



State of New Hampshire
Department of Health and Human Services

**State Fiscal Year 2019
Telephone Survey of Physical Health
Specialty Providers Report**

December 2019



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1. Executive Summary

During state fiscal year (SFY) 2019 the New Hampshire Department of Health and Human Services (DHHS) contracted with Health Services Advisory Group, Inc. (HSAG) to conduct a telephone survey among providers contracted with a Medicaid managed care organization (MCO) and specializing in one of 13 physical health specialties. HSAG evaluated providers in New Hampshire’s Medicaid managed care network to address the following goals:

1. Determine whether providers accept patients enrolled with a Medicaid MCO.
2. Determine whether providers accept new patients.
3. Determine appointment availability with the sampled providers for urgent and non-urgent (routine) services.

The two MCOs participating in the Medicaid Care Management (MCM) Program, New Hampshire Healthy Families (NHHF) and Well Sense Health Plan (Well Sense), submitted provider data files to DHHS for HSAG’s use. To include a comparison of the MCM Program results to a commercial insurance plan, HSAG assessed appointment availability using the Anthem State Health Employee Plan (Anthem). HSAG completed calls to all sampled provider locations during August and September 2019, recording survey responses in an electronic data collection tool.

Results

HSAG attempted to contact 4,419 cases, with a 58.6 percent response rate. Due to the revealed caller nature of the study, there were provider locations (i.e., “cases”) where the provider’s office ended the caller’s conversation without offering responses for all survey elements.

More than 95.0 percent of applicable survey respondents indicated that the provider location was accepting new patients and these results were similar for all three health plans (i.e., NHHF, Well Sense, and Anthem). However, more than 50.0 percent indicated that they only served adult members.

Table 1-1 summarizes the number of survey cases and potential outcomes by health plan.

Table 1-1—Summary of Survey Case Outcomes by Health Plan

Plan	Total Survey Cases	Cases Reached	Cases with Correct Location and Specialty	Providers Offering Services for Children	Providers Confirming Enrollment with Health Plan	Accepting New Patients
NHHF	2,005	1,171	611	275	442	427
Well Sense	2,414	1,420	852	406	554	528
Anthem*			1,357		776	747

* Total survey cases, cases reached, and providers offering services for children are not displayed for Anthem because cases were not sampled separately for Anthem. Survey questions related to Anthem were asked of the NHHF and/or Well Sense cases reached and accepting the MCO.

Table 1-2 displays a summary of the overall median appointment wait times in calendar days. Well Sense cases had the longest median appointment wait times across all appointment scenarios.

Table 1-2—Summary of Median Appointment Wait Times in Calendar Days by Health Plan

Plan	New Patient		Existing Patient	
	Routine Visit	Urgent Issue	Routine Visit	Urgent Issue
NHHF	33.0	20.0	31.0	14.0
Well Sense	40.0	25.5	33.5	15.0
Anthem	35.0	22.0	32.0	14.0

Recommendations

Due to nature of the survey methodology and script, Section 4 discusses limitations to consider when generalizing survey results across providers contracted with each New Hampshire Medicaid MCO. Based on the survey findings detailed in this report and the accompanying case-level survey data files, HSAG offers the following recommendations to evaluate and address potential MCO provider data quality and/or access to care concerns:

- HSAG was unable to reach more than 45 percent of sampled cases for each MCO. Callers noted a key non-response reason was that the provider location did not offer the specialty noted in the provider data supplied by the MCO. DHHS should supply each MCO with case-level survey data with identified provider data deficiencies (e.g. incorrect or disconnected telephone phone numbers, incorrect address or provider specialty information) and have MCOs address these deficiencies.
- DHHS should consider having the EQRO collect provider network data directly from the MCOs for EQRO activities, enabling HSAG to provide specific instructions and technical assistance related to

provider data field contents. For example, the address should reflect the physical location at which the provider sees patients and the telephone number should reflect the most direct number from which patients can schedule an appointment with the provider.

- DHHS should consider conducting a provider directory audit to verify that the MCOs' publicly available provider data accurately represents the provider data supplied to members.
- Per the MCOs' contracts with DHHS, each MCO is required to maintain provider network capacity to ensure appointment wait times from the member's primary care provider (PCP) or another provider. However, overall survey results for average and median appointment wait times exceed MCOs' contractual requirements.
 - Therefore, DHHS should request that each MCO supply copies of its documentation regarding the MCO's processes for monitoring and evaluating members' ability to access care in a timely manner, including both geographic access and timely access to care.
 - DHHS could also consider reviewing the current appointment timeliness standards to determine whether the State should establish separate timeliness standards for visits with PCPs versus physical health specialty providers (e.g., allowing 15 calendar days for a non-urgent symptomatic appointment with a specialist, but only 10 calendar days for the same type of appointment with a PCP).
- Differences in appointment wait times by provider specialty and MCO suggest that providers willing to serve Medicaid members may not be contracted with both Medicaid MCOs. DHHS should consider comparing each MCO's provider network to DHHS data on all providers contracted to serve New Hampshire Medicaid members (i.e., a saturation analysis) to determine the extent to which each MCO is contracted with available providers.

2. Overview and Methodology

Introduction

The New Hampshire Department of Health and Human Services (DHHS) contracted with Health Services Advisory Group, Inc. (HSAG), the External Quality Review Organization for New Hampshire, to conduct a non-secret telephone survey of physical health specialty providers contracted with one or both Medicaid managed care organizations (MCOs)²⁻¹ during state fiscal year (SFY) 2019. The goal of the survey was to evaluate New Hampshire's Medicaid managed care network for 13 types of physical health specialty providers. Specific survey objectives included the following:

- Determine whether providers accept patients enrolled with a Medicaid MCO.
- Determine whether providers accept new patients.
- Determine appointment availability with the sampled providers for urgent and non-urgent services.

Methodology

To achieve the study objectives described above, HSAG conducted a non-secret (i.e., “revealed caller”) telephone survey of providers’ offices, stratified among the following 13 physical health specialties (i.e., provider specialty categories) selected by DHHS for survey inclusion:

- Allergists
- Cardiologists
- Dermatologists
- Endocrinologists
- Otolaryngologists (Ear, Nose, Throat specialists [ENTs])
- Gastroenterologists
- Hematologists and Oncologists
- Neurologists
- Obstetricians and Gynecologists (OB/GYNs)
- Ophthalmologists
- Orthopedists
- Pulmonologists
- Urologists

Appendix A details the provider data values attributed to each provider specialty category for each MCO’s provider data. To ensure a comprehensive assessment of appointment availability, survey calls were conducted by provider category, as described in the Case Identification Approach subsection below.

²⁻¹ Providers contracted with New Hampshire Healthy Families (NHHF) or Well Sense Health Plan (Well Sense) were considered for survey inclusion. For comparison, appointment availability for individuals with commercial health insurance was also assessed, using the Anthem State Health Employee Plan (Anthem).

Eligible Population

The eligible population included providers that were actively enrolled in the New Hampshire Medicaid program between February 21, 2019, and March 8, 2019. Out-of-state providers located in Maine, Massachusetts, and Vermont were included in the study.

Data Collection

Each MCO identified providers potentially eligible for survey inclusion and supplied DHHS with data files for HSAG. Provider data included the following minimum data elements for each provider: provider name, National Provider Identification (NPI) number, provider specialty (e.g., cardiology, urology), physical (practice) address, and telephone number. Upon receipt of the data, HSAG reviewed the address and telephone number information to assess potential duplication and completeness of key data fields.

To minimize duplicated provider records between the MCOs, 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 provider locations where potential CASS address changes may have impacted data validity (e.g., the address was standardized to a different city).

Case Identification Approach

HSAG surveyed cases by unique telephone number, address, and specialty category, such that each combination of telephone number, address, and specialty category were surveyed during a separate telephone call. Since HSAG revealed the interviewers' identity to the provider's office, the same script was used for all specialty categories with one additional question for OB/GYNs regarding prenatal care services. If a telephone number connected to a practice or facility that offered more than one physical health specialty, those providers would have one survey case for each specialty category. For example, a hospital may contain separate outpatient clinics for cardiology, gastroenterology, and pulmonology within the same physical campus and address, accessed via a single telephone number to a central scheduling line. HSAG treated this scenario as three survey cases, with each case resulting in a separate telephone call to ask about the providers within each specialty category.

