

**Scoring Documentation for Consumer Reporting
Office of Patient Advocate
CAHPS Reporting Year 2009**

Eligible Measures and Plans

The eligible measures consist of the CAHPS* 4.0H commercial measures for reporting year 2009. The 9 California Cooperative HealthCare Reporting Initiative's (CCHRI) 2009 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

Three new CAHPS survey topics will be reported for the first time in 2009:

1. Plan website information

Using any number from 0 to 10, where 0 is extremely dissatisfied and 10 is extremely satisfied, in the last 12 months, please rate your satisfaction with your health plan's website.

2. Plan information on costs

This new composite, which is comprised of two questions, uses a rolling average method – combining results from the measurement year and the year prior to the measurement year.

a. Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as care from a specialist, physical therapy, a hearing aid, or oxygen.

In the last 12 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment?

how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?

b. In some health plans the amount you pay for a prescription medicine can be different for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy. In the last 12 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines?

how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

3. Flu shots for older adults

Have you had a flu shot since September 1, 2008?

The flu shot measure has been added to the Treating Adults HEDIS composite – it will not be included in the CAHPS scoring and reporting.

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

Composites

- Doctor Communications
- Getting Doctors and Care Easily (e.g., Getting Needed Care)
- Getting Appointments and Care Quickly (e.g., Getting Care Quickly)
- Customer Service
- Shared Decision Making
- Paying Claims
- Plan Information on What You Pay

Items

- Member Complaint Resolution (Q36a)
- Finding a Personal Doctor (Q12a)
- Health Care Highly Rated (Q12)
- Coordinated Care (Q20)
- Preventive Care (Q8)
- Plan Website (Q27a)
- Flu Shot (Q44)

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.

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 measure is not reported if fewer than 3 plans have reportable scores.

A single topic was not reported in RY2009 as there were fewer than three plans that met the 100 minimum respondent rule for these questions:

- Smoking Cessation

The Flu Shot for Older Adults measure has been added to the Treating Adults HEDIS composite – it will not be included in the CAHPS scoring and reporting.

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.
Anthem 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. Health Plan Centric Topics

Q.	Survey Item	Composite or Topic
23	In the last 12 months, how often was it easy to get appointments with specialists? (never-always)	Getting Doctors and Care Easily
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
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
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
36	In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect? (never-always)	Plan Customer Service
31	In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment? (never-always)	Plan Information on What You Pay
33	In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines? (never-always)	Plan Information on What You Pay
12a	How satisfied were you with your <u>ability to choose a personal doctor that you were happy with?</u> (0-10)	Finding a Personal Doctor*
27a	In the last 12 months, please rate your satisfaction with your health plan's website.	Plan Website *
36a	In the last 12 months, if you called or wrote your health plan's customer service with a complaint or problem, how satisfied were you with <u>how it was resolved?</u>	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. Provider Centric Topics

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
10	In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?	Shared Decision Making
11	In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you?	Shared Decision Making
12	What number would you use to rate all your health care in the last 12 months? (0-10)?	Health Care Highly Rated*
20	In the last 12 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?	Coordinated Care*
8	In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?	Preventive Care*
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

**not reported as fewer than 3 plans had reportable scores