



State of New Hampshire Department of
Health and Human Services

State Fiscal Year 2025 DO Secret Shopper Survey Report

September 2025

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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) 2025 dental organization (DO) secret shopper survey has a conflict of interest with Delta Dental Plan of New Hampshire, Inc. DBA **Northeast Delta Dental (NEDD)** or the plan administrator, **DentaQuest (DQ)**.

1. Executive Summary

Introduction

As part of its provider network adequacy monitoring activities, the New Hampshire Department of Health and Human Services (DHHS) requested its external quality review organization (EQRO), Health Services Advisory Group, Inc. (HSAG), to conduct a secret shopper survey among dental providers contracted with New Hampshire's Medicaid dental organization (DO) to ensure members have access to accurate provider information.

The goal of the survey is to evaluate New Hampshire's Medicaid DO network of dental locations. Specific survey objectives include the following:

- Determine the accuracy of the contact information (i.e., phone number, address) for the dental providers reported by the DO as being contracted dental providers.
- Determine whether dental locations accept patients enrolled with the DO for the New Hampshire Medicaid program and the degree to which the study's DO and program acceptance rates align with the DO's provider data.
- Determine whether dental locations accepting the DO for the New Hampshire Medicaid program accept new patients and the degree to which the study's new patient acceptance rate aligns with the DO's provider data.
- Determine appointment availability with the sampled dental locations for routine dental care.

To address the study objectives described above, HSAG used a DHHS-approved methodology (Appendix A) to conduct the state fiscal year (SFY) 2025 DO Secret Shopper Survey for Delta Dental Plan of New Hampshire, Inc. DBA **Northeast Delta Dental (NEDD)** and the plan administrator, **DentaQuest (DQ)**.

Summary of Secret Shopper Survey Findings

Overall, the provider information that the DO maintained and provided was generally accurate. Table 1-1 provides a summary of the findings from the study.

Table 1-1—Summary of Findings

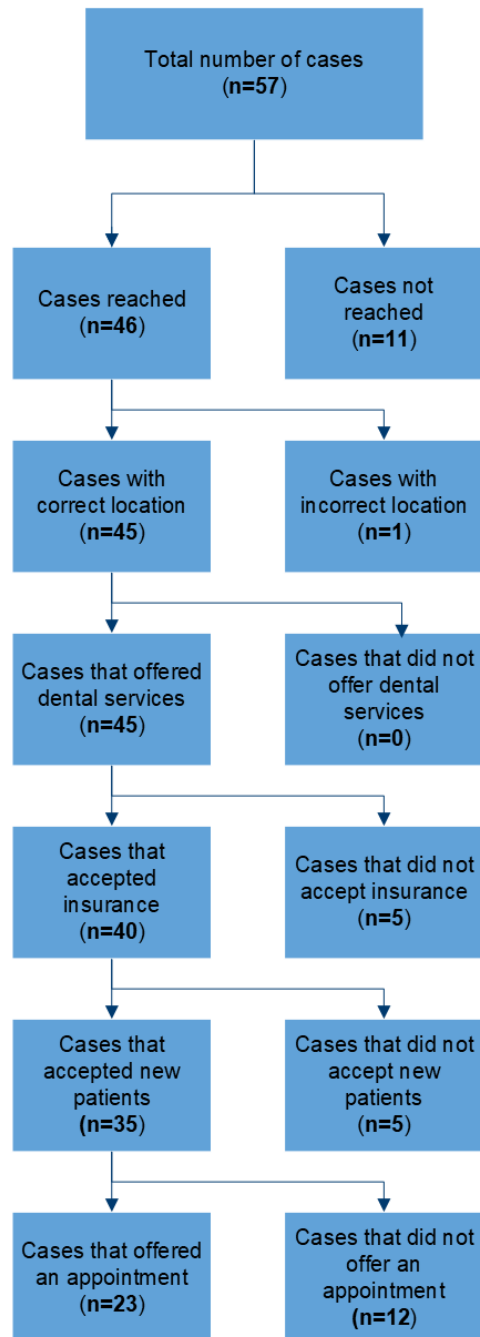
Item	Findings
Most locations could be reached.	Overall, 80.7 percent of the sampled cases could be reached, with the nonresponsive cases reaching a busy signal, extended hold time, or voicemail after three attempts to contact the office.
Acceptance of the requested insurance (i.e., DQ New Hampshire Medicaid) was inaccurate.	Overall, 13.0 percent of providers did not accept DQ New Hampshire Medicaid.
Acceptance of new patients was inaccurate.	Overall, 23.9 percent of providers did not accept new patients; however, only providers listed as accepting new patients in the provider data were selected for the survey sample.
Appointment availability was low.	Overall, 50.0 percent of cases reached offered an appointment. Of the cases that offered an appointment, 82.6 percent were within the 45-calendar-day wait time standard.