HSAG randomly selected survey cases by specialty category and MCO from the de-duplicated list of unique provider locations.²⁻¹ HSAG selected a statistically valid sample based on a 90 percent confidence level and ± 5 percent margin of error, with a 10 percent oversample to increase the

²⁻¹ Unique provider locations were identified within each MCO and specialty category using the Provider NPI, telephone number, and address.

probability of capturing appointment availability information from a statistically valid number of individual provider locations.²⁻²

Physical locations with more than one individual provider in the eligible population may have had more than one provider included in the sample. HSAG surveyed each case by telephone number and address, with one set of telephone attempts to inquire about all sampled providers at the telephone number and address for the specialty category. Survey calls requested appointment availability with only the sampled provider(s) at the specified location. For reference, HSAG provided DHHS with a case-level list of sampled provider locations prior to initiating telephone survey calls.

Telephone Survey Process

During the survey, HSAG's interviewers used a DHHS-approved script (Appendix B) while attempting up to two calls to each sampled provider location during standard operating hours (i.e., 9:00 a.m. – 5:00 p.m. Eastern Time).²⁻³ If the interviewer was put on hold at any point during the call, they waited on hold for five minutes before ending the call. If a call attempt was answered by an answering service or voicemail during normal business hours, the interviewer made a second call attempt on a different day and at a different time of day. If a voicemail or answering service was reached during the second call attempt, a message was left requesting a return call within two business days. HSAG considered a survey case nonresponsive if any of the following criteria were met:

- Disconnected/invalid telephone number (e.g., the telephone number supplied in the MCOs' provider data connects to a fax line or a message that the number is no longer in service)
- Telephone number connects to an individual or business unrelated to a medical provider, practice, or facility
- Office personnel refuse to participate in the survey
- Office personnel fail to respond to the voicemail request to complete the survey
- The interviewer was unable to speak with office personnel during either call attempt (e.g., the call was answered by an automated answering service or call center that prevented the interviewer from speaking with office staff or leaving a voicemail)

Interviewers completed project-specific training with a dedicated HSAG analytics manager to standardize how calls were placed and how data were collected during the calls. For each interviewer, the analytics manager reviewed 100 percent of calls placed during the first week after the training period and a minimum of 50 percent of calls thereafter due to the number of specialty categories.

²⁻² For specialty categories with relatively few unique providers (e.g., Allergists), all providers may have been identified as survey cases to ensure a statistically significant number of providers.

²⁻³ HSAG did not consider a call attempted when the interviewer reached an office outside of the office's usual business hours. For example, if the interviewer called and reached a recording that stated that office was closed for lunch, the call attempt did not count towards the two attempts to reach the office. The interviewers were instructed to attempt to contact the office up to two times outside of the known lunch hour.

HSAG conducted the survey during August and September 2019 and recorded responses from surveyed cases in an electronic data collection tool. Prior to analyzing the results, HSAG reviewed the responses to ensure complete and accurate data entry. This report presents the summary results in the tables below.

Survey results are presented by provider specialty and MCO for study indicators related to provider data accuracy and Medicaid members’ access to physical health specialty providers. Figure 3-1 illustrates the data collection flow during survey calls, as well as the number of cases with each potential survey outcome by MCO.

Figure 3-1—Survey Data Collection Flow and Outcomes

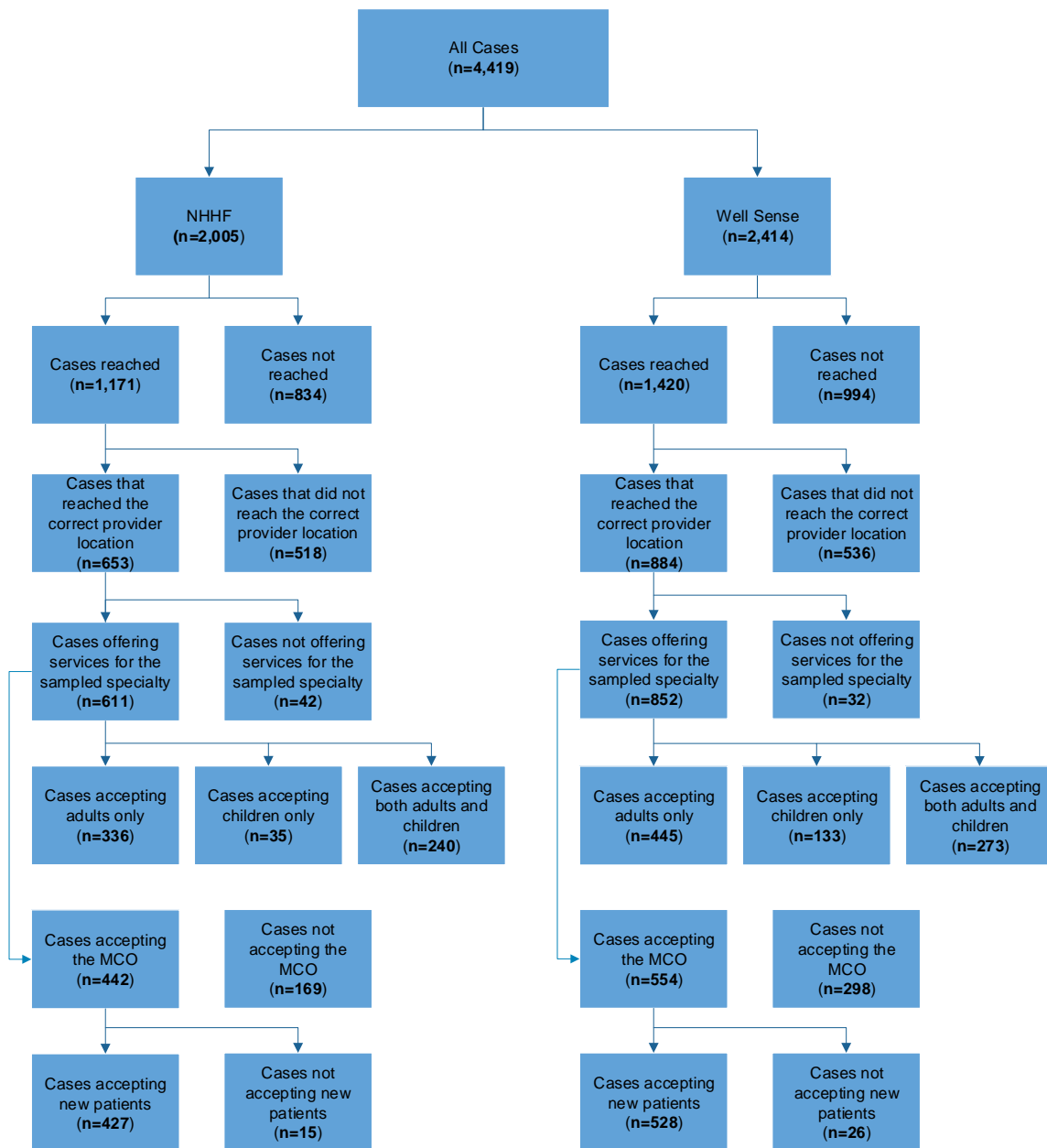


Table 3-1 reports the survey response rates by provider specialty and MCO, indicating whether the provider locations were able to be contacted. Overall, a 58.4 percent response rate for NHHF and a 58.8 percent response rate for Well Sense was achieved across all provider specialty categories. NHHF’s response rates varied across provider specialty categories, with response rates ranging from 44.6 percent (Dermatologists) to 78.3 percent (Ophthalmologists). Similarly, Well Sense’s response rates ranged from 35.4 percent (Neurologists) to 75.8 percent (Dermatologists).

Table 3-1—Telephone Survey Response Rate, by Provider Specialty and MCO

Provider Specialty Category	NHHF			Well Sense		
	Total Number of Cases	Respondents	Response Rate (%)	Total Number of Cases	Respondents	Response Rate (%)
Allergists	37	26	70.3	96	46	47.9
Cardiologists	230	112	48.7	245	142	58.0
Dermatologists	92	41	44.6	132	100	75.8
Endocrinologists	110	50	45.5	161	73	45.3
ENTs	112	57	50.9	114	76	66.7
Gastroenterologists	161	98	60.9	197	142	72.1
Hematologists and Oncologists	158	89	56.3	241	128	53.1
Neurologists	173	80	46.2	240	85	35.4
OB/GYNs	254	159	62.6	270	167	61.9
Ophthalmologists	212	166	78.3	177	127	71.8
Orthopedists	209	131	62.7	235	149	63.4
Pulmonologists	136	88	64.7	164	88	53.7
Urologists	121	74	61.2	142	97	68.3
Overall*	2,005	1,171	58.4	2,414	1,420	58.8

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

Results for non-responsive cases were collected after HSAG’s survey callers attempted to contact each survey case up to two times during standard business hours on different days and times of day. Overall, approximately 41 percent of cases were nonresponsive for NHHF (i.e., 834 of 2,005 cases) and for Well Sense (i.e., 994 of 2,414 cases). Table 3-2 presents the number and percent of non-responsive cases by non-response reason and MCO.

