

Enrollee Experiences in the Medicare-Medicaid Financial Alignment Initiative: Results from the 2015 CAHPS Survey

Background

The Centers for Medicare & Medicaid Services (CMS) has a longstanding commitment to measuring and reporting consumer experience and satisfaction. Under the Medicare-Medicaid Financial Alignment initiative, CMS is measuring consumer experience in multiple ways, including through beneficiary surveys such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

Under the capitated financial alignment model, Medicare-Medicaid Plans (MMPs) are required to annually conduct the Medicare Advantage Prescription Drug (MA-PD) CAHPS survey. The MA-PD CAHPS survey is designed to measure important aspects of an individual's health care experience including the accessibility to and quality of services.¹ MMPs are also required to include 10 additional questions as part of their annual survey in order to assist with RTI International's independent evaluation of the Financial Alignment Initiative. These supplemental questions delve further into areas of greater focus under the demonstrations including care coordination, behavioral health, and home and community based services. In order to report MA-PD CAHPS in a given year, health plans, including MMPs, must have a minimum of 600 enrollees as of July 1st of the preceding calendar year. As a result, 27 MMPs participating in the five capitated model demonstrations that began in 2013 and 2014² were able to report CAHPS for the first time during the 2015 reporting cycle. In early 2015, surveys were sent to a sample of MMP enrollees with at least six months of continuous enrollment; enrollees were asked to evaluate their health care experience over the previous six months.³

Under the managed fee-for-service (MFFS) financial alignment model, CMS contracted with NORC at the University of Chicago (NORC) and Health Services Advisory Group, Inc. (HSAG) to administer and report the results of a modified CAHPS 5.0 Adult Medicaid Health Plan Survey for individuals enrolled and engaged in the Colorado Accountable Care Collaborative: Medicare-Medicaid Program (ACC: MMP) and the Washington Health Home (Health Homes) demonstrations.⁴ Like MA-PD CAHPS, the CAHPS Health Plan Survey is designed to provide performance feedback that is actionable and will aid in improving overall beneficiary satisfaction. In late 2015, surveys were sent to a sample of beneficiaries who had been enrolled five out of the six months between January 1, 2015 and June 30, 2015 and engaged in the demonstrations.⁵

¹ For more information on the MA-PD CAHPS survey please see <http://www.ma-pdcahps.org/>

² The states where demonstrations began in 2013 and 2014 are: California, Illinois, Massachusetts, Ohio and Virginia.

³ Proxies were allowed to respond on the enrollee's behalf, following normal CAHPS protocols

⁴ The survey instrument was a modified version of the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS) supplemental item set and also included questions from CAHPS Survey for Accountable Care Organizations (ACO-12) Survey, Care Transitions Measures (CTM-15), Home and Community Based Services Experience Survey, Patient Assessment of Care for Chronic Conditions, the Use of Participant Experience Survey as well as CAHPS survey questions listed in the Memorandum of Understanding for Colorado.

⁵ Beneficiaries were identified as engaged in the demonstrations if they had completed a health action plan since their initial enrollment in Washington and had completed a service coordination plan since their initial enrollment in Colorado.

Demonstration start dates and enrollment phase-in differ across states, so each demonstration was at a different point of implementation when the CAHPS surveys were conducted. As a result, the 2015 findings provide a very early look at enrollee experiences in the Financial Alignment Initiative.

Capitated Financial Alignment Model Demonstration Highlights

Findings from the 2015 MMP CAHPS results are summarized below. The overall MMP response rate was 22.4%. As with all MA-PD CAHPS surveys, the results have been case-mix adjusted to adjust for the fact that enrollees with certain characteristics tend to score measures higher or lower, even when they have experienced the same level of plan quality.⁶

The early results validate that the capitated financial alignment model demonstrations are serving individuals with a range of needs.⁷

- 31% of respondents reported having a health problem or problems requiring medical equipment such as a cane, wheelchair, or oxygen equipment.
- 25% of respondents reported needing home health care or assistance.
- 16% of respondents reported needing counseling or treatment for a personal or family problem.

A majority of enrollees that received care coordination expressed satisfaction with the assistance they received.⁸ Care coordination is an important component of the capitated financial alignment model demonstrations. Based on the responses from the supplemental questions that were added to the MA-PD CAHPS survey for MMPs, 30% of respondents recalled receiving help from their health plan and/or providers in coordinating their care in the past 6 months. 85% of respondents were somewhat or very satisfied with the help they received to coordinate care, versus 8% dissatisfied.