The overall response rate was 80.7 percent; however, once contacted, the offices reported varying degrees of match rates for the provider information. Once contacted, the accuracy of the location's address and specialty indicated match rates of 97.8 percent. However, the accuracy of acceptance of the requested insurance (87.0 percent) and new patients (76.1 percent) exhibited the lowest match rates. Additionally, of the cases reached, only 50.0 percent offered an appointment. Of the cases that did not offer an appointment, 25.7 percent required preregistration or personal information to schedule, 8.6 percent had a unique age restriction, and 2.9 percent required an initial evaluation before scheduling an appointment. Of the cases that offered an appointment, 82.6 percent were within the 45-calendar-day wait time standard.

High-Level Results

Figure 1-1 illustrates the flow of data collection during the survey calls, as well as the total number of cases with each potential survey outcome.

Figure 1-1—Survey Data Collection Process and Case Outcomes



While survey callers did not specifically ask about scheduling considerations or reasons an appointment may not be offered, the callers captured additional information offered by survey respondents regarding scheduling considerations that might affect a member’s access to care.

Some of the scheduling considerations noted during the survey calls may be part of a provider office’s standard medical practice; therefore, there may be valid reasons why a provider would not schedule an appointment. Table 1-2 displays the top limitations to scheduling appointments. Since callers identified all applicable scheduling considerations for a survey case, cases may be counted for one or more limitation categories.

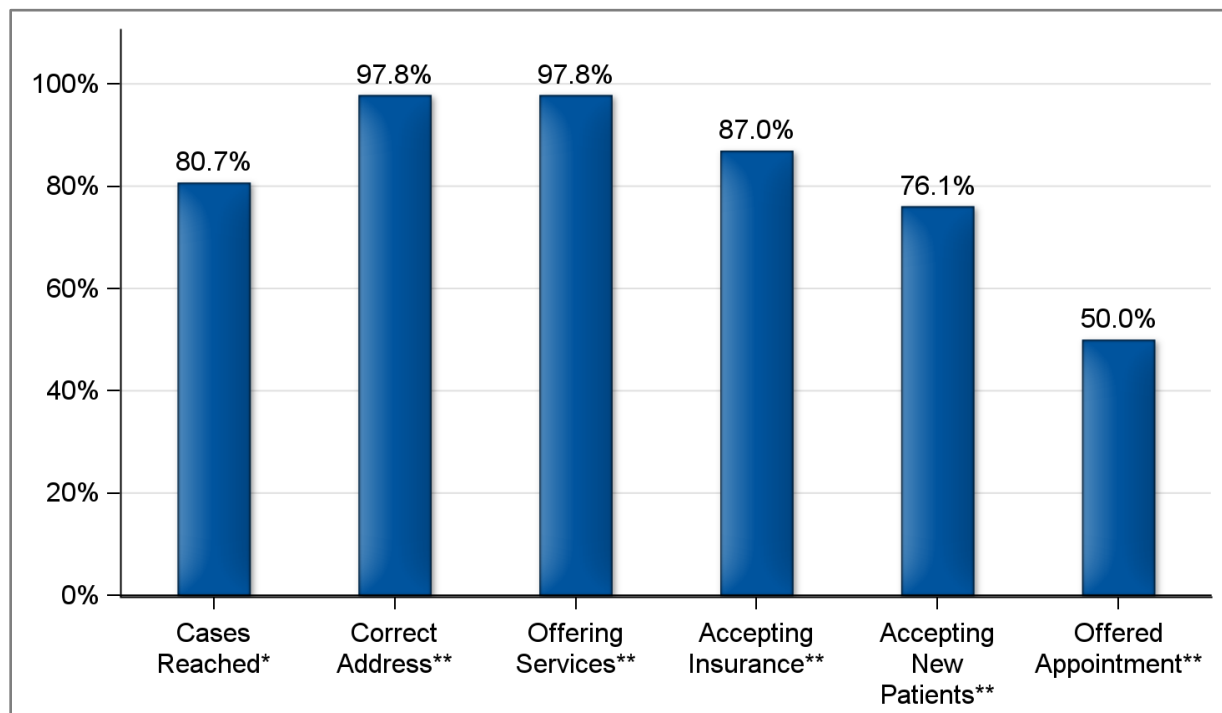
Table 1-2—Limitations to Scheduling Appointments

