



State of New Hampshire
Department of Health and Human Services

**Fiscal Year 2019
Substance Use Disorder (SUD)
Secret Shopper Survey Report**

November 2018



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1. Executive Summary

During fiscal year (FY) 2019 the New Hampshire Department of Health and Human Services (DHHS) contracted with Health Services Advisory Group, Inc. (HSAG), the external quality review organization (EQRO) for New Hampshire, to conduct a secret shopper telephone survey among providers that offer substance use disorder (SUD) services. The goal of the survey is to evaluate New Hampshire's network SUD providers, as well as support DHHS's waiver application to the Centers for Medicare & Medicaid Services (CMS) regarding authorization of residential treatment of SUDs. Specific survey objectives include the following:

- Determine whether providers accept patients enrolled in Medicaid.
- Determine whether providers accept new patients requiring SUD services.
- Determine appointment availability for selected SUD services.

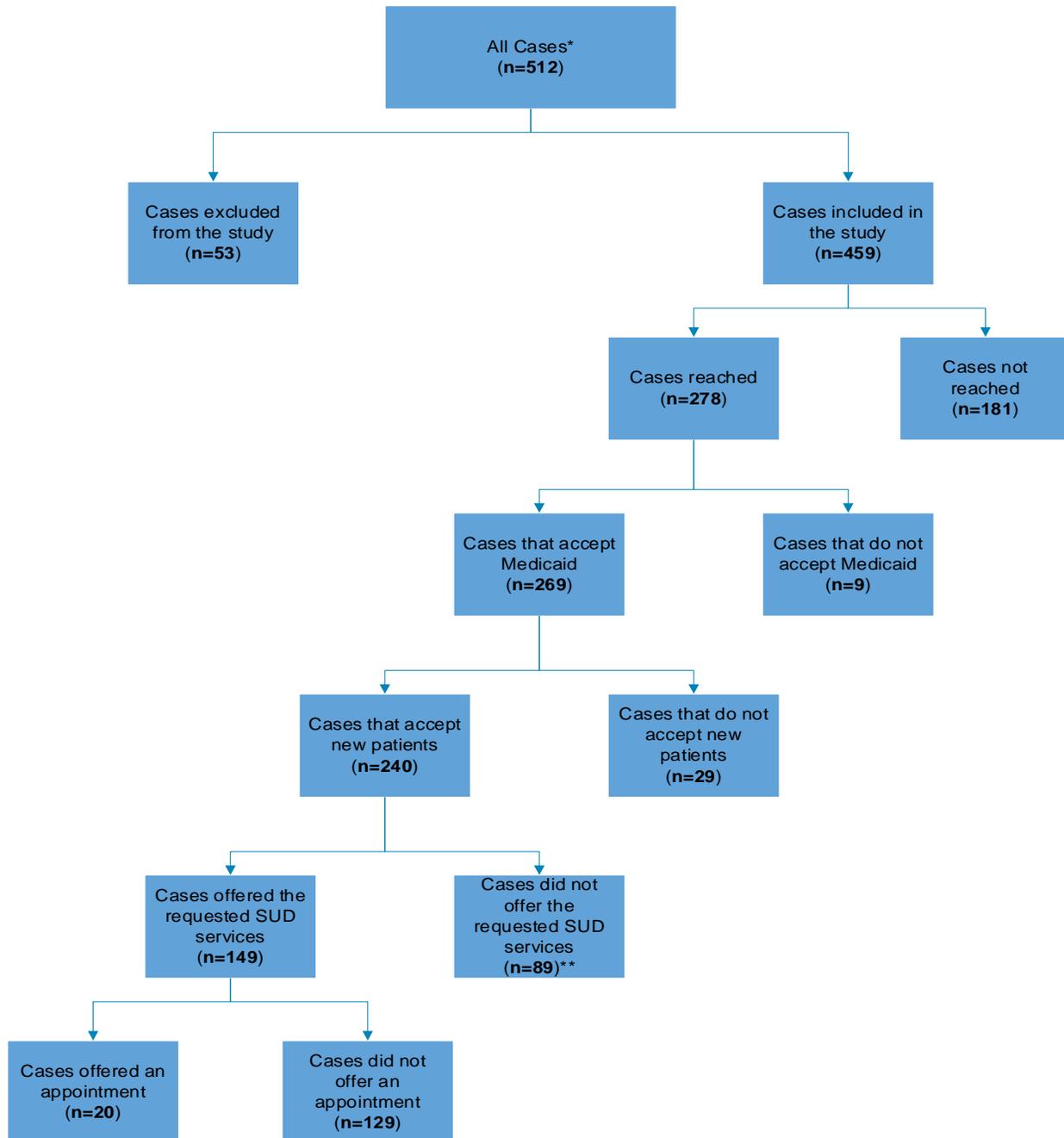
A secret shopper is a person employed to pose as a patient to evaluate the validity of available provider information (e.g., accurate location information). The secret shopper telephone survey allows for objective data collection from healthcare providers while minimizing potential bias introduced by knowing the identity of the surveyor.

The survey population included sampled provider offices or facilities (i.e., "cases"), stratified across eight types of SUD services rendered by five types of providers (Table 2-1). HSAG's callers used DHHS-approved survey scripts (Appendix A through Appendix H) customized for each of the eight service types to ensure a comprehensive assessment of SUD services across provider types. During August and September 2018, HSAG completed calls to all survey providers and facilities, and recorded survey responses in an electronic data collection tool.

During data collection, DHHS requested that HSAG exclude 53 cases from the study, as DHHS determined that these cases did not offer a specified SUD service or the excluded case's location was the same as another case's location. Ultimately, 459 cases were included in the study results. Nearly all cases reached noted that they accepted Medicaid at the time of the call, though many cases provided limitations related to accepting new patients or offering appointment availability (e.g., the patient must request the appointment, rather than a family member; the patient must pre-register or have his or her Medicaid eligibility verified before the provider or facility would offer an appointment). As a result of these limitations, survey respondents offered appointment availability for only 20 cases.

