NETWORK ADEQUACY IN MARYLAND: A REPORT ON PROVIDER DIRECTORIES AND WOMEN'S ACCESS TO HEALTH CARE SERVICES

November 2015

Maryland Women's Coalition FOR HEALTH CARE REFORM

Executive Summary

The Maryland Women's Coalition for Health Care Reform is a statewide, nonpartisan, nonprofit alliance of over 1,800 individuals and 100 organizations. Its mission is to seek solutions and advance reforms that promote health equity through access to high-quality, comprehensive and affordable health care. To address health equity for women within the construct of access to an OB/GYN, this report is designed to: (1) identify the challenges that women, and specifically those purchasing a 2015 Qualified Health Plan (QHP), face in accessing a preventive well-woman visit in a timely manner when using the online provider database available through Maryland Health Connection (MHC); and (2) provide recommendations to address the findings of the survey described below. The project was partially funded through a grant from Raising Women's Voices for the Health Care We Need (RWV).

When assessing the findings in this report, it is important to note that this project focused on QHPs due to the ease of access to provider information through the single online directory available at the MHC website. This reduces the need for a consumer to go to individual carriers' websites to identify in-network providers before selecting a plan. However, the information in the online directory, managed by CRISP (Chesapeake Regional Information System for Our Patients), is provided by each carrier based upon its own provider directory. Therefore, the primary responsibility for the accuracy of the information rests with the carriers and the Maryland Insurance Administration in its regulatory role.

To prepare this report, the Coalition undertook a survey and analysis of the OB/GYN provider networks for the six insurance carriers certified to sell 2015 QHPs at Maryland Health Connection - All-Savers, CareFirst, Cigna, Evergreen, Kaiser, and United HealthCare.

The survey was conducted from November 2014 through July 2015 using the on-line provider database, CRISP, which obtains the information directly from the carriers. The project team called each of the listed providers to determine the:

- ✓ Accuracy of the information in the searchable provider directory;
- ✓ Adequacy of the OB/GYN provider network based upon the following three criteria - whether they were:
  - Providing well-woman visits;
  - Accepting new patients; and
  - Available for an appointment within four week timeframe.

PRINCIPAL FINDING

The data from the phone survey was analyzed from April - August 2015. Of 1,530 OB/GYN providers listed in the on-line directory, just *21,9% (336 of 1,530) met all three criteria - accepting new patients and providing well-woman visits in four weeks or less*.

However, 37 of the 1,530 listings were duplicative. This reduced the number of potential providers to 1,493 - the number used as the primary denominator for analysis purposes. Of these, 423 had inaccurate or incomplete listings; 92 were part of a closed panel; 24 were not OB/GYNS or subspecialists; and 85 were not accepting new patients. The result is that *only 490 (32.8% of 1,493) OB/GYNs met the criteria of accepting new patients and providing a well-woman visit*. After determining how many of these could provide the service in four weeks or less, the number dropped to 336. Once the final criteria of providing the services within a four week timeframe was taken into account, *only 336 (22.5% of 1,493) were deemed fully accessible to women purchasing a Qualified Health Plan*. [For the purpose of this study, nurse practitioners, physician assistants, and family physicians, were not included in the total of 490 because women anticipate, and should be able to receive, their preventive services from their OB/GYN. Providers practicing in walk-in clinics were also excluded due to the challenge of determining if they provided well-woman visits in four weeks or less.]

These findings raise two primary areas of concern relating to women's access to preventive health care services.

- Women's ability to obtain current and accurate information on in-network OB/GYNs is severely hindered by the inaccuracies in the on-line provider directory that they can link to when selecting a QHP at Maryland Health Connection.

- Once women were able to identify a provider based upon accurate contact information, they would be challenged to identify an OB/GYN who would accept them as a patient and provide the required preventive services in a timely fashion.

Similar challenges may impact other consumers when they try to identify an in-network provider for their specific needs.

