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Mystery Shopper Project
State of Connecticut
Department of Social Services

MERCER
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Final

Marsh & McLennan Companies

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Executive Summary

The Mystery Shopper Project (Study) was designed as a supplemental activity under the 2006 External Quality Review (EQR) for the State of Connecticut (State), Department of Social Services (DSS). The goal of the Study was to go beyond policy and process and capture the "real life" experience of enrollees as they attempt to access care on a daily basis. The Study focused on children ages 0 – 18 enrolled in HUSKY A and HUSKY B. Five provider groups were identified for inclusion in the Study: Pediatricians (PCPs), Dentists, Dermatologists, Neurologists (supplemented with Neurological Surgeons), and Orthopedic Surgeons.

In reviewing this report, it is important to note that access to care for the Medicaid population is exposed to a multitude of barriers at both the State and national levels. These obstacles are particularly complex regarding access to care for children. Indicators of access to care are typically assessed through review of policy, procedures, and process. The Centers for Medicare & Medicaid Services (CMS) protocols were adhered to during the EQR focus on a broad scope of administrative processes and while comprehensive in design, may not explicitly reflect the actual experience and quality of service received by a Medicaid member accessing care in daily life. For this reason, a mystery shopper design was selected as an appropriate method of study.

Mystery shopping is a unique evaluation strategy enabling professionals to observe actual customer experiences firsthand. When mystery shopping is applied to health care, service administrators are empowered to witness member experiences when utilizing health care services. Many of the practical concerns encountered when attempting to access health care services may not be inherently apparent to policy makers and service administrators at the time of program design. Mystery shopping is intended to elucidate these complications and offer opportunities for overall process improvement from both a member and administrator perspective. The key advantage of mystery shopping is the ability to measure the quality of services received, rather than relying on consumer self-reported quality evaluations. Members may be naïve in their assessments and for

those regularly discriminated against; they may not regard the level of service received as inappropriate. The result of mystery shopping is a detailed snapshot from the member point of view. Incorporating these observations leads to a more informed health care system with improved access and quality of service to members.

Key Findings

The Study reveals several key observations about access to care for children enrolled in the State HUSKY program. Key findings include:

Access

- Overall, access to care was found to be deficient across all health plans and provider groups. Appointment availability is of concern as only 26.20 percent of the 1,851 calls made resulted in a scheduled appointment.
- Managed care organization (MCO) provider listings contained inaccurate and out-of-date information with 22.62 percent of calls with unscheduled appointments indicating non-participation status with the identified health plan. An additional 8.78 percent of calls resulted in wrong numbers, despite efforts to obtain valid telephone numbers for providers with incorrect contact information.
- For those calls where an appointment could not be scheduled, 8.49 percent were attributed to PCPs unnecessarily requesting medical records for review prior to scheduling an appointment for a child's physical examination.
- The sub-set of follow-up calls to the MCO confirmed the inaccuracy of provider directories with roughly 40 percent of calls resulting in contradictory identification of participation status between provider and MCO.

Call Process and Customer Service

- Both the provider and MCO calls had positive call processes that included a minimal number of rings to answer and the ability to reach a person.
- Forty-six percent of MCO calls and 17.92 percent of provider calls were placed on hold.
- Provider customer service results varied with callers reporting that in 49 percent of the 1,541 answered calls the staff member attempted to deter the caller from scheduling an appointment. In addition, the callers indicated that in almost a quarter of the calls the staff member was not courteous and respectful.
- MCO customer service results were positive across all health plans, but some difficulties were encountered when attempting to contact customer service representatives (CSRs) regarding dental services.
- MCO CSRs only offered additional help during 2 of the 48 MCO follow-up calls. Examples include assistance in scheduling an appointment when callers indicated complications during previous attempts to contact the provider directly.

Key Recommendations

Conclusions drawn from the Study's findings result in the following key recommendations:

- MCOs should review and revise, as necessary, current policy and procedures (P&P) for maintaining accurate up-to-date information on the status of participating providers. The enrollment broker, provider directory, and web site must have the most current listing of participating providers. In addition, CSRs must have the ability to access the most current provider information available.
- MCOs should develop and implement an effective process for deleting from the provider panel those providers who have retired, moved out of state, or are no longer participating with the health plan.
- MCOs should develop a primary verification process to more closely and accurately monitor overall compliance with access requirements.
- MCOs should initiate communication to providers in the network reiterating contract expectations and requirements concerning access to care for the Medicaid population.
- MCOs are encouraged to remind enrollees of access requirements and the resources available when encountering difficulties scheduling an appointment with a provider. Member bulletins with updated access requirements and available assistance should be developed and distributed.
- MCOs should review dental subcontractor requirements concerning customer service and require that the vendor have the ability to assist members experiencing difficulty accessing dental services. Specifically, the dental line must offer access to staff who are able to answer questions about dental services and providers.
- MCOs should review customer service protocols ensuring that CSRs have all of the information necessary to adequately address the needs of members.
- Training of MCO CSRs should be expanded to include a specific focus on providing additional assistance for members experiencing difficulties accessing services.

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Introduction

At the request of the State of Connecticut (State) Department of Social Services (DSS), a Mystery Shopper Project (Study) was conducted by Mercer Government Human Services Consulting (Mercer) as a component of the 2006 External Quality Review (EQR) process. The Study was designed to go beyond policy and process to provide a detailed snapshot of access to care from the enrollee's point of view. The Study was comprised of two call types:

- provider, and
- MCO.

The calls were designed to focus on two main objectives:

- assessing appointment availability of health care services for children enrolled in the Medicaid Managed Care Program; and
- assessing quality of service, specifically evaluation of call processing and customer service components.

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Methodology

Overview

The methodology used to identify the Study population is described in this section. The purpose of the project is to observe access to care for children 0 – 18 years of age enrolled in HUSKY A and HUSKY B. Services are provided by the State's contracted Medicaid Managed Care Organizations (MCOs): Anthem Blue Care Family Plan (BCFP), Community Health Network of Connecticut, Inc. (CHN), Health Net of the Northeast, Inc. (HN), and WellCare of Connecticut, Inc. (WC).

The following five provider groups were identified and selected for study:

- Pediatrician (PCPs),
- Dentists,
- Dermatologists,
- Neurologists (supplemented with Neurological Surgeons), and
- Orthopedic Surgeons.

The goal of the Study was to evaluate the "real life" experience of Medicaid enrollees attempting to schedule an appointment with one of the identified provider groups. Providers' offices were contacted directly by mystery shoppers posing as Medicaid enrollees intending to schedule an appointment. An electronic data abstraction tool was developed to structure the script utilized by the callers and document call findings.

Data Abstraction Tool

The content of the mystery shopper data abstraction tool was designed by Mercer, and reviewed and approved by DSS. The tool was developed to assess appointment availability and customer service as it pertained to calls to provider offices and follow-up inquiries directed to the MCOs. Once the targeted areas of concern were addressed, corresponding scripts were developed to structure the individual calls. The abstraction tool was designed with one record designated for each provider contacted in the Study. The shoppers recorded the information from each call in the data abstraction tool at the time the calls were placed. Upon completion of all calls, data was summarized and the results were analyzed by health plan and specialty. The script and corresponding questionnaire utilized to develop the data abstraction tool can be referenced in Appendix A.

Provider: Sampling

The Study population was identified through data extracts provided by the DSS contracted enrollment broker. The data is provided to the broker by the health plans and should be updated monthly. The provider population was defined by provider taxonomies for the individual providers included in the Study. The specific codes used to identify the provider population are listed below.

Provider Taxonomy Codes

380 (PCP)
930 (Dentist)
070 (Dermatologist)
141 (Neurologist) and 140 (Neurological Surgeon)
200 (Orthopedic Surgeon)

The providers, included in the data extracts received from the enrollment broker, represent the universe of providers listed as participating in each individual health plan. A sample was randomly selected from the provider universe based on a statistically valid sampling methodology. The sampling methodology utilized is statistically significant by MCO and by specialty with a 90 percent confidence interval and +/-5 percent margin of error. Providers contracted with multiple MCOs are counted in the universe for each MCO with which they are contracted. In other words, providers contracted with multiple MCOs may appear in the sample more than once and consequently may have been called on separate occasions for feedback regarding different health plans. For this reason alone, the providers included in the sample are not mutually exclusive; however, the Study is statistically valid by MCO and specialty. The resulting statistically valid sample consists of 1,851 randomly selected providers distributed by health plan and specialty as follows on the next page.

Statistically Significant Sample by MCO and Specialty [1, 2]			
Health Plan	Specialty	Universe	Sample Size (90%, +/-5%)
CHN (414)	Pediatrician	536	174
	Dentist	373	153
	Dermatologist	63	51
	Neurologist	148	94
	Orthopedic Surgeon	149	94
BlueCare (422)	Pediatrician	634	183
	Dentist	112	78
	Dermatologist	57	47
	Neurologist	149	94
	Orthopedic Surgeon	150	95
WellCare (505)	Pediatrician	413	159
	Dentist	322	143
	Dermatologist	13	12
	Neurologist	36	32
	Orthopedic Surgeon	75	58
Health Net (589)	Pediatrician	423	160
	Dentist	113	79
	Dermatologist[3]	0	0
	Neurologist	85	64
	Orthopedic Surgeon	118	81
Total		**3,969**	**1,851**

[1] If providers are contracted with multiple MCOs, they are counted in the universe total for each MCO with which they are contracted Providers that are contracted with multiple MCOs may appear in the sample more than once.
[2] The sample sizes are based on a finite population correction factor.
[3] Dermatologists were not included in the Health Net data extract and consequently no calls were made to dermatologists in Health Net's network.

For providers with incorrect contact information, a call protocol (as described below) was followed. In those instances where the use of call protocols failed to identify correct contact information, replacement providers were randomly selected from the over-sample. The over-sample consists of the remaining providers in the universe who were not identified in the randomly selected sample.

Provider: Call Administration

Calls were made to each of the randomly identified providers in the Study sample during a four-week period spanning May and June of 2006. The calls were conducted by one of five designated "shoppers" specifically trained in the use of the data abstraction tool. The callers were collectively trained and inter-rater reliability was assessed in a group setting with oversight from the project manager. Since the abstraction tool included several questions with a rating component, particular attention was given to training to ensure accurate and consistent responses. Test calls were made two weeks prior to the start of the actual project calls, and the callers were evaluated to ensure consistency of ratings. In addition to the specific questions identified in the data abstraction tool, the callers were encouraged to document pertinent comments specific to their actual call experience.

Provider: Call Protocol

In addition to providing consistent responses, the shoppers followed a strict call protocol to ensure providers identified in the sample were contacted. The protocol illustrated below was followed to successfully contact as many providers as possible.

In total, 320 replacement calls were made during the Study call process. Due to a limited number of specialists available in the universe, both Dermatologist and Neurologist over-samples were exhausted during the call replacement process. The large volume of providers without correct contact information lead to a significant number of replacement calls resulting in an increased total call volume from the original Study sample of 1,851 calls to 2,171 attempted calls.

The provider call results were summarized and consolidated into one database. The abstraction tool was designed to identify those providers eligible for inclusion in the MCO follow-up calls. Those providers with whom an appointment could not be scheduled immediately became eligible for inclusion in the MCO follow-up calls.

MCO: Sampling

Of the 1,366 providers eligible for inclusion in the MCO follow-up calls, a snapshot of 48 (non-PCP) providers were randomly selected. Calls were placed directly to the MCOs on behalf of the providers who indicated that an appointment could not be scheduled. The MCO follow-up calls were assessed for MCO knowledge of provider participation status, call processes, and customer service. The breakdown of MCO follow-up calls by specialty per health plan is as follows:

MCO Follow-up Calls by MCO and Specialty		
Health Plan	**Specialty***	**MCO Calls**
CHN (414)	Dentist	6
	Dermatologist	2
	Neurologist	2
	Orthopedic Surgeon	2
BlueCare (422)	Dentist	6
	Dermatologist	2
	Neurologist	2
	Orthopedic Surgeon	2
WellCare (505)	Dentist	6
	Dermatologist	2
	Neurologist	2
	Orthopedic Surgeon	2
Health Net (589)	Dentist	6
	Neurologist	3
	Orthopedic Surgeon	3
Total		**48**

*PCPs were not included in the MCO follow-up calls.

As previously noted, HN's extract data did not include Dermatologists and consequently no MCO follow-up calls were made to HN inquiring about Dermatologist status. Instead, an additional call was made on behalf of the remaining two specialties: Neurologist and Orthopedic Surgeon.

