



State of New Hampshire Department of Health
and Human Services

State Fiscal Year 2022 Network Validation Survey Report

July 2022

Table of Contents

1. Executive Summary	1-1
Introduction	1-1
Results.....	1-2
Discussion and Recommendations.....	1-8
DHHS Recommendations.....	1-10
2. Findings.....	2-1
PCPs	2-1
Online Directory Review Findings.....	2-1
Telephone Survey Findings	2-3
Online Directory Review and Telephone Survey Comparative Findings.....	2-8
Specialty Providers	2-12
Online Directory Review Findings.....	2-12
Telephone Survey Findings	2-32
Online Directory Review and Telephone Survey Comparative Findings.....	2-48
BH Providers.....	2-78
Online Directory Review Findings.....	2-78
Telephone Survey Findings	2-80
Online Directory Review and Telephone Survey Comparative Findings.....	2-85
3. Discussion.....	3-1
General Conclusions	3-1
Provider-Specific Conclusions.....	3-2
Study Limitations.....	3-3
DHHS Recommendations.....	3-4
MCO Recommendations	3-6
ACNH	3-6
NHHF.....	3-7
WS	3-7
Appendix A. Methodology	A-1
Eligible Population.....	A-1
Data Collection.....	A-1
Case Identification Approach	A-2
PDV Indicators.....	A-3
Telephone Survey Indicators	A-4
HSAG’s NVS Team.....	A-7
Physical Health Provider Specialty Data Values by MCO.....	A-8
Appendix B. Network Validation Telephone Survey and Voicemail Scripts.....	B-1
Survey Script.....	B-1
Voicemail Script.....	B-3
Interviewer Requests a Callback:.....	B-4

Provider’s Office Returns HSAG’s Call:..... B-4

Appendix C. Detailed Network Validation Review Findings—ACNH.....C-1

Appendix D. Detailed Network Validation Review Findings—NHHFD-1

Appendix E. Detailed Network Validation Review Findings—WS..... E-1

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

 ACNH.....F-1

 NHHFF-2

 Well Sense.....F-4

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) 2022 network validation survey (NVS) 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

Introduction

The New Hampshire Department of Health and Human Services (DHHS) is responsible for the ongoing monitoring and oversight of its contracted Medicaid managed care organizations (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), to validate the accuracy of the managed care network information supplied to New Hampshire Medicaid members.

The goal of the state fiscal year (SFY) 2022 Network Validation Survey (NVS) was to determine if the information in the MCOs' online provider directories found on the respective MCOs' websites matched the provider data submitted to HSAG by the MCOs and could be confirmed by the sampled location. As part of the NVS, HSAG compared the key elements published in each online provider directory with the data in the MCO's provider file. HSAG then validated the accuracy of the online provider directories by completing a revealed caller telephone survey and confirmed whether each MCO's website met the federal requirements in Title 42 of the Code of Federal Regulations (42 CFR) §438.10(h) and the MCM Services Contract, Amendment #5 requirements in §4.4.1.5.¹⁻¹

To address the study objectives described above, HSAG used a DHHS-approved methodology (Appendix A) to conduct the SFY 2022 NVS among the following MCOs:

- **AmeriHealth Caritas New Hampshire, Inc. (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), which is offered in New Hampshire by Anthem BlueCross BlueShield.

HSAG conducted the online directory reviews and revealed caller telephone surveys among a random sample of primary care providers (PCPs); eight different physical health specialty providers (specialty providers), including Allergists, Otolaryngologists (Ear, Nose, and Throat Specialists [ENTs]), Gastroenterologists, Obstetricians and Gynecologists (OB/GYNs), Ophthalmologists, Orthopedists, Pulmonologists, and Urologists; and behavioral health (BH) providers, including those subcontracted by the MCO. Details regarding the sample selection criteria are presented in Appendix A.

¹⁻¹ State of New Hampshire Department of Health and Human Services. (2021). Medicaid Care Management Services Contract, Amendment #5. Available at: <https://sos.nh.gov/media/p4yppqma/009-gc-agenda-012221.pdf>. Accessed on: June 13, 2022.

Results

The two key review tasks performed by HSAG during the SFY 2022 NVS include:

1. Online directory review of sampled PCPs, specialty providers, and BH providers.
2. Revealed caller telephone surveys to assess the accuracy of the online directory data and appointment availability.

The online directory review, or provider directory validation (PDV), compared the provider data files submitted by MCOs to HSAG to the information posted on the required online provider directories for each MCO. Comparisons were made across 13 indicators including: Provider Name, Provider Address, Provider Suite Number, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, Provider Type/Specialty, Provider Gender, Provider Accepting New Patients, Non-English Language Speaking Provider, Provider Primary Language, and Provider Accommodates for Physical Disabilities. HSAG's trained reviewers assessed the number and percentage of sampled cases in which the information matched across MCO provider data files and the online provider directory.

For cases in which the PDV activity identified an exact match on seven indicators, those cases were moved forward into the revealed caller survey portion of the NVS activity. The seven elements requiring a match for a case to move on to the telephone survey included: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty. For the revealed caller survey, HSAG's trained callers contacted provider offices to confirm the information identified in both the MCO-submitted provider data files and in the online provider directories. Additionally, callers requested the soonest available appointments for routine care visits for both new and existing patients to calculate the average and median appointment wait time within each provider type or specialty.

The results presented in this section of the report provide a high-level summary of the number of cases sampled from each MCO for each provider type and specialty. Additionally, the results indicate the number of cases that matched on the seven key indicators in the PDV to move forward to the revealed caller survey, as well as the number of cases in which a survey call was completed. Finally, the summary results indicate the number of survey cases that matched the MCO-submitted provider data and online provider directory on the seven indicators used to pass cases to the revealed caller survey, as well as the number of cases that matched on all 13 indicators compared across the three data sources. Detailed directory and telephone survey review findings for each MCO and provider category are presented in appendices C, D, and E.

Figure 1-1 presents the summary results across the directory validation and revealed shopper calls for PCPs.

Figure 1-1—Summary Results for PCPs

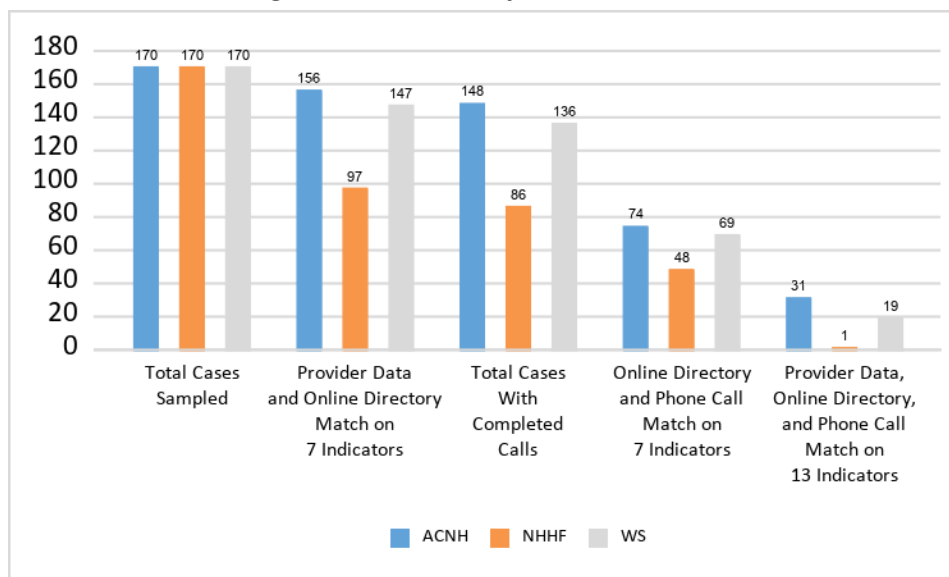


Figure 1-2 presents the summary results across the directory validation and revealed shopper calls for Allergists.

Figure 1-2—Summary Results for Allergists

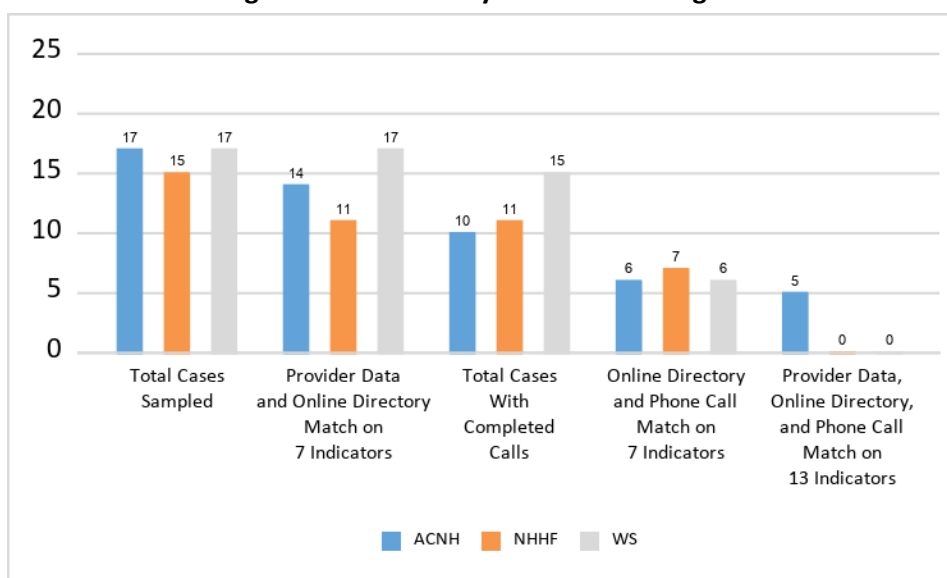


Figure 1-3 presents the summary results across the directory validation and revealed shopper calls for ENTs.

Figure 1-3—Summary Results for ENTs

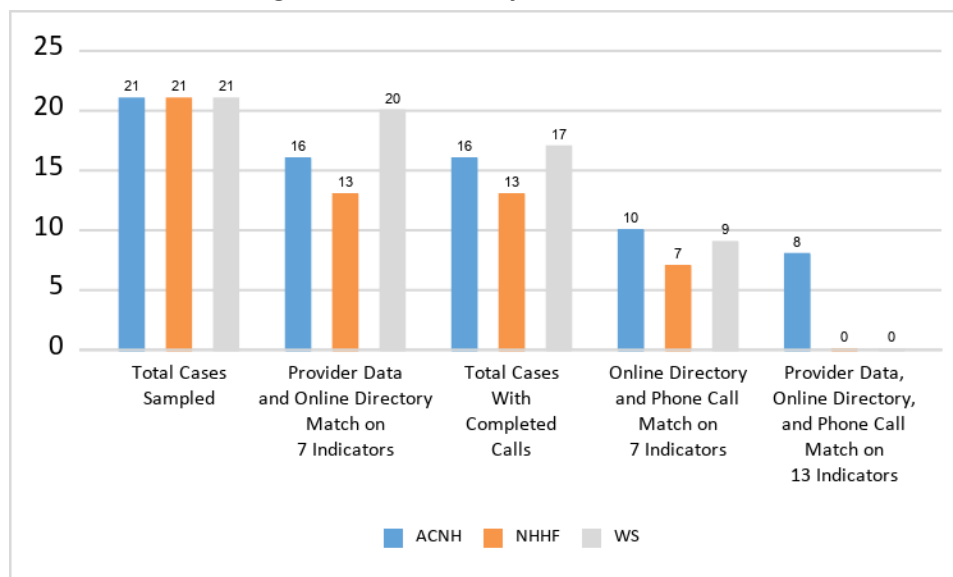


Figure 1-4 presents the summary results across the directory validation and revealed shopper calls for Gastroenterologists.

Figure 1-4—Summary Results for Gastroenterologists

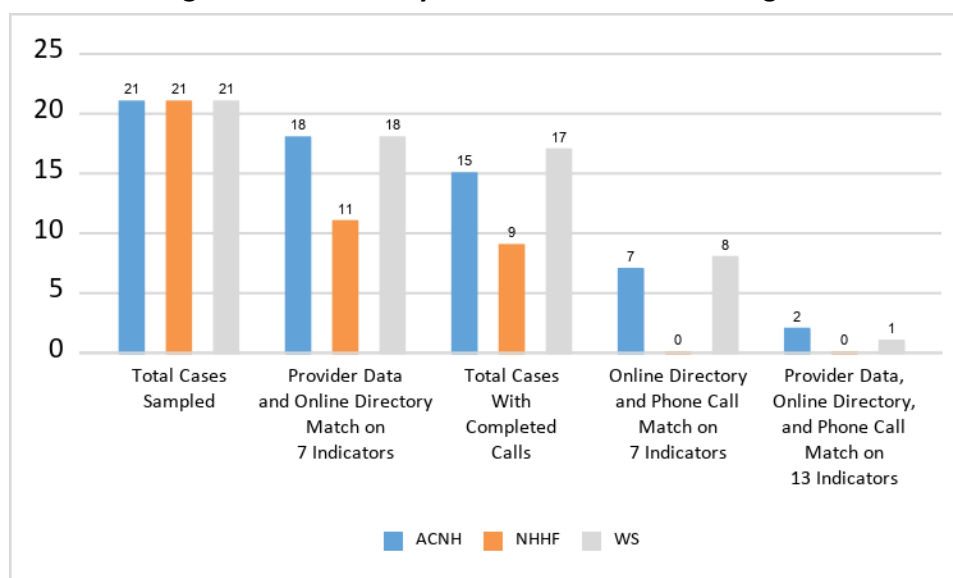


Figure 1-5 presents the summary results across the directory validation and revealed shopper calls for OB/GYNs.

Figure 1-5—Summary Results for OB/GYNs

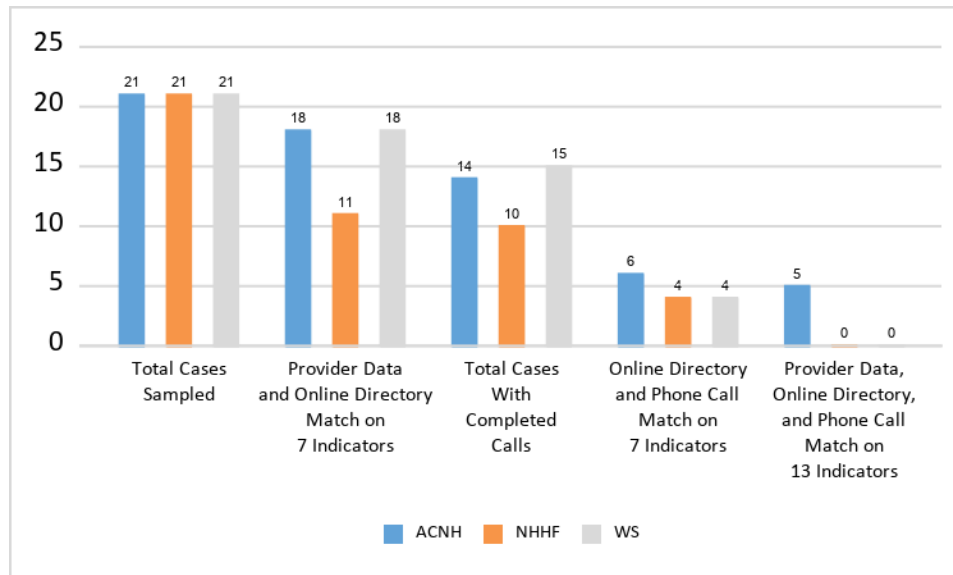


Figure 1-6 presents the summary results across the directory validation and revealed shopper calls for Ophthalmologists.

Figure 1-6—Summary Results for Ophthalmologists

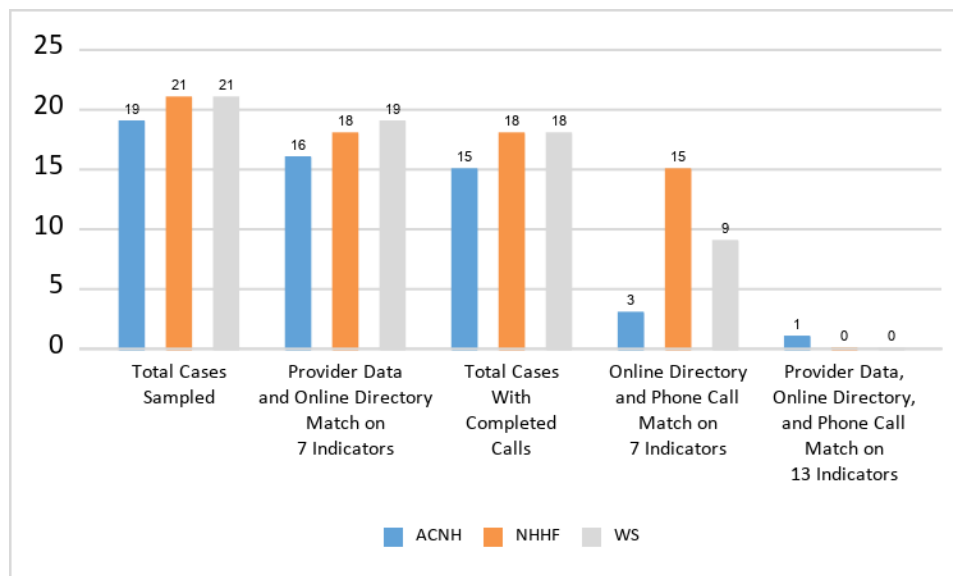


Figure 1-7 presents the summary results across the directory validation and revealed shopper calls for Orthopedists.

Figure 1-7—Summary Results for Orthopedists

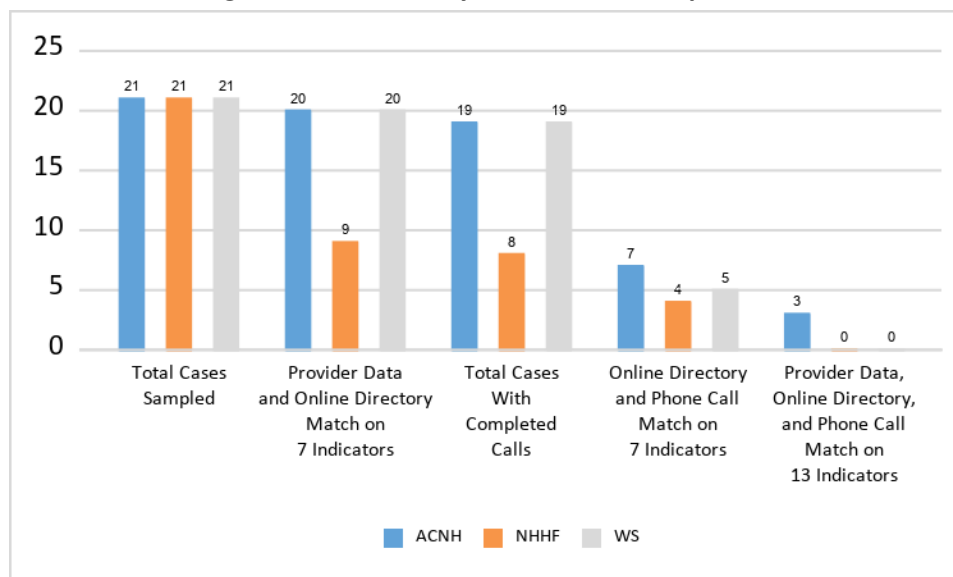


Figure 1-8 presents the summary results across the directory validation and revealed shopper calls for Pulmonologists.

Figure 1-8—Summary Results for Pulmonologists

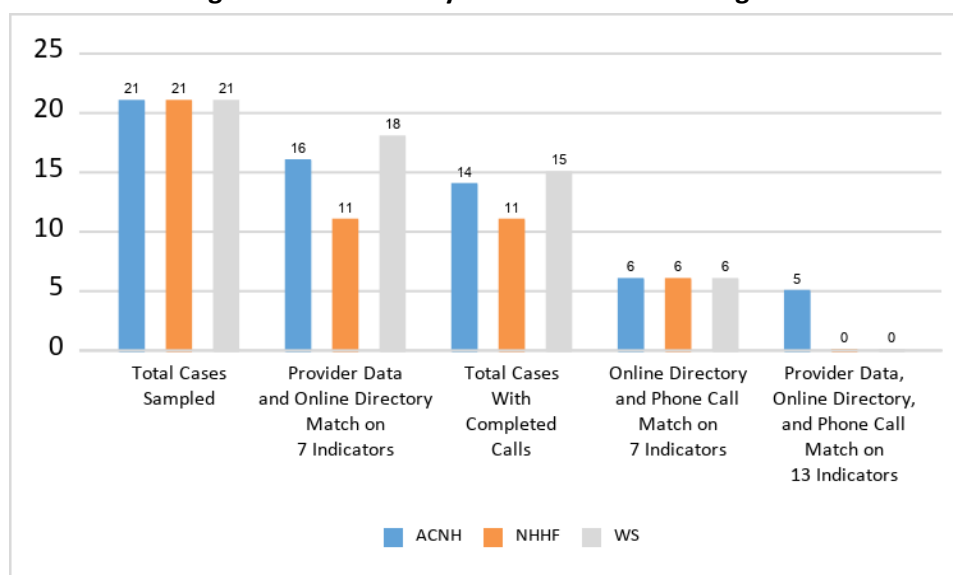


Figure 1-9 presents the summary results across the directory validation and revealed shopper calls for Urologists.

Figure 1-9—Summary Results for Urologists

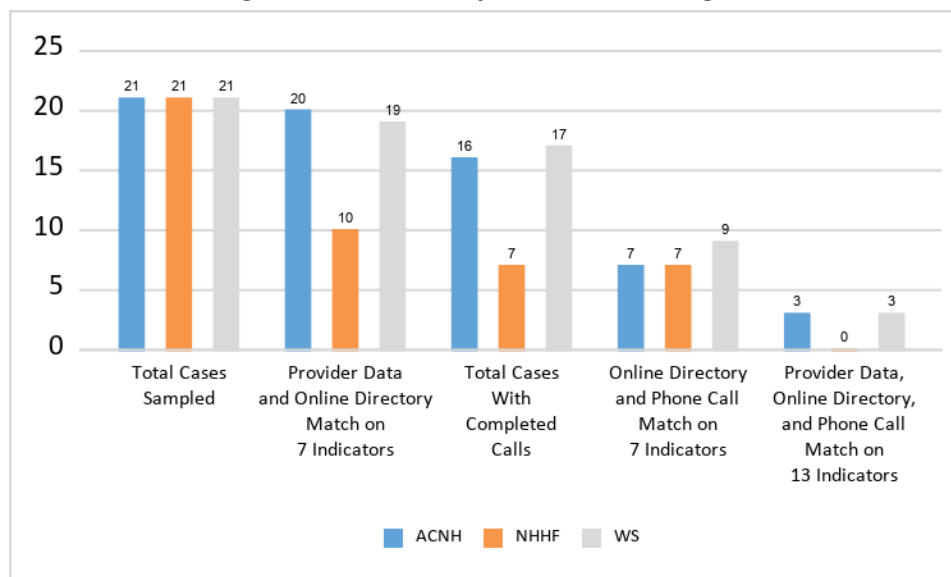
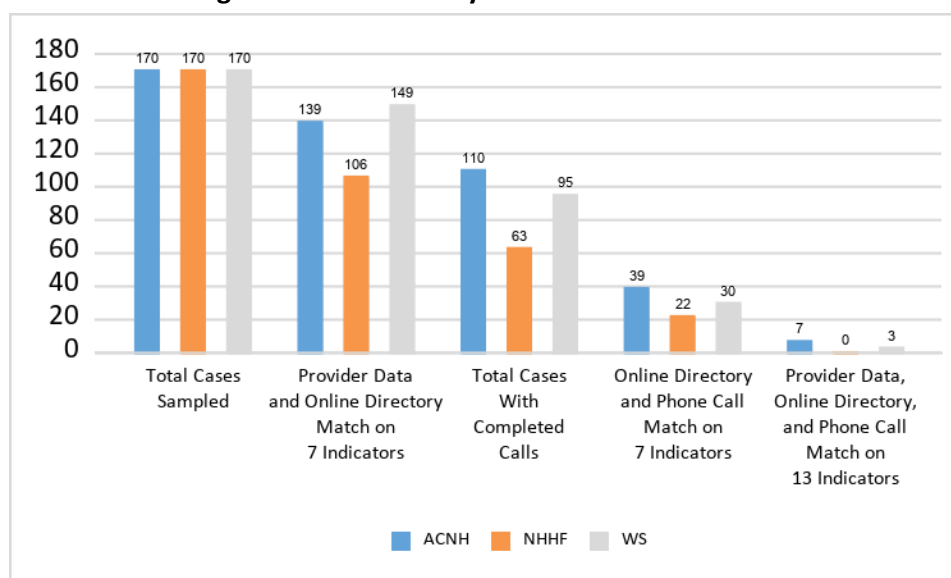


Figure 1-10 presents the summary results across the directory validation and revealed shopper calls for BH providers.

Figure 1-10—Summary Results for BH Providers



Discussion and Recommendations

Among the 510 PCPs sampled from the provider data submitted by the three MCOs, 78.4 percent (n = 400) of the providers were matched in the online provider directory across seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty. The match rate was lowest for **NHHF** at 57.1 percent (n = 97), while **WS** and **ACNH** were substantially higher at 86.5 percent (n = 147) and 91.8 percent (n = 156), respectively.

Of the 400 PCP cases that were matched between the provider data and the online provider directory across seven key indicators, 47.8 percent (n = 191) of those cases were also confirmed as having accurate information via the revealed caller telephone survey. Triangulating across the three data sources from the MCO-submitted provider data to the online provider directories and the revealed caller telephone surveys, only 37.5 percent (n = 191) of the 510 sampled PCP cases matched for the seven indicators capturing contact information, location, and specialty. When extending the analysis to include all 13 indicators assessed in the PDV and revealed caller survey, only 10.0 percent (n = 51) of the cases matched across the three data sources: 31 for **ACNH**, one for **NHHF**, and 19 for **WS** (see Figure 1-1 in the Executive Summary).

Among the 488 specialty providers sampled from the provider data submitted by the three MCOs, 78.1 percent (n = 381) of the providers were matched in the online provider directory across seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty. The match rate for **WS** was the highest, ranging from 85.7 percent for Gastroenterologists, OB/GYNs, and Pulmonologists to 100 percent for Allergists. Specialty providers contracted with **ACNH** were matched in the online directory between 76.2 percent for ENTs and Pulmonologists and 95.2 percent for Orthopedists and Urologists. The match rate was lowest for **NHHF**, ranging from 42.9 percent for Orthopedists to 85.7 percent for Ophthalmologists.