RECOMMENDATIONS

The challenges of network adequacy and those specifically related to offering accurate and complete provider directories are not unique to Maryland. However, it is important to remember that they are a critical resource for consumers. A California study, the focus of a September 2015 report from Manatt Health, *Directory Assistance: Maintaining Reliable Provider Directories for Health Plan Shoppers*, underscores the importance of addressing the issues cited above. As that report states, "Inaccurate provider directories can lead to consumer frustration and confusion and result in substantial out-of-pocket costs for consumers..."[1]

The Coalition's recommendations reflect the National Committee for Quality Assurance" (NCQA) recently released 2016 Health Plan Accreditation Standards[2].. The following provides a brief overview of the Coalition's recommendations. The complete set of recommendations can be found at the end of this report.

- ✓ **Provider Directory - Accuracy and Adequacy of Information** to include strengthening and enforcing requirements that ensure information is current, accurate, and actionable with the ability to search for providers who are accepting new patients.

- ✓ **Consumer Rights and Protections** to include providing consumers with information on accessing an out-of-network provider at in-network cost-sharing levels, ensuring a recourse for consumers negatively impacted by inaccurate information, and application of standards to address language access and cultural diversity.

- ✓ **Network Adequacy Standards** to include the creation, and enforcement, of substantive quantitative standards that ensure access to care in a timely manner.

[1] The report was prepared for the California HealthCare Foundation by Manatt Health. http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20D/PDF%20DirectoryAssistanceProvider.pdf

[2] http://www.ncqa.org/Programs/Accreditation/HealthPlanAccreditation2016Standards.aspx

OB/GYN Network Adequacy Survey

From November 2014 to August 2015, the Maryland Women's Coalition for Health Care Reform undertook a comprehensive survey to determine whether women purchasing 2015 Qualified Health Plans (QHP) could: (1) readily identify and contact an in-network OB/GYN using the online provider directory available at Maryland Health Connection; and (2) then obtain an appointment for a well-woman visit within a four week timeframe. The findings of the project highlight the unconscionable challenges that women face to simply locate a provider, much less schedule a timely appointment. In fact, of the total of 1,493 non-duplicated providers listed in the directory as of March 31, 2015, *only 22.5% were available for new patients seeking a well-woman visit in four weeks or less*. The following lays out findings behind this statistic. (The methodology for the study can be found in Appendix A) It then provides specific recommendations to address the identified challenges.

Primary Findings

Women purchasing a QHP have access to an online provider directory linked from Maryland Health Connection and maintained by CRISP. The provider data, as updated by the providers themselves, is submitted directly to CRISP by the six carriers certified by the Maryland Health Benefit Exchange (MHBE) to offer QHPs. These include: All-Savers[3]; CareFirst; Cigna; Evergreen; Kaiser; and United HealthCare. For the purposes of this project, the researchers used the directory listing as of April 1, 2015, which included 1,530 listings for OB/GYNs.

1) Of the 1,530 OB/GYNs listed, 37 were duplicative in that they were listed under multiple specialties or had multiple listings. That brought the number of **potential providers to 1,493** - the baseline number used as the primary denominator throughout this report.

2) Of these 1,493 OB/GYNs, **only 490 or 32.8% met the first two criteria** of accepting new patients and providing well-woman visits.

3) 539 providers on the list were determined to be entirely inaccessible for the following reasons:

- ✓ **321** (21.5%) could not be reached due to bad or missing information, including 105 listings (7% of total) who had no phone number listed at all.
- ✓ **102** (6.8%) had left listed practice location, or moved out of service area/ state.

