Implementing Medicaid Secret Shopper Surveys: Tips and Methods for Better Results
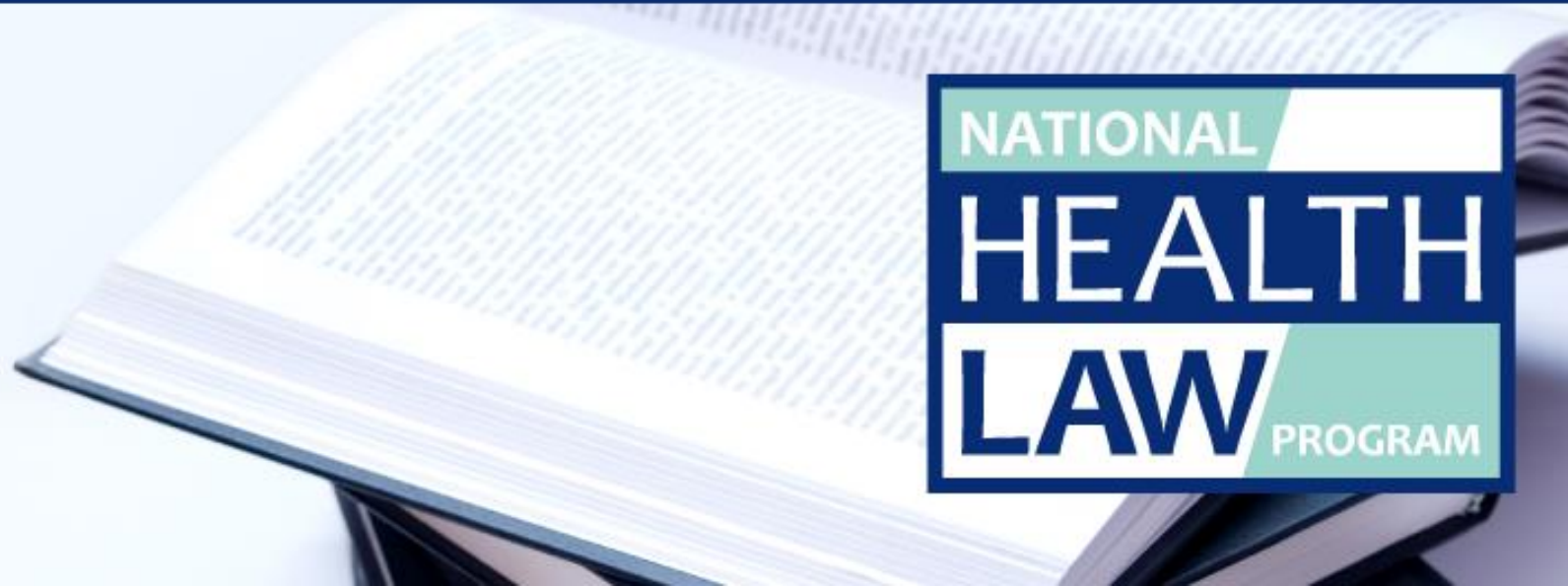
David Machledt

September 19, 2024

NATIONAL HEALTH LAW PROGRAM

Housekeeping

- Webinar is being recorded and captioned
- All attendees have been muted
- Slides were sent out in advance to those registered
  - Slides will also be available with the recording that is sent in a post-webinar email
- Please use the Q&A function for questions
- If you have a technical issue, please send a direct chat message to Dan Young.

About the National Health Law Program

- National non-profit law firm committed to improving health care access, equity, and quality for underserved individuals and families
- State & Local Partners:
  - Disability rights advocates – 50 states + DC
  - Poverty & legal aid advocates – 50 states + DC
- National Partners
- Offices: CA, DC, NC
- www.healthlaw.org
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NHeLP's Equity Stance: Our Goal

Every member of our staff defends the fundamental right of all individuals to health. Staff in every role strive to approach their work—internal and external—with an equity lens.

Our goal is to continuously examine the health care system and to advocate for health laws and policies that counteract structural barriers, institutional power dynamics, and examples of overt discrimination and implicit bias that create health inequity.

https://healthlaw.org/equity-stance/

Overview

- What is secret shopper?
- Why does it matter for accountability?
- Summary of new regulations
- Advocacy opportunities and building blocks

What is Secret Shopper?

