

Enrollee Experiences in the Medicare-Medicaid Financial Alignment Initiative: Results from the 2016 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.¹

Under the capitated financial alignment model, Medicare-Medicaid Plans (MMPs) are required to conduct, on an annual basis, 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 access to and quality of services.² MMPs are also required to include 10 additional supplemental 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. In 2016, 40 MMPs participating in eight of the eleven capitated model demonstrations reported CAHPS® data.³ In early 2016, 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.⁴

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 Home) demonstrations.⁵ 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 2016, surveys were sent to a sample of beneficiaries who were currently

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

² For more information on the MA-PD CAHPS survey please see <http://www.ma-pdcahps.org/>.

³ Other capitated demonstrations are also in operation in SC, NY (the FIDA-IDD demonstration) and RI, but MMPs were not required to submit 2016 CAHPS data due to enrollment limitations. The FIDA-IDD and RI demonstrations initiated enrollment effective April 1, 2016 and July 1, 2016 respectively.

⁴ Proxies were allowed to respond on the enrollee's behalf, following normal CAHPS® protocols.

⁵ 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, the Nationwide Adult Medicaid (NAM) CAHPS Survey, Patient Assessment of Care for Chronic Conditions (PACIC), the Use of Participant Experience Survey as well as CAHPS survey questions listed in the Memorandum of Understanding for Colorado.

enrolled in the demonstrations, had been enrolled five out of the six months between January 1, 2016 and June 30, 2016, and were engaged in the demonstrations.^{6,7}

Demonstration start dates and enrollment phase-in differ across states, so each demonstration was at a different stage of operation when the CAHPS® surveys were conducted. Calendar year 2016 represented the second year of CAHPS® data collection for the two MFFS demonstrations and five of the capitated demonstrations (CA, IL, MA, OH, VA), but the first year of CAHPS® data collection for three capitated demonstrations (NY-FIDA, MI, TX). As a result, the 2016 findings provide information on progress and trends for some state demonstrations, and an initial look at enrollee experiences in others.

Capitated Financial Alignment Model Demonstration Highlights

Findings from the 2016 MMP MA-PD CAHPS® results are summarized below. As with MA-PD CAHPS® Surveys, with the exception of supplemental survey questions, 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.⁸ Supplemental survey questions have not been case-mixed adjusted.

The 2016 overall response rate was 22.6%. Response rates by state are displayed in the table below.

State	CA	IL	MA	MI	NY FIDA	OH	TX	VA
Response Rate	22.2%	20.4%	24.9%	23.8%	34.4%	24.6%	16.0%	24.5%

Respondent characteristics indicated the capitated financial alignment models continue to serve individuals with a range of needs.

- 33% of respondents reported having a health problem or problems requiring medical equipment such as a cane, wheelchair, or oxygen equipment.
- 30% of respondents reported needing home health care or assistance.
- 13% of respondents reported needing counseling or treatment for a personal or family problem.

⁶ 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.

⁷ Proxies were allowed to respond on the beneficiary's behalf, following normal CAHPS® protocols.

⁸ MA-PD 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, education, general health status, mental health, use of proxy respondent, dual eligibility, low income subsidy status, and completion of the survey in Chinese. More information can be found at <http://www.ma-pdcahps.org/en/case-mix-adjustment/>.

For demonstrations with two years of measurement, overall views of health plans and quality of health care improved significantly.