Limitation	Count	Rate ¹
Requires preregistration or personal information	9	25.7%
Unique age restriction	3	8.6%
Initial evaluation required	1	2.9%

¹ The denominator includes cases reached, accepting the insurance, and accepting new patients.

Figure 1-2 displays the telephone survey call outcomes.

Figure 1-2—Survey Call Outcomes



* The denominator includes all sampled providers.

** The denominator includes cases reached, accepting the insurance, and accepting new patients.

Table 1-3 displays the summary of wait times for new patient appointments and the percentage of cases in compliance with the 45-calendar-day wait time standard.

Table 1-3—DQ: Appointment Wait Times

Appointment Wait Time (Calendar Days)				Percentage of Cases Within Standard ¹
Min	Max	Average ¹	Median	
1	140	22	6	82.6%

¹ The denominator includes cases offered an appointment.

DHHS Recommendations

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

Summary of Findings

- In general, the survey results showed a relatively high level of agreement between the DO's provider data and the information obtained during the telephone calls to the providers' offices; however, the following indicators scored below 90 percent:
 - The overall response rate was 80.7 percent, with nonresponsive cases reaching a busy signal, extended hold time, or voicemail after three attempts to contact the office.
 - Overall, 87.0 percent and 76.1 percent of locations reached confirmed acceptance of the requested insurance and new patients, respectively.
- Overall, 97.8 percent of locations reached confirmed the accuracy of the sampled address and requested specialty.
- Overall, only 50.0 percent of the cases reached offered an appointment.
- The median wait time for scheduling a new patient appointment was six calendar days.
- Of the cases that offered an appointment date, 82.6 percent were within the 45-calendar-day wait time standard.

Recommended Actions

- Since the DO supplied HSAG with the provider data used for the telephone survey, DHHS should send the DO the case-level data files containing mismatched information between the DO's data and the provider office responses, and require the DO to address these deficiencies.
- HSAG recommends that the DO conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information on all pertinent provider indicators (e.g., active

providers and new patient acceptance). DHHS should consider developing time frames and monitoring procedures (e.g., provider portals, data submissions) for the DO to confirm office outreach, and confirmation of provider information.

- In coordination with ongoing outreach and network management activities, the DO should review provider office procedures for ensuring appointment availability standards are met, address questions, or reeducate providers and office staff members on DHHS standards, and incorporate appointment availability standards into educational materials. The DO should provide DHHS with copies of any training or educational materials.
- The DO should investigate and/or work with providers to ensure the list of providers displayed in the online provider directory is comprehensive to promote patient access to dental services.
- DHHS should consider requesting that the DO conduct a root cause analysis to identify factors affecting compliance with appointment availability standards and provide the results to DHHS.

2. Findings

The following section provides detailed findings related to the telephone survey.

Telephone Survey Results

HSAG attempted to contact 57 sampled provider locations (i.e., “cases”) for the DO, with an overall response rate of 80.7 percent (n=46). Table 2-1 illustrates the survey response rate.

