State of New Hampshire
Department of Health and Human Services

State Fiscal Year 2021 Telephone Survey of Physical Health Specialty Providers Report

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—Final Copy—

HSAG HEALTH SERVICES ADVISORY GROUP

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Acknowledgements and Conflict of Interest Statement

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

Health Services Advisory Group, Inc. confirms that no one conducting the state fiscal year (SFY) 2021 secret shopper surveys has a conflict of interest with the following health plans: **AmeriHealth Caritas New Hampshire, Inc. (ACNH)**, **New Hampshire Healthy Families (NHHF)**, and **Well Sense Health Plan (WS)**.

1. Executive Summary

The New Hampshire Department of Health and Human Services (DHHS) contracted with HSAG to conduct a telephone survey among provider locations contracted with a Medicaid managed care organization (MCO) and specializing in one of five physical health specialties. 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 primary care provider (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 purpose of the survey was to evaluate New Hampshire's Medicaid managed care network of physical health specialty locations and the availability of appointments for non-urgent routine care. As a secondary survey objective, HSAG evaluated the accuracy of selected provider data elements related to members' access to specialists. Specific survey objectives included the following:

- Determine whether specialty locations accept patients enrolled with a Medicaid MCO
- Determine whether specialty locations accept new patients
- Determine appointment availability with the sampled specialty locations for non-urgent services

To address the study objectives described above, HSAG used a DHHS-approved methodology (Appendix A) and script (Appendix B) to conduct a non-secret (i.e., "revealed caller") telephone survey of providers' offices, stratified among five physical health specialties selected by DHHS (Appendix C). Survey calls sought to determine appointment availability, by specialty category, for non-urgent services for Medicaid managed care members served by at least one of the following MCOs:

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

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

Results

HSAG attempted to contact 869 cases, with a 38.3 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 97.0 percent of applicable survey respondents indicated that the provider location accepted new patients and these results were similar for all three MCOs (i.e., **ACNH**, **NHHF**, and **WS**). However, more than 74.0 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 MCO

MCO	Total Survey Cases	Cases with Correct Location and Specialty	Providers Offering Services for Children	Providers Confirming Enrollment with Medicaid	Providers Confirming Enrollment with Health Plan	Accepting New Patients
ACNH	202	87	22	75	69	67
NHHF	393	137	31	118	113	111
WS	274	109	27	93	85	85
Anthem*				184	151	149

* Total survey cases, cases with correct location and specialty, 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 ACNH, NHHF, and/or WS cases reached and accepting the MCO.

Discussion and Recommendations

Due to nature of the survey methodology and script, Section 3 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 55 percent of sampled cases for each MCO, and a key non-response reason was call attempts in which the provider location reached was not located at the address noted in the provider data.
  - Since the MCOs supplied HSAG with the provider data used for this survey, 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 do not correspond to the sampled provider location).
- The MCOs' provider data included a provider type and specialty indicator, and all sampled cases were identified as the requested specialists by their respective MCO. However, HSAG's survey results identified 81 cases in which the survey respondent noted that the sampled location did not provide the requested specialty services. 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.

- Per the MCOs' contracts with DHHS, each MCO is required to maintain provider network capacity to ensure the following available non-urgent 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

  Overall survey results for average appointment wait times exceed 57 days for new patients and 42 days for existing patients. 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

[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.

2. Findings

Table 2-1 reports the survey response rates by provider specialty and MCO, indicating whether the provider locations were able to be contacted. Overall, a 43.1 percent response rate for **ACNH**, a 34.9 percent response rate for **NHHF**, and a 39.8 percent response rate for **WS** was achieved across all provider specialty categories. **ACNH**'s response rates varied across provider specialty categories, with response rates ranging from 30.0 percent (Neurology) to 60.0 percent (Hematology and Oncology). **NHHF**'s response rates varied across provider specialty categories, with response rates ranging from 27.1 percent (Neurology) to 48.3 percent (Hematology and Oncology). Similarly, **WS**'s response rates ranged from 28.6 percent (Neurology) to 47.1 percent (Hematology and Oncology). Across all MCOs, Neurology cases resulted in the lowest response rates, while Hematology and Oncology cases resulted in the highest response rates.

Table 2-1—Telephone Survey Response Rate, by Specialty Category and MCO

Specialty Category	ACNH			NHHF			WS		
	Total Number of Cases	Respondents	Response Rate (%)	Total Number of Cases	Respondents	Response Rate (%)	Total Number of Cases	Respondents	Response Rate (%)
Cardiology	61	23	37.7	99	35	35.4	80	37	46.3
Dermatology	25	12	48.0	47	16	34.0	31	14	45.2
Endocrinology	21	10	47.6	53	15	28.3	42	14	33.3
Hematology & Oncology	45	27	60.0	87	42	48.3	51	24	47.1
Neurology	50	15	30.0	107	29	27.1	70	20	28.6
Overall*	**202**	**87**	**43.1**	**393**	**137**	**34.9**	**274**	**109**	**39.8**

* 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled 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, 56.9 percent of cases were nonresponsive for **ACNH**, 65.1 percent of cases were nonresponsive for **NHHF**, and 60.2 percent of cases were nonresponsive for **WS**. Across all MCOs, more than 10 percent of the nonresponsive cases resulted in a refusal. For cases that resulted in a callback, HSAG's callers left a voicemail message for the office location requesting a return call and did not receive a return call to complete the survey.

Table 2-2 presents the number and percent of non-responsive cases by non-response reason and MCO.

