State of New Hampshire Department of Health and Human Services

State Fiscal Year 2024 MCO Revealed Survey Report

July 2024

HSAG HEALTH SERVICES ADVISORY GROUP

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Acknowledgements and Conflict of Interest Statement

The preparation of this report was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

Health Services Advisory Group, Inc., confirms that no one conducting the state fiscal year (SFY) 2024 managed care organization (MCO) revealed survey has a conflict of interest with the following MCOs: **AmeriHealth Caritas New Hampshire, Inc.** (**ACNH**), **New Hampshire Healthy Families** (**NHHF**), and **WellSense Health Plan** (**WS**).

1. Executive Summary

Introduction

As part of its provider network adequacy monitoring activities, the New Hampshire Department of Health and Human Services (DHHS) requested that its external quality review organization (EQRO), Health Services Advisory Group, Inc. (HSAG), conduct a revealed provider survey among behavioral health (BH) (mental health [MH] and substance use disorder [SUD]) providers contracted with one or more of New Hampshire's Medicaid managed care organizations (MCOs) to ensure that members have appropriate access to provider information.

The goal of the survey was to evaluate New Hampshire's Medicaid managed care network of BH locations for Community Mental Health Center (CMHC) providers, non-CMHC providers, and methadone clinics. Specific survey objectives included the following:

- Determine whether the contact information (i.e., phone number, address) was accurate for the contracted BH providers reported by the MCOs.
- Determine whether the BH locations accepted patients enrolled with a Medicaid MCO.
- Determine whether the BH locations accepted new patients.
- Determine appointment availability with the sampled BH locations for non-urgent/routine services.

To address the study objectives described above, HSAG used a DHHS-approved methodology (Appendix A) to conduct the SFY 2024 MCO revealed survey among the following MCOs:

- **AmeriHealth Caritas New Hampshire, Inc.** (**ACNH**)
- **New Hampshire Healthy Families** (**NHHF**)
- **WellSense Health Plan** (**WS**)

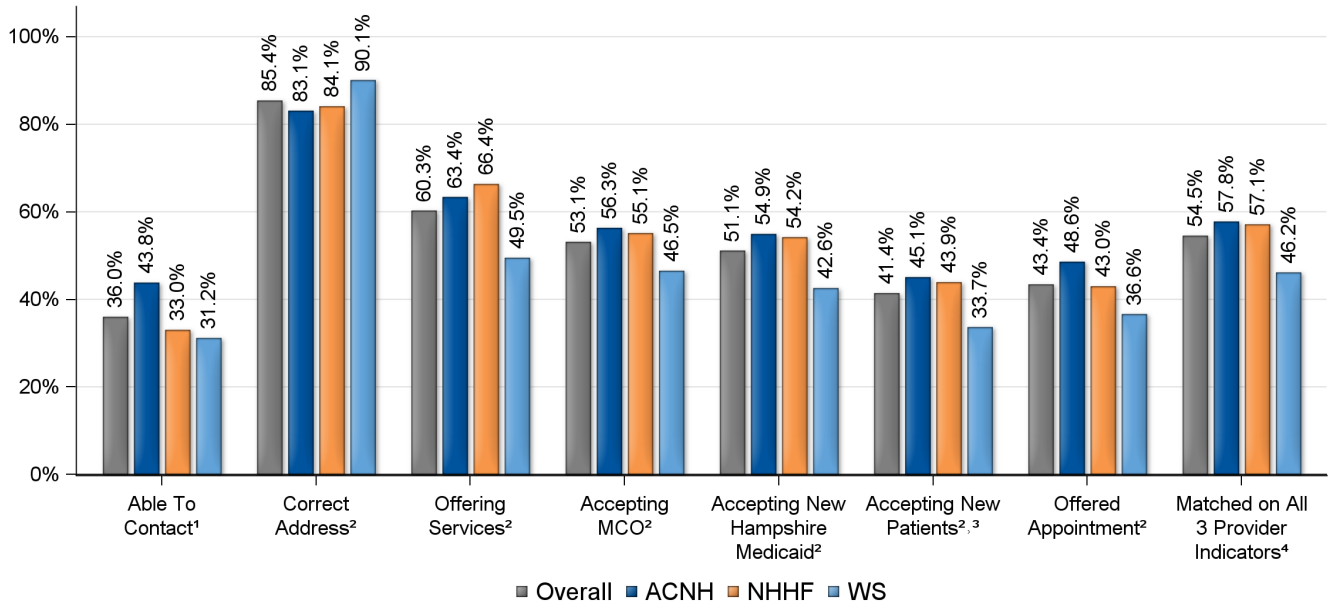
Summary Results

This section provides a summary of the MCOs' survey findings from the revealed survey calls to assess data accuracy and appointment availability. Detailed telephone survey review findings for each MCO and BH category are presented in appendices C, D, and E.

Non-CMHC Providers

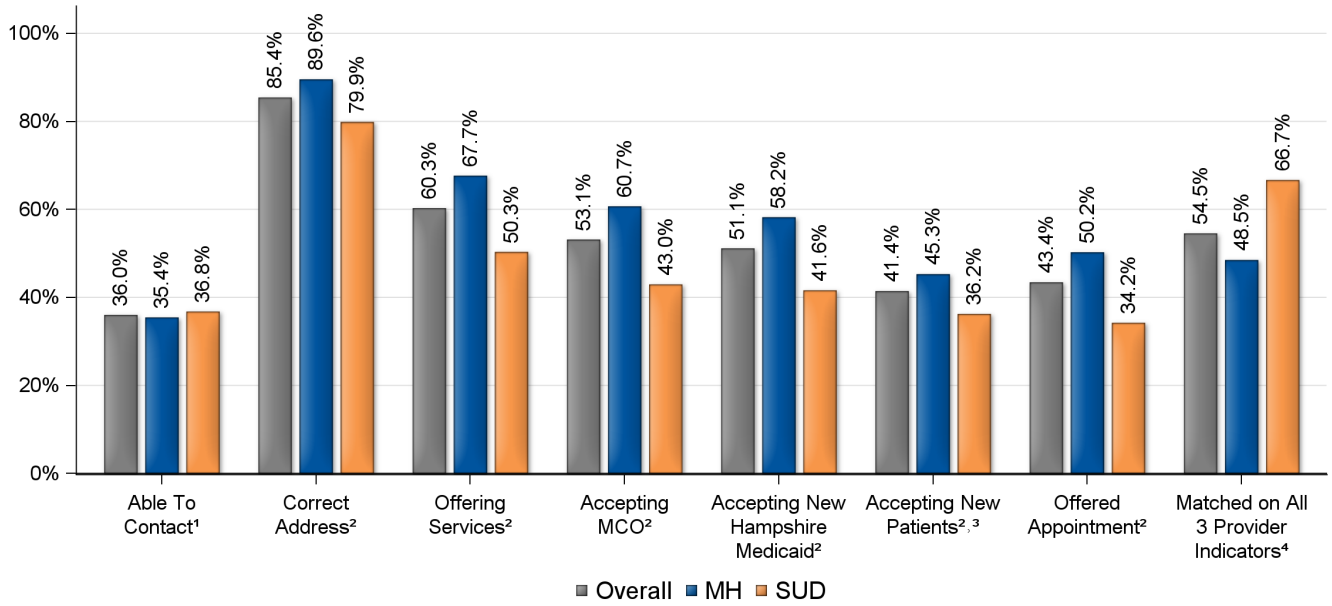
Figure 1-1 and Figure 1-2 present the summary results by MCO and BH category, respectively. The provider-specific indicators assessed included providers practicing at the location, provider type/specialty, and acceptance of new patients. HSAG only assessed provider type/specialty and acceptance of new patients for those providers at the location.

Figure 1-1—Summary Results by MCO



¹ The denominator includes all sampled providers.
² The denominator includes cases reached.
³ Sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance data.
⁴ The denominator includes all cases reached indicating the sampled provider practices at the location.

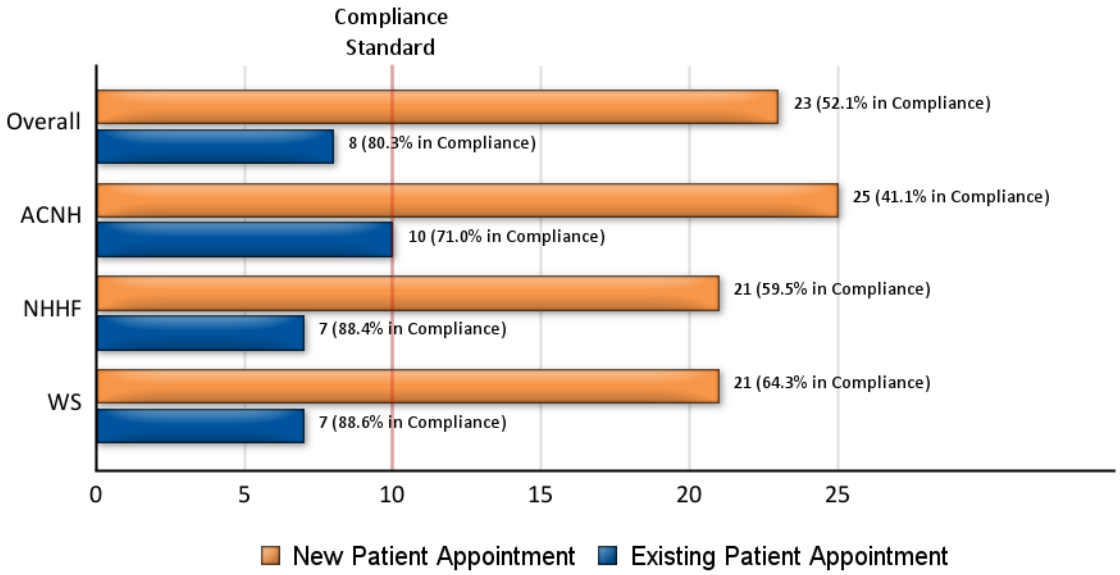
Figure 1-2—Summary Results by BH Category



¹ The denominator includes all sampled providers.
² The denominator includes cases reached.
³ Sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance data.
⁴ The denominator includes all cases reached indicating the sampled provider practices at the location.

Figure 1-3 presents the average wait times for new and existing patient appointments with non-CMHC providers and the percentage of cases in compliance with the wait time standard of 10 business days.

Figure 1-3—Summary Wait Times for Non-Urgent/Routine Services (Business Days)

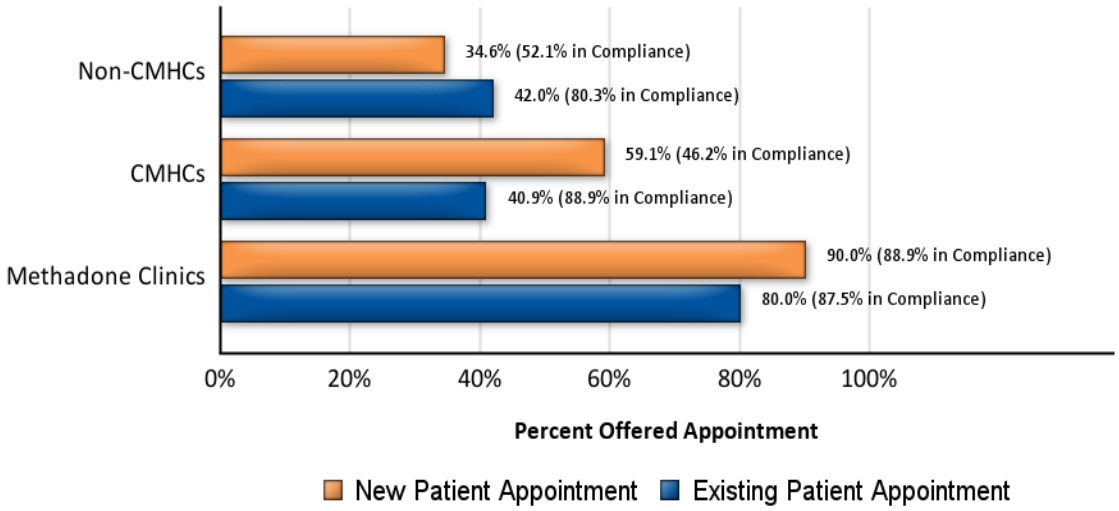


Note: The percentage in compliance is out of the non-CMHC cases offered an appointment.

CMHC Providers and Methadone Clinics

Figure 1-4 presents the percentage of cases offering an appointment and the percentage of cases in compliance with the 10-business-day wait time standard for all sampled non-CMHC providers, CMHC providers, and methadone clinics.

