State of New Hampshire
Department of Health and Human Services

State Fiscal Year 2020
Secret Shopper Survey Report

July 2020

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 state fiscal year 2020 secret shopper surveys has a conflict of interest with the following health plans: **AmeriHealth Caritas New Hampshire, Inc.**, **New Hampshire Healthy Families**, and **Well Sense Health Plan**.

1. Executive Summary

During state fiscal year (SFY) 2020, the New Hampshire Department of Health and Human Services (DHHS) contracted with Health Services Advisory Group, Inc. (HSAG) to conduct a secret shopper telephone survey among primary care providers (PCPs) contracted with a Medicaid managed care organization (MCO). A "secret shopper" is a person employed to pose as a patient to evaluate the validity of available provider information (e.g., accurate MCO affiliation information). The secret shopper telephone survey allows for objective data collection from healthcare providers while minimizing potential bias introduced by knowing the identity of the surveyor.

HSAG evaluated providers in New Hampshire's Medicaid managed care network to address the following survey objectives:

1. Determine whether providers accept members enrolled with a Medicaid MCO
2. Determine whether providers are accurately identified in the MCOs' provider data as PCPs
3. Determine whether providers accept new patients
4. Determine appointment availability for new Medicaid members requesting routine well-checks or nonurgent problem-focused ("sick") visits

The following MCOs participating in the Medicaid Care Management (MCM) Program submitted provider data files to HSAG:

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

To include a comparison of the MCM Program results to a commercial insurance plan, HSAG assessed appointment availability using Anthem BlueCross BlueShield (Anthem). HSAG used a DHHS-approved survey script (Appendix B) to complete calls to all sampled provider locations during February and March 2020,[1-1] recording survey responses in an electronic data collection tool.

Results

HSAG attempted to contact 1,592 sampled provider locations (i.e., "cases"), with an overall response rate of 67.5 percent among the health plans. Of the responsive cases, 85.6 percent (919 cases) accepted the health plan requested by the caller (i.e., the Medicaid MCO or Anthem). Among the cases in which the provider accepted patients with the health plan, 84.3 percent (775 cases) confirmed that the

[1-1] HSAG began calls on February 10, 2020, and completed the survey calls on March 13, 2020, prior to the federal emergency declaration regarding the coronavirus disease 2019 (COVID-19) pandemic and subsequent impacts to PCPs' scheduling of routine well-checks and nonurgent sick visits.

requested provider was a PCP. Moreover, among the survey respondents who indicated that the sampled provider accepted the MCO and was confirmed to be a PCP, 54.3 percent (421 cases) responded that the provider location was accepting new patients, with similar results across all health plans. Among the cases accepting the health plan, confirmed as a PCP, and accepting new patients, however, only 6.9 percent (29 cases) offered an appointment date to the caller.

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

Table 1-1—Summary of Survey Case Outcomes, by Visit Type and Health Plan

Health Plan	Total Survey Cases	Cases Reached	Providers Accepting MCO	Providers Identified as a PCP	Accepting New Patients[1]	Offered An Appointment Date[2]
Routine Well-Check Visit						
ACNH	197	144	101	74	40	2
NHHF	199	130	110	96	55	3
WS	203	139	126	101	53	4
MCO Total	**599**	**413**	**337**	**271**	**148**	**9**
Anthem[3]	194	120	108	99	49	0
Nonurgent Sick Visit[4]						
ACNH	198	125	96	74	42	4
NHHF	201	137	120	106	56	5
WS	205	149	133	109	62	3
MCO Total	**604**	**411**	**349**	**289**	**160**	**12**
Anthem[3]	195	130	125	116	64	8

[1] Sampled cases included PCP-type providers from each MCO and were not limited to providers that were accepting new patients.
[2] Based on the survey findings, most providers required a pre-registration process prior to offering an appointment date; refer to Table 3-9 for further details.
[3] HSAG used the same Medicaid MCO provider list to identify provider locations not sampled for the Medicaid MCOs to ask about providers' acceptance of the Anthem commercial insurance plan.
[4] The survey script for nonurgent sick visits was limited to a specific clinical condition (i.e., a persistent earache without fever) and did not address additional clinical scenarios that may have resulted in more timely appointments or greater availability of services (e.g., a patient with underlying health conditions).