Table 2-2—Telephone Survey Non-Response Reasons, by Specialty Category and MCO

Specialty Category	ACNH			NHHF			WS		
	Non-Respondents	Refusal (%)	Ended in Call Back (%)	Non-Respondents	Refusal (%)	Ended in Call Back (%)	Non-Respondents	Refusal (%)	Ended in Call Back (%)
Cardiology	38	13.2	13.2	64	20.3	7.8	43	16.3	7.0
Dermatology	13	23.1	0.0	31	22.6	0.0	17	17.6	0.0
Endocrinology	11	27.3	0.0	38	15.8	0.0	28	14.3	0.0
Hematology & Oncology	18	11.1	0.0	45	4.4	0.0	27	14.8	0.0
Neurology	35	2.9	0.0	78	2.6	0.0	50	6.0	2.0
Overall*	**115**	**12.2**	**4.3**	**256**	**11.7**	**2.0**	**165**	**12.7**	**2.4**

* 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

When summed across plans, there were 536 cases that could not be reached. Other common reported reasons for unresponsiveness included, but are not limited to the following:

- For 147 cases, the caller reached a voicemail or was placed on an extended hold (greater than five minutes)
- For 137 cases, the survey respondent indicated that either the address for the sampled location did not exist or that the location contacted was at a different address than the one sampled
- For 81 cases, the survey respondent indicated that the sampled location did not provide the requested specialty services
- For 69 cases, the caller experienced a disconnected phone number
- For 11 cases, the survey respondent indicated the telephone number connected to a non-medical office or facility
- For 5 cases, the caller connected with a fax machine tone or busy signal during both call attempts

Table 2-3 through

Table 2-5 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 **ACNH**, **NHHF**, and **WS**, respectively. Overall, more than 74 percent of the respondents indicated the location accepted adults only for all three MCOs. This rate is limited to survey respondents at the correct location or able to provide a valid address for the sampled provider location 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 2-3—Distribution of Respondents Serving Adult, Children, or Both by Specialty Category – ACNH

Specialty Category	Denom[1]	Adults Only[2]		Children Only[2]		Adults and Children	
		N	Rate (%)	N	Rate (%)	N	Rate (%)
Cardiology	23	18	78.3	0	0.0	5	21.7
Dermatology	12	3	25.0	0	0.0	9	75.0
Endocrinology	10	7	70.0	2	20.0	1	10.0
Hematology & Oncology	27	24	88.9	2	7.4	1	3.7
Neurology	15	13	86.7	2	13.3	0	0.0
Overall*	**87**	**65**	**74.7**	**6**	**6.9**	**16**	**18.4**

[1]The denominator includes cases responding to the survey, at the correct location, and accepting the specialty category.
[2]Adults Only may contain respondents serving based on unique age restrictions 16 and over; Children Only may contain respondents serving based on unique age restrictions 8-18.
* 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-4—Distribution of Respondents Serving Adult, Children, or Both by Specialty Category – NHHF

Specialty Category	Denom[1]	Adults Only[2]		Children Only[2]		Adults and Children	
		N	Rate (%)	N	Rate (%)	N	Rate (%)
Cardiology	35	30	85.7	0	0.0	5	14.3
Dermatology	16	2	12.5	1	6.3	13	81.3
Endocrinology	15	10	66.7	4	26.7	1	6.7
Hematology & Oncology	42	39	92.9	1	2.4	2	4.8
Neurology	29	25	86.2	1	3.4	3	10.3
Overall*	**137**	**106**	**77.4**	**7**	**5.1**	**24**	**17.5**

[1]The denominator includes cases responding to the survey, at the correct location, and accepting the specialty category.
[2]Adults Only may contain respondents serving based on unique age restrictions 16 and over; Children Only may contain respondents serving based on unique age restrictions 8-18.
* 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-5— Distribution of Respondents Serving Adult, Children, or Both by Specialty Category – WS

Specialty Category	Denom[1]	Adults Only[2]		Children Only[2]		Adults and Children	
		N	Rate (%)	N	Rate (%)	N	Rate (%)
Cardiology	37	32	86.5	0	0.0	5	13.5
Dermatology	14	2	14.3	1	7.1	11	78.6
Endocrinology	14	10	71.4	4	28.6	0	0.0
Hematology & Oncology	24	20	83.3	3	12.5	1	4.2
Neurology	20	18	90.0	1	5.0	1	5.0
Overall*	**109**	**82**	**75.2**	**9**	**8.3**	**18**	**16.5**

[1]The denominator includes cases responding to the survey, at the correct location, and accepting the specialty category.
[2]Adults Only may contain respondents serving based on unique age restrictions 16 and over; Children Only may contain respondents serving based on unique age restrictions 8-18.
* 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-6 displays, by specialty category and MCO, the number and percentage of cases offering telehealth appointments. The telehealth appointment 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. Across the MCOs, more than 80 percent of the sampled locations indicated telehealth appointments were offered.

Table 2-6—Distribution of Respondents Offering Telehealth Appointments, by Specialty Category and MCO

Specialty Category	ACNH			NHHF			WS		
	Respondents	Offering Telehealth	Rate (%)	Respondents	Offering Telehealth	Rate (%)	Respondents	Offering Telehealth	Rate (%)
Cardiology	23	20	87.0	35	27	77.1	37	33	89.2
Dermatology	12	9	75.0	16	13	81.3	14	12	85.7
Endocrinology	10	8	80.0	15	13	86.7	14	12	85.7
Hematology & Oncology	27	26	96.3	42	40	95.2	24	22	91.7
Neurology	15	12	80.0	29	26	89.7	20	13	65.0
Overall*	**87**	**75**	**86.2**	**137**	**119**	**86.9**	**109**	**92**	**84.4**

* 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-7 displays the survey respondents' stated telehealth methods by MCO. Of the locations offering telehealth, the most common delivery method was telephone and video or video chat.

Table 2-7—Reported Telehealth Service Delivery Methods and Considerations by MCO

Telehealth Method[1]	ACNH	NHHF	WS
Telephone only	40	61	48
Telephone and video or video chat	63	101	79
Other considerations related to telehealth[2]	16	22	15

[1] The methods are not mutually exclusive. Locations may select more than one method that applied to telehealth.
[2] Other considerations include patient must travel to a healthcare facility or clinic for telehealth appointment with the sampled location, telehealth limited to specific services or clinical conditions, telehealth required for a new patient's first appointment with the sampled location, or other location specific requirements.

