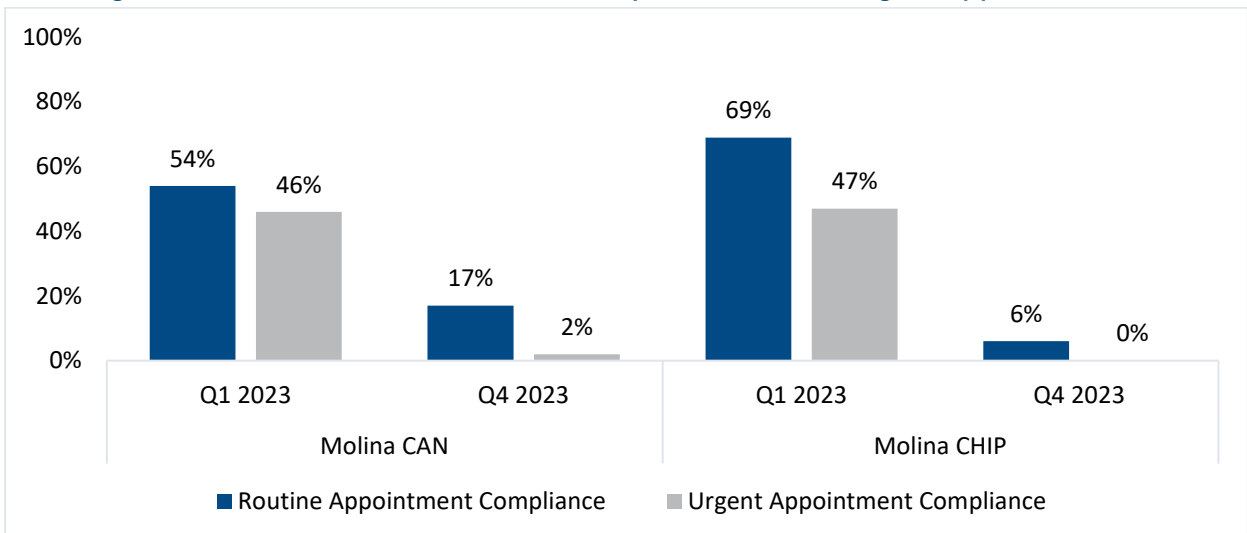


Table 5: Comparison of Current and Previous Phase 1 Findings displays a comparison of the successful contact rates, percentage of calls answered by voicemail, and percentage of providers who were compliant with appointment access standards for routine and urgent care. The arrows indicate a change in the rate from the previous access study. For example, an up arrow (↑) indicates the rate improved from the previous study, and a down arrow (↓) indicates the rate was lower than the previous study.

Table 5: Comparison of Current and Previous Phase 1 Findings

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q3 2023	Q1 2024	Q3 2023	Q1 2024	Q3 2023	Q1 2024	Q1 2023	Q4 2023	Q1 2023	Q4 2023
Successful Contact Rates	55%	68% ↑	40%	72% ↑	64%	66% ↑	40%	47% ↑	37%	61% ↑
Percentage of Voicemail Answered Calls	5%	3% ↓	12%	5% ↓	5%	3% ↓	6%	6%	4%	6% ↑
Routine Appointment Availability	23%	23%	59%	20% ↓	61%	49% ↓	54%	17% ↓	69%	6% ↓
Urgent Appointment Availability	15%	5% ↓	22%	5% ↓	29%	17% ↓	46%	2% ↓	47%	0% ↓

Phase 2: Validation of Online Provider Directory Information Results

Constellation Quality Health verified the accuracy of the provider’s address, phone number, and panel status listed in the CCO’s provider directory against the 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 Q3 2023, of the 51 searched PCPs, 47 (92%) were located by name in the provider directory, the correct address was listed by 45 (88%), a matching phone number was listed for 45 (88%), and the correct panel status was listed for 44 (86%). The overall accuracy rate was 86% (44 out of 51). For Q1 2024, of the 64 searched PCPs, 63 (98%) were located by name in the provider directory, the correct address was listed for 59 (92%), a matching phone number was listed for 59 (92%), and the correct panel status was listed for 59 (92%). The overall accuracy rate was 92% (59 out of 64).

