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

Access and Availability PCP Survey FY 2019

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Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
ipro.org

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Executive Summary

In October 2018, Island Peer Review Organization (IPRO), on behalf of the Commonwealth of Kentucky, Department of Medicaid Services (DMS), initiated 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 encompassed three types of calls: routine appointments, urgent appointments, and after-hours phone access. At the time of this survey, there were five MCOs: Aetna Better Health of Kentucky, Anthem Blue Cross Blue Shield Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky.

Overall, 84.2% of the providers for the routine calls and 82.1% of the providers for the urgent calls were able to be contacted. After removing exclusions noted on page 8, 35.4% of the providers for the routine calls and 31.6% of the providers for the urgent calls were able to be contacted and an appointment was able to be scheduled within the corresponding timeliness standards (i.e., 30 days and 48 hours, respectively). The overall compliance rate for after-hours calls was 48.5%.

Introduction

The external quality review organization (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 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 EQRO, for the sixth 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 survey, in 2014, was conducted with behavioral health specialists. The second survey, in 2015, was conducted with PCPs, pediatricians, and ob/gyns. The third survey, in 2016, was conducted with dentists. The fourth survey, in 2017, was conducted with dermatologists. The last survey, in 2018, was conducted with alcohol and other drug use (AOD) providers. The current project focuses on PCPs, pediatricians, and ob/gyns.

Methodology

Sample Selection

In September 2018, each MCO electronically submitted their provider network data, used to populate their web directory, to IPRO. To conduct the survey, IPRO selected providers for each of the state's five MCOs at the time of the study: Aetna Better Health of Kentucky, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky.

The combined files contained a total of 590,787 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,
- 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 6,402 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 made for routine appointments, urgent appointments, and after-hours phone access. The three provider types were PCPs, pediatricians, and ob/gyns. **Table 1** 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: 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
Urgent calls (42%)	52	32	21	105
After-Hours calls (16%)	20	12	8	40
Total (100%)	124	76	50	250

PCP: Primary care provider; Ob/gyn: obstetrician/gynecologist.

Consequently, among the 1,250 providers in the final sample across all plans, there were 525 routine calls, 525 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 call survey. 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 tables identifying the scenarios by provider type. Calls for the project were conducted between October 2018 and early January 2019. At the outset of this project, 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 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 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 on 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 monitored for accuracy.

Routine and Urgent Call Types

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

- 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, and
- 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 the following:

- 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,
- provider not at site and no alternate provider available,
- instructed to go to emergency room, and
- 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 to be scheduled. 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

A total of 525 routine calls, 525 urgent calls, and 200 after-hours calls were made across all plans. The results that follow are separated by call type. Because the routine and 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.

Ability to Contact

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 2A** displays the results for the routine calls, and **Table 2B** displays the results for the urgent calls.

As shown in **Table 2A**, among the 525 providers for routine calls, 442 (84.2%) were able to be contacted. Plan rates ranged from 81.0% to 89.5%. Across provider types, rates ranged from 81.9% to 92.4%. Results were similar for the urgent calls, with 431 (82.1%) able to be contacted, and rates ranged from 74.3% to 92.4% among plans and 81.0% to 83.1% among provider types (**Table 2B**).

Table 2A: Contact Made by Plan and Provider Type for Routine Calls

Plan/Provider Type	Providers Surveyed (*n*)	Contacts Made (*n*)	Contact Rate
Plan			
Aetna Better Health of Kentucky	105	89	84.8%
Anthem BCBS Medicaid	105	94	89.5%
Humana-CareSource	105	86	81.9%
Passport Health Plan	105	85	81.0%
WellCare of Kentucky	105	88	83.8%
Total	525	442	84.2%
Provider type			
PCP	260	214	82.3%
Pediatrician	160	131	81.9%
Ob/gyn	105	97	92.4%
Total	525	442	84.2%

BCBS: Blue Cross Blue Shield; PCP: primary care provider; Ob/gyn: obstetrician/gynecologist.

Table 2B: Contact Made by Plan and Provider Type for Urgent Calls

Plan/Provider Type	Providers Surveyed (*n*)	Contacts Made (*n*)	Contact Rate
Plan			
Aetna Better Health of Kentucky	105	86	81.9%
Anthem BCBS Medicaid	105	85	81.0%
Humana-CareSource	105	85	81.0%
Passport Health Plan	105	78	74.3%
WellCare of Kentucky	105	97	92.4%
Total	525	431	82.1%
Provider type			
PCP	260	213	81.9%
Pediatrician	160	133	83.1%
Ob/gyn	105	85	81.0%
Total	525	431	82.1%

BCBS: Blue Cross Blue Shield; PCP: primary care provider; Ob/gyn: obstetrician/gynecologist.

Table 3A displays the reasons that the 83 providers in the routine category could not be contacted, while **Table 3B** displays the reasons that the 94 providers in the 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/voicemail system.

