



State of New Hampshire Department of Health
and Human Services

State Fiscal Year 2023 Revealed Provider Network Survey Report

September 2023



Table of Contents

1. Executive Summary	1-1
Introduction	1-1
Summary Results.....	1-2
Overall Results—All Sampled Providers.....	1-2
SFY 2022 Discrepancy Cases	1-5
High-Level Findings.....	1-7
All Surveyed Cases Findings	1-7
SFY 2022 Discrepancy Cases Findings	1-8
DHHS Recommendations	1-8
2. Findings	2-1
Overall Results—All Sampled Providers.....	2-1
Survey Outcomes	2-2
Correct Location.....	2-3
Offer PCP/Specialty Services.....	2-4
Acceptance Rates	2-6
Wait Times	2-9
Provider-Specific Indicator Findings	2-10
SFY 2022 Discrepancy Cases	2-12
Survey Outcomes	2-12
Correct Location.....	2-13
Offer PCP/Specialty Services.....	2-13
Acceptance Rates	2-14
Provider-Specific Indicator Findings	2-16
3. Discussion	3-1
Study Limitations	3-1
DHHS Recommendations	3-2
MCO Recommendations	3-2
ACNH.....	3-2
NHHF	3-3
WS	3-3
Appendix A. Methodology	A-1
Study Design	A-1
Data Collection.....	A-2
Data Abstraction Process.....	A-2
Study Indicators.....	A-2
HSAG’s Network Survey Team.....	A-5
Physical Health Provider Specialty Data Values by MCO	A-6
Appendix B. Provider Network Telephone Survey Script	B-1
Survey Script	B-1

Appendix C. Detailed Provider Network Survey Findings—ACNH C-1

Appendix D. Detailed Provider Network Survey Findings—NHHF D-1

Appendix E. Detailed Provider Network Survey Findings—WS..... E-1

Appendix F. MCO Recommendations Requiring Follow-Up.....F-1

 ACNH..... F-1

 NHHF F-3

 WS F-5



Acknowledgements and Conflict of Interest Statement

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Health Services Advisory Group, Inc. confirms that no one conducting the state fiscal year (SFY) 2023 network validation survey (NVS) has a conflict of interest with the following Medicaid managed care organizations (MCOs): **AmeriHealth Caritas New Hampshire, Inc. (ACNH)**, **New Hampshire Healthy Families (NHHF)**, and **Well Sense Health Plan (WS)**.

1. Executive Summary

Introduction

The New Hampshire Department of Health and Human Services (DHHS) is responsible for the ongoing monitoring and oversight of its contracted Medicaid MCOs that deliver services to members under the Medicaid Care Management (MCM) Program. As part of its provider network adequacy monitoring activities, DHHS requested its external quality review organization (EQRO), Health Services Advisory Group, Inc. (HSAG), validate the accuracy of the managed care network information supplied to New Hampshire Medicaid members.

In state fiscal year (SFY) 2022, HSAG conducted a network validation survey (NVS) among primary care providers (PCPs), selected physical health specialists, and behavioral health (BH) providers contracted with one or more of New Hampshire’s Medicaid MCOs. Findings from the provider directory validation found high match rates. HSAG found over 96 percent of the providers in the directory and matched 78 percent of the provider data submitted by the three MCOs to the online provider directory across seven indicators.¹

However, the findings from the SFY 2022 NVS pointed to a disconnect between the MCOs’ provider databases, which are made available through the online provider directories, and the information obtained by contacting provider offices to confirm the information. While the provider data submitted by the MCOs generally agreed with the online provider directories, the matching rate of information when survey callers contacted provider offices was less than 50 percent.

Based on these findings, DHHS provided the MCOs a list of records with discrepancies and required the MCOs to correct their provider data within six months. In SFY 2023, HSAG recontacted these providers after the six-month correction window to determine if the information in the provider data is now accurate. In addition, HSAG selected a sample of new cases for validation. Table 1-1 outlines the sample sizes by case type.

Table 1-1—Sample Sizes

MCO	SFY 2022 Discrepancy Cases	New SFY 2023 Cases	Total
ACNH	211	189	400
NHHF	124	276	400
WS	211	189	400

¹ The seven indicators included provider name, address, city, state, ZIP Code, telephone number, and type/specialty.

To address the study objectives described above, HSAG used a DHHS-approved methodology (Appendix A) to conduct the SFY 2023 Provider Network Survey among the following MCOs:

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

HSAG conducted the revealed calls among a sample of PCPs, eight different physical health specialists (i.e., allergists & immunologists, gastroenterologists, obstetricians/gynecologists [OB/GYNs], ophthalmologists, orthopedists, otolaryngologists [ears, nose, and throat (ENT) specialists] pulmonologists, and urologists) and BH providers.

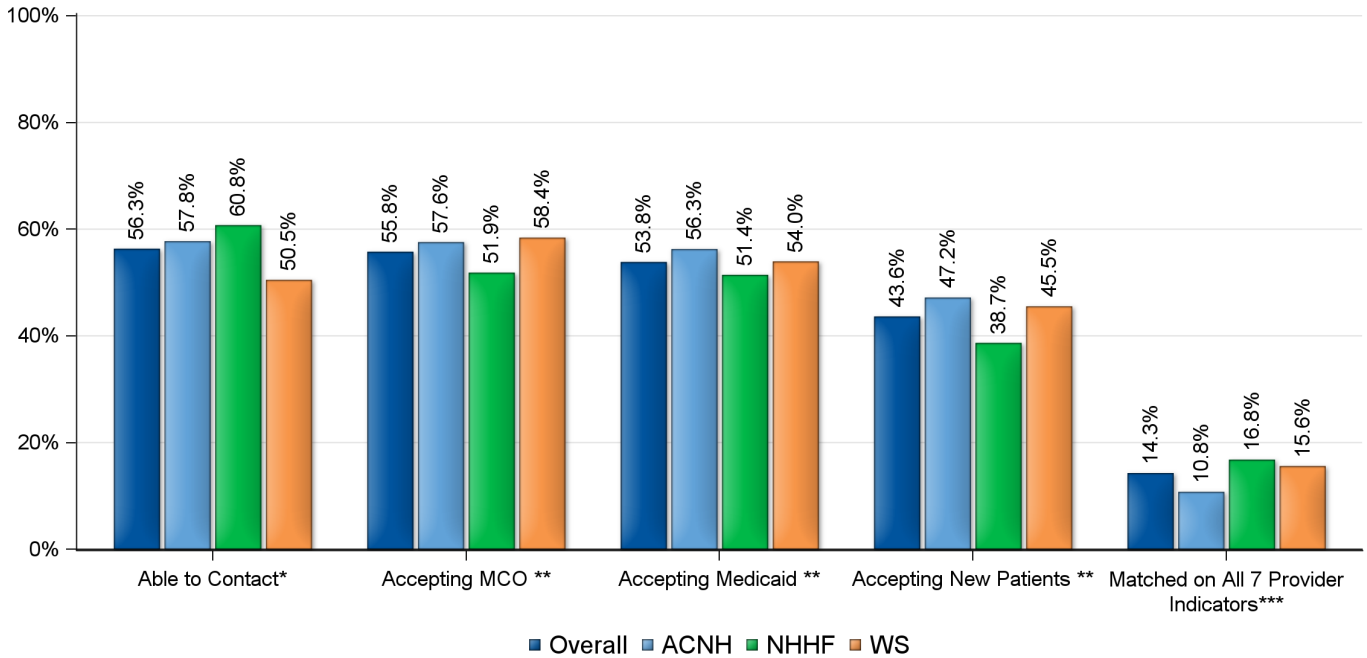
Summary Results

This section provides a summary of the MCOs' survey findings from the revealed survey calls to assess data accuracy and appointment availability. Detailed telephone survey review findings for each MCO and provider category are presented in appendices C, D, and E.

Overall Results—All Sampled Providers

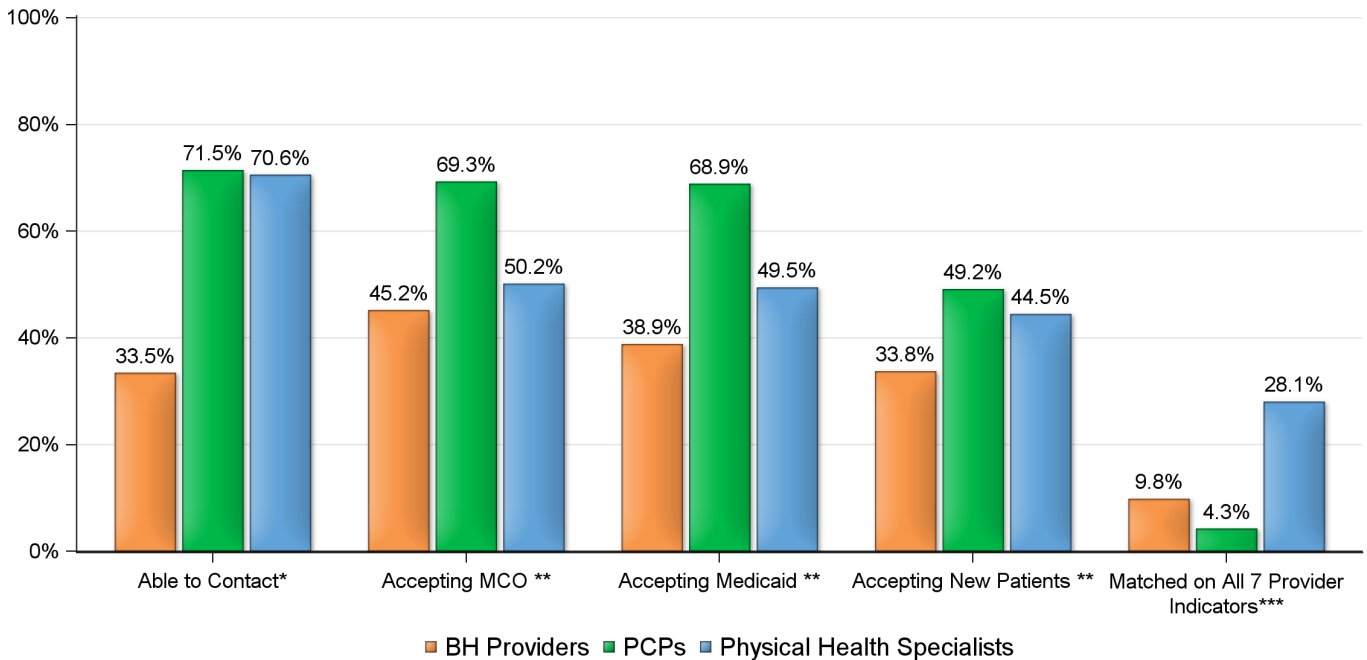
Figure 1-1, Figure 1-2, and Figure 1-3 present the summary results for all sampled providers by MCO, provider category, and number of matched indicators, respectively. The provider-specific indicators included providers practicing at the location, provider type/specialty, gender, acceptance of new patients, non-English speaking language, primary language, and accommodation for physical disabilities. HSAG only assessed provider type/specialty, gender, acceptance of new patients, non-English speaking language, primary language, and accommodation for physical disabilities for those providers at the location.

Figure 1-1—Summary Results for All Sampled Providers by MCO



■ Overall ■ ACNH ■ NHHF ■ WS
 *The denominator includes all sampled providers.
 **The denominator includes all respondents.
 ***The denominator includes all respondents accepting New Hampshire Medicaid.

Figure 1-2—Summary Results for All Sampled Providers by Provider Category (Overall)



■ BH Providers ■ PCPs ■ Physical Health Specialists
 *The denominator includes all sampled providers.
 **The denominator includes all respondents.
 ***The denominator includes all respondents accepting New Hampshire Medicaid.

Figure 1-3—Summary Results for All Sampled Providers by Number of Matched Indicators (Overall)

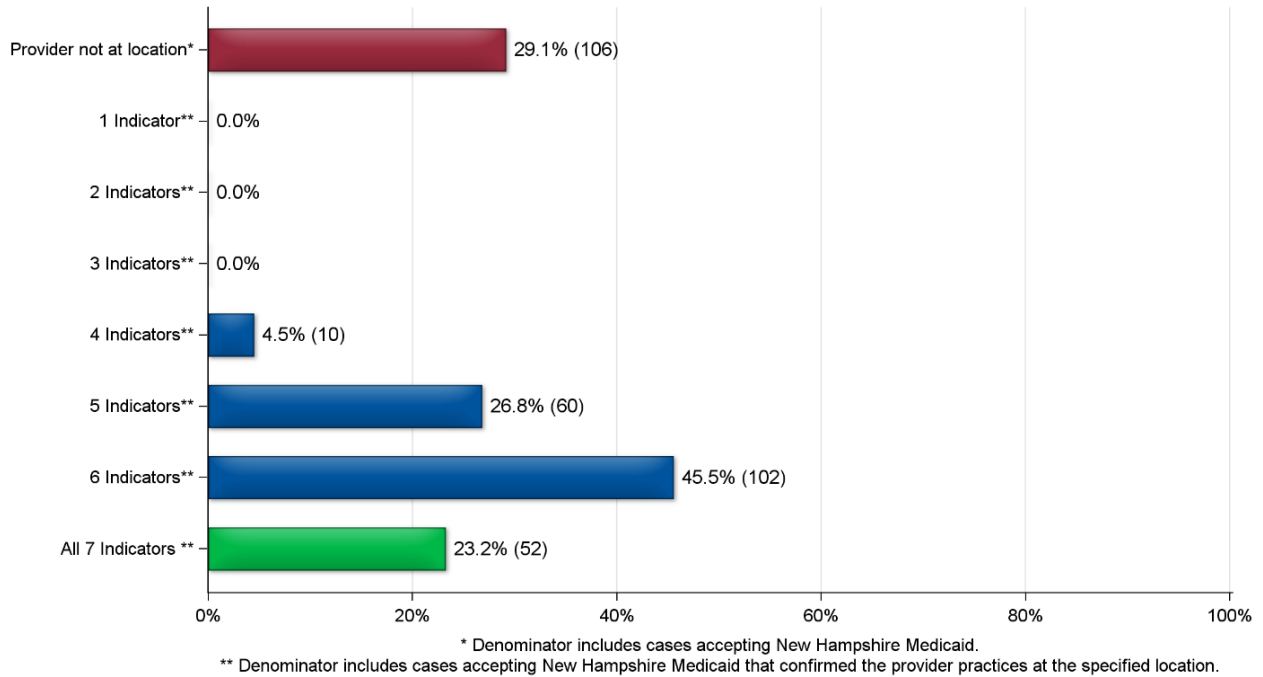
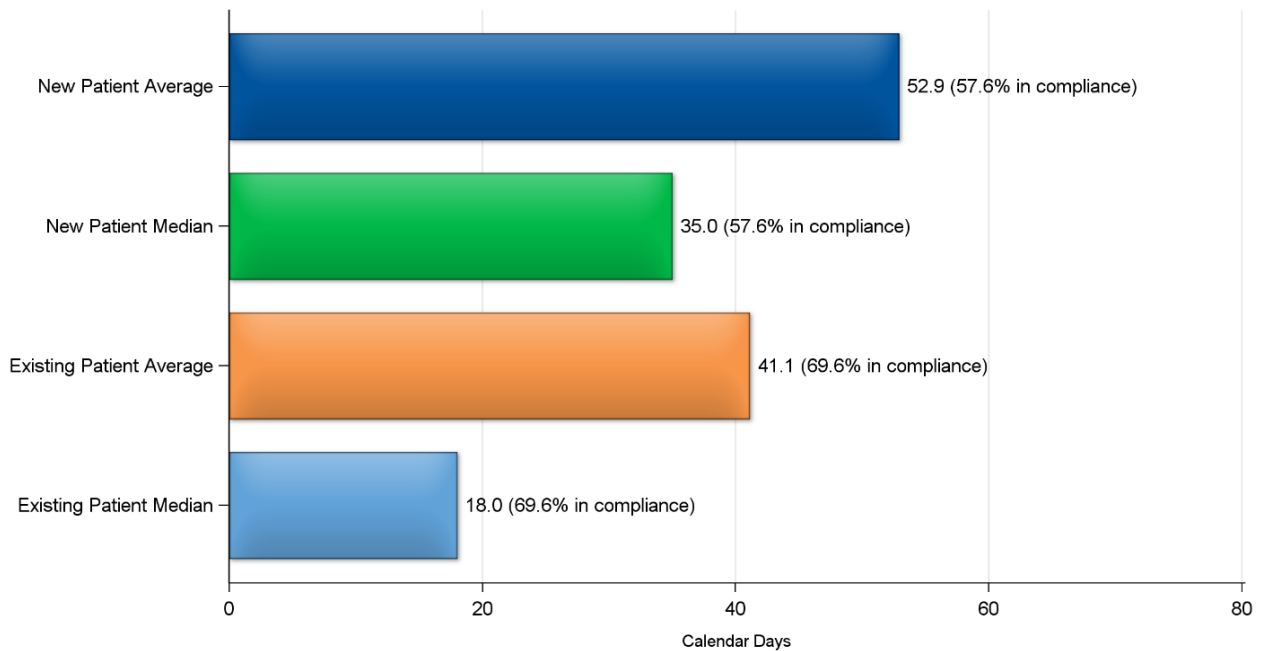


Figure 1-4 presents the summary wait times for new and existing patients for all sampled providers.

