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NY State of Health

2024 Essential Plan

Provider Directory Survey/Provider Access and Availability Survey

Survey Period: October 2024-January 2025

Prepared on behalf of:

The New York State Department of Health

ipro.org

Objectives

The New York State Department of Health contracted Island Peer Review Organization, Inc. (doing business as IPRO), an external quality review organization, to evaluate access to care within the Essential Plan provider networks of 13 managed care plans. This evaluation focuses on two aspects of network access: 1) provider availability and 2) access to timely care.

Provider availability is determined through a review of provider information submitted by the 13 Essential Plans to the Provider Network Data System¹. IPRO validates the accuracy of provider information via telephone calls to provider offices. IPRO aims to obtain verbal confirmation of Essential Plan participation, practicing specialty, panel status, physical location, and telephone number.

Access to timely care is determined by the number of timely appointments secured. The determination of provider appointment availability includes use of the secret shopper method, in which surveyors act as Essential Plan members seeking care. Using scripted scenarios with clinical indicators, surveyors call providers and attempt to obtain appointments for both routine and non-urgent “sick” care.

The following managed care plans are included in the aggregated results of the 2024 Provider Directory Survey/Provider Access and Availability Survey for Essential Plan:

- Capital District Physicians’ Health Plan, Inc. (CDPHP)
- EmblemHealth
- Anthem Blue Cross Blue Shield HealthPlus Essential Plan (Anthem BCBS HealthPlus)
- Excellus Health Plan/Univera Healthcare (Univera Healthcare)
- Excellus Blue Cross Blue Shield/Excellus Health Plan, Inc. (Excellus BCBS)
- New York Quality Health Care Corporation/Fidelis Care (Fidelis Care)
- Healthfirst PHSP, Inc. (Healthfirst)
- Highmark Blue Cross Blue Shield of Western New York (Highmark BCBS WNY)
- Independent Health Association, Inc. (IHA)
- MetroPlus Health Plan, Inc. (MetroPlusHealth)
- Molina Healthcare (Molina)
- MVP Health Plan, Inc. (MVP)
- UnitedHealthcare (UHC)

Technical Methods of Data Collection and Analysis

The evaluation of provider availability and access to timely care were conducted during the same survey call to provider offices. Eligible providers were reported in the Provider Network Data System (PNDS) by one of the 13 managed care plans as:

- Participating in the Essential Plan network.
- Having a primary or secondary specialty in internal medicine, family practice, general practice, obstetrics/gynecology, licensed social work, clinical psychology, psychology, or psychiatry.
 - Being an internist, family practitioner, or general practitioner with a primary designation of primary care provider, or primary care provider and specialist.
 - Being an obstetrician/gynecologist with a primary designation of specialist, or primary care provider and specialist.

¹ The Provider Network Data System was implemented by the New York State Department of Health in December of 1996 to collect information about the provider and service networks contracted to health insurers operating in New York State. Health insurers electronically submit provider network data quarterly through the Provider Network Data System submission portal at www.pnds.health.ny.gov.

- Being a licensed social worker, clinical psychologist, psychologist, or psychiatrist with a primary designation of specialist.

Managed care plan sample sizes were determined using the aggregate sample size of approximately 1,200, and the total sum of an Essential Plan’s members and unique providers. **Table 1** displays the sample breakdown by provider type (primary care, obstetrics/gynecology, and behavioral health) for each Essential Plan.

Table 1: Sample Breakdown by Insurer

Essential Plan	Sum of Members and Unique Providers	Recommended Sample Size	Number of Primary Care Providers in Sample	Number of Obstetricians/ Gynecologists in Sample	Number of Behavioral Health Providers in Sample
Anthem BCBS HealthPlus	82,548	90	30	30	30
CDPHP	16,941	90	30	30	30
EmblemHealth	90,090	90	30	30	30
Excellus BCBS	55,115	90	30	30	30
Fidelis Care	380,618	110	50	30	30
Healthfirst	335,334	110	50	35	25
Highmark BCBS WNY	9,691	75	25	25	25
Independent Health Association ¹	13,321	90	49	40	1
MetroPlusHealth	145,685	100	40	30	30
Molina	66,170	90	30	30	30
MVP	41,321	90	30	30	30
UnitedHealthcare	128,075	100	40	30	30
Univera Healthcare	3,325	75	25	25	25

¹ The limited Independent Health Association Behavioral Health sample size is due to a network submission error and does not accurately reflect the size of IHA’s network. This will be corrected for the 2025 survey.