Of the 381 specialty cases that were matched between the provider data and the online provider directory, 41.5 percent (n = 158) were also confirmed as having accurate information via the revealed caller telephone survey. The highest matching rate was for **NHHF** with 83.3 percent (n = 15) for Ophthalmologists, 70.0 percent (n = 7) for Urologists, and 63.6 percent (n = 7) for Allergists. The lowest matching rates were for **NHHF** with 0.0 percent for Gastroenterologists, **ACNH** with 18.8 percent (n = 3) for Ophthalmologists, and **WS** with 22.2 percent (n = 4) for OB/GYNs. When extending the analysis to include all 13 indicators assessed in the PDV and revealed caller survey, 7.4 percent (n = 36) of the 488 cases matched across all three data sources: 32 for **ACNH**, four for **WS**, and none for **NHHF**. The specialty with the highest match rate across all 13 indicators was Allergists with 10.2 percent, while the lowest match rate was for Ophthalmologists at 1.6 percent (see Figure 1-2 through Figure 1-9 in the Executive Summary).

Among the 510 BH providers sampled from the provider data submitted by the three MCOs, 77.3 percent (n = 394) of the providers were matched in the online provider directory across seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider

Telephone Number, and Provider Type/Specialty. The match rate for **WS** was the highest at 87.6 percent (n = 149), and 81.8 percent (n = 139) of **ACNH** BH providers matched. The lowest match rate was for **NHHF** with 62.6 percent (n = 106).

Of the 394 BH provider cases that were matched between the provider data and the online provider directory, 23.1 percent (n = 91) of cases were also confirmed as having accurate information via the revealed caller telephone survey. The highest matching rate in the telephone survey was 28.1 percent (n = 39) for **ACNH**. **NHHF** and **WS** cases had similar matching rates in the telephone survey with 20.8 percent and 20.1 percent, respectively. When extending the analysis to include all 13 indicators assessed in the PDV and revealed caller survey, 2.0 percent (n = 10) of the 510 cases matched across all three data sources: seven for **ACNH**, three for **WS**, and none for **NHHF** (see Figure 1-10 in the Executive Summary).

The results indicate a relatively high rate of agreement, generally above 90 percent, between the provider data submitted by the MCOs and the online provider directories with respect to provider names, addresses, telephone numbers, and specialties across all providers types. Indicators identifying the acceptance of new patients, non-English-speaking provider status, primary language, and accommodations for physical disabilities frequently exhibited agreement rates between 40 percent and 70 percent.

HSAG identified cases that matched between the provider data submitted by the MCOs and the online provider directories across seven indicators including Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty. Cases that matched were forwarded into the revealed caller telephone survey. The survey results indicate that while the rate of agreement between the provider data and the online provider directories was reasonably high, the rate of cases confirmed by the survey phone call were considerably lower. Provider names were confirmed in the phone survey in 48.8 percent of the cases for PCPs, between 31.9 percent and 53.1 percent of cases for specialty providers (i.e., Gastroenterologists and ENTs, respectively), and 24.6 percent of cases for BH providers. The remainder of the provider address data was confirmed in 76.3 percent to 77.0 percent of cases for PCPs, 50.0 percent to 73.5 percent of cases for specialty providers, and 45.4 percent to 45.7 percent of cases for BH providers. These matching rates indicate that the data contained in the MCOs' provider data and displayed on the online provider directories may match reasonably well, but when provider offices are contacted directly, a non-trivial portion of the information may not be accurately captured.

Among indicators such as Provider Accepting New Patients, Non-English Language Speaking Provider, Provider Primary Language, and Provider Accommodates for Physical Disabilities, the telephone survey results corroborated the provider data submitted by the MCOs and the online provider directories in 20.8 percent to 37.8 percent of cases. For specialty providers, these indicators were matched to the provider data and online provider directories in 11.1 percent to 44.3 percent of the cases. Among BH providers, these four indicators were confirmed in the telephone survey in 6.7 percent to 18.4 percent of cases.

These findings point to a disconnect between the databases of provider information maintained by the MCOs and made available through online provider directories, and the information obtained by contacting provider offices to confirm the information. While the provider data submitted by the MCOs generally agrees with the online provider directories, the matching rate of information when survey callers contacted provider offices was substantially lower. For members relying upon the information in online provider directories to be accurate, the indicators assessed in this study were most accurate with respect to the provider office addresses, with rates of confirmation between 45.5 percent and 77.0 percent of cases. The confirmation rates were highest for PCP offices, second highest among specialty providers, and lowest among BH providers.

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.

- In general, the PDV results for sampled provider locations found in the provider directories show a wide range of variation in the level of agreement between the MCOs' provider data and the MCOs' respective online provider directories.
 - DHHS should consider including performance thresholds in the MCO contracts to improve the accuracy of inline provider data. The Department could consider identifying target percentages for online provider directory accuracy and provider performance incentives or penalties based on the results identified in future PDV activities.
 - Since the MCOs supplied HSAG with the provider data used for the directory reviews, DHHS should supply each MCO with case-level data files containing mismatched information between the MCO's data and the MCO's online directory and require the MCOs to address these deficiencies.
 - 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.
 - Each MCO should align its internal provider data oversight processes with the MCM Services Contract requirements to ensure the accuracy of data shown in the online provider directory. The MCOs should test their internal oversight processes against HSAG's directory review findings to identify oversight processes and/or reporting that should be enhanced. In addition to updating provider data and directory information, each MCO should conduct a root cause analysis to identify the nature of the data mismatches for PDV indicators that scored below 90 percent, as presented in Table 2-2, Table 2-15 through Table 2-27, and Table 2-47.
 - 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., service address, telephone number, new patient acceptance).
 - Websites created and maintained by providers' offices may offer information helpful to members and not available in an MCO's online directory, such as frequently asked questions, provider ratings, and/or new patient forms. Among the sampled directory review cases, the MCOs'

provider directories did not uniformly display a website address for sampled provider locations or the directory record displayed text that did not align with an actual internet site. The MCOs should collect providers' website addresses and ensure the Uniform Resource Locators (URLs) are accurately displayed in their online directories to ensure members have access to the providers' websites in addition to the MCO's directory information.

- Indicators, such as provider website, and board certification reflect indicators listed in the MCM Services Contract with “if applicable.” DHHS should consider reviewing the MCM Services Contract language to evaluate the extent to which clarifying details may be added regarding the instances in which provider directory elements may not apply (i.e., the contract uses the term “if applicable”).
- For indicators where provider status may change periodically (e.g., Provider Accepting New Patients), allowing providers a self-service option to update information on the online directory would help maintain more timely and accurate data for members to access. DHHS could consider providing such an option to enrolled providers, or augmenting MCO contracts to require a self-service option for updating online directory information.
- Per the MCOs' contracts with DHHS, each MCO is required to maintain provider network capacity to ensure the non-urgent appointment wait times from the member's PCP or another provider for non-symptomatic office visits (i.e., preventive care) are within 45 calendar days. Median appointment wait times identified by PCP cases demonstrated appointment wait times within 35.0 days for new patients and within 14.0 calendar days for existing patients. Among BH providers, median appointment wait times were shorter than for PCP cases, with a new patient wait time of 31.5 calendar days, and an existing patient wait time of 11.0 calendar days. For specialty providers, the wait time for new patients exceeded the 45-day standard at 55.5 calendar days, but remained below the standards at 42.0 calendar days for existing patients. The finding for specialty providers was consistent with findings observed in the NH 2021 Telephone Survey of Physical Health Specialty Providers Report. DHHS should 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. 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 the Centers for Medicare & Medicaid Services' (CMS') Promoting Access in Medicaid and CHIP Managed Care, states may allow specialty providers to have timeliness standards with longer appointment wait times than the wait times expected for a similar visit with a PCP-type provider.¹⁻² For example, the 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.

¹⁻² 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/downloads/adequacy-and-access-toolkit.pdf>. Accessed on: June 13, 2022.

2. Findings

This section contains SFY 2022 NVS findings. Findings are stratified by PCPs, specialty providers, and BH providers for each of the three MCOs and are separated into the three key portions of the NVS: PDV, revealed caller survey, and comparative findings. Eight types of providers are included within the Specialty Providers section:

- Allergists
- ENTs
- Gastroenterologists
- OB/GYNs
- Ophthalmologists
- Orthopedists
- Pulmonologists
- Urologists

Results for Anthem are included within the revealed caller portion of the results where information could be collected for comparison purposes.

PCPs

Online Directory Review Findings

Table 2-1 and Table 2-2 contain the findings of the PDV for PCPs. In this portion of the survey, HSAG compared data from each MCO to the provider directory for 13 indicators.

Table 2-1 summarizes findings by MCO regarding the number of sampled PCPs and provider locations (i.e., “cases”) identified by HSAG’s reviewers in the MCOs’ online directories. Reviewers identified over 96 percent of all providers across all three MCOs in the online provider directory. **ACNH** had the highest percentage of providers identified in the online provider directory at 100 percent, while **NHHF** exhibited the lowest percentage of providers identified in the online provider directory at 91.2 percent. Across the providers identified in the online provider directory for all three MCOs, the locations for 8.2 percent (n = 40) were not corroborated in the online provider directory.

Table 2-1—Summary of Sampled PCPs Located in Online Directories by MCO

MCO	Number of Sampled Providers	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count	%	Count	%	Count	%**
ACNH	170	170	100.0	0	0.0	7	4.1
NHHF	170	155	91.2	15	8.8	21	13.5
WS	170	165	97.1	5	2.9	12	7.3
All MCOs*	510	490	96.1	20	3.9	40	8.2

* “All MCOs” reflects the aggregate count and rate of matches between the provider data files and the online provider directory across all three MCOs.

** Rate calculated using “Provider Locations Not Found in Directory” as the numerator and “Providers Found in Directory” as the denominator.

Table 2-2 displays, by MCO and study indicator, the percentage of sampled PCP locations identified in the online directories with exact matches between the MCOs’ provider data files and the online provider directory information. Cases with unmatched results may include spelling discrepancies, incomplete information, or information not listed in the directory (e.g., the MCO’s provider data included a data value for a study indicator, but the online provider directory did not include a data value for the study indicator). The indicator for Provider State had the highest compliance with 100 percent of cases matching. Additionally, the five address indicators (Provider Address, Provider Suite Number, Provider City, Provider State, and Provider ZIP Code) all matched at 92 percent or more on a statewide level. Provider Telephone Number had the lowest overall compliance with only 87.1 percent of all cases matching on the indicator across all three MCOs. ACNH had matching percentages above 95 percent, while WS had matching percentages above 90 percent for all 13 indicators. Additionally, seven out of 13 indicators for NHHF scored below 90 percent. NHHF also had the lowest compliance for a single indicator with 67.7 percent of cases matching on Provider Telephone Number.

Table 2-2—Percentage of PCP Cases With Exact Matches by MCO and Study Indicator

Indicator	ACNH		NHHF		WS		All MCOs	
	Denom*	%	Denom*	%	Denom*	%	Denom*	%
Provider Name	170	98.2	155	99.4	165	100.0	490	99.2
Provider Address	170	96.5	155	88.4	165	90.9	490	92.0
Provider Suite Number	170	98.8	155	89.7	165	94.5	490	94.5
Provider City	170	98.2	155	92.3	165	98.8	490	96.5
Provider State	170	100.0	155	100.0	165	100.0	490	100.0
Provider ZIP Code	170	97.6	155	89.0	165	97.0	490	94.7
Provider Telephone Number	170	97.1	155	67.7	165	95.2	490	87.1

Indicator	ACNH		NHHF		WS		All MCOs	
	Denom*	%	Denom*	%	Denom*	%	Denom*	%
Provider Type/Specialty	170	97.1	155	98.7	165	98.8	490	98.2
Provider Gender	170	99.4	155	100.0	165	100.0	490	99.8
Provider Accepting New Patients	170	96.5	155	88.4	165	98.8	490	94.7
Non-English Language Speaking Provider	170	99.4	155	89.0	165	95.2	490	94.7
Provider Primary Language	170	98.8	155	99.4	165	100.0	490	99.4
Provider Accommodates for Physical Disabilities	170	95.9	155	73.5	165	96.4	490	89.0

* The denominator for each study indicator includes the number of cases in which the provider was found in the directory.

Telephone Survey Findings

Table 2-3 through Table 2-11 display the telephone survey results for PCPs. HSAG included providers in the telephone survey if they could be found in the online provider directory and matched on seven key indicators—Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty—with the provider data. In this portion of the survey, HSAG compared the provider data from each MCO to information from the provider location for all 13 indicators. HSAG collected data for the telephone survey by utilizing reviewers who called each provider’s office sampled to confirm information located in the online provider directory. HSAG included results for Anthem when information could be collected for comparison purposes.

Table 2-3 illustrates the survey response rates for PCPs, by MCO. Overall, there was a 78.0 percent response rate across all three MCOs. **ACNH** had the highest response rate with 81.4 percent of calls completed, while **WS** had the lowest response rate at 74.1 percent.

Table 2-3—Telephone Survey Response Rate by MCO for PCPs

MCO	Total Number of Cases	Respondents	Response Rate (%)
ACNH	156	127	81.4
NHHF	97	76	78.4
WS	147	109	74.1
Overall*	400	312	78.0

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

A survey case was considered nonresponsive if any of the following criteria were met:

- The telephone number was disconnected/invalid.
- The telephone number connected to an individual or business unrelated to a medical practice or facility.
- The office personnel refused to participate in the survey (Refusal).
- The office personnel failed to respond within two business days to the voicemail request to complete the survey (Ended in Call Back).
- The interviewer was unable to speak with office personnel (e.g., the call was answered by an automated answering service or call center) or was unable to leave a voicemail due to extended hold time (Ended in Call Back).

A total of 70 cases from all MCOs were classified as nonresponsive, as seen in Table 2-4. Of all nonresponsive cases, 12.9 percent were refused, while 42.9 percent ended in call back. **ACNH** had the highest percentage of refused cases at 18.2 percent, while **NHHF** and **WS** had 13.3 percent and 9.1 percent, respectively. For **NHHF**'s nonresponsive cases, 73.3 percent ended in call back. Comparatively, **ACNH**'s and **WS**' nonresponsive cases ended in call back 36.4 percent and 33.3 percent of the time, respectively.

Table 2-4— Telephone Survey Non-Response Reasons by MCO for PCPs

MCO	Non-Respondents	Refusal (%)	Ended in Call Back (%)
ACNH	22	18.2	36.4
NHHF	15	13.3	73.3
WS	33	9.1	33.3
Overall*	70	12.9	42.9

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

Table 2-5 displays the number and percentage of survey respondents reporting that the MCOs' provider data reflected the correct location for PCPs, by MCO. The location response rate is limited to survey respondents. Statewide, 98.7 percent of all records were confirmed to be at the right location. **ACNH** had the highest rate among the three MCOs with 99.2 percent of all cases confirmed to be the correct location.

Table 2-5— Distribution of Respondents With the Correct Location by MCO for PCPs

MCO	Respondents	Correct Location	Rate (%)
ACNH	127	126	99.2
NHHF	76	75	98.7
WS	109	107	98.2
Overall*	312	308	98.7

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

Table 2-6 displays, by health plan, the number and percentage of cases accepting the requested MCO and/or commercial insurance (Anthem).²⁻¹ The Medicaid acceptance rate is limited to survey respondents at the correct location and offering PCP services. Out of the 308 cases sampled across the MCOs and confirmed to be at the correct location, 256 (83.1 percent) reported accepting Medicaid. Out of those 256 cases, 97.3 percent were confirmed to also accept the respective MCO, while 83.2 percent of the cases accepted Anthem.

Table 2-6—Distribution of Respondents Accepting MCO/Commercial Insurance by Health Plan

MCO	Denom ¹	Medicaid Acceptance (%)	Denom ²	MCO Acceptance (%)
ACNH	126	84.9	107	100.0
NHHF	75	70.7	53	96.2
WS	107	89.7	96	94.8
Overall MCO*	308	83.1	256	97.3
Anthem**	308	83.1	256	83.2

¹ The denominator includes cases responding to the survey and at the correct location.

² The denominator includes cases responding to the survey, at the correct location and accepting Medicaid.

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

** Results for Anthem are limited to cases that reported accepting Medicaid and do not reflect a separate, random sample of provider locations contracted with Anthem.

Table 2-7 displays, by health plan, the number and percentage of cases where the location accepts new patients for each of the MCOs and the commercial insurance, Anthem. The new patient acceptance rate is limited to survey respondents at the correct location, offering PCP services, and accepting the specified MCO/commercial insurance. Across the three MCOs, 61.0 percent of all respondents accepted new patients. **WS** had the highest proportion of respondents state that they accept new patients at 78.0 percent. Conversely, **ACNH** had the lowest proportion of respondents accepting new patients at 47.7 percent. **NHHF** and Anthem had similar rates of 58.8 percent and 59.2 percent of respondents accepting new patients.

Table 2-7—Distribution of Respondents Accepting New Patients by Health Plan

MCO	Denom ¹	Rate (%)
ACNH	107	47.7

²⁻¹ HSAG assessed appointment availability for individuals with commercial health insurance using Anthem as a comparison to the respondents' stated appointment availability for an MCO. This information is presented throughout the report to compare survey results for each MCO with results for a commercial insurance plan. 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.

MCO	Denom ¹	Rate (%)
NHHF	51	58.8
WS	91	78.0
Overall MCO*	249	61.0
Anthem**	213	59.2

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

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

** Results for Anthem are limited to cases that reported accepting Medicaid and Anthem and do not reflect a separate, random sample of provider locations contracted with Anthem.

Table 2-8 displays, by MCO, the number and percentage of cases in which the survey respondent confirmed that the sampled location offers PCP services. The acceptance rate is limited to survey respondents at the correct location. For all three MCOs, 100 percent of all records sampled and at the correct location were reported to accept PCPs.

Table 2-8—Distribution of PCP Acceptance by MCO

MCO	Denom ¹	Offers PCP Services	Rate (%)
ACNH	74	74	100.0
NHHF	49	49	100.0
WS	72	72	100.0
Overall*	195	195	100.0

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

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

Table 2-9 and Table 2-10 display appointment wait time for new and existing patients, respectively. The appointment wait time is limited to survey respondents at the correct location, offering PCP services, and accepting the specified MCO/commercial insurance. Table 2-9 is also limited to those accepting new patients. All three MCOs and Anthem were confirmed to offer same-day appointments in at least one provider office for new and existing patients. **ACNH** and Anthem had a maximum wait time of 395 calendar days for new patients, and **WS** and Anthem had a maximum wait time of 367 calendar days for existing patients. On average, a new patient enrolled in an MCO would have to wait 58.7 calendar days for an appointment with a PCP statewide. For existing patients enrolled in an MCO, the average wait time was 24.7 calendar days; however, the median wait time was 35.0 calendar days for new patients and 14.0 calendar days for existing patients. The average wait time for both new and existing patients was longer than the median wait time, indicating that long wait times attributed to a select few PCP offices increased the average wait time.

Table 2-9—New Patient Appointment Wait Time in Calendar Days for a Routine Visit by Health Plan

MCO	Denom ¹	Minimum Wait Time (Days)	Maximum Wait Time (Days)	Average Wait Time (Days)	Median Wait Time (Days)
ACNH	39	0	395	54.0	32.0
NHHF	29	0	168	49.8	28.0
WS	54	0	244	68.3	52.0
Overall MCO*	122	0	395	58.7	35.0
Anthem**	106	0	395	58.7	35.0

¹ The denominator includes cases responding to the survey, at the correct location, accepting the MCO/commercial insurance, accepting new patients, and offering PCP services.

* Use caution when interpreting Overall MCO results, as this group includes the total number of survey cases, including unique telephone numbers and/or addresses associated with multiple locations. Survey calls were placed by provider domain, telephone number, and address; survey responses are unique to the sampled location (i.e., case). Values in the denominator column may not sum in the Overall MCO result.

** Results for Anthem are limited to cases that reported accepting Medicaid and Anthem and do not reflect a separate, random sample of provider locations contracted with Anthem.

Table 2-10—Existing Patient Appointment Wait Time in Calendar Days for a Routine Visit by Health Plan

MCO	Denom ¹	Minimum Wait Time (Days)	Maximum Wait Time (Days)	Average Wait Time (Days)	Median Wait Time (Days)
ACNH	74	0	122	24.6	17.0
NHHF	49	0	150	21.6	14.0
WS	72	0	367	27.4	7.0
Overall MCO*	195	0	367	24.7	14.0
Anthem**	171	0	367	24.8	14.0

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

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

** Results for Anthem are limited to cases that reported accepting Medicaid and Anthem and do not reflect a separate, random sample of provider locations contracted with Anthem.

Table 2-11 presents the median appointment wait times shown in previous tables by appointment type and health plan to illustrate differences in appointment availability. Instances in which long appointment wait times are comparable across the four 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). Statewide and for each individual health plan, the median wait time was longer for a new patient compared to an existing patient. **WS** had

the longest median wait time for a new patient at 52.0 calendar days and the shortest median wait time for an existing patient at 7.0 calendar days.

Table 2-11—Median Appointment Wait Times in Calendar Days by Health Plan

MCO	New Patient Routine Visit	Existing Patient Routine Visit
ACNH	32.0	17.0
NHHF	28.0	14.0
WS	52.0	7.0
Overall MCO*	35.0	14.0
Anthem**	35.0	14.0

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

** Results for Anthem are limited to cases that reported accepting Medicaid and Anthem and do not reflect a separate, random sample of provider locations contracted with Anthem.

Online Directory Review and Telephone Survey Comparative Findings

Table 2-12 and Table 2-13 display the comparative findings from the provider data, provider directory, and telephone survey for PCPs. Cases that matched on seven key indicators (Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty) in the provider directory and provider data were included in the telephone survey. Final results compared the provider data, provider directory, and telephone survey against one another for 13 separate indicators.

Table 2-12 shows the distribution of PCPs' information that matched on seven key indicators—Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty—between the PDV and the telephone survey for each MCO. From an original 170 cases per MCO, ACNH had 91.8 percent of cases move on to the telephone survey, while NHHF and WS had 57.1 percent and 86.5 percent of cases move on, respectively. When comparing the provider data, provider directory, and telephone survey, ACNH matched exactly on the seven key indicators for 43.5 percent of cases, while NHHF and WS matched on 28.2 percent and 40.6 percent of cases, respectively. Statewide, 37.5 percent of all cases matched on the seven key indicators.

Table 2-12—Distribution of Comparative Findings by MCO

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
ACNH	170	156	91.8	156	74	47.4	43.5

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
NHHF	170	97	57.1	97	48	49.5	28.2
WS	170	147	86.5	147	69	46.9	40.6
Overall\$	510	400	78.4	400	191	47.8	37.5

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO across the following seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflects the number of cases with an exact match across all seven indicators in the directory from the “Cases With Exact Match in Directory” column.

+ “Cases Confirmed by Phone Call” reflects the number of cases that confirmed all seven indicators via phone call.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

\$ 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. Survey calls were placed by provider domain, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-13 shows the distribution of each indicator that matched between the provider data, PDV, and telephone survey for PCPs. Statewide, data appeared consistent between the provider data and the provider online directory, resulting in all 13 indicators matching at a rate of at least 83.7 percent per indicator. When comparing provider data, the provider online directory, and the telephone survey, only five indicators (Provider Address, Provider City, Provider State, Provider ZIP Code, and Provider Telephone Number) scored above 60 percent of cases matched statewide. The Provider Accepting New Patients indicator had the lowest statewide match rate across the provider data, provider directory, and telephone survey with 20.8 percent of cases matching. In contrast, the Provider Telephone Number indicator had the best overall match rate with 71.0 percent of cases matching.

The column “Rate of Cases Confirmed Total” shows the match rate for each indicator, per MCO, across provider data, the online provider directory, and the telephone survey. **ACNH** scored the highest on a single indicator with 82.9 percent for the Provider Telephone Number indicator and overall had six indicators match across the three data sources at a rate above 74 percent. Conversely, **NHHF** scored the lowest on the Provider Accommodates for Physical Disabilities indicator with 4.7 percent. **NHHF** recorded below 52 percent for all 13 indicators when comparing the three data sources. All indicators for **WS** were recorded to be between 24 percent and 73 percent of cases matching.

Table 2-13—Distribution of Comparative Findings by Indicator and MCO

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Name							
ACNH	170	167	98.2	156	74	47.4	43.5
NHHF	170	154	90.6	97	49	50.5	28.8
WS	170	165	97.1	147	72	49.0	42.4
Total ^S	510	486	95.3	400	195	48.8	38.2
Provider Address							
ACNH	170	164	96.5	156	126	80.8	74.1
NHHF	170	137	80.6	97	75	77.3	44.1
WS	170	150	88.2	147	107	72.8	62.9
Total ^S	510	451	88.4	400	308	77.0	60.4
Provider Suite Number							
ACNH	170	168	98.8	156	126	80.8	74.1
NHHF	170	154	90.6	97	74	76.3	43.5
WS	170	161	94.7	147	105	71.4	61.8
Total ^S	510	483	94.7	400	305	76.3	59.8
Provider City							
ACNH	170	167	98.2	156	126	80.8	74.1
NHHF	170	143	84.1	97	75	77.3	44.1
WS	170	163	95.9	147	107	72.8	62.9
Total ^S	510	473	92.7	400	308	77.0	60.4
Provider State							
ACNH	170	170	100.0	156	126	80.8	74.1
NHHF	170	155	91.2	97	75	77.3	44.1
WS	170	165	97.1	147	107	72.8	62.9
Total ^S	510	490	96.1	400	308	77.0	60.4
Provider ZIP Code							
ACNH	170	166	97.6	156	126	80.8	74.1

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
NHHF	170	138	81.2	97	75	77.3	44.1
WS	170	160	94.1	147	107	72.8	62.9
Total [§]	510	464	91.0	400	308	77.0	60.4
Provider Telephone Number							
ACNH	170	165	97.1	156	141	90.4	82.9
NHHF	170	105	61.8	97	88	90.7	51.8
WS	170	157	92.4	147	133	90.5	78.2
Total [§]	510	427	83.7	400	362	90.5	71.0
Provider Type/Specialty							
ACNH	170	165	97.1	156	74	47.4	43.5
NHHF	170	153	90.0	97	49	50.5	28.8
WS	170	163	95.9	147	72	49.0	42.4
Total [§]	510	481	94.3	400	195	48.8	38.2
Provider Gender							
ACNH	170	169	99.4	156	74	47.4	43.5
NHHF	170	155	91.2	97	49	50.5	28.8
WS	170	165	97.1	147	70	47.6	41.2
Total [§]	510	489	95.9	400	193	48.3	37.8
Provider Accepting New Patients							
ACNH	170	164	96.5	156	38	24.4	22.4
NHHF	170	137	80.6	97	27	27.8	15.9
WS	170	163	95.9	147	41	27.9	24.1
Total [§]	510	464	91.0	400	106	26.5	20.8
Non-English Language Speaking Provider							
ACNH	170	169	99.4	156	61	39.1	35.9
NHHF	170	138	81.2	97	37	38.1	21.8
WS	170	157	92.4	147	53	36.1	31.2
Total [§]	510	464	91.0	400	151	37.8	29.6

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Primary Language							
ACNH	170	168	98.8	156	74	47.4	43.5
NHHF	170	154	90.6	97	49	50.5	28.8
WS	170	165	97.1	147	70	47.6	41.2
Total[§]	510	487	95.5	400	193	48.3	37.8
Provider Accommodates for Physical Disabilities							
ACNH	170	163	95.9	156	73	46.8	42.9
NHHF	170	114	67.1	97	8	8.2	4.7
WS	170	159	93.5	147	51	34.7	30.0
Total[§]	510	436	85.5	400	132	33.0	25.9

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflect the number of cases with an exact match across the following seven indicators: Provider’s Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

+ “Cases Confirmed by Phone Call” compares the telephone survey, the online provider directory and provider data files provided by the MCO.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

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

Specialty Providers

Online Directory Review Findings

Table 2-14 through Table 2-27 contain the findings of the online directory review validation for eight specialty providers. In this portion of the survey, HSAG compared data from each MCO to the provider directory for 13 indicators.