Recommendations

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

- Overall, HSAG was unable to reach 32.5 percent of the sampled cases. Callers noted that a key nonresponse reason involved call attempts in which the provider was no longer practicing at the location listed in the provider data supplied by the MCO. Since the MCOs supplied HSAG with the provider data used for this survey, DHHS should supply each MCO with case-level survey data containing identified provider data deficiencies (e.g., incorrect or disconnected telephone numbers) and require the MCOs address these deficiencies.
- The MCOs' provider data included a PCP indicator, and all sampled cases were identified as PCPs by their respective MCO. However, HSAG's survey results identified cases in which the survey respondent noted that the requested provider was not a PCP. DHHS should consider conducting an independent provider directory review to verify that the MCOs' publicly available provider data contains accurate information for their members.
- Survey responses include several barriers to obtaining appointment availability, including offices requiring pre-registration, Medicaid eligibility verification, the MCO's assignment with the PCP, and/or medical record review prior to offering an appointment date. Certain barriers are unique to the secret shopper methodology (e.g., callers will not supply personal information to pre-register with a practice); however, other limitations suggest barriers for all Medicaid members attempting to schedule appointments. DHHS and the MCOs should consider conducting a review of the provider offices' requirements to ensure these barriers are not unduly burdening the members' ability to access primary care.
  - Additionally, DHHS should consider using a revealed caller survey approach for future appointment availability evaluations, based on the finding that a majority of offices require a secret shopper caller to supply personal information before offering an appointment.
- While average and median appointment waits times were collected for relatively few cases, differences in appointment wait times by MCO suggest that providers willing to serve Medicaid members may not be contracted with all Medicaid MCOs. DHHS should consider comparing each MCO's provider network data to DHHS data concerning the 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

DHHS contracted with HSAG, the external quality review organization for New Hampshire, to conduct a secret shopper telephone survey of PCPs contracted with one or more Medicaid MCOs during SFY 2020. The purpose of this survey was to collect appointment availability information for routine well-checks and nonurgent problem-focused ("sick") visits for new Medicaid members.[2-1] As a secondary survey objective, HSAG evaluated the accuracy of selected provider data elements related to members' access to PCPs. Specific survey objectives included the following:

- Determine whether providers accepted members enrolled with a Medicaid MCO and the degree to which this information aligns with the provider data
- Determine whether providers are accurately identified in the provider data as PCPs
- Determine whether providers accept new patients for the requested insurance plan and the degree to which this information aligns with the provider data
- Determine appointment availability with the sampled providers for routine well-checks and nonurgent sick visits

Study Design

To address the survey objectives, HSAG conducted a secret shopper telephone survey of PCPs' offices. The secret shopper approach allows for objective data collection from healthcare providers without potential bias introduced by revealing the surveyors' identity. Secret shopper callers inquired about appointment availability for routine well-checks or nonurgent sick visits for Medicaid managed care members served by at least one of the following MCOs:

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

For comparison to the Medicaid MCOs, HSAG also assessed appointment availability for individuals with commercial health insurance, using the Anthem State Employee Plan (Anthem) offered in New Hampshire by Anthem BlueCross BlueShield.

[2-1] For consistency, the survey script for nonurgent sick visits was limited to one specific clinical condition: a persistent earache without fever.

Eligible Population

The eligible population included PCPs[2-2] actively enrolled in the New Hampshire Medicaid program as of December 16, 2019. Out-of-state providers located in Maine, Massachusetts, and Vermont were included in the study. Physician assistants (PAs) and providers specializing in obstetrics and gynecology (OB/GYN) were excluded from the study.

Data Collection

Each MCO identified providers potentially eligible for survey inclusion and supplied HSAG with data files. Provider data included the following minimum data elements for each provider: provider name; National Provider Identification (NPI) number; provider specialty (e.g., family medicine, pediatrics); 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.

Case Identification Approach

HSAG used a two-stage random sampling approach to generate a list of provider locations (i.e., "cases") from each MCO for inclusion in the survey. For each MCO, HSAG selected a statistically valid sample from a list of unique providers based on a 95 percent confidence level and ±5 percent margin of error. A 25 percent oversample for each MCO was added to the sample size to increase the probability of capturing appointment availability information from a statistically valid number of providers. To ensure the sampled providers represented providers serving adults and children, HSAG proportionately distributed each MCO's total sample size between pediatricians and other types of PCPs. Each MCO's sample was divided into two equal groups (i.e., one group to request appointments for a well-check and one group to request appointments for a nonurgent sick visit).

To identify a randomly selected group of comparable providers accepting the commercial insurance plan (i.e., Anthem), HSAG identified all providers not sampled from one or more MCOs and combined the records into a single sample frame. HSAG then deduplicated the records by unique provider and used the same case identification approach described above to identify a sample of provider locations to be surveyed for Anthem. Additionally, HSAG equally distributed the Anthem sample among providers affiliated with each MCO, to increase the likelihood that comparable commercial insurance acceptance was assessed for each MCO's providers.

Before conducting the survey calls, HSAG identified all MCO-contracted locations for each sampled PCP and randomly selected one location to be surveyed (i.e., the provider location). Provider locations selected for the survey were unique to each MCO, and a provider location may have been included in

[2-2] Appendix A provides the criteria HSAG used to identify PCPs from the provider categorization fields in each MCO's data to allow for consistent identification of PCPs across the MCOs, regardless of the MCOs' internal PCP identification criteria.

the secret shopper survey for more than one MCO. To maintain the secret shopper nature of the survey calls, HSAG's callers contacted each sampled provider separately for each health plan (e.g., if a provider was sampled for two MCOs, HSAG's callers made separate call attempts to ask about the provider's affiliation with each MCO).

