# MED D - CAHPS Surveys

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**Description:** This document provides the CCR with information regarding the CAHPS Survey.

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| General Information |

CAHPS stands for Consumer Assessment of Healthcare Providers and Systems*.* A CAHPS survey helps evaluate patient experiences with health care, and provides insight into satisfaction with plans and services.

CAHPS Surveys evaluate several areas of care, including access, timeliness, member rating, and ease of utilizing various services:

* Access to care: How beneficiaries can obtain and continue to receive the appropriate care and services
* Timely Care: How often beneficiaries receive care in an appropriate time frame
* Member’s Rating of the Plan: How satisfied the beneficiary is with the care received.
* Getting Needed Prescriptions: How easy it is for beneficiaries to get the medications they need.

Questionnaire and Survey Distribution:

* The CAHPS survey is a questionnaire distributed annually to a sample of Medicare beneficiaries.
* The MAPD portion consists of 68 questions.
* The PDP portion consists of 26 questions.
* Surveys are completed via mail or over the phone.
* Surveys are distributed March through May the year following plan coverage, but measure the period six months prior to survey distribution (September of the prior year to March of the current year).
* CMS uses a vendor to manage survey delivery and reporting.

What you can do to improve our CAHPS scores:

* Provide complete and accurate verbal and written communications to our beneficiaries
* Treat all beneficiaries with courtesy and respect
* Ensure beneficiary needs are fully resolved prior to disconnecting calls or communications

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| How Are Survey Results Used? |

There are three areas of how the CAHPS survey results are used: Transparency for Beneficiaries, CMS Oversight and Quality Improvements.

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| **Transparency for Beneficiaries** | CMS makes survey information publicly available, which gives beneficiaries the information they need to make informed choices among their drug plans. |
| **CMS Oversight** | The survey results help CMS monitor the quality of care being provided, and the performance of individual contracts. CMS evaluates the quality of care being provided to beneficiaries to incentivize plans to perform optimally for higher enrollment and sometimes payment. |
| **Quality Improvement** | Survey results also give drug plans the ability to identify areas for improvement, since they are compared to other drug plan contracts in their state and region, as well as nationally. |

**Medicare Star Ratings**

* Medicare publicly reports health plan quality so beneficiaries can compare quality plans among their choices.
* The Medicare Star Ratings makes comparing plans and options easier by displaying the quality of a plan using a scale of 1-5 stars.
* Star Ratings have several implications for health plans:
  + A star rating for a Medicare Advantage Part D plan is based on 14 individual measures of quality within 4 domains: Drug Plan Customer Service, Member Complaints/Changes to a Plan’s Performance, Member Experience, and Drug Safety & Price Accuracy
  + Each individual measure is rated from 1-5 stars, and the results are averaged within each domain, then across domains to produce an overall score for the plan.
  + Quality measure thresholds can change each year based on the performance across all competing plans – creating a very competitive environment where even 1 point matters in a given year.

**Member Experience Domain and the CAHPS survey**

* The two CAHPS Star Measures, Rating of the Drug Plan and Getting Needed Prescriptions, are based on 4 CAHPS survey questions and the percentage of favorable responses received by beneficiaries on those survey questions.
  + Rating of Drug Plan: A single question that assesses the beneficiary’s experience of the drug plan. The question asks how a beneficiary rates their drug plan, with 0 being the worst plan and 10 being the best plan.
  + Getting Needed Prescriptions measure is used to understand a beneficiary’s experience with how their health plan enables them to fill prescriptions. The measure is based on three questions to understand how easy it is for a beneficiary to use their health plan to:
    - Get the medicines their doctor prescribed them
    - Fill prescriptions at local pharmacy
    - Fill prescriptions by mail
* Results are adjusted for patient characteristics which could skew the results positively or negatively, to create an even playing field for plans. Combined, these two measures account for 10% of a plan’s part D Star Rating.
* The targets for Star Ratings change every year, based upon industry improvements each year. Providing excellent customer service will continue to be a priority within the Star Ratings.

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| Consequences of Low CAHPS Scores |

Low CAHPS scores can have two negative impacts:

* Decreased Enrollment
* Decreased Incentive payments to MAPD Plans.

**Note:** When Quality of Care is low, this can lower the CAHPS scores.

The CAHPS Survey influences Star Ratings; Medicare Plans with Star Ratings scores of 3 stars or less for 3 years receive warnings from CMS, and may also have their contracts revoked. Beneficiaries are informed about being enrolled in a low quality plan.

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| Benefits of High CAHPS Scores |

High CAHPS scores can lead to two areas:

* High Enrollment
* Incentive Payments to MAPD plans.

**Note:** When Quality of Care is high, this can increase the CAHPS scores.

CAHPS scores indicate quality of care which shows healthy and satisfied beneficiaries. This leads to member retention and referrals. High CAHPS scores can lead to high Star Ratings; plans that achieve 5 stars are eligible for year-round enrollment. MAPD plans that achieve 4 or more stars may receive incentive payments as well.

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| How CCRs Can Improve CAHPS Scores |

There are three key areas that Customer Care Representatives (CCRs) and supporting operational functions can focus on to help us improve CAHPS scores. These include: Improvements to the Call Center, Operational Focus, and Overall Communication with beneficiaries.

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| **Call Center Focus** | * The survey measures the period of time where call volume is seasonally the highest, yet we must continue to provide excellent customer service to improve CAHPS scores. * Representatives focus on first call resolution by resolving beneficiaries’ inquiries promptly and completely during the initial calls into our Customer Care Team. * Representatives respond with empathy and engagement to all beneficiaries. * Continuous monitoring of call center performance ensures accuracy of information and proper level of courtesy and respect are always given. |
| **Operational Focus** | * CCRs help guide beneficiaries through a variety of challenges they may face using their plan, which can also improve upon CAHPS scores. * These include clearly communicating formulary coverage options and changes, providing accurate status information about a patient’s prescriptions, and providing quick responses to beneficiary’s needs and requests. |
| **Improved Communications** | * We can improve CAHPS scores by improving communication with beneficiaries. * All materials sent out to beneficiaries represent a unique interaction that we have with them. * Improving written and verbal communication at every touch point can decrease confusion and help beneficiaries feel more satisfied with their benefits. * Also, enhanced communication around formulary coverage helps beneficiaries understand their options and what to expect. |

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| FAQs |

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| **Question** | **Answer** |
| 1. What does the CAHPS Survey evaluate? | **Member Satisfaction and Areas of Care** |
| 1. How do High CAHPS survey scores impact enrollment? | **High CAHPS scores drive higher Star Ratings, which increase enrollment** |
| 1. CAHPS Surveys evaluate several areas of care, including all of the following **except**: | **Member Adherence:** How often the member takes their medication as prescribed |
| 1. Which of the following are consequences of low CAHPS scores? | **Decreased enrollment** |

For Additional information, refer to [Compass MED D - Medicare Star Ratings](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3da9bac1-e91d-4464-9bbb-e3466c74222f) - **FAQs section**.

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