Due to the secret shopper nature of the study, certain survey responses ended the caller's conversation without collecting data for all survey elements. Figure 1-1 illustrates the flow of data collection during the survey, as well as the number of cases with each potential survey outcome.

Figure 1-1—SUD Secret Shopper Survey Data Collection Process and Case Outcomes



* Use caution when interpreting results, as the total number of survey cases included individual facilities surveyed for multiple service types. Individual survey calls were placed by service type, and subsequent survey responses are unique to the service type.

** Note: At DHHS’ request, HSAG identified two cases in which data values from an excluded case were used to replace the data values for a comparable case for which such information was not collected. However, the service types were for different script scenarios, and the cases’ acceptance of the service type was not collected. As such, these two cases were dropped from analysis at this stage due to the adjustment.

The remainder of this report includes details of the survey methodology, results, and limitations. Based on the findings detailed in this report, HSAG recommends the following actions for DHHS' consideration:

- DHHS determined that SUD provider data may be compiled from different sources within the State, and data available to HSAG did not reliably reflect the SUD services offered by each provider. As such, DHHS should consider the following:
 - Standardize processes for identifying SUD providers and maintaining SUD provider data.
 - Work with SUD providers to investigate and reconcile, where necessary, identified inconsistencies and/or unexpected responses from the survey results. This investigation will allow DHHS to determine the degree to which inconsistent survey results were attributed to DHHS' provider data processing, versus limitations related to the secret shopper survey methodology.
 - Review, and modify as needed, existing provider contracts to include specific guidelines and expectations for providers and facilities offering specified SUD services to Medicaid members. Modifications to the contract or supplemental guidelines could include explicit definitions of the types of services as well as specify critical information needed for program monitoring.
- As the SUD secret shopper survey results provide valuable insight into members' experiences while seeking SUD services, DHHS could incorporate the SUD secret shopper survey results into a larger assessment of members' access to SUD services and the degree to which members' SUD services are coordinated with physical health services.
- Access and appointment availability may vary by insurance type (e.g., Medicaid versus commercial health insurance plans). Therefore, DHHS may want to consider designing future secret shopper surveys to include scripts that will allow comparison of survey results based on the type of insurance (e.g., Medicaid versus commercial health insurance plans).

2. Overview and Methodology

Introduction

The New Hampshire Department of Health and Human Services (DHHS) contracted with Health Services Advisory Group, Inc. (HSAG), the External Quality Review Organization for New Hampshire, to conduct a secret shopper telephone survey among providers that offer substance use disorder (SUD) services. The goal of the survey was to evaluate New Hampshire's network of SUD providers, as well as to support DHHS' waiver application to the Centers for Medicare & Medicaid Services (CMS) regarding authorization of residential treatment of SUDs. Specific survey objectives included the following:

- Determine whether providers accept patients enrolled in Medicaid.
- Determine whether providers accept new patients requiring SUD services.
- Determine appointment availability for selected SUD services.
- Methodology

To achieve the study objectives described above, HSAG conducted a secret telephone survey among sampled provider offices or facilities, stratified across eight types of SUD services rendered by five types of providers. The following types of SUD providers were considered for this survey:

1. SUD Outpatient Program
2. Comprehensive SUD Program
3. Opioid Treatment Program
4. Individual (Medical and Behavioral Health) Providers²⁻¹
5. Hospital-Based SUD Program

Because each provider type could offer SUD services for more than one service type, calls were conducted for the following service types:

1. Outpatient Services
2. Intensive Outpatient Services
3. Medication-Assisted Opioid Treatment
4. Medication-Assisted Treatment From Individual Providers
5. Residential Services
6. Inpatient Medically-Supervised Withdrawal Management
7. Outpatient (Ambulatory) Medically-Supervised Withdrawal Management

²⁻¹ Individual Providers were identified from claims data by DHHS as medical or behavioral health providers who prescribed medication-assisted treatment (MAT) for SUD at least 10 times between February 2017 and February 2018.

8. Assessment of Alcohol Treatment Services

Table 2-1 displays the specific survey scenarios considered for each of the five provider types.

Table 2-1—SUD Services Expected by Provider Type

SUD Service Type	Provider Type				
	SUD Outpatient Program	Comprehensive SUD Program	Individual Providers	Opioid Treatment Program	Hospital-Based SUD Program
Outpatient Services	Yes	Potentially	Potentially	Potentially	Potentially
Intensive Outpatient Services	Yes	Potentially	Potentially	Potentially	Potentially
Medication-Assisted Treatment (MAT)	Potentially	Potentially	Potentially	Yes	Potentially
Residential Services	No	Yes	No	No	No
Inpatient Medically-Supervised Withdrawal Management	No	Potentially	No	No	Potentially
Ambulatory (Outpatient) Medically-Supervised Withdrawal Management	Potentially	Potentially	No	No	Potentially
Alcohol Treatment	Potentially	No	Potentially*	No	Potentially

* While Individual Providers may offer alcohol treatment services, the current survey did not assess whether alcohol treatment services are offered by this provider type.

Data Collection

DHHS provided HSAG with information on providers and facilities eligible for inclusion in the survey, including the following data elements for each provider or facility: provider name, office name, provider type (e.g., SUD Outpatient Program, Opioid Treatment Program), address, and telephone number. Upon receipt of the data, HSAG reviewed the address and telephone number information to assess potential duplication.

To minimize duplicated provider locations, HSAG standardized the providers’ address data to align with the United States Postal Service Coding Accuracy Support System (CASS). Address standardization did not affect the survey population; provider records that required address standardization remained in the eligible population. The original provider address data values were retained for provider locations where potential CASS address changes may have affected data validity (e.g., the address was standardized to a different city or county).