MCO: Call Administration

Temporary enrollee identification numbers (IDs) were set-up by DSS and used to "enroll" the members in each health plan. Using these IDs, MCO follow-up calls were conducted during a four-week time period spanning June and July 2006. The calls were administered by the previously described "shoppers" specifically trained in the use of the data abstraction tool. The callers were instructed to inquire about the participation status of the provider identified for follow-up, simulating a typical enrollee call to MCO customer service requesting assistance finding a specialist in their area.

Limitations and Caveats

Considering the large call volume associated with the project, there are several limitations that may impact the results of the analysis. These limitations in the Study design were identified prior to initiating the calls and controlled throughout the process. Examples of controlled limitations include data integrity, caller subjectivity, and the medical conditions stated by the shopper calling to access an appointment.

Data integrity as it pertains to the quality and completeness of the sample data is a direct reflection of the data extracts received from the enrollment broker. The ability of the callers to contact those providers with inaccurate information has a significant impact on the Study results. As previously stated, the call protocol attempted to address these deficiencies in the extract data. Shoppers made 5 call attempts to the individual providers, telephone numbers were cross-referenced with encounter data, the on-site network directories were utilized, and Directory Assistance was contacted as a last resort prior to identifying a replacement provider. These additional steps added a significant amount of call administration time and increased the actual call volume beyond the intended sample size of 1,851 calls due to an additional 371 calls placed on behalf of replacement providers. In designing the Study, it was acknowledged that the replacement methodology could skew the results in a positive manner. Despite these efforts, a portion of the calls resulted in “wrong number” and “no answer” responses where particular specialties exhausted the over-sample or replacement providers were found to have incorrect contact information.

Caller subjectivity is an additional limitation considering the use of multiple shoppers due to the large call volume. As previously discussed, five callers were utilized to complete the calls and several of the abstraction tool questions, specifically those customer service questions containing a Likert scale-rating component, allowed for slight divergent interpretations between individual callers. To control this variability, the callers were trained in a group setting and inter-rater reliability was assessed during the call-training period, evaluated by the entire group, and the responses were compared for consistency and control of variability. It is important to note that these differences in judgment reflect a reasonable amount of variability among members simulating a more accurate portrayal of the individual sensitivities of the diverse Medicaid population.

An additional controlled limitation exists in the structure of the scripts. The scripts were designed to simulate the real life experience of a Medicaid member attempting to schedule an appointment for a routine health concern on behalf of their child. The identified routine health concern associated with each specialty is as follows:

Specialty	Health Concern
Pediatrician	Physical
Dentist	Check-up
Dermatologist	Rash
Neurologist	Chronic Headache
Orthopedic Surgeon	Chronic Knee Pain

The requested appointments were intended to be routine not urgent or emergent appointment requests. The nature of the conditions stated may have had an effect on the appointment availability responses and, therefore, had an effect on the overall Study results. For instance, calls were placed to pediatricians requesting an appointment for a child's physical examination, and many of the providers contacted indicated that appointments for a physical were not typically scheduled until closer to the start of the school year. In this instance, the appointment time specified may be a greater reflection of the provider's office protocol and timing of the call request, not the earliest appointment available. However, it does reflect actual enrollee experience.

In addition, several other extenuating circumstances may have contributed to the results of the Study, including seasonality and weather conditions. The timing of the Study during the summer months was to avoid the flu season and generally increased illness over the winter months. However, results may have been impacted by vacationing providers. Appointment availability was impacted by weather conditions that affected telephone service in particular cities during the scheduled call period. It was documented during the call process that several areas in the State were affected by flooding during the time the provider calls were made. Specifically, the city of Waterbury experienced multiple days with telephone service outages and office closures due to severe weather. Similarly, system outages and early closures due to the weather throughout the follow-up calling period affected MCO calls. Finally, mystery shopper studies are reflective of a snapshot of one point in time. The Study results are representative of the providers, staff members, CSRs, and processes in place during the timing of the calls.

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Provider Call Results

Access

Appointment Availability – By Specialty

The provider results were analyzed and appointment availability was evaluated as a component of access to care. Of the 1,851 calls made, 26.20 percent resulted in a successfully scheduled appointment. The call results are presented in the tables below and categorized as either "Scheduled" or "Not Scheduled." The percentages shown are representative of the total calls within each specialty with the n-value representing all calls made for each individual specialty.

Provider Appointment Availability - by Specialty				
Specialty	**% Scheduled**	**% Not Scheduled**		**All calls made**
		Reasonable*	Not Reasonable	
Pediatrician (n=676)	**33.58%**	3.99%	62.43%	**676**
Dentist (n=453)	**27.15%**	2.87%	69.98%	**453**
Dermatologist (n=110)	**30.00%**	20.00%	50.00%	**110**
Neurologist (n=284)	**15.85%**	28.87%	55.28%	**284**
Orthopedic Surgeon (n=328)	**17.38%**	25.61%	57.01%	**328**
Total (n=1851)	**26.20%**	12.32%	61.48%	**1851**

*The Reasonable grouping consists of those calls that did not result in a scheduled appointment but had a reasonable rationale for denial. The grouping consists of the following call results deemed reasonable by Mercer and DSS: Sub-Specialty and PCP Referral Necessary.

- Overall, the calls resulted in 485 appointments successfully scheduled, representing, less than a third of the total calls made.
- Pediatricians have the highest appointment availability percentage representing 33.58 percent. Dermatologists and Dentists follow with 30.00 and 27.15 percent respectively.
- Minimal success rates are observed for Orthopedic Surgeons representing only 17.38 percent and Neurologists with 15.85 percent of appointments successfully scheduled.

Of the 1,366 calls included in the "Not Scheduled" grouping, the results are further divided by the rationales given for why the appointment could not be scheduled. The varying rationales were wide in scope and distinct in terms of reasonability. Consequently, the rationales have been grouped into "Reasonable" and "Not Reasonable" sub-categories. The "Reasonable" sub-grouping consists of two rationales: Sub-Specialty and PCP Referral Necessary. Mercer and DSS agreed that these individual rationales were considered to be reasonable given the following context:

- **Sub-Specialty** – reflects calls to providers identified in the health plan's extract data as one of the specialty types identified in the Study. However, when the provider's office was contacted the front office indicated that the physician practiced as a sub-specialist. An example is a health plan labeled Orthopedic Surgeon whose specialty when contacted was identified as Orthopedic Hand Specialist. For obvious reasons, this provider's office would not schedule an appointment for chronic knee pain as indicated in the Study design. For this reason, the rationale was included in the "Reasonable" sub-category.
- **PCP Referral Necessary** – reflects calls to those specialty providers requiring direct referral from the member's PCP. As observed in the table below, this rationale only relates to Dermatologists, Neurologists, and Orthopedic Surgeons and is not an unlikely office protocol considering the identified specialties.

A complete listing of the provider rationales and their corresponding definitions is included in Appendix B. The following table illustrates the rationale for those calls where an appointment was not scheduled:

Breakdown of Appointments Not Scheduled by Specialty - of 1,366 appointments not scheduled							
Rationale	**Pediatrician**	**Dentist**	**Dermatologist**	**Neurologist**	**Orthopedic Surgeon**	**All**	**% of Total Not Scheduled**
Non-participating provider with health plan	66	124	14	33	72	309	**22.62%**
Not accepting new patients	63	30	7	15	10	125	**9.15%**
Sub-Specialty (reasonable)	27	13	15	59	6	120	**8.78%**
Wrong Number	29	33	16	16	26	120	**8.78%**
Records Required	116	0	0	0	0	116	**8.49%**
PCP Referral Necessary (reasonable)	0	0	7	23	78	108	**7.91%**
Other*	25	46	9	6	15	101	**7.39%**
Voicemail	14	23	6	25	8	76	**5.56%**
Excessive Hold	48	7	0	14	4	73	**5.34%**
No Answer	40	10	2	8	8	68	**4.98%**
No longer in practice	16	24	1	13	6	60	**4.39%**
Adults Only	0	1	0	25	19	45	**3.29%**
Not accepting HUSKY patients	5	19	0	2	19	45	**3.29%**
Total	**449**	**330**	**77**	**239**	**271**	**1366**	**100.00%**

*The category "Other" includes the following less frequently observed rationales individually representing 1 percent or less of the 1,366 appointments not scheduled.

APRN / NP / PA	School Hygienist
No longer with Clinic	Hygienist / Cleanings Only
Card Verification	Hospital
Call Back to schedule	Out of Town
Referred to clinic	Emergency Room (ER) Patients Only
Geographic Specifications	Walk-ins Only

- Non-participation with the identified health plan is the most commonly occurring "Not Scheduled" appointment rationale, representing 22.62 percent of the 1,366 unscheduled appointments. For Dentists and Orthopedic Surgeons, this is the most commonly occurring unscheduled appointment rationale.
- The majority of unscheduled Dermatologist calls were due to wrong telephone numbers.
- Neurologist calls resulting in "Not Scheduled" appointments were concentrated in the reasonable-specialty grouping.
- A considerable number of PCP unscheduled appointments are included in the "Records Required by PCP" rationale. This grouping reflects calls where PCPs unnecessarily required the member's medical records for review prior to scheduling an appointment. This explanation was encountered by 25.84 percent of all calls to PCPs where an appointment could not be scheduled.

Appointment Availability – By Plan

The Study is statistically valid by both specialty and plan. This section illustrates the same information identified previously but with the results distributed by health plan. Overall, the results are consistent between health plans with just under one-third of appointments successfully scheduled per health plan.

Provider Appointment Availability - by Plan				
Health Plan	% Scheduled	% Not Scheduled		All calls made
		Reasonable*	Not Reasonable	
Blue Care (n=497)	**27.16%**	12.07%	60.76%	**497**
CHN (n=566)	**25.27%**	14.13%	60.60%	**566**
Health Net (n=384)	**23.44%**	15.10%	61.46%	**384**
WellCare (n=404)	**28.96%**	7.43%	63.61%	**404**
Total (n=1851)	**26.20%**	12.32%	61.48%	**1851**

* The Reasonable grouping consists of those calls that did not result in a scheduled appointment but had a reasonable rationale for denial. The grouping consists of the following call results deemed reasonable by Mercer: Sub-Specialty and PCP Referral Necessary.

- The most appointments were scheduled with WC providers representing 28.96 percent of the 404 total WC calls.
- BCFP had the second highest percentage of appointments scheduled with 27.16 percent of the total 497 BCFP calls.
- CHN and HN had slightly lower success rates with 25.27 and 23.44 percent of the total plan calls scheduled respectively.
- The “Reasonable” versus “Not Reasonable” sub-groupings are consistent across plans with slightly more than 60 percent of all calls resulting in unscheduled appointments in the “Not Reasonable” grouping.

The breakdown of rationales for those "Not Scheduled" appointments is presented below. This table identifies the most frequently occurring rationales distributed by health plan.

Breakdown of Appointments Not Scheduled by Plan – of 1,366 Appointments Not Scheduled								
Rationale	Blue Care	% of Total BCFP (362)	CHN	% of Total CHN (423)	Health Net	% of Total HN (294)	WellCare	% of Total WC (287)
Non-Participating Provider with Health Plan	70	19.34%	119	28.13%	50	17.01%	70	24.39%
Not Accepting New Patients	56	15.47%	23	5.44%	29	9.86%	17	5.92%
Sub-Specialty (reasonable)	26	7.18%	40	9.46%	38	12.93%	16	5.57%
Wrong Telephone Number	26	7.18%	41	9.69%	14	4.76%	39	13.59%
Records Required by PCP	28	7.73%	21	4.96%	31	10.54%	36	12.54%
PCP Referral Necessary (reasonable)	34	9.39%	40	9.46%	20	6.80%	14	4.88%
Voicemail	18	4.97%	19	4.49%	17	5.78%	22	7.67%
Excessive Hold	26	7.18%	23	5.44%	16	5.44%	8	2.79%
No Answer	20	5.52%	14	3.31%	18	6.12%	16	5.57%
No Longer in Practice	13	3.59%	22	5.20%	14	4.76%	11	3.83%
Adults Only	6	1.66%	23	5.44%	11	3.74%	5	1.74%
Not Accepting HUSKY Patients	7	1.93%	9	2.13%	15	5.10%	14	4.88%
Other*	32	8.84%	29	6.86%	21	7.14%	19	6.62%
Total	362	100.00%	423	100.00%	294	100.00%	287	100.00%

*The category "Other" includes less frequently observed rationales including:

APRN / NP / PA	School Hygienist
No longer with Clinic	Hygienist / Cleanings only
Card Verification	Hospital
Call Back to schedule	Out of Town
Referred to clinic	ER Patients Only
Geographic Specifications	Walk-ins Only

- Non-participating provider with health plan is the most common response across all plans.
- BCFP had a high percentage of calls where the provider was not accepting new patients representing 15.47 percent of calls made to BCFP, the highest result in this category across all plans.
- CHN had an equal 9.46 percentage of calls in the 2 reasonable rationale groupings and an additional 9.69 percent resulting in Wrong Numbers.
- HN had a considerable 12.93 percent resulting in the reasonable sub-specialty grouping followed by representation in the Records Required by PCP and Not Accepting New Patients rationales, representing 10.54 and 9.86 percent respectively.
- WC calls resulted in 13.59 percent wrong numbers and 12.54 percent Records Required by PCP, demonstrating the highest percentages across all plans for these individual rationales.

