

Medicare CAHPS¹

measures Medicare Advantage member experiences and opinions about clinical treatment, prevention and access and customer satisfaction in an outpatient/ambulatory setting. It is administered by the Centers for Medicare & Medicaid Services (CMS). Medicare CAHPS includes the following measures:

- Overall health care rating
- Overall health plan rating
- Personal doctor rating
- Specialist rating
- Getting needed care
- Getting care quickly
- How well doctors communicate
- Customer service
- Claims processing
- Shared decision making
- Cost information
- Experiences with prescription drug plan

Who gets a Medicare CAHPS survey?

Medicare CAHPS surveys are sent annually during the months of February through June to a random sampling of Medicare Advantage members who have been with Kaiser Permanente for at least 12 months. Medicare CAHPS surveys are not tied to specific visits.

How is this different from the Commercial CAHPS survey?

While the surveys are quite similar, the Medicare CAHPS survey also asks about member experiences with their prescription drug plan and it asks members to recall their experiences over the past six months vs. 12 months for Commercial CAHPS.

Why it's important

- Medicare CAHPS performance is a key component in the CMS Star Rating system and has **significant financial implications for Kaiser Permanente** – a higher number of stars means higher levels of reimbursement and the potential to enroll Medicare Advantage members year-round.²
- Medicare CAHPS performance is a key component in determining annual Medicare Advantage health plan rankings reported in Consumer Reports/NCQA Best Health Plans and is one of the only external yardsticks by which we can compare our Medicare Advantage members' experiences to those of other health plans.

How we're doing

- Medicare CAHPS performance significantly improved in 2010 with every region demonstrating improvements on one or more measures.
- Kaiser Permanente's Medicare CAHPS performance positions us well for the CMS Star Rating system. However, we must maintain and improve our performance in order to reach a 5 star rating and access the benefits that are available only to 5 star plans.

How KP employees can help

- Remember that our decisions, words, actions and behaviors shape the experiences and perceptions of our members and patients. Many members and patients you encounter might feel scared, nervous, disoriented or uncomfortable. How we treat them is important. Our interactions can build or break member and patient trust and loyalty. Please visit the National Service Quality website at <http://kpnet.kp.org/qrrm/service2/index.html> for tools, training and resources focused on improving the member and patient experience.
- Encourage members and patients to sign up for [KP.org](http://kp.org) to access My Health Manager, which enables members to email their doctors, request routine appointments, order prescription refills, view most lab test results and more. Members can also take the free Total Health Assessment and receive a customized action plan for a healthier lifestyle. Accessing these resources may help to influence members' opinions of the care they receive from KP.

When to watch for it

A report is released to the public each November.

For more information

<http://www.ma-pdpcahps.org/content/homepage.aspx>

¹ Medicare CAHPS is part of a family of standardized surveys that ask consumers to report on and evaluate their health care experiences and their health plan. There are separate CAHPS surveys for ambulatory care (Commercial CAHPS, Medicare CAHPS and Home Health CAHPS) and for inpatient care (Hospital CAHPS).

² 5-star plans may enroll Medicare Advantage members year-round instead of only during open enrollment.