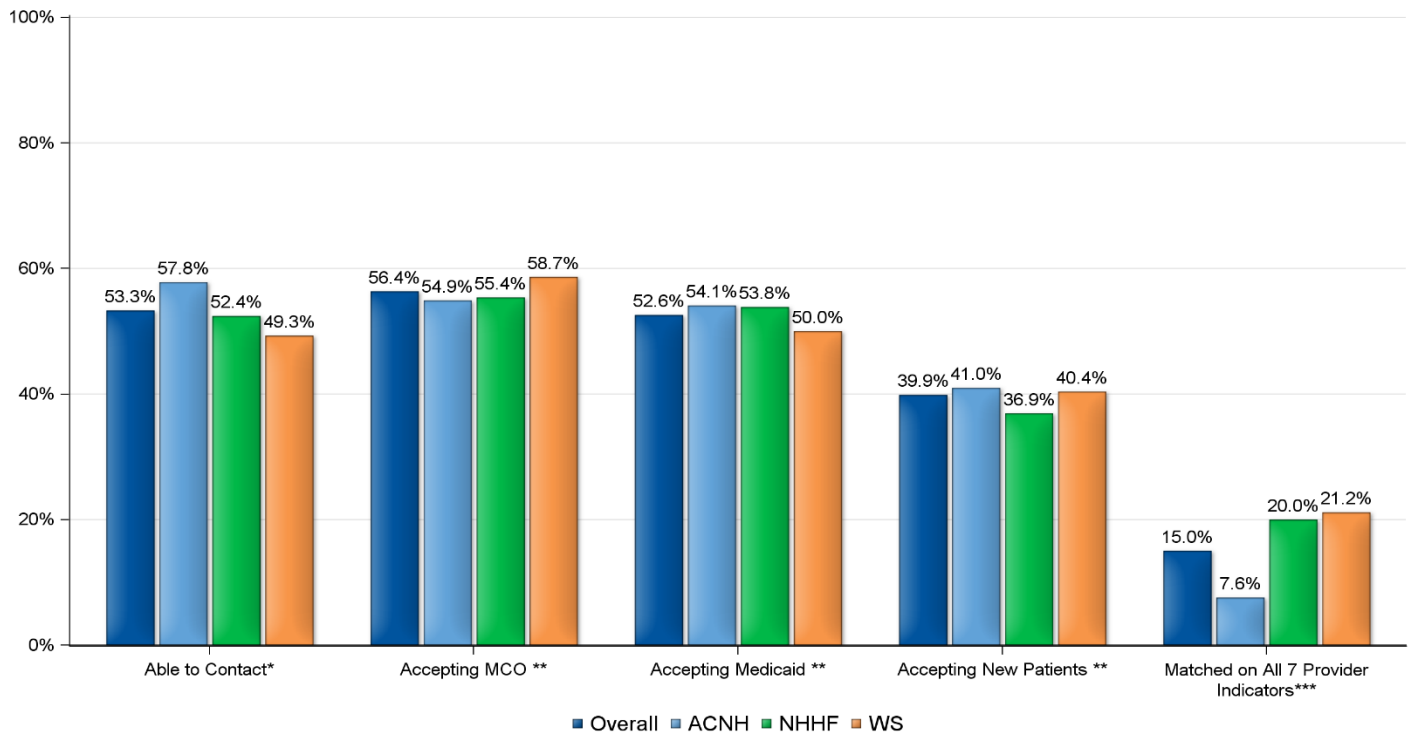
Figure 1-4—Summary Wait Times for All Sampled Providers (Overall)



SFY 2022 Discrepancy Cases

As described above, HSAG recontacted providers that were included in the SFY 2022 study to determine if the information in the provider data is now accurate (i.e., SFY 2022 discrepancy cases). Figure 1-5 and Figure 1-6 present the summary results for all SFY 2022 discrepancy cases by MCO and number of matched indicators, respectively.

Figure 1-5—Summary Results for SFY 2022 Discrepancy Cases by MCO

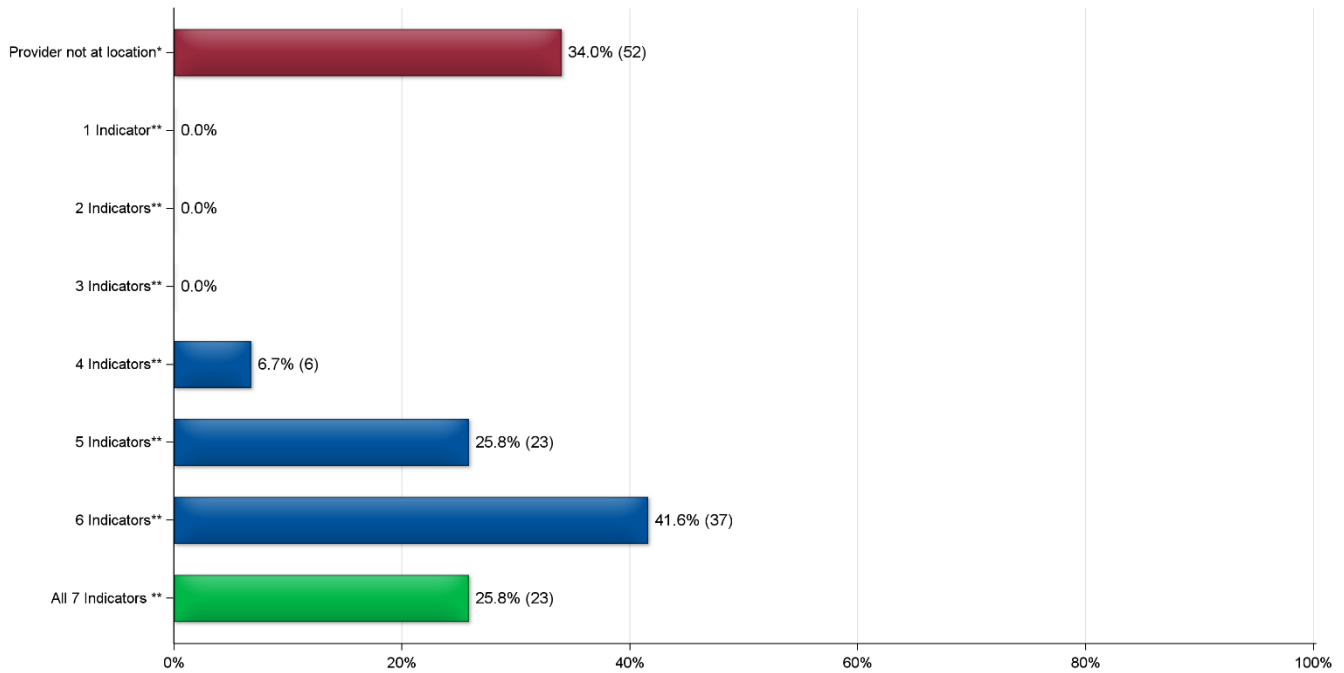


*The denominator includes all sampled providers.

**The denominator includes all respondents.

***The denominator includes all respondents accepting New Hampshire Medicaid.

Figure 1-6—Summary Results for SFY 2022 Discrepancy Cases by Number of Matched Indicators (Overall)



* Denominator includes SFY 2022 discrepancy cases accepting New Hampshire Medicaid.

** Denominator includes SFY 2022 discrepancy cases accepting New Hampshire Medicaid that confirmed the provider practices at the specified location.

High-Level Findings

All Surveyed Cases Findings

- Of the 1,200 provider locations sampled, only 56 percent could be reached. Response rates varied drastically by provider category, with BH providers exhibiting the lowest response rates among all MCOs. Over 6 percent of the sampled cases reached an incorrect phone number (i.e., disconnected, fax number, personal phone number, or nonmedical facility), indicating incorrect contact information provided by the MCOs.
- Of the locations contacted, 87 percent had the correct address, and 66 percent offered the PCP or specialty service indicated in the MCOs' files. Rates were relatively consistent across the MCOs. However, the study highlighted a variation across specialty type with only 57 percent of BH provider locations confirming the location offered the requested services.
- Overall, approximately 56 percent of the respondent locations confirmed acceptance of the MCO. Most respondents that accepted the MCO also accepted New Hampshire Medicaid.
- New patient acceptance varied among MCOs with 47 percent of the contacted locations accepting **ACNH**, 46 percent accepting **WS**, and 39 percent accepting **NHFF**.
- Performance across the specialties varied; however, the BH provider cases had the lowest rates across all indicators.
- For the physical health specialists, allergy & immunology (52 percent, n=11) and gastroenterology (54 percent, n=22) provider locations experienced the lowest percentage of respondents indicating the sampled location offered the requested services.²
- DHHS requires that a Medicaid patient is able to make an appointment for a nonurgent reason within 45 calendar days. Overall, the average wait time for a new patient appointment was 52.9 calendar days, while the average wait time for an existing patient appointment was 41.1 calendar days. Seventy percent of new and 58 percent of existing patient appointments met this standard.
 - Average new patient appointment wait times varied among the MCOs. **ACNH**'s average wait time (44.7 calendar days) was just below the 45-calendar day appointment wait time standard. **WS**' (49.1 calendar days) and **NHFF**'s (62.6 calendar days) average wait times exceeded DHHS' appointment wait time standards.
 - Overall, 29 percent of sampled providers were not affiliated with the sampled location. Of the remaining 71% of cases that confirmed the provider was affiliated with the location, the accuracy of provider-specific information related to the provider type/specialty, gender, acceptance of new patients, non-English speaking language, primary language, and accommodation for physical disabilities was similar across MCOs. Overall, 23 percent of cases reached confirmed all seven provider-specific indicators matched the MCOs' data files, when the provider was affiliated with the location.

² The low number of locations reached and responding to the specific specialty categories should be considered when evaluating this finding.

- Two indicators had match rates below 90 percent: new patient acceptance (76 percent) and non-English speaking language (29 percent).

SFY 2022 Discrepancy Cases Findings

The accuracy of the SFY 2022 discrepancy cases continues to be low as outlined by the findings below:

- Of the 546 SFY 2022 discrepancy provider locations sampled, only 53 percent could be reached. Just under 6 percent of the sampled cases reached an incorrect phone number (i.e., disconnected, fax number, personal phone number, or nonmedical facility), indicating incorrect contact information provided by the MCOs.
- Of the locations contacted, 88 percent had the correct address, and 67 percent offered the PCP or specialty service indicated in the MCOs' files. Rates were relatively consistent across MCOs.
- Overall, approximately 56 percent of the respondent locations confirmed acceptance of the MCO. MCO acceptance rates varied slightly among MCOs. Most respondents that accepted the MCO also accepted New Hampshire Medicaid.
- No more than 41 percent of contacted locations confirmed accepting new patients.
- Overall, 34 percent of sampled providers were not affiliated with the sampled location.
 - Overall, 26 percent of cases reached confirmed all seven provider-specific indicators matched the MCOs' data files, when the provider was affiliated with the location.
 - Three indicators had match rates below 90 percent: accommodation for physical disabilities (87 percent), new patient acceptance (73 percent), and non-English speaking language (35 percent).

DHHS Recommendations

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

Summary of Findings

- Overall, the telephone survey resulted in a low response rate, with BH providers having the lowest response rate across all provider types/specialties. Furthermore, 6 percent of the sampled cases reached an incorrect phone number (i.e., disconnected, fax number, personal phone number, or nonmedical facility).
- In general, the survey results for sampled provider locations show a wide range of variation in the level of agreement between the MCOs' provider data and the information provided during the telephone survey.

- Across all indicators, callers experienced a higher level of mismatched information when calling BH provider locations to confirm services offered; MCO, Medicaid, and new patient acceptance; and provider-specific information.
- Providers identified under the physical health specialty category for allergy & immunology or gastroenterology had the highest percentage of respondents indicate the sampled location did not offer the requested services.³
- Per the MCOs' contracts with DHHS, each MCO is required to maintain provider network capacity to ensure nonurgent appointment wait times for non-symptomatic office visits (i.e., preventive care) are available within 45 calendar days. Most appointments provided were not within these standards.
- Most MCOs are not listing a secondary language for their providers and English is the only language captured. This finding impacted the low match rate for the non-English speaking provider indicator and resulted in fewer cases confirming all seven provider-specific indicators.
- The SFY 2022 discrepancy cases still show a high percentage of discrepancies.

Recommended Actions

- Since the MCOs supplied HSAG with the provider data used for the telephone survey, DHHS should send each MCO the case-level data files containing mismatched information between the MCO's data and the provider office responses and require the MCOs to address these deficiencies. Additionally, DHHS should work with the MCOs to ensure they accurately capture all required elements within the MCO data submissions (e.g., provider languages).
- HSAG recommends that each MCO conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information on all pertinent provider indicators (e.g., active providers, service address, telephone number, new patient acceptance).
- The MCOs should investigate the results of the study to identify why deficiencies appear to be higher for some specialty categories and whether deficiencies appear to be systematic or associated with the specialty category. Then, MCOs should conduct a root cause analysis to identify factors affecting compliance with appointment availability standards and provide the results to DHHS.
- In coordination with ongoing outreach and network management activities, the MCOs should review provider office procedures for ensuring appointment availability standards are being met, address questions or reeducate providers and office staff members on DHHS standards, and incorporate appointment availability standards into educational materials.
- DHHS should continue to monitor the MCOs' compliance with existing State standards for appointment availability. Additionally, DHHS should evaluate whether additional access standards or access assessments are needed to address gaps in provider availability.
- DHHS could consider requesting that each MCO supply copies of its documentation regarding the MCO's processes for monitoring and evaluating members' ability to access care in a timely manner, including both geographic access and timely access to care.