Pediatrician (PCP)/Dentist Appointment Availability – By Plan

Access to primary health services for children enrolled in the HUSKY Program is of great concern. Access to PCPs and Dentists is not affected by many of the limitations (such as the need for referrals) encountered when attempting to schedule an appointment with a specialty provider; consequently, appointments should be readily available. The following tables represent the specific results for PCPs and Dentists distributed by health plan.

Pediatrician Appointment Availability - by Plan				
Health Plan	% Scheduled	% Not Scheduled		All calls made
		Reasonable*	Not Reasonable	
Blue Care (n=183)	**26.23%**	4.92%	68.85%	**183**
CHN (n=174)	**38.51%**	5.75%	55.75%	**174**
Health Net (n=160)	**30.00%**	4.38%	65.63%	**160**
WellCare (n=159)	**40.25%**	0.63%	59.12%	**159**
Total (n=676)	**33.58%**	3.99%	62.43%	**676**

* The Reasonable grouping consists of those calls that did not result in a scheduled appointment but had a reasonable rationale for denial. The grouping consists of the following call results deemed reasonable by Mercer: Sub-Specialty and PCP Referral Necessary.

- PCP appointment availability represents a slight improvement over the overall appointment availability, with 33.58 percent of all PCP calls made resulting in a scheduled appointment.
- Variability of scheduled PCP appointments between health plans ranges from 26.23 percent for BCFP to 40.25 percent for WC.

Dentist Appointment Availability - by Plan				
Health Plan	% Scheduled	% Not Scheduled		All calls made
		Reasonable*	Not Reasonable	
Blue Care (n=78)	**29.49%**	0.00%	70.51%	**78**
CHN (n=153)	**27.45%**	0.00%	72.55%	**153**
Health Net (n=79)	**18.99%**	7.59%	73.42%	**79**
WellCare (n=143)	**30.07%**	4.90%	65.03%	**143**
Total (n=453)	**27.15%**	2.87%	69.98%	**453**

* The Reasonable grouping consists of those calls that did not result in a scheduled appointment but had a reasonable rationale for denial. The grouping consists of the following call results deemed reasonable by Mercer: Sub-Specialty and PCP Referral Necessary.

- Dentist appointment availability is slightly lower with 27.15 percent of all Dentist calls resulting in a scheduled appointment.
- Similar to PCPs, the distribution between health plans varies with 30.07 percent of WC's calls resulting in scheduled appointments while HN lags behind all of the plans with only 18.99 percent of Dentist calls resulting in a scheduled appointment.

The tables reveal a limited percentage of calls in the "Reasonable" sub-category. This is because only one of the two "Reasonable" category groupings is applicable to calls made to PCPs and Dentists. Only the sub-specialty rationale is represented, because referrals do not apply when considering appointment availability with PCPs. In addition, the sample size per specialty is a reflection of the total provider population as identified in the MCO provider listings. In other words, the number of calls placed to each health plan for each provider type may vary, depending on the total provider population included in the original data extract for that particular MCO and specialty.

Spanish-speaking Appointment Availability

In addition to the 1,851 calls placed to providers in English, the Study included a Spanish-speaking component. Sixty providers were randomly selected from the Study sample and contacted by a bilingual "shopper" attempting to obtain an appointment in Spanish. The Spanish-speaking caller was trained according to the standards previously identified and utilized the same abstraction tool and previously described call protocol. The distribution of Spanish calls was 15 calls per health plan and 3 calls per specialty.

The Spanish-speaking calls to providers resulted in 16.67 percent successfully scheduled appointments. Of the 50 calls where an appointment could not be scheduled, 21 did not speak Spanish and had no process in place for accommodating Spanish-speaking callers. The remaining unscheduled calls encountered the typical call responses encountered previously, such as card verification, no longer in practice, non-participating with provider, wrong number, and sub-specialty. In addition to these responses, the Spanish-speaking calls encountered specific complications due to language barriers. The following is a sample of actual call responses for Spanish-speaking calls:

- Six of the callers were asked to have an English speaker call on their behalf.
- Five of the callers were told to call back when a Spanish-speaking staff member was available; despite five call attempts, the Spanish-speaking staff member was never available.
- In four instances, the caller was told to hold for a Spanish interpreter, but was placed on hold for an excessive amount of time.
- Three of the calls were directed to an English-speaking voicemail system.
- During one call the provider's office requested that the caller provide a telephone number for a call back.
- One call resulted in the staff member hanging up on the caller.

Considering the minimal number of appointments scheduled, the results assessed by specialty and health plan are not significant enough to be analyzed individually. While it is important to note that the providers included in the Spanish-speaking assessment were randomly selected from the Study sample and not limited to only those providers identified by the health plans as Spanish-speaking, this does not negate the outcome of the calls. A typical Spanish-speaking member attempting to access health care services will undoubtedly face a great deal of adversity when attempting to schedule an appointment directly with a provider.

Pediatrician (PCP)/Dentist Appointment Timing – By Plan

Appointment availability is only one aspect of access to care. The length of time it takes to actually access health care services is also important. For those calls where an appointment was successfully scheduled, the call results were also analyzed according to the timing of the appointment offered. Section 3.14(c) of the MCO contract identifies the following requirements for PCP appointment availability:

4. *Well-care visits shall be scheduled within six (6) weeks of PCP notification.*
6. *New members shall receive an initial PCP appointment in a timely manner; (for those Members who do not access goods and services within the first six (6) months of enrollment, the MCO shall identify and remedy any access problems).*

Section 3.21(a) of the MCO contract identifies the following requirement for Dentist appointment availability:

4. *To ensure that access standards are met with respect to dental screens and appointment availability the MCO shall ensure that the scheduling of a routine dental visit is six (6) weeks.*

The abstraction tool tracked appointment access and calculated the days between the date of the appointment request and the earliest appointment date offered. The days were grouped into week intervals and the results for PCPs and Dentists are presented in the following table:

Pediatrician and Dental Appointment Access						
Provider	**Appointment Access**	**Blue Care**	**CHN**	**Health Net**	**WellCare**	**All Plans**
Pediatrician	**Within 2 weeks** (14 days or less)	24	12	19	7	62
	3 - 6 weeks (15 - 41 days)	10	35	17	41	103
	Greater than 6 weeks (42+ days)	14	20	12	16	62
	Not Scheduled	135	107	112	95	449
	Total	**183**	**174**	**160**	**159**	**676**
Dentist	**Within 2 weeks** (14 days or less)	8	6	7	7	28
	3 - 6 weeks (15 - 41 days)	11	32	7	29	79
	Greater than 6 weeks (42+ days)	4	4	1	7	16
	Not Scheduled	55	111	64	100	330
	Total	**78**	**153**	**79**	**143**	**453**

The following graphs illustrate the distribution of call timing across plans for PCPs and Dentists:

- Of the 227 PCP appointments scheduled, 165 met the MCO contract requirement and were scheduled within 6 weeks from the time the provider was contacted. Sixty-two of those appointments fell within a 2 week time period.
- The remaining 62 appointments exceeded the MCO contracted access timing requirement of six weeks.
- BCFP had the highest representation in the 2 week time span, followed by HN.

- Of the 123 Dentist appointments scheduled, 107 met the MCO contract requirement and were scheduled within 6 weeks from the time the provider was contacted. The majority of these appointments fell into the 3 – 6 week time period across all health plans.
- Few appointments fell into the greater than 6 week grouping with roughly 13 percent of dental appointments reflected for all plans.
- HN had relatively equal distribution in each of the shorter time periods, with the fewest appointments exceeding the MCO contracted access timing requirements.

Specialist Appointment Timing – By Plan

Specialty providers were similarly assessed regarding appointment timing and the results are summarized below. It is important to note that specialty appointment timing is typically dependent on individual condition and PCP recommendation. Currently, there are no national standards for routine specialty care and likewise the current MCO contract does not include specific language detailing appointment availability requirements for specialists. However, Section 3.13(b) of the contract states:

> *The MCO shall contract with a sufficient number and mix of specialists so that the Member population's anticipated specialty care needs can be substantially met within the MCO's network of providers. The MCO will also be required to have a system to refer Members to out-of-network specialists if appropriate participating specialists are not available.*

Study results reflect the variability of times offered across specialties:

Specialist Appointment Access						
Specialty	**Appointment Access**	**Blue Care**	**CHN**	**Health Net***	**WellCare**	**All Plans**
Dermatologist	**Within 3 weeks** (21 days or less)	2	2	N/A	0	4
	4 - 6 weeks (22 - 41 days)	3	4	N/A	0	7
	Greater than 6 weeks (42+ days)	13	8	N/A	1	22
	Not Scheduled	29	37	N/A	11	77
	Total	**47**	**51**	**N/A**	**12**	**110**
Neurologist	**Within 3 weeks** (21 days or less)	10	0	2	2	14
	4 - 6 weeks (22 - 41 days)	3	8	4	2	17
	Greater than 6 weeks (42+ days)	10	4	0	0	14
	Not Scheduled	71	82	58	28	239
	Total	**94**	**94**	**64**	**32**	**284**
Orthopedic Surgeon	**Within 3 weeks** (21 days or less)	22	4	13	3	42
	4 - 6 weeks (22 - 41 days)	0	2	7	2	11
	Greater than 6 weeks (42+ days)	1	2	1	0	4
	Not Scheduled	72	86	60	53	271
	Total	**95**	**94**	**81**	**58**	**328**

* Dermatologists were not included in the Health Net data extract and as a result no dermatologists were contacted on behalf of Health Net in the Study.

The following graphs illustrate the distribution of call timing across plans for each of the specialty providers:

The relationship between appointment access and the type of appointment requested for each specialty is important to highlight. Calls made to Dermatologists requested an appointment for a rash.

- Of the 33 dermatological appointments scheduled, roughly 67 percent of the total dermatological appointments offered fell into the greater than 6 weeks time period.

Calls directed to Neurologists requested an appointment for a chronic headache.

- The majority of Neurologist appointments were offered in the 4 – 6 weeks grouping.

Calls directed to Orthopedic Surgeons requested an appointment for chronic knee pain.

- Orthopedic Surgeons faired the best of all of the specialties with the majority of appointments reflected in the earliest time period, within three weeks.

Collectively, the specialist appointment timing results reveal early access to care for Orthopedic Surgeons, followed by Neurologists in the 4 – 6 week time period, and lastly Dermatologists with the longest appointment wait times in the greater than six weeks range.

The greater than six week time period presents the area of greatest concern considering the possibility of conditions that if left untreated may result in more severe health issues. The members' inability to be seen by a specialist in a timely fashion may result in an unnecessary and more costly ER visit. In order to better reflect the range and frequency of wait times, percentiles were calculated for specialty appointments. These calculations revealed that the majority of appointments for which the wait was longer than six weeks, were available within six to twelve weeks.

Appointments Available in Six Weeks or More	
Specialty	**Range of Days (20th – 80th Percentiles)**
Pediatrician	49 – 88
Dentist	44 – 59
Specialist	43 – 82

Provider Call Results

Call Process

In addition to access, call process was evaluated to assess the actual call experience of an enrollee as they attempted to access care through direct provider contact. The abstraction tool included several questions regarding the processing of calls including number of rings to answer, answering mechanism, number of calls to reach a person, and hold time.

The following results indicate positive provider call process results:

- The results of rings to answer were positive with 90.68 percent of 1,663 connected calls answered in 3 rings or less.
- Only 2.59 percent of calls encountered provider lines with greater than 6 rings to answer.
- The majority (92.66 percent) of calls were answered by receptionists, with only 7.34 percent answered through an automated service.
- Of the 1,541 calls answered by a receptionist, 91.43 percent were able to reach a person on the first call attempt, followed by 7.72 percent reached in 2 – 3 calls, and 0.84 percent reached in 4 – 5 calls.
- Of the 1,663 connected calls, 17.92 percent were placed on hold.
- Hold time was assessed for these 298 calls placed on hold and the results revealed 55.70 percent placed on hold for less than 2 minutes, 20.13 percent for 2 – 5 minutes, and 24.16 percent for greater than 5 minutes.

