

CAHPS[®] OVERVIEW



Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this presentation is specific to the MMC and CHPlus programs only.

Overview of topics

- CAHPS® 101
- Overview of CAHPS
- CAHPS and Stars
- CAHPS survey overview
- Patient experience

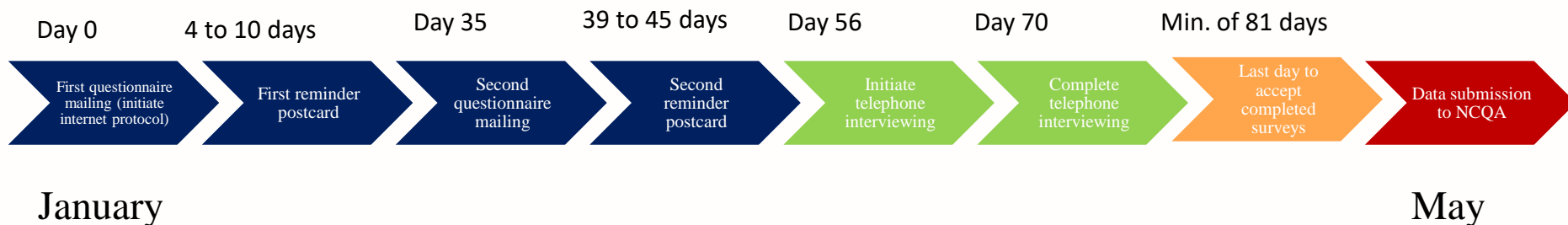
CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

CAHPS 101 — overview of CAHPS

What is Consumer Assessment of Healthcare Providers and Systems?

- CAHPS is an annual standardized survey conducted anonymously between January and May by a third-party vendor (Center for the Study of Services [CSS]*) 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.

Medicaid timeline



What is Consumer Assessment of Healthcare Providers and Systems? (cont.)

- The Agency for Healthcare Research and Quality (AHRQ) 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 (RFPs), consumer marketplace, etc.).
 - Identification and development of member experience and quality improvement initiatives.

What does the CAHPS survey look like?

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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 Highmark Blue Cross Blue Shield of Western New York. 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

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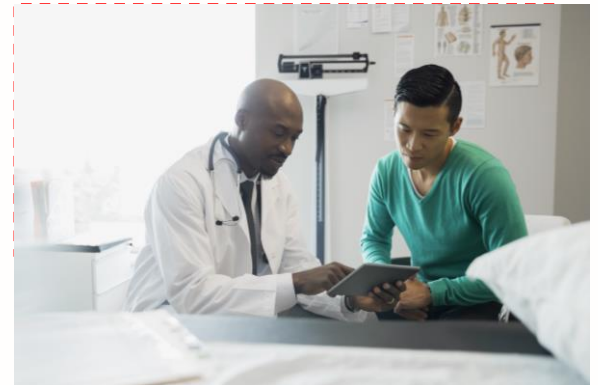
CAHPS surveys

Survey	# of questions	# of questions that apply to accreditation scores
<i>Medicaid Adult</i>	40	10
<i>Medicaid Child</i>	41	9
<i>Medicaid Child with Chronic Conditions (CCC)</i>	76	9
<i>Medicare Adult*</i>	68	16**
<i>Commercial</i>	43	11
<i>Exchange/Qualified Health Plan (QHP) Adult</i>	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 CAHPS is used?

Medicaid



- Health plan accreditation star ratings
- Medicaid state quality measurements and reporting

Medicare



- Medicare star ratings/ pay-for-performance program
- Health Plan accreditations (currently only a state requirement for FL)

Commercial/ exchange



- Health plan accreditation star ratings (Commercial)
- Commercial Quality Rating System (QRS) ratings (Exchange)
- Employer performance-based guarantees (Exchange)

All lines of business use CAHPS for internal quality improvements

What is NCQA and NCQA Health Plan Accreditation?

- 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.