Table 3A: Reasons Contact was Not Made for Routine Calls

Reason Not Able to Contact Provider	*n*	%
Telephone company message, phone out of order	35	42.2%
Answering machine/Voicemail system[1]	20	24.1%
Wrong telephone number	10	12.0%
No answer[1]	8	9.6%
Constant busy signal[1]	6	7.2%
Number called was a residence or non-doctor business	2	2.4%
Answering service[1]	1	1.2%
Put on hold > 10 minutes[1]	1	1.2%
Total	83	100.0%

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

Table 3B: Reasons Contact was Not Made for Urgent Calls

Reason Not Able to Contact Provider	*n*	%
Telephone company message, phone out of order	37	39.4%
Answering machine/Voicemail system[1]	36	38.3%
Wrong telephone number	12	12.8%
No answer[1]	4	4.3%
Put on hold > 10 minutes[1]	3	3.2%
Constant busy signal[1]	2	2.1%
Number called was a residence or non-doctor business	0	0.0%
Answering service[1]	0	0.0%
Total	94	100.0%

[1] 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 because 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, 39 providers were excluded, resulting in 486 providers available for the remaining analyses (data not shown). Among the 525 providers in the study for urgent calls, 22 providers were excluded, resulting in 503 providers in the analyses (data not shown).

Appointment Made

For routine calls, among the 486 providers retained for analysis, 403 providers were able to be contacted (**Table 4A**). Of these 403 providers, an appointment was able to be made for 191 (47.4%) providers. Plan rates varied widely, from 26.0% for Passport Health Plan to 55.6% for Anthem BCBS Medicaid. Among these 191 appointments, 172 (90.1%) met the timeliness standard of an appointment scheduled within 30 days of the call, despite the surveyor's attempt to make an earlier appointment (data not shown).

Table 4A: Appointment Made by Plan and Provider Type for Routine Calls

Plan/Provider Type	Providers Contacted (*n*)	Appointments Made (*n*)	Rate
Plan			
Aetna Better Health of Kentucky	81	37	45.7%
Anthem BCBS Medicaid	90	50	55.6%
Humana-CareSource	75	40	53.3%
Passport Health Plan	77	20	26.0%
WellCare of Kentucky	80	44	55.0%
Total	403	191	47.4%
Provider type			
PCP	197	92	46.7%
Pediatrician	118	57	48.3%
Ob/gyn	88	42	47.7%
Total	403	191	47.4%

BCBS: Blue Cross Blue Shield; PCP: primary care provider; Ob/gyn: obstetrician/gynecologist.

For urgent calls, among the 503 providers that were retained for analysis, 409 providers were able to be contacted (**Table 4B**). Of these 409 providers, an appointment was able to be made for 214 (52.3%) providers. Plan rates varied widely, from 31.1% for Passport Health Plan to 65.4% for Anthem BCBS Medicaid. Among these 214 appointments, 159 (74.3%) met the timeliness standard of an appointment scheduled within 48 hours of the call, despite the surveyor's attempt to make an earlier appointment (data not shown). A total of 195 calls (91.1%) were scheduled within 10 days (data not shown).

Table 4B: Appointment Made by Plan and Provider Type for Urgent Calls

Plan/Provider Type	Providers Contacted (*n*)	Appointment Made (*n*)	Rate
Plan			
Aetna Better Health of Kentucky	84	42	50.0%
Anthem BCBS Medicaid	78	51	65.4%
Humana-CareSource	81	41	50.6%
Passport Health Plan	74	23	31.1%
WellCare of Kentucky	92	57	62.0%
Total	409	214	52.3%
Provider type			
PCP	211	111	52.6%
Pediatrician	121	73	60.3%
Ob/gyn	77	30	39.0%
Total	409	214	52.3%

BCBS: Blue Cross Blue Shield; PCP: primary care provider; Ob/gyn: obstetrician/gynecologist.

Timeliness Standard

Table 5A displays the compliance rate for each plan and provider type among the 486 providers for analysis for routine calls. Only 172 (35.4%) of the 486 providers were able to be contacted and scheduled an appointment within 30 days. Plan compliance rates ranged from 18.6% to 44.3%. Compliance rates by provider types varied from 34.2% among PCPs to 36.7% for pediatricians.

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

Plan/Provider Type	Providers Surveyed (*n*)	Appointments Within 30 Days (*n*)	Compliance Rate
Plan			
Aetna Better Health of Kentucky	97	32	33.0%
Anthem BCBS Medicaid	101	44	43.6%
Humana-CareSource	94	35	37.2%
Passport Health Plan	97	18	18.6%
WellCare of Kentucky	97	43	44.3%
Total	486	172	35.4%
Provider type			
PCP	243	83	34.2%
Pediatrician	147	54	36.7%
Ob/gyn	96	35	36.5%
Total	486	172	35.4%

BCBS: Blue Cross Blue Shield; PCP: primary care provider; Ob/gyn: obstetrician/gynecologist.