Telephone Survey Process

During the survey, HSAG's callers 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] Callers who were put on hold at any point during the call 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 a second 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 supplied by the MCO 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 provider, practice, or facility
- The caller was unable to speak with office personnel during either call attempt (e.g., the call was answered by an automated answering service that prevented the caller from speaking with office staff)

Callers 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 caller, the analytics manager reviewed 100 percent of calls placed during the first week after the training period and a minimum of 25 percent of calls thereafter.

HSAG conducted the survey between mid-February and mid-March 2020, recording survey responses in an electronic data collection tool.[2-4] Prior to analyzing the results, HSAG reviewed the responses to ensure complete and accurate data entry. This report presents the summary results in the following sections.

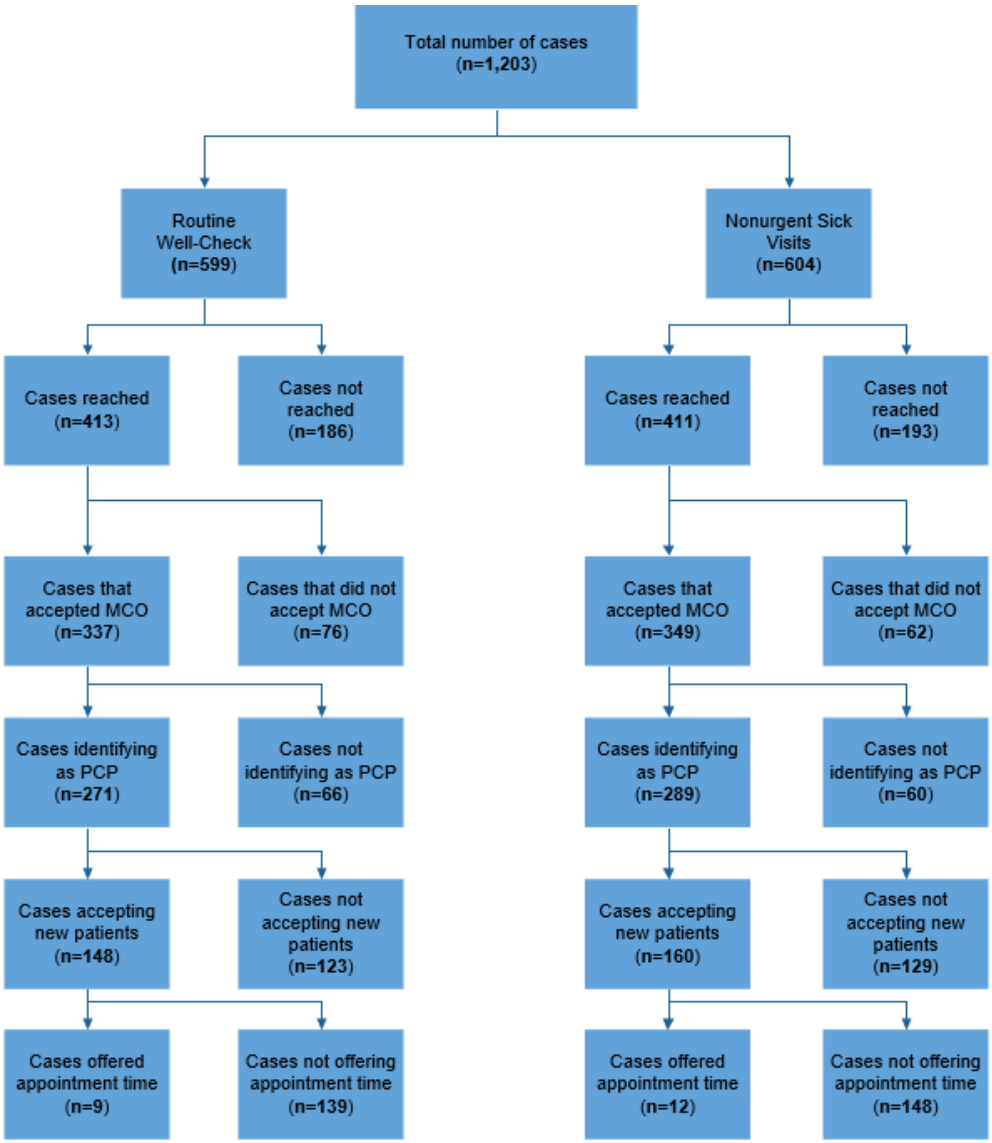
[2-3] HSAG did not consider a call attempted when the caller reached an office outside of the office's usual business hours. For example, if the caller reached a recording stating that the office was closed for lunch, the call attempt did not count toward the two attempts to reach the office. The caller was instructed to attempt to contact the office up to two times outside of the known lunch hour.