Figure 1-4—Appointment Availability Comparison for Non-Urgent/Routine Services for Non-CMHCs, CMHCs, and Methadone Clinics



High-Level Findings

- Of the 972 non-CMHC locations sampled, only 36.0 percent could be reached. Response rates varied by BH category and MCO. Overall, 11.8 percent of the sampled cases reached an incorrect phone number (i.e., disconnected, fax number, personal phone number, or non-medical facility), indicating incorrect contact information provided by the MCOs.
- Of the locations contacted, 85.4 percent had the correct address, and 60.3 percent offered the services indicated in the MCOs' files. Accuracy of the location's specialty varied by MCO, with 66.4 percent of locations confirming accuracy of the specialty noted in **NHHF**'s data, 63.4 percent of locations confirming accuracy of the specialty noted in **ACNH**'s data, and 49.5 percent of locations confirming accuracy of the specialty noted in **WS**' data.
- Overall, 53.1 percent of the respondent locations confirmed acceptance of the MCO. **ACNH** had the highest MCO acceptance rate at 56.3 percent, and **WS** had the lowest MCO acceptance rate at 46.5 percent. Most respondents that accepted the MCO also accepted New Hampshire Medicaid.
- New patient acceptance varied among MCOs with 45.1 percent of the contacted locations accepting **ACNH**, 43.9 percent accepting **NHHF**, and 33.7 percent accepting **WS**.

- Performance across the BH categories varied, with SUD provider cases exhibiting the lowest rates across all location-specific indicators. However, 66.7 percent of SUD locations matched on all three provider indicators, while 48.5 percent of MH locations matched on all provider indicators.
- Overall, 44.7 percent of sampled providers were not affiliated with the sampled non-CMHC location. Provider non-affiliation varied by MCO, with 51.7 percent of **NHHF** providers, 42.3 percent of **ACNH** providers, and 39.5 percent of **WS** providers not affiliated with the sampled location.
- DHHS requires that a Medicaid patient is able to make an MH or SUD appointment within 10 business days for non-urgent/routine services.
  - The average wait time for a non-CMHC new patient appointment was 23 business days, while the average wait time for a non-CMHC existing patient appointment was eight business days. Overall, 52.1 percent of new and 80.3 percent of existing non-CMHC patient appointments met this standard.
  - Overall, 59.1 percent of new patients and 40.9 percent of existing patients were offered a CMHC appointment, with 46.2 percent of new appointments and 88.9 percent of existing appointments meeting the wait time standard.
  - Methadone clinics offered new patients an appointment in 90.0 percent of cases, and existing patients were offered an appointment in 80.0 percent of cases. Overall, 88.9 percent of new patient appointments and 87.5 percent of existing patient appointments were within the wait time standard.

DHHS Recommendations

Based on the findings in this report and the accompanying case-level data files, HSAG offers DHHS the following recommendations to evaluate and address potential MCO data quality and/or access-to-care concerns.

Summary of Findings

- Overall, the non-CMHC telephone survey resulted in a low response rate. Furthermore, 11.8 percent of the sampled cases reached an incorrect phone number (i.e., disconnected, fax number, personal phone number, or non-medical facility).
- In general, the survey results for sampled non-CMHC provider locations showed a wide range of variation in the level of agreement between the MCOs' provider data and the information provided during the telephone survey.
- Across all indicators, callers experienced a higher level of mismatched information when calling SUD provider locations to confirm services offered, and MCO, Medicaid, and new patient acceptance.
- Per the MCOs' contracts with DHHS, each MCO is required to maintain provider network capacity to ensure MH or SUD appointments for non-urgent/routine services are available within 10 business

days. Most new patient non-CMHC and CMHC appointments provided were not within these standards.

Recommended Actions

- Since the MCOs supplied HSAG with the provider data used for the non-CMHC telephone survey, DHHS should send each MCO the case-level data files containing mismatched information between the MCO's data and the provider office responses, and require the MCOs to address these deficiencies.
- HSAG recommends that each MCO conduct outreach to its non-CMHC providers to ensure the providers and/or their offices routinely submit up-to-date information on all pertinent provider indicators (e.g., active providers, service address, telephone number, new patient acceptance).
- The MCOs should investigate the results of the study to identify why deficiencies are higher for some BH categories and whether deficiencies are systematic or associated with the BH category. MCOs should then conduct a root cause analysis to identify factors affecting compliance with appointment availability standards and provide the results to DHHS.
- In coordination with ongoing outreach and network management activities, the MCOs should review provider office procedures for ensuring appointment availability standards are being met, address questions or reeducate providers and office staff members on DHHS standards, and incorporate appointment availability standards into educational materials.
- DHHS should continue to monitor the MCOs' compliance with existing State standards for appointment availability. Additionally, DHHS should evaluate whether additional access standards or access assessments are needed to address gaps in provider availability.
- DHHS could consider requesting that each MCO supply copies of its documentation regarding the MCO's processes for monitoring and evaluating members' ability to access care, including both geographic access and timely access to care.

2. Findings

This section contains the SFY 2024 MCO revealed survey findings. HSAG stratified the findings by BH category for each of the three MCOs.

Survey Findings—Non-CMHC Providers

This section presents the telephone survey results for the non-CMHC providers. Detailed results for each MCO are shown in appendices C, D, and E.

Survey Outcomes

Table 2-1 illustrates the survey outcomes and response rates by MCO and BH category.

Table 2-1—Survey Outcomes and Response Rates

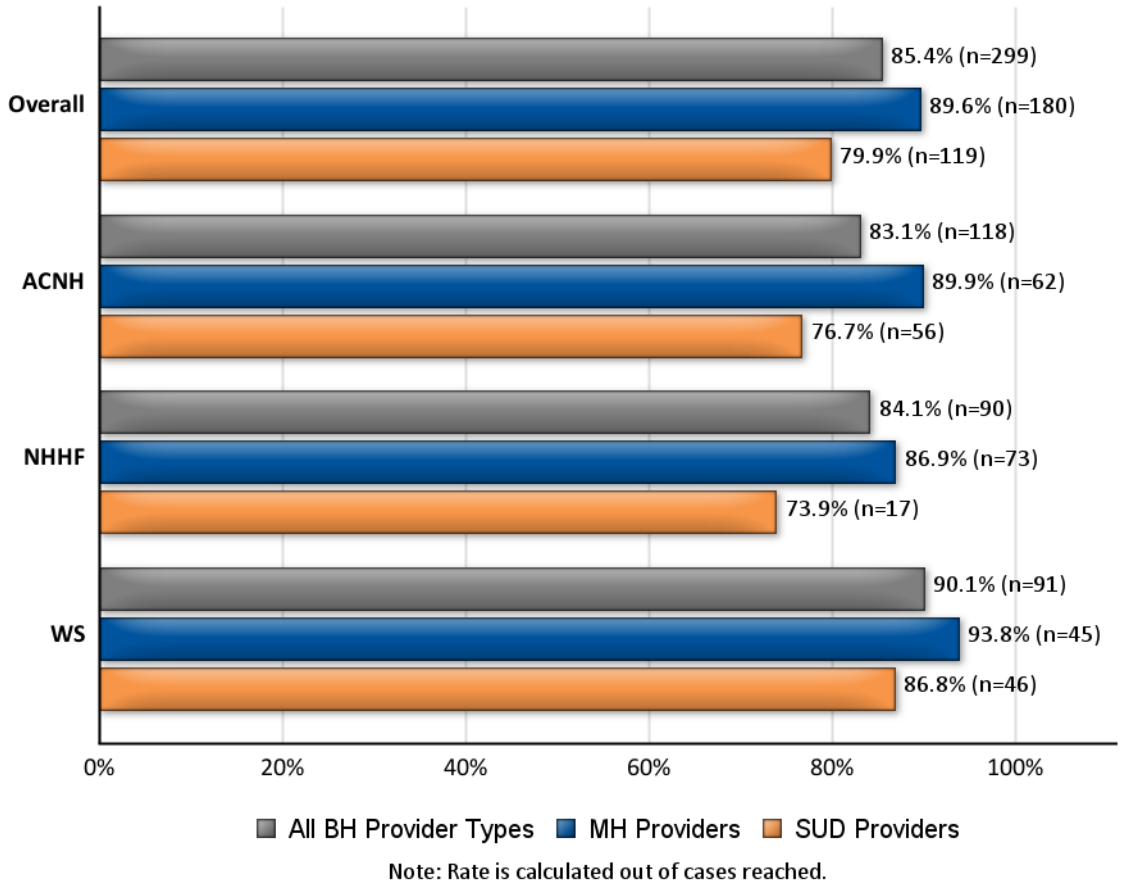
MCO	Sampled Cases	Respondents	Refusals	Bad Phone Number*	Unable to Reach**	Response Rate
Non-CMHC Overall	**972**	**350**	**7**	**115**	**500**	**36.0%**
ACNH	**324**	**142**	**4**	**26**	**152**	**43.8%**
MH Providers	135	69	1	8	57	51.1%
SUD Providers	189	73	3	18	95	38.6%
NHHF	**324**	**107**	**2**	**47**	**168**	**33.0%**
MH Providers	270	84	1	37	148	31.1%
SUD Providers	54	23	1	10	20	42.6%
WS	**324**	**101**	**1**	**42**	**180**	**31.2%**
MH Providers	162	48	1	24	89	29.6%
SUD Providers	162	53	0	18	91	32.7%

* Includes reaching a disconnected number, fax number, or number that connected to a personal line or non-medical facility.
** Includes reaching voicemail, receiving a busy signal, continuous ringing, and/or waiting for an extended hold time after four attempts.

Correct Location

Figure 2-1 displays the percentage of survey respondents reporting that the MCOs' provider data reflected the correct location by MCO.

Figure 2-1—Respondents With the Correct Location by MCO

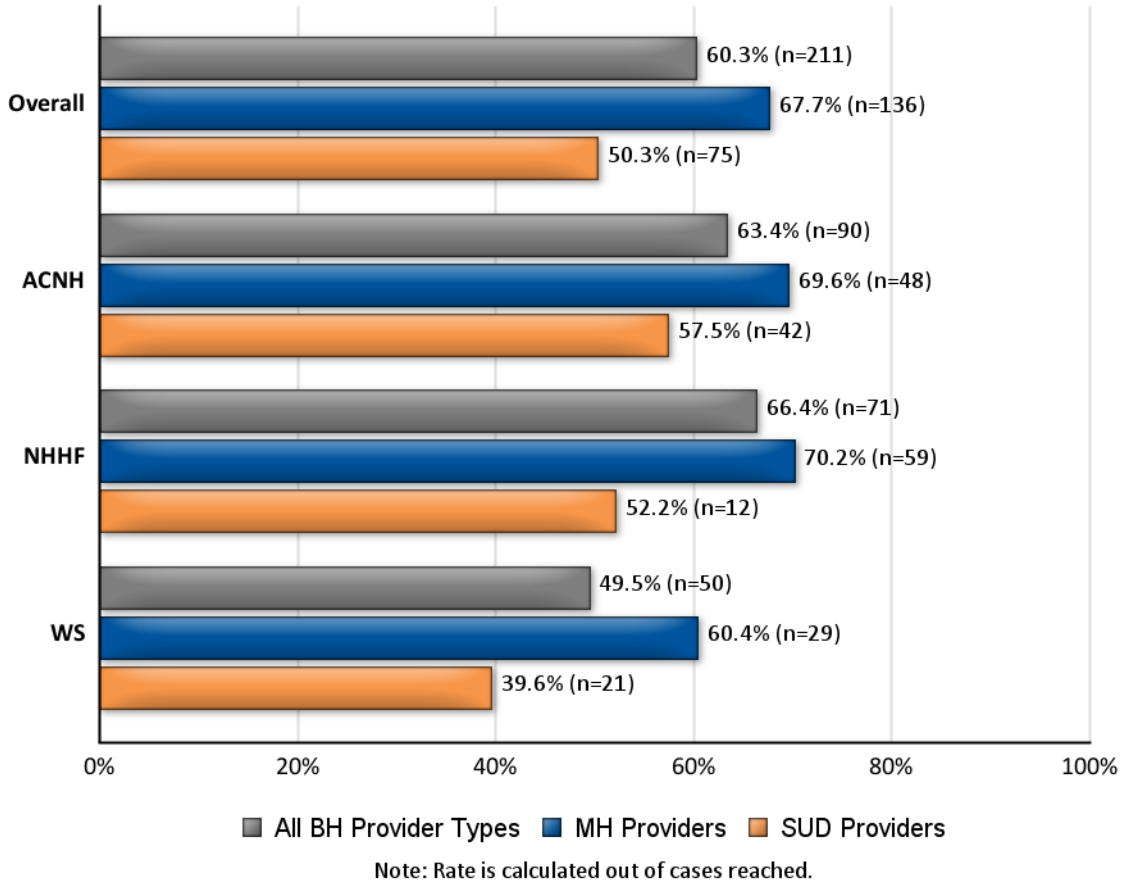


Note: Rate is calculated out of cases reached.