Appointment Availability Analysis

For this study, cases were surveyed by service type, such that each combination of provider type and SUD service was surveyed using a separate script. Since most provider types offered more than one service type, these providers had one survey case for each service type. To identify cases to be surveyed, HSAG stratified the provider data by service type and de-duplicated the potential provider locations in each service type using the provider name, telephone number, and address. If an individual provider, provider practice, or facility had one telephone number and multiple addresses (e.g., a call center or single telephone number for scheduling), each unique combination of the provider name, telephone, and address was considered as a separate provider location and was eligible for inclusion with cases for the applicable service type.

Due to the limited number of providers and/or facilities, HSAG conducted a census for the following provider types (i.e., surveyed all eligible providers once for each applicable service type):

- SUD Outpatient Program
- Comprehensive SUD Program
- Opioid Treatment Program
- Inpatient or Outpatient Medically-Supervised Withdrawal Management Through a Hospital-Based SUD Program

Survey cases for individual providers that offered MAT for SUD treatment were randomly sampled from the de-duplicated list of eligible providers. HSAG selected a statistically valid sample based on a 95 percent confidence level and ± 5 percent margin of error, with a 10 percent oversample to increase the probability of capturing appointment availability information from a statistically valid number of individual providers. Therefore, physical locations with more than one individual provider in the eligible population may have had more than one provider included in the sample. For these cases, HSAG surveyed each provider separately and requested appointment availability with only the sampled provider.

Telephone Survey of Provider Offices

During the survey, callers used DHHS-approved scripts (Appendix A through Appendix H) while attempting up to two calls to each selected provider office during standard operating hours (i.e., 9:00 a.m. – 4:00 p.m. EDT). A location was considered unreachable if the telephone number did not connect to a medical provider's office or if the caller was unable to speak with office personnel during either call attempt (e.g., placed on hold for five minutes or longer). If a call attempt was answered by an answering service or voicemail, a subsequent call was attempted on another day, at another time. If the caller was still unable to reach the appointment scheduling staff, the location was noted as unavailable. Callers underwent project-specific training with a dedicated analytics manager to standardize how calls were placed and how data were collected during the calls. For each caller, the analytics manager reviewed 100 percent of calls placed during the first week after the training period and a minimum of 10 percent of calls for the remainder of the survey period.

HSAG used survey responses to assess access and appointment availability among SUD providers across the following domains:

- **SUD treatment access:** information on whether the case could be contacted via telephone, was accepting Medicaid, was accepting new patients, and was offering the anticipated SUD services. This domain includes information regarding cases' stated limitations to accepting new Medicaid patients for the anticipated SUD services.
- **Appointment availability:** information on the soonest-available appointment with any provider at the location for all scripts except MAT—Individual Provider, which captured the soonest-available appointment with the sampled provider. This domain includes information regarding cases' stated limitations to scheduling an appointment.

HSAG conducted the survey during August and September 2018 and recorded responses from surveyed cases in an electronic data collection tool. Prior to analyzing the results, HSAG reviewed the responses to ensure complete and accurate data entry. This report presents the summary results in the tables below.

3. Findings

This section presents the SUD secret shopper survey results by service type, including the percentage of cases that could be reached, the percentage of cases accepting Medicaid, the percentage of cases accepting new patients, the average time to the first available appointment, and any limitations regarding new patient acceptance or appointment availability.

Using data provided by DHHS, HSAG identified 312 survey cases. During data collection, DHHS requested that HSAG exclude 53 cases from the study, as DHHS determined that these cases did not offer a specified SUD service or the excluded case’s location was the same as another case’s location. DHHS also provided 200 additional survey cases identified from an alternate data source. Ultimately, 459 cases were included in the study results; Table 3-1 illustrates the survey response rates by service type for these cases.

Table 3-1—Telephone Survey Response Rate, by Service Type

Service Type	Total Number of Cases	Respondents	Non-Respondents	Response Rate
Outpatient—Overall	231	133	98	57.6%
<i>Outpatient</i>	169	90	79	53.3%
<i>Intensive Outpatient</i>	62	43	19	69.4%
MAT—Overall	143	78	65	54.5%
<i>MAT—Opioid Treatment Program</i>	28	25	3	89.3%
<i>MAT—Individual Provider</i>	115	53	62	46.1%
Residential	8	7	1	87.5%
Withdrawal Management—Overall	57	42	15	73.7%
<i>Inpatient Withdrawal Management</i>	7	4	3	57.1%
<i>Outpatient (Ambulatory) Withdrawal Management</i>	50	38	12	76.0%
Alcohol Treatment	20	18	2	90.0%
Overall*	459	278	181	60.6%

* Use caution when interpreting results for the Overall group, as this group includes the total number of survey cases, including individual facilities surveyed for multiple service types. Individual survey calls were placed by service type, and subsequent survey responses are unique to the service type.

Approximately 40 percent of cases were nonresponsive, and common nonresponse reasons include the following:

- HSAG’s caller reached a voicemail for the intended case or was put on hold for five minutes (n=99).
- HSAG’s caller was unable to confirm that the provider or facility practiced at the specified telephone number (n=49).

- HSAG’s caller reached an invalid telephone number (e.g., the telephone number was disconnected or did not connect to a medical facility) (n=24).
- HSAG’s caller was directed to a confidential voicemail during both caller attempts for the case (n=9).

Table 3-2 displays the number and percentage of survey respondents accepting Medicaid, by service type. The Medicaid acceptance rate is limited to cases responding to the survey.

