

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

Eligible Measures and Plans

The eligible measures consist of the CAHPS* 4.0H adult, commercial measures for reporting year 2009.

Five (5) California Cooperative HealthCare Reporting Initiative (CCHRI) participating plans report PPO CAHPS results. See Appendix B for a list of the participating plans.

Summary Performance Scoring

The Global Rating of Plan (Q. 42) item is not reported in the PPO results. As such, no summary performance indicator is included in the PPO CAHPS scores.

CAHPS Composites and Items

The NCQA CAHPS proportional scoring specifications are used to score 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)
- Plan Customer Service
- Shared Decision Making
- Paying Claims

Items

- Member Complaint Resolution (Q36a)
- Finding a Personal Doctor (Q21a)
- Coordinated Care (Q20)
- Preventive Care (Q8)

* 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.

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.

Three topics are not reported in RY2009 as there were fewer than three plans that met the 100 minimum respondent rule for these questions:

- Plan Information on What You Pay
- Satisfaction with Plan Website
- 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.

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
21a	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*
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*

*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
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*

*reported as stand alone measure; not a composite measure

APPENDIX B
CCHRI PPO HEALTH PLAN CAHPS Reporting Plans
FOR REPORTING YEAR 2009

The following five plans are reporting PPO CAHPS results for RY2009.

Aetna Health of California, Inc.
Anthem Blue Cross of California
CIGNA HealthCare of California, Inc.
Health Net of California, Inc.
United Healthcare