

## **Enrollee Experiences in the Medicare-Medicaid Financial Alignment Initiative: Results through the 2019 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.<sup>i</sup>

Under the capitated financial alignment model, Medicare-Medicaid Plans (MMPs) 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.<sup>ii</sup> MMPs also include 10 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 1 of the preceding calendar year. In 2019, 42 MMPs participating in the ten capitated model demonstrations reported CAHPS® data.<sup>iii</sup> In early 2019, surveys were sent to a sample of MMP enrollees with at least six months of continuous enrollment. The surveys asked enrollees to evaluate their health care experience over the previous six months.<sup>iv</sup>

Under the managed fee-for-service (MFSS) 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 Washington Health Home demonstration.<sup>v</sup> 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 2019, surveys were sent to a sample of beneficiaries who were currently enrolled in the demonstration and had completed a Health Action Plan (HAP) within the past three years (i.e., between June 30, 2016 and June 30, 2019), and had been enrolled five out of the six months between January 1, 2019 and June 30, 2019, and were engaged in the demonstration.<sup>vi,vii</sup>

### **Capitated Financial Alignment Model Demonstration Highlights**

Findings from the 2019 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 account 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.<sup>viii</sup> Supplemental survey questions have not been case-mixed adjusted.

The 2019 overall MMP response rate was 27.4%. Response rates by state are displayed in the table below.

State	CA	IL	MA	MI	NY FIDA	NY FIDA IDD	OH	RI	SC	TX
Response Rate	27.9%	25.1%	27.3%	30.1%	30.0%	23.0%	23.9%	28.2%	34.4%	22.9%

**Respondent characteristics indicated the capitated financial alignment models continue to serve individuals with a range of needs. In the 2019 survey:**

- 35% of respondents reported having a health problem or problems requiring medical equipment such as a cane, wheelchair, or oxygen equipment.
- 29% 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), 66% of all demonstration respondents rated their MMP a 9 or 10 in 2019, compared to 65% in 2018, 63% in 2017, and 59% in 2016. When asked to rate their health care quality on the same 0 to 10 scale, 61% of demonstration respondents rated their health care a 9 or 10 in 2019, compared to 61% in 2018, 60% in 2017, and 59% in 2016. Close to 90% of respondents rated their health plan and health care quality a 7 or higher on a scale of 0 to 10 in 2019.

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

- 88% of respondents were usually or always able to receive needed care.
- 96% of respondents were usually or always able to get needed prescription drugs.
- 82% 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.
- 94% 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:

- 66% of respondents recalled receiving help from their health plan and/or providers in coordinating their care. <sup>ix, x</sup>
- 88% of respondents were somewhat or very satisfied with the care coordination they received. <sup>xi, xii</sup>

## Summary of Composite Measures and Global Ratings for Capitated Model Demonstrations<sup>xiii, xiv, xv</sup>

**Table 1: National MMP CAHPS Data Summary (2016 through 2019)**

Measure	Responses	2016	2017	2018	2019	2019 vs. 2016
Rating of Health Plan	9 to 10	59	63	65	66	+7
	7 to 8	27	26	25	25	-2
	0 to 6	14	11	10	9	-5
Rating of Health Care Quality	9 to 10	59	60	61	61	+2
	7 to 8	27	27	26	27	0
	0 to 6	14	13	13	12	-2
Getting Needed Care	Always	58	59	59	60	+2
	Usually	27	27	29	28	+1
	Sometimes/Never	15	14	12	12	-3
Getting Appointments and Care Quickly	Always	50	54	54	56	+6
	Usually	26	25	27	26	0
	Sometimes/Never	24	21	19	18	-6
Doctors who Communicate Well	Always	76	77	77	79	+3
	Usually	18	18	18	16	-2
	Sometimes/Never	6	5	5	5	-1
Customer Service	Always	71	76	76	78	+7
	Usually	18	17	16	16	-2
	Sometimes/Never	11	7	8	6	-5
Care Coordination Composite	Always	69	70	69	70	+1
	Usually	19	20	21	20	+1
	Sometimes/Never	12	10	10	10	-2