Table 3-2—Telephone Survey Non-Response Reasons by MCO

Non-Response Reason	NHHF		Well Sense	
	Number of Cases (N)	Percent (%)	Number of Cases (N)	Percent (%)
Call attempts resulted in extended hold time (i.e., five minutes)	70	8.4	183	18.4
Call attempts resulted in voicemail	245	29.4	342	34.4
Call ended in a call back	12	1.4	7	0.7
Correct telephone number not known	93	11.2	38	3.8
Disconnected phone number	52	6.2	85	8.6
Location is not for sampled specialty	258	30.9	194	19.5
Provider location refused to complete survey	104	12.5	145	14.6
All Non-Response Reasons	834	100.0	994	100.0

Table 3-3 and Table 3-4 provide the top three common non-response reasons by provider specialty for each MCO. As noted in Table 3-2, non-response reasons varied by MCO; however, the most common overall non-response reasons were that the provider location indicated that it did not offer the specialty shown in the provider data (“Not Specialty”), all call attempts resulted in a voicemail or an extended hold time (“Voicemail” or “Hold Time”), or the provider location refused to participate in the survey (“Refusal”).

Table 3-3—Selected Telephone Survey, Top Three Non-Response Reasons, by Provider Specialty for NHHF

Provider Specialty Category	Non-Respondents (N)	Not Specialty (%)	Voicemail (%)	Refusal (%)
Allergists	11	18.2	18.2	27.3
Cardiologists	118	18.6	44.9	2.5
Dermatologists	51	52.9	2.0	9.8
Endocrinologists	60	43.3	20.0	18.3
ENTs	55	20.0	32.7	12.7
Gastroenterologists	63	38.1	33.3	1.6
Hematologists and Oncologists	69	18.8	60.9	2.9
Neurologists	93	25.8	25.8	4.3
OB/GYNs	95	52.6	17.9	3.2
Ophthalmologists	46	4.3	2.2	82.6
Orthopedists	78	28.2	32.1	6.4
Pulmonologists	48	60.4	12.5	20.8
Urologists	47	12.8	48.9	25.5
Overall*	834	30.9	29.4	12.5

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

Table 3-4—Selected Telephone Survey, Top Three Non-Response Reasons, by Provider Specialty for Well Sense

Provider Specialty Category	Non-Respondents (N)	Voicemail (%)	Not Specialty (%)	Hold Time** (%)
Allergists	50	16.0	34.0	2.0
Cardiologists	103	58.3	20.4	0.0
Dermatologists	32	40.6	3.1	6.3
Endocrinologists	88	25.0	20.5	13.6
ENTs	38	28.9	23.7	2.6
Gastroenterologists	55	49.1	16.4	16.4
Hematologists and Oncologists	113	29.2	11.5	34.5
Neurologists	155	34.2	9.7	35.5
OB/GYNs	103	28.2	31.1	13.6
Ophthalmologists	50	46.0	10.0	30.0
Orthopedists	86	47.7	11.6	18.6
Pulmonologists	76	21.1	48.7	5.3
Urologists	45	13.3	15.6	33.3
Overall*	994	34.4	19.5	18.4

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

** Hold Time refers to cases in which all call attempts resulted in the interviewer being placed on hold for five minutes, after which the interviewer ended the call (i.e., a Non-Response Reason of “Extended Hold Time”).

Table 3-5 presents findings by provider specialty and MCO, based on the number and percentage of survey respondents reporting that the MCOs’ provider data reflected the correct location or were able to provide a corrected address³⁻¹ for the sampled provider. Provider location response rates are limited to survey respondents. Sampled provider location accuracy varied across provider specialty categories, with NHHF’s accuracy rates ranging from 42.8 percent (Ophthalmologists) to 84.6 percent (Allergists), and Well Sense’s accuracy rates ranging from 51.7 percent (Orthopedists) to 77.6 percent (Neurologists).

Table 3-5—Distribution of Respondents with the Correct Location, by Provider Specialty and MCO

Provider Specialty Category	NHHF			Well Sense		
	Respondents	Correct Location	Rate (%)	Respondents	Correct Location	Rate (%)
Allergists	26	22	84.6	46	33	71.7
Cardiologists	112	63	56.3	142	85	59.9
Dermatologists	41	27	65.9	100	74	74.0
Endocrinologists	50	34	68.0	73	53	72.6
ENTs	57	37	64.9	76	53	69.7
Gastroenterologists	98	48	49.0	142	94	66.2
Hematologists and Oncologists	89	45	50.6	128	72	56.3
Neurologists	80	48	60.0	85	66	77.6
OB/GYNs	159	78	49.1	167	88	52.7
Ophthalmologists	166	71	42.8	127	80	63.0
Orthopedists	131	78	59.5	149	77	51.7
Pulmonologists	88	53	60.2	88	46	52.3
Urologists	74	49	66.2	97	63	64.9
Overall*	1,171	653	55.8	1,420	884	62.3

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

³⁻¹ If the survey respondent indicated that the address from the MCO’s provider data contained inaccuracies for the sampled provider, the caller requested the corrected address information. An example of such an inaccuracy would be an address with the correct street name and number, but missing suite/unit information. The survey stopped if the respondent was unable to verify the address or the address information was invalid (e.g., the address represents a clinic location that no longer serves patients).

Table 3-6 displays, by provider specialty and MCO, the number and percentage of cases in which the survey respondent confirmed that the sampled location offered the requested physical health specialty. The specialty acceptance rate is limited to survey respondents at the correct location or able to provide a valid address for the sampled provider. While provider specialty acceptance rates exceeded 85 percent across specialty categories and MCOs, NHHF’s acceptance rate for Neurologists was comparatively low (56.3 percent).

Table 3-6—Distribution of Provider Specialty Category Acceptance, by Provider Specialty and MCO

Provider Specialty Category	NHHF			Well Sense		
	Respondents	Accepting Provider Specialty	Rate (%)	Respondents	Accepting Provider Specialty	Rate (%)
Allergists	22	19	86.4	33	31	93.9
Cardiologists	63	60	95.2	85	81	95.3
Dermatologists	27	27	100.0	74	74	100.0
Endocrinologists	34	34	100.0	53	53	100.0
ENTs	37	36	97.3	53	52	98.1
Gastroenterologists	48	47	97.9	94	93	98.9
Hematologists and Oncologists	45	44	97.8	72	68	94.4
Neurologists	48	27	56.3	66	58	87.9
OB/GYNs	78	76	97.4	88	85	96.6
Ophthalmologists	71	71	100.0	80	79	98.8
Orthopedists	78	69	88.5	77	72	93.5
Pulmonologists	53	52	98.1	46	45	97.8
Urologists	49	49	100.0	63	61	96.8
Overall*	653	611	93.6	884	852	96.4

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

Among NHHF’s 76 OB/GYN cases in which the provider location confirmed an OB/GYN specialty, 80.3 percent of cases stated that the provider offered prenatal care and 19.7 percent stated that the provider did not offer prenatal care. For Well Sense’s 85 OB/GYN cases in which the provider location confirmed an OB/GYN specialty, 85.9 percent of cases stated that the provider offered prenatal care and 14.1 percent of cases did not offer prenatal care. This finding is for information only, as OB/GYNs may specialize in services other than perinatal care (e.g., gynecologic oncology or surgery).

Table 3-7 and Table 3-8 display, by provider specialty, the number and percentage of survey respondents who indicated that the practice served adults, children, or both adults and children for sampled provider locations from NHHF and Well Sense, respectively. This rate is limited to survey respondents at the correct location or able to provide a valid address for the sampled provider and accepting the provider specialty. While the MCOs’ online provider directories may list information regarding each provider’s acceptance of adult and/or pediatric patients, such data were not provided to HSAG for verification.