The majority of callers were able to reach a person with a few rings to answer and minimal call attempts. Hold time appears to be an area of concern considering that close to 20 percent of the 1,663 connected calls experienced a hold, and a significant number of these calls were on hold for longer than 2 minutes. When applied to the Medicaid population, lengthy hold times can prevent enrollees from scheduling an appointment. Enrollees may not have consistent access to a telephone and excessive hold times may impede their ability to schedule an appointment successfully.

DSS expressed concern that the enrollee's ability to schedule an afternoon appointment may be an issue; therefore, the abstraction tool tracked those successfully scheduled appointments and the ability to book afternoon appointments. The Study revealed that of the 485 scheduled appointments 95.46 percent had afternoon appointment availability and only 4.54 percent reported that an appointment could be scheduled, but that an afternoon appointment was not available as an option.

Provider Call Results

Customer Service

The abstraction tool includes a customer service evaluation in addition to the call process assessment. The Study was designed to assess the quality of telephone service provided to health plan enrollees and the treatment of the enrollee during the call. The customer service portion of the Study could only be conducted for those calls answered by a person. Of the 1,851 calls in the Study sample, 1,541 of them were answered by a person. These calls were then assessed on clarity of communication, reluctance to schedule an appointment, professionalism, and courtesy and respect. Findings from the customer service evaluation revealed the following (n=1,541):

- 99.03 percent of the calls indicated that the staff member was easy to understand;
- 48.86 percent of the calls identified that the staff member attempted to deter the caller from scheduling an appointment; and
- 76.05 percent of the calls indicated that the caller was treated with courtesy and respect.

In addition to the observations noted above, each measure included a statement with a ranking component. The callers were asked to rank statements using the Likert scale. The Likert scale is the most widely used scale in survey research. When responding to a Likert scale questionnaire item, respondents specify their level of agreement to a statement using the following five-point scale:

1 = “Strongly Disagree”
2 = “Disagree”
3 = “Neither Agree nor Disagree”
4 = “Agree”
5 = “Strongly Agree”

The results of those statements with a rating component were summarized and the average results for each are presented below:

Customer Service Evaluation - of 1,541 calls answered by a person	
Statement	**Average Likert Scale Rating**
The greeting was professional.	4.56
The staff member communicated clearly.	4.53
The staff member seemed reluctant to schedule an appointment.	2.69
The staff member was courteous.	3.93

These results indicate that in most instances, callers were treated appropriately and the providers’ staff was professional, courteous, and communicated clearly. The one area with an unclear rating is reluctance to schedule an appointment where the callers were virtually split with a 2.69 rating. This rating indicates the results observed varied from provider to provider. The callers did not get a definitive impression either way as to the staff member’s intentions regarding scheduling an appointment. This may be due to the fact that such an interpretation is difficult to assess over the telephone and was not clear in the exchange between caller and staff member.

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MCO Call Results

Participation Status – Overall

MCO follow-up calls were conducted on behalf of 48 randomly selected providers who when contacted, reported a non-participation status with the associated health plan. The follow-up calls were limited to specialists and Dentists, with 12 calls made to each health plan. Six calls per health plan were placed on behalf of Dentists, and the remaining 6 calls were split among the provider specialties. The callers posed as Medicaid enrollees attempting to schedule an appointment on behalf of their child with an MCO listed provider who, when contacted, indicated non-participation status. The intention of the call was to identify the MCO's knowledge of the provider's non-participation status and request assistance in identifying a participating provider. The script consisted of distinct scenarios for specialists and Dentists, and the specific provider was inquired about directly in terms of participation status. The exact wording of the MCO follow-up script scenario is included in Appendix A.

The MCO calls were assessed on two levels:

- whether the MCO agreed with the provider's reported non-participation status; and
- for those providers verified as non-participating, the rationale given by the MCO was compared to the rationale reported by the provider.

Of the 48 MCO calls made, 10 were placed by a Spanish-speaking caller. When analyzed independently, participation status for the 10 Spanish-speaking calls reflected the same distribution as those calls placed in English. Consequently, the participation status results are presented collectively with both Spanish and English call results combined.

The table below represents the results of the MCO follow-up calls and presents the results by specialty.

MCO Calls Non-Participant Follow-up - of 48 Calls (All Plans)				
Specialty	MCO Disagreed with Provider reported Non-Participation status	Provider Non-Participation Rationale Verification		
		Yes	No	Response Not Given
Dentist (n=24)	6	7	3	8
Dermatologist (n=6)	2	3	0	1
Neurologist (n=9)	6	0	2	1
Orthopedic Surgeon (n=9)	5	2	1	1
Total	**19**	**12**	**6**	**11**

- For 40 percent of the calls, the MCO identified the provider as participating; however, the providers had identified themselves as non-participating.
- Of those providers identified by the MCO as non-participating, 12 calls identified MCO rationales consistent with the provider's self-identified rationale.
- An additional six calls corroborating non-participation status, identified MCO rationales that varied from the provider explanation.
- Eleven of the calls to MCOs identified the provider as non-participating but did not provide an explanation as to why the provider was no longer in the network, but remained on the MCO's list as a participating provider.

The MCO calls were also analyzed by health plan and the results are as follows:

MCO Calls Non-Participant Follow-up - of 48 Calls (All Specialties)				
Health Plan	MCO Disagreed with Provider reported Non-Participation status	Provider Non-Participation Rationale Verification		
		Yes	No	Response Not Given
Blue Care (n=12)	1	5	2	4
CHN (n=12)	3	4	3	2
Health Net (n=12)	6	1	1	4
WellCare (n=12)	9	2	0	1
Total	**19**	**12**	**6**	**11**

- The issue of contradictory provider participation status was an issue for WC with 75 percent of the providers incorrectly identified as participating by WC.
- HN findings revealed contradictory participation status for 50 percent of the providers included in the MCO follow-up sample.
- BCFP and CHN had few instances of contradictory status and correctly identified non-participation status for the majority of providers followed up on.
- The distribution of provider rationale verification revealed BCFP had the greatest accuracy with five calls matching the provider stated explanation, followed by CHN, WC, and HN.
- One-third of the calls to BCFP and HN correctly identified as non-participating, did not provide responses when questioned about why the provider was no longer participating.

Participation Status – by Health Plan

The individual MCO results are presented below and highlight the areas of disagreement for each health plan.

Blue Care - MCO Calls Non-Participant Follow-up - of 12 Calls				
Specialty	MCO Disagreed with Provider reported Non-Participation status	Provider Non-Participation Rationale Verification		
		Yes	No	Response Not Given
Dentist (n=6)	0	3	2	1
Dermatologist (n=2)	0	1	0	1
Neurologist (n=2)	1	0	0	1
Orthopedic Surgeon (n=2)	0	1	0	1
Total	**1**	**5**	**2**	**4**

- BCFP did not have difficulty properly identifying the non-participation status of the providers. In only 1 of the 12 calls placed to BCFP, did they identify a provider as participating when the provider stated they did not participate.
- The rationale for the provider's non-participation status was consistent for 42 percent of the calls, while 33 percent of the calls resulted in no response.

CHN - MCO Calls Non-Participant Follow-up - of 12 Calls				
Specialty	MCO Disagreed with Provider reported Non-Participation status	Provider Non-Participation Rationale Verification		
		Yes	No	Response Not Given
Dentist (n=6)	0	3	1	2
Dermatologist (n=2)	1	1	0	0
Neurologist (n=2)	1	0	1	0
Orthopedic Surgeon (n=2)	1	0	1	0
Total	**3**	**4**	**3**	**2**

- One call to each of the specialties resulted in a contradictory participation status, representing 30 percent of CHN's overall calls.
- Of the 9 calls with corroborated status, the verification of rationales was split. Four of the calls resulted in consistent rationales, 3 reported varying rationales, and 2 resulted in no response.

HealthNet - MCO Calls Non-Participant Follow-up - of 12 Calls				
Specialty	MCO Disagreed with Provider reported Non-Participation status	Provider Non-Participation Rationale Verification		
		Yes	No	Response Not Given
Dentist (n=6)	2	0	0	4
Neurologist (n=3)	2	0	1	0
Orthopedic Surgeon (n=3)	2	1	0	0
Total	**6**	**1**	**1**	**4**

- Fifty percent of the calls placed to HN resulted in contradictory participation status, and 50 percent agreed with the rationale reported by the provider.
- Of the calls with corroborated non-participation status, the majority did not give a response when inquired about the rationale for the provider's non-participation status.

WellCare - MCO Calls Non-Participant Follow-up - of 12 Calls				
Specialty	MCO Disagreed with Provider reported Non-Participation status	Provider Non-Participation Rationale Verification		
		Yes	No	Response Not Given
Dentist (n=6)	4	1	0	1
Dermatologist (n=2)	1	1	0	0
Neurologist (n=2)	2	0	0	0
Orthopedic Surgeon (n=2)	2	0	0	0
Total	**9**	**2**	**0**	**1**

- WC had the most difficulty identifying a participation status consistent with the provider responses. Seventy-five percent of the calls made to WC resulted in contradictory participation status.
- Of the three calls with providers verified as non-participating, the results were split between verified rationales and no response.

MCO Call Results

Call Process

In addition to verifying the provider's participation status, MCO calls were evaluated on call process to assess the actual call experience of a Medicaid enrollee accessing the MCO's customer service line. Similar to the provider calls, the abstraction tool included several questions regarding the processing of calls including number of rings to answer, ability to speak directly with a representative, simplicity of the automated system, and hold time.

The following results reflect positively on the MCO call process:

- All of the 48 calls placed to MCOs were answered within 3 rings or less.
- Forty-six of the MCO calls were answered by an automated service, and 2 were answered directly by a CSR.
- Twenty-two of the 48 calls were placed on hold, representing 46 percent of the total MCO calls.
- Of the 22 calls placed on hold, 14 were on hold for less than 2 minutes, 7 were on hold for 2 – 5 minutes, and 1 Spanish-speaking call was placed on hold for greater than 5 minutes.
- Of the 46 calls answered by an automated service, 43 were given the option to access the system in Spanish. The 3 calls, that were not offered the option of accessing the system in Spanish, were all follow-up calls placed to CHN.
- All of the calls answered by an automated service indicated that the system was easy to navigate.
- Forty-two of the 46 calls answered by an automated service followed the automated prompts and were directed to the appropriate department.
- In 40 of the 46 calls answered by an automated service, the callers were able to speak with a CSR. Of the 6 calls where the callers were unable to reach a live person, all were follow-up calls for Dentists. Four of the dental calls unable to speak with a CSR were placed to HN and were directed to their dental subcontractor, Doral Dental. Two of the calls were directed to the dental subcontractor, BeneCare, 1 on behalf of CHNCT and 1 on behalf of WC.

The majority of callers were able to navigate the automated system, directed to the appropriate department, and able to reach a live CSR. While almost one-half of the calls were placed on hold, the average amount of time for two-thirds of the calls was acceptable. However, several of the Dentist calls indicated difficulty in accessing a CSR for assistance. No distinctions were observed between the call processes for Spanish-speaking calls versus calls placed in English.

MCO Call Results

Customer Service

Call Experience

In addition to the call process assessment, the 48 MCO calls were evaluated on customer service. CSRs were assessed on several measures including clarity of communication, courtesy, and respect, and the ability to address the caller's needs. The findings were positive across all plans and the results are as follows (n=48):

- Forty-seven of the calls indicated that the CSR communicated clearly.
- All of the 48 calls received a professional greeting.
- Forty-seven of the calls identified the CSR as knowledgeable and competent.
- Forty-six of the calls indicated that the assistance received was comprehensive.
- Nine of the calls indicated that the CSR recommended next steps; of these nine, none were calls placed in Spanish.
- Forty-seven of the calls reflected that the CSR was courteous and respectful.
- Forty-two of the calls reflected customer service that adequately met the needs of the enrollee, while six of the calls indicated inadequate service; all six of these calls were follow-up Dentist calls placed in English.

In addition to the observations noted above, each measure included a statement with a ranking component. The callers were asked to rank statements using the Likert scale. As previously described, the Likert scale is common and utilizes a scale of 1 – 5, where:

1 = "Strongly Disagree"
2 = "Disagree"
3 = "Neither Agree nor Disagree"
4 = "Agree"
5 = "Strongly Agree"

The results of those statements with a rating component were summarized and the average results for each are presented below:

Customer Service Evaluation - of 48 MCO Calls	
Statement	**Average Likert Scale Rating**
The customer service representative communicated clearly.	4.25
The greeting was professional.	3.98
The customer service representative was knowledgeable.	4.02
The assistance received was comprehensive.	3.88
The information received was helpful.	3.98
The customer service representative was courteous.	4.25
The customer service process adequately addressed my needs.	3.94

These results indicate that the callers were treated appropriately by the MCO CSRs. The representatives communicated clearly and were knowledgeable and courteous. However, two areas of concern were identified. The first is the limited number of calls where next steps were recommended. In order to provide comprehensive customer service, it is important for the CSR to guide the member in the process of identifying a provider who can address their health needs. The Study shows that less than a quarter of the calls placed to MCOs resulted in the recommendation of next steps in the appointment booking process.

