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# **NY State of Health**

## **Qualified Health Plan**

### **Provider Directory Survey/Provider Access and Availability Survey**

**Survey Period: November 2024-January 2025**

**Prepared on behalf of:**

**The New York State Department of Health**

[ipro.org](https://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 Qualified Health Plan provider networks of 13 qualified health 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 Qualified Health Plans to the Provider Network Data System<sup>1</sup>. IPRO validates the accuracy of provider information via telephone calls to provider offices. IPRO aims to obtain verbal confirmation of Qualified Health 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 Qualified Health 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 Qualified health plans are included in the aggregated results of the 2024 Provider Directory Survey/Provider Access and Availability Survey for Qualified Health Plan:

- Anthem Blue Cross Blue Shield HealthPlus (Anthem BCBS HealthPlus)
- Capital District Physicians’ Health Plan, Inc. (CDPHP)
- EmblemHealth
- Excellus Health Plan, Inc. (Excellus BCBS)
- Fidelis Care
- Healthfirst PHSP, Inc. (Healthfirst)
- Highmark Blue Cross Blue Shield of Western New York (Highmark BCBS)
- Independent Health Association, Inc. (Independent Health)
- MetroPlus Health Plan, Inc. (MetroPlus Health Plan)
- MVP Health Plan, Inc. (MVP Health Care)
- Oscar Insurance (Oscar)
- UnitedHealthcare of New York (UnitedHealthcare)
- Univera Healthcare

## Technical Methods of Data Collection and Analysis

The evaluation of provider availability and access to timely care was 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 qualified health plans as:

- Participating in the Qualified Health 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.

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<sup>1</sup> 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 <https://pnds.health.ny.gov>.

- Being an obstetrician/gynecologist with a primary designation of specialist, or primary care provider and specialist.
- Being a licensed social worker, clinical psychologist, psychologist, or psychiatrist with a primary designation of specialist.

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

**Table 1: Sample Breakdown by Qualified Health Plan**

Qualified Health 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	23,746	120	40	40	40
CDPHP	3,013	75	25	25	25
EmblemHealth	2,808	75	25	25	25
Excellus BCBS	14,702	100	33	31	36
Fidelis Care	91,558	120	40	40	40
Healthfirst	50,968	120	40	40	40
Highmark BCBS WNY	3,515	75	25	25	25
Independent Health	5,870	90	30	30	30
MetroPlusHealth	11,710	90	30	30	30
MVP Health Care	12,902	100	33	31	36
Oscar	5,973	90	30	30	30
UnitedHealthcare	6,010	90	30	30	30
Univera Healthcare	376	60	20	20	20

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 Qualified Health Plan;
- provider does not participate with the named Qualified Health 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 Qualified Health 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 Qualified Health 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 Qualified Health Plan follow.

## Provider Directory Participation Results

Provider Data as of: 10/3/2024

Survey Date Range: 11/12/2024-1/10/2025

Table 3: Qualified Health Plan Provider Participation Rate

Qualified Health Plan	Providers Surveyed	Providers Who Verified the Accuracy of Their Data in the Provider Network Data System <sup>2,3</sup>	Provider Directory Access Rate
Anthem BCBS HealthPlus	120	22	18.3%
CDPHP	75	17	22.7%
EmblemHealth	75	15	20.0%
Excellus BCBS	100	24	24.0%
Fidelis Care	120	30	25.0%
Healthfirst	120	37	30.8%
Highmark BCBS WNY	75	11	14.7%
Independent Health	90	9	10.0%
MetroPlusHealth	90	30	33.3%
MVP Health Care	100	19	19.0%
Oscar	90	33	36.7%
UnitedHealthcare	90	22	24.4%
Univera Healthcare	60	15	25.0%
<b>Total<sup>1</sup></b>	<b>1205</b>	<b>284</b>	<b>24%</b>

<sup>1</sup> Total is the aggregate number of providers surveyed across the 13 Qualified Health Plans.