Table 2-14 summarizes findings by MCO and specialty category regarding the number of sampled providers and provider locations (i.e., “cases”) that HSAG’s reviewers were able to locate in the MCOs’ online directories. Out of 488 specialty providers sampled statewide and across all eight specialties, 472 providers were found in the online provider directory (96.7 percent). All sampled ENTs contracted with all three MCOs were able to be located in the directory. At least one sampled OB/GYN per MCO was unable to be located in the directory. Pulmonologists contracted with **NHHF** were the most likely to not

be found in the directory with 19.0 percent of providers unable to be located. Overall, 9.7 percent of the provider locations were unable to be located in the directory.

Table 2-14—Summary of Sampled Providers Located in Online Directories by MCO

MCO	Number of Sampled Providers	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count	%	Count	%	Count	%**
Allergists							
ACNH	17	17	100.0	0	0.0	3	17.6
NHHF	15	14	93.3	1	6.7	0	0.0
WS	17	17	100.0	0	0.0	0	0.0
ENTs							
ACNH	21	21	100.0	0	0.0	5	23.8
NHHF	21	21	100.0	0	0.0	2	9.5
WS	21	21	100.0	0	0.0	1	4.8
Gastroenterologists							
ACNH	21	20	95.2	1	4.8	2	10.0
NHHF	21	21	100.0	0	0.0	2	9.5
WS	21	20	95.2	1	4.8	2	10.0
OB/GYNs							
ACNH	21	20	95.2	1	4.8	2	10.0
NHHF	21	19	90.5	2	9.5	1	5.3
WS	21	20	95.2	1	4.8	2	10.0
Ophthalmologists							
ACNH	19	16	84.2	3	15.8	0	0.0
NHHF	21	21	100.0	0	0.0	3	14.3
WS	21	21	100.0	0	0.0	0	0.0
Orthopedists							
ACNH	21	21	100.0	0	0.0	1	4.8
NHHF	21	20	95.2	1	4.8	1	5.0
WS	21	21	100.0	0	0.0	1	4.8

MCO	Number of Sampled Providers	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count	%	Count	%	Count	%**
Pulmonologists							
ACNH	21	21	100.0	0	0.0	5	23.8
NHHF	21	17	81.0	4	19.0	4	23.5
WS	21	21	100.0	0	0.0	3	14.3
Urologists							
ACNH	21	21	100.0	0	0.0	1	4.8
NHHF	21	20	95.2	1	4.8	3	15.0
WS	21	21	100.0	0	0.0	2	9.5
All MCOs*	488	472	96.7	16	3.3	46	9.7

* “All MCOs” reflects the aggregate count and rate of matches between the provider data files and the online provider directory across all three MCOs.

** Rate calculated using “Provider Locations Not Found in Directory” as the numerator and “Providers Found in Directory” as the denominator.

Table 2-15 through Table 2-27 display the percentage of sampled providers with exact matches between the provider data and the provider online directory for 13 indicators by specialty category and MCO. A total of 472 providers were located in the online provider directory and were included in the online directory review findings. Cases with unmatched results may include spelling discrepancies, incomplete information, or information not listed in the directory (e.g., the MCO’s provider data included a data value for a study indicator, but the online provider directory did not include a data value for the study indicator).

For the Provider Name indicator, all eight specialties across all three MCOs matched on 100 percent of cases, as displayed in Table 2-15.

Table 2-15—Percentage of Cases With Exact Match in Provider Name Study Indicator by Specialty Category and MCO

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	17	100.0
NHHF	14	14	100.0
WS	17	17	100.0

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
ENTs			
ACNH	21	21	100.0
NHHF	21	21	100.0
WS	21	21	100.0
Gastroenterologists			
ACNH	20	20	100.0
NHHF	21	21	100.0
WS	20	20	100.0
OB/GYNs			
ACNH	20	20	100.0
NHHF	19	19	100.0
WS	20	20	100.0
Ophthalmologists			
ACNH	16	16	100.0
NHHF	21	21	100.0
WS	21	21	100.0
Orthopedists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	21	100.0
Pulmonologists			
ACNH	21	21	100.0
NHHF	17	17	100.0
WS	21	21	100.0
Urologists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	21	100.0
Overall	472	472	100.0

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Statewide, 90.0 percent of cases matched on the Provider Address indicator. **NHHF**'s and **WS**' Allergists and **ACNH**'s Ophthalmologists matched on the Provider Address indicator for 100 percent of cases. Comparatively, **ACNH**'s ENTs and Pulmonologists matched on 76.2 percent of cases. Three specialty types matched on less than 90.0 percent of cases for **ACNH** (Allergists, ENTs, Pulmonologists) and **NHHF** (Ophthalmologists, Pulmonologists, and Urologists), while only one specialty type did so for **WS** (Pulmonologists), as shown in Table 2-16.

**Table 2-16—Percentage of Cases With Exact Match in Provider Address Indicator
by Specialty Category and MCO**

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	14	82.4
NHHF	14	14	100.0
WS	17	17	100.0
ENTs			
ACNH	21	16	76.2
NHHF	21	19	90.5
WS	21	20	95.2
Gastroenterologists			
ACNH	20	18	90.0
NHHF	21	19	90.5
WS	20	18	90.0
OB/GYNs			
ACNH	20	18	90.0
NHHF	19	18	94.7
WS	20	19	95.0
Ophthalmologists			
ACNH	16	16	100.0
NHHF	21	18	85.7
WS	21	19	90.5
Orthopedists			
ACNH	21	20	95.2
NHHF	20	19	95.0
WS	21	20	95.2

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Pulmonologists			
ACNH	21	16	76.2
NHHF	17	13	76.5
WS	21	18	85.7
Urologists			
ACNH	21	20	95.2
NHHF	20	17	85.0
WS	21	19	90.5
Overall	472	425	90.0

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Statewide, 88.1 percent of cases matched on the Provider Suite Number indicator, as displayed in Table 2-17. **ACNH**'s Ophthalmologists and OB/GYNs, **NHHF**'s Allergists and Orthopedists, and **WS**' Gastroenterologists matched on the Provider Suite Number indicator on 100 percent of cases. **WS**' OB/GYNs only matched on 65.0 percent of cases. Four specialty types matched on less than 90.0 percent of cases for **ACNH** (Allergists, ENTs, Pulmonologists, and Urologists), while three specialty types did so for **NHHF** (Ophthalmologists, Pulmonologists, and Urologists) and **WS** (OB/GYNs, Orthopedists, and Pulmonologists).

Table 2-17—Percentage of Cases With Exact Match in Provider Suite Number Indicator by Specialty Category and MCO

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	14	82.4
NHHF	14	14	100.0
WS	17	16	94.1
ENTs			
ACNH	21	16	76.2
NHHF	21	19	90.5
WS	21	19	90.5
Gastroenterologists			
ACNH	20	18	90.0
NHHF	21	20	95.2

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
WS	20	20	100.0
OB/GYNs			
ACNH	20	20	100.0
NHHF	19	18	94.7
WS	20	13	65.0
Ophthalmologists			
ACNH	16	16	100.0
NHHF	21	18	85.7
WS	21	19	90.5
Orthopedists			
ACNH	21	20	95.2
NHHF	20	20	100.0
WS	21	17	81.0
Pulmonologists			
ACNH	21	16	76.2
NHHF	17	13	76.5
WS	21	16	76.2
Urologists			
ACNH	21	17	81.0
NHHF	20	17	85.0
WS	21	20	95.2
Overall	472	416	88.1

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Statewide, 98.1 percent of cases matched on the Provider City indicator. Allergists, OB/GYNs, Ophthalmologists, and Orthopedists matched on 100 percent of cases across all three MCOs along with **WS**' ENTs, **ACNH**'s and **WS**' Gastroenterologists, and **ACNH**'s Pulmonologists. All specialty types matched on the Provider City indicator on at least 90.5 percent of all sampled cases where the provider could be located within the provider directory.

**Table 2-18—Percentage of Cases With Exact Match in Provider City Indicator
by Specialty Category and MCO**

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	17	100.0
NHHF	14	14	100.0
WS	17	17	100.0
ENTs			
ACNH	21	19	90.5
NHHF	21	20	95.2
WS	21	21	100.0
Gastroenterologists			
ACNH	20	20	100.0
NHHF	21	20	95.2
WS	20	20	100.0
OB/GYNs			
ACNH	20	20	100.0
NHHF	19	19	100.0
WS	20	20	100.0
Ophthalmologists			
ACNH	16	16	100.0
NHHF	21	21	100.0
WS	21	21	100.0
Orthopedists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	21	100.0
Pulmonologists			
ACNH	21	21	100.0
NHHF	17	16	94.1
WS	21	20	95.2

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Urologists			
ACNH	21	20	95.2
NHHF	20	19	95.0
WS	21	20	95.2
Overall	472	463	98.1

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

For the Provider State indicator, Table 2-19 shows all eight specialties contracting with each MCO matched on 100 percent of cases with the exception of **WS** Urologists, which only matched on 95.2 percent of cases.

**Table 2-19—Percentage of Cases With Exact Match in Provider State Indicator
by Specialty Category and MCO**

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	17	100.0
NHHF	14	14	100.0
WS	17	17	100.0
ENTs			
ACNH	21	21	100.0
NHHF	21	21	100.0
WS	21	21	100.0
Gastroenterologists			
ACNH	20	20	100.0
NHHF	21	21	100.0
WS	20	20	100.0
OB/GYNs			
ACNH	20	20	100.0
NHHF	19	19	100.0
WS	20	20	100.0

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Ophthalmologists			
ACNH	16	16	100.0
NHHF	21	21	100.0
WS	21	21	100.0
Orthopedists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	21	100.0
Pulmonologists			
ACNH	21	21	100.0
NHHF	17	17	100.0
WS	21	21	100.0
Urologists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	20	95.2
Overall	472	471	99.8

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Statewide, 96.0 percent of cases matched on the Provider ZIP Code indicator, as displayed in Table 2-20. All eight specialty types contracted with **NHHF** and **WS** matched on the Provider ZIP Code indicator in at least 94.1 percent of cases. **ACNH** matched on the Provider ZIP Code indicator in at least 90.0 percent of cases for six of the specialty types. **ACNH**'s Allergists and ENTs matched on 82.4 and 81.0 percent of cases, respectively.

**Table 2-20—Percentage of Cases With Exact Match in Provider ZIP Code Indicator
by Specialty Category and MCO**

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	14	82.4
NHHF	14	14	100.0
WS	17	17	100.0

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
ENTs			
ACNH	21	17	81.0
NHHF	21	20	95.2
WS	21	21	100.0
Gastroenterologists			
ACNH	20	18	90.0
NHHF	21	20	95.2
WS	20	20	100.0
OB/GYNs			
ACNH	20	20	100.0
NHHF	19	19	100.0
WS	20	19	95.0
Ophthalmologists			
ACNH	16	16	100.0
NHHF	21	21	100.0
WS	21	21	100.0
Orthopedists			
ACNH	21	20	95.2
NHHF	20	20	100.0
WS	21	21	100.0
Pulmonologists			
ACNH	21	20	95.2
NHHF	17	16	94.1
WS	21	20	95.2
Urologists			
ACNH	21	20	95.2
NHHF	20	19	95.0
WS	21	20	95.2
Overall	472	453	96.0

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Table 2-21 demonstrates that 86.0 percent of cases matched on the Provider Telephone Number indicator statewide. **WS** matched on at least 90 percent of cases for all eight specialty types. **ACNH** recorded a match rate of 100 percent for four specialties (Allergists, OB/GYNs, Ophthalmologists, and Urologists). The other four **ACNH** specialties had a match rate between 81.0 percent and 95.2 percent. **NHHF** matched between 45.0 percent and 78.6 percent of cases for seven out of eight specialties with its Ophthalmologists recording the highest match rate at 95.2 percent.

Table 2-21—Percentage of Cases With Exact Match in Provider Telephone Number Indicator by Specialty Category and MCO

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	17	100.0
NHHF	14	11	78.6
WS	17	17	100.0
ENTs			
ACNH	21	17	81.0
NHHF	21	15	71.4
WS	21	21	100.0
Gastroenterologists			
ACNH	20	19	95.0
NHHF	21	13	61.9
WS	20	18	90.0
OB/GYNs			
ACNH	20	20	100.0
NHHF	19	12	63.2
WS	20	19	95.0
Ophthalmologists			
ACNH	16	16	100.0
NHHF	21	20	95.2
WS	21	21	100.0
Orthopedists			
ACNH	21	20	95.2
NHHF	20	9	45.0
WS	21	20	95.2

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Pulmonologists			
ACNH	21	18	85.7
NHHF	17	11	64.7
WS	21	19	90.5
Urologists			
ACNH	21	21	100.0
NHHF	20	12	60.0
WS	21	20	95.2
Overall	472	406	86.0

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Statewide, 98.9 percent of cases matched on the Provider Type/Specialty indicator. All eight specialty types for **ACNH** recorded a 100 percent match rate for the indicator, while five of the eight specialty types and seven of the eight did so for **NHHF** and **WS**, respectively. The specialty types that did not match on 100 percent of cases were **NHHF**'s ENTs (95.2 percent), Gastroenterologists (95.2 percent), and OB/GYNs (89.5 percent), and **WS**' Pulmonologists (95.2 percent), as shown in Table 2-22.

Table 2-22—Percentage of Cases With Exact Match in Provider Type/Specialty Indicator by Specialty Category and MCO

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	17	100.0
NHHF	14	14	100.0
WS	17	17	100.0
ENTs			
ACNH	21	21	100.0
NHHF	21	20	95.2
WS	21	21	100.0
Gastroenterologists			
ACNH	20	20	100.0
NHHF	21	20	95.2
WS	20	20	100.0

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
OB/GYNs			
ACNH	20	20	100.0
NHHF	19	17	89.5
WS	20	20	100.0
Ophthalmologists			
ACNH	16	16	100.0
NHHF	21	21	100.0
WS	21	21	100.0
Orthopedists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	21	100.0
Pulmonologists			
ACNH	21	21	100.0
NHHF	17	17	100.0
WS	21	20	95.2
Urologists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	21	100.0
Overall	472	467	98.9

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Statewide, 72.2 percent of cases matched on the Provider Accepting New Patients indicator. All eight specialty types for ACNH recorded a 100 percent match rate for the indicator. WS' highest match rate was 42.9 percent for its Urologists and the lowest match rate was 11.8 percent for its Allergists. NHHF matched between 85.0 percent (Urologists) and 100 percent (Allergists and Ophthalmologists) for the Provider Accepting New Patients indicator.

Table 2-23—Percentage of Cases With Exact Match in Provider Accepting New Patients Indicator by Specialty Category and MCO

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	17	100.0
NHHF	14	14	100.0
WS	17	2	11.8
ENTs			
ACNH	21	21	100.0
NHHF	21	20	95.2
WS	21	5	23.8
Gastroenterologists			
ACNH	20	20	100.0
NHHF	21	18	85.7
WS	20	6	30.0
OB/GYNs			
ACNH	20	20	100.0
NHHF	19	18	94.7
WS	20	6	30.0
Ophthalmologists			
ACNH	16	16	100.0
NHHF	21	21	100.0
WS	21	3	14.3
Orthopedists			
ACNH	21	21	100.0
NHHF	20	19	95.0
WS	21	3	14.3
Pulmonologists			
ACNH	21	21	100.0
NHHF	17	16	94.1
WS	21	7	33.3

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Urologists			
ACNH	21	21	100.0
NHHF	20	17	85.0
WS	21	9	42.9
Overall	472	341	72.2

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Table 2-24 displays the percentage of sampled providers identified in the online directories with exact matches for the Provider Gender study indicator. All eight specialties contracting with each MCO matched on 100 percent of cases with the exception of NHHF's Gastroenterologists and OB/GYNs, which only matched on 95.2 percent and 94.7 percent of cases, respectively, for this indicator.

**Table 2-24—Percentage of Cases With Exact Match in Provider Gender Study Indicator
by Specialty Category and MCO**

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	17	100.0
NHHF	14	14	100.0
WS	17	17	100.0
ENTs			
ACNH	21	21	100.0
NHHF	21	21	100.0
WS	21	21	100.0
Gastroenterologists			
ACNH	20	20	100.0
NHHF	21	20	95.2
WS	20	20	100.0
OB/GYNs			
ACNH	20	20	100.0
NHHF	19	18	94.7
WS	20	20	100.0

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Ophthalmologists			
ACNH	16	16	100.0
NHHF	21	21	100.0
WS	21	21	100.0
Orthopedists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	21	100.0
Pulmonologists			
ACNH	21	21	100.0
NHHF	17	17	100.0
WS	21	21	100.0
Urologists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	21	100.0
Overall	472	470	99.6

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

For the Provider Primary Language indicator, all eight specialties contracting with each MCO matched on 100 percent of cases with the exception of **WS**’ OB/GYNs, which only matched on 95.0 percent of cases, as displayed in Table 2-25.

**Table 2-25— Percentage of Cases With Exact Match in Provider Primary Language Indicator
by Specialty Category and MCO**

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	17	100.0
NHHF	14	14	100.0
WS	17	17	100.0

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
ENTs			
ACNH	21	21	100.0
NHHF	21	21	100.0
WS	21	21	100.0
Gastroenterologists			
ACNH	20	20	100.0
NHHF	21	21	100.0
WS	20	20	100.0
OB/GYNs			
ACNH	20	20	100.0
NHHF	19	19	100.0
WS	20	19	95.0
Ophthalmologists			
ACNH	16	16	100.0
NHHF	21	21	100.0
WS	21	21	100.0
Orthopedists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	21	100.0
Pulmonologists			
ACNH	21	21	100.0
NHHF	17	17	100.0
WS	21	21	100.0
Urologists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	21	100.0
Overall	472	471	99.8

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Table 2-26 displays a 96.4 percent match rate of cases for the Non-English Language Speaking Provider indicator statewide. **ACNH** and **NHHF** matched on 100 percent of cases for all eight specialty types. Comparatively, **WS** matched on 100 percent of cases for only one specialty type, Orthopedists; all other specialty types were between a 66.7 percent and 95.2 percent match rate.

Table 2-26—Percentage of Cases With Exact Match in Non-English Language Speaking Provider Indicator by Specialty Category and MCO

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	17	100.0
NHHF	14	14	100.0
WS	17	16	94.1
ENTs			
ACNH	21	21	100.0
NHHF	21	21	100.0
WS	21	18	85.7
Gastroenterologists			
ACNH	20	20	100.0
NHHF	21	21	100.0
WS	20	19	95.0
OB/GYNs			
ACNH	20	20	100.0
NHHF	19	19	100.0
WS	20	18	90.0
Ophthalmologists			
ACNH	16	16	100.0
NHHF	21	21	100.0
WS	21	14	66.7
Orthopedists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	21	100.0

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Pulmonologists			
ACNH	21	21	100.0
NHHF	17	17	100.0
WS	21	20	95.2
Urologists			
ACNH	21	21	100.0
NHHF	20	20	100.0
WS	21	19	90.5
Overall	472	455	96.4

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Statewide, 59.7 percent of cases matched on the Provider Accommodates for Physical Disabilities indicator, as demonstrated in Table 2-27. **ACNH**'s ENTs and OB/GYNs and **WS**' Allergists and Ophthalmologists recorded the highest match rate on the indicator with 100 percent. In comparison, **NHHF** matched on none of the cases for six of the eight specialties. Allergists and Orthopedists recorded the two non-zero match rates for **NHHF** at 7.1 percent and 10.0 percent of cases, respectively.

Table 2-27—Percentage of Cases With Exact Match in Provider Accommodates for Physical Disabilities Study Indicator by Specialty Category and MCO

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
Allergists			
ACNH	17	15	88.2
NHHF	14	1	7.1
WS	17	17	100.0
ENTs			
ACNH	21	21	100.0
NHHF	21	0	0.0
WS	21	17	81.0
Gastroenterologists			
ACNH	20	16	80.0
NHHF	21	0	0.0
WS	20	18	90.0

MCO	Total Number of Cases (Denominator*)	Exact Match	Percentage With Exact Match
OB/GYNs			
ACNH	20	20	100.0
NHHF	19	0	0.0
WS	20	17	85.0
Ophthalmologists			
ACNH	16	8	50.0
NHHF	21	0	0.0
WS	21	21	100.0
Orthopedists			
ACNH	21	20	95.2
NHHF	20	2	10.0
WS	21	16	76.2
Pulmonologists			
ACNH	21	20	95.2
NHHF	17	0	0.0
WS	21	16	76.2
Urologists			
ACNH	21	18	85.7
NHHF	20	0	0.0
WS	21	19	90.5
Overall	472	282	59.7

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Telephone Survey Findings

Table 2-28 through Table 2-36 display the telephone survey results for eight specialty types. HSAG included providers in the telephone survey if they could be found in the online provider directory and matched on seven key indicators—Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty—with the provider data. In this portion of the survey, HSAG compared the provider data from each MCO to information from the provider location for all 13 indicators. HSAG collected data for the telephone survey by utilizing reviewers who called each provider location to confirm details from the online provider directory. HSAG included results for Anthem when information could be collected for comparison purposes.

If a provider's office completed the survey questions when called, the case was deemed responsive. Table 2-28 illustrates the survey response rates by MCO for specialty providers. Statewide, there was a 68.8 percent response rate for all specialty types. **NHHF**'s Ophthalmologists were the most responsive with 100 percent of all cases' calls completed, while **ACNH**'s Ophthalmologists were the least responsive with 43.8 percent of calls completed. Four specialty types had at least one MCO display a response rate of 70.0 percent or below. Allergists were the only specialty type that recorded a response rate of less than 70.0 percent for all three MCOs.

Table 2-28—Telephone Survey Response Rate by MCO

MCO	Total Number of Cases	Respondents	Response Rate (%)
Allergists			
ACNH	14	7	50.0
NHHF	11	7	63.6
WS	17	9	52.9
ENTs			
ACNH	16	15	93.8
NHHF	13	10	76.9
WS	20	12	60.0
Gastroenterologists			
ACNH	18	12	66.7
NHHF	11	6	54.5
WS	18	16	88.9
OB/GYNs			
ACNH	18	8	44.4
NHHF	11	7	63.6
WS	18	13	72.2
Ophthalmologists			
ACNH	16	7	43.8
NHHF	18	18	100.0
WS	19	12	63.2
Orthopedists			
ACNH	20	14	70.0
NHHF	9	7	77.8
WS	20	16	80.0

MCO	Total Number of Cases	Respondents	Response Rate (%)
Pulmonologists			
ACNH	16	12	75.0
NHHF	11	8	72.7
WS	18	10	55.6
Urologists			
ACNH	20	14	70.0
NHHF	10	7	70.0
WS	19	15	78.9
Overall*	381	262	68.8

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

Table 2-29 illustrates common non-response reasons by specialty category and MCO. A survey case was considered nonresponsive if any of the following criteria were met:

- The telephone number was disconnected/invalid.
- The telephone number connected to an individual or business unrelated to a medical practice or facility.
- The office personnel refused to participate in the survey (Refusal).
- The office personnel failed to respond within two business days to the voicemail request to complete the survey (Ended in Call Back).
- The interviewer was unable to speak with office personnel (e.g., the call was answered by an automated answering service or call center) or was unable to leave a voicemail due to extended hold time (Ended in Call Back).

Out of 381 cases that made it to the telephone survey for all specialty providers, 90 were nonresponsive. Of all nonresponsive cases, 24.4 percent were deemed a refusal, while 46.7 ended in call back. Notable findings include ACNH’s Ophthalmologists, which had a total of eight nonresponsive cases, the highest among the specialty categories. Additionally, NHHF’s ENTs, Ophthalmologists, and Pulmonologists had zero nonresponsive cases. Results for questions asked during the survey were slightly affected by the number of respondents.

Table 2-29—Telephone Survey Non-Response Reasons by MCO

MCO	Non-Respondents	Refusal (%)	Ended in Call Back (%)
Allergists			
ACNH	6	0.0	66.7
NHHF	4	25.0	0.0
WS	6	0.0	33.3
ENTs			
ACNH	1	0.0	0.0
NHHF	0	NA	NA
WS	7	14.3	42.9
Gastroenterologists			
ACNH	5	20.0	60.0
NHHF	4	50.0	50.0
WS	1	0.0	100.0
OB/GYNs			
ACNH	6	33.3	66.7
NHHF	4	75.0	25.0
WS	4	0.0	75.0
Ophthalmologists			
ACNH	8	87.5	12.5
NHHF	0	NA	NA
WS	6	50.0	16.7
Orthopedists			
ACNH	1	0.0	100.0
NHHF	2	0.0	50.0
WS	3	33.3	33.3
Pulmonologists			
ACNH	2	0.0	100.0
NHHF	0	NA	NA
WS	7	0.0	42.9

MCO	Non-Respondents	Refusal (%)	Ended in Call Back (%)
Urologists			
ACNH	6	0.0	66.7
NHHF	3	0.0	100.0
WS	4	25.0	50.0
Overall*	90	24.4	46.7

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

NA—Not Applicable

Table 2-30 displays, by specialty category and MCO, the number and percentage of survey respondents reporting that the MCOs’ provider data reflected the correct location. The location response rate is limited to survey respondents. Statewide, 93.9 percent of the cases for all specialties matched the provider data and online provider directory. **ACNH** and **NHHF** had a 100 percent match rate for all specialties, while **WS** only matched on 100 percent of cases for one specialty type, OB/GYNs. **WS**’ Orthopedists matched on 75.0 percent of cases.

