State of New Hampshire Department of Health and Human Services

State Fiscal Year 2025 MCO Revealed Survey Report

July 2025

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) 2025 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 its external quality review organization (EQRO), Health Services Advisory Group, Inc. (HSAG), to conduct a revealed provider survey among primary care providers (PCPs) contracted with one or more Medicaid managed care organizations (MCOs) to ensure members have appropriate access to provider information.

The goal of the survey was to evaluate New Hampshire's Medicaid managed care network of primary care locations. Specific survey objectives included the following:

- Determine if the contact information (i.e., phone number, address) was accurate for contracted PCPs reported by the MCOs.
- Determine whether the service locations offered the requested services.
- Determine whether primary care locations accepted patients enrolled with a Medicaid MCO.
- Determine whether primary care locations accepted new patients.
- Determine appointment availability with the sampled primary care locations for routine well checks and non-urgent symptomatic visits.

To address the study objectives described above, HSAG used a DHHS-approved methodology (Appendix A) to conduct the SFY 2025 MCO Revealed Survey among the following MCOs:

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

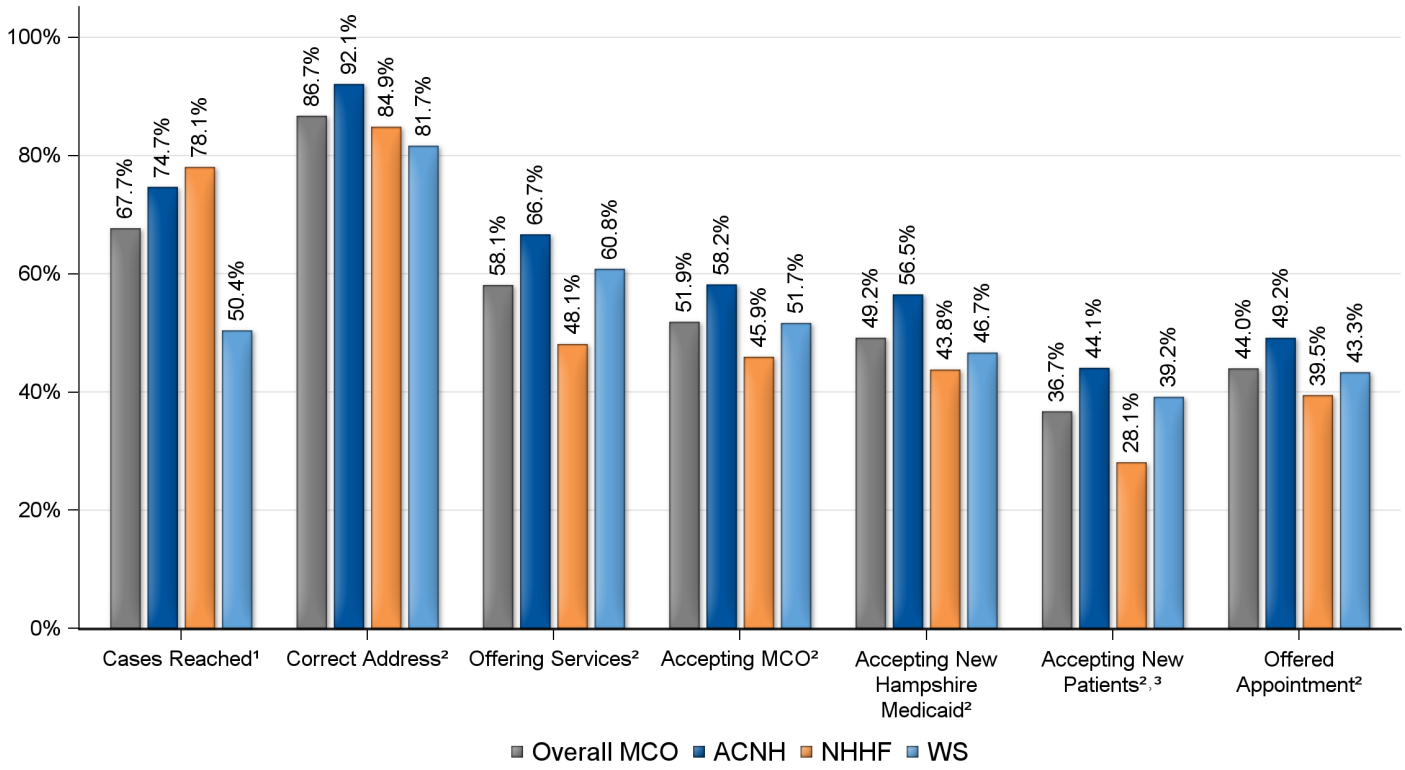
For comparison, appointment availability for individuals with commercial health insurance was also assessed using the Anthem-State Health Benefit Plan (Anthem) offered in New Hampshire by Anthem BlueCross BlueShield.

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 are presented in appendices C, D, and E.

Figure 1-1 presents the summary results by MCO.

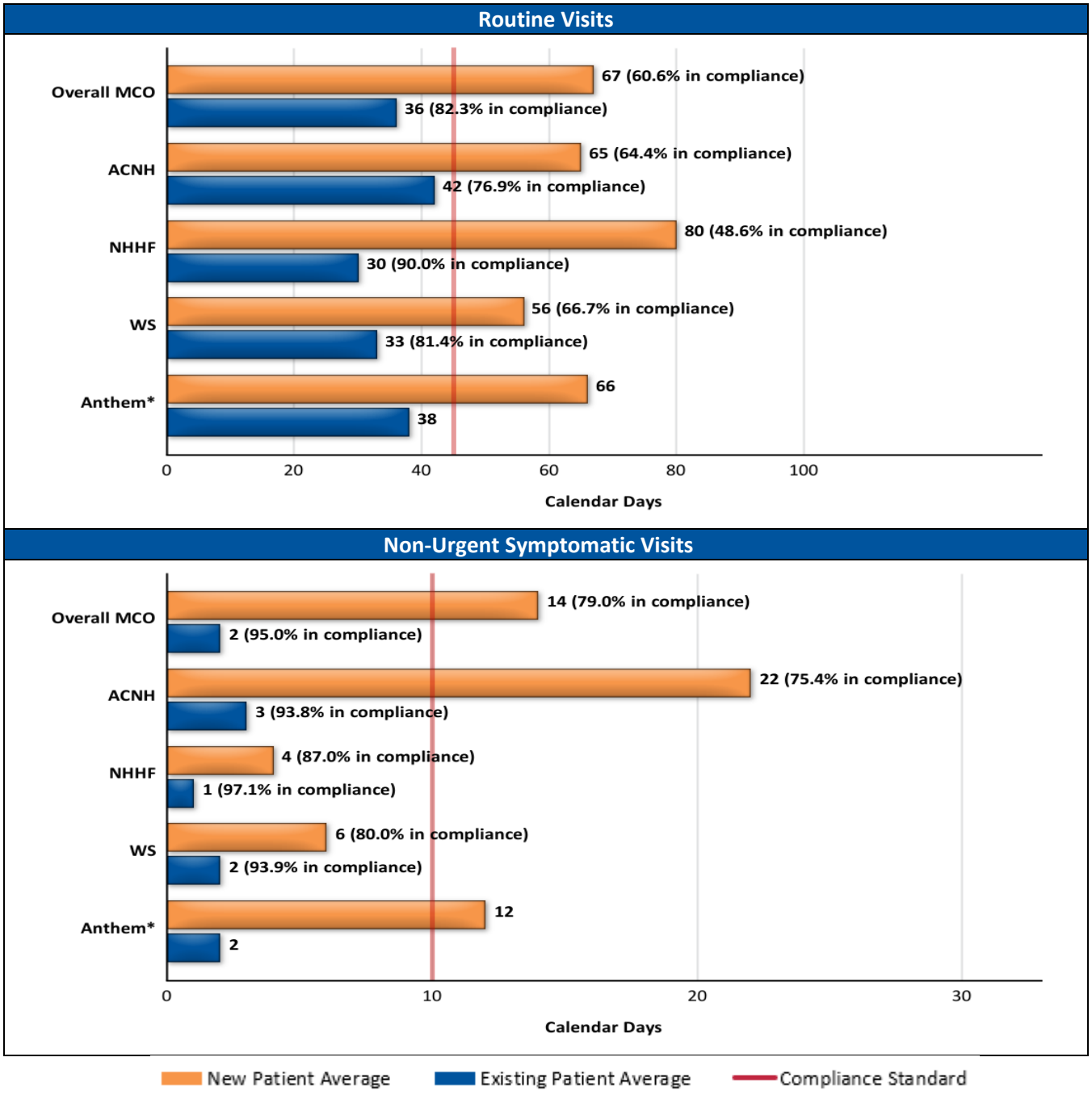
Figure 1-1—Summary Results by MCO



¹ The denominator includes all sampled providers.
² The denominator includes cases reached.
³ The denominator includes all respondents accepting New Hampshire Medicaid. Note: Sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance data.

Figure 1-2 presents the average wait times for new and existing patients and the percentage of cases in compliance with the 45-calendar-day wait time standard for routine visits and 10-calendar-day wait time standard for non-urgent symptomatic visits.

