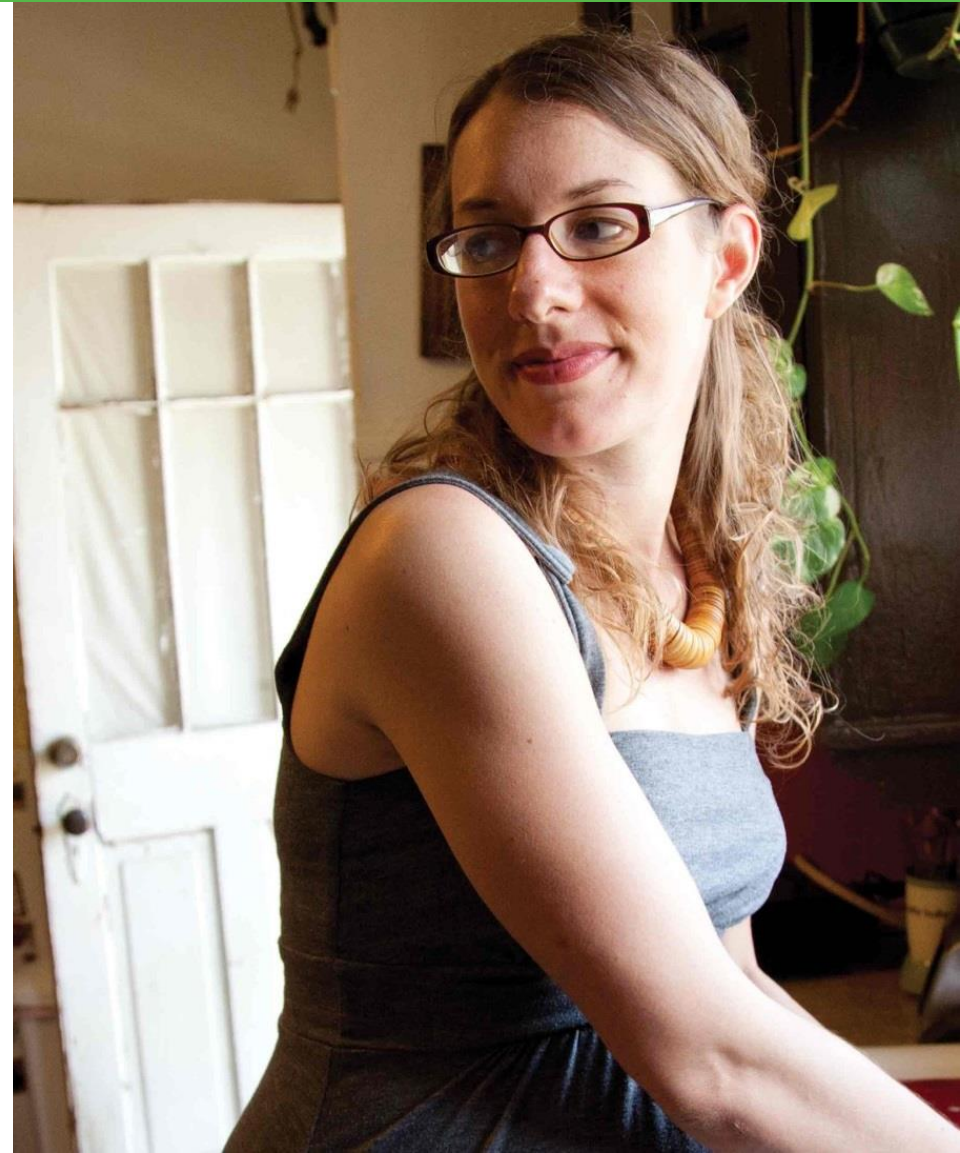


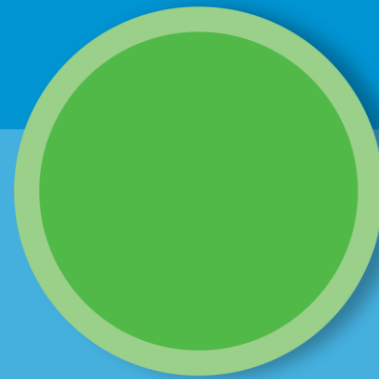
CAHPS overview

Overview of topics

- CAHPS® 101:
 - Overview of CAHPS
 - CAHPS and Stars
 - CAHPS survey overview
- Enrollee experience

