



Guide to

# Healthcare Secret Shopper Surveys and Strategic Action Planning for QHPs Under CMS

# EXECUTIVE SUMMARY

The healthcare landscape is undergoing rapid transformation, with an increased emphasis on patient-centered care, seamless experiences, and optimal health outcomes. In response to this shift, the Centers for Medicare & Medicaid Services (CMS) has implemented secret shopper surveys to ensure that Qualified Health Plans (QHPs) offered through Federally-Facilitated Exchanges (FFEs) comply with essential appointment wait time standards and provide timely access to care.

In response, this guide delves into the critical need for these surveys and their implications for QHP issuers, highlighting the role of these new requirements for enhancing accountability and maintaining high standards of patient access and satisfaction.

This guide offers comprehensive guidance on the necessary steps QHPs must take to align with CMS regulations, including strategies for accurate provider directory management, network adequacy, and customer service excellence. It also presents a structured action plan to help meet and exceed CMS expectations, ultimately fostering improved patient access, reducing wait times, and elevating the overall quality of care.



# INTRODUCTION

Healthcare providers and insurers are increasingly subject to heightened scrutiny and expectations. They are now more accountable for ensuring that patients have timely and seamless access to quality care, reflecting a shift toward more patient-centric healthcare delivery. And failure to meet these new standards can lead to significant penalties.

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***In the 2025 Final Letter to Issuers released on April 10, 2024, the Centers for Medicare & Medicaid Services (CMS) announced that starting January 1, 2025, Qualified Health Plan (QHP) issuers, including stand-alone dental plan (SADP) issuers in the Federally-Facilitated Exchanges (FFE), must comply with new appointment wait time standards. As outlined, issuers are mandated to ensure that at least 90% of enrollees can schedule an appointment within the specified time frames.***

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The CMS places particular emphasis on new patients, as more than half of FFE enrollees either newly enroll or switch to a different QHP each year.

In line with this, the CMS has mandated secret shopper surveys as a tool to measure compliance with appointment wait time standards. Ensuring that patients can schedule appointments within designated timeframes for primary care and behavioral health services, these surveys are a valuable tool to measure quality assurance, assess customer experience and provider availability, and verify compliance with CMS standards.



## **THE CASE FOR APPOINTMENT WAIT TIME SECRET SHOPPER SURVEYS IN HEALTHCARE**

The focus of the CMS on patient access is rooted in the observation that traditional feedback mechanisms, such as patient surveys, are often limited by biases and recall errors. Secret shopper surveys, by contrast, provide real-time, objective insights into the actual patient experience. These surveys assess the ability of new patients to schedule appointments and provide an unbiased evaluation of the wait times across various healthcare providers in a QHP's network. The Appointment Wait Time Secret Shopper Survey Technical Guidance released by the CMS in April 2024 outlines the methodology for implementing these surveys, focusing on primary care and behavioral health services. Under that methodology, at least 90% of enrollees must be able to schedule appointments within the specified wait time standards: 15 business days for routine primary care, and 10 business days for behavioral health.

# SECRET SHOPPER SURVEY: ACTION PLAN FOR QHPs

To ensure compliance with the CMS secret shopper survey requirements, five key steps must be undertaken:

1

## **Contracting with a Third-Party Entity**

It is mandatory to engage an independent third-party organization to execute the secret shopper surveys, ensuring an unbiased evaluation process. This external entity, distinct from the QHP issuer, is responsible for conducting comprehensive assessments of provider accessibility within the network, specifically measuring the capability of providers to offer appointments in accordance with the timeframes established by CMS guidelines. This separation of duties is crucial to maintaining the integrity and objectivity of the survey outcomes.

2

## **Survey Design and Protocol Development**

The secret shopper survey must be meticulously designed to emulate the experience of a new patient seeking to schedule an appointment. The survey script should encompass queries regarding the availability of both in-person and telehealth appointments, while also accurately documenting the time interval until the earliest possible appointment. This approach ensures a comprehensive evaluation of provider accessibility and responsiveness, in alignment with CMS requirements.

3

## **Sampling and Survey Administration**

The CMS will supply a verified list of providers within the QHP issuer's network, from which the independent third-party entity is required to extract a statistically valid sample. The survey process must be conducted annually between January 1 and May 31, with the objective of ensuring that a minimum of 90% of the assessed providers meet the established wait time standards. This rigorous sampling and assessment timeframe is essential to uphold the integrity of the network's compliance with CMS guidelines.