Table 3-2—Distribution of Respondents Accepting Medicaid, by Service Type

Service Type	Respondents	Accepting Medicaid	Not Accepting Medicaid	Medicaid Acceptance Rate
Outpatient—Overall	133	128	5	96.2%
<i>Outpatient</i>	90	86	4	95.6%
<i>Intensive Outpatient</i>	43	42	1	97.7%
MAT—Overall	78	74	4	94.9%
<i>MAT—Opioid Treatment Program</i>	25	23	2	92.0%
<i>MAT—Individual Provider</i>	53	51	2	96.2%
Residential	7	7	0	100.0%
Withdrawal Management—Overall	42	42	0	100.0%
<i>Inpatient Withdrawal Management</i>	4	4	0	100.0%
<i>Outpatient (Ambulatory) Withdrawal Management</i>	38	38	0	100.0%
Alcohol Treatment	18	18	0	100.0%
Overall*	278	269	9	96.8%

* Use caution when interpreting results for the Overall group, as this group includes the total number of survey cases, including individual facilities surveyed for multiple service types. Individual survey calls were placed by service type, and subsequent survey responses are unique to the service type.

Table 3-3 displays, by service type, the number and percentage of cases where the provider or facility was accepting new patients. The new patient acceptance rate is limited to cases responding to the survey and accepting Medicaid.

Table 3-3—Distribution of Respondents Accepting New Patients, by Service Type

Service Type	Providers Accepting Medicaid	Accepting New Patients	Not Accepting New Patients	New Patient Acceptance Rate
Outpatient—Overall	128	128	0	100.0%
<i>Outpatient</i>	86	86	0	100.0%
<i>Intensive Outpatient</i>	42	42	0	100.0%
MAT—Overall	74	52	22	70.3%
<i>MAT—Opioid Treatment Program</i>	23	23	0	100.0%
<i>MAT—Individual Provider</i>	51	29	22	56.9%
Residential	7	6	1	85.7%
Withdrawal Management—Overall	42	40	2	95.2%
<i>Inpatient Withdrawal Management</i>	4	4	0	100.0%
<i>Outpatient (Ambulatory) Withdrawal Management</i>	38	36	2	94.7%
Alcohol Treatment	18	14	4	77.8%
Overall*	269	240	29	89.2%

* Use caution when interpreting results for the Overall group, as this group includes the total number of survey cases, including individual facilities surveyed for multiple service types. Individual survey calls were placed by service type, and subsequent survey responses are unique to the service type.

If offered by the survey respondent, HSAG’s callers could note one or more limitations to new patient acceptance for each case. Among the 29 cases not accepting new patients at the time of the call, limitations included but were not limited to the following:

- The patient must first fill out a questionnaire or undergo an evaluation with the provider or facility.
- A referral is required.
- The patient must contact another community resource (e.g., Catholic Medical Center [CMC] Access) to determine if the provider is accepting new Medicaid patients.

Table 3-4 displays the number and percentage of cases where the provider or facility confirmed that it accepts the service type for which the survey call was made. The service type acceptance rate is limited to cases responding to the survey, accepting Medicaid, and accepting new patients.

Table 3-4—Distribution of Service Type Acceptance, by Service Type

Service Type	Providers Accepting Medicaid and New Patients	Accepting Service Type	Not Accepting Service Type**	Service Type Acceptance Rate
Outpatient—Overall	128	95	32	74.2%
<i>Outpatient</i>	86	66	19	76.7%
<i>Intensive Outpatient</i>	42	29	13	69.0%
MAT—Overall	52	27	25	51.9%
<i>MAT—Opioid Treatment Program</i>	23	8	15	34.8%
<i>MAT—Individual Provider</i>	29	19	10	65.5%
Residential	6	4	2	66.7%
Withdrawal Management—Overall	40	13	27	32.5%
<i>Inpatient Withdrawal Management</i>	4	2	2	50.0%
<i>Outpatient (Ambulatory) Withdrawal Management</i>	36	11	25	30.6%
Alcohol Treatment	14	10	3	71.4%
Overall*	240	149	89	62.1%

* Use caution when interpreting results for the Overall group, as this group includes the total number of survey cases, including individual facilities surveyed for multiple service types. Individual survey calls were placed by service type, and subsequent survey responses are unique to the service type.

** At DHHS’ request, HSAG identified two cases in which data values from an excluded case were used to replace the data values for a comparable case for which information was not collected. However, the service types were for different script scenarios, and the cases’ acceptance of the service type was not collected. As such, these two cases were dropped from analysis at this stage due to the adjustment.

If offered by the survey respondent, HSAG’s callers could note one or more limitations to service type acceptance for each case. The following information was collected among the 89 cases in which the provider or facility confirmed that it did not accept the service type requested during the survey call and additional information was offered by the survey respondent:

- The patient must first complete a questionnaire.
- The case provides only 3.5 high-intensity residential services.
- Prior to being accepted for admission at the surveyed facility, the patient must complete a detoxification program and have reached 90 days of sobriety.
- Prior to being accepted for the requested SUD services at the surveyed facility, the patient was referred to an alternate facility for detoxification services.

- The cases accepted only certain types of patients (e.g., children, women, pregnant women, or mothers).

Table 3-5 summarizes appointment availability by service type, including the number and percentage of calls resulting in a valid appointment date and the number of days to an appointment. Calls with an appointment were limited to cases responding to the survey, accepting Medicaid, accepting new patients, and accepting the requested service type.

Table 3-5—Average Time to Schedule an Appointment, by Service Type

Service Type	Providers Contacted and Accepting New Patients**	Calls With an Appointment		Days to Appointment			
		Number	Percent	Min	Max	Median	Average
Outpatient—Overall	95	14	14.7%	0	8	1.0	2.0
<i>Outpatient</i>	66	10	15.2%	0	8	1.0	2.0
<i>Intensive Outpatient</i>	29	4	13.8%	0	8	0.0	2.0
MAT—Overall	27	2	7.4%	4	98	51.0	51.0
<i>MAT—Opioid Treatment Program</i>	8	1	12.5%	4	4	4.0	4.0
<i>MAT—Individual Provider</i>	19	1	5.3%	98	98	98.0	98.0
Residential	4	0	0.0%	–	–	–	–
Withdrawal Management—Overall	13	2	15.4%	1	6	3.5	3.5
<i>Inpatient Withdrawal Management</i>	2	1	50.0%	1	1	1.0	1.0
<i>Outpatient (Ambulatory) Withdrawal Management</i>	11	1	9.1%	6	6	6.0	6.0
Alcohol Treatment	10	2	20.0%	0	3	1.5	1.5
Overall*	149	20	13.4%	0	98	1.0	7.0

* Use caution when interpreting results for the Overall group, as this group includes the total number of survey cases, including individual facilities surveyed for multiple service types. Individual survey calls were placed by service type, and subsequent survey responses are unique to the service type.

