

# 2018 Medicare CAHPS® At-A-Glance Report



Health Partners Medicare

CMS MA PD Contract: H9207

Project Number(s): 30130332

Current data as of: 08/28/2018

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## 1. Executive Summary

SPH Analytics (SPH), a Centers for Medicare and Medicaid Services (CMS) approved vendor and a National Committee for Quality Assurance (NCQA) Certified Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>1</sup> Survey Vendor, was selected by Health Partners Medicare to conduct its 2018 Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey. This At-A-Glance report is designed to give you a summary view of those Medicare CAHPS® results. SPH collected 309 valid surveys from a sample size of 800 provided by CMS. Results were collected from March through June of 2018, yielding a response rate of 38.6%.

### Medicare CAHPS® Survey

Topics included in the Medicare CAHPS® Survey include:

- ◆ Getting Needed Care
- ◆ Getting Care Quickly
- ◆ Doctors Who Communicate Well
- ◆ Care Coordination
- ◆ Health Plan Customer Service
- ◆ Getting Needed Prescription Drugs
- ◆ Provider and Plan Ratings
- ◆ Other Single-Item Measures

Throughout this report, results are shown as scaled mean scores, the same method that CMS uses to calculate Star scores.<sup>2</sup> It is important to note that these results are not case-mix adjusted and therefore will not match the results you receive from CMS. Since results are not case-mix adjusted, they should only be used for quality improvement purposes, not for estimating Star Ratings and/or bonus payments. Additionally, the measures and methodology used are reflective of the 2018 Star calculations.

### Composites

The *Getting Needed Care* composite measures member experiences when attempting to get care from doctors and specialists in the last six months (Questions 10 and 29).

The *Getting Care Quickly* composite measures member experiences with receiving care and getting appointments in a reasonable amount of time (Questions 4, 6, and 8).

The *Doctors Who Communicate Well* composite includes four questions measuring how well providers listen and explain, listen carefully to members, show respect for what members have to say, and whether they spend enough time with members (Questions 13 through 16). As of the 2012 Star Ratings, CMS is no longer including this composite in the Star Ratings.

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<sup>1</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>2</sup> The contract score is the mean score converted to a 100-point scale. Some questions do not lend themselves to a scaled mean score calculation. For these questions, the value is the percentage of members responding "Yes," except for questions 51 and 52 which is the percentage of members responding "No."

**Note: Results in SPH Analytics reporting do not represent CMS official results.**

The *Care Coordination* composite asks members to report whether their doctor had medical records or other information about their care and whether the doctor talked about prescription medicines. This composite also contains questions asking members if they got help managing their care and if the doctor was informed and up-to-date about their specialty care. Additionally, this composite evaluates whether the member's personal doctor's office followed up to give them test results and if they got the test results as soon as they needed (Questions 18, 20-21, 23, 26, and 32).

When calculating this composite, "*Personal doctor's office followed up to give you test results*" (Question 20) and "*Got test results as soon as you needed*" (Question 21) are combined according to CMS conventions. This combined item measure is then averaged with the remaining composite questions in order to form the overall *Care Coordination* composite.

The *Health Plan Customer Service* composite asks members to rate the ease of getting information or help from customer service, how often they were treated with courtesy and respect by customer service staff, and how often health plan forms were easy to fill out (Questions 34, 35, and 37).

The *Getting Needed Prescription Drugs* composite measures the ease of using the health plan to get prescribed medicines, to fill prescriptions at the local pharmacy and to fill prescriptions by mail (Questions 42, 44, and 46).

When calculating this composite, the "*Ease of using health plan to fill prescriptions at local pharmacy*" (Question 44) and the "*Ease of using health plan to fill prescriptions by mail*" (Question 46) measures are weighted and combined according to CMS conventions. This combined measure is then averaged with the "*Ease of using health plan to get prescribed medicines*" (Question 42) in order to form the overall *Getting Needed Prescription Drugs* composite.

## Ratings

There are five questions with responses scaled 0 to 10 in the Medicare CAHPS® survey: *Rating of Health Care* (Q9), *Rating of Personal Doctor* (Q17), *Rating of Specialist* (Q31), *Rating of Health Plan* (Q38), and *Rating of Drug Plan* (Q47) where zero represents "worst possible" and 10 represents "best possible."