Table 3-7—Distribution of Respondents Serving Adult, Children, or Both by Provider Specialty – NHHF

Provider Specialty Category	Denom ¹	Adults Only		Children Only		Adults and Children	
		N	Rate (%)	N	Rate (%)	N	Rate (%)
Allergists	19	3	15.8	2	10.5	14	73.7
Cardiologists	60	59	98.3	1	1.7	0	0.0
Dermatologists	27	13	48.1	1	3.7	13	48.1
Endocrinologists	34	23	67.6	7	20.6	4	11.8
ENTs	36	2	5.6	2	5.6	32	88.9
Gastroenterologists	47	35	74.5	6	12.8	6	12.8
Hematologists and Oncologists	44	37	84.1	0	0.0	7	15.9
Neurologists	27	19	70.4	2	7.4	6	22.2
OB/GYNs	76	39	51.3	1	1.3	36	47.4
Ophthalmologists	71	20	28.2	4	5.6	47	66.2
Orthopedists	69	16	23.2	1	1.4	52	75.4
Pulmonologists	52	45	86.5	3	5.8	4	7.7
Urologists	49	25	51.0	5	10.2	19	38.8
Overall*	611	336	55.0	35	5.7	240	39.3

¹ The denominator includes cases responding to the survey, at the correct location, and accepting the provider specialty.

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

Table 3-8—Distribution of Respondents Serving Adult, Children, or Both by Provider Specialty – Well Sense

Provider Specialty Category	Denom ¹	Adults Only		Children Only		Adults and Children	
		N	Rate (%)	N	Rate (%)	N	Rate (%)
Allergists	31	6	19.4	9	29.0	16	51.6
Cardiologists	81	60	74.1	14	17.3	7	8.6
Dermatologists ²	74	23	31.1	5	6.8	45	60.8
Endocrinologists	53	41	77.4	11	20.8	1	1.9
ENTs	52	4	7.7	11	21.2	37	71.2
Gastroenterologists	93	44	47.3	41	44.1	8	8.6
Hematologists and Oncologists	68	47	69.1	9	13.2	12	17.6
Neurologists	58	42	72.4	7	12.1	9	15.5
OB/GYNs	85	50	58.8	1	1.2	34	40.0
Ophthalmologists	79	37	46.8	6	7.6	36	45.6
Orthopedists	72	24	33.3	2	2.8	46	63.9
Pulmonologists	45	34	75.6	8	17.8	3	6.7
Urologists	61	33	54.1	9	14.8	19	31.1
Overall*	852	445	52.2	133	15.6	273	32.0

¹ The denominator includes cases responding to the survey, at the correct location, and accepting the provider specialty.

² The sum of survey respondents serving adults, children, or both adult and children for Dermatologists do not sum to the denominator, as the survey call ended after the provider specialty was confirmed.

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

Table 3-9 displays, by provider specialty and health plan, the number and percentage of cases accepting the requested MCO and/or commercial insurance (Anthem).³⁻² The MCO/commercial insurance acceptance rate is limited to survey respondents at the correct location or able to provide a valid address for the sampled provider and accepting the provider specialty. Among applicable cases, 72.3 percent of NHHF cases and 65.0 percent of Well Sense cases indicated accepting patients enrolled with the requested MCO. Among all applicable NHHF and/or Well Sense respondents, 57.2 percent of cases indicated that the provider location accepts patients enrolled with Anthem.

Table 3-9—Distribution of Respondents Accepting MCO and/or Commercial Insurance, by Provider Specialty and Health Plan

Provider Specialty Category	NHHF			Well Sense			Anthem		
	Denom ¹	Accepting Plan	Rate (%)	Denom ¹	Accepting Plan	Rate (%)	Denom ¹	Accepting Plan	Rate (%)
Allergists	19	9	47.4	31	15	48.4	46	18	39.1
Cardiologists	60	37	61.7	81	47	58.0	135	76	56.3
Dermatologists	27	24	88.9	74	51	68.9	97	54	55.7
Endocrinologists	34	24	70.6	53	26	49.1	81	38	46.9
ENTs	36	32	88.9	52	36	69.2	78	65	83.3
Gastroenterologists	47	44	93.6	93	60	64.5	132	79	59.8
Hematologists and Oncologists	44	21	47.7	68	29	42.6	105	31	29.5
Neurologists	27	24	88.9	58	44	75.9	81	53	65.4
OB/GYNs	76	47	61.8	85	57	67.1	154	84	54.5
Ophthalmologists	71	44	62.0	79	58	73.4	136	74	54.4
Orthopedists	69	64	92.8	72	63	87.5	131	107	81.7
Pulmonologists	52	30	57.7	45	29	64.4	87	40	46.0
Urologists	49	42	85.7	61	39	63.9	94	57	60.6
Overall*	611	442	72.3	852	554	65.0	1,357	776	57.2

¹The denominator includes cases responding to the survey, at the correct location, and accepting the provider specialty.

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

³⁻² Appointment availability for individuals with commercial health insurance was assessed using Anthem as a comparison to respondents' stated appointment availability for NHHF or Well Sense. This information is presented throughout the report to compare survey results for each MCO with results for a commercial insurance plan. It was beyond the scope of this study to assess the relationship between survey responses for MCOs and commercial insurance.

Table 3-10 displays, by provider specialty, the number and percentage of cases in which the sampled provider reported accepting at least one of the requested NH Medicaid MCOs, compared to the commercial insurance. The MCO/commercial insurance acceptance rate is limited to survey respondents at the correct location or able to provide a valid address for the sampled provider and accepting the provider specialty noted in the provider data.

Table 3-10—Distribution of Respondents Accepting NH Medicaid Managed Care Compared to Accepting Commercial Insurance, by Provider Specialty

Provider Specialty Category	At Least One NH Medicaid MCO			Anthem		
	Denom ¹	Accepting Plan ²	Rate (%)	Denom ¹	Accepting Plan	Rate (%)
Allergists	46	24	52.2	46	18	39.1
Cardiologists	135	80	59.3	135	76	56.3
Dermatologists	97	72	74.2	97	54	55.7
Endocrinologists	81	45	55.6	81	38	46.9
ENTs	78	61	78.2	78	65	83.3
Gastroenterologists	132	97	73.5	132	79	59.8
Hematologists and Oncologists	105	48	45.7	105	31	29.5
Neurologists	81	64	79.0	81	53	65.4
OB/GYNs	154	99	64.3	154	84	54.5
Ophthalmologists	136	88	64.7	136	74	54.4
Orthopedists	131	119	90.8	131	107	81.7
Pulmonologists	87	53	60.9	87	40	46.0
Urologists	94	69	73.4	94	57	60.6
Overall*	1,357	919	67.7	1,357	776	57.2

¹ The denominator includes cases responding to the survey, at the correct location, and accepting the provider specialty.

² The numerator includes cases in the denominator and accepting at least one of the requested NH Medicaid MCOs.

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

Table 3-11 displays, by provider specialty and health plan, the number and percentage of cases in which the sampled provider reported accepting new patients for each of the NH Medicaid MCOs and the commercial insurance. The new patient acceptance rate is limited to survey respondents at the correct location or able to provide a valid address for the sampled provider, accepting the provider specialty noted in the provider data, and accepting the requested health plan. Among sampled providers who reported accepting patients enrolled in the specified health plan, the rate of cases accepting new patients was at least 80.0 percent. Sampled provider locations for Allergists, Gastroenterologists, and OB/GYNs reported 100.0 percent rates for accepting new patients for both MCOs and commercial insurance.

Table 3-11—Distribution of Respondents Accepting New Patients, by Provider Specialty and Health Plan

Provider Specialty Category	NHHF			Well Sense			Anthem		
	Denom ¹	Accepting New Patients	Rate (%)	Denom ¹	Accepting New Patients	Rate (%)	Denom ¹	Accepting New Patients	Rate (%)
Allergists	9	9	100.0	15	15	100.0	18	18	100.0
Cardiologists	37	36	97.3	47	45	95.7	76	74	97.4
Dermatologists	24	22	91.7	51	46	90.2	54	49	90.7
Endocrinologists	24	20	83.3	26	24	92.3	38	33	86.8
ENTs	32	31	96.9	36	36	100.0	65	64	98.5
Gastroenterologists	44	44	100.0	60	60	100.0	79	79	100.0
Hematologists and Oncologists	21	20	95.2	29	27	93.1	31	30	96.8
Neurologists	24	22	91.7	44	42	95.5	53	51	96.2
OB/GYNs	47	47	100.0	57	57	100.0	84	84	100.0
Ophthalmologists	44	40	90.9	58	51	87.9	74	66	89.2
Orthopedists	64	64	100.0	63	61	96.8	107	105	98.1
Pulmonologists	30	30	100.0	29	27	93.1	40	39	97.5
Urologists	42	42	100.0	39	37	94.9	57	55	96.5
Overall*	442	427	96.6	554	528	95.3	776	747	96.3

¹ The denominator includes cases responding to the survey, at the correct location, accepting the provider specialty, and accepting the MCO/commercial insurance.