Accreditation quick facts:

Anthem, Inc.'s current HPAs:

22 Medicaid

2 Medicare

28 Commercial

11 Exchange (3 more in 2020)

NCQA HPA quick facts:

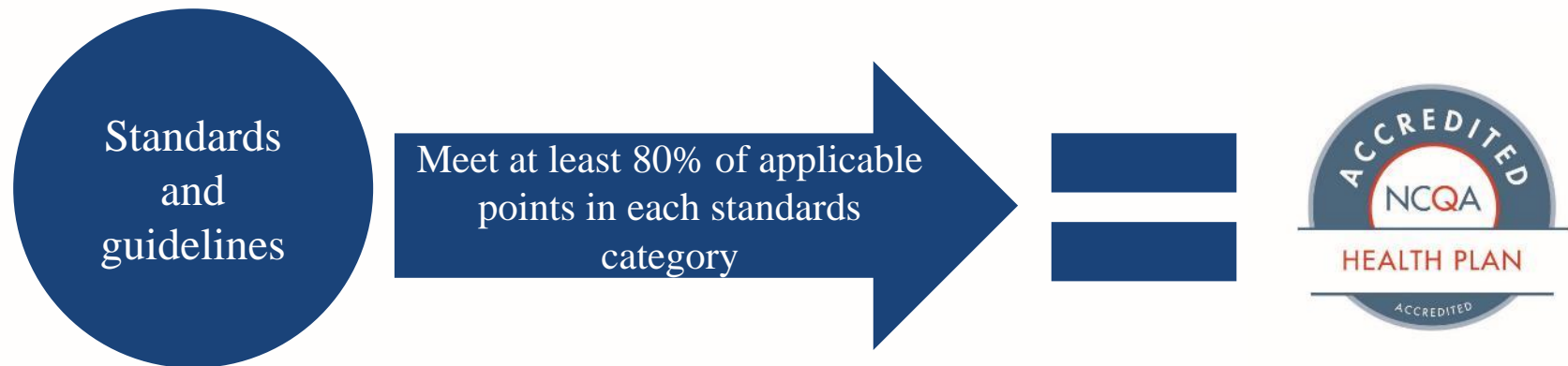
Was the first performance-based health plan evaluation

More than 173 million people are members of NCQA
Accredited health plans

Over 1,100 health plans have NCQA accreditation

Key components of accreditation

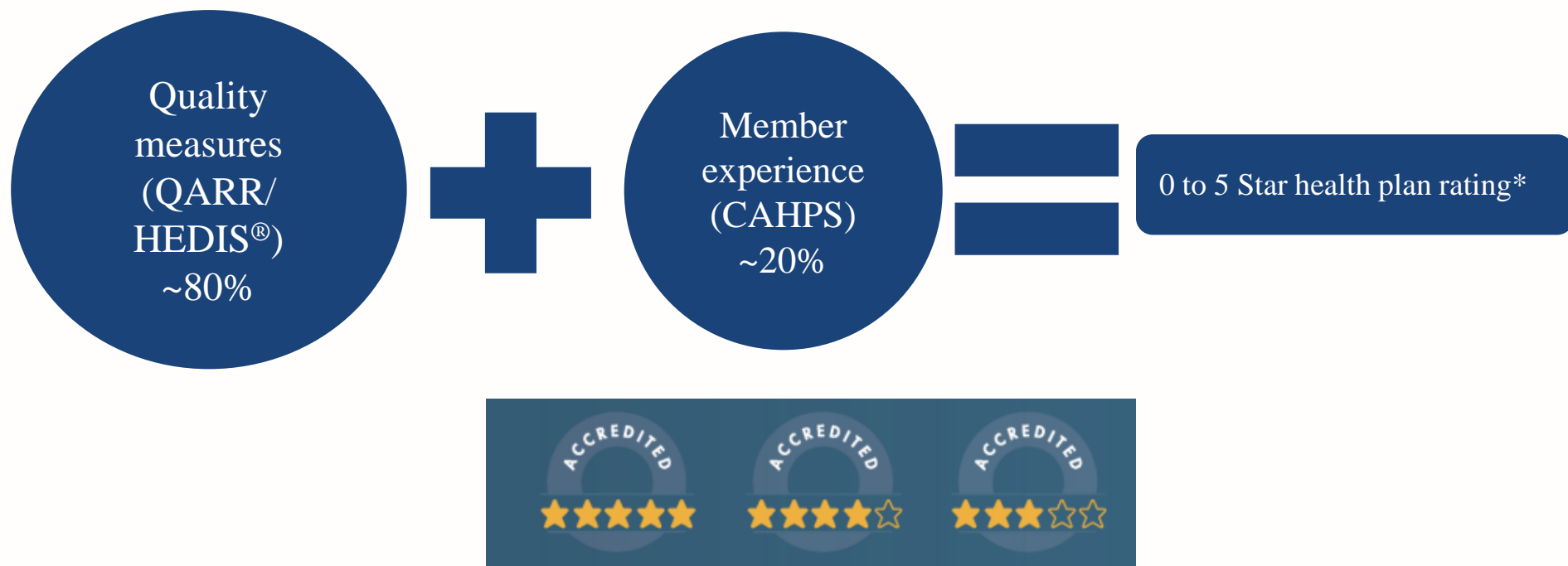
Accreditation status



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

Key components of accreditation (cont.)