The other area of concern involves the six calls indicating that the caller's needs were not adequately addressed. All of these calls were made about Dentists and four of the six calls were to HN where dental services are administered through an automated system and customer service is not available through a CSR. The remaining two calls, one to WC and one to CHN, reflected inadequate service due to unsuccessful transfers when attempting to obtain assistance regarding dental services. BCFP and CHN have an independent line dedicated to assistance for dental services. Callers were transferred to these lines but were able to access CSRs capable of answering questions regarding dental services. HN calls are directed to an automated system for all dental calls, where providers are identified by specifying a zip code. Up to nine providers are listed for each zip code, but the caller is not able to reach a CSR capable of assisting them with their dental service inquiry.

Call Content

In addition to the customer service experience during the MCO follow-up call, the call content was also evaluated for 18 of the 48 calls where the MCO confirmed the provider's non-participation status. These 18 calls were evaluated further to identify the exact content of the information provided and the following results were observed (n=18):

- One Spanish-speaking call was offered the option of an Out-of-Network referral, if necessary.
- Two of the calls indicated that a call back was suggested for further assistance if additional complications were encountered.
- Sixteen of the calls identified other available providers and listed the providers by name. Of these sixteen calls, the breakdown of information provided by health plan is as follows:

MCO Calls Additional Provider Information Content – of 16 Calls			
Health Plan	**Address Identified**	**Telephone Number Identified**	**Average Providers Listed**
Blue Care (n=5)	3	5	3
CHN (n=7)	3	7	3
Health Net (n=2)	2	2	3
WellCare (n=2)	2	2	4
All Plans (n=16)	10	16	

All of the 16 calls reflected that a telephone number was identified for each additional provider listed, but only 10 of the calls identified an accompanying address. The average number of providers listed is consistent across health plans with 3 – 4 providers identified by the CSR. Call content was consistent for calls made in Spanish and English.

6

Conclusions and Recommendations

The primary goals of the Study were achieved with results revealing everyday challenges encountered by enrollees attempting to access care in real life situations. Conclusions based on Study findings are presented in this section from both a statewide and an independent health plan perspective.

Overall Conclusions

From the enrollee's point of view, access to care is challenging on 2 levels: the ability to reach a provider when needed, and the ability to receive services when necessary. The results of the individual Study components led to the following overall conclusions concerning access to care for children ages 0 – 18 enrolled in HUSKY A and HUSKY B.

Access

- Overall, access to care was found to be deficient across all health plans and provider groups. Appointment availability is of concern as only 26.20 percent of the 1,851 calls made resulting in a scheduled appointment.
- Managed care organization (MCO) provider listings contained inaccurate and out-of-date information with 22.62 percent of calls with unscheduled appointments indicating non-participation status with the identified health plan. An additional 8.78 percent of calls resulted in wrong numbers, despite efforts to obtain valid telephone numbers for providers with incorrect contact information.
- For those calls where an appointment could not be scheduled, 8.49 percent were attributed to a PCPs unnecessarily requesting receipt of medical records prior to scheduling an appointment for a child's physical examination. This result indicates that PCPs are utilizing preferred selection when deciding which Medicaid members to provide services to.

- Spanish-speaking members encounter a multitude of difficulties when attempting to schedule appointments. In addition to the previously stated network accuracy concerns, non-English-speaking members face barriers that further complicate access to care.
- The sub-set of follow-up calls to the MCO confirmed the inaccuracy of provider directories with roughly 40 percent of calls resulting in contradictory identification of participation status between provider and MCO.

In addition to access to services, results for quality of process and service delivery were evaluated at both the provider and MCO levels. The findings resulted in the following overall quality of service conclusions:

Call Process

- Despite the high number of wrong telephone numbers, excessive holds, and no answer call results assessed in the access component of the Study; of the 1,663 connected provider calls, the processes such as number of rings to answer, ability to reach a person, and minimal call attempts were positive for provider calls.
- The number of provider calls placed on hold represented 17.92 percent of the 1,663 connected calls. A significant number of these calls were on hold for longer than 2 minutes and lengthy hold times may prevent members from accessing services.
- The MCO call processes were positive with the majority of callers able to navigate the automated system, directed to the appropriate department, and able to reach a live CSR.
- Similar to provider calls, MCO call processes were hindered by a significant number of calls placed on hold; however, the hold time for these calls was reasonable with the majority of calls placed on hold for less than 2 minutes.

Customer Service

- Customer service at the provider level was adequate but the callers indicated that in almost a quarter of the 1,541 calls answered by a person, the staff member was not courteous and respectful.
- In almost half of the calls to providers, the callers indicated that the staff member attempted to deter them from scheduling an appointment. The exact rationale behind this deterrence is unknown.
- MCO customer service results indicated a high level of quality of service with courteous and kind representatives who communicated clearly.
- The overall MCO customer service was positive. However, the MCOs were deficient in leading the callers through the process of scheduling an appointment. The representatives answered the caller’s questions, but refrained from offering additional services such as assistance scheduling an appointment when the enrollee is experiencing difficulty.

- Several MCO calls about Dentists resulted in the unmet needs of callers. This result indicates a lack of quality in the administration of subcontracted dental service lines. All of the health plans direct calls concerning dental services to a dental subcontractor, but it is imperative for members to have the ability to speak with a knowledgeable CSR about dental services and providers.
- A number of MCO calls resulted in identification of additional providers, but the content of the information provided was not comprehensive in that addresses were not provided for several of the providers listed.

Health Plan Conclusions

The Study results revealed several consistencies across all health plans with just under one-third of calls resulting in scheduled appointments. The most common response for the unscheduled calls was providers indicating non-participation status with the health plan. This rationale was consistently the highest across all plans. Despite these areas of continuity, many of the Study findings were specific to individual health plans. Consequently, conclusions by health plan are presented below based on key findings affecting access to care.

Anthem Blue Care Family Plan (BCFP)

- BCFP had the second highest percentage of appointments scheduled representing 27.16 percent of the 497 calls made to BCFP providers.
- Commonly occurring rationales for BCFP unscheduled appointments were: Not Accepting New Patients, PCP Referral Necessary, Records Required by PCP, and Wrong Number.
- BCFP had the lowest appointment availability among PCPs representing only 26.23 percent of the 183 PCP calls made to BCFP providers.
- Despite having the lowest percentage of PCP appointments scheduled, of those scheduled BCFP had the highest percentage within the 2 week time period, representing 50 percent of the BCFP scheduled PCP appointments.
- BCFP had the second highest appointment availability among Dentists representing 29.49 percent of the 78 Dentist calls made to BCFP providers; 47.83 percent of these appointments were in the 3 – 6 week time period.
- MCO follow-up calls to BCFP revealed consistent knowledge about the participation status between BCFP and the provider for 11 of the 12 calls, the highest for all plans.

Community Health Network of Connecticut, Inc. (CHN)

- CHN had the third highest percentage of appointments scheduled representing 25.27 percent of the 566 calls made to CHN providers.
- Commonly occurring rationales for CHN unscheduled appointments were: Wrong Number, PCP Referral Necessary, and Sub-Specialty (the latter two included in the reasonable grouping).
- CHN had the second highest appointment availability among PCPs representing 38.51 percent of the 174 PCP calls made to CHN providers.
- CHN had the third highest appointment availability among Dentists representing 27.45 percent of the 153 Dentist calls made to CHN providers; 76.19 percent of these appointments were in the 3 – 6 week time period.
- MCO follow-up calls to CHN revealed consistent knowledge about participation status between CHN and the provider for 9 of the 12 calls, the second highest for all plans.

Health Net of the Northeast, Inc. (HN)

- HN had the lowest percentage of appointments scheduled representing 23.44 percent of the 384 calls made to HN providers.
- Commonly occurring rationales for HN unscheduled appointments were: Sub-Specialty, Records Required by PCP, and Not Accepting New Patients.
- HN had the third highest appointment availability among PCPs representing 30 percent of the 160 PCP calls made to HN providers; 40 percent of these appointments were within 2 weeks.
- HN had the lowest appointment availability among Dentists representing only 18.99 percent of the 79 Dentist calls made to HN providers. These appointments were split between the time periods of within 2 weeks and 3 – 6 weeks.
- MCO follow-up calls to HN revealed consistent knowledge of participation status between HN and the provider for only 6 of the 12 calls, the second lowest for all plans.

WellCare of Connecticut, Inc. (WC)

- WC had the highest percentage of appointments scheduled representing 28.96 percent of the 404 calls made to WC providers.
- Commonly occurring rationales for WC unscheduled appointments were: Wrong Number, Records Required by PCP, and Direct to Voicemail.
- WC had the highest appointment availability among PCPs representing 40.25 percent of the 159 PCP calls made to WC providers.
- WC had the highest appointment availability among Dentists representing 30.07 percent of the 143 Dentist calls made to WC providers; 67 percent of these appointments were in the 3 – 6 week time period.
- MCO follow-up calls to WC revealed consistent knowledge of participation status between WC and the provider for only 3 of the 12 calls, the lowest of all plans.

Recommendations

Based on the results of the Study, it appears that improvements are possible and necessary regarding access to care and quality of service at both the provider and MCO levels. Mercer recommends initiation of the following:

- MCOs should review and revise, as necessary, current P&P for maintaining accurate up-to-date information on the status of participating providers. The enrollment broker, provider directory, and web site must have the most current listing of participating providers. In addition, CSRs must have the ability to access the most current provider information available.
- MCOs should develop and implement an effective process for deleting from the provider panel those providers who have retired, moved out of state, or are no longer participating with the health plan.
- MCOs should develop a primary verification process to more closely and accurately monitor overall compliance with access requirements.
- MCOs should initiate communication to providers in the network reiterating contract expectations and requirements concerning access to care for the Medicaid population.
- MCOs are encouraged to remind enrollees of access requirements and the resources available when encountering difficulties scheduling an appointment with a provider. Member bulletins with updated access requirements and available assistance should be developed and distributed.
- MCOs should review dental subcontractor requirements concerning customer service and require that the vendor have the ability to assist members experiencing difficulty accessing dental services. Specifically, the dental line must be capable of answering questions about dental services and providers. The line should not be limited to listing providers from an automated service only, as was experienced on follow-up calls to CHN, HN, and WC.
- MCOs should review customer service protocols ensuring that CSRs have all of the information necessary to adequately address the needs of members.
- Training of MCO CSRs should be expanded to include a specific focus on providing additional assistance for members experiencing difficulties accessing services.

Appendix A

Appendix A – Provider Script and Questionnaire

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

Mystery Shopper Provider Survey **04/07/06 FINAL – NOT FOR DISTRIBUTION**					
Provider Name:			Survey ID Number:		
Provider Address:					
City:	State:	Zip Code:	Provider Telephone Number:		
Provider Specialty:	☐ Pediatrics	☐ Dentistry	☐ Dermatology	☐ Neurology	☐ Orthopedics
Health Plan: ☐ Blue Care Family Plan (CHNCT)			☐ Community Health Network of Connecticut, Inc.		
☐ WellCare of Connecticut			☐ Healthy Options		
Stated Condition**: Physical** *(automated from Provider Specialty selection)*	**Specialty** Pediatrics Dentistry Dermatology Neurology Orthopedics		**Condition** Physical Check-up Rash Chronic Headache Chronic Knee Pain		

Appointment Availability Script (Pediatrics/Dentistry):

"I want to get an appointment for my son/daughter. He/she is a new patient with **Health Net** *(automated)* and is supposed to have a **physical/check-up** *(automated)*. Could you please let me know what appointment times you have available?

> ****Note to caller**: If offered a morning appointment, ask for an afternoon appointment. **Reply with**: "Is it possible to have an afternoon appointment so my son/daughter doesn't have to miss so much of the school day?"*

> ****Note to caller**: If receptionist asks, "Why isn't patient on health plan's assigned panel? **Reply with**: "I am calling to see how long I have to wait for an appointment while I choose a PCP for my son/daughter."*

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

Appointment Availability Script (Dermatology/Neurology/Orthopedics):

"My son/daughter's Primary Care Provider (PCP) told me that he/she should see a **dermatologist/neurologist/orthopedic surgeon** *(automated)* for his/her **rash/chronic headache/chronic knee pain** *(automated)*. When I called **Health Net** *(automated)*, they said I could come see you. Could you please let me know what appointment times you have available?