[3] All Savers is a subsidiary of United HealthCare and its providers are not listed separately on CRISP

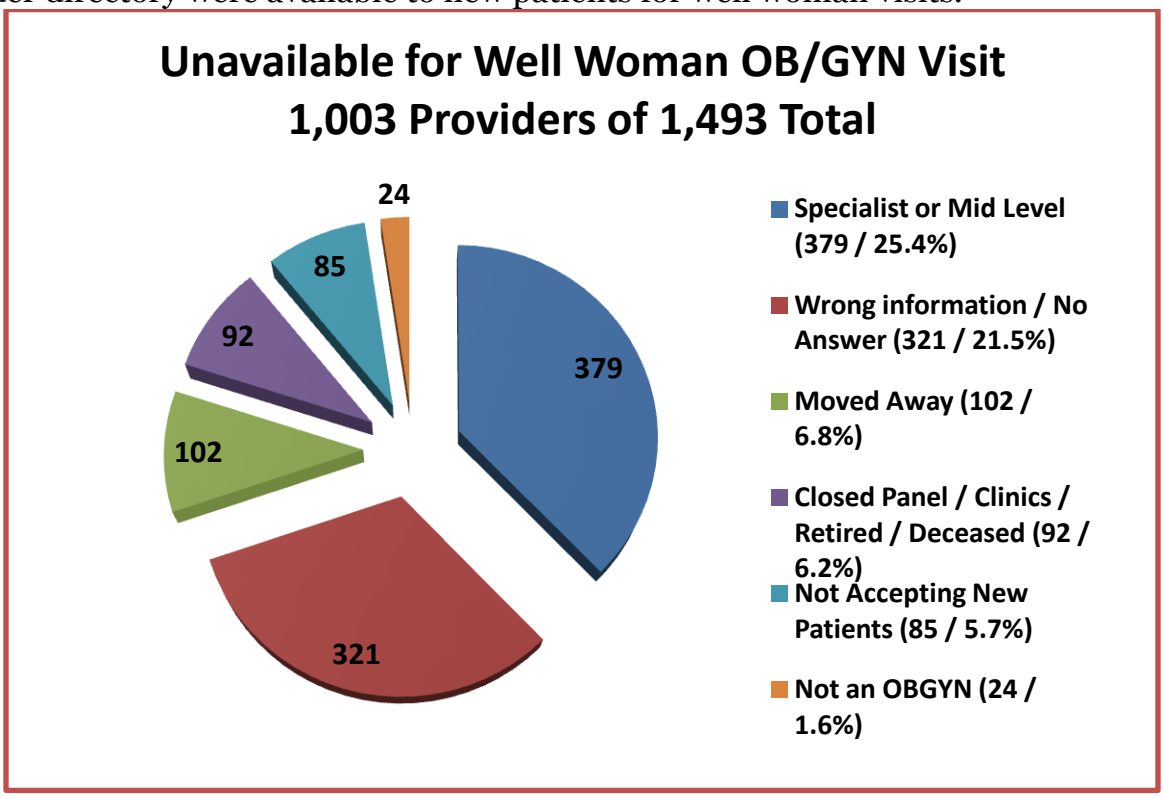
- ✓ **92** providers (6.2%) were either exclusive to a closed panel carrier, retired, or deceased.
- ✓ **24** were not OB/GYNs or subspecialists, but rather heart surgeons, rheumatologists, neurologists, and other non-OB/GYN specialties.

4) Other providers were determined to be not appropriate for well woman visits, or, as in the case of physician assistants and nurse practitioners, it was determined that women would expect preventive services to be provided by an OB-GYN and, in the case of those practicing at walk-in clinics, it was challenging to determine if they did provide a well-woman visit in that setting.

- ✓ **379** were specialists, mid-level providers or non-OB/GYNs including GYN Oncologists, peri-natal and infertility specialists, urologists, endocrinologists, or those who only specialized in high risk obstetrics. These specialists require a referral from a primary care physician or general OB/GYN. Among this group, there were also 141 nurse midwives, physician assistants, and nurse practitioners.

5) Of the remaining providers,
- ✓ **85** (5.7%) were not accepting new patients

When the wait time of four weeks or less for a well-woman visit was added to the analysis, just 22.5% of the "valid" 1,493 OB/GYNs included in the provider directory were available to new patients for well woman visits.



