



State of New Hampshire  
Department of Health and Human Services

# State Fiscal Year 2021 Provider Directory Validation Report

*July 2021*

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Health Services Advisory Group, Inc. confirms that no one conducting state fiscal year (SFY) 2021 network adequacy provider directory validation (PDV) has a conflict of interest with the following health plans: **AmeriHealth Caritas New Hampshire, Inc. (ACNH)**, **New Hampshire Healthy Families (NHHF)**, and **Well Sense Health Plan (WS)**.

### Introduction

The New Hampshire Department of Health and Human Services (DHHS) is responsible for the ongoing monitoring and oversight of its contracted Medicaid managed care organizations (MCOs) that deliver services to members under the Medicaid Care Management (MCM) Program. As part of its provider network adequacy monitoring activities, DHHS requested its External Quality Review Organization (EQRO), Health Services Advisory Group, Inc. (HSAG), to validate the MCOs' online provider directories to ensure members have appropriate access to provider information.

The goal of the state fiscal year (SFY) 2021 Provider Directory Validation (PDV) was to determine if the information in the MCOs' online provider directories found on the respective MCOs' websites matched the MCO's internal provider data. As part of the PDV, HSAG compared the key indicators published in each online provider directory with the data in the MCO's provider file and HSAG confirmed whether each MCO's website met the federal requirements in Federal Register §42 CFR 438.10(h) and the MCM Services Contract, Amendment #5 requirements in §4.4.1.5.<sup>1-1</sup>

Additionally, HSAG collaborated with DHHS to develop and administer a questionnaire to collect network data structure information from each MCO, including information on how the MCO ensures the accuracy and timeliness of Medicaid provider information in its data systems.

To address the study objectives described above, HSAG used a DHHS-approved methodology (Appendix A) and Provider Data Structure Questionnaire (Appendix B) to conduct the SFY 2021 PDV among the following MCOs:

- **AmeriHealth Caritas New Hampshire, Inc. (ACNH)**
- **New Hampshire Healthy Families (NHFF)**
- **Well Sense Health Plan (WS)**

HSAG conducted the online directory reviews among a random sample of primary care providers (PCPs); behavioral health (BH) providers, including those subcontracted by the MCO; and durable medical equipment (DME) suppliers. Details regarding the sample selection criteria are presented in Appendix A.

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<sup>1-1</sup> State of New Hampshire Department of Health and Human Services. (2020). *Medicaid Care Management Services Contract, Amendment #5*. Available at: <https://sos.nh.gov/media/p4yppqma/009-gc-agenda-012221.pdf>. Accessed on: April 30, 2021.

## Results

This section briefly summarizes the following PDV findings among the MCOs from each of HSAG's key review tasks:

- Qualitative findings from the MCOs' Provider Data Structure Questionnaire responses
- Tabulated results from the directory review of sampled PCP, BH, and DME providers from each MCO
- An assessment of the overall adherence to federal and State regulations among each MCO's online directory

### Questionnaire Results

HSAG and DHHS developed a custom questionnaire to systematically elicit standardized information regarding each MCO's provider data structure and methods for identifying and classifying providers associated with the MCM services. After receiving the MCOs' completed questionnaires in January 2021, HSAG contacted the MCOs to clarify incomplete or vague questionnaire responses.

HSAG's synthesis of the MCOs' questionnaire responses are detailed in the Findings section; HSAG also supplied DHHS with a Microsoft Excel workbook containing the MCOs' detailed responses and supplemental documentation. Notable findings across the MCOs' self-reported questionnaire responses included the following:

- MCOs' questionnaire responses reflected a variety of operating platforms, claims payment systems, and use of delegation to outside entities for management of selected provider data (e.g., delegating vision services and data management to a third-party vendor).
- Each MCO reported that its contracted providers self-report information such as provider type, provider specialty, taxonomy code(s), degree(s), or licenses and certifications. The MCOs listed a variety of methods by which they confirm and validate the providers' self-reported information.
- All MCOs reported maintaining data fields to readily identify PCPs, BH providers, home and community-based services (HCBS) providers, active/inactive providers, and providers accepting new patients.
- For all **NHHF** provider types and for **WS**'s PCPs, the MCOs each reported maintaining a data field to reflect information on the number of members that a provider is willing to serve (i.e., the provider's panel capacity). For all **ACNH** provider types and for **WS**'s BH providers, pharmacy services, and vision providers, the MCOs each reported that they do not have a panel capacity data field.
- Single case agreements (SCAs) or letters of agreement (LOAs) are a type of contracting arrangement in which a provider agrees to contract with a MCO on a limited basis (e.g., to serve a single enrollee or to serve enrollees with a specific clinical condition). Each MCO reported using SCAs/LOAs to contract providers. **NHHF** and **WS** used the term, "SCA," in their responses and stated that providers contracted under an SCA are not displayed in their provider directories. **ACNH** used the

terms, “SCA” and “LOA,” and stated that providers with an LOA are treated as participating providers and displayed in its online directory.

### Directory Review Results

Each MCO submitted provider data files to HSAG during January 2021, and HSAG randomly selected a total of 861 provider locations (i.e., cases) among the MCOs. During February and March 2021, HSAG’s reviewers compared data values for each sampled case between the MCOs’ provider data files and the MCOs’ online provider directories. Table 1-1 summarizes the indicators for which case-level results matched between the MCOs’ provider data and online directory profiles for less than 90 percent of each MCO’s sampled cases.

**Table 1-1 – Indicators with Matching Information for Less than 90 Percent of Cases by MCO**

ACNH	NHHF	WS
<ul style="list-style-type: none"> <li>• Providers Found in Directory for DME Suppliers (80.0%)</li> <li>• Provider Accommodates Physical Disabilities (89.1%)</li> <li>• Non-English Language Speaking Provider (including American Sign Language) (8.61%)</li> <li>• Provider Board Certification, if applicable for PCPs and BH Providers (33.1%)</li> <li>• Provider URL (0.0%)</li> </ul>	<ul style="list-style-type: none"> <li>• Providers Found in Directory for PCPs (81.0%)</li> <li>• Providers Found in Directory for BH Providers (84.5%)</li> <li>• Provider Telephone Number (81.9%)</li> <li>• Provider Type/Specialty (89.5%)</li> <li>• Provider Accommodates Physical Disabilities (26.2%)</li> <li>• Provider Completed Cultural Competency Training (70.0%)</li> <li>• Non-English Language Speaking Provider (including American Sign Language) (73.8%)</li> <li>• Provider URL (0.0%)</li> </ul>	<ul style="list-style-type: none"> <li>• Providers Found in Directory for BH Providers (41.2%)</li> <li>• Providers Found in Directory for BH Providers (66.7%)</li> <li>• Provider's Name (88.2%)</li> <li>• Provider Type/Specialty (65.8%)</li> <li>• Provider Accommodates Physical Disabilities (88.2%)</li> <li>• Provider Completed Cultural Competency Training (20.9%)</li> <li>• Non-English Language Speaking Provider (including American Sign Language) (62.0%)</li> <li>• Provider Primary Language (62.0%)</li> <li>• Provider Board Certification, if applicable for PCPs and BH Providers (71.0%)</li> <li>• Provider Office Hours (88.8%)</li> <li>• Provider URL (3.2%)</li> </ul>

Cases with unmatched results between the data sources may have included spelling discrepancies, incomplete information, or information not listed in the online directory. For example, the MCO’s provider data file may have included a data value for an indicator, but the MCO’s online provider directory did not include a data value for that indicator.

## Overall Directory Assessment

HSAG reviewed each MCO's provider directory website to ensure compliance with federal requirements and MCM contract requirements. All MCOs met the federal requirements and MCM contract requirements with the exception of **WS**'s DME supplier directory. Key findings from the assessment include:

- Each MCO's provider directory was available via an internet portal, with the exception of **WS**'s DME suppliers, which offered a link to a PDF document containing a static table listing the DME suppliers with limited additional indicators.
- None of the MCOs listed information in their online directories to indicate whether or how individuals may request a paper copy of the directory. While the MCOs are not required to list this information, such directions may aid members who are unable to navigate the online directory or lack stable internet connections. Additionally, each MCO is required under the MCM contract to send new members a letter within ten calendar days to inform the member of the right to a printed version of the MCO's provider directory upon request.
- None of the MCOs' directories displayed a toll-free number or an email address that an individual could use to report an inaccuracy in the provider directory information to the MCO. While not required under the MCM contract, such information is a best practice to allow directory users to assist the MCOs in identifying potential provider data concerns.

Within each MCO's directory, HSAG's reviewers identified additional search criteria, in addition to the indicators specifically reviewed in the SFY 2021 PDV. Additional search options included the ability to filter for providers offering telehealth services, after-hours appointment availability, selected vaccines, or hospital affiliation(s).

## Discussion and Recommendations

The PDV activity included three main tasks: collecting MCOs' Provider Data Structure Questionnaire responses; conducting a directory review of sampled PCP, BH, and DME providers from each MCO; and conducting an assessment of the overall adherence to federal and State regulations among each MCO's online directory. While each MCO supplied self-reported provider data structure questionnaire responses to describe its provider data framework, HSAG's review of the MCOs' online provider directories identified focused opportunities for improvement in the alignment between the MCOs' provider data and the data shown in the MCOs' provider directories. MCOs' provider data were most accurately reflected in the online directories among PCP cases, and least accurately reflected among DME cases.

Due to the nature of the study methodology, Section 3 discusses analytic considerations when generalizing study results across providers contracted with each New Hampshire Medicaid MCO. Key considerations briefly include the following:



- Information obtained from the MCOs' questionnaire responses was self-reported, and HSAG did not validate the responses against additional data sources.
- The provider data submitted by the MCOs in January 2021 may have changed and subsequently been updated in the MCOs' online provider directories prior to HSAG's directory reviews in February and March 2021.
- Although an MCO's provider data may have matched the MCO's online provider directory information, it was beyond the scope of study to evaluate the accuracy of the provider data against an external standard (e.g., using telephone survey calls to verify the accuracy of telephone numbers).
- HSAG's reviewers conducted the directory reviews using desktop computers with high-speed internet connections and did not attempt to access or navigate the MCOs' online provider directories from mobile devices or using accessibility tools (e.g., software that reads the website content for users with limited eyesight).

Section 3 of the report includes detailed recommendations for DHHS and the MCOs to evaluate and address potential MCO data quality and/or access to care concerns. From these program-level recommendations, DHHS identified recommendations specific to each MCO and intended for follow-up in the EQR Technical Report and/or QAPI Report, those MCO-specific recommendations are presented in Appendix D. The following items summarize HSAG's recommendations:

- MCOs should use a variety of strategies to improve the accuracy of their provider data, including outreach among contracted providers, reconciliation of internal provider data against the SFY 2021 PDV results, and review of provider data oversight processes and reports.
- DHHS should consider requesting copies of the MCOs' policies, procedures, and recent reports for monitoring provider data received from vendors, including information demonstrating how frequently provider data anomalies are identified and corrected. DHHS' review of the MCOs' documentation will allow DHHS to verify that each MCO is routinely validating vendor data and updating information found in the corresponding online provider directory. DHHS should work with each MCO to determine the appropriate frequency of vendors' data submissions, overall data reviews, and a timeline for subsequent investigations and data reconciliation.
- MCOs should evaluate the end user experience for their online provider directories among members using the MCO's online provider directory from a desktop computer, laptop computer, tablet, and from a variety of available mobile devices. Each MCO should then supply DHHS with documentation of its evaluation of the end user experience. As determined by this evaluation, MCOs should update the online provider directories to ensure that members are able to access and search the directory with as few navigational changes as possible (e.g., not having to open multiple browser tabs or change websites) and with a comparable user experience from either a computer, tablet, or a mobile device.
- DHHS should continue to conduct telephone surveys to validate the MCOs' provider data, including the potential for a comparison to the MCOs' online directories to validate the provider data across the MCO's submitted data files, the MCO's online directory, and the information supplied by the provider's office.



This section contains the following SFY 2021 PDV findings among the MCOs from each of HSAG’s key review tasks:

- Qualitative findings from the MCOs’ self-reported Provider Data Structure Questionnaire responses
- Tabulated results from the directory review of sampled PCP, BH, and DME providers from each MCO
- An assessment of the overall adherence to federal and State regulations among each MCO’s online directory

### Provider Data Structure Questionnaire Findings

HSAG distributed the DHHS-approved Data Structure Questionnaire (Appendix B) to each MCO in December 2020 to request qualitative responses for nine questionnaire elements and instruct the MCO to include supplemental documentation supporting its responses (e.g., data layouts or sample reports). All MCOs participated in the questionnaire process and responded to HSAG’s email requests for clarification. Each MCO’s questionnaire responses were self-reported and HSAG did not validate the responses against additional data sources.