Table 5B displays the compliance rate for each plan and provider type among the 503 providers for analysis for urgent calls. Only 159 (31.6%) of the 503 providers were able to be contacted and scheduled an appointment within 48 hours. Plan compliance rates ranged from 16.8% to 42.0%. Compliance rates by provider types varied, from 9.3% among ob/gyns to 41.2% for pediatricians.

Table 5B: Compliance by Plan and Provider Type for Urgent Calls

Plan/Provider Type	Providers Surveyed (*n*)	Appointments Within 48 Hours (*n*)	Compliance Rate
Plan			
Aetna Better Health of Kentucky	103	31	30.1%
Anthem BCBS Medicaid	98	36	36.7%
Humana-CareSource	101	33	32.7%
Passport Health Plan	101	17	16.8%
WellCare of Kentucky	100	42	42.0%
Total	503	159	31.6%
Provider type			
PCP	258	89	34.5%
Pediatrician	148	61	41.2%
Ob/gyn	97	9	9.3%
Total	503	159	31.6%

BCBS: Blue Cross Blue Shield; PCP: primary care provider; Ob/gyn: obstetrician/gynecologist.

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 Passport Health Plan's PCPs (17.0%) and pediatricians (17.2%), whereas WellCare of Kentucky's ob/gyns (56.3%) 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 (*n*)	Appointments Within 30 Days (*n*)	Compliance Rate
PCP	Aetna	49	16	32.7%
	Anthem	52	22	42.3%
	Humana	44	18	40.9%
	Passport	47	8	17.0%
	WellCare	51	19	37.3%
	Total	243	83	34.2%
Pediatrician	Aetna	31	10	32.3%
	Anthem	28	14	50.0%
	Humana	29	10	34.5%
	Passport	29	5	17.2%
	WellCare	30	15	50.0%
	Total	147	54	36.7%
Ob/gyn	Aetna	17	6	35.3%
	Anthem	21	8	38.1%
	Humana	21	7	33.3%
	Passport	21	5	23.8%
	WellCare	16	9	56.3%
	Total	96	35	36.5%

MCO: managed care organization; PCP: primary care provider; Ob/gyn: obstetrician/gynecologist; Aetna: Aetna Better Health of Kentucky; Anthem: Anthem Blue Cross Blue Shield Medicaid; Humana: Humana-CareSource; Passport: Passport Health Plan; WellCare: WellCare of Kentucky.

Table 6B displays the compliance rates for each combination of provider type and health plan among urgent calls. The lowest compliance rates were observed among Passport Health Plan's ob/gyns (0.0%) and Aetna Better Health of Kentucky's ob/gyns (5.0%). In contrast, Anthem BCBS Medicaid's pediatricians (53.8%) and WellCare of Kentucky's pediatricians (53.3%) 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 Urgent Calls

Provider Type/MCO		Providers Surveyed (*n*)	Appointments Within 48 Hours (*n*)	Compliance Rate
PCP	Aetna	52	20	38.5%
	Anthem	52	20	38.5%
	Humana	52	16	30.8%
	Passport	51	11	21.6%
	WellCare	51	22	43.1%
	Total	258	89	34.5%
Pediatrician	Aetna	31	10	32.3%
	Anthem	26	14	53.8%
	Humana	31	15	48.4%
	Passport	30	6	20.0%
	WellCare	30	16	53.3%
	Total	148	61	41.2%
Ob/gyn	Aetna	20	1	5.0%
	Anthem	20	2	10.0%
	Humana	18	2	11.1%
	Passport	20	0	0.0%
	WellCare	19	4	21.1%
	Total	97	9	9.3%

MCO: managed care organization; PCP: primary care provider; Ob/gyn: obstetrician/gynecologist; Aetna: Aetna Better Health of Kentucky; Anthem: Anthem Blue Cross Blue Shield Medicaid; Humana: Humana-CareSource; Passport: Passport Health Plan; WellCare: WellCare of Kentucky.

As displayed in **Table 7A**, among the 486 providers for the routine calls, an appointment could not be made with 212 providers. The most common reason was that the provider was not at the site and no alternative provider was available, accounting for 84 appointments not made. An additional 50 appointments could not be made because the provider practice was restricted to specialty care, and 26 appointments could not be made because the provider was not accepting new patients. Examples of provider practices restricted to specialty care were hospital, pulmonary, cardiology, high-risk pregnancy, and emergency medicine.

