

Fact Sheet: *Measuring Patient Experience of Medicare Advantage Beneficiaries: Current Limitations of the Consumer Assessment Tool and Solutions for Improvements*

BETTER MEDICARE
ALLIANCE

Center for Innovation
in Medicare Advantage

January 2021

Key Takeaways:

- Numerous measures are completely or largely in control of providers, yet health plans are held accountable.
- CAHPS survey saw an all-time low response rate of 38.4 percent in 2019, down from 61.7 percent in 2010.
- Many survey questions relate to factors not influential in consumer decisions making findings less valuable for consumers.
- MA-PD CAHPS survey results lack specificity making them less actionable.

Policy Recommendations:

- Modernize patient experience measurement by updating the survey language to reflect the diversity of today's beneficiaries.
- Provide more granular survey results to health plans while protecting beneficiary confidentiality to empower better health plan quality improvement.
- Remove MA-PD CAHPS questions that health plans cannot directly impact.
- Explore ways to reduce burden on beneficiary survey respondents to improve response rates and publish data quality metrics.
- CMS should not increase the weighting of patient experience measures in the Star Ratings System until after modernizing patient experience measurement.
- The full report can be found here.

Better Medicare Alliance's Center for Innovation in Medicare Advantage contracted with NORC at the University of Chicago to conduct mixed-methods research related to the Medicare Advantage Prescription Drug (MA-PD) Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and patient experience measurement to assess the accuracy and usefulness of this assessment tool. The MA-PD CAHPS survey is the Center for Medicare & Medicaid Services (CMS) primary means of assessing patient experience in Medicare Advantage, and the survey data feeds in to the Medicare Advantage Star Ratings System.

Background on the MA-PD CAHPS Survey

Consumer experience measures contribute significantly to the measurement of quality for Medicare Advantage plans, as a part of the Star Ratings System. MA-PDs with over 600 enrollees are required to hire a survey vendor to administer the annual CAHPS survey to beneficiaries. The MA-PD CAHPS survey asks 68 questions in six topic areas about respondents' health care and health plan experiences in the last six months. Survey vendors submit data to CMS, which then calculates and performs case-mix adjustment to the survey data prior to public reporting, and shares the official contract-level results with MA-PD plans.

Research Findings

The MA-PD CAHPS survey is not reflective of the diversity of Medicare Advantage beneficiaries and does not address what matters most to beneficiaries in selecting a health plan or how beneficiaries experience care today.

Medicare Advantage beneficiaries indicate that the important factors in selecting a health plan are affordability, brand, physician and hospital networks, customer service, and supplemental and other covered benefits. While 60 percent of respondents noted that the overall health plan Star Rating is important in selecting a plan, a larger percentage of respondents said that ease of enrollment (81 percent), brand (76 percent), and customer service (75 percent) were the most influential factors. Survey questions do not use more current health care terminology or reflect recent evolution in benefit design and care delivery, such as telemedicine, social determinants of health, non-physician health professionals, and health care delivered via integrated care teams.

Health plans do not currently receive granular survey data that would provide information the health plans could utilize to improve consumer experience.

The current MA-PD CAHPS survey results are aggregated at the contract-level and results are not geographic or provider group specific. Consequently, there is little actionable data to drive quality improvement.

A good number of MA-PD CAHPS survey domains are not within health plans' control. Numerous measures are completely or largely controlled by the provider rather than the health plan, including office wait times and following up on results. NORC's survey of Medicare Advantage beneficiaries found that 88 percent of respondents believe the provider is responsible for in-office wait times. Responses show a similar view as to doctor's office follow-up, appointment wait times, and reminders for prescription refills.

Improve data quality and consumer response rates: In 2019, the MA-PD CAHPS survey saw an all-time low response rate of 38.4 percent, compared to 61.7 percent in 2010. Utilization of paper-mode survey is one reason for the decrease in responses. A survey of Medicare Advantage beneficiaries found three out of four respondents (76 percent) preferred to receive and complete a survey via web/email. Beneficiaries reported that mail (30 percent) and phone (54 percent) were the least preferred method of receiving and completing a survey. Falling response rates without additional information about data quality pose a future reliability problem for the MA-PD CAHPS survey. Areas for improvement include reducing the length of the survey, using appropriate incentives to encourage completion, and adding a web mode option for respondents.

Read the full report and sign up for alerts at www.bettermedicarealliance.org