



**2014 Adult Medicaid 5.0  
Assoc Community Affiliated Plans (ACAP)**

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## THE CAHPS DATABASE

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# 2014 CAHPS Health Plan Survey Database

## 2014 Chartbook: *What Consumers Say About Their Experiences with Their Health Plans and Medical Care*

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## 2014 Chartbook: What Consumers Say About Their Experiences with Their Health Plans and Medical Care

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## 1. INTRODUCTION

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys ask consumers about their experiences with health care. The CAHPS program at the U.S. Agency for Healthcare Research and Quality (AHRQ) supports the development and promotion of CAHPS surveys, toolkit materials, and comparative databases, and provides technical assistance to users. Learn more about AHRQ's CAHPS program at: [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov).

AHRQ's CAHPS Database receives data voluntarily submitted by users that have administered the CAHPS Health Plan Survey. The CAHPS Database aggregates the data to facilitate comparisons of CAHPS survey results by users, researchers, and other interested organizations.

This Chartbook presents summary-level results for the CAHPS Health Plan Survey 5.0 version for the following health plan enrollee populations:

- Adult Medicaid
- Child Medicaid
- CHIP (Children's Health Insurance Program)
- Medicare Managed Care

Results for 2014 and 2013 for the core survey composites and ratings are presented in the form of comparative bar charts. In addition, 7-year trend results from 2007-2014 for the top-box scores are presented for the Adult and Child Medicaid and Medicare populations.

The summary results presented in this Chartbook are compiled from detailed data displays reported in the CAHPS Database Online Reporting System (ORS) at <https://www.cahpsdatabase.ahrq.gov/CAHPSIDB/Public/about.aspx>.

The CAHPS Database ORS consists of both a public site and a private submitter's site available only to survey users that contribute data. Survey users that submit data to the CAHPS Health Plan Survey Database are provided access to a secure, password-protected area of the online reporting system that allows them to compare their own results to selected comparative results.

Both the ORS public site and the submitter's site present CAHPS Health Plan Survey results for composite measures, ratings, and individual survey items, organized according to survey version and field period. Displays available through the various tabs include "top box" scores, frequencies, bar charts, and percentiles. The "report builder" feature allows users to create and download custom reports on demand.

Research files for the CAHPS Health Plan Survey data presented in this Chartbook, as well as from the 2000-2013 CAHPS Health Plan Databases, are available upon request according to the CAHPS Database Data Release Policy. (To learn more, visit <https://cahpsdatabase.ahrq.gov/DataResearchers.aspx>)

The CAHPS Database Online Reporting System is updated annually with new data submitted by CAHPS Health Plan survey users. Questions or comments regarding this Chartbook or any aspect of the CAHPS Health Plan Survey Database may be directed to the CAHPS Database toll-free help line at 888-808-7108 or by email to [CAHPSDatabase@westat.com](mailto:CAHPSDatabase@westat.com)

## 2. SELECTED HIGHLIGHTS

### Comparisons by Sector

The following table presents a comparison of top-box scores (the most positive survey response) for the composites and ratings across the four health plan enrollee populations included in the 2014 CAHPS Health Plan Survey Database.

**Table 2-1. Comparison of 2014 Top-Box Scores By Survey Population**

Composite/Rating	Adult Medicaid	Child Medicaid	CHIP	Medicare
Getting Needed Care	54%	61%	63%	65%
Getting Care Quickly	59%	74%	75%	66%
How Well Doctors Communicate	72%	77%	77%	78%
Health Plan Information and Customer Service	65%	67%	64%	68%
Rating of Personal Doctor	64%	73%	72%	77%
Rating of Specialist	64%	70%	70%	72%
Rating of Health Care	51%	66%	65%	62%
Rating of Health Plan	57%	67%	67%	62%

Selected highlights from this comparison include the following:

- The highest scoring *composite* across all sectors is How Well Doctors Communicate. The lowest scoring composite is Getting Needed Care.
- The highest scoring *rating* across all sectors is Personal Doctor. The lowest scoring overall rating is Health Care (except for the Medicare Health Plan rating, which is equally low).
- Scores for the Child Medicaid and CHIP sectors are higher than the Adult Medicaid sector for all composites and ratings except for the CHIP Health Plan Information and Customer Service composite.
- Scores for the Medicare sector are higher than the other sectors except for the Child Medicaid and CHIP scores for Getting Care Quickly and Health Care and Health Plan overall ratings.



### Comparisons Over Time

Tables 2-2, 2-3, and 2-4 present composite and rating top-box scores for the Adult and Child Medicaid and Medicare sectors for the years 2007 to 2014. Although the number and mix of health plans within each population sector vary slightly from year to year, there has been a fairly consistent level of participation during this 7-year time span within the Adult Medicaid, Child Medicaid, and Medicare sectors. The number of plans and respondents shown in each table provides some indication of the variation in the data sources from year to year. And although the CAHPS Health Plan Survey instrument changed slightly during this period with the transition from the 4.0 to the 5.0 version, changes to individual question items were very minor, and there were no changes in the rating questions or the definition of the composites. (Note that no results are available for 2012 because of a lapse in the support contract for the CAHPS Database.)

Selected highlights from a comparison of top-box scores across these three sectors over the period from 2007 to 2014 include the following:

- Adult Medicaid scores are lower than both Child Medicaid and Medicare scores, but their rate of improvement is higher.
- Medicare scores are higher than both Adult and Child Medicaid scores, but their rate of improvement is significantly lower.
- The Adult Medicaid composite showing the highest rate of improvement is Health Plan Information and Customer Service, increasing 12 percentage points from 2007 to 2014.
- The Child Medicaid composite showing the highest rate of improvement is Getting Needed Care, increasing 9 percentage points from 2007 to 2014.
- Across all three sectors, composite scores increased at a higher rate than the rating scores.

**Table 2-2. Adult Medicaid Top Box Scores 2007-2014**

Composites and Items	Adult Medicaid Top Box Scores						
	2007	2008	2009	2010	2011	2013	2014
<b>Number of Plans</b>	<b>109</b>	<b>120</b>	<b>126</b>	<b>186</b>	<b>148</b>	<b>124</b>	<b>149</b>
<b>Number of Respondents</b>	<b>45,979</b>	<b>59,840</b>	<b>63,391</b>	<b>97,626</b>	<b>73,820</b>	<b>60,249</b>	<b>68,234</b>
<b>Getting Needed Care</b>	47%	48%	51%	48%	51%	52%	54%
<b>Getting Care Quickly</b>	53%	55%	57%	54%	56%	57%	59%
<b>How Well Doctors Communicate</b>	67%	69%	70%	68%	70%	71%	72%
<b>Health Plan Information and Customer Service</b>	53%	57%	58%	58%	60%	65%	65%
<b>Rating Items</b>							
<b>Rating of personal doctor</b>	60%	61%	62%	60%	63%	64%	64%
<b>Rating of specialist</b>	60%	60%	61%	59%	62%	64%	64%
<b>Rating of all health care</b>	46%	47%	49%	46%	49%	51%	51%
<b>Rating of health plan</b>	51%	50%	54%	51%	54%	56%	57%

Notes: 1) From 2007-2011, the Database collected only Adult Medicaid version 4.0. 2) In 2013 and 2014, the Database collected only version 5.0 for Adult Medicaid.

**Table 2-3. Child Medicaid Top Box Scores 2007-2014**

Composites and Items	Child Medicaid Top Box Scores						
	2007	2008	2009	2010	2011	2013	2014
<b>Number of Plans</b>	<b>16</b>	<b>29</b>	<b>107</b>	<b>132</b>	<b>129</b>	<b>105</b>	<b>100</b>
<b>Number of Respondents</b>	<b>4,647</b>	<b>9,755</b>	<b>68,697</b>	<b>88,694</b>	<b>85,003</b>	<b>66,804</b>	<b>60,153</b>
<b>Getting Needed Care</b>	52%	50%	55%	52%	55%	57%	61%
<b>Getting Care Quickly</b>	71%	69%	71%	69%	71%	70%	74%
<b>How Well Doctors Communicate</b>	79%	75%	74%	73%	75%	74%	77%
<b>Health Plan Information and Customer Service</b>	61%	58%	59%	59%	60%	65%	67%
<b>Rating Items</b>							
<b>Rating of personal doctor</b>	72%	70%	69%	70%	70%	72%	73%
<b>Rating of specialist</b>	66%	64%	65%	66%	66%	69%	70%
<b>Rating of all health care</b>	61%	60%	60%	60%	61%	63%	66%
<b>Rating of health plan</b>	61%	57%	64%	63%	64%	66%	67%

Notes: 1) In 2007 and 2008, the Database collected Child Medicaid versions 3.0 and 4.0 though only Version 4.0 results are shown here. 2) In 2013 and 2014, the Database collected only version 5.0 for Child Medicaid.

**Table 2-4. Medicare Top Box Scores 2007-2014**

Composites and Items	Medicare Top Box Scores						
	2007	2008	2009	2010	2011	2013	2014
<b>Number of Plans</b>	<b>296</b>	<b>343</b>	<b>405</b>	<b>431</b>	<b>445</b>	<b>451</b>	<b>443</b>
<b>Number of Respondents</b>	<b>115,910</b>	<b>207,366</b>	<b>206,647</b>	<b>221,120</b>	<b>163,182</b>	<b>198,350</b>	<b>195,748</b>
<b>Getting Needed Care</b>	63%	63%	63%	64%	65%	66%	65%
<b>Getting Care Quickly</b>	66%	64%	64%	64%	66%	66%	66%
<b>How Well Doctors Communicate</b>	75%	75%	75%	75%	76%	77%	78%
<b>Health Plan Information and Customer Service</b>	NA	65%	66%	66%	67%	68%	68%
<b>Rating Items</b>							
<b>Rating of personal doctor</b>	74%	74%	74%	74%	76%	75%	77%
<b>Rating of specialist</b>	71%	70%	69%	70%	73%	71%	72%
<b>Rating of all health care</b>	62%	56%	57%	57%	62%	62%	62%
<b>Rating of health plan</b>	60%	59%	59%	58%	62%	63%	62%

Note: 1) From 2007-2014, the Database collected Medicare version 4.0 only. 2) For the NA cell, data are not available because CMS and NCQA chose not to publicly report the Health Plan Information and Customer Service composite in 2007.

### 3. DATA SOURCES AND LIMITATIONS

The data presented in this Chartbook were compiled from CAHPS Health Plan Survey results submitted to the CAHPS Database by various survey sponsors, including State Medicaid agencies, CHIP programs, individual health plans, and the Medicare program. As noted above, the number and mix of sponsors contributing data vary slightly from year to year, and therefore comparisons over time should be made with these variations in mind. Comparison of results across sectors should also take into account variations in benefit design and other factors that might affect survey responses across sector.

Table 3-1 presents the number of Medicaid, CHIP, and Medicare survey respondents and health plan samples included in the CAHPS Health Plan Survey Database for 2014 and 2013. The number of health plan samples is indicated in parentheses.

**Table 3-1. Survey Respondents and Health Plan Samples: 2014 and 2013**

Year (CAHPS Version)	Commercial <sup>1</sup>	Commercial	Medicaid	Medicaid	CHIP	Medicare
	Adult	Child	Adult	Child	Child	Adult
2014 (5.0)	N/A	N/A	68,234 (149)	60,153 (100)	11,762 (15)	195,748 (443)
2013 (5.0)	N/A	N/A	60,249 (124)	66,804 (105)	9,149 (12)	198,350 (451)

- Medicaid Data and CHIP Data:** The survey results for the Medicaid and CHIP sectors were obtained from data submitted directly to the CAHPS Database by State Medicaid agencies and individual health plans. The 2014 results are based on survey data collected between September 2013 and June 2014. The 2013 results are based on survey data collected between September 2012 and June 2013.
- Medicare Data:** Each year, the CAHPS Database receives the CAHPS Medicare Managed Care survey data collected by the Centers for Medicare & Medicaid Services (CMS). These results are for survey participants enrolled in a managed care health plan including both enrollees receiving prescription drug coverage through their health plan and those that do not receive prescription drug coverage through their health plan. The Medicare results presented here may differ from other reports due to the inclusion or exclusion of certain beneficiary groups and/or the use of case-mix adjustment variables. The survey data were collected from February through June for both years.

<sup>1</sup> Survey results for the commercial sector are no longer included in the CAHPS Health Plan Survey Database.

Appendix B summarizes the composition of the CAHPS Health Plan Survey Database over the 16 years since its inception in 1998. Appendix C presents the number of Medicaid, CHIP, and Medicare survey respondents and health plan samples included in the CAHPS Database for 2013 and 2014 by State.

The contract that supports the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program expired during 2012, and a new contract was awarded in 2013; therefore, the CAHPS Database does not include CAHPS Health Plan Survey data for 2012.

#### 4. COMPARATIVE RESULTS

This section presents a summary of comparative results for each of the health plan enrollee populations included in the 2014 and 2013 CAHPS Health Plan Survey Database. Results are presented in the form of bar charts that graphically show the distribution of scores for the four composites and the four ratings.

The bar charts are composed of colored segments that show the percentage of responses in each of the response categories. For questions and composites based on 4-point response scales (i.e., "always", "usually", "sometimes", "never"), the bottom segment combines the two lowest response categories (i.e., "sometimes" and "never").

All results presented in these charts are calculated at the respondent level. Survey results are presented in the following order:

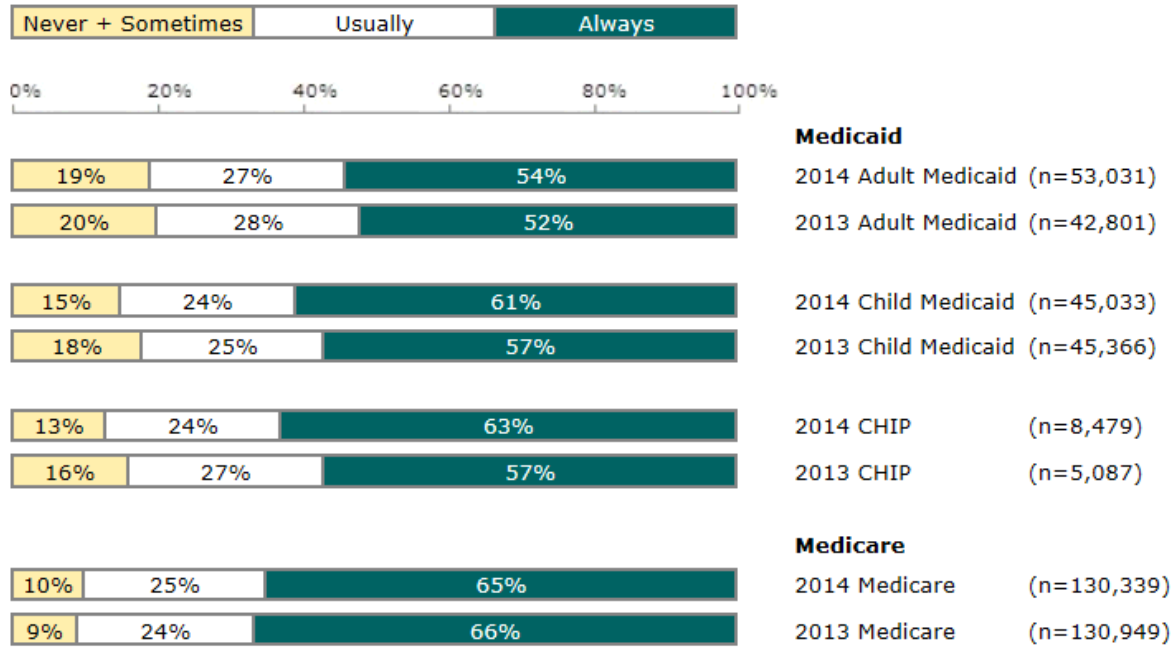
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Health Plan Information and Customer Service
- Rating of Personal Doctor
- Rating of Specialist
- Rating of Health Care
- Rating of Health Plan

As noted earlier, detailed results for each question item are available through the CAHPS Database Online Reporting System at

<https://www.cahpsdatabase.ahrq.gov/CAHPSIDB/Public/about.aspx>.

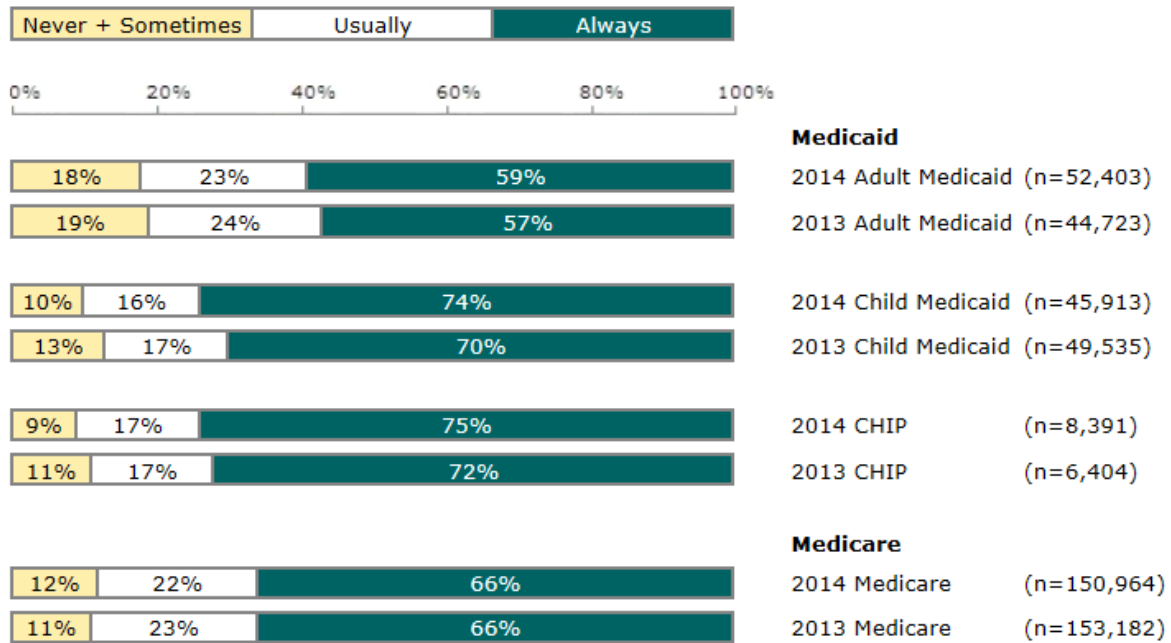
*Getting Needed Care*

Combines responses from two questions regarding how easily consumers got various aspects of needed care.



*Getting Care Quickly*

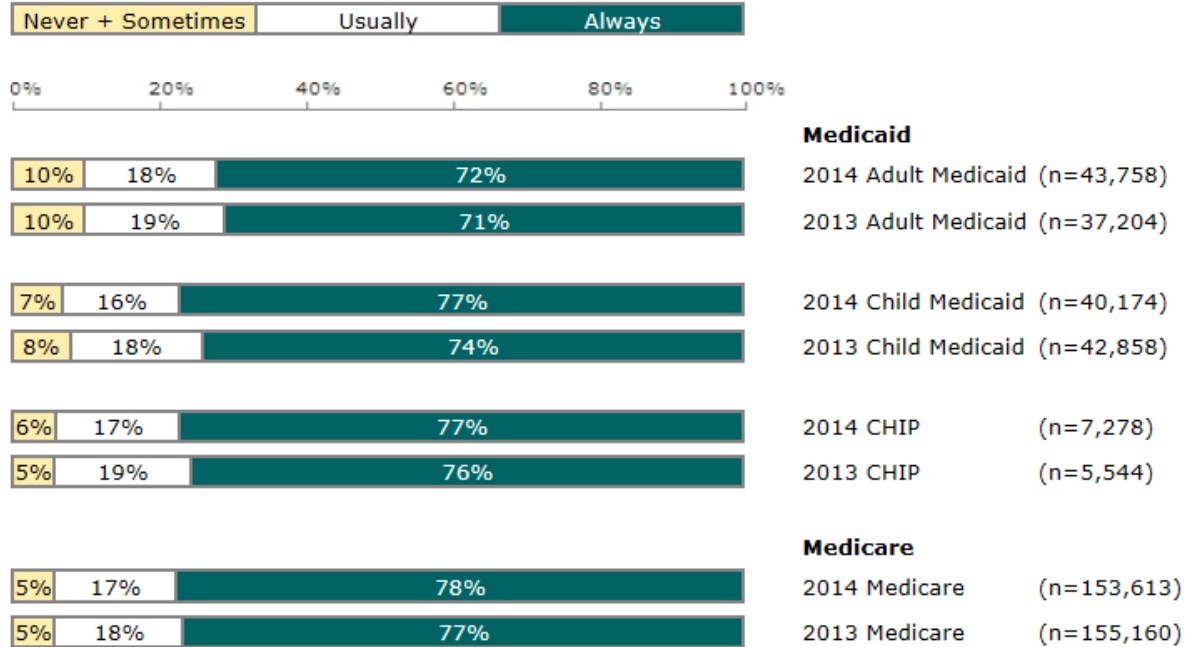
Combines responses from two questions regarding how often consumers received various types of care in a timely manner.





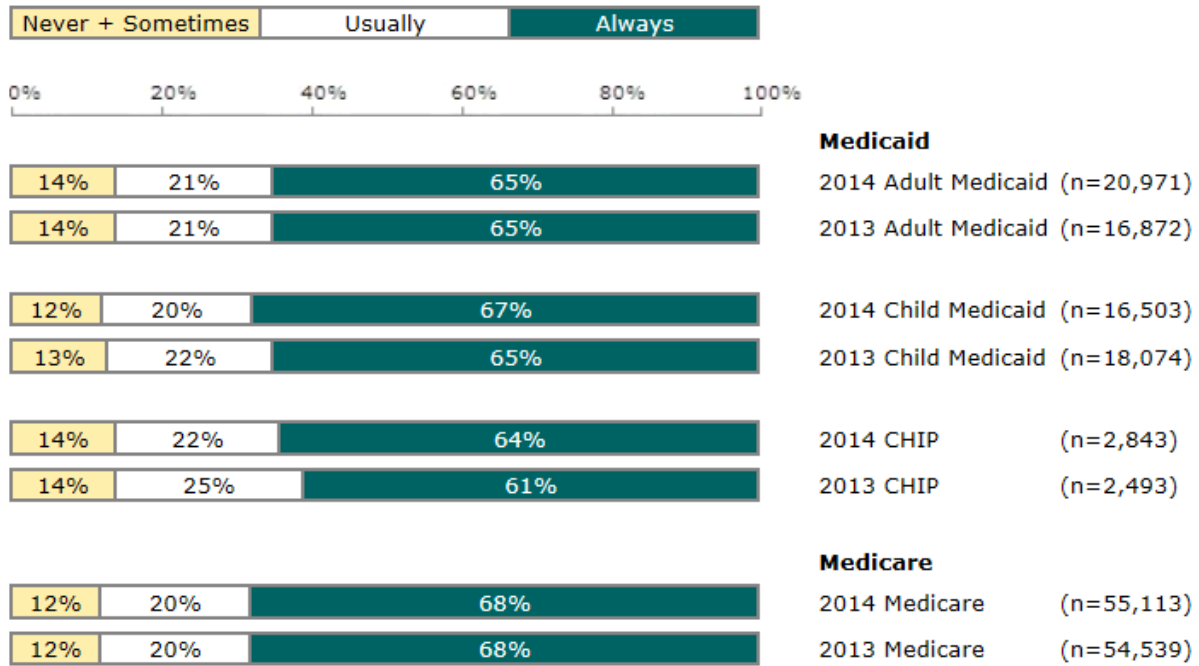
*How Well Doctors Communicate*

Combines responses from four questions regarding how often doctors communicated well with consumers.



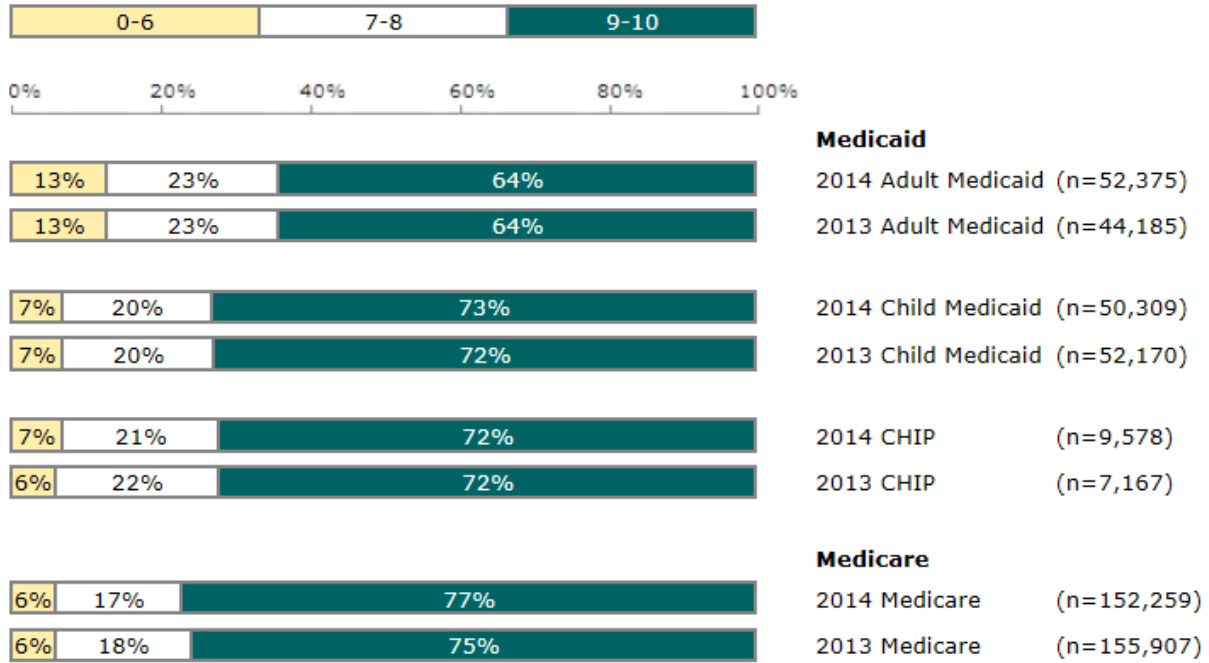
*Health Plan Information and Customer Service*

Combines responses from two questions about health plan information and customer service from the consumer's health plan.



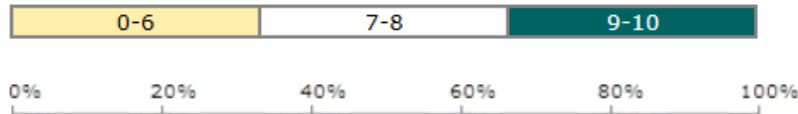
*Rating of Personal Doctor*

Using 0 to 10, where 0 is worst possible and 10 is best possible, how consumers rated their personal doctor.



*Rating of Specialist*

Using 0 to 10, where 0 is worst possible and 10 is best possible, how consumers rated the specialist they saw most often.



**Medicaid**

2014 Adult Medicaid (n=25,073)

2013 Adult Medicaid (n=21,053)



2014 Child Medicaid (n=12,241)

2013 Child Medicaid (n=12,792)



2014 CHIP (n=2,245)

2013 CHIP (n=1,626)



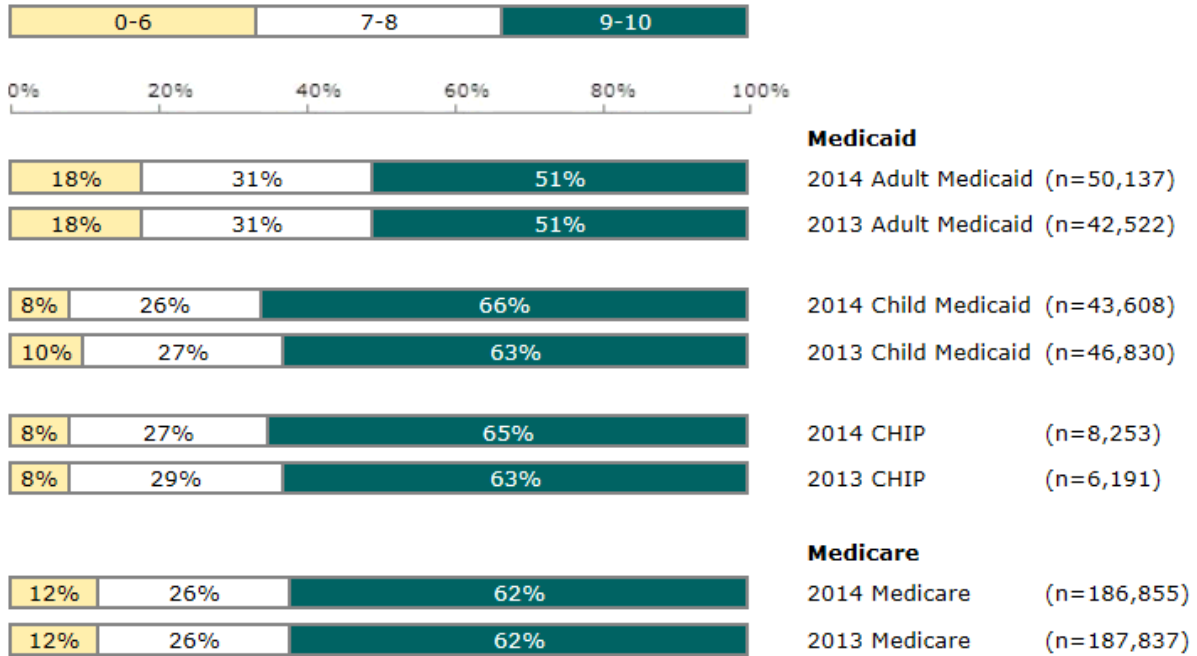
**Medicare**

2014 Medicare (n=102,327)

2013 Medicare (n=104,610)

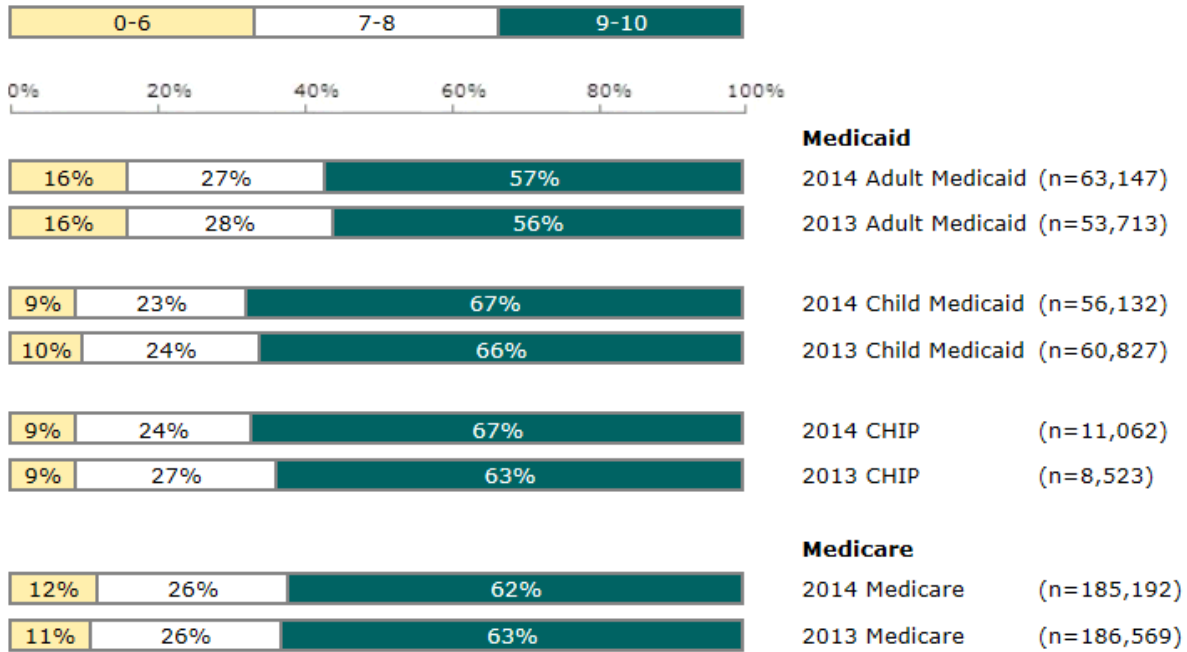
*Rating of Health Care*

Using 0 to 10, where 0 is worst possible and 10 is best possible, how consumers rated their health care.



*Rating of Health Plan*

Using 0 to 10, where 0 is worst possible and 10 is best possible, how consumers rated their health plan.



## Appendix A. About the CAHPS Health Plan Survey Database

### CAHPS Database

The CAHPS Database is the repository for data from selected CAHPS surveys. The primary purpose of the CAHPS Database is to facilitate comparisons of CAHPS survey results by survey users. This voluntary compilation of survey results from a large pool of data into a single database enables survey users to compare their own results to relevant reference points such as overall and regional averages. The CAHPS Database also offers an important source of primary data for research related to consumer assessments of quality as measured by CAHPS surveys.

### CAHPS Health Plan Survey Database

The CAHPS Health Plan Survey Database currently contains data since 1998 from over 6 million respondents sampled from enrollees in commercial, Medicaid, Children's Health Insurance Program (CHIP), and Medicare Managed Care health plans.

### CAHPS Database Online Reporting System

The CAHPS Database Online Reporting System is a Web-based platform for viewing CAHPS Health Plan Survey and Clinician & Group Survey results. The reporting system consists of two major components: (1) a public site available to anyone with access to the Internet and (2) a submitter's site available only to survey users that contribute data.

### Public Site

The public site presents a variety of CAHPS Health Plan survey results such as composite measures and individual survey items, organized according to overall, regional and product-type distributions. Displays include the following:

- **“Top Box” Scores:** Displays the percentage of respondents reporting the most positive response for a composite, rating, or question item. Top box scores are presented for several practice characteristics, such as region, physician specialty, practice ownership, and survey mode. Top box scores are also presented for the 90th, 75th, 50th, and 25th percentiles (i.e., the percentage of practice sites that scored at or below a particular top box score).
- **Frequencies:** Displays one-way frequency tables of the distribution of scores (by percent and number of respondents) for all response options. Two-way frequency tables display the distribution of scores for all response options for selected respondent and practice characteristics.
- **Bar charts:** Displays a graphical distribution of survey results that show the top, bottom, and middle response categories. Bar charts present results for the database overall distribution as well as for selected practice characteristics.
- **Trending:** Displays the two most recent years of data for composites, overall ratings and individual survey items.
- **Chartbook:** Displays cross-sector comparisons of the CAHPS Health Plan Survey results for Medicaid (adult and child), CHIP (child), and Medicare (adult) populations for the two most recent years.

- **Percentiles:** Displays the percentage of health plans that scored at or below a particular top box score.
- **Report builder:** The report builder feature allows users to create custom reports on demand, consisting of all results of interest.