Table 2-30—Distribution of Respondents With the Correct Location by Specialty Category and MCO

MCO	Respondents	Correct Location	Rate (%)
Allergists			
ACNH	7	7	100.0
NHHF	7	7	100.0
WS	9	7	77.8
ENTs			
ACNH	15	15	100.0
NHHF	10	10	100.0
WS	12	11	91.7
Gastroenterologists			
ACNH	12	12	100.0
NHHF	6	6	100.0
WS	16	13	81.3
OB/GYNs			
ACNH	8	8	100.0
NHHF	7	7	100.0
WS	13	13	100.0

MCO	Respondents	Correct Location	Rate (%)
Ophthalmologists			
ACNH	7	7	100.0
NHHF	18	18	100.0
WS	12	10	83.3
Orthopedists			
ACNH	14	14	100.0
NHHF	7	7	100.0
WS	16	12	75.0
Pulmonologists			
ACNH	12	12	100.0
NHHF	8	8	100.0
WS	10	8	80.0
Urologists			
ACNH	14	14	100.0
NHHF	7	7	100.0
WS	15	13	86.7
Overall*	262	246	93.9

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

Table 2-31 displays, by specialty category and health plan, the number and percentage of cases accepting the requested MCO and/or commercial insurance (Anthem).²⁻² The Medicaid acceptance rate is limited to survey respondents at the correct location and accepting the specialty category. Across the three MCOs, 76.8 percent accepted Medicaid statewide. **NHHF**’s and **WS**’ Allergists, **NHHF**’s OB/GYNs, **NHHF**’s Ophthalmologists, and **NHHF**’s Urologists accepted Medicaid in 100 percent of cases. **ACNH**’s specialty category that had the highest Medicaid acceptance rate was Allergists with 85.7 percent of cases. **NHHF**’s Gastroenterologists had the lowest acceptance rate of any MCO and specialty category combination with only 33.3 percent of cases accepting Medicaid. Out of the cases accepting Medicaid, 96.3 percent of all specialty cases also accepted the respective MCO. All eight specialty categories accepted **NHHF** in 100 percent of cases. Seven of the eight specialty categories did as well for **ACNH** with only its

²⁻² HSAG assessed appointment availability for individuals with commercial health insurance using Anthem as a comparison to the respondents’ stated appointment availability for a MCO. This information is presented throughout the report to compare survey results for each MCO with results for a commercial insurance plan. 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.

Ophthalmologists accepting the plan in 60.0 percent of cases. Five of the eight specialty categories accepted **WS** at a 100 percent rate. Anthem was accepted at generally lower rates compared to the MCOs.

**Table 2-31—Distribution of Respondents Accepting MCO/Commercial Insurance
by Specialty Category and Health Plan**

MCO	Denom ¹	Medicaid Acceptance (%)	Denom ²	MCO Acceptance (%)
Allergists				
ACNH	7	85.7	6	100.0
NHHF	7	100.0	7	100.0
WS	7	100.0	7	100.0
Anthem*	21	95.2	20	95.0
ENTs				
ACNH	15	66.7	10	100.0
NHHF	10	80.0	8	100.0
WS	11	90.9	10	100.0
Anthem*	36	77.8	28	92.9
Gastroenterologists				
ACNH	12	58.3	7	100.0
NHHF	6	33.3	2	100.0
WS	13	92.3	12	100.0
Anthem*	31	67.7	21	95.2
OB/GYNs				
ACNH	8	75.0	6	100.0
NHHF	7	100.0	7	100.0
WS	13	69.2	9	88.9
Anthem*	28	78.6	22	95.5
Ophthalmologists				
ACNH	7	71.4	5	60.0
NHHF	18	94.4	17	100.0
WS	10	100.0	10	100.0
Anthem*	35	91.4	32	81.3
Orthopedists				
ACNH	14	50.0	7	100.0

MCO	Denom ¹	Medicaid Acceptance (%)	Denom ²	MCO Acceptance (%)
NHHF	7	71.4	5	100.0
WS	12	66.7	8	62.5
Anthem*	33	60.6	20	95.0
Pulmonologists				
ACNH	12	50.0	6	100.0
NHHF	8	87.5	7	100.0
WS	8	75.0	6	100.0
Anthem*	28	67.9	19	100.0
Urologists				
ACNH	14	57.1	8	100.0
NHHF	7	100.0	7	100.0
WS	13	92.3	12	91.7
Anthem*	34	79.4	27	88.9
Overall MCO**	246	76.8	189	96.3

¹ The denominator includes cases responding to the survey and at the correct location.

² The denominator includes cases responding to the survey, at the correct location, and accepting Medicaid.

* Results for Anthem are limited to cases that reported accepting Medicaid and do not reflect a separate, random sample of provider locations contracted with Anthem.

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

Table 2-32 displays, by specialty category and health plan, the number and percentage of cases where the location accepts new patients for each of the MCOs and the commercial insurance. The new patient acceptance rate is limited to survey respondents at the correct location, accepting the specialty category, and accepting the specified health plan. Across all specialty types and MCOs, 89.6 percent of all locations stated they were accepting new patients. Across providers accepting all MCOs and Anthem, 100 percent of all Pulmonologists and Urologists stated that they were accepting new patients. All specialty categories, with the exception of Gastroenterologists for WS (91.7 percent), also had a 100 percent new patient acceptance rate. NHHF's Gastroenterologists reported not accepting any new patients; however, only two providers were included in this portion of the analysis. The lowest non-zero acceptance rate was 57.1 for ACNH's Orthopedists.

Table 2-32—Distribution of Respondents Accepting New Patients by Specialty Category and Health Plan

MCO	Denom ¹	Rate (%)
Allergists		
ACNH	6	83.3
NHHF	7	100.0
WS	7	100.0
Anthem*	19	94.7
ENTs		
ACNH	10	90.0
NHHF	8	75.0
WS	10	100.0
Anthem*	26	88.5
Gastroenterologists		
ACNH	7	85.7
NHHF	2	0.0
WS	12	91.7
Anthem*	20	80.0
OB/GYNs		
ACNH	6	83.3
NHHF	7	71.4
WS	8	100.0
Anthem*	21	85.7
Ophthalmologists		
ACNH	3	66.7
NHHF	17	82.4
WS	10	100.0
Anthem*	26	84.6
Orthopedists		
ACNH	7	57.1
NHHF	5	80.0
WS	5	100.0
Anthem*	19	78.9

MCO	Denom ¹	Rate (%)
Pulmonologists		
ACNH	6	100.0
NHHF	7	100.0
WS	6	100.0
Anthem*	19	100.0
Urologists		
ACNH	8	100.0
NHHF	7	100.0
WS	11	100.0
Anthem*	24	100.0
Overall MCO**	182	89.6

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

* Results for Anthem are limited to cases that reported accepting Medicaid and Anthem and do not reflect a separate, random sample of provider locations contracted with Anthem.

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

Table 2-33 displays, by specialty category and MCO, the number and percentage of cases in which the survey respondent confirmed that the sampled location offered specialty services. The acceptance rate is limited to survey respondents at the correct location. All eight specialty categories for all three MCOs had a 100 percent specialty category acceptance rate with the exception of NHHF's Gastroenterologists, who did not have any providers proceed to this portion of the telephone survey, and WS' OB/GYNs, who had a 66.7 percent acceptance rate.

Table 2-33—Distribution of Provider Specialty Category Acceptance by Specialty Category and MCO

MCO	Denom ¹	Accepting Specialty Category	Rate (%)
Allergists			
ACNH	6	6	100.0
NHHF	7	7	100.0
WS	6	6	100.0
ENTs			
ACNH	10	10	100.0
NHHF	7	7	100.0
WS	9	9	100.0

MCO	Denom ¹	Accepting Specialty Category	Rate (%)
Gastroenterologists			
ACNH	7	7	100.0
NHHF ⁺	0	0	NA
WS	8	8	100.0
OB/GYNs			
ACNH	6	6	100.0
NHHF	5	5	100.0
WS	6	4	66.7
Ophthalmologists			
ACNH	3	3	100.0
NHHF	15	15	100.0
WS	9	9	100.0
Orthopedists			
ACNH	7	7	100.0
NHHF	4	4	100.0
WS	5	5	100.0
Pulmonologists			
ACNH	6	6	100.0
NHHF	7	7	100.0
WS	6	6	100.0
Urologists			
ACNH	8	8	100.0
NHHF	7	7	100.0
WS	9	9	100.0
Overall*	163	161	98.8

¹ The denominator includes cases responding to the survey, at the correct location, and accepting the MCO/commercial insurance. + NA, or Not Applicable, denotes there were no cases that proceeded to this section of the telephone 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. Survey calls were placed by specialty category, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-34 displays, by specialty category and health plan, the number and percentage of cases offering appointments to new patients for a routine visit. The appointment wait time is limited to survey respondents at the current location, offering the specialty category, accepting the specified health plan, and accepting new patients. There were only two instances of a specialty type and health plan combination having a minimum wait time of zero calendar days, **WS**' Gastroenterologists and **NHHF**'s OB/GYNs, and two instances for Anthem (Gastroenterologists and Ophthalmologists). Orthopedists had the shortest wait time of less than eight calendar days for all MCOs and Anthem. **ACNH**'s Gastroenterologists had the longest minimum wait time of 76 calendar days for new patients. Alternatively, Pulmonologists had the longest maximum wait time of 108 calendar days or longer for all MCOs and Anthem. However, **WS**' Allergists had the longest wait time for any single specialty type and health plan combination with a 187 calendar day maximum wait for new patients. The average wait time for a patient enrolled in an MCO statewide was 55.1 calendar days, while the median wait time was 55.0 calendar days, indicating an even distribution of wait times.

**Table 2-34—New Patient Appointment Wait Time in Calendar Days for a Routine Visit
by Specialty Category and Health Plan**

MCO	Denom ¹	Minimum Wait Time (Days)	Maximum Wait Time (Days)	Average Wait Time (Days)	Median Wait Time (Days)
Allergists					
ACNH	5	47	173	77.2	50.0
NHHF	7	11	76	45.0	55.0
WS	6	12	187	73.0	59.5
Anthem*	18	11	187	63.3	56.0
ENTs					
ACNH	9	19	100	77.0	85.0
NHHF	6	55	77	66.2	66.0
WS	9	7	75	25.0	17.0
Anthem*	22	7	100	57.2	65.0
Gastroenterologists					
ACNH	6	76	104	90.0	90.0
NHHF ⁺	NA	NA	NA	NA	NA
WS	8	0	71	41.0	48.0
Anthem*	13	0	104	63.2	71.0
OB/GYNs					
ACNH	5	14	85	40.8	36.0
NHHF	5	0	67	33.2	35.0

MCO	Denom ¹	Minimum Wait Time (Days)	Maximum Wait Time (Days)	Average Wait Time (Days)	Median Wait Time (Days)
WS	4	14	14	14.0	14.0
Anthem*	13	4	85	34.8	31.0
Ophthalmologists					
ACNH	2	45	99	72.0	72.0
NHHF	14	7	111	80.7	89.0
WS	9	14	91	49.2	42.5
Anthem*	22	0	111	68.9	72.5
Orthopedists					
ACNH	4	7	31	19.5	20.0
NHHF	4	1	92	34.8	23.0
WS	5	5	24	11.7	6.0
Anthem*	13	1	92	22.9	14.0
Pulmonologists					
ACNH	6	8	108	39.5	31.0
NHHF	7	30	118	66.0	62.0
WS	6	34	111	74.5	75.0
Anthem*	19	8	118	60.3	49.0
Urologists					
ACNH	8	7	84	51.1	50.0
NHHF	7	11	104	63.9	68.0
WS	9	3	61	44.3	48.0
Anthem*	22	3	104	54.6	53.0
Overall MCO**	151	0	187	55.1	55.0

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

+ NA, or Not Applicable, denotes there were no cases that proceeded to this section of the telephone survey.

* Results for Anthem are limited to cases that reported accepting Medicaid and Anthem and do not reflect a separate, random sample of provider locations contracted with Anthem.

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

Table 2-35 displays, by health plan, the number and percentage of cases offering specialty appointments to existing patients for routine visits. The appointment wait time is limited to survey respondents at the correct location, accepting the specialty category, and accepting the specified health plan. There were

only two instances of a specialty type and MCO combination having a minimum wait time of zero calendar days for an MCO, **WS**' Gastroenterologists and **NHHF**'s Ophthalmologists. Orthopedists were the only specialty type that had a minimum wait time of five calendar days or less for all MCOs and Anthem. **ACNH**'s Gastroenterologists had the longest minimum wait time of 55 calendar days for existing patients. **WS**' and Anthem's Allergists had the longest wait time for any specialty type and health plan combination with a 187 calendar day wait for existing patients. The average wait time statewide for patients enrolled in a MCO was 43.4 calendar days, while the median wait time was 42.5 calendar days, indicating an even distribution of wait times.

Table 2-35— Existing Patient Appointment Wait Time in Calendar Days for a Routine Visit by Health Plan

MCO	Denom ¹	Minimum Wait Time (Days)	Maximum Wait Time (Days)	Average Wait Time (Days)	Median Wait Time (Days)
Allergists					
ACNH	6	12	173	57.2	41.0
NHHF	7	4	48	23.1	14.0
WS	6	1	187	54.7	34.5
Anthem*	19	1	187	43.7	32.0
ENTs					
ACNH	10	11	85	52.8	61.5
NHHF	7	14	67	46.9	50.0
WS	9	2	56	16.8	16.0
Anthem*	24	2	85	39.3	42.5
Gastroenterologists					
ACNH	7	55	104	78.9	69.0
NHHF ⁺	NA	NA	NA	NA	NA
WS	8	0	71	34.9	29.5
Anthem*	14	0	104	56.0	58.0
OB/GYNs					
ACNH	6	14	85	40.0	31.5
NHHF	5	4	53	25.8	19.0
WS	4	14	14	14.0	14.0
Anthem*	14	4	85	30.5	21.0
Ophthalmologists					
ACNH	3	45	56	50.3	50.0
NHHF	15	0	104	65.9	63.0

MCO	Denom ¹	Minimum Wait Time (Days)	Maximum Wait Time (Days)	Average Wait Time (Days)	Median Wait Time (Days)
WS	9	14	91	49.2	42.5
Anthem*	24	0	104	61.6	57.0
Orthopedists					
ACNH	7	4	99	31.0	14.0
NHHF	4	1	87	26.5	9.0
WS	5	5	24	11.7	6.0
Anthem*	16	1	99	25.6	9.0
Pulmonologists					
ACNH	6	1	81	25.8	9.0
NHHF	7	13	91	37.6	22.0
WS	6	2	97	45.3	46.5
Anthem*	19	1	97	36.3	22.0
Urologists					
ACNH	8	7	77	47.5	50.0
NHHF	7	11	104	58.9	54.0
WS	9	3	61	38.4	46.0
Anthem*	22	3	104	49.0	50.5
Overall MCO**	161	0	187	43.4	42.5

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

+ NA, or Not Applicable, denotes there were no cases that proceeded to this section of the telephone survey.

* Results for Anthem are limited to cases that reported accepting Medicaid and Anthem and do not reflect a separate, random sample of provider locations contracted with Anthem.

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

Table 2-36 presents the median appointment wait times shown in previous tables by appointment type and health plan to illustrate differences in appointment availability. Instances in which long appointment wait times are comparable across the four 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). All specialty types for each MCO and Anthem had a longer median wait time for new patients compared to existing patients with the exception of **WS**' OB/GYNs, Ophthalmologists, and Orthopedists, and **ACNH**'s Urologists, where the median wait times were identical. Statewide, the median wait time was 55.0 calendar days for new patients and 42.5 calendar days for existing patients.

Table 2-36—Median Appointment Wait Times in Calendar Days by Specialty Category and Health Plan

MCO	New Patient Routine Visit	Existing Patient Routine Visit
Allergists		
ACNH	50.0	41.0
NHHF	55.0	14.0
WS	59.5	34.5
Anthem*	56.0	32.0
ENTs		
ACNH	85.0	61.5
NHHF	66.0	50.0
WS	17.0	16.0
Anthem*	65.0	42.5
Gastroenterologists		
ACNH	90.0	69.0
NHHF ⁺	NA	NA
WS	48.0	29.5
Anthem*	71.0	58.0
OB/GYNs		
ACNH	36.0	31.5
NHHF	35.0	19.0
WS	14.0	14.0
Anthem*	31.0	21.0
Ophthalmologists		
ACNH	72.0	50.0

MCO	New Patient Routine Visit	Existing Patient Routine Visit
NHHF	89.0	63.0
WS	42.5	42.5
Anthem*	72.5	57.0
Orthopedists		
ACNH	20.0	14.0
NHHF	23.0	9.0
WS	6.0	6.0
Anthem*	14.0	9.0
Pulmonologists		
ACNH	31.0	9.0
NHHF	62.0	22.0
WS	75.0	46.5
Anthem*	49.0	22.0
Urologists		
ACNH	50.0	50.0
NHHF	68.0	54.0
WS	48.0	46.0
Anthem*	53.0	50.5
Overall MCO**	55.0	42.5

+ NA, or Not Applicable, denotes there were no cases that proceeded to this section of the telephone survey.

* Results for Anthem are limited to cases that reported accepting Medicaid and Anthem and do not reflect a separate, random sample of provider locations contracted with Anthem.

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

Online Directory Review and Telephone Survey Comparative Findings

Table 2-37 through Table 2-45 compare the provider data, provider directory, and telephone survey for eight specialty providers. Cases that matched on seven key indicators (Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty) in the provider directory and provider data were considered a match and were included in the telephone survey. Final comparative results compared the provider data, provider directory, and telephone survey against one another for 13 separate indicators for each specialty type.

Table 2-37 shows the distribution of providers' information that matched on seven key indicators—Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number and Provider Type/Specialty—between the provider data, PDV, and telephone survey. Statewide, 78.1 percent of all specialty provider cases matched on seven key indicators during the online directory review and were included in the telephone survey. **WS**' Allergists had the highest percentage of cases match during the online directory review with 100 percent of cases. Conversely, **NHHF**'s Orthopedists had the lowest percentage of cases match on the seven key indicators with 47.6 percent. **WS** had at least 85.7 percent of cases match during the online directory review for all eight specialty types, while **NHHF** had a maximum of 85.7 cases match. There was a match rate of 32.4 percent for all specialty types and MCOs when comparing the provider data, online provider directory, and data obtained from the telephone survey. Individually, each specialty type and MCO combination had a match rate of 47.6 or lower when comparing the provider data, online provider directory, and data obtained from the telephone survey with the exception of **NHHF**'s Ophthalmologists, which matched in 71.4 percent of cases.

Table 2-37—Distribution of Comparative Findings by Specialty Category and MCO

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Allergists							
ACNH	17	14	82.4	14	6	42.9	35.3
NHHF	15	11	73.3	11	7	63.6	46.7
WS	17	17	100.0	17	6	35.3	35.3
ENTs							
ACNH	21	16	76.2	16	10	62.5	47.6
NHHF	21	13	61.9	13	7	53.8	33.3
WS	21	20	95.2	20	9	45.0	42.9
Gastroenterologists							
ACNH	21	18	85.7	18	7	38.9	33.3
NHHF	21	11	52.4	11	0	0.0	0.0
WS	21	18	85.7	18	8	44.4	38.1
OB/GYNs							
ACNH	21	18	85.7	18	6	33.3	28.6
NHHF	21	11	52.4	11	4	36.4	19.0
WS	21	18	85.7	18	4	22.2	19.0

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Ophthalmologists							
ACNH	19	16	84.2	16	3	18.8	15.8
NHHF	21	18	85.7	18	15	83.3	71.4
WS	21	19	90.5	19	9	47.4	42.9
Orthopedists							
ACNH	21	20	95.2	20	7	35.0	33.3
NHHF	21	9	42.9	9	4	44.4	19.0
WS	21	20	95.2	20	5	25.0	23.8
Pulmonologists							
ACNH	21	16	76.2	16	6	37.5	28.6
NHHF	21	11	52.4	11	6	54.5	28.6
WS	21	18	85.7	18	6	33.3	28.6
Urologists							
ACNH	21	20	95.2	20	7	35.0	33.3
NHHF	21	10	47.6	10	7	70.0	33.3
WS	21	19	90.5	19	9	47.4	42.9
Overall\$	488	381	78.1	381	158	41.5	32.4

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO across the following seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflects the number of cases with an exact match across all seven indicators in the directory from the “Cases With Exact Match in Directory” column.

+ “Cases Confirmed by Phone Call” reflects the number of cases that confirmed all seven indicators via phone call.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

\$ 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. Survey calls were placed by specialty category, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-38 shows the distribution of each indicator that matched between the provider data, PDV, and telephone survey for Allergists. Statewide, Allergists matched on indicators when comparing the provider data and provider online directory, as seen in the “Rate of Cases With Exact Match in Directory” column, in more than 90 percent of cases. There were two exceptions, the Provider Accepting New Patients and Provider Accommodates for Physical Disabilities indicators, which had match rates of 67.3 percent each. **ACNH** matched at a rate of 100 percent for all but four indicators. Provider Address, Provider Suite Number, and Provider ZIP Code all match at a rate of 82.4 percent, while Provider Accommodates for Physical Disabilities matched at an 88.2 percent rate. **WS** also matched at a 100 percent rate for all indicators with the exception of Provider Address (94.1 percent), Provider Accepting New Patients (11.8 percent), and Non-English-Speaking Provider (94.1 percent). Conversely, the lowest match rate was 6.7 percent for **NHHF** on the Provider Accommodates for Physical Disabilities indicator.

Of the 49 cases that were sampled for Allergists, 42 cases matched on the seven key indicators and were included in the telephone survey. When comparing the provider data and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed by Phone Call” column, 12 of the 13 indicators matched in 50.0 percent or less of cases statewide. The Provider Telephone Number indicator matched in 90.5 percent of cases.

When comparing the provider data, online provider directory, and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed Total” column, the indicator with the highest statewide match rate was Provider Telephone Number with 77.6 percent. The indicator with the lowest statewide match rate was Provider Accommodates for Physical Disabilities at 14.3 percent. All indicators, with the exception of Provider Telephone Number, had a statewide match rate below 43.0 percent. The highest match on a single indicator for all three data sources for one MCO was 88.3 percent for **WS** on the indicator Provider Telephone Number. Conversely, the lowest match rate was 0.0 percent for **NHHF** on the Provider Accommodates for Physical Disabilities indicator. The lowest non-zero match rate was 5.9 percent for **WS** on the Provider Accepting New Patients indicator.

Table 2-38—Distribution of Comparative Findings by Indicator and MCO for Allergists

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call†	Rate of Cases Confirmed by Phone Call††	Rate of Cases Confirmed Total†††
Provider Name							
ACNH	17	17	100.0	14	6	42.9	35.3
NHHF	15	14	93.3	11	7	63.6	46.7
WS	17	17	100.0	17	6	35.3	35.3
Total[§]	49	48	98.0	42	19	45.2	38.8

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Address							
ACNH	17	14	82.4	14	7	50.0	41.2
NHHF	15	14	93.3	11	7	63.6	46.7
WS	17	17	100.0	17	7	41.2	41.2
Total^S	49	45	91.8	42	21	50.0	42.9
Provider Suite Number							
ACNH	17	14	82.4	14	7	50.0	41.2
NHHF	15	15	100.0	11	7	63.6	46.7
WS	17	16	94.1	17	7	41.2	41.2
Total^S	49	45	91.8	42	21	50.0	42.9
Provider City							
ACNH	17	17	100.0	14	7	50.0	41.2
NHHF	15	14	93.3	11	7	63.6	46.7
WS	17	17	100.0	17	7	41.2	41.2
Total^S	49	48	98.0	42	21	50.0	42.9
Provider State							
ACNH	17	17	100.0	14	7	50.0	41.2
NHHF	15	14	93.3	11	7	63.6	46.7
WS	17	17	100.0	17	7	41.2	41.2
Total^S	49	48	98.0	42	21	50.0	42.9
Provider ZIP Code							
ACNH	17	14	82.4	14	7	50.0	41.2
NHHF	15	14	93.3	11	7	63.6	46.7
WS	17	17	100.0	17	7	41.2	41.2
Total^S	49	45	91.8	42	21	50.0	42.9
Provider Telephone Number							
ACNH	17	17	100.0	14	12	85.7	70.6
NHHF	15	11	73.3	11	11	100.0	73.3

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
WS	17	17	100.0	17	15	88.2	88.2
Total ^s	49	45	91.8	42	38	90.5	77.6
Provider Type/Specialty							
ACNH	17	17	100.0	14	6	42.9	35.3
NHHF	15	14	93.3	11	7	63.6	46.7
WS	17	17	100.0	17	6	35.3	35.3
Total ^s	49	48	98.0	42	19	45.2	38.8
Provider Gender							
ACNH	17	17	100.0	14	6	42.9	35.3
NHHF	15	14	93.3	11	7	63.6	46.7
WS	17	17	100.0	17	6	35.3	35.3
Total ^s	49	48	98.0	42	19	45.2	38.8
Provider Accepting New Patients							
ACNH	17	17	100.0	14	6	42.9	35.3
NHHF	15	14	93.3	11	7	63.6	46.7
WS	17	2	11.8	17	1	5.9	5.9
Total ^s	49	33	67.3	42	14	33.3	28.6
Non-English Language Speaking Provider							
ACNH	17	17	100.0	14	6	42.9	35.3
NHHF	15	14	93.3	11	5	45.5	33.3
WS	17	16	94.1	17	5	29.4	29.4
Total ^s	49	47	95.9	42	16	38.1	32.7
Provider Primary Language							
ACNH	17	17	100.0	14	6	42.9	35.3
NHHF	15	14	93.3	11	7	63.6	46.7
WS	17	17	100.0	17	6	35.3	35.3
Total ^s	49	48	98.0	42	19	45.2	38.8

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Accommodates for Physical Disabilities							
ACNH	17	15	88.2	14	5	35.7	29.4
NHHF	15	1	6.7	11	0	0.0	0.0
WS	17	17	100.0	17	2	11.8	11.8
Total[§]	49	33	67.3	42	7	16.7	14.3

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflect the number of cases with an exact match across the following seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

+ “Cases Confirmed by Phone Call” compares the telephone survey, the online provider directory, and provider data files provided by the MCO.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

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

Table 2-39 shows the distribution of each indicator that matched between the provider data, PDV, and telephone survey for ENTs. Statewide, ENTs matched on indicators when comparing the provider data and provider online directory, as seen in the “Rate of Cases With Exact Match in Directory” column, in more than 85 percent of cases. There were three exceptions; the Provider Telephone Number, Provider Accepting New Patients, and Provider Accommodates for Physical Disabilities indicators had match rates of 84.1 percent, 73.0 percent, and 60.3 percent, respectively. Several of the indicators had a 100 percent match rate statewide when comparing the provider data to the online provider directory; these indicators were Provider Name, Provider State, Provider Gender, and Provider Primary Language. The lowest match rate statewide was on the Provider Accommodates for Physical Disabilities indicator with a match rate of 60.3 percent.