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

Table 3-12 displays, by provider specialty, the distribution of the number and percentage of cases where the provider accepts new patients for at least one of the NH Medicaid MCOs, compared to the commercial insurance plan. The new patient acceptance rate is limited to survey respondents at the correct location or able to provide a valid address for the sampled provider, accepting the provider specialty, and accepting either of the NH Medicaid MCOs and/or the commercial insurance plan.

Table 3-12—Distribution of Respondents Accepting New Patients, by Provider Specialty and NH Medicaid Managed Care or Commercial Insurance

Provider Specialty Category	At Least One NH Medicaid MCO			Anthem		
	Denom ¹	Accepting New Patients	Rate (%)	Denom ¹	Accepting New Patients	Rate (%)
Allergists	24	24	100.0	18	18	100.0
Cardiologists	80	77	96.3	76	74	97.4
Dermatologists	72	66	91.7	54	49	90.7
Endocrinologists	45	40	88.9	38	33	86.8
ENTs	61	60	98.4	65	64	98.5
Gastroenterologists	97	97	100.0	79	79	100.0
Hematologists and Oncologists	48	45	93.8	31	30	96.8
Neurologists	64	60	93.8	53	51	96.2
OB/GYNs	99	99	100.0	84	84	100.0
Ophthalmologists	88	79	89.8	74	66	89.2
Orthopedists	119	117	98.3	107	105	98.1
Pulmonologists	53	51	96.2	40	39	97.5
Urologists	69	67	97.1	57	55	96.5
Overall*	919	882	96.0	776	747	96.3

¹ The denominator includes cases responding to the survey, at the correct location, accepting the provider specialty, and accepting either of the NH Medicaid MCOs and/or the commercial insurance plan.

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).



Per the MCOs' contracts with DHHS, each MCO is required to maintain provider network capacity to ensure the following available appointment wait times from the member's PCP or another provider:

- Non-symptomatic office visits (i.e., preventive care): within 45 calendar days
- Non-urgent, symptomatic office visits (i.e., routine care): within 10 calendar days
- Urgent, symptomatic office visits: within 48 hours

The remaining survey results present appointment availability (i.e., the average and median wait times) by provider specialty, health plan, and appointment scenario (e.g., new or existing patients requesting an appointment for an urgent issue or routine visit). Appointment wait time results are limited to survey respondents at the correct location or able to provide a valid address for the sampled provider, accepting the provider specialty, accepting the specified health plan, and accepting new patients.

Table 3-13 summarizes appointment availability (i.e., the average and median wait times) by provider specialty and health plan for provider locations offering **appointments to new patients with urgent issues**. Appointment wait time results are limited to survey respondents at the correct location or able to provide a valid address for the sampled provider, accepting the provider specialty, accepting the specified health plan, and accepting new patients. The overall median wait times for new patients with urgent issues was 20.0 calendar days, 25.5 calendar days, and 22.0 calendar days for NHHF, Well Sense, and Anthem, respectively. Of note, Endocrinologists had the longest median wait times for an urgent issue appointment, compared to all other specialty categories within each of the MCOs or commercial insurance.

Table 3-13—New Patient Appointment Wait Time in Calendar Days for an Urgent Issue, by Provider Specialty and Health Plan

Provider Specialty Category	NHHF			Well Sense			Anthem		
	Denom ¹	Average Wait Time (Days)	Median Wait Time (Days)	Denom ¹	Average Wait Time (Days)	Median Wait Time (Days)	Denom ¹	Average Wait Time (Days)	Median Wait Time (Days)
Allergists	9	8.3	5.0	15	32.6	26.0	18	32.9	28.0
Cardiologists	36	35.6	31.0	45	36.0	30.0	74	34.2	31.5
Dermatologists	22	46.8	52.5	46	79.8	62.0	49	55.1	55.5
Endocrinologists	20	90.3	61.0	24	116.0	97.0	33	90.5	85.0
ENTs	31	18.8	19.0	36	24.9	18.5	64	20.7	19.5
Gastroenterologists	44	48.6	52.0	60	41.1	37.0	79	44.5	42.5
Hematologists and Oncologists	20	13.1	8.5	27	8.8	7.0	30	9.7	7.0
Neurologists	22	67.4	36.0	42	97.4	81.0	51	85.5	49.0
OB/GYNs	47	23.8	18.0	57	27.9	21.0	84	23.6	20.5
Ophthalmologists	40	17.4	5.0	51	17.4	4.5	66	12.1	3.0
Orthopedists	64	17.1	13.0	61	17.0	12.0	105	18.0	13.5
Pulmonologists	30	37.8	29.0	27	35.8	33.5	39	36.9	28.0
Urologists	42	17.4	9.0	37	18.2	14.0	55	22.9	14.0
Overall*	427	29.9	20.0	528	38.6	25.5	747	33.1	22.0

¹The denominator includes cases responding to the survey, at the correct location, accepts the provider specialty, accepts the MCO/commercial insurance, and accepts new patients.

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

Table 3-14 summarizes appointment availability (i.e., the average and median wait times) by provider specialty and health plan for provider locations offering **appointments to new patients for a routine visit**. Appointment wait time results are limited to survey respondents at the correct location or able to provide a valid address for the sampled provider, accepting the provider specialty, accepting the specified health plan, and accepting new patients. Overall, the median wait times for routine visits for new patients were 33.0 calendar days, 40.0 calendar days, and 35.0 calendar days for NHHF, Well Sense, and Anthem, respectively. Similar to the wait times for urgent issues, Endocrinologists had the longest average wait times for an appointment, compared to all other specialty categories within each of the MCOs or commercial insurance

Table 3-14—New Patient Appointment Wait Time in Calendar Days for a Routine Visit, by Provider Specialty and Health Plan

Provider Specialty Category	NHHF			Well Sense			Anthem		
	Denom ¹	Average Wait Time (Days)	Median Wait Time (Days)	Denom ¹	Average Wait Time (Days)	Median Wait Time (Days)	Denom ¹	Average Wait Time (Days)	Median Wait Time (Days)
Allergists	9	10.4	9.0	15	68.3	47.5	18	41.4	30.0
Cardiologists	36	49.5	52.0	45	48.3	43.0	74	46.8	47.5
Dermatologists	22	50.5	55.0	46	97.3	107.5	49	68.3	61.0
Endocrinologists	20	87.8	78.5	24	105.5	96.0	33	99.2	95.0
ENTs	31	47.3	28.0	36	38.5	28.0	64	42.5	28.0
Gastroenterologists	44	48.6	50.0	60	55.7	57.0	79	55.0	56.0
Hematologists and Oncologists	20	17.4	16.5	27	15.8	14.5	30	17.4	16.5
Neurologists	22	72.0	78.0	42	92.4	77.5	51	88.9	75.0
OB/GYNs	47	24.2	16.0	57	25.3	21.0	84	21.3	18.5
Ophthalmologists	40	40.5	36.0	51	47.8	39.0	66	45.1	38.5
Orthopedists	64	19.7	14.5	61	20.9	17.0	105	19.7	15.0
Pulmonologists	30	41.9	37.0	27	51.6	52.0	39	45.0	35.0
Urologists	42	31.6	31.0	37	26.7	21.0	55	33.8	31.0
Overall*	427	40.8	33.0	528	53.8	40.0	747	47.3	35.0

¹The denominator includes cases responding to the survey, at the correct location, accepts the provider specialty, accepts the MCO/commercial insurance, and accepts new patients.

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

Table 3-15 summarizes appointment availability (i.e., the average and median wait times) by provider specialty and health plan for provider locations offering appointments for **existing patients with urgent issues**. An “urgent issue” refers to a health condition which requires prompt attention but does not rise to the level of an emergency. Appointment wait time results are limited to survey respondents at the correct location or able to provide a valid address for the sampled provider, accepting the provider specialty, and accepting the specified health plan. Overall, the median wait times for existing patients with urgent issues were 14.0 calendar days, 15.0 calendar days, and 14.0 calendar days for NHHF, Well Sense, and Anthem, respectively.

