



Appointment Availability Reference Guide

Study Overview

HHSC uses appointment availability studies to measure Medicaid managed care organization (MCO) compliance with minimum access standards, including time and distance standards. The commission hires an External Quality Review Organization (EQRO) to conduct these studies, also called mystery shopper studies.

MCOs that fall below the set statewide threshold for each program are assessed Corrective Action Plans (CAPs) and Liquidated Damages (LDs).

Study Methodology

How the EQRO Samples Providers

The EQRO generates provider lists for final data collection using the following steps:

1. The EQRO extracts all providers from the MCO provider directories and creates provider record spreadsheets for each MCO.
2. The EQRO removes the following providers:
 - a. Providers with missing or invalid NPIs.
 - b. Providers with missing or invalid phone numbers.
 - c. Providers that don't serve STAR.
 - d. Providers with multiple or invalid plan codes. *
3. The EQRO assigns each provider a random number to facilitate random sample selection and provider de-duplication within the MCO.
4. The EQRO sorts the Excel spreadsheets according to provider NPI to identify duplicate providers within each MCO. When an NPI appears in more than one record, the EQRO retains only the provider record with the smallest random number and deletes all provider records with a larger random number. This method ensures that a provider is selected only once in each MCO and program, even if they serve more than one SA for that MCO. The EQRO may still identify providers with multiple, unique, valid NPIs.

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5. The EQRO will also sort for duplicate providers across MCOs. They combine the individual spreadsheets for each program into one sheet and sort the combined list by provider NPI and the size of the provider population. The EQRO removes duplicate records from MCOs with a larger provider population and retains records in the MCOs with smaller provider populations to ensure adequate representation of MCOs with fewer providers in the sample.
 6. The EQRO conducts sampling with replacement. For each MCO, the EQRO randomly selects 60 providers for calls during the data-collection phase. If a call does not reach a confirmed provider, it records the final call disposition and selects an additional provider from the appropriate randomized list. See Sample Replacement below for further information on this process.

* The provider directories often include providers who accept MCOs not contracted in the service area where the provider works. For example, a provider in Travis takes Amerigroup, even though Amerigroup isn't contracted to perform in the Travis service area. If the provider has multiple entries with valid and invalid plan codes, the invalid entries are removed and the EQRO keeps the valid entries.

Provider Directory Accuracy

The EQRO requests directories from the MCOs no more than three weeks before calls begin. It takes two weeks to clean and standardize directories and select the sample for calls. During the process, the EQRO will send directories back to plans for correction if there are errors with a significant proportion of records. MCOs are responsible for ensuring provider directory information is accurate.

Inaccurate provider directories may influence study outcomes by limiting the sample size that can be assessed by the EQRO. The EQRO doesn't include providers with invalid information in the sample.

Study Sample Size

The sample size for the study is determined by the results of the provider surveys conducted by the EQRO. The EQRO aims to get 50 "completed surveys" for every standard (e.g., low-risk, high-risk, and third trimester standards in the prenatal care study).

A "completed survey" occurs when the EQRO reaches a provider listed in an MCO directory and can get an appointment through that provider or through another provider for the standard under review (e.g., appointment availability for high-risk prenatal care). If the EQRO doesn't have 50 completed surveys for a standard or a specific MCO, this means the EQRO exhausted the list of providers for the standard or MCO before it could meet this target.

Preventing Provider Abrasion

The EQRO doesn't evaluate all the access standards in the UMCC, but focuses on four provider types: Prenatal Care, Vision Care, Primary Care, and Behavioral Health Care. The EQRO calls each provider only once per program, even if the provider contracts with multiple MCOs.

The EQRO may call a provider multiple times if the provider serves different programs and was randomly selected for each program. This is done to avoid exhausting the sample following de-duplication by MCO. The EQRO treats each call as independent and uses finite population correction when calculating the confidence intervals for compliance rates to account for potential bias.

In addition, the EQRO works to limit interference with provider phone line operations. In 2018, it was estimated the mystery shopper phone calls took up less than 1 percent of the total time provider offices were open during the 3-month period of the study. The average call length during this study out of 1,765 confirmed calls was approximately 7 minutes.

Provider Exclusion Due to Specialty

Providers can act as specialists and limit the services they offer for specific programs and plans, while simultaneously providing regular eye exams for others. Specialists don't provide the routine services that the EQRO is assessing, so they are excluded to prevent bias in the study results.

The EQRO uses the provider taxonomy provided by the MCO in response to the directory request and only excludes a provider if the provider office says they don't conduct routine exams.

For example, if the EQRO calls a STAR provider and the office states the provider doesn't perform regular eye exams, the EQRO will mark that provider as a specialist. But if the EQRO calls the same provider for CHIP and they do perform routine eye exams, they will try to schedule an appointment with the provider.