For each specialty category and MCO, Table 2-8 displays the number of doctors available to see patients and of those, the number reported as accepting new patients. The number of doctors available to see patients ranges from 61 dermatologists in **ACNH** to 482 cardiologists with **WS**. Among those, the number accepting new patients ranges from 47 in **ACNH** to 455 with **WS**. The counts of physicians are limited to cases responding to the survey, at the correct location, and accepting the specialty category.

Table 2-8—Distribution of Cases with Physicians Available for Appointments and Accepting New Patients, by Specialty Category and MCO*

Specialty Category	ACNH			NHHF			WS		
	Respondents[1]	Number of Doctors Available to See Patients[2]	Number Accepting New Patients[2]	Respondents[1]	Number of Doctors Available to See Patients[2]	Number Accepting New Patients[2]	Respondents[1]	Number of Doctors Available to See Patients[2]	Number Accepting New Patients[2]
Cardiology	23	295	285	35	277	266	37	482	455
Dermatology	12	61	47	16	91	68	14	90	70
Endocrinology	10	64	53	15	82	68	14	103	94
Hematology & Oncology	27	103	98	42	229	198	24	140	136
Neurology	15	117	107	29	179	170	20	213	204

* Use caution when interpreting results, as individual physicians within a specialty category may practice at multiple locations and the same location may have been sampled for more than one MCO.
[1] The respondents include cases responding to the survey, at the correct location, and accepting the specialty category.
[2] The counts are approximate values as locations were unable to provide precise numbers and used terms such as 'Maybe 30', 'All except 4', etc. within the survey response.

Table 2-9 displays the number and percentage of cases accepting Medicaid, by health plan. The Medicaid acceptance rate is limited to survey respondents at the correct location and accepting the specialty category. Overall, 85.9 percent of the sampled cases indicated the location is accepting Medicaid, while 4.8 percent of the respondents were unable confirm Medicaid acceptance for the location.

Table 2-9—Distribution of Respondents Accepting Medicaid, by Health Plan

MCO	Denom[1]	Accepting Medicaid		Not Accepting Medicaid		Cannot Confirm[2]	
		Num	Rate (%)	Num	Rate (%)	Num	Rate (%)
ACNH	87	75	86.2	8	9.2	4	4.6
NHHF	137	118	86.1	11	8.0	8	5.8
WS	109	93	85.3	12	11.0	4	3.7
Overall*	**333**	**286**	**85.9**	**31**	**9.3**	**16**	**4.8**

[1] The denominator includes cases responding to the survey, at the correct location, and accepting the specialty category.
[2] The Cannot Confirm category includes cases where the office requested a call back for additional details after callers had reached the maximum number of attempts for the survey.
*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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-10 displays, by provider specialty and health plan, the number and percentage of cases accepting the requested MCO and 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 telephone number for the sampled provider location, accepting the provider specialty, and accepting Medicaid. Among applicable cases, 92.0 percent of **ACNH** cases, 95.8 percent of **NHHF** cases, and 91.4 percent of **WS** cases indicated accepting patients enrolled with the requested MCO. Among all applicable **ACNH**, **NHHF**, and/or **WS** respondents, 82.1 percent of cases indicated that the provider location accepts patients enrolled with Anthem.

[3-2] HSAG assessed appointment availability for individuals with commercial health insurance using Anthem as a comparison to respondents' stated appointment availability for ACNH, NHHF, or WS. HSAG presented this information 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 2-10—Distribution of Respondents Accepting MCO/Commercial Insurance, by Specialty Category and Health Plan

Specialty Category	ACNH		NHHF		WS		Anthem*	
	Denom[1]	Rate (%)	Denom[1]	Rate (%)	Denom[1]	Rate (%)	Denom	Rate (%)
Cardiology	17	94.1	30	96.7	32	90.6	58	79.3
Dermatology	11	100.0	16	100.0	13	100.0	22	95.5
Endocrinology	8	87.5	13	92.3	11	90.9	19	94.7
Hematology & Oncology	24	83.3	30	90.0	20	85.0	45	80.0
Neurology	15	100.0	29	100.0	17	94.1	40	75.0
Overall**	**75**	**92.0**	**118**	**95.8**	**93**	**91.4**	**184**	**82.1**

[1] The denominator includes cases responding to the survey, at the correct location, accepting the specialty category, and accepting Medicaid.
*Results for Anthem are limited to cases that reported accepting at least one New Hampshire Medicaid MCO and do not reflect a separate, random sample of specialty provider locations contracted with Anthem.
** 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-11 displays, by provider specialty, the number and percentage of cases in which the sampled provider location reported accepting at least one of the requested NH Medicaid MCOs, compared to the commercial insurance. Overall, more than 95 percent of the respondents indicated at least one NH Medicaid MCO was accepted at the sampled location and more than 86 percent of the sampled locations accepted Anthem. The MCO/commercial insurance acceptance rate is limited to survey respondents at the correct location or able to provide a valid telephone number for the sampled location, accepting the provider specialty noted in the provider data, and accepting Medicaid.

Table 2-11—Distribution of Respondents for New Hampshire Medicaid Managed Care Compared to Commercial Insurance, by Specialty Category

Specialty Category	At Least One NH Medicaid MCO			Anthem*		
	Denom[1]	Accepting Plan[2]	Rate (%)	Denom	Accepting Plan	Rate (%)
Cardiology	58	55	94.8	55	46	83.6
Dermatology	22	22	100.0	22	21	95.5
Endocrinology	19	18	94.7	18	18	100.0
Hematology & Oncology	45	41	91.1	41	36	87.8
Neurology	40	39	97.5	39	30	76.9
Overall**	**184**	**175**	**95.1**	**175**	**151**	**86.3**

[1] The denominator includes cases responding to the survey, at the correct location, accepting the specialty category, and accepting Medicaid.
[2] The numerator includes cases in the denominator and accepting at least one of the requested New Hampshire Medicaid MCOs.
*Results for Anthem are limited to cases that reported accepting at least one New Hampshire Medicaid MCO and do not reflect a separate, random sample of specialty provider locations contracted with Anthem.
** 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-12 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 telephone number for the sampled provider location, accepting the provider specialty noted in the provider data, accepting Medicaid, 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 97.0 percent. Sampled provider locations for Cardiology and Neurology reported 100.0 percent rates for accepting new patients for both MCOs and commercial insurance.