Rating of Health Plan

% Responding	National MMP 2016	CA 2015	CA 2016	Change In 2016	IL 2015	IL 2016	Change In 2016	MA 2015	MA 2016	Change In 2016	OH 2015	OH 2016	Change In 2016	VA 2015	VA 2016	Change In 2016
9-10	59	50	58	+8	49	57	+8	67	73	+6	51	58	+7	58	51	-7
7-8	27	30	28	-2	28	27	-1	24	21	-3	29	28	-1	28	39	+11
0-6	14	21	14	-7	23	16	-7	9	6	-3	19	14	-5	14	10	-4

Rating of Healthcare Quality

% Responding	National MMP 2016	CA 2015	CA 2016	Change In 2016	IL 2015	IL 2016	Change In 2016	MA 2015	MA 2016	Change In 2016	OH 2015	OH 2016	Change In 2016	VA 2015	VA 2016	Change In 2016
9-10	59	54	58	+4	58	62	+4	65	67	+2	56	58	+7	58	51	-7
7-8	27	29	28	-1	28	25	-3	28	27	-1	30	28	-1	28	39	+11
0-6	14	17	14	-3	14	12	-4	8	6	-2	14	14	-5	14	10	-4

Overall, respondents had 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), 59% of respondents rated their MMP a 9 or 10. When asked to rate their health care on the same 0 to 10 scale, 59% of respondents rated their health care a 9 or 10. Over 85% of respondents rated their health plan and health care a 7 or higher on a scale of 0 to 10.

Respondents reported high levels of access to needed care and prescription drugs, but were less positive about getting appointments and care quickly.

- 85% of respondents were usually or always able to receive needed care.
- 93% of respondents were usually or always able to get needed prescription drugs.
- 76% of respondents were usually or always able to get appointments and care quickly.

The majority of respondents reported their doctor communicated well and they found customer service helpful.

- 94% of respondents indicated their doctor usually or always communicated well.
- 89% of respondents indicated customer service was usually or always helpful.

Respondents receiving care coordination support expressed satisfaction with the assistance they received. Given the central role of care coordination in the capitated financial alignment model demonstrations, measuring enrollees' experiences with care coordination is important for assessing demonstration performance. Based on the responses from the supplemental questions that were added to the MA-PD CAHPS survey for MMPs

- 32% of respondents recalled receiving help from their health plan and/or providers in coordinating their care.^{9,10}
- 85% of respondents were somewhat or very satisfied with the care coordination they received.^{11,12}

⁹ While other summary statistics reflect nationwide averages, figures derived from supplemental questions reflect aggregated individual responses.

¹⁰ These results are neither enrollment-weighted, nor case-mix adjusted.

¹¹ While other summary statistics reflect nationwide averages, figures derived from supplemental questions reflect aggregated individual responses.

¹² These results are neither enrollment-weighted, nor case mix adjusted.

Summary of Composite Measures and Global Ratings^{13,14}

Rating of Health Plan

% Responding	National MMP 2016	CA 2015	CA 2016	IL 2015	IL 2016	MA 2015	MA 2016	OH 2015	OH 2016	VA 2015	VA 2016	MI 2016	NY FIDA 2016	TX 2016
9-10	59	50	58	49	57	67	73	51	58	57	61	61	50	56
7-8	27	30	28	28	27	24	21	29	28	28	26	25	34	29
0-6	14	21	14	23	16	9	6	19	14	14	14	14	17	15

Rating of Healthcare Quality

% Responding	National MMP 2016	CA 2015	CA 2016	IL 2015	IL 2016	MA 2015	MA 2016	OH 2015	OH 2016	VA 2015	VA 2016	MI 2016	NY FIDA 2016	TX 2016
9-10	59	54	57	58	62	65	67	56	61	58	51	61	50	64
7-8	27	29	28	28	25	28	27	30	28	28	39	25	32	23
0-6	14	17	15	14	12	8	6	14	11	14	10	14	18	13

Getting Needed Care

% Responding	National MMP 2016	CA 2015	CA 2016	IL 2015	IL 2016	MA 2015	MA 2016	OH 2015	OH 2016	VA 2015	VA 2016	MI 2016	NY FIDA 2016	TX 2016
Always	58	55	56	68	61	69	60	56	62	N/A	60	65	54	60
Usually	27	26	29	23	25	17	28	28	27	N/A	29	24	31	23
Sometimes/ Never	15	19	15	9	14	14	13	16	11	N/A	11	11	15	17