Basic Guidelines for Mystery Shopper Calls

The EQRO trains callers to conduct the mystery shopper methodology and performs quality monitoring to make sure the "mystery shoppers" are handling the calls correctly. They follow an approved script and the guidelines outlined below:

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1. Callers must introduce themselves as new Medicaid or CHIP members (or caregivers for Medicaid/CHIP members when appropriate) and explain that they are looking for an appointment.
 2. They must identify the name of the provider they want an appointment with and explain that they got the name of the provider from a list they received from Medicaid/CHIP or the health plan. They must also ask if the provider accepts the program and health plan for which they are calling.
 3. If the person answering the phone doesn't know the provider by name, if the provider accepts the Medicaid or CHIP program, or if the provider accepts the health plan, the caller must ask if someone else in the office might know. If the person answering the call seems unfamiliar with the program, the caller can provide some details about the program to help them.
 4. If the provider is unavailable, the caller should ask whether there is another provider in the office that will accept new Medicaid or CHIP members for an appointment with their program/health plan. If there is another provider available, the caller should ask to schedule an appointment with the alternate provider. They should get the earliest date for an appointment, a number to call for an appointment, or ask the provider office to transfer the call.
 5. If the call is transferred, the caller should repeat this process from the beginning—and with each new transfer—until the caller finds a provider available for an appointment, reaches voicemail, reaches a wrong number, reaches a disconnected number, is hung up on, etc.
 6. When a caller reaches a provider for an appointment (whether it is the original provider or a provider that the initial office directs them to for an appointment), the caller should ask for the next available appointment. If the appointment is several weeks away, the caller should ask several times if the provider has any earlier dates. The caller should mark the earliest available date, no matter what the day or time of the appointment.
 7. If a caller reaches a provider that doesn't accept Medicaid/CHIP, doesn't take the plan, is not accepting new patients, is not the appropriate type of provider or doesn't perform the services in question, requires a referral, or doesn't take a particular type of patient is marked with the relevant call disposition. Callers always ask several times about these responses before ending the call to make sure that the call disposition is correct.

The EQRO only calls providers for an appointment Monday through Friday during office hours (8:00 a.m.- 4:00 p.m. CST). They don't call on major holidays or when the University of Florida is closed.

Common Call Dispositions

The EQRO’s mystery shoppers classify each call with a disposition. This data helps the EQRO quickly determine which calls to use when calculating compliance rates. The list below includes common call dispositions (the list is not comprehensive).

Call Disposition	Reasons for Classification
Needs additional information	<ul style="list-style-type: none"> • The provider asks for a Medicaid ID or Social Security Number, which callers can’t provide. • These calls are not counted when compliance rates are calculated.
Wrong number	<ul style="list-style-type: none"> • The call directs to a completely unrelated business or personal phone. • The call directs to a group practice that the provider doesn’t practice at; and <ul style="list-style-type: none"> ○ there’s no forwarding number. ○ the provider can’t be reached at the forwarding number. ○ the caller can’t get an appointment with a different provider at the group practice • The call directs to an answering service or voicemail, but they can’t reach the provider directly. • The person who answers the call gives incorrect information about the provider’s appointment availability.
Callback	<ul style="list-style-type: none"> • Any call where the provider inadvertently hangs up, it goes to voicemail, or the caller is asked to call back. • EQRO callers must try these numbers three times at different times on different days.
No contact after three attempts	<ul style="list-style-type: none"> • The caller has called the provider number three times and didn’t get through to someone to schedule an appointment.
Appointment available with another provider	<ul style="list-style-type: none"> • When the original provider is no longer at a group practice or is unavailable, the caller asks if there are other available providers and can schedule an appointment with a different provider.
5-Specialists	<ul style="list-style-type: none"> • Specialists don’t provide the routine services that the EQRO is assessing. They are excluded to prevent bias in the study results. • The EQRO does not include specialists in the compliance calculations.

Not accepting Medicaid/Not accepting Plan

- At the time of the call, the caller asks the provider or provider's office if they accept Medicaid or the health plan and the provider or staff member states they don't accept Medicaid or the health plan.

Note: the caller asks whether other providers at the location accept Medicaid or the health plan. If there is and an appointment is available, the EQRO doesn't count the call toward compliance.

Study Results

How Appointment Availability is Measured

The EQRO measures appointment availability in calendar days. * Appointment availability is measured by subtracting the date of the appointment from the date the appointment was scheduled. For example, if the EQRO originally calls on 2/14, but doesn't schedule an appointment until 2/15 (in a callback), 2/15 is the date that will be used.

The EQRO accepts any appointment offered and does not limit availability to appointments during certain hours. An appointment at 9:00 a.m. on 2/18 and an appointment at 2:00 p.m. on 2/18 are considered the same day.

The EQRO then calculates the compliance rate, or the percentage of successfully scheduled appointments for each MCO that met appointment availability standards.

* The Uniform Managed Care Contract (UMCC) requires the EQRO to measure appointment availability in calendar days. After concern over the impact of using calendar days instead of business days in measuring appointment availability, HHSC asked the EQRO to look at the results by business days. The EQRO found no significant impact on the resulting liquidated damages.

Results Timing

The length of time required to complete the calls for each study can vary based on the accuracy of provider records, the number of programs included in the study, and the outcomes associated with calls.