³ The low number of locations reached and responding to the specific specialty categories should be considered when evaluating this recommendation.

2. Findings

This section contains the SFY 2023 Revealed Provider Network Survey findings. HSAG stratified the findings by PCPs, physical health specialists, and BH providers for each of the three MCOs. The physical health specialists category includes eight provider types:

- Allergy & immunology
- Gastroenterology
- Obstetrics & gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology (i.e., ears, nose, and throat [ENT] specialists)
- Pulmonology
- Urology

Overall Results—All Sampled Providers

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

Survey Outcomes

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

Table 2-1—Survey Dispositions and Response Rates

MCO	Sampled Cases	Respondents	Refusals	Bad Phone Number*	Unable to Reach**	Response Rate
Overall	1,200	676	79	76	318	56.3%
ACNH	400	231	34	24	100	57.8%
PCPs	127	98	16	7	9	77.2%
Physical Health Specialists	132	90	11	12	18	68.2%
BH Providers	141	43	7	5	73	30.5%
NHHF	400	243	22	28	95	60.8%
PCPs	120	81	2	4	24	67.5%
Physical Health Specialists	125	94	9	8	11	75.2%
BH Providers	155	68	11	16	60	43.9%
WS	400	202	23	24	123	50.5%
PCPs	86	59	5	6	12	68.6%
Physical Health Specialists	141	97	11	9	18	68.8%
BH Providers	173	46	7	9	93	26.6%

* Includes reaching a disconnected number, fax number, or personal number that did not reach the sampled case number (e.g., reached a personal number or nonmedical facility).

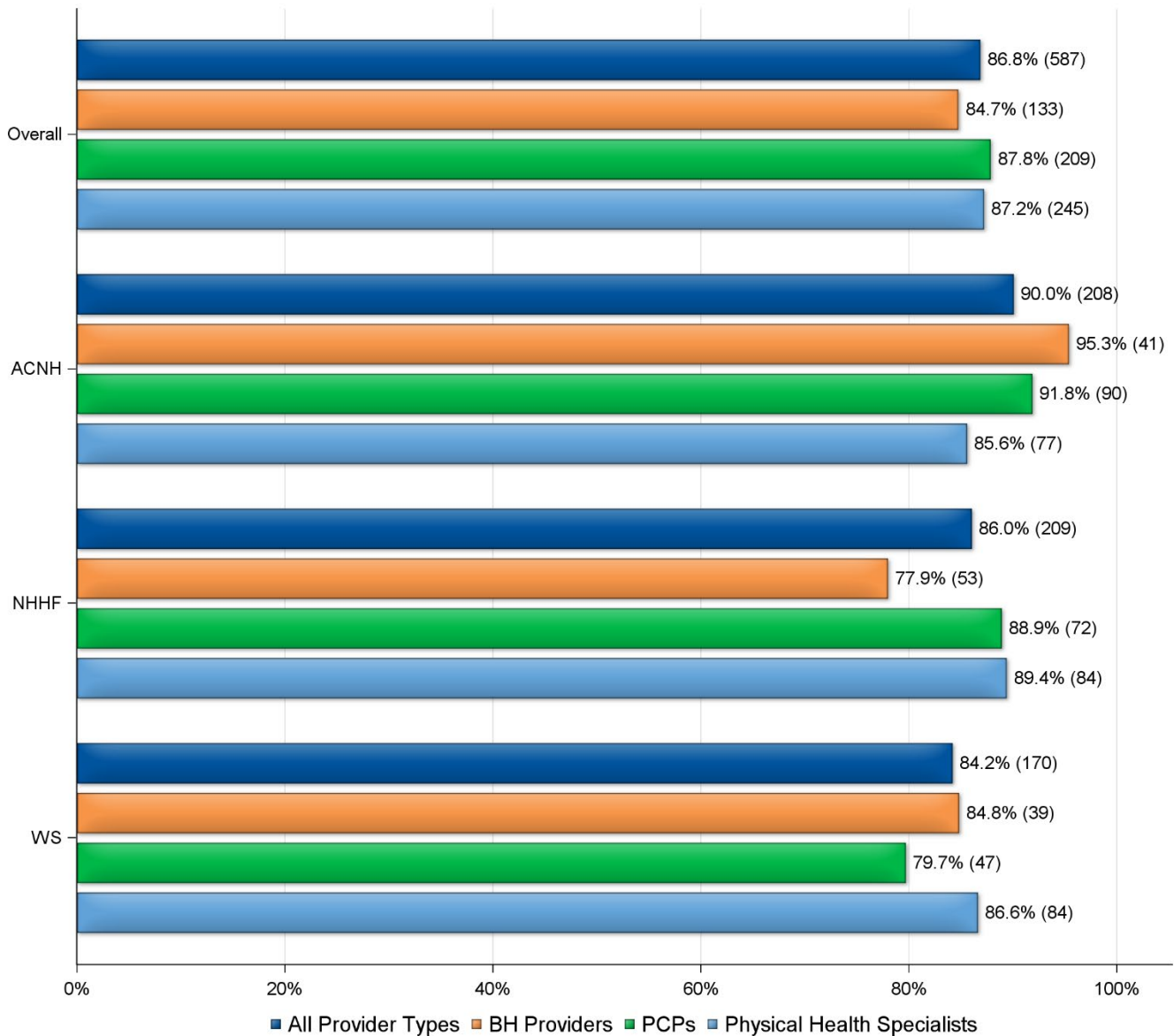
** Includes reaching a voicemail, busy signal, continuous ringing, and/or extended hold time after two attempts.

The flat file contains the complete breakdown of case dispositions and is not intended to sum across rows.

Correct Location

Figure 2-1 displays the percentage of survey respondents that reported the MCOs’ provider data reflected the correct location by MCO.

Figure 2-1—Respondents With the Correct Location by MCO (Overall)

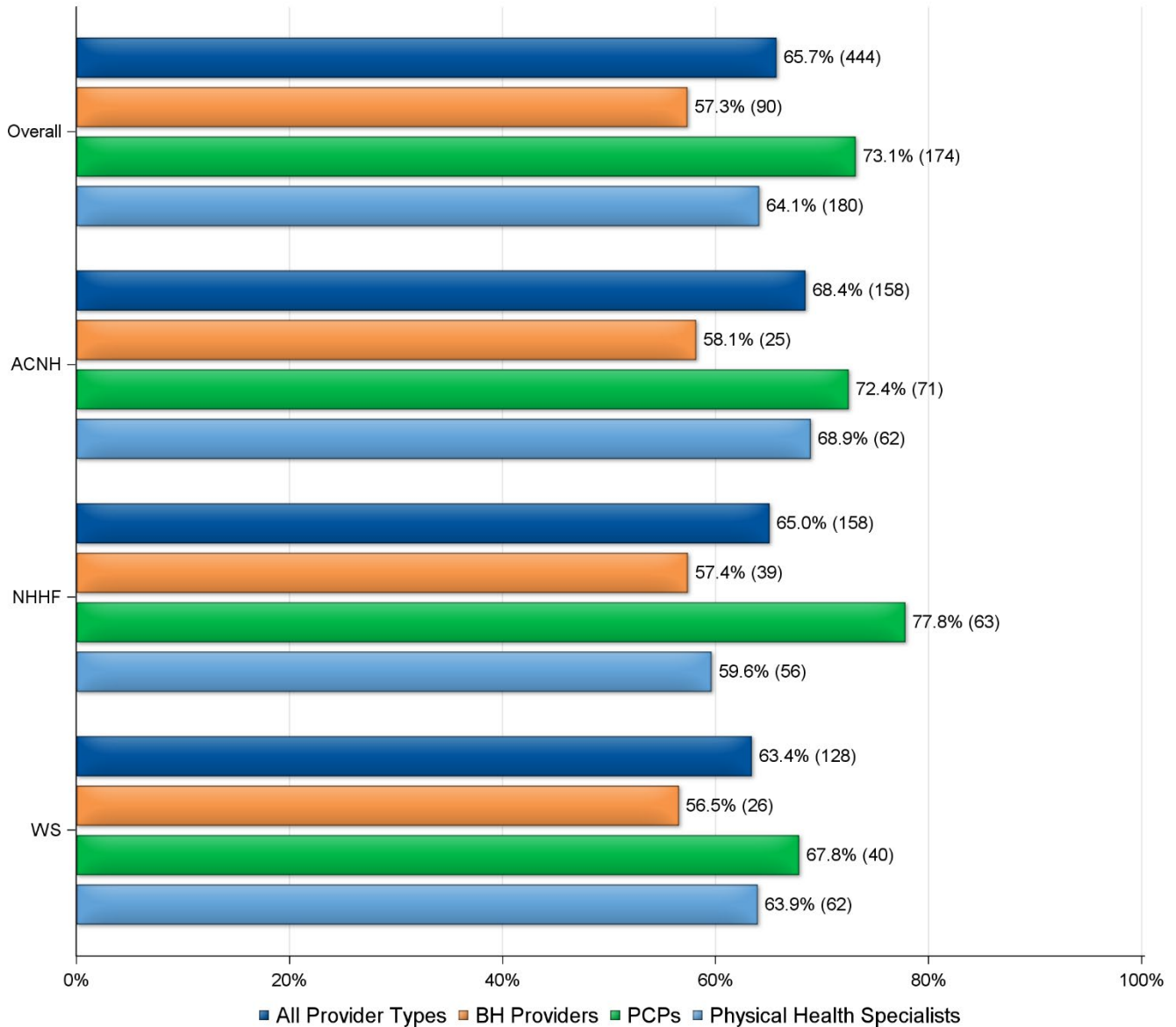


*All denominators include the count of respondents within each plan and specialty group.

Offer PCP/Specialty Services

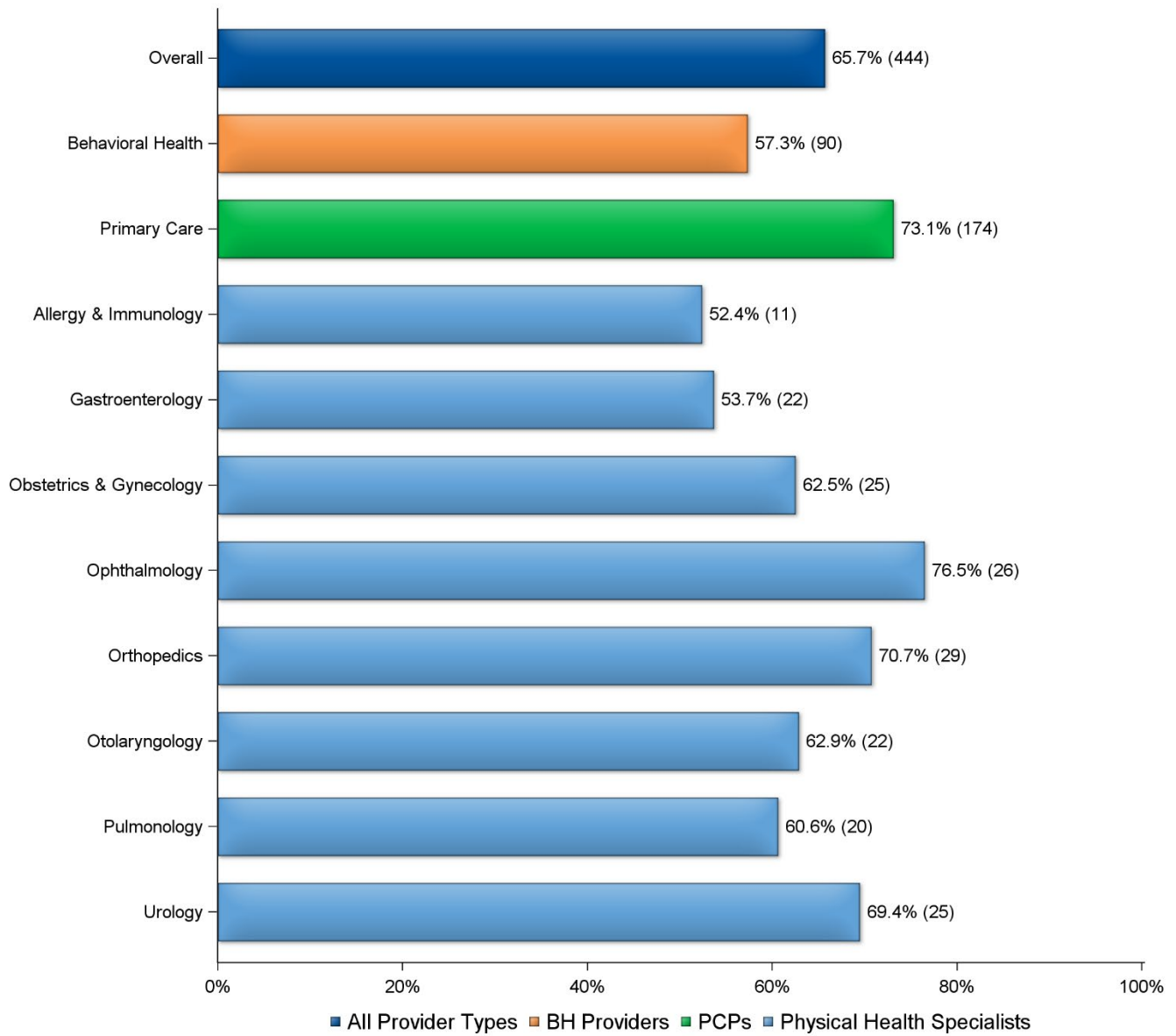
Figure 2-2 and Figure 2-3 display the percentage of cases in which the survey respondent confirmed that the sampled location offered the PCP or specialty service indicated in the MCOs' files by MCO and provider category, respectively.

Figure 2-2—Locations That Offer PCP/Specialty Services by MCO (Overall)



*All denominators include the count of respondents within each plan and specialty group.