Detailed Survey Findings

Accuracy of the online provider directory information

This analysis found significant inaccuracies in several dimensions and highlights multiple challenges for a woman trying to locate an OB/GYN to gain needed health care services in a timely manner. Once an available provider could be identified and reached, the information specific to which providers were in-network with an individual carrier was relatively accurate in the online directory.

Contact Information The survey results revealed significant challenges for women trying to use the information in the directory to identify and contact an in-network OB/GYN. Of the 1,493 providers, researchers were unable to locate 29.9% (447). The two primary reasons were: 1) non working or missing phone numbers, including numbers that went to a non-health care establishment; and 2) the physician was no longer practicing at the location(s) listed because: they had relocated out of state; changed their practice location, which was not listed; or were deceased/ retired. There were also cases, in which the researchers left a message, but the call was never returned. In other cases, providers lacked voice mail capacity, which would require a woman to call back later. In addition to these factors, sixty-eight (68) providers were unavailable to many women because they were part of a closed provider panel, a walk in clinic, or an urgent care center.

Scope of Practice Listing: Another significant challenge for women is with the provider directory listing of 379 OB/GYNs who are actually sub-specialty and mid-level practitioners. In the case of sub-specialties, the sub-specialty information was relatively accurate as compared to contact information errors. There were 24 sub-specialists listed as OB/GYN providers (1.6%) that included neurologists and heart specialists among others. Another 9.4% (141) of providers who could be reached were mid-level practitioners, who would be overseen by a licensed physician. These included Nurse Midwives, Certified Nurse Practitioners, and Physician Assistants. It was understood, that some of these might provide a well-woman visit. However, these were not included in the analysis due to the challenges posed in ascertaining this information - both for the researchers and for women seeking an OB/GYN. In addition, as noted above, women should be able to gain a well-woman visit from an OB/GYN if they so wish.

In-Network Information:

Under the Maryland Insurance Code,[4] insurers are required to update the information

[4] Maryland Insurance Code 15-112(j)(3)(i)

provided to CRISP, the on-line provider directory, every 15 days with any provider-noted changes. Based upon the findings of the six-month research phase of our study, there is no evidence that the QHP lists for participating providers were substantially updated during the period. In fact, the researchers identified no significant changes in the listing of providers from the beginning of the study in November 2014 until the close of open enrollment on February 15, 2015.

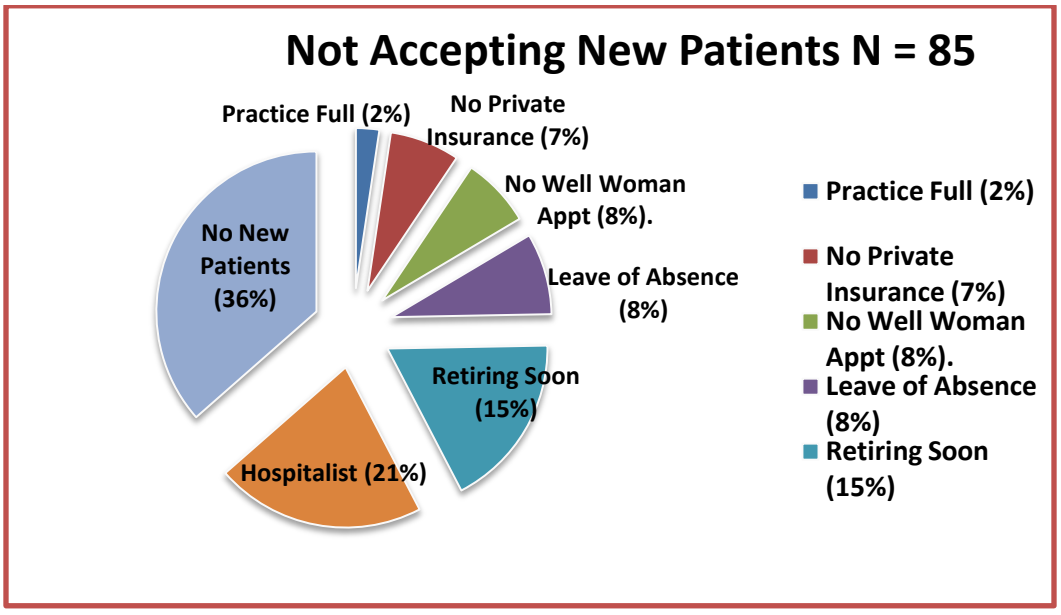
Overall, for the 490 of the total 1,493 providers who were identified as accessible for well-woman visits, the insurance information reported in the online provider directory database was fairly reliable. There were some cases in which the physician's office could not confirm participation in the carrier's network or acceptance of insurance. This represents an additional challenge women may face when trying to identify an in-network provider.