Table 3-15—Existing Patient Appointment Wait Time in Calendar Days for an Urgent Issue, by Provider Specialty and Health Plan

Provider Specialty Category	NHHF			Well Sense			Anthem		
	Denom ¹	Average Wait Time (Days)	Median Wait Time (Days)	Denom ¹	Average Wait Time (Days)	Median Wait Time (Days)	Denom ¹	Average Wait Time (Days)	Median Wait Time (Days)
Allergists	9	5.5	5.0	15	23.0	11.0	18	22.5	7.0
Cardiologists	37	27.6	28.0	47	29.5	28.0	76	24.6	28.0
Dermatologists	24	45.5	52.5	51	77.2	80.5	54	52.8	56.0
Endocrinologists	24	45.4	28.0	26	64.5	52.0	38	47.4	17.0
ENTs	32	21.0	19.0	36	18.6	15.0	65	19.3	19.0
Gastroenterologists	44	45.3	37.0	60	32.3	26.5	79	39.6	35.5
Hematologists and Oncologists	21	9.5	6.0	29	7.2	4.0	31	8.9	5.0
Neurologists	24	42.3	32.0	44	88.7	62.5	53	73.2	51.0
OB/GYNs	47	17.4	9.0	57	19.7	11.0	84	16.0	10.5
Ophthalmologists	44	14.2	3.5	58	14.3	4.0	74	10.0	3.0
Orthopedists	64	16.2	13.0	63	18.6	13.0	107	17.8	13.0
Pulmonologists	30	21.0	9.0	29	25.5	12.0	40	18.9	7.5
Urologists	42	17.6	10.0	39	16.8	14.0	57	21.9	14.0
Overall*	442	24.2	14.0	554	32.1	15.0	776	26.6	14.0

¹ The denominator includes cases responding to the survey, at the correct location, accepts the provider specialty, and accepts the MCO/commercial insurance.

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

Table 3-16 summarizes appointment availability (i.e., the average and median wait times) by provider specialty and health plan for provider locations offering appointments to **existing patients for routine visits**. Appointment wait time results are limited to survey respondents at the correct location or able to provide a valid address for the sampled provider, accepting the provider specialty, and accepting the specified health plan. Overall, the median wait times for a routine visit for an existing patient were 31.0 calendar days, 33.5 calendar days, and 32.0 calendar days for NHHF, Well Sense, and Anthem, respectively.

Table 3-16—Existing Patient Appointment Wait Time in Calendar Days for a Routine Visit, by Provider Specialty and Health Plan

Provider Specialty Category	NHHF			Well Sense			Anthem		
	Denom ¹	Average Wait Time (Days)	Median Wait Time (Days)	Denom ¹	Average Wait Time (Days)	Median Wait Time (Days)	Denom ¹	Average Wait Time (Days)	Median Wait Time (Days)
Allergists	9	6.8	9.0	15	44.8	37.0	18	35.2	18.5
Cardiologists	37	48.7	49.5	47	37.5	30.0	76	40.1	39.0
Dermatologists	24	48.3	54.0	51	91.2	91.0	54	66.6	62.0
Endocrinologists	24	62.9	52.0	26	88.6	75.0	38	75.1	63.0
ENTs	32	49.8	35.0	36	33.3	26.0	65	39.4	26.0
Gastroenterologists	44	46.2	41.0	60	48.4	48.0	79	51.4	49.0
Hematologists and Oncologists	21	11.2	7.0	29	15.0	12.5	31	15.6	14.0
Neurologists	24	67.8	65.0	44	78.6	68.0	53	75.8	62.0
OB/GYNs	47	20.2	16.0	57	18.9	14.0	84	17.5	15.0
Ophthalmologists	44	43.3	36.0	58	48.2	40.0	74	47.2	39.0
Orthopedists	64	18.8	14.0	63	22.0	17.0	107	19.9	15.0
Pulmonologists	30	29.6	32.0	29	38.1	38.5	40	31.4	32.0
Urologists	42	30.7	30.5	39	25.3	21.0	57	32.6	26.5
Overall*	442	38.1	31.0	554	47.7	33.5	776	42.9	32.0

¹ The denominator includes cases responding to the survey, at the correct location, accepts the provider specialty, and accepts the MCO/commercial insurance.

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).

Conclusions

The physical health specialty provider telephone survey results indicated that while most sampled provider locations serve new patients with New Hampshire Medicaid MCOs and/or commercial insurance, provider data deficiencies may create challenges for Medicaid members seeking to contact specialty providers. The following key findings support this conclusion:

- HSAG achieved overall survey response rates of 58.4 percent and 58.8 percent for NHHF and Well Sense, respectively. Response rates varied by provider specialty and MCO, with differences greater than 30 percentage points between the specialties with the lowest and highest response rates for each MCO (Table 3-1). Additionally, only 55.8 percent of NHHF's responsive cases and 62.3 percent of Well Sense's responsive cases confirmed that the sampled provider location was accurate.
- Among cases indicating that the sampled provider was at the correct location, 93.6 percent of NHHF's cases and 96.4 percent of Well Sense's cases confirmed offering the specialty noted in the provider data.
 - While provider specialty acceptance rates were high across specialty categories and MCOs, NHHF's specialty acceptance rate for Neurologists was only 56.3 percent.
- Among NHHF and Well Sense provider locations that confirmed offering the sampled specialty, more than 50 percent of cases indicated that they only serve adult members. Results varied by provider specialty and MCO, and selected specialties (e.g., Cardiologists) more frequently indicated that they did not offer services for pediatric patients.
 - Fewer than 30 percent of NHHF's respondent cases reported accepting children for Cardiologists, Gastroenterologists, Hematologists/Oncologists, Neurologists, and Pulmonologists (Table 3-6).
 - Fewer than 30 percent of Well Sense's respondent cases reported accepting children for Cardiologists, Endocrinologists, Neurologists, and Pulmonologists (Table 3-7).
 - Findings related to provider locations accepting adults and/or children are informational, as the survey's sampling approach does not support the application of such findings to the overall population of specialty providers or anticipated member needs.
- A notable percentage of cases involved provider locations listed in an MCO's data file and had a survey respondent indicate that the provider location was not contracted to serve the MCO's members. Only 72.3 percent of NHHF's sampled cases and 65.0 percent of Well Sense's sampled cases that confirmed offering the sampled provider specialty also reported accepting the MCO's members. Overall, 57.2 percent of NHHF and/or Well Sense cases indicated that the provider location also accepted patients enrolled with Anthem.
- More than 95.0 percent of applicable survey respondents indicated that the provider location was accepting new patients, and these results were similar for all three health plans (i.e., the Medicaid MCOs and Anthem).

- Allergists, Gastroenterologists, and OB/GYNs had a 100 percent new patient acceptance rate across all health plans.
- Endocrinologists were the only specialty with differences in new patient acceptance among the health plans, with a greater number of survey respondents reporting new patient acceptance for Well Sense members than for patients with health insurance from NHHF or Anthem.
- In general, appointments for existing patients were available sooner than appointments for new Medicaid patients for both urgent issues and routine visits. Additionally, provider locations offered appointments to new Medicaid patients requesting urgent visits sooner than new Medicaid patients requesting routine visits.
 - Selected findings suggest limited appointment availability with certain types of specialists, regardless of a patient’s health insurance. Endocrinologists had the highest median wait times across all health plans for new Medicaid patients with urgent issues, while Dermatologists had the highest median wait times across all health plans for existing patients with urgent issues. Gastroenterologists and Neurologists also had generally long wait times, regardless of appointment scenario.
 - There were no differences in median wait times across the health plans for new patient routine visits with ENTs (28.0 days) or existing patients with urgent issues for Cardiologists (28.0 days) or Orthopedists (13.0 days).
 - Well Sense generally had longer appointment wait times than either NHHF or Anthem across the provider specialties and appointment scenarios.
 - Well Sense’s median wait time for new patients requesting dermatology appointments for routine visits (107.5 days) was almost twice as long as the median wait time for similar dermatology visits with NHHF (55.0 days) or Anthem (61.0 days).
 - Well Sense also had longer median wait time (91 days) for existing patients requesting routine dermatology appointments compared to NHHF (54 days) or Anthem (62 days).

Table 4-1 displays a summary of the overall median appointment wait times, and Well Sense cases had the longest median appointment wait times across all appointment scenarios. Appendix C summarizes the median appointment wait times by specialty and MCO to demonstrate differences in appointment availability.