Accreditation ratings



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

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What is the Medicare Stars Program?

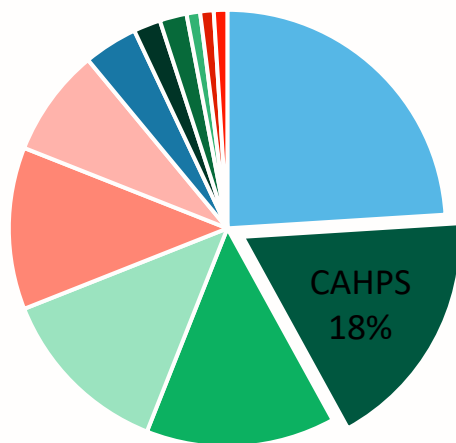
- Medicare Stars is the Centers for Medicare and Medicaid Services' (CMS')
- pay-for-performance program designed to rate the performance and quality of Medicare Advantage (MA or Part C) and Prescription Drug Plans (PDP or Part D) plans.
- Medicare uses a star rating system (1 to 5 overall stars) to 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, HEDIS, clinical Rx, etc.



Medicare Star ratings by category

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

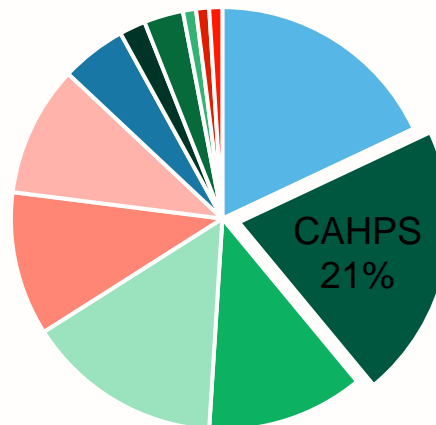
2020 Star measure categories and weights



■ HEDIS
■ Clinical Rx
■ Call Center
■ MTM CMR

■ CAHPS
■ HOS
■ Disenrollment
■ MPF

2021 Star measure projected categories and weights



■ Improvement
■ Appeals
■ Complaints
■ SNP HRA

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*
Your health care	
Getting Care Quickly	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?
Health Care Overall	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?
Getting Needed Care	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?
Your personal doctor and specialist	
Coordination of Care	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?
Personal Doctor Overall	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?
Specialist Overall	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?

* The Commercial survey asks the same questions but for the last 12 months vs. 6 months; language on the Medicaid Child survey is slightly different to reflect asking a parent/guardian about their child's experience.

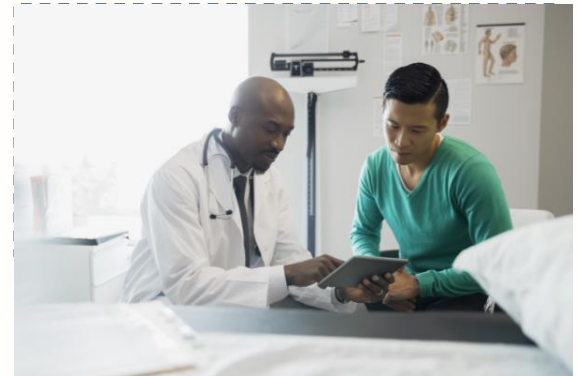
CAHPS survey overview (cont.)

Measures	CAHPS survey question*
Your health care	
Customer Service	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?
Health Plan Overall	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?
Preventative services**	
Flu	Have you had either a flu shot or flu spray in the nose since July 1, 20xx?
Smoking Cessation	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?

* The commercial survey asks the same questions but for the last 12 months vs. 6 months; language on the Medicaid child survey is slightly different to reflect asking a parent/guardian about their child's smoking experience.