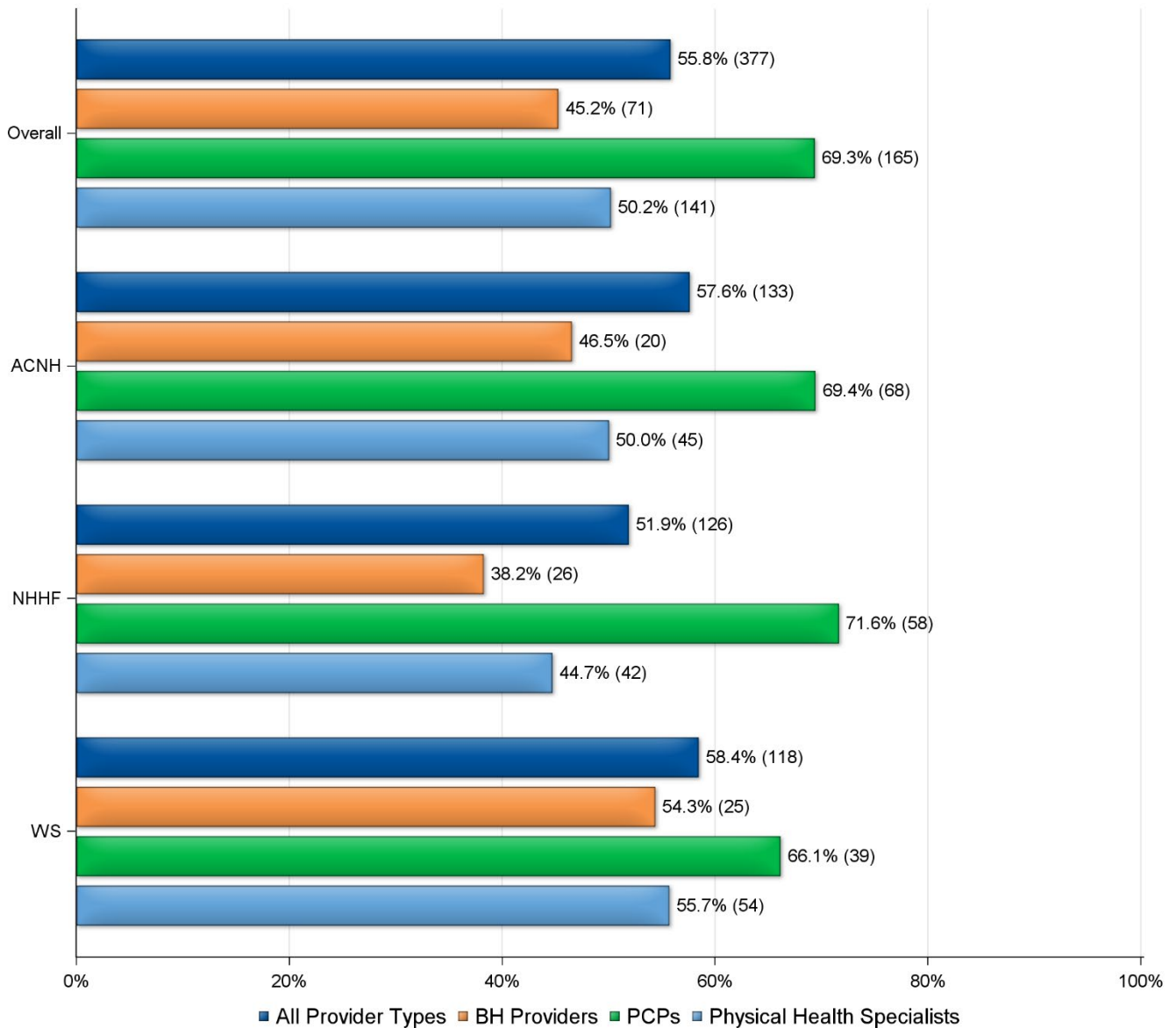
Figure 2-3—Locations That Offer PCP/Specialty Services by Provider Category (Overall)



Acceptance Rates

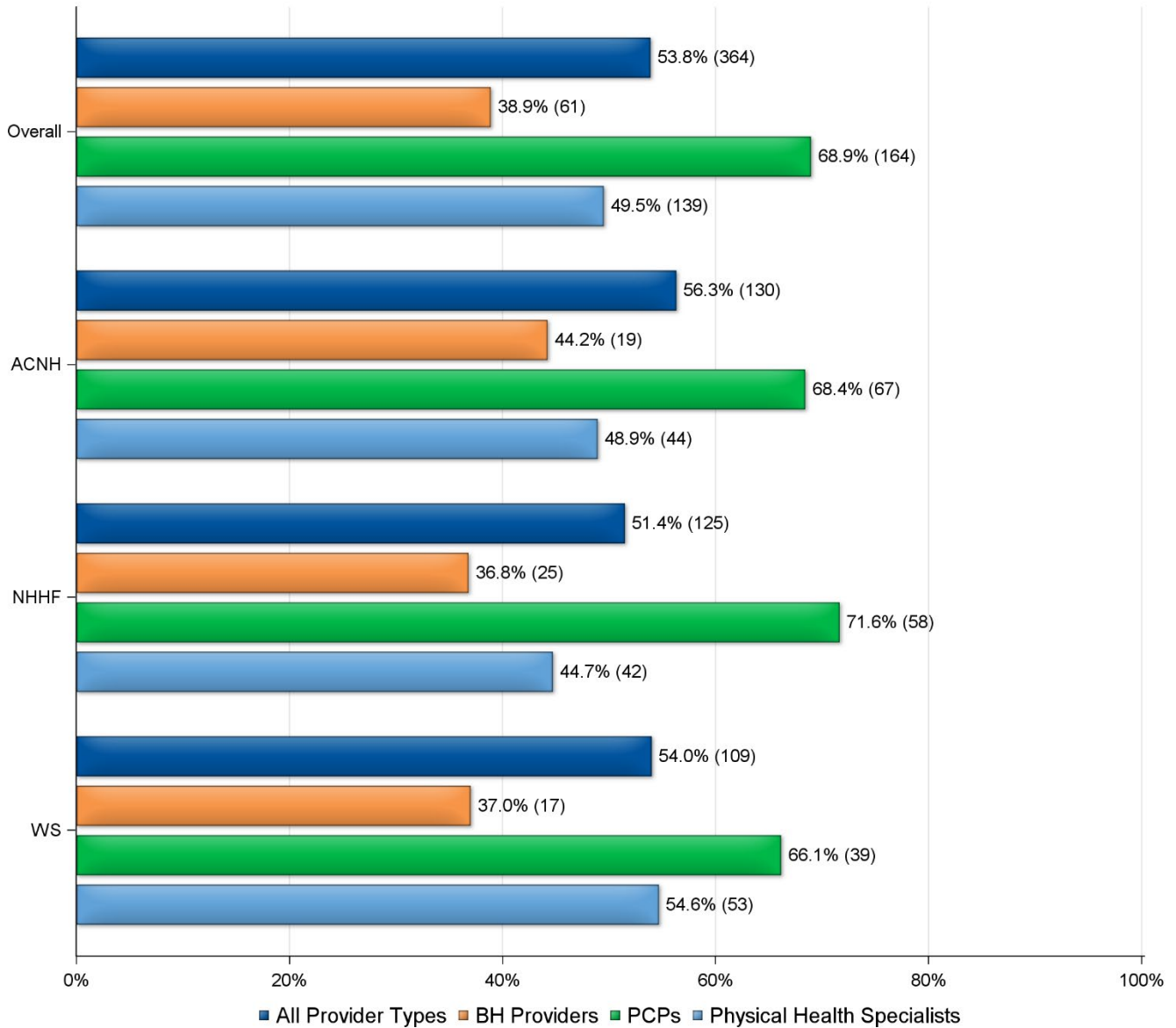
Figure 2-4, Figure 2-5, and Figure 2-6 display the percentage of cases that reported accepting the requested MCO, New Hampshire Medicaid, and new patients, respectively.

Figure 2-4—Respondents Accepting the Requested MCO



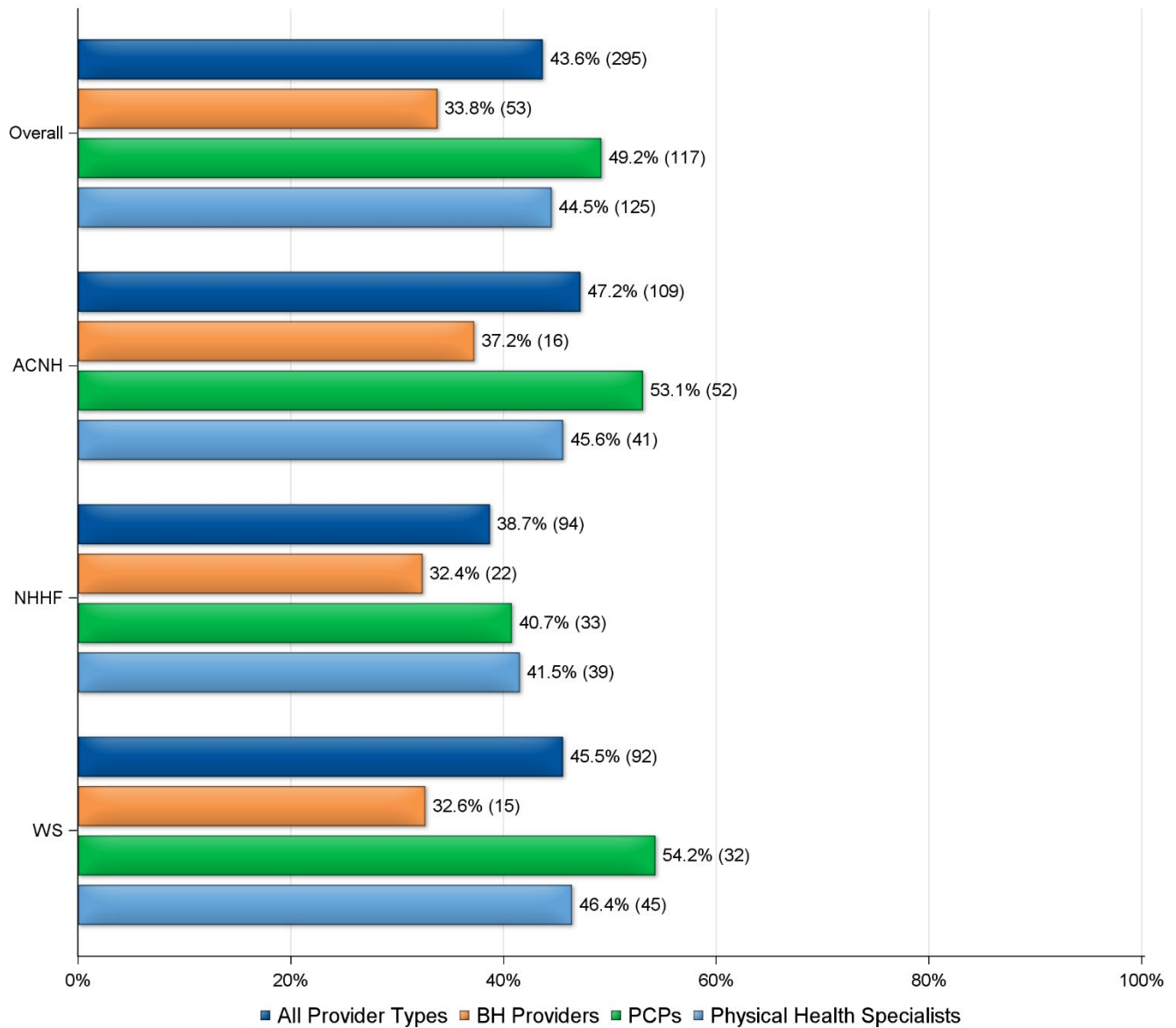
*All denominators include the count of respondents within each plan and specialty group.

Figure 2-5—Respondents Accepting New Hampshire Medicaid



*All denominators include the count of respondents within each plan and specialty group.

Figure 2-6—Respondents Accepting New Patients

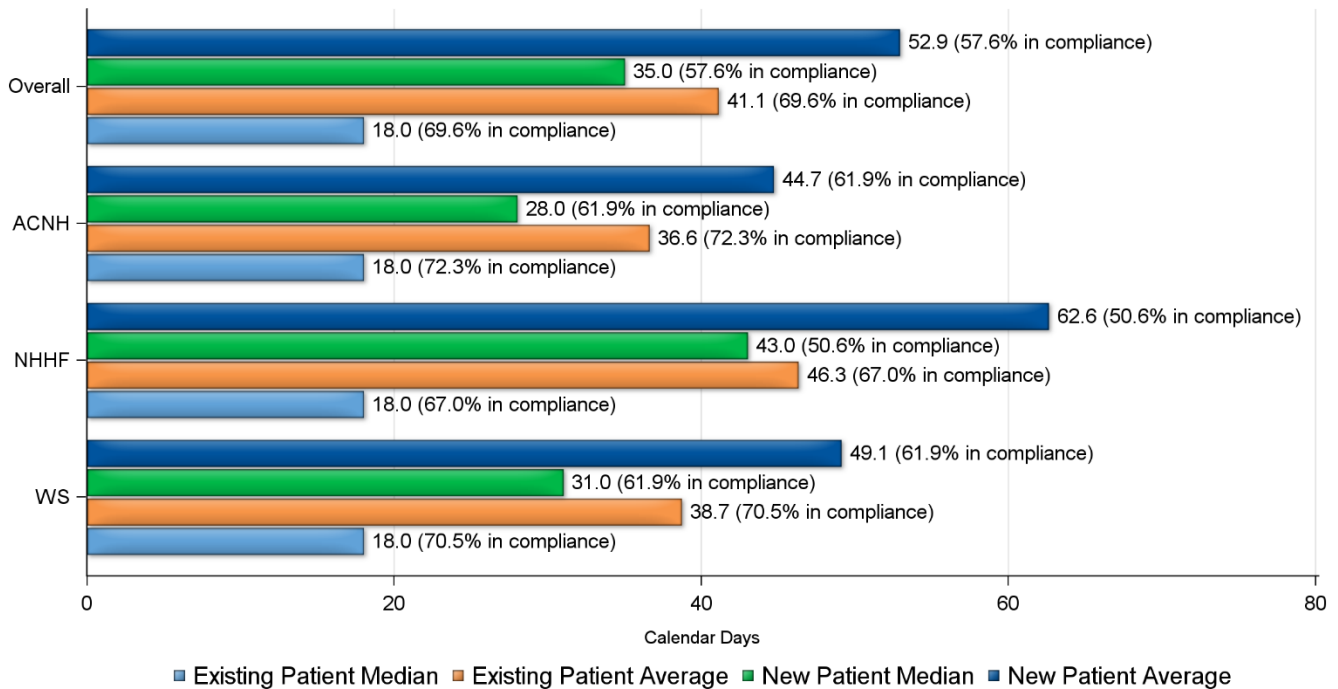


*All denominators include the count of respondents within each plan and specialty group.

Wait Times

Figure 2-7 displays the mean and median routine visit wait times for new and existing patients by MCO. Per the MCOs’ contracts with DHHS, each MCO is required to maintain provider network capacity to ensure nonurgent appointment wait times for non-symptomatic office visits (i.e., preventive care) are available within 45 calendar days.