### Submitter's Site

Survey users that submit data to the CAHPS Health Plan Database are provided access to a secure, password-protected area of the online reporting system that allows them to compare their own results to selected comparative results. This secure site has all of the features of the public site, with the added benefit of viewing the individual health plans scores that have been contributed by the submitting sponsor organization. In addition, the bar chart feature on the submitter's site shows tests of statistical differences for individual health plan scores. A report manager function allows the submitter to share secure results with other users if they choose.

### Research Files

Researchers may gain authorized access to de-identified data files from the CAHPS Health Plan Database to help answer important health services research questions related to patient experience of care as measured by CAHPS. CAHPS Health Plan Survey data may be granted to researchers who submit an application and sign a data use agreement that ensures the confidentiality of the data. A description of the data application process is at <https://cahpsdatabase.ahrq.gov/DataResearchers.aspx>.

In addition, the CAHPS Database provides data used by policymakers and others through such publications as the AHRQ National Healthcare Quality and Disparities Reports.

### Participating in the CAHPS Health Plan Database

Participation in the CAHPS Health Plan Database is free and open to all survey users on a voluntary basis. There is no charge to participate. All health plans, State Medicaid agencies and survey vendors who choose to participate provide the CAHPS Database with the following:

- Respondent-level survey data
- Health plan characteristics
- Other information regarding the sampled population and survey administration
- A signed Data Use Agreement

The only requirement for participation is conformance with standard data submission specifications developed for the CAHPS Health Plan Survey. Specifications for submitting data files and other information required for participation are available at <https://cahpsdatabase.ahrq.gov/submissionHP.aspx>.

### Administration

The CAHPS Database is sponsored and funded by the Agency for Healthcare Research and Quality (AHRQ) and administered by Westat. Oversight and direction for the Database are provided by an Advisory Group composed of representatives of survey users from the public and private sectors as well as members of the CAHPS Consortium. Further information about the CAHPS Database is available at <https://cahpsdatabase.ahrq.gov>.



## Appendix B. Composition of the CAHPS Health Plan Survey Database: 1998-2014

The CAHPS Database currently contains 16 years of data from the CAHPS Health Plan Survey. The table shows data submissions to the CAHPS Database from 1998 to 2014. The total number of respondents is presented by population sector, with the number of health plan samples in parentheses.

**Table B-1. Composition of the CAHPS Health Plan Survey Database 1998-2014 by Survey Version<sup>1</sup>**

Year (CAHPS Version)	Commercial Adult	Commercial Child	Medicaid Adult	Medicaid Child	CHIP Child	Medicare Adult
2014 (5.0)	N/A <sup>2</sup>	N/A	68,234 (149)	60,153 (100)	11,762 (15)	195,748 (443)
2013 (5.0)	N/A	N/A	60,249 (124)	66,804 (105)	9,149 (12)	198,350 (451)
2011 (4.0)	168,341 (376)	900 (1)	73,820 (148)	85,003 (129)	26,232 (41)	163,182 (445)
2010 (4.0)	139,156 (288)	1,474 (2)	97,626 (132)	88,694 (132)	0 (0)	221,120 (431)
2009 (4.0)	179,528 (405)	751 (2)	63,391 (126)	68,697 (107)	0 (0)	206,647 (405)
2008 (4.0)	174,307 (410)	0 (0)	59,840 (120)	9,755 (29)	0 (0)	207,366 (343)
2008 (3.0)	0 (0)	1,882 (4)	0 (0)	37,347 (64)	0 (0)	0 (0)
2007 (4.0)	106,811 (239)	0 (0)	45,979 (109)	4,647 (16)	0 (0)	115,910 (296)
2007 (3.0)	0 (0)	1,659 (4)	0 (0)	64,039 (103)	0 (0)	0 (0)
2006 (3.0)	124,585 (271)	2,400 (7)	43,174 (119)	50,204 (95)	9,303 (30)	97,955 (273)
2005 (3.0)	123,272 (254)	2,661 (4)	32,115 (76)	40,204 (65)	1,252 (3)	127,930 (276)
2004 (3.0)	111,680 (223)	7,024 (12)	59,515 (149)	86,159 (128)	16,657 (29)	132,420 (288)
2003 (3.0)	114,063 (216)	1,866 (4)	39,275 (112)	31,081 (69)	19,061 (49)	141,421 (295)
2002 (2.0)	94,546 (219)	5,600 (10)	48,109 (136)	60,534 (122)	18,910 (43)	153,172 (321)
2001 (2.0)	165,500 (266)	9,913 (24)	45,127 (142)	36,940 (124)	0 (0)	179,451 (381)
2000 (2.0)	135,479 (270)	2,760 (8)	49,327 (156)	41,400 (140)	0 (0)	166,072 (367)
1999 (2.0)	168,234 (307)	42,879 (149)	28,420 (77)	14,106 (66)	0 (0)	0 (0)
1998 (1.0)	34,965 (54)	0 (0)	23,519 (31)	9,871 (33)	0 (0)	0 (0)
<b>Total</b>	<b>1,840,467</b>	<b>81,769</b>	<b>837,720</b>	<b>855,638</b>	<b>112,326</b>	<b>2,306,744</b>

<sup>1</sup> The contract that supports the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program expired during 2012 and a new contract was awarded in 2013, therefore the CAHPS Database does not include CAHPS Health Plan Survey data for 2012.

<sup>2</sup> Survey results for the commercial sector are no longer included in the CAHPS Health Plan Survey Database.

### Appendix C. Survey Respondents and Health Plan Samples by State: 2013 and 2014

Table C-1 and Table C-2 show data submissions to the CAHPS Database by State for 2014 and 2013, respectively. The total number of respondents is presented by population sector, with the number of health plan samples given in parentheses.

**Table C-1. 2014 Survey Respondents and Health Plan Samples by State**

State	Medicaid Adult	Medicaid Child	CHIP Child	Medicare Adult
Alabama	-	-	970 (1)	2,247 (5)
Arizona	-	-	-	7,171 (17)
Arkansas	-	-	507 (1)	283 (1)
California	2,812 (6)	4,408 (4)	-	16,749 (33)
Colorado	1,028 (3)	963 (3)	2,572 (5)	3,921 (9)
Connecticut	-	-	-	1,970 (5)
Delaware	-	-	-	400 (1)
District Of Columbia	935 (2)	1,671 (2)	-	-
Florida	451 (2)	-	-	11,547 (30)
Georgia	457 (1)	1,124 (2)	-	5,265 (14)
Hawaii	3,495 (7)	-	814 (1)	3,752 (8)
Idaho	-	-	-	2,197 (5)
Illinois	364 (1)	495 (1)	-	4,435 (10)
Indiana	1,578 (3)	1,523 (2)	-	2,346 (6)
Iowa	-	-	-	2,143 (5)
Kansas	1,727 (3)	3,076 (2)	3,765 (2)	394 (1)
Kentucky	329 (1)	340 (1)	255 (1)	1,296 (3)
Louisiana	1,870 (5)	3,314 (4)	1,497 (1)	2,702 (6)
Maine	-	-	-	2,832 (5)
Maryland	3,465 (7)	6,589 (7)	-	1,753 (4)
Massachusetts	1,703 (4)	-	-	4,856 (10)
Michigan	5,381 (11)	5,407 (13)	-	6,022 (10)
Minnesota	9,721 (9)	-	-	4,303 (11)
Mississippi	-	-	-	2,937 (3)
Missouri	-	-	-	5,273 (13)
Montana	-	-	-	632 (1)
Nebraska	-	-	-	1,233 (3)
Nevada	-	-	-	3,018 (8)
New Hampshire	-	-	-	756 (2)
New Jersey	2,850 (12)	3,332 (9)	-	2,715 (7)
New Mexico	1,368 (3)	741 (1)	-	2,826 (7)
New York	8,620 (19)	-	-	14,778 (33)

**Table C-1. 2014 Survey Respondents and Health Plan Samples by State (con't)**

State	Medicaid Adult	Medicaid Child	CHIP Child	Medicare Adult
North Carolina	-	-	-	2,997 (8)
Ohio	2,719 (5)	6,764 (5)	-	8,523 (21)
Oklahoma	319 (1)	875 (1)	-	2,539 (6)
Oregon	5,465 (17)	5,958 (17)	-	9,523 (18)
Pennsylvania	4,071 (9)	4,418 (9)	534 (1)	10,823 (20)
Puerto Rico	-	-	-	4,113 (12)
Rhode Island	478 (1)	-	-	730 (2)
South Carolina	871 (2)	1,068 (2)	-	972 (3)
Tennessee	-	-	-	3,581 (8)
Texas	402 (1)	1,407 (3)	495 (1)	9,347 (25)
Utah	-	382 (1)	353 (1)	3,317 (8)
Vermont	254 (1)	308 (1)	-	-
Virginia	2,573 (6)	3,395 (6)	-	2,776 (7)
Washington	2,355 (5)	1,266 (2)	-	5,727 (10)
West Virginia	303 (1)	513 (1)	-	1,060 (3)
Wisconsin	270 (1)	916 (1)	-	6,968 (16)
<b>Total</b>	<b>68,234 (149)</b>	<b>60,153 (100)</b>	<b>11,762 (15)</b>	<b>195,748 (443)</b>

**Table C-2. 2013 Survey Respondents and Health Plan Samples by State**

State	Medicaid	Medicaid	CHIP	Medicare
	Adult	Child	Child	Adult
Alabama	-	-	879 (1)	2,271 (5)
Arizona	-	-	-	7,924 (18)
Arkansas	-	-	-	1,091 (3)
California	15,077 (28)	19,447 (26)	-	17,748 (33)
Colorado	1,090 (2)	3,361 (3)	3,444 (6)	4,552 (10)
Connecticut	-	-	-	2,575 (7)
Delaware	-	-	-	871 (2)
District Of Columbia	-	1,041 (1)	-	-
Florida	1,034 (4)	-	-	11,362 (33)
Georgia	-	-	-	5,447 (15)
Hawaii	-	2,972 (7)	876 (1)	4,207 (9)
Idaho	-	-	-	2,305 (5)
Illinois	395 (1)	515 (1)	-	4,801 (10)
Indiana	1,878 (3)	1,520 (2)	-	2,008 (5)
Iowa	-	-	-	2,232 (4)
Kansas	-	-	-	436 (1)
Kentucky	-	-	-	1,056 (3)
Louisiana	-	-	-	2,874 (5)
Maine	-	-	-	3,132 (5)
Maryland	3,704 (7)	7,008 (7)	-	1,781 (4)
Massachusetts	2,208 (5)	-	-	4,608 (10)
Michigan	5,724 (12)	-	-	5,966 (11)
Minnesota	9,992 (9)	-	-	4,945 (12)
Mississippi	-	-	-	5,826 (3)
Missouri	-	-	-	5,074 (12)
Montana	-	-	-	628 (1)
Nebraska	-	-	-	1,641 (4)
Nevada	-	-	-	2,868 (7)
New Jersey	3,818 (19)	3,495 (13)	-	2,735 (8)
New Mexico	1,296 (3)	1,438 (2)	-	3,253 (8)
New York	1,424 (3)	7,071 (17)	2,361 (1)	13,097 (33)
North Carolina	-	-	-	2,594 (7)
Ohio	3,403 (7)	8,405 (7)	-	7,650 (20)
Oklahoma	-	1,206 (1)	-	1,939 (5)
Oregon	-	-	-	9,345 (18)
Pennsylvania	3,506 (8)	4,092 (8)	638 (1)	9,881 (22)
Puerto Rico	662 (1)	-	-	5,226 (12)

**Table C-2. 2013 Survey Respondents and Health Plan Samples by State (con't)**

State	Medicaid Adult	Medicaid Child	CHIP Child	Medicare Adult
Rhode Island	493 (1)	-	-	731 (2)
South Carolina	447 (1)	476 (1)	-	1,895 (5)
Tennessee	-	-	-	3,527 (8)
Texas	-	370 (1)	450 (1)	8,446 (24)
Utah	381 (1)	-	501 (1)	3,113 (7)
Virginia	2,598 (6)	3,325 (6)	-	2,640 (6)
Washington	501 (1)	-	-	4,128 (11)
West Virginia	298 (1)	538 (1)	-	1,972 (5)
Wisconsin	320 (1)	524 (1)	-	5,949 (13)
<b>Total</b>	<b>60,249 (124)</b>	<b>66,804 (105)</b>	<b>9,149 (12)</b>	<b>198,350 (451)</b>

## Appendix D. Definition of Regions

The regional comparative results are calculated according to the United States Census Bureau's four official regions, as show in Table D-1.

**Table D-1. Composites and Rating Items for 5.0 Version of CAHPS Health Plan Survey**

Region	States
<b>Northeast</b>	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont
<b>Midwest</b>	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
<b>South</b>	Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
<b>West</b>	Alaska, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

## Appendix E. Definition of Composites and Items and Ratings

Table E-1 presents the composites and individual items and ratings items for the 5.0 version of the CAHPS Health Plan Survey.

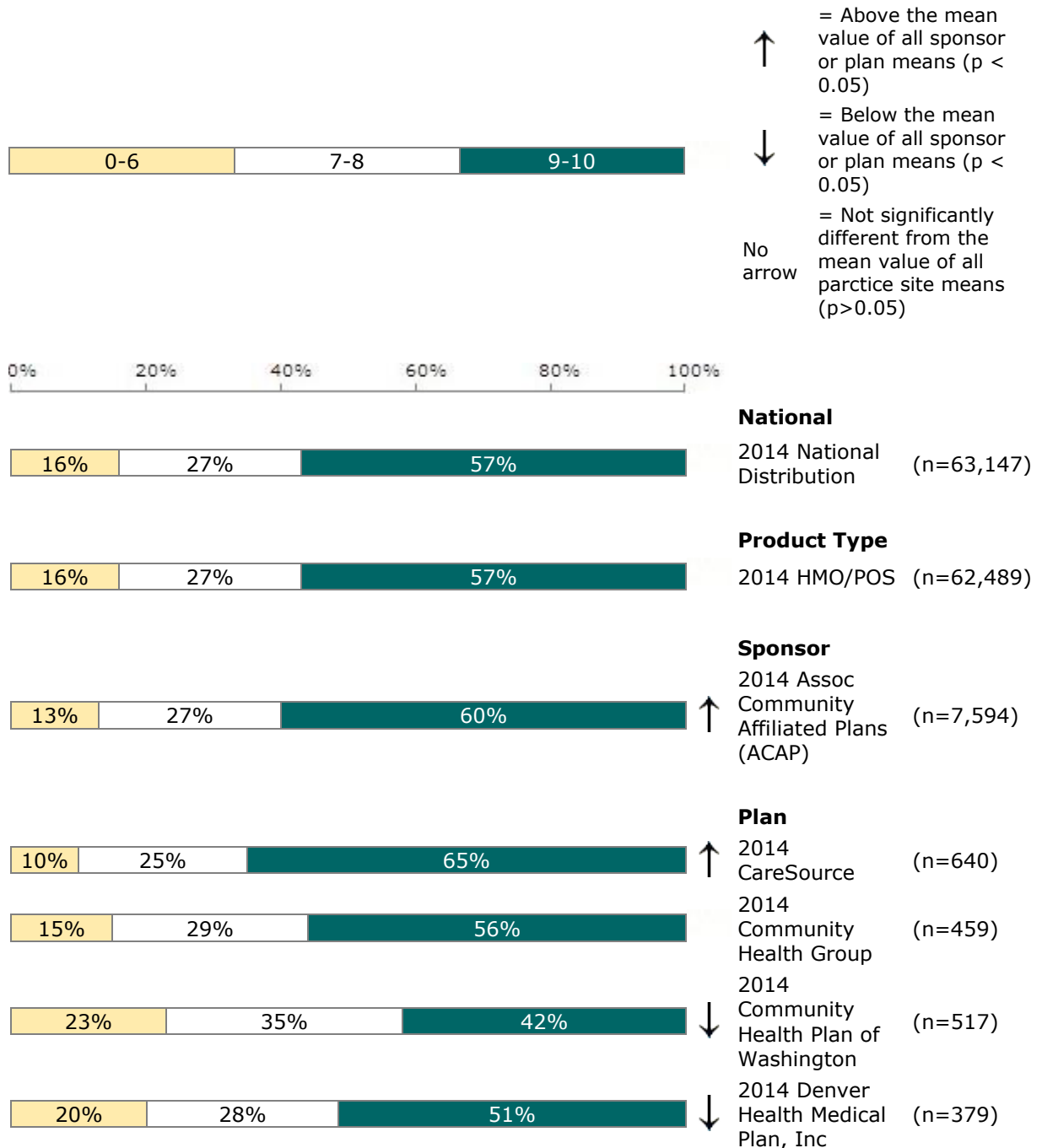
**Table E-1. Composites and Rating Items for 5.0 Version of CAHPS Health Plan Survey**

Question Text	Response Option
<b>Getting Needed Care</b>	
In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	Never - Always
In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never - Always
<b>Getting Care Quickly</b>	
In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	Never - Always
In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Never - Always
<b>How Well Doctors Communicate</b>	
In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never - Always
In the last 6 months, how often did your personal doctor listen carefully to you?	Never - Always
In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never - Always
In the last 6 months, how often did your personal doctor spend enough time with you?	Never - Always
<b>Health Plan Information &amp; Customer Service</b>	
In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never - Always
In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never - Always
<b>Overall Ratings</b>	
Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0-10
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 rate your personal doctor?	0-10
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 rate the specialist?	0-10
Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0-10

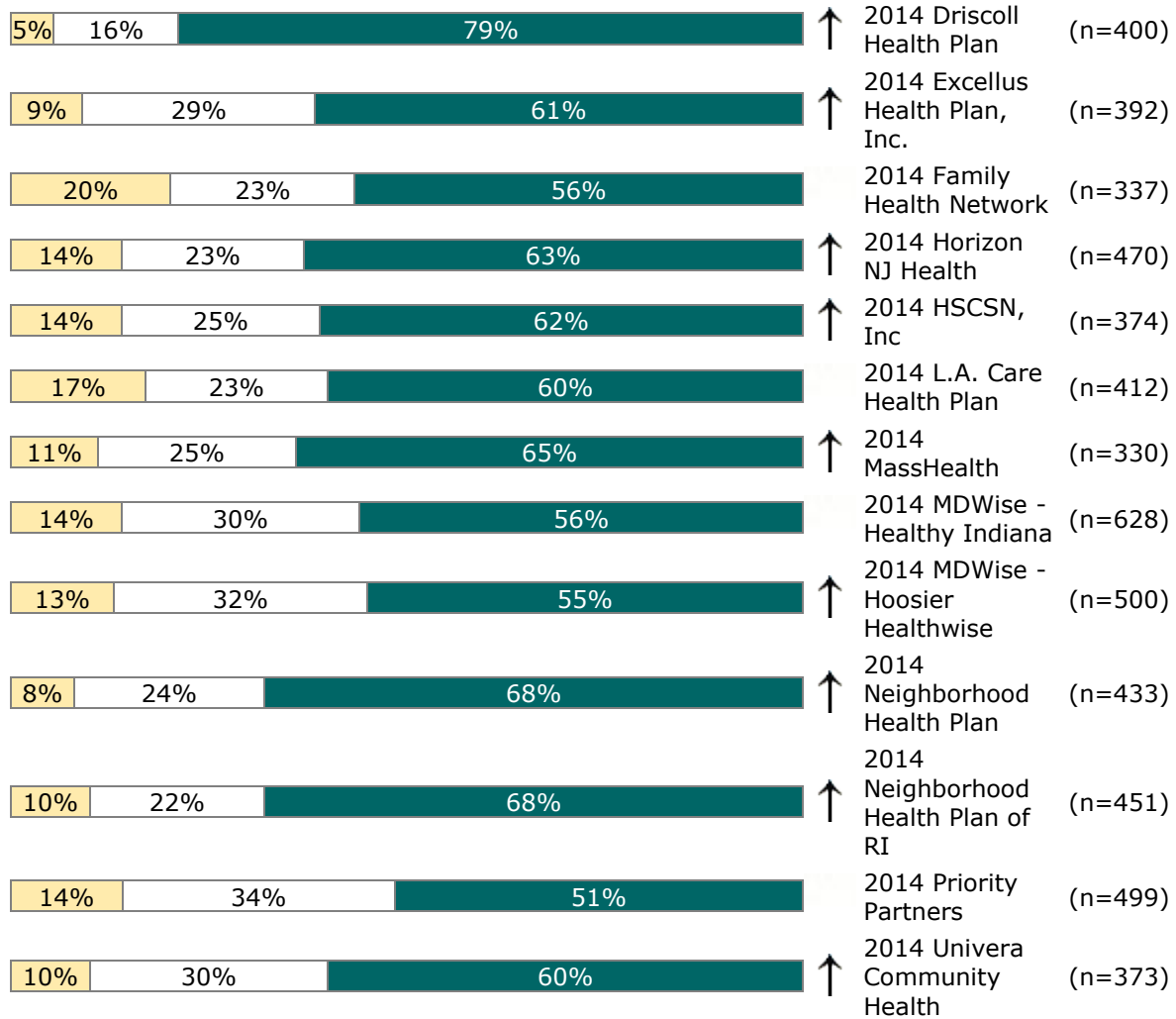


## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

**Q35 Overall Rating of Health Plan** Using scale of 0 to 10, how would you rate your health plan.

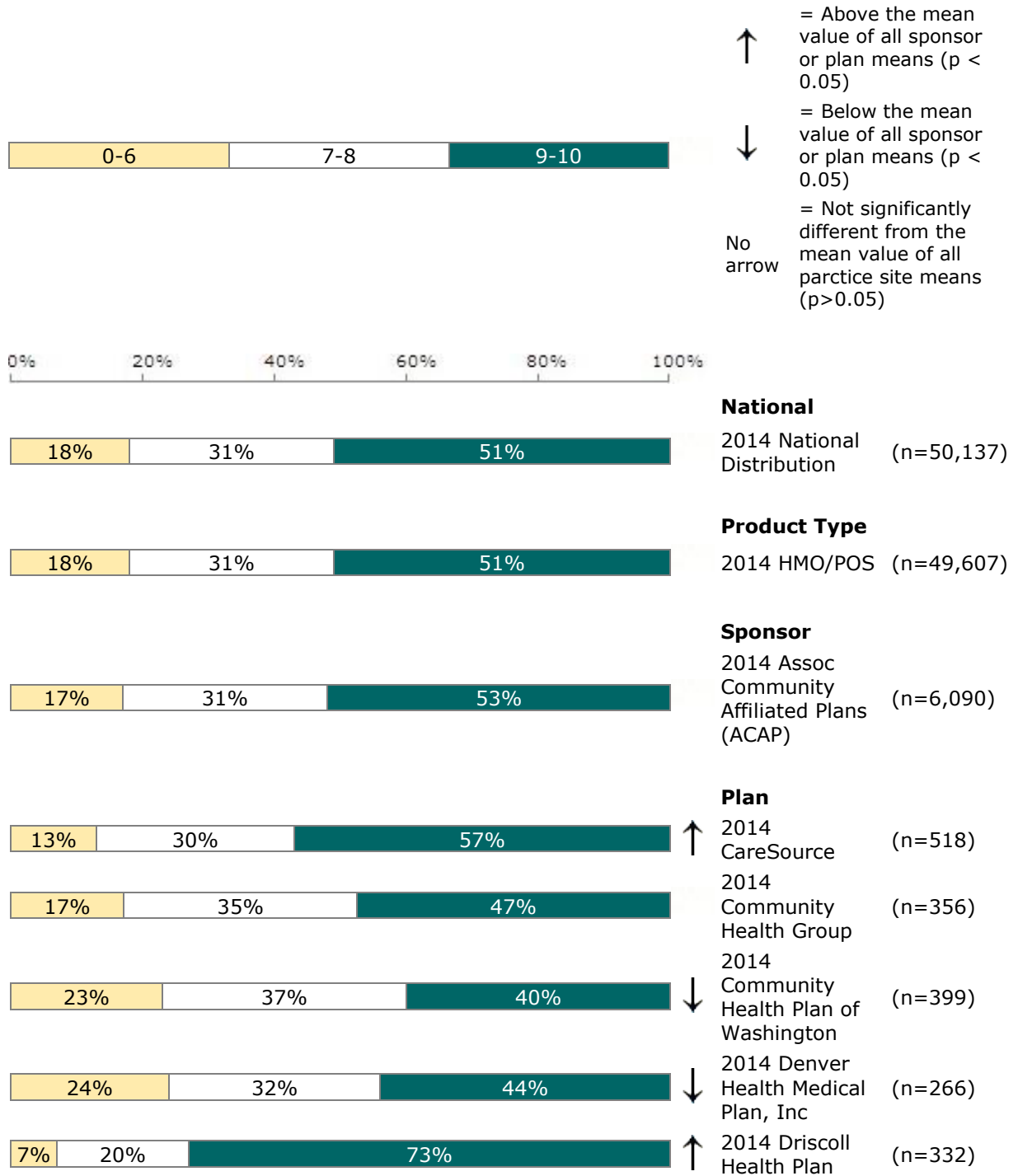


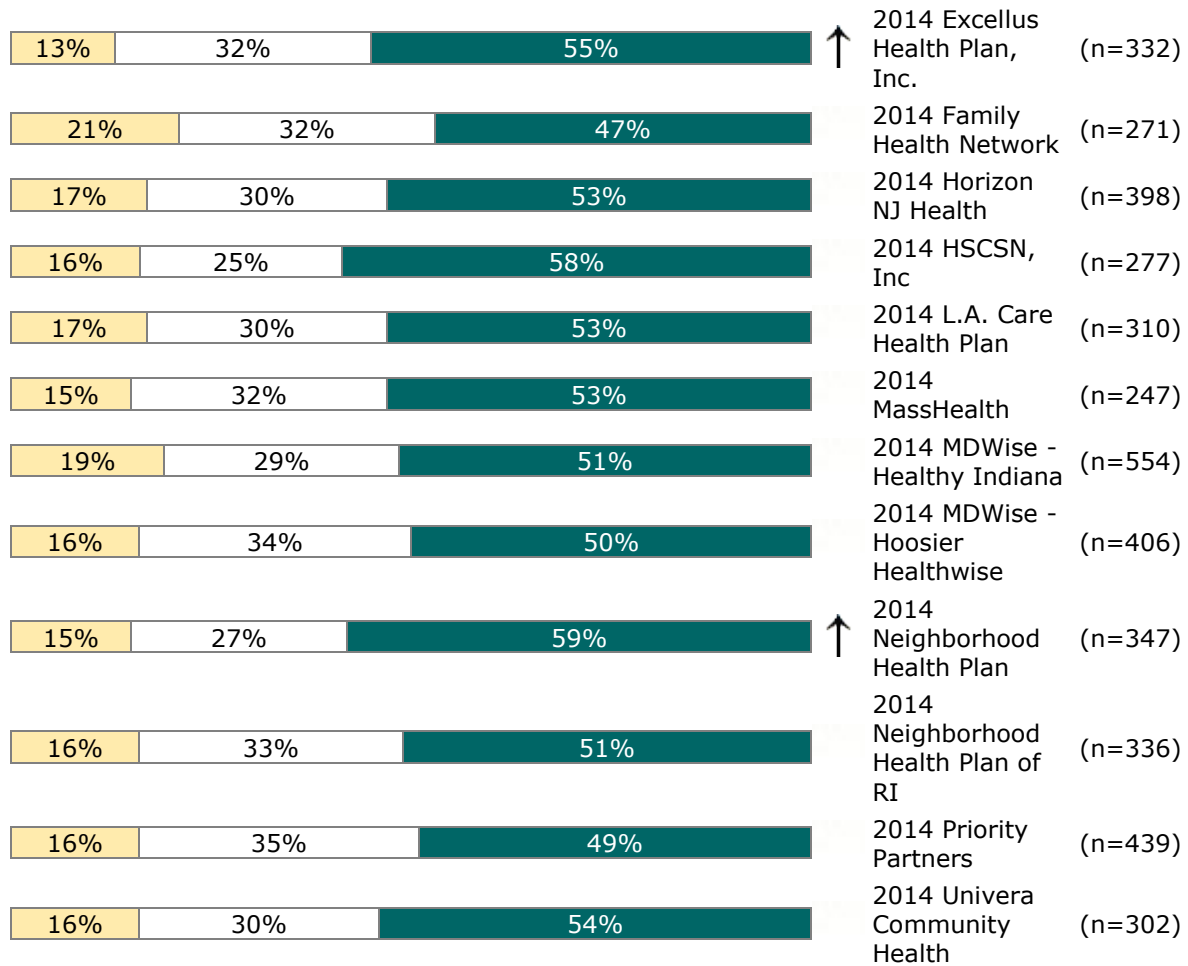




## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

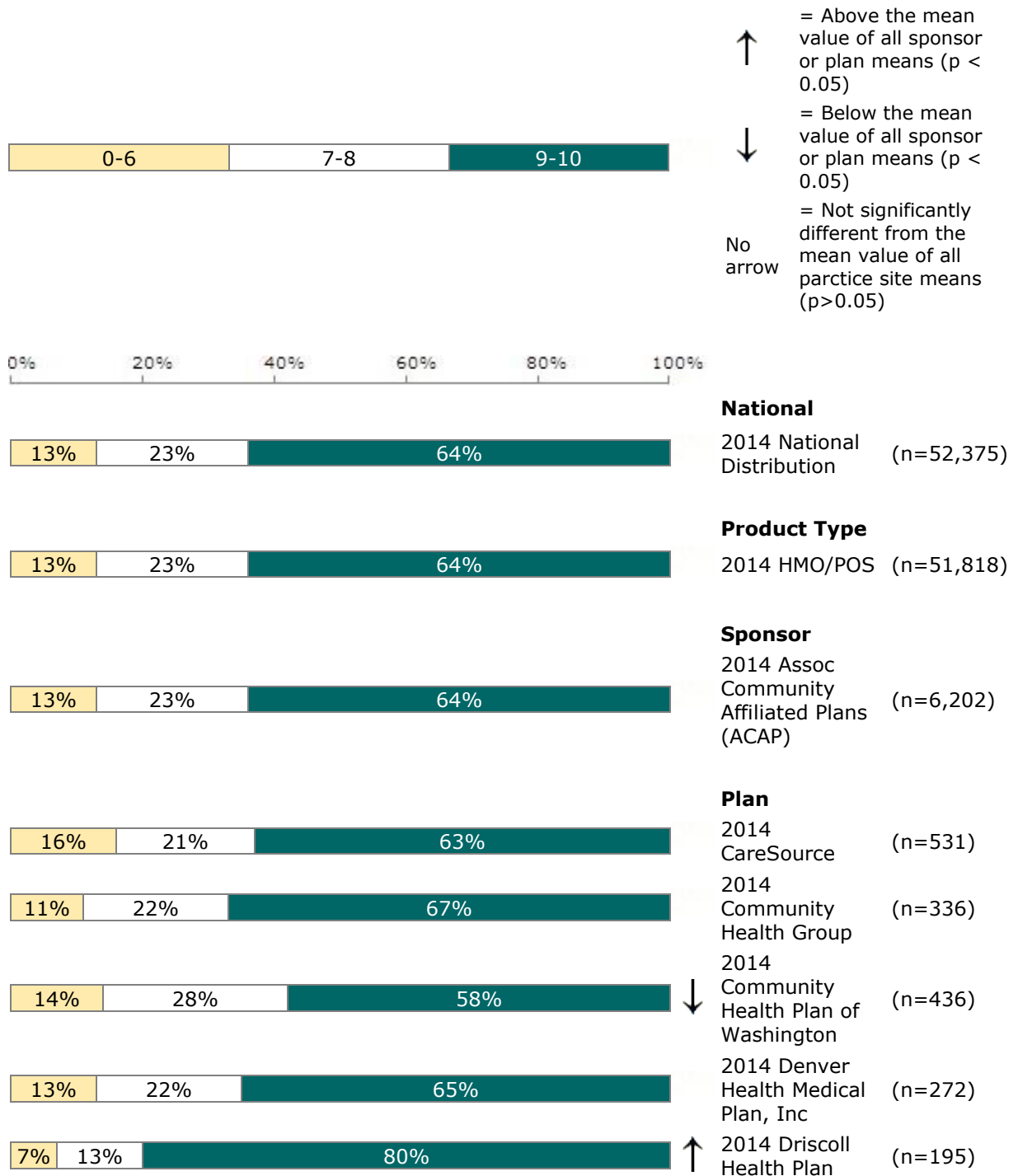
**Q13 Overall Rating of Health Care** Using scale of 0 to 10, how would you rate all your health care.