Table 2-1—Response Rate

Total Cases	Cases Reached	Response Rate
57	46	80.7%

Table 2-2 summarizes the location, specialty, insurance, and new patient acceptance rates for the DO.

Table 2-2—Provider Data Validation and Accuracy Results

Denom ¹	Correct Location		Offered Routine Dental Services		Accepted Insurance		Accepted New Patients	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
46	45	97.8%	45	97.8%	40	87.0%	35	76.1%

¹ The denominator includes cases reached.

Table 2-3 displays the number of survey respondents who offered appointments to new patients for routine dental care services and the wait time statistics for the DO. Note that potential appointment dates may have been offered with any dental provider at the sampled location.

Table 2-3—Appointment Availability Results

Cases Reached	Cases Offered an Appointment		Appointment Wait Time (Calendar Days)				Percentage of Cases Within Standard ¹
	Count	Rate ²	Min	Max	Average	Median	
46	23	50.0%	1	140	22	6	82.6%

¹ The denominator includes cases offered an appointment.

² The denominator includes cases reached, accepting the insurance, and accepting new patients.

Analytic Considerations

Due to the nature of the secret shopper survey, DHHS should consider the following limitations when generalizing survey results across all dental providers contracted with the DO to serve New Hampshire Medicaid members:

- HSAG received the provider data from the DO in April 2025 and conducted survey calls between May 27, 2025, and June 20, 2025. In this time period, it is possible that the provider data submitted by the DO could have changed. This limitation would most likely affect the match rates for indicators with the potential for short-term changes (e.g., new patient acceptance status). For example, it is possible that a provider was accepting new patients when the DO 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 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 to travel to an alternate location.
- 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 DO'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 dental condition or a referral from another provider).
- The DO 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 frame. As such, a lack of compliance with appointment availability standards by individual provider locations should be considered in the context of the DO's process for aiding members who require timely appointments.
- To maintain the secret nature of the survey, callers posed as members who were not existing patients at the sampled provider locations. As such, survey results may not represent appointment timeliness among members who are existing patients at these provider locations.

DHHS Recommendations

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

Summary of Findings

- In general, the survey results showed a relatively high level of agreement between the DO's provider data and the information obtained during the telephone calls to the providers' offices; however, the following indicators scored below 90 percent:
 - The overall response rate was 80.7 percent, with nonresponsive cases reaching a busy signal, extended hold time, or voicemail after three attempts to contact the office.
 - Overall, 87.0 percent and 76.1 percent of locations reached confirmed acceptance of the requested insurance and new patients, respectively.
- Overall, 97.8 percent of locations reached confirmed the accuracy of the sampled address and requested specialty.
- Overall, only 50.0 percent of the cases reached offered an appointment.
- The median wait time for scheduling a new patient appointment was six calendar days.
- Of the cases that offered an appointment date, 82.6 percent were within the 45-calendar-day wait time standard.

Recommended Actions

- Since the DO supplied HSAG with the provider data used for the telephone survey, DHHS should send the DO the case-level data files containing mismatched information between the DO's data and the provider office responses, and require the DO to address these deficiencies.
- HSAG recommends that the DO conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information on all pertinent provider indicators (e.g., active providers and new patient acceptance). DHHS should consider developing time frames and monitoring procedures (e.g., provider portals, data submissions) for the DO to confirm office outreach, and confirmation of provider information.
- In coordination with ongoing outreach and network management activities, the DO should review provider office procedures for ensuring appointment availability standards are met, address questions, or reeducate providers and office staff members on DHHS standards, and incorporate appointment availability standards into educational materials. The DO should provide DHHS with copies of any training or educational materials.
- The DO should investigate and/or work with providers to ensure the list of providers displayed in the online provider directory is comprehensive to promote patient access to dental services.

- DHHS should consider requesting that the DO conduct a root cause analysis to identify factors affecting compliance with appointment availability standards and provide the results to DHHS.