When possible, samples for primary care and obstetrics/gynecology were split evenly between routine and non-urgent “sick” calls. Non-urgent “sick” calls were made for the entire behavioral health sample.

Survey calls took place Monday through Friday, 8:30 AM – 5:30 PM, excluding holidays; however, if there was any indication that a provider had alternative office hours, surveyors recalled the provider during these alternative office hours. If an alternative telephone number for the named provider was obtained during the survey process, surveyors attempted to reach the provider using the alternative telephone number.

Up to four attempts were made to connect to a live staff person at each provider’s office to complete the survey. For each call made, the surveyor documented the reason no contact was made with a live staff member. Standard reporting options for no contact made include:

- no answer;
- on hold for more than 10 minutes;
- answering machine/voicemail system;
- answering service;
- wrong telephone number;
- constant busy signal; and
- disconnected/non-working telephone number.

Every attempt is made to verify provider directory information and to assess appointment timeliness during the same call. If necessary, separate calls are made to complete both assessments.

Standard reporting options for provider information verification failures include:

- provider practices a specialty other than what was reported in the Provider Network Data System;
- provider is not accepting new patients for the named Essential Plan;
- provider does not participate with the named Essential Plan;
- provider is no longer at site; and
- Representative does not have enough information to answer the survey questions.

To assess appointment timeliness, surveyors utilize the “secret shopper” approach to conduct survey calls. Surveyors role-play as a new member to the Essential Plan and use scripted scenarios to attempt to make an appointment for routine care or non-urgent sick care. Surveyors aim to obtain appointments within the New York State-specified timeframes by requesting the earliest possible appointment.

The New York State–established appointment standards that are relevant to this activity are presented in **Table 2**. As directed by the New York State Department of Health, the New York State-established standards were modified when calculating the number of days between the survey date and the appointment date.

Table 2: Appointment Timeframe Standards

Appointment Type	Provider Specialty	New York State Appointment Timeframe	Appointment Timeframes Used for Essential Plans
Routine, adult primary care	Internists, Family Practitioners, OB/GYNs	4 Weeks (28 Days)	4 Weeks (28 Days, Excluding Weekends)
Non-Urgent Sick, adult primary care	Internists, Family Practitioners, OB/GYNs	72 Hours (3 Days)	72 Hours (3 Days, Excluding Weekends)
Non-Urgent, adult behavioral health	Licensed Social Worker, Clinical Psychiatrist, Psychologist, Counselor, Social Worker, Mental Health Counselor	1 Week (7 Days)	1 Week (7 Days, Excluding Weekends)

If no appointment is made, the surveyor explicitly documents the reason. General reporting options for no appointment may include:

- patient must see social worker before an appointment can be made;
- patient must complete health forms before an appointment can be made;
- patient must complete an intake assessment/screening before an appointment can be made;
- instructed to go to emergency room or urgent care;
- provider requires information that the surveyor could not provide;
- provider requires medical record before an appointment can be made;
- provider requires a referral; or
- staff not scheduling any appointments at this time.

Results of the 2024 Provider Directory Survey/Provider Access and Availability Survey for Essential Plan follow.

Provider Directory Participation Results

Provider Data as of: 10/3/2024

Survey Date Range: 10/11/2024-1/24/2025

Table 3: Essential Plan Provider Participation Rate, by Insurer

Essential Plan	Providers Surveyed	Providers Who Verified the Accuracy of Their Data in the Provider Network Data System ^{2,3}	Provider Directory Participation Rate
Anthem BCBS HealthPlus	90	20	22.2%
CDPHP	90	18	20.0%
EmblemHealth	90	26	28.9%
Excellus BCBS	90	26	28.9%
Fidelis Care	110	40	36.4%
Healthfirst	110	33	30.0%
Highmark BCBS WNY	75	15	20.0%
Independent Health Association	90	41	45.6%
MetroPlusHealth	100	41	41.0%
Molina	90	23	25.6%
MVP	90	23	25.6%
UnitedHealthcare	100	24	24.0%
Univera Healthcare	75	15	20.0%
Total¹	1,200	345	28%

¹Total is the aggregate number of providers surveyed across the 13 Essential Plans.

²Providers who verified participation in the Essential Plan network, 'open to new patients' status, and specialty.

³Total number of providers evaluated for appointment availability.

Table 4: Essential Plan Provider Participation by Specialty¹

Provider Specialty	Total Providers Surveyed	Total Providers Who Verified the Accuracy of Their Data in the Provider Network Data System ¹	Provider Directory Access Rate by Specialty
Behavioral Health	346	75	21.7%
OB/GYN	395	127	32.2%
Primary Care	459	143	31.1%
Total	1,200	345	28%

¹ Providers who verified participation in the Essential Plan network, 'open to new patients' status, and specialty.

Table 5: Essential Plan Provider Participation Failure Summary

**Essential Plan
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Failure Reasons	Total Failed Providers	Failure Rate
Provider not at site	364	42.6%
Answering machine/Voicemail system	156	18.2%
Provider not accepting new patients (closed panel)	148	17.3%
Provider practice is restricted to specialty care	78	9.1%
Constant busy signal	36	4.2%
Telephone company message indicating phone out of order	26	3.0%
Provider not a plan participant	17	2.0%
Wrong telephone number	13	1.5%
No answer	9	1.1%
Put on hold>10 min	5	0.6%
Answering service	3	0.4%
Total	855	100.0%

Provider Appointment Availability Results

Actual Sample Size: 345 (Total number of providers who were confirmed for participation)

Survey Date Range: 10/11/2024-1/24/2025

Table 6: Desired Sample Size

Provider Type	1,200 Sample Size		
	Routine	Non-Urgent "Sick"	Total
Behavioral Health	0	346	346
OB/GYN	201	194	395
Primary Care	237	222	459
Total	439	761	1,200

Table 7: Actual Sample Size¹

Provider Type	345 Sample Size		
	Routine	Non-Urgent "Sick"	Total
Behavioral Health	0	75	75
OB/GYN	71	56	127
Primary Care	72	71	143
Total	143	202	345

¹Actual sample size is the number of providers who confirmed participation during Provider Directory Participation Survey.

Table 8: Summary of Appointment Availability Results

Successful Appointments	183
Appointment Failures	162
Total Providers in Sample	345

Table 9: Appointment Availability Rates¹

Call Type	Provider Type	Total Providers Surveyed	Total Appointments	Appointment Rate ²	Total Timely Appointments	Timely Appointment Rate ³
Routine	OB/GYN	53	44	83.0%	25	45.3%
	Primary Care	56	47	83.9%	37	66.1%
	Subtotal, Routine	109	91	83%	62	56%
Non-Urgent "Sick"	Behavioral Health	68	14	20.6%	9	13.2%
	OB/GYN	37	32	86.5%	11	29.7%
	Primary Care	52	46	88.5%	9	17.3%
	Subtotal, Non-Urgent "Sick"	157	92	59%	29	18%
Subtotal		266	183	69%	91	34%
<i>Providers Excluded from Count¹</i>		79	-	-	-	-
Total Surveyed Providers		345	-	-	-	-

¹ Certain providers (79) are excluded from the total provider counts in this table to reflect a more accurate appointment availability rate. These include providers who requested either the IPRO surveyor's insurance identification number or social security number, which IPRO could not provide, leading to a failed appointment for reasons other than provider unavailability.

² Timeliness was not considered when determining Appointment Rate.

³ The appointment timeframe standards that were applied to determine the Timely Appointment Rate are available in Table 2.

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Table 10: Appointment Availability Failure Summary

Failure Summary for Providers Who Verified Participation and Panel Status	Total Failures	
	Routine (52)	Total Routine Failures
Staff not scheduling any appointments at this time	14	77.8%
Patient must complete health form before appointment can be made	2	11.1%
Staff required previous medical records	2	11.1%
Subtotal, Routine Appointment Failures	18	100%
Non-Urgent "Sick" (110)	Total Non-Urgent "Sick" Failures	Percentage of All Non-Urgent "Sick" Failures
Staff not scheduling any appointments at this time	46	70.8%
Patient must complete health form before appointment can be made	9	13.8%
Staff required previous medical records	4	6.2%
Virtual appointments only	3	4.6%
Instructed to go to urgent care	2	3.1%
Provider required referral	1	1.5%
Subtotal, Non-Urgent "Sick" Appointment Failures	65	100%
Other Failures, Excluded from Count⁴	79	N/A
Total Appointment Failures	162	100%

⁴ Of the 162 total failures reported by IPRO, 79 instances (34 routine and 45 non-urgent sick) involved the IPRO surveyor being asked for information they were unable to provide, leading to a failed appointment. NY State of Health informs issuers of these occurrences but does not classify them as failures.

Table 11: Essential Plan Routine Appointment Availability Rate, by Insurer

Essential Plan	Providers Surveyed ¹	Total # of Appointments Scheduled	Total # of Timely Appointments	Total Appointment Rate ²	Timely Appointment Rate ³
Anthem BCBS HealthPlus	5	5	5	100.0%	100.0%
CDPHP	4	2	0	50.0%	0.0%
EmblemHealth	8	7	6	87.5%	62.5%
Excellus BCBS	5	4	3	80.0%	60.0%
Fidelis Care	17	14	8	82.4%	47.1%
Healthfirst	10	10	5	100.0%	50.0%
Highmark BCBS WNY	5	5	3	100.0%	60.0%
Independent Health Association	22	16	12	72.7%	54.7%
MetroPlusHealth	8	8	6	100.0%	75.0%
Molina	6	3	2	50.0%	33.3%
MVP	5	5	3	100.0%	60.0%
UnitedHealthcare	8	8	7	100.0%	87.5%
Univera Healthcare	6	4	2	66.7%	33.3%
Total	109	91	62	83%	56%

¹ Certain providers are excluded from the total providers surveyed counts. This includes providers who requested either the IPRO surveyor's insurance identification number or social security number, which IPRO could not provide, leading to a failed appointment.

² Timeliness was not considered when determining Appointment Rate.

³ The appointment timeframe standards that were applied to determine the Timely Appointment Rate are available in Table 2.

Table 12: Essential Plan Non-Urgent/Sick Appointment Availability Rate, by Insurer

Essential Plan	Providers Surveyed ¹	Total # of Appointments Scheduled	Total # of Timely Appointments	Total Appointment Rate ²	Timely Appointment Rate ³
Anthem BCBS HealthPlus	9	4	2	44.4%	22.2%
CDPHP	11	6	2	54.6%	18.2%
EmblemHealth	13	6	1	46.2%	7.7%
Excellus BCBS	13	10	3	76.9%	23.1%
Fidelis Care	18	6	0	33.3%	0.0%
Healthfirst	12	9	6	75.0%	50.0%
Highmark BCBS WNY	9	5	2	55.6%	22.2%
Independent Health Association	14	14	2	100.0%	14.3%
MetroPlusHealth	19	12	6	63.2%	31.6%
Molina	13	3	1	23.1%	7.7%
MVP	8	8	2	100.0%	25.0%
UnitedHealthcare	11	7	1	63.6%	9.1%
Univera Healthcare	7	2	1	28.6%	14.3%
Total	157	92	29	59%	18%

¹ Certain providers are excluded from the providers surveyed counts. This includes providers who requested either the IPRO surveyor's insurance identification number or social security number, which IPRO could not provide, leading to a failed appointment.

² Timeliness was not considered when determining Appointment Rate.

³ The appointment timeframe standards that were applied to determine the Timely Appointment Rate are available in Table 2.