



Constellation  
Quality Health

# Mississippi External Quality Review

Provider Access Study and  
Directory Validation Report

Contract Year  
2024 – 2025

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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 (Constellation) 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 conducted 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 and whether improvement occurred from the previous study's success rate.
- Evaluate the accuracy of each CCO's online provider directory.
- Assess provider compliance with routine and urgent appointment standards.

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	95% successful contact rate
Phase 2: Provider Directory Validation	Ensure provider directory contains accurate information for members	95% accuracy rate

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## Overall Findings

The successful contact rates for the most recent call studies ranged from 24% to 55%, and all were below the goal rate of 95%. The most common reasons for unsuccessful contact were that the provider was no longer active at the location and the provider did not accept the plan. The provider directory validation rates in the most recent study ranged from 46% to 74%. Routine appointment availability compliance ranged from 19% to 68% and urgent appointment availability compliance ranged from 0% to 45%.

*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 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 2024	Q1 2025	Q3 2024	Q1 2025	Q3 2024	Q1 2025	Q2 2024	Q4 2024	Q2 2024	Q4 2024
Successful Contact Rates	46%	52% ↑	39%	51% ↑	32%	55% ↑	52%	27% ↓	34%	24% ↓
Provider Directory Accuracy Rates	41%	72% ↑	37%	46% ↑	72%	62% ↓	89%	48% ↓	62%	74% ↑
Routine Appointment Availability	84%	51% ↓	74%	68% ↓	83%	60% ↓	11%	65% ↑	68%	19% ↓
Urgent Appointment Availability	32%	24% ↓	15%	21% ↑	29%	45% ↑	0%	30% ↑	9%	0% ↓

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

## Strengths, Weaknesses, and 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.

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**Table 3: Evaluation of Access to Care**

Strengths Related to Access to Care	
<ul style="list-style-type: none"> <li>• United has shown improvements in the successful contacts rates and provider directory accuracy.</li> <li>• Magnolia’s rates for routine and urgent appointment availability improved.</li> <li>• Molina CAN exhibited gains in successful contacts and urgent appointment availability, whereas Molina CHIP improved in provider directory accuracy.</li> </ul>	
Weaknesses Related to Access to Care	Recommendations Related to Access to Care
<ul style="list-style-type: none"> <li>• Magnolia (CAN) and Molina’s (CHIP) successful contact experienced a decline in their rates.</li> <li>• Routine appointment availability rates declined for all CCOs (CAN and CHIP).</li> <li>• The Urgent appointment availability rate declined for United (CAN) and Molina (CHIP).</li> <li>• Molina’s CAN provider directory contained inaccurate provider information.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with network providers to identify and address scheduling barriers.</li> <li>• Consider expanding telehealth services as an alternative for routine appointments to reduce wait times.</li> <li>• Assess the feasibility of implementing a provider compliance tracking system to monitor appointment availability and identify opportunities for improvement.</li> <li>• Provide ongoing education and reminders about contract requirements for routine and urgent appointments.</li> <li>• Regularly monitor performance and collect patient feedback to improve compliance rates.</li> </ul>

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## INTRODUCTION

As the contracted External Quality Review Organization (EQRO) for the Mississippi Division of Medicaid (DOM), Constellation Quality Health (Constellation) 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 and whether improvement occurred from the previous study's success rate.
- Evaluate the accuracy of each CCO's online provider directory.
- Assess provider compliance with routine and urgent appointment standards.

## Provider Access Study and Directory Validation Methodology

To conduct the validation, Constellation 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**

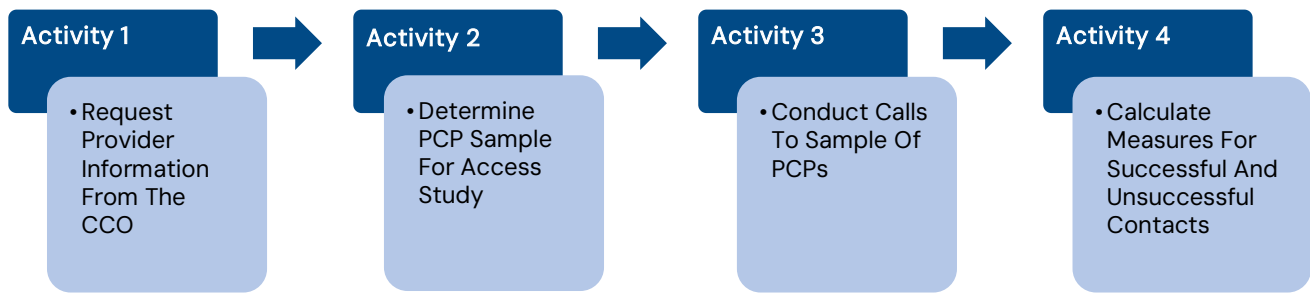
Phase	Objective	Benchmark Rate
Phase 1: Provider Access Study	Improve accuracy of provider file information	95% successful contact rate
Phase 2: Provider Directory Validation	Ensure provider directory contains accurate information for members	95% accuracy rate

### 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*.

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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’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
- Uniform Resource Locator (URL) links to the 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. Constellation randomly selected a 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 and 10% margin of error was drawn for the provider access study.

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## Activity 3: Conduct Calls to Sample of PCPs

After selecting the PCP samples, Constellation loaded the lists 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 attempt resulted in no contact with a live respondent, the call team member attempted to call again on another day and/or 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 Constellation’s secure web-based portal.

## Activity 4: Calculate Measures for Successful and Unsuccessful Contacts

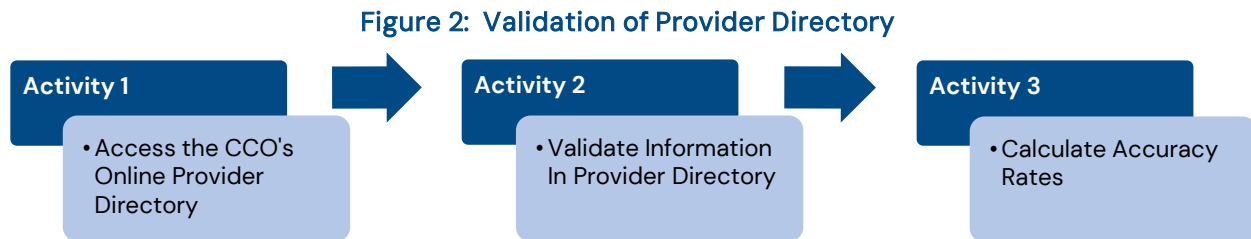
Contacts were successful when Call Center staff reached the PCP and obtained a response for the primary elements listed in Activity 3. Calls were unsuccessful when the survey was incomplete due to hold time, no answer, provider not with practice, refusal to participate, etc. Voicemail responses were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



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## 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*.



### Activity 1: Access the CCO's Online Provider Directory

Constellation accesses the health plan's online provider directory using the URL provided by the CCO. The URL or web address points to the specific location of the CCOs' 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 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 2024–2025 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 Q3 2024 and Q1 2025.

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Studies were conducted for Molina CAN and CHIP in Q2 and Q4 2024. The results are reported for these referenced timepoints.