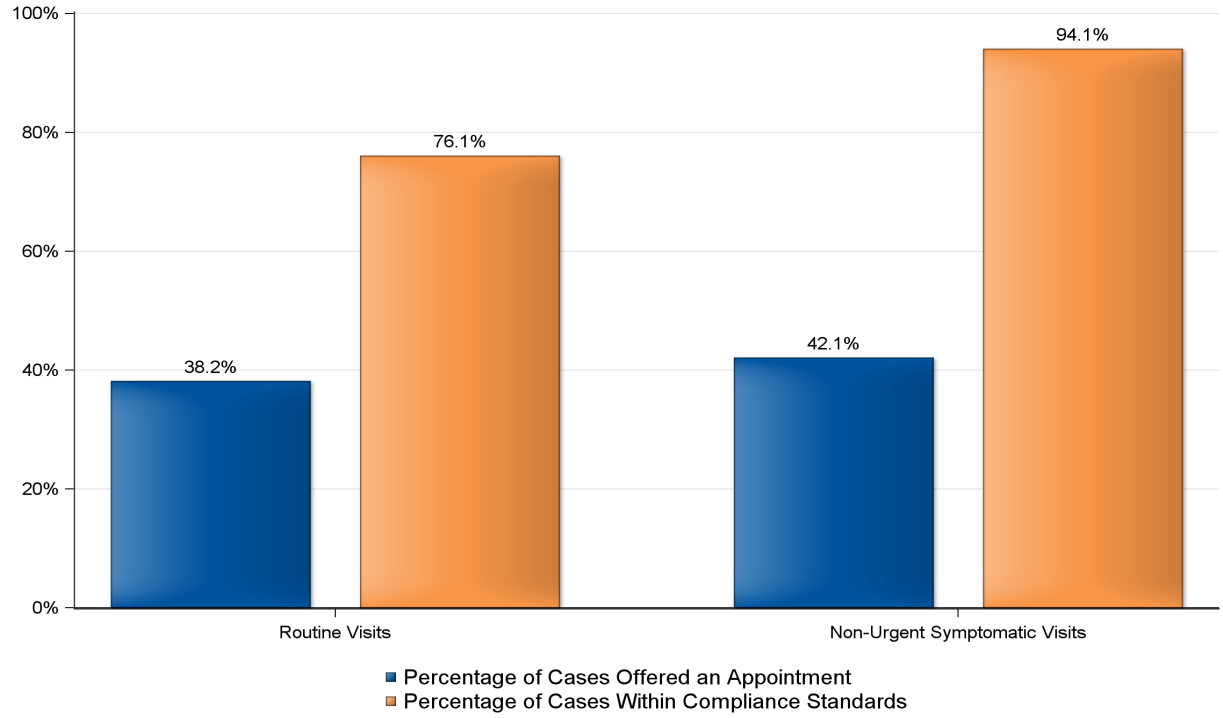
Figure 1-2—Summary Wait Times



*Anthem is a commercial comparison and does not have a compliance standard. Additionally, the denominator includes locations reached that accepted Anthem.

Figure 1-3 presents the percentage of cases offering an appointment with the sampled MCO and the percentage of cases in compliance with the 45-calendar-day wait time standard for routine visits and the 10-calendar-day wait time standard for non-urgent symptomatic visits.

Figure 1-3—Appointment Availability Comparison for MCOs



High-Level Findings

- Of the 712 locations sampled, only 67.7 percent could be reached. Response rates varied by MCO, with a response rate of 74.7 percent for **ACNH**, 78.1 percent for **NHHF**, and 50.4 percent for **WS**. Overall, 9.1 percent of the sampled cases reached an incorrect phone number (i.e., non-working or disconnected, fax number, personal phone number, or non-medical facility), indicating incorrect contact information provided by the MCOs. Additionally, 2.5 percent of locations refused to participate in the survey.
- Of the locations contacted, 86.7 percent had the correct address, and 58.1 percent offered the services indicated in the MCOs' files. Accuracy of the location's specialty varied by MCO, with 66.7 percent of locations confirming accuracy of the specialty noted in **ACNH**'s data, 60.8 percent of locations confirming accuracy of the specialty noted in **WS**'s data, and 48.1 percent of locations confirming accuracy of the specialty noted in **NHHF**'s data.
- Overall, 51.9 percent of the respondent locations confirmed acceptance of the MCO. **ACNH** had the highest MCO acceptance rate at 58.2 percent, and **NHHF** had the lowest MCO acceptance rate at

45.9 percent. Of the respondents that accepted the MCO, 49.2 percent also accepted New Hampshire Medicaid.

- New patient acceptance varied among MCOs, with 44.1 percent of the contacted locations accepting **ACNH** new patients, 39.2 percent accepting **WS** new patients, and 28.1 percent accepting **NHHF** new patients. However, sampled cases were not limited to locations accepting new patients. Overall, 72.6 percent of locations confirmed the new patient acceptance status listed in the MCO's provider data submitted to HSAG.
- Overall, 28.0 percent of locations offered a new patient appointment, and 43.4 percent of locations offered an existing patient appointment.
- DHHS requires that a Medicaid patient be able to make a routine appointment within 45 calendar days and a non-urgent symptomatic appointment within 10 calendar days.
  - The average wait time for a new patient routine appointment was 67 calendar days, while the average wait time for an existing patient routine appointment was 36 calendar days. Overall, 60.6 percent of new and 82.3 percent of existing patient routine appointments met this standard.
  - The average wait time for a new patient non-urgent symptomatic appointment was 14 calendar days, while the average wait time for an existing patient non-urgent symptomatic appointment was two calendar days. Overall, 79.0 percent of new and 95.0 percent of existing patient non-urgent symptomatic appointments met this standard.
  - Anthem was used as a commercial comparison and did not exhibit shorter wait times when compared to the Medicaid MCOs.
- Overall, 65.0 percent of sampled providers were affiliated with the sampled location. Provider affiliation varied by MCO, with 73.2 percent of **WS** providers, 63.0 percent of **NHHF** providers, and 62.0 percent of **ACNH** providers affiliated with the sampled location.

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 telephone survey resulted in a low response rate, with 9.1 percent of the sampled cases reaching an incorrect phone number (i.e., non-working or disconnected, fax number, personal phone number, or non-medical facility).
- In general, the survey results for sampled 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 provider locations to confirm services offered, MCO and Medicaid acceptance, and provider affiliation.
- Overall, the telephone survey resulted in a low number of offered appointments for both new and existing patients.
- In accordance with the MCOs' contracts with DHHS, each MCO is required to maintain provider network capacity to ensure routine appointments are available within 45 calendar days and non-urgent symptomatic appointments are available within 10 calendar days. Most new patient appointments provided were not within these standards; however, all existing patient appointments were within the DHHS wait time standards. Additionally, commercial insurance coverage did not result in shorter new or existing patient wait times when compared to Medicaid wait times.

Recommended Actions

- Since the MCOs supplied HSAG with the provider data used for the telephone survey, DHHS should continue supplying each MCO with the case-level analytic data files and a defined timeline by which each MCO will address the provider data deficiencies identified during the survey calls (e.g., incorrect telephone number, address, specialty, insurance information).
- HSAG recommends that each MCO 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, service address, telephone number, new patient acceptance). DHHS could consider developing time frames and monitoring procedures (e.g., provider portals, data submissions) for MCOs to confirm office outreach and confirmation of provider information.
- DHHS could request the MCOs to 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, DHHS could request the MCOs to 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. The MCOs should provide DHHS with copies of any training or 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

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

Survey Findings

This section presents the results from the telephone survey for all sampled providers. Detailed results for each MCO are shown in appendices C, D, and E.

Survey Outcomes

Table 2-1 illustrates the survey dispositions and response rates by MCO.

Table 2-1—Survey Dispositions and Response Rates

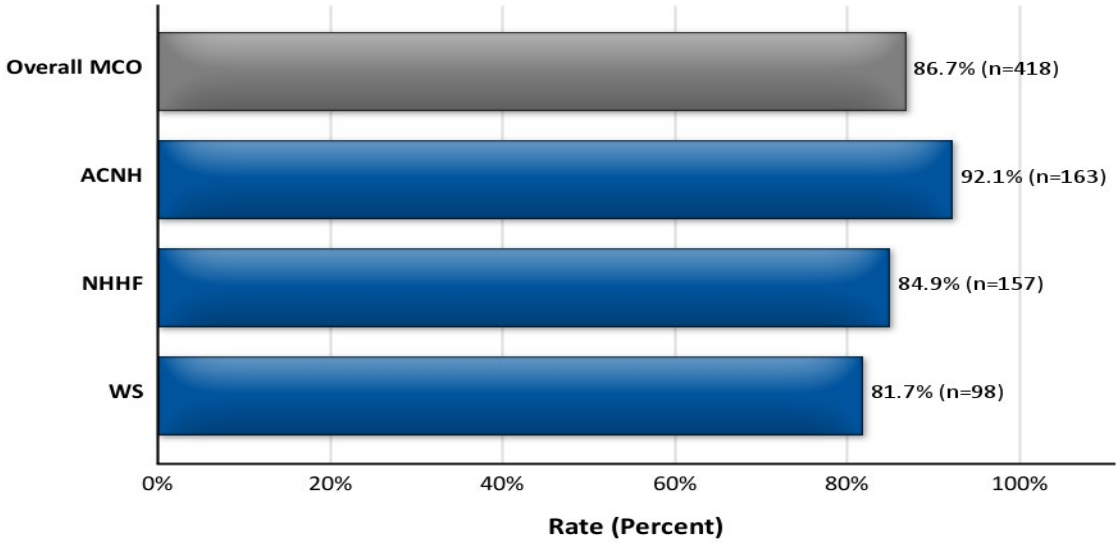
MCO	Sampled Cases	Respondents	Refusals	Bad Phone Number*	Unable to Reach**	Response Rate
ACNH	237	177	7	7	46	74.7%
NHHF	237	185	5	16	31	78.1%
WS	238	120	6	42	70	50.4%
Overall	**712**	**482**	**18**	**65**	**147**	**67.7%**

* This includes reaching a disconnected number, fax number, non-working number requesting a mailbox number or personal identification number (PIN), gift card/giveaway/survey number, billing office, or number that connected to a personal line or non-medical facility.
** This includes reaching voicemail, a busy signal, continuous ringing, and/or an extended hold time after three attempts.