** This column is limited to cases responding to the survey, accepting Medicaid, accepting new patients, and accepting the requested service type.

– Denotes that no cases were offered an appointment for the specified service type and statistics related to appointment wait times were not calculated.

While HSAG’s callers did not specifically ask about limitations to appointment availability, the callers captured any additional information offered by the survey respondent. Relatively few cases offered appointment availability, and one case indicated that it provided services on a walk-in basis. The following supplemental input was collected for cases without appointment availability:



- The patient must first complete a questionnaire, pre-register with the provider/facility, and/or have his or her Medicaid eligibility verified by the provider/facility.
- The patient must contact the office to schedule an appointment, rather than having a family member schedule an appointment on behalf of the patient.
- The patient must be added to a waiting list.

Conclusions

The SUD secret shopper survey results indicate that most surveyed SUD providers and facilities in New Hampshire serve new patients with Medicaid, though members may find it challenging to initially make contact with a provider or facility. Additionally, family or friends contacting SUD providers on behalf of a prospective patient with Medicaid are unlikely to obtain appointment information for SUD services. The following key findings support these conclusions:

- HSAG achieved an overall response rate of 60.6 percent for this study, which exceeds a typical provider survey response rate of approximately 15 percent across HSAG’s book of business for atypical provider types. By service type, providers’ response rates ranged from 46.1 percent for *MAT-Individual Provider* to 90.0 percent for *Alcohol Treatment*.
- Nearly all SUD provider cases that could be contacted indicated that they accept patients enrolled in Medicaid, though the survey scripts did not request a specific managed care plan or Medicaid program.
- Among cases accepting Medicaid patients, 89.2 percent of cases indicated that they accept new patients. New patient acceptance rates by service type ranged from 56.9 percent for *MAT-Individual Provider* to 100 percent for *Outpatient, Intensive Outpatient, MAT-Opioid Treatment Program, and Inpatient Withdrawal Management*.
- Only 62.1 percent of provider cases accepting new Medicaid patients indicated that they provide the SUD service requested during the survey call. Service type acceptance rates ranged from 30.6 percent for *Outpatient (Ambulatory) Withdrawal Management* to 76.7 percent for *Outpatient*.
- Very few cases accepting new Medicaid patients and offering the requested service type were able to offer appointment availability (13.4 percent). HSAG’s callers noted the following common reasons for cases’ inability to offer an appointment date:
 - The patient must first complete a questionnaire, pre-register with the provider/facility, and/or have his or her Medicaid eligibility verified by the provider/facility.
 - The patient must contact the office to schedule an appointment, rather than having a family member schedule an appointment on behalf of the patient.

Despite the limited number of cases with appointment availability, providers and facilities that could be reached were generally forthcoming regarding SUD services and new patient processes. Results compiled in this report are limited to data collected using standardized survey elements; however, HSAG’s callers collected detailed information when it was offered by survey respondents. As a complement to this report, DHHS received a case-level analytic results file containing survey responses for all cases, as well as the callers’ case notes.

Study Limitations

- Secret shopper survey findings were compiled from self-reported survey responses provided to HSAG’s callers by SUD providers and facilities and may vary from information obtained at other time or using other methods of communication.
- Seven of the eight survey scripts required HSAG’s callers to pose as a family member seeking SUD services for an adult child or spouse. Survey respondents may have opted not to answer selected survey questions without speaking directly to the prospective patient due to the need for comprehensive information on a patient’s history and clinical condition to assess service needs. It is possible that actual patients may be able to obtain additional information from these providers or facilities.
 - Additionally, survey scripts did not address clinically sensitive conditions that may have resulted in more timely appointments or greater availability of SUD services (e.g., a pregnant woman seeking SUD treatment).
- DHHS noted that medical providers’ office staff may be unaware of MAT services offered to specific patients; as such, survey response rates for MAT services are presented for all individual providers.
- Due to the secret shopper nature of the study, certain survey responses ended the caller’s conversation without collecting data for all survey elements. Calls identified as being made on behalf of DHHS are likely to collect data for all survey elements but would not accurately portray members’ experiences.
- HSAG’s callers asked about cases’ acceptance of Medicaid without specifying a managed care plan or Medicaid program. Providers and facilities may have different responses when a specific Medicaid plan or program is requested.

Recommendations

Based on the findings detailed in this report, HSAG recommends the following actions for DHHS’ consideration:

- DHHS determined that SUD provider data may be compiled from different sources within the State, and data available to HSAG did not reliably reflect the SUD services offered by each provider. As such, DHHS should consider the following:
 - Standardize processes for identifying SUD providers and maintaining SUD provider data.
 - Work with SUD providers to investigate and reconcile, where necessary, identified inconsistencies and/or unexpected responses from the survey results. This investigation will allow DHHS to determine the degree to which inconsistent survey results were attributed to DHHS’ provider data processing, versus limitations related to the secret shopper survey methodology.
 - Review, and modify as needed, existing provider contracts to include specific guidelines and expectations for providers and facilities offering specified SUD services to Medicaid members.

Modifications to the contract or supplemental guidelines could include explicit definitions of the types of services as well as specify critical information needed for program monitoring.