Offered Requested Services

Figure 2-2 displays the percentage of cases in which the survey respondent confirmed that the sampled location offered the requested service indicated in the MCOs' files by MCO.

Figure 2-2—Locations That Offered Requested Services by MCO

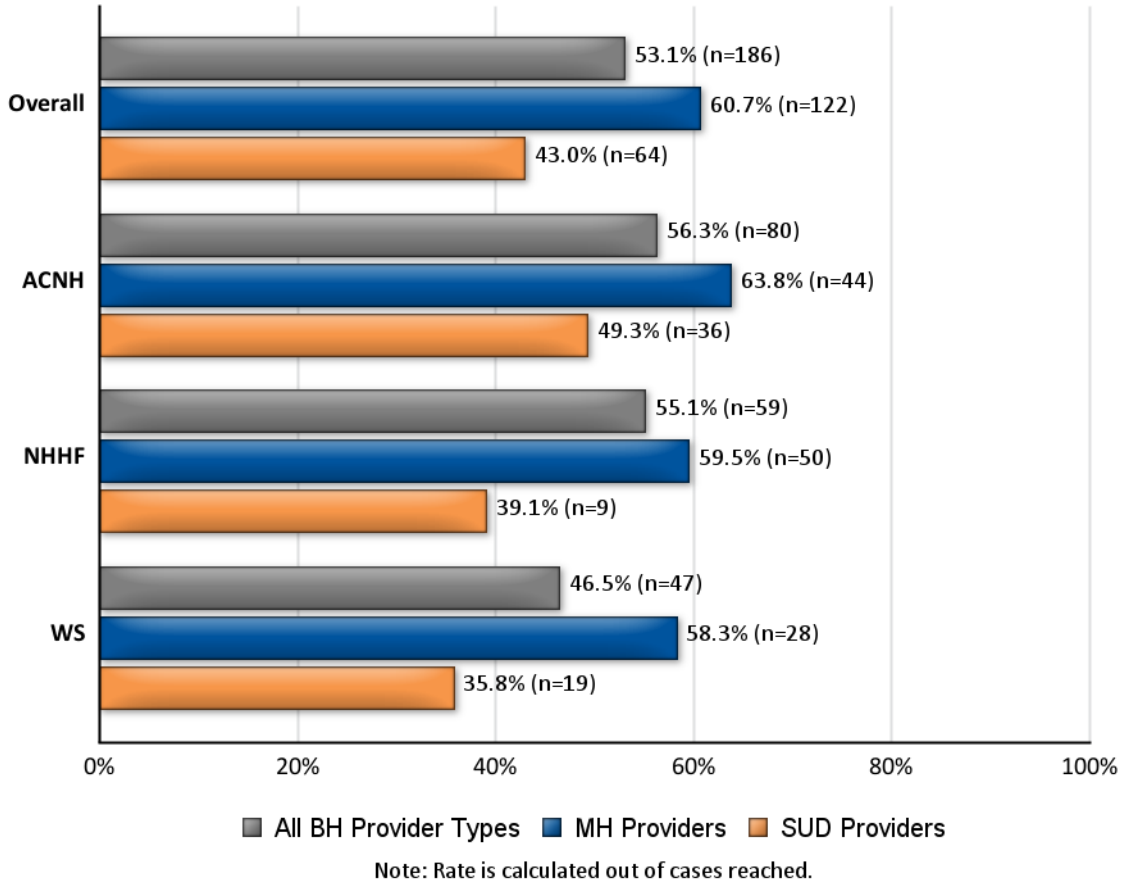


Note: Rate is calculated out of cases reached.

Acceptance Rates

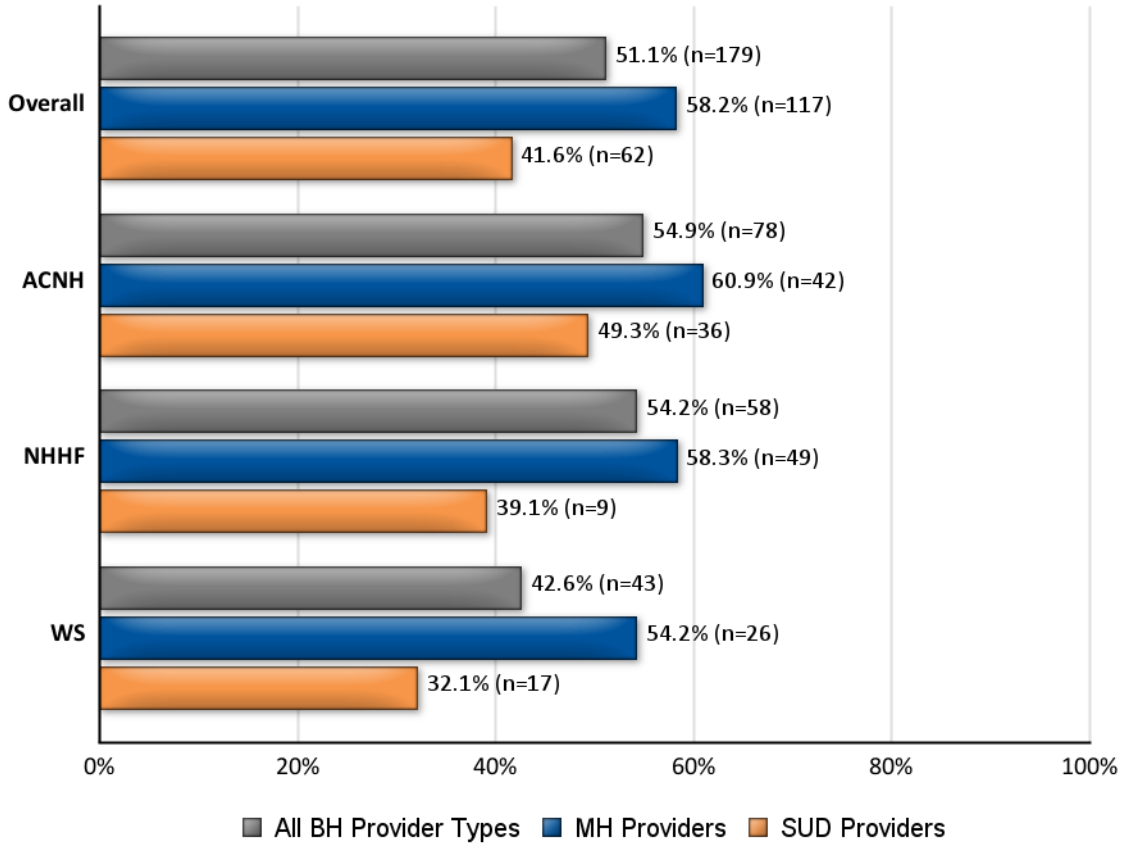
Figure 2-3, Figure 2-4, and Figure 2-5 display the percentage of cases accepting the requested MCO, New Hampshire Medicaid, and new patients, respectively.

Figure 2-3—Respondents Accepting the Requested MCO



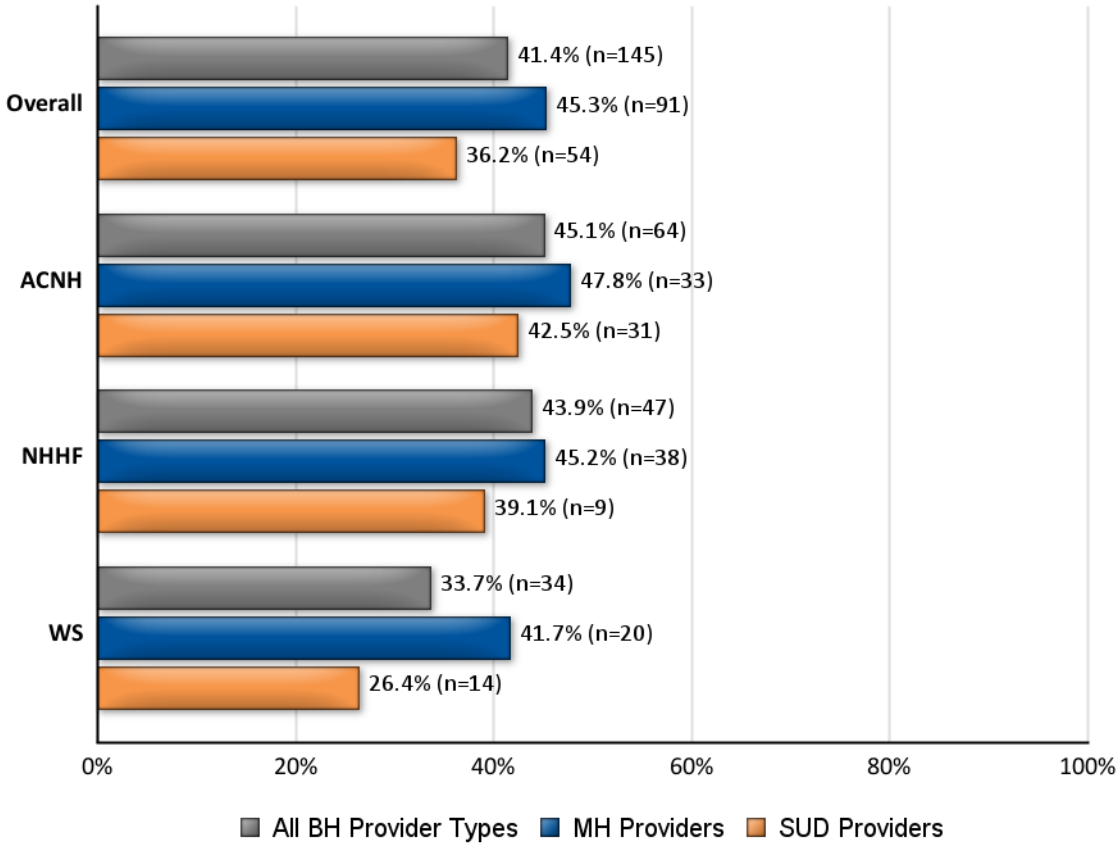
Note: Rate is calculated out of cases reached.

Figure 2-4—Respondents Accepting New Hampshire Medicaid



Note: Rate is calculated out of cases reached.

Figure 2-5—Respondents Accepting New Patients*



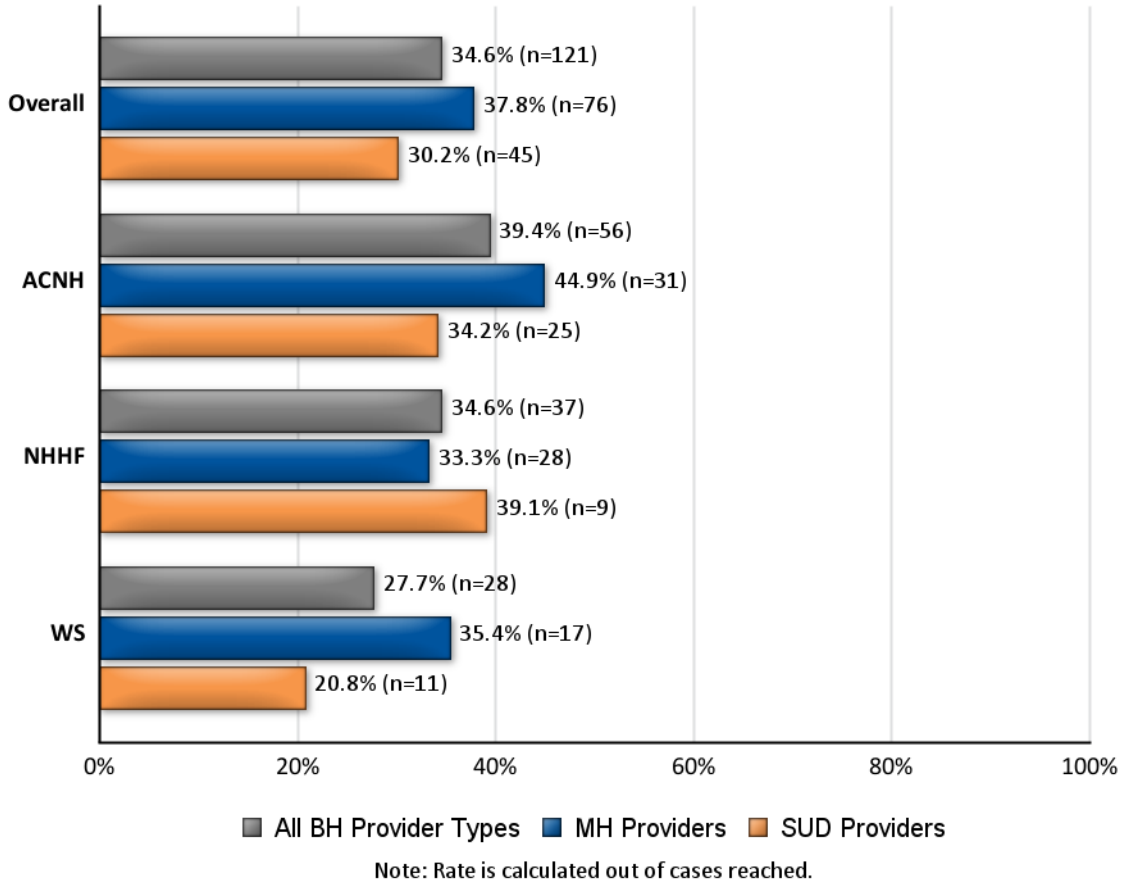
Note: Rate is calculated out of cases reached.

*Sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance data.

Appointment Availability

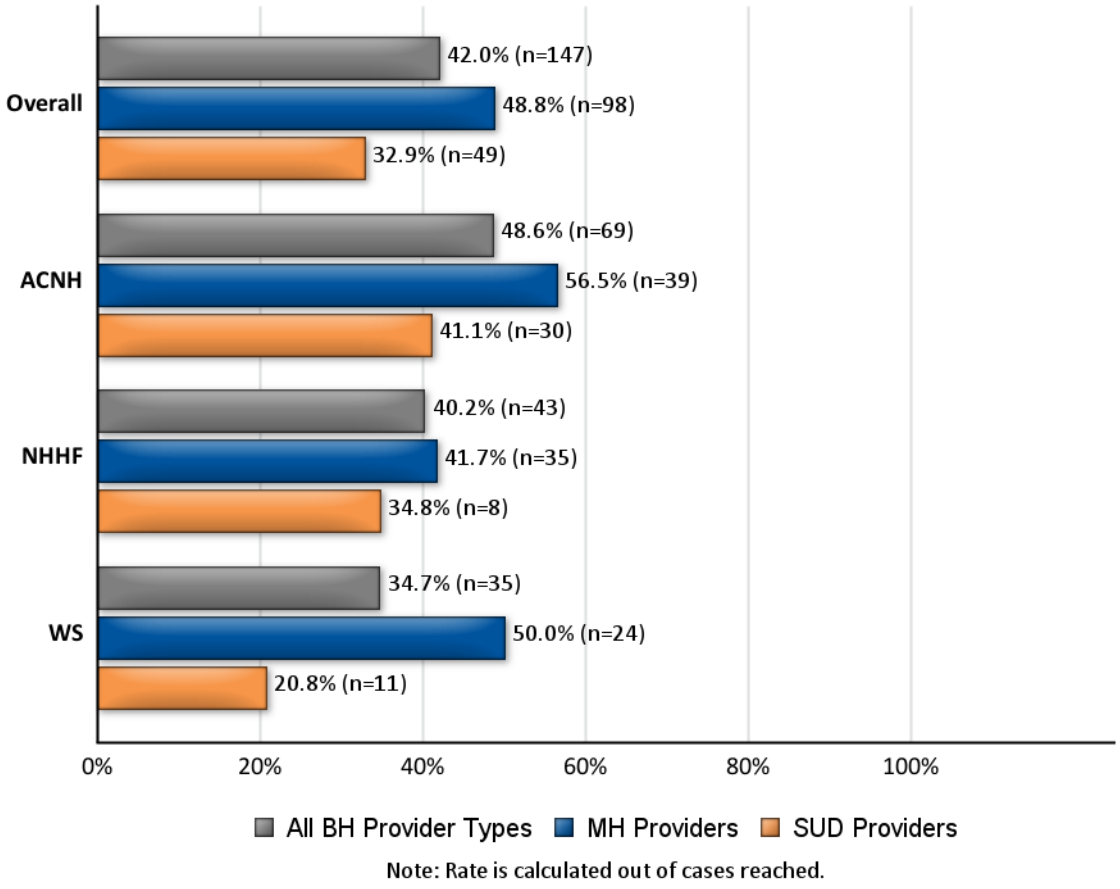
Figure 2-6 and Figure 2-7 display the percentage of cases offering new and existing patient appointments, respectively.

Figure 2-6—New Patient Appointment Availability



Note: Rate is calculated out of cases reached.

Figure 2-7—Existing Patient Appointment Availability

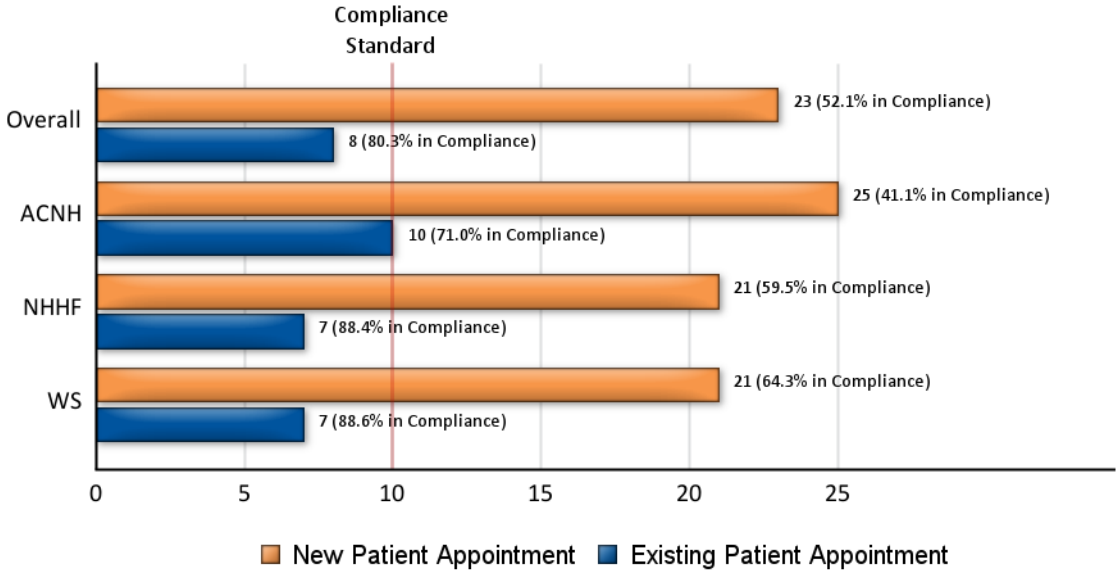


Note: Rate is calculated out of cases reached.

Wait Times

Figure 2-8 displays the average non-urgent/routine visit wait times for new and existing patients by MCO. Per the MCOs' contracts with DHHS, each MCO is required to maintain provider network capacity to ensure that non-urgent/routine BH appointments are available within 10 business days.

Figure 2-8—Non-Urgent/Routine Office Visit Wait Times (Business Days)

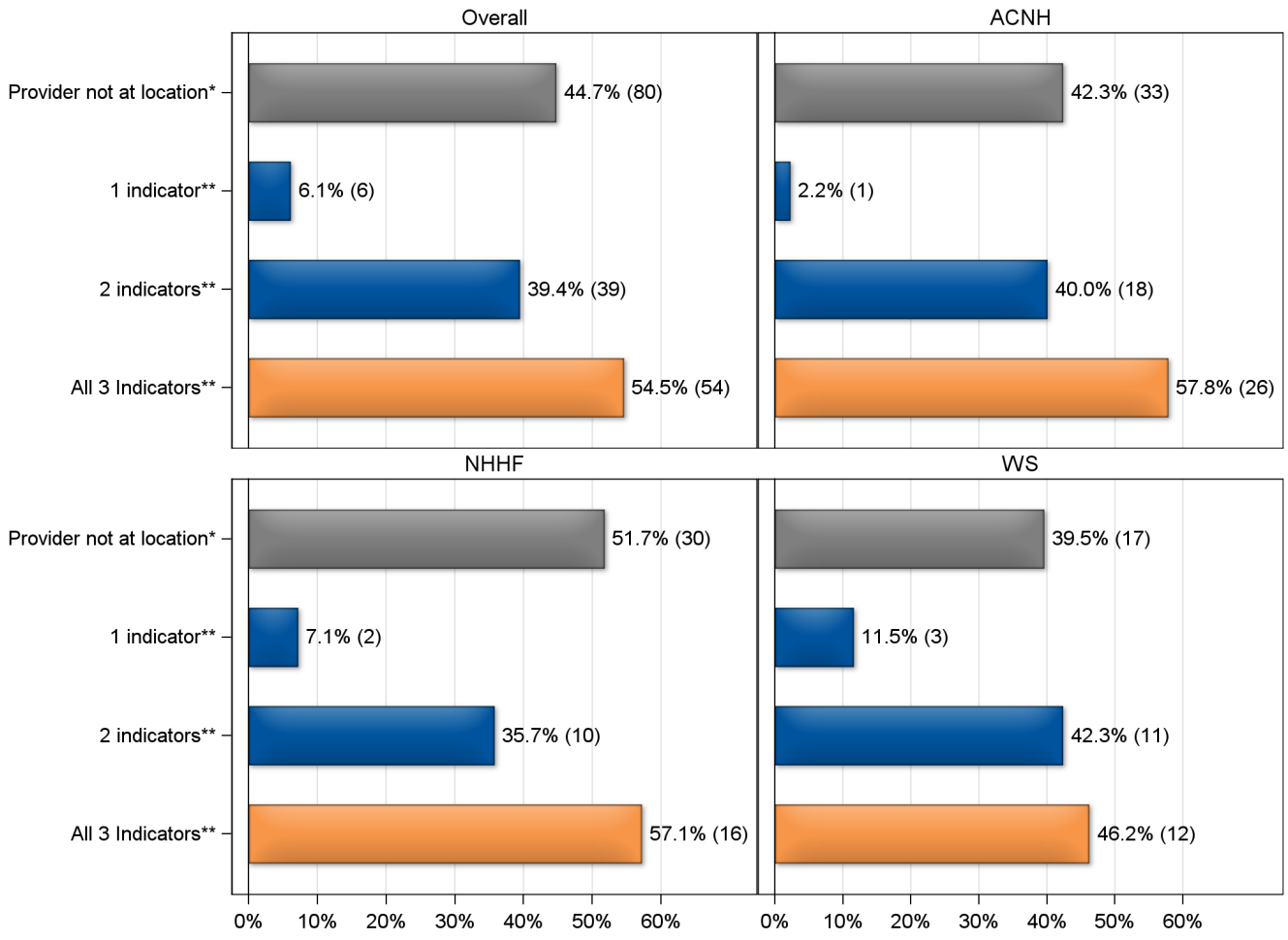


Note: The percentage in compliance is out of the non-CMHC cases offered an appointment.

Provider-Specific Indicator Findings

Figure 2-9 displays results of the validation of MCO-provided data for individual providers, including their practice location, provider type/specialty, and their acceptance of new patients.

Figure 2-9—Number of Matched Indicators

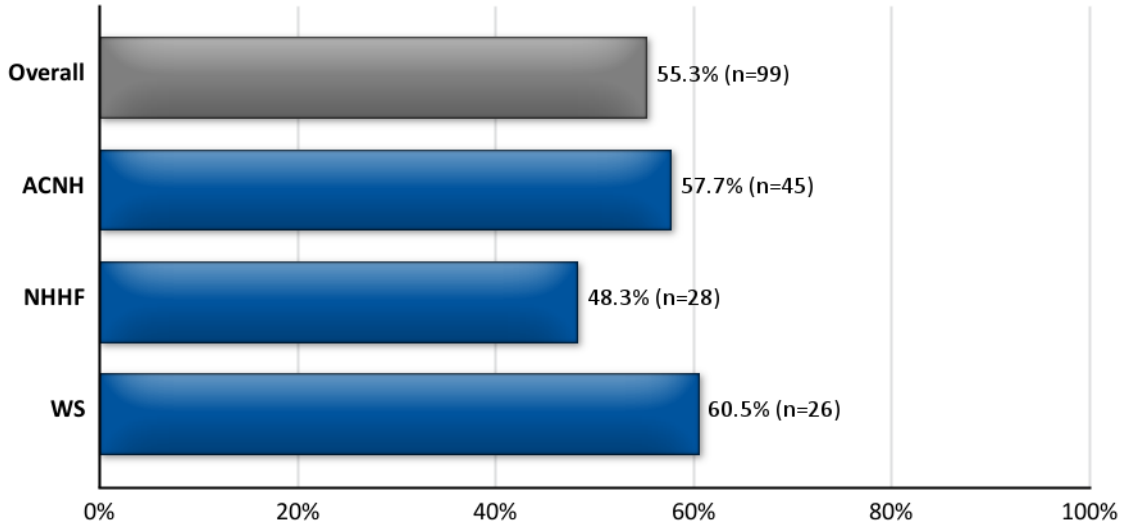


* Denominator includes cases accepting New Hampshire Medicaid.

** Denominator includes cases accepting New Hampshire Medicaid that confirmed the provider practices at the specified location.