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





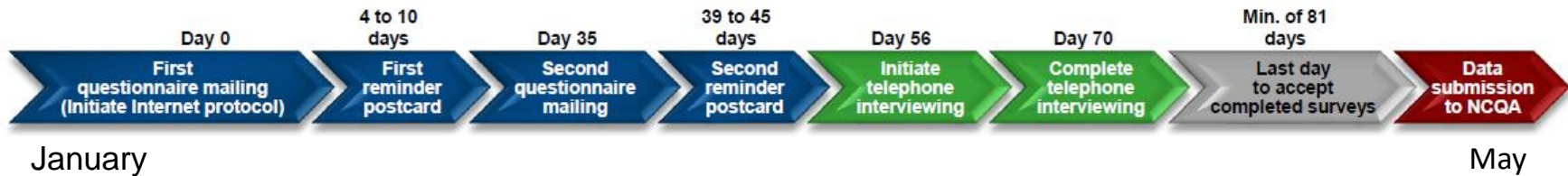
CAHPS 101

Overview of CAHPS

What is Consumer Assessment of Healthcare Providers and Systems?

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual standardized survey conducted anonymously between January and May by a third-party vendor (CSS) to assess consumers' experiences with their health plan and healthcare services.

Sample timeline:



The Agency for Healthcare Research and Quality (AHRQ) originally launched the CAHPS program in 1995 to address concerns regarding the 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 (RFPs), the consumer marketplace, etc.)
- Identification and development of enrollee experience and quality improvement initiatives

<https://www.ahrq.gov/>

* Consumer experience for Exchange plans is assessed via a Qualified Health Plan (QHP) survey that is similar to the CAHPS survey

What does the CAHPS survey look like?

CAHPS Health Plan Survey

1. Our records show that you are now in {INSERT HEALTH PLAN NAME}. Is that right?

- Yes → If Yes, go to #3
 No

2. What is the name of your health plan?

Please print: _____

Your Health Care in the Last 6 Months

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. 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 6 months, did you have an illness, injury, or condition that needed care right away?

- Yes
 No → If No, go to #5

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

- Never
 Sometimes
 Usually
 Always

Adult Medicaid Survey 5.1

5. In the last 6 months, did you make any in-person, phone, or video appointments for a check-up or routine care?

- Yes
 No → If No, go to #7

6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

- Never
 Sometimes
 Usually
 Always

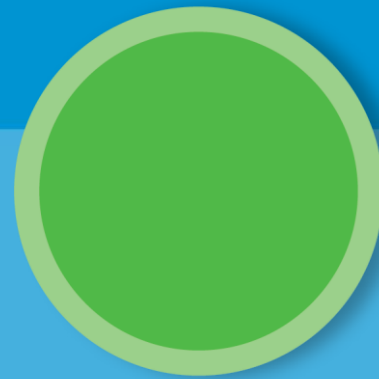
7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

- None → If None, go to #10
 1 time
 2
 3
 4
 5 to 9
 10 or more times

Survey	# of Questions	# of Questions that Apply to accreditation scores
Medicaid adult	39	14
Medicaid child	41	15
Medicaid child with chronic conditions (CCC)	79	9
Medicare adult*	63	12**
Commercial	39	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

** 12 of the Medicare survey questions apply to NCQA accreditation scores; 22 of the questions apply to Medicare star ratings



CAHPS 101

CAHPS and Stars

How CAHPS is used?