Enrollees generally reported good access to care but were less positive about the length of time to get services. The tables below summarize health plan and prescription drug composite measure results across MMPs nationally and by demonstration state. Overall, the majority of MMP enrollees reported being able to access providers and prescription drugs when needed.

- 82% of all respondents indicated they usually or always receive needed care.
- 75% of respondents were usually or always able to get appointments and care quickly.
- 92% of respondents were usually or always able to get needed prescription drugs.

⁶ MA & PDP CAHPS Survey results are adjusted for certain respondent characteristics not under the control of the health or drug plan but related to the sampled member's survey responses. These characteristics include age, general health/mental status, use of proxy respondent, dual eligibility, and low income subsidy status. More information can be found at <http://www.ma-pdpcahps.org/en/case-mix-adjustment/>. Note results from the supplemental questions added to the MA-PD survey for MMPs have not been case-mix adjusted.

⁷ The following findings are based on equally weighting plan results and are not enrollment-weighted. In addition, they are not case-mix adjusted. All other MMP results presented here are enrollment-weighted based on January 2015 enrollment and are case-mix adjusted.

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Summary of Health Plan and Prescription Drug Composite Measures

Getting Needed Care

% Reported	National MMP	California	Illinois	Massachusetts	Ohio	Virginia
Always	58	55	68	69	56	N/A
Usually	24	26	23	17	28	N/A
Sometimes/ Never	18	19	9	14	16	N/A

Getting Appointments and Care Quickly

% Reported	National MMP	California	Illinois	Massachusetts	Ohio	Virginia
Always	48	43	49	56	52	52
Usually	26	27	25	26	27	24
Sometimes/ Never	25	30	24	18	21	24

Doctors who Communicate Well

% Reported	National MMP	California	Illinois	Massachusetts	Ohio	Virginia
Always	76	N/A	N/A	81	N/A	N/A
Usually	17	N/A	N/A	15	N/A	N/A
Sometimes/ Never	7	N/A	N/A	5	N/A	N/A

Customer Service

% Reported	National MMP	California	Illinois	Massachusetts	Ohio	Virginia
Always	67	67	69	74	71	72
Usually	19	19	19	16	19	17
Sometimes/ Never	14	14	12	9	10	11

Care Coordination Composite⁹

% Reported	National MMP	California	Illinois	Massachusetts	Ohio	Virginia
Always	69	65	70	73	70	71
Usually	19	21	20	18	19	18
Sometimes/ Never	12	14	9	9	11	11

Care Coordination Supplemental⁹

% Reported	National MMP	California	Illinois	Massachusetts	Ohio	Virginia
Very Satisfied	45	57	40	49	44	49
Somewhat Satisfied	41	43	39	38	40	18
Neither	7	N/A	N/A	N/A	N/A	N/A
Somewhat Dissatisfied	3	N/A	N/A	N/A	N/A	N/A
Very Dissatisfied	5	N/A	N/A	N/A	N/A	N/A

Getting Needed Prescription Drugs

% Reported	National MMP	California	Illinois	Massachusetts	Ohio	Virginia
Always	73	71	77	86	78	73
Usually	19	20	18	12	16	19
Sometimes / Never	8	9	5	2	6	8

Rating of Health Plan

% Reported	National MMP	California	Illinois	Massachusetts	Ohio	Virginia
9-10	51	50	49	67	51	57
7-8	29	30	28	24	29	28
0-6	20	21	23	9	19	14

Rating of Health Care Quality

% Reported	National MMP	California	Illinois	Massachusetts	Ohio	Virginia
9-10	55	54	58	65	56	58
7-8	27	29	28	28	30	28
0-6	18	17	14	8	14	14

N/A=too few responses to permit reporting or very low reliability. Measures with interunit reliability (IUR) less than 0.60 are excluded from use in public reports due to very low reliability.

Note: Percentages may not add to 100 due to rounding.

Overall, about half of MMP enrollees have extremely positive views of their health plan and the quality of their health care. When asked to rate their health plan on a scale from 0 to 10 (with 0 being the worst possible and 10 being the best possible), 51% of respondents rated their MMP a 9 or 10. Similarly, when asked to rate all their health care on a scale from 0 to 10, 55% of respondents rated their health care as a 9 or 10. The majority of enrollees rated their health plan and health care above a 7.

Managed Fee-for-Service Model Demonstration Highlights

Findings from the 2015 MFFS CAHPS results are summarized below. The overall response rate was 43.6% in Colorado and 44.9% in Washington. A subset of the results have been case-mix adjusted to adjust for the fact that enrollees with certain characteristics tend to score measures higher or lower, even when they have experienced the same level of plan quality.⁹ These measures have been highlighted accordingly. The tables below summarize individual and composite measure results across the Colorado and Washington MFFS model demonstrations.