Table 4-1—Summary of Median Appointment Wait Times in Calendar Days by Health Plan

Plan	New Patient		Existing Patient	
	Routine Visit	Urgent Issue	Routine Visit	Urgent Issue
NHHF	33.0	20.0	31.0	14.0
Well Sense	40.0	25.5	33.5	15.0
Anthem	35.0	22.0	32.0	14.0

Study Limitations

Due to the nature of the survey methodology and script, the following limitations should be considered when generalizing survey results across physical health specialty providers contracted with each New Hampshire Medicaid MCO:

- Survey calls were conducted at least two months following HSAG’s receipt of the MCO’s provider data, resulting in the possibility that provider locations updated their contact information with the MCO prior to HSAG’s survey calls.
- Survey findings were compiled from self-reported responses supplied to HSAG’s callers by physical health specialty providers’ office personnel. As such, survey responses may vary from information obtained at other times or using other methods of communication.
 - The survey script did not address specific clinical conditions that may have resulted in more timely appointments or greater availability of services (e.g., a patient with a time-sensitive health condition or a referral from another provider).
 - The survey was conducted over a four-week period in August and September, and the seasonality of selected medical conditions may have impacted providers’ appointment availability. For example, local allergy conditions may contribute to an increased number of patients requesting care with allergists and/or ENTs at a specific time of year, compared to a scenario in which the survey calls were conducted during the winter or summer seasons.
- 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. Additionally, a notable number of providers’ offices declined to participate in the survey or failed to return survey calls or voicemails, an outcome that may differ for prospective patients.
- Due to the nature of the survey script, respondents may have ended the caller’s conversation without answering all survey elements by transferring the caller to another respondent to collect different survey elements. For example, billing staff may have supplied information on MCO acceptance, then transferred the caller to scheduling staff for appointment availability. As such, not all survey elements were collected for all respondent cases.
- MCOs are responsible for ensuring 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 MCO’s processes for aiding members who require timely appointments.
- Survey results for the time to the first available appointment were based on appointments requested with the sampled provider at the sampled location. Cases were counted as being unable to offer an appointment if the survey respondent offered an appointment with a different provider or at a different location. As such, survey results may underrepresent timely appointments for situations in which Medicaid members are willing to see an alternate provider or travel to an alternate location. Additionally, appointments at facilities with rotating provider scheduling were only accepted for the sampled provider.

Recommendations

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

- HSAG was unable to reach more than 45 percent of sampled cases for each MCO, and a key non-response reason was call attempts in which the provider locations did not offer the specialty noted in the provider data.
 - DHHS should supply each MCO with the case-level survey data files and a defined timeline by which each MCO will address provider data deficiencies identified during the survey calls (e.g., disconnected telephone numbers or telephone numbers, addresses, and/or provider specialty information that does not correspond to the sampled provider).
 - To ensure consistent provider network data across EQR activities, DHHS may consider contracting with its EQRO to collect and maintain the MCOs' routine provider network data submissions on behalf of DHHS. Such data support may include technical assistance to the MCOs regarding expected data field contents for provider data submissions. The MCOs' initial provider data submissions contained a large number of records with missing telephone numbers, and technical assistance should include direction regarding the nature of the telephone number and address reported for each provider. For example, the address should reflect the physical location at which the provider sees patients and the telephone number should reflect the most direct number from which patients can schedule an appointment with the provider.
 - DHHS should consider implementing a provider directory audit to verify that the MCOs' publicly available provider data accurately represent the provider data supplied by the MCOs for DHHS' use in EQRO activities. A provider directory audit will also enable DHHS to verify the accuracy of MCO information published for members regarding the services offered by each provider (e.g., which OB/GYN providers offer prenatal care versus other gynecologic services, like gynecologic surgery).
- Per the MCOs' contracts with DHHS, each MCO is required to maintain provider network capacity to ensure the following available appointment wait times from the member's PCP or another provider:
 - Non-symptomatic office visits (i.e., preventive care): within 45 calendar days
 - Non-urgent, symptomatic office visits (i.e., routine care): within 10 calendar days
 - Urgent, symptomatic office visits: within 48 hours

Overall survey results for average and median appointment wait times exceed these requirements. Therefore, DHHS should request that each MCO supply copies of its documentation regarding the MCO's processes for monitoring and evaluating members' ability to access care in a timely manner, including both geographic access and timely access to care.

DHHS could also consider reviewing the current appointment timeliness standards to determine whether the State should establish separate timeliness standards for visits with PCPs versus physical health specialty providers. Per CMS' Promoting Access in Medicaid and CHIP Managed Care, states

may allow physical health specialists to have timeliness standards with longer appointment wait times than the wait times expected for a similar visit with a PCP-type provider.⁴⁻¹ For example, MCOs may be allowed 15 calendar days for a non-urgent symptomatic appointment with a specialist, but only 10 calendar days for the same type of appointment with a PCP.

- Differences in appointment wait times by provider specialty and MCO suggest that providers willing to serve Medicaid members may not be contracted with both Medicaid MCOs. DHHS should consider comparing each MCO's provider network to DHHS data on all providers contracted to serve New Hampshire Medicaid members (i.e., a saturation analysis) to determine the extent to which each MCO is contracted with available providers.

⁴⁻¹ Lipson DJ, Libersky J, Bradley K, et. al. Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability. Baltimore, MD: Division of Managed Care Plans, Center for Medicaid and CHIP Services, CMS, U.S. Department of Health and Human Services. Available at: <https://www.medicaid.gov/medicaid/managed-care/downloads/guidance/adequacy-and-access-toolkit.pdf>. Accessed on Dec 4, 2019.

Appendix A. Physical Health Provider Specialties by Medicaid MCO

Table A-1 presents the original provider specialty descriptions identified from each Medicaid MCO’s data, as well as the provider specialty categories to which the MCOs’ data were assigned for this survey. Note that each MCO categorizes its provider data using terminology and specialty categories unique to its internal data systems. As such, the greater number of specialty data values for Well Sense reflects a different labeling system compared to NHHF, rather than a lack of NHHF provider specialties.

Table A-1—Provider Specialty Categories by MCO

Provider Specialty Category	NHHF Provider Specialty Data Values	Well Sense Provider Specialty Data Values
Allergists	Allergy	Allergy & Immunology Pediatric Allergy & Immunology
Cardiologists	Cardiology	Cardiovascular Disease Congenital Cardiac Surgery Interventional Cardiology Pediatric Cardiology
Dermatologists	Dermatology	Dermatology Pediatric Dermatology
Endocrinologists	Endocrinology	Endocrinology, Diabetes, Metab Pediatric Endocrinology Reproductive Endocrinology
Otolaryngologists (Ear, Nose, and Throat Specialists [ENTs])	ENT (Otolaryngology)	Otolaryngology Pediatric Otolaryngology
Gastroenterologists	Gastroenterology	Gastroenterology Pediatric Gastroenterology
Hematologists and Oncologists	Hematology/Oncology	Complex Gen Surgical Oncology Hematology Hematology/Medical Oncology Hematology: Internal Medicine Medical Oncology Radiation Oncology Pediatric Hematology-Oncology Oncology, Gynecologic

Provider Specialty Category	NHMF Provider Specialty Data Values	Well Sense Provider Specialty Data Values
Neurologists	Neurology	Neurological Surgery Neurology w Spc Qual Chld Neur Neuromuscular Medicine Neuropathology Pediatric Neurology Vascular Neurology
Obstetricians and Gynecologists (OB/GYNs)	OB/GYN	Gynecology Maternal & Fetal Medicine Midwife, Certified Midwife, Lay (Non-nurse) Obstetrics & Gynecology Womens Health Care Nurse Prac
Ophthalmologists	Ophthalmology	Ophthalmology
Orthopedists	Orthopedics	Orthopaedic Surgery
Pulmonologists	Pulmonology	Pulmonary Medicine Pediatric Pulmonology
Urologists	Urology	Urology Pediatric Urology

Appendix B. Telephone Survey of Physical Health Providers Specialty Script

Survey Script

This script served as a guide in gathering information relevant to obtaining appointment information. The electronic data collection tool controlled skip logic between survey elements and collects the date(s) of the initial and subsequent calls. Interviewers were instructed to leave voicemail messages on the second call attempt. Interviewers were instructed not to schedule appointments, only to ask about appointment availability.

1. Call the office and note the name of the person to whom you are speaking.

Note: If telephone number is disconnected or does not connect to a medical facility, the survey will end, and the case is considered a non-respondent (i.e., an invalid telephone number).

If the interviewer reaches a voicemail system on the second call attempt, they will use the Voicemail Script on page A-4 to leave a message requesting a return call. Additional scripts for situations involving inbound calls from providers' offices are shown on page A-4.

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 for <<specialty category>> at the <<street name>> location. Are you able to answer questions about this location?"

If yes, move to element #3. If no, ask if there is a better time to call and thank them for their time. If no alternate contact time is offered, the survey will end, and the case is considered a non-respondent (i.e., a refusal).

If the office indicates that it does not provide the requested specialty at the location noted, the survey will end (i.e., not in the study population).

3. "First, I'm going to ask you to confirm the following address for the <<specialty category>>. <<street address, city, state, ZIP code>>. Is this address correct?"

The interviewer will read the address, document the response, and move to element #4.