[2-4] HSAG began calls on February 10, 2020, and completed the survey calls on March 13, 2020, prior to the federal emergency declaration regarding the COVID-19 pandemic and subsequent impacts to PCPs' scheduling of routine well-checks and nonurgent sick visits.

3. Findings

Secret shopper survey results are presented by visit type (i.e., well-checks and sick visits) and health plan for study indicators related to provider data accuracy and Medicaid members' access to PCPs. Figure 3-1 illustrates the flow of data collection during the survey calls, as well as the number of MCO cases with each potential survey outcome. Survey calls regarding Anthem offer a comparison to the MCOs' results; potential survey outcomes associated with providers sampled for Anthem are excluded from Figure 3-1.

Figure 3-1–Secret Shopper Survey Data Collection Process and MCO Case Outcomes



The study results include 1,592 provider locations (i.e., "cases") among the routine well-check and nonurgent sick visit types, with an overall response rate of 67.5 percent. Among those cases, 389 were sampled from the MCOs' provider data to comprise a comparison group of providers that were asked about acceptance of a commercial insurance plan, Anthem. Table 3-1 reports the survey response rates by visit type and health plan, indicating whether the provider locations were able to be contacted.

Table 3-1—Secret Shopper Survey Response Rate, by Visit Type and MCO

Health Plan	Routine Well-Check			Nonurgent Sick Visit		
	Total Number of Cases	Respondents	Response Rate (%)	Total Number of Cases	Respondents	Response Rate (%)
ACNH	197	144	73.1%	198	125	63.1%
NHHF	199	130	65.3%	201	137	68.2%
WS	203	139	68.5%	205	149	72.7%
MCO Total	**599**	**413**	**68.9%**	**604**	**411**	**68.0%**
Anthem	194	120	61.9%	195	130	66.7%

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; a case that could not be contacted was considered to be nonresponsive. HSAG survey callers who were put on hold at any point during the call remained on hold for five minutes before ending the call, resulting in an extended hold time nonresponse reason. Overall, the most prevalent nonresponse reason included cases in which the caller was unable to confirm that the provider still practiced at the sampled location (i.e., "Office unable to confirm provider"). Table 3-2 lists the number and percentage of common nonresponse reasons by health plan.

Table 3-2—Secret Shopper Survey Nonresponse Reasons, by Health Plan

Nonresponse Reason	ACNH		NHHF		WS		Anthem	
	Number of Cases	Percent (%)	Number of Cases	Percent (%)	Number of Cases	Percent (%)	Number of Cases	Percent (%)
Office unable to confirm provider	62	49.2%	83	62.4%	70	58.3%	67	48.2%
Reached voicemail/extended hold time	41	32.5%	32	24.1%	31	25.8%	54	38.8%
Disconnected phone number	11	8.7%	3	2.3%	10	8.3%	8	5.8%
Provider no longer in practice	8	6.3%	13	9.8%	4	3.3%	7	5.0%
Fax/busy signal	3	2.4%	1	0.8%	1	0.8%	2	1.4%
Nonmedical facility	1	0.8%	1	0.8%	4	3.3%	1	0.7%
All Nonresponse Reasons	**126**	**100.0**	**133**	**100.0**	**120**	**100.0**	**139**	**100.0**

Table 3-3 displays the number and percentage of cases accepting the requested MCO and/or commercial insurance (Anthem) by visit type. The MCO and/or commercial insurance acceptance rate is limited to

responsive survey respondents. Cases sampled for **WS** had the highest rate of providers accepting the MCO across both visit types, though a larger proportion of cases indicated that the provider accepted Anthem compared to the Medicaid MCOs.

Table 3-3—Health Plan Acceptance Rate, by Visit Type and MCO

Health Plan	Routine Well-Check			Nonurgent Sick Visit		
	Denom[1]	Accepting MCO	Rate (%)	Denom[1]	Accepting MCO	Rate (%)
ACNH	144	101	70.1%	125	96	76.8%
NHHF	130	110	84.6%	137	120	87.6%
WS	139	126	90.6%	149	133	89.3%
MCO Total	**413**	**337**	**81.6%**	**411**	**349**	**84.9%**
Anthem[2]	120	108	90.0%	130	125	96.2%

[1] The denominator includes cases responding to the survey.
[2] The Health Plan Acceptance Rate for Anthem is based on the sample of MCO providers surveyed for Anthem, rather than a separate list of providers supplied by Anthem.

Table 3-4 displays the number and percentage of cases by visit type in which the survey respondent indicated that the sampled provider is a PCP. DHHS provided HSAG with the criteria for identifying PCP-type providers for survey inclusion. Providers contracted with NHHF had the highest PCP confirmation rate across both types of visits for MCOs.