Getting Appointments and Care Quickly

% Responding	National MMP 2016	CA 2015	CA 2016	IL 2015	IL 2016	MA 2015	MA 2016	OH 2015	OH 2016	VA 2015	VA 2016	MI 2016	NY FIDA 2016	TX 2016
Always	50	43	45	49	51	56	55	52	52	52	56	52	50	54
Usually	26	27	27	25	26	26	28	27	27	24	24	26	24	22
Sometimes/ Never	24	30	28	24	24	18	17	21	21	24	20	22	26	25

¹³ Measures from the CAHPS® Survey have been enrollment-weighted based on January 2016 enrollment and case-mixed adjusted for health status, mental health status, age, education, use of a proxy to respond, income, dual eligibility, and completing a Chinese language version of the survey. Supplemental measures are neither enrollment weighted, nor case mix-adjusted.

¹⁴ Only two of the 17 MMPs in NY FIDA met the minimum enrollee threshold to report MA-PD CAHPS data for 2016. One of the 10 MMPs in CA did not submit 2016 CAHPS data due to insufficient enrollment; results for CA are based on data from the other 9 MMPs operating in CA in 2016.

Doctors who Communicate Well

% Responding	National MMP 2016	CA 2015	CA 2016	IL 2015	IL 2016	MA 2015	MA 2016	OH 2015	OH 2016	VA 2015	VA 2016	MI 2016	NY FIDA 2016	TX 2016
Always	76	N/A	73	N/A	84	81	82	N/A	78	N/A	N/A	76	79	N/A
Usually	18	N/A	20	N/A	18	15	15	N/A	16	N/A	N/A	16	16	N/A
Sometimes/ Never	6	N/A	8	N/A	4	5	4	N/A	6	N/A	N/A	8	5	N/A

Customer Service

% Responding	National MMP 2016	CA 2015	CA 2016	IL 2015	IL 2016	MA 2015	MA 2016	OH 2015	OH 2016	VA 2015	VA 2016	MI 2016	NY FIDA 2016	TX 2016
Always	71	67	69	69	73	74	72	71	73	72	76	75	67	70
Usually	18	19	20	19	18	16	17	19	17	17	15	17	21	17
Sometimes/ Never	11	14	11	12	9	9	11	10	10	11	10	7	12	13

Care Coordination Composite¹⁵

% Responding	National MMP 2016	CA 2015	CA 2016	IL 2015	IL 2016	MA 2015	MA 2016	OH 2015	OH 2016	VA 2015	VA 2016	MI 2016	NY FIDA 2016	TX 2016
Always	69	65	64	70	71	73	75	70	72	71	72	71	67	70
Usually	19	21	21	20	19	18	16	19	18	18	18	19	22	19
Sometimes/ Never	12	14	15	9	10	9	9	11	10	11	10	10	11	11

Getting Needed Prescription Drugs

% Responding	National MMP 2016	CA 2015	CA 2016	IL 2015	IL 2016	MA 2015	MA 2016	OH 2015	OH 2016	VA 2015	VA 2016	MI 2016	NY FIDA 2016	TX 2016
Always	77	71	74	77	82	86	85	78	80	73	78	80	77	N/A
Usually	16	20	19	18	14	12	11	16	15	19	15	16	17	N/A
Sometimes/ Never	7	9	7	5	4	2	4	6	4	8	7	5	6	N/A

¹⁵ The Care Coordination Composite measure included in the MA-PD CAHPS survey focuses on how an individual experiences coordination of care, including whether doctors had the records and information they need about consumers' care, whether consumers were reminded about getting needed tests/filling prescriptions, and how quickly consumers got their test results.