United CHIP – In Q3 2023, of the 33 searched PCPs, 31 (94%) were located by name in the provider directory, the correct address was shown for 27 (82%), a matching phone number was listed for 27 (82%), and the correct panel status was shown for 27 (82%). The overall accuracy rate was 82% (27 of 33). In Q1 2024, of the 68 searched PCPs, 68 (100%) were located by name in the directory, the correct address was shown for 64 (94%), a matching phone number was listed for 63 (93%), and the correct panel status was found for 63 (93%). The overall accuracy rate was 93% (63 of 68). Both United CAN and CHIP were below the target rate of 95% accuracy for directory validation.

Magnolia CAN – For Q3 2023, of the 58 searched PCPs, 33 (57%) had accurate contact information in the online directory for all evaluated elements. Of those 58, the correct address was noted for 36 (62%) and the correct phone number was shown for 36 (62%). The correct panel status was shown for 33 (57%) of the providers. The overall accuracy rate was 57% (33 of 58). For Q1 2024, of the 62 searched PCPs, 58 (94%) had accurate contact information for all evaluated elements, the correct address was shown for 56 (90%) and the correct phone number was listed for 53 (85%). The correct panel status was noted for 53 providers (85%). The overall accuracy rate was 85% (53 of 62). This was below the target rate of 95% accuracy.

Molina CAN – For Q1 2023, of the 35 searched PCPs, 32 (91%) were located by name, the correct address was listed for 29 (83%), a matching phone number was noted for 29 (83%), and the correct panel status was found for 29 (83%). The overall accuracy rate was 83% (29 out of 35). For Q4 2023, of the 41 searched PCPs, 41 (100%) were located by name in the provider directory, the correct address was shown for 40 (98%), a matching phone number was noted for 40 (98%), the correct panel status was shown for 37 (90%). The overall accuracy rate was 90% (37 of 41).

Molina CHIP – For Q1 2023, of the 29 searched PCPs, 28 (97%) were located by name, 28 (97%) had the correct address, 26 (90%) had a matching phone number, and 22 (75%) had the correct panel status. For Q4 2023, of the 51 searched PCPs, 49 (96%) were able to be located by name in the provider directory, 49 (96%) had the correct address, 48 (94%) had a matching phone number, and 45 (88%) had the correct panel status. The overall accuracy rate was 88% (45 of 51). Both Molina CAN and CHIP were below the target rate of 95% accuracy for directory validation.

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

Table 6: Comparison of Current and Previous Provider Directory Accuracy Rates

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q3 2023	Q1 2024	Q3 2023	Q1 2024	Q3 2023	Q1 2024	Q1 2023	Q4 2023	Q1 2023	Q4 2023
Percentage of PCPs listed in the online provider directory	92%	98% ↑	94%	100% ↑	71%	94% ↑	91%	100% ↑	97%	96% ↓
Percentage of PCPs with matching phone number	88%	92% ↑	82%	93% ↑	62%	85% ↑	83%	98% ↑	97%	94% ↓
Percentage of PCPs with matching address	88%	92% ↑	82%	94% ↑	62%	90% ↑	83%	98% ↑	90%	96% ↑
Percentage of PCPs with matching panel status	86%	92% ↑	82%	93% ↑	57%	85% ↑	83%	90% ↑	75%	88% ↑
Overall Provider Directory Accuracy Rating	86%	92% ↑	82%	93% ↑	57%	85% ↑	83%	90% ↑	75%	88% ↑

Assessment of Corrective Action Plans

An assessment of the current year’s provider access study validation findings revealed corrective actions for United CAN and CHIP for the Q3 2023 study were appropriately addressed. There were no corrective actions for the most recent studies for any of the CCOs as successful contact rates improved for all five CCOs during the Q4 2023 and Q1 2024 study. Several recommendations were offered based on decreasing rates for routine and urgent appointment availability within the contract requirements.