Table 2-12—Distribution of Respondents Accepting New Patients, by Specialty Category and Health Plan

Specialty Category	ACNH		NHHF		WS		Anthem*	
	Denom[1]	Rate (%)	Denom[1]	Rate (%)	Denom[1]	Rate (%)	Denom	Rate (%)
Cardiology	16	100.0	29	100.0	29	100.0	46	100.0
Dermatology	11	100.0	16	93.8	13	100.0	21	95.2
Endocrinology	7	85.7	12	91.7	10	100.0	18	94.4
Hematology & Oncology	20	95.0	27	100.0	17	100.0	36	100.0
Neurology	15	100.0	29	100.0	16	100.0	30	100.0
Overall**	**69**	**97.1**	**113**	**98.2**	**85**	**100.0**	**151**	**98.7**

[1] The denominator includes cases responding to the survey, at the correct location, accepting the specialty category, accepting Medicaid, and accepting the MCO/commercial insurance.
*Results for Anthem are limited to cases that reported accepting at least one New Hampshire Medicaid MCO and do not reflect a separate, random sample of specialty provider locations contracted with Anthem.
** 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-13 displays, by provider specialty, the distribution of the number and percentage of cases where the provider location accepts new patients for at least one of the NH Medicaid MCOs, compared to the commercial insurance plan. Overall, more than 98 percent of the sampled locations accepted new patients for one of the requested plans. HSAG limited the new patient acceptance rate to survey respondents at the correct location or able to provide a valid telephone number for the sampled provider location, accepting the provider specialty, accepting Medicaid, and accepting one of the NH Medicaid MCOs and/or the commercial insurance plan.

Table 2-13—Distribution of Respondents Accepting New Patients, by Specialty Category, and New Hampshire Medicaid Managed Care or Commercial Insurance

Specialty Category	At Least One NH Medicaid MCO			Anthem*		
	Denom[1]	Accepting Plan[2]	Rate (%)	Denom[1]	Accepting Plan	Rate (%)
Cardiology	55	55	100.0	46	46	100.0
Dermatology	22	21	95.5	21	20	95.2
Endocrinology	18	17	94.4	18	17	94.4
Hematology & Oncology	41	40	97.6	36	36	100.0
Neurology	39	39	100.0	30	30	100.0
Overall**	**175**	**172**	**98.3**	**151**	**149**	**98.7**

[1] The denominator includes cases responding to the survey, at the correct location, accepting the specialty category, accepting Medicaid, and accepting either of the New Hampshire Medicaid MCOs and/or the commercial insurance plan.
[2] The numerator includes cases in the denominator and accepting new patient for at least one of the requested New Hampshire Medicaid MCOs.
*Results for Anthem are limited to cases that reported accepting at least one New Hampshire Medicaid MCO and do not reflect a separate, random sample of specialty provider locations contracted with Anthem.
** 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Per the MCOs' contracts with DHHS, each MCO is required to maintain provider network capacity to ensure the following available non-urgent 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

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 a routine visit). Appointment wait time results are limited to survey respondents at the correct location or able to provide a valid telephone number for the sampled provider location, accepting the provider specialty, accepting Medicaid accepting the specified health plan, and accepting new patients.

Table 2-14 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**. HSAG limited appointment wait time results to survey respondents at the correct location or able to provide a valid telephone number for the sampled provider location, accepting the provider specialty, accepting Medicaid, accepting the specified health plan, and accepting new patients. Overall, the median wait times for routine visits for new patients were 39.0 calendar days, 40.0 calendar days, 43.0 calendar

days, and 40.5 calendar days for **ACNH**, **NHHF**, **WS**, and Anthem, respectively. Of note, Dermatology had the longest average wait times for an appointment, compared to all other specialty categories within each of the MCOs or commercial insurance.

Table 2-14—New Patient Appointment Wait Time in Calendar Days for a Routine Visit, by Specialty Category and Health Plan

Specialty Category	ACNH			NHHF			WS			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)	Denom[1]	Average Wait Time (Days)	Median Wait Time (Days)
Cardiology	16	21.3	22.5	29	26.2	25.0	29	39.2	31.0	46	34.2	28.0
Dermatology	11	110.7	96.0	15	97.7	62.0	13	94.5	90.0	20	102.8	93.5
Endocrinology	6	102.0	88.5	11	73.7	59.0	10	74.0	60.0	17	73.1	59.5
Hematology & Oncology	19	22.6	21.0	27	28.1	27.0	17	27.1	21.5	36	24.7	21.0
Neurology	15	97.2	80.0	29	83.5	77.0	16	84.9	79.5	30	88.2	80.0
Overall**	**67**	**63.3**	**39.0**	**111**	**58.2**	**40.0**	**85**	**57.9**	**43.0**	**149**	**56.8**	**40.5**

[1] The denominator includes cases responding to the survey, at the correct location, accepting the provider specialty, accepting Medicaid, accepting the MCO/commercial insurance, and accepting new patients.
*Results for Anthem are limited to cases that reported accepting at least one New Hampshire Medicaid MCO and do not reflect a separate, random sample of specialty provider locations contracted with Anthem.
** 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-15 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 visit**. HSAG limited appointment wait time results to survey respondents at the correct location or able to provide a valid telephone number for the sampled provider location, accepting the provider specialty, accepting Medicaid, and accepting the specified health plan. Overall, the median wait times for a routine visit for an existing patient were 35.0 calendar days, 33.0 calendar days, 35.0 calendar days, and 32.5 calendar days for **ACNH**, **NHHF**, **WS**, and Anthem, respectively.