Table 3-4—PCP Status Confirmation Rate, by Visit Type and MCO

Health Plan	Routine Well-Check			Nonurgent Sick Visit		
	Denom[1]	Identified as PCP	Rate (%)	Denom[1]	Identified as PCP	Rate (%)
ACNH	101	74	73.3%	96	74	77.1%
NHHF	110	96	87.3%	120	106	88.3%
WS	126	101	80.2%	133	109	82.0%
MCO Total	**337**	**271**	**80.4%**	**349**	**289**	**82.8%**
Anthem[2]	108	99	91.7%	125	116	92.8%

[1] The denominator includes cases responding to the survey that accept the MCO/commercial insurance.
[2] The PCP Status Confirmation Rate for Anthem is based on the sample of MCO providers surveyed for Anthem, rather than a separate list of providers supplied by Anthem.

Table 3-5 provides the number and percentage of cases by visit type in which the survey respondent indicated that the sampled provider accepts new patients at the specified location. The new patient acceptance rate is limited to survey respondents accepting the specified health plan and confirmed to be a PCP practicing in an ambulatory care setting. Overall, among sampled providers who reported accepting patients enrolled in the specified MCO, the rate of cases accepting new patients was similar between the visit types.

Table 3-5—New Patient Acceptance Rate, by Visit Type and MCO

Health Plan	Routine Well-Check			Nonurgent Sick Visit		
	Denom[1]	Accepting New Patients	Rate (%)	Denom[1]	Accepting New Patients	Rate (%)
ACNH	74	40	54.1%	74	42	56.8%
NHHF	96	55	57.3%	106	56	52.8%
WS	101	53	52.5%	109	62	56.9%
MCO Total	**271**	**148**	**54.6%**	**289**	**160**	**55.4%**
Anthem	99	49	49.5%	116	64	55.2%

[1] The denominator includes cases responding to the survey that accept the MCO/commercial insurance and confirm that the sampled provider is a PCP.

Table 3-6 and Table 3-7 display the number and percentage of cases in which the survey respondent indicated that the sampled provider serves adults, children, or both adults and children at the sampled location. This rate is limited to survey respondents indicating the provider was accepting new patients. While the MCOs' online provider directories may list information regarding each provider's acceptance of adult and/or pediatric patients, HSAG did not request such data for verification during the PCP Secret Shopper Survey.

Table 3-6—Distribution of Respondents Serving Adult, Children, or Both, by MCO—Routine Well-Check

Health Plan	Denom[1]	Adults Only		Children Only		Adults and Children	
		N	Rate (%)	N	Rate (%)	N	Rate (%)
ACNH	40	8	20.0%	11	27.5%	21	52.5%
NHHF	55	13	23.6%	18	32.7%	24	43.6%
WS	53	14	26.4%	18	34.0%	21	39.6%
MCO Total	**148**	**35**	**23.6%**	**47**	**31.8%**	**66**	**44.6%**
Anthem	49	20	40.8%	13	26.5%	16	32.7%

[1] The denominator includes cases responding to the survey that accept the MCO/commercial insurance, confirm that the sampled provider is a PCP, and accept new patients.

Table 3-7—Distribution of Respondents Serving Adult, Children, or Both, by MCO—Nonurgent Sick Visit

Health Plan	Denom[1]	Adults Only		Children Only		Adults and Children	
		N	Rate (%)	N	Rate (%)	N	Rate (%)
ACNH	42	13	31.0%	12	28.6%	17	40.5%
NHHF	56	15	26.8%	19	33.9%	22	39.3%
WS	62	18	29.0%	22	35.5%	22	35.5%
MCO Total	**160**	**46**	**28.8%**	**53**	**33.1%**	**61**	**38.1%**
Anthem	64	13	20.3%	23	35.9%	28	43.8%

[1] The denominator includes cases responding to the survey that accept the MCO/commercial insurance, confirm that the sampled provider is a PCP, and accept new patients.

According to 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:

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

Table 3-8 displays the number and percentage of cases in which the survey respondent offered availability (i.e., the average and median wait times) to new patients for routine well-checks or nonurgent sick visits. Appointments may have been offered with either the sampled provider or another provider at the same location. Due to the limited number of cases offering appointment availability, HSAG recommends using caution when interpreting average and median appointment wait times by health plan.

Table 3-8—New Patient Appointment Wait Time in Calendar Days, by Visit Type and MCO[2]

Health Plan	Routine Well-Check				Nonurgent Sick Visit			
	Denom[1]	Offered Appt Date	Average Wait Time (Days)	Median Wait Time (Days)	Denom[1]	Offered Appt Date	Average Wait Time (Days)	Median Wait Time (Days)
ACNH	40	2	74.5	74.5	42	4	44.8	43.5
NHHF	55	3	32.3	31.0	56	5	13.8	2.0
WS	53	4	19.5	13.0	62	3	1.0	0.0
MCO Total	**148**	**9**	**36.0**	**15.0**	**160**	**12**	**20.9**	**3.0**
Anthem	49	0	NA	NA	64	8	0.88	0.0

[1] The denominator includes cases responding to the survey that accept the MCO/commercial insurance, confirm that the sampled provider is a PCP, and accept new patients.