The following responses are acceptable:

Yes, that's a valid address

Yes, that may be an address, but it has errors (e.g., the address has the correct street name and number, but is missing the suite/unit information; Interviewer will collect the corrected address information)

No, that's not a valid address (e.g., the address represents a clinic location that is no longer serving patients)

NOTE: If the respondent is unable to verify an address, the survey will end.

4. “Now I’d like to ask you about (a) specific provider(s) at the <<street name>> location. Can you please confirm that << Provider’s Name>> is still at the <<street name>> location?”

If yes, move to element #5. If no, the survey will end for the requested provider; move to element #17.

5. On average, how many days each month is <<Provider’s Name>> available for appointments at the <<street name>> location?

Document the response and move to element #6. Responses will be collected verbatim and may be represented as a count of days or specific days (“e.g., every Monday”).

6. Does <<Provider’s Name>> see adults, children, or both for <<specialty category>>?

Document the response, including any information offered regarding limitations to patient acceptance.

If the respondent states that the provider is not the noted type of physical health specialty, the survey will end for the requested provider; move to element #17. Otherwise, continue to element #7.

7. Can you please confirm that <<Provider’s Name>> accepts <<MCO>>?

If the provider is sampled for both NHHF and Well Sense, the interviewer will ask about each MCO.

If yes, move to element #8. If the respondent states that the provider does not accept patients with New Hampshire Medicaid at this location, confirm that they do not see any new or existing patients with this insurance at this location and the survey will end for the requested provider; move to element #17.

8. “Is <<Provider’s Name>> accepting new patients for <<MCO>>?”

If the provider is sampled for both NHHF and Well Sense and the respondent indicated in element #6 that the provider accepts both MCOs, the interviewer will ask elements #9 – 10 for each MCO.

If yes, move to element #9 for all specialty categories except OB/GYN. For OB/GYN cases, move to element #11.

If no, the survey will end for the requested provider; move to element #17.

9. When is the next available appointment with <<Provider’s Name>> at the <<street name>> location for an urgent issue for a new patient with <<MCO>>?

If needed, the interviewer will explain that “urgent issue” means health care for a condition which requires prompt attention but does not rise to the level of an emergency.

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

10. When is the next available appointment with <<Provider's Name>> at the <<street name>> location for a non-urgent or routine visit for a new patient with <<MCO>>?

Document the appointment date and move to element #12. The interviewer will capture any information offered regarding barriers to scheduling.

11. *For OB/GYN survey cases, the interview will ask for the next available appointment for an initial prenatal care visit. If the survey respondent indicates that the provider is an OB/GYN but does not provide prenatal care, the interviewer will complete elements #9 – 10 once for each sampled MCO.*

12. Can you please confirm that <<Provider's Name>> accepts Anthem State Health Employee Plan?

Document the response and move to element #13.

13. “Is <<Provider's Name>> accepting new patients for Anthem State Health Employee Plan?”

If yes, move to element #14 for all specialty categories except OB/GYN. For OB/GYN cases, move to element #16.

If no, the survey will end for the requested provider; move to element #17.

14. When is the next available appointment with <<Provider's Name>> at the <<street name>> location for an urgent issue for a new patient with Anthem State Health Employee Plan?

If needed, the interviewer will explain that “urgent issue” means health care for a condition which requires prompt attention but does not rise to the level of an emergency.

Document the appointment date and move to element #15. The interviewer will capture any information offered regarding barriers to scheduling.

15. When is the next available appointment with <<Provider's Name>> at the <<street name>> location for a non-urgent or routine visit for a new patient with Anthem State Health Employee Plan?

Document the appointment date and move to element #17. The interviewer will capture any information offered regarding barriers to scheduling.

16. *For OB/GYN survey cases, the interviewer will ask for the next available appointment for an initial prenatal care visit. If the survey respondent indicates that the provider is an OB/GYN but does not provide prenatal care, the interviewer will complete elements #14 – 15.*

17. *If the survey case contains one provider, move to element #18; if multiple providers, repeat elements #5 – 16 for each provider in the case. When all provider information has been collected, move to element #18.*

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

VoiceMail Script

If a call attempt connected with an answering service or voicemail, the call was attempted on another day and time. If the interviewer reached an answering service or voicemail on the second call attempt, a message was left requesting a return call to complete the survey. The sections below present the voicemail language for scenarios in which an HSAG interviewer was unable to reach a provider's office and left a voicemail for a return call.

Interviewer Requests a Callback:

“Hello, my name is <<Interviewer's First Name>> with Health Services Advisory Group. I am calling on behalf of the New Hampshire Department of Health and Human Services to ask about appointment availability for <<specialty category>> at the <<street name>> location. Please call the dedicated survey line at <<telephone number>> within two business days and a representative will collect your feedback for DHHS. When calling, please reference location ID <<XXXX>>. Again, please call <<telephone number>> no later than [date two days from call]. Thank you.”

NOTE: While HSAG requested a return call within two business days, return calls were accepted up to one week after a message was left to maximize survey responses.

Provider's Office Returns HSAG's Call:

The survey respondent heard the following automatic greeting when returning a voicemail left by a HSAG interviewer:

“Thank you for calling the New Hampshire Department of Health and Human Services Provider Survey line at Health Services Advisory Group. Please stay on the line for the next available representative.”

NOTE: The greeting played as soon as the call was connected, and the line would then ring five times (approximately 16 seconds). If all HSAG interviewers were busy, or the office returned the call after normal business hours, the office would reach the message below:

“Thank you for calling the New Hampshire Department of Health and Human Services Provider Survey line at Health Services Advisory Group. Please leave your name, telephone number, location ID, and the best time to reach you. A representative will return your call within one business day.”

Appendix C. Summary of Median Appointment Wait Times (Calendar Days)

Table C-1 presents the median appointment wait times by appointment type, specialty, and MCO to illustrate differences in appointment availability. Instances in which long appointment wait times are comparable across the three health plans suggest that concerns about timely appointments are not limited to providers serving Medicaid members. However, instances in which the health plans differ in appointment availability suggest underlying differences in the health plans’ provider networks (e.g., one health plan has a greater number of available providers).

Table C-1—Median Appointment Wait Times in Calendar Days by Provider Specialty Category and Health Plan

Specialty	New Patient Routine Visit			New Patient Urgent Issues			Existing Patient Routine Visit			Existing Patient Urgent Issues		
	NHHF	Well Sense	Anthem	NHHF	Well Sense	Anthem	NHHF	Well Sense	Anthem	NHHF	Well Sense	Anthem
Allergists	9.0	47.5	30.0	5.0	26.0	28.0	9.0	37.0	18.5	5.0	11.0	7.0
Cardiologists	52.0	43.0	47.5	31.0	30.0	31.5	49.5	30.0	39.0	28.0	28.0	28.0
Dermatologists	55.0	107.5	61.0	52.5	62.0	55.5	54.0	91.0	62.0	52.5	80.5	56.0
Endocrinologists	78.5	96.0	95.0	61.0	97.0	85.0	52.0	75.0	63.0	28.0	52.0	17.0
ENTs	28.0	28.0	28.0	19.0	18.5	19.5	35.0	26.0	26.0	19.0	15.0	19.0
Gastroenterologists	50.0	57.0	56.0	52.0	37.0	42.5	41.0	48.0	49.0	37.0	26.5	35.5
Hematologists and Oncologists	16.5	14.5	16.5	8.5	7.0	7.0	7.0	12.5	14.0	6.0	4.0	5.0
Neurologists	78.0	77.5	75.0	36.0	81.0	49.0	65.0	68.0	62.0	32.0	62.5	51.0
OB/GYNs	16.0	21.0	18.5	18.0	21.0	20.5	16.0	14.0	15.0	9.0	11.0	10.5
Ophthalmologists	36.0	39.0	38.5	5.0	4.5	3.0	36.0	40.0	39.0	3.5	4.0	3.0
Orthopedists	14.5	17.0	15.0	13.0	12.0	13.5	14.0	17.0	15.0	13.0	13.0	13.0
Pulmonologists	37.0	52.0	35.0	29.0	33.5	28.0	32.0	38.5	32.0	9.0	12.0	7.5
Urologists	31.0	21.0	31.0	9.0	14.0	14.0	30.5	21.0	26.5	10.0	14.0	14.0
Overall*	33.0	40.0	35.0	20.0	25.5	22.0	31.0	33.5	32.0	14.0	15.0	14.0

* Use caution when interpreting overall results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple provider locations across specialty categories. Survey calls were placed by provider location, specialty, and address; survey responses are unique to the sampled provider location (i.e., case).