Table 2-15—Existing Patient Appointment Wait Time in Calendar Days for a Routine Visit, by Specialty Category and Health Plan

Specialty Category	ACNH			NHHF			WS			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)	Denom[1]	Average Wait Time (Days)	Median Wait Time (Days)
Cardiology	16	18.6	11.0	29	25.2	11.0	29	28.0	21.5	46	26.2	21.0
Dermatology	11	68.3	54.0	16	60.1	61.5	13	65.0	61.0	21	70.6	62.0
Endocrinology	7	90.0	61.0	12	53.3	52.0	10	54.6	59.0	18	64.9	59.0
Hematology & Oncology	20	12.1	12.0	27	17.6	13.0	17	13.8	13.0	36	15.4	12.5
Neurology	15	84.0	79.5	29	56.6	62.5	16	63.4	56.0	30	58.3	64.0
Overall**	**69**	**52.0**	**35.0**	**113**	**42.4**	**33.0**	**85**	**42.9**	**35.0**	**151**	**43.7**	**32.5**

[1] The denominator includes cases responding to the survey, at the correct location, accepting the specialty category, accepting Medicaid, and accepting the MCO/commercial insurance.
*Results for Anthem are limited to cases that reported accepting at least one New Hampshire Medicaid MCO and do not reflect a separate, random sample of specialty provider locations contracted with Anthem.
** 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-16 presents the median appointment wait times shown in previous tables by appointment type, specialty category, and health plan to illustrate differences in appointment availability. Overall, median wait times were more than 30 days for new and existing patients across all health plans. However, median wait times varied by specialty category. 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 2-16—Median Appointment Wait Times in Calendar Days by Specialty Category and Health Plan

Specialty Category	New Patient Routine Visit				Existing Patient Routine Visit			
	ACNH	NHHF	WS	Anthem*	ACNH	NHHF	WS	Anthem*
Cardiology	22.5	25.0	31.0	28.0	11.0	11.0	21.5	21.0
Dermatology	96.0	62.0	90.0	93.5	54.0	61.5	61.0	62.0
Endocrinology	88.5	59.0	60.0	59.5	61.0	52.0	59.0	59.0
Hematology & Oncology	21.0	27.0	21.5	21.0	12.0	13.0	13.0	12.5
Neurology	80.0	77.0	79.5	80.0	79.5	62.5	56.0	64.0
Overall**	**39.0**	**40.0**	**43.0**	**40.5**	**35.0**	**33.0**	**35.0**	**32.5**

* Results for Anthem are limited to cases that reported accepting at least one New Hampshire Medicaid MCO and do not reflect a separate, random sample of specialty provider locations contracted with Anthem.
** 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 locations across specialty categories. Survey calls were placed by specialty, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

3. Discussion

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 43.1 percent, 34.9 percent, and 39.8 percent for **ACNH**, **NHHF**, and **WS**, respectively. Response rates varied by provider specialty and MCO, with differences up to 30 percentage points between the specialties with the lowest and highest response rates for each MCO (Table 2-1). Additionally, only 43.1 percent of **ACNH**'s responsive case, 34.9 percent of **NHHF**'s responsive cases, and 39.9 percent of **WS**'s responsive cases confirmed the accuracy of the sampled provider location and the location furnished services for the requested specialty.
- Among **ACNH**, **NHHF**, and **WS** provider locations that confirmed offering the sampled specialty, more than 74 percent of cases indicated that they only serve adult members. Results varied by provider specialty and MCO and most specialties more frequently indicated that they did not offer services for pediatric patients.
  - Approximately 25 percent of **ACNH**'s respondent cases reported accepting children for the sampled specialty services.
  - Of **NHHF**'s respondent cases, 22.6 percent reported accepting children for the sampled specialty services.
  - Fewer than 25 percent of **WS**'s respondent cases reported accepting children the sampled specialty services.
  - 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.
- More than 90 percent of applicable survey respondents indicated that the provider location was contracted to serve the MCO's members, with acceptance rates of 92.0 percent for **ACNH**, 95.8 percent for **NHHF**, and 91.4 percent for **WS**. Overall, 82.1 percent of the **ACNH**, **NHHF**, and/or **WS** cases indicated the provider location also accepted patients enrolled with Anthem.
- More than 97 percent of applicable survey respondents indicated that the provider location was accepting new patients, and these results were similar for all four health plans (i.e., the Medicaid MCOs and Anthem).
  - Cardiology and Neurology had a 100 percent new patient acceptance rate across all health plans.
  - Endocrinology had the largest variability in new patient acceptance among the health plans, with a greater number of survey respondents reporting new patient acceptance for **WS** members

(100.0 percent) than for patients with health insurance from **ACNH** (85.7 percent), **NHHF** (91.7 percent), or Anthem (94.4 percent).

- In general, appointments for existing patients were available sooner than appointments for new Medicaid patients. The average wait time for all MCOs was more than 56.0 days for new patients and approximately 43.0 days for existing patients, except for **ACNH**, which averaged wait times of 52.0 days.
  - Selected findings suggest limited appointment availability with certain types of specialists, regardless of a patient's health insurance. Dermatology had the highest median wait times across most health plans for new patients, while Neurology had the highest median wait times across most health plans for existing patients.
  - Median wait times for new patient routine visits varied by provider specialty with **WS** having the longest median wait times for Cardiology services. **ACNH** had the longest median wait times for Dermatology, Endocrinology, and Neurology services, and **NHHF** had the longest median wait times for Hematology and Oncology services.
  - The median wait times across the health plans for existing patient routine visits were relatively consistent for Dermatology, Endocrinology, and Hematology and Oncology. However, Cardiology and Neurology showed the largest variability among median wait times. Median wait times for Cardiology ranged from 11 days (**ACNH**) to 21.5 days (**WS**). Median wait times for Neurology ranged from 56.0 days (**WS**) to 79.5 days (**ACNH**).

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:

- HSAG conducted survey calls approximately one month following 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.
- HSAG compiled survey findings 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 (e.g., the MCO's online provider directory).
  - 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).
  - Appointments may take longer to schedule during the COVID-19 pandemic due to a variety of reasons, including staffing shortages, backlog of appointments, and enhanced cleaning procedures.
- 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. Of note,

12.2 percent of **ACNH**'s locations, 11.7 percent of **NHHF**'s locations, and 12.7 percent of **WS**'s locations declined to participate in the survey. Additionally, 1.3 percent of **ACNH**'s locations, 2.0 percent of **NHHF**'s locations, and 2.4 percent of **WS**'s locations 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, HSAG did not collect all survey elements 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.
- HSAG based survey results for the time to the first available appointment on appointments requested at the sampled location and counted cases as being unable to offer an appointment if the survey respondent offered an appointment at a different location. As such, survey results may underrepresent timely appointments for situations in which Medicaid members are willing travel to an alternate location.