- As the SUD secret shopper survey results provide valuable insight into members' experiences while seeking SUD services, DHHS could incorporate the SUD secret shopper survey results into a larger assessment of members' access to SUD services and the degree to which members' SUD services are coordinated with physical health services.
- Access and appointment availability may vary by insurance type (e.g., Medicaid versus commercial health insurance plans). Therefore, DHHS may want to consider designing future secret shopper surveys to include scripts that will allow comparison of survey results based on the type of insurance (e.g., Medicaid versus commercial health insurance plans).

Appendix A. Outpatient Services Script

Survey Script

This sample script served as a guide in gathering data relevant to obtaining information regarding outpatient services, though callers were permitted to improvise during actual calls as needed. Callers were instructed not to leave voicemail messages or schedule appointments.

Outpatient services include individual, group, and/or family counseling for SUDs and may be provided by SUD Outpatient Programs, Comprehensive SUD Programs, Opioid Treatment Programs, or Hospital-Based SUD Programs.

Callers were instructed to survey these cases as though they are a mother calling on behalf of their 19-year-old son who was caught smoking marijuana in his dorm while away at college. The son is now home for the summer and the mother found marijuana and pills in his room. The son is being very secretive since he has been home.

1. Call the office and note the name of the person to whom you are speaking, if offered.
If the 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).
2. “Hello, I’m calling because my son is having some problems with drugs and I’m trying to find him some help. Do you take Medicaid?”
If yes, continue to Element #3.
If the office indicates that it does not accept Medicaid, the survey will end.
3. “Are you accepting new Medicaid patients?”
If yes, continue to Element #4.
If the office indicates that it is not accepting new patients with Medicaid, the survey will end.
4. “My son is home for the summer from school, and I found marijuana and pills in his room – he was caught at school smoking marijuana as well. I heard you provide drug treatment; is this something that you can help with?”
If yes, continue to Element #5.
If the office indicates that it does not provide outpatient SUD services, the survey will end.
If the office offers limitations to patient access or appointment availability (e.g., the patient must have a referral from another provider), record any limitations offered and continue to Element #5. Callers will not inquire about additional limitations.
5. “How soon could he come in for an appointment?”
Record the date for the soonest available appointment with any provider at the location and continue to Element #6.

If an appointment date is not offered for the case's location, record "12/31/99" (i.e., no appointment available) and continue to Element #6.

6. "I really appreciate your help. I will talk to my son and call back later."

Appendix B. Intensive Outpatient Services Script

Survey Script

This sample script served as a guide in gathering data relevant to obtaining information regarding intensive outpatient services, though callers were permitted to improvise during actual calls as needed. Callers were instructed not to leave voicemail messages or schedule appointments.

Intensive outpatient services include individual and group treatment and recovery support services for SUDs and may be provided by SUD Outpatient Programs, Comprehensive SUD Programs, Opioid Treatment Programs, or Hospital-Based SUD Programs.

Callers were instructed to survey these cases as though they are a mother calling on behalf of her adult son who is living at her house. The mother discovered needles and tin foil and wants to know her options for helping her son receive SUD treatment.

1. Call the office and note the name of the person to whom you are speaking, if offered.
If the 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).
2. “Hello, I’m calling because my son is having some problems with drugs and I’m trying to find him some help. Do you take Medicaid?”
If yes, continue to Element #3.
If the office indicates that it does not accept Medicaid, the survey will end.
3. “Are you accepting new Medicaid patients?”
If yes, continue to Element #4.
If the office indicates that it is not accepting new patients with Medicaid, the survey will end.
4. “My son lives with me and I found needles and used tin foil in his room. I’m really worried about him and trying to see what kind of help he can get. Do you offer treatment options for something like this?”
If yes, continue to Element #5.
If the office indicates that it does not provide intensive outpatient SUD services, the survey will end.
If the office offers limitations to patient access or appointment availability (e.g., the patient must have a referral from another provider), record any limitations offered and continue to Element #5. Callers will not inquire about additional limitations.
5. “How soon could he come in for an appointment?”
Record the date for the soonest available appointment with any provider at the location and continue to Element #6.
If an appointment date is not offered for the case’s location, record “12/31/99” (i.e., no appointment available) and continue to Element #6.

6. "I really appreciate your help. I am going to talk to my son and see if I can get him to come in. I will call back later."

Appendix C. Medication-Assisted Opioid Treatment Script

Survey Script

This sample script served as a guide in gathering data relevant to obtaining information regarding Medication-Assisted Treatment (MAT) from an opioid treatment program, though callers were permitted to improvise during actual calls as needed. Callers were instructed not to leave voicemail messages or schedule appointments.

MAT involves the use of medication approved by the United States Food and Drug Administration (FDA), in combination with counseling and behavioral therapies, to provide a “whole patient” approach to SUD treatment related to opioid use. These services may be provided by SUD Outpatient Programs, Comprehensive SUD Programs, Opioid Treatment Programs, or Hospital-Based SUD Programs.

Callers were instructed to survey these cases as though they are a mother calling on behalf of her adult son who recently relapsed on heroin. The son has been to numerous treatment centers and nothing has worked because he keeps relapsing. The mother worries he might die if he continues and is looking to determine if a medical treatment program can help him.

1. Call the office and note the name of the person to whom you are speaking, if offered.
If the 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).
2. “Hello, I’m calling because my son is having some problems with drugs and I’m trying to find him some help. Do you take Medicaid?”
If yes, continue to Element #3.
If the office indicates that it does not accept Medicaid, the survey will end.
3. “Are you accepting new Medicaid patients?”
If yes, continue to Element #4.
If the office indicates that it is not accepting new patients with Medicaid, the survey will end.
4. “My son recently relapsed on heroin. He’s had treatment before and nothing has worked. I’m afraid he’s going to die. I heard that Suboxone might help him; do you offer something like that?”
If yes, continue to Element #5.
If the office indicates that it does not provide MAT for opioid treatment, the survey will end.
If the office offers limitations to patient access or appointment availability (e.g., the patient must have a referral from another provider), record any limitations offered and continue to Element #5. Callers will not inquire about additional limitations.