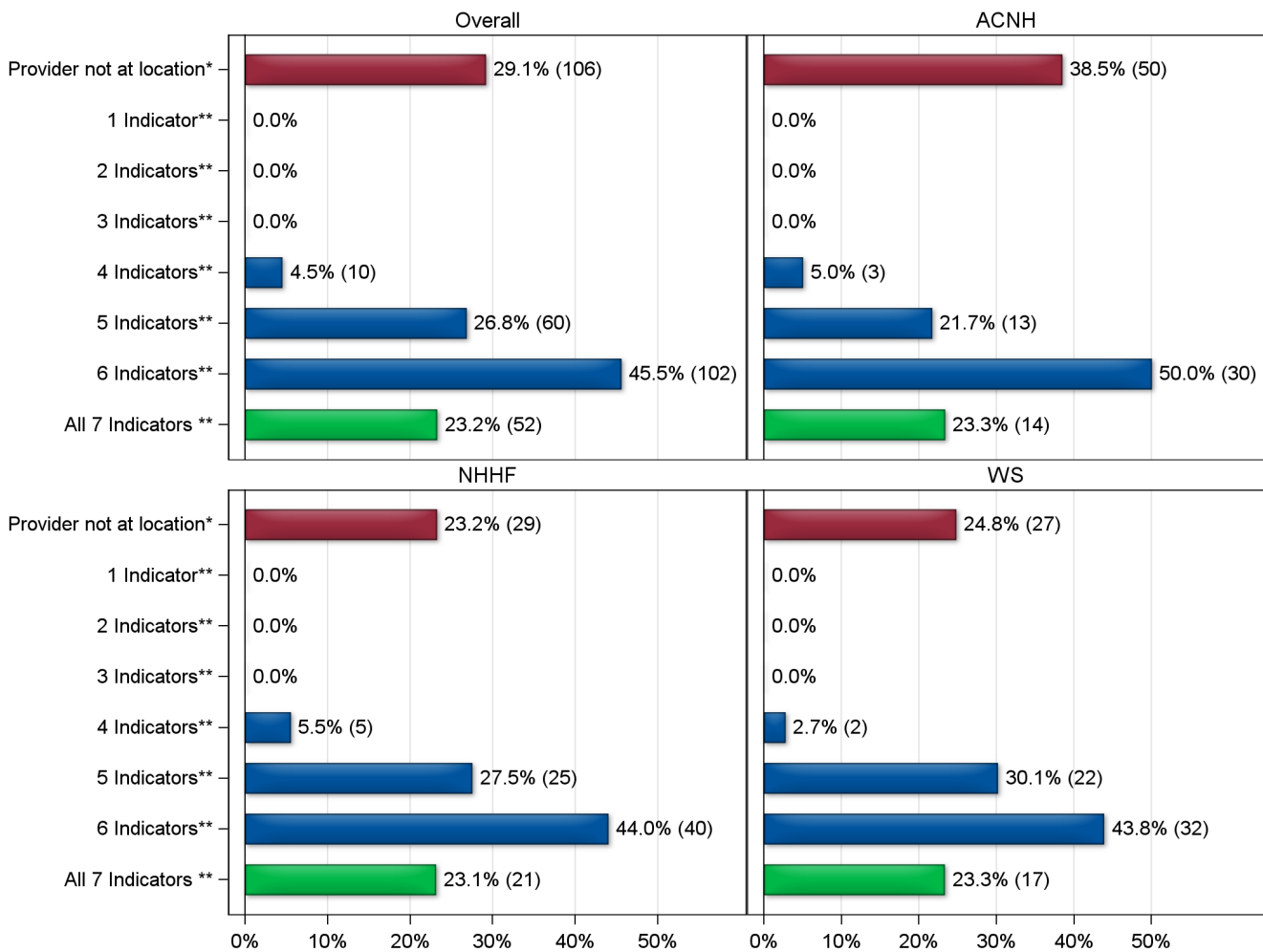
Figure 2-7—Routine Visit Wait Times



Provider-Specific Indicator Findings

Figure 2-8 and Table 2-2 display the results when the survey validated provider-specific information provided by the MCO. This included providers practicing at the location, provider type/specialty, gender, acceptance of new patients, non-English speaking language, primary language, and accommodation for physical disabilities.

Figure 2-8—Number of Matched Indicators



* Denominator includes cases accepting New Hampshire Medicaid.

** Denominator includes cases accepting New Hampshire Medicaid that confirmed the provider practices at the specified location.

Table 2-2—Match Rate by Indicator

Indicator*	Overall	ACNH	NHHF	WS
Provider at Location	61.5%	46.2%	72.8%	67.0%
Provider Type/Specialty	97.3%	100%	96.7%	95.9%
Gender	98.7%	100%	98.9%	97.3%
Acceptance of New Patients	75.9%	81.7%	68.1%	80.8%
Non-English Speaking Language	28.6%	26.7%	29.7%	28.8%
Primary Language	96.0%	93.3%	96.7%	97.3%
Accommodation for Physical Disabilities	91.1%	90.0%	94.5%	87.7%

* Provider type/specialty, gender, acceptance of new patients, non-English speaking language, primary language, and accommodation for physical disabilities were only assessed for those providers at the location.

SFY 2022 Discrepancy Cases

This section presents the results from the telephone survey of the resampled SFY 2022 discrepancy cases. Detailed results for each MCO are shown in appendices C, D, and E.

Survey Outcomes

Table 2-3 illustrates the survey dispositions and response rates by MCO.

Table 2-3—Survey Dispositions and Response Rates

MCO	Sampled Cases	Respondents	Refusals	Bad Phone Number*	Unable to Reach**	Response Rate
Overall	546	291	34	31	154	53.3%
ACNH	211	122	17	16	47	57.8%
NHHF	124	65	3	8	43	52.4%
WS	211	104	14	7	64	49.3%

* Includes reaching a disconnected number, fax number, or number that did not reach the sampled case number (e.g., reached a personal number of nonmedical facility).

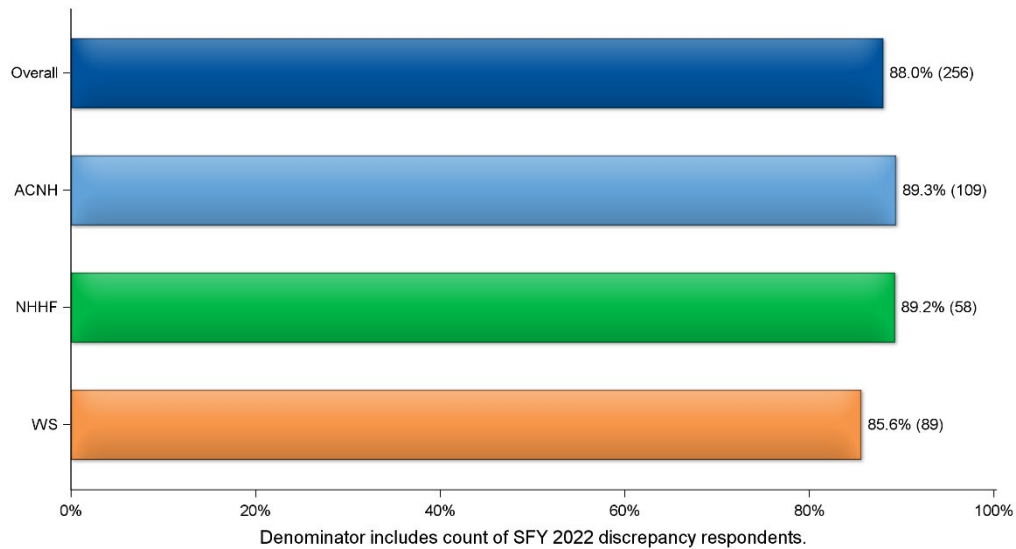
** Includes reaching a voicemail, busy signal, continuous ringing, and/or extended hold time after two attempts.

The flat file contains the complete breakdown of case dispositions and is not intended to sum across rows.

Correct Location

Figure 2-9 displays the percentage of survey respondents that reported the MCOs' provider data reflected the correct location by MCO.

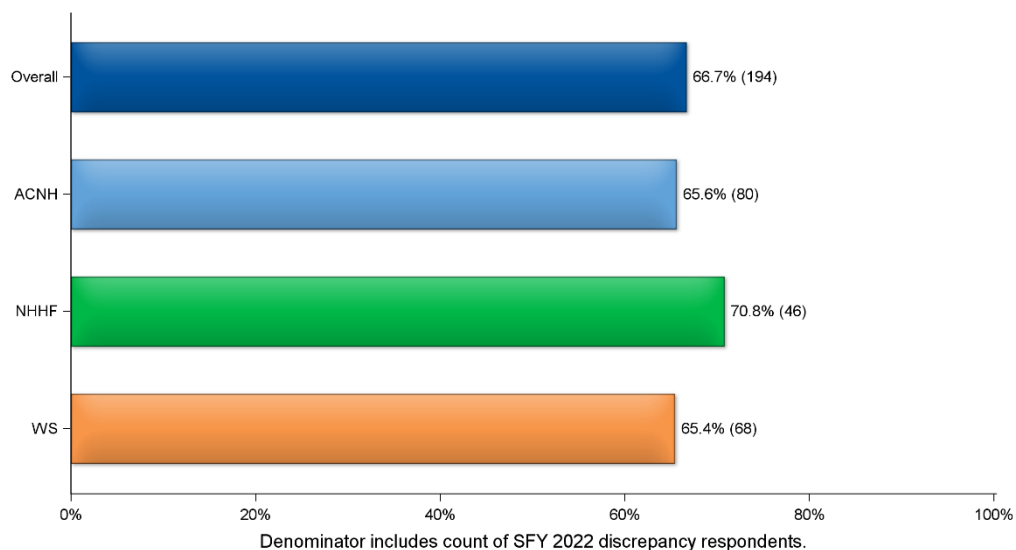
Figure 2-9—Respondents With the Correct Location by MCO



Offer PCP/Specialty Services

Figure 2-10 displays the percentage of cases in which the survey respondent confirmed that the sampled location offered the PCP or specialty service indicated in the MCOs' files by MCO.

Figure 2-10—Locations That Offer PCP/Specialty Services by MCO



Acceptance Rates

Figure 2-11, Figure 2-12, and Figure 2-13 display the percentage of cases that reported accepting the requested MCO, New Hampshire Medicaid, and new patients, respectively.

Figure 2-11—Respondents Accepting the Requested MCO

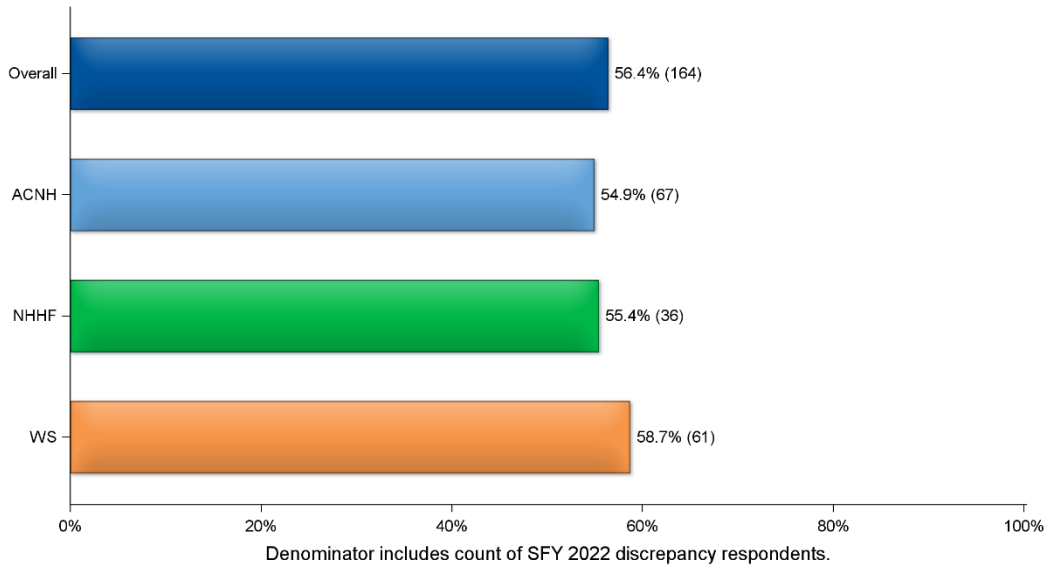


Figure 2-12—Respondents Accepting New Hampshire Medicaid

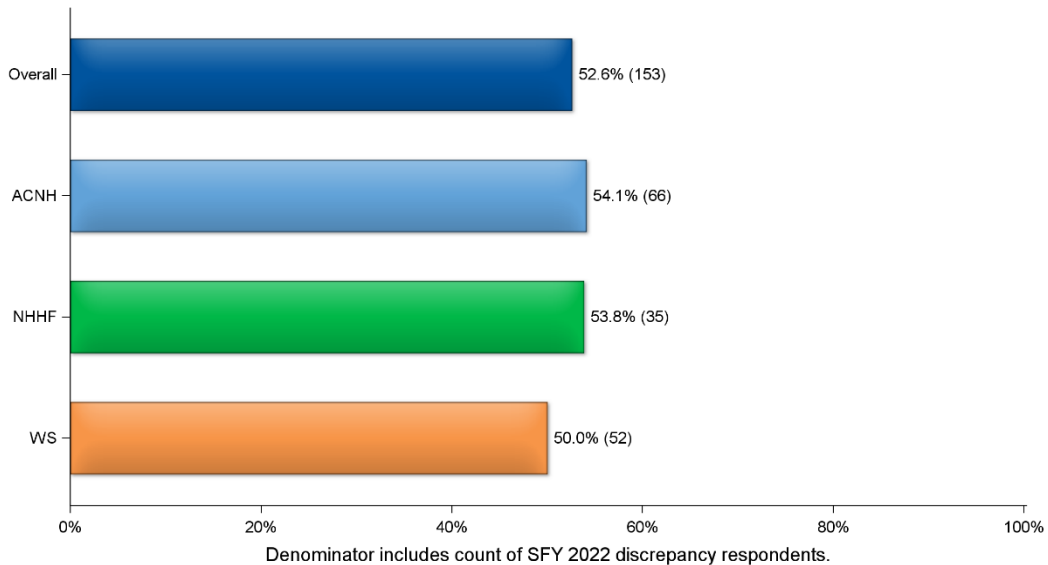
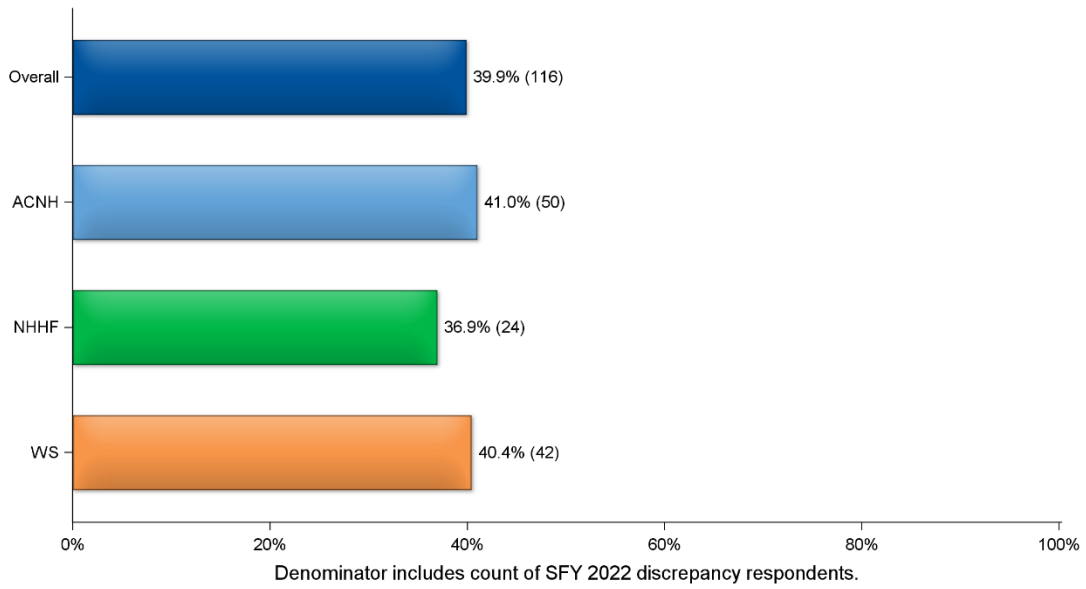