#### *Provider Data Structure*

Each MCO reported using various operating platforms and claims payment systems to house and structure provider data for state plan services. Table 2-1 presents details regarding where each MCO stores data within internal data systems, the data software and systems used to store the data, and how the provider data link to the MCO’s claims system.

**Table 2-1 – Provider Data System Details Self-Reported by MCO**

MCO	MCO’s Data Storage System	MCO’s Summary of Provider Data Linkage to Claims Data
<b>ACNH</b>	Trizetto® Facets is the core application platform to manage claims, providers, members, and payments at <b>ACNH</b> . It stores provider demographics, National Provider Identifier (NPI), license, practice location details including office hours and services offered at the location, contracting status, capitation and payment information, panel capacity and so on. Facets assigned an internal identifier to each provider record, which is being used to link to claim transactions.	When a new claim is received (via paper and electronic data interchange [EDI]), the provider information available on the claim is compared against provider data in Facets using NPI, provider name and other provider data elements and the internal provider ID will be identified. Once it is identified, the claim will be linked to the identified provider ID.

MCO	MCO's Data Storage System	MCO's Summary of Provider Data Linkage to Claims Data
<b>NHHF</b>	Provider data information is entered into CenProv before passing through review by the configuration team for pricing (if applicable), review by the credentialing team (if applicable), and then entry into the Portico provider data system.	Portico contains provider enrollment attributes, while participation status and payment details are sent by interface into a separate payment system, Amisys.
<b>WS</b>	Onyx	Onyx links via Facets

MCOs were asked to supply a file layout supporting their data structure descriptions, and **ACNH** and **NHHF** supplied the requested documentation. **WS** did not supply its data structure layout documentation.

### Delegated Services

Each MCO reported delegating Medicaid healthcare services (i.e., contracting all or part of the provision of selected services, such as BH services) to another entity. Table 2-2 summarizes, by MCO, the delegated provider type/service, delegated entity name, and the frequency with which the MCO received provider data from the delegated entity at the time of the questionnaire response.

**Table 2-2 – Summary of Delegated Service Types and Entity Name by MCO and Frequency of Provider Data Receipt**

MCO	Delegated Provider Type/Service	Delegated Entity Name	Frequency of Provider Data Receipt
<b>ACNH</b>	Vision Services	Avēsis Third Party Administrators	Monthly
<b>NHHF</b>	Vision Services	Involve Vision	Weekly
<b>NHHF</b>	Pharmacy	Involve Pharmacy	Weekly
<b>WS</b>	BH Services	Beacon Health Strategies	Weekly
<b>WS</b>	Pharmacy	Elixir Rx Solutions, LLC	Monthly
<b>WS</b>	DME Suppliers	Northwood, Inc.	Weekly
<b>WS</b>	Vision Services	Vision Service Plan (VSP)	Weekly

The MCOs reported delegating vision services, and **NHHF** and **WS** also delegate pharmacy services. Additionally, **WS** reported delegating BH services and DME supplies. As shown in the “Frequency of Provider Data Receipt” column in Table 2-2, receipt of weekly data and/or by more frequent requests was most common among the MCOs. However, MCOs reported receiving monthly provider data files for selected services (i.e., **ACNH** for vision and **WS** for BH). MCOs reported widely

Key Finding: All three MCOs delegate vision services to a vendor.

varying oversight of delegated provider networks(s) including any policies, procedures, or sample monitoring reports. Each MCO supplied sample documentation to support its responses regarding oversight of delegated entities.

**ACNH** reported that Avēsis supplies a monthly provider network file to **ACNH** using a proprietary format. **NHHF** reported that Envolve Pharmacy and Envolve Vision submitted a weekly provider file to **NHHF**, which loaded the files into its Portico data system; Envolve Vision and Envolve Pharmacy would also supply **NHHF** with the data file on request. **WS** reported using different outside entities for their service types. For **WS**'s BH services, **WS** reported its vendor Beacon supplied weekly provider network files to **WS** in a text file data format and provided custom provider data files on request. **WS** reported that its vendors for DME supplies and vision services sent a weekly provider data file in a file format developed and approved by **WS**; these vendors would also send custom data files upon request. **WS**'s pharmacy vendor reported that it supplied monthly pharmacy network files to **WS**.

**ACNH** reported meeting monthly and receiving delegation oversight information, including but not limited to provider complaints, web portal access, provider credentialing, recredentialing, and the provider network. **NHHF** noted, in accordance with its Compliance and Contract Oversight Program policy and procedure, it partners with subcontractors, including Centene affiliate companies and external local and national third parties, to provide benefits and services for NH Medicaid members as part of the NH MCM Program.

**WS** reported it contracted with Beacon to provide a comprehensive range of services related to the provision of BH services. According to **WS**'s questionnaire response, Beacon provided **WS** with regulatory and management reports to monitor the **WS** BH network. These reports include, but were not limited to:

- Weekly and monthly provider termination reports
- Weekly network management report
- Monthly and quarterly credentialing reports
- Quarterly provider network operations reports
- Semi-annual comprehensive provider network and equal and timely access reports
- Semi-annual network adequacy reports
- Semi-annual geo-access reports
- Semi-annual accessibility of services report
- Annual access to care reports

For pharmacy claims, **WS** reported that Elixir provided monthly reports on pharmacy network changes for **WS**'s review. **WS** noted that it reviewed the reports to determine any errors in pharmacy network changes. For vision, **WS** used VSP for vision services and Northwood for DME. Both VSP and Northwood were overseen by the **WS** Vendor Management Department, which was responsible for the development and implementation of policies and programs that defined clinical vendor oversight, including monitoring the clinical vendors based on the terms set forth within established agreements between the clinical vendors' delegated provider network. **WS** supplied HSAG with administrative

policy documentation that accompanied its questionnaire responses that outlines established protocols for maintenance and monitoring of provider credentialing, recredentialing, Medicaid enrollment, and network adequacy.

### ***Provider Classification Data Collection and Maintenance***

Each MCO submitted information on selected provider categorization fields and supplied corresponding data dictionaries with their questionnaire responses. All MCOs reported including the following provider classifications in their provider data, with data values self-reported by the contracted providers:

- Provider type
- Provider specialty
- Provider taxonomy
- Degree attained (e.g., MD, RN)
- Licenses and Certifications for individuals and/or facilities

All three MCOs reported that providers self-report information such as provider type, specialty, taxonomy code(s), degree(s), or licenses and certifications. MCOs use a variety of methods to confirm and validate the self-reported information.

- **ACNH** indicated that it confirmed this information through credentialing on initial enrollment and recredentialing which occurs every three years. **ACNH** reported making any regular updates to the data as the updates occur or as requested by the provider.
- **NHMF** acknowledged making updates to the information only if there was a change reported by the provider.
- **WS** noted that it updates these data fields if there was a request from the provider and via credentialing every two years, with the exception of DME suppliers and vision providers, which were updated weekly and reported to the plan by the vendors.

In addition to relying on providers' self-reported information, **WS** reported verifying BH providers' self-reported data through either the National Plan and Provider Enumeration System (NPPES) or the credentialing and recredentialing processes.

### ***Provider Network Capacity Indicators***

HSAG asked each MCO in the questionnaire to specify if its provider data system included fields for the following provider indicators: PCPs, Prenatal Care Providers, BH Providers, HCBS Providers, Active/Inactive Providers, or Providers Accepting New Patients. The questionnaire prompt also gave MCOs the opportunity to supply information on other indicator fields maintained in their data systems. All MCOs indicated that they maintained data fields to identify PCPs, BH providers, HCBS providers,

active/inactive providers, and providers accepting new patients. **NHHF** was the only MCO to report that it included a prenatal care provider indicator in its data system.

For BH providers, the MCOs reported using self-reported mechanisms to identify the provider types. **ACNH** reported that it classified BH providers as individuals with a BH specialty as a Licensed Counselor, Licensed Drug and Alcohol Counselor, Social Worker, Psychiatrist, or Psychologist. **NHHF** reported that it had two indicators in its system: one that classified BH providers by provider type and one that outlined the network. **NHHF** reported that there was a BH provider network, as well as a BH provider type in its data system. **WS** reported that it classified BH providers by reviewing their provider licensure, services offered, and classification.

**Key Finding: Among the three MCOs, NHHF was the only MCO to report they included the Prenatal Care Provider indicator in its data.**

Two MCOs reported having data elements to identify HCBS providers in their directory. **ACNH** reported it identified HCBS providers via self-reported from providers, and **NHHF** identified through enrollment and assigned specific payment structures which were included in the system for appropriate reimbursement.

All three MCOs reported having data elements to identify providers' active/inactive status and whether or not the provider accepted new patients. The providers' activity status was noted in responses as primarily identified using the credentialing and contract information; however, **ACNH** reported using effective and term dates to identify the provider's status. All three MCOs reported using providers' self-reported information regarding whether or not the provider accepted new patients.

### **Panel Capacity**

**NHHF** and **WS** reported having a data field to reflect information on the number of members that a provider could serve (i.e., the provider's panel capacity). **ACNH** reported it did not maintain a field showing panel capacity, though a new patient acceptance field was used to indicate those providers that were accepting new patients. **NHHF** and **WS** reported that their panel capacity data fields were reserved for PCPs. The PCP capacity for **NHHF** was reported to range from one member to 2,500 members, including both existing and new patients as selected by provider. **WS** reported that it determined panel capacity using the number of members that **WS** had on the provider's panel.

### **Use of Single Case Agreements**

SCAs or LOAs are a type of contracting arrangement in which a provider not currently enrolled with NH Medicaid agrees to contract with a MCO on a limited basis (e.g., to serve a single enrollee or only enrollees with a specific health condition).

All three MCOs reported using SCAs/LOAs to contract providers. **NHHF** and **WS** used the term, “SCA,” in their responses and clarified that providers contracted under an SCA were not displayed in the provider directory. While **ACNH** used the terms, “SCA” and “LOA,” the MCO noted that providers with an LOA were treated like a participating provider and were displayed in the directory.

**Key Finding: ACNH** referred to both SCAs and LOAs, and stated that providers with an LOA are displayed in the directory.

### ***Data Considerations for Providers Serving Individuals with Specific Clinical Conditions***

**NHHF** and **WS** reported that they identified providers who served a specific line of business and members with specific clinical conditions (e.g., HIV/AIDS) in their provider data. **ACNH** noted that it did not capture specific clinical condition details within its provider data for participating providers.

**NHHF** reported that its PCP providers only used the specialty data field to specify the types of issues each provider may be treating. However, provider enrollment forms for **NHHF**'s BH providers indicated the settings, populations treated, treatment modalities, approaches to care and disorders treated.

**WS** reported that it maintained a “Special Services” data field within its Onyx system, and this field could be used to identify providers who indicated that they served members with specific clinical conditions (e.g., providers offering autism services, serving geriatric patients, serving homeless patients, serving individuals with HIV/AIDS, or serving individuals with visual impairments). **WS** reported that its members could also search for BH providers with varying levels of specificity, including but not limited to: BH specialties, type of services provided (individual, groups, family), ages treated, provider licensure and gender types, accessibility, cultural competency and languages offered.

### ***MCOs' Provider Data Verification and Cleaning***

When asked to describe their provider data verification and cleaning efforts, including credential verification, address standardization, and telephone number verification, the MCOs reported the following strategies:

- Credentialing and recredentialing verification internally or searching via the internet using resources from the Office of the Inspector General (OIG), General Services Administration's (GSA) System for Award Management (SAM), death master file, board certification, and state licensing board websites.
- Use of software or services to standardize providers' addresses to the United States Postal Service (USPS) standard
- Internal auditing
- Outreach to providers' offices
- Self-reporting from providers



- Use of provider data management or credentialing software (e.g., LexisNexis, Council for Affordable Quality Healthcare [CAQH])
- Validation with the National Council for Prescription Drug Programs (NCPDP)

The MCOs reported variation in the frequency with which they conducted data verification processes. For example, **NHMF** contracts Centene Corporate to conduct a monthly Find a Provider (FAP) audit process that included the weekly selection of a sample of directory providers, including PCPs, specialty practitioners, and BH practitioners, for direct contact and data verification.

### **Communicating Provider Network Information to Enrollees**

All MCOs reported offering an online provider directory through which enrollees could identify providers. Enrollees could access provider information via the MCO website; however, each MCO reported they had a member services phone number for members to call to inquire about any provider information. Additionally, the MCOs indicated in their questionnaire responses that they offered the option of a paper copy of the directory by request, or via a printable handbook on their website.<sup>2-2</sup>

The MCOs reported the following exclusions to the providers included in their online directories:

- Providers not credentialed (**ACNH**)
- Provider specialties such as emergency medicine that do not offer appointments (**ACNH**, **NHMF**, **WS**)
- Out-of-network providers (**WS**)

Lastly, **WS** noted that members seeking BH providers could use a link from the main **WS** provider directory to the BH provider directory on the Beacon website.