<sup>2</sup> Providers who verified participation in the Qualified Health Plan network, 'open to new patients' status, and specialty.

<sup>3</sup> Total number of providers evaluated for appointment availability.

Table 4: Qualified Health Plan Provider Participation by Specialty<sup>1</sup>

Provider Specialty	Providers Surveyed	Providers Who Verified the Accuracy of Their Data in the Provider Network Data System <sup>1</sup>	Provider Directory Access Rate by Specialty
Behavioral Health	407	74	18.2%
OB/GYN	400	108	27.0%
Primary Care	398	102	25.6%
<b>Total</b>	<b>1205</b>	<b>284</b>	<b>24%</b>

<sup>1</sup> Providers who verified participation in the Qualified Health Plan network, 'open to new patients' status, and specialty.

**Table 5: Qualified Health Plan Provider Participation Failure Summary**

Failure Reasons	Total Failed Providers	Failure Rate
Provider not at site	357	38.8%
Answering machine/Voicemail system	169	18.3%
Provider not accepting new patients (closed panel)	141	15.3%
Provider practice is restricted to specialty care	67	7.3%
Provider not a plan participant	62	6.7%
Constant busy signal	55	6.0%
Telephone company message indicating phone out of order	29	3.1%
No answer	25	2.7%
Wrong telephone number	7	0.8%
Put on hold>10 min	6	0.7%
Answering service	3	0.3%
<b>Total</b>	<b>921</b>	<b>100%</b>

## Provider Appointment Availability Results

Sample Size: 284 (Total number of providers who were compliant for participation)

Survey Date Range: 11/12/2024-1/10/2025

Table 6: Desired Sample Size

Provider Type	1205 Sample Size		
	Routine	Non-Urgent "Sick"	Total
Behavioral Health	0	407	407
OB/GYN	201	197	398
Primary Care	202	198	400
<b>Total</b>	<b>403</b>	<b>802</b>	<b>1205</b>

Table 7: Actual Sample Size<sup>1</sup>

Provider Type	284 Sample Size		
	Routine	Non-Urgent "Sick"	Total
Behavioral Health	0	70	70
OB/GYN	63	59	122
Primary Care	50	42	92
<b>Total</b>	<b>113</b>	<b>171</b>	<b>284</b>

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

Table 8: Summary of Appointment Availability Results

Successful Appointments	126
Appointment Failures	158
<b>Total Providers in Sample</b>	<b>284</b>

Table 9: Appointment Availability Rates

Call Type	Provider Type	Total Providers Surveyed	Total Appointments	Appointment Rate <sup>2</sup>	Total Timely Appointments	Timely Appointment Rate <sup>3</sup>
Routine	OB/GYN	44	35	79.6%	21	47.7%
	Primary Care	38	31	81.6%	21	55.3%
	<b>Subtotal, Routine</b>	<b>82</b>	<b>66</b>	<b>81%</b>	<b>42</b>	<b>51%</b>
Non-Urgent "Sick"	Behavioral Health	63	14	22.2%	9	14.3%
	OB/GYN	37	24	64.9%	3	8.1%
	Primary Care	28	22	78.6%	9	32.14%
	<b>Subtotal, Non-Urgent "Sick"</b>	<b>128</b>	<b>60</b>	<b>47%</b>	<b>21</b>	<b>16%</b>
<b>Subtotal</b>		<b>210</b>	<b>126</b>	<b>60%</b>	<b>63</b>	<b>30%</b>
<i>Providers Excluded from Count<sup>1</sup></i>		74	-	-	-	-
<b>Total Surveyed Providers</b>		<b>284</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

<sup>1</sup> Certain providers (74) 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.

<sup>2</sup> Timeliness was not considered when determining Appointment Rate.

<sup>3</sup> 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 <sup>1</sup>	
Routine (47)		Total Routine Failures	Percentage of All Routine Failures
Staff not scheduling any appointments at this time		9	56.3%
Patient must complete health form before appointment can be made		3	18.8%
Provider required referral		3	18.8%
Staff required previous medical records		1	6.3%
Subtotal, Routine Appointment Failures		16	100%
Non-Urgent "Sick" (111)		Total Non-Urgent "Sick" Failures	Percentage of All Non-Urgent "Sick" Failures
Staff not scheduling any appointments at this time		38	55.9%
Patient must complete health form before appointment can be made		16	23.5%
Provider required referral		8	11.7%
Virtual appointments only		5	7.4%
Staff required previous medical records		1	1.5%
Subtotal, Non-Urgent "Sick" Appointment Failures		68	100%
Other Failures, Excluded from Count <sup>4</sup>		74	N/A
Total Appointment Failures		158	100%

<sup>1</sup> Of the 158 total failures reported by IPRO, 74 instances (31 routine and 43 non-urgent sick) involved the IPRO surveyor being asked for information they were unable to provide. These include providers who requested either the IPRO surveyor's insurance identification number or social security number. NY State of Health informs issuers of these occurrences but does not classify them as failures.



**Table 11: Qualified Health Plan Routine Appointment Availability Rate, by Insurer**

Qualified Health Plan	Providers Surveyed <sup>1</sup>	Total # of Appointments Scheduled	Total # of Timely Appointments	Total Appointment Rate <sup>2</sup>	Timely Appointment Rate <sup>3</sup>
Anthem BCBS HealthPlus	4	2	2	50.0%	50.0%
CDPHP	2	2	1	100.0%	50.0%
EmblemHealth	5	5	5	100.0%	100.0%
Excellus BCBS	7	5	3	71.4%	42.9%
Fidelis Care	9	8	5	88.9%	55.6%
Healthfirst	11	10	7	90.9%	63.6%
Highmark BCBS WNY	1	1	0	100.0%	0.0%
Independent Health	2	2	1	100.0%	50.0%
MetroPlusHealth	10	8	4	80.0%	40.0%
MVP Health Care	1	1	1	100.0%	100.0%
Oscar	11	6	4	54.6%	33.4%
UnitedHealthcare	15	14	9	93.3%	60.0%
Univera Healthcare	4	2	0	50.0%	0.0%
<b>Total</b>	<b>82</b>	<b>66</b>	<b>42</b>	<b>81%</b>	<b>51%</b>

<sup>1</sup> 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.

<sup>2</sup> Timeliness was not considered when determining Appointment Rate.

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

**Table 12: Qualified Health Plan Non-Urgent/Sick Appointment Availability Rate, by Insurer**

Qualified Health Plan	Providers Surveyed <sup>1</sup>	Total # of Appointments Scheduled	Total # of Timely Appointments	Total Appointment Rate <sup>2</sup>	Timely Appointment Rate <sup>3</sup>
Anthem BCBS HealthPlus	12	7	2	58.3%	16.7%
CDPHP	8	2	0	25.0%	0.0%
EmblemHealth	5	4	3	80.0%	60.0%
Excellus BCBS	12	5	1	41.7%	8.3%
Fidelis Care	14	7	1	50.0%	7.1%
Healthfirst	17	9	5	52.9%	29.4%
Highmark BCBS WNY	9	2	1	22.2%	11.1%
Independent Health	5	2	1	40.0%	20.0%
MetroPlusHealth	13	5	1	38.5%	7.7%
MVP Health Care	16	10	2	62.5%	12.5%
Oscar	11	4	3	36.4%	27.3%
UnitedHealthcare	2	1	0	50.0%	0.0%
Univera Healthcare	4	2	1	50.0%	25.0%
<b>Total</b>	<b>128</b>	<b>60</b>	<b>21</b>	<b>47%</b>	<b>16%</b>

<sup>1</sup> 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.

<sup>2</sup> Timeliness was not considered when determining Appointment Rate.

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