

Enrollee Experiences in the Medicare-Medicaid Financial Alignment Initiative: Results through the 2017 CAHPS Surveys

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.ⁱ

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.ⁱⁱ 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 2017, 45 MMPs participating in nine of the eleven capitated model demonstrations reported CAHPS® data.ⁱⁱⁱ In early 2017, 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.^{iv}

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.^v 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 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.^{vi,vii}

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 2017 represented the second or third year of CAHPS® data collection for all of the capitated model demonstration except South Carolina, where MMPs reported for the first time. Calendar year 2016 represented the second year of CAHPS® data collection for the two MFFS demonstrations. As a result, the findings provide information on progress and trends for most state demonstrations, but an initial look at enrollee experiences in South Carolina.

Capitated Financial Alignment Model Demonstration Highlights

Findings from the 2017 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.^{viii} Supplemental survey questions have not been case-mixed adjusted.

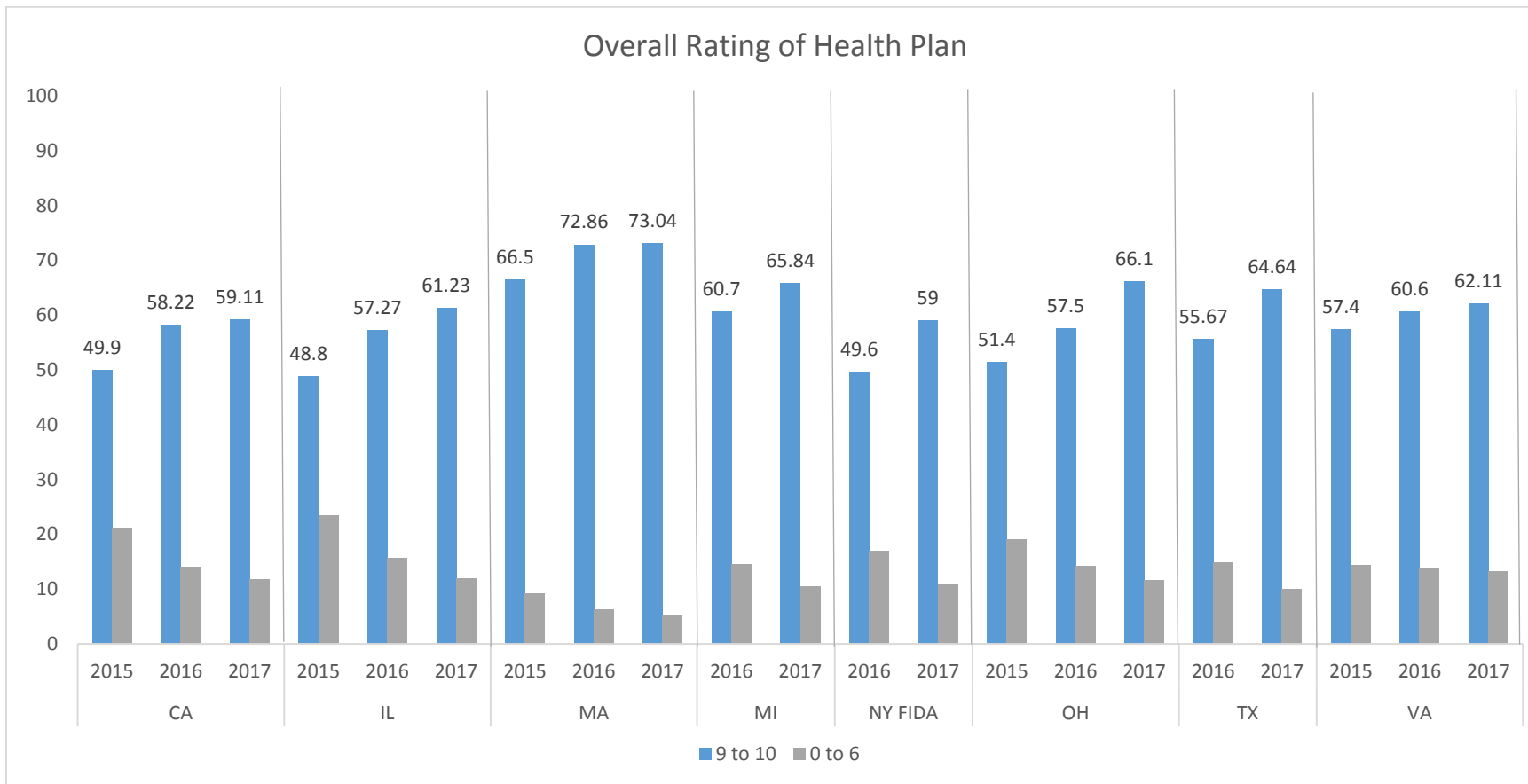
The 2017 overall response rate was 29.5%. Response rates by state are displayed in the table below.