[2] NA indicates that no cases were offered an appointment, and HSAG calculated no corresponding average and median wait times.

Of the surveyed providers that were accepting new patients, only a small number offered an appointment date to HSAG's callers and nearly all cases mentioned one or more limitations to scheduling an appointment. While cases sampled for **ACNH** had the longest median and average wait times, average and median wait times are not reliable due to the limited number of cases offering appointment availability.

While HSAG's callers did not specifically ask about limitations to appointment availability, the callers captured any additional information offered by the survey respondents regarding potential barriers to accessing care. Table 3-9 displays the survey respondents' stated limitations by health plan. One case may have multiple limitations affecting access to care, including the ability to obtain appointment availability information.

Table 3-9—Access to Care Limitations, by MCO

Limitation[1]	ACNH	NHHF	WS	Anthem
No Limitations Noted	1	3	3	1
One or More Limitations Noted	81	108	112	112
Must fill out questionnaire first	27	3	20	NA
Requires medical record review	38	47	54	44
Requires pre-registration or personal information to schedule	62	100	103	99
Other[2]	16	10	23	22

[1] Callers selected all potential limitations reported for each case in which the sampled provider location was reached, was accepting the health plan, was confirmed to be a PCP, and was accepting new patients. An individual case may have multiple limitations or no limitations.

[2] "Other" includes the number of unique cases reporting one or more other limitations.

NA indicates that the limitation was not reported by any of the cases for the health plan.

4. Discussion

Conclusions

The PCP secret shopper survey results indicated that while most sampled providers accepted the Medicaid MCO or commercial insurance, the provider locations did not readily offer appointments for new Medicaid members, regardless of visit type. The following key findings support this conclusion:

- HSAG achieved an overall survey response rate of 67.5 percent for the MCOs and the commercial insurance plan. Of the nonresponse cases, 54.4 percent (282 cases) of the providers were not at the sampled location. Overall, **NHHF** had the greatest number of providers (83 cases) for whom the survey respondent was unable to confirm that the provider practiced at the sampled location.
- More than 70 percent of responsive cases indicated that the sampled provider location serves the requested MCO's members, with a range of 16.7 percentage points among the MCOs. While more than 85 percent of cases for **NHHF** and **WS** confirmed that they contract with the MCOs, only 73.2 percent of **ACNH**'s responsive cases indicated acceptance of the MCO.
- Survey results indicate that the MCOs' provider data contain inaccuracies regarding providers' status as PCP. Of the cases in which the survey respondent indicated that the sampled provider was not a PCP, the majority of cases noted that the sampled provider was a nurse practitioner (NP). Of the cases that were reached and were accepting the MCO, 17.5 percent indicated the sampled NP could not be designated as a member's PCP. For the cases in which the sampled provider was reported not to be a PCP, Table 4-1 presents the reported provider specialties by MCO.

Table 4-1—Reported Provider Specialty for Non-PCP Responses, by MCO

Reported Provider Specialty for Non-PCPs	ACNH		NHHF		WS	
	Number of Cases	Percent (%)	Number of Cases	Percent (%)	Number of Cases	Percent (%)
Hospitalist	1	2.0	2	7.1	0	0.0
Medical Doctor[1]	0	0.0	1	3.6	1	2.0
Nurse Practitioner[1]	48	98.0	16	57.1	45	91.8
Other Physical Health Specialist[2]	0	0.0	9	32.1	2	4.1
Physician's Assistant	0	0.0	0	0.0	1	2.0
All Providers Reported Not to be PCPs	**49**	**100.0**	**28**	**100.0**	**49**	**100.0**

[1] While a Medical Doctor or a Nurse Practitioner may be considered a PCP, the provider's offices for these cases indicated that the provider was not a PCP and reported that the individuals were a Medical Doctor or a Nurse Practitioner with no further detail regarding physical health subspecialties.

[2] The contents of this row vary by health plan and may include providers from each of the following physical health subspecialties: Dermatologist, Doctor of Osteopathic Medicine: Sleep Medicine, Endocrinologist, Gastroenterologist, Infectious Disease, Obstetrician/Gynecologist, Occupational Health, Pain Management, Weight and Wellness, and/or Weight Loss.