Table 7A: Reasons Appointment Not Made for Routine Calls

Reason Appointment Not Made	*n*	%
Provider not at site and no alternative provider available	84	39.6%
Provider practice restricted to specialty care	50	23.6%
Provider not accepting new patients	26	12.3%
Staff required previous medical records	20	9.4%
Provider not a plan participant	18	8.5%
Must complete health questionnaire before appointment can be made	8	3.8%
Staff not scheduling any appointments at this time	5	2.4%
Instructed to go to emergency room	1	0.5%
Provider required referral	0	0.0%
Total	212	100.0%

As shown in **Table 7B**, among the 503 providers for the urgent calls, an appointment could not be made with 195 providers. The most common reason was that the provider was not at the site and no alternative provider was available, accounting for 54 appointments not made. An additional 50 appointments were not made because the provider was restricted to specialty care. Examples of provider practices restricted to specialty care were hospital, emergency, oncology, and cardiology. An additional 37 appointments were not made because the provider was not accepting new patients.

Table 7B: Reasons Appointment Not Made for Urgent Calls

Reason Appointment Not Made	*n*	%
Provider not at site and no alternative provider available	54	27.7%
Provider practice restricted to specialty care	50	25.6%
Provider not accepting new patients	37	19.0%
Provider not a plan participant	19	9.7%
Staff not scheduling any appointments at this time	15	7.7%
Staff required previous medical records	9	4.6%
Must complete health questionnaire before appointment can be made	6	3.1%
Instructed to go to emergency room	4	2.1%
Provider required referral	1	0.5%
Total	195	100.0%

Table 8 presents a summary of the call dispositions of the 525 providers surveyed for routine calls and 525 surveyed for 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. The most notable difference between the two types of calls was that among calls resulting in an appointment, routine calls were more likely to meet the timeliness standards than urgent calls (i.e., 30 days for routine and 48 hours for non-urgent calls).

Across both call types combined, 17% of the calls resulted in no contact made, 45% resulted in contact made but no appointment made, 7% resulted in an appointment made outside the timeframe of the appointment timeliness standards, and 32% resulted in an appointment within the timeliness standards.

Table 8: Summary of Call Dispositions for Routine and Urgent Calls

Call Disposition	Routine (*n*)	Urgent (*n*)
No contact made – reasons		
Telephone company message, phone out of order	35	37
Answering machine/Voice mail system	20	36
Wrong telephone number	10	12
No answer	8	4
Constant busy signal	6	2
Put on hold > 10 minutes	1	3
Number called was a residence or non-doctor business	2	0
Answering service	1	0
Total	83	94
Contact made but no appointment made – reasons		
Provider not at site and no alternative provider available	84	54
Provider practice restricted to specialty care	50	50
Provider not accepting new patients	26	37
Provider required information that surveyor could not provide	39	22
Provider not a plan participant	18	19
Staff required previous medical records	20	9
Staff not scheduling any appointments at this time	5	15
Must complete health questionnaire before appointment can be made	8	6
Instructed to go to emergency room	1	4
Provider required referral	0	1
Total	251	217
Contacted and appointment made outside timeframe	19	55
Contacted and appointment made within timeframe	172	159
Total calls	525	525

After-Hours Call Results

After-hours calls differed from the routine and urgent calls in focus and survey 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 48.5%, with rates ranging from 42.5% to 60.0% among MCOs, and 42.0% for PCPs to 58.3% for pediatricians among provider types.

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

Plan/Provider Type	Providers Surveyed (*n*)	Compliant (*n*)	Compliance Rate
Plan			
Aetna Better Health of Kentucky	40	18	45.0%
Anthem BCBS Medicaid	40	17	42.5%
Humana-CareSource	40	19	47.5%
Passport Health Plan	40	24	60.0%
WellCare of Kentucky	40	19	47.5%
Total	200	97	48.5%
Provider type			
PCP	100	42	42.0%
Pediatrician	60	35	58.3%
Ob/gyn	40	20	50.0%
Total	200	97	48.5%

PCP: primary care provider; Ob/gyn: obstetrician/gynecologist.

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 (*n*)	Compliant (*n*)	Compliance Rate
PCP	Aetna	20	5	25.0%
	Anthem	20	9	45.0%
	Humana	20	9	45.0%
	Passport	20	9	45.0%
	WellCare	20	10	50.0%
	Total	100	42	42.0%
Pediatrician	Aetna	12	9	75.0%
	Anthem	12	6	50.0%
	Humana	12	6	50.0%
	Passport	12	9	75.0%
	WellCare	12	5	41.7%
	Total	60	35	58.3%
Ob/gyn	Aetna	8	4	50.0%
	Anthem	8	2	25.0%
	Humana	8	4	50.0%
	Passport	8	6	75.0%
	WellCare	8	4	50.0%
	Total	40	20	50.0%

MCO: managed care organization; PCP: primary care provider; Ob/gyn: obstetrician/gynecologist; Aetna: Aetna Better Health of Kentucky; Anthem: Anthem Blue Cross Blue Shield Medicaid; Humana: Humana-CareSource; Passport: Passport Health Plan; WellCare: WellCare of Kentucky.

Among the 97 compliant providers, calls to 90 resulted in a live voice answering, 2 gave the surveyor a pager number for the second number, and 5 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 103 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, provider not covered by answering service, and disconnected/not in service.