DO Recommendations

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

- **DQ** had an overall response rate of 80.7 percent, with unresponsive cases reaching a busy signal, extended hold time, or voicemail after three attempts to contact the office. **DQ** should consider conducting a review of the provider offices to ensure staff members are available during business hours and office procedures do not unduly burden members' ability to reach a provider or access care.
- Of the locations that were contacted for **DQ**, 87.0 percent confirmed acceptance of the requested insurance. In alignment with the State Fiscal Year 2025 Network Adequacy Validation Report, **DQ** should continue utilizing the Windward and S-Provider data management systems to collect, maintain, and store provider and enrollment data, as well as provider credentialing data.
- Overall, 76.1 percent of **DQ**'s locations indicated acceptance of new patients. **DQ** should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to **DQ**'s membership to determine whether additional provider contracts should be executed.
- Among **DQ**'s respondent cases reached, 50.0 percent offered an appointment. Of the cases that offered an appointment, 82.6 percent were within the 45-calendar-day wait time standard. Additionally, **DQ** should review appointments outside of the DHHS wait time standards, determine the cause for delayed appointment times, and ensure office procedures do not unduly burden members' ability to access care.

Study Design

Survey callers inquired about appointment availability for routine dental visits for Medicaid members served by New Hampshire's DO, Delta Dental Plan of New Hampshire, Inc. DBA **NEDD** and the plan administrator, **DQ**.

Upon receiving the DO provider data, HSAG applied a series of quality control examinations to the DO's dental provider data to ensure alignment with the DHHS-approved sample frame creation instructions.

HSAG sampled from the DO's service locations to generate a list of survey cases. Survey callers contacted each sampled dental service location by telephone number. HSAG used information collected from survey respondents to assess appointment availability and evaluate the accuracy of the provider data supplied to HSAG by the DO.

Eligible Population

Using the DHHS-approved sample frame creation instructions, the DO identified providers potentially eligible for survey inclusion and submitted the data files to HSAG. The eligible population included actively contracted service locations associated with dental providers offering routine care (i.e., teeth cleaning) services for the DO at the time the data file was created, to serve individuals enrolled in the New Hampshire Medicaid program. HSAG also included service locations contracted with the New Hampshire DO that had addresses in states other than New Hampshire in the eligible population.

Sampling Approach

HSAG used the following sampling approach to generate a list of dental provider service locations (i.e., "cases") from the DO for inclusion in the survey:

- **Step 1:** HSAG assembled the sample frame using records from all dental provider service locations identified by the DO.
 - To minimize duplicate provider records, HSAG standardized the providers' address data to align with the United States Postal Service Coding Accuracy Support System (CASS). Address standardization did not affect the survey population; provider records requiring address standardization remained in the eligible population. HSAG retained the original provider address data values for locations where potential CASS address changes may have impacted data validity (e.g., the address was standardized to a different city or county).
 - HSAG excluded records from the sample frame that:

- Did not accept new patients and identified new patient acceptance from an indicator in the DO's data submission to HSAG.
- Did not accept patients for routine dental services (e.g., orthodontists).
- The DO indicated were not in the online directory or for providers who covered services at the specified location rather than accepting appointments to see patients at the location.
- **Step 2:** HSAG generated a unique survey case list by deduplicating the DO's sample frame submission.¹

Telephone Survey Process

Survey callers collected survey responses using a standardized script approved by DHHS (Appendix B). Callers conducted the survey as though they moved to the area and were trying to arrange an appointment for themselves. Survey callers requested appointment availability for only the sampled location. Due to the nature of the secret shopper calls, callers improvised during actual calls as needed. Callers did not leave voicemail messages or schedule appointments.