Note to caller: If only 1 time is given, **Reply with: "Are there any other times available?"*

****Note to caller**: If receptionist asks, "Do you have a referral?" **Reply with**: "Yes, I already have a paper referral."*

Closing Script:

"Let me take a look at my schedule and I will call back to schedule an appointment."

Provider Appointment Access Evaluation:

Question 1: Was the provider's office willing to schedule an appointment? ☐ Yes ☐ No

Question 2: If no, why couldn't the appointment be scheduled? **Trigger for MCO follow-up call*

☐ Not accepting new patients ☐ Not accepting HUSKY patients ☐ Non-participating provider with health plan

☐ No longer in practice

Comments:

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

Question 3: Timing of earliest possible appointment: Date _____ Time _____

Elapsed Time until Appointment _____ *(auto-calculate)*

Comments:

Question 4: Was an afternoon appointment available? ☐ Yes ☐ No

If not, why was an afternoon appointment refused?

☐ No afternoon appointments available

☐ No afternoon appointments available for HUSKY patients

☐ No afternoon appointments available for identified insurance type

☐ Other _____

Comments:

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

Provider Appointment Access Evaluation (continued):

Question 5: Based on the appointment time offered, please select the appropriate time frame:

(Automated depending on specialty selected)

Pediatrics:

Seen within:

☐ 2 weeks
☐ 3 – 5 weeks
☐ 6 weeks or greater

Dermatology:

Seen within:

☐ 3 weeks
☐ 4 – 5 weeks
☐ 6 weeks or greater

Orthopedics:

Seen within:

☐ 3 weeks
☐ 4 – 5 weeks
☐ 6 weeks or greater

Dentistry:

Seen within:

☐ 2 weeks
☐ 3 – 5 weeks
☐ 6 weeks or greater

Neurology:

Seen within:

☐ 3 weeks
☐ 4 – 5 weeks
☐ 6 weeks or greater

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

Provider Customer Service Evaluation:
Question 1: How quickly was the call answered? ☐ ≤ 3 rings ☐ 4 – 6 rings ☐ > 6 rings
Question 2: Were you able to speak with a person or directed to an automated answering system? ☐ Person ☐ Automated system
Question 3: Indicate the number of times the provider was contacted in order to speak with a person? ☐ 1 call ☐ 2-3 calls ☐ 4-5 calls ☐ Greater than 5 calls ☐ Was not able to reach a person
Question 4: Were you placed on hold? ☐ Yes ☐ No If you were placed on hold, how long did you wait for a response? ☐ < 2 minutes ☐ 2 – 5 minutes ☐ > 5 minutes

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

Provider Customer Service Evaluation (continued):

The following questions may include a rating component. Please select one number for each question from the following scale:

1 = "strongly disagree", 2 = "somewhat disagree", 3 = "neither agree nor disagree", 4 = "somewhat agree", 5 = "strongly agree."

Question 5: Did you receive a greeting? ☐ Yes ☐ No

The greeting was professional.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Question 6: Was the staff member easy to understand? ☐ Yes ☐ No

The staff member communicated clearly.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Question 7: Did the staff member attempt to deter you from scheduling an appointment? ☐ Yes ☐ No

The staff member seemed reluctant to schedule an appointment.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Question 8: Was the appointment information verified (restated date, time, etc)? ☐ Yes ☐ No

Question 9: Overall, were you treated with courtesy and respect? ☐ Yes ☐ No

The staff member was courteous.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

Question 10: Did your insurance type affect the availability of appointment times offered? ☐ Yes ☐ No ☐ Not able to determine
Comments:

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

Mystery Shopper MCO Follow-up Survey **04/07/06 FINAL – NOT FOR DISTRIBUTION**			
Provider Name: *(automated from Provider Survey)*			
Provider Address: *(automated from Provider Survey)*	City:	State:	Zip Code:
Health Plan: *(automated from Provider Survey)*			
Provider's reason for not setting an appointment: _____ *(automated from Access Evaluation question #2)*			

- **Scenario #A (Dentist):**

  MCO Customer Service Script (Dentistry): My son/daughter is new to **Healthy Options** *(automated)* and needs to see a dentist. I tried to schedule an appointment with Dr._____ (automated) but he is not available even though he's on your list. Is there somewhere else I can go?

- **Scenario #B (Specialist):**

  MCO Customer Service Script (Dermatology/Neurology/Orthopedics): My doctor said my son/daughter has to be seen by a **dermatologist/neurologist/orthopedic surgeon** *(automated)*. What do I do? My friend was telling me about Dr._____ *(automated)*, can I go there?

  ***Note to caller:** Pause after first question and follow-up with "Is there somewhere else I can go?"*

  ***Note to caller**: The geographic area you specify will be determined by the location of the provider to be followed up on. If the customer service representative asks who your PCP is, please be prepared with a provider's name. A list of PCP's will be made available to you, and the PCP stated must be from the same geographic area as the specialist provider you are following up on.*

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

MCO Access Evaluation:
Question 1: Did the customer service representative verify the physician's network participation status (participating, limited to new patients, etc)? ☐ Yes ☐ No If no, why _____ _____ _____.
Question 2: Did the customer service representative's explanation corroborate the provider's reasoning for not scheduling an appointment? ☐ Yes ☐ No Comments:

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

Question 3: If the identified provider is not in the network, did the customer service representative do the following: (select an answer for each bulleted question):

- Offer additional provider names ☐ Yes ☐ No
- Offer an out-of-network referral (for specialists and dentists) ☐ Yes ☐ No
- Mention the possibility of assistance with transportation if additional providers mentioned are not in close proximity

to caller's location. ☐ Yes ☐ No ☐ N/A

- Suggest that the caller call back for further assistance if none of the suggested providers are able to

see the patient. ☐ Yes ☐ No

Comments:

Question 4: When information identifying additional providers was given, how many providers were you offered information for?

_____ providers

Question 5: When information identifying additional providers was given, were you provided with an address for each of the providers suggested? ☐ Yes ☐ No

Question 6: When information identifying additional providers was given, were you provided with a phone number for each of the providers suggested? ☐ Yes ☐ No

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

MCO Customer Service Evaluation:
Question 1: How quickly was the call answered? ☐ 3 rings or less ☐ 4 – 6 rings ☐ More than 6 rings
Question 2: Were you able to speak with a person or directed to an automated answering system? ☐ Person ☐ Automated system
Question 3: If your call was answered by an automated system, were you given the option to access the system in Spanish? ☐ Yes ☐ No
Question 4: If your call was answered by an automated system, was the system easy to navigate? ☐ Yes ☐ No
Question 5: If your call was answered by an automated system, did the system direct you to the appropriate department? ☐ Yes ☐ No
Question 6: Were you eventually able to speak with a customer service representative? ☐ Yes ☐ No
Question 7: Were you placed on hold? ☐ Yes ☐ No If you were placed on hold, how long did you wait for a response? ☐ <2 minutes ☐ 2 – 5 minutes ☐ > 5 minutes

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

MCO Customer Service Evaluation (continued):

The following questions may include a rating component. Please select one number, from the following scale where

1 = "strongly disagree", 2 = "somewhat disagree", 3 = "neither agree nor disagree", 4 = "somewhat agree", 5 = "strongly agree."

Question 8: Did you receive a greeting? ☐ Yes ☐ No

The greeting was professional.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Question 9: Was the customer service representative easy to understand? ☐ Yes ☐ No

The customer service representative communicated clearly.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Question 10: Did the customer service representative seem competent and capable? ☐ Yes ☐ No

The customer service representative was knowledgeable.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Question 11: Did the customer service representative attempt to assist you with your inquiry? ☐ Yes ☐ No

The assistance received was comprehensive.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Question 12: Did the customer service representative recommend next steps? ☐ Yes ☐ No

The information provided was helpful.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Mystery Shopper Final Survey
April 7, 2006

Surveyor Initials:
Date of Survey:

MCO Customer Service Evaluation (continued):
Question 13: Overall, were you treated with courtesy and respect? ☐ Yes ☐ No The customer service representative was courteous. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Question 14: Overall, did the customer service process address your needs? ☐ Yes ☐ No The customer service process adequately addressed my needs. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments:

Appendix B

Appendix B – Provider Rationale Definitions

PROVIDER RATIONALE DEFINITIONS (Appointments Not Scheduled)	
Provider Rationales	**Explanation**
Adults Only	The front office indicated that the provider excepts adults only.
APRN / NP / PA	The MCO provider directory listed the provider as one of the identified provider groups; when contacted the provider identified themselves as an Advance Practice Registered Nurse (APRN), Nurse Practitioner (NP), or Physician's Assistant (PA).
Call Back to Schedule	The provider's office requested the caller to call back at a later time to schedule the appointment.
Card Verification	The provider's office required that the member fax or come to the office and present their insurance card for verification of HUSKY coverage. In particular, PCP offices required that the providers name be listed on the card before an appointment could be scheduled.
ER Patients Only	The provider's office indicated that they only provide services to ER patients.
Excessive Hold	The provider's office was contacted and the caller was placed on hold for an excessive length of time (greater than 5 minutes) for each of the 5 calls attempted.
Geographic Specifications	The provider's office was only willing to except appointments for specified geographic locations. For example: Campbell area only
Hospital	The caller reached a hospital where the provider practiced, but private practice appointment could not be scheduled through hospital line.
Hygienist / Cleanings Only	The MCO provider directory listed the provider as a Dentist; when contacted the provider identified themselves as a Dental Hygienist or specified that the provider did cleanings only.
No Answer	5 call attempts were made and the line was never answered.
No Longer in Practice	The front office staff indicated that the provider was no longer in practice.

PROVIDER RATIONALE DEFINITIONS (Appointments Not Scheduled)	
Provider Rationales	**Explanation**
No Longer with Clinic	The front office staff indicated that the provider was no longer with the clinic.
Non-Participating Provider with Health Plan	The front office indicated that the provider no longer participated with the health plan.
Not Accepting HUSKY Patients	The front office indicated that the provider does not accept HUSKY patients.
Not Accepting New Patients	The front office indicated that the provider is not accepting new patients.
Out of Town	The front office staff indicated that the provider was out of town for a lengthy period of time (3-6 months).
PCP Referral Necessary (reasonable)	The specialty provider's office indicated that confirmation of a referral was necessary prior to scheduling an appointment.
Records Required by PCP	The Pediatrician's (PCP's) office indicated that the caller's medical records must be received prior to scheduling an appointment.
Referred to Clinic	The provider's office referred the caller to a local clinic.
School Hygienist	The MCO provider directory listed the provider as a Dentist; when contacted the provider identified themselves as a Dental Hygienist for a particular school.
Sub-Specialty (reasonable)	The MCO provider directory listed the provider as one of the identified provider groups; when contacted the provider identified themselves as a Sub-Specialty. For example: A MCO identified Orthopedic Surgeon who when contacted identified him/herself as an Orthopedic Hand Specialist.
Voicemail	Voicemail was reached for every call attempt.
Walk-ins Only	The provider's office accepts only walk-in appointments from Medicaid enrollees.
Wrong Number	Those calls resulting in a wrong number despite the call protocol and inclusion of replacement providers where necessary.

Appendix C

Appendix C – Provider Calls Additional Results

1. Appointment Availability – By Specialty

Provider Appointment Availability - by Specialty				
Specialty	% Scheduled	% Not Scheduled		All calls made
		Reasonable*	Not Reasonable	
Pediatrician (n=676)	**33.58%**	3.99%	62.43%	**676**
Dentist (n=453)	**27.15%**	2.87%	69.98%	**453**
Dermatologist (n=110)	**30.00%**	20.00%	50.00%	**110**
Neurologist (n=284)	**15.85%**	28.87%	55.28%	**284**
Orthopedic Surgeon (n=328)	**17.38%**	25.61%	57.01%	**328**
Total (n=1851)	**26.20%**	12.32%	61.48%	**1851**

* The Reasonable grouping consists of those calls that did not result in a scheduled appointment, but had a reasonable rationale for denial. The grouping consists of the following call results deemed reasonable by Mercer: Sub-Specialty and PCP Referral Necessary.

