



## CAHPS overview

*This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) as well as the Florida Healthy Kids (FHK) program for Simply.*

# Overview of topics

- Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 101
  - Overview of CAHPS
  - CAHPS and Stars
  - CAHPS survey overview
- Patient experience

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



## CAHPS 101

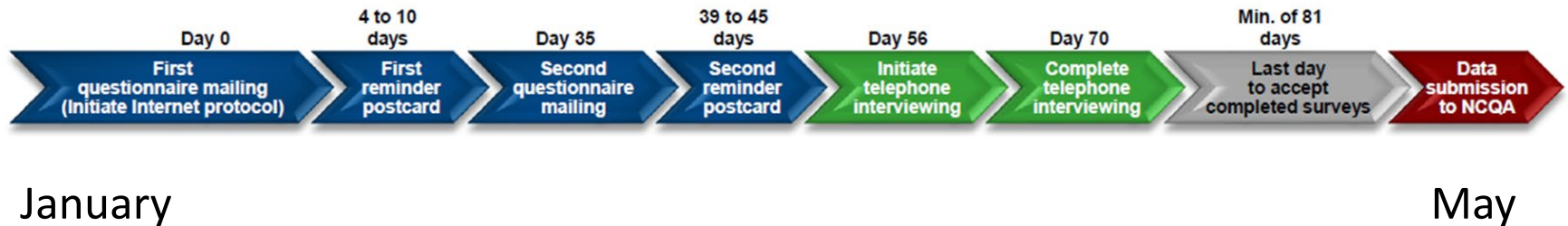


## Overview of CAHPS 101

# What is CAHPS?

CAHPS is an annual standardized survey conducted anonymously between January and May by a third-party vendor (Center for the Study of Services\*) to assess consumers' experiences with their health plan and health care services.

Any consumer that has six continuous months of enrollment in the previous year is eligible to be selected for the survey.



# What is CAHPS? (cont.)

- The Agency for Healthcare Research and Quality originally launched the CAHPS program in 1995 to address concerns regarding lack of information about the quality of health plans for enrollees.
  - Results are used in numerous ways, including:
    - Key component of Medicare and Accreditation Star ratings to establish health plan standards.
    - Comparison of health plans (for example, *Request for Proposals*, consumer marketplace, etc.).
    - Identification and development of member experience and quality improvement initiatives.



# What does the CAHPS survey look like?



## SURVEY INSTRUCTIONS

- ◆ Answer each question by marking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:  
 Yes → If Yes, Go to Question 1  
 No

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the back of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders. If you want to know more about this study, please call 1-888-797-3605, ext. 4190.

1. Our records show that you are now in Anthem Blue Cross. Is that right?  
 Yes → If Yes, Go to Question 3  
 No
2. What is the name of your health plan? (Please print):  
\_\_\_\_\_

## YOUR HEALTH CARE IN THE LAST 12 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?  
 Yes  
 No → If No, Go to Question 5

4. In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?  
 Never  
 Sometimes  
 Usually  
 Always

5. In the last 12 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?  
 Yes  
 No → If No, Go to Question 7

6. In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?  
 Never  
 Sometimes  
 Usually  
 Always

7. In the last 12 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?  
 None → If None, Go to Question 15  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

8. In the last 12 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?  
 Yes  
 No

9. In the last 12 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?  
 Yes  
 No → If No, Go to Question 13



# What does the CAHPS survey look like? (cont.)

Survey	# of Questions	# of Questions that Apply to accreditation scores
Medicaid Adult	40	10
Medicaid Child	41	9
Medicaid Child with Chronic Conditions (CCC)	76	9
Medicare Adult*	68	16**
Commercial	43	11
Exchange/Qualified Health Plan (QHP) Adult	68	22

\* Medicare survey results used for Medicare Star rating; all other CAHPS surveys are used for NCQA Accreditation ratings

\*\* 16 of the Medicare survey questions apply to NCQA accreditation scores; 21 of the questions apply to Medicare Star ratings