Of the 63 cases that were sampled for ENTs, 49 cases matched on the seven key indicators and were included in the telephone survey. When comparing the provider data and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed by Phone Call” column, six of the 13 indicators matched in more than 71.0 percent of cases statewide; those indicators were Provider Address, Provider Suite Number, Provider City, Provider State, Provider ZIP Code, and Provider Telephone Number.

When comparing the provider data, online provider directory, and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed Total” column, the indicator with the highest statewide match rate was Provider Telephone Number with 68.3 percent. Comparatively, the indicator with the lowest statewide match rate was Provider Accommodates for Physical Disabilities with 22.2 percent.

ACNH had a higher match rate on all indicators than NHHF or WS with the exception of the Provider Telephone Number indicator. In this case, WS had the highest match rate of 85.7 percent compared to ACNH's 71.4 percent. The highest match rate on a single indicator for all three data sources for one MCO was 85.7 percent for WS on the Provider Telephone Number indicator. Conversely, the lowest match rate was 0.0 percent for both NHHF on the Provider Accommodates for Physical Disabilities indicator and WS on the Provider Accepting New Patients indicator.

Table 2-39—Distribution of Comparative Findings by Indicator and MCO for ENTs

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call†	Rate of Cases Confirmed by Phone Call††	Rate of Cases Confirmed Total†††
Provider Name							
ACNH	21	21	100.0	16	10	62.5	47.6
NHHF	21	21	100.0	13	7	53.8	33.3
WS	21	21	100.0	20	9	45.0	42.9
Total[§]	63	63	100.0	49	26	53.1	41.3
Provider Address							
ACNH	21	16	76.2	16	15	93.8	71.4
NHHF	21	19	90.5	13	10	76.9	47.6
WS	21	20	95.2	20	11	55.0	52.4
Total[§]	63	55	87.3	49	36	73.5	57.1
Provider Suite Number							
ACNH	21	16	76.2	16	15	93.8	71.4
NHHF	21	19	90.5	13	10	76.9	47.6
WS	21	19	90.5	20	10	50.0	47.6
Total[§]	63	54	85.7	49	35	71.4	55.6
Provider City							
ACNH	21	19	90.5	16	15	93.8	71.4
NHHF	21	20	95.2	13	10	76.9	47.6
WS	21	21	100.0	20	11	55.0	52.4
Total[§]	63	60	95.2	49	36	73.5	57.1
Provider State							
ACNH	21	21	100.0	16	15	93.8	71.4

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
NHHF	21	21	100.0	13	10	76.9	47.6
WS	21	21	100.0	20	11	55.0	52.4
Total [§]	63	63	100.0	49	36	73.5	57.1
Provider ZIP Code							
ACNH	21	17	81.0	16	15	93.8	71.4
NHHF	21	20	95.2	13	10	76.9	47.6
WS	21	21	100.0	20	11	55.0	52.4
Total [§]	63	58	92.1	49	36	73.5	57.1
Provider Telephone Number							
ACNH	21	17	81.0	16	15	93.8	71.4
NHHF	21	15	71.4	13	10	76.9	47.6
WS	21	21	100.0	20	18	90.0	85.7
Total [§]	63	53	84.1	49	43	87.8	68.3
Provider Type/Specialty							
ACNH	21	21	100.0	16	10	62.5	47.6
NHHF	21	20	95.2	13	7	53.8	33.3
WS	21	21	100.0	20	9	45.0	42.9
Total [§]	63	62	98.4	49	26	53.1	41.3
Provider Gender							
ACNH	21	21	100.0	16	10	62.5	47.6
NHHF	21	21	100.0	13	7	53.8	33.3
WS	21	21	100.0	20	9	45.0	42.9
Total [§]	63	63	100.0	49	26	53.1	41.3
Provider Accepting New Patients							
ACNH	21	21	100.0	16	9	56.3	42.9
NHHF	21	20	95.2	13	7	53.8	33.3
WS	21	5	23.8	20	0	0.0	0.0
Total [§]	63	46	73.0	49	16	32.7	25.4

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Non-English Language Speaking Provider							
ACNH	21	21	100.0	16	9	56.3	42.9
NHHF	21	21	100.0	13	6	46.2	28.6
WS	21	18	85.7	20	7	35.0	33.3
Total[§]	63	60	95.2	49	22	44.9	34.9
Provider Primary Language							
ACNH	21	21	100.0	16	10	62.5	47.6
NHHF	21	21	100.0	13	7	53.8	33.3
WS	21	21	100.0	20	9	45.0	42.9
Total[§]	63	63	100.0	49	26	53.1	41.3
Provider Accommodates for Physical Disabilities							
ACNH	21	21	100.0	16	10	62.5	47.6
NHHF	21	0	0.0	13	0	0.0	0.0
WS	21	17	81.0	20	4	20.0	19.0
Total[§]	63	38	60.3	49	14	28.6	22.2

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflect the number of cases with an exact match across the following seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

+ “Cases Confirmed by Phone Call” compares the telephone survey, the online provider directory, and provider data files provided by the MCO.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

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

Table 2-40 shows the distribution of each indicator that matched between the provider data, PDV, and telephone survey for Gastroenterologists. Statewide, Gastroenterologists matched on indicators when comparing the provider data and provider online directory, as seen in the “Rate of Cases With Exact Match in Directory” column, in more than 85 percent of cases. There were three exceptions; the Provider Telephone Number, Provider Accepting New Patients, and Provider Accommodates for Physical Disabilities indicators had match rates of 79.4 percent, 69.8 percent, and 54.0 percent, respectively. The highest match rate statewide was on the Provider Name, Provider State, and Provider Primary Language indicators with a match rate of 96.8 percent for all three indicators. The lowest match

rate statewide was on the Provider Accommodates for Physical Disabilities indicator with a match rate of 60.3 percent. Several MCOs scored 100.0 percent for a single indicator: **NHHF** for the Provider Name, Provider State, Non-English-Speaking Provider, and Provider Primary Language indicators; and **WS** for the Provider Suite Number indicator. While **NHHF** had several indicators matching at a 100 percent rate between the provider data and online provider directory, **NHHF** also had the one instance of an indicator with a 0.0 percent match rate in Provider Accommodates for Physical Disabilities.

Of the 63 cases that were sampled for Gastroenterologists, 47 cases matched on the seven key indicators and were included in the telephone survey. When comparing the provider data and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed by Phone Call” column, 12 of the 13 indicators matched in 66.0 percent of cases or less statewide. The Provider Telephone Number indicator matched in 91.5 percent of cases. **NHHF**’s Gastroenterologists were unable to complete the telephone survey and data could only be confirmed for six indicators: Provider Address, Provider Suite Number, Provider City, Provider State, Provider ZIP Code, and Provider Telephone Number. All other indicators had a 0.0 percent match rate.

When comparing the provider data, online provider directory, and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed Total” column, the indicator with the highest statewide match rate was Provider Telephone Number with 68.3 percent. All other indicators matched across the three data sources in less than 50 percent of cases. The indicator with the lowest statewide match rate was Provider Accepting New Patients with 11.1 percent. The highest match rate on a single indicator for all three data sources for one MCO was 81.0 percent for both **ACNH** and **WS** on the Provider Telephone Number indicator. Conversely, the lowest match rate, excluding **NHHF**, whose Gastroenterologists were unable to confirm information for most indicators, was 4.8 percent for **WS** on the Provider Accepting New Patients indicator.

Table 2-40—Distribution of Comparative Findings by Indicator and MCO for Gastroenterologists

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Name							
ACNH	21	20	95.2	18	7	38.9	33.3
NHHF	21	21	100.0	11	0	0.0	0.0
WS	21	20	95.2	18	8	44.4	38.1
Total[§]	63	61	96.8	47	15	31.9	23.8
Provider Address							
ACNH	21	18	85.7	18	12	66.7	57.1
NHHF	21	19	90.5	11	6	54.5	28.6

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
WS	21	18	85.7	18	13	72.2	61.9
Total ^s	63	55	87.3	47	31	66.0	49.2
Provider Suite Number							
ACNH	21	19	90.5	18	12	66.7	57.1
NHHF	21	20	95.2	11	6	54.5	28.6
WS	21	21	100.0	18	13	72.2	61.9
Total ^s	63	60	95.2	47	31	66.0	49.2
Provider City							
ACNH	21	20	95.2	18	12	66.7	57.1
NHHF	21	20	95.2	11	6	54.5	28.6
WS	21	20	95.2	18	13	72.2	61.9
Total ^s	63	60	95.2	47	31	66.0	49.2
Provider State							
ACNH	21	20	95.2	18	12	66.7	57.1
NHHF	21	21	100.0	11	6	54.5	28.6
WS	21	20	95.2	18	13	72.2	61.9
Total ^s	63	61	96.8	47	31	66.0	49.2
Provider ZIP Code							
ACNH	21	18	85.7	18	12	66.7	57.1
NHHF	21	20	95.2	11	6	54.5	28.6
WS	21	20	95.2	18	13	72.2	61.9
Total ^s	63	58	92.1	47	31	66.0	49.2
Provider Telephone Number							
ACNH	21	19	90.5	18	17	94.4	81.0
NHHF	21	13	61.9	11	9	81.8	42.9
WS	21	18	85.7	18	17	94.4	81.0
Total ^s	63	50	79.4	47	43	91.5	68.3

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Type/Specialty							
ACNH	21	20	95.2	18	7	38.9	33.3
NHHF	21	20	95.2	11	0	0.0	0.0
WS	21	20	95.2	18	8	44.4	38.1
Total^s	63	60	95.2	47	15	31.9	23.8
Provider Gender							
ACNH	21	20	95.2	18	7	38.9	33.3
NHHF	21	20	95.2	11	0	0.0	0.0
WS	21	20	95.2	18	8	44.4	38.1
Total^s	63	60	95.2	47	15	31.9	23.8
Provider Accepting New Patients							
ACNH	21	20	95.2	18	6	33.3	28.6
NHHF	21	18	85.7	11	0	0.0	0.0
WS	21	6	28.6	18	1	5.6	4.8
Total^s	63	44	69.8	47	7	14.9	11.1
Non-English Language Speaking Provider							
ACNH	21	20	95.2	18	6	33.3	28.6
NHHF	21	21	100.0	11	0	0.0	0.0
WS	21	19	90.5	18	7	38.9	33.3
Total^s	63	60	95.2	47	13	27.7	20.6
Provider Primary Language							
ACNH	21	20	95.2	18	7	38.9	33.3
NHHF	21	21	100.0	11	0	0.0	0.0
WS	21	20	95.2	18	8	44.4	38.1
Total^s	63	61	96.8	47	15	31.9	23.8
Provider Accommodates for Physical Disabilities							
ACNH	21	16	76.2	18	4	22.2	19.0
NHHF	21	0	0.0	11	0	0.0	0.0

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
WS	21	18	85.7	18	7	38.9	33.3
Total[§]	63	34	54.0	47	11	23.4	17.5

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflect the number of cases with an exact match across the following seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

+ “Cases Confirmed by Phone Call” compares the telephone survey, the online provider directory and provider data files provided by the MCO.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

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

Table 2-41 shows the distribution of each indicator that matched between the provider data, PDV, and telephone survey for OB/GYNs.

Statewide, OB/GYNs matched on indicators when comparing the provider data and provider online directory, as seen in the “Rate of Cases With Exact Match in Directory” column, in more than 85 percent of cases. There were three exceptions; the Provider Telephone Number, Provider Accepting New Patients, and Provider Accommodates for Physical Disabilities indicators had match rates of 81.0 percent, 69.8 percent, and 58.7 percent, respectively. The highest match rate statewide was on the Provider Name, Provider City, and Provider State indicators with a match rate of 93.7 percent for all three indicators. The lowest match rate statewide was on the Provider Accommodates for Physical Disabilities indicator with a match rate of 58.7 percent. **ACNH** had the highest match rate for a single indicator at 100 percent for the Provider Suite Number indicator. Conversely, **NHFF** matched in 0.0 percent of cases for the Provider Accommodates for Physical Disabilities indicator.

Of the 63 cases that were sampled for OB/GYNs, 47 cases matched on the seven key indicators and were included in the telephone survey. When comparing the provider data and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed by Phone Call” column, 12 of the 13 indicators matched in less than 60 percent of cases statewide. The Provider Telephone Number indicator matched in 87.2 percent of cases.

When comparing the provider data, online provider directory, and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed Total” column, the indicator with the highest statewide match rate was Provider Telephone Number with 65.1 percent. Comparatively, the indicator with the lowest statewide match rate was Provider Accommodates for Physical Disabilities with 14.3 percent. All indicators, with the exception of Provider Telephone Number, had a statewide match rate below 45.0 percent. The highest match rate on a single indicator for all three data sources for one MCO was 81.0

percent for **WS** on the Provider Telephone Number indicator. Conversely, the lowest match rate was 0.0 percent for **NHHF** on the Provider Accommodates for Physical Disabilities indicator. The lowest non-zero match rate was 4.8 percent for **WS** on the Provider Accepting New Patients indicator.

Table 2-41—Distribution of Comparative Findings by Indicator and MCO for OB/GYNs

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Name							
ACNH	21	20	95.2	18	6	33.3	28.6
NHHF	21	19	90.5	11	5	45.5	23.8
WS	21	20	95.2	18	6	33.3	28.6
Total^S	63	59	93.7	47	17	36.2	27.0
Provider Address							
ACNH	21	18	85.7	18	8	44.4	38.1
NHHF	21	18	85.7	11	7	63.6	33.3
WS	21	19	90.5	18	13	72.2	61.9
Total^S	63	55	87.3	47	28	59.6	44.4
Provider Suite Number							
ACNH	21	21	100.0	18	8	44.4	38.1
NHHF	21	20	95.2	11	7	63.6	33.3
WS	21	14	66.7	18	9	50.0	42.9
Total^S	63	55	87.3	47	24	51.1	38.1
Provider City							
ACNH	21	20	95.2	18	8	44.4	38.1
NHHF	21	19	90.5	11	7	63.6	33.3
WS	21	20	95.2	18	13	72.2	61.9
Total^S	63	59	93.7	47	28	59.6	44.4
Provider State							
ACNH	21	20	95.2	18	8	44.4	38.1
NHHF	21	19	90.5	11	7	63.6	33.3
WS	21	20	95.2	18	13	72.2	61.9

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Total^S	63	59	93.7	47	28	59.6	44.4
Provider ZIP Code							
ACNH	21	20	95.2	18	8	44.4	38.1
NHHF	21	19	90.5	11	7	63.6	33.3
WS	21	19	90.5	18	13	72.2	61.9
Total^S	63	58	92.1	47	28	59.6	44.4
Provider Telephone Number							
ACNH	21	20	95.2	18	14	77.8	66.7
NHHF	21	12	57.1	11	10	90.9	47.6
WS	21	19	90.5	18	17	94.4	81.0
Total^S	63	51	81.0	47	41	87.2	65.1
Provider Type/Specialty							
ACNH	21	20	95.2	18	6	33.3	28.6
NHHF	21	17	81.0	11	5	45.5	23.8
WS	21	20	95.2	18	4	22.2	19.0
Total^S	63	57	90.5	47	15	31.9	23.8
Provider Gender							
ACNH	21	20	95.2	18	6	33.3	28.6
NHHF	21	18	85.7	11	5	45.5	23.8
WS	21	20	95.2	18	6	33.3	28.6
Total^S	63	58	92.1	47	17	36.2	27.0
Provider Accepting New Patients							
ACNH	21	20	95.2	18	5	27.8	23.8
NHHF	21	18	85.7	11	5	45.5	23.8
WS	21	6	28.6	18	1	5.6	4.8
Total^S	63	44	69.8	47	11	23.4	17.5
Non-English Language Speaking Provider							
ACNH	21	20	95.2	18	6	33.3	28.6

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
NHHF	21	19	90.5	11	5	45.5	23.8
WS	21	18	85.7	18	4	22.2	19.0
Total ^{\$}	63	57	90.5	47	15	31.9	23.8
Provider Primary Language							
ACNH	21	20	95.2	18	6	33.3	28.6
NHHF	21	19	90.5	11	5	45.5	23.8
WS	21	19	90.5	18	6	33.3	28.6
Total ^{\$}	63	58	92.1	47	17	36.2	27.0
Provider Accommodates for Physical Disabilities							
ACNH	21	20	95.2	18	6	33.3	28.6
NHHF	21	0	0.0	11	0	0.0	0.0
WS	21	17	81.0	18	3	16.7	14.3
Total ^{\$}	63	37	58.7	47	9	19.1	14.3

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflect the number of cases with an exact match across the following seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

+ “Cases Confirmed by Phone Call” compares the telephone survey, the online provider directory and provider data files provided by the MCO.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

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

Table 2-42 shows the distribution of each indicator that matched between the provider data, PDV, and telephone survey for Ophthalmologists. Statewide, Ophthalmologists matched on indicators when comparing the provider data and provider online directory, as seen in the “Rate of Cases With Exact Match in Directory” column, in more than 85 percent of cases. There were three exceptions; the Provider Accepting New Patients, Non-English-Speaking Provider, and Provider Accommodates for Physical Disabilities indicators had match rates of 65.6 percent, 83.6 percent, and 47.5 percent, respectively. The highest match rate statewide was 95.1 percent and occurred on seven of the 13 indicators: Provider Name, Provider City, Provider State, Provider ZIP Code, Provider Type/Specialty, Provider Gender, and Provider Primary Language. The lowest match rate statewide was on the Provider Accommodates for Physical Disabilities indicator with 47.5 percent. NHHF had a 100 percent match rate for nine indicators: Provider Name, Provider City, Provider State, Provider ZIP Code, Provider

Type/Specialty, Provider Gender, Provider Accepting New Patients, Non-English-Speaking Provider, and Provider Primary Language. **WS** had a 100 percent match rate for seven indicators: Provider Name, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, Provider Type/Specialty, and Provider Gender. **ACNH** had a 100 percent match rate for the Provider Suite Number indicator. **NHHF** also had one instance of an indicator with a 0.0 percent match rate in Provider Accommodates for Physical Disabilities.

Of the 61 cases that were sampled for Ophthalmologists, 43 cases matched on the seven key indicators and were included in the telephone survey. When comparing the provider data and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed by Phone Call” column, the Provider Telephone Number indicator displayed the highest match rate statewide with 88.7 percent. Three indicators had a match rate below 35.0 percent: Provider Accepting New Patients (18.9 percent), Non-English-Speaking Provider (34.0 percent), and Provider Accommodates for Physical Disabilities (11.3 percent).

When comparing the provider data, online provider directory, and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed Total” column, the indicator with the highest statewide match rate was Provider Telephone Number with 77.0 percent. Comparatively, the indicator with the lowest statewide match rate was Provider Accommodates for Physical Disabilities with 9.8 percent. All indicators, with the exception of Provider Telephone Number, had a statewide match rate below 58 percent. **NHHF** had a higher match rate on all indicators for Ophthalmologists than **ACNH** or **WS** with the exception of the Provider Accommodates for Physical Disabilities indicator; in this case, **WS** had the highest match rate of 23.8 percent compared to **NHHF**’s 0.0 percent. The highest match rate on a single indicator for all three data sources for one MCO was 85.7 percent for **NHHF** on all five of the Address indicators and the Provider Telephone Number indicator. Conversely, the lowest non-zero match rate was 5.3 percent for **ACNH** on the Provider Accommodates for Physical Disabilities indicator and **WS** on the Provider Accepting New Patients indicator.

Table 2-42—Distribution of Comparative Findings by Indicator and MCO for Ophthalmologists

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call†	Rate of Cases Confirmed by Phone Call††	Rate of Cases Confirmed Total†††
Provider Name							
ACNH	19	16	84.2	16	3	18.8	15.8
NHHF	21	21	100.0	18	15	83.3	71.4
WS	21	21	100.0	19	9	47.4	42.9
Total[§]	61	58	95.1	53	27	50.9	44.3
Provider Address							
ACNH	19	16	84.2	16	7	43.8	36.8

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
NHHF	21	18	85.7	18	18	100.0	85.7
WS	21	19	90.5	19	10	52.6	47.6
Total ^{\$}	61	53	86.9	53	35	66.0	57.4
Provider Suite Number							
ACNH	19	19	100.0	16	7	43.8	36.8
NHHF	21	18	85.7	18	18	100.0	85.7
WS	21	19	90.5	19	9	47.4	42.9
Total ^{\$}	61	56	91.8	53	34	64.2	55.7
Provider City							
ACNH	19	16	84.2	16	7	43.8	36.8
NHHF	21	21	100.0	18	18	100.0	85.7
WS	21	21	100.0	19	10	52.6	47.6
Total ^{\$}	61	58	95.1	53	35	66.0	57.4
Provider State							
ACNH	19	16	84.2	16	7	43.8	36.8
NHHF	21	21	100.0	18	18	100.0	85.7
WS	21	21	100.0	19	10	52.6	47.6
Total ^{\$}	61	58	95.1	53	35	66.0	57.4
Provider ZIP Code							
ACNH	19	16	84.2	16	7	43.8	36.8
NHHF	21	21	100.0	18	18	100.0	85.7
WS	21	21	100.0	19	10	52.6	47.6
Total ^{\$}	61	58	95.1	53	35	66.0	57.4
Provider Telephone Number							
ACNH	19	16	84.2	16	15	93.8	78.9
NHHF	21	20	95.2	18	18	100.0	85.7
WS	21	21	100.0	19	14	73.7	66.7
Total ^{\$}	61	57	93.4	53	47	88.7	77.0

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Type/Specialty							
ACNH	19	16	84.2	16	3	18.8	15.8
NHHF	21	21	100.0	18	15	83.3	71.4
WS	21	21	100.0	19	9	47.4	42.9
Total^S	61	58	95.1	53	27	50.9	44.3
Provider Gender							
ACNH	19	16	84.2	16	3	18.8	15.8
NHHF	21	21	100.0	18	15	83.3	71.4
WS	21	21	100.0	19	9	47.4	42.9
Total^S	61	58	95.1	53	27	50.9	44.3
Provider Accepting New Patients							
ACNH	19	16	84.2	16	2	12.5	10.5
NHHF	21	21	100.0	18	8	44.4	38.1
WS	21	3	14.3	19	0	0.0	0.0
Total^S	61	40	65.6	53	10	18.9	16.4
Non-English Language Speaking Provider							
ACNH	19	16	84.2	16	3	18.8	15.8
NHHF	21	21	100.0	18	8	44.4	38.1
WS	21	14	66.7	19	7	36.8	33.3
Total^S	61	51	83.6	53	18	34.0	29.5
Provider Primary Language							
ACNH	19	16	84.2	16	3	18.8	15.8
NHHF	21	21	100.0	18	15	83.3	71.4
WS	21	21	100.0	19	9	47.4	42.9
Total^S	61	58	95.1	53	27	50.9	44.3
Provider Accommodates for Physical Disabilities							
ACNH	19	8	42.1	16	1	6.3	5.3
NHHF	21	0	0.0	18	0	0.0	0.0

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
WS	21	21	100.0	19	5	26.3	23.8
Total[§]	61	29	47.5	53	6	11.3	9.8

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflect the number of cases with an exact match across the following seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

+ “Cases Confirmed by Phone Call” compares the telephone survey, the online provider directory and provider data files provided by the MCO.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

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

Table 2-43 shows the distribution of each indicator that matched between the provider data, PDV, and telephone survey for Orthopedists. Statewide, Orthopedists matched on indicators when comparing the provider data and provider online directory, as seen in the “Rate of Cases With Exact Match in Directory” column, in more than 92 percent of cases. There were three exceptions; the Provider Telephone Number, Provider Accepting New Patients, and Provider Accommodates for Physical Disabilities indicators had match rates of 77.8 percent, 68.3 percent, and 60.3 percent, respectively. The highest match rate statewide was 98.4 percent on seven indicators: Provider Name, Provider City, Provider State, Provider Type/Specialty, Provider Gender, Non-English-Speaking Provider, and Provider Primary Language. All three MCOs had above a 90 percent match rate for all indicators with the exception of **NHHF** for the Provider Telephone Number and Provider Accommodates for Physical Disabilities indicators; and **WS** for the Provider Suite Number, Provider Accepting New Patients, and Provider Accommodates for Physical Disabilities indicators.

Of the 63 cases that were sampled for Orthopedists, 49 cases matched on the seven key indicators and were included in the telephone survey. When comparing the provider data and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed by Phone Call” column, 12 of the 13 indicators matched in less than 68.0 percent of cases statewide. The Provider Telephone Number indicator matched in 87.8 percent of cases.

When comparing the provider data, online provider directory, and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed Total” column, the indicator with the highest statewide match rate was Provider Telephone Number with 68.3 percent. Comparatively, the indicators with the lowest statewide match rate were Provider Accepting New Patients and Provider Accommodates for Physical Disabilities with a match rate of 14.3 percent for both. All indicators, with the exception of Provider Telephone Number, had a statewide match rate below 53.0 percent. The highest match rate on a single indicator for all three data sources for one MCO was 90.5 percent for **WS** on the Provider Telephone Number indicator. Conversely, the lowest match rate was 0.0 percent for both **NHHF** on the

Provider Accommodates for Physical Disabilities indicator and **WS** on the Provider Accepting New Patients indicator. The lowest non-zero match rate was for **NHHF** on the Non-English-Speaking Provider indicator and **WS** on the Provider Accommodates for Physical Disabilities indicator with a 14.3 percent match rate for both.