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	35	34.0%
Provider not covered by answering service	14	13.6%
Disconnected/not in service	10	9.7%
No live voice at second number	9	8.7%
No after-hours phone number given	8	7.8%
Wrong number	6	5.8%
Other	5	4.9%
Told to leave message; provider to call back more than 30 minutes	4	3.9%
Not answered (> 11 rings)	4	3.9%
Phone line busy	3	2.9%
Provider no longer at site	2	1.9%
Provider not a plan participant	1	1.0%
Instructed to go to emergency room/hospital	1	1.0%
On hold for more than 10 minutes	1	1.0%
Total	103	100.0%

Summary of All Call Type Results

As shown in **Table 12**, overall compliance rates were 35.4% for routine calls, 31.6% for urgent calls, and 48.5% for after-hours calls. Compliance rates were highest for pediatricians for all three call types. In contrast, for routine calls and after-hours calls, PCPs had the lowest compliance rates, whereas for urgent calls, ob/gyns had the lowest rates.

Table 12: Compliance Summary by Call Type and Provider Type

Call Type	Provider Type	Providers Surveyed (*n*)	Compliant (*n*)	Compliance Rate
Routine	PCP	243	83	34.2%
	Pediatrician	147	54	36.7%
	Ob/gyn	96	35	36.5%
	Total routine calls	486	172	35.4%
Urgent	PCP	258	89	34.5%
	Pediatrician	148	61	41.2%
	Ob/gyn	97	9	9.3%
	Total urgent calls	503	159	31.6%
After-Hours	PCP	100	42	42.0%
	Pediatrician	60	35	58.3%
	Ob/gyn	40	20	50.0%
	Total after-hours calls	200	97	48.5%

PCP: primary care provider; Ob/gyn: obstetrician/gynecologist.

Comparison of April 2015 PCP Survey Results to October 2018 PCP Survey Results

Table 13 displays a comparison of the statewide rates of call dispositions between the previous PCP survey conducted in April 2015 and the current survey. These comparisons revealed two statistically significant differences for the urgent calls. The rate of ability to contact the providers decreased by 5.3 percentage points, from 87.4% in April 2015 to 82.1% in October 2018. In contrast, the rate of timely appointments during this time period increased by 6.8 percentage points, from 24.8% to 31.6%. None of the remaining rates differed significantly over time.

Table 13: Comparison of Call Dispositions for April 2015 and October 2018

Call Type	Call Disposition	2015	2018	Significance[1]
Routine	Contact made	86.3%	84.2%	n.s.
	Appointment made	44.0%	47.4%	n.s.
	Compliance-timely appointment made	31.8%	35.4%	n.s.
Urgent	Contact made	87.4%	82.1%	▼
	Appointment made	47.3%	52.3%	n.s.
	Compliance-timely appointment made	24.8%	31.6%	▲
After-Hours	Compliant	52.0%	48.5%	n.s.

[1] 2018 rate significantly higher (▲) or significantly lower (▼) than 2015 rate at $P < 0.05$, *chi*-squared test.
n.s.: not significant at $P < 0.05$, *chi*-squared test.

Discussion

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, 63 providers across routine (26) and urgent (37) call types noted that they are not accepting new patients. These providers' claims could not be verified via the provider directory data, although might be verified by the health plans. Among these 63 providers, only 7 were missing data on panel status, while the remaining 56 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. Because 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 35.4%, 31.6%, and 48.5% for routine, urgent, and after-hours calls, respectively, are substantially below the standard of 80%. Approximately 17% of the surveyed providers were not able to be contacted among routine and urgent calls. Also, 45% 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 the following:

- providers who could not be contacted and reasons,
- providers with whom no appointment could be made and reasons,
- providers who offered appointments that were not within the compliant time frame, and
- 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

Table A1: Routine Appointment Scenarios by Provider 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	
B1	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.).
B2	I'm in my late 40's and have been experiencing sweating and "hot flashes". I think I may be starting menopause. (DOB: March 27,1970)*
B3	I missed my last period. I'm sure I'm pregnant. The only other times I've ever been a week late were when I was pregnant with my two kids. I need to schedule a prenatal visit.
Pediatrician	
C1	New member seeking immunizations (shots) for 6 month-old daughter. (DOB: May 1, 2018)
C2	Needs physical for 13- year-old son. (DOB: January 4, 2005- 8th grade)
C3	New member seeking physical for 8 year-old as she is overweight. (DOB: Jan. 11, 2010)
C4	New member, who just moved into the area, seeking a pediatrician appointment for a 12 month-old boy. (DOB: October 12, 2017)