### **Online Directory Review Findings**

HSAG compared the MCOs' provider data to their online provider directories for 861 randomly selected provider locations (i.e., "cases" among the three MCOs). Table 2-3 displays the frequency of providers found, providers not found, and providers' sampled locations not found in the MCOs' respective online directory. Overall, 80.3 percent (691 cases) were found on the MCO's online directory, 14.6 percent of cases were not found in the directory, and 5.1 percent of the cases had the provider identified in the online directory, but not the associated location for the sampled provider. HSAG's reviewers found **ACNH**'s cases in the online directory most frequently (96.4 percent of cases) among the three MCOs. At 62.8 percent, **WS** had the lowest rate of providers found during the reviews.

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<sup>2-2</sup> While the MCOs' questionnaire responses indicated that paper copies of their directories are available on request, HSAG's review of the online directories did not identify a statement on each of the MCOs' main online directory pages to indicate that paper copies of their directories were available.



### Directory Data Comparison for Sampled Providers

Table 2-3 summarizes findings by MCO and provider category regarding the number of cases that HSAG’s reviewers were able to find in the MCOs’ online directories. Additionally, Appendix C contains tabulated directory review results by MCO and provider category.

**Table 2-3—Summary of Sampled Cases Found in Online Directories by MCO and Provider Category**

MCO and Provider Category	Number of Sampled Provider Locations (Cases)*	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count of Cases	% of Cases	Count of Cases	% of Cases	Count of Cases	% of Cases
<b>All MCOs</b>	<b>861</b>	<b>691</b>	<b>80.3</b>	<b>126</b>	<b>14.6</b>	<b>44</b>	<b>5.1</b>
<b>ACNH</b>							
<b>Total</b>	<b>277</b>	<b>267</b>	<b>96.4</b>	<b>6</b>	<b>2.2</b>	<b>4</b>	<b>1.4</b>
PCPs	157	152	96.8	4	2.5	1	0.6
BH Providers	115	111	96.5	2	1.7	2	1.7
DME Suppliers	5	4	80.0	0	0.0	1	20.0
<b>NHHF</b>							
<b>Total</b>	<b>286</b>	<b>237</b>	<b>82.9</b>	<b>38</b>	<b>13.3</b>	<b>11</b>	<b>3.8</b>
PCPs	147	119	81.0	23	15.6	5	3.4
BH Providers	129	109	84.5	14	10.9	6	4.7
DME Suppliers	10	9	90.0	1	10.0	0	0.0
<b>WS</b>							
<b>Total</b>	<b>298</b>	<b>187</b>	<b>62.8</b>	<b>82</b>	<b>27.5</b>	<b>29</b>	<b>9.7</b>
PCPs	122	113	92.6	9	7.4	0	0.0
BH Providers	170	70	41.2	73	42.9	27	15.9
DME Suppliers	6	4	66.7	0	0.0	2	33.3

\*The number of sampled provider locations is the sum of the total cases across all provider categories and MCOs. Overall results may include the same unique provider location for more than one MCO.

Table 2-4 displays, by MCO and indicator, the percentage of sampled provider locations (cases) identified in the online directories with exact matches between the MCOs’ provider data files and the online provider directory information. Cases with unmatched results may include spelling discrepancies, incomplete information, or information not listed in the directory (e.g., the MCO’s provider data

included a data value for an indicator, but the online provider directory did not include a data value for the indicator).

**Table 2-4—Percentage of Cases with Exact Matches by MCO and Indicator**

Indicator	ACNH		NHHF		WS		All MCOs	
	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*
Provider's Name	267	100.0	237	92.0	187	88.2	<b>691</b>	<b>94.1</b>
Provider Street Address	267	100.0	237	100.0	187	96.3	<b>691</b>	<b>99.0</b>
Provider Address: Suite Number	267	100.0	237	99.6	187	95.2	<b>691</b>	<b>98.6</b>
Provider City	267	100.0	237	100.0	187	99.5	<b>691</b>	<b>99.9</b>
Provider State	267	100.0	237	100.0	187	100.0	<b>691</b>	<b>100.0</b>
Provider Zip Code	267	100.0	237	100.0	187	98.9	<b>691</b>	<b>99.7</b>
Provider Telephone Number	267	99.3	237	81.9	187	96.8	<b>691</b>	<b>92.6</b>
Provider Type/Specialty	267	97.8	237	89.5	187	65.8	<b>691</b>	<b>86.3</b>
Provider Gender	263	99.6	228	96.1	183	97.3	<b>674</b>	<b>97.8</b>
Provider Accepting New Patients	267	95.9	237	90.3	187	94.1	<b>691</b>	<b>93.5</b>
Provider Accommodates Physical Disabilities	267	89.1	237	26.2	187	88.2	<b>691</b>	<b>67.3</b>
Provider Completed Cultural Competency Training	267	98.9	237	70.0	187	20.9	<b>691</b>	<b>67.9</b>
Non-English Language Speaking Provider (including American Sign Language)	267	8.6	237	73.8	187	62.0	<b>691</b>	<b>45.4</b>
Provider Primary Language	267	100.0	237	97.0	187	62.0	<b>691</b>	<b>88.7</b>

\*The denominator for each indicator includes the number of cases in which the provider location was found in the directory and relevant to the provider category (i.e., as shown in Table 2-3); the numerator is shown in Table 2-4 above as the count of cases matching between the MCO’s provider data file and the MCO’s online directory information (i.e., the Count of Cases Matching Between Data Sources).

The *Provider State* indicator matched for 100 percent of cases found in the directory across all three MCOs. At 8.6 percent of cases found in the directory, the *Non-English Language Speaking Provider (including American Sign Language)* indicator for **ACNH** had the lowest percentage of cases with exact matches among the MCOs and indicators. The low percentage for the *Non-English Language Speaking Provider (including American Sign Language)* indicator was due to the fact that there were missing values in **ACNH**'s provider data for this indicator, while **ACNH**'s directory showed non-missing data values.

For **WS**'s BH providers, only 65.8 percent of cases matched for the *Provider Type/Specialty* indicator due the provider specialty indicated in the data supplied by **WS** for these non-matched cases showed only one of the services offered. For example, the data files listed "PTSD" as the *Provider Type/Specialty*, while the directory showed "Psychologist," with "PTSD" listed as one of the provider's available services.

As an additional note for the *Provider Completed Cultural Competency Training* indicator, if the provider directory showed nothing for this field and the MCO data contained null values, the indicator was counted as a match between the data sources. Overall, the *Provider Completed Cultural Competency Training* indicator did not match 67.9 percent of the cases in which HSAG found the provider location in the directory. This could be attributed to the fact that during the directory reviews, the MCO's online provider profile showed that this field would display a "N/A" in the provider directory, while the data submitted by **WS** listed a "No" value. This scenario was also identified for the *Non-English Language Speaking Provider* indicator.

The low rates for the *Provider Accommodates Physical Disabilities* indicator for **ACNH** and **NHHF** were generally due to provider data values submitted by **ACNH** and **NHHF** that did not match the information shown in each MCO's provider directory. Among cases with mismatched information, **ACNH**'s online directory showed a "No Response" value for all disability fields in the directory, while **ACNH**'s provider data provided showed a "Yes" value for the cases. Similarly, **NHHF**'s provider directory showed the disability accommodations with "Pending" data values in the online directory's provider profiles across all three provider types, while **NHHF**'s provider data showed a "Yes" value for the cases. **WS**'s low rates for the *Provider Accommodates Physical Disabilities* indicator were attributed to a direct mismatch between the provider data supplied to HSAG by **WS** and the data values displayed in **WS**'s provider directory.

Table 2-5 displays, by MCO, the percentage of sampled providers found in the online directories with information present for each indicator. Overall, **ACNH** and **NHHF** failed to present the *Provider URL* indicator information in their online provider directories for all cases in which HSAG found the sampled provider location in the online directory. **ACNH**'s cases with directory data not present for the *Provider URL* indicator were attributed to the directory data value, "http://No Response," seen in every provider profile found in the directory and abstracted by HSAG's reviewers. Additionally, HSAG identified information for the *Provider Board Certification* indicator among only 33.1 percent of **ACNH**'s sampled cases listed in the directory for PCP and BH providers.

**Table 2-5—Percentage of Cases with Information Present by MCO and Indicator**

Indicator	ACNH		NHHF		WS		All MCOs	
	Count of Cases with Directory Data Present	% of Cases with Directory Data Present*	Count of Cases with Directory Data Present	% of Cases with Directory Data Present*	Count of Cases with Directory Data Present	% of Cases with Directory Data Present*	Count of Cases with Directory Data Present	% of Cases with Directory Data Present*
Provider Board Certification, if applicable for PCPs and BH Providers	263	33.1	228	93.9	183	71.0	<b>674</b>	<b>63.9</b>
Provider Office Hours	267	99.6	237	97.0	187	88.8	<b>691</b>	<b>95.8</b>
Provider URL	267	0.0	237	0.0	187	3.2	<b>691</b>	<b>0.9</b>

\* The denominator for each indicator includes the number of cases in which the provider location was found in the directory and relevant to the provider category (i.e., as shown in Table 2-3); the numerator is shown in Table 2-5 above as the count of cases in which the MCO’s online directory contained information for the indicator (i.e., the Count of Cases with Directory Data Present).

### Review of Directory-Level Considerations

HSAG reviewed each MCO’s provider directory website(s) to ensure compliance with federal requirements and MCM contract requirements, and the MCOs generally met the federal requirements and the MCM contract requirements. HSAG located all MCOs’ provider directories via a web portal with the exception of **WS**’s DME suppliers, which linked to a PDF document with a static table containing a limited number of indicators. Table 2-6 lists the search criteria or data fields, as well as the corresponding reference to the applicable federal and/or MCM contract requirement(s). Additional information for each element is provided in Table 2-7.

**Table 2-6—Crosswalk Between Online Provider Directory Data Fields and Federal or MCM Contract Requirements**

Online Provider Directory Data Field or Search Criteria	Federal and/or MCM Contract Requirement Reference	MCOs Met or Not Met Requirement
Provider Name	42 CFR §438.10(h)(1)(i) MCM Contract 4.4.1.5.2.1.	Requirement Met for all MCOs; searchable fields displayed for <b>ACNH</b> , <b>NHHF</b> , and <b>WS</b> <sup>2</sup>
Provider Gender	42 CFR §438.10(f)(6)(i) MCM Contract 4.4.1.5.2.7.	Requirement Met for all MCOs; searchable fields displayed for <b>ACNH</b> , <b>NHHF</b> , and <b>WS</b> <sup>2</sup>

Online Provider Directory Data Field or Search Criteria	Federal and/or MCM Contract Requirement Reference	MCOs Met or Not Met Requirement
Provider Street Address	42 CFR §438.10(h)(1)(ii) MCM Contract 4.4.1.5.2.2.	Requirement Met for all MCOs; searchable fields displayed for <b>ACNH, NHHF, and WS</b>
Provider City	42 CFR §438.10(h)(1)(ii)	Requirement Met for all MCOs; searchable fields displayed for <b>ACNH, NHHF, and WS</b>
Provider State	42 CFR §438.10(h)(1)(ii)	Requirement Met for all MCOs; searchable fields displayed for <b>ACNH, NHHF, and WS</b>
Provider ZIP Code	42 CFR §438.10(h)(1)(ii)	Requirement Met for all MCOs; searchable fields displayed for <b>ACNH, NHHF, and WS</b>
Provider Specialty	42 CFR §438.10(h)(1)(v) MCM Contract 4.4.1.5.2.6.	Requirement Met for all MCOs; searchable fields displayed for <b>ACNH, NHHF, and WS</b>
Provider Accepting New Patients	42 CFR §438.10(h)(1)(vi) MCM Contract Requirement (4.4.1.5.2.12.)	Requirement Met for all MCOs; searchable fields displayed for <b>ACNH, NHHF, and WS<sup>2</sup></b>
Provider Telephone Number	42 CFR §438.10(h)(1)(iii) MCM Contract 4.4.1.5.2.4.	Requirement Met for all MCOs; fields displayed but not searchable for <b>ACNH, NHHF, and WS</b>
Website URL	42.CFR §438.10(h)(1)(iv) MCM Contract 4.4.1.5.2.5	Requirement Met for all MCOs; fields displayed but not searchable for <b>ACNH, NHHF, and WS</b>
Provider Offers After-Hours Appointments	MCM Contract Requirement (4.4.1.5.2.3.) <sup>1</sup>	Requirement Met for all MCOs; searchable fields displayed for all MCOs except <b>WS's</b> DME Suppliers.
Provider Languages Spoken	42 CFR §438.10(h)(1)(vii) MCM Contract 4.4.1.5.2.9.	Requirement Met for all MCOs; searchable fields displayed for <b>ACNH, NHHF, and WS<sup>2</sup></b>
Provider Board Certification	MCM Contract Requirement (4.4.1.5.2.11.) <sup>1</sup>	Requirement Met for all MCOs; searchable fields displayed for the PCP provider category for <b>ACNH, NHHF, and WS</b>
Provider Offers Accommodations for Patients with Disabilities	42 CFR §438.10(h)(1)(viii) MCM Contract 4.4.1.5.2.8.	Requirement Met for all MCOs; searchable fields displayed for <b>ACNH, NHHF, and WS<sup>2</sup></b>

Online Provider Directory Data Field or Search Criteria	Federal and/or MCM Contract Requirement Reference	MCOs Met or Not Met Requirement
Provider has Completed Cultural Competency Training	MCM Contract Requirement (4.4.1.5.2.9.) <sup>1</sup>	Requirement Met for all MCOs; fields displayed but not searchable for <b>ACNH</b> , <b>NHHF</b> , and <b>WS</b>

- 1 MCM Contract Requirements represent additional data fields beyond those outlined in federal regulations. HSAG assessed data fields required by the MCM contract as informational findings only.
- 2 As a directory for its DME suppliers, WS offered an internet hyperlink to a PDF document that contained a static table listing DME suppliers and a limited number of additional indicators. This directory format (i.e., a PDF document) differed from the searchable, web-based directories offered by each MCOs for all other provider categories.