Table 2-43—Distribution of Comparative Findings by Indicator and MCO for Orthopedists

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Name							
ACNH	21	21	100.0	20	7	35.0	33.3
NHHF	21	20	95.2	9	4	44.4	19.0
WS	21	21	100.0	20	5	25.0	23.8
Total[§]	63	62	98.4	49	16	32.7	25.4
Provider Address							
ACNH	21	20	95.2	20	14	70.0	66.7
NHHF	21	19	90.5	9	7	77.8	33.3
WS	21	20	95.2	20	12	60.0	57.1
Total[§]	63	59	93.7	49	33	67.3	52.4
Provider Suite Number							
ACNH	21	20	95.2	20	14	70.0	66.7
NHHF	21	21	100.0	9	7	77.8	33.3
WS	21	17	81.0	20	10	50.0	47.6
Total[§]	63	58	92.1	49	31	63.3	49.2
Provider City							
ACNH	21	21	100.0	20	14	70.0	66.7
NHHF	21	20	95.2	9	7	77.8	33.3
WS	21	21	100.0	20	12	60.0	57.1
Total[§]	63	62	98.4	49	33	67.3	52.4
Provider State							
ACNH	21	21	100.0	20	14	70.0	66.7
NHHF	21	20	95.2	9	7	77.8	33.3
WS	21	21	100.0	20	12	60.0	57.1

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Total^S	63	62	98.4	49	33	67.3	52.4
Provider ZIP Code							
ACNH	21	20	95.2	20	14	70.0	66.7
NHHF	21	20	95.2	9	7	77.8	33.3
WS	21	21	100.0	20	12	60.0	57.1
Total^S	63	61	96.8	49	33	67.3	52.4
Provider Telephone Number							
ACNH	21	20	95.2	20	15	75.0	71.4
NHHF	21	9	42.9	9	9	100.0	42.9
WS	21	20	95.2	20	19	95.0	90.5
Total^S	63	49	77.8	49	43	87.8	68.3
Provider Type/Specialty							
ACNH	21	21	100.0	20	7	35.0	33.3
NHHF	21	20	95.2	9	4	44.4	19.0
WS	21	21	100.0	20	5	25.0	23.8
Total^S	63	62	98.4	49	16	32.7	25.4
Provider Gender							
ACNH	21	21	100.0	20	7	35.0	33.3
NHHF	21	20	95.2	9	4	44.4	19.0
WS	21	21	100.0	20	5	25.0	23.8
Total^S	63	62	98.4	49	16	32.7	25.4
Provider Accepting New Patients							
ACNH	21	21	100.0	20	5	25.0	23.8
NHHF	21	19	90.5	9	4	44.4	19.0
WS	21	3	14.3	20	0	0.0	0.0
Total^S	63	43	68.3	49	9	18.4	14.3
Non-English Language Speaking Provider							
ACNH	21	21	100.0	20	5	25.0	23.8

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
NHHF	21	20	95.2	9	3	33.3	14.3
WS	21	21	100.0	20	5	25.0	23.8
Total ^{\$}	63	62	98.4	49	13	26.5	20.6
Provider Primary Language							
ACNH	21	21	100.0	20	7	35.0	33.3
NHHF	21	20	95.2	9	4	44.4	19.0
WS	21	21	100.0	20	5	25.0	23.8
Total ^{\$}	63	62	98.4	49	16	32.7	25.4
Provider Accommodates for Physical Disabilities							
ACNH	21	20	95.2	20	6	30.0	28.6
NHHF	21	2	9.5	9	0	0.0	0.0
WS	21	16	76.2	20	3	15.0	14.3
Total ^{\$}	63	38	60.3	49	9	18.4	14.3

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflect the number of cases with an exact match across the following seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

+ “Cases Confirmed by Phone Call” compares the telephone survey, the online provider directory and provider data files provided by the MCO.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

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

Table 2-44 shows the distribution of each indicator that matched between the provider data, PDV, and telephone survey for Pulmonologists. Statewide, Pulmonologists matched on indicators when comparing the provider data and provider online directory, as seen in the “Rate of Cases With Exact Match in Directory” column, in more than 70 percent of cases with the exception of the Provider Accepting New Patients and Provider Accommodates for Physical Disabilities indicators, which had match rates of 69.8 percent and 57.1 percent, respectively. The highest match rate statewide was 93.7 percent for four indicators: Provider Name, Provider State, Provider Gender, and Provider Primary Language. **ACNH** had a 100 percent match rate for eight indicators: Provider Name, Provider City, Provider State, Provider Type/Specialty, Provider Gender, Provider Accepting New Patients, Non-English-Speaking Provider, and Provider Primary Language. **WS** had a 100 percent match rate for three indicators: Provider Name, Provider State, and Provider Gender. **NHHF** had the lowest match rate on a single indicator with 0.0 percent for the Provider Accommodates for Physical Disabilities indicator.

Of the 63 cases that were sampled for Pulmonologists, 45 cases matched on the seven key indicators and were included in the telephone survey. When comparing the provider data and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed by Phone Call” column, 12 of the 13 indicators matched in less than 63.0 percent of cases statewide. The Provider Telephone Number indicator matched in 77.8 percent of cases.

When comparing the provider data, online provider directory, and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed Total” column, the indicator with the highest statewide match rate was Provider Telephone Number with 56.6 percent. Comparatively, the indicator with the lowest statewide match rate was Provider Accommodates for Physical Disabilities with 12.7 percent. All indicators, with the exception of Provider Telephone Number, had a statewide match rate below 44.4 percent. The highest match rate on a single indicator for all three data sources for one MCO was 66.7 percent for both **ACNH** and **WS** on the Provider Telephone Number indicator. Conversely, the lowest match rate was 0.0 percent for both **NHHF** on the Provider Accommodates for Physical Disabilities indicator and **WS** on the Provider Accepting New Patients indicator. The lowest non-zero match rate was for **WS** on the Provider Accommodates for Physical Disabilities indicator with 9.5 percent.

Table 2-44—Distribution of Comparative Findings by Indicator and MCO for Pulmonologists

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Name							
ACNH	21	21	100.0	16	6	37.5	28.6
NHHF	21	17	81.0	11	7	63.6	33.3
WS	21	21	100.0	18	6	33.3	28.6
Total[§]	63	59	93.7	45	19	42.2	30.2
Provider Address							
ACNH	21	16	76.2	16	12	75.0	57.1
NHHF	21	13	61.9	11	8	72.7	38.1
WS	21	18	85.7	18	8	44.4	38.1
Total[§]	63	47	74.6	45	28	62.2	44.4
Provider Suite Number							
ACNH	21	16	76.2	16	11	68.8	52.4
NHHF	21	17	81.0	11	8	72.7	38.1
WS	21	16	76.2	18	7	38.9	33.3
Total[§]	63	49	77.8	45	26	57.8	41.3

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider City							
ACNH	21	21	100.0	16	12	75.0	57.1
NHHF	21	16	76.2	11	8	72.7	38.1
WS	21	20	95.2	18	8	44.4	38.1
Total^S	63	57	90.5	45	28	62.2	44.4
Provider State							
ACNH	21	21	100.0	16	12	75.0	57.1
NHHF	21	17	81.0	11	8	72.7	38.1
WS	21	21	100.0	18	8	44.4	38.1
Total^S	63	59	93.7	45	28	62.2	44.4
Provider ZIP Code							
ACNH	21	20	95.2	16	12	75.0	57.1
NHHF	21	16	76.2	11	8	72.7	38.1
WS	21	20	95.2	18	8	44.4	38.1
Total^S	63	56	88.9	45	28	62.2	44.4
Provider Telephone Number							
ACNH	21	18	85.7	16	14	87.5	66.7
NHHF	21	11	52.4	11	7	63.6	33.3
WS	21	19	90.5	18	14	77.8	66.7
Total^S	63	48	76.2	45	35	77.8	55.6
Provider Type/Specialty							
ACNH	21	21	100.0	16	6	37.5	28.6
NHHF	21	17	81.0	11	7	63.6	33.3
WS	21	20	95.2	18	6	33.3	28.6
Total^S	63	58	92.1	45	19	42.2	30.2
Provider Gender							
ACNH	21	21	100.0	16	6	37.5	28.6
NHHF	21	17	81.0	11	7	63.6	33.3

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
WS	21	21	100.0	18	6	33.3	28.6
Total ^{\$}	63	59	93.7	45	19	42.2	30.2
Provider Accepting New Patients							
ACNH	21	21	100.0	16	6	37.5	28.6
NHHF	21	16	76.2	11	5	45.5	23.8
WS	21	7	33.3	18	0	0.0	0.0
Total ^{\$}	63	44	69.8	45	11	24.4	17.5
Non-English Language Speaking Provider							
ACNH	21	21	100.0	16	5	31.3	23.8
NHHF	21	17	81.0	11	6	54.5	28.6
WS	21	20	95.2	18	5	27.8	23.8
Total ^{\$}	63	58	92.1	45	16	35.6	25.4
Provider Primary Language							
ACNH	21	21	100.0	16	6	37.5	28.6
NHHF	21	17	81.0	11	7	63.6	33.3
WS	21	21	100.0	18	6	33.3	28.6
Total ^{\$}	63	59	93.7	45	19	42.2	30.2
Provider Accommodates for Physical Disabilities							
ACNH	21	20	95.2	16	6	37.5	28.6
NHHF	21	0	0.0	11	0	0.0	0.0
WS	21	16	76.2	18	2	11.1	9.5
Total ^{\$}	63	36	57.1	45	8	17.8	12.7

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflect the number of cases with an exact match across the following seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

+ “Cases Confirmed by Phone Call” compares the telephone survey, the online provider directory and provider data files provided by the MCO.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

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

Table 2-45 shows the distribution of each indicator that matched between the provider data, PDV, and telephone survey for Urologists. Statewide, Urologists matched on indicators when comparing the provider data and provider online directory, as seen in the “Rate of Cases With Exact Match in Directory” column, in more than 85 percent of cases. There were three exceptions; the Provider Telephone Number, Provider Accepting New Patients, and Provider Accommodates for Physical Disabilities indicators had match rates of 84.1 percent, 74.6 percent, and 58.7 percent, respectively. The highest match rate statewide was 98.4 percent on four indicators: Provider Name, Provider Type/Specialty, Provider Gender, and Provider Primary Language. The lowest statewide match rate was 58.7 percent for the Provider Accommodates for Physical Disabilities indicator. **ACNH** matched the provider data and online provider directory in more than 95 percent of Urologists’ cases for all indicators except for Provider Suite Number (81.0 percent) and Provider Accommodates for Physical Disabilities (58.7 percent). **NHHF** had the lowest match rate on a single indicator with 0.0 percent in Provider Accommodates for Physical Disabilities.

Of the 63 cases that were sampled for Urologists, 49 cases matched on the seven key indicators and were included in the telephone survey. When comparing the provider data and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed by Phone Call” column, 12 of the 13 indicators matched in less than 70.0 percent of cases statewide. The Provider Telephone Number indicator matched in 98.0 percent of cases.

When comparing the provider data, online provider directory, and data obtained from the telephone survey, as seen in the “Rate of Cases Confirmed Total” column, the indicator with the highest statewide match rate was Provider Telephone Number with 72.6 percent. Comparatively, the indicator with the lowest statewide match rate was Provider Accommodates for Physical Disabilities with 20.6 percent. All indicators, with the exception of Provider Telephone Number, had a statewide match rate below 55.0 percent. The highest match rate on a single indicator for all three data sources for one MCO was 90.5 percent for both **ACNH** and **WS** on the Provider Telephone Number indicator. Conversely, the lowest match rate was 0.0 percent for **NHHF** on the Provider Accommodates for Physical Disabilities indicator. The lowest non-zero match rate was 14.3 percent for **WS** on the Provider Accepting New Patients indicator.

Table 2-45—Distribution of Comparative Findings by Indicator and MCO for Urologists

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Name							
ACNH	21	21	100.0	20	8	40.0	38.1
NHHF	21	20	95.2	10	7	70.0	33.3
WS	21	21	100.0	19	9	47.4	42.9
Total\$	63	62	98.4	49	24	49.0	38.1

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Address							
ACNH	21	20	95.2	20	14	70.0	66.7
NHHF	21	17	81.0	10	7	70.0	33.3
WS	21	19	90.5	19	13	68.4	61.9
Total\$	63	56	88.9	49	34	69.4	54.0
Provider Suite Number							
ACNH	21	17	81.0	20	14	70.0	66.7
NHHF	21	18	85.7	10	7	70.0	33.3
WS	21	20	95.2	19	13	68.4	61.9
Total\$	63	55	87.3	49	34	69.4	54.0
Provider City							
ACNH	21	20	95.2	20	14	70.0	66.7
NHHF	21	19	90.5	10	7	70.0	33.3
WS	21	20	95.2	19	13	68.4	61.9
Total\$	63	59	93.7	49	34	69.4	54.0
Provider State							
ACNH	21	21	100.0	20	14	70.0	66.7
NHHF	21	20	95.2	10	7	70.0	33.3
WS	21	20	95.2	19	13	68.4	61.9
Total\$	63	61	96.8	49	34	69.4	54.0
Provider ZIP Code							
ACNH	21	20	95.2	20	14	70.0	66.7
NHHF	21	19	90.5	10	7	70.0	33.3
WS	21	20	95.2	19	13	68.4	61.9
Total\$	63	59	93.7	49	34	69.4	54.0
Provider Telephone Number							
ACNH	21	21	100.0	20	19	95.0	90.5
NHHF	21	12	57.1	10	10	100.0	47.6

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
WS	21	20	95.2	19	19	100.0	90.5
Total ^s	63	53	84.1	49	48	98.0	76.2
Provider Type/Specialty							
ACNH	21	21	100.0	20	8	40.0	38.1
NHMF	21	20	95.2	10	7	70.0	33.3
WS	21	21	100.0	19	9	47.4	42.9
Total ^s	63	62	98.4	49	24	49.0	38.1
Provider Gender							
ACNH	21	21	100.0	20	8	40.0	38.1
NHMF	21	20	95.2	10	7	70.0	33.3
WS	21	21	100.0	19	9	47.4	42.9
Total ^s	63	62	98.4	49	24	49.0	38.1
Provider Accepting New Patients							
ACNH	21	21	100.0	20	8	40.0	38.1
NHMF	21	17	81.0	10	6	60.0	28.6
WS	21	9	42.9	19	3	15.8	14.3
Total ^s	63	47	74.6	49	17	34.7	27.0
Non-English Language Speaking Provider							
ACNH	21	21	100.0	20	7	35.0	33.3
NHMF	21	20	95.2	10	7	70.0	33.3
WS	21	19	90.5	19	7	36.8	33.3
Total ^s	63	60	95.2	49	21	42.9	33.3
Provider Primary Language							
ACNH	21	21	100.0	20	8	40.0	38.1
NHMF	21	20	95.2	10	7	70.0	33.3
WS	21	21	100.0	19	9	47.4	42.9
Total ^s	63	62	98.4	49	24	49.0	38.1

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Accommodates for Physical Disabilities							
ACNH	21	18	85.7	20	5	25.0	23.8
NHHF	21	0	0.0	10	0	0.0	0.0
WS	21	19	90.5	19	8	42.1	38.1
Total\$	63	37	58.7	49	13	26.5	20.6

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflect the number of cases with an exact match across the following seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

+ “Cases Confirmed by Phone Call” compares the telephone survey, the online provider directory and provider data files provided by the MCO.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

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

BH Providers

Online Directory Review Findings

Table 2-46 and Table 2-47 contain the findings of the PDV for BH providers. In this portion of the survey, HSAG compared data from each MCO to the provider directory for 13 indicators.

Table 2-46 summarizes findings by MCO regarding the number of sampled providers and provider locations (i.e., “cases”) that HSAG’s reviewers were able to locate in the MCOs’ online directories. Reviewers identified 90 percent of all sampled BH providers across all three MCOs in the online provider directory. **ACNH** had the highest percentage of BH providers identified in its online directory with 92.4 percent, while **NHHF** had the lowest percentage of providers identified at 85.9 percent. Of the BH providers found in the online directory, locations were not found for 4.1 percent.

Table 2-46—Summary of Sampled Providers Located in Online Directories by MCO

MCO	Number of Sampled Providers	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count	%	Count	%	Count	%**
ACNH	170	157	92.4	13	7.6	12	7.6

MCO	Number of Sampled Providers	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count	%	Count	%	Count	%**
NHHF	170	146	85.9	24	14.1	6	4.1
WS	170	156	91.8	14	8.2	1	0.6
All MCOs*	510	459	90.0	51	10.0	19	4.1

* “All MCOs” reflects the aggregate count and rate of matches between the provider data files and the online provider directory across all three MCOs.

** Rate calculated using “Provider Locations Not Found in Directory” as the numerator and “Providers Found in Directory” as the denominator.

Table 2-47 displays, by MCO and study indicator, the percentage of sampled provider locations identified in the online directories with exact matches between the MCOs’ provider data files and the online provider directory information. Cases with unmatched results may include spelling discrepancies, incomplete information, or information not listed in the directory (e.g., the MCO’s provider data included a data value for a study indicator, but the online provider directory did not include a data value for the study indicator).

Reviewers identified the Provider Name with the highest percentage of cases matched across all three MCOs at 100 percent. Seven indicators (Provider Suite Number, Provider City, Provider State, Provider ZIP Code, Provider Type/Specialty, Provider Accepting New Patients, Provider Primary Language) matched cases at 95.5 percent or above across all three MCOs. The Non-English Language Speaking Provider indicator had the lowest percentage of exact matched cases with 49 percent statewide. NHHF matched with the highest percentage for the Non-English Language Speaking Provider indicator at 80.1 percent, while WS matched with the lowest percentage at 25.6 percent. ACNH and WS had exact matches above 90 percent for 12 of the 13 indicators, while NHHF had exact matches for above 90 percent for 10 of the 13 indicators.

Table 2-47—Percentage of Cases With Exact Matches by MCO and Study Indicator

Indicator	ACNH		NHHF		WS		All MCOs	
	Denom*	%	Denom*	%	Denom*	%	Denom*	%
Provider Name	157	100.0	146	100.0	156	100.0	459	100.0
Provider Address	157	90.4	146	95.9	156	98.7	459	95.0
Provider Suite Number	157	95.5	146	95.9	156	98.1	459	96.5
Provider City	157	99.4	146	99.3	156	99.4	459	99.3
Provider State	157	99.4	146	100.0	156	100.0	459	99.8
Provider ZIP Code	157	97.5	146	97.9	156	99.4	459	98.3
Provider Telephone Number	157	98.7	146	76.0	156	98.1	459	91.3

Indicator	ACNH		NHHF		WS		All MCOs	
	Denom*	%	Denom*	%	Denom*	%	Denom*	%
Provider Type/Specialty	157	98.7	146	99.3	156	98.7	459	98.9
Provider Gender	157	99.4	146	91.8	156	100.0	459	97.2
Provider Accepting New Patients	157	100.0	146	95.9	156	99.4	459	98.5
Non-English Language Speaking Provider	157	43.3	146	80.1	156	25.6	459	49.0
Provider Primary Language	157	100.0	146	98.6	156	97.4	459	98.7
Provider Accommodates for Physical Disabilities	157	96.8	146	37.7	156	91.7	459	76.3

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Telephone Survey Findings

Table 2-48 through Table 2-56 display the telephone survey results for BH providers. HSAG included providers in the telephone survey if they could be found in the online provider directory and matched on seven key indicators—Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty—with the provider data. In this portion of the survey, HSAG compared the provider data from each MCO to information from the provider location for all 13 indicators. HSAG collected data for the telephone survey by reviewers who called each provider’s office sampled to confirm information located in the online provider directory. When information could be collected for comparison purposes, HSAG included results for Anthem.

Table 2-48 illustrates the survey response rates by MCO for BH providers. The overall response rate across all three MCOs was 46.7 percent. **ACNH** had the highest response rate at 59.0 percent, while **WS** had the lowest response rate at 37.6 percent.

Table 2-48—Telephone Survey Response Rate by MCO

MCO	Total Number of Cases	Respondents	Response Rate (%)
ACNH	139	82	59.0
NHHF	106	46	43.4
WS	149	56	37.6
Overall*	394	184	46.7

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

Table 2-49 illustrates common non-response reasons by MCO for BH providers. A total of 172 cases from all MCOs were classified as nonresponsive. Of all nonresponsive cases, 5.2 percent were refused, while 73.3 ended in call back. **NHHF** had the highest percentage of refused cases at 89.6 percent, while **NHHF** and **WS** had 89.6 percent and 62.1 percent, respectively. **NHHF**'s nonresponsive cases ended in call back 89.6 percent of the time; comparatively, **ACNH**'s and **WS**' nonresponsive cases ended in call back 78.4 percent and 62.1 percent of the time, respectively.

Table 2-49—Telephone Survey Non-Response Reasons by MCO

MCO	Non-Respondents	Refusal (%)	Ended in Call Back (%)
ACNH	37	10.8	78.4
NHHF	48	0.0	89.6
WS	87	5.7	62.1
Overall*	172	5.2	73.3

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

Table 2-50 displays, by MCO, the number and percentage of survey respondents reporting that the MCOs' provider data reflected the correct location. The location response rate is limited to survey respondents. A total of 180 cases from all MCOs were reported as having the correct location. **ACNH** had the highest percentage of correct locations reported at 100 percent, while **NHHF** and **WS** had 95.7 percent and 96.4 percent, respectively.

Table 2-50—Distribution of Respondents With the Correct Location by MCO

MCO	Respondents	Correct Location	Rate (%)
ACNH	82	82	100.0
NHHF	46	44	95.7
WS	56	54	96.4
Overall*	184	180	97.8

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

Table 2-51 displays, by health plan, the number and percentage of cases accepting the requested MCO and/or commercial insurance (Anthem).²⁻³ The MCO/commercial insurance acceptance rate is limited to survey

²⁻³ HSAG assessed appointment availability for individuals with commercial health insurance using Anthem as a comparison to the respondents' stated appointment availability for a MCO. This information is presented throughout the report to compare survey results for each MCO with results for a commercial insurance plan. 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.

respondents at the correct location and offering BH services. Out of the 180 cases confirmed to be at the correct location, 113 (62.8 percent) reported accepting Medicaid. Out of those 113 cases, 97.3 percent also accepted the respective MCO, while 76.1 percent of the cases accepted Anthem.

Table 2-51—Distribution of Respondents Accepting MCO/Commercial Insurance by Health Plan

MCO	Denom ¹	Medicaid Acceptance (%)	Denom ²	MCO Acceptance (%)
ACNH	82	51.2	42	100.0
NHHF	44	54.5	24	100.0
WS	54	87.0	47	93.6
Overall MCO*	180	62.8	113	97.3
Anthem**	180	62.8	113	76.1

¹ The denominator includes cases responding to the survey and at the correct location.

² The denominator includes cases responding to the survey, at the correct location, and accepting Medicaid.

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

** Results for Anthem are limited to cases that reported accepting Medicaid and do not reflect a separate, random sample of provider locations contracted with Anthem.

Table 2-52 will display, by health plan, the number and percentage of cases where the location accepts new patients for each of the MCOs and the commercial insurance. The new patient acceptance rate is limited to survey respondents at the correct location, offering BH services, and accepting the specified health plan. Across the three MCOs, 74.5 percent of all respondents accepted new patients. **WS** had the highest proportion of respondents state that they accept new patients at 81.8 percent. Conversely, **NHHF** had the lowest proportion of respondents accepting new patients at 66.7 percent. **ACNH** and Anthem had rates of 71.4 percent and 74.1 percent of respondents, respectively, accepting new patients.

Table 2-52—Distribution of Respondents Accepting New Patients by Health Plan

MCO	Denom ¹	Rate (%)
ACNH	42	71.4
NHHF	24	66.7
WS	44	81.8
Overall MCO*	110	74.5
Anthem**	85	74.1

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

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

** Results for Anthem are limited to cases that reported accepting Medicaid and Anthem and do not reflect a separate, random sample of provider locations contracted with Anthem.

Table 2-53 displays, by MCO, the number and percentage of cases in which the survey respondent confirmed that the sampled location offers BH services. The acceptance rate is limited to survey respondents at the correct location. Overall, 96.9 percent of all records were confirmed to be at the correct location. **ACNH** had the highest rate among the three MCOs with 99.2 percent of all cases confirmed to be at the correct location.

Table 2-53—Distribution of BH Services Acceptance by MCO

MCO	Denom ¹	Offers BH Services	Rate (%)
ACNH	42	41	97.6
NHHF	22	22	100.0
WS	33	31	93.9
Overall*	97	94	96.9

¹ The denominator includes cases responding to the survey, at the correct location, and accepting the MCO

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

Table 2-54 displays, by health plan, the number and percentage of cases offering appointments to new patients for a routine visit. The appointment wait time is limited to survey respondents at the correct location, offering BH services, accepting the specified health plan, and accepting new patients. The median appointment wait time in calendar days across all three MCOs was 30.0 calendar days. **NHHF** displayed the longest median wait time at 47.0 calendar days, and **WS** displayed the lowest median wait time of 22.5 calendar days. The average wait time across the three MCOs was 56.3 calendar days. **WS** had the shortest average wait time at 32.6 calendar days. Alternatively, **NHHF** had the longest average wait time for a BH service new patient appointment at 75.2 calendar days.

Table 2-54—New Patient Appointment Wait Time in Calendar Days for a Routine Visit by Health Plan

MCO	Denom ¹	Minimum Wait Time (Days)	Maximum Wait Time (Days)	Average Wait Time (Days)	Median Wait Time (Days)
ACNH	29	0	362	61.1	33.5
NHHF	15	12	182	75.2	47.0
WS	24	3	123	32.6	22.5
Overall MCO*	68	0	362	56.3	30.0
Anthem**	56	0	362	62.8	40.5

¹ The denominator includes cases responding to the survey, at the correct location, accepting the MCO/commercial insurance, accepting new patients, and offering BH services.

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

** Results for Anthem are limited to cases that reported accepting Medicaid and Anthem and do not reflect a separate, random sample of provider locations contracted with Anthem.

Table 2-55 displays, by health plan, the number and percentage of cases offering BH appointments to existing patients for a routine visit. The appointment wait time is limited to survey respondents at the correct location, offering BH services, and accepting the specified health plan insurance. The median appointment wait time in calendar days across all three MCOs was 11.0 calendar days. **ACNH** displayed the longest median wait time at 12.0 calendar days while **WS** displayed the shortest median wait time at 7.0 calendar days. **ACNH** displayed the longest average wait time at 30.4 calendar days.

Table 2-55— Existing Patient Appointment Wait Time in Calendar Days for a Routine Visit by Health Plan

MCO	Denom ¹	Minimum Wait Time (Days)	Maximum Wait Time (Days)	Average Wait Time (Days)	Median Wait Time (Days)
ACNH	41	0	362	30.4	12.0
NHHF	22	1	172	22.4	11.0
WS	31	0	154	17.5	7.0
Overall MCO*	94	0	362	24.3	11.0
Anthem**	78	0	362	27.5	11.0

¹ The denominator includes cases responding to the survey, at the correct location, accepting the MCO/commercial insurance, and offering BH services

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

** Results for Anthem are limited to cases that reported accepting Medicaid and Anthem and do not reflect a separate, random sample of provider locations contracted with Anthem.

Table 2-56 presents the median appointment wait times shown in previous tables by health plan to illustrate differences in appointment availability. Instances in which long appointment wait times are comparable across the four health plans suggest that concerns about timely appointments are not limited to providers serving Medicaid members. Across the three MCOs, the new patient routine visit wait time was 30.0 calendar days, while the existing patient routine visit was 11.0 calendar days. **NHHF** had the longest wait time for a new patient routine visit at 47.0 calendar days, while **WS** had the shortest wait time at 22.5 calendar days. **WS** also had the shortest wait time for an existing patient routine visit at 7.0 calendar days, while **ACNH** had the longest at 12.0 calendar days.

Table 2-56— Median Appointment Wait Times in Calendar Days by Health Plan

MCO	New Patient Routine Visit	Existing Patient Routine Visit
ACNH	33.5	12.0
NHHF	47.0	11.0
WS	22.5	7.0
Overall MCO*	30.0	11.0
Anthem**	40.5	11.0

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

** Results for Anthem are limited to cases that reported accepting Medicaid and Anthem and do not reflect a separate, random sample of provider locations contracted with Anthem.