Correct Location

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

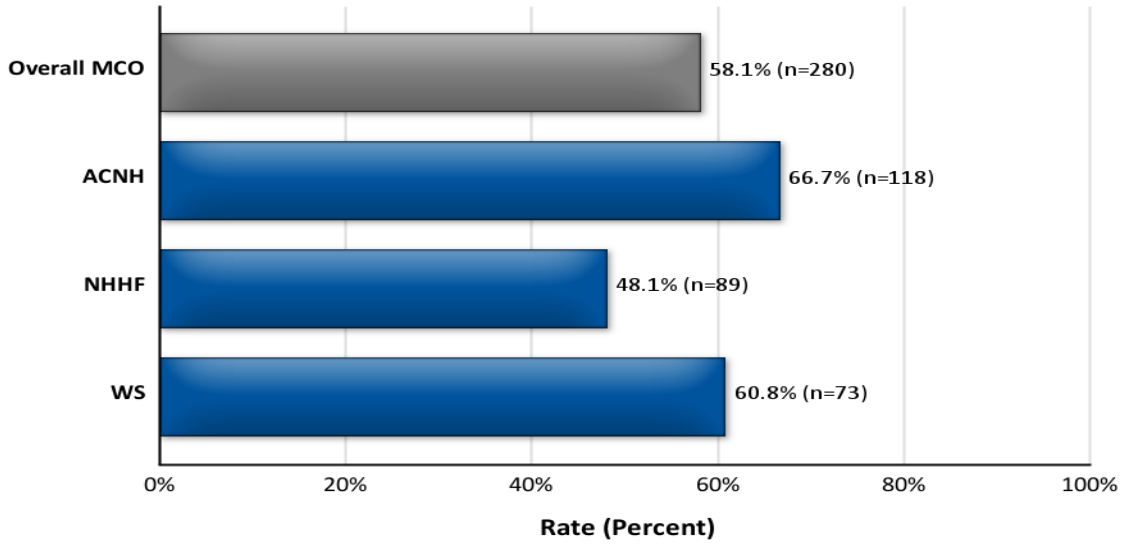
Figure 2-1—Respondents With the Correct Location



Offered Requested Services

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

Figure 2-2—Locations That Offered Requested Services



Acceptance Rates

Figure 2-3 through Figure 2-5 display the percentage of cases wherein the survey respondent confirmed that the location accepted the requested MCO, New Hampshire Medicaid, and new patients, respectively.

Figure 2-3—Locations That Accepted the Requested MCO

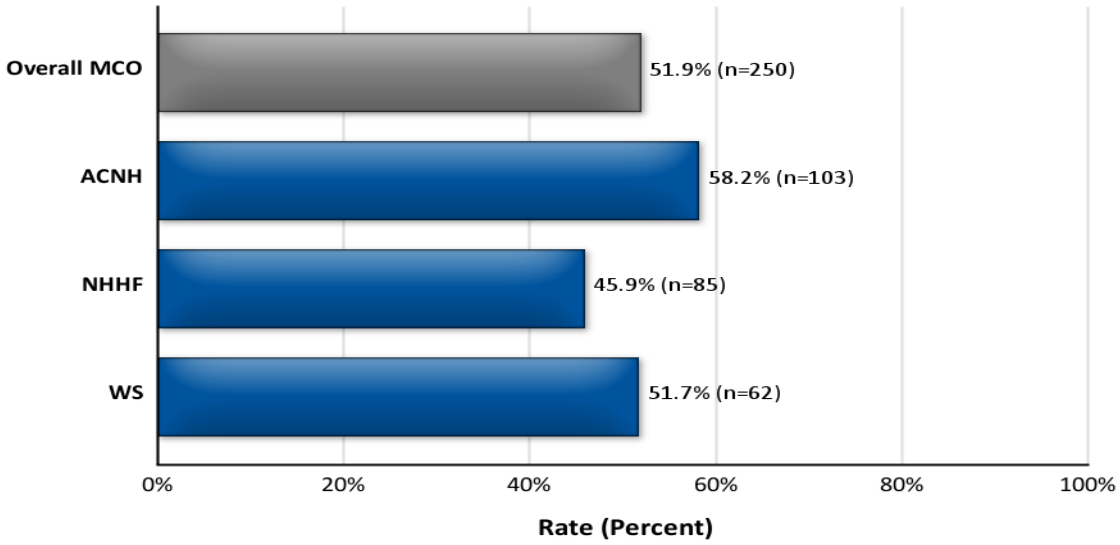


Figure 2-4—Locations That Accepted New Hampshire Medicaid

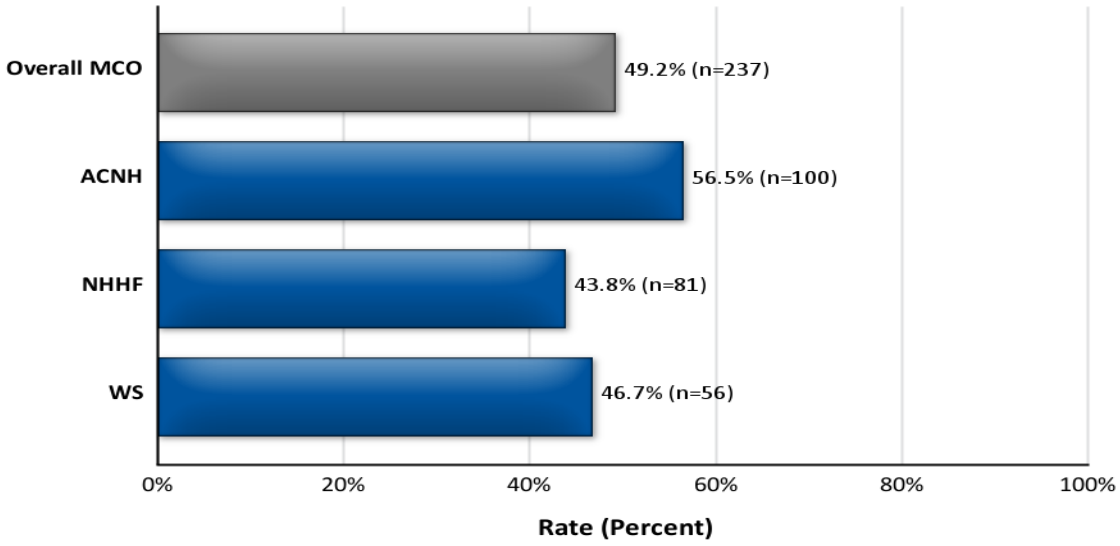
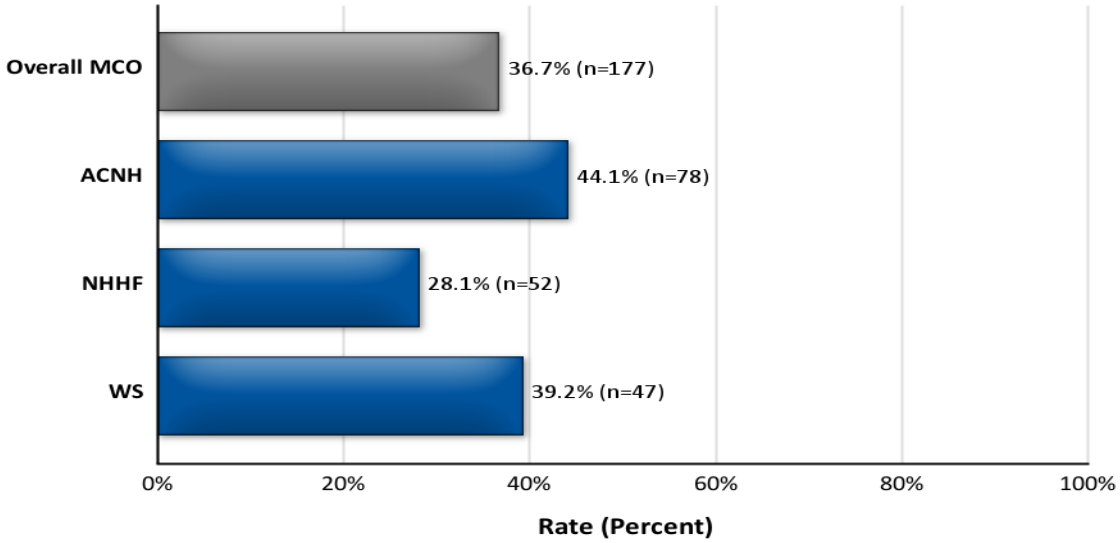


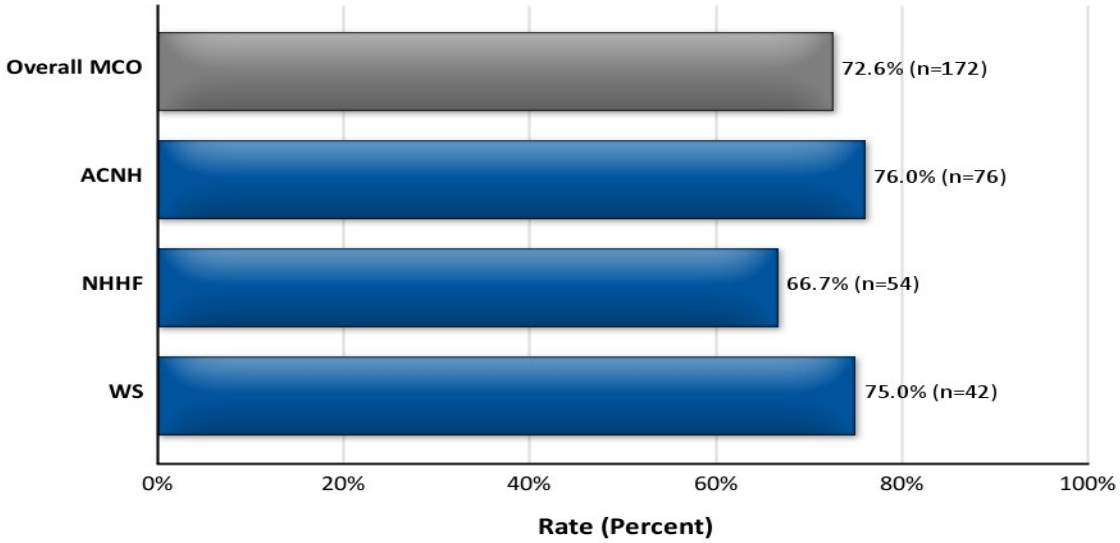
Figure 2-5—Locations That Accepted New Patients[1]



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

Figure 2-6 displays the percentage of cases that confirmed the new patient acceptance status listed in the MCO's provider data submitted to HSAG. This measure is informational only and did not impact survey rates.