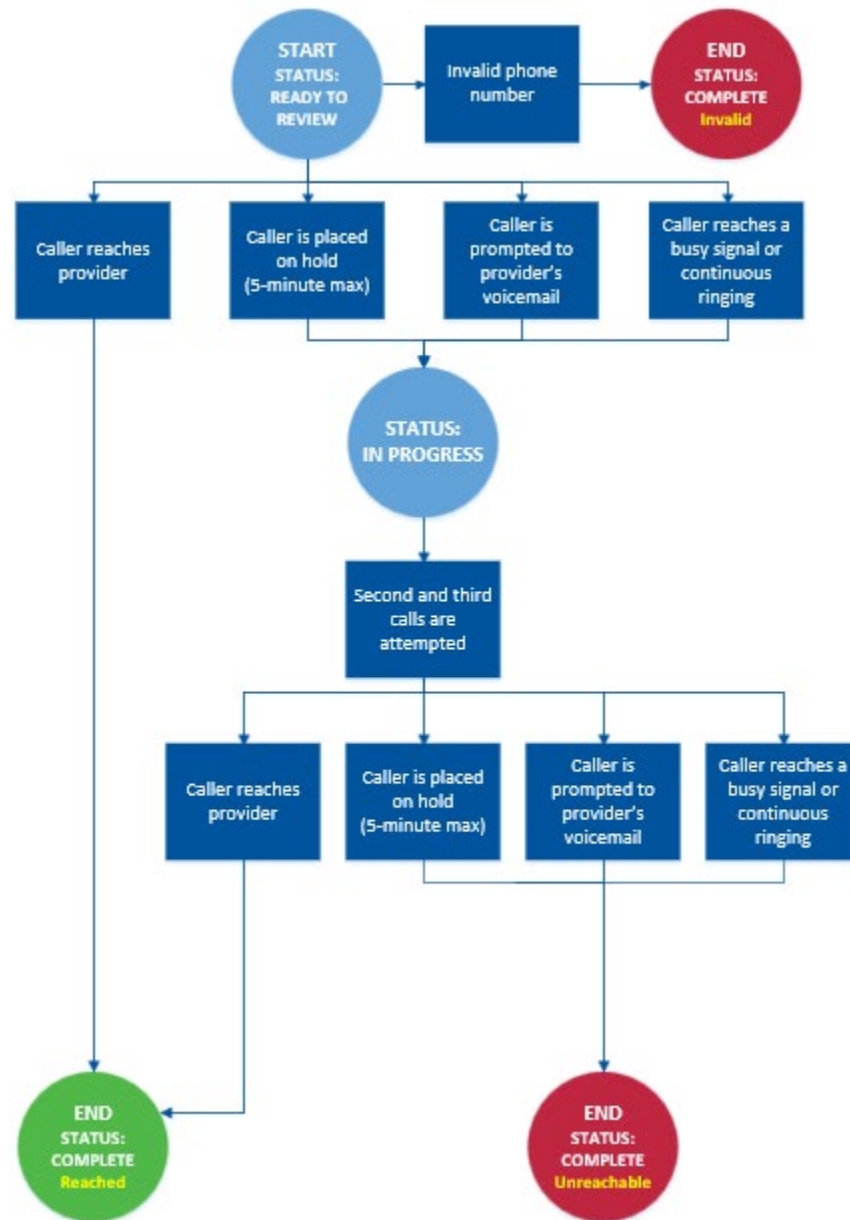
Survey callers made up to three attempts to contact each survey case during standard business hours (i.e., 9:00 a.m. – 5:00 p.m. Eastern Time).² If the office put the caller on hold at any point during the call, the caller remained on hold for five minutes before ending the call. If an answering service or voicemail answered a call attempt during normal business hours, the caller made additional attempts on a different day and at a different time of day. HSAG considered a survey case nonresponsive if the caller could not speak with office personnel during the call attempts (e.g., the call went to voicemail or a call center that prevented the caller from speaking with the office staff).

¹ In order to minimize the number of repeat phone calls to providers, HSAG selected unique cases based on locations as identified by unique phone numbers. If a phone number was associated with multiple addresses within the DO, HSAG randomly assigned the number to a single standardized address.

² HSAG did not consider a call attempted when the caller reached an office outside of the office's usual business hours. For example, if the caller reached a recording that stated the office was closed for lunch, the call attempt did not count toward the three attempts to reach the office. The caller attempted to contact the office up to three times outside of the known lunch hour.