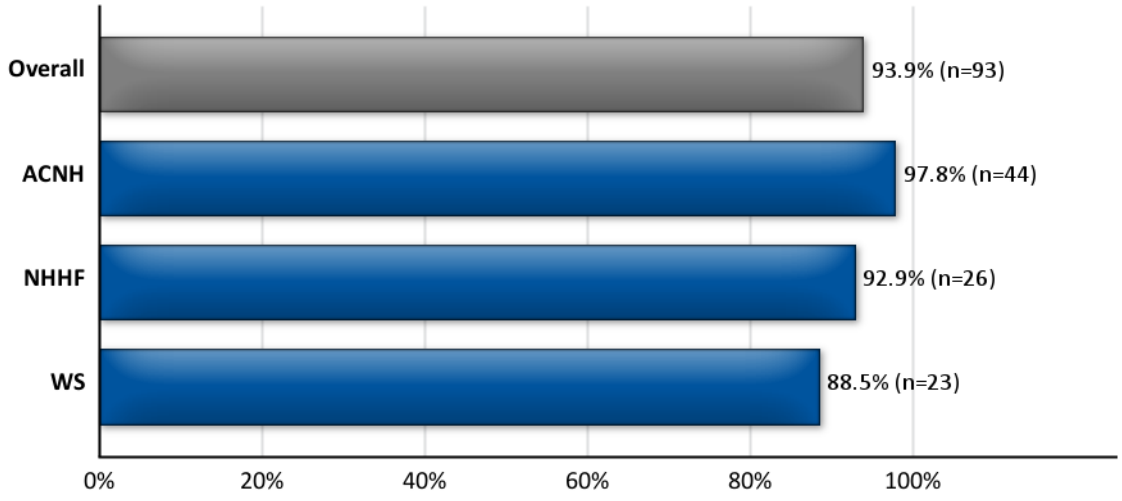
Figure 2-10, Figure 2-11, and Figure 2-12 display provider-specific indicator results for location confirmation of affiliation with the sampled provider, provision of requested services, and provider acceptance of new patients, respectively.

Figure 2-10—Locations That Confirmed Provider Affiliation



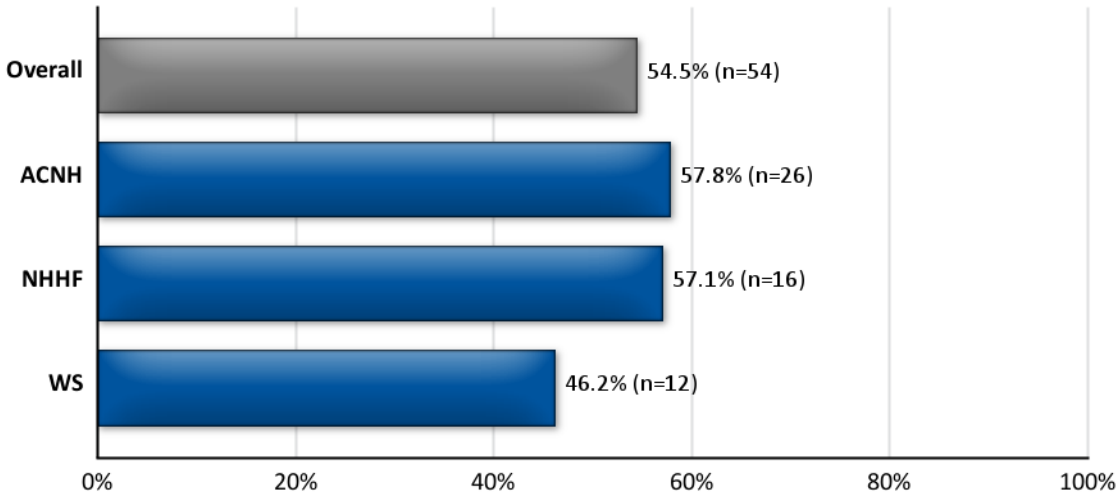
Note: Rate is calculated out of cases accepting NH Medicaid.

Figure 2-11—Locations That Confirmed Provider Offers Requested Services



Note: Rate is calculated out of cases accepting NH Medicaid that confirmed the provider practices at the specified location.

Figure 2-12—Locations That Confirmed Provider Accepts New Patients



Note: Rate is calculated out of cases accepting NH Medicaid that confirmed the provider practices at the specified location.

Survey Findings—CMHCs and Methadone Clinics

This section presents the telephone survey results for the CMHCs and methadone clinics. Detailed results for each MCO are shown in appendices C, D, and E.

Survey Outcomes

Table 2-2 illustrates the survey outcomes and response rates for the CMHCs and methadone clinics.

Table 2-2—Survey Outcomes and Response Rates for CMHCs Providers and Methadone Clinics

Provider Type	Sampled Cases	Respondents	Refusals	Bad Phone Number*	Unable to Reach**	Response Rate
CMHCs	24	22	0	1	1	91.7%
Methadone Clinics	10	10	0	0	0	100%

* Includes reaching a disconnected number, fax number, or number that connected to a personal line or non-medical facility.
** This includes reaching voicemail, receiving a busy signal, continuous ringing, and/or waiting for an extended hold time after four attempts.

Appointment Availability Results

Table 2-3 illustrates the new patient, non-urgent/routine appointment availability results for the CMHCs and methadone clinics.

Table 2-3—New Patient, Non-Urgent/Routine Appointment Availability Results for CMHCs and Methadone Clinics

Appointment Location	Number of Cases Offered an Appointment	Appointment Wait Time (Business Days)			
		Min	Max	Average	Median
CMHCs	13	1	132	40.8	17
Methadone Clinics	9	1	13	3.0	1

Table 2-4 illustrates the existing patient, non-urgent/routine appointment availability results for the CMHCs and methadone clinics.

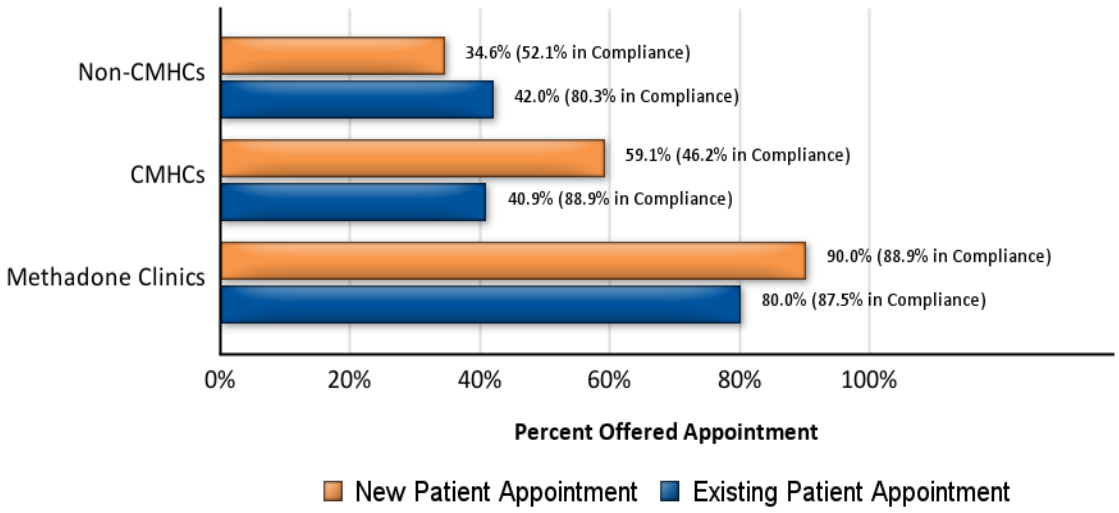
Table 2-4—Existing Patient, Non-Urgent/Routine Appointment Availability Results for CMHCs and Methadone Clinics

Appointment Location	Number of Cases Offered an Appointment	Appointment Wait Time (Business Days)			
		Min	Max	Average	Median
CMHCs	9	1	12	4.4	4
Methadone Clinics	8	1	13	2.8	1

Appointment Availability Comparison

Figure 2-13 displays the percentage of cases offering an appointment and the percentage of appointments meeting the compliance standard for non-CMHC providers, CMHCs, and methadone clinics.

Figure 2-13—Provider Appointment Availability Comparison for Non-CMHCs, CMHCs, and Methadone Clinics



Note: The percentage in compliance is out of the cases offered an appointment.

3. Discussion

Study Limitations

Various factors associated with the SFY 2024 MCO revealed survey may affect the validity or interpretation of the results presented in this report when generalizing telephone survey findings to the MCOs' provider data, including, but not limited to, the following analytic considerations:

- HSAG received the provider data from the MCOs in January 2024 and conducted survey calls between March 4, 2024, and April 5, 2024. In this time period, it is possible that the provider data submitted by the MCOs could have changed. This limitation would most likely affect the 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 called for the telephone survey. This would result in a lower match rate for this indicator.
- HSAG compiled survey findings from self-reported responses supplied to HSAG's callers by provider office personnel. As such, survey responses may vary from information obtained at other times or using other methods of communication (e.g., compared to the MCO's online provider directory or speaking to a different representative at the provider's office).
  - The survey script did not address specific clinical conditions that may have resulted in more timely appointments or greater availability of services (e.g., a patient with a time-sensitive health condition or a referral from another provider).
- Since this survey required callers to indicate that they were conducting a survey on behalf of DHHS, responses may not accurately reflect members' experiences when seeking an appointment.
- The MCOs must ensure that members have access to a provider within the contract standards, rather than requiring that each individual provider offer appointments within the defined time frames. As such, a lack of compliance with appointment availability standards by individual provider locations should be considered in the context of the MCOs' processes for aiding members who require timely appointments.
- HSAG only accepted appointments at the sampled location and counted cases as being unable to offer an appointment if the survey respondent offered an appointment at a different location. As such, survey results may underrepresent timely appointments for situations in which Medicaid members are willing travel to an alternate location.

DHHS Recommendations

Based on the findings in this report and the accompanying case-level data files, please see the DHHS Recommendations section of the Executive Summary for HSAG's recommendations for DHHS to evaluate and address potential MCO data quality and/or access to care concerns.

MCO Recommendations

Based on the findings in this report and the accompanying case-level data files, HSAG offers the MCOs the following recommendations to evaluate and address potential data quality and/or access to care concerns.

ACNH

- **ACNH** had an overall non-CMHC response rate of 43.8 percent; however, rates varied drastically by BH category with 51.1 percent of MH providers and 38.6 percent of SUD providers responding to the survey. Overall, 8.0 percent of **ACNH**'s non-CMHC cases connected to a bad phone number (i.e., reached a disconnected number, fax line, personal line, or non-medical facility). **ACNH** should consider reviewing its processes for updating provider data in an accurate and timely manner.
- Among **ACNH**'s non-CMHC contacted locations, only 63.4 percent of the respondents indicated the location offered the requested services. **ACNH** should consider reviewing its methods for acquiring and maintaining this specialty information to allow members a greater likelihood of reaching a location that provides needed services.
- Overall, only 56.3 percent of **ACNH**'s contacted non-CMHC locations indicated acceptance of **ACNH**. MCO acceptance varied greatly by BH category with 63.8 percent of MH locations and 49.3 percent of SUD locations confirming acceptance of **ACNH**. Additionally, only 54.9 percent of contacted locations indicated acceptance of New Hampshire Medicaid. **ACNH** should consider reviewing its processes for updating provider data in an accurate and timely manner. Additionally, **ACNH** should conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information.
- Only 45.1 percent of **ACNH**'s non-CMHC respondent locations indicated acceptance of new patients. New patient acceptance varied slightly by BH category with 47.8 percent for MH providers and 42.5 percent for SUD providers. **ACNH** should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to **ACNH** membership to determine whether additional provider contracts should be executed.
- Among **ACNH**'s non-CMHC respondent cases accepting New Hampshire Medicaid, 42.3 percent indicated the sampled provider was not currently affiliated with the location. **ACNH** should consider reviewing its methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.

NHHF

- **NHHF** had an overall non-CMHC response rate of 33.0 percent; however, rates varied by BH category with 31.1 percent of MH providers and 42.6 percent of SUD providers responding to the survey. Overall, 14.5 percent of **NHHF**'s non-CMHC cases connected to a bad phone number (i.e., reached a disconnected number, fax line, personal line, or non-medical facility). **NHHF** should consider reviewing its processes for updating provider data in an accurate and timely manner.