None of the MCOs displayed both a toll-free number and email address that an individual could use to report an inaccuracy in the provider directory information to the MCO. While not required under the MCM contract, such information is a best practice to allow directory users to assist the MCOs in identifying potential provider data concerns.

When reviewing the MCOs’ websites, HSAG found additional search options beyond the search criteria reviewed specifically in this validation, including the ability to search for providers offering telehealth services, offering after-hours appointments, by vaccines offered, and by providers’ hospital affiliation.

To provide DHHS with additional details about the contents of the MCOs’ online directories, HSAG’s reviewers evaluated the presence or absence of information and indicators in the MCOs’ online provider directories among the cases found in each directory. Table 2-7 lists the indicators that were reviewed and displays the results for providers initially found in the directory for each MCO by specialty type. HSAG’s reviewers determined if they found or did not find the information in the directory. A “Yes,” result indicates that the MCO’s online provider directory allowed the user to search and/or filter the directory by the specified indicator (e.g., searching by provider specialty or limiting search results by provider gender). A “No,” result indicates that this indicator was not available as a search option in the MCO’s provider directory.

**Table 2-7—Indicators Present in Online Provider Directory by Provider Category and MCO**

Search Criteria Among Online Provider Directories	PCPs			BH			DME Suppliers		
	ACNH	NHHF	WS	ACNH	NHHF	WS	ACNH	NHHF	WS <sup>1</sup>
Provider First Name	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Provider Middle Name	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Provider Last Name	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Provider Gender	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Provider Street Address	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Provider City	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Provider State	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Search Criteria Among Online Provider Directories	PCPs			BH			DME Suppliers		
	ACNH	NHHF	WS	ACNH	NHHF	WS	ACNH	NHHF	WS <sup>1</sup>
Provider ZIP Code	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Provider County <sup>2</sup>	No	No	No	No	No	No	No	No	Yes
Provider Specialty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Provider Accepting New Patients	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Provider Offers After-Hours Appointments	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No
Provider Languages Spoken	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Provider Board Certification	Yes	No	No	Yes	No	No	Yes	No	No
Provider Offers Accommodations for Patients with Disabilities	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Provider has Completed Cultural Competency Training	No	No	No	No	No	No	No	No	No

1 As a directory for its DME suppliers, WS offered an internet hyperlink to a PDF document that contained a static table listing DME suppliers and a limited number of additional indicators. This directory format (i.e., a PDF document) differed from the searchable, web-based directories offered by each MCOs for all other provider categories.

2 County was included for DHHS' information, as this field is not required by the MCM contract or Federal requirements but may offer members a valuable option to restrict provider data search results to a meaningful geographic area.



### Conclusions

Making informed decisions regarding healthcare, including identifying healthcare providers, is important for MCM members. As such, it is crucial that the MCOs' online provider directory information is accurate, up-to-date, and easy to locate and navigate. To support members' ability to make an informed choice in identifying a healthcare provider, DHHS' *Medicaid Care Management Services Contract, Amendment #5*, defines specific information that MCOs should include in their provider directories for all participating provider types covered under the agreement.<sup>3-1</sup>

As part of its provider network adequacy monitoring activities, DHHS requested that its EQRO, HSAG, validate the MCOs' online provider directories to ensure members have appropriate access to provider information. All MCOs participated in the SFY 2021 PDV, responding to a provider data structure questionnaire and supplying provider data files for HSAG's review of sampled provider locations from each MCO's online directory.

While each MCO responded to the nine-element Provider Data Structure Questionnaire, findings were self-reported by the MCOs and should be considered for DHHS' information only. HSAG followed up with the MCOs to request additional information for incomplete questionnaire responses but did not conduct formal validation of the questionnaire responses against external data sources or documentation. The MCOs' questionnaire responses suggest opportunities for the MCOs to enhance and/or more thoroughly document their vendor oversight and provider data maintenance. Each MCO reported that it may not update its provider data unless a provider requests a change or changes are identified as a result of routine credentialing processes (i.e., MCOs may not be proactively evaluating their provider data for accuracy and making necessary updates). HSAG's directory case review findings supported this conclusion, as HSAG's reviewers identified notable discrepancies indicating that each MCO has focused opportunities to improve the provider data accuracy and/or ease of use of the web-based provider directories available to New Hampshire Medicaid members.

Overall, the PDV results included 80.3 percent of cases (i.e., 691 of the 861 sampled provider locations) that were initially found in the applicable MCO directory. Of those cases found in the directory, the required information referenced in Amendment #5, indicators ranged from 45.4 percent (*Non-English Language Speaking Provider*) to 100.0 percent (*Provider State*) for matches between the provider data supplied by each MCO and the HSAG reviewers' findings.

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<sup>3-1</sup> Specific provider information includes names and any group affiliations; street addresses; office hours; telephone numbers; website, if applicable; specialty, if any; gender; a description of accommodations offered for people with disabilities; the cultural and linguistic capabilities of the participating providers and whether the provider has completed cultural competence training; hospital affiliation, if applicable; board certification, if applicable; if the provider is not accepting new patients; and any restrictions on the member's freedom of choice among participating providers.

The matched percentage of provider information between the submitted provider data from the MCOs and the MCO's online directory was generally high for all MCOs across most indicators except *Non-English Language Speaking Provider* and *Provider URL*. Lower aggregate results were attributable to extremely low match percentages for one MCO for the *Provider Accommodates Physical Disabilities (NHHF)*, *Provider Completed Cultural Competency Training (WS)*, and *Provider Board Certification (ACNH)* indicators.

**NHHF** and **WS** did not specify if the provider spoke English as their primary language in the directory. The number of providers with additional languages in the online directories suggests that the non-English language information in provider data files supplied by the MCOs may not have reflected all potential information on providers' spoken languages.

## Study Limitations

Various factors associated with the SFY 2021 PDV may affect the validity or interpretation of the results presented in this report when generalizing directory review findings to the MCOs' provider data, including, but not limited to the following analytic considerations:

- Information obtained from the MCOs' questionnaire responses was self-reported, and HSAG did not validate the responses for accuracy.
- HSAG received the provider data from the MCOs in January 2021 and completed the directory reviews from February 10, 2021, through March 19, 2021. In this time period, it is possible that the provider data submitted by the MCOs could have changed and subsequently been updated in the online provider directories. This limitation would most likely affect the exact-match rates for indicators with the potential for short-term changes (e.g., the provider's address, telephone number, or new patient acceptance status). For example, it is possible that a provider was accepting new patients when the MCO submitted the provider data to HSAG but was no longer accepting new patients when HSAG compared the data to the MCO's online directory. This would result in a lower exact-match rate for this indicator.
- The SFY 2021 PDV's directory reviews involved a comparison of the data submitted by the MCOs against the information in each MCO's provider directory.
  - Although provider data may match between both sources for a PDV case, it was beyond the scope of study to evaluate the accuracy of the MCOs' provider data against an external standard (e.g., using telephone survey calls to verify the accuracy of telephone numbers). For example, the address for a provider might match between both sources, but the provider may no longer practice at the specified location.
  - Additionally, non-matched provider data does not necessarily indicate that the MCO's provider directory data is inaccurate. The low number of cases with matching non-English language information for **ACNH** offers an example, as the provider directory data appeared to be accurate but did not match the provider data that **ACNH** submitted to HSAG for the SFY 2021 PDV.

- HSAG’s reviewers conducted the directory reviews using desktop computers with high-speed internet connections. Reviewers did not attempt to access or navigate the MCOs’ online provider directories from mobile devices or using accessibility tools (e.g., software that reads the website content for users with limited eyesight).

## Recommendations

Based on the findings detailed in this report and the accompanying case-level directory review data files, HSAG offers DHHS the program level recommendations listed below to evaluate and address potential MCO data quality and/or access to care concerns. From these program-level recommendations, DHHS identified recommendations specific to each MCO and intended for follow-up in the EQR Technical Report and/or Quality Assurance and Performance Improvement Report; these MCO-specific recommendations are presented in Appendix D.

- In general, the PDV results for sampled provider locations found in the provider directories show a wide range of variation in the level of agreement between the MCOs’ provider data and the MCOs’ respective online provider directories. Among the indicators assessed as present or absent in the directories, HSAG’s reviewers identified wide variation across MCOs and indicators, with the *Provider URL* indicator most consistently absent from the MCOs’ online directories.
  - Since the MCOs supplied HSAG with the provider data used for the directory reviews, DHHS should supply each MCO with case-level data files containing mismatched information between the MCO’s data and the MCO’s online directory and require the MCOs to address these deficiencies.
  - Each MCO should align its internal provider data oversight processes with the MCM contract requirements to ensure the accuracy of data shown in the online provider directory. MCOs should test their internal oversight processes against HSAG’s directory review findings, to identify oversight processes and/or reporting that should be enhanced. In addition to updating provider data and directory information, each MCO should conduct a root cause analysis to identify the nature of the data mismatches for PDV study indicators that scored below 90 percent, as presented in Table 2-3, Table 2-4, and Table 2-5.
  - HSAG recommends that each MCO conduct outreach to its providers to ensure the providers and/or their offices are routinely submitting up-to-date information on all pertinent provider data elements (e.g., service address, telephone number, new patient acceptance). During the coronavirus disease 2019 (COVID-19) public health emergency, providers may have started to offer, or enhanced existing, telehealth services and MCOs may consider proactively obtain information on whether providers intend to offer telehealth appointments for the foreseeable future.
  - Websites created and maintained by providers’ offices may offer information helpful to members and not available in an MCO’s online directory, such as frequently asked questions, provider ratings, and/or new patient forms. Among the sampled directory review cases, the MCOs’ provider directories did not uniformly display a website address for sampled provider locations or the directory record displayed text that did not align with an actual internet site. MCOs should

collect providers' website addresses and ensure the URLs are accurately displayed in their online directories to ensure members have access to the providers' websites in addition to the MCO's directory information.

- Study indicators such as provider website, and board certification reflect data elements listed in the MCM contract with “if applicable” DHHS should consider reviewing the MCM contract language to evaluate the extent to which clarifying details may be added regarding the instances where provider directory elements may not apply (i.e., the contract uses the term “if applicable”).
- HSAG's directory reviewers identified providers with multiple directory listings for the same service location. Additionally, the MCOs' provider data questionnaire responses suggest that MCOs have additional opportunities to ensure that provider data supplied by vendors are timely and accurate.
  - The MCOs should assess their data to identify instances in which individual providers are associated with multiple records for the same service location and remove outdated information to ensure the most recent information is presented in the online directory for each provider. DHHS should work with each MCO to determine the appropriate frequency of vendor data submissions, overall data reviews, and a timeline for subsequent investigations and data reconciliation.
  - DHHS should consider requesting copies of the MCOs' policies, procedures, and recent reports for monitoring provider data received from vendors. Recent reports should include information demonstrating how provider data anomalies are identified and corrected.
- HSAG's directory reviews determined that the online provider directories are not uniformly accessible from each MCO's website, with a range of navigational steps required to locate the record for a specific provider and/or location.
  - DHHS should require each MCO to conduct an evaluation of the end user experience among members using the MCO's online provider directory from a desktop computer, laptop computer, tablet, and from a variety of available mobile devices. Each MCO should then supply DHHS with documentation of its evaluation of the end user experience. As determined by this evaluation, MCOs should update the online provider directories to ensure that members are able to access and search the directory with as few navigational changes as possible (e.g., not having to open multiple browser tabs or change websites) and with a comparable user experience from either a computer, tablet, or a mobile device.
- While the SFY 2021 PDV assessed the alignment between the MCOs' provider data and their online provider directories, it was beyond the scope of the PDV to determine whether the provider information was accurate (e.g., although the telephone numbers matched between both data sources, this study did not ascertain whether the telephone number connected to the intended service location).
  - To address provider data accuracy, DHHS should continue to conduct telephone surveys to validate the MCOs' provider data. Future surveys can consider incorporating a comparison to the MCOs' online directories to validate the provider data across the MCO's submitted data files, the MCO's online directory, and the information supplied by the provider's office.