Availability of OB/GYN Appointments for Well-Woman Visits by Insurance Carrier

Based upon a determination of the accuracy of the listing for OB/GYNs in network availability, an assessment was then made of whether the provider was accepting new patients and conducting well-woman visits. Lastly, an assessment was made of the wait time for an appointment.

Accept New Patients

The criteria of a provider accepting new patients presented the least challenge for women. Just eighty-five (85) of the providers identified with accurate information were not accepting new patients for the reasons illustrated below. Therefore, as cited above, those providers were not included in the number deemed accessible for a well-woman visit within the four week time period.



Provide Well-Woman Visits

As cited in the primary findings section above, of the 1,493 OB/GYNs listed in the directory, only 490, or 32.8%, are both accepting new patients and actually available for a well-woman visit. This is due to a number of factors that include inaccurate information in the online directory, providers other than an OB/GYN and those who, for example, work as a hospitalist only, or are on a leave of absence.

Appointment Wait Times

For the purposes of this project, a wait time of up to four weeks was established as a reasonable timeframe for obtaining a well-woman visit. Of the 490 who met the first criteria there were a total of 154, whose wait time was more than four weeks. Therefore, of the total of 1,493 OB/GYNs in the directory, only 336, (22.5% of 1,493) were available within 4 weeks or less. Slightly more than 10 percent (153) of those appointments were available within two weeks. If the wait time factor were increased to six weeks the number increases to 401 or 26.9%.

CONCLUSION AND RECOMMENDATIONS

Conclusion

> "Provider directories [serve a role] as tools to help consumers make informed decisions when selecting and using health coverage."[5]

The Maryland Women's Coalition for Health Care Reform has a commitment to advance health equity through access to high-quality, comprehensive and affordable health care for all Marylanders. This study examines access to care for women and specifically for a preventive care well-woman visit. On June 11, 2015, MHBE staff provided a breakdown of current enrollment that showed a total of 125, 819 enrollees (ages 0-65+) with 68,101 (54.1%) being female.

As demonstrated in this report, women face significant challenges when seeking services in a timely manner for the most basic of their health care needs - a well-woman visit. Not specifically included in the analysis, but relevant to the issue of access, is the capacity of the 490 OB/GYNs (not taking into account the wait time for an appointment) to provide well-woman visits for the significant number of QHP female enrollees. This could cause challenges for both the providers and the women. Based upon anecdotal evidence, there are also considerable challenges

[5] *Directory Assistance: Maintaining Reliable Provider Directories for Health Plan Shoppers*, Manatt Health, September 2015

based upon one's geographic location with access to services in rural areas being a particular concern.

In this report we are specifically addressing issues related to the information in the online provider directory currently available to women who purchase a 2015 QHP. We appreciate the work of the Maryland Health Benefit Exchange's Network Adequacy & Essential Community Provider Work Group to provide options to address network adequacy and improve the provider directory. We recognize that the MHBE is in the process of recommending steps to address this. However, more needs to be done, and we do not believe that those options upon which the workgroup reached consensus are sufficient for either women seeking an OB/GYN or for all consumers who purchase a QHP through Maryland Health Connection.