Table A2: Urgent Appointment Scenarios by Provider Type

Code	Urgent Appointment Scenarios
Internist/Family practice	
D1	I feel all stuffed up and my hearing is muffled. This is the 2nd day I have pain and it's getting worse. I also have a fever of 100.5.
D2	I have a funny taste in my mouth all the time and lately when I blow my nose the mucous is green.
D3	Bad back ache and the pain goes into my right leg.
D4	Coughing a lot, day and night- thought it was a cold, but its 2 weeks now, (mucous is yellow). (Did not take temperature).
D5	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	
E1	Vaginal discharge (yellow and odorous).
E2	Pain and cramping in the lower left side. I thought it was gas but the pain has not gone away.
E3	I'm in my 20's or 30's and have experienced some vaginal bleeding (after intercourse). My last period was two weeks ago.
E4	Eight (8) months pregnant and I've never been seen by a doctor.
E5	I became a mom a little over 6 months ago. For a few weeks now, I've had less energy, and I've been crying more. My mom suggested I make an appointment. How soon can I be seen?
Pediatrician	
F1	Six (6) year old daughter has been vomiting and has diarrhea for 2 days. (DOB: February 13, 2012)
F2	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, 2005)
F3	Ten (10) month old son who is not eating, only drinking- for a day. (DOB: January 5, 2018)
F4	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, 2012)

After-hours calls do not have a specific scenario, but must meet criteria under section 28.5, Primary Care Provider Responsibilities, in the June 1, 2018 – July1 2019 MCO contract to be considered compliant.

Appendix B: Call Sheets

2018 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

1. **Able to make contact**:
   [ ] Yes [ ] No (Go to Part **A**)
2. **Able to make appt**:
   [ ] Yes [ ] No (Go to #**7** Then to Part **B**)
3. **Appt with:**
   [ ] Designated Provider
   [ ] Alternate Provider__________________
4. **Appt Date**:___/___/___ **Appt Time**___:___AM/PM
5. **Appt within 30 days of call**:
   [ ] Yes (Go to #**7**) [ ] No
6. ***Attempt to make earlier appt***:
   [ ] Yes [ ] No
7. **Contact person's name** __________________

Remember to Cancel Appointment

PART A - Reason No Contact Made

[ ] No answer *
[ ] Put on hold >10 min *
[ ] Answering machine/Voice mail system *
[ ] Answering Service *
[ ] Wrong telephone number New #______________*
[ ] Constant busy signal *
[ ] Telephone company message indicating phone out of order *
[ ] Number called was a residence or non-doctor business *

PART B - Reason No Appt Made

[ ] Provider not accepting new patients (closed panel)
[ ] Provider not a plan participant
[ ] Provider practice is restricted to specialty care
Specialty: ___________________________
[ ] Provider required referral
[ ] Provider required info that surveyor could not provide
Info requested: ___________________________
[ ] Staff not scheduling any appointments at this time
[ ] Staff required previous medical records
[ ] Provider not at site and no alternative provider available
[ ] Instructed to go to Emergency Room
[ ] Patient must complete health form before appointment can be made

CALL 2: DATE ____/____/____ TIME: ____/____ AM/PM

1. **Able to make contact**:
   [ ] Yes [ ] No (Go to Part **A**)
2. **Able to make appt**:
   [ ] Yes [ ] No (Go to #**7** Then to Part **B**)
3. **Appt with:**
   [ ] Designated Provider
   [ ] Alternate Provider__________________
4. **Appt Date**:___/___/___ **Appt Time**___:___AM/PM
5. **Appt within 30 days of call**:
   [ ] Yes (Go to #**7**) [ ] No
6. ***Attempt to make earlier appt***:
   [ ] Yes [ ] No
7. **Contact person's name** __________________

Remember to Cancel Appointment

PART A - Reason No Contact Made

[ ] No answer *
[ ] Put on hold >10 min *
[ ] Answering machine/Voice mail system *
[ ] Answering Service *
[ ] Wrong telephone number New #______________*
[ ] Constant busy signal *
[ ] Telephone company message indicating phone out of order *
[ ] Number called was a residence or non-doctor business *

PART B - Reason No Appt Made

[ ] Provider not accepting new patients (closed panel)
[ ] Provider not a plan participant
[ ] Provider practice is restricted to specialty care
Specialty: ___________________________
[ ] Provider required referral
[ ] Provider required info that surveyor could not provide
Info requested: ___________________________
[ ] Staff not scheduling any appointments at this time
[ ] Staff required previous medical records
[ ] Provider not at site and no alternative provider available
[ ] Instructed to go to Emergency Room
[ ] Patient must complete health form before appointment can be made

Appointment cancelled? [ ] Yes [ ] No Initials ___________

2018 PROVIDER ACCESS AND AVAILABILITY STUDY
PRIMARY CARE PHYSICIAN (PCP)
ROUTINE APPOINTMENT AVAILABILITY DATA ENTRY SHEET

CALL 3: DATE ____/____/____ TIME: ____/____ AM/PM

1. **Able to make contact**:
   [ ] Yes [ ] No (Go to Part **A**)