Measure	Responses	2016	2017	2018	2019	2019 vs. 2016
Care Coordination Supplemental	Very Satisfied	47	49	49	49	+2
	Somewhat Satisfied	38	40	42	40	+2
	Neither	6	5	5	5	-1
	Somewhat Dissatisfied	3	2	1	2	-1
	Very Dissatisfied	6	4	4	5	-1
Getting Needed Prescription Drugs	Always	77	77	76	78	+1
	Usually	16	17	18	18	+2
	Sometimes/Never	7	6	6	4	-3

Rates reflect reportable data from MMPs in active demonstrations in each year. MMPs participating in the South Carolina, Rhode Island, and New York FIDA IDD demonstrations began reporting CAHPS in 2017, 2018, and 2019 respectively. The Virginia demonstration concluded at the end of 2017, so only 2016-2017 rates include experience from Virginia MMPs.

**Green** = Improvement in the top/bottom response categories; **Red** = Decline in the top/bottom response categories

**Table 2: National and State Demonstration Averages CAHPS Data Comparison (2019)**

Measure	Responses	National MMP Total	CA	IL	MA	MI	NY FIDA	NY FIDA IDD	OH	RI	SC	TX
Rating of Health Plan	9 to 10	66	65	61	73	70	66	N/A	65	68	71	70
	7 to 8	25	27	26	19	22	24	N/A	26	27	21	21
	0 to 6	9	9	13	9	8	10	N/A	9	5	8	9
Rating of Health Care Quality	9 to 10	61	59	59	62	61	59	N/A	63	64	64	63
	7 to 8	27	29	27	25	27	29	N/A	27	27	26	26
	0 to 6	12	12	14	13	12	12	N/A	10	9	10	11
Getting Needed Care	Always	60	56	59	62	64	59	N/A	63	63	66	61
	Usually	28	30	27	27	25	27	N/A	26	30	25	30
	Sometimes/Never	12	14	14	10	11	13	N/A	10	7	9	10

Measure	Responses	National MMP Total	CA	IL	MA	MI	NY FIDA	NY FIDA IDD	OH	RI	SC	TX
Getting Appointments and Care Quickly	Always	56	52	55	58	57	55	N/A	59	60	60	58
	Usually	26	27	26	26	26	22	N/A	26	26	22	22
	Sometimes/Never	18	21	18	15	16	23	N/A	15	14	18	20
Doctors who Communicate Well	Always	79	77	81	N/A	79	N/A	N/A	N/A	82	81	N/A
	Usually	16	18	15	N/A	16	N/A	N/A	N/A	15	15	N/A
	Sometimes/Never	5	5	4	N/A	5	N/A	N/A	N/A	3	4	N/A
Customer Service	Always	78	74	78	72	82	76	N/A	81	77	85	79
	Usually	16	19	16	20	14	18	N/A	13	16	12	16
	Sometimes/Never	6	6	6	8	5	6	N/A	6	7	3	5
Care Coordination Composite	Always	70	67	70	71	71	69	N/A	73	73	77	71
	Usually	20	21	20	19	19	20	N/A	18	17	16	19
	Sometimes/Never	10	12	9	10	10	11	N/A	9	9	8	9
Care Coordination Supplemental	Very Satisfied	49	45	44	51	49	52	55	52	45	51	54
	Somewhat Satisfied	40	43	42	38	41	38	34	35	44	40	36
	Neither	5	6	7	5	5	4	N/A	7	6	4	3
	Somewhat Dissatisfied	2	2	2	2	2	1	N/A	2	4	1	1
	Very Dissatisfied	5	5	5	3	3	5	N/A	4	3	5	6
Getting Needed Prescription Drugs	Always	78	70	75	78	81	78	N/A	80	79	82	77
	Usually	18	22	18	19	15	15	N/A	16	17	13	17
	Sometimes/Never	4	7	7	3	4	7	N/A	4	4	5	6

