



**Commonwealth of Kentucky
Department for Medicaid Services
Division of Program Quality & Outcomes**

**Access and Availability
PCP Survey**

**Final Report
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EXECUTIVE SUMMARY

In April 2015, Island Peer Review Organization (IPRO), on behalf of the Commonwealth of Kentucky, Department of Medicaid Services (DMS), conducted a survey to evaluate access to and availability of providers participating with Medicaid managed care organizations (MCOs). Specifically, this project assessed the ability to contact providers and make office hour appointments using a secret shopper survey methodology.

A total of 1,250 providers were randomly sampled for the survey study. Provider types fell into three categories: primary care providers (PCPs), pediatricians, and obstetricians/gynecologists (ob/gyns). The project comprised three types of calls: routine appointments, non-urgent appointments, and after-hours phone access. At the time of this survey, there were five MCOs: Anthem Blue Cross and Blue Shield Medicaid, CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky.

Overall, 86.3% of the providers for the routine calls and 87.4% of the providers for the non-urgent calls were able to be contacted. After removing exclusions, 31.8% of the providers for the routine calls and 24.8% of the providers for the non-urgent calls were both able to be contacted and scheduled an appointment within the corresponding timeliness standards (i.e., 30 days and 48 hours, respectively). The overall compliance rate for after-hours calls was 52.0%.

INTRODUCTION

The EQRO scope of work includes the requirement to administer a survey to evaluate network provider availability and access. The access and availability survey is conducted to ensure that MCOs' provider networks are following the Medicaid Managed Care Participation Standards according to their contractual obligations.

The MCO contracts state that routine services must be provided within 30 days and non-urgent care must be provided within 48 hours. Providers must also offer 24-hour access 7-days a week to be accessible to member phone calls.

MCOs participating in the Kentucky Medicaid program must maintain a compliance rate of at least 80% to satisfy applicable appointment standards. DMS monitors compliance with these standards. As the Kentucky external quality review organization (EQRO), for the second time, IPRO administered a telephone-based access and availability survey to ensure that Kentucky MCOs' provider networks are following the standard for office hour appointments. The first project in 2014 was conducted with behavioral health specialists. The current project focuses on PCPs, pediatricians, and ob/gyns.

METHODOLOGY

Sample Selection

In February 2015, each MCO electronically submitted their provider network data, used to populate their web directory, to IPRO. To conduct the survey, IPRO used the data to select providers for each of the state’s five MCOs at the time of the study: Anthem Blue Cross and Blue Shield Medicaid, CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky.

The combined files contained a total of 388,218 rows. IPRO excluded selected providers:

- whose address was not in Kentucky or any of its bordering states,
- missing critical data such as National Provider Identifier (NPI), phone number, and the PCP/Specialist field,
- not included in the provider directory,
- with specialties that did not meet the criteria for the project,
- with closed panels, and
- non-individual providers (e.g., hospitals, medical centers, and pharmacies).

After removing duplicate providers, the file contained 6,370 providers. Random sampling was performed to select 250 providers from each plan, resulting in a total of 1,250 providers.

The project comprised three types of calls and three provider types. Calls were held for routine appointments, non-urgent appointments, and after-hours phone access. The three provider types were PCPs, pediatricians, and ob/gyns. The table below displays the number of providers allocated to each combination of call type and provider type for each plan, as well as the proportion of providers for each category (**Table 1**).

Table 1: Calls per Call Type and Provider Type

Call Type (% of Calls per Call Type)	Type of Provider (% of Calls per Provider)			Total (100%)
	PCPs (50%)	Pediatricians (30%)	Ob/Gyns (20%)	
Routine calls (42%)	52	32	21	105
Non-urgent calls (42%)	52	32	21	105
After-Hours calls (16%)	20	12	8	40
Total (100%)	124	76	50	250

Consequently, among the 1,250 providers in the final sample across all plans, there were 525 routine calls, 525 non-urgent calls, and 200 after-hours calls. Also, there were 620 PCPs, 380 pediatricians, and 250 ob/gyns.

Conduct Telephone Surveys

A “secret shopper” methodology was used to conduct the phone calls. Surveyors were instructed to role-play as Medicaid managed care (MMC) members seeking care. Using scripted scenarios with clinical indicators that were developed by IPRO and approved by DMS, surveyors attempted to get appointments for care. **Appendix A** contains a list of the scenarios

by provider type. Calls for the project were conducted between April and June 2015. At the outset, a pilot study with 30 providers was conducted to test the survey protocol and scenarios. Ten pilot cases were randomly selected for each call type.

The survey tool included data entry sheets (**Appendix B**) that were developed by IPRO and approved by DMS to capture any contact with a provider's office, as well as a Microsoft Access database that was used for data collection. The data entry sheets were identical for routine and non-urgent calls. Different color paper was used for each of the three call types.

Experienced staff members at IPRO trained the temporary staff hired to conduct the surveys. Training materials included a manual describing the protocol for survey calls, including instructions as to how to handle various outcomes. A thorough review of the procedures, role-playing, and practice sessions were conducted for all surveyors prior to making actual calls for the survey. Surveyors were trained on how to record the details and results of each call on tracking forms.

To ensure quality control, the IPRO Project Manager monitored surveyors' calls on a random basis during survey administration. In addition, information captured on tracking forms was reviewed for consistency, completeness, and accuracy. Data entry was also monitored for accuracy.