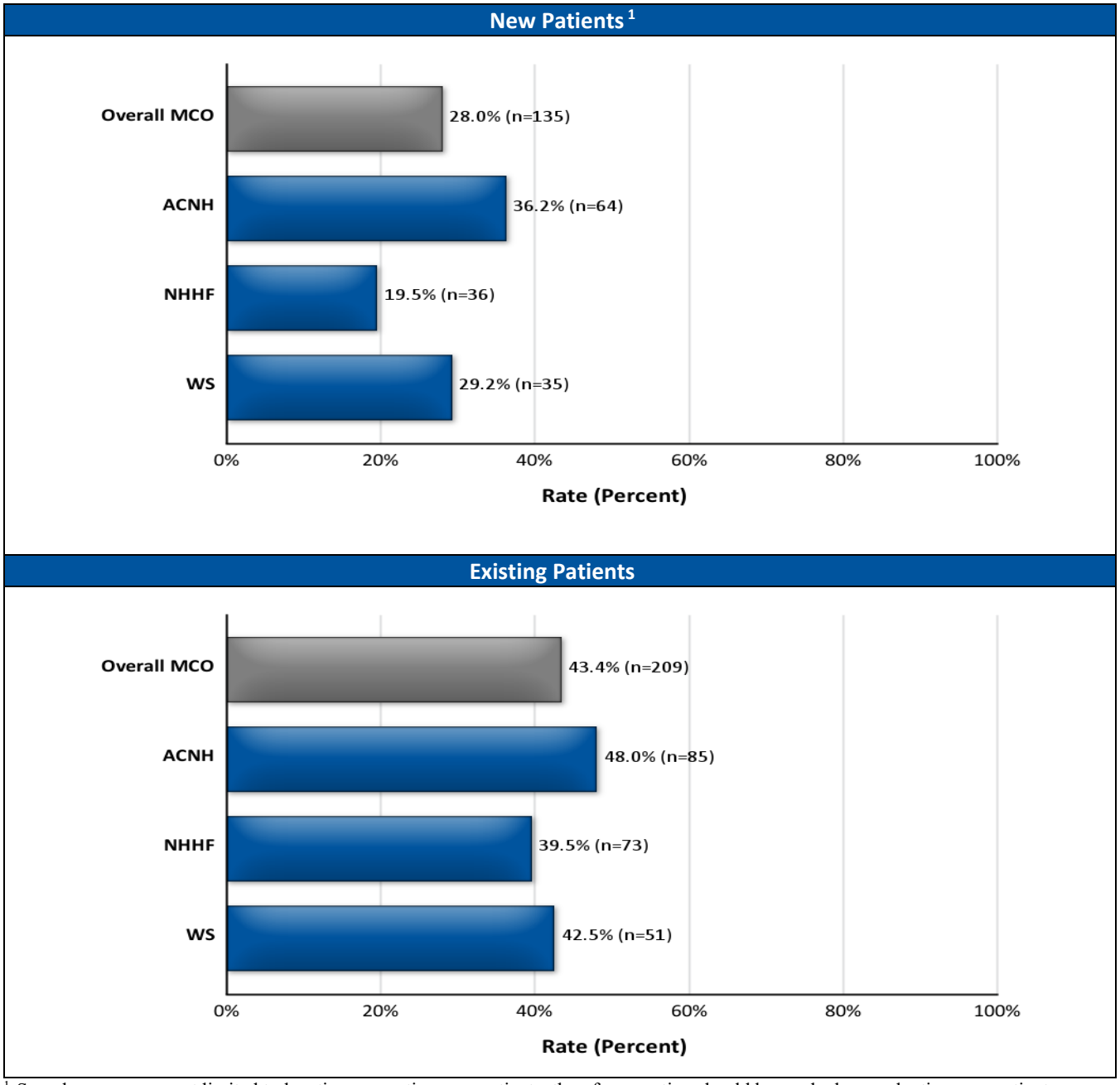
Figure 2-6—Locations That Confirmed New Patient Acceptance Status



Appointment Availability

Figure 2-7 displays the percentage of cases that offered new and existing patient appointments.

Figure 2-7—Locations That Offered Appointment



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

While callers did not specifically ask about limitations to appointment availability, the callers captured any additional information offered by survey respondents regarding potential barriers to accessing care. Table 2-2 displays the overall count and percentage of survey respondents' stated limitations. One case may have multiple limitations affecting access to care, including the ability to obtain appointment availability information.

Table 2-2—Limitations to Scheduling Appointments

Limitation[1]	Count	Rate[2]
Existing patient appointment dependent on schedule of provider with which the patient is established	90	38.0%
Initial evaluation required/must establish care	60	25.3%
Schedule/calendar not available	38	16.0%
Other limitation(s)	31	13.1%
Requires medical record review	30	12.7%
Requires pre-registration or personal information to schedule	23	9.7%
Unique age restriction	5	2.1%
Must fill out a questionnaire	4	1.7%

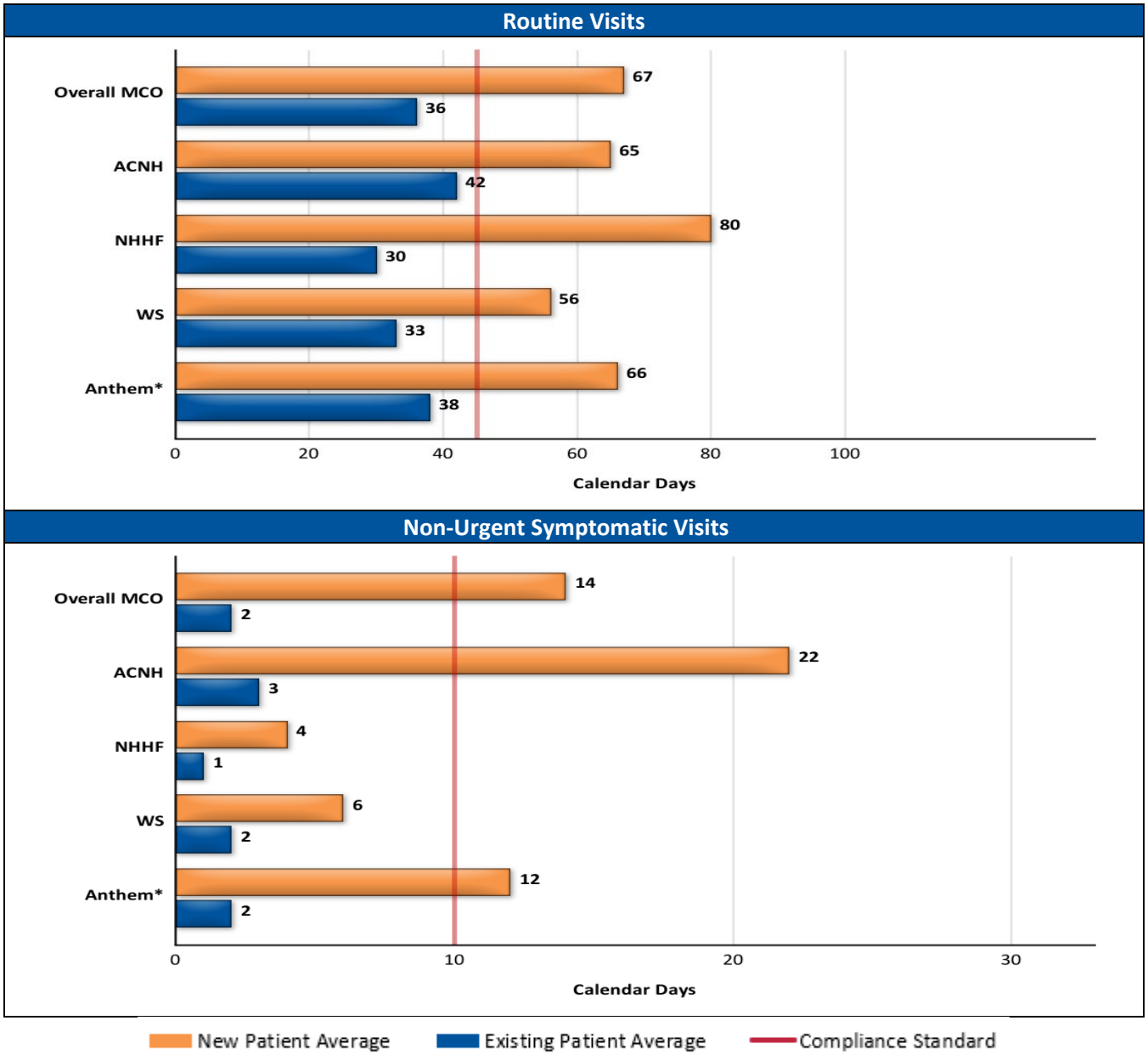
[1] Callers were able to identify all applicable limitations for a survey case, and cases may be counted for one or more limitations.

[2] The denominator includes cases reached that accepted New Hampshire Medicaid.

Wait Times

Figure 2-8 displays the average routine visit wait times for new and existing patients by MCO/insurance plan. In accordance with the MCOs' contracts with DHHS, each MCO is required to maintain provider network capacity to ensure appointments are available within 45 calendar days for routine office visits and 10 calendar days for non-urgent symptomatic office visits.