The EQRO transfers appointment availability data to HHSC about 20 days after each study closes. They also provide a final report within 10 days of submitting the data. HHSC delivers the provider verification report to the plans within 60 to 90 days of the study's close.

Study Biases, Accuracy, and Results Validation

The quality of provider directory information can impact study results. The EQRO works rigorously to ensure the provider sample is clean and standardized—removing providers with invalid information from the study. Though this process is designed to prevent bias, smaller samples can also bias results.

Higher quality provider directories allow the EQRO to draw a larger sample size to measure appointment availability and calculate compliance rates. This can reduce the bias associated with small samples. However, the goal of the studies is measure MCO compliance with appointment availability standards, not to ensure the accuracy of provider directories. The quality of provider directory information is the responsibility of MCOs.

The date and time of mystery shopper calls, the caller, and the person receiving the call, may also impact study results. The EQRO takes several steps to quality check calls made to providers during the study, and cross-checks the data collected before sending it to HHSC, using the following processes:

1. The EQRO monitors call quality through random quality checks. The lead research coordinator or call supervisor calls the same provider back a second time, using the original script, to verify the response from the provider. Any discrepancies are brought to the attention of the lead faculty member and the caller. The information from the follow-up call is used in the results.
2. The EQRO also conducts weekly quality monitoring where the faculty member and lead research coordinator listen in on calls to ensure callers are handling them appropriately and entering the correct information into the tool.
3. Every day, the EQRO cross-checks all final call dispositions against the callers' comments and checks for duplicate calls or data entries.
4. The final information is peer-reviewed by a second research coordinator and cross-checked by the faculty lead before the EQRO submits results to HHSC.

Appointment Availability studies are “point-in-time” studies. This means the results are based on the data collected at the time the EQRO deployed the mystery shopper methodology. If MCOs conduct their own studies after the EQRO’s study and capture different results, it doesn’t affect the efficacy of the EQRO’s findings.

MCO callbacks to verify provider information may result in different responses depending on how and when the data is verified and who the MCO speaks with at the provider office.

Corrective Action Plans and Liquidated Damages

MCOs who fail to meet the minimum thresholds are assessed for Corrective Action Plans (CAPs) and Liquidated Damages (LDs). The LD is the financial penalty for not meeting the minimum threshold, while the CAP is the plan the MCO develops to address the reason the minimum threshold was not met.

Minimum Thresholds

MCOs who meet or do better than the minimum threshold based on the EQRO's analysis are not assessed CAPs or LDs.

Minimum thresholds are calculated by adding 10 points to the statewide mean. For example, if the average compliance rate across all MCOs in a sub study is 75%, the minimum threshold will be set to 85%.

Sub-Study Information

Prenatal

Provider Assignment to Different Prenatal Care Categories

The EQRO sorts each of the 17 MCO-specific provider lists by randomly assigned number and divides the sample into three equal subgroups. The EQRO assigns the first group of providers to the low-risk sub-study, the second group to the high-risk sub-study, and the third group to the third-trimester sub-study.

Does the script tell provider offices that a member is at least eight weeks pregnant?

Yes, when posing as a pregnant member, the script tells provider offices that they are at least eight weeks pregnant.

Vision

Vision Provider Types

The vision sub-study is designed to assess the availability of providers that offer general eye exams without a primary care referral. Ophthalmologists who only treat specific conditions like glaucoma or other degenerative eye diseases are labeled "specialist or wrong provider type."

Vision providers given call disposition "5 – only does glasses" are providers that don't conduct eye exams but use prescriptions to make glasses. This code was

added to exclude these providers, so they don't bias the results of the study. The EQRO doesn't include these providers in compliance calculations.

Primary Care Provider (PCP)

The Primary Care Categories

Section 8.1.3.1 of the UMCC includes preventive, routine, and urgent care standards for PCP appointment availability. EQRO assesses all three criteria.

The EQRO doesn't treat these criteria as different categories. Each PCP is asked independently for a preventive, routine, and urgent care appointment during the same phone call. That way, the EQRO assesses all three standards for each provider.

The EQRO asks about the preventive health services and "annual well-checks," that providers must offer within 90 days, routine care "immunizations" that providers must provide within 14 days, and urgent "sick but not too sick to go to ER," visits that providers must offer within 24 hours.

Behavioral Health

The EQRO Behavioral Health sub-study only assesses compliance for "initial visit for outpatient behavioral health." Callers are instructed to request an appointment for non-urgent reasons to prevent providers from becoming concerned about a high-risk event.

The EQRO doesn't apply call disposition code 11 "needs referral" to BH studies. Occasionally, the EQRO encounters BH providers that ask for a referral from a PCP before making an appointment. The EQRO excludes these providers in compliance calculations but reports on the percentage of providers that request a referral.

Behavioral Health Provider Types

The EQRO requests the entire list of BH providers in each plan's directory and doesn't filter out any specialty provider types. Not all BH providers conduct initial outpatient BH appointments. The EQRO marks providers as "specialist/wrong provider type" if the caller is told the provider doesn't provide the appropriate appointment, no matter how the directory identifies a provider specialty.

UMCC standards don't include PCPs as proxies for BH providers.