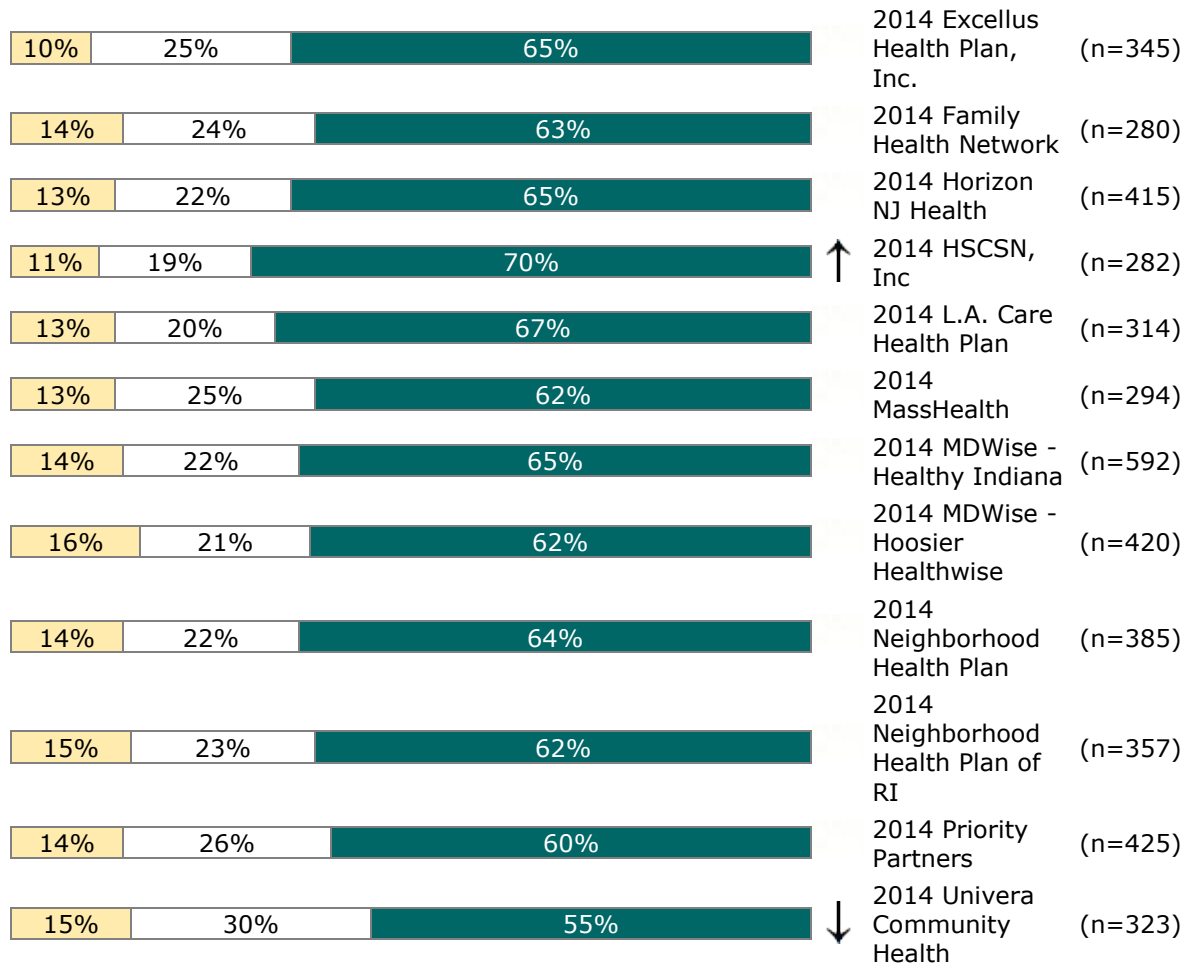




## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

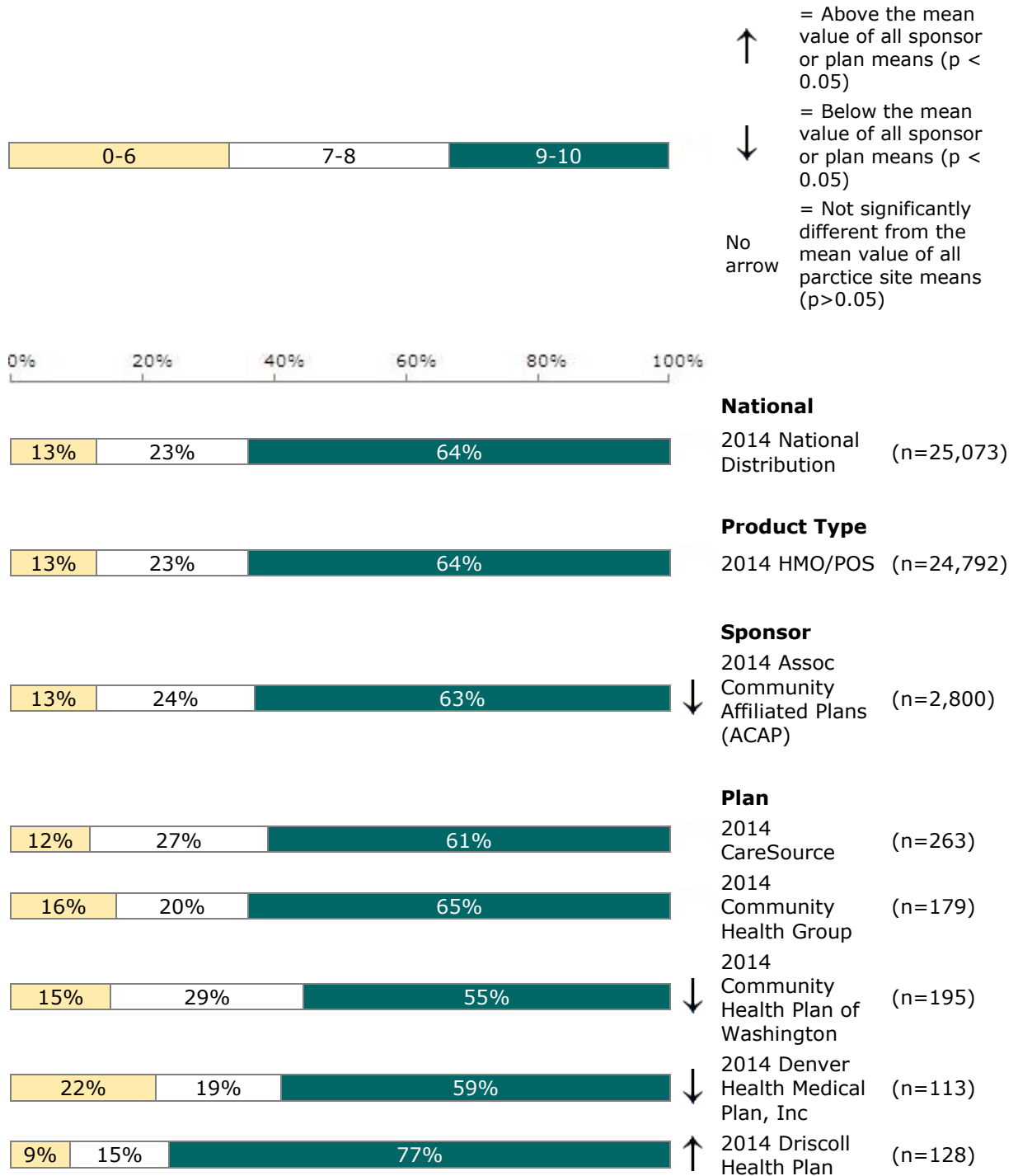
**Q23 Overall Rating of Personal Doctor** Using scale of 0 to 10, how would you rate your personal doctor.

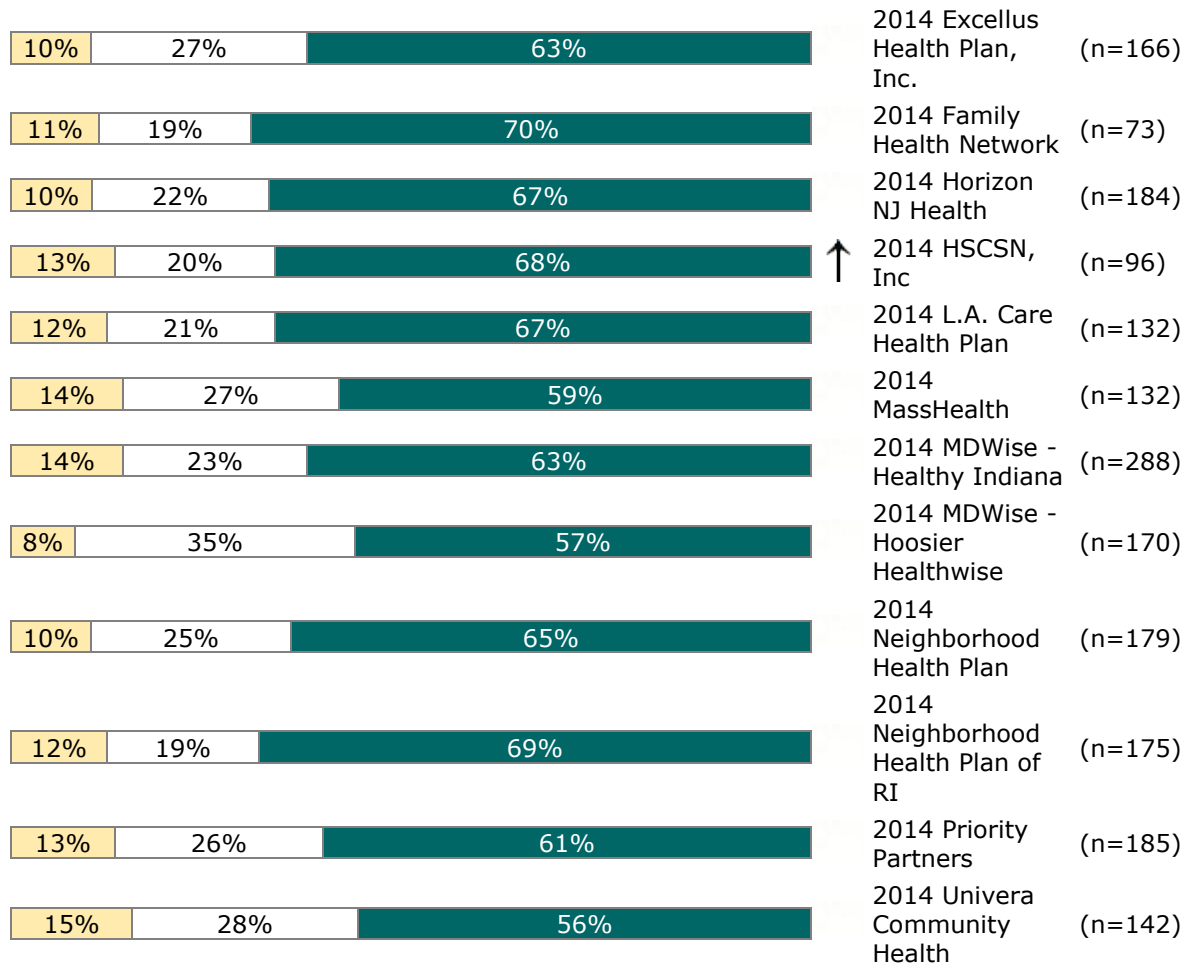




## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

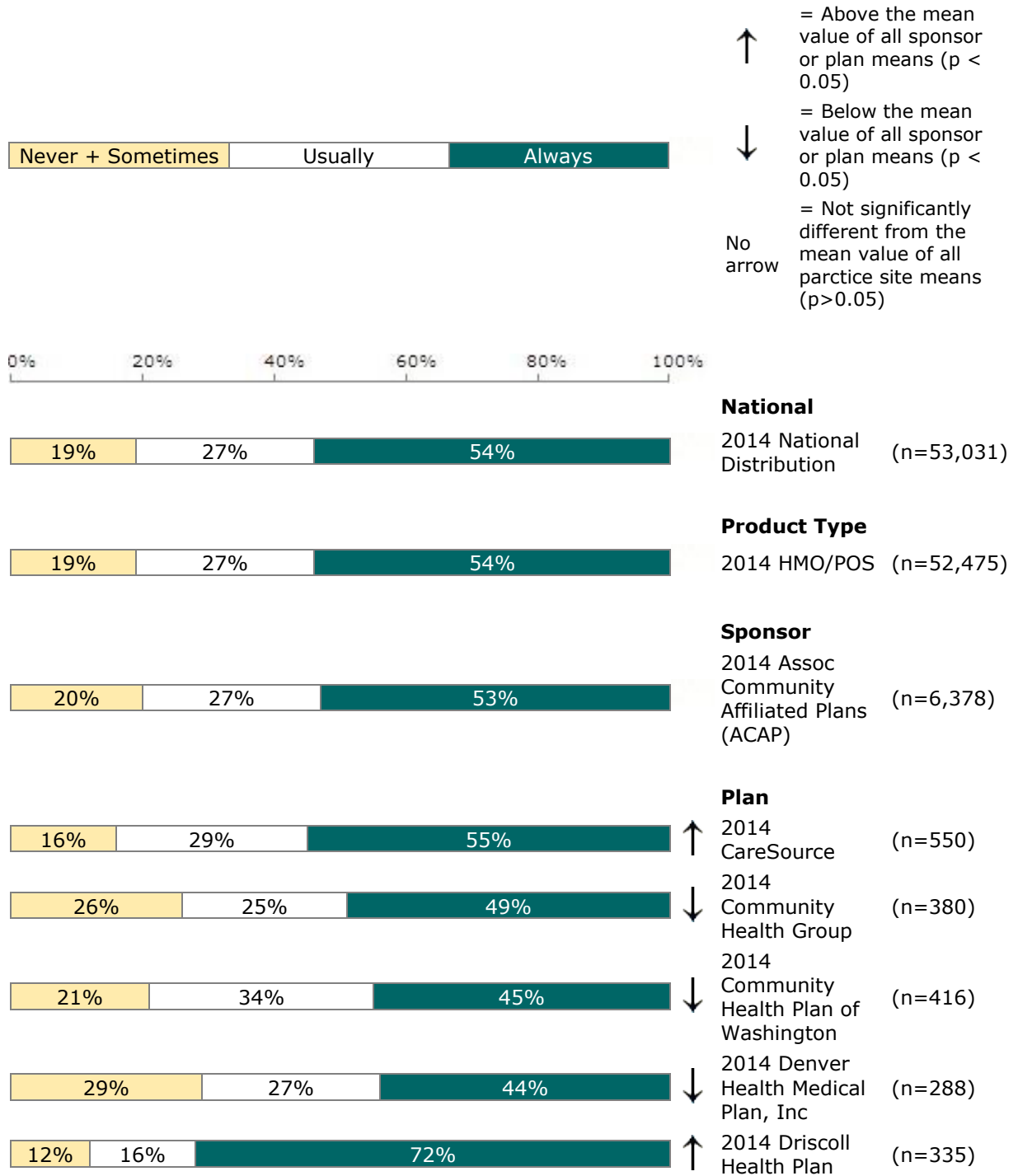
**Q27 Overall Rating of Specialist** Using scale of 0 to 10, how would you rate your specialist.



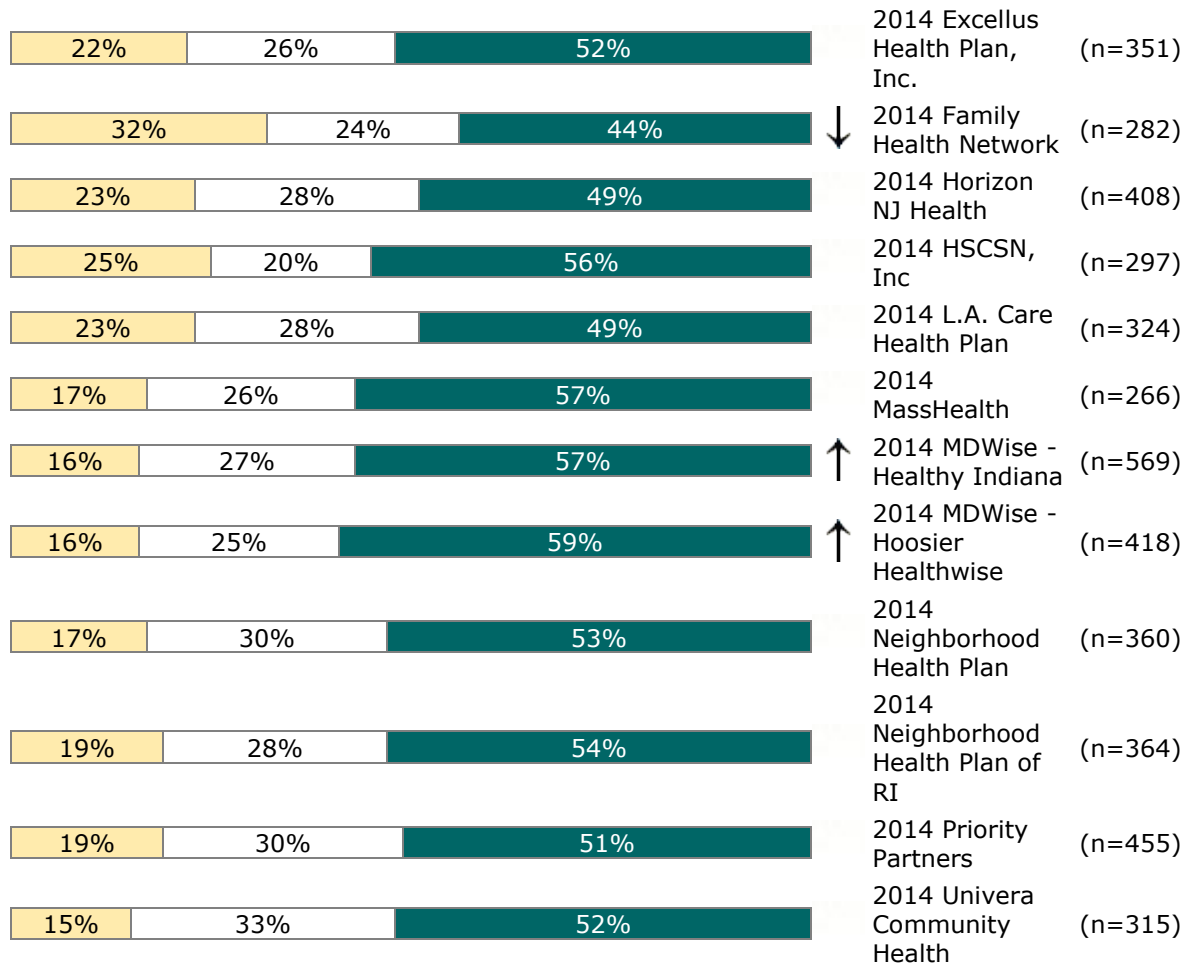


## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

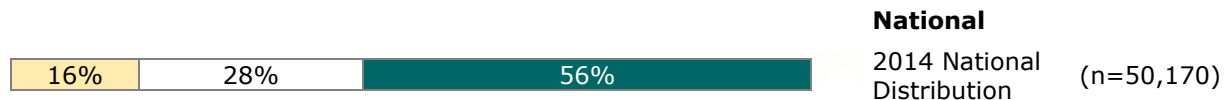
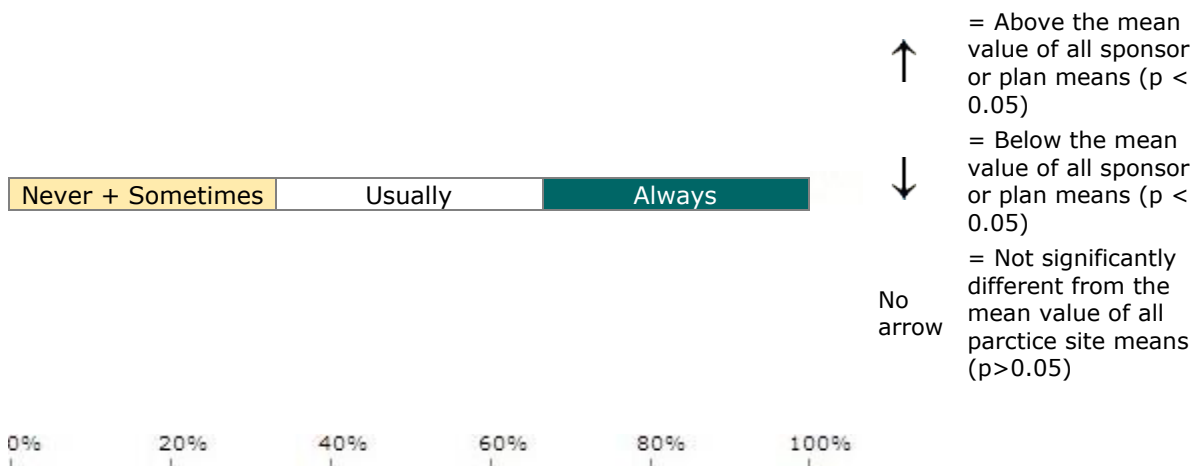
**Getting Needed Care Composite** Combines responses from two questions regarding how much of a problem, if any, consumers had with various aspects of getting needed care.



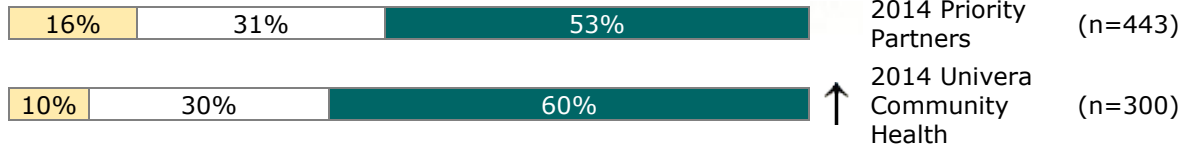




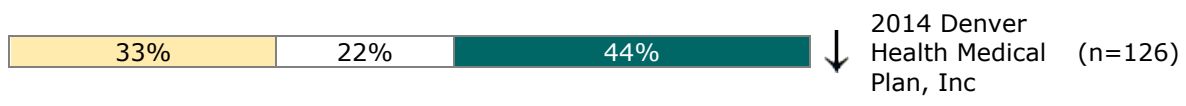
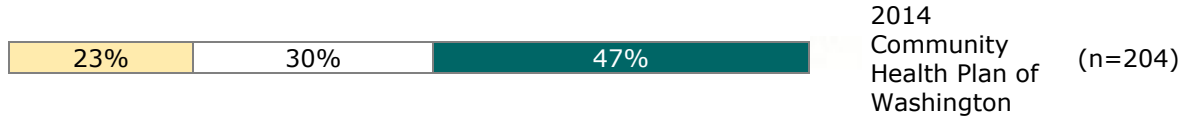
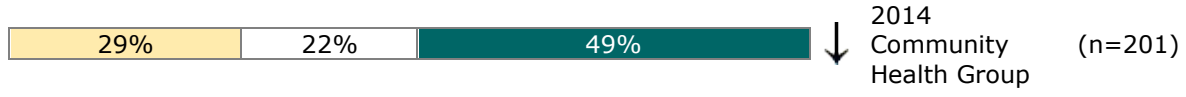
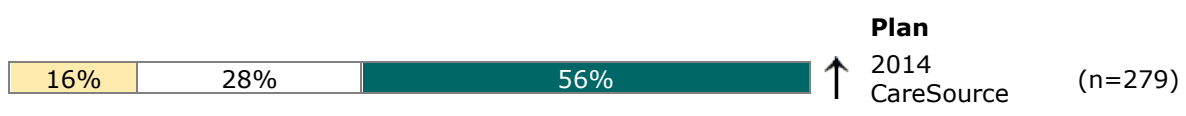
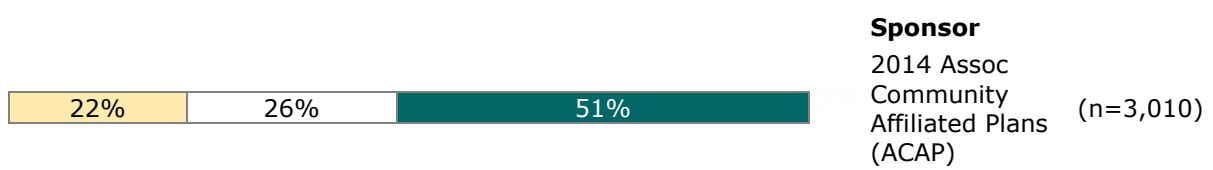
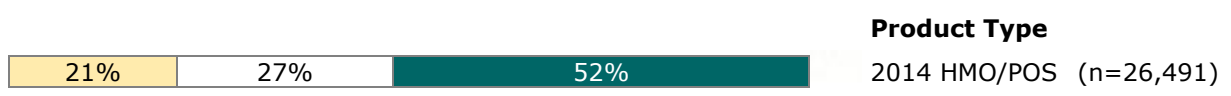
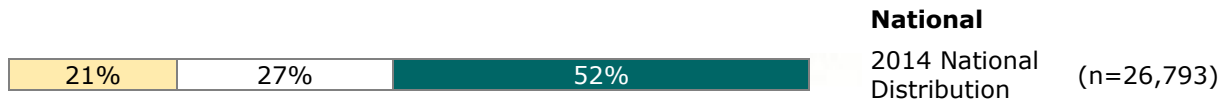
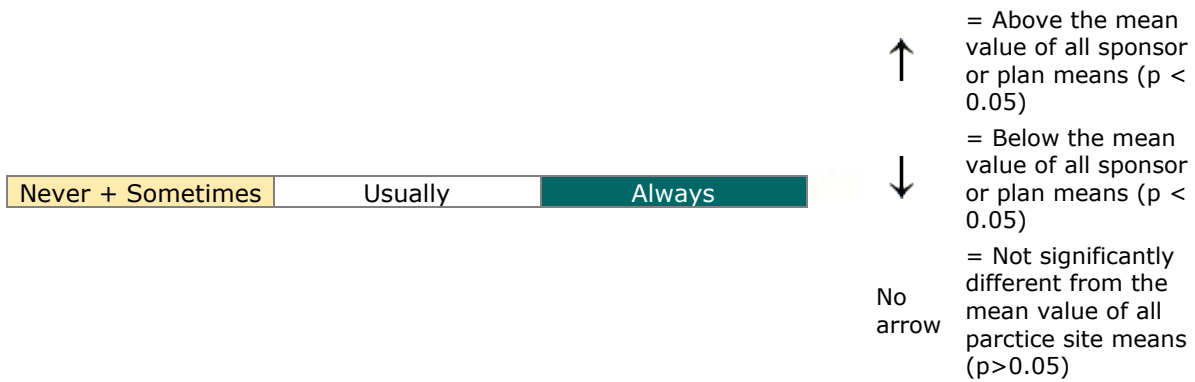
**Q14** How often was easy to get needed care, tests, or treatment



			<b>Product Type</b>
16%	28%	56%	2014 HMO/POS (n=49,642)
			<b>Sponsor</b>
17%	28%	55%	2014 Assoc Community Affiliated Plans (ACAP) (n=6,056)
			<b>Plan</b>
15%	29%	55%	2014 CareSource (n=511)
22%	29%	49%	↓ 2014 Community Health Group (n=354)
19%	38%	43%	↓ 2014 Community Health Plan of Washington (n=398)
25%	32%	43%	↓ 2014 Denver Health Medical Plan, Inc (n=267)
13%	15%	72%	↑ 2014 Driscoll Health Plan (n=330)
13%	26%	61%	↑ 2014 Excellus Health Plan, Inc. (n=335)
27%	24%	49%	↓ 2014 Family Health Network (n=270)
21%	27%	52%	2014 Horizon NJ Health (n=390)
18%	21%	62%	↑ 2014 HSCSN, Inc (n=273)
24%	28%	48%	↓ 2014 L.A. Care Health Plan (n=310)
17%	25%	58%	2014 MassHealth (n=248)
12%	30%	58%	↑ 2014 MDWise - Healthy Indiana (n=547)
15%	29%	56%	2014 MDWise - Hoosier Healthwise (n=404)
15%	27%	59%	2014 Neighborhood Health Plan (n=343)
17%	29%	55%	2014 Neighborhood Health Plan of RI (n=333)



**Q25** Got appointments with specialists as soon as needed

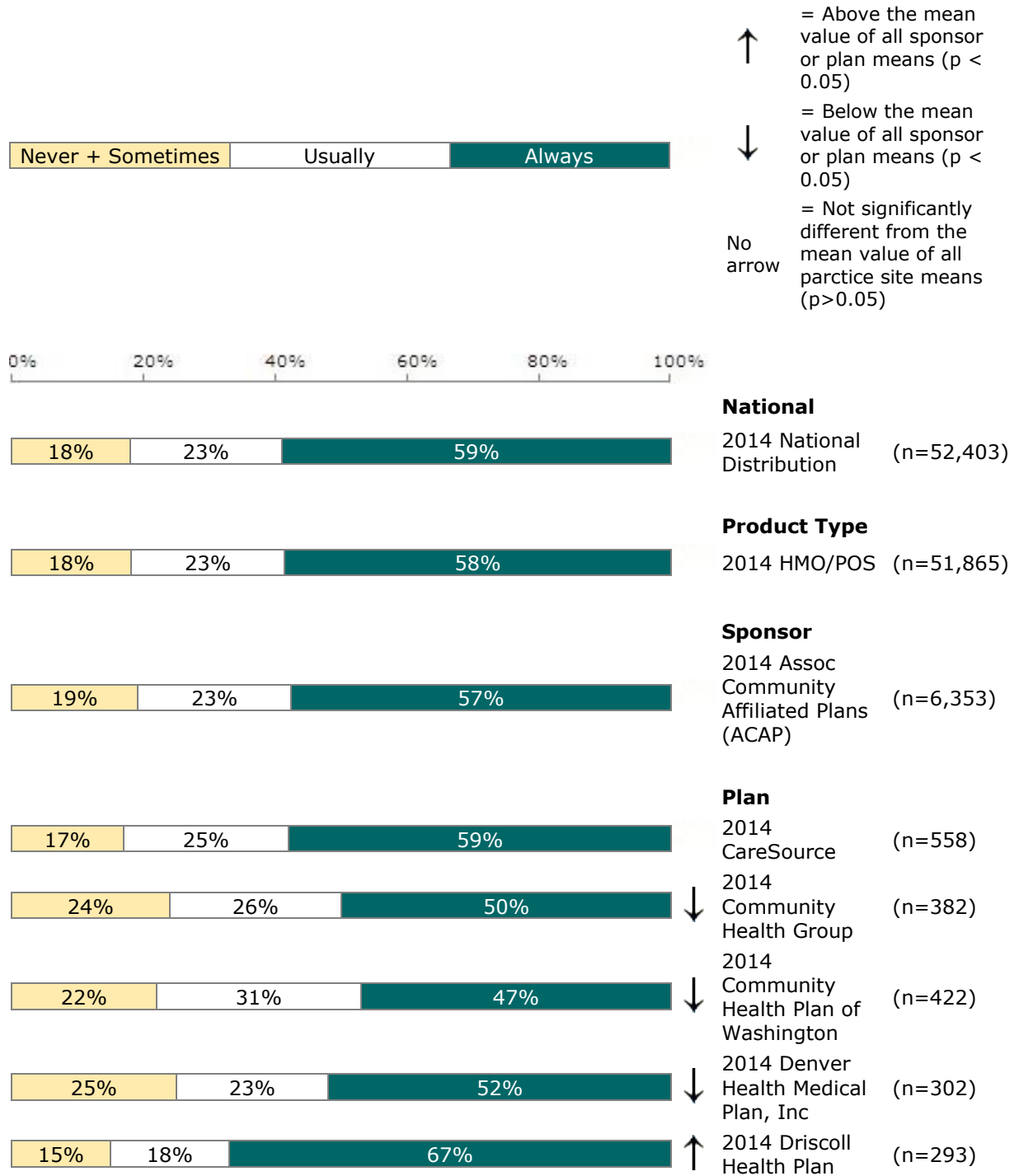


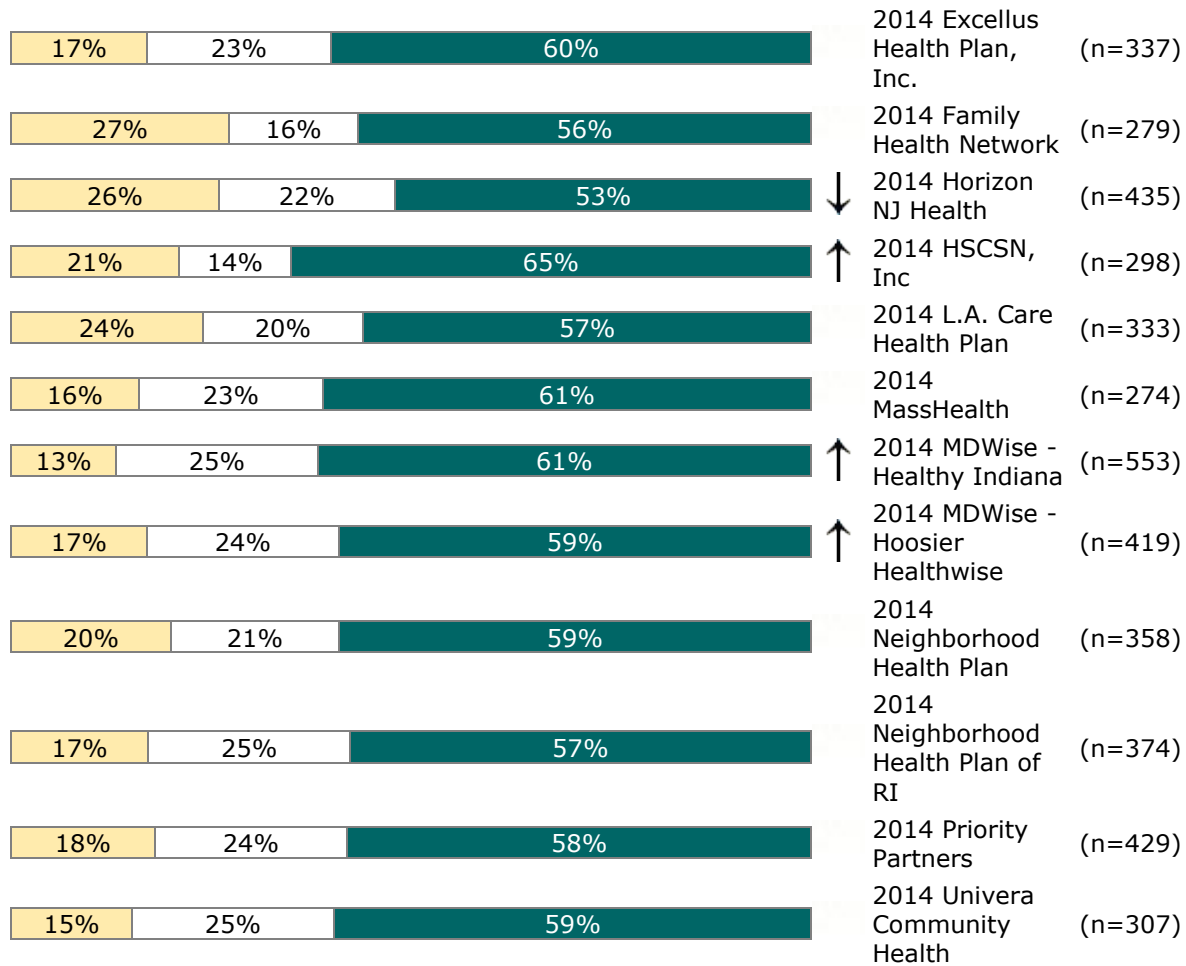
11%	16%	72%	↑	2014 Driscoll Health Plan	(n=134)
30%	26%	44%		2014 Excellus Health Plan, Inc.	(n=170)
36%	24%	40%	↓	2014 Family Health Network	(n=86)
24%	29%	47%		2014 Horizon NJ Health	(n=201)
32%	19%	50%		2014 HSCSN, Inc	(n=111)
22%	28%	50%		2014 L.A. Care Health Plan	(n=141)
18%	27%	55%		2014 MassHealth	(n=150)
19%	24%	57%		2014 MDWise - Healthy Indiana	(n=299)
17%	21%	61%	↑	2014 MDWise - Hoosier Healthwise	(n=179)
20%	34%	47%		2014 Neighborhood Health Plan	(n=194)
21%	27%	53%		2014 Neighborhood Health Plan of RI	(n=192)
22%	29%	49%		2014 Priority Partners	(n=190)
20%	35%	45%		2014 Univera Community Health	(n=153)

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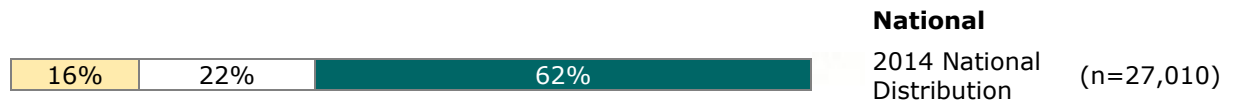
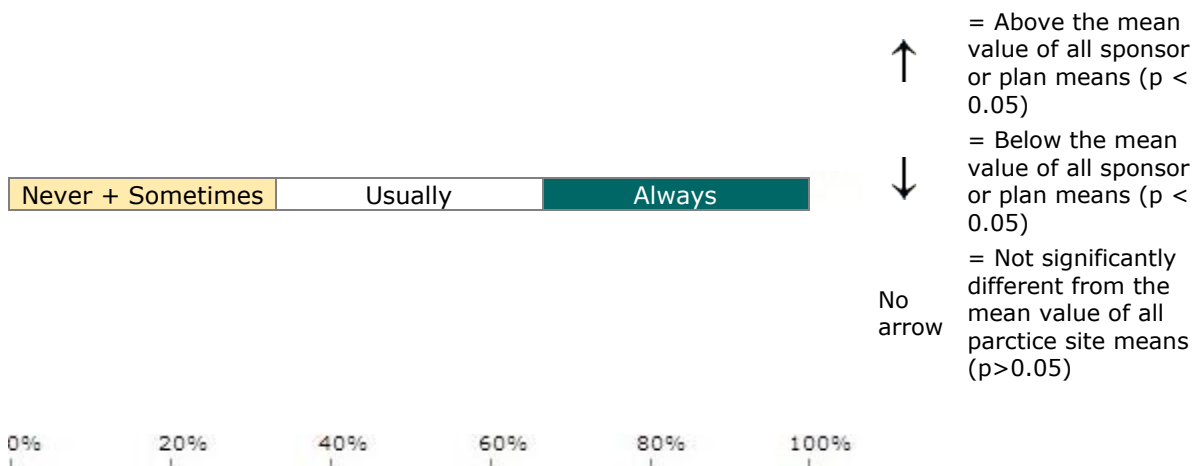
## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

**Getting Care Quickly Composite** Combines responses from two questions regarding how often consumers received various types of care in a timely manner.