Figure 2-8—Office Visit Wait Times

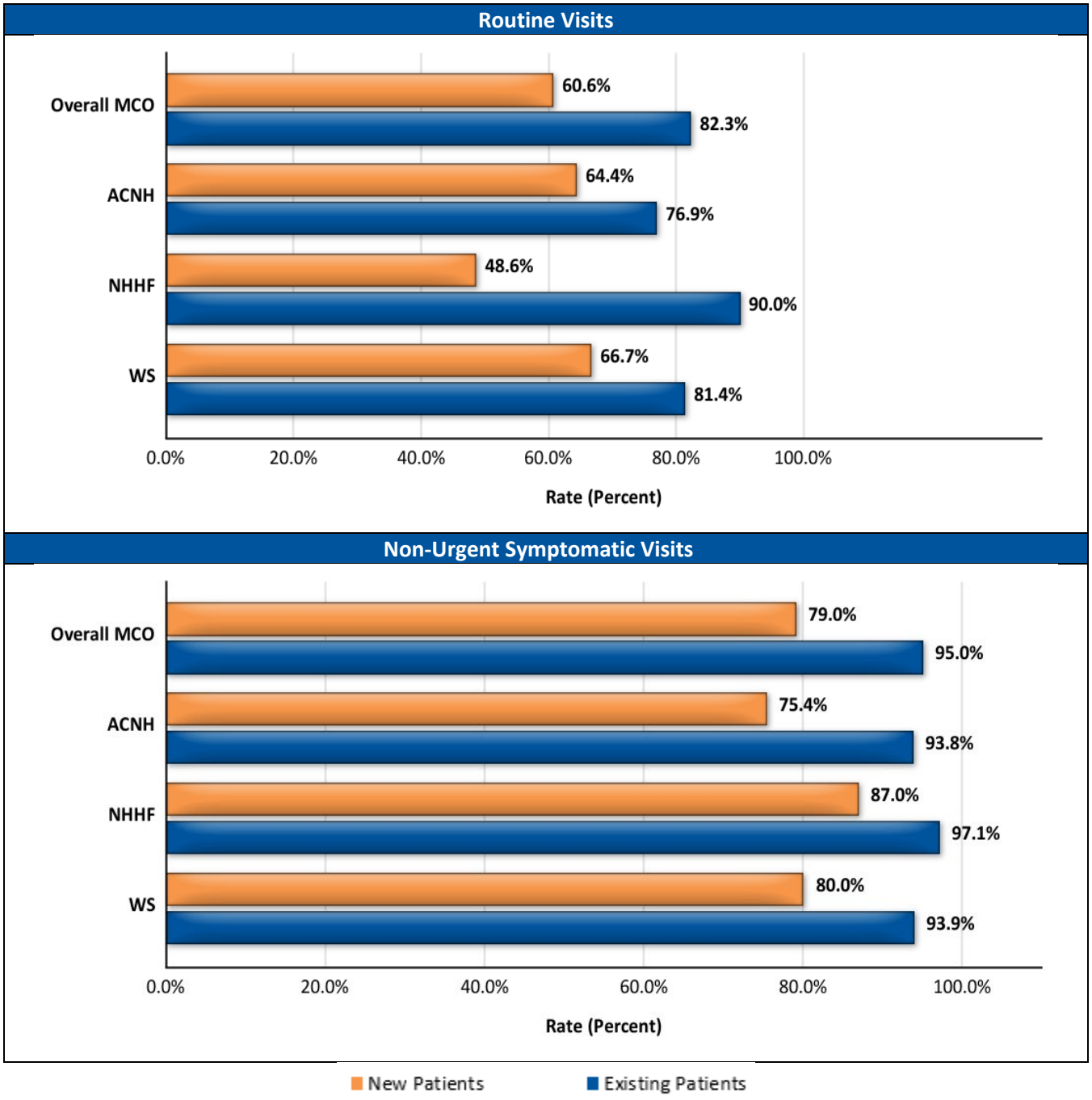


* Anthem was used as a commercial comparison and does not have a compliance standard. Additionally, the denominator includes locations reached that accepted Anthem.

Compliance Rates

Figure 2-9 displays the percentage of appointments within the 45-calendar-day wait time standard for routine office visits and the 10-calendar-day wait time standard for non-urgent symptomatic office visits.

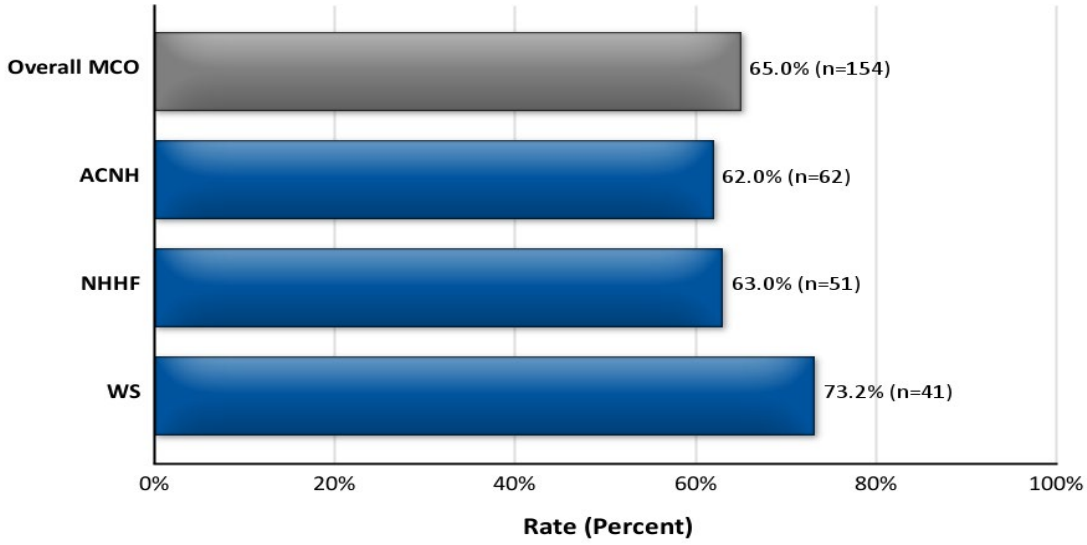
Figure 2-9—Appointments Meeting Compliance Standards



Provider at Sampled Location

Figure 2-10 displays the percentage of cases in which the survey respondent confirmed that the sampled provider was at the location.

Figure 2-10—Locations That Confirmed Provider Affiliation



The denominator includes cases reached that accepted New Hampshire Medicaid.

3. Discussion

Study Limitations

Various factors associated with the SFY 2025 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 2025 and conducted survey calls between March 4, 2025, and April 8, 2025. 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).
- 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. Overall, 2.5 percent of locations refused to participate in the survey.
- 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 to 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 response rate of 74.7 percent. Overall, 3.0 percent of **ACNH**'s cases connected to a bad phone number (e.g., 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 contacted locations, only 66.7 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 58.2 percent of **ACNH**'s contacted locations indicated acceptance of **ACNH**. Additionally, only 56.5 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. Furthermore, **ACNH** should consider conducting a review of the offices' eligibility requirements to ensure these barriers do not unduly burden members' ability to access care.
- Only 44.1 percent of **ACNH**'s respondent locations indicated acceptance of new patients. However, sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance. For reference, 76.0 percent of locations confirmed the new patient acceptance status in **ACNH**'s provider data. **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.
- Overall, 36.2 percent of **ACNH**'s respondent locations offered a new patient appointment, and 48.0 percent offered an existing patient appointment. **ACNH** should consider reviewing provider panel capacities and the availability of providers to accept patient appointments relative to **ACNH** membership to determine whether additional provider contracts should be executed. Additionally, **ACNH** 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.
  - The average new patient wait times were 65 calendar days for a routine office visit and 22 calendar days for a non-urgent symptomatic visit.
  - The average existing patient wait times were 42 calendar days for a routine office visit and three calendar days for a non-urgent symptomatic visit.

  - Of the new patient appointments offered, 64.4 percent were within the 45-calendar-day wait time standard for routine office visits, and 75.4 percent were within the 10-calendar-day wait time standard for non-urgent symptomatic office visits.
  - Of the existing patient appointments offered, 76.9 percent were within the 45-calendar-day wait time standard for routine office visits, and 93.8 percent were within the 10-calendar-day wait time standard for non-urgent symptomatic office visits.
- Among **ACNH**'s respondent cases accepting New Hampshire Medicaid, 62.0 percent indicated the sampled provider was 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 response rate of 78.1 percent. Overall, 6.8 percent of **NHHF**'s cases connected to a bad phone number (e.g., 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 contacted locations, only 84.9 percent of the respondents reported that **NHHF**'s provider data reflected the correct location. **NHHF** should consider reviewing its methods for acquiring and maintaining address information to allow members a greater likelihood of reaching the correct location.
- Among **NHHF**'s contacted locations, only 48.1 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 45.9 percent of **NHHF**'s contacted locations indicated acceptance of **NHHF**. Additionally, only 43.8 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. Furthermore, **NHHF** should consider conducting a review of the offices' eligibility requirements to ensure these barriers do not unduly burden members' ability to access care.
- Only 28.1 percent of **NHHF**'s respondent locations indicated acceptance of new patients. However, sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance. For reference, 66.7 percent of locations confirmed the new patient acceptance status in **NHHF**'s provider data. **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.
- Overall, 19.5 percent of **NHHF**'s respondent locations offered a new patient appointment, and 39.5 percent offered an existing patient appointment. **NHHF** should consider reviewing provider panel capacities and the availability of providers to accept patient appointments relative to **NHHF**

membership to determine whether additional provider contracts should be executed. Additionally, **NHHF** 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.

  - The average new patient wait times were 80 calendar days for a routine office visit and four calendar days for a non-urgent symptomatic visit.
  - The average existing patient wait times were 30 calendar days for a routine office visit and one calendar day for a non-urgent symptomatic visit.
  - Of the new patient appointments offered, 48.6 percent were within the 45-calendar-day wait time standard for routine office visits, and 87.0 percent were within the 10-calendar-day wait time standard for non-urgent symptomatic office visits.
  - Of the existing patient appointments offered, 90.0 percent were within the 45-calendar-day wait time standard for routine office visits, and 97.1 percent were within the 10-calendar-day wait time standard for non-urgent symptomatic office visits.

- Among **NHHF**'s respondent cases accepting New Hampshire Medicaid, 63.0 percent indicated the sampled provider was 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 response rate of 50.4 percent. Overall, 17.6 percent of **WS**'s cases connected to a bad phone number (e.g., 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**'s contacted locations, only 81.7 percent of the respondents reported that **WS**' provider data reflected the correct location. **WS** should consider reviewing its methods for acquiring and maintaining address information to allow members a greater likelihood of reaching the correct location.
- Among **WS**'s contacted locations, only 60.8 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 51.7 percent of **WS**'s contacted locations indicated acceptance of **WS**. Additionally, only 46.7 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. Furthermore, **WS** should consider conducting a review of the offices' eligibility requirements to ensure these barriers do not unduly burden members' ability to access care.