- Caller poses as a patient or patient's family to test how hard it is to find a new provider and make an appointment

- Directly tests compliance with network adequacy standards

- Features of methodology
  - Choose a representative sample of providers from the provider directory
  - Develop a call script that anticipates questions
  - Record outcomes of call, with goal of setting an appointment

Why are we talking about this?

- Active oversight of network adequacy from user perspective
- States have already used this method to expose deep flaws in Medicaid managed care networks
  - Most care provided by small number of providers
  - Provider directories rife with errors
- Powerful data to reinforce stories about access barriers and states can use to ensure their Medicaid dollars are well spent

New Network Access Requirements

- Sets federal maximum wait time standards.
  - See 42 C.F.R. § 438.68(e), effective after July 2027
- Required annual, publicly-reported independent secret shopper survey
  - See § 438.68(f). Effective first rating period after July 9, 2028
- Required expedited correction of provider directory errors

Citation: CMS, *Medicaid and CHIP Managed Care Access, Finance and Quality Final Regulation,* 89 Fed. Reg. 41002 (Finalized May 10, 2024)

Maximum Wait Time Standards

Service Type	Routine Appointments Must Be Available Within*
Primary Care	15 business days
OB/GYN	15 business days
Behavioral Health Outpatient	10 business days
State-selected Service	State established timeframe

* States may set lower maximum wait time standards or apply stricter standards to particular populations (e.g. adult/pediatric) or services.

Citation: 42 C.F.R. § 438.68(e).

Monitoring Appointment Wait Times

- Secret Shopper will be main oversight tool.
  - Must test each issuer
  - Must test whole area of plan coverage with a statistically valid sample of targeted providers
- Compliance threshold requires 90% of sample to have appointment available within maximum standard
- Report published annually on state website
- Non-compliance requires a remedy plan within 90 days. Remedy must address issues within 12 months.
  - See § 438.207(f).

Devil in the Details

Secret Shopper guidance for Marketplace plans shows potential challenges

- Sample selection

- Lack of focus on specialists

- Does not test access to existing providers or adjust for patient's scheduling needs

- Potential issues with centralized appointments

Advocacy opportunities

- States required to use "evidence-based" approach to select the fourth category
  - States can test more than three categories, set higher standards
- States can use secret shopper to improve equity
  - Test language access and disability accommodations;
  - Test urban against rural access
- Advocates can push for stronger remedies and milestones for improvement if results do not meet standards
- Push to test existing provider appointments and telehealth

Resources

- NHeLP
  - Best Practices for Secret Shopper Survey Implementation (forthcoming)
  - [Secret Shopper Surveys: A Powerful Tool for Directly Testing Medicaid Managed Care Enrollees' Access to Care](#) (Apr. 2024)
  - [Medicaid External Quality Review: An Updated Overview](#)
- State examples
  - New Hampshire [2023 Secret Shopper](#) report and [2022 Specialty secret shopper report](#);
  - Connecticut: 2021 [survey](#) tested "multicultural names" (at 22)
  - Ohio: [2019 surveys](#) tested revealed caller against secret shopper

For questions or follow-up, please contact:

David Machledt

Machledt@healthlaw.org

Connect with National Health Law Program online:

www.healthlaw.org

@NHeLProgram

@NHeLP_org

WASHINGTON, DC OFFICE
1444 I Street NW, Suite 1105
Washington, DC 20005
ph: (202) 289-7661

LOS ANGELES OFFICE
3701 Wilshire Blvd, Suite 315
Los Angeles, CA 90010
ph: (310) 204-6010

NORTH CAROLINA OFFICE
1512 E. Franklin St., Suite 110
Chapel Hill, NC 27514
ph: (919) 968-6308

09/19/2024

Why secret shopper?

(Besides the mandate)

FEASIBLE
- Can be done in 1-3 months
- Small, nimble team
- No specialized medical/legal knowledge needed

VERSITILE
- Reproducible
- Cookie-cutter application to different scenarios
- Scalable to larger sample size