** Preventive services questions (flu and cessation) apply to adult surveys only.

Patient experience



Why focus on patient experience?



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 health care providers.

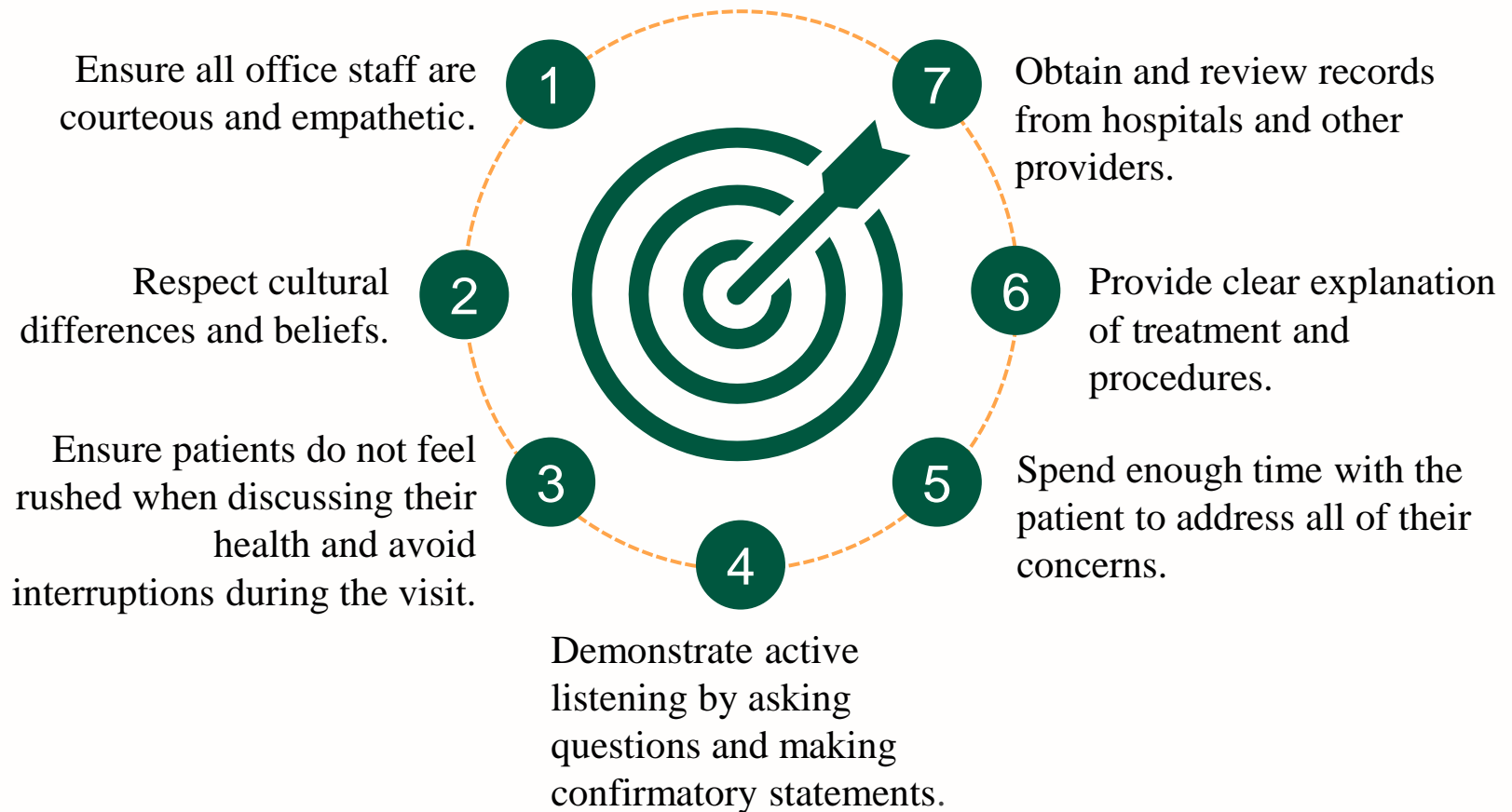


Patients reporting the poorest-quality relationships with their physicians were three times more likely to voluntarily leave the physician's practice than patients with the highest-quality relationships.



Efforts to improve patient experience have resulted in decreased employee turnover.

How to improve patient experience



Additional resource on 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.patientexptraining.com



<https://providerpublic.mycbcswny.com>

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