- Only 39.2 percent of **WS**'s respondent locations indicated acceptance of new patients. However, sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance. For reference, 75.0 percent of locations confirmed the new patient acceptance status in **WS**'s provider data. **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.
- Overall, 29.2 percent of **WS**'s respondent locations offered a new patient appointment, and 42.5 percent offered an existing patient appointment. **WS** should consider reviewing provider panel capacities and the availability of providers to accept patient appointments relative to **WS** membership to determine whether additional provider contracts should be executed. Additionally, **WS** 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.
  - The average new patient wait times were 56 calendar days for a routine office visit and six calendar days for a non-urgent symptomatic visit.
  - The average existing patient wait times were 33 calendar days for a routine office visit and two calendar days for a non-urgent symptomatic visit.
  - Of the new patient appointments offered, 66.7 percent were within the 45-calendar-day wait time standard for routine office visits, and 80.0 percent were within the 10-calendar-day wait time standard for non-urgent symptomatic office visits.
  - Of the existing patient appointments offered, 81.4 percent were within the 45-calendar-day wait time standard for routine office visits, and 93.9 percent were within the 10-calendar-day wait time standard for non-urgent symptomatic office visits.
- Among **WS**'s respondent cases accepting New Hampshire Medicaid, 73.2 percent indicated the sampled provider was 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

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 PCPs 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. 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.

Table A-2 lists potential provider data values for primary care.

Sampling Approach

The following sampling approach was used to generate a list of 411 PCP service locations (i.e., "cases") from each MCO for inclusion in the survey:

- **Step 1:** HSAG assembled the sample frame using records from PCP 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 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).[1]
  - Service locations that do not accept patients for routine primary care services were excluded from the sample frame.
  - HSAG excluded records from the sample frame for provider locations that the MCO indicated were 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.

[1] To minimize the number of repeat phone calls to 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 standardized address, prioritizing assignment to the least-represented plans.

Telephone Survey Process

Survey callers 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 directory files and controlled skip logic between study indicators (e.g., if the provider could not be contacted, the survey ended).

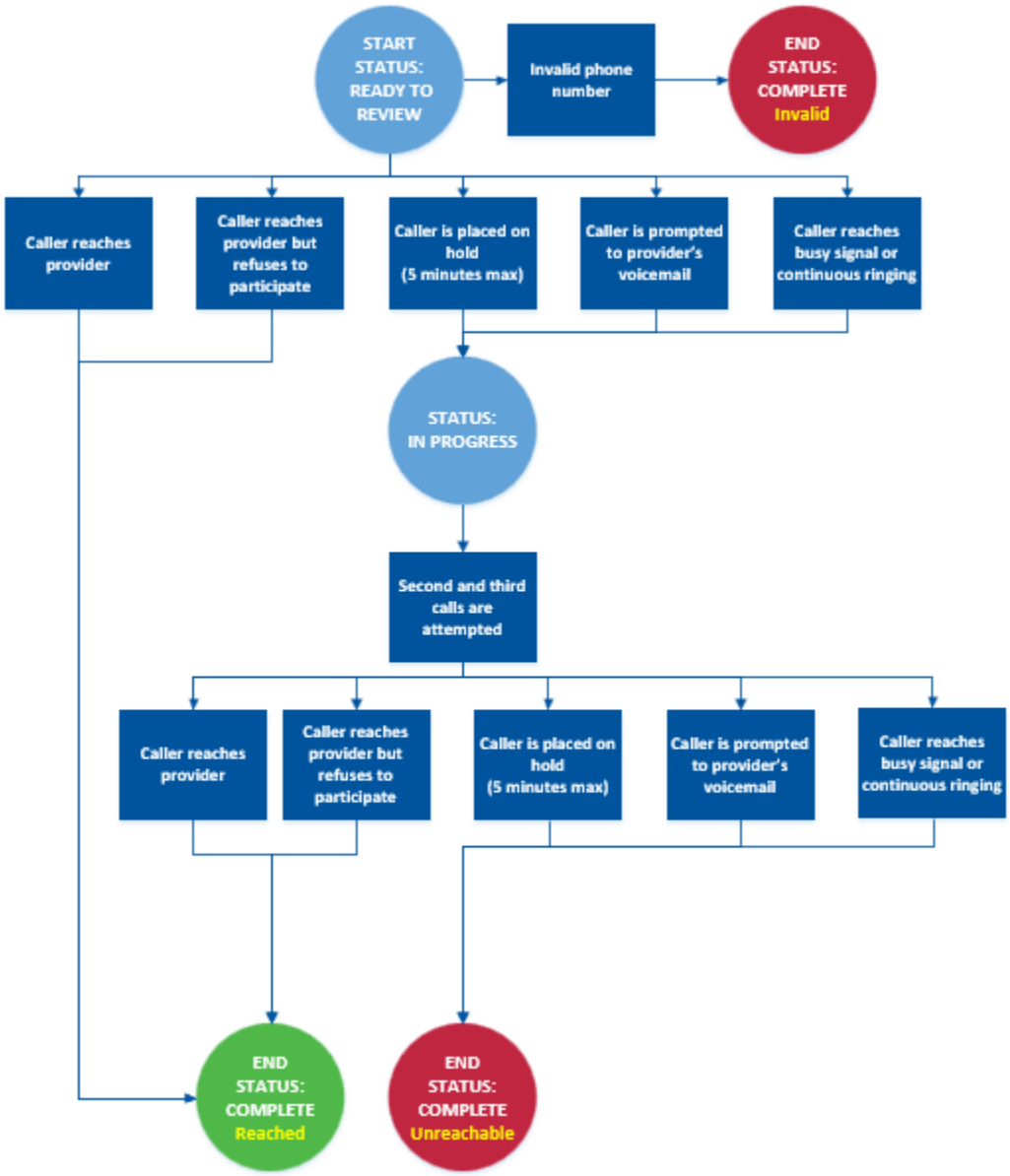
Survey callers contacted the providers and collected survey responses using a standardized script approved by DHHS (Appendix B). Survey callers were instructed not to schedule actual appointments. Survey callers made three attempts to contact each survey case during standard business hours (i.e., 9:00 a.m. – 5:00 p.m. Eastern Time).[2] If the caller 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 caller made another call attempt on a different day and at a different time of day. A survey case was considered nonresponsive 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.
- The caller 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).

[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

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:

- Telephone number
- Address
- Provider location's identification as offering primary care 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 for a routine well check and a non-urgent symptomatic issue for the MCO and Anthem.
- Any limitations to accepting new patients or scheduling an appointment. Limitations included, but were not limited to, the following:
  - Location required a review of the member's medical records prior to offering an appointment.
  - Location required registration with the practice prior to offering an appointment.
  - Location required verification of the member's Medicaid eligibility prior to offering an appointment.

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 2025 MCO Revealed Survey

Name/Role	Skills and Expertise
Amber Saldivar, MHSM *Senior Executive Director, Data Science & Advanced Analytics (DSAA)*	Ms. Saldivar has 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 Centers for Medicare & Medicaid Services (CMS) with various survey administration and reporting activities.
Lacey Hinton, AAS, RN *Analytics Manager II, DSAA*	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 *Senior Analytics Coordinator, 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.
Carli Lewis, BS *Senior Analytics Coordinator, DSAA*	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 *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.

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

Name/Role	Skills and Expertise
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.

PCP Identification Criteria

Table A-2 presents a list of provider specialty descriptions identified from MCO data supplied for the PCP types and specialties that were sampled for the SFY 2025 MCO revealed survey. Each MCO categorized its provider data using terminology and specialty categories unique to its internal data systems, and 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—PCP Identification Criteria

ACNH	NHHF	WS
• Positive PCP Indicator • Any of the following provider specialty designations: – Adolescent Medicine – Advanced Reg Nurse Pract – Family Nurse Practitioner – Family Practice – Geriatric Nurse Practitioner – Geriatrics – Internal Medicine – Nurse Practitioner – Nurse Practitioner Other – Obstetrics and Gynecology (OB/GYN) – OB/GYN Nurse Practitioner – Pediatric Nurse Practitioner – Pediatrics – Preventative Medicine	• Positive PCP Indicator and one of the following specialties: – Family Medicine – Internal Medicine – Nurse Practitioner – Pediatrics – Physician Assistant • Any of the following provider sub-specialty designations: – Adolescent Medicine – Geriatric Medicine – Nurse Practitioner: Adult Health – Nurse Practitioner: Community Health – Nurse Practitioner: Family – Nurse Practitioner: Gerontology – Nurse Practitioner: Pediatrics – Nurse Practitioner: Primary Care – Nurse Practitioner: Women's Health	• Positive PCP Indicator • Any of the following provider specialty designations: – Adolescent Medicine – Adult Nurse Practiti – Family Medicine – Family Nurse Practit – General Practice – Geriatric Medicine – Gerontological Nurse – Internal Medicine – Nurse Practitioner – Pediatric Nurse Prac – Pediatrics – Sports Medicine: INT

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 #19 to end the survey.

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

   If yes, move to Element #4.

   If no and no alternate contact phone number is offered, move to Element #19 to end the survey.

4. Does your office see patients for primary care services?

   If yes, move to Element #5.

   If no, move to Element #19 to end the survey.

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

   If yes, move to Element #6.

   If no, move to Element #19 to end the survey.

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

   If yes, move to Element #7.

   If no, move to Element #19 to end the survey.

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

   If yes, the interviewer will ask new patient appointment questions. If no, the interviewer will ask existing patient appointment questions only. Move to Element #8.

8. Can you please confirm whether you are also accepting the Anthem State Health Employee Plan?

   If the respondent indicates that the location accepts patients with Anthem, move to element #9.

   If the respondent states that no providers at the location accept patients with Anthem, confirm that the location will not see any new or existing patients with Anthem; if the location will not see any

new or existing patients with Anthem, the interviewer will not ask for appointment availability for Anthem.

9. Are you accepting new patients with Anthem at this location?

   If yes, the interviewer will ask Anthem new patient appointment questions. If no, the interviewer will ask Anthem existing patient appointment questions only. Move to the appropriate question based on responses to Element #7 and Element #9.

10. When is the next available appointment at this location for a routine well-check for a **new** patient with <<MCO>>?

    Document the appointment date and move to the appropriate question based on responses to Element #7 and Element #9. The interviewer will capture any information offered regarding barriers to scheduling.

11. When is the next available appointment at this location for a routine well-check for a **new** patient with Anthem?

    Document the appointment date and move to the appropriate question based on responses to Element #7 and Element #9. The interviewer will capture any information offered regarding barriers to scheduling.

12. When is the next available appointment at this location for a **new** patient with a sore throat and fever with <<MCO>>?