5. “How soon could he come in for an appointment?”

Record the date for the soonest available appointment with any provider at the location and continue to Element #6.

If an appointment date is not offered for the case’s location, record “12/31/99” (i.e., no appointment available) and continue to Element #6.

6. “I really appreciate your help. I will talk to my son and call back later.”

Appendix D. Medication-Assisted Treatment From Individual Providers Script

Survey Script

This sample script served as a guide in gathering data relevant to obtaining information regarding Medication-Assisted Treatment (MAT) from individual providers, though callers were permitted to improvise during actual calls as needed. Callers were instructed not to leave voicemail messages or schedule appointments.

MAT involves the use of medication approved by the United States Food and Drug Administration (FDA), in combination with counseling and behavioral therapies, to provide a “whole patient” approach to SUD treatment. These services are provided by medical (physical health) providers, such as primary care physicians or behavioral health providers.

This scenario did not involve a script with details specific to behavioral health, and callers were instructed to survey these cases as though they are moving to the area and looking to establish care with a provider that can prescribe Suboxone.

For this scenario, we are interested in finding out if the sampled provider accepts Medicaid, if they are accepting new patients, and what is the first available appointment with the sampled provider.

1. Call the office and note the name of the person to whom you are speaking, if offered.
If the 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).
2. “Hello, do you take Medicaid?”
If yes, continue to Element #3.
If the office indicates that it does not accept Medicaid, the survey will end.
3. “Is (name of provider) accepting new Medicaid patients?”
If yes, continue to Element #4.
If the office indicates that the provider is not accepting new patients with Medicaid, the survey will end.
4. “I also take Suboxone. Does (name of provider) prescribe Suboxone?”
If yes, continue to Element #5.
If the office indicates that the provider does not offer Suboxone services, the survey will end.
5. “How soon could I come in for an appointment?”
Record the date for the soonest available appointment with the specific provider at the location and continue to Element #6.

If an appointment date is not offered for the case's location, record "12/31/99" (i.e., no appointment available) and continue to Element #6.

If the office offers limitations to patient access or appointment availability (e.g., the patient must register with the practice or have a referral for the sampled provider), record any limitations offered and continue to Element #6. Callers will not inquire about additional limitations.

6. "Thank you for your help. I will call back later."

Survey Script

This sample script served as a guide in gathering data relevant to obtaining information regarding residential services, though callers were permitted to improvise during actual calls as needed. Callers were instructed not to leave voicemail messages or schedule appointments.

Residential treatment is designed to assist individuals in becoming more self-sufficient in the community and/or assist individuals who require a more intensive level of services in a structured setting. These services may be provided by Comprehensive SUD Programs.

Callers were instructed to survey these cases as though they are a mother calling on behalf of her adult son who relapsed on heroin. The son is living on the streets, but the mother believes she knows where to find him. She thinks that if she talks to her son, he would be willing to consider treatment. She wants to know how soon she can get him an appointment because once she finds him, she will have a small window of time to keep him at home and bring him in for treatment before he leaves.

1. Call the office and note the name of the person to whom you are speaking, if offered.
If the 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).
2. “Hello, I’m calling because my son is having some problems with drugs and I’m trying to find him some help. Do you take Medicaid?”
*If yes, continue to Element #3.
If the office indicates that it does not accept Medicaid, the survey will end.*
3. “Are you accepting new Medicaid patients?”
*If yes, continue to Element #4.
If the office indicates that it is not accepting new patients with Medicaid, the survey will end.*
4. “My son has relapsed on heroin and is now on the streets. I think I know where he is, and I can convince him to get help. He needs a facility that he can stay in. Do you offer treatment for this kind of situation?”
*If yes, continue to Element #5.
If the office indicates that it does not provide residential services, the survey will end.
If the office offers limitations to patient access or appointment availability (e.g., the patient must have a referral from another provider), record any limitations offered and continue to Element #5. Callers will not inquire about additional limitations.*
5. “How soon could he come in for an appointment?”
Record the date for the soonest available appointment with any provider at the location and continue to Element #6.

If an appointment date is not offered for the case's location, record "12/31/99" (i.e., no appointment available) and continue to Element #6.

6. "I really appreciate the information. I will call back once I get in touch with my son."

Appendix F. Inpatient Medically-Supervised Withdrawal Management Script

Survey Script

This sample script served as a guide in gathering data relevant to obtaining information regarding services for medically-supervised withdrawal management in an inpatient setting, though callers were permitted to improvise during actual calls as needed. Callers were instructed not to leave voicemail messages or schedule appointments.

Hospital-based SUD programs are providers and/or facilities offering specialty SUD treatment and recovery support services on an inpatient basis. Medically-supervised withdrawal management typically involves “detox” for persons using alcohol and benzodiazepines (e.g. Xanax, Ativan), as withdrawal from these medications can result in death. These services may be provided by Comprehensive SUD Programs or Hospital-Based SUD Programs.

Callers were instructed to survey these cases as though they are a mother calling on behalf of her adult daughter, who was released from a county jail a few months ago. The daughter has been on heroin and pills since being released. While the daughter says she wants to stop using, she is afraid because of how bad her withdrawal symptoms were while in the jail.