Online Directory Review and Telephone Survey Comparative Findings

Table 2-57 and Table 2-58 compare the provider data, provider directory, and telephone survey for BH providers. Cases that matched on seven key indicators (Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty) in the provider directory and provider data were included in the telephone survey. Final results compared the provider data, provider directory, and telephone survey against one another for 13 separate indicators.

Table 2-57 shows the distribution of providers' names that matched on seven key indicators—Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty—between the provider data, PDV, and telephone survey. Statewide, the total rate of cases confirmed was 17.8 percent with **ACNH** displaying the highest rate at 22.9 percent and **WS** displaying the lowest rate at 12.9 percent.

Table 2-57—Distribution of Comparative Findings by MCO

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
ACNH	170	139	81.8	139	39	28.1	22.9
NHHF	170	106	62.4	106	22	20.8	12.9
WS	170	149	87.6	149	30	20.1	17.6
Overall[§]	510	394	77.3	394	91	23.1	17.8

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO across the following seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflects the number of cases with an exact match across all seven indicators in the directory from the “Cases With Exact Match in Directory” column.

+ “Cases Confirmed by Phone Call” reflects the number of cases that confirmed all seven indicators via phone call.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

§ 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. Survey calls were placed by provider domain, telephone number, and address; survey responses are unique to the sampled location (i.e., case).

Table 2-58 shows the distribution of each indicator that matched between the provider data, PDV, and telephone survey for BH providers. Statewide, the Provider Telephone Number indicator had the highest rate of matched cases at 64.7 percent and the Non-English Language Speaking Provider had the lowest rate of cases confirmed at 6.7 percent.

Table 2-58—Distribution of Comparative Findings by Indicator and MCO

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Provider Name							
ACNH	170	157	92.4	139	42	30.2	24.7
NHHF	170	146	85.9	106	22	20.8	12.9
WS	170	156	91.8	149	33	22.1	19.4
Total^S	510	459	90.0	394	97	24.6	19.0
Provider Address							
ACNH	170	142	83.5	139	82	59.0	48.2
NHHF	170	140	82.4	106	44	41.5	25.9
WS	170	154	90.6	149	54	36.2	31.8
Total^S	510	436	85.5	394	180	45.7	35.3
Provider Suite Number							
ACNH	170	163	95.9	139	81	58.3	47.6
NHHF	170	164	96.5	106	44	41.5	25.9
WS	170	167	98.2	149	54	36.2	31.8
Total^S	510	494	96.9	394	179	45.4	35.1
Provider City							
ACNH	170	156	91.8	139	82	59.0	48.2
NHHF	170	145	85.3	106	44	41.5	25.9
WS	170	155	91.2	149	54	36.2	31.8
Total^S	510	456	89.4	394	180	45.7	35.3
Provider State							
ACNH	170	156	91.8	139	82	59.0	48.2
NHHF	170	146	85.9	106	44	41.5	25.9
WS	170	156	91.8	149	54	36.2	31.8

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
Total^S	510	458	89.8	394	180	45.7	35.3
Provider ZIP Code							
ACNH	170	153	90.0	139	82	59.0	48.2
NHHF	170	143	84.1	106	44	41.5	25.9
WS	170	155	91.2	149	54	36.2	31.8
Total^S	510	451	88.4	394	180	45.7	35.3
Provider Telephone Number							
ACNH	170	155	91.2	139	113	81.3	66.5
NHHF	170	111	65.3	106	93	87.7	54.7
WS	170	153	90.0	149	124	83.2	72.9
Total^S	510	419	82.2	394	330	83.8	64.7
Provider Type/Specialty							
ACNH	170	155	91.2	139	41	29.5	24.1
NHHF	170	145	85.3	106	22	20.8	12.9
WS	170	154	90.6	149	31	20.8	18.2
Total^S	510	454	89.0	394	94	23.9	18.4
Provider Gender							
ACNH	170	156	91.8	139	42	30.2	24.7
NHHF	170	134	78.8	106	21	19.8	12.4
WS	170	156	91.8	149	33	22.1	19.4
Total^S	510	446	87.5	394	96	24.4	18.8
Provider Accepting New Patients							
ACNH	170	157	92.4	139	33	23.7	19.4
NHHF	170	140	82.4	106	14	13.2	8.2
WS	170	155	91.2	149	22	14.8	12.9
Total^S	510	452	88.6	394	69	17.5	13.5
Non-English Language Speaking Provider							
ACNH	170	68	40.0	139	14	10.1	8.2

MCO	Total Cases	Cases With Exact Match in Directory*	Rate of Cases With Exact Match in Directory**	Cases in Telephone Survey***	Cases Confirmed by Phone Call+	Rate of Cases Confirmed by Phone Call++	Rate of Cases Confirmed Total+++
NHHF	170	117	68.8	106	15	14.2	8.8
WS	170	40	23.5	149	5	3.4	2.9
Total^{\$}	510	225	44.1	394	34	8.6	6.7
Provider Primary Language							
ACNH	170	157	92.4	139	42	30.2	24.7
NHHF	170	144	84.7	106	21	19.8	12.4
WS	170	152	89.4	149	31	20.8	18.2
Total^{\$}	510	453	88.8	394	94	23.9	18.4
Provider Accommodates for Physical Disabilities							
ACNH	170	152	89.4	139	35	25.2	20.6
NHHF	170	55	32.4	106	2	1.9	1.2
WS	170	143	84.1	149	24	16.1	14.1
Total^{\$}	510	350	68.6	394	61	15.5	12.0

* “Cases With Exact Match in Directory” compares the online provider directory to the provider data files provided by the MCO.

** Rate calculated using “Cases With Exact Match in Directory” as the numerator and “Total Cases” as the denominator.

*** “Cases in Telephone Survey” reflect the number of cases with an exact match across the following seven indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty.

+ “Cases Confirmed by Phone Call” compares the telephone survey, the online provider directory and provider data files provided by the MCO.

++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Cases in Telephone Survey” as the denominator.

+++ Rate calculated using “Cases Confirmed by Phone Call” as the numerator and “Total Cases” as the denominator.

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

3. Discussion

General Conclusions

The results indicate a relatively high rate of agreement, generally above 90 percent, between the provider data submitted by the MCOs and the online provider directories with respect to provider names, addresses, telephone numbers, and specialties across all providers types. Indicators identifying the acceptance of new patients, non-English-speaking provider status, primary language, and accommodations for physical disabilities frequently exhibited agreement rates between 40 percent and 70 percent.

HSAG identified cases that matched between the provider data submitted by the MCOs and the online provider directories across seven indicators including Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty. Cases that matched were forwarded into the revealed caller telephone survey. The survey results indicate that while the rate of agreement between the provider data and the online provider directories was reasonably high, the rate of cases confirmed by the survey phone call was considerably lower. HSAG confirmed provider names in the phone survey in 48.8 percent of the cases for PCPs, between 31.9 percent and 53.1 percent of cases for specialty providers (i.e., Gastroenterologists and ENTs, respectively), and 24.6 percent of cases for BH providers. In the remainder of the data, HSAG confirmed the providers' addresses in 76.3 percent to 77.0 percent of cases for PCPs, 50.0 percent to 73.5 percent of cases for specialty providers, and 45.4 percent to 45.7 percent of cases for BH providers. These matching rates indicate that the data contained in the MCOs' provider data and displayed on the online provider directories may match reasonably well, but when contacted directly, half or more of the information may not be accurately captured.

Among indicators such as Provider Accepting New Patients, Non-English Language Speaking Provider, Provider Primary Language, and Provider Accommodates for Physical Disabilities, the telephone survey results corroborated the provider data submitted by the MCOs and the online provider directories in 20.8 percent to 37.8 percent of cases. For specialty providers, HSAG matched these indicators to the provider data and online provider directories in 11.1 percent to 44.3 percent of cases. Among BH providers, these four indicators were confirmed in the telephone survey in 6.7 percent to 18.4 percent of cases.

These findings point to a disconnect between the databases of provider information maintained by the MCOs and made available through 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, HSAG found a substantially lower matching rate of information when survey callers contacted provider offices. Since members rely on the information in online provider directories to be accurate, HSAG found the most accurate information to be the provider office addresses, with rates of confirmation between 45.5 percent and 77.0 percent of cases. The confirmation rates were highest for PCP offices, second highest among specialty providers, and lowest among BH providers.

Provider-Specific Conclusions

Among the 510 PCPs sampled from the provider data submitted by the three MCOs, 78.4 percent (n = 400) of the providers were matched in the online provider directory across seven key indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty. The match rate was lowest for **NHFF** at 57.1 percent (n = 97), while **WS** and **ACNH** were substantially higher at 86.5 percent (n = 147) and 91.8 percent (n = 156), respectively.

Of the 400 PCP cases that were matched between the provider data and the online provider directory on the seven key indicators, 47.8 percent (n = 191) of those cases were also confirmed as having accurate information via the revealed caller telephone survey. Triangulating across the three data sources from the MCO-submitted provider data to the online provider directories and the revealed caller telephone surveys, only 37.5 percent (n = 191) of the 510 sampled PCP cases matched for the seven indicators capturing contact information, location, and specialty. When extending the analysis to include all 13 indicators assessed in the PDV and revealed caller survey, only 10.0 percent (n = 51) of the cases matched across the three data sources: 31 for **ACNH**, one for **NHFF**, and 19 for **WS** (see Figure 1-1 in the Executive Summary).

Among the 488 specialty providers sampled from the provider data submitted by the three MCOs, 78.1 percent (n = 381) of the providers were matched in the online provider directory across seven key indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty. The match rate for **WS** was the highest, ranging from 85.7 percent for Gastroenterologists, OB/GYNs, and Pulmonologists to 100 percent for Allergists. Specialty providers contracted with **ACNH** were matched in the online directory between 76.2 percent for ENTs and Pulmonologists and 95.2 percent for Orthopedists and Urologists. The match rate was lowest for **NHFF**, ranging from 42.9 percent for Orthopedists to 85.7 percent for Ophthalmologists.

Of the 381 specialty cases that were matched between the provider data and the online provider directory, 41.5 percent (n = 158) were also confirmed as having accurate information via the revealed caller telephone survey. The highest matching rate was for **NHFF** with 83.3 percent (n = 15) for Ophthalmologists, 70.0 percent (n = 7) for Urologists, and 63.6 percent (n = 7) for Allergists. The lowest matching rates were for **NHFF** with 0.0 percent for Gastroenterologists, **ACNH** with 18.8 percent (n = 3) for Ophthalmologists, and **WS** with 22.2 percent (n = 4) for OB/GYNs. When extending the analysis to include all 13 indicators assessed in the PDV and revealed caller survey, 7.4 percent (n = 36) of the 488 cases matched across all three data sources: 32 for **ACNH**, four for **WS**, and none for **NHFF**. The specialty with the highest match rate across all 13 indicators was Allergists with 10.2 percent, while the lowest match rate was for Ophthalmologists at 1.6 percent (see Figure 1-2 through Figure 1-9 in the Executive Summary).

Among the 510 BH providers sampled from the provider data submitted by the three MCOs, 77.3 percent (n = 394) of the providers were matched in the online provider directory across seven key indicators: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty. The match rate for **WS** was the highest at 87.6 percent (n = 149), and 81.8 percent (n = 139) of **ACNH** BH providers matched. The lowest match rate was for **NHFF** with 62.6 percent (n = 106).

Of the 394 BH provider cases that were matched between the provider data and the online provider directory on seven key indicators, 23.1 percent (n = 91) of cases were also confirmed as having accurate information via the revealed caller telephone survey. The highest matching rate in the telephone survey was 28.1 percent (n = 39) for **ACNH**. **NHHF** and **WS** cases had similar matching rates in the telephone survey with 20.8 percent and 20.1 percent, respectively. When extending the analysis to include all 13 indicators assessed in the PDV and revealed caller survey, 2.0 percent (n = 10) of the 510 cases matched across all three data sources: seven for **ACNH**, three for **WS**, and none for **NHHF** (see Figure 1-10 in the Executive Summary).

Study Limitations

Various factors associated with the SFY 2022 NVS may affect the validity or interpretation of the results presented in this report when generalizing directory review and telephone survey findings to the MCOs' provider data, including, but not limited to the following analytic considerations:

- HSAG received the provider data from the MCOs in January and February 2022 and completed the directory reviews from March 16, 2022, through March 28, 2022. HSAG conducted survey calls between March 30, 2022, and April 22, 2022. In this time period, it is possible that the provider data submitted by the MCOs could have changed and subsequently been updated in the online provider directories. This limitation would most likely affect the exact-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 compared the data to the MCO's online directory or called for the telephone survey. This would result in a lower exact-match rate for this indicator.
- The SFY 2022 NVS' PDVs involved a comparison of the data submitted by the MCOs against the information in each MCO's provider directory. Non-matched provider data do not necessarily indicate that the MCO's provider directory data are inaccurate. The low number of cases with matching rates for the Provider Accommodates for Physical Disabilities indicator for **NHHF** offers an example, as the provider directory data appeared to be accurate but did not match the provider data that **NHHF** submitted to HSAG for the SFY 2022 NVS.
- HSAG's reviewers conducted the directory reviews using desktop computers with high-speed internet connections. Reviewers did not attempt to access or navigate the MCOs' online provider directories from mobile devices or using accessibility tools (e.g., software that reads the website content for users with limited eyesight). The current study cannot speak to whether the results are maintained across different types of devices that members may use to access provider directories.
- HSAG included cases in the telephone survey only if those cases matched on seven indicators in the PDV: Provider Name, Provider Address, Provider City, Provider State, Provider ZIP Code, Provider Telephone Number, and Provider Type/Specialty. PDV cases that did not match on these indicators were not included in the revealed caller survey. It is unknown if the telephone survey results would have been better, similar, or worse among the PDV cases that did not match on the seven key indicators described.

- HSAG compiled survey findings from self-reported responses supplied to HSAG's callers by PCPs, specialty providers', BH providers' 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).
 - Appointments may take longer to schedule during the coronavirus disease 2019 (COVID-19) public health emergency (PHE) 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, 18.2 percent of **ACNH**'s locations, 13.3 percent of **NHHF**'s locations, and 9.1 percent of **WS**' locations for PCP providers declined to participate in the survey.
- 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 members may have supplied information on MCO acceptance, then transferred the caller to scheduling staff members for appointment availability. As such, HSAG did not collect all survey elements for all respondent cases.
- The 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.

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.

- In general, the PDV results for sampled provider locations found in the provider directories show a wide range of variation in the level of agreement between the MCOs' provider data and the MCOs' respective online provider directories.
 - DHHS should consider including performance thresholds in the MCO contracts to improve the accuracy of inline provider data. The Department could consider identifying target percentages for

online provider directory accuracy and provider performance incentives or penalties based on the results identified in future PDV activities.

- Since the MCOs supplied HSAG with the provider data used for the directory reviews, DHHS should supply each MCO with case-level data files containing mismatched information between the MCO’s data and the MCO’s online directory and require the MCOs to address these deficiencies.
- 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.
- Each MCO should align its internal provider data oversight processes with the MCM Services Contract requirements to ensure the accuracy of data shown in the online provider directory. The MCOs should test their internal oversight processes against HSAG’s directory review findings to identify oversight processes and/or reporting that should be enhanced. In addition to updating provider data and directory information, each MCO should conduct a root cause analysis to identify the nature of the data mismatches for PDV indicators that scored below 90 percent, as presented in Table 2-2, Table 2-15 through Table 2-27, and Table 2-47.
- 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., service address, telephone number, new patient acceptance).
- Websites created and maintained by providers’ offices may offer information helpful to members and not available in an MCO’s online directory, such as frequently asked questions, provider ratings, and/or new patient forms. Among the sampled directory review cases, the MCOs’ provider directories did not uniformly display a website address for sampled provider locations or the directory record displayed text that did not align with an actual internet site. The MCOs should collect providers’ website addresses and ensure the URLs are accurately displayed in their online directories to ensure members have access to the providers’ websites in addition to the MCO’s directory information.
- Indicators, such as provider website, and board certification reflect indicators listed in the MCM Services Contract with “if applicable.” DHHS should consider reviewing the MCM Services Contract language to evaluate the extent to which clarifying details may be added regarding the instances in which provider directory elements may not apply (i.e., the contract uses the term “if applicable”).
- For indicators where provider status may change periodically (e.g., Provider Accepting New Patients), allowing providers a self-service option to update information on the online directory would help maintain more timely and accurate data for members to access. DHHS could consider providing such an option to enrolled providers, or augmenting MCO contracts to require a self-service option for updating online directory information.
- Per the MCOs’ contracts with DHHS, each MCO is required to maintain provider network capacity to ensure the non-urgent appointment wait times from the member’s PCP or another provider for non-symptomatic office visits (i.e., preventive care) are within 45 calendar days. Median appointment wait times identified by PCP cases demonstrated appointment wait times within 35.0 calendar days for new patients and within 14.0 calendar days for existing patients. Among BH

providers, median appointment wait times were shorter than for PCP cases, with a new patient wait time of 31.5 calendar days, and an existing patient wait time of 11.0 calendar days. For specialty providers, the wait time for new patients exceeded the 45-day standard at 55.5 calendar days, but remained below the standards at 42.0 calendar days for existing patients. The finding for specialty providers was consistent with findings observed in the NH 2021 Specialty Provider Survey Report. DHHS should 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.

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 specialty providers to have timeliness standards with longer appointment wait times than the wait times expected for a similar visit with a PCP-type provider.³⁻¹ For example, the 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.

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

- In the **ACNH** online provider directory, nearly one-quarter (23.8 percent) of the provider locations submitted with the MCO's provider data files for both ENTs and Pulmonologists could not be located. **ACNH** should consider review of the processes used to ensure that provider data are updated and maintained in an accurate and timely manner.
- Among BH providers, **ACNH**'s online provider directory agreed with the MCO's submitted provider data on whether the provider was a Non-English Language Speaking Provider in 43.3 percent of cases. **ACNH** should consider reviewing its methods for acquiring and maintaining this provider information to improve relations with members who do not speak English well or are speaking English as a second language.
- **ACNH**'s PCP cases matched the submitted provider data and online provider directory for the Provider Accepting New Patients indicator in 24.4 percent of telephone surveys. **ACNH** should work with its contracted PCPs to ensure that indicators of accepting new patients are updated and

³⁻¹ 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/downloads/adequacy-and-access-toolkit.pdf>. Accessed on: June 13, 2022.

maintained in a more current state to assist members in locating available providers in a timely manner.

NHHF

- In the **NHHF** online provider directory, 19.0 percent of Pulmonologists and 14.1 percent of BH providers sampled could not be found in the online provider directory. Among the providers who were found, nearly one-quarter (23.5 percent) of the Pulmonologist office locations could not be identified in the online provider directory. **NHHF** should consider review of the processes used to ensure that provider data are updated and maintained in an accurate and timely manner.
- In the **NHHF** online provider directory, the Provider Telephone Number indicator could be matched to the submitted provider data in 70.3 percent of all sampled cases. Indicators of Provider Accommodates for Physical Disabilities were matched in the online provider directory in 37.9 percent of the sampled cases. **NHHF** should consider reviewing its methods for acquiring and maintaining this provider information to allow members a greater likelihood of reaching the desired provider's office when calling, and to ensure that members with physical disabilities are able to accurately choose providers with suitable accommodations.
- **NHHF**'s sampled PCP locations reported accepting new patients in 58.8 percent of the cases surveyed. Sampled BH providers reported accepting new patients in 66.7 percent of the cases surveyed. **NHHF** should consider reviewing PCP panel capacities and the availability of providers to accept new patients relative to the **NHHF** membership to determine whether additional PCP contracts should be executed.

WS

- In the **WS** online provider directory, 14.3 percent of Pulmonologist cases sampled did not match on the office location when compared to the submitted provider data. Among specialty providers sampled in the online provider directory, the Provider Accepting New Patients indicator matched the submitted provider data in 25.3 percent of cases. For BH providers, in the online provider directory, the Non-English Language Speaking Provider indicator matched the submitted provider data in 25.6 percent of cases. **WS** should consider review of the processes used to ensure that provider data are updated and maintained in an accurate and timely manner.
- **WS**' sampled PCPs had a median wait time for an appointment for a new patient of 52.0 calendar days. While this finding does not mean that appointments were not available within the 45-day appointment standard defined by DHHS, it does indicate that half of the PCP provider locations surveyed indicated having new patient appointment wait times that were longer than 52 calendar days. **WS** should consider reviewing the appointment wait time standards with its contracted PCP providers and identifying whether additional PCP provider capacity is necessary to reduce overall wait times to a shorter period of time.
- Among **WS** specialist survey cases, respondents reported that the provider data location was correct in 75.0 percent to 91.7 percent of the cases. The sole exception to this pattern was for OB/GYNs, where 100 percent of surveyed respondents indicated the provider data matched the location surveyed. **WS** should consider reviewing its policies and procedures to include updating and maintaining accurate

provider location data so when members contact providers, they can expect the provider location in the online directory to match the location of the office contacted on the telephone.

Eligible Population

The eligible population included PCPs, selected specialty providers, and BH providers actively enrolled in the New Hampshire Medicaid program as of January 1, 2022. The study included out-of-state offices located in Maine, Massachusetts, and Vermont. Specialty providers included the following physical health specialties (i.e., specialty categories) excluded from the SFY 2021 Specialty Provider Survey:^{A-1}

1. Allergists
2. ENTs
3. Gastroenterologists
4. OB/GYNs
5. Ophthalmologists
6. Orthopedists
7. Pulmonologists
8. Urologists

To ensure a comprehensive assessment of provider information accuracy, HSAG selected NVS cases by provider domain (i.e., PCPs, specialty providers, or BH providers), as described in the *Case Identification Approach* methodology subsection.

Data Collection

Using a DHHS-approved data request document, each MCO identified PCPs, specialty providers, and BH providers potentially eligible for survey inclusion and submitted the provider data files to HSAG. Specialty providers included those who are licensed to practice medicine in the state listed as the providers' service address. At a minimum, the indicators requested from the MCOs for each provider included provider name, Medicaid ID, National Provider Identification (NPI) number, provider specialty (e.g., primary care, gastroenterology, psychology), physical (practice) address, telephone number, provider taxonomy code, whether or not the provider accepts new patients, and data fields consistent with the indicators described in the *PDV Indicators and Telephone Survey Indicators* methodology sections.

^{A-1} While DHHS typically monitors services among 13 physical health specialty providers, DHHS directed HSAG to limit the SFY 2021 Specialty Provider Survey to providers specializing in cardiology, dermatology, endocrinology, hematology and oncology, or neurology to address specialties of concern identified from the SFY 2019 Specialty Provider Survey results.

After submitting the provider data request to the MCOs, HSAG hosted a webinar with DHHS and the MCOs to review the request and address the MCOs' questions. If needed, HSAG issued DHHS-approved clarification and/or an updated data request document based on the discussion during the webinar.

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 indicators. HSAG also assessed the distribution of provider specialty data values present in each MCO's data to determine which data values would be attributed to each provider domain or an applicable physical health specialty category.

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 in which potential CASS address changes may impact data validity (e.g., the address is standardized to a different city or county).

Case Identification Approach

HSAG sampled the cases by unique provider, telephone number, address, and provider domain, including specialty categories for specialty providers. Since the interviewer's identity was revealed to the provider's office during the telephone survey, the same script was used for all provider domains. If a telephone number and address connected to a practice or facility that offers more than one physical health specialty, this location would have one study case for each specialty category. For example, a hospital may contain separate outpatient clinics for gastroenterology, pulmonology, and urology within the same physical campus and address, accessed via a single telephone number to a central scheduling line. HSAG treated this scenario as three NVS cases, with each case resulting in a separate provider directory search and up to two subsequent telephone call attempts to ask for appointment availability at the location.

Within each MCO, HSAG used the following two-stage random sampling approach to generate a list of provider locations (i.e., "cases") for inclusion in the SFY 2022 NVS:

1. HSAG assembled the sample frame based on provider locations for individual PCPs, individual specialty providers, and individual BH providers identified in the provider data extracts submitted to HSAG by the MCOs. HSAG deduplicated the provider locations in each provider domain or specialty category using the MCO, provider identifier (Medicaid ID or NPI number), address, and telephone number.
 - a. The study included out-of-state offices for providers located in Maine, Massachusetts, and Vermont.
 - b. HSAG excluded records from the sample frame for provider locations that the MCO indicated are not listed in the online directory or for providers who cover services at the specified location rather than accepting appointments to see patients at the location.

2. HSAG used the deduplicated list from Step 1 to randomly select 408 unique providers^{A-2} per MCO, divided by provider domain as follows:
 - a. PCPs: 136 unique providers
 - b. Specialty providers: 136 unique providers, evenly divided to select 17 providers from each specialty category
 - c. BH providers: 136 providers

If an MCO's distribution of providers resulted in fewer unique providers than listed above, HSAG recommended a minimum number of cases for DHHS' confirmation.

3. Using the unique providers identified in Step 2, HSAG identified all locations associated with each MCO and provider domain or specialty category for the sampled providers.
4. Using the list of provider locations from Step 3, HSAG randomly selected one provider for each location. If a provider had only one location for the specified MCO and provider domain or specialty category, HSAG selected that location as the sampled case.
5. To reduce the burden on the providers' offices, HSAG reviewed the list of sampled cases from Step 4 to assess the number of cases with the same telephone number and/or address across MCOs. If needed, HSAG randomly selected alternate cases using Step 3 and Step 4 to ensure that the final list of sampled cases minimized the number of cases across the MCOs with the same telephone number and/or address within a provider domain or specialty category.

HSAG discussed any modifications required to the data preparation or case identification protocol with DHHS prior to finalizing the list of NVS cases.

For reference, HSAG provided DHHS with a list of cases prior to initiating data collection. The list included one record for each sampled provider location that HSAG validated for each MCO.

PDV Indicators

The goal of the PDV component of the NVS is to determine if the information in the MCOs' provider directories found on the respective MCOs' websites matches the data in the MCOs' provider files.

For each sampled case, HSAG compared the MCO's provider data values to the information in the MCO's online directory for the following list of indicators.^{A-3} It was required that all items match exactly, except for common United States Postal Service (USPS) standard abbreviations and naming conventions (e.g., E and East or 1st and First).

- Indicator 1—Provider Name

^{A-2} HSAG identified unique providers within each MCO and provider domain or specialty category using the Medicaid ID or NPI number.

^{A-3} All fields were identified as requirements in the MCM Services Contract, Amendment #5, §4.4.1.5.