Breakdown of Appointments Not Scheduled by Specialty - of 1,366 appointments not scheduled							
Rationale	Dentist	Dermatologist	Neurologist	Orthopedic Surgeon	Pediatrician	All	% of Total Not Scheduled
Non-participating provider with health plan	124	14	33	72	66	309	22.62%
Not accepting new patients	30	7	15	10	63	125	9.15%
Sub-Specialty (reasonable)	13	15	59	6	27	120	8.78%
Wrong Number	33	16	16	26	29	120	8.78%
Records Required	0	0	0	0	116	116	8.49%
PCP Referral Necessary (reasonable)	0	7	23	78	0	108	7.91%
Voicemail	23	6	25	8	14	76	5.56%
Excessive Hold	7	0	14	4	48	73	5.34%
No Answer	10	2	8	8	40	68	4.98%
No longer in practice	24	1	13	6	16	60	4.39%
Adults Only (?)	1	0	25	19	0	45	3.29%
Not accepting HUSKY patients	19	0	2	19	5	45	3.29%
APRN / NP / PA	10	1	3	4	1	19	1.39%
No longer with Clinic	11	0	1	2	1	15	1.10%
Card Verification	2	1	0	0	11	14	1.02%
Call Back to schedule	3	0	0	0	8	11	0.81%
Referred to clinic	0	7	0	2	0	9	0.66%
Hygienist / Cleanings only	9	0	0	0	0	9	0.66%
School Hygienist	8	0	0	0	0	8	0.59%
Hospital	0	0	2	1	2	5	0.37%
Out of Town	2	0	0	1	2	5	0.37%
ER patients Only	0	0	0	3	0	3	0.22%
Geographic Specifications	0	0	0	2	0	2	0.15%
Walk-ins Only	1	0	0	0	0	1	0.07%
Total	330	77	239	271	449	1366	100.00%

2. Appointment Availability – By Health Plan

Provider Appointment Availability - by Plan				
Health Plan	% Scheduled	% Not Scheduled		All calls made
		Reasonable*	Not Reasonable	
Blue Care (n=497)	27.16%	12.07%	60.76%	497
CHN (n=566)	25.27%	14.13%	60.60%	566
Health Net (n=384)	23.44%	15.10%	61.46%	384
WellCare (n=404)	28.96%	7.43%	63.61%	404
Total (n=1851)	26.20%	12.32%	61.48%	1851

* The Reasonable grouping consists of those calls that did not result in a scheduled appointment, but had a reasonable rationale for denial. The grouping consists of the following call results deemed reasonable by Mercer: Sub-Specialty and PCP Referral Necessary.

Breakdown of Appointments Not Scheduled by Plan - of 1,366 appointments not scheduled								
Rationale	Blue Care	% of Total BC (362)	CHN	% of Total CHN (423)	HealthNet	% of Total HN (294)	WellCare	% of Total WC (287)
Non-participating provider with health plan	70	19.34%	119	28.13%	50	17.01%	70	24.39%
Not accepting new patients	56	15.47%	23	5.44%	29	9.86%	17	5.92%
Sub-Specialty (reasonable)	26	7.18%	40	9.46%	38	12.93%	16	5.57%
Wrong Number	26	7.18%	41	9.69%	14	4.76%	39	13.59%
Records Required	28	7.73%	21	4.96%	31	10.54%	36	12.54%
PCP Referral Necessary (reasonable)	34	9.39%	40	9.46%	20	6.80%	14	4.88%
Voicemail	18	4.97%	19	4.49%	17	5.78%	22	7.67%
Excessive Hold	26	7.18%	23	5.44%	16	5.44%	8	2.79%
No Answer	20	5.52%	14	3.31%	18	6.12%	16	5.57%
No longer in practice	13	3.59%	22	5.20%	14	4.76%	11	3.83%
Adults Only (?)	6	1.66%	23	5.44%	11	3.74%	5	1.74%
Not accepting HUSKY patients	7	1.93%	9	2.13%	15	5.10%	14	4.88%
APRN / NP / PA	1	0.28%	8	1.89%	10	3.40%	0	0.00%
No longer with Clinic	3	0.83%	11	2.60%	0	0.00%	1	0.35%
Card Verification	10	2.76%	0	0.00%	4	1.36%	0	0.00%
Call Back to schedule	9	2.49%	0	0.00%	2	0.68%	0	0.00%
Referred to clinic	3	0.83%	6	1.42%	0	0.00%	0	0.00%
Hygienist / Cleanings only	0	0.00%	0	0.00%	2	0.68%	7	2.44%
School Hygienist	0	0.00%	0	0.00%	0	0.00%	8	2.79%
Hospital	1	0.28%	2	0.47%	0	0.00%	2	0.70%
Out of Town	2	0.55%	0	0.00%	2	0.68%	1	0.35%
ER patients Only	1	0.28%	2	0.47%	0	0.00%	0	0.00%
Geographic Specifications	2	0.55%	0	0.00%	0	0.00%	0	0.00%
Walk-ins Only	0	0.00%	0	0.00%	1	0.34%	0	0.00%
Total	362	100.00%	423	100.00%	294	100.00%	287	100.00%

3. Pediatrician Appointment Availability – By Plan

Pediatrician Appointment Availability - by Plan				
Health Plan	% Scheduled	% Not Scheduled		All calls made
		Reasonable*	Not Reasonable	
Blue Care (n=183)	26.23%	4.92%	68.85%	183
CHN (n=174)	38.51%	5.75%	55.75%	174
Health Net (n=160)	30.00%	4.38%	65.63%	160
WellCare (n=159)	40.25%	0.63%	59.12%	159
Total (n=676)	33.58%	3.99%	62.43%	676

4. Dentist Appointment Availability – By Plan

Dentist Appointment Availability - by Plan				
Health Plan	% Scheduled	% Not Scheduled		All calls made
		Reasonable*	Not Reasonable	
Blue Care (n=78)	**29.49%**	0.00%	70.51%	**78**
CHN (n=153)	**27.45%**	0.00%	72.55%	**153**
Health Net (n=79)	**18.99%**	7.59%	73.42%	**79**
WellCare (n=143)	**30.07%**	4.90%	65.03%	**143**
Total (n=453)	**27.15%**	2.87%	69.98%	**453**

5. Pediatrician / Dental Appointment Access – By Plan

Pediatrician and Dental Appointment Access						
Provider	Appointment Access	Blue Care	CHN	Health Net	WellCare	All Plans
Pediatrician	**Within 2 weeks** (14 days or less)	24	12	19	7	62
	3 - 6 weeks (15 - 41 days)	10	35	17	41	103
	Greater than 6 weeks (42+ days)	14	20	12	16	62
	Not Scheduled	135	107	112	95	449
	Total	**183**	**174**	**160**	**159**	**676**
Dentist	**Within 2 weeks** (14 days or less)	8	6	7	7	28
	3 - 6 weeks (15 - 41 days)	11	32	7	29	79
	Greater than 6 weeks (42+ days)	4	4	1	7	16
	Not Scheduled	55	111	64	100	330
	Total	**78**	**153**	**79**	**143**	**453**

Pediatrician Appointment Access
(based on 227 scheduled appointments)
Blue Care (n=48)
CHN (n=67)
Health Net (n=48)
WellCare (n=64)
Total (n=227)
% of Appointments Scheduled
60%
50%
40%
30%
20%
10%
0%
24
12
19
7
62
10
35
17
41
103
14
20
12
16
62
Within 2 weeks
3 - 6 weeks
Greater than 6 weeks

Dentist Appointment Access
(based on 123 scheduled appointment
Blue Care (n=23)
CHN (n=42)
Health Net (n=15)
WellCare (n=43)
Total (n=123)
% of Appointments Scheduled
80%
70%
60%
50%
40%
30%
20%
10%
0%
8
6
7
7
28
11
32
7
29
79
4
4
1
7
16
Within 2 weeks
3 - 6 weeks
Greater than 6 weeks

6. Specialty Appointment Access – By Plan

Specialist Appointment Access						
Specialty	**Appointment Access**	**Blue Care**	**CHN**	**Health Net**	**WellCare**	**All Plans**
Dermatologist	**Within 3 weeks** (21 days or less)	2	2	0	0	4
	4 - 6 weeks (22 - 41 days)	3	4	0	0	7
	Greater than 6 weeks (42+ days)	13	8	0	1	22
	Not Scheduled	29	37	0	11	77
	Total	**47**	**51**	**0**	**12**	**110**
Neurologist	**Within 3 weeks** (21 days or less)	10	0	2	2	14
	4 - 6 weeks (22 - 41 days)	3	8	4	2	17
	Greater than 6 weeks (42+ days)	10	4	0	0	14
	Not Scheduled	71	82	58	28	239
	Total	**94**	**94**	**64**	**32**	**284**
Orthopedic Surgeon	**Within 3 weeks** (21 days or less)	22	4	13	3	42
	4 - 6 weeks (22 - 41 days)	0	2	7	2	11
	Greater than 6 weeks (42+ days)	1	2	1	0	4
	Not Scheduled	72	86	60	53	271
	Total	**95**	**94**	**81**	**58**	**328**

Neurologist Appointment Access
(based on 45 scheduled appointments)
Blue Care (n=23)
CHN (n=12)
Health Net (n=6)
WellCare (n=4)
Total (n=45)
% of Appointments Scheduled
80%
60%
40%
20%
0%
10
0
2
2
14
3
8
4
2
17
10
4
0
0
14
Within 3 weeks
4 - 6 weeks
Greater than 6 weeks

Orthopedic Surgeon Appointment Access
(based on 57 scheduled appointments)
Blue Care (n=23)
CHN (n=8)
Health Net (n=21)
WellCare (n=5)
Total (n=57)
% of Appointments Scheduled
100%
80%
60%
40%
20%
0%
22
4
13
3
42
0
2
7
2
11
1
2
1
0
4
Within 3 weeks
4 - 6 weeks
Greater than 6 weeks

7. Appointment Distribution – 6 Weeks or Greater

8. Provider Call Process – By Specialty

Number of Rings Until Answered (All Plans) - of 1,663 Connected Calls							
Number of Rings	**Dentist**	**Dermatologist**	**Neurologist**	**Orthopedic Surgeon**	**Pediatrician**	**All**	**% of Total Connected Calls**
3 Rings or Less	366	86	236	267	553	1508	**90.68%**
4-6 Rings	43	6	23	23	17	112	**6.73%**
Greater than 6 Rings	1	0	1	4	37	43	**2.59%**
Total Calls	**410**	**92**	**260**	**294**	**607**	**1663**	**100.00%**

Person vs. Automated Answer (All Plans) - of 1,663 Connected Calls							
Answering Mechanism	**Dentist**	**Dermatologist**	**Neurologist**	**Orthopedic Surgeon**	**Pediatrician**	**All**	**% of Total Connected Calls**
Person	387	86	232	284	552	1541	**92.66%**
Automated	23	6	28	10	55	122	**7.34%**
Total Calls	**410**	**92**	**260**	**294**	**607**	**1663**	**100.00%**

Number of Times Contacted to Speak with a Person (All Plans) - of 1,541 Calls Answered by a Person							
Number of Calls to Reach a Person	**Dentist**	**Dermatologist**	**Neurologist**	**Orthopedic Surgeon**	**Pediatrician**	**All**	**% of Total Connected Calls**
1 Call	366	75	228	245	495	1409	**91.43%**
2-3 Calls	21	11	4	38	45	119	**7.72%**
4-5 Calls	0	0	0	1	12	13	**0.84%**
Total Calls	**387**	**86**	**232**	**284**	**552**	**1541**	**100.00%**

Receipt of Greeting (All Plans) - of 1,663 Connected Calls							
Greeting Received?	Dentist	Dermatologist	Neurologist	Orthopedic Surgeon	Pediatrician	All	% of Total Connected Calls
Yes	409	91	258	294	605	1657	99.64%
No	1	1	2	0	2	6	0.36%
Total Calls	410	92	260	294	607	1663	100.00%

Calls Placed on Hold (All Plans) - of 1,663 Connected Calls							
Placed on Hold?	Dentist	Dermatologist	Neurologist	Orthopedic Surgeon	Pediatrician	All	% of Total Connected Calls
Yes	31	23	32	46	166	298	17.92%
No	379	69	228	248	441	1365	82.08%
Total Calls	410	92	260	294	607	1663	100.00%

Hold Time (All Plans) - of 298 Calls Placed on Hold							
Hold Time	Dentist	Dermatologist	Neurologist	Orthopedic Surgeon	Pediatrician	All	% of Total Calls Placed on Hold
Less than 2 Minutes	24	16	19	23	84	166	55.70%
2-5 Minutes	3	6	7	10	34	60	20.13%
Greater than 5 Minutes	4	1	6	13	48	72	24.16%
Total Calls	31	23	32	46	166	298	100.00%

Afternoon Appointment Availability (All Plans) - of 485 Scheduled Appointments							
Appointment Status	Dentist	Dermatologist	Neurologist	Orthopedic Surgeon	Pediatrician	All	% of Total Appts
Available	120	28	44	57	214	463	95.46%
Not Available	3	5	1	0	13	22	4.54%
Total Appts	123	33	45	57	227	485	100.00%