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 55 percent of sampled cases for each MCO, and a key non-response reason was call attempts in which the provider location reached was not located at the address noted in the provider data.
  - Since the MCOs supplied HSAG with the provider data used for this survey, 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 location).
- The MCOs' provider data included a provider type and specialty indicator. However, HSAG's survey results identified cases in which the survey respondent noted that the sampled location did not provide the requested specialty services. 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.

- Per the MCOs' contracts with DHHS, each MCO is required to maintain provider network capacity to ensure the following available non-urgent 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

  Overall survey results for average appointment wait times exceed 57 days for new patients and 42 days for existing patients across all MCOs and Anthem. 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, for both non-symptomatic and non-urgent, symptomatic visits. 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.[4-3] 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.

[4-3] 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 Specialty Provider Survey Methodology

Eligible Population

The eligible population included practice locations associated with physical health specialty providers that were actively enrolled in the New Hampshire Medicaid Care Management (MCM) Program as of December 15, 2020. HSAG included out-of-state offices located in Maine, Massachusetts, and Vermont in the study.

Data Collection

Each MCO identified physical health providers potentially eligible for survey inclusion and supplied HSAG with data files. Physical health providers included allopathic or osteopathic medical practitioners with a degree as a Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) and licensed to practice medicine in the state listed as the provider's service address. MCO data included the following minimum data elements for each provider's location: 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 address data values for locations where potential CASS address changes may have impacted data validity (e.g., the address was standardized to a different city or county).

Case Identification Approach

HSAG randomly selected survey cases by specialty category and MCO from the de-duplicated list of unique practice locations.[A-4] HSAG selected a statistically valid sample of provider locations based on a 90 percent confidence level and ±5 percent margin of error, with a 10 percent oversample to increase the probability of capturing appointment information from a statistically valid number of locations.

HSAG surveyed each case by telephone number and address, with one set of telephone attempts to complete the survey script at the telephone number and address for the specialty category. Survey calls requested appointment availability with the sampled MCO(s) for the sampled location. For reference,

[A-4] Unique locations were identified within each MCO and specialty category using the telephone number and address.

HSAG provided DHHS with a case-level list of sampled practice locations prior to initiating telephone survey calls.

Since HSAG revealed the interviewer's identity to the provider's office, interviewers used same DHHS-approved script (Appendix B) for all specialty categories. If a telephone number connected to a practice or facility that offered more than one physical health specialty, those locations had one survey case for each specialty category. For example, a hospital may support 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 attempt to complete the survey script for each specialty category.

Telephone Survey Process

During the survey, HSAG's callers attempted up to two calls to each sampled case during standard operating hours (i.e., 9:00 a.m. – 5:00 p.m. Eastern Time).[A-5] Interviewers who were placed 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 interviewer made a second call attempt on a different day and at a different time of day. HSAG considered a survey case 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 practice or facility
- Office personnel refused to participate in the survey
- Office personnel failed 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[A-6] to ensure all interviewers followed a standardized process for conducting survey calls and abstracting call data. For each interviewer, the HSAG analytics manager reviewed 100 percent of calls placed during the first

[A-5] 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.

[A-6] Please refer to the *HSAG's Specialty Provider Survey Team* methodology subsection for details regarding HSAG's Specialty Provider Survey team.

week after the training period and a minimum of 50 percent of calls thereafter due to the number of specialty categories.

HSAG conducted the survey during November 2021 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.

Survey Indicators

Using data elements identified from the DHHS-approved survey script (Appendix B), HSAG classified survey indicators into domains that considered provider data accuracy and appointment availability. HSAG evaluated provider data accuracy by MCO based on survey responses. In general, survey call data that matched the MCO's provider data received a "Yes" response and non-matched information received a "No" response. For data collected on the first available appointment, the average wait time was calculated based on call date and earliest appointment date offered by the survey respondent.

HSAG collected the following information pertaining to provider data accuracy:

- Accuracy of the location's telephone number
  - The survey stopped if the location could not be reached during either survey attempt, declined to participate in the survey, or failed to respond to voicemail requests to complete the survey.
  - If the provider office offered a corrected telephone number for the sampled location, HSAG attempted the survey using the corrected telephone number (i.e., up to two attempts to contact the case at the corrected telephone number).
- Accuracy of the location's address
  - The survey stopped if the address information was not valid (e.g., the address represents a clinic location that is no longer in operation).
  - Interviewers specifically noted whether or not invalid addresses were related to the Coronavirus 2019 (COVID-19) public health emergency (e.g., an office location that was temporarily or permanently closed as a result of COVID-19).
- Accuracy of the location's affiliation with the requested MCO
  - The survey stopped if the survey respondent indicated that no providers at the location accepted the requested Medicaid MCO.
- Accuracy of the location's identification as offering services for the designated provider specialty
  - The survey stopped if the survey respondent indicated that the location does not offer the requested physical health specialty or that the location does not serve patients in an ambulatory setting. For example, the survey stopped if the survey respondent indicated that the location was a hospital-based clinic that only served inpatients, or that a survey case for a dermatology location had a telephone number and address that connected to a primary care practice that did not offer dermatology services.