- Among **NHHF**'s non-CMHC contacted locations, only 66.4 percent of the respondents indicated the location offered the requested services. **NHHF** should consider reviewing its methods for acquiring and maintaining this specialty information to allow members a greater likelihood of reaching a location that provides needed services.
- Overall, only 55.1 percent of **NHHF**'s contacted non-CMHC locations indicated acceptance of **NHHF**. MCO acceptance varied greatly by BH category with 59.5 percent of MH locations and 39.1 percent of SUD locations confirming acceptance of **NHHF**. Additionally, only 54.2 percent of contacted locations indicated acceptance of New Hampshire Medicaid. **NHHF** should consider reviewing its processes for updating provider data in an accurate and timely manner. Additionally, **NHHF** should conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information.
- Only 43.9 percent of **NHHF**'s non-CMHC respondent locations indicated acceptance of new patients. New patient acceptance varied by BH category with 45.2 percent for MH providers and 39.1 percent for SUD providers. **NHHF** should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to **NHHF** membership to determine whether additional provider contracts should be executed.
- Among **NHHF**'s non-CMHC respondent cases accepting New Hampshire Medicaid, 51.7 percent indicated the sampled provider was not currently affiliated with the location. **NHHF** should consider reviewing its methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.

WS

- **WS** had an overall non-CMHC response rate of 31.2 percent; however, rates varied by BH category with 29.6 percent of MH providers and 32.7 percent of SUD providers responding to the survey. Overall, 13.0 percent of **WS**' non-CMHC cases connected to a bad phone number (i.e., reached a disconnected number, fax line, personal line, or non-medical facility). **WS** should consider reviewing its processes for updating provider data in an accurate and timely manner.
- Among **WS**' non-CMHC contacted locations, only 49.5 percent of the respondents indicated the location offered the requested services. **WS** should consider reviewing its methods for acquiring and maintaining this specialty information to allow members a greater likelihood of reaching a location that provides needed services.
- Overall, only 46.5 percent of **WS**' contacted non-CMHC locations indicated acceptance of **WS**. MCO acceptance varied greatly by BH category with 58.3 percent of MH locations and 35.8 percent of SUD locations confirming acceptance of **WS**. Additionally, only 42.6 percent of contacted locations indicated acceptance of New Hampshire Medicaid. **WS** should consider reviewing its processes for updating provider data in an accurate and timely manner. Additionally, **WS** should conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information.
- Only 33.7 percent of **WS**' non-CMHC respondent locations indicated acceptance of new patients. New patient acceptance varied by BH category with 41.7 percent for MH providers and 26.4 percent

for SUD providers. **WS** should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to **WS** membership to determine whether additional provider contracts should be executed.

- Among **WS**' non-CMHC respondent cases accepting New Hampshire Medicaid, 39.5 percent indicated the sampled provider was not currently affiliated with the location. **WS** should consider reviewing its methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.

Appendix A. Methodology

Study Design

Survey callers inquired about appointment availability for non-urgent/routine BH visits for Medicaid members served by one of the following MCOs:

- **ACNH**
- **NHHF**
- **WS**

Upon receipt of the MCOs' data files, HSAG assessed the data to ensure alignment with the requested data file format, data field contents, and logical consistency between data elements. HSAG also assessed the distribution of provider specialty data values present in each MCO's data to determine which data values would be attributed to each provider domain or an applicable BH specialty category.

For each MCO, HSAG sampled from the MCO's BH service locations to generate a list of survey cases. Survey callers contacted each sampled BH service location by telephone number. Information collected from survey respondents was used to assess appointment availability and to evaluate the accuracy of the provider data supplied to HSAG by the MCOs.

Eligible Population

Using the DHHS-approved data request document, the MCOs identified providers potentially eligible for survey inclusion and submitted the data files to HSAG. The eligible population included service locations associated with BH providers who were actively contracted with the MCO, at the time the data file was created, to serve individuals enrolled in the New Hampshire Medicaid program. Service locations with addresses in states other than New Hampshire were included in the sample frame if they were contracted with a New Hampshire MCO. The eligible population included non-CMHC providers, CMHCs, and methadone clinics. DHHS provided HSAG with the location information for the CMHCs and the methadone clinics.

Sampling Approach

The following sampling approach was used to generate a list of BH provider service locations (i.e., "cases") from each MCO for inclusion in the survey:

- **Step 1:** HSAG assembled the sample frame using records from all BH provider service locations identified by each MCO.
  - To minimize duplicate provider records within each MCO, HSAG standardized the providers' address data to align with the United States Postal Service (USPS) Coding Accuracy Support

System (CASS). Address standardization did not affect the survey population; provider records requiring address standardization remained in the eligible population. The original provider address data values were retained for locations where potential CASS address changes may have impacted data validity (e.g., the address was standardized to a different city or county).[A-1]

- The sample frame included non-CMHC providers, CMHCs, and methadone clinics. HSAG reconciled the CMHC and methadone clinic lists that were submitted by DHHS with the MCO data to remove CMHC and methadone clinic addresses and telephone numbers from the MCO data prior to sampling. Upon receiving the CMHC and methadone clinic data from DHHS, HSAG generated a sample that contained each CMHC and methadone clinic location. For locations with multiple addresses and one centralized phone number, HSAG included all addresses within the eligible sample.[A-2]
- HSAG excluded records from the sample frame for provider locations that the MCO indicated are not listed in the online directory or for providers who cover services at the specified location rather than accepting appointments to see patients at the location.

Telephone Survey Process

Interviewers underwent project-specific training with a dedicated HSAG analytics manager to standardize how data were recorded in a web-based data collection tool. The data collection tool pre-populated information from the MCOs' provider data files and controlled skip logic between study indicators (e.g., if the provider could not be contacted, the survey ended).

Interviewers contacted the providers and collected survey responses using a standardized script approved by DHHS (Appendix B). Interviewers were instructed not to schedule actual appointments. HSAG's interviewers made four attempts to contact each survey case during standard business hours (i.e., 9:00 a.m. to 5:00 p.m. Eastern Time). If the interviewer was put on hold at any point during the call, they waited on hold for five minutes before ending the call. If a call attempt was answered by an answering service or voicemail during normal business hours, the interviewer made an additional call attempt on a different day and at a different time of day. Up to four call attempts were made per provider. A survey case was considered non-responsive if any of the following criteria were met:

- Disconnected/invalid telephone number (e.g., the telephone number connected to a fax line or a message that the number was no longer in service).
- Telephone number connected to an individual or business unrelated to a medical practice or facility.
- Office personnel refused to participate in the survey.

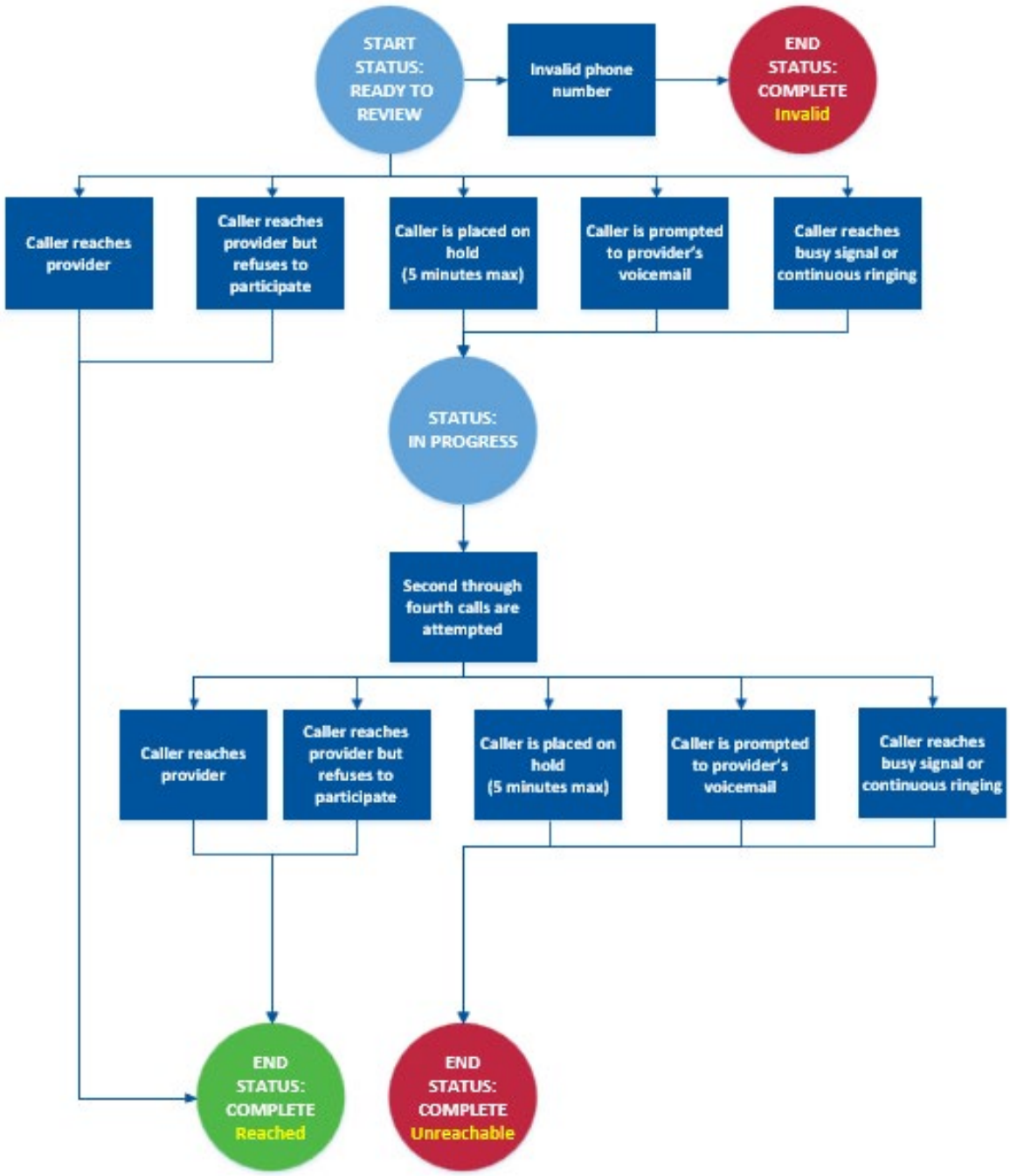
[A-1] To minimize the number of repeated phone calls to the providers, HSAG identified locations based on unique phone numbers. If a phone number was associated with multiple addresses within a plan, HSAG randomly assigned the number to a single plan and its standardized address, prioritizing assignment to the least-represented plans.

[A-2] To minimize the number of repeated phone calls to the central scheduling locations, HSAG asked about all associated addresses during each phone call. If a representative could not provide survey information for multiple locations during one call, additional calls were placed to the telephone number to capture information for the remaining locations.

- The interviewer was unable to speak with office personnel during any of the call attempts (e.g., the call went to voicemail or call center that prevented the interviewer from speaking with office staff).

Figure A-1 outlines the process for determining whether the location could be contacted.

Figure A-1—Call Flow Diagram



Study Indicators

Based on the survey script elements presented in Appendix B, HSAG classified study indicators into domains that consider provider data accuracy and appointment availability by MCO. Provider data accuracy was evaluated based on survey responses. In general, matched information received a "Yes" response and non-matched information received a "No" response. For data collected on the first available appointment, the average wait time was calculated based on call date and earliest appointment date.

HSAG collected the following information pertaining to provider data accuracy.[A-3]

- Telephone number
- Address
- Provider location's identification as offering BH services*
- Affiliation with the requested MCO*
- Accuracy of accepting Medicaid
- Accuracy of the information for the sampled provider*

HSAG collected the following access-related information when calling sampled cases:

- Information concerning whether the provider location was accepting new patients
- Next available appointment date with any practitioner at the sampled location for a new or existing patient with a non-urgent or routine issue (i.e., two appointment scenarios)
- Any limitations to accepting new patients or scheduling an appointment. Limitations included, but are not limited to, the following:
  - Location requires a review of the member's medical records prior to offering an appointment
  - Location requires registration with the practice prior to offering an appointment
  - Location requires verification of the member's Medicaid eligibility prior to offering an appointment

[A-3] Indicators noted with an asterisk (*) were not assessed for the CMHC or methadone clinic locations, as this information has already been confirmed.

HSAG's MCO Revealed Survey Team

The HSAG MCO revealed survey team was assembled based on the full complement of skills required for the design and implementation of the revealed provider network survey. Table A-1 lists the key team members, their roles, and relevant skills and expertise.