PATIENT-CENTRIC
- Real patient scenarios
- Hawthorne effect
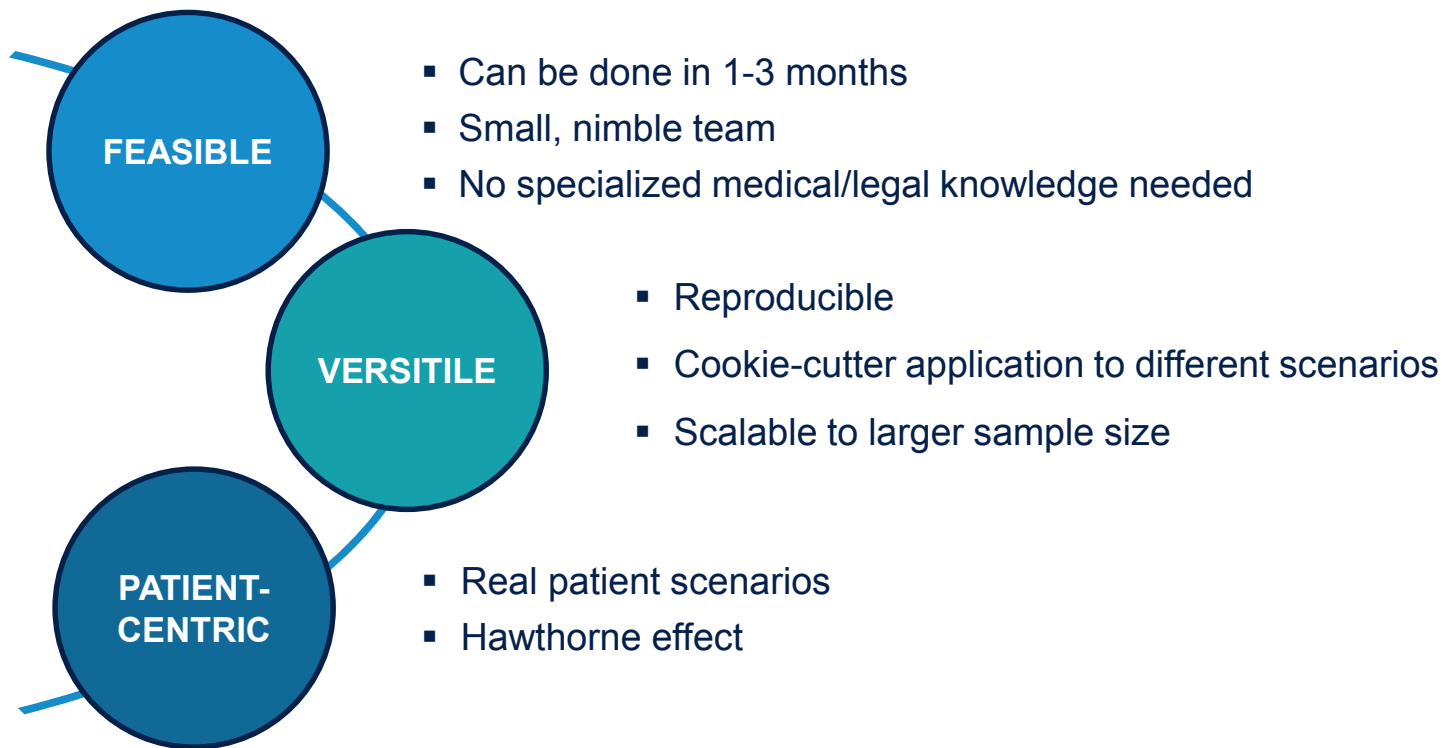
We have a framework!

Evaluated telehealth, urgent care, specialty services, and more!

- 20+ peer-reviewed Academic papers

Access to Urologic Care at Urgent Care Centers.

Hsiang WR, Yousman L, Kim D, Cavallo JA, Kenney PA, Motamedinia P, Breyer B, Leapman MS.

Urology. 2021 Oct;156:124-128. doi: 10.1016/j.urology.2021.06.009. Epub 2021 Jun 25.

PMID: 34181971

...sfunction.

J Urol. 2021 Feb;205(2):330-332. doi: 10.1097/JU.0000000000001378. Epub 2020 Sep 18.

PMID: 32945730   No abstract available.

...ntments

Hsiang WR, Lukasiewicz A, Gentry M, Kim CY, Leslie MP, Pelker R, Forman HP, Wiznia DH.

Inquiry. 2019 Jan-Dec;56:46958019838118. doi: 10.1177/0046958019838118.

- *Methodology paper:*

Study depends on a thorough call script

1

One variable per call

Clearly define outcome variable; e.g. for Medicaid acceptance, change insurance type only.

2

Emulate real scenarios

I'm calling because I'm pregnant and looking for an OBGYN

3

Increase yield by asking second questions

Does your office have wheelchair accessibility?