- Among **ACNH**, **NHHF**, and **WS** provider locations which confirmed that the sampled provider was a PCP, more than 23.6 percent of routine well-check cases and 28.8 percent of sick visit cases indicated that the provider only served adult members. Results varied by MCO, and most responsive cases noted that providers saw both adult and pediatric patients for the requested visit types.
  - Findings related to provider locations accepting adults and/or children are informational only, as the survey's sampling approach does not support the application of such findings to the overall population or anticipated member needs.
- Regardless of the health plan or visit type, very few survey respondents offered an appointment, even though the sampled provider location accepted the health plan and accepted new patients. Among the limitations noted when requesting appointment availability, the most common barriers included requiring the patient to pre-register or supply personal information to schedule the appointment, requiring a medical record review prior to scheduling an appointment, or asking the patient to fill out a questionnaire prior to scheduling an appointment.
- Among the limited number of MCO cases that offered appointment availability, the overall median wait time was 15.0 calendar days for a routine-well check visit and 3.0 calendar days for a nonurgent sick visit.
  - The average and median appointment wait times were heavily skewed, due to the limited number of cases offering appointment availability. As such, HSAG suggests using caution in drawing conclusions about MCOs' compliance with contract requirements for appointment availability based only on the PCP Secret Shopper Survey results.

Study Limitations

Due to the secret shopper nature of the survey, the following limitations should be considered when generalizing survey results across PCPs contracted with each New Hampshire Medicaid MCO:

- Survey calls were conducted at least five weeks following HSAG's receipt of each 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 providers' office personnel. As such, survey responses may vary from information obtained at other times or using other methods of communication (e.g., the MCO's online provider directory or DHHS' healthcare encounter data files).
  - The survey script for sick visits was limited to a specific clinical condition (i.e., a persistent earache without fever) and did not address additional clinical scenarios that may have resulted in more timely appointments or greater availability of services (e.g., a patient with underlying health conditions).
- 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 assisting members who require timely appointments.

- To maintain the secret nature of the survey, callers posed as Medicaid members who were not existing patients at the sampled provider locations. As such, survey results may not represent appointment timeliness among Medicaid members who are existing patients with these providers.

Recommendations

Based on the survey results presented in this report and the corresponding case-level data files, HSAG identified several opportunities for improvement related to accurate provider information, members' ability to successfully schedule an appointment, and the timeliness of available appointments relative to member needs. Appendix C includes MCO-specific tables identifying which of the following recommendation(s) will be addressed by the MCOs through their quality assurance performance improvement (QAPI) monitoring. HSAG offers the following recommendations to address potential opportunities to improve access among members covered by MCOs:

- Overall, HSAG was unable to reach 32.5 percent of the sampled cases. Callers noted that a key nonresponse reason involved call attempts in which the provider was no longer practicing at the location listed in the provider data supplied by the MCO. Since the MCOs supplied HSAG with the provider data used for this survey, DHHS should supply each MCO with case-level survey data containing identified provider data deficiencies (e.g., incorrect or disconnected telephone numbers) and require the MCOs address these deficiencies.
- The MCOs' provider data included a PCP indicator, and all sampled cases were identified as PCPs by their respective MCO. However, HSAG's survey results identified cases in which the survey respondent noted that the requested provider was not a PCP. DHHS should consider conducting an independent provider directory review to verify that the MCOs' publicly available provider data accurately represent the provider data supplied to members.
- Survey responses include several barriers to obtaining appointment availability, including offices requiring pre-registration, Medicaid eligibility verification, the MCO's assignment with the PCP, and/or medical record review prior to offering an appointment date. Certain barriers are unique to the secret shopper methodology (e.g., callers will not supply personal information to pre-register with a practice); however, other limitations suggest barriers for all Medicaid members attempting to schedule appointments. DHHS and the MCOs should consider conducting a review of the provider offices' requirements to ensure these barriers are not unduly hindering the members' ability to access primary care.
  - Additionally, DHHS should consider using a revealed caller survey approach for future appointment availability evaluations, based on the finding that a majority of offices require a secret shopper caller to supply personal information before offering an appointment.
- While average and median appointment waits times were collected for relatively few cases, differences in appointment wait times by MCO suggest that providers willing to serve Medicaid members may not be contracted with all Medicaid MCOs. DHHS should consider comparing each MCO's provider network to DHHS data to determine the extent to which each MCO is contracted with available providers (i.e., a saturation analysis).

Appendix A. PCP Provider Identification Criteria

Following HSAG's January 2020 receipt of the MCOs' provider data files, HSAG collaborated with DHHS to confirm the specific data elements and criteria needed to identify each MCO's PCP-type providers for inclusion in the 2020 PCP secret shopper survey sample frame. Note that each MCO uses different criteria when identifying PCP-type providers (e.g., different combinations or data values from the provider types, specialties, taxonomy codes, and/or attestation or other self-reported data).

HSAG excluded OB/GYN providers and PAs from the sample frame, even if the MCO included a PCP indicator for those individuals. Table A-1 presents the PCP identification criteria that HSAG applied to each Medicaid MCO's provider data, showing the specific text values from the MCOs' data files.