The following recommendations would not address all of the complexities of network adequacy, but they would substantially improve the ability of consumers to identify in-network OB/GYNs who provide well-woman visits. By extension, these steps would have a positive impact for all consumers. They would be in a stronger position to make informed decisions, not only about their initial purchase of health coverage, but also their ability to access care when and where they need it.

In making these recommendations, we would again underscore the fact that the primary responsibility for the accuracy of the provider directories rests with the insurance carriers and regulators. They must ensure that the information in the provider directory is accurate and complete. In assessing this it is worth noting that in February 2015, CMS established new guidance for Medicare Advantage Organizations (MAO). In that guidance CMS "requires MAOs to create structured processes to assess provider availability and to update online directories in real-time,..."[6] It also provides for CMS to take compliance and/or enforcement actions, including civil money penalties or enrollment sanctions" for those who fail to "maintain complete and accurate directories."[7]

The Coalition recognizes both policy and strategic opportunities to address these issues and looks forward to continuing to work with legislators, policy makers and its partners to do so. The goal should be to ensure that consumers have all of the resources they need to make informed decisions and gain access to the care they need and deserve.

[6] Manatt Report - page 7
[7] ibid

Recommendations

✓ Consumer Rights and Transparency

- All information provided to consumers must be made available in languages and formats (on-line and hard copy) that meet the diverse needs of the carriers' subscribers.
- Consumers should be made aware of the right to access out-of-network care at in-network cost-sharing levels if a carrier does not have an in-network provider that is available without unreasonable delay or travel as required by Maryland Insurance law, Section 15-830(d) and (e).
- Specific to the out-of-network provider issue, the Maryland Insurance Administration has the authority under Insurance Article 15-830(d) and (e) to publish the information consumers need to enforce their rights. We recommend that the MIA address this by incorporating appropriate language on both the website and print materials, including the complaint form regarding their rights to appeal, and that the same be required of the insurance carriers.
- Take steps to ensure that consumers have an appropriate recourse to address inaccurate listings that impact their ability to access care in a timely manner.

✓ Provider Directory - Accuracy & Adequacy of Information

- The requirement to maintain the most current data in the provider directory should be enforced with the understanding that new strategies will need to be developed to facilitate this process.
- Give consideration to establishing penalties such as those in New York, that include "payment of restitution to consumers who paid more than they should have because they received services from providers erroneously listed as in-network."[8]
- The provider directory should identify whether the provider is accepting new patients, as required by Maryland law. This is also required under the NCQA Standards as well as by CMS for MAOs.
- Insurance carriers make public a self-audit of the QHPs yearly, using an approved format that is consistent across all carriers to ensure comparability of results.
- To ensure women's ability to easily identify those who provide a well-woman visit, include this criterion in the search capability.

[8] Manatt Report - page 9

✓ **Network Adequacy Standards**

The Maryland Insurance Administration should create and enforce substantive quantitative standards that ensure access to care in a timely manner. The NCQA 2016 Accreditation Standards[9] underscore the importance of doing so for OB/GYNs with a specific recommendation to focus on specialty areas that are "either high volume (e.g., obstetrics/gynecology) or high impact (e.g., oncology)." A potentially valuable resource for addressing quantitative standards should be the model language being developed by the National Association of Insurance Commissioners (NAIC) model language which should be published before the end of 2015.

- The MHBE should, as called for in the Carrier Reference Manual 1.0 (September 2012), "utilize network adequacy software to monitor carrier networks, compare networks across carriers and publicly report on accessibility of providers to the Exchange population."

[9] http://www.ncqa.org/Programs/Accreditation/HealthPlanAccreditation2016Standards.aspx

APPENDIX A: METHODOLOGY

The study, undertaken between November 2014 and August 2015, was designed with two specific goals:

1. Determine the accuracy of information in the online provider directory linked from Maryland Health Connection by confirming the available contact information; and
2. Assess women's access to OB/GYN services, and specifically a well-woman preventive care visit. This was undertaken through analysis of the providers listed as being in network for five of the six insurance carriers selling QHPs on Maryland Heath Connection for plan year 2015 (One carrier was excluded during the analysis phase because access to its provider directory required a member number). To make the assessment two criteria were used: (a) whether the provider was accepting new patients; and (b) what the timeframe was for the next available outpatient appointment with an OB/GYN. As noted above, mid-level providers, subspecialists, and walk-in clinics were excluded. For the purposes of this study, the 4 weeks was established as a reasonable timeframe to access a provider for a well-woman GYN visit that would include an annual PAP smear and access to birth control, or other medications as required.

The research team was comprised of a project manager/trained interviewer, who undertook the majority of the calls and compilation of the data. Four other trained interviewers provided additional assistance. The project was supervised by the Chair/Executive Director of the Maryland Women's Coalition for Health Care Reform.

The researchers used the online provider directory available to them on Maryland Health Connection. That is maintained by CRISP using data that is provided to them directly from the individual carriers. Under Maryland Insurance Code 15-112 (j)(3)(i) insurers are required to provide updated information to CRISP every 15 days when initiated by a provider.

An advanced search was undertaken to identify all providers tagged with an Obstetric and Gynecology specialty located in the State of Maryland. The alphabetical directory of 1,493 providers deemed valid for this survey, as described above and which were identified through the search, were then transferred into an excel spreadsheet. This was further broken down by: name; address(es); telephone number(s); and insurance plan(s) accepted by the provider/practice.

Using the contact information provided in the directory, the researchers called each provider to determine:

1. Whether the provider was a practicing generalist OB/GYN, who would provide a well-woman visit, and not a subspecialist or mid level practitioner

for the reasons cited above.
2. Whether the address(es) and phone number(s) provided for each practice location were correct.
3. Which plan(s) network the provider was included in for each of the six that are certified to sell their QHPs through the Maryland Health Benefit Exchange. As described above, one carrier was not included in the final analysis.
4. Whether the provider was accepting new patients on an outpatient basis.
5. What the timeframe was for the next available appointment.

The researchers used a prescribed script (see Appendix A) with separate question paths depending on the responses given. All responses were then recorded in the spreadsheet.

In nearly every case where a working number for a provider was available, the phone was answered and, in the majority of cases, the researcher spoke with scheduling staff. In some cases, when a provider could not be reached initially, at least one additional call was made at a later date. There were, however, a number of challenges in reaching some providers. 321 (21.5% of 1,493) could not be reached due to incorrect or missing information and of these, 105 (7% of 1,493) had no phone number listed at all. Therefore, the researchers were unable to contact the provider and no further efforts were made to reach them.

Data Collection

The primary data collection on the 2015 QHPs was conducted between November 2014 and March 2015 with those OB/GYN listed as of March 31 2015. In June and July the research team confirmed the information on the five carriers included in the analysis, which was completed in August 2015. As stated above, a total of 68 listed providers were excluded because they were part of a closed panel or practiced at walk-in and urgent care clinics.

APPENDIX B: SURVEY SCRIPT

Prior to making the call, the researcher should enter the following information:

- Caller's name
- Date and time of call
- Provider name and contact information for all locations, as listed

Script Questions - be sure to record the responses during the call to ensure accuracy:

Hello, my health insurance company provided me your name. I am looking for an annual well woman exam. [If provider is located out of state, first verify they accept Maryland patients]

1. Is Dr. [NAME] accepting new patients?

If yes, proceed to question 2. If no, skip to Question 5.

2. I want to be sure you accept my insurance. I have a policy with Carrier X Will you accept that?

If yes, proceed to question 3. If no, skip to Question 6.

3. When is the soonest I can get a new patient appointment for a well woman visit?

If yes, proceed to question 4. If no, skip to Question 6.

4. Before I make an appointment I want to verify your address.

If there's more than one address listed, please ask about each address and phone number.

5. I understand that you aren't accepting new patients but can I still verify your address(es)?

Thank you for your time.

END