

**Scoring Documentation for Consumer Reporting
Office of Patient Advocate
CAHPS Reporting Year 2007**

Eligible Measures and Plans

The eligible measures consist of the CAHPS* commercial measures for reporting year 2007. The 9 California Cooperative HealthCare Reporting Initiative's (CCHRI) 2007 participating plans listed below are the eligible plans.

Summary Performance Scoring

The Global Rating of Plan (Q. 42) item is reported as a stand-alone summary indicator.

The Global Rating of Plan is scored as the proportion of respondents reporting an 8, 9 or 10 rating. Do not round the results – use the raw score to assign the performance grade per the instructions below.

Grade Cutpoints and Buffer Zone

Three cutpoints are used to define the following four performance grades for Global Rating of Plan results:

Score	Grade	Grade Icon
73-100	excellent	4 stars
63-72	good	3 stars
57-62	fair	2 stars
<57	poor	1 star

A buffer zone of a half-point (0.5) span is applied. Any HMO whose score is in the buffer zone that is 0.5 point below the grade cutpoint is assigned the next highest category grade. For example, a score of 56.5 would be assigned a grade of fair; a score of 72.4, which is outside of the buffer zone, would be assigned a grade of good.

* Consumer Assessment Health Plan Survey (CAHPS) NCQA sponsors the CAHPS member reported experience and satisfaction survey measures as the national standard health plan member survey.

CAHPS Composites and Items

The eligible measures consist of the CAHPS commercial measures for reporting year 2007. The 9 California Cooperative HealthCare Reporting Initiative (CCHRI) 2007 participating plans listed below are the eligible plans.

Use the NCQA CAHPS proportional scoring specifications to report the following composites and items.

Composites

- Paying Claims
- Doctor Communications
- Getting Doctors and Care Easily (e.g., Getting Needed Care)
- Getting Appointments and Care Quickly (e.g., Getting Care Quickly)

Items

- Member Complaints (Q42c)
- Finding a Personal Doctor (Q21b)
- Smoking Cessation (Q46, Q47, Q48)
- Health Care Highly Rated (Q12)
- Customer Service (Q35)

The three Smoking Cessation Measures are reported as individual measures only – they are not reported as a composite. Per the CCHRI rule, if a minimum of 3 plans have reportable scores (minimum of 100 respondent completes) the measure is publicly reported for those plans that have reportable scores.

The Customer Service 3-item composite will not be reported in 2007 given NCQA decision to omit from public reporting due to unexpected properties of this new composite including a marked change in its relationship to other CAHPS measures. In lieu of reporting the composite, the individual customer service Q.35 “how often did your health plan’s customer service give you the information or help you needed?” will be reported.

No plan result is reported for a measure if the NCQA CAHPS 100 minimum respondents per question standard is not achieved. For these missing scores the phrase “Too few patients in sample to report” is displayed.

CAHPS Reporting Plans

Performance results are reported at a health plan reporting unit level. With the exception of Kaiser Northern California and Kaiser Southern California the plans report a single, statewide set of performance results.

Aetna Health of California, Inc.

Blue Cross of California

Blue Shield of California

CIGNA HealthCare of California, Inc.

Health Net of California, Inc.

Kaiser Foundation Health Plan of Northern California, Inc

Kaiser Foundation Health Plan of Southern California, Inc.

Pacificare of California, Inc.

Western Health Advantage

Appendix A

Table 1. Getting Doctors and Care Easily, Paying Claims and Plan Customer Service Composites, Finding a Personal Doctor, Global Health Plan Rating & Member Complaints

Q.	Survey Item	Composite or Topic
27	In the last 12 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan? (never-always)	Getting Doctors and Care Easily
23	In the last 12 months, how often was it easy to get appointments with specialists? (never-always)	Getting Doctors and Care Easily
40	In the last 12 months, how often did your health plan handle your claims quickly? (never-always)	Paying Claims
41	In the last 12 months, how often did your health plan handle your claims correctly? (never – always)	Paying Claims
21b	Since you joined your health plan how often was it easy to get a personal doctor you are happy with? (never - always)	Finding a Personal Doctor*
35	In the last 12 months, how often did your health plan's customer service give you the information or help you needed? (never-always)	Plan Customer Service*
42c	In the last 12 months, have you called or written your health plan with a complaint or problem?	Member Complaints*
42	What number would you use to rate your health plan? (0-10)	Global Plan*

*reported as stand alone measure; not a composite measure

Appendix A

Table 2. Getting Appointments and Care Quickly and Doctor Communications Composites, Health Care Highly Rated and Advice to Quit Items

Q.	Survey Item	Composite or Topic
4	In the last 12 months, when you <u>needed care right away</u> , how often did you get care as soon as you thought you needed? (never-always)	Getting Appointments and Care Quickly
6	In the last 12 months, not counting the times you needed health care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? (never-always)	Getting Appointments and Care Quickly
15	In the last 12 months, how often did your personal doctor <u>explain things</u> in a way that was easy to understand? (never-always)	Doctor Communication
16	In the last 12 months, how often did your personal doctor <u>listen carefully to you</u> ? (never-always)	Doctor Communication
17	In the last 12 months, how often did your personal doctor show respect for what you had to say? (never-always)	Doctor Communication
18	In the last 12 months, how often did your personal doctor spend enough time with you? (never-always)	Doctor Communication
12	What number would you use to rate all your health care in the last 12 months? (0-10)?	Health Care Highly Rated*
46	In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan? (none-10+ visits)	Helping Smokers Quit: Getting Advice*
47	On how many visits was medication recommended or discussed to assist you with quitting smoking?	Helping Smokers Quit: Medications*
48	On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?	Helping Smokers Quit: Ways to Stop*

*reported as stand alone measure; not a composite measure