Respondent demographics show that the MFFS model demonstrations are serving individuals with high levels of acuity. Approximately half (52%) of respondents in Colorado and two-thirds (68%) in Washington rate their overall health status as fair or poor. Similarly, 39% of respondents in Colorado and 44% in Washington rate their overall mental health status as fair or poor.

Enrollees reported satisfaction with their ability to access needed care in a timely manner, especially for home health.

- 84% of respondents in Colorado and 84% in Washington reported they usually or always received needed care.¹⁰
- 85% of respondents in Colorado and 84% in Washington were usually or always able to get appointments and care quickly.¹¹
- 78% of respondents in Colorado and 76% in Washington reported they were usually or always able to access specialized services including medical equipment, special therapies, treatment and/or counseling.
- 90% of respondents in Colorado and 91% in Washington reported it was easy to get home health care and that the home health care they received met their needs.

A majority of enrollees were satisfied with the care coordination and discharge planning they received but were less positive about the role of their care team.

- 86% of respondents in Colorado and 83% in Washington were satisfied or very satisfied with the help they received to coordinate their care.

⁹ The beneficiary characteristics for which a subset of the MFFS CAHPS survey results were case-mix adjusted include their general health status, age, and education.

¹⁰ Measure has been case-mix adjusted

¹¹ Measure has been case-mix adjusted

- 89% of respondents in Colorado and 86% in Washington agreed or strongly agreed that they had sufficient information and support necessary to take care of their health following transition from the hospital.
- 54% of respondents in Colorado and 62% in Washington indicated that they were usually or always helped by someone on their care team to make a treatment plan or plan ahead to take care of their condition.

Summary of MFFS Composite and Individual Measure Responses

Access to Specialized Services

% Responding	Colorado	Washington
Always/Usually	78	76
Sometimes	14	15
Never	8	9

Care Team

% Responding	Colorado	Washington
Always/Usually	54	62
Sometimes	19	21
Never	28	17

Care Transition

% Responding	Colorado	Washington
Agree/Strongly Agree	89	86
Disagree/Strongly Disagree	11	14

Getting Needed Care*

% Responding	Colorado	Washington
Always	53	47
Usually	31	37
Sometimes/Never	17	16

Getting Care Quickly*

% Responding	Colorado	Washington
Always	59	59
Usually	26	26
Sometimes/Never	15	16

Home Health Services

% Responding	Colorado	Washington
Always/Usually	90	91
Sometimes	2	3
Never	8	6

How Well Doctors Communicate*

% Responding	Colorado	Washington
Always	68	68
Usually	22	21
Sometimes/Never	9	11

Coordination of Care from Other Health Providers

% Responding	Colorado	Washington
Satisfied/Very Satisfied	86	86
Neither Dissatisfied nor Satisfied	7	10
Very Dissatisfied/Dissatisfied	7	4

Rating of Health Home

% Responding	Colorado	Washington
9-10	46	58
7-8	27	23
0-6	27	20

Rating of All Health Care

% Responding	Colorado	Washington
9-10	49	50
7-8	30	30
0-6	21	20

*Measure case-mix adjusted
 Note: Percentages may not add to 100 due to rounding.

Overall, about half of enrollees in the MFFS demonstrations had extremely positive views of their health home and the quality of their health care. When asked to rate their health home on a scale from 0 to 10 (with 0 being the worst possible and 10 being the best possible), 46% of respondents in Colorado and 58% in Washington gave a rating of 9 or 10. Similarly, when asked to rate all their health care on a scale from 0 to 10, 49% of respondents in Colorado and 50% in Washington rated their health care as a 9 or 10. However, the majority of respondents in both demonstrations rated their health home and overall health care above a 7.

Summary and Next Steps

It is important to note there is some variation in responses across the demonstration states. As noted earlier, this may be due to the fact that the point in implementation at which the CAHPS surveys were conducted varied from demonstration to demonstration. CMS has few survey results that are specific to the Medicare-Medicaid enrollee population prior to the demonstrations, and it will take additional rounds of CAHPS surveys to observe any trends that occur during the demonstration period and to better understand differences in results across demonstrations.

The next round of MA-PD CAHPS surveys for these demonstrations, as well as the first round of surveys for the capitated model demonstrations that began in 2015, will be administered in the spring of 2016, with results synthesized in late 2016. The next round of MFFS CAHPS surveys for Colorado and Washington will be administered in the fall of 2016 with results synthesized in early 2017.