1. Call the office and note the name of the person to whom you are speaking, if offered.
If the 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).
2. “Hello, I’m calling because my daughter is having some problems with drugs and I’m trying to find some help for her. Do you take Medicaid?”
If yes, continue to Element #3.
If the office indicates that it does not accept Medicaid, the survey will end.
3. “Are you accepting new Medicaid patients?”
If yes, continue to Element #4.
If the office indicates that it is not accepting new patients with Medicaid, the survey will end.
4. “My daughter was released from jail a few months ago and she’s been using heroin and pills since she’s been home. She wants to get clean, but she had really bad withdrawal while she was in jail and is scared of that happening again. Can your facility help with this?”
If yes, continue to Element #5.
If the office indicates that it does not provide inpatient services for medically-supervised withdrawal management, the survey will end.
If the office offers limitations to patient access or appointment availability (e.g., the patient must have a referral from another provider), record any limitations offered and continue to Element #5. Callers will not inquire about additional limitations.

5. “How soon could she come in for an appointment?”

Record the date for the soonest available appointment with any provider at the location and continue to Element #6.

If an appointment date is not offered for the case’s location, record “12/31/99” (i.e., no appointment available) and continue to Element #6.

6. “Thank you for your help today. I will talk to my daughter and call back later.”

Appendix G. Outpatient (Ambulatory) Medically-Supervised Withdrawal Management Script

Survey Script

This sample script served as a guide in gathering data relevant to obtaining information regarding services for medically-supervised withdrawal management in an inpatient setting, though callers were permitted to improvise during actual calls as needed. Callers were instructed not to leave voicemail messages or schedule appointments.

Comprehensive SUD programs may offer medically-monitored withdrawal management on an outpatient (ambulatory) basis (i.e., the patient does not reside at the facility during treatment). Medically-supervised withdrawal management typically involves “detox” for persons using alcohol and benzodiazepines (e.g. Xanax, Ativan), as withdrawal from these medications can result in death. These services may be provided by SUD Outpatient Programs, Comprehensive SUD Programs, or Hospital-Based SUD Programs.

Callers were instructed to survey these cases as though they are a mother calling on behalf of her daughter. The daughter recently left a dangerous relationship with the father of her children, and the father of the children was also controlling her access to opiates. The daughter’s parents (i.e., the caller) are willing to provide a safe, stable living environment for their daughter and two grandchildren. The daughter currently has a relationship with a SUD treatment provider in the community that she has worked with in the past; however, the provider wants her in detox before beginning services. If asked about the existing treatment provider, the caller will indicate that she does not know the provider’s name but can ask the daughter at a later time.

1. Call the office and note the name of the person to whom you are speaking, if offered.
If the 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).
2. “Hello, I’m calling because my daughter is having some problems with drugs and I’m trying to find some help for her. Do you take Medicaid?”
If yes, continue to Element #3.
If the office indicates that it does not accept Medicaid, the survey will end.
3. “Are you accepting new Medicaid patients?”
If yes, continue to Element #4.
If the office indicates that it is not accepting new patients with Medicaid, the survey will end.
4. “My daughter’s addicted to opiates, and we need to get her into detox before her treatment provider will see her. Can your facility help with detox?”
If yes, continue to Element #5.
If the office indicates that it does not provide outpatient services for medically-supervised withdrawal management, the survey will end.

If the office offers limitations to patient access or appointment availability (e.g., the patient must have a referral from another provider), record any limitations offered and continue to Element #5. Callers will not inquire about additional limitations.

5. “How soon could she come in for an appointment?”

Record the date for the soonest available appointment with any provider at the location and continue to Element #6.

If an appointment date is not offered for the case’s location, record “12/31/99” (i.e., no appointment available) and continue to Element #6.

6. “I appreciate your help. I will talk to my daughter and call back later.

Appendix H. Assessment of Alcohol Treatment Services Script

Survey Script

This sample script served as a guide in gathering data relevant to obtaining information regarding assessment for alcohol treatment services, though callers were permitted to improvise during actual calls as needed. Callers are instructed not to leave voicemail messages or schedule appointments.

To assess the availability of alcohol treatment services, DHHS has asked that HSAG use this script to survey all available SUD Outpatient Programs and Hospital-Based SUD Programs, in addition to survey calls to these programs for other applicable survey scripts (i.e., service types). Individual providers will not be surveyed related to alcohol treatment services.

Callers were instructed to survey these cases as though they are a wife calling on behalf of her husband. The husband has been drinking heavily for several years and has tried to quit before but can't stick with it because of withdrawal symptoms. The wife doesn't know how much her husband drinks, because he knows that she disapproves, and he tries to hide the behavior. While the husband has a job, he has often called out sick from too much drinking the night before. The wife can no longer tolerate the husband's alcoholism and told him she would leave him if he did not get help. Due to her ultimatum, the husband is willing to consider treatment.

1. Call the office and note the name of the person to whom you are speaking, if offered.
If the 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).
2. "Hello, I'm calling because I'm trying to find help for my husband's drinking. Do you take Medicaid?"
If yes, continue to Element #3.
If the office indicates that it does not accept Medicaid, the survey will end.
3. "Are you accepting new Medicaid patients?"
If yes, continue to Element #4.
If the office indicates that it is not accepting new patients with Medicaid, the survey will end.
4. "My husband has a drinking problem, and he's tried to quit before, but he couldn't stick with it. I'm trying to figure out what would help. Does your office provide help for this?"
If yes, continue to Element #5.
If the office asks about the severity of the husband's drinking, the caller may respond, "I don't know how much he drinks because he knows I don't like it and he tries to hide it. But he'll go out drinking with his buddies after work and then come home and drink some more until he falls asleep. I've even noticed that sometimes his coffee smells like it has alcohol in it."
If the office indicates that it does not provide alcohol treatment services, the survey will end.

If the office offers limitations to patient access or appointment availability (e.g., the patient must have a referral from another provider), record any limitations offered and continue to Element #5. Callers will not inquire about additional limitations.

5. “How soon could he come in for an appointment?”

Record the date for the soonest available appointment with any provider at the location and continue to Element #6.

If an appointment date is not offered for the case’s location, record “12/31/99” (i.e., no appointment available) and continue to Element #6.

6. “Thank you for the information. I will talk to my husband and call back later.”