### Eligible Population

The eligible population for the PDV directory reviews included providers that were actively enrolled in the New Hampshire Medicaid Care Management (MCM) program as of December 15, 2020. Out-of-state offices for PCPs and BH providers located in Maine, Massachusetts, and Vermont were included in the study. Out-of-state DME suppliers were included in the study, as these providers may deliver healthcare supplies without requiring a physical location in or around New Hampshire.

### Data Collection

Each MCO identified physical health providers potentially eligible for survey inclusion and supplied HSAG with data files. MCO data included the following key data elements for each provider location: provider name, National Provider Identification (NPI) number, provider specialty (e.g., pediatrics, psychiatry), physical (practice) address, telephone number, whether or not the provider accepts new patients at the specified location, and data fields consistent with the indicators described in the *PDV Process and Indicators* methodology section.<sup>A-1</sup>

Additionally, HSAG requested that each MCO include an indicator to identify whether or not the provider was expected to be displayed in the MCO's online directory.<sup>A-2</sup> HSAG excluded provider records from the sample frame when the MCO indicated that the provider was not expected to be displayed in the online directory (e.g., provider contracted using SCAs).

Upon receipt of the MCOs' data files, HSAG reviewed the key data fields to assess potential duplication and data completeness. HSAG also assessed the distribution of provider specialty data values present in each MCO's data to determine the data values attributed to each directory review specialty category (i.e., PCP, BH providers, DME suppliers).

### PCPs

For PCPs, HSAG excluded providers and physician assistants (PAs) from the sample frame, even for records in which the MCO included a PCP indicator for those individuals. Additionally, records for individual practitioners with the following specialties were excluded from the sample frame: midwives,

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<sup>A-1</sup> HSAG used a single data requirements document (DRD) to the MCOs to obtain the provider data needed for two SFY 2021 activities: the PDV described in this report and a telephone survey of physical health specialty providers.

<sup>A-2</sup> Selected providers may contract with an MCO and request not to be shown in the online directory. For example, the MCO may contract a specialist who only sees patients with specific clinical conditions, and Medicaid members with applicable conditions are referred to the provider through the MCO's Case Management or Member Services.

students (e.g., medical trainees), oncology, endocrinology, or any pediatric physical health subspecialty other than general pediatrics.

### **BH Providers**

For BH providers, the MCOs submitted detailed provider specialty data values that varied by MCO, reflecting provider types (e.g., individuals or facilities), degree and/or credentials (e.g., psychologist, counselor, substance abuse specialist), or a mix of services and clinical conditions (e.g., mood disorders). After consultation with DHHS, HSAG excluded providers specializing in neurology from the sample frame.

### **DME Suppliers**

The MCOs' DME supplier data contained relatively few provider type and specialty variations, and HSAG excluded prosthetic and orthotic suppliers from the DME sample frame.

### **Provider Data Questionnaire**

HSAG collaborated with DHHS to develop a nine-element Provider Data Structure Questionnaire (questionnaire) with the goal of eliciting targeted information regarding each MCO's provider data structure and internal data maintenance and oversight processes. DHHS approved the draft questionnaire before HSAG distributed a final version during December 2020 for the MCOs' completion. Appendix B contains a blank copy of the final, DHHS-approved questionnaire for reference. After receiving the completed questionnaires, HSAG reviewed the MCOs' responses and collaborated with the MCOs to resolve questions identified during HSAG's review process.

Following HSAG's distribution of the data structure questionnaire and the provider data request to the MCOs, HSAG hosted a webinar with the MCOs and DHHS to describe the purpose and content of the PDV, review the questionnaire and the provider data request, and affirm the expected timeline for the MCOs' participation.

## **Directory Review Case Identification Approach**

HSAG used a two-stage random sample to generate a list of providers and provider locations (i.e., "cases") by provider category and MCO from a de-duplicated list of unique PCPs, BH providers, and DME suppliers.<sup>A-3</sup> HSAG selected a statistically valid sample of providers based on a 90 percent confidence level and  $\pm 5$  percent margin of error, with a maximum number of 327 provider locations per MCO, proportionally distributed among the three provider categories. Before conducting the directory reviews, HSAG identified all MCO-contracted locations for each sampled provider and randomly

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<sup>A-3</sup> Unique providers were identified within each MCO and provider category using the providers' name and NPI.



selected one location to be reviewed (i.e., the provider location). Provider locations selected for the directory were unique to each MCO, and a provider location may have been included in the directory review for more than one MCO. Table A-1 presents the counts of unique providers that were eligible for inclusion in the sample frame for the PDV by MCO and provider category.

**Table A-1—SFY 2021 Distribution of Unique Providers\* by MCO and Provider Category**

MCO**	PCP Providers	BH Providers	DME Suppliers	Number of Unique Providers***
ACNH	1,048	769	33	<b>1,850</b>
NHHF	1,220	1,074	82	<b>2,372</b>
WS	1,499	2,069	70	<b>3,621</b>

\* HSAG identified unique providers by NPI within each MCO and provider category.

\*\* A row summing providers across all MCOs is not shown because a unique provider may contract with more than one MCO.

\*\*\* The total number of unique providers by MCO reflects the sum of unique providers in each of the PDV directory review categories; a limited number of unique providers may be reflected in both the PCP and BH categories, based upon the MCOs’ provider data and DHHS’ input on provider categorization.

Table A-2 presents the corresponding sample sizes for the PDV. Sample sizes were based on the total number of unique providers for each MCO, with proportional distribution between provider categories (i.e., PCP, BH, and DME).

**Table A-2—SFY 2021 Distribution of Sampled Directory Review Cases by MCO and Provider Category**

MCO	PCP Cases	BH Provider Cases	DME Supplier Cases	All Sampled Cases**
ACNH	157	115	5	<b>277</b>
NHHF	147	129	10	<b>286</b>
WS	122	170	6	<b>298</b>
<b>Total</b>	<b>426</b>	<b>414</b>	<b>21</b>	<b>861</b>

\*\* The total number of sampled MCO providers are based on the total number of unique providers from the MCOs’ data as of December 15, 2020, as shown in Table A-1.

HSAG supplied DHHS with a list of cases for reference prior to initiating the directory reviews.

## PDV Process and Indicators

HSAG’s reviewers used a custom web-based data abstraction tool that displayed the MCOs’ provider data and allowed reviewers to record their directory review results for each sampled case. Reviewers validated each of the sampled providers by comparing the data displayed in the tool to the information found in each MCO’s online provider directory. If the provider’s identifying information and location were not found in the online provider directory, the reviewer noted the information and stopped the



review. If the provider's sampled identifying information and location were found in the online provider directory, the reviewer noted the information and continued with the review.

The reviewers compared all indicators listed below against the MCOs' provider data, except where an asterisk (\*) identifies fields that were assessed as present or not present.<sup>A-4</sup> For the three indicators that were assessed as present or not present (e.g., the Office Hours indicator), HSAG's reviewers determined whether the information was present in the online provider directories, rather than determining if the data values matched information submitted to HSAG by the MCO.

- Indicator 1 – Provider's Name
- Indicator 2 – Address: Street Address<sup>A-5</sup>
- Indicator 3 – Address: Suite Number
- Indicator 4 – Address: City
- Indicator 5 – Address: State
- Indicator 6 – Address: Zip
- Indicator 7 – Telephone Number
- Indicator 8 – Website URL, if applicable\*
- Indicator 9 – Office Hours\*
- Indicator 10 – Provider Type/Specialty (matches the sampled provider specialty category)
- Indicator 11 – Accepting New Patients
- Indicator 12 – Provider Gender
- Indicator 13 – Provider Primary Language
- Indicator 14 – Non-English Language Speaking Provider (including American Sign Language)
- Indicator 15 – Completed Cultural Competency Training
- Indicator 16 – Accommodation for People with Disabilities
- Indicator 17 – Board Certification, if applicable for PCPs and BH practitioners\*

Reviewers underwent project-specific training with the dedicated HSAG analytics manager noted in the *HSAG's PDV Team* methodology subsection to standardize how data were reviewed and recorded in the web-based data collection tool. For each reviewer, the HSAG analytics manager overread 100 percent of cases completed during the first week after the training period and a minimum of 10 percent of cases thereafter. Case overreads were designed to verify that the reviewers followed the data collection instructions and accurately abstracted study data into the web-based tool. The HSAG analytics manager

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<sup>A-4</sup> All fields are identified as requirements in the MCM Services Contract, Amendment #5, §4.4.1.5.2, State of New Hampshire Department of Health and Human Services. (2020). *Medicaid Care Management Services Contract, Amendment #5*. Available at: <https://sos.nh.gov/media/p4yppqma/009-gc-agenda-012221.pdf>. Accessed on: April 30, 2021

<sup>A-5</sup> HSAG's reviewers allowed exact matches for the provider location's street address to have differences in common United States Postal Service (USPS) standard abbreviations and naming conventions.

held routine briefings with all reviewers to share any issues identified during data collection and to reinforce and refresh training concepts.

For the directory-level considerations, an HSAG reviewer recorded whether each MCO's online provider directory contained the following items pertinent to the entire directory:

- Provider directory is available to members and providers via MCO's web portal and in paper form upon request<sup>A-6</sup>
- Conspicuously display an e-mail address and/or a toll-free number to which any individual may report an inaccuracy in the provider directory
- Date the website was last updated
- Which search fields are available for members use to find providers by location or provider type<sup>A-7</sup>

Directory-level findings and data inconsistencies in the directory review results were verified by the HSAG analytics manager against the original reviewer's electronic image of the online provider directory. When situations occurred in which the issue could not be resolved through internal discussion or additional review by the HSAG analytics manager and HSAG project lead noted in the *HSAG's PDV Team* methodology subsection, HSAG contacted DHHS for guidance (e.g., systematically invalid source data for a provider network).

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<sup>A-6</sup> This study indicator is required, per the MCM Services Contract, Amendment #5, §4.4.1.5.2, State of New Hampshire Department of Health and Human Services. (2020). *Medicaid Care Management Services Contract, Amendment #5*. Available at: <https://sos.nh.gov/media/p4yppqma/009-gc-agenda-012221.pdf>. Accessed on: April 30, 2021

<sup>A-7</sup> This study indicator is required, per the MCM Services Contract, Amendment #5, §4.4.1.5.2, State of New Hampshire Department of Health and Human Services. (2020). *Medicaid Care Management Services Contract, Amendment #5*. Available at: <https://sos.nh.gov/media/p4yppqma/009-gc-agenda-012221.pdf>. Accessed on: April 30, 2021

## HSAG’s PDV Team

The HSAG PDV Team was assembled based on the full complement of skills required for the design and implementation of the provider data structure questionnaire and PDV. Table A-3 lists the key PDV team members, their roles, and relevant skills and expertise.

