

Best practices for improving your CAHPS® scores

The Consumer Assessment of Healthcare Providers & Systems (CAHPS) is an annual survey to measure member perceptions of their health plan and the quality of the health care service they receive. CAHPS is an important performance measure of the Medicare Advantage Star program. With the need for patients to make more informed decisions, this performance indicator is becoming increasingly important.

Why focus on CAHPS?

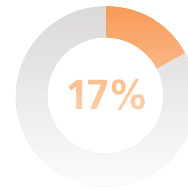
As the industry transitions from a fee-for-service model to a value-based model, the points of differentiation for health plans are narrowing. At the end of the day, it's those plans that have the ability to move the needle on measures that have traditionally been difficult to move — like CAHPS — that are going to end up being the four- and five-Star plans. Because these surveys are based on member perceptions, it's often a challenge to improve those survey scores.

More reasons to believe



Patients are making **more informed** health care decisions and rely on these publicly available survey results in deciding where to receive care.

PATIENTS' SATISFACTION is weighted **1.5x more** than health plan operations.



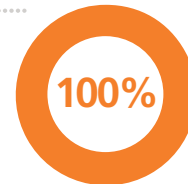
Star points
CAHPS accounts for 17% of all Star points for a Medicare Advantage Prescription Drug (MAPD) non-SNP plan.

Most importantly, **IMPROVED PATIENT EXPERIENCES AND OUTCOMES** lead to



healthier, happier patients.

Last measures to be included in the Star rating so CAHPS is your last hope for **ADDITIONAL LIFT.**



CAHPS Measures
All measures are included in the improvement measures.



The survey results can be incorporated into provider incentive programs to drive improvements in the quality patient care.

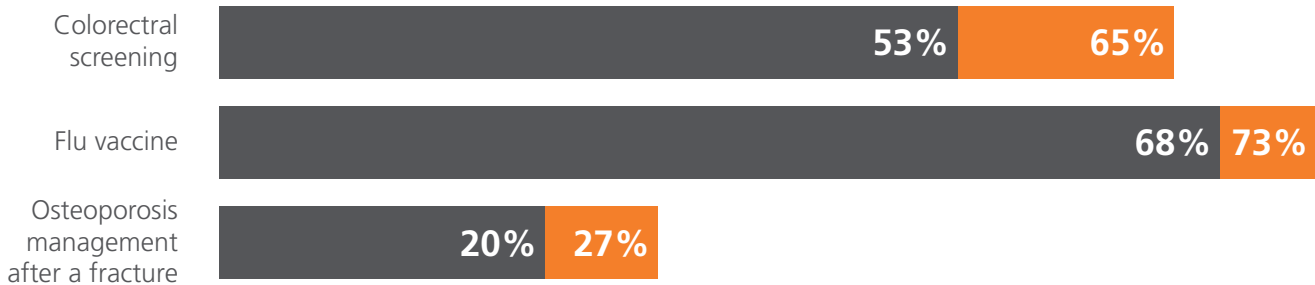


CAHPS measures account for **65 Star points** for an Medicare Advantage Prescription Drug (MAPD) plan.

The challenge with improving CAHPS scores

Looking at the Medicare Advantage Star Ratings satisfaction measures over the past few years, we find that most measures have seen significant improvement overall. For example, from 2012 to 2015, the national average for colorectal cancer screening increased from 53% to 65% and flu vaccine increased from 68% to 73%, but satisfaction as a measure has seen no significant improvement.

Measure improvement from 2012 to 2015



How can you improve CAHPS scores?

While improving CAHPS scores may be a challenge, following best practices for member satisfaction is an important step in that direction. Some of the more important areas to concentrate your efforts on include: year-round focus, customer service, processes for resolving member issues and leveraging data.

Year-round focus – Your focus on improving CAHPS scores needs to extend beyond the February to April survey period. While most plans focus only on the active survey period, your focus on CAHPS should begin in October when the sales cycle starts and continue year round.

Customer service – Because good customer service is key to improving member perception of your plan, it's important that every single interaction with a customer is approached with a focus on service. Your customer service extends beyond the most obvious customer-facing employees and should concentrate on connection, communication, consideration and accountability.

Connection – An important part of customer service is establishing and maintaining a connection with your members. For example, those customers who enroll outside of an internal sales agent often get lost in the outreach process. If members enroll online or through some other non-personal means, it's important to develop a campaign to reach out to them to make sure to keep those customers feeling connected.

Communication – Communications at every member touchpoint within your plan, such as enrollment, preauthorization, etc., should be evaluated to develop customer service to its fullest.

Consideration – Every connection with your company should be given the proper customer service consideration. For example, customer preauthorization is not just about making sure the person on the other end fulfills the primary reason he or she is calling. It's important that whoever takes that call or answers that query has the customer service mindset. They must be thinking, listening and checking with the member to see if they need anything else.

Accountability – It's important to talk with team members about plan changes and arm them with the information they need to communicate those changes to the impacted members. Having a clear understanding of the possible effects plan changes may have on your members and knowing the best way to communicate those changes can help to mitigate the risk that those changes will have a negative impact on CAHPS scores.

Having a customer service mindset enables you to identify member issues, which is critical. But the next step is to ensure you have processes in place to support resolution of those issues that have been identified.

Continuous focus is important

Member perception of your plan — and CAHPS improvement should have your attention year round.

Process for resolving member issues

An effective process for resolving member issues includes the following steps:



Communication – Ensure customer service representatives understand plan policies and changes and have a summary of plan changes to communicate with members.

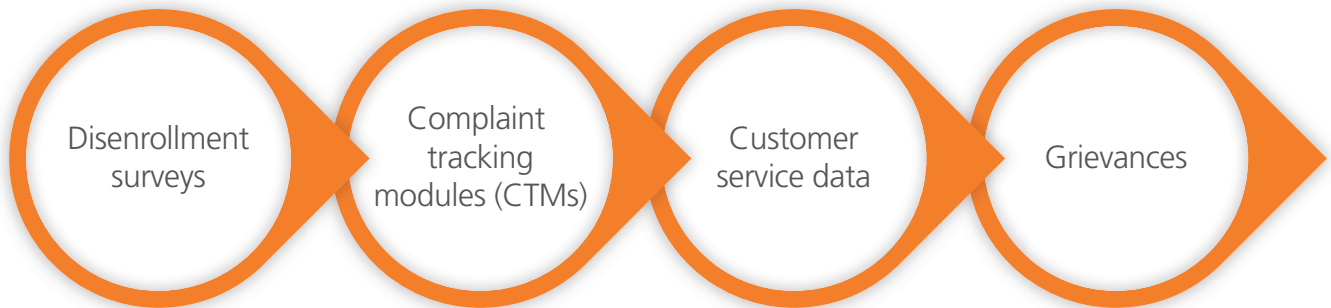
Escalation – Create an issue escalation process for all business units that talk to members (including sales) for any issues your customer service representatives don't have the ability to directly resolve themselves.

Issue Resolution – Develop a process for customer service to address complex issues. Define service-level agreements (SLAs) for reaching back out to the member and have a clear path for escalation.

Success Measurement – Track and measure issues resolution. Whether it's from a call center perspective, first call resolution or amount of time from identification to resolution, be sure to have metrics in place for measuring the success of member issue resolution.

Leverage your data assets

Another key component of CAHPS success is leveraging data to gain insights into how plan decisions impact customer experience and then developing action plans based on the insights gleaned from that data. Insights can be gleaned from a number of different data sources, including:



Disenrollment survey data – This data should be mined to gain valuable insights into the drivers behind members leaving your plans. When you identify those drivers from the past year and take action, you should not see their recurrence year after year.

Complaint Tracking Modules (CTMs) – Customer complaints tend to be highest at the beginning of the year when plan changes have just been rolled out and you have new members coming on. It's important to focus on that data early on to prevent those issues or complaints from rolling over throughout the year, snowballing and creating bigger issues. By focusing early, you can take action to resolve those issues soon enough to allow those changes to have time to manifest themselves as results and therefore have the highest chance of impacting your CAHPS scores.

Customer service data – Customer service reps are the voice of a health plan and through their daily interaction with members they have an in-depth understanding of what's driving dissatisfaction. Quality improvement teams should work closely with the customer service leadership to understand trending issues and work together toward solutions.

Grievances – Grievance data is valuable for obvious reasons. Focusing on the issues behind the grievances and preventing their recurrence can be an important step to improving member perceptions and CAHPS scores.

While you may glean something different from each of these data sources, overall the key is to look for patterns, act early and minimize the long-term impact of any issues you identify.

What will it take to address CAHPS in the future?

In addition to the data sources noted here, a number of plans spend considerable time and effort surveying their members and use that survey response data as another tool to drive intervention through engagement. While all of these traditional focuses are important, in the future the available data may not be sufficient to move the needle on the CAHPS measure.

Improving CAHPS scores relative to other measures has proven to be difficult. The limitation of a traditional approach is that you have data for only a limited fraction of your membership and applying solutions for that data to your entire population may be ineffective. When relying on complaints, customer service or grievance data, you're reacting to an existing issue — generally with a blanket approach applied to a broad segment of the population. This approach is reactive; moving forward, the key to improving CAHPS measures is to be more proactive. It's also important to engage members in the way they want to be engaged.

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- Take a proactive approach
 - Engage members in the way they want to be engaged
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How Optum® can help

Optum takes different approaches to solve two key challenges:

- How to move from reactive to predictive
- How to engage members in the way they want to be engaged

We believe that it's not only important to identify members who have issues, it's also important to identify those members who are at risk of having issues later.

Optum has one of the largest data assets in the industry and we approach the population with proprietary models that we've built. These models pull in data from outside of the traditional four walls of a health plan.

We understand there's only so much you can do with clinical data, but when you combine clinical data with publicly available consumer data, with socioeconomic data, or with some other unique outside data sources, you can build a more holistic member profile and get a feel for how that member responds and reacts. You can begin to understand what really drives that member to do certain things and have certain behaviors.

Using all the data elements available to us allows us to look holistically across all measures to identify those members that have issues and it enables us to identify those members who are at risk for issues in the future. Once we know who has issues and who's at risk, we determine how best to engage them. We have done a number of member engagement-type outreaches over the years and have significant data sets that tell us the efficacy of those outreaches.

Using proprietary algorithms that we apply to the population, and applying characteristics, we can microsegment the population and look at the members' specific attributes to determine how they would prefer to be engaged.

Optum has a breadth of modalities that allows you to engage each member the way they want to be engaged: from low-touch modalities, such as call campaigns and mailers, to texting. We also have very high-touch modalities, such as health fairs or bringing care to the individual's community.

Our broad range of modalities combined with our microsegmenting and our approach to data, enables you to engage those members the way they most prefer.

About Optum

Optum is an information and technology-enabled health services business platform serving the broad health care marketplace, including care providers, plan sponsors, life sciences companies and consumers.

Learn how Optum can help you in building a strategy to maintain and improve your CAHPS score and Star Rating. Contact an Optum representative at:

Email: empower@optum.com

Phone: 800-765-6807

Visit: optum.com



- The Optum survey solution imputes survey response data for your entire health plan membership.
- The solution identifies non-survey variables that are indicators of risk for specific survey measures, gauges their accuracy, and applies those algorithms to the entire population.



The key to improving CAHPS performance is not only targeting members that are at highest risk for measure-specific negative outcomes, but also in understanding the overlap in risk across all measures and communicating with these members by directly addressing their barriers to engagement.



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