2. **Able to make appt**:
   [ ] Yes [ ] No (Go to #**7** Then to Part **B**)

3. **Appt with:**
   [ ] Designated Provider
   [ ] Alternate Provider__________________

4. **Appt Date:**___/___/___ **Appt Time**___:___AM/PM

5. **Appt within 30 days of call**:
   [ ] Yes (Go to #**7**) [ ] No

6. ***Attempt to make earlier appt***:
   [ ] Yes [ ] No

7. **Contact person's name** __________________

Remember to Cancel Appointment

PART A - Reason No Contact Made

[ ] No answer *
[ ] Put on hold >10 min *
[ ] Answering machine/Voice mail system *
[ ] Answering Service *
[ ] Wrong telephone number New #_____________*
[ ] Constant busy signal *
[ ] Telephone company message indicating phone out of order *
[ ] Number called was a residence or non-doctor business *

PART B - Reason No Appt Made

[ ] Provider not accepting new patients (closed panel)
[ ] Provider not a plan participant
[ ] Provider practice is restricted to specialty care
Specialty: ___________________________
[ ] Provider required referral
[ ] Provider required info that surveyor could not provide
Info requested: ___________________________
[ ] Staff not scheduling any appointments at this time
[ ] Staff required previous medical records
[ ] Provider not at site and no alternative provider available
[ ] Instructed to go to Emergency Room
[ ] Patient must complete health form before appointment can be made

CALL 4: DATE ____/____/____ TIME: ____/____ AM/PM

1. **Able to make contact**:
   [ ] Yes [ ] No (Go to Part **A**)

2. **Able to make appt**:
   [ ] Yes [ ] No (Go to #**7** Then to Part **B**)

3. **Appt with:**
   [ ] Designated Provider
   [ ] Alternate Provider__________________

4. **Appt Date:**___/___/___ **Appt Time**___:___AM/PM

5. **Appt within 30 days of call**:
   [ ] Yes (Go to #**7**) [ ] No

6. ***Attempt to make earlier appt***:
   [ ] Yes [ ] No

7. **Contact person's name** __________________

Remember to Cancel Appointment

PART A - Reason No Contact Made

[ ] No answer *
[ ] Put on hold >10 min *
[ ] Answering machine/Voice mail system *
[ ] Answering Service *
[ ] Wrong telephone number New #_____________*
[ ] Constant busy signal *
[ ] Telephone company message indicating phone out of order *
[ ] Number called was a residence or non-doctor business *

PART B - Reason No Appt Made

[ ] Provider not accepting new patients (closed panel)
[ ] Provider not a plan participant
[ ] Provider practice is restricted to specialty care
Specialty: ___________________________
[ ] Provider required referral
[ ] Provider required info that surveyor could not provide
Info requested: ___________________________
[ ] Staff not scheduling any appointments at this time
[ ] Staff required previous medical records
[ ] Provider not at site and no alternative provider available
[ ] Instructed to go to Emergency Room
[ ] Patient must complete health form before appointment can be made

Appointment cancelled? [ ] Yes [ ] No Initials ___________

2018 PROVIDER ACCESS AND AVAILABILITY STUDY
PRIMARY CARE PHYSICIAN (PCP)
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

1. **Able to make contact**:
   [ ] Yes [ ] No (Go to Part **A**)
2. **Able to make appt**:
   [ ] Yes [ ] No (Go to #**7** Then to Part **B**)
3. **Appt with:**
   [ ] Designated Provider
   [ ] Alternate Provider__________________
4. **Appt Date:**___/___/___ **Appt Time**___:___AM/PM
5. **Appt within 48 hours of call**:
   [ ] Yes (Go to #**7**) [ ] No
6. ***Attempt to make earlier appt***:
   [ ] Yes [ ] No
7. **Contact person's name** __________________

Remember to Cancel Appointment

PART A - Reason No Contact Made

[ ] No answer *
[ ] Put on hold >10 min *
[ ] Answering machine/Voice mail system *
[ ] Answering Service *
[ ] Wrong telephone number New #______________*
[ ] Constant busy signal *
[ ] Telephone company message indicating phone out of order *
[ ] Number called was a residence or non-doctor business *

PART B - Reason No Appt Made

[ ] Provider not accepting new patients (closed panel)
[ ] Provider not a plan participant
[ ] Provider practice is restricted to specialty care
Specialty: ___________________________
[ ] Provider required referral
[ ] Provider required info that surveyor could not provide
Info requested: ___________________________
[ ] Staff not scheduling any appointments at this time
[ ] Staff required previous medical records
[ ] Provider not at site and no alternative provider available
[ ] Instructed to go to Emergency Room
[ ] Patient must complete health form before appointment can be made