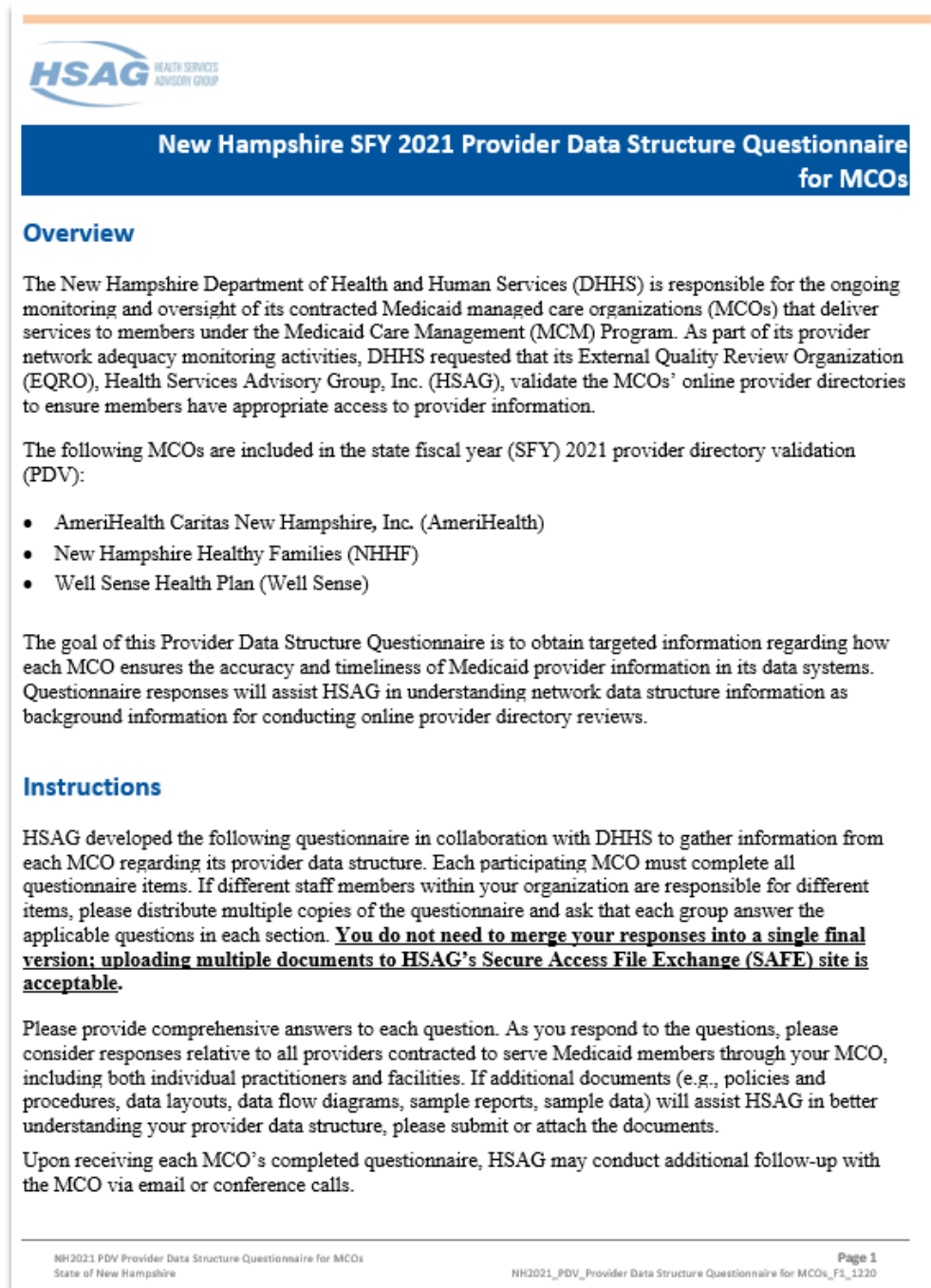
**Table A-3—Key HSAG Staff for the SFY 2021 PDV**


Name/Role	Skills and Expertise
<p>Amy Kearney, BA <i>Director, Data Science and Advanced Analytics</i></p>	<p>Ms. Kearney has over 29 years of healthcare industry experience with expertise in Medicaid programs, including research leadership, analytic expertise, and managing client relations. Recent experience includes oversight of quality improvement medical record reviews, as well as Medicaid EQR activities for network adequacy evaluations, encounter data validations, and EQR focus studies. Ms. Kearney has been employed by HSAG for eight years and has been involved in external quality review (EQR) services in NH since 2015.</p>
<p>Alana Berrett, MPH, BA <i>Associate Director, Data Science and Advanced Analytics</i></p>	<p>Ms. Berrett has over 15 years of healthcare industry experience including public health surveillance, program evaluation, EQR, encounter data validation, network adequacy evaluation, medical record protocols, and healthcare education. Ms. Berrett has been employed by HSAG for nine years and has been involved in EQR services in NH since 2015.</p>
<p>Danielle Arsenault, MBA, BA, CSSGB<sup>1</sup> <i>Senior Analytics Coordinator, Data Science and Advanced Analytics</i></p>	<p>Ms. Arsenault has over nine years of healthcare industry experience supporting medical projects and working with multiple partners, including the Centers for Medicare &amp; Medicaid Services (CMS), state Medicaid agencies, the Agency for Healthcare Research and Quality (AHRQ), and state hospital associations, with a recent focus coordinating and supporting Medicaid EQR analytic activities for network adequacy evaluations, encounter data validations, and EQR focus studies. Ms. Arsenault has been employed by HSAG for five years and has been involved in EQR services in NH since 2019.</p>

1. Certified Six Sigma Green Belt

## Appendix B. Provider Data Structure Questionnaire for MCOs

Appendix B contains a blank copy of the Provider Data Structure Questionnaire that each MCO was requested to complete and return to HSAG during January 2021.



  
**New Hampshire SFY 2021 Provider Data Structure Questionnaire  
for MCOs**

### Overview

The New Hampshire Department of Health and Human Services (DHHS) is responsible for the ongoing monitoring and oversight of its contracted Medicaid managed care organizations (MCOs) that deliver services to members under the Medicaid Care Management (MCM) Program. As part of its provider network adequacy monitoring activities, DHHS requested that its External Quality Review Organization (EQRO), Health Services Advisory Group, Inc. (HSAG), validate the MCOs' online provider directories to ensure members have appropriate access to provider information.

The following MCOs are included in the state fiscal year (SFY) 2021 provider directory validation (PDV):

- AmeriHealth Caritas New Hampshire, Inc. (AmeriHealth)
- New Hampshire Healthy Families (NHHF)
- Well Sense Health Plan (Well Sense)

The goal of this Provider Data Structure Questionnaire is to obtain targeted information regarding how each MCO ensures the accuracy and timeliness of Medicaid provider information in its data systems. Questionnaire responses will assist HSAG in understanding network data structure information as background information for conducting online provider directory reviews.

### Instructions

HSAG developed the following questionnaire in collaboration with DHHS to gather information from each MCO regarding its provider data structure. Each participating MCO must complete all questionnaire items. If different staff members within your organization are responsible for different items, please distribute multiple copies of the questionnaire and ask that each group answer the applicable questions in each section. **You do not need to merge your responses into a single final version; uploading multiple documents to HSAG's Secure Access File Exchange (SAFE) site is acceptable.**

Please provide comprehensive answers to each question. As you respond to the questions, please consider responses relative to all providers contracted to serve Medicaid members through your MCO, including both individual practitioners and facilities. If additional documents (e.g., policies and procedures, data layouts, data flow diagrams, sample reports, sample data) will assist HSAG in better understanding your provider data structure, please submit or attach the documents.

Upon receiving each MCO's completed questionnaire, HSAG may conduct additional follow-up with the MCO via email or conference calls.

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State of New Hampshire Page 1  
NH2021\_PDV\_Provider Data Structure Questionnaire for MCOs\_FS\_1220

### **Submission Guidelines for Questionnaire and Supplemental Documentation**

- Each MCO should upload the completed questionnaire and supporting documentation electronically to HSAG's SAFE site in the /Provider Directory Validation/ folder.
- Please label the files uploaded to the SAFE site with the MCO's abbreviated name (i.e., AmeriHealth, NHHF, or WellSense). Filename for supplemental documentation should reflect the associated questionnaire element.
  - Data Structure Questionnaire: <MCO>\_PDV\_Questionnaire
  - Supplemental Documentation: <MCO>\_PDV\_Supplemental\_<Q#>
- HSAG requests that each MCO upload the completed questionnaire, and any attachments, to SAFE no later than **January 8, 2021**.
  - Upon completion of the upload, please notify Danielle Arsenault via email at [darsenault@hsag.com](mailto:darsenault@hsag.com).
- Please contact Debra Chotkevys at 614-477-1563 or via email at [dchotkevys@hsag.com](mailto:dchotkevys@hsag.com) for assistance with access to the HSAG SAFE site. Please note that HSAG's IT staff members require a minimum of 48 hours to set up SAFE account access.

### **Questions**

- Please direct other questions to Danielle Arsenault via email at [darsenault@hsag.com](mailto:darsenault@hsag.com).

<b>MCO Name</b>	
<b>Contact person for Questionnaire Responses (Name and Title)</b>	
<b>Contact Information (Phone Number and E-mail)</b>	

*Please note that if your staff uses an electronic version of this questionnaire, the response boxes are expandable. Do not worry about pagination. If supplemental files or supporting documents are provided, please note the filename(s) in your response.*

- Describe your MCO’s provider data structure including where the data are stored within your MCO’s data systems, the data software and systems used to store the data, and how the provider data link to the claims system. Please submit a file layout that includes the fields maintained in your provider data.

- Does your MCO delegate any Medicaid healthcare services (i.e., contract all or part of the provision of selected services, such as behavioral health services) to another entity?

Yes       No (Continue to question #3)

If YES, list the provider types/services covered by the delegated provider network(s). For each provider type/service, list the name of the delegated entity and the frequency with which the delegated entity supplies provider data to the MCO. *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*

Provider Type/Service	Delegated Entity Name	Provider Data Frequency
<i>Behavioral health/all behavioral health services</i>	<i>Sound Mind Behavioral HealthCare</i>	<i>The vendor supplies monthly provider network files to the MCO in the 274 data format. The vendor will provide custom provider data files on request.</i>

If YES, briefly describe your MCO’s oversight of the delegated provider network(s), including any policies, procedures, or sample monitoring reports maintained by your MCO.

3. Indicate which of the following provider classifications are included in your MCO’s provider data. For each provider classification, indicate how the data are collected (e.g., self-reported by the provider), how often the data are updated, and **include a data dictionary** with a crosswalk of the fields to their values. Use the “Other” rows to describe other provider classifications maintained in your data systems. *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*

Provider Classification	Reporting Mechanism	Update Frequency	Data Dictionary File Name
<i>Provider Type</i>	<i>Providers self-report provider type information.</i>	<i>Providers are required to update or confirm information annually.</i>	<i>This information is in the submitted file named “Provider info.xlsx” on the provider type sheet.</i>
Provider Type			
Provider Specialty			
Provider Taxonomy			
Degree Attained (e.g., MD, RN, etc.)			
Licenses and Certifications for Individuals and/or Facilities			
Other: _____			

4. Please specify if your MCO’s provider data system includes fields for the following provider indicators. For each indicator included in the provider data, please describe the method for classifying providers. *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*

Provider Indicators	In Data System?	If Yes, Methods for Classifying Providers
<i>PCPs</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>All providers with a Provider Specialty of Family Practice, Internal Medicine, Geriatrics, or Pediatrics.</i>
PCPs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prenatal Care Providers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavioral Health Providers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home and Community Based Services (HCBS) Providers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Active/Inactive Providers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Providers Accepting New Patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	



5. Does your MCO's provider data include a field showing panel capacity (e.g., the number of members that the provider is able to serve)?

Yes       No

If YES, list the provider types/services for which your MCO maintains panel capacity information. For each provider type/service, describe how the panel capacity is determined. *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*

Provider Type/Service	Panel Capacity Information
PCP	<i>Each PCP notes the number of members that they will accept. Values currently range from 1 member to 100 members and include both existing and new patients.</i>

6. Describe how providers contracted under single case agreements or letters of agreement are identified in your data.

7. Describe how providers who serve a specific line of business, members with specific clinical conditions (e.g., HIV/AIDS) are identified in your provider data.

8. Describe your MCO's provider data verification and cleaning efforts, including credential verification, address standardization and/or telephone number verification.

9. Briefly describe how provider information for your MCO is shared with Medicaid members. Include a link to the online provider directory, and explain which services and/or providers, if any, are not shown in the online provider directory. For services without providers shown in the online provider directory, explain how members are able to identify these providers and access these services.

## Appendix C. Detailed Provider Directory Review Findings

HSAG reviewed the provider directory websites for each MCO to ensure compliance with federal requirements and health plan contract requirements. This section presents the detailed PDV findings for each MCO.

### ACNH

HSAG reviewed the **ACNH** provider directory website and found the following information:

- The website could be accessed using either Microsoft Internet Explorer or Google Chrome.
- **ACNH** had the following disclaimer on its provider search page: “We make reasonable effort to make sure the information displayed here is accurate, but use of this tool is for reference purposes only. From time to time doctors move in and out of networks, affecting the accuracy of the directory at any given moment, and we do not update the search tool in real time. In addition, there are hospitals and doctors who are not included in every plan. Please make sure that you search the proper network for the most accurate results.”
- HSAG’s reviewers could not locate an option for individuals to request a paper copy of the provider directory for each provider category.
- The provider directory website did not display an email address or a toll-free number for users to report errors in the directory information.
- HSAG reviewed the website on March 18, 2021, and information on the website noted that the most recent update to the website was made on March 18, 2021.
- Provider search options included the following:
  - Provider First/Middle/Last Name, Street Address, City, State, Zip Code, Specialty, Acceptance of New Patients, After Hours Appointments, Languages Spoken, Gender, Board Certification, Patient Age Accepted, Group Affiliation, Affiliated Hospitals, and Disability Access

HSAG’s reviewers evaluated 277 randomly sampled directory review cases by comparing provider data submitted to HSAG by **ACNH** against **ACNH**’s online provider directory. The sample included 157 PCPs, 115 BH Providers, and five DME Suppliers (Table C-1). Among this sample, the provider’s name and location listed in the submitted provider data were found in the online provider directory for 96.4 percent (267 providers) of the reviews. The sampled provider was not found in the online provider directory in 2.2 percent of the reviewed cases. The sampled provider locations were not found in the directory in 1.4 percent of the reviewed cases.