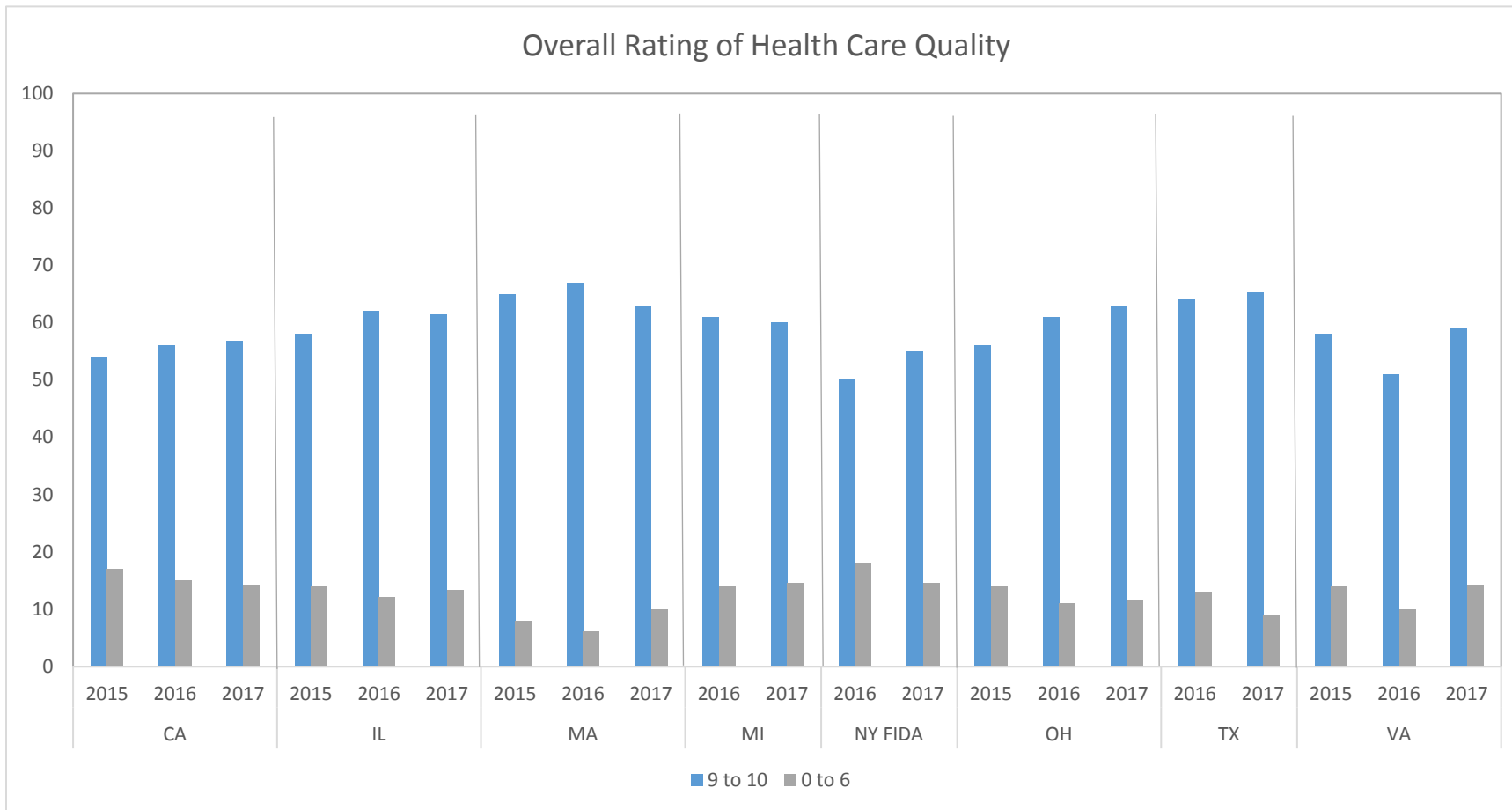
State	CA	IL	MA	MI	NY FIDA	OH	SC	TX	VA
Response Rate	27.7%	24.0%	27.1%	31.1%	36.7%	28.7%	38.5%	26.9%	32.8%