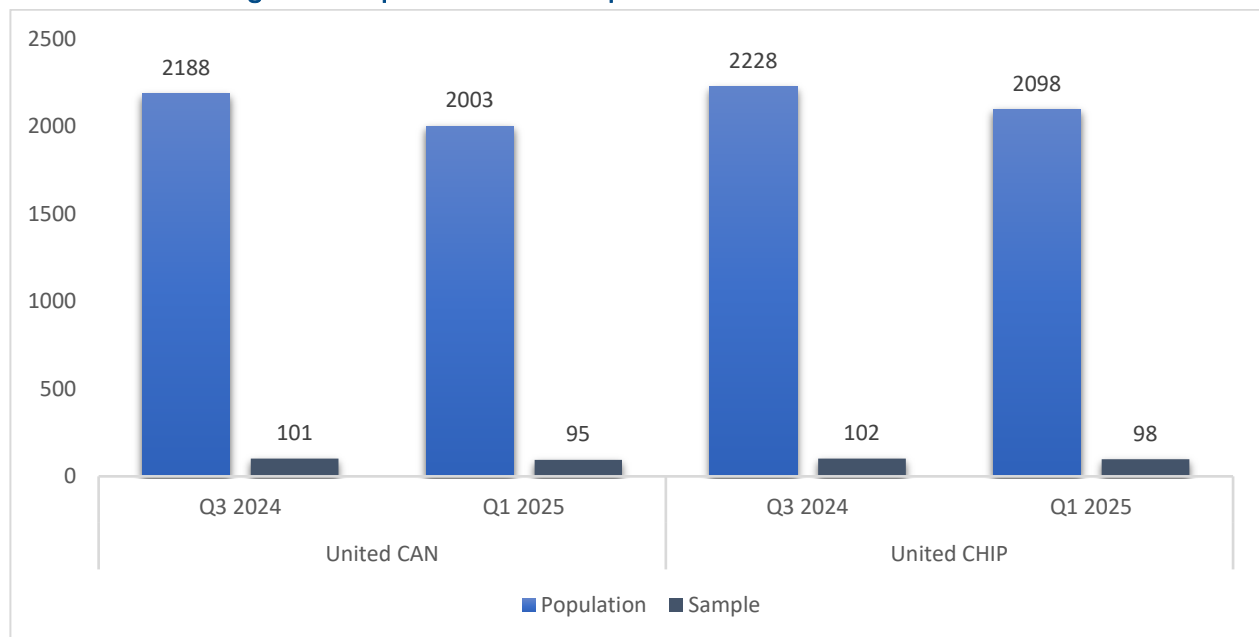
## United CAN and CHIP Results

### Population and Sample Size

**United CAN** – For Q3 2024, United CAN submitted a total of 2,188 unique PCPs and a random sample of 101 was drawn for Phase 1. For Q1 2025, United CAN submitted a total of 2,003 unique PCPs for the CAN population and a random sample of 95 was drawn for Phase 1.

**United CHIP** – For Q3 2024, United CHIP submitted a total of 2,228 unique PCPs and a random sample of 102 was drawn for Phase 1. For Q1 2025, United CHIP submitted a total of 2,098 unique PCPs and a random sample of 98 was drawn for Phase 1. See *Figure 3*.

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



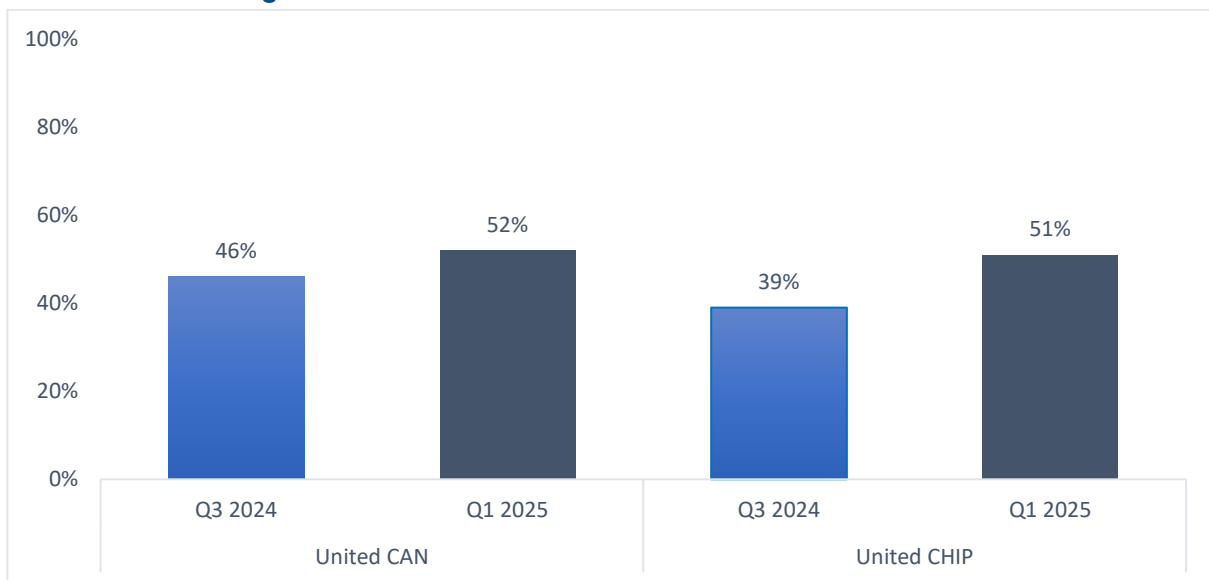
### Provider Access Study Successful Contacts

**United CAN** – For Q3 2024, of the 101 PCPs contacted, six 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 46% (44 of 95). For Q1 2025, of the 95 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 52 % (46 out of 89).

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**United CHIP** – For Q3 2024, of the 102 PCPs contacted, four 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 39% (38 of 98). For Q1 2025, of the 98 PCPs contacted, eight 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 51% (46 of 90). The CAN and CHIP success rates for both studies were below the goal rate of 95% (see *Figure 4*).

**Figure 4: United CAN and CHIP Successful Contact Rates**



## Provider Access Study Unsuccessful Contacts

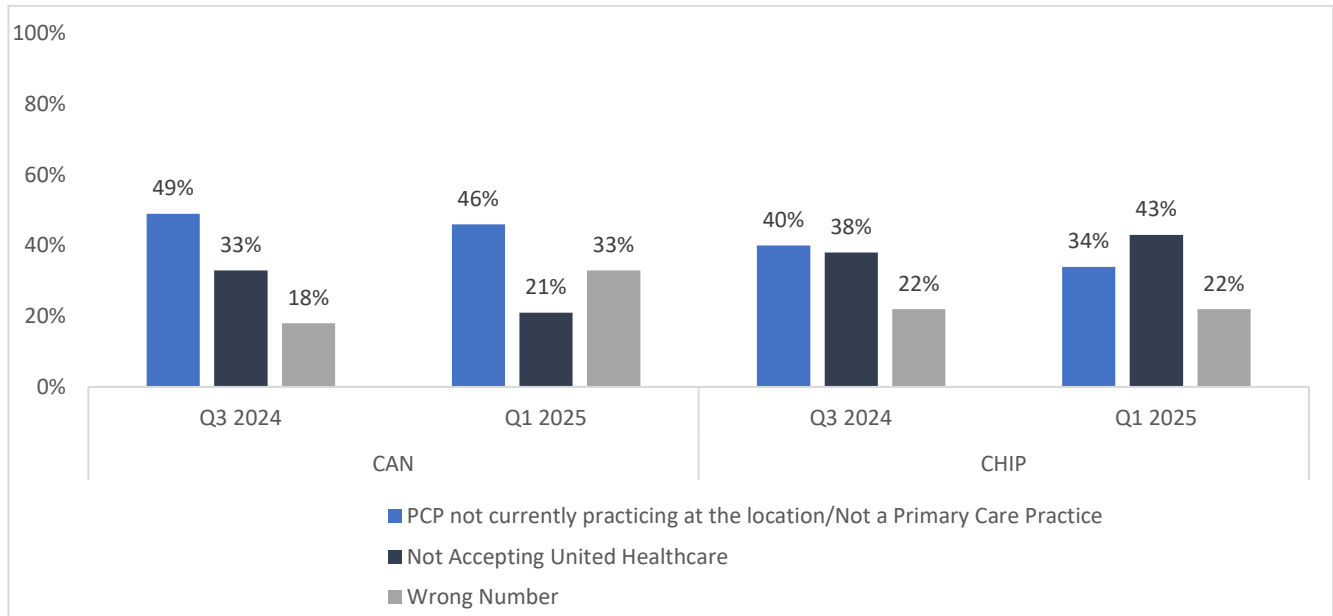
**United CAN** – In Q3 2024, for the 51 calls that were answered by a live respondent but considered unsuccessful, 25 (49%) were because the provider was currently not practicing at the location or the location was not a primary care practice, 17 (33%) were unsuccessful because the provider was not accepting United CAN, and nine (18%) were confirmed to be a wrong number. In Q1 2025, for the 43 calls that were answered by a live respondent but considered unsuccessful, 20 (46%) were because the provider was currently not practicing at the location or the location was not a primary care practice, nine (21%) were unsuccessful because the provider was not accepting United CAN, and 14 (33%) were confirmed to be a wrong number or the provider refused to continue the call. The most common reason for unsuccessful contact was the provider was currently not practicing at the location or the location was not a primary care practice.