Medicaid	Medicare	Commercial	Exchange*
 <p>Measuring quality. Improving health care.</p> <ul style="list-style-type: none">• Health plan accreditation star ratings• Medicaid state quality measurements and reporting	 <p>CENTERS FOR MEDICARE & MEDICAID SERVICES CENTER FOR MEDICARE</p> <ul style="list-style-type: none">• Medicare star ratings/pay-for-performance program• Health Plan accreditations	 <p>Measuring quality. Improving health care.</p> <ul style="list-style-type: none">• Health plan accreditation star ratings• Employer performance-based guarantees	 <p>Measuring quality. Improving health care.</p> <ul style="list-style-type: none">• Health plan accreditation star ratings• Commercial Quality Rating System (QRS) ratings• CMS requirement to participate in the Exchange Marketplace

National Committee For Quality Assurance (NCQA) and CMS Stars are used to:

- Demonstrate a commitment and measure quality trends by promoting optimal consumer experience, health, and satisfaction.
- Establishment of standards that allow for a fair comparison of quality and service across health plans:
 - High ratings can provide a competitive advantage.
- Satisfy state and federal requirements, along with employer needs.

* Consumer experience for Exchange plans is assessed via a Qualified Health Plan (QHP) survey that is similar to the CAHPS survey

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 Managed Care Organizations 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 healthcare. Better healthcare. Better choices. Better health."

ncqa.org

NCQA HPA quick facts:

- Was the first performance-based health plan evaluation
- More than 173 million people are enrollees of NCQA Accredited health plans
- Over 1,100 health plans have NCQA Accreditation

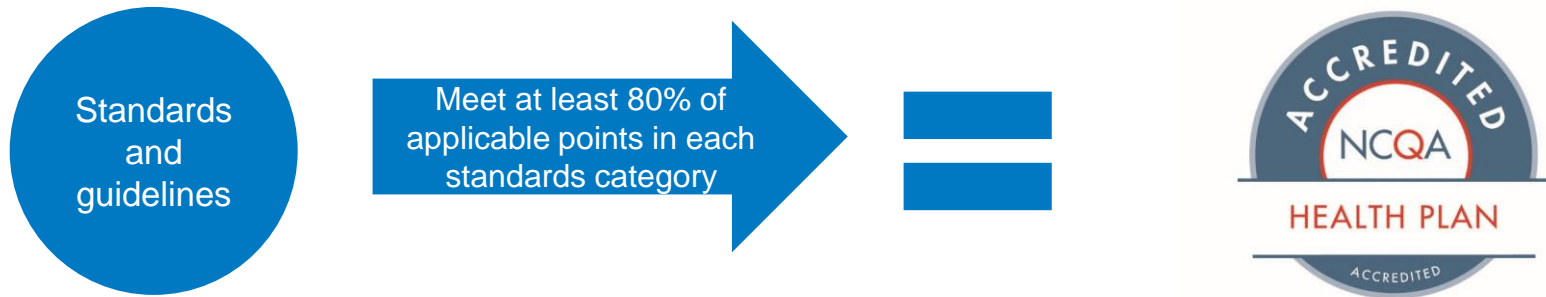
Accreditation quick facts:

Current HPAs:

- [X] Medicaid
- [X] Medicare
- [X] Commercial
- [X] Exchange

Key components of accreditation

Accreditation status



Accreditation ratings



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

What is the Medicare Stars Program?

Medicare Stars is the Centers for Medicare & Medicaid Services' (CMS) *pay-for-performance* program designed to rate the performance and quality of Medicare Advantage (MA or Part C) and Prescription Drug Plans (PDP or Part D) plans:

- Medicare uses a star rating system (1 to 5 overall Stars) to measure how well Medicare Advantage and prescription drug plans perform
- The *Affordable Care Act* established CMS' star ratings as basis of quality bonus payments to MA 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, Healthcare Effectiveness Data and Information Set (HEDIS), clinical Rx, etc.



Medicare Advantage Plan Star Ratings



Why are Stars important?