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

Figure A-1—Call Flow Diagram



Study Indicators

Using the survey script presented in Appendix B, HSAG classified survey indicators into domains that consider provider data accuracy and appointment availability. HSAG evaluated provider data accuracy 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:

- Telephone number
- Address
- Provider location’s identification as offering routine dental services
- Affiliation with the insurance (i.e., DO and New Hampshire Medicaid)

HSAG collected the following access-related information when calling sampled dental service locations:

- Information concerning whether the provider location accepted new patients.
- Next available new patient appointment date with any dental provider at the sampled location for a routine dental visit (i.e., dental cleaning).
- Any considerations offered by the survey respondent regarding new patient acceptance or appointment availability.
 - Considerations included, but were not limited to, the following:
 - Dental service location would only see patients of a specific age (e.g., under the age of 21 years).
 - Dental service location required registration with the practice prior to offering an appointment.
 - Dental service location required initial evaluation prior to offering an appointment.

HSAG's DO Secret Shopper Survey Team

The HSAG DO secret shopper survey team was assembled based on the full complement of skills required for the design and implementation of the DO secret shopper 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 2025 DO Secret Shopper Survey

Name/Role	Skills and Expertise
Amber Saldivar, MHSM <i>Senior Executive Director, Data Science & Advanced Analytics (DSAA)</i>	Ms. Saldivar has more than 20 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®), ³ quality of life, provider, and network validation surveys. She has assisted state Medicaid agencies, health plans, and the Centers for Medicare & Medicaid Services (CMS) with various survey administration and reporting activities.
Lacey Hinton, AAS, RN <i>Analytics Manager II, DSAA</i>	Ms. Hinton has over 15 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 13 years and has been involved in EQR services in NH since 2015.
Christiene Lim, BS <i>Senior Analytics Coordinator, DSAA</i>	Ms. Lim has been employed by HSAG for more than two years and has been involved in coordinating and supporting analytic activities for various CAHPS and network adequacy surveys.
Carli Lewis, BS <i>Senior Analytics Coordinator, DSAA</i>	Ms. Lewis has been employed by HSAG for more than a year and has been involved in coordinating and supporting analytic activities for various network adequacy surveys and Quality Improvement Network-Quality Improvement Organization projects.
Stella Veazey, MS <i>Analyst II, DSAA</i>	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.

³ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

Name/Role	Skills and Expertise
Xitao Xie, MS <i>Senior Analyst, DSAA</i>	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.

Appendix B. DO Secret Shopper 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 or does not connect to a dental office, the survey will end, and the case is considered not reached (i.e., an invalid telephone number).

If the interviewer reaches a voicemail system or busy signal during standard business hours, they will attempt to contact the sampled case on a different day and at a different time of day.

2. “Hello, I’m calling to find out if I can make a dental appointment at <<street address>>. Is this the correct location?”

If yes, move to Element #3.

If the office indicates that the address is incorrect and a forwarding telephone number for the sampled address is not available, the survey will end.

3. “I would like to make an appointment to have my teeth cleaned. Do you offer teeth cleaning?”

If yes, move to Element #4.

If the office indicates that it does not offer routine dental services, the survey will end.

4. “My insurance is with **DentaQuest**, the New Hampshire Medicaid adult plan. Does this office see patients with **DentaQuest**?”

If yes, move to Element #5.

If the office indicates that it does not accept the DO, the survey will end.

5. “Are you accepting new patients for **DentaQuest**?”

If any general dental provider in the office is accepting new patients, move to Element #6.

If the office indicates that it is not accepting new patients with the DO, the survey will end.

6. “How soon would I be able to schedule an appointment to have my teeth cleaned?”

Record the date for the soonest available appointment with any provider at the location and continue to Element #7.