**United CHIP** – In Q3 2024 for the 60 calls that were answered by a live respondent but considered unsuccessful, 24 (40%) were because the provider was no longer at the location or the location was not a primary care practice, 23 (38%) were because the provider was not accepting

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United CHIP, and 13 (22%) were confirmed to be a wrong number. In Q1 2025 for the 44 calls that were answered by a live respondent but considered unsuccessful, 15 (34%) were because the provider was no longer at the location or the location was not a primary care practice, 19 (43%) were because the provider was not accepting United CHIP, and 10 (22%) were confirmed to be a wrong number or the provider refused to continue the call. The most common reason for unsuccessful contact was provider was not accepting United CHIP. See *Figure 5*.

**Figure 5: United Unsuccessful Contact Reasons**



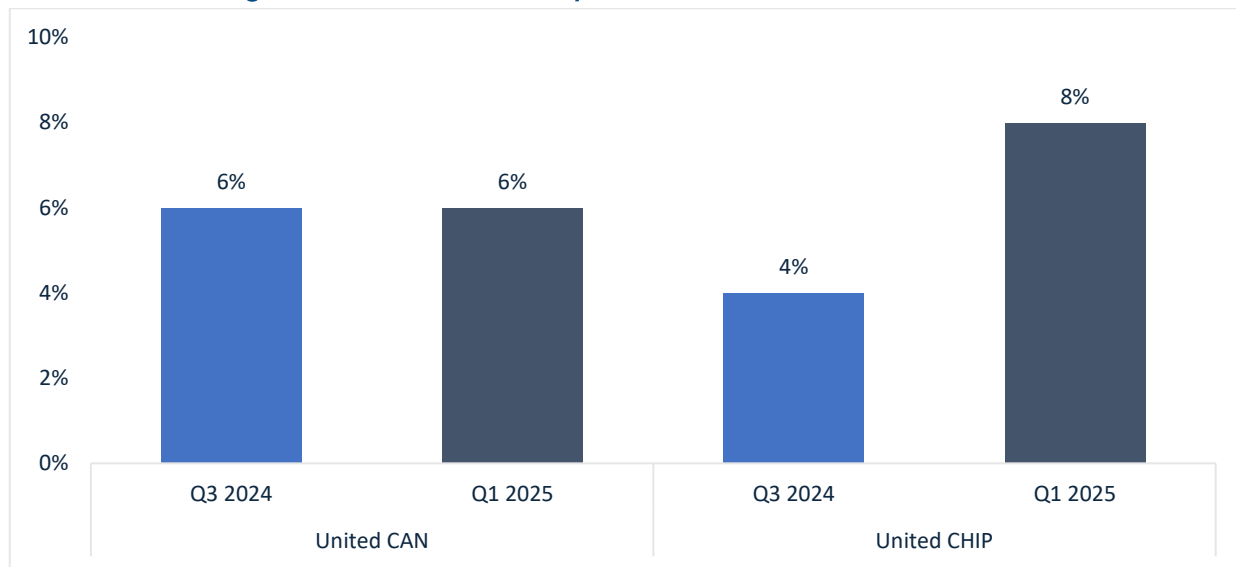
**Provider Access Study Voicemail Answered Calls** – The number of voicemail–answered calls was omitted from the denominator when calculating the successful and unsuccessful call rates.

**United CAN** – The number of PCP offices requiring the caller to leave a message was six of 101 (6%) for Q3 2024 and six of 95 (6%) for Q1 2025.

**United CHIP** – For Q3 2024, the rate was four of 102 calls (4%). In Q1 2025, the rate was eight of 98 calls (8%). See *Figure 6: Calls Answered by Voicemail for United CAN and CHIP*.

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Figure 6: Calls Answered by Voicemail for United CAN and CHIP



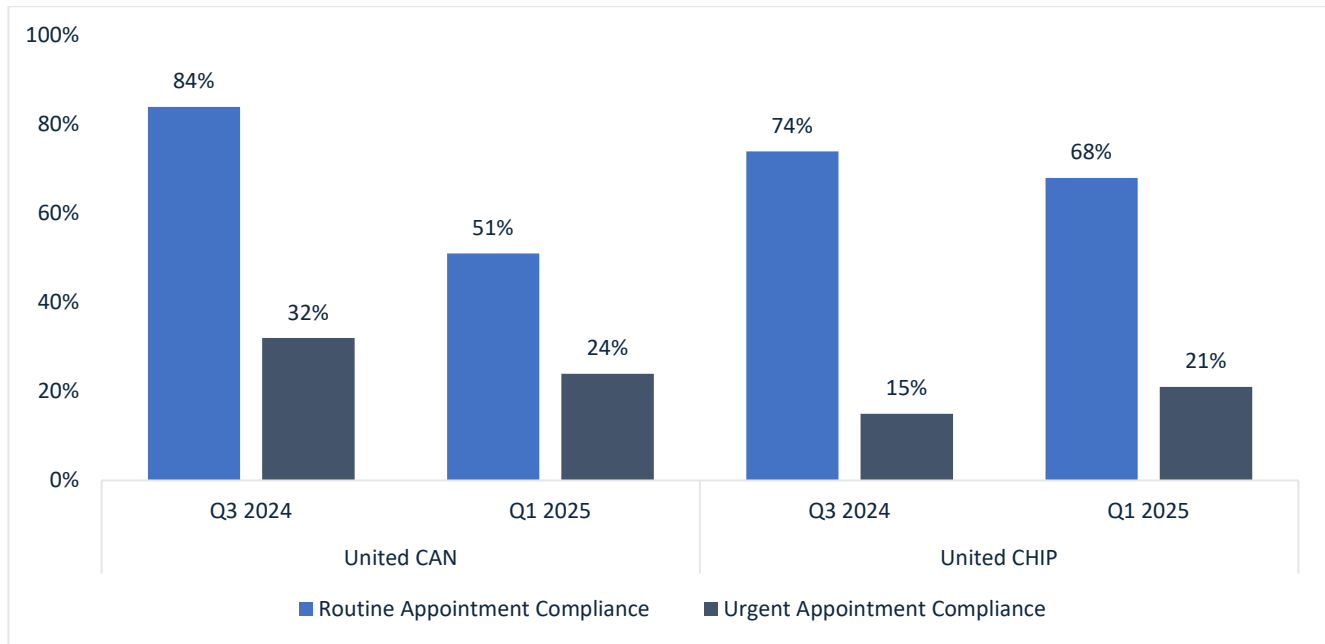
**Provider Access and Availability for Routine and Urgent Appointments** – Availability of routine and urgent appointments is included as part of the provider access study to determine if the PCP meets the requirements of 30 calendar days for routine appointments and 24 hours for urgent appointments.

**United CAN** – For Q3 2024, of the 37 PCPs who are accepting new patients, 31 (84%) reported routine appointment availability and 12 (32%) reported urgent appointment availability within the contractual requirements. For Q1 2025, of the 37 PCPs who are accepting new patients, 19 (51%) reported routine appointment availability and nine (24%) reported urgent appointment availability within the contractual requirements .

**United CHIP** – For Q3 2024, of the 34 PCPs who are accepting new patients, 25 (74%) reported routine appointment availability and five (15%) reported urgent appointment availability within the contractual requirements. For Q1 2025, of the 38 PCPs who are accepting new patients, 26 (68%) reported routine appointment availability and eight (21%) reported urgent appointment availability within the contractual requirements See *Figure 7*.

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Figure 7: United CAN and CHIP Availability for Routine and Urgent Appointments



## Phase 2: Validation of Online Provider Directory Information Results

**United CAN** – For Q3 2024, of the 44 searched PCPs, 23 (52%) were located by name in the provider directory, a matching phone number was listed for 20 (45%), the correct address was listed for 20 (45%), and the correct panel status was listed for 18 (41%). The overall accuracy rate was 41% (18 out of 44). For Q1 2025, of the 46 searched PCPs, 38 (83%) were located by name in the provider directory, the correct address was listed for 36 (78%), a matching phone number was listed for 33 (72%), and the correct panel status was listed for 33 (72%). The overall accuracy rate was 72% (33 out of 446).

**United CHIP** – For Q3 2024, of the 38 searched PCPs, 22 (58%) were located by name in the directory, a matching phone number was listed for 21 (55%), the correct address was shown for 20 (53%), and the correct panel status was found for 14 (37%). The overall accuracy rate was 37% (14 of 38). In Q1 2025, of the 46 searched PCPs, 23 (50%) were located by name in the directory, the correct address was shown for 21 (46%), a matching phone number was listed for 21 (46%), and the correct panel status was found for 22 (48%). The overall accuracy rate was 46% (21 of 46). Both United CAN and CHIP were below the target rate of 95% accuracy for directory validation.