Routine and Non-urgent Call Types

Surveyors made up to four attempts to contact a live staff person at each provider office to complete the survey. For each subsequent attempt, surveyors called on different days and different times of the day to maximize contact with a live staff member. For each call made, surveyors documented the call date and time. If contact was not made with a live staff member, the surveyor documented the reason. Reporting options for no contact made included:

- No answer
- On hold for > 10 minutes
- Answering machine/Voicemail system
- Answering service
- Wrong telephone number
- Constant busy signal
- Telephone company message, indicating phone number is out of order
- Number called was a residence or non-doctor business

If an answering machine was reached on the first attempt, surveyors noted the provider site's office hours or alternate number and called back during the appropriate time.

If a live voice was reached, but an appointment could not be made, surveyors documented reasons for no appointment given. Reporting options for no appointment made included:

- Provider not accepting new patients
- Provider not a plan participant
- Provider practice is restricted to specialty care
- Provider required referral
- Provider required information that surveyor could not provide
- Staff not scheduling any appointments at this time
- Staff required previous medical records before appointment can be made
- Provider not at site and no alternate provider available

- Instructed to go to emergency room
- Must complete health form before appointment can be made

Surveyors requested the earliest possible appointment. If the named provider at the site was unavailable, surveyors determined if there was an alternate provider at the site and attempted to make an appointment with the alternate provider. If an appointment was made with any provider in the office, surveyors documented the appointment date and time.

After-Hours Call Type

The purpose of the after-hours calls was to reach a live voice and confirm that the sampled provider was at the site. No appointments were attempted. The call sheet in **Appendix B** displays the surveyor options indicating the results of the call. Surveyors made calls on weekends and after 7 p.m. on weekdays.

RESULTS

Table 2 displays the sample breakdown by provider type and health plan among the providers comprising the survey samples by call type. The number of providers for the routine and non-urgent calls was identical.

Table 2: Number of Providers Surveyed by Provider Type, Health Plan, and Call Type

Provider Type	Anthem Blue Cross and Blue Shield Medicaid	CoventryCares of Kentucky	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Total
Routine Calls						
PCP	52	52	52	52	52	260
Pediatrician	32	32	32	32	32	160
Ob/Gyn	21	21	21	21	21	105
Total	105	105	105	105	105	525
Non-urgent Calls						
PCP	52	52	52	52	52	260
Pediatrician	32	32	32	32	32	160
Ob/Gyn	21	21	21	21	21	105
Total	105	105	105	105	105	525
After-Hours Calls						
PCP	20	20	20	20	20	100
Pediatrician	12	12	12	12	12	60
Ob/Gyn	8	8	8	8	8	40
Total	40	40	40	40	40	200

Ob/Gyn: obstetrician/gynecologist

The results that follow are separated by call type. Since the routine and non-urgent calls have the same survey protocol and questions, they are displayed in the first section, followed by the results for the after-hours calls.

Routine and Non-urgent Call Results

The first measure of success in the access and availability study was to be able to contact a live voice at the providers' offices. Calls were attempted up to four times for each provider. **Table**

3A displays the results for the routine calls, and **Table 3B** displays the results for the non-urgent calls.

As seen in **Table 3A**, among the 525 providers for routine calls, 453 (86.3%) were able to be contacted. Plan rates ranged from 83.8% to 89.5%. Across provider types, rates ranged from 85.6% to 88.6%. Results were similar for the non-urgent calls, with 459 (87.4%) able to be contacted, and rates ranged from 83.8% to 90.5% among plans and 85.4% to 93.3% among provider types (**Table 3B**).

Table 3A: Contact Made by Plan and Provider Type for Routine Calls

Plan/Provider Type	# Providers Surveyed	# Contact Made	Contact Rate
Plan Type			
Anthem Blue Cross and Blue Shield Medicaid	105	91	86.7%
CoventryCares of Kentucky	105	94	89.5%
Humana-CareSource	105	88	83.8%
Passport Health Plan	105	90	85.7%
WellCare of Kentucky	105	90	85.7%
Total	525	453	86.3%
Provider Type			
PCP	260	223	85.8%
Pediatrician	160	137	85.6%
Obstetrician/gynecologist	105	93	88.6%
Total	525	453	86.3%

Table 3B: Contact Made by Plan and Provider Type for Non-urgent Calls

Plan/Provider Type	# Providers Surveyed	# Contact Made	Contact Rate
Plan Type			
Anthem Blue Cross and Blue Shield Medicaid	105	95	90.5%
CoventryCares of Kentucky	105	93	88.6%
Humana-CareSource	105	92	87.6%
Passport Health Plan	105	91	86.7%
WellCare of Kentucky	105	88	83.8%
Total	525	459	87.4%
Provider Type			
PCP	260	222	85.4%
Pediatrician	160	139	86.9%
Obstetrician/gynecologist	105	98	93.3%
Total	525	459	87.4%

Table 4A displays the reasons that the 72 providers in the routine category could not be contacted, while **Table 4B** displays the reasons that the 66 providers in the non-urgent category could not be contacted. The most common reason for both call types was telephone company message noting the phone is out of order, followed by an answering machine/voice mail system.

Table 4A: Reasons Contact was Not Made for Routine Calls

Reason Not Able to Contact Provider	n	%
Telephone company message phone out of order	30	41.7%
Answering machine/Voice mail system*	18	25.0%
Number called was a residence or non-doctor business	12	16.7%
Constant busy signal*	6	8.3%
No answer*	4	5.6%
Wrong telephone number	1	1.4%
Answering service*	1	1.4%
Put on hold > 10 minutes*	0	0.0%
Total	72	100.0%

* These calls occurred on the 4th attempt, since these reasons required multiple attempts.