Table A-1—PCP Identification Criteria, by MCO

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 – Pediatric Nurse Practitioner – Pediatrics – Preventative Medicine	• Positive PCP Indicator • Any of the following provider specialty designations: – Family Health – Family Medicine – General Practice – Internal Medicine – Nurse Practitioner – Pediatrics – Preventative Medicine	• 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 – Womens Health Care N

Appendix B. Secret Shopper Survey Script

Survey Script

This script served as a guide in gathering appointment availability information. Callers were permitted to improvise during actual calls and were instructed to conduct the survey as though they recently moved to the area and were seeking a PCP for a routine well-check or a nonurgent sick visit with insurance coverage by the specified health plan. The electronic data collection tool controlled skip logic between survey elements and collected the date(s) of the initial and subsequent calls. Callers were instructed not to leave voicemail messages or schedule appointments, only to ask about appointment availability.

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

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

2. "Hello, I'm calling to find out if I can schedule an appointment with <<**provider's first and last name**>>; my insurance is with <<**NH Medicaid or Anthem**>>." Does <<**provider's first and last name**>> still see patients from <<**NH Medicaid or Anthem**>>?

   If yes, continue to Element #3.

   If the office indicates that it does not accept the requested Medicaid or commercial insurance plan, the survey will end. If the office indicates that the provider is not at the location and a forwarding telephone number is not available, the survey will end.

3. Is <<**provider's first and last name**>> a PCP with <<**plan: name of specific MCO or Anthem**>>?

   If yes, continue to Element #4.

   If the office indicates that the provider is not a PCP, record any information offered regarding the provider's specialty and the survey will end.

4. Is <<**provider's first and last name**>> accepting new patients for <<**plan**>>?

   If yes, continue to Element #5.

   If the office indicates that the provider is not accepting new patients, the survey will end.

5. Can <<**provider's first and last name**>> see everyone in my family*?*

   If yes, continue to Element #6.

   If no, record any limitations (e.g., adults only, children only) and continue to Element #6.

6. **If Well-Check:** How soon would I be able to get an appointment for a well-check with <<**provider's first and last name**>> for (myself/my husband/my wife/my son/my daughter)?

Record the date for the soonest available appointment with any provider at the location and continue to Element #7. Note whether the appointment is with the sampled provider or a different provider at the location.

If the office offers limitations to patient access or appointment availability, record any limitations offered (e.g., the patient must have their medical records reviewed by the provider prior to scheduling an initial appointment, or the office does not provide childhood immunizations). Callers will not inquire about additional limitations.

If an appointment date is not offered due to limitations, record "12/31/2099" (i.e., no appointment available) and the survey will end.

If Sick Visit: I've been having (my husband/wife/son/daughter has had) an earache for a week or so, but I haven't (he/she hasn't) had a fever. How soon would I be able to get an appointment with <<**provider's first and last name**>> for (myself/my husband/my wife/my son/my daughter)?"

Record the date for the soonest available appointment with any provider at the location and continue to Element #7. Note whether the appointment is with the sampled provider or a different provider at the location.

If the office offers limitations to patient access or appointment availability, record any limitations offered (e.g., the patient must have their medical records reviewed by the provider prior to scheduling an initial appointment, or the office will only schedule sick visits for established patients). Callers will not inquire about additional limitations.

If an appointment date is not offered due to limitations, record "12/31/2099" (i.e., no appointment available) and the survey will end.

7. "Thank you. I will call back later."

Appendix C. 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 C-1 lists opportunities for improvement to include in the quality assessment and performance improvement report for ACNH.

Table C-1—EQRO Findings and Recommendations for Improvement from the Secret Shopper Report to Include in the QAPI Report for ACNH

ACNH EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Secret Shopper Report		
1	ACNH-2020-QAPI-SS-01	DHHS will provide ACNH with the list of provider deficiencies (e.g., provider records with invalid telephone numbers) identified during the EQRO activity. ACNH needs to verify the telephone numbers listed in its provider data to ensure the accuracy of the information in the provider file.

NHHF

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

Table C-2—EQRO Findings and Recommendations for Improvement from the Secret Shopper Report to Include in the QAPI Report for NHHF

NHHF EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Secret Shopper Report		
1	NHHF-2020-QAPI-SS-01	DHHS will provide NHHF with the list of provider deficiencies (e.g., provider records with invalid telephone numbers) identified during the EQRO activity. NHHF needs to verify the telephone numbers listed in its provider data to ensure the accuracy of the information in the provider file.

Well Sense

Table C-3 lists opportunities for improvement to include in the quality assessment and performance improvement report for Well Sense.

Table C-3—EQRO Findings and Recommendations for Improvement from the Secret Shopper Report to Include in the QAPI Report for Well Sense

Well Sense EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Secret Shopper Report		
1	WS-2020-QAPI-SS-01	DHHS will provide Well Sense with the list of provider deficiencies (e.g., provider records with invalid telephone numbers) identified during the EQRO activity. Well Sense needs to verify the telephone numbers listed in its provider data to ensure the accuracy of the information in the provider file.