Table 5 displays a comparison of the results of Phase 1 and Phase 2 for United. The arrows indicate a change in the rate from the previous access study. In this table, a green arrow (↑) indicates improvement from the previous study, and a red arrow (↓) indicates a decline from the previous study.

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**Table 5: Comparison of Current and Previous Access Study Findings – United**

	United CAN		United CHIP	
	Q3 2024	Q1 2025	Q3 2024	Q1 2025
<b>Phase 1 – Provider Access Telephone Study</b>				
Successful Contact Rates	46%	52% ↑	39%	51% ↑
Percentage of Voicemail Answered Calls*	6%	6%	4%	8% ↑
Routine Appointment Availability	84%	51% ↓	74%	68% ↓
Urgent Appointment Availability	32%	24% ↓	15%	21% ↑
<b>Phase 2 – Validation of Online Provider Directory Information</b>				
Percentage of PCPs listed in the online provider directory	52%	83% ↑	58%	50% ↓
Percentage of PCPs with matching phone number	45%	72% ↑	55%	46% ↓
Percentage of PCPs with matching address	45%	78% ↑	53%	46% ↓
Percentage of PCPs with matching panel status	41%	72% ↑	37%	48% ↑
Overall Provider Directory Accuracy Rate	41%	72% ↑	37%	46% ↑

\*A lower rate for voicemail indicates better access to care, as members that receive voicemail when attempting to reach a provider may not obtain an appointment as quickly due to lack of contact.

## Corrective Actions

In the Q3 2024 study for United CAN and CHIP, declines were observed in both the successful contact rate and the accuracy of the provider directory. To address these issues, corrective actions were recommended, including establishing systematic procedures to update provider contact information, conducting routine internal audits to validate the member-facing directory, engaging with providers to understand barriers to accepting United members, and updating provider enrollment files to reflect only contracted providers. In response, United reinforced its ongoing efforts by implementing multiple verification channels—such as the CAQH Provider Data Portal, automated and manual roster processing tools, My Practice Profile, and the Trust Evaluator tool—to ensure demographic accuracy using external data sources. Additionally, routine internal audits and secret shopper studies were maintained to monitor and improve directory accuracy, while continued engagement with providers helped identify and address

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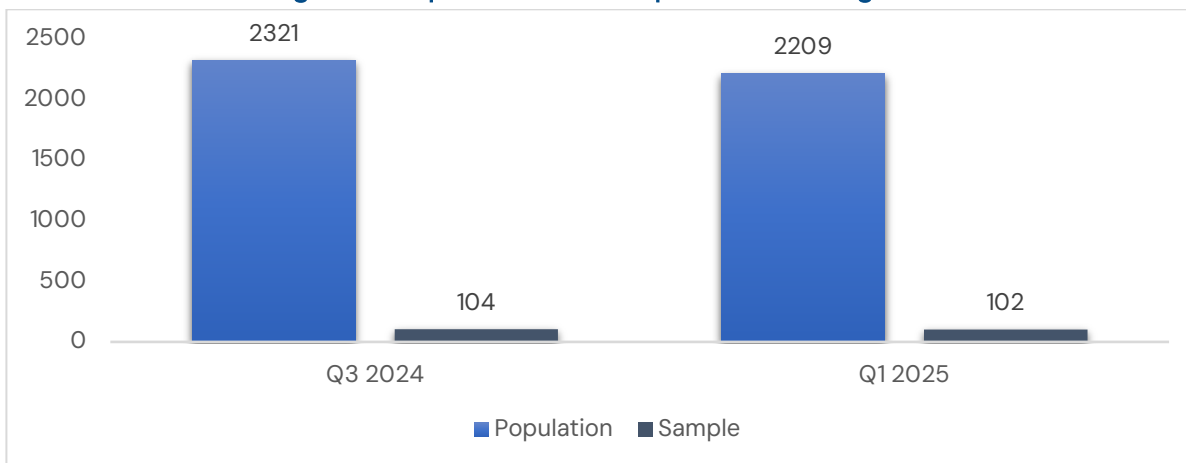
barriers to member acceptance. As a result of these efforts, improvements in successful contact rates and provider directory validation were noted, and no further corrective actions were necessary for Q1 2025.

## Magnolia CAN Results

### Population and Sample Size

**Magnolia CAN** – For Q3 2024, Magnolia submitted a total of 2,321 unique PCPs and a random sample of 104 was drawn for Phase 1. For Q1 2025, Magnolia submitted a total of 2,209 unique PCPs and a random sample of 102 was drawn for Phase 1. See *Figure 8*.

**Figure 8: Population and Sample Sizes for Magnolia CAN**



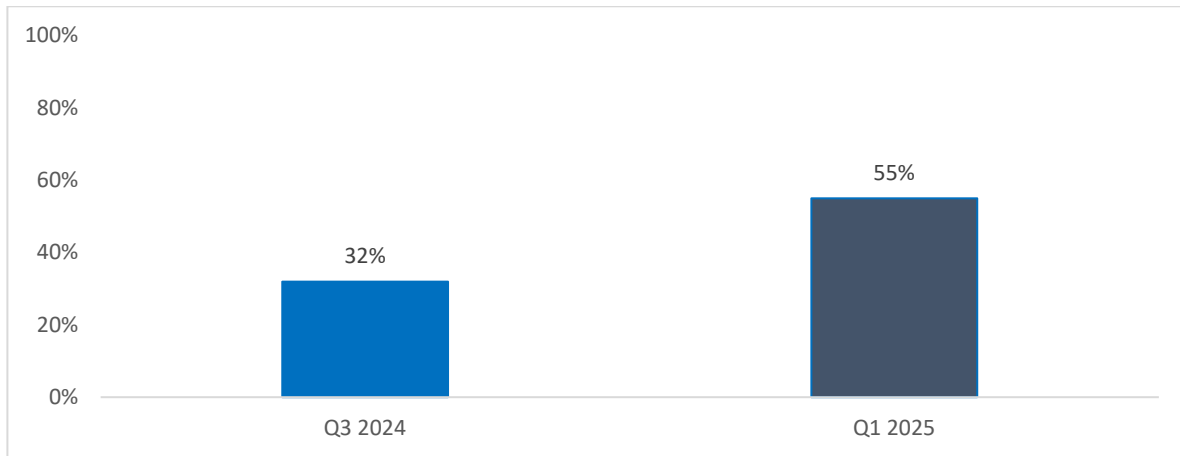
### Provider Access Study Successful Contacts

**Magnolia CAN** – For Q3 2024, of the 104 PCPs contacted, four 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 32% (32 of 100). For Q1 2025, of the 102 PCPs contacted, six 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 55% (53 of 96). For both quarters, the success rates were below the target rate of 95% for Phase 1 successful contacts (see *Figure 9*).



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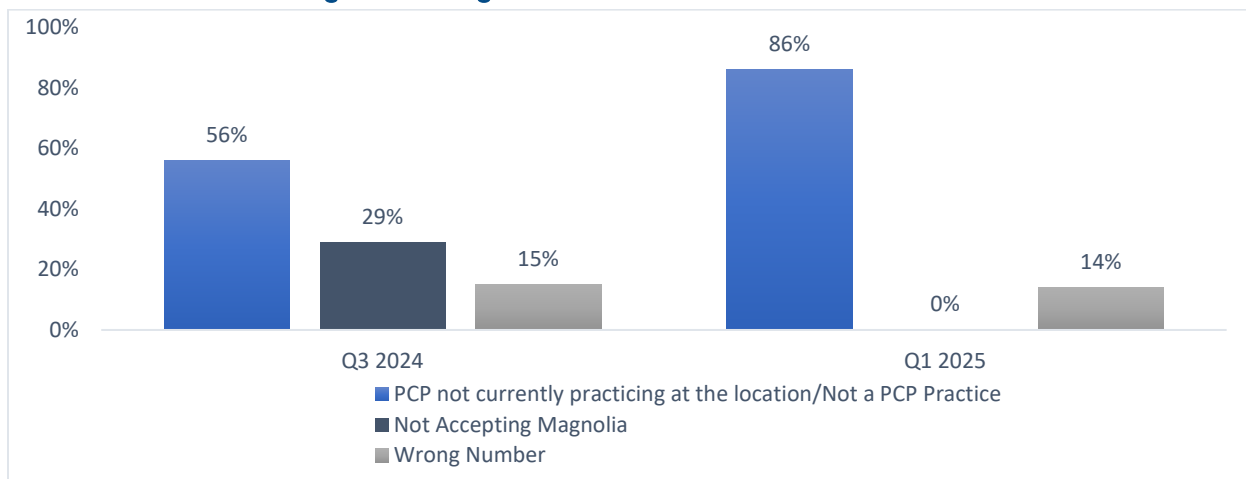
Figure 9: Magnolia CAN Successful Contact Rates



## Provider Access Study Unsuccessful Contacts

**Magnolia CAN** – In Q3 2024, for the 68 calls that were answered by a live respondent but considered unsuccessful, 38 (56%) were because the provider was no longer at the location or the location was not a primary care practice, 20 (29%) were because the provider was not accepting Magnolia, and 10 (15%) were confirmed to be a wrong number. In Q1 2025, for the 43 calls that were answered by a live respondent but considered unsuccessful, 37 (86%) were because the provider was no longer at the location, or the location was not a primary care practice and six (14%) were confirmed to be a wrong number. The most common reason for unsuccessful contact was that the provider was not currently practicing at the location or the location was not a primary care practice. All providers that were reached confirmed that they accepted Magnolia. See *Figure 10*.

Figure 10: Magnolia Unsuccessful Contact Reasons

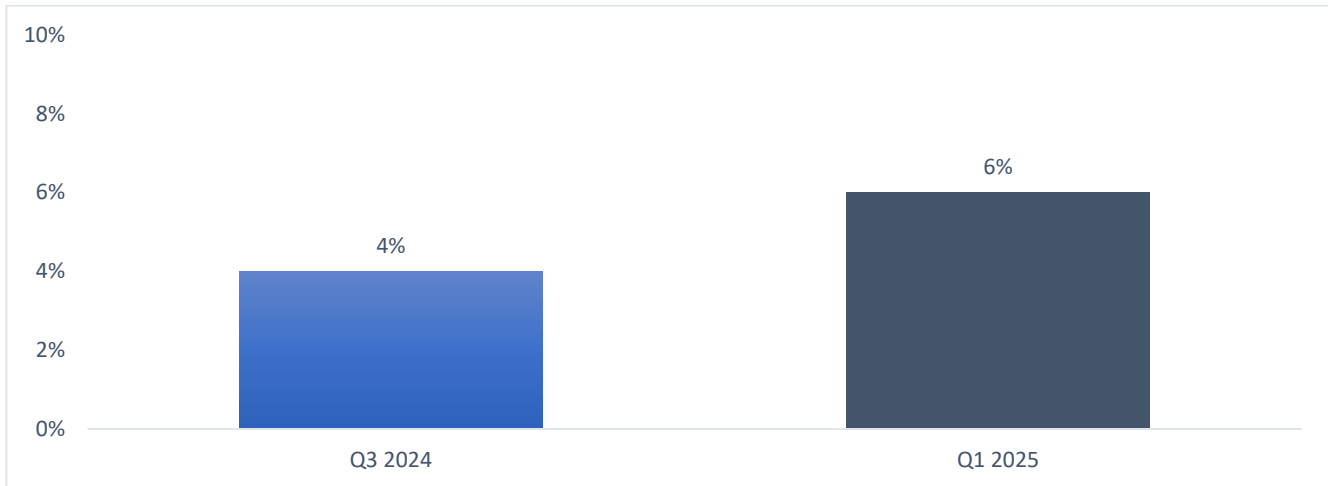


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**Provider Access Study Voicemail Answered Calls** – The number of voicemail–answered calls was omitted from the denominator when calculating the successful and unsuccessful call rates.

**Magnolia CAN** – In Q3 2024, the number of PCP offices requiring the caller to leave a message was four of 104 (4%). In Q1 2025, the number increased to six of 102 (6%). See *Figure 11: Calls Answered by Voicemail for Magnolia*.

**Figure 11: Calls Answered by Voicemail for Magnolia**

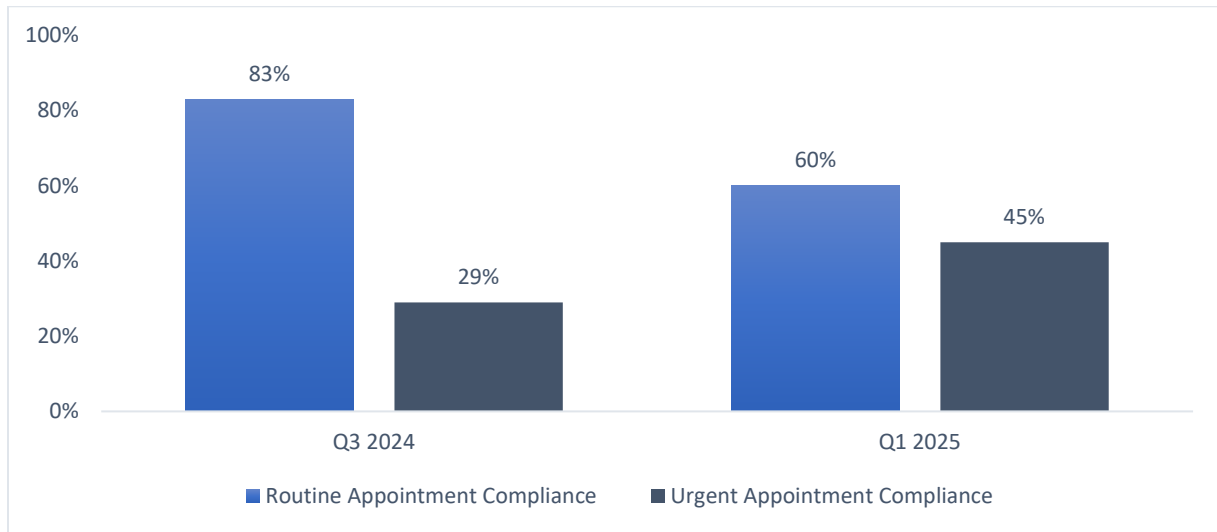


**Provider Access and Availability for Routine and Urgent Appointments** – Availability of routine and urgent appointments is included as part of the provider access study to determine if the PCP meets the requirements of 30 calendar days for routine appointments and 24 hours for urgent appointments.

**Magnolia CAN** – For Q3 2024, of the 24 PCPs who are accepting new patients, 20 (83%) reported routine appointment availability and seven (29%) reported urgent appointment availability within the contractually required timeframes. For Q1 2025, of the 47 PCPs who are accepting new patients, 28 (60%) reported routine appointment availability and 21 (45%) reported urgent appointment availability within the contractually required timeframes. See *Figure 12: Magnolia Availability of Routine and Urgent Appointments*.

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**Figure 12: Magnolia Availability of Routine and Urgent Appointments**



## Phase 2: Validation of Online Provider Directory Information Results

**Magnolia CAN** – For Q3 2024, of the 32 searched PCPs, 26 (81%) were located by name in the provider directory, a matching phone number was listed for 23 (72%), the correct address was shown for 25 (78%), and the correct panel status was noted for 25 (78%). The overall accuracy rate was 72% (23 of 32). For Q1 2025, of the 53 searched PCPs, 40 (75%) were located by name in the provider directory, the correct address was shown for 40 (75%), a matching phone number was listed for 36 (68%) and the correct panel status was noted for 33 (62%). The overall accuracy rate was 62% (33 of 53). This was below the target rate of 95% accuracy.

Table 6 displays a comparison of the results of Phase 1 and Phase 2 for Magnolia. The arrows indicate a change in the rate from the previous access study. For example, a green arrow (↑) indicates improvement from the previous study, and a red arrow (↓) indicates a decline from the previous study.

**Table 6: Comparison of Current and Previous Access Study Findings – Magnolia**

	Magnolia CAN	
	Q3 2024	Q1 2025
Phase 1 – Provider Access Telephone Study		
Successful Contact Rates	32%	55% ↑
Percentage of Voicemail Answered Calls*	4%	6% ↑
Routine Appointment Availability	83%	60% ↓

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	Magnolia CAN	
	Q3 2024	Q1 2025
Urgent Appointment Availability	29%	45% ↑
<b>Phase 2 – Validation of Online Provider Directory Information</b>		
Percentage of PCPs listed in the online provider directory	81%	75% ↓
Percentage of PCPs with matching phone number	72%	68% ↓
Percentage of PCPs with matching address	78%	75% ↓
Percentage of PCPs with matching panel status	78%	62% ↓
Overall Provider Directory Accuracy Rate	72%	62% ↓

*\*A lower rate for voicemail indicates better access to care, as members that receive a voicemail when attempting to reach a provider may not obtain an appointment as quickly due to lack of contact.*

## Corrective Actions

For Magnolia CAN, the Q3 2024 study identified challenges leading to corrective actions for systematic updates of provider contact information, regular internal audits of the member-facing directory, direct engagement with providers to determine reasons for not accepting Magnolia members, and updating enrollment files to include only contracted providers. In response, Magnolia implemented robust measures including routine provider directory audits—featuring independent third-party reviews every 60 days, supplemented by weekly sweeps and internal telephone verifications—to suppress inaccurate records. Additionally, Magnolia launched a web-based Provider Demographic Update Tool in July 2024, and provider education was enhanced through e-blasts, orientations, and workshops, ensuring timely updates. Despite an improvement in the overall successful contact rate from 32% in Q3 2024 to 55% in Q1 2025, the rate remained below the 95% target, and the provider directory accuracy declined from 72% to 62%. Consequently, further corrective actions were made to incorporate more frequent automated checks and regular audits to promptly flag and address discrepancies.

## Molina CAN and CHIP Results

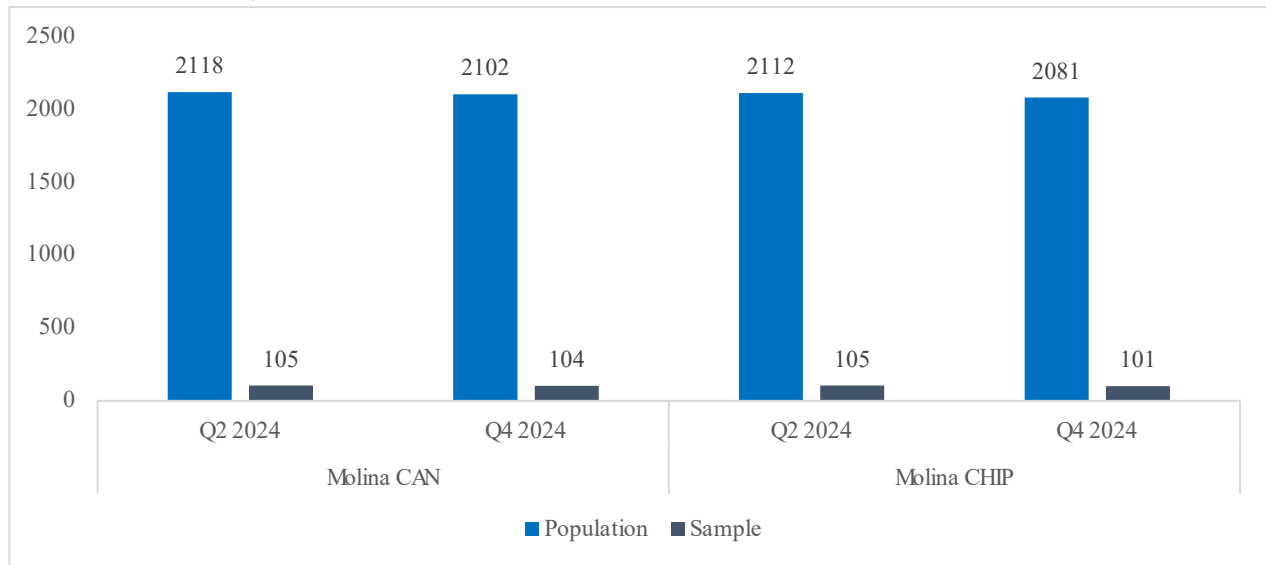
### Population and Sample Size

**Molina CAN** – For Q2 2024, Molina CAN submitted a total of 2,118 unique PCPs, and a random sample of 105 was drawn for Phase 1. For Q4 2024, Molina CAN submitted a total of 2,102 unique PCPs, and a random sample of 104 was drawn for Phase 1.

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**Molina CHIP** – For Q2 2024, Molina CHIP submitted a total of 2,112 unique PCPs, and a random sample of 105 was drawn for Phase 1. For Q4 2024, Molina CHIP submitted a total of 2,081 unique PCPs, and a random sample of 101 was drawn for Phase 1. See *Figure 13*.

**Figure 13: Population and Sample Sizes for Molina CAN and CHIP**



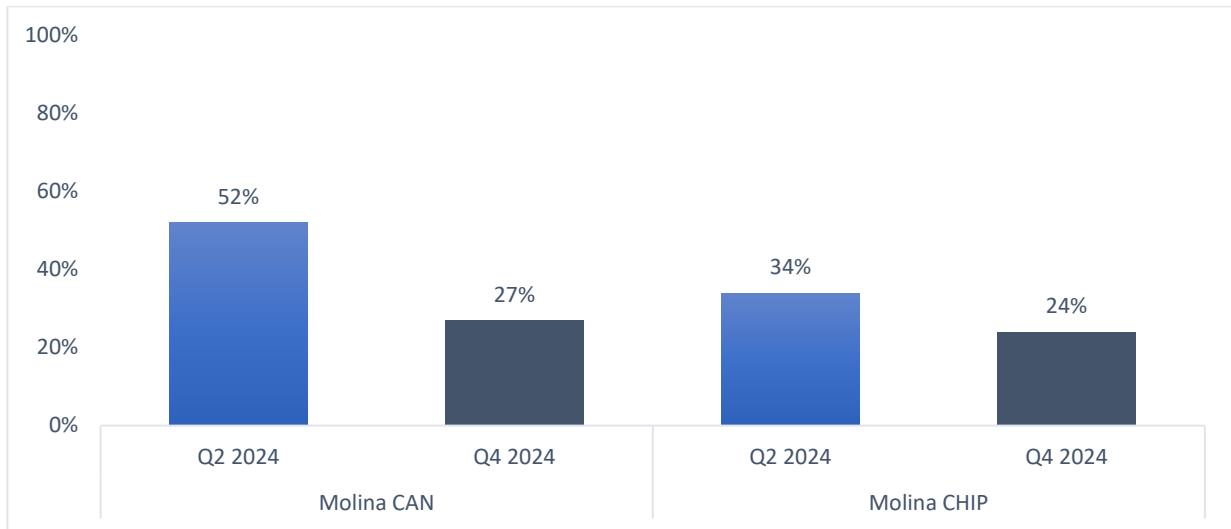
## Provider Access Study Successful Contacts

**Molina CAN** – For Q2 2024, of 105 PCPs contacted, 16 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 52% (46 of 89). For Q4 2024, of the 104 PCPs contacted, four 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 27% (27 of 100).

**Molina CHIP** – For Q2 2024, of the 105 PCPs contacted, 20 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 34% (29 of 85). For Q4 2024, of the 101 PCPs contacted, five 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 24% (23 of 96). Both CAN and CHIP success rates were below the goal rate of 95% for the Q2 2024 and Q4 2024 studies. See *Figure 14*.

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Figure 14: Molina CAN and CHIP Successful Contact Rates



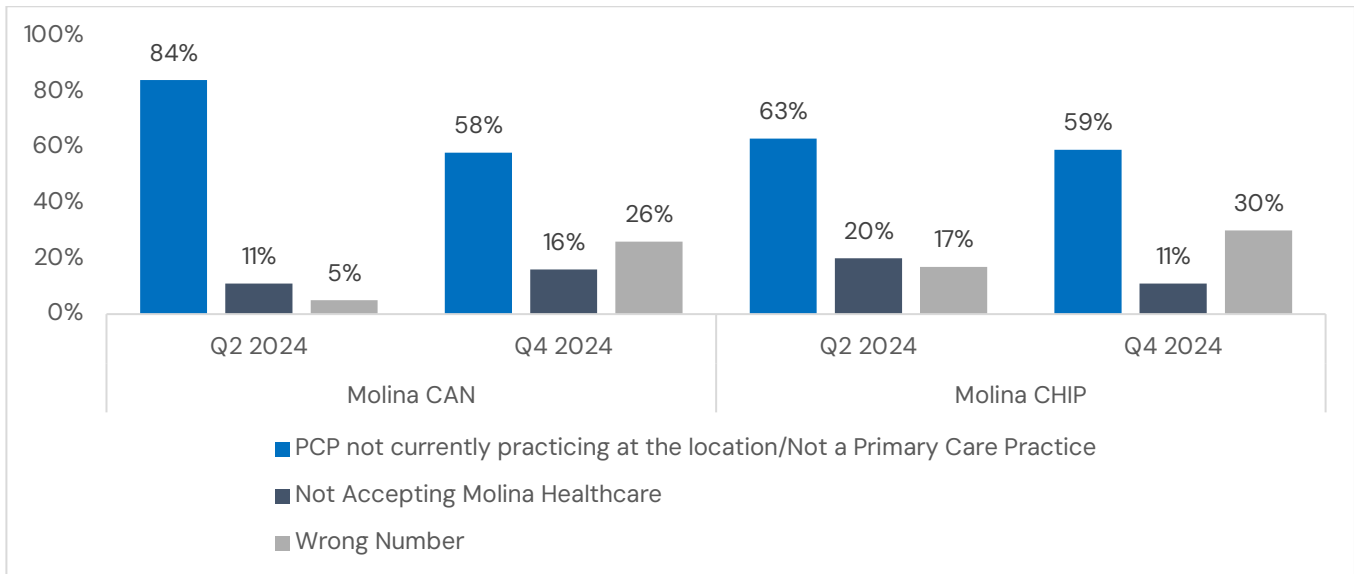
## Provider Access Study Unsuccessful Contacts

**Molina CAN** – For Q2 2024, for the 43 calls that were answered by a live respondent but considered unsuccessful, 36 (84%) were because the provider was no longer at the location or the location was not a primary care practice, five (11%) were because the provider was not accepting Molina CAN, and two (5%) were confirmed to be a wrong number or placed on hold for more than five minutes. In Q4 2024, for the 73 calls that were answered by a live respondent but considered unsuccessful, 42 (58%) were because the provider was no longer at the location or the location was not a primary care practice, 12 (16%) were because the provider was not accepting Molina CAN, and 19 (26%) were confirmed to be a wrong number.

**Molina CHIP** – In Q2 2024, for the 56 calls that were answered by a live respondent but considered unsuccessful, 35 (63%) were because the provider was no longer at the location or the location was not a primary care practice, 11 (20%) were because the provider was not accepting Molina CHIP, and 10 (17%) were confirmed to be a wrong number or place on hold for more than five minutes. In Q4 2024, for the 73 calls that were answered by a live respondent but considered unsuccessful, 43 (59%) were because the provider was currently not practicing at the location or the location was not a primary care practice, eight (11%) were unsuccessful because the provider was not accepting Molina CHIP, and 22 (30%) were confirmed to be a wrong number. See *Figure 15*.

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Figure 15: Molina Unsuccessful Contact Reasons

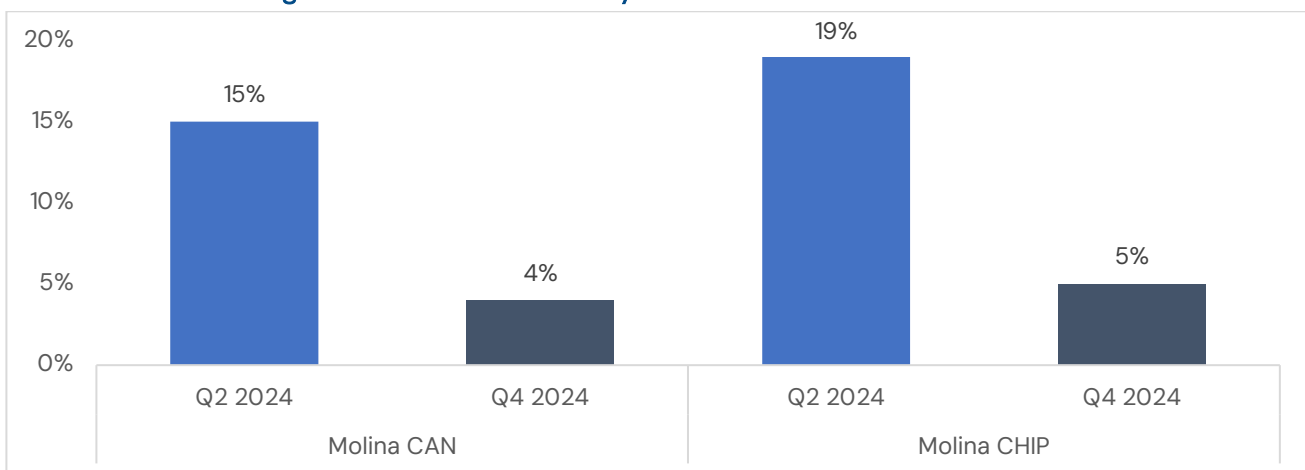


**Provider Access Study Voicemail Answered Calls** – The number of voicemail–answered calls was omitted from the denominator when calculating the successful and unsuccessful call rates.

**Molina CAN** – For Q2 2024, the number of PCP offices requiring the caller to leave a message was 16 of 105 (15%). For Q4 2024, the number of offices requiring the caller to leave a message was four of 101 (4%).

**Molina CHIP** – For Q2 2024, 20 of 105 (19%) PCP offices required the caller to leave a message. For Q4 2024, the rate was five of 101 calls (5%). See *Figure 16: Calls Answered by Voicemail for Molina CAN and CHIP*.

Figure 16: Calls Answered by Voicemail for Molina CAN and CHIP



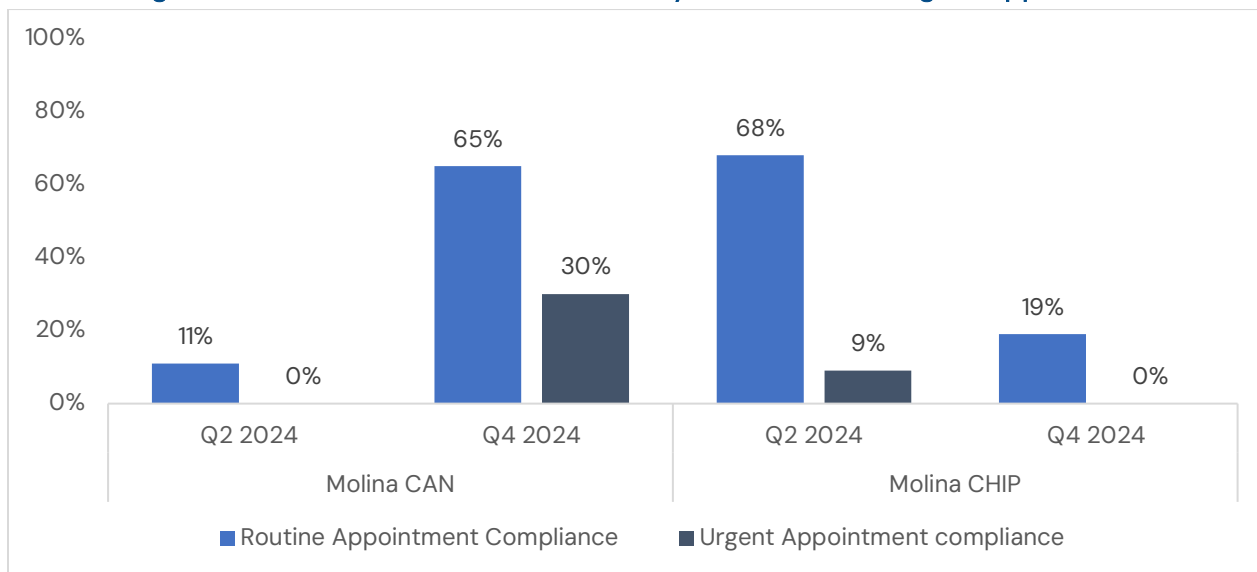
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**Provider Access and Availability for Routine and Urgent Appointments** – Availability of routine and urgent appointments is included as part of the provider access study to determine if the PCP meets the requirements of 30 calendar days for routine appointments and 24 hours for urgent appointments.

**Molina CAN** – In Q2 2024, of the 38 PCPs contacted, four (11%) reported routine appointment availability and zero (0%) reported urgent appointment availability within the contractual requirements. In Q4 2024, of the 20 PCPs who were accepting new patients, 13 (65%) reported routine appointment availability and six (30%) reported urgent appointment availability within the contractual requirements.

**Molina CHIP** – In Q2 2024, of the 22 PCPs contacted, 15 (68%) reported routine appointment availability and two (9%) reported urgent appointment availability within the contractual requirements. In Q4 2024, of the 16 PCPs who were accepting new patients, three (19%) reported routine appointment availability and zero (0%) reported urgent appointment availability within the contractual requirements. 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**



## Phase 2: Validation of Online Provider Directory Information Results

**Molina CAN** – For Q2 2024, of the 46 searched PCPs, 43 (93%) were able to be located by name in the provider directory, 41 (89%) had the correct address, 41 (89%) had a matching phone number, and 41 (89%) had the correct panel status. The overall accuracy rate was 89% (41 out of 46). For Q4 2024, of the 27 searched PCPs, 20 (74%) were able to be located by name in the provider



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directory, 13 (48%) had a matching phone number, 14 (52%) had the correct address, and 19 (70%) had the correct panel status. The overall accuracy rate was 48% (13 out of 27).

**Molina CHIP** – For Q2 2024, of the 29 searched PCPs, 27 (93%) were able to be located by name in the directory using the URL provided, 18 (62%) had the correct address, 18 (62%) had a matching phone number, and 26 (90%) had the correct panel status. The overall accuracy rate was 62% (18 of 29). In Q4 2024, of the 23 searched PCPs, 20 (87%) were able to be located by name in the directory using the URL provided, 18 (78%) had a matching phone number, 17 (74%) had the correct address, and 20 (87%) had the correct panel status. The overall accuracy rate was 74% (17 of 23). Both Molina CAN and CHIP were below the target rate of 95% accuracy for directory validation.

Table 7 displays a comparison of the results of Phase 1 and Phase 2 for Molina. The arrows indicate a change in the rate from the previous access study. For example, a green arrow (↑) indicates improvement and a red arrow (↓) indicates a decline.

**Table 7: Comparison of Current and Previous Access Study Findings – Molina**

	Molina CAN		Molina CHIP	
	Q2 2024	Q4 2024	Q2 2024	Q4 2024
<b>Phase 1 – Provider Access Telephone Study</b>				
Successful Contact Rates	52%	27% ↓	34%	24% ↓
Percentage of Voicemail Answered Calls*	15%	4% ↓	19%	5% ↓
Routine Appointment Availability	11%	65% ↑	68%	9% ↓
Urgent Appointment Availability	0%	30% ↑	19%	0% ↓
<b>Phase 2 – Validation of Online Provider Directory Information</b>				
Percentage of PCPs listed in the online provider directory	93%	74% ↓	93%	87% ↓
Percentage of PCPs with matching phone number	89%	48% ↓	62%	78% ↑
Percentage of PCPs with matching address	89%	52% ↓	62%	74% ↑
Percentage of PCPs with matching panel status	89%	70% ↓	90%	87% ↓
Overall Provider Directory Accuracy Rate	89%	48% ↓	62%	74% ↑

\*A lower rate for voicemail indicates better access to care, as members that receive voicemail when attempting to reach a provider may not obtain an appointment as quickly due to lack of contact.

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## Corrective Actions

The Q2 2024 evaluation for Molina showed an improvement in the successful contact rate for CAN but a decline for CHIP. In response to the Q2 2024 findings, a corrective action plan was implemented with an emphasis on extensive provider outreach—especially targeting CHIP—to ensure that contact information was updated, and network adequacy issues were addressed. Molina’s action plan included comprehensive provider education through quarterly newsletters, regular field visits, targeted monthly meetings with high-volume providers, workshops, and community sponsorships. Furthermore, Molina optimized its online directory and validated service locations using provider rosters, in collaboration with a third-party vendor, HiLabs, to promote accurate updates. For the Q4 2024 evaluation, a substantial decline was noted for both. In the Q4 2024 study, it was determined that the primary reason for unsuccessful contacts was that providers were no longer located at the listed office addresses. To mitigate this issue, Molina worked to improve its outreach efforts to verify and update provider contact information, with a particular focus on the locations served, and to continue proactive provider education and communication regarding contract requirements through appointment access requirements, workshops, website reminders, and quarterly fax blasts.

## Conclusions

For the most recent call studies, the overall successful contact rates ranged from 24% to 55% and all rates were below the goal rate of 95%. 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 studies ranged from 46% to 74%. Routine appointment availability compliance ranged from 19% to 68% and urgent appointment availability compliance ranged from 0% to 45%.

The results of the most recent Provider Access and Provider Directory Validation studies demonstrated an opportunity for improvement in the availability of both routine and urgent appointments. Initiatives are needed to address gaps to ensure members receive care in a timely manner. A comparative summary of the Access Study results is provided in *Table 8: Comparison of Current and Previous Results*. As noted in preceding tables, red and green arrows are used to indicate improvements and declines.

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**Table 8: Comparison of Current and Previous Results**

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q3 2024	Q1 2025	Q3 2024	Q1 2025	Q3 2024	Q1 2025	Q2 2024	Q4 2024	Q2 2024	Q4 2024
<b>Phase 1 – Provider Access Telephone Study</b>										
Successful Contact Rates	46%	52% ↑	39%	51% ↑	32%	55% ↑	52%	27% ↓	34%	24% ↓
Percentage of Voicemail Answered Calls*	6%	6%	4%	8% ↓	4%	6% ↓	15%	4% ↑	19%	5% ↑
Routine Appointment Availability	84%	51% ↓	74%	68% ↓	83%	60% ↓	11%	65% ↑	68%	9% ↓
Urgent Appointment Availability	32%	24% ↓	15%	21% ↑	29%	45% ↑	0%	30% ↑	19%	0% ↓
<b>Phase 2 – Validation of Online Provider Directory Information</b>										
Percentage of PCPs listed in the online provider directory	52%	83% ↑	58%	50% ↓	81%	75% ↓	93%	74% ↓	93%	87% ↓
Percentage of PCPs with matching phone number	45%	72% ↑	55%	46% ↓	72%	68% ↓	89%	48% ↓	62%	78% ↑
Percentage of PCPs with matching address	45%	78% ↑	53%	46% ↓	78%	75% ↓	89%	52% ↓	62%	74% ↑
Percentage of PCPs with matching panel status	41%	72% ↑	37%	48% ↑	78%	62% ↓	89%	70% ↓	90%	87% ↓
Overall Provider Directory Accuracy Rating	41%	72% ↑	37%	46% ↑	72%	62% ↓	89%	48% ↓	62%	74% ↑

\*A lower rate for voicemail indicates better access to care, as members that receive voicemail when attempting to reach a provider may not obtain an appointment as quickly due to lack of contact.

The following Table provides the specific strengths, weaknesses, and recommendations for the 2024 – 2025 Access Study.

**Table 9: Strengths, Weaknesses, and Recommendations**

Strengths Related to Access to Care
<ul style="list-style-type: none"> <li>United has shown improvements in the successful contacts rates and the provider directory accuracy.</li> <li>Magnolia's rates for routine and urgent appointment availability improved.</li> </ul>

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Strengths Related to Access to Care	
<ul style="list-style-type: none"> <li>Molina CAN exhibited gains in successful contacts and urgent appointment availability, whereas Molina CHIP improved in provider directory accuracy.</li> </ul>	
Weaknesses Related to Access to Care	Recommendations Related to Access to Care
<ul style="list-style-type: none"> <li>Magnolia (CAN) and Molina's (CHIP) successful contact experienced a decline in their rates.</li> <li>Routine appointment availability rates declined for all CCOs (CAN and CHIP).</li> <li>The Urgent appointment availability rate declined for United (CAN) and Molina (CHIP).</li> <li>Molina's CAN provider directory contained inaccurate provider information.</li> </ul>	<ul style="list-style-type: none"> <li>Work with network providers to identify and address scheduling barriers.</li> <li>Consider expanding telehealth services as an alternative for routine appointments to reduce wait times.</li> <li>Assess the feasibility of implementing a provider compliance tracking system to monitor appointment availability and identify opportunities for improvement.</li> <li>Provide ongoing education and reminders about contract requirements for routine and urgent appointments.</li> <li>Regularly monitor performance and collect patient feedback to improve compliance rates.</li> </ul>

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## Appendix A – Provider Access Study Web Tool

## Provider Access Study Tool

Caller Name: \_\_\_\_\_

1<sup>st</sup> Call Attempt Date: \_\_\_\_\_

Time: \_\_\_\_\_

Caller Name: \_\_\_\_\_

2<sup>nd</sup> Call Attempt Date: \_\_\_\_\_

Time: \_\_\_\_\_

Caller Name: \_\_\_\_\_

3<sup>rd</sup> 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:

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