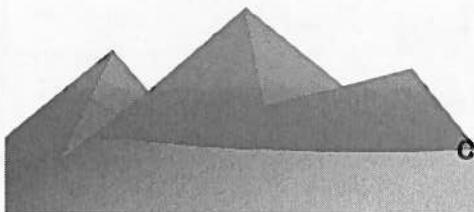


Demonstration to Integrate Care for Medicare- Medicaid Enrollees

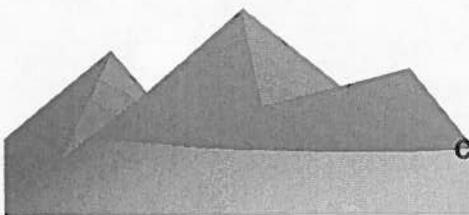
Advisory Subcommittee *Learning Lab*

May 14, 2013



Opening Remarks

- Russell Kennedy,
Department of Health Care
Policy and Financing, Quality
& Health Improvement Unit
- Consumer Assessment of
Healthcare Providers and
Systems (CAHPS)



Outline

- Overview and Background
- Methodology
- Findings and Conclusions
- General Recommendations
- Accountability and Improvement of Care
- How CAHPS Applies to the Demonstration



**2012 Colorado Department of
Health Care Policy and
Financing
Medicaid CAHPS Survey**

**For Colorado Department of Health Care Policy and
Financing**

September 20, 2012

By Health Services Advisory Group (HSAG)

Overview and Background

CAHPS and Colorado Medicaid

CAHPS Survey:

- CAHPS Surveys are a **set of standardized surveys** designed to capture consumers' and patients' perspectives on health care quality.
- The CAHPS Health Plan Survey is administered by commercial, Medicaid, and Medicare plans.

CAHPS Survey Findings:

- Are used to improve overall **member satisfaction** with health plans.
- Are used to ensure **members have timely access** to high quality health care services.
- Are provided to health plans to assist in the development and implementation of **quality improvement strategies**.
- Can be submitted to the National Committee for Quality Assurance (NCQA) for inclusion in national benchmarking, reporting, and health plan accreditation.

Methodology

Sampling Procedures

Sampling Procedures

- Adult and child Medicaid members were sampled **separately**.
- The focus of today's presentation is on **adults**.
- For the adult Medicaid population, HSAG utilized the CAHPS 4.0H Adult Medicaid Health Plan Survey, which requires a **sample size of 1,350 clients** per standard NCQA Healthcare Effectiveness Data and Information Set (HEDIS) specifications.

Methodology

Survey Data Analysis

Core Items Assessed

- **Global Ratings**
 - Rating of Health Plan
 - Rating of All Health Care
 - Rating of Personal Doctor
 - Rating of Specialist Seen Most Often
- **Composite Measures**
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate
 - Customer Service
 - Shared Decision Making

CAHPS Analysis

- **Medicaid (Fee-for-Service and Managed Care)**
 - NCQA Comparisons
 - 3 Year Trend Analysis (i.e., 2010, 2011, and 2012)
 - Plan Comparisons
 - Priority Assignments

Adult Medicaid Findings

Response Rates

Plan Name	Total Sample*	Records not Eligible	Eligible Sample	Total Respondents	Response Rates	
	FY 11-12	FY 11-12	FY 11-12	FY 11-12	FY 10-11	FY 11-12
Colorado Adult Medicaid Program	6,953	325	6,628	1,787	31.73%	26.96%
DHMC	2,025	41	1,984	446	31.54%	22.48%
RMHP	1,418	69	1,349	387	34.30%	28.69%
Colorado Medicaid FFS	1,755	85	1,670	458	25.75%	27.43%
Colorado Medicaid PCPP	1,755	130	1,625	496	35.62%	30.52%

NCQA requires a minimum of 100 responses on each item in order to report the item as a valid CAHPS Survey result.

** Please note, NCQA protocol allows oversampling in 5 percent increments.*

Adult Medicaid Findings

NCQA Response Threshold

CAHPS Measures: Less than 100 Respondents

	DHMC	RMHP	FFS	PCPP
FY 10-11				
Customer Service	NA	NA	NA	NA
FY 11-12				
Customer Service	NA	NA	NA	NA

*NA = Indicates that the health plan **did not meet** the minimum NCQA reporting threshold of 100 respondents.*

Recommendations

- HSAG continues to recommend the use of oversampling for all plans. The number of non-reportable measures in Colorado is substantially higher than observed in other States.
- Ensure accurate capture of client contact information in information systems to yield higher response rates and more reportable measures.