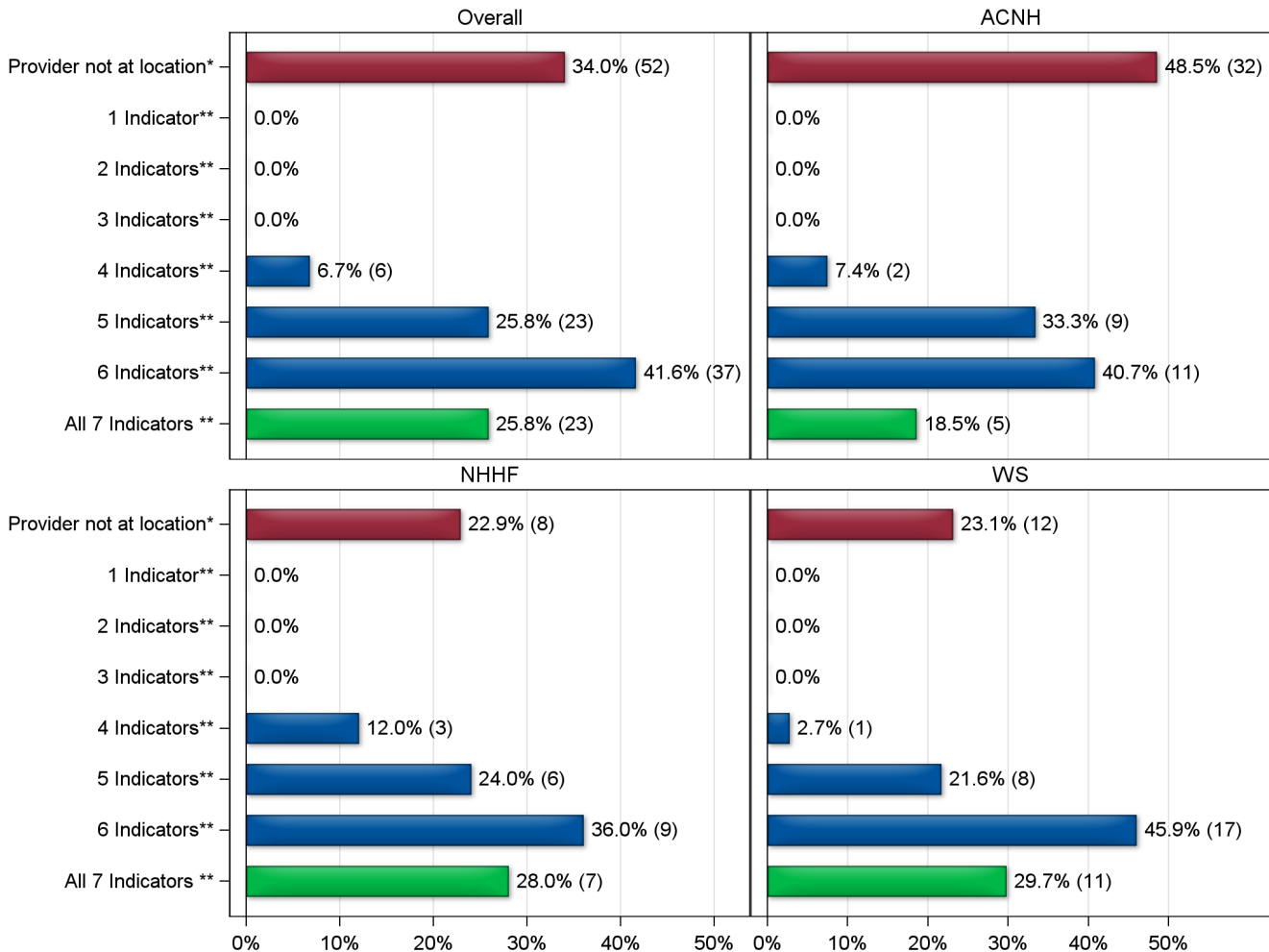
Figure 2-13—Respondents Accepting New Patients



Provider-Specific Indicator Findings

Figure 2-14 and Table 2-4 display the results when the survey validated provider-specific information related to the provider practicing at location, provider type/specialty, gender, acceptance of new patients, non-English speaking language, primary language, and accommodation for physical disabilities.

Figure 2-14—Number of Matched Indicators



* Denominator includes cases accepting New Hampshire Medicaid.

** Denominator includes cases accepting New Hampshire Medicaid that confirmed the provider practices at the specified location.

Table 2-4—Match Rate by Indicator

Indicator*	Overall	ACNH	NHHF	WS
Provider at Location	58.2%	40.9%	71.4%	71.2%
Provider Type/Specialty	97.8%	100%	96.0%	97.3%
Gender	97.8%	100%	96.0%	97.3%
Acceptance of New Patients	73.0%	66.7%	64.0%	83.8%
Non-English Speaking Language	34.8%	25.9%	40.0%	37.8%
Primary Language	96.6%	96.3%	96.0%	97.3%
Accommodation for Physical Disabilities	86.5%	81.5%	88.0%	89.2%

* Provider type/specialty, gender, acceptance of new patients, non-English speaking language, primary language, and accommodation for physical disabilities were only assessed for those providers at the location.

Study Limitations

Various factors associated with the SFY 2023 Revealed Provider Network Survey may affect the validity or interpretation of the results presented in this report when generalizing telephone survey findings to the MCOs' provider data, including, but not limited to, the following analytic considerations:

- HSAG received the provider data from the MCOs in February and March 2023 and conducted survey calls between April 17, 2023, and May 23, 2023. In this time period, it is possible that the provider data submitted by the MCOs could have changed. This limitation would most likely affect the match rates for indicators with the potential for short-term changes (e.g., the provider's address, telephone number, or new patient acceptance status). For example, it is possible that a provider was accepting new patients when the MCO submitted the provider data to HSAG but was no longer accepting new patients when HSAG called for the telephone survey. This would result in a lower match rate for this indicator.
- HSAG compiled survey findings from self-reported responses supplied to HSAG's callers by provider office personnel. As such, survey responses may vary from information obtained at other times or using other methods of communication (e.g., compared to the MCO's online provider directory or speaking to a different representative at the provider's office).
 - 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).
- 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, 8.5 percent, 5.5 percent, and 5.8 percent of **ACNH**'s, **NHHF**'s, and **WS**' locations declined to participate in the survey, respectively.
- The MCOs must ensure that members have access to a provider within the contract standards, rather than requiring that each individual provider offer appointments within the defined time frames. As such, a lack of compliance with appointment availability standards by individual provider locations should be considered in the context of the MCOs' processes for aiding members who require timely appointments.
- HSAG only accepted appointments at the sampled location and counted cases as being unable to offer an appointment if the survey respondent offered an appointment at a different location. As such, survey results may underrepresent timely appointments for situations in which Medicaid members are willing travel to an alternate location.

DHHS Recommendations

Based on the findings in this report and the accompanying case-level data files, please see the DHHS Recommendations section of the Executive Summary for HSAG's recommendations for DHHS to evaluate and address potential MCO data quality and/or access to care concerns.

MCO Recommendations

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

ACNH

- **ACNH** had an overall response rate of 58 percent; however, rates varied drastically by provider type/specialty with 77 percent of PCPs, 68 percent of physical health specialists, and 31 percent of BH providers responding to the survey. **ACNH** should consider review of the processes used to ensure that it updates and maintains provider data in an accurate and timely manner.
- Among **ACNH**'s contacted locations, only 58 percent of the BH respondents indicated the location offered the requested services. **ACNH** should consider reviewing its methods for acquiring and maintaining this specialty information to allow members a greater likelihood of reaching a location that provides needed services.
- Overall, only 58 percent of **ACNH**'s contacted locations indicated acceptance of **ACNH**. **ACNH** should consider review of the processes used to ensure that it updates and maintains provider data in an accurate and timely manner. Additionally, **ACNH** should conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information regarding insurance information for the provider location.
- Only 47 percent of **ACNH**'s respondent locations indicated acceptance of new patients. New patient acceptance varied greatly by provider type/specialty: 37 percent for BH providers, 47 percent for physical health specialists, and 53 percent for PCPs. **ACNH** should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to **ACNH** membership to determine whether additional provider contracts should be executed.
- Among **ACNH**'s respondent cases accepting New Hampshire Medicaid, 39 percent indicated the sampled provider was no longer affiliated with the location. **ACNH** should consider reviewing its methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.

NHHF

- **NHHF** had an overall response rate of 61 percent; however, rates varied drastically by provider type/specialty with 68 percent of PCPs, 75 percent of physical health specialists, and 44 percent of BH providers responding to the survey. **NHHF** should consider review of the processes used to ensure that it updates and maintains provider data in an accurate and timely manner.
- Among **NHHF**'s contacted locations, only 57 percent of the BH respondents indicated the location offered the requested services. **NHHF** should consider reviewing its methods for acquiring and maintaining this specialty information to allow members a greater likelihood of reaching a location that provides needed services.
- Overall, only 52 percent of **NHHF**'s contacted locations indicated acceptance of **NHHF**. **NHHF** should consider review of the processes used to ensure that it updates and maintains provider data in an accurate and timely manner. Additionally, **NHHF** should conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information regarding insurance information for the provider location.
- Only 39 percent of **NHHF**'s respondent locations indicated acceptance of new patients. New patient acceptance varied by provider type/specialty: 32 percent for BH providers, 42 percent for physical health specialists, and 41 percent for PCPs. **NHHF** should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to **NHHF** membership to determine whether additional provider contracts should be executed.
- The average appointment wait time for new **NHHF** members was 63 calendar days, while existing patients had a wait time of 46 calendar days. Both new and existing patients experienced wait times that exceeded DHHS' contract standard of 45 calendar days. **NHHF** should consider reviewing the appointment wait time standards with its contracted providers and identifying whether additional provider capacity is necessary to reduce overall wait times to a shorter time period.
- Among **NHHF**'s respondent cases accepting New Hampshire Medicaid, 23 percent indicated the sampled provider was no longer affiliated with the location. **NHHF** should consider reviewing its methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.

WS

- **WS** had an overall response rate of 51 percent; however, rates varied drastically by provider type/specialty with 69 percent of PCPs, 69 percent of physical health specialists, and 27 percent of BH providers responding to the survey. **WS** should consider review of the processes used to ensure that it updates and maintains provider data in an accurate and timely manner.
- Among **WS**' contacted locations, only 57 percent of the BH respondents indicated the location offered the requested services. **WS** should consider reviewing its methods for acquiring and maintaining this specialty information to allow members a greater likelihood of reaching a location that provides needed services.

- Overall, only 58 percent of **WS**' contacted locations indicated acceptance of **WS**. **WS** should consider review of the processes used to ensure that it updates and maintains provider data in an accurate and timely manner. Additionally, **WS** should conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information regarding insurance information for the provider location.
- Only 46 percent of **WS**' respondent locations indicated acceptance of new patients. New patient acceptance varied greatly by provider type/specialty: 33 percent for BH providers, 46 percent for physical health specialists, and 54 percent for PCPs. **WS** should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to **WS** membership to determine whether additional provider contracts should be executed.
- The average appointment wait time for new **WS** members was 49 calendar days, which exceeded DHHS' contract standard of 45 calendar days. **WS** should consider reviewing the appointment wait time standards with its contracted providers and identifying whether additional provider capacity is necessary to reduce overall wait times to a shorter time period.
- Among **WS**' respondent cases accepting New Hampshire Medicaid, 25 percent indicated the sampled provider was no longer affiliated with the location. **WS** should consider reviewing its methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.

Study Design

HSAG identified two types of cases:

1. Cases with identified discrepancies from the SFY 2022 NVS study
2. A new sample of SFY 2023 cases

Up to 400 cases were selected per MCO. Table A-1 outlines the sample sizes by case type.

Table A-1—Sample Sizes

MCO	SFY 2022 Discrepancy Cases	New SFY 2023 Cases	Total
ACNH	211	189	400
NHHF	124	276	400
WS	211	189	400

HSAG resurveyed all SFY 2022 discrepancy^{A-1} cases unless the provider was no longer contracted with the MCO, in which the case was removed and replaced with a new SFY 2023 case.

For the new SFY 2023 cases, HSAG generated a list of provider locations (i.e., cases). In order to reduce respondent burden, HSAG selected the sample so that no more than one provider per phone number was selected, where possible. Furthermore, HSAG selected only one provider per location (i.e., address). To reduce the likelihood of sampling the same provider locations within and 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 study population; provider records requiring address standardization remained in the eligible population. HSAG retained the original provider address data values for locations where potential CASS address changes may have impacted data validity (e.g., the address is standardized to a different city or county). HSAG included out-of-state offices for providers located in Maine, Massachusetts, and Vermont in the study. HSAG excluded records for providers who cover services at a specified location rather than accepting appointments to see patients at the location included in the study.

HSAG equally divided the new SFY 2023 cases among the following provider categories:

- PCPs
- Physical health specialists^{A-2}—evenly divided to select the same number of providers from each specialty category
- BH providers

^{A-1} HSAG identified a case as a discrepancy case during the SFY 2022 survey if the information between the MCO’s provider directory did not align with the information obtained when calling the provider’s office.

^{A-2} The survey included the following physical health specialty categories: allergists & immunologists, gastroenterologists, obstetricians/gynecologists (OB/GYNs), ophthalmologists, orthopedists, otolaryngologists (ENT specialists), pulmonologists, and urologists.

Data Collection

Using a DHHS-approved data request document, each MCO submitted its online provider data files to HSAG. At a minimum, the data elements requested from the MCOs for each provider included: provider name, Medicaid ID, national provider identifier (NPI) number, provider specialty (e.g., primary care, gastroenterology, psychology), physical (practice) address, telephone number, provider taxonomy code, gender, new patient acceptance, primary and secondary languages, and accommodations for patients with physical disabilities.

Upon receipt of the MCOs' data files, HSAG assessed the data to ensure alignment with the requested data file format, data field contents, and logical consistency between data elements. HSAG also assessed the distribution of provider specialty data values present in each MCO's data to determine which data values were attributed to each provider category.

Data Abstraction Process

Interviewers underwent project-specific training with a dedicated HSAG analytics manager to standardize how data were recorded in a web-based data collection tool. The data collection tool pre-populated information from the MCOs' provider data files and controlled skip logic between study indicators (e.g., if the provider could not be contacted, the survey ended).