CAHPS and Stars



# How is CAHPS used?

Medicaid	Medicare	Commercial/Exchange
		
<ul style="list-style-type: none"> <li>• Health plan accreditation Star ratings</li> <li>• Medicaid state quality measurements and reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare Star ratings/ pay-for-performance program</li> <li>• Health plan accreditations (currently only a state requirement for FL)</li> </ul>	<ul style="list-style-type: none"> <li>• Health plan accreditation Star ratings (Commercial)</li> <li>• Commercial Quality Rating System ratings (Exchange)</li> <li>• Employer performance-based guarantees (Exchange)</li> </ul>
<p>All lines of business use CAHPS for internal quality improvements.</p>		

# What is NCQA and NCQA HPA?

- The National Committee for Quality Assurance (NCQA) is an independent, nonprofit organization founded in 1990 that reviews, measures and accredits MCOs for quality.
- NCQA Health Plan Accreditation (HPA) is an evaluation program that is widely recognized across the industry and provides a framework for health plan alignment and quality improvement.
- NCQA's mission is "to improve the quality of health care. Better health care. Better choices. Better health."

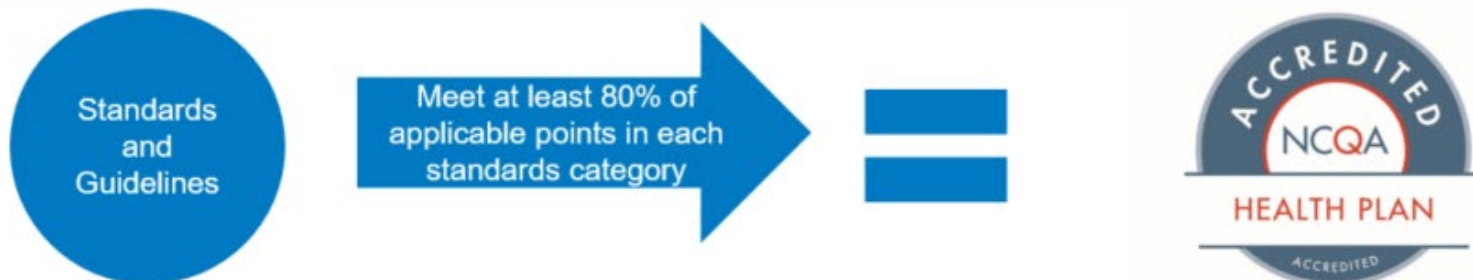


# What is NCQA and NCQA HPA? (cont.)

- NCQA HPA quick facts:
  - First performance-based health plan evaluation
  - More than 173 million people are members of NCQA-accredited health plans
  - Over 1,100 health plans have NCQA accreditation
- Accreditation quick facts for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA):
  - Simply and CHA's current HPAs:
    - 22 Medicaid
    - 2 Medicare
    - 28 Commercial
    - 11 Exchange (three more in 2020)

# Key components of accreditation

## Accreditation Status



## Accreditation Ratings



Note: Plans that have Accredited or Provisional status are awarded 0.5 bonus points to their overall rating.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

# What is the Medicare Stars program?

Medicare Stars is the CMS pay-for-performance program designed to rate the performance and quality of Medicare Advantage (Medicare Advantage or Part C) plans and prescription drug plans (PDP or Part D).



# What is the Medicare Stars program? (cont.)

- Medicare uses a star rating system (one to five overall stars) to measure how well Medicare Advantage and prescription drug plans perform.
- The *Affordable Care Act* established CMS Star ratings as a basis of quality bonus payments to Medicare Advantage plans.
- Star ratings are comprised of individual measures that are designed to assess plan performance in key areas.
- Star measures are calculated based on data from several sources, including CAHPS, HEDIS, clinical prescriptions, etc.

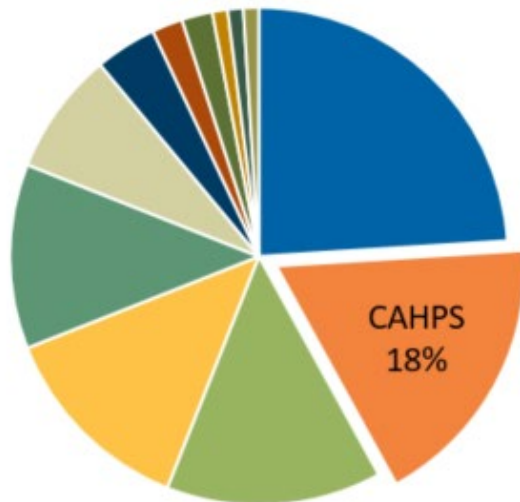
## Medicare Advantage Plan Star Ratings



# Medicare Star ratings by category

The CAHPS category is projected to increase to the most heavily weighted category in 2021.