Respondent characteristics indicated the capitated financial alignment models continue to serve individuals with a range of needs. In the 2017 survey:

- 34% of respondents reported having a health problem or problems requiring medical equipment such as a cane, wheelchair, or oxygen equipment.
- 31% of respondents reported needing home health care or assistance.
- 13% of respondents reported needing counseling or treatment for a personal or family problem.

For demonstrations with at least two years of measurement, overall views of health plans and quality of health care improved over time, with respondents more likely to give high ratings (9 or 10) and less likely to give low ones (0 to 6). 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), 63% of all demonstration respondents rated their MMP a 9 or 10 in 2017, compared to 59% in 2016. When asked to rate their health care on the same 0 to 10 scale, 60% of demonstration respondents rated their health care a 9 or 10, compared to 59% in 2016. Close to 90% of respondents rated their health plan and health care a 7 or higher on a scale of 0 to 10 in 2017.





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

- 86% of respondents were usually or always able to receive needed care.
- 94% of respondents were usually or always able to get needed prescription drugs.
- 79% 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.

- 95% of respondents indicated their doctor usually or always communicated well.
- 93% 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

- 35% of respondents recalled receiving help from their health plan and/or providers in coordinating their care. ^{ix,x}
- 89% of respondents were somewhat or very satisfied with the care coordination they received. ^{xi,xii}

Summary of Composite Measures and Global Ratings^{xiii,xiv}

Rating of Health Plan	% Responding		
	9-10	7-8	0-6
National MMP 2017	63	26	11
California 2015	50	30	21
California 2016	58	28	14
California 2017	59	29	12
Illinois 2015	49	28	23
Illinois 2016	57	27	16
Illinois 2017	61	27	12
Massachusetts 2015	67	24	9
Massachusetts 2016	72	21	6
Massachusetts 2017	73	22	5
Michigan 2016	61	25	14
Michigan 2017	66	24	11
New York FIDA 2016	50	34	17
New York FIDA 2017	58	30	12
Ohio 2015	51	29	19
Ohio 2016	58	28	14
Ohio 2017	66	25	9
South Carolina 2017	64	22	14
Texas 2016	56	29	15
Texas 2017	65	25	10
Virginia 2015	57	28	14
Virginia 2016	61	26	14
Virginia 2017	62	24	13

Rating of Healthcare Quality

	% Responding		
	9-10	7-8	0-6
National MMP 2017	60	27	13
California 2015	54	29	17
California 2016	57	28	15
California 2017	57	29	14
Illinois 2015	58	28	14
Illinois 2016	62	25	12
Illinois 2017	61	25	13
Massachusetts 2015	65	28	8
Massachusetts 2016	67	27	6
Massachusetts 2017	63	27	10
Michigan 2016	61	25	14
Michigan 2017	60	25	14
New York FIDA 2016	50	32	18
New York FIDA 2017	55	31	14
Ohio 2015	56	30	14
Ohio 2016	61	28	11
Ohio 2017	63	25	12
South Carolina 2017	62	25	13
Texas 2016	64	23	13
Texas 2017	65	25	9
Virginia 2015	58	28	14
Virginia 2016	51	39	10
Virginia 2017	59	27	14