Table 4B: Reasons Contact was Not Made for Non-urgent Calls

Reason Not Able to Contact Provider	n	%
Telephone company message phone out of order	29	43.9%
Answering machine/Voice mail system*	17	25.8%
Number called was a residence or non-doctor business	7	10.6%
Constant busy signal*	6	9.1%
No answer*	4	6.1%
Wrong telephone number	2	3.0%
Answering service*	1	1.5%
Put on hold > 10 minutes*	0	0.0%
Total	66	100.0%

* These calls occurred on the 4th attempt, since these reasons required multiple attempts.

Exclusions

Calls were excluded from the remainder of the analyses when the provider required information, such as an MCO membership identification (ID) number, which the surveyor could not provide. These providers were excluded to avoid penalizing plans due to the fact that the surveyor was not able to provide information, such as name and Medicaid ID number while speaking to the providers' office on the call.

Among the 525 providers in the study for routine calls, 28 providers were excluded, resulting in 497 providers available for the remaining analyses (data not shown). Among the 525 providers in the study for non-urgent calls, 30 providers were excluded, resulting in 495 providers in the analyses (data not shown).

For routine calls, among the 497 providers that were retained for analysis, 425 cases were able to be contacted (data not shown). Of these 425 providers, an appointment was made for 187 providers (44.0%; data not shown). Among these 187 appointments, 158 (84.5%) met the timeliness standard of an appointment scheduled within 30 days of the call, despite the surveyor's attempt to make an earlier appointment.

Table 5A displays the compliance rate for each plan and provider type among the 497 providers for analysis for routine calls. Only 31.8% of the 497 providers were able to be contacted and scheduled an appointment within 30 days. Plan compliance rates ranged from 27.6% to 36.1%. Compliance rates by provider types varied from 29.4% among PCPs to 39.2% for ob/gyns.

Table 5A: Compliance by Plan and Provider Type for Routine Calls

Plan/Provider Type	Providers Surveyed	Appointments within 30 days	Compliance Rate
Plan Type			
Anthem Blue Cross and Blue Shield Medicaid	99	35	35.4%
CoventryCares of Kentucky	103	32	31.1%
Humana-CareSource	100	29	29.0%
Passport Health Plan	98	27	27.6%
WellCare of Kentucky	97	35	36.1%
Total	497	158	31.8%
Provider Type			
PCP	245	72	29.4%
Pediatrician	155	48	31.0%
Obstetrician/gynecologist	97	38	39.2%
Total	497	158	31.8%

For non-urgent calls, among the 495 providers that were retained for analysis, 429 cases were able to be contacted (data not shown). Of these 429 providers, an appointment was made for 203 (47.3%) providers (data not shown). Among these 203 appointments, 123 (60.6%) met the timeliness standard of an appointment scheduled within 48 hours of the call, despite the surveyor’s attempt to make an earlier appointment. A total of 164 calls (80.8%) were scheduled within 10 days (data not shown).

Table 5B displays the compliance rate for each plan and provider type among the 495 providers for analysis for non-urgent calls. Only 24.8% of the 495 providers were able to be contacted and scheduled an appointment within 48 hours. Plan compliance rates ranged from 19.8% to 34.4%. Compliance rates by provider types varied from 12.8% among ob/gyns to 34.9% for pediatricians.

Table 5B: Compliance by Plan and Provider Type for Non-urgent Calls

Plan/Provider Type	Providers Surveyed	Appointments within 48 hours	Compliance Rate
Plan Type			
Anthem Blue Cross and Blue Shield Medicaid	99	26	26.3%
CoventryCares of Kentucky	101	20	19.8%
Humana-CareSource	104	25	24.0%
Passport Health Plan	93	32	34.4%
WellCare of Kentucky	98	20	20.4%
Total	495	123	24.8%
Provider Type			
PCP	249	58	23.3%
Pediatrician	152	53	34.9%
Obstetrician/gynecologist	94	12	12.8%
Total	495	123	24.8%

Table 6A displays the compliance rates for each combination of provider type and health plan among routine calls. The lowest compliance rate was observed among Humana’s pediatricians (19.4%), whereas Humana’s ob/gyns (61.1%) evidenced the highest compliance rate among the plans for each of the three provider types. Rates should be interpreted with caution in instances with denominators lower than 30.

Table 6A: Compliance for Each Combination of Provider Type and MCO for Routine Calls

Provider Type/MCO		Providers Surveyed	Appointments within 30 Days	Compliance Rate
PCP	Anthem	48	17	35.4%
	Coventry	51	12	23.5%
	Humana	51	12	23.5%
	Passport	47	15	31.9%
	WellCare	48	16	33.3%
	Total	245	72	29.4%
Pediatrician	Anthem	31	12	38.7%
	Coventry	31	11	35.5%
	Humana	31	6	19.4%
	Passport	31	8	25.8%
	WellCare	31	11	35.5%
	Total	155	48	31.0%
Obstetrician/ gynecologist	Anthem	20	6	30.0%
	Coventry	21	9	42.9%
	Humana	18	11	61.1%
	Passport	20	4	20.0%
	WellCare	18	8	44.4%
	Total	97	38	39.2%

Table 6B displays the compliance rates for each combination of provider type and health plan among non-urgent calls. The lowest compliance rates were observed among Humana’s ob/gyns (0.0%) and Coventry’s ob/gyns (5.6%). In contrast, Passport Health Plan’s pediatricians (51.9%) and Humana’s pediatricians (43.8%) evidenced the highest compliance rates among the MCOs for each of the three provider types. Rates should be interpreted with caution in instances with denominators lower than 30.