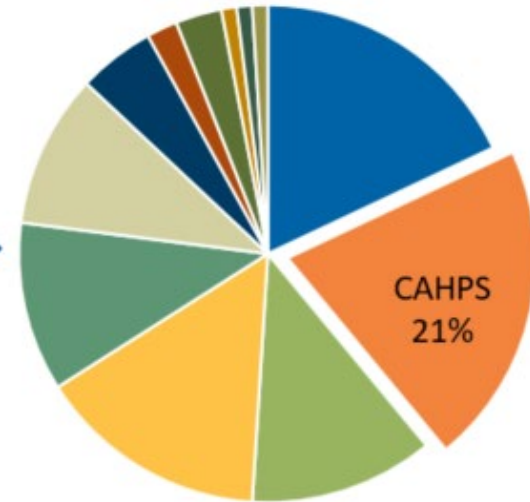
2020 Star Measure Categories and Weights



- HEDIS
- Clinical Rx
- Call Center
- MTM CMR



2021 Star Measure Projected Categories and Weights



- CAHPS
- HOS
- Improvement
- Appeals
- Complaints
- SNP HRA
- Disenrollment
- MPF



# Why are Stars important?

- Demonstrate a commitment to quality
- Promote optimal consumer experience, health and satisfaction
- Establishment of standards that allow for apples-to-apples comparison of quality and service across health plans
- Provide a framework and best practices for quality improvement initiatives
- Satisfy state requirements and employer needs
- Measure performance and quality trends over time
- High ratings can provide competitive advantage to health plans



## CAHPS survey overview



# CAHPS survey overview

Measures	CAHPS Survey Question*
<b>Your health care</b>	
<b>Getting care quickly</b>	In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
	In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
<b>Health care overall</b>	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?
<b>Getting needed care</b>	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

\* The Commercial survey asks the same questions, but for the last 12 months versus six months; language on the *Medicaid Child Survey* is slightly different to reflect asking a parent/guardian about their child's experience.

# CAHPS survey overview (cont.)

Measures	CAHPS Survey Question
<b>Your personal doctor and specialist</b>	
<b>Coordination of care</b>	In the last 6 months, how often did your personal doctor seem informed and up to date about the care you got from these doctors or other health providers?
<b>Personal doctor overall</b>	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?
<b>Specialist overall</b>	We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

# CAHPS survey overview (cont.)

Measures	CAHPS survey question
	<b>Your health care</b>
<b>Customer service</b>	In the last 6 months, how often did your health plan's customer service give you the info or help you needed?
	In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
<b>Health plan overall</b>	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

# CAHPS survey overview (cont.)

Measures	CAHPS Survey Question
<b>Preventative services**</b>	
<b>Flu</b>	Have you had either a flu shot or flu spray in the nose since [July 1, 20XX]?
<b>Smoking cessation</b>	In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
	In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?
	In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco?

\*\* Preventative services questions (flu and smoking cessation) apply to adult surveys only.



Patient experience



# How to improve patient experience?

1. Ensure all office staff are courteous and empathetic.
2. Respect cultural differences and beliefs.
3. Ensure patients do not feel rushed when discussing their health and avoid interruptions during the visit.
4. Demonstrate active listening by asking questions and making confirmatory statements.
5. Spend enough time with the patient to address all of their concerns.
6. Provide clear explanation of treatment and procedures.
7. Obtain and review records from hospitals and other providers.



# Additional resources on patient experience

## *What Matters Most: Improving the Patient Experience:*

- Online course for providers and office staff
- Addresses gaps in and offers approaches to communication with patients
- Available at no cost and eligible for one CME credit by the American Academy of Family Physicians
- Can be accessed at: [www.patientexptraining.com](http://www.patientexptraining.com)

# Thank you

\* Center for the Study of Services is an independent company providing survey services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.

**<https://provider.simplyhealthcareplans.com>**

**<https://provider.clearhealthalliance.com>**

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.

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