    Document the appointment date and move to the appropriate question based on responses to Element #7 and Element #9. The interviewer will capture any information offered regarding barriers to scheduling.

13. When is the next available appointment at this location for a **new** patient with a sore throat and fever with Anthem?

    Document the appointment date and move to Element #14. The interviewer will capture any information offered regarding barriers to scheduling.

14. When is the next available appointment at this location for a routine well-check for an **existing** patient with <<MCO>>?

    Document the appointment date and move to the appropriate question based on responses to Element #8. The interviewer will capture any information offered regarding barriers to scheduling.

15. When is the next available appointment at this location for a routine well-check for an **existing** patient with Anthem?

    Document the appointment date and move to Element #16. The interviewer will capture any information offered regarding barriers to scheduling.

16. When is the next available appointment at this location for an **existing** patient with a sore throat and fever with <<MCO>>?

Document the appointment date and move to the appropriate question based on responses to Element #8. The interviewer will capture any information offered regarding barriers to scheduling.

17. When is the next available appointment at this location for an **existing** patient with a sore throat and fever with Anthem?

    Document the appointment date and move to Element #18. The interviewer will capture any information offered regarding barriers to scheduling.

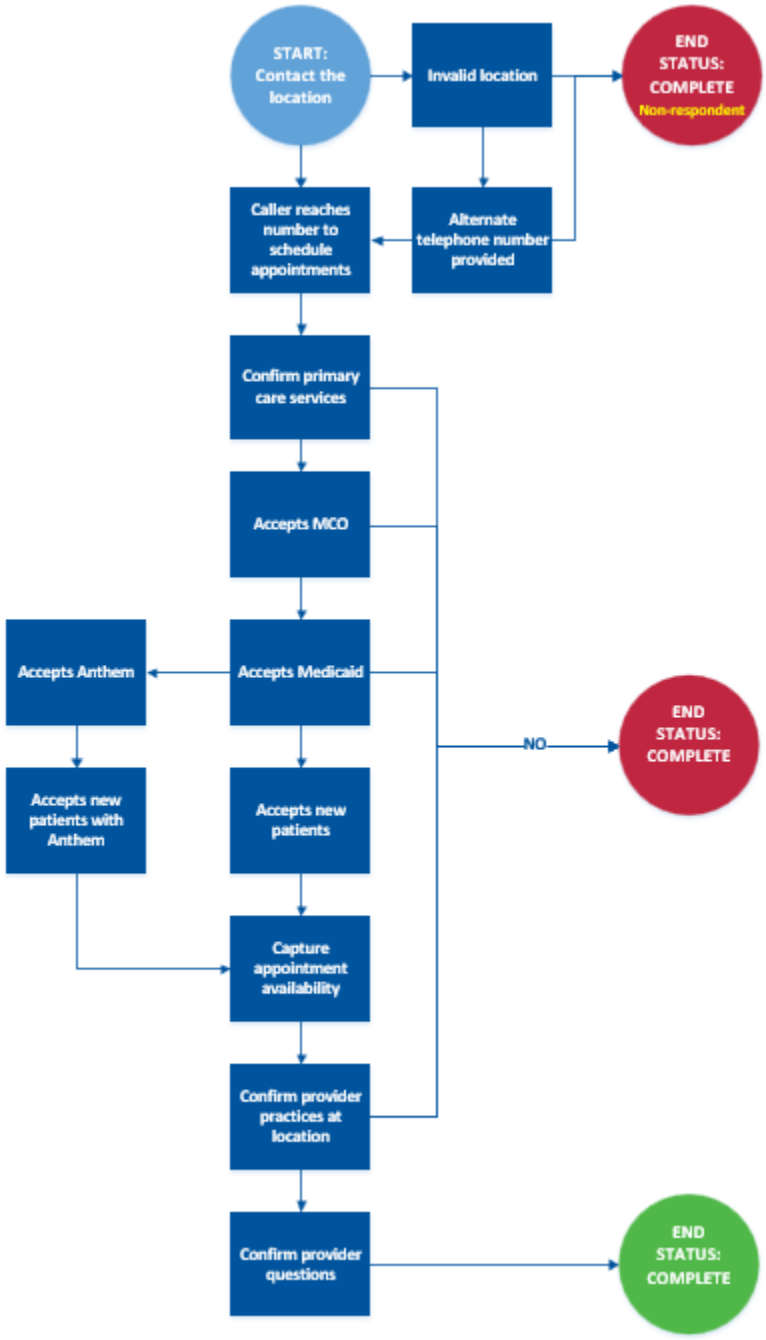
18. Can you confirm whether <<provider's first and last name>> practices at this location?

    Capture response and move to Element #19.

19. 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 revealed provider survey results for all sampled provider locations. Table C-1 summarizes the survey response rates for all MCOs and **ACNH**.

Table C-1—Survey Response Rates—ACNH

MCO	Total Cases	Cases Reached	Response Rate
ACNH Total	237	177	74.7%
Overall Total	**712**	**482**	**67.7%**

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

		Accepting MCO		Accepting Medicaid		Accepting New Patients*	
MCO	Respondents	N	Rate	N	Rate	N	Rate
ACNH Total	177	103	58.2%	100	56.5%	78	44.1%
Overall Total	**482**	**250**	**51.9%**	**237**	**49.2%**	**177**	**36.7%**

* 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 the requested 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 Appointment Availability Results—ACNH

Visit Type	Respondents	Cases Offered an Appointment		Appointment Wait Time (Calendar Days)			
		N	Rate	Min	Max	Average	Median
Routine Visit	177	59	33.3%	0	322	64.7	34
Non-Urgent Symptomatic Visit	177	57	32.2%	0	237	21.8	1
ACNH Total	**177**	**64**	**36.2%**	**0**	**322**	**43.6**	**14**
Overall Total	**482**	**135**	**28.0%**	**0**	**366**	**43.0**	**14**

Table C-4—Existing Patient Appointment Availability Results—ACNH

Visit Type	Respondents	Cases Offered an Appointment		Appointment Wait Time (Calendar Days)			
		N	Rate	Min	Max	Average	Median
Routine Visit	177	65	36.7%	0	257	41.7	21
Non-Urgent Symptomatic Visit	177	81	45.8%	0	49	3.2	1
ACNH Total	**177**	**85**	**48.0%**	**0**	**257**	**20.4**	**2**
Overall Total	**482**	**209**	**43.4%**	**0**	**366**	**17.1**	**2**

Appendix D. Detailed MCO Revealed Survey Findings—NHHF

This appendix presents the revealed provider survey results for all sampled provider locations. Table D-1 summarizes the survey response rates for all MCOs and **NHHF**.

Table D-1—Survey Response Rates—NHHF

MCO	Total Cases	Cases Reached	Response Rate
NHHF Total	237	185	78.1%
Overall Total	**712**	**482**	**67.7%**

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

		Accepting MCO		Accepting Medicaid		Accepting New Patients*	
MCO	Respondents	N	Rate	N	Rate	N	Rate
NHHF Total	185	85	45.9%	81	43.8%	52	28.1%
Overall Total	**482**	**250**	**51.9%**	**237**	**49.2%**	**177**	**36.7%**

* 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 the requested 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 Appointment Availability Results—NHHF

Visit Type	Respondents	Cases Offered an Appointment		Appointment Wait Time (Calendar Days)			
		N	Rate	Min	Max	Average	Median
Routine Visit	185	35	18.9%	2	366	80.2	53
Non-Urgent Symptomatic Visit	185	23	12.4%	0	14	4.0	2
NHHF Total	**185**	**36**	**19.5%**	**0**	**366**	**50.0**	**14**
Overall Total	**482**	**135**	**28.0%**	**0**	**366**	**43.0**	**14**

Table D-4—Existing Patient Appointment Availability Results—NHHF

Visit Type	Respondents	Cases Offered an Appointment		Appointment Wait Time (Calendar Days)			
		N	Rate	Min	Max	Average	Median
Routine Visit	185	50	27.0%	0	366	30.2	7
Non-Urgent Symptomatic Visit	185	70	37.8%	0	14	1.4	0
NHHF Total	**185**	**73**	**39.5%**	**0**	**366**	**13.4**	**2**
Overall Total	**482**	**209**	**43.4%**	**0**	**366**	**17.1**	**2**

Appendix E. Detailed MCO Revealed Survey Findings—WS

This appendix presents the revealed provider survey results for all sampled provider locations. Table E-1 summarizes the survey response rates for all MCOs and **WS**.

Table E-1—Survey Response Rates—WS

MCO	Total Cases	Cases Reached	Response Rate
WS Total	238	120	50.4%
Overall Total	**712**	**482**	**67.7%**

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

		Accepting MCO		Accepting Medicaid		Accepting New Patients*	
MCO	Respondents	N	Rate	N	Rate	N	Rate
WS Total	120	62	51.7%	56	46.7%	47	39.2%
Overall Total	**482**	**250**	**51.9%**	**237**	**49.2%**	**177**	**36.7%**

* 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 the requested 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 Appointment Availability Results—WS

Visit Type	Respondents	Cases Offered an Appointment		Appointment Wait Time (Calendar Days)			
		N	Rate	Min	Max	Average	Median
Routine Visit	120	33	27.5%	4	337	56.3	33
Non-Urgent Symptomatic Visit	120	25	20.8%	0	35	6.1	1
WS Total	**120**	**35**	**29.2%**	**0**	**337**	**34.7**	**13.5**
Overall Total	**482**	**135**	**28.0%**	**0**	**366**	**43.0**	**14**

Table E-4—Existing Patient Appointment Availability Results—WS

Visit Type	Respondents	Cases Offered an Appointment		Appointment Wait Time (Calendar Days)			
		N	Rate	Min	Max	Average	Median
Routine Visit	120	43	35.8%	0	270	33.2	14
Non-Urgent Symptomatic Visit	120	49	40.8%	0	14	1.9	0
WS Total	**120**	**51**	**42.5%**	**0**	**270**	**16.5**	**4**
Overall Total	**482**	**209**	**43.4%**	**0**	**366**	**17.1**	**2**

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 MCO Revealed Survey Report		
1	ACNH-2025-EQRO.01_RCaller-01	– **ACNH** had an overall response rate of 74.7 percent. Overall, 3.0 percent of **ACNH**'s cases connected to a bad phone number (e.g., reached a disconnected number, fax line, personal line, or non-medical facility). – Describe **ACNH**'s process for updating provider data (e.g. phone numbers, addresses) in an accurate and timely manner.
2	ACNH-2025-EQRO.01_RCaller-02	– Among **ACNH**'s contacted locations, only 66.7 percent of the respondents indicated the location offered the requested services. – Describe **ACNH**'s methods for acquiring and maintaining specialty information to allow members a greater likelihood of reaching a location that provides needed services.
3	ACNH-2025-EQRO.01_RCaller-03	– Overall, only 58.2 percent of **ACNH**'s contacted locations indicated acceptance of **ACNH**. Additionally, only 56.5 percent of contacted locations indicated acceptance of New Hampshire Medicaid. – Describe **ACNH**'s process for conducting outreach to your providers to ensure the providers and/or their offices routinely submit up-to-date information.
4	ACNH-2025-EQRO.01_RCaller-04	– Overall, only 58.2 percent of **ACNH**'s contacted locations indicated acceptance of **ACNH**. Additionally, only 56.5 percent of contacted locations indicated acceptance of New Hampshire Medicaid.