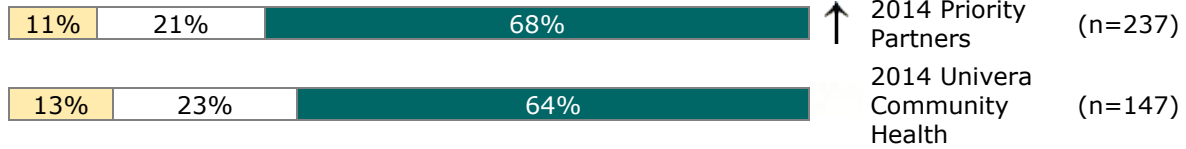




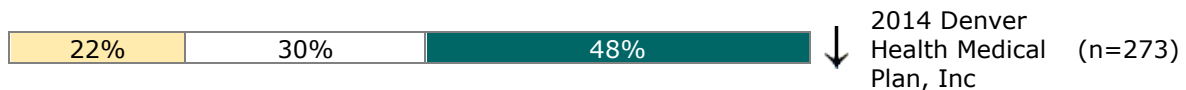
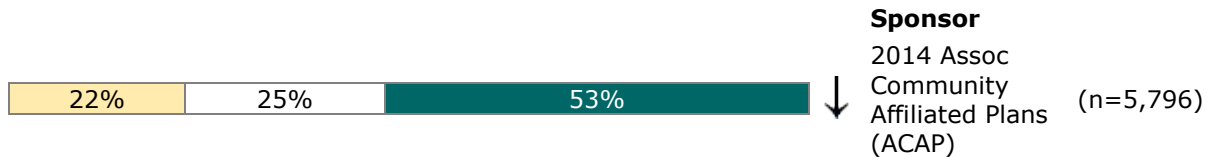
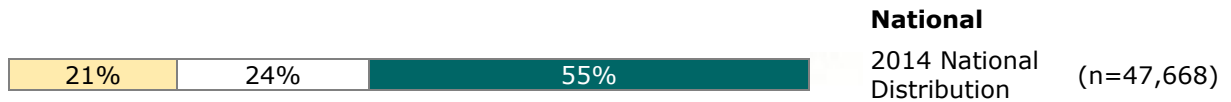
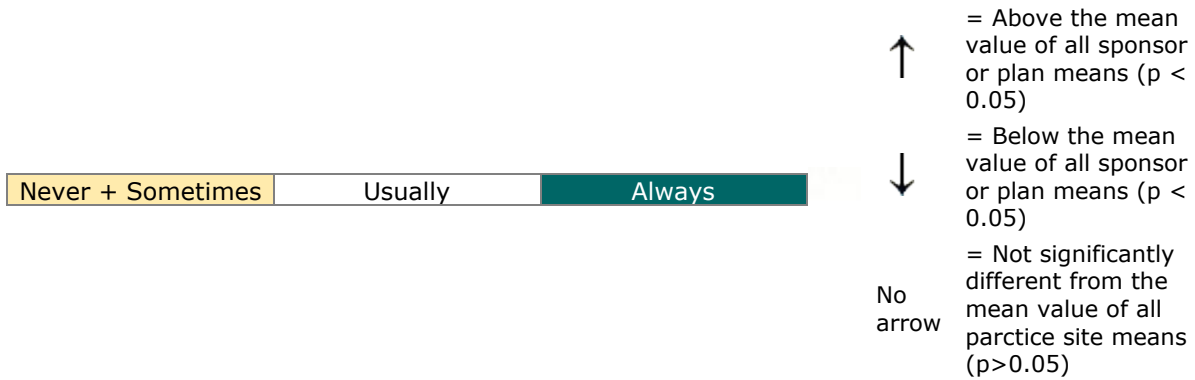
**Q4** Got urgent care for illness, injury or condition as soon as needed



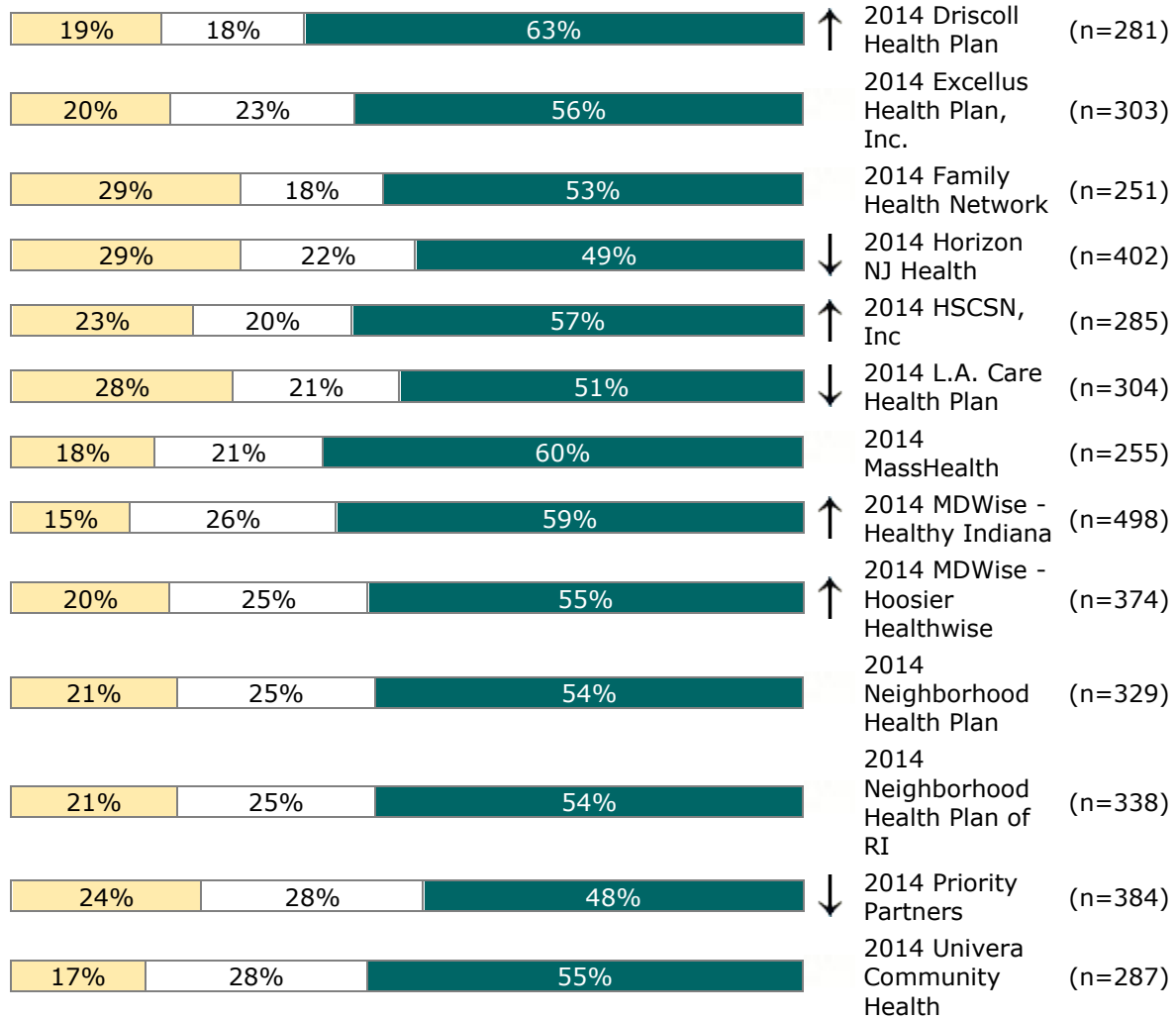
			<b>Product Type</b>
16%	22%	62%	2014 HMO/POS (n=26,717)
			<b>Sponsor</b>
17%	22%	62%	2014 Assoc Community Affiliated Plans (ACAP) (n=3,187)
			<b>Plan</b>
16%	21%	63%	2014 CareSource (n=321)
19%	24%	57%	2014 Community Health Group (n=196)
18%	30%	52%	↓ 2014 Community Health Plan of Washington (n=206)
29%	15%	55%	↓ 2014 Denver Health Medical Plan, Inc (n=150)
11%	19%	70%	↑ 2014 Driscoll Health Plan (n=111)
13%	23%	63%	2014 Excellus Health Plan, Inc. (n=178)
26%	15%	60%	2014 Family Health Network (n=129)
22%	21%	57%	↓ 2014 Horizon NJ Health (n=220)
18%	8%	74%	2014 HSCSN, Inc (n=99)
20%	18%	62%	2014 L.A. Care Health Plan (n=153)
14%	25%	62%	2014 MassHealth (n=133)
11%	25%	63%	2014 MDWise - Healthy Indiana (n=271)
15%	23%	63%	↑ 2014 MDWise - Hoosier Healthwise (n=257)
18%	17%	65%	2014 Neighborhood Health Plan (n=183)
13%	26%	61%	2014 Neighborhood Health Plan of RI (n=196)



**Q6** Got routine appointment at doctor's office or clinic as soon as needed

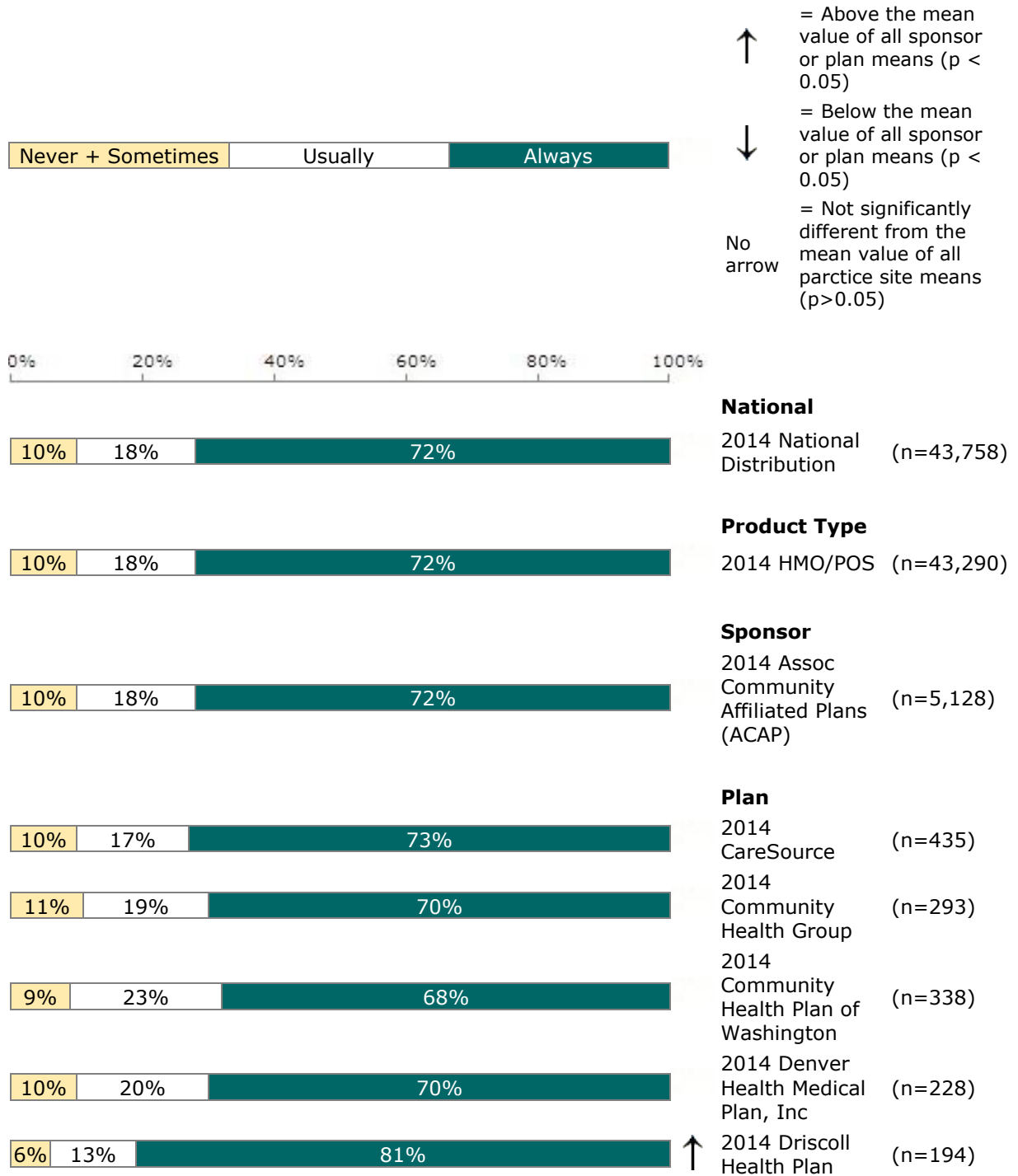


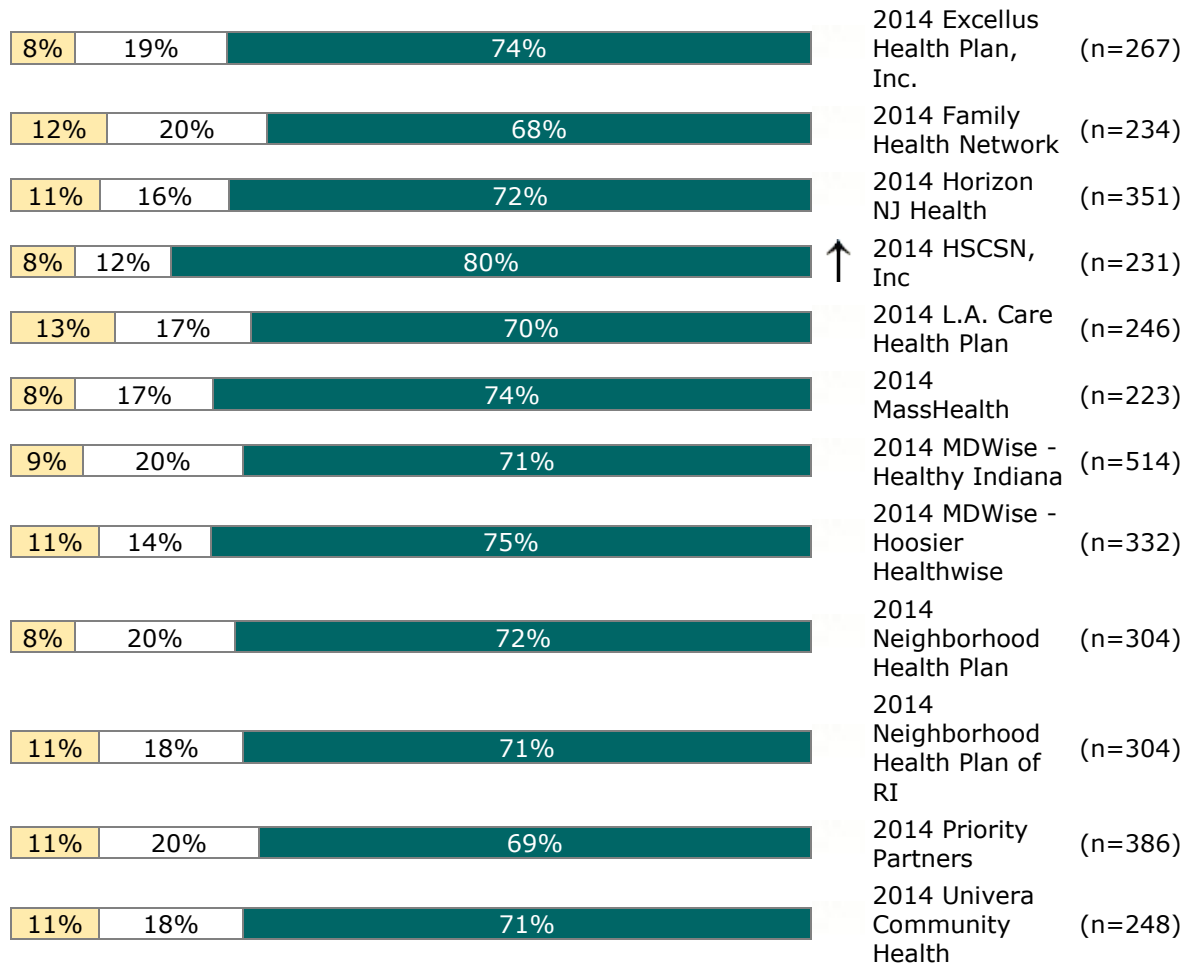




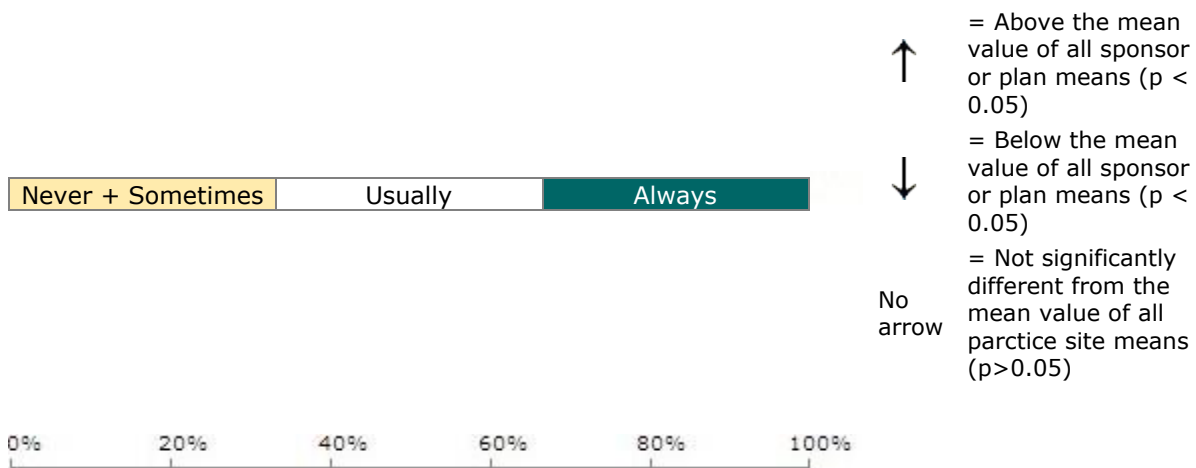
## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

**How Well Doctors Communicate Composite** Combines responses from four questions regarding how often doctors communicated well with consumers.

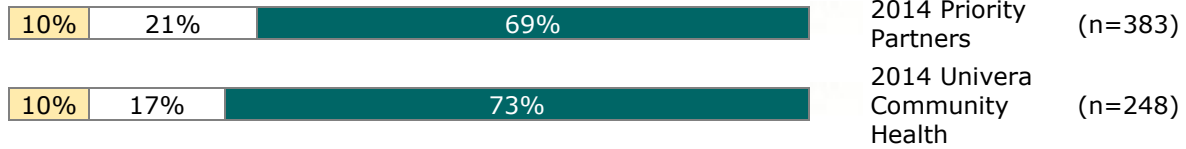




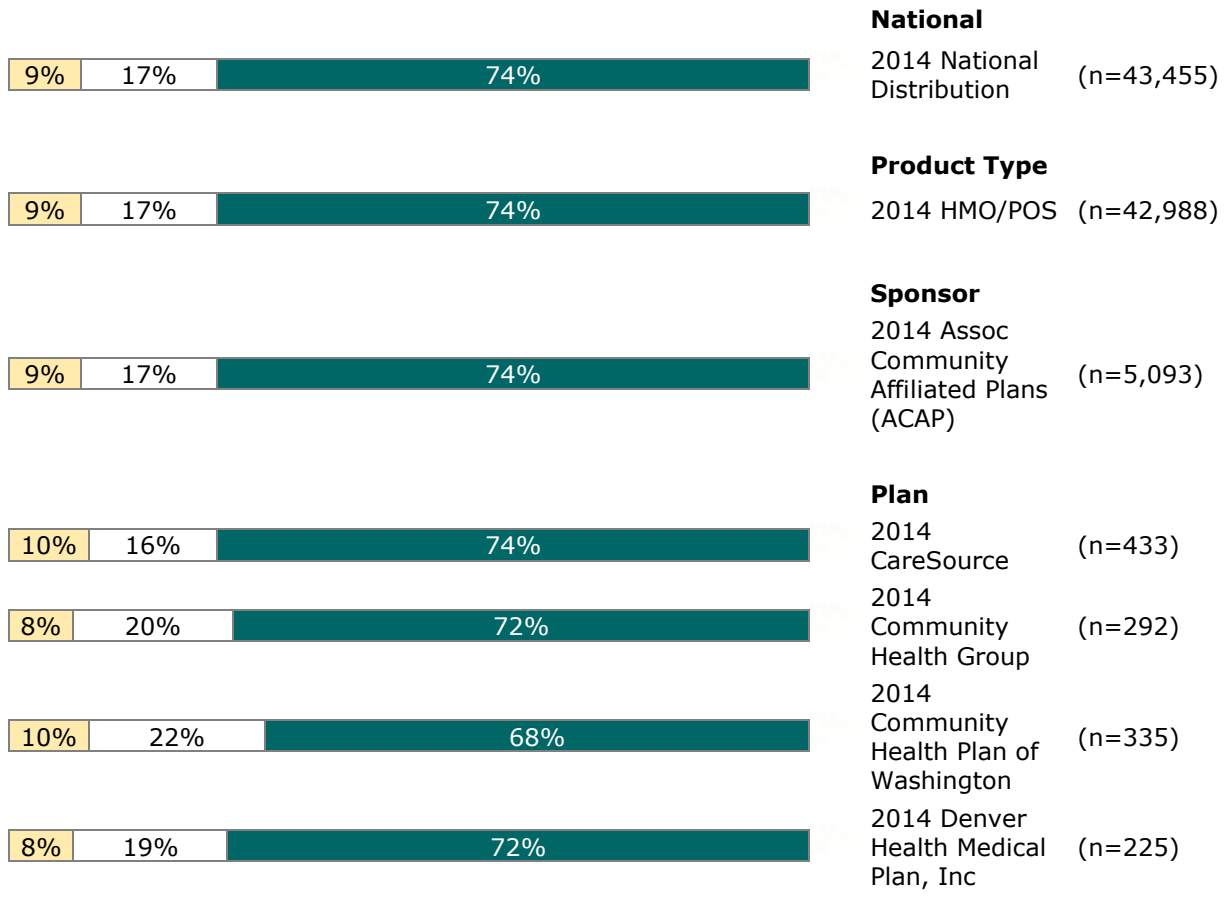
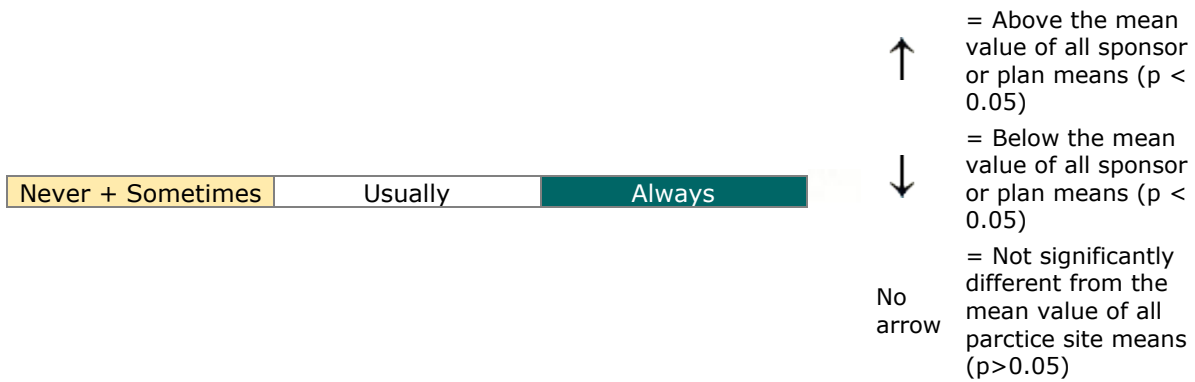
**Q17** Personal doctor explained things clearly

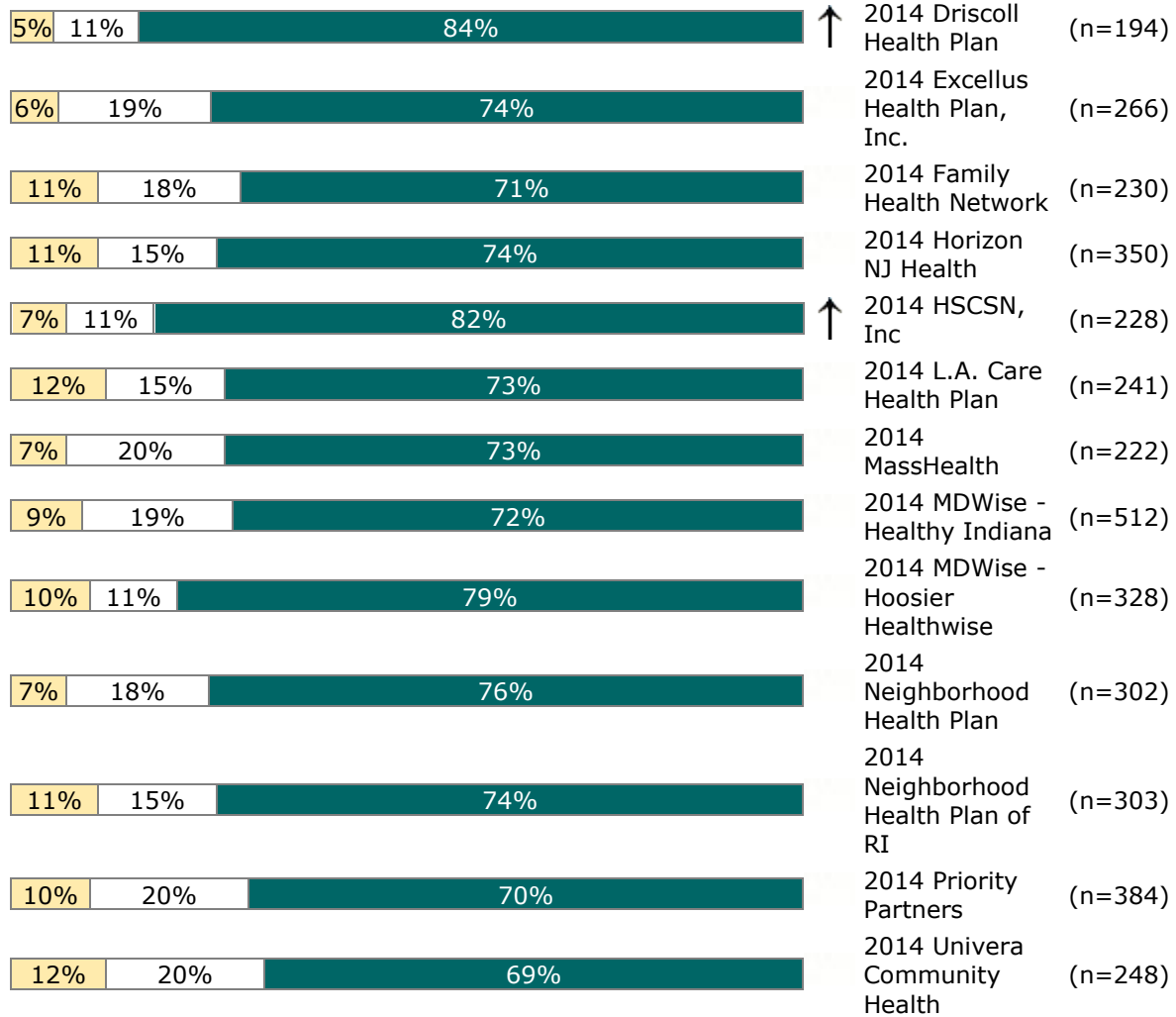


			<b>Product Type</b>
9%	19%	72%	2014 HMO/POS (n=43,038)
			<b>Sponsor</b>
10%	19%	72%	2014 Assoc Community Affiliated Plans (ACAP) (n=5,106)
			<b>Plan</b>
8%	18%	75%	2014 CareSource (n=434)
11%	20%	69%	2014 Community Health Group (n=293)
9%	23%	69%	2014 Community Health Plan of Washington (n=337)
11%	22%	67%	2014 Denver Health Medical Plan, Inc (n=227)
7%	12%	81%	↑ 2014 Driscoll Health Plan (n=194)
6%	21%	73%	2014 Excellus Health Plan, Inc. (n=267)
12%	20%	68%	2014 Family Health Network (n=233)
13%	17%	70%	2014 Horizon NJ Health (n=349)
8%	12%	80%	↑ 2014 HSCSN, Inc (n=227)
14%	18%	68%	2014 L.A. Care Health Plan (n=245)
10%	16%	74%	2014 MassHealth (n=222)
7%	25%	67%	2014 MDWise - Healthy Indiana (n=512)
10%	11%	79%	2014 MDWise - Hoosier Healthwise (n=332)
8%	21%	71%	2014 Neighborhood Health Plan (n=302)
12%	19%	69%	2014 Neighborhood Health Plan of RI (n=301)

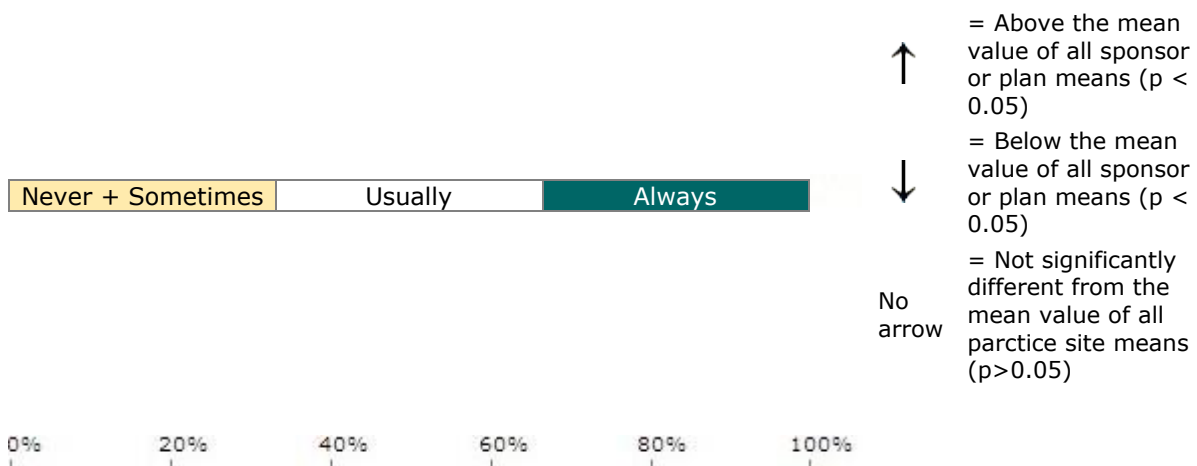


**Q18** Personal doctor listened carefully



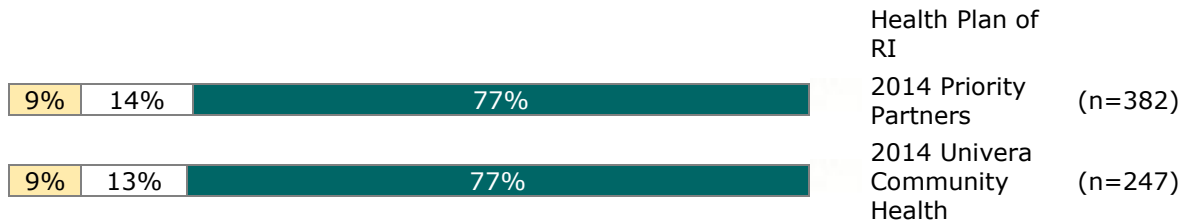


**Q19** Personal doctor respected consumer comments

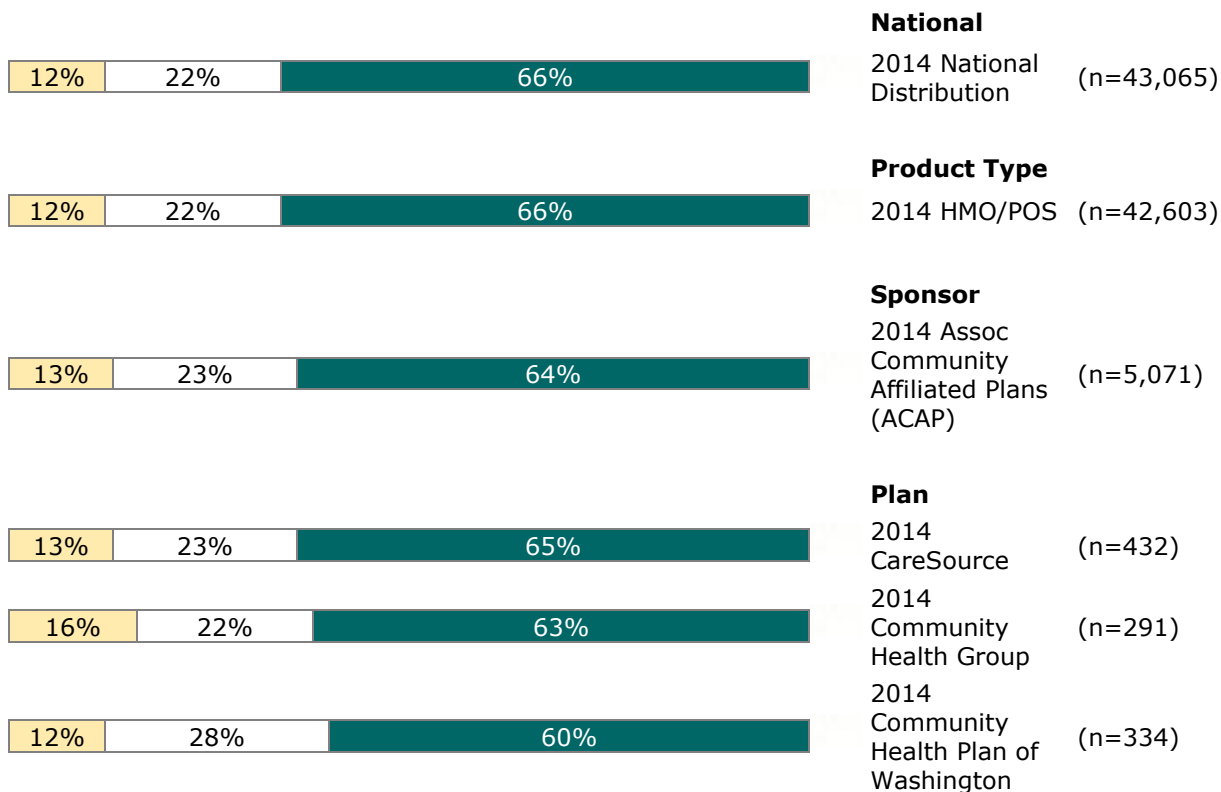


**National**

8%	14%	78%	2014 National Distribution (n=43,360)
			<b>Product Type</b>
8%	14%	78%	2014 HMO/POS (n=42,894)
			<b>Sponsor</b>
8%	13%	79%	2014 Assoc Community Affiliated Plans (ACAP) (n=5,078)
			<b>Plan</b>
8%	14%	78%	2014 CareSource (n=433)
9%	13%	77%	2014 Community Health Group (n=290)
7%	18%	75%	2014 Community Health Plan of Washington (n=336)
7%	15%	78%	2014 Denver Health Medical Plan, Inc (n=228)
4%	6%	90%	↑ 2014 Driscoll Health Plan (n=194)
8%	11%	80%	2014 Excellus Health Plan, Inc. (n=266)
10%	17%	73%	2014 Family Health Network (n=230)
7%	13%	79%	2014 Horizon NJ Health (n=345)
4%	7%	89%	↑ 2014 HSCSN, Inc (n=226)
10%	12%	77%	2014 L.A. Care Health Plan (n=244)
5%	14%	81%	2014 MassHealth (n=221)
7%	15%	78%	2014 MDWise - Healthy Indiana (n=512)
10%	11%	79%	2014 MDWise - Hoosier Healthwise (n=323)
7%	14%	79%	2014 Neighborhood Health Plan (n=302)
6%	14%	80%	2014 Neighborhood (n=299)