4

## **Data Collection and Reporting**

Survey results must be documented in accordance with the format prescribed by the CMS, and submitted via a secure portal no later than the second Friday in June each year. The collected data will play a critical role in compliance assessments, offering insights into potential areas where issuers may need to enhance their provider networks or improve access to align with regulatory standards.

5

## **Addressing Noncompliance**

Should the survey results reveal that an issuer fails to meet the established appointment wait time standards, immediate corrective actions are required, including the expansion of the provider network. Furthermore, issuers must conduct a thorough review to identify and address deficiencies in service delivery, such as prolonged wait times or nonresponsive providers, to ensure full alignment with CMS requirements and enhance overall network performance.



# NEXT STEPS AND RECOMMENDATIONS FOR QHPs

As the January 2025 compliance deadline approaches, QHP issuers must expedite the implementation of secret shopper survey protocols to rigorously evaluate their provider networks' adherence to wait time standards. To facilitate this process, several strategic recommendations should be followed to ensure timely compliance:



## Immediate Compliance Preparation

It is crucial to immediately engage with third-party entities and begin designing their survey protocols in preparation for the January 2025 deadline. A detailed review of their provider network's capacity and ability to meet wait time standards should be conducted.

## Ongoing Monitoring and Adjustments

Secret shopper surveys should not be viewed as a one-time activity. QHP issuers need to embed these surveys into their ongoing compliance efforts, regularly assessing and adjusting their networks to ensure they continue to meet CMS standards.



## Training and Provider Engagement

Providers within the network should be informed of these compliance standards, and may need to receive appropriate training or resources to ensure timely appointment availability. Emphasizing telehealth as an option can also help meet the wait time requirements.

## Enhancing Telehealth Options

Telehealth appointments offer a flexible solution for reducing wait times. QHP issuers should encourage providers to offer telehealth options, especially in areas where in-person appointments may have longer wait times.



## Continuous Improvement Through Feedback

The data gathered from secret shopper surveys offers valuable insights that can drive continuous improvement in access to care. By benchmarking against these results, a proactive approach to meeting patient needs and regulatory requirements can emerge.



# SECRET SHOPPER SURVEY MANAGEMENT BEST PRACTICES FOR QHPs



## Regularly Update Provider Directories

Implement a rigorous, scheduled process for verifying and updating provider directories, including provider participation, contact information, specialties, and new patient availability. Establish an internal audit schedule to validate directory accuracy frequently.



## Simulate Internal Secret Shopper Scenarios

Conduct internal secret shopper surveys to assess the effectiveness of customer support, the accuracy of information provided, and network adequacy. This proactive approach helps identify and resolve issues before they are highlighted by CMS surveys.



## Monitor Accessibility Standards

Guarantee customer support is accessible during all required hours and through multiple channels (phone, web, etc.). Prompt and accurate responses by the provider office to consumer inquiries and requests for appointments are crucial to performing well in secret shopper surveys.



## Training Customer Support

Train provider-facing customer service representatives to accurately convey the CMS requirements to maintain wait-time compliance including accessibility of their office.





## Proactive Provider Outreach

Regularly communicate with network providers to keep their information updated and ensure they understand CMS requirements for patient access and availability.



## Leverage Technology

Use data analytics and automated tools to verify provider information, manage network adequacy, and monitor customer support interactions for quality and compliance.