Getting Needed Care

	% Responding		
	Always	Usually	Sometimes/Never
National MMP 2017	59	27	14
California 2015	55	26	19
California 2016	56	29	15
California 2017	55	30	15
Illinois 2015	68	23	9
Illinois 2016	61	25	14
Illinois 2017	61	28	12
Massachusetts 2015	69	17	14
Massachusetts 2016	60	28	13
Massachusetts 2017	62	28	9
Michigan 2016	65	24	11
Michigan 2017	63	24	13
New York FIDA 2016	54	31	15
New York FIDA 2017	59	28	13
Ohio 2015	56	28	16
Ohio 2016	62	27	11
Ohio 2017	63	26	11
South Carolina 2017	64	25	11
Texas 2016	60	23	17
Texas 2017	63	24	13
Virginia 2015	N/A	N/A	N/A
Virginia 2016	60	29	11
Virginia 2017	61	25	14

Getting Appointments and Care Quickly

	% Responding		
	Always	Usually	Sometimes/Never
National MMP 2017	54	25	21
California 2015	43	27	30
California 2016	45	27	28
California 2017	50	27	23
Illinois 2015	49	25	24
Illinois 2016	51	26	24
Illinois 2017	54	24	22
Massachusetts 2015	56	26	18
Massachusetts 2016	55	28	17
Massachusetts 2017	54	26	19
Michigan 2016	52	26	22
Michigan 2017	55	27	19
New York FIDA 2016	50	24	26
New York FIDA 2017	55	23	23
Ohio 2015	52	27	21
Ohio 2016	52	27	21
Ohio 2017	59	24	17
South Carolina 2017	54	25	21
Texas 2016	54	22	25
Texas 2017	55	23	22
Virginia 2015	52	24	24
Virginia 2016	56	24	20
Virginia 2017	56	24	20

Doctors who Communicate Well

	% Responding		
	Always	Usually	Sometimes/Never
National MMP 2017	77	18	5
California 2015	N/A	N/A	N/A
California 2016	73	20	8
California 2017	73	20	8
Illinois 2015	N/A	N/A	N/A
Illinois 2016	84	18	4
Illinois 2017	80	16	4
Massachusetts 2015	81	15	5
Massachusetts 2016	82	15	4
Massachusetts 2017	80	17	3
Michigan 2016	76	16	8
Michigan 2017	80	16	4
New York FIDA 2016	79	16	5
New York FIDA 2017	80	17	3
Ohio 2015	N/A	N/A	N/A
Ohio 2016	78	16	6
Ohio 2017	79	15	5
South Carolina 2017	82	14	4
Texas 2016	N/A	N/A	N/A
Texas 2017	77	17	6
Virginia 2015	N/A	N/A	N/A
Virginia 2016	N/A	N/A	N/A

Customer Service

	% Responding		
	Always	Usually	Sometimes/Never
National MMP 2017	76	17	7
California 2015	67	19	14
California 2016	69	20	11
California 2017	75	17	7
Illinois 2015	69	19	12
Illinois 2016	73	18	9
Illinois 2017	78	16	6
Massachusetts 2015	74	16	9
Massachusetts 2016	72	17	11
Massachusetts 2017	76	17	7
Michigan 2016	75	17	7
Michigan 2017	79	15	6
New York FIDA 2016	67	21	12
New York FIDA 2017	74	19	7
Ohio 2015	71	19	10
Ohio 2016	73	17	10
Ohio 2017	79	16	5
South Carolina 2017	80	14	6
Texas 2016	70	17	13
Texas 2017	77	17	6
Virginia 2015	72	17	11
Virginia 2016	76	15	10
Virginia 2017	78	16	6

Care Coordination Composite^{xv}

	% Responding		
	Always	Usually	Sometimes/Never
National MMP 2017	70	20	10
California 2015	65	21	14
California 2016	64	21	15
California 2017	66	22	12
Illinois 2015	70	20	9
Illinois 2016	71	19	10
Illinois 2017	74	19	7
Massachusetts 2015	73	18	9
Massachusetts 2016	75	16	9
Massachusetts 2017	72	20	8
Michigan 2016	71	19	10
Michigan 2017	74	17	9
New York FIDA 2016	67	22	11
New York FIDA 2017	67	22	11
Ohio 2015	70	19	11
Ohio 2016	72	18	10
Ohio 2017	73	18	8
South Carolina 2017	75	18	7
Texas 2016	70	19	11
Texas 2017	71	19	10
Virginia 2015	71	18	11
Virginia 2016	72	18	10
Virginia 2017	72	19	9