## Other Single-Item Measures

The *Annual Flu Vaccine* measure is the percentage of members who received an influenza vaccination since July 1, 2017. The score for the *Annual Flu Vaccine* measure is the proportion of respondents who responded "Yes" to the question, "Have you had a flu shot since July 1, 2017" (Question 57).

Question 41 includes two parts that ask members if anyone from a doctor's office, pharmacy or prescription drug plan contacted them to make sure they filled or refilled a prescription or to make sure they were taking medications as directed (Questions 41A and 41B). The percentage of members who reported "Yes" to these questions is displayed.

The *Delaying or Not Filling a Prescription* question is the percentage of respondents that said "No" when asked if they delayed or didn't fill a prescription because they felt they couldn't afford it (Question 51).

The *Received Mail Order Medicines Not Requested* question is the percentage of respondents that said "No" when asked if they received a mail order medicine that they did not request (Question 52).

**Note: Results in SPH Analytics reporting do not represent CMS official results.**

The *Pneumonia Vaccine* measure is the percentage of members who reported ever having received a pneumococcal vaccine. The score for the *Pneumonia Vaccine* is the proportion of respondents who responded "Yes" to the question, "Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot." (Question 58)

*Note: Results in SPH Analytics reporting do not represent CMS official results.*



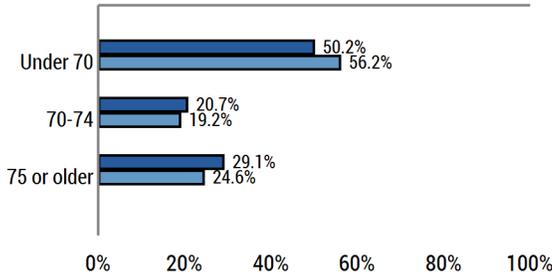
# Medicare CAHPS MA-PD // Profile of Survey Respondents

## Trend and Benchmark Comparison

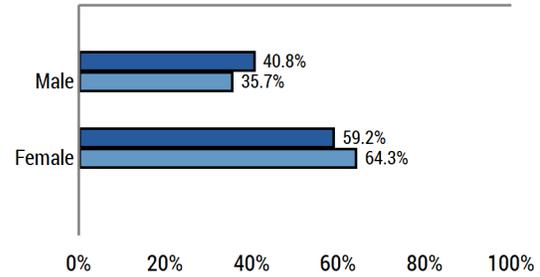
Health Partners Medicare

Sample Size	Total Survey Returns	Response Rate
800	309	38.6%

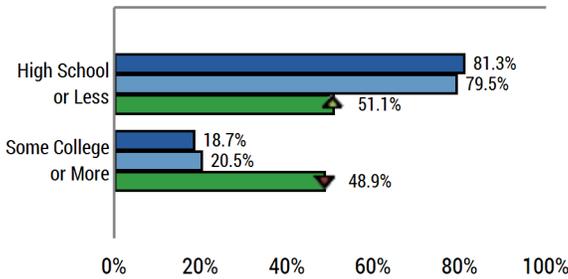
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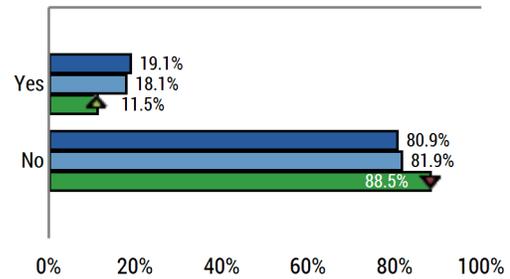
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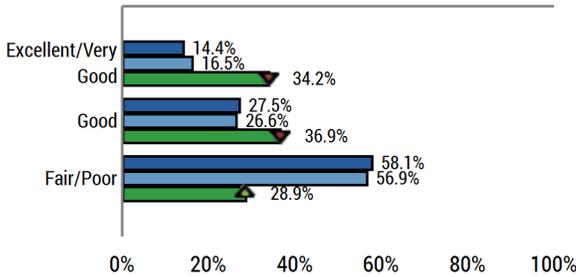
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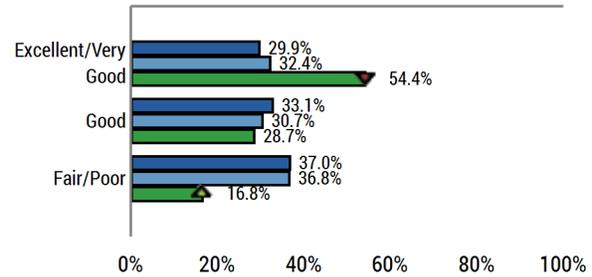
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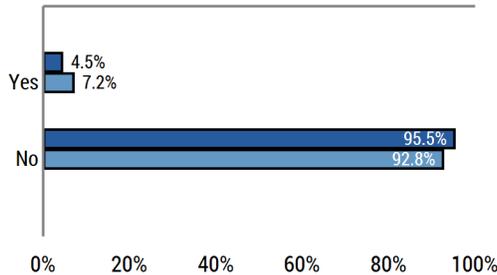
### HEALTH STATUS\*



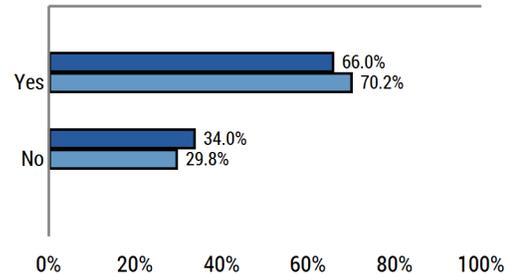
### MENTAL HEALTH STATUS\*



### LOW INCOME SUBSIDY



### MEDICAID DUAL ELIGIBLE



<b>KEY:</b>	<b>Current Year</b>	<b>Trend Year One</b>	<b>2017 CMS National Data Benchmark</b>
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\* Health Status and Mental Health Status are defined by survey respondent.  
 Note 1: The 2017 CMS benchmark consists of 453,970 respondents from plans that submitted data to CMS in 2017.  
 Note 2: Significance Testing - "↓" denotes a significantly lower 2018 percentage when compared to 2017 or the benchmark. "↑" denotes a significantly higher 2018 percentage when compared to 2017 or the benchmark. No arrow denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.  
 Note 3: Age, Gender, Low Income Subsidy, and Medicaid Dual Eligible are database variables; therefore, benchmark data is unavailable for comparison.  
 Note 4: "NA" represents results that have cell sizes of 10 or less. These results have been suppressed according to CMS rules. See Glossary of Terms for more information.

Results in SPH Analytics reporting do not represent CMS official results.



Composites, Ratings, and Key Questions	Valid n	Contract Score*	Benchmarks**	
			2018 SPH Analytics Book of Business	2017 CMS National Data
<b>DOMAIN: Member Experience with Health Plan</b>				
<b>Getting Needed Care</b>		<b>75.7</b>	<b>81.6</b>	<b>83.1</b>
Q10 Getting care, tests, or treatments necessary	288	76.6	82.4	83.8
Q29 Ease of getting appointment with a specialist	183	74.9	80.9	82.5
<b>Getting Care Quickly</b>		<b>70.5</b>	<b>77.0</b>	<b>77.8</b>
Q4 Obtaining needed care right away	114	83.9	85.9	86.4
Q6 Obtaining care when needed, not when needed right away	238	77.0	83.2	84.3
Q8 Saw person came to see within 15 minutes of appointment time	237	50.6	62.0	62.6
<b>Health Plan Customer Service</b>		<b>87.8</b>	<b>89.9</b>	<b>90.1</b>
Q34 Getting information/help from customer service	180	80.7	83.0	82.3
Q35 Treated with courtesy and respect by customer service staff	181	91.9	93.2	93.2
Q37 Health plan forms easy to fill out	267	90.9	93.5	94.6
<b>Care Coordination***</b>		<b>82.0</b>	<b>85.1</b>	<b>X</b>
Q20 Personal doctor's office followed up to give you test results	219	76.6	82.9	84.0
Q21 Got test results as soon as you needed	218	76.8	83.4	90.1
<i>Combined Item - Test Results</i>	219	76.7	83.1	X
Q18 Doctor had medical records or other information about your care	251	92.3	93.7	94.5
Q23 Doctor talked about prescription medicines	243	80.0	82.5	81.9
Q26 Got help managing care	63	81.7	86.2	87.5
Q32 Doctor informed and up-to-date about specialty care	155	79.4	80.2	80.3
<b>Rating of Health Plan (Q38)</b>	<b>285</b>	<b>87.4</b>	<b>85.7</b>	<b>85.7</b>
<b>Rating of Health Care (Q9)</b>	<b>290</b>	<b>80.4</b>	<b>84.6</b>	<b>85.7</b>
<b>DOMAIN: Member Experience with the Drug Plan</b>				
<b>Getting Needed Prescription Drugs****</b>		<b>90.6</b>	<b>89.3</b>	<b>X</b>
Q42 Ease of using health plan to get prescribed medicines	274	90.4	88.4	88.8
<i>Combined Local Pharmacy and Mail</i>	214	90.9	90.3	X
Q44 Ease of using health plan to fill prescriptions at local pharmacy	211	91.6	91.1	91.6
Q46 Ease of using health plan to fill prescriptions by mail	17	70.6	78.8	86.3
<b>Rating of Drug Plan (Q47)</b>	<b>278</b>	<b>89.0</b>	<b>85.1</b>	<b>84.7</b>
<b>DOMAIN: Staying Healthy - Screenings, Tests, and Vaccines</b>				
<b>Annual Flu Vaccine (Q57)</b>	<b>277</b>	<b>70.4%</b>	<b>70.6%</b>	<b>71.5%</b>
<b>OTHER MEASURES</b>				
<b>Doctors Who Communicate Well</b>		<b>88.2</b>	<b>90.6</b>	<b>91.0</b>
Q13 Doctors explaining things in an understandable way	256	87.1	90.3	90.7
Q14 Doctors listening carefully to you	257	89.4	90.9	91.2
Q15 Doctors showing respect for what you had to say	255	92.4	92.7	93.0
Q16 Doctors spending enough time with you	255	84.1	88.4	89.0
<b>OTHER MEASURES</b>				
<b>Rating of Personal Doctor (Q17)</b>	<b>254</b>	<b>87.9</b>	<b>90.6</b>	<b>90.9</b>
<b>Rating of Specialist (Q31)</b>	<b>175</b>	<b>90.3</b>	<b>89.2</b>	<b>89.5</b>
<b>Single-Items</b>				
<b>Contact: Filled or refilled a prescription (Q41A)</b>	<b>280</b>	<b>62.5%</b>	<b>47.9%</b>	<b>46.7%</b>
<b>Contact: Taking medications as directed (Q41B)</b>	<b>255</b>	<b>59.6%</b>	<b>38.2%</b>	<b>31.6%</b>
<b>Delaying or Not Filling a Prescription (Q51)</b>	<b>280</b>	<b>90.4%</b>	<b>88.3%</b>	<b>86.8%</b>
<b>Received mail order medicines not requested (Q52)</b>	<b>278</b>	<b>NA</b>	<b>98.7%</b>	<b>98.1%</b>
<b>Pneumonia Vaccine (Q58)</b>	<b>248</b>	<b>62.5%</b>	<b>67.8%</b>	<b>71.6%</b>

\* The contract score is the mean score converted to a 100-point scale, with the exception of the Annual Flu Vaccine, Pneumonia Vaccine, Contact: Filled or Refilled a Prescription, and Contact: Taking Medications as Directed questions. For these questions, the value is the percentage of members responding "Yes." Furthermore, Delaying or Not Filling a Prescription and Received Mail Order Medicines Not Requested reflect the proportion of members who responded "No." See Glossary of Terms for more information.  
 \*\* The 2018 SPH Analytics Book of Business consists of 120 MA-PD and MA-Only contracts that conducted the Medicare CAHPS® survey with SPH Analytics in 2018. The 2017 CMS benchmark consists of 453,970 respondents from contracts that submitted data to CMS in 2017.  
 \*\*\* The Care Coordination composite is calculated by taking the average of those questions shaded in light blue. Please note that there is no CMS benchmark available for this composite. Furthermore, the 'Combined Item - Test Results' score is calculated by taking the average of 'Personal doctor's office followed up to give you test results' and 'Got test results as soon as you needed.'  
 \*\*\*\* The Getting Needed Prescription Drugs composite is calculated by taking the average of the 'Ease of using health plan to get prescribed medicines' question and the weighted 'Combined Local Pharmacy and Mail' composite (those measures shaded light blue). There is no CMS benchmark available for this measure.  
 Note 1: Significance Testing - Cells highlighted in red denote 2018 contract score is significantly lower when compared to benchmark data; Cells highlighted in green denote 2018 contract score is significantly higher when compared to benchmark data; No shading denotes that there was no significant difference between the scores or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level. Significance testing of composites should be used with caution as a rough guideline, since the test procedure is approximate.  
 Note 2: "NA" represents results that have cell sizes of 10 or less. These results have been suppressed according to CMS rules. See Glossary of Terms for more information.  
 Note 3: "X" represents values cannot be calculated with available data.

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Composites, Ratings, and Key Questions	2018		2017	
	Valid n	Contract Score*	Valid n	Contract Score*
<b>DOMAIN: Member Experience with Health Plan</b>				
<b>Getting Needed Care</b>		<b>75.7</b>		<b>75.6</b>
Q10 Getting care, tests, or treatments necessary	288	76.6	419	76.2
Q29 Ease of getting appointment with a specialist	183	74.9	266	75.1
<b>Getting Care Quickly</b>		<b>70.5</b>		<b>69.9</b>
Q4 Obtaining needed care right away	114	83.9	191	81.2
Q6 Obtaining care when needed, not when needed right away	238	77.0	358	77.4
Q8 Saw person came to see within 15 minutes of appointment time	237	50.6	336	51.3
<b>Health Plan Customer Service</b>		<b>87.8</b>		<b>86.2</b>
Q34 Getting information/help from customer service	180	80.7	258	79.5
Q35 Treated with courtesy and respect by customer service staff	181	91.9	259	89.3
Q37 Health plan forms easy to fill out	267	90.9	385	89.7
<b>Care Coordination**</b>		<b>82.0</b>		<b>82.5</b>
Q20 Personal doctor's office followed up to give you test results	219	76.6	332	76.6
Q21 Got test results as soon as you needed	218	76.8	333	76.3
<i>Combined Item - Test Results</i>	219	76.7	333	76.4
Q18 Doctor had medical records or other information about your care	251	92.3	364	92.9
Q23 Doctor talked about prescription medicines	243	80.0	343	81.3
Q26 Got help managing care	63	81.7	105	81.4
Q32 Doctor informed and up-to-date about specialty care	155	79.4	223	80.6
<b>Rating of Health Plan (Q38)</b>	<b>285</b>	<b>87.4</b>	<b>410</b>	<b>86.4</b>
<b>Rating of Health Care (Q9)</b>	<b>290</b>	<b>80.4</b>	<b>410</b>	<b>81.2</b>
<b>DOMAIN: Member Experience with the Drug Plan</b>				
<b>Getting Needed Prescription Drugs***</b>		<b>90.6</b>		<b>86.3</b>
Q42 Ease of using health plan to get prescribed medicines	274	90.4	384	86.4
<i>Combined Local Pharmacy and Mail</i>	214	90.9	304	86.3
Q44 Ease of using health plan to fill prescriptions at local pharmacy	211	91.6	293	89.6
Q46 Ease of using health plan to fill prescriptions by mail	17	70.6	43	49.6
<b>Rating of Drug Plan (Q47)</b>	<b>278</b>	<b>89.0</b>	<b>388</b>	<b>85.5</b>
<b>DOMAIN: Staying Healthy - Screenings, Tests, and Vaccines</b>				
<b>Annual Flu Vaccine (Q57)</b>	<b>277</b>	<b>70.4%</b>	<b>401</b>	<b>70.1%</b>
<b>OTHER MEASURES</b>				
<b>Doctors Who Communicate Well</b>		<b>88.2</b>		<b>88.4</b>
Q13 Doctors explaining things in an understandable way	256	87.1	368	87.4
Q14 Doctors listening carefully to you	257	89.4	368	89.6
Q15 Doctors showing respect for what you had to say	255	92.4	368	91.7
Q16 Doctors spending enough time with you	255	84.1	365	84.9
<b>Rating of Personal Doctor (Q17)</b>	<b>254</b>	<b>87.9</b>	<b>366</b>	<b>89.7</b>
<b>Rating of Specialist (Q31)</b>	<b>175</b>	<b>90.3</b>	<b>245</b>	<b>88.1</b>
<b>Single-Items</b>				
<b>Contact: Filled or refilled a prescription (Q41A)</b>	<b>280</b>	<b>62.5%</b>	<b>383</b>	<b>58.5%</b>
<b>Contact: Taking medications as directed (Q41B)</b>	<b>255</b>	<b>59.6%</b>	<b>358</b>	<b>54.7%</b>
<b>Delaying or Not Filling a Prescription (Q51)</b>	<b>280</b>	<b>90.4%</b>	<b>392</b>	<b>85.2%</b>
<b>Received mail order medicines not requested (Q52)</b>	<b>278</b>	<b>NA</b>	<b>401</b>	<b>96.8%</b>
<b>Pneumonia Vaccine (Q58)</b>	<b>248</b>	<b>62.5%</b>	<b>372</b>	<b>62.6%</b>