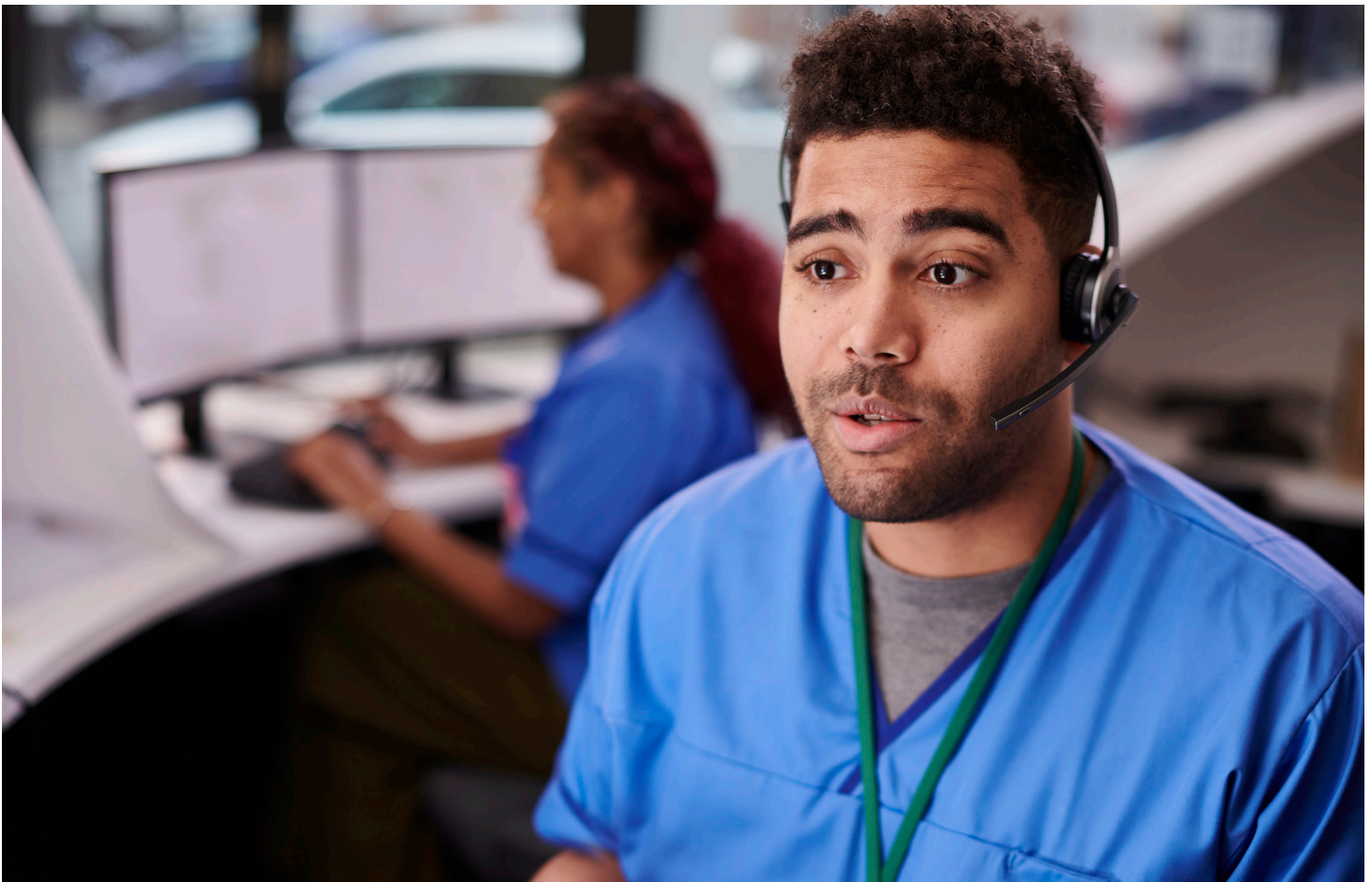
## Internal Collaboration

Promote collaboration between customer support, provider relations, compliance, and IT teams to ensure a unified approach to managing provider directories, network adequacy, and consumer interactions.



## Stay Informed

Stay updated on CMS regulations and guidelines, as compliance requirements may change. Regularly participate in CMS briefings, webinars, and industry conferences to remain informed.





# CONCLUSION

The implementation of Healthcare Secret Shopper surveys is a critical step for QHP issuers under CMS's guidelines. These surveys ensure transparency and accountability in healthcare access, promoting timely and equitable care. By following the outlined action plan and adhering to CMS's technical guidance, QHPs can improve patient satisfaction, reduce wait times, and ensure compliance with federal standards.

But, to meet the January 2025 deadline, quick action is fundamental, and secret shopper surveys are the key to enhance both compliance and the overall patient experience. Continuous improvement, data-driven decision-making, and active engagement with providers will be key to successfully implementing these surveys.

By prioritizing accuracy, transparency, and proactive quality assurance, QHPs can leverage the insights from secret shopper surveys to build trust, ensure compliance, and drive better health outcomes for their members.

**Partner with Sutherland to design and implement a tailored Secret Shopper Survey program that meets your business objectives and delivers actionable data to enhance the overall customer experience.**

**Connect with us today to discover how our Secret Shopper solutions can deliver measurable results and sustain your organization's competitive advantage. Together, let's unlock the hidden opportunities within every customer interaction.**



**Unlocking Digital Performance.**  
Delivering Measurable Results.

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