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

- Information concerning whether the location served adults, children, or both
- Information concerning the number of individual practitioners (i.e., allopathic or osteopathic medical practitioners with an M.D. or D.O.) offering services at the location
- Information concerning whether the location offered services via telehealth, and if so, the nature of the service delivery modality (e.g., telephone, video chat, asynchronous communications)
- Information concerning whether the location accepted commercial health insurance with Anthem
- Information concerning whether the location accepted new patients, and if so, the number of individual practitioners accepting new patients
    - The survey stopped if the survey respondent indicated that the location was not accepting new patients.
    - Interviewers specifically noted whether or not any lack of new patient acceptance was related to the COVID-19 public health emergency.
- Number of calendar days until the next available appointment with any practitioner at the sampled location for a new or existing patient with a non-urgent (routine) issue (i.e., two appointment scenarios: one for a new patient and one for an existing patient)
    - Interviewers acknowledged the earliest in-person appointment with any provider of the requested specialty at the sampled location.
- Any limitations to accepting new patients or scheduling an appointment
    - Types of limitations included, but were not limited to, the following:
        - Location would only see patients of a specific age (e.g., children younger than 18 years or adults 18 years and older)
        - Location only accepted patients with specific clinical conditions (e.g., a pulmonologist who only serves children with cystic fibrosis)
        - Location required a review of the member's medical records prior to offering an appointment
        - Location required the member to have a referral from a PCP prior to offering an appointment
        - Location required registration with the practice prior to offering an appointment
        - Location required verification of the member's Medicaid eligibility prior to offering an appointment
        - Location required additional considerations related to the COVID-19 public health emergency (e.g., the location is only accepting a limited number of new patients due to COVID-19; patients must complete a COVID-19 health screening upon arrival for an appointment and appointments may be rescheduled if the screening identifies potential concerns regarding COVID-19 exposure)
        - Other (e.g., patient must live in a specific city, must be a relative of an existing patient

HSAG's Specialty Provider Survey Team

HSAG assembled a Specialty Provider Survey Team based on the full complement of skills required for the design and implementation of the revealed caller telephone survey. Table A-1 lists the key Specialty Provider Survey team members, their roles, and relevant skills and expertise.

Table A-1—Key HSAG Staff for the SFY 2021 Specialty Provider Survey

Name/Role	Skills and Expertise
Rob Fornango, PhD *Executive Research Director, Data Science and Advanced Analytics*	Dr. Fornango has more than 20 years of experience as a quantitative research analyst, designing and executing original research projects with expertise in program and policy design and evaluation, public policy assessment, linear and nonlinear multilevel econometrics, spatial data analysis, and as a qualitative interview-based researcher performing robust text analysis. He has extensive experience developing analyses and reports aimed at multiple levels of stakeholders, including the public, policy makers, practitioners, and the research community. His research focuses on developing a comprehensive understanding of emerging healthcare industry trends, especially focusing on patient safety, and providing academic quality evaluations with actionable insights.
Amy Kearney, BA *Director, Data Science and Advanced Analytics*	Ms. Kearney has over 30 years of healthcare industry experience with expertise in Medicaid programs, including research leadership, analytic expertise, and managing client relations. Ms. Kearney has been employed by HSAG for eight years and has been involved in external quality review (EQR) services in New Hampshire since 2015.
Alana Berrett, MPH, BA *Associate Director, Data Science and Advanced Analytics*	Ms. Berrett has over 15 years of healthcare industry experience including public health surveillance, program evaluation, EQR, encounter data validation, network adequacy evaluation, medical record protocols, and healthcare education. Ms. Berrett has been employed by HSAG for 10 years and has been involved in EQR services in New Hampshire since 2015.

Name/Role	Skills and Expertise
Lacey Hinton, AAS, RN *Analytics Manager I, Data Science and Advanced Analytics*	Ms. Hinton has over 10 years of healthcare industry experience managing, coordinating, and supporting analytic activities for network adequacy evaluations, encounter data validations, and EQR focus studies, as well as working in the clinical nurse setting. Ms. Hinton has been employed by HSAG for 10 years and has been involved in EQR services in New Hampshire since 2015.

Appendix B. Telephone Survey of Physical Health Specialty Providers Script

Survey Script

This script guided interviewers in gathering information relevant to obtaining appointment information. The electronic data collection tool controlled skip logic between survey elements and collected 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 at the sampled location.

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 B-4 to leave a message requesting a return call. Additional scripts for situations involving inbound calls from providers' offices are shown on page B-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 offer the requested specialty at the location noted, the survey will end (i.e., not in the study population).

   If the office indicates that the address is incorrect (i.e., the <<street address, city, state, ZIP code>> is not an address at which patients are seen for <<specialty category>>) and a forwarding telephone number for the sampled address is not available, the survey will end.

3. "Does this location 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 location does not offer the noted type of physical health specialty, the survey will end; move to element #16. Otherwise, continue to element #4.

4. "Do any providers at this location offer appointments using telehealth?"

   If yes, move to element #5. If no, move to element #6.

5. "Can you please confirm which of the following methods are available for telehealth?"

Respondent will read the following options and select all that apply: telephone only; telephone and video or video chat; must travel to a clinic or facility for telehealth appointments; telehealth appointments are limited to specific services or clinical conditions; telehealth required as the first appointment for new patients.

Document any additional information regarding telehealth appointments and move to element #6.

6. "How many doctors are available to see patients at the <<street name>> location?"

   If needed, the interviewer will explain that "doctor" refers to allopathic or osteopathic medical practitioners with an M.D. or D.O., and who are licensed to practice medicine in the state in which the sampled case is located.

   Document the response and move to element #7. Responses will be collected verbatim and may be represented as a count or estimation based on day of the week ("e.g., 5, depends on day of the week, usually at least 3").

7. "How many of those doctors are accepting new patients at this location?"

   Document the response, including any information offered regarding limitations to patient acceptance. Responses will be collected verbatim and may be represented as a count or estimation based on day of the week ("e.g., At least 1, but usually 2"). Continue to element #8.

   If the respondent states that the location is not accepting new patients, or that new patient acceptance is contingent on the patient's insurance carrier, the survey will continue to element #8, and appointment availability requests will be limited to the existing patient scenario.

8. "I'm now going to ask about the insurance plans accepted at the <<street name>> location. Can you please confirm that you are accepting <<MCO>>?"

   If the location is sampled for more than one MCO and the respondent indicated in element #8 that the location accepts more than one MCO, the interviewer will ask elements #8-11 once for each MCO.