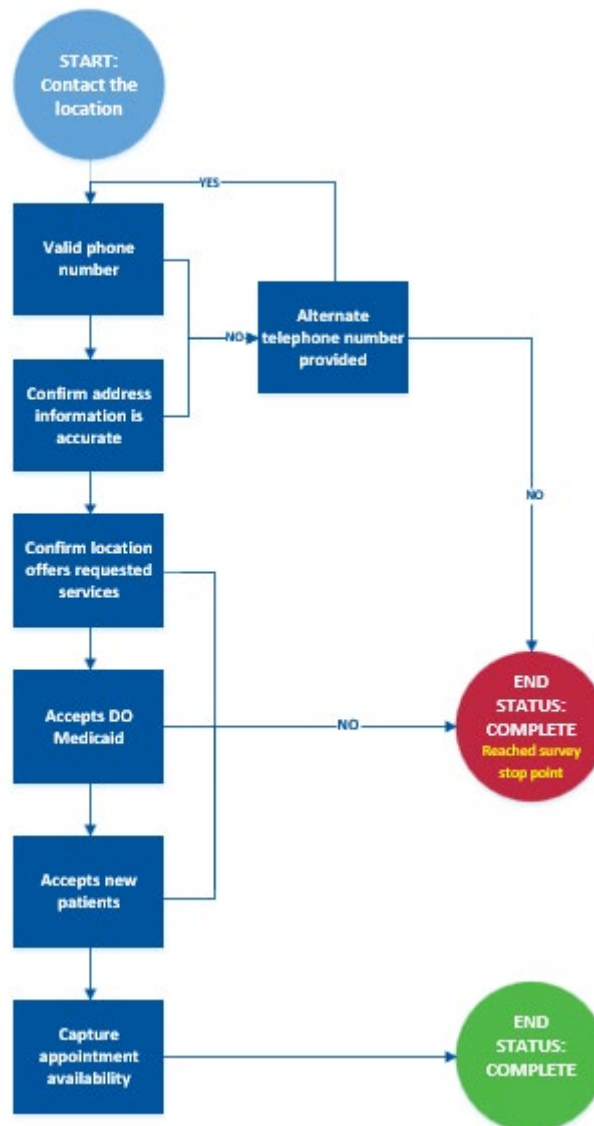
If the office offers limitations to patient access or appointment availability, record any limitations offered (e.g., the patient must pre-register with the office before scheduling an appointment). Callers will not inquire about additional limitations.

If an appointment date is not offered due to limitations, the survey will end.

7. “Thank you. I will call back later.”

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

Figure B-1—Decision Stop Points



Appendix C. DO Recommendations Requiring Follow Up

The following section shows how each of HSAG’s recommendations pertinent to the DO will be addressed by the DO and monitored by DHHS.

NEDD/DQ

Table C-1 lists opportunities for improvement to include in the quality assessment and performance improvement report for **NEDD/DQ**.

Table C-1—EQRO Findings and Recommendations for Improvement From the DO Secret Shopper Survey Report to Include in the DENTAL_EQRO.01 Report for NEDD/DQ

NEDD/DQ EQRO Findings/Recommendations for Improvement to Be Included in the EQRO.01		
DO Secret Shopper Survey Report		
1	NEDD/DQ-2025-DENTAL_EQRO.01_SSS-01	DQ had an overall response rate of 80.7 percent, with unresponsive cases reaching a busy signal, extended hold time, or voicemail after three attempts to contact the office. DQ should consider conducting a review of the provider offices to ensure staff members are available during business hours and office procedures do not unduly burden members’ ability to reach a provider or access care.
2	NEDD/DQ-2025-DENTAL_EQRO.01_SSS-02	Of the locations that were contacted for DQ, 87.0 percent confirmed acceptance of the requested insurance. In alignment with the State Fiscal Year 2025 Network Adequacy Validation Report, DQ should continue utilizing the Windward and S-Provider data management systems to collect, maintain, and store provider and enrollment data, as well as provider credentialing data.
3	NEDD/DQ-2025-DENTAL_EQRO.01_SSS-03	Overall, 76.1 percent of DQ’s locations indicated acceptance of new patients. DQ should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to DQ’s membership to determine whether additional provider contracts should be executed.
4	NEDD/DQ-2025-DENTAL_EQRO.01_SSS-04	Among DQ’s respondent cases reached, 50.0 percent offered an appointment. Of the cases that offered an appointment, 82.6

		percent were within the 45-calendar-day wait time standard. Additionally, DQ should review appointments outside of the DHHS wait time standards, determine the cause for delayed appointment times, and ensure office procedures do not unduly burden members' ability to access care.
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