Do you have Spanish speaking providers?

UCSF

Iterative data collection process

| SS design | Data collection | Synthesis |

1 Create a profile, stay open-ended / conversational

- Calling on behalf of…
- Generic name
- I'm not sure his Medicaid number, but just inquiring

2 Know the landscape

- Medi-Cal, TennCare vs Medicaid
- Verify demographic information is correct

3 Each variable >14 days apart

May need to call at different times, on different days.

Consider additional demographic, state-level data

How to deal with common challenges

Wait times, call rerouting

- Consider as a barrier to care

Call centers or centralized numbers

- "I'm calling a number of practices…"

Clinics don't accept blocked numbers (*67)

- Google voice, Zoom

Labor intensive, operator-dependent data collection

- Periodic monitoring of calls, randomize sample allocation

Walter.Hsiang@ucsf.edu

Secret Shopper Surveys:
Policy & Advocacy Tool

Sidney D. Watson

Jane and Bruce Robert Professor

Center for Health Law Studies

Saint Louis University School of Law

Finding A Doctor Who Takes Your Insurance:
How Hard is it?

Community-based study of Marketplace networks in Missouri

Missouri Health Care for All
Saint Louis University School of Law
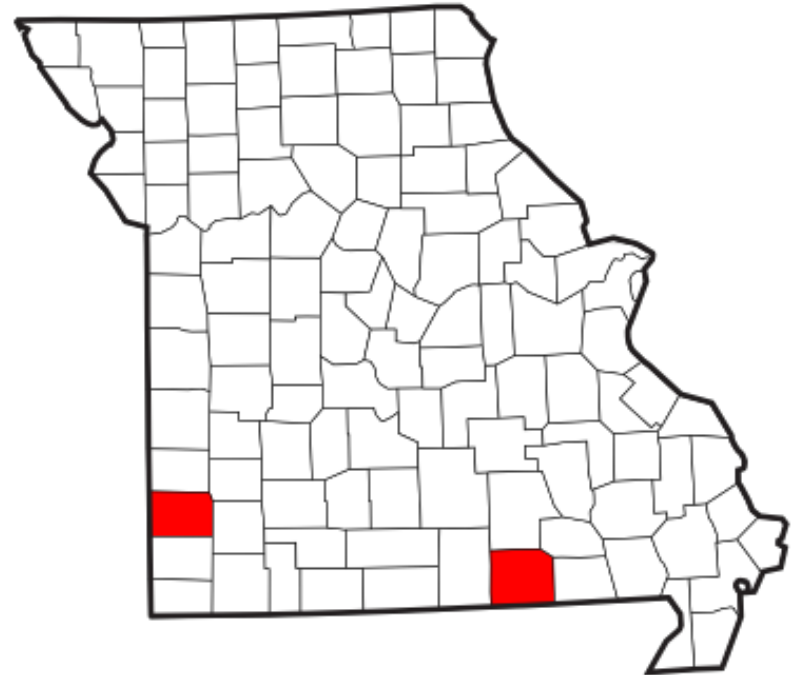2016

Goals

- **Mobilize** grassroots interest in network adequacy standards

- **Influence** majority party leaders

- No **money** & very little **time**

- Design that others could **replicate**

Design

- Mimic the consumer's experience shopping for a network & primary care doctor

- Rural county
  - *Oregon*

- Mid-size county
  - *Jasper*

Jasper (L) and Oregon (R) Counties

The Secret Shopper Team

- **Research design & analysis**

  – Loren Menefree, SLU J.D./M.S. Outcomes Research, Dr. Leslie Hinyard

- **Provider Directory downloading**

  – Law students Grassroots Health Advocacy course

- **Phone calling**

  – Volunteers and staff of Missouri Health Care

Making the calls

(1) Is this Dr. X's office?

(2) Is Dr. X accepting new patients?

(3) In A,B,C, networks?

(4) When can my ___ get an appointment for a new patient visit?

(5) What's your address?

Jasper County

only 25 of 143 listed doctors – 17%
Confirmed in-network & appointment in 4 weeks

Oregon County

only 3 of 27 listed doctors – 11%
confirmed in-network & appointment within 4 weeks

Jasper County

What do plan networks look like?

	Doctors Listed	PCPs, In-Network, Accepting & Appt in 4 weeks	% of total
Anthem	50	14	28%
Coventry	96	22	23%
Humana	46	12	26%
United HealthCare	69	16	23%
Unique Doctors	**143**	**25**	**17%**

Oregon County

What do plan networks look like?