   If the respondent indicates that the location accepts patients with the requested MCO, move to element #9. If the respondent states that no providers at the location accept patients with New Hampshire Medicaid, confirm that the location will not see any new or existing patients with this insurance and the survey will end for the requested MCO; if the location will not see any new or existing patients with any MCO, move to element #16 to end the survey.

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

   If yes, move to element #10.

   If no, the survey will end for the requested MCO; return to element #8 for additional MCOs; if all MCOs are complete, move to element #12 to ask about Anthem.

10. "When is the next available appointment 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 #11. The interviewer will capture any information offered regarding barriers to scheduling.

11. "When is the next available appointment at the <<street name>> location for a non-urgent issue for an existing patient with <<MCO>>?"

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

12. "Can you please confirm that you are accepting the Anthem State Health Employee Plan?"

    If the respondent indicates that the location accepts patients with Anthem, move to element #13. If the respondent states that no providers at the location accept patients with Anthem, confirm that the location will not see any new or existing patients with Anthem; if the location will not see any new or existing patients with Anthem, move to element #16 to end the survey.

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

    If yes, move to element #14.

    If no, move to element #16 to end the survey.

14. "When is the next available appointment at the <<street name>> location for a non-urgent or routine visit for a new patient with Anthem?"

    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 at the <<street name>> location for a non-urgent issue for an existing patient with Anthem?"

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

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

Voicemail Script

If a call attempt connects 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 sampled location and left a voicemail for a return call.

Interviewer Requested 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 Returned HSAG's Call:

The survey respondent reached 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 connected, and the line then rang five times (approximately 16 seconds). If all HSAG interviewers were busy, or the office returned the call after normal business hours, the office reached 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. Physical Health Provider Specialty Data Values by MCO

Following HSAG's September 2021 receipt of the MCOs' provider data files, HSAG collaborated with DHHS to confirm the MCO-specific data elements and criteria needed to identify providers for inclusion in the 2021 Telephone Survey of Physical Health Specialty Providers. Note that each MCO categorized its provider data using terminology and specialty categories unique to its internal data systems. As such, an MCO with a large number of specialty data values may reflect a different internal labeling system compared to another MCO, rather than a lack of provider specialties.

Table C-1 presents the original provider specialty descriptions identified from each Medicaid MCO's data, as well as the HSAG-assigned provider specialty categories for this survey.

Table C-17 – Provider Specialty Categories by MCO

Physical Health Specialty Category	ACNH Specialty Data Values	NHHF Specialty Data Values	WS Specialty Data Values
Cardiologists	Cardiology Cardiovascular Disease Congenital Cardiac Surgery Interventional Cardiology Pediatric Cardiology	Cardiology Cardiovascular Disease Congenital Cardiac Surgery Interventional Cardiology Pediatric Cardiology	Cardiology Cardiovascular Disease Congenital Cardiac Surgery Interventional Cardiology Pediatric Cardiology
Dermatologists	Dermatology Pediatric Dermatology	Dermatology Pediatric Dermatology	Dermatology Pediatric Dermatology
Endocrinologists	Endocrinology Endocrinology, Diabetes, Metab Pediatric Endocrinology Reproductive Endocrinology	Endocrinology Endocrinology, Diabetes, Metab Pediatric Endocrinology Reproductive Endocrinology	Endocrinology Endocrinology, Diabetes, Metab Pediatric Endocrinology Reproductive Endocrinology

Physical Health Specialty Category	ACNH Specialty Data Values	NHHF Specialty Data Values	WS Specialty Data Values
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	Hematology/Oncology Complex Gen Surgical Oncology Hematology Hematology/Medical Oncology Hematology: Internal Medicine Medical Oncology Radiation Oncology Pediatric Hematology-Oncology Oncology, Gynecologic	Hematology/Oncology Complex Gen Surgical Oncology Hematology Hematology/Medical Oncology Hematology: Internal Medicine Medical Oncology Radiation Oncology Pediatric Hematology-Oncology Oncology, Gynecologic
Neurologists	Neurology Neurological Surgery Neurology w Spc Qual Chld Neur Neuromuscular Medicine Neuropathology Pediatric Neurology Vascular Neurology	Neurology Neurological Surgery Neurology w Spc Qual Chld Neur Neuromuscular Medicine Neuropathology Pediatric Neurology Vascular Neurology	Neurology Neurological Surgery Neurology w Spc Qual Chld Neur Neuromuscular Medicine Neuropathology Pediatric Neurology Vascular Neurology

Appendix D. 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 D-1 lists opportunities for improvement to include in the EQRO.01 (MCO Follow-up on EQRO Recommendations) report for ACNH.

Table D-1—EQRO Findings and Recommendations for Improvement from the Specialty Provider Report to Include in the EQRO.01 Report for ACNH

ACNH EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Specialty Provider Report		
1	ACNH-2021-EQRO.01-SS-01	DHHS will provide ACNH with the list of provider deficiencies (e.g., provider records with invalid addresses) 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 D-2 lists opportunities for improvement to include in the EQRO.01 (MCO Follow-up on EQRO Recommendations) report for NHHF.

Table D-2—EQRO Findings and Recommendations for Improvement from the Specialty Provider Report to Include in the EQRO.01 Report for NHHF

NHHF EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Specialty Provider Report		
1	NHHF-2021-EQRO.01-SS-01	DHHS will provide NHHF with the list of provider deficiencies (e.g., provider records with invalid addresses) 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.

WS

Table D-3 lists opportunities for improvement to include in the EQRO.01 (MCO Follow-up on EQRO Recommendations) report for WS.

Table D-3—EQRO Findings and Recommendations for Improvement from the Specialty Provider Report to Include in the EQRO.01 Report for WS

WS EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Specialty Provider Report		
1	WS-2021-EQRO.01-SS-01	DHHS will provide WS with the list of provider deficiencies (e.g., provider records with invalid addresses numbers) identified during the EQRO activity. WS needs to verify the telephone numbers listed in its provider data to ensure the accuracy of the information in the provider file.