**Table C-1—Summary of Providers Present in Directory by Provider Category – ACNH**

Provider Category	Number of Sampled Provider Locations (Cases)	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count of Cases	% of Cases	Count of Cases	% of Cases	Count of Cases	% of Cases
PCPs	157	152	96.8	4	2.5	1	0.6
BH Providers	115	111	96.5	2	1.7	2	1.7
DME Suppliers	5	4	80.0	0	0.0	1	20.0
<b>Total</b>	<b>277</b>	<b>267</b>	<b>96.4</b>	<b>6</b>	<b>2.2</b>	<b>4</b>	<b>1.4</b>

Table C-2 displays the total number of cases and the percent of cases with matched data values, overall and by provider category, for indicators that were reviewed for matching between data values shown in ACNH’s provider data submission to HSAG and ACNH’s online provider directory.

**Table C-2—Percentages of Provider Demographic Indicators Matching ACNH’s Online Provider Directory**

Indicator	PCPs		BH Providers		DME Suppliers		All Provider Categories	
	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*
Provider's Name	152	100.0	111	100.0	4	100.0	<b>267</b>	<b>100.0</b>
Provider Street Address	152	100.0	111	100.0	4	100.0	<b>267</b>	<b>100.0</b>
Provider Address: Suite Number	152	100.0	111	100.0	4	100.0	<b>267</b>	<b>100.0</b>
Provider City	152	100.0	111	100.0	4	100.0	<b>267</b>	<b>100.0</b>
Provider State	152	100.0	111	100.0	4	100.0	<b>267</b>	<b>100.0</b>
Provider Zip Code	152	100.0	111	100.0	4	100.0	<b>267</b>	<b>100.0</b>
Provider Telephone Number	152	99.3	111	99.1	4	100.0	<b>267</b>	<b>99.3</b>
Provider Type/Specialty	152	99.3	111	99.1	4	0.0	<b>267</b>	<b>97.8</b>
Provider Gender	152	100.0	111	99.1	NA	NA	<b>263</b>	<b>99.6</b>

Indicator	PCPs		BH Providers		DME Suppliers		All Provider Categories	
	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*
Provider Accepting New Patients	152	94.7	111	97.3	4	100.0	<b>267</b>	<b>95.9</b>
Provider Accommodates Physical Disabilities	152	83.6	111	96.4	4	100.0	<b>267</b>	<b>89.1</b>
Provider Completed Cultural Competency Training	152	98.7	111	99.1	4	100.0	<b>267</b>	<b>98.9</b>
Non-English Language Speaking Provider (including American Sign Language)	152	11.8	111	4.5	4	0.0	<b>267</b>	<b>8.6</b>
Provider Primary Language	152	100.0	111	100.0	4	100.0	<b>267</b>	<b>100.0</b>

\* The denominator for each indicator includes the number of cases in which the provider location was found in the directory and relevant to the provider category (i.e., as shown in Table C-1); the numerator is shown in Table C-2 above as the count of cases matching between the MCO’s provider data file and the MCO’s online directory information (i.e., the Count of Cases Matching Between Data Sources).

Table C-3 displays information on the indicators that were reviewed as being present or not present in **ACNH**’s online provider directory, including the percent of cases in which the information was present, not present, and information pending for the indicators found in the directory for **ACNH**.

**Table C-3—Percent of Cases with Indicators Present in ACNH’s Online Provider Directory**

Indicator	Total Cases	Percent of Cases with Directory Data Present	Percent of Cases with Directory Data Not Present
<b>All Provider Categories</b>			
Provider Board Certification, if applicable for PCPs and BH practitioners	263	33.1%	66.9%
Provider Office Hours	267	99.6%	0.4%

Indicator	Total Cases	Percent of Cases with Directory Data Present	Percent of Cases with Directory Data Not Present
Provider URL	267	0.0%	100.0%
<b>PCPs</b>			
Provider Board Certification	152	53.9%	46.1%
Provider Office Hours	152	100.0%	0.0%
Provider URL	152	0.0%	100.0%
<b>BH Providers</b>			
Provider Board Certification	111	4.5%	95.5%
Provider Office Hours	111	99.1%	0.9%
Provider URL	111	0.0%	100.0%
<b>DME Suppliers*</b>			
Provider Office Hours	4	100.0%	0.0%
Provider URL	4	0.0%	100.0%

\*Provider Board Certification is not listed for DME Suppliers because the indicator is not applicable to the provider category.

Key factors for the extremely low match rates for the *Non-English Language Speaking Provider* indicator was due to the data supplied by **ACNH** listing this information as “missing per MCO,” when this information was displayed in the directory for providers reported to speak a non-English language.

**ACNH**’s “Not Present” result for 100.0 percent of cases for the *Provider URL* indicator is attributed to the fact that the directory shows “http://No Response” in every surveyed provider profile. Overall, **ACNH**’s provider directory appeared to have static information across all provider profiles surveyed. Those fields included the following findings:

- The office hours listed for providers show 8:00 AM to 5:00 PM
- The website URL shows “http://No Response” for all providers
- The Cultural Competency field listed “No Response”

**ACNH** supplied static information that does not accurately reflect providers’ office hours or website information, leaving members to seek such information from other sources. This ultimately results in more work for the members to verify provider office information and website information. While HSAG understands that real-time information may not be available, this type of consistent response across the sampled provider directory profiles can be misleading for members who rely on the directory information. This scenario imposes an unfair burden on the member, resulting in a two-step process by

which the member has to both look up the provider on the directory, then call and verify the missing information with the provider's office.

## NHHF

HSAG reviewed the **NHHF** provider directory website and found the following information:

- The website could not be accessed using Microsoft Internet Explorer. The website was accessible using Google Chrome.
- HSAG’s reviewers could not locate an option on the provider directory website for individuals to request a paper copy of the provider directory for each provider category.
- The provider directory website did not display an email address or a toll-free number for users to report errors in the information presented in the provider directory.
- HSAG reviewed the website on March 18, 2021, and information on the website noted that the most recent update to the website was made on March 18, 2021.
- Provider search options included the following:
  - Provider First/Middle/Last Name, Street Address, City, State, Zip Code, Specialty, Acceptance of New Patients, After Hours Appointments, Languages Spoken, Gender, Group Affiliation, Affiliated Hospitals, Disability Access, Telehealth, Vaccines Offered, NPI, Modalities, and Disorders Treated

HSAG’s reviewers evaluated 286 randomly sampled directory review cases by comparing provider data submitted to HSAG by **NHHF** against **NHHF**’s online provider directory. The sample included 147 PCPs, 129 BH Providers, and 10 DME Suppliers (Table C-4). Among this sample, the provider’s name and location listed in the submitted provider data were found in the online provider directory for 82.9 percent (237 providers) of the reviews. The sampled provider was not found in the online provider directory in 13.3 percent of the reviewed cases. The sampled provider locations were not found in the directory in 3.8 percent of the reviewed cases.

**Table C-4—Summary of Providers Present in Directory by Provider Category – NHHF**

Provider Category	Number of Sampled Provider Locations (Cases)	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count of Cases	% of Cases	Count of Cases	% of Cases	Count of Cases	% of Cases
PCPs	147	119	81.0	23	15.6	5	3.4
BH Providers	129	109	84.5	14	10.9	6	4.7
DME Suppliers	10	9	90.0	1	10.0	0	0.0
<b>Total</b>	<b>286</b>	<b>237</b>	<b>82.9</b>	<b>38</b>	<b>13.3</b>	<b>11</b>	<b>3.8</b>



Table C-5 displays the total number of cases and the percent of cases with matched data values, overall and by provider category, for indicators that were reviewed for matching between data values shown in NHHF’s provider data submission to HSAG and NHHF’s online provider directory.

**Table C-5—Percentages of Provider Demographic Indicators Matching NHHF’s Online Provider Directory**

Indicator	PCPs		BH Providers		DME Suppliers		All Provider Categories	
	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*
Provider's Name	119	95.0	109	89.0	9	88.9	<b>237</b>	<b>92.0</b>
Provider Street Address	119	100.0	109	100.0	9	100.0	<b>237</b>	<b>100.0</b>
Provider Address: Suite Number	119	100.0	109	99.1	9	100.0	<b>237</b>	<b>99.6</b>
Provider City	119	100.0	109	100.0	9	100.0	<b>237</b>	<b>100.0</b>
Provider State	119	100.0	109	100.0	9	100.0	<b>237</b>	<b>100.0</b>
Provider Zip Code	119	100.0	109	100.0	9	100.0	<b>237</b>	<b>100.0</b>
Provider Telephone Number	119	78.2	109	86.2	9	77.8	<b>237</b>	<b>81.9</b>
Provider Type/Specialty	119	96.6	109	80.7	9	100.0	<b>237</b>	<b>89.5</b>
Provider Gender	119	100.0	109	91.7	NA	NA	<b>228</b>	<b>96.1</b>
Provider Accepting New Patients	119	92.4	109	95.4	9	0.0	<b>237</b>	<b>90.3</b>
Provider Accommodates Physical Disabilities	119	28.6	109	24.8	9	11.1	<b>237</b>	<b>26.2</b>
Provider Completed Cultural Competency Training	119	81.5	109	55.0	9	100.0	<b>237</b>	<b>70.0</b>
Non-English Language Speaking Provider (including American Sign Language)	119	79.0	109	74.3	9	0.0	<b>237</b>	<b>73.8</b>

Indicator	PCPs		BH Providers		DME Suppliers		All Provider Categories	
	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*
Provider Primary Language	119	99.2	109	100.0	9	33.3	<b>237</b>	<b>97.0</b>

\* The denominator for each indicator includes the number of cases in which the provider location was found in the directory and relevant to the provider category (i.e., as shown in Table C-4); the numerator is shown in Table C-5 above as the count of cases matching between the MCO’s provider data file and the MCO’s online directory information (i.e., the Count of Cases Matching Between Data Sources).

Table C-6 displays information on the indicators that were reviewed as being present or not present in **NHMF**’s online provider directory, including the percent of cases in which the information was present, not present, and information pending for the indicators found in the directory for **NHMF**.

**Table C-6—Percent of Cases with Indicators Present in NHMF’s Online Provider Directory**

Indicator	Total Cases	Percent of Cases with Directory Data Present	Percent of Cases with Directory Data Not Present
<b>All Provider Categories</b>			
Provider Board Certification, if applicable for PCPs and BH practitioners	228	93.9%	6.1%
Provider Office Hours	237	97.0%	3.0%
Provider URL	237	0.0%	100.0%
<b>PCPs</b>			
Provider Board Certification	119	99.2%	0.8%
Provider Office Hours	119	100.0%	0.0%
Provider URL	119	0.0%	100.0%
<b>BH Providers</b>			
Provider Board Certification	109	88.1%	11.9%
Provider Office Hours	109	93.6%	6.4%
Provider URL	109	0.0%	100.0%

Indicator	Total Cases	Percent of Cases with Directory Data Present	Percent of Cases with Directory Data Not Present
<b>DME Suppliers*</b>			
Provider Office Hours	9	100.0%	0.0%
Provider URL	9	0.0%	100.0%

\*Provider Board Certification is not listed for DME Suppliers because the indicator is not applicable to the provider category.

During the SFY 2021 PDV directory reviews, **NHFF** changed its directory on February 26, 2021, leading to a more cumbersome review process for HSAG’s reviewers. Formerly, a member could click on one profile to find out all of the information needed for the provider. Under the new directory, members must click on several links to find out more information. Information for the following data fields was no longer available on the provider profile without clicking additional links: office hours, more contact information, therapy modalities (e.g., play therapy or family therapy), board certification details, accessibility information, and disorders treated. Additionally, when **NHFF** updated the style of their profile, the *Accepting New Patients*, *In Network*, *Primary Care Provider*, and *Office Hours* indicator fields had a red “x” mark or a green “check” mark next to these fields for the member to identify if the provider is accepting new patients or not accepting new patients, etc. This type of graphic may be confusing for users, as it does not state in the text if the provider is not accepting new patients. The member has to rely on a color-coded icon for the information.

Of note, prior to the directory update, when HSAG’s reviewers searched for the provider specialty for BH providers, reviewers were unable to search for the exact specialty of disorders treated. After the directory update, however, individuals were able to search for providers by that level of detail. HSAG counted these as exact matches, but the specialties listed in the data from **NHFF** were not shown in the disorder list within the provider’s profile.

HSAG’s reviewers found a high percentage of matching data between **NHFF**’s provider data file and the sampled cases found in the online directory records for the *Provider Primary Language* indicator. However, these cases were determined to have matching information because the **NHFF** directory showed “none” for an additional provider language; however, **NHFF**’s provider data file indicated that these records were missing data on additional provider languages. Additionally, when the **NHFF** provider data contained a “No” value for the additional provider language field, these sampled cases also appeared in the directory with “None” listed for an additional provider language. This could confuse members, as selected provider profiles list a data value of “English” as the additional practitioner language, but other provider profiles have a value of “None”. This approach to the data values assumes that all providers speak English if “None” is listed for additional practitioner language. An explanation for this information may be needed to confirm the extent to which all providers speak English to ensure



that members are able to accurately identify providers who speak a language that facilitates culturally competent health care.