Verification of Appointment Time (All Plans) - of 485 Scheduled Appointments							
Appointment Verification?	Dentist	Dermatologist	Neurologist	Orthopedic Surgeon	Pediatrician	All	Appointments Scheduled
Yes	120	28	44	57	214	463	95.46%
No	3	5	1	0	13	22	4.54%
Total Appointments	123	33	45	57	227	485	100.00%

Affect of Insurance Type on Appointment Availability - of 485 Scheduled Appointments							
Appointment times affected by insurance?	Dentist	Dermatologist	Neurologist	Orthopedic Surgeon	Pediatrician	All	% of Total Appointments Scheduled
Yes	1	3	0	4	3	11	2.27%
No	113	23	34	44	213	427	88.04%
Not able to determine	9	7	11	9	11	47	9.69%
Total Appointments	123	33	45	57	227	485	100.00%

9. Provider Call Process – By Health Plan

Number of Rings Until Answered (All Plans) - of 1,663 Connected Calls								
Number of Rings	Blue Care	% of Total BCFP calls	CHN	% of Total CHN calls	Health Net	% of Total HN calls	WellCare	% of Total WCalls
3 Rings or Less	395	87.58%	465	91.00%	322	91.48%	326	93.41%
4-6 Rings	36	7.98%	34	6.65%	20	5.68%	22	6.30%
Greater than 6 Rings	20	4.43%	12	2.35%	10	2.84%	1	0.29%
Total Calls	**451**	**100.00%**	**511**	**100.00%**	**352**	**100.00%**	**349**	**100.00%**

Person vs. Automated Answer (All Plans) - of 1,663 Connected Calls								
Answering Mechanism	Blue Care	% of Total BCFP calls	CHN	% of Total CHN calls	Health Net	% of Total HN calls	WellCare	% of Total WCalls
Person	386	85.59%	458	89.63%	319	90.63%	325	93.12%
Automated	65	14.41%	53	10.37%	33	9.38%	24	6.88%
Total Calls	**451**	**100.00%**	**511**	**100.00%**	**352**	**100.00%**	**349**	**100.00%**

Number of Times Contacted to Speak with a Person (All Plans) - of 1,663 Connected Calls								
Number of Calls to Reach a Person	Blue Care	% of Total BCFP calls	CHN	% of Total CHN calls	Health Net	% of Total HN calls	WellCare	% of Total WCalls
1 Call	359	79.60%	451	88.26%	286	81.25%	313	89.68%
2-3 Calls	53	11.75%	18	3.52%	35	9.94%	13	3.72%
4-5 Calls	4	0.89%	4	0.78%	4	1.14%	1	0.29%
Was not able to reach a person	35	7.76%	38	7.44%	27	7.67%	22	6.30%
Total Calls	**451**	**100.00%**	**511**	**100.00%**	**352**	**100.00%**	**349**	**100.00%**

Receipt of Greeting (All Plans) - of 1,663 Connected Calls								
Greeting Received?	Blue Care	% of Total BCFP calls	CHN	% of Total CHN calls	Health Net	% of Total HN calls	WellCare	% of Total WCalls
Yes	448	99.33%	510	99.80%	350	99.43%	349	100.00%
No	3	0.67%	1	0.20%	2	0.57%	0	0.00%
Total Calls	**451**	**100.00%**	**511**	**100.00%**	**352**	**100.00%**	**349**	**100.00%**

Calls Placed on Hold (All Plans) - of 1,663 Connected Calls								
Placed on Hold?	Blue Care	% of Total BCFP calls	CHN	% of Total CHN calls	Health Net	% of Total HN calls	WellCare	% of Total WCalls
Yes	122	27.05%	79	15.46%	54	15.34%	43	12.32%
No	329	72.95%	432	84.54%	298	84.66%	306	87.68%
Total Calls	**451**	**100.00%**	**511**	**100.00%**	**352**	**100.00%**	**349**	**100.00%**

Hold Time (All Plans) - of 298 Calls Placed on Hold								
Hold Time	Blue Care	% of Total BCFP calls	CHN	% of Total CHN calls	Health Net	% of Total HN calls	WellCare	% of Total WCalls
Less than 2 Minutes	73	59.84%	34	43.04%	30	55.56%	29	67.44%
2-5 Minutes	28	22.95%	22	27.85%	10	18.52%	0	0.00%
Greater than 5 Minutes	21	17.21%	23	29.11%	14	25.93%	14	32.56%
Total Calls	**122**	**100.00%**	**79**	**100.00%**	**54**	**100.00%**	**43**	**100.00%**

Afternoon Appointment Availability (All Plans) - of 485 Scheduled Appointments								
Appointment Status	Blue Care	% of Total BCFP calls	CHN	% of Total CHN calls	Health Net	% of Total HN calls	WellCare	% of Total WCalls
Available	130	74.81%	132	76.92%	87	58.89%	114	96.58%
Not Available	5	25.19%	11	23.08%	3	41.11%	3	3.42%
Total Appts	**135**	**100.00%**	**143**	**100.00%**	**90**	**100.00%**	**117**	**100.00%**

Verification of Appointment Time (All Plans) - of 485 Scheduled Appointments								
Appointment Verification?	Blue Care	% of Total BCFP calls	CHN	% of Total CHN calls	Health Net	% of Total HN calls	WellCare	% of Total WCalls
Yes	101	74.81%	110	76.92%	53	58.89%	113	96.58%
No	34	25.19%	33	23.08%	37	41.11%	4	3.42%
Total Appointments	**135**	**100.00%**	**143**	**100.00%**	**90**	**100.00%**	**117**	**100.00%**

Affect of Insurance Type on Appointment Availability - of 485 Scheduled Appointments								
Appointment times affected by insurance?	Blue Care	% of Total BCFP calls	CHN	% of Total CHN calls	Health Net	% of Total HN calls	WellCare	% of Total WCalls
Yes	3	2.22%	4	2.80%	3	3.33%	1	0.85%
No	109	80.74%	129	90.21%	79	87.78%	110	94.02%
Not able to determine	23	17.04%	10	6.99%	8	8.89%	6	5.13%
Total Appointments	**135**	**100.00%**	**143**	**100.00%**	**90**	**100.00%**	**117**	**100.00%**

10. Provider Customer Service Evaluation

Customer Service Evaluation - of 1,541 calls answered by a person		
Question	Call Result	
	Yes	No
Was the staff member easy to understand?	99.03%	0.97%
Did the staff member attempt to deter you from scheduling an appointment?	48.86%	51.14%
Overall, were you treated with courtesy and respect?	76.05%	23.95%

The following question is based on the Likert scale where:

1 = "Strongly Disagree"
2 = "Disagree"
3 = "Neither Agree nor Disagree"
4 = "Agree"
5 = "Strongly Agree"

Customer Service Evaluation - of 1,541 calls answered by a person	
Statement	Average Likert Scale Rating*
The greeting was professional.	4.56
The staff member communicated clearly.	4.53
The staff member seemed reluctant to schedule an appointment.	2.69
The staff member was courteous.	3.93

Appendix D

Appendix D – MCO Calls Additional Results

1. MCO Follow-up Calls – Non-Participation Status and Rationale Verification

By Specialty

MCO Calls Non-Participant Follow-up - of 48 Calls (All Plans)				
Specialty	MCO Disagreed with Provider reported Non-Participation status	Provider Non-Participation Rationale Verification		
		Yes	No	Response Not Given
Dentist (n=24)	6	7	3	8
Dermatologist (n=6)	2	3	0	1
Neurologist (n=9)	6	0	2	1
Orthopedic Surgeon (n=9)	5	2	1	1
Total	**19**	**12**	**6**	**11**

By Health Plan

MCO Calls Non-Participant Follow-up - of 48 Calls (All Specialties)				
Health Plan	MCO Disagreed with Provider reported Non-Participation status	Provider Non-Participation Rationale Verification		
		Yes	No	Response Not Given
Blue Care (n=12)	1	5	2	4
CHN (n=12)	3	4	3	2
Health Net (n=12)	6	1	1	4
WellCare (n=12)	9	2	0	1
Total	**19**	**12**	**6**	**11**

2. MCO Follow-up Calls – Non-Participation Status and Rationale Verification (Individual Plans)

By Specialty / By Plan

Blue Care - MCO Calls Non-Participant Follow-up - of 12 Calls				
Specialty	MCO Disagreed with Provider reported Non-Participation status	Provider Non-Participation Rationale Verification		
		Yes	No	Response Not Given
Dentist (n=6)	0	3	2	1
Dermatologist (n=2)	0	1	0	1
Neurologist (n=2)	1	0	0	1
Orthopedic Surgeon (n=2)	0	1	0	1
Total	**1**	**5**	**2**	**4**

CHN - MCO Calls Non-Participant Follow-up - of 12 Calls				
Specialty	MCO Disagreed with Provider reported Non-Participation status	Provider Non-Participation Rationale Verification		
		Yes	No	Response Not Given
Dentist (n=6)	0	3	1	2
Dermatologist (n=2)	1	1	0	0
Neurologist (n=2)	1	0	1	0
Orthopedic Surgeon (n=2)	1	0	1	0
Total	**3**	**4**	**3**	**2**

HealthNet - MCO Calls Non-Participant Follow-up - of 12 Calls				
Specialty	MCO Disagreed with Provider reported Non-Participation status	Provider Non-Participation Rationale Verification		
		Yes	No	Response Not Given
Dentist (n=6)	2	0	0	4
Neurologist (n=3)	2	0	1	0
Orthopedic Surgeon (n=3)	2	1	0	0
Total	**6**	**1**	**1**	**4**

WellCare - MCO Calls Non-Participant Follow-up - of 12 Calls				
Specialty	MCO Disagreed with Provider reported Non-Participation status	Provider Non-Participation Rationale Verification		
		Yes	No	Response Not Given
Dentist (n=6)	4	1	0	1
Dermatologist (n=2)	1	1	0	0
Neurologist (n=2)	2	0	0	0
Orthopedic Surgeon (n=2)	2	0	0	0
Total	**9**	**2**	**0**	**1**

3. MCO Customer Service if provider was identified as Out-of-Network

MCO Calls Customer Service - of 18 calls with MCO confirmed Non-participation status		
	Call Result	
Did the Customer Service Representative:	Yes	No
Offer additional provider names	16	2
Offer an OON referral	1	17
Suggest a call back for further assistance	2	16

4. MCO Additional Provider Information

Identification of Additional Provider Information - of 16 calls w/ MCO confirmed Non-participation status who offered additional provider information			
Health Plan	Address Identified	Phone Number Identified	Average Providers Listed
Blue Care (n=5)	3	5	3
CHN (n=7)	3	7	3
Health Net (n=2)	2	2	3
WellCare (n=2)	2	2	4
All Plans (n=16)	10	16	

5. MCO Customer Service Evaluation

Customer Service Evaluation - of 48 MCO calls		
Question	Call Result	
	Yes	No
Was the customer service representative easy to understand?	47	1
Did you receive a greeting?	48	0
Did the customer service representative seem competent and capable?	47	1
Did the customer service representative attempt to assist you with your inquiry?	46	2
Did the customer servcie representative recommend next steps?	9	39
Overall, were you treated with courtesy and respect?	47	1
Overall, Did the customer service process address your needs?	42	6

Customer Service Evaluation - of 48 MCO calls	
Statement	Average Likert Scale Rating
The customer service representative communicated clearly	4.25
The greeting was professional.	3.98
The customer service representative was knowledgeable.	4.02
The assistance received was comprehensive.	3.88
The information received was helpful.	3.98
The customer service representative was courteous.	4.25
The customer service process adequately addressed my needs.	3.94

6. MCO Customer Service – Additional Results

Number of Rings Until Answered (All Plans) - of 48 MCO calls						
Number of Rings	Blue Care	CHN	Health Net	WellCare	All	% of Total Connected Calls
3 Rings or Less	12	12	12	12	48	100.00%

Person vs. Automated Answer (All Plans) - of 48 MCO calls						
Answering Mechanism	Blue Care	CHN	Health Net	WellCare	All	% of Total Connected Calls
Person	2	0	0	0	2	4.17%
Automated	10	12	12	12	46	95.83%
Total Calls	12	12	12	12	48	100.00%

Automated System Evaluation - of 46 MCO calls answered by an automated system		
Question	Call Result	
	Yes	No
Were you given the option to access the system in Spanish?	43	3
Was the system easy to navigate?	46	0
Did the system direct you to the appropriate department?	42	4
Were you eventually able to speak with a customer service representative?	40	6

MCO Calls Placed on Hold - of 48 MCO calls			
Measure		Call Result	
		Yes	No
Placed on hold		22	26
Average hold time - of 22 calls placed on hold	Less than 2 minutes	14	
	2-5 minutes	7	
	Greater than 5 minutes	1	

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