

## NEW MEXICO CENTENNIAL CARE SECRET SHOPPER SURVEY METHODOLOGY

The Human Services Department Medical Assistance Division (HSD/MAD) selected primary care physicians (PCPs) and specialty care provider types from the state's Medicaid Management Information System (MMIS/Omnicaid). For purposes of this survey, a PCP is defined as a: Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO)/General Practice, Family Practice, Internal Medicine, Preventive Medicine and Certified Nurse Practitioner (excluding Psychiatric) provider. PCPs are also located at the following facilities that were included in the selection: Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs) Freestanding and Hospital Based. Additional criteria used to select providers include: an active provider type; an Unrestricted billing code (billing and /or rendering provider); a Billing (only) billing code; New Mexico location; and, at least one active MCO affiliation. The specialty types selected for this survey include those for the following: Cardiology, Obstetrics and Gynecology (OB-GYN) and Pediatrics.

The survey was conducted in August 2016. One hundred percent of specialists in each specialty category were surveyed. A random sample of PCPs, using a random number generator, was selected to return a 95% confidence level with a +/- 5 confidence interval. Statistically valid sample sizes were determined using a sample size calculator. A total of 196 PCPs were surveyed. HSD/MAD measured: the number and percent of open panels, time to appointment for new and established patients, and time to appointment for more urgent appointments including same day. Other measures included: practices with extended hours; practices offering midlevel practitioner appointments when physicians were not available; and, the number of MCOs with which the practice is contracted.

Caller id was blocked when calling the providers/practices. Surveyors were trained and coached by staff managers to deliver the script in a conversational format. HSD/MAD provided one-page (16 records) of providers/practices that were identical across surveyors. Appointment times and other responses were compared to ensure consistency and reliability across surveyors. The survey was conducted after public schools were back in session, so that a potential surge in appointments for sports physicals or immunizations would not misrepresent time-to-appointment results particularly for pediatrician appointments. Similarly, the timing was such that potential surges during the cold and flu season were avoided so that seasonal fluctuations would not affect the results of the time-to-appointment measures. For ranges of days to appointment, the earliest number of days were averaged and the latest number of days were averaged by provider type. Same day appointments were measured as zero (0) days to appointment.