CAHPS 101

CAHPS survey overview

CAHPS survey overview

Measures	CAHPS survey question*
Your Healthcare	
Getting care quickly	In the last six months, when you needed care right away, how often did you get care as soon as you needed?
	In the last six 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?
Healthcare overall	Using any number from zero to 10, where zero is the worst healthcare possible and 10 is the best healthcare possible, what number would you use to rate all your healthcare in the last six months?
Getting needed care	In the last six months how often was it easy to get the care, tests, or treatment you needed?
	In the last six months, how often did you get an appointment to see a specialist as soon as you needed?
Your personal doctor & specialist	
Coordination of care	In the last six 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?
Personal doctor overall	Using any number from zero to 10, where zero is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?
Specialist overall	We want to know your rating of the specialist you saw most often in the last six months. Using any number from zero to 10, where zero is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

* The Commercial survey asks the same questions but for the last 12 months vs. 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*
Your healthcare	
Customer Service	In the last six months, how often did your health plan's customer service give you the info or help you needed?
	In the last six months, how often did your health plan's customer service staff treat you with courtesy and respect?
Health Plan Overall	Using any number from zero to 10, where zero is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
Preventive Services**	
Flu	Have you had either a flu shot or flu spray in the nose since [July 1, 20XX]?
Smoking Cessation	In the last six 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 six 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 six 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?

* The Commercial survey asks the same questions but for the last 12 months vs. six months; language on the Medicaid Child survey is slightly different to reflect asking a parent/guardian about their child's experience
 ** Preventative Services questions (flu and smoking cessation) apply to adult surveys only

Enrollee experience

Amerigroup District of Columbia, Inc. does not practice medicine but instead, we provide healthcare benefits to our enrollees. Amerigroup is a leading provider of health benefits and services. All references to *patient* apply to the reviewing providers and should not be considered an attempt to practice medicine. This information is intended for educational purposes only and should not be interpreted as medical advice.



Why focus on enrollee experience?

- [The CAHPS Ambulatory Care Improvement Guide: Why Improve Patient Experience? \(ahrq.gov\)](https://www.ahrq.gov/patient-experience/guide/)



Substantial evidence points to a positive association between patient experience and health outcomes



Patients with chronic conditions demonstrate greater self-management skills and quality of life when they report positive interactions with their healthcare providers. This can also decrease emergency room usage and inpatient admissions.



Patients reporting the poorest-quality relationships with their physicians were three times more likely to voluntarily leave the physician's practice than patients with the highest-quality relationships



Efforts to improve patient experience have resulted in decreased employee turnover. Consistent positive interactions with an enrollee's physician can increase the likelihood of meeting quality metrics.

How to improve enrollee experience?



What do our enrollees want?

- Use language that is easy to understand.
- Have compassion and empathy.
- Treat them with respect.
- Provide them medically necessary care, such as tests or treatments.
- Be involved in their treatment plan.
- Schedule an appointment when needed.

What do our enrollees want? (cont.)

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

Set follow-up timeframe expectations

- When a specialist referral is given, or additional testing is ordered:
 - Inform your patient if your office will make the arrangements or if they should call to schedule the appointment themselves.
 - Provide the patient with acceptable timeframes for completion of the follow-up appointments or testing.
 - Setting these expectations upfront may help alleviate dissatisfaction with potential wait times and improve your patient's perception of you and the specialist.

How do you handle challenging situations?

- Separate personality from behavior.
- Don't take it personally.
- Try to see their perspective.
- Be patient.
- Develop a clear understanding of the patient's situation.
- Take a deep breath and refocus.
- Set your expectations.
- Communication is key.

Creating a culture of excellence

- Teamwork and customer service go hand in hand.
- Be respectful of all members of your team.
- Be coachable and open-minded to help offered by your supervisor or other members of your team.
- Be willing to be available and do your share of necessary extras (take one for the team).
- Be willing to share your knowledge with others. Mentor and support new team members.
- Give recognition and credit for a job well done or a difficult situation well handled.

Additional resource on patient experience patient experience

- What Matters Most: Improving the Patient Experience:
 - An 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.

The course can be accessed at: www.mydiversepatients.com

References

- Agency for Healthcare Research and Quality (AHRQ)
 - <https://www.ahrq.gov/cahps/quality-improvement/index.html>
- What Matters Most: Improving the Patient Experience Online CME
 - <https://www.mydiversepatients.com>
- The CAHPS Ambulatory Care Improvement Guide
 - <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/quality-improvement/improvement-guide/2-why-improve/cahps-section-2-why-improve-patient-experience.pdf>



<https://provider.amerigroup.com/DC>

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