For both Table 1 and 2: N/A=too few responses to permit reporting or very low reliability. Measures with inter-unit 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 2019 MFFS CAHPS survey results are summarized below. The overall response rate was 35%. A subset of the results have been case-mix adjusted to account 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.<sup>xvi</sup> The table below summarizes global rating and individual and composite measure results for the Washington Health Home Demonstration for 2016-2018.

#### **Respondent demographics show that the MFFS model demonstration continues to serve individuals with high levels of acuity.**

- Nearly two-thirds (62%) of respondents rated their general health status as fair or poor.
- Over one-third (38%) of respondents rated their general mental health status as fair or poor.
- Approximately two-thirds (65%) of respondents reported that they have difficulty doing errands alone due to a physical, mental, or emotional condition. Among these individuals, the majority (75%) 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.**

- 83% of respondents reported that they usually or always received needed care.<sup>xvii</sup>
- 85% of respondents reported that they were usually or always able to get appointments and care quickly.<sup>xviii</sup>
- 73% of respondents reported that they were usually or always able to access specialized services, including medical equipment, special therapies, and treatment or counseling.
- 92% of respondents 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 and specialist seen most often 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), a significant number of respondents (72%) rated their personal doctor as a 9 or 10, and 92% rated their personal doctor as a 7 or higher on the same scale.
- Approximately 91% of respondents 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.<sup>xix</sup>
- When asked to rate their specialist seen most often, on a scale from 0 to 10 (with 0 being the worst possible and 10 being the best possible), 71% of respondents rated their specialist as a 9 or 10, and 92% rated their specialist as a 7 or higher on the same scale.
- When asked to rate the counseling or treatment they received on the same 0 to 10 scale, 55% of respondents rated their counseling or treatment as a 9 or 10; 77% of respondents 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.**

- 85% of respondents were satisfied or very satisfied with the help they received to coordinate their care.
- 83% of respondents agreed or strongly agreed that they had sufficient information and support necessary to take care of their health following a transition from the hospital.
- 69% of respondents 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.
- 89% of respondents reported that someone on their health care team talked with them about specific goals for their health.

**Similar to previous results, about half of enrollees in the MFFS Washington Health Home Demonstration reported positive views of their health home and the overall 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), 58% of respondents rated their health home a 9 or 10. Similarly, when asked to rate all their health care on a scale from 0 to 10, 51% of respondents rated their health care as a 9 or 10. Approximately 85% of respondents rated both their health home and health care a 7 or higher on a scale of 0 to 10.

### Summary of Composite and Individual Item Measures and Global Ratings for Washington MFFS Demonstration 2016-2019

Measure	Responses	2016	2017	2018	2019	2019 vs. 2016
Access to Specialized Services	Always/Usually	77	74	75	73	-4
	Sometimes	16	15	18	18	+2
	Never	8	11	7	9	+1
Care Team	Always/Usually	71	69	65	69	-2
	Sometimes	17	20	24	20	+3
	Never	13	11	11	11	-2
Care Transition	Agree/Strongly Agree	83	83	87	83	0
	Disagree/Strongly Disagree	17	17	13	17	0
Difficulty Going Out	No	24	23	25	25	+1
	Yes	76	77	75	75	-1
Difficulty Performing Errands	No	32	34	32	35	+3
	Yes	68	66	68	65	-3
Getting Needed Care*	Always/Usually	46	51	83	83	+37
	Sometimes	37	33	15	ISD	--
	Never	17	16	2	ISD	--
Getting Care Quickly*	Always/Usually	54	56	86	85	+31
	Sometimes	31	29	ISD	ISD	--
	Never	16	15	ISD	ISD	--

Measure	Responses	2016	2017	2018	2019	2019 vs. 2016
Home Health Services	Always/Usually	90	90	89	92	+2
	Sometimes	ISD	ISD	3	3	--
	Never	ISD	ISD	8	5	--
How Well Doctors Communicate*	Always/Usually	69	67	90	91	+22
	Sometimes	19	24	ISD	ISD	--
	Never	12	10	ISD	ISD	--
Promotion of Health Care Goals	Yes	89	91	88	89	0
	No	11	9	12	11	0
Coordination of Care from Other Health Providers	Satisfied/Very Satisfied	90	87	87	85	-5
	Neither Dissatisfied nor Satisfied	5	7	6	5	0
	Dissatisfied/Very Dissatisfied	5	6	7	9	+4
Rating of Health Home	9-10	58	58	56	58	0
	7-8	25	24	27	28	+3
	0-6	17	17	17	14	-3
Rating of All Health Care	9-10	50	48	51	51	+1
	7-8	30	35	30	34	+4
	0-6	21	17	19	15	-6
Rating of Counseling or Treatment	9-10	41	48	54	55	+14
	7-8	31	25	21	22	-9
	0-6	28	28	25	23	-5
Rating of Personal Doctor	9-10	69	70	66	72	+3
	7-8	19	20	22	20	+1
	0-6	12	10	12	8	-4

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

\*Indicates the measure was case-mix adjusted

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

**Green** = Improvement in the top/bottom response categories; **Red** = Decline in the top/bottom response categories

### **Next Steps**

Due to the COVID-19 public health emergency, CAHPS surveys were not fielded in 2020. The 2021 MA-PD CAHPS® Surveys for the capitated demonstrations will be administered in the spring of 2021, with results to be synthesized in late 2021. The next round of MFFS CAHPS surveys for Washington will be administered in the fall of 2021 with results synthesized in early 2022.

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

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

- 
- <sup>iii</sup> Additional MMPs were operating in NY (the FIDA demonstration) but those MMPs were not required to submit 2019 CAHPS data due to enrollment limitations.
- <sup>iv</sup> Proxies were allowed to respond on the enrollee's behalf, following normal CAHPS® protocols.
- <sup>v</sup> 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), and the Use of Participant Experience Survey.
- <sup>vi</sup> Beneficiaries were identified as engaged in the demonstration if they had completed a health action plan since their initial enrollment.
- <sup>vii</sup> Proxies were allowed to respond on the beneficiary's behalf, following normal CAHPS® protocols.
- <sup>viii</sup> 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, and 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 <https://ma-pdcahps.org/en/scoring-and-star-ratings/>.
- <sup>ix</sup> While other summary statistics reflect nationwide averages, figures derived from supplemental questions reflect aggregated individual responses.
- <sup>x</sup> These results are neither enrollment-weighted, nor case-mix adjusted.
- <sup>xi</sup> While other summary statistics reflect nationwide averages, figures derived from supplemental questions reflect aggregated individual responses.
- <sup>xii</sup> These results are neither enrollment-weighted, nor case mix adjusted.
- <sup>xiii</sup> Measures from the CAHPS® Survey have been enrollment-weighted based on January enrollment for the applicable year 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.
- <sup>xiv</sup> Each year, only a small subset of MMPs in the NY FIDA demonstration met the minimum enrollment threshold to report MA-PD CAHPS data.
- <sup>xv</sup> The Care Coordination Composite measure assesses 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. In contrast, the Care Coordination Supplemental measure assesses how satisfied consumers were with the care coordination they received. Note that the Care Coordination Supplemental measure is not case-mix adjusted.
- <sup>xvi</sup> 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.
- <sup>xvii</sup> This measure is case-mix adjusted.
- <sup>xviii</sup> This measure is case-mix adjusted.
- <sup>xix</sup> This measure is case-mix adjusted.