Adult Medicaid Findings

NCQA Comparisons Results

	DHMC	RMHP	FFS	PCPP
Global Rating				
Rating of Health Plan	☞☞☞	☞☞☞☞	☞	☞☞☞
Rating of All Health Care	☞☞	☞☞☞	☞☞	☞☞☞☞
Rating of Personal Doctor	☞☞☞☞☞	☞☞☞	☞☞	☞☞☞☞☞
Rating of Specialist Seen Most Often	☞	☞☞☞☞	☞☞☞	☞☞☞☞
Composite Measure				
Getting Needed Care	☞	☞☞☞☞☞	☞☞☞	☞☞☞☞
Getting Care Quickly	☞	☞☞☞☞☞	☞☞	☞☞☞☞
How Well Doctors Communicate	☞☞☞☞	☞☞☞☞	☞☞☞	☞☞☞
Customer Service	NA	NA	NA	NA
Shared Decision Making	☞☞	☞☞☞☞	☞☞	☞☞☞☞

90th Percentile
or Above

☞☞☞☞☞

75th – 89th
Percentiles

☞☞☞☞

50th – 74th
Percentiles

☞☞☞

25th – 49th
Percentiles

☞☞

Below 25th
Percentile

☞

Not
Applicable

NA

10

Adult Medicaid Findings

Trending Results

	DHMC	RMHP	FFS	PCPP
Global Rating				
Rating of Health Plan	▲ 59.3	—	—	—
Rating of All Health Care	▲ 49.7	—	—	—

▲ indicates the 2012 score is significantly higher than the 2011 score

▼ indicates the 2012 score is significantly lower than the 2011 score

▲ indicates the 2012 score is significantly higher than the 2010 score

▼ indicates the 2012 score is significantly lower than the 2010 score

Adult Medicaid Findings

Plan Comparisons Results

Global Rating	DHMC		RMHP	
	FY 10-11	FY 11-12	FY 10-11	FY 11-12
Rating of Health Plan	51.3% ↔	58.2% ↔	60.0% ↑	64.5% ↑
Rating of All Health Care	47.1% ↔	49.5% ↔	52.1% ↔	49.9% ↔
Rating of Personal Doctor	64.1% ↔	66.8% ↔	65.7% ↔	64.5% ↔
Rating of Specialist Seen Most Often	57.1% ↔	56.4% ↔	60.9% ↔	64.9% ↔
Composite Measure				
Getting Needed Care	35.1% ↓	38.2% ↓	58.5% ↑	61.1% ↑
Getting Care Quickly	42.6% ↓	41.6% ↓	60.3% ↑	61.5% ↑
How Well Doctors Communicate	66.8% ↔	69.8% ↔	72.0% ↔	67.2% ↔
Customer Service	NA	NA	NA	NA
Shared Decision Making	56.8% ↔	59.5% ↔	69.0% ↑	61.7% ↔

Adult Medicaid Findings

Plan Comparisons Results

Global Rating	FFS		PCPP	
	FY 10-11	FY 11-12	FY 10-11	FY 11-12
Rating of Health Plan	53.7% ↔	49.4% ↓	54.2% ↔	57.3% ↔
Rating of All Health Care	45.3% ↔	47.1% ↔	51.4% ↔	51.2% ↔
Rating of Personal Doctor	63.9% ↔	62.2% ↔	69.9% ↔	66.9% ↔
Rating of Specialist Seen Most Often	64.4% ↔	64.8% ↔	64.9% ↔	63.2% ↔
Composite Measure				
Getting Needed Care	50.9% ↔	49.5% ↔	55.5% ↔	53.2% ↔
Getting Care Quickly	54.0% ↔	53.1% ↔	60.8% ↑	58.4% ↔
How Well Doctors Communicate	62.6% ↓	66.7% ↔	71.6% ↔	67.2% ↔
Customer Service	NA	NA	NA	NA
Shared Decision Making	55.5% ↔	58.0% ↔	64.5% ↔	64.6% ↔

Conclusions

Adult Medicaid

NCQA Comparisons:

- The plans had varied performance across measures.
- DHMC and PCPP each scored at or above the 90th percentile on one measure, and RMHP scored at or above the 90th percentile on two measures; however, DHMC also scored below the 25th percentile on three measures.
- **FFS did not score at or above the 90th percentile on any of the measures.**

Trending Results:

- DHMC showed a significant increase in rate from prior year(s) on two of the nine measures.

Plan Comparisons:

- RMHP performed statistically better than the State average on three of the nine measures, while DHMC and FFS performed statistically worse than the State average on two and one measure(s), respectively.

Conclusions

Adult Medicaid

NCQA Comparisons: Below the 25th Percentile

	DHMC	FFS
Global Rating		
Rating of Health Plan	—	↓
Rating of Specialist Seen Most Often	↓	—
Composite Measure		
Getting Needed Care	↓	—
Getting Care Quickly	↓	—

Conclusions

Adult Medicaid

DHMC High Performance Areas:

- Rating of Personal Doctor

DHMC Low Performance Areas:

- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly

RMHP High Performance Areas:

- Getting Needed Care
- Getting Care Quickly

RMHP Low Performance Areas:

- None

FFS High Performance Areas:

- None

FFS Low Performance Areas:

- Rating of Health Plan

PCPP High Performance Areas:

- Rating of Personal Doctor

PCPP Low Performance Areas:

- None

High Performance= Indicates a plan performed at or above the 90th percentile

Low Performance= Indicates a plan performed below the 25th percentile

General Recommendations

Adult Medicaid

Common Low Performance Areas and Recommendations:

- **Rating of Health Plan**
 - Health Plan Operations
 - Online Patient Portal
 - Promote Quality Improvement Activities
- **Getting Care Quickly**
 - Open Access Scheduling
 - Patient Flow Analysis
 - Electronic Communication
 - Internet Access for Health Information and Advice
- **Getting Needed Care**
 - Enhanced Provider Directories
 - Appropriate Health Care Providers
 - 24-Hour Bilingual Nurse Line

General Recommendations

Adult Medicaid

State-Level Best Practices:

Financial Incentives:

- Performance Bonus Awards
 - The performance bonus award is based on cumulative points derived from HEDIS and CAHPS data (e.g., Getting Needed Care, Getting Care Quickly, and Rating of Health Plan).
 - Plans that score significantly better than the State average receive a performance bonus.
 - Financial incentive has resulted in the progressive improvement in member satisfaction scores over time.
- Performance Evaluations and Fees at Risk
 - Overall satisfaction scores are determined for each plan using the integration of both Adult and Child CAHPS data.
 - The CAHPS-derived overall satisfaction scores serve as a minimum performance standard.
 - Plans that do not meet minimum performance standard
 - Forfeit at risk fees (e.g., 1 percent of capitation fees put at risk).
 - Are not considered for incentives of up to \$250,000 per plan per year.
 - Financial incentives have resulted in improvements in plan performance over time.

Non-Financial Incentives:

- Public Reporting

General Recommendations

Adult Medicaid

Oversampling:

- HSAG continues to recommend the use of oversampling for all plans. The number of non-reportable measures in Colorado is substantially higher than observed in other States.

Data Information Systems:

- Ensure accurate capture of client contact information in information systems to yield higher response rates and more reportable measures.

Identifying Areas for Improvement:

Identify Quality Improvement Opportunities and Monitor Interventions

- Conducting a correlation analysis to assess if specific issues are related to overall ratings (i.e., those question items or composites that are predictors of rating scores).

General Recommendations

Adult Medicaid

Identifying Areas for Improvement:

Evaluation of Other Domains and Populations

- Drawing on the analysis of population sub-groups (e.g., health status, race, and age) to determine if there are member groups that tend to have lower levels of satisfaction.
- Using other indicators to supplement CAHPS data such as member complaints/grievances, feedback from staff, and other survey data.

Extension to Other Types of Surveys

- Conducting focus groups and interviews to determine what specific issues are causing low satisfaction ratings.
 - Provider Assessment Surveys
 - Provider Satisfaction Surveys
 - Clinician Group Surveys
 - Facility Surveys

Accountability and Improvement of Care

Domain	Composite	Who Is Accountable?	
		Health Plan	Provider Network
Access	Getting Needed Care	✓	✓
	Getting Care Quickly		✓
Interpersonal Care	How Well Doctors Communicate		✓
	Shared Decision Making		✓
Plan Administrative Services	Customer Service	✓	
Personal Doctor			✓
Specialist			✓
All Health Care		✓	✓
Health Plan		✓	

How CAHPS Applies to the Demonstration