**Q20** Personal doctor spent enough time with consumers



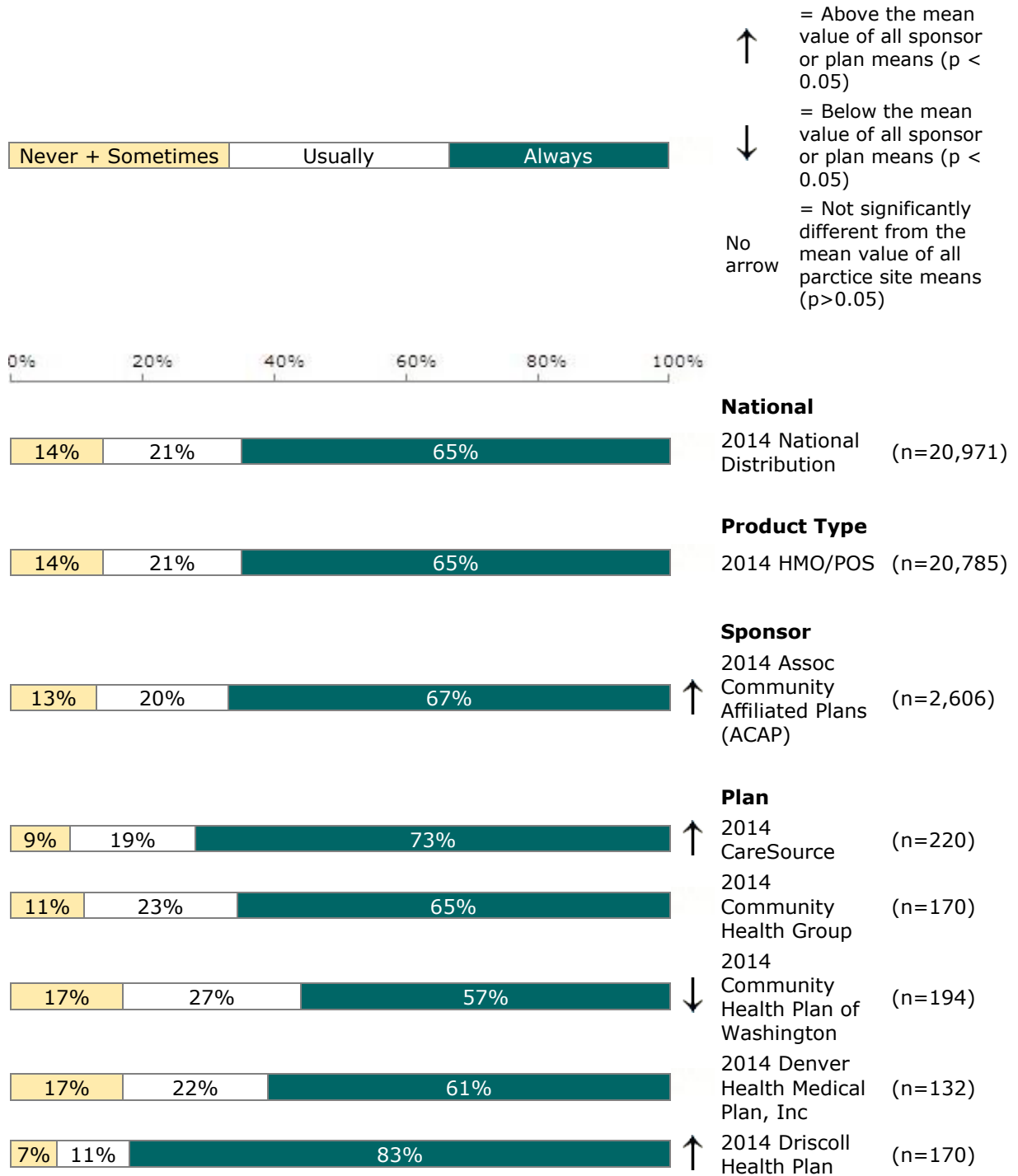


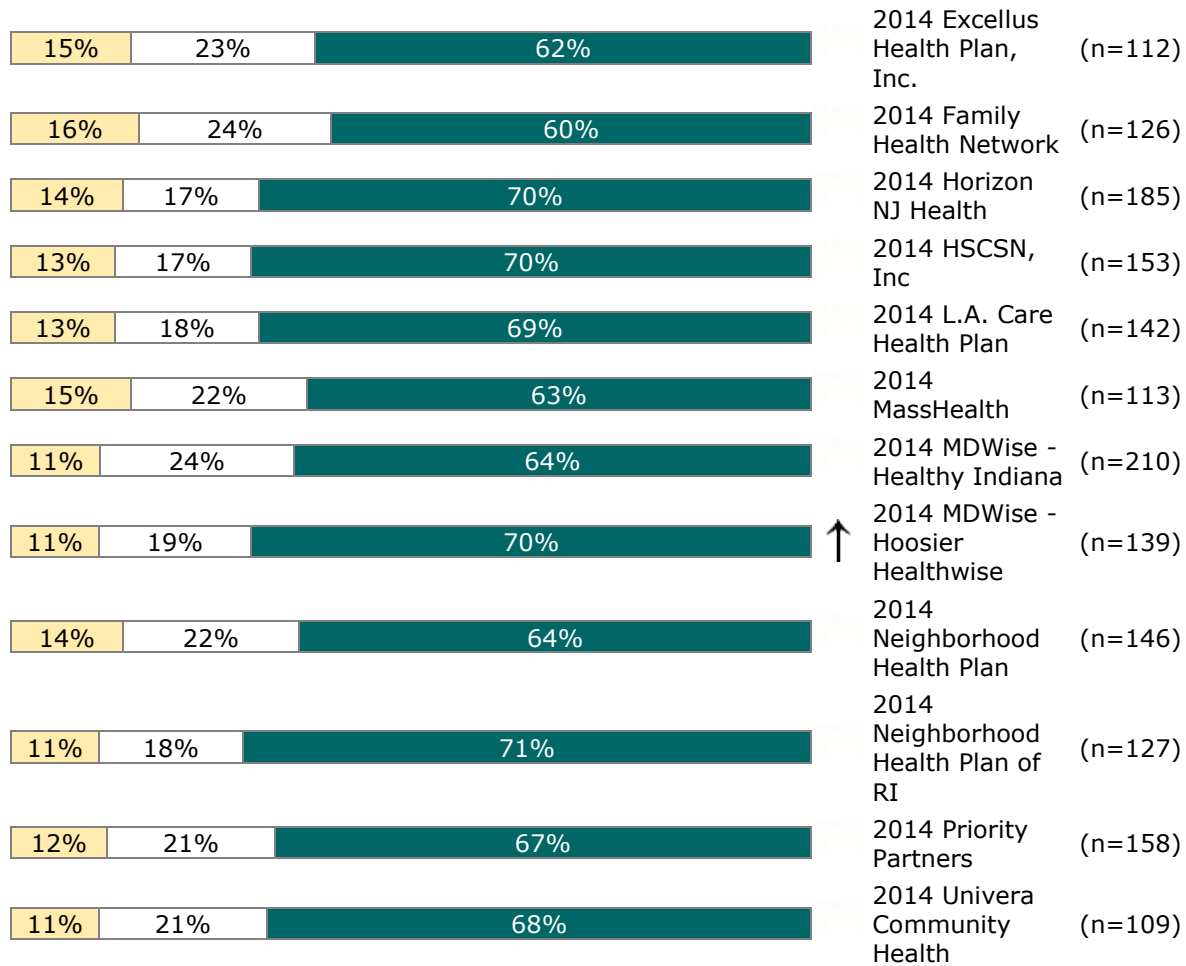
13%	23%	64%	2014 Denver Health Medical Plan, Inc	(n=226)
9%	23%	68%	2014 Driscoll Health Plan	(n=193)
9%	23%	68%	2014 Excellus Health Plan, Inc.	(n=266)
16%	24%	61%	2014 Family Health Network	(n=231)
13%	21%	66%	2014 Horizon NJ Health	(n=346)
13%	18%	69%	2014 HSCSN, Inc	(n=227)
18%	22%	60%	2014 L.A. Care Health Plan	(n=242)
10%	20%	70%	2014 MassHealth	(n=220)
12%	20%	68%	2014 MDWise - Healthy Indiana	(n=511)
13%	24%	64%	2014 MDWise - Hoosier Healthwise	(n=323)
10%	29%	62%	2014 Neighborhood Health Plan	(n=302)
13%	25%	61%	2014 Neighborhood Health Plan of RI	(n=299)
15%	24%	62%	2014 Priority Partners	(n=382)
13%	20%	67%	2014 Univera Community Health	(n=246)



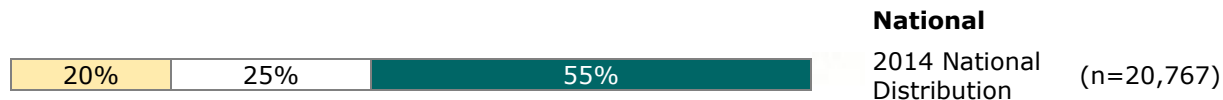
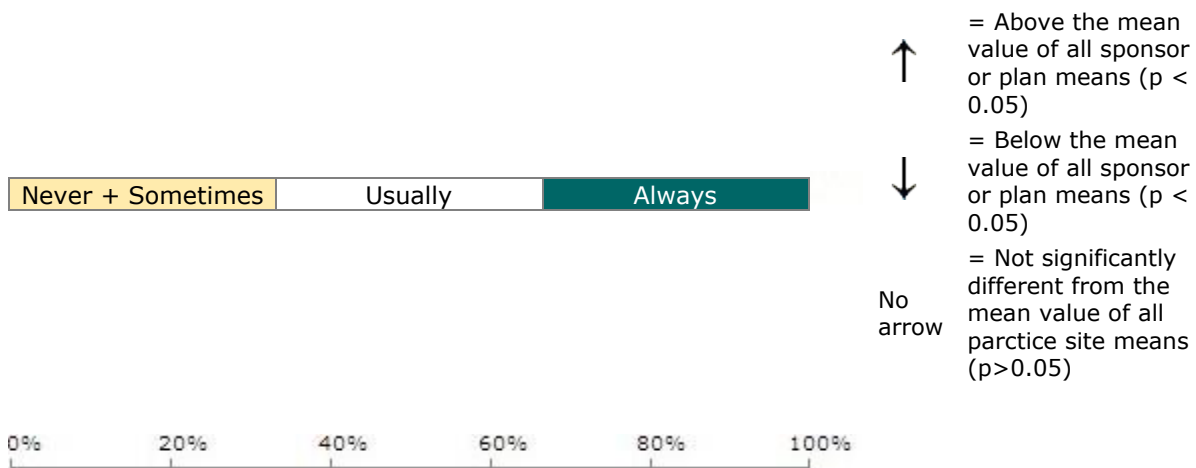
## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

**Health Plan Information and Customer Service Composite** Combines responses from two questions about getting needed information and help from your health plan.

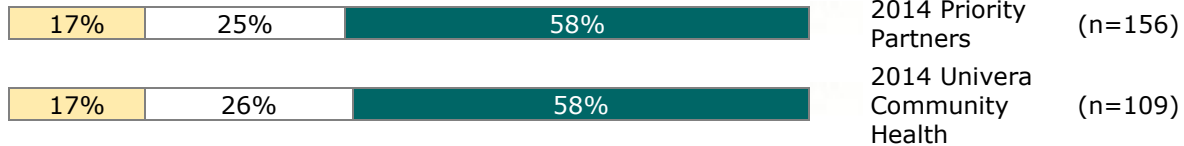




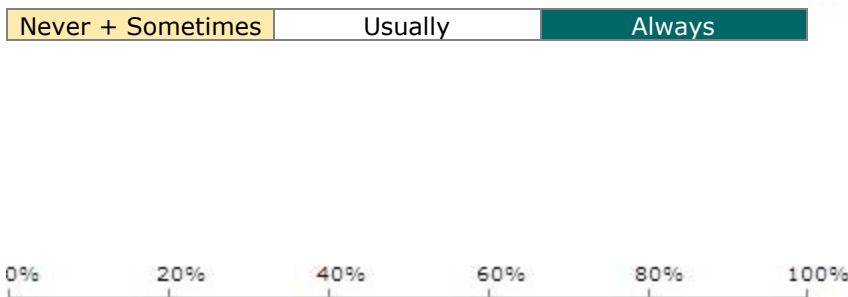
**Q31** Customer service gave necessary information or help



			<b>Product Type</b>
20%	25%	55%	2014 HMO/POS (n=20,583)
			<b>Sponsor</b>
18%	24%	57%	↑ 2014 Assoc Community Affiliated Plans (ACAP) (n=2,584)
			<b>Plan</b>
15%	23%	62%	↑ 2014 CareSource (n=219)
16%	27%	57%	2014 Community Health Group (n=169)
25%	32%	43%	↓ 2014 Community Health Plan of Washington (n=190)
22%	26%	52%	2014 Denver Health Medical Plan, Inc (n=132)
10%	15%	75%	↑ 2014 Driscoll Health Plan (n=170)
23%	23%	54%	2014 Excellus Health Plan, Inc. (n=111)
22%	28%	50%	2014 Family Health Network (n=126)
18%	23%	59%	2014 Horizon NJ Health (n=183)
18%	21%	61%	2014 HSCSN, Inc (n=152)
18%	23%	60%	2014 L.A. Care Health Plan (n=141)
19%	27%	54%	2014 MassHealth (n=113)
18%	30%	51%	2014 MDWise - Healthy Indiana (n=206)
17%	19%	64%	↑ 2014 MDWise - Hoosier Healthwise (n=138)
20%	25%	55%	2014 Neighborhood Health Plan (n=143)
17%	22%	61%	2014 Neighborhood Health Plan of RI (n=126)



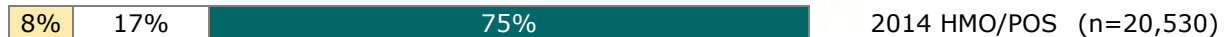
**Q32** Customer service staff courteous and respectful

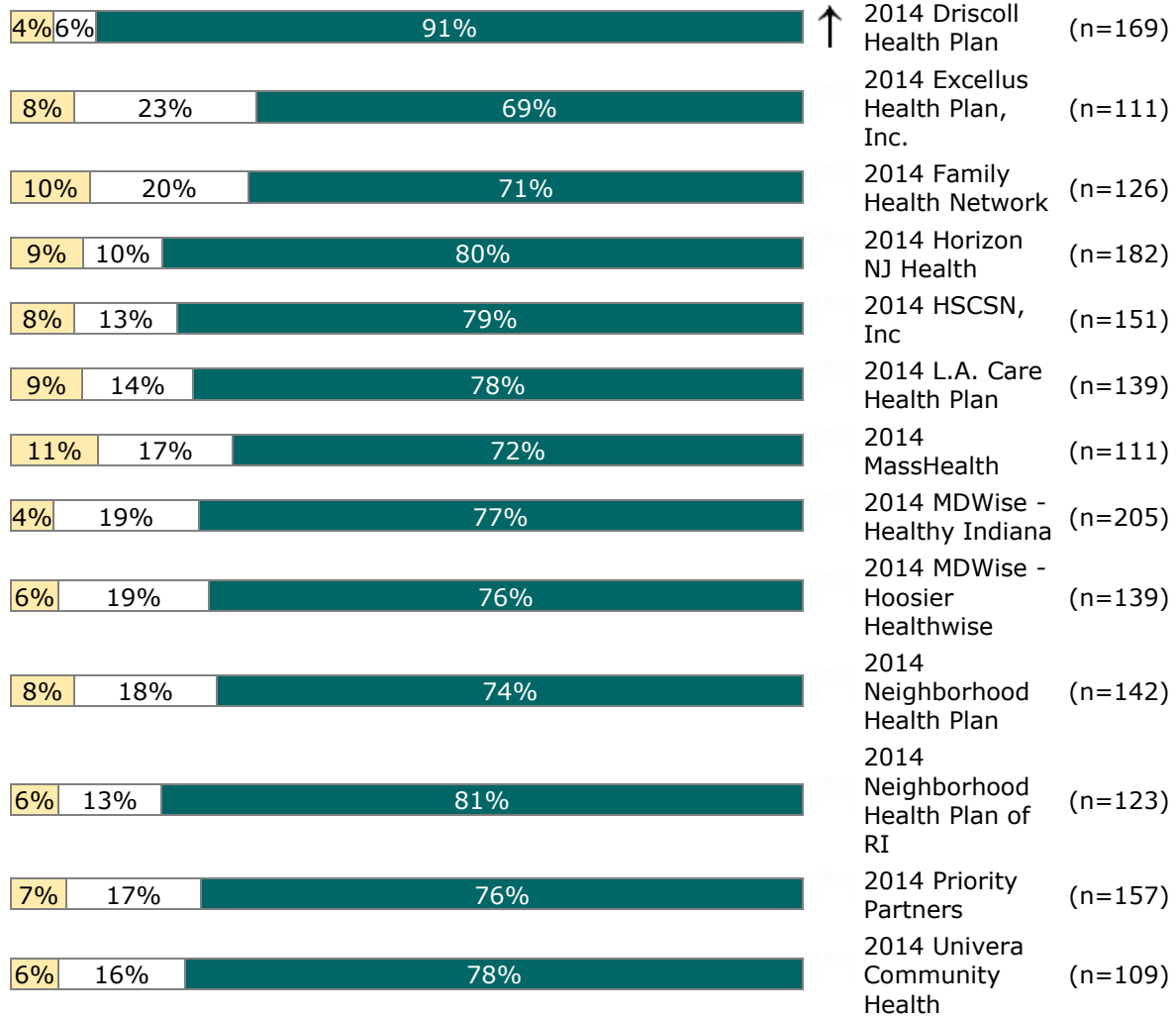


↑ = Above the mean value of all sponsor or plan means (p < 0.05)

↓ = Below the mean value of all sponsor or plan means (p < 0.05)

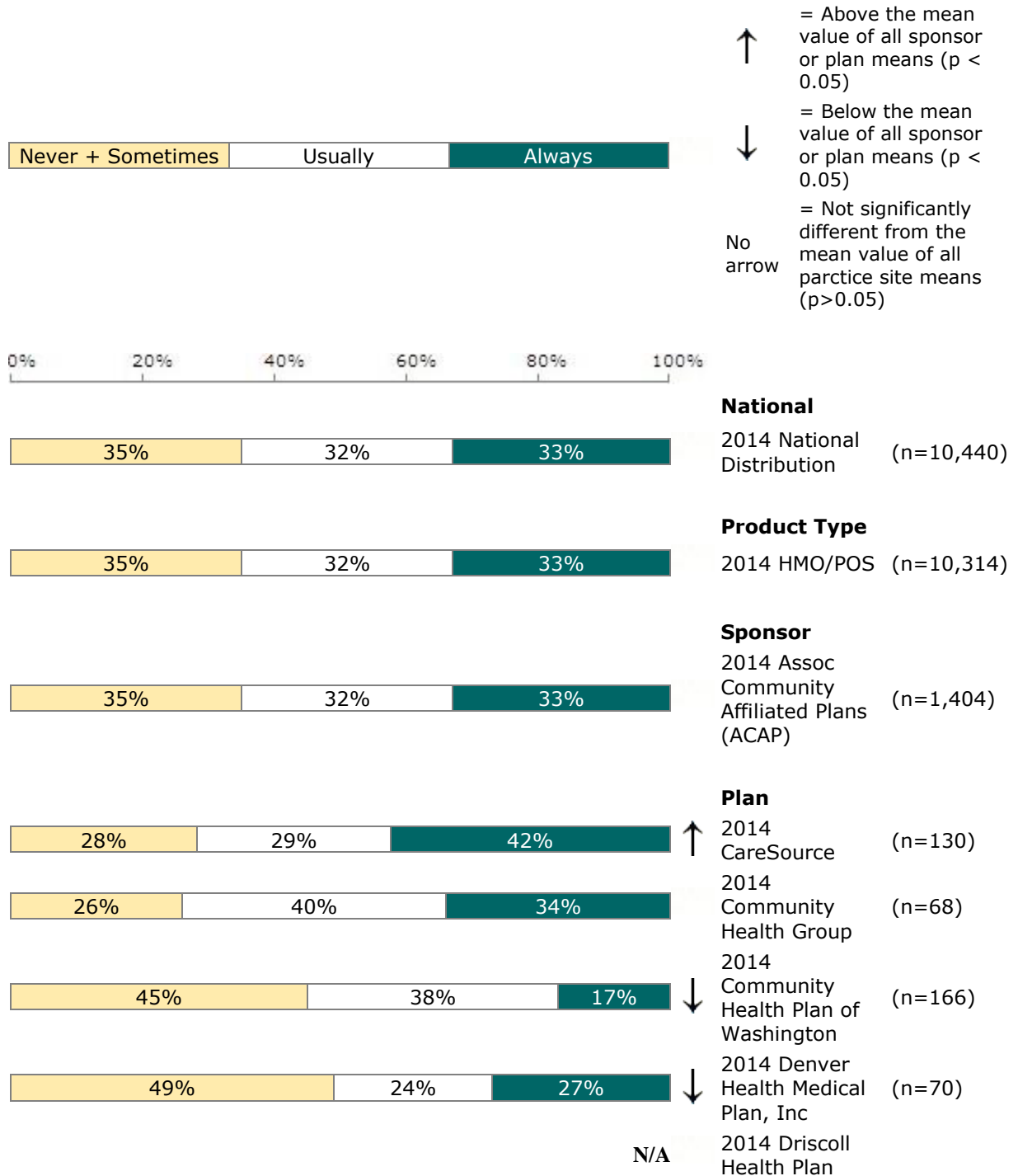
No arrow = Not significantly different from the mean value of all practice site means (p>0.05)





## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

**Q29** How often written materials or Internet provided needed information on how health plan works



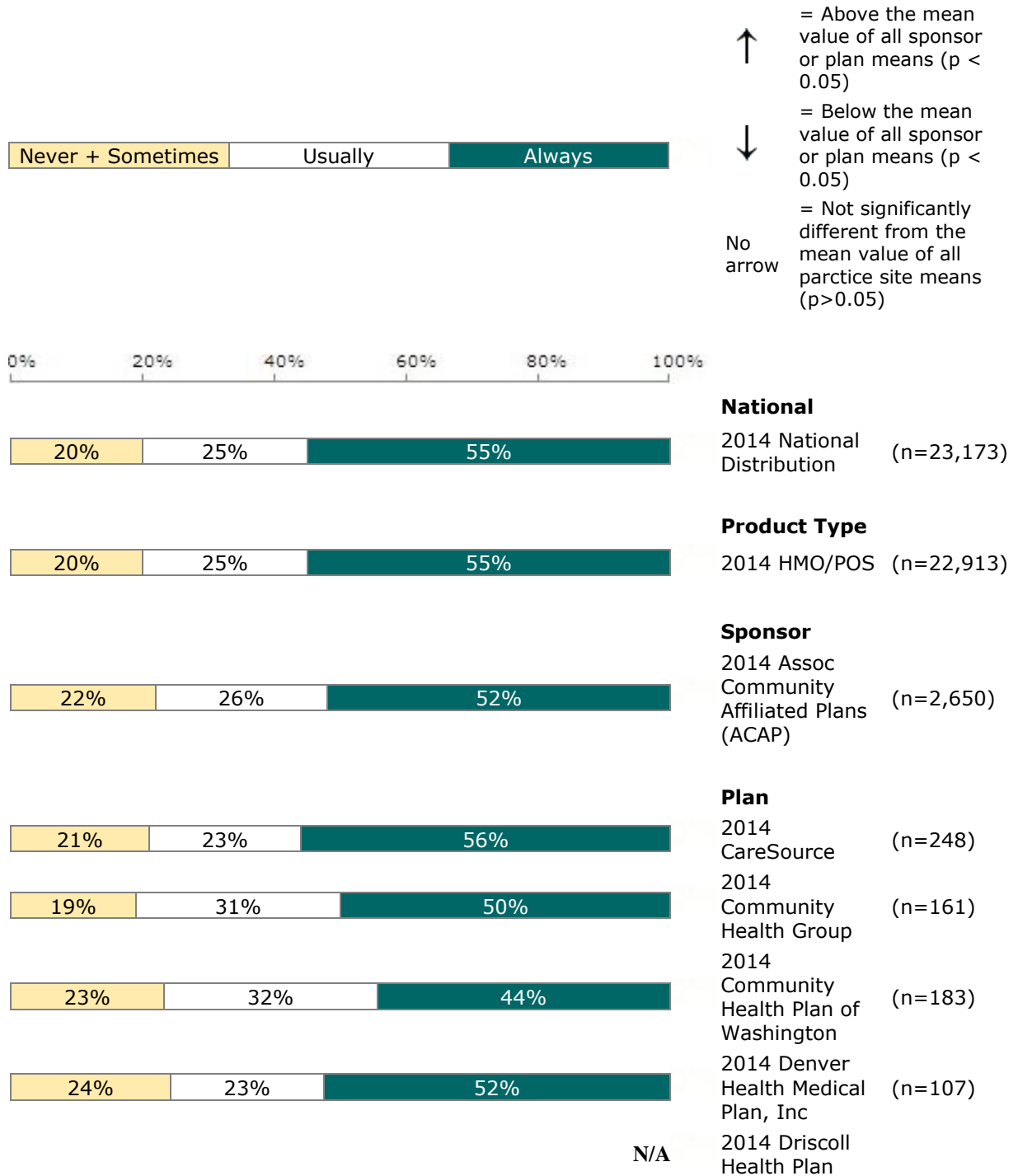
42%	24%	35%	2014 Excellus Health Plan, Inc.	(n=55)
41%	17%	42%	2014 Family Health Network	(n=59)
36%	33%	31%	2014 Horizon NJ Health	(n=123)
31%	13%	56%	2014 HSCSN, Inc	(n=52)
39%	28%	33%	2014 L.A. Care Health Plan	(n=69)
40%	22%	38%	2014 MassHealth	(n=68)
29%	43%	28%	2014 MDWise - Healthy Indiana	(n=156)
32%	36%	32%	2014 MDWise - Hoosier Healthwise	(n=91)
30%	36%	34%	2014 Neighborhood Health Plan	(n=94)
25%	32%	43%	2014 Neighborhood Health Plan of RI	(n=63)
40%	25%	34%	2014 Priority Partners	(n=87)
28%	34%	38%	2014 Univera Community Health	(n=53)

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## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

**Q22** Personal doctor seemed informed and up-to-date about care received from other doctors/providers

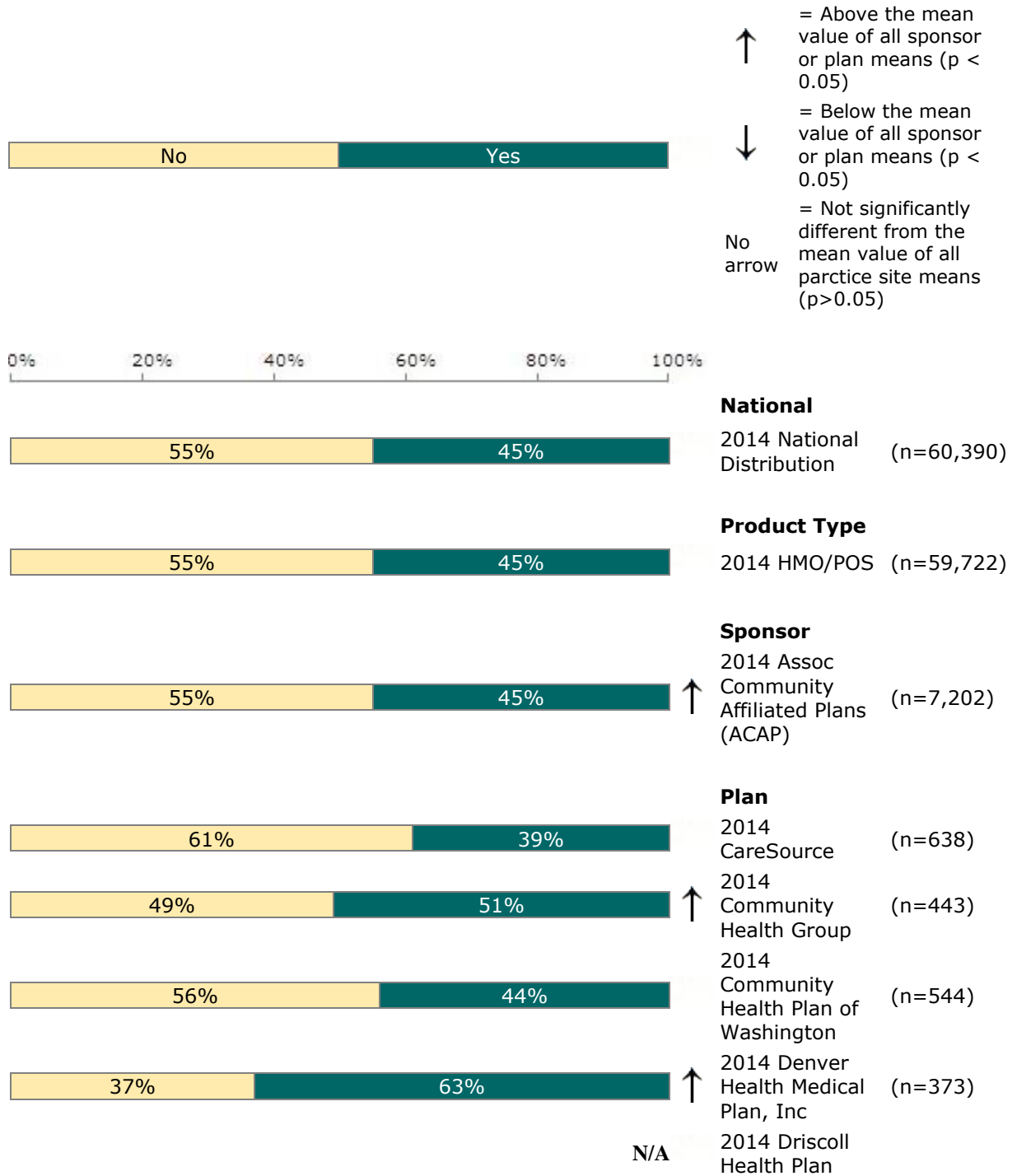


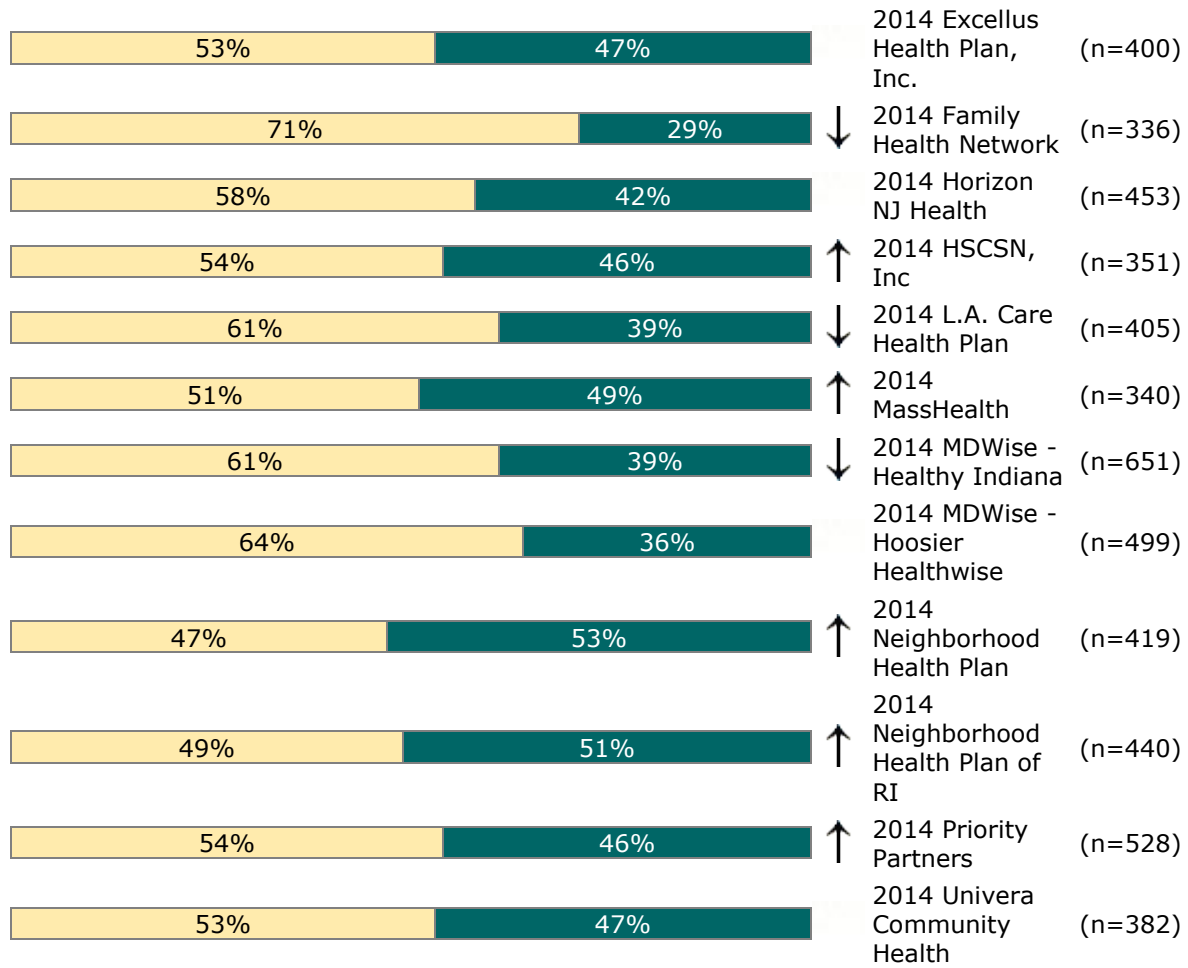
22%	25%	53%	2014 Excellus Health Plan, Inc.	(n=150)
26%	26%	48%	2014 Family Health Network	(n=85)
27%	22%	51%	2014 Horizon NJ Health	(n=188)
21%	21%	58%	2014 HSCSN, Inc	(n=133)
19%	27%	54%	2014 L.A. Care Health Plan	(n=116)
14%	29%	57%	2014 MassHealth	(n=147)
21%	27%	52%	2014 MDWise - Healthy Indiana	(n=267)
22%	24%	54%	2014 MDWise - Hoosier Healthwise	(n=185)
20%	24%	56%	2014 Neighborhood Health Plan	(n=188)
20%	26%	54%	2014 Neighborhood Health Plan of RI	(n=163)
27%	26%	47%	2014 Priority Partners	(n=195)
21%	30%	49%	2014 Univera Community Health	(n=134)