United CAN and CHIP – For United CAN and CHIP, studies were conducted in Q3 2023 and Q1 2024. The Q3 2023 study showed a decline in the successful contact rate for the CHIP program and culminated in corrective actions including:

- Conduct additional internal analyses of the procedures for updating provider contact information and conduct routine internal audits to validate provider contact information in the member facing directory.
- Work with providers to determine why they are not accepting United members.
- Update provider enrollment files to reflect only those that are contracted with United.

United submitted a CAP and addressed the corrective actions including the use of Quest oversight, CAQH ProView for Groups, and Dynamic PLAID tools to improve accuracy of provider data information and directory accuracy. In Q1 2024, both CAN and CHIP successful contacts rates improved, and no corrective actions were given.

Magnolia CAN – For Magnolia CAN, studies were conducted in Q4 2023 and Q1 2024. For Q4 2023, there were no corrective actions, as the successful contact rate improved from the previous study, offering evidence that the Provider Directory Coordinator investigations are resulting in more accurate provider contact information for the directory. In Q1 2024, the successful contact rate improved again. Given the improvement in the primary outcome for successful contacts, there were no corrective actions needed for the Q1 2023 or the Q4 2023 study.

Molina CAN and CHIP – Molina was evaluated in Q1 2023 and Q4 2023. For Q1 2023, successful contact rates for both CAN and CHIP improved, which suggests the centralized processes for updating provider contact information are improving accuracy. In Q4 2023, successful contact rates for both CAN and CHIP improved again. Given the improvement in the primary outcome for successful contacts, there were no corrective actions needed for the Q1 2023 or the Q4 2023 study.

Conclusions

The overall successful contact rates in the most recent call studies ranged from 47% to 72% and all rates were below the goal of 95% for the studies conducted. For all five studies, the most common reasons for unsuccessful contacts were that the provider was no longer active at the location and the provider was not accepting the plan. The provider directory validation rates in the most recent study ranged from 85% to 93%. Routine appointment availability compliance ranged from 46% to 69% and urgent appointment availability compliance ranged from 23% to 47%.

The results of the most recent Provider Access and Provider Directory Validation studies demonstrated an opportunity for improvement in the availability of appointments for both routine and urgent types. Initiatives are needed to address gaps to ensure members receive care in a timely manner.

Table 7: Access Study and Provider Directory Validation Comparative Data 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 7: Access Study and Provider Directory Validation Comparative Data

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP		
	Q3 2023	Q1 2024	Q3 2023	Q1 2024	Q3 2023	Q1 2024	Q1 2023	Q4 2023	Q1 2023	Q4 2023	
Successful Contact Rate	55%	68% ↑	40%	72% ↑	64%	66% ↑	40%	47% ↑	37%	61% ↑	<p>Strengths:</p> <ul style="list-style-type: none"> Successful contact rates improved for all five CCOs. Provider directory accuracy improved for all five CCOs. CCOs utilize several software tools and applications to automate the flow of provider data to member directories. <p>Weaknesses:</p> <ul style="list-style-type: none"> Routine appointment availability declined for all CCOs. Urgent appointment availability declined for all CCOs. <p>Recommendations:</p> <ul style="list-style-type: none"> Increase touchpoints with providers regarding appointment availability requirements for routine and urgent appointments. Continue conducting internal audits on provider directory files to improve toward the 95% successful contact rate benchmark. Provide multiple methods (e.g. portal, written communication, central email) for providers to update contact information.
Provider Directory Accuracy Rate	86%	92% ↑	82%	93% ↑	57%	85% ↑	83%	90% ↑	75%	88% ↑	
Routine Appointment Availability Compliance	23%	23%	59%	20% ↓	61%	49% ↓	54%	17% ↓	69%	6% ↓	
Urgent Appointment Availability Compliance	15%	5% ↓	22%	5% ↓	29%	17% ↓	46%	24% ↓	47%	0% ↓	

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 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:
