



Constellation
Quality Health

Mississippi
External Quality Review

Provider Access Study and
Directory Validation Report

Contract Year
2025 – 2026

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ACRONYMS, ABBREVIATIONS, AND INITIALISMS

CAN.....	Coordinated Access Network
CCO.....	Coordinated Care Organization
CHIP.....	Children’s Health Insurance Program
Constellation.....	Constellation Quality Health
DOM.....	Mississippi Division of Medicaid
EQR/EQRO.....	External Quality Review/External Quality Review Organization
NPI.....	National Provider Identifier
PCP.....	Primary Care Physician
URL.....	Uniform Resource Locator

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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. The CCOs are also required 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 Children's Health Insurance Program (CHIP) Medicaid Managed Care Programs. The CCOs include Magnolia Health Plan (Magnolia), Molina Healthcare of Mississippi (Molina), and TrueCare.

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* lists each phase along with the associated 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 16% to 38%, and all were below the goal rate of 95%. The most common reason for unsuccessful contact was that the PCP was not participating at the location. The provider directory validation rates in the most recent study ranged from 31% to 63%. Routine appointment availability compliance ranged from 42% to 92% and urgent appointment availability compliance ranged from 15% to 43%.

Table 2 provides a summary of the rates of successful contacts, provider directory accuracy, and appointment availability for each CCO. Shaded columns include the most recent results for each CCO. The arrows indicate a rate change from the previous study. For example, an up arrow (↑) indicates the rate increased from the previous study and a down arrow (↓) indicates the rate decreased from the previous study.

Table 2: Overview of Findings

	Magnolia CAN		Magnolia CHIP	Molina CAN		Molina CHIP		TrueCare CAN	TrueCare CHIP
	Q3 2025	Q1 2026	*Q1 2026	Q2 2025	Q4 2025	Q2 2025	Q4 2025	◇Q4 2025	◇Q4 2025
Successful Contact Rate	27%	38% ↑	26%	27%	37% ↑	15%	29% ↑	26%	16%
Provider Directory Accuracy Rate	32%	63% ↑	61%	29%	58% ↑	20%	54% ↑	31%	47%
Routine Appointment Availability	37%	81% ↑	55%	83%	48% ↓	62%	42% ↓	70%	92%
Urgent Appointment Availability	16%	15% ↓	15%	63%	19% ↓	15%	28% ↑	40%	43%

*No previous results for comparison. Q1 2026 was the initial study for Magnolia CHIP.

◇No previous results for comparison. Q4 2025 was the initial study for TrueCare CAN and CHIP.

The results of the most recent Provider Access and Provider Directory Validation studies demonstrated an opportunity for improvement in overall successful contact rates and the availability of urgent appointments. Initiatives are needed to update provider directory data and increase availability of appointment slots for urgent care. 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 provides an overview of strengths, weaknesses, and recommendations related to access to care identified through 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"> There was some improvement in successful contact rates and provider directory accuracy compared to earlier studies. Several plans demonstrated strong routine appointment availability, with rates reaching up to 92%. Health plans have begun implementing corrective actions such as provider outreach, directory updates, and education on appointment access standards. 	
Weaknesses Related to Access to Care	Recommendations Related to Access to Care
<ul style="list-style-type: none"> Successful contact rates remain below the 95% benchmark. Incorrect provider directory information, such as provider no longer practicing at the listed location, was noted. Urgent appointment availability rates were low. 	<ul style="list-style-type: none"> Strengthen provider directory maintenance by continuing to implement routine audits and automated validation checks. Increase provider outreach and education to ensure providers update their practice locations, contact details, and panel status. Improve monitoring of appointment availability, particularly urgent care access.

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BACKGROUND

As the contracted EQRO for the Mississippi DOM, 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.

METHODOLOGY

To conduct the validation, Constellation initiates 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 defines the phases, objectives, and benchmark rates for each phase.

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

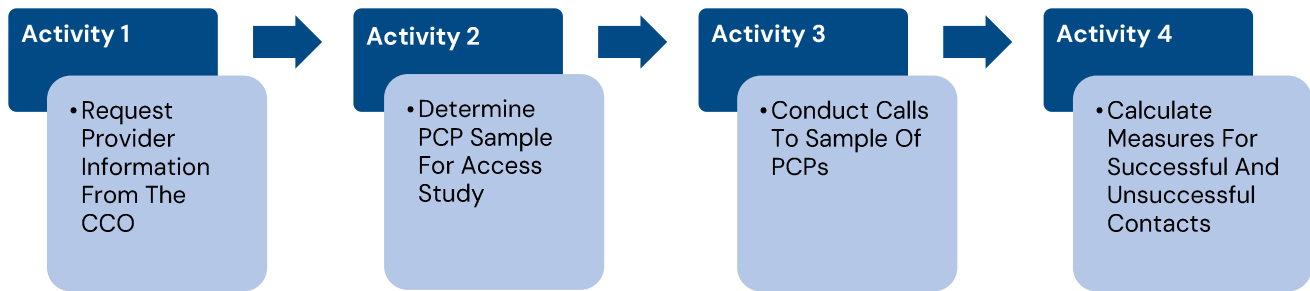
Phase	Objective	Benchmark Rate
Phase 1: Provider Access Study	Improve accuracy of provider file information	95% successful contact rate
Phase 2: Provider Directory Validation	Ensure provider directory contains accurate information for members	95% accuracy rate

Phase 1: Provider Access Telephone Study Methodology

Figure 1 describes the four activities included in Phase 1.

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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 records that were duplicates 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.

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 ended the call and placed a call to the new number to obtain routine and urgent appointment availability.

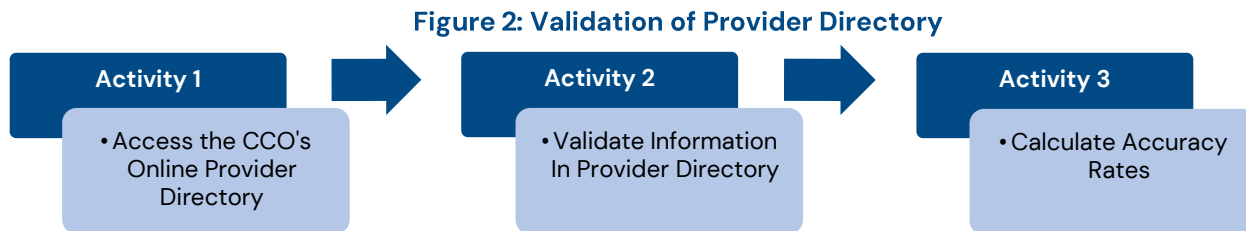
The responses to the survey questions were documented in the web survey tool and stored electronically on Constellation’s secure web-based portal.

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 for 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: Provider Directory Validation

Phase 2 involves validation of information in the health plan’s online provider directory and includes the three activities described in *Figure 2*.



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 calculated 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)

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FINDINGS

The following narrative and charts summarize the Provider Access Study findings and compare the plans' studies completed during the 2025–2026 contract year. A copy of the tool used for the Provider Access and Directory Validation Study is included in *Appendix A* of this report.

Studies were conducted for Magnolia CAN in Q3 2025 and Q1 2026, and for Magnolia CHIP in Q1 2026. Because the Q1 2026 study was the initial study for Magnolia CHIP, there are no prior call study or provider directory validation results available for comparison. Studies were conducted for Molina CAN and CHIP in Q2 and Q4 2025. TrueCare began operations on July 1, 2025. The Q4 2025 Call Study and Directory Validation was the initial study for TrueCare and represents the baseline review against which future performance will be measured.

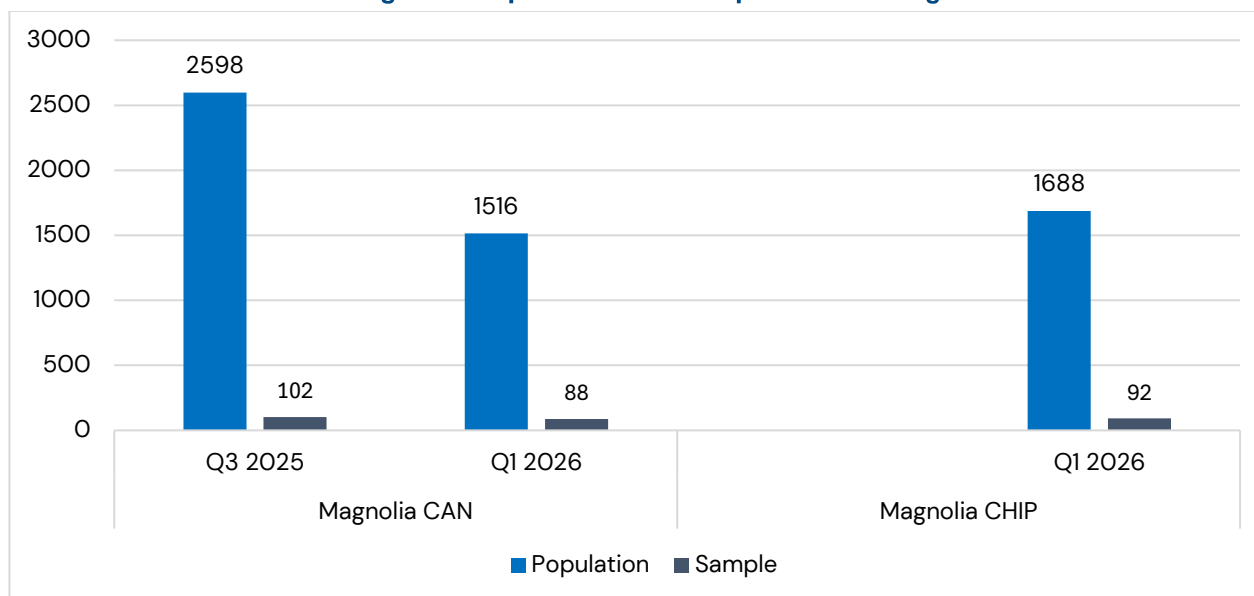
Magnolia

Population and Sample Size

Magnolia CAN – For Q3 2025, Magnolia submitted a total of 2,598 unique PCPs and a random sample of 102 was drawn for Phase 1. For Q1 2026, Magnolia submitted a total of 1,516 unique PCPs and a random sample of 88 was drawn for Phase 1.

Magnolia CHIP – For Q1 2026, Magnolia CHIP submitted a total of 1,688 unique PCPs, and a random sample of 92 was drawn for Phase 1. See *Figure 3*.

Figure 3: Population and Sample Sizes – Magnolia



Successful Contacts

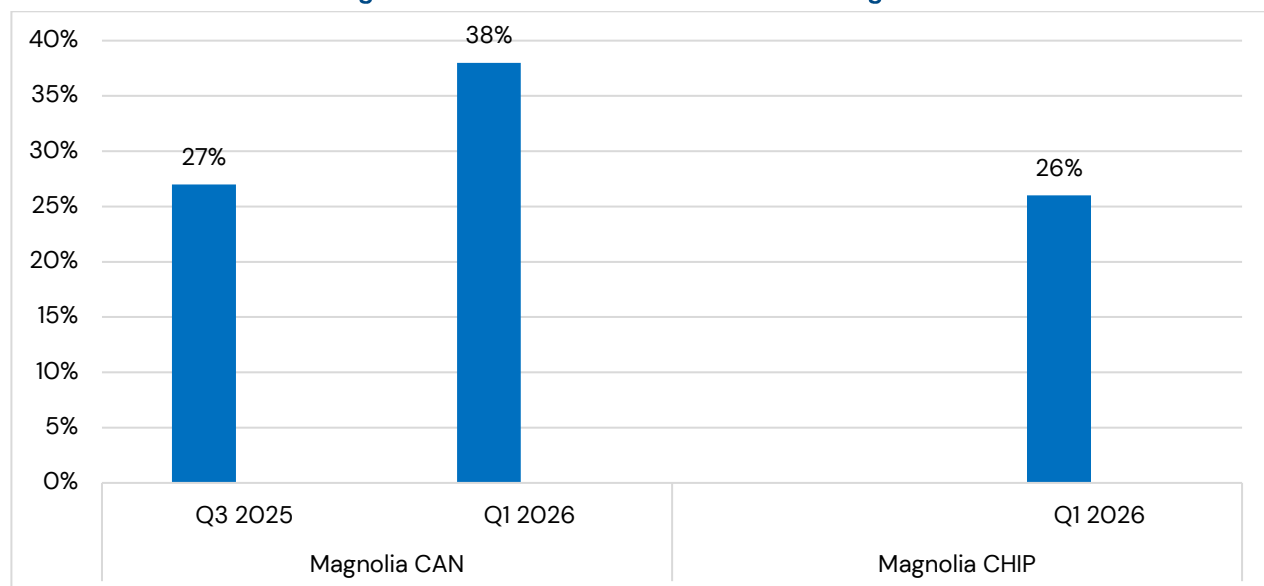
Magnolia CAN – For Q3 2025, of the 102 PCPs contacted, eight calls were answered by voicemail and omitted from the denominator in the success rate formula. After accounting for the

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voicemail–answered calls, the Phase 1 success rate was 27% (25 of 94). For Q1 2026, of the 88 PCPs contacted, four 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 38% (32 of 84). For both quarters, the success rates were below the target rate of 95% for Phase 1 successful contacts.

Magnolia CHIP – For Q1 2026, of the 92 PCPs contacted, four 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 26% (23 of 88). This is below the target rate of 95% for Phase 1 successful contacts. See *Figure 4*.

Figure 4: Successful Contact Rates – Magnolia



Unsuccessful Contacts

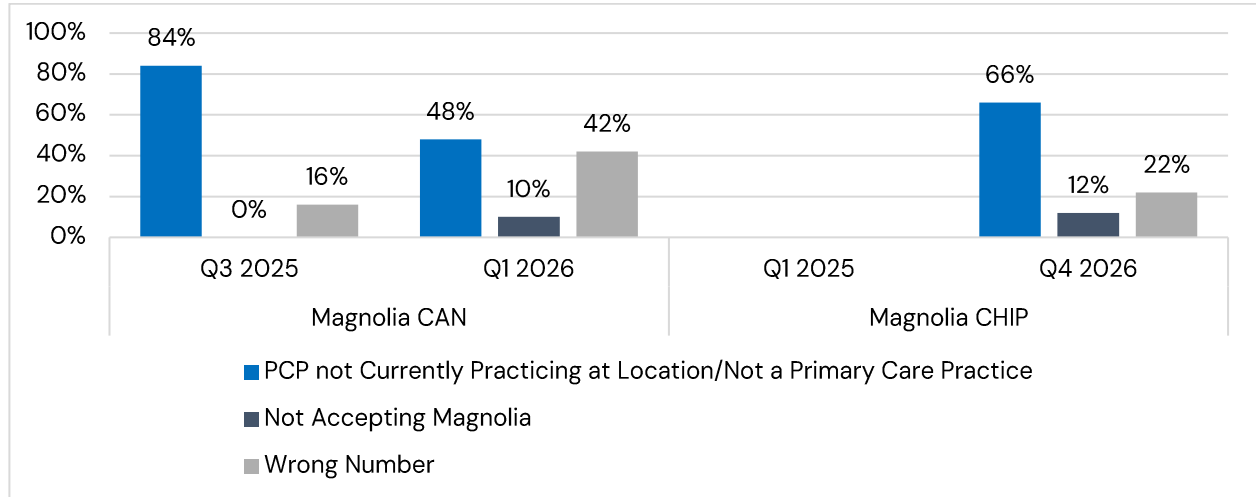
Magnolia CAN – In Q3 2025, of the 56 calls that were answered by a live respondent but considered unsuccessful, 47 (84%) were because the provider was no longer at the location or the location was not a primary care practice, and nine (16%) were confirmed to be a wrong number. In Q1 2026, of the 52 calls that were answered by a live respondent but considered unsuccessful, 25 (48%) were because the provider was no longer at the location, or the location was not a primary care practice, five (10%) did not accept Magnolia, and 22 (42%) 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.

Magnolia CHIP – In Q1 2026, of the 65 calls that were answered by a live respondent but considered unsuccessful, 43 (66%) were because the provider was no longer at the location, or the location was not a primary care practice, eight (12%) were not accepting Magnolia, and 14

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(22%) 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. See *Figure 5*.

Figure 5: Unsuccessful Contact Reasons – Magnolia



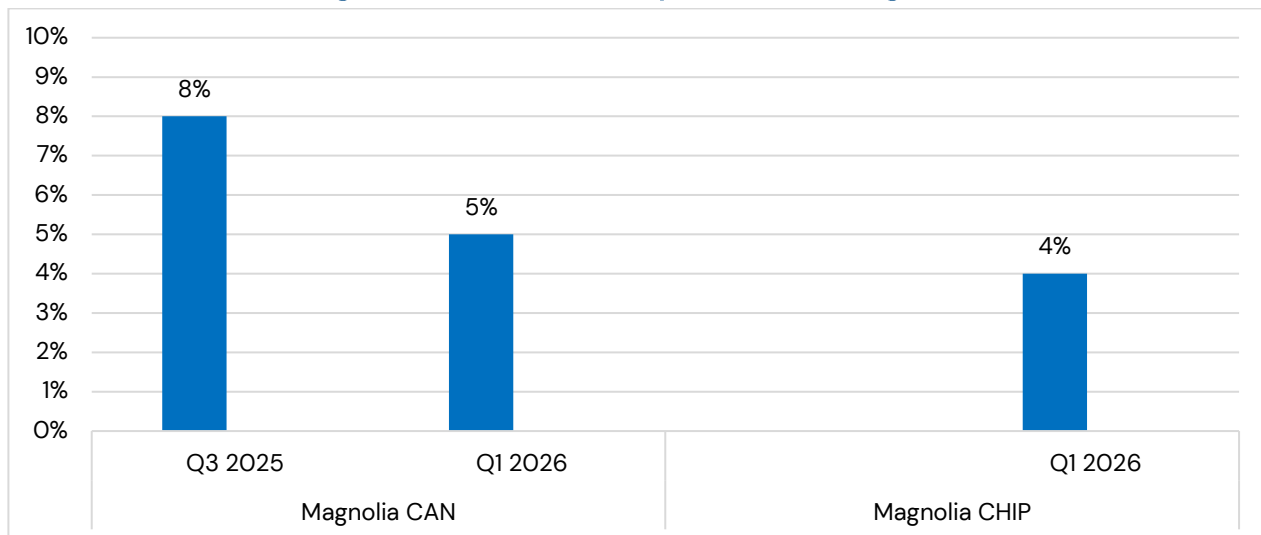
Voicemail-Answered Calls

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

Magnolia CAN – In Q3 2025, the number of PCP offices requiring the caller to leave a message was 8 of 102 (8%). In Q1 2026, the percentage decreased to 5% (four of 88).

Magnolia CHIP – In Q1 2026, the number of PCP offices requiring the caller to leave a message was four of 92 (4%). See *Figure 6*.

Figure 6: Calls Answered by Voicemail – Magnolia



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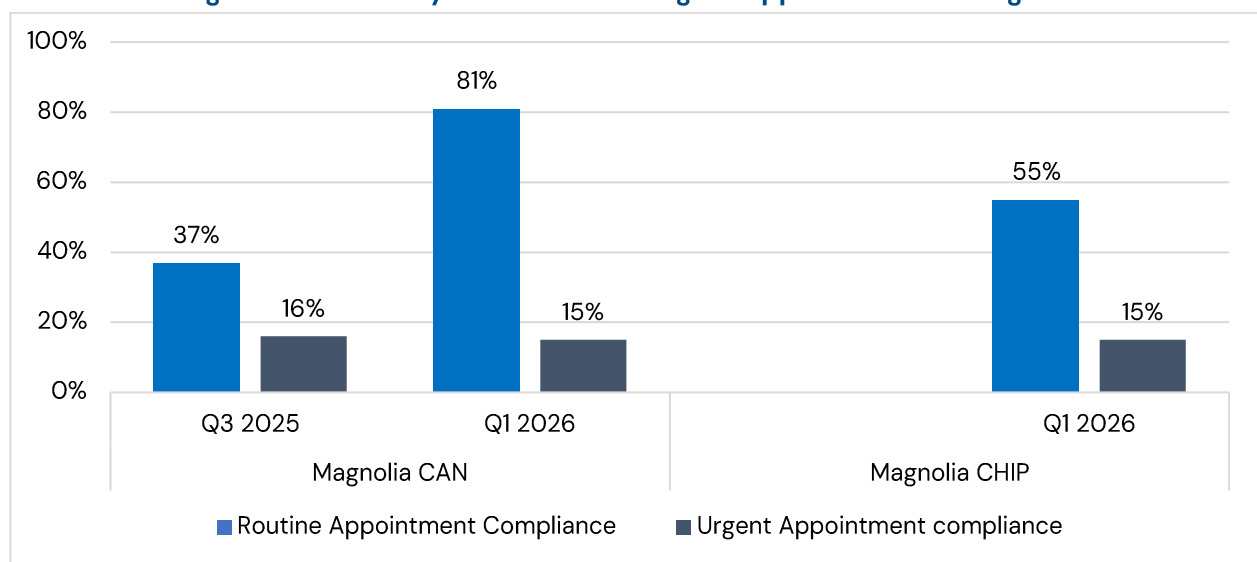
Routine and Urgent Appointments

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 2025, of the 19 PCPs who were accepting new patients, seven (37%) reported routine appointment availability and three (16%) reported urgent appointment availability within the contractually required timeframes. For Q1 2026, of the 27 PCPs who were accepting new patients, 22 (81%) reported routine appointment availability and 4 (15%) reported urgent appointment availability within the contractually required timeframes.

Magnolia CHIP – For Q1 2026, of the 20 PCPs who were accepting new patients, 11 (55%) reported routine appointment availability and three (15%) reported urgent appointment availability within the contractually required timeframes. See *Figure 7*.

Figure 7: Availability of Routine and Urgent Appointments – Magnolia



Phase 2: Provider Directory Validation

Magnolia CAN – For Q3 2025, of the 25 searched PCPs, 13 (52%) were located by name in the provider directory, the correct address was shown for eight (32%), a matching phone number was listed for nine (36%), and the correct panel status was noted for 12 (48%). The overall accuracy rate was 32% (8 of 25). For Q1 2026, of the 32 searched PCPs, 26 (81%) were located by name in the provider directory, the correct address was shown for 22 (69%), a matching phone number was listed for 24 (75%) and the correct panel status was noted for 24 (75%). The overall accuracy rate was 63% (20 of 32). This was below the target rate of 95% accuracy.

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Magnolia CHIP – For Q1 2026, of the 23 searched PCPs, 17 (74%) were located by name in the provider directory, the correct address was shown for 16 (70%), a matching phone number was listed for 15 (65%) and the correct panel status was noted for 16 (70%). The overall accuracy rate was 61% (14 of 23). This was below the target rate of 95% accuracy.

Table 5 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, an up arrow (↑) indicates improvement from the previous study, and a down arrow (↓) indicates a decline from the previous study.

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

	Magnolia CAN		Magnolia CHIP	
	Q3 2025	Q1 2026	Q3 2025	Q1 2026
Phase 1 – Provider Access Telephone Study				
Successful Contact Rates	27%	38% ↑	◊N/A	26%
Percentage of Voicemail Answered Calls*	8%	5% ↑	◊N/A	4%
Routine Appointment Availability	37%	81% ↑	◊N/A	55%
Urgent Appointment Availability	16%	15% ↓	◊N/A	15%
Phase 2 – Validation of Online Provider Directory Information				
Percentage of PCPs Listed in Online Provider Directory	52%	81% ↑	◊N/A	74%
Percentage of PCPs with Matching Phone Number	36%	75% ↑	◊N/A	65%
Percentage of PCPs with Matching Address	32%	69% ↑	◊N/A	70%
Percentage of PCPs with Matching Panel Status	48%	75% ↑	◊N/A	70%
Overall Provider Directory Accuracy Rate	32%	63% ↑	◊N/A	61%

*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.

◊No previous results for comparison. Q1 2026 was the initial study for Magnolia CHIP.

Corrective Actions

Magnolia CAN – The Q3 2025 study identified challenges leading to corrective actions for reviewing and updating provider contact information, implementing automated reminders to providers to confirm contact information during contract renewal, conducting targeted outreach to high-volume or nonresponsive providers, adding a standing question on all provider touchpoints to confirm panel status, following up on discrepancies in the information received during these touchpoints, educating providers about appointment access standards, developing

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a targeted monitoring plan for non-compliant providers to include follow up with corrective action plans or performance coaching, and escalating noncompliant providers for case-by-case follow-up and remediation. In response, Magnolia hired two Data Coordinators to support directory accuracy by monitoring reports, contacting providers to update incorrect data, reviewing suppressed records, and correcting directory issues. They also launched a self-serve Demographic Update Tool for providers to easily update practice information.

To improve appointment availability compliance, Magnolia introduced initiatives including a failure notice for providers who do not meet survey standards, corrective action monitoring for continued non-compliance, and new educational materials to guide providers on meeting access and availability requirements.

Despite an improvement in the overall successful contact rate from 27% in Q3 2025 to 38% in Q1 2026, the rate remained below the 95% target, and the provider directory accuracy declined from 32% to 63%. Consequently, further corrective actions were made to incorporate more frequent automated checks and regular audits to promptly flag and address discrepancies.

Magnolia CHIP – Q1 2026 was the initial study for Magnolia CHIP. Therefore, there is no information regarding the effectiveness of previous corrective actions.

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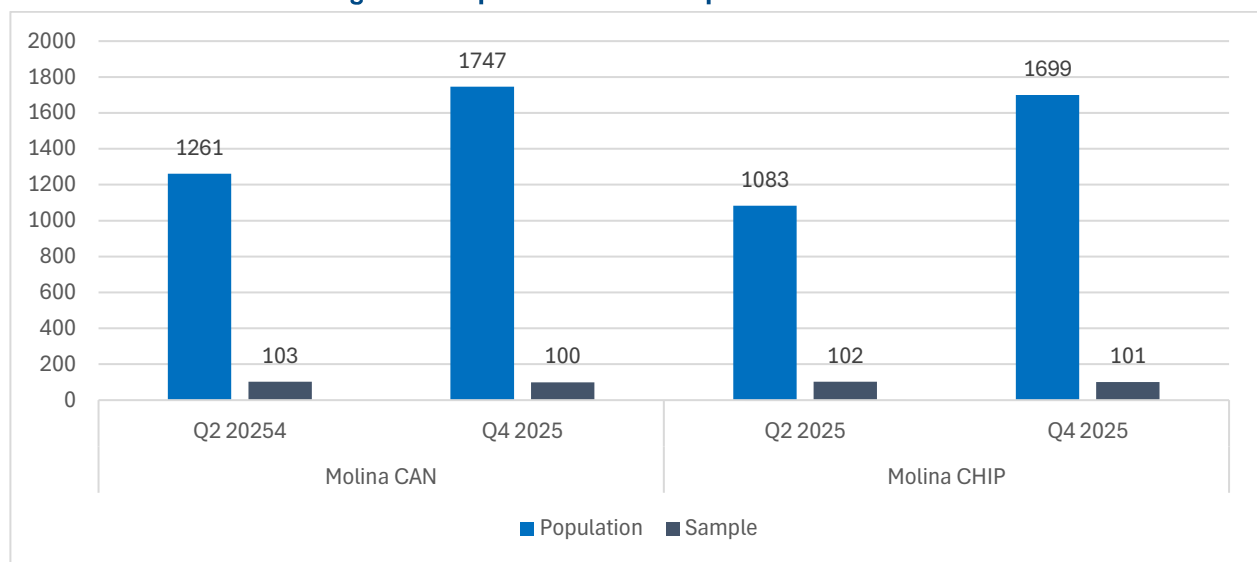
Molina

Population and Sample Size

Molina CAN – For Q2 2025, Molina CAN submitted a total of 1,261 unique PCPs, and a random sample of 103 was drawn for Phase 1. For Q4 2025, Molina CAN submitted a total of 1,747 unique PCPs, and a random sample of 100 was drawn for Phase 1.

Molina CHIP – For Q2 2025, Molina CHIP submitted a total of 1,083 unique PCPs, and a random sample of 102 was drawn for Phase 1. For Q4 2025, Molina CHIP submitted a total of 1,699 unique PCPs, and a random sample of 101 was drawn for Phase 1. See *Figure 8*.

Figure 8: Population and Sample Sizes – Molina



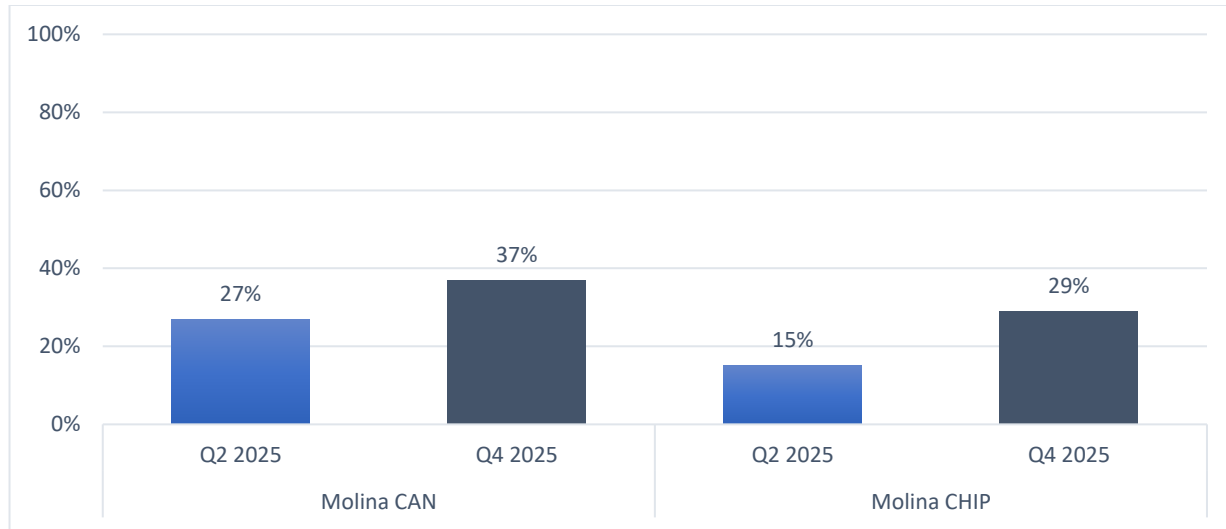
Successful Contacts

Molina CAN – For Q2 2025, of 103 PCPs contacted, seven 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 27%. For Q4 2025, of the 102 PCPs contacted, two 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 37%.

Molina CHIP – For Q2 2025, of the 102 PCPs contacted, three 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 15%. For Q4 2025, of the 101 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 29%. Both CAN and CHIP success rates were below the goal rate of 95% for the Q2 2025 and Q4 2025 studies. See *Figure 9*.

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Figure 9: Successful Contact Rates – Molina



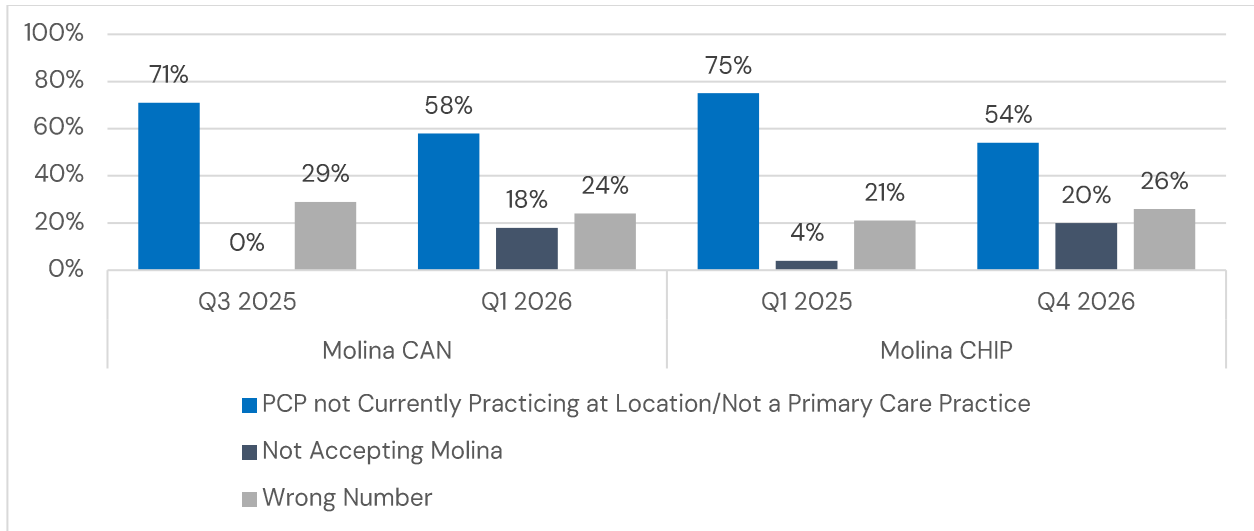
Unsuccessful Contacts

Molina CAN – In Q2 2025, for the 70 CAN calls that were answered by a live respondent but considered unsuccessful, 50 (71%) were because the provider was no longer at the location or the location was not a primary care practice and 20 (28%) were confirmed to be a wrong number. Of the providers that were reached, 96% confirmed that they accept Molina. In Q4 2025, of the 62 CAN calls that were answered by a live respondent but considered unsuccessful, 36 (58%) were because the provider was no longer at the location or the location was not a primary care practice and 15 (24%) were confirmed to be a wrong number. 100% of the providers for which all elements of Phase 1 were verified accepted Molina; however, it was found that 82% of the unsuccessfully contacted providers accepted Molina.

Molina CHIP – In Q2 2025, for the 84 calls that were answered by a live respondent but considered unsuccessful, 63 (75%) were because the provider was no longer at the location or the location was not a primary care practice and 18 (21%) were confirmed to be a wrong number. A total of 83% of the providers that were reached confirmed that they accept Molina. In Q4 2025, of the 69 calls that were answered by a live respondent but considered unsuccessful, 37 (54%) were because the provider was currently not practicing at the location or the location was not a primary care practice, and 18 (26%) were confirmed to be a wrong number. 100% of the providers for which all elements of Phase 1 were verified accepted Molina; however, it was found that 82% of the unsuccessfully contacted providers accepted Molina. See *Figure 10*.

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Figure 10: Unsuccessful Contact Reasons – Molina



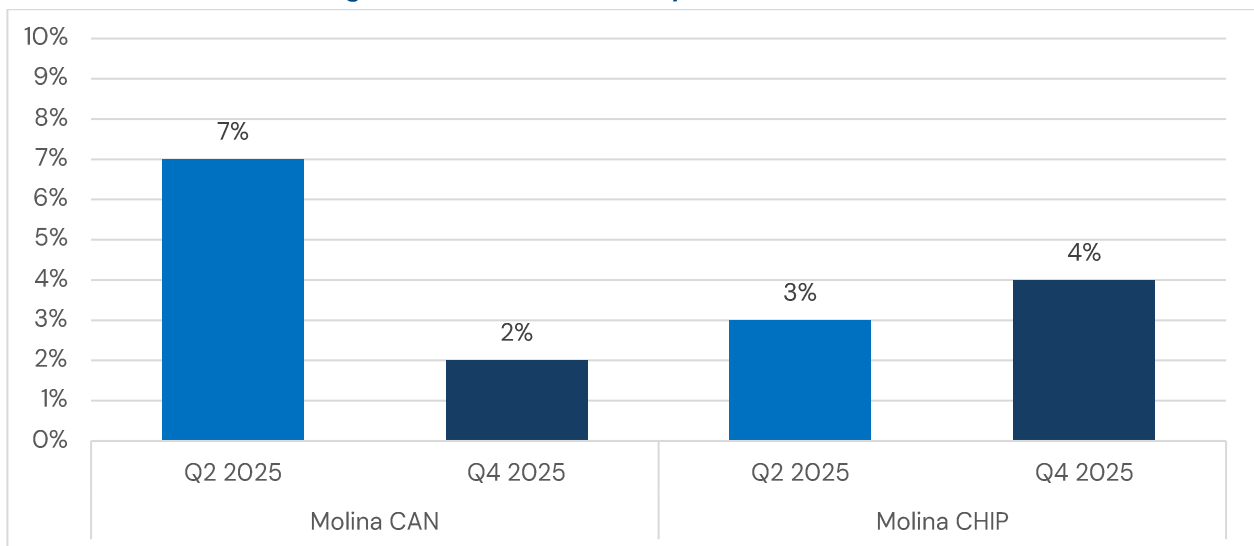
Voicemail-Answered Calls

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

Molina CAN – For Q2 2025, the number of PCP offices requiring the caller to leave a message was 7 of 103 (7%). For Q4 2025, the number of offices requiring the caller to leave a message was 2 of 102 (2%).

Molina CHIP – For Q2 2025, three of 102 (3%) PCP offices required the caller to leave a message. For Q4 2025, the rate was four of 101 calls (4%). See *Figure 11*.

Figure 11: Calls Answered by Voicemail – Molina



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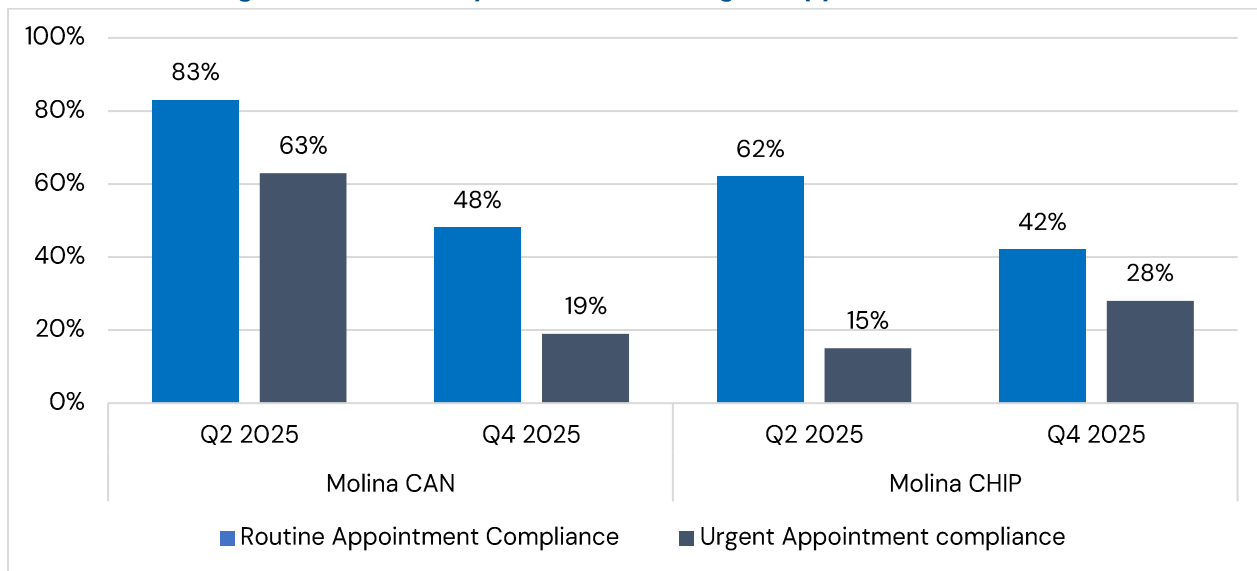
Routine and Urgent Appointments

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 2025, of the 24 (86%) PCPs who were accepting new patients, 20 (83%) reported routine appointment availability and 15 (63%) reported urgent appointment availability within the required timeframes. In Q4 2025, of the 21 PCPs who were accepting new patients, 10 (48%) reported routine appointment availability and four (19%) reported urgent appointment availability within the required timeframes.

Molina CHIP – In Q2 2025, of the 13 (72%) PCPs who were accepting new patients, eight (62%) reported routine appointment availability and two (15%) reported urgent appointment availability within the required timeframes. In Q4 2025, of the 14 (93%) PCPs who were accepting new patients, seven (42%) reported routine appointment availability and five (28%) reported urgent appointment availability within the required timeframes. See *Figure 12*.

Figure 12: Availability of Routine and Urgent Appointments – Molina



Phase 2: Provider Directory Validation

Molina CAN – For Q2 2025, of the 26 PCPs searched, 21 (81%) were located by name in the provider directory, 11 (42%) had a matching phone number listed, 14 (54%) had the correct address, and 21 (81%) had the correct panel status. The overall accuracy rate was 29% (7 of 26). For Q4 2025, of the 36 PCPs searched, 24 (67%) were located by name in the provider directory; 22 (61%) had a matching phone number listed; 22 (61%) had the correct address listed; and 23 (64%) had the correct panel status noted. The overall accuracy rate was 58% (21 of 36).

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Molina CHIP – For Q2 2025 CHIP, of the 15 PCPs searched, 13 (87%) were located by name in the provider directory; five (33%) had a matching phone number listed; 11 (73%) had the correct address listed; and 12 (80%) had the correct panel status noted. The overall accuracy rate was 20% (3 of 15). For Q4 2025 CHIP, of the 28 PCPs searched, 16 (57%) were located by name in the provider directory; 15 (54%) had a matching phone number listed; 16 (57%) had the correct address listed; and 16 (57%) had the correct panel status noted. The overall accuracy rate was 54% (15 of 28). Both Molina CAN and CHIP were below the target rate of 95% accuracy for directory validation.

Table 6 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, an up arrow (↑) indicates improvement and a down arrow (↓) indicates a decline.

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

	Molina CAN		Molina CHIP	
	Q2 2025	Q4 2025	Q2 2025	Q4 2025
Phase 1 – Provider Access Telephone Study				
Successful Contact Rates	27%	37% ↑	15%	29% ↑
Percentage of Voicemail Answered Calls*	7%	2% ↑	3%	4% ↓
Routine Appointment Availability	83%	48% ↓	62%	42% ↓
Urgent Appointment Availability	63%	19% ↓	15%	28% ↑
Phase 2 – Validation of Online Provider Directory Information				
Percentage of PCPs Listed in the Online Provider Directory	81%	67% ↓	87%	57% ↓
Percentage of PCPs with Matching Phone Number	42%	61% ↑	33%	54% ↑
Percentage of PCPs with Matching Address	54%	61% ↑	73%	57% ↓
Percentage of PCPs with Matching Panel Status	81%	64% ↓	80%	57% ↓
Overall Provider Directory Accuracy Rate	29%	58% ↑	20%	54% ↑

*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

For the Q2 2025 evaluation, the successful contact rate remained the same for CAN but declined for CHIP. 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

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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.

The Q4 2025 evaluation for Molina showed an improvement in the successful contact rate for both CAN and CHIP. In response to the Q4 2025 findings, a corrective action plan was implemented with an emphasis on extensive provider outreach 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. Additionally, reminder notifications are being deployed on the Provider Portal through pop-up messages which will fully be implemented by Q2 2026.

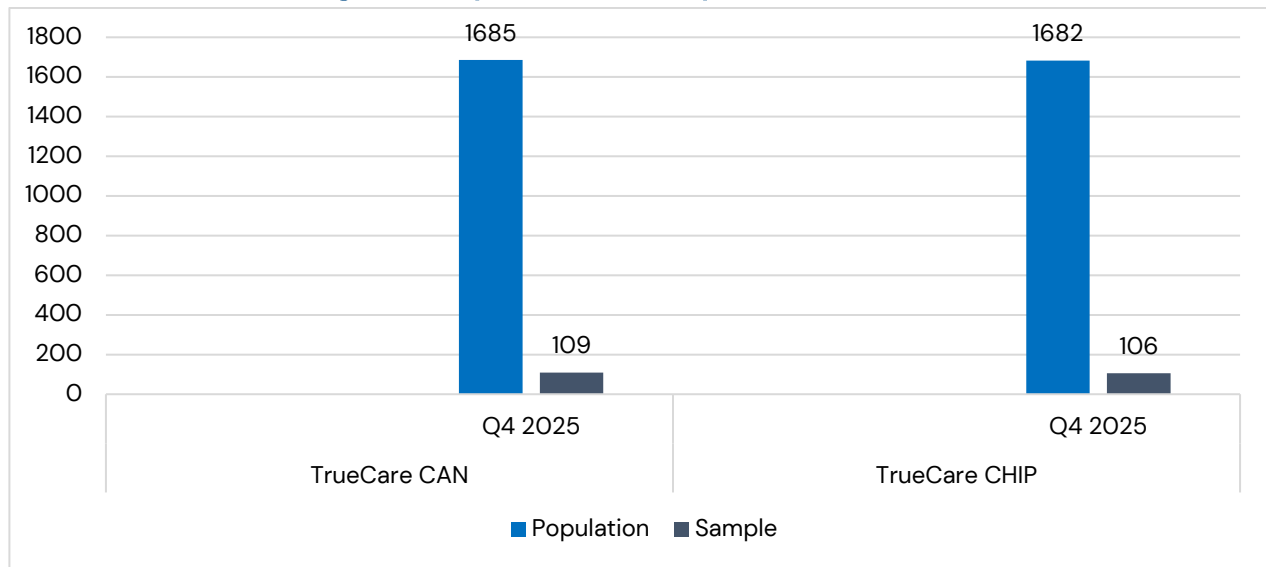
TrueCare

Population and Sample Size

TrueCare CAN – For Q4 2025, TrueCare submitted a total of 1,685 unique PCPs for CAN. Constellation drew a random sample of 109 providers for Phase 1.

TrueCare CHIP – For Q4 2025, TrueCare submitted a total of 1,682 for CHIP. Constellation drew a random sample of 106 providers for Phase 1. See *Figure 13*.

Figure 13: Population and Sample Sizes – TrueCare

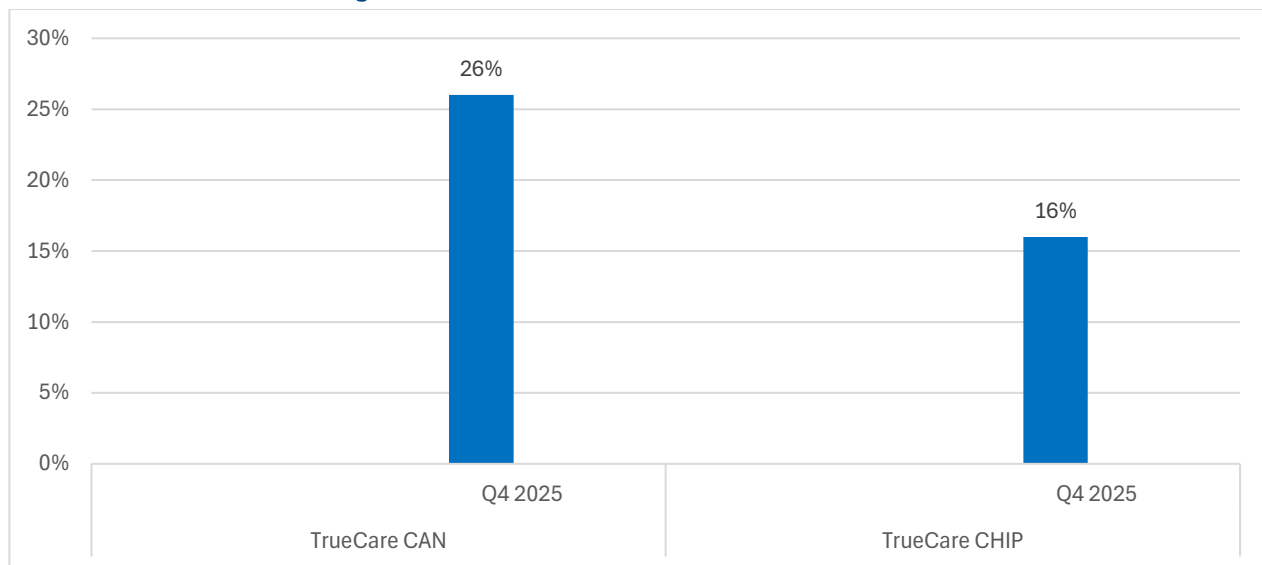


Successful Contacts

TrueCare CAN – For Q4 2025, of the 109 PCPs contacted, eight 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 26% (26 of 101).

TrueCare CHIP – For Q4 2025, of the 106 PCPs contacted, 12 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 16% (15 of 94). See *Figure 14*.

Figure 14: Successful Contact Rates – TrueCare



The Q4 2025 study was the first study conducted for TrueCare; therefore, no comparative data is available.

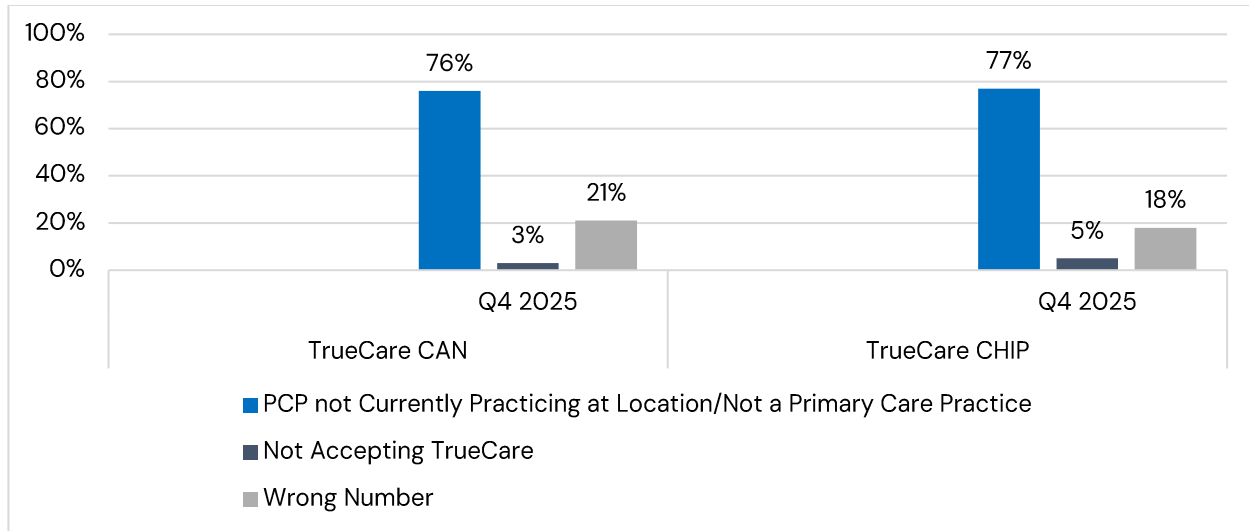
Unsuccessful Contacts

TrueCare CAN – In Q4 2025, of the 75 CAN calls that were answered by a live respondent but considered unsuccessful, the most common reasons for unsuccessful CAN PCP contact were that the PCP was not currently participating at the location (57 PCPs, 76%), while 16 (21%) were because of a wrong number, and two (3%) were because of the practice not accepting TrueCare. While 93% of the providers for which all elements of Phase 1 were verified accepted TrueCare, it was found that 97% of the unsuccessfully contacted providers accepted TrueCare.

TrueCare CHIP – Of the 79 CHIP calls that were answered by a live respondent but considered unsuccessful, the most common reasons for unsuccessful CHIP contacts were PCP not currently participating at current location (61 PCPs, 77%), while 14 (18%) were because of a wrong number, and four (5%) were because of the practice not accepting TrueCare. While 75% of the providers for which all elements of Phase 1 were verified accepted TrueCare, it was found that 95% of the unsuccessfully contacted providers accepted TrueCare. See *Figure 15*.

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Figure 15: Unsuccessful Contact Reasons – TrueCare



The Q4 2025 study was the first study conducted for TrueCare; therefore, no comparative data is available.

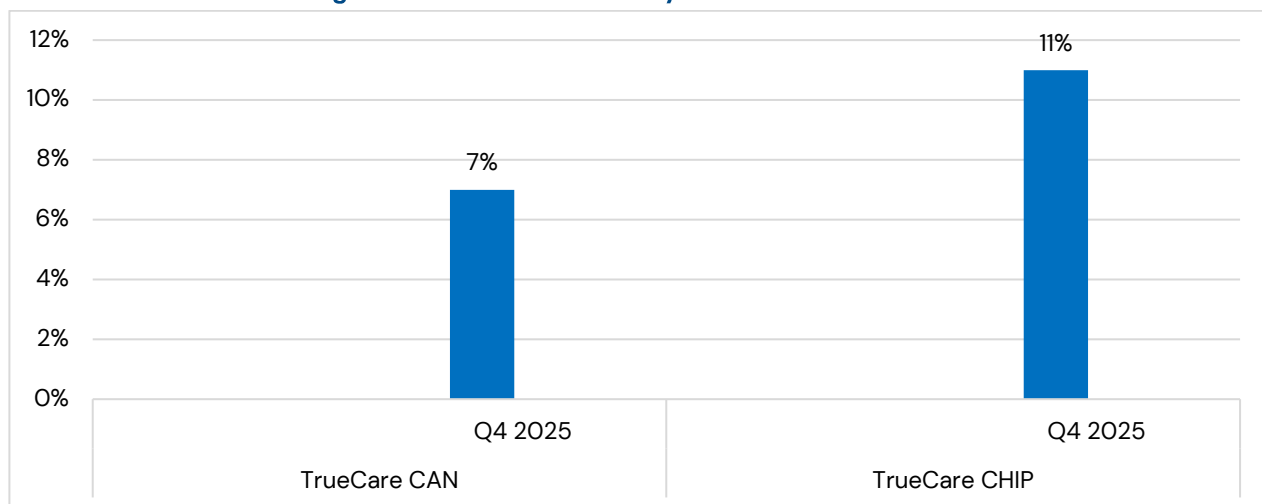
Voicemail-Answered Calls

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

TrueCare CAN – In Q4 2025, the number of PCP offices requiring the caller to leave a message was eight of 109 (7%).

TrueCare CHIP – In Q4 2025, the number of PCP offices requiring the caller to leave a message was 12 of 106 (11%). See Figure 16.

Figure 16: Calls Answered by Voicemail – TrueCare



The Q4 2025 study was the first study conducted for TrueCare; therefore, no comparative data is available.

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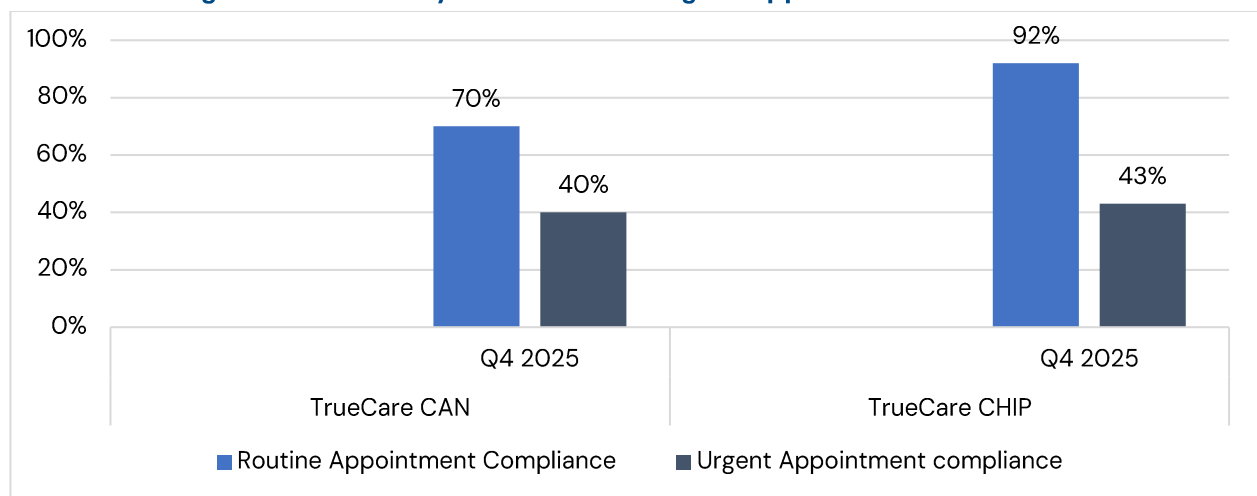
Routine and Urgent Appointments

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.

TrueCare CAN –For Q4 2025 CAN, of the 20 PCPs (77%) who were accepting new patients, 14 (70%) reported routine appointment availability and eight (40%) reported urgent appointment availability within the required timeframes.

TrueCare CHIP –For Q4 2025 CHIP, of the 14 (93%) PCPs who were accepting new patients, 13 (92%) reported routine appointment availability and six (43%) reported urgent appointment availability within the required timeframes. See *Figure 17*.

Figure 17: Availability of Routine and Urgent Appointments – TrueCare



The Q4 2025 study was the first study conducted for TrueCare; therefore, no comparative data is available.

Phase 2: Provider Directory Validation

TrueCare CAN – For Q4 2025 CAN, of the 26 PCPs searched, 12 (46%) were located by name in the provider directory; nine (35%) had a matching phone number listed; nine (35%) had the correct address listed; and 12 (46%) had the correct panel status noted. The overall accuracy rate was 31% (8 of 26). This was below the target rate of 95% accuracy for Directory Validation.

TrueCare CHIP – For Q4 2025 CHIP, of the 15 PCPs searched, 11 (73%) were located by name in the provider directory; nine (60%) had a matching phone number listed; seven (47%) had the correct address listed; and 11 (73%) had the correct panel status noted. The overall accuracy rate was 47% (7 of 15). This was 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 TrueCare CAN and CHIP.

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Table 7: Comparison of CAN and CHIP Access Study Findings – TrueCare

	TrueCare CAN	TrueCare CHIP
	◊Q4 2025	◊Q4 2025
Phase 1 – Provider Access Telephone Study		
Successful Contact Rates	26%	16%
Percentage of Voicemail Answered Calls	7%	11%
Routine Appointment Availability	70%	92%
Urgent Appointment Availability	40%	43%
Phase 2 – Validation of Online Provider Directory Information		
Percentage of PCPs listed in the online provider directory	46%	73%
Percentage of PCPs with matching phone number	35%	60%
Percentage of PCPs with matching address	35%	47%
Percentage of PCPs with matching panel status	46%	73%
Overall Provider Directory Accuracy Rate	31%	47%

◊No previous results for comparison. Q4 2025 was the initial study for TrueCare CAN and CHIP.

Corrective Actions

TrueCare CAN and CHIP – The Q4 2025 study identified challenges leading to corrective actions for staff training in verifying and handling of provider data accurately, improving processes to include more frequent automated checks to flag discrepancies, and conducting regular audits to identify errors promptly. In response, TrueCare continues to follow an established escalation process. Issues are submitted to the internal MStTrueCare Compliance team, which reviews and forwards them to Gainwell (the MS credentialing vendor) and/or DOM as appropriate. This structured approach ensures that data-related inquiries are addressed accurately, timely, and in alignment with regulatory requirements. TrueCare also plans to improve processes to include more frequent automated checks to flag discrepancies. The effectiveness of these corrective actions will be assessed during the next study for TrueCare.

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CONCLUSIONS

For the most recent call studies across all health plans:

- The successful contact rates for the most recent call studies ranged from 16% to 38%; however, all were below the goal rate of 95%.
- The most common reason for unsuccessful contact was PCP not participating at the location.
- The overall provider directory accuracy ratings in the most recent studies ranged from 31% to 63%.
- Routine appointment availability compliance ranged from 42% to 92%.
- Urgent appointment availability compliance ranged from 15% to 43%.

The results of the most recent Provider Access and Provider Directory Validation studies demonstrated an opportunity for improvement in overall successful contact rate for all plans and availability of urgent appointments. Initiatives are needed to update provider directory data and increase availability of appointment slots for urgent care . As these are ongoing studies, improvement will continue to be evaluated twice annually for each CCO to achieve benchmark rates.

A comparative summary of the Access Study results is provided in *Table 8*. Shaded columns indicate the most recent results for each CCO. As noted in preceding tables, up and down arrows are used to indicate improvements and declines.

Table 8: Comparison of Current and Previous Results

	Magnolia			Molina				TrueCare	
	CAN		CHIP	CAN		CHIP		CAN	CHIP
	Q3 2025	Q1 2026	Q1 2026	Q2 2025	Q4 2025	Q2 2025	Q4 2025	Q4 2025	Q4 2025
Phase 1 – Provider Access Telephone Study									
Successful Contact Rates	27%	38% ↑	26%	27%	37% ↑	15%	29% ↑	26%	16%
Percentage of Voicemail Answered Calls*	8%	5% ↑	4%	7%	2% ↑	3%	4% ↓	7%	11%
Routine Appointment Availability	37%	81% ↑	55%	83%	48% ↓	62%	42% ↓	70%	92%
Urgent Appointment Availability	16%	15% ↓	15%	63%	19% ↓	15%	28% ↑	40%	43%

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	Magnolia			Molina				TrueCare	
	CAN		CHIP	CAN		CHIP		CAN	CHIP
	Q3 2025	Q1 2026	~Q1 2026	Q2 2025	Q4 2025	Q2 2025	Q4 2025	◇Q4 2025	◇Q4 2025
Phase 2 – Validation of Online Provider Directory Information									
Percentage of PCPs Listed in the Online Provider Directory	52%	81% ↑	74%	81%	67% ↓	87%	57% ↓	46%	73%
Percentage of PCPs with Matching Phone Number	36%	75% ↑	65%	42%	61% ↑	33%	54% ↑	35%	60%
Percentage of PCPs with Matching Address	32%	69% ↑	70%	54%	61% ↑	73%	57% ↓	35%	47%
Percentage of PCPs with Matching Panel Status	48%	75% ↑	70%	81%	64% ↓	80%	57% ↓	46%	73%
Overall Provider Directory Accuracy Rating	32%	63% ↑	61%	29%	58% ↑	20%	54% ↑	31%	47%

*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.

∞No previous results for comparison. Q1 2026 was the initial study for Magnolia CHIP.

◇No previous results for comparison. Q4 2025 was the initial study for TrueCare CAN and CHIP.

Table 9 provides specific strengths, weaknesses, and recommendations for the 2025 – 2026 Access Studies.

Table 9: Strengths, Weaknesses, and Recommendations

Strengths Related to Access to Care	
<ul style="list-style-type: none"> There was some improvement in successful contact rates and provider directory accuracy compared to earlier studies. Several plans demonstrated strong routine appointment availability, with some reaching up to 92%. Health plans have begun implementing corrective actions such as provider outreach, directory updates, and education on appointment access standards. 	
Weaknesses Related to Access to Care	Recommendations Related to Access to Care
<ul style="list-style-type: none"> Successful contact rates remain below the 95% benchmark. Incorrect provider directory information such as provider no longer practicing at the listed location. Urgent appointment availability rates were low. 	<ul style="list-style-type: none"> Strengthen provider directory maintenance by continuing to implement routine audits and automated validation checks. Increase provider outreach and education to ensure providers update their practice locations, contact details, and panel status. Improve monitoring of appointment availability, particularly urgent care access.

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APPENDIX A – PROVIDER ACCESS STUDY WEB TOOL

Provider Access Study Tool

Caller Name: _____

1st Call Attempt Date: _____

Time: _____

Caller Name: _____

2nd Call Attempt Date: _____

Time: _____

Caller Name: _____

3rd Call Attempt Date: _____

Time: _____

Q1. Was the call answered by a live respondent?

Button Responses: Yes or No

If call was not answered by a live respondent or the respondent refused to participate, answer "No", enter reason and end call.

- Voicemail/ Prompted to leave message
- No answer/busy signal/not a working number
- Office permanently closed
- Yes, but refused to participate after answering
- Hold time greater than 5 minutes
- Other Record here: _____

Q2. Is [provider name] still actively practicing at this location?

Button Responses: Yes or No

If Q2 answer was "No" mark reason and end call.

- Not a primary care location (urgent care, hospital, etc.)
- Not at this address
- Doctor is a hospitalist or other non-PCP
- Doctor is retired
- Other Record here: _____

If Yes, verify:

- **Provider Speciality: (Pre-populated):** Pre-populated speiality matches
Yes
No: (Record correct speciality) _____
- **Provider Phone Number: (Pre-populated):** Pre-populated Phone Number Matches:
Yes
No: (Record correct Phone Number) _____
- **Provider Address: (Pre-populated):** Pre-populated address matches:
Yes
No: (Record New Address)
Street Number: _____
Street Name: _____
Suite Number: _____
City: _____ State: _____ Zip Code: _____

Q3. Are they accepting [health care plan]?

Button Response: Yes or No

If Q3 answer was "No" mark reason for no and end the call.

No (choose one)

- Provider doesn't take listed insurance
- Other: _____

Q4. Are they accepting new patients?

Button Response: Yes or No

If Q4 answer was "No" selection reason:

- Physician has a waiting list for new patients
- Physician has met their capacity limit
- Not accepting new patients until a specified month (example not accepting new patients until December 2022)
- No Reason given
- Other (please explain in comment field) _____

Q5. Is there a routine appointment date available in the next 4 weeks?

Button Yes or No.

If Yes, Date: _____ (not to exceed 30 calendar days)

No (Choose One):

- Appointment date more than 30 calendar days
- Provider requires patient specific information (i.e. birthdate, Medicaid ID number, SSN etc.)
- Provider will have to get back with the caller for an appointment
- Depends on referring physician's recommendations
- Practice has a waiting list
- Depends on the patient's condition
- Other (please explain in comment field) _____

Q6. Is there an urgent appointment available in the next 1 day?

Button Yes or No.

If Yes, Date: _____ (not to exceed 24 hours)

No (Choose One)

- Appointment date more than 24 hours
- Provider requires patient specific information (i.e. birthdate, Medicaid ID number, SSN etc.)
- Provider will have to get back with the caller for an appointment
- Depends on referring physician's recommendations
- Practice has a waiting list
- Depends on the patient's condition
- Other (please explain in comment field) _____

END OF SURVEY.

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

Provider Directory Validation

Q7. Were you able to locate the provider by name in the provider directory?

Button Yes or No

If no, STOP here.

Q8. Did the pre-populated or corrected address in this tool match the address listed in the online provider directory?

Button Pre-populated matched

Corrected matched

No

Q9. Did the pre-populated or corrected phone numbers in this tool match the phone number listed in the online provider directory?

Button Pre-populated matched

Corrected matched

No

Q10. Did the survey response to "are you accepting new Medicaid patients" in Question 4 match what is specified in the online provider directory?

Button Yes or No

Other Comment:
