# **PROVIDER CAHPS SUMMIT 2024**

PRESENTED BY QUALITY AND HEALTH PARTNERS TEAM



CareSource Proprietary & Confidential

### **Table of Contents**

Торіс	Page
CareSource Overview	3
Overview and Objectives (3)	4
What is Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey	5
CAHPS Survey Example	9
Knowledge Quiz - Question #1	10
Our Recent CAHPS Results – Thank You!	12
Actions to Help to Improve Patient Experience	16
Your Feedback – Care Coordination	17
CAHPS Resources for Providers	21



### **CareSource Georgia – Overview**

CareSource is a managed care organization that is committed to changing the trajectory of Georgia's healthcare system and improving **the Whole Health of Georgia**.



We provide comprehensive high-quality health care coverage to over 2.1 million members, with **approximately 420,000 Medicaid, 12,000 Marketplace and DSNP** members residing in Georgia.

We are also a non-profit organization. This allows us to focus on serving members and investing in the communities where they live.



# Consumer Assessment of Healthcare Providers and Systems (CAHPS®) - Training Objectives

- 1. Increased knowledge of the CAHPS Survey
- 2. Understand that CAHPS or member satisfaction occurs every day
- 3. Awareness of tools and resources to help



## WHAT IS CAHPS<sup>®</sup> AND WHY IS IT IMPORTANT?

### **Consumer Assessment of Healthcare Providers** and Systems (CAHPS®)



AHRQ developed several types of CAHPS surveys to enable health care providers, purchasers and regulators to track, compare and improve patients' **experiences** in different health care settings.

As an operating Medicare, Medicaid and Marketplace health plan, the CAHPS Health Plan Survey is the survey CareSource is contractually required by CMS<sup>1</sup>, NCQA<sup>2</sup> and State Regulators<sup>3</sup> to administer.

There are different types of CAHPS health plan surveys and administration protocols that CareSource must follow:

- 1. Medicaid HEDIS CAHPS 5.1 required by ODM<sup>3</sup> and NCQA<sup>2</sup>
- 2. Medicare MAPD CAHPS or MCAHPS required by CMS<sup>1</sup>
- 3. Marketplace Qualified Health Plan Enrollee Experience (QHPEE) survey required by CMS<sup>1</sup>

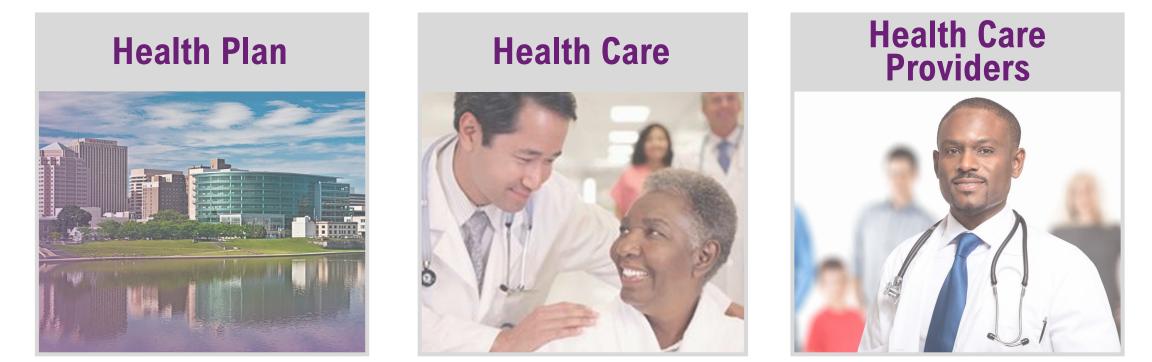
CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ), <u>ahrq.gov/cahps</u> 1. Centers for Medicare and Medicaid Services (CMS)

National Committee for Quality Assurance (NCQA)

Ohio Department of Medicaid (ODM) is Ohio's State Regulator

### WHAT'S COVERED IN THE CAHPS HEALTH PLAN SURVEY?

The CAHPS Health Plan survey asks CareSource members to report on their experiences and satisfaction with their:



That way, member perception data ranging the *full patient care experience* can be collected for evaluation.



### WHAT IS CAHPS<sup>®</sup> AND WHY IS IT IMPORTANT?



CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ), <u>ahrq.gov/cahps</u> 1. Centers for Medicare and Medicaid Services (CMS)

- National Committee for Quality Assurance (NCQA)
- Ohio Department of Medicaid (ODM) is Ohio's State Regulator

### **CAHPS HEALTH PLAN SURVEY FAQS FOR PROVIDERS**



- Results reviewed and analyzed, July-September
- Official results published by NCQA and CMS, September-October

- Members randomly selected & answers kept anonymous
- Respond by mail, internet or phone to third party survey vendor

Medicare.gov

HealthCare.gov

Click above logo to be taken directly to website

### **Example of a CAHPS Survey - Child**



#### SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

✓ Yes → If Yes, Go to Question 1
No

Personally identifiable information will not be made
public and will only be released in
accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits your child receives. You may notice a number on the back of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-797-3605.

Please answer the questions for the child listed on the letter. Please do not answer for any other children.

- 1. Our records show that your child is now in CareSource. Is that right?
  - Yes -> If Yes, Go to Question 3 No
- 2. What is the name of your child's health plan? (please print)

#### YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do <u>not</u> include care your child got when he or she stayed overnight in a hospital. Do <u>not</u> include the times your child went for dental care visits.

 In the last 6 months, did your child have an illness, injury, or condition that <u>needed care</u> <u>right away</u>?



No → If No, Go to Question 5

- 4. In the last 6 months, when your child <u>needed</u> <u>care right away</u>, how often did your child get care as soon as he or she needed?
  - Never
  - Sometimes
  - Usually
  - Always
- 5. In the last 6 months, did you make any in person, phone, or video appointments for a <u>check-up or routine care</u> for your child?

Yes

- 6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> for your child as soon as your child needed?
  - Never
  - Sometimes
  - Usually
  - Always
- In the last 6 months, <u>not</u> counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?
  - □ None → If None, Go to Question 11
  - 1 time
  - 2
  - 3
  - **1** 4

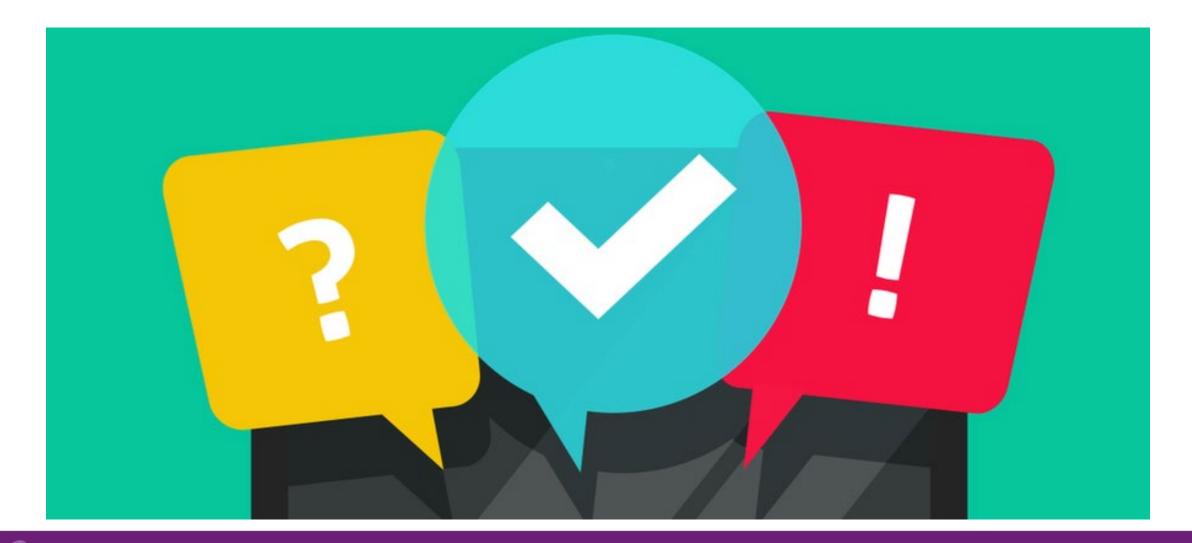
#### The survey is:

- Administered February June every year
- Members are randomly selected



CAHPS or satisfaction happens every day, with every patient or member interaction.

### **TEST YOUR KNOWLEDGE**



### **Test Your Knowledge - Question #1**

### What is true statement regarding the CAHPS survey?

a.) CAHPS happens every day, with every patient or member interaction

b.) CAHPS/patient experience is twice a year

c.) Every patient receives a survey



### **CareSource Georgia MY23 Child CAHPS Survey Results**

	MY202	3
Patient Experience (CAHPS)	3.5 Stars	
Getting Needed Care	83.7%	3
Getting Care Quickly	87.7%	3
Rating of Personal Doctor	78.2%	3
Rating of Health Care	73.5%	4
Rating of Health Plan	74.2%	4
Customer Service	88.4%	
Coordination of Care	83.8%	
How Well Doctors Communicate	95.3%	
Rating of Specialist	77.3%	



#### WHERE CARESOURCE DID WELL

- Improved in 8 of the 9 CAHPS measures
- 4 Stars for Rating of Health Plan and Rating of Health Care

#### **OPPORTUNITIES FOR IMPROVEMENT**

- Coordination of Care score continued focus needed here
- Getting Care Quickly and Getting Needed Care

Score/Rating Increased Score/Rating Decreased

Data Source: NCQA.org – Health Plan Ratings, Press Ganey CareSource GA Medicaid Child CAHPS Surveys

### **CAHPS Survey Provider Rating Questions**

Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to <u>rate your child's personal doctor</u>?

We want to know your rating of the specialist your child talked to most often in the last six months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to <u>rate that specialist</u>?



### **CAHPS QUESTIONS – EXAMPLE**

»...how often did your **personal doctor seem informed** and up-to-date about the care you got from specialists?

»...how often did you and your **personal doctor talk** about the prescription medicines you were taking?

»...when your personal doctor ordered a blood test, x-ray, or other test for you, how often did you **get those results** as soon as you needed them?

»...how often did your personal doctor listen carefully to you?

»...how often did your personal doctor **show respect** for what you had to say?

»...how often did your personal doctor **spend enough time** with you?

»...how often did your personal doctor **explain things** in a way that was easy to understand?

»...how often did you get the help that you needed from your personal doctor's office to **manage your** care among these different providers and services?



### **How to Improve Patient Experience**



### **CAHPS HEALTH PLAN SURVEY: PATIENT EXPERIENCE**

The CAHPS Health Plan survey covers a full circle of a patient's care journey, from access to delivery and follow-up.

ACCESS TO CARE CARE

VING FOLLOW-UP TO CARE

#### **BEFORE-CARE EXPERIENCE**

WHAT

- 1. It was easy to schedule my appointment.
- 2. I got the care I needed when I needed it.
- 3. My appointment began within 15 minutes of the scheduled time.

#### **DURING-CARE EXPERIENCE**

- 4. My health care provider is informed and ready to deliver my care.
- 5. My health care provider understands and cares about my needs.
- 6. My health care provider gives me the information and support needed to effectively manage my care.

#### **AFTER-CARE EXPERIENCE**

7. My health care provider followed-up within an appropriate time frame about my health and/or needs.

### **ACTIONS TO HELP**

- Help patients obtain timely appointments with <u>EASE</u>
- Offer <u>FLEXIBLE</u> care options
- MINIMIZE patient wait times
- Ensure <u>READINESS</u> to deliver needed care
- Communicate with EMPATHY
  - Empower patients with helpful INFORMATION



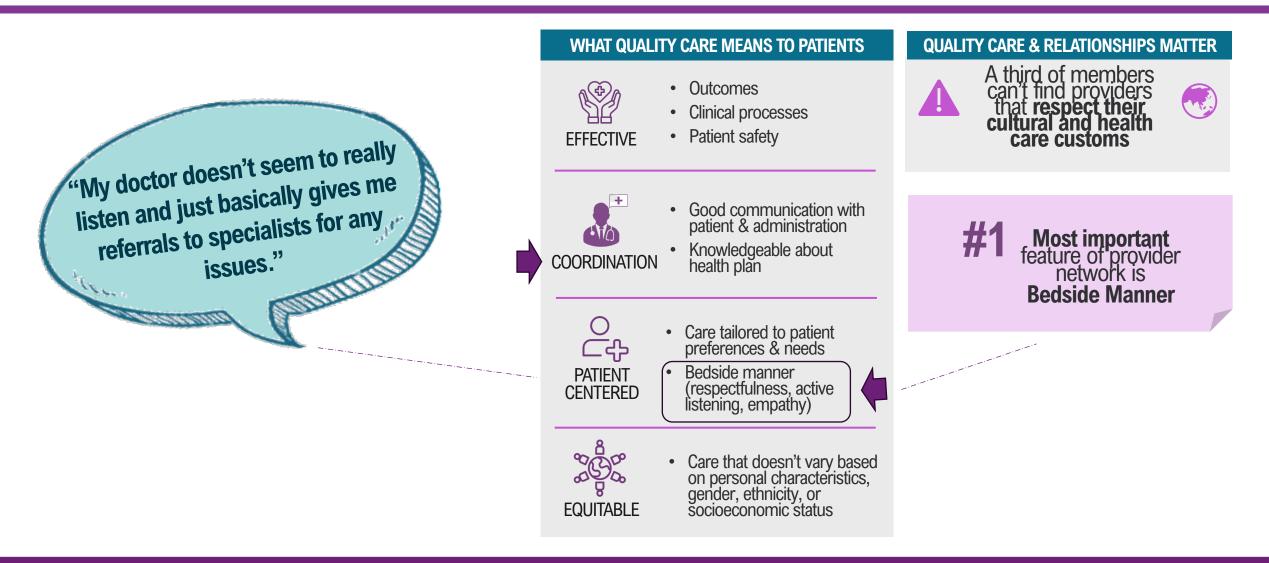


### **Care Coordination**



### **PROVIDER QUALITY & INTERACTIONS**

Impacts third of members: Rating of Personal Doctor



### RESOURCES



# **CARESOURCE CAHPS RESOURCES FOR PROVIDERS**

- ProviderSource Newsletter
- Provider Portal
- **CareSource.com** > Providers > Quality Improvement
- Network Notification
- Email
- Coming Soon! CareSource.com > Provider Education Series
- Coming Soon! CAHPS data made available on CareSource.com
- **Quality Patient Experience Guide**





#### 1 Do your patients find it easy to make an appointment with you

PORT	HOW YOU CA
e the preventive care and clists on CareSource.com	<ul> <li>Ensure und for appoint</li> </ul>
nd keep track of the care they y healthy.	<ul> <li>Proactively and specia</li> </ul>
rk with a CareSource or call Member Services	↓ Advise p referrals
ding a doctor and scheduling	√ Coordin they are
ztor online tool, available on	secure e
m, helps connect patients to	Suggest
havioral health providers.	Ensure p
ne prior authorizations,	authoriz
a Procedure Code Look-up	docume and mer
on the Provider Portal, to	
rior authorization is needed.	<ul> <li>Make your</li> </ul>
r Portal to submit requests	process ea
time status. Training tools and	J Offer a v

3

4

Insure understanding of need or appointment hosticitely coordinate with health plan and specialists in Advise patient on the importance of referrals (Coordinate with specialists to ensure they are accepting new patients and secure entiest spontiment available (Suggest more than one specialist Suggest more than one specialist eutomation requests with all require documentation for prescriptions, retill and medical procedures

Do you offer flexible care options?

- Are your patients waiting more than 15 minutes to see you?
- What is the patient wait experience like?
- Do your patients find your medical staff to be fully informed and ready to deliver care according to their specific situation or need?
- **5** Do your patients find your health care team to be empathetic?
- **6** Do your patients consider you a trusted health expert?
- Do your patients think your followup care is considerate and timely?



### **Questions and Next Steps**





DCH Approval: 12/10/2024