Table 6B: Compliance for Each Combination of Provider Type and MCO for Non-urgent Calls

Provider Type/MCO		Providers Surveyed	Appointments within 48 Hours	Compliance Rate
PCP	Anthem	49	12	24.5%
	Coventry	52	9	17.3%
	Humana	52	11	21.2%
	Passport	46	14	30.4%
	WellCare	50	12	24.0%
	Total	249	58	23.3%
Pediatrician	Anthem	32	10	31.3%
	Coventry	31	10	32.3%
	Humana	32	14	43.8%
	Passport	27	14	51.9%
	WellCare	30	5	16.7%
	Total	152	53	34.9%
Obstetrician/ gynecologist	Anthem	18	4	22.2%
	Coventry	18	1	5.6%
	Humana	20	0	0.0%
	Passport	20	4	20.0%
	WellCare	18	3	16.7%
	Total	94	12	12.8%

As shown in **Table 7A**, among the 497 providers for the routine calls, an appointment could not be made with 238 providers. The most common reason was that the provider practice was restricted to specialty care, accounting for 69 appointments not made. Examples of provider practices restricted to specialty care were: hospital, cardiology, high-risk pregnancy, and emergency medicine. An additional 46 appointments were not made because the provider was not at the site and no alternative provider was available, and 45, because the provider was not accepting new patients.

Table 7A: Reasons Appointment Not Made for Routine Calls

Reason Appointment Not Made	n	%
Provider practice restricted to specialty care	69	29.0%
Provider not at site and no alternative provider available	46	19.3%
Provider not accepting new patients	45	18.9%
Provider not a plan participant	36	15.1%
Must complete health questionnaire before appointment can be made	16	6.7%
Staff required previous medical records	16	6.7%
Staff not scheduling any appointments at this time	6	2.5%
Provider required referral	4	1.7%
Instructed to go to emergency room	0	0.0%
Total	238	100.0%

As shown in **Table 7B**, among the 495 providers for the non-urgent calls, an appointment could not be made with 226 providers. The most common reasons were identical to the routine calls: the provider practice was restricted to specialty care, the provider was not at the site and no alternative provider was available, and the provider was not accepting new patients. Examples of provider practices restricted to specialty care were: hospital, urgent care, pediatrics, and urology.

Table 7B: Reasons Appointment Not Made for Non-urgent Calls

Reason Appointment Not Made	n	%
Provider practice restricted to specialty care	61	27.0%
Provider not at site and no alternative provider available	42	18.6%
Provider not accepting new patients	38	16.8%
Provider not a plan participant	36	15.9%
Must complete health questionnaire before appointment can be made	19	8.4%
Staff required previous medical records	18	8.0%
Staff not scheduling any appointments at this time	9	4.0%
Provider required referral	2	0.9%
Instructed to go to emergency room	1	0.4%
Total	226	100.0%

Table 8 presents a summary of the call dispositions of the 525 providers surveyed for routine calls and 525 surveyed for non-urgent calls (including the exclusions), and provides the reasons for no contact made and for no appointment made, as well as the number of appointments made. Results were similar for both types of calls, except for the number of appointments that met the timeliness standards (i.e., 30 days for routine and 48 hours for non-urgent calls). Routine calls were more likely to meet the timeliness standard than non-urgent calls.

Across both call types combined, 13% of the calls resulted in no contact made, 50% resulted in contact made but no appointment, 10% resulted in an appointment made outside the timeframe of the appointment standards, and 27% resulted in an appointment within the timeliness standards.

Table 8: Summary of Call Dispositions for Routine and Non-urgent Calls

Call Disposition	Routine	Non-urgent
No Contact Made – Reasons		
Telephone company message phone out of order	30	29
Answering machine/Voice mail system	18	17
Number called was a residence or non-doctor business	12	7
Constant busy signal	6	6
No answer	4	4
Wrong telephone number	1	2
Answering service	1	1
Put on hold > 10 minutes	0	0
Total	72	66
Contact Made but No Appointment Made – Reasons		
Provider practice restricted to specialty care	69	61
Provider not at site and no alternative provider available	46	42
Provider not accepting new patients	45	38
Provider not a plan participant	36	36
Provider required information that surveyor could not provide	28	30
Must complete health questionnaire before appointment can be made	16	19
Staff required previous medical records	16	18
Staff not scheduling any appointments at this time	6	9
Provider required referral	4	2
Instructed to go to emergency room	0	1
Total	266	256
Contacted and Appointment Made Outside Timeframe	29	80
Contacted and Appointment Made Within Timeframe	158	123
Total Calls	525	525

After-Hours Call Results

After-hours calls differed from the routine and non-urgent calls in focus and procedure. The main purpose was to identify whether providers were able to be contacted. Surveyors did not attempt to make an appointment. **Table 9** displays the compliance results by provider type and MCO. The overall compliance rate was 52.0%, with rates ranging from 37.5% to 62.5% among MCOs and 42.5% for ob/gyns to 60.0% for pediatricians among provider types.

Table 9: Compliance by MCO and Provider Type for After-Hours Calls

Plan/Provider Type	Providers Surveyed	Compliant	Compliance Rate
Plan Type			
Anthem Blue Cross and Blue Shield Medicaid	40	20	50.0%
CoventryCares of Kentucky	40	25	62.5%
Humana-CareSource	40	15	37.5%
Passport Health Plan	40	23	57.5%
WellCare of Kentucky	40	21	52.5%
Total	200	104	52.0%
Provider Type			
PCP	100	51	51.0%
Pediatrician	60	36	60.0%
Obstetrician/gynecologist	40	17	42.5%
Total	200	104	52.0%

Table 10 displays the compliance rate for each combination of provider type and health plan among after-hours calls. All rates in this table should be interpreted with caution due to small denominators.

Table 10: Compliance for Each Combination of Provider Type and MCO for After-Hours Calls

Provider Type/MCO		Providers Surveyed	Compliant	Compliance Rate
PCP	Anthem	20	10	50.0%
	Coventry	20	12	60.0%
	Humana	20	7	35.0%
	Passport	20	10	50.0%
	WellCare	20	12	60.0%
	Total	100	51	51.0%
Pediatrician	Anthem	12	6	50.0%
	Coventry	12	8	66.7%
	Humana	12	8	66.7%
	Passport	12	9	75.0%
	WellCare	12	5	41.7%
	Total	60	36	60.0%
Obstetrician/ gynecologist	Anthem	8	4	50.0%
	Coventry	8	5	62.5%
	Humana	8	0	0.0%
	Passport	8	4	50.0%
	WellCare	8	4	50.0%
	Total	40	17	42.5%

Among the 104 compliant providers, 102 resulted in a live voice that answered the call, one gave the surveyor a pager number for the second number, and one told the surveyor to leave a message, and that the provider would call back within 30 minutes (data not shown).

Table 11 displays the reasons for non-compliance among the remaining 96 providers for the after-hours calls. The most common reasons were that the surveyor was told to leave a message and would receive a call back within an unspecified timeframe, no after-hours phone number given, and wrong number.

Table 11: Reasons for Non-compliance for After-Hours Calls

Reason for Non-compliance	n	%
Told to leave message; provider to call back within unspecified timeframe	18	18.8%
No after-hours phone number given	15	15.6%
Wrong number	14	14.6%
Provider not covered by answering service	13	13.5%
No live voice at second number	11	11.5%
Disconnected/not in service	9	9.4%
Provider no longer at site	5	5.2%
Not answered (> 11 rings)	4	4.2%
Provider not a plan participant	3	3.1%
Instructed to go to emergency room/hospital	1	1.0%
On hold for more than 10 minutes	1	1.0%
Other	2	2.1%
Total	96	100.0%

Summary of All Call Type Results

As shown in **Table 12**, overall compliance rates were 31.8% for routine calls, 24.8% for non-urgent calls, and 52.0% for after-hours calls. Interestingly, for routine calls, compliance rates were highest for ob/gyns, while for non-urgent and after-hours calls, compliance rates were highest for pediatricians. In contrast, for routine calls, PCPs had the lowest compliance rates, whereas for non-urgent and after-hours calls, ob/gyns had the lowest rates.

Table 12: Compliance Summary by Call Type and Provider Type

Call Type	Provider Type	Providers Surveyed	Compliant	Compliance Rate
Routine	PCP	245	72	29.4%
	Pediatrician	155	48	31.0%
	Obstetrician/gynecologist	97	38	39.2%
	Total Routine	497	158	31.8%
Non-urgent	PCP	249	58	23.3%
	Pediatrician	152	53	34.9%
	Obstetrician/gynecologist	94	12	12.8%
	Total Non-urgent	495	123	24.8%
After-Hours	PCP	100	51	51.0%
	Pediatrician	60	36	60.0%
	Obstetrician/gynecologist	40	17	42.5%
	Total After-Hours	200	104	52.0%

LIMITATIONS

Because some ob/gyns are considered specialists and the field open and closed panel status is typically recorded only for PCPs, slightly more than half of the ob/gyns in the project had no data for the field. Ideally, providers with closed panels would have been excluded from the project if the data had been available. As noted above, 83 providers across routine and non-urgent call types noted that they are not accepting new patients. The providers' claim could not be verified via the provider directory data, although may be verified by the health plans. Among these 83 providers, only five were missing data on panel status, while the remaining 78 were classified as open panel status. Therefore, the lack of data for panel status may represent only a minor limitation.

Another limitation is that some phone numbers were included multiple times in the study, even though they corresponded to different providers. As mentioned previously, the provider file was de-duplicated, but providers often share the same phone numbers with other providers. IPRO's sampling attempted to minimize duplication of phone numbers as much as possible. Since some of the issues identified in this project may be limited to certain phone numbers, the counts of some of the reasons that contacts and appointments were not made may be higher than if all unique phone numbers were surveyed.

CONCLUSIONS

The overall compliance rates of 31.8%, 24.8%, and 52.0% for routine, non-urgent, and after-hours calls, respectively, are substantially below the standard of 80%. Approximately 13% of the surveyed providers were not able to be contacted among routine and non-urgent calls. Also, 50% were able to be contacted, but no appointment was made.

IPRO recommends that DMS work with the MCOs to increase contact and appointment rates for PCPs, pediatricians, and ob/gyns. It is important for members to be able to access providers and obtain appointments with providers.

NEXT STEPS

IPRO will prepare a listing for each MCO that will include:

- Providers who could not be contacted and reasons
- Providers where no appointment could be made and reasons
- Providers who offered appointments that were not within the correct time frame
- Providers who offered timely, compliant appointments.

Plans will receive 30 days to review the files and submit explanations regarding the contacts and appointments that were not made.

After receiving the MCO explanations, IPRO will produce a summary report categorizing the responses. The report will be itemized by MCO and provider type. Also, MCOs will be instructed to update their provider systems to ensure that these providers are correctly reported in their provider directory files.

Appendix A: Scenarios by Provider Type and Call Type

Code	Routine Appointment Scenarios
Internist/Family practice	
A1	Smokes 2 packs per day, coughing a lot, requesting help to stop smoking.
A2	Overweight, weighs about 200lbs. (female), needs help to lose weight, (height is 5'2 ½"); or male who weighs 275lbs., is 5'9 ½".
A3	Heartburn and Insomnia: When I eat dinner and go to bed I can't sleep because of heartburn. It has been going on for about 3 weeks. (No other symptoms).
A4	High-blood pressure and is running out of medication. (1 month of medication left takes Atenolol, 1 pill in the morning –50 mg)
A5	Diabetic and haven't had a check-up in over a year.
A6	History of high cholesterol and has not had blood checked in over a year.
Obstetrician/Gynecologist	
B7	New member that moved from downstate to upstate (or vice versa) and has not had a GYN check-up in over two years. Request a routine GYN check-up (i.e. Pap test, breast exam, etc.).
B8	I'm in my late 40's and have been experiencing sweating and "hot flashes". I think I may be starting menopause. (DOB: March 27, 1968)*
B9	I am sure I am pregnant. I've missed my last period, and haven't been seen by an OB doctor yet. I need to schedule a prenatal care visit.
Pediatrician	
C11	New member seeking immunizations (shots) for 6 month-old daughter. (DOB: May 8, 2014)
C12	Needs physical for 13 year-old son. (DOB: January 4, 2002- 8th grade)
C13	New member seeking physical for 8 year-old as she is overweight. (DOB: Jan. 11, 2007)
C14	New member, who just moved into the area, seeking a pediatrician appointment for a 12 month-old boy. (DOB: January 12, 2014)

Code	Non-urgent Appointment Scenarios
Internist/Family practice	
D13	I feel all stuffed up and my hearing is muffled. This is the 2 nd day I have pain and it's getting worse. I also have a fever of 100.5.
D14	I have a funny taste in my mouth all the time and lately when I blow my nose the mucous is green.
D15	Bad back ache and the pain goes into my right leg.
D16	Coughing a lot, day and night- thought it was a cold, but it's 2 weeks now, (mucous is yellow). (Did not take temperature).
D18	I've had diarrhea for the past two days. I didn't feel so well after I got take-out food two nights ago. No one else who ate with me is sick. I am able to drink but I don't feel like eating. No abdominal pain.
Obstetrician/Gynecologist	
E18	Vaginal discharge (yellow and odorous).
E19	Pain and cramping in the lower left side. I thought it was gas but the pain has not gone away.
E20	I'm in my 20's or 30's and have experienced some vaginal bleeding (after intercourse). My last period was two weeks ago.
E21	Eight (8) months pregnant and I've never been seen by a doctor.
Pediatrician	
F22	Six (6) year old daughter has been vomiting and has diarrhea for 2 days. (DOB: February 13, 2008)
F25	Thirteen (13) year old son played basketball a couple of days ago, and now complains about pain when he lifts his right arm or when he picks up anything with his right arm. There is no indication that he fell or had a trauma. (DOB: May 21, 2001)
F27	Ten (10) month old son who is not eating, only drinking- for a day. (DOB: March 5, 2014)
F28	Six (6) year old son complains of pain in his knees and difficulty walking for a week. The pain has not gone away and he keeps telling me it hurts. (DOB: March 1, 2008)

After Hours calls do not have a specific scenario, but must meet criteria in contract language above to be considered compliant.

Appendix B: Call Sheets

**2015 PROVIDER ACCESS AND AVAILABILITY STUDY
PRIMARY CARE PHYSICIAN (PCP)
ROUTINE APPOINTMENT AVAILABILITY DATA ENTRY SHEET**

Surveyor Last Name _____ Plan Name: _____ Scenario ID: _____ Phone: _____

Provider Name: _____ Provider Category: _____

Address: _____ Sample ID: _____

CALL 1: DATE ____/____/____ TIME: ____/____ AM/PM																					
<p>1. Able to make contact: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Part A)</p> <p>2. Able to make appt: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to #7 Then to Part B)</p> <p>3. Appt with: <input type="checkbox"/> Designated Provider <input type="checkbox"/> Alternate Provider _____</p> <p>4. Appt Date: ____/____/____ Appt Time ____:____AM/PM</p> <p>5. Appt within 30 days of call: <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No</p> <p>6. Attempt to make earlier appt: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Contact person's name _____</p> <p align="center">*Remember to Cancel Appointment*</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">PART A - Reason No Contact Made</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> No answer *</td></tr> <tr><td><input type="checkbox"/> Put on hold >10 min *</td></tr> <tr><td><input type="checkbox"/> Answering machine/Voice mail system *</td></tr> <tr><td><input type="checkbox"/> Answering Service *</td></tr> <tr><td><input type="checkbox"/> Wrong telephone number New # _____ *</td></tr> <tr><td><input type="checkbox"/> Constant busy signal *</td></tr> <tr><td><input type="checkbox"/> Telephone company message indicating phone out of order *</td></tr> <tr><td><input type="checkbox"/> Number called was a residence or non-doctor business *</td></tr> <tr> <th style="text-align: center;">PART B - Reason No Appt Made</th> </tr> <tr><td><input type="checkbox"/> Provider not accepting new patients (closed panel)</td></tr> <tr><td><input type="checkbox"/> Provider not a plan participant</td></tr> <tr><td><input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____</td></tr> <tr><td><input type="checkbox"/> Provider required referral</td></tr> <tr><td><input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____</td></tr> <tr><td><input type="checkbox"/> Staff not scheduling any appointments at this time</td></tr> <tr><td><input type="checkbox"/> Staff required previous medical records</td></tr> <tr><td><input type="checkbox"/> Provider not at site and no alternative provider available</td></tr> <tr><td><input type="checkbox"/> Instructed to go to Emergency Room</td></tr> <tr><td><input type="checkbox"/> Patient must complete health form before appointment can be made</td></tr> </tbody> </table>	PART A - Reason No Contact Made	<input type="checkbox"/> No answer *	<input type="checkbox"/> Put on hold >10 min *	<input type="checkbox"/> Answering machine/Voice mail system *	<input type="checkbox"/> Answering Service *	<input type="checkbox"/> Wrong telephone number New # _____ *	<input type="checkbox"/> Constant busy signal *	<input type="checkbox"/> Telephone company message indicating phone out of order *	<input type="checkbox"/> Number called was a residence or non-doctor business *	PART B - Reason No Appt Made	<input type="checkbox"/> Provider not accepting new patients (closed panel)	<input type="checkbox"/> Provider not a plan participant	<input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____	<input type="checkbox"/> Provider required referral	<input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____	<input type="checkbox"/> Staff not scheduling any appointments at this time	<input type="checkbox"/> Staff required previous medical records	<input type="checkbox"/> Provider not at site and no alternative provider available	<input type="checkbox"/> Instructed to go to Emergency Room	<input type="checkbox"/> Patient must complete health form before appointment can be made
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**2015 PROVIDER ACCESS AND AVAILABILITY STUDY
PRIMARY CARE PHYSICIAN (PCP)
ROUTINE APPOINTMENT AVAILABILITY DATA ENTRY SHEET**

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**2015 PROVIDER ACCESS AND AVAILABILITY STUDY
PRIMARY CARE PHYSICIAN (PCP)
NON-URGENT APPOINTMENT AVAILABILITY DATA ENTRY SHEET**

Surveyor Last Name _____ Plan Name: _____ Scenario ID: _____ Phone: _____

Provider Name: _____ Provider Category: _____

Address: _____ Sample ID: _____

CALL 1: DATE ____/____/____ TIME: ____/____ AM/PM					
<p>1. Able to make contact: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Part A)</p> <p>2. Able to make appt: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to #7 Then to Part B)</p> <p>3. Appt with: <input type="checkbox"/> Designated Provider <input type="checkbox"/> Alternate Provider _____</p> <p>4. Appt Date: ____/____/____ Appt Time ____:____AM/PM</p> <p>5. Appt within 48 hours of call: <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No</p> <p>6. Attempt to make earlier appt: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Contact person's name _____</p> <p align="center">*Remember to Cancel Appointment*</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">PART A - Reason No Contact Made</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> No answer * <input type="checkbox"/> Put on hold >10 min * <input type="checkbox"/> Answering machine/Voice mail system * <input type="checkbox"/> Answering Service * <input type="checkbox"/> Wrong telephone number New # _____ * <input type="checkbox"/> Constant busy signal * <input type="checkbox"/> Telephone company message indicating phone out of order * <input type="checkbox"/> Number called was a residence or non-doctor business * </td> </tr> <tr> <th style="text-align: center;">PART B - Reason No Appt Made</th> </tr> <tr> <td> <input type="checkbox"/> Provider not accepting new patients (closed panel) <input type="checkbox"/> Provider not a plan participant <input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____ <input type="checkbox"/> Provider required referral <input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____ <input type="checkbox"/> Staff not scheduling any appointments at this time <input type="checkbox"/> Staff required previous medical records <input type="checkbox"/> Provider not at site and no alternative provider available <input type="checkbox"/> Instructed to go to Emergency Room <input type="checkbox"/> Patient must complete health form before appointment can be made </td> </tr> </tbody> </table>	PART A - Reason No Contact Made	<input type="checkbox"/> No answer * <input type="checkbox"/> Put on hold >10 min * <input type="checkbox"/> Answering machine/Voice mail system * <input type="checkbox"/> Answering Service * <input type="checkbox"/> Wrong telephone number New # _____ * <input type="checkbox"/> Constant busy signal * <input type="checkbox"/> Telephone company message indicating phone out of order * <input type="checkbox"/> Number called was a residence or non-doctor business *	PART B - Reason No Appt Made	<input type="checkbox"/> Provider not accepting new patients (closed panel) <input type="checkbox"/> Provider not a plan participant <input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____ <input type="checkbox"/> Provider required referral <input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____ <input type="checkbox"/> Staff not scheduling any appointments at this time <input type="checkbox"/> Staff required previous medical records <input type="checkbox"/> Provider not at site and no alternative provider available <input type="checkbox"/> Instructed to go to Emergency Room <input type="checkbox"/> Patient must complete health form before appointment can be made
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<p>1. Able to make contact: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Part A)</p> <p>2. Able to make appt: <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to #7 Then to Part B)</p> <p>3. Appt with: <input type="checkbox"/> Designated Provider <input type="checkbox"/> Alternate Provider _____</p> <p>4. Appt Date: ____/____/____ Appt Time ____:____AM/PM</p> <p>5. Appt within 48 hours of call: <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No</p> <p>6. Attempt to make earlier appt: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Contact person's name _____</p> <p align="center">*Remember to Cancel Appointment*</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">PART A - Reason No Contact Made</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> No answer * <input type="checkbox"/> Put on hold >10 min * <input type="checkbox"/> Answering machine/Voice mail system * <input type="checkbox"/> Answering Service * <input type="checkbox"/> Wrong telephone number New # _____ * <input type="checkbox"/> Constant busy signal * <input type="checkbox"/> Telephone company message indicating phone out of order * <input type="checkbox"/> Number called was a residence or non-doctor business * </td> </tr> <tr> <th style="text-align: center;">PART B - Reason No Appt Made</th> </tr> <tr> <td> <input type="checkbox"/> Provider not accepting new patients (closed panel) <input type="checkbox"/> Provider not a plan participant <input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____ <input type="checkbox"/> Provider required referral <input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____ <input type="checkbox"/> Staff not scheduling any appointments at this time <input type="checkbox"/> Staff required previous medical records <input type="checkbox"/> Provider not at site and no alternative provider available <input type="checkbox"/> Instructed to go to Emergency Room <input type="checkbox"/> Patient must complete health form before appointment can be made </td> </tr> </tbody> </table>	PART A - Reason No Contact Made	<input type="checkbox"/> No answer * <input type="checkbox"/> Put on hold >10 min * <input type="checkbox"/> Answering machine/Voice mail system * <input type="checkbox"/> Answering Service * <input type="checkbox"/> Wrong telephone number New # _____ * <input type="checkbox"/> Constant busy signal * <input type="checkbox"/> Telephone company message indicating phone out of order * <input type="checkbox"/> Number called was a residence or non-doctor business *	PART B - Reason No Appt Made	<input type="checkbox"/> Provider not accepting new patients (closed panel) <input type="checkbox"/> Provider not a plan participant <input type="checkbox"/> Provider practice is restricted to specialty care Specialty: _____ <input type="checkbox"/> Provider required referral <input type="checkbox"/> Provider required info that surveyor could not provide Info requested: _____ <input type="checkbox"/> Staff not scheduling any appointments at this time <input type="checkbox"/> Staff required previous medical records <input type="checkbox"/> Provider not at site and no alternative provider available <input type="checkbox"/> Instructed to go to Emergency Room <input type="checkbox"/> Patient must complete health form before appointment can be made
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Appointment cancelled? Yes No Initials _____

**2015 PROVIDER ACCESS AND AVAILABILITY STUDY
PRIMARY CARE PHYSICIAN (PCP)
NON-URGENT APPOINTMENT AVAILABILITY DATA ENTRY SHEET**

CALL 3: DATE ___/___/___ TIME: ___/___ AM/PM																																									
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**2015 PROVIDER ACCESS AND AVAILABILITY STUDY
PRIMARY CARE PHYSICIAN (PCP) - AFTER HOURS ACCESSIBILITY**

Surveyor Name: _____ Plan Name: _____ Sample ID: _____

Provider Name: _____ Provider Type: _____

Address: _____ Phone: _____

Call Date: _____ Time: _____

Call Answered By:

- Answering Machine/Voice mail system (Go to Dispositions)
- Answering Service (Go to Dispositions)
- Office Staff /Hospital Staff (Go to Dispositions)
- Primary Care Provider (Go to Dispositions)
- Other Care Provider (Go to Dispositions)
- Not Answered (>11 rings) TRY AGAIN up to 4 times (End/ **NOT** Compliant)
- Line Busy TRY AGAIN up to 4 times (End/ **NOT** Compliant)
- Wrong Number (End/ **NOT** Compliant)
- Disconnected Number (End/ **NOT** Compliant)
- Automated Call Back System (End/ **Compliant**)
- Other-Specify: _____

Disposition of Call:

- Live voice answered call (End/ **Compliant**)
- Told leave message-provider to call back within 30 minutes (End/ **Compliant**)
- Recording directing the Member to call another number to reach the PCP within 30 minutes (End/ **Compliant**)
- Transferred to another location where someone will answer the phone and be able to contact the PCP within 30 minutes (End/ **Compliant**)
- Told leave message-provider to call back more than 30 minutes (End/ **NOT** Compliant)
- Told leave message-provider to call back within **unspecified** timeframe (End/ **NOT** Compliant)
- No after hours phone number given (End/ **NOT** Compliant)
- On Hold for more than 10 minutes (End/ **NOT** Compliant)
- Instructed to go to Emergency Room/Hospital (End/ **NOT** Compliant)
- Provider not covered by answering service (End/ **NOT** Compliant)
- Provider not a plan participant (End/ **NOT** Compliant)
- Provider no longer at site (End/ **NOT** Compliant)
- New phone number given (Go to Call Number 2) _____
- Instructed to call health plan toll-free number (Go to Call Number 2)
- Other-Specify: _____

CALL NUMBER 2

- Live voice answered call (**Compliant**)
- Pager number given for 2nd number (**Compliant**)
- No live voice at second number (**NOT** Compliant)
- Provider not covered by answering service (**NOT** Compliant)
- Provider no longer at site (**NOT** Compliant)
- Provider not a plan participant (**NOT** Compliant)
- Line Busy TRY AGAIN up to 4 times (**NOT** Compliant)
- Other-Specify: _____

REVIEW OUTCOME: Provider in Compliance ___ Provider **NOT** in compliance ___