CALL 2: DATE ____/____/____ TIME: ____/____ AM/PM

1. **Able to make contact**:
   [ ] Yes [ ] No (Go to Part **A**)
2. **Able to make appt**:
   [ ] Yes [ ] No (Go to #**7** Then to Part **B**)
3. **Appt with:**
   [ ] Designated Provider
   [ ] Alternate Provider__________________
4. **Appt Date:**___/___/___ **Appt Time**___:___AM/PM
5. **Appt within 48 hours of call**:
   [ ] Yes (Go to #**7**) [ ] No
6. ***Attempt to make earlier appt***:
   [ ] Yes [ ] No
7. **Contact person's name** __________________

Remember to Cancel Appointment

PART A - Reason No Contact Made

[ ] No answer *
[ ] Put on hold >10 min *
[ ] Answering machine/Voice mail system *
[ ] Answering Service *
[ ] Wrong telephone number New #______________*
[ ] Constant busy signal *
[ ] Telephone company message indicating phone out of order *
[ ] Number called was a residence or non-doctor business *

PART B - Reason No Appt Made

[ ] Provider not accepting new patients (closed panel)
[ ] Provider not a plan participant
[ ] Provider practice is restricted to specialty care
Specialty: ___________________________
[ ] Provider required referral
[ ] Provider required info that surveyor could not provide
Info requested: ___________________________
[ ] Staff not scheduling any appointments at this time
[ ] Staff required previous medical records
[ ] Provider not at site and no alternative provider available
[ ] Instructed to go to Emergency Room
[ ] Patient must complete health form before appointment can be made

Appointment cancelled? [ ] Yes [ ] No Initials ___________

2018 PROVIDER ACCESS AND AVAILABILITY STUDY
PRIMARY CARE PHYSICIAN (PCP)
URGENT APPOINTMENT AVAILABILITY DATA ENTRY SHEET

CALL 3: DATE ____/____/____ TIME: ____/____ AM/PM

1. Able to make contact:
   [ ] Yes [ ] No (Go to Part **A**)

2. Able to make appt:
   [ ] Yes [ ] No (Go to #**7** Then to Part **B**)

3. Appt with:
   [ ] Designated Provider
   [ ] Alternate Provider__________________

4. Appt Date:___/___/___ Appt Time___:___AM/PM

5. Appt within 48 hours of call:
   [ ] Yes (Go to #**7**) [ ] No

6. *Attempt to make earlier appt*:
   [ ] Yes [ ] No

7. Contact person's name __________________

Remember to Cancel Appointment

PART A - Reason No Contact Made

[ ] No answer *
[ ] Put on hold >10 min *
[ ] Answering machine/Voice mail system *
[ ] Answering Service *
[ ] Wrong telephone number New #______________*
[ ] Constant busy signal *
[ ] Telephone company message indicating phone out of order *
[ ] Number called was a residence or non-doctor business *

PART B - Reason No Appt Made

[ ] Provider not accepting new patients (closed panel)
[ ] Provider not a plan participant
[ ] Provider practice is restricted to specialty care
Specialty: ____________________________
[ ] Provider required referral
[ ] Provider required info that surveyor could not provide
Info requested: ____________________________
[ ] Staff not scheduling any appointments at this time
[ ] Staff required previous medical records
[ ] Provider not at site and no alternative provider available
[ ] Instructed to go to Emergency Room
[ ] Patient must complete health form before appointment can be made

CALL 4: DATE ____/____/____ TIME: ____/____ AM/PM

1. Able to make contact:
   [ ] Yes [ ] No (Go to Part **A**)

2. Able to make appt:
   [ ] Yes [ ] No (Go to #**7** Then to Part **B**)

3. Appt with:
   [ ] Designated Provider
   [ ] Alternate Provider__________________

4. Appt Date:___/___/___ Appt Time___:___AM/PM

5. Appt within 48 hours of call:
   [ ] Yes (Go to #**7**) [ ] No

6. *Attempt to make earlier appt*:
   [ ] Yes [ ] No

7. Contact person's name __________________

Remember to Cancel Appointment

PART A - Reason No Contact Made

[ ] No answer *
[ ] Put on hold >10 min *
[ ] Answering machine/Voice mail system *
[ ] Answering Service *
[ ] Wrong telephone number New #______________*
[ ] Constant busy signal *
[ ] Telephone company message indicating phone out of order *
[ ] Number called was a residence or non-doctor business *

PART B - Reason No Appt Made

[ ] Provider not accepting new patients (closed panel)
[ ] Provider not a plan participant
[ ] Provider practice is restricted to specialty care
Specialty: ____________________________
[ ] Provider required referral
[ ] Provider required info that surveyor could not provide
Info requested: ____________________________
[ ] Staff not scheduling any appointments at this time
[ ] Staff required previous medical records
[ ] Provider not at site and no alternative provider available
[ ] Instructed to go to Emergency Room
[ ] Patient must complete health form before appointment can be made

Appointment cancelled? [ ] Yes [ ] No Initials ___________

2018 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 __