## WS

HSAG reviewed the **WS** provider directory website and found the following information:

- The website could be accessed using either Microsoft Internet Explorer or Google Chrome.
- The PCP and BH Provider searches were available via an interactive website. The DME supplier list was a link to a PDF located on the **WS** website.
  - The DME list included abbreviations throughout the table without a legend to define the abbreviated terms.
- HSAG’s reviewers could not locate an option in the provider directory website for individuals to request a paper copy of the provider directory for each provider category.
- The provider directory website did not display an email address or a toll-free number for users to report errors in the information presented in the provider directory.
- **WS**’s directory for PCP and BH Providers does provide a link for a complete list of providers who have been sanctioned or excluded from the New Hampshire State Medicaid program.
- HSAG reviewed the website on March 18, 2021, and the website did not note the date on which it was most recently updated.
- Provider search options (PCP and BH Providers) included the following:
  - Provider First/Middle/Last Name, Street Address, City, State, Zip Code, Specialty, Acceptance of New Patients, Languages Spoken, Gender, Group Affiliation, Affiliated Hospitals, Disability Access, and Public Transportation

HSAG’s reviewers evaluated 298 randomly sampled directory review cases by comparing provider data submitted to HSAG by **WS** against **WS**’s online provider directory. The sample included 122 PCPs, 170 BH Providers, and six DME Suppliers (Table C-7). Among this sample, the provider’s name and location listed in the submitted provider data were found in the online provider directory for 62.8 percent (187 providers) of the reviews. The sampled provider was not found in the online provider directory in 27.5 percent of the reviewed cases. The sampled provider locations were not found in the directory in 9.7 percent of the reviewed cases.

**Table C-7—Summary of Providers Present in Directory by Provider Category – WS**

Provider Category	Number of Sampled Provider Locations (Cases)	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count of Cases	% of Cases	Count of Cases	% of Cases	Count of Cases	% of Cases
PCPs	122	113	92.6	9	7.4	0	0.0
BH Providers	170	70	41.2	73	42.9	27	15.9

Provider Category	Number of Sampled Provider Locations (Cases)	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count of Cases	% of Cases	Count of Cases	% of Cases	Count of Cases	% of Cases
DME Suppliers	6	4	66.7	0	0.0	2	33.3
<b>Total</b>	<b>298</b>	<b>187</b>	<b>62.8</b>	<b>82</b>	<b>27.5</b>	<b>29</b>	<b>9.7</b>

Table C-8 displays the total number of cases and the percent of cases with matched data values, overall and by provider category, for indicators that were reviewed for matching between data values shown in **WS**'s provider data submission to HSAG and **WS**'s online provider directory.

**Table C-8—Percentages of Provider Demographic Indicators Matching **WS**'s Online Provider Directory**

Indicator	PCPs		BH Providers		DME Suppliers		All Provider Categories	
	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*
Provider's Name	113	99.1	70	71.4	4	75.0	<b>187</b>	<b>88.2</b>
Provider Street Address	113	97.3	70	94.3	4	100.0	<b>187</b>	<b>96.3</b>
Provider Address: Suite Number	113	98.2	70	91.4	4	75.0	<b>187</b>	<b>95.2</b>
Provider City	113	100.0	70	98.6	4	100.0	<b>187</b>	<b>99.5</b>
Provider State	113	100.0	70	100.0	4	100.0	<b>187</b>	<b>100.0</b>
Provider Zip Code	113	99.1	70	98.6	4	100.0	<b>187</b>	<b>98.9</b>
Provider Telephone Number	113	99.1	70	94.3	4	75.0	<b>187</b>	<b>96.8</b>
Provider Type/Specialty	113	95.6	70	17.1	4	75.0	<b>187</b>	<b>65.8</b>
Provider Gender	113	96.5	70	98.6	NA	NA	<b>183</b>	<b>97.3</b>
Provider Accepting New Patients	113	96.5	70	95.7	4	0.0	<b>187</b>	<b>94.1</b>
Provider Accommodates Physical Disabilities	113	100.0	70	68.6	4	100.0	<b>187</b>	<b>88.2</b>

Indicator	PCPs		BH Providers		DME Suppliers		All Provider Categories	
	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*	Count of Cases Matching Between Data Sources	% of Cases Matching Between Data Sources*
Provider Completed Cultural Competency Training	113	2.7	70	45.7	4	100.0	<b>187</b>	<b>20.9</b>
Non-English Language Speaking Provider (including American Sign Language)	113	100.0	70	4.3	4	0.0	<b>187</b>	<b>62.0</b>
Provider Primary Language	113	100.0	70	4.3	4	0.0	<b>187</b>	<b>62.0</b>

\* The denominator for each indicator includes the number of cases in which the provider location was found in the directory and relevant to the provider category (i.e., as shown in Table C-7); the numerator is shown in Table C-8 above as the count of cases matching between the MCO’s provider data file and the MCO’s online directory information (i.e., the Count of Cases Matching Between Data Sources).

Table C-9 displays information on the indicators that were reviewed as being present or not present in **WS**’s online provider directory, including the percent of cases in which the information was present, not present, and information pending for the indicators found in the directory for **WS**.

**Table C-9—Percent of Cases with Indicators Present in WS’s Online Provider Directory**

Indicator	Total Cases	Percent of Cases with Directory Data Present	Percent of Cases with Directory Data Not Present
<b>All Provider Categories</b>			
Provider Board Certification, if applicable for PCPs and BH practitioners	183	71.0%	29.0%
Provider Office Hours	187	88.8%	11.2%
Provider URL	187	3.2%	96.8%
<b>PCPs</b>			
Provider Board Certification	113	99.1%	0.9%



Indicator	Total Cases	Percent of Cases with Directory Data Present	Percent of Cases with Directory Data Not Present
Provider Office Hours	113	100.0%	0.0%
Provider URL	113	0.0%	100.0%
<b>BH Providers</b>			
Provider Board Certification	70	25.7%	74.3%
Provider Office Hours	70	75.7%	24.3%
Provider URL	70	8.6%	91.4%
<b>DME Suppliers*</b>			
Provider Office Hours	4	0.0%	100.0%
Provider URL	4	0.0%	100.0%

\*Provider Board Certification is not listed for DME Suppliers because the indicator is not applicable to the provider category.

During the review of **WS** BH providers, when searching for a provider, the website requires a “reCAPTCHA” security field to be answered. This program is a system that website hosts use to distinguish between a computer bot and a human user. This can burden members who may have limited internet service availability or difficulty understanding the system.

For **WS** BH providers, there are instances where individual directory information cannot be confirmed from the search page. For example, when searching for a provider name that is part of a clinic or hospital affiliation, the search results only show the facility name in the results. The member must then click on each profile from the search results to locate where the provider is in the profiles.

Overall, **WS** had low match rates for the *Provider Completed Cultural Competency Training* indicator among PCP and BH providers. This is attributed to the fact that during the directory reviews, the provider profile showed an “N/A” in the provider directory; however, the data value submitted by **WS** was “No,” indicating that the provider had not completed cultural competency training. HSAG’s reviewers identified the same scenario for the *Non-English Language Speaking Provider* indicator.

Additionally, **WS** had a low match rate for the *Provider Type/Specialty* indicator among BH providers. The provider specialty in the data supplied by **WS** only showed one of the services offered for each provider. For example, the data showed “PTSD” as the provider type/specialty, while the directory showed “Psychologist” with PTSD listed as one of the provider’s types of services offered. However, the directory allows the user to search by the types of service offered, a useful option for BH Providers who may offer range of psychological services (e.g., offering treatment for mood disorders or substance use disorder).

## Appendix D. MCO Recommendations Requiring Follow Up

The following MCO-specific sections show how each of HSAG’s recommendations should be addressed by the MCOs.

### ACNH

Table D-1 lists opportunities for improvement to include in the quality assessment and performance improvement report for **ACNH**.

**Table D-1—EQRO Findings and Recommendations for Improvement from the SFY 2021 PDV Report to Include in the QAPI Report for ACNH**

ACNH EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
SFY 2021 PDV Report		
1	ACNH-2021-QAPI-PDV-01	<p><b>ACNH</b> supplied HSAG with the provider data used for the directory reviews. Therefore, <b>ACNH</b> should review the case-level PDV results file supplied by DHHS and address deficiencies between <b>ACNH</b>’s provider data and online directory profiles.</p>
2	ACNH-2021-QAPI-PDV-02	<p>In addition to updating provider data and directory information, <b>ACNH</b> should conduct a root cause analysis to identify the nature of the data mismatches for the following PDV study indicators that scored below 90 percent:</p> <ul style="list-style-type: none"> <li>Providers Found in Directory for DME Suppliers</li> <li>Provider Accommodates Physical Disabilities</li> <li>Non-English Language Speaking Provider (including American Sign Language)</li> <li>Provider Board Certification, if applicable for PCPs and BH Providers</li> <li>Provider URL</li> </ul>

Table D-2 confirms that there are no findings or opportunities for improvement to be included in the EQR Technical Report.

**Table D-2—EQRO Findings and Recommendations for Improvement from the SFY 2021 PDV Report to Include in the EQR Technical Report for ACNH**

ACNH EQRO Findings/Recommendations for Improvement to be Included in the EQR Technical Report
SFY 2021 PDV Report
There are no findings/recommendations from the PDV Report that need to be included in the EQR Technical Report.

## NHHF

Table D-3 lists opportunities for improvement to include in the quality assessment and performance improvement report for **NHHF**.

**Table D-3—EQRO Findings and Recommendations for Improvement from the PDV Report to Include in the QAPI Report for NHHF**

NHHF EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
SFY 2021 PDV Report		
1	NHHF-2021-QAPI-PDV-01	<b>NHHF</b> supplied HSAG with the provider data used for the directory reviews. Therefore, <b>NHHF</b> should review the case-level PDV results file supplied by DHHS and address deficiencies regarding mismatched information between <b>NHHF</b> 's provider data and online directory profiles.
2	NHHF-2021-QAPI-PDV-02	In addition to updating provider data and directory information, <b>NHHF</b> should conduct a root cause analysis to identify the nature of the data mismatches for the following PDV study indicators that scored below 90 percent: <ul style="list-style-type: none"> <li>• Providers Found in Directory for PCPs and BH Providers</li> <li>• Provider Telephone Number</li> <li>• Provider Type/Specialty</li> <li>• Provider Accommodates Physical Disabilities</li> <li>• Provider Completed Cultural Competency Training</li> <li>• Non-English Language Speaking Provider (including American Sign Language)</li> <li>• Provider URL</li> </ul>

Table D-4 confirms that there are no findings or opportunities for improvement to be included in the EQR Technical Report.

**Table D-4—EQRO Findings and Recommendations for Improvement from the SFY 2021 PDV Report to Include in the EQR Technical Report for NHHF**

NHHF EQRO Findings/Recommendations for Improvement to be Included in the EQR Technical Report	
SFY 2021 PDV Report	
There are no findings/recommendations from the PDV Report that need to be included in the EQR Technical Report.	

**WS**

Table D-5 lists opportunities for improvement to include in the quality assessment and performance improvement report for **WS**.

**Table D-5—EQRO Findings and Recommendations for Improvement from the PDV Report to Include in the QAPI Report for WS**

WS EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
SFY 2021 PDV Report		
1	WS-2021-QAPI-PDV-01	<b>WS</b> supplied HSAG with the provider data used for the directory reviews. Therefore, <b>WS</b> should review the case-level PDV results file supplied by DHHS and address deficiencies regarding mismatched information between <b>WS</b> 's provider data and online directory profiles.
2	WS-2021-QAPI-PDV-02	In addition to updating provider data and directory information, <b>WS</b> should conduct a root cause analysis to identify the nature of the data mismatches for the following PDV study indicators that scored below 90 percent: <ul style="list-style-type: none"> <li>• Providers Found in Directory for BH Providers and DME Suppliers</li> <li>• Provider's Name</li> <li>• Provider Type/Specialty</li> <li>• Provider Accommodates Physical Disabilities</li> <li>• Provider Completed Cultural Competency Training</li> <li>• Non-English Language Speaking Provider (including American Sign Language)</li> <li>• Provider Primary Language</li> <li>• Provider Board Certification, if applicable for PCPs and BH Providers</li> <li>• Provider Office Hours</li> <li>• Provider URL</li> </ul>

Table D-6 confirms that there are no findings or opportunities for improvement to be included in the EQR Technical Report.

**Table D-6—EQRO Findings and Recommendations for Improvement from the SFY 2021 PDV Report to Include in the EQR Technical Report for WS**

WS EQRO Findings/Recommendations for Improvement to be Included in the EQR Technical Report	
SFY 2021 PDV Report	
There are no findings/recommendations from the PDV Report that need to be included in the EQR Technical Report.	