Table A-1—Key HSAG Staff for the SFY 2024 MCO Revealed Survey

Name/Role	Skills and Expertise
Amber Saldivar, MHSM *Executive Director, Data Science & Advanced Analytics (DSAA)*	Ms. Saldivar has more than 19 years of experience in the healthcare industry; she has expertise in research, analysis, and reporting. She has expertise in survey analytic activities, including Consumer Assessment of Healthcare Providers and Systems (CAHPS®),[A-4], quality of life, provider, and network validation surveys. She has assisted state Medicaid agencies, health plans, and Centers for Medicare & Medicaid Services with various survey administration and reporting activities.
Lacey Hinton, AAS, RN *Analytics Manager II, DSAA*	Ms. Hinton has over 14 years of healthcare industry experience managing, coordinating, and supporting analytic activities for network adequacy evaluations, encounter data validations, and EQR focus studies, as well as working in the clinical nurse setting. Ms. Hinton has been employed by HSAG for 12 years and has been involved in EQR services in NH since 2015.
Christiene Lim, BS *Analytics Coordinator III, DSAA*	Ms. Lim has been employed by HSAG for one year and has been involved in coordinating and supporting analytic activities for various CAHPS and network adequacy surveys.
Stella Veazey, MS *Analyst II, DSAA*	Ms. Veazey has been involved in revealed and secret shopper network adequacy surveys at HSAG for four years. She has additionally worked on CAHPS surveys, encounter data validation, and time-distance network analyses. Prior to her time at HSAG, she worked on clinical trial data, evaluating causal methods, and the qualitative assessment of substance use intervention programs.
Xitao Xie, MS *Senior Analyst, DSAA*	Ms. Xie has more than eight years of experience manipulating and analyzing large datasets using SAS. In her current role, she provides analytic development work for several CAHPS and network validation survey projects. She also assists with developing survey instruments and survey methodologies, analyzes and validates survey data, and generates reports.

[A-4] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Behavioral Health Data Values by MCO

Table A-2 presents a list of provider specialty descriptions identified from the MCO data supplied for the BH provider categories that were sampled for the SFY 2024 MCO revealed survey. Each MCO categorizes its provider data using terminology and specialty categories unique to its internal data systems, therefore; additional data values were possible. HSAG collaborated with DHHS and the MCOs to confirm the provider type, specialty, and/or taxonomy code values that resulted in the inclusion or exclusion of a provider record from the sample frame.

Table A-2—Potential BH Data Values

BH Category	Potential Provider Specialty Data Values Shown in MCO Data
Mental Health	Clinical Psychologist (Ph.D. or Psy.D.) Clinical Mental Health Counselor (LPC) Therapist (LMFT, pastoral therapist) Social Worker (LCSW, LICSW, or ACSW) Psychiatrist (MD or DO) Psychiatric or Mental Health Nurse Practitioners
Substance Use Disorder	Counselor (Licensed Alcohol & Drug Counselor or Masters Licensed Alcohol & Drug Counselor) Certified Addictions Registered Nurse (CARN) CARN-AP Clinical Psychologist (Ph.D. or Psy.D.) Clinical Mental Health Counselor (LPC) Therapist (LMFT, pastoral therapist) Social Worker (LCSW, LICSW, or ACSW) Psychiatrist (MD or DO) Psychiatric or Mental Health Nurse Practitioners

Appendix B. MCO Revealed Survey Telephone Script

Survey Script

This script guided interviewers in gathering information for this survey.

1. Call the office.

   Note: If telephone number is disconnected, reaches a fax line, etc., the survey will end, and the case is considered a non-respondent (i.e., an invalid telephone number).

2. Hello, my name is << Interviewer's First Name>>, and I am calling on behalf of the New Hampshire Department of Health and Human Services to ask about appointment availability and office information. I'm trying to reach the number for <<street name>> location. Are you at or affiliated with that location?

   If yes, move to Element #3.

   If no and no alternate contact phone number is offered, move to Element #13 to end the survey.

3. Is this a number patients can call directly to schedule behavioral health appointments?

   If yes, move to Element #4.

   If no and no alternate contact phone number is offered, move to Element #13 to end the survey.

   If calling a Community Mental Health Center or methadone clinic and the representative indicates certain criteria must be met before a patient can schedule an appointment, confirm this is the number a patient would call directly if they have met all of the criteria.

4. Does your office/center see patients for <<mental health or substance use disorder>> services?

   If yes, move to Element #5.

   If no, move to Element #13 to end the survey.

   Note: Element #4 will not be asked for the Community Mental Health Centers or methadone clinics.

5. Does your office accept <<MCO name>>?

   If yes, move to Element #6.

   If no, move to Element #13 to end the survey.

   Note: Element #5 will not be asked for the Community Mental Health Centers or methadone clinics.

6. Does your office accept New Hampshire Medicaid for <<MCO name>>?

   If yes, move to Element #7.

   If no, move to Element #13 to end the survey.

   Note: Specific MCO names will not be asked of the Community Mental Health Centers or methadone clinics.

7. Are you accepting new patients with <<MCO>> at this location?

   If yes, move to Element #8.

   If no, move to Element #9 to ask about appointment availability for an existing patient with the sampled MCO.

   Note: Specific MCO names will not be asked of the Community Mental Health Centers or methadone clinics.

8. When is the next available appointment at this location for a non-urgent or routine visit for a **new** patient with <<MCO>>?

   Document the appointment date and move to Element #9. The interviewer will capture any information offered regarding barriers to scheduling.

   If calling a Community Mental Health Center or methadone clinic and the representative indicates certain criteria must be met, ask for the next available appointment for a patient that has met all of the criteria.

   Note: Specific MCO names will not be asked of the Community Mental Health Centers or methadone clinics.

9. When is the next available appointment at this location for a non-urgent or routine visit for an **existing** patient with <<MCO>>?

   Document the appointment date and move to Element #10. The interviewer will capture any information offered regarding barriers to scheduling.

   If calling a Community Mental Health Center or methadone clinic and the representative indicates certain criteria must be met, ask for the next available appointment for a patient that has met all of the criteria.

   Note: Specific MCO names will not be asked of the Community Mental Health Centers or methadone clinics.

10. Can you confirm whether <<provider's first and last name>> practices at this location?

    If yes, move to Element #11.

    If no, move to Element #13 to end the survey.

    Note: Element #10 will not be asked for the Community Mental Health Centers or methadone clinics.

11. Does <<provider's first and last name>> offer <<mental health or substance use disorder>> treatment at this location?

    If yes, move to Element #12.

    If no, move to Element #13 to end the survey.

    Note: Element #11 will not be asked for the Community Mental Health Centers or methadone clinics.

12. Is <<provider's first and last name>> currently accepting new patients?

    If response to Element #7 was "No", move to Element #13 to end the survey (i.e., Element #12 will not be asked if the location is not accepting new patients).

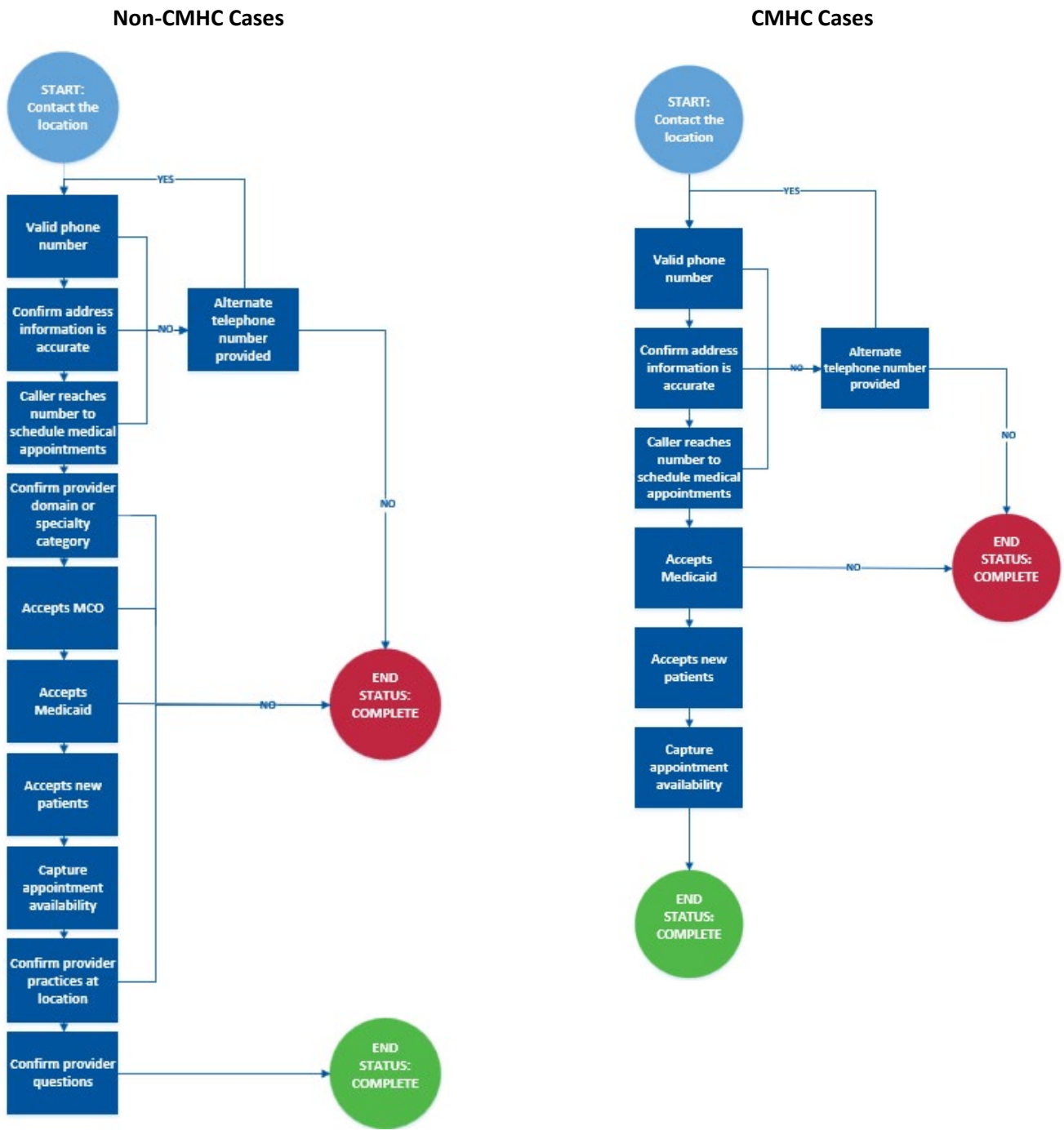
    Document the response and move to Element #13.

    Note: Element #12 will not be asked for the Community Mental Health Centers or methadone clinics.

13. Those are all of my questions. Thank you for your time and participation in this survey.

Figure B-1 outlines the decision stop points throughout the survey.

Figure B-1—Decision Stop Points



Appendix C. Detailed MCO Revealed Survey Findings—ACNH

This appendix presents the provider network survey results for all sampled providers by BH category. Table C-1 summarizes the survey response rates for all MCOs and **ACNH**.

Table C-1—Survey Response Rates—ACNH

BH Category	Total Number of Cases	Number of Cases Reached	Response Rate
MH Providers	135	69	51.1%
SUD Providers	189	73	38.6%
ACNH Total	**324**	**142**	**43.8%**
Non-CMHC Overall Total	**972**	**350**	**36.0%**

Table C-2 summarizes the number of respondent cases that reported accepting the MCO, New Hampshire Medicaid, and new patients for all MCOs and **ACNH**.

Table C-2—MCO, New Hampshire Medicaid, and New Patient Acceptance Rates—ACNH

BH Category	Number of Respondents	Accepting MCO		Accepting Medicaid		Accepting New Patients*	
		N	Rate (%)	N	Rate (%)	N	Rate (%)
MH Providers	69	44	63.8%	42	60.9%	33	47.8%
SUD Providers	73	36	49.3%	36	49.3%	31	42.5%
ACNH Total	**142**	**80**	**56.3%**	**78**	**54.9%**	**64**	**45.1%**
Non-CMHC Overall Total	**350**	**186**	**53.1%**	**179**	**51.1%**	**145**	**41.4%**

*Sampled cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance rates.

Table C-3 and Table C-4 display the number of cases in which the survey respondent offered appointments for non-urgent/routine services, as well as summary wait time statistics for all MCOs and **ACNH** for new and existing patients, respectively. Note that potential appointment dates may have been offered with any practitioner at the sampled location. Sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient appointment data.

Table C-3—New Patient, Non-Urgent/Routine Appointment Availability Results—ACNH

BH Category	Number of Respondents	Cases Offered an Appointment		New Appointment Wait Time (Business Days)			
		N	Rate (%)	Min	Max	Average	Median
MH Providers	69	31	44.9%	1	175	34.9	21
SUD Providers	73	25	34.2%	0	43	12.7	10
ACNH Total	**142**	**56**	**39.4%**	**0**	**175**	**25.0**	**15**
Non-CMHC Overall Total	**350**	**121**	**34.6%**	**0**	**261**	**22.9**	**10**

Table C-4—Existing Patient, Non-Urgent/Routine Appointment Availability Results—ACNH

BH Category	Number of Respondents	Cases Offered an Appointment		Existing Appointment Wait Time (Business Days)			
		N	Rate (%)	Min	Max	Average	Median
MH Providers	69	39	56.5%	0	48	9.4	5
SUD Providers	73	30	41.1%	0	109	11.3	5
ACNH Total	**142**	**69**	**48.6%**	**0**	**109**	**10.2**	**5**
Non-CMHC Overall Total	**350**	**147**	**42.0%**	**0**	**109**	**8.4**	**5**

Appendix D. Detailed MCO Revealed Survey Findings—NHHF

This appendix presents the provider network survey results for all sampled providers by BH category. Table D-1 summarizes the survey response rates for all MCOs and **NHHF**.