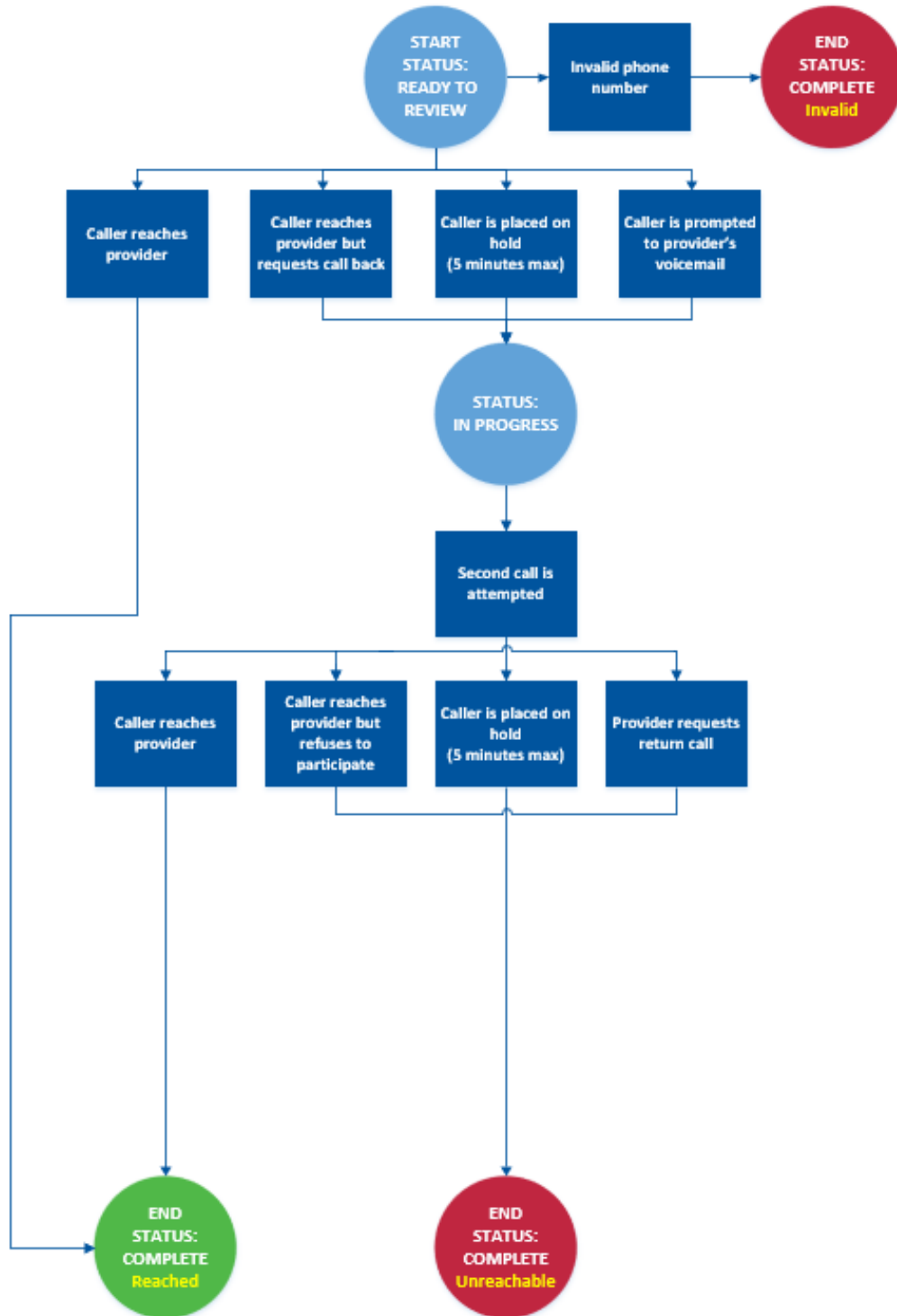
Study Indicators

The goal of the telephone survey was to determine if the information in the MCOs' provider data is supported by information supplied when speaking to the provider location. Additionally, survey calls requested information to determine the extent to which timely appointments for routine care were available to Medicaid members.

Interviewers contacted the providers and collected survey responses using a standardized script approved by DHHS (Appendix B). HSAG instructed interviewers not to schedule actual appointments. HSAG's interviewers made two attempts to contact each survey case during standard business hours (i.e., 9 a.m. to 5 p.m. Eastern Standard Time). If the interviewer was put on hold at any point during the call, he or she waited on hold for five minutes before ending the call. If an answering service or voicemail answered a call attempt during normal business hours, the interviewer 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 connected to a fax line or a message that the number was no longer in service).
- Telephone number connected to an individual or business unrelated to a medical practice or facility.
- Office personnel refused to participate in the survey.
- The interviewer was unable to speak with office personnel during either call attempt (e.g., the call went to voicemail or call center that prevented the interviewer from speaking with office staff).

The following diagram outlines the process for determining whether the location could be contacted.



Based on the survey script elements presented in Appendix B, HSAG classified study indicators into domains that consider provider data accuracy and appointment availability by MCO. HSAG evaluated provider data accuracy based on survey responses. In general, matched information received a “Yes” response, and non-matched information received a “No” response.^{A-3} For data collected on the first available appointment, HSAG calculated the average wait time based on call date and earliest appointment date.

HSAG collected the following information pertaining to provider data accuracy:

- Telephone number
- Address
- Provider location’s identification as offering services for the designated provider category
- Affiliation with the requested MCO
- Accuracy of accepting Medicaid
- Accuracy of the information for the sampled provider:
 - Affiliated with sampled location
 - Offering requested services
 - Accepting new patients
 - Gender
 - Primary language
 - Alternate languages (including American Sign Language)
 - Accommodations for physical disabilities

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

- Information concerning whether the provider location was accepting new patients.
- Next available appointment date with any practitioner at the sampled location for a new or existing patient with a nonurgent or routine issue (i.e., two appointment scenarios).
- Any limitations to accepting new patients or scheduling an appointment. Limitations included, but were not limited to:
 - Location requires a review of the member’s medical records prior to offering an appointment.
 - Location for specialists requires the member to have a referral from a PCP prior to offering an appointment.
 - Location requires registration with the practice prior to offering an appointment.
 - Location requires verification of the member’s Medicaid eligibility prior to offering an appointment.

^{A-3} Callers could not confirm two provider indicators, one for each of two cases that were missing values in the gender and language fields. These were not counted as matches.

HSAG’s Network Survey Team

HSAG assembled its revealed provider network survey team based on the full complement of skills required for the design and implementation of the SFY 2023 Revealed Provider Network Survey. Table A-2 lists the key team members, their roles, and relevant skills and expertise.

Table A-2—Key HSAG Team Members for the SFY 2023 Revealed Provider Network Survey

Name/Role	Skills and Expertise
<p>Amber Saldivar, MHSM <i>Executive Director, Data Science & Advanced Analytics (DSAA)</i></p>	<p>Ms. Saldivar has more than 17 years of experience in the healthcare industry, with expertise in research, analysis, and reporting. Ms. Saldivar also has expertise in survey analytic activities, including Consumer Assessment of Healthcare Providers and Systems (CAHPS®),^{A-4} quality of life, provider, and network validation surveys. She has assisted state Medicaid agencies, health plans, and the Centers for Medicare & Medicaid Services with various survey administration and reporting activities.</p>
<p>Lacey Hinton, AAS, RN <i>Analytics Manager II, DSAA</i></p>	<p>Ms. Hinton has more than 11 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 11 years and has been involved in EQR services in New Hampshire since 2015.</p>
<p>Brittany McNickle, MPH, CPH <i>Senior Analytics Coordinator, DSAA</i></p>	<p>Ms. McNickle has approximately three years of healthcare experience managing caseloads, utilization review, pay for performance (P4P) initiatives, and coordinating analytic CAHPS activities. Ms. McNickle has been employed by HSAG for just over a year and has been involved in coordinating and supporting analytic activities for various CAHPS and network validation surveys.</p>
<p>Stella Veazey, MS <i>Analyst II, DSAA</i></p>	<p>Ms. Veazey has been involved in revealed and secret shopper network adequacy surveys at HSAG for nearly two years. She has additionally worked on encounter data validation and time-distance network analyses. Prior to her time at HSAG, she worked on clinical trial data, evaluating causal methods, and the qualitative assessment of substance use intervention programs.</p>
<p>Xitao Xie, MS <i>Analyst III, DSAA</i></p>	<p>Ms. Xie has more than six years of experience manipulating and analyzing large datasets using SAS. In her current role, she provides analytic development work for several CAHPS and network validation survey projects. She also assists with developing survey instruments and survey methodologies, analyzes and validates survey data, and generates reports.</p>

^{A-4} CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Physical Health Provider Specialty Data Values by MCO

Table A-3 presents the original provider specialty descriptions identified from each Medicaid MCO’s data, as well as the physical health specialty category to which the MCOs’ data were assigned for this survey.

Table A-3—Potential Physical Health Provider Specialty Data Values by Specialty Category

Physical Health Specialty Category	Potential Provider Specialty Data Values Shown in MCO Data
Allergists & Immunologists	Allergy Allergy & Immunology Pediatric Allergy & Immunology
Gastroenterologists	Gastroenterology Pediatric Gastroenterology
Obstetricians & Gynecologists	OB/GYN Gynecology Maternal & Fetal Medicine Midwife, Certified Midwife, Lay (Non-nurse) Obstetrics & Gynecology Women’s Health Care Nurse Practitioner
Ophthalmologists	Ophthalmology
Orthopedists	Orthopedics Orthopedic Surgery
Otolaryngologists (ENT)	ENT (Otolaryngology) Otolaryngology Pediatric Otolaryngology
Pulmonologists	Pulmonology Pulmonary Medicine Pediatric Pulmonology
Urologists	Urology Pediatric Urology

Appendix B. Provider Network Telephone Survey Script

Survey Script

This script guided interviewers in gathering information for this survey.

1. Call the office.

Note: If telephone number is disconnected, reaches a fax line, etc., the survey will end, and the case is considered a non-respondent (i.e., an invalid telephone number).

2. Hello, my name is << Interviewer's First Name >>, and I am calling on behalf of the New Hampshire Department of Health and Human Services to ask about appointment availability and office information. I'm trying to reach the number for <<street name >> location. Are you at that location?

If yes, move to Element #3.

If no and no alternate contact phone number is offered, move to Element #17 to end the survey.

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

If yes, move to Element #4.

If no and no alternate contact phone number is offered, move to Element #17 to end the survey.

4. Does your office see patients for <<provider category >>?

If yes, move to Element #5.

If no, move to Element #17 to end the survey.

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

If yes, move to Element #6.

If no, move to Element #17 to end the survey.

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

If yes, move to Element #7.

If no, move to Element #17 to end the survey.

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

If yes, move to Element #8.

If no, move to Element #9 to ask about appointment availability for an existing patient with the sampled MCO.

8. When is the next available appointment at this location for a non-urgent or routine visit for a **new** patient with <<MCO>>?
Document the appointment date and move to Element #9. The interviewer will capture any information offered regarding barriers to scheduling.
9. When is the next available appointment at this location for a non-urgent issue for an **existing** patient with <<MCO>>?
Document the appointment date and move to Element #10. The interviewer will capture any information offered regarding barriers to scheduling.
10. Can you confirm whether <<provider's first and last name>> practices at this location?
*If yes, move to Element #11.
If no, move to Element #17 to end the survey.*
11. Does <<provider's first and last name>> practice <<provider category>> at this location?
Document the response and move to Element #12.
12. Is <<provider's first and last name>> currently accepting new patients?
Document the response and move to Element #13.
13. Can you confirm that <<provider's first and last name>> is <<gender>>?
Document the response and move to Element #14.
14. Can you confirm that <<provider's first and last name>>'s primary language is <<primary language>>?
Document the response. Continue to Element #15.
15. Does <<provider's first and last name>> speak with patients in any other languages, including American Sign Language?
Document the response. Continue to Element #16.
16. Does <<provider's first and last name>> provide accommodations to patients with physical disabilities?
Document the response. Continue to Element #17.
17. Those are all of my questions. Thank you for your time and participation in this survey.

Appendix C. Detailed Provider Network Survey Findings—ACNH

This appendix presents the provider network survey results for all sampled providers by specialty category. Table C-1 summarizes the survey response rates for all MCOs and **ACNH**.

Table C-1—Survey Response Rates—ACNH

Specialty Category	Total Cases	Respondents	Response Rate
Behavioral Health	141	43	30.5%
Primary Care	127	98	77.2%
Allergy & Immunology	11	9	81.8%
Gastroenterology	20	12	60.0%
Obstetrics & Gynecology	20	12	60.0%
Ophthalmology	13	11	84.6%
Orthopedics	18	13	72.2%
Otolaryngology	15	8	53.3%
Pulmonology	16	12	75.0%
Urology	19	13	68.4%
ACNH Total	400	231	57.8%
Overall Total	1,200	676	56.3%

Table C-2 summarizes the number of respondent cases that reported accepting the MCO, New Hampshire Medicaid, and new patients for all MCOs and ACNH.

Table C-2—MCO, New Hampshire Medicaid, and New Patient Acceptance Rates—ACNH

Specialty Category	Respondents	Accepting MCO		Accepting Medicaid		Accepting New Patients	
		Accepting MCO	Rate (%)	Accepting Medicaid	Rate (%)	Accepting New Patients	Rate (%)
Behavioral Health	43	20	46.5%	19	44.2%	16	37.2%
Primary Care	98	68	69.4%	67	68.4%	52	53.1%
Allergy & Immunology	9	4	44.4%	3	33.3%	3	33.3%
Gastroenterology	12	5	41.7%	5	41.7%	5	41.7%
Obstetrics & Gynecology	12	8	66.7%	8	66.7%	7	58.3%
Ophthalmology	11	2	18.2%	2	18.2%	1	9.1%
Orthopedics	13	11	84.6%	11	84.6%	11	84.6%
Otolaryngology	8	3	37.5%	3	37.5%	3	37.5%
Pulmonology	12	4	33.3%	4	33.3%	3	25.0%
Urology	13	8	61.5%	8	61.5%	8	61.5%
ACNH Total	231	133	57.6%	130	56.3%	109	47.2%
Overall Total	676	377	55.8%	364	53.8%	295	43.6%

Table C-3 displays the number of cases in which the survey respondent offered appointments to new patients for the requested services, as well as summary wait time statistics for all MCOs and ACNH. Note that potential appointment dates may have been offered with any practitioner at the sampled location.

Table C-3—Appointment Availability Results—ACNH

Specialty Category	Cases Offered an Appointment			New Appointment Wait Time (Days)			
	Number	Rate Among All Surveyed Cases ¹ (%)	Rate Among Cases Accepting New Patients ² (%)	Min	Max	Average	Median
Behavioral Health	3	2.1%	18.8%	0	136	47.3	6
Primary Care	23	18.1%	44.2%	1	180	43.7	27
Allergy & Immunology	3	27.3%	100%	53	65	58.3	57
Gastroenterology	5	25.0%	100%	28	97	67.4	76
Obstetrics & Gynecology	7	35.0%	100%	6	167	44.6	28
Ophthalmology	1	7.7%	100%	97	97	97.0	97
Orthopedics	11	61.1%	100%	1	21	10.4	11
Otolaryngology	3	20.0%	100%	34	139	79.0	64
Pulmonology	3	18.8%	100%	72	169	104.7	73
Urology	4	21.1%	50.0%	7	30	21.5	24.5
ACNH Total	63	15.8%	57.8%	0	180	44.7	28
Overall Total	203	16.9%	68.8%	0	276	52.9	35

¹The denominator includes all cases included in the sample.

²The denominator includes cases responding to the survey that accept the MCO, New Hampshire Medicaid, and new patients.

Appendix D. Detailed Provider Network Survey Findings—NHHF

This appendix presents the provider network survey results for all sampled providers by specialty category. Table D-1 summarizes the survey response rates for all MCOs and **NHHF**.

Table D-1—Survey Response Rates—NHHF

Specialty Category	Total Cases	Respondents	Response Rate
Behavioral Health	155	68	43.9%
Primary Care	120	81	67.5%
Allergy & Immunology	6	4	66.7%
Gastroenterology	23	17	73.9%
Obstetrics & Gynecology	18	15	83.3%
Ophthalmology	14	11	78.6%
Orthopedics	16	12	75.0%
Otolaryngology	16	14	87.5%
Pulmonology	16	10	62.5%
Urology	16	11	68.8%
NHHF Total	400	243	60.8%
Overall Total	1,200	676	56.3%

Table D-2 summarizes the number of respondent cases that reported accepting the MCO, New Hampshire Medicaid, and new patients for all MCOs and **NHHF**.