	Doctors Listed	PCP, In-Network, Accepting & Appt in 4 weeks	% of total
Anthem	19	3	19%
Coventry	22	2	22%
United HealthCare	10	1	10%
Unique Doctors	**27**	**3**	**11%**

Why Weren't Doctors Available?

Oregon County
- Could not be reached by phone 41%
- Would not verify in network 15%
- Not accepting new patients 15%
- Not a PCP 15%

Jasper County
- Could not be reached by phone 29%
- Would not verify in network 14%
- Not accepting new patients 10%
- Not a PCP 26%
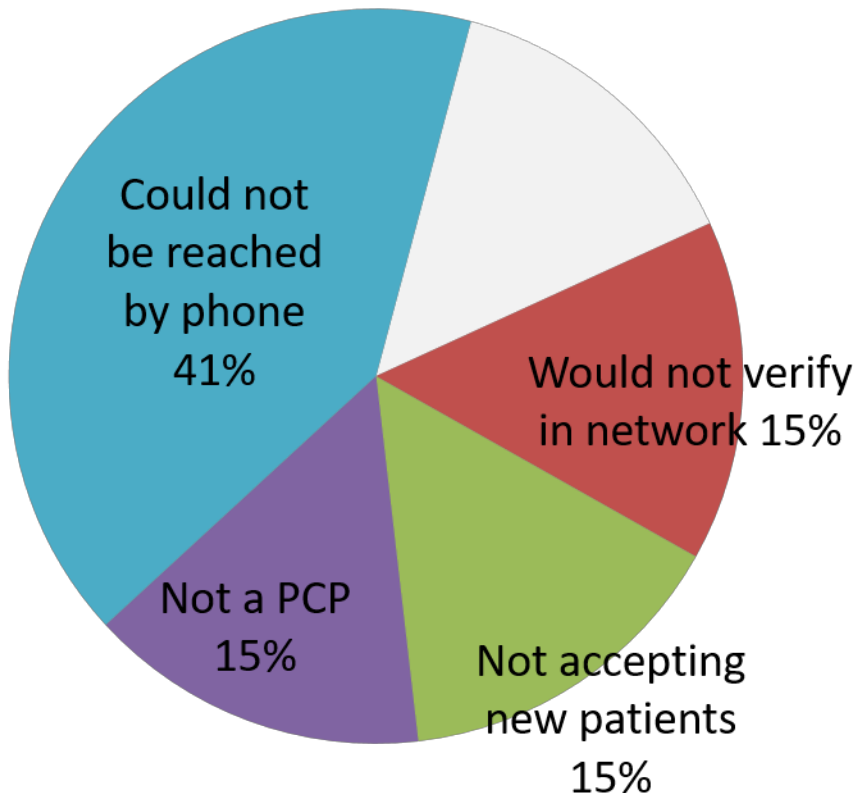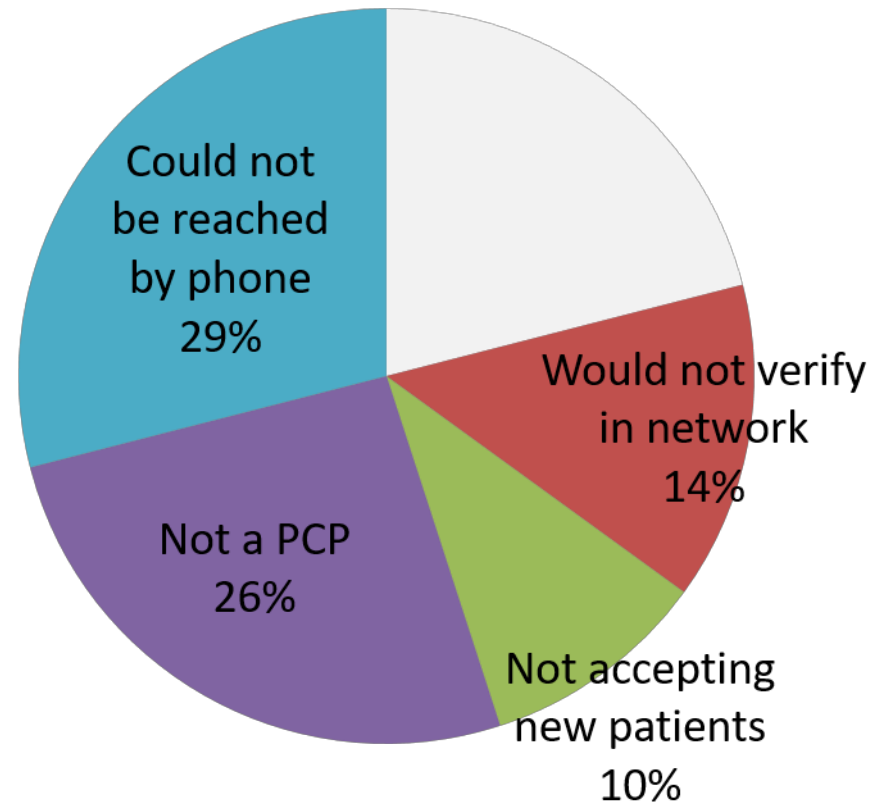
What can be done to fix these problems?