\* The contract score is the mean score converted to a 100-point scale, with the exception of the Annual Flu Vaccine, Pneumonia Vaccine, Contact: Filled or Refilled a Prescription, and Contact: Taking Medications as Directed questions. For these questions, the value is the percentage of members responding "Yes." Furthermore, Delaying or Not Filling a Prescription and Received Mail Order Medicines Not Requested reflect the proportion of members who responded "No." See Glossary of Terms for more information.  
 \*\* The Care Coordination composite is calculated by taking the average of those questions shaded in light blue. Furthermore, the 'Combined Item - Test Results' score is calculated by taking the average of 'Personal doctor's office followed up to give you test results' and 'Got test results as soon as you needed.'  
 \*\*\* The Getting Needed Prescription Drugs composite is calculated by taking the average of the 'Ease of using health plan to get prescribed medicines' question and the weighted 'Combined Local Pharmacy and Mail' composite (those measures shaded light blue).  
 Note 1: Significance Testing - Cells highlighted in red denote 2018 contract score is significantly lower when compared to trend data; Cells highlighted in green denote 2018 contract score is significantly higher when compared to trend data; No shading denotes that there was no significant difference between the scores or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level. Significance testing of composites should be used with caution as a rough guideline, since the test procedure is approximate.  
 Note 2: "NA" represents results that have cell sizes of 10 or less. These results have been suppressed according to CMS rules. See Glossary of Terms for more information.  
 Note 3: Prior to 2018, Q51 and Q52 displayed the percentage of members who responded "Yes," wherein lower scores reflected better performance. Significantly lower results indicated higher performance in comparison to trend and/or benchmark data. In 2018, SPH has updated the reporting to clarify performance on these inverse measures. The percentage of members who responded "No" for these questions is now being displayed, and therefore, will not match reports prior to 2018.

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## 2. Glossary of Terms

**Attributes** are the questions that relate to a specific service area or composite as defined by CMS.

**Cell Size Suppression** is required by CMS in order to protect the privacy of the members responding to the survey. An "NA" is displayed in place of any percentage that is representative of 10 or fewer respondents or any category that allows the exact inference of a suppressed percentage in accordance with CMS guidelines.

**Composites** are the average of the scaled means of attributes within a given service area as specified by CMS or SPH.

**CMS National Data** (calculated at the respondent-level) is a collection of respondent-level data from contracts conducting Medicare CAHPS® with CMS in 2017. The CMS National Data consists of 453,970 respondents that completed an MA-PD or MA Only survey in 2017. The scores shown in this report reflect the scores for all respondents.

**Domains** refer to the main topic areas analyzed by CMS in 2017 to produce the 2018 Star Ratings. These are subject to change for this year's Star Ratings.

**Rating** questions use a scale of 0 to 10 for assessing overall experience (doctor, specialist, health care, health plan and prescription drug plan) with zero being the worst and 10 being the best.

**Scaled Mean Scores** are a conversion of standard mean scores to a 100-point scale in order to replicate the CMS scoring methodology. *It is important to note that the results provided by SPH are NOT CASE-MIX ADJUSTED and will not match the results you receive from CMS.*

**Significance test** is a test to determine if an observed difference is too large to have occurred by chance alone.

**Star Ratings** are a five-star rating system calculated each year by CMS for Medicare Advantage contracts. Ratings are based on data obtained from four sources: the Medicare CAHPS® survey, the Health Outcomes Survey (HOS), CMS Administrative data, and the Health Effectiveness Data and Information Set (HEDIS®).

**The SPH Book of Business** (calculated on a contract-level) consists of all Medicare Advantage contracts that conducted an MA-PD or MA Only survey with SPH. In 2018, there were 120 contracts included in the Book of Business.

*Note: Results in SPH Analytics reporting do not represent CMS official results.*

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