Table D-2—MCO, New Hampshire Medicaid, and New Patient Acceptance Rates—NHHF

Specialty Category	Respondents	Accepting MCO		Accepting Medicaid		Accepting New Patients	
		Accepting MCO	Rate (%)	Accepting Medicaid	Rate (%)	Accepting New Patients	Rate (%)
Behavioral Health	68	26	38.2%	25	36.8%	22	32.4%
Primary Care	81	58	71.6%	58	71.6%	33	40.7%
Allergy & Immunology	4	2	50.0%	2	50.0%	1	25.0%
Gastroenterology	17	6	35.3%	6	35.3%	6	35.3%
Obstetrics & Gynecology	15	6	40.0%	6	40.0%	6	40.0%
Ophthalmology	11	8	72.7%	8	72.7%	7	63.6%
Orthopedics	12	5	41.7%	5	41.7%	5	41.7%
Otolaryngology	14	5	35.7%	5	35.7%	5	35.7%
Pulmonology	10	6	60.0%	6	60.0%	6	60.0%
Urology	11	4	36.4%	4	36.4%	3	27.3%
NHHF Total	243	126	51.9%	125	51.4%	94	38.7%
Overall Total	676	377	55.8%	364	53.8%	295	43.6%

Table D-3 displays the number of cases in which the survey respondent offered appointments to new patients for the requested services, as well as summary wait time statistics for all MCOs and NHHF. Note that potential appointment dates may have been offered with any practitioner at the sampled location.

Table D-3—Appointment Availability Results—NHHF

Specialty Category	Cases Offered an Appointment			New Appointment Wait Time (Days)			
	Number	Rate Among All Surveyed Cases ¹ (%)	Rate Among Cases Accepting New Patients ² (%)	Min	Max	Average	Median
Behavioral Health	16	10.3%	72.7%	33	276	92.5	89
Primary Care	24	20.0%	72.7%	1	202	42.5	35
Allergy & Immunology	1	16.7%	100%	35	35	35.0	35
Gastroenterology	5	21.7%	83.3%	23	113	51.0	38
Obstetrics & Gynecology	6	33.3%	100%	0	43	19.2	21.5
Ophthalmology	7	50.0%	100%	7	265	116.3	70
Orthopedics	4	25.0%	80.0%	4	69	22.5	8.5
Otolaryngology	5	31.3%	100%	25	145	54.4	33
Pulmonology	6	37.5%	100%	21	133	74.8	73.5
Urology	3	18.8%	100%	72	127	96.7	91
NHHF Total	77	19.3%	81.9%	0	276	62.6	43
Overall Total	203	16.9%	68.8%	0	276	52.9	35

¹The denominator includes all cases included in the sample.

²The denominator includes cases responding to the survey that accept the MCO, New Hampshire Medicaid, and new patients.

Appendix E. Detailed Provider Network Survey Findings—WS

This appendix presents the provider network survey results for all sampled providers by specialty category. Table E-1 summarizes the survey response rates for all MCOs and WS.

Table E-1—Survey Response Rates—WS

Specialty Category	Total Cases	Respondents	Response Rate
Behavioral Health	173	46	26.6%
Primary Care	86	59	68.6%
Allergy & Immunology	13	8	61.5%
Gastroenterology	17	12	70.6%
Obstetrics & Gynecology	19	13	68.4%
Ophthalmology	17	12	70.6%
Orthopedics	21	16	76.2%
Otolaryngology	19	13	68.4%
Pulmonology	18	11	61.1%
Urology	17	12	70.6%
WS Total	400	202	50.5%
Overall Total	1,200	676	56.3%

Table E-2 summarizes the number of respondent cases that reported accepting the MCO, New Hampshire Medicaid, and new patients for all MCOs and **WS**.

Table E-2—MCO, New Hampshire Medicaid, and New Patient Acceptance Rates—WS

Specialty Category	Respondents	Accepting MCO		Accepting Medicaid		Accepting New Patients	
		Accepting MCO	Rate (%)	Accepting Medicaid	Rate (%)	Accepting New Patients	Rate (%)
Behavioral Health	46	25	54.3%	17	37.0%	15	32.6%
Primary Care	59	39	66.1%	39	66.1%	32	54.2%
Allergy & Immunology	8	2	25.0%	1	12.5%	1	12.5%
Gastroenterology	12	4	33.3%	4	33.3%	2	16.7%
Obstetrics & Gynecology	13	9	69.2%	9	69.2%	8	61.5%
Ophthalmology	12	7	58.3%	7	58.3%	7	58.3%
Orthopedics	16	13	81.3%	13	81.3%	13	81.3%
Otolaryngology	13	6	46.2%	6	46.2%	5	38.5%
Pulmonology	11	6	54.5%	6	54.5%	4	36.4%
Urology	12	7	58.3%	7	58.3%	5	41.7%
WS Total	202	118	58.4%	109	54.0%	92	45.5%
Overall Total	676	377	55.8%	364	53.8%	295	43.6%

Table E-3 displays the number of cases in which the survey respondent offered appointments to new patients for the requested services, as well as summary wait time statistics for all MCOs and WS. Note that potential appointment dates may have been offered with any practitioner at the sampled location.

Table E-3—Appointment Availability Results—WS

Specialty Category	Cases Offered an Appointment			New Appointment Wait Time (Days)			
	Number	Rate Among All Surveyed Cases ¹ (%)	Rate Among Cases Accepting New Patients ² (%)	Min	Max	Average	Median
Behavioral Health	8	4.6%	53.3%	0	119	35.6	24.5
Primary Care	15	17.4%	46.9%	3	203	42.2	31
Allergy & Immunology	1	7.7%	100%	30	30	30.0	30
Gastroenterology	2	11.8%	100%	21	22	21.5	21.5
Obstetrics & Gynecology	8	42.1%	100%	1	153	48.5	24
Ophthalmology	7	41.2%	100%	21	129	72.6	99
Orthopedics	9	42.9%	69.2%	3	21	11.8	12
Otolaryngology	5	26.3%	100%	47	134	86.0	74
Pulmonology	4	22.2%	100%	26	125	70.3	65
Urology	4	23.5%	80.0%	43	154	96.8	95
WS Total	63	15.8%	68.5%	0	203	49.1	31
Overall Total	203	16.9%	68.8%	0	276	52.9	35

¹The denominator includes all cases included in the sample.

²The denominator includes cases responding to the survey that accept the MCO, New Hampshire Medicaid, and new patients.

Appendix F. MCO Recommendations Requiring Follow-Up

The following MCO-specific sections show how each of HSAG’s recommendations pertinent to the MCOs will be addressed by the MCOs and monitored by DHHS.

ACNH

Table F-1 lists opportunities for improvement to include in the quality assessment and performance improvement report for **ACNH**.

Table F-1—EQRO Findings and Recommendations for Improvement From the Revealed Provider Network Survey Report to Include in the EQRO.01 Report for ACNH

ACNH EQRO Findings/Recommendations for Improvement to be included in the EQRO.01		
NVS Report		
1	ACNH-2023-EQRO-RCaller-01	<ul style="list-style-type: none"> Refer to the ACNH case-level data files HSAG provided that contain mismatched information between ACNH’s data and the provider office responses and address each deficiency.
2	ACNH-2023-EQRO-RCaller-02	<ul style="list-style-type: none"> ACNH had an overall response rate of 58 percent; however, rates varied drastically by provider type/specialty with 77 percent of PCPs, 68 percent of physical health specialists, and 31 percent of BH providers responding to the survey. ACNH should consider review of the processes used to ensure that it updates and maintains provider data in an accurate and timely manner.
3	ACNH-2023-EQRO-RCaller-03	<ul style="list-style-type: none"> Among ACNH’s contacted locations, only 58 percent of the BH respondents indicated the location offered the requested services. ACNH should consider reviewing its methods for acquiring and maintaining this specialty information to allow members a greater likelihood of reaching a location that provides needed services.
4	ACNH-2023-EQRO-RCaller-04	<ul style="list-style-type: none"> Overall, only 58 percent of ACNH’s contacted locations indicated acceptance of ACNH. ACNH should consider review of the processes used to ensure that it updates and maintains provider data in an accurate and timely manner. Additionally, ACNH should conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information regarding insurance information for the provider location.
5	ACNH-2023-EQRO-RCaller-05	<ul style="list-style-type: none"> Only 47 percent of ACNH’s respondent locations indicated acceptance of new patients. New patient acceptance varied greatly by provider type/specialty: 37 percent for BH providers, 47 percent for physical health specialists, and 53 percent for PCPs. ACNH should consider reviewing provider panel capacities and the availability of providers to

ACNH EQRO Findings/Recommendations for Improvement to be included in the EQRO.01		
		accept new patients relative to ACNH membership to determine whether additional provider contracts should be executed.
6	ACNH-2023-EQRO-RCaller-06	<ul style="list-style-type: none"> Among ACNH's respondent cases accepting New Hampshire Medicaid, 39 percent indicated the sampled provider was no longer affiliated with the location. ACNH should consider reviewing its methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.
7	ACNH-2023-EQRO-RCaller-07	<ul style="list-style-type: none"> Explain how ACNH will ensure it captures all required elements within the MCO data submissions (e.g., provider languages, etc.)
8	ACNH-2023-EQRO-RCaller-08	<ul style="list-style-type: none"> Provide a copy of ACNH's documentation regarding it's processes for monitoring and evaluating members' ability to access care in a timely manner, including both geographic access and timely access to care.

NHHF

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

Table F-2—EQRO Findings and Recommendations for Improvement From the Revealed Provider Network Survey Report to Include in the EQRO.01 Report for NHHF

NHHF EQRO Findings/Recommendations for Improvement to be included in the EQRO.01		
NVS Report		
1	NHHF-2023-EQRO-RCaller-01	<ul style="list-style-type: none"> Refer to the NHHF case-level data files HSAG provided that contain mismatched information between NHHF’s data and the provider office responses and address each deficiency.
2	NHHF-2023-EQRO-RCaller-02	<ul style="list-style-type: none"> NHHF had an overall response rate of 61 percent; however, rates varied drastically by provider type/specialty with 68 percent of PCPs, 75 percent of physical health specialists, and 44 percent of BH providers responding to the survey. NHHF should consider review of the processes used to ensure that it updates and maintains provider data in an accurate and timely manner.
3	NHHF-2023-EQRO-RCaller-03	<ul style="list-style-type: none"> Among NHHF’s contacted locations, only 57 percent of the BH respondents indicated the location offered the requested services. NHHF should consider reviewing its methods for acquiring and maintaining this specialty information to allow members a greater likelihood of reaching a location that provides needed services.
4	NHHF-2023-EQRO-RCaller-04	<ul style="list-style-type: none"> Overall, only 52 percent of NHHF’s contacted locations indicated acceptance of NHHF. NHHF should consider review of the processes used to ensure that it updates and maintains provider data in an accurate and timely manner. Additionally, NHHF should conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information regarding insurance information for the provider location.
5	NHHF-2023-EQRO-RCaller-05	<ul style="list-style-type: none"> Only 39 percent of NHHF’s respondent locations indicated acceptance of new patients. New patient acceptance varied by provider type/specialty: 32 percent for BH providers, 42 percent for physical health specialists, and 41 percent for PCPs. NHHF should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to NHHF membership to determine whether additional provider contracts should be executed.
6	NHHF-2023-EQRO-RCaller-06	<ul style="list-style-type: none"> The average appointment wait time for new NHHF members was 63 calendar days, while existing patients had a wait time of 46 calendar days. Both new and existing patients experienced wait times that exceeded DHHS’ contract standard of 45 calendar days. NHHF should consider reviewing the appointment wait time standards with its

NHHF EQRO Findings/Recommendations for Improvement to be included in the EQRO.01		
		contracted providers and identifying whether additional provider capacity is necessary to reduce overall wait times to a shorter time period.
7	NHHF-2023-EQRO-RCaller-07	<ul style="list-style-type: none"> Among NHHF's respondent cases accepting New Hampshire Medicaid, 23 percent indicated the sampled provider was no longer affiliated with the location. NHHF should consider reviewing its methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.
8	NHHF-2023-EQRO-RCaller-08	<ul style="list-style-type: none"> Explain how NHHF will ensure it captures all required elements within the MCO data submissions (e.g., provider languages, etc.)
9	NHHF-2023-EQRO-RCaller-09	<ul style="list-style-type: none"> Provide a copy of NHHF's documentation regarding it's processes for monitoring and evaluating members' ability to access care in a timely manner, including both geographic access and timely access to care.

WS

Table F-3 lists opportunities for improvement to include in the quality assessment and performance improvement report for **WS**.

Table F-3—EQRO Findings and Recommendations for Improvement From the Revealed Provider Network Survey Report to Include in the EQRO.01 Report for WS

WS EQRO Findings/Recommendations for Improvement to be included in the EQRO.01		
NVS Report		
1	WS-2023-EQRO-RCaller-01	<ul style="list-style-type: none"> Refer to the WS case-level data files HSAG provided that contain mismatched information between WS’s data and the provider office responses and address each deficiency.
2	WS-2023-EQRO-RCaller-02	<ul style="list-style-type: none"> WS had an overall response rate of 51 percent; however, rates varied drastically by provider type/specialty with 69 percent of PCPs, 69 percent of physical health specialists, and 27 percent of BH providers responding to the survey. WS should consider review of the processes used to ensure that it updates and maintains provider data in an accurate and timely manner.
3	WS-2023-EQRO-RCaller-03	<ul style="list-style-type: none"> Among WS’ contacted locations, only 57 percent of the BH respondents indicated the location offered the requested services. WS should consider reviewing its methods for acquiring and maintaining this specialty information to allow members a greater likelihood of reaching a location that provides needed services.
4	WS-2023-EQRO-RCaller-04	<ul style="list-style-type: none"> Overall, only 58 percent of WS’ contacted locations indicated acceptance of WS. WS should consider review of the processes used to ensure that it updates and maintains provider data in an accurate and timely manner. Additionally, WS should conduct outreach to its providers to ensure the providers and/or their offices routinely submit up-to-date information regarding insurance information for the provider location.
5	WS-2023-EQRO-RCaller-05	<ul style="list-style-type: none"> Only 46 percent of WS’ respondent locations indicated acceptance of new patients. New patient acceptance varied greatly by provider type/specialty: 33 percent for BH providers, 46 percent for physical health specialists, and 54 percent for PCPs. WS should consider reviewing provider panel capacities and the availability of providers to accept new patients relative to WS membership to determine whether additional provider contracts should be executed.
6	WS-2023-EQRO-RCaller-06	<ul style="list-style-type: none"> The average appointment wait time for new WS members was 49 calendar days, which exceeded DHHS’ contract standard of 45 calendar days. WS should consider reviewing the appointment wait time standards with its contracted providers and identifying whether

WS EQRO Findings/Recommendations for Improvement to be included in the EQRO.01		
		additional provider capacity is necessary to reduce overall wait times to a shorter time period.
7	WS-2023-EQRO-RCaller-07	<ul style="list-style-type: none"> Among WS' respondent cases accepting New Hampshire Medicaid, 25 percent indicated the sampled provider was no longer affiliated with the location. WS should consider reviewing its methods for acquiring and maintaining provider information to ensure members have access to accurate provider information.
8	WS-2023-EQRO-RCaller-08	<ul style="list-style-type: none"> Explain how WS will ensure it captures all required elements within the MCO data submissions (e.g., provider languages, etc.)
9	WS-2023-EQRO-RCaller-09	<ul style="list-style-type: none"> Provide a copy of WS's documentation regarding it's processes for monitoring and evaluating members' ability to access care in a timely manner, including both geographic access and timely access to care.