Getting Needed Prescription Drugs

	% Responding		
	Always	Usually	Sometimes/Never
National MMP 2017	77	17	6
California 2015	71	20	9
California 2016	74	19	7
California 2017	75	19	6
Illinois 2015	77	18	5
Illinois 2016	82	14	4
Illinois 2017	77	18	5
Massachusetts 2015	86	12	2
Massachusetts 2016	85	11	4
Massachusetts 2017	82	14	4
Michigan 2016	80	16	5
Michigan 2017	84	13	4
New York FIDA 2016	77	17	6
New York FIDA 2017	77	17	6
Ohio 2015	78	16	6
Ohio 2016	80	15	4
Ohio 2017	80	15	5
South Carolina 2017	79	16	5
Texas 2016	N/A	N/A	N/A
Texas 2017	74	18	8
Virginia 2015	73	19	8
Virginia 2016	78	15	7
Virginia 2017	77	16	8

Care Coordination Supplemental^{xvi}

	% Responding				
	Very Satisfied	Somewhat Satisfied	Neither	Somewhat Dissatisfied	Very Dissatisfied
National MMP 2017	49	40	5	2	4
California 2015	44	44	N/A	N/A	N/A
California 2016	48	38	N/A	N/A	N/A
California 2017	49	41	N/A	N/A	N/A
Illinois 2015	40	39	N/A	N/A	N/A
Illinois 2016	51	42	N/A	N/A	N/A
Illinois 2017	48	41	N/A	N/A	N/A
Massachusetts 2015	49	38	N/A	N/A	N/A
Massachusetts 2016	53	36	N/A	N/A	N/A
Massachusetts 2017	54	37	N/A	N/A	N/A
Michigan 2016	53	44	N/A	N/A	N/A
Michigan 2017	46	41	N/A	N/A	N/A
New York FIDA 2016	32	53	N/A	N/A	N/A
New York FIDA 2017	44	45	N/A	N/A	N/A
Ohio 2015	44	40	N/A	N/A	N/A
Ohio 2016	53	47	N/A	N/A	N/A
Ohio 2017	50	40	N/A	N/A	N/A
South Carolina 2017	56	34	N/A	N/A	N/A
Texas 2016	53	N/A	N/A	N/A	N/A
Texas 2017	49	41	N/A	N/A	N/A
Virginia 2015	49	18	N/A	N/A	N/A
Virginia 2016	66	N/A	N/A	N/A	N/A
Virginia 2017	46	46	N/A	N/A	N/A

For all tables: 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. Percentages may not sum to 100% due to rounding.

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.^{xvii} 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.^{xviii}
- 84% of respondents in both Colorado and Washington were usually or always able to get appointments and care quickly.^{xix}
- 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.
- 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.^{xx}
- 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.

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 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 2018, with results synthesized in late 2018. This next round will include all of the above demonstrations, as well as the Rhode Island demonstration, which will be reporting their first year of CAHPS® data in 2018. 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.

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

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

ⁱⁱⁱ Other capitated demonstrations are also in operation in NY (the FIDA-IDD demonstration) and RI but MMPs were not required to submit 2017 CAHPS data due to enrollment limitations.

^{iv} Proxies were allowed to respond on the enrollee's behalf, following normal CAHPS® protocols.

^v 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.

^{vi} 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.

^{vii} Proxies were allowed to respond on the beneficiary's behalf, following normal CAHPS® protocols.

^{viii} 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/>.

^{ix} While other summary statistics reflect nationwide averages, figures derived from supplemental questions reflect aggregated individual responses.

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

^{xi} While other summary statistics reflect nationwide averages, figures derived from supplemental questions reflect aggregated individual responses.

^{xii} These results are neither enrollment-weighted, nor case mix adjusted.

^{xiii} Measures from the CAHPS® Survey have been enrollment-weighted based on January 2017 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. Note: Percentages may not sum to 100% due to rounding.

^{xiv} Only three of the 14 MMPs in NY FIDA met the minimum enrollee threshold to report MA-PD CAHPS data for 2017.

^{xv} 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.

^{xvi} 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.

^{xvii} 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.

^{xviii} This measure is case-mix adjusted.

^{xix} This measure is case-mix adjusted.

^{xx} This measure is case-mix adjusted.