Missouri can pass new laws that protect Missouri health care consumers. Policy solutions include:

1) Accurate and easier-to-use **Provider Directories**

2) **No Surprise Bills** if a patient sees an out-of-network doctor or provider because the insurance company's directory information was wrong.

3) **No Surprise Bills** if a Patient can't find an in-network provider and has to use an out of network provider

4) A **grace period when a patient can keep seeing their doctor** if the insurance company drops the doctor or the patient is forced to change plans

5) **Clear and Specific "Network Adequacy" Rules** to make sure insurance companies cover enough doctors in their plans

Would you go here to see a doctor?

One insurance company's provider directory lists a storage shed as a doctor's office.

Patients regularly call a health clinic in another town asking for appointments at the storage shed. It's a waste of time for the clinic and the patients—and it's been going on for months/years.

Do it yourself: Secret Shopping

- Consumer's experience

- Great mobilizing tool

- Doesn't have to be statewide

- Doesn't have to be statistically fancy

- Can be done on a shoestring (really no) budget

For more information

sidney.watson@slu.edu

Secret Shopper Surveys: Methodology Matters

Leslie Hinyard

Executive Director, AHEAD Institute

Chair & Professor, Health & Clinical Outcomes Research

Saint Louis University School of Medicine

Missouri 2016 study

What do plan networks look like?

	Doctors Listed	PCPs, In-Network, Accepting & Appt in 4 weeks	% of total
Jasper	143	14	28%
Oregon	26	3	11%

New Medicaid & CHIP Network Access Requirements:

- Compliance threshold requires 90% of secret shopper sample to have appointment available within the 10-15 business day time standard
- Sample size must be statistically valid

Methodology Matters
(Importance of a Denominator)

- It is all about the perspective:

  1. Provider/Insurer perspective—out of the people you *reached* how many had available appointments within the acceptable wait time?

     (CMS Technical Guidance for QHPs in Federal Exchanges, 4/2024)

  2. Patient perspective—how many numbers did you have to call to find an appointment within the acceptable wait time?

     (Our study approach)

Sample Size Example from CMS

- Provider network contains 249 providers
  - Randomly select 135 providers from list
    - 90 minimum sample
    - 45 in reserve

  - Call original 90 providers from minimum sample

  - When out-of-network OR nonresponsive, replace with provider from reserve sample

Total Sample 135

90 Minimum Sample

45 Reserve Sample

25 Answer & Schedule

25 Ineligible— not in network

10 Do Not Answer

35 selected from reserve

50 Answer & Schedule

10 Answer & Schedule w/equivalent

5 Answer but appt too late

Attempted contact of a total of 125 providers (original 90 + 35 from reserve).

What is Reported—CMS Example

- Percentage of nonresponsive or ineligible providers

$$\frac{35 \text{ ineligible or nonresponsive}}{125 \text{ providers attempted contact}} \times 100 = \textbf{28\%}$$

- Compliance rate

$$\frac{85 \text{ were in compliance}}{90 \text{ providers contacted \& eligible}} \times 100 = \textbf{94.4\%}$$

Changing the Denominator

- If we include all providers we attempted to contact in the denominator:

$$\frac{85 \text{ in compliance}}{125 \text{ providers attempted contact}} \text{ x } 100 = \textbf{68\%}$$

- Solution→
  - For Medicaid MCOs – Advocate for compliance & reporting from patient's perspective (all those called)
  - For QHPs - Advocate for reporting both metrics!