Care Coordination Supplemental¹⁶

% Responding	Overall Average ¹⁷	CA 2015	CA 2016	IL 2015	IL 2016	MA 2015	MA 2016	OH 2015	OH 2016	VA 2015	VA 2016	MI 2016	NY FIDA 2016	TX 2016
Very Satisfied	47	57	48	40	51	49	53	44	53	49	66	53	32	53
Somewhat Satisfied	38	43	38	39	42	38	36	40	47	18	N/A	44	53	N/A
Neither	6	N/A	N/A											
Somewhat Dissatisfied	3	N/A	N/A											
Very Dissatisfied	6	N/A	N/A											

Note: Percentages may not sum to 100% due to rounding.

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.

¹⁶ In contrast to the Care Coordination Composite measure above, the supplemental questions added for MMPs related to care coordination, referenced earlier in the document, ask about whether consumers received care coordination and, if so, how satisfied they were with that coordination. The table provides summary of responses regarding the level of satisfaction respondents had with the care coordination they received. Note these responses have not been case-mix adjusted.

¹⁷ While national MMP averages are provided for the other CAHPS composite and global ratings measures, the overall average for the CAHPS Supplement measure reflect aggregated rates of individual responses.

Managed Fee-for-Service Model Demonstration Highlights

Findings from the 2016 MFFS CAHPS survey results are summarized below. The overall response rate was 38.1% in Colorado and 39.7% 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 intervention. These measures have been notated accordingly.¹⁸ The tables below summarize global rating and individual and composite measure results across the Colorado and Washington MFFS model demonstrations for 2015 and 2016.

Respondent demographics show that the MFFS model demonstrations continue to serve individuals with high levels of acuity.

- Approximately half (52%) of respondents in Colorado and nearly two-thirds (65%) in Washington rate their overall health status as fair or poor.
- Over one-third of respondents (38% in Colorado and 41% in Washington) rate their overall mental health status as fair or poor.
- Approximately half (54%) of respondents in Colorado and slightly more than two-thirds (68%) in Washington reported that they have difficulty doing errands alone due to a physical, mental, or emotional condition. Among these individuals, the majority (67% in Colorado and 76% in Washington) reported having to stay at home in the past month because of difficulty going out alone.

Enrollees continue to report satisfaction with their ability to access the care they need in a timely manner.

- 86% of respondents in Colorado and 83% in Washington usually or always received needed care.¹⁹
- 84% of respondents in both Colorado and Washington were usually or always able to get appointments and care quickly.²⁰
- 76% of respondents in Colorado and 77% in Washington were usually or always able to access specialized services, including medical equipment, special therapies, and treatment or counseling.
- 89% of respondents in Colorado and 90% in Washington reported it was usually or always easy to get home health care, and that the home health care they received met their needs.

Enrollees reported high levels of satisfaction with their personal doctors, but lower levels of satisfaction with the counseling and treatment they received.

- When asked to rate their personal doctor on a scale from 0 to 10 (with 0 being the worst possible and 10 being the best possible), approximately two-thirds of respondents (66% in Colorado and 69% in Washington) rated their personal doctor as a 9 or 10, and 88% in both states rated their personal doctor as a 7 or higher on the same scale.

¹⁸ 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.

¹⁹ This measure is case-mix adjusted.

²⁰ This measure is case-mix adjusted.

- 90% of respondents in Colorado and 88% in Washington reported that their personal doctor usually or always explained things in a way that was easy to understand, listened to them carefully and showed respect for what they had to say, and spent enough time with them.²¹
- When asked to rate the counseling or treatment they received on the same 0 to 10 scale, 50% of respondents in Colorado and 41% in Washington rated their counseling or treatment as a 9 or 10; 70% in Colorado and 72% in Washington rated their counseling or treatment as a 7 or higher on a scale of 0 to 10.

Overall, enrollees reported satisfaction with the help they received to coordinate their care and to manage transitions in care. Enrollees' satisfaction with their care team improved significantly from 2015 to 2016.