- Indicator 2—Provider Address
- Indicator 3—Provider Suite Number
- Indicator 4—Provider City
- Indicator 5—Provider State
- Indicator 6—Provider ZIP Code
- Indicator 7—Provider Telephone Number
- Indicator 8—Provider Type/Specialty (matches the sampled provider specialty category)
- Indicator 9—Provider Accepting New Patients
- Indicator 10—Provider Gender
- Indicator 11—Provider Primary Language
- Indicator 12—Non-English Language Speaking Provider
- Indicator 13—Provider Accommodates for Physical Disabilities

HSAG used the following validation responses to assess each indicator:

- Yes, the information matches between the online directory and the provider data extract.
- No, the information does not match between the online directory and the provider data extract.
- The information was not listed in the provider data and could not be confirmed in the online directory.

Telephone Survey Indicators

The goal of the telephone survey component of the NVS is to determine if the information in the MCOs' provider directories is supported by information supplied when speaking to the provider location using the telephone number identified from the online provider directory search (i.e., from the PDV data collection, which may differ from the telephone number supplied in the MCO's provider data submission). Additionally, survey calls requested information to determine the extent to which timely appointments for routine care are available to Medicaid members.

For each case found in the respective MCO's online provider directory, HSAG's trained interviewers contacted the telephone number listed in the online provider directory 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., 9:00 a.m. to 5:00 p.m. Eastern Time).^{A-4} If put on hold at any point during the call, the interviewer 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. If an interviewer reached a voicemail or answering service during the second call attempt, the interviewer left a message requesting an inbound call within two business days. HSAG considered a survey case nonresponsive if any of the following criteria were met:

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

Based on the survey script elements presented in Appendix B, HSAG classified indicators into domains that considered 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. 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:

- Accuracy of the provider location's telephone number
 - The survey stopped if the office could not be reached during either survey attempt, a respondent at the office declined to participate in the survey, or the office failed to respond to voicemail requests to complete the survey.
 - If a corrected telephone number was offered for the sampled provider 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 provider location's address
 - The survey stopped if the address information was not valid (e.g., the address represented a clinic location no longer in operation).

^{A-4} HSAG did not consider a call attempted when the interviewer reached an office outside of the office's usual business hours. For example, if the interviewer called and reached a recording that stated the office is closed for lunch, the call attempt did not count toward the two attempts to reach the office. HSAG instructed the interviewer to attempt to contact the office up to two times outside of the known lunch hour.

- If this information could be obtained from the call, interviewers specifically noted whether or not invalid addresses were related to the COVID-19 PHE (e.g., an office location that was temporarily or permanently closed as a result of COVID-19 PHE).
- Accuracy of the provider location's affiliation with the requested MCO
 - The survey stopped if the survey respondent indicated that no providers at the location accept the requested Medicaid MCO.
- Accuracy of the provider location's identification as offering services for the designated provider domain or specialty category
 - The survey stopped if the survey respondent indicated that the location does not offer the requested services 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 is a hospital-based clinic that only serves inpatients, or that a survey case for a primary care location has a telephone number and address that connect to a specialty practice that does not offer primary care services.
- Accuracy of the online directory information for the sampled provider
 - The survey stopped if the survey respondent indicated that the requested provider does not practice at the location.

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

- Information concerning whether the provider location accepts commercial health insurance with Anthem
- Information concerning whether the provider location is accepting new patients
 - Interviewers specifically noted whether or not any lack of new patient acceptance is related to the COVID-19 PHE.
- 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 or routine issue (i.e., two appointment scenarios)
 - Interviewers acknowledged the earliest 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 only sees patients of a specific age (e.g., children younger than 18 years or adults 18 years and older).
 - Location only accepts patients with specific clinical conditions (e.g., a pulmonologist who only serves children with specific chronic conditions).
 - Location requires a review of the member's medical records prior to offering an appointment.
 - Location for specialty providers 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.
- Location requires additional considerations related to the COVID-19 PHE (e.g., the location is only accepting a limited number of new patients due to COVID-19 PHE; 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 NVS Team

The HSAG NVS team was assembled based on the full complement of skills required for the design and implementation of the provider data structure questionnaire and NVS. Table A-1 lists the key NVS team members, their roles, and relevant skills and expertise.

Table A-1—Key HSAG Staff for the SFY 2022 NVS

Name/Role	Skills and Expertise
Rob Fornango, PhD <i>Executive Research Director, Data Science and Advanced Analytics</i>	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.
Lacey Hinton, AAS, RN <i>Analytics Manager II, Data Science and Advanced Analytics</i>	Ms. Hinton has over 10 years of healthcare industry experience managing, coordinating, and supporting analytic activities for network adequacy evaluations, encounter data validations, and external quality review (EQR) focus studies, as well as working in the clinical nurse setting. Ms. Hinton has been employed by HSAG for nine years and has been involved in EQR services in NH since 2015.

Name/Role	Skills and Expertise
Lillie Robinson, BS <i>Analytics Coordinator III, Data Science and Advanced Analytics</i>	Ms. Robinson has three years of healthcare industry experience including coordinating and supporting EQR analytic activities. Ms. Robinson has been employed by HSAG for one year and has been involved in EQR services in NH since 2021.
Morgan Collins, MPH <i>Analyst I, Data Science and Advanced Analytics</i>	Ms. Collins has two years of healthcare industry experience coordinating and supporting public health evaluation and analytic activities. Ms. Collins has been employed by HSAG for over one year and has been involved in EQR services in NH since 2020.

Physical Health Provider Specialty Data Values by MCO

Table A-2 presents the original provider specialty descriptions identified from each Medicaid MCO's data, as well as the provider specialty categories to which the MCOs' data were assigned for this survey.

Table A-2—Potential Provider Specialty Data Values by Specialty Category

Physical Health Specialty Category	Potential Provider Specialty Data Values Shown in MCO Data
Allergists	Allergy Allergy & Immunology Pediatric Allergy & Immunology
Otolaryngologists (Ear, Nose, and Throat Specialists [ENTs])	ENT (Otolaryngology) Otolaryngology Pediatric Otolaryngology
Gastroenterologists	Gastroenterology Pediatric Gastroenterology
Obstetricians and Gynecologists (OB/GYNs)	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

Physical Health Specialty Category	Potential Provider Specialty Data Values Shown in MCO Data
Pulmonologists	Pulmonology Pulmonary Medicine Pediatric Pulmonology
Urologists	Urology Pediatric Urology

Appendix B. Network Validation Telephone Survey and Voicemail Scripts

Survey Script

This script will guide interviewers in gathering information relevant to obtaining appointment information. The electronic data collection tool controls skip logic between survey elements and collects the date(s) of the initial and subsequent calls. Interviewers are instructed to leave voicemail messages on the second call attempt. Interviewers are 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 and office information for <<MCO name>> at the <<street name>> location. Are you able to answer questions about this health plan at 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).

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

If the respondent indicates that the location accepts patients with the requested MCO, move to element #4. 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.

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

If yes, proceed to element #5.

If the office indicates that the address is incorrect (i.e., the <<street address, city, state, ZIP code>>), proceed to element #17 and the survey will end.

5. “Are you accepting new patients with <<MCO>> at this location?”

If yes, move to element #6.

If no, move to element #7 to ask about appointment availability for an existing patient with the sampled MCO.

6. “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 #7. The interviewer will capture any information offered regarding barriers to scheduling.

7. “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 #8. The interviewer will capture any information offered regarding barriers to scheduling.

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

If the respondent indicates that the location accepts patients with Anthem, move to element #9. If the respondent states that no providers at the location accept patients with Anthem, confirm that the location will not see any new or existing patients with Anthem; if the location will not see any new or existing patients with Anthem, move to element #12 to enter the next section of the survey.

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

If yes, move to element #10.

If no, move to element #12 to enter the next section of the survey.

10. “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 #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 Anthem?”

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

12. “I’m going to ask a few questions to confirm information from <<MCO>>’s online provider directory. Can you confirm whether <<provider’s first and last name>> practices <<provider domain or specialty category>> at this location?”

If yes, move to element #13.

If the provider practices at this location but does not specialize in the specialty specified, document the response, and move to element #13.

If the provider in question does not practice at this location, move to element #17 to end the survey.

13. “Is <<provider’s first and last name>> currently accepting new patients?”

Document the response and move to element #14.

14. “Can you confirm that <<provider’s first and last name>> is <<gender>>?”

Document the response and move to element #15.

15. “Can you confirm that <<provider’s first and last name>>’s primary language is <<primary language>>?”

Document the response. Continue to element #16.

16. “Does <<provider’s first and last name>> speak with patients in any other languages, including American Sign Language?”

Document the response. Continue to element #17.

17. “Does <<provider’s first and last name>> provide accommodations to patients with physical disabilities?”

Document the response. Continue to element #18.

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

VoiceMail Script

If a call attempt connects with an answering service or voicemail, the call will be attempted on another day and time. If the interviewer reaches an answering service or voicemail on the second call attempt, a message will be left requesting a return call to complete the survey. The sections below present the voicemail language for scenarios in which an HSAG interviewer is unable to reach a sampled location and leaves a voicemail for a return call.

Interviewer Requests a Callback:

“Hello, my name is <<Interviewer’s First Name>> with Health Services Advisory Group. I am calling on behalf of the New Hampshire Department of Health and Human Services to ask about appointment availability and office information for <<provider’s name>> 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 will request a return call within two business days, return calls will be accepted up to one week after a message was left to maximize survey responses.

Provider’s Office Returns HSAG’s Call:

The survey respondent will reach 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 will play as soon as the call is connected, and the line will then ring five times (approximately 16 seconds). If all HSAG interviewers are busy, or the office returns the call after normal business hours, the office will reach the message below:

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

Appendix C. Detailed Network Validation Review Findings—ACNH

HSAG’s reviewers evaluated 502 randomly sampled directory review cases by comparing provider data submitted to HSAG by **ACNH** against **ACNH**’s online provider directory. The sample included 170 PCPs, 162 specialty providers, and 170 BH providers (Table C-1). Among this sample, the provider’s name and location listed in the submitted provider data were found in the online provider directory for 96.4 percent (484 providers) of the reviews. The sampled provider was not found in the online provider directory in 3.6 percent of the reviewed cases.

Table C-1—Summary of Providers Present in Directory by Provider Category—ACNH

Provider Category	Number of Sampled Providers	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count	%	Count	%	Count	%*
PCPs	170	170	100.0	0	0.0	7	4.1
Allergists	17	17	100.0	0	0.0	3	17.6
ENTs	21	21	100.0	0	0.0	5	23.8
Gastroenterologists	21	20	95.2	1	4.8	2	10.0
OB/GYNs	21	20	95.2	1	4.8	2	10.0
Ophthalmologists	19	16	84.2	3	15.8	0	0.0
Orthopedists	21	21	100.0	0	0.0	1	4.8
Pulmonologists	21	21	100.0	0	0.0	5	23.8
Urologists	21	21	100.0	0	0.0	1	4.8
BH Providers	170	157	92.4	13	7.6	12	7.6
Total	502	484	96.4	18	3.6	38	7.9

* Rate calculated using “Provider Locations Not Found in Directory” as the numerator and “Providers Found in Directory” as the denominator.

Table C-2 displays the total number of cases and the percentage of cases with matched data values, overall and by provider category, for indicators that were reviewed for matching between data values shown in ACNH’s provider data submission to HSAG and ACNH’s online provider directory. The sample included 170 PCPs, 157 specialty providers, and 157 BH providers (Table C-2). Among this sample, the total number of cases with matched data values for the Provider State indicator was the highest at 99.8 percent, followed by the Provider’s Name indicator at 99.4 percent. The Non-English Language Speaking Provider indicator displayed the lowest percentage of matched values at 81.4 percent.

Table C-2—Percentages of Provider Demographic Indicators Matching Online Provider Directory

Indicator	PCPs		Specialty Providers		BH Providers		All Provider Categories	
	Denom*	%	Denom*	%	Denom*	%	Denom*	%
Provider Name	170	98.2	157	100.0	157	100.0	484	99.4
Provider Address	170	96.5	157	87.9	157	90.4	484	91.7
Provider Suite Number	170	98.8	157	87.3	157	95.5	484	94.0
Provider City	170	98.2	157	98.1	157	99.4	484	98.6
Provider State	170	100.0	157	100.0	157	99.4	484	99.8
Provider ZIP Code	170	97.6	157	92.4	157	97.5	484	95.9
Provider Telephone Number	170	97.1	157	94.3	157	98.7	484	96.7
Provider Type/Specialty	170	97.1	157	100.0	157	98.7	484	98.6
Provider Gender	170	99.4	157	100.0	157	99.4	484	99.6
Provider Accepting New Patients	170	96.5	157	100.0	157	100.0	484	98.8
Non-English Language Speaking Provider	170	99.4	157	100.0	157	43.3	484	81.4
Provider Primary Language	170	98.8	157	100.0	157	100.0	484	99.6
Provider Accommodates for Physical Disabilities	170	95.9	157	87.9	157	96.8	484	93.6

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Appendix D. Detailed Network Validation Review Findings—NHHF

HSAG’s reviewers evaluated 502 randomly sampled directory review cases by comparing provider data submitted to HSAG by NHHF against NHHF’s online provider directory. The sample included 170 PCPs, 162 physical health specialty providers, and 170 BH providers (Table D-1). Among this sample, the provider’s name and location listed in the submitted provider data were found in the online provider directory for 90.4 percent (454 providers) of the reviews. The sampled provider was not found in the online provider directory in 9.6 percent of the reviewed cases.

Table D-1—Summary of Providers Present in Directory by Provider Category—NHHF

Provider Category	Number of Sampled Providers	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count	%	Count	%	Count	%*
PCPs	170	155	91.2	15	8.8	21	13.5
Allergists	15	14	93.3	1	6.7	0	0.0
ENTs	21	21	100.0	0	0.0	2	9.5
Gastroenterologists	21	21	100.0	0	0.0	2	9.5
OB/GYNs	21	19	90.5	2	9.5	1	5.3
Ophthalmologists	21	21	100.0	0	0.0	3	14.3
Orthopedists	21	20	95.2	1	4.8	1	5.0
Pulmonologists	21	17	81.0	4	19.0	4	23.5
Urologists	21	20	95.2	1	4.8	3	15.0
BH Providers	170	146	85.9	24	14.1	6	4.1
Total	502	454	90.4	48	9.6	43	9.5

* Rate calculated using “Provider Locations Not Found in Directory” as the numerator and “Providers Found in Directory” as the denominator.

Table D-2 displays the total number of cases and the percentage of cases with matched data values, overall and by provider category, for indicators that were reviewed for matching between data values shown in NHHF’s provider data submission to HSAG and NHHF’s online provider directory. The sample included 155 PCPs, 153 specialty providers, and 146 BH providers (Table D-2). Among this sample, the total number of cases with matched data values for the Provider State indicator was the highest at 100 percent, followed by the Provider Name indicator at 99.8 percent. The Provider Accommodates for Physical Disabilities indicator displayed the lowest percentage of matched values at 37.9 percent.

Table D-2—Percentages of Provider Demographic Indicators Matching Online Provider Directory—NHHF

Indicator	PCPs		Specialty Providers		BH Providers		All Provider Categories	
	Denom*	%	Denom*	%	Denom*	%	Denom*	%
Provider Name	155	99.4	153	100.0	146	100.0	454	99.8
Provider Address	155	88.4	153	89.5	146	95.9	454	91.2
Provider Suite Number	155	89.7	153	90.8	146	95.9	454	92.1
Provider City	155	92.3	153	97.4	146	99.3	454	96.3
Provider State	155	100.0	153	100.0	146	100.0	454	100.0
Provider ZIP Code	155	89.0	153	97.4	146	97.9	454	94.7
Provider Telephone Number	155	67.7	153	67.3	146	76.0	454	70.3
Provider Type/Specialty	155	98.7	153	97.4	146	99.3	454	98.5
Provider Gender	155	100.0	153	98.7	146	91.8	454	96.9
Provider Accepting New Patients	155	88.4	153	93.5	146	95.9	454	92.5
Non-English Language Speaking Provider	155	89.0	153	100.0	146	80.1	454	89.9
Provider Primary Language	155	99.4	153	100.0	146	98.6	454	99.3
Provider Accommodates for Physical Disabilities	155	73.5	153	2.0	146	37.7	454	37.9

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Appendix E. Detailed Network Validation Review Findings—WS

HSAG’s reviewers evaluated 504 randomly sampled directory review cases by comparing provider data submitted to HSAG by WS against WS’ online provider directory. The sample included 170 PCPs, 164 specialty providers, and 170 BH providers (Table E-1). Among this sample, the provider’s name and location listed in the submitted provider data were found in the online provider directory for 95.8 percent (483 providers) of the reviews. The sampled provider was not found in the online provider directory in 4.2 percent of the reviewed cases.

Table E-1—Summary of Providers Present in Directory by Provider Category—WS

Provider Category	Number of Sampled Providers	Providers Found in Directory		Providers Not Found in Directory		Provider Locations Not Found in Directory	
		Count	%	Count	%	Count	%*
PCPs	170	165	97.1	5	2.9	12	7.3
Allergists	17	17	100.0	0	0.0	0	0.0
ENTs	21	21	100.0	0	0.0	1	4.8
Gastroenterologists	21	20	95.2	1	4.8	2	10.0
OB/GYNs	21	20	95.2	1	4.8	2	10.0
Ophthalmologists	21	21	100.0	0	0.0	0	0.0
Orthopedists	21	21	100.0	0	0.0	1	4.8
Pulmonologists	21	21	100.0	0	0.0	3	14.3
Urologists	21	21	100.0	0	0.0	2	9.5
BH Providers	170	156	91.8	14	8.2	1	0.6
Total	504	483	95.8	21	4.2	24	5.0

* Rate calculated using “Provider Locations Not Found in Directory” as the numerator and “Providers Found in Directory” as the denominator.

Table E-2 displays the total number of cases and the percentage of cases with matched data values, overall and by provider category, for indicators that were reviewed for matching between data values shown in **WS**' provider data submission to HSAG and **WS**' online provider directory. The sample included 165 PCPs, 162 specialty providers, and 156 BH providers (Table E-2). Among this sample, the total number of cases with matched data values for the Provider Name and Provider Gender indicators were the highest both at 100 percent. The Non-English Language Speaking Provider indicator displayed the lowest percentage of matched values at 70.8 percent.

Table E-2—Percentages of Provider Demographic Indicators Matching Online Provider Directory—WS

Indicator	PCPs		Specialty Providers		BH Providers		All Provider Categories	
	Denom*	%	Denom*	%	Denom*	%	Denom*	%
Provider Name	165	100.0	162	100.0	156	100.0	483	100.0
Provider Address	165	90.9	162	92.6	156	98.7	483	94.0
Provider Suite Number	165	94.5	162	86.4	156	98.1	483	93.0
Provider City	165	98.8	162	98.8	156	99.4	483	99.0
Provider State	165	100.0	162	99.4	156	100.0	483	99.8
Provider ZIP Code	165	97.0	162	98.1	156	99.4	483	98.1
Provider Telephone Number	165	95.2	162	95.7	156	98.1	483	96.3
Provider Type/Specialty	165	98.8	162	99.4	156	98.7	483	99.0
Provider Gender	165	100.0	162	100.0	156	100.0	483	100.0
Provider Accepting New Patients	165	98.8	162	25.3	156	99.4	483	74.3
Non-English Language Speaking Provider	165	95.2	162	89.5	156	25.6	483	70.8
Provider Primary Language	165	100.0	162	99.4	156	97.4	483	99.0
Provider Accommodates for Physical Disabilities	165	96.4	162	87.0	156	91.7	483	91.7

* The denominator for each indicator includes the number of cases in which the provider was found in the directory.

Appendix F. MCO Recommendations Requiring Follow Up

The following MCO-specific sections show how the MCOs will address and DHHS will monitor each of HSAG’s recommendations pertinent to the MCOs.

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 NVS Report to Include in the EQRO.01 Report for ACNH

ACNH EQRO Findings/Recommendations for Improvement to be included in the EQRO.01 Report		
NVS Report		
1	ACNH-2022-EQRO.01_NA-01	ACNH supplied HSAG with the provider data used for the NVS. Therefore, ACNH should review the case-level NVS analytic data results file supplied by DHHS and address deficiencies regarding mismatched information between ACNH ’s provider data and online directory profiles. A copy of the case-level NVS analytic data results file supplied by DHHS with MCO corrections should be included in the EQRO.01 report as an appendix.
2	ACNH-2022-EQRO.01_NA-02	ACNH should conduct a root cause analysis to identify the nature of the data mismatches for PDV indicators that scored below 90 percent: Table 2-2, Table 2-15 through Table 2-27, and Table 2-47. • Provider Addresses including Suite number, especially Specialists • Provider Phone Number, especially Specialists • Accommodates for Physical Disabilities, especially Specialists • Non-English Speaking BH Providers (including American Sign Language)
3	ACNH-2022-EQRO.01_NA-03	In the ACNH online provider directory, nearly one-quarter (23.8 percent) of the provider locations submitted with the MCO’s provider data files for both ENTs and Pulmonologists could not be located. ACNH should consider review of the processes used to ensure that provider data are updated and maintained in an accurate and timely manner.
4	ACNH-2022-EQRO.01_NA-04	Among BH providers, ACNH ’s online provider directory agreed with the MCO’s submitted provider data on whether the provider was a Non-English Language Speaking Provider in 43.3 percent of cases. ACNH should consider reviewing its methods for acquiring and maintaining this provider information to improve relations with members who do not speak English well or are speaking English as a second language.
5	ACNH-2022-EQRO.01_NA-05	ACNH ’s PCP cases matched the submitted provider data and online provider directory for the Provider Accepting New Patients indicator in 24.4 percent of telephone surveys. ACNH should work with its contracted PCPs to ensure that indicators of accepting new

ACNH EQRO Findings/Recommendations for Improvement to be included in the EQRO.01 Report		
NVS Report		
		patients are updated and maintained in a more current state to assist members in locating available providers in a timely manner.

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 NVS Report to Include in the EQRO.01 Report for NHHF

NHHF EQRO Findings/Recommendations for Improvement to be included in the EQRO.01 Report		
NVS Report		
1	NHHF-2022-EQRO.01_NA-01	NHHF supplied HSAG with the provider data used for the NVS. Therefore, NHHF should review the case-level NVS analytic data results file supplied by DHHS and address deficiencies regarding mismatched information between NHHF 's provider data and online directory profiles. A copy of the case-level NVS analytic data results file supplied by DHHS with MCO corrections should be included in the EQRO.01 report as an appendix.
2	NHHF-2022-EQRO.01_NA-02	NHHF should conduct a root cause analysis to identify the nature of the data mismatches for PDV indicators that scored below 90 percent: Table 2-2, Table 2-15 through Table 2-27, and Table 2-47. • Provider Addresses including Provider Suite Number and ZIP Code, especially PCPs and Specialists • Provider Phone Number, for PCPs, Specialists, and BH Providers • Provider Accepting New Patients, especially PCPs and Specialists • Accommodates for Physical Disabilities, for PCPs, Specialists, and BH Providers • Non-English Language Speaking Providers (including American Sign Language), especially PCPs and BH Providers
3	NHHF-2022-EQRO.01_NA-03	In the NHHF online provider directory, 19.0 percent of Pulmonologists and 14.1 percent of BH providers sampled could not be found in the online provider directory. Among the providers who were found, nearly one-quarter (23.5 percent) of the Pulmonologist office locations could not be identified in the online provider directory. NHHF should consider review of the processes used to ensure that provider data are updated and maintained in an accurate and timely manner.
4	NHHF-2022-EQRO.01_NA-04	In the NHHF online provider directory, the Provider Telephone Number indicator could be matched to the submitted provider data in 70.3 percent of all sampled cases. Indicators of Provider Accommodates for Physical Disabilities were matched in the online provider directory in 37.9 percent of the sampled cases. NHHF should consider reviewing its methods for acquiring and maintaining this provider information to allow members a greater likelihood of reaching the desired provider's office when calling, and to ensure

NHHF EQRO Findings/Recommendations for Improvement to be included in the EQRO.01 Report		
NVS Report		
		that members with physical disabilities are able to accurately choose providers with suitable accommodations.
5	NHHF-2022-EQRO.01_NA-05	NHHF 's sampled PCP locations reported accepting new patients in 58.8 percent of the cases surveyed. Sampled BH providers reported accepting new patients in 66.7 percent of the cases surveyed. NHHF should consider reviewing PCP panel capacities and the availability of providers to accept new patients relative to the NHHF membership to determine whether additional PCP contracts should be executed.

Well Sense

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 NVS Report to Include in the EQRO.01 Report for WS

WS EQRO Findings/Recommendations for Improvement to be included in the EQRO.01 Report		
NVS Report		
1	WS-2022-EQRO.01_NA-01	WS supplied HSAG with the provider data used for the NVS. Therefore, WS should review the case-level NVS analytic data results file supplied by DHHS and address deficiencies regarding mismatched information between WS ' provider data and online directory profiles. A copy of the case-level NVS analytic data results file supplied by DHHS with MCO corrections should be included in the EQRO.01 report as an appendix.
2	WS-2022-EQRO.01_NA-02	WS should conduct a root cause analysis to identify the nature of the data mismatches for PDV indicators that scored below 90 percent: Table 2-2, Table 2-15 through Table 2-27, and Table 2-47. • Provider Address including Suite number, especially Specialists • Provider Accepting New Patients, especially Specialists • Provider Accommodates Physical Disabilities, especially Specialists and BH Providers • Non-English Language Speaking Provider (including American Sign Language), especially Specialists and BH Providers
3	WS-2022-EQRO.01_NA-03	In the WS online provider directory, 14.3 percent of Pulmonologist cases sampled did not match on the office location when compared to the submitted provider data. Among specialty providers sampled in the online provider directory, the Provider Accepting New Patients indicator matched the submitted provider data in 25.3 percent of cases. For BH providers, in the online provider directory, the Non-English Language Speaking Provider indicator matched the submitted provider data in 25.6 percent of cases. WS should consider review of the processes used to ensure that provider data are updated and maintained in an accurate and timely manner.
4	WS-2022-EQRO.01_NA-04	WS ' sampled PCPs had a median wait time for an appointment for a new patient of 52.0 calendar days. While this finding does not mean that appointments were not available within the 45-day appointment standard defined by DHHS, it does indicate that half of the PCP provider locations surveyed indicated having new patient appointment wait times that were longer than 52.0 calendar days. WS should consider reviewing the appointment wait time standards with its contracted PCP providers and identifying whether additional PCP provider capacity is necessary to reduce overall wait times to a shorter period of time.
5	WS-2022-EQRO.01_NA-05	Among WS specialist survey cases, respondents reported that the provider data location was correct in 75.0 percent to 91.7 percent of the cases. The sole exception to this pattern was for OB/GYNs, where 100 percent of surveyed respondents indicated the

WS EQRO Findings/Recommendations for Improvement to be included in the EQRO.01 Report		
NVS Report		
		provider data matched the location surveyed. WS should consider reviewing its policies and procedures to include updating and maintaining accurate provider location data so when members contact providers, they can expect the provider location in the online directory to match the location of the office contacted on the telephone.