Table D-1—Survey Response Rates—NHHF

BH Category	Total Number of Cases	Number of Cases Reached	Response Rate
MH Providers	270	84	31.1%
SUD Providers	54	23	42.6%
NHHF Total	**324**	**107**	**33.0%**
Non-CMHC Overall Total	**972**	**350**	**36.0%**

Table D-2 summarizes the number of respondent cases that reported accepting the MCO, New Hampshire Medicaid, and new patients for all MCOs and **NHHF**.

Table D-2—MCO, New Hampshire Medicaid, and New Patient Acceptance Rates—NHHF

BH Category	Number of Respondents	Accepting MCO		Accepting Medicaid		Accepting New Patients*	
		N	Rate (%)	N	Rate (%)	N	Rate (%)
MH Providers	84	50	59.5%	49	58.3%	38	45.2%
SUD Providers	23	9	39.1%	9	39.1%	9	39.1%
NHHF Total	**107**	**59**	**55.1%**	**58**	**54.2%**	**47**	**43.9%**
Non-CMHC Overall Total	**350**	**186**	**53.1%**	**179**	**51.1%**	**145**	**41.4%**

*Sampled cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance rates.

Table D-3 and Table D-4 display the number of cases in which the survey respondent offered appointments for non-urgent/routine services, as well as summary wait time statistics for all MCOs and **NHHF** for new and existing patients, respectively. Note that potential appointment dates may have been offered with any practitioner at the sampled location. Sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient appointment data.

Table D-3—New Patient, Non-Urgent/Routine Appointment Availability Results—NHHF

BH Category	Number of Respondents	Cases Offered an Appointment		New Appointment Wait Time (Business Days)			
		N	Rate (%)	Min	Max	Average	Median
MH Providers	84	28	33.3%	0	179	25.4	8
SUD Providers	23	9	39.1%	1	24	8.8	5
NHHF Total	**107**	**37**	**34.6%**	**0**	**179**	**21.4**	**6**
Non-CMHC Overall Total	**350**	**121**	**34.6%**	**0**	**261**	**22.9**	**10**

Table D-4—Existing Patient, Non-Urgent/Routine Appointment Availability Results—NHHF

BH Category	Number of Respondents	Cases Offered an Appointment		Existing Appointment Wait Time (Business Days)			
		N	Rate (%)	Min	Max	Average	Median
MH Providers	84	35	41.7%	0	39	7.5	5
SUD Providers	23	8	34.8%	1	5	3.0	3
NHHF Total	**107**	**43**	**40.2%**	**0**	**39**	**6.7**	**5**
Non-CMHC Overall Total	**350**	**147**	**42.0%**	**0**	**109**	**8.4**	**5**

Appendix E. Detailed MCO Revealed Survey Findings—WS

This appendix presents the provider network survey results for all sampled providers by BH category. Table E-1 summarizes the survey response rates for all MCOs and **WS**.

Table E-1—Survey Response Rates—WS

BH Category	Total Number of Cases	Number of Cases Reached	Response Rate
MH Providers	162	48	29.6%
SUD Providers	162	53	32.7%
WS Total	**324**	**101**	**31.2%**
Non-CMHC Overall Total	**972**	**350**	**36.0%**

Table E-2 summarizes the number of respondent cases that reported accepting the MCO, New Hampshire Medicaid, and new patients for all MCOs and **WS**.

Table E-2—MCO, New Hampshire Medicaid, and New Patient Acceptance Rates—WS

BH Category	Number of Respondents	Accepting MCO		Accepting Medicaid		Accepting New Patients*	
		N	Rate (%)	N	Rate (%)	N	Rate (%)
MH Providers	48	28	58.3%	26	54.2%	20	41.7%
SUD Providers	53	19	35.8%	17	32.1%	14	26.4%
WS Total	**101**	**47**	**46.5%**	**43**	**42.6%**	**34**	**33.7%**
Non-CMHC Overall Total	**350**	**186**	**53.1%**	**179**	**51.1%**	**145**	**41.4%**

*Sampled cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance rates.

Table E-3 and Table E-4 display the number of cases in which the survey respondent offered appointments for non-urgent/routine services, as well as summary wait time statistics for all MCOs and **WS** for new and existing patients, respectively. Note that potential appointment dates may have been offered with any practitioner at the sampled location. Sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient appointment data.

Table E-3—New Patient, Non-Urgent/Routine Appointment Availability Results—WS

BH Category	Number of Respondents	Cases Offered an Appointment		New Appointment Wait Time (Business Days)			
		N	Rate (%)	Min	Max	Average	Median
MH Providers	48	17	35.4%	2	261	27.5	10
SUD Providers	53	11	20.8%	0	43	10.8	5
WS Total	**101**	**28**	**27.7%**	**0**	**261**	**20.9**	**6**
Non-CMHC Overall Total	**350**	**121**	**34.6%**	**0**	**261**	**22.9**	**10**

Table E-4—Existing Patient, Non-Urgent/Routine Appointment Availability Results—WS

BH Category	Number of Respondents	Cases Offered an Appointment		Existing Appointment Wait Time (Business Days)			
		N	Rate (%)	Min	Max	Average	Median
MH Providers	48	24	50.0%	0	24	5.3	5
SUD Providers	53	11	20.8%	0	43	10.0	5
WS Total	**101**	**35**	**34.7%**	**0**	**43**	**6.8**	**5**
Non-CMHC Overall Total	**350**	**147**	**42.0%**	**0**	**109**	**8.4**	**5**

Appendix F. MCO Recommendations Requiring Follow Up

The following MCO-specific sections show how each of HSAG's recommendations pertinent to the MCOs will be addressed by the MCOs and monitored by DHHS.

ACNH

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

Table F-1—EQRO Findings and Recommendations for Improvement From the MCO Revealed Survey Report to Include in the EQRO.01 Report for ACNH

ACNH EQRO Findings/Recommendations for Improvement to Be Included in the EQRO.01 Report		
MCO Revealed Survey Report		
1	ACNH-2024-EQRO.01_RCaller-01	• **ACNH** had an overall non-CMHC response rate of 43.8 percent; however, rates varied drastically by BH category with 51.1 percent of MH providers and 38.6 percent of SUD providers responding to the survey. Overall, 8.0 percent of **ACNH**'s non-CMHC cases connected to a bad phone number (i.e., reached a disconnected number, fax line, personal line, or non-medical facility). **ACNH** should consider reviewing its processes for updating provider data in an accurate and timely manner.
	ACNH-2024-EQRO.01_RCaller-02	• Among **ACNH**'s non-CMHC contacted locations, only 63.4 percent of the respondents indicated the location offered the requested services. **ACNH** should consider reviewing its methods for acquiring and maintaining this specialty information to allow members a greater likelihood of reaching a location that provides needed services.
	ACNH-2024-EQRO.01_RCaller-03	• Overall, only 56.3 percent of **ACNH**'s contacted non-CMHC locations indicated acceptance of **ACNH**. MCO acceptance varied greatly by BH category with 63.8 percent of MH locations and 49.3 percent of SUD locations confirming acceptance of **ACNH**. Additionally, only 54.9 percent of contacted locations indicated acceptance of New Hampshire Medicaid. **ACNH** should consider reviewing its processes for updating provider data in an accurate and timely manner. Additionally, **ACNH** should conduct outreach to its providers

		to ensure the providers and/or their offices routinely submit up-to-date information.
	ACNH-2024-EQRO.01_RCaller-04	• Only 45.1 percent of **ACNH**'s non-CMHC respondent locations indicated acceptance of new patients. New patient acceptance varied slightly by BH category with 47.8 percent for MH providers and 42.5 percent for SUD providers. **ACNH** should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to **ACNH** membership to determine whether additional provider contracts should be executed.
	ACNH-2024-EQRO.01_RCaller-05	• Among **ACNH**'s non-CMHC respondent cases accepting New Hampshire Medicaid, 42.3 percent indicated the sampled provider was not currently affiliated with the location. **ACNH** should consider reviewing its methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.

NHHF

Table F-2 lists opportunities for improvement to include in the quality assessment and performance improvement report for **NHHF**.

Table F-2—EQRO Findings and Recommendations for Improvement From the MCO Revealed Survey Report to Include in the EQRO.01 Report for NHHF

NHHF EQRO Findings/Recommendations for Improvement to Be Included in the EQRO.01 Report		
MCO Revealed Survey Report		
1	NHHF-2024-EQRO.01_RCaller-01	• **NHHF** had an overall non-CMHC response rate of 33.0 percent; however, rates varied by BH category with 31.1 percent of MH providers and 42.6 percent of SUD providers responding to the survey. Overall, 14.5 percent of **NHHF**'s non-CMHC cases connected to a bad phone number (i.e., reached a disconnected number, fax line, personal line, or non-medical facility). **NHHF** should consider reviewing its processes for updating provider data in an accurate and timely manner.
2	NHHF-2024-EQRO.01_RCaller-02	• Among **NHHF**'s non-CMHC contacted locations, only 66.4 percent of the respondents indicated the location offered the requested services. **NHHF** should consider reviewing its

		methods for acquiring and maintaining this specialty information to allow members a greater likelihood of reaching a location that provides needed services.
3	NHHF-2024-EQRO.01_RCaller-03	• Overall, only 55.1 percent of **NHHF**'s contacted non-CMHC locations indicated acceptance of **NHHF**. MCO acceptance varied greatly by BH category with 59.5 percent of MH locations and 39.1 percent of SUD locations confirming acceptance of **NHHF**. Additionally, only 54.2 percent of contacted locations indicated acceptance of New Hampshire Medicaid. **NHHF** should consider reviewing its processes for updating provider data in an accurate and timely manner. Additionally, **NHHF** should conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information.
4	NHHF-2024-EQRO.01_RCaller-04	• Only 43.9 percent of **NHHF**'s non-CMHC respondent locations indicated acceptance of new patients. New patient acceptance varied by BH category with 45.2 percent for MH providers and 39.1 percent for SUD providers. **NHHF** should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to **NHHF** membership to determine whether additional provider contracts should be executed.
5	NHHF-2024-EQRO.01_RCaller-05	• Among **NHHF**'s non-CMHC respondent cases accepting New Hampshire Medicaid, 51.7 percent indicated the sampled provider was not currently affiliated with the location. **NHHF** should consider reviewing its methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.

WS

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

Table F-3—EQRO Findings and Recommendations for Improvement From the MCO Revealed Survey Report to Include in the EQRO.01 Report for WS

WS EQRO Findings/Recommendations for Improvement to Be Included in the EQRO.01 Report		
MCO Revealed Survey Report		
1	WS-2024-EQRO.01_RCaller-01	• **WS** had an overall non-CMHC response rate of 31.2 percent; however, rates varied by BH category with 29.6 percent of MH providers and 32.7 percent of SUD providers responding to the survey. Overall, 13.0 percent of **WS**' non-CMHC cases connected to a bad phone number (i.e., reached a disconnected number, fax line, personal line, or non-medical facility). **WS** should consider reviewing its processes for updating provider data in an accurate and timely manner.
2	WS-2024-EQRO.01_RCaller-02	• Among **WS**' non-CMHC contacted locations, only 49.5 percent of the respondents indicated the location offered the requested services. **WS** should consider reviewing its methods for acquiring and maintaining this specialty information to allow members a greater likelihood of reaching a location that provides needed services.
3	WS-2024-EQRO.01_RCaller-03	• Overall, only 46.5 percent of **WS**' contacted non-CMHC locations indicated acceptance of **WS**. MCO acceptance varied greatly by BH category with 58.3 percent of MH locations and 35.8 percent of SUD locations confirming acceptance of **WS**. Additionally, only 42.6 percent of contacted locations indicated acceptance of New Hampshire Medicaid. **WS** should consider reviewing its processes for updating provider data in an accurate and timely manner. Additionally, **WS** should conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information.
4	WS-2024-EQRO.01_RCaller-04	• Only 33.7 percent of **WS**' non-CMHC respondent locations indicated acceptance of new patients. New patient acceptance varied by BH category with 41.7 percent for MH providers and 26.4 percent for SUD providers. **WS** should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to **WS** membership

		to determine whether additional provider contracts should be executed.
5	WS-2024-EQRO.01_RCaller-05	• Among **WS**' non-CMHC respondent cases accepting New Hampshire Medicaid, 39.5 percent indicated the sampled provider was not currently affiliated with the location. **WS** should consider reviewing its methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.