- 83% of respondents in Colorado and 90% in Washington were satisfied or very satisfied with the help they received to coordinate their care. In Washington, this represented a significant improvement from 2015 results.
- 83% of respondents in both Colorado and Washington agreed or strongly agreed that they had sufficient information and support necessary to take care of their health following a transition from the hospital.
- 65% of respondents in Colorado and 71% in Washington indicated that they were usually or always helped by someone on their care team to make a treatment plan they could carry out in daily life, and to plan ahead to take care of their condition. In both states, this represented a significant improvement from 2015 results.
- 86% of respondents in Colorado and 89% of respondents in Washington reported that someone on their health care team talked with them about specific goals for their health. In both states, this represented a significant improvement from 2015 results.

Similar to 2015 results, about half of enrollees in the MFFS demonstrations reported positive views of their health home/ACC: MMP and the overall quality of their health care. When asked to rate their health home/ACC: MMP 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 rated their health home a 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. In both states, approximately three-fourths of respondents rated both their health home/ACC: MMP and their health care a 7 or higher on a scale of 0 to 10.

²¹ This measure is case-mix adjusted.

Summary of Composite and Individual Item Measures and Global Ratings

Access to Specialized Services

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
Always/Usually	78	76	76	77
Sometimes	14	16	15	16
Never	8	8	9	8

Care Team

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
Always/Usually	54	65	62	71
Sometimes	19	21	21	17
Never	28	15	17	13

Care Transition

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
Agree/ Strongly Agree	89	83	86	83
Disagree/ Strongly Disagree	11	17	14	17

Difficulty Going Out**

% Responding	Colorado 2016	Washington 2016
No	33	24
Yes	67	76

Difficulty Performing Errands**

% Responding	Colorado 2016	Washington 2016
No	46	32
Yes	54	68

Getting Needed Care*

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
Always	53	56	47	46
Usually	31	31	37	37
Sometimes/Never	17	14	16	17

Getting Care Quickly*

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
Always	59	59	59	54
Usually	26	25	26	31
Sometimes/Never	15	16	16	16

Home Health Services

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
Always/Usually	90	89	91	90
Sometimes	2	ISD	3	ISD
Never	8	ISD	6	ISD

How Well Doctors Communicate*

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
Always	68	71	68	69
Usually	22	19	21	19
Sometimes/Never	9	10	11	12

Promotion of Health Care Goals

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
Yes	65	86	79	89
No	35	14	21	11

Coordination of Care from Other Health Providers

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
Satisfied/Very Satisfied	86	83	86	90
Neither Dissatisfied nor Satisfied	7	9	10	5
Very Dissatisfied/Dissatisfied	7	8	4	5

Rating of Health Home/ACC: MMP

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
9-10	46	46	58	58
7-8	27	28	23	25
0-6	27	27	20	17

Rating of All Health Care

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
9-10	49	49	50	50
7-8	30	31	30	30
0-6	21	21	20	21

Rating of Counseling or Treatment

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
9-10	51	50	53	41
7-8	25	20	19	31
0-6	25	30	28	28

Rating of Personal Doctor

% Responding	Colorado 2015	Colorado 2016	Washington 2015	Washington 2016
9-10	68	66	70	69
7-8	21	22	19	19
0-6	12	13	12	12

Note: Percentages may not sum to 100% due to rounding.

*Indicates the measure was case-mix adjusted

**Indicates the measure was new in 2016, and therefore 2015 results are not available

ISD=Insufficient Data. The response category was suppressed because there were fewer than 11 responses.

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 2016

CAHPS surveys were conducted varied from demonstration to demonstration. CMS had few survey results 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 the capitated demonstrations will be administered in the spring of 2017, with results synthesized in late 2017. This next round will include all of the above demonstrations, as well as the South Carolina demonstration, which will be reporting their first year of CAHPS® data in 2017. The next round of MFFS CAHPS surveys for Colorado and Washington will be administered in the fall of 2017 with results synthesized in early 2018.