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## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

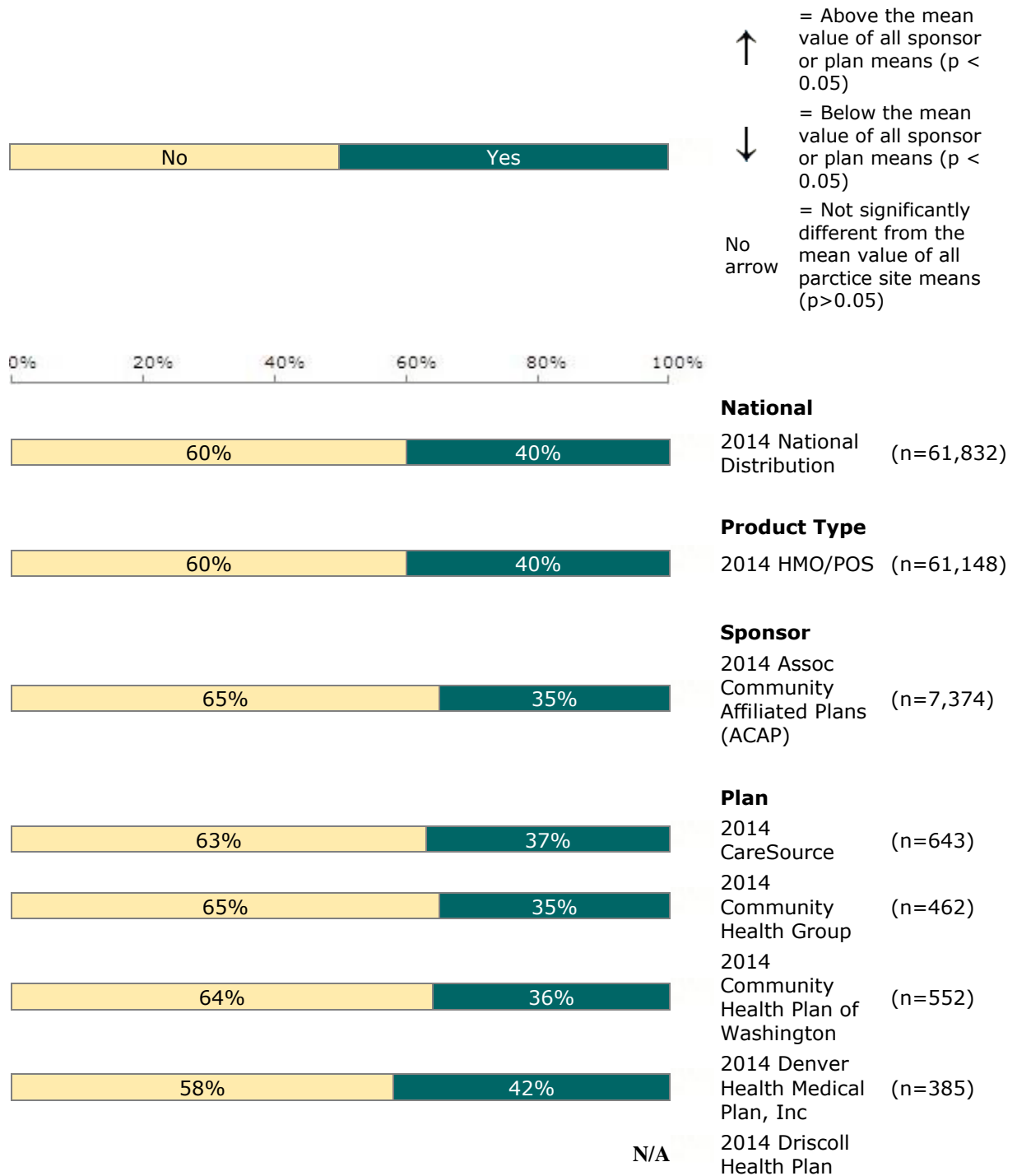
**Q38** Had either a flu shot or flu spray

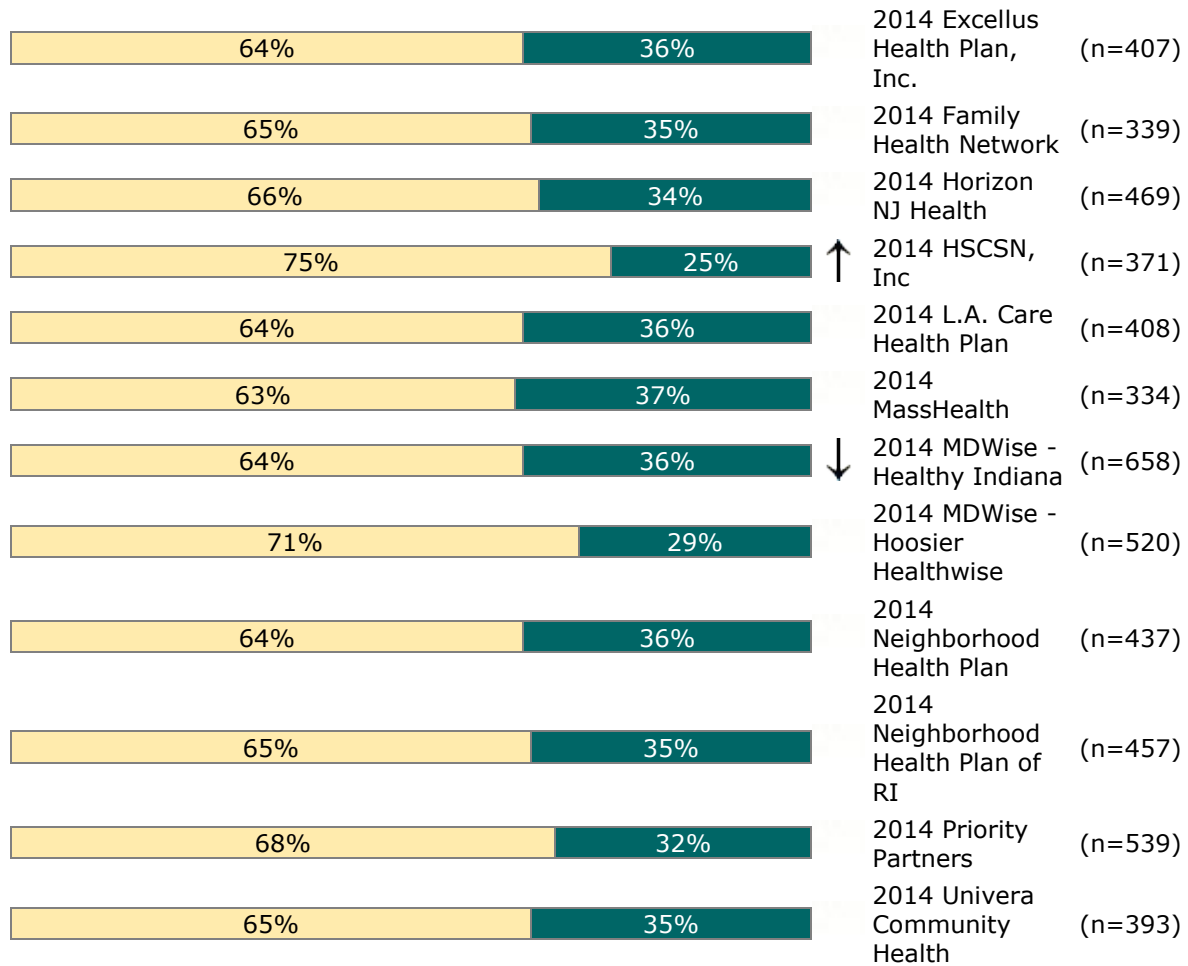




## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

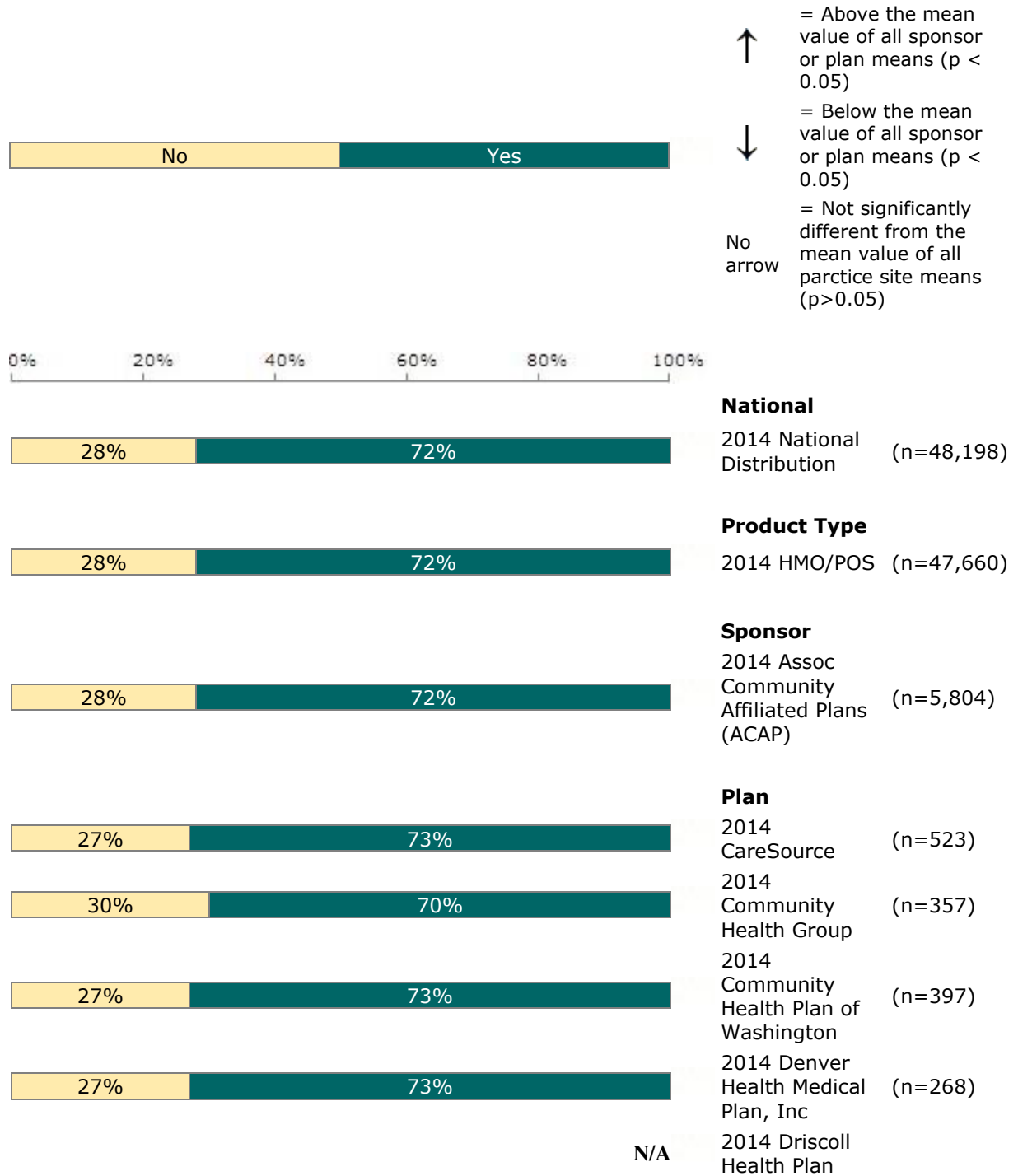
**Q45** Doctor discussed with consumer the risks and benefits of aspirin to prevent heart attack or stroke

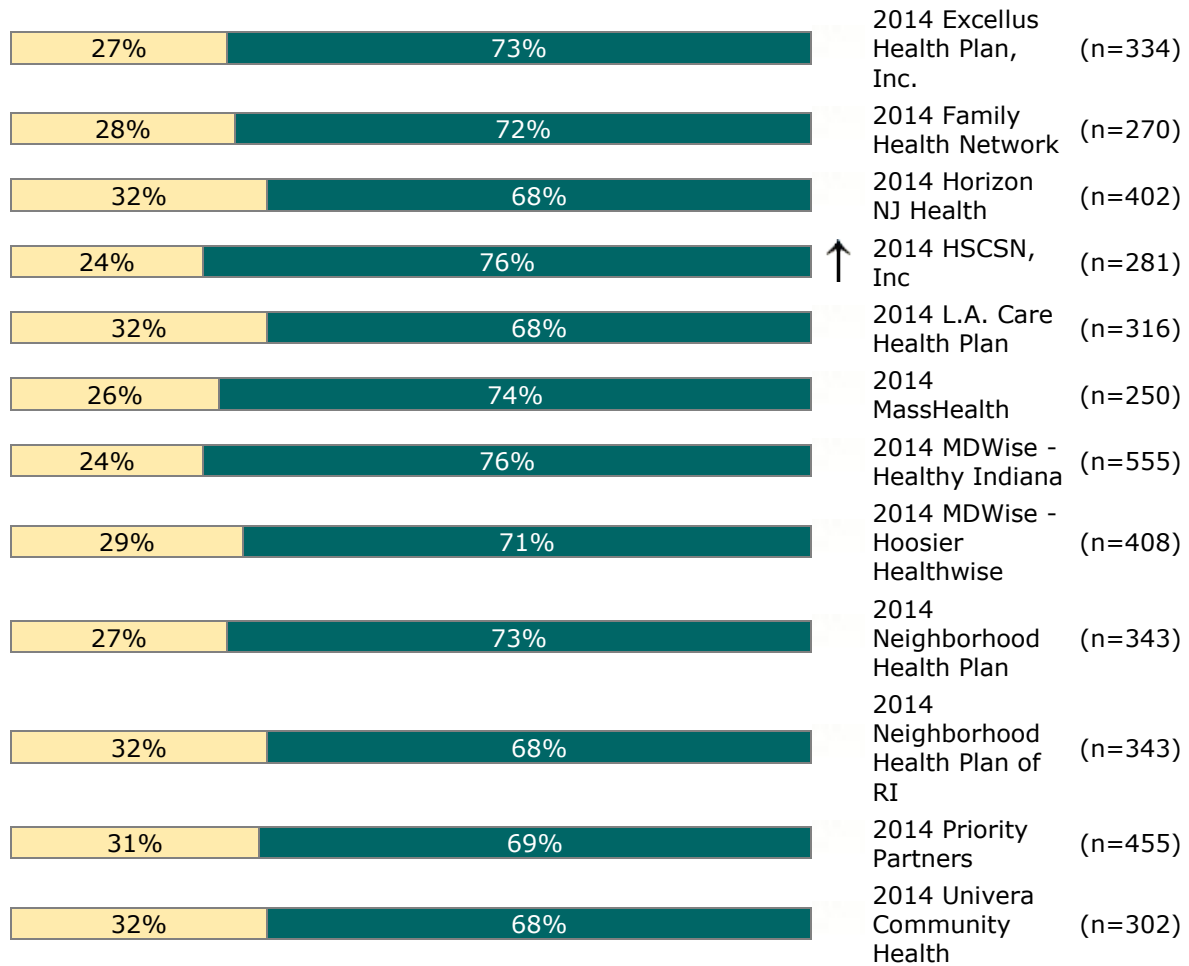




## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

**Q8** Consumer and doctor talked about specific things to prevent illness

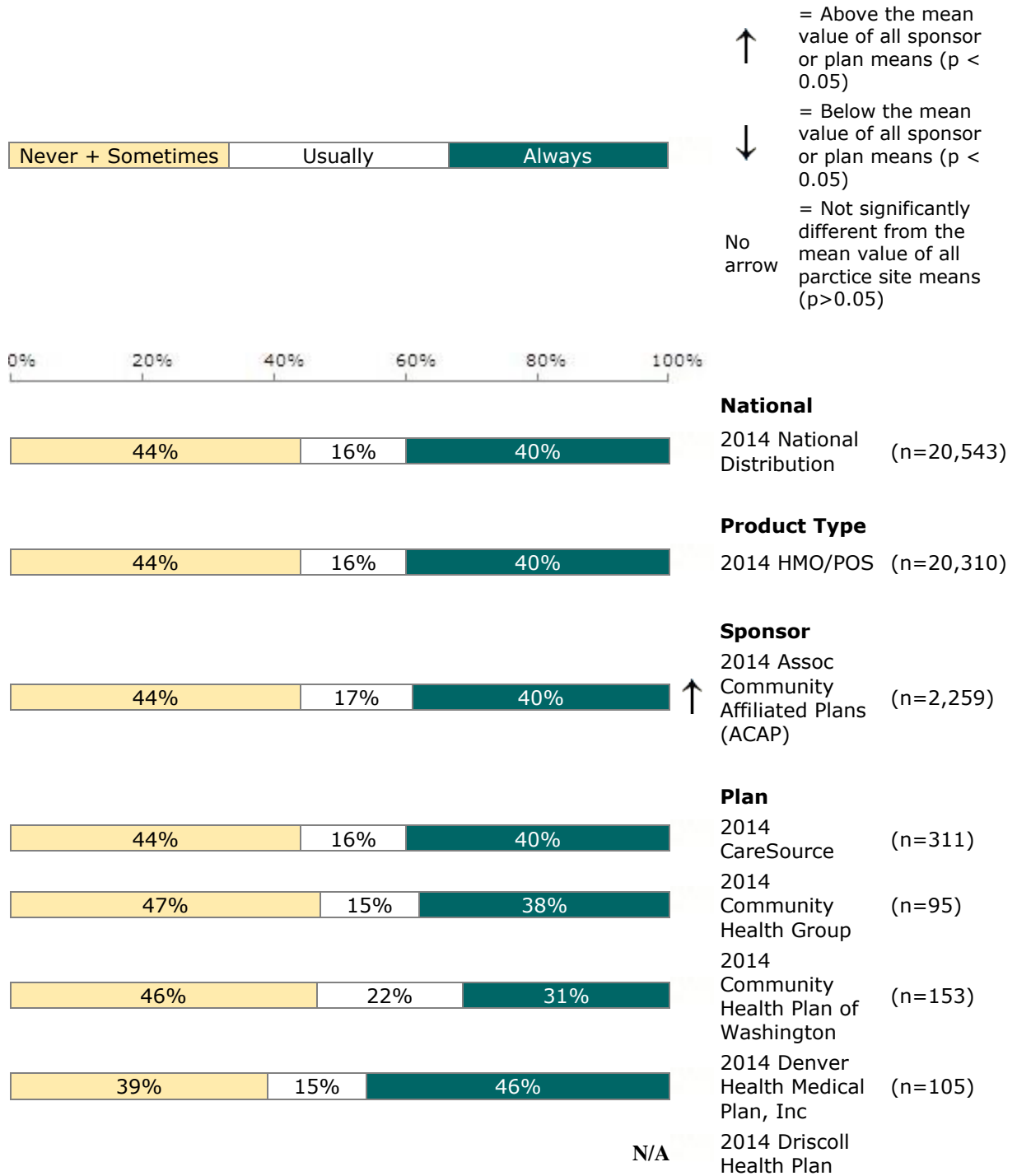


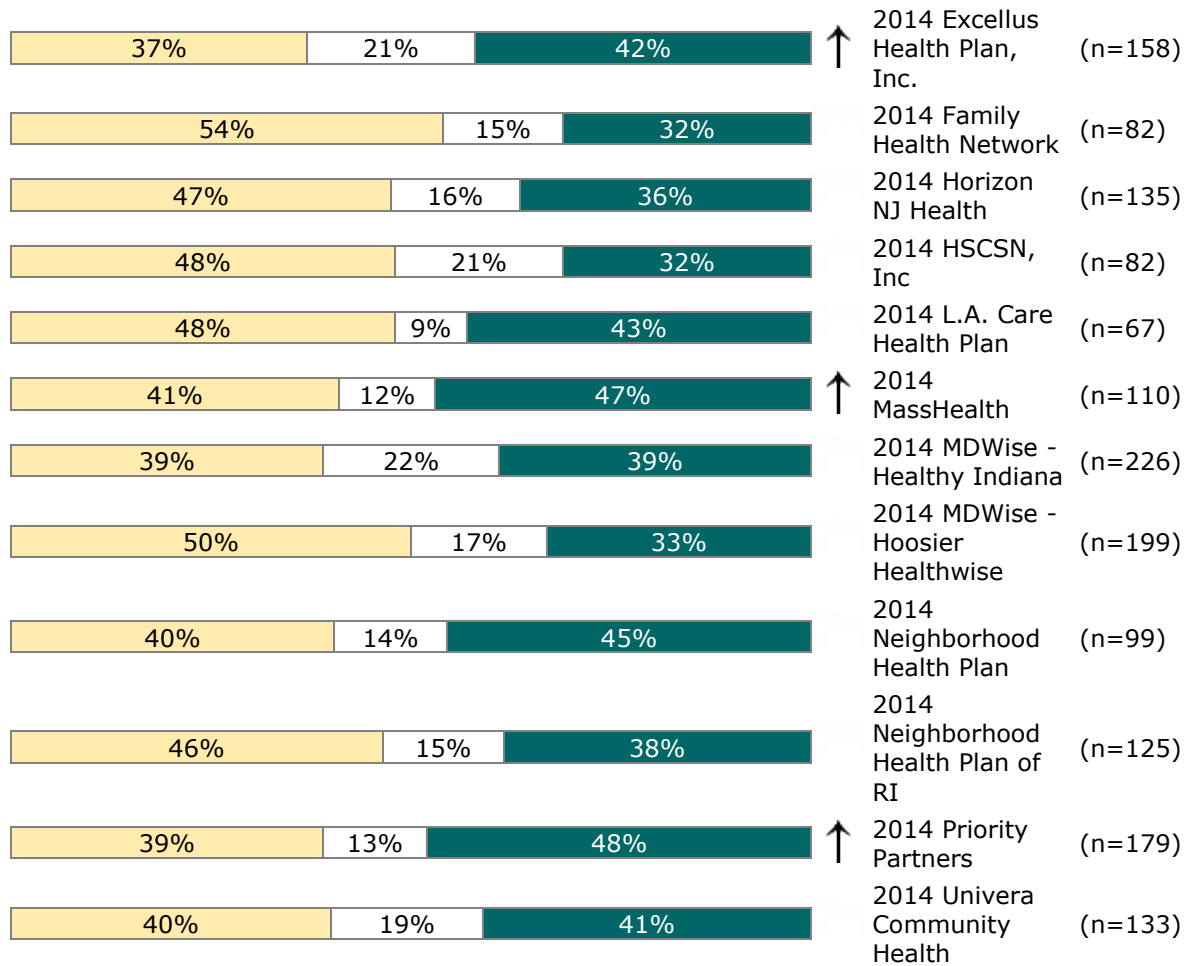




## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

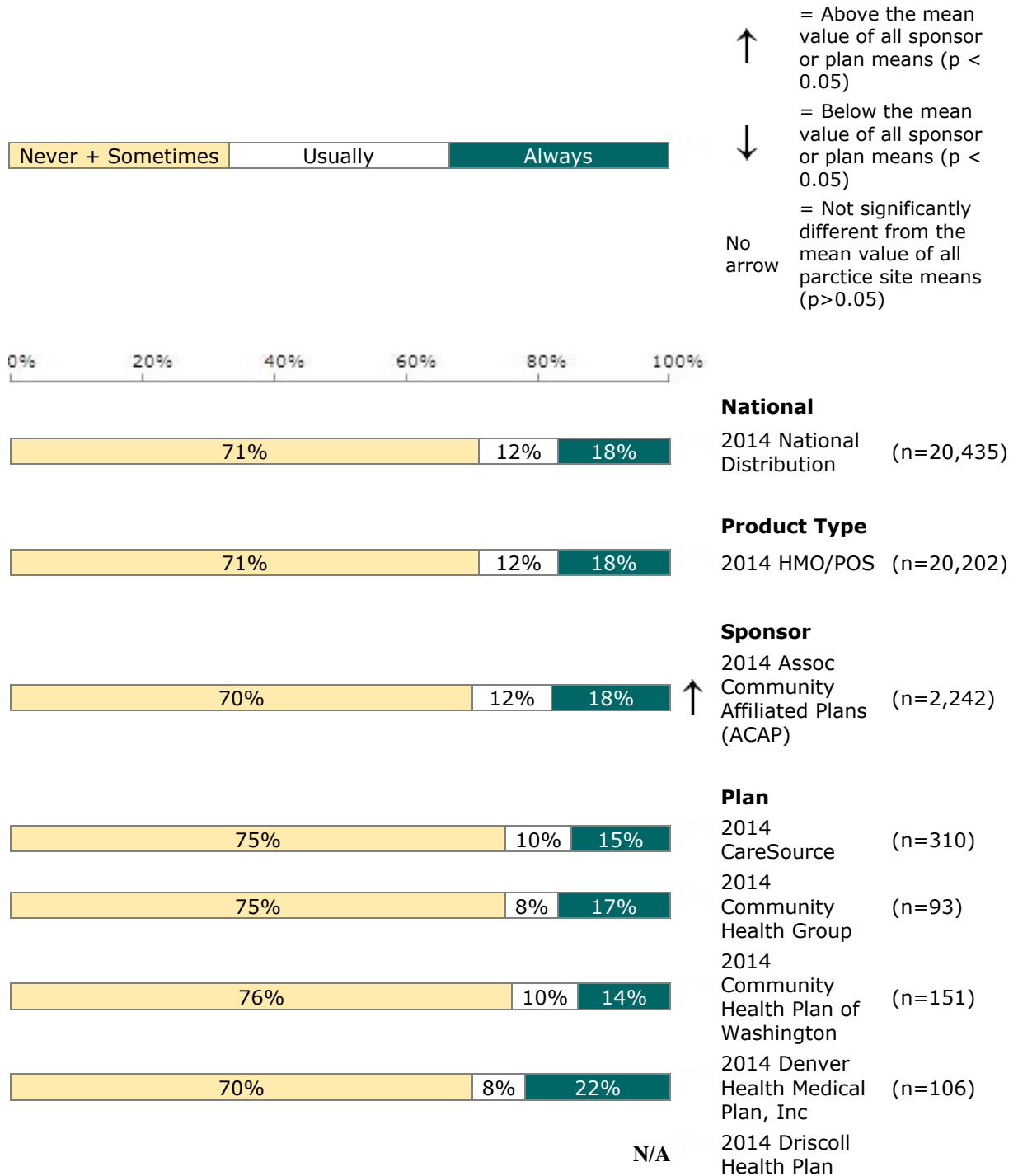
**Q40** How often consumer was advised to quit smoking or using tobacco





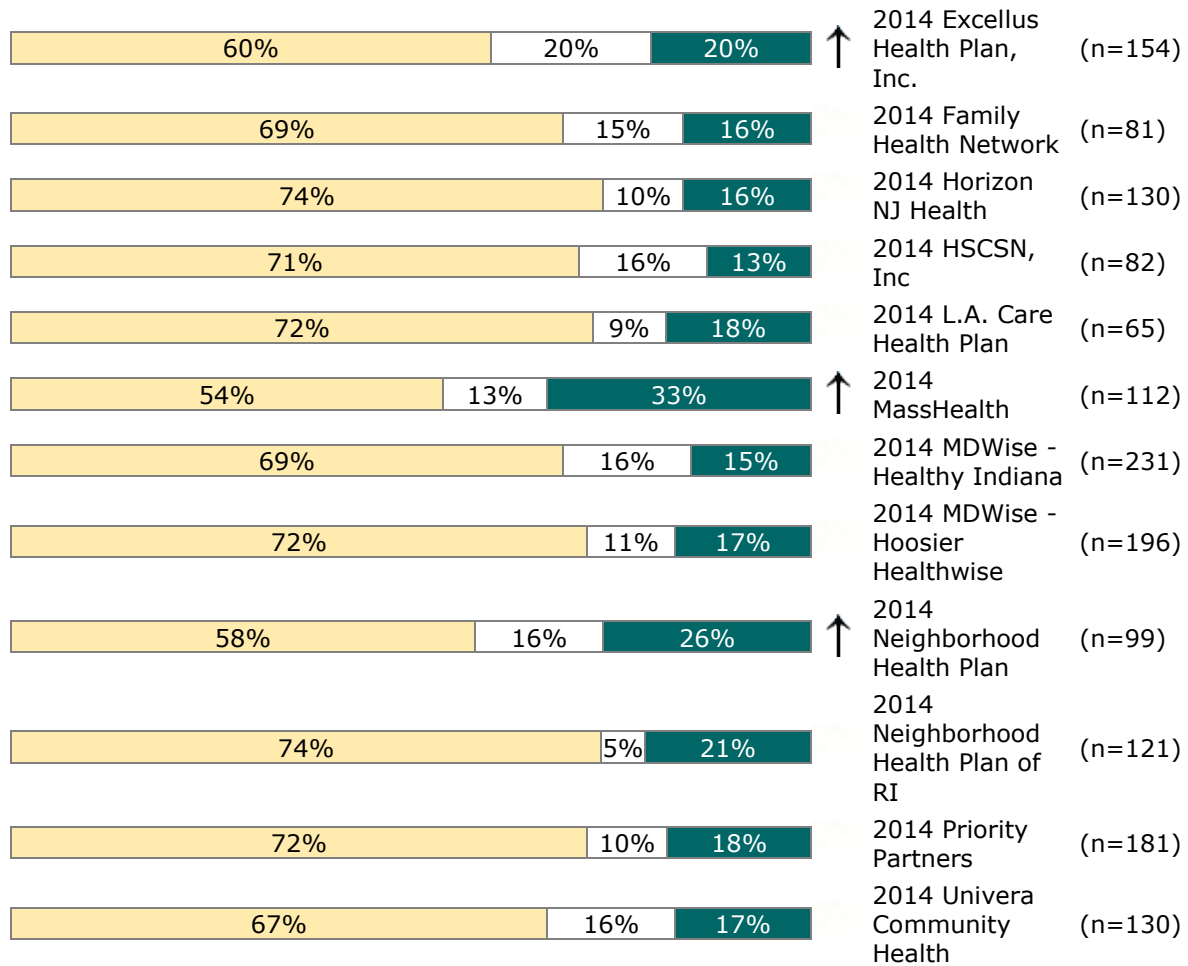
## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

