

---

# Performance Measurement

1

## CAHPS 2.0H Survey Results for Federal Employee Health Benefits Program Plans

*Presentation by:*

Office Remedies, Inc. (ORI)

*and*

The Center for the Study of Services (CSS)

Paul Kallaur

March 7, 2002

Office Remedies

CENTER FOR THE  
STUDY OF SERVICES

**The purpose of this presentation is to provide an overview of the requirements for submission of member satisfaction data to OPM and the data collection findings from 2001**

---

- This presentation will cover three main topics
  - A description of the CAHPS 2.0H Survey
  - An overview of data submission requirements
  - The results of the 2001 survey for adult members

3

**The CAHPS 2.0H Survey has 60 questions designed to help measure health plan performance**

---

- The survey is the result of a collaboration between the Agency for Health Care Research and Quality (AHRQ) and the National Committee for Quality Assurance (NCQA)
- Health plans elect to conduct the survey for numerous reasons including:
  - OPM requirements
  - NCQA Accreditation
  - State or Business Coalition Requirements
  - Performance Improvement
- Data collection must be conducted by NCQA certified vendors following a detailed NCQA protocol
- Data will be collected following either a mail-only or mixed methodology
- Plans are allowed to modify the data collection methodology with NCQA approval
- Plans are allowed to add extra questions with NCQA approval

4

**The OPM data submission process for 2002 will remain the same as it was for 2001**

---

- Plans will be required to submit vendor selection forms to OPM
- All plans must submit their data to NCQA prior to submitting the data to OPM
- Plans must follow NCQA rules including completing the HOQ
- Plans must ask their certified vendors to submit the following files to OPM
  - A Crosswalk mapping each plan's FEHB Code(s) to the corresponding NCQA Submission Id(s)
  - Member-level data in NCQA format
  - NCQA provided summary-level data

5

**The OPM data submission process for 2002 will remain the same as it was for 2001 (continued)**

---

- OPM requires that all participating plans with 500 or more Federal subscribers conduct the adult commercial CAHPS<sup>a</sup> 2.0H survey and submit data to OPM
- OPM requires that all plans with fewer than 500 Federal subscribers that conduct the adult commercial CAHPS<sup>a</sup> 2.0H survey submit data to OPM
- OPM requires all participating plans (regardless of the number of Federal subscribers) that conduct the child commercial CAHPS<sup>a</sup> survey or the Management of Menopause (MoM) survey to submit the data to OPM

6

**OPM requires all plans submitting data to OPM first submit their data to NCQA**

---

- Final member level data sets are submitted to NCQA. NCQA uses those files to generate summary level files that are returned to health plans and survey vendors
- OPM requests both member level and summary level files in the format that they are received from NCQA from health plans participating in the FEHB Program
- Plans are asked to submit member and summary level data to OPM by June 17, 2002

**OPM requires that plans submit a crosswalk to map plan identifiers used by OPM and NCQA**

---

- When vendors submit data to OPM, they will need to submit a “crosswalk” that will identify OPM codes

Member-level File Name	Summary-level File Name	NCQA Sub-ID	NCQA Plan Name	FEHB Sub-Code	FEHB Plan Name
CAM1234.txt	CAS1234.txt	1234	XYZ Healthplan, Inc	AA-HMO-UT-000	XYZ Healthplan
CAM2345.txt	CAS2345.txt	2345	QRS Healthcare	BB-POS-IL-001	QRS Healthcare
CAM2345.txt	CAS2345.txt	2345	QRS Healthcare	BB-POS-IN-001	QRS Healthcare
CAM3456.txt	CAS3456.txt	3456	MNO Health Providers S. Cal	CC-HMO-CA-000	MNO Health Network
CAM4567.txt	CAS4567.txt	4567	MNO Health Providers N. Cal	CC-HMO-CA-000	MNO Health Network

- NCQA plans to have submission ids assigned in April
- Plans are asked to submit their crosswalk to ORI two weeks after NCQA assigns their submission id(s)

**In 2001, adult data were collected for 213 Federal Employee Health Benefits (FEHB) program plans**

---

- Data were submitted by 13 vendors
- **MoM Survey**
  - The MoM survey is a 22-question instrument that assesses plans’ provision of menopause counseling
  - 57 OPM plans submitted MoM data in 2001
- **Child Survey**
  - The CAHPS child survey is a 60-question instrument that follows the same data collection protocol used for the CAHPS adult survey
  - 37 OPM plans submitted CAHPS child data in 2001
  - This year there are two child surveys: (1) a child survey similar to the 2001 instrument, and (2) a child survey with chronic conditions measurement set

**Response rates for the adult survey decreased from 53.2 percent in 2000 to 48.8 percent in 2001**

---

Response rates decreased for both FFS and HMO/POS plans

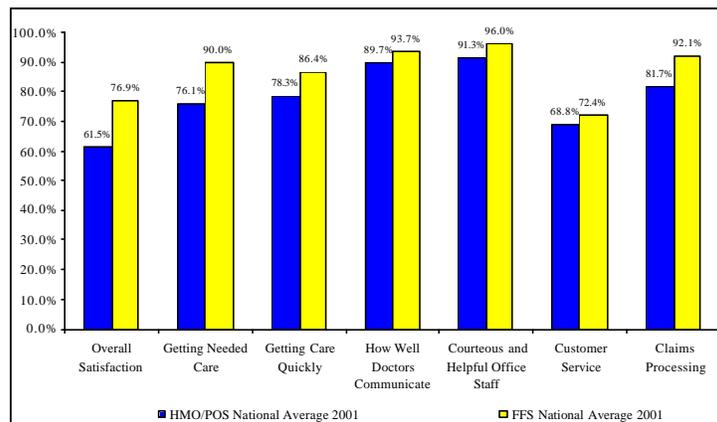
Response Rate by Plan Type	Sample Size 2001	Response Rate 2001	Sample Size 2000	Response Rate 2000
OVERALL	242,650	48.8%	218,972	53.2%
FFS	16,500	67.9%	9,107	70.8%
HMO/POS	226,150	47.3%	209,865	52.4%