		– Describe **ACNH**'s process to ensure the provider information in the provider directory is accurate to not unduly burden members' ability to access care.
5	ACNH-2025-EQRO.01_RCaller-05	– Only 44.1 percent of **ACNH**'s respondent locations indicated acceptance of new patients. However, sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance. For reference, 76.0 percent of locations confirmed the new patient acceptance status in **ACNH**'s provider data. – Describe **ACNH**'s process to review 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.
6	ACNH-2025-EQRO.01_RCaller-06	– Overall, 36.2 percent of **ACNH**'s respondent locations offered a new patient appointment, and 48.0 percent offered an existing patient appointment. – Describe **ACNH**'s process for reviewing provider panel capacities and the availability of providers to accept patient appointments relative to **ACNH** membership to determine whether additional provider contracts should be executed.
7	ACNH-2025-EQRO.01_RCaller-07	– Overall, 36.2 percent of **ACNH**'s respondent locations offered a new patient appointment, and 48.0 percent offered an existing patient appointment. – Describe **ACNH**'s process for reviewing 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. – The average new patient wait times were 65 calendar days for a routine office visit and 22 calendar days for a non-urgent symptomatic visit. – The average existing patient wait times were 42 calendar days for a routine office visit and three calendar days for a non-urgent symptomatic visit. – Of the new patient appointments offered, 64.4 percent were within the 45-calendar-day wait time standard for routine office visits, and 75.4 percent were within the 10-calendar-day wait time standard for non-urgent symptomatic office visits. – Of the existing patient appointments offered, 76.9 percent were within the 45-calendar-day wait time standard for routine office visits, and 93.8 percent were within the 10-

		calendar-day wait time standard for non-urgent symptomatic office visits.
8	ACNH-2025-EQRO.01_RCaller-08	– Among **ACNH**'s respondent cases accepting New Hampshire Medicaid, 62.0 percent indicated the sampled provider was currently affiliated with the location. – Describe **ACNH**'s 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 MCO Revealed Survey Report		
1	NHHF-2025-EQRO.01_RCaller-01	– **NHHF** had an overall response rate of 78.1 percent. Overall, 6.8 percent of **NHHF**'s cases connected to a bad phone number (e.g., reached a disconnected number, fax line, personal line, or non-medical facility). – Describe **NHHF**'s process for updating provider data (e.g. phone numbers) in an accurate and timely manner so members may reach the provider office.
2	NHHF-2025-EQRO.01_RCaller-02	– Among **NHHF**'s contacted locations, only 84.9 percent of the respondents reported that **NHHF**'s provider data reflected the correct location. – Describe **NHHF**'s process for acquiring and maintaining address information to allow members a greater likelihood of reaching the correct location.
3	NHHF-2025-EQRO.01_RCaller-03	– Among **NHHF**'s contacted locations, only 48.1 percent of the respondents indicated the location offered the requested services. – Describe **NHHF**'s methods for acquiring and maintaining specialty information to allow members a greater likelihood of reaching a location that provides needed services.
4	NHHF-2025-EQRO.01_RCaller-04	– Overall, only 45.9 percent of **NHHF**'s contacted locations indicated acceptance of **NHHF**. Additionally, only 43.8 percent

		of contacted locations indicated acceptance of New Hampshire Medicaid. – Describe **NHHF**'s process for conducting outreach to your providers to ensure the providers and/or their offices routinely submit up-to-date information.
5	NHHF-2025-EQRO.01_RCaller-05	– Overall, only 45.9 percent of **NHHF**'s contacted locations indicated acceptance of **NHHF**. Additionally, only 43.8 percent of contacted locations indicated acceptance of New Hampshire Medicaid. – Describe **NHHF**'s process to ensure the provider information in the provider directory is accurate to not unduly burden members' ability to access care.
6	NHHF-2025-EQRO.01_RCaller-06	– Only 28.1 percent of **NHHF**'s respondent locations indicated acceptance of new patients. However, sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance. For reference, 66.7 percent of locations confirmed the new patient acceptance status in **NHHF**'s provider data. – Describe **NHHF**'s process to review 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.
7	NHHF-2025-EQRO.01_RCaller-07	– Overall, 19.5 percent of **NHHF**'s respondent locations offered a new patient appointment, and 39.5 percent offered an existing patient appointment. – Describe **NHHF**'s process for reviewing provider panel capacities and the availability of providers to accept patient appointments relative to **NHHF** membership to determine whether additional provider contracts should be executed.
8	NHHF-2025-EQRO.01_RCaller-08	– Overall, 19.5 percent of **NHHF**'s respondent locations offered a new patient appointment, and 39.5 percent offered an existing patient appointment. – Describe **NHHF**'s process for reviewing 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. – The average new patient wait times were 80 calendar days for a routine office visit and four calendar days for a non-urgent symptomatic visit.

		– The average existing patient wait times were 30 calendar days for a routine office visit and one calendar day for a non-urgent symptomatic visit. – Of the new patient appointments offered, 48.6 percent were within the 45-calendar-day wait time standard for routine office visits, and 87.0 percent were within the 10-calendar-day wait time standard for non-urgent symptomatic office visits. – Of the existing patient appointments offered, 90.0 percent were within the 45-calendar-day wait time standard for routine office visits, and 97.1 percent were within the 10-calendar-day wait time standard for non-urgent symptomatic office visits.
9	NHHF-2025-EQRO.01_RCaller-09	– Among **NHHF**'s respondent cases accepting New Hampshire Medicaid, 63.0 percent indicated the sampled provider was currently affiliated with the location. – Describe **NHHF**'s 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 MCO Revealed Survey Report		
1	WS-2025-EQRO.01_RCaller-01	– **WS** had an overall response rate of 50.4 percent. Overall, 17.6 percent of **WS**'s cases connected to a bad phone number (e.g., reached a disconnected number, fax line, personal line, or non-medical facility). – Describe **WS**'s process for updating provider data (e.g. phone numbers) in an accurate and timely manner so members may reach the provider office.
2	WS-2025-EQRO.01_RCaller-02	– Among **WS**'s contacted locations, only 81.7 percent of the respondents reported that **WS**'s provider data reflected the correct location. – Describe **WSs**' process for acquiring and maintaining address information to allow members a greater likelihood of reaching the correct location.
3	WS-2025-EQRO.01_RCaller-03	– Among **WS**'s contacted locations, only 60.8 percent of the respondents indicated the location offered the requested services. – Describe **WS**'s methods for acquiring and maintaining specialty information to allow members a greater likelihood of reaching a location that provides needed services.
4	WS-2025-EQRO.01_RCaller-04	– Overall, only 51.7 percent of **WS**'s contacted locations indicated acceptance of **WS**. Additionally, only 46.7 percent of contacted locations indicated acceptance of New Hampshire Medicaid. – Describe **WS**'s process for conducting outreach to your providers to ensure the providers and/or their offices routinely submit up-to-date information.
5	WS-2025-EQRO.01_RCaller-05	– Overall, only 51.7 percent of **WS**'s contacted locations indicated acceptance of **WS**. Additionally, only 46.7 percent of contacted locations indicated acceptance of New Hampshire Medicaid. – Describe **WS**'s process to ensure the provider information in the provider directory is accurate to not unduly burden members' ability to access care.

6	WS-2025-EQRO.01_RCaller-06	– Only 39.2 percent of **WS**'s respondent locations indicated acceptance of new patients. However, sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance. For reference, 75.0 percent of locations confirmed the new patient acceptance status in **WS**'s provider data. – Describe **WS**'s process to review 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.
7	WS-2025-EQRO.01_RCaller-07	– Overall, 29.2 percent of **WS**'s respondent locations offered a new patient appointment, and 42.5 percent offered an existing patient appointment. – Describe **WS**'s process for reviewing provider panel capacities and the availability of providers to accept patient appointments relative to **WS** membership to determine whether additional provider contracts should be executed.
8	WS-2025-EQRO.01_RCaller-08	– Overall, 29.2 percent of **WS**'s respondent locations offered a new patient appointment, and 42.5 percent offered an existing patient appointment. – Describe **WS**'s process for reviewing 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. – The average new patient wait times were 56 calendar days for a routine office visit and six calendar days for a non-urgent symptomatic visit. – The average existing patient wait times were 33 calendar days for a routine office visit and two calendar days for a non-urgent symptomatic visit. – Of the new patient appointments offered, 66.7 percent were within the 45-calendar-day wait time standard for routine office visits, and 80.0 percent were within the 10-calendar-day wait time standard for non-urgent symptomatic office visits. – Of the existing patient appointments offered, 81.4 percent were within the 45-calendar-day wait time standard for routine office visits, and 93.9 percent were within the 10-calendar-day wait time standard for non-urgent symptomatic office visits.

9	WS-2025-EQRO.01_RCaller-09	– Among **WS**'s respondent cases accepting New Hampshire Medicaid, 73.2 percent indicated the sampled provider was currently affiliated with the location. – Describe **WS**'s methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.