**Q41** How often medication was recommended or discussed to help consumer quit smoking or using tobacco



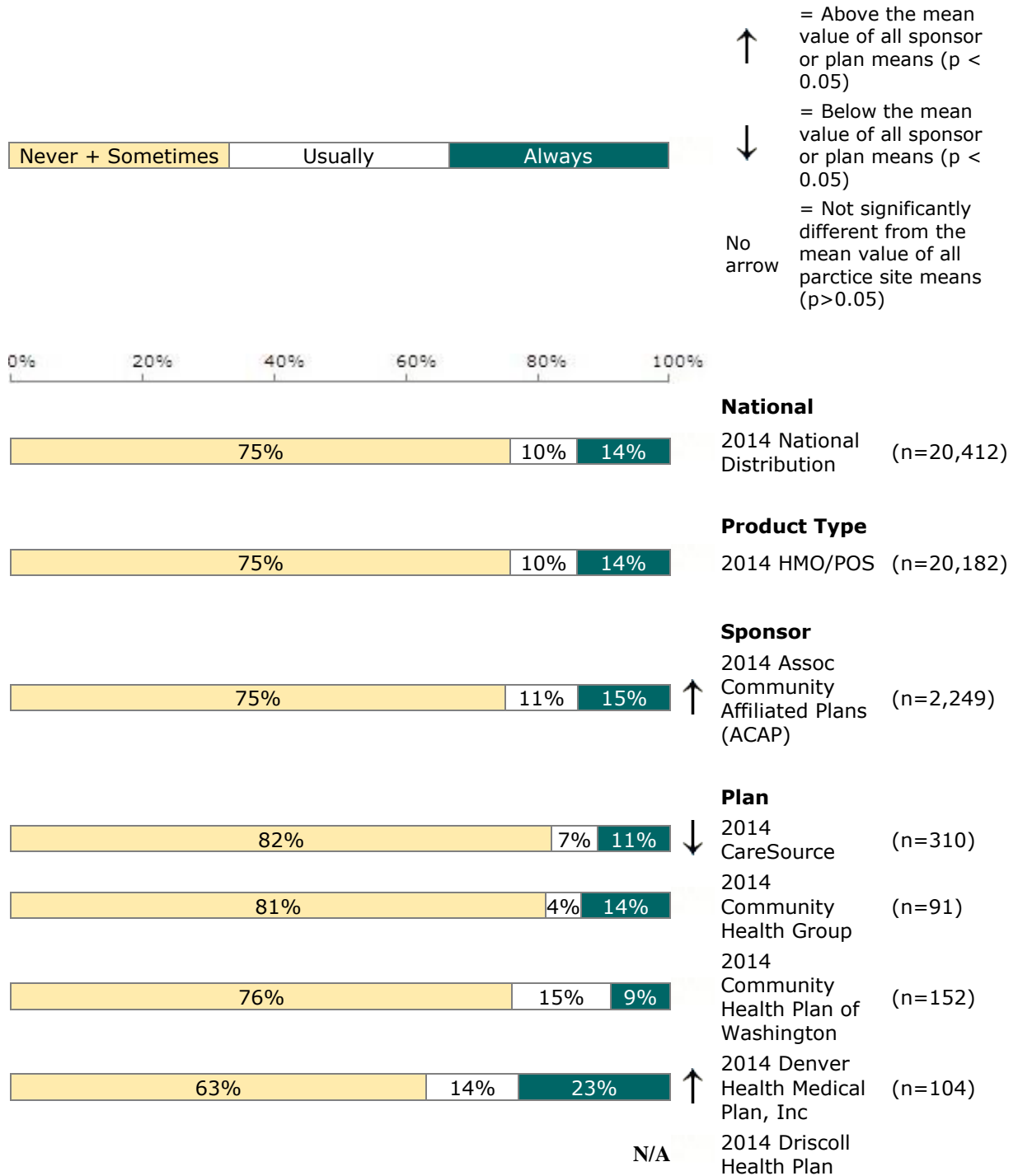
↑ = Above the mean value of all sponsor or plan means (p < 0.05)  
 ↓ = Below the mean value of all sponsor or plan means (p < 0.05)  
 No arrow = Not significantly different from the mean value of all practice site means (p > 0.05)

0% 20% 40% 60% 80% 100%



## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

**Q42** How often doctor or provider discussed methods and strategies for quitting smoking or using tobacco with consumer

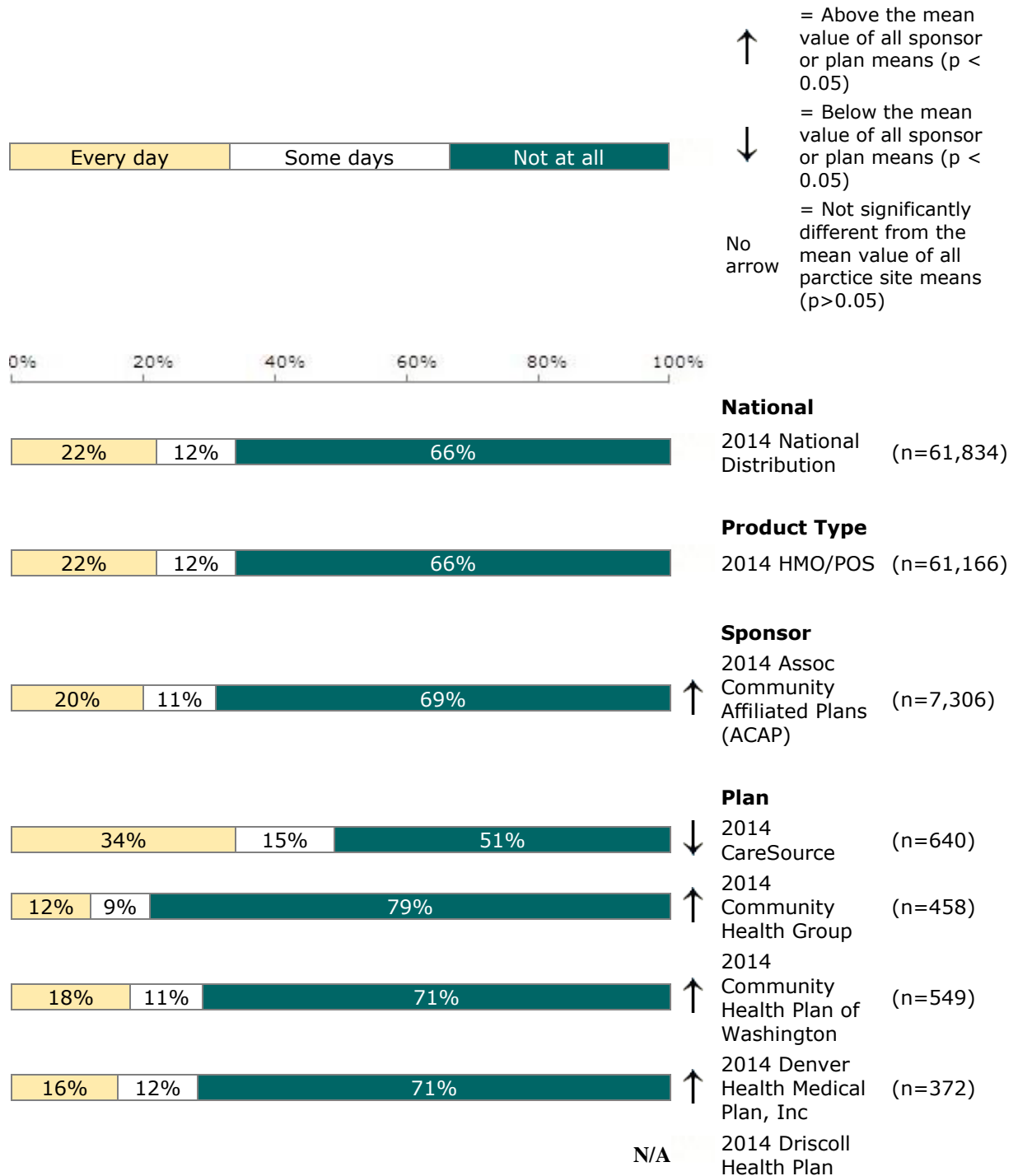


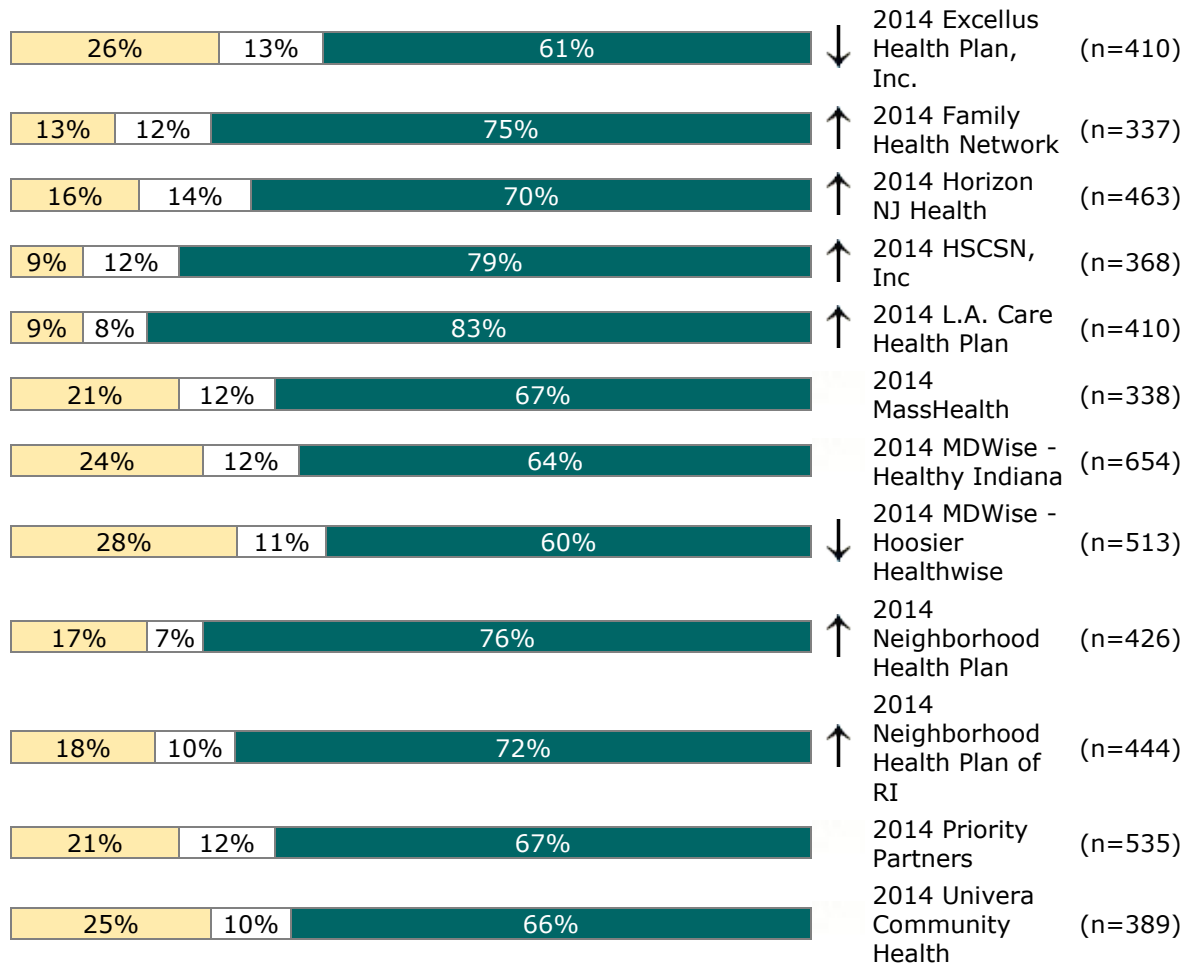
65%	19%	16%	↑	2014 Excellus Health Plan, Inc.	(n=155)
75%	14%	11%		2014 Family Health Network	(n=80)
76%	10%	14%		2014 Horizon NJ Health	(n=135)
77%	12%	11%		2014 HSCSN, Inc	(n=81)
76%	6%	18%		2014 L.A. Care Health Plan	(n=66)
63%	12%	25%	↑	2014 MassHealth	(n=110)
76%	8%	16%		2014 MDWise - Healthy Indiana	(n=230)
75%	11%	14%		2014 MDWise - Hoosier Healthwise	(n=197)
67%	9%	24%		2014 Neighborhood Health Plan	(n=99)
76%	9%	15%		2014 Neighborhood Health Plan of RI	(n=123)
80%	8%	12%		2014 Priority Partners	(n=183)
77%	13%	11%		2014 Univera Community Health	(n=133)

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## 2014 Adult Medicaid 5.0 Assoc Community Affiliated Plans (ACAP)

**Q39** Currently smoke or use tobacco every day, some days or not at all







## Demographic Characteristics - CAHPS-HP Database

The following table presents descriptive information about Assoc Community Affiliated Plans (ACAP) and the Adult Medicaid 5.0 data from the 2014 CAHPS Health Plan Survey Database. Similar information about the general adult population available from the U.S. Census Bureau's Current Population Survey can be used for comparison purposes.

Demographic Characteristics	2014 CAHPS-HP Database
<b>Gender</b>	
Male	34%
Female	66%
<b>Age</b>	
18 - 24	15%
25 - 34	18%
35 - 44	16%
45 - 54	19%
55 - 64	20%
65 - 74	7%
75+	5%
<b>Education</b>	
8th grade or less	8%
Some high school, but did not graduate	18%
High school graduate or GED	38%
Some college or 2-year degree	28%
4-year college graduate	5%
More than 4-year college degree	3%
<b>Race/Ethnicity</b>	
White	56%
African-American	20%
Asian	6%
Native Hawaiian/Pacific Islander	1%
American Indian/Native Alaskan	1%
Other	7%
Multi-racial	8%
<b>Hispanic/Latino origin or descent</b>	
Yes	16%
No	84%
<b>Health Status</b>	
Excellent	11%
Very Good	22%
Good	34%

Fair	25%
Poor	9%
<b><i>Mental Health Status</i></b>	
Excellent	20%
Very Good	23%
Good	29%
Fair	21%
Poor	7%

## Utilization Characteristics - CAHPS-HP Database

The following table presents utilization information for Assoc Community Affiliated Plans (ACAP) and the Adult Medicaid 5.0 data from the 2014 CAHPS Health Plan Survey Database. Sponsors and plans can use this information to inform their interpretation of survey results.

Utilization Characteristics	2014 CAHPS-HP Database
<b><i>Have a personal doctor?</i></b>	
Yes	84%
No	16%
<b><i>Number of visits to personal doctor?</i></b>	
None	18%
1 time	23%
2	23%
3	14%
4	8%
5 to 9	12%
10 or more times	3%
<b><i>Number of visits to doctor's office or clinic?</i></b>	
None	22%
1 time	18%
2	19%
3	13%
4	9%
5 to 9	14%
10 or more times	6%
<b><i>Made an appointment to see a specialist?</i></b>	
Yes	42%
No	58%
<b><i>Number of specialists seen?</i></b>	
None	5%
1	49%
2	26%
3	11%
4	4%
5+	4%
<b><i>Aware that they have any of the following conditions?</i></b>	
High cholesterol	15%
High blood pressure	29%
Parent or sibling with heart attack before age 60	15%

Multiple conditions	40%
<b><i>Doctor told them that they have any of the following conditions?</i></b>	
A heart attack	6%
Angina or coronary heart disease	7%
A stroke	8%
Any kind of diabetes or high blood sugar	58%
Multiple conditions	21%



## THE CAHPS HEALTH PLAN DATABASE

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# Overview of the CAHPS Health Plan Survey Database

AHRQ Contract No.: HHS290201300003C

October 2014



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care • [www.ahrq.gov](http://www.ahrq.gov)

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<b>Administration of the CAHPS Health Plan Survey Database</b> .....	3
<b>Use of the CAHPS Health Plan Survey Database for Research</b> .....	3
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## 1. ABOUT THE CAHPS® SURVEY

CAHPS refers to a comprehensive and evolving family of surveys that ask consumers and patients to evaluate the interpersonal aspects of health care. The term “CAHPS” initially stood for the Consumer Assessment of Health Plans Study, but as the products have evolved beyond health plans, the acronym now stands for “Consumer Assessment of Healthcare Providers and Systems”.

CAHPS surveys probe those aspects of care for which consumers and patients are the best and/or only source of information, as well as those that consumers and patients have identified as being important. By responding to a standardized set of questions administered through a mail or telephone questionnaire, consumers report on their experiences and rate their health plans, hospitals and providers in several areas. CAHPS surveys are administered to a random sample of consumers or patients by independent survey vendors following standardized procedures.

The development of CAHPS has been and continues to be a collaborative effort of public and private research organizations. The CAHPS program is funded and managed by the Agency for Healthcare Research and Quality (AHRQ; see [www.ahrq.gov](http://www.ahrq.gov)). AHRQ works closely with the Centers for Medicare and Medicaid Services (CMS; see [www.cms.gov](http://www.cms.gov)), which has been a major partner in this initiative since 1996. Both of these agencies are part of the U.S. Department of Health and Human Services.

The CAHPS Health Plan surveys are designed for use with all types of health insurance enrollees (Commercial, Medicaid, and Medicare) and across the full range of health care delivery systems from fee-for-service to managed care plans. A core survey questionnaire is available for adults concerning their own experiences and for parents concerning the experiences of their children. Supplemental questions have been developed as modules for people with chronic conditions and special health care needs.

AHRQ provides the CAHPS Health Plan Survey and Reporting Kit to all interested users through the CAHPS User Network. The Kit provides everything required to field the survey and report the results and includes survey questionnaires, a data analysis program and report templates. Further information and technical assistance are also available from the User Network, which can be reached through [www.cahpsdatabase.ahrq.gov](http://www.cahpsdatabase.ahrq.gov) or through the helpline at 1-800-492-9261.

## 2. ABOUT THE CAHPS HEALTH PLAN SURVEY DATABASE

The National CAHPS Benchmarking Database (the CAHPS Database) is the National repository for data from the CAHPS family of surveys. The primary purpose of the CAHPS Health Plan Survey Database is to facilitate comparisons of CAHPS health Plan survey results by and among survey participants. This voluntary compilation of health plan survey results from a large pool of data into a single National database enables participants to compare their own results to relevant benchmarks (i.e., reference points such as national, regional and product-type averages). The CAHPS Database also offers an important source of primary data for research related to consumer assessments of quality as measured by CAHPS surveys.

The CAHPS Health Plan Survey Database currently contains data since 1998 from over 5.3 million respondents sampled from enrollees in commercial, Medicaid, Children's Health Insurance Program (CHIP), and Medicare Managed Care health plans.

The users of the Health Plan Survey Database can view cross-sector comparisons of the CAHPS Health Plan Survey results for Medicaid (adult and child), CHIP (child), and Medicare (adult) populations for the two most recent years on the online reporting system.

Also, the online reporting system allows users to:

- View frequencies (one-way or two-way) for individual survey items.
- View benchmark results for composite, ratings or individual survey items as bar charts or in tabular form.
- Trend results for composite, ratings or individual survey items for the two most recent years' of survey data.
- Create a custom report with the new report builder feature.

The Medicaid and CHIP Participants in the CAHPS Health Plan Survey Database are required to submit their survey data according to specified guidelines. In return, they can view their own results compared to appropriate benchmarks derived from the National, regional and product-type distributions on a password-protected section of the online interactive system. The participants can create a custom report using the report builder feature of the online interactive reporting system.

The CAHPS Database aggregates respondent-level data files across participants and health plans for the Medicaid and CHIP populations. Researchers may gain access to data needed to help answer important health services research questions related to consumer assessments of quality.

In addition, the CAHPS Database provides National data used by policymakers and others through such publications as the AHRQ National Healthcare Quality and Disparities Reports.



### **Administration of the CAHPS Health Plan Survey Database**

The CAHPS Health Plan Survey Database is sponsored and funded by the Agency for Healthcare Research and Quality (AHRQ) and administered by Westat. Oversight and direction for the project are provided by an Advisory Group composed of representatives of survey sponsors from the public and private sectors as well as members of the CAHPS Consortium. Further information about the CAHPS Database is available through the Web site at (<https://www.cahpsdatabase.ahrq.gov>).

### **Use of the CAHPS Health Plan Survey Database for Research**

Researchers may gain authorized access to data from the CAHPS Health Plan Survey Database to help answer important health services research questions related to consumer assessments of quality as measured by CAHPS. CAHPS Health Plan Survey data are available for researchers who submit an application and sign a data release agreement that ensures the confidentiality of the data. A description of the data application process and a list of current research projects are included on the Web site (<https://www.cahpsdatabase.ahrq.gov>).

### **Custom Analyses and Reports**

The CAHPS Health Plan Survey Database staff is available to conduct specialized data analyses and reports upon request. All analyses and reports will adhere to data policies regarding confidentiality of respondents, plans and participants.



## THE CAHPS HEALTH PLAN DATABASE

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# Composition of the CAHPS Health Plan Survey Database: 1998-2014

AHRQ Contract No.: HHS290201300003C

October 2014



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## Composition of the CAHPS Health Plan Survey Database: 1998-2014

The CAHPS Database currently contains 16 years of data from the CAHPS Health Plan Survey. Table 1 shows data submissions to the CAHPS Database from 1998 to 2014. The total number of respondents is presented by population sector, with the number of health plan samples given in parentheses.

**Table 1. Data submissions to the CAHPS Database From 1998-2014<sup>1</sup>**

Year (CAHPS Version)	Commercial Adult	Commercial Child	Medicaid Adult	Medicaid Child	CHIP Child	Medicare Adult
2014 (5.0)	N/A <sup>2</sup>	N/A	68,234 (149)	60,153 (100)	11,762 (15)	195,748 (443)
2013 (5.0)	N/A	N/A	60,249 (124)	66,804 (105)	9,149 (12)	198,350 (451)
2011 (4.0)	168,341 (376)	900 (1)	73,820 (148)	85,003 (129)	26,232 (41)	163,182 (445)
2010 (4.0)	139,156 (288)	1,474 (2)	97,626 (132)	88,694 (132)	0 (0)	221,120 (431)
2009 (4.0)	179,528 (405)	751 (2)	63,391 (126)	68,697 (107)	0 (0)	206,647 (405)
2008 (4.0)	174,307 (410)	0 (0)	59,840 (120)	9,755 (29)	0 (0)	207,366 (343)
2008 (3.0)	0 (0)	1,882 (4)	0 (0)	37,347 (64)	0 (0)	0 (0)
2007 (4.0)	106,811 (239)	0 (0)	45,979 (109)	4,647 (16)	0 (0)	115,910 (296)
2007 (3.0)	0 (0)	1,659 (4)	0 (0)	64,039 (103)	0 (0)	0 (0)
2006 (3.0)	124,585 (271)	2,400 (7)	43,174 (119)	50,204 (95)	9,303 (30)	97,955 (273)
2005 (3.0)	123,272 (254)	2,661 (4)	32,115 (76)	40,204 (65)	1,252 (3)	127,930 (276)
2004 (3.0)	111,680 (223)	7,024 (12)	59,515 (149)	86,159 (128)	16,657 (29)	132,420 (288)
2003 (3.0)	114,063 (216)	1,866 (4)	39,275 (112)	31,081 (69)	19,061 (49)	141,421 (295)
2002 (2.0)	94,546 (219)	5,600 (10)	48,109 (136)	60,534 (122)	18,910 (43)	153,172 (321)
2001 (2.0)	165,500 (266)	9,913 (24)	45,127 (142)	36,940 (124)	0 (0)	179,451 (381)
2000 (2.0)	135,479 (270)	2,760 (8)	49,327 (156)	41,400 (140)	0 (0)	166,072 (367)

<sup>1</sup> The contract that supports the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program expired during 2012 and a new contract was awarded in 2013, therefore the CAHPS Database does not include CAHPS Health Plan Survey data for 2012.

<sup>2</sup> Survey results for the commercial sector are no longer included in the CAHPS Health Plan Survey Database

Year (CAHPS Version)	Commercial	Commercial	Medicaid	Medicaid	CHIP	Medicare
1999 (2.0)	168,234 (307)	42,879 (149)	28,420 (77)	14,106 (66)	0 (0)	0 (0)
1998 (1.0)	34,965 (54)	0 (0)	23,519 (31)	9,871 (33)	0 (0)	0 (0)
<b>Totals</b>	<b>1,840,467</b>	<b>81,769</b>	<b>837,720</b>	<b>855,638</b>	<b>112,326</b>	<b>2,306,744</b>



## THE CAHPS HEALTH PLAN DATABASE

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# Survey Respondents and Health Plan Samples by State: 2013 and 2014

AHRQ Contract No.: HHS290201300003C

October 2014



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care • [www.ahrq.gov](http://www.ahrq.gov)

## Survey Respondents and Health Plan Samples by State: 2013 and 2014

Table 1 and Table 2 show data submissions to the CAHPS Database by State for 2014 and 2013, respectively. The total number of respondents is presented by population sector, with the number of health plan samples given in parentheses.

**Table 1. 2014 Survey Respondents and Health Plan Samples by State (5.0 Results)**

State	Medicaid	Medicaid	CHIP	Medicare
	Adult	Child	Child	Adult
Alabama	-	-	970 (1)	2,247 (5)
Arizona	-	-	-	7,171 (17)
Arkansas	-	-	507 (1)	283 (1)
California	2,812 (6)	4,408 (4)	-	16,749 (33)
Colorado	1,028 (3)	963 (3)	2,572 (5)	3,921 (9)
Connecticut	-	-	-	1,970 (5)
Delaware	-	-	-	400 (1)
District Of Columbia	935 (2)	1,671 (2)	-	-
Florida	451 (2)	-	-	11,547 (30)
Georgia	457 (1)	1,124 (2)	-	5,265 (14)
Hawaii	3,495 (7)	-	814 (1)	3,752 (8)
Idaho	-	-	-	2,197 (5)
Illinois	364 (1)	495 (1)	-	4,435 (10)
Indiana	1,578 (3)	1,523 (2)	-	2,346 (6)
Iowa	-	-	-	2,143 (5)
Kansas	1,727 (3)	3,076 (2)	3,765 (2)	394 (1)
Kentucky	329 (1)	340 (1)	255 (1)	1,296 (3)
Louisiana	1,870 (5)	3,314 (4)	1,497 (1)	2,702 (6)
Maine	-	-	-	2,832 (5)
Maryland	3,465 (7)	6,589 (7)	-	1,753 (4)
Massachusetts	1,703 (4)	-	-	4,856 (10)
Michigan	5,381 (11)	5,407 (13)	-	6,022 (10)
Minnesota	9,721 (9)	-	-	4,303 (11)
Mississippi	-	-	-	2,937 (3)
Missouri	-	-	-	5,273 (13)
Montana	-	-	-	632 (1)
Nebraska	-	-	-	1,233 (3)
Nevada	-	-	-	3,018 (8)
New Hampshire	-	-	-	756 (2)
New Jersey	2,850 (12)	3,332 (9)	-	2,715 (7)
New Mexico	1,368 (3)	741 (1)	-	2,826 (7)
New York	8,620 (19)	-	-	14,778 (33)
North Carolina	-	-	-	2,997 (8)
Ohio	2,719 (5)	6,764 (5)	-	8,523 (21)
Oklahoma	319 (1)	875 (1)	-	2,539 (6)
Oregon	5,465 (17)	5,958 (17)	-	9,523 (18)

State	Medicaid	Medicaid	CHIP	Medicare
	Adult	Child	Child	Adult
Pennsylvania	4,071 (9)	4,418 (9)	534 (1)	10,823 (20)
Puerto Rico	-	-	-	4,113 (12)
Rhode Island	478 (1)	-	-	730 (2)
South Carolina	871 (2)	1,068 (2)	-	972 (3)
Tennessee	-	-	-	3,581 (8)
Texas	402 (1)	1,407 (3)	495 (1)	9,347 (25)
Utah	-	382 (1)	353 (1)	3,317 (8)
Vermont	254 (1)	308 (1)	-	-
Virginia	2,573 (6)	3,395 (6)	-	2,776 (7)
Washington	2,355 (5)	1,266 (2)	-	5,727 (10)
West Virginia	303 (1)	513 (1)	-	1,060 (3)
Wisconsin	270 (1)	916 (1)	-	6,968 (16)
<b>totals</b>	<b>68,234</b> (149)	<b>60,153</b> (100)	<b>11,762</b> (15)	<b>195,748</b> (443)

**Table 2. 2013 Survey Respondents and Health Plan Samples by State (5.0 Results)**

State	Medicaid	Medicaid	CHIP	Medicare
	Adult	Child	Child	Adult
Alabama	-	-	879 (1)	2,271 (5)
Arizona	-	-	-	7,924 (18)
Arkansas	-	-	-	1,091 (3)
California	15,077 (28)	19,447 (26)	-	17,748 (33)
Colorado	1,090 (2)	3,361 (3)	3,444 (6)	4,552 (10)
Connecticut	-	-	-	2,575 (7)
Delaware	-	-	-	871 (2)
District Of Columbia	-	1,041 (1)	-	-
Florida	1,034 (4)	-	-	11,362 (33)
Georgia	-	-	-	5,447 (15)
Hawaii	-	2,972 (7)	876 (1)	4,207 (9)
Idaho	-	-	-	2,305 (5)
Illinois	395 (1)	515 (1)	-	4,801 (10)
Indiana	1,878 (3)	1,520 (2)	-	2,008 (5)
Iowa	-	-	-	2,232 (4)
Kansas	-	-	-	436 (1)
Kentucky	-	-	-	1,056 (3)
Louisiana	-	-	-	2,874 (5)
Maine	-	-	-	3,132 (5)
Maryland	3,704 (7)	7,008 (7)	-	1,781 (4)
Massachusetts	2,208 (5)	-	-	4,608 (10)
Michigan	5,724 (12)	-	-	5,966 (11)
Minnesota	9,992 (9)	-	-	4,945 (12)
Mississippi	-	-	-	5,826 (3)
Missouri	-	-	-	5,074 (12)

State	Medicaid Adult	Medicaid Child	CHIP Child	Medicare Adult
Montana	-	-	-	628 (1)
Nebraska	-	-	-	1,641 (4)
Nevada	-	-	-	2,868 (7)
New Jersey	3,818 (19)	3,495 (13)	-	2,735 (8)
New Mexico	1,296 (3)	1,438 (2)	-	3,253 (8)
New York	1,424 (3)	7,071 (17)	2,361 (1)	13,097 (33)
North Carolina	-	-	-	2,594 (7)
Ohio	3,403 (7)	8,405 (7)	-	7,650 (20)
Oklahoma	-	1,206 (1)	-	1,939 (5)
Oregon	-	-	-	9,345 (18)
Pennsylvania	3,506 (8)	4,092 (8)	638 (1)	9,881 (22)
Puerto Rico	662 (1)	-	-	5,226 (12)
Rhode Island	493 (1)	-	-	731 (2)
South Carolina	447 (1)	476 (1)	-	1,895 (5)
Tennessee	-	-	-	3,527 (8)
Texas	-	370 (1)	450 (1)	8,446 (24)
Utah	381 (1)	-	501 (1)	3,113 (7)
Virginia	2,598 (6)	3,325 (6)	-	2,640 (6)
Washington	501 (1)	-	-	4,128 (11)
West Virginia	298 (1)	538 (1)	-	1,972 (5)
Wisconsin	320 (1)	524 (1)	-	5,949 (13)
<b>totals</b>	<b>60,249</b> <b>(124)</b>	<b>66,804</b> <b>(105)</b>	<b>9,149</b> <b>(12)</b>	<b>198,350</b> <b>(451)</b>





THE CAHPS HEALTH PLAN DATABASE

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# CAHPS Health Plan Survey: Methodology

AHRQ Contract No.: HHS290201300003C

October 2014



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care • [www.ahrq.gov](http://www.ahrq.gov)

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## 1. OVERVIEW

The CAHPS Health Plan results presentation follows CAHPS consumer reporting methods and summarizes the survey results using 4 consumer reports of their experiences with care for the 5.0 adult and child surveys. It also summarizes results using 4 consumer ratings of their experiences with care for the 5.0 adult and child surveys. Both types of results are described in detail below.

## 2. CONSUMERS' REPORTS OF THEIR EXPERIENCES WITH CARE

CAHPS Health Plan Survey was designed to move beyond satisfaction scores (a function of expectations) to more accurate assessments based on “reports” of consumer experiences. Much investigation went into the design of questions that capture consumer experiences with high-quality care. Most of the CAHPS Health Plan Survey questions ask respondents to report on their experiences with different aspects of their care. These reporting questions are combined into groups that address the same aspect of care or service to arrive at a broader assessment.

The 5.0 version of the CAHPS Adult and Child Health Plan Surveys reporting questions fall into four major “composites” that summarize consumer experiences in the following areas:

- Getting needed care.
- Getting care quickly.
- How well doctors communicate.
- Health plan information & customer service.

The exact questions and responses for each composite item for 5.0 adult and child surveys are presented in tables 1 and 2.

**Table 1. 5.0 Adult Medicaid composite items**

	5.0 Adult Medicaid Composite Items	Response Grouping for Presentation
	<b>Getting Needed Care</b>	
<b>Q25</b>	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	Never + Sometimes, Usually, Always
<b>Q14</b>	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never + Sometimes, Usually, Always
	<b>Getting Care Quickly</b>	
<b>Q4</b>	In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	Never + Sometimes, Usually, Always
<b>Q6</b>	In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Never + Sometimes, Usually, Always
	<b>How Well Doctors Communicate</b>	
<b>Q17</b>	In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never + Sometimes, Usually, Always

	5.0 Adult Medicaid Composite Items	Response Grouping for Presentation
<b>Q18</b>	In the last 6 months, how often did your personal doctor listen carefully to you?	Never + Sometimes, Usually, Always
<b>Q19</b>	In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never + Sometimes, Usually, Always
<b>Q20</b>	In the last 6 months, how often did your personal doctor spend enough time with you?	Never + Sometimes, Usually, Always
<b>Health Plan Information &amp; Customer Service</b>		
<b>Q31</b>	In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never + Sometimes, Usually, Always
<b>Q32</b>	In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never + Sometimes, Usually, Always

\* Note: Question numbers correspond to the CAHPS 5.0 Adult Medicaid mail survey

**Table 2. 5.0 Child Medicaid composite items**

	5.0 Child Medicaid Composite Items	Response Grouping for Presentation
<b>Getting Needed Care</b>		
<b>Q46</b>	In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?	Never + Sometimes, Usually, Always
<b>Q15</b>	In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never + Sometimes, Usually, Always
<b>Getting Care Quickly</b>		
<b>Q4</b>	In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	Never + Sometimes, Usually, Always
<b>Q6</b>	In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?	Never + Sometimes, Usually, Always
<b>How Well Doctors Communicate</b>		
<b>Q32</b>	In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never + Sometimes, Usually, Always
<b>Q33</b>	In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never + Sometimes, Usually, Always
<b>Q34</b>	In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never + Sometimes, Usually, Always
<b>Q36</b>	In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?	Never + Sometimes, Usually, Always
<b>Q37</b>	In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always
<b>Health Plan Information &amp; Customer Service</b>		
<b>Q50</b>	In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never + Sometimes, Usually, Always
<b>Q51</b>	In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never + Sometimes, Usually, Always

\* Note: Question numbers correspond to the CAHPS 5.0 Child Medicaid mail survey

### Weighting Items Within a Consumer Report

Each item of a consumer report is given equal weight in calculating the composite results for CAHPS. Computationally, this implies calculating the mean of each item within the plan and then taking an unweighted distribution of the item means to obtain the composite mean. Equal weighting follows from the fact that there is no evidence to suggest that any item is more important than another. For example, the number of members who have a personal doctor is likely to be larger than the number of members who receive care from a specialist. Therefore, survey results will likely include more responses for a question related to a personal doctor than for one about a specialist. Despite this difference, the item about specialty care is included in the consumer report or composite with equal weighting because it is regarded as potentially important to every member. Another advantage of equal weighting is that the weights are consistent from year to year as well as across plans within the same year.

### 3. CONSUMERS' RATINGS OF THEIR EXPERIENCES WITH CARE

CAHPS collects four separate global ratings to distinguish between important aspects of care. The four questions ask plan enrollees to rate their experiences in the past 6 months with:

- Their personal doctor.
- The specialist they saw most often.
- Health care received from all doctors and other health providers.
- Their health plan.

Ratings are scored on a 0 to 10 scale, where 0 is the “worst possible” and 10 is the “best possible.” The ratings are analyzed and presented in the three-category display used in the CAHPS consumer reports: the percentage of consumers who gave a rating of either 0-6, 7-8, or 9-10. This three-part scale is used because testing by the CAHPS team determined that these cut-points improve the ability to discriminate among plans while simplifying the presentation of results.

The exact questions and responses for the 5.0 adult and child surveys are presented in tables 3 and 4.

**Table 3. 5.0 Adult Medicaid ratings**

	5.0 Adult Medicaid Ratings	Response Grouping for Presentation
	<b>Overall Rating of Personal Doctor</b>	
<b>Q23</b>	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 rate your personal doctor?	0-6, 7-8, 9-10
	<b>Overall Rating of Specialists</b>	
<b>Q27</b>	We want to know your rating of the specialist you saw most often in the last 6 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 rate the specialist?	0-6, 7-8, 9-10

5.0 Adult Medicaid Ratings		Response Grouping for Presentation
<b>Overall Rating of Health Care</b>		
<b>Q13</b>	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0-6, 7-8, 9-10
<b>Overall Rating of Health Plan</b>		
<b>Q35</b>	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0-6, 7-8, 9-10

\* Note: Question numbers correspond to the CAHPS 5.0H Adult Medicaid mail survey

**Table 4. 5.0 Child Medicaid ratings**

5.0 Child Medicaid Ratings		Response Grouping for Presentation
<b>Overall Rating of Child's Personal Doctor</b>		
<b>Q41</b>	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 rate your child's personal doctor?	0-6, 7-8, 9-10
<b>Overall Rating of Child's Specialists</b>		
<b>Q48</b>	We want to know your rating of the specialist your child saw most often in the last 6 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 rate that specialist?	0-6, 7-8, 9-10
<b>Overall Rating of Child's Health Care</b>		
<b>Q14</b>	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0-6, 7-8, 9-10
<b>Overall Rating of Child's Health Plan</b>		
<b>Q54</b>	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0-6, 7-8, 9-10

\* Note: Question numbers correspond to the CAHPS 5.0H Child Medicaid mail survey

#### 4. CHRONIC CONDITIONS QUESTIONS FOR CHILD SURVEYS

The child survey users choose whether to include the chronic conditions screener items and questions for children with special health care needs. The screener items and questions consist of the following:

- A 5-item screener that uses current health consequences or service-use criteria to non-categorically identify children with special health needs. Children identified by the screener as having a special health care need form the denominator for the questions.
- The CAHPS Health Plan Survey Database does not report the chronic conditions questions at the composite level; instead, results are grouped by content area and reported at the item level. The content areas for the question items are as follows:

- Parents' experiences with prescription medicine.
- Parents' experiences getting specialized services for their children.
- Family centered care:
  - Parents' experiences with the child's personal doctor or nurse
  - Parents' experiences with shared decisionmaking
  - Parents' experiences with getting needed information about their child's care
- Parents' experiences with coordination of their child's care.

The content areas and specific items for the chronic conditions questions in the 5.0 version of the child survey are presented in table 5.

**Table 5. CAHPS 5.0 chronic conditions questions by category**

	5.0 Chronic Conditions Questions by Category	Response Grouping for Presentation
	<b>Parents' Experiences With Prescription Medicine</b>	
<b>Q56</b>	In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never + Sometimes, Usually, Always
	<b>Parents' Experiences Getting Specialized Services for Their Children</b>	
<b>Q20</b>	In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never + Sometimes, Usually, Always
<b>Q23</b>	In the last 6 months, how often was it easy to get this therapy for your child?	Never + Sometimes, Usually, Always
<b>Q26</b>	In the last 6 months, how often was it easy to get this treatment or counseling for your child?	Never + Sometimes, Usually, Always
	<b>Family Centered Care: Parents' experiences with the child's personal doctor or nurse</b>	
<b>Q38</b>	In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?	Yes, No
<b>Q43</b>	Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?	Yes, No
<b>Q44</b>	Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?	Yes, No
	<b>Family Centered Care: Parents' experiences with getting needed information about their child's care</b>	
<b>Q9</b>	In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?	Never + Sometimes, Usually, Always
	<b>Parents' experiences with coordination of their child's care</b>	
<b>Q18</b>	In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?	Yes, No

5.0 Chronic Conditions Questions by Category		Response Grouping for Presentation
<b>Q29</b>	In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?	Yes, No

\* Note: Question numbers correspond to the CAHPS 5.0 Child Medicaid mail survey

## 5. SAMPLING METHODOLOGY

The CAHPS sampling recommendation is to achieve a minimum of 300 completed responses per plan, with a 50-percent response rate. If there are multiple plans in a sponsor's portfolio, the recommendation is to draw equal sample sizes from each of the plans, regardless of the size of the plan membership, so as to achieve 300 completed responses. And the plan samples are not adjusted for unequal probabilities of selection. This logic stems from the principle that the precision of the estimates depends primarily on the size of the sample and not on the size of the population from which it is drawn. Therefore, the given sample size will give the same precision for means or rates regardless of the overall size of the population.

## 6. RESPONSE RATE CALCULATION

In its simplest form, the response rate is the total number of completed questionnaires divided by the total number of respondents selected. Following CAHPS guidelines, the CAHPS Database adjusts response rates according to the following formula:

$$\frac{\text{Number of completed returned questionnaires}}{\text{Total number of respondents selected} - (\text{deceased} + \text{ineligible})}$$

In calculating the response rate, the CAHPS Database does not exclude respondents who refused, had bad addresses or phone numbers, or were institutionalized or incompetent. Tables 6 and 7 present definitions for the categories included and excluded in the response rate calculation.

**Table 6. Numerator definitions**

Inclusions	Exclusions
<b>Completed questionnaires</b> - A questionnaire is considered complete if it was coded as complete by the sponsor and has at least one question completed. (For Sponsors that submitted to NCQA and the CAHPS Database, the CAHPS Database will include those records marked with a disposition of M10, T10, or I10 – completed by mail, telephone, or Internet, respectively).	Surveys not marked with a disposition of M10, T10 or I10 will be excluded, even if the survey is complete.



**Table 7. Denominator definitions**

Inclusions	Exclusions
<ul style="list-style-type: none"> <li>• <b>Refusals.</b> The sample member refused in writing, or refused to be interviewed.</li> <li>• <b>Nonresponse.</b> The sample member was always unavailable and is presumed to be eligible.</li> <li>• <b>Institutionalized or incompetent respondents.</b> The caregiver or guardian received the survey or was contacted by phone, and the sample member was institutionalized or incompetent and could not be contacted directly.</li> <li>• <b>Bad addresses/phone numbers.</b> The sample member was never located and is considered “nonlocatable” and included in the denominator.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Deceased.</b> Deceased sample members are excluded from the denominator. In some cases a household or family member may have provided information about the death of the sample member.</li> <li>• <b>Ineligible - not enrolled in the plan.</b> The sample member disenrolled from the plan, was never in the plan, or was enrolled in the plan for less than 6 months.</li> </ul>

## 7. CASE MIX ADJUSTMENT

Several methodological problems complicate the measurement and reporting of health care data, particularly when reports draw comparisons among health plans, as is the case in this report. Among these challenges is the need to adjust appropriately for case-mix differences. Case mix refers to the proportion of enrollees with serious health conditions and other demographic characteristics that have been demonstrated to affect respondents’ reports and ratings of the quality of care received. Case-mix takes into account enrollee characteristics that are not under the control of the plan but may affect measures of outcomes or processes, such as demographic and social characteristics or health status.

Many of the CAHPS questions ask about aspects of access or processes of care that should not vary by enrollee characteristics. Therefore, case-mix adjustment may be less important for CAHPS data than for outcomes of care, which are known to be influenced by enrollee characteristics in a way that is independent of plan performance. Nonetheless, there are at least two reasons why case-mix adjustment might still be necessary. First, there are certain processes that one would expect to vary according to the characteristics of enrollees. For example, one CAHPS question is “how often did your health plan’s customer service give you the information or help you needed?” Although it is desirable to communicate clearly with all enrollees, it probably is harder to do so with enrollees who have less education than with other enrollees. Second, enrollee characteristics might influence the response to questions, even if the process of care is the same for different enrollees. For example, individuals’ expectations might strongly influence their response to questions asking for evaluations, such as “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?” If an enrollee has very low expectations for the quality of care, he or she might be very satisfied with poor quality. Also, certain types of enrollees may have a general tendency to give positive ratings or have biases that are not associated with the quality of care. For example, some groups of enrollees may generally have more trust and confidence in authority figures and institutions, even if there are no differences in their care.

In this report, consumer reports and ratings results were case-mix adjusted but item-level data and frequencies were not case-mix adjusted. Mean scores for composite and ratings measures were adjusted using a linear regression model. The case mix adjustment model included plans

members' age, self-reported health status, and education. These variables were entered into the adjustment model as ordered categories. The resulting case-mix adjusted means were tested for significance as described in the next section.

## 8. TESTING FOR STATISTICAL DIFFERENCES

The Sponsor Reports test for statistically significant differences between mean consumer report scores and ratings of individual health plans and the mean of all plan means in the CAHPS Database using the t-test. A significance level of 0.05 or less is considered statistically significant. As described in the previous sections, the mean scores are adjusted for case-mix differences before the statistical tests are applied.

To compute the means, reports and rating responses are grouped into three categories and assigned a score of 1, 2, or 3. Then, significance tests for both the reports and ratings are conducted on the mean scores. Individual plan results that differ significantly from the overall mean are denoted by arrows, either pointing up (significantly higher than the overall mean) or down (significantly lower than the overall mean).

Readers should note that sample size affects significance testing in at least two important ways. First, due to the large sample sizes in the CAHPS Database, not all statistically significant differences may reflect meaningful differences in plan performance. For example, consider the following data:

Composite: Customer Service  
Plan A - 54.2%  
CAHPS Database - 56.4%

Because of the large sample size for the CAHPS Database, it is possible for Plan A to be statistically below the CAHPS Database distribution. However, purchasers and consumers may not consider a difference of 2.2 percentage points to be an important or meaningful difference in performance.

Second, differences in sample size among health plans may mean that two plans with an identical result, but different sample sizes, may produce different results on the statistical significance tests. This is because smaller sample sizes at the plan level yield less precise measures of performance and may be insufficient to achieve statistical significance. Therefore, readers should take sample size into account when interpreting the results of statistical tests. Please refer to the CAHPS Survey and Reporting Kit for more information on substantive or practical significance.

Finally, note that this method of determining statistical differences does not translate into plan-to-plan comparisons. For example, if one plan has an up arrow on a particular item and another plan has no arrow for that item, it does not necessarily mean that the first plan's result is significantly higher than the second because both results were compared to the overall mean.

## 9. THE CAHPS HEALTH PLAN SURVEY DATABASE COMPARED TO NCQA QUALITY COMPASS®

While the CAHPS Database is the national repository for CAHPS Health Plan Survey results, the National Committee for Quality Assurance (NCQA) also collects CAHPS results from health plans. NCQA is an independent, non-profit organization that evaluates and reports on the quality of the Nation's managed care organizations. NCQA evaluates health care through Accreditation (a rigorous on-site review of key clinical and administrative processes) and through the Health Plan Employer Data and Information Set (HEDIS® —a tool used to measure performance in key areas like immunization and mammography screening rates).

Before the development of CAHPS, NCQA collected plan satisfaction data using a HEDIS Member Satisfaction Survey. In 1998, NCQA worked with AHRQ to develop CAHPS 2.0H, a version of the survey with a specified protocol for managed care plans to use to report results to NCQA for accreditation or HEDIS®. Effective with HEDIS® 2007, NCQA adopted the 5.0H version of the CAHPS Health Plan Survey, Adult Version and effective with HEDIS® 2009, NCQA adopted the 5.0H version of the CAHPS Health Plan Survey, Child Version to collect information on the experiences of members with the health plan. Detailed information on the requirements for HEDIS/CAHPS 5.0H survey reporting is available directly from NCQA ([www.ncqa.org](http://www.ncqa.org)).

Medicaid and CHIP sponsors still submit CAHPS survey data directly to the CAHPS Database. Because NCQA's purposes for the data differ from those of the CAHPS Database, there are corresponding differences in survey administration, analysis methods, and presentation of the data. Table 8 presents differences between the CAHPS Database and the CAHPS 5.0H Medicaid survey data in NCQA's Quality Compass.

**Table 8. Differences between the CAHPS Database and NCQA's Quality Compass**

	National CAHPS® Benchmarking Database	NCQA Quality Compass®
<b>Database Participation</b>		
Criteria	Open to all sponsors of CAHPS Health Plan surveys that choose to participate (including public and private purchasers and health plans).	Includes health plans that use the HEDIS survey specifications to collect and report results, including plans that are part of NCQA's accreditation process and those that choose to publicly report their HEDIS results.
<b>Survey Administration</b>		
Survey Instrument Standards	CAHPS 5.0 or CAHPS 5.0H	CAHPS 5.0H
Survey Administration Standards	N/A	N/A
<ul style="list-style-type: none"> <li>• <i>Administration</i></li> </ul>	Survey must be conducted by a third-party vendor according to CAHPS guidelines or the HEDIS protocol.	Survey must be conducted by a NCQA-Certified HEDIS Survey Vendor, using the HEDIS protocol.
<ul style="list-style-type: none"> <li>• <i>Collection mode</i></li> </ul>	Mail, telephone, or mixed-mode protocols are accepted. Internet enhancement is accepted.	The standard HEDIS protocol includes two options: (1) Mail-only methodology, (2) Mail with telephone followup. Internet enhancements, other enhancements, and alternative protocols must receive prior approval by NCQA.
<ul style="list-style-type: none"> <li>• <i>Sample size</i></li> </ul>	Large enough to yield 300 completed surveys per health plan product, a cost-effective method shown to produce statistically useful survey comparisons.	Required sample sizes are set with the goal of achieving 411 completed surveys per health plan product.
<ul style="list-style-type: none"> <li>• <i>Response Rates</i></li> </ul>	Target rates are 50 percent for Medicaid health plans, but lower rates are accepted.	Target rates are 55 percent for commercial and 45 percent for Medicaid, but lower rates are accepted if HEDIS protocol is followed exactly.
<ul style="list-style-type: none"> <li>• <i>Completion criteria</i></li> </ul>	The CAHPS Database includes all records that have been coded as a complete and have at least one completed question.	Surveys used in the calculation of plan level results must have Question 1 and at least 80 percent of total pertinent questions answered or skipped. Responses to survey questions indicate the member meets the eligible population criteria.

	National CAHPS® Benchmarking Database	NCQA Quality Compass®
<b>Data Analysis and Reporting</b>		
Audit Requirements for Data Submission	No formal audit required. The CAHPS Database ensures the quality of submitted data through extensive contact with sponsors and vendors and thorough data cleaning and review of submitted member level files.	Only HEDIS survey measures that have been validated through a HEDIS Compliance Audit™ are eligible for use in Accreditation scoring or for inclusion in NCQA information products (Quality Compass®). The focus of the audit is to verify that the sample frame has been prepared correctly.
Survey Results Calculation	The CAHPS Database calculates survey results from member-level data files submitted by each sponsor's vendor.	NCQA receives member-level files from certified vendors and then centrally calculates HEDIS survey results and creates validated member-level data files and plan-level survey results on behalf of each vendor.
Calculation of National Distribution/Average	National distribution is calculated using respondent-level data.	National Average is calculated using plan-level data. Summary averages comprise both publicly and non-publicly reporting plans who submit data to NCQA.
Case Mix Adjustment	CAHPS Database comparisons of reports and ratings are adjusted for respondent age, education, and self-reported health status.	No case-mix adjustment used.
Summary Comparisons	Statistical differences between plan means and the mean of all plan means are indicated by an arrow up (above the national plan distribution), down (below the national plan distribution), or no arrow (no difference).	Plans are grouped into percentile rate categories. Percentiles are plan rates sorted by score, from lowest to highest. The percentile rates are segmented into 10th, 25th, 50th, 75th, and 90th, with the corresponding rate for the plans that fall within those categories.
Consumer Report Results/Individual Question Items	Consumer report results are presented in three-part bar charts showing the results for "Always", "Usually" and "Sometimes + Never".	Three types of consumer report results are presented: percentage responses for each question option, question summary rates, and global proportions ("always+usually" depending on the composite).
Ratings	Ratings are presented using a three-category display for the 0-10 scale questions: 0-6, 7-8, 9-10.	Percent responding to each category are presented as well as the percent responding 8-10 and the percent responding 9-10.

	National CAHPS® Benchmarking Database	NCQA Quality Compass®
Question Numbering	Numbering of questions based on CAHPS 5.0H.	Numbering of questions based on CAHPS 5.0H.
Summary Reports	<p><b>CAHPS Database Chartbook:</b> Results are published annually in the fall on the new online interactive reporting system. Compares consumer reports and ratings for Medicaid, CHIP, and Medicare populations. Results include the current and prior year's data. Results include consumer reports and ratings, individual question items that make up the composite as well as sections related to key findings, background on CAHPS and the CAHPS Database, and data sources and limitations.</p>	<p><b>Quality Compass:</b></p> <ul style="list-style-type: none"> <li>Published annually in November for Medicaid data.</li> <li>Web-based product that compares health plans' performance and benchmarks of public reporting plans. Detailed and summary-level responses are displayed for specific CAHPS measures.</li> <li>Data are available for Commercial and Medicaid populations.</li> </ul> <p><b>State of Health Care Quality Report:</b> Published annually in September. Compares adult commercial survey reports and ratings by top and bottom regions and by 90th and 10th percentiles.</p>
Sponsor Results	Participating Medicaid and CHIP sponsors receive a free access to their plan-specific results on the new online interactive reporting system that compares their own results (adjusted for respondent age, education, and self-reported health status) to appropriate benchmarks derived from the CAHPS Database. Comparisons include national, regional, and plan type distributions.	Plans who submit data receive a report that compares their current year results to benchmark results from the previous year.
Access to Data Files	Authorized access to respondent-level data files open to researchers free of charge upon approval by the CAHPS Database. Access requires agreement to maintain confidentiality of sponsor and plan identities.	Access to summary and plan-level data files by purchase of Quality Compass license agreement. Non-identifying respondent level data are also available for purchase.



## THE CAHPS HEALTH PLAN DATABASE

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# Definition of Composites and Rating Items

AHRQ Contract No.: HHS290201300003C

October 2014



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## DEFINITION OF COMPOSITES AND RATING ITEMS

Table 1 presents the individual items and responses for each of the composites and ratings items for the 5.0 version of the CAHPS Health Plan Survey.

**Table 1. Composites and rating items for 5.0 version of CAHPS Health Plan Survey**

Question Text	Response Option
<b>Getting Needed Care</b>	
In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	Never - Always
In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never - Always
<b>Getting Care Quickly</b>	
In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	Never - Always
In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Never - Always
<b>How Well Doctors Communicate</b>	
In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never - Always
In the last 6 months, how often did your personal doctor listen carefully to you?	Never - Always
In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never - Always
In the last 6 months, how often did your personal doctor spend enough time with you?	Never - Always
<b>Health Plan Information &amp; Customer Service</b>	
In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never - Always
In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never - Always
<b>Overall Ratings</b>	
Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0-10
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 rate your personal doctor?	0-10
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 rate the specialist?	0-10
Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0-10





## THE CAHPS HEALTH PLAN DATABASE

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# Definition of Regions

AHRQ Contract No.: HHS290201300003C

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## DEFINITION OF REGIONS

The regional benchmarks were calculated according to the United States Census Bureau's four official regions. Table 1 lists the regions and included States.

**Table 1. Regions and the included States**

Region	States
Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont
Midwest	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
South	Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
West	Alaska, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming



## THE CAHPS HEALTH PLAN DATABASE

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# How Results Are Calculated

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## 1. DATA SOURCES

Data presented in the CAHPS Health Plan Database were compiled from CAHPS Health Plan Survey results. The CAHPS Health Plan Database accepted survey data from the following survey versions: Adult Medicaid, Child Medicaid, Children's Health Insurance Program (CHIP), and Medicare. The CAHPS Medicare results were obtained from the Centers for Medicare & Medicaid Services (CMS) for survey participants who were enrolled in a managed care health plan including both enrollees receiving prescription drug coverage through their health plan and those that don't receive prescription drug coverage through their health plan. Users should note that the Medicare results presented here may differ from other reports because of the inclusion or exclusion of certain beneficiary groups and/or the use of case-mix adjustment variables.

## 2. LEVELS OF RESULTS

CAHPS® Health Plan Survey data is submitted and results are calculated at three levels: overall, sponsor, and health plan.

- **Overall:** Overall survey results are calculated across all respondents for a given survey, ignoring their association with a particular health plan or sponsor.
- **Sponsor:** A sponsor is defined as a participating organization (i.e., State Medicaid Agency, Children's Health Insurance Program, coalition, individual health plan or group of health plans) submitting CAHPS Health Plan survey results. Sponsor level survey results are calculated across the respondents within a specific sponsor, ignoring health plan associations.
- **Health Plan:** Health plan level survey results are calculated across the respondents within a specific health plan. Only overall results are publicly available. For the core items of the 5.0/5.0H Child Medicaid survey, the data for children without chronic conditions and children with chronic conditions were combined.

## 3. DATA ADJUSTMENTS

Under certain circumstances, CAHPS survey results can be adjusted to account for factors that may affect scores for a health plan that are beyond their control. Without an adjustment, differences between health plans could be due to differences in these external factors rather than to true differences in performance. CAHPS data are most commonly adjusted for respondent characteristics (i.e., case-mix adjustments), but can also be adjusted for other factors such as the mode of survey administration.

- **Case-mix adjustments:** Case-mix refers to the respondents' health status and other socio-demographic characteristics that have been shown to affect enrollee reports and ratings of health plans. Characteristics used to case-mix adjust CAHPS Health Plan scores, where applicable, are respondent age, education, and self-reported health status.
- **Survey mode adjustments:** CAHPS Health Plan surveys can be administered using different modes, including mail, telephone, IVR, and Web/Internet. Just as CAHPS survey

data can be adjusted by enrollee case-mix, they can also be adjusted to account for potential differences in modes of survey administration. However, the current data are not adjusted by survey mode. Since the vast majority of the Health Plan survey data submitted to the CAHPS Health Plan Survey Database were collected using mail administration, there would likely be very little influence of other survey modes such as telephone, IVR, and Web/Internet on the results.

#### 4. TOP BOX SCORES

**Item top box scores** are created by calculating the percentage of survey respondents who chose the most positive score for a given item response scale (e.g., “Always” on the “Always-Never” scale). For the public site, the top box score is calculated at the overall level. Because these calculations are made across all respondents, ignoring plan or sponsor, top box scores are not case-mix adjusted for enrollee characteristics. For individual participants using the submitter’s site, this percentage is calculated at the health plan and sponsor level. For example, in a sample of 10 respondents, if 40 out of 100 respondents answered “Always” to a particular item, the top box score for that item would be 40 percent [i.e.,  $(40 \div 100) * 100 = 40\%$ ]. For consistency, these top box scores are not case-mix adjusted either.

Given a composite with four items, where each item has four response options, a score for that composite is the proportion of responses (excluding missing data) in each response category. The following steps show how those proportions are calculated:

**Step 1 – Calculate the proportion of cases in each response category for each question.**

P1 = Item proportion of respondents who answered “never” or “sometimes”  
 P2 = Item proportion of respondents who answered “usually”  
 P3 = Item proportion of respondents who answered “always” (this is the top box score)

**Step 2 – Combine responses from the questions to form the composite.**

Calculate the average proportion responding to each category across the items in the composite. For example, in the “How Well Doctors Communicate” composite (four items), calculations would be as follows:

PC1 = Composite proportion who responded “never” or “sometimes” for each item or question =  
 $(P1\_Q1 + P1\_Q2 + P1\_Q3 + P1\_Q4) / 4$   
 PC2 = Composite proportion who responded “usually” for each item =  
 $(P2\_Q1 + P2\_Q2 + P2\_Q3 + P2\_Q4) / 4$   
 PC3 = Composite Top box proportion who responded “always” for each item =  
 $(P3\_Q1 + P3\_Q2 + P3\_Q3 + P3\_Q4) / 4$

**Composite top box scores** are calculated by averaging the top box scores on the items within the composite. Each item in a composite is equally weighted. For example, the “Helpful, Courteous, and Respectful Office Staff” composite has two items. If the top box score for the first item is 85% and the second item is 95%, the composite score would be 90% (i.e.,  $[85\% + 95\%] \div 2 = 90\%$ ). The same method is used for the other proportional scores.

## 5. PERCENTILES

Percentile scores are calculated at the health plan level and represent the percentage of health plans that scored at or below a particular item or composite top box score. For example, the 50th percentile, or the median, is the top box score at or below which 50 percent of all health plan top box scores fall. Percentiles range from 0 to 100. For ease of display, in the top box scores, the 90th, 75th, 50th, and 25th percentiles are presented for composites and items. Given that top box scores are not case-mix adjusted and that percentiles are not used to statistically test or directly compare health plans, percentiles are similarly not adjusted. Percentiles are only available for Medicaid data.

## 6. HEALTH PLAN PERFORMANCE MEASURES

Statistical tests (t-tests) are used to determine whether a health plan's item or composite mean score is significantly above or below the overall item or composite mean score. These statistical tests are based on a health plan's case-mix adjusted item or composite mean score rather than the top box scores or proportional scores represented in the bar charts. If a health plan's item/composite mean score is significantly higher or lower than the overall mean, an 'up' or 'down' arrow is assigned respectively. If there is no significant difference between the plan and overall mean, no arrow is assigned. Because the statistical tests are based on health plan means, the results may not always appear to be completely in line with top box scores or proportional scores represented by bar charts.

## 7. DATABASE REPORTING RULES AND GUIDELINES

In the CAHPS Database Online Reporting System, there are circumstances under which certain item/composite scores, health plan results, or reporting categories are suppressed (i.e., 'NA' is displayed). There are also times when certain health plans are excluded from percentile calculations. These instances of data suppression and/or exclusion are due to one or more of the following factors: (1) too few respondents responding to an item, (2) a health plan having too few completed surveys, or (3) too few health plans for a particular reporting category. The rules for data suppression and exclusion are described below.

- If there are fewer than 20 valid responses available for any item, the item's results are suppressed.
- For two-way and three-way frequency tables, if one of the items is a demographic item, and there are fewer than 10 valid responses for any of that item's response categories, all frequency table results are suppressed.
- If there are fewer than 20 completed surveys for a given health plan, the health plan is excluded from percentile calculations and the health plan's results are suppressed on the submitter's site. The health plan's results are still included in overall results.
- When displaying scores by health plan characteristic (region or product type), a particular characteristic's results are suppressed if there are fewer than 10 health plans for that category.



## THE CAHPS HEALTH PLAN DATABASE

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# How to Read Results

AHRQ Contract No.: HHS290201300003C

October 2014



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HOW TO READ RESULTS 1

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**Benchmarks for Composite, Rating, HEDIS and Children with Chronic Conditions Set Items** ..... 1

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## HOW TO READ RESULTS

### Summary of Statistically Significant Differences

Up or down arrows are shown when the results are significantly different from their relevant comparison group. The comparison groups are (1) the sponsor results compared against all other sponsors, and (2) individual health plan results compared against all other health plans. For each composite measure, a mean value (case-mix adjusted) is calculated for each sponsor and for each health plan. These mean values are then statistically compared to the mean value for all sponsors (the mean of all sponsor means) or compared to the mean value for all health plans (the mean of all plan means). All tests were conducted at the .05 level of statistical significance. All survey respondents for a given sponsor are combined to form the sponsor-level results.

Note that when a sponsor submits data for only a single health plan, the individual health plan and sponsor results may vary because the sponsor results are compared to the mean of all sponsor means, whereas the health plan results are compared to the mean of all health plan means.

The arrows in the table indicate the results of the statistical comparison:

- (↑) up arrow - result is statistically above the mean value of all sponsors or health plans.
- (↓) down arrow - result is statistically below the mean value of all sponsors or health plans.
- No arrow - result is statistically equivalent to the mean value of all sponsors or health plans.

### Benchmarks for Composite, Rating, HEDIS and Children with Chronic Conditions Set Items

The definitions of the comparative benchmarks used in the bar charts are as follows:

**National** – The distribution of all results for Adult Medicaid, Child Medicaid, or CHIP surveys in the CAHPS Health Plan Survey Database.

**2014:** 149 unique Adult Medicaid 5.0 health plan samples were submitted to the CAHPS Health Plan Survey Database in 2014. Where as 100 unique Child Medicaid 5.0 and 15 unique CHIP health plan samples were submitted to the CAHPS Health Plan Survey Database in 2014.

**2013:** 124 unique Adult Medicaid 5.0 health plan samples were submitted to the CAHPS Health Plan Survey Database in 2013. Where as 105 unique Child Medicaid 5.0 and 12 unique CHIP health plan samples were submitted to the CAHPS Health Plan Survey Database in 2013.

**Region** – The distribution of results for all Adult Medicaid, Child Medicaid, or CHIP surveys within the region of the CAHPS Health Plan Survey Database.

**HMO/POS/PPO** – The distribution of results for all Adult Medicaid, Child Medicaid, or CHIP surveys of HMO, POS or PPO plans in the CAHPS Health Plan Survey Database.

**Sponsor** – The distribution of results for all of the sponsor’s health plans.

Arrows are used to show when results are significantly above or below the national health plan distribution for all Adult Medicaid, Child Medicaid, or CHIP health plan samples. Individual health plan results were tested against the mean of all health plan means. Sponsor results were tested against the mean of all sponsor means. All tests were conducted at the 0.05 level of statistical significance.

The arrows indicate the results of the statistical comparison:

- (↑) **up arrow** - result is statistically above the mean value of all sponsors or health plans.
- (↓) **down arrow** - result is statistically below the mean value of all sponsors or health plans.
- No arrow - result is statistically equivalent to the mean value of all sponsors or health plans.



THE CAHPS HEALTH PLAN DATABASE

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# Participants in the 2014 CAHPS Health Plan Survey Adult Medicaid 5.0 Database

AHRQ Contract No.: HHSA290201300003C

October 2014



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## PARTICIPANTS IN THE 2014 CAHPS HEALTH PLAN SURVEY ADULT MEDICAID 5.0 DATABASE

Table 1 shows the composition of the 2014 CAHPS Health Plan Survey Database Adult Medicaid 5.0 data. A total of 149 out of 172 Adult Medicaid 5.0 health plan samples submitted to the CAHPS Health Plan Survey Database in 2014 were identified as unique health plan samples.

**Table 1. Participants in the 2014 CAHPS Health Plan Survey Adult Medicaid 5.0 Database**

Sponsor Name	Number of Plans Surveyed	Total Number Sampled	Total Number of Completed Surveys <sup>1</sup>	Range of Response Rates
Amerigroup Kansas, Inc.	1	1,755	553	33%
Amerigroup Louisiana	1	1,755	294	18%
Amerigroup Washington	1	1,755	356	22%
AmeriHealth Caritas Louisiana	1	1,620	330	21%
AmeriHealth District of Columbia	1	2,295	523	23%
Assoc Community Affiliated Plans (ACAP)	17	29,219	8,250	14% - 55%
Blue Cross and Blue Shield of New Mexico	1	1,350	290	23%
Boston Medical Center HealthNet Plan	1	1,418	354	27%
Colorado Dept. of Health Care Policy	3	4,590	1,028	20% - 28%
Community Health Group	1	1,485	493	37%
Community Health Plan of Washington	1	1,755	576	38%
Community Health Solutions of America, I	1	1,350	286	22%
Coordinated Care	1	1,620	392	28%
Coventry Health Care	1	1,350	348	27%
Denver Health Medical Plan, Inc.	1	1,890	394	21%
Department of Vermont Health Access	1	600	254	44%
Driscoll Health Plan	1	800	402	51%
Excellus Health Plan, Inc.	2	3,308	859	27% - 28%
Fallon Community Health Plan	1	1,755	339	21%
Family Health Network	1	2,228	364	19%
Georgia Department of Community Health	1	1,350	457	37%
Health Net of California	1	2,430	612	27%
Health Svc for Children with Spec. Needs	1	1,350	412	33%
HealthKeepers Inc.	1	1,755	338	20%
HealthNow	1	1,350	466	36%
Horizon NJ Health	1	1,755	522	34%
Humana, Inc.	2	2,700	620	25% - 28%
Inland Empire Health Plan	1	1,823	458	28%
INTotal Health	1	1,755	381	22%
L.A. Care Health Plan	1	1,755	445	14%
Louisiana Healthcare Connections	1	1,755	455	28%
MajestaCare/Aetna	1	1,350	438	33%
Maryland Dept of Health & Mental Hygiene	7	11,421	3,465	22% - 35%
MDwise, Inc	2	3,645	1,237	28% - 55%
Med-QUEST Division, State of Hawaii	7	9,450	3,495	28% - 53%

<sup>1</sup> Total number of completed surveys includes only those surveys coded as a “complete” by the sponsor or their vendor(s).

Sponsor Name	Number of Plans Surveyed	Total Number Sampled	Total Number of Completed Surveys <sup>1</sup>	Range of Response Rates
Michigan Department of Community Health	11	18,969	5,381	24% - 37%
Minnesota Department of Human Services	9	28,230	9,721	29% - 46%
Molina Healthcare of New Mexico	1	2,700	701	28%
Molina Healthcare of Washington	1	1,890	527	31%
Neighborhood Health Plan	1	1,755	454	29%
Neighborhood Health Plan of Rhode Island	1	2,025	478	26%
Network Health	1	1,755	556	34%
New York State Department of Health	16	24,000	7,295	25% - 36%
NJ Div. of Med. Assistance & Health Svc	11	2,336	2,328	14% - 20%
Ohio Dept. of Medicaid	5	9,450	2,719	28% - 33%
Oklahoma Health Care Authority	1	1,350	319	23%
Optima Health Plan	1	1,890	560	32%
Pennsylvania Dept. of Public Welfare	9	14,176	4,071	24% - 36%
Positive Healthcare	2	1,154	456	45% - 48%
Presbyterian Health Plan	1	1,958	377	22%
Select Health of South Carolina	1	1,620	461	29%
State of Oregon	17	15,300	5,465	30% - 44%
State of Washington Health Care Authority	5	8,910	2,355	22% - 38%
Sunflower Health Plan	1	1,350	539	42%
UnitedHealthcare Community and State	3	5,670	1,644	29% - 36%
Virginia Premier Health Plan, Inc.	1	1,620	508	34%
WellPoint Inc.	5	7,493	1,832	25% - 34%
<b>Total Submitted to CAHPS Database</b>	<b>172</b>	<b>265,143</b>	<b>79,233</b>	<b>14% - 55%</b>
<b>Deduplicated Total<sup>2</sup></b>	<b>149</b>	<b>225,124</b>	<b>68,234</b>	<b>14% - 55%</b>

<sup>2</sup> For 2014, sponsors submitted CAHPS Health Plan Survey Adult Medicaid 5.0 data for 149 unique health plan samples.