**Plans are designated as above or below average in comparison to other plans of their type**

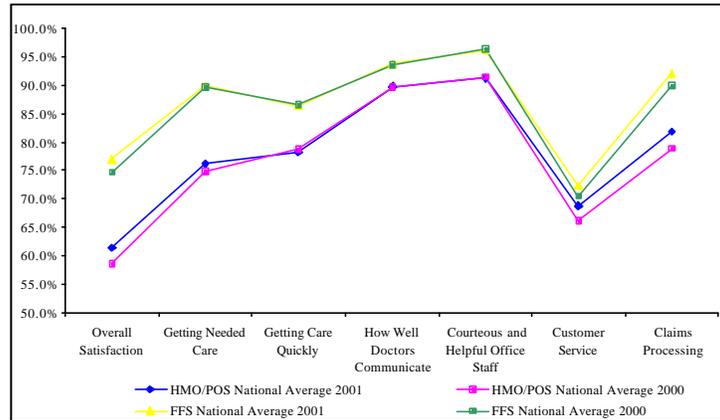
Score	HMO/POS National Average 2001	FFS National Average 2001
Overall Satisfaction	61.5%	76.9%
Getting Needed Care	76.1%	90.0%
Getting Care Quickly	78.3%	86.4%
How Well Doctors Communicate	89.7%	93.7%
Courteous and Helpful Office Staff	91.3%	96.0%
Customer Service	68.8%	72.4%
Claims Processing	81.7%	92.1%

- A two-tailed test for significance at the 95 percent confidence interval is used to determine significance for the overall satisfaction question
- Composite scores are tested against the mean using a formula provided by the CAHPS users network

**In 2001, FFS Plans scored higher than HMO/POS plans on all measures**

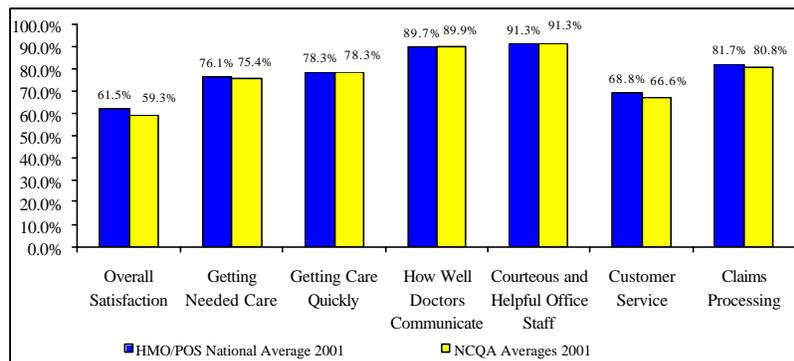


**Overall satisfaction and global proportion scores increased in 2001 for FFS and HMO/POS plans**



The largest increases were in Overall Satisfaction, Getting Needed Care, Customer Service, and Claims Processing

**The HMO/POS FEHB plans and the NCQA National Average were similar in 2001**



The FEHB HMO/POS Average exceeded the NCQA Average by the greatest margin for the Customer Service and Overall Satisfaction measures

**Drivers of overall satisfaction were calculated to help determine the importance that members associate with different aspects of plan performance in 2001**

Question	FFS R-Squared
Q35: How often did your health plan handle your claims in a reasonable time?	0.256
Q36: How often did your health plan handle your claims correctly?	0.252
Q33: Rating of Health Care	0.198
Q41: How much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?	0.197
Q46: How much of a problem, if any, did you have with paperwork for your health plan?	0.160

Question	HMO/POS R-Squared
Q33: Rating of Health Care	0.297
Q41: How much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?	0.202
Q35: How often did your health plan handle your claims in a reasonable time?	0.169
Q36: How often did your health plan handle your claims correctly?	0.167
Q25: How much of a problem, if any, were delays in health care while you waited for approval from your health plan?	0.145

15

**Differences in the importance of drivers between HMO/POS members and FSS members were most pronounced on the questions regarding access to care**

Question	FFS Rank	FFS R-Squared	HMO/POS Rank	HMO/POS R-Squared
Q33: Rating of Health Care	3	0.198	1	0.297
Q35: How often did your health plan handle your claims in a reasonable time?	1	0.256	3	0.169
Q36: How often did your health plan handle your claims correctly?	2	0.252	4	0.167
Q24: How much of a problem, if any, was it to get the care you or a doctor believed necessary?	24	0.042	10	0.117
Q25: How much of a problem, if any, were delays in health care while you waited for approval from your health plan?	9	0.091	5	0.145
Q06: With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?	18	0.060	13	0.111
Q10: How much of a problem, if any, was it to get a referral to a specialist that you needed to see?	26	0.039	18	0.089

16

## **OPM distributes the CAHPS member satisfaction data in various formats to Federal subscribers**

---

- Federal subscribers can access CAHPS data through the
  - FEHB program website
    - <http://www.opm.gov/insure/02/html/standard/states/dc/quality.html>
  - Guide to Federal Employee Health Benefits Plans

17

If you have any questions regarding OPM requirements or data submission please contact:

Ralph Pierce or Tanya Morrow, OPM (202) 606-0745

Sue Lynd or Kathy Benson, ORI (703) 478-0910

Paul Kallaur or Nina Smith, CSS (202) 454-3042

**Office Remedies**

**CENTER FOR THE  
STUDY OF SERVICES**